



Bay County Sheriff's Office

**2024-2025
Benefit Guide**

FLORIDA SHERIFFS
EMPLOYEE BENEFITS TRUST





Bay County Sheriff's Office

TOMMY FORD, Sheriff

3421 N. Highway 77 | Panama City, Florida 32405

(850) 747-4700



We are pleased to offer you a comprehensive benefits package, and hope that this guide helps you understand the important benefits offered to you and your family. These benefit plans are designed to promote good health for you and your family, build financial stability and help balance work and personal responsibilities.

These benefits will require you to choose which plans best suit your needs. This plan is self-funded, which means that our premiums will go directly to pay claims. This will allow us to take control of our health care spending.

This also comes with the responsibility of each of us to help control costs by making smart choices when it comes to health care. A good example of that is to only utilize the emergency room for true emergencies, take advantage of services like telehealth and ensuring that you have a primary care provider. I'm excited about the possibilities with this plan and have a lot of faith in the Florida Sheriff's Risk Management Fund, as they continue to provide our auto insurance, workers compensation and liability.












I sincerely appreciate the work that you all do to make Bay County a safer place to live and visit.

A handwritten signature in blue ink, appearing to be "Tommy Ford", with a long horizontal stroke extending to the right.

Sheriff Tommy Ford



REFERENCE-POLICY NUMBERS

Benefit	Carrier/Vendor	Policy Number	Phone Number	Website
 Online Benefit Enrollment	BenefitSolver	N/A	N/A	www5.benefitsolver.com
 Medical Insurance	UMR/Quantum Health	76-414512	1-877-711-9778	www.floridasheriffshealthplan.com
 Prescription Drug	OptumRX	76-414512	1-877-711-9778	www.floridasheriffshealthplan.com
 Telemedicine	Teladoc	FSHP	1-800-835-2362	www.Teladoc.com
 Dental Insurance	The Standard	160-760491	1-800-547-9515	www.standard.com/dental
 Vision Insurance	The Standard	160-760491	1-800-877-7195	www.standard.com/vision
 Basic, Voluntary Life and AD&D	The Standard	622422	1-800-348-3226	www.standard.com
 Voluntary Worksite	UHC	306473	1-800-539-0038	FPCustomerSupport@uhc.com
 Voluntary Accident Insurance Program (VAIP)	New York Life	OK 971276	1-800-557-7975	www.newyorklife.com
 Employee Assistance Program (EAP)	Optum EAP	FSHP	1-866-248-4096	www.liveandworkwell.com
 Medicare Advantage	UHC	16430	1-844-589-3861	www.retiree.uhc.com

The following descriptions of available benefits of the Bay County Sheriff's Office are purely informational and have been provided to you for illustrative purposes only. This information is not a legal document and shall not be construed as a guarantee of benefits nor of continued employment at the Bay County Sheriff's Office. Payment of benefits will vary from claim to claim within a particular benefit option and will be paid at the sole discretion of the applicable insurance provider and/ or claims administrator for each benefit option. All benefit plans are governed by master policies, contracts, and plan documents. Any discrepancies between any information provided through this summary and the actual terms of the policies, contracts, and plan documents are governed by the terms of Bay County Sheriff's Office master policies, contracts, and the actual plan documents. The terms and conditions of each applicable policy or certificate of coverage will provide specific details and will govern in all matters relating to each particular benefit option described in this summary. In no case will any information in the summary amend, modify, expand, enhance, improve, or otherwise change any term, condition or element of the policies or certificates of coverage that govern the benefit options described in this summary. Bay County Sheriff's Office reserves the right to amend, suspend, or terminate any benefit plan, in whole or in part, at any time given legally required notice. This document and all its contents are CONFIDENTIAL and PROPRIETARY and cannot be replaced, amended, or disclosed to any third party without the prior, express written consent of Florida Sheriffs Employee Benefits Trust.

STAY IN TOUCH WITH MOBILE APPS

Download free mobile software applications in the App Store or Google Play to access your benefits on-the go:



Your Health Insurance Plan - MyQHealth App

- Online chat with your Care Coordinators
- View claims
- Check benefits and coverage
- Download and view your online member ID card
- Find in-network providers near you



Your Vision Insurance Plan - VSP App

- Confirm your coverage
- View member ID card
- Shop the latest eye-wear fashions 24/7



Your Optum EAP Plan - MyLiveandworkwell

- Find providers
- Get authorizations
- Connect with an EAP specialist instantly via the click to call and chat feature
- Access to the app's extensive library of resources



The Optum Rx App makes the online pharmacy experience as simple as possible. You can easily:

- Search drug prices at multiple pharmacies
- Locate a network pharmacy
- Manage medication reminders
- Access your ID card if your plan allows
- Track your order
- Refill a prescription



Get the support you need to improve your mental health - AbleTo

- Flexible mental health care that fits into your schedule
- Personalized, science-backed tools and skill-building activities
- Curated content to help manage feelings of stress, anxiety, and depression
- 24/7 access to tools, activities, and content



Your BenefitSolver Online Enrollment System - MyChoice App (By BenefitSolver)

- Review benefit details and plan information, on the go
- Get quick, one touch access to change your benefits and start enrollment
- Store your carrier ID cards for easy access at the providers office
- Understand important reminders when action is needed



YOUR GUIDE TO OPEN ENROLLMENT



HELPFUL ENROLLMENT TIPS

- Please have your dependents SSN and DOB available before you begin your enrollment.
- If your Spouse and/or your Dependents also work at your employer, be sure to coordinate and not duplicate the same coverage.
- Monitor your email account and BenefitSolver Message Center for additional Open Enrollment information.
- Please check your first paycheck with deductions for the October 1, 2024 plan year for accuracy and bring any questions to your HR Department.

ELIGIBILITY & ENROLLMENT GUIDELINES

ELIGIBILITY

All full-time benefits-eligible employees who regularly work 30-hours per week (or retirees) are eligible for coverage.

Your coverage will be effective the first of the month, unless hired on the 1st then benefits begin immediately at the Bay County Sheriff's Office. Changes to benefits can be made only during open enrollment or within 30-days of a qualifying event.

DEPENDENT ELIGIBILITY

An eligible dependent is generally defined as an employee's legal spouse or a child of the employee and/or their legal spouse. Marriage, student, and disability status can affect a child's eligibility. Your employer and FSEBT reserve the right to require documentation to confirm dependent eligibility.

For specific eligibility provisions, please refer to the applicable benefit plan summary or policy.

MAXIMUM DEPENDENT CHILD AGES

MEDICAL	End of the calendar year they turn 30 years old.*
DENTAL	End of the calendar year they turn 26 years old.
VISION	End of the calendar year they turn 26 years old.
LIFE	Through the age of 25.
VOLUNTARY WORKSITE	End of the calendar year they turn 26 years old.

An employee's child from 26 to 30 years old (end of calendar year) provided the Child is unmarried, does not have a dependent of their own, is a Florida resident or full-time or part-time student, is not eligible for Medicare, and is not covered under another group or individual policy.

SPECIAL NOTES

- If your Spouse and/or your Dependents are both employees of the Bay County Sheriff's office you cannot double cover each other on any plan.
- Please keep your information updated in the BenefitSolver system so that we can properly provide any needed documentation to you in an efficient manner.
- In the event of a discrepancy the plan documents rule.

INFORMATION FOR RETIREES

Medicare Eligibility - Once you become eligible for Medicare Part A and B, you must contact the Social Security Administration (SSA) about your Medicare benefits. Enrollment in Medicare is time sensitive and you may be subject to financial penalties if you miss the federal deadlines. Contact [your local SSA office](#), call 800-MEDICARE, or visit www.medicare.gov for more information. When your Medicare benefits take effect, your insurance with Bay County Sheriff's Office becomes the secondary payer.

Coverage Changes - Retirees are allowed to keep the benefits they have at retirement, but may not add other benefits unless a new product is offered. Retirees are allowed to add dependents to their coverage during open enrollment or resulting from any qualifying life event during the year. Retirees may drop coverage at any time outside of Open Enrollment and Qualifying Events. Once coverage is dropped you are not permitted to elect benefits through the Bay County Sheriff's Office at a future date.

QUALIFYING EVENTS & IRS SECTION 125

IRS SECTION 125

Premiums for medical, dental, vision insurance and/or certain supplemental plans 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 a member's pre-taxed 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. Certain qualifying events may allow for changes to be made within 60-days of the qualifying event, please refer to your section 125 documents or contact your Human Resources Department.

Under certain circumstances, employees may be allowed to make changes to benefit elections during the plan year, if the event affects the member, spouse or dependent's coverage eligibility. An "eligible" qualifying event is determined by the 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, employee's spouse or dependent(s) terminate or start employment
- An increase or decrease in employee's work hours cause 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 KidCare) program
- Becoming eligible for state premium assistance under Medicaid or CHIP (including Florida KidCare) program
- Enrollment in a qualified health plan offered through an exchange during special enrollment period

MEMBERS WHO EXPERIENCE A QUALIFYING EVENT MUST CONTACT THE HUMAN RESOURCES DEPARTMENT WITHIN 30 DAYS TO MAKE THE APPROPRIATE CHANGES TO COVERAGE.



Beyond 30 days, requests will be denied, and the member may be responsible, both legally and financially, for any claim and/or expense incurred as a result of the member or dependent who continues to be enrolled but no longer meets eligibility requirements. If approved, billing changes are effective on the first of the month following the qualifying event. Medical benefits for newborns are effective on their date of birth, with any applicable billing changes taking place on the first of the month following 30 days from their date of birth. Cancellations will be processed according to policy guidelines. In the event of death, coverage will terminate at the date following the death of the employee. Members will be required to furnish valid documentation supporting a change in status due to a qualifying event. Certain qualifying events may allow for changes to be made within 60-days of the qualifying event. Please refer to your benefit plan documents and your section 125 documents or contact your Human Resources Department.

MEDICAL

CLAIMS ADMINISTRATOR	UMR		UMR	
NAME OF PLAN	FSHP \$1,000 DEDUCTIBLE PLAN		FSHP HDHP HSA PLAN	
PROVIDER NETWORK	UHC CHOICE PLUS PPO		UHC CHOICE PLUS PPO	
IN-NETWORK BENEFITS				
CALENDAR-YEAR DEDUCTIBLE				
INDIVIDUAL	\$1,000		\$1,600	
FAMILY	\$3,000		\$3,200	
COINSURANCE (MEMBER RESPONSIBILITY)	20%		20%	
CALENDAR YEAR OUT-OF-POCKET MAXIMUM				
INDIVIDUAL	\$3,000		\$5,000	
FAMILY	\$6,000		\$5,000	
OFFICE VISITS				
PRIMARY CARE	\$25 COPAY		CALENDAR YEAR DEDUCTIBLE + 20%	
SPECIALIST	CALENDAR YEAR DEDUCTIBLE + 20%		CALENDAR YEAR DEDUCTIBLE + 20%	
TELEHEALTH	\$25 COPAY		CALENDAR YEAR DEDUCTIBLE + 20%	
TELEMEDICINE (TELADOC) GENERAL MEDICINE	\$0		CALENDAR YEAR DEDUCTIBLE	
COMMON SERVICES				
DIAGNOSTIC LABWORK / X- RAYS	\$0 COPAY / \$50 (X-RAY)		CALENDAR YEAR DEDUCTIBLE + 20%	
ADVANCED IMAGING (CT, PET, MRI)	\$125 COPAY		CALENDAR YEAR DEDUCTIBLE + 20%	
INPATIENT HOSPITAL FACILITY SERVICES	\$750 COPAY		CALENDAR YEAR DEDUCTIBLE + 20%	
OUTPATIENT HOSPITAL FACILITY SERVICES	\$150 COPAY		CALENDAR YEAR DEDUCTIBLE + 20%	
AMBULATORY SURGICAL CENTER FACILITY FEE	\$100 COPAY		CALENDAR YEAR DEDUCTIBLE + 20%	
URGENT CARE	CALENDAR YEAR DEDUCTIBLE + 20%		CALENDAR YEAR DEDUCTIBLE + 20%	
EMERGENCY ROOM FACILITY	\$300 COPAY		CALENDAR YEAR DEDUCTIBLE + 20%	
AMBULANCE SERVICES	CALENDAR YEAR DEDUCTIBLE + 20%		CALENDAR YEAR DEDUCTIBLE + 20%	
PHARMACY	30-DAY SUPPLY	90-DAY SUPPLY	30-DAY SUPPLY	90-DAY SUPPLY
TIER 1 GENERIC	\$10 COPAY	\$0 COPAY	\$15 COPAY	\$0 COPAY
TIER 2 PREFERRED BRAND NAME	\$25 COPAY	\$50 COPAY	\$30 COPAY	\$60 COPAY
TIER 3 NON PREFFERED BRAND NAME	\$40 COPAY	\$80 COPAY	\$50 COPAY	\$100 COPAY
SPECIALTY	\$150 COPAY	N/A	\$150 COPAY	N/A
OUT-OF-NETWORK BENEFITS				
CALENDAR YEAR DEDUCTIBLE (INDIVIDUAL/FAMILY)	\$2,000/\$6,000		\$2,550/\$5,100	
COINSURANCE	40%		40%	
OUT-OF-POCKET (INDIVIDUAL/FAMILY)	\$5,000 / \$10,000		\$10,000 / \$10,000	

FSHP \$1,000 DEDUCTIBLE PLAN RATES			
TIER	EMPLOYEE SEMI-MONTHLY	EMPLOYEE MONTHLY	EMPLOYER MONTHLY
EMPLOYEE	\$66.37	\$132.74	\$642.26
EMPLOYEE + SPOUSE	\$171.56	\$343.12	\$1655.88
EMPLOYEE + CHILD(REN)	\$158.51	\$317.02	\$1,681.98
FAMILY	\$214.58	\$429.16	\$2,190.84

FSHP HDHP HSA PLAN RATES			
TIER	EMPLOYEE SEMI-MONTHLY	EMPLOYEE MONTHLY	EMPLOYER MONTHLY
EMPLOYEE	\$22.50	\$45.00	\$547.00
EMPLOYEE + SPOUSE	\$52.50	\$105.00	\$1,423.00
EMPLOYEE + CHILD(REN)	\$45.00	\$90.00	\$1,438.00
FAMILY	\$75.00	\$150.00	\$1,929.00

MEDICAL SUMMARY



PRESCRIPTIONS

Prescription drug costs can vary depending on the type of drug:

- Is the prescription a generic, a preferred brand-name, or a non-preferred brand-name drug?
- Do you have a 30-day or 90-day supply?
- Are you purchasing your prescriptions at a retail pharmacy or via mail order?

The Pharmacy section of the medical table shows the cost of using generic, brand-name, or mail order medications.

Check the formulary, or list of covered medications, to determine what tier your prescription is in. Refer to the BenefitSolver Reference Center for the formulary list.

- TIER 1 Generic
- TIER 2 Preferred brand name
- TIER 3 Non-preferred brand name
- SPECIALTY

MAIL ORDER PRESCRIPTIONS

There are specific advantages to using mail order for prescription medications, including:

- Cost savings - You will incur fewer copays when you order a 90-day supply.
- Free shipping - There is no extra shipping charge for mail order prescriptions.
- Convenience - You do not have to make as many trips to the pharmacy, stand in line, or wait for your prescriptions to be filled.

GENERIC PRESCRIPTIONS

Remember, talk to your doctor to see if a generic prescription is right for you!

Note: Mail order prescriptions require a 90-day script from your provider.

MANAGE YOUR CHRONIC CONDITION PROGRAM

As a member of the Florida Sheriffs Health Plan, if you are diagnosed with a chronic condition, you may have the opportunity to receive your medications and certain services at no cost. You must meet 50% of the required "Care Path" activities for your condition(s). Below is a list of the qualifying chronic conditions and Care Path activities.

ASTHMA

- Get annual flu shot*
- Use asthma control medication†
- Have your annual physical

CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

- Get annual flu shot*
- Have your annual physical

CONGESTIVE HEART FAILURE (CHF)

- Take a beta-blocker medication†
- Take an ACE or ARB medication†
- Have your annual lipid screening
- Have your annual physical

CORONARY ARTERY DISEASE (CAD)

- Have your annual lipid screening
- Take a beta-blocker medication after a heart attack†
- Take a cholesterol-lowering statin medication†
- Have your annual physical

DIABETES

- Have HbA1c test at least once yearly
- Have your annual lipid screening
- Have annual microalbumin or urine protein test
- Take a cholesterol-lowering statin medication†
- Have an eye exam every two years
- Have your annual physical

HYPERLIPIDEMIA

- Have your annual lipid screening
- Take a cholesterol-lowering statin medication†
- Have your annual physical

HYPERTENSION (HTN)

- Take an antihypertensive medication†
- Have your annual physical

*This requirement can be waived with proper documentation for not getting the immunization.

† If your doctor does not recommend or prescribe any of these treatment options, call your MyQHealth Care Coordinators to receive credit.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

The Bay County Sheriff's Office provides an Employee Assistance Program (EAP) through Optum EAP. Optum EAP is available to **ALL** active employees and dependents.

People face all kinds of challenges that can cause stress at home and work. The Optum Employee Assistance Program (EAP) is here to support you in managing whatever issues life sends your way, including:

- Family and parenting issues
- Relationship problems
- Legal consultations: criminal matters, living wills, and divorce
- Life changes, personal crises
- Mediation services: child custody, real estate, and collections.
- Stress related to work or personal issues
- Financial services: bankruptcy, retirement planning, and taxes
- Setting goals to live your best life
- Drug and alcohol abuse assistance

ONLINE RESOURCES

Unlimited 24/7/365 access to Masters-level specialists via phone and online. Completely confidential service with no bills, copays, or deductibles:

- 866-248-4096
- liveandworkwell.com
- Talkspace App
- Access Code: FSHP

Click Here



TELEMEDICINE

Teladoc gives you round-the clock access to U.S. board certified doctors, from home or on the go. Call or connect online using the Teladoc mobile App for affordable medical care, when you need it.

Get the care you need for:

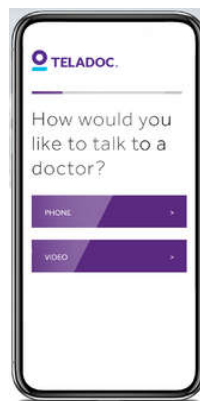
- Cold & flu symptoms
- Sinus problems
- Sore throats
- Skin problems
- Pink eye
- Allergies
- Respiratory infections
- And more

Access all your Teladoc benefits from one place.

Set up your account today!

Call 1-800-TELADOC | Download the app

www.Teladoc.com



Your cost is \$ 0 if you are enrolled in FSHP Option \$1,000/\$3,000 deductible plan.

Your cost is \$ 0 if you are enrolled in FSHP HDHP HSA Plan

DENTAL

Dental care is a vital part of your overall health; it's not just about preventing cavities. Having dental coverage helps ensure that you and your family get quality dental care at an affordable cost.

CARRIER	THE STANDARD			
NAME OF PLAN	PPO LOW PLAN		PPO HIGH PLAN	
NETWORK	AMERITAS NETWORK			
OUT-OF-NETWORK PAYMENT LEVEL	95TH U&C*			
DEDUCTIBLE	IN-NETWORK	OUT-OF-NETWORK***	IN-NETWORK	OUT-OF-NETWORK***
INDIVIDUAL- CALENDAR YEAR	\$50 PER VISIT (WAIVED TYPE 1)	\$50 PER VISIT (WAIVED TYPE 1)	\$50 PER VISIT (WAIVED TYPE 1)	\$50 PER VISIT (WAIVED TYPE 1)
FAMILY - CALENDAR YEAR	\$150 PER VISIT (WAIVED FOR TYPE 1)	\$150 PER VISIT (WAIVED FOR TYPE 1)	\$150 PER VISIT (WAIVED FOR TYPE 1)	\$150 PER VISIT (WAIVED FOR TYPE 1)
PLAN MAXIMUM				
CALENDAR YEAR MAX	\$1,000	\$1,000	\$2,000	\$2,000
CLASS				
PREVENTIVE - TYPE 1	100%	100%	100%	100%
BASIC - TYPE 2	100%	100%	100%	100%
MAJOR - TYPE 3	60%	60%	60%	60%
ORTHODONTIA				
COINSURANCE (PLAN PAYS)	50%	50%	50%	50%
COVERAGE FOR CHILDREN	CHILDREN ONLY (UP TO AGE 19)	CHILDREN ONLY (UP TO AGE 19)	CHILDREN ONLY (UP TO AGE 19)	CHILDREN ONLY (UP TO AGE 19)
LIFETIME MAXIMUM PER PERSON	\$1,000	\$1,000	\$1,000	\$1,000
MAX BUILDER FLEX				
BENEFIT THRESHOLD	\$500		\$750	
ANNUAL CARRYOVER AMOUNT -PER INSURED PERSON	\$250		\$400	
ANNUAL PPO BONUS	\$100		\$100	
MAXIMUM CARRYOVER	\$1,000		\$1,200	

*Services received out-of-network are based on the 95th percentile of "Usual and Customary" (U&C) for all providers in the designated service area.

**Maximum Allowable Charge.

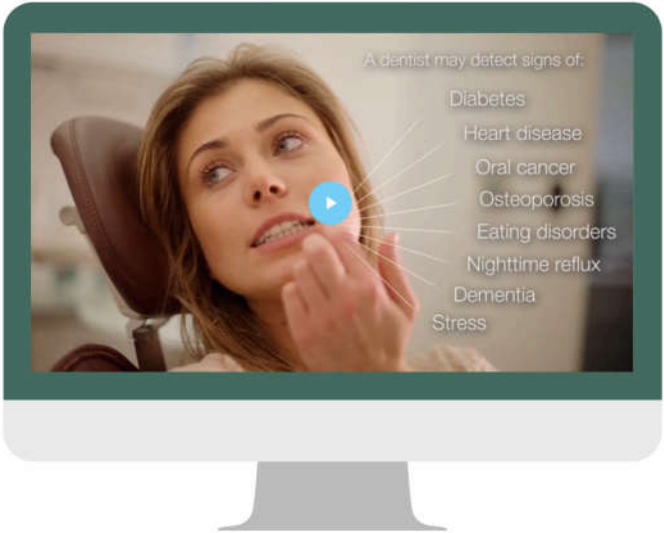
***If you go to an out-of-network Dentist, you will be responsible for paying the difference between what the Dentist submits for payment and the amount we pay.

DENTAL RATES (LOW PLAN) - MONTHLY	
TIER	FULL-TIME EMPLOYEE
EMPLOYEE	\$26.96
FAMILY	\$87.36

DENTAL RATES (HIGH PLAN) - MONTHLY	
TIER	FULL-TIME EMPLOYEE
EMPLOYEE	\$31.52
FAMILY	\$102.16

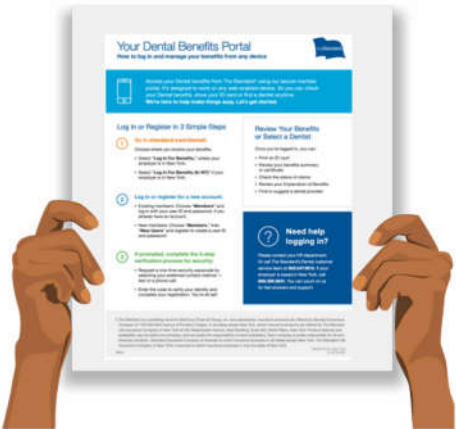
THE STANDARD

DENTAL

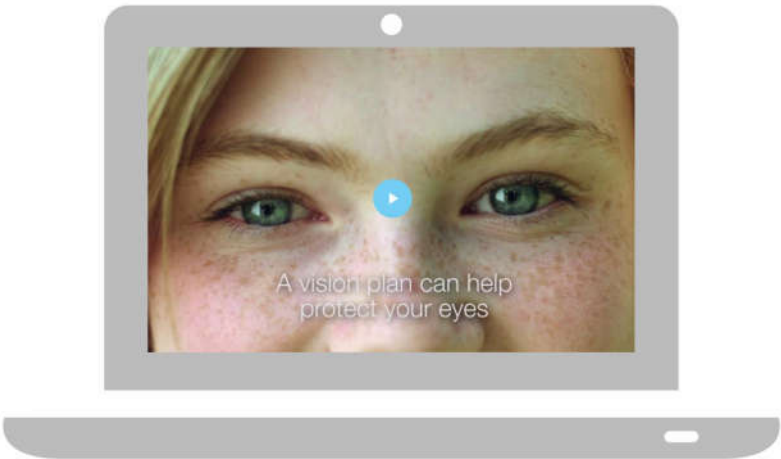


DENTAL BENEFITS PORTAL INFORMATION

Click Here



VISION



VISION

Vision coverage provides you and your family with quality vision benefits at an affordable cost. We encourage you and your family to visit the optometrist or ophthalmologist regularly to maintain your vision health.

CARRIER	THE STANDARD	THE STANDARD
NAME OF PLAN	PPO PLAN	PPO PLAN
NETWORK	VSP NETWORK	VSP NETWORK
	IN-NETWORK	OUT-OF-NETWORK
DEDUCTIBLE		
EXAMS	\$10 COPAY	UP TO \$45 ALLOWANCE
MATERIALS	\$10 COPAY	\$10 COPAY
FRAMES ALLOWANCE	UP TO \$130 ALLOWANCE	UP TO \$70 ALLOWANCE
CONTACT ALLOWANCE	MEDICALLY NECESSARY- COVERED IN FULL ELECTIVE- UP TO \$130 ALLOWANCE	MEDICALLY NECESSARY - UP TO \$210 ALLOWANCE ELECTIVE - UP TO \$105 ALLOWANCE (INCLUDES ALLOWANCE FOR FITTING & EXAM)
CONTACT FITTING	\$60 COPAY	NOT COVERED
BENEFIT FREQUENCY		
EXAMS	12 MONTHS	12 MONTHS
LENSES	12 MONTHS	12 MONTHS
FRAMES	24 MONTHS	24 MONTHS
LENSE OPTIONS		
SINGLE VISION	COVERED IN FULL	UP TO \$30
BIFOCAL	COVERED IN FULL	UP TO \$50
TRIFOCAL	COVERED IN FULL	UP TO \$65

VISION RATES		
TIER	FULL-TIME EMPLOYEE	RETIREE
EMPLOYEE	\$5.20	\$5.20
FAMILY	\$14.36	\$14.36

BASIC LIFE AND AD&D

No one wants to think about it, but an unexpected death can have devastating financial consequences for survivors. These consequences can linger long after the initial shock and grief. Life insurance can help your family manage expenses and make a very difficult transition less painful.

Bay County Sheriff's Office provides Basic Life and AD&D through The Standard at no cost to active employees.

AD&D pays in addition to the Basic Life benefit when death occurs as a result of an accident. The AD&D benefit amount equals the Basic Life benefit.

THE STANDARD	
ACTIVE EMPLOYEE	
BASIC LIFE & AD&D	\$10,000
AGE REDUCTIONS	BENEFIT
AT AGE 65 - 69	REDUCED BY 35%
AT AGE 70 - 74	REDUCED BY 50%
AT AGE 75+	REDUCED BY 65%

DON'T FORGET TO UPDATE YOUR BENEFICIARIES!

You may update your information online at www5.benefitsolver.com.



QUESTIONS? Contact The Standard

Phone: 800-348-3226

Website: www.standard.com

SPECIAL NOTE FOR RETIREES

Basic Life and AD&D are not available for Retirees.

VOLUNTARY LIFE AND AD&D

The Bay County Sheriff's Office offers Voluntary Life. This coverage is intended to provide your family with additional financial assistance in the event of you or your covered dependents death.

You may choose to purchase Voluntary Life coverage through The Standard for you and your dependents. The AD&D benefit amount equals the Voluntary Life Amount.

Your spouse's premiums are based on your age. For your dependent children, one premium covers all of your eligible dependent children. Age tiers change annually on October 1st.

Newly eligible employees and dependents may purchase Voluntary Life insurance without having to provide Evidence of Insurability (EOI) up to the Guarantee Issue amount.

Dependent Life and AD&D coverage is a per plan coverage that covers both your spouse and any eligible dependent children.

IMPORTANT NOTE

This coverage is convertible and portable, so you can take it with you if you leave the Bay County Sheriff's Office. However, your premiums may change. You must apply in writing to The Standard within 31 days after the date your employment terminates. See your policy and certificate for a full list of your portability and conversion rights.

DON'T FORGET TO UPDATE YOUR BENEFICIARIES!

You may update your information online at www5.benefitsolver.com.

QUESTIONS? Contact The Standard

Phone: 800-348-3226

Website: www.standard.com

SPECIAL NOTE FOR RETIREES

Voluntary Life is not available for Retirees.

THE STANDARD	
EMPLOYEE LIFE AND AD&D	
INCREMENTS	\$10,000
MAXIMUM	\$300,000
GUARANTEE ISSUE FOR NEWLY ELIGIBLE MEMBERS	UP TO \$200,000
SPOUSE LIFE AND AD&D	
INCREMENTS	\$5,000
MAXIMUM	\$250,000
GUARANTEE ISSUE	\$50,000

EMPLOYEE & SPOUSE VOLUNTARY LIFE & AD&D RATES	
AGE	FULL-TIME EMPLOYEE PER \$1,000
0-24	\$0.12
25-29	\$0.13
30-34	\$0.14
35-39	\$0.16
40-44	\$0.24
45-49	\$0.36
50-54	\$0.54
55-59	\$0.84
60-64	\$1.05
65-69	\$1.47
70-74	\$3.88
75+	\$3.88
EMPLOYEE & SPOUSE AGE REDUCTIONS	
AT AGE 65 - 69	REDUCED BY 35%
AT AGE 70 - 74	REDUCED BY 50%
AT AGE 75+	REDUCED BY 65%
DEPENDENT CHILD(REN) LIFE AND AD&D	
FLAT BENEFIT - \$5,000	\$1.15
FLAT BENEFIT - \$10,000	\$2.30

VOLUNTARY ACCIDENT INSURANCE PROGRAM (VAIP)

Accident insurance covers you in the event of accidental death or accidental dismemberment, and is available without medical exam on a payroll deduction basis. You may choose employee only or family coverage in amounts of \$50,000 to \$250,000. Your spouse’s benefit amount is 50% of yours, or 60% if you have no dependent children. Each covered child has a benefit amount of 10% of yours, or 15% if you have no eligible spouse. The maximum principle sum payable is up to \$25,000 for dependent children. Spouse coverage ends at age 70.

EMPLOYEE BENEFITS REDUCTION SCHEDULE

Age 70-74	Reduces to 65% of benefit
Age 75-79	Reduces to 45% of benefit
Age 80-84	Reduces to 30% of benefit
Age 85 & over	Reduces to 15% of benefit

Additional plan information can be found in your official plan summary documents.

LAW ENFORCEMENT BENEFIT ENHANCEMENTS

Bullet Proof Vest:

- If a covered loss occurs while wearing a bulletproof vest while on official duty and the vest fails to prevent the bullet’s penetration, an additional 50% of the principal sum will be paid (up to \$100,000).

Law Enforcement Officer’s Benefit:

- The carrier will pay the benefit shown in the Schedule of Benefits on receipt of proof that the Covered Person, while serving as a Law Enforcement Officer, suffers a Covered Loss that results directly and independently of all other causes from a Covered Accident. The Covered Accident must occur in the line of duty.

COVERAGE INCLUDES THESE ADDITIONAL BENEFITS AND MORE:

- Secure Travel
- Life Assistance
- Disability Advantage
- Financial Advantage
- Survivor Assistance

VOLUNTARY ACCIDENT RATES (MONTHLY)		
BENEFIT AMOUNT	EMPLOYEE ONLY	FAMILY
\$50,000	\$2.00	\$2.75
\$100,000	\$4.00	\$5.50
\$150,000	\$6.00	\$8.25
\$200,000	\$8.00	\$11.00
\$250,000	\$10.00	\$13.75



VOLUNTARY WORKSITE PRODUCTS

The Bay County Sheriff's Office offers employees the opportunity to purchase voluntary worksite coverages through United Healthcare. These benefits are easy to apply for with simplified underwriting. Please note, some may apply pre-existing limitations. See plan documents for a detailed listing of coverages and benefits.

ACCIDENT

Accidents happen. Nobody plans on breaking a bone or falling ill and ending up in the emergency room. But a lot of the time the hardest thing to heal after a hospital stay, accident, or illness is your financial health. For more information and to review required disclosures, please refer to the Reference Center at www5.benefitsolver.com.

ACCIDENT PLAN (MONTHLY)	
TIER	ACTIVE EMPLOYEE
EMPLOYEE	\$6.74
EMPLOYEE + SPOUSE	\$9.64
EMPLOYEE + CHILD(REN)	\$9.64
FAMILY	\$12.56

HOSPITAL INDEMNITY

Hospital Indemnity coverage helps you and your family stay financially protected if you are suddenly hospitalized due to illness or accident. This lump sum payment can be used to cover things that your medical plan may not.

Hospital Indemnity offers two plans to select from:

Option 1 pays:

- \$100 per Hospital Confinement
- \$100 per ICU Confinement
- \$500 per Admission

Low Plan pays:

- \$150 per Hospital Confinement
- \$150 per ICU Confinement
- \$1000 per Admission

Employees receive money directly when they are admitted into the hospital and for the time of their stay.

SPECIAL NOTE FOR RETIREES

Voluntary Worksite is not available to Retirees.

When an accident happens, you may be unable to work, which can lead to a loss or reduction in income. Accident insurance provides lump-sum payments for over 150 conditions (no limitations to the number of accidents payable) including:

- Ambulance Services
- Emergency Rooms & Urgent Care
- Doctor Visits
- Hospital Admissions & Stays
- Burns
- Concussions
- Fractures/Dislocations
- Organized Sports Injuries
- Lodging Travel & Child Care

HOSPITAL INDEMNITY OPTION 1 (MONTHLY RATE)	
TIER	ACTIVE EMPLOYEE
EMPLOYEE	\$7.72
EMPLOYEE + SPOUSE	\$16.82
EMPLOYEE + CHILD(REN)	\$15.29
FAMILY	\$26.14

HOSPITAL INDEMNITY OPTION 2 (MONTHLY RATE)	
TIER	ACTIVE EMPLOYEE
EMPLOYEE	\$13.73
EMPLOYEE + SPOUSE	\$30.05
EMPLOYEE + CHILD(REN)	\$27.06
FAMILY	\$46.44



VOLUNTARY WORKSITE PRODUCTS

CRITICAL ILLNESS

Critical Illness coverage can help cover what disability insurance might not. It can assist in paying for copays, deductibles, or out-of-pocket costs.

For example:

- Cancer - Invasive
- Cancer - Non-Invasive
- Coma
- Coronary Artery Disease
- Heart Failure
- Sudden Cardiac Arrest/Heart Attack
- Benign Brain Tumor
- Stroke
- Major Organ Failure

SPECIAL NOTE FOR RETIREES

Voluntary Worksite is not available to Retirees.

DEFERRED COMPENSATION

Employees of the Bay County Sheriff's Office are eligible to enroll in voluntary Deferred Compensation 457 plan(s). Deferred Compensation is an arrangement which permits you to authorize a portion of your salary to be deferred for payment to you at a later date.

When you retire, your state retirement and social security payments may not be enough to cover all of your needs depending on when you plan to retire. Deferred Compensation is a voluntary contribution, funded by you, to supplement retirement planning needs.

There are various options you can choose from to defer taxes and/or investment accumulation until these distributions are withdrawn at retirement. Per IRS guidelines, retired sworn personnel may be able to elect pay withdrawal of up to \$3,000 once per calendar year, tax free, to help offset their health insurance premiums. Please check with your plan provider for more information on this program.

ADDITIONAL BENEFITS & RESOURCES

QUANTUM HEALTH

Your Quantum Health Care Coordinators are a free resource available to employees and dependents of those currently enrolled in the Florida Sheriffs Health Plan. The Quantum Care Coordinators are your dedicated team of nurses, benefits experts and claim specialists who advocate for your care.

Quantum Health Coordinators can assist with:

- Replacing ID cards
- Answering claims/billing & benefits questions
- Finding in-network providers
- Wellness Coaching
- Tobacco Cessation

Your Quantum Health Care Coordinators are available:

Monday - Friday, 7:30 AM - 9:00 PM (CST)
via phone at 877-711-9778 or via live chat
www.FloridaSheriffsHealthPlan.com



PLAN CONTACT

Kim Cummings, BBA MSA
Comptroller
3421 N. Hwy 77
Panama City, Florida 32405
850-248-2164
kimberly.cummings@bayso.org

LEGAL NOTIFICATIONS

All legal notifications can be found in the reference center in BenefitSolver at www5.benefitsolver.com.



[CLICK HERE FOR LEGAL NOTIFICATION](#)



FLORIDA DEPUTY SHERIFFS ASSOCIATION

Honor • Service • Dedication



Post Office Box 12519
Tallahassee, Florida 32317-2519
Telephone: 1 (844) 890-0412
FAX: (850) 878-8665
www.fldeputysheriffs.org

Dear FDSA Member:

We are pleased to inform you of some exciting upgrades to your Florida Deputy Sheriffs Association member benefits. As you know, Sheriff Tommy Ford provides your membership as a great employee benefit and it remains in effect as long as you are employed by the Bay County Sheriff's Office. As part of this membership, you have enjoyed the following benefits, now upgraded, with many additional enhancements:

- 1.) Accidental Death & Dismemberment – your annual salary paid to your beneficiary survivors or a schedule of benefits paid to you based on the severity of your injuries. These benefits now include "loss of use" i.e. of hand, foot, eye, etc. vs. total loss and no more exclusions for accidents involving alcohol or ATV use.
- 2.) A \$50,000 scholarship fund for surviving children (*household income limits apply*)
- 3.) Statewide and local training and networking opportunities
- 4.) Access to the Lend-A-Hand fund for deputies suffering from personal tragedies and hardships
- 5.) Legislative representation for bills and issues affecting our law-enforcement industry
- 6.) Assistance filing state and federal claims for your survivors in the event of your on-duty death.
- 7.) Provide after death, in-casket transportation to home town or family burial site.

Effective immediately, Sheriff Ford is now also providing at no cost to you, an additional enhancement for all sworn officers – professional legal representation for incidences including use of force and vehicle crashes involving serious injuries and for investigations including Internal Affairs and FDLE. If you need immediate representation, call our 24/7 toll free number (844-890-0412), tell the hotline specialist "this is an emergency call" and you will immediately speak directly with our attorneys. Our attorneys can be on-scene with you typically, within two hours or less. Please take a moment and save the FDSA 24/7 Legal Hotline number in your mobile phone right now. You may also use the same number for legal assistance for non-emergency needs.

We are very pleased to have you as one of our now nearly 14,000 members which represent over one-third of all deputies throughout our State. If you have any questions, would like additional information, or become aware of any Florida deputy in need, please call our office number 844-890-0412 or email me directly at kdean@fldeputysheriffs.org

Sincerely,

A Keith Dean

A. Keith Dean, CPA
Executive Director

UnitedHealthcare

Proposed Critical Illness Plan Monthly Premium for Bay County Sheriff's Office

Effective Date: October 01, 2019

Voluntary Offer

Employee Paid Monthly Premium	Option 1: EE \$5,000 / SP \$2,500 / CH \$1,250			
	Uni-Tobacco			
	EE Only	EE + SP	EE + CH	EE + SP + CH
Age Range				
18	\$0.45	\$0.68	\$0.65	\$0.88
19	\$0.50	\$0.75	\$0.70	\$0.95
20	\$0.55	\$0.83	\$0.75	\$1.03
21	\$0.60	\$0.90	\$0.80	\$1.10
22	\$0.65	\$1.00	\$0.85	\$1.20
23	\$0.75	\$1.13	\$0.95	\$1.33
24	\$0.80	\$1.20	\$1.00	\$1.40
25	\$0.85	\$1.28	\$1.05	\$1.48
26	\$0.90	\$1.35	\$1.10	\$1.55
27	\$0.95	\$1.43	\$1.15	\$1.63
28	\$1.00	\$1.50	\$1.20	\$1.70
29	\$1.05	\$1.58	\$1.25	\$1.78
30	\$1.10	\$1.68	\$1.30	\$1.88
31	\$1.20	\$1.83	\$1.40	\$2.03
32	\$1.35	\$2.03	\$1.55	\$2.23
33	\$1.50	\$2.25	\$1.70	\$2.45
34	\$1.60	\$2.43	\$1.80	\$2.63
35	\$1.75	\$2.63	\$1.95	\$2.83
36	\$1.90	\$2.85	\$2.10	\$3.05
37	\$2.05	\$3.08	\$2.25	\$3.28
38	\$2.25	\$3.38	\$2.45	\$3.58
39	\$2.45	\$3.68	\$2.65	\$3.88
40	\$2.65	\$4.00	\$2.85	\$4.20
41	\$3.10	\$4.65	\$3.30	\$4.85
42	\$3.55	\$5.30	\$3.75	\$5.50
43	\$4.10	\$6.08	\$4.30	\$6.28
44	\$4.60	\$6.83	\$4.80	\$7.03
45	\$5.10	\$7.55	\$5.30	\$7.75
46	\$5.65	\$8.33	\$5.85	\$8.53
47	\$6.15	\$9.08	\$6.35	\$9.28
48	\$6.85	\$10.05	\$7.05	\$10.25
49	\$7.50	\$11.00	\$7.70	\$11.20
50	\$8.15	\$11.93	\$8.35	\$12.13
51	\$8.85	\$12.93	\$9.05	\$13.13
52	\$9.55	\$13.93	\$9.75	\$14.13
53	\$10.30	\$15.03	\$10.50	\$15.23
54	\$11.10	\$16.15	\$11.30	\$16.35
55	\$11.90	\$17.28	\$12.10	\$17.48
56	\$12.75	\$18.50	\$12.95	\$18.70
57	\$13.65	\$19.80	\$13.85	\$20.00
58	\$14.95	\$21.63	\$15.15	\$21.83
59	\$16.30	\$23.55	\$16.50	\$23.75
60	\$17.70	\$25.55	\$17.90	\$25.75
61	\$19.05	\$27.50	\$19.25	\$27.70
62	\$20.40	\$29.45	\$20.60	\$29.65
63	\$21.95	\$31.70	\$22.15	\$31.90
64	\$23.50	\$33.98	\$23.70	\$34.18
65	\$25.05	\$36.23	\$25.25	\$36.43
66	\$26.65	\$38.58	\$26.85	\$38.78
67	\$28.25	\$40.90	\$28.45	\$41.10
68	\$29.95	\$43.40	\$30.15	\$43.60
69	\$31.75	\$46.03	\$31.95	\$46.23
70	\$33.60	\$48.78	\$33.80	\$48.98
71	\$35.45	\$51.40	\$35.65	\$51.60
72	\$37.80	\$54.80	\$38.00	\$55.00
73	\$39.95	\$58.00	\$40.15	\$58.20
74	\$42.15	\$61.25	\$42.35	\$61.45
75	\$44.40	\$64.60	\$44.60	\$64.80
76	\$46.65	\$67.93	\$46.85	\$68.13
77	\$48.90	\$71.25	\$49.10	\$71.45
78	\$51.10	\$74.53	\$51.30	\$74.73
79	\$53.30	\$77.80	\$53.50	\$78.00
80	\$55.50	\$81.08	\$55.70	\$81.28
81	\$56.25	\$82.18	\$56.45	\$82.38
82	\$57.00	\$83.28	\$57.20	\$83.48
83	\$57.75	\$84.38	\$57.95	\$84.58
84	\$58.45	\$85.40	\$58.65	\$85.60
85	\$59.15	\$86.43	\$59.35	\$86.63
86	\$59.80	\$87.40	\$60.00	\$87.60
87	\$60.50	\$88.40	\$60.70	\$88.60
88	\$61.15	\$89.40	\$61.35	\$89.60
89	\$61.80	\$90.40	\$62.00	\$90.60
90+	\$62.45	\$91.38	\$62.65	\$91.58

Employee Paid Monthly Premium	Option 2: EE \$10,000 / SP \$5,000 / CH \$2,500			
	Uni-Tobacco			
Age Range	EE Only	EE + SP	EE + CH	EE + SP + CH
18	\$0.90	\$1.35	\$1.30	\$1.75
19	\$1.00	\$1.50	\$1.40	\$1.90
20	\$1.10	\$1.65	\$1.50	\$2.05
21	\$1.20	\$1.80	\$1.60	\$2.20
22	\$1.30	\$2.00	\$1.70	\$2.40
23	\$1.50	\$2.25	\$1.90	\$2.65
24	\$1.60	\$2.40	\$2.00	\$2.80
25	\$1.70	\$2.55	\$2.10	\$2.95
26	\$1.80	\$2.70	\$2.20	\$3.10
27	\$1.90	\$2.85	\$2.30	\$3.25
28	\$2.00	\$3.00	\$2.40	\$3.40
29	\$2.10	\$3.15	\$2.50	\$3.55
30	\$2.20	\$3.35	\$2.60	\$3.75
31	\$2.40	\$3.65	\$2.80	\$4.05
32	\$2.70	\$4.05	\$3.10	\$4.45
33	\$3.00	\$4.50	\$3.40	\$4.90
34	\$3.20	\$4.85	\$3.60	\$5.25
35	\$3.50	\$5.25	\$3.90	\$5.65
36	\$3.80	\$5.70	\$4.20	\$6.10
37	\$4.10	\$6.15	\$4.50	\$6.55
38	\$4.50	\$6.75	\$4.90	\$7.15
39	\$4.90	\$7.35	\$5.30	\$7.75
40	\$5.30	\$8.00	\$5.70	\$8.40
41	\$6.20	\$9.30	\$6.60	\$9.70
42	\$7.10	\$10.60	\$7.50	\$11.00
43	\$8.20	\$12.15	\$8.60	\$12.55
44	\$9.20	\$13.65	\$9.60	\$14.05
45	\$10.20	\$15.10	\$10.60	\$15.50
46	\$11.30	\$16.65	\$11.70	\$17.05
47	\$12.30	\$18.15	\$12.70	\$18.55
48	\$13.70	\$20.10	\$14.10	\$20.50
49	\$15.00	\$22.00	\$15.40	\$22.40
50	\$16.30	\$23.85	\$16.70	\$24.25
51	\$17.70	\$25.85	\$18.10	\$26.25
52	\$19.10	\$27.85	\$19.50	\$28.25
53	\$20.60	\$30.05	\$21.00	\$30.45
54	\$22.20	\$32.30	\$22.60	\$32.70
55	\$23.80	\$34.55	\$24.20	\$34.95
56	\$25.50	\$37.00	\$25.90	\$37.40
57	\$27.30	\$39.60	\$27.70	\$40.00
58	\$29.90	\$43.25	\$30.30	\$43.65
59	\$32.60	\$47.10	\$33.00	\$47.50
60	\$35.40	\$51.10	\$35.80	\$51.50
61	\$38.10	\$55.00	\$38.50	\$55.40
62	\$40.80	\$58.90	\$41.20	\$59.30
63	\$43.90	\$63.40	\$44.30	\$63.80
64	\$47.00	\$67.95	\$47.40	\$68.35
65	\$50.10	\$72.45	\$50.50	\$72.85
66	\$53.30	\$77.15	\$53.70	\$77.55
67	\$56.50	\$81.80	\$56.90	\$82.20
68	\$59.90	\$86.80	\$60.30	\$87.20
69	\$63.50	\$92.05	\$63.90	\$92.45
70	\$67.20	\$97.55	\$67.60	\$97.95
71	\$70.90	\$102.80	\$71.30	\$103.20
72	\$75.60	\$109.60	\$76.00	\$110.00
73	\$79.90	\$116.00	\$80.30	\$116.40
74	\$84.30	\$122.50	\$84.70	\$122.90
75	\$88.80	\$129.20	\$89.20	\$129.60
76	\$93.30	\$135.85	\$93.70	\$136.25
77	\$97.80	\$142.50	\$98.20	\$142.90
78	\$102.20	\$149.05	\$102.60	\$149.45
79	\$106.60	\$155.60	\$107.00	\$156.00
80	\$111.00	\$162.15	\$111.40	\$162.55
81	\$112.50	\$164.35	\$112.90	\$164.75
82	\$114.00	\$166.55	\$114.40	\$166.95
83	\$115.50	\$168.75	\$115.90	\$169.15
84	\$116.90	\$170.80	\$117.30	\$171.20
85	\$118.30	\$172.85	\$118.70	\$173.25
86	\$119.60	\$174.80	\$120.00	\$175.20
87	\$121.00	\$176.80	\$121.40	\$177.20
88	\$122.30	\$178.80	\$122.70	\$179.20
89	\$123.60	\$180.80	\$124.00	\$181.20
90+	\$124.90	\$182.75	\$125.30	\$183.15

Employee Paid Monthly Premium	Option 3: EE \$20,000 / SP \$10,000 / CH \$5,000			
	Uni-Tobacco			
Age Range	EE Only	EE + SP	EE + CH	EE + SP + CH
18	\$1.80	\$2.70	\$2.60	\$3.50
19	\$2.00	\$3.00	\$2.80	\$3.80
20	\$2.20	\$3.30	\$3.00	\$4.10
21	\$2.40	\$3.60	\$3.20	\$4.40
22	\$2.60	\$4.00	\$3.40	\$4.80
23	\$3.00	\$4.50	\$3.80	\$5.30
24	\$3.20	\$4.80	\$4.00	\$5.60
25	\$3.40	\$5.10	\$4.20	\$5.90
26	\$3.60	\$5.40	\$4.40	\$6.20
27	\$3.80	\$5.70	\$4.60	\$6.50
28	\$4.00	\$6.00	\$4.80	\$6.80
29	\$4.20	\$6.30	\$5.00	\$7.10
30	\$4.40	\$6.70	\$5.20	\$7.50
31	\$4.80	\$7.30	\$5.60	\$8.10
32	\$5.40	\$8.10	\$6.20	\$8.90
33	\$6.00	\$9.00	\$6.80	\$9.80
34	\$6.40	\$9.70	\$7.20	\$10.50
35	\$7.00	\$10.50	\$7.80	\$11.30
36	\$7.60	\$11.40	\$8.40	\$12.20
37	\$8.20	\$12.30	\$9.00	\$13.10
38	\$9.00	\$13.50	\$9.80	\$14.30
39	\$9.80	\$14.70	\$10.60	\$15.50
40	\$10.60	\$16.00	\$11.40	\$16.80
41	\$12.40	\$18.60	\$13.20	\$19.40
42	\$14.20	\$21.20	\$15.00	\$22.00
43	\$16.40	\$24.30	\$17.20	\$25.10
44	\$18.40	\$27.30	\$19.20	\$28.10
45	\$20.40	\$30.20	\$21.20	\$31.00
46	\$22.60	\$33.30	\$23.40	\$34.10
47	\$24.60	\$36.30	\$25.40	\$37.10
48	\$27.40	\$40.20	\$28.20	\$41.00
49	\$30.00	\$44.00	\$30.80	\$44.80
50	\$32.60	\$47.70	\$33.40	\$48.50
51	\$35.40	\$51.70	\$36.20	\$52.50
52	\$38.20	\$55.70	\$39.00	\$56.50
53	\$41.20	\$60.10	\$42.00	\$60.90
54	\$44.40	\$64.60	\$45.20	\$65.40
55	\$47.60	\$69.10	\$48.40	\$69.90
56	\$51.00	\$74.00	\$51.80	\$74.80
57	\$54.60	\$79.20	\$55.40	\$80.00
58	\$59.80	\$86.50	\$60.60	\$87.30
59	\$65.20	\$94.20	\$66.00	\$95.00
60	\$70.80	\$102.20	\$71.60	\$103.00
61	\$76.20	\$110.00	\$77.00	\$110.80
62	\$81.60	\$117.80	\$82.40	\$118.60
63	\$87.80	\$126.80	\$88.60	\$127.60
64	\$94.00	\$135.90	\$94.80	\$136.70
65	\$100.20	\$144.90	\$101.00	\$145.70
66	\$106.60	\$154.30	\$107.40	\$155.10
67	\$113.00	\$163.60	\$113.80	\$164.40
68	\$119.80	\$173.60	\$120.60	\$174.40
69	\$127.00	\$184.10	\$127.80	\$184.90
70	\$134.40	\$195.10	\$135.20	\$195.90
71	\$141.80	\$205.60	\$142.60	\$206.40
72	\$151.20	\$219.20	\$152.00	\$220.00
73	\$159.80	\$232.00	\$160.60	\$232.80
74	\$168.60	\$245.00	\$169.40	\$245.80
75	\$177.60	\$258.40	\$178.40	\$259.20
76	\$186.60	\$271.70	\$187.40	\$272.50
77	\$195.60	\$285.00	\$196.40	\$285.80
78	\$204.40	\$298.10	\$205.20	\$298.90
79	\$213.20	\$311.20	\$214.00	\$312.00
80	\$222.00	\$324.30	\$222.80	\$325.10
81	\$225.00	\$328.70	\$225.80	\$329.50
82	\$228.00	\$333.10	\$228.80	\$333.90
83	\$231.00	\$337.50	\$231.80	\$338.30
84	\$233.80	\$341.60	\$234.60	\$342.40
85	\$236.60	\$345.70	\$237.40	\$346.50
86	\$239.20	\$349.60	\$240.00	\$350.40
87	\$242.00	\$353.60	\$242.80	\$354.40
88	\$244.60	\$357.60	\$245.40	\$358.40
89	\$247.20	\$361.60	\$248.00	\$362.40
90+	\$249.80	\$365.50	\$250.60	\$366.30

FLORIDA SHERIFFS

EMPLOYEE BENEFITS TRUST



2090 Summit Lake Drive
Tallahassee, FL 32317

Phone: 866.320.6880

Fax: 850.320.6939

www.floridasheriffshealthplan.com