



2020 Benefits Guide

# HEALTHIER TOGETHER



SCPS EMPLOYEE BENEFITS AND WELLNESS DEPARTMENT



# MESSAGE FROM THE SUPERINTENDENT



Dear District Employees,

We are fortunate to work in a district where the safety and health of students and employees is of prime importance. We work so that all of our employees have the opportunity to reach their full potential, professionally and in their personal lives. Investing in your health and wellness now can provide priceless, long-term benefits in the future.

The Seminole County School Board and I are advocates of doing your homework when it comes to finding the right benefit plan to meet the needs of you and your family. To help you choose the plan that best fits your health care needs, we encourage you to take time to assess your own wellness, as well as your family's health needs. An easy way to do so is by scheduling a physical with your Primary Care Physician so you establish a strong working relationship. Knowledge is your greatest ally in the fight against illness, and is a great preventive measure as well. We're committed to making sure you are fully informed and prepared when choosing your 2020 benefit plan.

Our district offers a wide range of detailed benefit plans that were crafted to ensure you and your family members receive the coverage you need if illness or an injury occurs. The School Board has put forth substantial funding and time to provide the best programs possible. Please take the time to carefully review the options available to you. Having peace of mind is the greatest gift you can give yourself and your family.

Sincerely,  
Dr. Walt Griffin  
Superintendent



**Karen Almond**  
Board Member



**Dr. Tina Calderone**  
Vice Chairman



**Kristine Kraus**  
Board Member



**Amy Pennock**  
Board Member



**Abby Sanchez**  
Board Member



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# KEY THINGS TO KNOW

**The purpose of this guide is to give you a brief overview of our benefit programs. Refer to the summary plan documents located at [bit.ly/Benefits2020](https://bit.ly/Benefits2020) for additional details. In all instances, the plan documents will govern.**

Mandatory annual enrollment election dates will be **October 7, 2019 through October 19, 2019** for the coverage period of **January 1, 2020 through December 31, 2020**. All benefit eligible employees are required to complete annual elections to either accept or waive benefits.

At Seminole County Public Schools, we are focused on our health and well-being. Strive for 5 rewards you for healthy activities with a \$750 incentive!

SCPS offers three medical plans, the High Deductible Health Plan (HDHP) that is 100% Board paid for Full-Time Employees, the Open Access Buy-Up Plan, and a 3rd plan option, the Dependent Value HDHP. You may waive medical coverage (opt out) with proof of qualified insurance under another medical plan.

- The wellness program helps make you more aware of your health by encouraging you to achieve five wellness activity points to earn your 2020 wellness incentive.
- The medical plan will default to the Board Paid High Deductible Health Plan (HDHP) with the Tobacco Premium surcharge and you will default to the Board paid Life if you fail to complete your enrollment before the deadline.
- When you “opt-out” and provide proof of other coverage, you will receive a Board Paid Short-Term Disability benefit in lieu of medical coverage. You must upload proof of coverage each year during the election period.
- During the annual election period, failure to attest your tobacco status will result in a \$500 annual surcharge.
- The SCPS medical and RX plans are self-funded. If you choose to get care at expensive places when the same care is available more reasonably, you are wasting School District dollars! Use the Cigna App to find reasonably priced facilities, prescriptions, and more.

## TOBACCO SURCHARGE

During the annual election period, you are required to attest whether or not you are a tobacco user. If you fail to attest, your payroll deduction will increase by \$25 per pay period for 20 pay periods. Employees who use tobacco products as defined in the Board Policy below, and fail to complete a reasonable alternative, will have an annual surcharge of \$500. To avoid this \$500 surcharge, you must attest in the ESS Benefit Enrollment Portal and follow the prompts to confirm your tobacco user status.

For the purpose of this policy, “tobacco” is defined to include any lighted or unlighted cigarette, cigar, pipe, bidi, clove cigarette, cigarillo, hookah or any other smoking product, and any smokeless tobacco also known as dip, chew, snuff, snus, orbs, strips, sticks or any other products

developed in the future that contains tobacco/nicotine or a combination of the two, and any/all products commonly referred to as electronic cigarettes or e-cigs including but not limited to like products with name brands such as v2cigs, Vaporzone, Premium Vapes, Bull Smoke, halo cigs, Whitecloud, Green Smoke, South Beach Smoke, Firedbrand, Vapor 4 Life, Smoke Stik, Eversmoke, Blu Cigs, etc.

If you are a tobacco user, you can avoid the surcharge by completing an approved tobacco cessation program and submitting your course completion document to the SCPS Employee Benefits and Wellness Department. Cessation courses can be found on [bit.ly/Benefits2020](https://bit.ly/Benefits2020).



# ELIGIBILITY & ENROLLMENT

## ELIGIBILITY

We are pleased to offer you health and supplemental benefits which are designed to protect you and your family. In order to be eligible, you must meet one of the following employee eligibility definitions:

1. Employees working 30 hours or more per week
2. Employees in a contracted position for less than 30 hours per week, or at least fifty percent (50%) of a full-time position.

## DEPENDENT ELIGIBILITY

Your dependents may also be covered under the benefit plans as described below.

| Benefits      | Legal Spouse                        | Dependent Children |
|---------------|-------------------------------------|--------------------|
| Medical/Rx    | <input checked="" type="checkbox"/> | Up to age 26/30*   |
| Dental        | <input checked="" type="checkbox"/> | Up to age 26       |
| Vision        | <input checked="" type="checkbox"/> | Up to age 26       |
| Life and AD&D | <input checked="" type="checkbox"/> | Up to age 26       |
| Worksite      | <input checked="" type="checkbox"/> | Up to age 26       |

\*In the state of Florida dependent medical coverage is available up to age 30 if the dependent is unmarried without dependents of their own, a Florida resident (or a full-time student) and has no medical insurance as a named subscriber, insured enrollee, or covered person under any other group, blanket, or franchise health insurance policy or individual health benefits plan; or is entitled to benefits under Title XVII (Medicare) of the Social Security Act.

Benefits for a Dependent child or student will continue until the last day of the calendar year in which the limiting age is reached. Benefits for dependent children who are permanently disabled are eligible to remain on the plan (proof of child's condition may be required).

You will be required to upload proof of dependent eligibility for medical coverage in the form of:

- Child - Copy of Birth Certificate and Social Security Card
- Spouse - Copy of Marriage Certificate and Social Security Card

The following may be required, if applicable:

- Your most recent Federal Income Tax Return
- Court Order specifying your responsibility to provide "group health care coverage" to your dependent children, if applicable

## QUALIFYING EVENT

Most of our plans are deducted on a pre-tax basis to save you money. As a result, only if you experience a qualifying event during the year, are you able to make a benefit election outside of annual enrollment, provided you are within 30 days of the qualifying event. A qualifying event includes:

- Marriage
- Divorce or legal separation
- Birth or adoption
- Death of a dependent
- Change in your spouse's employment
- Gain or Loss of coverage by a dependent
- Leave of absence (or return from leave)

It is the employee's responsibility to notify the SCPS Employee Benefits and Wellness Department within 30 days of the qualifying event with your request to change your benefits or you will be required to wait until the next annual open enrollment period.

## NEWBORN

A newborn child will be covered for the first 31 days of life, even if you fail to enroll the child. If you enroll the child after the first 31 days and before the 60th day from his or her birth, coverage will be offered at an additional premium.

## COBRA CONTINUATION OF COVERAGE

When you or any of your dependents no longer meet the eligibility requirements for a health plan, you may be eligible for continued coverage as required by the Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1986.

## HOW TO BEGIN ONLINE ANNUAL ENROLLMENT

- Go to [bit.ly/Benefits2020](https://bit.ly/Benefits2020)
- Select "Click to Enroll"
- Login with your Portal/PeopleSoft Username and Password, then you will be directed to "Benefits Enrollment"

Be sure to verify and SUBMIT your elections, as well as review and print a Confirmation Summary for your records. You may make election changes any time during and prior to the end of Annual Enrollment (**October 19, 2019**).



# NEW HIRE/REHIRE

## NEW HIRE NOTICE

It is important that you review the benefit guide and make your benefit choices during your initial new hire eligibility period. If you do not enroll by the deadline, you will automatically be enrolled in the Board paid HDHP and because you did not complete a tobacco attestation, we will be required to apply the Tobacco Surcharge. Automatic enrollment will also include Board paid Life Insurance. You will not be able to change your elections until the following annual open enrollment period, unless you experience a qualifying event.

**You have 30 days from your date of hire or rehire date to elect benefits.** If you are adding coverage for your spouse, you are required to upload your marriage license and a copy of their Social Security card. If you are adding dependents to your plan, you are required to upload a copy of their birth certificate(s) and Social Security card(s). Should you have questions, contact your assigned Benefit Specialist for assistance through the ESS Benefit Onboarding system, or call 407-320-0095. **Keep in mind that you will not be able to elect benefits until your hiring process is completed by the Human Resources Department. Failure to complete the HR Onboarding process timely will decrease or eliminate your opportunity to make benefit elections.**

## NEW HIRE/REHIRE WAITING PERIOD

**Waiting Period:** As an eligible new hire, your coverage will become effective the first of the month following 60 calendar days after your date of hire or rehire with Seminole County Public Schools.

## NEW HIRES/REHIRES AND ANNUAL ENROLLMENT

If you are electing Benefits as a New Hire or a Rehire, and you were hired between September 1st and October 4th, your special Annual Enrollment period is November 1st through November 15th. You must re-elect benefits at this time or you will be defaulted into the Board Paid HDHP plan with a tobacco surcharge.

## WELCOME TO SEMINOLE COUNTY PUBLIC SCHOOLS!

As a new employee, when you elect medical coverage with us you have the opportunity to earn a \$750.00 incentive that will either be deposited in a HSA/HRA or used as a premium reduction on the Buy Up plan. You can earn your incentive by completing the following activities **within 30 days** after your insurance becomes effective.

1

Complete your preventive annual physical with your Primary Care Physician (PCP)

2

Complete your annual lab work ordered by your Primary Care Physician (PCP)

3

Complete the Cigna online Health Assessment found on [www.myCigna.com](http://www.myCigna.com)

**It's as easy as 1, 2, 3 to earn up to \$750.00! Don't delay! Get your activities done within 30 days!**

For more New Hire information, visit: [bit.ly/BenefitsNewHires18-19](http://bit.ly/BenefitsNewHires18-19)



# COST OF MEDICAL & PHARMACY COVERAGE

## CIGNA

### UNDERSTANDING YOUR PRE-TAX BENEFIT PAYROLL DEDUCTIONS

The Section 125 Cafeteria Plan allows you to contribute “before-tax” dollars to pay for most of your coverage (e.g., medical, dental, and vision coverage). By paying your premiums with “before-tax” dollars, you generally reduce the amount of income and Social Security taxes that you otherwise would be required to pay. The IRS requires that the elections you make are effective for the entire 12-month plan year. You cannot change your elections during the

year unless you experience a qualifying event as a result of a change-in-status (refer to page 5 for the definition of a “qualifying event”). The circumstances that permit a change of election vary from one benefit plan to another. If you believe you have experienced a qualifying event and you wish to change your elections, you must notify the SCPS Employee Benefits and Wellness Department within 30 days of the qualifying event date.

#### FULL TIME EMPLOYEES - 2020 Medical Deductions PER PAYCHECK

| Based on 20 Payroll Deductions                   | Employee Only  | Employee + Spouse | Employee + Children | Employee + Family |
|--|----------------|-------------------|---------------------|-------------------|
| Full-Time Employee Rates                         |                |                   |                     |                   |
| Board Paid HDHP - Non-Tobacco                    | \$0.00         | \$518.32          | \$400.21            | \$955.11          |
| Board Paid HDHP - *Tobacco Surcharge             | \$25.00        | \$543.32          | \$425.21            | \$980.11          |
| Dependent Value HDHP - Non-Tobacco               | Not Applicable | \$365.45          | \$265.05            | \$736.71          |
| Dependent Value HDHP - *Tobacco Surcharge        | Not Applicable | \$390.45          | \$290.05            | \$761.71          |
| OAP Buy-Up - Non-Tobacco/Wellness not met        | \$72.87        | \$603.23          | \$503.92            | \$1,050.16        |
| OAP Buy-Up - Non-Tobacco/Wellness met            | \$35.37        | \$565.73          | \$466.42            | \$1,012.66        |
| OAP Buy-Up - *Tobacco Surcharge/Wellness not met | \$97.87        | \$628.23          | \$528.92            | \$1,075.16        |
| OAP Buy-Up - *Tobacco Surcharge/Wellness met     | \$60.37        | \$590.73          | \$491.42            | \$1,037.66        |

**\*IMPORTANT NOTE:** Tobacco users will be charged a \$500 annual surcharge if you do not complete a Tobacco Cessation program. Tobacco Cessation Programs can be found on [bit.ly/Benefits2020](https://bit.ly/Benefits2020). Employees can earn up to a \$750 incentive award by completing the five (5) wellness activities (see pages 14 and 15 for additional information).

#### PART TIME EMPLOYEES - 2020 Medical Deductions PER PAYCHECK

| Based on 20 Payroll Deductions                   | Employee Only  | Employee + Spouse | Employee + Children | Employee + Family |
|--|----------------|-------------------|---------------------|-------------------|
| Part-Time Employee Rates                         |                |                   |                     |                   |
| Board Paid HDHP - Non-Tobacco                    | \$250.41       | \$768.73          | \$650.62            | \$1,205.51        |
| Board Paid HDHP - *Tobacco Surcharge             | \$275.41       | \$793.73          | \$675.62            | \$1,230.51        |
| Dependent Value HDHP - Non-Tobacco               | Not Applicable | \$615.86          | \$515.47            | \$987.12          |
| Dependent Value HDHP - *Tobacco Surcharge        | Not Applicable | \$640.86          | \$540.47            | \$1,012.13        |
| OAP Buy-Up - Non-Tobacco/Wellness not met        | \$313.90       | \$844.27          | \$744.95            | \$1,291.19        |
| OAP Buy-Up - Non-Tobacco/Wellness met            | \$276.40       | \$806.77          | \$707.45            | \$1,253.69        |
| OAP Buy-Up - *Tobacco Surcharge/Wellness not met | \$338.90       | \$869.26          | \$769.95            | \$1,316.19        |
| OAP Buy-Up - *Tobacco surcharge/Wellness met     | \$301.40       | \$831.77          | \$732.45            | \$1,278.69        |

**\*IMPORTANT NOTE:** Tobacco users will be charged a \$500 annual surcharge unless you complete a Tobacco Cessation program. Tobacco Cessation Programs can be found on [bit.ly/Benefits2020](https://bit.ly/Benefits2020). Employees can earn up to a \$750 incentive award by completing the five (5) wellness activities (see pages 14 and 15 for additional information).

HDHP = High Deductible Health Plan

OAP = Buy-Up Open Access Plan



# MEDICAL BENEFITS

## CIGNA

The School Board of Seminole County contributes 100% of the cost of coverage for the Board paid HDHP for each eligible, full-time employee. That's above and beyond your regular pay. There are three medical plans. Both High Deductible Health Plans (HDHP) offer in-network benefits only and provide a lower cost alternative primarily for enrolling your dependent child(ren). Both HDHP plans have a large, national network of highly qualified providers. All three plans have a maximum out of pocket for your protection, which includes copayments, deductibles, and coinsurance.

| In-Network Only  | Board Paid HDHP  | Dependent Value HDHP   |
|--|--|--|
| Network  | LocalPlus  | LocalPlus  |
| Individual Deductible/Family Deductible (Collective)   | \$1,500/\$3,000  | \$2,500/\$5,000  |
| Individual Max Out of Pocket/Family Max Out of Pocket (Non-Collective)   | \$5,500/\$11,000   | \$6,500/\$13,000   |
| Coinsurance Level  | 20%  | 20%  |
| Primary Care Physician Office Visits   | 20% after deductible   | 20% after deductible   |
| Specialist Office Visits   | 20% after deductible   | 20% after deductible   |
| Convenient Care Center   | 20% after deductible   | 20% after deductible   |
| Urgent Care Center   | 20% after deductible   | 20% after deductible   |
| Emergency Room   | 20% after deductible   | 20% after deductible   |
| Outpatient Cardiac Rehabilitation<br>(*Calendar Year Max. 36 days)   | 20% after deductible*  | 20% after deductible*  |
| Physical/Occupational Therapy & Chiropractic Services<br>(*Calendar Year Max. 60 days all therapies combined)  | 20% after deductible*  | 20% after deductible*  |
| Rehabilitation at Hospital Skilled Nursing<br>(*Calendar Year Max. 60 days combined)   | 20% after deductible*  | 20% after deductible*  |
| Inpatient Services   | 20% after deductible   | 20% after deductible   |
| Outpatient Services  | 20% after deductible   | 20% after deductible   |
| Lab & X-Ray <ul style="list-style-type: none"> <li>Physician's Office</li> <li>Independent Lab (LabCorp and Quest)</li> </ul>  | 20% after deductible<br>20% after deductible   | 20% after deductible   |
| Advance Imaging (CT, MRI, PET) <sup>1</sup>  | 20% after deductible   | 20% after deductible   |
| Maternity <ul style="list-style-type: none"> <li>Initial Visit to Confirm Pregnancy</li> <li>Global Maternity Fee<sup>2</sup></li> <li>Physicians Office Visit (In addition to global Maternity Fee at OB/GYN or Specialist)</li> <li>Delivery—Facility</li> </ul> | 20% after deductible<br>20% after deductible<br>20% after deductible<br>20% after deductible | 20% after deductible<br>20% after deductible<br>20% after deductible<br>20% after deductible |
| Preventive Care <ul style="list-style-type: none"> <li>Well-Baby, Well-Child, Well Woman &amp; Adult</li> <li>Immunizations - All Ages</li> <li>PAP, PSA Tests</li> <li>Annual Lab Work</li> <li>Colonoscopy - Medical and preventive colonoscopies</li> </ul>     | 100% covered   | 100% covered   |
| Mammograms: <ul style="list-style-type: none"> <li>Preventive Mammogram/Diagnostic Mammogram</li> </ul>  | 100% covered/20% after deductible  | 100% covered/20% after deductible  |
| Mental Health & Substance Abuse  | 20% after deductible   | 20% after deductible   |
| Vision Eye Exam  | \$20 copay   | \$20 copay   |

1 Advanced radiological imaging (MRI, CAT Scan, PET Scan, etc); outpatient facility charges, independent lab and X-ray facility

2 Includes all routine prenatal visits, routine postpartum visits, physician's delivery charges, management of hospital observation for up to 48 hours for the evaluation of latent phase of labor or uterine contractions w/o cervical dilatation, admission to the hospital, all medical services required for prep and delivery.



# MEDICAL BENEFITS

## CIGNA

The third medical plan is the Open Access Plus (OAP) Buy-Up option, which provides an alternate option to the HDHP's and offers copays for your most commonly utilized services. The OAP Buy-Up plan has a larger, national network than the HDHP plan options and offers in-network benefits only.

| In-Network Only  | OAP Buy Up   |
|--|--|
| Network  | Open Access Plus   |
| Individual Deductible/Family Deductible (Collective)   | \$500/\$1,500  |
| Individual Max Out of Pocket/Family Max Out of Pocket (Non-Collective)   | \$6,400/\$12,800   |
| Coinsurance Level  | 20%  |
| Primary Care Physician Office Visits/Cigna Care Designation Doctor   | \$25 copay/\$20 copay  |
| Specialist Office Visits/Cigna Care Designation Doctor   | \$50 copay/\$45 copay  |
| Convenient Care Center   | \$25 copay   |
| Urgent Care Center   | \$50 copay   |
| Emergency Room   | \$350 copay, waived if admitted  |
| Outpatient Cardiac Rehabilitation<br>(*Calendar Year Max. 36 days)   | \$25 copay per visit*  |
| Physical/Occupational Therapy & Chiropractic Services<br>(*Calendar Year Max. 60 days all therapies combined)  | \$25 copay per visit*  |
| Rehabilitation at Hospital Skilled Nursing<br>(*Calendar Year Max. 60 days combined)   | 20% after deductible*  |
| Inpatient Services   | 20% after deductible   |
| Outpatient Services  | 20% after deductible   |
| Lab & X-Ray <ul style="list-style-type: none"> <li>Physician's Office</li> <li>Independent Lab (LapCorp and Quest)</li> </ul>  | \$25 PCP or \$50 specialist copay<br>100% covered  |
| Advance Imaging (CT, MRI, PET) <sup>1</sup>  | 20% after deductible   |
| Maternity <ul style="list-style-type: none"> <li>Initial Visit to Confirm Pregnancy</li> <li>Global Maternity Fee<sup>2</sup></li> <li>Physicians Office Visit (In addition to global Maternity Fee at OB/GYN or Specialist)</li> <li>Delivery—Facility</li> </ul> | \$25 PCP or \$50 specialist copay<br>20% after deductible<br>\$25 PCP or \$50 specialist copay<br>20% after deductible |
| Preventive Care <ul style="list-style-type: none"> <li>Well-Baby, Well-Child, Well Woman &amp; Adult</li> <li>Immunizations - All Ages</li> <li>PAP, PSA Tests</li> <li>Annual Lab Work</li> <li>Colonoscopy - Medical and preventive colonoscopies</li> </ul>     | 100% covered   |
| Mammograms: <ul style="list-style-type: none"> <li>Preventive Mammogram/Diagnostic Mammogram</li> </ul>  | 100% covered/20% after deductible  |
| Mental Health & Substance Abuse (Physician's Office/Inpatient & Outpatient)  | \$25 PCP copay/20% after deductible  |
| Vision Eye Exam  | \$20 copay   |

<sup>1</sup> Advanced radiological imaging (MRI, CAT Scan, PET Scan, etc); outpatient facility charges, independent lab and X-ray facility

<sup>2</sup> Includes all routine prenatal visits, routine postpartum visits, physician's delivery charges, management of hospital observation for up to 48 hours for the evaluation of latent phase of labor or uterine contractions w/o cervical dilatation, admission to the hospital, all medical services required for prep and delivery.



# PHARMACY & LABORATORY

## CIGNA

|   | 30-Day Supply             | 90-Day Supply<br>(Home Delivery + Retail) |
|---|---------------------------|---|
| Tier 1 - Mostly Generic                   | \$7 copay + difference**  | \$14 copay + difference**                 |
| Tier 2 - Preferred Brand (some generics)  | \$35 copay + difference** | \$70 copay+ difference**                  |
| Tier 3 - Non-Preferred Brands             | \$75 copay + difference** | \$150 copay + difference**                |
| Specialty* - Requires Prior Authorization | \$100 copay**             | N/A                                       |

\* Limited to 30 day supply

\*\* For High Deductible Health Plans (HDHP), the deductible must be met before the plan shares costs. On the Board Paid HDHP, the deductible is waived for preventive medications only. For the Dependent Value HDHP, the deductible is waived for Generic preventive medications only.

### Notes:

1. Medications in drug classes commonly available over the counter are not covered under the medical plan. Classes include, but are not limited to, Proton Pump Inhibitors and Allergy medications.
2. If choosing a Brand medication instead of the Generic equivalent, regardless if the script states "Dispense as Written", the member will be responsible for the difference in cost between the Generic equivalent medication and the Brand medication.
3. Certain medications require Prior Authorization and have quantity limits.
4. Maintenance medications can be filled at a 90 day supply through Cigna's 90 Now in-network retail pharmacies or via mail order.
5. Maintenance medications through retail pharmacies, such as Publix are only available for a 30 day supply. The Cigna 90 Now Network includes CVS and Walmart, which will fill maintenance medications for a 90 day supply with a prescription. More information can be found on [www.myCigna.com](http://www.myCigna.com).
6. Members covered on the Dependent Value HDHP must obtain a 90 day prescription for maintenance medications, which can be filled at a Cigna 90 Now retail pharmacy or through mail order. Otherwise, after three 30-day fill(s), members will be responsible for the entire cost of the medication.

## GENERIC, FREE, OR \$4

Many pharmacies now offer discount prescriptions, often even lower than your copay. Below are just a few of the current discounts offered:

- Publix: a variety of oral antibiotics for FREE & 90-day supply of some common generic medications for \$7.50. Maintenance medications under the pharmacy plan are only available in 30 - day quantities.
- CVS: over 300 generics for only \$4
- Walmart: \$4 for a 30-day supply and \$10 for a 90-day supply of some generic medications

## LAB FACILITIES

We highly recommend that for lab work, you go to an In-Network independent lab to minimize your expenses and save you time. If your doctor's office sends your lab work out, you run the risk of it being sent to an Out-of-Network facility. If that happens, you will be responsible for the entire bill which can be significant! If you use a hospital lab facility on an outpatient basis, the cost to our plan is exorbitant.

**Help us help you by using your In-Network Lab Facilities:**



**Quest**  
Diagnostics™

**LabCorp**  
Laboratory Corporation of America



# TELEMEDICINE - TELEHEALTH CONNECTION

We understand it may not always be convenient to go to the doctor, which is why we offer you the opportunity to video chat or chat with a doctor for non-emergency situations. Telehealth Connection gives you 24/7/365 access to a doctor through the convenience of phone or video consults. Amwell and MDLIVE provide this service.

## TELEHEALTH CONNECTION

**Connect with a Doctor 24/7 For Diagnosis, Treatment, and Prescriptions!**

### WHEN CAN I USE TELEHEALTH CONNECTION?

- When you need care now
- If your doctor is unavailable
- If you're considering the ER or urgent care center for a non-emergency issue
- On vacation, on a business trip, or away from home
- Feeling sick, but you don't want to leave work

### GET THE HEALTHCARE YOU NEED

Amwell and MDLIVE doctors can treat many medical conditions, including:

- Cold & flu symptoms
- Allergies
- Bronchitis
- Sinusitis
- Respiratory infection
- Strep Throat
- Urinary Tract Infections
- Ear Ache
- Pink Eye
- And many more!

### SIGNING UP IS EASY!

- Set up an account with one or both Amwell and MDLIVE through [www.MyCigna.com](http://www.MyCigna.com)
- Complete a medical history using their "virtual clipboard"
- Download their apps to your smartphone/mobile device\*
- Do it now while you're healthy! It's easier!

### CHOOSE WITH CONFIDENCE

- Amwell and MDLIVE are both quality national telehealth providers, so you can choose your care confidently. When you can't get to your doctor, Cigna Telehealth Connection is here for you.

### TELEHEALTH MEMBER COST SHARE\*\*\*

HDHP: \$45 MDLIVE | \$49 Amwell  
OAP Buy-Up: \$25 MDLIVE | \$25 Amwell

### PRESCRIPTIONS

If a prescription is appropriate, it will be called in to your pharmacy and your health plan benefits will apply.

**Go to [myCigna.com](http://myCigna.com) to download and register for one or both today, so you'll be ready to use a telehealth service when and where you need it.**



**Amwell\*\***  
**AmwellforCigna.com**  
**855-667-9722**



**MDLIVE\*\***  
**MDLIVEforCigna.com**  
**888-726-3171**

\* The downloading and use of any mobile app is subject to the terms and conditions of the mobile app and the online stores from which it is downloaded. Standard mobile phone carrier and data usage charges apply.

\*\* Availability may vary by location and plan type and is subject to change. See vendor sites for details.

\*\*\*The \$45/\$49 member cost share will apply to those on the HDHP. Once the deductible is met, the member is responsible for 20% coinsurance up to the out-of-pocket maximum under the plan. Member cost shares listed above are for 2019 and are subject to change in 2020.



# HEALTH SAVINGS ACCOUNT (HSA)

## WHAT IS A HEALTH SAVINGS ACCOUNT?

A Health Savings Account (HSA) is an individual bank account established in your name in which you can deposit and spend pre-tax dollars for eligible health care expenses. The funds contributed to an account are not subject to federal income tax at the time of deposit. By IRS Regulation, you are eligible for an HSA if you elect either the Board Paid High Deductible Health Plan\* or the Dependent Value High Deductible Plan option and you have no other non-qualified medical coverage.

## ADDING FUNDS

Once your HSA is established, you may elect to deposit additional money on a pre-tax basis into your HSA bank account via payroll deductions. The IRS sets the annual dollar maximum that can be contributed to an HSA. People who are age 55 or older can make additional catch-up contributions, as defined below.

| HSA Maximum 2020 Contribution Limits |         |
|--------------------------------------|---------|
| Employee Only                        | \$3,550 |
| Employee + Dependents                | \$7,100 |
| 55+ Catch-Up                         | \$1,000 |

CIGNA makes it easy for you to manage and access your HSA plan whenever you need. Simply log in online to [www.myCigna.com](http://www.myCigna.com) or download the myCigna mobile app.

\* If you are currently enrolled in Medicare, Tricare, or any other non-qualified plan, you are NOT eligible for an HSA.

## USING HSA FUNDS

Once your HSA has been established, a new debit card will be mailed to your home address from HSA Bank. You can use this debit card to pay for health care expenses or you may pay out-of-pocket and reimburse yourself by transferring funds from your HSA to your checking or savings account. If you use your HSA money for ineligible

expenses, you will pay a 20% penalty plus income tax on the amount withdrawn. Once you turn age 65, you may use your HSA funds for any expenses, medical or not, but you will pay income taxes on the amount used for ineligible expenses.

To view the full list of eligible expenses, visit [www.irs.gov/publications](http://www.irs.gov/publications) Publication 502.

**Note:** It is your responsibility to familiarize yourself with IRS regulations on HSAs and maintain records of all transactions pertaining to your HSA for IRS audit purposes.

## HEALTH SAVINGS ACCOUNT FEE

SCPS covers the Standard Monthly Account Maintenance Fee, as long as you are employed with SCPS and remain on the HDHP. HSA Bank helps you understand all of the fees associated with your Health Savings Account. For details regarding these fees and the general terms and conditions that apply to your HSA, see the Deposit Account Agreement and Disclosures for Health Savings Accounts included in your Welcome Kit.

## HSA INVESTMENT ACCOUNT

If you have a minimum balance of \$2,000, you have the option to invest in mutual funds. Your investment application can be completed through the online portal. Visit [www.myCigna.com](http://www.myCigna.com)

## HSA AT A GLANCE

| PORTABLE   | FLEXIBLE  | TAX SAVINGS  | PREMIUM SAVINGS  |
|--|---|--|--|
| <ul style="list-style-type: none"><li>You own 100% of the deposited funds, meaning if you change employers or retire, you do not lose the money in the account regardless of whether you contributed the money or it was an employer contribution.</li></ul> | <ul style="list-style-type: none"><li>You can choose whether to spend the money on current medical expenses or you can save your money for future use.</li><li>Unused funds will automatically roll over to the following year.</li></ul> | <ul style="list-style-type: none"><li>Contributions are tax free (pre-tax through payroll deductions or tax deductible)</li><li>Interest and investment earnings are tax free</li><li>Funds withdrawn for eligible medical expenses are tax free</li></ul> | <ul style="list-style-type: none"><li>By choosing the HDHP, your payroll premium cost is lower than the OAP Buy-Up plan.</li></ul> |



# HEALTH REIMBURSEMENT ARRANGEMENT (HRA)

The HRA is an employer only contribution account available to employees that are enrolled in our High Deductible Health Plan and have other non-qualified medical coverage, such as Medicare, Tricare or a spouse's employer group health plan and you meet the five wellness incentive activities under the SCPS Strive for 5 wellness program. Your Strive for 5 Wellness Incentive will be rewarded into our HRA. The funds in the account will roll over from plan year to plan year. However, if you have a separation of service, if you retire, or if you switch to the OAP Buy-Up plan or HDHP with HSA, the remaining funds in the HRA will be forfeited. You have 180 days to file a claim upon separation or change of medical plan.

Money from your HRA can be used to pay for eligible medical, dental and vision expenses until funds are exhausted. CIGNA makes it easy for you to manage and access your HRA plan. Simply log in online to [www.myCigna.com](http://www.myCigna.com) or download the myCigna mobile app.

## OPTING OUT OF MEDICAL COVERAGE

### MUTUAL OF OMAHA SHORT-TERM DISABILITY COVERAGE IN LIEU OF MEDICAL COVERAGE

Benefit eligible employees who are covered under another qualified medical plan, either as a dependent or through individually acquired coverage, will be enrolled in this Short-Term Disability benefit. You may only opt out of medical by providing proof of other qualified coverage and when following applies:

- You enroll for the first time as a new employee
- During Annual Enrollment for the next plan year
- Within 30 days of an approved qualifying event

This benefit is provided through Mutual of Omaha and pays you a flat \$300 weekly benefit, after a 7 day waiting period, if you are disabled and under a Physician's care up to a maximum of 104 weeks. In order to be eligible for this plan you **MUST** submit proof of other medical coverage such as a copy of an ID card.

This benefit offsets with the Cigna group disability plan, as well as any other income you receive, such as sick pay, retirement and Social Security. Additionally, since it is paid for by SCPS, your benefit will be taxed. To file a claim, call Mutual of Omaha at 1-800-877-5176, and reference Plan/Policy #GUG-6K71.

Your opt-out election will remain in effect through **December 31, 2020** unless you or a qualified dependent experience an approved qualifying event.





# WELLNESS PROGRAM



# STRIVE FOR 5

## THE 2020 WELLNESS INCENTIVE

You should have successfully completed the Strive for Five Wellness activities between August 1, 2018 and July 31, 2019. If you completed your Gatekeeper Goals and earned five wellness activity points, you will receive an incentive that either:

### HDHP

1. Contributes \$750 into a Health Savings Account or a Health Reimbursement Account, if you are enrolled in the Board Paid HDHP or the Dependent Value HDHP. If your spouse is enrolled and also completed the Strive for Five wellness activity points, an additional \$500 will be deposited into your HSA or HRA on January 1, 2020.

### BUY-UP

2. Reduces the premiums (payroll deductions) for employees enrolled in the Open Access Buy-Up Plan by \$750 a year.

Good health is important to you, your family and to us, therefore, each school location has a Wellness Champ who is focused on health and well-being. Our program is maintained through Cigna and you should engage with your SCPS wellness programs online at **myCigna.com** or contact your Wellness Champ for district wellness events. They are there for you.

## UNDERSTAND YOUR GATEKEEPER GOALS

1. Complete the lab work ordered through your Primary Care Physician at LabCorp or Quest.
2. Complete the Cigna Health Assessment found on **www.myCigna.com**.
3. The Gatekeeper Goals are a required step in order to earn the \$750 incentive. While you can complete the other activities before you do your Gatekeeper Goals, your earned points will not show up on the Cigna Portal. All earned points will be released to you once the Gatekeeper Goals are completed.

## LOOKING AHEAD - WELLNESS ACTIVITIES FOR 2021

Now is the time to work on achieving your wellness activities for the next plan year (2021). The window to complete your 2021 Wellness Activities is August 1, 2019 through July 31, 2020. The activities are built to encourage you to engage in a healthy lifestyle throughout the year. Take time to read the activities that have been posted throughout the district and on the next page of your 2020 Benefits Guide. Start your wellness activities now!

In order to encourage you to visit your Primary Care Physician and get your lab work done, on-site biometrics at locations WILL NOT be offered. Please make it a priority to schedule your annual physical with your Primary Care Physician and complete your lab work. Points toward your incentive goal WILL NOT be released until you complete this step AND you complete your health assessment on **myCigna.com**.

## KNOW YOUR NUMBERS

Knowing your numbers for key biometric measurements is very important because the wellness activities are a combination of preventive care and an outcome-based points system.

Outcome-based programs have pre-established health values for important health activities that prevent health risks like: heart disease, stroke, diabetes, cancer and other health conditions. This is a great step toward making us accountable for our own health and health care decisions. It is intended to identify past, current and potential medical problems. Understanding your health values from the past few years of participating in the wellness program will make you aware of your health in order to take advantage of the resources to improve your numbers.

**Note: Wellness Screening forms can be found on pages 29-34.**

**All Strive for 5 activities must be done through Cigna.**



# STRIVE FOR FIVE

## 2019/20 ACTIVITIES FOR 2021 REWARD

| GOALS<br>MUST BE COMPLETED BETWEEN AUGUST 1, 2019 and JULY 31, 2020   |  | REWARD<br>(\$\$/year for 5+ points) |
|---|--|-------------------------------------|
| <b>Gatekeeper Goals (required)</b>  |  |                                     |
| Get annual lab results ordered from your PCP and complete the Cigna Health Assessment<br>(Must complete both goals before earned incentive points will be awarded.)             |  | 0                                   |
| <b>Health Screening Goals</b>   |  |                                     |
| Get preventive annual exam with your Primary Care Provider  |  | 2                                   |
| Get well-woman exam   |  | 1                                   |
| Get a preventive mammogram  |  | 1                                   |
| Get a colon cancer screening  |  | 1                                   |
| Get a cervical cancer screening   |  | 1                                   |
| Get a PSA screening   |  | 1                                   |
| Get skin cancer screening (code Z12.83)   |  | 1                                   |
| <b>Health Status Goals</b>  |  |                                     |
| Achieve a Waist Circumference $\leq 40$ Men or $\leq 35$ Women*   |  | 1                                   |
| Successfully complete Diabetes Prevention Program (OMADA)***  |  | 2                                   |
| Achieve a healthy LDL level of less than or equal to 129 mg/dl*   |  | 1                                   |
| Achieve a healthy blood pressure level of less than or equal to 139/89 or improve blood pressure to a healthy level*  |  | 1                                   |
| Achieve a Fasting Blood Sugar level less than 100 OR Non-Fasting Blood Sugar level less than 140*   |  | 1                                   |
| <b>Health Coaching Goals</b>  |  |                                     |
| Achieve a Personal Health Goal by working with a Health Coach   |  | 2 (can complete twice)              |
| Get Help Improving Lifestyle Habits (Stress, Weight and Tobacco – telephonic)   |  | 1                                   |
| Complete an online coaching program via My Health Assistant (Exercise, Nutrition, Positive Mood, Weight, Stress, Tobacco, Asthma, Diabetes, Heart Failure, COPD, Heart Disease) |  | 2 (can complete twice)              |
| <b>Health Outcome Goals (Minimum of 28 Days)</b>  |  |                                     |
| Get your Orthopedic Back Surgery done at a Center of Excellence facility  |  | 1                                   |
| Get your Orthopedic Joint Surgery done at a Center of Excellence facility   |  | 1                                   |
| Get your Cardiac Surgery done at a Center of Excellence facility  |  | 1                                   |
| Get the best care during childbirth at a Center of Excellence hospital  |  | 1                                   |
| <b>Health Engagement Goals</b>  |  |                                     |
| Get Connected! Have fun and earn rewards on Apps and Activities**   |  | 1                                   |

\* Biometric screening must include: LDL, Glucose, Blood Pressure, Waist Circumference. \* If an individual does not qualify for a Biometric Outcome reward, a reasonable alternative standard or waiver is available.

\*\* Completion Timeframe for Health Engagement Goals: January 1, 2020 - July 31, 2020.

\*\*\*Employees must complete 9 out of 16 lessons to be considered as successfully completing the Diabetes Prevention Program (OMADA).



# HOW TO BE A GOOD CONSUMER

## Eleven easy ways to lower your out-of-pocket health care expenses:

- 1. Ask before you go.** Your primary care provider may be in your plan's network, but other providers they refer you to might be out-of-network. Make sure to ask if referrals are in your plan's network. If you don't, you may be surprised by a higher bill.
- 2. Use the Cigna Mobile App - and save.** If you use the most expensive providers, your costs can add up quickly. The Cigna Mobile App can direct you to low cost options.
- 3. Look for the Cigna Care Designation.** You may save even more when you choose a Cigna Care Designation doctor or a Centers of Excellence hospital. Look for these designations in the online directory:
  - › Cigna Care Designation – Doctors in 21 medical specialties, including primary care, who achieve top results based on Cigna quality and cost-efficiency measures.
  - › Centers of Excellence – Hospitals that show quality and cost-efficiency for certain procedures.
- 4. Get preventive care.** Checkups, immunizations and screenings can help detect or prevent serious diseases and keep you in tip-top shape. Your primary care provider can help you coordinate tests and shots that are right for you, based on your age, gender and family history.
- 5. Consider an urgent care center.** If your medical need isn't life threatening and you can't get an appointment with your doctor, you should consider an urgent care center instead of the emergency room (ER). An urgent care center provides quality care like an ER, but can save you hundreds of dollars. Visit an urgent care center for things like:
  - › Minor cuts
  - › Burns and sprains
  - › Fever and flu symptoms
  - › Joint or lower back pain
  - › Urinary tract infections

**Average urgent care center cost:\* \$176**  
**Average hospital ER cost:\* \$2,259**
- 6. Telemedicine.** Feeling sick, but you don't want to leave home or work? Consider using Telehealth Connection, which provides 24/7/365 access to a doctor through the convenience of phone or video consultations.
- 7. Consider using a convenience care clinic.** Need to see your doctor but can't get an appointment? Talk to your doctor about using a convenience care clinic. You'll get quick access to quality, cost-effective medical care. You can find convenience care clinics in grocery stores, pharmacies and other retail stores. A convenience care clinician can treat you for:
  - › Sinus infections
  - › Rashes
  - › Earaches
  - › Minor burns
  - › Other routine medical conditions

**Average convenience care clinic cost:\* \$70**  
**Average ER cost:\* \$2,259**

## Need to find an in-network doctor, hospital or other care facility?

Use the online directory on **myCigna.com** or call the number on your Cigna ID card.



# HOW TO BE A GOOD CONSUMER

- 8. Stick with lower-cost labs.** If you use a national lab, such as Quest Diagnostics® or Laboratory Corporation of America® (LabCorp), you can save up to 75%.\*\* Other labs may be part of the Cigna network, but you could see greater savings when you go to a national lab. And they have hundreds of locations nationwide.

**Average Quest or LabCorp cost:\*** \$10.46

**Average other lab cost:\*** \$27.59

**Average outpatient hospital lab cost:\*** \$62.98

- 9. Consider independent radiology centers.** If you need a CT scan or MRI, you could save hundreds of dollars by going to an independent radiology center. These centers can provide you with quality service like you'd get at a hospital, but usually at a lower price.

|  | CT             | MRI            |
|--|----------------|----------------|
| <b>Average radiology center costs:*</b>    | <b>\$501</b>   | <b>\$810</b>   |
| <b>Average outpatient hospital costs:*</b> | <b>\$1,460</b> | <b>\$1,770</b> |

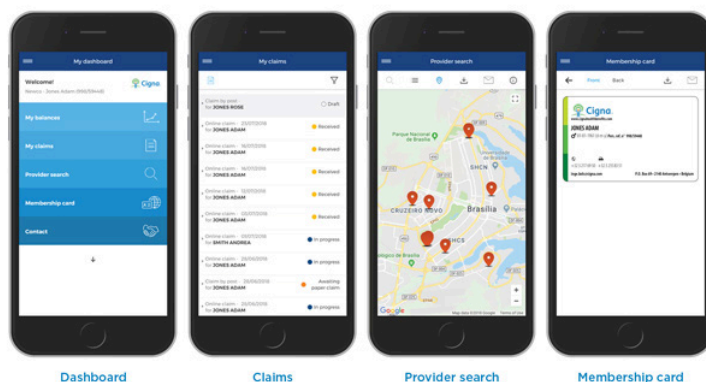
- 10. Never go out of network.** The Cigna network is large and nationwide. Our plans do not cover out of network care for non-life threatening conditions.

- 11. Preventive Care vs. Diagnostic - Know the Difference.** Preventive care is given to you when you're symptom free and have no reason to believe you might be unhealthy. Preventive care is often given as part of a routine physical or checkup. Diagnostic Care is what you receive when you have symptoms or risk factors and your doctor wants to diagnose them.



**LIFE CAN TAKE YOU MANY PLACES.**

That's why, at Cigna, we want to make sure that you have easy access to our services anytime and anywhere you need them. Download the free app at the Apple App Store<sup>SM</sup> or Google Play<sup>TM</sup> Store for Android<sup>TM</sup> and enjoy these special features.



Visit **myCigna.com** to access the online directory and manage your health spending.

**On the go and need to know?** Use the myCigna Mobile App. Download it today from the App Store<sup>SM</sup> or Google Play<sup>TM</sup>.

\* Cost estimates are national 2016 averages of participating facilities; actual cost may vary by location, facility, and the type or level of services received.

\*\* Savings estimate is based on an internal Cigna national study of 2016 lab utilization data, costs and discounts. Savings will vary.



# FLEXIBLE SPENDING ACCOUNTS (FSA)

## MY CAFETERIA PLAN

### WHAT IS A FLEXIBLE SPENDING ACCOUNT?

A Flexible Spending Account allows you to set aside money from your paycheck before income taxes (Federal, Social Security, Medicare, state and local taxes, if applicable) are withheld. This money is available to pay for eligible expenses, such as copayments, deductibles, eyeglasses, contact lenses, prescriptions and other health-related expenses that are not reimbursed by insurance. Our FSA is administered by myCafeteriaPlan. To find out about what expenses are eligible visit **www.myCafeteriaPlan.com** for more information. When you enroll in a Flexible Spending Account, you **MUST** specify the dollar amount you'd like to direct into your account from each paycheck, up to the annual maximum. You make deposits to your account through tax-free payroll deductions. You then use the money in the account to pay for your eligible expenses. Be sure to carefully estimate your FSA contribution amount. Available funds also may be used at the FSA Store (**www.fsastore.com**). **ANY UNUSED DOLLARS IN YOUR ACCOUNT(S) AT THE END OF THE PLAN YEAR WILL BE FORFEITED.**

**NOTE:** If you are enrolling in the HDHP, you are not eligible to have a Medical Flexible Spending Account. You are still eligible to enroll in the Dependent Care Flexible Spending Account.

### HOW DOES A FLEXIBLE SPENDING ACCOUNT WORK?

First, you must estimate the amount of out-of-pocket expenses for the upcoming year then determine your election amount. Your election amount is divided by the 20 pay period frequency. This amount is deducted from your paycheck each pay period on a pre-tax basis. You will receive a debit card for the FSA, which is the most convenient way to pay for expenses. All funds are available on 1/1/2020, however, deductions will continue throughout the year.

New plan members: You must estimate your contributions based on the number of payrolls left in the plan year. Expenses for family members who are not covered by your medical plan are eligible for FSA reimbursement for qualified expenses.

## DEBIT CARD

The debit card allows you access to the Medical FSA (transactions are processed like a credit card; a PIN can be issued, but is not required). Simply use your card at the provider's office, pharmacy, etc. It is important when utilizing the debit card to still request and keep itemized receipts. myCafeteriaPlan may contact you and ask that you provide receipts to substantiate claims. Failure to provide this information in a timely manner will result in the deactivation of your debit card until you provide the information and the unsubstantiated or denied claim amount added as taxable income on a future payroll. This is an IRS requirement and is unavoidable if you are not compliant. For current participants your current card will be replenished if enrolled in the new plan year. New cards will be provided for new enrollees or expiring cards. Your available balance will be reduced by \$5 to pay for replacement or additional cards.

## CLAIMS REIMBURSEMENT

Through myCafeteriaPlan you have a variety of ways to choose from to get reimbursed for your claims: debit card, online submission (**www.myCafeteriaPlan.com**), fax, mail or mobile App.

**Via fax to:** 937-865-6502

**Mail to:** myCafeteriaPlan  
ATTN: Claims Department  
432 East Pearl Street  
Miamisburg, OH 45342

**NOTE:** All claims incurred between January 1st and December 31st of the previous year, must be submitted for reimbursement by March 31st.

## MOBILE APP

myCafeteriaPlan On-the-go™ App allows you to easily check your balances, file claims and send pictures of receipts using an iPhone, iPod Touch, iPad, or Android powered device.

### Annual FSA Maximum 2020 Contribution Limits

|             |                       |
|-------------|-----------------------|
| Medical FSA | \$250 min/\$2,500 max |
|-------------|-----------------------|

## ABOUT YOUR INITIAL LOGIN

For the most up to date login information, please go to **bit.ly/Benefits2020**.



# DEPENDENT CARE FSA

## WHAT IS A DEPENDENT CARE FSA ACCOUNT?

This is a pre-tax benefit account used to pay for eligible expenses to provide care for dependents under age 13, or for a disabled spouse or dependent. You are eligible to enroll in a Dependent Care FSA regardless of your medical plan selection. Below are some examples of eligible expenses:

- In-home Babysitting Fees
- Before and After School Care
- Day Care Facility Fees

For a full list of eligible expenses, visit [www.irs.gov/publications](http://www.irs.gov/publications) and refer to Publication 503. \*In order to receive reimbursement for in-home babysitting fees, income must be recorded by the provider.

## DEPENDENT CARE FSA CONTRIBUTION LIMITS

Under the Dependent Care FSA, if you are married and file a joint return, or if you file a single or head of household return, the annual IRS limit is \$5,000. If you are married and file separate returns, you can each elect \$2,500 for the plan year. You and your spouse must be employed or your spouse must be a full-time student to be eligible to participate in the Dependent Care FSA.

## DEBIT CARD

You will receive a debit card for this account. You will only be able to use the debit card for the amount that has already been payroll deducted, so you must plan ahead for your initial expenses. Simply use your debit card at your Day Care provider, etc. at the time of service and your claim will be paid instantly.

It is important when you are utilizing the debit card to still ask for and keep itemized receipts on file. You may still receive a letter from myCafeteriaPlan requesting receipts for IRS documentation and are ultimately responsible to the IRS for documentation (i.e. a receipt). You are required to keep it and submit it so the plan is compliant with government regulations. **ANY UNUSED DOLLARS IN YOUR ACCOUNT(S) AT THE END OF THE PLAN YEAR WILL BE FORFEITED.**

## CLAIMS REIMBURSEMENT

If you do not use your debit card, you may fax, mail or submit your dependent care claim to myCafeteriaPlan for reimbursement online.

**Note:** You can only be reimbursed for the money you put into the account. For example: if you have contributed \$200 into your Dependent Care FSA, but your after school care was \$300 for the month, you can only be reimbursed for \$200. All claims incurred between January 1st and December 31st of the previous year, must be submitted for reimbursement by March 31st.

## THINGS TO CONSIDER BEFORE YOU CONTRIBUTE TO A MEDICAL FSA OR DEPENDENT CARE FSA

- Be sure to fund the account wisely as the funds are “USE IT OR LOSE IT”. Any unused funds at the end of the year will be automatically forfeited.
- You cannot stop or change contributions during the year unless you have a qualifying event change consistent with your change in contributions.
- You may have a Health Savings Account and a Dependent Care FSA.
- You must enroll in the FSA prior to the start of the plan year or during annual enrollment (unless you experience a qualified event that allows a change in your enrollment.)
- Save your receipts for all eligible expenses even if you use your debit card. Receipts should include:
  - Name (who received service)
  - Date of service
  - Provider name (provider that delivered service)
  - Type of service
  - Cost of service



# DENTAL BENEFITS

## SUNLIFE

There are three dental plan options to choose from. Each provide an extensive network of dentists. Below is a summary of the Low & High PPO options. The DHMO plan is based on a Fee Schedule. These plans do not send you a Dental ID card. You may access a list of participating providers and print an ID card by going to [www.sunlifebenefits.com/planmembers](http://www.sunlifebenefits.com/planmembers). For a full list of details please refer to [bit.ly/Benefits2020](http://bit.ly/Benefits2020).

|  |           | Prepaid 225 Plan<br>(Copay Plan)        | Freedom Preferred Plan<br>(PPO) (Low Option) |                       | Freedom Preferred Plan<br>(PPO) (High Option) |                       |
|--|-----------|---|--|-----------------------|---|-----------------------|
|  |           | In-Network Only                         | In-Network                                   | Out-of-Network        | In-Network                                    | Out-of-Network        |
| Look for a participating provider in the following network:  |           | SunLife Prepaid Dental Series (FL Only) | SunLife Dental Network                       |                       | SunLife Dental Network                        |                       |
| Type I—Preventive Services: Cleanings (limits apply) Fluoride Treatment for Children, Space Maintainers, Topical Sealants, Bitewing X-Rays | Plan Pays | Fixed Reimbursement                     | 100% coverage                                | 90% coverage*         | 100% coverage                                 | 90% coverage*         |
|  | You Pay   | Copayments                              | 0%   | 10% coverage*         | 0%  | 10% coverage*         |
| Type II—Basic Services: X-Rays (Panoramic or Complete Series), Fillings, Simple Extractions  | Plan Pays | Fixed Reimbursement                     | 90% after deductible                         | 70% after deductible* | 90% after deductible                          | 70% after deductible* |
|  | You Pay   | Copayments                              | 10% after deductible                         | 30% after deductible* | 10% after deductible                          | 30% after deductible* |
| Type III—Major Services: Endodontics, Periodontics, Oral Surgery, Inlays, Onlays, Crowns, Bridges, Dentures                                | Plan Pays | Fixed Reimbursement                     | 30% after deductible                         | 10% after deductible* | 60% after deductible                          | 40% after deductible* |
|  | You Pay   | Copayments                              | 70% after deductible                         | 90% after deductible* | 40% after deductible                          | 60% after deductible* |
| Type IV—Orthodontics<br>PPO: Children up to age 19<br>PrePaid: Adult & Children  | Plan Pays | Fixed Reimbursement                     | Not covered                                  | Not covered           | 50% coinsurance                               | 50% coinsurance       |
|  | You Pay   | Copayments                              | Not covered                                  | Not covered           | 50% coinsurance                               | 50% coinsurance       |
| Maximum Allowable Charge   |           | N/A                                     | Fee Schedule                                 | 80th Percentile       | Fee Schedule                                  | 80th Percentile       |

| Deductible                     |  | None                | Calendar Year Deductible |                | Calendar Year Deductible |                |
|--------------------------------|--|---------------------|--------------------------|----------------|--------------------------|----------------|
| Waived for Preventive Services |  | None - Copays Apply | Yes                      | Yes            | Yes                      | Yes            |
| Individual                     |  | None - Copays Apply | \$50                     | \$50           | \$50                     | \$50           |
| Family                         |  | None - Copays Apply | Per Individual           | Per Individual | Per Individual           | Per Individual |
| Maximum Benefit Limits         |  |                     |                          |                |                          |                |
| Annual Limit                   |  | N/A                 | \$1,250                  | \$1,250        | \$1,250                  | \$1,250        |
| Lifetime Limit: Orthodontics   |  | Copayments          | Not covered              | Not covered    | \$1,000                  | \$1,000        |

\*Balance Billing applies

\*\*Low & High Plans: Type 1 Services do not apply to the calendar year maximum.

|  | Employee Only | Employee + 1 | Employee + Family |
|--|---------------|--------------|-------------------|
| Prepaid 225 Plan (Copay only)            | \$8.47        | \$13.86      | \$22.95           |
| Freedom Preferred PPO Plan (Low Option)  | \$13.94       | \$26.10      | \$44.66           |
| Freedom Preferred PPO Plan (High Option) | \$20.77       | \$38.72      | \$65.57           |

**Benefits of choosing In-Network providers on the PPO Plans you get: No balance billing and discounted pricing**

Pre-Paid 225 offers in-network coverage only. For a list of covered services and copayments, please see plan document located on [bit.ly/Benefits2020](http://bit.ly/Benefits2020)



# VISION BENEFITS

## UNITED HEALTHCARE

This plan helps you pay for glasses, contact lenses, and eye exams (routine refractions). The vision care network consists of private practicing optometrists, ophthalmologists, opticians and optical retailers. This plan does not send you a Vision ID card. You may access a list of participating providers and print ID cards by going to [www.myuhcvision.com](http://www.myuhcvision.com).

| United Healthcare  |  |   |
|--|--|---|
|  | In-Network   | Out-of-Network  |
| Eye Exams<br>Covered Once Every 12 Months                                      | \$10 copay   | Up to \$40 reimbursement  |
| Frames<br>Covered Once Every 24 Months   | \$20 copay; \$150 Allowance & an additional 30% discount for amount over allowance                                 | Up to \$45 reimbursement  |
| Lenses<br>Covered Once Every 12 Months   | \$0 copay for single Bifocal, lined and Lenticular, standard Progressive lenses                                    | Up to \$80 reimbursement  |
| Contact Lenses in lieu of glasses (Select)<br>Covered Once Every 12 Months     | Up to 6 boxes, depending on selection at in-network providers  | Up to \$150 reimbursement   |
| Contact Lenses in lieu of glasses (Non-Select)<br>Covered Once Every 12 Months | \$150 allowance will be applied towards the purchase of contacts. The \$20 copay is waived for non-select contacts | Up to \$150 reimbursement will be applied toward the purchase of contacts |

**Note:** Please see your plan document for medically necessary contacts. Reimbursements can vary.

### VISION COST OF COVERAGE—20 Pay Periods

| Employee Only | Employee + 1 | Employee + 2 or more |
|---------------|--------------|----------------------|
| \$4.22        | \$6.76       | \$9.75               |

## HOW TO GET THE MOST OUT OF YOUR VISION INSURANCE

- Use it! If you purchase vision insurance, but never use it then you have wasted your money. Make sure you get your annual eye exam.
- Choose in-network versus out-of-network providers.
- Check to see if your provider offers discounts on additional eyewear.





# LIFE & AD&D INSURANCE

## THE STANDARD

### BOARD PAID LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE

Life insurance provides a monetary benefit to your beneficiary in the event of your death while employed at SCPS. AD&D insurance is equal to your life insurance benefit amount and is payable to your beneficiary in the event your death is a result of an accident. Some benefits may also be payable for certain injuries. It is important to keep your beneficiary information up to date in order to be certain the benefit is paid to the right person.

| The Standard Coverage - Board Paid |   |
|------------------------------------|---|
| Life Insurance                     | 1x your annual earnings up to \$150,000, with a minimum of \$25,000 |
| Accidental Death & Dismemberment   | Matches Life  |
| Benefit Reduction Schedule         | None  |

## THE STANDARD

### VOLUNTARY LIFE AND AD&D INSURANCE

You have the opportunity to elect additional Voluntary Life Insurance. This will provide an additional life insurance benefit for you, your spouse and/or your dependent child(ren). Contributions for these premiums are 100% employee paid.

#### Voluntary Life and AD&D Coverage

|                            | Employee Only  | Spouse   | Child  |
|----------------------------|--|--|--|
| Increments                 | \$1,000 increments to the lesser of four times annual earnings or \$300,000  | \$1,000 increments up to 150,000; not to exceed 100% of employee's total life amount | \$2,000; \$5,000 or \$10,000, not to exceed 100% of employee's total life amount |
| Guarantee Issue Amounts*   | Lesser of two times your annual earnings or \$100,000  | \$10,000   | \$10,000   |
| Benefit Reduction Schedule | Employee & Spouse:<br>Reduces to 65% of the original amount at employee's attained age 65;<br>to 50% of the original amount at employee's attained age 70;<br>to 35% of the original amount at employee's attained age 75. |  |  |

\*If you waive voluntary life coverage when you are initially eligible, you will be required to provide Evidence of Insurability (EOI) when enrolling at a subsequent annual enrollment for employee coverage requests. If your spouse waives voluntary life coverage when initially eligible, your spouse will be required to provide EOI for all increases in coverage at subsequent enrollments. EOI is the documentation of good health in order to be approved for coverage. The carrier will review and determine approval based on the submitted EOI documentation. If you are required to submit EOI based on your coverage request, please submit your EOI form electronically to The Standard by November 1, 2019. You may access instructions on how to complete and submit this form on the SCPS Insider or on the [bit.ly/Benefits2020](https://bit.ly/Benefits2020). Benefits may be limited and/or denied based on EOI results. Claims incurred prior to the approval of your coverage will not be covered. It is important to keep your beneficiary information up to date.



# LIFE & AD&D INSURANCE RATES

## THE STANDARD

### EMPLOYEE AND SPOUSE LIFE AND AD&D INSURANCE RATES (Based on 20 Payroll Deductions)

| Ages      | <30    | 30-34  | 35-39   | 40-44   | 45-49   | 50-54   | 55-59    | 60-64    | 65-69    | >70      |
|-----------|--------|--------|---------|---------|---------|---------|----------|----------|----------|----------|
| \$10,000  | \$0.24 | \$0.30 | \$0.50  | \$0.95  | \$1.67  | \$2.64  | \$4.58   | \$5.48   | \$10.62  | \$18.72  |
| \$20,000  | \$0.48 | \$0.60 | \$1.00  | \$1.90  | \$3.34  | \$5.28  | \$9.16   | \$10.96  | \$21.24  | \$37.44  |
| \$30,000  | \$0.72 | \$0.90 | \$1.50  | \$2.85  | \$5.01  | \$7.92  | \$13.74  | \$16.44  | \$31.86  | \$56.16  |
| \$40,000  | \$0.96 | \$1.20 | \$2.00  | \$3.80  | \$6.68  | \$10.56 | \$18.32  | \$21.92  | \$42.48  | \$74.88  |
| \$50,000  | \$1.20 | \$1.50 | \$2.50  | \$4.75  | \$8.35  | \$13.20 | \$22.90  | \$27.40  | \$53.10  | \$93.60  |
| \$60,000  | \$1.44 | \$1.80 | \$3.00  | \$5.70  | \$10.02 | \$15.84 | \$27.48  | \$32.88  | \$63.72  | \$112.32 |
| \$70,000  | \$1.68 | \$2.10 | \$3.50  | \$6.65  | \$11.69 | \$18.48 | \$32.06  | \$38.36  | \$74.34  | \$131.04 |
| \$80,000  | \$1.92 | \$2.40 | \$4.00  | \$7.60  | \$13.36 | \$21.12 | \$36.64  | \$43.84  | \$84.96  | \$149.76 |
| \$90,000  | \$2.16 | \$2.70 | \$4.50  | \$8.55  | \$15.03 | \$23.76 | \$41.22  | \$49.32  | \$95.58  | \$168.48 |
| \$100,000 | \$2.40 | \$3.00 | \$5.00  | \$9.50  | \$16.70 | \$26.40 | \$45.80  | \$54.80  | \$106.20 | \$187.20 |
| \$110,000 | \$2.64 | \$3.30 | \$5.50  | \$10.45 | \$18.37 | \$29.04 | \$50.38  | \$60.28  | \$116.82 | \$205.92 |
| \$120,000 | \$2.88 | \$3.60 | \$6.00  | \$11.40 | \$20.04 | \$31.68 | \$54.96  | \$65.76  | \$127.44 | \$224.64 |
| \$130,000 | \$3.12 | \$3.90 | \$6.50  | \$12.35 | \$21.71 | \$34.32 | \$59.54  | \$71.24  | \$138.06 | \$243.36 |
| \$140,000 | \$3.36 | \$4.20 | \$7.00  | \$13.30 | \$23.38 | \$36.96 | \$64.12  | \$76.72  | \$148.68 | \$262.08 |
| \$150,000 | \$3.60 | \$4.50 | \$7.50  | \$14.25 | \$25.05 | \$36.90 | \$68.70  | \$82.20  | \$159.30 | \$280.80 |
| \$160,000 | \$3.84 | \$4.80 | \$8.00  | \$15.20 | \$26.72 | \$42.24 | \$73.28  | \$87.68  | \$169.92 | \$299.52 |
| \$170,000 | \$4.08 | \$5.10 | \$8.50  | \$16.15 | \$28.39 | \$44.88 | \$77.86  | \$93.16  | \$180.54 | \$318.24 |
| \$180,000 | \$4.32 | \$5.40 | \$9.00  | \$17.10 | \$30.06 | \$47.52 | \$82.44  | \$98.64  | \$191.16 | \$336.96 |
| \$190,000 | \$4.56 | \$5.70 | \$9.50  | \$18.05 | \$31.73 | \$50.16 | \$87.02  | \$104.12 | \$201.78 | \$355.68 |
| \$200,000 | \$4.80 | \$6.00 | \$10.00 | \$19.00 | \$33.40 | \$52.80 | \$91.60  | \$109.60 | \$212.40 | \$374.40 |
| \$210,000 | \$5.04 | \$6.30 | \$10.50 | \$19.95 | \$35.07 | \$55.44 | \$96.18  | \$115.08 | \$223.02 | \$393.12 |
| \$220,000 | \$5.28 | \$6.60 | \$11.00 | \$20.90 | \$36.74 | \$58.08 | \$100.76 | \$120.56 | \$233.64 | \$411.84 |
| \$230,000 | \$5.52 | \$6.90 | \$11.50 | \$21.85 | \$38.41 | \$60.72 | \$105.34 | \$126.04 | \$244.26 | \$430.56 |
| \$240,000 | \$5.76 | \$7.20 | \$12.00 | \$22.80 | \$40.08 | \$63.36 | \$109.92 | \$131.52 | \$254.88 | \$449.28 |
| \$250,000 | \$6.00 | \$7.50 | \$12.50 | \$23.75 | \$41.75 | \$66.00 | \$114.50 | \$137.00 | \$265.50 | \$468.00 |
| \$260,000 | \$6.24 | \$7.80 | \$13.00 | \$24.70 | \$43.42 | \$68.64 | \$119.08 | \$142.48 | \$276.12 | \$486.72 |
| \$270,000 | \$6.48 | \$8.10 | \$13.50 | \$25.65 | \$45.09 | \$71.28 | \$123.66 | \$147.96 | \$286.74 | \$505.44 |
| \$280,000 | \$6.72 | \$8.40 | \$14.00 | \$26.60 | \$46.76 | \$73.92 | \$128.24 | \$153.44 | \$297.36 | \$524.16 |
| \$290,000 | \$6.96 | \$8.70 | \$14.50 | \$27.55 | \$48.43 | \$76.56 | \$132.82 | \$158.92 | \$307.98 | \$542.88 |
| \$300,000 | \$7.20 | \$9.00 | \$15.00 | \$28.50 | \$50.10 | \$79.20 | \$137.40 | \$164.40 | \$318.60 | \$561.60 |

#### Dependent Child(ren) Life and AD&D Rates - Based on 20 Payroll Deductions

|                |               |                |               |                 |               |
|----------------|---------------|----------------|---------------|-----------------|---------------|
| <b>\$2,000</b> | <b>\$0.48</b> | <b>\$5,000</b> | <b>\$1.20</b> | <b>\$10,000</b> | <b>\$2.40</b> |
|----------------|---------------|----------------|---------------|-----------------|---------------|

**Note:** Rates above are illustrated in \$10,000 increments of coverage. Spouse rates are based upon the Spouse's age.



# LONG TERM & SHORT TERM DISABILITY

## CIGNA LONG TERM DISABILITY INSURANCE

Long Term Disability Insurance provides income protection in the event you become disabled and are unable to work for an extended period of time.\* Of all the optional coverage offered, this one is very important.

### Cigna Long Term Disability Highlights

|                        |   |
|------------------------|---|
| Benefit Amount         | 60% of your pre-disability monthly earnings   |
| Benefit Maximum        | \$5,000 monthly   |
| Benefits Begin After   | 180 days  |
| Maximum Benefit Period | To age 65/Graded ADEA   |
| Benefit Reductions     | Including, but not limited to sick pay, retirement (Pension), workers compensation, Social Security and other group disability plans like the Mutual of Omaha policy. |

### LONG TERM DISABILITY DEDUCTIONS — 20 Pay Periods

### Employee Only

**\$5.92**

## CIGNA SHORT TERM DISABILITY INSURANCE

Short Term Disability Insurance provides income protection for a maximum of 26 weeks in the event you become disabled and are unable to work due to sickness or non-occupational injury, including pregnancy, for a short period of time.\*

### Cigna Short Term Disability Highlights

|                        |   |
|------------------------|---|
| Benefit Amount         | Your maximum benefit amount is determined by your salary (see chart below)  |
| Benefit Maximum        | Based on chart below  |
| Benefits Begin After   | 14 calendar days  |
| Maximum Benefit Period | 26 weeks  |
| Benefit Reductions     | Including, but not limited to sick pay, retirement (Pension), workers compensation, Social Security and other group disability plans like the Mutual of Omaha policy. |

| Bi-weekly Earnings | Maximum Weekly Benefit | Per Pay Deduction* | Bi-weekly Earnings | Maximum Weekly Benefit | Per Pay Deduction* |
|--------------------|------------------------|--------------------|--------------------|------------------------|--------------------|
| Less than \$508    | \$160                  | \$4.52             | \$2,000 - \$2,333  | \$660                  | \$27.22            |
| \$508 - \$841      | \$260                  | \$9.19             | \$2,334 - \$2,687  | \$760                  | \$31.76            |
| \$842 - \$1,175    | \$360                  | \$13.58            | \$2,688 - \$3,035  | \$860                  | \$36.29            |
| \$1,176 - \$1,569  | \$460                  | \$18.10            | \$3,036 or higher  | \$960                  | \$40.68            |
| \$1,570 - \$1,999  | \$560                  | \$22.67            |                    |                        |                    |

\* There is no Evidence of Insurability (EOI) upon enrollment, however, benefit payment at time of claim is subject to a 3/12 pre-existing condition limitation. Benefits are payable after medical review by Cigna. Claims incurred prior to the approval of your coverage or conditions determined to be pre-existing will not be covered.



# LONG TERM CARE

## UNUM LONG TERM CARE INSURANCE

Long-Term Care is needed when you or a family member become unable to care for themselves on their own and require help doing everyday things, such as: continence, toileting, transferring, dressing, eating and bathing. Coverage can help cover the cost of care in a variety of places, such as your home, an assisted living facility, a nursing home & adult day care facility. This may happen as a result of an accident, illness, or cognitive impairment.

Through SCPS, you have the opportunity to purchase Long-Term Care coverage with Unum through easy, after-tax, payroll deductions. This group policy offers you and your family the ability to take advantage of group rates. If you did not sign up for this benefit when you were first eligible, you can enroll at annual enrollment or any time during the year. All applicants are required to complete and submit an Evidence of Insurability application to be approved for coverage.

## SCPS PROGRAM OFFERS

- Significantly Discounted rates (50%-70% savings)
- Reduced medical underwriting questionnaire
- Covers services other plans don't i.e custodial and family care
- Guaranteed renewable
- Portability – take it with you at the same cost
- New hires are Guarantee Issue
- Please retain a copy of the completed form for your records.

## BILLING

- Employees and their Spouses/Domestic Partners will be payroll deducted.
- Extended family will be directly billed monthly through EFT, quarterly, semi-annually or annually by the insurance carrier.

| Unum<br>Long Term Care Benefit Highlights |  |
|---|--|
| Monthly Benefit Amount                    | Available in increments of \$1,000 with \$2,000 as the minimum and \$6,000 as the maximum  |
| Elimination Period                        | 90 Days  |
| Benefit Duration                          | Choose 3 year, 6 year or lifetime  |
| Facility Benefit                          | Receive 100% of the benefit if receiving care at an approved facility such as a nursing home   |
| Home Health Benefit                       | Receive 75% of the benefit if receiving approved home care   |
| Additional Plan Features                  | Inflation protection is available on some plans. ALL plans are indemnity reimbursement which means you do not need to submit receipts. |

## Tell your family they're eligible!

### Extended family includes:

- Spouses/Domestic Partners
- Siblings
- Parents, Step-Parents and In-Laws
- Grandparents
- Adult children

**Family includes natural/adoptive/step relationships. Medical underwriting required for extended family members.**

| Market Monthly Rate Comparison |                                  |                |                           |
|--------------------------------|----------------------------------|----------------|---------------------------|
|                                | Individual Market Monthly Rates* |                | SCPS Unum Monthly Rates*  |
| Age                            | Married Male                     | Married Female | Employees & Family Unisex |
| 40                             | \$111.18                         | \$169.42       | \$46.80                   |
| 50                             | \$154.14                         | \$234.86       | \$74.40                   |
| 60                             | \$250.16                         | \$381.15       | \$150.00                  |

\*Above example compares Individual market rates against SCPS group rates and are based on a \$6,000 monthly benefit with a 6-year benefit duration.

## APPLY ONLINE

**Step 1:** Visit [www.SCPSLTC.com](http://www.SCPSLTC.com) and take the LTC Insurance path "Visit Now"

**Step 2:** Click on "Enroll" or View a Video

**Step 3:** Apply for Coverage or Speak with a Specialist"

**Questions?** Schedule an appointment [caregivingexchange.com/seminole/makeappointment](http://caregivingexchange.com/seminole/makeappointment)

**Call:** 877.485.2318 **Email:** [ltchelp@agis.com](mailto:ltchelp@agis.com)



# ACCIDENT & HOSPITAL CARE PLANS

## CIGNA ACCIDENT INSURANCE

Cigna's Accident Insurance is designed to help you with deductibles, copayments and out-of-pocket costs related to a covered accidental injury. Coverage is available for you, your spouse and eligible dependent children. Please see your plan document for additional benefit details.

### Rates for Accident Insurance based on 20 payroll deductions

| Employee Only | Employee + Spouse | One-Parent Family | Two-Parent Family |
|---------------|-------------------|-------------------|-------------------|
| \$7.05        | \$10.82           | \$13.76           | \$17.54           |

### Accident Plan Features Include Benefits for:

- Off-Job Accidents
- Initial Care, Including Emergency Room Treatment
- Common Accidental Injuries
- Surgical Care
- Transportation & Lodging Assistance
- Follow-Up Care
- Catastrophic Accident

### Accident Plan Highlights:

Emergency Room visit: \$200 | Ambulance: \$400 ground/\$1,500 Air | Hospital Admission due to an accident \$1,000 | Physician Office Visit: \$100 | Diagnostic Exam (X-Ray or Lab): \$50 | Follow-Up Doctor Visit: \$120 (up to 10 visits) | Broken or Fractured Bones: \$200-\$8,000 | Dislocations: \$100-\$6,000 | Burns: \$300-\$10,000

## CIGNA HOSPITAL CARE INSURANCE

Hospital Care Insurance with Cigna can help protect you against those out-of-pocket expenses related to a covered accident or covered sickness when you are admitted as a patient to a hospital facility. Please see your plan document for additional benefit details.

### Rates for Hospital Care Insurance based on 20 payroll deductions

| Employee Only | Employee + Spouse | Employee + Child(ren) | Two-Parent Family |
|---------------|-------------------|-----------------------|-------------------|
| \$13.10       | \$24.75           | \$21.31               | \$32.96           |

### Hospital Care Plan Features Include Benefits for:

- Hospital admission benefit, including chronic condition admissions.
- Hospital stay benefit, including ICU and observation stays.
- No pre-existing condition exclusions.
- Guarantee issue (no medical underwriting).
- A waiver of premium benefit is available after 30 continuous days of disability.
- Portable (you can take it with you even if you change jobs or leave your employer).
- Coverage options for you, your spouse and eligible dependent children.

### Hospital Care Plan Highlights:

Hospital Confinement: \$1,000 | Daily Confinement: \$100 per day | Daily ICU Confinement: \$200 per day

\*Outpatient services provided at a hospital are not covered.



# CRITICAL ILLNESS PLAN

## CIGNA CRITICAL ILLNESS INSURANCE

If diagnosed with cancer, or a covered critical illness, would you have the money to cover any of the following?

- Loss of wages or salary
- Deductibles and coinsurance
- Travel expenses
- Home healthcare needs
- Childcare expenses

This policy includes:

1. Lump sum \$15,000 benefit to help with cancer treatment costs
2. Payment regardless of any other insurance you have with other companies.
3. Benefit payments made directly to you unless you specify otherwise.
4. Portable (you can take it with you)

## HOW TO FILE A CLAIM

The preferred way to file your claim is by phone, however, you may also file your claim via fax, email or mail.

Phone: 1-800-754-3207 | Fax: 1-860-730-6460  
Email to: [accidentinjury/criticalillness@cigna.com](mailto:accidentinjury/criticalillness@cigna.com)  
Mail to: Cigna Phoenix Claims Services  
PO Box 55290, Phoenix, AZ 85078

## FOR A CLAIM STATUS OR ANSWERS TO QUESTIONS?

Customer Service Representatives are available to provide you with the status of your claim or answer any other questions you may have. Please call 1-800-754-3207 between 7:00am and 7:00pm, CST.

### Rates for Critical Illness are based on 20 Payroll Deductions

| Non-Tobacco Rates |                          |          |         |          |
|-------------------|--------------------------|----------|---------|----------|
| Employee's Age    | Cigna (\$15,000 benefit) |          |         |          |
|                   | EE                       | ESP      | ECH     | FAM      |
| <24               | \$4.76                   | \$8.12   | \$7.56  | \$10.92  |
| 25-29             | \$5.15                   | \$8.65   | \$7.96  | \$11.44  |
| 30-34             | \$6.22                   | \$10.12  | \$9.01  | \$12.92  |
| 35-39             | \$7.89                   | \$12.48  | \$10.69 | \$15.28  |
| 40-44             | \$9.44                   | \$14.83  | \$12.24 | \$17.63  |
| 45-49             | \$12.34                  | \$19.31  | \$15.12 | \$22.10  |
| 50-54             | \$15.70                  | \$25.37  | \$18.50 | \$28.17  |
| 55-59             | \$20.21                  | \$33.42  | \$23.00 | \$36.23  |
| 60-64             | \$24.65                  | \$41.25  | \$27.44 | \$44.05  |
| 65-69             | \$30.40                  | \$50.05  | \$33.19 | \$52.86  |
| 70-74             | \$42.72                  | \$68.71  | \$45.52 | \$71.51  |
| 75-79             | \$53.16                  | \$88.82  | \$55.96 | \$91.62  |
| 80-84             | \$65.62                  | \$108.57 | \$68.42 | \$111.38 |
| 85+               | \$88.24                  | \$150.79 | \$91.04 | \$153.59 |

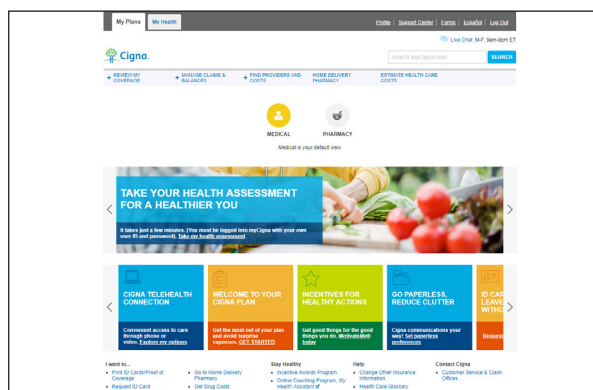
| Tobacco Rates  |                          |          |          |          |
|----------------|--------------------------|----------|----------|----------|
| Employee's Age | Cigna (\$15,000 benefit) |          |          |          |
|                | EE                       | ESP      | ECH      | FAM      |
| <24            | \$5.24                   | \$8.90   | \$8.04   | \$11.70  |
| 25-29          | \$6.02                   | \$10.00  | \$8.82   | \$12.79  |
| 30-34          | \$7.89                   | \$12.65  | \$10.69  | \$15.44  |
| 35-39          | \$11.48                  | \$17.83  | \$14.27  | \$20.63  |
| 40-44          | \$14.75                  | \$22.75  | \$17.55  | \$25.55  |
| 45-49          | \$21.02                  | \$32.57  | \$23.83  | \$35.37  |
| 50-54          | \$27.76                  | \$44.09  | \$30.56  | \$46.89  |
| 55-59          | \$35.80                  | \$58.34  | \$38.60  | \$61.14  |
| 60-64          | \$42.72                  | \$70.48  | \$45.52  | \$73.27  |
| 65-69          | \$51.04                  | \$81.73  | \$53.84  | \$84.53  |
| 70-74          | \$67.60                  | \$107.56 | \$70.41  | \$110.37 |
| 75-79          | \$79.49                  | \$128.57 | \$82.30  | \$131.36 |
| 80-84          | \$97.51                  | \$156.61 | \$100.31 | \$159.41 |
| 85+            | \$109.97                 | \$183.86 | \$112.78 | \$186.67 |

## Plan Highlights

- Annual Health Screening: \$100 (paid per year per covered person)
- Cancer Initial Diagnosis: Initial Diagnosis: Employee \$15,000, Spouse 50% of Employee Amount, Children 25% of Employee Amount.
- Recurrent Benefits: 25%-100% of benefit amount, depending on condition or illness
- Covered illnesses include, but are not limited to, Cancer, Skin Cancer, Heart Attack, Stroke, Coronary Artery Disease, Advanced Alzheimer's Disease, Amyotrophic Lateral Sclerosis (ALS), Parkinson's Disease, Multiple Sclerosis, Bacterial Meningitis, Malaria, Tuberculosis, Cerebral Palsy, Cystic Fibrosis, Muscular Dystrophy, Benign Brain Tumor, Blindness, End-Stage Renal (Kidney) Disease, Loss of Hearing or Speech, and Paralysis.

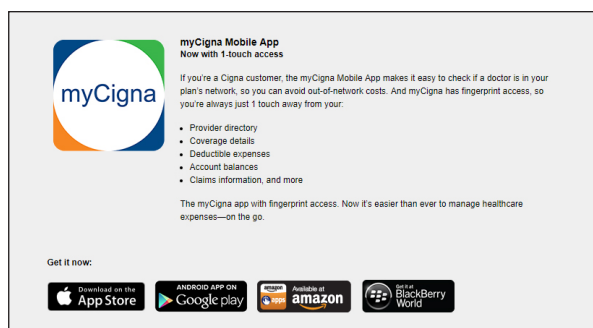


# ONLINE TOOLS & RESOURCES



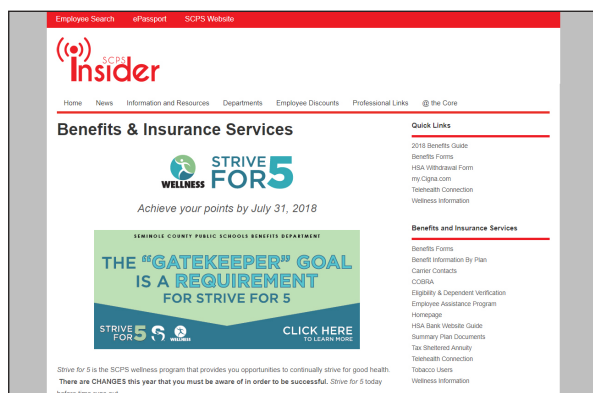
## LOG ON TO WWW.MYCIGNA.COM

- Check claim status and history
- View explanation of benefits and health statements
- View claim documents
- View benefits and eligibility
- Find a network doctor
- Estimate treatment costs
- Chat with a nurse
- Learn about health conditions, symptoms and the latest treatment options
- Search for information in the palm of your hand



## CIGNA MOBILE APP

- Find physicians near you, check the status of a claim or speak directly with a nurse
- Provides access to you and your family's health information anytime/anywhere
- Available for Apple and Android operating systems



## SCPS INSIDER

The SCPS Insider provides detailed information regarding your benefits. [Insider.scps.k12.fl.us/benefits-insurance/](http://Insider.scps.k12.fl.us/benefits-insurance/)

## HOW TO LOG IN

- Log in to EPassport
- Click on the SCPS Insider tile
- Click on Departments
- Click on Benefits & Insurance Services

## ADDITIONAL TOOLS

There are many tools and programs available to help you be a smart consumer of health care. To learn more, go online or call the phone number listed on the back of your ID card. Here are just a few of the programs available:

- Health Pregnancies/Healthy Babies
- Health & Wellness Coaching
- Health Assessment
- Treatment Decision Support
- Chronic Condition Coaching



# WELLNESS SCREENING FORM

Instructions for patients and health care professionals

- ▶ Print a copy of this form and bring it with you to the doctor's office.
- ▶ Fill out the Patient Information section. Answer every question. Form cannot be processed if incomplete.
- ▶ Your doctor, or other health care professional, should fill out the Wellness Screening Information section.
- ▶ Please be sure to write clearly, sign and date the form. Forms without a signature and date are incomplete.
- ▶ If you have any questions, call us using the phone number on the back of your Cigna ID card.

## Marking instructions

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| A | B | C | D | E | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|---|---|---|---|

Shade like this → ●  
Not like this → ⊗ ⊙

## Forms may be sent by:

**MAIL:** Cigna Customer Service  
PO Box 5201-5201  
Scranton, PA 18505

**FAX:** 1.877.916.5406  
Enter on the fax cover sheet:  
"CONFIDENTIAL"

**ONLINE:** Electronically upload your form at [myCigna.com](http://myCigna.com)

## PATIENT INFORMATION

Relationship: Subscriber ☐ Spouse/Domestic Partner ☐ Gender: Male ☐ Female ☐

Patient's First Name  MI  Patient's Last Name

Street Address, Apt Number, PO Box

City  State  Zip

Patient Date of Birth  
MM  DD  YYYY  Preferred Telephone Number  Is this a home ☐ or cell ☐ number?

Social Security (SSN) Last 4 numbers  Note: Please use the last 4 digits of patient's SSN Patient's Cigna ID Number on ID card  Cigna Group Account Number on ID card

Customer Signature (required). My signature means that the information on this form is correct.  Today's Date MM  DD  YYYY

## WELLNESS SCREENING INFORMATION

BMI  OR Height/weight (required) Feet  Inches  Pounds  Waist circumference Inches  Blood pressure Systolic  Diastolic

Fasting blood sugar mg/dl  OR Non-fasting blood sugar mg/dl  Total cholesterol mg/dl  LDL cholesterol mg/dl  HDL cholesterol mg/dl

Health Care Professional/Doctor First Name  MI  Health Care Professional/Doctor Last Name

City  State  Zip

Today's Date MM  DD  YYYY

Signature of Health Care Professional/Doctor (required)

Your Privacy is important: The privacy of your health information is important to you and to Cigna. We commit to protecting your personal health information. We ensure our practices comply with privacy laws, including the Health Insurance Portability and Accountability Act (HIPAA).

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## **Protections from Disclosure of Medical Information**

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and your employer may use aggregate information it collects to design a program based on identified health risks in the workplace, Cigna 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. Please note that individually identifiable genetic information (such as information about family health history, or a child's health conditions) are not collected by this plan.

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

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, and no information you provide as part of the wellness program will be used in making any employment decision. Although no one can prevent all cyber-attacks, Cigna has an information security program consisting of people, process, and technology – including encryption and monitoring tools designed to protect electronic information. We maintain safeguards intended to protect the security of your information. In the event a data breach, as defined by law, occurs involving information you provide in connection with the wellness program, we will notify you as required by law.

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, or need additional information regarding your employer-sponsored wellness program, or about protections against discrimination and retaliation, please contact your Plan Administrator or Employer.



# ACTIVITY-BASED PHYSICIAN-RECOMMENDED ALTERNATIVE AND WAIVER (FORM A)

You may be able to earn rewards in different ways for the Cigna Health and Wellness Program. You have taken the first step towards working with your doctor to help achieve your goals. First, complete the Patient Information Section below. Second, ask your doctor (or licensed medical professional) to either provide an alternative goal that is appropriate for you, or a waiver from completing the goal. Finally, please ask your doctor to sign the completed form before returning it to Cigna.



## Patient Information Section (Please print all information)

|   |   |   |
|---|---|---|
| First Name<br><input type="text"/>  | MI<br><input type="text"/>  | Last Name<br><input type="text"/>   |
| Address<br><input type="text"/>   |   |   |
| City<br><input type="text"/>  | State<br><input type="text"/>   | Zip<br><input type="text"/>   |
| Cigna Account Number:<br><input type="text"/>   | Primary Telephone<br>Area Code <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  |   |
| Social Security (SSN)<br>Last 4 numbers<br><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br><small>Note: Please use the last 4 digits of SSN for person being screened.</small> | Customer ID (Note: located on your Cigna ID card; this is an 11 position field)<br><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Patient Date of Birth<br>MM <input type="text"/> <input type="text"/> DD <input type="text"/> <input type="text"/> YYYY <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

Patient (or legal guardian of minor) Signature: By signing below you are confirming the information on this form is true and accurate, and you understand your data will be released to your Cigna health plan.

|                      |  |
|----------------------|--|
| <input type="text"/> | Today's Date<br>MM <input type="text"/> <input type="text"/> DD <input type="text"/> <input type="text"/> YYYY <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
|----------------------|--|

## Physician (or Licensed Medical Professional) Information Section (Please print all information)

As an attending physician (or licensed medical professional) for the above mentioned patient,

☐ I recommend the above patient be waived from this activity or activities \_\_\_\_\_

OR

☐ I, the physician, recommend that the above mentioned patient participate in the following

☐ Telephonic Coaching

- ☐ Make progress or achieve a health goal
- ☐ Manage a chronic condition
- ☐ Get help improving my lifestyle habits (tobacco, stress and weight)

☐ Get a preventive flu shot

☐ Online Program

- ☐ Make smart and delicious food choices
- ☐ Get help improving my lifestyle habits (tobacco, stress and weight)
- ☐ Manage a chronic condition

☐ Other (Please describe the goal/activity. E.g. exercise programs, tracking on mobile apps, physical challenges, etc.) \_\_\_\_\_

|  |                               |                                   |
|--|-------------------------------|-----------------------------------|
| Physician First Name (or Licensed Medical Professional)<br><input type="text"/>  | MI<br><input type="text"/>    | Last Name<br><input type="text"/> |
| Address<br><input type="text"/>  |                               |                                   |
| City<br><input type="text"/>   | State<br><input type="text"/> | Zip<br><input type="text"/>       |
| Title<br><input type="text"/>  |                               |                                   |
| Signature of Physician or Licensed Medical Professional (Required)<br><input type="text"/>   |                               |                                   |
| Today's Date<br>MM <input type="text"/> <input type="text"/> / DD <input type="text"/> <input type="text"/> / YYYY <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |                               |                                   |

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AC36762014-0108



## ACTIVITY-BASED PHYSICIAN-RECOMMENDED ALTERNATIVE AND WAIVER (FORM A)

Instructions for patients and health care professionals



These instructions may be used by both patients and licensed medical professional for completion of the alternative/waiver request forms. The steps below guide you through determining which form to use, how to complete the forms, and how to submit the forms to Cigna.

### **Activity-Based Physician-Recommended Alternative and Waiver form (Form A)**

- If you wish to receive a physician-recommended alternative or waiver from completing activity based incentive programs, choose this form.
  - Examples of activity based programs include but are not limited to:
    - Participating in wellness programs, such as nutrition or exercise programs
    - Achieving activity-related goals, such as a 10,000 step challenge
    - Managing diet or physical activity
- Refer to Form A for all activity-based goals

### **Outcome-Based Physician-Recommended Alternative and Waiver form (Form B)**

- If you wish to receive a physician-recommended alternative or waiver from completing health outcomes based incentive programs, choose this form.
  - Examples of health outcomes programs include but are not limited to:
    - Achieve a healthy body mass index, cholesterol level, blood sugar level, and blood pressure
    - Manage weight by losing five to 10 percent of your current weight
    - Tobacco cessation
- Refer to Form B for all outcome-based goals

### **Patients**

- Print a copy of the correct form and bring it with you to your physician visit, along with any Cigna health plan material you may have that outlines your incentive program.
- Please complete all fields in the top section including your name, address, birthdate, and account information.
- Please sign and date the form. Forms received without signature will not be processed.
- Please write clearly. Forms that are not legible may be returned.

### **Physicians (or Licensed Medical Professionals)**

- Discuss with your patient the options for alternatives or waivers to achieving the incentive goal.
- The patient may have Cigna health plan material that will include details of the incentive program for your reference.
- Indicate on the form if you are providing an alternative or a waiver.
- If you are recommending an alternative, write in the alternative in the space provided.
- Select the goal for which the patient wishes to receive an alternative or waiver.
- Please complete, sign, and date the form.

### **Using the "Other" category**

If you wish to receive a physician-recommended alternative or waiver for a goal or activity that is not listed on this form (such as a Zensey goal or a Center of Excellence goal), please check the "Other" category on the form and include the detailed goal name as it appears in your incentives program materials.

### **Please send the forms by mail or fax**

- Mail
  - Cigna
  - PO Box 3026
  - Scranton, PA 18505
- Fax
  - 888.467.7281
  - Enter on the fax cover sheet: "CONFIDENTIAL —Attention: Physician-Recommended Alternative and Waiver"

If you have questions about completing this form please call the number on your Cigna ID card.

If you are not enrolled in a Cigna medical plan, please call 1-800-Cigna 24 (244.6224).

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# OUTCOME-BASED PHYSICIAN-RECOMMENDED ALTERNATIVE AND WAIVER (FORM B)

You may be able to earn rewards in different ways for the Cigna Health and Wellness Program. You have taken the first step towards working with your doctor to help achieve your goals. First, complete the Patient Information Section below. Second, ask your doctor (or licensed medical professional) to either provide an alternative goal that is appropriate for you, or a waiver from completing the goal. Finally, please ask your doctor to sign the completed form before returning it to Cigna.



## Patient Information Section (Please print all information)

|  |   |                       |
|--|---|-----------------------|
| First Name   | MI  | Last Name             |
| <input type="text"/>   | <input type="text"/>  | <input type="text"/>  |
| Address  |   |                       |
| <input type="text"/>   |   |                       |
| City   | State   | Zip                   |
| <input type="text"/>   | <input type="text"/>  | <input type="text"/>  |
| Cigna Account Number:  | Primary Telephone   |                       |
| <input type="text"/>   | Area Code   |                       |
| <input type="text"/>   | <input type="text"/> - <input type="text"/>                                     |                       |
| Social Security (SSN)<br>Last 4 numbers  | Customer ID (Note: located on your Cigna ID card; this is an 11 position field) | Patient Date of Birth |
| <input type="text"/>   | <input type="text"/>  | MM DD YYYY            |
| <input type="text"/>   | <input type="text"/>  | <input type="text"/>  |
| Patient (or legal guardian of minor) Signature: By signing below you are confirming the information on this forms is true and accurate, and you understand your data will be released to your Cigna health plan. |   |                       |
| <input type="text"/>   |   |                       |
| Today's Date   |   |                       |
| MM DD YYYY   |   |                       |
| <input type="text"/>   |   |                       |

## Physician (or Licensed Medical Professional) Information Section (Please print all information)

As an attending physician (or other licensed medical professional) for the above-mentioned patient,

### Option 1 — Physician Recommended Alternative

☐ I recommend that this patient achieve the alternative goal (s) of \_\_\_\_\_ instead of the goals checked below.

- |  |  |
|--|--|
| <input type="checkbox"/> Achieve a healthy body mass index                   | <input type="checkbox"/> Achieve a healthy blood pressure  |
| <input type="checkbox"/> Achieve a healthy body mass index or improve weight | <input type="checkbox"/> Achieve a healthy blood pressure or improve blood pressure                          |
| <input type="checkbox"/> Achieve a healthy total cholesterol level           | <input type="checkbox"/> Get help improving my lifestyle habits (tobacco cessation)                          |
| <input type="checkbox"/> Achieve a healthy LDL level                         | <input type="checkbox"/> Other (For example online programs such as tobacco cessation and weight management) |
| <input type="checkbox"/> Achieve a healthy fasting blood sugar               |  |
| <input type="checkbox"/> Achieve a healthy non-fasting blood sugar           |  |
| <input type="checkbox"/> Achieve a healthy waist circumference               |  |

OR

### Option 2 — Physician Recommended Waiver

☐ Waive patient from all activities, including biometric screening, due to medical reasons (e.g. pregnancy, serious medical condition, physical disabilities, terminal illness, etc.)

|  |                      |                      |
|--|----------------------|----------------------|
| Physician First Name (or Licensed Medical Professional)            | MI                   | Last Name            |
| <input type="text"/>   | <input type="text"/> | <input type="text"/> |
| Address  |                      |                      |
| <input type="text"/>   |                      |                      |
| City   | State                | Zip                  |
| <input type="text"/>   | <input type="text"/> | <input type="text"/> |
| Title  | <input type="text"/> |                      |
| <input type="text"/>   |                      |                      |
| Signature of Physician or Licensed Medical Professional (Required) |                      |                      |
| <input type="text"/>   |                      |                      |
| Today's Date   |                      |                      |
| MM DD YYYY   |                      |                      |
| <input type="text"/>   |                      |                      |

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OU36762014-0108



## OUTCOME-BASED PHYSICIAN-RECOMMENDED ALTERNATIVE AND WAIVER (FORM B)

Instructions for patients and health care professionals



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    - Achieving activity-related goals, such as a 10,000 step challenge
    - Managing diet or physical activity
- Refer to Form A for all activity-based goals

### Outcome-Based Physician-Recommended Alternative and Waiver form (Form B)

- If you wish to receive a physician-recommended alternative or waiver from completing health outcomes based incentive programs, choose this form.
  - Examples of health outcomes programs include but are not limited to:
    - Achieve a healthy body mass index, cholesterol level, blood sugar level, and blood pressure
    - Manage weight by losing five to 10 percent of your current weight
    - Tobacco cessation
- Refer to Form B for all outcome-based goals

### Patients

- Print a copy of the correct form and bring it with you to your physician visit, along with any Cigna health plan material you may have that outlines your incentive program.
- Please complete all fields in the top section including your name, address, birthdate, and account information.
- Please sign and date the form. Forms received without signature will not be processed.
- Please write clearly. Forms that are not legible may be returned.

### Physicians (or Licensed Medical Professionals)

- Discuss with your patient the options for alternatives or waivers to achieving the incentive goal.
- The patient may have Cigna health plan material that will include details of the incentive program for your reference.
- Indicate on the form if you are providing an alternative or a waiver.
- If you are recommending an alternative, write in the alternative in the space provided.
- Select the goal for which the patient wishes to receive an alternative or waiver.
- Please complete, sign, and date the form.

### Using the "Other" category

If you wish to receive a physician-recommended alternative or waiver for a goal or activity that is not listed on this form (such as a Zensy goal or a Center of Excellence goal), please check the "Other" category on the form and include the detailed goal name as it appears in your incentives program materials.

### Please send the forms by mail or fax

- Mail
  - Cigna
  - PO Box 3026
  - Scranton, PA 18505
- Fax
  - 888.467.7281
  - Enter on the fax cover sheet: "CONFIDENTIAL —Attention: Physician-Recommended Alternative and Waiver"

If you have questions about completing this form please call the number on your Cigna ID card.

If you are not enrolled in a Cigna medical plan, please call 1-800-Cigna 24 (244.6224).

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# CONTACT INFORMATION

| Product Information                         | Company                            | Phone Number  | Policy Number                       | Web/Email Address  |
|---|------------------------------------|---|-------------------------------------|--|
| Accident/Critical Illness/<br>Hospital Care | Cigna                              | 1-800-754-3207  | AI 960765<br>CI 960739<br>HC 960261 | www.cigna.com  |
| Benefits & Insurance<br>Services            | SCPS                               | 407-320-0095<br>407-320-0389 fax  |                                     | Benefits: benefits@scps.k12.fl.us<br>Wellness: wellness@scps.k12.fl.us   |
| Cobra Continuation                          | Discovery Benefits                 | 1-866-451-3399<br>Option 1: Active<br>Employees<br>Option 2: Cobra<br>Employees |                                     | www.discoverybenefits.com  |
| Dental                                      | Sun Life                           | 1-800-442-7742 PPO<br>1-800-443-2995 DHMO                                       | I453                                | www.sunlifebenefits.com/planmembers  |
| Flexible Spending<br>Account                | myCafeteriaPlan                    | 1-800-865-6543  |                                     | www.myCafeteriaPlan.com  |
| Leave of Absence<br>Information             | SCPS                               | Olga Buitrago<br>407-320-0082   |                                     | Olga_Buitrago@scps.k12.fl.us   |
| Life/AD&D                                   | Standard                           | 1-800-628-8600  | 161865                              | www.standard.com   |
| Long Term Care                              | Unum                               | 1-800-227-4165  | 067229                              | www.unum.com   |
| Medical & Prescriptions                     | Cigna                              | 1-800-244-6224  | 3337309                             | www.myCigna.com  |
| Retiree Pension Plan                        | FRS (Florida<br>Retirement System) | Janice Hickson<br>407-320-0498<br><br>1-850-488-4742 or<br>1-844-377-1888       |                                     | Janice_hickson@scps.k12.fl.us<br><br>Enrollment@frs.state.fl.us  |
| Retirement Resources                        | TSA Consulting<br>Group            | 1-888-777-5827<br><br>SCPS Help Desk:<br>407-320-0350                           |                                     | www.tsacg.com<br>Step 1: Go to plan sponsor pages<br>Step 2: Select your state<br>Step 3: Select your Employer/Plan<br>Sponsor (Seminole County Public<br>Schools) |
| Short Term Disability                       | Mutual of Omaha                    | 1-800-877-5176  | GUG-6K71                            | www.mutualofomaha.com  |
| Short & Long Term<br>Disability             | Cigna                              | 1-800-362-4462  | STD-LK8316<br>LTD-LK8317            | www.cigna.com  |
| Vision                                      | United Healthcare                  | 1-800-638-3120  | 0712572                             | www.myuhcvision.com  |

When contacting any of the companies above, it is important to have the insurance card or ID number(s) of the subscriber for the coverage you are calling about as well as any appropriate paperwork, such as an explanation of benefits, a denial letter, receipts, etc.

## General Claims and Benefit Information

For benefit questions, claim issues, and general inquiries, you and your dependents may contact **407-320-0095**.





**FOR MORE INFORMATION**

**SCPS Employee Benefits and Wellness**  
400 E. Lake Mary Blvd. | Sanford, FL 32773  
(407) 320-0095 | [benefits@scps.k12.fl.us](mailto:benefits@scps.k12.fl.us)  
[bit.ly/Benefits2020](http://bit.ly/Benefits2020)