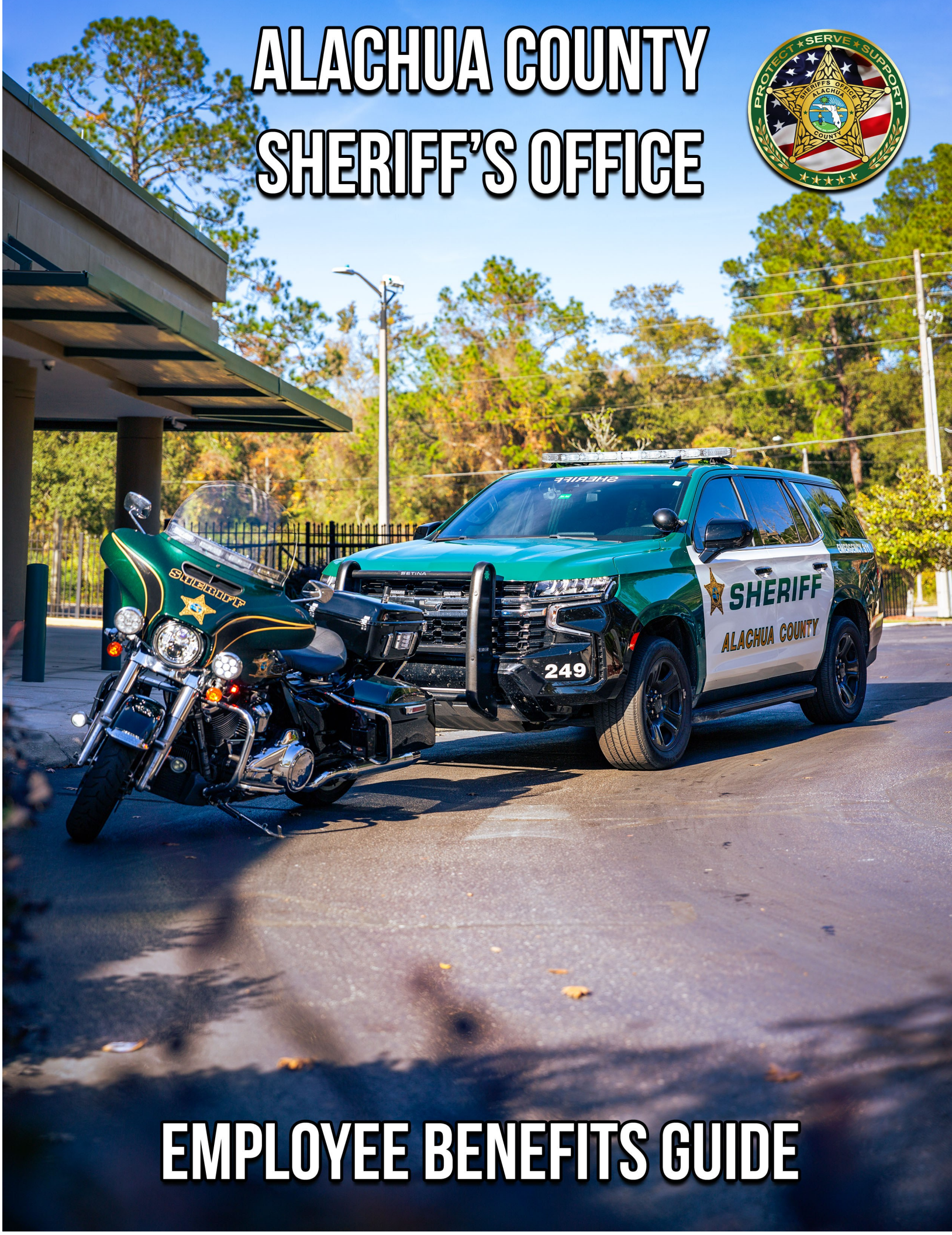
ALACHUA COUNTY SHERIFF'S OFFICE



EMPLOYEE BENEFITS GUIDE



Welcome to the Alachua County Sheriff's Office

The Alachua County Sheriff's office has a variety of benefits available to you and your family. This summary will provide you with information about the primary features of your health, life, dental, vision and financial program options.

Please read through this booklet carefully for a full understanding of your benefit options. Be sure to complete your enrollment forms within 7 days of your date of hire or date of transfer into a benefits-eligible position. All benefit plans will be active on your first date of the month following your first full month of employment.

The following is general information intended to assist in the enrollment process; it is not a substitute for plan documents or contracts. Not all plan provisions, limitations or exclusions are listed. In the event of any conflict between information contained in this booklet and the plan document or insurance contracts, the plan document or insurance contracts will prevail.



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INSURANCE BENEFITS

ALACHUA COUNTY RATE SHEET

October 1, 2025-September 30,2026

FLORIDA BLUE—HEALTH INSURANCE

BlueOptions 05770 PPO	**Biweekly Premium**			**Monthly Premium**		
coverage level	**Employee**	County	Total	**Employee**	County	Total
Emp. Only	**$39.98**	$359.83	$399.81	**$79.96**	$719.66	$799.62
Emp. + 1	**$190.22**	$760.87	$951.09	**$380.44**	$1521.74	$1902.18
Emp. + 2 or more	**$268.16**	$1072.66	$1340.82	**$536.32**	$2145.32	$2681.64
BlueOptions 05781 HDHP	**Biweekly Premium**			**Monthly Premium**		
coverage level	**Employee**	County	Total	**Employee**	County	Total
Emp. Only	$**9.47**	$359.83	$369.30	$**18.94**	$719.66	$738.60
Emp. + 1	$**117.28**	$760.87	$878.15	$**234.56**	$1521.74	$1756.30
Emp. + 2 or more	$**165.32**	$1072.66	$1237.98	$**330.64**	$2145.32	$2475.96

FLORIDA COMBINED LIFE—DENTAL INSURANCE

	Biweekly Premiums		**Monthly Premiums**		
BlueDental Choice PPO - Low	**Employee**	**County**	**Employee**	**County**	**Total**
Emp. Only	**$2.22**	$8.86	**$4.44**	$17.72	$22.16
Emp. + 1	**$10.12**	$8.86	**$20.24**	$17.72	$37.96
Emp. + 2 or more	**$18.97**	$8.86	**$37.94**	$17.72	$55.66
BlueDental Choice PPO - High					
Emp. Only	**$2.94**	$11.77	**$5.88**	$23.54	$29.42
Emp. + 1	**$15.99**	$11.77	**$31.98**	$23.54	$55.52
Emp. + 2 or more	**$27.75**	$11.77	**$55.50**	$23.54	$79.04
BlueDental Choice PPO - Plus					
Emp. Only	**$3.29**	**$13.16**	**$6.58**	**$26.32**	**$32.90**
Emp. + 1	**$17.88**	**$13.16**	**$35.76**	**$26.32**	**$62.08**
Emp. + 2 or more	**$31.04**	**$13.16**	**$62.06**	**$26.32**	**$88.38**

HUMANA—VISION INSURANCE

	Biweekly Premiums	**Monthly Premiums**
Emp. Only	$2.55	$5.10
Emp. + 1	$5.09	$10.18
Emp. + 2 or more	$9.49	$18.98

INSURANCE ELIGIBILITY

Make sure you and your loved ones are covered



Who is eligible?

All permanent employees who work at least 20 hours per week and their legal dependents, such as a spouse or dependent children are eligible for benefits.

Eligible family members include:

- Spouse or Certified Domestic Partner
- Biological or legally adopted children, and stepchildren who are under age 26
- Disabled children age 26 and older may be eligible for benefits

A domestic partner is eligible for health and dental insurance coverage only, provided the required criteria are met and an affidavit is completed and submitted.

Proof of dependent eligibility is **required** upon enrollment. Acceptable dependent eligibility documents are listed on the Dependent Verification Form in your enrollment forms packet

When are all my forms due?

Your enrollment forms must be turned into Human Resources no later than **7 days** after your hire date.

What if I don't want insurance now?

If you are not electing Alachua County group insurance at this time you must still turn in the following forms:

- Fl Blue Health Enrollment form declining health insurance
- Notice of Special Enrollment Rights form
- USAble Life form noting your beneficiaries

When does my coverage start?

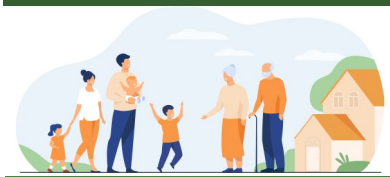
As a new employee, insurance benefits are effective the first of the month following one full month of employment.

Premium deductions for health, dental, vision and life insurance will begin one month prior to the effective date of coverage.

Premium deductions for flexible spending accounts and the supplemental benefits, Accident or Critical Illness policies, will begin the month of your effective date of coverage.

OPEN ENROLLMENT

When can I change my elections?



Open Enrollment basics

Open Enrollment is your annual opportunity to review your benefits and make changes for the upcoming plan year.

Open Enrollment is every year during the month of July. Human Resources will send out Open Enrollment information the first week of July to notify you of any upcoming changes.

Open Enrollment changes become effective on October 1st and remain in effect for the entire plan year.

Flexible spending accounts are only active for the current fiscal year. If you would like to enroll in or continue a flexible spending account you must do so every year during open enrollment.

How can I make changes outside of Open Enrollment?

You may make changes within 30 days of a qualifying life-style event such as:

- Change in Marital Status
- Adding or cancelling a dependent due to birth, adoption, or gaining/losing other health coverage
- Change in your own employment status (part-time to full time)
- Death
- A dependent who is starting a new job, terminating a job, losing eligibility or during their Open Enrollment period that has a significant financial impact

To make a change due to a life style event, an employee must contact Human Resources within 30 calendar days of the date of the event.
If more than 30 days has passed you will have to wait until the next open enrollment period to make the change to your coverage.

Cafeteria Plan IRS section 125 tax code

Alachua County Sheriff's Office participates in the Cafeteria Plan IRS Section 125 tax code. This means that all core benefit premiums, except dependent life insurance are deducted from an employee's gross income ***before*** taxes are calculated. The amount paid for benefits is free from federal income tax and social security tax, thus increasing an employee's take home, or net pay. Section 125 of the Internal Revenue Code governs premium pre-tax plans and, as a result, changes to benefit elections can only be made at the time of employment, during open enrollment or as a result of a qualified life-style event such as marriage, divorce, birth or death.
All employees are automatically enrolled in this plan.

New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 6-30-2023)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.1

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage-is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. 1 An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

How Can I Get More Information?

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit **HealthCare.gov** for more information, including an online application for and contact information for a Health Insurance Marketplace in your area.

1. An employer-sponsored health plan meets the “minimum value standard” if the plan’s share of the total allowed benefit costs covered the plan is not less than 60 present of such costs.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name	4. Employer Identification Number (EIN)		
Alachua County	59-6000501		
5. Employer address	6. Employer phone number		
12 SE 1st Street, 3rd FL	352-337-6180		
7. City	8. State	9. ZIP code	
Gainesville	FL	32601	
10. Who can we contact at this job?			
Colleen Duffy			
11. Phone number (if different from above)	12. Email address		
	crd@alachuacounty.us		

You are not eligible for health insurance coverage through this employer. You and your family may be able to obtain health coverage through the Marketplace, with a new kind of tax credit that lowers your monthly premiums and with assistance for out-of-pocket costs.

MEDICAL

We're now Florida Blue

Alachua County offers two health plan options with Florida Blue

BlueOptions 05770 PPO plan
or
BlueOptions 05781 PPO, a High Deductible Health Plan (HDHP)

The County offers three levels of coverage

- employee only
- employee plus one dependent
- employee plus two or more dependents (family)

BlueOptions 05770 PPO	BlueOptions 05781 PPO High Deductible Health Plan (HDHP)
Upon coverage start date, members and dependents over 8 years of age have access to the **Alachua County Employee Health and Wellness Center** at no charge regardless of plan choice	
Most preventive care/well visits covered at 100% Members pay the plan designed co-pay for every other service. Some services may be subject to deductible and 20% co-insurance.	Most preventive care/well visits covered at 100%. Members pay out-of-pocket for everything (office visits, prescriptions, diagnostic tests, etc) until they meet the deductible ($1,500 single/$3,000 family). After that, the insurance will pay benefits based on the plan's co-insurance level.
No HRA provided for this plan. Scan this code with your smart phone for your health and dental accounts: www.bcbsfl.com	Members are provided a Health Reimbursement Account (HRA). The account will be funded by Alachua County with an initial deposit of $750 for employees with single coverage and $1,500 for employees with dependent coverage (employee + 1 or family). Employees do not contribute to the HRA. Unused funds up to the annual amount will roll over to the next year, your balance can never be more than the annual deductible. The HRA will be provided by Health Equity and employees will be provided a debit card to use to pay for eligible expenses. See page 18 for more HRA details.

MEDICAL



PLAN OPTIONS
The information below provides you with basic plan information.
For additional information please refer to the Humana summary available online at http://esp1/

	Blue Options 5770 PPO	Blue Options 5781 HDHP
Deductible (DED) (Per Person/ Family Aggregate)		HRA Employee $750
In-Network	$300/$900	$1,500/$3,000 (deductible inclusive of RX and medical)
Out-of-Network	$750/$2,500	$3,000/$6,000
Coinsurance (BCBSF pays / Member pays)		
In-Network	80% / 20%	80% / 20%
Out-of-Network	50% / 50%	50% / 50%
Out of Pocket Maximum (Per Person/Family Aggregate)		
In-Network	$2,500/$5,000	$4,000/$8,000
Out-of-Network	$5,000/$10,000	$8,000/$16,000

Note: Covered medical services and prescription drug expenses are combined into one annual out-of-pocket maximum

Deductible - The amount that you are responsible for each year before the plan begins to pay for covered services. Non-covered items do not count toward the deductible, and your deductible can vary by how many family members are covered and the networks your providers participate in. However, deductible amounts incurred in different network tiers will cross over and be counted in the other network tiers.

Coinsurance - This is your share of the expense when the plan is paying a percentage. Both medical plan options will cover in-network services at 80% after meeting the deductible. Your coinsurance amount is 20% of allowed charges. Your provider may ask for this amount up front or you may be billed at a later time.

Copayment - This is a fixed amount you pay to receive services. Your copayment (s) will count towards your out-of-pocket (OOP) maximum but not your deductible.

Out-of-Pocket (OOP) Maximum - The annual limit on your expenses for deductible, copayments and coinsurance. Like the deductible, your OOP Maximum will vary depending on how many family members are covered and the networks your providers participate in. After your expenses have met the OOP Maximum, the plan will pay 100% of covered services for the remainder of the calendar year.

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Florida Blue
In the pursuit of health

Alachua County Employees 2025 Benefits Summary

Product	BlueOptions	BlueOptions
Plan Number	05770	05781
Effective Date	10/1/2025	10/1/2025
Employee Premium	**Bi-Weekly Monthly**	**Bi-Weekly Monthly**
Employee only	$39.98 $79.96	$9.47 $18.94
Employee + 1	$190.22 $380.44	$117.28 $234.56
Employee + 2 or More	$268.16 $536.32	$165.32 $330.64
Cost Sharing - Member's Responsibility		
Deductible (DED) (Per Person/Family Aggregate)		HRA Employee: $750 HRA Emp+1/Family $1,500
In-Network	$300/ $900	$1,500/$3,000
Out-of-Network	$750/$2,500	$3,000/$6,000
Coinsurance (BCBSF / Member)		
In-Network	80% / 20%	80% / 20%
Out-of-Network	50% / 50%	50% / 50%
Out of Pocket Maximum (Per Person/Family Aggregate)		
In-Network	$2,500/$5,000	$4,000/$8,000
Out-of-Network	$5,000/$10,000	$8,000/$16,000
Medical Pharmacy OOP Maximum (Per Person Per Calendar Month)		
In-Network (Preferred/Non-Preferred)	$200	$200
Out-of-Network	NA	NA
Medical / Surgical Care by a Physician		
Virtual Visits	• Virtual Visit services only covered for INN designated providers • Virtual Behavioral Health Services covered at $0 for INN designated providers	• Virtual Visit services only covered for INN designated providers • Virtual Behavioral Health Services covered at $0 for INN designated providers
Value Choice PCP	$25 Copayment	DED + 20%
Value Choice Specialist	$45 Copayment	DED +20%
In-Network Family Physician	$25 Copayment	DED + 20%
In-Network Specialist	$45 Copayment	DED + 20%
Out-of-Network	Not Covered	Not Covered
Office Services		
Value Choice PCP	$25 Copayment	DED + 20%
Value Choice Specialist	$45 Copayment	DED + 20%
In-Network Family Physician	$25 Copayment	DED + 20%
In-Network Specialist	$45 Copayment	DED + 20%
Out-of-Network	DED + 50%	DED + 50%
Allergy Injections (Office)		
Value Choice PCP	$10 Copayment	DED + 20%
In-Network Family Physician & Specialist	$10 Copayment	DED + 20%
Out-of-Network	DED + 50%	DED + 50%
Health Care Professional Administered Medications in the Office (Medical Pharmacy)		
In-Network (Preferred & Non-Preferred)	20%	20%
Out-of-Network	DED + 50%	DED + 50%
Convenient Care Center		
In-Network	$25 Copayment	DED + 20%
Out-of-Network	DED + 50%	DED + 50%
Physician Services at Hospital		
In-Network	$100 Copayment	DED + 20%
Out-of-Network	$100 Copayment	INN DED + 20%
Radiology, Pathology and Anesthesiology Provider Services at Hospital		
In-Network	$100 Copayment	DED + 20%
Out-of-Network	$100 Copayment	INN DED + 20%
Radiology, Pathology and Anesthesiology Provider Services at ASC		

Florida Blue
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Employee only	$39.98 $79.96	$9.47 $18.94
Employee + 1	$190.22 $380.44	$117.28 $234.56
Employee + 2 or More	$268.16 $536.32	$165.32 $330.64
In-Network	$45 Copayment	DED + 20%
Out-of-Network	$45 Copayment	DED + 20%
Physician Services at Locations other than Office, Hospital and ER		
In-Network Family Physician	$25 Copayment	DED + 20%
In-Network Specialist	$45 Copayment	DED + 20%
Out-of-Network	DED + 50%	DED + 50%
Preventive Services-Adult and Child Wellness Services		
Office Services		
In-Network Family Physician	$0 Copayment	$0 Copayment
In-Network Specialist	$0 Copayment	$0 Copayment
Out-of-Network	50%	50%
Independent Clinical Laboratory		
In-Network	$0 Copayment	$0 Copayment
Out-of-Network	50%	50%
Independent Diagnostic Testing Center		
In-Network	$0 Copayment	$0 Copayment
Out-of-Network	50%	50%
Mammograms	• Includes Routine and Diagnostic Mammograms	• Includes Routine and Diagnostic Mammograms
In-Network	$0 Copayment	$0 Copayment
Out-of-Network	$0 Copayment	$0 Copayment
Colonoscopies		
In-Network	$0 Copayment	$0 Copayment
Out-of-Network	$0 Copayment	$0 Copayment
Medical / Surgical Care at a Facility		
Ambulatory Surgical Center (ASC)		
In-Network	$150 Copayment	DED + 20%
Out-of-Network	DED + 50%	DED + 50%
Inpatient Hospital Facility (per admit)		
In-Network	Option 1: $600	Option 1: DED + 20%
	Option 2:- $1000	Option 2: DED + 20%
Out-of-Network	$3,500 Copayment	DED + 50%
Outpatient Hospital Facility (per visit) (Surgical)		
In-Network	Option 1: $250	Option 1: DED + 20%
	Option 2: $350	Option 2: DED + 20%
Out-of-Network	DED + 50%	DED + 50%
Emergency and Urgent Care		
Emergency Room Facility (per visit)		
In-Network	$300 Copayment	DED + 20%
Out-of-Network	$300 Copayment	INN Ded + 20%
Physician Services at ER		
In-Network	$100 Copayment	DED + 20%
Out-of-Network	$100 Copayment	INN DED + 20%
Urgent Care Centers		
Inn-Network & Value Choice Providers	$50 Copayment	DED + 20%
Out-of-Network	DED + $50 Copayment	DED + 20%
Ambulance		
In-Network	DED + 20%	DED + 20%
Out-of-Network	INN DED + 20%	INN DED + 20%

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Employee only	$39.98	$79.96	$9.47	$18.94
Employee + 1	$190.22	$380.44	$117.28	$234.56
Employee + 2 or More	$268.16	$536.32	$165.32	$330.64
Diagnostic Testing (e.g., Lab, x-ray)				
Physician Office				
Value Choice PCP	$25 Copayment		DED + 20%	
Value Choice Specialist	$45 Copayment		DED + 20%	
In-Network Family Physician	$25 Copayment		DED + 20%	
In-Network Specialist	$45 Copayment		DED + 20%	
Out-of-Network	DED + 50%		DED + 50%	
Independent Clinical Laboratory				
In-Network	$0 Copayment		$0 Copayment	
Out-of-Network	DED + 50%		DED + 50%	
Independent Diagnostic Testing Center				
In-Network	$50 Copayment		DED + 20%	
Out-of-Network	DED + 50%		DED + 50%	
Outpatient Hospital Facility				
In-Network	Option 1 & 2: DED + 20%		Option 1 & 2: DED + 20%	
Out-of-Network	DED + 50%		DED + 50%	
Advanced Imaging (AIS) (MRI, MRA, PET, CT & Nuclear Medicine)				
Physician Office				
In-Network Family Physician & Specialist	$100 Copayment		DED + 20%	
Out-of-Network	DED + 50%		DED + 50%	
Independent Diagnostic Testing Center				
In-Network	$100 Copayment		DED + 20%	
Out-of-Network	DED + 50%		DED + 50%	
Outpatient Hospital Facility				
In-Network & Value Choice Provider	Option 1: DED + 20%		Option 1: DED + 20%	
	Option 2: DED + 20%		Option 2: DED + 20%	
Out-of-Network	DED + 50%		DED + 50%	
Outpatient Therapy				
Physician Office				
In-Network Family Physician & Specialist	$25 Copayment		DED + 20%	
Out-of-Network	DED + 50%		DED + 50%	
Outpatient Rehabilitation Facility				
In-Network	$25 Copayment		DED + 20%	
Out-of-Network	DED + 50%		DED + 50%	
Outpatient Hospital Facility				
In-Network	Option 1: $45 Copayment		Option 1: DED + 20%	
	Option 2: $60 Copayment		Option 2: DED + 20%	
Out-of-Network	DED + 50%		DED + 50%	
Mental Health Services & Substance Dependency Services				
Physician Office				
In-Network Family Physician & Specialist	$0 Copayment		$0 Copayment	
Out-of-Network	50%		50%	
Inpatient Hospital Facility				
In-Network	Option 1: $0 Copayment		Option 1: $0 Copayment	
	Option 2: $0 Copayment		Option 2: $0 Copayment	
Out-of-Network	$500 Copayment		50%	
Outpatient Hospital Facility				

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Employee + 1	$190.22 $380.44	$117.28 $234.56
Employee + 2 or More	$268.16 $536.32	$165.32 $330.64
In-Network	Option 1: $0 Copayment	Option 1: $0 Copayment
	Option 2: $0 Copayment	Option 2: $0 Copayment
Out-of-Network	50%	50%
Emergency Room Facility(per visit)		
In-Network	$0 Copayment	$0 Copayment
Out-of-Network	$0 Copayment	$0 Copayment
Physician Services at Hospital & ER		
In-Network	$0 Copayment	$0 Copayment
Out-of-Network	$0 Copayment	$0 Copayment
Physician Services at Locations other than Office, Hospital and ER		
In-Network Family Physician & Specialist	$0 Copayment	$0 Copayment
Out-of-Network	50%	50%
Other Special Services and Locations		
Durable Medical Equipment/Skilled Nursing Facility/ Home Health Care/Hospice/Birthing or Dialysis Centers/Diabetic Equipment & Supplies		
In-Network	DED + 20%	DED + 20%
Out-of-Network	DED + 50%	DED + 50%
Health Care Professional Administered Medications in Home Health Setting (Medical Pharmacy)		
In-Network (Preferred & Non Preferred)	DED + 20%	DED + 20%
Out-of-Network	DED + 50%	DED + 50%
Benefit Maximums		
Home Health Care Combined (INN &OON)	20 Visits PBP	20 Visits PBP
Inpatient Rehabilitation Therapy	30 Days PBP	30 Days PBP
Outpatient Therapy & Spinal Manipulations	35 Visits PBP	35 Visits PBP
Skilled Nursing Facility	60 Days PBP	60 Days PBP
Spinal Manipulations	26 PBP	26 PBP
Prescription Drugs		
Deductible	100 Brand only	$1,500/$3,000
In-Network		(deductible inclusive of RX and medical)
- Retail		
Generic/Brand/Non-Preferred	$10/$50/$80	$10/$50/$80 after deductible
- Mail Order		
Generic/Brand/Non-Preferred	$25/$125/$200	$25/$125/$200 after deductible
Out-of-Network		
Retail and Mail Order		
Generic/Brand/Non-Preferred	50%	50%

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HEALTH REIMBURSEMENT ARRANGEMENT

HRA pays first, debit card



HealthEquity

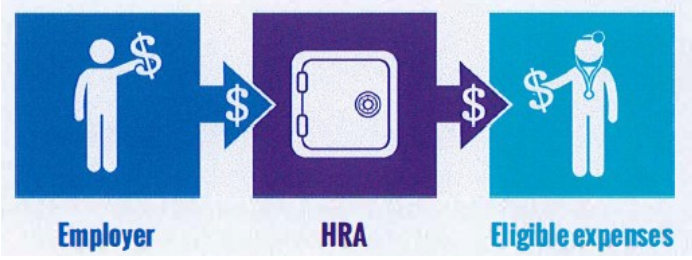
SAVE AND WIN

A health reimbursement arrangement (HRA) is an account funded by your employer that helps pay for certain out-of-pocket medical expenses. The benefits of having an HRA include:

- Coverage for out-of-pocket costs for medical and pharmacy claims only, and may include thing such as deductibles, copay-ments, coinsurance
- You don't pay taxes on HRA funds
- Contributions are free money, provided by your employer. There are no payroll deductions

HRA BASICS

Your employer determines the amount of money the company will contribute to your HRA and identifies eligible medical expenses. During the course of the year, you can use your funds for eligible out-of-pocket medical expenses. In most cases, your health plan will receive and process a medial claim against your medical plan and then send the claim to be reviewed for payment from your HRA.



15 West Scenic Pointe Drive, Suite 100
Dapper, UT 84020
866.346.5800|info@healthequity.com
Www.HealthEquity.com

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1

Visit medical provider

Visit your medical provider and present your insurance ID Card.



2

Provider sends claim to your health plan

Your provider will send claims to your health plan for processing



3

Pay medical expenses

HealthEquity provides two convenient methods to pay with your HRA:

- Use your HealthEquity® VISA® Reimbursement Account Card[1] to pay a provider.
- Pay a provider or reimburse[2] yourself for eligible expenses paid out-of-pocket online using the HealthEquity member portal or mobile app.



4

Qualify your expenses

In some instances, you may be asked to provide an itemized receipt or explanation of benefits to verify that an expense is eligible for reimbursement



'This card is issued by The Bancorp Bank, pursuant to a license from U.S.A. Inc. Your card can be used everywhere Visa debit cards are accepted for qualified expenses. This card cannot be used at ATMs and you cannot get cash back, and cannot be used at gas stations, restaurants, or other establishments not health related. See Cardholder Agreement for complete usage restrictions.

[2]Reimbursements to the member by check will incur a $2 fee. EFT reimbursements are free of charge.

Nothing in this communication is intended as legal, tax, financial or medical advice. Alv1ays consult a professional when making life changing decisions. In addition to restrictions imposed by law, your employer may limit what expenses are eligible for reimbursements. It is the members' responsibility to ensure eligibility requirements as well as if they are eligible for the plan and expenses submitted
01_HRA_pays_first_debit_card_July_2016 ©2013 - 2016 HealthEquity All rights reserved.

DENTAL

Florida Combined Life
An Independent Licensee of the Blue Cross and Blue Shield Association
Serving Residents and Businesses in Florida

PLAN OPTIONS
The information below provides you with basic plan information.
For additional information please refer to the Humana summary available online at http://esp1/

Alachua County offers three dental plan options through Florida Combined Life. Alachua County pays 80% of the single rate for each plan. Dental insurance models are very different than health insurance models and should not be compared. Rarely do dental plans pay 100% of the expenses for dental care. Employees incur a larger share of the expenses.

Blue Choice PPO **Low**	Blue Choice PPO **High**	Blue Choice PPO **Plus**
Biweekly payroll deduction	Biweekly payroll deduction	Biweekly payroll deduction
Emp Only $2.22	Emp Only $2.94	Emp Only $3.29
Emp + 1 $10.12	Emp + 1 $15.99	Emp + 1 $17.88
Emp + family $18.97	Emp + family $27.75	Emp + family $31.04
* $50 in network/$100 out of network individual annual deductible * Plan year maximum - $1,000 per covered person	* $50 in network/$100 out of network individual annual deductible * Plan year maximum - $2,000 per covered person	* $50 in network/$100 out of network individual annual deductible * Plan year maximum - $2,000 per covered person

In Network reimbursement
* Preventative Services - 100% of allowed amount (no deductible)
  * Oral Exams, Cleanings, Bitewing x-rays, Fluoride
* Basic Services - 80% of allowed amount
  * Extractions, Fillings.
* Major Services - 50% of allowed amount
  * Crowns, Bridges, Dentures, Root Canals, Periodontal Scaling, etc.
In network dentists can not bill more than the allowed amount
	In Network reimbursement
	* Preventative Services - 100% of allowed amount (no deductible)
	  * Oral Exams, Cleanings, Bitewing x-rays, Fluoride
	* Basic Services - 85% of allowed amount
	  * Extractions, Root Canals, Periodontal Scaling, etc.
	* Major Services - 55% of allowed amount
	  * Crowns, Bridges, Dentures, Implants, etc.
	In network dentists can not bill more than the allowed amount
		In Network reimbursement
		* Preventative Services - 100% of allowed amount (no deductible)
		  * Oral Exams, Cleanings, Bitewing x-rays, Fluoride
		* Basic Services - 85% of allowed amount
		  * Extractions, Root Canals, Periodontal Scaling, etc.
		* Major Services - 55% of allowed amount
		  * Crowns, Bridges, Dentures, Implants, etc.
		In network dentists can not bill more than the allowed amount

Out of Network reimbursement * Preventative Services – 70% of allowed amount (no deductible) * Basic Services - 50% of allowed amount * Major Services - 30% of allowed amount Out of network dentists can bill in excess of the allowed amount **$1000 lifetime rollover benefit** **No Orthodontia benefit**	**Out of Network reimbursement** * Preventative Services – 80% of allowed amount (no deductible) * Basic Services - 60% of allowed amount * Major Services - 40% of allowed amount Out of network dentists can bill in excess of the allowed amount **$2000 lifetime rollover benefit** **Orthodontia benefit** * $1000 per person lifetime benefit	**Out of Network reimbursement** * Preventative Services – 100% of allowed amount (no deductible) * Basic Services - 85% of allowed amount * Major Services - 55% of allowed amount Out of network dentists can bill in excess of the allowed amount **$2000 lifetime rollover benefit** **Orthodontia benefit** * $1000 per person lifetime benefit

Scan this code for your health and dental accounts

VISION

Humana®

PLAN OPTIONS
The information below provides you with basic plan information.
For additional information please refer to the Humana summary available online at http://esp1/

A pre-paid vision insurance plan is offered through Humana. The premiums are 100% employee paid. You must see a participating provider to take advantage of the in-network benefits.

Prepaid Vision Plan

Bi-weekly payroll deduction

Emp only	**$2.55**
Emp + 1	**$5.09**
Emp + 2 or more	**$9.49**

A member can receive:

- Eye examination every 12 months ($10 co-payment)
- New lenses every 12 months
- New frames ($130 retail allowance) every 24 months for a $15 co-payment.
- Add-ons such as progressive lenses, transition lenses or anti glare coatings will have additional costs

For contact lenses the exam including fitting fee is no more than $55. There is a $130 allowance for contact lenses.

Vision care services	If you use an IN-NETWORK provider Member Cost	If you use an OUT-OF-NETWORK provider Reimbursement amount
Exam with dilation as necessary Retinal imaging	$10 Up to $39	Up to $30 Not Covered
Contact Lens exam options Standard contact lens fit and follow-up Premium contact lens fit and follow-up	 Up to $55 20% off retail	 Not Covered Not Covered
Frames	$130 allowance 20% of balance over $130	Not Covered Not Covered
Standard plastic lenses • Single vision • Bifocal • Trifocal • Lenticular	 $15 $15 $15 $15	 Up to $25 Up to $40 Up to $60 Up to $100
Contact lenses (applies to materials only) • Conventional • Disposable • Medically necessary	 $130 allowance then 15% of balance $130 allowance $0	 $104 allowance $104 allowance $200 allowance

Scan this code to with your smart phone or go to Humana.com.

WHAT IS A FLEXIBLE SPENDING ACCOUNT?

Flexible Spending Accounts (FSAs) are among the most popular employee benefit options because it allows you to save money by paying for certain out-of-pocket medical costs, dependent care expenses and insurance premiums with pre-tax dollars. Because the amount you contribute is withheld from your paycheck before federal, state

(if applicable), Social Security and Medicare taxes are deducted, your take-home pay is larger.

Health Flexible Spending Account	Dependent Care Flexible Spending Account
Maximum election amount is $3200 This will be divided by the number of pay periods in the remainder of the fiscal year (October—September)	Maximum election amount is $5000 per household This will be divided by the number of pay periods in the remainder of the fiscal year (October—September)
Your health FSA may be used for common, qualified medical expenses (medically necessary) not covered by your health insurance.	Your dependent care FSA will reimburse eligible expenses for the care of "qualified dependents" incurred to enable the employee and spouse to be gainfully employed. A "qualified dependent" is a child under the age of 13, or someone who is mentally or physically incapable of taking care of themselves.
Examples: • Deductibles and Co-Pays • Prescription Drugs • Medical Supplies • Dental and Orthodontia Expenses • Eyeglasses and Contacts	Examples: • Day Care and Adult Day Care • Preschool • Before/After School Programs • Summer Day Camp
Although money is deducted from your paycheck over the plan year, the entire amount you elect is available starting the first day you participate in the plan!	Money is available for reimbursement as deductions are made and after services are rendered. For example, June day care expenses would be eligible for reimbursement after June 30, assuming funds are available in the account.

MOBILE APP FOR
IPHONE & ANDROID USERS

Our 'PrimePay Benefit Services' Mobile App provides a single access point to manage your account from your phone or tablet. Via the 'PrimePay Benefit Services' Mobile App, you may submit claims and upload receipts (saved as picture images on your phone) as substantiation for your claim. You may also access detailed account information including account balances, recent activity, recent communications, and contact PrimePay Benefit Services directly.

ACCESSING YOUR ACCOUNT ONLINE

You can easily access your account 24-hours a day to check your balance, file new claims, check a status of a claim, set up email/mobile text alerts, and much more!

Go to **https://login.primepay.com** and select PrimePay Benefit Portal Participant Access.

1. Select 'Get Started' under the New User icon.
2. Enter the required personal information to begin the registration process.
3. Create your Username and Password
4. Answer selected security questions
5. Update your profile preferences such as your payment method, beneficiaries, dependents, and much more.

PAYING WITH YOUR PRIMEPAY FLEX CARD

You may receive a PrimePay FLEX Card which can be used to pay for eligible medical expenses at health care related providers (physicians, pharmacies, dentists, optometrists, hospitals, etc.) and non-health care related merchants (grocery stores, discount stores and online pharmacies). It is important to make sure that non-health care related merchants have implemented the Inventory Information Approval System (IIAS) or qualify as a 90% Merchant. If the store does not qualify, your card will be denied and a manual claim will need to be submitted.

The IIAS system is designed to identify FSA eligible items at the point of sale. When an item is scanned at the checkout, the system will keep separate totals for eligible and non-eligible items. Assuming your available balance is high enough, you will be allowed to use your PrimePay FLEX Card to pay for the eligible items. You will be asked to pay for the non-eligible items by some other means (i.e. cash, check, credit or other debit card). The amount debited from your PrimePay Benefit Services account will automatically be approved and in most cases will require no further substantiation.

Your card can also be used at merchants that have not implemented the IIAS system, as long as they certify that 90% of the store's gross items are qualified medical expenses under IRS Code Section 213(d). For stores that adhere to the 90% rule, further substantiation will be required.



Submit a Claim → Claim Substantiation → Claim Approval → Reimbursement

Once we have received your claim, we will substantiate it. It is important to note that PrimePay Benefit Services must follow strict procedures according to IRS regulations in substantiating a claim. Neither PrimePay Benefit Services nor your employer can offer exceptions.

If your claim is approved, our Benefit Success Team will issue reimbursement. If you are set up for direct deposit, your reimbursement will be deposited to your bank account approximately 2 business days after your claim is approved. If you are not set up for direct deposit, a paper check will be issued and will usually arrive in about 7-10 days. Reimbursements by check will incur a $1.50 fee. Direct Deposit reimbursements will incur no additional charge.

If your claim is denied, no disbursements will be made from your FSA account and you will be responsible for paying incurred expenses by some other means. If you feel your claim was denied in error, you may submit an appeal. For more information about appeals, please contact our Benefit Success Team at 855-892-6272.

TIP It is very important to retain your receipts for all of your FSA transactions.

TIP It is your responsibility to comply with these guidelines and to avoid submitting duplicate or ineligible claims. Failure to comply may delay payment and/or could result in IRS penalties if audited.

LIFE INSURANCE

Group Term Life and
Voluntary Accidental Death and Dismemberment

Why Employees Need Life Insurance

Group Term Life

Group Term Life insurance is a lifeline for American workers. Millions of families live at risk without even the most basic level of life insurance. Research shows that most families have an average life insurance gap of $200,000 and would have difficulty paying daily living expenses if the primary wage earner died. Florida Combined Life's Group Term Life insurance pays a lump-sum benefit if an insured or covered person dies within a specific time period, regardless of the cause of death.

Accidental Death and Dismemberment

Voluntary Accidental Death and Dismemberment insurance is employee-paid and provides an additional financial safety net if a covered person's death or injury is due to an unforeseen covered accident, whether it happens at work, home, or elsewhere. Together with Group Term Life, your employees can live with the peace of mind of knowing they can provide for their families if the unexpected happens.

- Coverage is guaranteed if enrolled within the first 7 days of employment
- Future elections for Life Insurance will require an Evidence of Insurability application (this does not apply to AD&D).
- Age reductions apply

Basic Life (employer paid)	1X annual salary up to $60K	100% Employer Paid All permanent part-time and full time employees are automatically enrolled
Supplemental Life	1X, 2X or 3X annual Salary up to $250k whichever is less	100% Employee Paid
Voluntary Accidental Death and Dismemberment	5X your salary up to $500K whichever is less	100% Employee Paid
Dependent Life	$20,000 on Spouse $10,000 per Dependent Child	100% Employee Paid

LIFE INSURANCE

Basic Life

Alachua County provides and pays for term life in the amount of one times annual earnings rounded to the next highest thousand with a maximum of $60,000 to each employee. The benefit reduces by 35% at age 65, and 50% at age 70.

Employee Supplemental Life

Newly hired employees may elect up to three times annual earnings, up to a maximum of $250,000 without providing proof of good health if done during initial eligibility, otherwise evidence of medical insurability required. The premium is 100% employee paid. The premium rate is age banded per the table below.

Age	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Cost per month per $1000	$0.05	$0.06	$0.08	$0.09	$0.10	$0.15	$0.23	$0.45	$0.72	$1.39	$2.28

Dependent Life

Employees can also elect dependent life coverage. $20,000 of insurance coverage for your spouse and $10,000 of insurance coverage for each child is offered. No proof of good health is required if elected during initial election period, otherwise evidence of medical insurability required. The premium cost is $3.10 per pay period and covers **all dependents**, not a per unit rate. The employee is the beneficiary for dependent life coverage.

Voluntary Accidental Death & Dismemberment (AD&D)

Available in increments of $25,000 up to the lesser of five times annual earnings or $500,000. The premium is $0.03 per $1000 per month. AD&D coverage provides you with an additional insurance benefit if your death results from an accident, or if you suffer a loss from an injury (see schedule of benefits below).

Loss	Benefit
Life	100%
Two or more members*	100%
Quadriplegia	100%
Speech & hearing	100%
Paraplegia	75%
One member	50%
Speech	50%
Hearing	50%
Hemiplegia	50%
Thumb & Index finger of same hand	25%

*Member is defined as hand, foot or eye

VOLUNTARY SUPPLEMENTAL BENEFITS

****Premium deductions for supplemental benefits begin the month of your effective date of coverage****



Alfac helps with expenses health insurance doesn't cover, so you can focus more on everything else.



You deserve it.

Benefits Available:

SHORT TERM DISABILITY- Your paycheck insurance. Pays you when you are **sick**, **injured** or **out on maternity** and unable to work.

ACCIDENT (24/7 head to toe coverage)- Helps with costs associated with accidental injuries.

HOSPITAL- Helps with deductibles, copays & other expenses not covered by major medical insurance, related to hospital stays.

CANCER- We're here to help you & your family better cope financially & emotionally if a positive diagnosis of cancer occurs. Skin Cancer covered as well.

CRITICAL CARE- Helps with treatment costs of covered life-changing illnesses & health events, so you can recover & do the things you love.

LIFE & VISION

Soteria Mallard (352) 317-3835 Bill Zachow (352) 284-1385

soteria_mallard@us.aflac.com william_zachow@us.aflac.com

To schedule an appointment : calendly.com/soteria_mallard

Scan the QR Code below to see the Aflac Insurance Plans

Aflac's family of insurers American Family Life Assurance Company of Columbus and/or American Family Life Assurance Company of New York, and/or Continental

American Insurance Company (CAIC) and/or Continental American Life Insurance Company.

Aflac WWHQ | 1932 Wynnton Road | Columbus, GA 31999 | 800.992.3522

Continental American Insurance Company | Columbia, SC | 800.433.3036

Aflac New York | 22 Corporate Woods Boulevard, Suite 2 | Albany, NY 12211 | 800.366.3436

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VOLUNTARY SUPPLEMENTAL BENEFITS

****Premium deductions for supplemental benefits begin the month of your effective date of coverage****





LEGALSHIELD

When you need legal help, LegalShield is here. Their network of experienced lawyers can provide advice on legal issues for you, your family, or your business, all directly through the app. With no hourly fee or retainer, LegalShield helps you worry less and live more.

Provides services to their members though a proprietary closed panel of attorneys to help with legal consultation and advice providing members with a broad spectrum of services.

Legal Protection Covers:

- Legal advice and consultation, including attorney letters and phone calls
- 24/7 emergency assistance
- Family law matters
- Contract and document review
- Attorney prepared estate planning (will, living will, health care POA and durable POA
- Traffic violation and accident protection
- IRS audit assistance
- 25% member discount with network attorneys

Scan this code with your smart phone to go to Legalshield.com

IDSHIELD

Protect your cybersecurity with identity and credit monitoring and they cover up to $1 million in lost expenses and legal fees due to fraud. IDShield not only alerts you about threats, IDShield also works for as long as it takes to restore your identity – **guaranteed**.

Offers their members a comprehensive and complete restoration in all areas of identity theft by a licensed team of licensed fraud investigators.

Identity Theft Protection Covers:

- Privacy monitoring
- Security monitoring
- Social media monitoring
- Credit monitoring
- Monthly credit score tracker
- Consultation
- Full service identity restoration

Scan this code with your smart phone to go to IDshield.com

Plan Description	Coverage Level	Monthly Premium	Bi-weekly Premium (24 deductions)
Legal Shield Plan	Employee only Family	$23.95 $23.95	$11.98 $11.98
ID Shield Plan	Employee Only Family	$8.95 $18.95	$4.48 $9.48
Combined Plans Legal Shield with ID Shield	Employee Only Family	$32.90 $38.90 *combination discount	$16.45 $19.45



RETIREMENT BENEFITS

RETIREMENT

Alachua County is part of the Florida Retirement System.

As an Alachua County Employee you are automatically enrolled in the FRS. You have two Retirement Plan Options, the Investment Plan or the Pension Plan. Your choice must be made by the last business day of the eighth month after your month of hire.

Both plans require you to contribute 3% of your salary, beginning with your first paycheck. You cannot change the amount you contribute. Your employer also makes contributions to the plan you choose.

FRS Investment Plan	FRS Pension Plan
• 401(k)-type investment plan — you are responsible for managing your account. • You qualify for a benefit after 1 year of service; once earned, the benefit is yours. • Your benefit is based on contributions made to your account and on investment performance over time.	• Traditional retirement pension plan — the State is responsible for managing the Pension Plan Trust Fund. • You qualify for a benefit after 8 years of service; your benefit is payable when you reach retirement age as defined by the plan. * • Your monthly benefit is guaranteed and based on a formula using your salary, years of service, FRS membership class, and age.

*Refer to myfrs.com for Pension Plan rules for if you have any years of service prior to 2011

Additional voluntary retirement savings options

As an active employee, you are **not** allowed to contribute additional payroll deductions to the FRS. For additional retirement savings, Alachua County offers voluntary retirement account options through MisssionSquare. These retirement accounts are 100% paid by the employee elected contributions. MissionSquare offers both a 457 and ROTH IRA plans.

CHOOSE YOUR FRS RETIREMENT PLAN

MyFRS
Florida Retirement System



Welcome!

Coming to work here was a great choice. Now you have another important choice to make: which retirement plan to join. The Florida Retirement System (FRS) offers you two retirement plans — the Investment Plan and the Pension Plan. As an FRS member, you get to choose the one that's right for you.

Visit me at ChooseMyFRSplan.com

Visit ChooseMyFRSplan.com and join me for a quick interactive video. I'll ask you a few simple questions and, based on your answers, I'll let you know which FRS retirement plan may make the most sense for you. I'll also share some other great resources that can help you compare the plans yourself and submit your choice online.

Scan this code with your smartphone.

Don't Miss Your Chance to Choose!

You have until 4:00 p.m. ET on the last business day of the 8th month after your month of hire to submit your choice. That might sound like a long time, but your deadline will be here before you know it. Take out your phone **now** and set yourself a reminder!

For Help Enrolling or to Enroll by Phone

Call the MyFRS Financial Guidance Line
1-866-446-9377
Option 4 (or TRS 711)
8:00 a.m. to 6:00 p.m. ET

Learn more at MyFRS.com.

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Plan COMPARISON CHART

MyFRS Florida Retirement System

Comparing the Plans: Investment Plan and Pension Plan

For complete plan details, refer to the Summary Plan Descriptions on MyFRS.com.

	Investment Plan	Pension Plan
This is a ...	**401(k)-type investment plan.** It is designed primarily for employees who want greater control over their retirement plan and who want flexibility in how their benefit is paid at retirement.	**Traditional retirement pension plan.** It is designed for employees who are not comfortable with choosing investments and managing their own portfolio, and who want a guaranteed monthly retirement benefit.
You qualify for a benefit after ...	**1 year of service.** Once you complete 1 year of service, you own all contributions and earnings in your account. If you leave FRS employment sooner, you own your employee contributions and any earnings on your contributions.	**8 years of service.** Once you complete 8 years of service, you qualify for a benefit which is payable when you reach retirement age as defined by the plan. If you leave FRS employment sooner, you own your employee contributions.
Plan investment choices are made by ...	**You.** You are responsible for choosing investments from a diversified set of funds and for managing your account.	**The State.** The State is responsible for managing the Pension Plan Trust Fund.
Your benefit is ...	**Based on your account balance.** Your account balance is based on your and your employer's contributions, the performance of your investments, and account fees and expenses.	**Based on a formula.** Your benefit is guaranteed and is based on a formula using your salary, years of service, FRS membership class, and age.
When you retire, your benefit can be paid to you as ...	**A lump sum, a rollover, an annuity, a customized payment schedule,** or any combination of these.	**Monthly payments for your lifetime.** You will have options that provide continuing payments to your qualified beneficiary after your death.
Who contributes to the plan?	Both plans require you to contribute 3% of your salary, beginning with your first paycheck. You cannot change the amount you contribute. Your employer also contributes a fixed percentage of your gross salary to the plan you choose. Contribution rates are set by the Florida Legislature.	

Have Questions?

Get answers from an experienced, unbiased financial planner. There is no charge to you.

MyFRS Financial Guidance Line • 1-866-446-9377, Option 1 (TRS 711)
8:00 a.m. to 6:00 p.m. ET, Monday through Friday, except holidays.

Plan COMPARISON CHART

Additional Plan Features

	Investment Plan	Pension Plan
What happens if I work long enough to qualify for a benefit, but leave and go to work for …	***… another FRS-participating employer?***	
	You remain enrolled and contributions will continue to be made to your account.	You remain enrolled and your benefit will continue to grow.
	… an employer that doesn't participate in the FRS?	
	You will have the option of leaving your money in the plan or taking a distribution.	Your benefit will be frozen until you either begin receiving monthly retirement benefits or return to an FRS-participating employer.
Is there a survivor benefit if I die in the line of duty?	Yes.	Yes.
Will my benefit payments be adjusted to reflect increases in the cost of living?	Only if you purchase a fixed annuity that offers it.	No.
Would I be eligible to participate in the Deferred Retirement Option Program (DROP)?	No.	Yes, as of your normal retirement date.
Would I receive the Health Insurance Subsidy (HIS) to help me pay for health insurance in retirement?	Yes, if you satisfy the service requirements.	Yes, if you satisfy the service requirements.
Are there any benefits if I become permanently disabled?	Yes.	Yes.
Once I'm enrolled in one plan, can I switch to the other? While you are actively working for an FRS-participating employer, *regardless of the plan you choose*, you may switch plans once by using your 2nd Election. Reemployed retirees in the Investment Plan as of July 1, 2017 or after are not eligible to use a 2nd Election.	Yes. If you are actively working, earning salary and service credit, you can switch from the Investment Plan to the Pension Plan. You will have to buy into the Pension Plan, using the money in your Investment Plan account. If your balance doesn't cover the cost, you will have to make up the difference out of your own pocket.	Yes. If you are actively working, earning salary and service credit, you can switch from the Pension Plan to the Investment Plan. You may either leave your Pension Plan benefit in place (if you have at least 8 years of service) or transfer it into the Investment Plan. Transferred amount is subject to the Pension Plan's vesting requirements.

This publication is a summary of the retirement options available to new FRS-covered employees and is written in non-technical terms. It is not intended to include every program detail. Complete details can be found in Chapter 121, Florida Statutes, the rules of the State Board of Administration of Florida in Title 19, and the Department of Management Services in Title 60, Florida Administrative Code. In case of a conflict between the information in this publication and the statutes and rules, the provisions of the statutes and rules will control. Before you make an election or select any investment funds, you should review the Fund Profiles, the Investment Fund Summary, and the Annual Fee Disclosure Statement posted in the "Investment Funds" section on MyFRS.com.

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July 2020

ADDITIONAL RETIREMENT SAVINGS OPTIONS

Alachua County offers payroll deduction investment plans through MissionSquare for you to save additional money towards retirement.

MissionSquare offers a Pre-tax 457 Deferred Compensation plan and a Post-tax ROTH IRA plan.

457 Deferred Compensation Plan

Plan Number 301698

A 457 plan is a tax-deferred retirement savings plan. Funds are withdrawn from an employee's income without being taxed and are only taxed upon withdrawal, which is typically at retirement, after the funds have had several years to grow.

Employees make contributions as part of their paycheck. Contributions are made to an account in the employee's name for the exclusive benefit of the employee and their beneficiaries. The value of the account is based on the contributions made and the investment performance over time.

Year	Annual Contribution Limit	Age 50 Catch Up
2025	$23,500 *Approximately $903 every two weeks**	Additional $7,500 For a total of $31,00

Roth IRA Plan

Plan number 705227

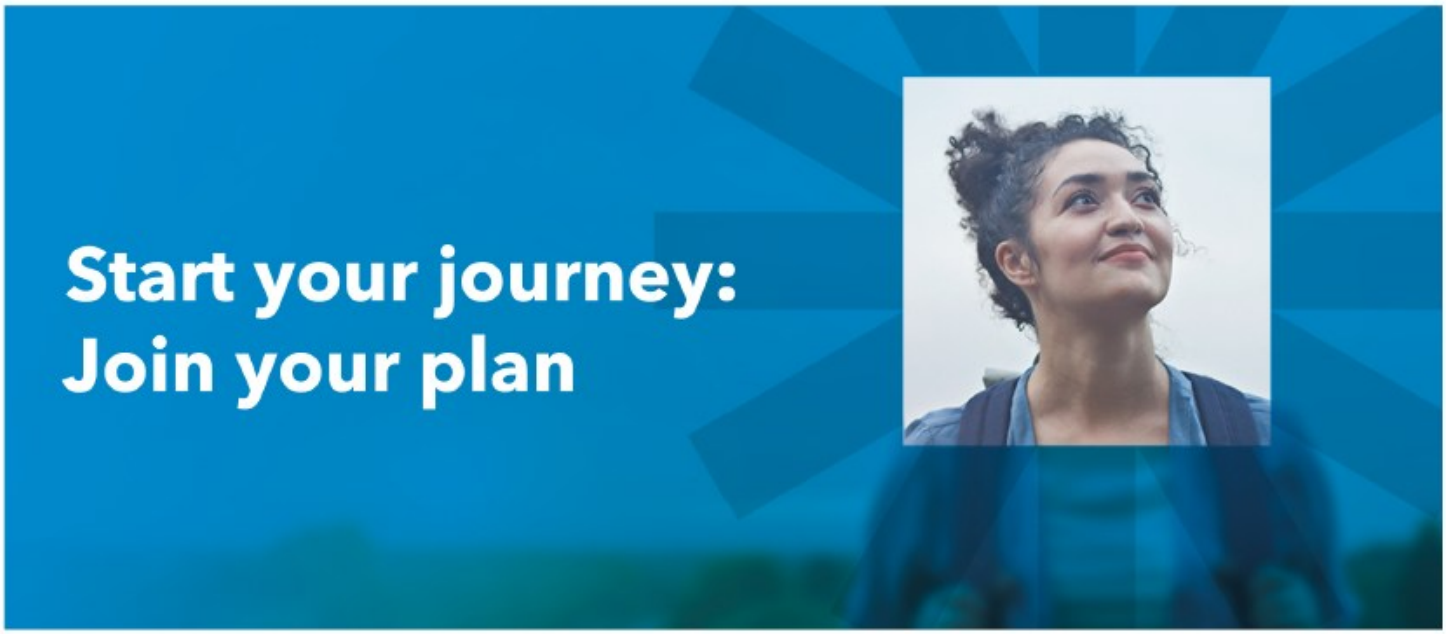
Roth IRAs are funded with annual nondeductible (after-tax) contributions of up to the specified dollar limit (see chart below). Earnings on Roth IRA accounts may be distributed tax-free, provided they are not withdrawn until after the contributions have been in the account for five years from the date of your first Roth IRA contribution or conversion and certain other requirements are met (see IRS Publication 590 for more information).

Year	Annual Contribution Limit	Age 50 and older Catch Up
2025	$7,000	Additional $1,000 For a total of $8,000

MissionSquare RETIREMENT

ALACHUA COUNTY SHERIFF'S OFFICE

457 Deferred Compensation Plan



Join your plan using your computer, tablet or mobile device. To enroll, or view your plan's features and investment options, scan the QR code or visit:

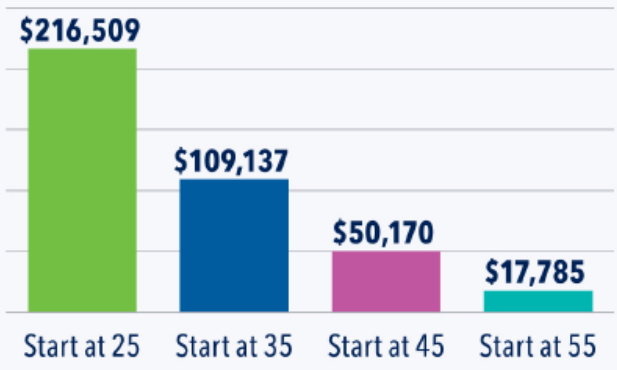
www.missionsq.org/enroll

All you need to get started is your Employer, Plan Name, or Plan State

How much could my account be worth at age 65?*

Saving now can help alleviate the pressure to catch up later. Starting early can give you an advantage due to compounding, in which your investments produce earnings from previous earnings.

** For illustrative purposes only. Assumes $50 bi-weekly contributions and an effective annual return of 6%, compounded bi-weekly.*



Questions? Get personalized help from your MissionSquare Retirement Plans Specialist.
See next page for contact information.

While a pension and/or Social Security may go a long way, they may not be enough. Saving to a 457 plan will supplement your regiment income and help you build a secure financial future.



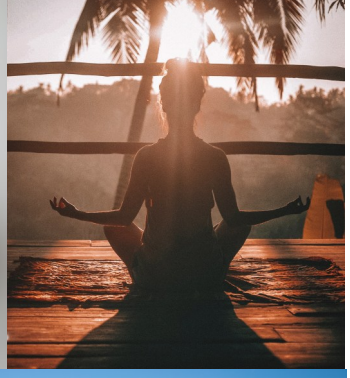
- Set your own savings goals
- Control your investment
- Choose your beneficiaries
- Get tax benefits
- Access to your MissionSquare representative for personalized help

By joining your 457 plan, you have taken an important first step in your retirement journey. For more information, visit:
www.missionsq.org/457

For assistance with your Plan and your overall retirement goals, contact your MissionSquare representative.

Victoria Harrison
Retirement Plan Specialist
VLHarrison@missionsq.org

Alachua County Sheriff's Office Plan numbers:
457 - 301698
Roth IRA - 705227



WELLNESS BENEFITS

AC EMPLOYEE HEALTH AND WELLNESS CENTER

My Premise Health

Free to employees and dependents (8 and above)
that are enrolled in the county's health insurance plan

The Alachua County Employee Health & Wellness Center provides services to employees, retirees and dependents enrolled in the County's health insurance plan. These services include primary care, urgent care, and wellness services at no cost. In addition, the Wellness Center has an in-house pharmacy to dispense many common generic medications and medical supplies to its patients at no cost.

Primary Care
- Physicals and Wellness Exams
- Seasonal Allergy Management
- Immunizations & Flu shots
- Women's Health
- Disease Management

Pharmacy
- On-site dispensing of generic medications
- Diabetes testing supplies, needles and lancets

Acute Care
- Fevers & Flu
- Coughs & sinus illness
- Ear and eye infections
- Asthma attacks
- Rashes and skin conditions
- Minor injuries (cuts, abscesses, burns)
- Sprains & Strains
- Back and neck pain



The Employee Health and Wellness Center is located in the Millennium Center at 4340 W. Newberry Road, Suite 203, Gainesville.

To call the health center directly to speak to the health center team about medical care (not to make an appointment), please call (352) 877-4452.

An internal email address has been established to help answers questions about the Employee Health & Wellness Center at emphealthcenter@alachuacounty.us

Scheduling

To make an appointment for primary care services please:
- Register online at www.mypremisehealth.com
- or call (352) 663-9136

The appointment based hours are:
Monday - Friday from 7:00AM-7:00PM
Saturdays from 8:00 AM-11:30 AM

Hours subject to change

My Premise...

Scan this code with your phone to download the Premise Health app from your app store.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Ulliance

Enhancing People. Improving Business.

No cost & completely confidential











LIFE ADVISOR EAP®

The Ulliance Life Advisor EAP® is a benefit that employers can sponsor and offer total well-being services to their employees, spouse/live-in partner and dependents through the age of 26 at no cost to the employee.

Counseling

Counseling is available in person or telephonically with a counselor close to work, home or school. Individual, family and couples counseling are all included. Short-term, solution-focused support for work-life issues such as stress, major life transitions, relationship issues, substance use, grief/loss and overwhelming emotions.

Coaching

Life Advisor Coaches offer telephonic support for individual life enhancement goals, such as education, career advancement and financial or self improvement goals.

Crisis Support

Mental health professionals are available by phone 24/7/365.

Referrals

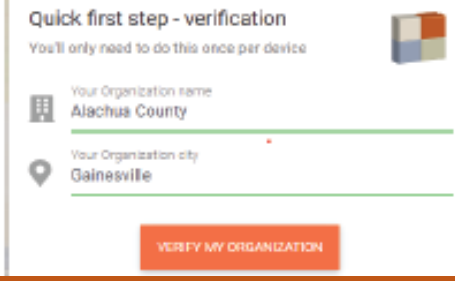
Consultants provide recommendations for resources within the community.

Work/Life Materials

Information on a wide range of work-life balance topics are easily accessed through the EAP portal in the form of webinars, videos and PDFs.

Legal & Financial Consultations

Ulliance professionals can connect employees with resources to assist individuals regarding legal and financial issues.



LifeAdvisor.com

800-448-8326

UFHealth SHANDS

EMPLOYEE WELLNESS

Wellness Works
Alachua County

The Alachua County Employee Wellness program was established in 2006 with the goal of improving employee health and wellness. Wellness Works provides employees tools and resources to help them to lead a healthier lifestyle.

Healthy Lifestyle

- **Better You Strides—**Health care incentive program. Earn points for completing online and onsite health education programs through Florida Blue. Earn 800 points in the year and receive up to $480 per year credit towards your health insurance.
- **FitOn** credits can be used at a variety of gyms for memberships or classes.
- **Health and Fitness Challenges—**Encouraging healthy activities by offering challenges to keep employees motivated. Completion of these challenges makes you eligible for prizes.
- **Employee Health Fair—**Conducted annually providing health screenings that include blood pressure, cholesterol and blood glucose
- **Onsite Vaccination Program**—Flu shots and COVID Vaccines offered annually
- **Tobacco Cessation**—Assisting employees in their journey to stop nicotine use by providing nicotine patches, gum or lozenges.

Financial **Wellness**

- **Quarterly Financial Webinars**— Financial webinars scheduled throughout the year sponsored by the Florida Retirement System (FRS) and MissionSquare to assist with retirement planning and savings.
- **Legal and Financial Consultations**—County EAP through Ulliance at UFHealth Shands can connect
- employees with resources to assist individuals regarding legal and financial issues.

Nutritional **Wellness**

- **Nutritional Classes**—Partnering with nutritional experts, Alachua County offers in-person and zoom nutritional classes to promote healthy cooking solutions.
- **Onsite Weight Management Program**—Eight week health behavior based series focusing on healthy choices to increase awareness of diet and exercise.

Mental **Wellness**

- **Headspace Mindfulness App**—Mindfulness has been shown to help people stress less, increase focus, and sleep more soundly. Meditation helps you to be more mindful — and Headspace is your personal guide, with hundreds of meditations and exercises for sleep, focus, and movement.
- **Counselling, Coaching and Crisis Support**—County EAP through Ulliance at UFHealth Shands offer in
- person and telephonic mental health support 24/7.

FL BLUE - BLUE REWARDS

BetterYou STRIDES

A health insurance incentive program.

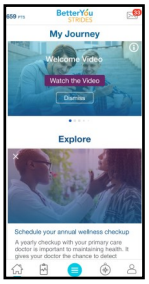
All full-time employees who are members of the Alachua County health insurance, 18 and over, are encouraged to participate. Earn 800 points between October and July 31 to receive a $480 premium discount. This is applied as a per pay check discount of up to $20 off your premium for the entire plan year. You earn points by completing activities on your Personal Health Journey. Program details are made available annually.

A Personal Plan for You

Better You Strides creates a Personal Health Itinerary® for you—a custom-made plan with recommended actions to reach your health goals. Activities cover healthy eating, tips to move more and ways to feel happier.

Your Mobile Fitness Partner

Tap into your Personal Health Itinerary from your smartphone, tablet or computer to track your progress or get support any time, anywhere. Many fitness apps like iHealth and MyFitnessPal and devices such as FitBit connect to Better You Strides. That makes tracking your progress even easier.



Start Your Journey to Better Health Today!

You can register for Better You Strides in one of two ways: from your floridablue.com member account or the AlwaysOn mobile app. Registering takes just a few steps.

From floridablue.com

1. Log into your member account at flblue.com. Click Health & Wellness, then Better You Strides.
2. Read and accept the Terms of Service, then choose your communication preferences.

From the AlwaysOn mobile app

1. Download the AlwaysOn mobile app from the Apple App store or Google Play. Click "New User."
2. Complete the authentication step.
3. Create your user name, password and PIN.

Rewards for Healthy Habits

Earn rewards as you get healthier. As you complete activities in your Personal Health Itinerary, you score points.

If you have questions or need help registering for Better You Strides, call 800-352-2583.

Florida Blue

Florida Blue has entered into an arrangement with Onlife to provide members with care decision support services, information and other services. Please remember that all decisions that require or pertain to independent professional medical/clinical judgment or training, or the need for medical services, are solely your responsibility and the responsibility of your Physicians and other health care Providers. The programs mentioned above are subject to change.

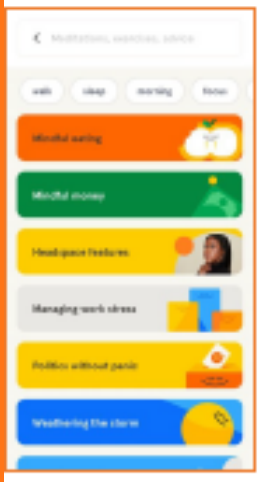
Health insurance is offered by Florida Blue. HMO coverage is offered by Florida blue HMO, an affiliate of Florida Blue. These companies are Independent Licensees of the Blue Cross and Blue Shield Association.

91174 0720R

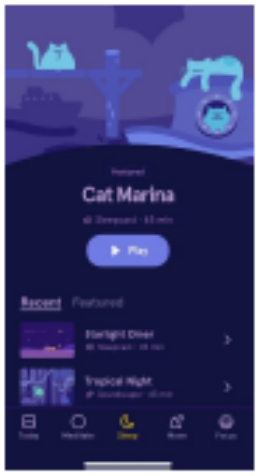
Be kind to your mind

Mindfulness has been shown to help people stress less, increase focus, and sleep more soundly. Meditation helps you to be more mindful — and Headspace is your personal guide, with hundreds of meditations and exercises for sleep, focus, and movement.

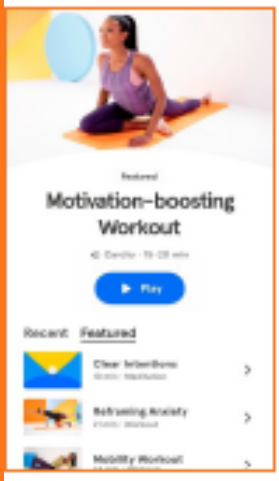
Alachua County is excited to launch a new partnership with Headspace. You'll have free access to the entire Headspace library.



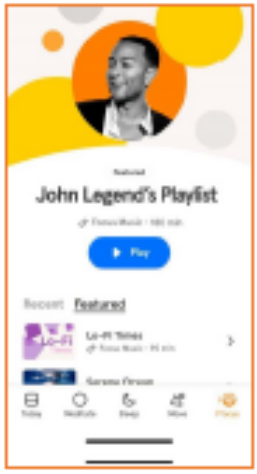
Meditation
Guided meditations on topics like stress, self-esteem, and relationships, plus meditations for kids



Sleep
Sleepcasts, music, and bedtime audio for restful nights



Move
Quick workouts and guided cardio for body and mind



Focus
Meditations and music to help you zoom in on what matters

Get Started

Just follow these steps to ssign up and start your journey. Need help? Headspace is here at teamsupport@headspace.com

1. Visit Work.headspace.com/alachuacounty/
2. Create a Headspace account or log in with an existing account and verify your work email address
3. Download the Headspace app and get started

Join over 70 million

Connect with friends and over 70 million people who have downloaded the app.

Headspace loves science

Just 10 days of Headspace can increase happiness by 16%.

FITON HEALTH

#1 Health & Fitness Platform – all in one place. Use your credits to reserve classes, activate gym memberships and gain unlimited access to the best digital fitness & wellness content.

Get Started

1. Go to: **fitonhealth.com/register**
2. Enter your email & choose a password
3. Verify your eligibility by entering your full legal name, birthday, and zip code.

Can't find your favorite facility? Share it with us so our team can add it.

Visit: **fitonhealth.com/request**

Get Active

After signing in, click the **Digital** tab to access unlimited on-demand workouts or tap on the **In-Person** tab to find a favorite gym or studio to select a membership or upcoming class.

For Classes or Day Passes
Choose the Date & Time for your class, select "Reserve Class" and then tap to confirm.

For Memberships
Signup for a membership by selecting "Purchase Membership", then tap to confirm.

After purchase please check your inbox for an email receipt and any additional instructions.

For Digital
Find exactly what you're in the mood for by browsing all our available options:

- **Genre**: cardio, strength, yoga, etc.
- **Length**: 5, 10, 15, 20, 30 or 45 min
- **Intensity**: low, medium or high
- **Trainer**: choose from 50+ experts
- Challenges, Experiences, and more!

Plus so much more...

On-demand fitness and wellness classes

Nutrition programs with 500+ exclusive recipes

Step & workout challenges to help keep you motivated

Invite & workout with friends and co-workers



Have Questions?

fitonhealth.com/help

support@fitonhealth.com

fitonhealth.com/members

Credits User Guide

FITON HEALTH

What are Credits?

Credits can be used for gym memberships, fitness classes or other fitness services offered by FitOn Health, a fitness offering included in your benefits package.



Plus so much more...

Who pays for credits?
Either your health plan or your employer are paying for your credits. However, you have the opportunity to purchase additional credits.

Where can they be used?
Use your credits to reserve a fitness experience for any location or activity in the network.

Each month we deposit a set number of credits into your account which you'll use to pay for any fitness experience on our network.

For example:

- A class at your local yoga studio might cost 8 credits
- A monthly membership at your local gym with unlimited visits might cost 24 credits

Once registered, you will be automatically enrolled in a FitOn monthly membership for digital fitness at a costs of 3 credits. You can cancel at anytime.

When they refill:
They don't roll over, but you get a new set of credits on the 1st of every month.

How to get more:
If you use all your sponsored credits, you can easily purchase more as needed.



Have Questions?

fitonhealth.com/help

support@fitonhealth.com

fitonhealth.com/members



APPENDIX

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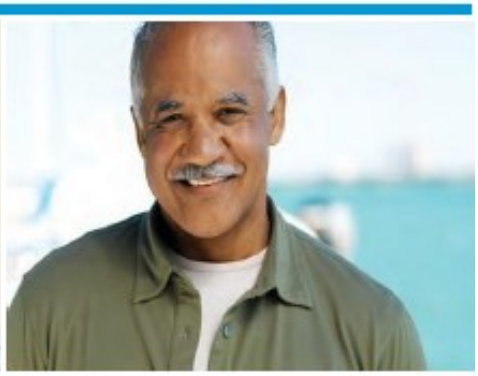
Blue Dental Choice Dental Guide	pg 51
Humana Vision Summary Guide	pg 59
Prime Pay Flexible Spending Accounts	pg 62

Blue Options

Health Plan Information Guide







What happens next?

What should I know about my benefits?

Where do I go to get assistance?

Florida Blue

In the pursuit of health®

Welcome



At Florida Blue, we provide you with guidance and support—because we want to help you make the best decisions when using your health benefit plan.

We're here to help

It pays to plan ahead so you can decide what's best for your care. Why not take the time to shop and compare? Throughout this booklet, you'll find smart ways that Florida Blue can help you save money and stay healthy. And, we can help you understand your coverage whenever you need medical care. Over the phone, online or in person, we give you the information you need to make it easier for you to manage your health care coverage.

You'll find our plans help keep costs down and are easy to use especially when you understand what's covered.

Find out what it means to:

- save on costs by staying within your plan's network.
- choose specialists or independent care facilities that can save you time and money.
- compare the costs of generic and brand name prescription medications and find the pharmacies with the lowest prices.
- know before you go by using our online resources and tools.
- talk to us in person, by visiting a local Florida Blue Center.[1]

[1]Find the nearest Florida Blue Center in Florida by visiting floridablue.com. Out-of-state employees are encouraged to visit a Center when in Florida.

Understanding your plan and how to use it

We're always here for you with answers, advice, and personal support. Be sure to talk to us before you get care, to get tips on how to save time and money.

Call: 1-888-476-2227

Click: floridablue.com and log in to your member account

Visit: a Florida Blue Center* Find one near you at floridablue.com

Get answers to your questions about health care reform online at floridablue.com

It pays to stay in-network

The doctor you see for care is very important. Who you see for routine visits will determine what you pay. For the lowest out-of-pocket costs, choose physicians, hospitals, and other health care providers who are considered in-network[1] for your health plan. Florida Blue has negotiated a lower cost with them as part of our contract. If your doctor refers you for additional health care services, ensure that the specialist, hospital, independent facility or lab is in your plan's network.

Finding providers that participate in your network is easy. You can log on to our online provider directory at **floridablue.com**. Here, you'll find doctors, specialists, hospitals, pharmacies, labs, urgent care centers or out-of-town providers for when you travel. You can even learn about a doctor's admitting privileges, the medical school they attended, languages they speak, as well as their gender, specialty, and office locations.

Know your options for care

When you aren't feeling well—have a fever, cold, flu, backache, sprain, allergies or other non-emergency illness—you can save time and money. If you're unable to see your family physician, visit a convenient care center or urgent care center in your plan's network.

- Centers are located in your neighborhood, and may be a part of your local pharmacy.
- Walk-ins are welcome—no need to make an appointment.
- There's little or no wait.
- Most facilities are open weeknights and weekends.

You can find participating convenient care centers (inside retailers such as Target*, Walgreens*, CVS/pharmacy and others) or urgent care centers online at **floridablue.com**. Just log in and select **Find a Doctor & More***.

You should know that if your doctor sends you for an x-ray, CT scan, or MRI, it will generally cost you less to have that test at an independent, or "freestanding", in-network x-ray/imaging center (Diagnostic Imaging) —rather than an outpatient hospital.

You can locate participating x-ray or imaging facilities online at floridablue.com. We can help you determine costs before you have an imaging service—just call, click or visit us in person at a Florida Blue Center.*

*If you're out-of-state, select your category under "Other Provider Searches."

[1]NetworkBlue is one of our preferred provider networks made up of independent hospitals, physicians and ancillary providers.

Plan benefits and options

Your plan may include:

- **$0 for preventive and wellness visits** including women's annual exams and mammograms, colonoscopies*, well child care, immunizations and more. These services are covered at 100%, even before your deductible, when you use a doctor in your network. Tell the doctor's office to note "wellness exam" on the claim to avoid incorrect billing.
- **A large selection of physicians and hospitals,** with no referrals required.
- **A network of coverage with discounted rates** that can save you money and help protect you from balance billing. You can receive care from providers who are not in your network, but you will pay more.
- **Service and help when you need it**—online, over the phone or in person at a Florida Blue Center.[1]

*(Routine for age 50+ then frequency schedule applies)

Coverage when you travel

Wherever you go, through our BlueCard*[2] program, your health care coverage goes with you. You'll get access to the participating providers of independent Blue Cross and Blue Shield organizations across the country and worldwide—and you shouldn't have to pay more than the rates they have negotiated with doctors and hospitals in their areas. To find the participating doctors and hospitals outside of Florida, call 1-800-810-BLUE (2583) or visit **floridablue.com** and click on **Find a Doctor or Hospital**. Look under "Other Provider Searches" and select your category.

Tax savings plans

Along with a wide range of health plans, you may have tax-free options to pay for some health care expenses and budgeting for the future. Check with your employer to find out if a financial plan option[3,4] is included.

Important

Details on the actual plan(s) being offered are included in your enrollment package, or can be reviewed online under your member account, once you register.

[2] The BlueCard Program is made available through the Blue Cross and Blue Shield Association (BCBSA). Neither Florida Blue nor BCBSA shall be liable for losses, damages, or uncovered charges as a result of using the BlueCard Worldwide Service Center or receiving care from any provider listed on the BlueCard Worldwide website.

[3] The FSA and HRA programs are financial reimbursement plans, not insurance programs.

[4] Florida Blue offers only the high-deductible health plan to be used in conjunction with the Health Savings Account (HSA). For more information on the tax advantages and implications of an HSA, contact your legal or tax advisor.

Shop and compare



The quality and price of medical services can vary depending on where you go for office visits, imaging services, and surgery, including inpatient and outpatient care.

- Compare quality and cost before you go, and then decide what's best for your care. You could save hundreds of dollars or more on your health care services!
- Our cost estimator lets you compare up to five providers and tells you what your expected costs will be for services before you go. You can "know before you go" because you can check out costs, providers and quality of care ratings.
- Cost estimates are based on your plan and where you stand with your deductible. Your costs are lower after your deductible is met—pay only coinsurance or a copay for in-network services.
- Blue365[5] is a member-only discount program that provides substantial savings on health and wellness products and services including:
  - Footwear and apparel
  - Weight loss management
  - Vision care, glasses, contact lenses
  - Hearing aids and care
  - Family care and elder care services

When you or your family members need care, consider your options. Just give us a call, go online or visit a Florida Blue Center' before you make your health care decision. Best of all, we offer this information and support to you for free!

[5]Blue365® offers access to savings on items that members may purchase directly from independent vendors. Blue365 does not include items covered under your policies with Florida Blue or any applicable federal health care program. To find out what is covered under your policies, call Florida Blue. Blue Cross and Blue Shield Association (BCBSA) and local Blue companies may receive payments from Blue365 vendors. Neither BCBSA nor any local Blue company recommends, endorses, warrants or guarantees any specific Blue365 vendor or item. For more information about Blue365, go to floridablue.com.

Pharmacy plans



Our prescription plans are designed to save you money and keep your out-of-pocket expenses to a minimum.
You always get the best value when you use an in-network pharmacy to get a prescription filled. Visit **floridablue.com** and check out our online pharmacy tool to:

- find the lowest drug costs and where to get them.
- order prescriptions by mail for extended supply prescription refills. You pay less for 90 days of medication by mail than three 30-day prescriptions from a pharmacy.
- get claim information.
- view the Medication Guide to help you determine which drugs are covered under your specific pharmacy plan.
- find pharmacy information and resources.

A pharmacy deductible, if your plan has one, is a fixed dollar amount that you may have to pay for eligible prescriptions before we begin to pay for them.

Health information online

Take advantage of our enhanced member-exclusive WebMD® access and check out the most popular resources and tools.

Create a personal health record so you have a secure, comprehensive, online record of your medical history, allergies, prescriptions and current health status.

The more you know, the better you feel. And we have so many easy and convenient tools to help you understand the information you need to positively impact your health. Online at **floridablue.com** you can:

- Review your plan benefits
- Get up-to-date information on your out-of-pocket expenses
- Check claims
- Request an ID card
- View health videos and read blogs
- Research your symptoms and conditions with easy-to-understand health content and supplemental videos and articles
- Use your member health statement to track your health care expenses
- Find valuable coupons and offers to help you save on health-related items

On the go? Download our app at **apps.floridablue.com** or type floridablue.com on your mobile device.

Personalized care with every health plan



Our Care Consultants can help you understand your condition, plus help you explore your treatment options, so you're able to make the choices that are best for you. 1-888-476-2227

For advice 24/7, our Nurseline[6] is available for general health and prevention questions or for education and support on medical issues like diabetes, heart disease or surgeries. 1-877-789-2583

For assistance with disease management and extended care, make sure your treatment and recovery are on the right path by simplifying the process through our Care Coordination program. 1-800-955-5692, option 4

Talk with a registered nurse in person for guidance and support at one of our Florida Blue Centers. 1-877-FL-BLUE-0 (1-877-352-5830)

Our Healthy Addition® program is a prenatal education/early intervention program designed to provide expecting moms information for a healthy pregnancy and delivery. 1-800-955-7635, option 6

[6] As a courtesy, Blue Cross and Blue Shield of Florida, Inc., D/B/A Florida Blue, has entered into an arrangement with Health Dialog® to provide this service. Florida Blue has not certified or credentialed, and cannot guarantee or be held responsible for, the quality of services provided by this vendor. Please remember that all decisions pertaining to medical/clinical judgment should be made with your physician or other health care provider. Florida Blue and Health Dialog do not provide medical care or advice.

BlueDental Choice Benefit Summary	BlueDental Choice Low Option		BlueDental Choice High Option		BlueDental Choice Plus Option	
Deductible No Deductible for Preventive Services Per Person Per Plan Year Per Family Per Plan Year	In-Network/Out-of-Network $50 / $100 $150 / $300		In-Network/Out-of-Network $50 / $100 $150 / $300		In-Network/Out-of-Network $50 / $100 $150 / $300	
Benefits	**Services**	**Coinsurance***	**Services**	**Coinsurance***	**Services**	**Coinsurance***
Periodic Oral Evaluation (0120)	Preventive	100% / 70%	Preventive	100% / 80%	Preventive	100% / 100%
Comprehensive Oral Evaluation (0150)	Preventive	100% / 70%	Preventive	100% / 80%	Preventive	100% / 100%
Bitewing X-rays, two films (0272)	Preventive	100% / 70%	Preventive	100% / 80%	Preventive	100% / 100%
Cleanings - Adult/Child (1110, 1120)	Preventive	100% / 70%	Preventive	100% / 80%	Preventive	100% / 100%
Fluoride Treatment - Child (1206,1208)	Preventive	100% / 70%	Preventive	100% / 80%	Preventive	100% / 100%
Office Visits (9430)	Preventive	100% / 70%	Preventive	100% / 80%	Preventive	100% / 100%
Space Maintainers – fixed – unilateral (1510)	Basic	80% / 50%	Basic	85% / 60%	Basic	85% / 85%
X-rays - Intraoral/Complete Series (0210)	Basic	80% / 50%	Basic	85% / 60%	Basic	85% / 85%
Sealant – per tooth (1351)	Basic	80% / 50%	Basic	85% / 60%	Basic	85% / 85%
Amalgam Restorations (Silver Fillings) (2140)	Basic	80% / 50%	Basic	85% / 60%	Basic	85% / 85%
Resin-Based Restorations - Anterior (2330)	Basic	80% / 50%	Basic	85% / 60%	Basic	85% / 85%
Extractions - Routine and Surgical (7140)	Basic	80% / 50%	Basic	85% / 60%	Basic	85% / 85%
Root Canal Molar (3330)	Major	50% / 30%	Basic	85% / 60%	Basic	85% / 85%
Periodontal Scaling & Root Planing-per quad (4341)	Major	50% / 30%	Basic	85% / 60%	Basic	85% / 85%
Osseous Surgery – 4 or more contiguous teeth (4260)	Major	50% / 30%	Major	55% / 40%	Major	55% / 55%
Crowns - Porcelain fused to noble metal (2752)	Major	50% / 30%	Major	55% / 40%	Major	55% / 55%
Complete Dentures (5110, 5120)	Major	50% / 30%	Major	55% / 40%	Major	55% / 55%
Pontic - Porcelain fused to noble metal (6242)	Major	50% / 30%	Major	55% / 40%	Major	55% / 55%
Partial Dentures (5213, 5214)	Major	50% / 30%	Major	55% / 40%	Major	55% / 55%
Surgical placement of implant body: endosteal implant (6010)	Major	50% / 30%	Major	55% / 40%	Major	55% / 55%
Implant supported porcelain fused to metal crown (titanium, high noble metal) (6066)	Major	50% / 30%	Major	55% / 40%	Major	55% / 55%
Orthodontia Services	None		All Insureds		All Insureds	
BlueDental Coverage	NA / NA		50% / 50%		50% / 50%	
Maximum Benefits Plan Year (per person)	$1000/$1000		$2000/$2000		$2000/$2000	
Lifetime Orthodontia (per person)	NA / NA		$1000/$1000		$1000/$1000	
Dental Rollover	Yes		Yes		Yes	

BlueDental Choice Plus
Benefit Summary

Florida Combined Life
An Independent Licensee of the Blue Cross and Blue Shield Association

Group Name: ALACHUA COUNTY LOW PLAN

Group Effective Date: 10/01/2025

Deductible No Deductible for Preventive Services (or ortho if selected) Per Person Per Plan Year Per Family Per Plan Year	**In-Network** $50 $150	**Out-of-Network** $100 $300
Amounts used to satisfy the in-network deductible also satisfy the out-of-network deductible and amounts used to satisfy the out-of-network deductible also satisfy the in-network deductible.		

	We Pay*	You Pay*	We Pay**	You Pay***
Preventive Services	100%	0%	70%	30%
Basic Services	80%	20%	50%	50%
Major Services	50%	50%	30%	70%
Periodic Oral Evaluation (0120)	Preventive			
Comprehensive Oral Evaluation (0150)	Preventive			
Bitewing X-rays, two films (0272)	Preventive			
Cleanings – Adult/Child (1110, 1120)	Preventive			
Fluoride Treatment – Child (1206,1208)	Preventive			
Office Visits (9430)	Preventive			
Space Maintainers – fixed – unilateral (1510)	Basic			
X-rays - Intraoral/Complete Series (0210)	Basic			
Sealant – per tooth (1351)	Basic			
Amalgam Restorations (Silver Fillings) (2140)	Basic			
Resin-Based Restorations – Anterior (2330)	Basic			
Extractions – Routine and Surgical (7140)	Basic			
Root Canal Molar (3330)	Major			
Periodontal Scaling & Root Planing – per quad (4341)	Major			
Osseous Surgery – 4 or more contiguous teeth (4260)	Major			
Crowns – Porcelain fused to noble metal (2752)	Major			
Complete Dentures (5110, 5120)	Major			
Pontic – Porcelain fused to noble metal (6242)	Major			
Partial Dentures (5213, 5214)	Major			
Surgical placement of implant body – endosteal implant (6010)	Major			
Implant supported porcelain fused to metal crown (titanium, high noble metal) (6066)	Major			
Orthodontia Services BlueDental Coverage	None None			
Maximum Benefits Plan Year (per person) Lifetime Orthodontia (per person)	 $1000 / $1000 NA / NA			
The amount of benefits payable is limited to the in-network maximums. In-network maximums apply toward the out-of-network maximums and out-of-network maximums apply to the in-network maximums.				
Dental Rollover	Opt In			

The information provided above is a summary of benefits. It is intended to highlight key points of the Dental Plan and is provided to the employee as an aid in deciding whether to enroll in the Plan. This summary should in no way be construed as part of the contract. Possession of this summary in no way implies coverage nor does it guarantee benefits under the plan.

Some limitations may apply.

*Percentage of allowable charge.
**Payment is based on the 80th percentile of U&C
***The majority of dentists' fees are within our allowed charges; however, you will be responsible for any fees in excess of the allowed amount

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22243-0425

BlueDental Choice Plus

Limitations and Exclusions

Florida Combined Life

An Independent Licensee of the Blue Cross and Blue Shield Association

Limitations

- Any retreatment of root canals are payable one (1) year after completion date of root canal therapy.
- Restorations made of amalgam, silicate, acrylic, and composite materials to restore diseased teeth are only payable on the same tooth surface once every twelve (12) consecutive months.
- The gingivectomy or gingivoplasty per quadrant allowance will be paid when two or more teeth are billed on the same date of service, same quadrant.
- Sealants are limited to the first and second molars for primary teeth and the bicuspids and molars for the permanent teeth of dependent children.
- General anesthesia and intravenous sedation is payable only if given in connection with covered surgical procedures.
- Periodontal services are limited to insureds age eighteen (18) and older.
- Services performed outside the United States, its territories and possessions are not covered, except for palliative emergency treatment.
- Multiple amalgam or composite restorations on one surface will be considered one restoration. The allowance includes insulating base and local anesthesia.
- All fixed prosthetics are billable upon the seat/insertion date.
- All removable prosthetics are billable upon final delivery

Exclusions

The following are excluded under this plan:

- by our consulting dentists, or which are not recommended or approved by the attending dentist.
- Charges for services or supplies when billed by other than a dentist.
- Benefits for services rendered by a member of an employee's family, (his spouse and the children, brothers, sisters and parents of either the employee or his spouse).
- Services rendered primarily for cosmetic purposes.
- Charges incurred for failure to keep a dental appointment.
- Services rendered through a medical department, clinic or similar facility provided or maintained by, or on the behalf of, an employer, mutual benefit association, labor union, trustee or similar persons or groups.
- Medical services related to the treatment of temporomandibular joint (TMJ) (temporal bone—lower jaw) dysfunctions (craniomandibular disorders, craniofacial disorders).
- Experimental or investigational treatment.
- Dental services received or rendered:
  - through or in a veteran's hospital or government facility due to a service connected disability
  - which are covered and paid under Worker's Compensation or similar law
  - which are coordinated with another insurance policy providing dental benefits for the same charges, to the extent that the total amount payable under both plans exceeds 100% of the total expenses that are incurred
- Services for which the insured incurs no charge.
- Procedures, appliances, or restorations necessary to alter vertical dimension and/or restore or maintain the occlusion. Such procedures include, but are not limited to, equilibration, periodontal splinting, full mouth rehabilitation, restoration of tooth structure lost from attrition and restoration for malalignment of teeth.
- Local anesthesia when billed separately by a dentist.
- Any services paid or payable under the insured's health insurance contract.
- Services not listed in the Benefits section of this plan.
- Charges for a more expensive service, procedure, or course of treatment than is customarily provided by the dental profession, consistent with sound professional standards of dental practice for the dental condition concerned. Payment for such charges under this certificate will be based on the allowance for the least costly service, procedure, or course of treatment.
- Any additional treatment required due to the insured's failure to follow instructions, or lack of cooperation with the dentist.
- Treatment for any illness, injury, or medical conditions arising out of: war or act of war (whether declared or undeclared), participation in a felony, riot or insurrection, service in the armed forces or auxiliary units, and attempted suicide or intentionally self-inflicted injury, whether sane or insane.
- Services rendered before the effective date of coverage.
- Services rendered after termination of coverage, except as provided under the plan's "Extension of Benefits upon Contract Termination."
- Charges for services or supplies for sterilization. Charges for sterilization are included in the allowance for other covered dental procedures.
- Any denture or bridge replacement made necessary by reason of loss, theft, or alteration by an insured.
- Services in connection with any crown, inlay or onlay restoration or for any denture or bridge if treatment began prior to the insured's coverage under this certificate.
- Duplicate or temporary denture, crown, or bridge.
- Labial veneer restorations.
- General anesthesia and intravenous sedation administered exclusively for patient management or comfort.
- Charges for nitrous oxide.
- Services with respect to congenital (hereditary) or developmental malformations or cosmetic reasons, including but not limited to cleft palate, maxillary or mandibular (upper or tower) malformations, enamel hypoplasia (lack of development), fluorosis (a type of discoloration of the teeth), and anodontia (congenitally missing teeth).
- Prescribed drugs, premedication or analgesia.
- Extra oral grafts (grafting of tissues from outside the mouth to oral tissues).
- Charges for oral hygiene, plaque control, or diet instruction.
- Charges for orthodontia services, unless shown on the Benefit Summary.
- Charges for sterilization are included in the allowance for other covered dental procedures.
- Charges for biohazardous waste disposal are included in the allowance for other covered dental procedures
- Charges associated with accidental injuries to sound natural teeth.

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16696-0425

BlueDental Choice Plus
Benefit Summary

Florida Combined Life
An Independent Licensee of the Blue Cross and Blue Shield Association

Group Name: ALACHUA COUNTY HIGH PLAN

Group Effective Date: 10/01/2025

Deductible No Deductible for Preventive Services (or ortho if selected) Per Person Per Plan Year Per Family Per Plan Year	**In-Network** $50 $150	**Out-of-Network** $100 $300
Amounts used to satisfy the in-network deductible also satisfy the out-of-network deductible and amounts used to satisfy the out-of-network deductible also satisfy the in-network deductible.		

	We Pay*	You Pay*	We Pay**	You Pay***
Preventive Services	100%	0%	80%	20%
Basic Services	85%	15%	60%	40%
Major Services	55%	45%	40%	60%

Periodic Oral Evaluation (0120)	Preventive
Comprehensive Oral Evaluation (0150)	Preventive
Bitewing X-rays, two films (0272)	Preventive
Cleanings – Adult/Child (1110, 1120)	Preventive
Fluoride Treatment – Child (1206,1208)	Preventive
Office Visits (9430)	Preventive
Space Maintainers – fixed – unilateral (1510)	Basic
X-rays - Intraoral/Complete Series (0210)	Basic
Sealant – per tooth (1351)	Basic
Amalgam Restorations (Silver Fillings) (2140)	Basic
Resin-Based Restorations – Anterior (2330)	Basic
Extractions – Routine and Surgical (7140)	Basic
Root Canal Molar (3330)	Basic
Periodontal Scaling & Root Planing – per quad (4341)	Basic
Osseous Surgery – 4 or more contiguous teeth (4260)	Major
Crowns – Porcelain fused to noble metal (2752)	Major
Complete Dentures (5110, 5120)	Major
Pontic – Porcelain fused to noble metal (6242)	Major
Partial Dentures (5213, 5214)	Major
Surgical placement of implant body – endosteal implant (6010)	Major
Implant supported porcelain fused to metal crown (titanium, high noble metal) (6066)	Major
Orthodontia Services BlueDental Coverage	All Insureds 50% / 50%
Maximum Benefits Plan Year (per person) Lifetime Orthodontia (per person)	 $2000 / $2000 $1000 / $1000
The amount of benefits payable is limited to the in-network maximums. In-network maximums apply toward the out-of-network maximums and out-of-network maximums apply to the in-network maximums.	
Dental Rollover	Opt In

The information provided above is a summary of benefits. It is intended to highlight key points of the Dental Plan and is provided to the employee as an aid in deciding whether to enroll in the Plan. This summary should in no way be construed as part of the contract. Possession of this summary in no way implies coverage nor does it guarantee benefits under the plan.

Some limitations may apply.

*Percentage of allowable charge.
**Payment is based on the 80th percentile of U&C
***The majority of dentists' fees are within our allowed charges; however, you will be responsible for any fees in excess of the allowed amount

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22243-0425

BlueDental Choice Plus

Limitations and Exclusions

Florida Combined Life

An Independent Licensee of the Blue Cross and Blue Shield Association

Limitations

- Any retreatment of root canals are payable one (1) year after completion date of root canal therapy.
- Restorations made of amalgam, silicate, acrylic, and composite materials to restore diseased teeth are only payable on the same tooth surface once every twelve (12) consecutive months.
- The gingivectomy or gingivoplasty per quadrant allowance will be paid when two or more teeth are billed on the same date of service, same quadrant.
- Sealants are limited to the first and second molars for primary teeth and the bicuspids and molars for the permanent teeth of dependent children.
- General anesthesia and intravenous sedation is payable only if given in connection with covered surgical procedures.
- Periodontal services are limited to insureds age eighteen (18) and older.
- Services performed outside the United States, its territories and possessions are not covered, except for palliative emergency treatment.
- Multiple amalgam or composite restorations on one surface will be considered one restoration. The allowance includes insulating base and local anesthesia.
- All fixed prosthetics are billable upon the seat/insertion date.
- All removable prosthetics are billable upon final delivery

Exclusions

The following are excluded under this plan:

- by our consulting dentists, or which are not recommended or approved by the attending dentist.
- Charges for services or supplies when billed by other than a dentist.
- Benefits for services rendered by a member of an employee's family, (his spouse and the children, brothers, sisters and parents of either the employee or his spouse).
- Services rendered primarily for cosmetic purposes.
- Charges incurred for failure to keep a dental appointment.
- Services rendered through a medical department, clinic or similar facility provided or maintained by, or on the behalf of, an employer, mutual benefit association, labor union, trustee or similar persons or groups.
- Medical services related to the treatment of temporomandibular joint (TMJ) (temporal bone—lower jaw) dysfunctions (craniomandibular disorders, craniofacial disorders).
- Experimental or investigational treatment.
- Dental services received or rendered:
  - through or in a veteran's hospital or government facility due to a service connected disability
  - which are covered and paid under Worker's Compensation or similar law
  - which are coordinated with another insurance policy providing dental benefits for the same charges, to the extent that the total amount payable under both plans exceeds 100% of the total expenses that are incurred
- Services for which the insured incurs no charge.
- Procedures, appliances, or restorations necessary to alter vertical dimension and/or restore or maintain the occlusion. Such procedures include, but are not limited to, equilibration, periodontal splinting, full mouth rehabilitation, restoration of tooth structure lost from attrition and restoration for malalignment of teeth.
- Local anesthesia when billed separately by a dentist.
- Any services paid or payable under the insured's health insurance contract.
- Services not listed in the Benefits section of this plan.
- Charges for a more expensive service, procedure, or course of treatment than is customarily provided by the dental profession, consistent with sound professional standards of dental practice for the dental condition concerned. Payment for such charges under this certificate will be based on the allowance for the least costly service, procedure, or course of treatment.
- Any additional treatment required due to the insured's failure to follow instructions, or lack of cooperation with the dentist.
- Treatment for any illness, injury, or medical conditions arising out of: war or act of war (whether declared or undeclared), participation in a felony, riot or insurrection, service in the armed forces or auxiliary units, and attempted suicide or intentionally self-inflicted injury, whether sane or insane.
- Services rendered before the effective date of coverage.
- Services rendered after termination of coverage, except as provided under the plan's "Extension of Benefits upon Contract Termination."
- Charges for services or supplies for sterilization. Charges for sterilization are included in the allowance for other covered dental procedures.
- Any denture or bridge replacement made necessary by reason of loss, theft, or alteration by an insured.
- Services in connection with any crown, inlay or onlay restoration or for any denture or bridge if treatment began prior to the insured's coverage under this certificate.
- Duplicate or temporary denture, crown, or bridge.
- Labial veneer restorations.
- General anesthesia and intravenous sedation administered exclusively for patient management or comfort.
- Charges for nitrous oxide.
- Services with respect to congenital (hereditary) or developmental malformations or cosmetic reasons, including but not limited to cleft palate, maxillary or mandibular (upper or tower) malformations, enamel hypoplasia (lack of development), fluorosis (a type of discoloration of the teeth), and anodontia (congenitally missing teeth).
- Prescribed drugs, premedication or analgesia.
- Extra oral grafts (grafting of tissues from outside the mouth to oral tissues).
- Charges for oral hygiene, plaque control, or diet instruction.
- Charges for orthodontia services, unless shown on the Benefit Summary.
- Charges for sterilization are included in the allowance for other covered dental procedures.
- Charges for biohazardous waste disposal are included in the allowance for other covered dental procedures
- Charges associated with accidental injuries to sound natural teeth.

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16696-0425

BlueDental Choice Plus
Benefit Summary

Florida Combined Life
An Independent Licensee of the Blue Cross and Blue Shield Association

Group Name: ALACHUA COUNTY PLUS PLAN

Group Effective Date: 10/01/2025

Deductible No Deductible for Preventive Services (or ortho if selected) Per Person Per Plan Year Per Family Per Plan Year	**In-Network** $50 $150	**Out-of-Network** $100 $300
Amounts used to satisfy the in-network deductible also satisfy the out-of-network deductible and amounts used to satisfy the out-of-network deductible also satisfy the in-network deductible.		

	We Pay*	You Pay*	We Pay**	You Pay***
Preventive Services	100%	0%	100%	0%
Basic Services	85%	15%	85%	15%
Major Services	55%	45%	55%	45%
Periodic Oral Evaluation (0120)	Preventive			
Comprehensive Oral Evaluation (0150)	Preventive			
Bitewing X-rays, two films (0272)	Preventive			
Cleanings – Adult/Child (1110, 1120)	Preventive			
Fluoride Treatment – Child (1206,1208)	Preventive			
Office Visits (9430)	Preventive			
Space Maintainers – fixed – unilateral (1510)	Basic			
X-rays - Intraoral/Complete Series (0210)	Basic			
Sealant – per tooth (1351)	Basic			
Amalgam Restorations (Silver Fillings) (2140)	Basic			
Resin-Based Restorations – Anterior (2330)	Basic			
Extractions – Routine and Surgical (7140)	Basic			
Root Canal Molar (3330)	Basic			
Periodontal Scaling & Root Planing – per quad (4341)	Basic			
Osseous Surgery – 4 or more contiguous teeth (4260)	Major			
Crowns – Porcelain fused to noble metal (2752)	Major			
Complete Dentures (5110, 5120)	Major			
Pontic – Porcelain fused to noble metal (6242)	Major			
Partial Dentures (5213, 5214)	Major			
Surgical placement of implant body – endosteal implant (6010)	Major			
Implant supported porcelain fused to metal crown (titanium, high noble metal) (6066)	Major			
Orthodontia Services BlueDental Coverage	All Insureds 50% / 50%			
Maximum Benefits Plan Year (per person) Lifetime Orthodontia (per person)	 $2000 / $2000 $1000 / $1000			
The amount of benefits payable is limited to the in-network maximums. In-network maximums apply toward the out-of-network maximums and out-of-network maximums apply to the in-network maximums.				
Dental Rollover	Opt In			

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22243-0425

BlueDental Choice Plus

Limitations and Exclusions

Florida Combined Life

An Independent Licensee of the Blue Cross and Blue Shield Association

Limitations

- Any retreatment of root canals are payable one (1) year after completion date of root canal therapy.
- Restorations made of amalgam, silicate, acrylic, and composite materials to restore diseased teeth are only payable on the same tooth surface once every twelve (12) consecutive months.
- The gingivectomy or gingivoplasty per quadrant allowance will be paid when two or more teeth are billed on the same date of service, same quadrant.
- Sealants are limited to the first and second molars for primary teeth and the bicuspids and molars for the permanent teeth of dependent children.
- General anesthesia and intravenous sedation is payable only if given in connection with covered surgical procedures.
- Periodontal services are limited to insureds age eighteen (18) and older.
- Services performed outside the United States, its territories and possessions are not covered, except for palliative emergency treatment.
- Multiple amalgam or composite restorations on one surface will be considered one restoration. The allowance includes insulating base and local anesthesia.
- All fixed prosthetics are billable upon the seat/insertion date.
- All removable prosthetics are billable upon final delivery

Exclusions

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- Charges for services or supplies when billed by other than a dentist.
- Benefits for services rendered by a member of an employee's family, (his spouse and the children, brothers, sisters and parents of either the employee or his spouse).
- Services rendered primarily for cosmetic purposes.
- Charges incurred for failure to keep a dental appointment.
- Services rendered through a medical department, clinic or similar facility provided or maintained by, or on the behalf of, an employer, mutual benefit association, labor union, trustee or similar persons or groups.
- Medical services related to the treatment of temporomandibular joint (TMJ) (temporal bone—lower jaw) dysfunctions (craniomandibular disorders, craniofacial disorders).
- Experimental or investigational treatment.
- Dental services received or rendered:
  - through or in a veteran's hospital or government facility due to a service connected disability
  - which are covered and paid under Worker's Compensation or similar law
  - which are coordinated with another insurance policy providing dental benefits for the same charges, to the extent that the total amount payable under both plans exceeds 100% of the total expenses that are incurred
- Services for which the insured incurs no charge.
- Procedures, appliances, or restorations necessary to alter vertical dimension and/or restore or maintain the occlusion. Such procedures include, but are not limited to, equilibration, periodontal splinting, full mouth rehabilitation, restoration of tooth structure lost from attrition and restoration for malalignment of teeth.
- Local anesthesia when billed separately by a dentist.
- Any services paid or payable under the insured's health insurance contract.
- Services not listed in the Benefits section of this plan.
- Charges for a more expensive service, procedure, or course of treatment than is customarily provided by the dental profession, consistent with sound professional standards of dental practice for the dental condition concerned. Payment for such charges under this certificate will be based on the allowance for the least costly service, procedure, or course of treatment.
- Any additional treatment required due to the insured's failure to follow instructions, or lack of cooperation with the dentist.
- Treatment for any illness, injury, or medical conditions arising out of: war or act of war (whether declared or undeclared), participation in a felony, riot or insurrection, service in the armed forces or auxiliary units, and attempted suicide or intentionally self-inflicted injury, whether sane or insane.
- Services rendered before the effective date of coverage.
- Services rendered after termination of coverage, except as provided under the plan's "Extension of Benefits upon Contract Termination."
- Charges for services or supplies for sterilization. Charges for sterilization are included in the allowance for other covered dental procedures.
- Any denture or bridge replacement made necessary by reason of loss, theft, or alteration by an insured.
- Services in connection with any crown, inlay or onlay restoration or for any denture or bridge if treatment began prior to the insured's coverage under this certificate.
- Duplicate or temporary denture, crown, or bridge.
- Labial veneer restorations.
- General anesthesia and intravenous sedation administered exclusively for patient management or comfort.
- Charges for nitrous oxide.
- Services with respect to congenital (hereditary) or developmental malformations or cosmetic reasons, including but not limited to cleft palate, maxillary or mandibular (upper or tower) malformations, enamel hypoplasia (lack of development), fluorosis (a type of discoloration of the teeth), and anodontia (congenitally missing teeth).
- Prescribed drugs, premedication or analgesia.
- Extra oral grafts (grafting of tissues from outside the mouth to oral tissues).
- Charges for oral hygiene, plaque control, or diet instruction.
- Charges for orthodontia services, unless shown on the Benefit Summary.
- Charges for sterilization are included in the allowance for other covered dental procedures.
- Charges for biohazardous waste disposal are included in the allowance for other covered dental procedures
- Charges associated with accidental injuries to sound natural teeth.

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16696-0425

Florida Blue
Your local Blue Cross Blue Shield

Your dental benefits go further with Maximum Rollover

Our Maximum Rollover benefit allows you to save a portion of your unused benefit dollars for use the following year. This gives you added security to cover the cost of unexpected dental expenses in the future.

How it works

To earn rollover dollars, you must be an active member of a BlueDental PPO plan[1] on the last day of the calendar year and receive at least one covered service during the year, such as a routine cleaning. Also, your total claims paid during the calendar year must not exceed the payment threshold (which varies by plan).

There is a standard amount that you can roll over based on your plan's annual maximum.[2]

You can check your **Maximum Rollover balance** through your Florida Blue account or mobile app.

If your dental plan's annual maximum[3] benefit amount is:	And, if your total claims don't exceed this amount:	We'll roll over this amount to use next year and beyond:	You can earn up to this amount of rollover dollars[4]:
$1,000	$500	$350	$1,000
$1,250	$600	$450	$1,250
$1,500	$700	$500	$1,250
$2,000	$800	$600	$1,500
$2,500	$900	$700	$1,500

If your plan includes Maximum Rollover and you qualify, you don't have to do anything at the end of the year; the rollover amount is applied automatically.

Your Maximum Rollover account can keep growing year after year. Accumulated rollover dollars don't expire, so your dental benefits can increase in value over time.

Learn more at floridabluedental.com/rollover.

[1]Rollover is not available on BlueDental Care plans. For individual (ACA) plans, it is available to active adult members age 19 years or older. Group PPO plans may include Maximum Rollover—check your policy for details.

[2]See your policy for Maximum Rollover details specific to your plan.

[3]If a Plan's Annual Maximum is different for participating and nonparticipating dentists, (Example: $1,500 participating dentist/$1,000 nonparticipating dentist) the participating dentist annual maximum, as shown on the Schedule of Benefits, will determine the plan's annual maximum benefit amount.

[4]Rollover cap amounts vary by plan.

Dental plans are offered by Florida Combined Life Insurance Company, Inc. (FCL), an affiliate of Florida Blue and an Independent Licensee of the Blue Cross and Blue Shield Association.

Florida Blue, Florida Blue HMO, Florida Blue Preferred HMO (collectively, "Florida Blue"), Florida Combined Life and the Blue Cross and Blue Shield Federal Employee Program® (FEP) comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. We do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-352-2583 (TTY: 1-877-955-8773). FEP: Llame al 1-800-333-2227.

ATANSYON: Si w pale Kreyòl ayisyen, ou ka resevwa yon èd gratis nan lang pa w. Rele 1-800-352-2583 (pou moun ki pa tande byen: 1-800-955-8770). FEP: Rele 1-800-333-2227

94352-1022R 22D-FB-0962

Humana Vision 130

FLORIDA

Alachua County BOCC

Vision care services	If you use an IN-NETWORK provider (Member cost)	If you use an OUT-OF-NETWORK provider (Reimbursement)
Exam with dilation as necessary	$10	Up to $30
• Retinal imaging[1]	Up to $39	Not covered
Contact lens exam options[2]		
• Standard contact lens fit and follow-up	Up to $55	Not covered
• Premium contact lens fit and follow-up	10% off retail	Not covered
Frames[3]	$130 allowance 20% off balance over $130	$65 allowance
Standard plastic lenses[4]		
• Single vision	$15	Up to $25
• Bifocal	$15	Up to $40
• Trifocal	$15	Up to $60
• Lenticular	$15	Up to $100
Covered lens options[4]		
• UV coating	$15	Not covered
• Tint (solid and gradient)	$15	Not covered
• Standard scratch-resistance	$15	Not covered
• Standard polycarbonate - adults	$40	Not covered
• Standard polycarbonate - children <19	$40	Not covered
• Standard anti-reflective coating	$45	Not covered
• Premium anti-reflective coating	Premium anti-reflective coatings as follows:	Premium anti-reflective coatings as follows:
- Tier 1	$57	Not covered
- Tier 2	$68	Not covered
- Tier 3	80% of charge	Not covered
• Standard progressive (add-on to bifocal)	$15	Up to $40
• Premium progressive	Premium progressives as follows:	Premium progressives as follows:
- Tier 1	$110	Not covered
- Tier 2	$120	Not covered
- Tier 3	$135	Not covered
- Tier 4	$90 copay, 80% of charge less $120 allowance	Not covered
• Photochromatic / plastic transitions	$75	Not covered
• Polarized	20% off retail	Not covered
Contact lenses[5] (applies to materials only)		
• Conventional	$130 allowance, 15% off balance over $130	$104 allowance
• Disposable	$130 allowance	$104 allowance
• Medically necessary	$0	$200 allowance

Humana.

Humana Vision 130

Vision care services	If you use an IN-NETWORK provider (Member cost)	If you use an OUT-OF-NETWORK provider (Reimbursement)
Frequency		
• Examination	Once every 12 months	Once every 12 months
• Lenses or contact lenses	Once every 12 months	Once every 12 months
• Frame	Once every 24 months	Once every 24 months
Diabetic Eye Care: care and testing for diabetic members		
• Examination - Up to (2) services per year	$0	Up to $77
• Retinal Imaging - Up to (2) services per year	$0	Up to $50
• Extended Ophthalmoscopy - Up to (2) services per year	$0	Up to $15
• Gonioscopy - Up to (2) services per year	$0	Up to $15
• Scanning Laser - Up to (2) services per year	$0	Up to $33

1. Member costs may exceed $39 with certain providers. Members may contact their participating provider to determine what costs or discounts are available.
2. Standard contact lens exam fit and follow up costs and premium contact lens exam discounts up to 10% may vary by participating provider. Members may contact their participating provider to determine what costs or discounts are available.
3. Discounts may be available on all frames except when prohibited by the manufacturer.
4. Lens option costs may vary by provider. Members may contact their participating provider to determine if listed costs are available.
5. Plan covers contact lenses or frames, but not both, unless you have the Eye Glass and Contact Lens Rider.

Monthly rates (12 deductions per year)

Employee	$5.76
Employee + 1 Dep.	$11.50
Family:	$21.46

*

Additional plan discounts

* Member may receive a 20% discount on items not covered by the plan at network Providers. Members may contact their participating provider to determine what costs or discounts are available. Discount does not apply to EyeMed Providerâ€™s professional services, or contact lenses. Plan discounts cannot be combined with any other discounts or promotional offers. Services or materials provided by any other group benefit plan providing vision care may not be covered. Certain brand name Vision Materials may not be eligible for a discount if the manufacturer imposes a no-discount practice. Frame, Lens, & Lens Option discounts apply only when purchasing a complete pair of eyeglasses. If purchased separately, members receive 20% off the retail price.

* Members may also receive 15% off retail price or 5% off promotional price for LASIK or PRK from the US Laser Network, owned and operated by LCA Vision. Since LASIK or PRK vision correction is an elective procedure, performed by specialty trained providers, this discount may not always be available from a provider in your immediate location.

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Limitations and Exclusions:

In addition to the limitations and exclusions listed in your "Vision Benefits" section, this policy does not provide benefits for the following:

1. Any expenses incurred while you qualify for any worker's compensation or occupational disease act or law, whether or not you applied for coverage.
2. Services:
   - That are free or that you would not be required to pay for if you did not have this insurance, unless charges are received from and reimbursable to the U.S. government or any of its agencies as required by law;
   - Furnished by, or payable under, any plan or law through any government or any political subdivision (this does not include Medicare or Medicaid); or
   - Furnished by any U.S. government-owned or operated hospital/institution/agency for any service connected with sickness or bodily injury.
3. Any loss caused or contributed by:
   - War or any act of war, whether declared or not;
   - Any act of international armed conflict; or
   - Any conflict involving armed forces of any international authority.
4. Any expense arising from the completion of forms.
5. Your failure to keep an appointment.
6. Any hospital, surgical or treatment facility, or for services of an anesthesiologist or anesthetist.
7. Prescription drugs or pre-medications, whether dispensed or prescribed.
8. Any service not specifically listed in the Schedule of Benefits.
9. Any service that we determine:
   - Is not a visual necessity;
   - Does not offer a favorable prognosis;
   - Does not have uniform professional endorsement; or
   - Is deemed to be experimental or investigational in nature.
10. Orthoptic or vision training.
11. Subnormal vision aids and associated testing.
12. Aniseikonic lenses.
13. Any service we consider cosmetic.
14. Any expense incurred before your effective date or after the date your coverage under this policy terminates.
15. Services provided by someone who ordinarily lives in your home or who is a family member.
16. Charges exceeding the reimbursement limit for the service.
17. Treatment resulting from any intentionally self-inflicted injury or bodily illness.
18. Plano lenses.
19. Medical or surgical treatment of eye, eyes, or supporting structures.
20. Replacement of lenses or frames furnished under this plan which are lost or broken, unless otherwise available under the plan.
21. Any examination or material required by an Employer as a condition of employment.
22. Non-prescription sunglasses.
23. Two pair of glasses in lieu of bifocals.
24. Services or materials provided by any other group benefit plans providing vision care.
25. Certain name brands when manufacturer imposes no discount.
26. Corrective vision treatment of an experimental nature.
27. Solutions and/or cleaning products for glasses or contact lenses.
28. Pathological treatment.
29. Non-prescription items.
30. Costs associated with securing materials.
31. Pre- and Post-operative services.
32. Orthokeratology.
33. Routine maintenance of materials.
34. Refitting or change in lens design after initial fitting, unless specifically allowed elsewhere in the certificate.
35. Artistically painted lenses.

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Plan summary created on: 4/6/17 13:06

Policy number: FL-70148-01LG9/15et.al.;FL-70148-01SG9/15et.al.

Vision health impacts overall health

Routine eye exams can lead to early detection of vision problems and other diseases such as diabetes, hypertension, multiple sclerosis, high blood pressure, osteoporosis, and rheumatoid arthritis [1].

[1] Thompson Media Inc.

Humana Vision products insured by Humana Insurance Company, Humana Health Benefit Plan of Louisiana, The Dental Concern, Inc. or Humana Insurance Company of New York.

This is not a complete disclosure of the plan qualifications and limitations. Specific limitations and exclusions as contained in the Regulatory and Technical Information Guide will be provided by the agent. Please review this information before applying for coverage.

NOTICE: Your actual expenses for covered services may exceed the stated cost or reimbursement amount because actual provider charges may not be used to determine insurer and member payment obligations.



PRIMEPAY.

Let's Get Started

WHAT IS A FLEXIBLE SPENDING ACCOUNT?

Flexible Spending Accounts (FSAs) are among the most popular employee benefit options because they allow you to save money by paying for certain out-of-pocket medical costs such as dependent care expenses with pre-tax dollars. Because the amount you contribute is withheld from your paycheck before federal, state (if applicable), Social Security and Medicare taxes are deducted, your take-home could be larger.

FSA options may vary from employer to employer, but here is an overview of the most common FSA plans offered. Let's look at a quick example:

	Without FSA	With FSA
Gross Monthly Income	**$3,000**	**$3,000**
Pre-tax Medical	-N/A-	$100
Pre-tax Day Care	-N/A-	$400
Pre-tax Premiums	-N/A-	$100
Taxable Income	**$3,000**	**$2,400**
Tax Withholdings	$750	$600
Post-tax Medical	$100	-N/A-
Post-tax Day Care	$400	-N/A-
Post-tax Premiums	$100	-N/A-
SPENDABLE INCOME	$1,650	$1,800
ANNUAL SAVINGS	$0	$1,800

HEALTH FLEXIBLE SPENDING ACCOUNT

Your health FSA may be used for common, qualified medical expenses (medically necessary) not covered by your health insurance. Here are examples:



Deductibles and Co-Pays | Prescription Drugs & OTC Medicines | Medical Supplies | Dental and Orthodontia Expenses | Eyeglasses and Contacts

Although money is deducted from your paycheck over the plan year, the entire amount you elect is available starting the first day you participate in the plan!

For examples of eligible medical expenses, see section "Qualified Medical Expenses" in this booklet.

DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT

Your dependent care FSA will reimburse eligible expenses for the care of "qualified dependents" incurred to enable the employee and spouse to be gainfully employed. A "qualified dependent" is a child under the age of 13, or someone who is mentally or physically incapable of taking care of themselves. Some common eligible expenses are listed on the right.

- Day Care and Adult Day Care
- Preschool and Before/After School Programs
- Summer Day Camp

Money is available for reimbursement as deductions are made and after services are rendered. For example, June day care expenses would be eligible for reimbursement after June 30, assuming funds are available in the account.

ENROLLING IN YOUR FLEXIBLE SPENDING ACCOUNT

Most employees can benefit from an FSA, but you must carefully calculate your expenses and choose the account that fits your needs. The elections you make are specific to each type of Flexible Spending Account. In other words, dollars set aside for dependent care expenses can only be used with dependent care providers and not for out-of-pocket medical expenses, etc. The specifics of each FSA account offered will be detailed in the Summary Plan Description (SPD) provided by your employer.

For full details, please consult your SPD.

1. STEP 1: Determine your annual expenses using our worksheet on page 9 of this booklet. For examples of eligible medical expenses, see section "Qualified Medical Expenses" on page 10 and 11 of this booklet.
2. STEP 2: Enroll! You may enroll during your employer's open enrollment period or at the time of your eligibility. Please see your employer for specific details as to your eligibility and enrollment options. You may also contact our Benefit Success Team at 855-892-6272 for enrollment assistance.

Your employer will take your annual election amount and divide it by the number of payroll periods in your plan year to determine your contribution for each pay period.

TIP Estimate carefully!

Once you make an election for the year, you cannot change it unless you have a qualifying change of status event. Also, FSAs have limited options for unused balances at the end of the plan year. See section "Avoiding Forfeitures" for details.

CHANGING YOUR FSA ELECTION

Once you make an election amount for the plan year, you may change it only if you have a qualifying change of status event. In this event, you may make a prospective mid-year change to your annual election. The qualifying change of status events are:

- Marriage or Divorce
- Death of a Spouse or Dependent
- Birth or Adoption
- Change in Work Status Affecting Benefit Eligibility
- Unpaid Leave of Absence

Also each plan year anniversary provides an opportunity to change elections when re-enrolling for the next plan year.

AVOIDING FORFEITURES

FSAs must follow certain IRS regulations governing their set up and administration, and one very important rule is the "Use-It or Lose-it Rule." FSAs have limited options for unused account balances. When enrolling in an FSA, you must carefully calculate expected expenses and understand your plan's rollover, grace period and run-out period provisions. Your plan may provide one of these provisions for unused funds at the end of the plan year.

Health FSA Rollover Provision

If your employer has adopted the FSA Rollover provision, then you may rollover up to $570 of unused Health FSA funds into the next plan year. This rollover provision only applies to the Health FSA.

Grace Period Provision

If your employer has adopted the Grace Period Provision, then you have additional time (typically 2 ½ months after the plan year ends) to incur expenses and be reimbursed from your Health FSA or Dependent Care Account prior year balance.

Run-out Period Provision

Following the last day to incur expenses, your employer may allow a run-out period to submit claims for the previous year. If your plan includes a rollover or grace period provision, then any unused funds after the run-out period exceeding the rollover provision limit of $570 in the Health FSA or beyond the grace period will be forfeited.

USING YOUR FLEXIBLE SPENDING ACCOUNT

ACCESSING YOUR ACCOUNT ONLINE

You can easily access your account 24-hours a day to check your balance, file new claims, check a status of a claim, set up email/mobile text alerts, and much more!

Go to **https://login.primepay.com** and select PrimePay Benefit Portal Participant Access.

1. Select 'Get Started' under the New User icon. Enter the required personal information to begin the registration process.
2. Create your Username and Password
3. Answer selected security questions
4. Update your profile preferences such as your payment method, beneficiaries, dependants, and much more.

ONCE LOGGED IN

Once you are logged into the system you can take the following actions, plus much more:

- Check your balance
- File claims
- View pending or past claims
- Add a checking/savings account for direct deposit
- Opt-in/out of electronic communications (email/mobile text)

Accessing your account through our Mobile App

FIND THE "PRIMEPAY BENEFIT SERVICES APP" IN YOUR APP STORE

ACCESSING YOUR ACCOUNT THROUGH OUR MOBILE APP

Our PrimePay Benefit Services Mobile App provides a single access point to manage your account from your phone or tablet. Via the PrimePay Mobile App, you may submit claims and upload receipts (saved as picture images on your phone) as substantiation for your claim. You may also access detailed account information including account balances, recent activity, recent communications, the ability to contact PrimePay Benefit Services directly from the mobile application, and more.

PAYING WITH YOUR PRIMEPAY FLEX CARD

You may receive a PrimePay FLEX Card which can be used to pay for eligible medical expenses at health care related providers (physicians, pharmacies, dentists, optometrists, hospitals, etc.) and non-health care related merchants (grocery stores, discount stores and online pharmacies). It is important to make sure that non-health care related merchants have implemented the Inventory Information Approval System (IIAS) or qualify as a 90% Merchant. If the store does not qualify, your card will be denied and a manual claim will need to be submitted.

The IIAS system is designed to identify FSA eligible items at the point of sale. When an item is scanned at the checkout, the system will keep separate totals for eligible and non-eligible items. Assuming your available balance is high enough, you will be allowed to use your PrimePay FLEX Card to pay for the eligible items. You will be asked to pay for the non-eligible items by some other means (i.e. cash, check, credit or other debit card). The amount debited from your PrimePay Benefit Services account will automatically be approved and in most cases will require no further substantiation.

Your card can also be used at merchants that have not implemented the IIAS system, as long as they certify that 90% of the store's gross items are qualified medical expenses under IRS Code Section 213(d). For stores that adhere to the 90% rule, further substantiation will be required.

SUBMITTING MANUAL CLAIMS FOR REIMBURSEMENT

When you need to file a manual claim for reimbursement, the easiest method is through the Participant Portal or PrimePay Benefit Services App. If you do not have access to the app or the Internet, you may submit a paper claim. A request for reimbursement may be filed at any time during the plan year and run-out period. Please do not send duplicate claims.

HOW TO SUBMIT A MANUAL CLAIM

1. On the Home Page, you may simply select the "File a Claim" under the "I Want To:" section from any page on the portal, expand the Accounts tab on the top of the screen.
2. The claim filing wizard will walk you through the request including entry of information, payee details and uploading a receipt.
3. For submitting more than one claim, click Add Another, from the Transaction Summary page.
4. When all claims are entered in the Transaction Summary, agree to the terms and conditions click Submit to send the claims for processing.
5. The Claim Confirmation page displays. You may print the Claim Confirmation Form as a record of your submission. If you did not upload a receipt, you can upload the receipt from this screen or print a Claim Confirmation Form to submit to the administrator with the required receipts

Contact us if you are unable to submit a claim using the Portal or Mobile App.

Frequently Asked Questions

Q: WHAT ONLINE CAPABILITIES DO I HAVE?

A: Our online portal is very comprehensive. You can check your balance, file claims, view pending or past claims, add a checking/savings account for direct deposit, opt-in/out of electronic communications (email/mobile text), and more. If you need help setting up your account please contact our Benefit Success Team and they will be happy to help. You can review the full user guide here.

Q: CAN I PARTICIPATE IN THE FSA IF I AM NOT ENROLLED IN MY EMPLOYER'S HEALTH PLAN?

A: In most cases yes, as long as you are a benefits eligible employee. Contact your employer to determine eligibility.

Q: WHAT HAPPENS IF I AM TERMINATED DURING THE YEAR?

A: There will be a period of time after your termination for which you may submit claims for expenses incurred prior to termination. In some cases, COBRA must be offered, which if elected will allow you to continue to contribute to your FSA and make claims against it. You will be required to pay the monthly amount equal to your payroll deductions on a post-tax basis.

Q: WILL I EVER HAVE TO PAY TAXES ON THE MONEY I PUT INTO THE ACCOUNT?

A: You will not have to pay federal and FICA, however in some cases you may have to pay state and/or local taxes, depending on the state you live in.

Q: IF MY EXPENSES ARE LESS THAN I ANTICIPATED, CAN I CHANGE MY ELECTION?

A: No. Unless you experience a qualifying change of status event, elections cannot be changed for the current plan year. You must wait until the following plan year to make a new election.

Q: WHAT HAPPENS IF I DON'T USE ALL OF THE MONEY IN MY FSA BY THE END OF THE PLAN YEAR?

A: Depending on your plan you may have a Health FSA Rollover Provision or a Grace Period Provision. The Rollover Provision will allow you to rollover up to $570 of unused dollars into the next year. The Grace Period Provision will permit you to carry over funds up to an additional 2½ months and you may incur additional claims against the prior year Health FSA and Dependent Care Accounts. Any unused money at the end of the Grace Period will be forfeited. Please check with your employer for details about these options. Reference page 6 for our provision comparison chart.

Q: WHAT WILL HAPPEN IF I INCUR A LARGE EXPENSE AT THE BEGINNING OF THE PLAN YEAR AND HAVE NOT YET CONTRIBUTED ENOUGH TO MY FSA TO COVER IT?

A: If the expense is to be reimbursed by your health FSA then we will pay the claim up to the maximum amount elected for the year. Your payroll deductions will continue throughout the plan year even if all of the funds have been spent. For a Dependent Care Account, claims are reimbursed as money becomes available through payroll deductions.

Q: WHAT DO I DO IF I FORGOT MY USER NAME OR PASSWORD?

A: Please click the "forgot password" link online and follow the instructions provided. You may also contact our Benefit Success Team if you have forgotten your password or user name during normal EDT business hours at **855-892-6272**.

Q: HOW MUCH MAY I ELECT INTO MY FSA?

A: For your health FSA, the limit is determined by your employer and can be found in your Summary Plan Description. For Dependent Care Accounts, the calendar year limit is $5,000 for head of household or married couples filing jointly, and $2,500 for married couples filing separately.

Q: IF MY SPOUSE PARTICIPATES IN AN

FSA THROUGH HIS/HER EMPLOYER, CAN I ALSO PARTICIPATE?

A: Yes, however identical claims may not be reimbursed under both accounts. In addition, if both you and your spouse have signed up for the Dependent Care Account, the maximum election between both accounts is still $5,000.

Q: CAN I BE REIMBURSED FOR OVER-THE-COUNTER (OTC) MEDICINES?

A: OTC medicines are now eligible for reimbursement without a prescription. Common OTC medicines such as Tylenol and Claritin may be purchased with FSA dollars. Menstrual care products are also now eligible for reimbursement.

Q: WHERE CAN I FIND A COMPLETE LIST OF ELIGIBLE FSA EXPENSES?

A: You can find a comprehensive list of qualified medical FSA expenses here.

Q: HOW LONG WILL IT TAKE MY CLAIM TO BE PROCESSED AND REIMBURSED?

A: In general, all claims are processed in 7-10 days. Claim checks and direct deposits are processed daily.

Q: WHY DID I RECEIVE A LETTER TO PROVIDE SUBSTANTIATION?

A: In some circumstances we will require a receipt to substantiate a claim in order to comply with the IRS guidelines. The receipt must include the date of service, the dollar amount, the patient's name, and a brief description of the service. Voided checks, credit card statements, and balance due statements are NOT valid forms of substantiation. We ask that you keep all receipts for incurred eligible expenses. Failure to provide us with the proper documentation may result in your account being temporarily deactivated.

Q: UNDER WHAT CIRCUMSTANCES CAN I PARTICIPATE IN A DEPENDENT CARE ACCOUNT?

A: In order to participate in a DCA, both you and your spouse must be working, actively seeking work, or in school full time. Eligible dependents are those younger than 13, or persons mentally or physically incapable of taking care of themselves. It is important to note that summer day camp is an eligible expense, but overnight camp is not.

Q: HOW DO I DETERMINE WHICH AMOUNT TO ELECT?

A: We have included a worksheet at the end of this booklet to help you figure out just that. Look at last year's receipts and expenses and decide if this year will be similar. Look at what you know for the year coming up and determine if there are big expenses that you know about (i.e. glasses, braces for you or dependents, deductibles/copays, etc.)?

FSA Expense Worksheet

Use this worksheet to help you estimate your expected expenses for the year. Remember that careful planning is essential to avoiding forfeited balances at the end of the plan year.

COMMON MEDICAL EXPENSES

Coinsurance Insurance & Deductibles	$
Prescription Copays	$
OTC Medicines	$
Chiropractic Visits	$
OB-GYN, Pediatrician Visits	$
Birth Control Pills	$
Diagnostic Services	$
Hearing Aids & Batteries	$
Maternity Care & Related Services	$
Smoke Cessation Programs	$
Physical Therapy	$

COMMON DENTAL EXPENSES

Teeth Cleanings	$
Dental Exams & X-Rays	$
Orthodontia Expenses	$
Fillings & Crowns	$
Dentures	$
Other	$

DEPENDENT CARE EXPENSES*

Child Care Expenses for dependent children under age 13	$
Adult Day Care Expenses parents and/or dependents incapable of self-care	$
Summer Day Camp Expenses for dependent children under age 13	$

COMMON PHARMACY EXPENSES

Birth Control Products	$
Blood Pressure Kits	$
Compression Hosiery	$
Denture Products	$
Diabetic Test Supplies/Insulin	$
Diagnostic Products	$
First Aid Dressings	$
Hot, Cold & Steam Packs	$
Nebulizers	$
Orthopedic Aids	$
Pregnancy & Fertility Kits	$
Reading/Magnifying Glasses	$
Smoking Deterrents	$
Splints, Supports, Braces	$
Thermometers, Fever Strips	$
Wheelchair/Canes/Walkers	$

COMMON VISION EXPENSES

Eye Exams	$
Contact Lenses & Solution	$
Prescription Glasses	$
Lasik Eye Surgery	$
Optometrist Expense	$
Other	$
Subtotal Medical Expenses	**$**
Subtotal Dependent Care Expenses	$
Total Estimated Expenses	**$**
Estimated Tax Savings (assume 25%)**	$

*If applicable to Plan. **Approximate tax savings. Actual tax savings depends on individual tax bracket.

Use your FSA dollars! Go to login.primepay.com to log into your account to use your dollars.

PRIMEPAY. primepay.com

Qualified Medical Expenses

Sample Eligible Health FSA Expenses

Sample Expense	Cost w/o FSA	Cost w/ FSA	Estimated Savings**
Doctor Copay	$20.00	$15.00	$5.00
Rx Copay	$50.00	$37.50	$12.50
Eyeglasses	$200.00	$150.00	$50.00
Braces	$2,500.00	$1,875.00	$625.00
Lasik Eye Surgery	$3,500.00	$2,625.00	$875.00
Annual Dental Care Bill	$5,000.00	$3,750.00	$1,250.00

A
Acupuncture
Adoption (related medical expenses)
Alcoholism treatment
Allergy medication
Ambulance and emergency health services
Anesthesia (for non-cosmetic purposes)
Athletic treatments / braces

B
Bandages and related items (over-the-counter)
Birth control
Blood pressure monitor
Blood sugar test kits and test strips
Body scans

C
Childbirth classes
Chiropractic office visit or treatment
Cholesterol test kits and supplies
Christian Science practitioners
Coinsurance
Compression or anti-embolism socks, stockings or hose
Contact lenses & cleaning solutions
Contraceptives
Copayment
Corneal keratotomy
Counseling
Crutches, canes or like equipment

D
Deductibles
Dental care (for non-cosmetic purposes)
Dental reconstruction
Dentures, bridges, etc.
Diabetic monitor, test kits, strips and supplies
Diagnostic services
Drug addiction treatment
Dyslexia treatment

E
Eye examinations
Eye related equipment/materials
Eyeglasses

F
Fertility monitor (over-the-counter)
Fertility treatment (employee, spouse or dependent)
First aid dressings (over-the-counter)
Flu shots

G
Guide dog (dog, training, care)

H
Hearing aids and batteries
Hospital services and fees

I
Immunizations
Incontinence products (unless related to diagnosed medical condition)
Infertility treatment (for employee, spouse or dependent)
Insulin, testing materials and supplies

L

Laboratory fees
Lamaze classes (to extent class relates to birth)
Laser eye surgery
Learning disability treatments
Listening therapy

M

Mastectomy-related special bras
Medical abortion
Medical equipment
Medical monitoring and testing devices
Medical records charges
Menstrual/Feminine Products
Midwife
Mileage (for medical care)
Monitors & test kits (over-the-counter)
Motion & nausea

N

Norplant insertion or removal
Nursing services (wages and taxes)

O

OB/GYN fees
Occlusal guards to prevent teeth grinding
Occupational therapy (related to a medical condition)
Office visits
Operations (non-cosmetic)
Optometrist / ophthalmologist fees
Organ transplants
Ortho keratotomy
Orthodontia (braces and retainers)
Orthopedic & surgical supports
OTC Medicines
Ovulation monitors (OTC)
Oxygen

P

Physical exams
Physical therapy
Pregnancy tests (over-the-counter)
Prescription drugs
Prosthesis
Psychiatric care
Psychoanalysis
Psychologist fees

R

Radial keratotomy (RK)
Reading glasses (over-the-counter)
Removal of benign mole, cyst or tumor

S

Sales tax, shipping and handling fees
Smoking cessation (programs / counseling)
Smoking cessation drugs
Speech therapy
Sterilization
Student health fees billed for services actually received (dental /medical / vision / prescription)
Sunglasses (prescription)
Surgery (for non-cosmetic purposes)

T

Teeth grinding prevention devices
Therapy (for a medical condition)
Tubal ligation

U

Urological products

V

Vaccinations
Varicose vein removal surgery
Vasectomy
Viagra and similar prescription medications
Vitamins (Doctor's letter of medical necessity)

W

Walking aids (canes, walkers, etc.)
Wart removal treatments
Wheelchair and repairs
Wound care - non medicinal (over-the-counter)

X

X-ray fees (dental / medical)

Notes:

Important Phone Numbers and Other Resources



NEED HELP

Florida Blue—Health	1-800-352-2583	http://floridablue.com
Florida Combined Life—Dental	1-888-223-4832—PPO 1-877-325-3979—PS220	http://floridablue.com
Humana– Vision	1-866-537-0029	http://Humana.com
Health Equity—HRA	1-866-346-5800	http://healthequity.com
Prime Pay	1-877-446-9729	https://Primepay.com/login/
Florida Retirement System– FRS	1-866-446-9377	https://myfrs.com
Aflac	1-866-851-5505 Soteria Mallard (352) 317-3835	Aflac.com To schedule an appointment calendly.com/soteria_mallard
LegalShield	1-800-729-7998 Rebecca Smith rjsmith@smithterry.com	https://legalshield.com
MissionSquare—Voluntary Retirement Savings	1-800-669-7400 Plan numbers: IRA 301698 ROTH 705227	https://www.missionsq.org
Employee Assistance Program—EAP	1-800-448-8326	https://lifeadvisorwellness.com/UserLogin/EAPLogin

Human Resources

2621 SE Hawthorne Rd, Gainesville, FL 32641
Phone: 352-367-4040 Fax : 352-374-1803

HR Director Shawn Powers (352) 367-4037	Employment Manager Amber Johns (352) 367-4039	Onboarding Manager Jeimmy Veloza (352) 367-4026
HR Administrative Assistant Sitarani Gracia (352)367-4040	Benefits Coordinator Ramona Excell (352)367-4027	HR Specialist Gabrielle Hunter (352)367-4036
Research Analyst Sean Kerns (352) 367-4029	Risk Analyst Amy Lobar (352) 367-4033	HR Specialist Richard Martin (352)367-4034
Criminal Justice Tech Tony Gray (352)374-1847	HR Specialist Records Coordinator Mary Leandre (352)367-4032	HR Specialist Remie' Wallace (352)374-1871