

Benefits-at-a-Glance:

Plan Year November 2018 – October 2019





Contents and Contact Information

Refer to this list when you need to contact one of your benefit vendors. For general information contact Human Resources.

BENEFIT INFORMATION: _____page 2 & 10

MEDICAL: _____page 3

Florida Blue Health Insurance	Policy #B0761
Customer Service Number	800-352-2583
Web Address	www.floridablue.com and Register!
Nurse Hot Line 24/7	877-789-2583 ask for a nurse

DENTAL & VISION: _____page 5 & 6

Guardian Life Insurance Company	Policy #472726
Customer Service Number	888-600-1600
Web Address	www.GuardianAnyTime.com and Register!

GROUP BASIC LIFE, STD & LTD: _____page 7 -9

Mutual of Omaha	Policy #G000AK1Q
Customer Service Number	800-877-5176
Web Address	www.mutualofomaha.com

ANCILLARY/WORKSITE PRODUCTS: _____page 10

Colonial Life	Individual Policy Numbers
Customer Service Number	800-325-4368
Web Address	www.coloniallife.com

The information in this Benefits Summary is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Summary was taken from various summary plan, prescriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Benefits Summary and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this summary, contact Human Resources.



General Benefit Information

Your Benefit Plans!

Bay Laurel Center CDD offers a variety of benefits allowing you the opportunity to customize a benefit package that meets your personal needs for you and your family.

In the following pages, you'll learn more about the benefits offered. You'll also see how choosing the right combination of benefits can help protect you and your family's health and finances – and your family's future.

CARRIER	BENEFIT
Florida Blue	Medical
Guardian Life Insurance	Dental & Vision
Mutual of Omaha	Life/AD&D, Short and Long Term Disability
Colonial Life Insurance	Hospital Confinement Accident, Cancer, Critical, Illness, Whole/Universal Life for Employees, Spouse, Dependents

When Can You Enroll?

You can sign up for Benefits at any of the following times:

- After completing initial eligibility period;
- During the annual open enrollment period;
- Within 30 days of a qualified family-status change.

If you do not enroll at one of the above times, you must wait for the next annual open enrollment period.

Eligibility

All Regular full-time employees are eligible for Benefit Plans on the First of the Month following 60 days of employment. You may also enroll your dependents in the Benefit Plans when you enroll.

“Regular Full-Time Employees” must be regularly scheduled and working at least 25 hours per week.

Eligible dependents include:

- Your spouse
- Your natural children, step-children living with you, legally adopted children and any other children for whom you have legal guardianship, who are:
 - Under 26 years of age- Medical
 - Under 20 years of age – Dental and Vision
 - for medical, in some circumstances, up to age 30; for dental and vision if unmarried and a full time student, up to age 26

DID YOU KNOW?

Beginning in 2014, Individuals (for themselves and dependents) MUST have medical insurance or you may be subject to the following penalty due to the Individual Mandate:

2016:

- ✓ **Greater of \$695 (Adults)/ \$347.50 (Child) or 2.5% of family income**

2018:

- ✓ **Increased from above by cost of living adjustment**

Penalties are paid in following year as part of tax return.



Medical Insurance

Your Employer offers you health insurance through Florida Blue. Find participating providers on www.floridablue.com Choose Blue Options as your plan.

<u>Plan Name</u>	<u>Blue Options 14003</u>
In Network Deductible (Individual / Family) Out of Network Deductible (Individual / Family)	\$500 / \$1500 \$1000 / \$3000
In Network Out-of-Pocket Maximum Out of Network Out-of-Pocket Maximum	\$2000 / \$6000 \$5000 / \$10,000
Out-of-Pocket Max Includes	Mental Health/Substance Abuse and out of network covered expenses
Lifetime Major Medical Maximum	Unlimited
Coinsurance – In /Out Network	80% / 50%
<u>ROUTINE PREVENTIVE SERVICES - in Network</u> Wellness, Immunizations, Mammography, Colonoscopy	Covered 100%
Office Visits/Consultations for Illness/Injury	\$10 copay
Specialist Visit	\$25 copay
Inpatient Hospital	Opt 1- \$200 p/d \$600 max Opt 2 - \$300 p/d \$900 max
Outpatient Surgery	Opt 1 - \$150; Opt 2 \$350
Emergency Room / Urgent Care	\$100 / \$30 copay
<u>PRESCRIPTIONS</u> RX Copayments (30 day supply) Mail Order (3 month supply)	\$10/\$30/\$50/\$150 \$20/\$60/\$100/NA

Election	Monthly Premium	Employer Contributions Per month	Employee Contributions Per Month	Employee Contributions Per Pay (48)
Employee Only	\$748.76	\$601.40	\$147.36	\$36.84
Employee + Spouse	\$1,497.52	\$1,275.28	\$222.24	\$55.56
Employee + Child(ren)	\$1,385.21	\$1,191.05	\$194.16	\$48.54
Family	\$2,133.97	\$1,752.61	\$381.36	\$95.34

This chart is intended only to highlight the benefits available and should not be relied upon to fully determine your coverage. Should the benefits illustrated conflict in any way with the Summary Plan Description (SPD), the SPD shall prevail. This summary contains highlights only and is subject to change. The specific terms of coverage, exclusions and limitations including legislated benefits are contained in the Summary Plan Description or Insurance Certificates.



Getting more from your Health Care Dollars

Pharmacy Benefits & Consumer Tips

Did you know you can obtain prescription drugs at local retailers at a reduced cost and sometimes even free?

Walgreens, CVS, Publix & Wal-Mart

- ✓ **Wal-Mart** offers generic prescriptions for \$4 and a 90 day supply for approximately \$10!
- ✓ **Publix** offers a free medications! Just ask for a list.
- ✓ **Walgreens & CVS** have discount clubs you can join for savings – see their websites for details.
- ✓ **New Prescriptions?** Ask your doctor for a generic sample before you spend dollars on a brand name only to find you are allergic or it has an adverse effect on you.
- ✓ **Check Manufacturer** website for coupons/discounts!!!
- ✓ www.goodrx.com – Find out what pharmacy nearest your home zip code charges the least amount for your prescription!

Remember DO NOT show your medical ID card to receive these benefits or you will be charged your medical plans drug rate.

Choose in-network providers for your least expensive option.

Convenience Care Clinics – Don't pay more if you don't have to. Common examples: Pink Eye, school physicals, common infections, flu shots

Urgent Care Centers – for health conditions that aren't life-threatening and your regular doctor isn't available. Common examples: Sprains and Strains, Fever, Minor injuries and Burns, Flu

Emergency Room – use for true emergencies like life threatening illnesses and injuries. Common examples: Chest Pain, Broken Bones, Allergic Reactions, Continuous Bleeding, Head Injury, Deep Wounds

Medical Helpful Hints

- ASK - Are you a contracted in network provider for MY Florida Blue plan?
- ASK - Can you provide me a pre-determination (i.e., estimate) of services?
- NEED LABS? – ensure you and/or your doctor utilizes an IN NETWORK LAB!
- PREVENTATIVE CARE – have you had your annual checkups? It's FREE!
- PRE-AUTHORIZATION – Required for ALL in patient stays – coordinated by your In Network Physician. Some Outpatient procedures and diagnostic testing require this too.

REGISTER –Member Private Portal

www.FloridaBlue.com

- ✓ Find an In Network provider, hospital or pharmacy
- ✓ RX Formulary Lists
- ✓ ID Card Replacement
- ✓ View your plan benefits
- ✓ View Claims and Explanation of Benefits
- ✓ Claim/Cost Estimator

Member Resources

24-Hour Nurse helpline - available 24/7/365 for general health and prevention questions or for education and support on medical issues. 877-789-2583.

Florida Blue Member Mobile Solution – Free App for Apple, Kindle Fire, BlackBerry and Google Play. Simply Search for myFlorida Blue Mobile App!

Dental Insurance



**You have two dental plans to enroll in.
Choose the one that best meets your needs.**

BENEFITS Mac	Value NA PPO
Deductible	\$50/\$150- IN \$100/\$300-Out
Deductible waived for Preventative?	Yes - In No – Out
PREVENTATIVE Oral Examinations; Cleanings; X-Rays; Sealants - children (16)	100/100
BASIC Fillings, General Anesthesia, Scaling & Root Planing, Simple Extractions	80/50
MAJOR Dentures, Fixed Bridges and Crowns	50/25
Endodontics/Periodontics	Basic
Annual Maximum	\$1,000

BENEFITS UCR	Buy Up B1 PPO
Deductible – In and Out	\$50/\$150
Deductible waived for Preventative?	Yes
PREVENTATIVE Oral Examinations; Cleanings; X-Rays; Sealants - children (16)	100/100
BASIC Fillings, General Anesthesia, Scaling & Root Planing, Simple Extractions	100/80
MAJOR Dentures, Fixed Bridges and Crowns	60/50
Endodontics/Periodontics	Basic
Annual Maximum combined \$1,000 In and Out, with additional \$500 in-network benefit	\$1,500/\$1,000

Late entrant penalties – both plans – Basic: 6 months; Major: 12 months

Dental Cost Per Pay (48)	Value NA	B1
Employee Only	\$0.00	\$3.57
Employee + Spouse	\$5.39	\$9.21
Employee + Child(ren)	\$7.43	\$12.68
Family	\$11.62	\$19.85

To find a Dental Provider register:

www.GuardianAnyTime.com

Dental Network: PPO-DentalGuard Preferred
Dayton/Gainesville

If a member uses a network provider they will pay less out-of-pocket costs. Network providers will not charge more than the allowable fee. **Balance billing will occur** when a member chooses to receive services from an **out-of-network provider**.

Maximum Rollover Feature

Value added feature! Qualifying participants can carryover part of their unused annual max. Earn by submitting at least one claim for dental expenses incurred during the benefit year, While staying at or under the threshold amount. Register on www.GuardianAnyTime.com for details!

Vision Insurance



VSP Choice Network		
	In-Network	Out-of-Network Reimbursement
Benefit Coverage – Includes coverage for glasses OR contact lenses, not both in a plan year.		
Examination for glasses (<i>once every 12 months</i>) Contact lens fit and evaluation – max \$60 copay	\$10	Up to \$50
Materials Copay (Waived for elective contacts)	\$25	N/A
Frames Retail Allowance (Once every 24 months)	Up to \$130 (20% savings on amount over allowance)	Up to \$48
Contact Lenses (Evaluation and Fitting)	15% off UCR Available at addl disc charge or sometimes ded from contact lens allowance	N/A
Eyeglass Lenses Allowance (Once every 12 months)		
Single Vision	100% after copay	Up to \$48
Bifocal	100% after copay	Up to \$67
Trifocal	100% after copay	Up to \$86
Lenticular	100% after copay	Up to \$126
Contact Lenses: Medically Necessary	Covered 100%	Up to \$210
Elective	Up to \$130	Up to \$120
Lasik	Discount Available	N/A

Vision Cost Per Pay (48)	
Employee Only	\$0.00
Employee + Spouse	\$1.13
Employee + Child(ren)	\$1.19
Family	\$2.85

Your Vision Coverage is provided by your employer for you, you can buy up for your dependents. See benefit summary for full details.
To find a VSP Vision Provider register:
www.GuardianAnyTime.com



Life and AD&D Insurance

Basic Life Insurance

Your Employer provides life insurance to all active full time employees. You also have the option to purchase additional Voluntary Term Life. The chart below provides a brief overview of the plans.

Basic Life/AD&D Insurance General Terms	
Employee Definition	All active full-time employees
Employer Paid Benefit Group Life and AD&D	\$15,000 AD&D – Equal to Basic Life
Voluntary Term Life Employee Paid For Employee, Spouse and Children	Employee – up to 5 X's Salary (Max \$250k) Guarantee Issue \$50,000 Spouse - up to 50% of EE amount (Max \$50k) Guarantee Issue \$25,000 Children –Up to 50% of EE amount (Max \$10,000) Six month old to age 21 (25 if student) 0-14 days old no benefit
Portability / Conversion	Yes, with age and other restrictions for Vol Life. Conversion only on Employer paid life.
Age Reduction	At age 65 reduced by 35%; At age 70 reduced by 50% Spouse terms at 70 or EE retirement if earlier

IMPORTANT

It is the EMPLOYEE's responsibility to complete and submit an Evidence of Insurability (EOI) form. An EOI form is required for coverage elections above the GI or if coverage was previously waived or not elected during the initial eligibility period. Note -Benefit coverage & payroll deductions for newly elected amounts will not take effect until EOI is approved by the carrier. www.mutualofomaha.com/EOI

Don't forget to designate your beneficiary!



Voluntary Life Insurance



Below is the cost for the Voluntary Life Insurance coverage. The rates/premium are age banded based on the employee's age as of the first day of the plan year for both the employee and spouse.

If the benefit amount you would like to select is over \$50,000, select the benefit amount from the first column (Coverage Amount) that when multiplied by another number results in the benefit amount you want. For Example: If you would like to elect \$150,000 in coverage, use the \$50,000 row rate which applies to your age band and multiply by 2. Note: Your actual payroll deduction may vary slightly due to rounding.

Employee Weekly Payroll Deduction (Includes AD&D) 48 pay										
AGE	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
<30	\$0.30	\$0.60	\$0.90	\$1.20	\$1.50	\$1.80	\$2.10	\$2.40	\$2.70	\$3.00
30-34	\$0.33	\$0.65	\$0.98	\$1.30	\$1.63	\$1.95	\$2.28	\$2.60	\$2.93	\$3.25
35-39	\$0.43	\$0.85	\$1.28	\$1.70	\$2.13	\$2.55	\$2.98	\$3.40	\$3.83	\$4.25
40-44	\$0.60	\$1.20	\$1.80	\$2.40	\$3.00	\$3.60	\$4.20	\$4.80	\$5.40	\$6.00
45-49	\$0.95	\$1.90	\$2.85	\$3.80	\$4.75	\$5.70	\$6.65	\$7.60	\$8.55	\$9.50
50-54	\$1.35	\$2.70	\$4.05	\$5.40	\$6.75	\$8.10	\$9.45	\$10.80	\$12.15	\$13.50
55-59	\$1.95	\$3.90	\$5.85	\$7.80	\$9.75	\$11.70	\$13.65	\$15.60	\$17.55	\$19.50
60-64	\$3.13	\$6.25	\$9.38	\$12.50	\$15.63	\$18.75	\$21.88	\$25.00	\$28.13	\$31.25
65-69	\$5.75	\$11.50	\$17.25	\$23.00	\$28.75	\$34.50	\$40.25	\$46.00	\$51.75	\$57.50

Spouse Weekly Payroll Deduction (Includes AD&D) 48 pay										
AGE	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
<30	\$0.15	\$0.30	\$0.45	\$0.60	\$0.75	\$0.90	\$1.05	\$1.20	\$1.35	\$1.50
30-34	\$0.16	\$0.33	\$0.49	\$0.65	\$0.81	\$0.98	\$1.14	\$1.30	\$1.46	\$1.63
35-39	\$0.21	\$0.43	\$0.64	\$0.85	\$1.06	\$1.28	\$1.49	\$1.70	\$1.91	\$2.13
40-44	\$0.30	\$0.60	\$0.90	\$1.20	\$1.50	\$1.80	\$2.10	\$2.40	\$2.70	\$3.00
45-49	\$0.48	\$0.95	\$1.43	\$1.90	\$2.38	\$2.85	\$3.33	\$3.80	\$4.28	\$4.75
50-54	\$0.68	\$1.35	\$2.03	\$2.70	\$3.38	\$4.05	\$4.73	\$5.40	\$6.08	\$6.75
55-59	\$0.98	\$1.95	\$2.93	\$3.90	\$4.88	\$5.85	\$6.83	\$7.80	\$8.78	\$9.75
60-64	\$1.56	\$3.13	\$4.69	\$6.25	\$7.81	\$9.38	\$10.94	\$12.50	\$14.06	\$15.63
65-69	\$2.88	\$5.75	\$8.63	\$11.50	\$14.38	\$17.25	\$20.13	\$23.00	\$25.88	\$28.75

Child(ren) Weekly Payroll Deductions 48 pay			
\$2,500	\$5,000	\$7,500	\$10,000
\$0.13	\$0.25	\$0.38	\$0.50



Short-Term Disability Insurance

Employer Paid!

Benefit:

60% of
weekly earnings,
not to exceed \$1,000/week

Benefit Begins:

On the 15th day out of work due
to a non-work related
disabling injury or illness.

Maximum Benefit Period:

Available for up to 26 weeks

Long-Term Disability Insurance

Employer Paid!

Benefit:

60% of
monthly earnings,
not to exceed \$6,000/month

Benefit Begins:

On the 181st day out of work due
to a non-work related
disabling injury or illness

Maximum Benefit Period:

2 years Own Occupation;
Up to age 65 or Normal Social
Security Retirement Age
thereafter

Disability income protection insurance provides a benefit for “short or long term” disability resulting from a covered injury or sickness. Benefits begin at the end of the elimination period and continue while you are disabled up to the maximum benefit duration. Pre-Existing Conditions do apply to LTD – see Mutual of Omaha full summaries for details.



Colonial Supplemental Products



Accident Insurance – Helps offset the unexpected medical expenses, such as emergency room fees, deductibles and copayments, that can result from a fracture, dislocation or other covered accidental injury.

Cancer Insurance – Helps offset the out-of-pocket medical and indirect, non-medical expenses related to cancer that most medical plans don't cover. This coverage also provides a benefit for specified cancer-screening tests.

Critical Illness Insurance – Complements your major medical coverage by providing a lump-sum benefit that you can use to pay the direct and indirect costs related to a covered critical illness, which can often be expensive and lengthy.

Whole Life / Universal Life Insurance – Enables you to tailor coverage for your individual needs and helps provide financial security for you and your family members.

Medical Bridge/Hospital Confinement - Helps pay for deductible costs for *inpatient* stays! Simplified individual underwriting, pre-x may apply. Wellness benefit of \$50 per year included.

Colonial Life's coverages share important features:

- Coverage is available for your spouse and children with most products.
- Benefits are paid directly to you, unless you specify otherwise.
- With most plans, you can continue coverage when you retire or change jobs, with no increase in premiums.
- With most plans you receive benefits regardless of any other insurance you may have with other companies.

Coverage has exclusions and limitations that may affect benefits payable. Benefits vary by state and may not be available in all states. Contact a Colonial Life benefits representative for more information.

Colonial life products are underwritten by Colonial Life & Accident Insurance Company, for which colonial Life is the marketing brand.

1200 Colonial Life Boulevard, Columbia, SC 29210, www.coloniallife.com

Colonial Life products are not intended as a substitute for medical insurance.

Choosing Your Benefits

You must actively choose any benefit that you pay for, or share in the cost with your employer.

Your part of the cost is automatically taken out of your paycheck. There are two ways that the money can be taken out:

- > **Before your taxes are calculated** – medical and dental, vision, accident, cancer and hospital confinement.
- > **After your taxes are calculated** – voluntary life, accidental death & dismemberment and critical illness.

Making Changes

Generally, you can only change your benefit choices during the annual benefits enrollment period. However, you may be able to change your benefit choices at anytime if you have a change in status including:

- > Your marriage
- > Your divorce or legal separation
- > Birth or adoption of an eligible child
- > Death of your spouse or covered child
- > Change in your spouse's work status that affects his or her benefits
- > Change in your work status that affects your benefits
- > Change in residence or work site that affects your eligibility for coverage
- > Change in your child's eligibility for benefits
- > Receiving Qualified Medical Child Support Order (QMCSO)

If you do not notify Human Resources within 30 days of a family status change, you will have to wait until the next annual enrollment period to make benefit changes unless you have another family status change.

Why do I pay for benefits with before-tax money?

There is a definite advantage to paying for some benefits with before-tax money:

Taking the money out before your taxes are calculated lowers the amount of your pay that is taxable. Therefore, you pay less in taxes.

When Coverage Ends

Varies – For medical, dental and vision coverage ends at end of month in which employment with the company ends. Life and disability end on the date of termination.

Colonial policies can be continued by you making premium payments directly to Colonial on an after tax basis only if employment ends with the company.

Key Benefit Terms

Coinsurance – The percentage of the medical or dental charge that you pay after the deductible has been met.

Copayment – A flat fee that you pay for medical services, regardless of the actual amount charged by your doctor or another provider. This generally applies to physicians' office visits and prescription drugs.

Deductible – The amount you pay toward medical and dental expenses each calendar year before the plan begins paying benefits.

Out of Pocket Maximum – The maximum amount you will pay in coinsurance, deductible and copays during the calendar year.



Retiree Health Insurance Policy

Florida Statutes 112.0801

In accordance with Section 112.0801, Florida Statutes, all District personnel who retire from the District with immediate eligibility for normal retirement and their eligible dependents, shall be afforded the option of continuing in the District's group health insurance program as follows:

Retired employees and dependents are eligible for continued health, dental and vision coverage if they agree to pay the full cost of the coverage at the current group rate. The cost of this coverage is subject to periodic review and adjustment by the District.

Health, dental and vision benefits for the retirees shall be provided at the same levels of those provided to the District employees.

Retirees within 30 days of retirement shall have a one-time, irrevocable election to continue participation in the District's insurance program.

If a retiree elects not to continue participating in the District's insurance program at the time of retirement, or discontinues participation in the District insurance program at any time following retirement, or fails to pay the required cost of coverage within 30 days of the invoice date, the retiree shall not thereafter be eligible to participate in the program.

The benefits provided by the District and the cost of coverage may be adjusted when the retiree becomes eligible for Medicare coverage.

The District retains the right to change the insurance program, including, but not limited to, changes in coverage, plans, carriers, benefits, deductibles and co-pays, and to adjust the cost of coverage at any time with appropriate notice to retirees and their dependents.

When a retiree who has elected to continue participating in the District's insurance program reaches age 65, or becomes eligible for Medicare benefits at an earlier age, Medicare shall provide primary health coverage and shall be the primary payer of health benefits, and the District's health benefits shall be secondary to Medicare.



What are my options if I leave the District

What is COBRA?

The Consolidated Omnibus Reconciliation Act (COBRA) of 1985, Title X, contains provisions giving certain former employees, retirees, spouses, former spouses and dependent children the right to temporary continuation of health coverage at group rates. This coverage, however, is only available when coverage is lost due to certain specific events.

Is the District subject to COBRA?

Group health plans for employers with 20 or more employees on more than 50 percent of its typical business days in the previous calendar year are subject to COBRA. At this time, the district is not subject to COBRA as there are less than 20 employees actively employed.

Does this mean that if I separate from the District I am without coverage?

Employees who separate from the District are eligible for State issued COBRA. Continuation of coverage is optional and it is the employee's responsibility to contact Florida Blue directly to apply. There will be no contributions made by the District on behalf of this plan for the former employee or dependent.

Will the COBRA plan be the same as the existing group health plan coverage issued with the District?


No. When you apply, Florida Blue will attempt to provide a plan that is the same or similar to the coverage to the coverage of the existing plan. Any questions in reference to your COBRA issued plan are to be directed to Florida blue.

Does the District accept any payments for State Issued COBRA?

No. Any payments for premiums owed for your continuation of insurance coverage are to be made directly to the insurance provider.

When will the COBRA Coverage end?

If you choose not to pay any premiums by the due date, your coverage could cease. If you, or covered members of your family become entitled to Medicare or are covered under another employer-sponsored health plan, which does not limit coverage due to preexisting conditions, the continuation of coverage from Florida Blue could cease. Once the period of coverage continuation has expired, anyone receiving continuation coverage may be eligible to convert to an individual policy. Please check with Florida Blue directly in regards to when the coverage may end and if an individual policy is available.



Healthcare Reform & You

Do I have to have coverage?

The Patient Protection and Affordable Care Act & The Health Care and Education Affordability Reconciliation Act of 2010, together, create the most comprehensive health insurance reform ever undertaken in recent history by our Country.

Many of the new law's required changes have already been incorporated into company health plans across the country since the effective date in September of 2010. However, there will be many more changes taking place in the months to come, as more guidance is issued by the government to employers, insurance carriers and individuals.

One of the key requirements of the new law beginning in 2014, is the mandate that all U.S. citizens & legal residents either carry health insurance or pay an income tax penalty. While the tax penalty is not too severe in the first year, it becomes progressively more costly each year thereafter.

Penalties for failing to buy coverage

Tax penalties for failing to buy coverage are phased in according to the following schedule:

- In 2014, the greater of \$95 or 1% of taxable income;
- In 2015, the greater of \$325 or 2% of taxable income;
- In 2016, the greater of \$695 or 2.5% of taxable income; and
- After 2016, the penalty is indexed for inflation.

However, there are two ways to avoid the tax penalty:

You can buy coverage for you and your family through your place of employment, if your employer offers such coverage. That coverage must meet certain standards set by the law in order for you and the employer to escape respective tax penalties. The coverage must meet certain minimum coverage standards (Generally pays at least 60% of your covered medical expenses) and must be considered 'affordable' (Employer cannot charge you a premium for single or employee only coverage greater than 9.69% of your W-2 earnings for the year).

Or, you can provide coverage for you and your family through a Federal or State Insurance Exchange. Essentially, an Exchange is an interactive site where an individual can go to research, evaluate and buy health plans. (The State of Florida chose not to set up a state run exchange, so the Federal government took over that responsibility.)

If you obtain coverage through an Exchange:

The Exchange will sell insurance policies at certain levels of coverage:

- **Bronze level** – a medical plan designed to pay 60% of covered medical benefits;
- **Silver level** – a medical plan designed to pay 70% of covered medical benefits;
- **Gold level** – a medical plan designed to pay 80% of covered medical benefits;
- **Platinum level** – a medical plan designed to pay 90% of covered medical benefits;
- **Catastrophic** – available to young adults up to age 30 or those exempt from the individual mandate (additional requirements may apply)

You may only obtain coverage through an Exchange if you are not participating in your employer's plan.

If you satisfy certain low income thresholds and do not have medical coverage through an employer, or have employer-provided coverage that is considered "unaffordable" or pays benefits that are below the "Bronze" plan discussed above, there are tax credits available to help you pay the premiums for coverage purchased through the Exchange.

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