



# 2022



**Pasco County Schools**

Providing a world-class education for all students

Kurt S. Browning, Superintendent of Schools



PASCO COUNTY SCHOOLS

## Core Employee Benefits Guide

<https://pascodsb.cbizenroll.com>

# 2024 Benefits Overview

Welcome to the

## 2024 BENEFITS OPEN ENROLLMENT

It's that time of year again! The Pasco County Schools annual insurance open enrollment period is about to begin. As an employee you are eligible to participate in the health and welfare benefits plans of Pasco County Schools. Our flexible benefits program offers you a choice of a wide range of benefit options designed to meet your needs and those of your eligible family members.

We have partnered with CBIZ Benefits to manage and administer your benefits through their online benefits platform. This site will serve as the source of information for all your benefit needs including District announcements, postings, deadlines, etc. CBIZ will provide you with the full spectrum of services for all your benefits needs such as:

Telephonic and Online access to view and enroll in your benefits.

Customer Care Call Center to handle all your benefits.

Resource Center that can be accessed by a "click of a link" providing you with the resources applicable to your specific benefits.

As always, we value you as a member of the Pasco County Schools family and look forward to a healthy and safe 2024



### ENROLL ONLINE AT

<https://pascodsb.cbizenroll.com>

## NOT SURE HOW TO GET STARTED?

### *DON'T WORRY!*

To access your benefit information, please use the following steps:

- Go to: <https://pascodsb.cbizenroll.com>
- You will be redirected to Pasco County Schools login portal for single sign on. This is your network login to Pasco County Schools
- On the Welcome page you will see which benefits you can enroll in by selecting Guided Enrollment



**REMEMBER!** Open enrollment is the one time of year you can make any adjustments you'd like for the upcoming plan year.



## IMPORTANT DATES

Open enrollment runs  
October 1, 2023 -  
October 31, 2023

### WHAT'S NEW

- **Medical Plans**  
Effective January 1, 2024, the HMO Basic, HMO Premium and PPO Standard Plans will begin to offer Telamedecine visits through TelaDoc .
- **Important Prescription Benefit Reminder**  
The prescription(s) you previously filled through Express Scripts Home Delivery will be filled by Amazon Pharmacy.

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## CONTACT INFORMATION

If you have any questions regarding your benefits, please contact our CBIZ representative(s) at [Pascodsbbenefits@cbiz.com](mailto:Pascodsbbenefits@cbiz.com) 800.390.1224



### Want to learn more?

Throughout this guide, you'll find clickable video and link icons that will take you to resources that provide additional info on your available benefits.

## DENTAL INSURANCE

Delta Dental  
[deltadentalins.com](http://deltadentalins.com)  
DHMO—800.422.4234  
PPO—800.521.2651

## VISION INSURANCE

VSP  
[pasco.vspforme.com](http://pasco.vspforme.com)  
800.877.7195

## BASIC LIFE/AD&D

Securian  
[lifebenefits.com](http://lifebenefits.com)  
866.293.6047

## FLEXIBLE SPENDING/HEALTH SAVINGS ACCOUNTS

WageWorks/Health Equity  
[wageworks.com](http://wageworks.com)  
877.924.3967

## FLORIDA BLUE ON-SITE REPRESENTATIVE

Patricia Nguyen  
[Patricia.Nguyen@bcbsfl.com](mailto:Patricia.Nguyen@bcbsfl.com)  
813.794.2492  
904.635.9221

## CBIZ REPRESENTATIVE(S)

[Pascodsbbenefits@cbiz.com](mailto:Pascodsbbenefits@cbiz.com)  
800.390.1224

\* 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>

# 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)*		
Lucent	(866) 287-9569	www.LucetHealth.com
Employee Assistance Program	(800) 624-5544	www.ndbh.com
Employee Health and Wellness		
MyHealth Onsite	(888) 644-1448	www.myhealthonsite.com
Voluntary Benefits		
The Standard	(800) 368-2859	Standard Education Site
ARAG Legal	(800) 247-4184	www.araglegalcenter.com
Securian	(866) 293-6047	www.lifebenefits.com
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		
VSP	(800) 877-7195	pasco.vspforme.com
Flexible Spending Accounts		
WageWorks / Health Equity	(877) 924-3967	www.wageworks.com
FRS		
Florida Retirement System	Pension (844) 377-1888	www.myfrs.com
Employee Benefits, Assistance & Risk Management, HREQ		
Benefits Administration	(813) 794- 2253	mybenefits@pasco.k12.fl.us
Leave Administration	(813) 794- 2981	myleaves@pasco.k12.fl.us
Retirement Services - DSBPC	(813) 794- 2394	retirementsvcs@pasco.k12.fl.us
Risk Management	(813) 794- 2520	riskmanagement@pasco.k12.fl.us
Wellness Programs & Incentives	(813) 794-2276	wellness@pasco.k12.fl.us



# Open Enrollment

October 1, 2023 - October 31, 2023

## Benefit Effective Dates

January 1, 2024 - December 31, 2024

## Benefit Enrollment Process

**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 the CBIZ system. 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 2024 benefit selections.

**If you will be retiring from Pasco Schools in 2024,** 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.

The following steps are required to enroll:

1. Go to: <https://pascodsb.cbizenroll.com>
2. You will be redirected to an Pasco County Schools login portal for single sign on. This is your network login to Pasco County Schools
3. On the Welcome page you will see which benefits you can enroll in by selecting Guided Enrollment. Go to Pasco County Schools homepage. You must enroll in the plans you want between Oct. 1, 2023—Oct. 31, 2023.

**If you are rehired within 30 days you will automatically be re enrolled in the same benefits you had when you terminated. Your benefits will be reinstated if you are rehired prior to your current coverage end date.**



# BENEFITS

of being a Pasco County Schools employee



Pasco County Schools provides all eligible employees the following benefits:

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



## 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



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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](http://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, 2024, becomes benefit eligible on October 1, 2024. Employees will receive an email from CBIZ notifying you to enroll in your benefit elections. You will make your elections on-line using the CBIZ 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 Board's 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 2024 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.** 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 Board's medical plan. You will not be eligible to use the Health & Wellness Centers.

**If you are rehired within 30 days you will automatically be re enrolled in the same benefits you had when you terminated. Your benefits will be reinstated if you are rehired prior to your current coverage end date.**

# Other Benefit Options

## Other Benefit Options

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

- Dental
- Legal
- Hospital
- Additional information in the Voluntary Benefit Guide
- Term Life
- Flexible Spending Account
- Critical Illness
- Vision
- Accident Protection

## On-Site Wellness Centers

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

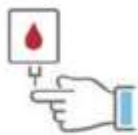
### What Services are provided at the HWC?

- 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

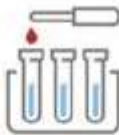
### Available Health Coaches

- Registered Nurse
- Registered Dietician
- Exercise Physiologist

## 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](http://www.my-patientportal.com) or by calling the toll free 24-hr Call Center Support Team at: 888-644-1448.

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# Working Spouse Waiver Form



Rev. 9/23

## District School Board of Pasco County **WORKING SPOUSE WAIVER FORM** (WORKING SPOUSE EXCLUSION)

If your spouse is employed and has access to medical coverage through his/her employer, they are no longer 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.

If you designate your spouse as a dependent to be enrolled in Pasco County Schools' group medical plan, you will need to submit a completed spousal waiver form verifying your spouse's 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, as long as you provide the required dependent verification documents.

### 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.

### Employee Benefits and Risk Management

Email: [mybenefits@pasco.k12.fl.us](mailto:mybenefits@pasco.k12.fl.us)

Phone: 813.794.2253 – Central Pasco County

727.772.2253 – West Pasco County

352.524.2253 – East Pasco County

Upload this form and dependent verification documents to CBIZ.

A list of required documents and instructions on how to upload documents are available online at

<http://www.pasco.k12.fl.us/ebarm/page/dependent-verification>



District School Board of Pasco County  
**WORKING SPOUSE WAIVER FORM**  
(WORKING SPOUSE EXCLUSION)

Employee Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Spouse Name: \_\_\_\_\_ Spouse SSN: XXX-XX-\_\_\_\_\_

**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.

**Instructions to complete form:**

Please complete and return this form to request a waiver of the "working spouse" medical coverage policy to CBIZ.

**Section I – Employee Certification**

What is your spouse employment status: ☐ \*Employed (*works for another company or organization*)

☐ Self-Employed ☐ Not Employed ☐ Retired

*\*If you answered employed, 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 Name (Company/Organization): \_\_\_\_\_

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

☐ Yes, enrolled ☐ Yes, but employee declined benefits ☐ Medical benefits not offered

☐ Not eligible; If not eligible, what date will spouse become eligible for benefits? \_\_\_\_\_

Printed Name (Employer Representative) \_\_\_\_\_ Title \_\_\_\_\_ Telephone Number \_\_\_\_\_

Signature of Employer Representative \_\_\_\_\_ Date \_\_\_\_\_

**Section III – Employee Acknowledgement**

I certify that the information provided here is correct and if this information changes at any time, I will notify CBIZ within thirty (30) days. I also understand the information on this form is subject to verification. 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, as long as you provide the required dependent verification documents.

Employee Signature \_\_\_\_\_ (Must Print to Sign) \_\_\_\_\_ Date \_\_\_\_\_

Upload this form and dependent verification documents to [CBIZ](http://www.pasco.k12.fl.us/ebarm/page/dependent-verification).

A list of required documents and instructions on how to upload documents are available online at  
<http://www.pasco.k12.fl.us/ebarm/page/dependent-verification>

# 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;
- 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. 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 Eligibility

## Notifying CBIZ of Change in Dependent Status

Employees who cover their spouse or dependent children under the Board's group health plan are required to notify CBIZ within 30 days, of their change in marital status or change in dependent status of a covered dependent. Failure to notify CBIZ 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 age dependents

Employees are allowed to cover dependent children ages 27-30 under the District's group health plan; however, the Internal Revenue Service requires the District to include the value of the coverage provided for your dependents over age 26 in your adjusted gross income before issuing your W-2 form.

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

### Tax Status of Dependent Premiums

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

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

## Dependent Verification

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 must be uploaded to the CBIZ platform. If CBIZ does not receive the dependent verification documentation your dependent coverage will end December 31, 2023.

### Documentation Requirements

Dependent Type	Required Documentation
Spouse	Copy of the government issued marriage certificate and <ul style="list-style-type: none"><li>• Most recent tax return transcript for IRS</li></ul>
Children up to age 26	<ul style="list-style-type: none"><li>• Copy of the child's government issued birth certificate or adoption certificate naming the employee or spouse as the child's parent</li><li>• Copy of the court order naming employee or spouse as legal guardian.</li><li>• Copy of the records showing the employee or spouse as the dependent's foster parent</li></ul>
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"><li>• Copy of the affidavit of adult child and</li><li>• Documentation of student status or</li><li>• Bill or statement in the child's name dated within the past 60 days showing Florida residency.</li></ul>
Disabled children age 26 or older	The same medical documentation for children under <ul style="list-style-type: none"><li>• Age 26 and</li><li>• Most recent tax return transcript for IRS and</li><li>• Medical documentation validating disability.</li></ul>



# Medical Insurance

## 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

### NEW BENEFIT Effective January 1, 2024: Teladoc, 24/7/365 Access to Care

Effective January 1, 2024, Teladoc services will be included in your medical benefits. You have 24/7/365 access to U.S. board-certified doctors by web, phone or mobile app. It's a convenient and affordable option for quality medical care.

Please refer to the 2024 Pasco County School Board Plan Comparison Chart on page 17 for member cost shares. Also, refer to page 24 for instructions on how to register.

## Updates to HMO Basic and HMO Premium Plan

**NEW for 2024, virtual healthcare via your phone or computer thru Teladoc.** Here are some highlights to the most utilized services:

### HMO Basic:

- Office copays for a Primary Care Physician (PCP) are \$40 per visit.
- Office copays for a Specialist is \$75 per visit.
- Office copays for Behavioral Health providers are \$40 copay per visit.
- Allergy Injections are \$20 copay per visit.
- Emergency Room copays are be \$500 per visit.
- Copays for surgical procedures at an Ambulatory Surgical Center are \$400 per visit.
- No Per Admission Deductible of \$100 for Inpatient Hospital Care.

### HMO Premium:

- Office copays for Primary Care Physician (PCP) are \$35 per visit.
- Office copays for a Specialist are \$65 per visit.
- There is a Deductible of \$1,500 per person and \$4,500 for family. 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.
- 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 stand-alone imaging center are \$200 copay per visit.
- Copays for Diagnostic Tests, such as x-rays and ultrasounds in a physician's office and at a stand-alone imaging center are \$50 per visit.
- Emergency Room Copays are \$500 per visit.
- Copays for surgical procedures at an Ambulatory Surgical Center are \$200 per visit.

# On-Site Florida Blue Support

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.



## **Patricia Nguyen** **Florida Blue On-Site Service Representative**

Pasco County School Board

7227 Land O' Lakes Blvd., Bldg. #4: HREQ/EBARM

Land O' Lakes, FL 34638

Office Phone #: 813-794-2492

Work Cell #: 904-635-9221

Patricia.Nguyen@floridablue.com

### **Current Position Highlights:**

- Offer education on how to utilize and understand Pasco County Schools' medical and/or pharmacy benefits
- Answer member questions regarding medical and/or pharmacy benefits, claims processing, money-saving tips
- Promote Florida Blue's value-added services and wellness initiatives
- Assist you and your dependents with resolving claims issues and provider billing issues

### **Personal:**

- Moved from Middletown, CT to Lutz in Pasco County 26 years ago
- Has 3 awesome children; 2 Adult sons and 1 Adult daughter who went through the Pasco County School System. 2 sons graduated from Florida State University and daughter is a Senior at University of Florida
- Enjoys nature hikes, biking, taking walks on the beach and traveling to our Nation's State Parks

### **Patty's Frequently Asked Questions:**

**Q.: My HMO Primary Care Physician (PCP) is recommending that I consult with a Specialist. Do I need a referral from my PCP?**

A.: No. Referrals are not required if you are consulting with a specialist participating in the BlueCare HMO network (HMO Basic/Premium Enrollees). However, you may need an authorization for a specialist to **perform** a procedure and/or test.

**Q: How are Diabetic Testing Supplies covered under my Florida Blue Plan?**

A: The following Diabetic Testing Supplies are covered under your Pharmacy Benefits:

- Glucose Meter (\$0 copay)  
(Bayer/Contour is the preferred brand.)
- Test Strips (\$0 copay)
- Lancets (\$0 copay)
- Needles (\$0 copay)
- Syringes (\$0 copay)
- Insulin for Self-Injections (\$10 Generic/\$35 Preferred Brand/\$60 Non-Preferred Brand at Walgreens Retail Pharmacy)

**Q.: Which lab is covered under my health plan?**

A.: Quest Diagnostics is the preferred in-network lab for Florida Blue members.

# Medical Insurance

## YOUR HEALTH PLAN OPTIONS

As a full-time employee of Pasco County Schools, you have the choice of three medical plan options: 1. HMO Basic Plan 48; 2. HMO Premium Plan 61, and 3. BlueOptions PPO Standard Plan 03768.

Each plan's benefit cost shares, deductible and out of pocket maximum will run from January 1 – December 31.

Choosing an HMO plan requires you to assign a Primary Care Physician (PCP). Selecting the right PCP is important, they are your point of contact and will coordinate care, when you need to seek medical advice or if you need specialist care.

You do not need a referral from your provider to consult with an in-network specialist. Please note that some providers may require a referral to be seen in their practice. Please advise your specialist that your plan does not require referrals.

There may be diagnostic tests, surgeries, and imaging services that require prior authorization from your physician. This may

include Advanced Imaging Tests (e.g., MRIs, CT Scans, Nuclear Medicine, etc.), inpatient and/or outpatient hospital services, Dialysis, Durable Medical Equipment, Home Health, Sleep Studies, etc. To avoid unexpected out of pocket costs and/or delays to your care, please verify with Florida Blue that the authorization was submitted, and approval has been granted, prior to services.

If you want the option to use in-network or out-of-network providers you may want to consider the PPO Standard Plan Option 3. This plan does require a higher premium because of the additional network coverage. Remember, staying in network will save you money. Also, the PPO Standard plan does not require selecting a PCP and allows you the flexibility to access more physicians through its nationwide network.

Below are some benefit highlights of each option:

### HOW TO GET STARTED

## SELECT YOUR MEDICAL PLAN

### OPTION 1: HMO BASIC PLAN 48

- Board Paid, no premium cost to the Employee
- Referrals to in-network specialists for consultations are NOT required.
- Preventive services by an in-network provider, i.e., Adult and Child physicals are covered, member cost share is \$0 once per calendar year when services are billed as preventive.

### OPTION 2: HMO PREMIUM PLAN 61

- Requires Employee Contribution
- Lower Deductible and Co-Pays
- Enhanced Medical Pharmacy Benefits
- Referrals to in-network specialists for consultations are NOT required.
- Preventive services by an in-network provider, i.e., Adult and Child physicals are covered, member cost share is \$0 once per calendar year when services are billed as preventive.

### OPTION 3: PPO STANDARD PLAN 03768

- Cover dependent(s) working/living out of state or students attending college. (Note: This is an option if the state your dependent(s) reside in does not participate in the HMO Away From Home Care Program.)
- Access to a wider network of specialists and other providers locally and nationwide.
- Preventive services by an in-network provider, i.e., Adult and Child physicals are covered, member cost share is \$0 once per calendar year when services are billed as preventive.

# Care Options & When to Use Them

## YOUR CARE OPTIONS

While we recommend that you seek routine medical care from your primary care physician whenever possible, there are alternatives available to you. Services may vary, so it's a good idea to visit the care provider's website. Be sure to check that the facility is in-network by calling the toll-free number on the back of your medical ID card, or by visiting [floridablue.com](http://floridablue.com).

### [Primary Care vs. Urgent Care vs. ER](#)



#### PRIMARY CARE

- Routine, primary/preventive care
- Non-urgent treatment
- Chronic disease management

For routine, primary/ preventive care or non-urgent treatment, we recommend going to your doctor's office.

Your doctor knows you and your health history best — and already has access to your medical records.



#### TELADOC/VIRTUAL VISTS

- Rash
- Sinus Infection
- Common Cold
- Cough
- Flu
- Urinary Tract Infection

Virtual visits let you speak securely by online video with your network or Teladoc family doctor, mental health provider or specialist.

Call your doctor and ask if they offer virtual visits, or register with Teladoc at [Teladoc.com](http://Teladoc.com).



#### CONVENIENT CARE

- Cold and flu-like symptoms
- Sinus infection
- Rash/skin conditions
- Urinary tract infection

Convenient care centers may be a good option. They usually have a similar copay to a PCP and treat things like the above.

Be sure to check to see if convenient care centers are in your plan's network.



#### URGENT CARE

- Cold, flu and fever
- Strains, sprains and/or breaks
- Infections
- Mild burns

Urgent care centers are **less expensive than ERs** and often have **shorter wait times**. Visit an urgent care center for conditions like the above.

To find an urgent care center near you visit [floridablue.com](http://floridablue.com) and select **Find a Doctor**.



#### EMERGENCY ROOM

- Severe chest pain
- Signs of a possible stroke
- Severe or sudden shortness of breath
- Sudden or unexplained loss of consciousness

Going to an ER for an issue that is not life-threatening often results in long wait times and high medical bills.

If you have a life-threatening emergency, call 911 right away.



#### MY HEALTH ONSITE

My Health Onsite HWCs include FREE treatment for acute and chronic needs such as:

- Colds, flu, sore throats
- High blood pressure, high cholesterol, diabetes
- Well-woman and Well-man Exams
- On-site dispensaries with generic medications
- X-rays, lab work, immunizations

Providers can see children as young as 8 for non-urgent care such as sore throats, ear aches, bumps and scrapes.



# Medical Insurance

## 2024 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
<b>Deductible (DED) (Per Person/Family Agg)</b>			
In-Network	\$2,000/\$6,000	\$1,500/\$4,500	\$2,500/\$7,500
Out-of-Network	Not Covered	Not Covered	\$4,000/\$12,000
<b>Hospital Per Admission Deductible (PAD)</b>			
In-Network	\$0 Copay	\$0 Copay	\$0 Copay
<b>Coinsurance (Member Responsibility)</b>			
In-Network	20%	10%	30%
Out-of-Network	Not Covered	Not Covered	40%
<b>Out of Pocket Maximum (Per Person/Family Agg) (DED/Coins./Medical &amp; Rx Copays)</b>			
In-Network	\$5,500/\$11,000	\$5,500/\$11,000	\$5,500/\$11,000
Out-of-Network	Not Covered	Not Covered	\$8,250/\$16,500
<b>Lifetime Maximum</b>	Unlimited	Unlimited	Unlimited
<b>PROFESSIONAL PROVIDER SERVICES</b>			
<b>Allergy Injections (office)</b>			
In-Network Family Physician	\$20 Copay	\$20 Copay	\$20 Copay
In-Network Specialist	\$20 Copay	\$20 Copay	\$20 Copay
Out-of-Network	Not Covered	Not Covered	DED + 40%
<b>Allergy Testing (office)</b>			
In-Network Family Physician	\$40 Copay	\$35 Copay	\$40 Copay
In-Network Specialist	\$75 Copay	\$65 Copay	\$80 Copay
Out-of-Network	Not Covered	Not Covered	DED + 40%
<b>Virtual Visit Services</b>			
In-Network Value Choice PCP	\$0 Copay	\$0 Copay	\$0 Copay
In-Network Value Choice Specialist	\$20 Copay	\$20 Copay	\$20 Copay
In-Network Family Physician	\$0 Copay	\$0 Copay	\$0 Copay
In-Network Behavioral Health Specialist	\$35 Copay	\$35 Copay	\$35 Copay
In-Network Specialist	\$75 Copay	\$65 Copay	\$45 Copay
Out-of-Network	Not Covered	Not Covered	Not Covered
<b>TELEDOC<sup>4</sup> NEW EFFECTIVE JANUARY 1, 2024</b>			
General Practice Physician	\$10 Copay	\$10 Copay	\$10 Copay
Behavioral Health Specialist	\$25 Copay	\$25 Copay	\$25 Copay
Dermatologist	\$25 Copay	\$25 Copay	\$25 Copay
<b>Office Services (per visit)</b>			
In-Network Value Choice PCP	\$0 Copay	\$0 Copay	\$0 Copay
In-Network Value Choice Specialist	\$20 Copay	\$20 Copay	\$20 Copay
In-Network Family Physician	\$40 Copay	\$35 Copay	\$40 Copay
In-Network Specialist (Includes Chiropractor office visit)	\$75 Copay	\$65 Copay	\$80 Copay
In-Network Behavioral Health Specialist	\$40 Copay	\$35 Copay	\$40 Copay
Out-of-Network	Not Covered	Not Covered	DED + 40%
<b>Provider Services at Hospital and ER</b>			
In-Network Family Physician	DED + 20%	DED + 10%	\$80 Copay
In-Network Specialist	DED + 20%	DED + 10%	\$80 Copay
Out-of-Network (For HMO Plans, only for emergencies)	INN DED + 20%	INN DED + 10%	\$80 Copay
<b>Provider Services at Other Locations</b>			
In-Network Family Physician	\$40 Copay	\$35 Copay	\$40 Copay
In-Network Specialist	\$75 Copay	\$65 Copay	\$80 Copay
Out-of-Network	Not Covered	Not Covered	DED + 40%

# Medical Insurance

## 2024 Pasco County School Board Plan Comparison



<b>Cost Sharing</b> Maximums shown are Per Benefit Period (PBP) unless noted	<b>HMO PLAN 48</b> <b>HMO Basic</b> BlueCare	<b>HMO PLAN 61</b> <b>HMO Premium</b> BlueCare	<b>PPO 03768</b> <b>PPO Standard</b> BlueOptions
<b>Radiology, Pathology and Anesthesiology Provider Services at Ambulatory Surgical Center (ASC)</b>			
In-Network Specialist	\$75 Copay	\$65 Copay	\$80 Copay
Out-of-Network	Not Covered	Not Covered	\$80 Copay
<b>PREVENTIVE CARE</b>			
<b>Adult Wellness Office Services (Annual Physical/Well Woman, one per calendar year)</b>			
In-Network Family Physician	\$0 Copay	\$0 Copay	\$0 Copay
In-Network Specialist	\$0 Copay	\$0 Copay	\$0 Copay
Out-of-Network	Not Covered	Not Covered	40% Coinsurance
<b>Colonoscopies (Routine age 45+; Diagnostic, no age criteria)</b>			
In-Network	\$0 Copay	\$0 Copay	\$0 Copay
Out-of-Network	Not Covered	Not Covered	40% Coinsurance
<b>Mammograms (Routine &amp; Diagnostic)</b>			
In-Network	\$0 Copay	\$0 Copay	\$0 Copay
Out-of-Network	Not Covered	Not Covered	\$0
<b>Well Child Office Visits</b>			
In-Network Family Physician	\$0 Copay	\$0 Copay	\$0 Copay
In-Network Specialist	\$0 Copay	\$0 Copay	\$0 Copay
Out-of-Network	Not Covered	Not Covered	40% Coinsurance
<b>EMERGENCY/URGENT/CONVENIENT CARE</b>			
<b>Ambulance Services (Air, Ground, water)</b>			
In-Network	DED + 20%	DED + 10%	DED + 30%
Out-of-Network (For HMO Plans, only for emergencies)	INN DED + 20%	INN DED + 10%	INN DED + 30%
<b>Convenient Care Centers (CCC) (Advent Health Express Care inside Walgreens Pharmacy)</b>			
In-Network	\$40 Copay	\$35 Copay	\$40 Copay
Out-of-Network	Not Covered	Not Covered	DED + 40%
<b>Emergency Room Facility Services (per visit) (Copayment waived if admitted)</b> (also see Professional Provider Services)			
In-Network	\$500 Copay	\$500 Copay	\$500 Copay
Out-of-Network	\$500 Copay	\$500 Copay	\$500 Copay
<b>Urgent Care Centers (UCC)</b>			
Value Choice Urgent Care Provider (\$0 for visits 1-2 per benefit period)	\$0, then \$50 Copay	\$0, then \$50 Copay	\$0, then \$50 Copay
In-Network	\$50 Copay	\$50 Copay	\$50 Copay
Out-of-Network	Not Covered	Not Covered	DED + \$50
<b>FACILITY SERVICES - HOSP/SURG/ICL/IDTF -unless otherwise noted, physician services are in addition to facility services. See professional provider services.</b>			
<b>Ambulatory Surgical Center (ASC)</b>			
In-Network	\$400 Copay	\$200 Copay	\$200 Copay
Out-of-Network	Not Covered	Not Covered	DED + 40%
<b>Independent Clinical Lab (Quest Diagnostics is preferred in network lab.)</b>			
In-Network	\$0 Copay	\$0 Copay	\$0 Copay
Out-of-Network	Not Covered	Not Covered	DED + 40%
<b>Independent Diagnostic Testing Facility (IDTF) - X-rays and AIS (Includes Physician Services)</b>			
In-Network - Advanced Imaging Services (AIS) (I.E., MRI's, CT Scans, Nuclear Medicine)	\$300 Copay	\$200 Copay	\$300 Copay

# Medical Insurance

## 2024 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
Out-of-Network	Not Covered	Not Covered	DED + 40%
<b>Inpatient Hospital &amp; Inpatient Rehab. Facility (per admission)</b>			
In-Network	DED + 20%	DED + 10%	DED + 30%
Out-of-Network	Not Covered	Not Covered	DED + 40%
<b>Outpatient Hospital (per visit) (Surgical or Non-Surgical Svcs., i.e., lab work/ Dx Testing)</b>			
In-Network	DED + 20%	DED + 10%	\$300 Copay
Out-of-Network	Not Covered	Not Covered	DED + 40%
<b>Therapy at Outpatient Hospital (per visit)</b>			
In-Network	\$75 Copay	\$65 Copay	\$80 Copay
Out-of-Network	Not Covered	Not Covered	DED + 40%
<b>OTHER SPECIAL SERVICES</b>			
<b>Advanced Imaging Services in Physician's Office (per visit)</b>			
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%
<b>Birthing Center</b>			
In-Network	DED + 20%	DED + 10%	DED + 30%
Out-of-Network	Not Covered	Not Covered	DED + 40%
<b>Diabetic Equipment<sup>1</sup> (CGM &amp; Insulin Pump) (Coordinated via CareCentrix<sup>2</sup>)</b>			
In-Network	\$0 Copay	\$0 Copay	DED + 30%
Out-of-Network	Not Covered	Not Covered	DED + 40%
<b>Durable Medical Equipment, Prosthetics, Orthotics (Coordinated via CareCentrix<sup>2</sup>)</b>			
In-Network	\$0/\$500 Motorized Wheelchair	\$0/\$500 Motorized Wheelchair	DED + 30%
Out-of-Network	Not Covered	Not Covered	DED + 40%
<b>Home Health Care PBP (Coordinated via CareCentrix<sup>2</sup>)</b>	35 visits PBP	Unlimited	60 visits PBP
In-Network	\$0 Copay	\$0 Copay	DED + 30%
Out-of-Network	Not Covered	Not Covered	DED + 40%
<b>Hospice</b>			
In-Network	DED + 20%	DED + 10%	DED + 30%
Out-of-Network	Not Covered	Not Covered	DED + 40%
<b>Outpatient Therapy and Spinal Manipulations (26 PBP) Combined Benefit Period Maximum</b>	35 visits PBP 4 modalities/day	35 visits PBP 4 modalities/day	35 visits PBP 4 modalities per day
<b>Outpatient Rehab Therapy Center (per visit)</b>	\$75 Copay	\$35 Copay	\$40 Copay
In-Network	Not Covered	Not Covered	DED + 40%
<b>Physician Office (per visit)</b>	\$75 Copay	\$35 Copay	\$40 Copay
In-Network Physical Therapist			
<b>Outpatient Hospital Facility Services (per visit)</b>	\$75 Copay	\$65 Copay	\$80 Copay
In-Network	Not Covered	Not Covered	DED + 40%
Out-of-Network			
<b>Skilled Nursing Facility PBP</b>	60 days PBP	60 days PBP	60 days PBP
In-Network	DED + 20%	DED + 10%	DED + 30%
Out-of-Network	Not Covered	Not Covered	DED + 40%

# Medical Insurance

## 2024 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
<b>Medical Pharmacy (Physician Administered in office setting/home health setting)</b> In-Network Monthly Out of Pocket Max <sup>3</sup> for medication only In-Network Provider (cost of medication only, separate cost share for administration) Out-of-Network Provider	\$200/\$200 20%/20% Not Covered	\$0/\$0 0%/0% Not Covered	\$0/\$0 0%/0% DED + 40%
<b>Other Covered Services:</b> <b>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.</b>			

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

**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.  
 CareCentrix' Phone Number is 1-877-561-9910, Fax Number is 1-877-627-6688  
 (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  
 Teledoc's Phone number is 1-800-TELADOC (835-2362). Effective January 1, 2024

**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.





## 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

2024 PHARMACY OPTIONS	
PHARMACY NAME	TYPE(S) OF MEDICATION
<b>Walgreens Retail Pharmacy <span style="color: red;">Exclusive</span></b>  *Up to 30 to 90 days supply	Only retail pharmacy you may use to fill <b>generic and/or brand name medications</b> ( <b>NOT self-administered specialty medications, provider-administered specialty medications or mail order.</b> )  Diabetic Testing Supplies (test strips, lancets, glucometers, etc.) Insulin, Antibiotics
<b><span style="color: red;">NEW</span> FlexAccess Specialty Copay Solution Program</b>  *Up to 30 days supply only	<b>Eligible Self-Administered Specialty Medications.</b> These medications require Prior Authorization. <b>FlexAccess finds the best copay assistance (coupon) discounts for you so your medicines may be cheaper and easier to get.</b> Certain specialty medications may be eligible for <b>\$0-\$35</b> member cost share. Users of eligible self-administered medications are automatically enrolled in the FlexAccess Program.
<b>Amazon Pharmacy Home Delivery MedsYourWay</b>  <u><b>For Prescribers Only:</b></u> <b>E-SCRIBE Amazon Pharmacy 001</b> <b>Phone #: 1-855-745-5725, ext. 3</b> <b>Fax #: 1-512-884-5981</b>  *Up to 90 days supply	<b>Long-Term Medications</b> , i.e., blood pressure, cholesterol medications, etc.  Refer to page 2 for account set up. For assistance on creating your account, call <b>1-855-965-7539</b>
<b>CVS CareMark Specialty Only</b> <b>1-866-278-5108</b>  <u><i>Exception: Medication cannot be supplied by CVS Specialty or Physician participating in Buy &amp; Bill Program.</i></u>	<b>Specialty Medications administered in a doctor's office/facility and limited distribution drugs.</b> Prior Authorization may be required. Claims are submitted under the medical benefit, <b>Not</b> pharmacy.
<b>My Health Onsite (MHO)*</b>  <b>1-888-644-1448</b>  *Registered Patients	Ask about <b>select generic and brand name medications</b> at <b>low</b> or <b>no</b> cost to you. Access <a href="http://www.pascogohealthy.net">www.pascogohealthy.net</a> for a list of covered medications

<b>Elect Rx</b> (District Program Offering) <b>1-844-353-2879</b>  <b>*Up to 90 days supply</b>	<b>Select brand name medications</b> at low cost. Access <a href="http://www.pascogohealthy.net">www.pascogohealthy.net</a> for a list of covered medications
<b>TrueNorth Meds Insulin Program</b> (District Program Offering) <b>1-844-681-8783</b>	<b>Brand Name Insulin</b> at low cost
<b>MEMBER COPAY</b>	
<b>Retail at Walgreens Only</b>	<b>\$10 Generic</b> <b>\$35 Preferred Brand</b> <b>\$60 Non-Preferred Brand</b>
<b>Extended Supply Network at Walgreens Only</b> (2.5X Retail Copay)	<b>\$25 Generic</b> <b>\$87.50 Preferred Brand</b> <b>\$150 Non-Preferred Brand</b>
<b>Amazon Home Delivery</b> (2X Retail Copay)	<b>\$20 Generic</b> <b>\$70 Preferred Brand</b> <b>\$120 Non-Preferred Brand</b>
<b>Specialty</b>	<b>\$25 Generic</b> <b>\$50 Preferred Brand</b> <b>\$100 Non-Preferred Brand</b>

1. Set up your Amazon Pharmacy account by:

- Visiting [www.amazon.com/floridablueMYW](http://www.amazon.com/floridablueMYW) and clicking **Get Started**. Or
- Opening the Amazon app and clicking **Pharmacy** then **Sign Up**. Once registered, you can manage your prescriptions and place orders.

2. Let your doctor/prescriber know they should send new home delivery prescriptions, (**excluding Schedule II Controlled substances**) to Amazon Pharmacy. Here are the details they need:

- E-SCRIBE Amazon Pharmacy 001
- FAX 512-884-5981
- CONTACT US 855-745-5725, ext. 3

For questions about creating your account, call **Amazon Customer Care at 855-965-7539 Monday through Friday 8 a.m. - 10 p.m. ET and Saturday and Sunday 10 a.m. - 8 p.m. ET.**





## When You Don't Have Time to Wait, You've Got Teladoc!



### Provides 24/7 Access to Care

When you or a family member don't feel well and your primary care doctor or your child's pediatrician can't see you right away, you can now get care within minutes without leaving home with Teladoc.

For a cost that's less than an urgent care or ER visit, Teladoc gives you 24/7/365 access to U.S. board-certified doctors by web, phone or mobile app. It's a more convenient and affordable option for quality medical care. And there's no obligation or extra monthly fee.

### Getting Started

Set up your account today—so when you need care, a Teladoc doctor is a just a call or click away.

### How Does Teladoc Work?

1

#### Register

3 easy ways: download the mobile app, visit the Teladoc website or call the number below.

2

#### Provide Medical History

Your medical history provides Teladoc doctors with the information they need to make an accurate diagnosis.

3

#### Request a Visit

That's it! The next time you need immediate care for a non-emergency illness, you have another option.

### The Teladoc Difference

**Teladoc can help with many non-emergency illnesses, including:**

- Sinus infection
- Flu
- Cough
- Sore throat
- Rash
- Allergies
- Upset stomach
- Nausea
- Other minor health issues and more



**Talk to a doctor anytime.**

**Call today 1-800-Teladoc (835-2362) or visit [Teladoc.com](https://www.teladoc.com)**

Teladoc is an independent company contracted by Florida Blue to provide physician visits via phone or online video to members with non-emergent medical issues. Teladoc is only available in the U.S. Teladoc® is a trademark of Teladoc, Inc.

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 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. For more information, visit [floridablue.com/ndnotice](https://floridablue.com/ndnotice).

BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

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# Behavioral Health Insurance

## Lucet, The Behavioral Health Optimization Company

As a member of Florida Blue, your health insurance plan includes behavioral health benefits like mental health services, substance use treatment and more. Florida has partnered with Lucet to provide behavioral health services.

To locate a participating behavioral health specialist (counselor, psychologist, psychiatrist), [contact Lucet at 1-866-287-9569, 24 hours a day, 7 days a week](tel:1-866-287-9569). 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.lucethealth.com](http://www.lucethealth.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	BlueOptions PPO Standard
<b>NEW Teledoc Behavioral Health</b>		\$25 copay	\$25 copay	\$25 copay
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 Emergency Room Services: In & Out of Network		\$500 copay	\$500 copay	\$500 copay
MH/SA Outpatient Hospital Facility Services In-Network		\$2,000 DED* + 20% Coins.	\$1,500 DED* + 10% Coins.	\$40 copay
Out-of-Network		Not Covered	Not Covered	40% Coins.
MH/SA Inpatient Hospital Facility Services In-Network		\$2,000 DED* + 20% Coins.	\$1,500 DED* + 10% Coins.	\$2,500 DED* + 30% Coins.
Out-of-Network		Not Covered	Not Covered	40% Coins.
MH/SA Inpatient Residential Treatment Facility In-Network		\$2,000 DED* + 20% Coins	\$1,500 DED*+ 10% Coins.	\$2,500 DED* + 30% Coins.
Out-of-Network		Not Covered	Not Covered	40% Coins.
MH/SA Provider Services at hospital & ER* In-Network		\$0 Copay Not Covered	\$0 Copay Not Covered	\$0 Copay \$0 Copay
Out-of- network (*only covered for emergen- cies) MH/SA Provider Services at Locations other than office, hospital & ER; Family Physician & Specialist In-Network		\$40 copay Not Covered	\$35 copay Not Covered	\$40 copay 40% Coins.
Out-of-Network		Not Covered	Not Covered	40% Coins.
Out of Pocket Maximum (Individual/Family Ag- gregate) In-Network, combined with medical		\$5,500/\$11,000	\$5,500/\$11,000	\$5,500/11,000



# Employee Assistance Program

## New Directions Behavioral Health (NDBH)

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

# 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 you: the FRS Pension Plan or the FRS Investment Plan.

## Source 3: Your Retirement Savings Plan

Explained on the next page.

**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.**

## Tips on How to Save Smart for Retirement:

- Start **NOW**. Don't wait. Time is critical.
- Start small, if necessary. Even small contributions can make a big difference given enough time and the right kind of investments.
- Use automatic deductions from your payroll or your checking account for deposit into mutual funds, your IRA or other investment vehicles.
- Save regularly. Make saving for retirement a habit.
- Be realistic about investment returns. Never assume that a year or two of high market returns (or market declines) will continue indefinitely.
- Roll over retirement account money if you change jobs.

## Florida Retirement System (FRS) Employee Contributions

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

## How to Decide on a Plan

What are the important differences between the two retirement plans?

Let's look at plan type, vesting and benefits. Additional information can be found at [www.choosemyfirstplan.com](http://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.

## 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 on or 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 96 months or 8 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 Can Switch Plans Only One Time.

During your working career as an FRS member, you may switch plans only one time 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. In order to buy service credits, there are rules that must be adhered to. 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 8 years.

## Your Retirement Savings Plan

If you want to live well in retirement, you can no longer rely on your Social Security and pension benefits alone. There are excellent additional retirement savings plan options available through Pasco County Schools. There are several retirement plan vendors that have been approved by the Board.

### Contact FRS

Pension Plan: (844) 377-1888

Investment: (866) 446-9377

## Voluntary Retirement Savings Program

As an employee of Pasco County Schools, 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 future withdrawals in retirement 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).

## 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](http://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) plans. 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](http://www.tsacg.com) or call (888) 796- 3786, Option 4.*

# Retirement Benefits

## After Retirement?

Upon retirement, the FRS Website: [www.frs.myflorida.com](http://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.
- 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](http://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](http://www.frs.myflorida.com). See "Contact Us" on page 3 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)

Retirees must wait 12 calendar months from the date of retirement before returning to work for an FRS employer. 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 2023 Ready. Set. Retire. guide provides more information. This guide is available from the Retirement Guides section of the Publications page of the division's website, [FRS.FL.GOV](http://FRS.FL.GOV). If you have any questions or if you need a printed copy of the guide, see "Contact Us" on page 3 for assistance.

### Contact FRS

Pension Plan: (844) 377-1888

Investment: (866) 446-9377



# Other Health Coverage

## 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 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 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 older 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)

# Video Resources

## MEDICAL PLANS

 [Medical Plans Explained](#)

 [Primary Care vs. Urgent Care vs. ER](#)

 [PPO Overview](#)

## INSURANCE 101

 [Benefits Key Terms Explained](#)

 [How to Read an EOB](#)

 [What is a Qualifying Event?](#)

## TAX ADVANTAGE SAVINGS ACCOUNTS

 [What is a Flexible Spending Account?](#)

 [What is a Dependent Care FSA?](#)



## IMPORTANT DATES

Open enrollment runs  
OCTOBER 1, 2023—  
OCTOBER 31, 2023

 [Florida Blue E learning Kit](#)

# Glossary of Medical Terms

## INSURANCE TERMS

**Coinsurance**—The plan's share of the cost of covered services which is calculated as a percentage of the allowed amount. This percentage is applied after the deductible has been met. You pay any remaining percentage of the cost until the out-of-pocket maximum is met. Coinsurance percentages will be different between in-network and out-of-network services.

**Copays**—A fixed amount you pay for a covered health care service. Copays can apply to doctor's office visits, as well as urgent care and emergency room services. Copays will not satisfy any part of the deductible. Copays should not apply to any preventive services.

**Deductible**—The amount of money you pay before services are covered. Services subject to the deductible will not be covered until it has been fully met. It does not apply to any preventive services, as required under the Affordable Care Act.

**\*Embedded Deductible**— The single team member deductible is *embedded* into the family deductible, meaning no one person covered under the plan can contribute more than the single amount toward the family deductible.

**Lifetime Benefit Maximum**—All plans are required to have an unlimited lifetime maximum.

**Network Provider**—A provider who has a contract with your health insurer or plan to provide services at set fees. These contracted fees are usually lower than the provider's normal fees for services.

**Out-of-Pocket Maximum**—The most you will pay during a set period of time before your health insurance begins to pay 100% of the allowed amount. The deductible, coinsurance and copays are included in the out-of-pocket maximum.

**Preauthorization (also known as Prior Authorization (PA))**—A process conducted by your health insurer or plan to determine if any service, treatment plan, prescription drug or durable medical equipment is medically necessary. This is sometimes called prior authorization, prior approval or precertification.

**UCR (Usual, Customary and Reasonable)**—The amount paid for medical services in a geographic area based on what providers in the area usually charge for the same or similar service.



## MEDICAL TERMS

**Prescription Drugs**—Each plan offers its own unique prescription drug program. Specific copays apply to each tier and a medical plan can have one to five separate tiers. The retail pharmacy benefit offers a 30-day supply. Mail order prescriptions provide up to a 90-day supply. Sometimes the deductible must be satisfied before copays are applied.

**Urgent Care**—Care for an illness, injury or condition serious enough that a reasonable person would seek immediate care, but not so severe to require emergency room care.

**Emergency Room**—Services you receive from a hospital for any serious condition requiring immediate care.

**Preventive Services**—All services coded as Preventive must be covered 100% without a deductible, coinsurance or copayments.

**Medically Necessary**—Health care services or supplies needed to prevent, diagnose or treat an illness, injury, condition, disease or its symptoms, which meet accepted standards of medicine.

This image shows a single sheet of white paper with horizontal green ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



## **Pasco County Schools**

Providing a world-class education for all students

**Kurt S. Browning, Superintendent of Schools**

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The purpose of this booklet is to describe the highlights of your benefit program. Your specific rights to benefits under the Plans are governed solely, and in every respect, by the official plan documents and insurance contracts, and not by this booklet. If there is any discrepancy between the description of the plans as described in this material and official plan documents, the language of the documents shall govern.