

New Employee Benefits Booklet

Employee Health Benefits | 2022



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Welcome to 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. 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 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 and work and play.

As a new employee, 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 on-site Health Advocates and coaches to assist employees in learning about and utilizing their medical and wellbeing benefits. Most of these services are 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,

A handwritten signature in cursive script that reads "Lesli L. Strickland".

Lesli Strickland
Health 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

As a new enrollee with the County, you will be required to complete your online enrollment by the due date listed below. Instructions to enroll are located on page 19.

BENEFIT ENROLLMENT DUE DATE	
BENEFITS EFFECTIVE DATE:	

CONTACT INFORMATION

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

Employee Health Benefits



Katherine Pettitt
(941) 748-4501 x6404
katherine.pettitt@mymanatee.org
5213 4th Ave Cir E
Bradenton, FL 34208

Claims & Benefits

Medical Claims & Benefits	(877) 580-5019
Dental Claims & Benefits	(877) 238-6200
Flexible Spending Account	(888) 678-8242
Hartford Short-Term Disability	(800) 549-6514
Vision Claims & Benefits	(877) 973-3238
Voya Customer Support	(800) 584-6001

Precertification

LAMP – Behavioral Health Services & Precertification	(941) 741-2995
Nurse Advocates/Medical Precertification	(941) 741-2963

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

MEDICAL PLAN

Manatee YourChoice Health Plan Utilizing Aetna Choice POSII Open Access Network

Includes coverage for: Pharmacy, Routine Eye Exam, Child Preventive Dental Exam & Cleaning

Monthly Medical Plan Rates (2022)	Employee Pays	County Pays
Employee Only	\$83.78	\$657.60
Employee + Spouse	\$315.64	\$1,201.84
Employee + Child(ren)	\$270.54	\$1,030.14
Employee + Family (spouse & children)	\$382.92	\$1,756.32
Dependent Child—Age 26-30	\$741.36	\$0

Manatee YourChoice Health and Dental plans are self-funded plans for employees of Manatee County Government and their eligible dependents, 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 the Employee Benefits Division 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.

If you don't elect coverage now, you may add medical coverage for yourself and/or eligible dependents during Annual Enrollment.

ULTIMATE OR BEST PLAN LEVEL FOR NEW ENROLLEES

If New Enrollees elect Medical Plan Coverage they are placed in the ULTIMATE or BEST Plan Level as of their Benefits Effective Date (Best Plan Level is the highest plan level available for those 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 turn 26.
- Dependent grandchild 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 they turn 18 months.
- Child under Guardianship up to age 18
- **Eligibility Details for Medical Plan Coverage page 16**

LEVELS OF REIMBURSEMENT

Aetna Choice POSII Open Access

PHYSICIAN/MEDICAL BENEFITS	ULTIMATE PLAN (IN-NETWORK)	BEST PLAN (IN-NETWORK)
<i>All expenses other than Inpatient Facility</i>	<i>Cost represents members responsibility</i>	
Deductible	\$0	\$250
Coinsurance (after deductible)	\$0	20%
Annual Individual Out-of-Pocket (<i>after co-pay & deductible, except inpatient</i>)	\$1,400	\$1,800
Urgent Care	\$25 Co-pay	20% after deductible
Emergency Room	\$100 Co-pay per visit	\$150 Co-pay per visit plus deductible and coinsurance
Hospital Benefits—Inpatient <i>Precertification Required & Facility Charges Apply. Hospital Deductible only applies to facility charges all other fall to Medical Deductible.</i>		
Deductible per Confinement	\$0	\$250
Coinsurance per Confinement	0%	20% after deductible
Maximum Out-of-Pocket (OOP) Expense <i>per confinement after deductible</i>	\$0	\$1,000
Preventive & Wellness Exams		
Annual Physical Exam & Immunizations	\$0	\$0
Child Dental Preventive Care <i>for all children under the Medical plan (Routine Exams, Cleanings, Sealants, Fillings and X-rays)</i>	\$0	\$0
Annual Routine Eye Exam (includes refractions)	\$25 Co-pay	20% after deductible
Primary Care and Specialty Physicians		
Office Visit	\$25 Co-pay	\$25 Co-pay
Teladoc Visit	\$25 Co-pay	\$25 Co-pay
Labs and X-Rays/Diagnostic Imaging	\$0	20% after deductible
Therapy Benefits		
Nutritional Therapy (<i>20 visits per calendar year</i>)	\$0 first 5 visits, \$25/visit beyond	\$0 first 5 visits, \$25/visit beyond
Physical Therapy (<i>20 visits per calendar year; 5 max at hospital facility</i>)	\$0 first 5 visits, \$25/visit beyond	20% after deductible
Occupational Therapy (<i>20 visits per calendar year; 5 max at hospital facility</i>)	\$25 Co-pay	20% after deductible
Speech Therapy - Precertification Required (<i>20 visits per calendar year; 5 max at hospital facility</i>)	\$25 Co-pay	20% after deductible
Chiropractic, Acupuncture, Massage Therapy (<i>20 visits per calendar year</i>)	\$25 Co-pay	20% after deductible

THIS IS A SUMMARY OF BENEFITS

Refer to the Plan Document for a full listing of services and coverage at www.manateeyourchoice.com

PHARMACY BENEFIT

For members enrolled in the YourChoice Medical Plan

ALL HEALTH PLAN LEVELS HAVE THE SAME PHARMACY BENEFITS

YOURCHOICE PRESCRIPTION BENEFITS FOR 2022	
Tier	Optum Rx Network Retail Pharmacies and Mail Order (Winn-Dixie, Pelots, Publix, Walgreens, Walmart, CVS)
Generic	\$5 co-pay for 30-day supply or \$15 for 90-day supply
Preferred Brand*	25% co-insurance/\$15 minimum; \$100 maximum for 30 days.
Non-Preferred Brand*	45% co-insurance/\$100 maximum
Specialty *	Must use OptumRx Specialty Pharmacy 25% coinsurance, \$150 maximum or manufacturer's coupon 30-day supply maximum

* Maximum of 30-day supply on brand and specialty medications

CONTACT INFORMATION:



Vanessa Rene, CPht, RPht

Pharmacy Technician & Tobacco Advocate

(941) 748-4501 x6418

vrene@manateeyourchoice.com

DENTAL PLAN

YourChoice Dental Plan (Aetna Dental PPO/PDN)

NOTE: Clerk employees have a different dental plan. Contact HR for details.

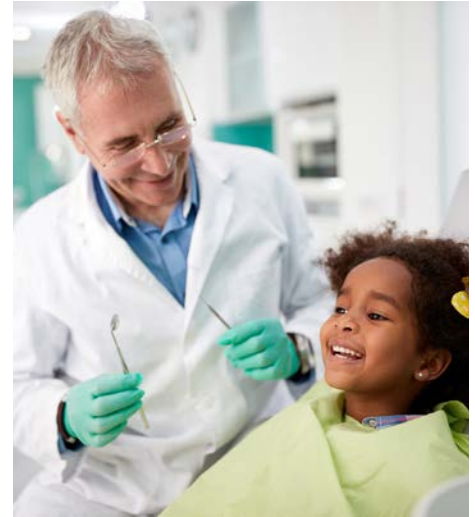
2022 DENTAL MONTHLY RATES

Employee Only	\$34
Employee + 1	\$55
Employee + 2 or more	\$75

DENTAL PLAN FOR NEW ENROLLEES

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 national network**.

A member can use an Out-of-Network Dentist, however, non-network dentists will be reimbursed at the Aetna PPO/PDN 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 turn 26.
- Dependent grandchild 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 they turn 18 months.
- Child under Guardianship up to age 18
- **Eligibility Details for Dental Plan Coverage page 16**

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 at manateeyourchoice.com

If you don't elect coverage now, you may add dental coverage on yourself or an eligible dependent during Annual Enrollment.

DENTAL PLAN SUMMARY

Annual Max: \$2000 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 w/in 6 months of installation)	\$0
Basic Services	
Root canal therapy (anterior/bicuspid/molars)	10%
Scaling and root planing (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 anesthesia/intravenous*	10%
Major Services	
Inlays/Onlays	40%
Crowns, Crown Lengthening, Crown Build-ups	40%
Full and Partial dentures, denture repair	40%
Pontics	40%
Implants	40%
Orthodontics \$2,000 Lifetime Maximum per person	
Adults	50%
Children	50%

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

THIS IS A SUMMARY OF BENEFITS

Refer to the Plan Document for a full listing of services and coverage at www.manateeyourchoice.com

VISION PLAN

Aetna Vision Preferred

Save on eyeglasses, contacts and more. There are no restrictions. You'll get an allowance to buy any frames or contacts you want at any one of our providers nationwide.

Many locations

After enrolling, you'll get a welcome packet in the mail. Inside is your member ID card, insurance plan information and a list of local vision providers. This includes independent neighborhood eye doctors, as well as your favorite retailers, such as: LensCrafters, Target Optical, Pearle Vision, and more!

You can also shop for contact lenses or glasses online at retailers in the network. Vision benefits are automatically applied when you check out.

IMPORTANT: The YourChoice medical plan covers one eye exam per calendar year at a \$25 copay if you're on the Ultimate Plan Level (deductible and coinsurance apply for Best Plan Level). This vision plan covers one exam per calendar year for a \$10 copay. You will need to show your vision insurance card to utilize this benefit.

Find in-network providers

At 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. But if you do, you may pay more out of pocket and you may have to file your own claims.

2022 VISION MONTHLY RATES

Employee Only	\$4.92
Employee + 1	\$9.36
Employee + Child(ren)	\$9.84
Employee + Family	\$14.48

Save like a pro

If you have a 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 non-covered items including lens add-ons
- Discounts on LASIK laser eye surgery
- 40% off hearing exams and fixed pricing on hearing aids
- Coupon codes for free express shipping when you shop online

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 turn 26.
- Dependent grandchild 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 they turn 18 months.
- Child under Guardianship up to age 18
- **Eligibility Details for Vision Plan Coverage page 16**

Visit aetnavision.com for more information and to find a provider.

VISION PLAN SUMMARY

	In Network	Out of Network
Exam		
Use your Exam coverage once every calendar year		
Routine/Comprehensive Eye Exam	\$10 Copay	\$23 Reimbursement
Standard Contact Lens Fit/Follow up a	Member Pays \$40	Not Covered
Eyeglass Lenses / Lens Options		
Use your Lens coverage once every calendar year to purchase either 1 pair of eyeglass lenses OR 1 order of contacts lenses		
Standard Plastic Single Vision Lenses	\$25 Copay	\$35 Reimbursement
Standard Plastic Bifocal/Trifocal/Lenticular Vision Lenses	\$25 Copay	\$55 Reimbursement
Standard Progressive Vision Lenses	\$90 Copay	\$55 Reimbursement
Standard Plastic Scratch Coating	\$0 Copay	\$15 Reimbursement
Standard Polycarbonate Lenses - Adult	Member Pays \$40	Not Covered
Standard Polycarbonate Lenses - Child	\$0 Copay	\$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 Contact Lens coverage once every calendar year to purchase either 1 pair of eyeglass lenses OR 1 order of contacts 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 Copay	\$200 Reimbursement
Frames		
Use your Frame coverage once every 2 calendar years		
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 at www.manateeyourchoice.com

LIFE INSURANCE

CORE LIFE INSURANCE

NO COST TO EMPLOYEE FOR CORE LIFE INSURANCE

Core Term 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

- Additional Life Insurance can be elected for employees, spouses and children. Evidence of Insurability (EOI) is required unless elected at time of hire. An employee can elect up to 6x 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

2021 ADDITIONAL TERM LIFE MONTHLY RATES								
EMPLOYEE Up to 6x Base Annual Salary				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	\$0.050	55-59	\$0.511	<34	\$0.051	55-59	\$0.518	
35-39	\$0.058	60-64	\$0.756	35-39	\$0.066	60-69	\$0.715	
40-44	\$0.122	65-69	\$0.994	40-44	\$0.139			
45-49	\$0.245	70+	\$1.310	45-49	\$0.263			
50-54	\$0.346			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 www.manateeyourchoice.com

CORE TERM LIFE

Core Term Life and Accidental & Dismemberment Insurance is paid 100% by your employer, Core Term Life Insurance Benefit is one (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.

ADDITIONAL EMPLOYEE TERM LIFE

Additional Term Life Insurance Benefit is a 100% employee paid benefit that gives you the option to apply for one (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 Evidence of Insurability 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 Evidence of Insurability.

LIFE EVENTS

For a life event of birth or marriage, an employee can enroll in 1x additional Life or increase by 1x (for instance 1x to 2x) without Evidence of Insurability (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.

EOI (Evidence of Insurability)

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 Evidence of Insurability, and must be approved by the Life Carrier 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.

SHORT TERM DISABILITY (STD)

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

WHO'S ELIGIBLE?

This coverage is available to active full-time employees who work at least 30 hours per week on a regularly scheduled basis.

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.

- An employee 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 manateeyourchoice.com

EVIDENCE OF INSURABILITY (EOI)

EOI is NOT REQUIRED BY A NEW EMPLOYEE who elects STD during their initial employee enrollment period prior to the Employee's Effective Date. STD can be applied for at any time during the year. However, Evidence of Insurability 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.

2021 STD MONTHLY RATES Rates are calculated automatically during Enrollment	
Age	Rates Per \$10 of Weekly Benefit
<25	\$0.36
25-29	\$0.42
30-35	\$0.46
35-39	\$0.34
40-44	\$0.28
45-49	\$0.30
50-54	\$0.37
55-59	\$0.48
60-64	\$0.59
65+	\$1.053

WORKSHEET FOR STD Calculate Estimated Monthly Premium	
1. Find your weekly earnings by dividing your annual earnings by 52.	Line 1: <u>\$576.92</u> (30,000/52)
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>
3. Select your rate from the rate table and divide this by 10.	Line 3: <u>\$0.046</u>
4. Multiply line 2 by the amount in line 3.	Line 4: <u>\$15.92</u>
<div> <div>Line 2 (weekly benefit)</div> <div>X</div> <div>Line 3 (rate/10)</div> <div>=</div> <div>(Est. Monthly Premium)</div> </div>	

LONG TERM DISABILITY (LTD)

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

WHO'S ELIGIBLE?

This coverage is only available to full time employees

CORE LONG TERM DISABILITY

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 Long Term Disability 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.

ADDITIONAL LTD RATES

2021 ADDITIONAL LTD MONTHLY RATES EMPLOYEE Up to 66 2/3% Base Monthly Salary	
Age	Rates Per \$100 of Insured Earnings
<40	\$0.11
40-49	\$0.32
50-59	\$0.75
60-64	\$0.77
65+	\$0.80

WORKSHEET FOR ADDITIONAL LTD Calculate Estimated Monthly Premium	
1. Enter your monthly earnings, not to exceed \$7,500, on Line 1.	Line 1: \$5,000
2. Select your rate from the rate table and divide this by 100.	Line 2: \$.0011 (.11 ÷ 100)
3. Multiply Line 1 by the amount shown on Line 2.	Line 3: \$5.50
Line 1 (Monthly Earnings) X Line 2 (Rate/100) = Est. Monthly Premium	

EVIDENCE OF INSURABILITY (EOI)

EOI is NOT REQUIRED BY A NEW EMPLOYEE who elects Additional LTD during their initial employee enrollment period prior to the Employee's Effective Date.

If an employee does not elect the additional LTD during the initial enrollment period, they may apply at any time during the year, subject to Evidence of Insurability, and must be approved by the LTD carrier, to receive the additional coverage.

If an employee is interested in adding voluntary 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.

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 child care. 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.](#)

HEALTH CARE SPENDING ACCOUNT

You can enroll in a Health Care Flex Spending Account and elect up to \$2,750 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 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.

Up to \$550 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 SPENDING ACCOUNT

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 adult 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 Payflex website or app. Unfortunately, the debit card option is not available with the Dependent Care Flex Spending Account.

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.

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 will be forfeited.

For more information visit www.manateeyourchoice.com or call 1-844-PAYFLEX (729-3539).

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'd save nearly \$750 for the year!**

MEDICAL, DENTAL & 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 eligible. Remember, proof of Dependent's Legal Relationship will also be required as part of the Eligibility Application process. A Life Event must be submitted along with supporting documents within 31 days; 60 days for births.

WHO ARE MY ELIGIBLE DEPENDENTS?

- Legal Spouses
- Biological/Adoptive Child up to age 26
- Step-Children up to age 26
- Child under Guardianship up to age 18
- Disabled Children over age 26 (child must have been disabled before age 26 and enrolled in the plan before age 26)
- Grandchildren up to age 18 months (born to a covered dependent and living with the employee)
- Dependent Child age 26-30*

REQUIRED DOCUMENTS

Spouse:	Marriage Certificate
Natural (Biological) Children:	Birth Certificate and legal paperwork for Adoptive child
Step-Children:	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 the disability.
Grandchildren:	Birth Certificate of the covered dependent and birth certificate of the grandchild.
Dependent Child age 26-30*:	Birth Certificate, Overage 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
- Child is a FT or PT 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 \$741.36 (no cost-sharing)

FAMILY STATUS CHANGE

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 flex spending account 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 those 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.

REQUEST DATE

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.

These events would allow an employee to drop, add or change coverage if the request is made within 60 days:

- Birth of a baby
- Adoption, or placement for adoption
- Eligibility for Medicaid, Florida Kid Care, Healthy Kids, or another state- funded program.
- Loss of eligibility for Medicaid, Florida Kid Care, Healthy Kids, or another state- funded program.

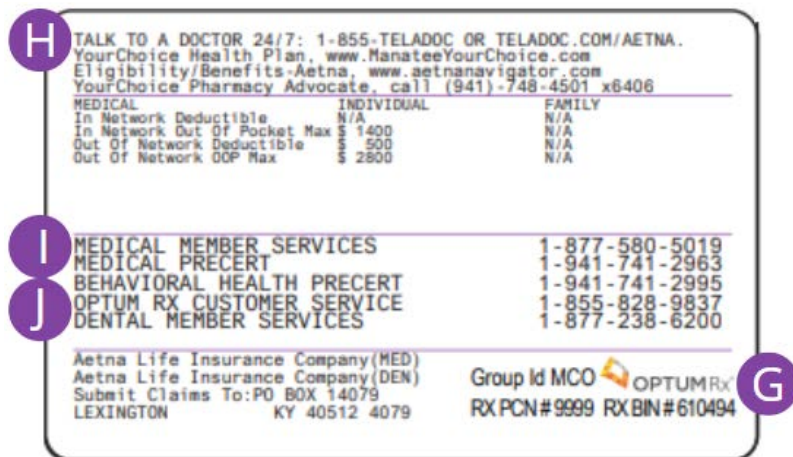
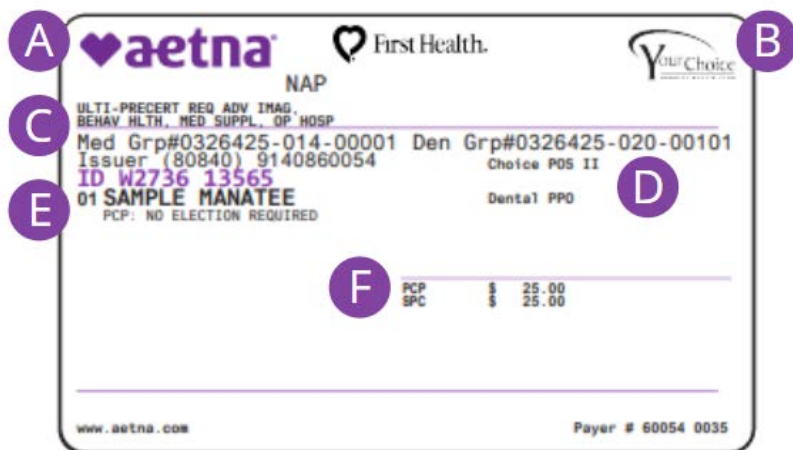
EFFECTIVE DATE OF COVERAGE

- 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 special enrollments will be the first of the month following the date of the Family Status Change.

DOCUMENTATION REQUIRED FOR FAMILY STATUS CHANGE

- Marriage certificate if adding a spouse
- Birth certificate if adding a child
- Proof of loss, or eligibility, of coverage

YOUR INSURANCE CARD



- A. Aetna** – Aetna manages the provider network, processes claims, and provides some customer support.
- B. YourChoice Health Plan** – Your insurance plan. We're not Aetna.
- C. Plan Level** – Indicates your level of coverage.
- D. Network** – We utilize the Aetna Choice POSII (Open Access) provider network. 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. ID** – This is your unique identifying number for the health plan.
- F. Copay** – Indicates your copay for primary and specialty visits.
- G. Optum RX** – Your pharmacy benefits are processed through OptumRX, not Aetna.
- H. Pharmacy Advocate** – Questions regarding pharmacy coverage can be directed here
- I. Member Services** - Phone numbers to call if you have a question about a claim or coverage.
- J. Medical & Behavioral Precertification** – Your medical provider should call our precertification line at (941) 741.2963 or send a secure fax to 941.741.2981 to certify medical procedures and hospital stays. Please make sure they understand that Manatee YourChoice Health Plan is NOT Aetna. 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.

Members can also call this number for assistance in understanding doctor's orders, or finding a network provider.

Aetna Navigator | aetnavigators.com

Sign up for Aetna Navigator to:

- Order ID cards or download a digital version on your smart phone
- Find a doctor
- View claims and explanation of benefits (EOB)
- Access additional health and wellness resources

BENEFIT ENROLLMENT SYSTEM (BENEFITEXPRESS)

Follow the steps below to gain access to the site:

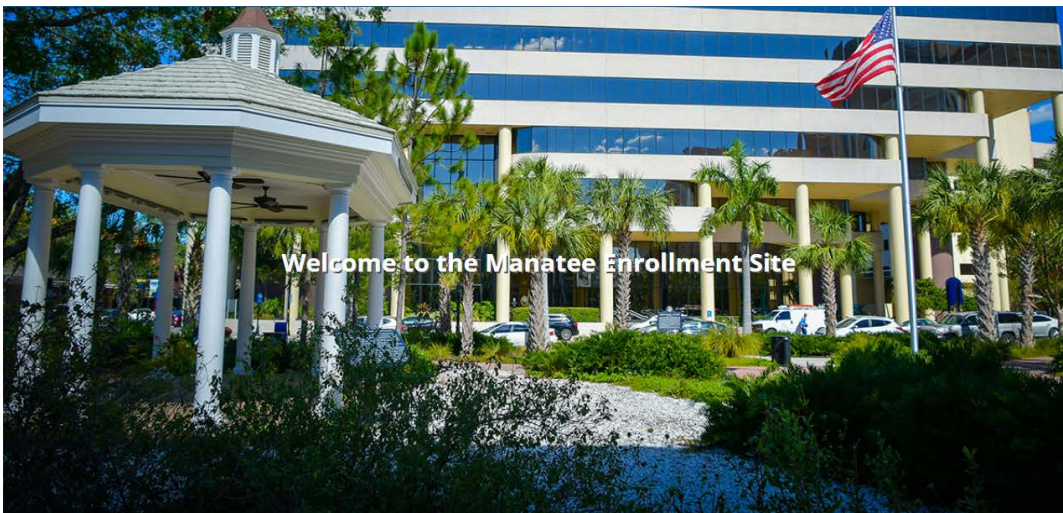
1. Open an internet browser.
2. Using the Address Bar, navigate to www.manateeyourchoice.com
3. Select Benefit Login



4. Click "Login" in the Enrollment System box
5. Enter your Username and Password using the login instructions below (or click "login instructions" on the screen).

Login Instructions

- On the first screen, enter your username. Your username is your Employee ID number. (Please note that usernames are not case sensitive)
- On the second screen, enter your password. Your initial password is the capitalized first letter of your first name + lower case 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, then your password would be Dp34202.*
- Click the Login button to begin.



Username:

Next

[Login Instructions](#) [Forgot Password?](#)

When initially logging into the benefitexpress system, you will be required to respond to two interim pages:

1. Accept Terms & Conditions
2. Change Password

Accepting Terms & Conditions:

Immediately following a successful login, you will be presented with the **benefitexpress Terms & Conditions Acceptance page**. You will need to accept the Terms & Conditions to enter the benefitexpress system.

Change Password:

Immediately following your acceptance of the benefitexpress 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 4:

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

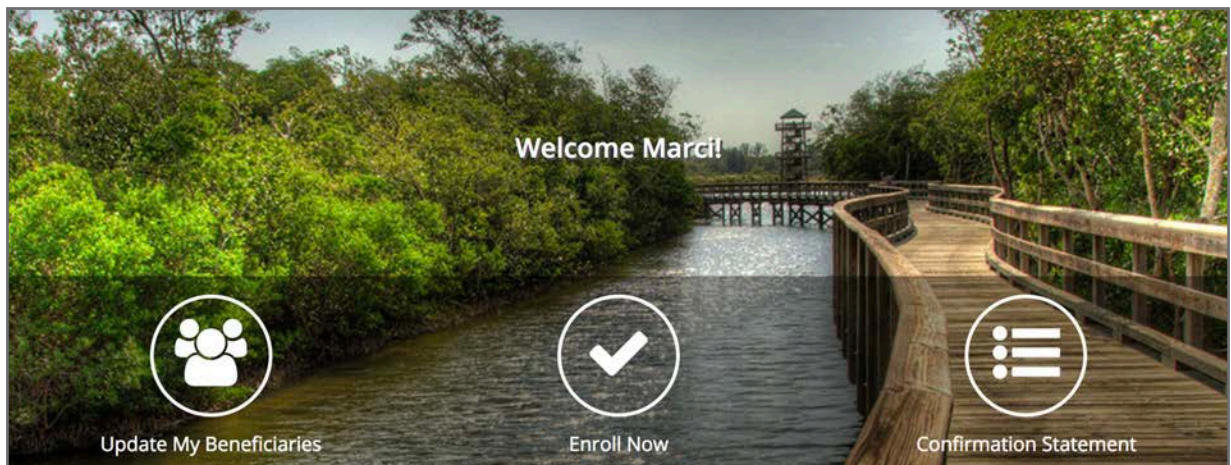
You will only be prompted through these additional login pages during your initial login. The next time you log in, only your Username and Newly Created Password will be needed to access the Benefit Express Enrollment System.

NOTE: Before every Annual Enrollment, it is standard practice that all passwords be reset to Manatee YourChoice's default password. After logging in, employees will be prompted to change their passwords annually.

Once logged in, click the green "Enroll" button to complete initial benefits enrollment.

Benefit Express Enrollment

Once logged in, click the "Enroll Now" button to complete initial benefits enrollment.



You will have 1 week to complete your initial enrollment. If you do not enroll during this time-frame, your next opportunity to enroll will be during Annual Enrollment.

457(b) DEFERRED COMPENSATION PLAN

A tax-favored supplemental Retirement Savings Program

The 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 a Deferred Compensation account now during new hire processing or at any time during the year.

Contacts:

BCC	(941) 748-4501 x6405
Clerk of Courts	(941) 749-1800 x4009
Manatee County Sheriffs 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 enroll.voya.com
- Enter plan number 664385
- Enter verification number 025697
- Enter location code 0001

Have a question about setting up your account online? Contact VOYA customer service at 1-800-584-6001.

For Investment Inquiries contact:

Diane Petitta
Financial Advisor
(813) 281-3751
diane.petitta@voyafa.com

LAMP BEHAVIORAL HEALTH

The YourChoice Option for EAP Employee Assistance Programs

LAMP offers assistance to employees and members covered under the Manatee YourChoice Health 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.

ALL HEALTH PLAN LEVELS HAVE THE SAME LAMP BENEFITS

- Assessment/Screenings
- Referrals
- Behavioral Issues
- Lifestyle Changes
- Health Management
- Alcohol & Drug Abuse
- Depression
- Anxiety
- Stress and Resilience
- Marriage & Family
- Communication
- Grief
- Anger
- Tobacco Cessation Coaching
- Psychiatric Evaluations & 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
\$15 per session in-house*
\$25 per session in-network

Psychiatric Services:

First visit is Free for in-house
\$15 per session in-house*
\$25 per session in-network

**In-house services are available to employees not covered under the Manatee YourChoice Health Plan.*

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

Worksite Training: (941) 748-4501 x6469

Learn more at www.manateeyourchoice.com

DIABETES CARE PROGRAM

Benefits of Diabetes Care Program

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 comprehensive diabetes care to employees and their families including the supplies, education, and expert help needed to stay healthy. Individual consultations are available to members at no cost.

Each Member with Diabetes Receives at NO COST:

- Bluetooth-enabled glucometer
- Test strips on an ongoing basis
- Discounts and co-pay cards for many medications, including insulin.
- Pen needles if on an injectable diabetes medication
- Access to the latest in technology - tools, equipment and tracking
- Blood sugar and nutrition help from Certified Diabetes Educator and Registered Dietitian
- Consultations with a Diabetes Educator
- Access to Omada, an online program to help you manage your diabetes
- Informational programs



Florey Miller, MS, RD, CDE

Registered Dietitian/Diabetes Educator
(941) 748-4501 x6410
fmiller@manateeyourchoice.com

TOBACCO EARLY UPGRADE

Tobacco users (or nicotine exposed) start out in the BEST plan, but can upgrade to the ULTIMATE plan anytime throughout the year once they quit smoking.

STEPS TO UPGRADE

1. Contact Vanessa Rene to get started at (941) 748-4501 x6418
2. Get 2 negative lab draws at least 90-days apart
3. Get 1 negative lab draw the following year and complete your other Qualifying Events.

You will be upgraded on the 1st of the month following your second negative lab draw. You will stay in the ULTIMATE plan the following year by getting a negative lab draw and completing your other Qualifying Events.

RESOURCES TO HELP YOU QUIT

Tobacco Cessation Aids

- Patch
- Lozenges
- Gum
- Pharmaceutical Interventions (Wellbutrin, Chantix)
- Contact Vanessa Rene, CPhT, RPhT, Pharmacy Technician at x6418 to receive these aids at no cost.

Tobacco Cessation Classes in Partnership with AHEC

- Contact Vanessa Rene, CPhT, RPhT, Pharmacy Technician at x6418 for more information.

Tobacco Cessation Counseling

- Meet with an in-network counselor who specializes in helping people quit tobacco.
- Contact Vanessa Rene, CPhT, RPhT, Pharmacy Technician at x6418



Vanessa Rene, CPhT, RPhT

Pharmacy Technician & Tobacco Advocate

(941) 748-4501 x6418

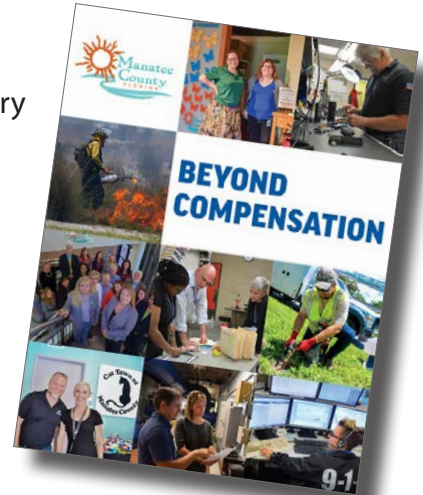
vrene@manateeyourchoice.com

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.

Check out the Beyond Compensation Booklet available at 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).



WHO'S ELIGIBLE?

- Employees not on the health plan are eligible for *some but not all* wellbeing programs. Refer to Employee Wellness Program Policy at www.manateeyourchoice.com for details.
- New Hires may begin participating in all programs prior to their Benefits Effective Date except for programs that require a co-pay for an outside provider such as: Registered Dietitian, Bariatric Surgery, Health Coaching, etc.



WELLBEING AT WORK

The Wellbeing at Work program provides opportunities for Manatee County Government employees to engage in activities at their worksite that promote personal wellbeing, such as educational classes, ergonomic assessments, steps challenges, and much more. Many worksites have a designated Wellness Champion who brings these resources to the worksite on a regular basis throughout the year.

HEALTH BUCKS

Incentive Rewards paid to Employees enrolled in the MYC Medical Plan

Health Bucks are Incentive Rewards paid to employees enrolled in the Manatee YourChoice Medical Plan for participation in specific YourChoice Wellbeing Programs. Health Bucks are earned during the year then applied to your paycheck in December*.

Health Bucks programs are subject to change. Visit www.manateeyourchoice.com for a current list of available programs and more information.

*Some agencies may process Health Bucks differently. Check with your payroll department for details.

EMPLOYEE WELLNESS PROGRAM

For Employees **NOT** on the Health Plan

MANATEE COUNTY GOVERNMENT EMPLOYEES AND EMPLOYEES OF MANATEE COUNTY GOVERNMENT'S SUPPORTING AGENCIES (e.g. State Attorney's Office) are eligible to participate in the following YourChoice Wellness Programs & Services, regardless of whether they are a YourChoice Health Plan Member or not.

- YourChoice Fitness Center and On-Site Group Fitness Classes
- YourChoice Educational Programs; most workshops & classes*
- Discounted programs like gym memberships, financial coaching, etc.

**Most YourChoice Program Instructors are paid a flat hourly rate; these programs are open to all as indicated above. Program Instructors that require a fee per person are not available to Non-Health Plan Members.*

BCC & CONSTITUTIONAL AGENCY EMPLOYEES ONLY: The following programs & services are available to ALL Employees of the BCC and Constitutional Agencies* regardless of Health Plan election.

- In-house LAMP Benefits (Behavioral Health) - 5 counseling sessions per calendar year at no cost
- On-site wellness programs, such as Advocate presentations, ergonomic assessments, step challenges, and more.

**BCC: Board of County Commissioners, Bradenton Area Convention & Visitors Bureau, Building & Development Services, County Administrator, County Attorney, Financial Management, Human Resources, Information Technology Services, Neighborhood Services, Parks & Natural Resources, Property Management, Public Safety, Public Works, Redevelopment and Economic Opportunity, Utilities*

**Constitutions: Clerk of Court, Housing Authority, Manatee County Sheriff's Office, Metropolitan Planning Organization, Port Authority, Property Appraiser, Supervisor of Elections, Tax Collector*

YourChoice Fitness Center



Julie Drackett

(941) 748-4501 x3966

jdrackett@manateeyourchoice.com

1012 B Manatee Ave W

Bradenton, FL 34205

SIGN UP FOR YOURCHOICE EMAIL NOTIFICATIONS

Receive important information about your benefits, wellness programs, classes and events

1. Go to www.manateeyourchoice.com and look for the subscribe button on the homepage



2. Enter your email address and name to subscribe to our email list and choose one or more of the following:

- Benefit News (Benefit Changes, Annual Enrollment, etc.)
- Blog (Once a week content from YourChoice Advocates and partners)
- Events & Classes (Monthly calendar, upcoming events, etc.)
- Fitness Center (Fitness Center news, group fitness classes, etc.)
- Retiree (events and news that specifically impact retirees)

Stay connected!

Get news from Manatee YourChoice Health Plan in your inbox.

*** Email**

First Name

Last Name

Department

*** Email Lists**

☐ Benefit News

☐ Blog

☐ Events & Classes

☐ Fitness

☐ Retirees

Sign Up!

APPENDIX | 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 x6404 or x6419 OR your Insurance Coordinator.

For Other Agencies: Contact your HR Department or Employee Health Benefits:

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

2. How long do I have to wait for my health 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 3 for your Benefits Effective Date and Enrollment Due Date.

3. Who can I cover as dependents under my health 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 15 for Eligibility details.

4. Can I decline my health insurance coverage and still be covered for dental?

Yes. You can elect either individual or family Dental.

5. If I elect individual health insurance coverage, can I elect family dental coverage or additional life insurance coverage for my dependents?

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

6. When will I receive my Insurance Cards?

You will receive your Insurance Cards in the mail by your Benefits Effective Date. If you do not, you can download cards online using Aetna Navigator, refer to page 18.

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, Bariatric Surgery, Health Coaching, etc.

LEVELS OF REIMBURSEMENT GLOSSARY TERMS

Co-insurance:

The remaining portion of the cost of medical services to be paid by the patient after first meeting any applicable deductible.

Deductible:

A fixed amount that an individual must pay for covered medical services before the health plan will begin to pay.

Maximum out-of-pocket:

The limit on the amount an individual is required to pay for health care services covered by their medical 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 Aetna to provide services. Members will pay more out of pocket when using an out-of-network provider for services.

PHARMACY GLOSSARY TERMS

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-\$5 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 7 for cost.

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 YourChoice Pharmacy Advocate, 941-748-4501 x6406, for more information about your Specialty Pharmacy benefits.

Model General Notice of COBRA Continuation Coverage Rights

CONTINUATION 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 Avenue Circle East
Bradenton, FL 34208
(941) 748-4501 x6404

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 disclosed 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 x6419**

