EMPLOYEE BENEFITS BOOKLET

EMPLOYEE HEALTH BENEFITS – 2025

Manatee County FLORIDA

MANATEEYOURCHOICE.COM

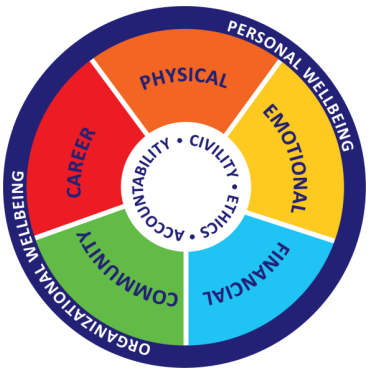
TABLE OF CONTENTS

Please note: We intend for this Benefits Booklet to help you choose benefits offered under Manatee YourChoice Health Plan, but it is not representative of all plan provisions or rules that govern the program. Official plan documents and Manatee County Government policies/rules prevail if there are any discrepancies with information presented in this booklet.

Revised – February 26, 2025

Welcome to the Manatee YourChoice Health Plan!

As an employee of the Board of County Commissioners or one of our Constitutional Agencies, you have the opportunity to participate in an award-winning, nationally recognized health and wellbeing plan. You will soon learn how our unique plan design has contributed to lower premiums, generous coverage and incentives, and overall healthier employees.



At Manatee County Government, we are committed to providing quality service with an emphasis on accountability, civility and ethics. We 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 wellbeing. 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, work and play.

It is important to consider the value of your health and wellbeing plan as part of your total compensation package. Unlike other employer plans, you will not be subject to high deductibles and high-cost sharing percentages. Additionally, unlike other employers, Manatee County provides access to advocates, coaches and trainers to assist employees in learning about and utilizing their medical and wellbeing benefits. Most of these services are at little to no cost to our employees.

Congratulations on your opportunity to participate in this health plan that has been featured in the Wall Street Journal, the television show The Doctors, and recognized by the Tampa Bay Business Journal and the American Heart Association as an innovator among employer-sponsored plans. Our goal at Employee Health Benefits is to provide you with every opportunity to make the most of your and your family's health and wellbeing while containing costs for our employees and our tax-paying citizens.

In Good Health,

Bylle Jo Holzwarth

Bylle Jo Holzwarth

Employee Benefits Manager

"Cure people's ills and make them healthy for a day.
Teach them to stay well and keep them healthy for a lifetime."

IMPORTANT DATES FOR NEW EMPLOYEES

As a new enrollee with the County, you will be required to complete your online enrollment by the deadline listed below. **Approximately one week before your deadline, Employee Health Benefits will send a reminder email. Please see page 6 for enrollment instructions.**

Hire Dates	Benefits Effective Date	Enrollment Deadline
10/2/2024 - 11/1/2024	12/1/2024	11/22/2024
11/2/2024 - 12/1/2024	1/1/2025	12/20/2024
12/2/2024 - 1/1/2025	2/1/2025	1/17/2025
1/2/2025 - 2/1/2025	3/1/2025	2/14/2025
2/2/2025 - 3/1/2025	4/1/2025	3/14/2025
3/2/2025 - 4/1/2025	5/1/2025	4/11/2025
4/2/2025 - 5/1/2025	6/1/2025	5/23/2025
5/2/2025 - 6/1/2025	7/1/2025	6/20/2025
6/2/2025 - 7/1/2025	8/1/2025	7/18/2025
7/2/2025 - 8/1/2025	9/1/2025	8/15/2025
8/2/2025 - 9/1/2025	10/1/2025	9/12/2025
9/2/2025 - 10/1/2025	11/1/2025	10/10/2025
10/2/2025 - 11/1/2025	12/1/2025	11/21/2025
11/2/2025 - 12/1/2025	1/1/2026	12/19/2025

CONTACT INFORMATION

Benefits, wellness information, forms and full contact info can be found at:
http://manateeyourchoice.com

HUMAN RESOURCES/EMPLOYEE HEALTH BENEFITS

5213 4th Ave. Cir. E., Bradenton, FL 34208 — (941) 748-4501 x3865 or benefits@mymanatee.org

PRECERTIFICATION/PREAUTHORIZATION

Medical Precertification (Nurse Advocates) 1-833-462-0106
Do not choose an extension. Remain on the line to be transferred to a Nurse Advocate for Medical Precertification.

Behavioral Health Services & Precertification (LAMP) ..... (941) 741-2995

Pharmacy Prior Authorization ..... (941) 748-4501 x6418

CLAIMS & BENEFITS

Aetna Medical Claims & Benefits 1-877-580-5019
Aetna Dental Claims & Benefits 1-877-238-6200
Aetna Vision Claims & Benefits 1-877-973-3238
Inspira Financial (formerly PayFlex) Flexible Spending Account 1-888-678-8242
The Hartford Short-/Long-Term Disability/FMLA/ADA 1-888-301-5615
Voya 457 Customer Support 1-800-584-6001

Manatee YourChoice Health Plan hires Aetna as a third-party administrator to process claims, provide customer service, and run the Provider Network. The Plan design is managed by Employee Health Benefits.

HOW TO ENROLL IN BENEFITS (BENEFIT EXPRESS)

ACCESSING THE BENEFIT EXPRESS SYSTEM

1. Open an Internet Web Browser (Google Chrome is strongly recommended)
2. Using the Address Bar, navigate to **http://manateeyourchoice.com**
3. In the upper-right corner, select “Benefits Login”

4. Click “Login” in the “Benefit Express Enrollment System” box

5. Enter your Username and Password, using the login instructions below.

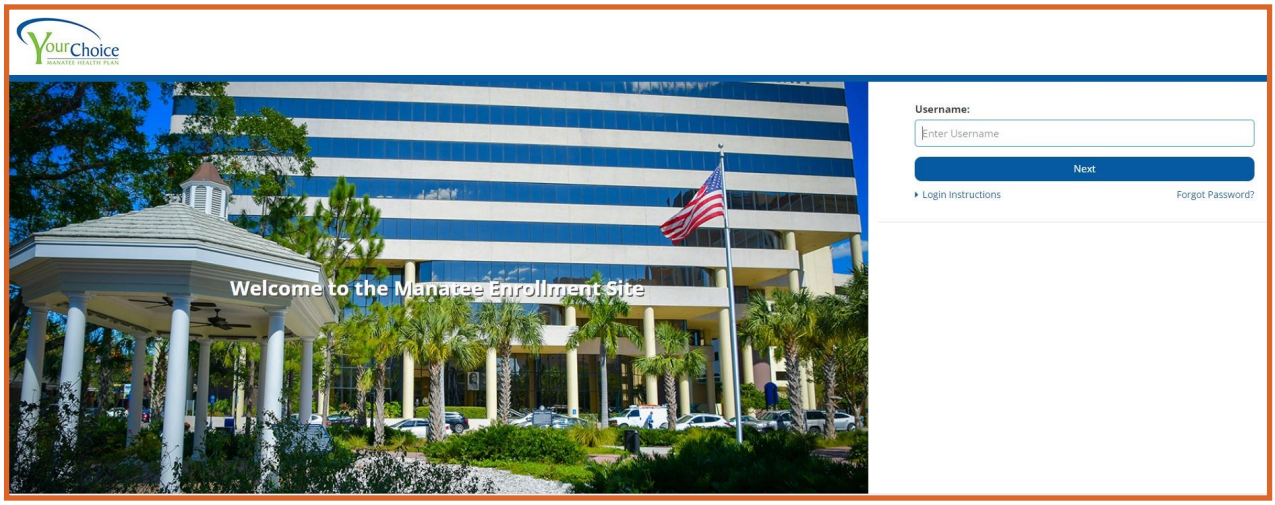
LOGIN INSTRUCTIONS

Your Username is your Employee ID number. Please note that Usernames are not case sensitive.

Your initial password is the capitalized first letter of your name + the lower case first letter of your last name + your home zip code. Please note that passwords are case sensitive.

Example: If your name is David Public, and your zip code is 34202, your initial password is **Dp34202**

Click on the “Login” button to begin.



ACCEPTING TERMS AND CONDITIONS

Immediately following a successful login, you will be presented with the Benefit Express Terms & Conditions acceptance page. You will need to review and accept the Terms & Conditions to enter the Benefit Express system.

CHANGING PASSWORD

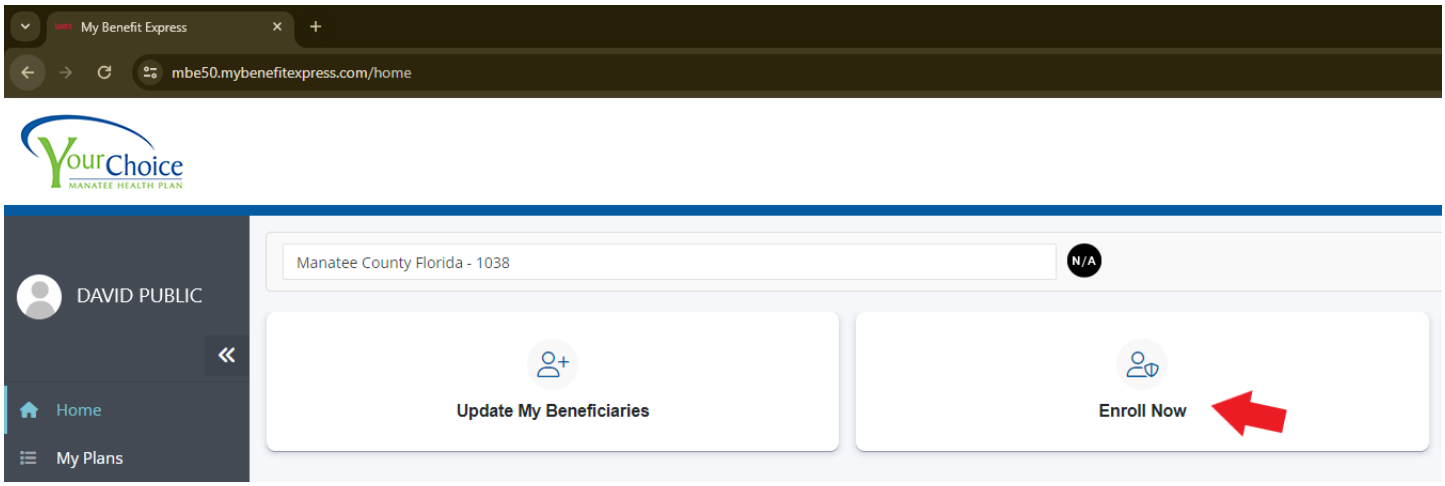
Immediately following your acceptance of the Benefit Express Terms & Conditions, you will be required to change your password, select a "Password Hint" question and provide a "Hint Answer." You will not be able to gain access to the site until you have completed all four of the following:

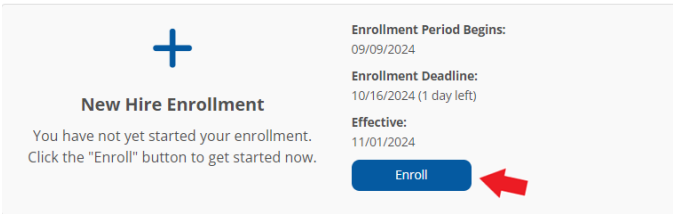
1. Change Password
2. Enter email address
3. Select Password Hint
4. Provide Hint Answer

You will only be prompted through these additional login pages during your initial login. The next time you log in, only your Username and Newly Created Password will be needed to access the Benefit Express Enrollment System.

ENROLLMENT

Once logged in, click the "Enroll Now" button.





Then, select the "Enroll" button in the "New Hire Enrollment" section to complete your initial benefits enrollment.

IMPORTANT!!!

As a new employee, you have a very limited time to complete your initial benefits enrollment. If you do not enroll by your deadline, your next opportunity to enroll will be during Annual Enrollment or if you experience a qualifying Family Status Change life event (see page 25).

MEDICAL PLAN

Manatee YourChoice Medical Plan, utilizing Aetna Choice POSII Open Access Network

Includes coverage for Pharmacy, Routine Eye Exam and Child Preventative Dental Exam & Cleaning

Medical Plan Rates (2025)	Employee Monthly Premium	Employee Per Pay
Employee Only	$92.30	$46.15
Employee + Spouse	$347.74	$173.87
Employee + Child(ren)	$298.06	$149.03
Employee + Family (Spouse and Children)	$421.88	$210.94
Dependent Child — Age 26 to 30	$816.78	$408.39

The Manatee YourChoice Health Plan is comprised of self-funded insurance plans for employees and eligible dependents of Manatee County Government, including all of the Constitutional Agencies.

WHAT DOES "SELF-FUNDED" MEAN?

It means that Manatee County Government, through their own Health Plan — Manatee YourChoice — uses their own plan design and pays for all health care directly. Although the plan was created and designed by Employee Health Benefits and is managed by the Employee Health Benefits Manager, the plan hires a third-party administrator (Aetna) to process claims, provide customer service, and run the provider network (Aetna Choice POSII Open Access). It does NOT mean that your employer has access to your medical records. Your medical records are never shared with your employer without your consent.

ULTIMATE OR BEST PLAN LEVEL

If new enrollees elect Medical Plan coverage, they are initially placed in the ULTIMATE or BEST plan level as of their Benefits Effective Date. (The BEST plan level is the highest plan level available for enrollees age 19+ who are nicotine-exposed.)

WHO'S ELIGIBLE?

- Full-time employees and their spouses
- Dependent children (including stepchildren and adopted children) through the end of the month in which they reach 26 years of age
- Disabled children age 26 or older (must have been disabled and enrolled in the plan before age 26)
- Children under guardianship through the end of the month in which they reach 18 years of age
- Grandchildren of the employee, if the parent is covered under the employee and the grandchild resides with the employee, through the end of the month in which the grandchild reaches 18 months of age
- Dependent children, age 26 to 30, may be eligible for over-age dependent coverage (at additional cost) if they meet certain criteria. Please see page 24 for details.

If you do not elect coverage now, you may add medical coverage for yourself and/or any eligible dependents during Annual Enrollment.

MEDICAL PLAN

Manatee YourChoice Medical Plan, utilizing Aetna Choice POSII Open Access Network

Includes coverage for Pharmacy, Routine Eye Exam and Child Preventative Dental Exam & Cleaning

PLAN HIGHLIGHTS

The Manatee YourChoice Medical Plan is designed to keep your out-of-pocket costs low, while still providing quality medical care for you and your covered family members. Members of the ULTIMATE plan (our top plan tier — for employees and dependents who are not smokers/not exposed to nicotine products) pay low co-payments ("co-pays") for most procedures and services.

In addition, members of both plan tiers (ULTIMATE and BEST) receive one free preventative-care physician visit per calendar year. Routine immunizations and many medical screenings are also covered at no cost. Children under age 19 receive free preventative care under the medical plan for routine dental exams and other limited procedures. (For enhanced coverage beyond preventative care, it is recommended that dependent children have separate dental coverage. Please see dental plan details on page 14.)

YourChoice MANATEE HEALTH PLAN

Key features of the medical plan include:

- A $30 co-pay for receiving medical care from Aetna's in-network primary care or specialist physicians
- Telemedicine (comprehensive remote-physician visits conducted online through your computer or mobile device) are provided through Teladoc Health (https://www.teladoc.com) for a $30 co-pay
- Affordable urgent-care facility ($30 co-pay) and emergency room coverage ($150 co-pay) for ULTIMATE plan members
- Laboratory testing, x-rays and other diagnostic imaging is free of charge for ULTIMATE plan members

Please see the table on page 10 for additional information, and for a comparison of benefits available in the ULTIMATE and BEST plan levels.

SPECIAL NOTE ABOUT PREGNANCY COVERAGE

The medical plan has limited maternity coverage within the first 91 days of your effective (start) date of coverage. Please contact your Employee Health Benefits Specialist at (941) 748-4501 x3865 or benefits@mymanatee.org for additional clarification.

Predeterminations: For any complex medical procedures, have your doctor's office/facility complete a predetermination estimate. A predetermination estimate allows you to know in advance what is covered and what your share of the costs will be before you receive a service. Some medical services may be limited or not covered by your plan. It also shows you any deductible or maximums applied.

LEVELS OF REIMBURSEMENT— MEDICAL

Manatee YourChoice Medical Plan, utilizing Aetna Choice POSII Open Access

PHYSICIAN/MEDICAL BENEFITS	ULTIMATE PLAN (In-Network)	BEST PLAN (In-Network)
All expenses other than Inpatient facility	*Cost represents member responsibility*	
Deductible	$0	$250
Co-insurance (*after deductible*)	$0	20%
Annual Individual Out-of-Pocket (*after co-pay & deductible, except inpatient*)	$1,400	$1,800
Urgent Care	$30 co-pay	20% after deductible
Emergency Room	$150 co-pay per visit	$200 co-pay per visit plus deductible and co-insurance
Hospital Benefits — Inpatient *Precertification required & facility charges apply. Hospital deductible only applies to facility charges. All other charges fall to medical deductible.*		
Deductible per confinement	$0	$250
Co-insurance per confinement	0%	20% after deductible
Maximum Out-of-Pocket (OOP) expense per confinement *after deductible*	$0	$1,000
Preventative & Wellness Exams		
Annual Physical Exam & Immunizations	$0	$0
Child Dental preventative care for all children under the Medical plan *(routine exams, cleanings, sealants, fillings and x-rays)*	$0	$0
Annual Routine Eye Exam (includes refractions)	$25 co-pay	20% after deductible
Primary Care & Specialty Physicians		
Office Visit	$30 co-pay	$30 co-pay
Teladoc Visit	$30 co-pay	$30 co-pay
Labs and x-rays/diagnostic imaging (some advanced tests, such as CT and MRI may require precertification)	$0	20% after deductible
Therapy Benefits		
Nutritional Therapy *(20 visits per calendar year)*	$0 first 5 visits; $30/visit beyond	$0 first 5 visits; $30/visit beyond
Physical Therapy *(20 visits per calendar year; 5 max at hospital facility)*	$0 first 5 visits; $30/visit beyond	20% after deductible
Occupational Therapy *(20 visits per calendar year; 5 max at hospital facility)*	$30 co-pay	20% after deductible
Speech Therapy — Precertification Required *(20 visits per calendar year; 5 max at hospital facility)*	$30 co-pay	20% after deductible
Chiropractic, Acupuncture, Massage Therapy *(20 visits per calendar year)*	$30 co-pay	20% after deductible

THIS IS A SUMMARY OF BENEFITS

Refer to the Plan Document for a full listing of services and coverage online at ***http://manateeyourchoice.com***

BLUEPRINT FOR WELLNESS

For all participants in the Manatee YourChoice Medical Plan

WHAT IS THE BLUEPRINT FOR WELLNESS?

Blueprint for Wellness is a required annual activity for all YourChoice **Medical** Plan members. To qualify for the highest tier of medical insurance coverage, all employees and their dependents who are age 19 or older and are enrolled in the medical plan must complete a laboratory cheek swab on an annual basis and receive a negative test result for cotinine. The cotinine test detects an individual's exposure to nicotine in tobacco smoke. Participants who receive negative test results for cotinine will remain in the ULTIMATE plan level. **Participants who receive a positive test for cotinine will be downgraded from the ULTIMATE plan level to the BEST Plan level. Failure to complete the required cheek swab by the deadline will also result in a downgrade to the BEST Plan level.**

WHEN DO I COMPLETE THE BLUEPRINT FOR WELLNESS CHEEK SWAB TESTING?

New employees and their dependents will have three calendar months from the effective (starting) date of their medical insurance coverage to complete the required cheek swab testing. Existing employees and their dependents need to complete the annual testing by no later than March 31 of the current year. The window to complete the annual labs opens early in the year. **Cheek swab testing is not required for anyone who is age 19 or younger as of January 1 (for annual testing) or age 19 or younger on the effective date of medical insurance coverage (for new-enrollee testing).**

IS THERE ANY COST ?

The annual testing for the Blueprint for Wellness is provided **at no cost** for all participants.

HOW DO I COMPLETE THE LAB WORK?

Visit **https://manateeyourchoice.com/employee-benefits/blueprint-for-wellness-labs** for information. Testing can be done at All for Life. No appointments are needed. In early 2025, All for Life will conduct testing clinics at numerous locations throughout the County. For questions, call (941) 748-4501 x6406.

TOBACCO-USERS EARLY UPGRADE

Cotinine-exposed members who are in the BEST plan can upgrade to the ULTIMATE plan at anytime with two negative lab tests by following the steps below:

1. Contact (941) 748-4501 x6406 to get started
2. Get two (2) cotinine-negative lab tests at least 90 days apart

RESOURCES TO HELP YOU QUIT

Cessation aids are available at no charge through your Manatee YourChoice medical plan pharmacy benefits:

- Patch
- Lozenges
- Gum
- Pharmaceutical Interventions (Wellbutrin, Chantix)

PHARMACY BENEFITS

For members enrolled in the Manatee YourChoice Medical Plan

YOURCHOICE PRESCRIPTION BENEFITS FOR 2025 All medical plan levels (ULTIMATE and BEST) have the same pharmacy benefits	
Tier	**Optum Rx Network Retail Pharmacies and Mail Order** (including, but not limited to, Pelot's (Rexall), Publix, Walgreens, Walmart and CVS)
Generic	$10 co-pay maximum per 30-day supply (max of 90-day supply)
Preferred Brand	25% co-insurance/$15 minimum; $100 maximum per 30-day supply
Non-Preferred Brand	45% co-insurance/$40 minimum; $100 maximum per 30-day supply
Specialty	25% co-insurance; $150 maximum or manufacturer's coupon

CONTACT INFORMATION

Pharmacy Specialist: (941) 748-4501 x6418

DIABETES RESOURCES

Whether you are newly diagnosed, or have a long history with diabetes, we are here to help you with whatever you may need. The Diabetes Care Program provides diabetes supplies to employees and their families. Contact (941) 748-4501 x6406 if you have any questions.

Each member with diabetes receives **AT NO COST:**

- Bluetooth-enabled glucometer
- Test strips
- Pen needles

HEARING AID COVERAGE

Our insured employees can now receive great savings on hearing aids. Hearing loss is the third-most prevalent medical condition among Americans over age 65 after arthritis and hypertension. The good news is that 95% of those who suffer from hearing loss can be successfully treated with hearing aids. By using one of our contracted hearing aid Discount Providers, you can enjoy savings of over 50% off retail prices.

On the Manatee YourChoice medical plan, our hearing aid benefit covers up to $5,000 to spend toward the purchase of hearing aids. We have two 3rd-party advocates (called Discount Providers) who assist our insureds by recommending a local doctor, setting up the initial appointment, and providing savings on prescribed hearing aids.

Before the appointment, the Discount Providers will send the insured a welcome packet that includes:

- Information on hearing aids and hearing loss
- What to expect at your appointment

APPROVED DISCOUNT PROVIDERS

We utilize two Discount Providers (see below), who will assist our employees with scheduling an appointment at a location in their preferred local area. The providers are:

- Hearing Care Solutions — 1-866-344-7756 or **https://www.hearingcaresolutions.com/aetna-2021**
- Hearing Health Care — 1-877-301-0840 or **https://www.amplifonusa.com/lp/aetna**

HOW TO RECEIVE DISCOUNT PROVIDER BENEFITS

1. Begin by calling a Discount Provider (contact info above); they create a profile for the insured using the Aetna ID#, date of birth, and contact phone number.
2. Within 1 to 3 days after the initial call, the Provider will complete a benefits check and contact the insured to discuss options such as in-network doctors, location preference, and suggested appointment dates/times.
3. The Provider contacts doctor, secures appointment date, then calls to confirm date/time/location with insured.
4. The Provider will provide a “Welcome Packet” with information and expectations for the appointment.
5. Once the appointment is completed and the doctor recommends the preferred hearing aid, the Discount Provider will fill the subscription.

The 2025 Aetna hearing aid benefit provides “coverage up to $5,000 allowance every 7 years.” **The coverage is for the hearing aids alone**. The Discount Provider contracts in-network doctors and there is no fee for the doctor and exam when secured by the Discount Provider. The Provider will often be able to provide significant savings for the prescribed hearing aids. They also explain/provide any warranties and replacement aids if applicable.

It is most economical and preferred to utilize the Discount Provider service for locating a doctor; however, if a doctor is seen outside of the Discount Provider, the employee should submit a reimbursement form through the Aetna website and include receipts for service and supplies.

If you have questions about the hearing aid benefit, please contact Employee Health Benefits at (941) 784-4501 x3865 or **benefits@mymanatee.org** for assistance.

DENTAL PLAN

Manatee YourChoice Dental Plan, utilizing Aetna Dental PPO/PDN with PPO II Network

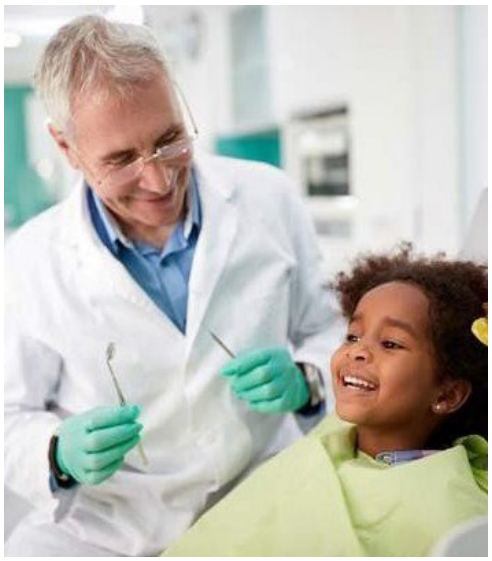
Note: Clerk of Court employees have a different dental plan. Contact the Clerk's Office for details.

Dental Plan Rates (2025)	Employee Monthly Premium	Employee Per Pay
Employee Only	$34.00	$17.00
Employee + 1 Dependent	$55.00	$27.50
Employee + 2 or more Dependents	$75.00	$37.50

DENTAL PLAN SUMMARY

The Manatee YourChoice Dental Plan is self-insured, and the employee pays 100% of the cost by contributing through Payroll Deduction. The Dental Plan is a PPO plan that is administered by Aetna using the Aetna Dental PPO/PDN with PPO II national network.

A member can use an Out-of-Network Dentist; however, non-network dentists will be reimbursed at the Aetna PPO/PDN with PPO II contracted rate by the Plan and members are subject to additional charges by that provider.



WHO'S ELIGIBLE?

- Full-time employees and their spouses
- Dependent children (including stepchildren and adopted children) through the end of the month in which they reach 26 years of age
- Disabled children age 26 or older (must have been disabled and enrolled in the plan before age 26)
- Children under guardianship through the end of the month in which they reach 18 years of age
- Grandchildren of the employee, if the parent is covered under the employee and the grandchild resides with the employee, through the end of the month in which the grandchild reaches 18 months of age
- Dependent children, age 26 to 30, may be eligible for over-age dependent coverage (at additional cost) if they meet certain criteria. Please see page 24 for details.

IMPORTANT: There are limitations and exclusions that members should be aware of prior to obtaining dental care. For details, refer to the Dental Plan Description found online at **http://manateeyourchoice.com**.

If you do not elect coverage now, you may add dental coverage for yourself and/or any eligible dependents during Annual Enrollment.

Predeterminations: For any complex dental procedures, have your doctor's office/facility complete a predetermination estimate. A predetermination estimate allows you to know in advance what is covered and what your share of the costs will be before you receive a service. Some dental services may be limited or not covered by your plan. It also shows you any deductible or maximums applied.

LEVELS OF REIMBURSEMENT— DENTAL

Manatee YourChoice Dental Plan, utilizing Aetna Dental PPO/PDN with PPO II Network

Annual Maximum	$2,000 per calendar year
Deductible	No deductible

Preventative Services	Member Responsibility
Oral Examination (2 per calendar year)	$0
Cleanings (2 per calendar year)	$0
Fluoride (1 application/year — under age 16)	$0
Sealants (1 treatment every 3 rolling years on permanent molars only for children to age 13)	$0
Bitewing X-rays (1 set per calendar year)	$0
Full Mouth Series (1 set every 24 months)	$0
Space Maintainers (covered to age 13 for premature loss of primary teeth only; includes adjustment within 6 months of installation)	$0
Basic Services	
Root canal therapy (anterior/bicuspid/molars)	10%
Scaling and root planning (4 separate quads, every 2 rolling years)	10%
Gingivectomy (once per quad/site, every 3 rolling years) **	10%
Amalgam (silver) fillings	10%
Composite fillings (anterior/posterior)	10%
Stainless steel crowns	10%
Incision and drainage of abscess **	10%
Uncomplicated extractions	10%
Surgical removal of erupted tooth **	10%
Surgical removal of impacted tooth (soft tissue) **	10%
Osseous surgery (once per quadrant, every 3 rolling years) **	10%
Surgical removal of impacted tooth (partial bony/full bony) **	10%
General anaesthesia/intravenous **	10%
Major Services	
Inlays/Onlays	40%
Crowns. Crown Lengthening, Crown Build-ups	40%
Full and Partial Dentures. Denture repair	40%
Pontics	40%
Inplants	40%
Orthodontics ($2,000 lifetime maximum per person)	
Adults	50%
Children	50%

** = *May be covered by the medical plan. Contact Aetna Member Services for more details.*

THIS IS A SUMMARY OF BENEFITS

Refer to the Plan Document for a full listing of services and coverage online at ***http://manateeyourchoice.com***

VISION PLAN

Manatee YourChoice Vision Plan, utilizing Aetna Vision Preferred

Vision Plan Rates (2025)	Employee Monthly Premium	Employee Per Pay
Employee Only	$4.92	$2.46
Employee + Spouse	$9.36	$4.68
Employee + Child(ren)	$9.84	$4.92
Employee + Family	$14.48	$7.24

VISION PLAN SUMMARY

Save on eyeglasses, contacts and more. You will get an allowance to buy any frames or contacts you want at any one of our providers nationwide.

TAKE ADVANTAGE OF MANY LOCATIONS

After enrolling, you will get a welcome packet in the mail. Inside is your member ID card, insurance plan information and a list of local vision providers. The provider list includes independent neighborhood eye doctors, as well as your favorite retailers, such as LensCrafters, Target Optical, and Pearle Vision. You can also shop for contact lenses or glasses online at network retailers. Benefits are automatically applied at checkout.

At **http://aetnavision.com**, you can view providers, manage your benefits and view your ID card. Search by name, location or even by the brand name of the frames you want. You can also visit any licensed eye care provider outside the network; however, you may pay more out of pocket, and you may have to file your own claims.

SAVE LIKE A PRO

If you have a Health Care Flexible Spending Account (FSA), you can use that toward your out-of-pocket expenses. Plus, with in-network eye care providers, you can also find discounts on products and services that may not be covered under your plan, including:

- 20% off any balance over your frame allowance
- 15% off any balance over your conventional contact lens allowance
- Up to 40% off extra pairs of prescription eyeglasses and sunglasses
- Up to 20% off other items, such as lens add-ons
- Discounts on LASIK laser eye surgery
- Coupons for free shipping when shopping online

IMPORTANT: Your Manatee YourChoice Medical Plan covers one eye exam per calendar year at a $25 co-pay if you're on the ULTIMATE plan level. (Deductible and co-insurance apply on the BEST plan level.)

This Vision Plan covers one exam per calendar year for a $10 co-pay. You will need to show your Vision Plan insurance card to utilize this benefit.

WHO'S ELIGIBLE?

- Full-time employees and their spouses
- Dependent children (including stepchildren and adopted children) through the end of the month in which they reach 26 years of age
- Disabled children age 26 or older (must have been disabled and enrolled in the plan before age 26)
- Children under guardianship through the end of the month in which they reach 18 years of age
- Grandchildren of the employee, if the parent is covered under the employee and the grandchild resides with the employee, through the end of the month in which the grandchild reaches 18 months of age
- Dependent children, age 26 to 30, may be eligible for over-age dependent coverage (at additional cost) if they meet certain criteria. Please see page 24 for details.

If you do not elect coverage now, you may add vision coverage for yourself and/or any eligible dependents during Annual Enrollment.

LEVELS OF REIMBURSEMENT— VISION

Manatee YourChoice Vision Plan, utilizing Aetna Vision Preferred

Exam **(use your coverage once every calendar year for eye exams)**	**In Network**	**Out of Network**
Routine/Comprehensive Eye Exam	$10 co-pay	$23 reimbursement
Standard Contact Lens Fit/Follow-up	Member pays $40	Not covered
Eyeglass Lenses/Lens Options **(use your coverage once every calendar year to purchase either 1 pair of eyeglasses or 1 order of contact lenses)**		
Standard Plastic Single Vision Lenses	25% co-pay	$35 reimbursement
Standard Plastic Bifocal/Trifocal/Lenticular Vision Lenses	25% co-pay	$55 reimbursement
Standard Progressive Vision Lenses	$90 co-pay	$55 reimbursement
Standard Plastic Scratch Coating	$0	$15 reimbursement
Standard Polycarbonate Lenses — Adult	Member pays $40	Not covered
Standard Polycarbonate Lenses — Child	$0	$15 reimbursement
Standard Anti-Reflective Coating	Member pays $45	Not covered
Photochromic/Transitions Plastic	Member pays 80% of retail	Not covered
Polarized and Other Lens Add Ons	Member pays 80% of retail	Not covered
Contact Lenses **(use your coverage once every calendar year to purchase either 1 pair of eyeglasses or 1 order of contact lenses)**		
Conventional Contact Lenses	$130 allowance ** Additional 15% off balance over the allowance	$104 reimbursement
Disposable Contact Lenses	$130 allowance	$104 reimbursement
Medically Necessary Contact Lenses	$0	$200 reimbursement
Frames **(use your coverage once every 2 calendar years to purchase frames)**		
Any frame available, including frames for prescription sunglasses	$130 allowance ** Additional 20% off balance over the allowance	$72 reimbursement

*** = Allowances are one-time use benefits. No remaining balances may be used. The plan does not provide a declining balance benefit.*

THIS IS A SUMMARY OF BENEFITS

*Refer to the Plan Document for a full listing of services and coverage online at **http://manateeyourchoice.com***

LIFE INSURANCE

CORE LIFE INSURANCE — PROVIDED AT NO COST TO EMPLOYEES!

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

ADDITIONAL LIFE INSURANCE

Additional Life Insurance can be elected for employee, spouse and children. Evidence of Insurability (EOI) is required unless elected at time of hire. An employee can elect up to 6 times base annual salary with a maximum coverage volume of $750,000. Additional Employee Term Life, Spouse Term Life, and Child Term Life options are paid 100% by the employee through semi-monthly payroll deductions.

WHO'S ELIGIBLE?

- Full-time employees
- Spouses through age 69
- Children through age 25

Additional Term Life Monthly Rates (2025)

EMPLOYEE Up to 6 times base annual salary; maximum $750,000 of coverage				SPOUSE 50% of Employee election; maximum $25,000 of coverage				CHILD(REN) $10,000 of coverage
Age	Rate per $1,000 benefit	Age	Rate per $1,000 benefit	Age	Rate per $1,000 benefit	Age	Rate per $1,000 benefit	Flat rate: $1 per month, no matter how many children are covered. Each child receives $10,000 coverage. There is no Evidence of Insurability (EOI) required 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			

GUIDELINES FOR LIFE INSURANCE

The insurer for Core and Additional Life is Minnesota Life Insurance Company — A Securian Company. For more information, or to print a Certificate of Coverage, visit **http://manateeyourchoice.com**.

CORE TERM LIFE INSURANCE

Core Term Life and Accidental & Dismemberment Insurance is paid 100% by your employer. The Core Term Life Insurance Benefit is 1 times base annual salary rounded up to the next $1,000. The minimum benefit is $20,000, and the maximum benefit is $200,000.

ABOUT IMPUTED INCOME

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 are subject to Social Security and Medicare taxes. This amount is shown on employee's check as "Life Over 50."

EVIDENCE OF INSURABILITY (EOI)

Evidence of Insurability is not required by a new employee who elects Additional Life Insurance during their initial employee enrollment period prior to the employee's Effective Date. Coverage is guaranteed issue, with no underwriting.

If an employee does not elect Voluntary Life during their initial enrollment period, they may apply to add or increase Additional Life Insurance at any time during the year subject to EOI and must be approved by the Life insurer to receive the additional coverage.

If an employee is interested in increasing Voluntary Life or Spouse Life after the initial enrollment period, log on to the enrollment site and apply for coverage. Once approved, the employee will be notified, and premium deductions and coverage will begin on the first of the month following the approval date.

ADDITIONAL EMPLOYEE TERM LIFE

Additional Term Life Insurance Benefit is a 100% employee paid benefit that gives you the option to apply for 1 times base annual salary up to 6 times base annual salary rounded to the next $5,000. The minimum benefit is $20,000, and the maximum benefit is $750,000.

SPOUSE LIFE

A spouse policy is equal to 50% of the amount of the employee's Additional Term Life Insurance up to a maximum of $25,000. During a new employee's initial enrollment, no EOI is required. Spouse Life ceases at age 70. An additional employee term life policy must be added in order to obtain a Spouse Life policy.

CHILD LIFE

The Child Term Life Insurance Benefit is $10,000 on each child. A new child is covered from the day of birth through age 25. An additional employee Term Life policy is not required to obtain a Child Life policy. Child Life is never subject to EOI.

LIFE EVENTS

For a life event of birth or marriage, an employee can enroll in 1 times salary Additional Life or increase by 1 times salary (for instance, 1 times salary to 2 times salary) without EOI, if requested within 31 days of the event. A spouse added to the plan due to marriage, and requested within 31 days of marriage, is not subject to EOI.

SHORT TERM DISABILITY (STD)

Short Term Disability (STD) is underwritten by The Hartford Insurance Company. For more information or to print a Certificate of Coverage, visit **http://manateeyourchoice.com**.

WHO'S ELIGIBLE?

This coverage is only available to full-time employees.

SHORT TERM DISABILITY INSURANCE

STD is a 100% employee paid benefit that allows you to receive benefits if you become sick or disabled and are unable to work. Short-term Disability insurance provides a percentage of your income every week to help you pay the bills and give you the support you need to get back on your feet and back to work safely.

You can elect to enroll in Short Term Disability with a benefit of 60% of your pre-disability earnings up to a maximum of $1,000 per week. The cost for STD is subject to age and salary.

Benefit begins on the 15th day after disability, and ends after 13 weeks of not being able to work in your own occupation.

Plan limitations and exclusions apply. Refer to the plan summary document for more details at **http://manateeyourchoice.com**.

EVIDENCE OF INSURABILITY (EOI)

EOI is not required for a new employee who elects STD during their initial employee enrollment period prior to their Effective Date. STD can be applied for at any time during the year; however, EOI will be required if not enrolled as a new hire. If an employee is interested in adding STD, log on to the enrollment site and apply for coverage. Once approved, the employee will be notified, and premium deductions and coverage will begin on the first of the month following the approval date.

Short Term Disability (STD) Monthly Rates (2025)		
Age	Rate per $10 of weekly benefit	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. Approval is subject to pre-existing conditions.
ALL	$0.381	

LONG TERM DISABILITY (LTD)

Long Term Disability (LTD) is underwritten by The Hartford Insurance Company. For more information or to print a Certificate of Coverage, visit **http://manateeyourchoice.com**.

WHO'S ELIGIBLE?

This coverage is only available to full-time employees.

CORE LONG TERM DISABILITY INSURANCE

Core LTD is an employer paid benefit that allows you to receive benefits if you become disabled and are unable to work for more than 90 days and have satisfactorily met medical verification. 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 LONG TERM DISABILITY INSURANCE

Additional LTD is a 100% employee paid benefit that allows you to receive benefits above and beyond the Core LTD benefit if you become disabled and are unable to work for more than 90 days and have satisfactorily met medical verification.

An employee can elect to enroll in Additional LTD and increase their 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.

LTD can be applied for anytime during the year. However, Evidence of Insurability will be required if not enrolled at time of hire.

EVIDENCE OF INSURABILITY (EOI)

EOI is not required for a new employee who elects Additional LTD during their initial employee enrollment period prior to their Effective Date. Additional LTD can be applied for at any time during the year; however, EOI will be required if not enrolled as a new hire. If an employee is interested in adding Additional LTD, log on to the enrollment site and apply for coverage. Once approved, the employee will be notified, and premium deductions and coverage will begin on the first of the month following the approval date.

LEAVE MANAGEMENT (FMLA & ADA)

Comprehensive leave-management services for Manatee County Government and constitutional agency employees (excluding Manatee County Sheriff's Office) are provided by The Hartford Insurance Company. These services include the administration of Family and Medical Leave Act (FMLA) and Americans with Disabilities Act (ADA) claims and accommodation requests. For more information or to file a claim or accommodation request, visit **http://abilityadvantage.thehartford.com** or call 1-888-301-5615.

WHO IS THE HARTFORD?

The Hartford is a trusted worldwide leader in insurance plans, group benefits, and financial investment services. For many years, Manatee County Government has contracted with The Hartford to provide short- and long-term disability insurance products (see pages 20 and 21) to our employees. Recently, Manatee County expanded this relationship to include full-service leave-of-absence administration.

HOW DOES THE HARTFORD MANAGE LEAVE FOR OUR EMPLOYEES?

Manatee County's enhanced leave-management relationship with The Hartford benefit our employees in many ways, including:

- **Streamlining Processes** — The Hartford helps us create a more efficient workflow for handling leave requests, including those under the Family and Medical Leave Act (FMLA)
- **Improved Recordkeeping and Compliance** — With The Hartford's expertise, we enhance our ability to maintain accurate records and adhere to federal and state regulations.
- **Quicker Response Times** — You can expect fast response times when filing a claim, requesting leave, or seeking Americans with Disabilities Act (ADA) accommodations.
- **Standardized Communication** — Employees benefit from clear, consistent, and timely communications throughout the leave process.

WHAT IS THE FAMILY AND MEDICAL LEAVE ACT (FMLA)?

The Family and Medical Leave Act (FMLA) allows eligible employees to take unpaid leave for family or medical reasons. The FMLA protects employees' jobs and access to all group heath benefits while they are out on leave. In general, employees who have been employed by Manatee County for at least 12 months — and have worked at least 1,250 hours over the past 12 months — are eligible for up to 12 work weeks of unpaid job-protected leave under the FMLA.

WHAT IS THE AMERICANS WITH DISABILITIES ACT (ADA)?

The Americans with Disabilities Act (ADA) protects employees with disabilities by guaranteeing rights to certain job accommodations including, but not limited to: job-task restructuring, offering modified work schedules, or improving accessibility of work facilities/equipment.

FLEXIBLE SPENDING ACCOUNTS (FSA)

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. An FSA can only be elected at time of hire, during Annual Enrollment, or with certain life events (marriage, divorce, birth, etc.). **These Accounts do not renew — A new election must be made each year.**

HOW AN FSA SAVES MONEY

Let's say you enroll and contribute $2,500 per year into an FSA and pay an 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 would save nearly $750 for the year!**

HEALTH CARE FSA

You can enroll in a Health Care FSA and elect up to $3,300 per year to use towards out-of-pocket medical expenses such as, but not limited to:

- Co-pays
- Deductibles
- Glasses
- Orthodontics

You can pay for your health-related expenses at time of service with an **Inspira** (formerly PayFlex) debit card that is linked to your FSA account, or upload receipts through the Inspira Financial 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. Up to $660 (*limit current as of January 2024*) of unused funds can be rolled over to the following year. Any remaining balance at the end of that year will be forfeited.

DEPENDENT DAY CARE FSA

You can enroll in a Dependent Day Care Flex Spending Account and elect up to $5,000 to use toward child (age 12 and under) and elder daycare expenses such as:

- 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

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 Inspira Financial website or app. Unfortunately, the debit card option is not available with the Dependent Care FSA. The Dependent Care FSA 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.

Note: Terminated employees will have access to submit claim reimbursement request(s) for IRS-eligible expenses incurred up until their last day of employment. Any unused amount remaining in the FSA account is forfeited unless an election of FSA continuation under COBRA is made.

For more information, visit **http://manateeyourchoice.com** or call 1-844-729-3539.

MEDICAL, DENTAL AND VISION PLAN ELIGIBILITY

Eligible Dependents and Required Documentation

There are very specific criteria that must be met for eligibility. This section is designed to walk you through the questions that need to be asked to determine whether your dependent(s) is/are eligible. Please note that proof of your dependent's legal relationship to you will also be required as part of the eligibility application process. A Family Status Change life event (page 25) must be submitted along with supporting documents within 31 days of the event (or within 60 days for births, adoptions, and certain State-funded-insurance-plan eligibility changes).

WHO ARE MY ELIGIBLE DEPENDENTS?

- Legal spouse
- Children (including stepchildren and adopted children) through the end of the month in which they reach 26 years of age
- Children under guardianship through the end of the month in which they reach 18 years of age
- Disabled children age 26 or older (children must have been disabled and enrolled in the plan before age 26)
- Grandchildren, if the parent is covered under the employee and the grandchild resides with the employee, through the end of the month in which the grandchild reaches 18 months of age
- Dependent children age 26 to 30 **

REQUIRED DOCUMENTS

- Spouse: Marriage certificate
- Biological/Adopted Children: Birth certificate and, if adopted, legal adoption paperwork
- Stepchildren: Birth certificate with spouse listed as parent and marriage certificate identifying spouse
- Child under Guardianship: Birth certificate along with legal paperwork signed by a judge indicating guardianship
- Disabled Child over age 26: Birth certificate and medical paperwork from a physician indicating disability
- Grandchildren: Birth certificate of the covered dependent and birth certificate of the grandchild
- Dependent Child age 26 to 30 **: Birth certificate and over-age dependent affidavit

** *Your Dependent Child from age 26-30 is eligible for coverage under the following conditions*:

- Child is a resident of the State of Florida or is a full-time or part-time student, AND
- Child is unmarried with no dependents, AND
- Child does not have other private insurance coverage and is not entitled to benefits under the Social Security Act, AND
- Child is not on military duty

Employee pays the full premium of $816.78 (no cost-sharing) for coverage per over-age (age 26 to 30) dependent. This is in addition to any premiums already due for employee and/or dependent coverage.

FAMILY STATUS CHANGES

Events that allow benefit changes outside of Annual Enrollment

A Family Status Change is a defined event identified by the IRS, including birth, death, marriage, divorce, adoption, placement for adoption or change in employment status, which may allow an employee to drop, change or enroll in medical, dental, vision and/or a flexible spending account (FSA) outside of the Annual Enrollment period, as long as the event is consistent with the requested coverage change.

SPECIAL ENROLLMENT PERIOD

A Special Enrollment Period to add coverage is available to employees or dependents who had other health insurance coverage at the time insurance was offered through Manatee County, and the other coverage was the reason for declining enrollment under this Plan. To take advantage of the special enrollment period the employee or dependent must have lost coverage within the last 31 days due to one of the following reasons:

- COBRA continuation was exhausted
- Non-COBRA coverage was terminated whether as a result of loss of eligibility for the coverage (including as a result of divorce, death, termination of employment, or reduction in the number of hours of employment), or employer contributions towards such coverage were terminated. Open Enrollment for a spouse's plan also allows the employee to cancel coverage to join the other plan or add dependents coming from the spouse plan to theirs.

The Employee must request enrollment under this Plan **no later than 31 days after** the date of the end of the COBRA continuation, termination of coverage, or termination of Employer contribution, with proof of termination and of the date of the loss of coverage, or proof of the open enrollment effective date of the spouse's plan.

COVERAGE CHANGES

The Employee may drop, add or change coverage if the request is made **no later than 31 days after** marriage, divorce, or death (of a dependent).

The Employee may drop, add or change coverage if the request is made **no later than 60 days after** birth of a child, adoption (or placement for adoption), or eligibility/loss of eligibility for any State-funded programs including Medicaid, Florida Kid Care and Healthy Kids.

EFFECTIVE DATE

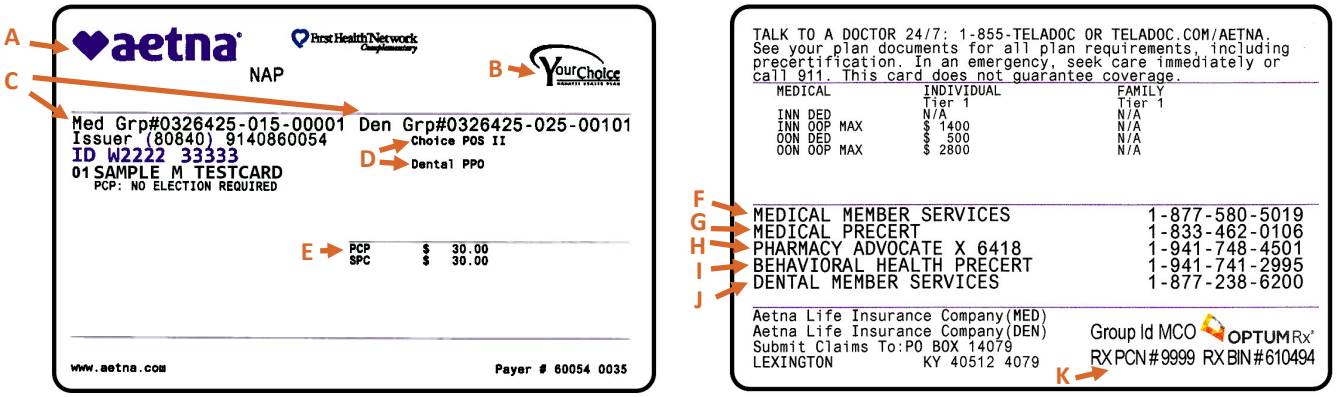
The effective date of coverage for birth of a baby, adoption, or placement for adoption, will be the date of the event. The effective date of coverage for all other Family Status Change enrollments will be the first day of the month following the date of the Family Status Change.

DOCUMENTATION REQUIREMENTS

The following documents are required for Family Status Changes:

- Marriage: Marriage certificate
- Birth: Birth certificate
- Adoption: Birth certificate and legal adoption paperwork
- Loss of other coverage: Proof of coverage loss

YOUR INSURANCE CARD



A. **Aetna** – Aetna manages the provider network, processes all claims, and provides customer support.

B. **YourChoice Health Plan** – Your self-insured insurance plans provided through Manatee County Government.

C. **Med Grp# / Den Grp#** – This is your unique identifying number for the medical plan (if enrolled) and/or the dental plan (if enrolled).

D. **Network** – We utilize the Aetna Choice POSII (Open Access) provider network for medical insurance. Use this when searching for in-network providers. If you have dental, use the Dental PPO/PDN network. NOTE: Clerk employees will have a separate dental card.

E. **Co-pay** – Indicates your co-pay for primary (PCP) and specialty visits (SPC).

F. **Medical Member Services** – Phone number to call if you have a question about a claim or coverage for medical insurance.

G. **Medical Precertification** – Your medical provider should call our precertification line to certify medical procedures and hospital stays. Please make sure they understand that Manatee YourChoice Health Plan is NOT Aetna. Members can also call this number for assistance in understanding doctor's orders or finding a network provider.

H. **Pharmacy Advocate** – Questions regarding pharmacy coverage can be directed here.

I. **Behavioral Health Precertification** – Your mental or behavioral health provider should call this number for precertification of psychiatric or substance abuse inpatient hospitalizations, as well as partial hospitalization and Intensive Outpatient programs.

J. **Dental Member Services** – Phone number to call if you have a question about a claim or coverage for dental insurance.

K. **Optum Rx** – Your pharmacy benefits are processed through OptumRx, not Aetna.

Aetna Navigator — Visit http://aetna.com and register for an online account to:

- **Order ID cards**
- **Find a doctor**
- **View claims and an Explanation of Benefits (EOB)**
- **Access additional health and wellness resources, and more!**

Get the Aetna Health℠ app by texting "AETNA" to 90156 to receive a download link. Message and data rates may apply.

457(b) DEFERRED COMPENSATION

A tax-favored supplemental retirement savings program

The **Voya Financial** 457(b) Deferred Compensation Plan allows employees to pay themselves first by contributing towards a retirement account through payroll deduction. This program is designed to help build your own additional financial security and supplement your other retirement income. Employees can choose between a traditional 457(b) plan with pre-tax (tax-deferred) contributions or a ROTH 457(b) plan with post-tax contributions.

WHO'S ELIGIBLE?

Any permanent employee who is interested in paying themselves first through a supplemental retirement program can participate.

HOW TO ENROLL

You can enroll in the 457(b) Deferred Compensation Plan at any time.

Contacts:

Board of County Commissioners ** ..... (941) 748-4501 x6406 or **benefits@mymanatee.org**
Clerk of Courts ..... (941) 749-1800 x4009
Manatee County Sheriff's Office ..... (941) 747-3011 x2266
Property Appraiser ..... (941) 748-8208 x5654
Tax Collector ..... (941) 741-4800 x4842

** *Board of County Commissioner employees can set up an account through Voya Financial at any time. Go to **http://enroll.voya.com**. Enter plan number 664385, verification number 025697, and location code 0001. If you have any questions about setting up your account online, contact Voya customer service at 1-800-584-6001.*

For investment inquiries, contact:

Diane Petitta, Financial Advisor — Voya Financial
(813) 281-3751 or **diane.petitta@voyafa.com**

Learn more about the 457(b) Deferred Compensation Plan at **http://manateeyourchoice.com**.

PUBLIC SERVICE LOAN FORGIVENESS (PSLF)

As a government employee, you may be eligible for the Public Service Loan Forgiveness (PSLF) Program. The PSLF Program forgives the remaining balance on certain federal student loans. Direct Loans may be eligible for forgiveness after you've made the equivalent of 120 qualifying monthly payments under an accepted repayment plan while working full-time for an eligible government or non-profit employer.

For information, or to submit documentation, please email **tuitionreimbursement@mymanatee.org.**

LAMP BEHAVIORAL HEALTH

The Manatee YourChoice Medical Plan Option for EAP (Employee Assistance Program)

LAMP (Lifestyle Assistance and Modification Program) offers assistance to employees and members covered under the Manatee YourChoice Medical Plan in addressing emotional, behavioral, and addiction concerns. Services are designed to empower participants to make healthy changes that can result in an improved quality of life. Services are voluntary and confidential.

BOTH MEDICAL PLAN LEVELS (ULTIMATE AND BEST) HAVE THE SAME LAMP BENEFITS

- Assessment/Screenings
- Referrals
- Behavioral Issues
- Lifestyle Changes
- Health Management
- Alcohol and Drug Abuse
- Depression
- Anxiety
- Stress and Resilience
- Marriage & Family
- Communication
- Grief
- Anger
- Tobacco Cessation Coaching
- Psychiatric Evaluations and Medication Management

WHY WOULD I NEED TO USE LAMP SERVICES?

Dealing with the demands of today's fast paced world — trying to balance work, community and home — can become overwhelming and impact our daily lives in a negative way. These demands can have an impact on our health, career, financial security, relationships and family. Whether seeking services for personal growth, everyday stressors, or more urgent concerns, LAMP professionals are here to assist you while you find your balance and reach your potential for personal wellness.

We have a network of providers that offer personalized assistance. LAMP also offers in-house counseling and psychiatric services.

COUNSELING SERVICES

- First 5 sessions are free of charge **
- $15 per session in-house
- $30 per session in-network

PSYCHIATRIC SERVICES

First visit is free of charge for in-house
$15 per session in-house
$30 per session in-network

*** Employees <u>not</u> covered under the Manatee YourChoice Medical Plan can access the first-5-free counseling sessions. Dependents <u>not</u> covered on the Medical Plan cannot use LAMP services.*

WHAT SERVICES DOES LAMP PROVIDE?

LAMP services are provided by experienced certified and State licensed counselors. Services are available in-house and/or referrals are available to additional providers within the community. Appointments and locations are flexible. Worksite services and programs are also offered; programs may include stress management, team-building, communications and other specialized programs. Everything discussed with your LAMP Advocate is HIPAA mandated and strictly confidential in accordance with all state and federal laws. No information is shared without your written permission.

CONTACT INFORMATION

LAMP Line: (941) 741-2995

EMPLOYEE ASSISTANCE PROGRAM (EAP)

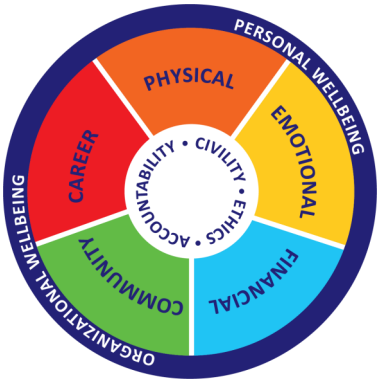
Available 24 hours per day / 7 days per week! Phone number: **1-844-301-8443**

Emotional wellbeing support: No cost, Confidential, Voluntary

ComPsych EAP is an employee benefit, not a medical plan benefit. This mean ALL employees and family members are eligible to utilize ComPsych, regardless of medical plan status! Simply call the main line to get connected with an appropriate counselor.

Every individual is eligible for short term counseling which includes 5 sessions per issue, per year. That means employees and their families have almost unlimited support throughout the year with this program. If further support is wanted, the ComPsych team will help you find a counselor for continuing sessions. Some of these options include using our in-house LAMP services. If you are not on the Manatee YourChoice medical plan, you can use our in-house LAMP counselors at no charge for 5 sessions. If you are on the Manatee YourChoice medical plan, you can choose in-house for 5 free sessions or an in-network provider within the community as well. Co-pays apply after the first 5 of the long-term sessions.

WELLBEING PROGRAM BENEFITS



At Manatee County Government, we are committed to providing quality service with an emphasis on accountability, civility and ethics, and we 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.

WHO'S ELIGIBLE?

Employees not on the medical plan are eligible for some, but not all, wellbeing programs. Refer to the Employee Wellness Program Policy at **http://manateeyourchoice.com** for details.

EMPLOYEE WELLNESS PROGRAM

FOR EMPLOYEES ON THE YOURCHOICE MEDICAL PLAN

Manatee County Government employees and their dependents (see eligibility notes below), **on the YourChoice Medical Plan** are eligible to participate in the following YourChoice Wellness Programs and Services:

- Membership to the YourChoice Wellness Center with 24/7 access *
- Access to 20+ On-Site Group Fitness Classes including Yoga, Strength, Cycle, Tai Chi, and Zumba *
- Equipment orientation (must schedule in advance) *
- Access to Wellbeing Workshops including "Lose to Win," Diabetes Management, "Health Takes Guts," Financial Workshops and more **
- In-house LAMP Benefits (Behavioral Health) — 5 counseling sessions per calendar year at no cost ***
- Registered Dietitian Benefits — 5 Nutritional sessions per calendar year at no cost
- Personal Training Benefits — 5 Personal Training sessions per calendar year at no cost ****
- Health Coaching Benefits — 5 Health Coaching sessions per calendar year at no cost
- On-site Health Fairs and Wellbeing challenges
- Access to ComPsych (EAP) for counseling, financial, or legal services

Eligibility notes:

* = Limited to employees and dependents age 14+
** = Eligibility may vary by age or other qualifications
*** = Limited to employees and dependents age 7+
**** = Limited to employees and dependents age 18+

FOR EMPLOYEES NOT ON THE YOURCHOICE MEDICAL PLAN

Manatee County Government employees (but not dependents of employees) **who are not on the YourChoice Medical Plan** are still eligible to participate in the following YourChoice Wellness Programs and Services:

- Membership to the YourChoice Wellness Center with 24/7 access
- Access to 20+ On-Site Group Fitness Classes including Yoga, Strength, Cycle, Tai Chi, and Zumba
- Equipment orientation (must schedule in advance)
- Wellness presentations, on-site Health Fairs, and Wellbeing challenges
- In-house LAMP Benefits (Behavioral Health) — 5 counseling sessions per calendar year at no cost
- Access to ComPsych (EAP) for counseling, financial, or legal services

WELLBEING AT WORK

The **Wellbeing at Work** program provides opportunities for Manatee County Government employees to engage in worksite activities that promote one's overall wellbeing, such as educational classes, ergonomic assessments, posture checks, challenges, and much more. Many worksites have a designated Wellbeing Champion who brings these resources to the worksite throughout the year.

COMMONLY ASKED QUESTIONS

1. WHO SHOULD I CONTACT IF I HAVE FURTHER QUESTIONS?

For BCC Employees — Contact Employee Health Benefits (EHB) at (941) 748-4501 x3865 or benefits@mymanatee.org.

For Other Agencies — Contact Employee Health Benefits (EHB) at (941) 748-4501 x3865 or your agency's HR Department:

- Clerk of Courts: (941) 749-1800 x4009
- Housing Authority: (941) 756-3974 x155
- Property Appraiser's Office: (941) 742-5654
- Manatee Sheriff's Office: (941) 747-3011 x2135
- Tax Collectors Office: (941) 741-4800 x4842

2. HOW LONG DO I HAVE TO WAIT FOR MY INSURANCE COVERAGE TO START?

All benefits become effective 30 days after your hire date rounded to the first day of the month, if you complete your benefit enrollment by the due date. For example: If you were hired on September 10th, your Benefits Effective Date/Coverage would start on November 1. Refer to page 5 for your Benefits Effective Date and Enrollment Deadline.

3. WHO CAN I COVER AS DEPENDENTS UNDER MY MEDICAL/DENTAL/VISION INSURANCE COVERAGE?

You can cover your immediate family. Immediate family is spouse and children (includes adopted, stepchildren, or legal wards). You cannot cover parents, parents-in-law, grandparents, etc. Refer to page 24 for Eligibility details.

4. CAN I DECLINE MY MEDICAL INSURANCE COVERAGE AND STILL BE COVERED FOR DENTAL AND/OR VISION?

Yes. You can elect either individual or family dental. You are not required to also have medical insurance.

5. IF I ELECT INDIVIDUAL MEDICAL INSURANCE COVERAGE, CAN I ELECT FAMILY DENTAL COVERAGE OR ADDITIONAL LIFE INSURANCE COVERAGE FOR MY DEPENDENTS?

Yes. Your dependents do not need to have medical insurance coverage in order to have dental and/or additional life insurance coverage.

6. WHEN WILL I RECEIVE MY INSURANCE CARDS?

You should receive your insurance cards in the mail approximately two weeks after the insurance start/effective date. If you do not receive them, you can download cards online (on or after the start/effective date) using the Aetna Navigator website. Please refer to page 26 of this guide for information.

7. WHEN CAN I BEGIN PARTICIPATING IN THE YOURCHOICE WELLBEING PROGRAM BENEFITS?

New Hires may begin participating in all wellness programs (such as the YourChoice Fitness Center, Group Fitness Classes, and Educational Workshops) prior to their Benefits Effective Date except for programs that require a co-pay for an outside provider such as: Registered Dietitian, Health Coaching, etc.

GLOSSARY – LEVELS OF REIMBURSEMENT

DEDUCTIBLE:
A fixed amount that an individual must pay (per calendar year) for covered services before the insurance plan will begin to pay.

CO-INSURANCE:
The remaining portion of the cost of services to be paid by the patient after first meeting any applicable deductible.

MAXIMUM OUT-OF-POCKET:
The limit on the amount an individual is required to pay (in a calendar year) for services covered by their insurance plan.

IN-NETWORK PROVIDER:
A physician, hospital, nursing facility or other health care provider that has contracted with Aetna to provide covered services for a negotiated charge. Manatee YourChoice Health Plan uses the Aetna Provider Directory.

OUT-OF-NETWORK PROVIDER:
Generally, refers to physician, hospitals and other health care providers that have not contracted with Aetna to provide services. Members will pay more out of pocket when using an out-of-network provider for services.

GLOSSARY – PHARMACY

GENERIC DRUG:
A chemically equivalent version of a brand-name drug for which the patent has expired. Generic drugs are typically less expensive and are sold under the common name for the drug, not the brand name. Generic drugs cost up-to-$10 for a 30-day supply when filled at an Optum Rx network pharmacy for those covered under the Medical Plan.

FORMULARY:
A list of covered prescription drugs. Generally, includes both brand-name and generic prescription drugs. Within each category of covered drugs, there are different levels of coverage based on the drugs cost, efficacy or other considerations. Formularies are reviewed periodically and modified. Co-pays for drugs vary depending on whether they are included in the formulary. Non-formulary drugs are typically more expensive and have a higher co-insurance cost for the member.

MAIL ORDER PHARMACY:
Distributes prescribed medication directly to the patient via mail. Refer to page 12 for costs.

SPECIALTY PHARMACY:
When you have a chronic or difficult health condition like multiple sclerosis or rheumatoid arthritis, you may need specialty drugs. Specialty pharmacies offer services above and beyond those typically offered at the retail level such as patient monitoring for safety and efficacy, and proactive patient outreach for prescription refill and renewal. Contact the Manatee YourChoice Health Plan Pharmacy Specialist at 941-748-4501 x6418 for more information about your Specialty Pharmacy benefits.

CONTINUATION OF COVERAGE RIGHTS UNDER COBRA

INTRODUCTION

This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it. The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage. It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage. For additional information about your rights and obligations under the Plan and under federal law, you should review the Plan Document or contact the Plan Administrator.

WHAT IS COBRA CONTINUATION COVERAGE?

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because any of the following qualifying events happens:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the plan as a "dependent child."

Sometimes, filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to Manatee County, and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee will become a qualified beneficiary with respect to the bankruptcy. The retired employee's spouse, surviving spouse, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

WHEN IS COBRA COVERAGE AVAILABLE?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee, commencement of a proceeding in bankruptcy with respect to the employer, or the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), the employer must notify the Plan Administrator of the qualifying event.

YOU MUST GIVE NOTICE OF SOME QUALIFYING EVENTS

For the other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 31 days after the qualifying event occurs. You must provide this notice to: Manatee County Employee Health Benefits and include corresponding documentation such as court documents.

HOW IS COBRA COVERAGE PROVIDED?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is the death of the employee, the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), your divorce or legal separation, or a dependent child's losing eligibility as a dependent child, COBRA continuation coverage lasts for up to a total of 36 months. When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his spouse and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months). Otherwise, when the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

DISABILITY EXTENSION OF 18-MONTH PERIOD OF CONTINUATION COVERAGE

If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage. You must provide a copy of the Social Security notification to Employee Health Benefits within 60 days of receiving such determination.

SECOND QUALIFYING EVENT EXTENSION OF 18-MONTH PERIOD OF CONTINUATION COVERAGE

If your family experiences another qualifying event while receiving 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if notice of the second qualifying event is properly given to the Plan. This extension may be available to the spouse and any dependent children receiving continuation coverage if the employee or former employee dies, becomes entitled to Medicare benefits (under Part A, Part B, or both), or gets divorced or legally separated, or if the dependent child stops being eligible under the Plan as a dependent child, but only if the event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

IF YOU HAVE QUESTIONS

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website at www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.)

KEEP YOUR PLAN INFORMED OF ADDRESS CHANGES

In order to protect your family's rights, you should keep the Plan Administrator informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

PLAN CONTACT INFORMATION

Manatee County Your Choice Health Plan
5213 4th Ave. Cir. E.
Bradenton, FL 34208
(941) 748-4501 x3865 or **benefits@mymanatee.org**

PATIENT PRIVACY NOTICE

Manatee County Government YourChoice Health Plan

This notice describes how medical information about you may be used and disclosed and how you can access this information. Please review carefully.

Purpose of this Notice: Manatee County Employee Health Benefits and Aetna, Inc. is required by federal and state law to maintain the confidentiality of your health care data, known as protected health information (PHI), and to provide you with a notice of our legal duties and privacy practices.

Uses and Disclosures of PHI: Aetna, Inc. may use PHI for the purposes of treatment, payment, and health care operations. Examples of use of your PHI are:

For treatment; includes information about your medical condition and treatment; disclosure may be via radio, telephone, oral or the written record we give a hospital about your treatment and transport.

For payment; includes any action we undertake to get reimbursed for the services we provide to you, including such things as submitting bills to insurance companies, medical necessity determinations and reviews, utilization review, and collection of outstanding accounts.

For health care operations; includes quality assurance, licensing and training programs to ensure our personnel meet our standards of care and our procedures, grievance and complaint processing.

Use and Disclosure of PHI Without Your Consent. Aetna, Inc. is authorized to use and disclose PHI without your consent or written authorization in certain situations, including:

- Emergency situations;
- To a relative, friend or individual involved in your care;
- To a public health authority to report birth, death, disease, child or adult abuse, domestic violence, product defects, and exposure to communicable diseases;
- For health oversight activities including audits or government investigations;
- In judicial and administrative proceedings, as required by a court order or subpoena;
- To law enforcement in limited situations, such as when there is a warrant, or when the information is needed to locate a suspect or stop a crime;
- For military, national defense, security and other government functions;
- To avert a serious threat to the health and safety of a person or the public;
- For workers' compensation law purposes.

For other uses or disclosures of your PHI, Aetna, Inc. must have your written authorization, identifying the information and how we seek to use or disclose it. **You may revoke your authorization at any time, in writing.**

Patient Rights: As a patient, your rights to protection of your PHI include:

- **Access, copy or inspect your PHI.** You may inspect most of the medical information about you that we maintain or get copies from us. We will normally provide you access within 30 days or provide you written reasons why access is denied and how you may appeal our denial. We may also charge you a reasonable fee to copy your medical information
- **Amend your PHI.** You have the right to ask us to amend written medical information that we may have about you. We will generally amend your information within 60 days of your request and will notify you when we have amended the information. We are permitted by law to deny your request to amend only in certain circumstances, as when we believe the information you have asked us to amend is correct. You can appeal our denial.
- **Accounting of our use and disclosures of your PHI.** You may request an accounting from us of disclosures of your PHI that we have made in the six years prior to the date of your request. We are not required to give you an accounting of information we have used or dis closed for purposes of treatment, payment or health care operations, or of uses or disclosures made prior to April 14, 2003.
- **Restricting the uses and disclosures of your PHI.** You have the right to restrict how we use and disclose your PHI for treatment, payment or health care operations, or disclose it to family, friends and other individuals involved in your health care. If the information you asked us to restrict is needed to provide you treatment, we may use or disclose the PHI to health care providers. Manatee Service Center is not required to agree to all restriction requests, but any restrictions agreed to are binding on us.
- **Complaints.** You have the right to complain to us, or to the Secretary of the U.S. Department of Health and Human Services if you believe your privacy rights have been violated. You will not be retaliated against in any way for filing a complaint with us or to the government.

If you have any questions or if you wish to access, copy or amend your PHI, or to request an accounting of, or restrictions on, uses and disclosures of your PHI, or to file a complaint or exercise any rights listed in this Notice, or to obtain the latest version of this Notice, please contact:

Manatee County
Employee Health Benefits
5213 4th Ave. Cir. E.
Bradenton, FL 34208
(941) 748-4501 x3865 or
benefits@mymanatee.org

Manatee County FLORIDA

MANATEEYOURCHOICE.COM