



Annual Enrollment Guide

Plan Year January 1, 2024 - December 31, 2024

Participating Constitutional Offices/Agencies:

Board of County Commissioners (Plan Sponsor)

Manatee County Sheriff's Office

Manatee County Clerk of Circuit Court & Comptroller

Manatee County Tax Collector

Manatee County Property Appraiser's Office

Manatee County Housing Authority

Supervisor of Elections

Port Authority



Manatee YourChoice Health Plan

Employee Health Benefits

1112 Manatee Ave. W., Suite 863,

Bradenton, FL 34205

www.manateeyourchoice.com

Annual Enrollment Guide

Plan Year January 1, 2024 - December 31, 2024

Annual Enrollment Begins: Friday, October 27, 2023	Annual Enrollment Ends: Monday, November 6, 2023	Changes Effective: January 1, 2024
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All benefit-eligible employees are required to complete annual enrollment to confirm elections and plan levels, make changes, or waive coverage. This is your only opportunity this year to make changes without experiencing a Life Event (*marriage, birth, etc.*).

- CONFIRM benefit elections with no changes
- WAIVE coverage
- ADD or DROP Medical, Dental, Vision or Child Life Insurance
- APPLY, DROP, or CHANGE Employee or Spouse Life Insurance, Short-Term Disability (STD), or Additional Long-Term Disability (LTD).
- UPDATE beneficiary information
- REVIEW medical plan level
- ENROLL in a Flex Spending Account (If currently enrolled, need to re-elect every year)

If adding a spouse or dependent: have social security number and date of birth available, as well as these required documents below:

- SPOUSE - Marriage certificate
- NATURAL CHILD UP TO AGE 26 - Birth certificate
- STEPCCHILD - Birth certificate & marriage certificate
- ADOPTED OR LEGAL GUARDIANSHIP* - Court order
- GRANDCHILD* (Child of current dependent) – Birth Certificate
Note: ***Grandchild** up to **18 months old** living with employee / Legal guardianship up to 18 years old

Insurance Coordinators are a great resource to answer questions about your benefits and Annual Enrollment

DEPARTMENT/AGENCY	NAME	EXT
Board of Commissioners/County Administrator/Court Administrator/EHB/Human Resources	Katherine Pettitt	6404
Clerk of the Circuit Court	Lisa Wooten	4009
Clerk of the Circuit Court	Mercede Myers	4014
Clerk of the Circuit Court	Jenna Ghiroli	4014
Community and Veterans Services	Janice Dunbar-Smith	3451
Community and Veterans Services/Libraries	Lorrie See	6303
Community Development and Probation Services	Beth Zipperer	6805
Convention & Visitors	Melinda McGann	3943
County Attorney	Nicole Bezdek	3750
Development Services	Tracy Trahan	3877
Development Services	Vanessa Mutchnik	6221
Financial Management	Tisha Bridges	3761
Financial Management	Elisa Goldberg	3792
Housing Authority	Lesia Livingston	756-3974, X.208
IT	John Sharp	3076
Leisure Services	Deidre Flournoy	6014
Metropolitan Planning Organization	Ryan Brown	359-5772
Metropolitan Planning Organization	Rachel McClain	259-6045
Natural Resources/ GT Bray	Mindy Whalen	6043
Natural Resources/Ag & Ext services	Kelli Polanski	1807
Natural Resources/Ag & Ext services	Wendy Henry	1811
Port Authority	Denise Stufflebeam	722-6621
Port Authority	Sandi Arnold	721-2501
Property Appraiser	Barb Richardson	742-5654
Property Management	Caitlyn Deloach	3603
Property Management	Robin Dyer	8201
Property Management	Crystal Myers	3617
Public Safety	Candace Kelly	1667
Public Safety	Sherri Sweeny	1646
Public Safety/Animal Services	Lori Koutelis	8312
Public Works	Danielle Riley	7441
Public Works/Admin, Engineering	Janice Haas	7462
Public Works/Admin, Engineering	Janette Girard	7391
Public Works/Fleet	Darlene Passio	7370
Public Works/Highway	Alyssa Howard	7258
Public Works/Highway	Leslie Swanson	7249
Public Works/Infrastructure/ Project Management	Francisca Backenstross	7444

Public Works/Stormwater	Sonia Davis	7430
Public Works/Traffic Op/Traffic Engineer	Kristin Hall	7283
Public Works/Transit	Evelyn Dupuy	8113
Public Works/Transit	Melinda Waggoner	7629
Sheriff's Office	Julie Beckwith	2135
Sheriff's Office	Michelle Ross	2138
Supervisor of Elections	Shannon Perry	6450
Tax Collector	Antonia Medina	941.741.4842
Tax Collector	LaToya Benton	941.741.4845
Utilities Dept /WW Lab/ WW Compliance	Bobbijo Moore	5436
Utilities Dept/Meter Section	Cathy Bellissimo	5208
Utilities Dept	Danielle Brown	5282
Utilities Dept/Lift Station	Deb Julien	5374
Utilities Dept/Landfill/Scale House	Debora Braziel-Jones	8004
Utilities Dept/Water Distribution	Diana Arthur	5268
Utilities Dept/MARS Prog/North WW Plant/Sludge Dryer/WW	Gayle Altman	8029
Utilities Dept/WW Collections	Morgan Wilbik	5403
Utilities Dept/Records Div	Peggy Hines	5271
Utilities Dept/Treatment Plant	Sarah Findley	5032
Utilities Dept	Sarah Metcalfe	8001
Utilities Dept	Suzanne Dunn	5242
Utilities Dept	Theresa DuBois	5294
Utilities Dept/Cross Connection/Water Conservation	Tina Moutoux	5327
Utilities Dept/WW Collections	Veronica Henry	5011
Utilities Dept /WW Lab/ WW Compliance	Bobbijo Moore	5436



Manatee YourChoice Health Plan
Employee Health Benefits
1112 Manatee Ave. W., Suite 863, Bradenton, FL 34205
www.manateeyourchoice.com
(941) 748.4501 x6412



YourChoice Medical (Aetna Choice POSII Open Access Network)

Due to health care costs rising substantially over the years, the Medical plans (Ultimate and Best) have experienced an increase in some of its copay structure for calendar year 2024, as follows:

2024 MEDICAL COPAY CHANGES		
Feature	ULTIMATE	BEST
Office Visit	\$30	\$30
Urgent Care	\$30	No Change
Emergency Room	\$150	\$200 + Ded/Coin
Generic RX Copay	\$10	\$10

Please visit our website at www.manateeyourchoice.com/employee-benefits/medical for more information about the medical plan(s).

2024 MEDICAL MONTHLY RATES		
TIER	Employee Pays	Employer Pays
Employee Only	\$91.38	\$717.30
Employee + Spouse	\$344.30	\$1,310.98
Employee + Child(ren)	\$295.10	\$1,123.70
Employee + Family (spouse & children)	\$417.70	\$1,915.80
Dependent Child (age 26-30)	\$808.68	\$0

YourChoice Dental

We are pleased to offer dental benefits with no change to your premium or plan design under the Aetna Dental PPO/PDN with PPO II Network. Visit www.manateeyourchoice.com/employee-benefits/dental for more information about the dental plan.

**Clerk employees should contact HR for information regarding dental options.*

2024 DENTAL MONTHLY RATES	
TIER	Employee Pays
Employee Only	\$34
Employee + 1	\$55
Employee + 2 or more	\$75

Aetna Vision Preferred

We are pleased to offer vision benefits with no change to your premium or plan design. Visit www.manateeyourchoice.com/employee-benefits/vision for more information or www.aetnavision.com to find a provider under the Aetna Vision Preferred Network.

2024 VISION MONTHLY RATES	
TIER	Employee Pays
Employee Only	\$4.92
Employee + Spouse	\$9.36
Employee + Child(ren)	\$9.84
Employee + Family (spouse & children)	\$14.48

New in 2024-Hearing Aid Coverage:

Manatee County now covers Hearing aids up to \$5000 allowance every 7 years.

Flexible Spending Accounts (FSA) **Must RE-ENROLL Every Year**

Manatee County offers two reimbursement accounts to help you pay for eligible, out-of-pocket expenses such as deductibles, co-pays and childcare. The dollars you set aside come out of each paycheck, tax-free, helping you budget and save money. **These Accounts do not renew - a new election must be made each year.** An FSA can only be elected during Annual Enrollment, at time of hire, or with certain life events (marriage, divorce, birth, etc.).

Health Care Flexible Spending Account	Dependent DAY Care Flexible Spending Account
<p>You can enroll in a Health Care Flex Spending Account and elect up to \$3050 per year to use towards out-of-pocket medical expenses such as, but not limited to:</p> <ul style="list-style-type: none"> Co-pays Deductibles Glasses Orthodontics <p>You can pay for your health-related expenses at time of service with a PayFlex debit card that is linked to your FSA account, or upload receipts through the PayFlex website or app for reimbursement. Using the debit card does not eliminate the need to provide receipts when requested, so please keep receipts of all the expenses you place on the debit card.</p>	<p>You can enroll in a Dependent Care Flex Spending Account and elect up to \$5,000 to use toward child (age 12 and under) and adult day care expenses such as:</p> <ul style="list-style-type: none"> Before and after school care Daycare, nursery school, and preschool Summer day camp Care for your spouse or relative who is physically or mentally incapable of self-care and lives in your home. <p>If money is available in your account, you can access your funds within a few days by submitting a receipt for the expenses on the PayFlex website or app. Unfortunately, the debit card option is not available with the Dependent Care Flex Spending Account.</p>
<p>How the “Use it or Lose it” clause applies</p>	<p>How the “Use it or Lose it” clause applies</p>
<p>Up to \$610 of unused funds can be rolled over to the following year. Any remaining balance at the end of that year will be forfeited.</p>	<p>The Dependent Care Flex Spending Account is “use it or lose it”. This means that any funds you do not utilize by the end of the year will be forfeited. So, carefully consider your anticipated expenses.</p>
<p>Terminated employees will have access to submit claim reimbursement request(s) for IRS eligible expenses incurred up to their last day of employment. Any unused amounts remaining in the FSA account will be forfeited.</p>	

For more information visit www.manateeyourchoice.com/employee-benefits/flexible-spending-account or call 1-844-PAYFLEX (729-3539) or 1-888-678-8242.

How an FSA Saves Money

Let’s say you enroll and contribute \$2,500 per year into an FSA and pay the average tax rate of 29.8 percent. By putting that money aside before paying taxes on it rather than allowing the funds to be taxed, **you could save nearly \$750 for the year!**

Hartford Insurance - Short Term Disability

Short Term Disability (STD) Insurance is designed to help protect your income if you are hurt or sick and cannot work. It is equal to 60% of your pre-disability earnings up to a maximum of \$1,000 per week.

2024 STD MONTHLY RATES		WORKSHEET FOR STD	
Rates are calculated automatically during Annual Enrollment		Calculate Estimated Monthly Premium	
Age	Rates Per \$10 of Weekly Benefit	1. Find your weekly earnings by dividing your annual earnings by 52.	Line 1: <u>\$576.92</u> (30,000/52)
ALL	\$0.401	2. Calculate your weekly benefit by multiplying your weekly benefit by .60 (60% max benefit of weekly earnings up to \$1,000.00 per week).	Line 2: <u>\$346.15</u>
The cost for STD is based on salary. Evidence of Insurability (EOI) is required unless elected at time of hire. Complete the steps in the enrollment system to calculate and view your premium. *Policy is subject to pre-existing conditions.		3. Divide rate by 10.	Line 3: <u>\$0.0401</u>
		4. Multiply line 2 by the amount in line 3.	Line 4: <u>\$13.88</u>
		_____ X _____ = _____	
		Line 2 (weekly benefit)	X Line 3 (rate/10)

Hartford Insurance - Long Term Disability

Long Term Disability (LTD) is provided to all eligible employees. Core LTD is equal to 50% of an employee's base monthly salary up to \$3,000 per month after the disability exceeds 90 days and is provided at no cost to employees.

Additional LTD | Can be applied for *any time during the year*.

You can elect to enroll in Additional LTD and increase your benefit to 66 2/3% of base monthly salary, up to \$5,000 per month. The cost for Additional LTD is subject to age and salary. Evidence of Insurability (EOI) is required unless elected at time of hire. Complete the steps in the enrollment system to calculate and view your premium.

2024 ADDITIONAL LTD MONTHLY RATES		WORKSHEET FOR ADDITIONAL LTD	
EMPLOYEE Up to 66 2/3% Base Monthly Salary		Calculate Estimated Monthly Premium	
Age	Rates Per \$100 of Insured Earnings	Enter your monthly earnings, not to exceed \$7,500, on Line 1.	Line 1: <u>\$5,000</u>
<40	\$0.105	Select your rate from the rate table and divide this by 100.	Line 2: <u>\$.00304</u> (.304 ÷ 100)
40-49	\$0.304	Multiply Line 1 by the amount shown on Line 2.	Line 3: <u>\$15.20</u>
50-59	\$0.713	_____ X _____ = _____	
60-64	\$0.732	Line 1 (Monthly Earnings)	X Line 2 (Rate/100) = Est. Monthly Premium
65+	\$0.760		

Securian Life Insurance

Term Life insurance is provided to all eligible employees. Core Life and AD&D is equal to 1x base annual salary up to \$200,000 and is provided at no cost to employees.

Additional Life Insurance | Can be applied for *any time during the year*.

You can elect up to 6x base annual salary with a maximum coverage amount of \$750,000, subject to Evidence of Insurability (EOI). Complete the steps in the enrollment system to calculate and view your premium.

2024 ADDITIONAL TERM LIFE MONTHLY RATES								
EMPLOYEE Up to 6x salary (max: \$750,000)				SPOUSE 50% of EE election up to \$25,000 Coverage				CHILD(REN) \$10,000 Coverage
Age	Rate per \$1000 benefit	Age	Rate per \$1000 benefit	Age	Rate per \$1000 benefit	Age	Rate per \$1000 benefit	Flat rate \$1/month No matter how many children, the rate is still \$1/month. Each Child receives \$10,000 coverage. *No EOI for children
<34	\$0.040	55-59	\$0.409	<34	\$0.051	55-59	\$0.518	
35-39	\$0.046	60-64	\$0.605	35-39	\$0.066	60-69	\$0.715	
40-44	\$0.098	65-69	\$0.795	40-44	\$0.139			
45-49	\$0.196	70+	\$1.048	45-49	\$0.263			
50-54	\$0.277			50-54	\$0.336			

Visit www.manateeyourchoice.com/employee-benefits/life-ad-d for more information.

WORKSHEET FOR ADDITIONAL TERM LIFE Calculate Estimated Monthly Premium	
Enter the amount of additional term life on Line 1:	Line 1: \$46,000
Select your rate from the rate table and divide this by 1000:	Line 2: \$.000196 <small>(.196 ÷ 1000)</small>
Multiply Line 1 by the amount shown on Line 2:	Line 3: \$9.02
$\text{Line 1 (Monthly Earnings)} \times \text{Line 2 (Rate/1000)} = \text{Est. Monthly Premium}$	

IRC section 79 provides an exclusion for the first \$50,000 of group-term life insurance coverage provided under a policy carried directly or indirectly by an employer. There are no tax consequences if the total amount of such policies does not exceed \$50,000. The imputed cost of coverage in excess of \$50,000 must be included in income, using the IRS Premium Table, and is subject to social security and Medicare taxes. This imputed taxed amount is shown on employee's check stub as "Life Over 50".

Aetna Navigator

- Find a Doctor
- Download ID Cards
- View Claim Status and EOB(Explanation of Benefits)
- View Flexible Spending Account Balance
- Compare Costs for Office Visits, Tests & Procedures
- Research Prescription Drugs
- Online Wellness Programs/Tools and much more

AETNA Login/Sign Up

ManateeYourChoice.com > Benefit Login > Aetna Navigator **OR** www.aetn navigator.com

Each enrolled member will create an individual username and password and will need their Member ID Number or Social Security Number to sign up.

Wellbeing Benefits

At Manatee County Government, we are committed to providing quality service with an emphasis on accountability, civility and ethics. We also believe that this can only be accomplished through the leadership of our employees. At the heart of it all, our employees have a passion for public service. They form partnerships, drive innovation, and invest in people, and our community, every single day. That is why we invest in a holistic wellbeing approach and offer programs and services in the areas of physical, emotional, financial, community, and career health. When each of these areas are well, our employees are able to bring their best selves to work and help us make Manatee County a premier place in which to live and work and play. [To learn more visit our website at www.manateeyourchoice.com.](http://www.manateeyourchoice.com)

Review the Beyond Compensation Booklet available at www.manateeyourchoice.com to review all of the benefits that are available to Manatee County Government employees. (Note: Agency benefits may vary slightly. Consult with your HR department for agency-specific benefits).



FREQUENTLY ASKED QUESTIONS

Q. What if my address is wrong?

A. Contact your HR Liaison to update your address.

Q. Who do I contact for a password re-set in Benefit Express?

A. Contact your Insurance Coordinator.

Q. What do I need to print and submit to my Insurance Coordinator?

A. Annual Enrollment is paperless. There are no forms to submit to an insurance coordinator or to EHB. All documents are submitted through the system electronically. Print a copy of your Confirmation Page for your own records.

Q. If I am adding a dependent to my coverage, what documents should I have ready to upload?

A. When adding dependents to the plan, you will need to upload applicable marriage and/or birth certificates:

Adding spouse: Verify coverage by uploading a copy of your marriage certificate.

Adding child: Verify coverage by uploading a copy of the child's birth certificate.

Q. How do I update a beneficiary for my Life Insurance?

A. The enrollment system provides an opportunity to update or designate your beneficiaries.

Q. How do I ADD a Flex Spending Account?

A. Flexible spending account elections do not roll over from one year to the next. If you wish to have an FSA for 2024, you must elect it as part of the annual enrollment process.

Q. Will I get a new insurance card?

A. You will receive a new insurance card:

- Aetna may be mailing new ID cards to all members due to a recent update. Please verify your plan level.
- Medical/dental ID card if you have experienced a Plan Level change or are adding or dropping coverage.
- Vision card if you add vision coverage.
- PayFlex debit card if you add a Health Care Spending Account.

Q. How long before I receive STD benefits?

A. On the 15th day of your disability.

Q. When will my STD benefits end?

A. Claims are individually analyzed by the carrier based on disability and physician notes to determine number of benefit weeks, up to 13 weeks, including the 14-day waiting period. Benefits end when you no longer satisfy the applicable eligibility conditions.

Q. Does STD cover pre-existing conditions?

A. Must be treatment-free for 3 consecutive months before or after the date your plan begins. After your plan has been in effect for 12 months, no limitations on pre-existing conditions.

Q. I don't have any changes. I want everything to stay the same. What do I need to do?

A. You must go into the system and engage in the Annual Enrollment process for the following critical reasons:

- This is your opportunity to **verify that the Medical Plan level** that you and your dependents is/are enrolled is/are reflecting as you would expect in the system. If you identify sometime in 2024 that your plan level is not correct, **the change will be made the 1st of the month following notification**. If there is a discrepancy with your plan level, please email EHB at Benefits@MyManatee.org.
- You can make additions or deletions to your coverage that will become effective January 1st.
- You must **confirm and/or update your beneficiaries** for your Core and Additional Life Insurance. Every employee has at least core coverage and an updated beneficiary is very important to have on file.

COMPLETING ANNUAL ENROLLMENT

The 2024 Annual Enrollment is an active enrollment. This means that even if you do not wish to make any changes to your current benefits, you are still required to complete annual enrollment. Please have all necessary items (social security number, marriage/birth certificates, and date of birth, if adding dependents) available prior to beginning your enrollment session.

Go to www.manateeyourchoice.com and click the blue “benefits login” box at the top of the page, then select “Benefits Express Enrollment System Login”.

*** ALL existing users will utilize their established password in Benefit Express.**

The screenshot shows a login form with two sections. The first section is for the Username, with a text input field labeled 'Enter Username' and a blue 'Next' button. Below the input field are links for 'Login Instructions' and 'Forgot Password?'. The second section is for the Password, with a text input field labeled 'Enter Password' and a blue 'Login' button. Below the input field are links for 'Login Instructions' and 'Forgot Password?'. A red arrow points from the 'Forgot Password?' link in the second section to a text box on the left.

Your username will always be your **employee ID #**.

If you are a new hire and this is your first-time login in, your initial password is your capitalized first name initial, lowercase last name initial + home zip code.

(ex. John Smith living in zip code 34208 would be Js34208)

*For password re-sets, contact your Insurance Coordinator

If you have issues with your current password, click “Forgot Password” to change it. A link will be sent to your email from Benefit Express to reset.

You will be directed to your homepage.

Click the “Enroll Now” button.

A new screen will pop up. Click “Enroll” to begin the enrollment process.

The screenshot shows a blue header with the text 'Available Enrollments'. Below the header is a white card with a blue pencil icon. The card contains the following text: 'Annual Open Enrollment', 'You have not yet started your enrollment. Click the "Enroll" button to get started now', 'Enrollment Period Begins: 09/18/2023', 'Enrollment Deadline: 10/30/2023 (42 days left)', and 'Effective: 01/01/2024'. At the bottom of the card is a blue 'Enroll' button, which is circled in red.

The screenshot shows a homepage with a background image of a wooden bridge over a river. At the top, there is a yellow banner with a warning icon and the text 'A friendly reminder: Your Annual Open Enrollment (42 days left) is open.' and an 'Enroll Now' button, which is circled in red. Below the banner, the text 'Welcome Larry!' is displayed. At the bottom, there are three circular icons: 'Update My Beneficiaries', 'Enroll Now', and 'Confirmation Statement'. The 'Enroll Now' icon has a checkmark inside it.

Choose if you wish to receive your 1095c Form electronically instead of physically mailed to your home and update your personal email addresses if needed. *Remember*, this form is not required for filing your taxes and will be retained electronically in Benefit Express.

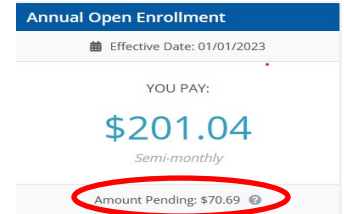
How to Complete Annual Enrollment (continued):

Complete each step of the enrollment process. If adding a dependent (spouse or child), you must click “upload document” and upload the required documentation (marriage or birth certificate)



As you make changes, you will see the numbers at the right of the screen change.

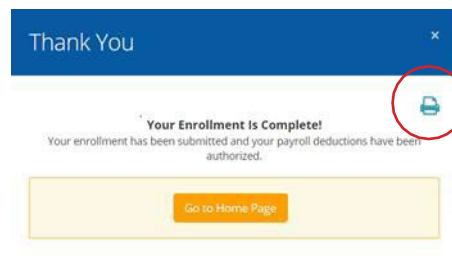
The total of your pay period deductions are pending approval. If you are adding a dependent or waiting for an EOI response, your total pay period deduction amount won't increase until those benefits are approved.



Review your 2024 elections on the confirmation page then select the **Finish Enrollment** button. Remember that the Total Cost (Semi-monthly and Monthly) shown represents deduction costs BEFORE any new benefits you have applied for. Review carefully and make any necessary corrections.



A new window will include a print button in top right corner. Members can print a copy of their confirmation for their records, but **it is not required** for submission to insurance coordinators or to EHB.



You can upload a verification document or make changes to your enrollment through Monday, November 6th by selecting the enroll button on your homepage then selecting “Change” on the pop-up screen.

NOTE:

You will receive a new insurance card for 2024, please check the plan level on your card to make sure is correct.



1095 C for 2023

Information on your option to elect to receive your form electronically

Under federal law, Manatee County must provide information to the IRS about medical plan coverage in which you are enrolled.

This information helps you and the IRS to determine whether you have maintained health coverage required under the Individual Mandate as well as determining potential eligibility for a premium tax credit.

In addition to the information we provide to the IRS, we must provide you with a statement that includes the same information that we will provide to the IRS. This statement is referred to as 1095-C. The statement we must provide to you will be furnished on paper if you do not consent to receive it electronically. If you elect to consent to receive these statements electronically, your consent will continue to apply each year unless you withdraw your consent.

To properly access the electronic statement, you must have access to a PC or Mac computer, internet access, Wi-Fi or connected printer, Adobe Acrobat reader. You will receive an email from noreply@mybenefitexpress.com containing a link. When the link is selected you will be required to provide certain identifying pieces of information to access the electronic form. Whether or not you opt to receive this link, the statement will be available within the benefits software (Benefit Express). Note: you may be required to print the statement and attach it to a Federal, State, or local income tax return.

Even if you elect to consent to receive the statement electronically, you can still obtain a paper copy of the statement by contacting Employee Health Benefits. Please note that your request for a paper statement will not be treated as a withdrawal of consent as to future statements.

You may withdraw your consent by logging into Benefit Express and selecting print on the communications page. Your withdrawal of consent does not apply to a statement that was furnished electronically before the date on which the withdrawal of consent takes effect.

Manatee County Government will stop furnishing your statement electronically if your email address is not valid or you are no longer eligible for benefits.

Changes to contact information for the purpose of receiving the electronic statement, should be made within the Benefit Express system or by contacting your insurance coordinator. During annual enrollment for 2024, you'll have the option to receive the statement (copy of Form 1095-C) electronically instead of a paper format.

If you have questions about this notice, please contact Employee Health Benefits.

Employee Health Benefits – Benefit Providers

Benefit	Provider	Link & phone number
Medical *When inquiring about Medical coverage; remember each member is insured individually. Use that members' social security number for calls*	Aetna	Aetna Choice POS II Open Access Network www.manateeyourchoice.com/employee-benefits/medical Claim questions 1-877-580-5019
Dental *When inquiring about Dental coverage; remember each member is insured individually. Use that members' social security number for calls*	Aetna	Aetna PPO/PDN with PPO II Network www.manateeyourchoice.com/employee-benefits/dental Claim questions 1-877-238-6200
Vision	Aetna	Aetna Vision Preferred Network www.manateeyourchoice.com/employee-benefits/vision Claim questions 1-877-973-3238
Quest Diagnostics		855-623-9355 https://my.questforhealth.com/mobile/welcome/home
Flexible Spending Account	PayFlex	www.manateeyourchoice.com/employee-benefits/flexible-spending-accounts Claim questions 1-844-PAYFLEX (729-3539)
Short Term Disability	Hartford	www.manateeyourchoice.com/employee-benefits/disability/short-term-disability Claim questions 1-800-549-6514
Long Term Disability	Hartford	www.manateeyourchoice.com/employee-benefits/disability/long-term-disability
Life Insurance	Securian	www.manateeyourchoice.com/employee-benefits/life-ad-d
Telemedicine	Teladoc	www.manateeyourchoice.com/teladoc
LAMP		941-741-2995 or ext 6495

NOTE: Your Choice Health Plan hires Aetna as a third-party administrator to process claims for medical, dental and vision, provide customer service and run the provider network.