



# Pinellas County Sheriff's Office 2016-2017 Retiree Benefits Summary

**The 2016-2017 retiree benefits change period is July 18-29, 2016 for  
Medical (Platinum/Gold) – Dental – Vision – Retiree Life**

## Your Benefit Options

This Retiree Benefit Summary is a reference guide of PCSO benefits for the plan year beginning October 1, 2016. You have the opportunity to switch between Platinum or Gold medical insurance and Direct Reimbursement or Preventive dental insurance. You may not add new dependents or new benefits. The retiree must remain insured for dependents to be insured.

**If you choose to cancel or discontinue any insurance coverage or drop a dependent, you will not be able to reverse that decision.**



## Plan Years

Medical Platinum and Gold, Dental, Vision and Retiree Life  
Medical United Healthcare Group Medicare Advantage PPO

**October 1, 2016 thru September 30, 2017  
January 1, 2017 thru December 31, 2017**

## Medical Benefits

### **Non-Medicare Eligible Retiree and Dependents - UHC Platinum and Gold plans**

Unless you request a change, you will automatically be re-enrolled with your current benefits effective October 1, 2016. Platinum and Gold plan options have the same network of doctors and are open access; referral to see a specialist is not needed. Please look closely at the rates and plan options so you can decide on the plan that best meets your needs.

You can find helpful tools to manage your activity at [www.myuhc.com](http://www.myuhc.com). UnitedHealthcare's Health4Me app provides instant access to critical medical information anytime/anywhere. Health4Me app is available from the Apple iTunes App Store and the Android marketplace as a free download.

### **Medicare Eligible Retiree and Dependents – UHC Group Medicare Advantage plan**

Information will be sent to you prior to January 1, 2017 regarding any changes for this plan.

For retirees and dependent(s) that become Medicare eligible during FY 2016-2017, your medical insurance will automatically convert to the UnitedHealthcare Group Medicare Advantage PPO plan. You must enroll in Medicare Part A and Part B to be effective the first day of your 65<sup>th</sup> birthday month. You must continue to pay the Medicare Part B premium. For more information about Medicare, call 1-800-Medicare (800-633-4227) or visit [www.medicare.gov](http://www.medicare.gov).

**Please contact HR Benefits if you become Medicare eligible prior to age 65.**

### **Combined Non-Medicare and Medicare plans**

Your medical coverage may be split between the Platinum or Gold plans and the UnitedHealthcare Group Medicare Advantage plan. For those with split coverage, benefit tiers and premiums are located on page 2 of this benefits summary.



# PCSO Medical and Prescription Drug Benefits

## Medical Benefits at a Glance

Monthly Medical Contributions	Platinum POS Plan		Gold POS Plan		UnitedHealthcare Group Medicare Advantage PPO		
Medical Coverage	Pre-96	Post-95	Pre-96	Post-95	Rates through 12/31/2016	Medicare Part B	Retiree Contribution
Retiree Only	\$132	\$682	\$73	\$630	Per Individual w/ 10+ consecutive YOS	\$121.80	\$0.00
+ Spouse	\$410	\$1,364	\$289	\$1,260			
+ Child(ren)	\$390	\$1,296	\$276	\$1,197			
+ Family	\$595	\$1,978	\$421	\$1,828			
Split Plans	Pre-96	Post-95	Pre-96	Post-95	Per Individual w/ <10 YOS	\$121.80	\$266.86
Spouse Only	\$278	\$682	\$216	\$630			
Child(ren) Only	\$258	\$614	\$203	\$567			
Spouse + Child(ren)	\$463	\$1,296	\$348	\$1,197			
Plan Features	In-Network	Out-of-Network	In-Network	Out-of-Network	Same In/Out Network Benefit		
Annual Medical Deductible	\$750 (Ind) \$1,500 (Fam)	\$1,500 (Ind) \$3,000 (Fam)	\$1,000 (Ind) \$2,000 (Fam)	\$2,000 (Ind) \$4,000 (Fam)	\$300		
Annual Medical Out-of-Pocket Maximum	\$2,500 (Ind) \$5,000 (Fam)	\$5,000 (Ind) \$10,000 (Fam)	\$2,850 (Ind) \$5,600 (Fam)	\$5,700 (Ind) \$11,200 (Fam)	\$2,000		
Virtual Visits	100% Covered	N/A	100% Covered	N/A	N/A		
Preventive Care	100% Covered	Deductible + 40% coins	100% Covered	Deductible + 50% coins	100% Covered		
Physician Office Visit	\$15	Deductible + 40% coins	\$20	Deductible + 50% coins	\$15		
Specialist Office Visit	\$35	Deductible + 40% coins	\$40	Deductible + 50% coins	\$30		
Urgent Care / Convenience Care	\$15	Deductible + 40% coins	\$20	Deductible + 50% coins	\$35		
Clinical Laboratory Services and Outpatient X-rays	Deductible + 20% coins	Deductible + 40% coins	Deductible + 30% coins	Deductible + 50% coins	\$15		
Inpatient Hospital Stay, days 1-8	Deductible + 20% coins	Deductible + 40% coins	Deductible + 30% coins	Deductible + 50% coins	\$200/day		
Inpatient Hospital Stay, days 9 and thereafter	Deductible + 20% coins	Deductible + 40% coins	Deductible + 30% coins	Deductible + 50% coins	\$0		
Outpatient Surgery	Deductible + 20% coins	Deductible + 40% coins	Deductible + 30% coins	Deductible + 50% coins	Deductible + 20% coins		
Outpatient Hospital Services	Deductible + 20% coins	Deductible + 40% coins	Deductible + 30% coins	Deductible + 50% coins	Deductible + 20% coins		
Occupational, Physical and Speech Therapy	\$15	Deductible + 40% coins	\$20	Deductible + 50% coins	\$15		
Ambulance Services	100% Covered		100% Covered		\$175		
Emergency Room Services	\$150		\$150		\$65		
Durable Medical Equipment	Deductible + 20% coins	Deductible + 40% coins	Deductible + 30% coins	Deductible + 50% coins	Generally subject to the Deductible + 20% of Medicare approved amount		
Home Health Services - Up to 40 visits per year	Deductible + 20% coins	Deductible + 40% coins	Deductible + 30% coins	Deductible + 50% coins	\$0		
Acupuncture	Deductible + 20% coins	Deductible + 40% coins	Not Covered		Not Covered		
Weight Loss Surgery - Bariatric	Deductible + 20% coins	Deductible + 40% coins	Not Covered		Deductible + 20% coins		
Infertility Treatment	Deductible + 20% coins	Deductible + 40% coins	Not Covered		Deductible + 20% coins		
Mental Health/Substance Abuse (Inpatient Hospitalization)	Deductible + 20% coins	Deductible + 40% coins	Deductible + 30% coins	Deductible + 50% coins	\$200/per day (1-7 days)		
Mental Health/Substance Abuse (Outpatient Office Visits, Intensive Outpatient Program, Partial Hospitalization Program)	\$15	Deductible + 40% coins	\$20	Deductible + 50% coins	(Outpatient office visits – \$30) (Intensive Outpatient Program – Ded + 20%) (Partial Hospitalization Program - \$55)		
Rx Retail Copay (up to a 30 day supply)	At Retail	At 1.5 Times	At Retail	At 1.5 Times	Part D Benefits Included (No Penalty)		
Tier 1: Generic	\$10	\$15	\$10	\$15	\$10		
Tier 2: Preferred Brand	\$25	\$37.50	\$25	\$37.50	\$25		
Tier 3: Non-Preferred Brand	\$40	\$60	\$40	\$60	\$40		
Tier 4: Specialty Tier	No Specialty Rx Tier				\$40		
Mail Order Copay (up to a 90 day supply)	Rx Mail-Order Copays				RX Mail-Order Copays		
Tier 1: Generic	\$20	Not Covered	\$20	Not Covered	\$20	Not Covered	
Tier 2: Preferred Brand	\$50		\$50		\$50		
Tier 3: Non-Preferred Brand	\$80		\$80		\$80		
Tier 4: Specialty Tier	No Specialty Rx Tier				\$80		



# PCSO Dental and Vision Benefits

## Dental Benefits

Our dental plan, provided through United Concordia, makes it easy and affordable for you to maintain a healthy smile through regular preventive care and to fix problems as soon as they occur. You can choose any dentist for care, but you'll pay less out-of-pocket when you select a network provider. Visit [www.ucci.com](http://www.ucci.com) and select the "Advantage Plus" network to find a network provider in your area.



Dental Coverage	Direct Reimbursement Plan Monthly Cost	Preventive Only Plan Monthly Cost
Member Only	\$10	\$0
Member + Spouse	\$25	\$3
Member + Children	\$35	\$5
Family	\$45	\$7
Services	Annual Plan Maximums	
Exams	The first \$200 of covered services are reimbursed at 100%. The next \$3,600 of covered services are covered at 50%. \$2000 per person, per plan year.	\$200 per person per plan year
Cleaning		
Bite wing X-rays (two per plan year)		
Full mouth X-ray (one per 36 months)		
Fluoride treatments		
Restorative treatments		
Orthodontia treatments		Not Included

Out-of-network benefits are reimbursed at 90% of Reasonable and Customary for the Preventive Only Plan.

Coverage	Monthly Member Cost
Member Only	\$3.82
Member + Spouse	\$6.86
Member + Child(ren)	\$6.70
Member + Family	\$9.92

The table below provides an overview of Copays that apply when you receive certain Covered Vision Services and outlines the Plan's frequency of service and Maximum Non-Network Benefit

Service	Frequency of Services (based on last date of services)	In-Network	Out-of-Network Reimbursement
Vision Exam	Once every 12 months	\$10 Vision Exam	Up to \$25
Frames	Once every 12 months	Eyeglass Frames will receive a retail allowance up to \$130	Up to \$50
Lenses (Any one type)	Once every 12 months	Single Vision \$20 <sup>1</sup>	Up to \$20
Bifocal Vision		\$20 <sup>1</sup>	Up to \$30
Trifocal Vision		\$20 <sup>1</sup>	Up to \$40
Lenticular Vision		\$20 <sup>1</sup>	Up to \$40
Progressive		Starting at \$90	Up to \$30
Contact Lenses	Once every 12 months	\$20 Standard Selection Contacts <sup>2</sup>	Up to \$50
Elective Contact Lenses		\$150 Custom Contacts/Non-Selection <sup>3</sup>	Up to \$200
Medically Necessary Contact Lenses		100% covered after applicable copays for exam and materials	\$200

### How does the LASIK benefit work?

LASIK Vision Correction	\$563 per eye allowance after 15% discount	\$563 per eye allowance
Sample Cost	\$2,200 per eye or \$4,400 total	\$2,200 per eye of \$4,400 total
Your UHC 15% Discount	\$330 or \$660	There is no UHC Discount
Remainder Due	\$1,870 or \$3,750	\$2,200 or \$4,400
UHC's Payment to Member	\$563 per eye	\$563 per eye
Total Member Responsibility	\$1,307 or \$2,625	\$1,637 or \$3,275

## Vision Benefits

Better vision is just a blink away when you have insurance through UnitedHealthcare Vision. The plan covers periodic eye exams, eyeglasses and contact lenses for you and your eligible dependents.

Your Platinum and Gold UHC Medical/Rx card is also your ID card for vision. ID cards are available for vision only coverage. You will receive the most from your benefits when you use a network provider. You can choose any vision provider for care, but you'll pay less out-of-pocket when you stay in-network. If you notify your vision provider that you are a UHC vision member, they can confirm your coverage. To find an in-network provider, visit [www.myuhcvision.com](http://www.myuhcvision.com).



- If you purchase eyeglass lenses and eyeglass frames at the same time from the same network provider, only one copay will apply to those eyeglass lenses and eyeglass frames together. If you purchase frames only, \$20 material copay will apply.
- Standard selection contacts - such as clear, spherical and bi-weekly disposables - \$20 copay includes fitting fee, 6 boxes of contacts and up to 2 follow-up visits.
- Custom contacts/non-selection - such as Toric, gas permeable and bifocal contacts - \$150 allowance towards fitting, materials and up to 2 follow-up visits (no copay applies).

# Additional Benefits

## Employee Assistance Program

The Pinellas County Sheriff's Office is mindful that retirees must balance the many demands of life. Employee Assistance Program (EAP) services are coordinated through **ComPsych** and are provided by PCSO to you and persons residing in your household at no cost to you. Services provided are completely confidential. Members and eligible dependents may receive up to six sessions per issue, per plan year with unlimited issues per year. **ComPsych** is available 24 hours a day, 7 days a week by calling **1-888-327-4801** to speak to an EAP professional.

## Retired Members Support Team

PCSO offers a peer support program to our retirees, the Retired Members Support Team (**RMST**). The RMST is designed to offer support and community resources to former colleagues and their families when they need comfort, direction or a helping hand. For more information, or to apply to become a member of RMST, contact HR Benefits at **727-582-2835**.

## Life Insurance

If you elected Retiree Life Insurance when you retired, the value and rates for the year are based on your age as of October 1, 2016.

Please note, value reduces as you age and you will only pay premium on the reduced amount.

Please refer to the chart for age reduction time lines and rates per \$1000 of covered age bands.

This insurance, provided through UnitedHealthcare, can be cancelled or reduced at any time. Please call HR Benefits at **727-582-2835** with any questions.

Retiree Basic Life Monthly Rates by Age Per \$1000 of coverage			
Coverage reduces to: 65% at age 65, 45% at age 70, 30% at age 75 and 20% at age 80			
Age	Rate	Age	Rate
< 30	\$0.08	50-54	\$0.27
30-34	\$0.11	55-59	\$0.50
35-39	\$0.12	60-64	\$0.76
40-44	\$0.12	65-69	\$1.45
45-49	\$0.19	70+	\$2.35

## Florida Retirement System

Contact the Division of Retirement to report a change of address, general questions about pension benefit payments, insurance deductions, direct deposit, FRS health insurance subsidy, withholding tax, reporting the death of a retiree-beneficiary-joint annuitant or to request forms to change beneficiary or joint annuitant. Division of Retirement **866-446-9377**.



## Life Scan

Protect your own long term health by participating annually in your PCSO Life Scan offered annually at no cost to Retirees and adult dependents (18+) on PCSO medical insurance. Take the first step to a healthy future and make your Life Scan appointment today!

**Please schedule by contacting Life Scan at  
727-258-4817 or 727-258-4818**

Life Scan  
11200 Seminole Blvd. Suite 100  
Largo, FL 33778

**If you do not wish to make any changes for 2016-2017, NO ACTION is required on your part.  
If you do wish to make changes for 2016-2017, COMPLETE the enclosed  
2016 Benefit Change Form and RETURN to PCSO by July 29, 2016.**

Contact HR Benefits at **727-582-2835** or by email at [insurancebenefits@pcsonet.com](mailto:insurancebenefits@pcsonet.com) with any questions.

Not all plan provisions, limitations and exclusions are included in this publication. In the event of any conflict between the information contained in this publication and the plan provisions, the Plan Documents and insurance contracts will govern. Copies of those documents are available from Human Resources for your inspection during normal business hours. The benefits highlighted and described herein may be changed at any time and do not represent a contractual obligation - either implied or expressed - on the part of the Pinellas County Sheriff's Office.