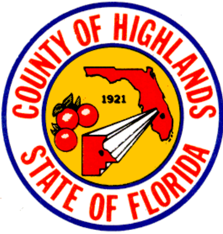

HIGHLANDS COUNTY
BOARD OF COUNTY COMMISSIONERS
(HCBCC)
PURCHASING DIVISION

DATE: April 27, 2018

BID NO. RFP 18-025 ADDENDUM No. 1

Project: Insurance Agent of Record for Employee Health Benefits

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This addendum is being issued to request additional information from proposers and to answer questions regarding this solicitation.

1. Highlands County is currently using PlanSource as a benefits administration program that has been provided through the current Agent of Record. This service is due to expire on June 30th, 2018. Highlands County's Open Enrollment starts August 1, 2018. We will need technology in place for Open Enrollment by July 20, 2018 or continue using PlanSource.

   Proposers should include with their proposal, answers to the following questions:

   a. Would PlanSource be compatible with your offering?
   b. Is there a comparable or better electronic benefits administrative program you are proposing and, if so, what is the timeframe from contract to complete implementation?

2. The first Evaluation Meeting has been rescheduled for Wednesday May 9, 2018 at 9:00am-12:00pm.

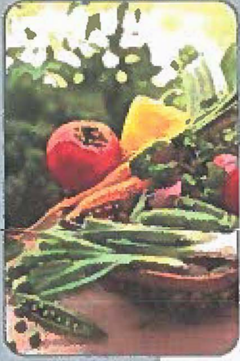
3. The Oral Presentations and interviews have been rescheduled for Thursday May 16 from 9:00 am – 12:00 pm, if required.

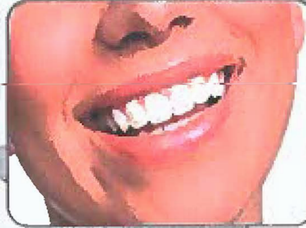
Questions and Answers:

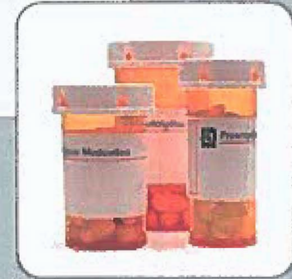
1. Could you supply the most current benefits package so we can use the data to be as accurate as possible in our RFP response?
   Answer: Please see the Attachment A, 2017-2018 Benefits Guide.

2. Could you supply information regarding who the current agent of record is for Highlands County and how they are being compensated?
   Answer: Currently Brown & Brown Public Risk Insurance Agency. The Attachment B chart shows the compensation.

Attachment "A"







Your Wellness is Important!

Employee Benefits Guide For Employees Hired After September 1, 2017

October 1, 2017— September 30, 2018

The information in this Benefits Guide is presented for illustrative purposes only. The text contained in this Guide was taken from various plan documents and/or benefit information. While every effort was taken to accurately report your benefits, discrepancies, or errors are always possible. In case of discrepancy between the Benefits Guide and the actual plan documents the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this guide, contact Human Resources.

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WELCOME !

Highlands County Government recognizes the importance of healthcare benefits by offering a cost-effective and comprehensive benefits package suitable for your individual and family needs. From employer paid to supplemental benefits, this guide provides an overview of the options available to you as well as informational tools to optimize your coverage. As you consider your insurance needs, please take this once a year opportunity to choose the best benefit options for you and your family.

WHAT'S NEW!

Changes that are effective October 1st, 2017:

- ❖ In addition to the dental base plan, and dental buyup plan, the County is offering a new dental plan called the premium plan. The premium plan has a calendar year maximum of $5,000.
- ❖ Dependents over the age 26 will no longer be eligible to enroll in medical, dental or vision benefits.

Changes that are effective January 1st, 2018:

- ❖ The new medical FSA limit is $2,600. The effective date for the FSA plan is January 1, 2018.

ENROLLMENT CHECKLIST- **If applicable**

- ✓ Review your benefit options
- ✓ Verify your physician is a participating provider
- ✓ Verify your dentist is a participating provider
- ✓ Verify your eye care professional is a participating provider
- ✓ Complete the enrollment through benefits.plansource.com, including information for dependents and beneficiaries
- ✓ If you plan to elect or increase voluntary life insurance, complete Evidence of Insurability (EOI) and return form to Human Resources for processing.

OPEN ENROLLMENT FOR BENEFIT PLAN YEAR 10/01/17 – 09/30/18

Each year during the open enrollment period you will have the opportunity to enroll in or make changes to your benefit elections and dependents without a qualifying event. Please take the time to review all of the plan options carefully to determine which plan options meet the anticipated needs of you and your family. Once you have made your elections, you will not be able to change them until the next open enrollment period unless you experience a qualifying event.

MAKING CHANGES TO YOUR BENEFITS DURING THE PLAN YEAR (QUALIFYING EVENT)

After October 1, 2017 you may not make changes to your benefits during the plan year unless you experience one of the following qualifying events:

- Marriage
- Divorce
- Death of spouse, child or other qualified dependent
- Birth or adoption of child
- Change of dependent status
- Loss of other group coverage
- Change in employment status for employee, spouse, dependent
- Change in residence due to an employment transfer

If you do not make changes within 30 days of the 'qualifying event,' you must wait until the following open enrollment period.

WHO IS ELIGIBLE?

Full-time employees (working 30+ hours per week)

If you are a new hire, you are eligible for benefits on the 1st of the month following 30 days of employment

Family members eligible for dependent coverage include:
- Legal spouse
- Natural, adopted, foster or step child(ren)
- Child(ren) for whom court appointed or legal guardianship has been awarded

Eligible dependent children may be covered until:

- Medical, Dental, Vision & Life: To the last day of the Calendar Year in which the dependent child reaches age 26.

- Telehealth: To age 26, or person financially dependent on the primary and living in the same household.

The information in this benefit guide is presented for illustrative purposes only, please refer to your plan document for complete details.

PlanSource Self-Guided Quick Sheet

Before you begin please make sure you have the following items:

- Social Security Number (SSN) for all legal dependents you wish to enroll in any coverage
- Date of Birth (DOB) for all legal dependents you wish to enroll in any coverage
- Beneficiary Information for Life Insurance, which includes your beneficiaries' name(s), DOB(s) and SSN(s)

If your demographic information is not correct, or needs to be updated, please see your Human Resources contact to update.

Logging On

1. Type in benefits.plansource.com into the address bar of your internet browser
2. Your **Username** consists of:
    1. First initial of your First Name;
    2. First six characters of your Last Name;
    3. Last four (4) digits of your SSN.

   Example: John Employee, whose SSN is 000-00-1234, would have a login of **JEMPLOY1234**.
3. Your **Password** is your birthdate in the format YYYYMMDD.

   Example: a birthdate of February 7, 1975 would look like this: **19750207**.
4. You will be prompted to select a new Password
5. Write your user name and password below

   User Name ________________________________

   Password__________________________________

Welcome Screen

1. For Open Enrollment, click the link **"Enroll – Annual"**/ For New Hire, click the link **"New Hire – Enroll"**
2. Complete Step 1: Your Info
3. Complete Step 2: Your Dependents
4. Complete Step 3: Your Benefits
5. Step 4: Your Summary
    - Once you have reviewed your elections and you are ready to confirm, print out 2 copies of the summary. You will need to give one copy to your Human Resources contact at your agency.

2017 / 2018 Rates

Medical Plan 05360

	Monthly Cost	Employer Cost Per Month	Employee Cost Per Month	Employee Cost Per Pay Period
Employee Only	$624.16	$583.23	$40.93	$20.47
Employee + Spouse	$836.40	$583.23	$253.17	$126.59
Employee + Child(ren)	$794.10	$583.23	$210.87	$105.44
Family	$934.43	$583.23	$351.20	$175.60

Medical Plan 03564

	Monthly Cost	Employer Cost Per Month	Employee Cost Per Month	Employee Cost Per Pay Period
Employee Only	$740.19	$583.23	$156.96	$78.48
Employee + Spouse	$992.05	$583.23	$408.82	$204.41
Employee + Child(ren)	$941.89	$583.23	$358.66	$179.33
Family	$1,108.33	$583.23	$525.10	$262.55

Dental Base Plan

	Monthly Cost	Employer Cost Per Month	Employee Cost Per Month	Employee Cost Per Pay Period
Employee Only	$14.49	$14.49	$0	$0

Dental BuyUp Plan

	Monthly Cost	Employer Cost Per Month	Employee Cost Per Month	Employee Cost Per Pay Period
Employee Only	$27.67	$14.49	$13.18	$6.59
Employee + Spouse	$52.11	$14.49	$37.62	$18.81
Employee + Child(ren)	$62.97	$14.49	$48.48	$24.24
Family	$79.97	$14.49	$65.48	$32.74

Dental Premium Plan

	Monthly Cost	Employer Cost Per Month	Employee Cost Per Month	Employee Cost Per Pay Period
Employee Only	$29.51	$14.49	$15.02	$7.51
Employee + Spouse	$55.58	$14.49	$41.09	$20.55
Employee + Child(ren)	$67.17	$14.49	$52.68	$26.34
Family	$85.30	$14.49	$70.81	$35.41

Vision Plan

	Monthly Cost	Employee Cost Per Pay Period
Employee Only	$4.94	$2.47
Employee + Spouse	$9.89	$4.95
Employee + Child(ren)	$10.38	$5.19
Family	$14.46	$7.23

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MEDICAL INSURANCE

Florida Blue – www.floridablue.com

Participating provider information can be found on the carrier's website.

Healthcare Service	BlueOptions Plan 05360	
	In Network	Out of Network
Deductible	$2,000 / $4,000 Family	$4,000/ $8,000 Family
Coinsurance (Member Responsibility)	30%	40%
Out of Pocket Max (Includes deductible, copays, coinsurance, & prescription)	$4,000 / $8,000 Family	$8,000 / $16,000 Family
Primary Care Visit	$45	Deductible & Coinsurance
Specialist Visit	$65	Deductible & Coinsurance
Wellness Visits	$0	Coinsurance
Independent Clinical Lab Work	$0	Deductible & Coinsurance
X-Ray & Lab (at Diagnostic Testing Facility)	$75	Deductible & Coinsurance
MRI, CAT, PET Scan (at Diagnostic Testing Facility)	Deductible & Coinsurance	Deductible & Coinsurance
Urgent Care	Deductible & Coinsurance	Deductible & Coinsurance
Emergency Room	Deductible & Coinsurance	Deductible & Coinsurance
Inpatient Hospital	Deductible & Coinsurance	Deductible & Coinsurance
Ambulatory Surgery Facility	Deductible & Coinsurance	Deductible & Coinsurance
Durable Medical Equipment	Deductible & Coinsurance	Deductible & Coinsurance
Prescription—30 day Retail	$10 / $45 / $60	Coinsurance
Prescription—90 day Mail Order	$20 / $90 / $120	Coinsurance

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MEDICAL INSURANCE

Florida Blue – www.floridablue.com

Participating provider information can be found on the carrier's website.

Healthcare Service	BlueOptions Plan 03564	
	In Network	**Out of Network**
Deductible	$1,000 / $3,000 Family	Combined With In Network
Coinsurance (Member Responsibility)	20%	40%
Out of Pocket Max (Includes deductible, copays, coinsurance, & prescription)	$3,000 / $6,000 Family	$6,000 / $12,000 Family
Primary Care Visit	$35	Deductible & Coinsurance
Specialist Visit	$50	Deductible & Coinsurance
Wellness Visits	$0	Coinsurance
Independent Clinical Lab Work	$0	Deductible & Coinsurance
Independent Diagnostic Testing Center X-Ray	$50	Deductible & Coinsurance
MRI, CAT, PET Scan (at Diagnostic Testing Facility)	$125	Deductible & Coinsurance
Urgent Care	$50	Deductible & Coinsurance
Emergency Room	$200	$200
Inpatient Hospital	Deductible & Coinsurance	Deductible & Coinsurance
Ambulatory Surgery Facility	$100	Deductible & Coinsurance
Durable Medical Equipment	Deductible & Coinsurance	Deductible & Coinsurance
Prescription—30 day Retail	$10 / $30 / $50	Coinsurance
Prescription—90 day Mail Order	$20 / $60 / $100	Coinsurance

The information in this benefit guide is presented for illustrative purposes only, please refer to your plan document for complete details.

DENTAL INSURANCE

Guardian– www.guardiananytime.com

Participating provider information can be found on the carrier's website.

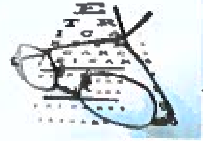
Dental Network: DentalGuard Preferred

IN-NETWORK BENEFITS	Base Plan	BuyUp Plan	Premium Plan
Co-Insurance			
Preventive	100%	100%	100%
Basic	N/A	80%	80%
Major	N/A	50%	50%
Orthodontia	N/A	50%	50%
Deductible Individual / Family (Waived for Preventive Services)	N/A	$50 / $100	$50 / $100
Calendar Year Maximum	$1,000	$1,000	$5,000
Lifetime Orthodontic Maximum	N/A	$1,000	$1,000
SCHEDULE OF BENEFITS			
Routine Exams	100%	100%	100%
Cleaning	100%	100%	100%
X-Rays			
Bitewing	100%	100%	100%
Full Mouth	100%	100%	100%
Sealants	N/A	80%	80%
Fillings	N/A	80%	80%
Oral Surgery (Simple & Complex)	N/A	80%	80%
Root Canal	N/A	50%	50%
Periodontal Maintenance and/or Surgery	N/A	50%	50%
Crowns	N/A	50%	50%
Fixed Bridges	N/A	50%	50%
Full And Partial Dentures	N/A	50%	50%
Waiting Period	None	None	None
OUT-OF-NETWORK BENEFITS			
Co-Insurance			
Preventive	100%	100%	100%
Basic	N/A	80%	80%
Major	N/A	50%	50%
Orthodontia	N/A	50%	50%
Deductible Individual / Family (Waived for Preventive Services)	N/A	$50 / $100	$50 / $100
Calendar Year Maximum	$1,000	$1,000	$5,000
Lifetime Orthodontic Maximum	N/A	$1,000	$1,000

The information in this benefit guide is presented for illustrative purposes only, please refer to your plan document for complete details.

VISION INSURANCE

Davis Vision – www.davisvision.com



Participating provider information can be found on the carrier's website.

In-Network Benefits	Plan Design
Frequency – Once Every:	**Designer**
Eye Examination inclusive of Dilation (when professionally indicated)	12 Months
Spectacle Lenses	12 Months
Frame	24 Months
Contact Lens Evaluation, Fitting & Follow-Up Care (in lieu of eyeglasses)	12 Months
Contact Lenses (in lieu of eyeglasses)	12 Months
Copayments	
Eye Examination	$10
Spectacle Lenses	$25
Contact Lens Evaluation, Fitting & Follow-Up Care (in lieu of eyeglasses)	$0
Eyeglass Benefit - Frame	
Non-Collection Frame Allowance (Retail):	Up to $150 Plus a 20% discount on any overage **
Davis Vision Frame Collection * (in lieu of Allowance):**	
Fashion level	Included
Designer level	Included
Premier level	$25 copayment
Eyeglass Benefit - Spectacle Lenses	**Member Charges**
Clear plastic single-vision, bifocal, trifocal or lenticular lenses (any Rx)	Included
Tinting of Plastic Lenses	Included
Scratch-Resistant Coating	Included
Polycarbonate Lenses (Children **** / Adults)	$0 / $30
Ultraviolet Coating	$12
Anti-Reflective (AR) Coating (Standard/Premium/Ultra)	$35/$48/$60
Progressive Lenses (Standard/Premium/Ultra)	$50/$90/$140
High-Index Lenses	$55
Polarized Lenses	$75
Plastic Photochromic Lenses	$65
Scratch Protection Plan: Single Vision | Multifocal Lenses	$20|$40
Contact Lens Benefit (in lieu of eyeglasses)	
Non-Collection Contact Lenses: Materials Allowance	Up to $150 Plus a 15% discount on any overage **
- Evaluation, Fitting & Follow-Up Care – Standard Lens Types (in lieu of eyeglasses)	15% Discount **
- Evaluation, Fitting & Follow-Up Care – Specialty Lens Types (in lieu of eyeglasses)	15% Discount **
Collection Contact Lenses *** (in lieu of Allowance): Materials - Disposable - Planned Replacement	 4 boxes/multi-packs 2 boxes/multi-packs
- Evaluation, Fitting & Follow-up Care	Included
Visually Required Contact Lenses (with prior approval) - Materials, Evaluation, Fitting & Follow-Up Care	Included

Out-of-Network Reimbursement Schedule: up to			
Eye Examination: $40	Single Vision Lenses: $40	Trifocal Lenses: $80	Elective Contact Lenses: $105
Frame: $50	Bifocal/Progressive Lenses: $60	Lenticular Lenses: $100	Visually Required CL: $225

** Additional discounts not applicable at Walmart, Sam's Club or Costco locations.

*** Collection is available at most participating independent provider offices. Collection is subject to change. Collection is inclusive of select torics and multifocals.

**** Polycarbonate lenses are covered in full for dependent children, monocular patients and patients with prescriptions +/- 6.00 diopters or greater.

Ochs Inc. A Securian Company | SECURIAN®

Highlands County Government

Your Group Life Insurance Benefits

Your employer offers Term Life and Accidental Death and Dismemberment (AD&D) insurance to benefit eligible employees. Coverage is underwritten by Minnesota Life Insurance Company and administered by Ochs, Inc.

BASIC TERM LIFE (employer paid)

Amount	Additional Information
• $15,000 • Coverage reduces beginning at age 65 (see certificate)	• **Guaranteed** - no election required • Includes a matching AD&D benefit

SUPPLEMENTAL LIFE PROGRAM (employee paid)

Build a stronger financial package to protect your family against the unexpected loss of life and income during your working years.

Through a **Supplemental Term Life Program,** employees can elect additional insurance for themselves, their spouse and their children. Enrolling for employee or spouse supplemental term life will require Evidence of Insurability (EOI) and underwriting approval - except as a new employee or if a qualified family status change occurs, at which time guaranteed issue (GI) coverage is available.

GUARANTEED ISSUE

New Employees

can elect coverage during their 31 day initial enrollment period - without health questions. Evidence of Insurability will be required outside of this opportunity (except for a qualified family status change) and also for elections greater than the **guaranteed amounts** below.

Guaranteed Amounts[1]

- **Employees** - up to $100,000
- **Your spouse** - up to $25,000
- **Your children** - $10,000

Coverage	Amount	Additional Information
Employee Supplemental Term Life	• $10,000 increments • Maximum: $300,000	• Includes a matching AD&D benefit • Evidence of Insurability is required[1] • Coverage reduces beginning at age 65 (see certificate) • New employees - see Guaranteed Issue opportunity
Spouse Term Life	• $5,000 increments • Maximum: $150,000 - not to exceed 100% of employee's supplemental coverage	• Includes a matching AD&D benefit • A spouse is not eligible, if also eligible as an employee • Evidence of Insurability is required[1] • Coverage reduces beginning at 65 (based on employee age - see certificate) • New employees - see Guaranteed Issue opportunity
Child Term Life	• $10,000	• Elections are Guaranteed each annual enrollment • Children are eligible from live birth to age 26 • A child may only be covered by one parent, if both are employees • New employees - see Guaranteed Issue opportunity

[1]GI amounts are available for new employees and for qualified family status changes (i.e. marriage or birth/adoption of a child). Amounts are subject to plan maximums

more >>>

The information in this benefit guide is presented for illustrative purposes only, please refer to your plan document for complete details.

Monthly cost per $1,000
Employee and Spouse Term Life and AD&D

Employee Age*	Rate
<25	$0.08
25-29	$0.09
30-34	$0.11
35-39	$0.12
40-44	$0.15
45-49	$0.24
50-54	$0.40
55-59	$0.64
60-64	$0.78
65-69	$1.34
70-74	$2.09
75**	$2.41

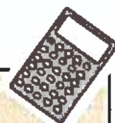
Rates increase with age.
*Spouse's rate is based upon employee's age.
**Rates beyond age 75 are available upon request.

Child Term Life
(one election covers all eligible children)

Coverage Option	Monthly Cost
$10,000 per child	$1.30

How much life insurance do you need?

Visit LifeBenefits.com/insuranceneeds to use an interactive resource to help estimate the amount of insurance your family would need to meet financial obligations in the event of death.



Calculate your cost: *(or see the attached rate chart)*	
Total coverage you need divided by 1,000	$__________
x your rate (from the table above)	$__________
= **your monthly premium**	$__________

Beneficiary Designations

Naming a beneficiary is an important right of life insurance ownership; this determines who receives the death benefit. It is recommended you review and update your elections periodically.

Your life insurance plan includes features and services at no additional cost, beyond the premiums you pay.

Plan Features

- **Waiver of Premium** - If you become totally disabled, life insurance premiums may be waived.
- **Accelerated Benefit** - If an insured person becomes terminally ill with a life expectancy of 12 months or less, he/she may request early payment of up to 100% of the life insurance amount in force.
- **Accidental Death and Dismemberment (AD&D)** - Provides additional financial protection if death or dismemberment results from a covered accident, whether it occurs at work or elsewhere.
- **Portability** - If you are no longer eligible for group coverage, you have 31 days to port your group life insurance. Portable coverage ends at age 70. Premiums may be higher than those paid by active employees.
- **Conversion** - If you are no longer eligible for group coverage or your portability period is ending, you have 31 days to convert this coverage to an individual life insurance policy. Premiums may be higher than those paid by active employees.

LifeSuite Services

- **Travel Assistance** - Access to 24/7/365 emergency travel assistance services provided by RedpointWTP LLC. More information is available at lifebenefits.com/travel, or by calling 1-855-516-5433.
- **Legal, Financial and Grief Counseling** - Services such as drafting legal documents and consultations are provided by Ceridian HCM, Inc. Additional information is available at lifeworks.com: Username: lfg, Password: resources, or by calling 1-877-849-6034.
- **Legacy Planning** - Active and retired employees and their families can access resources to help work through end-of-life issues or plan a funeral. Visit: LegacyPlanningResources.com.
- **Beneficiary Financial Counseling** - Beneficiaries who receive at least $25,000 in policy benefits may choose to use independent beneficiary counseling services from PricewaterhouseCoopers LLP.

For more information about LifeSuite Services visit:
brainshark.com/securian/LifeSuiteServices

Convenient Payroll Deductions

- Premiums are automatically deducted from your paycheck.

Questions

Contact your benefits office; or call Ochs, Inc. M-F 8:00 a.m. to 4:30 p.m. CT. Phone: 651-665-3789 or 1-800-392-7295 Email: ochs@ochsinc.com. A representative is available to help you.

Ochs, Inc.
A Securian Company

400 Robert Street North, Suite 1880, St. Paul, MN 55101
ochs@ochsinc.com • 651-665-3789 • 1-800-392-7295
ochsinc.com

Rev. 02 - 2017

LifeSuite Service providers are not affiliated with Minnesota Life or its group contracts and may be discontinued at any time. Certain terms, conditions and restrictions may apply when utilizing the services. To learn more, visit the appropriate website.

This is a summary of plan provisions related to the insurance policy issued by Minnesota Life, an affiliate of the Securian Financial Group, Inc. In the event of a conflict between this summary and the policy and/or certificate, the policy and/or certificate shall dictate the insurance provisions, exclusions, all limitations, and terms of coverage.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

New Directions – www.ndbh.com

Employees have access to the Employee Assistance Program (EAP) offered through New Directions at no cost. The program provides access to resources to life's daily challenges. Services are confidential and available to you and your immediate family. 24/7 assistance by phone or online.

Licensed professionals provide confidential support and guidance related to:

- ✓ Every day issues
- ✓ Emotional and stress-related issues
- ✓ Conflicts at work or home
- ✓ Alcohol and drug dependencies
- ✓ Personal development and general wellness issues
- ✓ Finances

Website: www.ndbh.com

Toll Free Number: (800) 624-5544

New Directions offers free online access to an extensive catalog of personal legal and business documents and a library of information regarding topics such as bankruptcy, elder law, neighbor issues, and tax audits. To start the process, log onto the EAP Member section at www.ndbh.com using your company login code (**hcbcc**). Then click on **download documents** in Get Help With Your Legal Needs. In order to protect your privacy, **registration is required**. All documents come with complete instructions. You can also start a document and save it online to update it later – a handy feature if you find you need to gather information.

Use this resource to create:

- ❖ Complaint letters for damaged luggage, home repairs or credit card billing errors
- ❖ Quitclaim deeds
- ❖ Living trusts for married or single persons
- ❖ Identity theft affidavits
- ❖ Rental agreements
- ❖ Bills of sale or buy-sell agreements

The information in this benefit guide is presented for illustrative purposes only, please refer to your plan document for complete details.

MDLIVE

Virtual Care, Anywhere.

24/7/365 on-demand access to affordable, quality healthcare. Anytime, Anywhere.

With MDLIVE, you can visit with a doctor 24/7 from your home, office or on the go. Our network of Board Certified doctors is available by phone or secure video to assist with non-emergency medical conditions.

Who are our doctors?

MDLIVE has the nation's largest network of telehealth doctors. On average, our doctors have 15 years of experience practicing medicine and are licensed in the state where patients are located. Their specialties include primary care, pediatrics, emergency medicine and family medicine. Our doctors are committed to providing convenient, quality care and are always ready to take your call.

Are my children eligible?

Yes. MDLIVE has pediatricians on call 24/7/365. Please note, a parent or guardian must be present during any interactions involving minors. We ask parents to establish a child record under their account. Parents must be present on each call for children 18 or younger.

When should I use MDLIVE?

- Instead of going to the ER or an urgent care center for a non-emergency issue
- During or after normal business hours, nights, weekends and even holidays
- If your primary care doctor is not available
- To request prescription refills (when appropriate)
- If traveling and in need of medical care

How much does it cost?

Signing up is free, you only pay per visit. If you're receiving MDLIVE as part of a group benefit, you may not be required to pay at all.

Costs per consult do vary. Sign up to find out your consult fee.

Common Conditions We Treat

- Allergies
- Asthma
- Bronchitis
- Cold & Flu
- Diarrhea
- Ear Infections
- Fever
- Headache
- Infections
- Insect Bites
- Joint Aches
- Rashes
- Respiratory Infections
- Sinus Infections
- Skin Infections
- Sore Throat
- Urinary Tract Infections
- And More!

Pediatric Care

- Cold & Flu
- Constipation
- Ear Infections
- Nausea
- Pink Eye
- And More!

MD Download the App

Doctor visits are easier and more convenient with the MDLIVE App. Be prepared. Download today.

Virtual Care, Anywhere. | MDLIVE.com/drcb | 1-888-376-7799

Disclaimers. MDLIVE does not replace the primary care physician. MDLIVE is not an insurance product nor a prescription fulfillment warehouse. MDLIVE operates subject to state regulation and may not be available in certain states. MDLIVE does not guarantee that a prescription will be written. MDLIVE does not prescribe DEA controlled substances, non-therapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. MDLIVE physicians reserve the right to deny care for potential misuse of services. MDLIVE phone consultations are available 24/7/365, while video consultations are available during the hours of 7 am to 9 pm ET 7 days a week or by scheduled availability. MDLIVE and the MDLIVE logo are registered trademarks of MDLIVE, Inc. and may not be used without written permission. For complete terms of use visit www.mdlive.com/pages/terms.html 010113

FLEXIBLE SPENDING ACCOUNTS (FSAs)

TASC– www.tasconline.com

Highlands County Government offers employees the option of making deposits into separate spending accounts for eligible HealthCare (including Medical, Dental and Vision) expenses. A Flexible Spending Account (IRS Code Section 125) is a way to save and plan for the payment of either medical expenses with pre-tax dollars. Employees who choose to participate will be provided with a Consumer Accounts Card that may be used to pay for certain eligible expenses directly from their FSA.

Your deductions cannot be changed or discontinued during the plan year unless you experience a qualifying event. Account balances not "used" by the end of the plan year are forfeited.

Health Care Reimbursement FSA: You must enroll/re-enroll to participate

In addition to using this account to make co-pays, co-insurance payments or deductible payments this program lets employees pay for certain IRS-approved medical care expenses. The annual maximum amount is $2,600.

How to Access Your FSA Funds

As eligible expenses are incurred, you have two options to access your available FlexSystem FSA funds:

1) TASC Benefits Card: upon enrollment into the Plan, you will receive a TASC Card in the mail, which can be used to pay for eligible expenses at the point of purchase. Simply swipe your TASC Card where MasterCard is accepted.

With smart card technology, the TASC Card automatically pays for and substantiates most eligible expenses without requiring any paperwork.

2) Request a Reimbursement: simply submit a request for reimbursement to FlexSystem using one of the following methods:

- Submit via MyTASC Mobile App (free download)
- Submit via MyTASC Text Message (SMS)
- Download Request for Reimbursement form online (paper)

Your reimbursement is direct deposited into your **MyCash account** or a designated bank account. MyCash funds are accessible via your TASC Card to be used for ***any*** type of purchase or ATM cash withdrawal.

Some examples of reimbursable expenses include:

- ✓ Hearing exams, hearing aids
- ✓ Vision expenses such as: laser eye surgery (Lasik), contact lenses, eye examinations, and eyeglasses
- ✓ Orthodontia
- ✓ Chiropractic services
- ✓ Acupuncture
- ✓ Physical therapy
- ✓ Diabetic Supplies

Under the Patient Protection and Affordable Care Act (PPACA): Over-the-counter drugs and medicines are **NOT** *eligible expenses* unless you have a doctor's prescription

Important Considerations

FSA Funds do not Rollover:

It is important to be conservative in making elections because any unused funds left in your FSA at the close of the Plan Year are not refundable to you. You are urged to take precautionary steps, such as tracking account balances on the FlexSystem website and/or using the Interactive Voice Response System, to avoid having funds remaining in your account at year-end.

Changing Elections During the Plan Year:

You may change your FSA elections during the Plan Year only if you experience a change of status such as:

- a marriage or divorce
- birth or adoption of a child, or
- a change in employment status

Refer to the *Change of Election Form* (available from your employer) for a complete list of circumstances acceptable for changing elections mid-year.

EMPLOYEE EDUCATION

Eligible and Ineligible Expenses for FSA

Expenses that qualify for reimbursement from FlexSystem

Healthcare FSA | Dependent Care FSA

Below is a partial list of permissible expenses reimbursable through a Flexible Spending Account (FSA) that are incurred by you, your spouse, or qualified dependents. Please note: a Limited Purpose Healthcare FSA only allows dental and vision expenses.

Medical Expenses

- Acupuncture
- Artificial limbs
- Bandages
- Birth control, contraceptive devices
- Birthing classes/Lamaze – only the mother's portion (not the coach/spouse) and the class must be only for birthing instruction, not child rearing
- Blood pressure monitor
- Blood sugar test kits/test strips
- Chiropractic therapy/exams/adjustments
- Contact lens and contact lens solutions
- Co-payments
- Crutches (purchased or rented)
- Deductible and co-insurance
- Diabetic supplies
- Eye exams
- Eyeglasses, contacts, or safety glasses, prescription only (warranties are not reimbursable)
- Flu shots
- Hearing aids and hearing aid batteries (warranties are not reimbursable)
- Heating pad
- Incontinence supplies
- Infertility treatments
- Insulin
- Lactation expenses (breast pumps, etc.)
- Laser eye surgery; LASIK
- Legal sterilization
- Medical supplies to treat an injury or illness
- Mileage to and from doctor appointments
- Nasal strips
- Optometrist's or ophthalmologist's fees
- Orthopedic inserts
- Physicals
- Physical therapy (as medical treatment)
- Physician's fee and hospital services
- Pregnancy test
- Prescription drugs and medications
- Psychotherapy, psychiatric and psychological service
- Reading glasses
- Sales tax on eligible expenses
- Services connected with donating an organ
- Sleep apnea services/products (as prescribed)
- Smoking cessation programs
- Treatment for alcoholism or drug dependency
- Vaccinations
- Wrist supports, elastic wraps
- X-ray fees

OTC Medicines and Drugs

Over-the-counter (OTC) medicines and drugs, except for insulin, require a prescription from your physician to be reimbursable. The prescription will need to be included with each request for reimbursement.

- Bengay, Flexall, pain relieving creams or gels
- Calamine lotion
- Canker/cold sore relievers
- Cold medicines
- Corn removal
- Diaper rash ointment
- GasX, baby gas drops
- Hemorrhoid creams and treatments
- Hydrogen Peroxide or rubbing alcohol
- Indigestion or anti-acid relievers
- Laxatives
- Nicotine patch
- Pain relievers (Tylenol, Advil, Aspirin, etc.)
- Sinus medicines
- Suppositories
- Teething gel
- Wart removal medication

Continued on next page...

Total Administrative Services Corporation
2302 International Lane | Madison, WI 53704-3140

FX-4248-062316

FLEXIBLE SPENDING ACCOUNTS (FSAs)

For more information regarding FSA expenses, please review IRS Publication 502 or ask your employer for a copy of your Summary Plan Description (SPD).

Dental Expenses

- Braces and orthodontic services
- Cleanings
- Crowns
- Deductibles, co-insurance
- Dental implants
- Dentures, adhesives
- Fillings

Disability Expenses

- Automobile equipment and installation costs for a disabled person in excess of the cost of an ordinary automobile; device for lifting a mobility impaired person into an automobile
- Braille books/magazines in excess of cost of regular editions
- Note-taker for a hearing impaired child in school
- Seeing eye dog (buying, training, and maintaining)
- Special devices, such as a tape recorder or typewriter for a visually impaired person
- Visual alert system in the home or other items such as a special phone required for a hearing impaired person
- Wheelchair or autoette (cost of operating/maintaining)

Requiring Additional Documentation

The following expenses are eligible only when incurred to treat a diagnosed medical condition. Such expenses require a ***Letter of Medical Necessity*** from your physician, containing the medical necessity of the expense, diagnosed condition, onset of condition, and physician's signature.

- Ear plugs
- Massage treatments
- Nursing services for care of a special medical ailment
- Orthopedic shoes (excess cost of ordinary shoes)
- Oxygen equipment and oxygen
- Support hose
- Varicose vein treatment
- Veneers
- Vitamins and supplements
- Wigs (for mental health condition of individual who loses hair because of a disease)

Ineligible Medical Expenses

- Athletic mouth guards
- Chapstick/lip balm
- Contributions to state disability funds
- Cosmetic surgery, dentistry, or other cosmetic procedures
- Cosmetic supplies (makeup, cleansers, moisturizers, etc.)
- Deodorant
- Dental floss
- Diet (cost of special foods as substitute for regular diet)
- Dietary and fiber supplements
- Electrolysis/hair removal
- Exercise equipment and fees
- Eye drops for general comfort
- Eyeglass cases
- Hand sanitizer
- Health club or athletic club membership fees
- Herbal supplements
- Insurance premiums, all types
- Lotions or skin moisturizers
- Marriage counseling
- Maternity clothes
- Mattress
- Medicare premiums
- Medicated shampoos, conditioners, and soaps
- Physical treatment unrelated to specific health problems (massage for general well-being, stress, depression, or chiropractic wellness)
- Safety glasses (non-prescription)
- Sunglasses (non prescription) and sun clips
- Teeth whitening products
- Toiletries
- Toothbrush (includes prescribed electronic) and toothpaste
- Vitamins and supplements for well-being
- Warranties
- Weight loss drugs/programs for general well being

The information in this benefit guide is presented for illustrative purposes only, please refer to your plan document for complete details.

HighlandsCountyRx

CanaRx Simple. Safe.

Introduction:
HighlandsCountyRx is a voluntary prescription drug program that is available to eligible Employees, Retirees and their Dependents of Highlands County Government. For your convenience, a list of eligible medications is located on the back of this page.

Copayments:
All member copayments have been waived for this program only.

HighlandsCountyRx	**Vs.**	**Current local purchase plan**				
Annual Cost *No Copays!*		Current Retail Copays		Refills		Annual Savings
$0	**Vs.**	**$30** *(Tier 2)*	**x**	**12**	**=**	**$360 / Script**
	Vs.	**$50** *(Tier 3)*	**x**	**12**	**=**	**$600 / Script**

Ordering Instructions:
To place your first order simply complete the enrollment form and include a new prescription for each medication. Please allow 4 weeks for delivery.

Ask your doctor for a prescription for a **3 month supply** with **3 refills**. We will call you prior to each renewal to ensure that you have a continuous supply.

Medications must be tried for 30 days before ordering through **HighlandsCountyRx.**

RETURN YOUR COMPLETED AND SIGNED ENROLLMENT FORM AND ORIGINAL PRESCRIPTIONS:

BY FAXING TO: 1-866-715-MEDS (6337) **TOLL FREE**

Faxed prescriptions are ONLY accepted if sent directly from the physician's office.

OR

BY MAILING TO: **HighlandsCountyRx**
P.O. Box 44650
Detroit, MI 48244-0650

More forms are available:
Additional forms may be obtained by visiting www.HighlandsCountyRx.com or by contacting our Customer Service Representatives toll free at **1-866-893-(MEDS) 6337**.

WELCOME TO HighlandsCountyRx

April 2017

The information in this benefit guide is presented for illustrative purposes only, please refer to your plan document for complete details.

ACCOLATE (G) 20MG
ACTONEL 5MG
ACTONEL 30MG
ACTONEL 35MG
ACTONEL 150MG
ACZONE 5%
ADCIRCA 20MG
ADVAIR DISKUS 100MCG
ADVAIR DISKUS 250MCG
ADVAIR DISKUS 500MCG
ADVAIR HFA 45/21MCG
ADVAIR HFA 115/21MCG
ADVAIR HFA 230/21MCG
AFINITOR 2.5MG
AFINITOR 5MG
AFINITOR 10MG
AGGRENOX 200/25MG
ALOCRIL OPHTH 2%
ALOMIDE 0.1%
ALPHAGAN-P OPHTH SOL (G) 0.15%
ALREX 0.2%
ALVESCO 80MCG 100MCG
ALVESCO 160MCG 200MCG
AMITIZA 24MCG
ANORO ELLIPTA 62.5/25MCG
ANZEMET 100MG
ARCAPTA NEOHALER 75MCG
ARNUITY ELLIPTA 100MCG
ARNUITY ELLIPTA 200MCG
AROMASIN (G) 25MG
ARTHROTEC (G) 50MG
ARTHROTEC (G) 75MG
ASACOL HD 800MG
ASMANEX TWISTHALER 110MCG
ASMANEX TWISTHALER 220MCG
ATACAND (G) 4MG
ATACAND (G) 8MG
ATACAND (G) 16MG
ATACAND (G) 32MG
ATACAND HCT (G) 16MG/12.5MG
ATACAND HCT (G) 32MG/12.5MG
ATELVIA DR 35MG
ATRIPLA 600-200-300MG
ATROVENT HFA 20UG
AUBAGIO 14MG
AVANDIA 2MG
AVANDIA 4MG
AVANDIA 8MG
AVODART 0.5MG
AXERT 6.25MG
AXERT 12.5MG
AZILECT 0.5MG
AZILECT 1MG
AZOPT OPHTH DROPS 1%
AZOR 20/5MG
AZOR 40/5MG
AZOR 40/10MG
BANZEL 200MG
BANZEL 400MG
BARACLUDE 0.5MG
BARACLUDE 1MG
BENICAR 20MG
BENICAR 40MG
BENICAR HCT 20MG/12.5MG
BENICAR HCT 40MG/12.5MG
BENICAR HCT 40MG/25MG
BENZACLIN PUMP
BETIMOL 0.25%
BETIMOL 0.5%
BETOPTIC S OPHTH 0.25%
BONIVA (G) 150MG
BREO ELLIPTA 100/25MCG
BREO ELLIPTA 200/25MCG
BRILINTA 60MG
BRILINTA 90MG
BYSTOLIC 2.5MG
BYSTOLIC 5MG
BYSTOLIC 10MG
BYSTOLIC 20MG
CADUET (G) 5/10MG
CADUET (G) 5/20MG
CADUET (G) 5/40MG
CADUET (G) 10/10MG
CADUET (G) 10/20MG
CAMBIA 50MG
CARDURA XL 4MG
CARDURA XL 8MG
CELEBREX 100MG
CELEBREX 200MG
CLIMARA PATCH (G) 25MCG
CLIMARA PATCH (G) 50MCG
CLIMARA PATCH (G) 75MCG
CLIMARA PRO 0.045/0.015MG
COMBIGAN 0.2-0.5%
COMBIVENT RESPIMAT 20MCG/100MCG
COMPLERA 200/25/300MG
COMTAN (G) 200MG
CRESTOR 5MG
CRESTOR 10MG
CRESTOR 20MG
CRESTOR 40MG
CUTIVATE OINT (G) 0.005%
DALIRESP 500MCG
DERMOTIC OIL 0.01%
DESCOVY 200MG/25MG
DEXILANT DR 30MG
DEXILANT DR 60MG
DIFFERIN CREAM (G) 0.1%
DIFFERIN GEL (G) 0.1%
DIFFERIN GEL 0.3%
DIOVAN (G) 40MG
DIOVAN (G) 80MG
DIOVAN (G) 160MG
DIOVAN (G) 320MG
DIPENTUM 250MG
DIPROLENE LOTION (G) 0.05%
DIPROLENE OINT (G) 0.05%
DIVIGEL 0.5MG
DIVIGEL 1MG
DOVONEX CREAM (G) 50MCG
DUAVEE 0.45-20MG
DULERA 100MCG/5MCG
DULERA 200MCG/5MCG
DYMISTA NASAL SPRAY 137/50MCG
EDARBI 40MG
EDARBI 80MG
EDARBYCLOR 40MG/25MG
EDECRIN 25MG
EDURANT 25MG
EFFIENT 5MG
EFFIENT 10MG
ELIDEL 1%
ELIQUIS 2.5MG
ELIQUIS 5MG
ELMIRON 100MG
EMADINE 0.05%
ENABLEX 7.5MG
ENABLEX 15MG
ENTOCORT (G) 3MG
ENTRESTO 24MG-26MG
ENTRESTO 49MG-51MG
ENTRESTO 97MG-103MG
EPIDUO GEL PUMP 0.1%/2.5%
EPIPEN 0.3MG
EPIPEN JR 0.15MG
EPIVIR / HBV (G) 100MG
EPZICOM
ESTROGEL 0.06%
EVISTA 60MG
EXELON 3MG
EXELON 6MG
EXELON 4.6MG/24HR
EXELON 9.5MG/24HR
EXELON 13.3MG/24HR
EXFORGE HCT 160/12.5/5MG
EXFORGE HCT 160/12.5/10MG
EXFORGE HCT 160/25/5MG
EXFORGE HCT 160/25/10MG
EXFORGE HCT 320/25/10MG
EXJADE 125MG
EXJADE 250MG
EXJADE 500MG
FARESTON 60MG
FARXIGA 5MG
FARXIGA 10MG
FELDENE 10MG
FELDENE 20MG
FINACEA GEL 15%
FLAREX 0.1%
FLOVENT 44MCG 50MCG
FLOVENT 110MCG 125MCG
FLOVENT 220MCG 250MCG
FLOVENT DISKUS 100MCG
FLOVENT DISKUS 250MCG
FOSRENOL CHEW 500MG
FOSRENOL CHEW 750MG
FOSRENOL CHEW 1000MG
FOSRENOL POWDER 750MG
FOSRENOL POWDER 1000MG
FROVA 2.5MG
GELNIQUE 10%
GENVOYA 150-150-200-10MG
GILENYA 0.5MG
GILOTRIF 20MG
GILOTRIF 30MG
GILOTRIF 40MG
GLEEVEC 100MG
GLEEVEC 400MG
GLUCAGEN HYPOKIT 1MG
IMITREX AUTOINJECTOR STATDOSE (G) 6MG/0.5ML
IMITREX NASAL SPRAY (G) 5MG-2DOSE
IMITREX NASAL SPRAY (G) 20MG-2DOSE
INCRUSE ELLIPTA 62.5MCG
INDERAL LA (G) 60MG
INDERAL LA (G) 80MG
INDERAL LA (G) 120MG
INDERAL LA (G) 160MG
INLYTA 1MG
INLYTA 5MG
INTELENCE 100MG
INTELENCE 200MG
INVEGA 3MG
INVEGA 6MG
INVEGA 9MG
INVIRASE 500MG
INVOKAMET 50MG-500MG
INVOKAMET 50MG-1000MG
INVOKAMET 150MG-500MG
INVOKAMET 150MG-1000MG
INVOKANA 100MG
INVOKANA 300MG
ISENTRESS 400MG
ISOPTO CARPINE 1%
ISOPTO CARPINE 2%
ISOPTO CARPINE 4%
JADENU 90MG
JADENU 180MG
JADENU 360MG
JAKAFI 5MG
JAKAFI 10MG
JAKAFI 15MG
JAKAFI 20MG
JALYN 0.5MG/0.4MG
JANUMET 50/500MG
JANUMET 50/1000MG
JANUMET XR 50MG/500MG
JANUMET XR 50MG/1000MG
JANUMET XR 100MG/1000MG
JANUVIA 25MG
JANUVIA 50MG
JANUVIA 100MG
JARDIANCE 10MG
JARDIANCE 25MG
JENTADUETO 2.5MG/850MG
JENTADUETO 2.5MG/1000MG
KAZANO 12.5/1000MG
KOMBIGLYZE XR 2.5MG/1000MG
KOMBIGLYZE XR 5MG/500MG
KOMBIGLYZE XR 5MG/1000MG
LATUDA 20MG
LATUDA 40MG
LATUDA 60MG
LATUDA 80MG
LATUDA 120MG
LESCOL XL 80MG
LEXIVA 700MG
LIALDA 1.2GM
LINZESS 145MCG
LINZESS 290MCG
LIPITOR (G) 10MG
LIPITOR (G) 20MG
LIPITOR (G) 40MG
LIPITOR (G) 80MG
LOCOID LIPOCREAM 0.1%
LOTEMAX GEL 0.5%
LOTEMAX SUSPENSION 0.5%
LOTRISONE CREAM (G) 1%/0.05%
LOVENOX (G) 40MG
LOVENOX (G) 60MG
LOVENOX (G) 80MG
LOVENOX (G) 100MG
LUMIGAN OPHTH 0.01%
MESNEX 400MG
MESTINON TS 180MG
METRO CREAM (G) 0.75%
METROGEL PUMP 1%
MICARDIS HCT (G) 40/12.5MG
MICARDIS HCT (G) 80/12.5MG
MICARDIS HCT (G) 80/25MG
MIGRANAL NASAL SPRAY 4MG/ML
MIRAPEX ER 0.375MG
MIRAPEX ER 0.75MG
MIRAPEX ER 1.5MG
MIRAPEX ER 2.25MG
MIRAPEX ER 3MG
MIRAPEX ER 3.75MG
MIRAPEX ER 4.5MG
MIRVASO 0.33%
MULTAQ 400MG
MYFORTIC 360MG
MYRBETRIQ 25MG
MYRBETRIQ 50MG
NASONEX 50MCG
NESINA 6.25MG
NESINA 12.5MG
NESINA 25MG
NEUPRO 1MG
NEUPRO 2MG
NEUPRO 3MG
NEUPRO 4MG
NEUPRO 6MG
NEUPRO 8MG
NEXAVAR 200MG
NEXIUM 20MG
NEXIUM 40MG
NEXIUM DR 10MG
NIASPAN 500MG
NIASPAN 1000MG
NORVIR TABLET 100MG
OLYSIO 150MG
ONGLYZA 2.5MG
ONGLYZA 5MG
ORTHO-TRI-CYCLEN LO
OTEZLA 30MG
PATADAY 0.2%
PATANOL OPHTH SOL 0.1%
PENTASA 500MG
PRADAXA 75MG
PRADAXA 150MG
PRED FORTE (G) 1%
PREMARIN 0.3MG
PREMARIN 0.625MG
PREMARIN 1.25MG
PREMARIN VAG 0.625MG/GM
PREMPRO 0.3MG/1.5MG
PREMPRO 0.625MG/2.5MG
PREMPRO 0.625MG/5MG
PREZCOBIX 800MG/150MG
PREZISTA 600MG
PREZISTA 800MG
PRISTIQ 50MG
PRISTIQ 100MG
PROMETRIUM (G) 100MG
PROTOPIC OINT 0.03%
PROTOPIC OINT 0.1%
QVAR 40MCG 50MCG
QVAR 80MCG 100MCG
RANEXA 500MG
RAPAFLO 4MG
RAPAFLO 8MG
RAPAMUNE (G) 0.5MG
RAPAMUNE (G) 1MG
RAPAMUNE (G) 2MG
RELPAX 20MG
RELPAX 40MG
RENAGEL 800MG
RENVELA 800MG
RESTASIS 0.05%
RETIN A CREAM (G) 0.05%
REYATAZ 150MG
REYATAZ 200MG
REYATAZ 300MG
SAPHRIS 5MG
SAPHRIS 10MG
SEASONIQUE (G) 0.15/0.03/0.01MG
SENSIPAR 30MG
SENSIPAR 60MG
SENSIPAR 90MG
SEREVENT DISKUS 50MCG
SEROQUEL XR 50MG
SEROQUEL XR 150MG
SEROQUEL XR 200MG
SEROQUEL XR 300MG
SEROQUEL XR 400MG
SIMBRINZA 1%/0.2%
SINGULAIR GRANULES (G) 4MG
SOLARAZE (G) 3%
SOOLANTRA 1%
SORIATANE (G) 10MG
SORIATANE (G) 25MG
SPIRIVA 18MCG
SPIRIVA RESPIMAT 2.5MCG
SPRYCEL 20MG
SPRYCEL 50MG
SPRYCEL 70MG
SPRYCEL 100MG
STARLIX (G) 60MG
STARLIX (G) 120MG
STIOLTO RESPIMAT 2.5/2.5MCG
STIVARGA 40MG
STRATTERA 10MG
STRATTERA 18MG
STRATTERA 25MG
STRATTERA 40MG
STRATTERA 60MG
STRATTERA 80MG
STRATTERA 100MG
STRIBILD
SUSTIVA 50MG
SUSTIVA 200MG
SUSTIVA 600MG
SUTENT 12.5MG
SUTENT 25MG
SUTENT 50MG
SYNAREL NASAL
SYNJARDY 5MG/500MG
SYNJARDY 5MG/1000MG
SYNJARDY 12.5MG/500MG
SYNJARDY 12.5MG/1000MG
TABLOID 40MG
TARKA 2/180MG
TARKA 4/240MG
TASIGNA 150MG
TASIGNA 200MG
TASMAR 100MG
TAZORAC CREAM 0.05%
TAZORAC CREAM 0.1%
TAZORAC GEL 0.05%
TAZORAC GEL 0.1%
TECFIDERA 120MG
TECFIDERA 240MG
TEGRETOL (G) 200MG
TEGRETOL XR (G) 200MG
TEGRETOL XR (G) 400MG
TEKTURNA 150MG
TEKTURNA 300MG
TEKTURNA HCT 150-12.5MG
TEKTURNA HCT 300-12.5MG
TEKTURNA HCT 300-25MG
TIVICAY 50MG
TOBREX OINT 0.3%
TOPROL XL (G) 200MG
TOVIAZ 4MG
TOVIAZ 8MG
TRACLEER 62.5MG
TRACLEER 125MG
TRADJENTA 5MG
TRAVATAN Z OPHTH SOL 0.004%
TRIBENZOR 20/5/12.5MG
TRIBENZOR 40/5/12.5MG
TRIBENZOR 40/5/25MG
TRIBENZOR 40/10/12.5MG
TRIBENZOR 40/10/25MG
TRINTELLIX 5MG
TRINTELLIX 10MG
TRINTELLIX 20MG
TRIUMEQ TABLET
TRUVADA 200-300MG
TUDORZA PRESSAIR 400MCG
TWYNSTA 40/5MG
TWYNSTA 40/10MG
TWYNSTA 80/5MG
TWYNSTA 80/10MG
TYZEKA 600MG
ULORIC 80MG
UROCIT-K (G) 10MEQ
URSO (G) 250MG
VAGIFEM 10MCG
VECTICAL (G) 3MCG/GM
VENTOLIN HFA 90MCG
VESICARE 5MG
VESICARE 10MG
VIRAMUNE XR 400MG
VIREAD 300MG
VIVELLE-DOT 25MCG
VIVELLE-DOT 37.5MCG
VIVELLE-DOT 50MCG
VIVELLE-DOT 75MCG
VIVELLE-DOT 100MCG
VYTORIN 10/10MG
VYTORIN 10/20MG
VYTORIN 10/40MG
VYTORIN 10/80MG
WELCHOL 625MG
XALKORI 200MG
XALKORI 250MG
XARELTO 10MG
XARELTO 15MG
XARELTO 20MG
XELJANZ 5MG
XELODA (G) 150MG
XELODA (G) 500MG
XIGDUO XR 5/1000MG
XIGDUO XR 10/500MG
XIGDUO XR 10/1000MG
XTANDI 40MG
YASMIN 28 (G)
YAZ (G) 3/0.02MG
ZANAFLEX (G) 2MG
ZETIA 10MG
ZIAGEN 300MG
ZOMIG (G) 2.5MG
ZOMIG NASAL SPRAY 5MG
ZORTRESS 0.25MG
ZORTRESS 0.5MG
ZORTRESS 0.75MG
ZOVIRAX CREAM 5%
ZYTIGA 250MG

NOTE: Medication names appearing with (G) are available in a Generic version from your local or U.S. mail order pharmacy. For a greater savings to your healthcare plan, ask your physician about taking a Generic equivalent of your medication.

This list is subject to change. Please call 1-866-893-6337 toll free to verify the availability of your medication through this program. *April 2017*

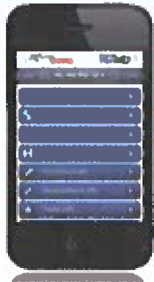
WWW.FLORIDABLUE.COM

The more you know about health care costs and the options you have, the easier it may be for you to make better decisions. When you register on www.floridablue.com , you will have helpful tools and information to help you manage and improve your health.

- Find a provider
- Track your claims
- Compare and buy prescriptions
- Compare treatment costs
- Wellness information and much more

Online Provider Directory

- In-Network providers offer the best value.
- Compare providers and check out who specializes in condition or treatment.
- In-Network Lab services cost less! (FL members use Quest Diagnostics.)

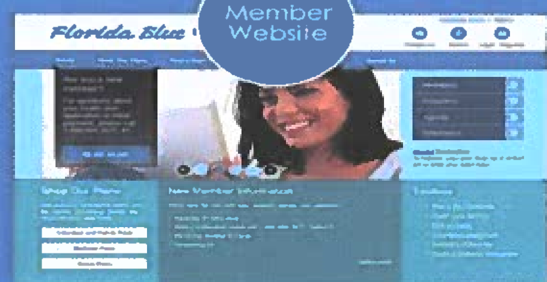


Floridablue.com registration home page. You can even download the Florida Blue mobile application and have instant access to your health information – anytime/anywhere.

FloridaBlue.com

Empowers Members with Self-Service Tools

- Mobile App for access on-the-go
- View claims, expense history or a full list of benefits
- Assess drug prices at local pharmacies
- Find a doctor or facility from a custom provider network AND research costs
- Access a range of free health and wellness tools from WebMD®
- Personal Health Coaching
- Print or request a new ID Card
- Enjoy self-guided lifestyle improvement programs
- Answers to frequently asked questions



The information in this benefit guide is presented for illustrative purposes only, please refer to your plan document for complete details.

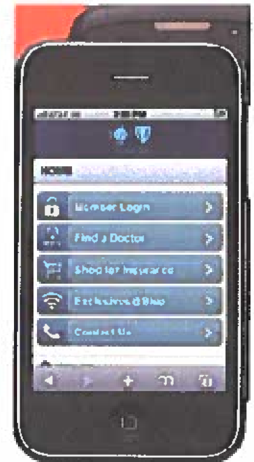
Florida Blue MOBILE APP

little app. BIG Features.

The Florida Blue Mobile App gives you a simple way to personalize, organize and access your important health information – on the go.

Health care professional directory

- Search for a doctor or health care facility from the Florida Blue network and compare quality-of-care ratings



ID cards

- Quickly view ID cards (front and back) for entire family

Claims

- View and search recent and past claims

Drug search

- Find closest pharmacy location
- Research medications and dosages

Account balances

- Review plan deductibles and coinsurance

Health Toolkit

- From today's news, fun facts and free ringtones to an interactive tool that provides annual health checkup recommendations, there's always something new in the Health Toolkit.

The information in this benefit guide is presented for illustrative purposes only, please refer to your plan document for complete details.

SAVINGS TIPS

Below are a few ideas on how to spend your dollars or save on prescriptions and medications.

Pharmacy discount programs. Before you pay for your next prescription check to see if they are available for free or at a low cost. Pharmacies such as Wal-Mart, Target and Costco offer prescription discount programs that allow you to purchase medications for as low as $4 for a 30-day supply. Publix pharmacies offer select free antibiotics and diabetes medications.

FREE
ORAL ANTIBIOTICS

Publix.

Urgent Care vs ER. Don't pay more if you don't have to. The Emergency Room is meant for true emergencies such as life threatening illnesses and injuries. The ER costs an average of three times more than a visit to the urgent care. In a non-life threatening situation, you can most likely be treated at an urgent care. If available in your area, Urgent Care centers are available for non-life threatening immediate care.

ER Examples:

- Chest Pain
- Broken Bones
- Allergic Reactions
- Continuous Bleeding
- Head Injury
- Severe Shortness of Breath
- Deep Wounds

Urgent Care Examples:

- Coughs and Sore Throat
- Minor Injuries and Burns
- Ear / Sinus Infections
- Flu and Cold
- Sprains and Strains
- Fever
- Vaccinations

GLOSSARY OF TERMS

Balance Billing – When a provider bills you for the difference between the provider's charge and the allowed amount. For example, if the provider's charge is $100 and the allowed amount is $70, the provider may bill you for the remaining $30. A preferred provider may not balance bill you for covered services.

Coinsurance – The portion of the cost for care received for which an individual is financially responsible, which is usually calculated as a percentage (such as 20%). Often coinsurance applies after a specific deductible has been met and may be subject to an individual out-of-pocket. For example, if the plan's allowed amount for an office visit is $100 and you've met your deductible, your coinsurance payment of 20% would be $20. The plan pays the rest of the allowed amount.

Copayment – A payment you make at the time that selected services are rendered and no additional payment is required. Copayments are typically flat amounts (for example, $15), covering such items as office visits, prescriptions, and emergency care.

Covered Expenses – Health Care expenses that are covered under your health plan.

Deductible – The amount of eligible expenses you must pay, out of pocket each plan year, before the plan begins to pay. The deductible may not apply to all services.

Embedded Deductible: An embedded deductible is an individual deductible level within a family contract. For example, if there is a family deductible of $3,000 with an individual embedded deductible of $1,500, when any one individual family member reaches $1,500 in expenses, their benefit plan coverage takes effect.

Non-embedded Deductible: A non-embedded deductible requires that the entire family deductible be met before benefit plan coverage takes effect by any one or combination of family members.

Evidence of Insurability – A medical questionnaire which is used to determine whether an applicant will be approved or declined coverage.

Guarantee Issue - The amount which is available without providing an Evidence of Insurability (EOI). An EOI will be required for any amounts above this, for late enrollees or increases in insurance.

In-Network – Care received from physicians, facilities or suppliers that are contracted with the insurer to provide services on a negotiated discount basis.

Out-of-Network – Care received from physicians, facilities or suppliers that are not contracted with the insurer to provide services on a negotiated discount basis.

Out-of-Pocket Expense – Amount you must pay toward the cost of health care services. This may include deductibles, copayments and/or coinsurance.

Out-of-Pocket Maximum – The maximum dollar amount a member is required to pay out of pocket during a benefit period. Plans may vary but deductibles and coinsurance may apply toward meeting the out-of-pocket maximum.

Preferred Provider – A provider who has a contract with your carrier/vendor to provide services to you at a discount.

Provider – A physician (medical, dental or vision), health care professional or health care facility licensed, certified or accredited as required by state law.

Prior Authorization/Pre-Service Notification – The decision by the plan or health insurer that a health care service, treatment plan, prescription drug, medical equipment, or other health care services defined in the certificate of coverage, is medically necessary. The plan may require preauthorization for certain services before receiving them, except in an emergency.

UCR (Usual, Customary & Reasonable) – The amount paid for a service in a geographic area based on what providers in the area usually charge for the same or similar service. The UCR amount is sometimes used to determine the allowed amount.

Important Notice from Highlands County Board of County Commissioners about Your Prescription Drug Coverage and Medicare – PLAN 03564

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Highlands County Board of County Commissioners and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. **Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.**

2. **Highlands County Board of County Commissioners has determined that the prescription drug coverage offered by Florida Blue is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Highlands County Board of County Commissioners coverage will be affected. If you enroll in a Medicare prescription drug plan, you and your eligible dependents will not be eligible to receive all of your current health and prescription drug benefits.

Florida Blue administers the group health coverage available to Highlands County Board of County Commissioners employees, retirees and dependents. The included prescription drug benefit provides:

	Network	Non-Network	Mail Order
Tier 1	**$10**	**N/A**	**$20**
Tier 2	**$30**	**N/A**	**$60**
Tier 3	**$50**	**N/A**	**$100**

If you do decide to join a Medicare drug plan and drop your current Highlands County Board of County Commissioners coverage, be aware that you and your dependents will not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan? You should also know that if you drop or lose your current coverage with Highlands County Board of County Commissioners and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Highlands County Board of County Commissioners changes. You also may request a copy of this notice at any time.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	July 27, 2017
Name of Entity/Sender:	Highlands County Board of County Commissioners
Contact--Position/Office:	Rebecca Cable
Address:	600 S. Commerce Avenue, Ste B 233, Sebring, FL 33871
Phone Number:	863-402-6809

CMS Form 10182-CC **Updated April 1, 2011**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850

Important Notice from Highlands County Board of County Commissioners about Your Prescription Drug Coverage and Medicare – PLAN 05360

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Highlands County Board of County Commissioners and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. **Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.**

2. **Highlands County Board of County Commissioners has determined that the prescription drug coverage offered by Florida Blue is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

CMS Form 10182-CC **Updated April 1, 2011**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Highlands County Board of County Commissioners coverage will be affected. If you enroll in a Medicare prescription drug plan, you and your eligible dependents will not be eligible to receive all of your current health and prescription drug benefits.

Florida Blue administers the group health coverage available to Highlands County Board of County Commissioners employees, retirees and dependents. The included prescription drug benefit provides:

	Network	Non-Network	Mail Order
Tier 1	$10	N/A	$20
Tier 2	$45	N/A	$90
Tier 3	$60	N/A	$120

If you do decide to join a Medicare drug plan and drop your current Highlands County Board of County Commissioners coverage, be aware that you and your dependents will not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Highlands County Board of County Commissioners and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Highlands County Board of County Commissioners changes. You also may request a copy of this notice at any time.

CMS Form 10182-CC **Updated April 1, 2011**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	July 27, 2017
Name of Entity/Sender:	Highlands County Board of County Commissioners
Contact--Position/Office:	Rebecca Cable
Address:	600 S. Commerce Avenue, Ste B 233, Sebring, FL 33871
Phone Number:	863-402-6809

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850

Important Notices for Plan Participants

HIPAA Special Enrollment Rights – If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided that you request enrollment within 30 days after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Effective April 1, 2009, a special enrollment period provision is added to comply with the requirements of the Children's Health Insurance Program Reauthorization Act (CHIPRA) of 2009. If you or a dependent is covered under a Medicaid or CHIP plan and coverage is terminated as a result of the loss of eligibility for Medicaid or CHIP coverage, you may be able to enroll yourself and/or your dependent(s). However, you must enroll within 60 days after the date eligibility is lost. If you or a dependent becomes eligible for premium assistance under an applicable State Medicaid or CHIP plan to purchase coverage under the group health plan, you may be able to enroll yourself and/or your dependent(s). However, you must enroll within 60 days after you or your dependent is determined to be eligible for State premium assistance. Please note that premium assistance is not available in all states.

Medicaid and the Children's Health Insurance Program - If you are eligible for health coverage from your employer, but are unable to afford the premiums, some States have premium assistance programs that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their premiums. If you or your dependents are already enrolled in Medicaid or CHIP, you can contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or login to www.insurekidsnow.gov to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer's health plan is required to permit you and your dependents to enroll in the plan—as long as you and your dependents are eligible, but not already enrolled in the employer's plan. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance.**

Michelle's Law – The law allows for continued coverage for dependent children who are covered under your group health plan as a student if they lose their student status because of a medically necessary leave of absence from school. This law applies to medically necessary leaves of absence that begin on or after January 1, 2010.

If your child is no longer a student, as defined in your Certificate of Coverage, because he or she is on a medically necessary leave of absence, your child may continue to be covered under the plan for up to one year from the beginning of the leave of absence. This continued coverage applies if your child was (1) covered under the plan and (2) enrolled as a student at a post-secondary educational institution (includes colleges, universities, some trade schools and certain other post-secondary institutions).

Your employer will require a written certification from the child's physician that states that the child is suffering from a serious illness or injury and that the leave of absence is medically necessary.

The information in this benefit guide is presented for illustrative purposes only, please refer to your plan document for complete details.

Important Notices for Plan Participants

Section 111 – Effective January 1, 2009 Group Health Plans are required by Federal government to comply with Section 111 of the Medicare, Medicaid, and SCHIP Extension of 2007's new Medicare Secondary Payer regulations. The mandate is designed to assist in establishing financial liability of claim assignments. In other words, it will help establish who pays first. The mandate requires Group Health Plans to collect additional information, more specifically Social Security Numbers for all enrollees, including dependents six months of age or older. Please be prepared to provide this information on your Benefit Enrollment Form when enrolling into benefits.

Women's Health and Cancer Rights Act of 1998 – The medical plans provide benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prosthesis, and complications resulting from a mastectomy, including lymph edema.

Important Notice About Your Prescription Drug Coverage and Medicare – This notice has information about current prescription drug coverage with Highlands County Government and about options under Medicare's Part D prescription drug coverage. The information can help individuals eligible for Part D decide whether or not to join a Medicare drug plan. Prior to November 15th, a Medicare Part D Notice will be mailed to your home providing details and creditable coverage information.

Notice of Privacy Practices—This notice describes the medical information practices of all the group health plans (collectively, the "Plan") maintained by Highlands County Government (the "Plan Sponsor") and that of any third party that assists in the administration of Plan claims. The Plan has been amended to incorporate the requirements of this notice. We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. This notice applies to all of the medical records we maintain. Your personal doctor or health care provider may have different policies or notices regarding the use and disclosure of your medical information created in the doctor's office or health provider's facility. This notice will tell you about the ways in which we may use and disclose medical information about you. It also describes our obligations and your rights regarding the use and disclosure of medical information. We are required by law to:

- Make sure that medical information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of the notice that is currently in effect.

CONTACTS

Benefit / Contact	Carrier / Resource	Phone	Website / Email
Medical	Florida Blue	800-352-2583	www.floridablue.com
Dental	Guardian	800-627-4200	www.guardiananytime.com
Vision	Davis Vision	800-999-5431	www.davisvision.com
Life	Minnesota Life / Ochs	800-392-7295	www.ochsinc.com
Prescriptions	CanaRx	866-893-6337	www.highlandscountyrx.com
Employee Assistance Program	New Directions	800-624-5544	www.ndbh.com
Telehealth	MDLive	888-376-7799	www.mdlive.comdrcb
Flexible Spending Account	TASC	800-422-4661	www.tasconline.com
Insurance Agency	Brown & Brown / PRIA	Francene Marra (386) 239-5769 Robin Riley (386) 239-4051	www.bbpria.com

This guide is provided to you by:

The information in this benefit guide is presented for illustrative purposes only, please refer to your plan document for complete details.

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Attachment "B"

CONTRACT PRICE

The amount that will be paid for services as agent of record for employee health benefits, as described in Article 1 of this Contract, shall be paid directly to the Contractor by each insurance provider as detailed below;

1.	Employee Medical Insurance	
	a. Florida Blue – ASO	$5.00 pepm*
	b. Stop Loss Insurance	10%
	c. Rx Services	Included
	d. MDLive	Included
	e. New Directions Behaviorial Health (EAP)	Included
	f. TASC Flexible Spending Accounts (FSA)	Included
2.	Employee Dental Insurance Benefit Plan	
	a. Option 1: Base Plan	$1.00 pepm*
	b. Option 2: Buy Up Plan	$1.00 pepm*
3.	Employee Life and AD&D	
	a. Employer Provided $15,000 Basic Life and AD&D	10%
	b. Employee Supplemental Life Program	10%
4.	Employee Vision & Voluntary Benefit Plan Services	
	a. Vision Benefit Plan Offered	5%
	b. Voluntary Benefit Plan offered (AFLAC)	Included
5.	Actuarial & Consulting Service Provided	Included
6.	Employee Enrollment and or Communication Services Provided	Included
7.	Employee Benefit Plan Tracking (PlanSource)	Included
8.	Any other services provided or place not mentioned above	Included
INCLUDED SERVICES:		
Broker Services include in the scope of services requested and the following benefits enrollment and administration system features of Plan Source On-Line / Open Enrollment, carrier eligibility updates, standard reporting and employee access, including the Affordable Care Act new employer reporting requirements.		
*pepm – Per Employee, Per Month		