



# *Gulf County Sheriff's Office*

**2025-2026  
Benefit Guide**

**FLORIDA SHERIFFS**  
EMPLOYEE BENEFITS TRUST





# ***Gulf County Sheriff's Office***

## ***Sheriff Mike Harrison***

418 Cecil G. Costin Sr. Blvd. • Port St. Joe, Florida 32456 • [www.gulfsheriff.com](http://www.gulfsheriff.com)  
850-227-1115 • 850-639-5717 • Fax 850-227-2097

All members,

Thank you for your commitment and service to the Gulf County Sheriff's Office and to the citizens of Gulf County. Employee benefits are instrumental for retention and recruitment. I am committed to providing you and your family with quality benefits at an affordable price.

This year will be our seventh year with the Florida Sheriff's Health Plan. Many of you took advantage of the new High-Deductible Health Plan (HDHP) that we first offered last year. The HDHP Plan consists of a less expensive premium with higher medical costs. This plan is designed for the employee that is young, single, healthy and rarely visits the doctor. I believe these two options give you better flexibility in choosing the right health plan for you based on your financial ability and overall health.

In the past year our claims have risen in frequency and severity. This, coupled with the high usage of pharmacy benefits, has caused our rates to increase again this year. Unfortunately, you will see an 8% increase in your premiums.

The choices you make when it comes to your healthcare decisions are the most important factor in keeping costs down. Please utilize telemedicine for minor illnesses versus emergency room visits, this can save a tremendous amount of money for both you and the agency.

Take care of yourself and your family. Make sure you have designated a primary care physician and attend annual checkups. Your primary care physician monitors your overall health, and research shows that regular checkups and compliance with any identified treatment plan can prevent more complicated, sometimes fatal, conditions.

Again, thank you for all you do for this agency and our community. Please let me or Mrs. Pache know if you have any questions.

Sincerely,

A handwritten signature in blue ink that reads "Mike Harrison".

Mike Harrison  
Sheriff



# 2025-2026

## PLAN YEAR



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*The following descriptions of available benefits of the Gulf 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 Gulf 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 Gulf 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. The Gulf 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.*

## HAVE QUESTIONS?

Contact your Quantum Care  
Coordinators

Quantum Health

877-711-9778

M-F 7:30 AM - 9:00 PM, CST

## Additional Benefit Questions

Contact your Benefits/HR  
Department

Pache Batson

Executive Assistant

418 Cecil G. Costin Sr. Blvd.

Port St. Joe Florida

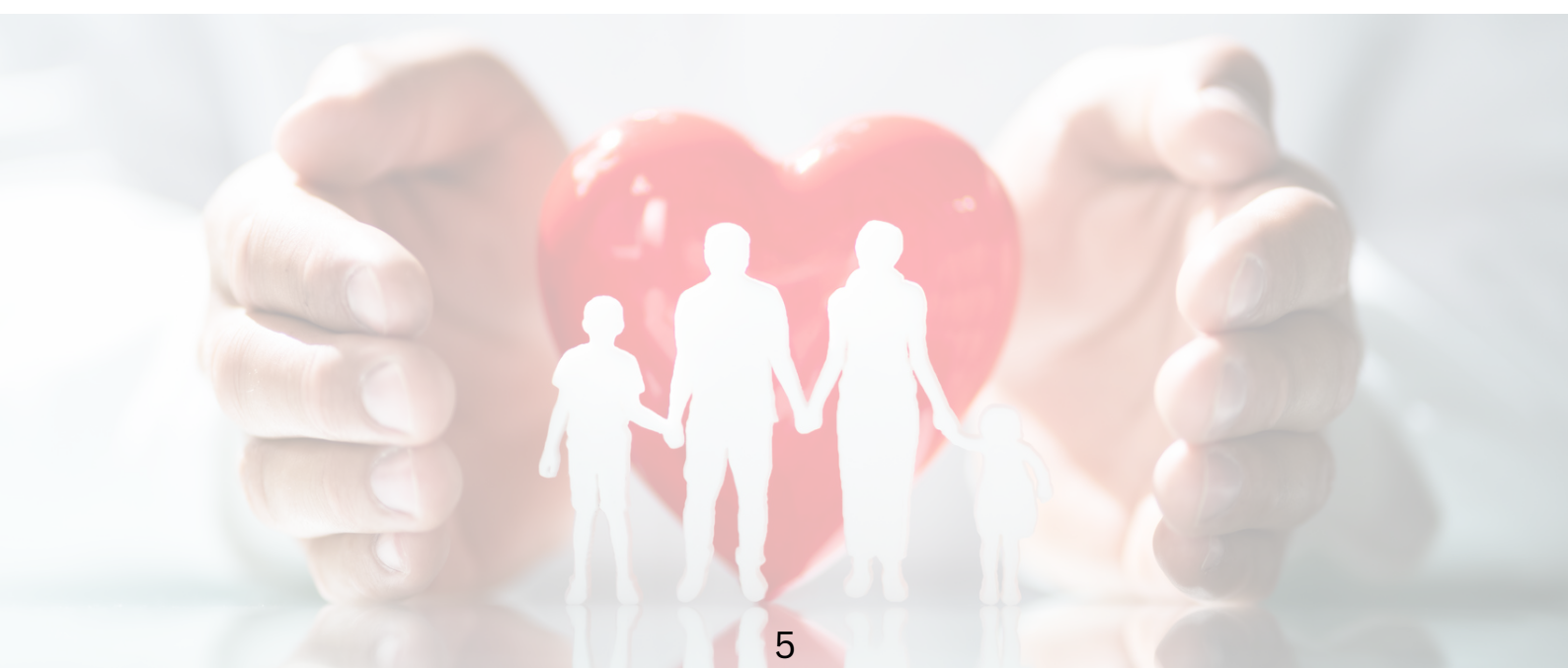
850-227-2392

[pbatson@gcso.fl.gov](mailto:pbatson@gcso.fl.gov)



# REFERENCE-POLICY NUMBERS

| Benefit                                                                                                                       | Carrier/Vendor | Policy Number | Phone Number   | Website                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------|----------------|---------------|----------------|----------------------------------------------------------------------------------|
|  Online Benefit Enrollment                     | BenefitSolver  | N/A           | N/A            | <a href="http://www5.benefitsolver.com">www5.benefitsolver.com</a>               |
|  Medical Insurance                             | UMR/Quantum    | 76-414512     | 1-877-711-9778 | <a href="http://floridasheriffshealthplan.com">floridasheriffshealthplan.com</a> |
|  Prescriptions                                 | OptumRX        | 76-414512     | 1-877-711-9778 | <a href="http://floridasheriffshealthplan.com">floridasheriffshealthplan.com</a> |
|  Telemedicine                                  | Teladoc        | FSHP          | 1-800-835-2362 | <a href="http://www.teladoc.com">www.teladoc.com</a>                             |
|  Dental Insurance                              | MetLife        | 234467        | 1-800-638-5433 | <a href="http://www.metlife.com/mybenefits">www.metlife.com/mybenefits</a>       |
|  Vision Insurance                              | Humana         | 830408        | 1-800-865-3676 | <a href="http://www.humana.com">www.humana.com</a>                               |
|  Basic, Voluntary Life and AD&D                | The Standard   | 166288-A      | 1-800-628-8600 | <a href="http://www.standard.com">www.standard.com</a>                           |
|  Employee Assistance Program (EAP)           | Optum EAP      | FSHP          | 1-866-248-4096 | <a href="http://www.liveandworkwell.com">www.liveandworkwell.com</a>             |
|  Voluntary Worksite                          | MetLife        | 234467        | 1-800-438-6388 | <a href="http://www.metlife.com">www.metlife.com</a>                             |
|  FSA/DCA                                     | Ameriflex      | AMFGCS000     | 1-888-868-3539 | <a href="http://myameriflex.com/#/login">myameriflex.com/#/login</a>             |
|  Voluntary Accident Insurance Program (VAIP) | New York Life  | OK 971276     | 1-800-557-7975 | <a href="http://www.newyorklife.com">www.newyorklife.com</a>                     |



# STAY IN TOUCH WITH MOBILE APPS

## Your Health Insurance Plan - Quantum Health

- 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 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



## 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



## Get the support you need to improve your mental health - Calm

- Flexible mental health care that fits 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
- Access Code: FSFP



## The OptumRX app - Online pharmacy made easy

- 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



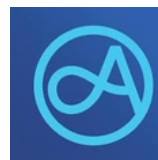
## Your Vision Insurance Plan - Humana App

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



## Your Flexible Spending Account (FSA) – Ameriflex

- Check your FSA balance anytime,
- View claims, payments, and transaction history
- Submit claims and receipts directly through the app

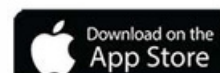


View this guide on your phone!



[flippingbook.com/view/808364517/](http://flippingbook.com/view/808364517/)

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



# YOUR GUIDE TO OPEN ENROLLMENT



**QUESTIONS? Contact your HR Department.**

Website: [www5.benefitsolver.com](http://www5.benefitsolver.com)

Company Key: FSEBT



## HELPFUL ENROLLMENT TIPS

- Please have your dependents' SSN and DOB available before you begin your enrollment.
- If your spouse also works for 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, 2025, 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 at least 130 hours per month (or retirees) are eligible for coverage.

Your coverage will be effective the first of the month following 30 days after the date of hire at the Gulf 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 status, 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 month they turn 26 years old. |
| VISION             | End of the calendar year they turn 26 years old.  |
| LIFE               | Through the age of 25 years old.                  |
| VOLUNTARY WORKSITE | End of the calendar month 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

- Spouses who are both employees of the Gulf County Sheriff's Office are not eligible to double cover each other on any plan.
- Please keep your information up to date in the BenefitSolver system so that we can provide you with any necessary documentation as soon as possible.
- 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 the Gulf 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 resulting from any qualifying life event during the year. Retirees may drop coverage at any time, except during Open Enrollment and Qualifying Events. Once coverage is dropped, you are not permitted to elect benefits through the Gulf County Sheriff's Office at a future date.

# QUALIFYING EVENTS & IRS SECTION 125

## IRS SECTION 125

Premiums for medical, dental, vision insurance, and/or specific 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's, spouse's, 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.

**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 take effect on the first day 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 in accordance with our policy guidelines. In the event of death, coverage will terminate on the date following the employee's death. 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.

## 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 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 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 the special enrollment period



# MEDICAL

| CLAIMS ADMINISTRATOR                         | UMR                                                             | UMR                                                             |
|----------------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------------------|
| NAME OF PLAN                                 | FSHP COPAY PLAN                                                 | FSHP HDHP PLAN                                                  |
| PROVIDER NETWORK                             | UHC CHOICE PLUS PPO                                             | UHC CHOICE PLUS PPO                                             |
| <b>IN-NETWORK BENEFITS</b>                   |                                                                 |                                                                 |
| <b>CALENDAR-YEAR DEDUCTIBLE</b>              |                                                                 |                                                                 |
| INDIVIDUAL                                   | \$2,500                                                         | \$2,500                                                         |
| FAMILY                                       | \$5,000                                                         | \$5,000                                                         |
| COINSURANCE (MEMBER RESPONSIBILITY)          | 20%                                                             | 20%                                                             |
| <b>CALENDAR YEAR OUT-OF-POCKET MAXIMUM</b>   |                                                                 |                                                                 |
| INDIVIDUAL                                   | \$2,500                                                         | \$3,000                                                         |
| FAMILY                                       | \$5,000                                                         | \$6,000                                                         |
| <b>OFFICE VISITS</b>                         |                                                                 |                                                                 |
| PRIMARY CARE                                 | \$20 COPAY + 20%                                                | CALENDAR YEAR DEDUCTIBLE + 20%                                  |
| SPECIALIST                                   | \$50 COPAY + 20%                                                | CALENDAR YEAR DEDUCTIBLE + 20%                                  |
| TELEHEALTH                                   | \$0 DEDUCTIBLE WAIVED                                           | \$42 COPAY                                                      |
| <b>COMMON SERVICES</b>                       |                                                                 |                                                                 |
| DIAGNOSTIC LABWORK / X- RAYS                 | \$0 COPAY (DEDUCTIBLE WAIVED)                                   | CALENDAR YEAR DEDUCTIBLE + 20%                                  |
| ADVANCED IMAGING (CT, PET, MRI)              | \$300 COPAY + 20%                                               | CALENDAR YEAR DEDUCTIBLE + 20%                                  |
| INPATIENT HOSPITAL FACILITY SERVICES         | \$750 COPAY + 20%                                               | CALENDAR YEAR DEDUCTIBLE + 20%                                  |
| OUTPATIENT HOSPITAL FACILITY SERVICES        | \$500 COPAY + 20%                                               | CALENDAR YEAR DEDUCTIBLE + 20%                                  |
| AMBULATORY SURGICAL CENTER FACILITY FEE      | \$250 COPAY + 20%                                               | CALENDAR YEAR DEDUCTIBLE + 20%                                  |
| URGENT CARE                                  | \$50 COPAY + 20%                                                | CALENDAR YEAR DEDUCTIBLE + 20%                                  |
| EMERGENCY ROOM FACILITY                      | \$500 COPAY + 20%                                               | CALENDAR YEAR DEDUCTIBLE + 20%                                  |
| AMBULANCE SERVICES                           | \$250 COPAY + 20% COINSURANCE                                   | CALENDAR YEAR DEDUCTIBLE + 20%                                  |
| <b>PHARMACY</b>                              |                                                                 |                                                                 |
| RX OUT-OF-POCKET MAXIMUM                     |                                                                 | DEDUCTIBLE MUST BE MET PRIOR                                    |
| TIER 1 GENERIC                               | \$25 COPAY                                                      | \$25 COPAY                                                      |
| TIER 2 PREFERRED BRAND NAME                  | \$75 COPAY                                                      | \$75 COPAY                                                      |
| TIER 3 NON PREFERRED BRAND NAME              | \$100 COPAY                                                     | \$100 COPAY                                                     |
| SPECIALTY (NOT AVAILABLE FOR MAIL ORDER)     | \$125 COPAY                                                     | \$125 COPAY                                                     |
| 90 DAY SUPPLY (MAIL ORDER OR RETAIL)         | 2X RETAIL COPAYS (WITH THE EXCEPTION OF TIER 1 GENERICS AT \$0) | 2X RETAIL COPAYS (WITH THE EXCEPTION OF TIER 1 GENERICS AT \$0) |
| <b>OUT-OF-NETWORK BENEFITS</b>               |                                                                 |                                                                 |
| CALENDAR YEAR DEDUCTIBLE (INDIVIDUAL/FAMILY) | \$5,000/\$10,000                                                | \$5,000/\$10,000                                                |
| COINSURANCE                                  | 20%                                                             | 50%                                                             |
| OUT-OF-POCKET (INDIVIDUAL/FAMILY)            | \$10,000/\$20,000                                               | \$10,000/\$20,000                                               |

## MONTHLY RATES

| TIER                  | FULL-TIME EMPLOYEE (FSHP COPAY) | RETIREE (FSHP COPAY) | FULL-TIME EMPLOYEE (FSHP HDHP) | RETIREE (FSHP HDHP) |
|-----------------------|---------------------------------|----------------------|--------------------------------|---------------------|
| EMPLOYEE              | \$224.09                        | \$1,038.00           | \$50.00                        | \$980.00            |
| EMPLOYEE + SPOUSE     | \$599.81                        | \$1,790.00           | \$588.81                       | \$1,659.00          |
| EMPLOYEE + CHILD(REN) | \$459.65                        | \$1,620.00           | \$451.65                       | \$1,514.00          |
| FAMILY                | \$1,401.71                      | \$2,749.00           | 1,388.71                       | \$2,572.00          |

### Option To Waive Medical Health Insurance Benefits

To waive medical health insurance, you must have proof of other coverage.

This must be supplied each year when waiving health insurance coverage. Gulf County Sheriff's Department offers a \$3000.00 annual compensation benefit with proof of coverage.

**NOTE:** Federal law states that those on Medicare or Medicaid do not qualify as having other coverage. Employees who waive medical insurance will incur a \$1,200 annual increase in taxable income.

All rates included in the benefit guide are illustrative only and are designed to provide basic information to employees. It does not detail all of the provisions of the rating structure. See your Human Resources Department and/or enrollment system for final rates.

# 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 are no shipping charges 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.

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

## GENERIC PRESCRIPTIONS

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

# 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 to you. 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 receiving the immunization.

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

# TELEHEALTH

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:

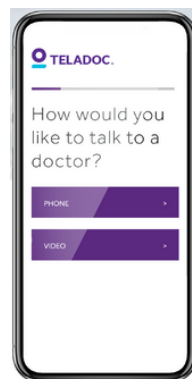
- Cold & flu symptoms
- Sinus problems
- Sore throats
- Skin problems
- Pink eye
- Allergies
- Respiratory infections
- And more

Access all your Teladoc benefits from one place.

## Set up your account today!

Call 1-800-TELADOC | Download the app

[www.Teladoc.com](http://www.Teladoc.com)



# EMPLOYEE ASSISTANCE PROGRAM (EAP)

The Gulf 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 various challenges that can cause stress both at home and at 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](http://liveandworkwell.com)
- Talkspace App
- Access Code: FSHP

[Click Here](#)



# 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                             | METLIFE                                              |                                                      | METLIFE                                              |                                                      |
|-------------------------------------|------------------------------------------------------|------------------------------------------------------|------------------------------------------------------|------------------------------------------------------|
| NAME OF PLAN                        | PPO MID PLAN                                         |                                                      | PPO HIGH PLAN                                        |                                                      |
| NETWORK                             | PDP PLUS NETWORK                                     |                                                      | PDP PLUS NETWORK                                     |                                                      |
| OUT-OF-NETWORK PAYMENT LEVEL        | 90TH R&C*                                            |                                                      | 90TH R&C*                                            |                                                      |
| DEDUCTIBLE                          | IN-NETWORK                                           | OUT-OF-NETWORK**                                     | IN-NETWORK                                           | OUT-OF-NETWORK**                                     |
| INDIVIDUAL- CALENDAR YEAR           | \$50 PER YEAR (APPLIED TO TYPE B & C SERVICES ONLY)  | \$50 PER YEAR (APPLIED TO TYPE B & C SERVICES ONLY)  | \$50 PER YEAR (APPLIED TO TYPE B & C SERVICES ONLY)  | \$50 PER YEAR (APPLIED TO TYPE B & C SERVICES ONLY)  |
| FAMILY - CALENDAR YEAR              | \$150 PER YEAR (APPLIED TO TYPE B & C SERVICES ONLY) | \$150 PER YEAR (APPLIED TO TYPE B & C SERVICES ONLY) | \$150 PER YEAR (APPLIED TO TYPE B & C SERVICES ONLY) | \$150 PER YEAR (APPLIED TO TYPE B & C SERVICES ONLY) |
| PLAN MAXIMUM                        |                                                      |                                                      |                                                      |                                                      |
| CALENDAR YEAR MAX                   | \$1,500                                              | \$1,500                                              | \$2,000                                              | \$2,000                                              |
| CLASS                               |                                                      |                                                      |                                                      |                                                      |
| PREVENTIVE - TYPE 1                 | 100%                                                 | 100%                                                 | 100%                                                 | 100%                                                 |
| BASIC - TYPE 2                      | 80%                                                  | 80%                                                  | 90%                                                  | 90%                                                  |
| MAJOR - TYPE 3                      | 50%                                                  | 50%                                                  | 60%                                                  | 60%                                                  |
| ORTHODONTIA                         |                                                      |                                                      |                                                      |                                                      |
| COINSURANCE (PLAN PAYS)             | 50%                                                  | 50%                                                  | 50%                                                  | 50%                                                  |
| COVERAGE FOR CHILDREN AND/OR ADULTS | FOR CHILDREN UNDER 19 YEARS OLD                      | FOR CHILDREN UNDER 19 YEARS OLD                      | FOR CHILDREN UNDER 19 YEARS OLD                      | FOR CHILDREN UNDER 19 YEARS OLD                      |
| LIFETIME MAXIMUM PER PERSON         | \$1,000                                              | \$1,000                                              | \$1,000                                              | \$1,000                                              |

\*Services received out-of-network are based on the 90th percentile of "Reasonable and Customary" (R&C) for all providers in the designated service area.

\*\*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 - MONTHLY-MID |                    |          |
|----------------------------|--------------------|----------|
| TIER                       | FULL-TIME EMPLOYEE | RETIREE  |
| EMPLOYEE                   | \$7.61             | \$32.52  |
| EMPLOYEE + SPOUSE          | \$40.05            | \$64.96  |
| EMPLOYEE + CHILD           | \$44.41            | \$69.32  |
| FAMILY                     | \$83.67            | \$108.58 |

| DENTAL RATES - MONTHLY-HIGH |                    |          |
|-----------------------------|--------------------|----------|
| TIER                        | FULL-TIME EMPLOYEE | RETIREE  |
| EMPLOYEE                    | \$16.37            | \$41.28  |
| EMPLOYEE + SPOUSE           | \$57.29            | \$82.20  |
| EMPLOYEE + CHILD            | \$62.35            | \$87.26  |
| FAMILY                      | \$111.79           | \$136.70 |

# 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           | HUMANA                                                                                            |                                                                              |
|-------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| NAME OF PLAN      | PPO PLAN                                                                                          |                                                                              |
| NETWORK           | INSIGHT                                                                                           |                                                                              |
|                   | IN-NETWORK                                                                                        | OUT-OF-NETWORK                                                               |
| DEDUCTIBLE        |                                                                                                   |                                                                              |
| EXAMS             | \$10 COPAY                                                                                        | UP TO \$30 ALLOWANCE                                                         |
| FRAMES ALLOWANCE  | UP TO \$130 ALLOWANCE (20% OFF BALANCE OVER \$130)                                                | UP TO \$65 ALLOWANCE                                                         |
| CONTACT ALLOWANCE | MEDICALLY NECESSARY - COVERED IN FULL ELECTIVE-UP TO \$130 ALLOWANCE (15% OFF BALANCE OVER \$130) | MEDICALLY NECESSARY - UP TO \$200 ALLOWANCE ELECTIVE - UP TO \$104 ALLOWANCE |
| CONTACT FITTING   | UP TO \$55                                                                                        | N/A                                                                          |
| BENEFIT FREQUENCY |                                                                                                   |                                                                              |
| EXAMS             | 12 MONTHS                                                                                         | 12 MONTHS                                                                    |
| LENSES            | 12 MONTHS                                                                                         | 12 MONTHS                                                                    |
| FRAMES            | 24 MONTHS                                                                                         | 24 MONTHS                                                                    |
| LENS OPTIONS      |                                                                                                   |                                                                              |
| SINGLE VISION     | \$15 COPAY                                                                                        | \$25 ALLOWANCE                                                               |
| BIFOCAL           | \$15 COPAY                                                                                        | \$40 ALLOWANCE                                                               |
| TRIFOCAL          | \$15 COPAY                                                                                        | \$60 ALLOWANCE                                                               |

| VISION RATES         |                    |         |
|----------------------|--------------------|---------|
| TIER                 | FULL-TIME EMPLOYEE | RETIREE |
| EMPLOYEE             | \$4.68             | \$4.68  |
| EMPLOYEE + SPOUSE    | \$9.70             | \$9.70  |
| EMPLOYEE +CHILD(REN) | \$10.72            | \$10.72 |
| FAMILY               | \$16.18            | \$16.18 |



# New Flex Vendor Ameriflex®

Effective 10/1/2025 Gulf County Sheriff's Office will be transitioning FSA and DCA spending accounts to Ameriflex from TASC.



## What you need to know

New plan year funding will be available in your 2025-2026 FSA/DCA account through Ameriflex effective 10/1/2025, while your current account with TASC will run out through the end of the calendar year, 12/31/2025. After the run out with TASC has been completed, any remaining rollover funds will be transferred from TASC to Ameriflex by the Spring of 2026.

## Which claims go where?

- Claims incurred from 10/1/2024-9/30/2025 should be submitted to TASC by 12/31/2025
- Claims incurred 10/1/2025 to 9/30/2026 should be submitted to Ameriflex



**10/1/2025 - 12/31/2025**

Ameriflex accounts open with new plan year funding. 90-day run out period with TASC to process claims incurred for services utilized during the 2024-2025 plan year



**1/1/2025 - 1/31/2025**

TASC finalizes processing of claims submitted by 12/31/2025



**2/15/2025 - 3/1/2025**

Prior plan year's funds from TASC are deposited and now available in the current Ameriflex accounts.



1-866-345-3688



employeebenefits@fsebt.org



www.benefitsolver.com

# FLEXIBLE SPENDING ACCOUNT (FSA)

A Flexible Spending Account (FSA) plan is a tax-savings alternative offered through your employer under Section 125 of the Internal Revenue Code.

## ELIGIBLE EXPENSES

Most medical, dental, and vision care expenses that are not covered by your health plan (such as co-payments, coinsurance, deductibles, eyeglasses, and doctor-prescribed over-the-counter medications) are eligible.

## MAXIMUM ANNUAL CONTRIBUTIONS

The 2025 annual contribution limit is \$3,300.

## CARRYOVER

This plan allows up to \$660 of unused funds to be rolled over to the next plan year if you choose to re-enroll in the FSA plan. Any amount over \$660 will be forfeited. You must actively enroll in the FSA benefit each year in order to receive your rollover funds.

## IMPORTANT NOTE

Your FSA funds may not be used to pay for claims incurred prior to the plan's effective date. You have until December 31, 2026, to submit for reimbursable expenses incurred from 10/1/25 - 9/30/26.

## EMPLOYER MATCH

Gulf County Sheriff's Office will match \$50 to \$130 per month in your FSA. To receive the match, employees must be actively enrolled in the medical plan. Additionally, any elections with a value of less than \$50 per month will not be eligible for the matching funds.

FSA plans follow the same guidelines for qualifying events as other insurance coverages (birth, death, adoption, etc.), but if you resign or terminate employment before the end of the plan year, the FSA funds are non-refundable. If you do not use all of your FSA plan money during your plan year, you will lose those funds.

## REMEMBER

YOU MUST ACTIVELY ENROLL IN THE FSA BENEFIT EACH PLAN YEAR. FSA ELECTIONS DO **NOT** ROLL OVER FROM ONE PLAN YEAR TO ANOTHER.

## HOW MUCH CAN YOU SAVE WHEN YOU ENROLL IN AN FSA?

To estimate how much you could potentially save with an FSA, visit:

<https://fsastore.com/fsa-calculator>.

Here you can utilize the FSA Tax Savings Calculator. This handy FSA calculator will show you an estimated list of your health spending for the year so you can make an informed decision and take full advantage of your FSA benefit.

## SPECIAL NOTE FOR RETIREES

Flexible Spending Accounts (FSA) are not available for Retirees.

**Ameriflex<sup>®</sup>**



# DEPENDENT CARE ACCOUNT (DCA)

A Dependent Care Flexible Spending Account (DCA) can help pay for expenses incurred in caring for your child dependents. Child dependents are those listed in your care and claimed on your taxes as an exemption.

## ELIGIBLE EXPENSES

Expenses must be incurred to allow you or your spouse to work, look for work, or attend school full-time. You can only be reimbursed up to the amount currently available in your account. The amount in your plan must be used during the benefit period during which the funds were added.

You have until December 31, 2026, to submit claims incurred from 10/1/25 - 9/30/26. Any unused funds will be forfeited.

## MAXIMUM ANNUAL CONTRIBUTIONS

You may contribute up to \$5,000 per plan year into your DCA if you are a single filer or married filing jointly. You may contribute \$2,500 annually if you are a married couple filing separately.

**Please note:** Medical expenses are not eligible under the Dependent Care Account.

## REMEMBER

YOU MUST ACTIVELY ENROLL IN THE DCA BENEFIT EACH PLAN YEAR. DCA ELECTIONS DO NOT ROLLOVER FROM ONE PLAN YEAR TO ANOTHER.

## SPECIAL NOTE FOR RETIREES

Dependent Care Accounts (DCA) are not available for Retirees.



# 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.

Gulf County Sheriff's Office provides Basic Life and AD&D through The Standard at no cost to active employees. Please refer to BenefitSolver for your benefit coverage amounts.

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.

**DON'T FORGET TO UPDATE YOUR BENEFICIARIES!**  
You may update your information online at [www5.benefitsolver.com](http://www5.benefitsolver.com).

**QUESTIONS? Contact The Standard**  
Phone: 800-348-3226  
Website: [www.standard.com](http://www.standard.com)

| THE STANDARD      |                |
|-------------------|----------------|
| ACTIVE EMPLOYEE   |                |
| BASIC LIFE & AD&D | \$20,000       |
|                   |                |
| AGE REDUCTIONS    | BENEFIT        |
| AT AGE 65         | REDUCED BY 35% |
| AT AGE 70         | REDUCED BY 50% |
|                   |                |
| RETIREE           |                |
| BASIC LIFE        | \$10,000       |
| AGE REDUCTIONS    | N/A            |
|                   |                |
| DEPENDENT & AD&D  | BENEFIT        |
| SPOUSE            | \$5,000        |
| CHILD             | \$1,000        |



# VOLUNTARY LIFE AND AD&D

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

You may choose to purchase Voluntary Life coverage through The Standard for yourself 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 Gulf 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. Refer to your policy and certificate for a complete list of your portability and conversion rights.

### DON'T FORGET TO UPDATE YOUR BENEFICIARIES!

You may update your information online at [www5.benefitsolver.com](http://www5.benefitsolver.com).

QUESTIONS? Contact The Standard

Phone: 800-348-3226

Website: [www.standard.com](http://www.standard.com)

## SPECIAL NOTE FOR RETIREES

Voluntary Life is not available for Retirees.

| THE STANDARD                               |                |
|--------------------------------------------|----------------|
| EMPLOYEE                                   |                |
| INCREMENTS                                 | \$10,000       |
| MAXIMUM                                    | \$500,000      |
| GUARANTEE ISSUE FOR NEWLY ELIGIBLE MEMBERS | UP TO \$50,000 |
| SPOUSE                                     |                |
| INCREMENTS                                 | \$5,000        |
| MAXIMUM                                    | \$250,000      |
| GUARANTEE ISSUE                            | UP TO \$10,000 |

| EMPLOYEE & SPOUSE AGE REDUCTIONS | BENEFIT        |
|----------------------------------|----------------|
| AT AGE 65                        | REDUCED BY 35% |
| AT AGE 70                        | REDUCED BY 50% |

| DEPENDENT CHILD(REN) |          |
|----------------------|----------|
| FLAT BENEFIT         | \$5,000  |
| FLAT BENEFIT         | \$10,000 |

| EMPLOYEE & SPOUSE VOLUNTARY LIFE & AD&D RATES |                                |
|-----------------------------------------------|--------------------------------|
| AGE                                           | FULL-TIME EMPLOYEE PER \$1,000 |
| 0-29                                          | \$0.099                        |
| 30-34                                         | \$0.099                        |
| 35-39                                         | \$0.132                        |
| 40-44                                         | \$0.209                        |
| 45-49                                         | \$0.297                        |
| 50-54                                         | \$0.495                        |
| 55-59                                         | \$0.814                        |
| 60-64                                         | \$1.221                        |
| 65-69                                         | \$1.254                        |
| 70-74                                         | \$1.672                        |
| 75+                                           | \$2.442                        |



# VOLUNTARY ACCIDENT INSURANCE PROGRAM (VAIP)

Accident insurance covers you in the event of accidental death or accidental dismemberment, and is available without a 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 principal 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

Bulletproof 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        | \$3.00  |
| \$100,000                          | \$4.00        | \$6.00  |
| \$150,000                          | \$6.00        | \$9.00  |
| \$200,000                          | \$8.00        | \$12.00 |
| \$250,000                          | \$10.00       | \$15.00 |



# VOLUNTARY WORKSITE PRODUCTS

The Gulf County Sheriff's Office offers employees the opportunity to purchase voluntary worksite coverages through MetLife. These benefits are easily accessible with simplified underwriting. Please note that some may apply pre-existing limitations. Refer to the 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](http://www5.benefitsolver.com).

When an accident occurs, 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:

- Fractures
- Concussions
- Skin grafts/Burns
- Coma
- Broken Teeth
- Therapy Services - Acupuncture & Chiropractic services

| ACCIDENT PLAN (MONTHLY) |                 |
|-------------------------|-----------------|
| TIER                    | ACTIVE EMPLOYEE |
| EMPLOYEE                | \$9.62          |
| EMPLOYEE + SPOUSE       | \$17.96         |
| EMPLOYEE + CHILD        | \$19.76         |
| FAMILY                  | \$24.32         |



## 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 expenses that your medical plan may not cover.

Hospital Indemnity offers two plans to select from:

High Plan pays:

- \$200 per confinement
- \$1,000 per admission

Low Plan pays:

- \$100 per confinement
- \$500 per admission

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

| HOSPITAL INDEMNITY<br>LOW PLAN (MONTHLY) |                 |
|------------------------------------------|-----------------|
| TIER                                     | ACTIVE EMPLOYEE |
| EMPLOYEE                                 | \$9.72          |
| EMPLOYEE + SPOUSE                        | \$23.42         |
| EMPLOYEE + CHILD                         | \$17.36         |
| FAMILY                                   | \$31.06         |

| HOSPITAL INDEMNITY<br>HIGH PLAN (MONTHLY) |                 |
|-------------------------------------------|-----------------|
| TIER                                      | ACTIVE EMPLOYEE |
| EMPLOYEE                                  | \$17.84         |
| EMPLOYEE + SPOUSE                         | \$42.94         |
| EMPLOYEE + CHILD                          | \$31.84         |
| FAMILY                                    | \$56.94         |

# VOLUNTARY WORKSITE PRODUCTS

## CRITICAL ILLNESS

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

For example:

- Cancer (including skin cancer)
- Stroke
- Alzheimer's
- Organ Transplant
- Kidney Failure
- Paralysis
- COVID-19
- Sudden Cardiac Arrest/Heart Attack
- Benign Brain Tumor
- Angioplasty

**\*If you have a full recovery within 30 days of the stroke event, you will receive 25% of the policy amount**

| CRITICAL ILLNESS MONTHLY RATES (FULL-TIME EMPLOYEE) \$15,000 |          |                   |                       |          |
|--------------------------------------------------------------|----------|-------------------|-----------------------|----------|
| AGE                                                          | EMPLOYEE | EMPLOYEE + SPOUSE | EMPLOYEE + CHILD(REN) | FAMILY   |
| 0-24                                                         | \$4.80   | \$7.80            | \$8.40                | \$11.70  |
| 25-29                                                        | \$5.10   | \$8.40            | \$8.70                | \$12.00  |
| 30-34                                                        | \$7.20   | \$11.70           | \$10.80               | \$15.30  |
| 35-39                                                        | \$9.90   | \$15.60           | \$13.50               | \$19.50  |
| 40-44                                                        | \$15.60  | \$24.30           | \$19.20               | \$28.20  |
| 45-49                                                        | \$22.20  | \$34.50           | \$26.10               | \$38.10  |
| 50-54                                                        | \$33.00  | \$49.80           | \$36.90               | \$53.40  |
| 55-59                                                        | \$44.70  | \$65.70           | \$48.60               | \$69.30  |
| 60-64                                                        | \$62.70  | \$90.90           | \$66.30               | \$94.50  |
| 65-69                                                        | \$90.00  | \$129.00          | \$93.60               | \$132.60 |
| 70-74                                                        | \$120.60 | \$173.10          | \$124.20              | \$176.70 |
| 75+                                                          | \$153.30 | \$222.90          | \$156.90              | \$226.50 |

| CRITICAL ILLNESS MONTHLY RATES (FULL-TIME EMPLOYEE) \$30,000 |          |                   |                       |          |
|--------------------------------------------------------------|----------|-------------------|-----------------------|----------|
| AGE                                                          | EMPLOYEE | EMPLOYEE + SPOUSE | EMPLOYEE + CHILD(REN) | FAMILY   |
| 0-24                                                         | \$9.60   | \$15.60           | \$16.80               | \$23.40  |
| 25-29                                                        | \$10.20  | \$16.80           | \$17.40               | \$24.00  |
| 30-34                                                        | \$14.40  | \$23.40           | \$21.60               | \$30.60  |
| 35-39                                                        | \$19.80  | \$31.20           | \$27.00               | \$39.00  |
| 40-44                                                        | \$31.20  | \$48.60           | \$38.40               | \$56.40  |
| 45-49                                                        | \$44.40  | \$69.00           | \$52.20               | \$76.20  |
| 50-54                                                        | \$66.00  | \$99.60           | \$73.80               | \$106.80 |
| 55-59                                                        | \$89.40  | \$131.40          | \$97.20               | \$138.60 |
| 60-64                                                        | \$125.40 | \$181.80          | \$132.60              | \$189.00 |
| 65-69                                                        | \$180.00 | \$258.00          | \$187.20              | \$265.20 |
| 70-74                                                        | \$241.20 | \$346.20          | \$248.40              | \$353.40 |
| 75+                                                          | \$306.60 | \$445.80          | \$313.80              | \$453.00 |

### SPECIAL NOTE FOR RETIREES

Voluntary Worksite is not available to Retirees.

# PET HEALTH INSURANCE

MetLife Pet Insurance offers coverage for your furry family members as part of your employer benefits. It helps protect them from the unexpected. In addition to receiving an FSEBT discount, members may also receive a First Responder discount.

## Why pet parents choose MetLife:

- Flexible Coverage with up to 100% reimbursement
- Freedom to visit any U.S. licensed vet
- Optional Preventive Care coverage
- 24/7 access to Telehealth Concierge Services
- Discounts on pet care
- Coverage of pre-existing conditions when switching providers
- MetLife mobile app to submit and track claims and manage your pet's health and wellness



**MetLife**

**Get a Quote or enroll today.**

Visit [www.metlife.com/FSEBT](http://www.metlife.com/FSEBT)

Call 1-800-GET-MET8

[Click Here](#) →



**View this benefit on your phone!**



**ASPCA® PET HEALTH INSURANCE**

ASPCA® Pet Health Insurance — Now Available!

Because pets are family, too.

FSEBT is excited to offer ASPCA® Pet Health Insurance as a voluntary benefit to help you care for your furry family members. Whether it's a routine checkup or an unexpected emergency, this new benefit helps reduce out-of-pocket veterinary costs and gives you peace of mind.

Flexible, Customizable Coverage

Choose from Complete Coverage<sup>SM</sup> (accidents + illness) or Accident-Only plans

Add Preventive Care (optional) for routine needs like exams, vaccines, and screenings

Customize your:

- Reimbursement Rate: 70%, 80%, or 90%
- Annual Deductible: \$100, \$250, or \$500
- Annual Limit: \$3,000 to \$10,000
- All pets 8 weeks and older are eligible — no upper age limits
- Use any licensed vet in the U.S. or Canada
- 24/7 vet telehealth is included at no additional cost

## WHY ENROLL?

- No waiting for open enrollment — enroll anytime
- 10% group discount for Gulf SO employees
- Multi-pet discounts available
- No contracts or admin fees
- Manage everything online or through the mobile app

## GET STARTED

Visit: [www.aspcapetinsurance.com/FSEBT](http://www.aspcapetinsurance.com/FSEBT)

Use Priority Code: EB25FSEBT

Questions? Call 1-877-343-5314

**View this benefit on your phone!**



# 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](http://www.FloridaSheriffsHealthPlan.com)



## LEGAL NOTIFICATIONS

All legal notifications can be found in the reference center in BenefitSolver at [www5.benefitsolver.com](http://www5.benefitsolver.com).



[CLICK HERE FOR LEGAL NOTIFICATION](#)



## PLAN CONTACT

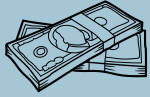
Pache Batson  
Executive Assistant  
418 Cecil G. Costin Sr. Blvd.  
Port St. Joe Florida  
850-227-2392  
[pbatson@gcso.fl.gov](mailto:pbatson@gcso.fl.gov)

# YOUR CARE OPTIONS

Where to go when you are sick or injured

| Care Center                    | WHY WOULD I USE THIS CARE CENTER?                                                                                                                                                                                                                                                                                           | WHAT TYPE OF CARE WOULD THEY PROVIDE                                                                                                                                                                                                                                                                                                                         | WHAT ARE THE COST AND TIME CONSIDERATIONS?                                                                                                                                                                                                                                             |
|--------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Teladoc</b>                 | Want a quick and convenient way to see a provider for non-emergency medical needs? Virtual Doctor Visits allow you to see and talk to a doctor from your mobile device or computer and there is no waiting room.                                                                                                            | <ul style="list-style-type: none"> <li>✓ Flu</li> <li>✓ Colds</li> <li>✓ Pink eye</li> <li>✓ Rashes</li> <li>✓ Fever</li> </ul>                                                                                                                                                                                                                              | <ul style="list-style-type: none"> <li>✓ <b>FREE!</b> Your employer covers this cost 100% with unlimited usage, meaning you can talk to a physician at any time for \$0! This service is available to employees and dependents, even when they are not enrolled in medical.</li> </ul> |
| <b>Doctor's Office</b>         | You need routine care or treatment for a health issue. Your primary doctor knows you and your health history, can access your medical records, provide preventive and routine care, manage your medications and refer you to a specialist, if necessary.                                                                    | <ul style="list-style-type: none"> <li>✓ Routine checkups</li> <li>✓ Immunizations</li> <li>✓ Preventive services</li> <li>✓ Manage your general health</li> </ul>                                                                                                                                                                                           | <ul style="list-style-type: none"> <li>✓ Often requires a copayment and/or coinsurance.</li> <li>✓ Normally requires an appointment.</li> <li>✓ Little wait time with scheduled appointment.</li> </ul>                                                                                |
| <b>Convenience Care Clinic</b> | You can't get to your doctor's office, but your condition is not urgent or an emergency. Convenience care clinics are often located in malls or retail stores offering services for minor health conditions. Staffed by nurse practitioners and physician assistants.                                                       | <ul style="list-style-type: none"> <li>✓ Common infections (e.g., strep throat)</li> <li>✓ Minor skin conditions (e.g., poison ivy)</li> <li>✓ Flu shots</li> <li>✓ Pregnancy tests</li> <li>✓ Minor cuts</li> <li>✓ Ear aches</li> </ul>                                                                                                                    | <ul style="list-style-type: none"> <li>✓ Often requires a copayment and/or coinsurance similar to office visit.</li> <li>✓ Walk in patients welcome with no appointments necessary, but wait times can vary.</li> </ul>                                                                |
| <b>Urgent Care Center</b>      | You may need care quickly, but it isn't an emergency, and your primary physician may not be available. Urgent care centers offer treatment for non-life threatening injuries or illnesses. Staffed by qualified physicians.                                                                                                 | <ul style="list-style-type: none"> <li>✓ Sprains</li> <li>✓ Strains</li> <li>✓ Minor broken bones (e.g., finger)</li> <li>✓ Minor infections</li> <li>✓ Minor burns</li> </ul>                                                                                                                                                                               | <ul style="list-style-type: none"> <li>✓ Often requires a copayment and/or coinsurance usually higher than an office visit.</li> <li>✓ Walk in patients welcome, but waiting periods may be longer as patients with more urgent needs will be treated first.</li> </ul>                |
| <b>Emergency Room</b>          | You need immediate treatment of a very serious or critical condition. The ER is for the treatment of life-threatening or very serious conditions requiring immediate medical attention. Do not ignore an emergency. If a situation seems life threatening, take action. Call 911 or your local emergency number right away. | <ul style="list-style-type: none"> <li>✓ Heavy bleeding</li> <li>✓ Large open wounds</li> <li>✓ Sudden change in vision</li> <li>✓ Chest pain</li> <li>✓ Sudden weakness</li> <li>✓ Trouble talking</li> <li>✓ Major burns</li> <li>✓ Spinal injuries</li> <li>✓ Severe head injury</li> <li>✓ Difficulty breathing</li> <li>✓ Major broken bones</li> </ul> | <ul style="list-style-type: none"> <li>✓ Often requires a higher copayment and/or coinsurance.</li> <li>✓ Open 24/7, but waiting periods may be longer due to patients with life-threatening emergencies will be treated first.</li> </ul>                                             |

# IMPORTANT TERMINOLOGY



**Plan Year Deductible (PYD):** The amount you are required to pay before the insurance company starts to pay its portion. This may not apply to all services. The PYD resets to \$0 on every anniversary date.

**Out-of-Pocket Maximum (OOP):** The most you will have to pay out of your pocket for health care expenses during the year. The out-of-pocket maximum resets to \$0 on every anniversary date.

**Co-insurance (Coins):** Your cost share with the insurance company. The insurance company pays a certain percentage of the claims, and you pay the remaining amount. Example – The doctor charges you \$100, and your insurance covers 80%. You would pay the remaining 20%, or \$20.

**Co-pay:** A set amount you pay for certain services, usually paid at the time of service.

**Premium:** The cost you pay for your selected insurance plan, usually deducted per pay period by your employer.



**Primary Care Physician (PCP):** This is your main doctor; they are the dedicated physician who deals directly with you and helps to manage your healthcare needs.

**PCP Referral:** Permission from your primary doctor to see a specialist or to get certain medical services (labs, x-ray, MRI).

**Specialist:** A physician who focuses on a specific area of medicine (cardiologist, oncologist, podiatrist).

**Ambulatory Surgical Center (ASC):** A facility, not affiliated with a hospital, that specializes in elective same-day or outpatient surgical procedures at a lower cost.

**Free Standing Facility (FS):** A facility, not affiliated with a hospital, that provides diagnostic health care services for a lower cost.



**Allowed Amount:** The maximum amount the insurance company will pay providers for certain visits and services. Allowed amounts are a lot less when you use an out-of-network provider.

**Per Admission Deductible (PAD):** This is similar to a copay, required for certain services. Sometimes this is a separate deductible for specific services. For example, for a hospital stay.

**Out-of-Network:** A provider that is not contracted with your insurance carrier. Providers that are not in-network with the insurance companies get paid less by the insurance company for services rendered, which results in a higher cost to you.

**Preferred Provider:** Doctor's office/facility that has contracted with your insurance company, considered an in-network provider.

**Pre-authorization:** Permission by your insurance carrier that allows payment for a service, treatment, prescription, or durable medical equipment. Failure to obtain pre-authorization may result in denied claims.

**Explanation of Benefits (EOB)** Summary sent to you by the insurance company that shows you how much they paid and how much the providers can charge you for your visit and any services provided.

**Provider Service Fees:** Additional fees from doctors and/or specialists that see or perform services while in hospital or ER setting.

[illegible]

# FLORIDA SHERIFFS

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