



Lake County Board Of County Commissioners

Employee Health Insurance Benefits

For Plan Year October 1, 2005- September 30, 2006

Important Phone Numbers

Medical Coverage	WEBTPA (formerly Employer's Mutual, Inc.)	Verify Benefits, check claims	800-697-2235
CPO-Healthchoice Select	HealthChoice, www.healthchoiceorlando.org	Check if a provider is in the network	352-323-5520
CPO-Florida Hospital	FHHS, www.fhhs.net	Check if a provider is in the network	352-689-3325
PPO-Beechstreet	Beechstreet, www.beechstreet.com	Check if a provider is in the network	407-977-4343
Prescription Program	WHP, www.whphi.com	Mail order pharmacy, current formulary list	800-207-2568
Employee Assistance	Bradman/UniPsych	Set appointment with a counselor	800-272-3626
Dental	CompBenefits, www.compbenefits.com	Verify coverage, provider network	800-342-5209
Vision	VCP, www.visioncare.com	Request a voucher	800-749-5855
Life insurance	Metlife Insurance Company	Benefits questions	800-638-6420
Long Term Disability	Unum Provident	Benefits questions	800-282-3744
Flexible Spending Account	WEBTPA (formerly Employer's Mutual, Inc.)	Check balance, request reimbursement	800-697-2235

We have the option of selecting one of two different health plans. Both options offer excellent health coverage but differ in payroll deduction, out-of-pocket cost, benefits and provider network. Both plans include prescription drug coverage and a confidential Employee Assistance Program. The plans are structured differently. The CPO offers a limited network of providers with specified co-payments for treatment and service. The PPO offers insurance coverage for treatment and services by network providers and non-network providers with a deductible and co-insurance schedule.

Plans in a "nutshell":

CPO	PPO
<ul style="list-style-type: none"> Limited network associated with HealthChoice Select or Florida Hospital hospitals. No out-of-network benefits. Direct Access - no referral needed for in-network. Set patient co-payments. Lower payroll deduction for dependent coverage. 	<ul style="list-style-type: none"> Larger, less restrictive network with no requirement to select a Primary Care Physician (PCP). Coverage for treatment & service received from out of network providers Typically more money out of your pocket when receiving services. Higher payroll deduction for dependent coverage.

Plan Comparison:

Network	CPO's	PPO
	Waterman CPO or Leesburg Regional CPO	Beechstreet
Calendar Year Deductible:		
<i>Individual/Family</i>		
In-Network	\$0	\$750/\$2,250 (per person/per family)
Out-of-Network	None	\$750/\$2,250 (per person/per family)
Coinsurance:		
In-Network	100%	80% paid by plan, 20% paid by employee
Out-of-Network	N/A	60% paid by plan, 40% paid by employee
Physician Office Visit:		
In-Network	\$20 copay	\$20 copay (employee)
Out-of-Network	N/A	60%* paid by plan
Annual Adult Physical Exam:		
In-Network	\$20 copay	\$20 copay (employee) (\$200 Maximum paid by plan)
Out-of-Network	N/A	Not Covered
Specialist Office Visit:		
In-Network	\$35 copay	\$35 copay (employee)
Out-of-Network	N/A	60%* (paid by plan)
Diagnostic Services		
In-Network	\$15 copay	80%* paid by plan, 20% paid by employee
Out-of-Network	N/A	60%* paid by plan, 40% paid by employee
Ambulance:		
In-Network	No copay	80%* paid by plan, 20% paid by employee
Out-of-Network	N/A	60%* paid by plan, 40% paid by employee
Emergency Services:		
In-Network	\$100 copay	100% up to \$500 (Accident) (paid by plan)
Out-of-Network	\$100 copay	100% up to \$500 (Accident) (paid by plan)
In-Patient Hospital Services:		
In-Network	\$200 per day; \$1000 Maximum	80%* paid by plan, 20% paid by employee
Out-of-Network	N/A	60%* (paid by plan) + \$100 copay (employee)
Out-Patient Services:		
In-Network	\$200 copay	80%* paid by plan, 20% paid by employee
Out-of-Network	N/A	60%* paid by plan, 40% paid by employee
Maximum Out-of-Pocket:		
<i>Individual/Family</i>		
In-Network	\$2,000 / \$4,000	\$2,000 per person / \$6,000 per family
Out-of-Network	N/A	\$2,000 per person/ \$6,000 per family
Prescription Drugs:		
In-Network	\$15 Generic / \$25 Brand / \$40 Non-Formulary	\$15 Generic / \$25 Brand / \$40 Non-Formulary
Out-of-Network	N/A	60% after copay
Mail Order:		
In-Network	\$30 Generic / \$50 Brand / \$80 Non-Formulary	\$30 Generic / \$50 Brand / \$80 Non-Formulary
Out-of-Network	N/A	Not Covered

* indicates Reasonable and Customary amount

The above information is for comparison purposes only. Benefits will be paid according to the Plan Document.

Important tips for using your medical benefits...

- Use the phone numbers on the front page to get quick and correct answers to your benefit questions.
- **If you are in the CPO, it is important before your appointment make sure that every doctor or provider you intend to see, participates in the network you've selected by contacting your provider network with the numbers/websites provided on the front page.** You should personally make the call to confirm network participation (not rely on the doctor), and ask specifically if the doctor is participating in the plan / network you've selected.
- If you have a question about medical benefits or claims payments call WEBTPA (formerly EMI) customer service at 800-697-2235. To ensure accuracy and confidentiality, WEBTPA requires all inquiries be initiated by the member. It may be helpful for you to note the name of the person you talked with.
- PPO members using out-of-network providers are responsible for all charges that exceed what the plan considers "reasonable and customary". No such balance billing will occur for in-network providers.
- Read your Plan Description (PD)! Your PD explains, in detail, all eligible benefits and exclusions.

Dental Insurance

There are two dental plans, DHMO and PPO. DHMO plan members pay a pre-determined fee directly to the dentist when receiving services, but must use a limited network of dentists. There is no deductible and no claim forms to file. PPO members may use any dentist (in or out of the network) and pay a percentage of the Reasonable & Customary charges for services with a cap on benefits paid.

	CompBenefits Dental Plans			
	DHMO (CS150)		PPO (EP720)	
	Deductible	Benefit	Deductible	Benefit
Diagnostic and Preventive: <i>(exam, x-rays, fluoride, etc...)</i>	\$0	100% (see attached schedule)	\$0	100%
Basic Services: <i>(fillings, endodontics, extraction)</i>	\$0	(see attached schedule)	\$50	80%
Major Services: <i>(crowns, dentures, periodontics)</i>	\$0	(see attached schedule)	\$50	50%
Calendar Year Maximum Benefit	Unlimited		\$1,000	

Important tips for using your dental benefits...

- DHMO members wishing to change their dental facility must call CompBenefits prior to the 15th of the month in order for the change to be effective on the 1st of the following month.
- PPO members are responsible for charges above "reasonable and customary" when receiving treatment or services from out-of-network dentists.
- Take advantage of the 100% coverage for preventative dental care.

Employee Assistance Program

Bradman Unipsych provides mental health, substance abuse and Employee Assistance Program services to the employees of Lake County and their eligible dependents.

The first six visits to an approved EAP provider are at no cost to the employee. After that, co-payments for visits are \$10.00 for each visit – with a limit of 32 visits per year. In-patient care is also available under certain circumstances.

Please see the Bradman plan description booklet for further information.

Life and Accidental Death & Dismemberment (AD&D) Insurance

Lake County pays the full cost for your basic Life and AD&D insurance through Metlife. You also have the option to buy additional supplementary Life and AD&D insurance for you and your dependents.

Term Life and AD&D	Benefit
Basic Life (Employer Paid)	Annual salary with a minimum of \$20,000
Basic AD&D (Employer Paid)	Annual salary with a minimum of \$20,000
Supplementary Employee Life	Up to 5 times salary in increments of \$10,000 up to a total of \$300,000. Employee must provide evidence of insurability when applying for amounts over \$100,000.
Supplementary Spouse Life	Increments of \$5,000 to a maximum of one half of employee supplementary life insurance amount.
Supplementary Children Life	Available in amounts of \$2,500, \$5,000, \$7,500 and \$10,000 to a maximum of one half of employee supplementary life insurance amount.
Supplementary AD&D	Available for employee, employee's spouse, and employee's children in the same increments as supplementary life. Cannot be purchased without similar amounts of supplementary life.

Long Term Disability Insurance

Lake County also pays the full cost for your Long Term Disability insurance through Unum Provident. You may also buy a rider that shortens the elimination period (the waiting period before benefits are paid).

	Benefit
Employee Long Term Disability (Employer Paid)	60% of salary up to \$5,000 per month with a 180 day elimination period.
Reduced Elimination Period Rider	Reduces elimination period to 90 days

Vision

Employees may purchase a voluntary vision plan. Coverage with Vision Care (a CompBenefits company) includes one eye exam per year, lenses each year, and one pair of frames every two years. There is a \$25 deductible (\$10 for the visit, \$15 for your glasses).

Flexible Spending Accounts

Flexible Spending Accounts (FSA) allow you to have money deducted from your paycheck BEFORE it is taxed. The FSA allows you to reimburse yourself for medical and dependent care expenses with these tax-free dollars.

- 1. Dependent Care Reimbursement** - lets you payroll deduct qualified expenses for day care or nursing home care for an eligible dependent, while you or your spouse is at work.
- 2. Health Care Reimbursement** - lets you payroll deduct expenses for qualified health care costs not covered by your (or your spouse's) health insurance plans. Examples of eligible healthplan expenses include physician office visit co-pays, hospital co-pays, deductibles, co-insurance, and prescription drug co-pays. In addition, most dental and vision expenses not covered by insurance are also considered eligible expenses.

Amounts "flexed" will save you the money normally paid for Federal and FICA taxes.

These plans are for eligible expenses incurred between October 1, 2005 and September 30, 2006. These plans do have a "use it or lose it" condition which simply means you must have expenses at least equal to what you deducted, so estimate conservatively to make sure you get all your money back out.