



# **PINELLAS COUNTY SHERIFF'S OFFICE**



## **EMPLOYEE BENEFIT HIGHLIGHTS**

***2023-2024***



## Contact Information

<b>HR Benefits Staff</b> Phone: (727) 582-2835	Benefits FMLA Workers Compensation Performance	insurancebenefits@pcsonet.com fmlamailbox@pcsonet.com workerscompinjuryreport@pcsonet.com performanceeval@pcsonet.com
<b>Online Benefit Enrollment</b>	Bentek Support	Customer Service: (888) 5-Bentek (523-6835) Email: support@mybentek.com   www.mybentek.com/pcso
<b>Medical Insurance</b>	Onsite Representative: Pablo Bravo UnitedHealthcare Group# 712474	Customer Service: (727) 582-5955 Customer Service: (800) 377-5108 www.myuhc.com
<b>Prescription Drug Coverage &amp; Mail-Order Program</b>	OptumRX Pharmacy Group# 712474	Customer Service: (888) 290-5416 www.myuhc.com
<b>Telehealth</b>	Virtual Visits	www.myuhc.com/virtualvisits
<b>Dental Insurance</b>	Delta Dental Group# 18849	Customer Service: (800) 521-2651 www.deltadentalins.com
<b>Vision Insurance</b>	UnitedHealthcare Spectera Group# 712474	Customer Service: (800) 638-3120 www.myuhcvision.com
<b>Flexible Spending Accounts</b>	Chard Snyder	Customer Service: (800) 982-7715 www.chard-snyder.com
<b>Basic Life and AD&amp;D Insurance</b>	UnitedHealthcare Group# 304600	Customer Service: (888) 299-2070 www.myuhcfp.com
<b>Voluntary Life Insurance</b>	UnitedHealthcare Group# 304600	Customer Service: (888) 299-2070 www.myuhcfp.com
<b>Short Term Disability Insurance</b>	UnitedHealthcare Group# 304600	Customer Service: (888) 299-2070 www.myuhcfp.com
<b>Long Term Disability Insurance</b>	UnitedHealthcare Group# 304600	Customer Service: (888) 299-2070 www.myuhcfp.com
<b>Employee Assistance Program</b>	Baycare	Customer Service: (800) 878-5470 Email: baycareeap@baycare.org
<b>Supplemental Insurance</b>	Aflac	Agent: Kathy Nelson and Jeff Nelson Phone: (813) 929-9846   Email: kjdistrictoffice@gmail.com
<b>Retirement</b>	FRS	Customer Service: (866) 446-9377 www.myfrs.com
<b>Deferred Compensation</b>	Empower	Agent: Larry Peggs Phone: (727) 391-1707   Email: Larry.Peggs@ampf.com
	National Life	Agent: Alvin S. Leaks Phone: (404) 642-2400   Email: aleaks@synergyfinancial.com Agent: Terry O'Reilly Phone: (727) 474-0382   Email: Terry@barlaschambers.com
	Nationwide	Agent: Denny Davis Phone: (813) 973-8382   Email: Davd314@nationwide.com
	AIG (Valic)	Agent: Jonathan Vila Phone: (813) 269-3357   Email: Jonathan.Vila@Valic.com Agent: Randy Ramos Phone: (813) 557-1381   Email: randy.ramos@corebridgefinancial.com
<b>Claims, Billing &amp; Benefit Assistance</b>	Voya	Agent: Ron Wright Phone: (813) 281-3752   Email: Ronald.Wright@Voyafa.com
<b>Claims, Billing &amp; Benefit Assistance</b>	Gehring Group	Customer Service: (800) 244-3696   Email: pcso@gehringgroup.com



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This booklet is merely a summary of Member benefits. For a full description, refer to the plan document. Where conflict exists between this summary and the plan document, the plan document controls. The Sheriff's Office reserves the right to amend, modify or terminate the plan at any time. This booklet should not be construed as a guarantee of employment.



## Introduction

The Pinellas County Sheriff's Office provides group insurance benefits to eligible members. The Member Benefit Highlights Booklet provides a general summary of the benefit options as a convenient reference. Please refer to the Sheriff's Office Certificates of Coverage for detailed descriptions of all available member benefit programs and stipulations therein. If member requires further explanation or needs assistance regarding claims processing, please refer to the customer service phone numbers under each benefit description heading or contact HR Benefits Staff.

## Online Benefit Enrollment

The Pinellas County Sheriff's Office provides members with an online benefits enrollment platform through Bentek's Employee Benefits Center (EBC). The EBC provides benefit-eligible members the ability to select or change insurance benefits online during the annual Open Enrollment Period, New Hire Orientation, or for Qualifying Life Events.

Accessible 24 hours a day, throughout the year, members may log in and review comprehensive information regarding benefit plans, and view and print an outline of benefit elections for members and dependent(s). Members also have access to important forms and carrier links, and can report qualifying life events.



### To Access Bentek:

- ✓ Log on to [www.mybentek.com/pcso](http://www.mybentek.com/pcso)  
*Please Note: Link must be addressed exactly as written. Due to security reasons, the website cannot be accessed by Google or other search engines.*
- ✓ Sign in using a previously created username and password or click "Create an Account" to set up a username and password.
- ✓ If member has forgotten username and/or password, click on the link "Forgot Username/Password" and follow the instructions.
- ✓ Once logged on, navigate using the Launchpad to review current enrollment, learn about benefit options, and make any benefit changes.

For technical issues directly related to using the EBC, please call (888) 5-Bentek (523-6835) or email Bentek Support at [support@mybentek.com](mailto:support@mybentek.com), Monday through Friday during regular business hours 8:30am - 5:00pm.

To access Bentek online, log on to: [www.mybentek.com/pcso](http://www.mybentek.com/pcso)  
or go to **SONET-Quick Links - Benefits Portal (Bentek)**  
Or **Member Gateway-Benefits**.



To access Bentek using a mobile device, scan code.



## Group Insurance Eligibility



The Sheriff's Office group insurance plan year is October 1 through September 30.

### Member Eligibility

Members are eligible to participate in the Sheriff's Office insurance plans if they are a full-time or part-time member. Medical, Dental, Vision, Voluntary Life and FSA coverage will be effective the first day of the month following 30 days of employment. For example, if member is hired on April 11, then the effective date of coverage will be June 1. Basic Life, Long Term Disability, Short Term Disability and EAP coverage will be effective immediately on the date of hire.

### Separation of Employment

If member separates employment from the Sheriff's Office, insurance will continue through the end of the month in which separation occurred. Flexible Spending Account (FSA) coverage will end on the date of separation. COBRA continuation of coverage may be available as applicable by law.

### Dependent Eligibility

A dependent is defined as the legal spouse and/or dependent child(ren) of the participant or spouse. The term "child" includes any of the following:

- A natural child
- A stepchild
- A legally adopted child
- A newborn child (up to the age of 18 months) of a covered dependent (Florida)
- A child for whom legal guardianship has been awarded to the participant or the participant's spouse

### Dependent Age Requirements

**Medical, Dental and Vision Coverage:** A dependent child may be covered through the end of the month in which the child turns age 26.

## Qualifying Events and Section 125

### Section 125 of the Internal Revenue Code

Premiums for medical, dental, vision and contributions to Flexible Spending Accounts (FSA), are deducted through a Cafeteria Plan established under Section 125 of the Internal Revenue Code and are pre-taxed to the extent permitted. Under Section 125, changes to member's pre-tax benefits can be made **ONLY** during the Open Enrollment period unless the member or qualified dependent(s) experience(s) a Qualifying Event and the request to make a change is **made within 30 days** of the Qualifying Event.

Under certain circumstances, member may be allowed to make changes to benefit elections during the plan year if the event affects the member, spouse or dependent's coverage eligibility. An "eligible" Qualifying Event is determined by Section 125 of the Internal Revenue Code. Any requested changes must be consistent with and due to the Qualifying Event.

### Examples of Qualifying Events:

- Member gets married or divorced
- Birth of a child
- Member gains legal custody or adopts a child
- Loss or gain of coverage due to member, member's spouse and/or dependent(s) termination or start of employment
- An increase or decrease in member's work hours causes eligibility or ineligibility
- A covered dependent no longer meets eligibility criteria for coverage
- A child gains or loses coverage with other parent or legal guardian
- Losing or becoming eligible for coverage under a State Medicaid or CHIP (including Florida Kid Care) program (60 day notification period)



### IMPORTANT NOTES

If member experiences a Qualifying Event, **the member must log into BenteK and make changes to their coverage.** Members will be required to upload valid documentation supporting a change in status or "Qualifying Event". If approved, changes may be effective the date of the Qualifying Event or the first of the month following the Qualifying Event. Qualifying Events will be processed in accordance with employer and carrier eligibility policy. Newborns are effective on the date of birth.



## Medical Insurance

The Sheriff's Office offers medical insurance through UnitedHealthcare. The costs per pay period for coverage are listed in the premium table below and a brief summary of benefits is provided on the following page. For more detailed information about the medical plans, please refer to the carrier's Summary of Benefits and Coverage (SBC) document or contact your onsite UnitedHealthcare representative at (727) 582-5955.

### Medical Insurance – UnitedHealthcare Choice Plus Gold Plan

Tier of Coverage	Total Premium Per Month	PCSO Monthly Contribution	Member Monthly Contribution	Member Bi-Weekly Deduction <i>(24 Payroll Deductions)</i>
Member Only	\$948.96	\$865.96	\$83.00	\$41.50
Member + Spouse	\$1,897.88	\$1,571.88	\$326.00	\$163.00
Member + Child(ren)	\$1,802.96	\$1,490.96	\$312.00	\$156.00
Member + Family	\$2,751.92	\$2,276.92	\$475.00	\$237.50

### Medical Insurance – UnitedHealthcare Choice Plus Platinum Plan

Tier of Coverage	Total Premium Per Month	PCSO Monthly Contribution	Member Monthly Contribution	Member Bi-Weekly Deduction <i>(24 Payroll Deductions)</i>
Member Only	\$1,026.90	\$877.90	\$149.00	\$74.50
Member + Spouse	\$2,053.78	\$1,589.78	\$464.00	\$232.00
Member + Child(ren)	\$1,951.08	\$1,510.08	\$441.00	\$220.50
Member + Family	\$2,977.94	\$2,305.94	\$672.00	\$336.00

UnitedHealthcare | Customer Service: (800) 377-5108 | [www.myuhc.com](http://www.myuhc.com)

## Other Available Plan Resources

UnitedHealthcare offers all enrolled members and dependents additional services and discounts through value added programs. For more details regarding other available plan resources, please contact UnitedHealthcare's customer service at (800) 377-5108, or visit [www.myuhc.com](http://www.myuhc.com).

### Hearing Aids

The Sheriff's Office provides a hearing aid benefit under both medical plans for a total of \$2,500 every 3 years.

#### UnitedHealthcare

Customer Service: (800) 377-5108 | [www.myuhc.com](http://www.myuhc.com)

## Opt-Out Benefit

Member may elect to opt-out of the UnitedHealthcare medical insurance plan if they have coverage under another medical plan. Full-time members who opt-out, may qualify to receive \$96 per month.

Dependents on another PCSO member's plan are NOT eligible for the opt-out benefit.



### Summary of Benefits and Coverage

A **Summary of Benefits & Coverage (SBC)** for the Medical Plan is provided as a supplement to this booklet electronically to new hires and existing members during the Open Enrollment period. The summary is an important item in understanding member's benefit options. A free paper copy of the SBC document may be requested or is also available as follows:

<b>From:</b>	HR Benefits Staff
<b>Address:</b>	10750 Ulmerton Road Largo, FL, 33778
<b>Phone:</b>	(727) 582-2835
<b>Fax:</b>	(727) 582-5893
<b>Email:</b>	InsuranceBenefits@pcsonet.com

The SBC is only a summary of the plan's coverage. A copy of the plan document, policy, or certificate of coverage should be consulted to determine the governing contractual provisions of the coverage. A copy of the group certificate of coverage can be reviewed and obtained by contacting HR Benefits Staff.

If there are any questions about the plan offerings or coverage options, please contact HR Benefits Staff at (727) 582-2835.

## 2nd MD Program

2nd MD Program is an Expert Medical Opinion (EMO) program offered at no cost to all members and dependent(s) covered under the Sheriff's Office medical insurance plan. If member or covered dependent(s) is/are diagnosed with a serious or rare medical condition, this program provides the opportunity of a personalized consultation and second opinion from top medical specialists anywhere in the U.S. at no additional charge.

**2nd MD Program** | Customer Service: (866) 841-2575

## Virtual Visits\*

UnitedHealthcare provides access to telehealth services as part of the medical plan **AT NO COST\***. Virtual Visits is a convenient phone and video consultation company that provides immediate medical assistance for many conditions.

The benefit is provided to all enrolled members. Registration is required and should be completed ahead of time. This program allows member 24 hours a day, seven (7) days a week on-demand access to affordable medical care via phone and online video consultations when needing immediate care for non-emergency medical issues. Virtual Visits should be considered when member's primary care doctor is unavailable, after-hours or on holidays for non-emergency needs. Many urgent care ailments can be treated with Virtual Visits, such as:

- ✓ Sore Throat
- ✓ Headache
- ✓ Stomachache
- ✓ Fever
- ✓ Cold And Flu
- ✓ Allergies
- ✓ Rash
- ✓ Acne
- ✓ UTIs And More

Virtual Visits do not replace member's primary care physician but may be a convenient alternative for urgent care and ER visits. For further information please contact UnitedHealthcare.

**\*In-Network Benefits Only**

### Mobile App

For Smartphone or Tablet, download the Health 4 me app from the Google Play or App Store.

**UnitedHealthcare** | [www.myuhc.com/virtualvisits](http://www.myuhc.com/virtualvisits)



## UnitedHealthcare Choice Plus Gold Plan At-A-Glance



### Locate a Provider

To search for a participating provider, contact UnitedHealthcare's customer service or visit [www.myuhc.com](http://www.myuhc.com). When completing the necessary search criteria, select Choice Plus network.



### Plan References

**\*Out-Of-Network Balance Billing:**

For information regarding out-of-network balance billing that may be charged by out-of-network providers, please refer to the Summary of Benefits and Coverage (SBC) document.

\*\*LabCorp or Quest Diagnostics are the preferred labs for bloodwork through UnitedHealthcare. When using a lab other than LabCorp or Quest, please confirm they are contracted with UnitedHealthcare's Choice Plus network prior to receiving services.

\*\*\*Maintenance medications will be charged at 1.5x the applicable copay if renewed at a retail pharmacy and not Mail Order.

Network	Choice Plus	
<b>Plan Year Deductible (PYD)</b>	<b>In-Network</b>	<b>Out-of-Network*</b>
Single	\$500	\$2,000
Family	\$1,000	\$4,000
<b>Coinsurance</b>		
Member Responsibility	30% After PYD	50% After PYD
<b>Plan Year Out-of-Pocket Limit</b>		
Single	\$2,850	\$5,700
Family	\$5,600	\$11,200
What Applies to the Out-of-Pocket Limit?	Deductible, Coinsurance, Copays and Rx	
<b>Physician Services</b>		
Primary Care Physician (PCP) Office Visit	\$20 Copay	50% After PYD
Specialist Office Visit	\$40 Copay	50% After PYD
Virtual Visits	No Charge	Not Covered
<b>Non-Hospital Services; Freestanding Facility</b>		
Clinical Lab (Bloodwork)**	No Charge	50% After PYD
X-rays	No Charge	50% After PYD
Advanced Imaging (MRI, PET, CT)	\$100 Copay	50% After PYD
Outpatient Surgery in Surgical Center	30% After PYD	50% After PYD
Physician Services at Surgical Center	30% After PYD	50% After PYD
Urgent Care (Per Visit)	\$20 Copay	50% After PYD
<b>Hospital Services</b>		
Inpatient Hospital (Per Admission)	30% After PYD	50% After PYD
Outpatient Hospital (Per Visit)	30% After PYD	50% After PYD
Physician Services at Hospital	30% After PYD	50% After PYD
Emergency Room (Per Visit; Waived if Admitted)	\$150 Copay	\$150 Copay
Ambulance	No Charge	No Charge
<b>Mental Health/Alcohol &amp; Substance Abuse</b>		
Inpatient Hospital Services (Per Admission)	30% After PYD	50% After PYD
Outpatient Services/Telemental Health (Per Visit)	\$20 Copay	50% After PYD
Outpatient Office Visit	\$20 Copay	50% After PYD
<b>Prescription Drugs (Rx)***</b>		
Tier 1	\$10 Copay	\$10 Copay*
Tier 2	\$25 Copay	\$25 Copay*
Tier 3	\$40 Copay	\$40 Copay*
Mail Order Drug (90-Day Supply)	\$20/\$50/\$80 Copay	Not Covered





## UnitedHealthcare Choice Plus Platinum Plan At-A-Glance\*

Network	Choice Plus	
	In-Network	Out-of-Network**
<b>Plan Year Deductible (PYD)</b>		
Single	\$250	\$1,500
Family	\$500	\$3,000
<b>Coinsurance</b>		
Member Responsibility	20% After PYD	40% After PYD
<b>Plan Year Out-of-Pocket Limit</b>		
Single	\$2,500	\$5,000
Family	\$5,000	\$10,000
What Applies to the Out-of-Pocket Limit?	Deductible, Coinsurance, Copays and Rx	
<b>Physician Services</b>		
Primary Care Physician (PCP) Office Visit	\$15 Copay	40% After PYD
Specialist Office Visit	\$35 Copay	40% After PYD
Acupuncture	\$35 Copay	40% After PYD
Virtual Visits	No Charge	Not Covered
<b>Non-Hospital Services; Freestanding Facility</b>		
Clinical Lab (Bloodwork)***	No Charge	40% After PYD
X-rays	No Charge	40% After PYD
Advanced Imaging (MRI, PET, CT)	\$100 Copay	40% After PYD
Outpatient Surgery in Surgical Center	20% After PYD	40% After PYD
Physician Services at Surgical Center	20% After PYD	40% After PYD
Urgent Care (Per Visit)	\$15 Copay	40% After PYD
<b>Hospital Services</b>		
Inpatient Hospital (Per Admission)	20% After PYD	40% After PYD
Outpatient Hospital (Per Visit)	20% After PYD	40% After PYD
Physician Services at Hospital	20% After PYD	40% After PYD
Emergency Room (Per Visit; Waived if Admitted)	\$150 Copay	\$150 Copay
Ambulance	No Charge	No Charge
<b>Mental Health/Alcohol &amp; Substance Abuse</b>		
Inpatient Hospital Services (Per Admission)	20% After PYD	40% After PYD
Outpatient Services/Telemental Health (Per Visit)	\$15 Copay	40% After PYD
Outpatient Office Visit	\$15 Copay	40% After PYD
<b>Prescription Drugs (Rx)****</b>		
Tier 1	\$10 Copay	\$10 Copay**
Tier 2	\$25 Copay	\$25 Copay**
Tier 3	\$40 Copay	\$40 Copay**
Mail Order Drug (90-Day Supply)	\$20/\$50/\$80 Copay	Not Covered

\*This plan includes acupuncture, infertility and weight loss surgery benefits.



### Locate a Provider

To search for a participating provider, contact UnitedHealthcare's customer service or visit [www.myuhc.com](http://www.myuhc.com). When completing the necessary search criteria, select Choice Plus network.



### Plan References

**\*\*Out-Of-Network Balance Billing:**  
For information regarding out-of-network balance billing that may be charged by out-of-network providers, please refer to the Summary of Benefits and Coverage (SBC) document.

\*\*\*LabCorp or Quest Diagnostics are the preferred labs for bloodwork through UnitedHealthcare. When using a lab other than LabCorp or Quest, please confirm they are contracted with UnitedHealthcare's Choice Plus network prior to receiving services.

\*\*\*\*Maintenance medications will be charged at 1.5x the applicable copay if renewed at a retail pharmacy and not Mail Order.



### Important Notes

- Acupuncture is available on this plan.
- There is a \$10,000 family lifetime max for Infertility Services.
- Weight Loss members who have had weight loss surgery must stay on the Platinum plan to receive future treatment.



## Dental Insurance

### Delta Dental Preventive Plan

The Sheriff's Office offers dental insurance through Delta Dental. The costs per pay period for coverage are listed in the premium table below and a brief summary of benefits is provided on the following page. For more detailed information about the dental plan, please refer to the carrier's summary plan document or contact Delta Dental's customer service.

#### Dental Insurance – Delta Dental Preventive Plan

Tier of Coverage	Total Premium Per Month	PCSO Monthly Contribution	Member Monthly Contribution	Member Bi-Weekly Deduction <i>(24 Payroll Deductions)</i>
Member Only	\$6.86	\$6.86	\$0.00	\$0.00
Member + Spouse	\$10.03	\$7.03	\$3.00	\$1.50
Member + Child(ren)	\$11.35	\$5.35	\$6.00	\$3.00
Member + Family	\$14.20	\$6.20	\$8.00	\$4.00

#### In-Network Benefits

The Preventive plan provides benefits for services received from in-network and out-of-network providers. It is also an open-access plan which allows for services to be received from any dental provider without having to select a Primary Dental Provider (PDP) or obtain a referral to a specialist. The network of participating dental providers the plan utilizes is the Delta Dental Premier or PPO network. Providers in the Delta PPO network will offer the greatest savings. These participating dental providers have contractually agreed to accept Delta Dental's contracted fee or "allowed amount." This fee is the maximum amount a Delta Dental dental provider can charge a member for a service.

#### Out-of-Network Benefits

Out-of-network benefits are used when member receives services by a non-participating Delta Dental Premier or PPO network provider. Delta Dental reimburses out-of-network services based on what it determines as the Maximum Program Allowance (MPA). The MPA is defined as the most common charge for a particular dental procedure performed in a specific geographic area. If services are received from an out-of-network dentist, the member may be responsible for balance billing. Balance billing is the difference between Delta Dental's MPA and the amount charged by the out-of-network dental provider. Balance billing is in addition to any applicable plan deductible or coinsurance responsibility.

#### Plan Year Deductible

There is no plan year deductible.

#### Plan Year Benefit Maximum

The maximum benefit the Preventive plan will pay for each covered member is \$200 for in-network or out-of-network preventive services combined. Once the plan's benefit maximum is met, the member will be responsible for future charges until next plan year.

#### Mobile App

For Smartphone or Tablet, download the Dental Dental app from the Google Play or App Store.

**Delta Dental** | Customer Service: (800) 521-2651 | [www.deltadentalins.com](http://www.deltadentalins.com)



## Delta Dental Preventive Plan At-A-Glance

Network	Premier or PPO	
Plan Year Deductible (PYD)	In-Network	Out-of-Network*
Per Member	Does Not Apply	
Per Family		
Waived for Class I Services?		
<b>Plan Year Benefit Maximum</b>		
Per Member	\$200	
<b>Diagnostic &amp; Preventive Care</b>		
Routine Oral Exam	Maximum Benefit of \$200 can be applied towards any of these services.	Maximum Benefit of \$200 can be applied towards any of these services.
Routine Cleanings		
Complete X-rays		
Bitewing X-rays		



### Locate a Provider

To search for a participating provider, contact Delta Dental's customer service or visit [www.deltadentalins.com](http://www.deltadentalins.com). When completing the necessary search criteria, select Premier or PPO network.



### Plan References

**\*Out-Of-Network Balance Billing:** For information regarding out-of-network balance billing that may be charged by an out-of-network provider, please refer to the Out-of-Network Benefits section on the previous page.



### Important Notes

- Waiting periods and age limitations may apply.
- Benefit frequency limitations may apply to certain services.
- One (1) complete x-ray covered every three (3) years.



## Dental Insurance

### Delta Dental Preventive Plus Plan

The Sheriff's Office offers dental insurance through Delta Dental. The costs per pay period for coverage are listed in the premium table below and a brief summary of benefits is provided on the following page. For more detailed information about the dental plan, please refer to the carrier's summary plan document or contact Delta Dental's customer service.

#### Dental Insurance – Delta Dental Preventive Plus Plan

Tier of Coverage	Total Premium Per Month	PCSO Monthly Contribution	Member Monthly Contribution	Member Bi-Weekly Deduction <i>(24 Payroll Deductions)</i>
Member Only	\$36.80	\$25.80	\$11.00	\$5.50
Member + Spouse	\$73.57	\$45.57	\$28.00	\$14.00
Member + Child(ren)	\$82.80	\$43.80	\$39.00	\$19.50
Member + Family	\$119.54	\$68.54	\$51.00	\$25.50

#### In-Network Benefits

The Preventive Plus plan provides benefits for services received from in-network and out-of-network providers. It is also an open-access plan which allows for services to be received from any dental provider without having to select a Primary Dental Provider (PDP) or obtain a referral to a specialist. The network of participating dental providers the plan utilizes is the Delta Dental Premier or PPO network. Providers in the Delta PPO network will offer the greatest savings. These participating dental providers have contractually agreed to accept Delta Dental's contracted fee or "allowed amount." This fee is the maximum amount a Delta Dental dental provider can charge a member for a service. The member is responsible for a coinsurance based on the plan's charge limitations.

#### Out-of-Network Benefits

Out-of-network benefits are used when member receives services by a non-participating Delta Dental Premier or PPO network provider. Delta Dental reimburses out-of-network services based on what it determines as the Maximum Program Allowance (MPA), The MPA is defined as the most common charge for a particular dental procedure performed in a specific geographic area. If services are received from an out-of-network dentist, the member may be responsible for balance billing. Balance billing is the difference between Delta Dental's MPA and the amount charged by the out-of-network dental provider. Balance billing is in addition to any applicable plan deductible or coinsurance responsibility.

#### Plan Year Deductible

There is no plan year deductible.

#### Plan Year Benefit Maximum

The maximum benefit the Preventive Plus plan will pay for each covered member is \$2,000 for in-network or out-of-network services combined. All services, excluding routine oral exams and cleanings, accumulate towards the benefit maximum. Once the plan's benefit maximum is met, the member will be responsible for future charges until next plan year.

#### Mobile App

For Smartphone or Tablet, download the Dental Dental app from the Google Play or App Store.

**Delta Dental** | Customer Service: (800) 521-2651 | [www.deltadentalins.com](http://www.deltadentalins.com)



## Delta Dental Preventive Plus Plan At-A-Glance

Network	Premier or PPO	
Plan Year Benefit Maximum	In-Network	Out-of-Network*
Per Member	\$2,000	
<b>Diagnostic &amp; Preventive Care</b>		
Routine Oral Exam (4 Per Plan Year)	Plan Pays: 100%	Plan Pays: 100% (Subject to Balance Billing)
Routine Cleanings (4 Per Plan Year)**		
Complete X-rays (1 Every 3 Years)		
Bitewing X-rays (4 Sets Per Plan Year)		
<b>Basic Restorative Care</b>		
Fillings	Plan Pays: 50%	Plan Pays: 50% (Subject to Balance Billing)
Simple Extractions		
Oral Surgery		
Periodontal Services		
Anesthetics		
Endodontics (Root Canal Therapy)		
<b>Major Restorative Care</b>		
Crowns	Plan Pays: 50%	Plan Pays: 50% (Subject to Balance Billing)
Bridges		
Dentures		
<b>Orthodontia</b>		
Benefit (Adults and Dependent Children)	Plan Pays: 50%	Plan Pays: 50% (Subject to Balance Billing)
<b>Mouthguard/Occlusal</b>		
Benefit	Plan Pays: 100%	Plan Pays: 100% (Subject to Balance Billing)



### Locate a Provider

To search for a participating provider, contact Delta Dental's customer service or visit [www.deltadentalins.com](http://www.deltadentalins.com). When completing the necessary search criteria, select Premier or PPO network.



### Plan References

**\*Out-Of-Network Balance Billing:**  
For information regarding out-of-network balance billing that may be charged by an out-of-network provider, please refer to the Out-of-Network Benefits section on the previous page.

**\*\*Periodontal Cleanings:** First 2 cleanings are covered at 100% and then the last 2 cleanings are covered at 50%.



### Important Notes

- Each covered family member may receive up to four (4) routine cleanings per plan year.
- For any dental work expected to cost \$300 or more, the plan will provide a "Pre-Determination of Benefits" upon the request of the dental provider. This will assist with determining approximate out-of-pocket costs should member have the dental work performed.
- Waiting periods and age limitations may apply.
- Benefit frequency limitations may apply to certain services.
- Orthodontia benefit resets at the beginning of every plan year.



## Vision Insurance

### UnitedHealthcare Spectera Vision Plan

The Sheriff's Office offers vision insurance through UnitedHealthcare Spectera. The costs per pay period for coverage are listed in the premium table below and a brief summary of benefits is provided on the following page. For more detailed information about the vision plan, please refer to the carrier's summary plan document or contact UnitedHealthcare's customer service.

#### Vision Insurance – UnitedHealthcare Vision Plan

Tier of Coverage	Total Premium Per Month	PCSO Monthly Contribution	Member Monthly Contribution	Member Bi-Weekly Deduction <i>(24 Payroll Deductions)</i>
Member Only	\$5.51	\$1.69	\$3.82	\$1.91
Member + Spouse	\$9.94	\$3.08	\$6.86	\$3.43
Member + Child(ren)	\$9.70	\$3.00	\$6.70	\$3.35
Member + Family	\$14.28	\$4.36	\$9.92	\$4.96

#### In-Network Benefits

The vision plan offers member and covered dependent(s) coverage for routine eye care, including eye exams, eyeglasses (lenses and frames) or contact lenses. To schedule an appointment, member and covered dependent(s) may select any network provider who participates in the UnitedHealthcare Spectera network. At the time of service, routine vision examinations and basic optical needs will be covered as shown on the plan's schedule of benefits. Cosmetic services and upgrades will be additional if chosen at the time of the appointment.

#### Out-of-Network Benefits

Member and covered dependent(s) may choose to receive services from vision providers who do not participate in the UnitedHealthcare Spectera network. When going out of network, the provider will require payment at the time of appointment. UnitedHealthcare will then reimburse based on the plan's out-of-network reimbursement schedule upon receipt of proof of services rendered.

#### Plan Year Deductible

There is no plan year deductible.

**UnitedHealthcare** | Customer Service: (800) 638-3120 | [www.myuhcvision.com](http://www.myuhcvision.com)



## UnitedHealthcare Spectera Vision Plan At-A-Glance

Network		Spectera	
Services		In-Network	Out-of-Network
Eye Exam		\$10 copay	Up to \$25 Reimbursement
<b>Frequency of Services</b>			
Examination		Once Every 12 Months	
Lenses			
Frames			
Contact Lenses			
<b>Lenses</b>			
Single		\$20 Copay	Up to \$20 Reimbursement
Bifocal			Up to \$30 Reimbursement
Trifocal			Up to \$40 Reimbursement
Progressive		Starting at \$55 Copay	Up to \$30 Reimbursement
<b>Frames</b>			
Allowance		Up to \$130 Retail Allowance	Up to \$50 Reimbursement
<b>Contact Lenses*</b>			
Non-Elective (Medically Necessary)		Covered at 100% After Applicable Copay	Up to \$200 Reimbursement
Elective (Fitting, Follow-up & Lenses)	Custom	\$150 Allowance	Up to \$50 Reimbursement
	Standard	Covered at 100% After Applicable \$20 Copay For Up To Six (6) Boxes	Up to \$50 Reimbursement
<b>LASIK</b>			
LASIK Vision Correction		\$563 Allowance Per Eye	\$563 Allowance Per Eye



### Locate a Provider

To search for a participating provider, contact UnitedHealthcare's customer service or visit [www.myuhcvision.com](http://www.myuhcvision.com). When completing the necessary search criteria, select Spectera network.



### Plan References

\*Contact lenses are in lieu of spectacle lenses.



### Important Notes

- Member options, such as UV Coating, Anti-Reflective and Tint, etc. are not covered in full, but may be available at a discount.
- For additional cost savings of up to 35% on LASIK services, members must utilize QualSight. To get started, visit [vision.qualsight.com](http://vision.qualsight.com)



## Flexible Spending Account

### Chard Snyder

The Sheriff's Office offers Flexible Spending Accounts (FSA) administered through Chard Snyder. The FSA plan year is from October 1 to September 30.

If member or family member(s) has predictable health care or day care expenses, then member may benefit from participating in an FSA. An FSA allows member to set aside money from member's paycheck for reimbursement of health care and day care expenses they regularly pay. The amount set aside is not taxed and is automatically deducted from member's paycheck and deposited into the FSA. Participation in an FSA allows for substantial tax savings and an increase in spending power. **Participating member must re-enroll and elect the dollar amount to be deducted each plan year. There are two (2) types of FSAs:**

#### Health Care FSA

This account allows participant to set aside up to an annual maximum of \$3,050. This money will not be taxable income to the participant and can be used to offset the cost of a wide variety of eligible medical expenses that generate out-of-pocket costs. Participating member can also receive reimbursement for expenses related to dental and vision care (that are not classified as cosmetic).

Examples of common expenses that qualify for reimbursement are listed below.

**Please Note: The entire Health Care FSA election is available for use on the first day coverage is effective.**

#### Dependent Care FSA

This account allows participant to set aside up to an annual maximum of \$5,000 if single or married and file a joint tax return (\$2,500 if married and file a separate tax return) for day care expenses. Qualified expenses include day care centers, preschool, and before/after school care for eligible children and dependent adults.

Please note, if family income is over \$20,000, this reimbursement option will likely save participants more money than the dependent day care tax credit taken on a tax return. To qualify, dependents must be:

- A child under the age of 13, or
- A child, spouse or other dependent who is physically or mentally incapable of self-care and spends at least eight (8) hours a day in the participant's household.

**Please Note: Unlike the Health Care FSA, reimbursement is only up to the amount that has been deducted from participant's paycheck for the Dependent Care FSA.**

### A sample list of Healthcare FSA qualified expenses eligible for reimbursement include, but not limited to, the following:

- ✓ Prescription/Over-the-Counter Medications
- ✓ Menstrual Products
- ✓ Ambulance Service
- ✓ Chiropractic Care
- ✓ Dental and Orthodontic Fees
- ✓ Diagnostic Tests/Health Screenings
- ✓ Physician Fees and Office Visits
- ✓ Drug Addiction/Alcoholism Treatment
- ✓ Experimental Medical Treatment
- ✓ Corrective Eyeglasses and Contact Lenses
- ✓ Hearing Aids and Exams
- ✓ Injections and Vaccinations
- ✓ LASIK Surgery
- ✓ Mental Health Care
- ✓ Nursing Services
- ✓ Optometrist Fees
- ✓ Sunscreen SPF 15 or Greater
- ✓ Wheelchairs

**Log on to <http://www.irs.gov/publications/p502/index.html> for additional details regarding qualified and non-qualified expenses.**





## Flexible Spending Accounts *(Continued)*

### Chard Snyder

#### FSA Guidelines

- The Health Care FSA has a run out period at the end of the plan year until (90 days) to submit reimbursement on eligible expenses incurred during the period of coverage 10/01/2023 - 09/30/2024.
- When a plan year ends and all claims have been filed, **all unused** funds will be forfeited and not returned.
- Member can enroll in an FSA only during the Open Enrollment period, a Qualifying Event, or New Hire Eligibility period.
- Money cannot be transferred between FSAs.
- Reimbursed expenses cannot be deducted for income tax purposes.
- Member and dependent(s) cannot be reimbursed for services not received.
- Participating member must re-enroll and elect the dollar amount on an annual basis to be deducted only during the Open Enrollment period or as the result of an IRS allowed life event.

#### Filing a Claim

##### Claim Form

A completed claim form along with a copy of the receipt as proof of the expense can be submitted via fax, mail, email or mobile app. The IRS requires FSA participants to maintain complete documentation, including copies of receipts for reimbursed expenses, for a minimum of one (1) year.

##### Debit Card

FSA participants will automatically receive a debit card for payment of eligible expenses. With the card, most qualified services and products can be paid at the point of sale versus paying out-of-pocket and requesting reimbursement. The debit card is accepted at a number of medical providers and facilities, and most pharmacy retail outlets. Chard Snyder may request supporting documentation for expenses paid with a debit card. Failure to provide supporting documentation when requested may result in suspension of the card and account until funds are substantiated or refunded back to PCSO. Please keep the issued card for use next year. Additional or replacement cards may be requested, however, a small fee may apply.

#### Mobile App

"Manage your FSA on the go, whenever it is convenient for you." Download the Chard Snyder Mobile app from the Google Play or App Store.

### HERE'S HOW IT WORKS!



A member earning \$30,000 elects to place \$1,000 into a Health Care FSA. The payroll deduction is \$38.46 based on a 26 pay period schedule. As a result, health care expenses are paid with tax-free dollars, giving the member a tax savings of \$197.

	With a Health Care FSA	Without a Health Care FSA
Salary	\$30,000	\$30,000
FSA Contribution	-\$1,000	-\$0
Taxable Pay	\$29,000	\$30,000
Estimated Tax 19.65% = 12% + 7.65% FICA	-\$5,698	-\$5,895
After Tax Expenses	-\$0	-\$1,000
Spendable Income	\$23,302	\$23,105
<b>Tax Savings</b>	<b>\$197</b>	<b>\$0</b>

**Please Note:** Be conservative when estimating health care and/or dependent care expenses. IRS regulations state that any unused funds remaining in an FSA, after a plan year ends and after all claims have been filed, cannot be returned or carried forward to the next plan year. *This rule is known as "use-it or lose-it."*

#### Claims Mailing Address

P.O. Box 249, Fort Washington, PA 19034

#### Chard Snyder

Phone: (800) 982-7715 | Fax: (888) 245-8452

Email: [askpenny@chard-snyder.com](mailto:askpenny@chard-snyder.com) | [www.chard-snyder.com](http://www.chard-snyder.com)



## Travel Assistance

### Travel Assistance Frontier/MEDEX

As part of the Basic Term Life insurance, member will receive a travel assistance benefit at no cost. Travel assistance can assist with emergencies when member travels more than 100 miles from home. Member is covered 24 hours a day, seven (7) days a week. For more detailed information about the travel assistance plan, please contact (800) 527-0218 and reference group ID #385231.

## Basic Life and AD&D Insurance

### Basic Term Life Insurance

The Sheriff's Office provides Basic Term Life insurance at no cost to all eligible members through UnitedHealthcare. Eligible member will receive a benefit amount of one (1) time annual salary, rounded up to the next \$1,000 to a maximum of \$250,000.

### Age Reduction Schedule

Benefit amounts are subject to the following age reduction schedule:

- › Reduces to 65% of the benefit amount at age 75
- › Reduces to 45% of the benefit amount at age 80
- › Reduces to 30% of the benefit amount at age 85
- › Reduces to 20% of the benefit amount at age 90

### Accidental Death & Dismemberment Insurance

Also, at no cost to member, The Sheriff's Office provides Accidental Death & Dismemberment (AD&D) insurance, which pays in addition to the Basic Term Life benefit when death occurs as a result of an accident. The AD&D benefit amount equals the Basic Term Life benefit, partial benefits may also be payable.

### Statutory AD&D Insurance

The Sheriff's Office meets the requirements of F.S.S 112.19 Line-of Duty death benefits which allows for all full-time and part-time sworn members to be automatically enrolled in a separate AD&D policy. Member must designate a beneficiary or the benefit will be paid according to the statute, which states:

- Paid in equal portions to any children and spouse
- Paid in equal portions to the parent(s)
- If neither of the above exists, benefit will be paid to the estate

### Florida Deputy Sheriff's Association (FDSA) AD&D Insurance

The Sheriff's Office provides all members with an additional AD&D policy through the Florida Deputy Sheriff's Association (FDSA). The benefit is equal to member's base pay rounded to the nearest \$1,000. This policy pays in addition to any other life insurance policy member may have with the Sheriff's Office.

***Always remember to keep beneficiary information updated. Please contact HR Benefits Staff to update your beneficiary information.***

**UnitedHealthcare** | Customer Service: (888) 299-2070 | [www.myuhcfp.com](http://www.myuhcfp.com)



## Voluntary Life Insurance

### Voluntary Member Life Insurance

Eligible member may elect to purchase additional Life insurance on a voluntary basis through UnitedHealthcare. This coverage may be purchased in addition to the Basic Term Life and AD&D coverage. Voluntary Life insurance offers coverage for member, spouse and/or child(ren) at different benefit levels.

New Hires may purchase Voluntary Member Life insurance not to exceed five (5) times Basic Annual Earnings without being subject to Medical Underwriting, also known as Evidence of Insurability (EOI), **up to the Guaranteed Issue amount of \$250,000.**

- Units can be purchased in increments of \$1,000 to the maximum of \$250,000 not to exceed five (5) times member's Basic Annual Earnings.
- Benefit amounts are subject to the following age reduction schedule:
  - › Reduces to 65% of the benefit amount at age 75
  - › Reduces to 45% of the benefit amount at age 80
  - › Reduces to 30% of the benefit amount at age 85
  - › Reduces to 20% of the benefit amount at age 90

**Open Enrollment:** Member may purchase or increase coverage up to an additional amount of \$20,000 without being subject to Medical Underwriting, also known as Evidence of Insurability (EOI).

### Option 1 – Voluntary Dependent Life Insurance

- For legal spouses, there is a \$10,000 benefit amount.
- For child(ren) from live birth to 26 years of age, there is a \$5,000 benefit amount per child, which covers all eligible dependent child(ren) enrolled, regardless of how many.
- Coverage is \$3.40 monthly or, \$1.70 per pay period.

### Option 2 – Voluntary Spouse Life Insurance

New Hires may purchase Voluntary Spouse Life insurance without being subject to Medical Underwriting, also known as Evidence of Insurability (EOI), **up to the Guaranteed Issue amount of \$25,000.**

- Units can be purchased in increments of \$1,000 to a maximum of \$250,000 not to exceed 100% of the member's Basic and Voluntary Life coverage amount.
- Member may purchase additional Voluntary Spouse Life insurance in increments of \$1,000 which is subject to Medical Underwriting, also known as Evidence of Insurability (EOI).

### Voluntary Life Insurance Rate Table

Monthly Premium

Age Bracket (Based on Member Age)	Member (Rate Per \$1,000 of Benefit)	Spouse (Rate Per \$1,000 of Benefit)
< 30	\$0.095	\$0.076
30-34	\$0.145	\$0.080
35-39	\$0.145	\$0.102
40-44	\$0.195	\$0.143
45-49	\$0.195	\$0.195
50-54	\$0.400	\$0.330
55-59	\$0.430	\$0.430
60-64	\$0.990	\$0.829
65-69	\$1.270	\$1.270
70-74	\$2.060	\$2.502
>75	\$2.060	\$9.488

### Option 2 – Voluntary Dependent Child(ren) Life Insurance

- For eligible unmarried child(ren) up to age 26 member may elect coverage in increments of \$1,000 to a maximum of \$10,000.
- Coverage is \$0.08 per \$1,000 monthly.

**Please Note:** Member may choose either the Voluntary Dependent Life benefit or the separate Spouse and/or Dependent Child(ren) Life benefit, but not both. If you are married to another member at the Sheriff's Office, you are not eligible to elect Voluntary Spouse Life and dependent children cannot be covered by two employees.

**Always remember to keep beneficiary information updated. Please contact HR Benefits Staff to update your beneficiary information.**

UnitedHealthcare | Customer Service: (888) 299-2070  
www.myuhcfp.com



## Short Term Disability

The Sheriff's Office provides Short Term Disability (STD) insurance at no cost to all eligible members through Unitedhealthcare. The STD benefit pays member a percentage of the weekly earnings if member becomes disabled due to an illness or non-work related injury.

### Short Term Disability (STD) Benefits

- STD provides a benefit of 60% of member's weekly earnings up to a benefit maximum of \$2,300 per week.
- 31 day elimination period from onset of illness/injury.
- Must have exhausted sick leave
- The maximum benefit period is 22 weeks following the elimination period.
- Member deemed unable to return to work after the STD 22 week maximum period is exhausted, may be transitioned to Long Term Disability (LTD).
- Benefits may be reduced by other income.
- Disability benefits are taxable.

**Unitedhealthcare** | Customer Service: (888) 299-2070  
[www.myuhcfp.com](http://www.myuhcfp.com)

## Long Term Disability

The Sheriff's Office provides Long Term Disability (LTD) insurance at no cost to all eligible members through Unitedhealthcare. The LTD benefit pays a percentage of monthly earnings if member becomes disabled due to an illness or injury.

### Long Term Disability (LTD) Benefits

- LTD provides a benefit of 60% of member's monthly earnings up to a benefit maximum of \$6,000 per month.
- Member must be disabled for 180 consecutive days prior to becoming eligible for benefits (known as the elimination period).
- Benefits will begin on the 181st day of disability.
- Member may continue to be eligible for partial benefits if member returns to work on a part-time basis.
- The maximum benefit period is determined based on age at the time of disability.
- Benefits may be reduced by other income.

**Unitedhealthcare** | Customer Service: (888) 299-2070  
[www.myuhcfp.com](http://www.myuhcfp.com)

## Employee Assistance Program

### Baycare

The Sheriff's Office cares about the well-being of all members on and off the job and provides, at no cost, a comprehensive Employee Assistance Program (EAP) through Baycare. EAP offers member and each family member access to licensed mental health professionals through a confidential program protected by State and Federal laws. EAP is available to help member gain a better understanding of problems that affect them, locate the best professional help for a particular problem, and decide upon a plan of action. EAP counselors are professionally trained and certified in their fields and available 24 hours a day, seven (7) days a week.

### What is an Employee Assistance Program (EAP)?

An Employee Assistance Program offers covered member and family member's free and convenient access to a range of confidential and professional services to help address a variety of problems that may negatively affect member or family member's well-being. Coverage includes six (6) free face-to-face, visits with a specialist, per person, per plan year, telephonic consultation, online material/tools and webinars. EAP offers counseling services on issues such as:

- ✓ Child Care Resources
- ✓ Legal Resources
- ✓ Grief and Bereavement
- ✓ Stress Management
- ✓ Depression and Anxiety
- ✓ Work Related Issues
- ✓ Adult & Elder Care Assistance
- ✓ Financial Resources
- ✓ Family and/or Marriage Issues
- ✓ Substance Abuse

### Are Services Confidential?

Yes. Receipt of EAP services are completely confidential. If, however, participation in the EAP is the direct result of a Management Referral (a referral initiated by a supervisor/manager), we will ask permission to communicate certain aspects of the member's care (attendance at sessions, adherence to treatment plans, etc.) to the referring supervisor/manager. The referring supervisor/manager will not receive specific information regarding the referred member's case. The supervisor/manager will only receive reports on whether the referred member is complying with the prescribed treatment plan.

### Baycare

Customer Service: (800) 878-5470 | Email: [baycareeap@baycare.org](mailto:baycareeap@baycare.org)

### Online Resource Center

<http://pinellassheriff.personaladvantage.com> | Company ID: PCSO



## Supplemental Insurance

Aflac offers a variety of voluntary supplemental insurance plans that may be purchased separately on a voluntary basis and premiums paid by payroll deduction pre-tax for most offerings. Aflac pays money directly to member, regardless of what other insurance plans member may have. To learn more about these Aflac plans and/or to schedule a personal appointment, contact your local Aflac agent. Details regarding available Aflac plans and services are also available online at [www.aflac.com](http://www.aflac.com).

Available plans include:

- ✓ Accident Plan
- ✓ Hospital Plan
- ✓ Cancer Plan
- ✓ Critical Illness Plan

**Aflac** | Customer Service: (800) 992-3522 | [www.aflac.com](http://www.aflac.com)

**Agent:** Kathy Nelson and Jeff Nelson

Phone: (813) 929-9846 | Email: [kjdistrictoffice@gmail.com](mailto:kjdistrictoffice@gmail.com)

## Education Assistance

Available to full-time and part-time members after one year of employment and completion of probation. Each fiscal year a member is eligible for up to \$1,500 in reimbursement for approved course tuition and books. Prior to taking the course, a pre-approval form is required. Once you have completed the course proof of payment, a grade of C or better and book receipts must be submitted. Refer to G.O. 04-03 for further information.

**Please Note:** All education assistance reimbursements are subject to a two-year "buy back" period.

## Wellness Initiatives

The Sheriff's Office is committed to establishing a program designed to help each member develop and maintain a level of fitness conducive to good health and effective job performance. The components of the program include:

- Health Screenings
- Life Scan Annual Physical
- Fitness Assessments – (contact the Fitness Specialist in the Training Division)
- Agency Fitness Centers
  - > Sheriff's Administration Building
  - > Jail Facility South Division
  - > Dunedin Fire Station
- Wellness Classes
- Weight Loss Program – (contact HR Benefits Staff for more information)
- Physical Abilities Test for Certified Deputies

To encourage the wellness initiatives the **Sheriff's Office provides cash incentives up to \$225** per fiscal year to member who participate and submit a completed **WellStar** Incentive Request Form in the Member Gateway. See the WellStar Guide for additional information.

### Life Scan

Participate in a confidential, no cost, annual health/fitness physical that focuses on early detection and prevention of heart disease, stroke, cancer and diabetes. The Life Scan exam includes extensive lab work, imaging assessments including MRI, CT scan, Mammogram, cardio-pulmonary testing, ultrasound, vision/hearing tests, fitness evaluation, personalized wellness plan and a mental health check-up.

Life Scan appointments can be attended on duty with supervisor approval; if a member goes off duty they are NOT eligible for over-time or compensatory time.

**Please Note:** Member can schedule their Life Scan Annual Physical appointment on SONET. Eligible dependents can call Life Scan at (727) 258-4818. Cancellations with less than 48-hour notice will result in loss of eligibility for one (1) year.



## Florida Retirement System

The Sheriff's Office participates in the Florida Retirement System (FRS). Member will receive information from FRS within the first few months of employment to help determine which of the two plans best fits member needs.

### FRS Pension Plan

This is a traditional retirement plan, which requires an 8-year vesting period. The plan benefit is based on a formula and provides a lifetime monthly benefit with options for survivor benefits. DROP is also a benefit under this election.

### FRS Investment Plan

This is a 401K type investment plan, which requires a 1-year vesting period. The plan benefit is based on your account balance and provides a flexible payment schedule.

### Planning to Retire Soon

After member has verified retirement eligibility and benefits with the FRS (myfrs.com or calling FRS Guidance Line (866) 446-9377) and has made decision to retire, enter DROP or terminate from DROP, please contact HR Benefits Staff at (727) 582-2835 to discuss the steps needed and to make an appointment.

### Pension Benefit – Florida Retirement System FRS

Retirement Class	Contribution		Normal Retirement	
	Employer	Member	Hired before 7/1/11	Hired 7/1/11 or after
Special Risk*	32.67%	3.00%	55 years old with 6 years of service OR 25 years of service regardless of age	55 years old with 6 years of service OR 25 years of service regardless of age
Regular*	13.57%	3.00%	62 years old with 6 years of service OR 30 years of service regardless of age	65 years old with 8 years of service OR 33 years of service regardless of age

\*Please Note: Rates determined by FRS and subject to change.

## Leave Accruals

Benefits	Years of Employment	Full-Time Annual Accrued Hours	Part-Time Annual Accrued Hours	Maximum Accrued Hours	Maximum Accrued Payout
Vacation Leave	0-3	140		600	480
	4-5	148		600	480
	6-7	156	.0673 per scheduled hour	600	480
	8-11	164		687	567
	12-14	172		687	567
	15+	180		744	624
Sick Leave	From date of employment	96	.0462 per scheduled hour	Unlimited	<ul style="list-style-type: none"> <li>33 1/3%, up to 480-hour balance at resignation</li> <li>Less than 25 years is 50% of balance at retirement.</li> <li>Greater than or equal to 25 years 100% up to 1,280.</li> </ul>
Personal Leave		36 hours annually	Pro-rated annually		
Holidays* (full-time only)	New Year's Day, Law Enforcement Appreciation Day, Dr. Martin Luther King Jr. Day, Good Friday, Memorial Day, Independence Day, Labor Day, Veterans Day, Thanksgiving Day, Day after Thanksgiving, Christmas Day				

\*If the holiday falls on a Saturday, the preceding Friday will be observed as the holiday, if the holiday falls on a Sunday, the following Monday will be observed as the holiday. If New Year's and Christmas Day falls on a Tuesday or Thursday, the preceding Monday or following Friday will also be recognized as a holiday.





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[www.gehringgroup.com](http://www.gehringgroup.com)

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To access benefit booklet, use a mobile device to scan code.



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