



Alachua County Board of County Commissioners

Supplemental Benefits Summary



VOLUNTARY BENEFITS

	PAGE NUMBER
Eligibility and Coverage Options	3
Critical Illness	4-5
Accident	6-9
LegalShield and IDShield	10
Contact information	11

Eligibility

All permanent employees who work at least 20 hours per week and their legal dependents, such as spouse or dependent children are eligible for benefits.

As a new employee, insurance benefits are effective the first of the month following one full month of employment. Premium deductions for supplemental benefits will begin the month of your effective date of coverage.

Coverages offered through The Standard Insurance Company.

Critical Illness

Gives an affordable option for easing the financial burden that can come with a serious illness.

Accident

Helps pay for out-of-pocket medical expenses that medical insurance won't cover.

Coverages offered through LegalShield and IDShield

LegalShield

Provides services to their members through a proprietary closed panel of attorneys to help with legal consultation and advice providing members with a broad spectrum of services.

IDShield

Offers their members a comprehensive and complete restoration in all areas of identity theft by a licensed team of licensed fraud investigators.

Critical Illness

Covered Critical Illnesses

- ◆ Cancer
- ◆ Carcinoma In Situ
- ◆ End-stage Renal (Kidney) failure
- ◆ Major Organ Failure
- ◆ Myocardial Infarction (Heart Attack)
- ◆ Severe Coronary Artery Disease with recommendation of bypass
- ◆ Stroke
- ◆ Coma
- ◆ Paralysis
- ◆ Blindness
- ◆ Occupational Hepatitis
- ◆ Occupational HIV
- ◆ 21 childhood diseases¹

Pre-existing Conditions

- ◆ excluded for the first 12 months while covered, if they are the result of a condition which existed up to 6 months before the plan effective date.

Portability

- ◆ Included, with no change in coverages or rates

Coverage amount

- ◆ Employee: \$5,000 to \$50,000 in increments of \$5,000
- ◆ Spouse: \$5,000 to \$30,000 in increments of \$5,000
- ◆ Child: 25% of the Employee Amount

Underwriting (Health Questions)

- ◆ Guarantee Issue:
 - ◆ Employee \$20,000
 - ◆ Spouse: \$10,000
- ◆ Underwriting (Health Questions) – also required when someone enrolls 31+ days after first eligible
- ◆ Dependent Children are automatically covered at 25% of the employee coverage amount without evidence of insurability (Health Questions)

Health Screening Benefit

- ◆ \$50 per insured per calendar year.

¹Covered Child Critical Illness: Anal Atresia, Anencephaly, Biliary Atresia, Cerebral Palsy, Cleft Lip or Cleft Palate, Club Foot, Coarctation of the Aorta, Cystic Fibrosis, Diaphragmatic Hernia, Down's Syndrome, Gastroschisis, Hirschsprung's Disease, Hypoplastic Left Heart Syndrome, Infantile Hypertrophic Pyloric Stenosis, Muscular Dystrophy, Omphalocele, Patent Ductus Arteriosus, Spina Bifida Cystica with Myelomeningocele, Tetralogy of Fallot, Transposition of the Great Arteries.

Spouse Coverage cannot exceed 100% of Employee Amount.

Critical Illness

Non-Tobacco Monthly Premiums

	<30	30-39	40-49	50-59	60-70
\$5,000	\$2.30	\$4.15	\$7.35	\$14.55	\$26.65
\$10,000	\$4.60	\$8.30	\$14.70	\$29.10	\$53.30
\$15,000	\$6.90	\$12.45	\$22.05	\$43.65	\$79.95
\$20,000	\$9.20	\$16.60	\$29.40	\$58.20	\$106.60
\$25,000	\$11.50	\$20.75	\$36.75	\$72.75	\$133.25
\$30,000	\$13.80	\$24.90	\$44.10	\$87.30	\$159.90
\$35,000	\$16.10	\$29.05	\$51.45	\$101.85	\$186.55
\$40,000	\$18.40	\$33.20	\$58.80	\$116.40	\$213.20
\$45,000	\$20.70	\$37.35	\$66.15	\$130.95	\$239.85
\$50,000	\$23.00	\$41.50	\$73.50	\$145.50	\$266.50

Tobacco Monthly Premiums

	<30	30-39	40-49	50-59	60-70
\$5,000	\$3.10	\$6.70	\$13.70	\$30.55	\$59.10
\$10,000	\$6.20	\$13.40	\$27.40	\$61.10	\$118.20
\$15,000	\$9.30	\$20.10	\$41.10	\$91.65	\$177.30
\$20,000	\$12.40	\$26.80	\$54.80	\$122.20	\$236.40
\$25,000	\$15.50	\$33.50	\$68.50	\$152.75	\$295.50
\$30,000	\$18.60	\$40.20	\$82.20	\$183.30	\$354.60
\$35,000	\$21.70	\$46.90	\$95.90	\$213.85	\$413.70
\$40,000	\$24.80	\$53.60	\$109.60	\$244.40	\$472.80
\$45,000	\$27.90	\$60.30	\$123.30	\$274.95	\$531.90
\$50,000	\$31.00	\$67.00	\$137.00	\$305.50	\$591.00

Accident

What if you had an accident and were unable to work?

How would you pay your bills?

How would you manage your household expenses?



	Rate Monthly
Employee	\$12.57
Employee and Spouse	\$19.88
Employee and Children	\$23.85
Employee and Family	\$37.31
Health and Maintenance Screening Benefit	
Health and Maintenance Screening Benefit	\$50 Benefit
Automobile Accident Benefit	
Automobile Accident Benefit	\$500 Benefit

Accident

Emergency Care		Amount Paid
Air Ambulance		\$800
Blood, Plasma, Platelets		\$300
Emergency Dental (crown)		\$200
Emergency Dental (extraction)		\$100
Emergency Room Benefit		\$150
Ground Ambulance		\$300
Initial Physician's Office		\$50
Major Diagnostic Exam		\$200
Urgent Care		\$50
X-Ray		\$50
Specific Injury		
Burns, 2nd degree, <15% / >15%		\$200/\$1,000
Burns, 3rd degree, <15% / >15%		\$5,000/\$10,000
Coma		\$7,500
Concussion		\$150
Specific Injury		
Eye Injury		\$200
Lacerations, <2"		\$75
Lacerations, 2" - 6"		\$200
Lacerations, >6"		\$500
Skin Graft		25% of burn benefit
Fractures Non-Surgical/Surgical		
Ankle, Arm, Collarbone, Elbow, Foot, Hand, Kneecap, Lower Jaw, Shoulder Blade, Sternum, Wrist		\$550/\$1,100
Bones of Face, Coccyx, Nose, Vertebrae		\$500/\$1,000
Finger, Toe		\$100/\$200
Hip		\$2,500/ \$5,000
Leg (hip to knee)		\$2,000/\$4,000
Leg (knee to ankle), Pelvis, Vertebrae Column		\$1,200/\$2,400
Rib		\$400/\$800
Skull (depressed)		\$4,000/\$8,000
Skull (non-depressed)		\$1,500/\$3,000
Chip Fracture		25% of Non-Surgical Fracture amount

Accident

Dislocations		Amount Paid
Ankle, Collarbone (Sternoclavicular), Elbow, Foot, Hand, Lower Jaw, Shoulder, Wrist		\$800/\$1,600
Collarbone (Acromioclavicular)		\$400/\$800
Finger, Rib, Toe		\$150/\$300
Hip		\$2,500/\$5,000
Knee		\$900/\$1,800
Spine		\$400/\$800
Partial Dislocation		25% on Non-Surgical Dislocation amount
Surgical Benefits		
Knee Cartilage Repair		\$750
Knee Cartilage Exploratory Surgery		\$200
Tendon, Ligament, Rotator Cuff Repair of one		\$750
Tendon, Ligament, Rotator Cuff Repair of two or more		\$1,000
Tendon, Ligament, Rotator Cuff Exploratory Surgery		\$200
Ruptured Disk, Repair		\$750
Exploratory Abdominal/Thoracic Surgery		\$200
Laparoscopic Repair Abdominal/Thoracic Surgery		\$750
Open Repair Abdominal/Thoracic Surgery		\$1,500
Surgical Facility (Outpatient)		\$150
Hospital		
Critical Care Unit Admission		\$750
Daily Rehabilitation Facility (up to 90 days per accident)		\$100/day
Daily Critical Care Unit Confinement (up to 15 day)		\$200/day
Daily Hospital Confinement (up to 365 days)		\$200/day
Hospital Admission		\$1,000
Follow-Up Care		
Medical Appliance		\$100
Chiropractic		\$50 up to 2 days
Accident Follow-Up Treatment		\$50 up to 2 days
Hearing Device		\$500
Prosthesis, One / two or more		\$500/\$1,000
Therapy Services		\$50 Up to 3 Days

Accident

Additional Benefits		Amount Paid
Lodging (up to 30 days per accident)		\$175/per day
Transportation (up to 30 Days per accident)		\$150/per day
Accidental Death & Dismemberment		
Accidental Death—Employee		\$50,000
Accidental Death— Spouse		\$25,000
Accidental Death—Child		\$12,500
Common Carrier		100% of accidental death
Line of Duty		100% of accidental Death & Dismemberment
Loss of Limbs		
Loss of 2 or more Fingers or toes		5% of Accidental Death
Loss of one finger or one toe		2% of Accidental Death
Loss of both hands, or both feet		30% of Accidental Death
Loss of sight for both eyes		30% of Accidental Death
Loss of hearing for both Ears		30% of Accidental Death
Loss of one Hand OR Foot		15% of Accidental Death
Loss of one Hand AND Foot		30% of Accidental Death
Loss of Sight in One eye		15% of Accidental Death
Loss of Hearing in on ear		15% of Accidental Death
Accidental Impairment		
Uniplegia		15% of Accidental Death
Paraplegia, Triplegia, or Hemiplegia		30% of Accidental Death
Quadriplegia		50% of Accidental Death
Seatbelt Benefit		10% of Accidental Death
Airbag Benefit		10% of Accidental Death
Helmet Benefit		10% of Accidental Death
Repatriation Benefit		10% of Accidental Death

LegalShield and Identity Theft

LegalShield Protection

Provided by LegalShield Closed Panel Network of Attorneys

Legal Protection Covers:

- Legal advice and consultation, including attorney letters and phone calls
- 24/7 emergency assistance
- Family law matters
- Contract and document review
- Attorney prepared estate planning (will, living will, health care POA and durable POA)
- Traffic violation and accident protection
- IRS audit assistance
- 25% member discount with network attorneys

Identity Theft Protection

- Privacy monitoring
- Security monitoring
- Social media monitoring
- Credit monitoring
- Monthly credit score tracker
- Consultation
- Full service identity restoration



Premiums

Plan Description	Monthly Premium	Bi-weekly Premium (24 deductions)
Legal Shield Plan	\$23.95 (employee only)	\$11.98
	\$23.95 (family)	\$11.98
ID Shield Plan	\$8.95 (employee only)	\$4.48
	\$18.95 (family)	\$9.48
Combined Plans		
Legal Shield + ID Shield	\$32.90 (employee only)	\$16.45
	\$38.90 (family) *combination discount	\$19.45

Contact Information

Risk Management

12 SE 1st Street, 3rd floor

Phone: (352) 374-5297 or (352) 337-6180

Fax: (352) 381-0168

The Standard Insurance Company

Accident/Critical Illness

1-866-851-5505

Legal Shield

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