



CHILDREN'S TRUST
OF ALACHUA COUNTY

Benefits Pamphlet



BENEFITS INFORMATION

The following benefits are through Alachua County with annual enrollment in July for an October 1 effective date. The benefit plan year for each of these plans is 10/1-9/30. Children's Trust has no control over which of these benefits is offered nor the rates/employee portion of premiums.

Medial/Hospitalization/Rx

Florida Blue with two options for 10/1/22-9/30/23:

- PPO (in and out-of-network benefits)
- High Deductible PPO with a County-funded HRA (Health Reimbursement Account)
 - \$750 employee only
 - \$1,500 employee + dependent(s)

Dental

Florida Blue with two options for 10/1/22-9/30/23:

- PPO High Plan = \$1,500 max per year
- PPO Low Plan = \$1,000 max per year

Vision

- Humana with one option for 10/1/22-9/30-23. Includes in-network benefits and limited out-of-network reimbursements.

Life Insurance

Florida Combined Life for 10/1/22-9/30/23:

- Employer Paid Life Insurance = \$10k + Employer pays 80% of premium for coverage amount equal to employee's annual salary rounded to nearest \$1,000 (maximum \$50k).

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

- 100% Employee paid. Age reductions apply.
- Can elect life insurance up to 3x annual salary or \$250k
- Can elect life insurance of \$10k for spouse and \$5k for child(ren)
- Can elect AD&D insurance of 5x annual salary or \$500k

Florida Retirement System

Two retirement plan options:

- Investment Plan
- Pension Plan

The following benefits are NOT through Alachua County but secured directly through Children's Trust of Alachua County. The plan year, if applicable, remains 10/1-9/30.

Flexible Spending Account (FSA)

Health Equity for 10/1/22-9/30/23:

There are two types of FSAs:

- Health Care FSA is used to pay for eligible out-of-pocket medical expenses not paid by insurance or another source.
- Dependent Care FSA is used to pay for eligible child or elder care expenses including daycare, before-/afterschool care and summer day camp.

457 Deferred Compensation

Mission Square Retirement for 10/1/22-9/30/23:

- You can begin tax-deferred contributions into a 457 plan at any time.
- For 2023, you can contribute up to \$22,500, or \$30,000 if age 50 or over.

Employee Assistance Program (EAP)

Health Advocate through Alpha Staff for 10/1/22-9/30/23:

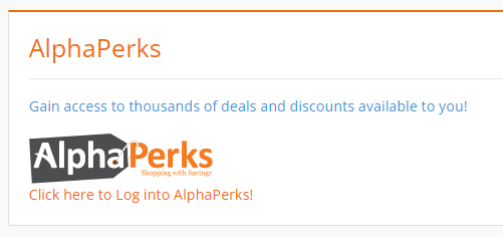
- 24/7 EAP helpline
- First 3 visits at no cost
- Program offers licensed professional counselors, Registered Nurses, benefit experts, and other trained clinical professionals such as Social Workers, Counselors, and Nutritionists supported by full-time Medical Directors.
- EAP will connect you with needed resources in legal services, personal/family law, elder law, real estate, financial services, debt management, budgeting, credit report issues, and identity theft.

Other Benefits

Alpha Staff Perks for 10/1/22-9/30/23:

- Exclusive offers via payroll deduction for Legal Shield, ID Shield, pet insurance, and MetLife home & auto Insurance.
- Exclusive offers and discounts for retail purchases through Purchasing Power.

Access AlphaPerks from your AlphaStaff Portal at the AlphaPerks Square:



PEERFIT Flexible Fitness Solutions

New employees may enroll in any benefit plan for which they are eligible provided they make the election within their eligibility period.

All employees may make changes during annual open enrollment. Open enrollment is held each year during July and changes made during open enrollment are effective October 1.

The IRS rules regulating pre-tax premium plans do not allow for changes to be made to benefits elections without a qualified life style event. Changes must be made within 30 days of the event. The following events are some but not necessarily all qualified life style changes.

- Birth, placement for adoption
- Marriage
- Death
- Divorce
- Dependent starting a new job
- Dependent terminating a job
- Reduction of work hours
- Moving outside HMO service area
- Dependent's open enrollment period with significant financial impact
- Dependent losing eligibility

If you experience a qualified event you must contact Human Resources and complete the necessary paperwork and provide the supporting documentation. The paperwork must be completed within 30 days of the event. If more than 30 days have passed you will have to wait until the next open enrollment period to make the change to your coverage.

Dependents are eligible for coverage as follows:

- Your lawful spouse, or domestic partner (dental and health only, also must meet criteria and complete affidavit),
- your child, newborn child, stepchild, legally adopted child, or a child for whom you have been court-appointed as legal guardian or legal custodian, who is under 19 years of age. Eligibility will automatically terminate at the end of the calendar year the dependent has his/her 19th birthday, or will extend:
- until the end of the calendar year in which the child reaches age 25, if the child is dependent on you for support and is a full-time or part-time student, or has established residence with you,
- a child until the end of the calendar year they turn 26 years old
- a grandchild is covered, from birth until the age of 18 months, only if the parent is your qualified dependent and the grandchild and the child are residing with you and are dependent on you for support,
- your children, who due to a disability, are incapable of self-support.

	Premium: Bi-wkly	Monthly	Premium: Bi-wkly	Monthly
Employee	\$44.67	\$89.34	\$16.45	\$32.90
Emp+1	\$213.50	\$427.00	\$146.04	\$292.08
Family	\$301.00	\$602.00	\$205.89	\$411.78
Product	BlueOptions		BlueOptions	
Plan Number	05770		05781	
Effective Date	10/01/2022		10/01/2022	
Cost Sharing - Member's Responsibility				
Deductible (DED) (Per Person/Family Aggregate)			HRA Employee: \$750 HRA Emp+1/Family \$1,500	
In-Network	\$500/\$1,500		\$1,500/\$3,000	
Out-of-Network	\$750/\$2,500		\$3,000/\$6,000	
Coinsurance (BCBSF / Member)				
In-Network	80% / 20%		80% / 20%	
Out-of-Network	50% / 50%		50% / 50%	
Out of Pocket Maximum (Per Person/Family Aggregate)				
In-Network	\$2,500/\$5,000		\$4,000/\$8,000	
Out-of-Network	\$5,000/\$10,000		\$8,000/\$16,000	
Medical Pharmacy OOP Maximum (Per Person Per Calendar Month)				
In-Network (Preferred/Non-Preferred)	\$200		\$200	
Out-of-Network	NA		NA	
Medical / Surgical Care by a Physician				
Virtual Visits	<ul style="list-style-type: none"> • Virtual Visit services only covered for INN designated providers • Virtual Behavioral Health Services covered at \$0 for INN designated providers 		<ul style="list-style-type: none"> • Virtual Visit services only covered for INN designated providers • Virtual Behavioral Health Services covered at \$0 for INN designated providers 	
Value Choice PCP	\$25 Copayment		DED + 20%	
Value Choice Specialist	NA		NA	
In-Network Family Physician	\$25 Copayment		DED + 20%	
In-Network Specialist	\$45 Copayment		DED + 20%	
Out-of-Network	Not Covered		Not Covered	
Office Services				
Value Choice PCP	\$25 Copayment		DED + 20%	
Value Choice Specialist	\$45 Copayment		DED + 20%	
In-Network Family Physician	\$25 Copayment		DED + 20%	
In-Network Specialist	\$45 Copayment		DED + 20%	
Out-of-Network	DED + 50%		DED + 50%	
Allergy Injections (Office)				
Value Choice PCP	\$25 Copayment		DED + 20%	
In-Network Family Physician & Specialist	\$10 Copayment		DED + 20%	
Out-of-Network	DED + 50%		DED + 50%	
Health Care Professional Administered Medications in the Office (Medical Pharmacy)				
In-Network (Preferred & Non-Preferred)	20%		20%	

	Premium: Bi-wkly	Monthly		Premium: Bi-wkly	Monthly
Employee	\$44.67	\$89.34		\$16.45	\$32.90
Emp+1	\$213.50	\$427.00		\$146.04	\$292.08
Family	\$301.00	\$602.00		\$205.89	\$411.78

Product	BlueOptions	BlueOptions
Plan Number	05770	05781
Out-of-Network	DED + 50%	DED + 50%
Convenient Care Center		
In-Network	\$25 Copayment	DED + 20%
Out-of-Network	DED + 50%	DED + 50%
Physician Services at Hospital		
In-Network	\$100 Copayment	DED + 20%
Out-of-Network	\$100 Copayment	INN DED + 20%
Radiology, Pathology and Anesthesiology Provider Services at Hospital		
In-Network	\$100 Copayment	DED + 20%
Out-of-Network	\$100 Copayment	INN DED + 20%
Radiology, Pathology and Anesthesiology Provider Services at ASC		
In-Network	\$45 Copayment	DED + 20%
Out-of-Network	\$45 Copayment	DED + 20%
Physician Services at Locations other than Office, Hospital and ER		
In-Network Family Physician	\$25 Copayment	DED + 20%
In-Network Specialist	\$45 Copayment	DED + 20%
Out-of-Network	DED + 50%	DED + 50%
Preventive Services-Adult and Child Wellness Services		
Office Services		
In-Network Family Physician	\$0 Copayment	\$0 Copayment
In-Network Specialist	\$0 Copayment	\$0 Copayment
Out-of-Network	50%	50%
Independent Clinical Laboratory		
In-Network	\$0 Copayment	\$0 Copayment
Out-of-Network	50%	50%
Independent Diagnostic Testing Center		
In-Network	\$0 Copayment	\$0 Copayment
Out-of-Network	50%	50%
Mammograms	• Includes Routine and Diagnostic Mammograms	• Includes Routine and Diagnostic Mammograms
In-Network	\$0 Copayment	\$0 Copayment
Out-of-Network	\$0 Copayment	\$0 Copayment
Colonoscopies		
In-Network	\$0 Copayment	\$0 Copayment
Out-of-Network	\$0 Copayment	\$0 Copayment
Medical / Surgical Care at a Facility		
Ambulatory Surgical Center (ASC)		

	Premium: Bi-wkly	Monthly		Premium: Bi-wkly	Monthly
Employee	\$44.67	\$89.34		\$16.45	\$32.90
Emp+1	\$213.50	\$427.00		\$146.04	\$292.08
Family	\$301.00	\$602.00		\$205.89	\$411.78

Product	BlueOptions	BlueOptions
Plan Number	05770	05781
In-Network	\$150 Copayment	DED + 20%
Out-of-Network	DED + 50%	DED + 50%
Inpatient Hospital Facility (per admit)		
In-Network	Option 1: \$600	Option 1: DED + 20%
	Option 2:- \$1000	Option 2: DED + 20%
Out-of-Network	\$3,500 Copayment	DED + 50%
Outpatient Hospital Facility (per visit) (Surgical)		
In-Network	Option 1: \$250	Option 1: DED + 20%
	Option 2: \$350	Option 2: DED + 20%
Out-of-Network	DED + 50%	DED + 50%
Emergency and Urgent Care		
Emergency Room Facility (per visit)		
In-Network	\$300 Copayment	DED + 20%
Out-of-Network	\$300 Copayment	INN Ded + 20%
Physician Services at ER		
In-Network	\$100 Copayment	DED + 20%
Out-of-Network	\$100 Copayment	INN DED + 20%
Urgent Care Centers		
Value Choice Urgent Care Provider	\$50 Copayment Visits 1-2 PRB \$50 Copay for remaining Visits PBP	DED+20%-Visits 1-2 PBP DED+20% remaining Visits PBP
Out-of-Network	DED + \$50 Copayment	DED + 20%
Ambulance		
In-Network	DED + 20%	DED + 20%
Out-of-Network	INN DED + 20%	INN DED + 20%
Diagnostic Testing (e.g., Lab, x-ray)		
Physician Office		
Value Choice PCP	\$25 Copayment	DED + 20%
Value Choice Specialist	\$45 Copayment	DED + 20%
In-Network Family Physician	\$25 Copayment	DED + 20%
In-Network Specialist	\$45 Copayment	DED + 20%
Out-of-Network	DED + 50%	DED + 50%
Independent Clinical Laboratory		
In-Network	\$0 Copayment	\$0 Copayment
Out-of-Network	DED + 50%	DED + 50%
Independent Diagnostic Testing Center		
In-Network	\$50 Copayment	DED + 20%
Out-of-Network	DED + 50%	DED + 50%

	Premium: Bi-wkly	Monthly	Premium: Bi-wkly	Monthly
Employee	\$44.67	\$89.34	\$16.45	\$32.90
Emp+1	\$213.50	\$427.00	\$146.04	\$292.08
Family	\$301.00	\$602.00	\$205.89	\$411.78
Product	BlueOptions		BlueOptions	
Plan Number	05770		05781	
Outpatient Hospital Facility				
In-Network	Option 1 & 2: DED + 20%		Option 1 & 2: DED + 20%	
Out-of-Network	DED + 50%		DED + 50%	
Advanced Imaging (AIS) (MRI, MRA, PET, CT & Nuclear Medicine)				
Physician Office				
In-Network Family Physician & Specialist	\$200 Copayment		DED + 20%	
Out-of-Network	DED + 50%		DED + 50%	
Independent Diagnostic Testing Center				
In-Network	\$200 Copayment		DED + 20%	
Out-of-Network	DED + 50%		DED + 50%	
Outpatient Hospital Facility				
In-Network	Option 1: DED + 20%		Option 1: DED + 20%	
	Option 2: DED + 20%		Option 2: DED + 20%	
Out-of-Network	DED + 50%		DED + 50%	
Outpatient Therapy				
Physician Office				
In-Network Family Physician & Specialist	\$25 Copayment		DED + 20%	
Out-of-Network	DED + 50%		DED + 50%	
Outpatient Rehabilitation Facility				
In-Network	\$25 Copayment		DED + 20%	
Out-of-Network	DED + 50%		DED + 50%	
Outpatient Hospital Facility				
In-Network	Option 1: \$45 Copayment		Option 1: DED + 20%	
	Option 2: \$60 Copayment		Option 2: DED + 20%	
Out-of-Network	DED + 50%		DED + 50%	
Mental Health Services & Substance Dependency Services				
Physician Office				
In-Network Family Physician & Specialist	\$0 Copayment		\$0 Copayment	
Out-of-Network	50%		50%	
Inpatient Hospital Facility				
In-Network	Option 1: \$0 Copayment		Option 1: \$0 Copayment	
	Option 2: \$0 Copayment		Option 2: \$0 Copayment	
Out-of-Network	\$500 Copayment		50%	
Outpatient Hospital Facility				
In-Network	Option 1: \$0 Copayment		Option 1: \$0 Copayment	
	Option 2: \$0 Copayment		Option 2: \$0 Copayment	

	Premium: Bi-wkly	Monthly	Premium: Bi-wkly	Monthly
Employee	\$44.67	\$89.34	\$16.45	\$32.90
Emp+1	\$213.50	\$427.00	\$146.04	\$292.08
Family	\$301.00	\$602.00	\$205.89	\$411.78

Product	BlueOptions	BlueOptions
Plan Number	05770	05781
Out-of-Network	50%	50%
Emergency Room Facility(per visit)		
In-Network	\$0 Copayment	\$0 Copayment
Out-of-Network	\$0 Copayment	\$0 Copayment
Physician Services at Hospital & ER		
In-Network	\$0 Copayment	\$0 Copayment
Out-of-Network	\$0 Copayment	\$0 Copayment
Office, Hospital and ER		
In-Network Family Physician & Specialist	\$0 Copayment	\$0 Copayment
Out-of-Network	50%	50%
Other Special Services and Locations		
Durable Medical Equipment/Skilled Nursing Facility/ Home Health Care/Hospice/Birthing or Dialysis Centers/Diabetic Equipment & Supplies		
In-Network	DED + 20%	DED + 20%
Out-of-Network	DED + 50%	DED + 50%
Health Care Professional Administered Medications in Home Health Setting (Medical Pharmacy)		
In-Network (Preferred & Non Preferred)	DED + 20%	DED + 20%
Out-of-Network	DED + 50%	DED + 50%
Benefit Maximums		
Home Health Care Combined (INN & OON)	20 Visits PBP	20 Visits PBP
Inpatient Rehabilitation Therapy	30 Days PBP	30 Days PBP
Outpatient Therapy & Spinal Manipulations	35 Visits PBP	35 Visits PBP
Skilled Nursing Facility	60 Days PBP	60 Days PBP
Spinal Manipulations	26 PBP	26 PBP
Prescription Drugs		
Deductible	\$100 Brand only	\$1,500/\$3,000
In-Network		(deductible inclusive of RX and medical)
- Retail		
Generic/Brand/Non-Preferred	\$10/\$50/\$80	\$10/\$50/\$80 after deductible



	Premium: Bi-wkly	Monthly	Premium: Bi-wkly	Monthly
Employee	\$44.67	\$89.34	\$16.45	\$32.90
Emp+1	\$213.50	\$427.00	\$146.04	\$292.08
Family	\$301.00	\$602.00	\$205.89	\$411.78
Product	BlueOptions		BlueOptions	
Plan Number	05770		05781	
- Mail Order				
Generic/Brand/Non-Preferred	\$25/\$125/\$200		\$25/\$125/\$200 after deductible	
Out-of-Network				
Retail and Mail Order				
Generic/Brand/Non-Preferred	50%		50%	

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BlueDental Choice

Benefit Summary



Group Name: Alachua County Board of County Commissioners - High plan

Group Anniversary Date: 10/1

Deductible No Deductible for Preventive Services (or ortho if selected) Per Person Per Plan Year Per Family Per Plan Year <i>Amounts used to satisfy the in-network deductible also satisfy the out-of-network deductible and amounts used to satisfy the out-of-network deductible also satisfy the in-network deductible.</i>	In-Network		Out-of-Network	
	\$ 50		\$100	
	\$150		\$300	
	We Pay*	You Pay*	We Pay*	You Pay**
Preventive Services	100%	0%	80%	20%
Basic Services	85%	15%	60%	40%
Major Services	55%	45%	40%	60%
Periodic Oral Evaluation (0120)			Preventive	
Comprehensive Oral Evaluation (0150)			Preventive	
Bitewing X-rays, two films (0272)			Preventive	
Cleanings – Adult/Child (1110, 1120)			Preventive	
Fluoride Treatment – Child (1206, 1208)			Preventive	
Office Visits (9430)			Preventive	
Space Maintainers – fixed – unilateral (1510)			Basic	
X-rays - Intraoral/Complete Series (0210)			Basic	
Sealant – per tooth (1351)			Basic	
Amalgam Restorations (Silver Fillings) (2140)			Basic	
Resin-Based Restorations – Anterior (2330)			Basic	
Extractions – Routine and Surgical (7140)			Basic	
Root Canal Molar (3330)			Basic	
Periodontal Scaling & Root Planing – per quad (4341)			Basic	
Osseous Surgery – 4 or more contiguous teeth (4260)			Major	
Crowns – Porcelain fused to noble metal (2752)			Major	
Complete Dentures (5110, 5120)			Major	
Pontic – Porcelain fused to noble metal (6242)			Major	
Partial Dentures (5213, 5214)			Major	
Surgical placement of implant body – endosteal implant (6010)			Major	
Implant supported porcelain fused to metal crown (titanium, high noble metal) (6066)			Major	
Orthodontia Services BlueDental Coverage	Child(ren) to age 19			
	50%		50%	
Waiting Periods Major Service Benefits Orthodontia Benefits	None			
	None			
Maximum Benefits Plan Year (per person) Lifetime Orthodontia (per person)	\$1,500		\$1,500	
	\$1,000		\$1,000	
<i>The amount of benefits payable is limited to the in-network maximums. In-network maximums apply toward the out-of-network maximums and out-of-network maximum apply to the in-network maximums.</i>				
Dental Rollover	No			

The information provided above is a summary of benefits. It is intended to highlight key points of the Dental Plan and is provided to the employee as an aid in deciding whether to enroll in the Plan. This summary should in no way be construed as part of the contract. Possession of this summary in no way implies coverage nor does it guarantee benefits under the plan. Some limitations and exclusions may apply.

*Percentage of allowable charge.

**The majority of dentists' fees are within our allowed charges, however, you will be responsible for any fees in excess of the allowed amount.

Note: Non-Participating Dentists may charge fees in excess of our Fee Schedule and may bill you for the difference.

Florida Combined Life Insurance Company, Inc. (FCL) is an affiliate of Blue Cross Blue Shield of Florida, Inc. (BCBSF). BCBSF and FCL are Independent licensees of the Blue Cross and Blue Shield Association.

BlueDental Choice

Benefit Summary



Group Name: Alachua County Board of County Commissioners - Low plan

Group Anniversary Date: 10/1

Deductible No Deductible for Preventive Services (or ortho if selected) Per Person Per Plan Year Per Family Per Plan Year <i>Amounts used to satisfy the in-network deductible also satisfy the out-of-network deductible and amounts used to satisfy the out-of-network deductible also satisfy the in-network deductible.</i>	In-Network		Out-of-Network	
	\$ 50	\$150	\$100	\$300
	We Pay*	You Pay*	We Pay*	You Pay**
Preventive Services	100%	0%	70%	30%
Basic Services	80%	20%	50%	50%
Major Services	50%	50%	30%	70%
Periodic Oral Evaluation (0120)			Preventive	
Comprehensive Oral Evaluation (0150)			Preventive	
Bitewing X-rays, two films (0272)			Preventive	
Cleanings – Adult/Child (1110, 1120)			Preventive	
Fluoride Treatment – Child (1206, 1208)			Preventive	
Office Visits (9430)			Preventive	
Space Maintainers – fixed – unilateral (1510)			Basic	
X-rays - Intraoral/Complete Series (0210)			Basic	
Sealant – per tooth (1351)			Basic	
Amalgam Restorations (Silver Fillings) (2140)			Basic	
Resin-Based Restorations – Anterior (2330)			Basic	
Extractions – Routine and Surgical (7140)			Basic	
Root Canal Molar (3330)			Major	
Periodontal Scaling & Root Planing – per quad (4341)			Major	
Osseous Surgery – 4 or more contiguous teeth (4260)			Major	
Crowns – Porcelain fused to noble metal (2752)			Major	
Complete Dentures (5110, 5120)			Major	
Pontic – Porcelain fused to noble metal (6242)			Major	
Partial Dentures (5213, 5214)			Major	
Surgical placement of implant body – endosteal implant (6010)			Major	
Implant supported porcelain fused to metal crown (titanium, high noble metal) (6066)			Major	
Orthodontia Services BlueDental Coverage		N/A	N/A	N/A
Waiting Periods Major Service Benefits Orthodontia Benefits			None	N/A
Maximum Benefits Plan Year (per person) Lifetime Orthodontia (per person) <i>The amount of benefits payable is limited to the in-network maximums. In-network maximums apply toward the out-of-network maximums and out-of-network maximum apply to the in-network maximums.</i>		\$1,000 N/A	\$1,000 N/A	
Dental Rollover			No	

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Alachua County BOCC

Vision care services

**If you use an
IN-NETWORK provider
(Member cost)**

**If you use an
OUT-OF-NETWORK provider
(Reimbursement)**

Exam with dilation as necessary • Retinal imaging ¹	\$10 Up to \$39	Up to \$30 Not covered
Contact lens exam options ² • Standard contact lens fit and follow-up • Premium contact lens fit and follow-up	Up to \$55 10% off retail	Not covered Not covered
Frames ³	\$130 allowance 20% off balance over \$130	\$65 allowance
Standard plastic lenses ⁴ • Single vision • Bifocal • Trifocal • Lenticular	\$15 \$15 \$15 \$15	Up to \$25 Up to \$40 Up to \$60 Up to \$100
Covered lens options ⁴ • UV coating • Tint (solid and gradient) • Standard scratch-resistance • Standard polycarbonate - adults • Standard polycarbonate - children <19 • Standard anti-reflective coating • Premium anti-reflective coating - Tier 1 - Tier 2 - Tier 3 • Standard progressive (add-on to bifocal) • Premium progressive - Tier 1 - Tier 2 - Tier 3 - Tier 4 • Photochromatic / plastic transitions • Polarized	\$15 \$15 \$15 \$40 \$40 \$45 Premium anti-reflective coatings as follows: \$57 \$68 80% of charge \$15 Premium progressives as follows: \$110 \$120 \$135 \$90 copay, 80% of charge less \$120 allowance \$75 20% off retail	Not covered Not covered Not covered Not covered Not covered Not covered Premium anti-reflective coatings as follows: Not covered Not covered Not covered Up to \$40 Premium progressives as follows: Not covered Not covered Not covered Not covered Not covered Not covered
Contact lenses ⁵ (applies to materials only) • Conventional • Disposable • Medically necessary	\$130 allowance, 15% off balance over \$130 \$130 allowance \$0	\$104 allowance \$104 allowance \$200 allowance

Humana Vision 130

Vision care services

	If you use an IN-NETWORK provider (Member cost)	If you use an OUT-OF-NETWORK provider (Reimbursement)
Frequency <ul style="list-style-type: none"> Examination Lenses or contact lenses Frame 	Once every 12 months Once every 12 months Once every 24 months	Once every 12 months Once every 12 months Once every 24 months
Diabetic Eye Care: care and testing for diabetic members <ul style="list-style-type: none"> Examination - Up to (2) services per year Retinal Imaging - Up to (2) services per year Extended Ophthalmoscopy - Up to (2) services per year Gonioscopy - Up to (2) services per year Scanning Laser - Up to (2) services per year 	\$0 \$0 \$0 \$0 \$0	Up to \$77 Up to \$50 Up to \$15 Up to \$15 Up to \$33

¹ Member costs may exceed \$39 with certain providers. Members may contact their participating provider to determine what costs or discounts are available.

² Standard contact lens exam fit and follow up costs and premium contact lens exam discounts up to 10% may vary by participating provider. Members may contact their participating provider to determine what costs or discounts are available.

³ Discounts may be available on all frames except when prohibited by the manufacturer.

⁴ Lens option costs may vary by provider. Members may contact their participating provider to determine if listed costs are available.

⁵ Plan covers contact lenses or frames, but not both, unless you have the Eye Glass and Contact Lens Rider.

Monthly rates (12 deductions per year)

Employee	\$5.76
Employee + 1 Dep.	\$11.50
Family:	\$21.46

*

Additional plan discounts

- Member may receive a 20% discount on items not covered by the plan at network Providers. Members may contact their participating provider to determine what costs or discounts are available. Discount does not apply to EyeMed Provider's professional services, or contact lenses. Plan discounts cannot be combined with any other discounts or promotional offers. Services or materials provided by any other group benefit plan providing vision care may not be covered. Certain brand name Vision Materials may not be eligible for a discount if the manufacturer imposes a no-discount practice. Frame, Lens, & Lens Option discounts apply only when purchasing a complete pair of eyeglasses. If purchased separately, members receive 20% off the retail price.
 - Members may also receive 15% off retail price or 5% off promotional price for LASIK or PRK from the US Laser Network, owned and operated by LCA Vision. Since LASIK or PRK vision correction is an elective procedure, performed by specialty trained providers, this discount may not always be available from a provider in your immediate location.
-

ALACHUA COUNTY

Effective October 1, 2022

Florida Blue – Health Insurance

BlueOptions 05770 PPO	Biweekly Premium			Monthly Premium		
coverage level	Employee	County	Total	Employee	County	Total
Emp. Only	\$44.67	\$312.60	\$357.27	\$89.34	\$625.20	\$714.54
Emp. + 1	\$213.50	\$640.54	\$854.04	\$427.00	\$1,281.08	\$1,708.08
Emp. + 2 or more	\$301.00	\$903.00	\$1,204.00	\$602.00	\$1,806.00	\$2,408.00
BlueOptions 05781 HDHP	Biweekly Premium			Monthly Premium		
coverage level	Employee	County	Total	Employee	County	Total
Emp. Only	\$16.45	\$312.60	\$329.05	\$32.90	\$625.20	\$658.10
Emp. + 1	\$146.04	\$640.54	\$786.58	\$292.08	\$1,281.08	\$1,573.16
Emp. + 2 or more	\$205.89	\$903.00	\$1,108.89	\$411.78	\$1,806.00	\$2,217.78

Florida Combined Life – Dental Insurance

	Biweekly Premiums		Monthly Premiums		
BlueDental Care PS220	Employee	County	Employee	County	Total
Emp. Only	\$1.31	\$5.26	\$2.62	\$10.52	\$13.14
Emp. + 1	\$6.04	\$5.26	\$12.08	\$10.52	\$22.60
Emp. + 2 or more	\$11.49	\$5.26	\$22.98	\$10.52	\$33.50
BlueDental Choice PPO - Low	Employee	County	Employee	County	
Emp. Only	\$2.37	\$9.48	\$4.74	\$18.96	\$23.70
Emp. + 1	\$10.82	\$9.48	\$21.64	\$18.96	\$40.60
Emp. + 2 or more	\$20.28	\$9.48	\$40.56	\$18.96	\$59.52
BlueDental Choice PPO - High					
Emp. Only	\$3.00	\$11.98	\$6.00	\$23.96	\$29.96
Emp. + 1	\$16.30	\$11.98	\$32.60	\$23.96	\$56.56
Emp. + 2 or more	\$28.27	\$11.98	\$56.54	\$23.96	\$80.50

Humana – Vision Insurance

	Biweekly Premiums	Monthly Premiums
Emp. Only	\$2.88	\$5.76
Emp. + 1	\$5.75	\$11.50
Emp. + 2 or more	\$10.73	\$21.46



Alachua County Enrollment

Group Term Life and Voluntary Accidental Death and Dismemberment

Why Your Employees Need Life Insurance





Group Term Life

Group Term Life insurance is a lifeline for American workers. Millions of families live at risk without even the most basic level of life insurance. Research shows that most families have an average life insurance gap of \$200,000 and would have difficulty paying daily living expenses if the primary wage earner died.¹ Florida Combined Life's Group Term Life insurance pays a lump-sum benefit if an insured or covered person dies within a specific time period, regardless of the cause of death.

Voluntary Accidental Death and Dismemberment

Voluntary Accidental Death and Dismemberment insurance is employee-paid and provides an additional financial safety net if a covered person's death or injury is due to an unforeseen covered accident, whether it happens at work, home, or elsewhere. Together with Group Term Life, your employees can live with the peace of mind of knowing they can provide for their families if the unexpected happens.



 Basic Group Term Life	Rate: \$0.09 per month (per \$1,000) \$10K (employer paid) PLUS 1x annual earnings rounded to next higher \$1,000 (employer pays 80% of premium, employee pays 20%)	<ul style="list-style-type: none"> Maximum coverage: \$50K. All coverage guaranteed if elected within 31 days of initial eligibility. Age reductions apply². 											
 Employee Voluntary Group Term Life	Elect 1-3x your annual earnings <table border="1" data-bbox="578 1251 870 1455"> <tr> <td rowspan="5">Rates per month:</td> <td>\$0.05 <25</td> <td>\$0.06 25-29</td> </tr> <tr> <td>\$0.08 30-34</td> <td>\$0.09 35-39</td> </tr> <tr> <td>\$0.10 40-44</td> <td>\$0.15 45-49</td> </tr> <tr> <td>\$0.23 50-54</td> <td>\$0.45 55-59</td> </tr> <tr> <td>\$0.72 60-64</td> <td>\$1.39 65-69</td> </tr> </table>	Rates per month:	\$0.05 <25	\$0.06 25-29	\$0.08 30-34	\$0.09 35-39	\$0.10 40-44	\$0.15 45-49	\$0.23 50-54	\$0.45 55-59	\$0.72 60-64	\$1.39 65-69	<ul style="list-style-type: none"> Coverage is for employees only (employee paid). Maximum coverage: \$250K OR 3x your annual earnings, whichever is less. All coverage guaranteed if elected within 31 days of initial eligibility. Age reductions apply².
Rates per month:	\$0.05 <25		\$0.06 25-29										
	\$0.08 30-34		\$0.09 35-39										
	\$0.10 40-44		\$0.15 45-49										
	\$0.23 50-54		\$0.45 55-59										
	\$0.72 60-64	\$1.39 65-69											
 Dependent Group Term Life	Rate: \$3.10 per month Spouse: \$10K Child: \$5K	<ul style="list-style-type: none"> Children are eligible from age 15 days to 26 years. Coverage is reduced to \$100 for children between 14 days to 6 months. All coverage guaranteed if elected within 31 days of initial eligibility. 											
 Voluntary Accidental Death and Dismemberment	Rate: \$0.03 per month (per \$1,000) Elect in \$25K increments	<ul style="list-style-type: none"> Maximum coverage: \$500K or 5x annual earnings, whichever is less. Age reductions apply². 											

If the employees spouse or child is eligible for employee coverage, they cannot be covered as a dependent. Only one employee may cover a dependent child.

¹ Life Insurance Ownership in Focus, 2016 LIMRA Executive Summary, Survey Says: Group Life Insurance

² At age 65, coverage reduces to 65% of the pre-age 65 amount. At 70, coverage reduces to 50% of the pre-age 70 amount.

Florida Combined Life (FCL) and Blue Cross and Blue Shield of Florida, Inc., are Independent Licensees of the Blue Cross and Blue Shield Association.

This benefit summary provides a very brief description of FCL's insurance products. This is not an insurance policy and only the actual provisions of an issued policy control. FCL policies set forth the rights and obligations of covered persons and FCL. Please be aware that certain limitations and exclusions may apply, and certain coverage may reduce or terminate due to age or lack of eligibility. If you enroll and are approved for coverage, you will be furnished with a policy or certificate of insurance. Please read your insurance documents carefully.

Flexible Spending Account

A healthcare FSA lets you use tax-free money to pay for eligible medical expenses.¹ FSAs help members realize significant savings on healthcare costs. Don't think of it as money deducted from your paycheck – think of it as money added to your wallet.

- ✓ Access annual contribution amount on day one
- ✓ Fast, hassle-free payments and reimbursement
- ✓ Pay for your spouse and dependents too



Annual tax saving potential²

\$610

IRS Contribution Limit³

\$3,050

Common eligible medical expenses:

- Pain relievers
- Doctor visits
- Dental cleaning
- Sleep aids
- Eyeglasses/contacts
- Cold/cough medicine
- Chiropractic care
- Insulin testing supplies



See how much you can save

[HealthEquity.com/
Learn/FSA](https://HealthEquity.com/Learn/FSA)

¹FSAs are never taxed at a federal income tax level when used appropriately for qualified medical expenses. Also, most states recognize FSA funds as tax deductible with very few exceptions. Please consult a tax advisor regarding your state's specific rules. | ²The example is for illustrative purposes only. Estimated savings are based on a maximum annual contribution and an assumed combined federal and state income tax bracket of 20%. Actual savings will depend on your contribution amount and taxable income and tax status. | ³Contribution limit is accurate as of 10/20/2022. Each fall the IRS updates the FSA contribution limits. For the latest information, please visit: HealthEquity.com/Learn | HealthEquity does not provide legal, tax or financial advice. Always consult a professional when making life-changing decisions.

Dear Valued Client:

The Employee Assistance Program (EAP) helps employees and their dependents deal with a multitude of everyday problems, including but not limited to marriage or divorce, parenting challenges, financial and/or legal concerns, stress, anxiety, depression, drug and alcohol dependency, work conflicts, anger, grief and loss of a loved one, or any other private concerns and much more.

During these uncertain times, the program can be very helpful to employees and their families by giving them the tools needed to improve their personal and professional lives.

WHO MANAGES THE PROGRAM?

The program offers a list of professionals to assist with employees' life and work challenges:

- Licensed Professional Counselors
- Registered Nurses
- Benefits Experts with experience in benefits administration, claims management and provider group administration.
- Trained Clinical Professionals – Social Workers, Counselors and Nutritionists who are supported by full-time Medical Directors.

HOW DOES EAP WORK?

The first three (3) visits are of no cost to the employees. However, beyond that the employees will be responsible for the cost of continuing with the use of the program. Employees are encouraged to call the **EAP 24/7** helpline where a Health Advocate provides phone support, or the employees can complete an intake for their counseling services.

Oftentimes, a single ongoing contact person is available to speak with employees.

Multi-channel touch points options are available for the employee/family member to utilize, including face-to-face, phone and chat, text-based counseling, and website & application.

(NOTE: Employee face to face counseling sessions are not available at this time due to COVID-19 restrictions).

EAP is completely confidential. An employer will not know if an employee is using or has used the program unless the employee notifies his or her supervisor. There may be however, situations when a supervisor feels that an employee's work performance has degraded so far that his/her future employment with the company is in jeopardy. If this happens, the supervisor may administratively refer the employee to the program for assistance. Even in this case, the supervisor will not know that the employee decided to use the program unless he or she tells the employer. Since an employee cannot be forced to contact the program, and while it may be in the best interest of the employee, he or she will need to make that decision to contact the support establishment. If the employee refuses to participate in the program he/she can be subject to disciplinary action, including termination of employment/depending on the deficiency or the company's policy offense. If an employee was administratively referred to the program for assistance, the employer must make a note of the referral in the employee's personnel file.

CONTACTING YOUR EAP

For employees' convenience, included below is the contact information for the Health Advocate:

- 1-877-240-6863
- www.healthadvocate.com/members
- When contacting the Health Advocate use the company name: **AlphaStaff**

2020 EAP FEATURE FLYER LISTS

Employees are strongly encouraged to review the accompanying *2020 EAP Feature Flyer Lists*. English and Spanish flyers are included for review.

EAP TRAINING DECK

A basic EAP training deck is attached for review.

****Clients requiring an EAP webinar are encouraged to inform their respective HR Account Managers for details.**

Just Call Us!

Our experts will identify and quickly connect you to the resources you need.

Legal Services

Legal services are provided by attorneys and include a free telephone consultation. Depending on your issue, you may be eligible to receive a 25% discount off the attorney's regular fees.

Personal/Family Law

- Adoption
- Guardianship
- Custody
- Child support
- Divorce
- Name change

Elder Law

- Estate planning
- Probate
- Wills
- Revocable Living Trust
- Durable Power of Attorney
- Healthcare directives

Real Estate

- Assistance in the acquisition or sale of residential property
- Lease and rental of apartments
- Property boundary disputes

Financial Services

Financial services are provided by seasoned professionals and include a free telephone consultation.

Debt Management

- Selecting a credit card
- Debt counseling and consolidation

Budgeting

- Income and expense review
- Increasing take-home pay
- Lowering expenses
- Leasing vs. buying
- Refinancing

Credit Report Issues

- How to request a copy
- Credit score consultation
- Removing inaccurate information
- Your rights under the law

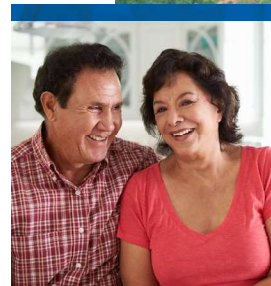
Financial Services

- College savings plans
- Common retirement strategies
- Life insurance

Identity Theft

Information and resources to help prevent identity theft from occurring.

- Recognize the warning signs of identity theft and credit fraud
- Learn methods to identify theft prevention
- Understand what to do if identity theft occurs



For More Information

Call our toll-free number to reach a Work/Life Specialist who can assist you. You can also visit our website to view helpful articles, resources and informative webinars!

Turn to us—we can help.



877.240.6863

Email: answers@HealthAdvocate.com
Web: HealthAdvocate.com/members

Download the app today!



Your Health Advocate EAP+Work/Life Program is paid by your employer or plan sponsor, and is completely confidential.

We're not an insurance company. Health Advocate is not a direct healthcare provider, and is not affiliated with any insurance company or third party provider.

HealthAdvocateSM

DON'T PAY RETAIL

This is your one-stop-shop for employee pricing. We leverage the purchasing power of all employees to help you save money on all your large purchases, as well as all your everyday purchases (food, utilities, and more).

Once you activate your account, you will have access to exclusive offers and deep discounts from top popular merchants at the places you already shop.

Additionally you'll earn WOW points for every purchase, which later can be redeemed as cash towards other purchases! Log in today to see how it all works!



ABSOLUTE BEST PRICING



Computers

Employee Pricing for all major brands



Personal Vacations

Air, hotel, and car rental corporate rates



Eating In/Out

Up to 90% off at 18,000 locations



Electronics

Best prices at retailers and manufacturers

...and 20+ other categories

AlphaPerks Exclusive Offers - via Payroll Deduction



1 Go to: <http://alphastaff.corporateperks.com>

2 Login/Register at AlphaPerks
First time users: Use the Employee ID on your pay stub. After this, you can log in with your email address.

3 Start Saving!

Access comes with 5 friends and family accounts

AlphaPerks is available to new client companies and new employees on the 10th of the month following their first payroll.



AlphaPerks is a free savings program that provides employee discount pricing to thousands of retailers!

We want to help you stretch your paycheck on all types of purchases you need to make. That's why we are offering AlphaPerks, a free program that provides you with employee discount pricing to thousands of retailers!

Whether you are shopping for Electronics, Automobiles, Movie Tickets, Watches, Toys, or anything else, save with employee pricing at hundreds of manufacturers, retailers and brands in all these areas. In addition to great savings, you'll get **WOWPoints!** WOWPoints are credits you earn with each purchase that can then be redeemed towards additional purchases! (It's like getting free stuff!) Each WOWPoint is worth \$1.00.

As an added benefit, you can invite up to 5 family members or close friends to have access to these great offers!!

How to Get Started and Set up Your Account

AlphaPerks is accessible online by computer as well as on your mobile device.

- Visit the program website at alphastaff.corporateperks.com (for quick access in the future be sure to bookmark this page)
- **Click the "Account Setup" button** and follow the on-screen instructions to set up your account. You will need your Employee ID (found on your paystub which can be accessed through AlphaSource.) Please **DO NOT** use your email address when trying to set up your new account, however once you have your account established you CAN use your email to log in going forward.
- **Start shopping**, saving and earning WOWPoints today!!



AlphaPerks Help Center: <https://alphastaff.corporateperks.com/helpcenterv2>



AlphaStaff

Financial Wellness for happier, healthier and more productive employees.

How to get started

1. Go to Financial Wellness in your ZayZoon dashboard.
2. Choose which bank account(s) to link to ZayU.
3. Have access to the tools necessary in improving your financial wellbeing!

Once your account is connected, ZayZoon analyzes your transactional data and uses this information to provide meaningful insights on how to save money.

Spend Tracking

We'll show you where you are spending and give you tips on where you can improve.

Overdraft Prediction

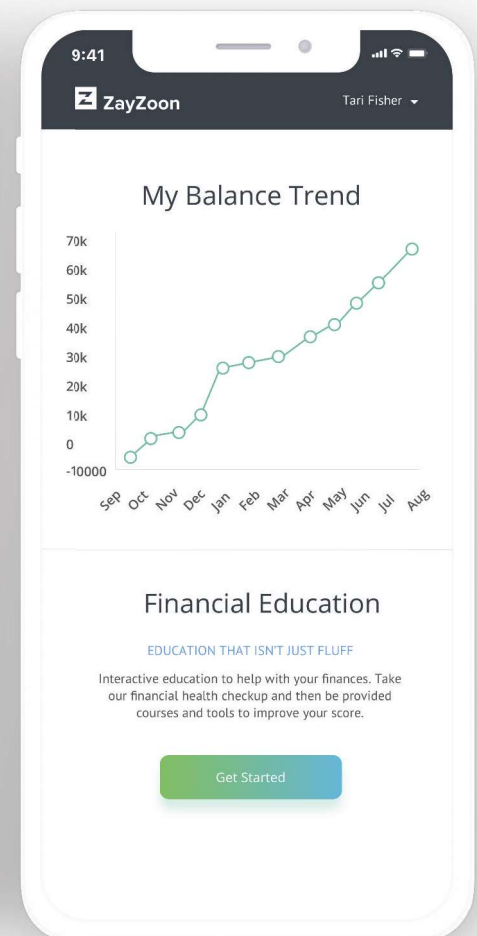
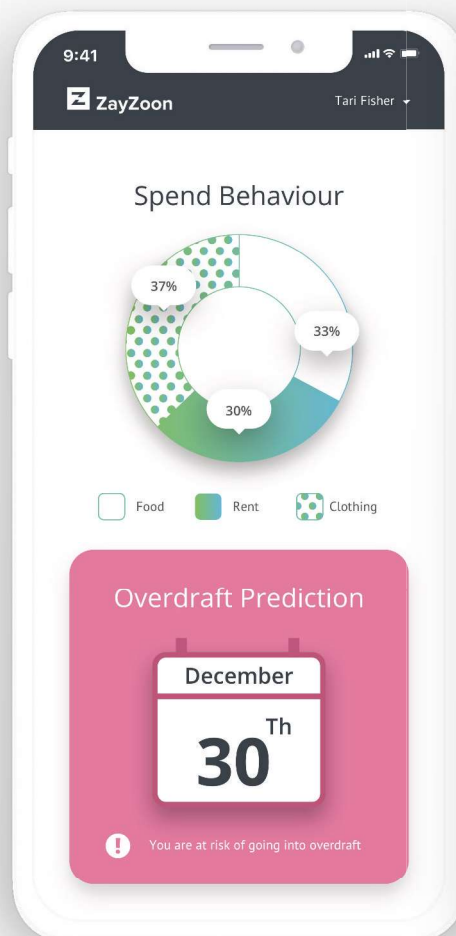
Get notified when you are at risk of overdrafting your bank account. You can also set a Low Balance notification to avoid costly minimum balance fees.

Balance Trend

How does the health of your bank account look over time? We'll show you.

Interactive Education

Take a financial check-up and get custom courses and content, recommended, based on your financial health score.



AlphaStaff

1300 Sawgrass Corporate Parkway | Sunrise, FL | 33323 | (954) 267-1760 | Toll Free (888) 335-9545

www.alphastaff.com

We have received your request for an employment and/or income verification on a **AlphaStaff** employee. Please note that our organization uses The Work Number® to provide automated employment and income verifications. The Work Number reduces our risk of liability from providing erroneous or unauthorized information, and our employees receive the benefit of rapid verification completion, 24 hours a day, 7 days a week. You the verifier benefit by receiving immediate access to information that is convenient, accurate and secure. Please follow the instructions below to attain the information you need.

How to Use The Work Number

Verification Type	Access Options	Information Required
Commercial <i>mortgage loan, auto finance, credit card, job offer, apartment lease, etc.</i>	www.theworknumber.com 1-800-367-5690	Employer Name or Code <i>AlphaStaff's Employer Code is 14107</i>
Social Services <i>Medicaid, SNAP, TANF, subsidized housing, etc. (only available to qualifying assistance agencies)</i>	www.theworknumber.com 1-800-660-3399	

Frequently Asked Questions

What is The Work Number?

The Work Number, a service of Equifax Workforce Solutions, is an automated service for employment and income verifications that allows employees to provide proof of employment or income instantly. More than 200,000 credentialed verifiers (leading mortgage companies, pre-employment screeners, banks, social service agencies and others) access The Work Number to retrieve this critical decisioning information—direct from employer payroll feeds—rapidly and securely.

Is the information secure?

The commitment to information security at Equifax is unparalleled. We are SSAE16, FISMA NIST 800-53 and ISO 27001 certified. We employ risk based authentication and data encryption technologies and house The Work Number data in an isolated network.

Who is considered a verifier?

A verifier can be any lending institution, property manager or other business with a Fair Credit Reporting Act (FCRA)-compliant permissible purpose for requesting employment or income information. All verifiers are screened and credentialed before receiving system access, and authenticated at each login.

Does a verification from The Work Number take longer?

No. If the information is on the database, it is delivered instantly and does not require a callback or other response from the employer.

What is a Commercial verification?

Standard employment and income verifications (as part of the approval process for mortgage loans, auto financing, credit cards, job offers, apartment rentals, etc.) are commonly referred to as commercial verifications.

What is a Social Services verification?

Typical social services verifications include TANF, SNAP, Public Housing, Medicaid, Child Support, WIC, Welfare-to-Work Programs, Social Security, Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI) and others.

Do I need anything special to obtain an income verification?

The Work Number requires that verifiers have the documented consent of the employee-consumer to access income information. Consent is generally established via a signed acknowledgement at the point of application for a loan or service. And, as with all verifications via The Work Number, you will need to state an FCRA-compliant permissible purpose prior to accessing the data.

What Employer Code do I Use?

AlphaStaff's employer code is: **14107** This five-digit code is used to identify each organization in The Work Number database. Credentialed verifiers can also search for employer codes by name.



Need help? The Work Number Client Service Center is available Monday – Friday; 7am – 8pm (CT) at **800-367-5690** For TTY—hearing impaired call 800.424.0253.



Get to Know Your 457 Deferred Compensation Plan

A Retirement Plan with Benefits

With your 457 plan, you're in control of how much you save and where you invest those savings, while enjoying tax advantages.

- Contributions are made during your employment, and you can change, stop, and restart them at any time.
- Your account's value is based on those contributions and subsequent investment returns.
- Earnings are not subject to tax until withdrawn.
- You have control over:
 - How your money in the account is invested
 - How funds are withdrawn following your separation from service
 - Who receives any remaining assets upon your death

A smart addition to any pension or Social Security benefits you may receive, your **457 Deferred Compensation Plan** offers simple and flexible ways to increase your retirement savings for a more secure and confident financial future.

Contribute what you can.

For 2022, you can contribute up to \$20,500, or \$27,000 if age 50 or over. More information about current contribution limits, including Age 50 Catch-Up and Pre-Retirement Catch-Up limits, is available at www.icmarc.org/contributionlimits.

MissionSquare can help you decide how much to save and how to invest through **Guided Pathways**[®]. Learn more: www.icmarc.org/guidedpathways

457 plans are unique.

Unlike other retirement accounts, you don't have to qualify for an exception to avoid the 10% IRS penalty tax on withdrawals of your contributions and associated earnings before age 59½. Just remember that your 457 plan is designed to help you meet your retirement goals. Any withdrawals prior to retirement may reduce your future retirement security.

Contributions

Pre-tax contributions you make reduce your taxable income for the year. These contributions and all associated earnings won't be taxed until you withdraw them – boosting account growth.

You also may be able to make after-tax **Roth contributions**, if offered by your employer. While they don't reduce your taxable income for the year, future withdrawals may be tax-free. Alternatively, you can contribute to a Roth IRA. For more information, visit: www.icmarc.org/ira.

Investment Control

A wide range of investment options are available to help you build a diversified portfolio. You control all investment decisions, including:

- How your contributions are invested
- How to manage your investments on an ongoing basis

Access to Your Money

Based on your employer's plan rules, withdrawals may be allowed while you're still working.

When you leave your employer, you can withdraw assets regardless of the reason and your years of service.

Enjoy flexible withdrawal options for vested assets like:

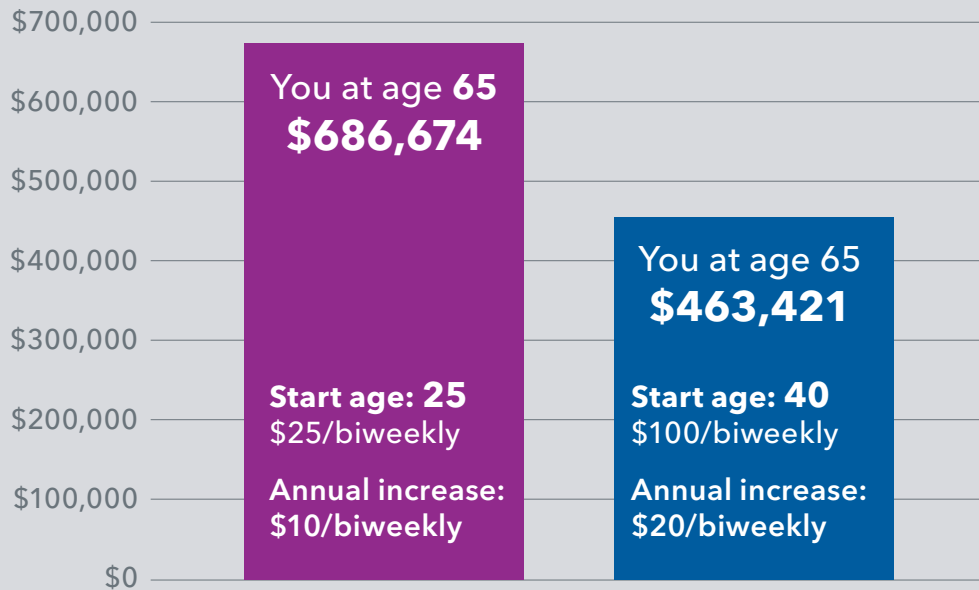
- Withdrawal of your entire balance
- Periodic, partial withdrawals as you see fit
- Installment payments of a certain dollar amount and frequency, such as monthly or quarterly, that you can change at any time
- Lifetime income payments

After you reach age 72 or separate from service, whichever is later, you'll be required to withdraw at least a minimum amount from your account each year, per IRS rules.

If plan rules and/or IRS rules allow, you can also borrow against your vested assets through a loan.

Don't delay, start saving today!

Saving now can help alleviate the pressure to catch up later. Starting early can give you an advantage due to compounding, in which your investments produce earnings from previous earnings.



For illustrative purposes only. Assumes an effective annual rate of 6%, compounded biweekly.

Designate Beneficiaries

You designate a beneficiary, or beneficiaries, to receive any remaining assets upon your death. Beneficiaries control investment decisions, receive the most flexible withdrawal options allowed by law, and aren't subject to any additional fees. If you don't designate beneficiaries, your estate is the default beneficiary, in which case:

- Assets may not be distributed per your wishes.
- Assets are subject to probate costs, potential delays, and creditor claims.
- Non-spouse heirs may receive fewer tax benefits.



Learn More

- Get to know your 457 plan: www.icmarc.org/457
- Log into your account to manage your savings and visit our Financial Wellness Center for 100+ interactive, fun, short videos, charts, calculators, articles, and tutorials. Get answers to your questions about debt, emergency savings, college tuition planning, investing, retirement planning, and much more: www.missionsq.org

MissionSquare

RETIREMENT

Founded in 1972, MissionSquare Retirement helps those who serve their communities build toward a secure and confident financial future. MissionSquare is a mission-based, nonstock, nonprofit, financial services company that focuses on delivering results-oriented retirement plans, education, investments, and advice for over 1.6 million public participant accounts.*

To learn more, visit www.missionsq.org.

*As of December 31, 2021

Start your journey: Join your plan



Join your plan using your computer, tablet, or mobile device. To enroll, or view your plan's features and investment options, scan the QR code or visit:

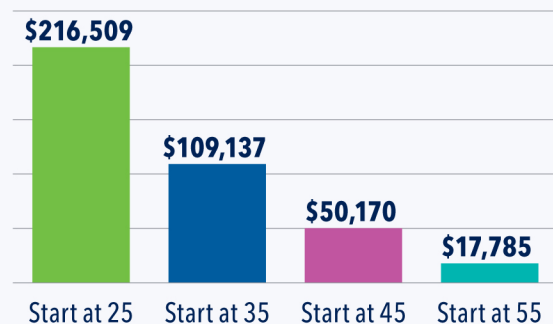
www.missionsq.org/enroll

All you need to get started is your Employer, Plan Name, or Plan State to visit your plan resource site.

How much could my account be worth at age 65?*

Saving now can help alleviate the pressure to catch up later. Starting early can give you an advantage due to compounding, in which your investments produce earnings from previous earnings.

* For illustrative purposes only. Assumes \$50 bi-weekly contributions and an effective annual return of 6%, compounded bi-weekly.



Questions? Get personalized help from your MissionSquare Retirement Plans Specialist. See next page for contact information.

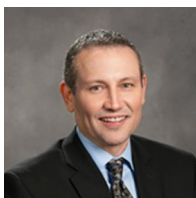
While a pension and/or Social Security may go a long way, they may not be enough. Saving to a 457 plan will supplement your retirement income and help you build a secure financial future.



- Set your own savings goals
- Control your investments
- Choose your beneficiaries
- Get tax benefits
- Access to your MissionSquare representative for personalized help

By joining your 457 Plan, you've taken an important first step on your retirement journey. For more information, visit: www.missionsq.org/457

For assistance with your Plan and your overall retirement goals, contact your MissionSquare representative.



Adam Ferguson
Retirement Plans Specialist
202-759-7059
aferguson@missionsq.org

Start your journey.

Visit www.missionsq.org/enroll to join your plan today.

CHOOSE YOUR FRS RETIREMENT PLAN



Welcome!

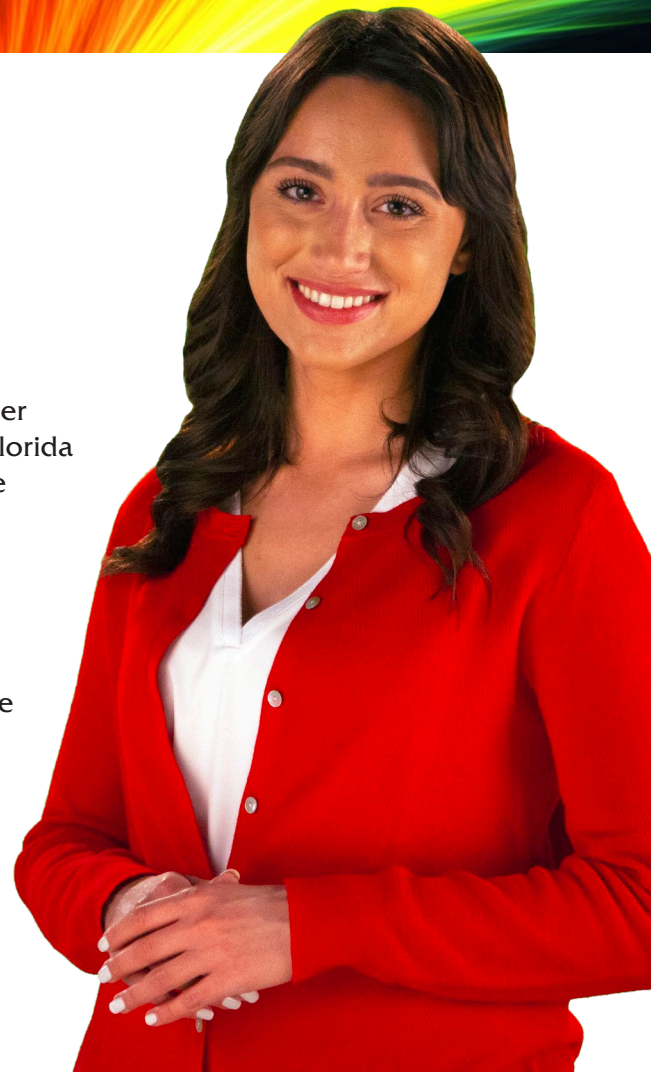
Coming to work here was a great choice. Now you have another important choice to make: which retirement plan to join. The Florida Retirement System (FRS) offers you two retirement plans – the Investment Plan and the Pension Plan. As an FRS member, you get to choose the one that’s right for you.

Visit me at [ChooseMyFRSplan.com](https://www.ChooseMyFRSplan.com)

Visit [ChooseMyFRSplan.com](https://www.ChooseMyFRSplan.com) and join me for a quick interactive video. I’ll ask you a few simple questions and, based on your answers, I’ll let you know which FRS retirement plan may make the most sense for you. I’ll also share some other great resources that can help you compare the plans yourself and submit your choice online.



Scan this code with your smartphone.



Don’t Miss Your Chance to Choose!

You have until **4:00 p.m. ET on the last business day of the 8th month after your month of hire to submit your choice.** That might sound like a long time, but your deadline will be here before you know it. Take out your phone **now** and set yourself a reminder!

For Help Enrolling or to Enroll by Phone

Call the MyFRS Financial Guidance Line
1-866-446-9377
Option 4 (or TRS 711)
8:00 a.m. to 6:00 p.m. ET
Learn more at [MyFRS.com](https://www.MyFRS.com).

Time Off

Holidays

- New Years Day
- Martin Luther King Jr. Day
- Memorial Day
- Juneteenth
- Independence Day
- Labor Day
- Veterans Day
- Thanksgiving Day
- Day After Thanksgiving
- Christmas Eve
- Christmas
- Two Floating Holidays

Vacation

Length of Service in Years	Hours per pay period	In weeks
Less than 1 year	3.24 hours	2.106 weeks
Between 1 year and 5 years	3.85 hours	2.5 weeks
Between 5 years and 10 years	4.62 hours	3 weeks
Between 10 years and 15 years	5.38 hours	3.5 weeks
Between 15 years and 20 years	6.92 hours	4.5 weeks
Between 20 years and 25 years	8.46 hours	5.5 weeks
25 years or more	9.23 hours	6 weeks

VOLUNTEER

Employees receive 8 hours of volunteer time off to better the community.

Sick Time

Employees accrue 4 hours of sick leave each pay period.



Enrollment and Contribution Form

Use this worksheet to submit your employee information and/or any applicable contribution information elections to your employer for enrollment in your CHILDREN'S TRUST OF ALACHUA CO 457 Deferred Compensation Plan at MissionSquare Retirement.

- I want to: Start My Journey: Join my CHILDREN'S TRUST OF ALACHUA CO 457 Deferred Compensation Plan
 Increase My Contributions

1. PERSONAL INFORMATION

PLAN SPONSOR NAME: CHILDREN'S TRUST OF ALACHUA CO 457 Deferred Compensation Plan 301399			
SOCIAL SECURITY NUMBER: FOR TAX REPORTING PURPOSES		DATE OF BIRTH: MM/DD/YYYY	GENDER: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE <input type="checkbox"/> OTHER
FULL NAME: LAST, FIRST, MI		MARITAL STATUS: <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED	
MAILING ADDRESS:			
STREET		CITY	STATE ZIP
MOBILE PHONE NUMBER:	EMAIL ADDRESS:		GO PAPERLESS: <input type="checkbox"/>

*Choosing to go paperless means you are asking your employer to opt you into electronic communications to the email address you have designated.

2. CONTRIBUTION AMOUNT

I authorize my plan sponsor to contribute the amount specified below from my pay each pay period. Contributions will begin as soon as administratively feasible under your plan.

Pre-tax contributions of _____% **OR** \$_____ from my pay each pay period.

Roth contributions of _____% **OR** \$_____ from my pay each pay period.

Normal Contribution Limit (2023): 100% of compensation or \$22,500, whichever is less

Consider Ways to Save More:

- Age 50 catch-up contributions (up to \$7,500 more than the normal limit. \$30,000 maximum)
- 457 Pre-Retirement Catch-up –**SEE PRE-RETIREMENT CONTRIBUTION CATCH-UP FORM**

3. INVESTMENT SELECTION

By submitting this form, you understand you are authorizing your plan sponsor to enroll you in the plan without elections. Once your enrollment is processed you may log in to the participant website or mobile app to select your investments. If you do not select an investment option, your entire account will be invested in the Plan's default investment selection.

4. BENEFICIARY DESIGNATION

Once your enrollment is processed you may log in to the participant website or mobile app to enter your beneficiary information.

5. SIGNATURES (SIGN, DATE, AND SUBMIT THE COMPLETED FORM TO YOUR PLAN SPONSOR)

Employee Signature: _____ Date: MM/DD/YYYY _____

Authorized Plan Sponsor Official's Signature: _____ Date: MM/DD/YYYY _____

Authorized Plan Sponsor Official's Name and Title: _____ Date: MM/DD/YYYY _____

SUBMIT THE COMPLETED WORKSHEET TO YOUR PLAN SPONSOR. RETAIN A COPY FOR YOUR RECORDS.

For Plan Sponsor Use Only:

Employee ID: _____ Hire Date: MM/DD/YYYY _____

Rehired? Check if Yes

Rehire Date: MM/DD/YYYY _____ Original Hire Date: MM/DD/YYYY _____ Leave Date: MM/DD/YYYY _____

Enrollment Form: Flexible Spending Account(s)

GENERAL INFORMATION

Employee Name: _____ Social Security Number: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

Date of Birth (MM/DD/YYYY): _____ Date of Hire (MM/DD/YYYY): _____

Plan Start Date: _____ **Plan End Date:** _____

Benefit	Per Pay Period	# Pay Periods	Annual Election
Healthcare FSA	\$		\$
Dependent Care FSA	\$		\$

(Day care expenses incurred during employment hours)

Effective date of coverage: _____ The first payroll deduction will be on _____, 20 _____

My pay schedule is: Weekly Biweekly Semimonthly Monthly

AUTHORIZATION & ACKNOWLEDGEMENT:

I understand that I cannot revoke or change this election during the Plan Year unless there is a qualifying "Change in Status" event that affects me or my dependents' eligibility under this Plan or another employer plan. The rules regarding election changes are described in more detail in the Summary Plan Description.

I also understand that if I or my spouse participates in a Health Savings Account (HSA), eligible medical expenses under the Health Care Reimbursement Account may be limited.

I understand that I must submit a claim and appropriate documentation (e.g. explanation of benefits, itemized bill) for out-of-pocket, Medical, Dental, Vision and/or Dependent Care expenses before I can be reimbursed. I certify that I will only submit claims for reimbursement under the Flexible Spending Accounts for eligible expenses incurred by myself or my eligible dependents, in accordance with the terms of the respective Flexible Spending Account Plan. I certify that I will not submit claims for reimbursement under the Flexible Spending Accounts for amounts that have already been reimbursed by another source nor will I seek reimbursement for such amounts from any other source.

I hereby elect to participate in the Flexible Spending Account.

I hereby elect NOT to participate in the Flexible Spending Account.

Employee Signature

Date