



# 2026 Monroe County Employee Benefit Guide

For Plan Year January 1, 2026 – December 31, 2026

For benefit-eligible employees and retirees of:

Board of County Commissioners  
Property Appraiser  
Clerk of Court  
Supervisor of Elections

Land Authority  
Sheriff's Office  
Tax Collector  
Court Administration



## Contact Information

If you have specific questions about a benefit plan, please contact the Employee Benefits Office listed below.

Employee Benefits Department		Phone	Website/Email
<b>Employee Benefits Team</b>			
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Sr. Employee Benefits Administrator, HIPAA Privacy Officer	Natalie Maddox	305.292.4448	maddox-natalie@monroecounty-fl.gov
Employee Benefits Coordinator	Deborah A. Moore	305.292.4450	moore-deborah@monroecounty-fl.gov
Employee Benefits Coordinator	Dawn Slater	305.292.4446	slater-dawn@monroecounty-fl.gov
Benefit	Administrator	Phone	Website/Email
<b>Medical Insurance</b>	Florida Blue	800.664.5295	www.floridablue.com
<b>Rx Prescription</b>	Capital RX	Member Service: 844.722.2779	https://www.cap-rx.com/members
<b>Virtual Visits Teladoc</b>	Urgent Care/After Hours Urgent Care	800.835.2362	www.teladoc.com
<b>Health Savings Account</b>	WEX	877.765.8810	www.wexinc.com
<b>Dental Insurance</b>	Delta Dental	800.521.2651	www.deltadentalins.com
<b>Vision Insurance</b>	VSP	800.877.7195	www.vsp.com
<b>Basic Life and AD&amp;D Insurance</b>	Minnesota Life/Natalie	305.292.4446	maddox-natalie@monroecounty-fl.gov
<b>Supplemental Life</b>	Minnesota Life/Natalie	305.292.4446	maddox-natalie@monroecounty-fl.gov
<b>Employee Assistance Program</b>	Quantum Health Solutions	877.747.1200	www.accessqhs.com
<b>Benefit Partners In-Person Visits</b>	Nationwide/Aaron Schwartz	305.439.9550	aaron.schwartz@nationwide.com
	Aflac/Javier Ortiz	786.401.6363	javier_ortiz@us.aflac.com
	Valic/Corebridge/Georgia Tingas		georgea.tingas@corebridgefinancial.com
	Valic/Corebridge/William Donovan		william.donovan@corebridgefinancial.com

This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.

The County has contracted with Gallagher Benefit Services, Inc. to provide specific services. Gallagher Benefits Services, Inc. is responsible for the production of this booklet and not the content. This document is an outline of the coverage proposed by the carrier(s), based on information provided by The County. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those specific details. Policy forms for your reference will be made available upon request through your Benefits office.

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## Table of Contents

Contact Information .....	2
Introduction .....	4
Group Insurance Eligibility .....	5
Qualifying Events and IRS Code Section 125 .....	7
Core Benefits .....	8
Additional Benefits .....	8
Glossary .....	9
Medical Benefits .....	11
Tobacco User Surcharge .....	28
Approved Tobacco Cessation Program .....	28
Other Available Plan Resources .....	29
Health Savings Account (HSA) .....	30
Dental Insurance (PPO Plan).....	31
Vision Insurance.....	33
Basic Life and AD&D Insurance .....	37
Supplemental Life and Accidental Death & Dismemberment (AD&D) Insurance .....	37
Resources For Work and Life Program (Including EAP) .....	38
Acknowledgement.....	39



This booklet is merely a summary of your benefits. For a full description, refer to the plan document. Where conflict exists between this summary and the plan document, the plan document controls. The County reserves the right to amend, modify or terminate the plan at any time. This booklet should not be construed as a guarantee of employment.

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## Introduction

The County is pleased to provide this overview of benefits offered to all regular full-time employees. We strive to offer an array of benefits that allow employees to make choices regarding their health and wellness, as well as balance their life at home.

This is a collective summary of medical/Rx, dental, vision, life, and a number of other optional insurances and benefit related “perks” available to County employees. This overview is not intended to be all inclusive. Employees should consult individual policy documents for specific information, as they will supersede any information provided in this overview.

You share in the costs of some benefits (medical/Rx). The County provides other benefits at no cost to you (life, accidental death & dismemberment). In addition, you may enroll in the dental/vision plans along with other voluntary benefits with reasonable group rates through County payroll deductions.

### Benefit Plans Offered

- Medical/Rx
- Teladoc
- Health Savings Account (HSA) WEX/Discovery Benefits
- Dental
- Vision
- Basic Life and Accidental Death and Dismemberment
- Supplemental Life and Accidental Death and Dismemberment
- Resources for Work and Life Program (EAP)



## Group Insurance Eligibility



**Monroe County Board of County Commissioners' group insurance plan year is January 1 through December 31.**

### Employee Eligibility

Employees are eligible to participate in Monroe County Board of County Commissioners' insurance plans if they are full-time employees working a minimum of 25 or more hours per week. Coverage will be effective after a 60 day waiting period. This waiting period includes holidays and weekends. Positions such as variable hour, part-time, prn, and on-call do not qualify for benefits based on their specific designation.

**Full-time** employees are employees who work 25 or more hours per week. Positions such as variable hour, part-time, prn, and on-call do not qualify for benefits based on their specific designation.

Elections made now will remain in place until the next open enrollment unless you or your family members experience a qualifying event. **If you experience a qualifying event, immediately contact the Employee Benefits Office and complete the change/special enrollment form. You only have 30 days.**

### Termination

If an employee separates from the Monroe County Board of County Commissioners, all coverage ends on the date of termination. COBRA continuation of coverage may be available as applicable by law.

**Effective January 1, 2018 the BOCC Group Health Plan changed the benefit offering for spouses/domestic partners of active employees and retirees. Beginning January 1, 2018 a spouse/domestic partner of an active employee or retiree that is offered group medical coverage through their employer (Free or for a Premium) will NOT be eligible to enroll with the Monroe County Group Health Plan.**

- If you have elected coverage for your spouse/domestic partner through the **BOCC Group Health Plan**, you must complete and submit the Spouse/Domestic Partner Eligibility Certification Form to the Employee Benefits Office no later than **10 days from date of hire**.
- If your spouse/domestic partner becomes eligible for coverage through his/her employer, the **active employee or retiree** must notify Monroe County BOCC Benefits Office and complete the Spouse/Domestic Partner Eligibility Certification Form within 30 days of that eligibility/life event.

### Dependent Eligibility

A dependent is defined as:

- A legal spouse
- Domestic partner and/or dependent child(ren) of the participant.

The term "child" includes any of the following:

- A natural child
- A stepchild
- A legally adopted child
- A newborn (up to age 18 months old) of a covered dependent (Florida)
- A child for whom legal guardianship has been awarded to the participant or the participant's spouse/domestic partner

### Dependent Age Requirements

**Medical Coverage:** Dependent children are eligible for coverage through the end of the calendar year in which they turn age 26. In certain circumstances, coverage may be continued through the end of the calendar year in which they reach age 30 (over-age dependent) provided the following requirements are met. Coverage for an over-age dependent is considered a taxable event.

- Unmarried with no dependents; and
- A Florida resident, or full-time or part-time student; and
- Otherwise uninsured; and
- Not entitled to Medicare benefits under Title XVIII of the Social Security Act, unless the child is handicapped.

**Dental and Vision Coverage:** Dental ends at the end of the month the dependent turns 26. Vision ends at the end of the calendar year the dependent turns 26.

**IF YOU HAVE MEDICARE OR WILL BECOME ELIGIBLE FOR MEDICARE IN THE NEXT 12 MONTHS, A FEDERAL LAW GIVES YOU MORE CHOICES ABOUT YOUR PRESCRIPTION DRUG COVERAGE. PLEASE REFERENCE EMPLOYEE ANNUAL NOTICES BOOKLET FOR MORE DETAILS.**

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Coverage for an unmarried dependent child may also be continued beyond age 26 if:

- The dependent is physically or mentally disabled and incapable of self-sustaining employment (prior to age 26); and
- Primarily dependent upon the employee participant for support;
- The dependent is otherwise eligible for coverage under the group medical plan; and
- The dependent has been continuously insured; and
- Coverage with the Monroe County Board of County Commissioners began prior to age 26.

Proof of disability will be required upon request. If your dependent is disabled, the employee should contact the Employee Benefits Office for possible continued enrollment.

### Domestic Partner

Monroe County Board of County Commissioners offers domestic partner benefits to eligible same or opposite sex domestic partners, for the purpose of participation in the medical/Rx, dental and vision benefits. The employee and domestic partner must sign an Affidavit of Domestic Partnership and submit documentation that verifies a joint financial and shared residential arrangement. Per IRS rules, an employee may not receive a tax advantage on any portion of premium attributable to a domestic partner; therefore, imputed income for the value of the applicable domestic partner coverage for the period of coverage, including the value of the coverage for a domestic partner's child(ren), must be reported on the employee's W-2 and taxed accordingly. Imputed income is the dollar value of insurance coverage attributable to covering the domestic partner (and the domestic partner's child(ren)).

### Taxable Dependents

Employees covering adult children under their medical insurance plan may continue to have the related coverage premiums payroll deducted on a pre-tax basis through the end of the calendar year in which the dependent child reaches age 26. Beginning January 1 of the calendar year in which the dependent child reaches age 27 through the end of the calendar year in which the child reaches age 30, imputed income must be reported on the employee's W-2 for that entire tax year.

Imputed income is the dollar value of insurance coverage attributable to covering the adult dependent child.

Note: There is no imputed income if an adult child is eligible to be claimed as a dependent for federal income tax purposes on the employee's tax return. Contact the Employee Benefits Office for more information or for further details if covering an adult child who will turn age 27 any time during the upcoming calendar year.

A Spouse/domestic partner eligibility certification is due each year during open enrollment or at time coverage is added.



## Qualifying Events and IRS Code Section 125

### IRS Code Section 125

Premiums for medical/Rx, dental, and vision insurance are deducted through a Cafeteria Plan established under Section 125 of the Internal Revenue Code (IRC) and are pre-tax to the extent permitted. Under Section 125, changes to an employee's pre-tax benefits can be made **ONLY** during the Open Enrollment period unless the employee or qualified dependents experience a qualifying event and the request to make a change is made within 30 days of the qualifying event.

Under certain circumstances, employee may be allowed to make changes to benefit elections during the plan year, if the event affects the employee, spouse, or dependent's coverage eligibility. An "eligible" qualifying event is determined by the Internal Revenue Service (IRS) Code, Section 125. Any requested changes must be consistent with and due to the qualifying event.

#### Examples of Qualifying Events:

- Employee gets married or divorced
- Birth of a child
- Employee gains legal custody or adopts a child
- Employee's spouse and/or other dependent(s) die(s)
- Employee, employee's spouse or dependent(s) terminate or start employment
- An increase or decrease in employees work hours causes eligibility or ineligibility
- A covered dependent no longer meets eligibility criteria for coverage
- A child gains or loses coverage with an ex-spouse
- Change of coverage under an employer's plan
- Gain or loss of Medicare coverage
- Losing eligibility for coverage under a State Medicaid or CHIP (including Florida Kid Care) program (60-day notification period)
- Becoming eligible for State premium assistance under Medicaid or CHIP (60-day notification period)



#### IMPORTANT NOTES

Employees who experience a qualifying event must contact the Employee Benefits Office as soon as possible within 30 days of the life event and complete required paperwork. Beyond 30 days, requests will be denied and the employee may be responsible, both legally and financially, for any claim and/or expense incurred as a result of the employee or dependent who continues to be enrolled but no longer meets eligibility requirements. If approved, changes can be made immediately, but must be within 30 days of the life event. Newborns are effective on the date of birth and marriage or divorce is effective on the date of occurrence. Cancellation is immediate. In the event of death, coverage will terminate the date following the death. Employee will be required to furnish valid documentation supporting a change in status or "Qualifying Event."

#### When you are ready for the next adventure in Life, we are here to assist.

If you are planning to retire, please contact the benefits office at least 30 days before your retirement date to discuss and select your retiree benefits options.

#### Please Note the following:

- *After Tax Benefits: During the Plan Year, employees may ONLY add new, or cancel coverage for after tax benefits one time after the plan year begins. No other changes are allowed unless there is a qualifying event.*
- *Any new dependents must provide a copy of their Social Security card, birth or marriage certificate and include their middle initial when they are added to the coverage.*

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## Core Benefits

Monroe County Board of County Commissioners provides core benefits to eligible full-time employees who work a minimum of 25 hours per week. Summary Plan Descriptions or Certificates of Coverage for these benefits are available in the Employee Benefits Office or online at [www.monroecounty-fl.gov/groupinsurance](http://www.monroecounty-fl.gov/groupinsurance) and, in case of a conflict, will serve as the legal documents that determine an employee's benefits. The benefits are:

- Medical/Rx
- Dental
- Vision
- Basic Life and Accidental Death and Dismemberment
- Supplemental Life and Accidental Death and Dismemberment
- Resources for Work and Life Program (EAP)

## Additional Benefits

The following benefits are available to eligible Monroe County Board of County Commissioners employees. They are listed for informational purposes only.

### Wellness

The Passport to Wellness Program offers activities and educational opportunities throughout the year. Please contact the Employee Benefits Office for details. Also, Monroe County Board of County Commissioners has a fitness center with shower facilities located in the Gato Building in Key West available to covered employees and their covered spouse/domestic partner. Please contact the Employee Benefits Office to register for use and hours of operation.

Other opportunities include:

- \$600 or more Savings
- 4 Hours Paid Time Off (participating employees)
- Health Fair
- Lunch and Learns
- Race Reimbursement
- Fitness Centers
- Fitness Activities Classes

### Gato Fitness Center

Monroe County Sheriff's Office gyms (KW, Mar, KL)

Employees covered under the County medical plan are also eligible to apply for use of MCSO gym. Use is based upon application, fingerprinting and available capacity. Employees covered under the County medical plan are also eligible to apply for use of MCSO gym. Use is based upon application, fingerprinting and available capacity.



## Glossary

### Common Medical Abbreviations and Definitions

#### **BLUE OPTIONS MEDICAL PLANS OFFERED BY MONROE COUNTY**

- **03559** – BCBS Plan Number for BlueOptions Traditional PPO Plan
- **05182** – BCBS Plan number for BlueOptions H.S.A. Compatible HDHP Plan - Single Coverage
- **05183** – BCBS Plan number for BlueOptions H.S.A. Compatible HDHP Plan - Family Coverage

#### **DED (Deductible) or CYD (Calendar Year Deductible)**

The amount you pay for covered health care services in a plan year or calendar year

##### **Example:**

- BlueOptions Plan 03559 \$400 Individual/\$800 Family;
- Blue Options Plan 05182 \$2,000 Individual /\$4,000 Family

#### **COINS (Coinsurance)**

The percentage of health care cost that the covered member pays after meeting the calendar year deductible

##### **Example:**

- 20% (In Network) on BlueOptions HSA Compatible Plan 05182
- 20% (In Network) on BlueOptions Plan 03559

#### **COPAY (Copayment)**

A fixed amount you pay for a covered health care service, often not subject to the DED or CYD

**Example: BlueOptions Plan 03559 In Network \$30 PCP; \$50 Specialist; \$50 Urgent Care; \$10 for e-Office Visit, Allergy Injections and Independent Clinical Lab; \$25 Convenient Care Center**

#### **PAD (Per Admission Deductible)**

Additional fixed amount for an inpatient admission that may be in addition to the annual or calendar year deductible

**Example: BlueOptions Plan 03559 \$150 Inpatient PAD in addition to deductible and coinsurance.)**

#### **PVD (Per Visit Deductible)**

Additional fixed amount for a visit that may be in addition to the annual or calendar year deductible

**Example: BlueOptions Plan 03559 \$300 Emergency Room PVD in addition to Deductible and coinsurance**

#### **OOP (Out of Pocket) or MAX OOP (Maximum Out of Pocket)**

The most you have to pay for covered services in a plan year. After you spend this amount on deductibles, copayments, coinsurance and RX costs, your health plan pays 100% of the costs of covered benefits for that plan year

##### **Example:**

- BlueOptions Plan 03559 - \$5,000 Individual/\$10,000 Family;
- Blue Options Plan 05182 - \$4,000 Single Coverage/\$8,000 Family Coverage).

#### **INN (In Network Provider)**

Provider participates in the BCBS network.

#### **OON (Out of Network)**

Provider does not participate in the BCBS network. Covered employees will pay higher out of pocket costs to use out-of-network providers than for in-network providers.

#### **FAMILY AGG (Family Aggregate)**

A family aggregate deductible means that the entire family deductible must be paid out-of-pocket before the company pays for services for any covered family member

**Example: \$8,000 on the BlueOptions H.S.A. Compatible Plan 05183 (Family Coverage)**

#### **ALLOWED AMOUNT**

The maximum amount a plan will pay for a covered health care service. This may also be called “eligible expense”, “payment allowance”, or “negotiated rate”

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## **BALANCE BILLING**

Balance billing is a practice in which healthcare providers bill patients for the difference between the total cost of services and the amount paid by insurance. Balance billing can occur when patients receive services from out-of-network providers.

## **SBC (Summary of Benefits and Coverage)**

A summary of the medical benefits

## **HDHP (High Deductible Health Plan)**

An HDHP features higher annual deductibles than traditional health plans. With the exception of preventive care, covered members must meet the annual deductible before the plan pays benefits. HDHP's however may have significantly lower premiums than a PPO or other traditional health plan.

## **HSA (Health Savings Account)**

Only available to employees who enroll in an HDHP (above). Employees can put money into an HSA up to an annual limit set by the government, using pre-tax dollars (therefore reducing taxable income). Employers may also contribute to these accounts within the prescribed limits. HSA funds may be used to pay for medical expenses whether or not the deductible has been met, and no tax is owed on funds withdrawn from the HSA to pay for medical expenses. HSAs are individual owned and the account remains with the employee even after employment ends.

## **BMP (Per Benefit Period)**

A "Benefit period" is a period of consecutive days during which medical benefits for covered services, with certain specified maximum limitations, are available.

## **Common Pharmacy Definitions**

### **RX**

Prescription Drug

### **Generic Medication**

A medication that is manufactured, distributed, and available from several pharmaceutical manufacturers and identified by the chemical name or as defined by the national pricing standard used by Capital Rx. Normally the lowest cost option.

### **Brand Name Medication (Preferred and Non-Preferred)**

A medication that is manufactured and distributed by only one pharmaceutical manufacturer or as defined by the national pricing standard used by Capital Rx.

- Preferred – Carriers listing of Preferred Brand Name Drugs
- Non-Preferred – Not on carriers preferred list – available at higher copay

**Example:** \$50 Copay Preferred; \$90 Non-Preferred on Blue Options Plan 03559

### **Specialty Drug**

Specialty drugs are often biologics that are injectable or infused (although some are oral medications). They are used to treat complex or rare chronic conditions such as cancer, rheumatoid arthritis, hemophilia, H.I.V.

### **Prior Authorization:**

A request must be submitted and approved in advance for medications requiring a prior authorization, before the drugs may be covered by Capital Rx.

### **Step Therapy**

An approach to control the costs and risks posed by some prescription medications. The practice begins medication for a medical condition with the most cost-effective drug therapy and progresses to other more costly or risky therapies only if necessary.

### **Quantity Limits**

Allows you to receive up to a maximum dosage or quantity for certain medications (based on clinically-approved prescribing guidelines)

### **OTC**

Over the counter medication (does not require a prescription)

## Medical Benefits

Monroe County Board of County Commissioners offers medical insurance through Florida Blue to benefit-eligible employees. For information about the medical plans, please refer to the Summary of Benefits and Coverage (SBC) document or contact Florida Blue's customer service.

### MONROE COUNTY BOCC MEDICAL BENEFIT SUMMARIES EFFECTIVE 1/1/2026

#### Medical Plan Legend

HSA Compatible 05182/05183 =  
High Deductible Health Plan  
Predictable Cost 03559 =  
Traditional PPO Plan

COST SHARING Maximums shown are Per Benefit Period (BPM) unless noted	BlueOptions Plan 03559	BlueOptions HSA-Compatible 05182 (Single Coverage)	BlueOptions HSA-Compatible 05183 (Family Coverage)
<b>Deductible (DED) (Per Person/Family Agg)</b> In-Network Out-of-Network	\$400/\$800 Combined with INN	\$2,000/Not Applicable Combined with INN Applies to Pharmacy Benefits	\$4,000/\$4,000 Combined with INN Applies to Pharmacy Benefits
<b>Coinsurance (Member Responsibility)</b> In-Network Out-of-Network	20% 55%	20% 50%	20% 50%
<b>Out of Pocket Maximum (Per Person/Family Agg)</b> In-Network Out-of-Network	Includes DED, Coins PAD, PVD and Copays  \$5,000/\$10,000 Combined with INN	Includes DED, Coins PAD, and PVD  \$4,000/Not applicable Combined with INN	Includes DED, Coins PAD, and PVD  \$8,000/\$8,000 Combined with INN
<b>Lifetime Maximum</b>	No Maximum	No Maximum	No Maximum
PROFESSIONAL PROVIDER SERVICES			
<b>Allergy Injections</b> In-Network Family Physician/Specialist Out-of-Network	\$10 Copay/\$50 Copay DED + 55%	DED + 20% DED + 50%	DED + 20% DED + 50%
<b>E-Office Visit Services</b> In-Network Family Physician/Specialist Out-of-Network	\$10 Copay/\$10 Copay DED + 55%	DED + 20%/DED + 20% DED + 50%	DED + 20%/DED + 20% DED + 50%
<b>Office Services</b> In-Network Family Physician In-Network Specialist Out-of-Network	\$30 Copay \$50 Copay DED + 55%	DED + 20% DED + 20% DED + 50%	DED + 20% DED + 20% DED + 50%
<b>Maternity Office Services</b> In-Network Specialist Out-of-Network	\$30 Copay DED + 55%	DED + 20% DED + 50%	DED + 20% DED + 50%
<b>Advanced Imaging Services in Physician's Office</b> In-Network Out-of-Network	DED+20% DED+20% DED+55%	DED+20% DED+20% DED+50%	DED+20% DED+20% DED+50%
<b>Diagnostics - X-ray in Physician's office</b> In-Network Family Physician In-Network Specialist Out-of-Network	DED+20% DED+20% DED+55%	DED+20% DED+20% DED+50%	DED+20% DED+20% DED+50%



#### Locate a Provider

To search for a participating provider, contact Florida Blue's customer service or visit [www.floridablue.com](http://www.floridablue.com).



#### Plan References

\*Quest is the preferred lab for bloodwork through Florida Blue. When using labs other than Quest, please confirm they are contracted with the Florida Blue Network prior to receiving services.

MONROE COUNTY BOCC MEDICAL BENEFIT SUMMARIES EFFECTIVE 1/1/2026 Continued

**Medical Plan Legend**  
 HSA Compatible 05182/05183 = High Deductible Health Plan  
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<b>COST SHARING</b> Maximums shown are Per Benefit Period (BPM) unless noted	<b>BlueOptions Plan 03559</b>	<b>BlueOptions HSA-Compatible 05182 (Single Coverage)</b>	<b>BlueOptions HSA-Compatible 05183 (Family Coverage)</b>
<b>Provider Services at ER</b> In-Network Out-of-Network	DED + 20% INN DED + 20%	DED + 20% INN DED + 20%	DED + 20% INN DED + 20%
<b>Provider Services at Hospital</b> In-Network Out-of-Network	DED + 20% INN DED + 20%	DED + 20% INN DED + 20%	DED + 20% INN DED + 20%
<b>Radiology, Pathology and Anesthesiology Provider Services at Hospital</b> In-Network Out-of-Network	DED + 20% INN DED + 20%	DED + 20% INN DED + 20%	DED + 20% INN DED + 20%
<b>Radiology, Pathology and Anesthesiology Provider Services at Ambulatory Surgical Center</b> Out-of-Network	DED + 20% INN DED + 20%	DED + 20% INN DED + 20%	DED + 20% INN DED + 20%
<b>Provider Services at Other Locations</b> In-Network Family Physician/Specialist Out-of-Network	DED + 20% DED + 55%	DED + 20%/DED + 20% DED + 50%	DED + 20%/DED + 20% DED + 50%
<b>PREVENTIVE CARE</b>			
<b>Adult Wellness Office Services</b> In-Network Family Physician In-Network Specialist Out-of-Network	\$0 \$0 55%	\$0 \$0 50%	\$0 \$0 50%
<b>Colonoscopies (Routine)</b> In-Network Out-of-Network	<b>Age 45+ then Frequency Schedule Applies</b> \$0 \$0	<b>Age 45+ then Frequency Schedule Applies</b> \$0 \$0	<b>Age 45+ then Frequency Schedule Applies</b> \$0 \$0
<b>Mammograms (Routine)</b> In-Network Out-of-Network	\$0 \$0	\$0 \$0	\$0 \$0
<b>Well Child Office Visits (No BPM)</b> In-Network Family Physician In-Network Specialist Out-of-Network	\$0 \$0 55%	\$0 \$0 50%	\$0 \$0 50%
<b>AMBULANCE/URGENT CARE/CONVENIENT CARE</b>			
<b>Ambulance Maximum (per Day)</b> In-Network Out-of-Network	<b>No Maximum</b> DED + 20% INN DED + 20%	<b>No Maximum</b> DED + 20% INN DED + 20%	<b>No Maximum</b> DED + 20% INN DED + 20%
<b>Convenient Care Centers (CCC)</b> In-Network Out-of-Network	\$25 Copay DED + 55%	DED + 20% DED + 50%	DED + 20% DED + 50%
<b>Emergency Room Facility Services (Waived if Admitted)</b> In-Network Out-of-Network	\$300 PVD + DED + 20% \$300 PVD + DED + 20%	DED + 20% DED + 20%	DED + 20% DED + 20%
<b>Urgent Care Centers (UCC)</b> In-Network Out-of-Network	\$50 Copay DED + \$50 Copay	DED + 20% DED + 20%	DED + 20% DED + 20%

MONROE COUNTY BOCC MEDICAL BENEFIT SUMMARIES EFFECTIVE 1/1/2026 Continued

**Medical Plan Legend**  
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COST SHARING Maximums shown are Per Benefit Period (BPM) unless noted	BlueOptions Plan 03559	BlueOptions HSA-Compatible 05182 (Single Coverage)	BlueOptions HSA-Compatible 05183 (Family Coverage)
<b>FACILITY SERVICES - HOSPITAL/SURGICAL/LAB/INDEPENDENT DIAGNOSTIC TESTING FACILITY</b>			
<b>Ambulatory Surgical Center</b> In-Network Out-of-Network	DED + 20% DED + 55%	DED + 20% DED + 50%	DED + 20% DED + 50%
<b>Independent Clinical Lab</b> In-Network Out-of-Network	\$10 Copay DED + 55%	DED DED + 50%	DED DED + 50%
<b>Independent Diagnostic Testing Facility</b> <b>X-rays and AIS</b> <b>(Includes Physician Services)</b> In-Network – Advanced Imaging Services (AIS) In-Network – Other Diagnostic Services Out-of-Network	DED + 20% DED + 20% DED + 55%	DED + 20% DED + 20% DED + 50%	DED + 20% DED + 20% DED + 50%
<b>Diagnostic Services at Outpatient Hospital</b> Advanced Imaging Other Diagnostic Services Out-of-Network	DED + 20% DED + 20% DED + 55%	DED + 20% DED + 20% DED + 50%	DED + 20% DED + 20% DED + 50%
<b>Inpatient Hospital (Per Admit)</b> In-Network – Option 1 In-Network – Option 2 Out-of-Network	\$150 PAD + DED + 20% \$150 PAD + DED + 20% \$150 PAD + DED + 55%	DED + 20% DED + 20% DED + 50%	DED + 20% DED + 20% DED + 50%
<b>Inpatient Rehab Maximum</b>	30 Days	30 Days	30 Days
<b>Outpatient Hospital (per Visit)</b> In-Network – Option 1 In-Network – Option 2 Out-of-Network	DED + 20% DED + 20% DED + 55%	DED + 20% DED + 20% DED + 50%	DED + 20% DED + 20% DED + 50%
<b>Therapy at Outpatient Hospital</b> In-Network – Option 1 In-Network – Option 2 Out-of-Network	\$30 + DED \$30 + DED DED + 55%	DED + 20% DED + 20% DED + 50%	DED + 20% DED + 20% DED + 50%
<b>MENTAL HEALTH AND SUBSTANCE ABUSE</b>			
<b>Inpatient Hospitalization (Per Admit)</b> In-Network – Option 1 In-Network – Option 2 Out-of-Network	\$150 PAD + DED + 20% \$150 PAD + DED + 20% \$150 PAD + DED + 55%	DED + 20% DED + 20% INN DED + 20%	DED + 20% DED + 20% INN DED + 20%
<b>Outpatient Hospitalization (per Visit)</b> In-Network – Option 1 In-Network – Option 2 Out-of-Network	DED + 20% DED + 20% DED + 55%	DED + 20% DED + 20% DED + 50%	DED + 20% DED + 20% DED + 50%
<b>Provider Services at Hospital</b> In-Network Family Physician/Specialist Out-of-Network Provider	DED + 20%/DED + 20% DED + 20%	DED + 20% INN DED + 20%	DED + 20% INN DED + 20%
<b>Provider Services at ER</b> In-Network Family Physician/Specialist Out-of-Network Provider	DED + 20%/DED + 20% DED + 20%	DED + 20% INN DED + 20%	DED + 20% INN DED + 20%
<b>Physician Office Visit</b> In-Network Family Physician/Specialist Out-of-Network Provider	\$30 Copay/\$30 Copay DED + 55%	DED + 20%/DED + 20% DED + 50%	DED + 20%/DED + 20% DED + 50%
<b>Emergency Room Facility Services (per Visit)</b> In-Network Out-of-Network	\$300 PVD + DED + 20% \$300 PVD + DED + 20%	DED + 20% INN DED + 20%	DED + 20% INN DED + 20%

MONROE COUNTY BOCC MEDICAL BENEFIT SUMMARIES EFFECTIVE 1/1/2026 Continued

**Medical Plan Legend**  
 HSA Compatible 05182/05183 = High Deductible Health Plan  
 Predictable Cost 03559 = Traditional PPO Plan

COST SHARING Maximums shown are Per Benefit Period (BPM) unless noted	BlueOptions Plan 03559	BlueOptions HSA-Compatible 05182 (Single Coverage)	BlueOptions HSA-Compatible 05183 (Family Coverage)
<b>OTHER SPECIAL SERVICES AND LOCATIONS</b>			
<b>Provider Services at Locations other than Hospital and ER</b> In-Network Family Physician/Specialist Out-of-Network Provider	DED + 20%/DED + 20% DED + 55%	DED + 20%/DED + 20% DED + 50%	DED + 20%/DED + 20% DED + 50%
<b>Birthing Center</b> In-Network Out-of-Network	DED + 20% DED + 55%	DED + 20% DED + 50%	DED + 20% DED + 50%
<b>*Durable Medical Equipment</b>  In-Network- Out-of-Network	<b>No Maximum</b>  DED + 20% DED + 55%	<b>No Maximum</b>  DED + 20% DED + 50%	<b>No Maximum</b>  DED + 20% DED + 50%
<b>Prosthetics/Orthotics</b> Prosthetics – In-Network Prosthetics – Out-of-Network Orthotics – In-Network Orthotics – Out-of-Network	DED + 20% DED + 55% DED + 20% DED + 55%	DED + 20% DED + 50% DED + 20% DED + 50%	DED + 20% DED + 50% DED + 20% DED + 50%
<b>Enteral Formula</b>  In-Network Out-of-Network	<b>No Maximum</b>  DED + 20% DED + 55%	<b>No Maximum</b>  DED + 20% DED + 50%	<b>No Maximum</b>  DED + 20% DED + 50%
<b>Home Health Care BPM</b>  In-Network Out-of-Network	<b>40 Visits</b>  DED + 20% DED + 55%	<b>40 Visits</b>  DED + 20% DED + 50%	<b>40 Visits</b>  DED + 20% DED + 50%
<b>Hospice LTM</b>  In-Network Out-of-Network	<b>No Maximum</b>  DED + 20% DED + 55%	<b>No Maximum</b>  DED + 20% DED + 50%	<b>No Maximum</b>  DED + 20% DED + 50%
<b>Outpatient Therapy and Spinal Manipulations BPM</b>	<b>50 Visits (Includes up to 26 Spinal Manipulations)</b>	<b>50 Visits (Includes up to 26 Spinal Manipulations)</b>	<b>50 Visits (Includes up to 26 Spinal Manipulations)</b>
Therapy in Free Standing Facility Therapy in Physician's Office Out-of-Network	DED + 20% \$30 Copay DED + 55%	DED + 20% DED + 20% DED + 50%	DED + 20% DED + 20% DED + 50%
<b>Skilled Nursing Facility BPM</b>  In-Network Out-of-Network	<b>No Maximum</b>  DED + 20% DED + 55%	<b>No Maximum</b>  DED + 20% DED + 50%	<b>No Maximum</b>  DED + 20% DED + 50%
<b>Medical Pharmacy (Provider Administered RX)**</b>  In-Network Out-of-Network	\$200 Monthly OOP Max  20% (No DED) DED + 50%	\$200 Monthly OOP Max  DED + 20% DED + 50%	\$200 Monthly OOP Max  DED + 20% DED + 50%
<b>Telemedicine/Teladoc/Urgent Care*</b> In-Network Out-of-Network	\$0 Copay Not Covered	\$40 Copay Not Covered	\$40 Copay Not Covered

\*Teladoc is only for Urgent care.

MONROE COUNTY BOCC MEDICAL BENEFIT SUMMARIES EFFECTIVE 1/1/2026 Continued

**Medical Plan Legend**  
 HSA Compatible 05182/05183 = High Deductible Health Plan  
 Predictable Cost 03559 = Traditional PPO Plan

COST SHARING Maximums shown are Per Benefit Period (BPM) unless noted	BlueOptions Plan 03559	BlueOptions HSA-Compatible 05182 (Single Coverage)	BlueOptions HSA-Compatible 05183 (Family Coverage)
<b>PRESCRIPTION DRUGS - PROVIDED BY CAPITAL RX</b>			
<b>Deductible</b>	\$0	Medical (05182/05183) DED Must be met before RX copays apply	
<b>In-Network Retail (30 Days)</b> Generic/Preferred Brand/Non-Preferred Specialty – Preferred/Non-Preferred	\$15/\$50/\$90 \$37.50/\$125/\$225		
<b>Mail Order (90 Days)</b> Generic/Preferred Brand/Non-Preferred Specialty – Generic/Preferred/Non-Preferred	20% with \$250 Max/20% with \$250 Max/20% with \$ 250 Max		
<b>NOTE</b>	Effective 1/1/18, over the counter (OTC) medications will no longer be available through the prescription plan. All maintenance medications (ex: diabetes meds, hbp) will require a 90 day supply at retail. Mail Order Pharmacy: CostcoRx Mail #800.607.6861 Specialty Pharmacy: CostcoRx See Select Formulary information online at <a href="https://www.cap-rx.com/member-tools">https://www.cap-rx.com/member-tools</a>		

\*\* (1) Medical Pharmacy Monthly OOP Max 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 injections or immunizations; only office cost share applies.

**Rx Copay Exceptions: Diabetic Med/Supplies: \$10 for 30 Days or \$25 for 90 Days.**



# Welcome to Your Prescription Benefit Program



When it comes to your health, Capital Rx is with you every step of the way. Our top-tier services and resources are available to help you make the most informed decisions for you and your family.



## Remember to Use Your Member ID Card at Retail Pharmacies

Don't forget to present your member ID card along with your prescription to one of our 60,000+ retail pharmacies.



## Save time with Costco Mail Pharmacy

If you are prescribed a 90-day prescription for maintenance medications, you can fill your prescription through mail service.

### Getting started with Costco Mail Pharmacy

Please reach out to your prescriber and update your mail order pharmacy provider as Costco. Before prescriptions can be filled through Costco Pharmacy, you will need to setup an account using one of the following ways.

**Online:** Go to [pharmacy.costco.com](http://pharmacy.costco.com) and create a patient account.

**Phone:** Call Customer Care and follow the prompts for 'medications delivered to your home'. Select option 4 for 'assistance setting up an online pharmacy account'. Please have your patient, prescriber, and payment information readily available.

### Managing New Prescriptions and Refill Requests

Choose one of the following options to request refills of current prescriptions or to send new prescriptions to Costco Mail Pharmacy.

**Mail:** Go to [pharmacy.costco.com](http://pharmacy.costco.com) and access your patient account. Select refill or new prescriptions. Follow the prompts to complete the request. Mail your paper prescription to **Costco Pharmacy, 260 Logistics Ave., Suite B, Jeffersonville, IN 47130.**

**E-prescribe:** Have your prescriber electronically send your prescription to **Costco Pharmacy Mail Order #1348, Zip Code 47130.**

**Fax:** Have your prescriber fax your prescription to **1-877-258-9584.** Faxed prescriptions may only be sent by a doctor's office and must include patient information.



## Understanding Prior Authorization, Step Therapy, and Quantity Limit

To ensure safe and appropriate use of certain medications, your prescription benefit program may have prior authorization, step therapy, and/or quantity limits for certain medications.

- **Prior authorization** requires you and your physician to obtain approval from Capital Rx prior to medication being dispensed.
- **Step therapy** is when your prescription benefit requires you to try another medication (usually a generic) prior to starting the medication your physician prescribed (usually a brand).
- **Quantity limits** only allow you to receive up to a maximum dosage or quantity for certain medications, based on clinically-approved prescribing guidelines.

Call Customer Care to determine if your medication(s) are subject to prior authorization, step therapy, and/or quantity limit requirements.



## Once you get a new prescription for your specialty medication, follow these easy steps:

1. Have your doctor e-prescribe to **Costco Specialty Pharmacy #1710, Zip Code 53717** or fax your prescription to **1-833-213-0125.** Make sure your prescriber includes your contact information. If prior authorization is required, your prescriber may need to take extra steps to submit your prescription.
2. A representative from Costco Specialty Pharmacy will call you to get more information and schedule your first delivery.
3. If you have any questions regarding your specialty medication, please contact **1-833-599-1013.**



Capital Rx Customer Care is available 24 hours a day, 7 days a week. Please dial the toll-free number on your ID card.

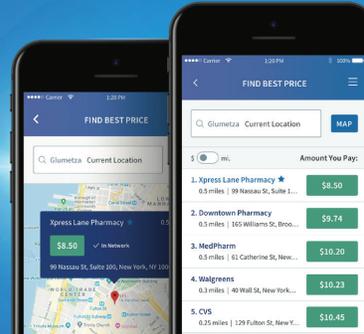
**Log into the Capital Rx Member Portal to manage your benefits and access all digital tools available!**





Our digital app has all of the information you would expect with added features!

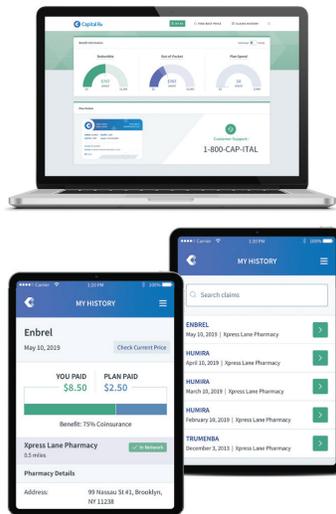
The Capital Rx suite of digital tools includes an online member portal and mobile app, giving you a personal advisor for your prescriptions in the palm of your hand.



Search "Capital Rx" to download on the app store.



SCAN HERE TODAY TO DOWNLOAD THE CAPITAL RX APP



- Find low cost drugs at a pharmacy near you
- Find a pharmacy
- View your claims history
- Download a digital pharmacy ID card
- View which drugs are covered under your plan
- Track how much money you have paid towards your out-of-pocket obligations
- View or download member documents and plan forms

## HOW TO REGISTER:

1. Visit <https://app.cap-rx.com/register>
2. Fill in your personal information and click **VALIDATE**
3. Complete credentials form and click **CREATE ACCOUNT**
4. Check your email and locate the verification code sent from Capital Rx
5. Enter the code provided to validate your email address

**Registration is complete!** You can now login using the credentials established during registration!



## Costco Mail Order Information



### What is Costco Pharmacy Mail Order's contact information?

**Website:** For prescription management needs you can go to [pharmacy.costco.com](https://pharmacy.costco.com). You can easily manage your benefit and access digital resources by logging into the Capital Rx Member Portal at <https://www.app.cap-rx.com>.

**Phone:** Call the number on the back of your ID card for assistance with your prescriptions, status, and enrollment. When calling, follow the prompts for medications delivered to your home.

**Mail:** Go to [pharmacy.costco.com](https://pharmacy.costco.com) and access your patient account. Select refill or new prescriptions and then follow the prompts to complete the request. Mail your paper prescription to:

Costco Pharmacy  
260 Logistics Ave., Suite B  
Jeffersonville, IN 47130

**E-prescribe:** Have your prescriber electronically send your prescription to Costco Pharmacy Mail Order #1348, Zip Code 47130.

**Fax:** Have your prescriber fax your prescription to 1-877-258-9584. Faxed prescriptions may only be sent by a doctor's office and must include patient information.

### Costco Mail Order Customer Support Hours of Operation:

Monday-Friday 8:00 AM to 10:00 PM EST.

Saturday 12:30 PM to 5:00 PM EST.

### I want to enroll in Costco Mail Order to have medications mailed to my home. How do I set up a profile account?

You can set up a profile account by calling Costco Mail Order or online:

- **Set up online:** Set up online: Go to [pharmacy.costco.com](https://pharmacy.costco.com) and follow prompts for setting up a new patient account.
- **Set up by phone:** Call the number on the back of your ID card and follow the prompts for medications delivered to your home.

### Is there an online option to set up my prescription mail order profile and for completing refill requests?

Costco Mail Order does offer members the ability to manage prescriptions online. To get set up, go to [pharmacy.costco.com](https://pharmacy.costco.com) and click “get started” and then “create account”. Once your online account is created, you can use “log in” at any time to submit new prescriptions, refill prescriptions, track prescription status, and transfer prescriptions.

For extra support, use the following link for guided help with account setup and how to submit a new prescription. Refill requests follow the same steps as submitting a new prescription but start with the “refill prescription” tab.

<https://mobilecontent.costco.com/live/resource/img/pharmacy-training/pharmacy-training.html#>

**Please note:** The Costco Mail Order member portal is getting a fresh new look, launching in early June 2025. Don’t worry—your login details will stay the same, so you can continue using your current username and password. The website URL isn’t changing either. This update is just a visual refresh to give the site a cleaner, more modern feel.

### My pharmacy has changed to Costco Mail Order, should I tell my prescriber?

Yes. Please inform your prescriber that your pharmacy has changed to Costco Mail Order. Prescriptions can be submitted through one of the following options:

- **Mail:** Go to [pharmacy.costco.com](https://pharmacy.costco.com) and access your patient account. Select refill or new prescriptions. Follow the prompts to complete the request. Mail your paper prescription to Costco Pharmacy, 260 Logistics Ave., Suite B, Jeffersonville, IN 47130.
- **E-prescribe:** Have your prescriber electronically send your prescription to Costco Pharmacy Mail Order #1348, Zip Code 47130.
- **Fax:** Have your prescriber fax your prescription to 1-877-258-9584. Faxed prescriptions may only be sent by a doctor’s office and must include patient information.

### I received a letter saying Capital Rx would be working with my previous pharmacy to transfer my prescriptions to Costco Mail Order. Once I become active with my benefits, should I call Costco to make sure all my prescriptions were transferred?

Please call Capital Rx and follow the prompts for medications delivered to your home. A representative will help to confirm all your prescriptions were transferred.

### What professionals may provide support with my Costco Mail Order prescriptions?

**Pharmacy Assistant:** Help with member calls and entry of new/refill prescription requests.

**Pharmacy Technician:** Process and adjudicate prescriptions.

**Pharmacist:** Perform prescription verification and patient counseling.

### **Will I receive automated calls from Costco if I enroll to have my prescriptions delivered by mail?**

If you have an online account with Costco Mail Order and you have an email address on file, you will receive automated emails when prescriptions are processed and shipped. If you do not have an email address on file, you will receive an automated call when an order has shipped.

### **Does Costco have an Auto Refill Reminder program?**

Yes. Costco Mail Order offers an auto-refill reminder program.

### **How do I sign up for the Auto Refill Reminder program?**

To get set up with the auto-refill reminder program, log into your Costco Mail Order online account and select your prescription profile. For each medication, you can click to turn on auto-refill reminder. An email address is required to sign up for the Auto Refill Reminder program.

You may also call the pharmacy directly and ask them to turn on auto-refill reminder for your selected medications.

### **Will I receive automated calls from Costco Mail Order if I enroll in the Auto Refill Reminder program?**

You will not receive an automated call from the Costco Mail Order Auto Refill Reminder program. With the Auto Refill Reminder program, you will receive automated emails to your email address on file. You will have 72 hours to check the consent, “Yes, Refill Prescription” button to start the refill process. Once accepted, please allow up to 72 hours for you and Costco customer service to check on the status of prescription processing. If you do not respond with a consent via email within 72 hours, your auto refill prescription will be disenrolled from the auto refill reminder program and will not ship.

### **How long does it take to receive a new prescription**

**New prescriptions:** 7-14 days upon receipt of the prescription.

**Controlled substances:** 7-14 days upon receipt of the prescription and with valid government-issued ID confirmation.

**Hazardous or regulated items:** 7-14 days upon receipt of the prescription

**Special prescription deliveries:** 7-14 days upon receipt of the prescription.

### **How much does shipping cost?**

**Standard shipping** is offered at no cost. For expedited shipping, the following fees are applicable.

**3-Day expedited:** \$10.95

**2-Day expedited:** \$13.95

**Note:** Expedited shipping may not be available for some hazardous medications

### **Who does Costco Mail Order use for delivery service?**

Costco Mail Order uses UPS SurePost, UPS (Ground, 3-day, 2-day), and USPS.



## The benefits of filling your maintenance medications with a 90-day supply.



Filling a 90-day supply of maintenance medications, whether through mail order or at a retail pharmacy, offers several benefits:



### Save Money

Your pharmacy benefit plan may offer lower copays or incentives when filling a 90-day supply compared to a 30-day supply. This can lead to significant savings over time.



### Save Time

With a 90-day supply, you only need to refill your prescription(s) four times a year. This reduces the number of trips to the pharmacy. Most mail-order and retail pharmacies offer automatic refill services, ensuring you always have your medication without the need to reorder. If you use a mail-order pharmacy, your medication can be delivered directly to your door. This eliminates the need to visit a physical location altogether.



### Stay on Track

With a larger supply on hand, you are less likely to miss a dose due to delays in getting your prescription(s) refilled. Staying consistent with your medication helps keep your treatment plan effective. This can provide better health outcomes.

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# Free Blood Glucose Meter Program

## Contour Next Test Strips are Preferred



As part of our program, you are eligible for a **FREE** blood glucose meter!

At Capital Rx, your health is our priority. We understand the challenges of living with diabetes, and how critical it is to keep your blood sugar within your target range to lower your risk of complications. It is important to check your blood sugar levels regularly as directed by your physician. We also recommend scheduling regular eye exams and A1c blood test.

**Questions?** The Capital Rx Member Help Desk is available 24 hours a day, 7 days a week at the phone number on the back of your member ID card.

### ACT NOW!

## FREE<sup>†</sup> CONTOUR<sup>®</sup>NEXT portfolio meter

Visit your local pharmacy to get your free meter today!

This coupon is part of the Ascensia Diabetes Care Free Meter Program. This coupon must be accompanied by a prescription. If none on file, please contact the physician. Please dispense one CONTOUR<sup>®</sup>NEXT GEN or CONTOUR<sup>®</sup>NEXT EZ meter at no charge to the patient. Transmit the claim on-line to RxSolutions. This coupon is valid for one fill only, and refills will not be authorized. Processor requires Valid Prescriber ID#, Patient Name, and DOB to adjudicate claim. Please remove the ID# from the patient profile after claim is processed. For assistance in filing this claim, please call the Help Desk at 1-855-282-4888.

RxBin #	018844
PCN #	3F
Group #	MGDCARE
ID #	CNMC7246982
Exp. Date	12/31/2025

**\*LIMITATIONS & RESTRICTIONS.** This coupon is being provided to you by Ascensia Diabetes Care for one free CONTOUR<sup>®</sup>NEXT GEN or CONTOUR<sup>®</sup>NEXT EZ meter. This coupon should be taken to your local pharmacy where you will receive a meter without charge. Ascensia Diabetes Care reserves the right to change or terminate this program at any time without notice. Claim for product dispensed pursuant to this card shall be submitted to RxSolutions **ONLY** for reimbursement and cannot be submitted for reimbursement by federal or state insurance programs, such as Medicare, Medicaid or any 3rd Party payer for reimbursement. Limit one meter per person. Void where prohibited.

### GET IT BY MAIL

## FREE<sup>†</sup> CONTOUR<sup>®</sup>NEXT portfolio meter

Call **1-800-401-8440** and mention ID Code **BDC-PTS** for your free<sup>†</sup> meter!

Offer valid for qualified patients with diabetes and subject to availability. Limitations and restrictions apply. While supplies last. Void where prohibited. This offer must be accompanied by a prescription. Ascensia Diabetes Care reserves the right to change or terminate this program at any time without notice. **Products provided as a free may not be resold or submitted to any federal/state insurance or 3rd Party payer for reimbursement. Limit one meter per person.**

\*97.8% of glucose results were within 10mg/dl or 10% compared to accuracy results.

References: 1. CONTOUR<sup>®</sup>NEXT GEN BGMS User Guide, Rev 9/20. 2. Smartson slides Worksheet Report 1 and 2 (Translated to English) (v0.2) - 92% of users think it is quicker and easier to interpret readings using smartLIGHT (p.4).

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PP-BGM-US-0005

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# ATTENTION

## Capital Rx Members with Diabetes



### FreeStyle Freedom Lite

Large, easy to read display.  
Comfortable to hold.



### FreeStyle Lite

Compact and portable.  
Perfect for on-the-go testing.

FreeStyle brand meters & test strips are Preferred by Capital Rx

As a Capital Rx member, you can receive a FREE meter by:

1

**Taking Your Prescription**  
for a FreeStyle meter and strips  
to your local retail pharmacy

2

**Calling**  
Abbott's diabetes care division toll-free at  
1-800-680-6850 with offer code [RAFITLWP](#)

3

**Signing Up**  
at [ChooseFreeStyle.com](#) with  
offer code [RAFITLWP](#)

[Learn more at ChooseFreeStyle.com](#)



For In Vitro Diagnostic Use. FreeStyle Lite blood glucose test strips are intended to be used with FreeStyle Lite and FreeStyle Freedom Lite meters only. \*This offer is void where prohibited by law. Abbott may modify or rescind this offer at any time without notice. The free meter is provided as a sample and is limited to one meter per eligible person. The meter cannot be resold, traded, nor submitted for any third party payor for reimbursement. †Participating pharmacies are subject to change without notice. FreeStyle and related brand marks are owned by Abbott. Other trademarks are the property of their respective owners. ©2025 Abbott. ADC-39442 v3.0

Healthcare coverage  
wherever you go.

As a BCBS member, you have access to doctors, hospitals, support tools, and resources around the world through the BCBS Global Core program. You may also have the ability to extend your healthcare benefits.



**Blue Cross Blue Shield Global® Core**  
For healthcare outside of the United States:

1. Verify your international benefits with your BCBS Plan before leaving the United States since benefits may be different outside the country.
2. Always carry your BCBS member identification card.
3. **In an emergency**, go directly to the nearest hospital. If hospitalized, call the **BCBS Global Core Service Center at one of the toll-free numbers: 1.800.810.BLUE (2583) / 1.877.547.2903 or collect at 1.804.673.1177.**
4. **For non-emergency inpatient medical care**, please call the BCBS Global Core Service Center to arrange cashless access to a BCBS Global Core hospital. The BCBS Global Core Service Center can also provide information on doctors.  
Call the **BCBS Global Core Service Center at one of the toll-free numbers: 1.800.810.BLUE (2583) / 1.877.547.2903 or collect at 1.804.673.1177.**
5. As a BCBS member, you are responsible for any required precertification/preauthorization. Contact your BCBS Plan by dialing the phone number on the back of your BCBS member ID card.

*Note: This is a different phone number than the ones listed above.*

**Important**

To locate doctors and hospitals, or to obtain medical assistance services when outside the United States, call the **BCBS Global Core Service Center at one of the toll-free numbers: 1.800.810.BLUE (2583) / 1.877.547.2903 or collect at 1.804.673.1177.**

The BCBS Global Core app is available for Apple and Android devices. Visit the appropriate app store or [www.bcbsglobalcore.com/home/mobileapp/](http://www.bcbsglobalcore.com/home/mobileapp/) to download the latest app for your device.

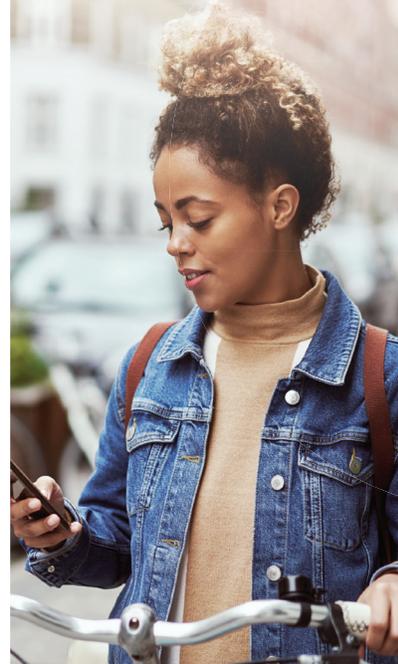


Blue Cross, Blue Shield, the Blue Cross and Blue Shield symbols, BlueCard and Blue Cross Blue Shield Global® Core are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

22-219-N35



Healthcare coverage when you are traveling abroad.



**"What do I do if I need medical care outside the U.S.?"**

To take advantage of the Blue Cross Blue Shield Global® Core Program, please follow these steps:

1. Before you travel abroad, contact your BCBS Plan for confirmation of benefits. Your healthcare coverage outside the U.S. may be different than what you have within the U.S. (e.g., copayments, deductibles, coinsurance, etc. may vary).
2. Always carry your current BCBS member ID card.
3. In an emergency, go directly to the nearest hospital.



4. If you need to locate a doctor or hospital, or need medical assistance services, call the **BCBS Global Core Service Center at one of the toll-free numbers: 1.800.810.BLUE (2583) / 1.877.547.2903 or collect at 1.804.673.1177**, 24 hours a day, seven days a week.
5. If you need inpatient care, call the **BCBS Global Core Service Center at one of the toll-free numbers: 1.800.810.BLUE (2583) / 1.877.547.2903 or collect at 1.804.673.1177.** By calling and arranging for direct payment in advance, except for your normal out-of-pocket expenses (noncovered services, deductibles, copayments, and coinsurance) you should not need to pay upfront for inpatient care at designated hospitals.

As a BCBS member, you are responsible for any required precertification/preauthorization. **Please contact your BCBS Plan by dialing the phone number on the back of your BCBS member ID card.** *Note: This is a different phone number than those listed above.*

6. If direct payment has not been arranged, or your local BCBS Plan is unable to verify your benefit coverage at time of service, you may need to pay upfront and submit a claim for reimbursement. Complete a BCBS Global Core International claim form and send it with the bill(s) and proof of payment to the BCBS Global Core Service Center (the address is on the form). The claim form is available from your BCBS Plan, online at [www.bcbsglobalcore.com](http://www.bcbsglobalcore.com), or the BCBS Global Core Service Center.

**To learn more about Blue Cross Blue Shield Global® Core:**

- Call your BCBS Plan.
- Visit <https://www.bcbsglobalcore.com/>.
- Call the BCBS Global Core Service Center at one of the toll-free numbers: **1.800.810.BLUE (2583) / 1.877.547.2903** or collect at **1.804.673.1177** or download the **BCBS Global Core program app** at [www.bcbsglobalcore.com/home/mobileapp/](http://www.bcbsglobalcore.com/home/mobileapp/)

Carry this with you when you travel abroad.

**"How do I file a claim?"**

To file a claim please do the following:

1. If the BCBS Global Core Service Center arranged your hospitalization, the hospital will file the claim for you. You will need to pay the hospital for the out-of-pocket expenses you normally pay.
2. For outpatient and doctor care, or inpatient care not arranged through the BCBS Global Core Service Center, you will need to pay the healthcare provider and submit a BCBS Global Core international claim form with original bill(s) and proof of payment to the BCBS Global Core Service Center.
3. International claim forms are available from your BCBS Plan, the BCBS Global Core Service Center or online at [www.bcbsglobalcore.com](http://www.bcbsglobalcore.com).
4. Download the BCBS Global Core mobile app to file a claim OR to file claims securely from your phone/device at [www.bcbsglobalcore.com/Home/MobileApp/](http://www.bcbsglobalcore.com/Home/MobileApp/)

Call the **BCBS Global Core Service Center at one of the toll-free numbers: 1.800.810.BLUE (2583) / 1.877.547.2903 or collect at 1.804.673.1177.**



Get personalized support to explore your federal and state benefit options—because the best coverage starts with knowing your choices!

### SPEAK WITH AN ADVOCATE

Our background is benefits. We understand your employer-sponsored medical benefits and can help you navigate eligibility, enrollment, and plan options related to federal and state healthcare programs.

### CALL FOR YOUR NO OBLIGATION CONSULTATION

 1-800-889-7924

## CALL TO LEARN MORE ABOUT:



### MEDICARE

- How and when to enroll in Medicare and choosing the right Medicare plan
- Medicare Part A, B, D
- Medicare Advantage Plans Part C
- Medicare Supplement Insurance (Medigap)



### MEDICAID

- Eligibility Guidance
- Application Support
- Coverage Explanation
- Coordination with Other Benefits



### SOCIAL SECURITY

- Social Security Retirement
- Disability (SSDI),
- Supplemental Security Income (SSI)

### WHO SHOULD CALL?

- You or a family member
- Is approaching age 65
  - Is over age 65
  - Is Under age 65 with a Qualifying Disability (ESRD or ALS)
  - Low Income
  - Pregnant
  - Nearing Retirement
  - Survivor Spouse or Dependent

Path to Gov, LLC • 19 Biltmore Drive, Huntsville, AL 35806 • [www.pathtogov.com](http://www.pathtogov.com)  
1-800-889-7924

We do not offer every plan available in your area. Any information we provide is limited to those plans we do offer in your area. Please contact Medicare.gov or 1-800-MEDICARE to get information on all of your options.



### NO COST CONSULTATION

The Medicare consultation is provided by your Employer at No Cost to you or your family members. This including your parents, in-laws and other family members who need Medicare assistance.



### AVOID PENALTIES OR DENIED COVERAGE

The Medicare consultant will help you compare the cost of your Employer plan with the cost of Medicare plan(s). It's important to make your decision before the deadline to avoid penalties or denied coverage. We will help you enroll in your Medicare plans.



## SPEAK WITH A MEDICARE CONSULTANT

Path to Gov can help you find a medical plan that fits your lifestyle. We will research plans based on your location, doctors, type of plan and medications.



### OCTOBER 15- DECEMBER 7

We are here to answer questions during Medicare open enrollment. Open enrollment is the only enrollment period where all Medicare beneficiaries can make changes if they want. Medicare open enrollment starts Oct. 15th, and ends Dec. 7th



### DID YOU KNOW?

- 99% of enrollees get Medicare Part A for free.
- For seniors, free Medicare Part A eligibility is based on you or a spouse having worked at least 10 years (40 quarters)
- Medicare doesn't cover basic dental, vision, or hearing
- You have 8 months to sign up for Medicare after you stop working or your employer coverage ends (whichever happens first). It's smart to plan ahead and contact Social Security before your employer coverage ends to avoid any gaps in coverage.
- Finally, if you decide to delay enrolling in Medicare, make sure to stop contributing to your HSA at least six months before you do plan to enroll in Medicare.

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1-800-889-7924

We do not offer every plan available in your area. Any information we provide is limited to those plans we do offer in your area. Please contact [Medicare.gov](http://Medicare.gov) or 1-800-MEDICARE to get information on all of your options.

## MEDICARE OPEN ENROLLMENT: OCT 15th - DEC 7th

Monroe County is pleased to announce a new benefit that is available to you. We have partnered with Path to Gov to provide you and your family with Medicare information, guidance, and enrollment options. These educational services are available as a company-provided benefit to you.

Contact the Monroe County Benefits Center if you are:

- Eligible for Medicare, but still on a Monroe County benefits plan
- Already on a Medicare plan
- Not yet eligible, but planning ahead

[pathtogov.com](https://pathtogov.com)

1-800-889-7924



Version 3: 2024/05/08 We do not offer every plan available in your area. Any information we provide is limited to those plans we do offer in your area. Please contact Medicare.gov or 1-800-MEDICARE to get information on all of your options.



## Medical Insurance – Florida Blue

### Tobacco User Surcharge

In response to the increasing cost of delivering employee health care benefits and the overwhelming evidence that tobacco use is a leading cause of serious illness, the Monroe County Board of County Commissioners will continue the tobacco user surcharge of \$100 per month per tobacco user covered on the policy (over age 18). To waive the surcharge, employees must declare that they are tobacco-free and must continue to remain tobacco-free for the entire time they are covered under the County's health insurance plan. For additional information pertaining to the Tobacco User Surcharge please contact the Employee Benefits Office.

### Assistance

Tobacco cessation services are available through the following contacts:

- AHEC (Area Health Education Center) [www.ahectobacco.com](http://www.ahectobacco.com)
- [www.flahecnetwork.org](http://www.flahecnetwork.org) Keys AHEC Webpage
- AHEC: 877.848.6696

AHEC will issue a certificate once the program has been completed.

No-cost cessation programs are offered throughout Monroe County and South Florida by various organizations. The Employee Benefits Staff will maintain and regularly communicate a list of approved tobacco cessation program(s).

CapitalRx Prescription Options - Monroe County's prescription plan provider also supports tobacco cessation and covers tobacco cessation products (patch, gum, Rx). Employees are not limited in the number of attempts to become tobacco free during a calendar year.

### Approved Tobacco Cessation Program

Effective 1/1/2018

AHEC – Area Health Education Centers – Quit Smoking Now program – <http://ahectobacco.com/>

6-week in-person group sessions held in Key West, Big Pine Key, Marathon, Tavernier – <http://www.ahectobacco.com/calendar-2/> (select Monroe County from the drop down – other programs available throughout Florida)  
**877.848.6696 - No cost to employees**

Note: Only web-based (zoom) and in-person coaching (meeting attendance) quit programs are approved to qualify for the health insurance premium discount or health savings account deposit defined in the Wellness Program.

**Florida Blue | Customer Service 800.664.5295 | [www.floridablue.com](http://www.floridablue.com)**



## Other Available Plan Resources

Florida Blue offers all enrolled employees and dependents additional services and discounts through value added programs. For more details regarding other available plan resources, please refer to the Summary of Benefits and Coverage document or contact Florida Blue's customer service at **800.664.5295** or visit [www.floridablue.com](http://www.floridablue.com).

### 24 Hour Personal Care Services

Whether you're pregnant, or have a common cold, a chronic condition, a complex condition, or even an unexpected health crisis – there's extra help available to you.

- One-to-one health care professionals for support, guidance and answers to your questions.
- Personalized information based on your health care needs, such as health action plans, educational materials and community resources.
- Assistance with coordinating your care with multiple doctors.
- Quality treatment options and cost estimates based on your plan benefits, including office visits, medication, x-rays/images and surgical services.
- Education and support for the member, family and caregiver.
- You choose the level of assistance that you're comfortable with, and decide what's right for you. There's no cost to you, and your medical information is kept confidential.

### General or urgent health care questions

Health questions can come up at any time and you don't have to wait for answers. You can get answers to your questions plus you will have access to helpful resources. Whether you have an immediate health concern or a general question about your doctor's plan of treatment, have an immediate health concern or a general question about your doctor's plan of treatment – **the nurseline is always open at 877.789.2583.**

### Blue365

With Blue365, great deals are yours for every aspect of your life—like discounts at [Reebok.com](http://Reebok.com), discounted products through Jenny Craig, or a gym membership at a discounted rate.

Register now at <https://www.blue365deals.com/> to take advantage of Blue365. It's an online destination featuring healthy deals and discounts exclusively for our members.

Just have your Blue Cross and Blue Shield member ID card handy. In a couple of minutes, you will be registered and ready to shop. Every week we will send a special deal straight to your email inbox.

## The Florida Blue Mobile App

The Florida Blue mobile app is an easy way to organize and access important health information. Anytime. Anywhere. Download it today from the App Store<sup>SM</sup> or Google Play<sup>TM</sup>. With the Florida Blue mobile app, members can:

- Find a doctor, dentist or health care facility
- Access maps for instant driving directions
- View ID cards for the entire family
- Review deductibles, account balances and claims
- Store and organize all important contact information for doctors, hospitals, and pharmacies
- Add health care professionals to contact list right from a claim or directory search
- And, much more!

### Summary of Benefits and Coverage

A **Summary of Benefits and Coverage (SBC)** for the medical plan is provided as a supplement to this booklet being distributed to new hires and existing employees during open enrollment. The summary is an important item in understanding employee's benefit options. A free paper copy of the SBC document may be requested or is available as follows:

**From:** Employee Benefits

**Address:** 1100 Simonton Street, Suite 2268  
Key West, FL 33040

**Phone:** 305.292.4450

**Email:** [moore-deborah@monroecounty-fl.gov](mailto:moore-deborah@monroecounty-fl.gov)

The SBC is only a summary of the plan's coverage. A copy of the plan document, policy, or certificate of coverage should be consulted to determine the governing contractual provisions of the coverage. A copy of the group certificate of coverage can be reviewed and obtained by contacting the Employee Benefits Office.

If employees have any questions about the plan offerings or coverage options, please contact the Employee Benefits Office.



## Health Savings Account (HSA)

Administered by Wex Health, Inc.

A Health Savings Account (HSA) is a tax-advantaged savings account that can be used to pay for qualified medical expenses. HSA contributions are tax-deductible and withdrawals are tax-free, provided they are used for current and future “qualified medical expenses.”

**Only employees and retirees enrolled in the Florida Blue BlueOptions HSA-Compatible Plan 05182/05183** are eligible to contribute to the Health Savings Account (HSA). Members should not have coverage through an additional plan that is not a qualified HDHP, or be entitled to Medicare and cannot be eligible to be claimed as a dependent on another individual’s tax return. **Employees who are 65 years of age or older are not eligible to participate in or enroll in the HDHP/HSA.**

Employer acknowledges and agrees that Internal Revenue Service (IRS) regulations requires that HSA contributions be non-forfeitable, provided the IRS will allow the reversal of mistaken employer contributions in certain circumstances, including the following:

- When there is a mistake in the eligibility to establish an HSA and the employee was never eligible for HSA contributions
- When the contribution exceeds the annual HSA maximum contribution, and;
- When there is clear documentary evidence demonstrating that there was an administrative or process error

### 2026 Enrollment

Employee who enrolls in the Wex Health HSA during the 2026 plan year open enrollment, or who are eligible for coverage beginning January 1, will receive \$500 into their HSA account for an individual enrollment and \$1,000 for employees who enroll 1 or more dependents. Funding is made into an employee’s HSA account in the first pay period in January.

Employees may opt to fund their HSA with tax-free dollars up to \$3,900 (single coverage) or \$7,750 (employees with dependent coverage) through evenly disbursed payroll deductions or in one lump sum payroll deduction. This decision must be made during open enrollment. Guidelines regarding the HSAs are established by the IRS so employees should thoroughly review the enrollment materials before selecting the HSA plan option.

- 2026 IRS Total Contribution Limitations: \$4,400 (individual coverage), \$8,750 (family coverage)

**Please Note:** Individuals ages 55 and older can also make additional “catch-up” contributions up to \$1,000 annually.

Guidelines regarding the HSA are established by the IRS.

Question	HSAs Health Savings Accounts
<b>What is an HSA?</b>	A Health Savings Account (HSA) is a tax-advantaged account created for or by individuals covered under high-deductible health plans (HDHPs) to save for qualified medical expenses. Contributions are made into the account by the individual or their employer and are limited to a maximum amount each year. The contributions are invested over time and can be used to pay for qualified medical expenses, such as medical, dental, and vision care and prescription drugs for qualified IRS 213 expenses. Go to <a href="http://www.irs.gov">http://www.irs.gov</a> for a listing of 213 expenses.
<b>How are the funds accessed?</b>	HSA funds can be accessed by: 1) Automatic claim forwarding to Wex Health (claims paid directly from HSA by Wex Health); 2) Wex HSA debit card
<b>What happens to unused funds at the end of the 2026 Plan Year?</b>	The year-end balance remains in the HSA Account and continues to earn interest. The member does not lose it at the end of the year if it is not used.
<b>What happens to unused funds if an employee discontinues participation in an HSA Plan, separates employment, or retires from the County?</b>	Employee owns the HSA funds from day one and decides how and when to spend them. HSA funds are portable from one employer to another.
<b>What are some examples of qualified expenses that would be eligible for reimbursement?</b>	HSA funds can be used to meet the calendar year deductible. Most covered services count toward the deductible, including prescriptions costs, physician visits, hospital visits, laboratory work, etc. All expenses must be medically necessary.

## Dental Insurance (PPO Plan)

Administered by Delta Dental

The County offers dental insurance through Delta Dental to benefit eligible employees. Good oral care enhances overall physical health, appearance and mental well-being. Problems with the teeth and gums are common and easily treated health problems. Keep your teeth healthy and your smile bright with The County dental benefit plan. For more detailed information about the dental plan, please refer to the summary plan document or contact Delta Dental customer service.

Gold PPO Plan		
	Delta Dental Premier Dentist	Non-Delta Dental Dentist
<b>Maximum Contract Allowance</b>	Premier Contracted Fees	80th Percentile
<b>BENEFITS</b>		
Diagnostic and Preventive	100%	100%
Sealants	90%	90%
Space Maintainers	100%	100%
Basic Restorative	90%	90%
Oral Surgery	90%	90%
Simple Extractions	90%	90%
Endodontics	90%	90%
Surgical Periodontics	90%	90%
Non-Surgical Periodontics	90%	90%
Major Restorative	60%	60%
Prosthodontics – Fixed and Removable	60%	60%
Denture Repair and Relining	90%	90%
Implants	Not covered	Not covered
Orthodontics – Child	50%	50%
Orthodontics – Adult	Not covered	Not covered
TMJ	Not covered	Not covered
<b>DEDUCTIBLE (ANNUAL DEDUCTIBLE DOES NOT APPLY TO DIAGNOSTIC, PREVENTIVE AND ORTHODONTIC SERVICES)</b>		
Per Patient/Calendar Year	\$50	\$50
Per Family/Calendar Year	\$150	\$150
Lifetime Orthodontia Deductible/Patient	\$0	\$0
<b>MAXIMUMS</b>		
Per Patient/Calendar Year	\$5,000	\$5,000
Lifetime Orthodontia Maximum/Patient	\$3,000	\$3,000
<b>WAITING PERIODS (CALCULATED FROM EACH PRIMARY ENROLLEE'S EFFECTIVE DATE IN A DENTAL PROGRAM AS REPORTED BY THE EMPLOYER)</b>		
Oral Surgery, Endo, Perio	N/A	N/A
Orthodontics	N/A	N/A
Major Restorative, Prosthodontics	N/A	N/A

If your Delta Dental ID card is lost, you can easily obtain a replacement by visiting the Delta Dental website.

[Delta Dental Member Information \(Link TBD\)](#)

## Dental Insurance (continued)

	Silver PPO Plan	
	Delta Dental Premier Dentist	Non-Delta Dental Dentist
<b>Maximum Contract Allowance</b>	Premier Contracted Fees	80th Percentile
<b>BENEFITS</b>		
<b>Diagnostic and Preventive</b>	100%	100%
<b>Sealants</b>	80%	80%
<b>Space Maintainers</b>	100%	100%
<b>Basic Restorative</b>	80%	80%
<b>Oral Surgery</b>	80%	80%
<b>Simple Extractions</b>	80%	80%
<b>Endodontics</b>	80%	80%
<b>Surgical Periodontics</b>	80%	80%
<b>Non-Surgical Periodontics</b>	80%	80%
<b>Major Restorative</b>	50%	50%
<b>Prosthodontics – Fixed and Removable</b>	50%	50%
<b>Denture Repair and Relining</b>	80%	80%
<b>Implants</b>	Not covered	Not covered
<b>Orthodontics – Child</b>	50%	50%
<b>Orthodontics – Adult</b>	Not covered	Not covered
<b>TMJ</b>	Not covered	Not covered
<b>DEDUCTIBLE (ANNUAL DEDUCTIBLE DOES NOT APPLY TO DIAGNOSTIC, PREVENTIVE AND ORTHODONTIC SERVICES)</b>		
<b>Per Patient/Calendar Year</b>	\$50	\$50
<b>Per Family/Calendar Year</b>	\$150	\$150
<b>Lifetime Ortho Deductible/Patient</b>	\$0	\$0
<b>MAXIMUMS</b>		
<b>Per Patient/Calendar Year</b>	\$3,000	\$3,000
<b>Lifetime Ortho Maximum/Patient</b>	\$3,000	\$3,000
<b>WAITING PERIODS (CALCULATED FROM EACH PRIMARY ENROLLEE'S EFFECTIVE DATE IN A DENTAL PROGRAM AS REPORTED BY THE EMPLOYER)</b>		
<b>Oral Surgery, Endo, Perio</b>	N/A	N/A
<b>Orthodontics</b>	N/A	N/A
<b>Major Restorative, Prosthodontics</b>	N/A	N/A

### Preventive Care Tips

- 1. Prevent Cavities** – Cleanings remove plaque, a sticky bacterial film that builds up on your teeth. This acidic substance can eat away at your enamel, eventually causing tooth decay.
- 2. Diet** – What you eat and drink affects your teeth. Sugar in any form, including honey and even natural sugars found in fruit and dairy products, can damage your teeth. The most harmful sugars are those that stick to the teeth, like caramel, and those that remain in the mouth for a long time, like hard candies. Starchy foods such as potato chips and crackers also contain sugars that affect teeth. Save them for meals and brush after.
- 3. Remember** – Your toothbrush gets a daily workout! To keep it in tip-top shape, replace it every two to three months and after having a cold.

## Vision Insurance

Administered by VSP Choice Network



### A Look at the Basics

#### What is vision insurance?

Vision insurance provides coverage and savings on the cost of an annual eye exam, prescription eyewear and lenses, contact lenses, and other eye-related services.



#### What can vision insurance do for me?

See healthy and live happy. As a VSP® member, you get personalized care from a local VSP network doctor at low out-of-pocket costs.

Your vision and health come first with VSP

-  Quality vision care you need for you and your family
-  A WellVision Exam®—an annual exam designed to detect signs of vision and health conditions
-  Access to exclusive offers from VSP and leading industry brands, totaling more than \$3,000 in savings with Exclusive Member Extras
-  VSP members save an annual average of \$470—more money in your pocket

Create an account, find your local VSP provider, and see your benefit at [vsp.com](https://www.vsp.com) today!

#### What does VSP vision insurance cover?

Everyone needs an annual eye exam, and most families have at least one member who needs glasses or contacts. In addition to an annual eye exam, VSP covers lenses and lens enhancements with low copays or savings on standard pricing. Some plans also cover sunglasses.

It's easy to find (or keep seeing!) a nearby in-network doctor. Maximize your coverage with bonus offers and savings that are exclusive to **Premier Program** locations—including thousands of **private practice doctors** and **Visionworks®** retail locations nationwide.

Using your VSP benefit is easy. There are no claims to file when you see a VSP provider for eye-related services.

Contact us: **800.877.7195** | [vsp.com](https://www.vsp.com)



# A Site Your Eyes Will Love!

Create an account and log in to [vsp.com](http://vsp.com) to get the most out of your vision benefits.



### View your benefits

Once logged in, see your benefits, view your claim history, and more in your personalized dashboard.

### Find an in-network doctor

Find a Premier Program location near you on [vsp.com](http://vsp.com) to maximize your vision coverage and savings.

	Get more at preferred in-network doctor locations
	private practice doctors

### Save on eyewear and so much more

Access more than \$3,000 in savings with VSP® Exclusive Member Extras.

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Classification: Public

### It's Easy to Create an Account:

1. Visit [vsp.com](http://vsp.com).
2. Click on **Create an Account** at the top-right corner of the site.
3. Fill in all of the required fields to create your account.
4. Click on **Create an Account** to submit the form. You will receive a confirmation email.

### Not online?

Member services can help create an account. Call **800.877.7195**. Si tiene alguna pregunta, llame al **866.673.0307** o visite [es.vsp.com](http://es.vsp.com).

The VSP vision plan offers two vision plans through VSP to benefit eligible employees. A brief summary of benefits is provided on the following page. For more detailed information about the vision plan, please refer to the carrier's summary plan document, or contact VSP's customer service.

### In-Network Benefits

Both vision plans offer employees and their covered dependents coverage for routine eye care, including eye exams, eyeglasses (lenses and frames) or contact lenses. To schedule an appointment, covered employees and their dependents can select any network provider who participates in the Choice Network. At the time of service, routine vision examinations and basic optical needs will be covered as shown on the plan's schedule of benefits. Cosmetic services and upgrades will be additional if chosen at the time of the appointment.

### Out-of-Network Benefits

Employees and their covered dependents may also choose to receive services from vision providers who do not participate in the Choice Network. When going out-of-network, the provider will require payment at the time of appointment. You will need to submit a claim form; VSP will then reimburse based on the plan's out-of-network reimbursement schedule and upon proof of services rendered.

### Calendar Year Deductible

There is no Calendar Year Deductible.

### Your Coverage with a VSP Provider

**VSP does not issue ID cards. Members can get an ID card by going to [www.vsp.com](http://www.vsp.com), register, and download an ID card.**

High Plan			
Benefit	Description	Copay	Frequency
<b>Well Vision Exam</b>	Focuses on your eyes and overall wellness	\$10	Every calendar year
<b>Prescription Glasses</b>		\$20	See frame and lenses
<b>Frames</b>	\$200 allowance for a wide selection of frames \$220 allowance for featured frame brands Elective Contact Lenses – \$150 \$110 Costco® frame allowance	Included in Prescription Glasses	Every calendar year
<b>Lenses</b>	Single vision, lined bifocal, and lined trifocal lenses	Included in Prescription Glasses	Every calendar year
<b>Lens Enhancements</b>	Standard progressive lenses UV protection Premium progressive lenses Custom progressive lenses Anti-reflective coating Photochromic lenses Polycarbonate lenses Average savings of 30% on other lens enhancements	\$0 \$0 \$95-\$105 \$150-\$175 \$0 \$0 \$0	Every calendar year
<b>Suncare</b>	\$200 Allowance for ready made non-prescription sunglasses or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts	Covered in full after \$20 copay	Every calendar year
<b>Contacts (instead of glasses)</b>	\$150 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation)	Not to exceed \$60	Every calendar year
<b>Diabetic Eyecare Plus Program</b>	<ul style="list-style-type: none"> <li>Retinal screening for members with diabetes</li> <li>Additional exams and services for members with diabetic eye disease, glaucoma, or age-related macular degeneration.</li> </ul> Limitations and coordination with your medical coverage may apply. Ask your VSP doctor for details.	\$0 \$20 per exam	As needed

### Extra Savings (Applies to Both Plans)

#### Glasses and Sunglasses

- Extra \$20 to spend on featured frame brands. Go to [vsp.com](http://vsp.com) for details.
- 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.

#### Routine Retinal Screening

- No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam.

#### Laser Vision Correction

- Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities

### 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-networks plan details.

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. Contact us at **800.877.7195** or [www.vsp.com](http://www.vsp.com).

## Vision Insurance (continued)

Low Plan			
Benefit	Description	Copay	Frequency
<b>Well Vision Exam</b>	Focuses on your eyes and overall wellness	\$10	Every calendar year
<b>PRESCRIPTION GLASSES</b>			See frame and lenses
<b>Frames</b>	\$160 allowance for a wide selection of retail frames \$180 allowance for featured frame brands Elective Contact Lenses – \$135 \$90 Costco® frame allowance	Included in Prescription Glasses	Every other calendar year
<b>Lenses</b>	Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children	\$20	Every calendar year
<b>Lens Enhancements</b>	Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 30% on other lens enhancements	Covered in full \$95-\$105 \$150-\$175	Every calendar year
<b>Suncare Enhancement</b>	\$160 allowance for ready made non-prescription sunglasses or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts	\$20	Every other calendar year
<b>Elective Contact Lenses</b>	\$135 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation)	Not to exceed \$60	Every calendar year
<b>Diabetic Eyecare Plus Program</b>	<ul style="list-style-type: none"> <li>Retinal screening for members with diabetes</li> <li>Additional exams and services for members with diabetic eye disease, glaucoma, or age-related macular degeneration.</li> </ul> Limitations and coordination with your medical coverage may apply. Ask your VSP doctor for details.	\$0 \$20 per exam	As needed
Extra Savings (Applies to Both Plans)			
<b>Glasses and Sunglasses</b>			
<ul style="list-style-type: none"> <li>Extra \$20 to spend on featured frame brands. Go to <a href="http://vsp.com">vsp.com</a> for details.</li> <li>20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.</li> </ul>			
<b>Routine Retinal Screening</b>			
<ul style="list-style-type: none"> <li>No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam.</li> </ul>			
<b>Laser Vision Correction</b>			
<ul style="list-style-type: none"> <li>Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities</li> </ul>			

**YOUR COVERAGE WITH OUT-OF-NETWORK PROVIDERS:**

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.

**VSP does not issue ID cards. Members can download from the website [www.vsp.com](http://www.vsp.com), or when making appointments the provider can verify coverage online using personal information.**

## Basic Life and AD&D Insurance

Administered by Minnesota Life/Securian\*

### Basic Term Life And Accidental Death And Dismemberment (Employer Paid)

#### Basic Term Life

The County provides Basic Term Life Insurance to benefit eligible employees at no cost through Minnesota Life in the amount of \$50,000.

#### Additional Features of Basic Term Life include:

Waiver of Premium, Continuation of Coverage and Accelerated Death Benefit

#### Accidental Death & Dismemberment Insurance

At no cost to the employee, the County also provides Accidental Death & Dismemberment (AD&D) insurance, which pays in addition to the Basic Term Life benefit when death occurs as a result of an accident. The AD&D benefit amount equals the Basic Term Life benefit.

### RETIREE LIFE

Your employer offers Term Life insurance to benefit eligible retirees. Retirees insured on October 1, 1987 or later who have worked at the County for at least 10 years are provided with \$20,000 in coverage. Coverage reduces to 50% at age 70. Retirees who do not continue their medical/Rx coverage must pay \$11.00 per month to continue retiree Group Term Life.

#### Definition of Accelerated Death Benefit (Basic Term Life and Retiree Life)

If an insured person should ever become diagnosed as terminally ill with 12 months or less to live, this feature allows the insured to receive a benefit payment from the policy while alive to meet any of their existing needs.

#### Beneficiary Designations

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

You may update your beneficiary information at any time through the Employee Benefits Office.

\*Service by: Ochs, Inc

## Supplemental Life and Accidental Death & Dismemberment (AD&D) Insurance

Administered by Minnesota Life/Securian\*

As an eligible active employee of Monroe County Board of County Commissioners, you may elect Supplemental Term Life and AD&D Insurance for yourself and your eligible dependents. The Accidental Death and Dismemberment Insurance would pay an additional benefit, up to the amount of your Supplemental Life benefit, if you suffer a covered loss due to an accidental injury.

**Employee Coverage** - You can apply for additional life insurance in increments of \$10,000 up to a maximum of \$750,000. The Guaranteed Issue amount is \$300,000 *if you are in your initial eligibility period as a new employee.* Evidence of Insurability will be required if applying for an amount over \$300,000, or if you are not a newly eligible employee. Employee rates vary depending on age and benefit amount.

**Spouse Coverage** - Employees must elect coverage for themselves in order for their spouse to be eligible. The benefit is in increments of \$5,000 to a maximum of \$250,000, which may not exceed the employee amount. The Guaranteed Issue amount is \$25,000, *if you are in the initial eligibility period as a new employee.* Evidence of Insurability will be required if applying for an amount over \$25,000, or if you are not a newly eligible employee.

**Dependent Child Coverage** - The coverage available is \$20,000 and includes all children of the employee up to age 26. Coverage is Guaranteed Issue.

**Evidence of Insurability** - If you elected to waive Supplemental Insurance at your original eligibility date, and decide to apply for coverage, **or** increase your amount of coverage after your initial eligibility, you will be required to answer medical questions by completing an Evidence of Insurability Form.

Please note that applications must be submitted to the Employee Benefits Office.

\*Any reference to Spouse includes Domestic Partner.

## Resources For Work and Life Program (Including EAP)

The County provides a comprehensive Employee Assistance Program (EAP) through Quantum Health Solutions to all eligible employees at no cost. Quantum offers access to certified/licensed mental health professionals through a confidential program that is protected by state and federal laws. The EAP program is available to help employees gain a better understanding of problems that affect employees, locate the best professional help for any particular concern, and decide upon a plan of action.

### What is an Employee Assistance Program?

Everyone encounters problems from time to time. Sometimes we can solve them alone; other times we need help. We tend to be blind to the problems we have making it difficult to know when we need help. That's where an EAP can provide the right kind of guidance to solve personal and work-related problems.

EAP services provide short-term counseling and support with a limited number of visits. For needs extending beyond short-term assistance, members should utilize their medical coverage.

### How Can Your EAP Help You?

You and your household family members are encouraged to make use of the Quantum EAP. The program is offered to you at no cost, and provides both confidential counseling and information services. Help is available through:

- Telephone Assistance and Information
- Problem Assessment
- Individual and Family Appointments
- Goal Oriented Counseling
- Referrals when Needed
- Coordination with Medical Benefits

The program is staffed by experienced healthcare professionals who are trained in helping you solve problems quickly and efficiently. All of us at Quantum are committed to helping you in a competent and sensitive way.

### Quantum's Founding Tenets of Service

Every business is composed of its greatest resource—the people who operate it. It is simply good business to help employee's function at their top performance. Quantum offers a variety of behavioral health services to meet the specific needs of your employer.

The founding tenets of our program are program awareness, education and training, professional evaluation, and counseling.

Components of the Quantum/EAP are:

- Counseling services for company managers, employees, household family members, and significant others.
- Program promotion and awareness.
- Employer support services when dealing with complex work situations.
- Work-life Resource and Referral services.
- Legal assessments services.
- Financial budgeting services.
- Department of Transportation Substance Abuse Professional (SAP) services.
- National network of counselors.
- Medical benefit coordination.
- Toll-free help line.
- Quantum's Training Institute

Quantum's EAP can provide assistance for a variety of personal and professional matters, including:

- Stress/Resiliency
- Depression
- Gambling/Addictive behavior
- Parenting
- Financial issues
- Life changes/Relationships
- Drug/Alcohol abuse
- Mental health/Grief
- Balancing work and home

### Let's Review Confidentiality:

When speaking with a Quantum professional regarding personal issues, it's important to know that your confidentiality is protected. Any information that is shared will not be communicated to anyone else for any reason without your written permission.

### How Do I Access Services?

Your first step is taken by calling the toll-free number **877.747.1200**. Quantum provides a national network for in-person services. Appointments are scheduled based on mutual availability between you and the EAP Counselor. We are available for a phone screening to assist you and start the process.

**Contact: Quantum Health Solutions**

**Telephone: 877.747.1200**

**[www.accessqhs.com](http://www.accessqhs.com)**

**SEE SEPARATE BOOKLET FOR THE ANNUAL DISCLOSURE NOTICES**

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## Acknowledgement

Monroe County Board of County Commissioners wishes to thank and recognize the winners of the Inaugural Employee Benefits Photo Contest. We appreciate your contributions to the Employee Benefits Guide.

### To the winners and runner ups:

1st Place: Sue Burke (Monroe County BOCC) - Rolling in Duval at Dawn

2nd Place: Frank Gonzalez (Monroe County Fire Rescue) Finishline Tower 2 Tunnel 5K Big Pine Key

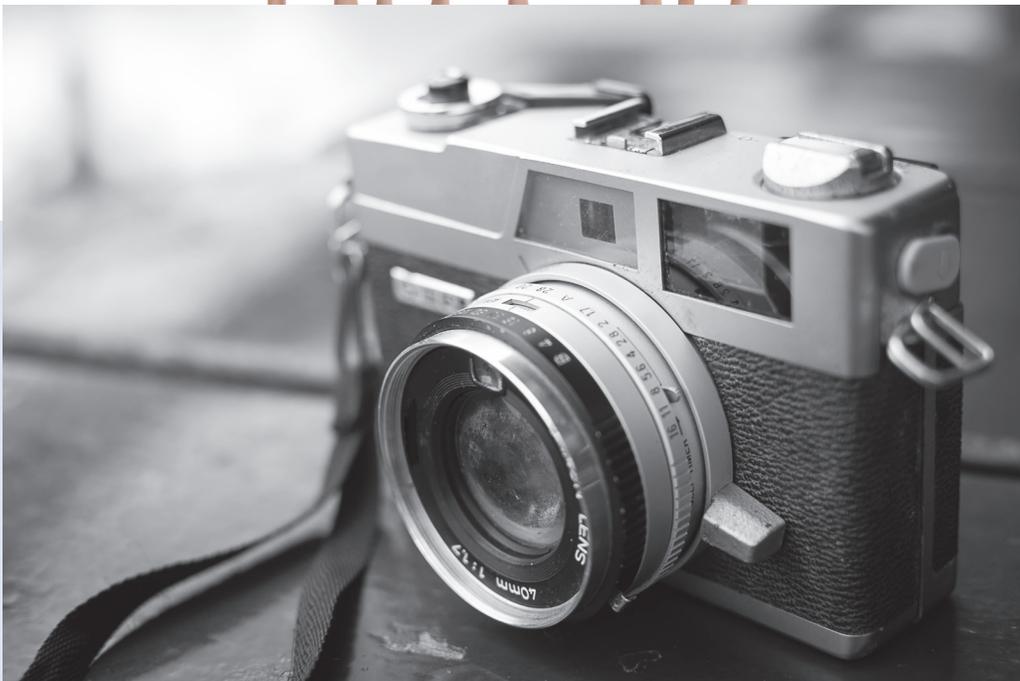
3rd Place: Alison Williams (Monroe County Building Department) - Sky is the Limit

Honorable Mention: Brenis Hill - Monroe County Sheriffs Office - Storm

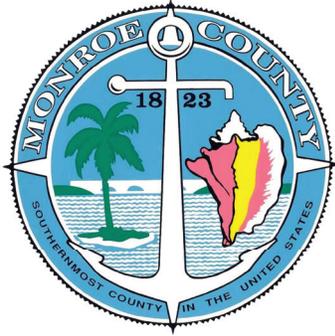
Honorable Mention: Daryl Greenlee (Monroe County Fleet Management) July 4th Sunset Sugarloaf Key

Honorable Mention: Angela Depastino (Monroe County Tax Collector) - All Smiles for the camera

THANK YOU



*This benefit guide prepared by*



# Gallagher

Insurance | Risk Management | Consulting

