



Bay County Board of County Commissioners
Bay County Human Resources Department
840 W 11th Street
Panama City, FL 32401
850-248-8201

Hello,

The annual benefits open enrollment period (**October 12 through October 26, 2020**) is the one occasion each year when employees have the opportunity to make voluntary changes to enrollment elections for their health, dental and vision insurance, as well as to their election to participate in the medical and/or dependent care Flexible Spending Accounts (FSA) or Health Savings Account (HSA). All benefit election changes are effective **January 1, 2021**.

In order to review the benefits you currently have, you can access your information in the Employee Access Center at <https://plus-ol.aspgov.com/bac/EAC5brd/Login.aspx>. If you do not remember your login information, or you are locked out of your portal, please let your payroll clerk know and the clerk will email Finance so they can reset your login information.

PLEASE NOTE: Due to legal requirements, each year every employee with County insurance will be **required** to sign the 125 Redirection Form. These forms will be handed out at the Benefit Enrollment Meetings. If you have a Flexible Spending Account (FSA) or Health Savings Accounts (HSA), you **must** indicate the Bi-weekly deduction on the 125 Redirection Form, even if the amount will not change. All forms **must** be returned to the Office of Human Resources during the open enrollment period of Monday **October 12 through October 26, 2020** to ensure all elections/changes are complete and will go into effect on January 1, 2021.

BENEFIT ENROLLMENT MEETINGS

Due to the COVID-19 situation, representatives/vendors from current payroll deducted insurances/programs will not be available this year to employees. There have been no plan changes to your benefits for 2021, only a slight increase to medical and dental insurance premiums and the maximum contribution amounts for the FSA (\$2750) and the HSA (Single \$3600 and Family \$7200).

We will be offering Benefit Enrollment Meetings at the times and places listed below to provide you an opportunity to make any necessary changes to your current plans. This is also a great time to make address, emergency contact, and beneficiary changes. Those who do not attend Open Enrollment Benefit Fairs must turn in their paperwork as soon as it is complete but no later than Monday, 10/26/2020 to Pam Whitfield, Human Resources Benefits Manager or to your payroll clerk who will provide it to Human Resources by the deadline.

Tuesday, October 13, 2020 - Bay County Govt. Center from 9:00 a.m. – 12 p.m.

Wednesday, October 14, 2020 - Roads & Bridges from 1:30 – 4:30 p.m.

Friday, October 16, 2020 - EOC from 8:30 - 10:30 a.m.

Be sure to visit the Human Resources web page at www.baycountyfl.gov/hr.php to access open enrollment links, forms, and a *Summary of Benefits & Coverage (SBC)*. You may contact Pam Whitfield, Human Resources Benefits Manager to request a paper copy of the SBC. We look forward to assisting in your benefit selections for the upcoming year.

**BAY COUNTY BOARD
OF COUNTY COMMISSIONERS**

**OPEN ENROLLMENT FOR PLAN YEAR 2021
January 1, 2021 thru December 31, 2021**

FLORIDA BLUE HEALTH INSURANCE

High Deductible PLAN WITH (CYD \$1400/2800) DEDUCTIBLE 10/50/80 Rx

Entire Premium
1st Pay Pd

<u>Coverage Type</u>	<u>Employee - 10%</u>	<u>Employer - 90%</u>	<u>Total Premium</u>
Employee	\$ 61.10	\$549.94	\$611.04
Emp + Spouse	\$ 148.48	\$1,336.36	\$1,484.84
Emp + Child(ren)	\$ 119.07	\$1,071.65	\$1,190.72
Family	\$ 208.98	\$1,880.82	\$2,089.80

FLORIDA COMBINED LIFE - DENTAL

Entire Premium
1st Pay Pd

<u>Option</u>	<u>Emp</u>	<u>Emp + 1</u>	<u>Family</u>
Low	\$ 15.45	\$ 28.09	\$ 46.97
Mid	\$ 20.15	\$ 36.65	\$ 61.28
High	\$ 28.85	\$ 59.82	\$ 95.47

VSP - VISION

Entire Premium
2nd Pay Pd

Employee	\$ 8.65
Emp + Spouse	\$ 13.85
Emp + Child(ren)	\$ 14.14
Family	\$ 22.79

RELIANCE LIFE INSURANCE **

" 5,000 life	\$ 4.05
" 10,000 life	\$ 8.10
" 15,000 life	\$ 12.15
" 20,000 life	\$ 16.20
" 25,000 life	\$ 20.25
" 30,000 life	\$ 24.30
" 35,000 life	\$ 28.35
" 40,000 life	\$ 32.40
" 45,000 life	\$ 36.45
" 50,000 life	\$ 40.50

**** Supplemental Life/AD&D
Insurance up to \$65k
without EOI form for
new employees.**

NOTE: ** The rates above reflect the total cost to be deducted for supplemental life/AD&D insurance. When supplemental life/AD&D are chosen, the additional cost is paid 100% by the employee at \$.81 per \$1,000 coverage. Any amount of supplemental life/AD&D insurance may be chosen up to \$200,000 (in \$5,000 increments) with evidence of insurability required for coverage over \$65,000. Supplemental life/AD&D will reduce by 35% at age 70.

Dependent life insurance is available with the employee paying 100% of the cost.

Monthly rates are as follows:

\$1.00 - \$5,000 coverage for spouse

\$.20 - \$1,000 coverage for children over 6 months of age and \$100 for children under 6 months of age. Coverage ends at age 19 (or 23 if a full-time student).

Cost Sharing		03160	03161
		Individual	Family
H.S.A-Compatible Plans			
Physician Office Services	In-Network Family Physician	DED + Coinsurance	
	In-Network Specialist	DED + Coinsurance	
	In-Network e-Office Visit	DED + Coinsurance	
	In-Network Advanced Imaging Services (AIS) (MRI, MRA, PET, CT & Nuclear Medicine)	DED + Coinsurance	
	Out-of-Network Provider	DED + Coinsurance	
	Medical Pharmacy* (Does not include immunizations and allergy injections)	DED + 20% Coinsurance	
	In-Network Provider	DED + 50% Coinsurance	
	Out-of-Network Provider	DED + 50% Coinsurance	
Emergency Room Facility Services (per visit; copayment waived if admitted)	In-Network	DED + Coinsurance	
	Out-of-Network	DED + Coinsurance	
Independent Diagnostic Testing Facility (Fac./Phy. Charges billed as one bill)	In-Network - Diagnostic Services (other than AIS)		DED + Coinsurance
	In-Network Advanced Imaging Services (AIS) (MRI, MRA, PET, CT & Nuclear Medicine)		DED + Coinsurance
	Out-of-Network		DED + Coinsurance
			DED + Coinsurance
Independent Clinical Lab	In-Network Provider	DED	
	Out-of-Network Provider	DED + Coinsurance	
Provider Services at Hospital and ER		In-Network DED + In-Network Coinsurance	
In-Network and Out-of-Network			
Provider Services at Locations other than Office Hospital and Emergency Room	In-Network Family	DED + Coinsurance	
	In-Network Specialist	DED + Coinsurance	
	Out-of-Network	DED + Coinsurance	
Ambulatory Surgical Center	In-Network Provider	DED + Coinsurance	
	Out-of-Network Provider	DED + Coinsurance	
Inpatient Hospital Facility Services (per admission)	In-Network	Option 1 - DED + 20% Coinsurance Option 2 - DED + 25% Coinsurance	
	Out-of-Network	DED + 40% Coinsurance	
Outpatient Hospital Facility Services (per visit)	In-Network - Therapy Services		Option 1 - DED + 20% Coinsurance Option 2 - DED + 25% Coinsurance
	In-Network - All Other Services		Option 1 - DED + 20% Coinsurance Option 2 - DED + 25% Coinsurance
	Out-of-Network		DED + 40% Coinsurance
Deductible (per Person / Family Aggregate)	In-Network	\$1,400 / NA	\$2,800 / \$2,800
	Out-of-Network	\$2,500 / NA	\$5,000 / \$5,000
Coinsurance (Amount member pays)	In-Network	20%	
	Out-of-Network	40%	
Prescription Drugs	Generic / Brand / Non-Preferred		In-Network DED + \$10 / \$50 / \$80
	Mail-Order (90 day supply)		In-Network DED + \$25 / \$125 / \$200
	Condition Care Rx Drugs		\$10 / \$50 / \$80
Out-of-Pocket Maximum (per Person / Family Aggregate)			Includes DED, Coins, Copays & Rx
	In-Network		\$5,000 / NA
	Out-of-Network		\$10,000 / NA
		Includes DED, Coins, Copays & Rx	
		\$5,000 / \$5,000	
		\$10,000 / \$10,000	

Benefit Maximums for Plans 03160/03161	
Home Health Care (Per Benefit Period – PBP)	20 Visits PBP
Skilled Nursing Facility	60 Days PBP
Outpatient Therapy & Spinal Manipulations	35 Visits PBP

Comments:
<ul style="list-style-type: none"> • Separate plan for individual and family coverage • In-Network Independent Clinical Lab services are paid at 100% after DED has been met • Preventive Adult Wellness (Per Benefit Period - PBP) Services are not subject to the DED. • Medical Pharmacy monthly OOP Max does not apply until the In-Network DED is met for HSA plans • Condition Care Rx is available In-Network – Waive DED, regular copay applies.

* (1) Medical Pharmacy Monthly OOP Max applies in-network only and is combined Preferred and Non-Preferred unless otherwise noted. It includes the drug cost share and applies to the health plan OOP Max. (2) Physician Services are in addition to drug costs (separate cost share applies). (3) Separate drug cost share does not apply to allergy injections or immunizations; only office cost share applies.

This is not an insurance contract or Benefit Booklet. The above Benefit Summary is only a partial description of the many benefits and services covered by Blue Cross and Blue Shield of Florida, Inc., an independent licensee of the Blue Cross and Blue Shield Association. For a complete description of benefits and exclusions, please see Blue Cross and Blue Shield of Florida's Benefit Booklet and Schedule of Benefits; their terms prevail.

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BlueDental Choice
Benefit Summary

Bay County Commission

Anniversary Date 1/1/2021

	Low Plan	Mid Plan	High Plan
Deductible (No Deductible for Preventive Services)	In & Out-of-Network Per Person: \$50 Per Family: \$150	In & Out-of-Network Per Person: \$50 Per Family: \$150	In & Out-of-Network Per Person: \$50 Per Family: \$150
Preventive Services	You Pay In: 0% Out: 20%	You Pay In: 0% Out: 20%	You Pay In: 0% Out: 20%
Basic Services	You Pay In: 40% Out: 40%	You Pay In: 40% Out: 40%	You Pay In: 40% Out: 40%
Major Services	You Pay In: 100% Out: 100%	You Pay In: 50% Out: 60%	You Pay In: 50% Out: 60%
Periodic Oral Eval (0120)	Preventive	Preventive	Preventive
Comprehensive Oral Eval (0150)	Preventive	Preventive	Preventive
Bitewing X-rays (0272)	Preventive	Preventive	Preventive
Cleanings- Adult/Child (1110,1120)	Preventive	Preventive	Preventive
Fluoride Treatment- Child (1206, 1208)	Preventive	Preventive	Preventive
Office Visits (9430)	Preventive	Preventive	Preventive
Space Maintainers –fixed – unilateral (1510)	Basic	Basic	Basic
X-rays- Intraoral/Complete Series (0210)	Basic	Basic	Basic
Sealant – per tooth (1351)	Basic	Basic	Basic
Amalgam Restorations (Silver Filings) (2140)	Basic	Basic	Basic
Resin-Based Restorations –Anterior (2330)	Basic	Basic	Basic
Extractions – Routine & Surgical (7140)	Basic	Basic	Basic
Root Canal Molar (3330)	Major (You pay 100%)	Major	Major
Periodontal Scaling & Root Planing – per quad (4341)	Major (You pay 100%)	Major	Major
Osseous Surgery – 4 or more contiguous teeth (4260)	Major (You pay 100%)	Major	Major
Crowns – Porcelain fused to noble metal (2752)	Major (You pay 100%)	Major	Major
Complete Dentures (5110, 5120)	Major (You pay 100%)	Major	Major
Pontic- Porcelain fused to noble metal (6242)	Major (You pay 100%)	Major	Major

	Low Plan	Mid Plan	High Plan
Partial Dentures (5213, 5214)	Major (You pay 100%)	Major	Major
Surgical placement of implant body – endosteal implant (6010)	Major (You pay 100%)	Major	Major
Implant supported porcelain fused to metal crown (titanium, high noble metal) (6066)	Major (You pay 100%)	Major	Major
Ortho Services	N/A	N/A	All Insureds In & Out-of-Network 50%
Waiting Periods	None	None	None
Maximum Benefits	Plan Year (per person) In: \$750 Out: \$750	Plan Year (per person) In: \$500 Out: \$500	Plan Year (per person) In: \$1,250 Out: \$1,250 Lifetime Ortho (per person) In: \$1,250 Out: \$1,250
Dental Rollover	Yes	Yes	Yes
Type of Coverage	Monthly Premium		
Employee Only	\$15.45	\$20.15	\$28.85
Employee + 1	\$28.09	\$36.65	\$59.82
Employee + Family	\$46.97	\$61.28	\$95.47

YOUR VSP VISION BENEFITS SUMMARY
BAY COUNTY BOARD OF COUNTY COMMISSIONERS
 and VSP provide you with an affordable vision plan.

PROVIDER NETWORK:
 VSP Signature
EFFECTIVE DATE:
 01/01/2021



BENEFIT	DESCRIPTION	COPAY	FREQUENCY
YOUR COVERAGE WITH A VSP PROVIDER			
WELLVISION EXAM	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness 	\$20	Every 12 months
PRESCRIPTION GLASSES		\$20	See frame and lenses
FRAME	<ul style="list-style-type: none"> \$130 allowance for a wide selection of frames \$150 allowance for featured frame brands 20% savings on the amount over your allowance 	Included in Prescription Glasses	Every 24 months
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children 	Included in Prescription Glasses	Every 12 months
LENS ENHANCEMENTS	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 40% on other lens enhancements 	\$0 \$80 - \$90 \$120 - \$160	Every 12 months
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> \$130 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) 	Up to \$60	Every 12 months
PRIMARY EYECARESM	<ul style="list-style-type: none"> Retinal screening for members with diabetes Additional exams and services for members with diabetes, glaucoma, or age-related macular degeneration. Treatment and diagnoses of eye conditions, including pink eye, vision loss, and cataracts available for all members. Limitations and coordination with your medical coverage may apply. Ask your VSP doctor for details. 	\$0 \$20 per exam	As needed
EXTRA SAVINGS	Glasses and Sunglasses <ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details. 30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% from any VSP provider within 12 months of your last WellVision Exam. 		
	Routine Retinal Screening <ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam 		
	Laser Vision Correction <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor 		

YOUR COVERAGE WITH OUT-OF-NETWORK PROVIDERS

Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.

Coverage with a retail chain may be different or not apply. Log in to vsp.com to check your benefits for eligibility and to confirm in-network locations based on your plan type. EasyOptions Plan Benefits are not available at Walmart, Sam's Club, or Costco. VSP guarantees coverage from VSP network providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.

*Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change. Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details.

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Bay County Flexible Benefits

Employees can elect to pretax up to \$2750 in the Health Care Reimbursement Account.

Employees can elect to pretax up to \$5000 in the Dependent Care Assistance Account.

Employees can elect to pretax most payroll deducted insurance premiums. This results in tax savings to the employee (Federal and FICA tax) as well as tax savings to the County (FICA).

The "Take Care" Debit Card is available to employees at no cost to the employee.

Reimbursement checks are mailed to participants within 2 days of receipt of claim.

Employees have a 60 day grace period to file claims for any balance in their account once the plan year ends. Employees can also rollover up to \$550 from one plan year to the next in the Health Care Reimbursement Account. Roll over amounts do not go towards the \$2750 maximum. Any balance remaining in the spending accounts after the grace period has expired and after any roll over amount has been brought forward would be forfeited to the County. This is an IRS regulation, not the County's rule. This is commonly referred to as the Use it or Lose it Rule.

The Health Care Reimbursement Account is a prefunded account. What this means, is that the employee's entire annual election is available to the employee on the first day of the plan year. Employees can use these funds to pay for out of pocket medical, dental and vision expenses for themselves as well as qualified dependents. Eligible expenses are expenses that have a date of service that takes place during the plan year.

The Dependent Care Assistance Account is not a prefunded account. During the plan year, the amount that an employee would have access to in this account, would be based on how much had been deducted from their pay check into this account less any amount that the employee had been reimbursed. Employees can use these funds to pay for qualified childcare expenses for children up thru the age of 12. All day nursery care, before school and after school care expenses qualify for reimbursement. Also, most summer camp expenses qualify for reimbursement. You can also use funds in this account to pay for qualified adult care expenses in some cases. If you elect to participate in the Dependent Care Assistance Account, you may not be able to take the child care credit when you file your Federal Tax Return.

Once you elect to pretax benefits thru this plan, you are locked into your election for the plan year unless during the year you experience a qualifying change in family status which might allow you to make a change to your elections. If you do experience what you think is a qualifying change in family status, you would have 30 days to get with Human Resources to see if a change is allowable.

Health Savings Account

To participate in this account, you must be covered under a HSA qualified health plan. Also, you cannot have coverage under any other plan that is not a HSA qualified health plan. This would also include an employee having funds available to them thru the Health Care Reimbursement Account.

The maximum amount that you can contribute to the HSA account for single coverage in 2021 is \$3600 (up \$50 from 2020).

The maximum amount that you can contribute to the HSA account for family coverage in 2021 is \$7200 (up \$100 from 2020).

For individuals 55 and older, the IRS allows for an additional \$1000 catch-up contribution.

The Health Savings Account is not a prefunded account. At any time during the year what you would have available to spend would be based on how much had been contributed to the account less how much you may have currently spent. Also, there is no use it or lose it rule with this account. Funds that are deposited into the HSA account are not subject to forfeiture should an employee not spend the money.

Expenses that qualify for reimbursement are most out of pocket medical, dental and vision expenses. The date of service for qualified expenses would have to be on or after the HSA was established. However, you can use your HSA funds to pay for expenses in a prior year as long as the incurred date is after the HSA was established. You can also use your HSA funds to pay for expenses incurred by your spouse or dependents even if they are not covered under the HSA plan.



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- 2 Set up your account**
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- 3 Enter basic contact information**
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- 4 Type in your security information**
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OPEN ENROLLMENT VENDORS FOR 2021 BENEFITS:

Nationwide	Gene Weaver	weaverg4@nationwide.com	850-867-8586
Sam's Club	Angela Freeland	afreeland.s08151.us@samsclub.com	850-769-4464
Legal Shield	Dalene Dube Sawyer	dalene0210@gmail.com	850-624-4814
FRS	Dan Grable	digrable@aol.com	205-253-4363
AFLAC/Cinn Life	Lance Stanley	lance@lancestanley.com	850-258-6832
National Ins. Services	Haley Llanas	hllan@nisbenefits.com	800-627-3660
Florida Pre-Paid	Customer Service	customerservice@florida529plans.com	800-552-4723
Liberty National	Nikki Calton	calton22@gmail.com	
VSP	Customer Care Team	vsp.com	800-877-7195
Lockard & Williams	Kenny Anderson	kenny.anderson@90degreebenefits.com	850-516-7043
Florida Blue (Medical)	Customer Service	floridablue.com	800-352-2583
FCL (Dental)	Customer Service	floridabluedental.com	888-223-4892
The Standard LTD	Gene Alford	genealford@gmail.com	850-209-1381
VALIC	Otis Thames	Otis.Thames@valic.com	850-443-8048
WalMart Flu Shots	Damien Peixoto	damien7630@gmail.com	321-292-1487
Healthiest You	Liz Tidwell	ltidwell@teladoc.com	602-384-9951
Evolve with JT	James Thompson	jt@evolvewithjt.com	850-276-5343