



# 2022



**Pasco County Schools**

Providing a world-class education for all students.

Dr. John Legg, Superintendent of Schools



Pasco County Schools

# Retiree Employee Benefits Guide

[pascodsbretiree.cbizenroll.com](http://pascodsbretiree.cbizenroll.com)

# 2026 Retiree Employee Benefits Guide

*Welcome to the*

## 2026 BENEFITS OPEN ENROLLMENT

It's that time of year again! The Pasco County Schools annual insurance open enrollment period has begun. As a retiree you are eligible to participate in the health and welfare benefits plans of Pasco County Schools. If you do not currently have dental, vision, or legal coverage; those benefits can be added for calendar year 2026. You will have to add those by actively participating in open enrollment.

We partner 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 benefits. 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.

We encourage you to go online and make your benefits selections for 2026.

## NOT SURE HOW TO GET STARTED?

***DON'T WORRY!***

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

- Login – [click to enroll](#)
- Your username is your Last Name + Last 4 of SSN
- Your password is your date of birth in mmddyyyy format

CBIZ Contact Information

Phone number 800-390-1224

Email: [pascodsbbenefits@cbiz.com](mailto:pascodsbbenefits@cbiz.com)

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 dates

October 1, 2025 – October 31, 2025

## WHAT'S NEW

- This is an active open enrollment. If you currently have coverage and do not enroll for medical benefits for 2026, you will not have medical coverage.
- Instate HMO plan for those that reside in Florida with a monthly contribution rate.
- Out of Area PPO plan only for out of state retirees with a monthly contribution rate.
- We have now partnered with CVS/Caremark for our pharmacy benefit. You will be receiving a new ID card from CVS/Caremark to use at the pharmacy. You can now fill your script at any local pharmacy!
- Get to know your pharmacy benefits [here](#).

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## ***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.*

## **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

# 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 medical 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.



**Patty 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

[Patricia.Nguyen@floridablue.com](mailto:Patricia.Nguyen@floridablue.com)

## Current Position Highlights:

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

## Personal:

- Moved from Middletown, CT to Lutz in Pasco County 27 years ago
- Have 3 awesome children; Oldest son lives in Santa Monica, CA and works in Commercial Real Estate, Middle son works in the Asset Management Department at the Publix Corporation and daughter recently relocated to Seattle, WA to work for The Hershey Company.
- 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 often may I have my annual physical and well-woman/man exam?**

A: Once per calendar year.

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

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



## YOUR HEALTH PLAN OPTIONS

As a retiree of Pasco County Schools, you must enroll in the HMO medical plan if you reside in the state of Florida. If you live outside the state of Florida, there is a PPO plan option available.

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.

Below are some benefit highlights of each option.



[Medical Plan FAQs](#)

### HOW TO GET STARTED

## SELECT YOUR MEDICAL PLAN

### OPTION 1: HMO PLAN FOR FLORIDA RESIDENTS ONLY

- 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: PPO PLAN FOR RETIREES RESIDING OUTSIDE THE STATE OF FLORIDA

- 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 medical plan's website. Be sure to check that the provider is in-network by calling Patty Nguyen, Florida Blue on-site representative or the toll-free number on the back of your medical ID card, or by visiting [myhealthtoolkitFL.com](https://myhealthtoolkitfl.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 Primary Care Physician. Don't have one yet? Consider Sanitas Medical Center Primary Care, a Value Choice Provider.

Refer to page 7 for more information about how to access care from a Value Choice Provider.



#### TELADOC/VIRTUAL VISITS

- 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 [myhealthtoolkitfl.com](https://myhealthtoolkitfl.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 GuideWell Emergency Doctors Urgent Care Center, a Value Choice Provider, for conditions like the above. You receive 2 visits (not virtual) per calendar year at \$0 copay.

To find an urgent care center near you visit [myhealthtoolkitfl.com](https://myhealthtoolkitfl.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.

# Florida Blue Value Choice Provider

Choose a Value Choice Provider and save money on your health care.

Finding the right doctor can help you get and stay healthy. As a Florida Blue member, you have access to doctors who put a special focus on helping you stay well while saving on out-of-pocket costs.

## Your path to health can start today

Sanitas Medical Center and GuideWell Emergency Doctors are Value Choice Providers that offer Florida Blue members extra care — and they're in your plan's network. Services vary based on location and provider and may include:

 **Primary care**

 **Specialist care**

 **Urgent care**

 **Labs and imaging**

 **Virtual visits**

Diagnostic services vary by location and are subject to change without notice. Please contact your doctor's office for the most up-to-date services.

## Value Choice Providers

Scan the QR code to find a location near you.  
\*Services vary based on location and provider.

 For members of  
*Florida Blue* 



[MySanitas.com](https://www.mysanitas.com)  
1-844-665-4827

**GUIDEWELL**  
**EMERGENCY & DOCTORS**



[GuideWellEmergency.com](https://www.guidewellemergency.com)  
See locations for phone numbers

*Florida Blue*   
Your Health Solutions Partner


Value Choice Providers is a designation Florida Blue given to some in-network providers, including Sanitas Medical Center and GuideWell Emergency Doctors. Health insurance is offered by Florida Blue. HMO coverage is offered by Florida Blue HMO. 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. You may access the Nondiscrimination and Accessibility Notice at [FloridaBlue.com/ndnotice](https://www.floridablue.com/ndnotice). 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).

## MEMBER PERKS

### Discounts for you — just for being Blue!

In addition to superior health coverage, your membership provides access to exclusive discounts on a variety of products and services. The member discounts program includes items that generally are not covered by health insurance.



 Log in to My Health Toolkit, select the **Resources** tab, then **Blue365® Discounts**. On a mobile device, select **Menu**, then **Blue365® Discounts**. You'll find details on discounts for:



#### Fitness

- ◆ Gym memberships
- ◆ Wearable fitness devices
- ◆ Activewear
- ◆ Home fitness equipment
- ◆ Vitamins and nutritional supplements



#### Personal care

(please note that some restrictions may apply for these services.)

- ◆ Allergy relief
- ◆ Acupuncture
- ◆ Chiropractic services
- ◆ Massage therapy
- ◆ Hair restoration
- ◆ Teeth whitening



#### Healthy eating

- ◆ Weight loss programs
- ◆ Cookbooks and recipes
- ◆ Online cooking classes



#### Hearing and vision

- ◆ Hearing aids
- ◆ Eyewear



#### Lifestyle

- ◆ Travel clubs
- ◆ Vacation packages
- ◆ Pet care



# Florida Blue My Health Toolkit

## GETTING STARTED WITH MY HEALTH TOOLKIT

my**HEALTH**toolkit®

My Health Toolkit isn't just for people who are actively seeking health care. Here's some common questions and answers to get you started.

### What is My Health Toolkit?

My Health Toolkit is a secure portal you can use to manage your benefits, connect with resources and personalize your experience with your health plan. Log in from wherever you access the internet or from the convenient mobile app to do all this and more:

- ◆ Verify who's covered on your plan.
- ◆ Get a snapshot of your coverage.
- ◆ Find in-network health care providers.
- ◆ Check the status of your claims.
- ◆ Access your digital ID card or order replacement cards.

You can use it to access health and wellness programs that can help you live your best life every day. Or log in to manage your contact preferences so we'll know just how to reach you with important updates.

### Who can use My Health Toolkit?

You can set up a My Health Toolkit account if you are age 16 or older and are enrolled in a health or dental plan. That means each subscribing member and each covered spouse, child or other dependent who meets the age requirement can have his or her own account.

### How can I access it?

Access My Health Toolkit through our member website. Or download the My Health Toolkit mobile app and manage your benefits wherever you go from the convenience of your mobile device. You can use the same username and password to log in via the website or the app.

### How do I register?

Registering for My Health Toolkit is easy. From the member website, select the [Create An Account](#) link in the login box, or download the app and select the [Sign Up](#) button. To get started, simply enter the number from your member ID card or the subscribing member's Social Security number. Then choose your birthdate from the drop-down menu to indicate which plan member is signing up.

Once you've signed up, you can set up your profile, including selecting your preferred method of contact — such as text, email or regular mail — for certain types of notifications. This helps us get important notifications to you based on your personal preferences.



Download the My Health Toolkit app from your app store or register at [www.MyHealthToolkitFL.com](http://www.MyHealthToolkitFL.com).



# Florida Blue My Health Toolkit

MEET US ON

MY HEALTH TOOLKIT

my**HEALTH**toolkit®

Whether you join us from your smartphone or on your computer, Blue Cross and Blue Shield of Florida, Inc. looks forward to meeting you on My Health Toolkit.

## Registration is easy.

All you need to get started with My Health Toolkit is the member ID located on your insurance card or subscribing member's Social Security number and your date of birth. If you share a health plan with family members ages 16 and over, they can register for individual accounts, too.

## Enjoy the security and convenience of facial recognition.

We never forget a face. If you are accessing My Health Toolkit on your smartphone, make sure to enable facial recognition to make logging in safe, quick and easy.



Download the My Health Toolkit app from your app store or register at [www.MyHealthToolkitFL.com](http://www.MyHealthToolkitFL.com).



## Access your digital ID card.

There's no need to dig through your wallet. We keep a digital copy of your ID card at the ready so you can access it whenever and wherever you need it. You can also order a replacement card if you misplace yours.

## Manage your contact preferences.

Choose how you want to hear from us. Whether it's by text, mail or email, you can select how you want to receive important health information.

## Learn more about your coverage.

We want to make sure you are up to speed on all the features of your plan. Meet us on My Health Toolkit to look up your medical coverage, deductible and out-of-pocket spending.

## Shop for care.

Let us introduce you to our crew. Using the Find Care link, you can view a list of network doctors and medical facilities in your area. Make sure you check out features like patient reviews, provider quality information and a list of doctors who are accepting new patients.

## Check the status of your claims.

All of your details are at your fingertips. You can view the status of a current or previous medical claim, the dates of services, the amount charged by your provider and the amount you may owe. You can even mark claims as paid or add notes for your personal record-keeping.



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



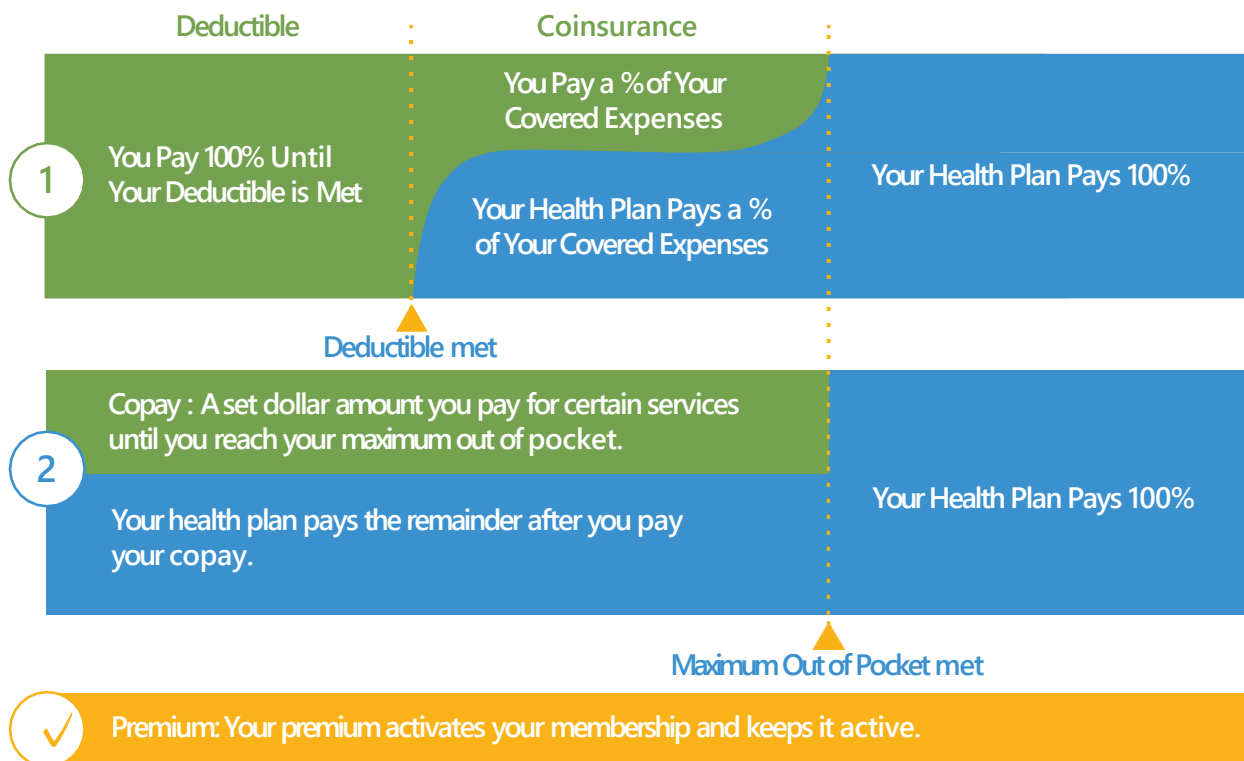
# Florida Blue Additional Resources

## HOW YOU AND YOUR PLAN SHARE HEALTH CARE COSTS

Health insurance helps cover the cost of your medical expenses.

### How your annual insurance benefits work: what you can expect to pay

Each service you receive gets paid through path 1 or path 2.



### Terms you need to know

Your **deductible** is the set total amount you pay for medical services before your coinsurance kicks in. For example, you would meet your \$1,000 deductible after your payments for covered medical services add up to \$1,000. For most health plans, your copay does not count toward your deductible.

**Coinsurance** is the percentage of medical costs you pay after you've met your deductible. For example, you might pay 20 percent once you've met your deductible. Your health plan would pay 80 percent.

A **copay**, or copayment, is a set rate you pay for doctor visits, prescriptions and some other types of care. For example, you might pay \$20 for an in-network doctor visit and \$15 for a prescription.

Your **maximum out-of-pocket amount** is the most you have to pay for covered services in one plan year. For example, let's say your maximum out-of-pocket amount is \$4,000. Once your in-network payments for deductibles, copays and coinsurance add up to \$4,000, your health plan then will pay 100 percent of the costs for covered services for the rest of that benefit year.

**For more terms you'll see and hear in health insurance and health care, please see the Helpful Terms page near the end of this benefits guide.**

To find your deductible, coinsurance, copay and maximum out-of-pocket amounts, review your summary of benefits or log in to **My Health Toolkit®**.

# Florida Blue Additional Resources

## HELP ALONG THE WAY TO BETTER HEALTH

Ready to get on track with your health but not sure where to start? You don't have to figure it out on your own. Your health plan includes free care management programs and resources to help you make positive, meaningful changes at your own pace.

### What is care management?

It's a personalized approach that gives you support and lots of options. A care manager can help you reach your health goals, make the most of your benefits and serve as your advocate if you run into obstacles receiving care.

This program is included in your benefits for no additional cost. In some cases, your care manager may help you find ways to lower your medical or pharmacy costs. Connect digitally or by phone!

### We offer care management for these conditions:

- ◆ Attention-deficit hyperactivity disorder (adults)
- ◆ Asthma (adults and children)
- ◆ Bipolar disorder
- ◆ Heart disease and heart failure
- ◆ Chronic obstructive pulmonary disease
- ◆ Depression
- ◆ Diabetes (adults and children)
- ◆ High blood pressure and high cholesterol
- ◆ Metabolic health (metabolic syndrome and prediabetes)
- ◆ Migraine
- ◆ Recovery support for substance use disorder

### Extra help with complex issues

If you experience complex or difficult health issues, your nurse care manager will reach out to you to provide support. Things he or she can help with include cancer, transplants, end-stage renal disease, trauma and neonatal intensive care.

### Maternity wellness

- ◆ Personalized digital support during and after your pregnancy
- ◆ On-demand access to a maternity nurse



### Ready to become a healthier you?



If you qualify for one of our care management programs, we will reach out to you with a phone call, email, text or letter to help you get started. If you have questions, connect with us by phone at **855-838-5897** or through our app, My Health Planner<sup>SM</sup>. Just search for **My Health Planner** in the Apple App Store or Google Play and enter access code **ACTNOW** to get started.



# Florida Blue Additional Resources

## WOMEN'S HEALTH

### Support your healthy lifestyle with recommended screenings

Connecting with friends is good for you —along with regular exercise, a healthful diet with lots of fruits and vegetables, and getting a good night's sleep.



Don't forget to schedule regular health screenings, too. These recommendations are in addition to the standard wellness guidelines for adults.

Women's Recommendations	
Mammogram	Women 40 and up should get checked yearly.
Cholesterol	Ages 30 – 35 should be tested if at high risk. Women 45 and older should be tested.
Pap Test	Every three years for ages 21 – 65. Or, Pap test and HPV test every five years for ages 30-60. Those who've had a hysterectomy or are over age 65 might not need a Pap test.*
Osteoporosis Screening	Screenings should begin at age 65 or at age 60 if risk factors are present.*
Aspirin Use	At ages 50 – 79, talk with your doctor about the benefits and risks of aspirin use.
Pelvic Exam	Ages 21 and over should have an exam every year.*

\*Recommendations may vary. Discuss screening options with your doctor, especially if you are at increased risk.

Sources: American Cancer Society, U.S. Department of Health and Human Services, the Centers for Disease Control and Prevention, U.S. Preventive Services Task Force, National Institutes of Health



## MEN'S HEALTH

Take care —and be your best at every age



Guys are competitive, and sometimes it seems like they compete for the record time between doctor visits.

But your friends and family want you to stay around, so how about paying some attention to your health?

Have a primary care physician. (You can find one using the Shopping for Care tool on your health plan's My Health Toolkit® site.) Then get your annual checkup.

The chart shows things you need to discuss with your doctor.

Recommendations for Men	
20s and 30s	Stay on top of your weight and get blood pressure checked. Have yearly vision checks and dental cleanings. If at risk for high cholesterol, get screened. If you use tobacco, quit.
40s	Start screenings for Type 2 diabetes and colon cancer at age 45. Manage your weight to reduce risks for many diseases including cancer. Monitor cholesterol levels.
50s and older	Talk to your doctor about benefits and risks of aspirin use. Discuss prostate cancer screening (or around age 45 if at higher risk). At 65 – 75, get screened for abdominal aortic aneurysm if you have ever smoked.

Sources: American Cancer Society, U.S. Department of Health and Human Services, the Centers for Disease Control and Prevention, U.S. Preventive Services Task Force. These are independent organizations that offer health information you may find helpful.

## QUALITY CARE ...ANYTIME AND ANYWHERE WITH TELADOC HEALTH

Why wait for the care you need now? Teladoc Health gives you 24/7/365 access to a board-certified physician through the convenience of phone or video consults. Teladoc Health is an independent company that provides telehealth consultation services on behalf of your health plan.



### The care you need

Teladoc Health doctors can treat many of the most common medical conditions, including:

- ◆ Cold and flu symptoms
- ◆ Allergies
- ◆ Bronchitis
- ◆ Urinary tract infections\*
- ◆ Respiratory infections
- ◆ Sinus problems
- ◆ Behavioral health and dermatology services may also be covered.

They can also write prescriptions, according to the regulatory guidelines of your state.

\*Some services may have age restrictions.

### When you need it

Teladoc Health has a national network of doctors ready to answer your call. With an average call-back time of only eight minutes, you can forget about spending hours in the waiting room. Now, you can quickly and easily consult an experienced doctor from the comfort of your home.

### It's easy to get started

Register for Teladoc Health now — don't wait till you are sick! Call **866-789-8155**, or start by logging in to **My Health Toolkit**.

1. Select **Providers & Services**, **Telehealth**, then **Teladoc**. This will take you to the Teladoc site.
2. Your insurance information will appear so you can easily complete your registration.
3. From the My Health Toolkit app, select **Find Care**, then **Teladoc Health**.

Want to know more? Please visit your health plan's My Health Toolkit website to learn more about using Teladoc Health.

# Medical Insurance

## 2026 Pasco County School Board Plan Comparison



Cost Sharing	HMO PLAN Florida Only BlueCare	PPO Plan Out of State Only BlueOptions
Maximums shown are Per Benefit Period (PBP) unless noted		
<b>Deductible (DED) (Per Person/Family Agg)</b>		
In-Network	\$3,500/\$7,000	\$3,500/\$7,000
Out-of-Network	Not Covered	\$8,000/\$16,000
<b>Hospital Per Admission Deductible (PAD)</b>		
In-Network	\$0 Copay	\$0 Copay
<b>Coinsurance (Member Responsibility)</b>		
In-Network	30%	30%
Out-of-Network	Not Covered	40%
<b>Out of Pocket Maximum (Per Person/Family Agg) (Incl. DED,Coins.,Medical &amp; Rx Copays)</b>		
In-Network	\$8,000/\$16,000	\$8,000/\$16,000
Out-of-Network	Not Covered	\$16,000/\$32,000
<b>Lifetime Maximum</b>	Unlimited	Unlimited
<b>PROFESSIONAL PROVIDER SERVICES</b>		
<b>Allergy Injections (office)</b>		
In-Network Family Physician	\$15 Copay	\$20 Copay
In-Network Specialist	\$15 Copay	\$20 Copay
Out-of-Network	Not Covered	DED + 40%
<b>Allergy Testing (office)</b>		
In-Network Family Physician	\$60 Copay	\$50 Copay
In-Network Specialist	\$100 Copay	\$100 Copay
Out-of-Network	Not Covered	DED + 40%
<b>Virtual Visit Services</b>		
In-Network Value Choice PCP	\$15 Copay	\$0 Copay
In-Network Value Choice Specialist	\$30 Copay	\$20 Copay
In-Network Family Physician	\$30 Copay	\$0 Copay
In-Network Specialist	\$100 Copay	\$100 Copay
In-Network Behavior Health Specialist (LMHC, Psychiatrist)	\$55 Copay	\$35 Copay
Out-of-Network	Not Covered	Not Covered
<b>Office Services (per visit)</b>		
In-Network Value Choice PCP	\$15 Copay	\$0 Copay
In-Network Value Choice Specialist	\$30 Copay	\$20 Copay
In-Network Family Physician	\$60 Copay	\$50 Copay
In-Network Specialist (Includes Chiropractor office visit)	\$100 Copay	\$100 Copay
In-Network Behavioral Health Specialist (LMHC, Psychiatrist)	\$75 Copay	\$50 Copay
Out-of-Network	Not Covered	DED + 40%
<b>Provider Services at Hospital and ER</b>		
In-Network Family Physician	DED + 30%	DED + 30%
In-Network Specialist	DED + 30%	DED + 30%
Out-of-Network (For HMO Plans, only for emergencies)	INN DED + 30%	DED + 40%
<b>Provider Services at Other Locations</b>		
In-Network Family Physician	\$60 Copay	\$50 Copay
In-Network Specialist	\$100 Copay	\$100 Copay
Out-of-Network	Not Covered	DED + 40%
<b>Radiology, Pathology and Anesthesiology Provider Services at Ambulatory Surgical Center (ASC)</b>		
In-Network Specialist	\$500 Copay	\$250 Copay
Out-of-Network	Not Covered	\$250 Copay

# Medical Insurance

## 2026 Pasco County School Board Plan Comparison



Cost Sharing Maximums shown are Per Benefit Period (PBP) unless noted	HMO PLAN Florida Only BlueCare	PPO Plan Out of State Only BlueOptions
<b>PREVENTIVE CARE</b>		
<b>Adult Wellness Office Services (Annual Physical &amp; Well Woman, one per calendar year)</b> In-Network Family Physician In-Network Specialist Out-of-Network	\$0 Copay \$0 Copay Not Covered	\$0 Copay \$0 Copay DED + 30%
<b>Colonoscopies (Routine age 45+; Non-Routine/Diagnostic, no age criteria)</b> In-Network Out-of-Network	\$0 Copay Not Covered	\$0 Copay 40% Coinsurance
<b>Mammograms (Routine, one per calendar year; Diagnostic no frequency limit)</b> In-Network Out-of-Network	\$0 Copay Not Covered	\$0 Copay \$0 Copay
<b>Well Child Office Visits (one per calendar year)</b> In-Network Family Physician In-Network Specialist Out-of-Network	\$0 Copay \$0 Copay Not Covered	\$0 Copay \$0 Copay 40% Coinsurance
<b>EMERGENCY/URGENT/CONVENIENT CARE/TELADOC TELEHEALTH</b>		
<b>Ambulance Services (Air, Ground, water)</b> In-Network Out-of-Network (For HMO Plans, only for emergencies)	DED + 30% INN DED + 30%	DED + 30% INN DED + 30%
<b>Convenient Care Centers (CCC)</b> In-Network Out-of-Network	\$60 Copay Not Covered	\$50 Copay DED + 40%
<b>Emergency Room Facility Services (per visit) (Copayment waived if admitted)</b> (Refer to Professional Provider Services on page 1.) In-Network Out-of-Network	\$1,000 Copay \$1,000 Copay	\$500 Copay \$500 Copay
<b>Urgent Care Centers (UCC)</b> Value Choice Urgent Care Provider (\$0 for visits 1-2 per benefit period) In-Network Out-of-Network	\$0, then \$150 Copay \$150 Copay Not Covered	\$0, then \$50 Copay \$50 Copay DED + \$50
<b>TELADOC TELEHEALTH (To register, call 1-866-789-8155 or access <a href="http://www.MyHealthtoolkitFL.com">www.MyHealthtoolkitFL.com</a>)</b> General Medicine Dermatologist Behavior Health Specialist (LMHC)	\$15 Copay \$40 Copay \$40 Copay	\$10 Copay \$25 Copay \$25 Copay
<b>DIAGNOSTIC TESTING (e.g., Lab, x-rays)</b> <b>Independent Clinical Lab (Quest Diagnostic is preferred in-network lab in Florida.)</b> In-Network Out-of-Network	\$0 Copay Not Covered	\$0 Copay 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) In-Network - Other Diagnostic Services (x-rays, ultrasounds)	\$500 Copay \$100 Copay	\$300 Copay \$50 Copay

# Medical Insurance

## 2026 Pasco County School Board Plan Comparison



Cost Sharing Maximums shown are Per Benefit Period (PBP) unless noted	HMO PLAN Florida Only BlueCare	PPO Plan Out of State Only BlueOptions
Out-of-Network	Not Covered	DED + 40%
<b>FACILITY (SURGICAL/NON-SURGICAL, THERAPY)</b> (Note: Physicians billed separately for services in a Hospital, ASC or ER., Refer to Professional Provider Services on Page 1.)		
<b>Ambulatory Surgical Center (ASC)</b>		
In-Network	\$750 Copay	\$200 Copay
Out-of- Network	Not Covered	DED + 40%
<b>Outpatient Hospital (per visit) (Surgical or Non-Surgical Svcs., i.e., lab work/Dx Testing)</b>		
In-Network	DED + 30%	\$300 Copay
Out-of-Network	Not Covered	DED + 40%
<b>Inpatient Hospital &amp; Inpatient Rehab. (per admission)</b>		
In-Network	DED + 30%	DED + 30%
Out-of-Network	Not Covered	DED + 40%
<b>Therapy at Outpatient Hospital (per visit)</b>		
In-Network	\$150 Copay	\$100 Copay
Out-of-Network	Not Covered	DED + 40%
<b>OTHER SPECIAL SERVICES AND LOCATION</b>		
<b>Advanced Imaging Services in Physician's Office (per visit)</b>		
In-Network Family Physician	\$500 Copay	\$300 Copay
In-Network Specialist	\$500 Copay	\$300 Copay
Out-of-Network	Not Covered	DED + 40%
<b>Birth Center</b>		
In-Network	DED + 30%	DED + 30%
Out-of-Network	Not Covered	DED + 40%
<b>Diabetic Equipment<sup>1</sup> (CGM &amp; Insulin Pump) (Coordinated via CareCentrix<sup>2</sup>)</b>		
In-Network	DED + 30%	DED + 30%
Out-of-Network	Not Covered	DED + 40%
<b>Durable Medical Equipment, Prosthetics, Orthotics (Coordinated via CareCentrix<sup>2</sup>)</b>		
In-Network	DED + 30%	DED + 30%
Out-of-Network	Not Covered	DED + 40%
<b>Home Health Care PBP (Coordinated via CareCentrix<sup>2</sup>)</b>		
In-Network	60 visits PBP	60 visits PBP
Out-of-Network	DED + 30%	DED + 30%
	Not Covered	DED + 40%
<b>Hospice</b>		
In-Network	DED + 30%	DED + 30%
Out-of-Network	Not Covered	DED + 40%



# Medical Insurance

## 2026 Pasco County School Board Plan Summary



Cost Sharing Maximums shown are Per Benefit Period (PBP) unless noted	HMO PLAN Florida Only BlueCare	PPO Plan Out of State Only BlueOptions
<b>Outpatient Therapy and Spinal Manipulations Combined Benefit Period Maximum</b>	30 Visits PBP	35 visits PBP
<b>Outpatient Rehab Therapy Center (per visit)</b>	4 modalities/day	4 modalities per day
In-Network	\$150 Copay	\$50 Copay
Out-of-Network	Not Covered	DED + 40%
<b>Physician Office (per visit)</b>		
In-Network Physical Therapist	\$150 copay	\$50 Copay
<b>Outpatient Hospital Facility Services (per visit)</b>		
In-Network	\$150 Copay	\$100 Copay
Out-of-Network	Not Covered	DED + 40%
<b>Skilled Nursing Facility PBP</b>		
In-Network	45 days PBP	60 days PBP
Out-of-Network	DED + 30%	DED + 30%
	Not Covered	DED + 40%
<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	\$200/\$200	\$0/\$0
In-Network Provider (cost of medication only, separate cost share for administration)	20%/20%	0%/0%
Out-of-Network Provider	Not Covered	DED + 40%
<b>Bariatric Surgery Program: Coverage for Gastric Sleeve procedure (CPT code 43775) only. Must follow pre-surgery and post-surgery guidelines. Contact Patty Nguyen at 813-794-2492 for details.</b>		
<ul style="list-style-type: none"> <li><b>\$20,000 LIFETIME MAXIMUM FOR ALL BARIATRIC SURGERY AND RELATED SERVICES.</b></li> <li><b>RECONSTRUCTION SURGERY POST COVERED BARIATRIC SURGERY IS NOT COVERED.</b></li> </ul>		

**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, certain CGMs) are covered under the medical benefit.
- CareCentrix' Phone Number is 1-877-561-9910
- (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

## Plan Design at a Glance

<b>Retail</b>	\$15 generic \$75 preferred brand \$120 non-preferred brand	All brand medications have an up front \$200 deductible
<b>Retail 90</b>	\$37.50 generic \$187.50 preferred brand \$300 non-preferred brand	
<b>Mail Order</b>	\$30 generic \$150 preferred brand \$240 non-preferred brand	
<b>Specialty</b>	20% to \$250	



[Getting to Know Your Prescription Benefits](#)



[Get to Know CVS/Caremark Digital Tools](#)

## CVS Caremark® is your Pharmacy Benefit Manager (PBM)

We manage your new prescription benefit plan and help keep your medication costs low.

We're like your  
health plan, but  
for prescriptions.



As a CVS Caremark member, you have access to a wide range of cost-effective medications and thousands of network pharmacy choices (including home delivery for you and your family).



## 2026 PRESCRIPTION BENEFITS

Everything you need  
to manage your  
medications anytime,  
anywhere

Caremark.com



**Review**  
your plan and  
deductible details



**Check medication**  
costs and find  
ways to save



**Find a network**  
**pharmacy** or start  
delivery by mail



**Order mail service**  
**refills** and track  
shipments



**Access your ID card**  
(view, print or  
download to  
mobile wallet)



**Track progress** toward  
your deductible or out-of-  
pocket maximum



**Tell us how to**  
**contact you** (by text,  
email or other)

## 2026 PRESCRIPTION BENEFITS

# CVS Caremark Mobile App

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### Manage your Rx on your own time.

We make it easy to keep track of your Rx, check for savings and more from your mobile device.

Our mobile app gives you a secure, simple way to manage your prescription benefits and member information. Find a nearby pharmacy no matter where you are. Learn about your medication and get information you can trust day or night. Do all this – and much more – at your convenience.



Learn more at [Caremark.com/OpenEnrollment](https://www.caremark.com/OpenEnrollment)

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## Personalized assistance with CVS Specialty®

Extra support is coming your way.

**CVS Specialty can help make managing your medications** and your condition a little easier. We'll be with you every step of the way.

Just like your doctor is a specialist in your condition, we're specialists in managing medications that treat your condition. This expertise allows us to offer support tailored to your needs.

**We'll be in touch soon to help you get started.**



## New for 2026

Effective 1/1/2026, all plans will require specialty medications to be filled through the CVS Specialty pharmacy.

Call CVS Specialty at **1-800-237-2767** or visit [CVSSpecialty.com](https://CVSSpecialty.com) to get started.

## BEHAVIORAL HEALTH RESOURCES AND CARE



Your mental health matters

Taking care of your mental health is important. When our minds aren't feeling good, it can affect our whole body and make our physical health worse. Studies even say that stress can lead to issues like high blood pressure, heart disease and obesity. Feeling down or stressed a lot might also increase the chance of getting sick.



### How can your health plan help?

Dealing with mental health challenges can be hard, but we're here to guide you. We've got tools and info to help you stay on track, making us your go-to source. We offer support for various mental health issues. You can choose from online solutions, in-person care or virtual options. We want you to get the care you need the way you want it.

### Find an affirming provider to support your mental health journey

Finding the right mental health provider is the first step. Pick someone you're comfortable talking to so you can start feeling like yourself again. If you choose a provider in your network, it'll save you money. Use the Find Care tool to search for a psychiatrist, psychologist, nurse, social worker or counselor in your network.

### Help is available online

Life is busy. Maybe you don't have time for face-to-face meetings. If that's you, online care solutions are available. These easy-to-use apps give you privacy and 24/7 access. Choose the one that fits your needs and sign up today.

### We offer online help for:

- ♦ Moderate to severe anxiety and depression.
- ♦ Obsessive-compulsive disorder.
- ♦ Opioid addiction.
- ♦ Eating disorders.

# Behavioral Health Insurance



## Mental health support and resources

If you need urgent help, call 911 or use the emergency numbers below:

- ◆ Substance Use Helpline: Call 800-662-4357.
- ◆ National Domestic Violence Hotline: Call 800-799-7233 (TTY: 800-787-3224).
- ◆ 988 Suicide and Crisis Lifeline: Call or text 988 or chat at [www.988Lifeline.org/chat](https://www.988lifeline.org/chat).
- ◆ The Crisis Text Line: Text "Home" to 741741.

## Ready to start?

To access your behavioral health resources, sign in to My Health Toolkit®. Go to **Wellness & Care Management**. Then select **Mental and Behavioral Health**.

Call the number on the back of your member ID card if you have any questions. Please note: your employer may offer behavioral health resources through another benefit.



## REVIEW YOUR DENTAL PLAN

### DELTA DENTAL

Voluntary dental plans are available to all benefit eligible retirees and their eligible dependents.

Pasco Schools offer three dental plans for you to choose from:

- DHMO (Delta Care USA)
- PPO Low Plan
- PPO High Plan

You will have access to a large network of Delta Dental general dentists and specialty dentists. With enrollment in the PPO High or Low plans, you have the freedom to choose to see an in-network or out-of-network provider.

Delta Dental offers both the Delta Dental PPO and Delta Dental Premier Networks. By selecting the Delta Dental PPO network, you will usually achieve greater savings, due to lower negotiated fees. Additionally in this plan you do have the option of using a dentist not participating with Delta Dental; however you will need to file paper claims and it usually results in higher out-of-pocket cost to the member.

#### In-Network Providers:

Provider is reimbursed based on contracted fees and cannot balance bill you.

#### Out-of-Network Providers:

Provider is reimbursed based on Reasonable and Customary standards and balance billing is possible.

### PPO HIGH PLAN OPTIONS

Delta Dental	In-Network	Out-of-Network
<b>Deductible</b>		
Individual / Family	\$75 / \$225	Waived for Diagnostic /Preventive Services
<b>Annual Maximum</b>	\$1,500	Applies to Preventative, Basic & Major Services
<b>Carrier Pays</b>		
<b>Diagnostic / Preventive Services</b>	100%	100%
<b>Basic Services</b>	80%	80%
<b>Major Services</b>	50%	50%
<b>Orthodontia Services</b>	50% up to the \$1,000 lifetime maximum	

- Oral Evaluations
- Cleanings
- X-Rays
- Fluoride Treatments (for dependents <19)
- Sealants (for dependents <14)
- Space Maintainers
- Emergency Treatment (for temporary pain relief)
- Fillings
- Endodontics
- Periodontics
- Simple & Surgical Extractions
- General Anesthesia
- Single Crowns
- Inlays/Onlays
- Bridges & Dentures
- Prosthodontics
- Implants
- Diagnostics & Treatment (for Child & Adult)

# Dental Insurance

## In-Network Providers:

Provider is reimbursed based on contracted fees and cannot balance bill you.

## Out-of-Network Providers:

Provider is reimbursed based on Reasonable and Customary standards and balance billing is possible.

## PPO LOW PLAN OPTIONS

Delta Dental	In-Network	Out-of-Network
<b>Deductible</b> Individual / Family	\$75 / \$225	Applies to Basic & Major Services
<b>Annual Maximum</b>	\$1,000	Applies to Preventative, Basic & Major Services
Carrier Pays		
<b>Diagnostic / Preventive Services</b>	100%	60%
<b>Basic Services</b>	80%	50%
<b>Major Services</b>	50%	40%
<b>Orthodontia Services</b>	Not Covered	

- Oral Evaluations
- Cleanings
- X-Rays
- Fluoride Treatments (for dependents <19)
- Sealants (for dependents <14)
- Space Maintainers
- Emergency Treatment (for temporary pain relief)
- Fillings
- Endodontics
- Periodontics
- Simple & Surgical Extractions
- General Anesthesia
- Single Crowns
- Inlays/Onlays
- Bridges & Dentures
- Prosthodontics
- Implants



[What is Dental Insurance?](#)

**FIND A  
DENTAL  
PROVIDER**

To find a Delta Dental Provider in your area, visit the website at [deltadentalins.com](http://deltadentalins.com).

### SAMPLE INSTRUCTIONS

- Under “Find a Dentist” click “Search the Directory” then click the blue “Continue” button
- Select your state, then a drop down will appear underneath—click “The Delta Dental Network”
- Type in your ZIP code then click the blue “Continue” button
- Select a provider from the list



# Dental Insurance

If you choose to participate in the DHMO Plan you will have to select a participating dentist from the DeltaCare USA network. In order to be covered for services under the DHMO plan, you must have services provided at your selected DHMO dental office. Children age 13 and older will be required to see a general dentist. A pediatric dentist is not covered for age 13 and older. You can access the network directories of participating dentists by visiting [deltadentalins.com](http://deltadentalins.com).

## DELTACARE USA DHMO PLAN OPTIONS

Delta Dental		In-Network Only
<b>Deductible</b> Individual / Family		Office visit \$0 Co-pay
<b>Annual Maximum</b>		No Plan Year Max for covered members
Carrier Pays		
<b>Diagnostic / Preventive Services</b>	\$0-\$70 Co-pay	<ul style="list-style-type: none"> <li>• Oral Evaluations</li> <li>• Cleanings</li> <li>• X-Rays</li> <li>• Fluoride Treatments (for dependents &lt;19)</li> <li>• Sealants (for dependents &lt;14)</li> <li>• Space Maintainers</li> <li>• Emergency Treatment (for temporary pain relief)</li> </ul>
<b>Basic Services</b>	DeltaCare Schedule A	<ul style="list-style-type: none"> <li>• Fillings</li> <li>• Endodontics</li> <li>• Periodontics</li> <li>• Simple &amp; Surgical Extractions</li> <li>• General Anesthesia</li> </ul>
<b>Major Services</b>	DeltaCare Schedule A	<ul style="list-style-type: none"> <li>• Single Crowns</li> <li>• Inlays/Onlays</li> <li>• Bridges &amp; Dentures</li> <li>• Prosthodontics</li> <li>• Implants</li> </ul>
<b>Orthodontia Services</b>	\$1,900 Child / \$2,100 Adult	<ul style="list-style-type: none"> <li>• Diagnostics &amp; Treatment (for Child &amp; Adult)</li> </ul>



Pasco County Schools

## Scan the QR code for information on:

- Your Delta Dental benefits
- Member resources
- Value-added features

Email the link to yourself via the Share button for later reference.



Scan me



## REVIEW YOUR VISION PLAN

### VSP

The vision plan offers coverage both in-network and out-of-network. It is to your advantage to utilize a network provider in order to achieve the greatest cost savings. If you go out-of-network, your benefit is based on a reimbursement schedule.

In addition, if you are considering Lasik surgery or other non-covered benefits, there are discounts available with some providers. To find a participating provider, go to [vsp.com](http://vsp.com).



[What is Vision Insurance?](#)

### VISION INSURANCE PLAN BENEFITS

Services	Frequency	Plan Design Options	
		Option 1: Designer CC#2825	Option 2: Premier Platinum plus (Two-pair benefit) CC#2826
<b>Eyes Examination</b> Includes dilation when professionally indicated	<b>Every 12 months</b>	\$10 copayment	\$10 copayment
<b>Frames</b> Retail allowance	<b>Every 24 months</b>	Up to \$130 plus 20% discount	Up to \$150 plus 20% discount; \$15 copayment for additional pair of eyewear
Featured frame brands		Up to \$180	Up to \$200; \$15 copayment for additional pair of eyewear
<b>Lenses</b> Includes single-vision, lined bifocal, and lined trifocal lenses. (Option 1 includes impact-resistant lenses for dependent children)	<b>Every 12 months</b>	\$15 copayment	\$15 copayment; additional pair combined w/frame
<b>Lens Enhancements</b> - UV Protection - Standard progressive lenses - Premium progressive lenses - Custom progressive lenses - Average savings of 20-25% on other lens enhancements		\$0 \$0 \$95-\$105 \$150-\$175	\$0 \$0 \$50 \$50
<b>Contact Lenses (in lieu of eyeglasses)</b>	<b>Every 12 months</b>	\$130 allowance; copay does not apply	\$150 allowance for first and additional set; copay does not apply
<b>Contact Lens Exam (fitting and evaluation)</b>		Up to \$60	Up to \$60
<b>Extra Savings:</b>  <b>Glasses and Sunglasses</b>		Extra \$50 to spend on featured frame brands; 40% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision exam	
<b>Routine Retinal Screening</b>		No more than \$39 copay on routine retinal screening as an enhancement to a WellVision exam	
<b>Laser Vision Correction</b>		Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities	

## Check Out [vsp.com](https://vsp.com)

As a VSP\* member, you have access to [vsp.com](https://vsp.com) and the VSP Vision Care App. Both offer easy navigation and a personalized dashboard, so you can get the benefit information you need, exactly when you need it.

### Your VSP Dashboard



Once logged in, **My Dashboard** is your homepage. You'll find a quick view of your benefit information, access to your claim history, and you can print your Member ID Card, plus more.

### Personalized Benefits Section



The **My Benefits** tab shows your benefits history and an explanation of how you and your dependents can use your benefits.

### Special Offers and Savings



We put our members first by providing exclusive offers from VSP and leading industry brands, totaling more than \$3,000 in savings. Log in to your VSP account and take advantage of these offers and save even more.

### Improved Find a Doctor Page



The search capabilities are endless on the **Find a Doctor** page. View a map and use the drop-pin functionality to find the right VSP network practice location for you. You can also filter by business hours or appointment availability. Look for the orange **VSP Premier Edge** banner to find a VSP network eye doctor that will help you maximize your savings!

**vsp.**  
vision care



## VSP Vision Care App

Scan the QR code below to download the VSP Vision Care App from the **Apple App** or **Google Play Stores**. Get instant access to your benefit coverage, Member ID Card, Exclusive Member Extras, and more.



Create a [vsp.com](https://vsp.com) account to get the most out your vision benefits.



# Basic Life Insurance



**securian**  
FINANCIAL™

## REVIEW YOUR LIFE INSURANCE POLICY

### BASIC LIFE INSURANCE

Pasco County Schools provides retirees with the option to purchase a basic life benefit through SECURIAN LIFE. This benefit is paid by you. The Coverage Options and Rates are listed below.



#### Under 65

	Coverage
Tier 1	\$10,000.00
Tier 2	\$20,000.00
Tier 3	\$35,000.00

Age	Rate per \$1,000 of coverage	Rate per \$10,000 coverage
40-44	\$0.075	\$0.750
45-49	\$0.113	\$1.130
50-54	\$0.173	\$1.730
55-59	\$0.323	\$3.230
60-64	\$0.496	\$4.960

#### Ages 65-69

	Coverage
Tier 1	\$5,000.00
Tier 2	\$10,000.00
Tier 3	\$17,500.00

Age	Rate per \$1,000 of coverage	Rate per \$10,000 coverage
65-69	\$0.955	\$9.550

#### Ages 70 and Over

	Coverage
Tier 1	\$3,500.00
Tier 2	\$7,000.00
Tier 3	\$12,250.00

Age	Rate per \$1,000 of coverage	Rate per \$10,000 coverage
70-74	\$ 1.549	\$ 15.490
75-79	\$ 2.512	\$ 25.120
80-84	\$ 4.076	\$ 40.760
85-89	\$ 6.610	\$ 66.100
90-94	\$10.701	\$107.010
95+	\$17.394	\$173.940

## BASIC LIFE INSURANCE PROVIDER: SECURIAN

### How do I designate a beneficiary?

To assign beneficiaries for your basic life insurance policy, you must use the CBIZ enrollment website to designate your beneficiaries. You may assign multiple primary and contingent beneficiaries, as long as the percentages are in whole numbers, and equal 100 percent. Contingent beneficiaries will only receive a benefit if none of the primary beneficiaries survive you. You can change your beneficiaries at any time by logging onto CBIZ enrollment site.

### Age Reductions

Age reductions apply to basic life coverage. Age reductions will apply January 1st of the year following an insured employee's 65th and 70th birthday. The amount of insurance on an employee age 65 or older shall be a percentage of the amount otherwise provided by the plan of insurance. Age 65=50% of the amount of insurance, Age 70=35% of the amount of insurance. (Example: \$35,000 of coverage reduces to \$17,500 at age 65 and \$12,250 at age 70).

The basic life policy includes an Accelerated Benefit that allows an insured employee with a "Qualifying Medical Condition" to receive up to 75% of the amount of the insured's life insurance. A "Qualifying Medical Condition" is a terminal illness or physical condition that is reasonably expected to result in death within 12 months.

### Can I collect my life insurance benefit while I am still living?

The receipt of this benefit may be taxable and may affect your eligibility for Medicaid or other government benefits or entitlements, so you should consult your tax or legal advisor before you apply for an Accelerated Benefit.

As part of your participation in this benefit, the following services are available at no charge:

### Legal Services

You have access to an online library of legal forms, comprehensive web and mobile resources. Also available is a free 30-minute consultation with a participating attorney.

### Legacy Planning

Access to a variety of information and resources to work through end-of-life issues: End-of-life planning, final arrangements, Express Assignment™ for expedited funeral home assignments.

## REVIEW YOUR LEGAL INSURANCE

### ARAG

#### What does legal insurance cover?

A legal insurance plan from ARAG® **covers a wide range of legal needs** like the examples shown below – and many more – to help you address life's legal situations.

##### Consumer Protection

- ✓ Auto repair
- ✓ Buy or sell a car
- ✓ Consumer fraud
- ✓ Consumer protection for goods or services
- ✓ Home improvement
- ✓ Personal property disputes
- ✓ Small claims court

##### Criminal Matters

- ✓ Juvenile
- ✓ Parental responsibility

##### Debt-Related Matters

- ✓ Debt collection
- ✓ Garnishments
- ✓ Personal bankruptcy
- ✓ Student loan debt

##### Driving Matters

- ✓ License suspension/revocation
- ✓ Traffic tickets

##### Tax Issues

- ✓ IRS tax audit
- ✓ IRS tax collection

##### Family

- ✓ Adoption
- ✓ Guardianship/conservatorship
- ✓ Name change
- ✓ Pet-related matters
- ✓ Divorce

##### Services for Tenants

- ✓ Contracts/lease agreements
- ✓ Eviction
- ✓ Security deposit
- ✓ Disputes with a landlord

##### Real Estate & Home Ownership

- ✓ Buying a home
- ✓ Deeds
- ✓ Foreclosure
- ✓ Contractor issues
- ✓ Neighbor disputes
- ✓ Promissory notes
- ✓ Real estate disputes
- ✓ Selling a home

##### Wills & Estate Planning

- ✓ Powers of attorney
- ✓ Wills

#### WHAT IS LEGAL INSURANCE?

**Legal coverage isn't just for the serious issues**, it's for your everyday needs too. Legal insurance helps you address common situations like creating wills, transferring property or buying a home.

#### HOW CAN LEGAL WORK FOR YOUR?

Most of us aren't prepared for the unexpected — like the circumstances caused by the coronavirus outbreak. Legal insurance provides a benefit you can use to plan for it all — the expected and unexpected times in your life. Go online to view a complete list of coverages and see how a legal plan can protect you.

[ARAGlegal.com/myinfo](https://ARAGlegal.com/myinfo)

Access code: 17843pcs



#### HOW DOES LEGAL INSURANCE WORK?

- 1** Call 800-247-1484 when you have a legal matter.
- 2** Customer Care will walk you through your options and help you get connected to network attorneys.
- 3** Meet with your network attorney over the phone or in person to begin resolving your legal issue.

#### What does it cost?

UltimateAdvisor®	\$18.27 monthly
UltimateAdvisor Plus™	\$22.58 monthly

#### Why should you get legal insurance?



Work with a network attorney and attorney fees are **100% paid-in-full** for most covered matters.



**Save thousands of dollars on average**, for each legal matter by avoiding costly legal fees.\*



We help connect you with local attorney's—many who **average 20+ years of experience**.



Address your covered legal situations with a network attorney **for legal help and representation**.



Use DIY Docs® to create a variety of **legally valid documents**, including state-specific templates.

#### Which plan is right for you?

UltimateAdvisor Plus™ offers you all of the above and more including:

- ✓ Child custody, support, visitation
- ✓ Trusts
- ✓ Services for parents/grandparents
- ✓ And More



## 2026 Retiree Premium Rate Chart

Plan Year: January 1, 2026-December 31, 2026

### Dependent Verification Requirement

Retirees covering a spouse or dependent child under the district's group health plan **MUST verify their dependent's eligibility for coverage**. Dependents of retirees who fail to comply with the dependent verification guidelines coverage will be removed from the district's group health plan. If covering only a spouse, you must elect retiree plus family coverage.

Group Health plan	Retiree with Board Share		Retiree Without Board Share		Blue Medicare	
Coverage Level	HMO Plan	Out-of-Area PPO Plan	HMO Plan	Out-of-Area PPO Plan	Blue Medicare Elite PPO	Blue Medicare Elite PPO Plus
Retiree Buy-Up	---	---	---	---	\$430.64	\$440.64
Retiree Only	\$ 36.00	\$ 460.00	\$ 823.00	\$1,247.00		
Retiree + One Child	\$ 478.00	\$ 798.12	\$1,265.00	\$1,585.12		
Retiree + Children	\$ 588.00	\$1,149.72	\$1,375.00	\$1,936.72		
Retiree + Spouse + Children	\$1,568.00	\$2,555.76	\$2,355.00	\$3,342.76		

### Retirees Eligible for Board-Paid Medical Premiums

The Board pays an amount equal to contributions made for an active employee less the retiree portion. Retirees eligible for Board-paid health premiums are required to pay the monthly buy-up plus an amount equal to his/her FRS health insurance subsidy.

Delta Dental				VSP Vision	
Coverage Level	DHMO	Low PPO	High PPO	Core Plan	Designer Plan
Retiree Only	\$19.49	\$29.45	\$44.08	\$5.14	\$13.04
Retiree + 1 Dependent	\$34.12	\$71.46	\$109.92	\$10.26	\$26.08
Retiree + Family	\$53.63	\$99.77	\$150.47	\$16.52	\$41.80

### Legal w/Identity Theft

Retiree + Family	Monthly
Ultimate	\$18.27
Ultimate Plus	\$22.58

Securian			
Coverage	\$35,000	\$20,000	\$10,000
Age 50-54	\$6.06	\$3.46	\$1.73
Age 55-59	\$11.31	\$6.46	\$3.23
Age 60-64	\$17.36	\$9.92	\$4.96
Coverage	\$17,500	\$10,000	\$5,000
Age 65-69	\$16.71	\$9.55	\$4.78
Coverage	\$12,250	\$7,000	\$3,500
Age 70-74	\$18.98	\$10.84	\$5.42
Age 75-79	\$30.77	\$17.58	\$8.79
Age 80-84	\$49.93	\$28.53	\$14.27
Age 85-89	\$80.97	\$46.27	\$23.14
Age 90-94	\$131.09	\$74.91	\$37.45
Age 95+	\$213.08	\$121.76	\$60.88



# Provider Contact Information

Medical		
Florida Blue	866-777-0696	<a href="http://myhealthtoolkitfl.com">myhealthtoolkitfl.com</a>
Pharmacy		
CVS/Caremark	833-298-6991	<a href="http://caremark.com">caremark.com</a>
Elect Rx	844-353-2879	<a href="http://electrx.com">electrx.com</a>
Behavioral Health (BEH)		
Florida Blue	866-777-0696	<a href="http://myhealthtoolkitfl.com">myhealthtoolkitfl.com</a>
Voluntary Benefits		
ARAG Legal	800-247-4184	<a href="http://araglegalcenter.com">araglegalcenter.com</a>
Securian	866-293-6047	<a href="http://lifebenefits.com">lifebenefits.com</a>
Dental Benefits		
Delta Dental- DHMO	800-422-4234	<a href="http://deltadentalins.com">deltadentalins.com</a>
Delta Dental- PPO	800-521-2651	<a href="http://deltadentalins.com">deltadentalins.com</a>
Vision Benefits		
VSP	800-877-7195	<a href="http://pasco.vspforme.com">pasco.vspforme.com</a>
FRS		
Florida Retirement System	844-377-1888	<a href="http://myfrs.com">myfrs.com</a>
	Investment 866-446-9377	
Benefits, Assistance & Risk Management, HREQ		
Retirement Services - DSBPC	813-794-2275 Instructional	<a href="mailto:retirementsvcs@pasco.k12.fl.us">retirementsvcs@pasco.k12.fl.us</a>
	813-794-2160 Non-Instructional	

## ANCILLARY BENEFITS

 [What is Dental Insurance?](#)

 [What is Vision Insurance?](#)

## CARRIER EDUCATION SITES

 [Delta Dental](#)

 [VSP](#)

 [Securian](#)

 [Securian Benefit Scout](#)

## IMPORTANT DATES

Open enrollment dates  
October 1, 2025 – October 31, 2025



This image shows a full page of blank handwriting practice paper. It features 20 evenly spaced, horizontal green lines that run across the entire width of the page. The background is a solid off-white color, providing a clean surface for writing practice. There are no margins, text, or other markings present.



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