



2023
RETIREE
BENEFIT HIGHLIGHTS

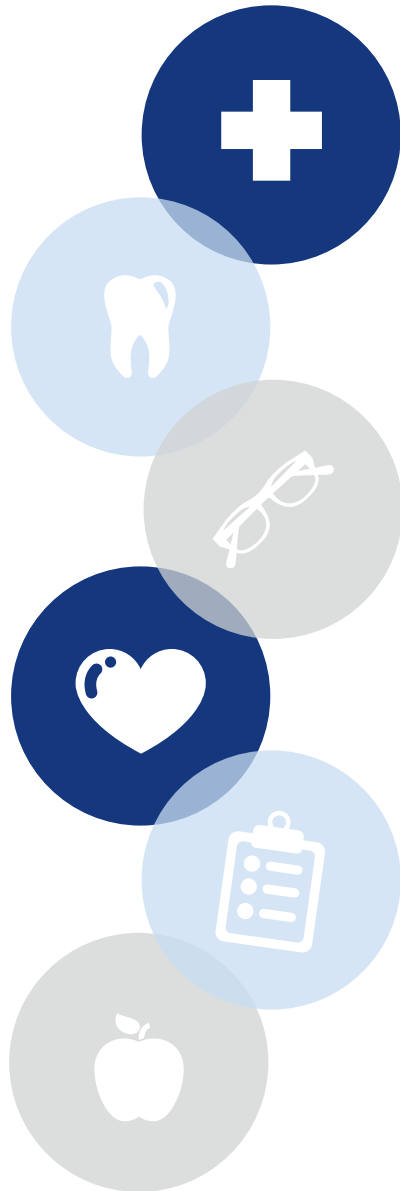


Contact Information

	Benefits Division - Retirement Section	PBSO	Phone: (561) 688-3551 Benefits: Option 1; Then Option 3
	Cigna Onsite Customer Service Representatives (Medical & Dental)	Cigna	Main Line: (561) 688-3551, Option 1; Then Option 5 Brenda Rodriguez: (561) 688-3555 DaNetra Scott: (561) 688-3287
	Health and Wellness Center	Cigna	West Palm Beach: (561) 242-3009 Wellington: (561) 402-8600 Delray Beach: (561) 526-0400 Belle Glade: (561) 992-1132
	Medical Insurance	Cigna	Customer Service: (800) 244-6224 www.myCigna.com Group #: 3339276
	Prescription Drug Coverage & Mail-Order Program	Cigna/Express Scripts	Customer Service: (800) 835-3784 www.myCigna.com
	Telehealth	MDLIVE through Cigna	Customer Service: (888) 726-3171 www.myCigna.com
	Dental Insurance	Cigna	Customer Service: (800) 244-6224 www.myCigna.com Group #: 3339276
	Retiree Life Insurance	New York Life Group Benefit Solutions	Customer Service: (800) 362-4462 www.mynylgbs.com
		Washington National	Customer Service: (800) 541-2254 www.my.washingtonnational.com
	Supplemental Insurance	Preferred Legal	Agent: Mark Brown Phone: (561) 869-4495 Email: Mark@IDTBS.com
		Identity Theft - iDefend	Agent: Mark Brown Phone: (561) 869-4495 Email: Mark@IDTBS.com
		Lincoln Financial Group	Customer Service: (800) 234-3500 www.lfg.com
	Retirement	FRS	Pension Customer Service: (844) 377-1888 www.frs.myflorida.com Investment/Financial Guidance: (866) 446-9377 www.myfrs.com



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



Introduction

The Palm Beach County Sheriff's Office (PBSO) provides assorted benefits to retirees. The Retiree Benefit Highlights Booklet provides a general summary of the benefit options as a convenient reference. If a retiree requires further explanation or needs assistance regarding these benefits, please refer to the customer service phone numbers under each benefit description heading or contact the Benefits Division-Retirement Section.

Group Insurance Eligibility



Palm Beach County Sheriff's Office group insurance plan year is January 1 through December 31.

Retiree Eligibility

Employees are eligible to participate in PBSO insurance plans if they meet the PBSO definition of normal retirement. Employees who have elected to retire shall be provided the opportunity to continue participation in PBSO group health insurance plan, at the retiree's expense, at the time of retirement. If coverage is declined, it cannot be reinstated. For additional information, please contact Benefits Division - Retirement Section.

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

**Retiree must provide a signed court order to Benefits Division-Retirement Section.*

Dependent Age Requirements

Medical & Dental 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 (OAD) may continue to be covered on the medical and dental plans to the end of the calendar year in which the OAD 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.

Disabled Dependents Requirements

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 retiree 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 Benefits Division-Retirement Section if further clarification is needed.

Domestic Partner Coverage

Domestic Partners (DP)* may be eligible to participate in PBSO's group insurance plans if retiree provides a copy of a Certificate of Partnership, issued by the county in which the retiree resides. Retiree may elect coverage for a DP during the initial retirement or Open Enrollment. All retirees must complete the yearly affidavit requirement in order to enroll/maintain Domestic Partner coverage and/or DP dependent child(ren) coverage.

**Retiree covering DPs and/or dependent child(ren) of a DP, is required to provide PBSO with copies of the DP and/or dependent child(ren) birth certificates and social security cards.*

Medicare Eligible

Once retiree is Medicare eligible, retiree must enroll in Medicare Part A and Part B to continue on the the PBSO Medical Plan. To enroll in Medicare Part A and B, contact the Social Security Administration at (800) 772-1213. Retiree should enroll in Medicare Part A and Part B effective the month in which age 65 is reached. If retiree misses the initial application period, the retiree will be assessed penalties by Social Security and the effective date of coverage will be much later. Retiree must provide PBSO Benefits Division-Retirement Section a copy of their Medicare ID card as soon as it is received. This applies to each Medicare eligible participant and their dependents.

Be advised that if retiree or family member is on social security disability, retiree must apply for Medicare. Contact the Social Security Administration at (800) 772-1213 for more information.



PBSO Health & Wellness Center

The Health and Wellness Centers operated by Cigna On-site Health®, LLC are available to retirees and covered dependents who maintain PBSO health insurance coverage and are not covered by Medicare.

The Wellness Centers are established to provide cost-free access to the highest quality medical care for acute and chronic conditions.

Below are examples of services provided by our Wellness Centers:

- ✓ Colds
- ✓ Coughs
- ✓ Flu
- ✓ Fevers
- ✓ Minor Injuries and Burns
- ✓ Cuts and Bad Scrapes
- ✓ Broken Bones
- ✓ Well Care
- ✓ Immunizations
- ✓ Physicals
- ✓ Maintenance
- ✓ Prescriptions

PBSO Wellness Centers provide more services than a typical primary care provider and urgent care center.

- ✓ They value your privacy by providing you with closed exam rooms.
- ✓ They have an on-site blood draw and x-ray - no need to go anywhere else.
- ✓ They have an on-site pharmacy ready to serve you.

IMPORTANT NOTE



Medicare covered retirees are not eligible to attend the PBSO Health and Wellness Center.

Exclusively for the Palm Beach County Sheriff's Office
All employees may use the Health & Wellness Centers (full-time & part-time).



West Palm Beach Office

2101 Centrepark West Drive, Suite 175, West Palm Beach, FL 33409
Phone: (561) 242-3009 | Fax: (561) 242-3010

Health Center Hours of Operation (Dependents Ages 2 and Older)

Monday, Wednesday and Friday	7:00 a.m. – 5:00 p.m.
Tuesday and Thursday	9:00 a.m. – 7:00 p.m.
Saturday	9:00 a.m. – 1:00 p.m.
Sunday	CLOSED

Wellington Office

1039 S. State Road 7, Suite 104, Wellington, FL 33414
Phone: (561) 402-8600 | Fax: (561) 402-8597

Health Center Hours of Operation (Dependents Ages 2 and Older)

Monday, Wednesday and Friday	7:00 a.m. – 5:00 p.m.
Tuesday and Thursday	9:00 a.m. – 7:00 p.m.
Saturday and Sunday	CLOSED

Delray Beach Office

15200 Jog Road, Suite D3-5, Delray Beach, FL 33446
Phone: (561) 526-0400 | Email: PBSO-Delray@cigna.com

Health Center Hours of Operation (Employees Only, No Dependents)

Monday, Wednesday and Friday	7:30 a.m. – 4:00 p.m.
Tuesday and Thursday	9:00 a.m. – 5:30 p.m.
Saturday and Sunday	CLOSED

Belle Glade Office - Telemed

38771 James Wheeler Way, Belle Glade, FL 33430
Phone: (561) 992-1132 | Email: PBSO-BelleGlade@cigna.com

Health Center Hours of Operation (Dependents Ages 2 and Older)

Monday	7:30 a.m. – 4:00 p.m.
Thursday	9:00 a.m. – 5:30 p.m.
Tuesday, Wednesday, Friday, Saturday and Sunday	CLOSED



Medical Insurance

PBSO offers medical insurance through Cigna to benefit-eligible retirees. The monthly costs 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 medical plans, please refer to the Summary of Benefits and Coverage (SBC) document on PBSO employee portal or contact Cigna's customer service.

Medical Insurance – Cigna Network HMO Plan

Monthly Premiums

Tier of Coverage	Retiree Cost Without Medicare	Retiree Cost With Medicare
Retiree Only	\$926.84	\$689.18
Retiree + One	\$1,954.02	\$1,547.70
Retiree + Two or More	\$2,607.58	\$2,021.68

Medical Insurance – Cigna Network Point of Service Plan

Monthly Premiums

Tier of Coverage	Retiree Cost Without Medicare	Retiree Cost With Medicare
Retiree Only	\$972.38	\$752.22
Retiree + One	\$2,049.64	\$1,587.24
Retiree + Two or More	\$2,735.06	\$2,118.56

Medical Insurance – Cigna Open Access Plus Plan

Monthly Premiums

Tier of Coverage	Retiree Cost Without Medicare	Retiree Cost With Medicare
Retiree Only	\$1,041.42	\$806.76
Retiree + One	\$2,167.30	\$1,674.46
Retiree + Two or More	\$2,883.70	\$2,226.58

Cigna | Customer Service: (800) 244-6224 | www.myCigna.com

Summary of Benefits and Coverage

An electronic **Summary of Benefits & Coverage (SBC)** for the Medical Plan can be provided as a supplement to this booklet. The summary is an important item in understanding retiree's benefit options. The SBC is only a summary of the plan's coverage.

If there are any questions about the plan offerings or coverage options, please contact Benefits Division-Retirement Section at (561) 688-3551, Option 1; Then Option 3.

Cigna Onsite Service Representatives

Cigna Onsite Service Representatives are here to assist retirees:

- ✓ Understand plan benefits
- ✓ Find in-network doctors and arrange care
- ✓ Investigate denied claims and assist to resolve them

Call or Email Questions

Cigna Onsite Representative Main Line: (561) 688-3551, Option 1; Then Option 5
Email: benefitsdiv-cigna@pbsso.org

Other Available Plan Resources

Cigna offers all enrolled retirees and dependents additional services and discounts through value added programs. For more details regarding other available plan resources, please contact Cigna's customer service at (800) 244-6224, or visit www.myCigna.com.

Telehealth

Cigna provides access to telehealth services as part of PBSO medical plans. MDLIVE is a convenient phone and video consultation company that provides immediate medical assistance for non-emergency situations.

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 MDLIVE through Cigna.

MDLIVE | Customer Service: (888) 726-3171 | www.myCigna.com

Cigna Onsite Representative Main Line: (561) 688-3551, Option 1; Then Option 5
Email: benefitsdiv-cigna@pbsso.org



Cigna Network HMO Plan At-A-Glance

Network	Seamless
Calendar Year Deductible (CYD)	
Single	Does Not Apply
Family	Does Not Apply
Coinsurance	
Member Responsibility	Does Not Apply
Calendar Year Out-of-Pocket Limit	
Single	\$2,500
Family	\$7,500
What Applies to the Out-of-Pocket Limit?	Copays
Physician Services	
Primary Care Physician (PCP) Office Visit	\$20 Copay
Specialist Office Visit (CCN/Non-CCN)*	\$40 Copay / \$55 Copay
Telehealth Services	\$20 Copay
Non-Hospital Services; Freestanding Facility	
Clinical Lab (Bloodwork)**	No Charge
X-rays	No Charge
Advanced Imaging (MRI, PET, CT)	\$250 Copay (Per Scan)
Outpatient Surgery in Surgical Center	\$250 Copay
Physician Services at Surgical Center	No Charge
Urgent Care (Per Visit)	\$100 Copay
Hospital Services	
Inpatient Hospital (Per Admission)	\$1,000 Copay
Outpatient Hospital (Per Visit)	\$250 Copay
Physician Services at Hospital	No Charge
Emergency Room (Per Visit; Waived if Admitted)	\$400 Copay
Mental Health/Alcohol & Substance Abuse	
Inpatient Hospital Services (Per Admission)	\$1,000 Copay
Outpatient Services (Per Visit)	No Charge
Outpatient Office Visit	\$40 Copay
Prescription Drugs (Rx)	
Calendar Year Out-of-Pocket Limit for Rx Costs	\$5,350 Single / \$9,700 Family
Generic	\$10 Copay
Preferred Brand Name	\$35 Copay
Non-Preferred Brand Name	\$65 Copay
Mail Order Drug (90-Day Supply)	2x Copay



Locate a Provider

To search for a participating provider, contact Cigna's customer service or visit www.myCigna.com. When completing the necessary search criteria, select Seamless network - Florida.



Plan References

*Specialists in the Cigna Care Network (CCN) offer a lower copay than a Non-Cigna Care Network provider

**LabCorp or Quest Diagnostics are the preferred labs for bloodwork through Cigna. When using a lab other than LabCorp or Quest, please confirm they are contracted with Cigna for your plan prior to receiving services.



Important Notes

- Services received by providers or facilities **not** in the Florida Seamless network, will not be covered.
- There is a separate \$5,350/\$9,700 per calendar year pharmacy out-of-pocket limit that does not accumulate towards the medical calendar year out-of-pocket limit.
- Members that have a dependent child living outside the state of Florida for 90 consecutive days or more, are offered "Guesting Privileges." Please contact Cigna's customer service for more information.
- Members must select a Primary Care Provider (PCP) at the time of enrollment.



Cigna Network Point of Service Plan At-A-Glance



Locate a Provider

To search for a participating provider, contact Cigna's customer service or visit www.myCigna.com. When completing the necessary search criteria, select Seamless network - Florida.



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.

**Specialists in the Cigna Care Network (CCN) offer a lower copay than a Non-Cigna Care Network provider.

***LabCorp or Quest Diagnostics are the preferred labs for bloodwork through Cigna. When using a lab other than LabCorp or Quest, please confirm they are contracted with Cigna for your plan prior to receiving services.

****PAD: Per Admission Deductible



Important Notes

- There is a separate \$5,350/\$9,700 per calendar year pharmacy out-of-pocket limit that does not accumulate towards the medical calendar year out-of-pocket limit.
- Members that have a dependent child living outside the state of Florida for 90 consecutive days or more, are offered "Guesting Privileges." Please contact Cigna's customer service for more information.

Network	Seamless	
Calendar Year Deductible (CYD)	In-Network	Out of Network*
Single	\$0	\$500
Family	\$0	\$1,000
Coinsurance		
Member Responsibility	0%	40%
Calendar Year Out-of-Pocket Limit		
Single	\$2,500	\$2,500
Family	\$7,500	\$7,500
What Applies to the Out-of-Pocket Limit?	Deductible, Coinsurance and Copays	
Physician Services		
Primary Care Physician (PCP) Office Visit	\$20 Copay	40% After CYD
Specialist Office Visit (CCN/Non-CCN)**	\$40 Copay / \$55 Copay	40% After CYD
Telehealth Services	\$20 Copay	Not Covered
Non-Hospital Services; Freestanding Facility		
Clinical Lab (Bloodwork)***	No Charge	40% After CYD
X-rays	No Charge	40% After CYD
Advanced Imaging (MRI, PET, CT)	\$250 Copay (Per Scan)	\$250 Copay + 40% After CYD (Per Scan)
Outpatient Surgery in Surgical Center	\$250 Copay	\$250 PAD**** + 40% After CYD
Physician Services at Surgical Center	No Charge	40% After CYD
Urgent Care (Per Visit)	\$100 Copay	\$100 Copay
Hospital Services		
Inpatient Hospital (Per Admission)	\$1,000 Copay	\$1,000 PAD**** + 40% After CYD
Outpatient Hospital (Per Visit)	\$250 Copay	\$250 PAD**** + 40% After CYD
Physician Services at Hospital	No Charge	40% After CYD
Emergency Room (Per Visit; Waived if Admitted)	\$400 Copay	\$400 Copay
Mental Health/Alcohol & Substance Abuse		
Inpatient Hospital Services (Per Admission)	\$1,000 Copay	\$1,000 PAD**** + 40% After CYD
Outpatient Services (Per Visit)	No Charge	40% After CYD
Outpatient Office Visit	\$40 Copay	40% After CYD
Prescription Drugs (Rx)		
Calendar Year Out-of-Pocket Limit for Rx Costs	\$5,350 Single / \$9,700 Family	
Generic	\$10 Copay	40% Coinsurance
Preferred Brand Name	\$35 Copay	40% Coinsurance
Non-Preferred Brand Name	\$65 Copay	40% Coinsurance
Mail Order Drug (90-Day Supply)	2x Copay	40% Coinsurance



Cigna Open Access Plus Plan At-A-Glance

Network	Cigna Open Access Plus	
Calendar Year Deductible (CYD)	In-Network	Out of Network*
Single	\$1,000	\$1,000
Family	\$3,000	\$3,000
Coinsurance		
Member Responsibility	10%	40%
Calendar Year Out-of-Pocket Limit		
Single	\$2,500	\$2,500
Family	\$7,500	\$7,500
What Applies to the Out-of-Pocket Limit?	Deductible and Coinsurance	
Physician Services		
Primary Care Physician (PCP) Office Visit	10% After CYD	40% After CYD
Specialist Office Visit (CCN/Non-CCN)**	10% / 20% After CYD	40% After CYD
Telehealth Services	10% After CYD	Not Covered
Non-Hospital Services; Freestanding Facility		
Clinical Lab (Bloodwork)***	10% After CYD	40% After CYD
X-rays	10% After CYD	40% After CYD
Advanced Imaging (MRI, PET, CT)	10% After CYD	40% After CYD
Outpatient Surgery in Surgical Center	10% After CYD	40% After CYD
Physician Services at Surgical Center	10% After CYD	40% After CYD
Urgent Care (Per Visit)	10% After CYD	10% After CYD
Hospital Services		
Inpatient Hospital (Per Admission)	10% After CYD	\$1,000 PAD**** + 40% After CYD
Outpatient Hospital (Per Visit; Pre-Authorization may be required)	10% After CYD	40% After CYD
Physician Services at Hospital	10% After CYD	40% After CYD
Emergency Room (Per Visit)	10% After CYD	10% After CYD
Mental Health/Alcohol & Substance Abuse		
Inpatient Hospital Services (Per Admission)	10% After CYD	\$1,000 PAD**** + 40% After CYD
Outpatient Services (Per Visit)	10% After CYD	40% After CYD
Outpatient Office Visit	10% After CYD	40% After CYD
Prescription Drugs (Rx)		
Calendar Year Out-of-Pocket Limit for Rx Costs	\$5,350 Single / \$9,700 Family	
Generic	\$10 Copay	40% Coinsurance
Preferred Brand Name	\$35 Copay	40% Coinsurance
Non-Preferred Brand Name	\$65 Copay	40% Coinsurance
Mail Order Drug (90-Day Supply)	2x Copay	40% Coinsurance



Locate a Provider

To search for a participating provider, contact Cigna's customer service or visit www.myCigna.com. When completing the necessary search criteria, select Open Access Plus 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.

**Specialists in the Cigna Care Network (CCN) offer a lower copay than a Non-Cigna Care Network provider.

***LabCorp or Quest Diagnostics are the preferred labs for bloodwork through Cigna. When using a lab other than LabCorp or Quest, please confirm they are contracted with Cigna for your plan prior to receiving services.

****PAD: Per Admission Deductible



Important Notes

- There is a separate \$5,350/\$9,700 per calendar year pharmacy out-of-pocket limit that does not accumulate towards the medical calendar year out-of-pocket limit.



Dental Insurance

Cigna DHMO Dental Care Access Plan

PBSO offers dental insurance through Cigna to benefit-eligible retirees. The monthly costs 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 summary plan document or contact Cigna's customer service.

Dental Insurance – Cigna DHMO Dental Care Access Plan

Monthly Premiums

Tier of Coverage	Retiree Cost
Retiree Only	\$36.50
Retiree + One	\$53.84
Retiree + Two or More	\$96.82

In-Network Benefits

The DHMO Dental Care Access plan is an in-network only plan that requires all services be received by a Primary Dental Provider (PDP). Retiree and dependent(s) may select any participating dentist in the **Cigna Dental Care Access network** to receive covered services. There is no coverage for services received out-of-network.

The DHMO Dental Care Access plan's schedule of benefits is set forth by the Patient Charge Schedule (fee schedule) which is highlighted on the following page. Please refer to the summary plan document on PBSO employee portal (benefit tab) for a complete list of charges and covered benefits.

Out-of-Network Benefits

The DHMO plan does not cover any services rendered by out-of-network facilities or providers.

Calendar Year Deductible

There is **no** calendar year deductible.

Calendar Year Benefit Maximum

There is **no** benefit maximum.



IMPORTANT NOTES

- *Each covered family member may receive up to two (2) routine cleanings per plan year covered under the preventive benefit. Members can also receive two (2) additional cleanings at the charge of a copay.*
- *Prior authorization is not required for specialty referrals for Endodontic, Orthodontic and Pediatric Services.*
- *Waiting periods and age limitations may apply.*

Cigna | Customer Service: (800) 244-6224 | www.myCigna.com

Cigna Onsite Representative Main Line: (561) 688-3551, Option 1; Then Option 5
Email: benefitsdiv-cigna@pbsso.org



Cigna DHMO Dental Care Access Plan At-A-Glance

Network	Cigna Dental Care Access	
Calendar Year Deductible (CYD)	In-Network	
Per Member	Does Not Apply	
Per Family		
Waived for Class I Services?		
Calendar Year Benefit Maximum	Does Not Apply	
Per Member		
Class I Services: Diagnostic & Preventive Care	Code*	In-Network
Routine Oral Exam (4 Per Year)	D0150	No Charge
Routine Cleanings (2 Per Year)	D1110/D1120	
Complete X-rays (1 Every 3 Years)	D0210	
Bitewing X-rays (2 Films)	D0272	
Class II Services: Basic Restorative Care		
Fillings (Amalgam)	D2140	\$6 Copay
Fillings (Resin, 3 Surface Posterior)	D2393	\$82 Copay
Simple Extractions (Erupted Tooth or Exposed Root)	D7140	\$12 Copay
Surgical Extractions (Impacted, Completely Bony)	D7240	\$185 Copay
Root Canal Therapy (Molar)**	D3330	\$440 Copay
Periodontal Scaling and Root Planning	D4341	\$110 Copay
Class III Services: Major Restorative Care		
Crowns (Porcelain Fused to Metal)	D2752	\$400 Copay
Bridges	D5213/D5214	\$625 Copay
Dentures	D5110/D5120	\$535 Copay
Class IV Services: Orthodontia		
Benefit - Adult/Child (Up to Age 19)	D8670	Child \$2,280 Copay Adult \$3,000 Copay
Treatment Planning/Records	D8660	\$67 Copay



Locate a Provider

To search for a participating provider, contact Cigna's customer service or visit www.myCigna.com. When completing the necessary search criteria, select Cigna Dental Care Access network.



Plan References

* D = Diagnostic Code

** Excluding final restoration.



Dental Insurance

Cigna Total DPPO Plan

PBSO offers dental insurance through Cigna to benefit-eligible retirees. The monthly costs 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 summary plan document or contact Cigna's customer service.

Dental Insurance – Cigna Total DPPO Plan Monthly Premiums

Tier of Coverage	Retiree Cost
Retiree Only	\$37.14
Retiree + One	\$77.18
Retiree + Two or More	\$106.22

In-Network Benefits

The Cigna Total DPPO 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 **Total Cigna DPPO network**. These participating dental providers have contractually agreed to accept Cigna's contracted fee or "allowed amount." This fee is the maximum amount a Cigna dental provider can charge a member for a service. The member is responsible for a Calendar Year Deductible (CYD) and then coinsurance based on the plan's charge limitations.

Please Note: Total DPPO dental members have the option to utilize a dentist that participates in either Cigna's Advantage network or DPPO network. However, members that use the Cigna Advantage network will see additional cost savings from the added discount that is allowed for using an Advantage network provider. Members are responsible for verifying whether the treating dentist is an Advantage Dentist or a DPPO Dentist.

Out-of-Network Benefits

Out-of-network benefits are used when member receives services by a non-participating Cigna provider. Cigna reimburses out-of-network services based on what it determines as the Maximum Reimbursable Charge (MRC). The MRC 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 Cigna's MRC and the amount charged by the out-of-network dental provider. Balance billing is in addition to any applicable plan deductible or coinsurance responsibility.

Calendar Year Deductible

The Cigna Total DPPO plan deductibles are required to be met before most benefits will begin. Retirees who select a Cigna DPPO Advantage provider will have a \$50 individual or \$150 family in-network deductible. Retirees who select a Cigna DPPO provider will have a \$100 individual or \$300 family in-network deductible. Out-of-network services require a \$100 individual or \$300 family deductible. The deductible is waived for preventive services.

Calendar Year Benefit Maximum

The maximum benefit (coinsurance) the Cigna Total DPPO plan will pay for each covered member is \$1,000 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 calendar year.

Cigna | Customer Service: (800) 244-6224 | www.myCigna.com

Cigna Onsite Representative Main Line: (561) 688-3551, Option 1; Then Option 5
Email: benefitsdiv-cigna@pbsso.org



Cigna Total DPPPO Plan At-A-Glance

Network	Total Cigna DPPPO		
	Cigna DPPPO Advantage	Cigna DPPPO	
Calendar Year Deductible (CYD)	In-Network	In-Network	Out-of-Network*
Per Member	\$50	\$100	\$100
Per Family	\$150	\$300	\$300
Waived for Class I Services?	Yes		

Calendar Year Benefit Maximum

Per Member	\$1,000	\$1,000	\$1,000
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Class I Services: Diagnostic & Preventive Care

Routine Oral Exam (2 Per Year)	Plan Pays: 100% Deductible Waived	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: 100% After CYD	Plan Pays: 80% After CYD	Plan Pays: 80% After CYD (Subject to Balance Billing)
Simple Extractions			
Oral Surgery			
Endodontics (Root Canal Therapy)			
Periodontal Services			
Anesthetics			

Class III Services: Major Restorative Care

Crowns	Plan Pays: 60% After CYD	Plan Pays: 50% After CYD	Plan Pays: 50% After CYD (Subject to Balance Billing)
Bridges			
Dentures			

Class IV Services: Orthodontia

Lifetime Maximum	\$1,500	\$1,500	\$1,500
Benefit (Adult/Child)	Plan Pays: 50% After CYD	Plan Pays: 50% After CYD	Plan Pays: 50% After CYD (Subject to Balance Billing)



Locate a Provider

To search for a participating provider, contact Cigna's customer service or visit www.myCigna.com. When completing the necessary search criteria, select Total Cigna DPPPO 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

- Each covered family member may receive up to two (2) routine cleanings per calendar year covered under the preventive benefit.
- For any dental work expected to cost \$200 or more, the plan will provide a "Pre-Determination 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.



Ginger Mental Health Resource

Stress impacts everyone – in and out of the workplace. Ginger behavioral health services offer coaching as a first level of support to build resilience of everyday stress producers through techniques and motivational interviewing to understand each members' needs and create a plan. Ginger behavioral health coaches are available on-demand via text-based chats, self-guided learning activities and content, and video-based therapy and psychiatry to help members reduce stress, reach goals and feel supported any time of the day or night. Members can work with a coach on:

- ✓ Achieving Goals
- ✓ Stress Management
- ✓ Building Self-Esteem
- ✓ Improving Communication
- ✓ Work Life Balance
- ✓ Recovering From Loss

Support is available anytime 24/7/365, on mobile devices, for a variety of mental health challenges – all from the privacy of any smartphone. A copay may apply.

Ginger | Customer Service: help@ginger.com | www.ginger.com/cigna

Express Scripts

Retirees taking maintenance medications which are prescribed for certain chronic long-term conditions and are taken on a regular recurring basis, may now fill these prescriptions through Express Scripts pharmacy, a mail-order program. Express Scripts pharmacy offers simple, stress-free ordering, safe and accurate prescriptions delivered to retiree's home address and 24/7 customer support.

Express Scripts

Customer Service: (800) 835-3784 | www.mycigna.com

Retiree Life Insurance

Term Life Insurance

PBSO offers Term Life insurance to all eligible retirees through New York Life Group Benefit Solutions at retirement. The benefit amount is determined by the retiree's eligibility classification as described below.

Class	Eligibility Classifications	Benefit Classifications
Class 2	Retired employees who retired prior to April 1, 1989	Flat \$10,000
Class 3	Retired employees who retired from April 1, 1989 to June 30, 2012	Flat \$10,000 or \$20,000
Class 4	Retired employees who retired on or after July 1, 2012	One (1) times retiree annual salary up to a maximum of \$100,000

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 45% of the benefit amount at age 70
- > Reduces to 30% of the benefit amount at age 75
- > Reduces to 20% of the benefit amount at age 80

Always remember to keep beneficiary information updated. Beneficiary information may be updated at anytime through the Benefits Division-Retirement Section.

New York Life Group Benefit Solutions

Customer Service: (800) 362-4462 | www.mynylgbs.com



Voluntary Supplemental Insurance

Washington National

Washington National Insurance offers a variety of supplemental insurance plans that may be purchased separately on a voluntary basis. Washington National pays cash directly to the retiree, regardless of what other insurance plans retiree may have. Coverage is available for retiree, spouse and children on most plans. At retirement, employee may elect to transfer policy to direct bill; therefore, maintaining the policy during retirement. To learn more about these plans and/or to schedule a personal appointment, contact PBSO's local agent.

The following plans are available:

- ✓ Accidental Injury Insurance
- ✓ Cancer Insurance
- ✓ Critical Illness
- ✓ Active Care
- ✓ Return of Premium

Washington National

Claims : (800) 525-7662 | www.my.washingtonnational.com

Agent: Todd Louer | Phone: (954) 465-9535

Agent: Lianna Castellano | Phone: (702) 296-1022

Preferred Legal Plan

PBSO offers retirees the opportunity to enroll in a voluntary pre-paid legal program through Preferred Legal Plan. By enrolling in this plan, a participant will have direct access to attorneys who will provide legal assistance 24 hours a day/7 days a week for a variety of situations such as those examples provided below. Additional services may also be provided at discounted rates.

Preferred Legal Plan service examples:

- ✓ Divorce
- ✓ Domestic Violence
- ✓ Civil Litigation
- ✓ Child Custody and Support
- ✓ Probate
- ✓ Immigration
- ✓ Wills (*Member and Spouse*)
- ✓ Real Estate

Legal Insurance – Preferred Legal Plan

Monthly Deductions

	Retiree Cost
Retiree Only	\$11.45
Retiree + One	\$11.45
Retiree + Family	\$16.45

Preferred Legal Plan

Agent: Mark Brown | Phone: (561) 869-4495 | Email: Mark@IDTBS.com

Identity Theft Protection

iDefend plan provides protection against all forms of identity theft. It is available to retiree and family members, including children up to age 25. iDefend benefit includes the seven (7) essentials of whole identity protection:

- ✓ Whole Identity Monitoring
- ✓ Cyber Crime Protection
- ✓ Credit Protection
- ✓ Privacy Protection
- ✓ Lost Wallet Protection
- ✓ Whole Identity Recovery
- ✓ Cyberhood Watch Membership

Identity Theft Protections – iDefend

Monthly Deductions

	Retiree Cost
Retiree Only	\$2.35
Retiree + One	\$12.30
Retiree + Family	\$15.30

iDefend

Agent: Mark Brown | Phone: (561) 869-4495 | Email: Mark@IDTBS.com



Florida Retirement System

Florida Retirement System (FRS)

The Florida Retirement System is a state-administered retirement program for employees who are employed in regularly established positions. Retiree's participate in the FRS Pension Plan or the FRS Investment Plan.

FRS Pension Plan

The FRS Pension Plan is a traditional, defined-benefit retirement plan. For employees hired prior to July 1, 2011, vesting occurs after six (6) years of service. For employees hired on or after July 1, 2011, vesting occurs after eight (8) years of service.

FRS Investment Plan

The FRS Investment Plan is a defined contribution plan where employees allocate employer and employee contributions to available investments. Vesting occurs after one (1) year of service. The benefit for this plan is based on how much money is contributed to an employee's account and how well that money grows over time when invested. Employees choose from several available payout options when the benefit is taken.

FRS Normal Retirement Criteria

Sworn or Certified (*Special Risk Class*)

Members enrolled in FRS prior to July 1, 2011

- 6 years of creditable service and age 55; or
- 25 years of Special Risk creditable service, regardless of age

Members enrolled on/after July 1, 2011

- 8 years of creditable service and age 60; or
- 30 years of Special Risk creditable service, regardless of age

Civilian (*Regular Class*)

Members enrolled in FRS prior to July 1, 2011

- 6 years of creditable service and age 62; or
- 30 years of creditable service, regardless of age

Members enrolled on/after July 1, 2011

- 8 years of creditable service and age 65; or
- 33 years of creditable service, regardless of age

FRS Health Insurance Subsidy (HIS)

The FRS provides a HIS to eligible FRS Retirees equivalent to \$5 per years of service at a maximum of \$150 (30 years of service) to help offset the cost of health insurance coverage. Retirees must apply and be approved to receive the HIS benefit. In order for FRS investment plan members to qualify, they must also take a distribution from their FRS investment plan.

Please Note: The HIS benefit is in addition to the FRS Retirement benefit.

FRS Early Retirement Penalty (*Pension Plan Members*)

If an employee takes early retirement, the amount of the retirement benefit will be reduced by 5% for each year, prior to the normal FRS retirement age. Contact FRS for more information.

FRS Insurance Deduction Program

Employees retiring from the FRS Pension Plan may elect to pay their medical and/or dental premiums via automatic deduction from their monthly pension check.

Participation in this program also qualifies retired public safety officers for a \$3,000 IRS tax exclusion on their federal income tax. See page 14 for more information.

To participate in this program, please contact **Benefits Division - Retirement Section** for further details.

FRS | Investment Plan: (866) 446-9377 | www.myfrs.com
Pension Plan: (844) 377-1888 | www.frs.myflorida.com

Benefits Division - Retirement Section

Email: retirement@pbso.org



Deferred Compensation 457(b)

PBSO retiree's who have contributed to the 457 Deferred Compensation Plan may withdraw money as needed, either in partial or lump sum payment by contacting Lincoln Financial Group directly at (800)234-3500.

Health Insurance Premium Tax Exclusion (*Public Safety Officers Only*)

The Federal Pension Protection Act (PPA) of 2006 provides a tax exclusion of up to \$3,000 for Health Insurance Premiums paid directly via automatic deduction from the FRS Pension check for retired public safety officers or from direct payments issued by the 457 Deferred Compensation provider, Lincoln Financial Group. For further information about PPA, contact IRS at www.irs.gov. The Benefits Division - Retirement Section cannot provide tax advice.

Lincoln Financial Group

Customer Service: (800) 234-3500 | www.lfg.com

For general FRS or 457(b) Deferred Compensation questions, contact Benefits Division, Retirement Section at (561) 688-3551, Option 1; Then Option 3

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.

Lined area for taking notes.



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.

Dotted lines for writing notes.



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.

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