CareerSource
CENTRAL FLORIDA

24|25 EMPLOYEE BENEFIT HIGHLIGHTS

Table of Contents

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

CareerSource CENTRAL FLORIDA

Introduction

CareerSource Central Florida (CSCF) provides group insurance benefits to eligible employees. The Employee Benefit Highlights Booklet provides a general summary of the benefit options as a convenient reference. Please refer to the CSCF's Personnel Policies and/or Certificates of Coverage for detailed descriptions of all available employee benefit programs and stipulations therein. If employee requires further explanation or needs assistance regarding claims processing, please refer to the customer service phone numbers under each benefit description heading or contact Human Resources.

IMPORTANT NOTES

The Consolidated Appropriations Act, 2021 included the requirement of the No Surprises Act which took effect on January 1, 2022 for health care providers, facilities, and health plans. The No Surprises Act was designed to protect patients from surprise medical bills for situations such as emergency care or out-of-network provider charges at in-network facilities. It is important to note that if a patient wishes to obtain services from out-of-network providers or facilities and acknowledges receipt of the information, the patient is knowingly waiving the protections of the law. Ground Ambulance services may not be covered as in-network.

Online Benefit Enrollment

CSCF provides employees with an online benefits enrollment platform through Bentek's Employee Benefits Center (EBC). The EBC provides benefit-eligible employees the ability to select or change insurance benefits online during the annual Open Enrollment Period, New Hire Orientation, or for Qualifying Life Events.

Accessible 24 hours a day, throughout the year, employee may log in and review comprehensive information regarding benefit plans, and view and print an outline of benefit elections for employee and dependent(s). Employee also has access to important forms and carrier links, can report qualifying life events and review and make changes to Life insurance beneficiary designations.

To Access the Employee Benefits Center:

- ✓ Sign in using a previously created username and password or click "Create an Account" to set up a username and password.
- ✓ If employee has forgotten username and/or password, click on the link "Forgot Username/Password" and follow the instructions.
- ✓ Once logged on, navigate using the Launchpad to review current enrollment, learn about benefit options, and make any benefit changes or update beneficiary designations.

For technical issues directly related to using the EBC, please call or email Bentek Support, Monday through Friday during regular business hours 8:30am - 5:00pm.

Group Insurance Eligibility

JULY 01

CSCF's group insurance plan year is July 1 through June 30.

Employee Eligibility

Employees are eligible to participate in CSCF's insurance plans if they are full-time employees working a minimum of 30 hours per week. Coverage will be effective the first of the month following 30 days of employment. For example, if employee is hired on April 11, then the effective date of coverage will be June 1.

Separation of Employment

If employee separates employment from CSCF, insurance for medical, dental and vision will continue through the end of month in which separation occurred. Other coverage may terminate on the last date of employment. COBRA continuation of coverage may be available as applicable by law.

Dependent Eligibility

A dependent is defined as the legal spouse/domestic partner and/or dependent child(ren) of the participant or spouse/domestic partner. The term "child" includes any of the following:

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

Dependent Age Requirements

Medical Coverage: A dependent child may be covered through the end of the calendar year in which the child turns age 26. An over-age dependent may continue to be covered on the medical plan to the end of the calendar year in which the child reaches age 30, if the dependent meets the following requirements:

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

Dental Coverage: A dependent child may be covered through the end of the calendar year in which the child turns age 26.

Vision Coverage: A dependent child may be covered through the end of the calendar year in which the child turns age 26.

Please reach out to Human Resources if covering eligible over-age dependents.

Disabled Dependents

Coverage for a dependent child may be continued beyond age 26 if:

- The dependent is physically or mentally disabled and incapable of self-sustaining employment (prior to age 26); and
- Primarily dependent upon the employee for support; and
- The dependent is otherwise eligible for coverage under the group's insurance plans; and
- The dependent has been continuously insured.

Proof of disability will be required upon request. Please contact Human Resources if further clarification is needed.

Domestic Partner Coverage

Domestic partners may be eligible to participate in CSCF's group insurance plans if the partner is officially registered as a domestic partner with CSCF. The IRS guidelines state that employee may not receive a tax advantage on any portion of premiums paid related to domestic partner coverage. Employees insuring domestic partners and/or child dependent(s) of a domestic partner are required to pay imputed income tax on subsidy amounts and should consult a tax advisor. Please contact Human Resources for more information.

Qualifying Events and Section 125

Section 125 of the Internal Revenue Code

Premiums for medical, dental, vision insurance, contributions to Flexible Spending Accounts (FSA), and/or certain supplemental policies are deducted through a Cafeteria Plan established under Section 125 of the Internal Revenue Code and are pre-taxed to the extent permitted. Under Section 125, changes to employee's pre-tax benefits can be made ONLY during the Open Enrollment Period unless the employee or qualified dependent(s) experience(s) a Qualifying Event and the request to make a change is made within 30 days of the Qualifying Event.

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

Examples of Qualifying Events:

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

IMPORTANT NOTES

If employee experiences a Qualifying Event, **Human Resources must be contacted within 30 days of the Qualifying Event** to make the appropriate changes to employee's coverage. Employee may be required to furnish valid documentation supporting a change in status or "Qualifying Event". If approved, changes may be effective the date of the Qualifying Event or the first of the month following the Qualifying Event. Newborns are effective on the date of birth. Qualifying Events will be processed in accordance with employer and carrier eligibility policy. Beyond 30 days, requests will be denied and employee may be responsible, both legally and financially, for any claim and/or expense incurred as a result of employee or dependent who continues to be enrolled but no longer meets eligibility requirements.

Medical Insurance

CSCF offers medical insurance through Florida Blue to benefit-eligible employees. The costs per pay period for coverage are listed in the premium tables below and a brief summary of benefits is provided on the following pages. For more detailed information about the medical plans, please refer to the carrier's Summary of Benefits and Coverage (SBC) document or contact Florida Blue's customer service.

Medical Insurance
Florida Blue - BlueCare HSA HMO 124/125 Plan
24 Payroll Deductions - Per Pay Period Cost

Tier of Coverage	Employee Cost
Employee Only	$21.68
Employee + Spouse	$49.43
Employee + Child(ren)	$43.36
Employee + Family	$69.37

Medical Insurance
Florida Blue - BlueOptions HSA PPO 05182/05183 Plan
24 Payroll Deductions - Per Pay Period Cost

Tier of Coverage	Employee Cost
Employee Only	$72.99
Employee + Spouse	$166.42
Employee + Child(ren)	$145.99
Employee + Family	$233.58

Medical Insurance
Florida Blue - BlueCare HMO 46 Copay Plan
24 Payroll Deductions - Per Pay Period Cost

Tier of Coverage	Employee Cost
Employee Only	$54.03
Employee + Spouse	$123.19
Employee + Child(ren)	$108.06
Employee + Family	$172.90

Medical Insurance
Florida Blue - BlueOptions PPO 05360 Copay Plan
24 Payroll Deductions - Per Pay Period Cost

Tier of Coverage	Employee Cost
Employee Only	$112.06
Employee + Spouse	$255.49
Employee + Child(ren)	$224.12
Employee + Family	$358.59

Florida Blue | Customer Service: (800) 352-2583 | www.floridablue.com

Medical Plan Opt-Out Benefit

In an effort to ensure equitable contribution to the health care of every employee, CSCF offers an "opt-out" option to eligible employees who have waived participation in the Medical Plan and provides evidence of medical insurance under another medical plan. If employee chooses to receive the "opt-out" benefit, employee will receive $192.30 per pay. This amount is considered taxable income and is included as part of the gross wages on the W-2 form.

Medical Plan Resources

Florida Blue offers all enrolled employees and dependents additional services and discounts through value added programs. For more details regarding other medical plan resources, please contact Florida Blue's customer service at (800) 352-2583, or visit www.floridablue.com.

The Florida Blue Mobile App

Florida Blue's mobile website can be accessed from any smartphone or download the app from the iPhone® or Android™ with just a tap! Visit the smartphone's app store and search for Florida Blue or visit http://apps.floridablue.com.

Blue365

Blue365 is a health and wellness discount program for products and services available to all Florida Blue members including:

- ✓ Vision Care, Glasses, and Contact Lenses
- ✓ Hearing Care and Aids
- ✓ Fitness Club Memberships, Exercise Footwear and Apparel
- ✓ Weight Loss Management
- ✓ Alternative Medicine
- ✓ Elder Care Advisory Services
- ✓ Hotel Rooms and Travel Information

For more information, please contact Florida Blue at (800) 352-2583 or visit www.blue365deals.com.

Telehealth

Florida Blue provides access to telehealth services as part of the medical plan. Teladoc is a convenient phone and video consultation company that provides immediate medical assistance for many conditions.

The benefit is provided to all enrolled members. Registration is required and should be completed ahead of time. This program allows members 24 hours a day, seven (7) days a week on-demand access to affordable medical care via phone and online video consultations when needing immediate care for non-emergency medical issues. Telehealth should be considered when employee's primary care doctor is unavailable, after-hours or on holidays for non-emergency needs. Many urgent care ailments can be treated with telehealth, such as:

- ✓ Sore Throat
- ✓ Fever
- ✓ Rash
- ✓ Headache
- ✓ Cold and Flu
- ✓ Acne
- ✓ Stomachache
- ✓ Allergies
- ✓ UTIs and More

Telehealth doctors do not replace employee's primary care physician but may be a convenient alternative for urgent care and ER visits. For further information please contact Teladoc.

Teladoc
Customer Service: (800) 835-2362 www.teladoc.com

Summary of Benefits and Coverage

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

From: Human Resources

Address: 390 North Orange Ave., Suite 700
Orlando, FL 32801

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

If there are any questions about the plan offerings or coverage options, please contact Human Resources.

Florida Blue - BlueCare HSA HMO 124/125 Plan At-A-Glance

Network	BlueCare
Plan Year Deductible (PYD)	**In-Network**
Single	$2,500
Family	$5,000
Coinsurance	
Member Responsibility	10%
Plan Year Out-of-Pocket Limit	
Single	$5,000
Family	Per Person: $6,850 | Per Family: $10,000
What Applies to the Out-of-Pocket Limit?	Deductible, Coinsurance, and Rx
Physician Services	
Primary Care Physician *(PCP)* Office Visit *(PCP Election is Required)*	10% After PYD/No Charge After PYD**
Specialist Office Visit *(No Referral Required)*	10% After PYD/No Charge After PYD**
Non-Hospital Services; Freestanding Facility	
Clinical Lab *(Bloodwork)**	10% After PYD
X-rays	10% After PYD
Advanced Imaging *(MRI, PET, CT)*	10% After PYD
Outpatient Surgery in Surgical Center	10% After PYD
Physician Services at Surgical Center	10% After PYD
Urgent Care *(Per Visit)*	10% After PYD/No Charge After PYD**
Hospital Services	
Inpatient Hospital *(Per Admission)*	10% After PYD
Outpatient Hospital *(Per Visit)*	10% After PYD
Physician Services at Hospital	10% After PYD
Emergency Room *(Per Visit)*	10% After PYD
Mental Health/Alcohol & Substance Abuse	
Inpatient Hospital Services *(Per Admission)*	10% After PYD
Outpatient Services *(Per Visit)*	10% After PYD
Outpatient Office Visit	10% After PYD
Prescription Drugs *(Rx)*	
Generic	$10 Copay After PYD
Preferred Brand Name	$50 Copay After PYD
Non-Preferred Brand Name	$80 Copay After PYD
Specialty Drug	20% After PYD
Mail Order Drug *(90-Day Supply)*	2.5x Retail After PYD

Locate a Provider

To search for a participating provider, contact Florida Blue's customer service or visit www.floridablue.com. When completing the necessary search criteria, select BlueCare network.

Plan References

**Quest Diagnostics is the preferred labs for bloodwork through Florida Blue. When using a lab other than Quest, please confirm they are contracted with Florida Blue's BlueCare network prior to receiving services.*

***Value Choice Providers (VCP): Additional cost savings available when choosing a designated VCP listed on the Florida Blue online provider directory.*

Important Notes

*Services received by providers or facilities **not** in the BlueCare network, will not be covered.*

Specialty Drug is not available through Mail Order.

Florida Blue - BlueOptions HSA PPO 05182/05183 Plan At-A-Glance

Locate a Provider

To search for a participating provider, contact Florida Blue's customer service or visit www.floridablue.com. When completing the necessary search criteria, select BlueOptions network.

Plan References

***Out-Of-Network Balance Billing:** For information regarding out-of-network balance billing that may be charged by out-of-network providers, please refer to the Summary of Benefits and Coverage (SBC) document.*

***Quest Diagnostics is the preferred lab for bloodwork through Florida Blue. When using a lab other than Quest, please confirm they are contracted with Florida Blue's BlueOptions network prior to receiving services.*

****Value Choice Providers (VCP): Additional cost savings available when choosing a designated VCP listed on the Florida Blue online provider directory.*

Important Notes

Specialty Drug is not available through Mail Order.

Network	BlueOptions	
Plan Year Deductible (PYD)	**In-Network**	**Out-of-Network***
Single	$2,500	$5,000
Family	$5,000	$10,000
Coinsurance		
Member Responsibility	10%	40%
Plan Year Out-of-Pocket Limit		
Single	$5,000	$10,000
Family	Per Person: $6,850 | Per Family: $10,000	Per Person: $20,000 | Per Family: $20,000
What Applies to the Out-of-Pocket Limit?	Deductible, Coinsurance, and Rx	
Physician Services		
Primary Care Physician *(PCP)* Office Visit	10% After PYD/No Charge After PYD***	40% After PYD
Specialist Office Visit	10% After PYD/No Charge After PYD***	40% After PYD
Non-Hospital Services; Freestanding Facility		
Clinical Lab *(Bloodwork)***	No Charge After PYD	40% After PYD
X-rays	10% After PYD	40% After PYD
Advanced Imaging *(MRI, PET, CT)*	10% After PYD	40% After PYD
Outpatient Surgery in Surgical Center	10% After PYD	40% After PYD
Physician Services at Surgical Center	10% After PYD	40% After PYD
Urgent Care *(Per Visit)*	10% After PYD/No Charge After PYD***	10% After PYD
Hospital Services		
Inpatient Hospital *(Per Admission)*	10% After PYD	40% After PYD
Outpatient Hospital *(Per Visit)*	10% After PYD	40% After PYD
Physician Services at Hospital	10% After PYD	10% After INN PYD
Emergency Room *(Per Visit)*	10% After PYD	10% After INN PYD
Mental Health/Alcohol & Substance Abuse		
Inpatient Hospital Services *(Per Admission)*	10% After PYD	10% After INN PYD
Outpatient Services *(Per Visit)*	10% After PYD	40% After PYD
Outpatient Office Visit	10% After PYD	40% After PYD
Prescription Drugs *(Rx)*		
Generic	$10 Copay After PYD	50% After INN PYD
Preferred Brand Name	$50 Copay After PYD	50% After INN PYD
Non-Preferred Brand Name	$80 Copay After PYD	50% After INN PYD
Specialty Drug	20% After PYD	50% After INN PYD
Mail Order Drug *(90-Day Supply)*	2.5x Retail After PYD	50% After INN PYD

Florida Blue - BlueCare HMO 46 Copay Plan At-A-Glance

Network	BlueCare
Plan Year Deductible (PYD)	**In-Network**
Single	$2,000
Family	Per Person: $2,000 | Per Family: $6,000
Coinsurance	
Member Responsibility	10%
Plan Year Out-of-Pocket Limit	
Single	$5,000
Family	Per Person: $5,000 | Per Family: $10,000
What Applies to the Out-of-Pocket Limit?	Deductible, Coinsurance, Copays, and Rx
Physician Services	
Primary Care Physician *(PCP)* Office Visit *(PCP Election is Required)*	$35 Copay/No Charge**
Specialist Office Visit *(No Referral Required)*	$65 Copay/$20 Copay**
Non-Hospital Services; Freestanding Facility	
Clinical Lab *(Bloodwork)**	No Charge
X-rays	$50 Copay
Advanced Imaging *(MRI, PET, CT)*	$300 Copay
Outpatient Surgery in Surgical Center	$250 Copay
Physician Services at Surgical Center	$65 Copay
Urgent Care *(Per Visit)*	$70 Copay/No Charge for Visits 1-2, then $70 Copay**
Hospital Services	
Inpatient Hospital *(Per Admission)*	10% After PYD
Outpatient Hospital *(Per Visit)*	$500 Copay
Physician Services at Hospital	10% After PYD
Emergency Room *(Per Visit; Waived if Admitted)*	$300 Copay
Mental Health/Alcohol & Substance Abuse	
Inpatient Hospital Services *(Per Admission)*	No Charge
Outpatient Services *(Per Visit)*	No Charge
Outpatient Office Visit	No Charge
Prescription Drugs *(Rx)*	
Generic	$10 Copay
Preferred Brand Name	$50 Copay
Non-Preferred Brand Name	$80 Copay
Specialty Drug	20% Coinsurance
Mail Order Drug *(90-Day Supply)*	2.5x Retail Copay

Locate a Provider

To search for a participating provider, contact Florida Blue's customer service or visit www.floridablue.com. When completing the necessary search criteria, select BlueCare network.

Plan References

**Quest Diagnostics is the preferred lab for bloodwork through Florida Blue. When using a lab other than Quest, please confirm they are contracted with Florida Blue's BlueCare network prior to receiving services.*

***Value Choice Providers (VCP): Additional cost savings available when choosing a designated VCP listed on the Florida Blue online provider directory.*

Important Notes

*Services received by providers or facilities **not** in the BlueCare network, will not be covered.*

Specialty Drug is not available through Mail Order.

Florida Blue - BlueOptions PPO 05360 Copay Plan At-A-Glance

Locate a Provider

To search for a participating provider, contact Florida Blue's customer service or visit www.floridablue.com. When completing the necessary search criteria, select BlueOptions network.

Plan References

***Out-Of-Network Balance Billing:** For information regarding out-of-network balance billing that may be charged by out-of-network providers, please refer to the Summary of Benefits and Coverage (SBC) document.*

***Quest Diagnostics is the preferred lab for bloodwork through Florida Blue. When using a lab other than Quest, please confirm they are contracted with Florida Blue's BlueOptions network prior to receiving services.*

****Value Choice Providers (VCP): Additional cost savings available when choosing a designated VCP listed on the Florida Blue online provider directory.*

Important Notes

Specialty Drug is not available through Mail Order.

Network	BlueOptions	
Plan Year Deductible (PYD)	**In-Network**	**Out-of-Network***
Single	$1,500	$3,000
Family	Per Person: $1,500 | Per Family: $4,500	Per Person: $3,000 | Per Family $9,000
Coinsurance		
Member Responsibility	20%	40%
Plan Year Out-of-Pocket Limit		
Single	$5,300	$8,000
Family	Per Person: $5,300 | Per Family: $10,600	Per Person: $8,000 | Per Family: $16,000
What Applies to the Out-of-Pocket Limit?	Deductible, Coinsurance, Copays, and Rx	
Physician Services		
Primary Care Physician *(PCP)* Office Visit	$25 Copay/No Charge***	40% After PYD
Specialist Office Visit	$50 Copay/$20 Copay***	40% After PYD
Non-Hospital Services; Freestanding Facility		
Clinical Lab *(Bloodwork)***	No Charge	40% After PYD
X-rays	$50 Copay	40% After PYD
Advanced Imaging *(MRI, PET, CT)*	$450 Copay	40% After PYD
Outpatient Surgery in Surgical Center	20% After PYD	40% After PYD
Physician Services at Surgical Center	20% After PYD	40% After PYD
Urgent Care *(Per Visit)*	$55 Copay/No Charge for Visits 1-2, then $55Copay***	$55 Copay After PYD
Hospital Services		
Inpatient Hospital *(Per Admission)*	20% After PYD	40% After PYD
Outpatient Hospital *(Per Visit)*	20% After PYD	40% After PYD
Physician Services at Hospital	20% After PYD	20% After INN PYD
Emergency Room *(Per Visit; Waived if Admitted)*	20% After PYD	20% After INN PYD
Mental Health/Alcohol & Substance Abuse		
Inpatient Hospital Services *(Per Admission)*	No Charge	40% Coinsurance
Outpatient Services *(Per Visit)*	No Charge	40% Coinsurance
Outpatient Office Visit	No Charge	40% Coinsurance
Prescription Drugs *(Rx)*		
Generic	$10 Copay	50% Coinsurance
Preferred Brand Name	$50 Copay	50% Coinsurance
Non-Preferred Brand Name	$80 Copay	50% Coinsurance
Specialty Drug	20% Coinsurance	50% Coinsurance
Mail Order Drug *(90-Day Supply)*	2.5x Retail Copay	50% Coinsurance

Health Savings Account

The Florida Blue High Deductible Health Plan's (HDHP) complies with the Internal Revenue Service (IRS) requirements and qualifies enrollee to open a Health Savings Account (HSA). An HSA is an interest-bearing account where funds may be used to help pay employee and dependent(s) deductible, coinsurance and any qualified health care expenses not covered by the plan.

Plan Year Funding*

- **$1,998 ($166.50 per month)**

Employee may opt to fund an HSA via pre-tax evenly dispersed payroll deductions or in a lump sum payroll deduction. Employee contributions to an HSA may also be made on an after-tax basis and taken as an above-the-line deduction on employee's tax return (making such contributions tax-free).

- 2023 IRS Contribution Limitations: $3,850 (individual coverage) $7,750 (family coverage)
- 2024 IRS Contribution Limitations: $4,150 (individual coverage) $8,300 (family coverage)
- Individuals age 55 and older can also make additional "catch-up" contributions up to $1,000 annually

This maximum HSA amount would include any employer and employee contributions (pre-tax or post-tax). If employee is receiving an employer contribution, employee will want to account for this towards the annual IRS total maximum so employee does not over-contribute for the tax year. Guidelines regarding the HSAs are established by the IRS.

**Please contact Human Resources for further information regarding funding variations towards employer HSA contributions.*

What to Know About an HSA

- Employee owns the HSA funds from day one and decides how and when to spend the money.
- No use-it or lose-it rules; funds are in the account when needed, now or in the future. Participant cannot fund a traditional Health Care FSA, however, participant may fund a Limited Purpose FSA for dental and vision expenses only.
- HSA funds may earn interest.
- The HSA will be funded with employer contributions. If employee desires to fund the remaining IRS HSA Combined Contribution Limit balance, they may do so with pre-tax payroll deductions.
- HSA dollars may be used tax-free for all eligible health care expenses.
- HSA funds are portable from one employer to another. Accumulated funds can help employee plan for retirement.
- An account holder may write a check or withdraw funds with a Health Savings Account Debit Card.
- Some account service fees, determined by the bank, may apply.
- Account holder can access HSA statement at any time to track account balance and activity online at www.hsabank.com.
- To be eligible to open an HSA, employee must be covered by a high deductible health plan. Employee may not be covered under another medical plan that is not a high deductible health plan including a plan the employee's spouse may have selected where he/she has family coverage. Please Note: Eligibility status to qualify for an HSA is specifically driven by employee and NOT dependents.
- HSA funds can be used for dependent(s) even if dependent is not enrolled in the employee's group insurance benefits as long as the dependent is a qualified tax dependent.
- Over-age dependent is not able to use HSA funds for qualified expenses, even if dependent is covered under the medical plan as Federal law does not recognize them as a qualified dependent.
- If employee is enrolled in Medicare, TRICARE or TRICARE for Life, employee is not eligible to contribute funds into an HSA. In addition, the IRS prohibits CSCF from contributing HSA funds into the account. If employee is not enrolled in Medicare, TRICARE or TRICARE for Life, then employee is eligible to enroll and contribute into the HSA up to the maximum contribution amounts.
- Active employee NOT on Medicare but with a spouse enrolled in Medicare: Any active employee who is covering a spouse that is enrolled in Medicare is eligible to enroll and contribute into the HSA up to the maximum contribution amounts. These funds can be utilized for the active employee and spouse expenses.
- Active employee ON Medicare and with a spouse NOT enrolled in Medicare: Any active employee who is enrolled in Medicare and covering a spouse may not contribute or receive HSA funding. Any remaining balance in the HSA can be utilized until there are no funds remaining.

HSA Bank | Customer Service: (800) 357-6246 | www.hsabank.com

Dental Insurance

MetLife Dental PPO Low Plan

CSCF offers dental insurance through MetLife to benefit-eligible employees. The costs per pay period for coverage are listed in the premium table below and a brief summary of benefits is provided on the following page. For more detailed information about the dental plan, please refer to the carrier's summary plan document or contact MetLife's customer service.

Dental Insurance – MetLife Dental PPO Low Plan

24 Payroll Deductions - Per Pay Period Cost

Tier of Coverage	Employee Cost
Employee Only	$0.00
Employee + Spouse	$3.37
Employee + Child(ren)	$4.27
Employee + Family	$6.55

In-Network Benefits

The Dental PPO Low plan provides benefits for services received from in-network and out-of-network providers. It is also an open-access plan which allows for services to be received from any dental provider without having to select a Primary Dental Provider (PDP) or obtain a referral to a specialist. The network of participating dental providers the plan utilizes is the MetLife PDP Plus. These participating dental providers have contractually agreed to accept MetLife's contracted fee or "allowed amount." This fee is the maximum amount a MetLife dental provider can charge a member for a service. The member is responsible for a Plan Year Deductible (PYD) and then coinsurance based on the plan's charge limitations.

Out-of-Network Benefits

Out-of-network benefits are used when member receives services by a non-participating MetLife PDP Plus provider. MetLife reimburses out-of-network services based on what it determines as the Usual & Customary Charge (U&C). The U&C is defined as the most common charge for a particular dental procedure performed in a specific geographic area. If services are received from an out-of-network dentist, the member may be responsible for balance billing. Balance billing is the difference between the MetLife's U&C and the amount charged by the out-of-network dental provider. Balance billing is in addition to any applicable plan deductible or coinsurance responsibility.

Plan Year Deductible

The Dental PPO Low plan requires a $50 individual or a $150 family deductible to be met for in-network or out-of-network services before most benefits will begin. The deductible is waived for preventive services.

Plan Year Benefit Maximum

The maximum benefit (coinsurance) the Dental PPO Low plan will pay for each covered member is $1,300 for in-network and out-of-network services combined. All services, including preventive, accumulate towards the benefit maximum. Once the plan's benefit maximum is met, the member will be responsible for future charges until next plan year.

MetLife | Customer Service: (800) 942-0854 | www.metlife.com

MetLife Dental PPO Low Plan At-A-Glance

Network	PDP Plus	
Plan Year Deductible (PYD)	**In-Network**	**Out-of-Network***
Per Member	$50	
Per Family	$150	
Waived for Class I Services?	Yes	
Plan Year Benefit Maximum		
Per Member	$1,300	
Class I Services: Diagnostic & Preventive Care		
Routine Oral Exam *(2 Per Year)*	Plan Pays: 100% Deductible Waived	Plan Pays: 100% Deductible Waived *(Subject to Balance Billing)*
Routine Cleanings *(2 Per Year)*		
Complete X-rays *(1 Every 3 Years)*		
Bitewing X-rays *(2 Sets Per Year)*		
Class II Services: Basic Restorative Care		
Fillings	Plan Pays: 80% After CYD	Plan Pays: 80% After CYD *(Subject to Balance Billing)*
Simple Extractions		
Oral Surgery		
Periodontal Services		
Anesthetics		
Endodontics *(Root Canal Therapy)*		
Class III Services: Major Restorative Care		
Crowns	Plan Pays: 50% After CYD	Plan Pays: 50% After CYD *(Subject to Balance Billing)*
Bridges		
Dentures		

Locate a Provider

To search for a participating provider, contact MetLife's customer service or visit www.metlife.com. When completing the necessary search criteria, select PDP Plus network.

Plan References

***Out-Of-Network Balance Billing:** For information regarding out-of-network balance billing that may be charged by an out-of-network provider, please refer to the Out-of-Network Benefits section on the previous page.*

Important Notes

- *Two (2) routine cleanings per calendar year covered under the preventive benefit.*
- *For any dental work expected to cost $300 or more, the plan will provide a "Pretreatment Estimate of Benefits" upon the request of the dental provider. This will assist with determining approximate out-of-pocket costs should employee have the dental work performed.*
- *Waiting periods and age limitations may apply.*
- *Benefit frequency limitations may apply to certain services.*

Dental Insurance

MetLife Dental PPO Mid Plan

CSCF offers dental insurance through MetLife to benefit-eligible employees. The costs per pay period for coverage are listed in the premium table below and a brief summary of benefits is provided on the following page. For more detailed information about the dental plan, please refer to the carrier's summary plan document or contact MetLife's customer service.

Dental Insurance – MetLife Dental PPO Mid Plan

24 Payroll Deductions - Per Pay Period Cost

Tier of Coverage	Employee Cost
Employee Only	$1.33
Employee + Spouse	$3.77
Employee + Child(ren)	$5.38
Employee + Family	$8.06

In-Network Benefits

The Dental PPO Mid plan provides benefits for services received from in-network and out-of-network providers. It is also an open-access plan which allows for services to be received from any dental provider without having to select a Primary Dental Provider (PDP) or obtain a referral to a specialist. The network of participating dental providers the plan utilizes is the MetLife PDP Plus. These participating dental providers have contractually agreed to accept MetLife's contracted fee or "allowed amount." This fee is the maximum amount a MetLife dental provider can charge a member for a service. The member is responsible for a Plan Year Deductible (PYD) and then coinsurance based on the plan's charge limitations.

Out-of-Network Benefits

Out-of-network benefits are used when member receives services by a non-participating MetLife PDP Plus provider. MetLife reimburses out-of-network services based on what it determines as the Usual & Customary Charge (U&C). The U&C is defined as the most common charge for a particular dental procedure performed in a specific geographic area. If services are received from an out-of-network dentist, the member may be responsible for balance billing. Balance billing is the difference between the MetLife's U&C and the amount charged by the out-of-network dental provider. Balance billing is in addition to any applicable plan deductible or coinsurance responsibility.

Plan Year Deductible

The Dental PPO Low plan requires a $50 individual or a $150 family deductible to be met for in-network or out-of-network services before most benefits will begin. The deductible is waived for preventive services.

Plan Year Benefit Maximum

The maximum benefit (coinsurance) the Dental PPO Mid plan will pay for each covered member is $1,800 for in-network and out-of-network services combined. All services, including preventive, accumulate towards the benefit maximum. Once the plan's benefit maximum is met, the member will be responsible for future charges until next plan year.

MetLife | Customer Service: (800) 942-0854 | www.metlife.com

MetLife Dental PPO Mid Plan At-A-Glance

Network	PDP Plus	
Plan Year Deductible (PYD)	**In-Network**	**Out-of-Network***
Per Member	$50	
Per Family	$150	
Waived for Class I Services?	Yes	
Plan Year Benefit Maximum		
Per Member	$1,800	
Class I Services: Diagnostic & Preventive Care		
Routine Oral Exam *(2 Per Year)*	Plan Pays: 100% Deductible Waived	Plan Pays: 100% Deductible Waived *(Subject to Balance Billing)*
Routine Cleanings *(2 Per Year)*		
Complete X-rays *(1 Every 3 Years)*		
Bitewing X-rays *(2 Sets Per Year)*		
Class II Services: Basic Restorative Care		
Fillings	Plan Pays: 80% After CYD	Plan Pays: 80% After CYD *(Subject to Balance Billing)*
Simple Extractions		
Oral Surgery		
Periodontal Services		
Anesthetics		
Endodontics *(Root Canal Therapy)*		
Class III Services: Major Restorative Care		
Crowns	Plan Pays: 50% After CYD	Plan Pays: 50% After CYD *(Subject to Balance Billing)*
Bridges		
Dentures		
Class IV Services: Orthodontia		
Lifetime Maximum	$1,500	
Benefit *(Dependent Children Up To Age 19)*	Plan Pays: 50% Deductible Waived	Plan Pays: 50% After CYD Deductible Waived *(Subject to Balance Billing)*

Locate a Provider

To search for a participating provider, contact MetLife's customer service or visit www.metlife.com. When completing the necessary search criteria, select PDP Plus network.

Plan References

***Out-Of-Network Balance Billing:** For information regarding out-of-network balance billing that may be charged by an out-of-network provider, please refer to the Out-of-Network Benefits section on the previous page.*

Important Notes

- *Two (2) routine cleanings per calendar year covered under the preventive benefit.*
- *For any dental work expected to cost $300 or more, the plan will provide a "Pretreatment Estimate of Benefits" upon the request of the dental provider. This will assist with determining approximate out-of-pocket costs should employee have the dental work performed.*
- *Waiting periods and age limitations may apply.*
- *Benefit frequency limitations may apply to certain services.*

Dental Insurance

MetLife Dental PPO High Plan

CSCF offers dental insurance through MetLife to benefit-eligible employees. The costs per pay period for coverage are listed in the premium table below and a brief summary of benefits is provided on the following page. For more detailed information about the dental plan, please refer to the carrier's summary plan document or contact MetLife's customer service.

Dental Insurance – MetLife Dental PPO High Plan

24 Payroll Deductions - Per Pay Period Cost

Tier of Coverage	Employee Cost
Employee Only	$3.28
Employee + Spouse	$4.35
Employee + Child(ren)	$6.33
Employee + Family	$9.44

In-Network Benefits

The Dental PPO Mid plan provides benefits for services received from in-network and out-of-network providers. It is also an open-access plan which allows for services to be received from any dental provider without having to select a Primary Dental Provider (PDP) or obtain a referral to a specialist. The network of participating dental providers the plan utilizes is the MetLife PDP Plus. These participating dental providers have contractually agreed to accept MetLife's contracted fee or "allowed amount." This fee is the maximum amount a MetLife dental provider can charge a member for a service. The member is responsible for a Plan Year Deductible (PYD) and then coinsurance based on the plan's charge limitations.

Out-of-Network Benefits

Out-of-network benefits are used when member receives services by a non-participating MetLife PDP Plus provider. MetLife reimburses out-of-network services based on what it determines as the Usual & Customary Charge (U&C). The U&C is defined as the most common charge for a particular dental procedure performed in a specific geographic area. If services are received from an out-of-network dentist, the member may be responsible for balance billing. Balance billing is the difference between the MetLife's U&C and the amount charged by the out-of-network dental provider. Balance billing is in addition to any applicable plan deductible or coinsurance responsibility.

Plan Year Deductible

The Dental PPO High plan requires a $50 individual or a $150 family deductible to be met for in-network or out-of-network services before most benefits will begin. The deductible is waived for preventive services.

Plan Year Benefit Maximum

The maximum benefit (coinsurance) the Dental PPO High plan will pay for each covered member is $2,300 for in-network and out-of-network services combined. All services, including preventive, accumulate towards the benefit maximum. Once the plan's benefit maximum is met, the member will be responsible for future charges until next plan year.

MetLife | Customer Service: (800) 942-0854 | www.metlife.com

MetLife Dental PPO High Plan At-A-Glance

Network	PDP Plus	
Plan Year Deductible (PYD)	**In-Network**	**Out-of-Network***
Per Member	$50	
Per Family	$150	
Waived for Class I Services?	Yes	
Plan Year Benefit Maximum		
Per Member	$2,300	
Class I Services: Diagnostic & Preventive Care		
Routine Oral Exam *(2 Per Year)*	Plan Pays: 100% Deductible Waived	Plan Pays: 100% Deductible Waived *(Subject to Balance Billing)*
Routine Cleanings *(2 Per Year)*		
Complete X-rays *(1 Every 3 Years)*		
Bitewing X-rays *(2 Sets Per Year)*		
Class II Services: Basic Restorative Care		
Fillings	Plan Pays: 90% After CYD	Plan Pays: 90% After CYD *(Subject to Balance Billing)*
Simple Extractions		
Oral Surgery		
Periodontal Services		
Anesthetics		
Endodontics *(Root Canal Therapy)*		
Class III Services: Major Restorative Care		
Crowns	Plan Pays: 60% After CYD	Plan Pays: 60% After CYD *(Subject to Balance Billing)*
Bridges		
Dentures		
Class IV Services: Orthodontia		
Lifetime Maximum	$2,000	
Benefit	Plan Pays: 50% Deductible Waived	Plan Pays: 50% After CYD Deductible Waived *(Subject to Balance Billing)*

Locate a Provider

To search for a participating provider, contact MetLife's customer service or visit www.metlife.com. When completing the necessary search criteria, select PDP Plus network.

Plan References

***Out-Of-Network Balance Billing:** For information regarding out-of-network balance billing that may be charged by an out-of-network provider, please refer to the Out-of-Network Benefits section on the previous page.*

Important Notes

- *Two (2) routine cleanings per calendar year covered under the preventive benefit.*
- *For any dental work expected to cost $300 or more, the plan will provide a "Pretreatment Estimate of Benefits" upon the request of the dental provider. This will assist with determining approximate out-of-pocket costs should employee have the dental work performed.*
- *Waiting periods and age limitations may apply.*
- *Benefit frequency limitations may apply to certain services.*

Vision Insurance

MetLife Vision Care Plan

CSCF offers vision insurance through MetLife to benefit-eligible employees. The costs per pay period for coverage are listed in the premium table below and a brief summary of benefits is provided on the following page. For more detailed information about the vision plan, please refer to the carrier's summary plan document or contact MetLife's customer service.

Vision Insurance - MetLife Vision Care Plan

24 Payroll Deductions - Per Pay Period Cost

Tier of Coverage	Employee Cost
Employee Only	$0.00
Employee + Family	$1.64

In-Network Benefits

The vision plan offers employee and covered dependent(s) coverage for routine eye care, including eye exams, eyeglasses (lenses and frames) or contact lenses. To schedule an appointment, employee and covered dependent(s) may select any network provider who participates in the MetLife VSP Choice network. At the time of service, routine vision examinations and basic optical needs will be covered as shown on the plan's schedule of benefits. Cosmetic services and upgrades will be additional if chosen at the time of the appointment.

Out-of-Network Benefits

Employee and covered dependent(s) may choose to receive services from vision providers who do not participate in the MetLife VSP Choice network. When going out of network, the provider will require payment at the time of appointment. MetLife will then reimburse based on the plan's out-of-network reimbursement schedule upon receipt of proof of services rendered.

Plan Year Deductible

There is no plan year deductible.

Plan Year Out-of-Pocket Maximum

There is no out-of-pocket maximum. However, there are benefit reimbursement maximums for certain services.

MetLife | Customer Service: (800) 438-6388 | www.metlife.com

MetLife Vision Care Plan At-A-Glance

Network		VSP Choice	
Services		**In-Network**	**Out-of-Network**
Eye Exam		$10 Copay	Up to $45 Reimbursement
Contact Lens Exam *(Fit and Follow-Up)*	Standard Lens	Up to $60 Copay	Applies to Allowance
	Premium	Up to $60 Copay	Applies to Allowance
Retinal Imaging		Up to $39 Copay	Applies to Allowance
Frequency of Services			
Examination		12 Months	
Lenses		12 Months	
Frames		24 Months	
Contact Lenses		12 Months	
Lenses			
Single		No Charge After $25 Materials Copay	Up to $30 Reimbursement
Bifocal		No Charge After $25 Materials Copay	Up to $50 Reimbursement
Trifocal		No Charge After $25 Materials Copay	Up to $65 Reimbursement
Frames			
Allowance		Up to $150 Allowance After $25 Copay	Up to $70 Reimbursement
Contact Lenses*			
Non-Elective *(Medically Necessary)*		No Charge After $25 Materials Copay	Up to $210 Reimbursement
Elective		Up to $150 Allowance	Up to $105 Reimbursement

Locate a Provider

To search for a participating provider, contact MetLife's customer service or visit www.metlife.com. When completing the necessary search criteria, select VSP Choice network.

Plan References

**Contact lenses are in lieu of spectacle lenses.*

Important Notes

Member options, such as LASIK, UV coating, progressive lenses, etc. are not covered in full, but may be available at a discount.

Flexible Spending Accounts

CSCF offers Flexible Spending Accounts (FSA) administered through Flores. The FSA plan year is from July 1 to June 30.

If employee or family member(s) has predictable health care or work-related day care expenses, then employee may benefit from participating in an FSA. An FSA allows employees to set aside money from employee's paycheck for reimbursement of health care and day care expenses they regularly pay. The amount set aside is not taxed and is automatically deducted from employee's paycheck and deposited into the FSA. During the year, employee has access to this account for reimbursement of some expenses not covered by insurance. Participation in an FSA allows for substantial tax savings and an increase in spending power. Participating employee must re-elect the dollar amount to be deducted each plan year. There are two (2) types of FSAs:

- **Health Care FSA:** Available to eligible employee enrolled in the Florida Blue BlueCare HMO 46 and BlueOptions PPO 05360 Copay Plans. Covers medical, dental, and vision expenses that are not paid by insurance.
- **Dependent Care FSA:** Covers day care expenses for qualified dependents necessary for employee and legal spouse, if married, to work.

Health Care FSA

This account allows participant to set aside up to an annual maximum of $3,200. This money will not be taxable income to the participant and can be used to offset the cost of a wide variety of eligible medical expenses that generate out-of-pocket costs. Participating employee can also receive reimbursement for expenses related to dental and vision care (that are not classified as cosmetic).

Examples of common expenses that qualify for reimbursement are listed below.

Please Note: The entire Health Care FSA election is available for use on the first day coverage is effective.

Dependent Care FSA

This account allows participant to set aside up to an annual maximum of $5,000 if single or married and file a joint tax return ($2,500 if married and file a separate tax return) for work-related day care expenses. Qualified expenses include day care centers, preschool, and before/after school care for eligible children and dependent adults.

Please note, if family income is over $20,000, this reimbursement option will likely save participants more money than the dependent day care tax credit taken on a tax return. To qualify, dependents must be:

- A child under the age of 13, or
- A child, spouse or other dependent who is physically or mentally incapable of self-care and spends at least eight (8) hours a day in the participant's household.

Please Note: Unlike the Health Care FSA, reimbursement is only up to the amount that has been deducted from participant's paycheck for the Dependent Care FSA.

A sample list of qualified Health Care expenses eligible for reimbursement include, but not limited to, the following:

- ✓ Prescription/Over-the-Counter Medications
- ✓ Menstrual Products
- ✓ Ambulance Service
- ✓ Chiropractic Care
- ✓ Dental and Orthodontic Fees*
- ✓ Diagnostic Tests/Health Screenings*
- ✓ Physician Fees and Office Visits
- ✓ Drug Addiction/Alcoholism Treatment
- ✓ Experimental Medical Treatment
- ✓ Corrective Eyeglasses and Contact Lenses*
- ✓ Hearing Aids and Exams
- ✓ Injections and Vaccinations
- ✓ LASIK Surgery*
- ✓ Mental Health Care
- ✓ Nursing Services
- ✓ Optometrist Fees*
- ✓ Sunscreen SPF 15 or Greater
- ✓ Wheelchairs

**These items are eligible expenses under the Limited Purpose FSA.*

Log on to http://www.irs.gov/publications/p502/index.html for additional details regarding qualified and non-qualified expenses.

Flexible Spending Accounts *(Continued)*

FSA Guidelines

- Employee may carry over up to $640 of unused Health Care FSA funds into the next plan year after a plan year ends and all claims have been filed (only if the employee re-enrolls the next year). Dependent Care funds cannot be carried over.
- The Health Care FSA has a 30 day run out period at the end of the plan year (until July 31) to submit reimbursement on eligible expenses incurred during the period of coverage within the plan year.
- Employee can enroll in an FSA only during the Open Enrollment Period, New Hire Orientation, or Qualifying Life Events.
- Money cannot be transferred between FSAs.
- Reimbursed expenses cannot be deducted for income tax purposes.
- Employee and dependent(s) cannot be reimbursed for services not received.
- Employee and dependent(s) cannot receive insurance benefits or any other compensation for expenses reimbursed through an FSA.
- Domestic Partners are not eligible in the employee FSA as Federal law does not recognize them as a qualified dependent.

Filing a Claim

Claim Form

A completed claim form along with a copy of the receipt as proof of the expense can be submitted by mail, fax, online or through the Flores mobile app. The IRS requires FSA participants to maintain complete documentation, including copies of receipts for reimbursed expenses, for a minimum of one (1) year.

Debit Card

FSA participants will automatically receive a debit card for payment of eligible expenses. With the card, most qualified services and products can be paid at the point of sale versus paying out-of-pocket and requesting reimbursement. The debit card is accepted at a number of medical providers and facilities, and most pharmacy retail outlets. Flores may request supporting documentation for expenses paid with a debit card. Failure to provide supporting documentation when requested, may result in suspension of the card and account until funds are substantiated or refunded back to the Flores. Please keep the issued card for use next year. Additional or replacement cards may be requested, however, a small fee may apply.

HERE'S HOW IT WORKS!

An employee earning $50,000 elects to place $1,000 into a Health Care FSA. The payroll deduction is $41.66 based on a 24 pay period schedule. As a result, health care expenses are paid with tax-free dollars, giving the employee a tax savings of $197.

	With a Health Care FSA	Without a Health Care FSA
Salary	$50,000	$50,000
FSA Contribution	- $1,000	- $0
Taxable Pay	$49,000	$50,000
Estimated Tax 19.65% = 12% + 7.65% FICA	- $9,628	- $9,825
After Tax Expenses	- $0	- $1,000
Spendable Income	$39,372	$39,175
Tax Savings	**$197**	

Please Note: *Be conservative when estimating health care and/or dependent care expenses. IRS regulations state that any unused funds remaining in an FSA, after a plan year ends and after all claims have been filed, cannot be returned or carried forward to the next plan year with the exception of the $640 carry over that may be allowed for the Health Care FSA.* ***This rule is known as "use-it or lose-it."***

Flores | Phone: (800) 532-3327 | Claims Fax: (800) 726-9982
www.flores247.com

Employee Assistance Program

CSCF cares about the well-being of all employees on and off the job and provides, at no cost, a comprehensive Employee Assistance Program (EAP) through ComPsych. EAP offers employee and each family member access to licensed mental health professionals through a confidential program protected by State and Federal laws. EAP is available to help employee gain a better understanding of problems that affect them, locate the best professional help for a particular problem, and decide upon a plan of action. EAP counselors are professionally trained and certified in their fields and available 24 hours a day, seven (7) days a week.

What is an Employee Assistance Program (EAP)?

An Employee Assistance Program offers covered employees and family members free and convenient access to a range of confidential and professional services to help address a variety of problems that may negatively affect employee or family member's well-being. Coverage includes three (3) visits with a specialist, per person, per issue, per year, online material/tools and webinars. EAP offers counseling services on issues such as:

- ✓ Child Care Resources
- ✓ Legal Resources
- ✓ Grief and Bereavement
- ✓ Stress Management
- ✓ Depression and Anxiety
- ✓ Work Related Issues
- ✓ Adult & Elder Care Assistance
- ✓ Financial Resources
- ✓ Family and/or Marriage Issues
- ✓ Substance Abuse

Are Services Confidential?

Yes. Receipt of EAP services are completely confidential. If, however, participation in the EAP is the direct result of a Management Referral (a referral initiated by a supervisor or manager), we will ask permission to communicate certain aspects of the employee's care (attendance at sessions, adherence to treatment plans, etc.) to the referring supervisor/manager. The referring supervisor/manager will not receive specific information regarding the referred employee's case. The supervisor/manager will only receive reports on whether the referred employee is complying with the prescribed treatment plan.

ComPsych | Customer Service: (800) 964-3577
www.guidanceresources.com

Basic Life and AD&D Insurance

Basic Term Life Insurance

CSCF provides Basic Term Life insurance at no cost to all eligible employees through The Hartford. Eligible employees will receive a benefit amount of $150,000.

Accidental Death & Dismemberment Insurance

Also, at no cost to employee, CSCF provides Accidental Death & Dismemberment (AD&D) insurance, which pays in addition to the Basic Term Life benefit when death occurs as a result of an accident. The AD&D benefit amount equals the Basic Term Life benefit, partial benefits may also be payable.

Age Reduction Schedule

Benefit amounts are subject to the following age reduction schedule:

- › Reduces to 65% of the benefit amount at age 65
- › Reduces to 60% of the benefit amount at age 70
- › Reduces to 35% of the benefit amount at age 75

Life Insurance Imputed Income

The IRS requires the imputed cost of employer paid Employee Basic Term Life insurance benefit in excess of $50,000 must be included as income and is subject to Federal, Social Security and Medicare taxes.

Always remember to keep beneficiary information updated. Beneficiary information may be updated at anytime through Bentek.

The Hartford | Customer Service: (800) 523-2233 | www.thehartford.com

Voluntary Life and AD&D Insurance

Voluntary Employee Life and AD&D Insurance

Eligible employee may elect to purchase additional Life and AD&D insurance on a voluntary basis through The Hartford. This coverage may be purchased in addition to the Basic Term Life and AD&D coverage. Voluntary Life insurance offers coverage for employee, spouse and/or dependent child(ren) at different benefit levels.

New Hires may purchase Voluntary Employee Life and AD&D insurance without being subject to Medical Underwriting, also known as Evidence of Insurability (EOI), **up to the Guaranteed Issue amount of** $150,000**.**

- Units can be purchased in increments of $10,000 to the maximum of $500,000.
- Benefit amounts are subject to the following age reduction schedule:
  - Reduces to 65% of the benefit amount at age 65
  - Reduces to 60% of the benefit amount at age 70
  - Reduces to 35% of the benefit amount at age 75

Voluntary Spouse Life and AD&D Insurance

New Hires may purchase Voluntary Spouse Life and AD&D insurance without being subject to Medical Underwriting, also known as Evidence of Insurability (EOI), **up to the Guaranteed Issue amount of $50,000**.

- Employee must participate in the Voluntary Employee Life and AD&D plan for spouse to participate.
- Units can be purchased in increments of $5,000 to the maximum of $100,000 not to exceed 50% of the employee's Voluntary Life coverage amount.
- Benefit amounts are subject to the following age reduction schedule:
  - Reduces by 65% of the benefit amount at age 65
  - Reduces by 40% of the benefit amount at age 70

Voluntary Life and AD&D Insurance Rate Table

Monthly Premium

Age Bracket *(Based on Employee Age)*	Employee *(Rate Per $1,000 of Benefit)*	Spouse *(Rate Per $1,000 of Benefit)*
< 30	$0.070	$0.083
30-34	$0.083	$0.096
35-39	$0.112	$0.125
40-44	$0.163	$0.176
45-49	$0.253	$0.266
50-54	$0.381	$0.394
55-59	$0.583	$0.596
60-64	$0.732	$0.745
65-69	$1.238	$1.251
> 69	$1.971	–

Please Note: Spouse coverage terminates when the spouse reaches age 70

Voluntary Dependent Child(ren) Life and AD&D Insurance

- Employee must participate in Voluntary Employee Life plan for dependent child(ren) to participate.
- Coverage may be purchased for dependent child(ren) birth to six (6) months in the amount of $500.
- Coverage may be purchased for dependent child(ren) age six (6) months up to the date in which the dependent child reaches age 26 in the amount of $10,000.
- Monthly cost for Voluntary Dependent Child(ren) Life and AD&D coverage elected is $1.43 per $10,000 for each/any eligible dependent child(ren) enrolled.

Always remember to keep beneficiary information updated. Beneficiary information may be updated at anytime through Bentek.

The Hartford | Customer Service: (800) 523-2233 | www.thehartford.com

Voluntary Short Term Disability

CSCF offers Voluntary Short Term Disability (STD) insurance to all eligible employees through The Hartford. The STD benefit pays employee a percentage of weekly earnings if employee becomes disabled due to an illness or non-work related injury.

Voluntary Short Term Disability (STD) Benefits

- STD provides a benefit of 66.67% of employee's weekly earnings up to a benefit maximum of $750 per week.
- Employee must be disabled for 14 consecutive days prior to becoming eligible for benefits (known as the elimination period).
- Benefits will begin on the 15th day after the employee is disabled due to non-work related injury or illness.
- The maximum benefit period is 24 weeks.
- Employee deemed unable to return to work after the STD 24 week maximum period is exhausted, may be transitioned to Long Term Disability (LTD).
- Benefits may be reduced by other income.

2024 Open Enrollment: Medical Underwritting, also known as Evidence of Insurability (EOI), will be required if newly enrolling in Voluntary Short Term Disability. EOI is not required if electing during New Hire Period. EOI form is available on Bentek of contact The Hartford's customer service at (800) 523-2233.

The Hartford | Customer Service: (800) 523-2233
File a Claim: (888) 277-4767 | www.thehartford.com

Long Term Disability

CSCF provides Long Term Disability (LTD) insurance at no cost to all eligible employees through The Hartford. The LTD benefit pays employee a percentage of monthly earnings if employee becomes disabled due to an illness or injury.

Long Term Disability (LTD) Benefits

- LTD provides a benefit of 60% of employee's monthly earnings up to a benefit maximum of $6,000 per month.
- Employee must be disabled for 180 consecutive days prior to becoming eligible for benefits (known as the elimination period).
- Benefits will begin on the 181 day of disability.
- Employee may continue to be eligible for partial benefits if employee returns to work on a part-time basis.
- The maximum benefit period is determined based on age at the time of disability.
- Benefits may be reduced by other income.
- Disability benefits may be taxable.

The Hartford | Customer Service: (800) 523-2233
File a Claim: (888) 277-4767 | www.thehartford.com

Supplemental Insurance

Allstate

Allstate offers a variety of voluntary supplemental insurance plans that may be purchased separately and premiums paid by payroll deduction. Allstate pays money directly to employee, regardless of other insurance plans they may have. To learn more about Allstate plans and/or to schedule a personal appointment, contact the local Allstate agent. Details regarding available Allstate plans and services are also available online at www.allstate.com.

Accident Insurance

Accident Insurance provides cash benefits for out-of-pocket expenses associated with an accidental injury and can help protect hard-earned savings should an on-or-off-the-job accidental injury occur.

- Up to $600 for medical expenses, $2,000 when admitted to hospital due to accidental injury, $800/day when confined, and coverage for many common accidents such as dislocations, fractures, lacerations, burn or eye injury.

Critical Illness Insurance

Critical Illness Insurance compliment's employee's major medical coverage by providing a lump-sum benefit upon diagnosis of a covered critical illness with a subsequent diagnosis and medical screening benefit for employee to use where it's needed most.

- Benefit amounts range from $2,500-$20,000 depending on the plan type purchased, with 50% of the amount going to covered dependents.
- Pays a $50 wellness benefit per person, per year.

Allstate | Customer Service: (800) 521-3535 | www.allstateatwork.com

Nationwide

CSCF offers employees the opportunity to purchase pet insurance on a voluntary basis through Nationwide. Employees enrolled in these plans are reimbursed for eligible medical expenses which includes a wellness benefit up to $500 annually for preventive care such as flea/tick and vaccinations included in the My Pet Protection with Wellness500 plan.

Pet Insurance – Nationwide

	My Pet Protection with Wellness500	My Pet Protection
Accidents and Allergic Reactions	✓	✓
Common Illnesses	✓	✓
Surgeries and Hospitalization	✓	✓
X-rays, MRIs and CT Scans	✓	✓
Prescription Medications	✓	✓
Wellness Exams	✓	
Preventive Dental Cleaning	✓	
Spay/Neuter	✓	
Routine Blood Tests	✓	
Heartworm Testing and Prevention	✓	

Also, included at no additional cost is Nationwide's 24/7 vet helpline that helps thousands of pet owners with any pet questions. Members can sign up multiple pets with individual plans and receive additional discounts.

Nationwide | Customer Service: (877) 738-7874

Retirement

Principal

CSCF offers a supplemental retirement savings plan to all eligible employees through Principal. The 403(b) Retirement plan can be utilized by employee to help provide financial security at retirement. The 403(b) Retirement Plan allows employee to set aside a portion of employee's annual salary to be invested in a group variable annuity contract for payment to employee at a later date on a pre-tax basis.

What are the benefits of a 403(b)?

- Contributions Deposited into Individual Accounts - Employees own their own account and make all decision concerning the amount of employee retirement savings contributions.
- Employer Matching - CSCF matches 100% of the first 8% employee contributes to the plan through salary deferral. CSCF matching will begin the first of the month following six (6) months of employment. Employee is fully vested after three (3) years of service and always vested in money employee contributes.
- High Annual Contribution Limits - For 2024, employees can contribute up to $23,000 to their account. Some employees may qualify for additional amounts or other catch-up options.
- Flexible Contributions - Employee may change the amount of contributions during the year as allowed.

Withdrawing Vested Assets

Terminated participants may withdraw or roll over their funds in a lump sum at any time. Participants who have reached 59.5 years of age may also withdraw/ roll over some or all of their assests. Participants who experience financial hardship may be eligible to withdraw an amount necessary to remedy the hardship. Employed participants with a vested balance of $2,000 or more may take a loan at any time. Only one (1) active loan is permitted at a time.

For additional information, schedule an appointment with the CSCF's representative.

Principal | Customer Service: (800) 986-3343

Claims, Billing & Benefit Assistance

If employees have questions on claims, receive bills from providers which they do not understand or would like general information on any of the employee benefits provided, please contact the Gehring Group Service Team.

The Gehring Group Service Team works directly with CareerSource Central Florida and its employees to provide claims and benefits service and will assist employees with their concerns. Please remember this is in addition to the Human Resources and is not replacing assistance employee may need from HR.

Employee may contact a claims specialist by:

1. Email

Please include your name, contact information and a brief description of the issue. A Gehring Group Claims Specialist will respond via email or phone call to gather additional information.

OR

2. Call

When calling, please identify yourself as an employee of the CareerSource Central Florida and ask to speak to a Claims Specialist or another member of the CareerSource Central Florida designated team to assist with questions or concerns.

Office hours are Monday through Friday, 8:30am – 5:00pm. If calling after office hours, please leave a message indicating you are a CareerSource Central Florida employee who would like to speak to a Claims Specialist. Please leave full name, contact information and a brief message and a Claims Specialist will be in contact with you the following business day.

At the Gehring Group, our goal is to be your advocate and ensure issues are resolved as quickly as possible.

Notes

Use this section to make notes regarding personal benefit plans or to keep track of important information such as doctors' names and addresses or prescription medications.

Notes

Use this section to make notes regarding personal benefit plans or to keep track of important information such as doctors' names and addresses or prescription medications.

Notes

Use this section to make notes regarding personal benefit plans or to keep track of important information such as doctors' names and addresses or prescription medications.

CareerSource CENTRAL FLORIDA

RISK strategies | GEHRING GROUP
A RISK STRATEGIES COMPANY

FINAL Revised
Last Modified: June 10, 2024 8:48 AM

CareerSource CENTRAL FLORIDA

EMPLOYEE ROSTER

Position/Title	Salary	Incentive
Accounting Manager	$72,100.29	$1,500.00
Accounting Specialist	$49,446.59	
Application Administrator	$91,275.60	
Application Support Manager	$82,980.14	$1,500.00
Associate Manager of Creative Services	$61,808.24	
Associate Manager of Marketing	$74,639.14	$1,500.00
BSC I- Talent Fulfillment	$44,990.40 - $48,991.49	
BSC II- Talent Fulfillment	$46,587.42 - $61,095.01	$1,000.00
Business Analyst	$72,113.18	$1,000.00
Business Engagement Representative	$51,119.54 - $62,835.55	$1,000.00
Business Services Consultant Lead	$57,379.92 - $66,365.52	
Career Navigator	$49,759.42	
Career Services Consultant I	$39,945.36 - $54,078.54	$1,000.00
Career Services Consultant II	$46,340.11 - $60,586.45	$1,000.00
Career Services Consultant Lead	$50,260.70 - $68,922.05	$1,000.00
Career Services Manager	$75,733.22 - $78,708.24	
Chief Executive Officer/President	$261,090.54	$26,109.05
Chief Financial Officer/First Vice President	$209,056.22	$20,905.62
Chief of Staff/First Vice President	$191,778.91	$19,177.89
Chief Operating Officer/First Vice President	$209,098.24	$20,909.82
Communications and Marketing Coordinator	$44,304.83	
Communications Manager	$78,323.86	
Contracts Management Specialist	$80,567.76	
Controller	$133,900.00	$2,000.00
Data Analyst	$74,919.10	$1,000.00
Data Entry Clerk	$46,396.69	
Director of Business Intelligence	$108,150.22	
Director of Information Technology	$123,815.95	$2,000.00
Director of Workforce Operations	$103,006.59	$2,000.00
Director of Workforce Special Projects	$103,006.59	$2,000.00
Director of Young Adult Services	$97,850.06	
Executive Assistant	$61,917.65	
Executive Board Coordinator	$64,304.45	
Facilities Manager	$93,039.23	$1,500.00
Field Support Technician	$46,963.49	
Grant Manager	$90,125.36	$1,500.00
Human Resources Generalist- Recruiter	$63,002.99	$1,000.00
Human Resources Specialist	$55,706.14	$1,000.00
IT System Specialist	$62,097.15	
Learning Liaison	$56,743.44	
Program Manager	$61,800.13 - $69,015.44	$1,500.00
Program Manager- App. Navig. & Business Init.	$86,432.53	$1,500.00
Program Manager- Careers	$66,842.88	
Program Manager- Technical Training	$67,132.83	
Regional Career Services Manager	$85,490.29 - $88,889.22	
Senior Accounting Manager	$84,460.06	$1,500.00

CareerSource CENTRAL FLORIDA

EMPLOYEE ROSTER

Position/Title	Salary	Incentive
Senior Accounting Specialist	$61,800.13	
Senior Business Engagement Manager	$87,550.11	
Senior Compensation & Benefits Analyst	$63,686.06	$1,000.00
Senior Human Resources Manager	$86,041.90	$2,000.00
Senior IT System Specialist	$73,141.54	
Senior Manager of Communications	$80,340.00	$1,500.00
Senior Manager of Procurement and Contracts	$96,534.88	
Senior Payroll Specialist	$58,350.86	
Senior Program Development Manager	$74,160.11	$1,500.00
Senior Vice President of Innovation and Technology	$182,844.48	$18,284.45
SQL Data Analyst	$74,201.71	$1,000.00
Sr. Vice President of Strategic Initiatives	$176,872.59	$17,687.26
Summer Youth Program Coordinator	$55,232.94 - $61,800.13	
Systems Administrator	$92,153.15	
Training Accounts Manager	$67,310.67	
Vice President of Development	$149,368.13	$14,936.81
Vice President of Strategic Communications	$139,699.46	$13,969.95
Vice President of Workforce Operations	$154,500.11	$15,450.01
Workforce Operations Coordinator	$59,255.46	