

**CLERK OF THE CIRCUIT COURT, BENEFIT PACKAGE SUMMARY
(PLAN B - Classified)**

BENEFIT TYPE	DESCRIPTION OF BENEFIT		COST PER MONTH	
CAFETERIA PLAN CONTRIBUTION	COUNTY CONTRIBUTES \$210 MONTHLY TO ALL EMPLOYEES		N/A	
HEALTH INSURANCE:	CIGNA		(Waiting Period: 1 st day of month following 60 days of employment)	
Open Access Plus	CARE OBTAINED EITHER IN OR OUT OF THE NETWORK		EMPLOYEE (EE) EE + CHILDREN EE + SPOUSE EE+SP+CHILD	\$304.50 \$482.99 \$503.99 \$615.29
Coverage Now	CARE OBTAINED EITHER IN OR OUT OF THE NETWORK		EMPLOYEE (EE) EE + CHILDREN EE + SPOUSE EE+SP+CHILD	\$191.10 \$280.35 \$297.16 \$328.64
Choice Fund Plus HSA	CARE OBTAINED EITHER IN OR OUT OF THE NETWORK		EMPLOYEE (EE) EE + CHILDREN EE + SPOUSE EE+SP+CHILD	\$98.69 \$117.61 \$120.75 \$154.35
DENTAL INSURANCE:	HUMANA		(Waiting Period: 1 st day of month following 30 days of employment)	
HS205- LOW OPTION	CARE OBTAINED THROUGH A NETWORK OF PROVIDERS		SINGLE EMP +1 FAMILY	\$11.46 \$17.92 \$26.88
HS195- HIGH OPTION	CARE OBTAINED THROUGH A NETWORK OF PROVIDERS		SINGLE EMP +1 FAMILY	\$16.14 \$30.22 \$39.30
AVN-1- ADVANTAGE PLAN	CARE OBTAINED THROUGH A NETWORK OF PROVIDERS		SINGLE EMP +1 FAMILY	\$17.62 \$34.74 \$52.84
EP500- PPO	CARE OBTAINED EITHER IN OR OUT OF NETWORK		SINGLE EMP +1 FAMILY	\$24.46 \$46.24 \$85.38
VISION CARE	CARE OBTAINED EITHER IN OR OUT OF NETWORK		SINGLE EMP + 1 FAMILY	\$ 4.26 \$12.58 \$16.83
LIFE INSURANCE:	MINNESOTA LIFE		(Waiting Period: 1 st day of month following 30 days of employment)	
BASIC	\$20,000 TERM LIFE AND AD & D		PAID BY EMPLOYER	
DEPENDENT	SPOUSE \$10,000 or \$5,000 CHILD(REN) \$5,000 or \$2,500		\$3.00/\$1.50 \$1.05/\$.53	
SUPPLEMENTAL	AVAILABLE IN \$10,000--\$100,000 AND AD & D (Available to employee only)		DETERMINED BY AGE & AMOUNT OF COVERAGE	
VOLUNTARY AD & D	6 TIMES YOUR SALARY OR \$500,000 (Whichever is lower) (Available to employees and their family)		DETERMINED BY AMOUNT OF COVERAGE	
DISABILITY INCOME	SHORT TERM - 75% OF MONTHLY SALARY LONG TERM - 66 2/3% OF MONTHLY SALARY (EFFECTIVE 1ST OF THE MONTH AFTER COMPLETION OF 6 MONTHS OF EMPLOYMENT)		PAID BY EMPLOYER PAID BY EMPLOYER	
RETIREMENT (Florida Retirement System)	<u>JOIN FRS BEFORE JULY 1, 2011</u> PENSION PLAN: Vested at 6 years with full benefits (Paid at age 62 or 30 years of service) INVESTMENT PLAN: Vested at 1 year	<u>JOIN FRS AFTER JUNE 30, 2011</u> PENSION PLAN: Vested at 8 years with full benefits (Paid at age 65 or 33 years of service) INVESTMENT PLAN: Vested at 1 year	EMPLOYEE CONTRIBUTES 3% OF SALARY	

CLERK OF THE CIRCUIT COURT, BENEFIT PACKAGE SUMMARY (CONT'D)
(PLAN B - Classified)

BENEFIT TYPE	DESCRIPTION OF BENEFIT					COST PER MONTH
	YEARS EMPLOYED	1-4	5-9	10-14	15 PLUS	
VACATION LEAVE	DAYS EARNED	10	12	15	20	N/A
SICK LEAVE	8 DAYS EARNED EACH YEAR					N/A
DEFERRED COMPENSATION (Plan 457b)	EMPLOYER WILL CONTRIBUTE 1% OF SALARY (Employee selects fund)					PAID BY EMPLOYER
	EMPLOYEE CAN CONTRIBUTE					SOME RESTRICTIONS APPLY
NEWBORN LEAVE	5 DAYS - WITHIN 30 DAYS OF BIRTH OR ADOPTION OF CHILD UNDER AGE 18					PAID BY EMPLOYER
HOLIDAYS	TOTAL OF 12 DAYS EACH YEAR 10 SCHEDULED-----VOTED ON ANNUALLY 2 FLOATING HOLIDAYS (Employed prior to Jan 1) 1 FLOATING HOLIDAY (Employed prior to Jul 1)					N/A
ATTENDANCE AWARD	SICK TIME CONVERTED TO VACATION TIME WITH APPROPRIATE ATTENDANCE (UP TO 32 HOURS PER BENEFITS YEAR)					N/A
TUITION REIMBURSEMENT	TUITION COSTS OF \$1000 REIMBURSED PER FISCAL YEAR FOR JOB RELATED COURSES					N/A
EMPLOYEE ASSISTANCE PROGRAM	CONFIDENTIAL COUNSELING PROGRAM TO HELP WITH PERSONAL NEEDS (UP TO 6 VISITS FREE)					N/A
DIRECT DEPOSIT	NET PAY DEPOSITED TO ANY BANK					N/A
PAYROLL DEDUCTION	ANY BANK THAT OFFERS PAYROLL DEDUCTION					N/A
FLORIDA WEST COAST CREDIT UNION	BANKING SERVICES PROVIDED DEPOSITS CAN BE MADE BY PAYROLL DEDUCTION					\$5 MEMBERSHIP FEE
BLOOD DRIVE	PROVIDE BLOOD FOR NON-PROFIT BLOOD BANK FOR USE AS NEEDED					N/A
EXERCISE/WELLNESS FACILITY	LOCATED AT THE COUNTY CENTER PARKING LOT 319 NORTH PIERCE STREET					FREE TO COUNTY EMPLOYEES
DISCOUNT BUS PASS	EXPRESS AND REGULAR PASSES AVAILABLE (not eligible if you have County subsidized parking)					CONTACT VAB (813) 276-8100 Ext. 4354
BENECOM (AFLAC)	Personal Accident Indemnity Plan Personal Cancer Indemnity Plan Personal Sickness Indemnity Plan Hospital Protection Personal Disability Income Protection Plan Critical Care					REFER TO AFLAC INFORMATION ON CLERKNET (Effective 1 st day of month following 30 days) Pre-Tax and Post-Tax options
BENECOM (Voluntary Benefits)	Hyatt/MetLaw Legal Plan Transamerica - Universal Life Insurance with Long Term Care PetFirst Insurance Dental Supplement					

(Revised 11/10/16 - Effective 1/1/2017)