

# *Jefferson County*



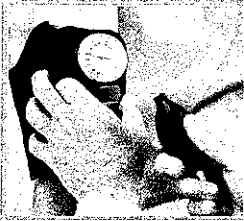
**2023 Benefits at a Glance**

*Active Employees*

October 1, 2023-September 30, 2024

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# MEDICAL INSURANCE BASICS

Choosing your health care plan can be confusing. To help you make an informed health plan selection, the basics of your health care options are listed on the following pages. Below please find basic information to get you started.

**PROVIDER DIRECTORIES:** Capital Health Provider Directories can be found on-line at [www.capitalhealth.com](http://www.capitalhealth.com). You have the option of a quick search in which you can search for a provider by name, area of speciality or location. Additionally, you can perform an advanced search of the provider directory utilizing specific criteria, such as office hours, board certifications or whether they are accepting new patients or not. You may also print a provider directory from the website by plan, by region or you can custom design your own provider directory. There are very easy step-by-step instructions provided. If you would prefer, you can also order a provider directory by calling the customer service telephone number listed on the back of your ID card.

**THE BASICS:** Most health plans today have a plan design that includes a combination of copayments, coinsurance and deductibles, resulting in the sharing of costs for services for those individuals enrolled in the plan.

- ⇒ **Copayment:** A copayment is a pre-determined amount members must pay out of pocket when seeing a participating provider. It is paid directly to the provider and is due at the time services are rendered. If you are unsure of what you need to pay for a particular service, you can call customer service at the toll-free telephone number listed on the back of your ID card.
- ⇒ **Deductible:** A deductible is an agreed-upon amount that must be paid out of pocket by you when receiving care from a provider *before* your insurance carrier will pay for any services (excludes copayments).
- ⇒ **Coinsurance:** Coinsurance is a percentage that designates the portion the insurer and you are responsible to pay when services are obtained. Please be reminded that any deductible amount must be paid before coinsurance will apply.
- ⇒ **Precertification:** Certain services such as hospitalization or outpatient surgery may require prior authorization with Capital Health Providers to verify coverage for those services. Your participating physician should obtain this precertification for you prior to your treatment. You can contact customer service to learn whether your plan requires precertification.

## **SERVICE AREA:**

Your service area is limited to the following counties: Calhoun, Franklin, Leon, Liberty, Gadsden, Jefferson, and Wakulla. If you have any questions about your service area, please contact member services at (850) 383-3311 or (877) 247-6512.

# MEDICAL INSURANCE

## Capital Health - Active Employees

Coverage	Semi-Monthly Cost
Employee	\$ 0.00
Employee & Spouse	\$ 154.21
Employee & Child(ren)	\$ 105.97
Family	\$ 250.00

HEALTHCARE SERVICES	IN-NETWORK	OUT-OF-NETWORK
<b>Lifetime Maximum:</b>	Unlimited	Not Applicable
<b>Annual Out-of-Pocket Maximum:</b> Individual Family (Excludes Pharmacy Copays)	Medical \$2,000 \$4,500	Not Applicable
<b>Calendar Year Deductibles:</b> Individual Family	\$0 \$0	Not Applicable
<b>Coinsurance Percentage Paid by Plan:</b>	100%	Not Applicable
<b>Preventive Care:</b> Routine Adult & Child Wellness Services Immunizations Mammogram Colonoscopy *age and frequency schedule applies	100% Covered	Not Applicable
<b>Physician Services:</b> Primary Care Physician Office Visits Specialist (referral required) Chiropractic (referral required) Telehealth (primary/specialist)	\$15 Copay \$25 Copay \$25 Copay \$15 / \$25 Copay	Not Applicable
<b>Hospital Services:</b> Inpatient Hospitalization Outpatient Surgical Services Ambulatory Surgical Center Emergency Room Urgent Care Facility Medically Necessary Ambulance Service	\$250 Copay \$150 Copay \$100 Copay \$300 Copay \$20 Copay \$100 Copay	Not Applicable Not Applicable Not Applicable \$300 Copay \$20 Copay \$100 Copay
<b>Diagnostic Services:</b> Diagnostics - Lab & X-Ray Major Diagnostics - CT Scans, MRI, Pet Scans	\$0 \$100 Copay	Not Applicable
<b>Mental Health Services:</b> Inpatient Care Outpatient	\$250 Copay \$25 Copay	Not Applicable
<b>Pharmacy: (30day Supply)</b> <b>Pharmacy Out-of-Pocket-Maximum</b> Tier 1 - Generic Prescriptions Tier 2 - Preferred Brand Name Prescriptions Tier 3 - Non-Preferred Brand Name Prescriptions Tier 4 - Specialty Drugs	<b>\$4,600 (\$8,700 Family)</b> \$15 Copay \$30 Copay \$50 Copay \$50 Copay	Not Covered

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# Capital Health

P L A N <sup>SM</sup>

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**Step 2:** Enter Service Key CHP

**Step 3:** Select the doctor you'd like to see



[capitalhealth.com/amwell](http://capitalhealth.com/amwell)



Questions?

**850.383.3311  
or 1.877.247.6512**

**8:00am - 5:00pm,  
Monday - Friday**

**Raymond Sanders**  
Member Services  
Specialist

**Medicare members, please call:**  
850.523.7441 or 1.877.247.6512

October 1 - March 31:  
8:00am-8:00pm, seven days a week

April 1 - September 30:  
8:00am-8:00pm, Monday-Friday

TTY 850.383.3534 or 1.877.870.8943

**State of Florida members, please call:**  
1.877.392.1532, 7:00am-8:00pm, Monday - Friday

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# DENTAL INSURANCE

## *The Standard*

Coverage	Semi-Monthly Cost
Employee	\$ 21.00
Employee & Spouse	\$ 44.16
Employee & Child(ren)	\$ 49.04
Family	\$ 66.74

Jefferson County provides the opportunity for all eligible employees to purchase dental insurance through The Standard.

The Standard Dental Plan provides you and your family dental benefits through both participating and non-participating dental providers. Should you choose to see a non-network provider, you may be balance billed the difference between the amount that provider retails for their services and the usual / customary rate. Listed below is a brief summary of some of the dental services covered under the dental plan and their applicable coinsurance coverage level.

Dental Services:	PPO In-Network	Non PPO Out-of-Network
Calendar Year Deductible: (Waived for Preventive Services )	\$50 (\$150 Family)	\$50 (\$150 Family)
Calendar Year Plan Maximum: (Combined in and out of network)	\$1,000	
<b>Increased Dental Maximum:</b> A portion of each member's unused annual plan maximum can be rolled over into next year's Plan Year Maximum, to be used in future years if a member reaches the Calendar Year Plan Maximum. To qualify, a member must submit a claim and also cannot exceed the annual claims threshold during the benefit year.		
Annual Claims Threshold:	\$500	\$500
Carry Over Amount per Benefit Period:	\$250	\$250
PPO Bonus per Benefit Period:	\$100	N/A
Maximum Rollover Account Limit:	\$1,000	\$1,000
<b>Preventative Services:</b>		
Routine Exams		
Cleaning (prophylaxis)	100% Covered	100% of U&C
X-Rays	Deductible Waived	Deductible Waived
Fluoride Treatment		
<b>Basic Services:</b>		
Sealants		
Amalgam Fillings		
Resin Fillings	80% Covered	80% of U&C
Root Canal Therapy		After deductible
Repairs of dentures		
Oral Surgery		
<b>Major Services:</b>		
Space Maintainers		
Inlays		
Onlays	50% Covered	50% of U&C
Crowns		After Deductible
Dentures		

\*U&C=Usual and Customary Rate, U&C based on the 90th percentile

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# **LIFE INSURANCE**

## *The Standard*

### **Basic Term Life and AD&D Insurance**

**Employer Paid Term Life:** Jefferson County provides group term life insurance and accidental death and dismemberment coverage through The Standard to all full-time employees. All eligible employees are provided with term life insurance in the amount of **\$25,000**. **The cost of this insurance is paid entirely by Jefferson County.**

**Accidental Death & Dismemberment:**

This benefit is the principal sum amount equal to the amount of your life insurance benefit amount.

**Conversion:**

When your employment ends, you may apply for an individual life insurance policy from The Standard. You will be responsible for the premium for the coverage. Please see your Human Resources Department for more information.

**Accelerated Living Benefit:**

This benefit feature is standard with term life coverage and is available to you exclusively. This benefit allows you to apply for payment of some of your life insurance should a licensed physician diagnose you as having a terminal health condition. You may receive portion of the amount of the life insurance benefit. Please see your human resources department for more information.

**Eligibility:** All Eligible Employees.

**Schedule of Benefits:** **\$25,000** benefit limit

**Age Reduction Schedule:** 35% reduction at 65; 50% reduction at 70; 35% reduction at 75

### **Voluntary Term Life and Insurance**

With Voluntary Term Life Insurance, you are able to purchase high amounts of coverage at a low cost through The Standard. Premium amounts are conveniently withheld as a payroll deduction. You also have the option of purchasing term life insurance for your dependents as well.

You may purchase term life insurance coverage for yourself in increments of \$10,000 up to a maximum of \$300,000. However, you may not purchase an amount in excess of five times your annual salary. For example, if your annual earnings equal \$20,000, you may not purchase in excess of \$100,000 of term life insurance. You may also purchase up to \$150,000 of term life for your spouse in \$5,000 increments. However, the coverage for your spouse is limited to one-half of the amount of term life you have purchased for yourself. Using the above example, the spouse would be limited to \$50,000 in term life insurance. You can purchase term life insurance for your dependent children (to age 20 or 24 if full-time student) in \$2,000 increments up to a maximum of \$10,000 for a payroll deduction of \$0.20 per \$2,000.

If you are a new employee, you can purchase up to \$50,000 of term life insurance without having to answer any medical questions. You can purchase up to \$10,000 of term life insurance on your spouse without them having to answer a medical questionnaire. Children are guaranteed up to the maximum \$10,000. If you are not currently enrolled and would like to purchase term life insurance, you need to fill out a medical questionnaire regardless of the amount being purchased.

**Please see the next page for rates and semi-monthly premiums.**

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# LIFE INSURANCE

## Semi-Monthly Premiums

Age Band Rate	< 30 0.11	30-34 0.12	35-39 0.16	40-44 0.24	45-49 0.38	50-54 0.59	55-59 1.03	60-64 1.15	65-69 1.95	70-74 3.47	75+ 13.16
\$10,000	\$0.55	\$0.60	\$0.80	\$1.20	\$1.90	\$2.95	\$5.15	\$5.75	\$6.34	\$8.68	\$23.03
\$20,000	\$1.10	\$1.20	\$1.60	\$2.40	\$3.80	\$5.90	\$10.30	\$11.50	\$12.68	\$17.35	\$46.06
\$30,000	\$1.65	\$1.80	\$2.40	\$3.60	\$5.70	\$8.85	\$15.45	\$17.25	\$19.01	\$26.03	\$69.09
\$40,000	\$2.20	\$2.40	\$3.20	\$4.80	\$7.60	\$11.80	\$20.60	\$23.00	\$25.35	\$34.70	\$92.12
\$50,000	\$2.75	\$3.00	\$4.00	\$6.00	\$9.50	\$14.75	\$25.75	\$28.75	\$31.69	\$43.38	\$115.15
\$60,000	\$3.30	\$3.60	\$4.80	\$7.20	\$11.40	\$17.70	\$30.90	\$34.50	\$38.03	\$52.05	\$138.18
\$70,000	\$3.85	\$4.20	\$5.60	\$8.40	\$13.30	\$20.65	\$36.05	\$40.25	\$44.36	\$60.73	\$161.21
\$80,000	\$4.40	\$4.80	\$6.40	\$9.60	\$15.20	\$23.60	\$41.20	\$46.00	\$50.70	\$69.40	\$184.24
\$90,000	\$4.95	\$5.40	\$7.20	\$10.80	\$17.10	\$26.55	\$46.35	\$51.75	\$57.04	\$78.08	\$207.27
\$100,000	\$5.50	\$6.00	\$8.00	\$12.00	\$19.00	\$29.50	\$51.50	\$57.50	\$63.38	\$86.75	\$230.30
\$75,000	\$4.13	\$4.50	\$6.00	\$9.00	\$14.25	\$22.13	\$38.63	\$43.13	\$47.53	\$65.07	\$172.73
\$85,000	\$4.68	\$5.10	\$6.80	\$10.20	\$16.15	\$25.08	\$43.78	\$48.88	\$53.87	\$73.74	\$195.76
\$95,000	\$5.23	\$5.70	\$7.60	\$11.40	\$18.05	\$28.03	\$48.93	\$54.63	\$60.21	\$82.42	\$218.79
\$105,000	\$5.78	\$6.30	\$8.40	\$12.60	\$19.95	\$30.98	\$54.08	\$60.38	\$66.55	\$91.09	\$241.82
\$115,000	\$6.33	\$6.90	\$9.20	\$13.80	\$21.85	\$33.93	\$59.23	\$66.13	\$72.88	\$99.77	\$264.85
\$125,000	\$6.88	\$7.50	\$10.00	\$15.00	\$23.75	\$36.88	\$64.38	\$71.88	\$79.22	\$108.44	\$287.88
\$135,000	\$7.43	\$8.10	\$10.80	\$16.20	\$25.65	\$39.83	\$69.53	\$77.63	\$85.56	\$117.12	\$310.91
\$145,000	\$7.98	\$8.70	\$11.60	\$17.40	\$27.55	\$42.78	\$74.68	\$83.38	\$91.90	\$125.79	\$333.94
\$150,000	\$8.25	\$9.00	\$12.00	\$18.00	\$28.50	\$44.25	\$77.25	\$86.25	\$95.06	\$130.13	\$345.45
\$200,000	\$11.00	\$12.00	\$16.00	\$24.00	\$38.00	\$59.00	\$103.00	\$115.00	\$126.75	\$173.50	\$460.60
\$210,000	\$11.55	\$12.60	\$16.80	\$25.20	\$39.90	\$61.95	\$108.15	\$120.75	\$133.09	\$182.18	\$483.63
\$220,000	\$12.10	\$13.20	\$17.60	\$26.40	\$41.80	\$64.90	\$113.30	\$126.50	\$139.43	\$190.85	\$506.66
\$230,000	\$12.65	\$13.80	\$18.40	\$27.60	\$43.70	\$67.85	\$118.45	\$132.25	\$145.76	\$199.53	\$529.69
\$240,000	\$13.20	\$14.40	\$19.20	\$28.80	\$45.60	\$70.80	\$123.60	\$138.00	\$152.10	\$208.20	\$552.72
\$250,000	\$13.75	\$15.00	\$20.00	\$30.00	\$47.50	\$73.75	\$128.75	\$143.75	\$158.44	\$216.88	\$575.75
\$260,000	\$14.30	\$15.60	\$20.80	\$31.20	\$49.40	\$76.70	\$133.90	\$149.50	\$164.78	\$225.55	\$598.78
\$270,000	\$14.85	\$16.20	\$21.60	\$32.40	\$51.30	\$79.65	\$139.05	\$155.25	\$171.11	\$234.23	\$621.81
\$280,000	\$15.40	\$16.80	\$22.40	\$33.60	\$53.20	\$82.60	\$144.20	\$161.00	\$177.45	\$242.90	\$644.84
\$290,000	\$15.95	\$17.40	\$23.20	\$34.80	\$55.10	\$85.55	\$149.35	\$166.75	\$183.79	\$251.58	\$667.87
\$300,000	\$16.50	\$18.00	\$24.00	\$36.00	\$57.00	\$88.50	\$154.50	\$172.50	\$190.13	\$260.25	\$690.90

Employee Semi-Monthly Premiums



Age Band Rate	< 30 0.11	30-34 0.12	35-39 0.16	40-44 0.24	45-49 0.38	50-54 0.59	55-59 1.03	60-64 1.15	65-69 1.95	70-74 3.47	75+ 13.16
\$5,000	\$0.28	\$0.30	\$0.40	\$0.60	\$0.95	\$1.48	\$2.58	\$2.88	\$3.17	\$4.34	\$11.52
\$10,000	\$0.55	\$0.60	\$0.80	\$1.20	\$1.90	\$2.95	\$5.15	\$5.75	\$6.34	\$8.68	\$23.03
\$15,000	\$0.83	\$0.90	\$1.20	\$1.80	\$2.85	\$4.43	\$7.73	\$8.63	\$9.51	\$13.01	\$34.55
\$20,000	\$1.10	\$1.20	\$1.60	\$2.40	\$3.80	\$5.90	\$10.30	\$11.50	\$12.68	\$17.35	\$46.06
\$25,000	\$1.38	\$1.50	\$2.00	\$3.00	\$4.75	\$7.38	\$12.88	\$14.38	\$15.84	\$21.69	\$57.58
\$30,000	\$1.65	\$1.80	\$2.40	\$3.60	\$5.70	\$8.85	\$15.45	\$17.25	\$19.01	\$26.03	\$69.09
\$35,000	\$1.93	\$2.10	\$2.80	\$4.20	\$6.65	\$10.33	\$18.03	\$20.13	\$22.18	\$30.36	\$80.61
\$45,000	\$2.48	\$2.70	\$3.60	\$5.40	\$8.55	\$13.28	\$23.18	\$25.88	\$28.52	\$39.04	\$103.64
\$55,000	\$3.03	\$3.30	\$4.40	\$6.60	\$10.45	\$16.23	\$28.33	\$31.63	\$34.86	\$47.71	\$126.67
\$65,000	\$3.58	\$3.90	\$5.20	\$7.80	\$12.35	\$19.18	\$33.48	\$37.38	\$41.19	\$56.39	\$149.70
\$75,000	\$4.13	\$4.50	\$6.00	\$9.00	\$14.25	\$22.13	\$38.63	\$43.13	\$47.53	\$65.06	\$172.73
\$85,000	\$4.68	\$5.10	\$6.80	\$10.20	\$16.15	\$25.08	\$43.78	\$48.88	\$53.87	\$73.74	\$195.76
\$95,000	\$5.23	\$5.70	\$7.60	\$11.40	\$18.05	\$28.03	\$48.93	\$54.63	\$60.21	\$82.41	\$218.79
\$105,000	\$5.78	\$6.30	\$8.40	\$12.60	\$19.95	\$30.98	\$54.08	\$60.38	\$66.54	\$91.09	\$241.82
\$115,000	\$6.33	\$6.90	\$9.20	\$13.80	\$21.85	\$33.93	\$59.23	\$66.13	\$72.88	\$99.76	\$264.85
\$125,000	\$6.88	\$7.50	\$10.00	\$15.00	\$23.75	\$36.88	\$64.38	\$71.88	\$79.22	\$108.44	\$287.88
\$135,000	\$7.43	\$8.10	\$10.80	\$16.20	\$25.65	\$39.83	\$69.53	\$77.63	\$85.56	\$117.11	\$310.91
\$145,000	\$7.98	\$8.70	\$11.60	\$17.40	\$27.55	\$42.78	\$74.68	\$83.38	\$91.89	\$125.79	\$333.94
\$150,000	\$8.25	\$9.00	\$12.00	\$18.00	\$28.50	\$44.25	\$77.25	\$86.25	\$95.06	\$130.13	\$345.45

Spouse Semi-Monthly Premiums






\*Please note, that the monthly premiums for the spouse that are not listed in the table above, can be found in the Employee monthly premium chart above.

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## KEY CONTACT INFORMATION

COMPANY NAME	CUSTOMER SERVICE TELEPHONE NUMBER	WEBSITE ADDRESS
 <p>Medical Plans</p>	<p>850-383-3311</p>	<p><a href="http://www.capitalhealth.com">www.capitalhealth.com</a></p>
 <p>Dental PPO and Life Insurance</p>	<p>800-247-6888</p>	<p><a href="http://www.standard.com">www.standard.com</a></p>
 <p>Telehealth</p>	<p>855-818-3627</p>	<p><a href="http://www.chp.amwell.com">www.chp.amwell.com</a></p>

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