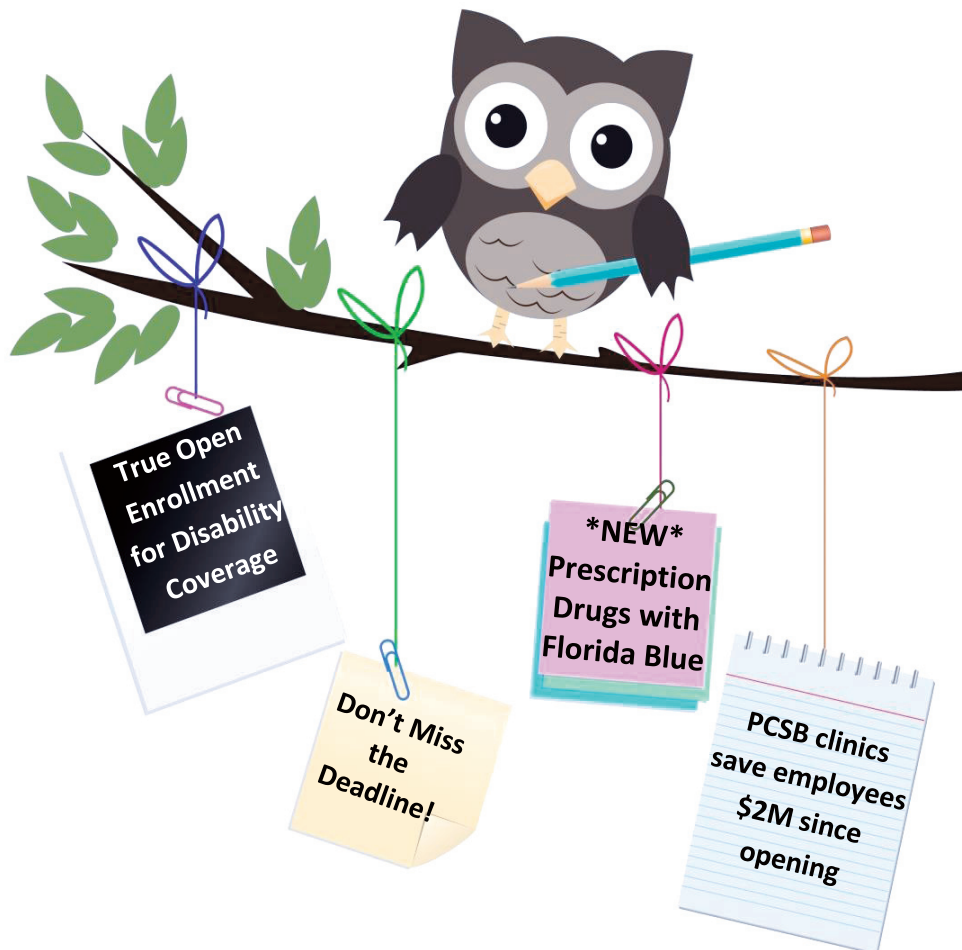


*Polk County Public Schools*  
*Annual Open Enrollment Benefits Guide*  
*2018 Plan Year*



wise



**Last Day of Open Enrollment is November 1<sup>st</sup>**

The Annual Benefits Guide and personalized form will be available on the Staff Portal. Open Enrollment forms and booklets will **not** be mailed to all employees.

All forms must be returned to the Risk Management & Employee Benefits Department by **November 1, 2017**. Send forms to the Risk Management Department by:

**Courier:**

Benefits Department  
District Office, Route E

**Mail:**

Polk County School Board  
Attn: Benefits Department  
P.O. Box 391  
Bartow, FL 33831

## Reminder

Deductions for January coverage will be taken from your December paycheck.

Be sure to check both your December & January paychecks to ensure 2018 elections are correct.

For additional assistance please contact the Risk Management and Employee Benefits Department at:

**Phone:** 863-519-3858

**Email:** [RiskManagement-AllStaff@polk-fl.net](mailto:RiskManagement-AllStaff@polk-fl.net)

## Atención

Personas que hablan español: Si usted desea una copia de su Guía de Beneficios e información sobre sus derechos en español, favor de comunicarse con el Departamento de Gestión de Riesgos y Beneficios al Empleado (Risk Management Department/ Employee Benefits) al 863-519-3858 ó por correo electrónico a: [RiskManagement-AllStaff@polk-fl.net](mailto:RiskManagement-AllStaff@polk-fl.net).

# Welcome from Risk Management



Greetings Fellow Polk County Public Schools Employees:

It is our pleasure to welcome you to the 2018 Open Enrollment. The Annual Open Enrollment period is your once-a-year opportunity to make changes to your current benefit election and to review your covered dependents. The plan year begins on January 1 and continues through December 31. Benefit elections made during Open Enrollment are generally binding for the entire plan year.

Polk County Public Schools is committed to providing high quality benefits for you and your family. The diligent efforts of the Superintendent of Schools, School Board Members, employee unions and Risk Management continue to demonstrate the results of an excellent partnership. Your benefits are a valuable part of your employment with Polk County Public Schools. Be sure you are making the most of them!

We are pleased to announce that this year, eligible district employees are being offered a special open enrollment opportunity from The Standard for Short Term Disability (STD) and Long Term Disability (LTD) insurance. This is an opportunity that you do not want to miss!

In addition, we are excited to announce that effective January 1, 2018 the Polk County Public Schools Prescription Drug plan will be integrated with your Florida Blue health coverage. That means you will only need to carry one card for all your health plan needs! You will be receiving additional information throughout the remainder of the year. **Please be sure to watch for communications sent to your PCSB email address and mailed directly to your home.**

The enclosed 2018 Benefits Guide includes a summary of your benefit plans, the eligibility requirements and instructions on how to enroll.

Remember, your individualized enrollment form will be available on the Staff Portal. The 2018 Benefits Guide will be available through the PCSB website at [www.polk-fl.net](http://www.polk-fl.net) (Keyword: INSURANCE).

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# What Should I Do?

## 1 Review this Booklet

Open Enrollment is your one-time opportunity to review your current benefit elections and make any changes that may be needed for you and your family. Please take the time to familiarize yourself with the guide's contents. We hope that after you review this guide you will have a clear understanding of the changes that will be effective January 1, 2018, and how they may impact you and your covered dependents. At PCSB, you are important! That's why we work hard to provide you with affordable benefit options for you and your family.

## 2 Access the Staff Portal

Accessing the Staff Portal is easy. All you have to do is visit our website at [www.polk-fl.net](http://www.polk-fl.net), click the "Staff" tab at the top and then click on "Staff Home" in the drop-down menu. Next, click on the orange "Staff Portal" button. Enter your username (firstname.lastname) and your password (your email/network password) then click the "Log In" button.

## 3 Make 2018 Elections

There are no premium increases for 2018. If you do not wish to make any changes, you do not need to do anything. **However, if you are enrolled in a Flexible Spending Account, you must re-enroll if you want to continue participating in 2018.** The IRS requires that FSA elections be made each year.

## 4 Print & Submit your Form

Forms must be returned to the Risk Management and Employee Benefits Department by **November 1, 2017**. If you do not complete your enrollment form via the Staff Portal, your benefits will remain the same for 2018 with the exception of Flexible Spending Accounts, which will be discontinued without a new enrollment election.

Employees without regular access to computers will be permitted to use PCSB computers at school locations. Each location will also have a person designated to help print personalized forms for those without computers. You may also visit the Risk Management and Employee Benefits Department for assistance. Forms received after the due date cannot be accepted. **ORIGINALS ONLY – NO FAXES PLEASE.**

## ? What if I want to waive the health insurance?

If you are covered by another health plan and do not wish to enroll in the PCSB Health Plan, please check the box to waive coverage and return it to the Risk Management & Employee Benefits Department. **Important note:** If you are covered under another group health plan, failure to waive the PCSB Health Plan means that the PCSB Health Plan is considered your primary insurance and your other plan will be your secondary insurance.

# Who Is Eligible?

## Employees

Employees who work at least 30 hours per week and have completed the necessary waiting period, including those active employees eligible for coverage under Medicare, are eligible for benefits. All employees are automatically enrolled in the Group Health Plan unless they submit the appropriate waiver.

## Spouses

Spouses are eligible for coverage when they met all requirements of a legal marriage in the state of Florida. An ex-spouse does not meet eligibility criteria even if insurance coverage is specified by a judge in a divorce decree.

An employee who is eligible for coverage cannot be covered as a spouse. If you and your spouse are both employees and eligible for coverage, you must select the "Board Spouse" option. This will ensure you both receive the full board contribution for your coverage.



## Children

A covered employee's children are eligible for coverage until the end of the calendar month in which they turn 26. An eligible child includes the employee's natural born, adopted, foster, or step child(ren), and a child for whom the Covered Employee has been court-appointed as legal guardian or legal custodian.

There are provisions for continuing coverage for disabled dependent children beyond the age of 26. If you feel you have a dependent who may meet this criteria and have not already submitted documentation to Risk Management, please contact our office at 863-519-3858 so that we can assist you with this process.

Grandchildren can only be covered up to 18 months of age and are only eligible if the parent remains covered.

## Eligibility Documentation

It is your responsibility to show that your dependent meets the eligibility requirements and to remove them when eligibility ends. Eligibility ends on the last day of the month in which the requirements are no longer met. The premium will be deducted for the

entire plan year; however, dependents will not be covered until the documentation is received. You must provide the following documentation to the Risk Management & Employee Benefits Department for any dependents being added during Open Enrollment:

Dependent Relationship	Documentation Requirements*	
Spouse	Copy of Marriage License	
Natural Child	Copy of Birth Certificate (must list employee as a parent)	
Stepchild	Copy of Birth Certificate (must list employee's spouse as a parent) and Marriage Certificate	
Adopted Child	Adoption Certificate	
Legal Custody or Guardianship	Court Order establishing legal guardianship	
Disabled Dependents Over Age 26	Social Security Disability Documentation. Disabled dependents are eligible only if covered by the PCSB Health Plan prior to age 26.	
Adult Child (ages 19-26)	Copy of Birth Certificate	
Grandchildren (EE's child must be listed as parent on birth cert. & remain covered)	UNDER 18 MONTHS OLD	OVER 18 MONTHS OLD
	Copy of Birth Certificate	Legal Custody or Guardianship documentation

\*The previous year's U.S. Tax Return showing you claimed the dependent can also be used to establish eligibility.



## IMPORTANT

Section 125 of the IRS code allows employees to use pretax dollars to pay the premiums on certain group insurance products. These deductions are taken prior to Social Security and Federal Income Taxes being deducted from your paycheck, which can lead to significant savings. **Benefits elections must remain in effect until the next Open Enrollment Period unless you experience a qualifying event.**

A qualifying event is a change in status to your life that meets IRS approved definitions. Examples are marriage, divorce, birth, death, adoption, legal guardianship, gain or loss of stepchildren, gain or loss of coverage. If you need to make a change to your coverage due to a Qualifying Event, you must submit the Change of Status Form along with required documentation no more than 31 days after the qualifying event has taken place. Change of Status Forms are available on the Risk Management and Employee Benefits page of the Polk County School Board website: [www.polk-fl.net](http://www.polk-fl.net) keyword "Insurance" or by contacting Risk Management at:

**RiskManagement-AllStaff@polk-fl.net**

Bennie the Owl says...



**The Board contributes \$594 per month for health insurance for each eligible employee.**

## Premium Information

### What do you receive?

There is no cost to the employee for health insurance. Health insurance includes medical coverage and prescription coverage which will both be administered by Florida Blue in 2018. This also includes access to the Polk County School Board Employee Health Clinic at no cost to the covered member. The School Board also provides each benefits-eligible employee with \$20,000 of Group Term Life and \$10,000 of Accidental Death and Dismemberment.

### What will you pay?

TIER	Monthly Rate
Employee	\$0
Spouse	\$423
1 Child	\$95
2 Children	\$190
3 + Children	\$215

### Payroll Deductions

Premiums are due in advance; therefore deductions begin one month before coverage is effective. Please view your December paycheck to ensure your 2018 elections are correct.

### When will your insurance end?

For 10 and 11 month employees: If you resign prior to the end of the school year your benefits will end the last day of the month in which you paid for coverage from your last paycheck. If you work to the end of the contract year, your benefits will end on August 31st.

For 12 month employees: Your benefits will end the last day of the month in which you pay for coverage from your last paycheck.

# Polk County School Board Employee Health Clinic

Providing high-quality clinic staff dedicated to all Polk County School Board employees, spouses, dependents, and retirees on the medical plan by focusing on their health and well-being at no cost to the participant! All PCSB Employees are eligible to utilize the PCSB Employee Health Clinic at no cost from their date-of-hire regardless of health plan coverage.

[www.polk-fl.net](http://www.polk-fl.net)

keyword: clinic

## Center Hours and Location

<b>Monday:</b>	<b>7:00 AM – 6:00 PM</b>
<b>Tuesday:</b>	<b>7:00 AM – 6:00 PM</b>
<b>Wednesday:</b>	<b>7:00 AM – 6:00 PM</b>
<b>Thursday:</b>	<b>7:00 AM – 6:00 PM</b>
<b>Friday:</b>	<b>7:00 AM – 6:00 PM</b>
<b>Saturday:</b>	<b>8:00 AM – 12:00 PM</b>

To make an appointment, please call (863)419-3322

## Clinic Locations:

<b>Haines City</b>	<b>Lakeland</b>
<b>641 US HWY 17-92 West</b>	<b>3215 Winter Lake Road</b>
<b>Haines City, FL 33844</b>	<b>Lakeland, FL 33803</b>

## Make an Appointment for.....

- ✓ Annual Physicals
- ✓ Well Woman Visits
- ✓ Sports Physicals
- ✓ Back to School Physicals
- ✓ Allergy Care
- ✓ Bladder, Ear and Sinus Infections
- ✓ Manage Diabetes, Blood Pressure, Cholesterol

## The clinic also....

- Provides certain generic medications to you at **NO COST**
- Houses an onsite Clinical Care Coordinator (In partnership with Florida Blue)
- Provides for Lab Work/Tests



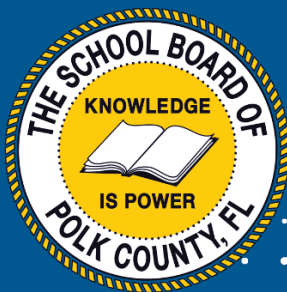
June 2012 - December 2017

Clinic Visits

61,247

Employee Savings

\$2,204,892



Powered by

**healthstat**  
inspiring healthy change

# Benefit Summary – 2018 Plan Year



BlueOptions – Plan 03566		In-Network	Out-of-Network
<b>Deductible (DED)</b>			
Per Person		\$750	\$1,500
Per Family Aggregate		\$1,500	\$3,000
<b>Coinsurance (Member Responsibility)</b>		20%	40%
<b>Out of Pocket Maximum</b>		Includes DED, Coins. and Copays	N/A
Per Person		\$5,000	Unlimited
Per Family Aggregate		\$9,000	Unlimited
<b>Lifetime Maximum</b>		No Maximum	No Maximum
<b>EMPLOYEE CLINICS</b>			
<b>Polk County School Board Employee Health Clinic</b> Office Visit, Labs, X-rays, Therapies and On-site Prescriptions		\$0	N/A
<b>PROFESSIONAL PROVIDER SERVICES</b>			
<b>Allergy Injections</b> - Family Physician or Specialist		\$10	DED + 40%
<b>E-Office Visit Services</b> - Family Physician or Specialist		\$10	DED + 40%
<b>Office Services</b>			
Family Physician or Specialist (including Chiropractor)		\$40	DED + 40%
Specialist Maternity Care		\$40 for Initial OB Prenatal Visit only	DED + 40%
<b>Provider Services at Hospital and ER</b>		DED + 20%	In-Ntwk DED + 20%
<b>Provider Services at Other Locations</b>		DED + 20%	DED + 40%
<b>Radiology, Pathology and Anesthesiology Provider Svcs</b>			
Ambulatory Surgical Center		DED + 20%	In-Ntwk DED + 20%
Hospital		DED + 20%	In-Ntwk DED + 20%
<b>Medical Pharmacy</b> (Provider-Administered Rx in the Office)		Included in Office Visit Copay	DED + 40%
<b>PREVENTIVE CARE</b>			
<b>Adult Wellness Office Svcs</b> - Family Physician or Specialist		\$0	DED + 40%
<b>Colonoscopies (Routine)</b> Age 50+ then Frequency Schedule Applies		\$0	\$0
<b>Mammograms (Routine and Diagnostic)</b>		\$0	\$0
<b>Well Child Office Visits</b> - Family Physician or Specialist		\$0	\$0
<b>EMERGENCY/URGENT/CONVENIENT CARE</b>			
<b>Ambulance (ground, air and water)</b>		20% of billed charges	20% of billed charges
<b>Convenient Care Centers (CCC)</b>		\$40 Copay	DED + 40%
<b>Emergency Room Facility Services</b>		DED + 20%	OON DED + 20%
<b>Urgent Care Centers (UCC)</b>		\$40 Copay	DED + 40%



# Benefit Summary – 2018 Plan Year

FACILITY SERVICES	In-Network	Out-of-Network
Unless otherwise noted, physician services are in addition to facility services. See Professional Provider Services.		
<b>Ambulatory Surgical Center</b>	DED + 20%	DED + 40%
<b>Independent Clinical Lab</b>	\$0	DED + 40%
<b>Independent Diagnostic Testing Facility</b> (Includes Physician Services)  Advanced Imaging Services (AIS), X-rays and Other Diagnostic Services	DED + 20%	DED + 40%
<b>Inpatient Hospital (per admit)</b>	Option 1 Facilities: DED + 20% Option 2 Facilities: DED + 25%	DED + 40%
<b>Inpatient Rehab Maximum</b>	21 Days Per Benefit Period	
<b>Outpatient Hospital (per visit)</b>	Option 1 Facilities: DED + 20% Option 2 Facilities: DED + 25%	DED + 40%
<b>Therapy at Outpatient Hospital</b>	Option 1 Facilities: DED + 20% Option 2 Facilities: DED + 25%	DED + 40%
<b>MENTAL HEALTH AND SUBSTANCE ABUSE</b>		
<b>Inpatient Hospitalization</b>	Option 1 or 2: DED + 20%	DED + 40%
<b>Outpatient Hospitalization (per visit)</b>	Option 1 or 2: DED + 20%	DED + 40%
<b>Provider Services at Hospital and ER</b>	DED + 20%	DED + 20%
<b>Physician Office Visit - Family Physician or Specialist</b>	\$40	DED + 40%
<b>Emergency Room Facility Services (per visit)</b>	DED + 20%	DED + 20%
<b>Provider Svcs - Locations other than Hospital, ER &amp; Office</b>	DED + 20%	DED + 40%
<b>OTHER SPECIAL SERVICES AND LOCATIONS</b>		
<b>Advanced Imaging Services in Physician's Office</b>	DED + 20%	DED + 40%
<b>Colonoscopies (Diagnostic)</b>		
Ambulatory Surgical Center	\$0	DED + 40%
Outpatient Hospital	Option 1 – 20% (DED Waived) Option 2 – 25% (DED Waived)	DED + 40%
<b>Durable Medical Equipment, Prosthetics, Orthotics BPM</b>	DED + 20%	DED + 40%
<b>Home Health Care - 20 Visits per Benefit Period</b>	DED + 20%	DED + 40%
<b>Outpatient Therapy and Spinal Manipulations BPM</b>	35 Visits (Includes up to 26 Spinal Manipulations)	
<b>Skilled Nursing Facility BPM - 60 Days per Benefit Period</b>	DED + 20%	DED + 40%
<b>SLEEP STUDIES</b>		
Office Visit Setting	\$40 Copay	DED + 40%
Sleep Study Facility/Center	DED + 20%	DED + 40%

**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 your Health Plan. For a complete description of benefits and exclusions, please refer to the Summary Plan Description (SPD). The written terms of the SPD prevail.

## Staying Healthy Just Got Less Expensive!

### Great discounts and valuable information you can use all year long—Blue365

You can save BIG on a wide variety of healthy products and services through our members-only discount program—**Blue365\***. Take advantage of exclusive discounts at select local companies and leading, national brands for your everyday health and wellness or family care—even healthy vacation destinations! Save up to 60% on fitness clubs, exercise equipment, contact lenses or glasses, nutrition and weight management programs and so much more! All included as part of your Blue membership.

### It's easy to find details for these exclusive savings—the information is available online 24/7 for your convenience.

Simply log in at [bcbsfl.com](http://bcbsfl.com). Under the Discounts & Rewards tab, choose Discount Programs. New discounted products and services are being added all the time—so check back often for new savings opportunities.

## It pays to stay in-network

Our coverage includes a strong network of quality providers located in the communities where you live and work.

- We've **negotiated lower rates** with our in-network providers to keep your out-of-pocket low and help you get the most value for every health care dollar.
- **No referrals** are required, so you'll find it convenient to access specialists for the care you need, while saving money, too.
- Plus, in-network providers usually obtain the **prior authorizations** for certain services and help protect you from balance billing.

### When you travel, you're still covered

Wherever you go, through our BlueCard® program, your health care coverage goes with you. You'll get access to the participating providers of independent Blue Cross and/or Blue Shield organizations across the country and worldwide – and you shouldn't have to pay more than the rates they have negotiated with doctors and hospitals in their areas.

To find participating doctors and hospitals outside of Florida, call 1-800-810-BLUE (2583) or visit [bcbs.com](http://bcbs.com) and click on "Find a Doctor or Hospital".

Bennie the Owl says...



If your doctor sends you for an X-Ray, CT scan, or MRI, it will generally cost you less to have that test done at an Independent Diagnostic Testing Center (IDTF) – rather than outpatient at the hospital. You can locate a participating IDTF through the Florida Blue online provider directory at [www.floridablue.com](http://www.floridablue.com).

# Introducing...

## Prescription coverage through *Florida Blue*

Effective 1/1/18, the PCSB Prescription Drug plan will be integrated with your Florida Blue health coverage. This means you will only need to carry one card for all your health plan needs! The following FAQs are designed to prepare you for the upcoming transition. You will be receiving additional information throughout the remainder of the year. **Please be sure to watch for communications sent to your PCSB email address and mailed directly to your home.**

### Q: What does this change mean?

**A:** Today, your prescription drug program is administered through WellDyneRx. As of 1/1/18, Florida Blue will be your pharmacy benefit administrator. You will now use your Florida Blue ID number and your Florida Blue ID card when getting prescription drugs.

### Q: Will my benefits change?

**A:** The prescription drug plan benefits will remain the same. Your plan will continue to require a copay or coinsurance for covered prescription drugs. Your copay will depend on whether the drug is a generic, preferred brand or non-preferred brand. The preferred status will be based on the **Florida Blue Medication Guide**.

**Deductible:** There is a \$25.00 per person annual deductible at **retail** for **brand name** medications

**Brand Name Drugs:** If you purchase a brand-name medication when a generic medication is available or if your doctor requests a brand-name when a generic is available, you will pay the generic co-payment, plus the difference in cost between the brand and the generic.

	Generic	Preferred Brand	NON – preferred Brand
Retail 30	\$8	\$30+10%* (max \$60)	\$50+10%* (max \$100)
Retail 90	\$8	\$90+10%* (max \$180)	\$150+10%* (max \$300)
Mail 90	\$8	\$75	\$125
Maximum Out-of-Pocket \$1,600			
*10% of the cost of the prescription minus the deductible.			

# Pharmacy Program Changes



## Q: Will the formulary be the same?

**A: **IMPORTANT:**** All pharmacy benefit administrators have unique formularies. The formulary will not be exactly the same. If you are on a brand name drug now, please be sure to check the Florida Blue Medication Guide to see if your brand name drug is preferred or non-preferred under the new program.

## Q: Where can I view the Florida Blue Medication Guide?

**A:** The Medication Guide is available on the Florida Blue website.

Use this link for quick access: <http://www.bcbsfl.com/DocumentLibrary/Providers/Content/MedGuide.pdf>

## Q: Will the Florida Blue program also require prior authorization and step therapy on certain drugs?

**A:** The Florida Blue prescription drug program also has management programs, called Responsible Rx Programs. The programs are summarized below. These programs are very similar to the programs currently in place; however, the medications subject to these programs will be based on the Florida Blue Medication Guide. Please review the guide for your medications to see if Responsible Rx programs will apply.

**Step Therapy:** Certain drugs are not covered unless you try another FDA-approved drug first. A lower cost drug may have been proven to be as clinically effective in treating your condition. If an alternate drug is not recommended for you, your doctor can submit an authorization form to request an exception.

**Prior Authorization:** For certain medications, your doctor will need to submit medical documentation and an approval form before a drug will be covered by your plan. Your doctor will submit the appropriate prior authorization form when required.

**Quantity Limits:** Some drugs have a maximum quantity that is covered for a given time period. These safety limits are based on dosing guidelines from drug manufacturers and the FDA.

Please watch for information being mailed to your home address on how these programs may impact your current medications.

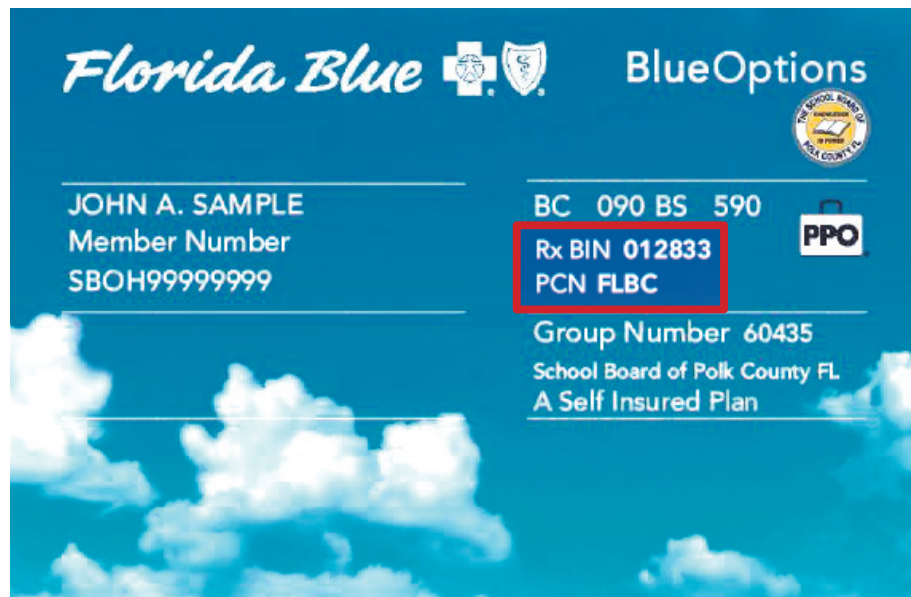
Be sure your mailing address is correct in SAP.

# Pharmacy Program Changes



## Q: What will I need to tell my pharmacy?

**A:** You will need to let your pharmacy know that your prescription drug coverage is changing on 1/1/18. Just present your new Florida Blue ID card to the pharmacy. Everyone will receive new Florida Blue ID cards in December. The new card will be very similar, but it will contain additional information on the front. **BE SURE YOU ARE PRESENTING THE CORRECT ID CARD after 1/1/18.**



## Q: Will this impact my medical coverage?

**A:** There will be no change to your medical benefits and you will not need to change your insurance information with your doctor. Your Florida Blue ID number and group number will remain the same, only the Rx information will change on the new card.

## Q: Will the Florida Blue program have the same pharmacy network?

**A:** All of the same major chains will still be in-network under the Florida Blue program. There are a very small number of local pharmacies that will no longer be participating. If you have had a claim at one of these pharmacies in 2017, we will notify you directly and provide the nearest participating in-network option. Please watch for communications to be sent to your home address.

## Q: Can I still get a 90-day supply of maintenance medications at my retail pharmacy?

**A:** The Florida Blue Extended Supply Network allows for you to fill your 90-Day supply of maintenance medications at select retail pharmacies.

# Pharmacy Program Changes



## Q: How will mail-order work under the Florida Blue program?

**A:** Mail-order will be provided through Florida Blue in partnership with PrimeMail. Florida Blue will receive information from WellDyneRx on all mail-order medications with refills. There are some drugs that cannot be transferred by law and a new prescription will be needed (i.e., controlled substances). **NOTE:** There will be action required on your part as we get closer to January 1st. It is important that you watch for additional information sent to your email or home.

## Q: Who will I contact for my self-administered specialty medications?

**A:** The main participating specialty pharmacies under the Florida Blue program are **CVS Caremark Specialty** and **Prime Therapeutics Specialty Pharmacy**. There are other participating specialty pharmacies for certain limited distribution drugs as well. If you are currently taking a specialty medication, US Specialty Care will send refill information to Florida Blue. **NOTE:** there will be action required on your part, so please be sure to watch for ongoing communications.

## Q: How will this impact the ABCs of Diabetes Program?

**A:** The only impact to ABCs of Diabetes members will be a change in the brand of preferred meters and test strips. The preferred brand under the Florida Blue Program will be Bayer products. We are committed to working with you to make this transition as smooth as possible. Florida Blue will communicate directly with all ABCs of Diabetes members to provide additional details and instructions.

Bennie the Owl says...



Important information is coming to you by mail. Be sure your mailing address is correct in SAP. You cannot change your address directly with Florida Blue.





# Term Life Insurance

## Basic Life

The time you spend with your family is priceless, full of fun times and precious memories. But what would happen to them if you suddenly died? Would those memories be enough to sustain them through this difficult period?

It's not pleasant to think about, but your death could potentially leave your family unable to meet existing and unexpected financial obligations. In addition to paying the everyday bills, there may be the unexpected expenses of final medical treatment and funeral costs. To help you prepare for the unexpected, the Polk County School Board provides each benefit-eligible employee with \$20,000 of life insurance coverage. This coverage includes \$10,000 of Accidental Death and Dismemberment (AD&D).

Life insurance is rounded to the next higher multiple of \$1,000, if not already a multiple of \$1,000. The maximum amount is \$300,000.

**A new election or an increased amount of coverage during Open Enrollment will be subject to Medical Underwriting.** Once we receive your form requesting enrollment for new enrollment or additional coverage, we will send you an Evidence of Insurability form to complete and submit directly to The Standard for approval.



## Additional Life

You may also request additional coverage up to 5 times your annual earnings.

You may elect one of the following Additional Life coverage options:

- Option 1: 1 X Annual Earnings
- Option 2: 2 X Annual Earnings
- Option 3: 3 X Annual Earnings
- Option 4: 4 X Annual Earnings
- Option 5: 5 X Annual Earnings

## Age Reductions

Under this plan, coverage reduces by 35% at age 65, by 50% at age 70, and by 65% at age 75. After an age reduction, the amount of your Additional Life and AD&D Insurance will be rounded up to the next higher multiple of \$1,000, if not already a multiple of \$1,000. Age Reduction does not apply to Basic Life.

## Rates

There are no benefit changes or premium changes for the additional life plan; however, there has been a premium change to the AD&D coverage available through The Standard for 2018. In addition, these products have age-banded rates. If you have moved from one age-band to the next, you may see an increase in your premium. Rates are based on your age as of January 1, 2018 and do not change mid-year.

AGE as of 01/01/18	RATE: PER \$1,000
≤ 29	\$0.069
30-34	\$0.079
35-39	\$0.099
40-44	\$0.134
45-49	\$0.185
50-54	\$0.248
55-59	\$0.261
60-64	\$0.281
65+	\$0.316

\*\$0.02 is for AD&D coverage

The Pre-tax benefit for Group Term Life is available for amounts up to \$50,000 in coverage. This total includes the \$20,000 paid for by the School Board of Polk County for each benefit-eligible employee. Employees may elect additional coverage; however deductions for amounts over the total of \$50,000 will be taken on a post-tax basis.

# Term Life Insurance



## Waiver of Premium Provision

The Standard may continue your Life insurance without premium payments if you:

- Become *totally disabled* while insured under the *group policy*
- Are under the age of 65
- Complete the *waiting period* of 180 days
- Give us satisfactory *proof of loss*

*Waiver of Premium* does not apply to AD&D insurance.

## Eligibility

To be eligible for this plan:

- You must be insured for Basic Life
- You must be an active employee of The School Board of Polk County, Florida, excluding Superintendent, Retirees, temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors
- You must be regularly working at least 30 hours per week.

## Group Insurance Certificate

If you become insured, you can obtain a group insurance certificate containing a detailed description of the insurance coverage at [www.polk-fl.net](http://www.polk-fl.net) key word "Insurance".

The information presented above is controlled by the group policy and does not modify it in any way. The controlling provisions are in the group policy issued by Standard Insurance Company.

## Dependent Life

You may elect Dependent Life insurance for your *spouse* and eligible *child(ren)* at a flat amount of \$10,000 for your *spouse* and \$5,000 for your eligible *child(ren)*.

"Child" means your unmarried child from live birth through age 20 (through age 24 if a registered student in full-time attendance at an accredited educational institution).

**If both spouses work for PCSB, only one may elect dependent life and only the child(ren) will be covered. Employees cannot cover each other as dependent spouses. Also, your spouse or children must not be full-time member(s) of the armed forces.**

## When Dependent Life Coverage Ends

Dependent Life coverage for your spouse and child(ren) will automatically end on the earliest of the following:

- Five months after the date you die
- The date your Life insurance ends
- The date Dependents Life insurance terminates under the group policy
- The date your employer's coverage under the group policy for Dependent Life insurance terminates
- The date the last period ends for which a premium was paid for your Dependent Life insurance
- When the dependent ceases to be an eligible dependent
- For your spouse, the date of your divorce or legal separation
- For a child who is disabled, 90 days after we mail you a proof of disability request, if proof is not given

## Dependent Life Premium

**\$6.06**



# Accidental Death & Dismemberment

## Accidental Death and Dismemberment (AD&D)

With Additional AD&D insurance from Standard Insurance Company, you or your beneficiaries may be eligible to receive an additional amount in the event of death or dismemberment as a result of an accident.

The amount of this AD&D Insurance Benefit for loss of life is equal to the amount payable for Additional Life insurance coverage on the date of the accident.

The amount of this AD&D Insurance Benefit for other covered losses is a percentage of the amount payable for Additional AD&D insurance coverage on the date of the accident, as shown in the following table:

Type of Loss	Percentage Payable
One hand or one foot	50%
Sight in one eye, (speech, or hearing in both ears)	50%
Two or more of the losses listed above	100%
Thumb and index finger of the same hand <sup>1</sup>	25%
Quadriplegia	100%
Hemiplegia	50%
Paraplegia	50%

<sup>1</sup> This benefit is not payable if an AD&D Insurance Benefit is payable for the loss of the entire hand.

## When Coverage Ends

AD&D insurance will automatically end on the earliest of the following:

- The date your Life insurance ends
- The date your Waiver of Premium begins
- The date AD&D insurance terminates under the group policy
- The date the last period ends for which a premium was paid for your AD&D insurance
- The date your employer's coverage under the group policy for AD&D insurance terminates
- The date your employment terminates

## Additional Features

The following are brief descriptions of features included in this plan. These features offer additional benefits when an AD&D Insurance Benefit is payable.

The **Seat Belt Benefit** provision provides an additional benefit in the event of a covered automobile accident.

The **Air Bag Benefit** provision provides an additional benefit in the event of a covered automobile accident for which a Seat Belt Benefit is payable.

With the **Family Benefits Package** provision, your eligible family members may be entitled to receive additional financial help for child care, college or career training. Included are the Child Care Benefit, Higher Education Benefit and Career Adjustment Benefit.

The **Occupational Assault** provision provides an additional benefit if you suffer death or dismemberment as a result of an act of workplace physical violence that is punishable by law.

The **Public Transportation** provision provides an additional benefit in the event of death as a result of an accident that occurs while you are riding as a fare-paying passenger on public transportation.

# A Special Opportunity to Strengthen Your Personal Safety Net



Standard Insurance Company provides Short Term Disability (STD) and Long Term disability (LTD) insurance to eligible employees of Polk County School District. You are in good company. The Standard is a nationally recognized provider of employee benefits products and services and provides insurance to more than 26,000 groups, covering over 6 million employees nationwide. The Standard has been providing disability coverage to Polk School District employees since 2003.

## Disability Insurance Offers Extra Peace of Mind

Many people would not be able to meet their financial obligations if they became disabled and could not work for an extended period of time. Disability insurance can help you create a secure financial future for yourself and your loved ones by providing partial income replacement if you become disabled and can't work. Your employer offers you the opportunity to purchase STD and LTD insurance, if you have not already done so.

**Most people probably think a disability happens only to other people. Consider these facts:**

- Every 90 seconds someone files for bankruptcy in the wake of a serious illness.
- Just over 1 in 4 of today's 20 year-olds will become disabled before they retire.
- Can your family live on \$1,146 a month? That's the average monthly benefit paid by Social Security Disability Insurance (SSDI) in 2014.

## Open Enrollment Ends on November 1, 2018

You are invited to participate in a special open enrollment period which ends on November 1, 2018. If you sign up during this open enrollment period, or enhance your existing STD coverage by reducing your current Benefit Waiting Period, **the evidence of insurability requirements will be waived.** That means you won't have to provide any medical history information, so it's simple to enroll or enrich coverage.

## Learn More and Take the Next Step

Review your 2018 enrollment guide for costs and complete details of the coverage and how to enroll. Make the most of this open enrollment opportunity and take the next step to help protect your income.



# Short Term Disability

## Coverage Options

Chances are you may already own home, auto and life insurance to protect yourself against the threat of loss. And you probably have health insurance to guard against costly medical bills. But what steps have you taken to help shield yourself and those who count on you from an unexpected loss of income? To help you plan for the unexpected, the Polk County School Board offers both Short and Long Term Disability coverage through The Standard. You can elect one of three short-term disability coverage options. The options have varying benefit waiting periods and maximum benefit periods as show below:

Option	Benefit Waiting Period	Maximum Benefit Period
Option A	7 days	up to 25 weeks
Option B	14 days	up to 24 weeks
Option C	30 days	up to 22 weeks

The benefit waiting period is the period of time that you must be continuously disabled before benefits become payable. The Maximum Benefit Period is the maximum amount of time can receive benefits. **You must exhaust all of your accumulated sick leave before collecting Short Term Disability payments.**

No Medical Underwriting!

## Benefit Amount

The weekly benefit is up to 60% of your insured pre-disability earnings based upon yearly salary split over 52 weeks. The maximum weekly benefit is \$1,750 and the minimum weekly benefit is \$15. This amount is then reduced by other income you receive or are eligible to receive while STD benefits are payable. This other income is referred to as deductible income.

Deductible income is income you receive or are eligible to receive while STD benefits are payable. It includes but is not limited to the following:

- Benefits under any state disability income benefit law or similar law.
- Earnings from work activity while *disabled*.
- Any amount you receive by compromise, settlement or other method as a result of a claim for any of the above.

## Premium

You can estimate your monthly payroll deduction by using the worksheet below:



Enter average weekly earnings, not to exceed \$1,750 on Line 1.	1: _____
Multiply Line 1 by 0.60 and enter on Line 2.	2: _____
Select your rate from the table below and enter on Line 3.	3: _____
Multiply Line 2 by the amount entered on Line 3.	4: _____
Divide the amount on Line 4 by 10 and enter on Line 5.	5: _____
<b>The amount shown on Line 5 is your estimated monthly payroll deduction.</b>	

STD Rate Table			
Age as of 01/01/18	Waiting Period		
	Option A 7 day	Option B 14 day	Option C 30 day
≤29	\$1.18	\$0.83	\$0.58
30-34	\$1.31	\$0.90	\$0.63
35-39	\$0.85	\$0.56	\$0.39
40-44	\$0.63	\$0.40	\$0.26
45-49	\$0.68	\$0.42	\$0.28
50-54	\$0.72	\$0.45	\$0.30
55-59	\$0.93	\$0.58	\$0.38
60+	\$1.18	\$0.73	\$0.48

# Long Term Disability

## Coverage

Group Long Term Disability (LTD) insurance is designed to pay a monthly benefit to you in the event you cannot work because of a covered illness or injury. This benefit replaces a portion of your income, thus helping you to meet your financial commitments in a time of need.

The Long Term Disability (LTD) benefit level is up to 60% of pre-disability earnings. The maximum monthly benefit is \$7,500 and the minimum monthly benefit is \$100. If your claim for Long Term Disability benefits is approved by The Standard, benefits become payable after you have been continuously disabled for 180 days and remain continuously disabled. Benefits are not payable during the benefit waiting period. **You must exhaust all of your accumulated sick leave.**

After 180 days of continuous disability the LTD benefit amount is determined by multiplying your insured monthly pre-disability earnings by 60%. This amount is then reduced by other income you receive or are eligible to receive while LTD benefits are payable. This other income is referred to as deductible income.

## Maximum Benefit Period

If you become disabled before age 62, LTD benefits may continue during disability until you reach age 65. If you become disabled at age 62 or older, the benefit duration is determined by your age when disability begins:

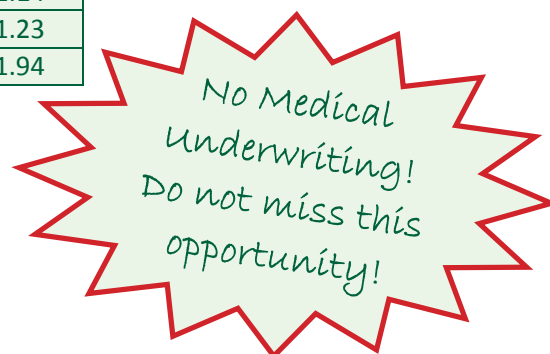
Age	Maximum Benefit Period
62	3 years 6 months
63	3 years
64	2 years 6 months
65	2 years
66	1 year 9 months
67	1 year 6 months
68	1 year 3 months
69+	1 year

## Premium

You can estimate your monthly payroll deduction by using the worksheet below:

Enter your average monthly earnings not to exceed \$12,500 on Line 1.	1: _____
Select your rate from the rate table and divide this by 100.	2: _____
Multiply Line 1 by the amount shown on Line 2.	3: _____
<b>The amount shown on Line 3 is your estimated monthly payroll deduction.</b>	

LTD Rate Table	
Age as of 01/01/18	Rate
<=29	\$0.17
30-34	\$0.20
35-39	\$0.25
40-44	\$0.35
45-49	\$0.53
50-54	\$0.79
55-59	\$1.00
60-64	\$1.03
65-69	\$1.14
70-74	\$1.23
75+	\$1.94



If you become insured, you can print a copy of the group insurance certificate containing a detailed description of the insurance coverage on the PCSB Insurance webpage, [www.polk-fl.net](http://www.polk-fl.net) keyword "insurance". The information presented in this book is controlled by the group certificate and does not modify it in any way. The controlling provisions are in the group certificate issued by Standard Insurance Company.





# Dental Insurance



## Why Choose Dental?

Going to visit the dentist is a worthwhile investment in your family's oral and overall health. Studies suggest that people with dental benefits are almost 50 percent more likely to visit the dentist every six months to get the care they need. Having dental benefits helps pay for visits to your dentist for regular checkups and cleanings. When you choose Delta Dental benefits, you can prevent a dental problem or get treatment before it becomes more serious, and save money on your dental care costs. Delta Dental offers you a large choice of dentists to receive the most from your benefits.

### Improved oral health

Dental benefits emphasize preventive care. Regular dental visits can help you avoid serious problems because most dental disease is preventable.

- ✓ Regular dental care can help you and your family stay healthy and pain-free.
- ✓ You can get treatment before a problem becomes more serious.
- ✓ You and your family can avoid losing time from work or school because of dental-related problems.

### Improved overall health

Studies suggest that the state of your dental health can affect other health conditions such as diabetes and heart disease. And many health conditions have oral symptoms that provide clues to their onset.

Although seeing a dentist is no substitute for a visit to a physician, regular dental checkups may tell the dentist much about your overall health.

- ✓ A regular oral examination can point to signs of disease, chronic illness or health risk.
- ✓ If a dentist finds a potential health issue, he or she may refer you to your physician for follow-up.

## Cost savings

Delta Dental helps you save money on dental costs:

- ✓ Delta Dental benefits provide you and your family with financial assistance for preventive or routine dental services.
- ✓ Delta Dental benefits provide coverage for many major dental procedures.

You'll get the most value from your plan when you visit a Delta Dental dentist in your plan's network.

## ID Cards

You don't need an ID card. When visiting a Delta Dental Premier or Delta Dental PPO dentist, simply provide your social security or identification number. The dental office can use that information to verify your eligibility and benefits.

If you still would like an ID card, you can print a customized ID card on demand. Log in to Online Services (on right), click the "Eligibility & Benefits" tab to view your eligibility and benefits information and to print an ID card. If you haven't registered for Online Services, click on "Register Today" for an easy three-step registration process.

Delta Dental Customer Service 1-800-521-2651 or online at [www.deltadentalins.com](http://www.deltadentalins.com)

# Dental Insurance



Low Plan			Middle Plan			High Plan		
Coverage Type	PDP In-Network	Out-of-Network	Coverage Type	PDP In-Network	Out-of-Network	Coverage Type	PDP In-Network	Out-of-Network
Type A <sup>1</sup>	Schedule‡	Schedule‡	Type A <sup>1</sup>	100% of PPO fee	100% of PPO fee	Type A <sup>1</sup>	80% of PPO fee	80% of MPA*
Type B <sup>2</sup>	Schedule‡	Schedule‡	Type B <sup>2</sup>	80% of PPO fee	80% of PPO fee	Type B <sup>2</sup>	80% of PPO fee	80% of MPA*
Type C <sup>3</sup>	Schedule‡	Schedule‡	Type C <sup>3</sup>	50% of PPO fee	50% of PPO fee	Type C <sup>3</sup>	80% of PPO fee	80% of MPA*
Individual Deductible†	\$50	\$50	Individual Deductible†	\$50	\$50	Individual Deductible†	\$50	\$50
Family Deductible†	\$150	\$150	Family Deductible†	\$150	\$150	Family Deductible†	\$150	\$150
Annual Benefit Max			Annual Benefit Max			Annual Benefit Max		
Per Person	\$1000	\$1000	Per Person	\$1000	\$1000	Per Person	\$1500	\$1500
Orthodontia Not Covered			Orthodontia Lifetime Max child only to age 19			Orthodontia Lifetime Max child only to age 19		
N/A			Per Person	\$1000	\$1000	Per Person	\$1000	\$1000

**1 - Type A** – cleanings, oral examinations, fluoride, X-Rays

**2 - Type B** – fillings, simple extractions, Endodontics, General Anesthesia, Oral Surgery, Periodontal Maintenance, sealants

**3 - Type C** bridges, dentures, Crowns, Periodontal surgery

† Deductible applies to Type B&C services only – waived on Type A services.

‡ For the most updated Schedule of Benefits for the Low Dental Plan contact Delta Dental Customer Service

\*MPA = Maximum Plan Allowance

This is only a brief summary of the plans. Benefits are subject to limitations and exclusions of the plan. The dental health plan contract must be consulted to determine the exact terms and conditions of coverage.

If you've got questions about oral health, be sure to check out our **SmileWay** Wellness Site for answers. We've compiled an extensive library of articles on oral health topics from amalgam fillings to x-rays and just about everything in between.

- ✓ Mouth-body Connection
- ✓ Preventive care
- ✓ Emergency care
- ✓ Kids & teens
- ✓ Seniors
- ✓ Dental treatments
- ✓ Conditions



Monthly Premiums	Low Plan	Middle Plan	High Plan
Employee Only	\$11.83	\$20.33	\$38.93
Employee & Spouse	\$23.37	\$40.64	\$75.36
Employee & Child(ren)	\$29.03	\$51.24	\$91.34
Employee, Spouse & Child(ren)	\$35.15	\$70.36	\$121.44

# Vision Insurance



UnitedHealthcare Vision has been trusted for more than 40 years to deliver affordable, innovative vision care solutions to the nation's leading employers through experienced, customer-focused people and the nation's most accessible, diversified vision care network. A vision plan from UnitedHealthcare makes it easy to maintain good sight and healthy eyes, and save money while you're at it.

## Vision Plan Benefits

In-network, covered-in-full benefits (after applicable copay) include a comprehensive annual exam, eye glasses with standard single vision, lined bifocal, or lined trifocal lenses, standard scratch-resistant coating<sup>1</sup> and the frame, or contact lenses in lieu of eye glasses. The plan provides:

- ❖ Eye exams
- ❖ Complete set of eyeglasses or contacts
- ❖ 20% to 40% discount on

popular lens options

- ❖ Access to discounts on laser vision correction
- ❖ Discounts on extra pairs of eyewear

Refer to your benefit summary for plan specifics.

## Frame\* Benefit

When you visit a retail or private practice provider within the large UnitedHealthcare vision network, you will receive an allowance that can be applied to the cost of your frames. This allowance covers in full, after your copay, many of the most popular frames on the market today.

## Lens Upgrades

Popular lens options, like progressive lenses, tints, anti-reflective coating and more, if not covered by your plan, are available at discounts of up to 40%. Standard scratch resistant coating is applied to all lenses at no charge.

## Additional Pairs of Glasses

You get a 20% discount on any additional pairs of eyeglasses, including prescription sunglasses.

\*Frame discounts do not apply when prohibited by frame manufacturer.

## Contact Lens Benefit

You receive full coverage, after applicable copay, at a network vision provider. UnitedHealthcare covers the fitting and evaluation fees for covered-in-full contact lenses (including disposables) and up to 2 follow-up visits with your eye doctor. If you choose contacts that are not covered in full, you'll get an allowance toward the purchase price.

Once you have received your prescription for contact lenses from your eye care provider, you can use our online discount ordering program to save even more money. Just log into **[www.myuhcvision.com](http://www.myuhcvision.com)** and click on the "Order Contact Lenses" button.

Bennie the Owl Says...



UHC Vision is paperless. You do not need an ID card. If you'd like one, you can print one from **[www.myuhcvision.com](http://www.myuhcvision.com)**. Simply click on "Click Here to Print Vision ID Card," under "My Benefits." You can also save it to your computer or smartphone.

# Vision Insurance



## Discounted laser Vision Correction

You get access to discounted laser vision correction procedures. You can choose a credentialed surgeon from Laser Vision Network of America's (LVNA) nationwide network of more than 500 laser vision correction surgeons.

## Online - Always

Our easy-to-use, self-service member website lets you easily verify your benefits and eligibility, find answers to frequently asked questions, locate a provider, access online offers and services, print a member ID card, and much more.

[www.myuhcvision.com](http://www.myuhcvision.com)

## One Size Does NOT Fit All

That's why we created a network that features both private practice and retail providers to allow you a choice for your eye care.

**Simply go to our website and use the provider locator tool for a complete list, including door-to-door directions. You can also call 1-800-638-3120 to speak with a Customer Service representative.**

## A sample of some of the available contracted retail chain providers:

- ❖ Eye Express
- ❖ Costco Optical
- ❖ Crown Optical
- ❖ Eye Express
- ❖ EYE-MART
- ❖ VisionFirst
- ❖ Eye Care Associates
- ❖ Eyeglass World
- ❖ Eye Doctors Optical Outlet
- ❖ Vision4Less
- ❖ Visionworks
- ❖ Whylye Eye Care Center



## Important to Remember

- ❖ Your \$105.00 contact lens allowance is applied to the fitting/evaluation fees as well as the purchase of contact lenses. For example, if the fitting/evaluation fee is \$30, you will have \$75.00 toward the purchase of contact lenses. The allowance may be separated at some retail chain locations between the examining physician and the optical store.
- ❖ You can log on to our website to print off your personalized ID card. An ID card is not required for service, but is available as a convenience to you should you wish to have an ID card to take to your appointment.
- ❖ Out-of-Network Reimbursement, when applicable: Receipts for services and materials purchased on different dates must be submitted together at the same time to receive reimbursement. Receipts must be submitted within 12 months of date of service to the following address: UnitedHealthcare Vision, Attn. Claim Dept., P.O. Box 30978, Salt Lake City, UT 84130 FAX: 248.733.6060.
- ❖ At a participating network provider you will receive a 20% discount on an additional pair of eyeglasses or contact lenses. This program is available after your vision benefits have been exhausted. Please note that this discount shall not be considered insurance, and that UnitedHealthcare Vision shall neither pay nor reimburse the provider or member for any funds owed or spent. Not all providers may offer this discount. Please contact your provider to see if they participate. Discounts on contact lenses may vary by provider. Additional materials do not have to be purchased at the time of initial material purchase. Additional materials can be purchased at a discount any time after the insured benefit has been used.

Please note: If there are differences in this document and the Group Policy, the Group Policy is the governing document. Please consult the applicable policy/certificate of coverage for a full description of benefits, including exclusions and limitations. The following services and materials are excluded from coverage under the Policy: Post cataract lenses; Non-prescription items; Medical or surgical treatment for eye disease that without cost, obtains from any governmental organization or program; Services or materials that are not specifically covered by the Policy; Replacement or repair of lenses and/or frames that have been lost or broken; Cosmetic extras, except as stated in the Policy's Table of Benefits.

# Vision Insurance



Monthly Rates	
Employee	\$6.81
Employee + Spouse	\$12.33
Employee + Child	\$12.80
Employee + Family	\$19.73
Copays for In-Network Services	
Exam	\$10.00
Materials	\$20.00
Retail Frame Allowance	
Private Practice Provider	\$150.00
Retail Chain Provider	\$150.00
Benefit Frequency	Calendar Year
Comprehensive Exam	Once in 12 months
Spectacle Lenses	Once in 12 months
Frames	Once in 24 months
Contact Lenses in Lieu of Eye Glasses	Once in 12 months

Examples of Possible Savings			
Exam and Materials Covered by UHC Vision Plan	Estimated Cost Without Plan <sup>5</sup>	Less Employee Cost	Total Savings with UHC Vision
Employee Only*	\$275.00	\$95.38	\$179.62
EE + Spouse*	\$550.00	\$178.37	\$371.63
EE + Child *	\$825.00	\$212.88	\$612.12
EE + Family*	\$1,100.00	\$309.41	\$790.59
* Exam, Single Vision & Covered-in-Full Frames			

## Lens Options

Standard scratch-resistant coating, Standard progressive lenses, Ultraviolet coating, Tints --covered in full. Deluxe and Premium progressive lens options are now available. Other optional lens upgrades may be offered at a discount. (Discount varies by provider.)

## Contact Lens Benefits

### Covered-in-full elective contact lenses<sup>8</sup>

The fitting/evaluation fees, contact lenses, and up to two follow-up visits are covered in full (after copay). If you choose disposable contacts, up to 4 boxes are included when obtained from a network provider.

### All other elective contact lenses

A \$105.00 allowance is applied toward the fitting & evaluation fees and purchase of contact lenses outside the covered selection (materials copay does not apply). Toric, gas permeable and bifocal contact lenses are examples of contact lenses that are outside of our covered contacts.

### Necessary contact lenses<sup>3</sup>

Covered in full after applicable copay.

## Laser Vision Benefit

UHC Vision has partnered with the Laser Vision Network of America (LVNA) to provide our members with access to discounted laser vision correction providers. Members receive 15% off usual and customary pricing, 5% off promotional pricing at over 500 network provider locations and even greater discounts through set pricing at Lasik *Plus* locations. For more information, call 1-888-563-4497 or visit us at [www.uhclasik.com](http://www.uhclasik.com).

1 On all orders processed through a company owned and contracted Lab network.

2 The out-of-network reimbursement applies to materials only. The fitting/evaluation is not included.

3 Necessary contact lenses are determined at the provider's discretion for one or more of the following conditions: Following post cataract surgery without intraocular lens implant; to correct extreme vision problems that cannot be corrected with spectacle lenses; with certain conditions of anisometropia; with certain conditions of keratoconus. If your provider considers your contacts necessary, ask your provider to contact UHC Vision confirming reimbursement that UHC Vision will make before you purchase such contacts.

4 Actual tax savings will depend upon your individual tax bracket.

5 Approximate retail value illustrated: Exam & Refraction (\$65), Single Vision Lenses (\$80), and Frames (\$130). Average retail costs may vary by provider.

6 For purposes of this calculation, Employee + Child(ren) is calculated with three (3) members.

7 For purposes of this sample calculation, Employee + Family is calculated with four (4) members.

8 Coverage for Covered Contact Lens Selection does not apply at Costco, Walmart or Sam's Club locations. The allowance for non-selection contact lenses will be applied toward the fitting/evaluation fee and purchase of all contacts.



# Flexible Savings Accounts



## How FlexSystem Works

FlexSystem FSA is offered through your employer and is administered by TASC. When you choose to enroll in a FlexSystem FSA Healthcare and/or Dependent Care, you choose the dollar amount you want to contribute to each account based on your estimated expenses for the upcoming Plan Year. Your contributions will be deducted in equal amounts from each paycheck, pretax, throughout the Plan Year. The more you contribute to these accounts, the more you save by paying less in taxes!

## Multiple Methods for Account Management

You may use any of the following self-service options to access your FlexSystem accounts and TASC Card transaction:

- **MyTASC Online:** [www.tasconline.com](http://www.tasconline.com)
- **MyCash Manager:** within MyTASC at [www.tasconline.com](http://www.tasconline.com)
- **MyTASC Mobile App:** free download at [www.tasconline.com/mobile](http://www.tasconline.com/mobile)
- **MyTASC text Messaging:** elect through your MyTASC account online (You can use “profile” to steer to the right tab.)

### Pre-Tax Savings Example

	Without FSA	With FSA
Gross Monthly Pay:	\$3,500	\$3,500
<b>Pre-Tax Contributions</b>		
Medical/Dental Premiums	\$0	-\$125
Medical Expenses	\$0	-\$75
Dependent Care Expenses	\$0	-\$400
<b>TOTAL:</b>	<b>\$0</b>	<b>-\$600</b>
<b>Taxable Monthly Income</b>	<b>\$3,500</b>	<b>\$2,900</b>
Taxes (federal, state, FICA):	-\$968	-\$802
Out-of-pocket Expenses:	-\$600	\$0
<b>Monthly Take-home Pay:</b>	<b>\$1,932</b>	<b>\$2,098</b>

**Net Increase in Take-Home Pay+\$166/month!**

*For illustration only. Actual dollar amounts may vary.*



Maximum Annual  
Contribution for Medical FSA  
is **\$2,600**

Minimum Annual Contribution  
for Medical FSA is **\$300**

Employees have 90 days from the date Flexible Spending Account benefits terminate to file claims to utilize funds for the benefit period.



# Flexible Savings Accounts



## Childcare Reimbursement Account

A Section 125 Cafeteria Plan (FlexSystem FSA) allows for the inclusion of Dependent Care (Section 129 of the Internal Revenue Code) benefits. Eligibility for the dependent care benefit requires that certain criteria be met with respect to the expense, the provider etc.



The dependent care expenses must be work related. The care must be necessary for the employee and the employee's spouse to work, to look for work, to attend school full-time or are physically unable to care for their children. The dependent care expenses provided during a calendar year cannot exceed \$5,000. In the case of a separate return by a married individual, the limit is \$2,500. This amount may be less if the employee's earned income or spouse's earned income is less than \$5,000.

### Dependent Care expenses eligible for reimbursement

- Eligible dependent care expenses must be employment related.
- Day Camp—primary purpose must be custodial care and not educational in nature
- Dependent care expenses that are necessary for you (and your spouse) to work, actively look for work, or attend school full-time.
- Dependent care for a child under age 13
- FICA/FUTA taxes of day care provider
- Late pick up fees
- Nanny expenses attributed to dependent care
- Nursery school (Pre-School)
- Registration fees—when allocated to dependent care services that have been provided

## Important Considerations

### FSA Funds DO NOT Rollover

It is important to be conservative in making elections because any unused funds left in your FSA at the close of the Plan Year are not refundable to you. You are urged to take precautionary steps, such as tracking account balances on the FlexSystem website and/or using the Interactive Voice Response system, to avoid having funds remaining in your account at year-end. Purchasing eligible over-the-counter items are ways to

utilize leftover FSA funds. Just remember, those over the counter items will require a prescription.

### Changing Elections During the Plan Year

You may change your FSA elections during the Plan year only if you experience a change of status such as:

- A marriage or divorce
- Birth or adoption of a child , or
- A change in employment status

Bennie the Owl Says...



You must make your FSA election each year. Please indicate your annual election amount on your 2018 Open Enrollment Form and return the form to the Employee Benefits Department by November 1, 2017.



Sunbelt Worksite is excited to offer the following benefits to Polk County School Board employees during the coming open enrollment for 2018.

Allstate provides a Cancer and Specified disease policy that can help cover the costs of specific treatments and expenses as they happen. This policy not only covers an initial diagnosis of cancer but also 20 additional specified diseases. With three different benefit tiers to this policy it has something to fit every budget.

Aflac offers Critical Illness, this product covers a variety of diseases. Cancer, heart attack and stroke are just a few, you our offered up to \$50,000 in coverage for employees and up to \$25,000 for spouses. A yearly wellness benefit is included and the policy is completely portable.

These products are pre-tax deducted and the premium is taken directly from your payroll!

If you would like additional information or are interested in enrolling in any of these products please contact Sunbelt Worksite at 800-822-8045 we will be happy to get you started and secured with any of these supplemental policies.

# Employee Assistance Program

## Aetna Resources for Living



### Benefits Overview

Employees and household members can confidentially address and resolve personal and workplace challenges through the Employee Assistance Program (EAP). You can use up to 7 face-to-face sessions per employee and household member per issue per year at no charge to you. The EAP offers short-term counseling on all aspects of life, including:

- Relationship difficulties
- Emotional/psychological concerns
- Work/family stress & anxiety
- Alcohol and drug abuse
- Personal and life improvement
- Legal or financial topics
- Depression
- Grief issues

### Legal & Financial Services

Your EAP benefit offers legal and financial guidance from qualified professionals, including an initial 30-minute consultation for each issue. Typical financial matters include credit counseling, debt and budgeting assistance, tax planning, and retirement and college planning.

- Initial 30-minute consultation

- Free online Will preparation valid in 49 states
- Telephonic tax consultation
- 25% discount when retaining attorney services
- Will & Trust preparation
- 1-hour identity-theft consult
- Mediation services
- Website forms & information
- Legal and financial library

### Online Work/Life Resources

With online work/life services, employees and their households can find resources for a variety of concerns including childcare, eldercare, adoption, daily living issues and other issues they may encounter.

- Monthly webinars on various topics
- Childcare & eldercare search
- Public & private school search
- Adoption resources
- Health assessments and tools
- Health and wellness resources
- Household services
- College search & financing tools
- Veterinarian & pet care search
- Over one million work/life providers
- Free, confidential support any time, day or night.
- Call toll-free or visit us online.

**1-800-272-7252**

**Employee Assistance Program**

**[www.resourcesforliving.com](http://www.resourcesforliving.com)**

**Login: PCS Password: PCS**

*Aetna is the brand name used for products and services offered through the Aetna group of subsidiary companies. The EAP is administered by Aetna Behavioral Health, LLC and Aetna Life Insurance Company (Aetna).*

*This material is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description of programs and services and does not constitute a contract.*

*Aetna is not a provider of health care services and, therefore, cannot guarantee any results or outcomes. All participating providers are independent contractors and are neither agents nor employees of Aetna. The availability of any particular provider cannot be guaranteed and is subject to change. All EAP calls are confidential, except as required by law (i.e., when a person's emotional condition is a threat to himself/herself or others, or there is suspected abuse of a minor child, and in some areas, spousal or elder abuse).*

*Information is believed to be accurate as of the production date; however, it is subject to change.*

# PCSB Employee Wellness Program



## **ABCs of Diabetes** PCSB Wellness Program & Florida Blue

The **ABCs of Diabetes** is provided by the PCSB Wellness Team and Florida Blue for employees, spouses and dependents enrolled in the PCSB Health Plan who have been diagnosed with diabetes. Self-management education and support is offered at no cost to prevent complications and enhance well-being. HIPAA laws are strictly enforced.

The **ABCs of Diabetes** provides on-going educational opportunities, screenings, exams, Health Coaching, free diabetes supplies, and prescription drug savings. For details contact the Wellness Team at 863-648-3057 or visit the **ABCs of Diabetes** webpage.

<http://www.polk-fl.net/staff/employeeinfo/wellness/diabetes.htm>

## Healthy Babies Program



If you are considering starting a family or in your first trimester of pregnancy, then **Healthy Babies** is for you!

**Babies & You** is a March of Dimes educational program designed to promote healthy pregnancies and prevent birth defects. **Healthy Addition®** is a Florida Blue program, which provides access to clinical support and improves your chances of delivering a healthy, full-term baby. Eligible employees who attend these free programs will receive a \$100 incentive for each, after the baby is born... that's a total of \$200! Contact the Wellness Team at 863-648-3057 for details or visit the Healthy Babies webpage. [www.polk-fl.net/staff/employeeinfo/wellness/healthybabies.htm](http://www.polk-fl.net/staff/employeeinfo/wellness/healthybabies.htm).

## Worksite 3-D Mammograms



Breast cancer screenings made easy! Get on the Tampa Bay Mobile Unit at your worksite for a 3-D mammogram at no cost with PCSB group insurance. Visit the Cancer Resources webpage to view the schedule. [www.polk-fl.net/staff/employeeinfo/wellness/cancerresources.htm](http://www.polk-fl.net/staff/employeeinfo/wellness/cancerresources.htm)

## Professional Development

Improve your lifestyle with districtwide health education covering topics such as nutrition, fitness, stress management, weight control, and more. Receive incentives, in-service points and valuable information. Individual and group Health Coaching is also available at no cost. Visit the webpage for continuous updates. [www.polk-fl.net/staff/employeeinfo/wellness/prodev.htm](http://www.polk-fl.net/staff/employeeinfo/wellness/prodev.htm).

## Stay Informed

Learn about Wellness events and enhance your health literacy with **Wellness Weekly**, a weekly e-newsletter, the monthly **Wellness Matters** and the Wellness Program webpages. Visit the archives at [www.polk-fl.net](http://www.polk-fl.net) (keyword: Wellness).

## Save-the-Date for the Annual Employee Health Fair!

**February 17, 2018 • Lakeland**

Please see the "Know Your Rights" section for an important notice on wellness programs.



# Authorized Investment Providers

## Retirement Savings Plans

School Board of Polk County currently supports a 403(b) retirement savings plan. These plans are available only to employees of public school systems and certain other non-profit organizations. These employee accounts are commonly referred to as Tax Sheltered Annuities or TSAs because at one point only standard interest annuities and variable annuities were allowable account types. In 1974 the passage of the Employee Retirement Income Security Act (ERISA) added mutual funds under custodial arrangements as an additional investment option. All regularly scheduled employees may elect to contribute a limited portion of their salary before taxes to one of the authorized plans available through their employer. For more information on contribution limits, see the "Calculations" section of our website.

In addition to 403(b) retirement plans, the School Board of Polk County offers 457(b) deferred compensation plans to its employees. These plans are available to certain tax-exempt and governmental employers. With the passage of the Economic Growth and Tax Relief Reconciliation Act of 2001 (EGTRRA), contribution limits were dramatically changed. In addition, 457(b) plans now have separate limits which are not reduced by employee contributions into either a 403(b) or 401(k) plan.

All Authorized Investment Providers listed have entered into information sharing agreements with the plan sponsor. Board Policy and District administrative requirements allow companies which meet certain standards and maintain a minimum number of employee accounts to provide 403(b) TSA accounts to employees. The companies listed below are currently authorized under administrative guidelines to establish 403(b)/403(b)(7) and 457(b) accounts for the employees of The School Board of Polk County. This list does not reflect any opinion as to the financial strength or quality of product or service for any company. Employees should contact a local representative to obtain specific information on plans available.

### BENCOR Special Pay Plan

The BENCOR Special Pay Plan is an IRC Section 401(a) qualified retirement plan that permits district employees to take maximum advantage of Federal tax laws by deferring Federal withholding taxes and permanently avoiding Social Security and Medicare taxes on eligible accumulated sick and annual leave payments. More information concerning this plan is available in your "Annual Retirement Benefits Guide."

Authorized Investment Providers		Authorized Investment Types		
Companies	Phone Number	403(b)/403(b)(7) Accounts	ROTH 403(b)	457(b) Deferred Compensation Plans
American Century Investments	1-800-345-3533	✓	✓	
Ameriprise Financial	1-863-688-6863	✓		
ASpire Financial Services	Allen & Company CPS Investment Advisors	1-863-688-9000 1-877-564-6277	✓ ✓	
AXA Equitable Life Insurance Co.	1-800-628-6673	✓	✓	✓
Great American Financial Resources	1-800-854-3649	✓	✓	✓
Horace Mann Insurance Company	1-800-999-1030	✓	✓	✓
Life Insurance Company of the Southwest	1-800-579-2878	✓	✓	✓
PlanMember Services	1-800-874-6910	✓	✓	✓
Reliastar Life Insurance Co. (ING Retirement)	1-877-884-5050	✓	✓	✓
VALIC	1-800-369-0314	✓	✓	✓
Waddell & Reed, Inc.	1-813-348-0097	✓		





# Know Your Rights

## HIPAA Notice of Privacy Practices

The Polk County School Board is concerned about your privacy, and maintains a strict privacy policy. Pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the School Board of Polk County has implemented procedures to ensure full compliance with all federal privacy protection laws and regulations.

**What is HIPAA?** A comprehensive federal legislation regarding health insurance which is comprised of four key areas:

1. Portability protects health insurance coverage for workers and their families when they change or lose their jobs. It also prevents discrimination against an employee and their families due to preexisting medical conditions.
2. Privacy provides the first comprehensive federal protection for the privacy of an individual's health information (PHI\*). This gives individuals more control over their health information, and it sets boundaries on the use and disclosure of their health information.
3. Security establishes safeguards that must be achieved to protect the privacy of protected health information and holds violators accountable with civil and criminal penalties that can be imposed if they violate an individual's privacy rights.
4. Standardize electronic health care transactions

\*PHI -Protected Health Information – Information that relates to the past, present, or future physical or mental health of the individual; the provision of health care to an individual; or the past, present, or future payment for the provision of healthcare. This includes information that can be used to identify the individual. You have the following rights regarding your health information under HIPAA:

1. The right to request restrictions.
2. The right to receive confidential communications.
3. The right to inspect and copy.
4. The right to amend your health information.
5. The right to receive an accounting of disclosures.
6. The right to obtain a paper copy of the Notice of Privacy Practices at any time.

## Social Security Number Collection Policy

This statement serves as notification of the purpose and usage of social security numbers in compliance with Chapter 119 of the Florida Statutes. The Polk County School Board Risk Management & Employee Benefits Department acknowledges that a social security number is a unique identifier and can be used to obtain sensitive information; however, social security numbers must be collected under certain circumstances for the department to properly and accurately perform its duties as part of an educational institution.

The Risk Management & Employee Benefits Department of the Polk County School Board, Florida collects beneficiary social security numbers for specific purposes, including life insurance claims processing. A copy of this notice should be given to all parties you have listed as beneficiaries for your life insurance through the Employee Group-Term Life Insurance policy with the Polk County School Board, Florida.

The full written policy is available on the Risk Management & Employee Benefits page of the Polk County School Board website at: [www.polk-fl.net](http://www.polk-fl.net), keyword "Insurance".

**A copy of the Privacy Policy can be found on the Risk Management & Employee Benefits page of the Polk County School Board website at: [www.polk-fl.net](http://www.polk-fl.net), keyword "Insurance".**

**A copy of this policy can also be obtained by contacting your Risk Management & Employee Benefits Department.**





# Know Your Rights

## COBRA Rights Notice

Insurance coverage terminates on the last day of the month in which you paid for coverage from your last paycheck. An information packet, including written notice explaining the terminated employee's rights under COBRA will be sent by the Polk County School Board COBRA administrator, Ceridian. This information will be sent to the address on file in SAP, so it is very important to update your contact information anytime you have an address change. The Consolidated Omnibus Budget Reconciliation Act of 1993 (COBRA) allows you to continue the coverage you had as an active employee if you elect to continue the coverage by paying the full amount of the premium plus an administrative charge of 2 percent. Each qualified beneficiary must be offered the option to continue coverage following a qualifying event. Qualifying beneficiaries include any eligible dependent that is covered on the insurance coverage at

the time of the employee's separation of service that is eligible and that continues to be eligible for coverage. Any qualifying beneficiary that experiences a qualifying event separate from the employee separating from the employee separating from service, i.e. a spouse in the case of a divorce, must also be offered the option to continue coverage.

REASON FOR LOSS OF COVERAGE	EMPLOYEE	SPOUSE	CHILD(REN)
Employee separation from service	18 MONTHS	18 MONTHS	18 MONTHS
Employee reduction of hours (no longer eligible for coverage through employer)	18 MONTHS	18 MONTHS	18 MONTHS
Employee, spouse or dependent become legally disabled	29 MONTHS	29 MONTHS	29 MONTHS
Death of Employee		36 MONTHS	36 MONTHS
Divorce or Legal Separation		36 MONTHS	36 MONTHS
Entitled to Medicare		36 MONTHS	36 MONTHS
Child no longer qualifies			36 MONTHS

## Family & Medical Leave Act / Leave of Absence

According to the Family and Medical Leave Act of 1993 eligible employees must be granted up to 12 work weeks of unpaid leave by their employer for any of the following reasons occurring during a 12 month period:

- Birth of employee's child
- Adoption or placement of a foster child
- Caring for ill or injured immediate family member (spouse, child, parent)
- Serious illness or Injury of employee (employee unable to work)

Effective January 16, 2009 the FMLA regulations have been updated to include implementation of new military family leave entitlements enacted under the National Defense Authorization Act for FY 2008. This change permits any of the following family members to take up to 26 work weeks of leave to care for a member of any of the Armed Forces; Active, Reserve or National Guard, undergoing medical treatment or recuperation (including therapy), for serious injury or illness: Spouse, Parent, Child, or Next of Kin.

While you are out on a Leave of Absence, it is your responsibility to contact the Risk Management & Employee Benefits Department at 863-519-3858 regarding the continuation of your insurance benefits provided by the Board, and any other voluntary insurance benefits in which you are enrolled. If the necessary arrangements are not made to continue your benefits, interruption or cancellation of the benefits may result.



# Know Your Rights

## Medicaid & the Children's Health Insurance Program (CHIP)

*Offer Free or Low-Cost Health Coverage to Children & Families*

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some States have premium assistance programs that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer's health plan is required to permit you and your dependents to enroll in the plan – as long as you and your dependents are eligible, but not already enrolled in the employer's plan. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance.

You may be eligible for assistance paying your employer health plan premiums. Contact the Florida Medicaid / CHIP Office at [www.fdhc.state.fl.us/Medicaid/index.shtml](http://www.fdhc.state.fl.us/Medicaid/index.shtml) or by phone: 1-866-762-2237. To see if any more States have added a premium assistance program since January 22, 2010, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor Employee  
Benefits Security Administration  
[www.dol.gov/ebsa](http://www.dol.gov/ebsa)  
1-866-444-EBSA (3272)

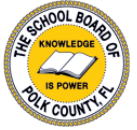
OR

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Ext. 61565

Bennie the Owl Says...



With the increasing cost of health care, it is more important than ever to ensure that eligibility records are up to date. Covering health care costs for ineligible dependents can increase the cost of health care coverage for all plan participants. Verifying the eligibility of all dependents is one opportunity for PCSB to ensure health care dollars are effectively spent.



# Know Your Rights

## NOTICE REGARDING WELLNESS PROGRAM

PCSB offer voluntary wellness programs available to all employees. The programs are administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others.

Employees who choose to participate in the PCSB wellness programs may receive a financial or plan design incentive. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting the Wellness Department at 863-648-3057.

### Protections from Disclosure of Medical Information

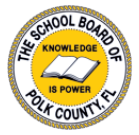
We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program may use aggregate information it collects to design a program based on identified health risks in the workplace, PCSB Wellness will never disclose any of your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

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements.

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

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

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Risk Management and Employee Benefits at 863-519-3858.



# Know Your Rights

## Women's Health and Cancer Rights Act of 1998 (WHCRA) Annual Notice

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedemas? Call your Plan Administrator, Florida Blue, at 1-800-810-2583 for more information.



## Newborn and Mothers Health Protection Act

The Newborn and Mothers Health Protection Act has set rules for group health plans and insurance issuers regarding restrictions to coverage for hospital stays in connection with childbirth.

### The length of stay may not be limited to less than:

48 hours following a vaginal delivery or 96 hours following a cesarean section

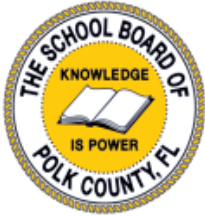
### Determination of when the hospital stay begins is based on the following:

- ❖ For an in the hospital delivery: The stay begins at the time of the delivery. For multiple births, the stay begins at the time of the **last delivery**.
- ❖ For a delivery outside the hospital (i.e. birthing center): The stay begins at the time of admission to the hospital.

**Requiring authorization for the stay is prohibited if the attending provider and mother are both in agreement, then an early discharge is permitted.**

### Group Health Plans may not:

- ❖ Deny eligibility or continued eligibility to enroll or renew coverage to avoid these requirements.
- ❖ Try to encourage the mother to take less by providing payments or rebates.
- ❖ Penalize a provider or provide incentives to a provider in an attempt to induce them to furnish care that is not consistent with these rules.
- ❖ These rules do not mandate hospital stay benefits on a plan that does not provide that coverage.



## MEDICARE PRESCRIPTION DRUG COVERAGE (PART D)

### CREDITABLE COVERAGE NOTICE

#### Important Notice from Polk County School Board about Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Polk County School Board and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan.

If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice. There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Polk County School Board has determined that the prescription drug coverage offered by Polk County School Board's medical plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a

penalty) if you later decide to join a Medicare drug plan.

#### When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from November 15th through December 31st. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

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

Your current Polk County School Board coverage pays for other health expenses, in addition to prescription drugs, and If you decide to join a Medicare drug plan, please keep in mind that ***you cannot also be enrolled in the Polk County School Board Medical Plan.***

The Polk County School Board plan provides comprehensive prescription drug coverage through retail and mail providers. There is a \$25 per year per individual deductible for Brand Name drugs in addition to the follow copayments:

Generic	Preferred Brand	Non-Preferred Brand
<b>Retail 30 Days</b>		
\$ 8.00	\$30.00+10%* (max \$60.00)	\$50.00 +10%* (max \$100.00)
<b>Retail 90 Days</b>		
\$8.00	\$90.00 +10%* (max \$180.00)	\$150.00 +10%* (max \$300)
<b>Mail 90 Days</b>		
\$8.00	\$75.00	\$125.00
*10% of the cost of the prescription minus the deductible.		

**IMPORTANT NOTE:** If you purchase a brand-name medication when a generic medication is available or when your doctor requests a brand-name medication when a generic medication is available, you will pay the generic co-payment, plus the difference in cost between the brand and the generic.



### When Will You Pay a Higher Premium (Penalty) To Join A Medicare Drug Plan?

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

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

For More Information About This Notice or Your Current Prescription Drug Coverage....Contact the Risk Management & Employee Benefits Department for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Polk County School Board changes. You also may request a copy of this notice at any time.

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

### For More Information About Your Options Under Medicare Prescription Drug Coverage....

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

For more information about Medicare prescription drug coverage:

- Visit [www.medicare.gov](http://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 800-MEDICARE (800-633-4227). TTY users should call 877-486-2048

### Remember:

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

**Date:** August 1, 2013

**Name of Entity/Sender:** Polk County School Board

**Contact:** Kathy Faulkner

**Address:** 1915 Floral Avenue, Bartow, FL 33830

**Phone Number:** 863-519-3858

*If you join a non-School Board of Polk County Medicare drug plan and drop your current School Board of Polk County health plan, be advised that you and your dependents will no longer be eligible for the School Board of Polk County Retiree Health Plan.*



## Required Notice on Health Insurance Market Place Options

<b>Purpose</b>	In order to comply with the federal Patient Protection and Affordable Care Act (ACA), Polk County Public Schools is required to send the enclosed notice to every employee. The attached notice provides you with instructions on how to access information about the Health Insurance Marketplace.
<b>What is the Health Insurance Marketplace?</b>	<p>The Health Insurance Marketplace also known as the “Exchange” offers individuals the option to find and compare private health insurance plans.</p> <ul style="list-style-type: none"> <li>• Open enrollment for health insurance coverage through the Marketplace begins in October 2017 for coverage starting as early as January 1, 2018.</li> <li>• Health insurance plans under the Exchange are not offered on a pre-tax basis.</li> <li>• <b><u>Please note that the Marketplace provides access to health insurance that is separate from the coverage offered by Polk County Public Schools.</u></b></li> </ul>
<b>Important Information</b>	<p>Polk County Public Schools will continue to provide quality health insurance that meets and exceeds the minimum value standards of the Affordable Care Act.</p> <ul style="list-style-type: none"> <li>• Benefit eligible employees are automatically enrolled in the PCSB health plan.</li> <li>• Open enrollment for Polk County Public School’s health insurance coverage begins October 17, 2017 through November 1, 2017 for coverage effective January 1, 2018.</li> </ul>
<b>Required Action</b>	<b><i>There is no action required from employees; this is for informational purposes only.</i></b>
<b>Who is the Marketplace for?</b>	<p>The Marketplace is for non-benefit eligible employees and/or any employee dependents may wish to consider options offered in the Marketplace.</p> <p>Depending on certain factors, non-benefit eligible employees may be eligible for a tax credit and/or premium assistance to help reduce the cost of health coverage obtained through the Marketplace.</p>
<b>Questions about Market Place</b>	If you have any questions regarding the Health Insurance Marketplace Call 1-800-318-2596 (TTY: 1-855-889-4325) or go to <a href="http://www.HealthCare.gov">www.HealthCare.gov</a> .
<b>Questions about PCSB Health Plan</b>	If you have any questions regarding PCSB’s group health plan: Call PCSB Risk Management and Employee Benefits Department at 863-519-3858 or email RiskManagement-AllStaff@polk-fl.net.

### Availability of Summary Health Information

Understanding the benefits offered through the PCSB Health Plan is very important. To help guide you through the items covered, your plan makes available a Summary of Benefits and Coverage (SBC), which summarizes important information about health coverage in a standard format.

The SBC is available on the web at: <http://www.polk-fl.net> keyword: “Insurance”. A paper copy is also available, free of charge, by calling 863-519-3858.



## New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved  
OMB No. 1210-0149  
(expires 1-31-2018)

### PART A: General Information

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

#### What is the Health Insurance Marketplace?

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

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

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

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

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

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

#### How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact **Risk Management and Employee Benefits Department at 863-519-3858 or [RiskManagement-AllStaff@polk-fl.net](mailto:RiskManagement-AllStaff@polk-fl.net)**.

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

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

## PART B: Information About Health Coverage Offered by Your Employer

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

3. Employer name School Board of Polk County		4. Employer Identification Number (EIN) 596000807	
5. Employer address 1915 S Floral Avenue		6. Employer phone number 863-519-3858	
7. City Bartow		8. State FL	9. ZIP code 33830
10. Who can we contact about employee health coverage at this job? Risk Management and Employee Benefits Department			
11. Phone number (if different from above) 863-519-3858		12. Email address RiskManagement-AllStaff@polk-fl.net	

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

- As your employer, we offer a health plan to:

☐ All employees. Eligible employees are:

☒ Some employees. Eligible employees are:

**Employees who work at least 30 hours per week and have completed the necessary waiting period, including those active employees eligible for coverage under Medicare, subject to the terms and conditions of the plan. Coverage is not offered to substitute employees.**

- With respect to dependents:

☒ We do offer coverage. Eligible dependents are:

**The Covered Employee's natural, newborn, adopted, foster, or step child(ren) until the end of the month in which he or she turns 26, the newborn child of a Covered Dependent child for 18 months after birth, and handicapped children beyond age 26. Please see Summary Plan Description for more details on coverage criteria.**

☐ We do not offer coverage.

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

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

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

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

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

☐ **Yes** (Continue)

13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? \_\_\_\_\_(mm/dd/yyyy) (Continue)

☐ **No** (STOP and return this form to employee)

**14. Does the employer offer a health plan that meets the minimum value standard\*?**

☐ Yes (Go to question 15) ☐ No (STOP and return form to employee)

**15. For the lowest-cost plan that meets the minimum value standard\* **offered only to the employee** (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.**

a. How much would the employee have to pay in premiums for this plan? \$\_\_\_\_\_

b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

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

**16. What change will the employer make for the new plan year? \_\_\_\_\_**

☐ Employer won't offer health coverage

☐ Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.\* (Premium should reflect the discount for wellness programs. See question 15.)

a. How much would the employee have to pay in premiums for this plan? \$\_\_\_\_\_

b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

\* An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)

## Glossary of Health Coverage and Medical Terms

- This glossary has many commonly used terms, but isn't a full list. These glossary terms and definitions are intended to be educational and may be different from the terms and definitions in your plan. Some of these terms also might not have exactly the same meaning when used in your policy or plan, and in any such case, the policy or plan governs. (See your Summary of Benefits and Coverage for information on how to get a copy of your policy or plan document.)
- Blue** text indicates a term defined in this Glossary.
- See page 4 for an example showing how **deductibles**, **co-insurance** and **out-of-pocket limits** work together in a real life situation.

### Allowed Amount

Maximum amount on which payment is based for covered health care services. This may be called "eligible expense," "payment allowance" or "negotiated rate." If your **provider** charges more than the allowed amount, you may have to pay the difference. (See **Balance Billing**.)

### Appeal

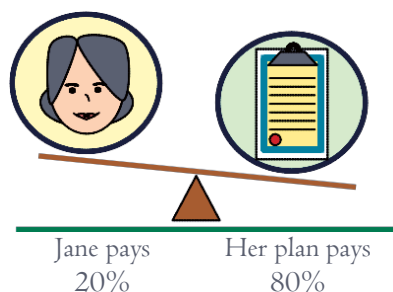
A request for your health insurer or **plan** to review a decision or a **grievance** again.

### Balance Billing

When a **provider** bills you for the difference between the provider's charge and the **allowed amount**. For example, if the provider's charge is \$100 and the allowed amount is \$70, the provider may bill you for the remaining \$30. A **preferred provider** may not balance bill you for covered services.

### Co-insurance

Your share of the costs of a covered health care service, calculated as a percent (for example, 20%) of the **allowed amount** for the service. You pay co-insurance plus any **deductibles** you owe. For example, if the **health insurance** or **plan's** allowed amount for an office visit is \$100 and you've met your deductible, your co-insurance payment of 20% would be \$20. The health insurance or plan pays the rest of the allowed amount.

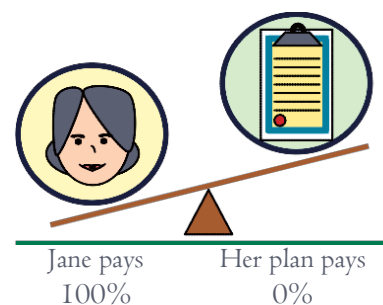


### Co-payment

A fixed amount (for example, \$15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

### Deductible

The amount you owe for health care services your **health insurance** or **plan** covers before your health insurance or plan begins to pay. For example, if your deductible is \$1000, your plan won't pay anything until you've met your \$1000 deductible for covered health care services subject to the deductible. The deductible may not apply to all services.



(See page 4 for a detailed example.)

### Durable Medical Equipment (DME)

Equipment and supplies ordered by a health care **provider** for everyday or extended use. Coverage for DME may include: oxygen equipment, wheelchairs, crutches or blood testing strips for diabetics.

### Emergency Medical Condition

An illness, injury, symptom or condition so serious that a reasonable person would seek care right away to avoid severe harm.

### Emergency Medical Transportation

Ambulance services for an **emergency medical condition**.

### Emergency Room Care

**Emergency services** you get in an emergency room.

### Emergency Services

Evaluation of an **emergency medical condition** and treatment to keep the condition from getting worse.

### Complications of Pregnancy

Conditions due to pregnancy, labor and delivery that require medical care to prevent serious harm to the health of the mother or the fetus. Morning sickness and a non-emergency caesarean section aren't complications of pregnancy.

### Excluded Services

Health care services that your [health insurance](#) or [plan](#) doesn't pay for or cover.

### Grievance

A complaint that you communicate to your health insurer or [plan](#).

### Habilitation Services

Health care services that help a person keep, learn or improve skills and functioning for daily living. Examples include therapy for a child who isn't walking or talking at the expected age. These services may include physical and occupational therapy, speech-language pathology and other services for people with disabilities in a variety of inpatient and/or outpatient settings.

### Health Insurance

A contract that requires your health insurer to pay some or all of your health care costs in exchange for a [premium](#).

### Home Health Care

Health care services a person receives at home.

### Hospice Services

Services to provide comfort and support for persons in the last stages of a terminal illness and their families.

### Hospitalization

Care in a hospital that requires admission as an inpatient and usually requires an overnight stay. An overnight stay for observation could be outpatient care.

### Hospital Outpatient Care

Care in a hospital that usually doesn't require an overnight stay.

### In-network Co-insurance

The percent (for example, 20%) you pay of the [allowed amount](#) for covered health care services to [providers](#) who contract with your [health insurance](#) or [plan](#). In-network co-insurance usually costs you less than [out-of-network co-insurance](#).

### In-network Co-payment

A fixed amount (for example, \$15) you pay for covered health care services to [providers](#) who contract with your [health insurance](#) or [plan](#). In-network co-payments usually are less than [out-of-network co-payments](#).

### Medically Necessary

Health care services or supplies needed to prevent, diagnose or treat an illness, injury, condition, disease or its symptoms and that meet accepted standards of medicine.

### Network

The facilities, [providers](#) and suppliers your health insurer or [plan](#) has contracted with to provide health care services.

### Non-Preferred Provider

A [provider](#) who doesn't have a contract with your health insurer or [plan](#) to provide services to you. You'll pay more to see a non-preferred provider. Check your policy to see if you can go to all providers who have contracted with your [health insurance](#) or [plan](#), or if your health insurance or plan has a "tiered" [network](#) and you must pay extra to see some providers.

### Out-of-network Co-insurance

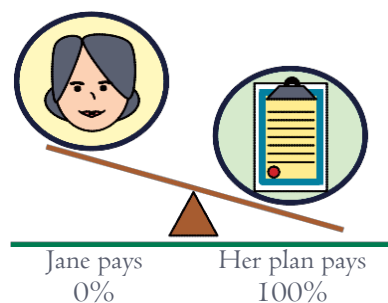
The percent (for example, 40%) you pay of the [allowed amount](#) for covered health care services to providers who do not contract with your [health insurance](#) or [plan](#). Out-of-network co-insurance usually costs you more than [in-network co-insurance](#).

### Out-of-network Co-payment

A fixed amount (for example, \$30) you pay for covered health care services from providers who do not contract with your [health insurance](#) or [plan](#). Out-of-network co-payments usually are more than [in-network co-payments](#).

### Out-of-Pocket Limit

The most you pay during a policy period (usually a year) before your [health insurance](#) or [plan](#) begins to pay 100% of the [allowed amount](#). This limit never includes your [premium](#), [balance-billed](#) charges or health care your health insurance or plan doesn't cover. Some health insurance or plans don't count all of your [co-payments](#), [deductibles](#), [co-insurance](#) payments, out-of-network payments or other expenses toward this limit.



(See page 4 for a detailed example.)

### Physician Services

Health care services a licensed medical physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine) provides or coordinates.



## Plan

A benefit your employer, union or other group sponsor provides to you to pay for your health care services.

## Preauthorization

A decision by your health insurer or [plan](#) that a health care service, treatment plan, [prescription drug](#) or [durable medical equipment](#) is [medically necessary](#). Sometimes called prior authorization, prior approval or precertification. Your [health insurance](#) or plan may require preauthorization for certain services before you receive them, except in an emergency. Preauthorization isn't a promise your health insurance or plan will cover the cost.

## Preferred Provider

A [provider](#) who has a contract with your health insurer or [plan](#) to provide services to you at a discount. Check your policy to see if you can see all preferred providers or if your [health insurance](#) or plan has a "tiered" [network](#) and you must pay extra to see some providers. Your health insurance or plan may have preferred providers who are also "participating" providers. Participating providers also contract with your health insurer or plan, but the discount may not be as great, and you may have to pay more.

## Premium

The amount that must be paid for your [health insurance](#) or [plan](#). You and/or your employer usually pay it monthly, quarterly or yearly.

## Prescription Drug Coverage

[Health insurance](#) or [plan](#) that helps pay for [prescription drugs](#) and medications.

## Prescription Drugs

Drugs and medications that by law require a prescription.

## Primary Care Physician

A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine) who directly provides or coordinates a range of health care services for a patient.

## Primary Care Provider

A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine), nurse practitioner, clinical nurse specialist or physician assistant, as allowed under state law, who provides, coordinates or helps a patient access a range of health care services.

## Provider

A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine), health care professional or health care facility licensed, certified or accredited as required by state law.

## Reconstructive Surgery

Surgery and follow-up treatment needed to correct or improve a part of the body because of birth defects, accidents, injuries or medical conditions.

## Rehabilitation Services

Health care services that help a person keep, get back or improve skills and functioning for daily living that have been lost or impaired because a person was sick, hurt or disabled. These services may include physical and occupational therapy, speech-language pathology and psychiatric rehabilitation services in a variety of inpatient and/or outpatient settings.

## Skilled Nursing Care

Services from licensed nurses in your own home or in a nursing home. Skilled care services are from technicians and therapists in your own home or in a nursing home.

## Specialist

A physician specialist focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent or treat certain types of symptoms and conditions. A non-physician specialist is a [provider](#) who has more training in a specific area of health care.

## UCR (Usual, Customary and Reasonable)

The amount paid for a medical service in a geographic area based on what [providers](#) in the area usually charge for the same or similar medical service. The UCR amount sometimes is used to determine the [allowed amount](#).

## Urgent Care

Care for an illness, injury or condition serious enough that a reasonable person would seek care right away, but not so severe as to [require emergency room](#)

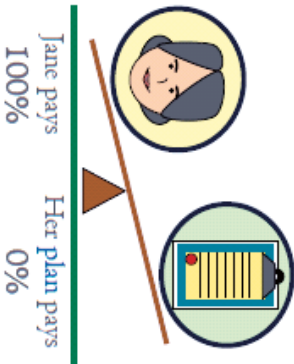
## How You and Your Insurer Share Costs - Example

Jane's Plan Deductible: \$1,500

Co-insurance: 20%

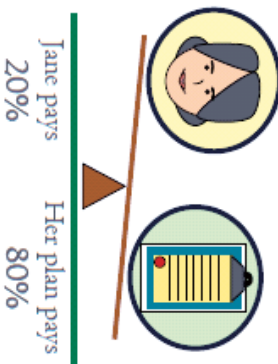
Out-of-Pocket Limit: \$5,000

January 1<sup>st</sup>  
Beginning of Coverage  
Period



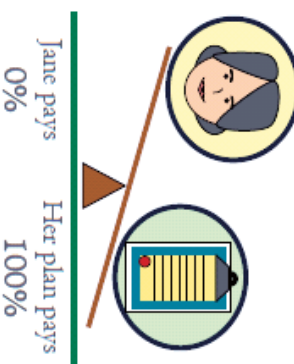
**Jane hasn't reached her \$1,500 deductible yet**  
Her plan doesn't pay any of the costs.  
Office visit costs: \$125  
Jane pays: \$125  
Her plan pays: \$0

more costs



**Jane reaches her \$1,500 deductible, co-insurance begins**  
Jane has seen a doctor several times and paid \$1,500 in total. Her plan pays some of the costs for her next visit.  
Office visit costs: \$75  
Jane pays: 20% of \$75 = \$15  
Her plan pays: 80% of \$75 = \$60

more costs



**Jane reaches her \$5,000 out-of-pocket limit**  
Jane has seen the doctor often and paid \$5,000 in total. Her plan pays the full cost of her covered health care services for the rest of the year.  
Office visit costs: \$200  
Jane pays: \$0  
Her plan pays: \$200

December 31<sup>st</sup>  
End of Coverage  
Period

## NOTES

[illegible]

## This image shows a single sheet of white paper with horizontal blue 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.

**UNIVERSAL ENROLLMENT FORM**  
**Polk County School Board**  
**Open Enrollment**  
**Plan Year January 1-December 31, 2018**

For Office Use Only

Entered By: \_\_\_\_\_ Date: \_\_\_\_\_

Verified By: \_\_\_\_\_ Date: \_\_\_\_\_

**IMPORTANT INFORMATION:** If you are making no changes during Open Enrollment, and you do not have an FSA, you do not need to complete this form. If you are making changes, please indicate your changes on this form, sign it and return it to Risk Management, Route E, by the Due Date listed in your Guide.

**NOTE: YOU MUST COMPLETE THIS FORM IF YOU PLAN TO PARTICIPATE IN A FLEXIBLE SPENDING ACCOUNT (FSA).**

**EMPLOYEE INFORMATION**

*It is important that the School Board maintain accurate mailing addresses and telephone numbers for each employee. Please update your information, if necessary, at your work location or on the Staff Portal.*

NAME: \_\_\_\_\_

SAP #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**SIGNATURE** *Please Read Carefully. All forms must be completed in blue or black ink. Please do not use correction fluid on these forms; any mistakes must be crossed through and initialed.*

**Signature:** *This form MUST be signed. The information that is provided on this application is accurate and complete. I understand and agree that any omissions or incorrect statements made by me on this application may invalidate my and/or my dependents' coverage. I understand that any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree. I understand that coverage will become effective on the date specified by the Insurer after the application has been approved by the Insurer and after the first full premium has been paid. By signing this enrollment form, I hereby certify that all the information provided is true and correct.*

**Authorization to obtain or release medical information:** *On behalf of myself and anyone enrolled in or added to this application, I authorize any health care professional or entity to give the health plan/insurer or any of their designees, any and all records or confirmation pertaining to medical history or services rendered to us for any administrative purposes, including evaluation of an application or a claim, and for any analytical or research purposes. I also authorize the use of a Social Security Number for the purpose of identification. A photocopy of this authorization will be as valid as the original. I understand that the health plan may contain a provision, which excludes coverage for pre-existing conditions in accordance with the Health Reform Act.*

**Payroll deduction authorization:** *I authorize my employer to reduce my salary in accordance with the benefits I have selected. I understand my selections cannot be changed unless I have a qualifying event as defined by the Federal Internal Revenue Service,*

**Section 125 Code and request such changes within 31 calendar days of the qualifying event.**

*Please provide copies of the following forms of documentation to verify dependent relationship and eligibility for any new dependent additions: Spouse - Marriage Certificate*

*Child - Birth Certificate, Adoption Papers, Court Order showing Legal Guardianship*

*Grandchild - Birth Certificate showing name of parent that is covered dependent.*

*(Grandchild must be a dependent of an eligible covered dependent and can only be covered by employee for the first 18 months following birth.)*



*By signing this form I acknowledge that I have received notification of the Risk Management Department's social security number collection policy.*

**If you are making no changes during Open Enrollment, and you do not have an FSA, you do not need to complete this form.**

**Employee Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**DENTAL INSURANCE** *Your Dental Insurance election will remain the same for the 2018 plan year unless you change your election on this form.*

*If you are not currently enrolled in the Dental Insurance plan, or if you would like to change your dental plan option, you may enroll during this open enrollment period by checking the appropriate box below.*

New Election: ☐ Low Option ☐ Middle Option ☐ High Option ☐ Cancel ALL Dental Coverage

*During Open Enrollment you may make changes to eligible dependents to your dental insurance. Please list below the dependents you wish to add or remove from dental coverage. Please refer to your Open Enrollment Guide for dependent eligibility requirements.*

Dependent Name	Relationship	Date of Birth	Social Security #	M/F	Add	Remove

**MEDICAL INSURANCE**

**IMPORTANT NOTE:** *If you and your spouse are both employees of the PCSB, you may elect couple coverage at no additional cost. Please see your Open Enrollment Guide for more information on this benefit.*

☐ Enroll in the PCSB Health Plan ☐ Cancel EMPLOYEE Medical Coverage

**My spouse & I are both benefits eligible PCSB Employees & wish to elect couple coverage.**

**Please enroll my spouse as a dependent on my coverage.**

**Please enroll me as a dependent on my spouse's coverage.**

Spouse signature \_\_\_\_\_ (required) Spouse's SAP# \_\_\_\_\_ (required)

*During Open Enrollment you may make changes to eligible dependents to your medical insurance. Please list dependents you wish to add or remove from medical coverage here. Please refer to your Open Enrollment Guide for dependent eligibility requirements.*

Dependent Name	Relationship	Date of Birth	Social Security #	M/F	Add	Remove



**VISION INSURANCE** *Your Vision Insurance election will remain the same for the 2018 plan year unless you change your election on this form. If you are not currently enrolled in the Vision Plan, you may enroll during this open enrollment period by checking the appropriate box below.*

New Election: ☐ Enroll in the Vision Plan ☐ Cancel ALL Vision Plan Coverage

*During Open Enrollment you may make changes to eligible dependents to your vision insurance. Please list below the dependents you wish to add or remove from vision coverage. Please refer to your Open Enrollment Guide for dependent eligibility requirements.*

Dependent Name	Relationship	Date of Birth	Social Security #	M/F	Add	Remove

## GROUP TERM LIFE INSURANCE

Current Coverage: \$ 20,000

Your Current Cost per Month: \$ 0.00

Monthly Cost Paid by the School Board: \$1.20

**OPTIONAL LIFE INSURANCE** *Your Optional Life Insurance election will remain the same for the 2018 plan year unless you change your election on this form. Premiums for Optional Life Insurance coverage up to \$30,000 will be deducted Pre-Tax. The premiums for coverage over \$30,000 will be deducted Post-Tax.*

**IMPORTANT:** *Please remember an election of optional life coverage during Open Enrollment requires Medical Underwriting approval prior to coverage being processed. Please see your Open Enrollment Guide for details.*

New Election:	<input type="checkbox"/> 1 X Salary	<input type="checkbox"/> 2 X Salary	<input type="checkbox"/> 3 X Salary	<input type="checkbox"/> 4 X Salary	<input type="checkbox"/> 5 X Salary	<input type="checkbox"/> Cancel Optional Life
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**DEPENDENT LIFE** *Dependent Life Insurance covers your spouse and children up to age 20, 25 if a full-time student. Your Dependent Life election will remain the same for the 2018 plan year unless you change your election on this form. Please remember an election of dependent life during Open Enrollment requires Medical Underwriting approval prior to coverage*

New Election: ☐ Enroll in Dependent Life ☐ Cancel Dependent Life Coverage

**Please enter dependent information for dependent life below.**

Dependent Name	Relationship	Date of Birth	Social Security #	M/F	Add	Remove

**SHORT TERM DISABILITY** *Your Short Term Disability election will remain the same for the 2018 plan year unless you change your election on this form.*

**Enrollment for Short Term Disability Coverage for the 2018 plan year does not require Medical Underwriting approval.**

<b>New Election:</b>	<input type="checkbox"/> <b>Option A</b> (7 day waiting period)	<input type="checkbox"/> <b>Option B</b> (14 day waiting period)	<input type="checkbox"/> <b>Option C</b> (30 day waiting period)	<input type="checkbox"/> <b>Cancel ALL</b> <b>Short Term Disability</b>
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**LONG TERM DISABILITY** *Your Long Term Disability election will remain the same for the 2018 plan year unless you change your election on this form.*

**Enrollment for Long Term Disability Coverage for the 2018 plan year does not require Medical Underwriting approval.**

<b>New Election:</b>	<input type="checkbox"/> <b>Elect Coverage as a Late Entrant</b>	<input type="checkbox"/> <b>Cancel ALL Long Term Disability</b>
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## **FLEXIBLE SPENDING ACCOUNT**

(For information on Minimum and Maximum Annual Contributions, please see the Open Enrollment Guide.)

**Flexible Spending Account (FSA) elections must be made annually. These elections WILL NOT automatically continue. Your FSA will NOT continue unless you make a NEW election on this form.**

<b>2018 Medical Account Annual Election:</b> \$ _____	<b>2018 Child Care Annual Election:</b> \$ _____
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## **SUPPLEMENTAL PLANS**

The following supplemental plans are not part of the core benefit plans offered by the School Board. As a convenience, the Board currently provides payroll deduction for these plans. Contact Sunbelt Worksite Marketing at (863)967-8045 for any changes or new enrollment. The Board is not responsible for any claims or customer service issues you may encounter as the result of your enrollment. All such issues should be directed to Sunbelt Worksite Marketing at (863)967-8045.

- **Cancer& Intensive Care Insurance**
- **Accident Insurance**
- **Voluntary Universal Life Insurance Plan**
- **Group Critical Care Insurance**

**For additional assistance please contact the Risk Management and Employee Benefits Department at:**

Phone: 863-519-3858

Email: [RiskManagement-AllStaff@polk-fl.net](mailto:RiskManagement-AllStaff@polk-fl.net)

Courier: Benefits Department District Office, Route E

Mail: Polk County School Board

Attn: Benefits Department

P.O. Box 391

Bartow, FL 33831



