RETIREE BENEFIT HIGHLIGHTS

2026-2027

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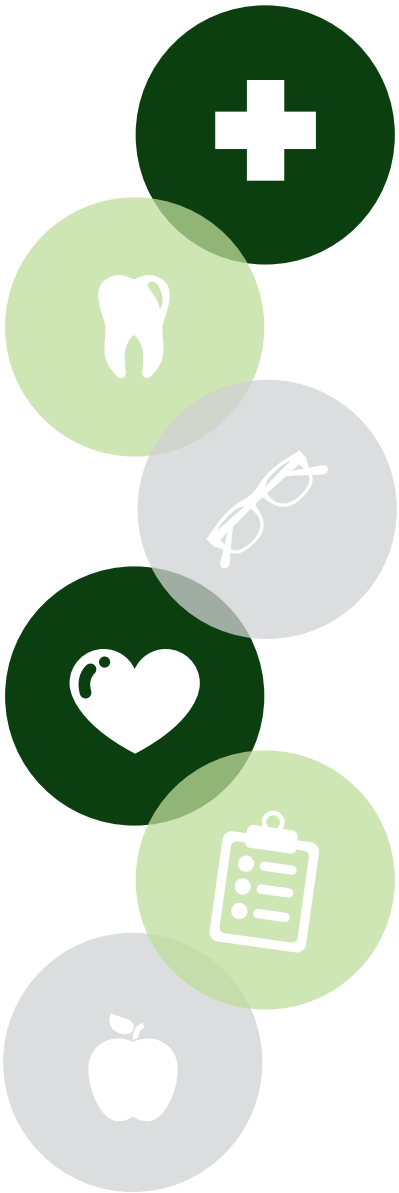

Contact Information

	Wellness & Benefits Team		Email: SO-Benefits@ocsofl.com
	Dedicated Cigna Representative	Stephen Laica	Phone: (407) 254-7160 Email: Stephen.Laica@cignahealthcare.com
	Medical Insurance	Cigna Healthcare	Phone: (800) 244-6224 www.mycigna.com Policy #3334954
	Prescription Drug Coverage & Mail-Order Program	Express Scripts Pharmacy through Cigna Healthcare	Phone: (800) 835-3784 www.mycigna.com
	Telehealth	MDLIVE through Cigna Healthcare	Phone: (888) 726-3171 www.mycigna.com
	Dental Insurance	Humana	Phone: (800) 233-4013 www.myhumana.com Policy #864591
	Vision Insurance	Humana	Phone: (877) 398-2980 www.myhumana.com Policy #864591
	Employee Assistance Program	Confide Behavioral Health Navigator through Cigna Healthcare	Phone: (844) 338-4232 www.mycigna.com Employer ID: ocsofl
	Behavioral Health	Cigna Healthcare	Phone: (800) 433-5768 www.mycigna.com
	Retirement	Florida Retirement System (FRS)	Phone: (866) 446-9377 www.myfrs.com
	Claims, Billing & Benefit Assistance	Gehring Group	Phone: (800) 244-3696 Email: geh-ocsofl@bbrown.com

Introduction

The Orange County Sheriff's Office (OCSO) provides group insurance benefits to eligible retirees. The Retiree Benefit Highlights Booklet provides a general summary of the benefit options as a convenient reference. Please refer to the OCSO Personnel Policies and/or Certificates of Coverage for detailed descriptions of all available retiree benefit programs and stipulations therein. If retiree requires further explanation or needs assistance regarding claims processing, please refer to the customer service phone numbers under each benefit description heading or contact the Wellness & Benefits Team.

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.

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 and existing retirees during the Open Enrollment Period. The summary is an important item in understanding retiree's benefit options. A free paper or electronic copy of the SBC document may be requested or is also available as follows:

From:	Wellness & Benefits Team
Address:	PO Box 1440 Orlando, Florida 32802
Email:	SO-Benefits@ocsofl.com

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 by contacting Wellness & Benefits Team.

Group Insurance Eligibility

OCTOBER 01

OCSO's group insurance plan year is October 1 through September 30.

Retiree Eligibility

If retiree meets the eligibility requirements defined by the Florida Retirement System (FRS) and Orange County Sheriff's Office, retiree is eligible to elect benefits upon retirement from the Sheriff's Office.

Dependent Eligibility

A dependent is defined as the legal spouse and/or dependent child(ren) of the participant or spouse. 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 (per Florida State Statute)
- A child for whom legal guardianship has been awarded to the participant or the participant's spouse

Dependent Age Requirements

Medical Coverage: A dependent child may be covered through the end of the month in which the child turns age 26. An over-age dependent (taxable dependent) may continue to be covered on the medical plan at full COBRA rates 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 month in which the child turns age 26.
Vision Coverage: A dependent child may be covered through the end of the month in which the child turns age 26.

Please see Taxable Dependents if covering eligible over-age dependents.

Disabled Dependents

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

- Is physically or mentally disabled and incapable of self-sustaining employment (prior to age 26); and
- Unmarried and primarily dependent upon the retiree for support; and
- Is otherwise eligible for coverage under the group's insurance plans; and
- Has been continuously insured.

Proof of disability will be required upon request. Contact the Wellness & Benefits Team for more information.

Taxable Dependents

Retiree covering adult child(ren) under retiree's medical insurance plan may continue to have the related coverage premiums payroll deducted on a pre-tax basis through the end of the calendar year in which dependent child reaches age 26. Coverage for a dependent child from the calendar year in which the child reaches age 27 through the calendar year in which the child reaches age 30 may have tax implications and may be subject to applicable federal, Social Security, and Medicare taxes. Retirees are encouraged to consult their tax advisor for guidance regarding their individual circumstances. Contact Payroll for further details if covering an adult dependent child who will turn age 27 any time during the upcoming calendar year or for more information.

Please Note: *There is no imputed income if adult dependent child is eligible to be claimed as a dependent for Federal income tax purposes on the retiree's tax return.*

Medical Insurance

OCSO offers medical insurance through Cigna Healthcare to benefit-eligible retirees. The per pay period costs for coverage are listed in the premium tables 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 carrier's Summary of Benefits and Coverage (SBC) document or contact customer service.

Medical Insurance – Cigna Healthcare OAP Green Plan

Monthly Premium Cost

Tier of Coverage	Retiree Cost
Retiree Only	$1,005.50
Retiree + Spouse	$1,970.70
Retiree + Child(ren)	$1,614.40
Retiree + Family	$2,777.10

Medical Insurance - Cigna Healthcare OAP Gold Plan

Monthly Premium Cost

Tier of Coverage	Retiree Cost
Retiree Only	$1,030.00
Retiree + Spouse	$2,018.70
Retiree + Child(ren)	$1,653.60
Retiree + Family	$2,844.70

Cigna Healthcare
Phone: (800) 244-6224 | www.mycigna.com

Telehealth

Cigna Healthcare provides access to telehealth services as part of the medical plan. MDLIVE 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 retiree's primary care doctor is unavailable, after-hours or on holidays for non-emergency needs. Many urgent care ailments can be treated with telehealth.

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

Telehealth doctors do not replace retiree's primary care physician but may be a convenient alternative for non-emergent, urgent care and ER visits.

Telehealth

Virtual Services	Green Plan Cost Per Visit	Gold Plan Cost Per Visit
Urgent Care	$25	80% After PYD
Mental Health	$30	80% After PYD
Specialty	$50	80% After PYD

Cigna Healthcare
MDLIVE | Phone: (888) 726-3171 | www.mycigna.com

Medical Plan Resources

Enrolled retirees and dependents have access to additional services and discounts through value added programs. Resources such as in-network providers, benefits, deductibles, ID cards, claims, and more are easily accessed through the carrier portal and mobile app. For more details regarding medical plan resources, contact customer service.

Mobile App

Mobile app provides on-the-go access to the medical benefit account to view benefits, download ID card, locate providers, or view claims.

IdentityForce

Cigna Healthcare provides retirees enrolled in the Cigna Consumer Driven Health plan an identity theft protection plan through IdentityForce. This plan protects retirees and their dependents up to age 18, against identity theft compromises and includes, but is not limited to the following benefits:

- 24/7 Monitoring (Social Security, Social Media, Dark Web, Financial Accounts, Password Manager, and more)
- Sex Offender Notification
- Medical ID Fraud Protection
- Fully Managed Restoration Services
- $1 Million Dollar Identity Theft Insurance Policy

To learn more about this plan or to sign up, contact IdentityForce's customer service at (833) 580-2523 or visit http://cigna.identityforce.com/starthere.

Health Information Line

The 24-Hour Health Information Line (HIL) assists individuals in understanding the right level of treatment at the right time. Trained nurses are available 24 hours a day, seven (7) days a week, 365 days a year to provide health and medical information and assistance on available resources. For more information call (800) 244-6424.

Omada

Omada is a digital lifestyle change program focused on building healthy, long-lasting habits. Retirees or covered adult dependent(s) enrolled in OCSO Cigna medical plan can participate in the program at no additional cost if they have been diagnosed with type 2 diabetes or hypertension and/or are at risk for developing type 2 diabetes or heart disease. Omada provides members with the tools and support needed to make lasting, meaningful changes to eating habits, improve energy, sleep and manage stress.

Those who qualify will receive:

- ✓ Personal health coach
- ✓ A personalized care plan
- ✓ Weekly interactive online lessons
- ✓ Online support groups
- ✓ A smart device such as glucose monitor, glucose meter, blood pressure monitor, or a smart scale to track progress.

Apply by visiting www.omadahealth.com/ocso

Healthy Pregnancies, Healthy Babies

Healthy Pregnancies, Healthy Babies Program is designed to help mothers-to-be and baby stay healthy during pregnancy and in the days and weeks following baby's birth.

Maternity specialists with nursing experience and are here to support you during your whole pregnancy.

Connect through the Cigna Healthy Pregnancy® app. This valuable resource offers an easy way to track and learn about your pregnancy. It also provides support for baby's first two years.

When enrolled in the first or second trimester and upon completion of the program, including postpartum check in, mother is eligible to receive an e-gift card by contacting (800) 615-2906. To enroll contact Stephen Laica at Stephen.Laica@cignahealthcare.com

Cigna One Guide

Cigna One Guide service can help retirees and dependents make smarter informed choices and get the most from the medical plan enrolled. One Guide personal support, tools and reminders can help retirees stay healthy and save money. One Guide team can help with the following:

- Understand Health Plan & Coverage
- Access to Care (find in-network providers; one-on-one support for complex health situations)
- Save and Earn (obtain cost estimates and service comparisons)

Contact Cigna One Guide through the myCigna app or call (800) 244-6224 to talk with a personal guide.

Cigna Healthcare OAP Green Plan At-A-Glance

Network	Open Access Plus	
Plan Year Deductible (PYD)	**In-Network**	**Out-of-Network***
Individual	$2,000	$4,200
Family	$4,000	$8,400
Coinsurance		
Member Responsibility	20%	50%
Plan Year Out-of-Pocket Maximum		
Individual	$4,000	$8,400
Family	$8,000	$16,800
What Applies to the Out-of-Pocket Maximum?	Deductible, Coinsurance, Copay, and Rx	
Physician Services		
Primary Care Physician *(PCP)* Office Visit	$25 Copay	50% After PYD
Specialist Office Visit	$50 Copay	50% After PYD
Virtual Visit *(through PCP)*	$25 Copay	50% After PYD
Non-Hospital Services; Freestanding Facility		
Clinical Lab *(Bloodwork)***	No Charge	50% After PYD
X-rays	No Charge	50% After PYD
Advanced Imaging *(MRI, PET, CT)*	20% After PYD	50% After PYD
Outpatient Surgery in Surgical Center	20% After PYD	50% After PYD
Physician Services at Surgical Center	20% After PYD	50% After PYD
Urgent Care *(Per Visit)*	$50 Copay	$50 Copay
Hospital Services		
Inpatient Hospital *(Per Admission)*	20% After PYD	50% After PYD
Outpatient Hospital *(Per Visit)*	20% After PYD	50% After PYD
Physician Services at Hospital	20% After PYD	50% After PYD
Emergency Room *(Per Visit; Waived if Admitted)*	1st Visit $250 Copay 2nd Visit $350 Copay 3rd+ Visit $500 Copay	1st Visit $250 Copay 2nd Visit $350 Copay 3rd+ Visit $500 Copay
Mental Health/Alcohol & Substance Abuse		
Inpatient Hospital Services *(Per Admission)*	20% After PYD	50% After PYD
Outpatient Services *(Per Visit)*	No Charge	50% After PYD
Outpatient Office Visit	$30 Copay	50% After PYD
Prescription Drugs *(Rx)*		
Generic	$10 Copay	Not Covered
Preferred Brand Name	$40 Copay	Not Covered
Non-Preferred Brand Name	$80 Copay	Not Covered
90-Day Supply *(Mail Order/Retail Pharmacy)*	$20/$80/$160 Copay	Not Covered

Locate a Provider

To find a participating provider, contact customer service or visit www.mycigna.com. When searching, select the 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 Benefit and Coverage (SBC) document.*

***LabCorp or Quest Diagnostics are the preferred labs for bloodwork through Cigna. When using another lab, please confirm the lab is contracted with the plan's network before receiving services.*

Cigna Healthcare OAP Gold Plan At-A-Glance

Locate a Provider

To find a participating provider, contact customer service or visit www.mycigna.com. When searching, select the 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 Benefit and Coverage (SBC) document.

**LabCorp or Quest Diagnostics are the preferred labs for bloodwork through Cigna. When using another lab, please confirm the lab is contracted with the plan's network before receiving services.

Network		Open Access Plus	
Plan Year Deductible (PYD)		**In-Network**	**Out-of-Network***
Individual		$1,700	$3,000
Family		$3,400	$6,000
Coinsurance			
Member Responsibility		20%	50%
Plan Year Out-of-Pocket Maximum			
Individual		$3,000	$6,000
Family		$6,000	$12,000
What Applies to the Out-of-Pocket Maximum?		Deductible, Coinsurance, Copay, and Rx	
Physician Services			
Primary Care Physician *(PCP)* Office Visit		20% After PYD	50% After PYD
Specialist Office Visit		20% After PYD	50% After PYD
Virtual Visit *(through PCP)*		20% After PYD	50% After PYD
Non-Hospital Services; Freestanding Facility			
Clinical Lab *(Bloodwork)***		20% After PYD	50% After PYD
X-rays		20% After PYD	50% After PYD
Advanced Imaging *(MRI, PET, CT)*		20% After PYD	50% After PYD
Outpatient Surgery in Surgical Center		20% After PYD	50% After PYD
Physician Services at Surgical Center		20% After PYD	50% After PYD
Urgent Care *(Per Visit)*		20% After INN PYD	20% After INN PYD
Hospital Services			
Inpatient Hospital *(Per Admission)*		20% After PYD	50% After PYD
Outpatient Hospital *(Per Visit)*		20% After PYD	50% After PYD
Physician Services at Hospital		20% After PYD	50% After PYD
Emergency Room *(Per Visit; Waived if Admitted)*		20% After INN PYD	20% After INN PYD
Mental Health/Alcohol & Substance Abuse			
Inpatient Hospital Services *(Per Admission)*		20% After PYD	50% After PYD
Outpatient Services *(Per Visit)*		No Charge After PYD	50% After PYD
Outpatient Office Visit		20% After PYD	50% After PYD
Prescription Drugs *(Rx)*			
Generic		$10 After PYD	Not Covered
Preferred Brand Name		$40 After PYD	Not Covered
Non-Preferred Brand Name		$80 + 10% After PYD	Not Covered
90-Day Supply *(Mail Order/Retail Pharmacy)*	Generic & Preferred Brand Name	$20, $80 After PYD	Not Covered
	Non-Preferred Brand Name	$160 + 10%After PYD	Not Covered

Dental Insurance

Humana DHMO Plan

OCSO offers dental insurance through Humana to benefit-eligible retirees. 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 customer service.

Dental Insurance – Humana DHMO Plan

Monthly Premium Cost

Tier of Coverage	Retiree Cost
Retiree Only	$14.26
Retiree + Spouse	$28.51
Retiree + Child(ren)	$32.07
Retiree + Family	$51.59

In-Network Benefits

This 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 Humana HS195 network to receive covered services. There is no coverage for services received out-of-network.

This 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 for a detailed listing of charges and benefits.

Out-of-Network Benefits

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

Plan Year Deductible

There is no Plan year deductible.

Plan Year Benefit Maximum

There is no benefit maximum.

Mobile App

Mobile app provides on-the-go access to the dental benefit account to view benefits, download ID card, locate providers or view claims.

IMPORTANT NOTES

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

Humana
Phone: (800) 233-4013 | www.myhumana.com

Humana DHMO Plan At-A-Glance

Locate a Provider

To find a participating provider, contact customer service or visit www.myhumana.com. When searching, select the HS195 network.

Plan References

** Excluding final restoration.*

*** Procedure requires separate payment of laboratory charges, not to exceed $200.*

Network	HS195	
Plan Year Deductible (PYD)	**In-Network**	
Per Member	Does Not Apply	
Per Family		
Waived for Class I Services?		
Plan Year Benefit Maximum		
Per Member	Does Not Apply	
Class I Services: Diagnostic & Preventive Care	**Code**	**In-Network**
Routine Oral Exam *(2 Per Year)*	0120	No Charge
Routine Cleanings *(2 Per Year)*	1110	
Complete X-rays *(1 Every 3 Years)*	0210	
Bitewing X-rays *(2 Per Year)*	0274	
Class II Services: Basic Restorative Care		
Fillings *(Amalgam)*	2140/2160	No Charge
Fillings *(Resin, 3 Surface Posterior)*	2393	$65
Simple Extractions *(Erupted Tooth or Exposed Root)*	7210	$30
Root Canal Therapy *(Molar)***	3330	$210
Surgical Removal of Tooth *(Impacted)*	7240	$80
Full Mouth Debridement *(1 Every 5 Years)*	4355	$50
Class III Services: Major Restorative Care		
Crowns *(Porcelain Fused to Metal)***	6750	$245
Bridges *(Porcelain Fused to Metal)***	6240	$245
Dentures**	5110/5120	$325
Class IV Services: Orthodontia		
Evaluation	8070/8080/8090	$35
Benefit - Child/Adult	8070/8080/8090	$1,850
Treatment Planning/Records	8070/8080/8090	$250
Retention	8680	$300

Dental Insurance

Humana Traditional Preferred DPPO Plans

OCSO offers dental insurance through Humana to benefit-eligible retirees. 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 customer service.

Dental Insurance – Humana PPO Dental Plan

Monthly Premium Cost

Tier of Coverage	Retiree Cost
Retiree Only	$23.14
Retiree + Spouse	$44.95
Retiree + Child(ren)	$42.81
Retiree + Family	$97.56

Dental Insurance – Humana PPO Plus+ Dental Plan

Monthly Premium Cost

Tier of Coverage	Retiree Cost
Retiree Only	$30.23
Retiree + Spouse	$60.59
Retiree + Child(ren)	$70.37
Retiree + Family	$100.73

In-Network Benefits

This 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 Humana Traditional Preferred. These participating dental providers have contractually agreed to accept Humana's contracted fee or "allowed amount." This fee is the maximum amount a Humana 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 Humana Traditional Preferred provider. Humana reimburses out-of-network services based on what it determines as the Maximum Allowable Charge (MAC). The MAC 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 Humana's MAC 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 Traditional Preferred plan requires a $50 individual or a $100 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 Traditional Preferred DPPO plans will pay for each covered member is $1,000 for in-network and out-of-network services combined. All services, excluding preventive, accumulate towards the benefit maximum. After the benefit maximum of $1,000 has been met, the DPPO plan includes an extended benefit maximum of 30% coinsurance on basic and major services, excluding orthodontia, for the remainder of the calendar year.

Mobile App

Mobile app provides on-the-go access to the dental benefit account to view benefits, download ID card, locate providers or view claims.

Humana

Phone: (800) 233-4013 | www.myhumana.com

Humana PPO Dental Plan At-A-Glance

Locate a Provider

To find a participating provider, contact customer service or visit www.myhumana.com. When searching, select the Traditional Preferred 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 Benefit and Coverage (SBC) document.*

Important Notes

- ***Age limitations, waiting periods and service limits may apply.***
- *Each covered family member may receive up to three (3) routine cleanings per plan 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 retiree have the dental work performed*
- *Benefit frequency limitations may apply to certain services.*

Network	Traditional Preferred	
Plan Year Deductible (PYD)	**In-Network**	**Out-of-Network***
Per Member	$50	$50
Per Family	$150	$150
Waived for Class I Services?	Yes	
Plan Year Benefit Maximum		
Per Member	$1,000	
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 *(3 Per Year)*		
Complete X-rays *(1 Every 5 Years)*		
Bitewing X-rays *(2 Sets Per Year)*		
Class II Services: Basic Restorative Care		
Fillings	Plan Pays: 80% After PYD	Plan Pays: 80% After PYD *(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 PYD	Plan Pays: 50% After PYD *(Subject to Balance Billing)*
Bridges		
Dentures		
Class IV Services: Orthodontia		
Lifetime Maximum	$1,000	
Benefit	Plan Pays: 50%	Plan Pays: 50% *(Subject to Balance Billing)*

Humana PPO Plus+ Dental Plan At-A-Glance

Network	Traditional Preferred	
Plan Year Deductible (PYD)	**In-Network**	**Out-of-Network***
Per Member	$50	$50
Per Family	$150	$150
Waived for Class I Services?	Yes	
Plan Year Benefit Maximum		
Per Member	$1,000	
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 *(4 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 PYD	Plan Pays: 100% After PYD *(Subject to Balance Billing)*
Simple Extractions		
Crowns		
Bridges		
Endodontics *(Root Canal Therapy)*		
Oral Surgery		
Periodontal Services Anesthetics		
Class III Services: Major Restorative Care		
Dentures	Plan Pays: 50% After PYD	Plan Pays: 50% After PYD *(Subject to Balance Billing)*
Implant		
Class IV Services: Orthodontia		
Lifetime Maximum	$1,000	
Benefit	Plan Pays: 80%	Plan Pays: 80% *(Subject to Balance Billing)*

Locate a Provider

To find a participating provider, contact customer service or visit www.myhumana.com. When searching, select the Traditional Preferred 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 Benefit and Coverage (SBC) document.*

Important Notes

- ***Age limitations, waiting periods and service limits may apply.***
- *Each covered family member may receive up to four (4) 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 retiree have the dental work performed*
- *Benefit frequency limitations may apply to certain services.*

Vision Insurance

Humana Insight Plan

OCSO offers vision insurance through Humana to benefit-eligible retirees. 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 customer service.

Vision Insurance - Humana Insight Plan
Monthly Premium Cost

Tier of Coverage	Retiree Cost
Retiree Only	$5.17
Retiree + Family	$13.43

In-Network Benefits

The vision plan offers retiree and covered dependent(s) coverage for routine eye care, including eye exams, eyeglasses (lenses and frames) or contact lenses. To schedule an appointment, retiree and covered dependent(s) may select any network provider who participates in the Humana Insight 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

Retiree and covered dependent(s) may choose to receive services from vision providers who do not participate in the Humana Insight network. When going out of network, the provider will require payment at the time of appointment. Humana 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.

Mobile App

Mobile app provides on-the-go access to the vision benefit account to view benefits, download ID card, locate providers or view claims.

Humana
Phone: (877) 398-2980 | www.myhumana.com

Humana Insight Vision Plan At-A-Glance

Network		Humana Insight	
Services		**In-Network**	**Out-of-Network**
Eye Exam		$5 Copay	Up to $30 Reimbursement
Contact Lens Exam *(Fit and Follow-Up)*	Standard Lens	Up to $40 Copay	Not Covered
	Premium	10% Off Retail	Not Covered
Retinal Imaging		Up to $39 Copay	Not Covered
Frequency of Services			
Examination		12 Months	
Lenses		12 Months	
Frames		24 Months	
Contact Lenses		12 Months	
Lenses			
Single		$20 Copay	Up to $25 Reimbursement
Bifocal		$20 Copay	Up to $40 Reimbursement
Trifocal		$20 Copay	Up to $60 Reimbursement
Frames			
Allowance		Up to $110 Retail Allowance 20% Off Balance Over $110	Up to $65 Reimbursement
Contact Lenses*			
Non-Elective *(Medically Necessary)*		No Charge	Up to $200 Reimbursement
Elective	Conventional	Up to $110 Retail Allowance 15% Off Balance Over $110	Up to $104 Reimbursement
	Disposable	Up to $110 Retail Allowance	Up to $104 Reimbursement

Locate a Provider

To find a participating provider, contact customer service or visit www.myhumana.com. When searching, select the Humana Insight 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.

Employee Assistance Program

OCSO cares about the well-being of all retirees and provides, at no cost, a comprehensive Employee Assistance Program (EAP) through Confide Behavioral Health Navigator through Cigna Healthcare. EAP offers retiree 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 retiree 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 retirees 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 retiree or family member's well-being. Coverage includes eight (8) visits with a specialist, per person, per issue, per year, telephonic consultation, 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.

Cigna Healthcare
Confide Behavioral Health Navigator
Phone: (844) 338-4232 | www.mycigna.com | Employer ID: ocsofl

Behavioral Health

Headspace for Cigna Healthcare

Cigna is partnering with Headspace to launch Headspace for Cigna Healthcare. This guided self-care app for everyday mental health support will be added to the Cigna Total Behavioral Health (CTBH) program for members aged 18 and older. Headspace 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. To learn more about Headspace for Cigna Healthcare, contact customer service.

Cigna Healthcare
Phone: (800) 433-5768 | www.mycigna.com

Claims, Billing & Benefit Assistance

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

The Service Team works directly with OCSO and its retirees to provide claims and benefits service and will assist retirees with their concerns. Please remember this is in addition to the OCSO Wellness & Benefits Team and is not replacing assistance retiree may need from the OCSO Wellness & Benefits Team.

Contact a Claims Specialist

Email: geh-ocsofl@bbrown.com

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

OR

Phone: (800) 244-3696

When calling, please identify yourself as a retiree of the Orange County Sheriff's Office and ask to speak to a Claims Specialist or another member of the Orange County Sheriff's Office designated team to assist with questions or concerns.

Office hours are Monday through Friday, 8:30 am - 5:00 pm (EST). If calling after office hours, please leave a message indicating you are a Orange County Sheriff's Office retiree 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.

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.

DRAFT 1

GEHRING GROUP

BROWN & BROWN PUBLIC SECTOR

3500 Kyoto Gardens Drive, Palm Beach Gardens, Florida 33410
Toll Free: (800) 244-3696 | Fax: (561) 626-6970 | www.gehringgroup.com

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