



2019-2020

Employee Benefits Guide

620 East University Avenue, Gainesville, FL 32601

All rates shown in book are semi-monthly amounts of a total of 20 deductions.
Twelve-month employees will not have deductions on their 6/30, 7/15, 7/31, and 8/15 pay checks.

Welcome

This **Benefits at a Glance** booklet is an overview of the extensive benefits package offered to you by Alachua County Public Schools. Your benefits will be effective the 1st of the month following 30 days of employment. If you choose not to enroll, or miss the deadline, you will have to wait until the next Open Enrollment period to enroll, unless you experience a Qualified Change in Status.

This booklet will assist you in understanding the various benefits that are available to you, effective **January 1, 2020 through December 31, 2020**. You will also learn about the wonderful online tools that are available for managing your benefits, claims, accessing health & wellness information, and exploring discount programs, at no additional cost!

At Alachua County Public Schools, we are proud of our benefits package for our employees, which includes:

- Group Medical coverage through Florida Blue
- Dental coverage through Humana
- Vision coverage through Humana
- Basic Life/AD&D and Voluntary Life for employees and dependents coverage through SunLife Financial
- Group Term Life through CIGNA
- Long term Disability through Sun Life Financial
- Critical Illness & Accident Plans through Unum
- HRA, Medical FSA, Dependent care FSA through Discovery

(All rates shown in this book are semi-monthly amounts.)

Wishing you a healthy and successful year,

Alachua County Public Schools

We have created an easy-to-follow enrollment guide by separating your available benefits in the categories below. A **Directory of Contacts** is also included on the back page of your booklet.

TABLE OF CONTENTS

1	Enrollment	11	Dependent Life Coverage
2	Eligibility	12	Long Term Disability
3	403b/457 Plans	13	Legal Shield
4	Medical Plans Options & Rates	13	CIGNA Term Life
5	Pharmacy Benefit Details	14	Critical Illness Coverage
6	Health Reimbursement Account	15	Group Accident Coverage
7	Flexible Spending Account	16	Employee Assistance Program
8	Dental	17-18	Mobile Applications
9	Vision	19	TelaDoc
10	Basic Life & Supplemental Life, AD&D	20-21	Federal Notices

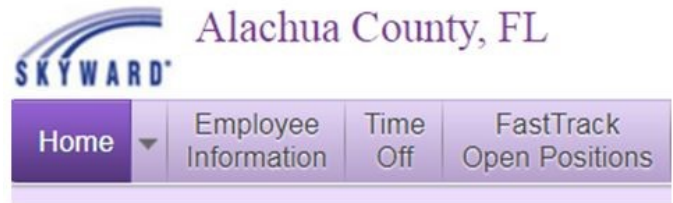
A complete legal description of the plans is available upon request. If there is any discrepancy between this guide and the official plan documents, the plan documents govern. The benefit options you select will be binding. You will be governed by the terms, provisions and restriction of the plans in which you enroll. Generally, unless you experience a Qualifying Event, your elections will remain in effect for the entire plan year. By completing your enrollment, you authorize Alachua County Public Schools to deduct contributions from your paycheck, now and in the future, as required under each of the plans.

SKYWARD

Employee Access Portal:

Logging on from the District main webpage:

1. From the Alachua County Public Schools homepage, click on Skyward button.
2. You are given two options—SIS or ERP. Choose ERP.
3. SKYWARD utilizes pop-ups for the login screen. User may need to temporarily disable or allow pop-ups.
4. Sign in with your Network (Active Directory) ID and Password. From the drop down menu, select Login All Areas.
5. The Employee Access Portal contains the Employee Information tab.



Employee Information tab:

1. Employee information section includes: Personal Information, Accounts Payable Payments, and Online Forms.
2. Payroll section includes: Check History, Check Estimator, Calendar Y-T-D, Direct Deposit, W-2 and W-4 information.

NOTE: If an employee does not remember their network (Active Directory) log on, they will need to contact their local Site Tech or their School Designated Employee for Password Resets.

Can I make changes to my benefits during the plan year? Qualifying events must be made within 30 days.

Except as otherwise provided by law and as stated in the Eligibility Requirements section, you cannot change your pre-tax benefits during the plan year unless you experience a valid Change-in-Status. **Any proposed benefit change must correspond with, and be due to, the type of Change-in-Status you experience.** A qualifying event would be marriage, divorce, adoption, birth of a child, etc.

Your current benefits will continue for the new plan year, unless you make a change to your benefits selection during Open Enrollment. As required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), employees absent due to health reasons are treated as being actively at work for purposes of benefit eligibility.

Upon certain triggering events, employees, spouses, ex-spouses and children may be eligible for coverage under the Consolidated Omnibus Budget Reconciliation Act (COBRA). For more information, contact the Employee Benefits Office at the Alachua County Public Schools.

Benefits Effective Dates:

For example, if your start date is in August, then your effective date is October 1.

Start Date	Effective Date
August	October 1
September	November 1
October	December 1
November	January 1

Start Date	Effective Date
December	February 1
January	March 1
February	April 1
March	May 1

Start Date	Effective Date
April	June 1
May **	July 1
June	August 1
July	September 1

**** Any 10 month employees hired May 1 or after, benefits will begin October 1.**

Eligibility

All Alachua County Public Schools employees appointed to regularly work one-half time or more are eligible to participate in the tax-saving Flexible Benefits Plan. Eligible employees must be actively at work on the plan effective date for new benefits to be effective, meaning you are physically capable of performing the functions of your job on the first day of work concurrent with the plan effective date. For example, if your 2020 Flexible Benefits Plan becomes effective on January 1, 2020, you must be actively at work on January 1, 2020, to be eligible for your new benefits. If you are not actively working (on leave) and experience a lapse in coverage you may request reinstatement of your benefits after 30 continuous days of work.

Dependent Eligibility Requirements

Eligible dependents are:

- Your legal spouse or your domestic partner, your own children, children for whom you have been appointed legal guardian, stepchildren and legally adopted children

Eligible dependents will be covered from birth, adoption, or time of guardianship until:

- Age 0-26 (end of calendar year) for Health Insurance.
- Age 0-25 (end of calendar year) for Life, Dental, Vision. Your dependent child must be unmarried to be covered for life, dental, or vision.
- For details on Legal Shield eligible dependent age requirements, see page 15.
- For details on Accident, Critical illness and Cancer dependent eligibility, see page 11.

It is your responsibility to notify Employee Benefits when your dependent is no longer eligible.

To cover any eligible dependents, you must provide the following documents:

FOR SPOUSE: A copy of your marriage certificate **AND one of the following:**

- A copy of the front page of your most recently filed 2018 federal tax return (1040 form) confirming this dependent is your spouse;
- A document dated within the last 60 days showing current relationship status such as a recurring monthly household bill or statement of account. The document must list your spouse's name, the date and your mailing address. Note: Healthcare bills will not be accepted as proof of eligibility as healthcare coverage is being verified.

FOR DOMESTIC PARTNER:

- A copy of your Affidavit of Domestic Partnership. (Please see Benefits Office for Details.)

FOR CHILDREN*:

- A copy of the child's birth certificate, hospital birth record, or adoption certificate naming you or your spouse as the child's parent or a copy of the court order naming you or your spouse as the child's legal guardian, legal custodian or foster parent.

FOR DISABLED CHILDREN*:

- A copy of the child's birth certificate, hospital birth record, or adoption certificate naming you or your spouse as the child's parent, or a copy of the court order naming you or your spouse as the child's legal guardian, legal custodian or foster parent. **AND** a copy of the Social Security Administration Letter showing award of disability benefits or letter from Physician confirming disabled status.

FOR EMPLOYEES WHO EXPERIENCE A LAPSE IN COVERAGE:

- Employees who have experienced a lapse in coverage must wait 30 days after returning to work before benefits are restored. Benefits will only be restored if it is requested by the employee.

**Note for Stepchild or Domestic Partner's child: If you are covering a stepchild or partner's child, you must also provide documentation of your current relationship to the child's parent as requested above.*

403(b) and 457 Plans

**Please contact your Payroll Specialist for questions and changes
for all 403(b) and 457 plans**

Provider Directory:

American Century Investment

(No-Load Mutual Funds)

403(b) Plan 2279

457(b) Plan 2379

(800) 345-3533

www.americancentury.com/florida

AXA Equitable

(Variable Annuity)

403(b) Plan 2276

457(b) Plan 2376

(352) 682-0369

www.axa-equitable.com/rbg/ibc/model-plan-home.html

Fidelity Funds

(No-Load Mutual Funds)

403(b) Plan 2259

457(b) Plan 2359

(800)343-0860

www.fidelity.com

Great American Life

(Variable Annuity)

403(b) Plan 2255

(800)854-3649

www.gafri.com

Legend Group

(Mutual Funds)

403(b) Plan 2273

457(b) Plan 2373

(888)883-6710

www.legendgroup.com

Plan Member Financial

(Mutual Funds)

403(b) Plan 2274

457(b) Plan 2374

(800) 874-6910

www.planmember.com/financial/

TIAA-CREF

403(b) Plan 2278

457(b) Plan 2378

(800)842-2776

www.tiaa-cref.org

VALIC

(Variable Annuity)

403(b) Plan 2253

457(b) Plan 2375

(352) 367-2409

www.valic.com

Voya Retirement Insurance and Annuity Company

(Fixed and Variable Annuity)

403(b) Plan 2263

457(b) Plan 2363

(877)884-5050

www.ing-usa.com

For forms and/or questions, go to: www.tsacg.com

Contact the providers directly to enroll or obtain detailed information regarding the products offered.

Call TSA at 1-888-796-3786, option 4 to obtain Administrator signatures.**

**ACPS does not endorse or recommend any provider. Every employee should exercise due diligence in making financial decisions or changes. Employees are encouraged to contact the company representative or speak with a certified financial advisor before making any decisions.

Employer policy and administrative requirements allow providers who meet certain standards and qualification to provide 403(b) and 457(b) accounts to employees. The providers listed above currently qualify under the guidelines established by ACPS.

This list does not reflect any opinion as to the financial strength or quality of product or service for any provider. This list may change throughout the year.

Medical Plan Options

2020 Health Plan Options (Florida Blue)

*The Summary of Benefits & Coverage form is posted at www.sbac.edu, under Employee Benefits. It is also available in paper form, free of charge.

BlueOptions \$750 DED Plan

BlueOptions \$1,500 DED Plan with \$750 HRA

Short Term Disability/ Hospital Indemnity (Does Not Provide Health Coverage)

Plan Year Plan Benefits	In-Network**	In-Network**	
Plan Year Deductible (DED) <i>Per Individual Family Aggregate</i>	\$750 \$2,250	\$1,500 \$4,500	<p>If you have health coverage elsewhere, the School Board offers Hospital Indemnity and Short Term Disability Plans, at no cost to you. This plan also includes flexible benefit dollars in the form of a \$250 medical FSA. To be eligible for this benefit, you must have medical insurance somewhere else, and cannot elect any of Alachua County Public School's offered health coverage plans.</p> <p>* Short-term Disability: Benefit amount is \$100 per week. Benefit begins on the 15th day of accidental disability or the 15th day of sickness disability. Coverage is for non-work related disability. Normal pregnancy is included. Benefit terminates at age 70.</p> <p>* Hospital Indemnity: Benefit amount pays \$90 per day for each day you are hospital confined, up to 91 continuous days of confinement. Benefit continues for 91 consecutive days while hospital confined.</p>
Total Out-of-Pocket Maximum¹ <i>Per Individual Family Aggregate</i>	\$4,000 \$8,000	\$4,000 \$8,000	
Coinsurance (Plan Pays)	80%	80%	
Preventive Services (includes Pap smears, Mammograms, PSA testing, Etc.)	100%	100%	
Office Visits <i>Primary Care Physician (PCP) Specialist</i>	\$25 DED then 20%	\$25 DED then 20%	
Urgent Care Visits	\$35	\$35	
Emergency Room	DED + \$100 then 20%	DED + \$100 then 20%	
Inpatient Hospital <i>Per Admit</i>	DED then 20%	DED then 20%	
Outpatient Hospital and Services <i>Per Visit</i>	DED then 20%	DED then 20%	
Outpatient Diagnostic Services <i>Lab (Quest) X-Rays</i>	\$0 \$50	\$0 DED then 20%	
Advanced Imaging Services (MRI, CT, PET, etc.)	\$125	DED then 20%	
Maternity <i>Family Physician Specialist</i>	\$25 DED then 20%	\$25 DED then 20%	
Costs are Per Pay Period	Blue Options \$750 Deductible	Blue Options \$1500 Deductible	Short Term Disability/Hospital Indemnity
<i>District Paid</i>	No Premium Cost to You As the Employee		
Employee	\$0.00	\$0.00	\$0.00
<i>Dependent Coverage</i>	Cost Per Pay Period (20)	Cost Per Pay Period (20)	
Employee + Spouse	\$403.71	\$337.10	N/A
Employee + Child(ren)	\$335.70	\$280.32	
Family	\$498.53	\$416.28	
Family Rate Discount*	\$158.36	\$76.11	

¹ Includes your deductible, coinsurance, and copays.

**See your plan summary online for out of network benefits. This is only a summary of benefits and is not a contract. Please refer to your carriers' benefit booklet for complete benefits.

Prescription Drug Benefits - (Express Scripts) You will have a separate Rx card.

	BlueOptions \$750 Plan	BlueOptions \$1,500 Plan	Generic Substitution Program - When members choose to fill a brand-name prescription when a lower cost generic equivalent is available, the member pays the brand cost and the cost difference between the brand and generic drug. Penalty can be waived if physician indicates brand is medically necessary.
Deductible	\$200 Brand only; applies prior to co-ins/co-pays. No DED for generics.	\$100 Brand only; applies prior to co-ins/co-pays. No DED for generics.	
Generic	20%	20%	
Brand	40%	40%	
Non-Preferred Brand	40%	40%	
Mail Order (90 days) Generic/Brand/Non-Preferred	\$20/\$50/\$80	\$20/\$50/\$80	
Out of Network	50%	50%	

Effective 1/1/2019, all specialty medications will be filled through Accredo Specialty Pharmacy.

Immunizations/vaccinations for Shingles, Pneumonia, and Flu are covered under adult wellness or the members can go to the pharmacy and have a pharmacist administer at no cost.




Have your medicine delivered from the Express Scripts PharmacySM

Get medicine (and savings) delivered right to your door.
By having your long-term medicine delivered, you'll get up to a 90-day supply for just one copay! It's all part of your plan.

Payless, relax more.
With a 90-day supply, you'll typically pay less. Also, standard shipping is free. You can refill by phone, online, with our app or sign up for our automatic refill program and we'll send your medicine to you when it's time.

Get started. It's easy!
Sign in at express-scripts.com. Or call us at the toll-free number on your member ID card.



Talk to a doctor anytime.

Want 24/7 Access to Care?
REGISTER WITH TELEDOK TODAY!
Details on how to get started on page 19



Looking to Save Money on Prescriptions?

Check out **Rx Saving Solutions**. This free benefit provides transparency into prescription cost and options and is available to members enrolled in **Alachua County Public Schools** medical plans

How to get started:

1.



ACCESS YOUR PORTAL

Register for your benefit at <https://myrxss.com> or by downloading the Rx Savings Solutions app.

2.



REVIEW YOUR SAVINGS

Medications you or your family take will be displayed, along with all options to maximize your savings.

3.

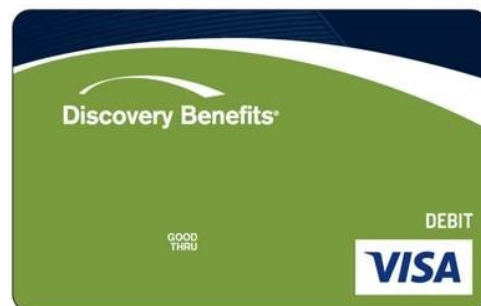


TAKE ACTION

If savings are available, you'll see how to share the options with your provider and get a new prescription if necessary.

What are some benefits of having an HRA?

- * HRAs are funded by Alachua County Public Schools.
- * HRAs can be used for reimbursements of your co-insurance payments, deductibles, co-pays, prescriptions, dental and vision expenses.
- * Rollover feature—see more below!
- * **Step 1:** Sign your card!
- * **Step 2:** Log In! Log in to your online account at DiscoveryBenefits.com/benefitslogin.
- * **Step 3:** Get the app. Download the free Discovery Benefits mobile app to check your balance on the go, upload documentation, and make payments or request reimbursement right from your phone!



www.discoverybenefits.com



A **Health Reimbursement Arrangement (HRA)** reimburses you for eligible expenses. The School Board of Alachua County offers this benefit to all eligible employees and dependents *who are enrolled in the Blue Options \$1,500 Deductible medical plan.*

Debit Card

The debit card gives you direct access to your HRA and/or FSA funds. Due to IRS regulations, debit card transactions may need to be substantiated. Substantiation means validating a transaction to ensure the debit card was used for IRS approved items/services within the allowed time frame. Remember to keep all itemized receipts and provider documentation for your medical, dental, or vision expenses, in case the HRA administrator requests documentation to substantiate one or more of your transactions. You will need to provide this and proof of payment. **If you do not provide the information needed, your debit card may be deactivated, and the funds may be added to your taxable income on your W-2.**

HRA Rollover Feature

Your HRA funds are available to rollover from year to year. The maximum rollover amount is \$5,000 from prior years. You will also receive \$750 for the current year for a total balance not to exceed \$5,750. Unspent funds in the HRA will rollover annually and accumulate as long as you continue enrollment in the \$1,500 deductible plan. You will be vested in your HRA after six or more consecutive years of employment.

HRA is available with the
\$1,500 Deductible Health Plan Only
If you are also enrolled in Medical FSA, it will pay first.

Hire Date	Benefits Effective	Annual
November	January	\$750.00
December	February	\$687.50
January	March	\$625.00
February	April	\$562.50
March	May	\$500.00
April	June	\$437.50

This chart
reflects the
pro-rated amounts
for HRA
participants in
2020

Hire Date	Benefits Effective	Annual
May	July	\$375.00
June	August	\$312.50
July	September	\$250.00
August	October	\$187.50
September	November	\$125.00
October	December	\$62.50

For information on the Flexible Spending Account, please see page 7.

Flexible Spending Accounts

Medical Flexible Spending Account

You may contribute up to \$2,700 to the medical FSA to reimburse yourself for eligible health, dental, prescription plan and vision care expenses using pre-tax dollars. In general, the money in your medical FSA can be used for expenses that are not paid for by a health, vision or dental plan, including copayments, deductibles, coinsurance and some over-the-counter (OTC) medications. The funds you elect to set aside in the medical FSA are pre-loaded and available on the plan effective date.

Dependent Care Flexible Spending Account

You may contribute up to \$5,000, or up to \$2,500 if you are married filing separate, to the dependent care FSA to reimburse yourself for dependent care expenses using pre-tax dollars. The dependent care FSA funds are available once deposited into the account out of your paycheck. Eligible expenses for reimbursement through the Dependent Care FSA include: Care for a child under age 13 at a daycare camp or nursery school, or by a private sitter, elder care for an incapacitated adult who lives with you at least eight hours a day, expenses for pre-school and after-school child care (these expenses must be kept separate from any tuition expenses).

KEEP IN MIND

Since any money remaining in your FSA cannot be returned to you or carried forward to the next plan year be sure to plan your FSA spending accordingly. You may incur new expenses until the end of your grace period (March 15) and submit reimbursement requests until the end of your run-out period (April 15). Any unused funds following the run-out period will be forfeited. Don't forget, you can claim mileage!

IRS guidelines for FSA- Qualified medical expenses are those incurred by the following persons.

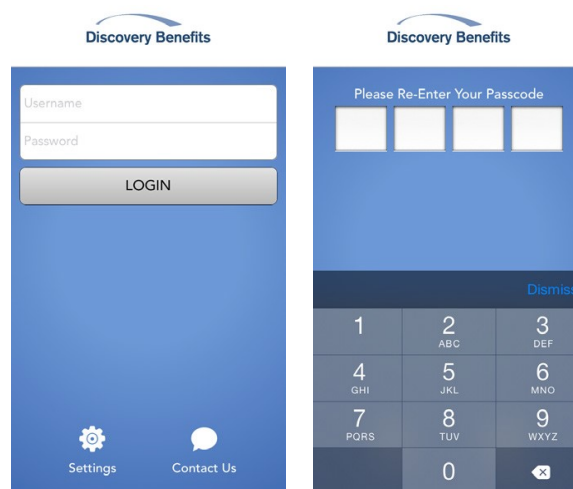
1. You and your spouse.
2. All dependents you claim on your tax return.
3. Any person you could have claimed as a dependent on your return except that:
 - a. The person filed a joint return, The person had gross income of \$4,000 or more.
 - b. You, or your spouse if filing jointly, could be claimed as a dependent on someone else's 2017 return. Your child under age 27 at the end of your tax year.



[Check out Discovery Benefits](#)

[Mobile App](#)

www.DiscoveryBenefits.com



Upload Receipts-Check Balances-File Claims-View Filing Dates-Contact Us- Secure Transmission

- ⇒ The mobile app is available for iPhones, iPads, and Android devices
- ⇒ The mobile app is completely free to download in the iTunes or Google play store. Just simply search "Discovery Benefits" from your device and install the app.



www.discoverybenefits.com

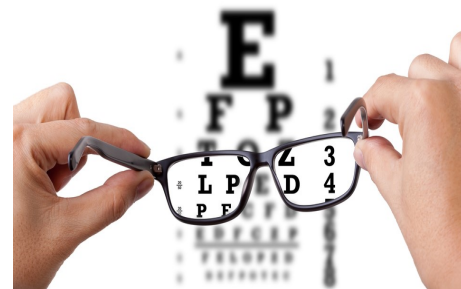
Dental Plan Options

	Humana Dental Advantage	Humana PPO	Humana Traditional Preferred
Network of Providers	In-Network Only	Any Dentist	Any Dentist
Calendar Year Deductible (DED)			
Per person/Maximum Preventive Services Basic & Major Services	No DED	Waived \$50 Individual/\$150 Family	Waived \$50 Individual/\$150 Family
Preventive Services	In-Network Only	In-Network/Out-of-Network *	
Periodic Oral Examination Bitewing X-rays, two films Cleanings - Adult/Child Fluoride Treatment - Child X-rays - Intraoral / Complete Series Sealant - per tooth Office Visits	Member Pays \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$5.00 - General Dentist \$15.00 - Specialist	Plan Pays In 100%/Out 80%* *In-Network Fee Schedule	Plan Pays In 100%/Out 100%* *Coverage based on Usual, Customary, and Reasonable Fees.
Basic Services			
Amalgam Restoration (Silver Fillings) (One Surface) (Two Surfaces) Resin-Based Restoration - Anterior (One Surface) Extraction - Erupted Tooth or Exposed Root Periodontal Scaling & Root Planing - per quad	\$24.00 \$31.00 \$24.00 \$26.00 \$39.00	Plan Pays In 80%/Out 60%*	Plan Pays In 80%/Out 80%*
Major Services			
Crown - Porcelain fused to noble metal Complete Denture Partial Denture Root Canal Molar Surgical Extractions	\$445.00 \$642.00 \$709.00 \$497.00 \$108.00	Plan Pays No Benefit No Benefit No Benefit In 80%/Out 60%* In 80%/Out 60%*	Plan Pays In 50%/Out 50%*
Benefit Maximums			
Calendar Year (Per Person)	Unlimited	Plan Pays \$750	Plan Pays \$1,000 Excludes Orthodontics
Orthodontics			
Evaluation	\$35.00	No Benefit	Dependent Children 18 years or younger In 50%/Out 50% Lifetime Max \$1000
Treatment Plan and Records	\$250.00		
Retention	\$450.00		
Therapy	\$2,100 for children to age 19. \$2,300 for adults over 19, for 24-month fully banded cases.		
	Humana Dental Advantage	Humana PPO	Humana Traditional Preferred
Employee Cost Per Pay Period	20 Checks	20 Checks	20 Checks
Employee Only	\$10.82	\$10.49	\$19.31
Employee + One	\$21.29	\$19.92	\$37.64
Employee + Family	\$29.11	\$36.50	\$67.03

*Out of Network: PPO plan coverage based on negotiated contracted fees for the Preferred Provider Network. Traditional Preferred coverage based on usual, customary, and reasonable fees.



Vision for you and your family



Plan Features

- Exam - Covered in full with Network doctor, after \$10 copay; non-network maximum of up to \$30 reimbursement.
- Lenses - Covered in full with Network doctor, after a \$15 copay; non-network maximum of up to \$25 for Single vision, up to \$40 for Bifocals, up to \$60 for Trifocal and up to \$100 for Lenticular.
- Frames - Covered in full (up to \$130 retail allowance, with 20% off balance over \$130) with Network doctor; non-network maximum of up to \$65 reimbursement.
- Elective Contact Lenses - \$130 allowance with Network; Non-Network maximum up to \$104 reimbursement.
- Medically Necessary Contacts - Covered in full with Network doctor; non-network option covers up to \$200.
- Members receive additional fixed copays on lens options, including anti-reflective and scratch-resistant coatings, as well as progressive lenses.
- Members also receive 20% retail discount on a second pair of eyeglasses. This discount is available for 12-months after the covered eye exam and available through the participating provider who sold the initial pair of eyeglasses.
- You will be able to use your benefits at some of the top names in eye care, including LensCrafters®, Pearle-Vision®, Sears® Optical, Target® Optical, and JCPenney® Optical in addition to many independent optometrists and ophthalmologists. Plus, you can also use your vision benefit to purchase contacts online at ContactsDirect.com or glasses online at Glasses.com

Plan Benefits	In-Network
Eye Exam <i>(once every 12 months)</i>	\$10 copay
Materials <i>Prescription Eyeglasses (Frames & Lenses)</i>	\$15 copay
Contacts <i>(once every 12 months in lieu of eyeglasses)</i>	Covered at 100% up to \$130 allowance
Lenses: Single/Lined Bifocals/Lined trifocals <i>(once every 12 months)</i>	Covered at 100%
Frames <i>(once every 24 months)</i>	Covered at 100% up to \$130 retail allowance, with 20% off balance over \$130.

Employee Cost Per Pay Period	20 Checks
Employee Only	\$3.23
Employee + Family	\$9.04

This is only a summary of benefits and is not a contract. Please refer to your carriers' benefit booklet for complete benefits.

Basic Life and AD&D & Supplemental Group Term Life

Alachua County Public Schools provides all benefit eligible employees with Basic Life and Accidental Death and Dismemberment Insurance. Basic Life and AD&D coverage is provided through Sun Life Financial. Life insurance provides benefits to your named beneficiary in the event of your death. If your death is due to an accident, Accidental Death and Dismemberment (AD&D) pays your beneficiary an additional amount equal to your selected amount of Life Insurance. AD&D may also pay a benefit to you if you lost a limb, such as an arm and leg.



Basic Group Life and AD&D Insurance:

Eligible employees automatically receive a basic life insurance paid by the School Board.

Administrators: \$20,000

All Other Employees: \$10,000

Supplemental Group Term Life Insurance:

In addition to Basic Life and AD&D, paid by the District, you have the opportunity to purchase Supplemental Group Life and AD&D insurance up to \$ 250,000, in increments of \$10,000, at your own cost.

At initial hire, the "Guarantee Issued Amount" (the amount you can be issued without submitting Evidence of Insurability) is \$100,000. After initial hire, any additional coverage will require EOI to be completed. Approval is granted or denied through the insurance company.

Age < 40		Age 40 +		AGE 65-69 *		AGE 70 + *	
Benefit	20 Pay	Benefit	20 Pay	Benefit	20 Pay	Benefit	20 Pay
\$10,000	\$0.48	\$10,000	\$2.58	\$6,500.00	\$1.68	\$5,000.00	\$1.29
\$20,000	\$0.96	\$20,000	\$5.16	\$13,000.00	\$3.35	\$10,000.00	\$2.58
\$30,000	\$1.44	\$30,000	\$7.74	\$19,500.00	\$5.03	\$15,000.00	\$3.87
\$40,000	\$1.92	\$40,000	\$10.32	\$26,000.00	\$6.71	\$20,000.00	\$5.16
\$50,000	\$2.40	\$50,000	\$12.90	\$32,500.00	\$8.39	\$25,000.00	\$6.45
\$60,000	\$2.88	\$60,000	\$15.48	\$39,000.00	\$10.06	\$30,000.00	\$7.74
\$70,000	\$3.36	\$70,000	\$18.06	\$45,500.00	\$11.74	\$35,000.00	\$9.03
\$80,000	\$3.84	\$80,000	\$20.64	\$52,000.00	\$13.42	\$40,000.00	\$10.32
\$90,000	\$4.32	\$90,000	\$23.22	\$58,500.00	\$15.09	\$45,000.00	\$11.61
\$100,000	\$4.80	\$100,000	\$25.80	\$65,000.00	\$16.77	\$50,000.00	\$12.90
\$150,000	\$7.20	\$150,000	\$38.70	\$97,500.00	\$25.16	\$75,000.00	\$19.35
\$200,000	\$9.60	\$200,000	\$51.60	\$130,000.00	\$33.54	\$100,000.00	\$25.80
\$250,000	\$12.00	\$250,000	\$64.50	\$162,500.00	\$41.93	\$125,000.00	\$32.25

* The Face Value of Life Insurance Coverage reduces at 65% of original amount at age 65 and reduces again to 50% of original amount at age 70.

(All employees have 20 deductions. Twelve-month employees will not have deductions on their 6/30, 7/15, 7/31, and 8/15 pay checks.)

Dependent Life Insurance:

Dependent Life Insurance is available for your eligible dependents. The plan provides a benefit of \$10,000 for your spouse and \$5,000 for each child. The coverage ends when the following occurs:

Dependent Life	20 Pay
\$10,000/Spouse	\$3.30
\$5,000/Dependent	\$0.52

- Your employment ends with ACPS
- Your dependent child turns 25.
- You and your dependent's coverage can be converted to a personal, post-tax policy should you terminate employment with the District for any reason



Beneficiary Q&A

How do I choose a beneficiary?

A crucial step in purchasing a life insurance policy is choosing your beneficiary – the person (or entity) who will receive the proceeds of your life insurance policy upon death.

Who can be a beneficiary?

You can name: One, two or more people, or organization/charity of your choice.

When you designate beneficiaries, you have the final say over who receives your death benefit. If you don't choose one, your state's laws determine who gets it.

Primary beneficiary— A primary beneficiary is the individual or organization designated to receive the proceeds of your life insurance policy upon the policy holder's death. It is recommended your beneficiary be 18 years or older.

Contingent beneficiary— A contingent beneficiary is the individual or organization that receives proceeds of your life insurance policy if the primary beneficiary is unable to do so. It is recommended your contingent beneficiary is someone 18 years or older.

- If you plan to list a **minor child as a beneficiary**, it is important to explore available options to ensure proceeds are distributed as you intend. Be sure to make the proper arrangements with an attorney or financial advisor.

Can I change my beneficiaries?

You can change your beneficiaries at any time. Review your policies regularly, and don't forget to make changes when your life changes, such as when you get married, have a baby or move a child out of the house – or back in.



Voluntary Long Term Disability

Long Term Disability (LTD) coverage is designed to replace part of your income in the event of disability injuries or sickness, whether it occurs on or off the job. LTD plan benefits generally begin after an elimination period and will assist you in maintaining your normal lifestyle.

How much does the plan pay if I become disabled?

The plan replaces 60% of your monthly earnings. You must meet the plan's definition of "disabled" to qualify for benefits and certain rules apply.

What is an elimination period?

An elimination period is the period of time between an injury or illness and benefit payment.

If I become disabled, how long will I receive benefits?

Benefits begin after 90 days of disability and generally continue until your disability ends or you reach your normal retirement age under Social Security, whichever comes first. If you're age 60 or older when your covered disability begins, your benefits duration may differ.

Long Term Disability	Class 1	Class 2	Class 3
Salary	\$60,000 +	\$40,000 or less	\$30,000 or less
Maximum Benefit	60% of Monthly Benefit		
Maximum Monthly Benefit	\$3,000	\$2,000	\$1,500
Elimination Period	90 days		

Age at Disability	Maximum Benefit Period
Less than age 60	To age 65, but not less than 60 months
60	60 Months
61	48 Months
62	42 Months
63	36 Months
64	30 Months
65	24 Months
66	21 Months
67	18 Months
68	15 Months
69 and over	12 Months

Example:

Suppose your annual income is \$35,000 or \$2,917 per month (\$35,000 divided by 12 months). If you qualify for a long-term disability benefit, **60% of your monthly income** of \$2,917 would be **\$1,750**. Based on this possible benefit, your benefit options would be #2 or #3, with #2 optimizing your benefit

Benefit Options	Maximum Monthly Benefit	Benefit Payable based on 60% of Income	Option Evaluation
Class 1	\$3,000	\$1,750	This option exceeds amount of benefit available.
Class 2	\$2,000	\$1,750	This option maximizes monthly benefit.
Class 3	\$1,500	\$1,500	This option does not maximize monthly benefit.

Long Term Disability Rates	Class 1 (\$3,000)	Class 2 (\$2,000)	Class 3 (\$1,500)
Employee Cost Per Pay Period	20 Checks	20 Checks	20 Checks
Employee Only	\$13.34	\$11.72	\$9.35

This is only a summary of benefits and is not a contract. Please refer to your carriers' benefit booklet for complete benefits. Please note that disability premiums are deducted from your payroll on a post-tax basis.



www.legalshield.com/info/alachuaschools

Everyone deserves legal protection. Legal Shield makes it possible for everyone to be able to access legal protection, affordably. From real estate to divorce advice, speeding tickets to will preparation and beyond—no matter how traumatic or how trivial it may seem. For less than \$20 a month, Legal Shield gives you the ability to talk with an attorney on any matter without worrying about high hourly costs.

- 24/7 attorney hotline
- Moving traffic violations (15 day waiting period)
- Have an attorney review a short document
- Access to pre-formatted legal forms
- Create or update a will
- Get legal assistance with buying or selling your home
- Closed panel attorney network ensures initial response within 8 hours

•60 hour rolling annual trial allowance benefit – 25% preferred member discount for out of scope benefits

Your plan covers:

- The member.
- The members spouse.
- Never-married dependent under the age of 21 living at home.
- Dependent children under 18 for whom the member is legal guardian.
- Full time college students up to 23; never married dependent children.
- Physically or mentally challenged children living at home.

Employee Cost Per Pay Period	20 Checks
Family Coverage	\$9.57

Supplemental Term Life

Provided by CIGNA

Should something happen to you, will your loved ones be secure enough financially to carry on? Applying for Group Term Life Insurance can help provide for your dependents. Open to all active employees working a minimum of 20 hours per week for full-time, 12-month half-time; 10-month half-time; or 18.5 hours per week for 10-month half-time teachers, you can choose for four levels of life insurance coverage : \$10,000, \$20,000, \$30,000 or \$40,000.

How do I report a Life Claim?

The beneficiary should contact ACPS Benefits Office to report a life claim.

If I retire, will I be able to continue my coverage? Yes, you can continue this plan if you retire.

Employee Cost Per Pay Period	20 Checks
\$10,000	\$2.70
\$20,000	\$5.40
\$30,000	\$8.10
\$40,000	\$10.80

**The Face Value of Life Insurance Coverage reduces at 65% of original amount at age 65*

(All rates shown in this book are semi-monthly amounts. All employees have 20 deductions. Twelve-month employees will not have deductions on their 6/30, 7/15, 7/31, and 8/15 pay checks.)



Voluntary Group Critical Illness

How Does it work?

If you're diagnosed with an illness that is covered by this plan, you can receive a lump sum benefit payment. You can use the money how ever you'd like.

Why is this coverage so valuable?

- **The money can help pay out-of-pocket medical expenses, like co-pays and deductibles**
- **You can use the coverage more than once.** Even after you receive a payout for one illness, you're still covered for the remaining conditions and for the reoccurrence of any other critical illness with the exception of skin cancer. The reoccurrence benefit pays 100% of your coverage amount. Diagnoses must be at least 180 days apart or the conditions can't be related to each other.

What's Covered?

Critical Illnesses	
<ul style="list-style-type: none"> Heart Attack Stroke Major Organ Failure End-Kidney Failure 	<ul style="list-style-type: none"> Coronary Artery Disease <p>Major (50%): Coronary artery bypass graft or valve replacement</p> <p>Minor (10%): Balloon angioplasty or stent placement</p>

Cancer Conditions
<ul style="list-style-type: none"> Invasive Cancer—All breast cancer is considered invasive Non-Invasive Cancer (25%) Skin Cancer

Progressive Diseases	Supplemental Conditions
<ul style="list-style-type: none"> Amyotrophic Lateral Sclerosis (ALS) Dementia, including Alzheimer's Disease Multiple Sclerosis (MS) Parkinson's Disease Functional Loss 	<ul style="list-style-type: none"> Loss of sight, hearing, or speech Benign Brain Tumor Coma Permanent Paralysis Occupational HIV Infectious Diseases (25%)

Cost Per Pay Period		
Employee Coverage: \$15,000 Spouse Coverage: \$7,500 Be Well Benefit: \$50		
Age	Employee	Employee + Spouse
Under 25	\$2.51	\$4.26
25-29	\$3.23	\$5.34
30-34	\$4.22	\$6.82
35-39	\$5.75	\$9.12
40-44	\$8.09	\$12.45
45-49	\$10.34	\$16.00
50-54	\$13.31	\$20.46
55-59	\$18.08	\$27.61
60-64	\$24.11	\$37.29
65-69	\$36.89	\$55.83
70-74	\$57.32	\$86.47
75-79	\$84.23	\$126.84
80-84	\$122.30	\$183.94
85+	\$196.82	\$295.72

* Unum will not pay benefits for a claim that is caused by, contributed to or occurs as a result of a pre-existing condition. A pre-existing condition is a condition for which symptoms existed within 12 months before your coverage effective date that would cause a person to seek treatment from a physician or for which a person was treated or received advice from a physician, or took prescribed medicine.

Children from live birth to age 26 are automatically covered at no extra cost. Their coverage amount is 50% of yours (\$7,500). They are covered for all the same illnesses plus these specific childhood conditions: cerebral palsy, cleft lip or palate, cystic fibrosis, Down Syndrome and spina bifida. The diagnosis must occur after the child's coverage effective date.

Voluntary Group Accident



How Does it work?

Accident Insurance can pay a set benefit amount based on the type of injury you have and the type of treatment you need. It covers accidents that occur off the job. And it includes a range of incident, from common injuries to more serious events.

Schedule of Benefits

Covered Injuries	Benefit Amount	Emergency & Hospitalization	Benefit Amount
Concussion	\$150	Ambulance (ground, once per accident)	\$400
Coma	\$10,000	Air Ambulance	\$1500
Ruptured Disc	\$800	Emergency Room Treatment	\$250
Knee Cartilage		Hospital Admission (once per covered accident)	\$2,000
Torn with Surgical repair	\$750	Hospital Confinement (per day up to 365 days)	\$400
Exploratory Surgery or Cartilage shaved, only	\$150	Medical Imaging Test	\$200
Tendon/Ligament and Rotator Cuff			
Surgical repair of one	\$800	Treatment & Service	Benefit Amount
Surgical repair of two or more	\$1,200	Occupational Therapy (6 per accident)	\$100
Exploratory surgery without repair	\$150	Speech Therapy (6 per accident)	\$100
Dental Work, Emergency		Physical Therapy (6 per accident)	\$100
Extraction	\$100	Prosthetic Device or Artificial Limb (one)	\$750
Crown	\$300	Prosthetic Device or Artificial Limb (more than one)	\$1,500
Eye Injury	\$300		
Laceration	\$25-\$600	Cost Per Pay Period	
Fractures	Varies upon location of injury	Employee Only	\$6.11
Dislocations	Varies upon location of injury	Employee + Spouse	\$10.72
Burns	Varies upon severity/loss of skin	Employee + Child(ren)	\$13.28
		Full Family	\$17.89

Be Well Benefit

Every year, each covered family member can also receive \$50 upon completion of a Be Well Benefit screening test, such as:

- Annual Exams by a physician (sports physicals) for adults, and well-child visits
- Screenings for cancer, including pap smear, colonoscopy
- Cardiovascular function screenings
- Screenings for cholesterol and diabetes
- Imaging studies, including chest X-ray, mammography
- Immunizations including HPV, MMR, tetanus, influenza

Confidential Emotional Support



Our highly trained clinicians will listen to your concerns and help you or your family members with any issues, including:

- Anxiety, depression, stress
- Grief, loss and life adjustments
- Relationship/marital conflicts

Work-Life Solutions



Our specialists provide qualified referrals and resources for just about anything on your to-do list, such as:

- Finding child and elder care
- Hiring movers or home repair contractors
- Planning events, locating pet care

Legal Guidance



Talk to our attorneys for practical assistance with your most pressing legal issues, including:

- Divorce, adoption, family law, wills, trusts and more
- Need representation? Get a free 30-minute consultation and a 25% reduction in fees.

Financial Resources



Our financial experts can assist with a wide range of issues.

- Retirement, taxes, mortgages, budgeting and more

For additional guidance, we can refer you to a local financial professional and arrange to reimburse you for the cost of an initial one-hour in-person consult.

Online Support



GuidanceResources® Online is your 24/7 link to vital information, tools and support. Log on for:

- Articles, podcasts, videos, slideshows
- On-demand trainings
- "Ask the Expert" personal responses to your questions

Help for New Parents



ParentGuidance™ supports you through the process of becoming a biological or adoptive parent, including:

- Preparing for the baby emotionally and financially
- Finding child care
- Planning for back-to-work and other issues

Free Online Will Preparation



EstateGuidance® lets you quickly and easily create a will online.

- Specify your wishes for your property
- Provide funeral and burial instructions
- Choose a guardian for your children

Contact EAPBusiness ClassSM Anytime

No-cost, confidential solutions to life's challenges.

Your ComPsych® GuidanceResources® program EAPBusiness Class offers someone to talk to and resources to consult whenever and wherever you need them.

Call: 877.595.5281

TDD: 800.697.0353

Your toll-free number gives you direct, 24/7 access to a GuidanceConsultantSM, who will answer your questions and, if needed, refer you to a counselor or other resources.

Online: guidanceresources.com

App: GuidanceResources® Now

Web ID: EAPBusiness

Log on today to connect directly with a GuidanceConsultant about your issue or to consult articles, podcasts, videos and other helpful tools.

24/7 Support, Resources & Information

Contact

EAPBusiness Class Anytime

Call: 877.595.5281

TDD: 800.697.0353

Online: guidanceresources.com

App: GuidanceResources® Now

Web ID: EAPBusiness

MyHumana: Your health plan at your fingertips

Your personal MyHumana account gives you quick, convenient and secure access to your Humana plan information, educational resources and access to wellness programs. **It's available anytime, anywhere.**

Quick access to your dental and vision plans

View, print and email ID cards

Check your claim status

Review deductibles, coverage levels and limits

Find a doctor near you

Send a secure message with any of your

questions about your plan



Register for MyHumana today to stay connected to your health benefits anytime you need them.

**Message and data rates may apply.

How to Register:

1. Click Register Now at www.Humana.com.
2. On the Registration page, click Get Started.
3. The next page will show you how to get your Member ID!

NEW: Android Users can now login with fingerprint!

NEW: Save a list of providers!

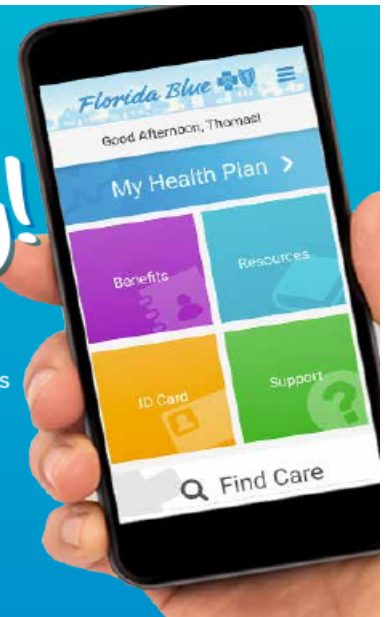
NEW: Claims are within the App!

Florida Blue 
In the pursuit of health™

Download the Florida Blue Mobile App *today!*

Save Time. Save Money. Stay Healthy.

- Check plan benefits and see the status of your claims
- Find the nearest in-network doctor, Urgent Care Center or pharmacy
- Compare medical costs
- View your member ID card



As Easy as 1, 2, 3...

1. **Download the app** – available through the Apple App Store or Google Play
2. **Get Registered** – log in using your Florida Blue member account User ID and Password
3. **Get Started** – anytime, anywhere with Touch ID*





DISCOVERY BENEFITS MOBILE APP

EMPLOYEE HANDOUT

ACCESS YOUR BENEFITS ANYTIME, ANYWHERE

Access your benefits on the go 24/7 with the Benefits Mobile App by Discovery Benefits. Our free app gives you convenient, real-time access to all your benefits accounts in one spot. This makes it easy to use your hard-earned dollars and view recent account activity without ever needing to call in.

The Benefits Mobile App keeps your benefits always within reach. Want to know the status of a recent claim or easily check the balance of your accounts? Log in to our secure app to get answers to those questions and so many more — wherever and whenever you want.

WITH OUR BENEFITS MOBILE APP, YOU CAN:

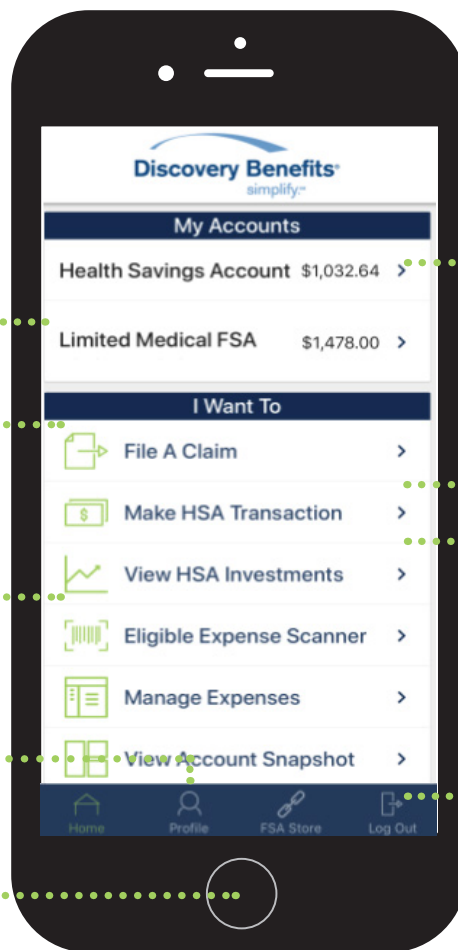
GET INSTANT NOTIFICATIONS ON THE STATUS OF YOUR CLAIMS.

FILE A CLAIM AND UPLOAD DOCUMENTATION IN SECONDS USING YOUR PHONE'S CAMERA.

SCAN AN ITEM'S BAR CODE WITH YOUR PHONE'S CAMERA TO DETERMINE IF IT'S AN IRS CODE SECTION 213(D) ELIGIBLE EXPENSE.

REPORT A CARD AS LOST OR STOLEN.

LOG IN WITH YOUR FINGERPRINT.



CHECK YOUR BALANCE AND VIEW ACCOUNT ACTIVITY.

EASILY MOVE FUNDS FROM YOUR HSA INTO YOUR BANK ACCOUNT TO COVER ELIGIBLE EXPENSES.

VIEW CURRENT HSA INVESTMENTS BALANCE, RECENT ACTIVITY AND RATE OF RETURN.

RESET LOGIN CREDENTIALS.

SECURITY ON THE GO
OUR MOBILE APPS USE SECURE ENCRYPTION AND WON'T STORE PICTURES ON YOUR PHONE, KEEPING YOUR DOCUMENTATION SAFE AND SECURE.



DOWNLOAD THE APP FOR FREE ON APPLE
AND ANDROID SMARTPHONES AND TABLETS



RESOURCES

 **BENEFITS MOBILE APP 101 VIDEO**
www.DiscoveryBenefits.com/mobileappvideo



Discovery Benefits®

a wex company

18

696
07/23/19

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

Provides 24/7 Access to Care

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

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

Getting Started

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

How Does Teladoc Work?

1

Register

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

2

Provide Medical History

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

3

Request a Visit

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

The Teladoc Difference

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

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



Talk to a doctor anytime.

Call today 1-800-Teladoc (835-2362) or visit Teladoc.com

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

Health insurance is offered by Florida Blue. HMO coverage is offered by Florida Blue HMO, an affiliate of Florida Blue. These companies are Independent Licensees of the Blue Cross and Blue Shield Association.

We comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex. For more information, visit floridablue.com/ndnotice.

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

95935B 0519

MEDICARE PART D CREDITABLE COVERAGE DISCLOSURE NOTICE

What is considered creditable coverage?

Under the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (Medicare Part D) prescription drug coverage is considered creditable if the amount the plan expects to pay on average for prescription drugs for individuals covered by the plan in the applicable year for which the disclosure notice is being provided is the same or more than what standard Medicare prescription drug coverage would be expected to pay on average. If the prescription drug coverage does not meet these standards is considered to be non-creditable.

Why is creditable coverage important?

Making sure you have creditable coverage is important. If you fail to enroll in Medicare Part D when you first become eligible or if you drop or lose your creditable coverage and don't join a Medicare drug plan within 63 continuous days after your creditable coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later, which can only be done from October 15th through December 7th of each year.

How can I find out more?

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227).
- TTY users should call 1-877-486-2048.

The Medicare Part D "credibility status" for our group medical plans is listed under Pharmacy Info on page 5 of this booklet.

PORTABILITY OF COVERAGE

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 entitles you to a complete transfer of benefits (no pre-existing condition exclusions) if you change jobs or your employer changes insurance carriers. To guarantee the portability of your benefits, your previous coverage must not have lapsed for more than 63 days prior to your new eligibility date and you must provide proof of prior coverage to your new employer.

PRE-TAX OR AFTER-TAX?

For some benefits, you can use pre-tax dollars from your pay. For others, you must use after-tax dollars.

When you pay for benefits with pre-tax dollars, money is deducted from your pay before taxes are taken out. This way, you avoid paying Federal Income taxes on what you spend on qualified benefits. With after-tax contributions, just the opposite is true. They're deducted from your pay after Federal Income taxes are calculated and deducted from your gross pay.

NEWBORNS' & MOTHERS' HEALTH PROTECTION ACT

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

WOMEN'S HEALTH AND CANCER RIGHTS ACT

As required by the Women's Health and Cancer Rights Act (WHCRA) of 1998, this plan provides coverage for:

1. All stages of reconstruction of the breast on which the mastectomy has been performed;
2. Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
3. Prostheses and physical complications of mastectomy, including lymphedemas, in a manner determined in consultation with the attending physician and the patient.

Such coverage will be subject the same benefit levels deemed appropriate for other medical and surgical procedures that are covered under this plan.

SPECIAL ENROLLMENT RIGHTS

If you decline enrollment for yourself or your dependents (including your spouse) because of other medical insurance or group medical plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for the other coverage (or if the employer stops contributing towards you or your dependents' other coverage). However, you must request enrollment within 31 days after your coverage or your dependents' coverage ends (or after the employer stops contributing toward the other coverage).

In addition, you may be able to enroll yourself and your dependents if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, if your dependents lose eligibility for coverage under Medicaid or the Children's Health Insurance Program (CHIP) or become eligible for a premium assistance subsidy under Medicaid or CHIP. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption or within 60 days of the date of loss of CHIP coverage. To request a special enrollment or obtain more information, contact Human Resources.

CHILDREN'S HEALTH INSURANCE PROGRAM

The CHIP Notice that describes this program is available at www.SBAC.edu and from the Benefits Department.

A NOTE ABOUT SOCIAL SECURITY

Pre-tax deductions taken from your paycheck lowers your taxable income. Therefore your Social Security taxes (and, consequently, your future Social Security benefits) may be lower. How you are affected depends on your pay and the amount of pre-tax contributions you make.

The reduction on Social Security benefits, if any, for most employees will be minimal – a few dollars a month. Younger employees who use large amounts of tax-free dollars to pay for benefits over a long period (20 to 30 years) may experience a greater reduction in benefits when they retire. However, for most people, the benefit reduction has been more than offset by the tax savings. For more information, please contact your local Social Security Administration office.

HIPAA NOTICE OF PRIVACY PRACTICES

The HIPAA Notice of Privacy Practices is available on sjcsd.mbaileygroup.com and from the Human Resources Department.

HEALTH CARE REFORM: AFFORDABLE CARE ACT

Summaries of Benefits and Coverage

The Patient Protection and Affordable Care Act (PPACA) requires health plans and health insurance issuers to provide uniform summaries of benefits and coverage (SBC). These SBCs are provided by our medical insurance carrier.

You can access the SBCs at www.sbac.edu

Paper copies are also available, free of charge, by calling Florida Blue at 800-352-2583 and Express Scripts at 855-723-6091, or by contacting The Bailey Group at 904-461-1800. This notice is provided to eligible employees. It is the responsibility of the employee to share this information with eligible dependents.

You can request a copy of this notice to be sent to eligible dependents that reside at an address other than your own by contacting the Benefits Department and providing the separate mailing address, or by contacting The Bailey Group at 904-461-1800.

Health Insurance Marketplace (Exchange)

This section provides some basic information about the new Health Insurance Marketplace and employment-based health coverage offered by your employer. The Exchange Notice of Coverage Options is available on www.sbac.edu and from the Benefits Department.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. You may also be eligible for a tax credit that lowers your monthly premium. The annual open enrollment periods begin each year on November 1st and ends December 15th for the following year's coverage (these dates are subject to change). An individual generally cannot enroll in a QHP outside of the open enrollment period, unless a special enrollment period applies.

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

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

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

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of the least expensive plan that meets "minimum value" standards offered by your employer that would cover you (and not any other members of your family) is more than 9.69% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.

Our group medical coverage has been determined to meet affordability and "minimum" value standards as required by the Affordable Care Act. This means that employees eligible for participation in our group medical coverage are not eligible for a premium reduced policy through the Marketplace.

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

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area. Contact Human Resources for additional information.

In accordance with the Affordable Care Act (ACA), all individuals are required to comply with the individual mandate for 2017 and 2018 or pay a penalty when filing end of year taxes. Beginning in 2019, individuals will no longer be penalized for failing to obtain acceptable health insurance coverage for themselves and their family members.

Contacts

Benefit	Contact	ID Card
Accident and Critical Illness		
Unum	www.unum.com 1(866) 679-3054	No
Basic Life and AD&D		
Sun Life Financial	Contact Employee Benefits	No
Dental		
Humana Group #: 789160	www.humana.com (800) 233-4013 Mobile App!	Yes
Disability		
Sun Life Financial Group #: 241965	Contact Employee Benefits	No
Employee Assistance Program		
ComPsych	www.guidanceresources.com 1(877) 595-5281	No
Flexible Spending Account/ HRA (Medical and Dependent Care)		
Discovery Benefits Group #: 25734	www.discoverybenefits.com Mobile App! (866) 451-3399	Yes
Legal		
Legal Shield Group #: 16374	www.legalshield.com/info/alachuaschools 1(800) 591-7311	No
Medical		
Florida Blue Group #: 78129	www.floridablue.com Mobile App! (800) 352-2583	Yes
Pharmacy		
Express Scripts	www.express-scripts.com Mobile App! (866) 581-5255	Yes
Vision		
Humana Group #: 100395	www.Humana.com Mobile App! (877) 398-2980	Yes
Voluntary Life		
CIGNA	Contact Employee Benefits	No
Employee Benefits		
Micky Miller, Insurance Specialist millermmd@gm.sbac.edu (352) 955-7579 or X1223 Lori Bolte, Benefits Coordinator boltelk@gm.sbac.edu (352) 955-7577 or X1224 www.sbac.edu (Departments/Directory/Employee Benefits) www.sbac.edu (Departments/Directory/Communications and Community Initiatives/Links/Discount and Deals)		
Benefit Administration		
The Bailey Group (904) 461-1800	Allison Profitt, Account Executive aprofitt@mbaileygroup.com	
Retirement/Leave Benefit Administration		
Florida Division of Retirement-FRS Florida Div. of Retirement-FRS Investment Plan FBMC (Employees on Leave/Retirees)	(844) 377-1888 (866) 446-9377 (855) 569-3262	