

# Alachua County Benefits Open Enrollment 2022

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## Open enrollment is from July 1 – July 31:

- This is your annual opportunity to review your benefits and make changes for the upcoming plan year.
  - Log into the [HR portal](#) to view your current insurance elections.
- Open Enrollment changes must be submitted to Risk Management by July 31, 2022
- Your elections become effective on October 1, 2022 and remain in effect for the entire plan year.
- Your first payroll deduction will be deducted from the September 2, 2022 paycheck, except for FSA and supplemental benefits, which begin with the October 14, 2022 paycheck.
- The IRS requires that Open Enrollment benefit elections remain in place for the entire year unless you experience an IRS-defined change in status. A change in status, such as marriage or the birth of a child, allows you to make a corresponding change to your elections, but only within 30 days of the event.

## Do I need to complete any paperwork if I am not making any changes?

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If you do not want to make any changes to your coverages, you do not need to complete any paperwork. Your current coverages will automatically continue at the new rates. It is important to verify the dependents on your health, dental and vision plan.

However, you must enroll in the Flexible Spending Accounts each year. **Your FSA elections will stop if you do not re-enroll.** Please use the [registration instructions](#) when you enroll.

## Key Changes and Highlights for 2022

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### **Health Insurance**

The current **Blue Options 05770** and **BlueOptions 05781** plans will not change although there will be a premium increase.

Blue Options Bi-weekly Employee Premiums as of September 2, 2022

Biweekly Premium	PPO Plan (05770)	Per pay period increase	High Deductible Plan (05781)	Per pay period increase
Employee	<b>\$44.67</b>	\$3.31	<b>\$16.45</b>	\$1.22
Employee + 1	<b>\$213.50</b>	\$15.81	<b>\$146.04</b>	\$10.82
Family	<b>\$301.00</b>	\$22.30	<b>\$205.89</b>	\$15.25

### **Flexible Spending Accounts**

Employees who wish to participate in either the medical or dependent care FSA plan must go to the [Prime Pay portal](#) and register or log in if already a member and make your annual election.

There is a \$570 carry over provision on the medical spending account. The maximum annual election for the medical spending accounts is \$2,850.

### **Dependent Verification**

Employees who are enrolling dependents in the health insurance for the first time will have to provide copies of the required dependent verification documents and complete the [dependent verification form](#). A list of eligible dependents and accepted documents can be found [here](#) If required documents are not provided, you will not be

able to enroll your dependents. A 30 day grace period will be allowed to provide the dependent verification documents.

### **Summary of benefits and coverage**

The Summary of Benefits and Coverage is a health plan informational document required under the Affordable Care Act and will help you understand your benefits and coverage.

The Summary of Benefits and Coverage can be viewed online or you can request a paper copy by contacting Risk Management at 374-5297 or 337-6180.

## **Alachua County Benefits for 2022-23**

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### **Medical Plan: Florida Blue**

BlueOptions 05770 the traditional PPO plan and BlueOptions 05781 the high deductible health plan with HRA will continue to be offered with no plan changes

### **Dental Plans: Florida Combined Life Dental**

The 3 current dental plans will continue to be offered with no premium increase  
Alachua County pays 80% of the employee only premium for all employees

### **Life Insurance: USABLE Life**

Current life coverages will continue to be offered.  
Alachua County pays for \$10,000 term life coverage for all employees

### **Vision Plan: Humana**

Humana Vision plan 130 will continue with no premium increase

### **Flexible Spending Accounts (Medical & Dependent Care): Prime Pay**

Flexible spending accounts reduce taxes and increase your take home pay  
You **must** make an election online with [Prime Pay](#) to participate in the Flexible Spending Accounts

### **Voluntary Supplemental Benefits (The Standard and Legalshield)**

Employee paid benefits including critical illness, accident, legal and ID theft protection

## **Health Insurance – Florida Blue**

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### **Blue Options (PPO) Plan 05781** (High Deductible Health Plan with [HRA](#))

- Blue Options Provider Network
- \$1,500 per person/\$3,000 family aggregate in network calendar year deductible (DED)
- \$4,000 Individual/\$8,000 Family Calendar Year out-of-pocket Maximum (in-network)
- \$750 Single/\$1,500 Family HRA
- Deductible for out of network services - \$3,000 Individual/\$6,000 Family
- Cost share for Out of Network Services – Deductible + 50% unless otherwise stated
- Family Physician or Specialist,
  - DED + 20% (in Network)
- Office therapy including Physical Therapy
  - DED + 20% (in Network)
- Adult Wellness
  - In-network – covered at 100% of allowed amount
  - Out-of-Network – 50% coinsurance
- Emergency Room
  - DED + 20% (in Network)
  - INN DED + 20% (out of network)
- Inpatient or Outpatient Hospital Facility per visit
  - Option 1 - DED + 20%
    - North Florida Regional
  - Option 2 – DED + 20%
    - Shands
- Ambulatory Surgical Center
  - DED + 20%
- Advanced Imaging (MRI, MRA, PET, CT & Nuclear Medicine)
  - DED + 20%

- Medication co-payment for 30 day supply (after deductible is met)
  - \$10 generic
  - \$50 preferred name brand
  - \$80 non-preferred name brand

## Health Insurance – Florida Blue

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### Blue Options (PPO) Plan 05770 (Traditional PPO plan)

- Blue Options Provider Network
- \$500 per person /\$1,500 family aggregate in network deductible
- Family Physician Co-pay
  - \$25 (in Network)
  - 50% coinsurance after Calendar Year Deductible (out of network)
- Specialist Co-pay
  - \$45 (In Network)
  - 50% coinsurance after Calendar Year Deductible (out of network)
- Office therapy Co-pay including Physical Therapy
  - \$25 (in Network)
  - 50% coinsurance after Calendar Year Deductible (out of network)
- Adult Wellness
  - In-network – covered at 100% of allowed amount
  - Out-of-Network – 50% coinsurance
- Emergency Room co-pay, waived if admitted to hospital
  - \$300 (in network) plus \$100 per provider
  - \$300 (out of network) plus \$100 per provider
- Hospital Facility per visit
  - Option 1 - \$600 admission co-payment
    - North Florida Regional
  - Option 2 - \$1,000 admission co-payment
    - Shands
  - Out of Network – CYD and 50% coinsurance
- Outpatient Hospital Facility per visit
  - Option 1 - \$250 co-payment
  - Option 2 - \$350 co-payment
  - Out of Network – CYD and 50% coinsurance
- Ambulatory Surgical Center
  - \$150 co-payment (in network)
  - Out of Network – CYD and 50% coinsurance
- Advanced Imaging (MRI, MRA, PET, CT & Nuclear Medicine)
  - \$200 co-payment (in network)
  - 50% coinsurance after Calendar Year Deductible (out of network)
- \$100 calendar year deductible per person for non-generic prescriptions
- Medication co-payment for 30 day supply
  - \$10 generic
  - \$50 preferred name brand
  - \$80 non-preferred name brand
- Mail order pharmacy co-payment for 90 day supply
  - \$25 generic
  - \$125 preferred name brand
  - \$200 non-preferred name brand
- Out of network services - \$750 Individual/\$2,250 Family Calendar Year Deductible (CYD)
- \$2,500 Individual/\$5,000 Family Calendar Year out-of-pocket Maximum (in-network)
  - Deductibles, co-insurance and all co-payments apply

## Dental Insurance Coverage – Florida Combined Life

There are three dental plan options offered by Florida Combined Life. Alachua County pays 80% of the total employee only premium for all employees.

The plans offered by Florida Combined Life are [BlueDental Care PS220](#), [BlueDental Choice Low PPO](#) and [BlueDental Choice High PPO](#).

The BlueDental Care PS220 plan requires that you choose a participating dentist and have that dentist coordinate your dental care. The plan has co-payments for listed diagnostic codes or 25% discount for unlisted dental codes. There are no claim forms and no waiting period for services. There is an orthodontia benefit for adults and children and no plan year maximum. There is no out of network benefit; you must see your assigned dentist.

The two BlueDental Choice PPO options allow you to go to the dentist of your choice, however you will be reimbursed at a higher percentage and are protected from balance billing if you see an in-network provider. The BlueDental Choice program offers a Low option and a High option.

The Low option and High option are similar and have the same network of dentists, but the High option reimburses at a higher percentage, has a higher annual maximum, and has an orthodontia benefit for children up to age 19. Both the High and Low options offer coverage for implants.

Employee Deductions for dental coverage effective 1<sup>st</sup> pay period of September

	BlueDental Care - PS220	Low PPO Option	High PPO Option
Employee Only	\$1.31	\$2.37	\$3.00
Employee + 1	\$6.05	\$10.82	\$16.30
Employee + 2 or more	\$11.49	\$20.28	\$28.27

Alachua County pays 80% of the employee only rate for all employees.

### BlueDental Care PS220 Plan

- ° Must choose a participating plan dentist to provide dental care
  - Provider directory at [www.floridablue.com](http://www.floridablue.com)
- ° No pre-existing condition exclusion
- ° No claim forms to file
- ° No deductibles
- ° No annual maximums
- ° Listed dental codes have co-payments
  - See summary for copayment amounts
- ° Unlisted dental codes 25% discount
- ° Adult and children orthodontia benefits
- ° Can change dentists by calling member services
- ° There is no out of network benefit.

# Dental Insurance Coverage – Florida Combined Life

## BlueDental Choice PPO Comparison Effective October 1, 2022

BlueDental Choice Benefit Summary	Low Option PPO		High Option PPO	
	In-Network	Out of Network	In-Network	Out of Network
<b>Deductible</b> No deductible for preventative Per Person per pay year Per Family per plan year	\$50 \$150	\$100 \$300	\$50 \$150	\$100 \$300
	<b>We Pay* You Pay*</b>	<b>We Pay* You Pay**</b>	<b>We Pay* You Pay*</b>	<b>We Pay* You Pay**</b>
<b>Preventative</b>	<b>100% 0%</b>	<b>70% 30%</b>	<b>100% 0%</b>	<b>80% 20%</b>
<b>Basic</b>	<b>80% 20%</b>	<b>50% 50%</b>	<b>85% 15%</b>	<b>60% 40%</b>
<b>Major</b>	<b>50% 50%</b>	<b>30% 70%</b>	<b>55% 45%</b>	<b>40% 60%</b>
Periodic Oral Evaluation (0120)	Preventative		Preventative	
Comprehensive Oral Evaluation (0150)	Preventative		Preventative	
Bitewing X-rays, two films (0272)	Preventative		Preventative	
Cleanings- Adult/Child (1110, 1120)	Preventative		Preventative	
Fluoride Treatment – Child (1203)	Preventative		Preventative	
Office Visits (9430)	Preventative		Preventative	
X-rays – Intraoral/Complete Series (0210)	Basic		Basic	
Sealant – per tooth (1351)	Basic		Basic	
Amalgam Restorations (silver fillings) (2140)	Basic		Basic	
Resin-based Restorations – Anterior (2330)	Basic		Basic	
Extractions – Routine and Surgical (7140)	Basic		Basic	
Root Canal Molar (3330)	Major		Basic	
Periodontal Scaling & Root Planning (per quad) (4341)	Major		Basic	
Crowns – Porcelain fused to noble Metal (2752)	Major		Major	
Complete Dentures (5110, 5120)	Major		Major	
Pontic – Porcelain fused to noble metal (6242)	Major		Major	
Partial Dentures (5213, 5214)	Major		Major	
Surgical placement of implant body – endosteal implant (6010)	Major		Major	
Implant support porcelain fused to metal crown (titanium, high noble metal) (6066)	Major		Major	
Orthodontia Services BlueDental Coverage	N/A N/A		Children to age 19 50%	
Waiting Periods Major Services Benefits Orthodontia Benefits	None N/A		None None	
Maximum Benefits Plan Year (per person) Lifetime Orthodontia (per person)	\$1000 N/A		\$1,500 \$1,000	
Dental Rollover	No		No	
The information provided above is a summary of benefits. It is intended to highlight key points of the dental plan, it should not be construed as part of the contract.				
*Percentage of fee schedule **Percentage of fee schedule, plus balance of charges if any. Non-participating dentists may charge fees in excess of our Fee Schedule and may bill you the difference				

## Life Insurance Coverage – USABLE Life

### Basic Term Life Coverage

The basic or term life insurance is one times an employee’s annual salary rounded to the next highest \$1,000. There is a minimum coverage amount of \$15,000 and a maximum of \$50,000.

Every eligible employee automatically receives \$10,000 in term life insurance coverage paid for by Alachua County

The premium for basic life is \$0.113 per \$1,000 of coverage per month. Alachua County pays 80% of the basic life premium. The employee pays 20%, which is slightly more than \$0.01 per \$1,000 of coverage per pay period. Completion of an [evidence of medical insurability form](#) is required to apply for coverage.

### Supplemental Life

Supplemental Life Coverage can be applied for in the amount of 1, 2 or 3 times your annual salary, to a maximum of \$250,000. The age banded rate table is below, your premium increases on your birthday. The premium is paid 100% by the employee. Completion of an evidence of medical insurability form is required to apply for coverage.

Supplemental Life – Age Banded rates

Age	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Cost per month per \$1,000	\$0.05	\$0.06	\$0.08	\$0.09	\$0.10	\$0.15	\$0.23	\$0.45	\$0.72	\$1.39	\$2.28

### Dependent Life Coverage

Dependent Life Coverage can be purchased to cover a spouse and dependent children. Completion of an evidence of medical insurability form for your dependents is required. The premium is \$1.55 per pay period for all dependents with the employee as the beneficiary. A spouse is covered at \$10,000, dependent children at \$5,000. You must have the contributory basic life coverage to apply for dependent life coverage.

### Voluntary Accidental Death & Dismemberment (AD&D)

- Available in increments of \$25,000 up to five times annual earnings or \$500,000 (whichever is less)
- AD&D coverage provides you with an additional insurance benefit if your death results from an accident.
- The premium is \$0.03 per \$1,000 per month

## Vision Insurance – Humana

The Humana Vision plan is a prepaid vision plan. You must receive your care from a participating provider; providers can be found online using the Humana [provider directory](#).

- Independent and retail providers participating
- Eye exam once every 12 months with \$10 co-pay
- Eyeglass lenses once every 12 months \$15 co-pay
- Eyeglass frames once every 24 months \$15 co-pay
- \$130 allowance for eyeglass frames
- Up to \$55 for exam and fitting fee and \$130 allowance for contact lenses

Humana Vision Plan	Bi-weekly	Annually
Employee	\$2.88	\$69.12
Employee + 1	\$5.75	\$138.00
Employee + 2 or more	\$10.73	\$257.52

## Eligible Dependents for Insurance Enrollment

Your current legal spouse is an eligible dependent. Domestic partners may be added to **health and dental insurance**. Certain criteria must be met for certification of domestic partnership and an affidavit must be completed with the enrollment form.

Your natural child, step-child, adopted child, or a child for whom you have been appointed as legal guardian through a court order are eligible dependents.

You may continue to cover your child until the end of the year they turn 26 for health, dental and vision. If a child is disabled and not capable of self-support, they may remain on the group insurance plans. No other individuals may be added to group health insurance.

You must remove overage dependents and other ineligible dependents (such as an ex-spouse) when they are no longer eligible for coverage.

To add dependents to your health insurance coverage, copies of dependent verification documents must be provided along with your enrollment or change forms. Dependent verification document requirements can be viewed online. If you do not provide the required documents, you will not be able to enroll your dependents. A 30 day grace period will be allowed to provide the dependent verification documents.

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## Flexible Spending Accounts – Medical and Dependent Care – Prime Pay

### Medical Spending Account

The medical spending account allows an employee to put money aside on a pre-tax basis to pay for out-of-pocket medical expenses that insurance doesn't cover, expenses like prescription and office visit co-payments, deductibles and co-insurance, dental visits, glasses and contact lenses, hearing aids, and Lasik surgery.

The medical spending account plan year is based on the fiscal year of October 1, 2022 through September 30, 2023. An employee elects an amount to set aside for the year, the maximum for the plan year is \$2,850. At the end of the plan year you can carry over up to \$570 of your unused medical FSA balance to the next plan year.

The \$570 carry over provision applies to the medical spending accounts only.

The entire amount is available at the start of the plan year; the amount elected is divided between 24 pay periods and deducted equally from each paycheck. Expenses can be paid and receipts submitted for reimbursement or you can opt to pay medical expenses with the Prime Pay card. Receipts are still required in some cases with the Prime Pay card. The real advantage of the card is that you do not have to incur the cost and wait for reimbursement. The flexible spending account is a painless way to add money to your take home pay if you are spending money on any of these expenses.

### Dependent Care Account

If you pay someone to take care of your children, spouse or elderly parents so you can work, then the dependent care account may save you money. Expenses for childcare, elder care, and care for a disabled dependent are reimbursable if the care is necessary for you to work. If you are married, your spouse must also work, unless he or she is a full-time student or physically or mentally incapable of caring for himself or herself. The fiscal year maximum for the Dependent Care Account is \$5,000. This account is like a checking account, you must have money in the account to request a reimbursement. You will be able to use the Prime Pay card to pay for dependent care expenses as long as you have enough money in your account and the provider accepts the card.

The IRS defines an eligible dependent for your Dependent Care FSA separately from that of a Health Care FSA dependent. The rule in qualifying an individual as an eligible day care recipient is that you must provide 50% of their care and claim them on your income taxes. If these conditions are met, then the dependent must fall into one of the following three categories:

- A child under age 13
- Your child or an elder family member who is physically or mentally incapable of caring for himself or herself and who you claim as a dependent on your income tax return
- Your spouse who is physically or mentally unable to care for himself or herself

**What's best for you?**

Your total savings will depend upon your family income, tax status and total expenses. If you have Dependent Care expenses, you may choose to claim a tax credit when you file your Federal taxes rather than contribute to a Dependent Care FSA. Your own circumstances will determine whether using a Dependent Care FSA or the Federal income tax credit will be better for you.

The annual amounts that an employee elects for medical or dependent care accounts are divided by 24 pay periods and deducted from the employee's check prior to income and Social Security taxes being deducted.

Employees must [enroll](#) each year to participate in the flexible spending accounts

[Registration instructions](#)



## July 2022 Open Enrollment Calendar

**All Open Enrollment sessions will be held via Zoom**  
**Links to meetings are below, you do not need to register to attend a meeting**

**There will be a short presentation at the beginning of each session.**

**Questions and assistance with forms will be provided at open enrollment meetings**

Date and time	Zoom link
Wednesday, July 6, 10:00am – 11:00am	<a href="https://us02web.zoom.us/j/81928386780?pwd=3DpjauE9fHp1_6M01bZW5L9FHSpLHB.1">https://us02web.zoom.us/j/81928386780?pwd=3DpjauE9fHp1_6M01bZW5L9FHSpLHB.1</a>
Friday, July 8, 11:00am - 12:00pm	<a href="https://us02web.zoom.us/j/86823858670?pwd=F5WdCgtFI1Ue19BPvy4qsofCzlaJ8.1">https://us02web.zoom.us/j/86823858670?pwd=F5WdCgtFI1Ue19BPvy4qsofCzlaJ8.1</a>
Tuesday, July 12, 2:00pm – 3:00pm	<a href="https://us02web.zoom.us/j/81872393209?pwd=XhLXIwFk4XJAeWUgoaDx3SbqgML5Ux.1">https://us02web.zoom.us/j/81872393209?pwd=XhLXIwFk4XJAeWUgoaDx3SbqgML5Ux.1</a>
Thursday, July 14, 3:00pm – 4:00pm	<a href="https://us02web.zoom.us/j/86987019881?pwd=qTd_Ihhzq-6g1cxYG8zkVYnRJBB9Ga.1">https://us02web.zoom.us/j/86987019881?pwd=qTd_Ihhzq-6g1cxYG8zkVYnRJBB9Ga.1</a>
Monday, July 18, 2:00pm – 3:00pm	<a href="https://us02web.zoom.us/j/87209638833?pwd=2V0GRU5SxCH21pd9r8n5dTZYCG4qVm.1">https://us02web.zoom.us/j/87209638833?pwd=2V0GRU5SxCH21pd9r8n5dTZYCG4qVm.1</a>
Tuesday, July 19, 9:00am – 10:00am	<a href="https://us02web.zoom.us/j/84319933477?pwd=QVE2RVhWellyd0JwZGJFc1NiMEJ3Zz09">https://us02web.zoom.us/j/84319933477?pwd=QVE2RVhWellyd0JwZGJFc1NiMEJ3Zz09</a>
Tuesday, July 26, 10:00am – 11:00am	<a href="https://us02web.zoom.us/j/87494952444?pwd=UIzMMI3xAH108ph9HbVJrUspjzPhqf.1">https://us02web.zoom.us/j/87494952444?pwd=UIzMMI3xAH108ph9HbVJrUspjzPhqf.1</a>

If you cannot attend a session and need to make changes, contact Risk Management at 374-5297 or 337-6180 to request the appropriate forms or visit the [Risk Management internet page](#) or [intranet page](#) for forms and plan summaries.

Do you have questions about your benefits? Email [crd@alachuacounty.us](mailto:crd@alachuacounty.us)

### ***What is the most important thing to remember?***

To make changes to your benefits, be sure to complete the necessary paperwork during the open enrollment period during the month of July.

### **The last day to turn in paperwork is July 31, 2022.**

July 31st is a Sunday so turn your forms in as soon as possible

## Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your State if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must permit you to enroll in your employer plan if you are not already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call 1-866-444-EBSA (3272).

**If you live in most States, you may be eligible for assistance paying your employer health plan premiums. You should contact your State for further information on eligibility –**

<b>FLORIDA – Medicaid</b>
Website: <a href="http://flmedicaidprecovery.com/hipp/">http://flmedicaidprecovery.com/hipp/</a> Phone: 1-877-357-3268

To see if any other states have added a premium assistance program since January 31, 2018, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/ebsa](http://www.dol.gov/ebsa)  
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

For additional information about plan and premium changes, refer to the specific area of this document or go to the [Risk Management webpage](#). Details of plan design and contact information such as telephone numbers and internet links are available for all benefit vendors. This is a summary of benefits and not a substitute for plan documents or contracts.