

2026 Benefits Handbook

Pinellas County Employee Benefits Summary



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12/30/25



Welcome to Pinellas County Government!

Benefits choices can have a significant impact on both the health of our employees and their families and are a critical component of the County's strategy to be a top-tier employer. We value our employees and believe in rewarding you for the contributions you make to the County.

The value of employee benefits is an important part of your total compensation. This handbook is designed to provide you with general information on benefits programs for which you may be eligible. Please take time to review the options and links to tools and resources, so you can choose the benefits that best fit your needs and lifestyle.

For full plan details, refer to the Human Resources website at www.pinellas.gov/benefits which includes links to plan documents or contact the particular benefits partner for specific coverage information (see [page 23](#)).

Enrollment Tips

Timing

The opportunities you have to enroll or make changes to your benefits are:

- When you are newly eligible.
- During Annual Enrollment (held each fall).
- When you experience a qualifying event or family status change such as marriage, divorce, birth, dependent gain or loss or other coverage, etc. (see [page 3](#)).

Deadlines

- New employees have 30 days to enroll.
- Employees with a qualifying event have 31 days from the event date, or 60 days for birth or adoption to make changes (supporting documentation is required). Do not wait to receive documentation before submitting the form or you may miss the enrollment window.

Important Reminders

- Before you enroll, please make sure you understand the plans. If you have questions, contact the [benefits partner](#) or [Benefits](#).
- Verify that your beneficiary information in EBS (OPUS) is up-to-date.
- After you enroll, check your paycheck stub to make sure the correct amount is being deducted and all of the benefits you elected are included.
- **If corrections are needed, they must be made within the first 30 days of enrollment. Contact [Benefits](#) for information.**



For your convenience, this handbook is interactive. All of the blue underlined items and the contents page items are live hyperlinks.

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Important Information

- ***If you have questions about your benefits or eligibility,*** visit the Benefits web page at www.pinellas.gov/benefits or contact Benefits at (727) 464-3367, option 1 or by email at employee.benefits@pinellas.gov.
- If you have specific claim questions, see our benefits partners' contact information on [page 23](#).
- Important legal notices including the HIPAA Notice of Privacy are found at www.pinellas.gov/legal-notices.



ENROLL

For more information, visit:

www.pinellas.gov/benefits-enrollment.



Eligibility

- Permanent and long-term temporary classified and exempt employees scheduled to work 20 hours or more per week are eligible to enroll in certain coverage.
- Dependents eligible for coverage varies by plan and may include spouse, domestic partner, and children.

Eligibility for Dependent Children*

- Medical and Vision Plan: Age 26 end of year
- Dental Plans: Age 25 end of year
- Dependent Life: Day prior to 26th birthday
- Healthcare FSA: Age 26 end of year
- Aflac Voluntary Benefits: End of the month in which they turn 26

* In addition, you may cover over-age dependents between 26 and 30 years for medical at full premium cost, and disabled children may qualify for coverage regardless of age.

- If you and your dependent (spouse, partner, child, etc.) both work for Pinellas County, you must each enroll separately in the plans for which you are eligible. Dependent children may be covered by one parent only.
- When you enroll using EBS (OPUS), only the plans you are eligible for will be listed.

Proof of Eligibility

You need to provide documentation of eligibility (such as a marriage certificate) for new dependents and qualifying events.

Domestic Partner Coverage

Employees who are unmarried and in a committed relationship may cover their domestic partner and their child(ren) on medical, vision, dental, and voluntary benefits plans only.

- Domestic partners and their children are eligible for a Health Savings Account (HSA) or Healthcare Flexible Spending Account (FSA) if they are considered a tax dependent.
- Submit a completed [Affidavit of Domestic Partnership & Certification for Dependent Tax Status](#) and the required documentation to Benefits by the end of your enrollment period each year.
- You pay the cost of domestic partner coverage with after-tax dollars and the value of the domestic partner coverage may be added to your pay as imputed income.
- For more information see the [Domestic Partner FAQs](#).

Medical Plan Opt Out

- Employees who are enrolled in other qualified medical benefit coverage may opt out of Pinellas County's medical plan.
- Not all plans are considered alternate coverage for this benefit.
- By selecting "Opt Out" in EBS (OPUS), which indicates that you have eligible alternate medical coverage, you may be eligible to receive \$98.00 monthly.
- To receive payments, submit a notarized [Opt Out Summary and Affidavit](#) annually.
- Employees who opt out will still be enrolled in the Employee Assistance Program (EAP), and may choose to enroll in:
 - Dental coverage
 - Flexible Spending Accounts (FSA)
 - Life insurance
 - Voluntary benefits
- Employees who opt out are not eligible for medical, prescription, vision, or behavioral/mental health benefits.



ENROLL

When Can I Enroll in Benefits or Make Changes to My Coverage?

The benefits you select during your initial enrollment period or at Annual Enrollment will remain in effect for the calendar year. The IRS allows you to make changes to your coverage during the year only if you experience a qualifying event and notify Benefits as outlined:

- **Initial Enrollment Period:** New hires and newly eligible employees have **30 days from their date of hire** or the date they move into a benefit-eligible position to make their benefit elections in EBS (OPUS).
- **Annual Enrollment Period:** You must enroll each fall during Annual Enrollment for the upcoming year. You will designate whether you use tobacco, and have the opportunity to select benefits; enroll or remove dependents; and make selections for a Flexible Spending Account (FSA), life insurance, and annual leave exchange.
- **Qualifying Event:** If you have a qualifying event during the plan year, you may make corresponding changes to your elections. You have **31 days from the date of the qualifying event, or 60 days for birth or adoption**, to submit the [Qualifying Event Status Change Form](#) along with supporting documentation to Benefits. If you are unsure if something is a qualifying event, please contact Benefits.

Qualifying Event Examples

- Birth or adoption of a child
- Dependent becomes ineligible
- Marriage or divorce
- Domestic partner relationship change
- Transfer between full and part-time
- Change in other coverage
- Death of spouse/partner or child

For more information, visit:
www.pinellas.gov/benefits-enrollment.



How Do I Enroll?

1. **Enroll for benefits in EBS (OPUS).**
2. Be prepared with a list of full legal names, Social Security numbers, dates of birth, and addresses (if different from yours) for your dependents and beneficiaries. This information is supplied to the IRS and must match their records.
3. Log in to EBS (OPUS) at home or at work to complete your benefits enrollment. If you are new, your department will provide your username and password instructions.
 - Go to <http://opus.pinellascounty.org>. You can also find the EBS (OPUS) link at the bottom of every webpage under the *Employee Access* menu.
 - Once logged in, select **PIN Employee Self Service, Benefits, and Benefits Enrollment**. Make your selections. Save or print a **Confirmation Statement** for your records.
4. Payroll deductions will begin in the pay period your elections are effective or as quickly as possible if elections are made after the effective date. Following Annual Enrollment, your elections become effective on January 1st.

Benefits Start & End

Start: Your benefits are effective on the first of the month following 30 days of service for eligible individuals.

End: Benefits end on the last day of the pay period in which you no longer meet eligibility requirements, or you fail to make the required contributions.



ENROLL

Medical Plan Premiums

Biweekly Premiums

- Employees and the County share the total cost of healthcare coverage.
- Premiums in both medical plans are identical:

Biweekly Premiums*	
Coverage	Biweekly Cost
Employee Only	\$ 13.09
Employee and Spouse or Domestic Partner	\$151.16
Employee and Child(ren)	\$120.60
Family	\$247.67

* The same premiums apply to both medical plans (High Deductible Plus HSA and PPO). The premium includes medical care, prescription coverage, behavioral/mental health, and vision care.

Tobacco Premium

- Employees who attest that they used tobacco products at least once a week in the past three months will pay an additional \$500 annual premium for medical coverage.
- The premium will be discontinued if the employee successfully completes a tobacco cessation program between August 1, 2025, and March 31, 2026.
- See www.pinellas.gov/tobacco-premium.

Preferred Premium: Biometric Screening and Health Assessment

- Employees who complete an annual biometric screening and online health assessment earn a preferred plan premium which will save \$500 in the upcoming year.
- A biometric screening measures blood pressure, height, weight, waist circumference,

For more information, visit:
www.pinellas.gov/benefits-enrollment.



total cholesterol, HDL cholesterol, LDL cholesterol, triglycerides, and fasting glucose.

- Biometric information is 100% confidential and never shared with Pinellas County.
- After completing the health assessment, you will receive a personalized plan to help achieve your health and wellness goals.
- Employees who opt out of medical coverage or those whose coverage begins on July 1 or later are exempt from completing the biometric screening and health assessment for the current calendar year.
- See www.pinellas.gov/biometric for more information.

Pre-Tax Premium Option

- The County's [Cafeteria Plan/Section 125](http://www.pinellas.gov/cafeteria-plan) allows you to make pre-tax payroll deductions for medical and dental coverage.
- Your payroll deductions can be taken pre-tax or post-tax. Make the selection when completing your EBS (OPUS) enrollment. See www.pinellas.gov/pre-tax.

Need Help Enrolling?

- Visit the Benefits website at www.pinellas.gov/benefits.
- For questions about your benefits or eligibility*, contact Benefits at employee.benefits@pinellas.gov or (727) 464-3367, option 1.
- For questions about using EBS (OPUS) to enroll*, contact the BTS Operations Center Monday to Friday, 7:00 a.m. to 5:00 p.m. at (727) 453-HELP (4357) or email btsoc@pinellas.gov.



MEDICAL

Medical Plan Options

Choose between two medical plans, both administered by UMR (UnitedHealthcare):

- **High Deductible Health Plan with HSA (Health Savings Account)**
- **Preferred Provider Organization (PPO)**

Both plans provide 100% coverage for [preventive medical care](#) and encourage a commitment to wellness, a core component of the County's long-term strategy for the group medical plan.

Using UMR's in-network providers may save you money.

Higher out-of-pocket costs are associated with using out-of-network providers and facilities. This includes separate higher deductibles, coinsurance and out-of-pocket maximums.

Both plans provide access to UMR's customer service and website at [UMR.com](#). Take advantage of the many health management tools and consumer resources available.

View the Plan Comparison Chart on [page 10](#) to compare the two plans including the deductibles, copays and premiums.

For more information, visit:
www.pinellas.gov/medical.



High Deductible Health Plan (HDHP) with HSA

This plan offers the greatest opportunity to be involved in your healthcare and manage costs.

- All provider visits and services (routine and diagnostic) under this plan are applied to the deductible.
- If your deductible is met, you then pay coinsurance for services and prescriptions.
- Pinellas County contributes to your Health Savings Account (HSA) to offset a portion of the expenses. You may elect to make pre-tax contributions through payroll deductions to this account.

HDHP Preventive Care

- [Preventive services](#) including your annual physical and lab work, are covered at 100% .

HDHP Deductible and Coinsurance

- Routine and diagnostic services, including lab work, X-rays, MRIs and prescription drugs, apply to the deductible.
- The HDHP has a pooled family deductible. This means that routine or diagnostic medical, behavioral/mental health, and prescription drug expenses for all covered family members are applied to the same deductible.
- The individual deductible for the HDHP is \$1,700 and the family deductible is \$3,400.
- Once the deductible is met, you pay 20% coinsurance when using an in-network provider, undergoing lab procedures, and purchasing prescriptions.



MEDICAL

For more information, visit:

www.pinellas.gov/medical.



- Your deductible and coinsurance count toward your annual out-of-pocket maximum.
- Once you reach the out-of-pocket maximum, services are covered at 100% by the plan. **This out-of-pocket maximum applies to combined medical and pharmacy out-of-pocket expenses.**

Health Savings Account (HSA)

- HSA is a pre-tax savings account that can be funded by both the employee and employer up to the IRS maximum for the year.

IRS Maximum Contributions	
Coverage	Amount
Employee only coverage	\$4,400*
All other coverage levels	\$8,750*
Age 55+ catch up	Addtl. \$1,000

* Includes Pinellas County contribution of \$500 or \$1,200

- The County contributes **\$500** for single coverage, or **\$1,200** if you have elected to cover your spouse and/or child(ren). You may use HSA funds for a domestic partner or their children if they qualify as a tax dependent under the Internal Revenue Code.
- The money in your HSA can be used to help pay your medical plan deductible and qualified expenses for medical, dental, prescription, behavioral/mental health and vision.
- In order to receive or make contributions to an HSA, you cannot have coverage through another non high-deductible plan nor coverage under Medicare or Tricare.
- HSA funds are used first to pay healthcare and prescription expenses until the deductible is met. At that time, a Limited Purpose FSA may be used for qualified healthcare expenses.

- Your funds roll over from year to year, so you can pay for expenses now, or save for future healthcare expenses. Think of an HSA as a savings plan for future healthcare expenses.
- You may also earn interest on the funds in your HSA account, depending on the balance.
- You may enroll, change or cancel your contribution at any time during the plan year using EBS (OPUS).
- An HSA account is an individually owned account and belongs to the employee, even when their employment with the County ends.
- HSA funds may be used on a tax-free basis for medical expenses at any age, but contributions may no longer be made once an employee no longer has coverage under the HSA Plan or has signed up for Medicare Part A or Part B.
- The IRS requires that the HSA account holder retains receipts for HSA expenses. The receipts will be required if audited by the IRS.

HDHP Prescription Coverage

See [page 8](#).

HDHP Behavioral/Mental Health Benefits

Behavioral/mental health is covered the same as any other medical expense, subject to the deductible and 20% coinsurance after the deductible is met.

Health Savings Account (HSA) with Optum Bank

You need an open, active HSA account with Optum Bank to receive the Pinellas County contribution to your HSA and to make your own pre-tax payroll contributions. Sign the Authorized Agent Agreement Form provided by Benefits to open an account.



MEDICAL

For more information, visit:
www.pinellas.gov/medical.



Preferred Provider Organization (PPO) Plan

With this plan, you will pay physician and emergency room copays, and coinsurance after meeting your individual or family deductible.

PPO Preventive Care

- Preventive services including an annual physical and lab work are covered at 100%.

PPO Copays, Deductible, Coinsurance

- For routine or diagnostic office visits, a copay is required.
- Routine or diagnostic services, including lab work, X-rays and MRIs, are applied to the deductible and coinsurance at a discounted rate.
- The individual deductible is **\$600** and the family deductible is **\$1,200**.
 - For individuals who have more than two people enrolled in coverage, there is a maximum family deductible equivalent to two individual deductibles.
 - Once the family deductible is met, the remaining family member deductibles are waived.
- Once the deductible is met, you pay 20% of the plan's discounted rates when using an in-network provider. Your deductible and 20% coinsurance are applied to your annual out-of-pocket maximum.
- Once you reach the out-of-pocket maximum, services are covered at 100% by the plan.
This out-of-pocket maximum applies to combined medical and pharmacy out-of-pocket expenses.

PPO Plan Copays (In-Network)	
Visit/Treatment	Copay
Preventive Medical	\$0
Primary Care Physician	\$25
Behavioral/Mental Health	\$25
Specialist	\$35
Virtual Doctor (for Teledoc sick visits only)	\$15
Convenience Care/Urgent Care	\$25
Emergency Room	\$250

PPO Prescription Coverage

See [page 8](#).

PPO Behavioral/Mental Health Benefits

Behavioral/mental health is covered the same as any other medical expense. For outpatient visits, there is a \$25 copay, and inpatient care is handled as a hospitalization, subject to the deductible and 20% coinsurance.



For more information, visit:
www.pinellas.gov/prescription.



Prescription Coverage

Prescription medication coverage administered by Express Scripts and their specialty pharmacy Accredo is included in your plan premium deduction. **The cost for your prescription medications depends on the plan you have chosen (HDHP or PPO) and the type of medication.**

High Deductible Health Plan with HSA Prescription Coverage

- **Preventive drugs:** The HDHP provides 100% coverage for specified preventive drugs on the [Preventive Medications List](#) including many cholesterol and blood pressure medications. In order to be covered at 100%, preventive medications must be filled in 90-day supplies by Walgreens or Express Scripts home delivery.
- **Routine or diagnostic drugs:** There are no copays. Instead, all routine or diagnostic medications are charged at the plan's discounted rates until the deductible has been met, after which 20% coinsurance is charged until your out-of-pocket maximum is met. Your pharmacy costs are applied to your deductible.

HDHP Prescriptions

Type	Your Cost
Preventive drugs	No charge*
Routine or diagnostic drugs	The contracted rate up to the deductible, then 20% coinsurance

* Medications on the list are free of charge for 30-day supplies at the pharmacy of your choice, except Walgreens and Express Scripts home delivery which require 90-day supplies per the Smart90 Program.

Preferred Provider Organization (PPO) Plan Prescription Coverage

- Generic prescriptions have a \$15 copayment. Brand drugs are subject to coinsurance within a specified minimum and maximum range as shown:

PPO Prescriptions (up to 30 Days)			
Type	Your Cost	Min	Max
Generic (Tier 1)	\$15 copay	N/A	N/A
Preferred Brand (Tier 2)	20% coinsurance	\$30	\$60
Non-Preferred Brand (Tier 3)	40% coinsurance	\$45	\$90
Specialty Drugs (Tier 4)	20% coinsurance	\$60	\$120

Smart90 Program for a 90-Day Supply

- The Smart90 Program applies to both medical plans.
- Smart90 requires that prescriptions for **long term maintenance medications**, such as blood pressure medicine, be filled for 90 days at a Walgreens store or through Express Scripts home delivery or you will pay the full retail cost of the medication unless you find a lower cost alternative.
- For more information, see the [Smart90 Program FAQs](#).

For more information, visit:
www.pinellas.gov/eap.



For more information, visit:
www.pinellas.gov/vision.



EAP

Employee Assistance Program (EAP)

The Employee Assistance Program is administered by Optum. Services include assessment, counseling, and referrals. EAP benefits are available at **no cost** for all employees and their eligible dependents.

- The EAP offers confidential short-term assistance for you and your eligible family members to help you manage a variety of life issues.
- Support is available for personal and work-life issues, such as stress, relationship conflicts, job pressures, grief, substance use disorder, problems with children, legal or wellness matters, traumatic events, etc.
- Counselors offer support by phone, in-person, and online.
- You are eligible for **up to six EAP visits per issue per year at no cost** for initial assessment counseling and early intervention treatment.
- If you need more than 6 EAP visits, your EAP counselor will work with Optum to transition your care to the Behavioral/Mental Health Program.
- No ID card is provided.
- Pinellas County's onsite EAP counselor, [Lorelei Keif](#) provides referrals, coping tips, and counseling services to employees.
- To find a provider in the Optum network, visit www.liveandworkwell.com.



VISION

Vision Coverage

Vision coverage is administered by EyeMed. You must be enrolled in a Pinellas County medical plan. To locate a provider, visit [eyemed.com](#) and select *Insight Network*. The network includes LensCrafters and Target Optical. Use the PLUS provider network for discounts up to 90% and up to \$100 allowance for a second pair of glasses. Coverage includes:

- *In-Network Basic Exam:*
 - \$10 basic vision exam copay
 - One exam per calendar year
- *Eyeglass Lenses:*
 - \$20 copay per calendar year for clear plastic lenses (single, bifocal, trifocal or lenticular prescription)
- *Eyeglass Frames:*
 - \$150 allowance (or \$200 with a PLUS provider) and 20% off the balance
- *Contact Lenses in Lieu of Eyeglasses:*
 - Free fitting and follow-up care
 - \$150 allowance (or \$200 with a PLUS provider) and 15% off the balance for conventional (or 100% for disposable)
- *LASIK or PRK Laser Vision Correction:*
 - 15% off retail or 5% off a promotional price, in addition to a one-time allowance of up to \$1,125 (or \$562.50 per eye)
- *Out-of-Network* benefits are also available.
- See the EyeMed [FAQs](#) and [Benefits Summary](#).

Pinellas County Medical Plan Comparison Chart

Item	High Deductible Health Plan (HDHP) with HSA		Preferred Provider Organization (PPO)	
	Employee Only	Family	Employee Only	Family
Annual Deductible	\$1,700	\$3,400 (pooled deductible for all family members on the plan)	\$600	\$1,200 (two individual deductibles of \$600 each)
County HSA Contribution (must have Optum Bank account)	\$500	\$1,200	N/A	N/A
Out-of-Pocket Maximum (includes medical and Rx; after you spend this amount, the health plan pays 100%)	\$3,400	\$6,800	\$2,600	\$5,200

In-Network Benefit*	High Deductible Health Plan (HDHP) with HSA	Preferred Provider Organization (PPO)
Preventive Medical (in-person, virtual, or Teladoc Primary360)	\$0	\$0
Primary Care Physician (in-person, virtual, or Teladoc Primary360)	20% after deductible	\$25 copay
Specialist	20% after deductible	\$35 copay
Teladoc Virtual Care (illness and behavioral health)	\$40 - \$70 (costs may vary)	\$15 copay
Behavioral Health	20% after deductible	\$25 copay
Convenience Care Clinics/Urgent Care	20% after deductible	\$25 copay
Emergency Room	20% after deductible	\$250 copay
Non-Preventive Medical (labs and imaging)	20% after deductible	20% after deductible
Preventive Rx	\$0 (see preventive medications list)	\$15 copay for generic or coinsurance for preferred or non-preferred (see below)
Rx Generic (up to 30 days)	20% after deductible	\$15 copay
Rx Preferred Brand (up to 30 days), <i>italics indicates specialty medications</i>	20% after deductible	20% coinsurance min: \$30 (\$60), max: \$60 (\$120)
Rx Non-Preferred Brand (up to 30 days) <i>italics indicates specialty medications</i>	20% after deductible	40% coinsurance min: \$45 (\$90), max: \$90 (\$180)
Rx (up to 90 days), use Smart90 Program at Walgreens or home delivery	20% after deductible	Cost of 30-day supply (specialty), 2x cost of 30-day (non-specialty)

* Out-of-network benefits are also available. Deductibles, coinsurance and out-of-pocket maximums are higher.

Coverage	Biweekly Premiums (same for both plans)
Employee only	\$ 13.09
Employee and Spouse/Domestic Partner	\$151.16
Employee and Child(ren)	\$120.60
Family	\$247.67



For more information, visit:

www.pinellas.gov/dental.



Dental Coverage

You have a choice of three plans: a Dental Health Maintenance Organization (DHMO) plan and two Dental Preferred Provider Organization (DPPO) plans. The same company, Cigna, administers all plans, but the networks are different. Please verify your dentist's network status before selecting a plan or scheduling an appointment. For details and a comparison chart, see [Dental Plans](#).

Dental PPO Plans: Basic or With Orthodontia

Highlights include:

- You can use any dentist or specialist, or choose a [Cigna Radius Network provider](#) to reduce your costs.
- There are no pre-existing condition limitations.
- Coverage for preventive care includes 2 cleanings and 2 exams per year.
- For non-preventive care, the deductible is \$50 for employee only and \$150 for family.
- The annual coverage maximum is \$2,000.
- PPO with Orthodontia covers child and adult orthodontia care at 50% after the deductible, with a separate \$1,500 lifetime maximum coverage. The \$1,500 lifetime maximum is

a separate maximum just for orthodontia coverage and does not count against the \$2,000 annual maximum.

HMO Dental Plan (DHMO)

Highlights of this plan include:

- You do not pay any premiums for yourself or covered dependents.
- **Only in-network benefits are covered.** You are required to choose a dentist from the Cigna DHMO network. Visit [mycigna.com](#) for the most current listing of providers. Specialists are not covered except in-network pediatric dentists for children up to age 13.
- Before scheduling an appointment, contact Cigna Member Services at (800) 244-6224 to select your dentist.
- Preventive services such as annual exam, X-rays, and cleanings are at no cost.
- There is no maximum annual benefit.
- Copays apply based on the procedure and the [established fee schedule](#).
- Orthodontics are not included.
- Coverage provides 2 cleanings and up to 4 exams per year as described in the established fee schedule.

Dental Biweekly Premiums			
Dental Plan	Employee Only	Employee +1	Employee +2 or more
PPO Basic	\$7.07	\$21.47	\$29.07
PPO with Orthodontia	\$8.21	\$24.94	\$33.76
HMO	\$0	\$0	\$0



VOLUNTARY

For more information, visit:
www.pinellas.gov/voluntary



Voluntary Benefits: Supplemental Medical

You have a choice of three medical-related voluntary benefit plans from Aflac: Accident, Hospital and Critical Illness. If you experience a covered issue under one or more of these plans, you file a claim and receive a lump sum payout, to use however you wish. The benefits are **100% employee-paid**.

There is a low and high plan option for each benefit as well as individual and family coverage tiers. Children age out the end of the month in which they turn 26. **Example:** Child turns 26 on October 20; they would be terminated on October 31.

Accident Plan

- The benefits are payable in case of an accident which occurs on or off the job.
- The plan includes treatment for both inpatient and outpatient services along with a hospital benefit if the admittance is due to an injury or accident.
- The plan covers a wide range of events from broken teeth or bones, burns, concussions, lacerations, eye injuries and more.
- **Example:** Sue selects the Accident Plan with employee only, high payout coverage for \$3.00/per paycheck. She injures her leg in an accident, goes to the hospital by ambulance, and is treated by the ER doctor for a leg fracture. The Aflac plan pays Sue \$3,310 which includes ambulance, emergency room, x-ray, fracture diagnosis, crutches and 3 follow-up doctor visits.

Hospital Plan

- The benefits are payable for hospitalizations due to accident, sickness or maternity coverage.

- Benefits include stays in the hospital and intensive care unit related to physical, mental/nervous or substance use issues.
- **Example:** John selects the Hospital Plan with employee only, high payout coverage for \$6.25/per paycheck. He goes to the emergency room with a high fever and is admitted to the hospital. He's released from the hospital after 2 days. The Aflac plan pays John \$1,400 for the hospital admission and 2-day stay.

Critical Illness Plan

- The benefits are payable for covered conditions such as heart attack, stroke, cancer, coronary bypass and kidney failure.
- COVID-19 is covered if the individual is hospitalized for 4 or more days.
- This is a lump sum benefit paid directly to the insured for a covered illness. It is paid based on a schedule of conditions and percent of benefit paid.
- This benefit can be used to cover out-of-pocket or unexpected expenses such as copays, lost wages, transportation, childcare or even groceries.
- You can select a \$10,000 or \$20,000 benefit. The employee or spouse/domestic partner would receive the full amount while a child receives 50% (i.e., \$5,000 or \$10,000).
- **Example:** Martin selects the Critical Illness Plan. He is a 35 year old non-smoker so his rate is \$2.49/per paycheck for employee only \$10,000 benefit coverage. He goes to the emergency room with chest pains and is diagnosed with a heart attack. The Aflac plan pays Martin \$10,000.

For more information, payout amounts and rates, visit www.pinellas.gov/voluntary.



For more information, visit:
www.pinellas.gov/voluntary



Voluntary Benefits: Legal Plan

The Legal Plan, offered through [ARAG](#), covers a wide range of legal needs. Legal insurance is a benefit for the expected and unexpected times in your life.

- This plan covers you, your children, your spouse/domestic partner, and extended family (your parents, grandparents and parents-in-law). Children are covered until age 30, whether married or unmarried.
- Work with a network attorney and the attorney fees are 100% paid in full for most covered matters. Meet with the attorney over the phone, virtually, or in person.
- Access a nationwide network of more than 15,000 attorneys who average 20 years of experience.
- Address your covered legal situations with a network attorney who is only a phone call away for legal help and representation.
- Use DIY Docs to create a variety of legally valid documents, including state specific templates.
- The network attorney can prepare documents such as a will, review documents such as a lease, write letters on your behalf, advise you on legal issues, and represent you including if you go to court.

Legal Plan Biweekly Premium

Coverage Level	Biweekly Premium
Employee and extended family (including parents, grandparents and parents-in-law)	\$10.62

Voluntary Benefits: Identity Protection

The Identity Protection Plan, offered through [Allstate Identity Protection](#), provides comprehensive identity monitoring, cyber features, and fraud resolution to help protect you and your family against today's digital threats.

- This plan covers you and/or your family depending on the coverage level you select. Family coverage includes any person who lives with you (sometimes referred to as "under roof") or is financially dependent on you ("under wallet") regardless of age.
- Services include:
 - Identity and credit monitoring
 - Social media account takeover monitoring
 - High-risk transaction monitoring
 - Dark web monitoring
 - Data breach notifications
 - Remediation of pre-existing conditions at no additional cost
 - Elder fraud care resources and specialized support for older family members
 - Full service, U.S.-based remediation support
 - Up to \$1 million identity theft expense reimbursement

Identity Protection Plan Biweekly Premium

Coverage Level	Biweekly Premium
Employee only	\$3.46
Employee and Family	\$6.23

For both plans, the benefits are 100% employee-paid. To learn more, see www.pinellas.gov/voluntary.



WELLNESS

For more information, visit:
www.pinellas.gov/wellness.



Wellness Program

Pinellas County is committed to creating a culture of health and well-being in which our employees and their families can improve and/or maintain their overall health. Establishing a culture of wellness helps us stay healthy, which keeps medical costs down for employees and the County. Wellness staff members manage the program and assist employees as needed.

Wellness Incentives

- The Wellness Incentive Program offers education and activities that help you achieve your wellness goals while earning reward points or cash. See www.pinellas.gov/wellness-incentives.
- Incentive activities include:
 - Preventive screenings
 - Healthy habits
 - Flu shot
 - Health coaching
 - Maternity support
- Log in to UMR.com to track your wellness incentive activities and complete your health assessment.

Fitness Centers and Gyms

- The Wellness Center in downtown Clearwater is available to all employees at no charge.
- There is a satellite mini-fitness center.
- Employees benefit from other [fitness facility discounts](#). The County partners with local municipal recreation centers and Tampa Bay area gyms through YouDecide.

Wellness Champions

- Wellness Champions volunteer their time to advocate wellness and answer employee questions at their worksite.
- Champions assist with coordinating wellness activities and screenings at their location by posting flyers, tracking attendance, and collecting evaluations.
- To find your Champion or to volunteer as a Champion, see www.pinellas.gov/wellness-champion.

Other Resources

- UMR provides [onsite assistance](#) including a claims/customer service representative, nutrition health coach, and Employee Assistance Program (EAP) counselor (see [page 23](#)).
- The [To Your Health newsletter](#) provides informative articles, exercise tips, recipes, employee testimonials, and more. Look for it each month in your email.

Four Pillars of Wellness

- Our wellness programs provide support across four pillars of wellness which represent different areas of life: **physical, emotional, social and financial**.
- All four pillars are needed for total well-being, reduced stress, life satisfaction and good physical health.
- Imbalance in one or two areas, even if strong in the other areas, increases stress and risk of disease and reduces quality of life.



LIFE

For more information, visit:
www.pinellas.gov/life



Life Insurance

Basic Coverage

- The County provides basic Group Term Life Insurance from Securian Financial at no cost to you in an amount based on your annual salary rounded up to the next \$1,000.
- This coverage will change based on any increase or decrease in your annual salary.
- There is a reduction in coverage for members beginning at age of 65 (see below).

Basic & Supplemental Life Coverage Reduction

Age	Value of Policy with Age Reduction
<65	No reduction (e.g. \$60,000)
65-69	65% of original value (e.g. \$39,000)
70-74	45% of original value (e.g. \$27,000)
75-79	30% of original value (e.g. \$18,000)
80+	20% of original value (e.g. \$12,000)

- It is important to name a beneficiary for your life insurance plan. You may change your life insurance beneficiary at any time in EBS (OPUS).

Supplemental Coverage

- The maximum supplemental life insurance coverage you may purchase is \$250,000. Supplemental life insurance may be purchased in increments of \$5,000.
- At **initial enrollment**, you may elect up to three times your annual salary, not to exceed \$250,000, without the need for proof of

insurability. Any additional amount over three times your annual salary requires approval of a Medical History Statement.

- During **Annual Enrollment**, you may purchase up to \$20,000 additional coverage without underwriting as long as your total supplemental life coverage does not exceed three times your base salary. If you apply during a non-enrollment period or request more than \$20,000 coverage, you need to submit Securian's [Evidence of Insurability Form](#).
- Rates and coverage for life insurance are based on age groups. The premium and/or age reduction is automatically adjusted when you move to a new age group.

Accidental Death & Dismemberment (AD&D)

- An AD&D benefit is included with both the employee's County-paid basic coverage and employee-paid supplemental coverage.

Dependent Life Insurance Coverage for Spouse and/or Child(ren)

- *Option 1:* Spouse \$10,000/Child \$5,000
- *Option 2:* Spouse \$20,000/Child \$10,000
- The employee is the beneficiary for this coverage.
- AD&D coverage does not apply to spouse/children optional coverage.
- If you and your dependent (spouse or child) both work for the County, you may not cover each other for dependent life insurance.
- If both parents work for the County, your dependent children can only be covered by one parent, not both.



FSA

Flexible spending account

FSA

For more information, visit:
www.pinellas.gov/fsa.



Flexible Spending Accounts (FSA)

Flexible Spending Accounts, which are administered by P&A Group, allow you to contribute pre-tax dollars from your paycheck to pay for qualified expenses that you or your qualified dependents expect to incur, up to the annual Internal Revenue Service (IRS) limit. There are two types of flexible spending accounts: a Healthcare FSA and a Dependent Care (child or adult care) FSA.

Contributions

IRS Limits		
Type of FSA	Minimum	Maximum
Healthcare FSA	\$260	\$3,400
Dependent Care FSA (combined contribution for both spouses)	\$260	\$7,500

- Your FSA payroll deduction is equal to the full election amount divided by the number of pay periods remaining in the payroll calendar year. For example, if your benefits begin on June 1 and you elect to contribute \$400, you will pay \$26.67 per pay period (\$400 divided by 15 pay periods).
- Your FSA contributions and the expenses you pay from your FSA are never taxed.
- You do not need to be enrolled in the medical or dental plans to participate in either of the FSA accounts.
- Employees enrolled in the High Deductible Health Plan may elect a **Limited Purpose Healthcare FSA** account in addition to their Health Savings Account (HSA). The Limited Purpose FSA funds **may only be used for dental and vision expenses** until the medical plan annual deductible is met.

Healthcare FSA

- Your full plan year election is available on your effective date.
- When you incur a qualified healthcare expense (e.g., medical, dental or vision), you may pay with cash, check or credit card and request reimbursement from P&A, or use the P&A Group card, which acts as a debit card, to immediately pay the expense at the time of service.
- The P&A Group card may be used for both Healthcare FSA and Dependent Care FSA, and it is smart enough to know the difference! The card is convenient because it pays your expenses up front. However, because of IRS regulations, P&A Group may need to request substantiation of your expenses, so **save all itemized receipts**.

Eligible Healthcare FSA Expenses Examples*

- Medical plan deductible, coinsurance, copays, and prescriptions
- Vision exams, eyeglasses, and contact lenses
- Dental exams, fillings, crowns, and orthodontia
- All over-the-counter drugs and medicines (no prescription needed)
- Over-the-counter healthcare items such as blood pressure monitors, bandages, contact lenses solutions, and hearing aid batteries
- Menstrual care products

*This list is not all-inclusive.

- View [Healthcare Eligible Expenses](#) for a detailed list.



FSA

For more information, visit:
www.pinellas.gov/fsa



Limited Purpose FSA

- Employees enrolled in the High Deductible Health Plan may contribute to a Limited Purpose Healthcare FSA in addition to the Health Savings Account (HSA).
- The Limited Purpose FSA **may only be used for eligible dental and vision expenses** until you meet your medical plan's annual deductible.
- Once you have met the deductible, contact Benefits to request that your Limited Purpose FSA funds be used for eligible *medical* expenses.

Dependent Care FSA

- This is a pre-tax benefit account used to pay for dependent care services that make it possible for the employee to work.
- Examples are preschool, summer day camp, before and after school programs as well as child and adult daycare. See [Dependent Care Eligible Expenses](#).
- Eligible dependents are children under age 13 who reside with you or for whom you are entitled to a personal tax exemption. Other eligible dependents include spouses and adult relatives who reside with you, including adult children, who are physically or mentally incapable of self-care.
- Funds are not available at the beginning of the year. Funds are deducted from your biweekly paycheck and available for use only after the deduction has been made and credited to your account.

- Use the P&A Group website to pay for qualifying dependent care expenses. Reimbursement requests must include an itemized statement from the dependent care provider.
- Funds must be used for eligible expenses within the calendar year they are incurred.

FSA Carryover Provisions

- Per the IRS, the carryover of unused Healthcare FSA funds is limited to \$660 from 2025 to 2026, and \$680 from 2026 to 2027.
- There is no carryover available for unused Dependent Care FSA funds.

FSA Savings

- P&A Group offers an [FSA Savings Calculator](#) to estimate your potential savings.
- If your eligible expenses add up to at least \$260 per year, you could save up to 30% through tax-free contributions by participating in an FSA.



LEAVE

For more information, visit:

www.pinellas.gov/leave.



Leave Time

Pinellas County offers generous paid time off to its employees, adding up to approximately five weeks in the first year. The following is a brief summary of leave time available. For details, see [Personnel Rule 4: Time Off](#).

Annual Leave

- Annual leave with pay is provided for vacations, personal business, emergencies, illness, medical/dental appointments, etc.
- Annual leave is earned throughout the year and may be used as accrued.
- Employees earn and accrue annual leave at increasing rates based on tenure. For example, annual leave is accrued at a rate of at least 120 hours per year for new full-time employees, while an employee in their fifth year of service accrues at least 160 hours of annual leave per year.
- Annual leave may be rolled over from one year to the next. There is no limitation on the maximum number of hours accrued.

Compensatory Time

- Compensatory (comp) time may be granted if a classified employee works more than their regularly scheduled hours.
- Comp time is accumulated at a rate of 1.5. For example, a classified employee who works 42 hours in one week will accumulate 3 hours of compensatory time.

Donation of Leave (A Friend in Need)

- This voluntary program allows employees to donate leave time to assist a fellow employee on an approved leave of absence.
- The recipient needs to exhaust all available leave and be ineligible for disability benefits before a donation of leave time may be used.

- Visit [A Friend in Need Program](#) to learn more.

FMLA

- The [Family and Medical Leave Act](#) (FMLA) provides up to 12 weeks of unpaid leave time for certain family or medical reasons per rolling 12 month look-back period.
- To be eligible, an employee must have worked for the County at least 12 months and at least 1,250 hours in the prior rolling 12 month look-back period.

Funeral Leave

- Employees receive up to 3 days with pay in the event of the death of any person residing in the employee's household or any member of the employee's immediate family.

Holidays / Floating Holidays

- Employees receive 9 to 11 paid holidays per year, depending on how the holidays fall on the calendar.
- Employees receive up to 2 paid floating holidays per year. Those with 25 years of continuous service are granted 2 additional floating holidays.
- Unused floating holidays do not carry over to the next year.

Jury Duty & Witness Duty

- A leave of absence with pay shall be granted to an employee to perform jury duty or testify as a witness when legally required unless the employee is the plaintiff or defendant.

Personal Day

- Employees receive up to 2 personal days per year to use without prior approval.
- Unused personal days do not carry over to the next year.



OTHER

Other Benefits

Retirement

Pinellas County offers group medical, dental and life insurance plans to retirees and participates in the Florida Retirement System (FRS). See www.myfrs.com.

- The FRS sends information packets to new employees within three months of hire date.
- Both the County and employees make contributions to fund retirement benefits.
- The County contributes to employees' retirement plan savings, and employees contribute 3% of their pretax pay.

Employees have a choice of two FRS retirement plans:

- *Pension Plan* - The Pension Plan provides a guaranteed monthly benefit based on a formula that factors in your eight highest years of compensation and your total years of creditable service (or your five highest years if you enrolled in the FRS prior to July 1, 2011). An employee is vested in the FRS Pension Plan upon completing eight years of creditable service (or six years if you enrolled prior to July 1, 2011).
- *Investment Plan* (default) - The retirement benefit is the value in the employee's account. There is no fixed benefit level. Your future retirement benefit depends on the performance of your investment options. An employee is vested in the FRS Investment Plan upon completion of one year of creditable service.

Discounts

- The [YouDecide Program](#) offers discounts on items such as theme park tickets, hotels, and cell phones.

For more information, visit:
www.pinellas.gov/What-We-Offer.



Deferred Compensation (457)

- Employees may choose to contribute to a [deferred compensation plan](#) of their choice to augment retirement savings.

Disability Insurance: Short and Long Term

- [Disability insurance](#) can replace part of an employee's income when unable to work due to a non work-related illness or injury.
- *Short term disability* benefits are provided to permanent employees working at least 20 hours per week at no cost. New employees are eligible for up to six weeks of benefits, with five weeks added each successive year, up to a maximum benefit of 26 weeks.
- *Long term disability* benefits can replace up to 60% of income if an employee has been disabled for at least six months. This coverage is available to classified employees after one year of employment and available immediately to exempt employees.

Rewards Program

- The [Rewards Program](#) (*internal link*) offers gifts to employees from an online rewards catalog with over 12,000 items. Rewards are given to employees for service anniversaries, wellness incentives, and retirement.

Learning and Development

- Employees have access to over 100 courses and may also apply for tuition reimbursement for outside courses.
- Our Learning Plans offer professional growth and development certification.
- The ULearnIT online self-paced portal provides over 78,000 resources.

Credit Union

- The [Pinellas County Credit Union](#) is available to employees and family members.

relation or from any point of view.

Definition [dĕf'ĕn'ĕs] signification of a word essential to the concept; an explanation of what is thought

GLOSSARY

Plan Terminology

The following definitions are for terms used in the Pinellas County medical plans. Access links to the medical plan descriptions and summaries at www.pinellas.gov/medical.

- **Behavioral/Mental Health** - Care for concerns including anxiety, depression, substance use disorder, anger management, compulsive gambling, and other issues.
- **Coinsurance** - After you meet your plan deductible the plan pays a percentage of the cost for healthcare services. The coinsurance is the percentage you are responsible for paying. For example, if your plan covers a service at 80%, your coinsurance is 20% of the contracted rate.
- **Copayment (Copay)** - A flat dollar amount you are required to pay for visits to your primary care, specialist, or behavioral health provider and the emergency room. Copays do not apply toward your deductible, but they do apply toward your annual out-of-pocket maximum. Copays only apply to the PPO medical plan.
- **Deductible** - This is the amount you pay out of your own pocket before the plan begins to cover a portion of your healthcare expenses. For example, if your deductible is \$600 per person, you will pay the first \$600 of the contracted rate, regardless of whether your first visit costs that much or it accumulates over the course of several visits. *Note on HSA Plan: If two or more people are covered, the pooled family deductible must be met before any benefits are paid for any covered family member.
- **Flexible Spending Account (FSA)** - An FSA allows you to set aside pre-tax dollars to pay for qualified healthcare and/or dependent day care expenses. You decide how much money you want to contribute and the funds are deducted from your paycheck. There are no contributions by Pinellas County. The money you set aside can be used to reimburse yourself for a qualified medical, dental and vision and/or dependent day care expenses. You must substantiate all claims with an itemized receipt of the expense.
- **Health Savings Account (HSA)** - An HSA is a tax-free savings account available to individuals enrolled in an IRS-qualified high deductible health plan like the County's High Deductible Health Plan. Contributions may be made by you and by the County. There is no "use it or lose it" provision, and unused funds roll over from one year to the next. Your deposits earn interest and grow over time. This allows you to save money for future expenses or pay for current ones. HSA funds may be used to pay for qualified medical, dental and vision expenses for you, your spouse, and dependents.
- **High Deductible Health Plan (HDHP)** - The plan is designed to give you greater control over your healthcare decisions and your healthcare dollars. All provider visits and services (routine and diagnostic) under this plan are applied to the deductible. If your deductible is met, you then pay coinsurance for services and prescriptions.
- **Out-Of-Network** - Providers that are not contracted with any Pinellas County benefit partners' provider network. When you use an out-of-network provider, services may not be covered at all, or at a reduced reimbursement level. You are responsible for any differences between a provider's billed charges and the plan's allowed amount. These charges do not count towards in-network deductibles or out-of-pocket limits.

relation or from any point of view.
Definition [dəfī'nishən] signification of a word essential to the concept; an explanation of what is thought

GLOSSARY

- **Out-Of-Pocket Maximum (OOP)** - This is the maximum you will pay out of your own pocket for healthcare services. Once you reach the OOP maximum, the plan covers your eligible healthcare services at 100%.
- **Preferred Provider Organization (PPO)** - Under this plan, you have the choice to visit any licensed provider. If you visit a doctor or facility within the plan's network of providers (in-network), you receive greater coverage. If you visit a doctor or facility outside of the plan's network (out-of-network), your coverage is reduced, which means you pay more out of your pocket.
- **Prior Authorization** - Some medications require a review or pre-authorization to determine if they are eligible for coverage. Your doctor and pharmacist usually know which medications require a review, and you can also access the information at www.express-scripts.com.
- **Voluntary Benefits** - Also known as supplemental insurance or employee-paid benefits, these are products, benefits, or services offered by employers at a group rate, but are fully paid by employees. They include medical supplement plans like Accident or Hospital Indemnity. Employees file a claim for a covered issue and receive payment directly to use however they wish. Voluntary benefits can also include other types of plans, such as identity protection or legal insurance.
- **Brand Name Drugs with Generic Equivalents** - If there is a generic drug available, and either you or your physician
- requests the brand drug (Dispense as Written), you will pay the brand copay/ co-insurance plus the difference in price between the brand and its generic equivalent.
- **Cumulative Out-of-Pocket Amounts** - Under the HDHP, Rx deductibles and out-of-pocket maximums are combined with deductibles and out-of-pocket maximums under the medical plan. Under the PPO Plan, copays and co-insurance amounts are included with other claims to meet your out-of-pocket maximum.
- **Formulary (or Preferred) Drugs** - A list of brand name prescription drugs selected by Express Scripts that offer the greatest overall value. The list is subject to change periodically. A current list is found at www.express-scripts.com.
- **Generic Drugs** - Medications marketed under their active ingredient name instead of a patented brand name. When the brand's patent expires, the law allows other manufacturers to produce the product – often at lower cost than the original brand. Members pay the lowest cost for generic drugs.
- **Legend Drug** - A drug or medicine which, under federal law, is required to bear the label, "*Caution: federal law prohibits dispensing without prescription*" or "*Rx only*".
- **Mail Order Home Delivery** - Ongoing supplies of maintenance medications may be filled through the Express Scripts mail order pharmacy under the Smart90 program. Home delivery is convenient and allows up to a three-month supply for many medications.

Prescription Drug Terminology

- **Brand Name Drugs with Generic Equivalents** - If there is a generic drug available, and either you or your physician

relation of from any point of view.
Definition [dɛfɪ'nɪʃn] signification of a word essential to the concept; an explanation of the meaning of a word, especially a difficult or obscure word in a technical sense.

GLOSSARY

- **Maintenance Medications** - Medications that are taken regularly for the treatment of chronic medical conditions, including asthma, diabetes, heart disease, and high blood pressure.
- **Non-Formulary Drugs (or Non-Preferred Drugs)** - Drugs that are not on Express Scripts' formulary list. Members pay a higher out-of-pocket cost for non-formulary drugs.
- **Participating Retail Pharmacies** - Local pharmacies contracted to dispense prescriptions at a negotiated discounted rate. A current list of pharmacies is found at www.express-scripts.com. The Plan covers up to a one-month supply for short-term medications (such as antibiotics) and initial prescriptions for maintenance medications plus two refills at participating pharmacies.
- **Preventive Medications** - These medications are used to treat many long term, chronic conditions such as diabetes, high blood pressure and high cholesterol. Drugs on the [Express Scripts Preventive Medications List](#) are available at no cost to HDHP members.
- **Quantity Management** - Certain covered medications, such as pain management
- drugs, have quantity restrictions based on manufacturer and/or clinically approved guidelines and are subject to periodic review and change.
- **Smart90 Program** - Prescription savings plan that offers the choice of Express Scripts home delivery or a Walgreens retail store for a 90-day supply of long-term maintenance medications.
- **Specialty Drugs** - Certain medications that are prescribed to treat complex conditions, such as certain inflammatory conditions, multiple sclerosis and cancer. These high cost medications require pre-authorization and are dispensed by Accredo, Express Script's specialty pharmacy. Members pay the highest out-of-pocket cost for specialty drugs.
- **Step Therapy** - Some medications require you to first try a different medication before another (usually more expensive) drug that your doctor prescribed. The program is intended to control costs while treating your condition effectively.



CONTACTS

UMR Onsite Representatives

Employees have access to an onsite UMR claims/customer service representative, nutrition health coach, and Employee Assistance Program (EAP) counselor. Visit www.pinellas.gov/onsite-reps or call (727) 464-4555. They are your best first contact and can provide services including:

- Connecting employees with UMR resources
- Providing education and counseling

- Working with employees one-on-one
- Speaking to groups on a variety of topics

Legal Notices

Pinellas County is required to provide information to eligible plan participants either at the time of eligibility or on an annual basis. These notices, including the HIPAA Notice of Privacy, are posted on the Human Resources website at www.pinellas.gov/legal-notices.

Benefits Partners

Our benefits partners are your best resource for questions on eligibility, coverage and claims:

Dental

Cigna
(800) 862-3557
www.myCigna.com
Mobile app: *MyCigna*

Disability/FMLA

Reliance Matrix
(877) 202-0055
www.matrixabsence.com
Mobile app: *Reliance Matrix*

Employee Assistance Program (EAP)

Optum
(866) 248-4096
www.liveandworkwell.com
Mobile app: *Optum Assist*

Flexible Spending Account (FSA)

P&A Group
(716) 852-2611
www.padmin.com
Mobile app: *P&A Group - My Benefits*

Health Savings Account (HSA)

Optum Bank
(866) 234-8913
www.OptumBank.com
Mobile app: *Optum Bank*

Life Insurance

Securian Financial
For life insurance questions, call our Benefits team at (727) 464-3367.
www.securian.com/pinellas-insurance

Medical

(including behavioral/mental health)
UMR
(866) 783-6467
www.UMR.com
Mobile app: *UMR/Health*

Prescription

Express Scripts
(866) 544-9221
www.express-scripts.com
Mobile app: *Express Scripts*

Vision

EyeMed
(866) 939-3633
www.EyeMed.com
Mobile app: *EyeMed*

Voluntary Benefits

Aflac
(800) 433-3036
www.Aflac.com

Allstate Identity Protection

(800) 789-2720
www.myap.com/pinellascounty

ARAG

(800) 247-4184
www.araglegal.com/myinfo
Key: 18986pc

2026 Benefits Handbook

Pinellas County Human Resources Employee Benefits
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Phone: (727) 464-3367, option 1
Fax: (727) 453-3573
Email: employee.benefits@pinellas.gov
Website: www.pinellas.gov/benefits

