



Pasco County Schools

Your 2023 Core Reference Guide

Kurt S. Browning, Superintendent

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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) 390-1224	www.allstatebenefits.com/mybenefits/
ARAG Legal	(800) 247-4184	www.araglegalcenter.com
Minnesota Life	(866) 293-6047	https://web1.lifebenefits.com/sites/lbwem/home
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		
WageWorks / Health Equity	(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

Medical Plans

Effective January 1, 2023, the HMO Basic, HMO Premium and PPO Standard Plans will continue to be offered. Some member cost shares for medical services may have changed. Please refer to pages 28-30 for the medical comparison chart.

Important Prescription Benefit Change

Beginning January 1, 2023, the prescription(s) you previously filled through Express Scripts Home Delivery will be filled by Amazon Pharmacy. On January 1, 2023 your prescription(s) will be automatically moved to Amazon Pharmacy if the prescription has refills left and is not expired. Please refer to page 39 for more information.



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.
- MyHealth Onsite doctors are NOT primary care providers.

How do I find my NPI?

1. Access www.floridablue.com and click on Find A Doctor at the top of the screen.
2. Under Find Doctors by Plan, choose, "BlueCare (HMO)", then click continue.
3. Complete the search criteria or search for your Primary Care Physician.
4. Select the provider from the list and click on his/her name.
5. At the top right you will find the 10-digit NPI Number.

Where can I find my Allstate policy Number?

To locate your Allstate policy number

- 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](https://www.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 due 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, 2022 - October 31, 2022

Benefit Effective Dates

January 1, 2023 - December 31, 2023

Benefit Enrollment Process

All employees that wish to make any changes to their current benefits must enroll using Munis Employee Self Service.

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 2023 election choices
9. Print Confirmation Statement

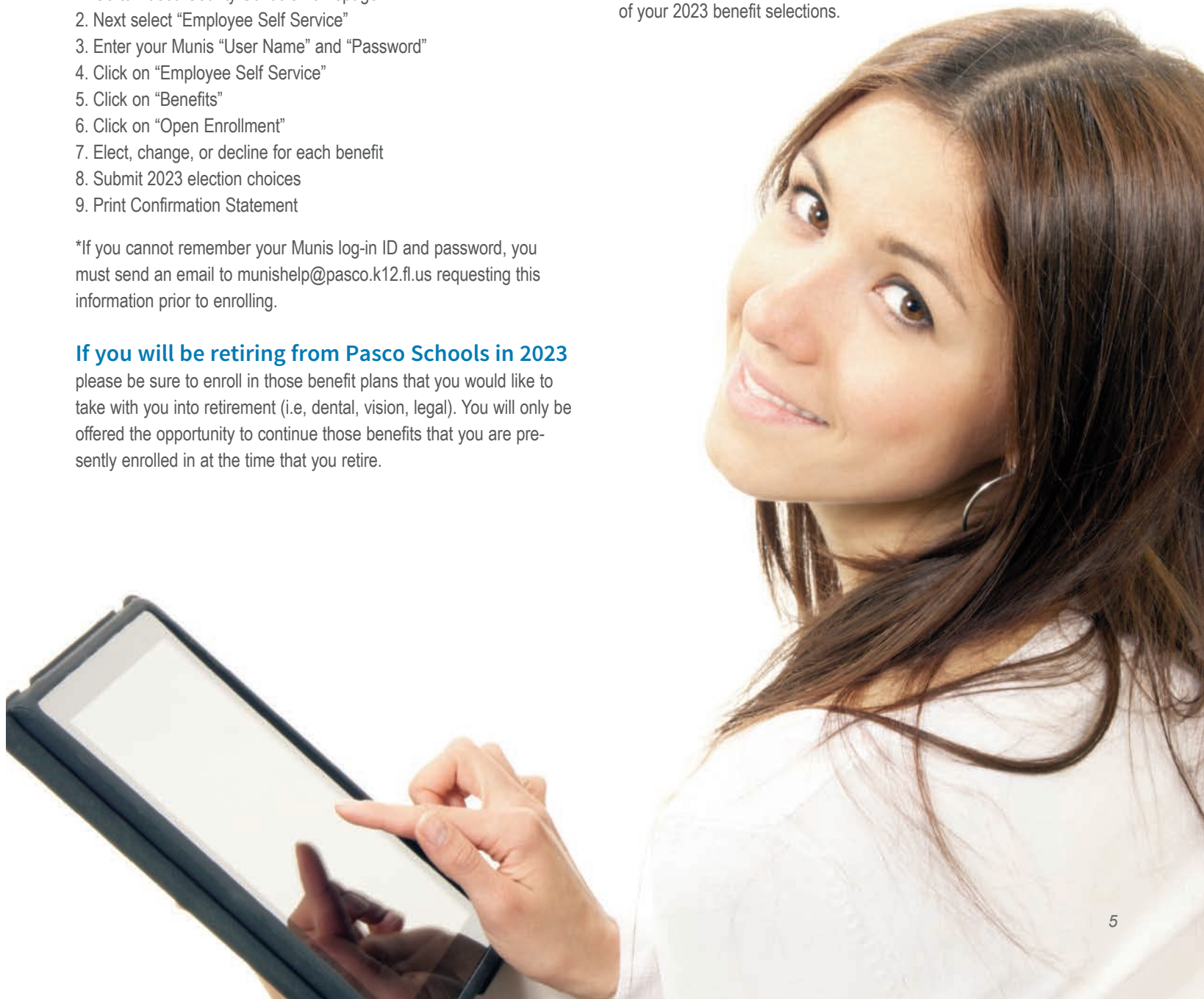
*If you cannot remember your Munis log-in ID and password, you must send an email to munishelp@pasco.k12.fl.us requesting this information prior to enrolling.

If you will be retiring from Pasco Schools in 2023

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 insurance 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 2023 benefit selections.



BENEFITS

of being a **Pasco County Schools** employee



Pasco County Schools provides all eligible employees the following benefits:

OR	<div>Option 1</div>	GROUP HEALTH PLAN	<ul style="list-style-type: none"> • HMO Basic Medical (<i>includes pharmacy</i>) • Basic Core Life • Employee Assistance Program** • Health and Wellness Centers (<i>free primary medical care</i>) • Wellness Incentive (Earn up to \$250)
	<div>Option 2</div>	HEALTH OPT OUT PLAN	<ul style="list-style-type: none"> • Taxable Income <ul style="list-style-type: none"> • \$100 monthly (<i>prorated per paycheck</i>) • Up to \$1,200 annually • Basic Core Life • Employee Assistance Program
PLUS	<div>Available to all eligible employees</div>	VOLUNTARY BENEFITS	Additional Benefit Choices: <ul style="list-style-type: none"> • Dental • Vision • Disability • Term Life • Flexible Spending Account • Legal w/Identity Theft Protection • Cancer • Accident Protection
	<div>Available to all eligible employees</div>	RETIREMENT SERVICES	<ul style="list-style-type: none"> • State of Florida Retirement System: <ul style="list-style-type: none"> • Pension Plan (<i>Define Benefit</i>) • Investment Plan (<i>Defined Contribution</i>) • Voluntary Retirement Savings Program** <ul style="list-style-type: none"> • Pre & Post- tax 403(b) (similar to 401(k)) • 457(b) • Financial Wellness Tools**


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



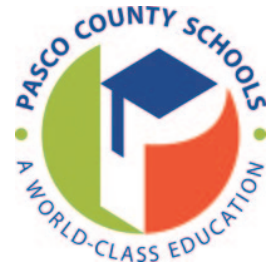
Employees may elect to cover their dependent spouses or children under the group medical and voluntary benefits plan.

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, 2022 becomes benefit eligible on October 1, 2022. 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 2023 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 2023. Even if you opt-out of the medical coverage you are still eligible to participate in the voluntary benefits.

Opt-Out Taxable Income

24 Ded	20 Ded
\$50.00	\$60.00

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.

Benefit Options

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

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

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.



Dependent Verification

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.*

All employees who elect to enroll their dependents in the District group health plan (medical, dental, vision) must provide documentation of dependent eligibility. The documentation may include a birth certificate, marriage certificate, or other legal documentation and must be submitted by the end of Open Enrollment. Dependent verification documents may be emailed to mybenefits@pasco.k12.fl.us or faxed to (813)794-2173 Attention: Jessica Rusha. If Employee Benefits does not receive the dependent verification documentation your dependent coverage will end December 31, 2022.

Documentation Requirements	
Dependent Type	Required Documentation
Spouse	Copy of the government issued marriage certificate or <ul style="list-style-type: none"> • Most recent tax return transcript for IRS
Children up to age 26	<ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • Most recent tax return transcript for IRS

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.



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 2023, the in-network medical coinsurance amounts are:

Coinsurance Breakdown by plan		
	Employee's percentage	District's percentage
HMO Basic	20%	80%
HMO Premium	10%	90%
PPO Standard	30%	70%

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, or (352)524-2492 or work cell phone (904)635-9221.

Updates to HMO Basic and HMO Premium Plans

Effective January 1, 2023, plan design changes were made to both the HMO Basic and the HMO Premium Plans. Here are some updates to the most utilized services:

HMO Basic:

- Office copays for a Primary Care Physician (PCP) will be \$40 per visit.
- Office copays for a Specialist will be \$75 per visit.
- Office copays for Behavioral Health providers will be \$40 copay per visit.
- Allergy Injections will be \$20 copay per visit.
- Emergency Room copays will be \$500 per visit.
- Copays for surgical procedures at an Ambulatory Surgical Center will be \$400 per visit.
- The Per Admission Deductible of \$100 for Inpatient Hospital Care will be removed.

HMO Premium:

- Office copays for Primary Care Physician (PCP) will be \$35 per visit.
- Office copays for a Specialist will be \$65 per visit.
- A Deductible of \$1,500 per person and \$4,500 for family were added. The deductible will apply to certain services such as inpatient hospital, outpatient hospital, Physician fees at the ER and hospital, Skilled Nursing Facility, Ambulance Services, etc. Office services are not subject to the deductible.
- A 10% Coinsurance after the Deductible has been met was added.
- A Deductible of \$1,500 per person and 10% Coinsurance will apply to Ambulance Services.
- Copays for Advanced Imaging in a physician's office and at a standalone imaging center will be \$200 copay per visit.
- Copays for Diagnostic Tests, such as x-rays and ultrasounds in a physician's office and at a standalone imaging center will be \$50 per visit.
- Emergency Room Copays will be \$500 per visit.
- Copays for surgical procedures at an Ambulatory Surgical Center will be \$200 per visit.

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 HMO Basic Plan is available at “no cost” for employee only coverage, but has higher out of pocket costs associated with deductibles, coinsurance and copays. The HMO Premium Plan requires you to contribute additional “buy up” costs of \$75/\$90 per payroll deduction (depending on your pay type 24/20), but in most cases, has lower out-of-pocket costs at time of service. Here are some of the differences:

HMO BASIC	HMO PREMIUM
\$2,000 Deductible Per Person/\$6,000 Family	\$1,500 Deductible Per Person/\$4,500 Family
20% Coinsurance after Deductible met	10% Coinsurance after Deductible Met
\$40 Primary Care Physician Office Copay	\$35 Primary Care Physician Office Copay
\$70 Specialist Office Copay	\$65 Specialist Office Copay
\$400 Copay for Surgery at an Ambulatory Surgical Center	\$200 Copay for Surgery at an Ambulatory Surgical Center
\$300 Copay for approved Advanced Imaging Services at an Independent Diagnostic Testing Facility or Physician’s Office	\$200 Copay for approved Advanced Imaging Services at an Independent Diagnostic Testing Facility or Physician’s Office
20% cost share for Provider Administered Medications in an office setting, up to \$200 monthly out of pocket maximum (i.e., cortisone shots, chemotherapy services)	0% cost share for Provider Administered Medications in an office setting (i.e., cortisone shots, chemotherapy services)

When evaluating whether you should enroll in the HMO Basic Plan or the HMO Premium Plan, consider the following circumstances:

- Do you have a chronic or serious health condition where you need to see a doctor every month?
- Do you require services at an outpatient hospital on a frequent basis? For example, infusion treatment or radiation.
- Do you require provider administered medications, i.e., cortisone shots, chemotherapy services in a physician’s office?

The HMO Basic and HMO Premium Plans share the following:

- You need to assign yourself and any dependents a Primary Care Physician (PCP) when you enroll.
- No referrals from a Primary Care Physician (PCP) are required to consult with an **in-network Specialist**.
- The plan type is “BlueCare (HMO)” for both HMO plans.
- You are only covered when you use **in-network** providers.
- You are only covered for **emergency services** if you are outside the service area or out of state.
- You have a **Deductible** you need to meet before Florida Blue will pay any part of your claim for major services. **Some** of the services that apply to the Deductible are: inpatient or outpatient hospital services, doctors’ fees associated with a hospital visit/admission, ambulance services, etc.
- The Annual Calendar Year Out of Pocket Maximum is \$5,500 per person and \$11,000 Family Aggregate.



BlueCare

For Large Groups

HMO Basic Plan 48



Summary of Benefits for Covered Services

	Amount Member Pays	
	In-Network	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	NA per person NA per family
Inpatient Hospital Facility Services Per Admission Deductible (PAD)	NA	NA
Coinsurance (Coinsurance is the percentage the member pays for services)	20% of the allowed amount	NA
Out-of-Pocket Maximum (PBP) (Out-of-Pocket Maximum includes DED, Coinsurance, Copayments and Prescription Drugs)	\$5,500 per person \$11,000 per family	NA per person NA per family
Office Services		
Virtual Visits³ Value Choice Primary Care Physician ⁴ Value Choice Specialist ⁴ Primary Care Physician Specialist	\$0 Copay \$20 Copay \$0 Copay \$75 Copay	Not Covered Not Covered Not Covered Not Covered
Physician Office Services Value Choice Primary Care Physician ⁴ Value Choice Specialist ⁴ Primary Care Physician Specialist (includes Chiropractor) Convenient Care (Advent Health Express Care in Walgreens)	\$0 Copay \$20 Copay \$40 Copay \$75 Copay \$40 Copay	Not Covered Not Covered Not Covered Not Covered Not Covered
Maternity (Cost Share for initial visit only) Primary Care Physician Specialist	\$40 Copay \$75 Copay	Not Covered Not Covered
Allergy Injections (per visit) Primary Care Physician Specialist	\$20 Copay \$20 Copay	Not Covered Not Covered
Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Medicine)	\$300 Copay	Not Covered
Medical Pharmacy - Physician-Administered Medications (applies to Office/Home Setting and Specialty Pharmacy Vendors) Monthly Out-of-Pocket (OOP) Maximum⁵ Preferred Non-Preferred	\$200 Combined with Preferred OOP	NA NA
Provider Preferred Non-Preferred	20% 20%	Not Covered Not Covered
Important Note: Physician-Administered 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 <i>medical benefit</i> . Please refer to the Physician-Administered medication list in the Medication Guide for a list of drugs covered under this benefit.		

¹DED = Deductible / ²PBP = Per Benefit Period / ³Virtual Visit services are only covered for In-Network providers. / ⁴Value Choice Providers are only available in select counties. / ⁵In-Network Medical Pharmacy will be paid at 100% for the remainder of the calendar month once OOP max is met.

BlueCare

For Large Groups

HMO Basic Plan 48



Summary of Benefits for Covered Services	Amount Member Pays	
	In-Network	Out-of-Network
Preventive Care		
Routine Adult & Child Preventive Services, Wellness Services, and Immunizations (Adult & Child Physicals, one per calendar year)	\$0 Copay	Not Covered
Mammograms (Routine and Diagnostic)	\$0 Copay	Not Covered
Colonoscopy (Routine for age 45+; Diagnostic, no age criteria)	\$0 Copay	Not Covered
Emergency Medical Care		
Urgent Care Centers Value Choice Provider ⁴	\$0 Copay - Visits 1-2 PBP; \$50 Copay for Remaining Visits PBP	Not Covered
All Other Providers	\$50 Copay	Not Covered
Emergency Room Facility Services (per visit) (cost share waived if admitted)	\$500 Copay	\$500 Copay
Ambulance Services (Out of Network, only for emergencies)	DED + 20%	INN DED + 20%
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 Medicine)	\$50 Copay	Not Covered
	\$300 Copay	Not Covered
Independent Clinical Lab (e.g., Blood Work) Quest Diagnostics	\$0 Copay	Not Covered
Outpatient Hospital Facility Services (per visit) (e.g., Blood Work and X-rays)	DED + 20%	Not Covered
Hospital / Surgical		
Ambulatory Surgical Center Facility (ASC)	\$400 Copay	Not Covered
Outpatient Hospital Facility Services (per visit) Therapy Services All other Services (Surgical or Non-Surgical)	\$75 Copay	Not Covered
	DED + 20%	Not Covered
Inpatient Hospital Facility and Rehabilitation Services (per admit)	DED + 20%	Not Covered

⁴Value Choice Providers are only available in select counties.

BlueCare

For Large Groups

HMO Basic Plan 48



Summary of Benefits for Covered Services	Amount Member Pays	
	In-Network	Out-of-Network
Mental Health / Substance Dependency		
Virtual Visits³		
Primary Care Physician	\$35 Copay	Not Covered
Specialist	\$35 Copay	Not Covered
Physician Office Services		
Primary Care Physician	\$40 Copay	Not Covered
Specialist	\$40 Copay	Not Covered
Emergency Room Facility Services (per visit) (cost share waived if admitted)	\$500 Copay	\$500 Copay
Outpatient Hospitalization Facility Service (per visit)	DED + 20%	Not Covered
Inpatient Hospitalization Facility Services (per admit)	DED + 20%	Not Covered
Provider Services at Hospital	\$0 Copay	Not Covered
Provider Services at ER (Out of Network, only for emergencies)	\$0 Copay	\$0 Copay
Provider Services at Locations other than Office, Hospital & ER	\$40 Copay	Not Covered
Other Provider Services		
Provider Services at Hospital (Fees for Surgeon(s), Radiologist, Anesthesiologist, and Pathologist, etc.)	DED + 20%	Not Covered
Provider Services at ER (Out of Network, only for emergencies)	DED + 20%	INN DED + 20%
Radiology, Pathology and Anesthesiology Provider Services at an Ambulatory Surgical Center (ASC)	\$75 Copay	Not Covered
Provider Services at Locations other than Office, Hospital and ER		
Primary Care Physician	\$40 Copay	Not Covered
Specialist	\$75 Copay	Not Covered
Other Special Services		
Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations		
Outpatient Rehabilitation Therapy Center	\$75 Copay	Not Covered
Outpatient Hospital Facility Services (per visit)	\$75 Copay	Not Covered
Durable Medical Equipment, Diabetic Equipment & Supplies, Prosthetics and Orthotics (Services coordinated by CareCentrix, call 1-877-561-9910.)		
Motorized Wheelchair	\$500 Copay	Not Covered
All Other	\$0 Copay	Not Covered
Home Health Care (Services coordinated by CareCentrix, call 1-877-561-9910.)	\$0 Copay	Not Covered
Skilled Nursing Facility	DED + 20%	Not Covered
Hospice	DED + 20%	Not Covered
Birthing Center or Dialysis Center	DED + 20%	Not Covered
Bariatric Surgery: Effective January 1, 2020 only Gastric Sleeve (CPT code 43775) is covered. Special Guidelines apply. Please contact Patty Nguyen, Florida Blue On-site Rep. at 813-794-2492 or 1-904-635-9221 for details.		

³Virtual Visit services are only covered for In-Network providers.

BlueCare For Large Groups HMO Basic Plan 48



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
Outpatient Therapy Modalities	4 per day (therapeutic exercises, electric stimulation, massage, etc.)
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.

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.

BlueCare

For Large Groups

HMO Premium Plan 61



Summary of Benefits for Covered Services	Amount Member Pays	
	In-Network	Out-of-Network
Financial Features		
Deductible (EM DED) ¹ (PBP) ² (DED is the amount the member is responsible for before Florida Blue HMO pays)	\$1,500 per person \$4,500 per family	NA per person NA per family
Coinsurance (Coinsurance is the percentage the member pays for services)	10% of the allowed amount	NA
Out-of-Pocket Maximum (EM OOP) ³ (PBP) (Out-of-Pocket Maximum includes DED, Coinsurance, Copayments and Prescription Drugs)	\$5,500 per person \$11,000 per family	NA per person NA per family
Office Services		
Virtual Visits ⁴ Value Choice Primary Care Physician ⁵ Value Choice Specialist ⁵ Primary Care Physician Specialist	\$0 Copay \$20 Copay \$0 Copay \$65 Copay	Not Covered Not Covered Not Covered Not Covered
Physician Office Services Value Choice Primary Care Physician ⁵ Value Choice Specialist ⁵ Primary Care Physician Specialist (includes Chiropractor) Convenient Care (Advent Health Express Care in Walgreens)	\$0 Copay \$20 Copay \$35 Copay \$65 Copay \$35 Copay	Not Covered Not Covered Not Covered Not Covered Not Covered
Maternity (Cost Share for initial visit only) Primary Care Physician Specialist	\$35 Copay \$65 Copay	Not Covered Not Covered
Allergy Injections (per visit) Primary Care Physician Specialist	\$20 Copay \$20 Copay	Not Covered Not Covered
Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Medicine)	\$200 Copay	Not Covered
Medical Pharmacy - Physician-Administered Medications (applies to Office/Home Setting and Specialty Pharmacy Vendors) Monthly Out-of-Pocket (OOP) Maximum Preferred Non-Preferred Provider Preferred Non-Preferred	 \$0 \$0 0% 0%	 NA NA Not Covered Not Covered
Important Note: Physician-Administered 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 <i>medical benefit</i> . Please refer to the Physician-Administered medication list in the Medication Guide for a list of drugs covered under this benefit.		

¹EM DED = Deductible is Embedded: A covered member's family deductible costs are capped at the individual deductible amount on the family plan. / ²PBP = Per Benefit Period / ³EM OOP = Out-of-Pocket Maximum is Embedded: A covered family member's out-of-pocket costs are capped at the individual out-of-pocket maximum amount on the family plan. / ⁴Virtual Visit services are only covered for In-Network providers. / ⁵Value Choice Providers are only available in select counties.

BlueCare
For Large Groups
HMO Premium Plan 61



Summary of Benefits for Covered Services	Amount Member Pays	
	In-Network	Out-of-Network
Preventive Care		
Routine Adult & Child Preventive Services, Wellness Services, and Immunizations (Adult & Child Physicals, one per calendar year)	\$0 Copay	Not Covered
Mammograms (Routine and Diagnostic)	\$0 Copay	Not Covered
Colonoscopy (Routine for age 45+; Diagnostic no age criteria)	\$0 Copay	Not Covered
Emergency Medical Care		
Urgent Care Centers Value Choice Provider ⁵	\$0 Copay - Visits 1-2 PBP; \$50 Copay for Remaining Visits PBP	Not Covered
All Other Providers	\$50 Copay	Not Covered
Emergency Room Facility Services (per visit) (cost share waived if admitted)	\$500 Copay	\$500 Copay
Ambulance Services (Out of Network, only for emergencies)	DED + 10%	INN DED + 10%
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 Medicine)	\$50 Copay	Not Covered
	\$200 Copay	Not Covered
Independent Clinical Lab (e.g., Blood Work) Quest Diagnostics	\$0 Copay	Not Covered
Outpatient Hospital Facility Services (per visit) (e.g., Blood Work and X-rays)	DED + 10%	Not Covered
Hospital / Surgical		
Ambulatory Surgical Center Facility (ASC)	\$200 Copay	Not Covered
Outpatient Hospital Facility Services (per visit) Therapy Services All other Services (Surgical or Non-Surgical)	\$65 Copay	Not Covered
	DED + 10%	Not Covered
Inpatient Hospital Facility and Rehabilitation Services (per admit)	DED + 10%	Not Covered

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BlueCare
For Large Groups
HMO Premium Plan 61



Summary of Benefits for Covered Services	Amount Member Pays	
	In-Network	Out-of-Network
Mental Health / Substance Dependency		
Virtual Visits ⁴		
Primary Care Physician	\$35 Copay	Not Covered
Specialist	\$35 Copay	Not Covered
Physician Office Services		
Primary Care Physician	\$35 Copay	Not Covered
Specialist	\$35 Copay	Not Covered
Emergency Room Facility Services (per visit) (cost share waived if admitted)	\$500 Copay	\$500 Copay
Outpatient Hospitalization Facility Service (per visit)	DED + 10%	Not Covered
Inpatient Hospitalization Facility Services (per admit)	DED + 10%	Not Covered
Provider Services at Hospital	\$0 Copay	Not Covered
Provider Services at ER (Out of Network, only for emergencies)	\$0 Copay	\$0 Copay
Provider Services at Locations other than Office, Hospital & ER	\$35 Copay	Not Covered
Other Provider Services		
Provider Services at Hospital (Fees for Surgeon(s), Radiologist, Anesthesiologist, and Pathologist, etc.)	DED + 10%	Not Covered
Provider Services at ER (Out of Network, only for emergencies)	DED + 10%	INN DED + 10%
Radiology, Pathology and Anesthesiology Provider Services at an Ambulatory Surgical Center (ASC)	\$65 Copay	Not Covered
Provider Services at Locations other than Office, Hospital and ER		
Primary Care Physician	\$35 Copay	Not Covered
Specialist	\$65 Copay	Not Covered
Other Special Services		
Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations		
Outpatient Rehabilitation Therapy Center	\$35 Copay	Not Covered
Outpatient Hospital Facility Services (per visit)	\$65 Copay	Not Covered
Durable Medical Equipment, Diabetic Equipment & Supplies, Prosthetics and Orthotics (Services coordinated by CareCentrix, call 1-877-561-9910.)		
Motorized Wheelchair	\$500 Copay	Not Covered
All Other	\$0 Copay	Not Covered
Home Health Care (Services coordinated by CareCentrix, Call 1-877-561-9910.)	\$0 Copay	Not Covered
Skilled Nursing Facility	DED + 10%	Not Covered
Hospice	DED + 10%	Not Covered
Birthing Center or Dialysis Center	DED + 10%	Not Covered
Bariatric Surgery: Effective 1/1/2020 only Gastric Sleeve covered. Special Guidelines apply. Contact Patty Nguyen, Florida Blue On-site Rep. at 813-794-2492 or 1-904-635-9221 for details.		

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BlueCare For Large Groups HMO Premium Plan 61



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
Outpatient Therapy Modalities	4 per day (therapeutic exercises, electric stimulation, massage, etc.)
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.

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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.

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.

HMO Away From Home Care

Extended Stays
(Away From Home Care® Program)
1-800-507-9820



If you will be in a different service area for at least 90 Consecutive days, the Guest Membership program may provide ongoing access to the care you need. Here's how it works:

1. Before you or a covered dependent leave, call the customer service number on your member ID card to see if a participating HMO is in the area where you'll be staying.
2. If a participating HMO is in the area where you will be going (called a Host HMO), Florida Blue HMO will work with you to complete a Guest Membership application. The application will be mailed to you for signature. After you sign, date and return the application, Florida Blue HMO will forward it to the host HMO in your destination location.
3. The Host HMO will provide you with a member ID card, a primary care physician (you may be asked to choose your own primary care physician), and details on how your coverage and benefits work in the Host HMO service area.
4. When you need medical care, you call the primary care physician located in the Host HMO service area.
5. Coverage is limited to 6 months for the policy holder and up to 12 months for dependents, with annual renewal.

You won't have to complete a claim form, and you'll only have to pay for your usual out-of-pocket expenses, which may include non-covered services, deductible, copayment and coinsurance. (Please note that these payment amounts may be different from those required by Florida Blue HMO. The Host HMO will communicate this information to you upon acceptance of your Guest Membership application.)

***Not available in all States or Counties. The AFHC Coordinator will verify participation. ***

COVERAGE INCLUDES:

- **Families Apart:** Available to spouses and dependents living outside the Florida service area
- **Students:** Available to dependents away to school
- **Long Term Travelers:** Available to members with dual residences or long-term work assignments

KEEP IN MIND:

- Guest Membership is a temporary courtesy enrollment in a Host HMO that enables members who are living away from home to receive a comprehensive range of benefits, including routine & preventive services.
- Guest must follow the Host HMO plan benefits, which may differ from the Home HMO plan.
- There are no prescription benefits under the AFHC program, therefore you must use your Florida Blue ID for all prescriptions.
- Policy holder must have a Florida address in order to enroll in an AFHC Host plan

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 \$80 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 - Pay Per Deduction		
Coverage Selected	24-Deduct	20-Deduct
Employee Only	\$ 117.50	\$ 141.00
Employee Plus Child(ren)	\$ 427.60	\$ 513.12
Employee Plus Spouse	\$ 639.74	\$ 767.69
Employee Plus Spouse & Child(ren)	\$ 949.84	\$1,139.81
2 Married Employees of Board Plus Child(ren)	\$ 394.55	\$ 473.46

Summary of Benefits for Covered Services	Amount Member Pays	
	In-Network	Out-of-Network
Financial Features		
Deductible (EM DED) ¹ (PBP) ² (DED is the amount the member is responsible for before Florida Blue pays)	\$2,500 per person \$7,500 per family	\$4,000 per person \$12,000 per family
Inpatient Hospital Facility Services Per Admission Deductible (PAD)	\$0	\$0
Coinsurance (Coinsurance is the percentage the member pays for services)	30% of the allowed amount	40% of the allowed amount
Out-of-Pocket Maximum (EM OOP) ³ (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		
Virtual Visits⁴ Primary Care Physician Specialist	\$0 Copay \$45 Copay	Not Covered Not Covered
Physician Office Services Value Choice Primary Care Physician ⁵ Value Choice Specialist ⁵ Primary Care Physician Specialist (includes Chiropractor) Convenient Care (Advent Health Express Care in Walgreens)	\$0 Copay \$20 Copay \$40 Copay \$80 Copay \$40 Copay	DED + 40% DED + 40% DED + 40% DED + 40% DED + 40%
Maternity (Cost Share for initial visit only) Primary Care Physician Specialist	\$40 Copay \$80 Copay	DED + 40% DED + 40%
Allergy Injections (per visit) Primary Care Physician Specialist	\$20 Copay \$20 Copay	DED + 40% DED + 40%
Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Medicine)	\$300 Copay	DED + 40%
Medical Pharmacy - Physician-Administered Medications (applies to Office/Home Setting and Specialty Pharmacy Vendors) Monthly Out-of-Pocket (OOP) Maximum Preferred Non-Preferred Provider Preferred Non-Preferred	 \$0 Combined with Preferred OOP 0% 0%	 NA NA DED + 40% DED + 40%
Important Note: Physician-Administered 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 <i>medical benefit</i> . Please refer to the Physician-Administered medication list in the Medication Guide for a list of drugs covered under this benefit.		

¹EM DED = Deductible is Embedded: A covered member's family deductible costs are capped at the individual deductible amount on the family plan. / ²PBP = Per Benefit Period / ³EM OOP = Out-of-Pocket Maximum is Embedded: A covered family member's out-of-pocket costs are capped at the individual out-of-pocket maximum amount on the family plan. / ⁴Virtual Visit services are only covered for In-Network providers. / ⁵Value Choice Providers are only available in select counties.

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

Summary of Benefits for Covered Services	Amount Member Pays	
	In-Network	Out-of-Network
Preventive Care		
Routine Adult & Child Preventive Services, Wellness Services, and Immunizations (Adult & Child Physicals, one per calendar year)	\$0 Copay	40%
Mammograms (Routine and Diagnostic)	\$0 Copay	\$0 Copay
Colonoscopy (Routine for age 45+; Diagnostic, no age criteria)	\$0 Copay	\$0 Copay
Emergency Medical Care		
Urgent Care Centers Value Choice Provider ⁵	\$0 Copay - Visits 1-2 PBP \$50 Copay for Remaining Visits PBP	N/A
All Other Providers	\$50 Copay	DED + \$50 Copay
Emergency Room Facility Services (per visit) (cost share waived if admitted)	\$500 Copay	\$500 Copay
Ambulance Services	DED + 30%	INN DED + 30%
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 Medicine)	\$50 Copay	DED + 40%
	\$300 Copay	DED + 40%
Independent Clinical Lab (e.g., Blood Work) Quest Diagnostics	\$0 Copay	DED + 40%
Outpatient Hospital Facility Services (per visit) (e.g., Blood Work and X-rays)	\$300 Copay	DED + 40%
Hospital / Surgical		
Ambulatory Surgical Center Facility (ASC)	\$200 Copay	DED + 40%
Outpatient Hospital Facility Services (per visit) Therapy Services All other Services (Surgical or Non-Surgical)	\$80 Copay	DED + 40%
	\$300 Copay	DED + 40%
Inpatient Hospital Facility and Rehabilitation Services ⁷ (per admit)	DED + 30%	DED + 40%

⁵Value Choice Providers are only available in select counties.

Summary of Benefits for Covered Services	Amount Member Pays	
	In-Network	Out-of-Network
Mental Health / Substance Dependency		
Virtual Visits⁴		
Primary Care Physician	\$35 Copay	Not Covered
Specialist	\$35 Copay	Not Covered
Physician Office Services		
Primary Care Physician	\$40 Copay	40%
Specialist	\$40 Copay	40%
Emergency Room Facility Services (per visit) (cost share waived if admitted)	\$500 Copay	\$500 Copay
Outpatient Hospitalization Facility Service (per visit)	\$40 Copay	40%
Inpatient Hospitalization Facility Services (per admit)	DED + 30%	40%
Provider Services at Hospital	\$0 Copay	\$0 Copay
Provider Services at ER	\$0 Copay	\$0 Copay
Provider Services at Locations other than Office, Hospital & ER	\$40 Copay	40%
Other Provider Services		
Provider Services at Hospital	\$80 Copay	\$80 Copay
Provider Services at ER	\$80 Copay	\$80 Copay
Radiology, Pathology and Anesthesiology Provider Services at an Ambulatory Surgical Center (ASC)	\$80 Copay	\$80 Copay
Provider Services at Locations other than Office, Hospital & ER		
Primary Care Physician	\$40 Copay	DED + 40%
Specialist	\$80 Copay	DED + 40%
Other Special Services		
Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations		
Outpatient Rehabilitation Therapy Center	\$40 Copay	DED + 40%
Outpatient Hospital Facility Services (per visit)	\$80 Copay	DED + 40%
Durable Medical Equipment, Diabetic Equipment & Supplies, Prosthetics and Orthotics (Services coordinated by CareCentrix, call 1-877-561-9910.)	DED + 30%	DED + 40%
Home Health Care (Services coordinated by CareCentrix, call 1-877-561-9910.)	DED + 30%	DED + 40%
Skilled Nursing Facility	DED + 30%	DED + 40%
Hospice	DED + 30%	DED + 40%
Birthing Center or Dialysis Center	DED + 30%	DED + 40%
Bariatric Surgery: Effective 1/1/2020 only Gastric Sleeve covered. Special Guidelines apply. Contact Patty Nguyen, Florida Blue On-site Rep. at 813-794-2492 or 1-904-635-9221 for details.		

⁴Virtual Visit services are only covered for In-Network providers.

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
Outpatient Therapy Modalities	4 per day (therapeutic exercises, electric stimulation, massage, etc.)
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.

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

NetworkBlueSM 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.

This is not an insurance contract or Benefit Booklet. This Benefit Summary is only a partial description of the many benefits and services provided or authorized by Florida Blue. This does not constitute a contract. For a complete description of benefits and exclusions, please see the Florida Blue BlueOptions Benefit Booklet and Schedule of Benefits; its terms prevail.

2023 Pasco County School Board Plan Comparison



Cost Sharing Maximums shown are Per Benefit Period (PBP) unless noted	HMO PLAN 48 HMO Basic BlueCare	HMO PLAN 61 HMO Premium BlueCare	PPO 03768 PPO Standard BlueOptions
Deductible (DED) (Per Person/Family Agg) In-Network Out-of-Network	\$2,000/\$6,000 Not Covered	\$1,500/\$4,500 Not Covered	\$2,500/\$7,500 \$4,000/\$12,000
Hospital Per Admission Deductible (PAD) In-Network	\$0 Copay	\$0 Copay	\$0 Copay
Coinsurance (Member Responsibility) In-Network Out-of-Network	20% Not Covered	10% Not Covered	30% 40%
Out of Pocket Maximum (Per Person/Family Agg) (DED/Coins./Medical & Rx Copays) In-Network Out-of-Network	\$5,500/\$11,000 Not Covered	\$5,500/\$11,000 Not Covered	\$5,500/\$11,000 \$8,250/\$16,500
Lifetime Maximum	Unlimited	Unlimited	Unlimited
PROFESSIONAL PROVIDER SERVICES			
Allergy Injections (office) In-Network Family Physician In-Network Specialist Out-of-Network	\$20 Copay \$20 Copay Not Covered	\$20 Copay \$20 Copay Not Covered	\$20 Copay \$20 Copay DED + 40%
Allergy Testing (office) In-Network Family Physician In-Network Specialist Out-of-Network	\$40 Copay \$75 Copay Not Covered	\$35 Copay \$65 Copay Not Covered	\$40 Copay \$80 Copay DED + 40%
Virtual Visit Services In-Network Value Choice PCP In-Network Value Choice Specialist In-Network Family Physician In-Network Behavioral Health Specialist In-Network Specialist Out-of-Network	\$0 Copay \$20 Copay \$0 Copay \$35 Copay \$75 Copay Not Covered	\$0 Copay \$20 Copay \$0 Copay \$35 Copay \$65 Copay Not Covered	\$0 Copay \$20 Copay \$0 Copay \$35 Copay \$45 Copay Not Covered
Office Services (per visit) In-Network Value Choice PCP In-Network Value Choice Specialist In-Network Family Physician In-Network Specialist (Includes Chiropractor office visit) In-Network Behavioral Health Specialist Out-of-Network	\$0 Copay \$20 Copay \$40 Copay \$75 Copay \$40 Copay Not Covered	\$0 Copay \$20 Copay \$35 Copay \$65 Copay \$35 Copay Not Covered	\$0 Copay \$20 Copay \$40 Copay \$80 Copay \$40 Copay DED + 40%
Provider Services at Hospital and ER In-Network Family Physician In-Network Specialist Out-of-Network (For HMO Plans, only for emergencies)	DED + 20% DED + 20% INN DED + 20%	DED + 10% DED + 10% INN DED + 10%	\$80 Copay \$80 Copay \$80 Copay
Provider Services at Other Locations In-Network Family Physician In-Network Specialist Out-of-Network	\$40 Copay \$75 Copay Not Covered	\$35 Copay \$65 Copay Not Covered	\$40 Copay \$80 Copay DED + 40%
Radiology, Pathology and Anesthesiology Provider Services at Ambulatory Surgical Center (ASC) In-Network Specialist Out-of-Network	\$75 Copay Not Covered	\$65 Copay Not Covered	\$80 Copay \$80 Copay

2023 Pasco County School Board Plan Comparison



Cost Sharing Maximums shown are Per Benefit Period (PBP) unless noted	HMO PLAN 48 HMO Basic BlueCare	HMO PLAN 61 HMO Premium BlueCare	PPO 03768 PPO Standard BlueOptions
PREVENTIVE CARE			
Adult Wellness Office Services (Annual Physical/Well Woman, one per calendar year) In-Network Family Physician In-Network Specialist Out-of-Network	\$0 Copay \$0 Copay Not Covered	\$0 Copay \$0 Copay Not Covered	\$0 Copay \$0 Copay 40% Coinsurance
Colonoscopies (Routine age 45+; Diagnostic, no age criteria) In-Network Out-of-Network	\$0 Copay Not Covered	\$0 Copay Not Covered	\$0 Copay 40% Coinsurance
Mammograms (Routine & Diagnostic) In-Network Out-of-Network	\$0 Copay Not Covered	\$0 Copay Not Covered	\$0 Copay \$0
Well Child Office Visits In-Network Family Physician In-Network Specialist Out-of-Network	\$0 Copay \$0 Copay Not Covered	\$0 Copay \$0 Copay Not Covered	\$0 Copay \$0 Copay 40% Coinsurance
EMERGENCY/URGENT/CONVENIENT CARE			
Ambulance Services (Air, Ground, water) In-Network Out-of-Network (For HMO Plans, only for emergencies)	DED + 20% INN DED + 20%	DED + 10% INN DED + 10%	DED + 30% INN DED + 30%
Convenient Care Centers (CCC) (Advent Health Express Care inside Walgreens Pharmacy) In-Network Out-of-Network	\$40 Copay Not Covered	\$35 Copay Not Covered	\$40 Copay DED + 40%
Emergency Room Facility Services (per visit) (Copayment waived if admitted) (also see Professional Provider Services) In-Network Out-of-Network	\$500 Copay \$500 Copay	\$500 Copay \$500 Copay	\$500 Copay \$500 Copay
Urgent Care Centers (UCC) Value Choice Urgent Care Provider (\$0 for visits 1-2 per benefit period) In-Network Out-of-Network	\$0, then \$50 Copay \$50 Copay Not Covered	\$0, then \$50 Copay \$50 Copay Not Covered	\$0, then \$50 Copay \$50 Copay DED + \$100
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 Out-of-Network	\$400 Copay Not Covered	\$200 Copay Not Covered	\$200 Copay DED + 40%
Independent Clinical Lab (Quest Diagnostics is preferred in network lab.) In-Network Out-of-Network	\$0 Copay Not Covered	\$0 Copay Not Covered	\$0 Copay 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) In-Network - Other Diagnostic Services (x-rays, ultrasounds) Out-of-Network	\$300 Copay \$50 Copay Not Covered	\$200 Copay \$50 Copay Not Covered	\$300 Copay \$50 Copay DED + 40%
Inpatient Hospital & Inpatient Rehab. Facility (per admission) In-Network Out-of- Network	DED + 20% Not Covered	DED + 10% Not Covered	DED + 30% DED + 40%

2023 Pasco County School Board Plan Comparison



Cost Sharing Maximums shown are Per Benefit Period (PBP) unless noted	HMO PLAN 48 HMO Basic BlueCare	HMO PLAN 61 HMO Premium BlueCare	PPO 03768 PPO Standard BlueOptions
Outpatient Hospital (per visit) (Surgical or Non-Surgical Svcs., i.e., lab work/ Dx Testing)			
In-Network	DED + 20%	DED + 10%	\$300 Copay
Out-of-Network	Not Covered	Not Covered	DED + 40%
Therapy at Outpatient Hospital (per visit)			
In-Network	\$75 Copay	\$65 Copay	\$80 Copay
Out-of-Network	Not Covered	Not Covered	DED + 40%
OTHER SPECIAL SERVICES			
Advanced Imaging Services in Physician's Office (per visit)			
In-Network Family Physician	\$300 Copay	\$200 Copay	\$300 Copay
In-Network Specialist	\$300 Copay	\$200 Copay	\$300 Copay
Out-of-Network	Not Covered	Not Covered	DED + 40%
Birthing Center			
In-Network	DED + 20%	DED + 10%	DED + 30%
Out-of-Network	Not Covered	Not Covered	DED + 40%
Diabetic Equipment¹ (CGM & Insulin Pump) (Coordinated via CareCentrix²)			
In-Network	\$0 Copay	\$0 Copay	DED + 30%
Out-of-Network	Not Covered	Not Covered	DED + 40%
Durable Medical Equipment, Prosthetics, Orthotics (Coordinated via CareCentrix²)			
In-Network	\$0/\$500 Motorized Wheelchair	\$0/\$500 Motorized Wheelchair	DED + 30%
Out-of-Network	Not Covered	Not Covered	DED + 40%
Home Health Care PBP (Coordinated via CareCentrix²)			
In-Network	35 visits PBP	Unlimited	60 visits PBP
Out-of-Network	\$0 Copay	\$0 Copay	DED + 30%
	Not Covered	Not Covered	DED + 40%
Hospice			
In-Network	DED + 20%	DED + 10%	DED + 30%
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)	4 modalities/day	4 modalities/day	4 modalities per day
In-Network	\$75 Copay	\$35 Copay	\$40 Copay
Out-of-Network	Not Covered	Not Covered	DED + 40%
Physician Office (per visit)			
In-Network Physical Therapist	\$75 Copay	\$35 Copay	\$40 Copay
Outpatient Hospital Facility Services (per visit)			
In-Network	\$75 Copay	\$65 Copay	\$80 Copay
Out-of-Network	Not Covered	Not Covered	DED + 40%
Skilled Nursing Facility PBP			
In-Network	60 days PBP	60 days PBP	60 days PBP
Out-of-Network	DED + 20%	DED + 10%	DED + 30%
	Not Covered	Not Covered	DED + 40%
Medical Pharmacy (Physician Administered in office setting/home health setting)			
In-Network Monthly Out of Pocket Max ³ for medication only	\$200/\$200	\$0/\$0	\$0/\$0
In-Network Provider (cost of medication only, separate cost share for administration)	20%/20%	0%/0%	0%/0%
Out-of-Network Provider	Not Covered	Not Covered	DED + 40%

2023 Pasco County School Board Plan Comparison



Cost Sharing Maximums shown are Per Benefit Period (PBP) unless noted	HMO PLAN 48 HMO Basic BlueCare	HMO PLAN 61 HMO Premium BlueCare	PPO 03768 PPO Standard BlueOptions
Other Covered Services: Bariatric Surgery: Cover only Gastric Sleeve (CPT code 43775), effective 1/1/2020. Special Guidelines apply. Please contact Patty Nguyen, Florida Blue Rep. at 813-794-2492 or 904-635-9221 for details.			

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

- 1 Diabetic Testing Supplies (lancets, strips, meters, etc.) are covered under the Pharmacy Benefit. Diabetic Equipment (insulin pumps, CGMs) are always covered under the medical benefit.
- 2 CareCentrix' Phone Number is 1-877-561-9910
- 3 (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.

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.



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 5-31-2020)

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.

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](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.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 for coverage in the next 3 months?
<input type="checkbox"/> Yes (Continue) 13a. If the employee is not eligible today, including as a result of a waiting or probationary period, provide the date the employee will become eligible for coverage? _____ (mm/dd/yyyy) (Continue) <input type="checkbox"/> No (STOP and return this form to employee)

14. Does the employer offer a health plan that meets the minimum value standard*?
<input type="checkbox"/> Yes (Go to question 15) <input type="checkbox"/> No (STOP and return form to employee)

15. For the lowest-cost plan that meets the minimum value standard* to the employee, provide the premium that the employee would have to pay for this plan (including any tobacco cessation programs, and didn't receive any other discounts for wellness programs).
a. How much would the employee have to pay in premiums for this plan? \$ _____ b. How often? <input checked="" type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly

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?
<input type="checkbox"/> Employer won't offer health coverage <input type="checkbox"/> Employer will start offering health coverage to employees or change the premium for available only to the employee that meets the minimum value standard.* (Premium should discount for wellness programs. See question 15.) a. How much would the employee have to pay in premiums for this plan? \$ _____ b. How often? <input checked="" type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly

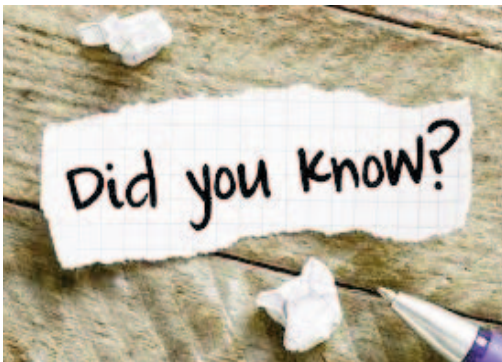


Pasco County Schools

Open Enrollment

Health Care Costs Too Expensive?

In a time when health care costs increase every year, Pasco County Schools continues 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

Fl♥rida KidCare

To determine your potential healthcare savings

- visit [Healthcare.gov](#) and complete the [INCOME LEVELS & SAVINGS](#) and
- [APPLY NOW](#) for Florida KidCare



HEALTHY LIVING IS JUST A DEAL AWAY

Join Blue365 and start saving today!

Blue365 gives you access to savings across all aspects of your life— including 20 percent off on Fitbit devices and over \$800 off Lasik, discounts on healthy, organic meal delivery services like Sun Basket, and much more!

Register now for free to take advantage of Blue365. It's an online destination where participating members can find healthy deals and exclusive discounts, all you need is your Blue Cross and Blue Shield member card to get started.

Get started today at

www.Blue365Deals.com/register

Exclusive savings from



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19-027-V05

Home Delivery from Amazon Pharmacy

A new way to save on medications

Amazon Pharmacy offers a home delivery service that lets you easily order and quickly get your non-specialty prescription medication¹ delivered at home.

And as a Florida Blue member, you get access to MedsYourWay™ prescription drug discount card pricing. The prescription discount card² gives you up to 80% savings³ on brand and generic medicines and is seamlessly built into the Amazon Pharmacy experience. You can get the lowest cost available while saving time and money. Using the MedsYourWay discount card is not insurance; however, using it for covered medications⁴ will also count toward your out-of-pocket maximum.



SHOP Easy to use

Amazon Pharmacy makes ordering your medications easier because it's like shopping on Amazon:

- Easy sign up, which includes the option to have your account auto-populated with your prescription history.
- Option for 90+ day supply.
- Pharmacists on call 24/7.
- Ability to manage your medication and order history.



SAVE Built-in drug discount card

Some drugs may be available at lower prices with a discount card. MedsYourWay discount pricing is built right into the Amazon Pharmacy experience.

- At check out, you'll see the lowest cost available for your medication. That's the price you'll pay.
- MedsYourWay discount card pricing is not insurance; however, all prescribed and covered purchases, whether paying a copay or using the discount card pricing, automatically count toward your annual out-of-pocket maximum.



SHIP Convenient home delivery

Skip the pharmacy line with home delivery.

- Fast delivery: Amazon Prime members get 2-day no-cost shipping on most orders; standard no-cost shipping for non-Amazon Prime members is 5-day but can be expedited to 2-day delivery for an additional fee.
- Real-time package tracking from order to delivery.

To learn more about Amazon Pharmacy's home delivery services, call the number on the back of your member ID card and say, "Pharmacy."

Or log on to your Florida Blue Member Account and see the **Pharmacy section** under **My Plan**.

¹ Amazon Pharmacy does not dispense Schedule 2 controlled substance drugs.

² MedsYourWay prescription drug discount card, administered by Inside Rx LLC, is not insurance. You are responsible for the cost of prescription(s) when using the card. Limitations apply. The discount pricing card is automatically available to all members with no additional sign up needed. The card is electronic only, a physical card will not be mailed.

³ Average savings based on usage and Inside Rx data as compared to cash prices; average savings are up to 80% for all generics and 37% for select brand medicines. Restrictions apply.

⁴ If your medicine has an unfulfilled requirement, the cost may not count towards your (accumulator) out-of-pocket maximum. Typical requirements include prior authorization (PA) needed, quantity limit exceeded or step therapy needed.

Amazon Pharmacy is an independent company contracted to provide Pharmacy Home Delivery services for both Florida Blue and Florida Blue HMO. Health insurance is offered by Florida Blue. HMO coverage is offered by Florida Blue HMO, an affiliate of Florida Blue. These companies are Independent Licensees of the Blue Cross Blue Shield Association. 109130 0322

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 price¹.



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.

¹Retail 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.

Health insurance is offered by Florida Blue. HMO coverage is offered by Florida Blue HMO, and HMO affiliate of Florida Blue. These companies are Independent Licensees of the Blue Cross and Blue Shield Association. We comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex. You may access the Nondiscrimination and Accessibility notice at floridablue.com/ndnotice.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. llame al 1-800-352-2583 (TTY: 1-800-955-8770).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-352-2583 (TTY: 1-800-955-8770).

Pharmacy Benefit

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

EFFECTIVE JANUARY 1, 2023 AMAZON PHARMACY WILL BE THE NEW MAIL ORDER PROVIDER.

- **NEW! Mail-order for up to a 90-day supply** will be provided through Amazon Pharmacy, where you'll have access to MedsYourWay™ discount card pricing. You pay less for ordering a 90-day supply by mail, rather than going to a retail pharmacy, one month at a time.
- **Effective January 1, 2023, Walgreens** will continue to 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 cost you **more out of pocket** and you would have to pay upfront and file a claim for reimbursement.
- You have 2 options at **Walgreens**; up to a 30 day supply or up to a 90-day supply for long-term medications.
- Fill your **Self-Administered Specialty medications** using **Accredo** (1-888-425-5970). Some exceptions may apply for certain Limited Distributed Drugs that **cannot** be filled by Accredo.
- Advise your doctor to fill all of your **Provider-Administered Specialty medications** (Medical Pharmacy Benefit) using **CVS CareMark Specialty Pharmacy** (1-866-278-5108) with the exception of certain limited distribution drugs. *Note: 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.

Member Prescription Cost Share (no changes in 2023)	
UP TO 30 DAY SUPPLY AT RETAIL WALGREENS ONLY	
CATEGORY	YOU PAY
TIER 1: GENERIC	\$10.00
TIER 2: PREFERRED BRAND	\$35.00
TIER 3: NON-PREFERRED BRAND	\$60.00

Member Prescription Cost Share for Specialty Drugs (Up to 30 day supply only)		
Specialty Generic	Specialty Preferred	Specialty Non-Preferred
\$25	\$50	\$100

UP TO 90 DAY EXTENDED RETAIL WALGREENS ONLY	
CATEGORY	YOU PAY
TIER 1: GENERIC	\$25.00
TIER 2: PREFERRED BRAND	\$87.50
TIER 3: NON-PREFERRED BRAND	\$150.00

UP TO 90 DAY EXTENDED RETAIL AMAZON PHARMACY	
CATEGORY	YOU PAY
TIER 1: GENERIC	\$20.00
TIER 2: PREFERRED BRAND	\$70.00
TIER 3: NON-PREFERRED BRAND	\$120.00

**Self-Administered Specialty Drugs on SaveOnSP list:
Enroll in the Manufacturer Assistance Program and
you will pay \$0.**

Member FAQs - Pharmacy

Q: I currently have prescriptions filled through Express Scripts Home Delivery. Do they automatically transfer to the new Amazon Pharmacy?

A: Yes, the medications will move over to Amazon Pharmacy if your prescription has refills and is not expired.

Q: What happens if I do not have any refills left or my prescription has expired?

A: If your prescription expires before January 1, 2023 or you will have no refills on January 1, 2023, contact your doctor. Please ask them to send a new prescription to Amazon Pharmacy on or after January 1, 2023.

Q: What is the contact information for Amazon Pharmacy?

A: For questions, call Amazon Pharmacy Customer Care at 855-965-7539, Monday through Friday, 8:00 a.m. – 10:00 p.m. ET and Saturday and Sunday, 10:00 a.m. – 8:00 p.m. ET.

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 use another retail pharmacy other than Walgreens?

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.

Save Money on Specialty Drugs



Call Accredo now to get started!

Call 888-425-5970, and a pharmacy representative will walk you through the process. Be sure to have your Florida Blue member ID, doctor's name and phone number, and your current pharmacy and prescription information ready.

Specialty drugs can be expensive. That's why as part of Florida Blue's **SaveOn** Program, Accredo Specialty Pharmacy will be your exclusive provider for most of your specialty medication needs. They help members like you save money on specialty drugs. Some drugs may even qualify for a \$0 cost share after copay assistance is applied. You can call the number on the back of your Florida Blue ID card to verify if your medication can be filled by Accredo.

Working with Accredo is easy!

- **Refill prescriptions online** at accredo.com or by phone at 888-425-5970¹
- **Have medicine shipped to your home** so you'll have it when you need it
- **Receive around-the-clock, personalized support** from a specialty-trained pharmacist, even on holidays

Members must use Accredo for all specialty prescriptions.

When drugs don't qualify for \$0 cost share, Accredo works with you to find financial support to help with the cost. **Please note: Manufacturer coupons do not apply toward your yearly deductible or out-of-pocket maximum.** If you're not eligible for financial help or you choose not to receive it, you'll be responsible for your standard specialty copay. Any medications not able to be filled by Accredo can be filled through the specific designated pharmacies. Please check your medication guide for a current listing of those pharmacies.

We're here to help.

If you have questions about your benefits or using Accredo, please call the number on the back of your member ID card and we'll be happy to help.

¹Not all medications can be filled online.

Accredo is a specialty pharmacy that is contracted to provide services to members of Florida Blue. Accredo is a trademark of Express Scripts Strategic Development, Inc.

Florida Blue is an Independent Licensee of the Blue Cross and Blue Shield Association.

We comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-352-2583 (TTY: 1-877-955-8773).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-352-2583 (TTY: 1-800-955-8770).



Specialty drugs can be expensive. That's why your pharmacy plan with Pasco County School Board will include the SaveOn Program. To participate, Accredo Specialty Pharmacy will be your exclusive provider for most of your self-administered specialty medication needs. They help members like you save money on specialty drugs.

Some specialty drugs may qualify for a \$0 cost share after copay assistance is applied.

Below are some member FAQ's regarding the SaveOnSP Program.

2023 SaveOnSP Program Member FAQ's	
QUESTIONS	ANSWER
Which specialty medications are impacted?	<ul style="list-style-type: none"> Only self-administered specialty medications filled under your pharmacy benefit are impacted. Physician administered medications, which are covered through your medical benefits under medical pharmacy, will NOT be impacted.
Will a member using a specialty pharmacy other than Accredo have to move their specialty medications to Accredo?	<ul style="list-style-type: none"> Yes, if the specialty medication is not a Limited Distribution Drug (LDD) then the member has to switch to Accredo. If the specialty medication is a Limited Distribution Drug (LDD) and Accredo is listed as a specialty pharmacy, then the member has to switch to Accredo. See link below to the list of LDDs. http://www.bcbsfl.com/DocumentLibrary/Providers/Content/Rx_LimitedDistributionDrugs.pdf
I received a call to enroll on the SaveOn Program. Is this a scam?	<ul style="list-style-type: none"> No, this is not a scam. You will save money by enrolling in the SaveOn Program. If you do not enroll you may have to pay 30% or more coinsurance for your self-administered specialty drug.
How to I find out if my specialty medication is part of the SaveOn Program?	<ul style="list-style-type: none"> Please contact Patty Nguyen, Florida Blue On-site Representative at 813-794-2492 or email her at Patricia.Nguyen@bcbsfl.com to inquire if your specialty medication is part of the SaveOn Program.
What will the member's cost share be for their specialty medications under the SaveOn Program?	<ul style="list-style-type: none"> \$0 cost share if your medication is on the SaveOn list and you qualify for and participate in the manufacturer assistance program. If you are taking a specialty medication that does not qualify for the manufacturer assistance program, then you will pay the following cost shares for specialty medications: \$25 copay/\$50 copay/\$100 copay (up to 30 day supply only)
How long will a member receive the \$0 cost share if his/her medication is part of the SaveOn Program?	12 months
What number do I call to reach Accredo regarding the SaveOn Program?	1-888-425-5970



2023 SaveOnSP Program Member FAQ's	
QUESTIONS	ANSWER
Do members have to sign up for the manufacturer assistance programs every year?	<ul style="list-style-type: none">• Members do have to recertify for the manufacturer assistance programs annually or at the manufacturer specified times.• Accredo can assist members with understanding when they need to recertify when they call in to schedule their next refill.
Will Accredo assist the members with applying for the manufacturer assistance programs?	<ul style="list-style-type: none">• Yes, the team at Accredo will assist the members with applying for and getting approved for the manufacturer assistance program.• For the manufacturer assistance programs that do not allow the team at Accredo to assist, the team will provide the member with all the information they require.
What happens if a member's provider prescribes a new medication that is part of the SaveOn program?	<ul style="list-style-type: none">• Accredo will assist the member with getting set up on the manufacturer assistance program for the new medication.
Can multiple members on the same contract be enrolled in this program?	<ul style="list-style-type: none">• Yes, this program is driven by the medication, not the contract.• Multiple members within the contract can be on the program and members can have multiple medications on the program as applicable.
Will manufacturer assistance program /coupons count towards the member's calendar year out of pocket maximum and calendar year deductible?	<ul style="list-style-type: none">• No, these amounts will not count towards the member's calendar year out of pocket maximum or calendar year deductible. The member will have a \$0 cost share for any specialty medication that qualifies under the program.

2023 PHARMACY OPTIONS	
PHARMACY NAME	TYPE(S) OF MEDICATION
Walgreens Retail Pharmacy Exclusive *Up to 30 to 90 days supply	<ul style="list-style-type: none"> Only retail pharmacy you may use to fill generic and/or brand name medications (<i>NOT self-administered specialty medications, provider-administered specialty medications or mail order.</i>) Diabetic Testing Supplies (test strips, lancets, glucometers, etc.) Insulin, Antibiotics
Accredo Specialty Pharmacy 1-888-425-5970 *Up to 30 days supply only <i><u>Exception:</u> If your specialty medication is a Limited Distributed Drug (LDD) and cannot be supplied by Accredo, then you may be able to use another specialty pharmacy.</i>	<ul style="list-style-type: none"> Self-Administered Specialty Medications. These medications require Prior Authorization. Certain specialty medications may be eligible for \$0 member cost share through a Manufacturer Copay Assistance Program with the SaveOn Program. Enrollment in the SaveOn Program required. Contact Accredo for assistance.
NEW Amazon Pharmacy Home Delivery MedsYourWay 1-855-206-3605 (Prescribers only) 1-512-884-5981 (Fax #) *Up to 90 days supply	<ul style="list-style-type: none"> Long-Term Medications, i.e., blood pressure, cholesterol medications, etc. For questions on setting up an account, call 1-855-965-7539.
CVS CareMark Specialty Only 1-866-278-5108 <i><u>Exception:</u> Medication cannot be supplied by CVS Specialty or Physician participating in Buy & Bill Program.</i>	<ul style="list-style-type: none"> Specialty Medications administered in a doctor's office/facility. Prior Authorization may be required. Claims are submitted under the medical benefit, NOT pharmacy.
My Health Onsite (MHO)* 1-888-644-1448 *Registered Patients	<ul style="list-style-type: none"> Ask about select generic and brand name medications at low or no cost to you. Access www.pascogohealthy.net for a list of covered medications
Elect Rx (District Program Offering) 1-844-353-2879 *Up to 90 days supply	<ul style="list-style-type: none"> Select brand name medications at low cost. Access www.pascogohealthy.net for a list of covered medications
TrueNorth Meds Insulin Program (District Program Offering) 1-844-681-8783	<ul style="list-style-type: none"> Brand Name Insulin at low cost



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
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And more...

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Phone: 1-844-681-8783

Fax: 1-844-682-8783

Email:

meds@truenorthmeds.com

www.truenorthmeds.com

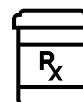


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**Elect
Rx**



True North Meds is a Licensed Canadian Pharmacy in Winnipeg, Manitoba. License # 34861.



Behavioral Health Benefits

New Directions Behavioral Health (NDBH)

NDBH is Florida Blue's partner for behavioral health capabilities and programs. NDBH manages behavioral health services 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).

To locate a participating behavioral health specialist (counselor, psychologist, psychiatrist), contact NDBH at 1-800-287-9569, 24 hours a day, 7 days a week. Provide your Florida Blue Member ID card and pay \$35/\$40 copay per office visit. The provider will submit the claims directly to Florida Blue. Access www.ndbh.com for articles, videos and resources.

MEMBER OUT OF POCKET FOR BEHAVIORAL HEALTH SERVICES BY PLAN				
MH=Mental Health DED=Deductible *Individual Deductible	SA=Substance Abuse Coins.=Coinsurance	BlueCare HMO Basic	BlueCare HMO Premium	Blue Options PPO Standard
MH/SA Emergency Room Services In & Out-of-Network		\$500 Copay	\$500 Copay	\$500 Copay
MH/SA Inpatient Hospital Facility Services In-Network		\$2,000 DED* + 20% Coins. Not Covered	\$1,500 DED* + 10% Coins. Not Covered	\$2,500 DED* + 30% Coins. 40% Coins.
MH/SA Inpatient Residential Treatment Facility In-Network		\$2,000 DED* + 20% Coins. Not Covered	\$1,500 DED* + 10% Coins. Not Covered	\$2,500 DED* + 30% Coins. 40% Coins.
MH/SA Outpatient (Physician's Office) Family Physician & Specialist In-Network (virtual visits @ \$35 copay-all plans) Out-of-Network		\$40 copay Not Covered	\$35 Copay Not Covered	\$40 copay 40% Coins.
MH/SA Outpatient Hospital Facility Services In-Network		\$2,000 DED* + 20% Coins. Not Covered	\$1,500 DED* + 10% Coins. Not Covered	\$40 copay 40% Coins.
MH/SA Provider Services at Locations other than office, hospital & ER; Family Physician & Specialist In-Network Out-of-Network		\$40 copay Not Covered	\$35 Copay Not Covered	\$40 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



Employee Assistance Program

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?

In addition to counseling services, the EAP offers

- 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



PASCO COUNTY SCHOOLS

Employee Health & Wellness Center





The Patient is the **HEART** of our Service

HOSPITALITY: We are dedicated to anticipating needs and developing relationships that exceed patient and client expectations.

EXCELLENCE: We are committed to improving individual outcomes by encouraging health education and creating personalized proactive care plans for each patient.

ACCESSIBILITY: We promote the highest quality of care by providing easy access to screenings, preventive services, health programs and integrated primary care.

RESPONSIBILITY: We take responsibility for the safe and cost-effective delivery of care to our patients.

TEAMWORK: We are committed to respect, communication and collaboration.

PROACTIVE. ENGAGED. PERSONALIZED.



Our Vision

My Health Onsite will transform healthcare in the employer space by promoting a culture of health and well-being, including patient care that is high quality, cost-efficient and inviting of individual preferences, fostering a **culture of compassionate care.**



Our Mission

My Health Onsite delivers advanced **personalized** healthcare solutions to employers that enhance patient **engagement** while **proactively** improving health outcomes.



GET TO KNOW OUR SERVICES

My Health Onsite Employee Health & Wellness Center:

Employee Health Center includes **FREE** routine checkups, sick visits, and acute condition treatment. Providers see employees, spouses, dependents, retirees and children from the ages of 8 and up for non-urgent acute care such as sore throats, ear aches, bumps and scrapes.

Personalized Health Assessment - Vital Health Profile (VHP):

My Health Onsite offers a complimentary personalized health assessment called the **Vital Health Profile (VHP)**, *previously known as Health Risk Assessment*, which includes biometric screening and laboratory studies. The VHP gives patients an opportunity to review their results with our medical provider and receive a complete physical.

Registered Dietitian & Nurse Educator Available at NO COST to You:

Our comprehensive Health & Wellness Program provides over 30 services offered totally FREE including the addition of diabetic and nutrition counseling with a dietitian nutritionist. Plus, personalized one-on-one health coaching is available. Please contact your provider to be referred to our FREE Wellness Programs.

No Deductible or Co-Pays at My Health Onsite for:

- **Generic medications**—most available onsite at Health Center
- **Personalized wellness program with one-on-one health coach**
- **X-rays and diagnostic testing**
- **Laboratory testing** ordered at the health center and labs ordered outside by your provider
- **Pre-diabetes & hypertension management, nutritional counseling, immunizations and more!**



Schedule an appointment today via the [healow app](#) (practice code: DAAEBD), through our online patient portal at www.my-patientportal.com or by calling the toll free **24-hr Call Center Support Team at: 888-644-1448**.

All services are provided by My Health Onsite. Pasco County Schools does not have access to any My Health Onsite's patient medical records. My Health Onsite abides by all federal HIPAA and confidentiality regulations.



VITAL HEALTH PROFILE (VHP)

My Health Onsite Offers a FREE Annual Health Assessment

My Health Onsite offers a complimentary personalized health assessment called the **Vital Health Profile (VHP)**, previously known as *Health Risk Assessment (HRA)*, which includes biometric screening and laboratory studies. The VHP gives patients an opportunity to review their results with our medical provider and receive a complete physical.

3 EASY STEPS TO COMPLETE YOUR VHP:

1

Vital Healthy History

History questionnaire which can be completed at the Health Center or from the Patient Portal

2

Nurse/Lab Visit

Complete biometrics & annual labs

3

Provider Visit

Annual labs & biometrics are reviewed and physical performed in person or televisit available

- Your **FREE** annual labs include the following: **Complete Metabolic Profile** (14 tests including: glucose, electrolytes, kidney, and liver functions), **Comprehensive Lipid Profile** and **Complete Blood Count**. In addition, reflex labs may be added which are personalized to you.
- Based on your history, reflex labs may include: hemoglobin A1C, thyroid testing, uric acid, hepatitis c and/or urine microalbumin/creatinine ratio. **VHP Reflex Labs** are reviewed annually and selected based upon their predictive associations with preventable diseases.
- You can request confidential HIV testing on your first visit with the nurse as part of your baseline labs.



Schedule an appointment today via the [healow app](#) (practice code: DAAEBD), through our online patient portal at www.my-patientportal.com or by calling the toll free **24-hr Call Center Support Team at: 888-644-1448**.



VITAL INVESTMENT PROGRAM (VIP)

ENGAGED COACHING & PERSONALIZED CARE

My Health Onsite offers **over 30 free wellness programs** called the Vital Investment Program (VIP) facilitated by onsite registered nurse educators, registered dietitians, health coaches and tobacco treatment specialists. VIP's include topics such as *Diabetes, Hypertension, Weight Management, Stress Management, Tobacco Cessation, Hyperlipidemia and much more!* Each program is personalized to meet individuals where they are to support goal setting and behavior change.



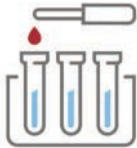
- ▶ Nutrition & wellness counseling with Dietitian & Nurse Educator
- ▶ Personalized wellness services with one-on-one health coaching
- ▶ Additional online programs include webinars, weight loss program & wellness challenges
- ▶ Treating high-risk conditions early such as diabetes & hypertension
- ▶ All services we offer are completely free for all eligible patients

ASK YOUR PROVIDER TO BE REFERRED INTO OUR FREE WELLNESS PROGRAMS

PATIENTS MAY ACCESS A RANGE OF MEDICAL SERVICES AT NO COST



Diabetic Testing
Supplies



Lab
Services



Personalized Wellness
& Nutrition Coaching



Well-Woman
Appointments



Medical Care for
Chronic Conditions



Preventative Care
Appointments

Schedule an appointment today via the [healow app](#) (practice code: DAAEBD), through our online patient portal at www.my-patientportal.com or by calling the toll free **24-hr Call Center Support Team at: 888-644-1448**.



GET ACQUAINTED WITH THE MY HEALTH ONSITE WELLNESS PORTAL

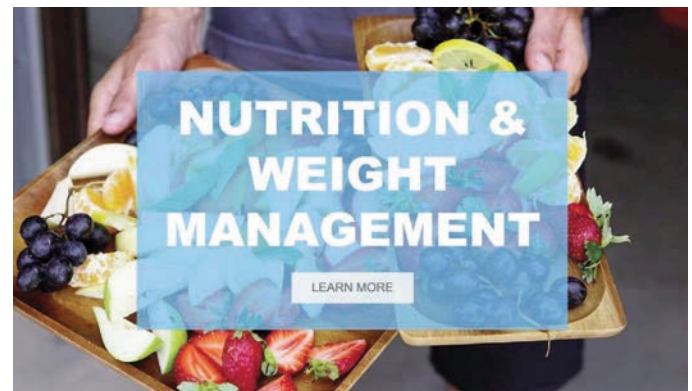
www.my-wellnessportal.com

Password: Wellness1



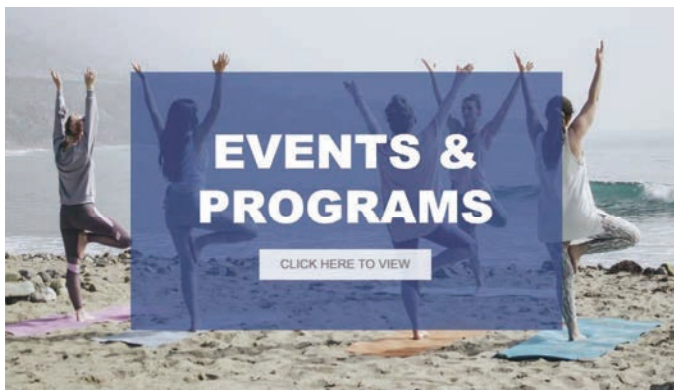
Wellness Webinars

Watch *recorded webinars hosted by our knowledgeable dietitians, health coaches, and nurse educators* then take the quiz for incentive credit (*where applicable). You will have access to more than 15 Wellness Webinars with new presentations being added monthly!



Nutrition & Weight Management

We have gathered up our top resources to help you succeed in your *nutrition & weight management journey*. Whether you are looking for a new and delicious recipe to try or need help figuring what should go on your plate each meal, it's here!



Events & Programs

From *live webinars to information about our Weight Loss programs*, My Health Onsite is your complete source for improving health and boosting productivity. Our Events & Programs section is your hub to see all we have to offer.



Resources & Helpful Tips

Explore the path that leads to a *healthier you!* Check out resources on our top *Vital Investment Programs* (VIP). From Cholesterol & Heart Health to Better Sleep, we have helpful resources that will help you achieve your wellness goals.

Schedule an appointment today via the [healow app](#) (practice code: DAAEBD), through our online patient portal at www.my-patientportal.com or by calling the toll free **24-hr Call Center Support Team at: 888-644-1448**.



LEARN MORE ABOUT YOUR NO-COST PRESCRIPTIONS AT MY HEALTH ONSITE

All prescriptions dispensed at My Health Onsite have no out-of-pocket expense to you!

Medications dispensed at My Health Onsite, including refills, require an appointment with an Employee Health & Wellness Center Provider. It is important to bring all your current prescribed medications in the original bottle with you for a first-time provider visit and evaluation.

Getting a prescription dispensed at the Health Center is fast and convenient. Typically, prescriptions are dispensed at the time of your provider appointment.

The Health Center has over **200+ generic medications** ready to dispense onsite for acute treatments and chronic conditions like *hypertension, diabetes, hyperlipidemia and much more!*

Schedule an appointment today and learn more about your medication options via the [healow app](#) (practice code: DAAEBD), through our online patient portal at www.my-patientportal.com or by calling the toll free **24-hr Call Center Support Team at: 888-644-1448**.



WELCOME TO YOUR NO-COST PRESCRIPTION MAIL ORDER PROGRAM

My Health Onsite (MHO) offers the MyRx mail order program for chronic medications to get recurring prescriptions conveniently delivered directly to your home.

THE MyRX MAIL ORDER PROGRAM WILL BENEFIT YOU BY:



Hassle-free prescription refills for chronic conditions



Quicker appointment visits



NO COPAYS for medications dispensed by your provider at the Employee Health & Wellness Center



We Make It Easy.

Once you have been seen by your MHO provider at the Employee Health & Wellness Center, received an evaluation and enrolled in the MyRX mail order program, your chronic prescriptions will begin arriving directly to your mailbox. No more refill appointments needed, unless directed by your MHO provider.



HELPFUL THINGS TO KNOW:

- Bring all your current prescribed medications in the original bottle with you for your first-time provider appointment visit and evaluation
- Be sure to note any lab tests needed when scheduling your appointment for routine maintenance medications

Please Note: medication refills will not be authorized without up-to-date lab results or as directed by your My Health Onsite provider

Schedule an appointment with your My Health Onsite provider today to renew your medications!

Make an appointment via the [healow app](#) (practice code: DAAEBD), through our online patient portal at www.my-patientportal.com or by calling the toll free **24-hr Call Center Support Team at: 888-644-1448**.

Be sure to schedule appointments at least 14 days in advance for chronic medication refills to ensure adequate time for delivery to your home.

DO YOU NEED A LAB DRAWN FOR AN OUTSIDE PROVIDER?

An outside lab order is one in which a provider in the community not affiliated with the Employee Health & Wellness Center has written an order for laboratory tests for a patient under his/her direct care.

HERE'S WHAT YOU NEED TO KNOW:



You have to be an established patient in order to have outside lab orders performed at the health center.



As we are not a drawing station, all outside lab orders must be approved by a provider on-site and must be on the approved lab list prior to the lab draw.



The patient may have the orders faxed to the health center prior to the lab draw date to obtain approval and verification ahead of time. If the patient elects to bring the order in the same day, the staff can verify the order with an on-site provider, but it is subject to their approval.

Note: All lab results shall be faxed to the outside ordering provider's office. In addition, the My Health Onsite provider who approved the labs will review them.

My Health Onsite abides by all federal HIPAA and confidentiality regulations.



APPOINTMENT GUIDE

All eligible employees and their covered dependents are encouraged to utilize the Pasco Sheriff's Office Employee Health & Wellness Center to address any chronic and acute medical concerns. Schedule an appointment today via the [healow app](#) (practice code: DAAEBD), through our online patient portal at www.my-patientportal.com or by calling the toll free 24-hr Call Center Support Team at: **888-644-1448**. The employee health and wellness center hours of operation are below:

Hours of Operation

Hudson HWC

14730 Cobra Way
Hudson, FL 34669
(727) 246-3991 Fax

Monday: 6:00am–7:00pm

Tuesday & Wednesday: 7:00am–7:00pm

Thursday & Friday: 8:00am–5:00pm

Saturday: 8:00am–1:00pm

(Open 1st and 3rd Saturday of the Month)

Centennial HWC

38503 Centennial Road
Dade City, FL 33525
(813) 346-3591 Fax

Monday: 6:00am–5:00pm

Tuesday, Thursday & Friday: 7:00am–5:00pm

Wednesday: 7:00am–7:00pm

Saturday: 8:00am–1:00pm

(Open 1st and 3rd Saturday of the Month)

Lab Services Only (All Centers)

(VHP, blood draws, drug tests, etc.)

Monday–Friday: 6am–10:45am

Land O Lakes HWC

20360 Gator Lane, Building 14
Land O Lakes, FL 34638
(813) 346-3491 Fax

Monday & Thursday: 7:00am–5:00pm

Tuesday: 7:00am–4:00pm

Wednesday: 9:00am–7:00pm

Friday: 8:00am–5:00pm

Saturday: 8:00am–1:00pm

(Open Every Saturday except for months with 5 Saturdays)

Gulf HWC

5375 School Road
New Port Richey, FL 34652
(727) 246-3891 Fax

Monday, Thursday & Friday: 8:00am–5:00pm

Tuesday: 7:00am–4:00pm

Wednesday: 10:00am–7:00pm

Saturday: 8:00am–1:00pm

(Open 2nd and 4th Saturday of the Month)

Longleaf HWC

3381 Town Avenue
New Port Richey, FL 34655
(813) 346-3571 Fax

Monday: 7:00am–6:00pm

Tuesday, Wednesday & Thursday:

7:00am–7:00pm

Friday: 7:00am–5:00pm

Saturday: 8:00am–1:00pm

(Open 1st and 3rd Saturday of the Month)

Wesley Chapel HWC

30833 Wells Road
Wesley Chapel, FL 33545
(813) 346-4291 Fax

Monday, Thursday & Friday: 6:00am–5:00pm

Tuesday: 7:00am–4:00pm

Wednesday: 8:00am–7:00pm

Saturday: 8:00am–1:00pm

(Open 2nd and 4th Saturday of the Month)

No-Shows

The demand on the available appointment slots has been over-whelming; however, the practice of employees/dependents not showing for an appointment is greatly diminishing the capacity for others to be seen. We have had an increased number of employees and dependents not showing up and not canceling appointments for lab draws and medical appointments. We have found the need to track this information, so No-Show appointments will be reported monthly to the Pasco County Schools Employee Health and Wellness Center.

Cancellation of Appointments

If the need arises for a last-minute appointment cancellation, please cancel with enough time to allow another Pasco County Schools employee to utilize the newly available appointment slot. For your convenience, please log onto your Patient Portal at www.my-patientportal.com or call the 24-hr Call Center at 1-888-644-1448 to reach an operator to cancel or reschedule your appointment.

Late for Appointments

If you arrive at the My Health Onsite Employee Health and Wellness Center 10 minutes or later for your scheduled appointment time, you will be considered a no-show.

Acute Medical Problems

For those eligible to use the health and wellness center that have an acute medical problem that needs attention, we will make every effort to see those patients as quickly as possible. Please contact the My Health Onsite Call Center at 1-888-644-1448 to reach an operator and asked to be transferred through to the center.

COVID-19 Face Mask Requirements

We care about the safety and health of our patients. According to COVID-19 guidelines by the Centers of Disease Control & Prevention (CDC) & the Association for Professionals in Infection Control and Epidemiology (APIC), face masks will continue to be required for vaccinated & unvaccinated patients at all My Health Onsite Employee Health & Wellness Centers until further notice. Face Mask requirements for appointments will change as the COVID-19 precautions are lifted.

24-hr Call Center Support Team at: 1-888-644-1448 | www.myhealthonsite.com

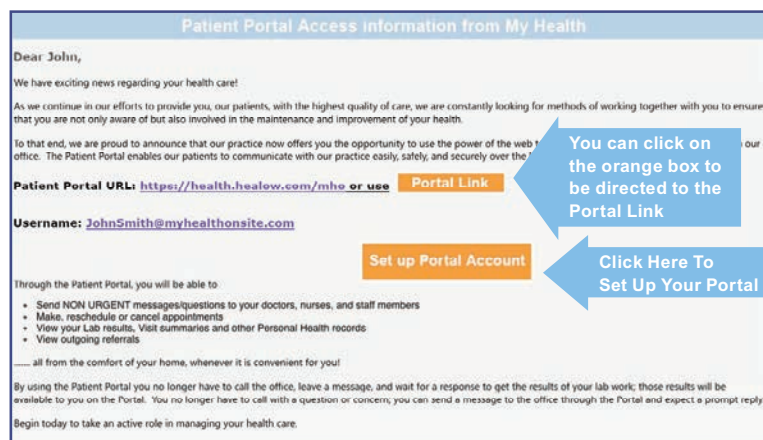
Please be reminded that the My Health Onsite Health and Wellness Centers are not equipped nor staffed as an emergency room. Any sudden onset symptoms suggestive of a potentially life-threatening situation (shortness of breath, chest pain, fainting, etc.) should be immediately evaluated in an urgent care setting, hospital emergency room or by calling 911.

HOW TO REGISTER & ACCESS THE PATIENT PORTAL

How to Register

All patients with a unique valid email address should receive an email invitation from **"no-reply@eclinicalmail.com"** with the subject line: **Patient Portal Access Information from My Health Onsite (MHO).** (Please check spam/junk folders)

To access your New Patient Portal, simply follow instructions in the email.



If you have **not** received the email invitation, please call **888-644-1448** to update your email address.

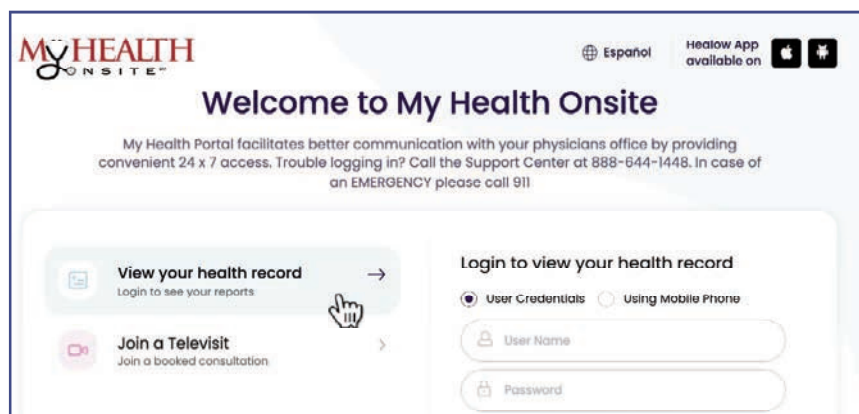
For patients younger than 18 or adults wishing to provide web portal access to another person, a **Patient Portal Proxy Authorization Form** must be completed to comply with regulatory requirements.

The proxy form can be obtained at the Employee Health & Wellness Center or downloaded from MHO's web site at the following URL: www.myhealthonsite.com/patient-forms. The form must be completed and turned into the Employee Health and Wellness Center staff to establish web portal access for proxy accounts.

How to Login (Once Registered)

STEP 1 Go to www.my-patientportal.com to take you to the **Patient Portal Login** page.

STEP 2 Click **"View your health record"**. Enter your Username & Password to log in to view health history, book or cancel and appointment, and more!



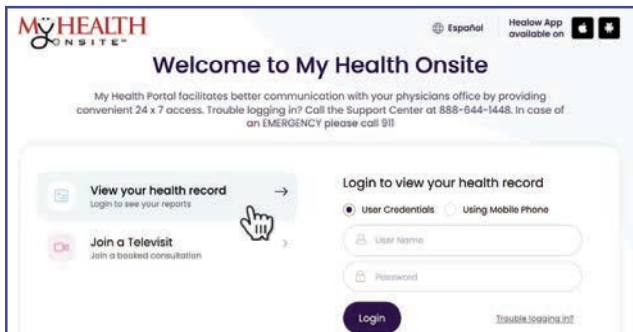
For assistance accessing the patient portal, please call our
24-hour Call Center Support Team at: 888-644-1448

My Health Onsite abides by all federal HIPAA and confidentiality regulations.

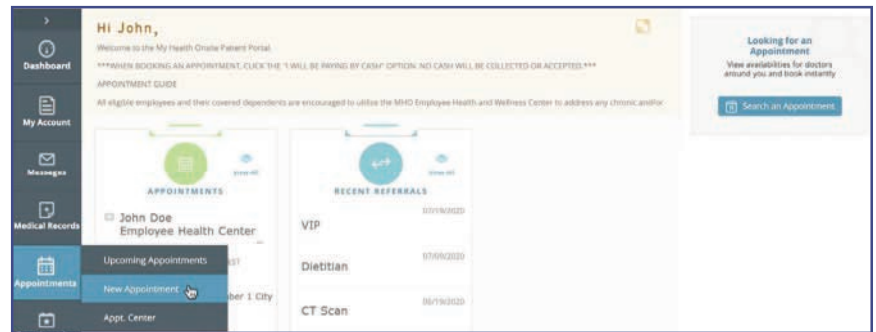
HOW TO SCHEDULE PATIENT PORTAL APPOINTMENTS

NEW! Easier to Find First Available Appointments

Note: Please set zoom setting in web browser to 100% or lower.

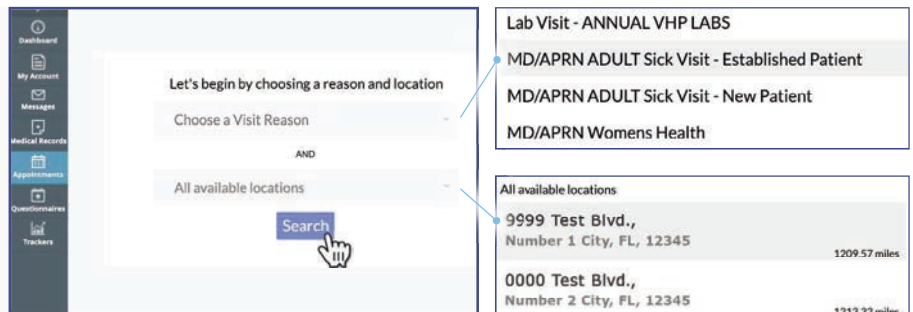


STEP 1 Go to: www.my-patientportal.com and enter your Username & Password. Click **“View your health record”** to enter Patient Portal.

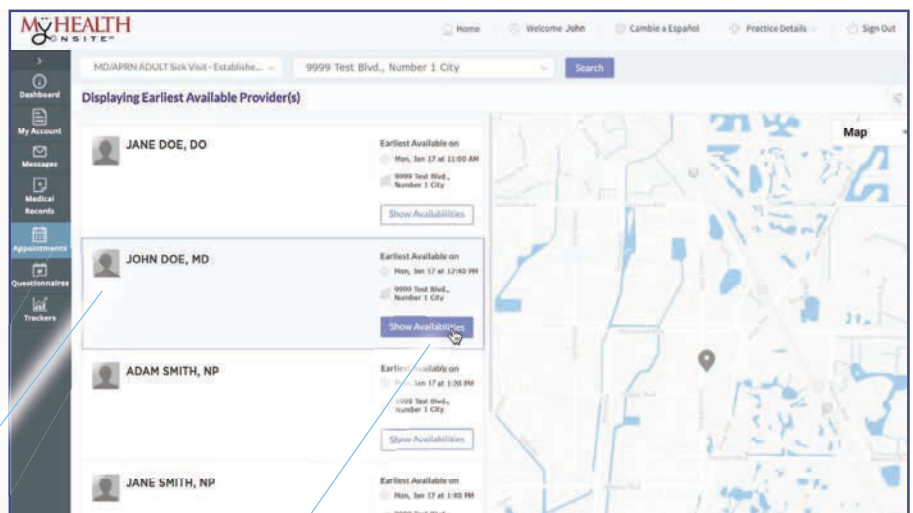


STEP 2 Select the Appointments Tab at left and select **“New Appointment”** at drop down menu or hit the **“Search for Appointment”** tab at top right.

STEP 3 Choose a **“Reason for Visit”** and then **“All Available Locations”** or search by a specific location.



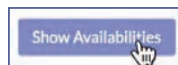
STEP 4 Select the Provider you would like to see and then select **“Show Availabilities”**.



Select the Provider You Want to See



Select Show Availabilities



Steps Continued on Next Page

HOW TO SCHEDULE APPOINTMENTS CONT.

STEP
5

Select the desired date you wish to book. Next, under the date, “Select the Appointment Time” you would like and then it will prompt you to the Patient Details Page of the Appointment.

Select a Future Date to See Available Appointments

Select Morning, Afternoon, or Evening for Appointment

STEP
6

On the **Patient Details** page, it is important to confirm your information and appointment details are correct. Click “Next” to go to the “Visit Details” page. (It’s important to use a Cell Phone number as your contact phone as you will receive verification of Appointment via text message.)

STEP
7

Select “Yes or No”, enter any information you would like the Provider to know about the visit, and then select the “Pay by Cash/Not Applicable” button. Select the “Next” button for Phone Verification of Appointment. (Please note: No cash or monies will be collected or exchanged.)

STEP
8

To verify by phone call or text message, click the “Voice” icon for voice call or “Text” icon for security code. Enter security code to confirm appointment & click “Book Now”.

Verify by Cell Phone Call

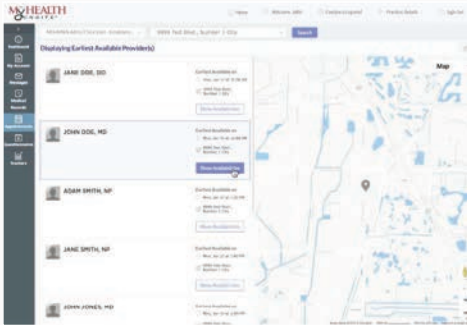
OR

Verify by Text Message to Cell Phone

Appointment Set!
Process is completed.

You Will Receive Email Confirmation of Appointment to Registered Email Account.

USE THE HEALOW[®] APP TO SCHEDULE APPOINTMENTS WITH EASE



Immediate access to schedule appointments

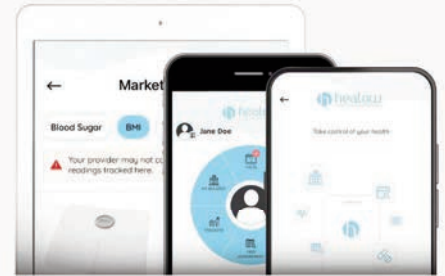
Manage important health information, including labs, medications, allergies & more.



NOTE:
Download & Install the Latest Version of the App for a Seamless Experience!

Connect to your doctor via healow TeleVisits

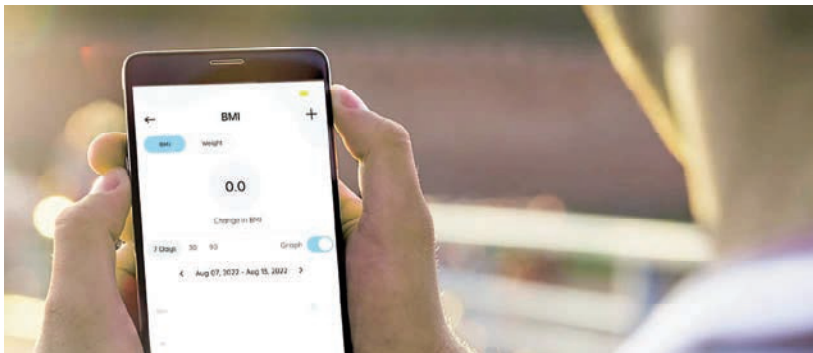
Get a safe and secure way to connect to your doctor remotely, via video and audio connection either on your smartphone or your computer.



Available on the iPhone App Store GET IT ON Google Play

Your health dashboard available on your smartphone or tablet

A secure app that helps you manage what's important—the health of you and your family!



MOBILE ACCESS TO BETTER HEALTH

- Schedule appointments
- Capture your health data on the go
- View your consolidated health information
- Convenient provider TeleVisits

HOW TO DOWNLOAD THE HEALOW APP

Open App Store[®] from your iPhone[®] or Google Play[™] from your Android phone, **search healow app and download**. Tap “Get” in the App Store or “Install” in Google Play. **NOTE:** Make sure to check the Developer is eClinicalWorks LLC. When the installation is complete, the healow icon displays on the device Home screen.



Schedule an appointment today via the **healow app** (practice code: DAAEBD), through our online patient portal at www.my-patientportal.com or by calling the toll free **24-hr Call Center Support Team at: 888-644-1448**.

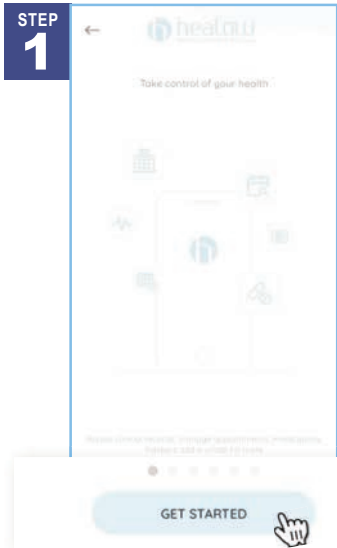
Source: <https://healow.com/apps/jsp/webview/index.jsp>. eClinicalWorks[®] & healow[®] are registered trademarks of eClinicalWorks, LLC., Apple[®] macOS[®] are trademarks of Apple Inc., Google[™] Chrome[™] is a registered trademark of Google, Inc., My Health Onsite abides by all federal HIPAA and confidentiality regulations.

HEALOW[®] APP 101

NOTE: to use the healow[®] app, you must be a registered patient with My Health Onsite. *If not a registered patient, please contact the Call Center Support Team at 888-644-1448 for account setup.*

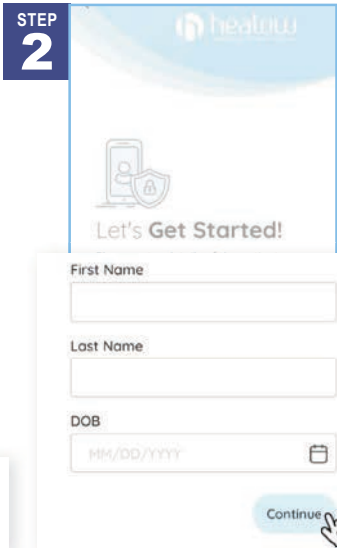
HOW TO REGISTER YOUR ACCOUNT IN THE HEALOW APP

STEP 1



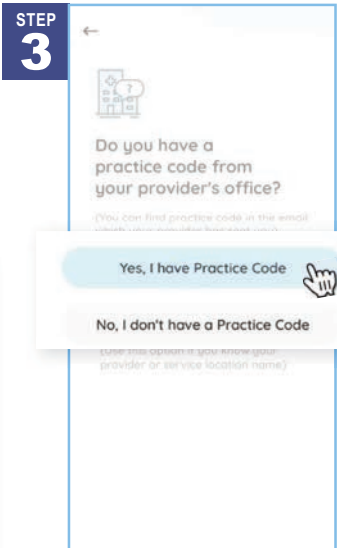
Open the healow app and click "Get Started".

STEP 2



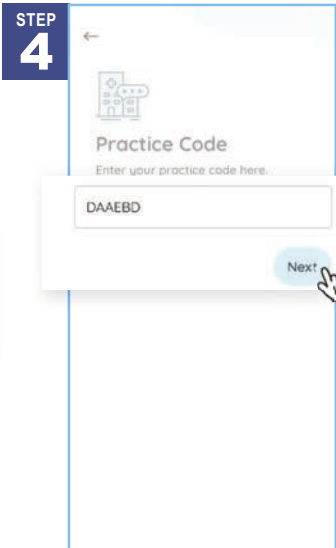
Enter First Name, Last Name, DOB, then click "Continue".

STEP 3



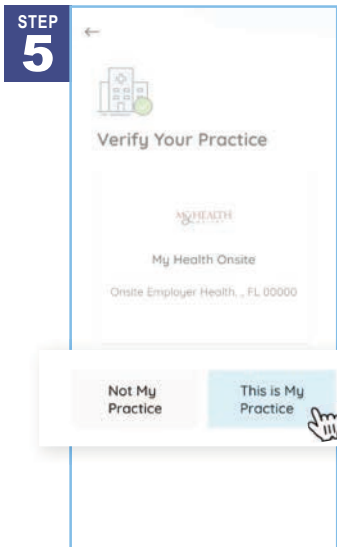
Click "Yes, I have a Practice Code".

STEP 4



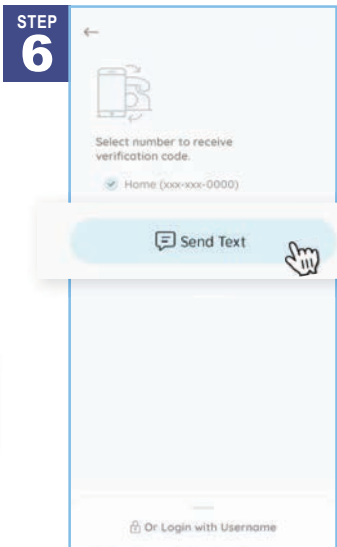
Enter the Practice Code "DAAEBD" and click "Next".

STEP 5



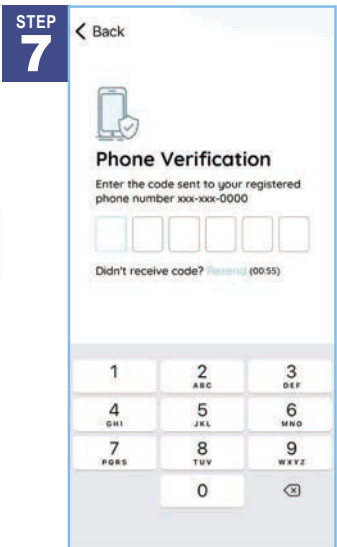
Verify your Practice by clicking "This is My Practice".

STEP 6




Select your phone number and click "Send Text".

STEP 7



Verify your phone by entering the code sent to your phone.

STEP 8

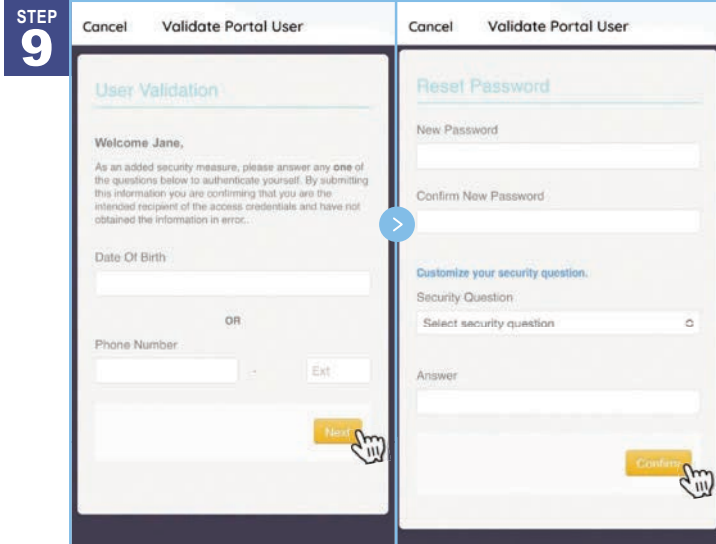


Read terms of use agreement. If approved, click "I agree to the terms & conditions".

HEALOW® APP 101

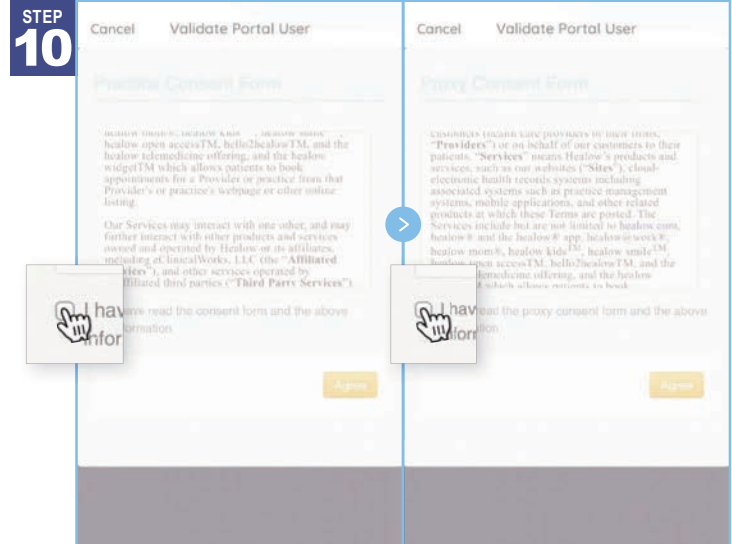
HOW TO REGISTER YOUR ACCOUNT IN THE HEALOW APP *cont.*

STEP 9



It will prompt you to validate Date of Birth or Phone Number. Once completed it will ask you to **Reset your Password**.

STEP 10



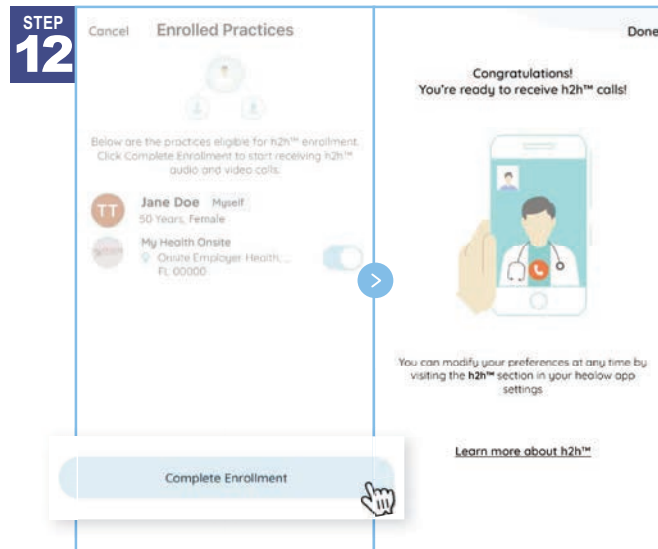
If you consent, please check the boxes marked **"I have read the consent form and the above information"** on the next two screens.

STEP 11



Create a **6-digit PIN** of your choice to be used unlock your app.

STEP 12



Click on **"Complete Enrollment"** light-blue oval at the bottom. Congratulations! Your done and ready to receive hello2healow™ (h2h) calls!



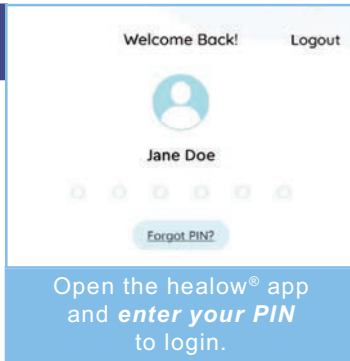
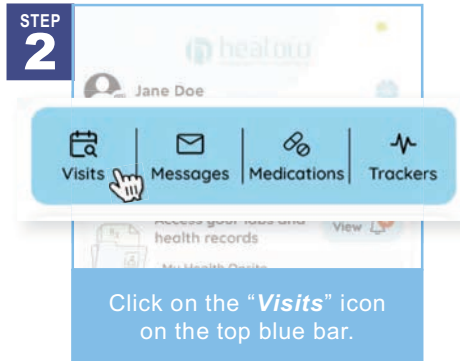
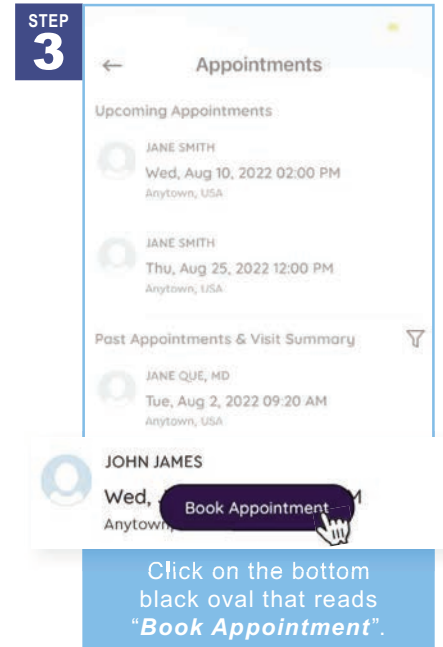
Schedule an appointment today via the **healow app** (practice code: DAAEBD), through our online patient portal at www.my-patientportal.com or by calling the toll free **24-hr Call Center Support Team** at: **888-644-1448**.

Schedule an appointment today via the **healow app** (practice code: DAAEBD), through our online patient portal at www.my-patientportal.com or by calling the toll free **Call Center Support Team** at: **888-644-1448**.



HEALOW® APP 101

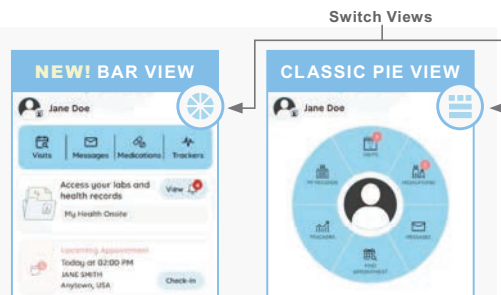
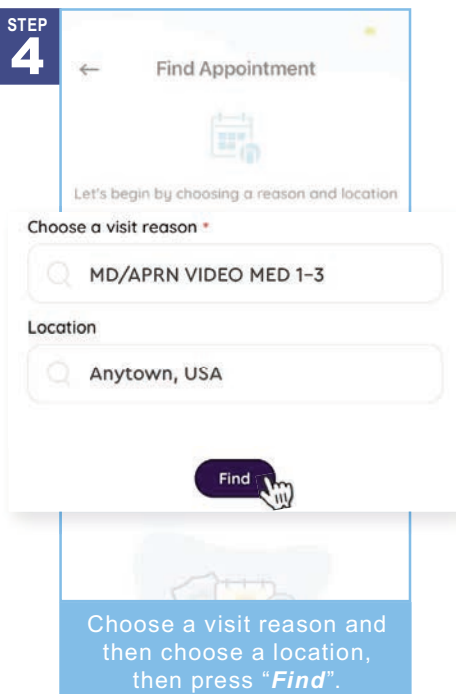
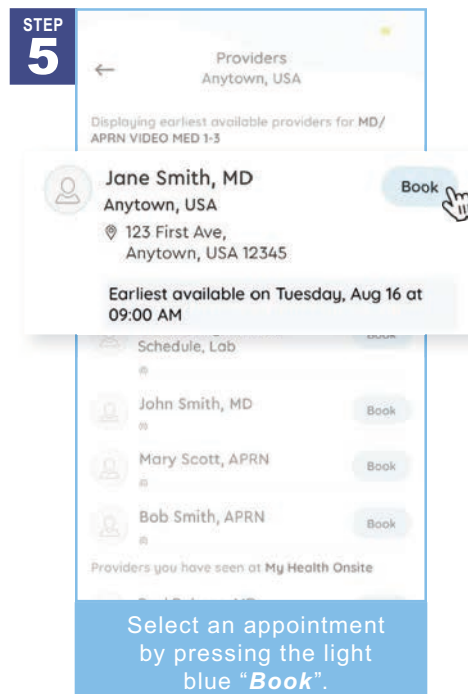
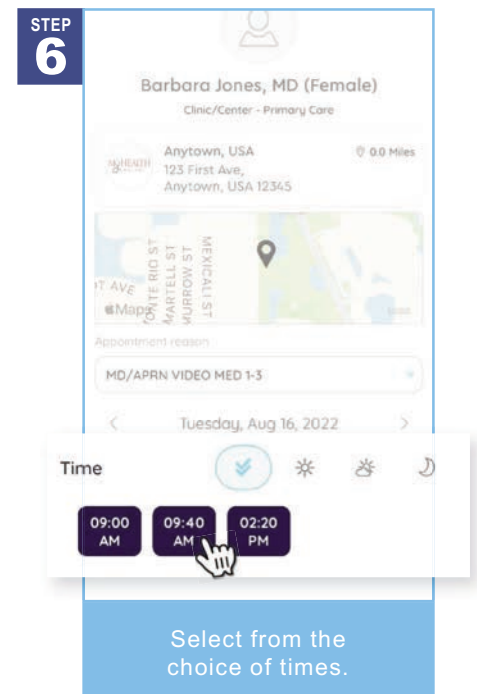
NOTE: to use the healow® app, you must be a registered patient with My Health Onsite. If not a registered patient, please contact the 24-hr Call Center Support Team at 888-644-1448 for account setup.

HOW TO SCHEDULE AN APPOINTMENT IN THE HEALOW APP

STEP 1

STEP 2

STEP 3


HEALOW UPDATE:

You can toggle between home navigation views by clicking the  Bar View icon or  Pie View icon at the top right corner.


STEP 4

STEP 5

STEP 6


HEALOW[®] APP 101

HOW TO SCHEDULE AN APPOINTMENT IN THE HEALOW APP *cont.*

STEP
7

My Info.

Barbara Jones, MD (Female)
Clinic/Center - Primary Care
Anytown, USA
123 First Ave,
Anytown, USA 12345

Tuesday, Aug 16, 09:00 AM

If you think you have a medical emergency, please call 911 or go to the nearest hospital. Please do not attempt to request emergency care through this app.

Book for My Self Book for Someone else

My Info *

First Name
Jane

Last Name
Doe

Gender
Female

Visit Info *

Reason For The Visit
MD/APRN VIDEO MED 1-3

Info. for the Provider
(Maximum Characters : 250)

Payment Details
I will be paying by cash

Payment Details
I will be paying by cash

I will be paying by insurance

We will need to verify your phone number for this appointment

By entering your number, you agree to receive an automated telephone call or one text message with a passcode) to verify your account. Message and data rates apply

This will be done by an instant phone call or text message. Select your preference.

Voice Text

Verify and Book

NOTE: no cash or monies will be collected or exchanged.

As you scroll down, You have options to change some fields and add comments to the provider.
When completed, at the bottom click on black oval that reads “**Verify and Book**”.

STEP
8

Phone Validation

Please enter the 4 digit validation code you received on the phone number provided.

Code is valid for 15 minutes or 3 attempts

Validate

From Messages
8409

1 2 3
4 5 6
7 8 9
0

You should receive a four-digit code sent via text message, insert code here, then click “Validate”.

STEP
9

Your appointment reservation has been sent to Barbara Jones, MD

Barbara Jones, MD
Anytown, USA
123 First Ave,
Anytown, USA 12345

Tuesday, Aug 16, 09:00 AM

You should receive your appointment confirmation at:
jdoe@myhealthonsite.com
123-456-7890

Home

Book Another Appointment

You will receive an email confirmation of an appointment to your registered email account.



Schedule an appointment today via the **healow app** (practice code: DAAEBD), through our online patient portal at www.my-patientportal.com or by calling the toll free **24-hr Call Center Support Team** at: 888-644-1448.

Schedule an appointment today via the **healow app** (practice code: DAAEBD), through our online patient portal at www.my-patientportal.com or by calling the toll free **Call Center Support Team** at: 888-644-1448.

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HEALOW® TELEVISIT APPOINTMENT USER GUIDE

Note: If you installed the healow app prior to May 1, 2020, you may need to delete the app and reinstall.

► JOIN TELEVISIT APPOINTMENTS BY HEALOW APP

STEP 1: Open App Store® from your iPhone® or Google Play™ from your Android phone, **search healow app and download**. Tap in the App Store or Install in Google Play. **NOTE: Make sure the application you are installing is the one developed by eClinicalWorks®, LLC.**

STEP 2: Initialize a Televisit by opening healow app, a tap “Get Started”. Accept Location, Camera, & Microphone to be able to use functionality of televisit. Enter the “Practice Code” (DAAEBD) to prompt login for user name & password. Accept the Terms and Conditions for the healow application, verify the account by entering “Date of Birth”, then create and confirm a 4-digit PIN of your choice.



Now you are ready to:

START TELEVISIT ► COMPLETE QUESTIONNAIRE ► SUBMIT VITALS

Note: questionnaire and vitals are not mandatory, but please complete as much as possible.

► JOIN TELEVISIT APPOINTMENTS BY DESKTOP COMPUTER

STEP 1: To join a televisit appointment via the My Health Onsite Patient Portal, you will need the one of the following supported browsers Google™ Chrome for macOS®, Windows®, Linux®, Chrome OS™, Safari® for macOS, Firefox® for macOS, Window, or Linux or Opera™ for macOS, Windows or Linux. **NOTE: A webcam & microphone is needed for televisit via desktop computer.**



STEP 2: Go to www.my-patientportal.com, Log in to the Patient Portal with your Username and Password, click “Dashboard” on the Patient Portal homepage. Next, in the appointments section, click “Join Televisit”.

Now you are ready to:

START TELEVISIT ► COMPLETE QUESTIONNAIRE ► SUBMIT VITALS

Note: questionnaire and vitals are not mandatory, but please complete as much as possible.

► ACCESSING A TELEVISIT FROM AN E-MAIL LINK



STEP 1: To join a televisit appointment via an e-mail link, you will need the one of the following supported browsers Google™ Chrome for macOS®, Windows®, Linux®, Chrome OS™, Safari® for macOS, Firefox® for macOS, Window, or Linux or Opera™ for macOS, Windows or Linux.

STEP 2: To access a healow televisit appointment, click the “Start Televisit Link” sent by My Health Onsite to your registered email address. After clicking this link, the healow televisit window opens.

Now you are ready to:

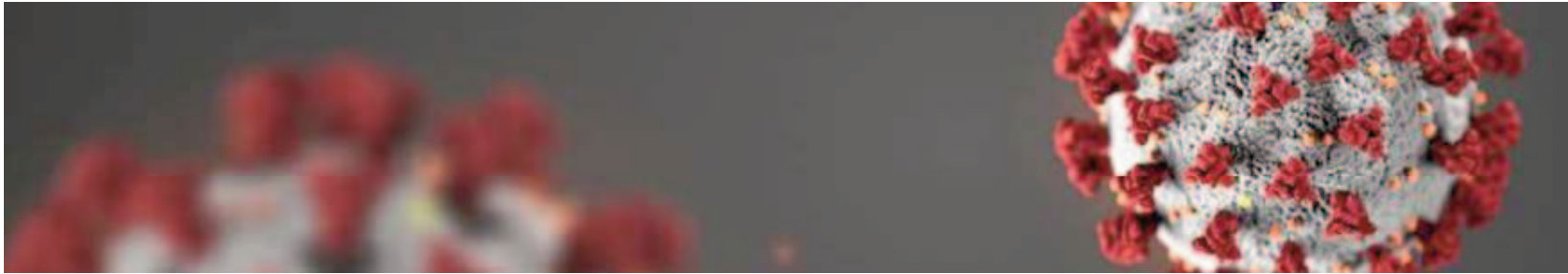
START TELEVISIT ► COMPLETE QUESTIONNAIRE ► SUBMIT VITALS

Note: questionnaire and vitals are not mandatory, but please complete as much as possible.

If you experience technical difficulties, please call the Support Center at **888-644-1448** and ask to be transferred to your Health Center.

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COVID-19 APPOINTMENT GUIDE & FAQ



The following information is based on recommendations from the Centers for Disease Control & Prevention (CDC) & Association for Professionals in Infection Control & Epidemiology (APIC). Updated as of May 10th, 2022.

All patients must wear a cloth face covering or face mask per the CDC's and APIC's recommendation upon entering the health center and while they are on-site. In addition, hygiene stations are provided in the health center lobby for the patient's safety.

Appointment Guidelines

1. Utilize the [healow app](#) (practice code: DAAEBD), our online patient portal at www.my-patientportal.com or by call the toll free 24-hr Call Center Support Team at: **888-644-1448** to make a provider appointment for a sick visit.
2. The Employee Health Center staff will call and screen the patient prior to the appointment for COVID-19 symptoms (fever of ≥ 100.4 or unexplained night sweats, chills, unexplained cough, muscle or body aches, sore throat, new loss of taste or smell, new onset or worsened shortness of breath and ask the below questions:
 - In the past 5 days have you tested positive for COVID-19 or been in close contact with someone who has tested positive for COVID-19?
 - Have you experienced the above mentioned COVID-19 symptoms (question 2) within the past 5 days?

If you answer **yes** to any of the above questions, **your provider appointment will not be cancelled**, but offered our test & treat protocol for a on-site visit or tele-visit (televideo visit - virtual) medical appointment. Please ensure the Employee Health Center staff have an updated contact number so the provider can reach you by phone at the scheduled appointment time. Based on the provider's assessment you may be asked to self-quarantine per CDC guidelines and/or be referred for further testing. If applicable, the provider will schedule follow up **tele-visit** appointments during

this time to monitor. If you are experiencing **emergency warning signs** for COVID-19, seek medical attention immediately at an Emergency Room and/or call 911. Per CDC guidelines, emergency signs include*:

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Pale, gray, or blue-colored skin, lips, or nail beds, depending on skin tone

**This list is not all possible symptoms. Please call your medical provider for any other symptoms that are severe or concerning to you.*

Hygiene Stations

All My Health Onsite employee health and wellness centers are equipped with Hygiene Stations which include hand sanitizer and facial tissues. In addition, there are instructions posted in the lobby of how to use the Hygiene Station.

How Does COVID-19 Spread?

COVID-19 is spread in three main ways:

- Breathing in air when close to an infected person who is exhaling small droplets and particles that contain the virus.
- Having these small droplets and particles that contain virus land on the eyes, nose, or mouth, especially through splashes and sprays like a cough or sneeze.
- Touching eyes, nose, or mouth with hands that have the virus on them.

IMPORTANT NOTICE: Please update your contact information in your Patient Portal profile with the best cell phone number for our providers to contact you for **tele-visit** appointments.

COVID-19 APPOINTMENT GUIDE & FAQ CONT.

What are the symptoms of COVID-19?

People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear **2–14 days after exposure to the virus**. People with these symptoms may have COVID-19:

- Fever or chills
- Headache
- Cough
- New loss of taste or smell
- Shortness of breath or difficulty breathing
- Sore throat
- Fatigue
- Congestion or runny nose
- Muscle or body aches
- Nausea or vomiting
- Diarrhea

This list does not include all possible symptoms. CDC will continue to update this list as we learn more about COVID-19.

What are severe complications from this virus?

A: Some patients have pneumonia in both lungs, multi-organ failure and in some cases death. Read more about severe complications here: www.cdc.gov/coronavirus/2019-ncov/long-term-effects.

Should I be wearing a mask to prevent COVID-19?

- CDC recommends that people wear cloth face coverings in public settings and when around people who don't live in your household, especially when other [social distancing](#) measures are difficult to maintain.
- Cloth face coverings may help prevent people who have COVID-19 from spreading the virus to others.
- Cloth face coverings are most likely to reduce the spread of COVID-19 when they are widely used by people in public settings.

How can I help protect myself?

A: People can help protect themselves from respiratory illness with everyday preventive actions:

- **Avoid close contact inside your home:** Avoid close contact with people who are sick. If possible, maintain 6 feet between the person who is sick and other household members.

- **Avoid close contact outside your home:** Put 6 feet of distance between yourself and people who don't live in your household. Remember that some people without symptoms may be able to spread virus. [Stay at least 6 feet \(about 2 arms' length\) from other people.](#)
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Wash your hands often with soap and water for at least 20 seconds. Use an alcohol-based hand sanitizer that contains at least 60% alcohol if soap and water are not available. www.cdc.gov/handwashing/when-how-handwashing.html

Per CDC guidelines, wear a mask with the best fit, protection, and comfort for you. If you are in an area with a high COVID-19 Community Level and are 2 or older, wear a mask indoors in public. If you are sick and need to be around others, or are caring for someone who has COVID-19, wear a mask. If you are at increased risk for severe illness, or live with or spend time with someone at higher risk, speak to your healthcare provider about wearing a mask at medium COVID-19 Community Levels.

If you are sick, to keep from spreading respiratory illness to others, you should:

- Stay home when you are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
- Clean and disinfect frequently touched objects and surfaces.

Is there a vaccine?

A: Yes. Per the CDC, COVID-19 vaccines are [safe and effective](#). Everyone 12 years of age and older is now eligible to [get a free COVID-19 vaccination](#). Learn about the [different COVID-19 vaccines](#). Search vaccines.gov, text your zip code to 438829, or call 1-800-232-0233 for vaccines near you.

Is there a treatment?

A: Per CDC guidance, if you test positive and are more likely to get very sick from COVID-19, treatments are available that can reduce your chances of being hospitalized or dying from the disease. Medications to treat COVID-19 must be prescribed by a healthcare provider and started as soon as possible after diagnosis to be effective. Learn more: www.cdc.gov/coronavirus/2019-ncov/your-health/treatments-for-severe-illness.html.

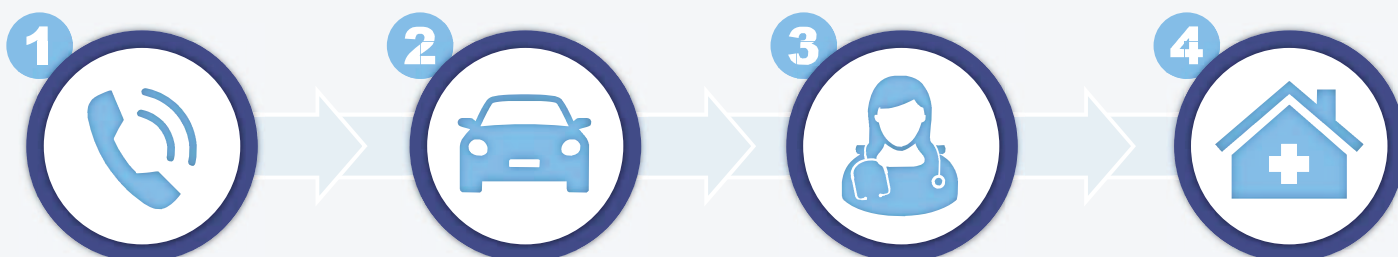
Sources: <https://www.cdc.gov/coronavirus/2019-ncov/downloads/2019-ncov-factsheet.pdf> & https://apic.org/wp-content/uploads/2020/02/02420_Coronavirus_HiresNoBleed.pdf. This information is shared by My Health Onsite for general information and education only. It is not intended to be a substitute for professional medical advice, diagnosis, or treatment. You should always consult your healthcare provider if you have any concerns or questions about your health.

FEELING ILL OR UNDER THE WEATHER?

Onsite Face-to-Face Sick Visits at the Employee Health & Wellness Center!

Our **NEW** Onsite Sick Visit Protocol Provides Convenient Care
when it's needed most!

A Kind Reminder: The Employee Health & Wellness Center is not a COVID-19 Testing Site



Patients can make
Onsite Sick Visits
via the **healow app**
(practice code: DAAEBD),
through the Patient Portal at
www.my-patientportal.com
or by calling the 24-hr
Call Center Support Team
at **888-644-1448**.

Patients that have
scheduled sick visit
appointments will be asked
to **arrive 20 minutes early**
to the designated parking
spot and will call the sick
visit number provided
on the parking sign.

After initial assessment
and screening, **patients
may or may not be tested
for Flu A/B and SARS
COVID-19**. If necessary,
the testing takes about 20
minutes to complete.

If the testing indicates
a **COVID-19 positive**
result, the visit will
remain virtual with the
patient remaining in their
vehicle. With a negative
result, the patient will
proceed into the health
center for a face-to-face
visit with the provider.

NOTE: please arrive 20 minutes early for your scheduled sick visit appointment and
plan on a longer than usual visit due to the new sick visit testing protocol.



**MASKS ARE
REQUIRED
FOR ENTRY**
*Forgot your mask?
We have one for you.*

Please be reminded that the My Health Onsite Health and Wellness Centers are not equipped nor staffed as an emergency room. Any sudden onset symptoms suggestive of a potentially life-threatening situation (shortness of breath, chest pain, fainting, etc.) should be immediately evaluated in an urgent care setting, hospital emergency room or by calling 911.
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NEED TO SCHEDULE AN APPOINTMENT DURING THE COVID-19 PANDEMIC, BUT NOT SURE HOW?

Choose Between 3 Types of Provider Visits Offered at My Health Onsite

NOTE: Due to the COVID-19 pandemic, all patients will be screened before confirming appointment.



FACE-TO-FACE

In-person provider appointments are available for patients who are not sick but need to see a doctor for a well visit, lab work, Vital Health Profile (VHP), medication refills, etc. You will receive a pre-screening call prior to your scheduled appointment. If you are not showing any signs of illness, you will be directed to proceed with your scheduled face-to-face appointment.



TELEVISIT (VIA VIDEO)

Televisits are a safe and secure way to meet with your doctor remotely by video and audio connection. Patients who are feeling sick, have tested positive for COVID-19 or had any exposure to COVID-19 should utilize Televisits to see a provider. Video conferencing makes it easy to connect with your provider for a virtual medical consultation. There are 3 ways to schedule a televisit—patients can join by the Healow App, Desktop Computer or email link. For your convenience, medication refills are also offered via Televisits.



TELEPHONIC (VIA TELEPHONE)

Patients who are feeling sick, have tested positive for COVID-19 or had any exposure to COVID-19 and do not have access to technology that supports a televisit should utilize a Telephonic visit to see a provider. For your convenience, COVID-19 counseling services are also offered via Telephonic visits.

Schedule an appointment today via the [healow app](#) (practice code: DAAEBD), through our online patient portal at www.my-patientportal.com or by calling the toll free **24-hr Call Center Support Team at: 888-644-1448**.

NEED A TELEPHONIC SICK APPOINTMENT OR HAVE QUESTIONS ABOUT COVID-19?



WE ARE HERE TO HELP.

We at My Health Onsite care about your well-being and it's our mission to help you any way we can during the COVID-19 pandemic.

We offer the following COVID-19 assistance:

1. **Telephonic Sick Visits** (via telephone)
2. **Televisit Medication Refills** (via video)
3. **Telephonic COVID-19 Counseling Services** (via telephone)
Speak with a Provider for any questions or concerns

Visit our COVID-19 resources page for more information at:
www.myhealthonsite.com/covid-19-resource-center

A KIND REMINDER ABOUT COVID-19 FACE MASK REQUIREMENTS

My Health Onsite cares about the safety and health of our patients. According to COVID-19 guidelines by the Centers of Disease Control & Prevention (CDC) & the Association for Professionals in Infection Control and Epidemiology (APIC), face masks will continue to be required for vaccinated & unvaccinated patients at all My Health Onsite Employee Health & Wellness Centers until further notice. Face Mask requirements for appointments will change as the COVID-19 precautions are lifted.



FREQUENTLY ASKED QUESTIONS



How Do I Make An Appointment?

All patients with a unique valid email address should receive an email invitation from “no-reply@eclinicalmail.com” with the subject line: **Patient Portal Access Information from My Health Onsite (MHO)**. Once registered, you can access the patient portal at www.my-patientportal.com. Then you can schedule an appointment and you will receive email reminders for upcoming appointments. ***Appointments can be scheduled via the healow app (practice code: DAAEBD), through our online patient portal at www.my-patientportal.com or by calling the toll free 24-hr Call Center Support Team at: 888-644-1448.***

How Do I Reset My Password?

Click “**Forgot Password**” on the My Health Onsite Log In page to have a temporary password sent to your email address.

If I Choose To Keep My Doctor, But I’m Seen For Something At The Employee Health & Wellness Center, How Will My Doctor Know?

You may sign a release of information form at the Health Center to request your information be forwarded to your doctor.

Do I Have To Pay To Use The Employee Health & Wellness Center?

No. Your employer provides access to the center for all employees and their family members on medical plan.

Can My Children Be Seen At The Employee Health & Wellness Center?

Yes. Children from the ages of 8 & up can be seen for non-urgent acute care such as sore throats, ear aches, bumps and scrapes. However, children between 8 & 11 must continue to see their pediatrician for regular wellness exams, school physicals and all chronic conditions. Children from the ages of 12 & up can be seen for non-urgent acute care and annual wellness exams (i.e. school physicals, sports physicals.)

Please Note: Chronic pediatric medical conditions at any age need to be followed by a pediatrician and cannot be managed at My Health Onsite Employee Health & Wellness Centers.

Can I Use The Employee Health & Wellness Center Doctor For Primary Care Services?

Yes. Employees can see a provider at the health center for colds, sore throats, high blood pressure, high cholesterol, diabetes, asthma, annual physicals, school physicals, lab work, EKG’s, pap smears, blood work, vaccines and much more.

What Are Some Of The Benefits Of Using The Employee Health & Wellness Center?

In addition to no charge for using the center, we offer free onsite prescriptions, lab work, vaccinations, and timely offsite imaging services. We provide confidential medical records, the convenience of scheduling your appointment online, the ability to access your medical records online, more one-on-one time with the doctor, a convenient location and an average wait time far less than you will typically experience elsewhere.

FAQs Continued on Next Page

FREQUENTLY ASKED QUESTIONS CONT.

What Is Offered In The Health & Wellness Program?

A more comprehensive health & wellness program (over 30 services) is offered including the addition of diabetic and nutrition counseling with a dietitian nutritionist. Plus, personalized one-on-one health coaching is available. Please contact your provider to be referred to our free wellness programs.

Will My Employer Have Access To My Medical Records?

No. My Health Onsite is mandated by Federal HIPAA Regulations to not provide any personal medical health information to your employer, or anyone for that matter, without your written consent.

Can I Bring In An “Outside Lab Order” From My Doctor And Get Them Drawn Through The Employee Health & Wellness Center?

Yes, but outside lab orders need to be discussed and approved during an appointment with the doctor at the Employee Health Center. Outside labs cannot be drawn during your “New Patient Lab” appointment (a nurse-only visit).

What Is The Difference Between Urgent Care And Non-Urgent Acute Care?

Non-urgent acute care addresses new onset minor symptoms – i.e. sore throats, sinusitis, sprained ankle, etc. Such symptoms can be evaluated at the Employee Health & Wellness Center during a “Sick Patient” appointment.

What If I Have A Question After Hours?

If you have a medical emergency, please call 911. To speak to a registered nurse about medical questions or to schedule an appointment by calling the **24-hr Call Center Support Team at 888-644-1448**.

What Happens At The “New Patient Medical” Appointment After I Complete My Lab Work?

The “New Patient Medical” appointment will be scheduled before you leave your “New Patient Lab” appointment. During the “New Patient Medical” appointment, a doctor will review your medical history, lab results and current medications.

May I Bring A Prescription From My Doctor & Have It Filled At The Employee Health & Wellness Center?

Yes, but realize that the Employee Health & Wellness Center doctor will be prescribing as a physician (not acting as a pharmacy). Per Florida statute, every outside prescription will require a medical evaluation by the Employee Health Center doctor.

Why Is There A 10-Minute Tardy Reschedule Policy For Appointments?

The good news is this policy will help reduce the wait times to see the doctor. While late arrivals are unintentional, late appointments can disrupt the entire daily schedule.

How Do I Cancel Or Reschedule An Appointment?

It is important to reschedule when unable to attend your scheduled appointment. This allows other employees access to that appointment time. You can cancel existing appointments and then immediately reschedule a different day or time via the patient portal at www.my-patientportal.com or by calling the **24-hr Call Center Support Team at 888-644-1448**.

Who Do I Contact With Comments, Suggestions And Feedback?

Please email feedback@myhealthonsite.com.

PASCO GO HEALTHY

2022 HEALTH & WELLNESS INCENTIVE

Pasco County School 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 (01/01/2022-12/31/2022).

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**.

2022 HEALTH & WELLNESS FIT OPTIONS

Employees who qualify for the 2022 Health & 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 select more than one option, will automatically be enrolled in the PascoFit option.

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.

YFIT BUY-UP

Year Membership Contribution (\$250 value)

In addition to gym access, membership at the YMCA includes unlimited group fitness classes and childcare. Employees 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.

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.

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

All activities must be completed by December 31, 2022.

For more information, please visit: www.PascoGoHealthy.com

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/index.php/mho-vital-health-profiles/>

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 approximately valued at \$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 approximately valued at \$150. Employees who complete the Vital Health Profile may choose to participate in either the Youfit, 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@myhealthonsite.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 Sheila Blue at sblue@pasco.k12.fl.us or 813-794-2679.

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. This will help them send your bills to the correct payer to avoid delays.

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.

Medicare Part D

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 receive this notice each year. You will receive 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 available in the "Medicare & You" handbook. You'll receive 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 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 mamartin@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 depending 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 for you: 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 pay-check into your retirement account, regardless of the Plan you choose. Your 3% contribution will be deducted from your gross salary each pay-check 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 Pension Plan is a traditional plan for longer services employees. The Pension Plan pays guaranteed monthly lifetime benefits based on your years of service and salary.

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:

Age 59½ 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 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.

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

Retirement Benefits

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 in plans is voluntary
- Most flexible savings plans available
- 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
- Tax-deferred growth of nest egg

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?

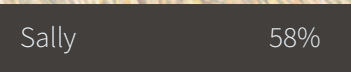
Let's take a look at an estimate of how much of your pre-retirement income your Social Security and pension benefits will replace? Here's what some retirees discovered.

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 brief summary of your available sources of retirement income. Consult your financial advisor about your future plans.



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, with the exception of 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.

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.
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. For the most part, the plan operates similarly to a 403(b) plan.

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.

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

Authorized Investment Companies

Board policy and District administrative requirements allow companies that meet certain standards and qualifications to provide voluntary retirement saving plans to employees. A list of authorized investment companies is available on Employee Benefits and Risk Management's website at www.pasco.k12.fl.us/ebarm/retirement.

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 the voluntary retirement savings program. 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)

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 CCMSI 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

