Pasco County Schools

Your 2022 Core Benefit Reference Guide

Kurt S. Browning, Superintendent

What's inside

- Medical
- Pharmacy
- Employee Assistance Program
- Behavioral Health
- Wellness
- Retirement
- Workers' Compensation

Table of Contents

Plan Provider Contact Information

Medical		
Florida Blue	(800) 507-9820	www.floridablue.com
Pharmacy		
Florida Blue	(800) 507-9820	www.floridablue.com
Elect Rx	(844) 353-2879	www.electrx.com
Behavioral Health (BEH)*		
New Directions Behavioral Health Information	(866) 287-9569	www.ndbh.com
Employee Assistance Program	(800) 624-5544	www.ndbh.com
Employee Health & Wellness		
MyHealth Onsite	(888) 644-1448	www.myhealthonsite.com
Voluntary Benefits		
Allstate	(800) 822-8045	www.allstatebenefits.com/mybenefits/
ARAG Legal	(800) 247-4184	www.araglegalcenter.com
Minnesota Life	(866) 293-6047	https://web1.lifebenefits.com/sites/lbwem/home
Sunbelt (Allstate & Cigna/Lina)	(800) 822-8045	
Unum Disability	(800) 635-5597	www.lifebalance.net
Dental Benefits		
Delta Dental- DHMO	(800) 422- 4234	www.deltadentalins.com
Delta Dental- PPO	(800) 521- 2651	www.deltadentalins.com
Vision Benefits		
Davis Vision	(800) 999- 5431	www.davisvision.com
Flexible Spending Accounts		
HealthEquity	(877) 924-3967	www.wageworks.com
FRS		
Florida Retirement System	Pension (844) 377-1888 Investment (866) 446-9377	www.myfrs.com
Employee Benefits, Assistance & Risk Management, HREQ		
Benefits Administration	mybenefits@pasco.k12.fl.us	(813) 794- 2253
Leave Administration	myleaves@pasco.k12.fl.us	(813) 794- 2981
Retirement Services - DSBPC	retirementsvcs@pasco.k12.fl.us	(813) 794- 2394
Risk Management	riskmanagement@pasco.k12.fl.us	(813) 794- 2520
Wellness Programs & Incentives	wellness@pasco.k12.fl.us	(813) 794-2276

* Employees without Behavioral Health Coverage should call 911 or the Crisis Stabilization Unit at (727) 849-9988
Additional plan provider information is available online at http://www.pasco.k12.fl.us/ebarm/planproviders

What's New with Employee Benefits

Positive Enrollment for Benefits

All employees are required to complete the enrollment process this year even if they are not making changes or are opting out of benefits! The Open Enrollment process is done in Employee Self-Service (ESS). If employees do not make any benefit elections then they will be defaulted into the Basic HMO medical plan and the $35K life insurance policy. Benefit elections cannot be made after Open Enrollment closes, no exceptions.

Dependent Premium Increases

For the 2022 plan year, the medical premiums will increase for spouse and family coverage. The new rate charts are included in the Core Benefits guide.

Medical Plan Changes

Effective January 1, 2022, the HMO premium medical plan will have a deductible of $2,000 (individual) and $6,000 (family). The out-of-pocket maximums for the HMO premium will be $5,500 (individual) and $11,000 (family). The PPO out-of-network deductible will increase to $4,000 (individual) and $12,000 (family) and the out-of-pocket maximums are changing to $8,250 (individual) and $16,500 (family).

Dependent Verification

For 2022 dependent elections in the District group health plan (medical, dental, vision) you must submit birth certificates for any covered children added for 2022, marriage license for spouses to be covered in 2022 as well as your 2020 IRS tax transcript for ALL spouses and ALL overage covered children (25 and older) to be covered in 2022. Dependent verification documents may be emailed to mybenefits@pasco.k12.fl.us or faxed to (813)794-2173 Attention: Amber Justice. If Employee Benefits does not receive the dependent verification documentation your dependent will not have the new coverage for 2022.

Important Prescription Benefit Change

Walgreen's pharmacies are now the EXCLUSIVE pharmacy provider for all plans. Employees in the HMO Basic, HMO Premium, or PPO health care plans can have prescriptions filled at:

o Walgreen's Pharmacy

Prescriptions filled at any other location will NOT be covered by the District's health care plan. Prior to January 1, 2022, be sure to have your prescriptions transferred to Walgreens . Transferring your prescription to a Walgreens pharmacy is easy. Follow the simple online instructions to Transfer Your Prescription.
*Medications filled at the Health and Wellness Centers will still be covered.

Allstate

Allstate Accident, Hospital, Critical Illness and Term to 100 Life Insurance are all guaranteed issue. This means you will not need to complete the Evidence of Insurability (EOI) to be eligible. The Cancer policy will not be guarantee issue. Employees must complete the EOI process to be eligible. You will need to call Sunbelt Worksite Marketing at (800)822-8045 if you would like to change your current coverage or enroll for the first time in Term to 100 Life.

Frequently Asked Questions

I never received or I have lost my card. How do I get a new one?

- If you create an account on the carrier's website (FL Blue, Delta, Davis) you are able to request a new card and print out a copy of your card.

I can't sign-in to my Employee Self-Serve.

- If you have forgotten your Munis ID or password you will need to send a help ticket to munishelp@pasco.k12.fl.us to receive that information.

What is an NPI?

- An NPI is a National Provider Number that is associate with your primary care doctor. Each member or dependent needs to have a primary care doctor or Florida Blue will auto assign you one.
- Carehere doctors are NOT primary care providers.

How do I find my NPI?

Visit
https://providersearch.floridablue.com/providersearch/pub/index.htm

- To choose a provider for an HMO Plan go to this link https://providersearch.floridablue.com/providersearch/pub/index.htm and choose Blue Care (HMO) and fill in your personal criteria.
- Call your Primary Care office and ask the office staff.
- Google your Primary Care doctor with NPI.

Where can I find my Allstate policy Number?

To locate your Allstate policy number

- Call Sunbelt at 800-822-8045
- Register online at allstatebenefits.com/mybenefits

Will I be receiving a new card every year?

No, you will only receive a new card if you are changing plans. For example, switching from the HMO to the PPO plan.

How do I access My Health Onsite for the first time?

Employees who are covered by the District and have a unique valid email address will receive an email invitation from "no-reply@eclinicalmail.com" with instructions the week their benefits become effective.

To access your New Patient Portal, simply follow the instructions in the email sent which includes your User Name and Temporary Password. If you have not received the email invitation, please call 1-888-644-1448 to update your email address.

How do I contact My Health Onsite?

888-644-1448; www.MyHealthOnSite.com

When do the incentive payments post for Pascofit participants?

Pascofit incentive rewards post quarterly, based on the date the VHP follow-up is completed. Please visit www.PascoGoHealthy.net and click on "Health and Wellness Incentive Program" in the top menu bar for the full payment schedule.

(https://connectplus.pasco.k12.fl.us/do/gohealthy/index.php/incentive-fit-options/#incentivepayments)

When you have other health coverage

Who pays first?
Coordination of benefits with Medicare

If you have Medicare and other health coverage, each type of coverage is called a "payer." When there's more than one payer, "coordination of benefits" rules decide who pays first. The "primary payer" pays what it owes on your bills first, and then you or your health care provider sends the rest to the "secondary payer" to pay. In some rare cases, there may also be a "third payer."

Whether Pasco pays first depends on a number of things, including the situations listed in the chart on the next page. However, this chart doesn't cover every situation. Be sure to tell your doctor and other providers if you have health coverage in addition to Pasco or Medicare. This will help them send your bills to the correct payer to avoid delays.

Where to go with questions

If you have questions about who pays first, or if your coverage changes, please contact Patty Nguyen, the Florida Blue On-Site Representative at (813)794-2492, (727)774-2492, or (352)524-2492.

How Medicare works with other coverage

Use the chart below to find your type(s) of coverage and situation to see which payer pays first. You can also get this information by visiting Medicare.gov/supplements-other-insurance/how-medicare-works-with-other-insurance/which-insurance-pays-first.

If you	Situation	Pays First	Pays Second
Are 65 or older, are covered by a group health plan because you or your spouse is still working, and entitled to Medicare	The employer has 20 or more employees	Group health plan	Medicare
Have an employer group health plan through your former employer after you retire and are 65 or older	Entitled to Medicare	Medicare	Retiree coverage
Are disabled and covered by a large group health plan from your work, or from a family member (like spouse, parent, domestic partner, son, daughter, or grandchild) who is working, and entitled to Medicare	The employer has 110 or more employees	Large Group health plan	Medicare
	The employer has less than 100 employees	Medicare	Group health plan
*Have End-Stage Renal Disease (ESRD) (permanent kidney failure requiring dialysis or a kidney transplant) and group health plan coverage (including a retirement plan)	First 30 months of eligibility or entitlement to Medicare	Group health plan	Medicare
	After 30 months of eligibility or entitlement to Medicare	Medicare	Group health plan
Have ESRD and COBRA coverage	First 30 months of eligibility or entitlement to Medicare based on having ESRD	COBRA	Medicare
	After 30 months	Medicare	COBRA
Age 65 or over OR under 65 and disabled and covered by 1) COBRA coverage or 2) retiree group health plan coverage (other than by ESRD)	Entitled to Medicare	Medicare	COBRA or retiree group health plan coverage (whichever one you have)
Are covered under workers' compensation because of a job-related illness or injury	Entitled to Medicare	Workers' compensation for services or items related to workers' compensation claim	Usually doesn't apply. However, Medicare may make a conditional payment (a payment that must be repaid to Medicare when a settlement, judgement, award, or other payment is made)

** If you originally got Medicare sue to your age or a disability other than ESRD, and Medicare was your primary payer, it still pays first when you become eligible because of ESRD.*

Open Enrollment

October 1, 2021 - October 31, 2021

Benefit Effective Dates

January 1, 2022 - December 31, 2022

If you will be retiring from Pasco Schools in 2022, please be sure to enroll in those benefit plans that you would like to take with you into retirement (i.e, dental, vision, legal). You will only be offered the opportunity to continue those benefits that you are presently enrolled in at the time that you retire.

This year will be a positive enrollment. What does that mean to you? All employees are required to complete the enrollment process this year even if they are not making any changes or are opting out of benefits! The Open Enrollment benefit elections are made in Employee Self-Service (ESS). If employees do not make any elections then they will be defaulted into the Basic HMO medical plan and the $35K life insurane policy. No exceptions will be made after Open Enrollment has closed. Remember to print a copy of your Benefit Elections summary as a confirmation of your 2022 benefit selections.

Benefit Enrollment Process

All employees are required to complete the enrollment process this year even if they are not making changes or are opting out of benefits.

The following steps are required to enroll:

1. Go to Pasco County Schools homepage
2. Next select “Employee Self Service”
3. Enter your Munis “User Name” and “Password”
4. Click on “Employee Self Service”
5. Click on “Benefits”
6. Click on “Open Enrollment”
7. Elect, change, or decline for each benefit
8. **Submit** 2022 election choices
9. Print Confirmation Statement

*If you cannot remember your Munis log-in ID and password, you must send an email to munishelp@pasco.k12.fl.us requesting this information prior to enrolling.

BENEFITS

of being a **Pasco County Schools** employee

Pasco County Schools provides all eligible employees the following benefits:

Option 1 — GROUP HEALTH PLAN

- HMO Basic Medical *(includes pharmacy)*
- Basic Core Life
- Employee Assistance Program**
- Health and Wellness Centers *(free primary medical care)*
- Wellness Incentive (Earn up to $250)

OR

Option 2 — HEALTH OPT OUT PLAN

- Taxable Income
  - $100 monthly *(prorated per paycheck)*
  - Up to $1,200 annually
- Basic Core Life
- Employee Assistance Program

PLUS

VOLUNTARY BENEFITS

Available to all eligible employees

Additional Benefit Choices:

- Dental
- Vision
- Disability
- Term Life
- Flexible Spending Account
- Legal w/Identity Theft Protection
- Cancer
- Accident Protection

RETIREMENT SERVICES

Available to all eligible employees

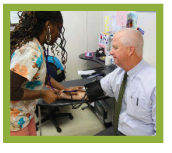
- State of Florida Retirement System:
  - Pension Plan *(Define Benefit)*
  - Investment Plan *(Defined Contribution)*
- Voluntary Retirement Savings Program**
  - Pre & Post- tax 403(b) (similar to 401(k))
  - 457(b)
- Financial Wellness Tools**

Pasco County Schools HWC Employee and Family

HEALTH AND WELLNESS CENTER

On-site Health & Wellness Centers (HWC).

Employees and their dependents covered under the medical plan can receive FREE medical services at the on-site Health and Wellness Centers (HWC).



Free Medical Care!

- No deductibles
- No co-pays
- No out-of-pocket costs

What are the Benefits to You?

- Generic medications at no cost
- No more long stays in waiting room
- Increased convenience and access

2018 H100 WINNER HEALTHIEST 100™ powered by Springbuk

Employees may elect to cover their dependent spouses or children under the group medical and voluntary benefits plan.

Additional information available online www.pascoschools.org

***Available to all employees including non-benefit eligibility employees.*

Introduction to Benefits

As a benefit eligible employee of Pasco County Schools you have numerous choices of pre-tax and post-tax benefits. These choices allow you to customize your benefit elections to meet the needs of your family.

Fully Board-Paid Option

Benefit eligible employees are eligible for a free benefit option which includes:

- Basic HMO medical plan
- Pharmacy
- Behavioral Health
- Health & Wellness Centers (*with medical participation)
- 35,000 Life Insurance
- Employee Assistance Program
- Elect Rx

Benefit Waiting Period

If you are a new employee enrolling in benefits, there is a 30-day waiting period before your coverage begins. The effective date for benefits is the first of the month following 30 days of employment, for example, an employee hired on August 5, 2021 becomes benefit eligible on October 1, 2021. Employees will receive an email from the Employee Benefits department notifying you to enroll in your benefit elections. You will make your elections on-line using the Munis Employee Self- Service system.

Choice # 1

- HMO Basic Medical
- Behavioral Health
- Pharmacy
- Basic Core Life
- Employee Assistance Program
- Health & Wellness Centers

Choice # 2

- Health Opt Out (Taxable Income)
- $50 per pay 24-deductions
- $60 per pay 20-deductions
- Basic Core Life
- Employee Assistance Program

Health Opt Out

Employee's who carry other medical coverage may "opt-out" of the boards medical coverage and the use of the Health & Wellness Centers.

Pasco County School offers employees who opt out of the Board's medical plans $100 per month up to a maximum, $1,200 a year.

To receive the Opt-Out Income for 2022 employees must elect to "opt-out" during the enrollment period. If you were an "opt-out" last year and want to remain an "opt-out" you will need to complete the process during the Open Enrollment period. The election to Opt-Out requires you to waive participation in the Board's medical plan. **You must be enrolled in other medical coverage to be eligible to Opt-Out of the Board's medical plans.** Upon completion of your Opt-Out election you will receive an e-mail from the Benefits Department notifying you that you are an Opt-Out for 2022.
Even if you opt-out of the medical coverage you are still eligible to participate in the voluntary benefits.

To waive participation you must be enrolled in other medical coverage besides the Boards medical plan. You will not be eligible to use the Health & Wellness Centers.

Opt-Out Taxable Income

24 Ded	20 Ded
$50.00	$60.00

Benefit Options

Employees may elect to cover their dependent spouse or children under the group health plan. Additional benefit choices include:

- Dental
- Vision
- Disability
- Flexible Spending Account
- Hospital
- Critical Illness
- Term Life
- Legal
- Cancer
- Accident Protection
- Additional information in the Voluntary Benefits guide

Employees and their dependents covered under the medical plan can receive FREE medical services at the on-site Health & Wellness Centers (HWC).

Free Medical Care!

- No deductibles
- No co-pays
- No out-of-pocket costs to you

What are the Benefits to You?

- No more long stays in a waiting room
- No out-of-pocket expense at the HWC
- Increased convenience and access
- More one-on-one time with the doctor
- On-site dispensing of generic medications

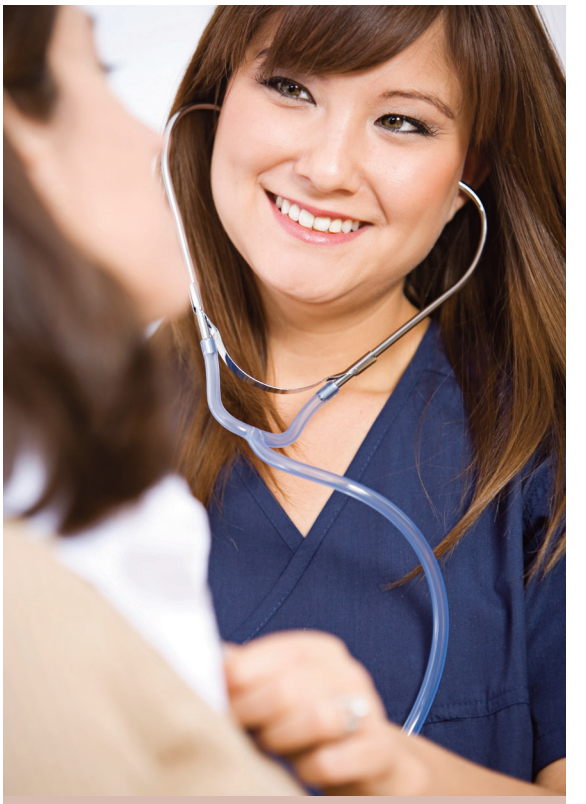
Available Health Coaches

- Registered Nurse
- Registered Dietician
- Exercise Physiologist

What Services are provided at the HWC?

- Treatment for Colds, Flu, Sore Throats, High Blood Pressure, High Cholesterol, Diabetes and more!
- Annual Physicals and Wellness Visits
- School Physicals
- Lab Work
- X-Rays
- Electrocardiogram (ECG/ EKG)
- Immunizations
- Additional information in the Wellness guide

Employees can earn up to $250 in wellness incentives!



Additional information about the Pasco County Schools' group health plan is available on line at www.pasco.k12.fl.us/ebarm

Two Married Employees of the Board plus Children

When two employees of the Board are legally married to each other and both are eligible for benefits, they are eligible for the two married employees of the board plus children rate.

To qualify for the Two Married Employees of the Board plus Children rate.

1. Both spouses are employees of Pasco County Schools and...
2. Both spouses are eligible for Board-paid medical premiums and...
3. Both spouses are enrolled in the same medical plan.

If your marital status changes mid-year and you meet the above criteria, you must contact Employee Benefits to enroll in the two married employees of the board plus children rate. All mid-year plan changes are effective the first of the month following receipt of documentation and completed enrollment.

Two married employees of the Board who anticipate the birth of a child during the upcoming plan year, must enroll in the same medical plan in order to qualify for the two married employees of the board plus children rate. If you and your spouse are not enrolled in the same medical plan, you are not eligible for the two married employees of the board plus children rate and must wait until next open enrollment to enroll in the same medical plan in order to qualify for the two married employees of the board plus children rate.

Dependent Eligibility

Federal Law: The Affordable Care Act makes coverage available to adult children up to age 26. No dependent eligibility requirements can be applied from newborn to age 26.

State of Florida Law (Florida Statute 627.6562):
Requires that extended coverage for adult children over age 26 be offered through the end of the calendar year in which they reach age 30. Extended coverage applies to medical and vision only.

A covered dependent child may continue coverage beyond the age of 26, provided he or she is:

- Unmarried and does not have a dependent;
- A Florida resident or a full-time or part-time student;
- Not enrolled in any other health coverage policy or plan;
- Not entitled to benefits under Title XVIII of the Social Security Act unless the child is a handicapped dependent child.

Eligible Dependents Include

Your Spouse - The person to whom you are legally married.

Your Child - Through the end of the calendar year in which he/she turns age 26, your biological child, legally adopted child or child placed in the home for the purpose of adoption in accordance with applicable state and federal laws.

Your Child with a Disability - Your covered child who is permanently mentally or physically disabled. This child may continue health insurance coverage after reaching age 26 if you provide adequate documentation validating disability upon request and the child remains continuously covered in a State Group Insurance health plan. The child must be unmarried, dependent on you for care and for financial support, and can have no dependents of his/her own.

Your Step-Child - Through the end of the calendar year in which he/she turns age 26, the child of your spouse for as long as you remain legally married to the child's parent.

Your Foster Child - Through the end of the calendar year in which he/she turns age 26, a child that has been placed in your home by the Department of Children and Families Foster Care Program or the foster care program of a licensed private agency. Foster children may be eligible to their age of maturity.

Legal Guardianship - Through the end of the calendar year in which he/she turns age 26, a child (your ward) for whom you have legal guardianship in accordance with an Order of Guardianship pursuant to applicable state and federal laws. Your ward may be eligible until his or her age of maturity.

Your Grandchild - A newborn dependent of your covered child. Coverage may remain in effect for up to 18 months of age as long as the newborn's parent remains covered.

Your over-age Dependent - Your child after the end of the calendar year in which they turned age 26 through the end of the calendar year in which they reach 30 if they are unmarried, have no dependents of their own, are dependent on you for financial support, live in Florida or attend school in another state, and have no other health insurance.

Notifying Employee Benefits of Change in Dependent Status

Employees who cover their spouse or dependent children under the Board's group health plan are required to notify Employee Benefits within 30 days, of their change in marital status or change in dependent status of a covered dependent. Failure to notify Employee Benefits may result in the employee receiving a benefit under the group health plan that he/she is not entitled to receive. Should this occur you will be required to repay the Board any premiums due or benefits received that you were not entitled to receive.

Tax Implications for over age dependents

Employees are allowed to cover dependent(s) over age 26-30 under the District's group health plan; however, the Internal Revenue Service requires the District to include the value of the coverage provided for your dependents over age 26 in your adjusted gross income before issuing your W-2 form.

The value of premiums for adult children over age 26 will be deducted post-tax on a per payroll basis. If you cover dependent(s) in both age groups as stated above, you will see two separate payroll deductions on your paycheck reflecting the pre-tax and post-tax value of dependent premiums.

Tax Status of Dependent Premiums		
Dependent Age	Birth - Age 26*	Over Age 26- 30
Taxable Status	Pre-tax	Post-tax

**Through the end of the year in which they turn 26. Post tax benefits will begin January 1st of the next calendar year.*

Dependent Verification

For 2022 elections in the District group health plan (medical, dental, vision) you must submit birth certificates for any covered children not covered in 2021, marriage license for spouses to be covered in 2022 and not covered in 2021, and your 2020 IRS tax transcript for ALL spouses and ALL overage covered children (25 and older) to be covered in 2022. Dependent verification documents may be emailed to mybenefits@pasco.k12.fl.us or faxed to (813)794-2173 Attention: Amber Justice. If Employee Benefits does not receive the dependent verification documentation your dependent coverage will end December 31, 2021.

Documentation Requirements	
Dependent Type:	**Required Documentation:**
Spouse	Copy of the government issued marriage certificate or • Most recent tax return transcript for IRS
Children up to age 26	• Copy of the child's government issued birth certificate or adoption certificate naming the employee or spouse as the child's parent. • Copy of the court order naming employee or spouse as legal guardian. • Copy of the records showing the employee or spouse as the dependent's foster parent.
Child or covered dependent	Copy of the newborn's birth certificate naming the covered dependent as the parent
Unmarried child age 26 up to age 30	The same documentation for children under age 26 and • Copy of the affidavit of adult child and • Documentation of student status or • Bill or statement in the child's name dated within the past 60 days showing Florida residency.
Disabled children age 26 or older	The same documentation for children under age 26 and • Most recent tax return transcript for IRS

Working Spouse Exclusion

Working Spouse Exclusion

If your spouse is employed and has access to medical coverage through his/her employer, they are not eligible for coverage under Pasco County Schools' group medical plan.

If your spouse does not work, works only part-time, is not eligible for coverage or has lost coverage as an active employee but has been offered cobra, the spousal exclusion does not apply. If your spouse is covered by Medicare, the exclusion does not apply.

If your spouse experiences a qualifying life event (loss of job or loss of coverage, etc.) during the year, he or she can be added to your medical plan within 30 days of the qualifying event. For additional information, call Employee Benefits at extension 4-2376 or (813) 794-2376; (727) 774-2376; or (352) 524-2376.

If you designate your spouse as a dependent to be enrolled in Pasco County Schools' group medical plan, a waiver form will be sent to you requesting verification of their ineligibility for coverage under their employer's medical plan. If you do not complete and return the waiver form, your inaction will deem your spouse ineligible for coverage. If deemed ineligible for coverage, your spouse will be removed from Pasco County Schools' group medical plan.

The "Working Spouse Waiver" does not affect your option to enroll your spouse in voluntary benefits such as dental, vision or other applicable voluntary benefits.

Policy Exemption:

- If you and your spouse are both employed by Pasco County Schools, you are not subject to this policy.
- If you are enrolling in family coverage (employee plus spouse and children), you are not subject to this policy.

Pasco County Schools reserves the right to verify the validity of information provided.

Spousal Waiver

District School Board of Pasco County

WORKING SPOUSE WAIVER FORM

Date: _____ Employee ID: _____

Employee: _____ Spouse Name: _____

You MUST complete this form if you are enrolling your spouse in Pasco County Schools' medical plan.

If your spouse is eligible for medical coverage under another employer's plan, your spouse is NOT eligible for the waiver and cannot enroll in Pasco County Schools' group medical plan. If you do not complete and return the waiver form, your inaction will deem your spouse ineligible for coverage. If deemed ineligible for coverage, your spouse will be removed from Pasco County Schools' group medical plan.

The "Working Spouse Waiver" does not affect your option to enroll your spouse in voluntary benefits such as dental, vision or other applicable voluntary benefits.

Instructions to complete form:
Please complete and return this form to request a waiver of the "working spouse" medical coverage policy to the Employee Benefits Office.

Section I – Employee Certification

Is your spouse employed? ☐ Yes* ☐ No If no, please check the appropriate box:

☐ Self-Employed ☐ Not Employed ☐ Retired

**If you answered yes, your spouse must take this form to his or her employer for completion of Section II.*

Section II – Working Spouse Employer Certification *(Must be completed by Spouse Employer)*

Spouse Employer: _____

1. Does your company/organization offer medical insurance to the above-named spouse?

   ☐ Yes ☐ No ☐ Spouse not eligible

_____

Printed Name Title Telephone Number

_____

Employer Representative Signature Date

Additional Information for Consideration:

_____

Employee Acknowledgement and Signature

I certify that the information provided here is correct and if this information changes at any time, I will notify Employee Benefits within thirty (30) days. I also understand the information on this form is subject to verification.

_____

Employee Signature **Date**

Please return form to: Employee Benefits FAX: 813.794.2173 Email: mybenefits@pasco.k12.fl.us

Medical Insurance
Provider: Florida Blue

What plans are available?
Pasco County Schools offers three medical plans for you to choose from:
- HMO Basic • HMO Premium • PPO Standard

Glossary of Terms
What is Coinsurance? Coinsurance is the cost sharing between you and the plan that will occur after the deductible has been met. For 2022, the in-network medical coinsurance amounts are 20% your responsibility and 80% plan responsibility.

What is an out-of-pocket maximum? The out-of-pocket maximum is the most that you will have to pay in a year for deductible and coinsurance for covered medical and pharmacy benefits. It operates like a safety net, to protect you from high costs.

What are reasonable and customary amounts? Reasonable and customary (R&C) amounts are the fees the insurance carrier considers appropriate for a medical expense based on the typical rates charged by other providers for a comparable service within the provider's zip code. If you go to an **out-of-network** provider who charges more than the allowable amounts established by the insurance carrier, the provider may bill you for the remaining balance.

At Pasco County Schools, we are fortunate to have an onsite Florida Blue representative available to assist you with any claims or coverage issues that you may experience. If you have questions, please contact Patty Nguyen, the Florida Blue On-site Representative at (813)794-2492, (727)774-2492, (352)524-2492 or work cell number (904)635-9221.

Understanding HMO Plans

HMO plan participation requires the members to obtain services within an authorized network of providers. If you enroll in one of the HMO plans, you will need to choose a Primary Care Physician (PCP) in the BlueCare HMO Network. Your PCP will help you manage all aspects of your health care.

Even though you will be required to select a PCP when you enroll, you do not need a referral from your (PCP) to consult with a specialist. However, you must verify that the specialist is a participating provider in the BlueCare HMO Network. This information should be confirmed when you schedule an appointment. You may locate a provider in your network by visiting www.floridablue.com and on the link, "Find a Doctor." Then select "BlueCare (HMO)" as your plan.

Like all HMOs, there is no coverage for services received from "out-of-network" or non-participating providers, except for qualified emergencies. Similarly, you do not have coverage out of state or out of the service area unless it is an emergency. For non-emergency and routine services to be covered, your PCP would need to request approval from Florida Blue prior to the services being rendered.

If you are comfortable with the requirements for HMO participation, then how will you choose between enrollment in the HMO Basic or HMO Premium plan?

Annual Out-of-Pocket Maximum			
Basic HMO		Premium HMO	
Individual	Family	Individual	Family
$5,500	$11,000	$5,500	$11,000

What are the Differences Between the HMO Basic and HMO Premium Plan?

The Basic HMO plan is available at "no cost" for employee only coverage, but has higher out-of pocket costs associated with deductibles, coinsurance and copays.

The Premium HMO Plan requires you to contribute additional "buy-up" costs of $39.75-$47.70 per payroll deduction (depending on your pay type 20/24) but in most cases, has lower out-of pocket-costs at the time of service. When evaluating your participation in an HMO plan, consider the following circumstances:

- Is your current physician in the BlueCare HMO network?
- Do you have a chronic condition where you need to see a doctor every month or have gone to the emergency room?
- Do you require services at an outpatient hospital on a frequent basis? For example, infusion treatment.
- Do you require provider administered medications, i.e., cortisone shots, chemotherapy in a physician's office?

The HMO Basic plan is free for employee only coverage. However, while you do not have a per-pay-deduction for your plan participation, in most cases you will pay more at the time of service.

HMO Basic - Per Pay Deduction

Coverage Selected	24 - Deduct	20-Deduct
Employee Only	$ -	$ -
Employee Plus Child(ren)	$ 184.69	$ 221.63
Employee Plus Spouse	$ 290.45	$ 348.54
Employee Plus Spouse and Child(ren)	$ 475.14	$ 570.17
2 Married Employees of Board Plus Child(ren)	$ 156.99	$ 188.38

HMO Premium - Per Pay Deduction

Coverage Selected	24 - Deduct	20-Deduct
Employee Only	$ 39.75	$ 47.70
Employee Plus Child(ren)	$ 309.18	$ 371.02
Employee Plus Spouse	$ 461.09	$ 553.31
Employee Plus Spouse and Child(ren)	$ 730.52	$ 876.62
2 Married Employees of Board Plus Child(ren)	$ 262.81	$ 315.37

Updates to Undertand the HMO Plans

The HMO plans have a deductible you have to meet before Florida Blue will pay any part of the claim. A $2,000 Individual Deductible would apply for major services in a hospital setting. You would need to satisfy the $2,000 calendar year deductible before Florida Blue pays any part of your hospital claim. After you meet the $2,000 calendar year deductible, Florida Blue will pay 80% of the allowable charges and you will pay 20%. The $2,000 deductible plus 20% coinsurance applies to major services such as: inpatient or outpatient hospital services, doctors' fees associated with a hospital visit or admission, ambulance, surgical and non-surgical services (i.e., lab work and diagnostic imaging tests). You will receive one bill for the facility charges (hospital equipment/ supplies) and one or more bills from the physicians, (i.e., Surgeon, Radiologist, Anesthesiologist, Pathologist, etc).

Although a $2,000 deductible per person has been added this year to the HMO Premium plan, hospital services are still subject to copays. The copay is still $500 per day for up to 5 days or $2,500 if you are admitted to the hospital. Also, for outpatient hospital services it remains a $500 copay per visit. Your physician fees would be covered for in-network providers at $0 cost to you. If you are needing services at a hospital and regularly have a need to see a specialist, then you may consider enrollment in this plan.

BlueCare
HMO Basic
Health Benefit Plan 48

Florida Blue HMO

Summary of Benefits for Covered Services	Amount Member Pays In-Network	Amount Member Pays Out-of-Network
Financial Features		
Deductible (DED[1]) (PBP[2]) (DED is the amount the member is responsible for before Florida Blue HMO pays)	$2,000 per person $6,000 per family	Not covered
In-Network Inpatient Hospital Facility Services Per Admission Deductible (PAD)	$100	Not Applicable
Coinsurance (Coinsurance is the percentage the member pays for services)	20% of the allowed amount	Not covered
Out-of-Pocket Maximum (PBP) (Out-of-Pocket Maximum includes DED, Coinsurance, Copayments and Prescription Drugs)	$5,500 per person $11,000 per family	Not covered
Office Services		
Physician Office Services		
Value Choice Provider (in select counties)	$0 Copay	Not covered
Primary Care Physician	$35 Copay	Not covered
Specialist	$65 Copay	Not covered
Convenient Care	$35 Copay	Not covered
Virtual Visits		
Family Physician/Specialist (Virtual Behavioral INN Providers $35)	$0 Copay/$65 Copay	Not covered
Maternity (Cost Share for initial visit only)		
Primary Care Physician	$35 Copay	Not covered
Specialist	$65 Copay	Not covered
Allergy Injections (per visit)		
Primary Care Physician	$10 Copay	Not covered
Specialist	$10 Copay	Not covered
Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Med.)	$300 Copay	Not covered
Medical Pharmacy - Physician-Administered Medications (applies to Office Setting and Specialty Pharmacy Vendors)		
In-Network Monthly Out-of-Pocket (OOP) Maximum[3]		
Preferred	$200	
Non-Preferred	Combined with Preferred OOP Maximum	
Provider		
Preferred	20%	Not covered
Non-Preferred	20%	Not covered
Physician-Administered Medications – These medications require the administration to be performed by a health care provider. The medications are ordered by a provider and administered in an office or outpatient setting. Physician-Administered medications are covered under the *medical* benefit. **Please refer to the Physician-Administered medication list in the Medication Guide for a list of drugs covered under this benefit.**		
Preventive Care		
Routine Adult & Child Preventive Services, Wellness Services, and Immunizations	$0	Not covered
Mammograms (Routine & Diagnostic)	$0	Not covered
Colonoscopy (Routine for age 50+; no age criteria for high risk)	$0	Not covered

[1] DED = Deductible

[2] PBP = Per Benefit Period

[3] In-Network Medical Pharmacy will be paid at 100% for the remainder of the calendar month once OOP max is met.

69375-0919R E

BlueCare
HMO Basic
Health Benefit Plan 48

Florida Blue HMO

Summary of Benefits for Covered Services	Amount Member Pays In-Network	Amount Member Pays Out-of-Network
Emergency Medical Care		
Urgent Care Centers	$50 Copay	Not covered
Emergency Room Facility Services (per visit) (copayment waived if admitted)	$300 Copay	$300 Copay
Ambulance Services	20% after Deductible	20% after In-Network Deductible
Outpatient Diagnostic Services		
Independent Diagnostic Testing Facility Services (per visit) (e.g. X-rays) (Includes Provider Services) Diagnostic Services (except AIS) Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Med.)	 $50 Copay $300 Copay	 Not covered Not covered
Independent Clinical Lab (e.g., Blood Work) Quest Diagnostics is preferred lab	$0	Not covered
Outpatient Hospital Facility Services (per visit) (e.g., Blood Work and X-rays)	20% after Deductible	Not covered
Hospital / Surgical		
Ambulatory Surgical Center Facility (ASC)	$250 Copay	Not covered
Outpatient Hospital Facility Services (per visit) Therapy Services All other Services	 $65 Copay 20% after Deductible	 Not covered Not covered
Inpatient Hospital Facility and Rehabilitation Services (per admit)	$100 PAD, then 20% after Deductible	Not covered
Mental Health / Substance Dependency		
Inpatient Hospitalization Facility Services (per admit)	$100 PAD, then 20% after Deductible	Not covered
Outpatient Hospitalization Facility Service (per visit)	20% after Deductible	Not covered
Emergency Room Facility Services (per visit)	$300 Copay	$300 Copay
Provider Services at Hospital Primary Care Physician / Specialist	 $0	 Not covered
Provider Services at ER Primary Care Physician / Specialist	 $0	 $0
Provider Services at Locations other than Office, Hospital and ER Primary Care Physician / Specialist	 $35 Copay	 Not covered
Outpatient Office Visit Primary Care Physician / Specialist	 $35 Copay	 Not covered
Other Provider Services		
Provider Services at Hospital	20% after Deductible	Not covered
Provider Services at ER	20% after Deductible	20% after In-Network Deductible
Radiology, Pathology and Anesthesiology Provider Services at an Ambulatory Surgical Center (ASC)	$65 Copay	$65 Copay
Provider Services at Locations other than Office, Hospital and ER Primary Care Physician Specialist	 $35 Copay $65 Copay	 Not covered Not covered
Other Special Services		
Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations Outpatient Rehabilitation Therapy Center Outpatient Hospital Facility Services (per visit)	 $65 Copay $65 Copay	 Not covered Not covered

BlueCare
HMO Basic
Health Benefit Plan 48

Florida Blue HMO

Summary of Benefits for Covered Services	Amount Member Pays In-Network	Out-of-Network
Other Special Services (continued)		
Durable Medical Equipment, Prosthetics and Orthotics Motorized Wheelchair All Other (Services coordinated by CareCentrix, call 1-877-561-9910)	 $500 Copay $0	 Not covered Not covered
Home Health Care (Services coordinated by CareCentrix, call 1-877-561-9910)	$0	Not covered
Skilled Nursing Facility	20% after Deductible	Not covered
Hospice	20% after Deductible	Not covered
Bariatric Surgery: Effective 1/1/2020 only Gastric Sleeve covered. Special Guidelines apply. Contact Patty Nguyen, Florida Blue On-site Rep. -Office: 1-813-794-2492 Cell: 1-904-635-9221 for details.		

Preauthorization for select services: Members don't need a referral to see a participating specialist, however authorizations are required for certain services such as CT/MRI scans and select injectables, as well as other medical services like hospitalization, rehabilitation services, home health care, and select durable medical equipment. Ensure members know that **before an appointment** they should visit floridablue.com/Authorization or call the toll-free number on their member ID card to see if a prior authorization is required.

Benefit Maximums	
Home Health Care	35 Visits PBP
Inpatient Rehabilitation Therapy	30 Days PBP
Outpatient Therapy	35 Visits PBP
Spinal Manipulations	26 PBP (accumulates towards the Outpatient Therapy maximum)
Skilled Nursing Facility	60 Days PBP

Additional Benefits and Features

- We encourage you to call the care consultants team at 1-888-476-2227 to find out more about your benefits and/or treatment options. This can help you save time and money.
- You have online access to everything about your health benefit plan as well as all of our self-service tools at floridablue.com.
- Go to floridablue.com, click on **Find a Doctor** and follow the on-screen directions to easily find a doctor in your plan's network and you don't need a referral to see a participating provider.

BlueCare Rx Prescription Drug Program

In the event your Group has purchased pharmacy coverage from Florida Blue HMO, you'll find a Pharmacy Program information sheet enclosed. Please review it carefully, as you'll find it contains an overview of your benefits and how to utilize them.

Should it become necessary, a grievance procedure is available to all Members as detailed in the Master Policy.

This summary is only a partial description of the many benefits and services covered by Florida Blue HMO, an HMO subsidiary of Blue Cross and Blue Shield of Florida, Inc. This does not constitute a contract. For a complete description of benefits and exclusions, please see the Florida Blue HMO BlueCare Benefit Booklet and Schedule of Benefits; its terms prevail.

69375-0919R E

BlueCare
HMO Premium
Health Benefit Plan 61

Florida Blue HMO

Summary of Benefits for Covered Services	Amount Member Pays In-Network	Amount Member Pays Out-of-Network
Financial Features		
Deductible (DED[1]) (PBP[2]) (DED is the amount the member is responsible for before Florida Blue HMO pays)	$2,000 per person $6,000 per family	Not covered
Coinsurance (Coinsurance is the percentage the member pays for services)	0%	Not covered
Out-of-Pocket Maximum (PBP) (Out-of-Pocket Maximum includes DED, Coinsurance, Copayments and Prescription Drugs)	$5,500 per person $11,000 per family	Not covered
Office Services		
Physician Office Services		
Value Choice Provider (in select counties)	$0 Copay	Not covered
Primary Care Physician	$30 Copay	Not covered
Specialist	$50 Copay	Not covered
Convenient Care	$30 Copay	Not covered
Virtual Visits		
Family Physician/Specialist (Virtual Behavioral INN Providers $35 Copay)	$30 Copay/$50 Copay	Not covered
Maternity (Cost Share for initial visit only)		
Primary Care Physician	$30 Copay	Not covered
Specialist	$50 Copay	Not covered
Allergy Injections (per visit)		
Primary Care Physician	$20 Copay	Not covered
Specialist	$20 Copay	Not covered
Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Med.)	$50 Copay	Not covered
Medical Pharmacy - Physician-Administered Medications (applies to Office Setting and Specialty Pharmacy Vendors)		
In-Network Monthly Out-of-Pocket (OOP) Maximum[3]		
Preferred	$0	
Non-Preferred	$0	
Provider		
Preferred	0%	Not covered
Non-Preferred	0%	Not covered
Physician-Administered Medications – These medications require the administration to be performed by a health care provider. The medications are ordered by a provider and administered in an office or outpatient setting. Physician-Administered medications are covered under the *medical* benefit. **Please refer to the Physician-Administered medication list in the Medication Guide for a list of drugs covered under this benefit.**		
Preventive Care		
Routine Adult & Child Preventive Services, Wellness Services, and Immunizations	$0	Not covered
Mammograms (Routine & Diagnostic)	$0	Not covered
Colonoscopy (Routine for age 50+; no age criteria for high risk)	$0	Not covered
Emergency Medical Care		
Urgent Care Centers	$50 Copay	Not covered
Emergency Room Facility Services (per visit) (copayment waived if admitted)	$300 Copay	$300 Copay

[1] DED = Deductible

[2] PBP = Per Benefit Period

[3] In-Network Medical Pharmacy will be paid at 100% for the remainder of the calendar month once OOP max is met.

71956-0919R E

BlueCare
HMO Premium
Health Benefit Plan 61

Florida Blue HMO

Summary of Benefits for Covered Services	Amount Member Pays In-Network	Out-of-Network
Emergency Medical Care (continued)		
Ambulance Services	$100 Copay	$100 Copay
Outpatient Diagnostic Services		
Independent Diagnostic Testing Facility Services (per visit) (e.g. X-rays) (Includes Provider Services) Diagnostic Services (except AIS) Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Med.)	 $0 $50 Copay	 Not covered Not covered
Independent Clinical Lab (e.g., Blood Work) Quest Diagnostics is preferred lab	$0	Not covered
Outpatient Hospital Facility Services (per visit) (e.g., Blood Work and X-rays)	$500 Copay	Not covered
Hospital / Surgical		
Ambulatory Surgical Center Facility (ASC)	$400 Copay	Not covered
Outpatient Hospital Facility Services (per visit) Therapy Services All other Services	 $50 Copay $500 Copay	 Not covered Not covered
Inpatient Hospital Facility and Rehabilitation Services (per admit)	$500 Copay per day ($2,500 max)	Not covered
Mental Health / Substance Dependency		
Inpatient Hospitalization Facility Services (per admit)	$500 Copay per day ($2,500 max)	Not covered
Outpatient Hospitalization Facility Service (per visit)	$35 Copay	Not covered
Emergency Room Facility Services (per visit)	$300 Copay	$300 Copay
Provider Services at Hospital Primary Care Physician / Specialist	 $0	 Not covered
Provider Services at ER Primary Care Physician / Specialist	 $0	 $0
Provider Services at Locations other than Office, Hospital and ER Primary Care Physician / Specialist	 $35 Copay	 Not covered
Outpatient Office Visit Primary Care Physician / Specialist	 $35 Copay	 Not covered
Other Provider Services		
Provider Services at Hospital	$0	Not covered
Provider Services at ER	$0	$0
Radiology, Pathology and Anesthesiology Provider Services at an Ambulatory Surgical Center (ASC)	$0	$0
Provider Services at Locations other than Office, Hospital and ER Primary Care Physician Specialist	 $0 $0	 Not covered Not covered
Other Special Services		
Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations Outpatient Rehabilitation Therapy Center Outpatient Hospital Facility Services (per visit)	 $30 Copay $50 Copay	 Not covered Not covered
Durable Medical Equipment, Prosthetics and Orthotics Motorized Wheelchair All Other (Services coordinated by CareCentrix, call 1-877-561-9910)	 $500 Copay $0	 Not covered Not covered
Home Health Care (Services coordinated by CareCentrix, call 1-877-561-9910)	$0	Not covered

Summary of Benefits for Covered Services	Amount Member Pays In-Network	Amount Member Pays Out-of-Network
Other Special Services (continued)		
Skilled Nursing Facility	$0	Not covered
Hospice	$0	Not covered
Bariatric Surgery: Effective 1/1/2020 only Gastric Sleeve covered. Special Guidelines apply. Contact Patty Nguyen, Florida Blue On-site Rep. -Office: 1-813-794-2492 Cell: 1-904-635-9221 for details.		

Preauthorization for select services: Members don't need a referral to see a participating specialist, however authorizations are required for certain services such as CT/MRI scans and select injectables, as well as other medical services like hospitalization, rehabilitation services, home health care, and select durable medical equipment. Ensure members know that **before an appointment** they should visit floridablue.com/Authorization or call the toll-free number on their member ID card to see if a prior authorization is required.

Benefit Maximums	
Home Health Care	Unlimited Visits PBP
Inpatient Rehabilitation Therapy	30 Days PBP
Outpatient Therapy	35 Visits PBP
Spinal Manipulations	26 PBP (accumulates towards the Outpatient Therapy maximum)
Skilled Nursing Facility	60 Days PBP

Additional Benefits and Features

- We encourage you to call the care consultants team at 1-888-476-2227 to find out more about your benefits and/or treatment options. This can help you save time and money.
- You have online access to everything about your health benefit plan as well as all of our self-service tools at floridablue.com.
- Go to floridablue.com, click on **Find a Doctor** and follow the on-screen directions to easily find a doctor in your plan's network and you don't need a referral to see a participating provider.

BlueCare Rx Prescription Drug Program

In the event your Group has purchased pharmacy coverage from Florida Blue HMO, you'll find a Pharmacy Program information sheet enclosed. Please review it carefully, as you'll find it contains an overview of your benefits and how to utilize them.

Should it become necessary, a grievance procedure is available to all Members as detailed in the Master Policy.

This summary is only a partial description of the many benefits and services covered by Florida Blue HMO, an HMO subsidiary of Blue Cross and Blue Shield of Florida, Inc. This does not constitute a contract. For a complete description of benefits and exclusions, please see the Florida Blue HMO BlueCare Benefit Booklet and Schedule of Benefits; its terms prevail.

Understanding the PPO Standard Plan

If your doctor does not participate in the BlueCare HMO network or you have family members who participate and live out-of-state, you might want to consider enrollment in the PPO standard plan.

A PPO is a group of providers (doctors, hospitals, and other medical facilities) who have agreed to provide services at discounted rates. A significant difference between an HMO and a PPO is that a PPO allows you to use providers who are not in the network.

When you use an in-network provider, the percentage you pay out-of-pocket will be based on a negotiated fee, which is usually lower than the actual charges. If you use an out-of-network provider, you are subject to a deductible and coinsurance, as well as any charges that are higher than what is considered reasonable and customary (R&C) by Florida Blue, and you could pay substantially more out-of-pocket.

Accessing out-of-network services may also subject you to plan limitations that might be avoided when you receive care from in-network providers.

Always remember to verify a provider's participation status prior to receiving health care services. Access www.floridablue.com and click on the "Find a Doctor" link. Select "BlueOptions" for your plan. Out of state providers, skip "Select a Plan". Scroll down to the bottom of the page and under "Other Provider Searches", click on "Doctors & Hospitals Nationally".

As a PPO participant, you must be proactive and check on the status of all providers that will be involved in your care/treatment. For example, if you are having surgery, verify with the surgeon if he or she will be using an assistant surgeon. If so, make sure he/she is participating in the BlueOptions network. Also, make sure the anesthesiologist, pathologist or radiologist is participating. This could save you significant out-of-pocket expenses. If any of these providers are out-of-network, then a $4,000 deductible and 40% coinsurance would apply. You would be responsible for the difference of what the provider bills and what Florida Blue allows, in addition to the out-of -network deductible and coinsurance. This is called out-of-network provider balance billing and it can be expensive.

An additional advantage of enrolling in a PPO plan is that you can receive treatment outside of the state of Florida, as long as the provider is a participant of the Independent Blue Cross and/or Blue Shield organization in that state. This is referred to as the "BlueCard PPO Program". Covered services will pay at the in-network benefit rate. For example, your Florida specialist recommends a specialist in New York. That specialist participates with Empire Blue Cross Blue Shield of New York. Just make your appointment with the New York specialist and pay your specialist copay of $50 per visit.

If you travel nationwide or have residence in another state, you have the peace of mind that you have coverage for "routine" as well as "emergency" visits.

PPO Standard - Per Pay Deduction

Coverage Selected	24 - Deduct	20-Deduct
Employee Only	$ 83.00	$ 99.60
Employee Plus Child(ren)	$ 367.50	$ 441.00
Employee Plus Spouse	$ 562.12	$ 674.54
Employee Plus Spouse and Child(ren)	$ 846.62	$ 1,015.94
2 Married Employees of Board Plus Child(ren)	$ 312.38	$ 374.85

BlueOptions

Florida Blue

PPO Standard
Health Benefit Plan 03768

Summary of Benefits for Covered Services	Amount Member Pays In-Network	Amount Member Pays Out-of-Network
Financial Features		
Deductible (DED[1]) (PBP[2]) (DED is the amount the member is responsible for before Florida Blue pays)	$2,000 per person $6,000 per family	$4,000 per person $12,000 per family
Coinsurance (Coinsurance is the percentage the member pays for services)	20%	40% of the allowed amount
Out-of-Pocket Maximum (PBP) (Out-of-Pocket Maximum includes DED, Coinsurance, Copayments and Prescription Drugs)	$5,500 per person $11,000 per family	$8,250 per person $16,500 per family
Office Services		
Physician Office Services		
Value Choice Provider (in select counties)	$0 Copay	Not Covered
Primary Care Physician	$30 Copay	40% after Deductible
Specialist	$50 Copay	40% after Deductible
Convenient Care	$30 Copay	40% after Deductible
Virtual Visits		
Family Physician/Specialist (Virtual Behavioral INN Providers $35)	$10 Copay/$45 Copay	Not Covered
Maternity (Cost Share for initial visit only)		
Primary Care Physician	$30 Copay	40% after Deductible
Specialist	$50 Copay	40% after Deductible
Allergy Injections (per visit)		
Primary Care Physician	$20 Copay	40% after Deductible
Specialist	$20 Copay	40% after Deductible
Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Med.)	$200 Copay	40% after Deductible
Medical Pharmacy - Physician-Administered Medications (applies to Office Setting and Specialty Pharmacy Vendors)		
In-Network Monthly Out-of-Pocket (OOP) Maximum[3]	$0	
Provider	0%	40% after Deductible
Physician-Administered Medications – These medications require the administration to be performed by a health care provider. The medications are ordered by a provider and administered in an office or outpatient setting. Physician-Administered medications are covered under the *medical* benefit. **Please refer to the Physician-Administered medication list in the Medication Guide for a list of drugs covered under this benefit.**		
Preventive Care		
Routine Adult & Child Preventive Services, Wellness Services, and Immunizations	$0	40%
Mammograms (Routine & Diagnostic)	$0	$0
Colonoscopy (Routine for age 50+; no age criteria if high risk)	$0	40%
Emergency Medical Care		
Urgent Care Centers	$50 Copay	$50 Copay after Deductible
Emergency Room Facility Services (per visit) (copayment waived if admitted)	$300 Copay	$300 Copay
Ambulance Services	20% after Deductible	20% after In-Network Deductible

[1] DED = Deductible

[2] PBP = Per Benefit Period

[3] In-Network Medical Pharmacy will be paid at 100% for the remainder of the calendar month once OOP max is met.

Note: Out-of-Network services may be subject to balance billing.

69792-0919R E

BlueOptions

Florida Blue

PPO Standard
Health Benefit Plan 03768

Summary of Benefits for Covered Services	Amount Member Pays In-Network	Amount Member Pays Out-of-Network
Outpatient Diagnostic Services		
Independent Diagnostic Testing Facility Services (per visit) (e.g. X-rays) (Includes Provider Services) Diagnostic Services (except AIS) Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Med.)	 $50 Copay $200 Copay	 40% after Deductible 40% after Deductible
Independent Clinical Lab (e.g., Blood Work) Quest Diagnostics is preferred lab	$0	40% after Deductible
Outpatient Hospital Facility Services (per visit) (e.g., Blood Work and X-rays)	$300 Copay	40% after Deductible
Hospital / Surgical		
Ambulatory Surgical Center Facility (ASC)	$200 Copay	40% after Deductible
Outpatient Hospital Facility Services (per visit) Therapy Services All other Services	 $50 Copay $300 Copay	 40% after Deductible 40% after Deductible
Inpatient Hospital Facility and Rehabilitation Services (per admit)	20% after Deductible[4]	40% after Deductible[4]
Mental Health / Substance Dependency		
Inpatient Hospitalization Facility Services (per admit)	20% after Deductible	40%[4]
Outpatient Hospitalization Facility Service (per visit)	$35 Copay	40%
Emergency Room Facility Services (per visit)	$300 Copay	$300 Copay
Provider Services at Hospital and ER Primary Care Physician / Specialist	 $0	 $0
Provider Services at Locations other than Office, Hospital and ER Primary Care Physician / Specialist	 $35 Copay	 40%
Outpatient Office Visit Primary Care Physician / Specialist	 $35 Copay	 40%
Other Provider Services		
Provider Services at Hospital and ER	$50 Copay	$50 Copay
Radiology, Pathology and Anesthesiology Provider Services at an Ambulatory Surgical Center (ASC)	$50 Copay	$50 Copay
Provider Services at Locations other than Office, Hospital and ER Primary Care Physician Specialist	 $30 Copay $50 Copay	 40% after Deductible 40% after Deductible
Other Special Services		
Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations Outpatient Rehabilitation Therapy Center Outpatient Hospital Facility Services (per visit)	 $30 Copay $50 Copay	 40% after Deductible 40% after Deductible
Durable Medical Equipment, Prosthetics and Orthotics (Services coordinated by CareCentrix, call 1-877-561-9910)	20% after Deductible	40% after Deductible
Home Health Care (Services coordinated by CareCentrix, call 1-877-561-9910)	20% after Deductible	40% after Deductible

BlueOptions
PPO Standard
Health Benefit Plan 03768

Florida Blue

Summary of Benefits for Covered Services	Amount Member Pays In-Network	Out-of-Network
Other Special Services (continued)		
Skilled Nursing Facility	20% after Deductible	40% after Deductible
Hospice	20% after Deductible	40% after Deductible
Bariatric Surgery: Effective 1/1/2020 only Gastric Sleeve covered. Special Guidelines apply. Contact Patty Nguyen, Florida Blue On-site Rep. Office: 1-813-794-2492 Cell: 1-904-635-9221 for details.		

Important: To ensure quality care and to help you get the most value from your plan benefits, for certain medical services **you need to get an approval** from Florida Blue before your service or you'll have to **pay the entire cost** for the service. **Before an appointment**, visit floridablue.com/Authorization or call the toll-free number on your member ID card to see if a prior approval is needed and your next steps.

Benefit Maximums	
Home Health Care	60 Visits PBP
Inpatient Rehabilitation Therapy	30 Days PBP
Outpatient Therapy	35 Visits PBP
Spinal Manipulations	26 PBP (accumulates towards the Outpatient Therapy maximum)
Skilled Nursing Facility	60 Days PBP

Additional Benefits and Features

- We encourage you to call the care consultants team at 1-888-476-2227 to find out more about your benefits and/or treatment options. This can help you save time and money.
- You have online access to everything about your health benefit plan as well as all of our self-service tools at floridablue.com.
- Go to floridablue.com, click on **Find a Doctor** and follow the on-screen directions to easily find a doctor in your plan's network and you don't need a referral to see a participating provider.

BlueScript Prescription Drug Program

In the event your Group has purchased pharmacy coverage from Florida Blue, you'll find a Pharmacy Program information sheet enclosed. Please review it carefully, as you'll find it contains an overview of your benefits and how to utilize them. Important Note: Your health plan may include prescription drug coverage that only provides coverage at Exclusive Pharmacies except for emergency situations.

Access to Our Strong Networks

NetworkBlue℠ is the Preferred Provider Network designated as "In-Network" for BlueOptions. While In-Network providers remain the best value, members are still **protected from balance billing** if they go Out-of-Network to someone who is part of our Traditional Provider Network. You may also receive **out-of-state coverage through the BlueCard®** Program with access to the participating providers of independent Blue Cross and/or Blue Shield organizations across the country.

Physician Discount

Many NetworkBlue physicians offer BlueOptions members a rate which is at least 25 percent below the usual fees charged for services that are **not Covered Services** under your health plan. By taking advantage of this discount, you get the care you need from the doctor you trust. However, Florida Blue does not guarantee that a physician will honor the discount. Since you pay out-of-pocket for any non-covered services, it's your responsibility to discuss the costs and discounted rates for non-covered services with your physician **before** you receive services. 'Physician Discount' is not part of your insurance coverage or a discount medical plan. For more information, please refer to the online Provider Directory at **floridablue.com.**

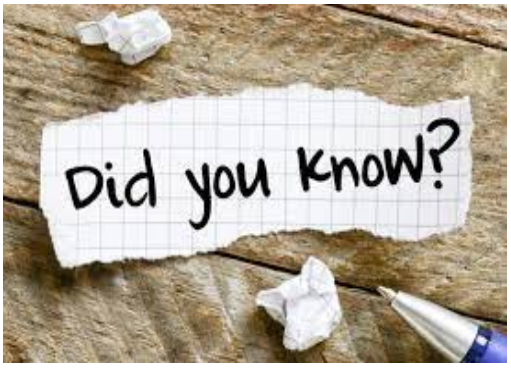
69792-0919R E

Pasco County Schools

Open Enrollment

Health Care Costs Too Expensive?

In a time when health care costs increase every year, Pasco County Schools continures to provide employees a health care option at no cost. However, we know that employees sometimes also need to cover their spouse and/or child(ren), and we want to ensure our employees are aware of all of the health care cost savings options available to them.



- Did you know that there may be a less expensive health care option with similar coverage for your spouse and/or child(ren) on the Marketplace Exchange?
- Did you know you may qualify for a subsidy to reduce your monthly health insurance premium cost through the Marketplace Exchange?
- Did you know Florida KidCare offers quality, affordable health and dental care for children to eligible employees that may cost less than covering them through the District's plan?

HealthCare.gov

Florida KidCare

To determine your potential healthcare savings

- visit Healthcare.gov and complete the INCOME LEVELS & SAVINGS and
- APPLY NOW for Florida KidCare

The chart below represents an employee's potential savings for covering a spouse and/or child(ren) through the Marketplace Exchange. Rates are as of August 2021 and will change for 2022. Subsidies are based on an individual's income and family circumstances.

Coverage Type	Gender	Household Income	Gold BCBS 1605 - Exchange Plan For 2021	Basic HMO - District Rate for 2022	Potential Monthly Savings	Subsidy Note
Non-Employee Spouse	M or F	$20,000.00	$163.14	$690.90	($527.76)	Large Subsidy Applies
Non-Employee Spouse	M or F	$45,000.00	$543.36	$690.90	($147.54)	Partial Subsidy Applies
Non-Employee Spouse	M or F	$70,000.00	$654.14	$690.90	($36.76)	Small Subsidy Applies
Non-Employee Spouse	M or F	$90,000.00	$794.14	$690.90	$103.24	Full Price - No Subsidy
Spouse w/ 1 Child	M or F	$20,000.00	$158.14	$1,060.92	($902.78)	Large Subsidy Applies - Child May Qualify for CHIP and This Category May Not Apply
Spouse w/ 1 Child	M or F	$45,000.00	$393.30	$1,060.92	($667.62)	Partial Subsidy Applies
Spouse w/ 1 Child	M or F	$70,000.00	$722.30	$1,060.92	($338.62)	Partial Subsidy Applies
Spouse w/ 1 Child	M or F	$90,000.00	$864.30	$1,060.92	($196.62)	Small Subsidy Applies
Spouse w/ 2 Children	M or F	$20,000.00	N/A	N/A	N/A	Eligible for Full Cost Coverage Through Other Programs
Spouse w/ 2 Children	M or F	$45,000.00	$244.14	$1,060.92	($816.78)	Large Subsidy Applies - Children May Qualify for CHIP and This Category May Not Apply
Spouse w/ 2 Children	M or F	$70,000.00	$677.46	$1,060.92	($383.46)	Partial Subsidy Applies
Spouse w/ 2 Children	M or F	$90,000.00	$932.46	$1,060.92	($128.46)	Partial Subsidy Applies

Need to correct rates

Blue365 Discount Program

As part of Florida Blue's ongoing commitment to bringing expanded choices and greater value to your health plan, we are pleased to offer a program of discounted products and value-added services called, "Blue365 Discount Program." Blue365 Discount Program is available to you automatically as a plan member at no additional premium cost. This program includes these valuable services and more.

To take advantage of the Blue365 offerings, please follow these instructions:

1. Access the website: **www.blue365deals.com/bcbsfl**
2. On the Blue365 page, click on **Browse All Deals** or you may narrow your search by category, i.e. Fitness, Nutrition, Hearing and Vision, etc.
3. To redeem any offers, you will need to register by clicking on "Join."

Note: These vendors are subject to change without prior notice.

Nutrition

Eat Fit Go:
Save 25% with convenient, ready-to-eat healthy meals

Hungry Harvest:
$20 credit for all new subscriptions to be used towards Hungry Harvest's customizable fruit and vegetable variety boxes and add on items like fresh eggs, cheese, bread, produce staples, coffe and more

Nutrisystem:
Save 50% on Nutrisystem Consecutive 4-week Auto-Delivery Program orders plus free protein shakes and shipping

Fitness

BurnAlong:
Online fitness & wellness classes for you and your entire family - $39/year (normally $120) or $7.99/month (normally $14.99)

Fyt:
$50-$100 off in-person and virtual personal training sessions

Garmin:
Step into shape with up to 20% off on Garmin devices plus free shipping

Vision

LASIK PLUS:
Receive $800 off custom LASIK and get FREE Enhancments for Life on most technologies

EyeMed:
$50 Eye exams and 35% off frames when paired with prescription lenses at any one of Eyemed®'s 45,000 participating providers nationwide

ContactsDirect® :
Save on contacts plus free express air shipping (a $19.99 value)

Hearing

HearUSA:
Free Hearing screenings and savings between 30% and 73% off on Hearing Aids, plus unlimited service office visits for one year

Beltone:
Free Hearing screening and Hearing aids starting at $1,010

TruHearing:
Save 30% to 60% on Hearing aids

Start Hearing:
Up to 60% savings on hearing aids

Away From Home Care (AFHC) Program

Away From Home Care (AFHC) is a valued-added, voluntary program providing managed care coverage to group HMO members temporarily residing within another BlueCross BlueShield Plan's HMO operational area. Members eligible and enrolled in this program have access to routine and emergency care while out of the service area or outside the state of Florida.

To qualify for AFHC, the member must be in the Host service area for more than 90 consecutive days. The subscriber or policy holder should start the AFHC process as early as possible. The process consists of contacting the Customer Service telephone number on the identification card and requesting AFHC. The AFHC Coordinator will review the request to determine if coverage is available using the member's out-of-area address (P.O. Boxes are not acceptable). If coverage is available, an application will be created and sent to the subscriber. The subscriber must sign and return the application before Florida Blue can send any information to the other BlueCross BlueShield Plan. In addition to the application, a release of personal information form must also be completed and returned.

Those members for whom subscribers should consider AFHC are:

- Students (away at school in another state)
- Families apart (dependents in other states)
- Long term travel to another state

Florida Counties included in the service area for the AFHC Program: Calhoun, Gadsden, Jefferson, Liberty, Leon and Wakulla. (Note: Students attending school in Tallahassee (Leon County), i.e., FSU, Tallahassee Community College or FAMU.)
The AFHC Program may not be available in all states or counties within the states.
The AFHC coordinator will verify participation.

Savings are Coming Your Way!

Florida Blue
In the pursuit of health

Your pharmacy network is designed to save you money. In the new benefit year, Walgreens will be your exclusive retail pharmacy.

Walgreens can save you money

You'll pay a lower price for many prescriptions at Walgreens. Sometimes the savings will be big! This means you'll often pay less when you have a deductible to meet. Or if the drug costs less than your copay, you'll pay the lower price[1].

At the corner or online—you'll find a Walgreens near you

With more than 800 locations in Florida (many with health care clinics) you'll find a Walgreens close to you. Add Walgreens' mobile app to your smartphone, and you can refill or transfer prescriptions, make a personal shopping list, order photos and browse weekly specials.

Moving your prescriptions

If you're using a retail pharmacy other than Walgreens, think about moving your prescriptions to Walgreens today. You can view a list of Walgreens pharmacies at floridablue.com/exclusivepharmacy.

Here's how to easily make the switch:

- Call or stop by your local Walgreens and tell the pharmacist you want to move your prescriptions from another pharmacy. They'll help you make the switch. Just have a list of your current medications handy.
- Using the free Walgreens mobile app on your smartphone, take a picture of your medicine bottle and send it to your nearest Walgreens.

If you continue to use a retail pharmacy other than Walgreens in the new benefit year, you'll experience higher out-of-pocket costs.

- You'll pay the full price of your medication out of your pocket if you don't have out-of-network pharmacy benefits.
- If you have out-of-network pharmacy benefits, you'll pay the full price of your medication and can file a claim for reimbursement. Your reimbursement will be based on out-of-network benefits.

Please refer to your summary of benefits to see if you have out-of-network pharmacy benefits. For greatest savings and convenience, always use an in-network pharmacy. If you currently fill prescriptions at a Walgreens pharmacy, you don't need to take any action.

[1]Retail costs reflect the estimated amount you'll pay after your health plan's cost share, such as copay or coinsurance, have been met. Actual cost will be determined at the time of purchase.

88785 0417

Pharmacy Benefit

Provider: Prime Therapeutics, Florida Blue's Pharmacy Benefit Manager

WHAT'S NEW? EFFECTIVE JANUARY 1, 2022 WALGREENS IS YOUR EXCLUSIVE RX NETWORK!!

To help lower costs and save you money, your pharmacy network is changing in the new benefit year. Effective January 1, 2022, **Walgreens** will be your exclusive retail pharmacy. You may only fill prescriptions for non-specialty generic and Brand Name drugs at your local Walgreens retail pharmacy. Using any other retail pharmacy would be out of network for HMO members and NOT covered.
(For PPO members, it would be more out of pocket and you would have to pay upfront and file a claim for reimbursement.)

1. **You have 2 options at Walgreens; up to a 30 day supply or up to a 90 day supply for long term mediciations.**

2. **Mail-order for up to 1 90 day supply**
   Ordering your drugs through Express Scripts Pharmacy is a smart way to save time and money. You pay less for ordering a 90-day supply by mail, rather than going to a retail pharmacy, one month at a time. Call 1-866-230-7261 to get started.

3. **Specialty Medication**
   Order all of yor Self-Administered Sepcialty medications using Accredo (1-800-425-5970) with the exception of limited distribution medications..

4. **Provider-Administered Specialty Medication**
   Advise your doctor to fill all of your Provider-Administered Specialty medications (Medical Pharmacy Benefit) using CVS CareMark Specialty Pharmacy (1-800-278-5108) wth the exception of limited distribution medications. Also, this does not apply if your doctor subscribes to the Provider Administered Drug Program (PADP).

The Drug Categories are:

- **Generics:**
  These contain the same active ingredients as their brand name equivalents, and offer the same effectiveness and safety. They have the lowest copay.

- **Preferred Brands:**
  These are brand name drugs that are preferred by the plan and have a higher co-pay than their generic counterparts.

- **Non-Preferred Brands:**
  These are higher cost because there is usually a generic or a preferred brand drug available instead.

- **Specialty Drugs:**
  These are prescription medications that require special handling, administration or monitoring. These medications are used to treat chronic diseases or genetic disorders such as Multiple Sclerosis, Rheumatoid Arthritis, Hepatitis C, and Hemophilia.

Prior Authorization Programs (Responsible Steps and Responsible Quantity):

- **Encourages the appropriate, safe and cost-effective use of medication.**
  If you are currently taking or are prescribed a medication that is included in the Prior Authorization Program, your physician will need to submit a request form in order for your prescription to be considered for coverage. If you do not request and/or receive prior approval, the medication will not be covered. A current listing of drugs requiring prior authorization are indicated in the prior authorization column following the product name in the Medication Guide which can be found online at www.floridablue.com.

Pharmacy Benefit

Member Prescription Cost Share (Same Copay Structure)

UP TO 30 DAY SUPPLY AT RETAIL	
Category	**You Pay**
Generic	$10.00
Preferred Brand	$35.00
Non-Preferred Brand	$60.00

UP TO 90 DAY EXTENDED RETAIL	
Category	**You Pay**
Generic	$25.00
Preferred Brand	$87.50
Non-Preferred Brand	$150.00

UP TO 90 DAY SUPPLY MAIL ORDER	
Category	**You Pay**
Generic	$20.00
Preferred Brand	$70.00
Non-Preferred Brand	$120.00

Member Prescription Cost Share for Specialty Drugs *(up to 30 day supply)*

Specialty Generic	Specialty Preferred	Specialty Non-Preferred
$25	$50	$100

MEMBER FAQ'S – WALGREENS PHARMACY TRANSITION

Q: How do I transfer my refills to Walgreens Pharmacy?

A: **Call or stop** by your local Walgreens and tell the pharmacist you want to move your prescriptions from another pharmacy. They'll help you make the switch. Just have a list of your current medications handy.

OR

Using the free Walgreens mobile app on your smartphone, take a picture of your medicine bottle and send it to your nearest Walgreens.

Q: If I have an existing authorization on file for one of my medications, will I need to get a new one?

A: No, as long as the authorization on file is still valid and has not expired, Walgreens should be able to run the script and the claim should pay. Some exceptions may apply. For example, if the medication is refilled too soon, it may deny.

Q: Are there certain classes of medications that **DO NOT** transfer and require a **new prescription** from your prescriber?

A: Yes, the following classes of medications would require a new prescription from your prescriber.

- Narcotics for pain
- Medications to treat ADHD and other behavioral health conditions.

Q: What happens if I continue to use the same retail pharmacy other than Walgreens on January 1, 2022 or later?

A: For HMO Members, your medications will **NOT** be covered. You will have to pay the full price of your medication out of your pocket.

For PPO Members, you'll pay the **full price** of your medication and can **file a claim** for reimbursement. Your reimbursement will be based on **out-of-network benefits**.

Elect Rx
Personal Importation Program

Pasco County Schools is offering a great option for you to save money on certain brand name prescription drugs through Elect Rx Personal Importation Program. This program is known as Personal Importation or PI. You can order your brand name drugs from Canada, New Zealand, Australia, and England using the same brick and mortar pharmacies that people in these countries use for their medications. Plan members will have a $0 co-pay (Free!) on these medications for their first fill. All subsequent refills through this program will only have a $10 co-pay. Plan Members with FSA accounts cannot use the FSA account for reimbursement because of recent IRS rule changes. Here's how you can begin using the program.

1. Members can enroll by calling 1-844-ElectRx or 1-844-353-2879. A Customer Service Representative will complete the enrollment process and order for you. You will be asked several questions related to your medical condition including any known allergies and a list of the prescription drugs you are currently taking. **You should have those prescription drugs with you when you make the call.**
2. Have your Physician prepare a prescription for a **90-day supply with 3 refills** and FAX it to the Elect Rx Toll Free Number at 1-844-333-0700. Again, you will have no co-pay on the first 90-day fill and only $10 on all subsequent refills. You will receive an automated reminder notification of a pending renewal/refill on or around day 60 of the last 90-day supply shipped. Shipping takes 10-15 business days from the date of completed requirements (Faxed Rx from Physician and initial call to customer service from the member/employee). Tip: **Have a 30-day supply on hand to allow for plenty of delivery time.** Pharmacists are available via email at **pharmacist@electrx.com** to answer any and all questions regarding your prescriptions.
3. If you use the Internet the process is even simpler. The dedicated link for Pasco County Schools' employee – members to activate an account online is:

https://my.globalrxmanage.com/customers/pasco-county-schools/sign-up

Elect Rx Customer Service:
1-844-ElectRX or 1-844-353-2879
(Monday-Friday 9AM-9PM; Saturday-Sunday 9AM-4PM)

Elect Rx Physician Fax:
1-844-333-0700

Customer Service Email:
inquiries@electrx.com

Please view the Elect Rx familiarization and instruction video at:
https://vimeo.com/105646309


Apidra Vial
Apidra Solostar
Basaglar KwikPen
FIASP Vial
Fiasp Flex Touch Pen
Humalog Vial
Humalog Kwikpen
Humalog Cartridge
Humalog Jr Kwikpen
Humulin Vial
Humulin Kwikpen
Lantus Vial
Lantus SoloStar
Levemir Flextouch
Novolin Vial
Novolog 30/70
Novolog Flex Pen
Novolog/Novorapid
Saxenda
Toujeo Solostar
Tresiba
Trulicity
Victoza
And more...
TrueNorth MEDS
Only Available through Pasco County Schools
True North Meds specializes in safe Canadian Made Insulin from the same manufacturers you know and trust. Let us help you save on your insulin needs.
No Co-pay + High Quality + Canadian Made Insulins
Talk to our licensed pharmacists today to have your insulin mailed directly to you...
and No Co-pay!
Phone: 1-844-681-8783
Fax: 1-844-682-8783
Email:
meds@truenorthmeds.com
www.truenorthmeds.com
PASCO COUNTY SCHOOLS
A WORLD-CLASS EDUCATION
TrueNorth MEDS
powered by
Elect Rx
Rx
True North Meds is a Licensed Canadian Pharmacy in Winnipeg, Manitoba. License # 34861.

Behavioral Health Benefits

New Directions Behavioral Health

NDBH is Florida Blue's partner for behavioral health capabilities and programs. NDBH manages behavioral health servcies for BlueCare HMO and BlueOptions PPO members receiving services in Florida. New Directions provides a centralized solution that coordinates all of the patient's behavioral health care needs (i.e., authorization and manages utilization management).

Once you locate a participating behavioral health specialist (counselor, psychologist, psychiatrist), just confirm he/she is contracted with your health plan network (BlueCare HMO or BlueOptions PPO). Then provide your Florida Blue Member ID card and pay $35 copay per office visit. The provider will submit the claims directly to Florida Blue.

Behavioral Health Benefits by Plan			
MH=Mental Health SA=Substance Abuse DED=Deductible PAD=Per Admission Deductible Coins.= Coinsurance	**BlueCare HMO Basic**	**BlueCare HMO Premium**	**Blue Options PPO Standard**
MH/SA Emergency Room Services *In & Out-of-Network*	$300 Copay	$3000 Copay	$300 Copy
MH/SA Inpatient Hospital Facility Services *In-Network* *Out-of-Network*	$100 PAD + $2,000 DED + 20% Coins. Not Covered	$500/day $2,500 Max. Not Covered	$1,000 DED + 20% Coins. 40% Coins.
MH/SA Inpatient Residential Treatment Facility *In-Network* *Out-of-Network*	$100 PAD + $2,000 DED + 20% Coins. Not Covered	$500/day $2,500 Max. Not Covered	$1,000 DED + 20% Coins. 40% Coins.
MH/SA Outpatient (Physician's Office) Family Physician & Specialist *In-Network* *Out-of-Network*	$35 Copay Not Covered	$35 Copay Not Covered	$35 Copay 40% Coins.
MH/SA Outpatient Hospital Facility Services *In-Network* *Out-of-Network*	$2,000 DED + 20% Not Covered	$35 Copay Not Covered	$35 Copay 40% Coins.
MH/SA Provider Services at Locations other than office, hospital & ER; Family Physician & Specialist *In-Network* *Out-of-Network*	$35 Copay Not Covered	$35 Copay Not Covered	$35 Copay 40% Coins.
Out of Pocket Maximum (Individual/ Family Aggregate) *In-Network combine with medical*	$5,500/$11,000	$5,500/$11,000	$5,500/$11,000

•Access behavior health services/ providers: 1-866-287-9569, available 24 hrs. a day 7 days a week

• Benefit information or questions: 1-800-507-9820 or contact Patty Nguyen, Florida Blue's on-site representative at District 813-794-2492

Employee Assistance Program

NEW DIRECTIONS

The Employee Assistance Program (EAP) is a benefit program intended to ensure a healthy work environment for all staff. Through a partnership between the Pasco County Schools and New Directions (our behavioral health care provider), our employees will have access to enhanced services. These services include counseling and referral for personal or work-related issues, health coaching, legal and financial consultation, and a wealth of on-line resources.

Why does Pasco County Schools need an EAP?

- Benefits individuals needing help
- Improves the health and effectiveness of the organization
- Reduces rising medical insurance costs
- Reduces sick leave utilization
- Increases employee effectiveness and productivity

Who can access services through EAP?

All School Board employees and retirees are eligible for EAP services. Employees may be full or part time, active or on leave. Services are also available for all insurable dependents of our employees.

How many free counseling services are provided?

Up to five (5) counseling sessions are available per issue, at no cost, for each employee, retiree, and insurable dependent of an employee. If more specialized, intensive services are needed, the employee (or dependent, retiree) will be connected with the appropriate professional as available through the behavioral health insurance plan or other resources

Where are counseling services provided?

Counseling services are available in private offices in Land O' Lakes, Lutz, Dade City, New Port Richey, Port Richey, Spring Hill, Tampa, Tarpon Springs, Trinity, Wesley Chapel, and Zephyrhills. All locations are totally separate from any school or district campuses.

When are services provided?

All of the EAP providers are individual professionals who schedule appointments according to their office hours. Most providers offer some appointments during the after school hours and/or on weekends.

What credentials do the counselors have?

All counselors are licensed through the Florida Department of Health. Program counselors include licensed psychologists, marriage and family therapists, mental health counselors, or clinical social workers. Some of the providers are also substance abuse professionals or certified addictions professionals.

What additional services are available through the EAP?

In addition to counseling services, the EAP offers

- Legal and Financial Consultation (face to face or telephonic)
- Health Coaching
- Elder Care Consultation
- Healthcare-related information, self-assessment, and educational guides
- Access to telephonic or on-line information and resources for varied Work/Life issues.
- Web-based family resource services
- Online Health Risk Assessments
- Interactive EAP website.

What types of issues can be addressed by the counseling and referral services?

- Marital and relationship issues
- Family/Child adjustment issues
- Job-related stress
- Stress/Burnout
- Depression
- Anxiety/Panic Attacks
- Alcohol/Substance Abuse
- Eating Disorders
- Tobacco Addiction
- Legal Issues
- Financial consultation

If you feel that you or your family needs assistance with these or any other issues, please call for help:
New Directions EAP services at 1-800-624-5544 / Direct referral to the District School Board's local counselor/ Clinical Coordinator or for further information:
Cental Pasco - (813) 794-2366 East Pasco- (352) 524-2366 West Pasco- (727) 774-2366

Why should I Utilize the Onsite Health and Wellness Centers?

Free Medical Care!
- No deductibles
- No co-pays
- No out-of-pocket costs to you

What are the Benefits to You?
- No more long stays in a waiting room
- No out-of-pocket expense at the HWC
- Increased convenience and access
- More one-on-one time with the doctor
- Onsite dispensing of generic medications
- Wellness Services

What can be treated at the HWC?
- Colds, flu, sore throats
- High blood pressure
- High cholesterol
- Diabetes
- Annual physicals
- Electrocardiogram (ECG/EKG)
- Lab work
- X-ray
- And much more!

Additional Services
- Immunizations
- Diabetic supplies
- Health risk assessments
- Annual Wellness Visits
- Imaging Studies
- Pulmonary Function Testing (PFT)/ Spirometry
- Sleep studies

Available Vaccines
- Recombivax (Hep B) series
- Hepatitis A
- Hepatitis A/B combo
- Mantoux PPD (TB test)
- TDap (Tetanus, Diptheria, Pertussis)
- Shingles vaccine
- MMR (Measles, Mumps, Rubella)
- Pneuomovax (Pneumonia) vaccine

Who is Eligible for Service?
All employees, retirees, spouses and dependents 8 years and older (see provider schedule for details) covered under the District's group medical plan are eligible to use the Health and Wellness Centers.

No Show Policy
Unfortunately, the number of employees/dependents who fail to show up for appointments without canceling remains significantly higher than other districts offering this same benefit. The demand on the available appointment slots has been overwhelming and "no shows" greatly diminish the capacity for others to secure an available time slot.

If you are unable to keep your appointment, please provide at least one-hour notice by calling My Health Onsite's Help Desk at (888) 644-1448 to cancel your appointment.

Employees/dependents who continue to "no show" for scheduled appointments will be subject to monetary fines and/or restrictions on usage of the Health and Wellness Centers.

Late Arrivals
Please arrive at least 5 minutes before your scheduled appointment. In consideration of others, if you arrive after your scheduled appointment time, you may be rescheduled for another time and/or day if the Health and Wellness Center is unable to work you in among the other scheduled appointments.

We Value Your Privacy
You will enjoy complete privacy and confidentiality (HIPAA/Privacy compliant) at your onsite Health and Wellness Centers! Your private health information and visit activity will never be shared with anyone at the school district.

Flu Vaccines

The Health and Wellness Centers (HWC) offer the flu vaccine annually to all insured employees, retirees, spouses and dependents 10 years and older covered under the district's group medical plan, as well as non-insured employees, at no cost to you.

The best time to receive the flu vaccine is October through May

Coverage from the flu vaccine typically lasts 16 weeks. Therefore, suggests patients receive the vaccine during the fall (beginning October/November) to provide maximum coverage throughout flu season. Talk with your HWC provider to learn more about the vaccine or call the HWC Help Desk for more information. Please visit **www.PascoGoHealthy.net** for the most up-to-date schedule and contact information.

Wellness Programs

Health and Wellness Center (HWC) patients have access to all new wellness programming through My Health Onsite. Patients will work one-on-one (telephonically, electronically, or face-to-face) with a member of My Health Onsite's wellness team, which includes an onsite Nurse, Registered Dietitian, Nurse Educator, and Health Coach.

My Health Onsite's Wellness Programs Put Patients in Control of Their Goals!

Each wellness program is tailored to the specific needs and interests of the patient. Once enrolled by their provider, the patient will work one-on-one with their health coach to come up with **S**pecific, **M**easureable, **A**ttainable, **R**elevant, and **T**imely **(S.M.A.R.T.)** goals. Coaching sessions last approximately 40 minutes each. The time to complete each program will vary, with the exception of the Tobacco Cessation program (6 weeks) and the Group Weight Loss program (12 weeks).

How Do I Get Started?

Patients interested in starting a new wellness program may enroll through their My Health Onsite (MHO) Provider. If you have yet to be established with an MHO provider, a great way to become established is by completing an annual Vital Health Profile (VHP). During the VHP Physical, your provider can refer you into the wellness program based on your test results and interests.

Locations & Service Hours

(Verify current schedule online or call)

Monday – Friday Schedule

Lab Services Only
(All Centers)
(HRA, blood draws, drug tests, etc.)

Monday:	6a – 10:45a
Tuesday:	6a – 10:45a
Thursday:	6a – 10:45a
Friday:	6a – 10:45a

Medical Services
(Land O' Lakes, Centennial & Hudson & Longleaf)

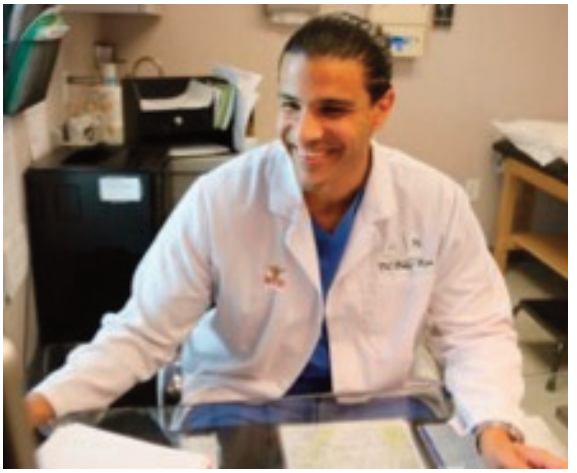
Monday:	8a – 12p; 1p – 5p
Tuesday:	7a – 7p
Wednesday:	7a – 7p
Thursday:	7a – 7p
Friday:	8a – 12p; 1p – 5p

Medical Services
(Gulf)

Monday:	7a – 12p; 1p – 7p
Tuesday:	7a – 12p; 1p – 4p
Wednesday:	7a – 12p; 1p – 7p
Thursday:	8a – 12p; 1p – 5p
Friday:	8a – 12p; 1p – 5p

Medical Services
(Wesley Chapel)

Monday:	8a – 12p; 1p – 5p
Tuesday:	7a – 12p; 1p – 4p
Wednesday:	10a – 2p; 3p – 7p
Thursday:	8a – 12p; 1p – 5p
Friday:	8a – 12p; 1p – 5p



MyHEALTH ONSITE™

Pasco County Schools HWC Employee and Family HEALTH & WELLNESS CENTER

Saturday Schedule (8a.m. - 1p.m.)

Land O' Lakes HWC
20360 Gator Lane, Bldg. 14
Land O' Lakes, FL 34638
Saturday Hours
Every Saturday

Wesley Chapel HWC
30833 Wells Road
Wesley Chapel, FL 33545
Saturday Hours
2nd & 4th Saturday

Centennial HWC
38503 Centennial Road
Dade City, FL 33525
Saturday Hours
1st & 3rd Saturday

Gulf HWC
5117 Madison Street
New Port Richey, FL 34652
Saturday Hours
2nd & 4th Saturday

Hudson HWC
14730 Cobra Way
Hudson, FL 34669
Saturday Hours
1st & 3rd Saturday

Longleaf HWC
3381 Town Avenue
New Port Richey, FL 34669
Saturday Hours
2nd & 4th Saturday

Pasco Go Healthy Website

(Pasco County Schools' Wellness Portal)

The goals of the District's wellness program are to both decrease the risk of disease and to enhance the quality of life of our employees. Healthy, happy, and motivated employees are an essential part of creating a community, which works together so all our students will reach their highest potential.

The Pasco Go Healthy wellness portal **(www.PascoGoHealthy.net)** hosts all of the latest information on current and upcoming health and wellness initiatives. Popular topics include:

- The Health and Wellness Incentive (HWI) Program Details and Payment Schedule
- My Health Onsite Health and Wellness Center Information
- Tobacco Cessation Resources

The Pasco Go Healthy wellness portal also includes important information about yearly wellness events such as the:

- Pasco Go Healthy Walking Challenge
- Great American Smokeout
- National Employee Health and Fitness Day

Pasco Go Healthy has something for everyone! While some of the programs and services detailed on the Pasco Go Healthy wellness portal are open to benefit-eligible employees only, there are many other resources and initiatives outlined on the site that are available to ALL employees. Be sure to read the program descriptions to determine which programs are right for you.

Please check out the Pasco Go Healthy wellness portal at **www.PascoGoHealthy.net** to get all the latest information on the District's health and wellness initiatives, resources, as well as yearly wellness events.

Tobacco Cessation Resources

Tobacco use can lead to life-threatening conditions including cancer, heart disease, and stroke. The programs below are offered at no cost to employees and provide participants with an unlimited number of quit attempts per year:

Available to all employees:

- Tobacco Free Florida offers resources for all school district employees. In addition to online and toll-free counseling, Tobacco Free Florida offers free face-to-face classes through the Florida Area Health Education Centers (AHEC). AHEC hosts 2 onsite classes; one 2-hour session or a six week group session. AHEC also provides participants with one month free Nicotine Replacement Therapy (gum, lozenges, and patches) for those who enroll in one of the two programs. Registration is required. Please contact AHEC at 813-929-1000 for more information or to sign up.

Available to covered employees:

- The onsite Health and Wellness Centers (HWC) provide a six -week onsite Tobacco Cessation course, monitored closely by our HWC Providers. Chantix medication is also available, for $0 copay, to participants who are working through the onsite or online HWC Tobacco Cessation program and who have been approved by our providers for medication. To sign up for this program, please visit your HWC provider.

PASCO GO HEALTHY

HWI

2021 HEALTH & WELLNESS INCENTIVE

Pasco County Schools offers the Health & Wellness Incentive (HWI) Program for employees and retirees covered under the District's group medical plan. Participation is voluntary; however, participants must follow the steps outlined below to qualify.

COMPLETE VHP LABS

You must complete an Annual VHP Lab Draw through the Health and Wellness Center (HWC).

Only one (1) VHP may be incentivized per program year (01/01/2020 - 12/31/2020).

COMPLETE VHP FOLLOW-UP

You must follow up with an HWC provider to obtain and discuss VHP results within 90 days of your VHP lab appointment.

Payment for the incentive reward is based on the completion date of the follow-up

SELECT YOUR FIT OPTION

Select one (1) Fit Option during the VHP follow-up appointment to receive your incentive reward.

Participants who do not make a selection, or select more than 1 option, will be automatically enrolled in PascoFit.

Participants may be enrolled in only one (1) options per year. Incentives may not be divided up between options.

ALL ACTIVITIES MUST BE COMPLETED BY DECEMBER 31, 2020

For more information, please visit:

www.PascoGoHealthy.net

PASCO GO HEALTHY

HWI

2021 HEALTH & WELLNESS FIT OPTIONS

Employees who qualify for the 2020 Health and Wellness Incentive may select from one (1) of the following Fit Options to redeem their incentive. Those who do not make a selection, or who elect more than one option, will be automatically enrolled in the Pascofit option.

Participants may be enrolled in only one option per incentive year. Incentives may not be divided up between options.

YOUFIT

Year Membership ($250 value)

Youfit is a health club focused on participants' health. Membership includes unlimited access to all Youfit locations, unlimited guest privileges, and unlimited group fitness classes.

Click here to find out more.

PEERFIT

Year Membership ($250 value)

Peerfit allows participants to explore different types of workouts, discover new studios around town, add variety to their routine, and continually renew their motivation to get fit

Click here to find out more.

YFIT BUY-UP

Year Membership Contribution ($250 value)

In addition to gym access, membership at the YMCA includes unlimited group fitness classes and childcare. Employes who choose the YFit Buy-up option for themselves may choose to include family members on their plan, as well as additional services such as personal training and swimming lessons.

Click here to find out more.

PASCOFIT

$150 - $250

Participants who complete the VHP and follow-up are eligible for a $150 incentive reward.
An additional $100 incentive reward may be earned by completing up to two (2) wellness programs.

Click here to find out more.

For more information, please visit:

www.PascoGoHealthy.net

About Your Right to Continue Medical Coverage

What is continuation coverage?

Federal law requires that most group health plans, including Medical Flexible Spending Accounts (Medical Expense FSAs), give employees and their families the opportunity to continue their health care coverage when there is a "qualifying event" that would result in a loss of coverage under an employer's plan. "Qualified beneficiaries" can include the employee covered under the group health plan, a covered employee's spouse and dependent children of the covered employee.

Each qualified beneficiary who elects continuation coverage will have the same rights under the plan as other participants or beneficiaries is covered under the plan, including special enrollment rights. Specific information describing continuation coverage can be found in the summary plan description (SPD), which can be obtained from your employer.

How long will continuation coverage last?

For Group Health Plans (Except Medical Expense FSAs):
In the case of a loss of coverage due to end of employment or reduction in hours of employment, coverage may be continued for up to 18 months. In the case of losses of coverage due to an employee's death, divorce or legal separation, the employee's enrollment in Medicare or a dependent child ceasing to be a dependent under the terms of the plan, coverage may be continued for up to 36 months.

Continuation coverage will be terminated before the end of the maximum period if any required premium is not paid on time, if a qualified beneficiary becomes covered under another group health plan that does not impose any pre-existing condition exclusion for the qualified beneficiary, if a covered employee enrolls in Medicare, or if the employer ceases to provide any group health plan for its employees. Continuation coverage may also be terminated for any reason the Plan would terminate coverage of a participant or beneficiary not receiving continuation coverage (such as fraud).

For Medical Expenses FSAs
If you fund your Medical Expense FSA entirely, you may continue your Medical Expense FSA (on a post-tax basis) only for the remainder of the plan year, in which your qualifying event occurs, if you have not already received, as reimbursement, the maximum benefit available under the Medical Expense FSA for the year. For example, if you elected a Medical Expense FSA benefit of $1,000 for the plan year and have received only $200 in reimbursement, you may continue your Medical Expense FSA for the remainder of the plan year or until such time that you receive the maximum Medical Expense FSA benefit of $1,000.

If your employer funds all or any portion of your Medical Expense FSA, you may be eligible to continue your Medical Expense FSA beyond the plan year in which your qualifying event occurs and you may have open enrollment rights at the next open enrollment period. There are special continuation rules for employer-funded Medical Expense FSAs. If you have questions about your employer-funded Medical Expense FSA, you should call WageWorks at 1-877-924-3967.

How can you extend the length of continuation coverage?

For Group Health Plans (Except Medical Expense FSAs)
If you elect continuation coverage, an extension of the maximum period of 18 months of coverage may be available if a qualified beneficiary is disabled or a second qualifying event occurs. You must notify your employer of a disability or a second qualifying event in order to extend the period of continuation coverage. Failure to provide notice of a disability or second qualifying event may affect the right to extend the period of continuation coverage.

Disability
An 11-month extension of coverage may be available if any of the qualified beneficiaries are disabled. The Social Security Administration (SSA) must determine that the qualified beneficiary was disabled at some time during the first 60 days of continuation coverage, and you must notify your employer of that fact within 60 days of the SSA's determination and before the end of the first 18 months of continuation coverage. All qualified beneficiaries who have elected continuation coverage and qualify will be entitled to the 11-month disability extension. If the qualified beneficiary is determined by SSA to no longer be disabled, you must notify your employer of that fact within 30 days of SSA's determination.

Second Qualifying Event

What is continuation coverage?

Federal law requires that most group health plans, including Medical Flexible Spending Accounts (Medical Expense FSAs), give employees and their families the opportunity to continue their health care coverage when there is a "qualifying event" that would result in a loss of coverage under an employer's plan. "Qualified beneficiaries" can include the employee covered under the group health plan, a covered employee's spouse and dependent children of the covered employee.

Each qualified beneficiary who elects continuation coverage will have the same rights under the plan as other participants or beneficiaries is covered under the plan, including special enrollment rights. Specific information describing continuation coverage can be found in the summary plan description (SPD), which can be obtained from your employer.

How long will continuation coverage last?

For Group Health Plans (Except Medical Expense FSAs):
In the case of a loss of coverage due to end of employment or reduction in hours of employment, coverage may be continued for up to 18 months. In the case of losses of coverage due to an employee's death, divorce or legal separation, the employee's enrollment in Medicare or a dependent child ceasing to be a dependent under the terms of the plan, coverage may be continued for up to 36 months.

Continuation coverage will be terminated before the end of the maximum period if any required premium is not paid on time, if a qualified beneficiary becomes covered under another group health plan that does not impose any pre-existing condition exclusion for the qualified beneficiary, if a covered employee enrolls in Medicare, or if the employer ceases to provide any group health plan for its employees. Continuation coverage may also be terminated for any reason the Plan would terminate coverage of a participant or beneficiary not receiving continuation coverage (such as fraud).

For Medical Expenses FSAs
If you fund your Medical Expense FSA entirely, you may continue your Medical Expense FSA (on a post-tax basis) only for the remainder of the plan year, in which your qualifying event occurs, if you have not already received, as reimbursement, the maximum benefit available under the Medical Expense FSA for the year. For example, if you elected a Medical Expense FSA benefit of $1,000 for the plan year and have received only $200 in reimbursement, you may continue your Medical Expense FSA for the remainder of the plan year or until such time that you receive the maximum Medical Expense FSA benefit of $1,000.

If your employer funds all or any portion of your Medical Expense FSA, you may be eligible to continue your Medical Expense FSA beyond the plan year in which your qualifying event occurs and you may have open enrollment rights at the next open enrollment period. There are special continuation rules for employer-funded Medical Expense FSAs. If you have questions about your employer-funded Medical Expense FSA, you should call WageWorks at 1-877-924-3967.

How can you extend the length of continuation coverage?

For Group Health Plans (Except Medical Expense FSAs)
If you elect continuation coverage, an extension of the maximum period of 18 months of coverage may be available if a qualified beneficiary is disabled or a second qualifying event occurs. You must notify your employer of a disability or a second qualifying event in order to extend the period of continuation coverage.
Failure to provide notice of a disability or second qualifying event may affect the right to extend the period of continuation coverage.

Disability
An 11-month extension of coverage may be available if any of the qualified beneficiaries are disabled. The Social Security Administration (SSA) must determine that the qualified beneficiary was disabled at some time during the first 60 days of continuation coverage, and you must notify your employer of that fact within 60 days of the SSA's determination and before the end of the first 18 months of continuation coverage. All qualified beneficiaries who have elected continuation coverage and qualify will be entitled to the 11-month disability extension. If the qualified beneficiary is determined by SSA to no longer be disabled, you must notify your employer of that fact within 30 days of SSA's determination.

Marketplace Language

Are there other coverage options besides Continuation Coverage?

Yes. Instead of enrolling in continuation coverage, there may be other more affordable coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than continuation coverage.

You should compare your other coverage options with continuation coverage and choose the coverage that is best for you. For example, if you move to other coverage you may pay more out of pocket than you would under because the new coverage may impose a new deductible.

When you lose job-based health coverage, it is important that you choose carefully between continuation coverage and other coverage options, because once you have made your choice, it can be difficult or impossible to switch to another coverage option.

You may be able to get coverage through the Health Insurance Marketplace that costs less than continuation coverage. You can learn more about the Marketplace below.

What is the Health Insurance Marketplace?

You always have 60 days from the time you lose your job-based coverage to enroll in the Marketplace. That is because losing your job-based health coverage is a "special enrollment" event. After 60 days, your special enrollment period will end and you may not be able to enroll, so you should take action right away. In addition, during what is called an "open enrollment" period, anyone can enroll in Marketplace coverage.

To find out more about enrolling in the Marketplace, such as when the next open enrollment period will be and what you need to know about qualifying events and special enrollment periods, visit **www.HealthCare.gov.**

When can I enroll in Marketplace coverage?

You always have 60 days from the time you lose your job-based coverage to enroll in the Marketplace. That is because losing your job-based health coverage is a "special enrollment" event. **After 60 days, your special enrollment period will end and you may not be able to enroll, so you should take action right away.** In addition, during what is called an "open enrollment" period, anyone can enroll in Marketplace coverage.

To find out more about enrolling in the Marketplace, such as when the next open enrollment period will be and what you need to know about qualifying events and special enrollment periods, visit www.HealthCare.gov.

If I sign up for continuation coverage, can I switch to coverage in the Marketplace? What if I choose Marketplace coverage and want to switch back to continuation coverage?

If you sign up for continuation coverage, you can switch to a Marketplace plan during a Marketplace open enrollment period. You can also send your continuation coverage early and switch to a Marketplace plan if you have another qualifying event such as marriage or birth of a child through something called a "special enrollment period." However, be careful though - if you terminate your continuation coverage early without another qualifying event, you will have to wait to enroll in Marketplace coverage until the next open enrollment period, and could end up without any health coverage in the interim.

Once you have exhausted your continuation coverage and the coverage expires, you will be eligible to enroll in Marketplace coverage through a special enrollment period, even if Marketplace open enrollment has ended.

If you sign up for Marketplace coverage instead of continuation coverage, you cannot switch to continuation coverage under any circumstances.

Marketplace Language

Can I enroll in another group health plan?

You may be eligible to enroll in coverage under another group health plan (like a spouse's plan), if you request enrollment within 30 days of the loss of coverage.

If you or your dependent chooses to elect continuation coverage instead of enrolling in another group health plan for which you are eligible, you will have another opportunity to enroll in the other group health plan within 30 days of losing your continuation coverage.

What factors should I consider when choosing coverage options?

When considering your options for health coverage, you may want to think about:

- **Premiums:** Your previous plan can charge up to 102% of total plan premiums for coverage. Other options, like coverage on a spouse's plan or through the Marketplace, may be less expensive.

- **Provider Networks:** If you are currently getting care or treatment for a condition, a change in your health coverage may affect your access to a particular health care provider. You may want to check to see if your current health care providers participate in a network as you consider options for health coverage.

- **Drug Formularies:** If you are currently taking medication, a change in your health coverage may affect your costs for medication – and in some cases, your medication may not be covered by another plan. You may want to check to see if your current medications are listed in drug formularies for other health coverage.

- **Service Areas**: Some plans limit their benefits to specific service or coverage areas – so if you move to another area of the country, you may not be able to use your benefits. You may want to see if your plan has a service or coverage area, or other similar limitations.

- **Other Cost-Sharing**: In addition to premiums or contributions for health coverage, you probably pay copayments, deductibles, coinsurance, or other amounts as you use your benefits. You may want to check to see what the cost-sharing requirements are for other health coverage options. For example, one option may have much lower monthly premiums, but a much higher deductible and higher copayments.

ACA Notice

New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 6-30-2023)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.[1]

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact _____.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit **HealthCare.gov** for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

[1] An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

ACA Notice

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name District School Board of Pasco County		4. Employer Identification Number (EIN) 59-60000792
5. Employer address 7227 Land O' Lakes Blvd.		6. Employer phone number (813)794-2253
7. City Land O' Lakes	8. State FL	9. ZIP code 34638
10. Who can we contact about employee health coverage at this job? Office for Human Resources and Educator Quality, Employee Benefits Section		
11. Phone number (if different from above) (813)794-2253	12. Email address jrusha@pasco.k12.fl.us	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
  - ☐ All employees. Eligible employees are:
  - ☐ Some employees. Eligible employees are:
- With respect to dependents:
  - ☐ We do offer coverage. Eligible dependents are:
  - ☐ We do not offer coverage.

☐ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, **HealthCare.gov** will guide you through the process. Here's the employer information you'll enter when you visit **HealthCare.gov** to find out if you can get a tax credit to lower your monthly premiums.

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

13. **Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?**

☐ **Yes** (Continue)
13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage?_____ (mm/dd/yyyy) (Continue)
☐ **No** (STOP and return this form to employee)

14. Does the employer offer a health plan that meets the minimum value standard*?
☐ Yes (Go to question 15) ☐ No (STOP and return form to employee)

15. For the lowest-cost plan that meets the minimum value standard* **offered only to the employee** (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.
a. How much would the employee have to pay in premiums for this plan? $_____
b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

16. What change will the employer make for the new plan year?_____
☐ Employer won't offer health coverage
☐ Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.* (Premium should reflect the discount for wellness programs. See question 15.)
a. How much would the employee have to pay in premiums for this plan? $_____
b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

Medicare Part D

Can you elect other health coverage besides continuation coverage?

If you are retiring, you may have the right to elect alternative retiree group health coverage instead of the COBRA continuation coverage described in this Notice. If you elect this alternative coverage, you will lose all rights to the COBRA continuation coverage described in the COBRA Notice. If your group health plan offers conversion privileges, you have the right, when your group health coverage ends, to enroll in an individual health insurance policy, without providing proof of insurability. The benefits provided under such an individual conversion policy might not be identical to those provided under the Plan. You may exercise this right in lieu of electing COBRA continuation coverage, or you may exercise this right after you have received the maximum COBRA continuation coverage available to you.

Important Notice from Pasco County Schools about Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it . This notice has information about your current prescription drug coverage with Pasco County Schools and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered and at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

Pasco County Schools has determined that the prescription drug coverage offered by Pasco County Schools is on average, for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for medicare and each year from October 15th to December 7th.

However, if you lose your current credible prescription drug coverage, through no fault of your own, you will also be eligible for a two month Special Enrollment Period to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Pasco County Schools coverage will be affected.

If you decide to KEEP your Pasco County Schools prescription drug coverage and enroll in a Medicare prescription drug plan, your Pasco County Schools coverage generally will be your primary coverage. You may be required to pay a Medicare Part D premium in addition to your Pasco County Schools medical plan contributions.

If you decide to join a Medicare Drug plan and drop your current Pasco County Schools prescription drug coverage by dropping your medical plan, be aware that you and your dependents may not be able to get this coverage back.

When will you pay a higher premium (penalty) to join a Medicare drug plan?

You should also know that if you drop or lose your current coverage with Pasco County Schools and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medical drug plan later.

If you go 63 continuous days or longer without credible prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without credible coverage, your premium may consistently be at least 19% higher than the Medicare has beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For more information about this notice or your current prescription drug coverage...

Contact the Benefits Office at 813-794-2253 for further information.
NOTE: You will recieve this notice each year. You will recieve it before the next period so you can join a Medicare drug plan, and if this coverage through Pasco County Schools changes you also may request a copy of this notice at anytime.

For more information about your options under Medicare prescription drug coverage...

More detailed information about Medicare plans that offer prescription drug coverage is avialable in the "Medicare & You" handbook. You'll recieve a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

Visit www.medicare.gov
Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.

Call 1-800-MEDICARE (1-800-633-4227) TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov. or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

DSBPC Privacy Notice About the Use of Your Personal Medical Information

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

The Pasco County School District has numerous legal and ethical obligations to protect the privacy of information it receives about students and employees. All student records, including health information, are protected by the Family Educational Rights and Privacy Act of 1974 (FERPA) as well as various Florida Statutes. Information covered by FERPA are excluded from coverage under the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

The purpose of this notice is to provide you with information about requirements under HIPAA.

The employee group health plans (administered by insurance carriers) are covered by HIPAA, and must comply with the privacy requirements as of April 14, 2003. The group dental plan and medical reimbursement accounts must comply with HIPAA privacy requirements by April 14, 2004. However, each of the insurance companies administering these plans is required on their own to comply by April 14, 2003, and is responsible for distributing their own Notice of Privacy Practices to you, the plan participants.

The terms "information" or "health information" in this notice include any personal information that is created or received by us that relate to your physical or mental health or condition, the provision of health care to you or the payment of such health care.

How Pasco County Schools May Use or Disclose Your Health Information

Pasco County Schools does not receive Protected Health Information (PHI) from any current group health plan or insurance carrier. Other than information necessary for enrollment or disenrollment in the benefit plans, the only information Pasco County Schools receives related to claims or treatment is as "summary health data" and does not identify individual employees or family members. However, Pasco County Schools may receive individual health information about you in our role as employer, for purposes such as Workers' Compensation, sick leave bank, Family & Medical Leave under FMLA or eligibility for disability plans. This information is not covered by HIPAA; however, it is our practice to protect the confidentiality of this information, to maintain or disclose only the minimum necessary, and to disclose only to those with a direct need to know.

The following categories describe the ways that Pasco County Schools may use and disclose your health information. For each category of uses and disclosures, there is an explanation and examples. Not every use or disclosure in a category will be listed. However, all the ways Pasco County Schools is permitted to use and disclose information will fall within one of the categories.

1. Workers Compensation—Pasco County Schools may use or disclose health information about you to assure that you receive benefits to which you are due under Workers' Compensation if you have a work-related injury or illness. For example, Pasco County Schools may receive information about your treatment from your physician, and disclose it to our workers compensation insurance carrier so that your medical bills are paid.

2. Sick Leave Bank/Disability Plans—Pasco County Schools may request and use health information about you to determine eligibility for plan benefits, determine plan responsibility for benefits and to coordinate benefits. For example, Pasco County Schools may require a doctor's statement from you to verify that you are eligible to receive pay for time off due to sickness.

3. Family & Medical Leave Requests—If you request a leave for medical reasons under FMLA, Pasco County Schools will request a certification from your physician, and will use the information on that certification to determine your eligibility for leave.

4. Reasonable Accommodation Request under ADA—If you have a disability that is covered under the Americans with Disability Act (ADA) and you request a reasonable accommodation in order to perform the essential functions of your job, we will request and use medical information provided by you to determine how we may be able to provide the accommodation.

5. Judicial and Administrative Process or Law Enforcement—As required by law, Pasco County Schools may use and disclose your health information when required by a court order. Pasco County Schools may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena and other law enforcement purposes.

6. Public Health—As required by law, Pasco County Schools may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications and reporting disease or infection exposure.

Physical and Administrative Protection of Your Health Information

As stated above, it is our practice that responsibility for protection of your health information related to group health plans is delegated to the insurance carrier for each plan, and the Pasco County Schools does not receive any PHI except as may be necessary for enrollment or disenrollment in a plan. Regarding any other health information Pasco County Schools may have access to, such as information related to a disability claim, Pasco County Schools requests only the minimum amount of information necessary for the purpose, and keeps that information in a file separate from your personnel file. Only those with a specific need to know are allowed access to the information. If Pasco County Schools should need to use or disclose your health information for any purposes other than as described in this Notice of Privacy Practices, Pasco County Schools will do so only with your authorization to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time. If you revoke your authorization, Pasco County Schools will no longer be able to use or disclose health information about you for the reasons covered by your written authorization, though Pasco County Schools will be unable to take back any disclosures that have already made with your permission. Pasco County Schools has established procedures for the destruction of obsolete records that are intended to prevent any accidental or unauthorized disclosure of confidential information. These procedures include the shredding of paper records and the physical destruction of computer media and hard drives that have contained confidential information prior to any sale or re-assignment of the machine.

Changes to this Notice of Privacy Practices

Pasco County Schools reserves the right to amend this Notice of Privacy Practices at any time in the future and to make the new Notice provisions effective for all health information that it maintains. Pasco County Schools will promptly revise our Notice and distribute it to you whenever material changes are made to the Notice.

Complaints

Complaints about this notice of Privacy Practices or how Pasco County Schools has handled your health information can be directed to: Employee Benefits & Risk Management,

7227 Land O' Lakes Blvd.
Land O' Lakes, Florida 34638
or via e-mail at knewberr@pasco.k12.fl.us.

Effective Date of this Notice: April 14, 2003.

Sunbelt Worksite Marketing Privacy Notice

This notice applies to products administered by Sunbelt Worksite Marketing. Sunbelt takes your privacy very seriously. As a provider of products and services that involve compiling personal—and sometimes, sensitive—information, protecting the confidentiality of that information has been, and will continue to be, a top priority of Sunbelt. This notice explains how Sunbelt handles and protects the personal information we collect. Please note that the information we collect and the extent to which we use it will vary depending on the product or service involved. In many cases, we may not collect all of the types of information noted below. Sunbelt's privacy policy is as follows:

I. We collect only the customer information necessary to consistently deliver responsive services. Sunbelt collects information that helps serve your needs, provide high standards of customer service and fulfill legal and regulatory requirements. The sources and types of information collected generally vary de pending on the products or services you request and may include:
   - Information provided on enrollment and related forms - for example, name, age, address, Social Security number, e-mail address, annual income, health history, marital status and spousal and beneficiary information.
   - Responses from you and others such as information relating to your employment and insurance coverage.
   - Information about your relationships with us, such as products and services purchased, transaction history, claims history and premiums.
   - Information from hospitals, doctors, laboratories and other companies about your health condition, used to process claims and prevent fraud.

II. Under HIPAA, you have certain rights with respect to your protected health information. You have rights to see and copy the information, receive an accounting of certain disclosures of the information and, under certain circumstances, amend the information. You also have the right to file a complaint with the Plan in care of Sunbelt's Privacy Officer or with the Secretary of the U.S. Department of Health and Human Services if you believe your rights under HIPAA have been violated. Additional information that describes how medical information about you may be used and disclosed and how you can get access to this information is provided by contacting Sunbelt at (800) 822-8045.

Retirement Benefits

So where will the money come from? Typically, employees get retirement income from one or more of these sources:

- Social Security
- An Employer Pension
- A Personal Retirement Savings Plan

You are very fortunate. As an employee of Pasco County Schools, you have all three sources available to you.

Source 1: You Get Social Security

Social Security is a safety net that was designed to provide a financial foundation for retirees and their families.

You contribute 7.65% of your pay to the program (6.2% to Social Security and 1.45% to Medicare). Pasco County Schools also contributes an equal amount for you.

Source 2: You Get A Retirement PLAN

You can choose from one of two available retirement plans. You pick the one that best fits your retirement goals: the FRS Pension Plan or the FRS Investment Plan.

Source 3: Your Retirement Savings PLAN

Explained on the next page.

Florida Retirement System (FRS) Employee Contributions

Pasco County Schools contributes the majority of your FRS retirement plan savings. In addition, all members (except those in DROP) contribute a mandatory 3% pretax contribution from your paycheck into your retirement account, regardless of the Plan you choose. Your 3% contribution will be deducted from your gross salary each paycheck before taxes.

How to Decide on a Plan

What are the important differences between the two retirement plans? Let's look at plan type, vesting and benefits. Additional information can be found at www.choosemyfirstplan.com.

Plan Type.

The Investment Plan is for employees who change jobs more frequently (every 1 – 7 years). Your retirement benefit is based on your account balance at retirement.

Warning: You have 8 months from your hire date to decide which retirement plan is best for you. If you do not decide by the deadline, you are automatically enrolled in the Investment Plan.

Vesting

Vesting simply refers to the date that you first own your retirement plan and qualify for retirement benefits. Once you choose a plan, you must meet the vesting requirement of that plan to be eligible to receive a retirement benefit from that plan.

Pension Plan:

- Enrolled before July 1, 2011 after 6 years of credible service
- Enrolled on or after July 1, 2011 after 8 years of credible service

Investment Plan

- After 1 year of credible service

Normal Retirement

Normal Retirement is the date you first become eligible to receive a benefit from your retirement plan without penalty.

Pension Plan:

- Enrolled before July 1, 2011 vested and age 62 or 30 years of service regardless of age
- Enrolled after July 1, 2011 vested and age 65 or 33 years of service regardless of age

Investment Plan:

Same as Pension Plan and vested based on the date you first enrolled in the Florida Retirement System.

Participating in DROP

To participate in DROP, you must be vested, enrolled in the pension plan, and eligible for normal retirement. Once eligible to participate in DROP, you may enroll for up to 60 months or 5 years. You may first begin participating in DROP on either:

- The first of the month that you reach your normal retirement based on age or
- The first of the month following the month you complete 30 years of service. You have a 12-month window from the first date that you become eligible to participate in DROP to enroll. For each month your delay enrollment, you reduce the number of months that you are eligible to participate in DROP. If you have not enrolled by the end of your 12-month window, you cannot participate in DROP. There are two exceptions, which will allow you to postpone enrollment in DROP:

1. If you reach 30 years of service before age 57, you may postpone your enrollment until the month you reach age 57.
2. Instructional staff may postpone their enrollment in DROP to any future date and still be eligible to participate for the full 60 months.

You Can Switch Plans. Once.

During your working career as an FRS member, you can switch your plan from the Pension Plan to the Investment Plan or vice versa. But you can only do it once. This is called your Second Election. Once you change your decision is final. You can never change again. Call the FRS Financial Guidance line at 866-446-9377 Option 1 to obtain unbiased financial advice before you make a change.

You May Get Credit for Other Service.

If you're enrolled in the Pension Plan and you have been a public service employee (in-state or out-of-state), you may be able to buy up to 5 years of FRS service credit. You may also be able to buy up to 4 years of military service. It's a good way to increase your retirement income. Now, of course, to buy service credits, you have to follow the rules. The rules dictate job type, position, location, retirement coverage and so on. So it's best to check with the Florida Division of Retirement.

When You are Close to Retirement

When you are getting close to retirement, call the Florida Division of Retirement. There are several programs that impact your retirement and your pension. One example is…

The Deferred Retirement Option Plan (DROP) that allows you to retire under the pension plan and accumulate retirement benefits without stopping work for up to 5 years.

Your Retirement Savings Plan

Here's a startling statement. If you want to live well in retirement, you can no longer rely on your Social Security and pension benefits alone! You must save more. Fortunately, you have many excellent retirement savings plan options available here. However, you must take action. You must get into one or more of these plans. You must save as much as you can, as early as you can. There are several retirement plan vendors that have been approved by the Board.
You can feel comfortable with any one of them.

The Rewards of a Personal Savings Plan

The main reward is a more secure, more comfortable retirement that allows you to live your dreams. But there are many more rewards of a personal plan.
For example:

- Participation is voluntary
- Hundreds of investment options
- Options to fit your investing personality
- Change contributions and investments
- Lower taxable income, pay less taxes
- The amazing power of compounding

Your Retirement Projections

Your retirement picture is all about replacing your pre-retirement income. How much of your working level of income do you need to have to live comfortably?

The example below shows the benefits of a personal savings plan verses not having one.
Here's what some retirees discovered.

Scenario 1.
Sally retired at age 62 with 20 years of service. She was a Pension Plan participant, with no additional savings. Her final salary in 2006 was $58,000. She wants to collect Social Security immediately. Plans replace 58% of her income.

Scenario 2.
Nancy is in the same situation (retiring at 62, with 20 years, same salary, pension plan, and Social Security) except that she has saved $200,000 in her Retirement Savings Plan. Plans replace 85% of her income. Clearly, Nancy will live more comfortably in retirement, and will have a more flexible lifestyle, and will be better able to accomplish her goals for the future.

This is a summary of your available sources of retirement income. Consult your financial advisor about your future.

Voluntary Retirement Savings Program

As an employee of the Pasco County Schools (District), you have a unique opportunity to invest a portion of your income for retirement. Depending on the plan you choose, you do not have to pay income tax on the amount you contribute or any earnings, until you retire or withdraw funds. You can start with as little as $10.00 per pay and increase your contributions up to the maximum amount allowed by the Internal Revenue Service (IRS). The investment options include a wide selection of mutual funds, fixed accounts, and variable annuities managed by authorized investment companies. All regularly scheduled employees, except for school board members, may elect to contribute to a personal retirement savings account through salary reduction. Upon employment, you are immediately eligible to participate.

What is the Voluntary Retirement Savings Program?

The Voluntary Retirement Savings Program is the district's tax-sheltered annuity (TSA) program that allows eligible employees to save toward retirement through payroll deductions by contributing to either a 403(b), Roth 403(b) or 457(b) plan. Contributions are made solely by the employee through payroll deductions on either a pre-tax or post-tax basis. A list of authorized investment companies is available on Employee Benefits and Risk Management's website at www.pasco.k12.fl.us/ ebarm/retirement.

1. A 403(b) plan is a tax-advantaged retirement savings plan for employees of public schools, tax-exempt organizations, and ministers. You contribute into a 403(b) plan before you pay income tax on your current salary and contributions grow tax-deferred until you withdraw the money out of the plan.

2. A Roth 403(b) plan is a tax-advantaged retirement savings plan for employees of public schools and tax-exempt organizations. You contribute into a Roth 403(b) plan after you pay income tax on your current salary. As long as your withdrawals meet qualified distribution rules, you are not required to pay federal income tax on the withdraw.

3. A 457(b) plan is a type of tax-advantaged deferred compensation retirement plan that is available for governmental and certain non-governmental employers. You defer portions of your current salary into the 457(b) plan on a pre-tax basis.

The key difference is that, unlike the 403(b) plan, there is no 10% penalty for withdrawal before age 59 ½. Withdrawals are subject to ordinary income taxation.

provisions of each plan. It is important to select an account and

You decide the amount of money you want to set aside for retirement through a salary reduction agreement. You must choose from the list of investment companies authorized by the district. Each company provides a selection of investment options for you to invest your contributions.

You may request additional information concerning the specific company best suited to your specific needs and goals. Once you have selected a company, you must meet with a representative and complete a salary reduction agreement (SRA). Both the company's authorized representative and you must sign the SRA. The representative is responsible for forwarding the signed agreement to Retirement Services for processing. Please read the agreement carefully before signing. Be sure to retain a copy of the agreement for your records. Employee Benefits must receive your SRA form 8 to 10 days prior to the payroll for which you wish the change to be effective.

Plan Administration

IRS rules governing the Board's voluntary retirement savings program requires that the district be accountable for transactions occurring within the district's 403(b) and 457(b) plan. These rules require the district to certify that all transactions from your account meet the IRS guidelines governing the district's plan. TSA Consulting Group (TSACG) is the district's third-party administrator for voluntary retirement savings programs. TSACG will review all requests for distribution or transfer of assets on behalf of the district, determine whether your request meets IRS guidelines, and approve or deny your request.

Plan Distribution Transactions

Distribution transactions may include any of the following:

- Exchanges, Hardship Distributions, Loans, Rollovers, Transfers of Assets, Withdrawal of Funds (Distribution).

Employees/participants may request these distributions by completing the necessary forms obtained from the provider and plan administrator as required. Submit all completed forms to TSACG, the plan administrator, for processing.

As the 403(b) and 457(b) Plan Administrator for the District, TSACG has developed an online system, known as the ART System, for you to use when requesting loans, rollovers, distributions, and contract exchanges from your account. The ART System will expedite the time required to process your requests.

For additional information about TSACG's role in the district's plan, visit TSA Consulting Group's website at www.tsacg.com or call (888) 796-3786, Option 4.

After Retirement?

Upon retirement, the FRS Website: www.frs.myflorida.com, is your online portal to a wealth of useful tools and information. Additionally, logging in to your FRS Online account allows you to access your secure information quickly and when it is convenient for you. You can also review and maintain your personal information.

Actions you can complete with the online portal:

- Update your mailing address, email address and telephone number.
- View your most recent benefit payment information (benefit stub) and payment history.
- Print a Pension Income Verification Letter (award letter).
- View current tax withholding and other benefit deductions.
- Make federal income tax withholding changes, with the ability to view the effect of the changes prior to submitting authorization for the change.
- Print historical IRS Forms 1099-R (copies are available back to tax year 2000).
- Set up or change your direct deposit information.

Select your delivery preference for each category listed below: Notification that your IRS Form 1099-R and Retiree Newsletter are available to retrieve through your My Inbox feature.

- By selecting "electronic notification," the division will email you when your annual IRS Form 1099-R is available from your FRS Online account. You may also select "mail by the U.S. Postal Service" as your delivery preference.
- Your FRS Retiree Newsletter is provided to you based on this delivery preference. The FRS Retiree Newsletter is also available on the Publications page of the Division of Retirement's website at **www.frs.myflorida.com**.
- Notification that other retirement information you requested from the division is available to retrieve through your My Inbox feature.

- *Note: The Division of Retirement reviews FRS Online access periodically and inactivates accounts that are not active*.

Additionally, please notify the FRS Retiree division if you have been a victim of identity theft. For guidance on how to log in to your FRS Online account, view the FRS Quick Clip "How to Log In to FRS Online," found on the Retirees page of the division's website, **www.frs.myflorida.com**. See "Contact Us" on page 4 if you need additional assistance.

Thinking of Returning to Work

Do You Know the Rules?

After retiring under the Florida Retirement System or concluding DROP participation, you may work for any employer who is not an FRS employer without affecting your FRS retirement benefits. However, you are subject to certain limitations with respect to your employment with any FRS employer during the first twelve months of retirement. If you are a retired member of the FRS Pension Plan, you should always contact the Bureau of Retirement Calculations at (888) 738-2252 before returning to employment in any capacity with any FRS employer in your first year of retirement. Investment Plan members should contact the FRS Financial Guidance Line at (866) 446-9377 before returning to employment your first 12 months after your first distribution.

District School Board of Pasco County (DSBPC)

Policy: To be eligible to return to work as an employee of DSBPC, you must complete 12 months from your retirement date Pension Plan or 12 months from your 1st distribution Investment Plan

Effective March 9, 2018, there is one exception to the restrictions on reemployment limitations after retirement: If you are a retired law enforcement officer, you may be reemployed as a school resource officer by an employer that participates in the FRS during the seventh through twelfth calendar months after your retirement date or after your DROP termination date and receive both your salary and retirement benefits.

The 2021 Ready. Set. Retire. guide provides more information about termination, reemployment limitations and renewed membership. This guide is available from the Retirement Guides section of the Publications page of the division's website, **FRS.FL.GOV**. If you have any questions or if you need a printed copy of the guide, see "Contact Us" on page 4 for assistance.

Contact FRS
Pension Plan: (844) 377-1888
Investment: (866) 446-9377

About Worker's Compensation Work Related Accidents

If you are involved in a work-related accident, you have the responsibility to report all work-related accidents or illnesses to your supervisor or the designated person at your work location within 24 hours when possible, or as soon as you have knowledge. Pasco County Schools has teamed up with Cannon Cohran Management Services Inc (CCMSI) to provide quality medical services if you are involved in a work-related accident that results in the need for medical treatment. The State of Florida has approved this arrangement to provide you with quality medical care for your work-related injury within an authorized network of medical providers.

What are your rights and responsibilities?

1. Immediately report all work-related accidents to your supervisor.
2. If your work-related accident results in the need for medical treatment, and is not an emergency, you must immediately report the injury to your supervisor before seeking medical treatment.
   - If your accident is serious and requires immediate medical treatment, go to the nearest hospital for treatment or call 911.
   - After treatment, have a representative from the facility call CCMSI at 1-800-252-5059.
3. Contact the Workers' Compensation (WC) Designee at your worksite to complete a "Notice of Injury" report and obtain authorization for medical services. **If you are injured during normal business hours, you must seek initial treatment at a Health and Wellness Center (HWC) nearest to your work location.**
4. Obtain all medical services from a provider within the District's authorized workers' compensation provider network. If your treating physician approves treatment by another physician, you must obtain authorization from CCMSI at 1-800-252-5059 before your first date of treatment.
5. Keep all scheduled appointments and be on time for all medical treatments and evaluations. You are encouraged to schedule appointments before or after your normal work schedule.
6. If you choose to cancel or do not keep your scheduled appointment(s), you may be considered in non-compliance which may affect your eligibility for workers' compensation benefits. Contact the nurse case manager or adjuster assigned to your case before canceling or rescheduling an approved appointment.

7. Return to work as soon as your treating physician releases you.
8. Cooperate and respond to all requests from CCMSI regarding your work-related injury.

Medical Treatment After Normal Business Hours

If you are involved in a work-related accident that occurs after normal business hours and require immediate medical treatment, go to the nearest urgent care facility, hospital emergency room or call 911. Whenever possible, you should attempt to access one of the District-approved urgent care facilities or hospitals first. However, if the injury is life threatening, go to the nearest hospital emergency room for treatment. A list of approved facilities is available at www.pasco.k12.fl.us/ebarm/comp. Examples of when you should use an urgent care facility or hospital emergency room as initial treatment for a work-related injury or illness:

1. The injury or illness is life threatening.

2. You are involved in an accident at the end of the day and the injury is serious enough that you cannot wait until the next business day to seek medical treatment.

3. The work-related injury or illness occurs after normal business hours or when all District administrative offices are closed.

IMPORTANT
After receiving treatment at an urgent care facility or hospital emergency room, you must follow up with the on-site Health and Wellness Center nearest your work location before returning to work. Within 24 hours of emergency treatment, call CCMSI at 1-800-252-5059 to coordinate all follow up medical treatment.

Fraud Statement

Workers' compensation fraud occurs when any person knowingly, and with intent to injure, defraud, or deceive, any employer or employee, insurance company, or self-insured program, files false or misleading information. Workers' compensation fraud is a third degree felony that can result in fines, civil liability, and jail time.

Procedure to report injuries to Johns Eastern Company is separate from your regular group health insurance. Notify your supervisor of your work-related injury within 24 hours when possible, or as soon as you have knowledge.

Return-to-Work Program

The District's Return-to-Work (RTW) Program promotes successfully returning an employee who has experienced a work- related injury to his or her normal duties as quickly as medically possible. All efforts are made to return an injured employee to his or her current position; however, occasionally it may be necessary to reassign an injured employee to alternate duty. Your participation in the RTW Program is **required** when you are offered modified or alternate duties within the functional limitations and restrictions identified by your authorized treating provider. **Refusal to participate in the RTW Program may negatively impact your workers' compensation benefits, as well as possible discipline up to and including termination from the District.** The RTW Program applies to all employees, substitutes and interns who sustain a work related injury.

Workers' Compensation Contacts

District School Board of Pasco County
Phone: (813) 794-2520 or 2084
Fax: (813) 794-2039

CCMSI

Phone: (800) 252-5059
Fax: (217) 477-5451

NOTICE REGARDING WELLNESS PROGRAM

The “Pasco Go Healthy” Health and Wellness Incentive (HWI) Program is a voluntary wellness program available to employees and retirees covered under the District’s group medical plan. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the HWI program you will be asked to complete a voluntary biometric questionnaire that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a vital health profile (VHP), which is an in-depth analysis of 26 key lab panels plus other health measures indicating high cholesterol, diabetes, liver functions, chemistry levels, nutrition, prostate cancer, hypertension and more. A complete list of the included panels can be found at the link below: https://connectplus.pasco.k12.fl.us/do/gohealthy/wp-content/uploads/2019/02/MHO-VHP-PCS2.pdf

You are not required to complete the biometric questionnaire or to participate in the blood test or other medical examinations.

However, employees who choose to participate in the HWI program will receive an incentive valued up to $150 by completing the biometric questionnaire, vhp blood draw and follow-up visit at the My Health Onsite Health and Wellness Centers. Although you are not required to complete the VHP or participate in the biometric screening, only employees who do so will receive the incentive of $150. Employees who complete the Vital Health Profile may choose to participate in either the Youfit, Peerfit, Pascofit, or Yfit Buy-up options.

Employees who participate in the Pascofit option may earn additional incentives of up to $100 by completing up to 2 approved wellness programs. If you are unable to participate in any of the health-related activities required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Lisa Giblin at lgiblin@crowneinc.com.

The information from your VHP and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as diabetes management, diabetes prevention, hypertension management, cholesterol management, etc. You also are encouraged to share your results or concerns with your outside provider.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Pasco County Schools may use aggregate information it collects to design a program based on identified health risks in the workplace, My Health Onsite and the Health and Wellness Incentive (HWI) Program will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is (are) the My Health Onsite Health and Wellness Center staff in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Kim Carroll at knewberr@pasco.k12.fl.us or 813-794-2253.

2022 Pasco County School Board Plan Comparison

Cost Sharing Maximums shown are Per Benefit Period (BPM) unless noted	HMO Basic BlueCare	HMO Premium BlueCare	PPO Standard BlueOptions
Deductible (DED) (Per Person/Family Agg)			
In-Network	$2,000/$6,000	$2,000/$6,000	$2,000/$6,000
Out-of-Network	Not Covered	Not Covered	$4,000/$12,000
Hospital Per Admission Deductible (PAD)			
In-Network	$100	$0	$0
Coinsurance (Member Responsibility)			
In-Network	20%	0%	20%
Out-of-Network	Not Covered	Not Covered	40%
Out of Pocket Maximum (Per Person/Family Agg) (Includes DED/Coins./Copays)			
In-Network	$5,500/$11,000	$5,500/$11,000	$5,500/$11,000
Out-of-Network	Not Covered	Not Covered	$8,250/$16,500
Lifetime Maximum	Unlimited	Unlimited	Unlimited
PROFESSIONAL PROVIDER SERVICES			
Allergy Injections			
In-Network Family Physician	$10	$20	$20
In-Network Specialist	$10	$20	$20
Out-of-Network	Not Covered	Not Covered	DED + 40%
Virtual Visit Services			
In-Network Family Physician	$0	$30	$10
In-Network Specialist **(In-Network Behavioral Health Provider Virtual Visit - $35 copay)**	$65	$50	$45
Out-of-Network	Not Covered	Not Covered	DED + 40%
Office Services			
In-Network Family Physician	$35	$30	$30
In-Network Specialist (Chiropractor office visit)	$65	$50	$50
Out-of-Network	Not Covered	Not Covered	DED + 40%
Provider Services at Hospital and ER			
In-Network Family Physician	DED + 20%	$0	$50
In-Network Specialist	DED + 20%	$0	$50
Out-of-Network	INN DED + 20%	$0	$50
Provider Services at Other Locations			
In-Network Family Physician	$35	$0	$30
In-Network Specialist	$65	$0	$50
Out-of-Network	Not Covered	Not Covered	DED + 40%
Radiology, Pathology and Anesthesiology Provider Services at Ambulatory Surgical Center			
In-Network Specialist	$65	$0	$50
Out-of-Network	$65	$0	$50
PREVENTIVE CARE			
Adult Wellness Office Services			
In-Network Family Physician	$0	$0	$0
In-Network Specialist	$0	$0	$0
Out-of-Network	Not Covered	Not Covered	40% Coinsurance
Colonoscopies (Routine/Diagnostic) (Age criteria applies: Routine 50+, High Risk, N/A)			
In-Network	$0	$0	$0
Out-of-Network (*May be subject to balance billing by the out of network provider.)	Not Covered	Not Covered	*40% Coinsurance

2022 Pasco County School Board Plan Comparison

Cost Sharing Maximums shown are Per Benefit Period (BPM) unless noted	HMO Basic BlueCare	HMO Premium BlueCare	PPO Standard BlueOptions
Mammograms (Routine and Diagnostic)			
In-Network	$0	$0	$0
Out-of-Network	Not Covered	Not Covered	$0
Well Child Office Visits (No BPM)			
In-Network Family Physician	$0	$0	$0
In-Network Specialist	$0	$0	$0
Out-of-Network	Not Covered	Not Covered	40% Coinsurance
EMERGENCY/URGENT/CONVENIENT CARE			
Ambulance Services (Air, Ground, water)			
In-Network	DED + 20%	$100	DED + 20%
Out-of-Network	DED + 20%	$100	INN DED + 20%
Convenient Care Centers (CCC) (Select Par Health Clinics inside Walgreens Pharmacy)			
In-Network	$35	$30	$30
Out-of-Network	Not Covered	Not Covered	DED + 40%
Emergency Room Facility Services (per visit) (Copayment waived if admitted) (also see Professional Provider Services)			
In-Network	$300	$300	$300
Out-of-Network	$300	$300	$300
Urgent Care Centers (UCC)			
In-Network	$50	$50	$50
Out-of-Network	Not Covered	Not Covered	DED + $50
FACILITY SERVICES - HOSP/SURG/ICL/IDTF -unless otherwise noted, physician services are in addition to facility services. See professional provider services.			
Ambulatory Surgical Center (ASC)			
In-Network	$250	$400	$200
Out-of-Network	Not Covered	Not Covered	DED + 40%
Independent Clinical Lab (Quest Diagnostics is preferred in network lab.)			
In-Network	$0	$0	$0
Out-of-Network	Not Covered	Not Covered	DED + 40%
Independent Diagnostic Testing Facility (IDTF) - **X-rays and AIS (Includes Physician Services)**			
In-Network - Advanced Imaging Services (AIS) (I.E., MRI's, CT Scans, Nuclear Medicine)	$300	$50	$200
In-Network - Other Diagnostic Services	$50	$0	$50
Out-of-Network	Not Covered	Not Covered	DED + 40%
Inpatient Hospital & Inpatient Rehab. Facility (per admission)			
In-Network	$100 Per Admission DED + DED + 20%	$500 Per Day / $2,500 maximum	DED + 20%
Out-of- Network	Not Covered	Not Covered	DED + 40%
Outpatient Hospital (per visit) (Surgical or Non-Surgical Svcs., i.e., lab work/ Dx Testing)			
In-Network	DED + 20%	$500	$300
Out-of-Network	Not Covered	Not Covered	DED + 40%
Therapy at Outpatient Hospital (per visit)			
In-Network	$65	$50	$50
Out-of-Network	Not Covered	Not Covered	DED + 40%

2022 Pasco County School Board Plan Comparison

Cost Sharing Maximums shown are Per Benefit Period (BPM) unless noted	HMO Basic BlueCare	HMO Premium BlueCare	PPO Standard BlueOptions
OTHER SPECIAL SERVICES AND LOCATION			
Advanced Imaging Services in Physician's Office (per visit)			
In-Network Family Physician	$300	$50	$200
In-Network Specialist	$300	$50	$200
Out-of-Network	Not Covered	Not Covered	DED + 40%
Birthing Center			
In-Network	DED + 20%	$0	DED + 20%
Out-of-Network	Not Covered	Not Covered	DED + 40%
Diabetic Equipment * (Insulin Pump & Supplies) (Coordinated via CareCentrix)			
In-Network	$0	$0	DED + 20%
Out-of-Network	Not Covered	Not Covered	DED + 40%
Durable Medical Equipment, Prosthetics, Orthotics (Coordinated via CareCentrix)			
In-Network	$0/$500 Motorized Wheelchair	$0/$500 Motorized Wheelchair	DED + 20%
Out-of-Network	Not Covered	Not Covered	DED + 40%
Home Health Care PBP (Coordinated via Par Vendor, CareCentrix)	35 visits PBP	Unlimited	60 visits PBP
In-Network	$0	$0	DED + 20%
Out-of-Network	Not Covered	Not Covered	DED + 40%
Hospice			
In-Network	DED + 20%	$0	DED + 20%
Out-of-Network	Not Covered	Not Covered	DED + 40%
Outpatient Therapy and Spinal Manipulations (26 PBP) Combined Benefit Period Maximum	35 visits PBP	35 visits PBP	35 visits PBP
Outpatient Rehab Therapy Center (per visit)			
In-Network	$65	$30	$30
Out-of-Network	Not Covered	Not Covered	DED + 40%
Outpatient Hospital Facility Services (per visit)			
In-Network	$65	$50	$50
Out-of-Network	Not Covered	Not Covered	DED + 40%
Skilled Nursing Facility PBP	60 days PBP	60 days PBP	60 days PBP
In-Network	DED + 20%	$0	DED + 20%
Out-of-Network	Not Covered	Not Covered	DED + 40%
Medical Pharmacy (Physician Administered in office setting/Home Health setting)			
In-Network Monthly Out of Pocket Max** for medication only	$200/$200	$0/$0	$0/$0
In-Network Provider (cost of medication)	20%/20%	0%/0%	0%/0%
Out-of-Network Provider	Not Covered	Not Covered	DED + 40%
Other Covered Services:			
Bariatric Surgery: Only Gastric Sleeve effective 1/1/2020. Special Guidelines apply. Please contact Patty Nguyen, Florida Blue Rep. at 813-794-2492 for details.			

* Diabetic Supplies (lancets, strips, meters, etc.) are covered under the Rx benefit except when the group carves out pharmacy. When pharmacy is carved out, they are available through DME. Diabetic Equipment (insulin pumps, CGMs) are always covered under the medical benefit.

** (1) Medical Pharmacy Monthly OOP Max includes the drug cost share and applies to the health plan OOP Max. (2) Physician Services are in addition to drug costs (separate cost share applies). (3) Separate drug cost share does not apply to allergy injections or immunizations; only office cost share applies.

This is not an insurance contract or Benefit Booklet. The above Benefit Summary is only a partial description of the many benefits and services covered by Blue Cross and Blue Shield of Florida, Inc., an independent licensee of the Blue Cross and Blue Shield Association. For a complete description of benefits and exclusions, please see Blue Cross and Blue Shield of Florida's Benefit Booklet and Schedule of Benefits; their terms prevail.

Sunbelt Worksite Marketing, Inc.
PO Box 1287
Auburndale, FL 33823-1287
Customer Service 1.800.822.8045
Information contained herein does not constitute an insurance certificate or policy.
Certificates will be provided to participants following the start of the plan year, if applicable.