



my BENEFITS .sbac.edu

2022

EMPLOYEE BENEFITS GUIDE



Welcome

Alachua County Public Schools (ACPS), is pleased to offer eligible employees with a comprehensive benefits program including:

- Group Medical coverage through Florida Blue
- Flexible Spending Accounts through Discovery Benefits
- Dental & Vision coverage through Humana
- Basic Life/AD&D, Voluntary Life and Long Term Disability through SunLife Financial
- Group Term Life through CIGNA
- Critical Illness & Accident Plans through Unum
- Health Reimbursement Account through Discovery
- LegalShield

This **Benefits Guide** is an overview of the benefits package offered to you and will provide you with detailed information about each plan, including plan overviews, rates & benefits.

Your benefits will be effective the 1st of the month following 30 days of employment and will be effective **January 1 through December 31, 2022**. 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 Life Event.

In this guide, 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!

Wishing you a healthy and successful year,

Alachua County Public Schools

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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.

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 2022 Flexible Benefits Plan becomes effective on January 1, 2022, you must be actively at work on January 1, 2022, to be eligible for your new benefits. If you are not actively at work but return to active work status within ten working days from the plan effective date, your benefits will cover you on the first of the month following your return to work date. For employees on leave who experience a lapse in coverage, your benefits may be reinstated on the 1st of the month following 30 days of continuous work, if you request reinstatement. If not requested upon returning to work, you must wait until Open Enrollment and enroll in coverage to be effective in the new plan year.

Dependent Eligibility Requirements

All dependent eligibility documents must be uploaded into PlanSource. Paper documents or emailed documents are not accepted.

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 details on Legal Shield eligible dependent age requirements, see page 15.
- For details on Accident and Critical illness dependent eligibility, see page 16.

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 2021 federal tax return showing "Married filing jointly or Married filing separately". BOTH DOCUMENTS MUST BE PROVIDED AS ONE ATTACHMENT.
- A household bill/statement dated within the last 60 days showing current relationship status, (i.e., bank statement, mortgage statement, electric bill or cable bill).

FOR DOMESTIC PARTNER:

- A copy of your Affidavit of Domestic Partnership. (Provided by the Benefits Office upon request)

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.

**Note for Stepchild or Domestic Partner's child: If you are covering a stepchild or partner's child, you must also provide*

PLANSOURCE[®]

PlanSource is the employee self-service, online portal for employees to enroll in all benefit plans. Once logged in, you will be able to see benefits offered to you and compare costs. Employees may view their current benefits and update beneficiaries year-round.

Current Employees: Annual Enrollment occurs every October. Coverage elected during Annual Enrollment becomes effective on January 1 and will stay in effect until the end of the plan year, unless you experience a qualified life event.

New Hires: All new employees eligible for benefits will have an opportunity to complete their benefit enrollment process, outside of the annual enrollment period. New Hire Enrollment must be completed within 14 days from the date you attended benefits orientation. You will default into the Opt-Out package and waive all voluntary benefits if you fail to complete your new hire benefits enrollment within your 14-day new hire window.

To begin your enrollment session, go to mybenefits.sbac.edu and enter your Active Directory information. This will bring you to the Welcome page. Click the "Get Started" button to begin.

Step 1: Review Profile

The * indicates a required field. Verify your Personal Information; if there are changes, you will need to contact Human Resources to make the necessary updates in your profile and with payroll.

Step 2: Review My Family

Add family members you will cover on any benefit or name as a beneficiary. Please double check spelling of names and verify dates of birth and social security numbers.

Step 3: Shop Benefits

You must review each benefit offering and either select a plan or decline the benefit entirely. In order to proceed through each enrollment page, use the "Shop Plans" button next to the first benefit type. If you elect coverage with family members, select family members to add coverage, then click to confirm.

Step 4: Upload the required documents if you added any family members to any benefit.

Step 5: Checkout

Once you have completed each benefit election, the Confirmation page will appear. Review for accuracy and choose "Checkout" at the bottom of the page. Your benefit election will **not** be complete until you select the "Checkout" button.

Benefits Effective Dates

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

Start Date	Effective Date	Start Date	Effective Date	Start Date	Effective Date
August	October 1	December	February 1	April	June 1
September	November 1	January	March 1	¹ May	July 1
October	December 1	February	April 1	June	August 1
November	January 1	March	May 1	July	September 1

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

Mid-Year Changes

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 Qualifying Event. Any proposed benefit change must correspond with, and be due to, the type of Qualifying Event you experience.

Life Event requests and supporting documentation must be submitted through PlanSource within 30-days of the date of the event.

Qualifying Event & Required Documentation

- Marriage - Marriage Certificate
- Divorce - Divorce Decree
- Birth of a Child - Birth Certificate
- Adoption - Adoption Certificate/Court Order
- Loss of Job/Coverage - Document stating loss of coverage with effective date shown
- New Job/Coverage - Document stating gain of coverage with effective date shown
- Medicare Enrollment - Proof of Medicare Enrolment with effective date shown

How to make mid-year changes to your benefits if you've experienced a qualified life event:

- Log into mybenefits.sbac.edu
- Upload supporting documentation into PlanSource at the time the change is requested.

If you do not request the change and provide necessary documentation within 30 days, you will have to wait until the next Open Enrollment to make the change.

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 Offices at ACPS.

2022 Health Plan Options

	BlueOptions \$750 DED Plan	BlueOptions \$1,500 DED Plan with \$500 HRA	BlueOptions \$2,500 DED Plan with \$500, \$1,000 or \$1,500 HRA	Medical Opt Out Package (Does Not Include Medical Coverage)
Plan Year Plan Benefits	In-Network**	In-Network**	In-Network**	
Plan Year Deductible (DED) Per Individual Family Aggregate	\$750 \$2,250	\$1,500 \$4,500	\$2,500 \$7,500	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. 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. 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.
Total Out-of-Pocket Maximum ¹ Per Individual Family Aggregate	\$5,000 \$10,000	\$5,000 \$10,000	\$4,000 \$8,000	
Coinsurance (Plan Pays)	80%	80%	80%	
Preventive Services (includes Pap smears, Mammograms, PSA testing, Etc.)	No Charge	No Charge	No Charge	
Office Visits Primary Care Physician (PCP) Specialist	\$30 Copay DED + 20%	\$25 Copay DED + 20%	\$20 Copay DED + 20%	
Urgent Care Visits	\$40 Copay	\$35 Copay	\$35 copay	
Emergency Room	DED + \$100 Copay + 20%	DED + \$100 Copay + 20%	DED + \$100 Copay + 20%	
Inpatient Hospital Per Admit	DED + 20%	DED + 20%	DED + 20%	
Outpatient Hospital and Services Per Visit	DED + 20%	DED + 20%	DED + 20%	
Outpatient Diagnostic Services Lab (Quest) X-Rays	No Charge \$50 Copay	No Charge DED + 20%	No Charge DED + 20%	
Advanced Imaging Services (MRI, CT, PET, etc.)	\$200 Copay	DED + 20%	DED + 20%	
Maternity Office Visit Childbirth	DED + 20% DED + 20%	DED + 20% DED + 20%	DED + 20% DED + 20%	
Cost Per Paycheck (20 pay periods)				
Employee	\$25.50	DISTRICT PAID—NO COST TO EMPLOYEE		
Employee + Spouse	\$445.55	\$372.03	\$341.69	Not Applicable
Employee + Child(ren)	\$370.49	\$309.37	\$281.53	
Family	\$550.20	\$459.42	\$425.58	
Dual Spouse Employees Discount Rate (Family Coverage)	\$203.22	\$112.44	\$78.61	

The Summary of Benefits & Coverage form is posted at www.sbac.edu/mybenefits

It is also available in paper form, free of charge.

¹ Includes your deductible, coinsurance, and copays.

**See your full 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.*



EXPRESS SCRIPTS®

Prescription Drug Benefits NOTE: You will have a separate pharmacy card.

	BlueOptions \$750 Plan	BlueOptions \$1,500 & \$2,500 Plans	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%	

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.

TAKE THINGS ONLINE

Create an account on express-scripts.com or the Express Scripts mobile app and manage your prescription plan anytime and anywhere with an online account.

1. Visit express-scripts.com and select REGISTER or download the mobile app for free and select REGISTER
2. Enter the requested information, including your member ID or Social Security Number, and create your username and password.
3. Click or tap REGISTER NOW

Once your account is created, you can:

- Check your order status
- Refill and renew prescriptions
- Find your nearest preferred pharmacy
- View and print member ID cards
- Enroll eligible prescriptions in automatic refill
- Set reminders to take your medication
- Enroll in home delivery

ENROLL IN HOME DELIVERY

Get your 90-day prescriptions shipped right to your door.

First, log into express-scripts.com.

If you are enrolling a new prescription...

Contact your doctor and ask them to e-prescribe a 90-day prescription directly to Express Scripts.

OR send in a request by selecting "Forms" or "Forms & Cards" from the "Benefits" menu, print a mail order form and follow the mailing instructions.

OR call ESI at the Member Services number on your card and we'll contact your doctor for you.

If you are enrolling a current prescription...

Transfer retail prescriptions to home delivery by clicking "Add to Cart" for eligible prescriptions and check out.

You can also **refill and renew** prescriptions.

We'll contact your doctor and take care of the rest.

Check **Order Status** to track the shipping of your prescriptions. After we receive your prescription from your doctor, you will receive your medication within 7 days.

Ask about switching to a generic medication to save money on your prescriptions.

The easiest—and safest—way to save money on prescriptions is to ask for a generic, which typically costs less.

Is there a generic for your medication? You can ask...

- Your health care provider. Check with your doctor or nurse if there's a generic for any medication you're prescribed.
- Your pharmacist. Before getting a prescription filled, refilled or renewed, **ask** your pharmacist if there's a generic alternative.
- Express Scripts. You can review your prescriptions and specific generics savings opportunities at express-scripts.com.

Over 85% of members receive their medications within 7 days. Longer delivery times may be due to additional correspondence needed with prescribers, medication availability and/or delivery times from the shipping vendor.

Health Reimbursement Account



www.wexinc.com

A **Health Reimbursement Arrangement (HRA)** is an IRS-approved, employer-funded, tax-advantaged health benefit used to reimburse employees for out-of-pocket eligible medical expenses. **If you are enrolled in either the Blue Options \$1,500 or \$2,500 Deductible Medical Plans**, the School Board of Alachua County will fund an HRA based on the schedule below.



Debit Card

The debit card gives you direct access to your HRA funds. Only enrolled dependents on your medical plan are eligible to access these 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 receive your current year's allocation as long as you continue enrollment in a medical plan that offers an HRA, up to \$5,500. Unspent funds in the HRA will rollover annually and accumulate as long as you continue enrollment in the \$1,500 or \$2,500 deductible plan. If you separate from Alachua County Public Schools you will retain any unused HRA funds as long as you are vested in the \$1,500 or \$2,500 plans. You will be vested in your HRA after six or more consecutive years of employment and participation in either medical plan that offers an HRA.

HRA is offered only on the \$1,500 & \$2,500 Deductible Health Plans

PLEASE NOTE: If you are also enrolled in Medical FSA, it will pay first.

Hire Date	Benefits Effective	\$1,500 Plan or \$2,500 Plan (Employee Only) HRA Contribution	\$2,500 Plan (Employee + Spouse or Employee + 1 Child) HRA Contribution	\$2,500 Plan (Employee + 2 or more Children or Full Family) HRA Contribution
Nov	Jan	\$500.00	\$1,000.00	\$1,500.00
Dec	Feb	\$458.33	\$916.67	\$1,375.00
Jan	Mar	\$416.66	\$833.33	\$1,250.00
Feb	Apr	\$374.99	\$750.00	\$1,125.00
Mar	May	\$333.32	\$666.67	\$1,000.00
Apr	June	\$291.65	\$583.33	\$875.00
May	July	\$249.98	\$500.00	\$750.00
June	Aug	\$208.31	\$416.67	\$625.00
July	Sept	\$166.64	\$333.33	\$500.00
Aug	Oct	\$124.97	\$250.00	\$375.00
Sept	Nov	\$83.30	\$166.67	\$250.00
Oct	Dec	\$41.63	\$83.33	\$125.00

Benefits of having an HRA

- HRAs are funded by ACPs.
- HRAs can be used for reimbursements of your co-insurance payments, deductibles, co-pays, prescriptions, dental & vision expenses.
- Funds rollover from year to year
- **Step 1:** Sign your card!
- **Step 2:** Log In! Log in to your online account at wexinc.com/login/benefits-login
- **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!

This chart reflects the pro-rated amounts for 2021/2022 HRA participants.



www.wexinc.com



Medical Flexible Spending Account

A **Medical Flexible Spending Account (FSA)** is an account in which you contribute pre-tax dollars that you can then use to reimburse yourself for eligible health dental, prescription and vision care expenses that are typically not covered under your group plan. **For 2022, you may contribute up to \$2,750 to the medical FSA.** The funds you elect to set aside in the medical FSA are pre-loaded and available on the plan effective date.

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 tax return. Your child under age 27 at the end of your tax year.

DON'T FORGET!

Since any money remaining in your FSA cannot be returned to you or carried forward to the next plan year be sure to monitor 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). However, if you separate from ACPS you must utilize your remaining balance within the month of separation. Any unused funds following the run-out period will be forfeited.

Don't forget, you can claim mileage!

Dependent Care Flexible Spending Account

A **Dependent Care Flexible Spending Account (DCFSA)** is an account in which you contribute pre-tax dollars that you can the use to reimburse yourself for dependent care expenses. **For 2022, you may contribute up to \$5,000, or up to \$2,500 if you are married filing separate.** 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).

	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.		
Employee Cost Per Pay Period (20 Paychecks)	Humana Dental Advantage	Humana PPO	Humana Traditional Preferred
Employee Only	\$11.50	\$10.72	\$19.74
Employee + One	\$22.61	\$20.36	\$38.47
Employee + Family	\$30.92	\$37.30	\$68.51

*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.

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



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 Paychecks)	
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.

Teladoc Benefit

24/7 ACCESS TO CARE

If you are enrolled in one of the ACPS group medical plans, when you or a covered dependent don't feel well and your primary care physician can't see you right away, you can now get care within minutes without leaving home.

For a cost that's less than Urgent Care or an ER visit, Teladoc gives you 24/7/365 access to a US board-certified doctor via web, phone or mobile app. It's a more convenient and affordable option for quality medical care.



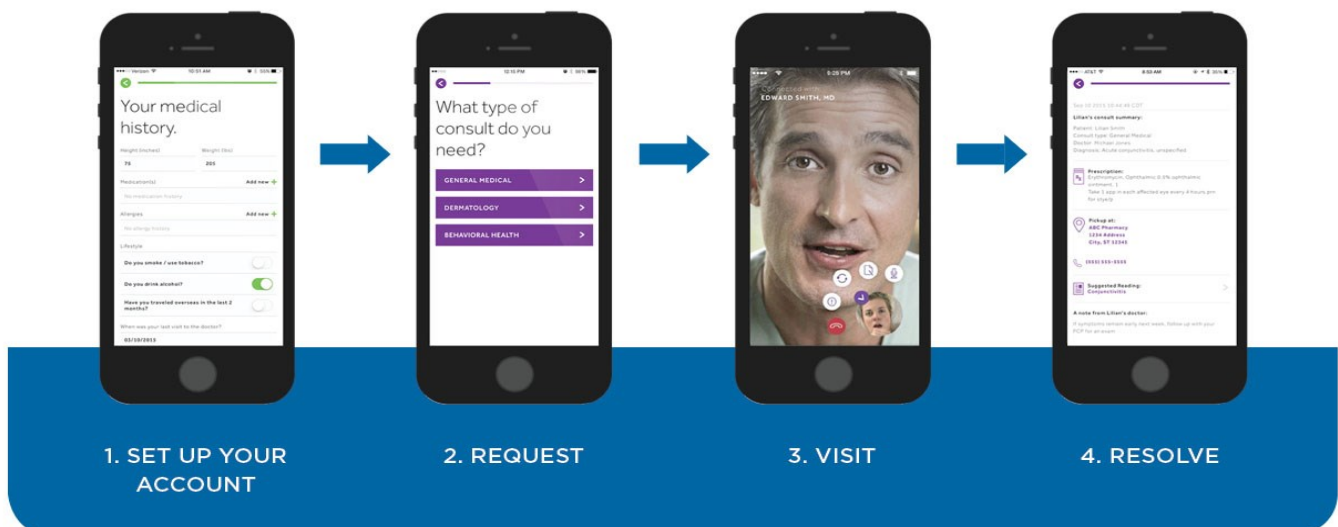
Teladoc can help with many non-emergency illnesses, including:

Sinus infections	Flu
Cough	Sore throat
Rash	Allergies
Upset stomach	Nausea

How Does Teladoc Work?

1	Register 3 easy ways: Download the mobile app, visit www.Teladoc.com or call 1-800-Teladoc
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.

Florida Blue 



Mobile apps are available for all insurance carriers. It is recommended you download apps to your mobile device and have the ability to view your ID cards, submit claims, check on claims status and view your current account and policy information.

	Medical	Florida Blue	
	Dental	Humana	
	Vision	Humana	
	Life Insurance	Sun Life	
	Life Insurance	Cigna	
	Accident & Critical Illness	Unum	
	FSA / HRA	WEX	



Basic Life & 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 new coverage will require an EOI to be completed. Approval is approved or denied through SunLife Underwriting.

Age < 40		Age 40+		¹ AGE 65-69		¹ AGE 70+	
Amount	*Per Pay	Amount	*Per Pay	Amount	*Per Pay	Amount	*Per 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

¹The 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. Your payroll deduction will automatically be updated to the new amount the month prior to your birth month when your birthday crosses into a new age-band.

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.

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



Helpful Information when selecting a Beneficiary

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 in PlanSource.

Who can be a beneficiary?

You can name: One, two or more people, or organization/charity of your choice. When you designate a beneficiary, 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 via PlanSource. Review your benefits regularly, and don't forget to make changes when your life changes, such as when you get married, or have a baby.

COVERAGE ENDS WHEN ONE OF THE FOLLOWING OCCURS:

- 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 other than retirement.

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.

After initial hire, any new coverage or a change in tiers, will require an EOI to be completed. Approval is approved or denied through Sun Life Underwriting.

Long Term Disability	Class 1	Class 2	Class 3
Salary	Over \$40,000	\$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. See table below.

Benefit Options	Maximum Monthly Benefit	Benefit Payable based on 60% of Income	Option Evaluation
Class 1	\$3,000	\$1,750	Your maximum benefit is \$1,750 (You pay higher rate without higher benefit).
Class 2	\$2,000	\$1,750	Your maximum benefit \$1,750 (You receive maximum benefit).
Class 3	\$1,500	\$1,500	Your maximum benefit is \$1,500 (You don't receive your full 60% benefit).

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.

Employee Cost Per Pay Period (Based on 20 Paychecks)

Family Coverage	\$9.57
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Additional Supplemental Term Life

Should something happen to you, will your loved ones be secure enough financially to carry on? Group Term Life Insurance can help provide for your dependents. Available 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. **Coverage is only available at New Hire and cannot be increased at anytime.**

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 (Based on 20 Paychecks)			
Benefit Amount	Employee Cost	Benefit Amount	Employee Cost
\$10,000	\$2.70	\$30,000	\$8.10
\$20,000	\$5.40	\$40,000	\$10.80

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

Employee cost adjusted with the reduction in benefit amount.

*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 however 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		Progressive Diseases
Heart Attack or Stroke	Coronary Artery Disease	Amyotrophic Lateral Sclerosis (ALS)
Major Organ Failure	Major (50%): Coronary artery bypass graft or valve replacement	Dementia, including Alzheimer's Disease
End-Kidney Failure		Multiple Sclerosis (MS)
	Minor (10%): Balloon angioplasty or stent placement	Parkinson's Disease
Supplemental Conditions		Functional Loss
Loss of sight, hearing, or speech	Occupational HIV	Cancer Conditions
Benign Brain Tumor	Hepatitis B, C or D	Invasive Cancer
Coma	Infectious Diseases (25%)	(All breast cancer is considered invasive)
Permanent Paralysis		Non-Invasive Cancer (25%)
		Skin Cancer

Cost Per Pay Period (Based on 20 Paychecks)

Employee Coverage: \$15,000 | Spouse Coverage: \$7,500 | Be Well Benefit: \$50

Age	Employee	Employee + Spouse	Age	Employee	Employee + Spouse
Under 25	\$2.51	\$4.26	55-59	\$18.08	\$27.61
25-29	\$3.23	\$5.34	60-64	\$24.11	\$37.29
30-34	\$4.22	\$6.82	65-69	\$36.89	\$55.83
35-39	\$5.75	\$9.12	70-74	\$57.32	\$86.47
40-44	\$8.09	\$12.45	75-79	\$84.23	\$126.84
45-49	\$10.34	\$16.00	80-84	\$122.30	\$183.94
50-54	\$13.31	\$20.46	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
<i>Knee Cartilage</i>		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
<i>Tendon/Ligament and Rotator Cuff</i>		Treatment & Service	Benefit Amount
Surgical repair of one	\$800	Occupational Therapy (6 per accident)	\$100
Surgical repair of two or more	\$1,200	Speech Therapy (6 per accident)	\$100
Exploratory surgery without repair	\$150	Physical Therapy (6 per accident)	\$100
<i>Dental Work, Emergency</i>		Prosthetic Device or Artificial Limb (one)	\$750
Extraction	\$100	Prosthetic Device or Artificial Limb (more than one)	\$1,500
Crown	\$300		
Eye Injury	\$300		
Laceration	\$25-\$600		
<i>Benefit varies based on location of injury</i>		Cost Per Pay Period (Based on 20 Paychecks)	
Fractures	Varies	Employee Only	\$6.11
Dislocations	Varies	Employee + Spouse	\$10.72
Burns	Varies	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 cholesterol and diabetes
• Screenings for cancer, including pap smear, colonoscopy	• Imaging studies, including chest X-ray, mammography
• Cardiovascular function screenings	• Immunizations including HPV, MMR, tetanus, influenza

Contact EAPBusiness Class™ Anytime

This is a no-cost service provided to all ACPS employees to provide a confidential resource to help with life's challenges. This benefit offers someone to talk to and resources to consult whenever and wherever you need them. All employees are entitled to three (3) counseling sessions per calendar year at no cost to you.



CONFIDENTIAL EMOTIONAL SUPPORT

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

COMPSYCH
— The GuidanceResources Company® —



WORK-LIFE SOLUTIONS

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



LEGAL GUIDANCE

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



FINANCIAL RESOURCES

Retirement & Budgeting
Taxes & Mortgages
Referral services



ONLINE SUPPORT

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



HELP FOR NEW PARENTS

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



FREE ONLINE WILL PREPARATION

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

Call: 877.595.5281

TDD: 800.697.0353

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

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Resources &
Information**



403(b) and 457 Plans

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

Provider Directory:

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

ValuTeachers

(National Life Group)

403(b) Plan 2259

457(b) Plan 2359

(770) 683-4032

www.valuteachers.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.

CHILDREN'S HEALTH INSURANCE PROGRAM

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

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).

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

Women's Health and Cancer Rights Act (WHCRA) Group health plans that provide coverage for mastectomy benefits

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, 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.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call your plan administrator (352) 955-7577.

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 30 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 30 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 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 sbac.edu/benefits and from the Benefits Department.

MICHELLE'S LAW

Plan administrators and group health plan insurers must include with any notice regarding a requirement for certification of student status. Under the ACA, group health plans are required to cover dependent children up to age 26, regardless of student status. The ACA's coverage mandate for adult children limits the impact of Michelle's Law. However, group health plans that extend coverage past the age of 26 for adult children who are students will still be subject to the requirements of Michelle's Law.

Michelle's Law protects a postsecondary student from losing full-time student status under an employer's medical coverage if the student is (i) a dependent child of a participant or beneficiary under the terms of the plan; and (ii) enrolled in a plan on the basis of being a student at a postsecondary educational institution immediately before the first day of a medically necessary leave of absence from school. A dependent covered under the law is entitled to the same benefits as if the dependent continued to be enrolled as a full-time student. The law also recognizes that changes in coverage (whether due to plan design or a subsequent annual enrollment election) pass through to the dependent for the remainder of the medically necessary leave of absence.

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.

Benefit	Contact	ID Card Issued?
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	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)		
WEX Group #: 25734	www.wexinc.com (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 (800) 352-2583	Yes
Pharmacy		
Express Scripts	www.express-scripts.com (866) 581-5255	Yes
Vision		
Humana Group #: 1003955	www.Humana.com (877) 398-2980	Yes
Voluntary Life		
CIGNA	Contact Employee Benefits	No
Employee Benefits		
Micky Miller, Insurance Specialist Lori Bolte, Benefits Coordinator www.sbac.edu/mybenefits	millermd@gm.sbac.edu boltelk@gm.sbac.edu	(352) 955-7579 or X1223 (352) 955-7577 or X1224
Benefit Administration		
The Bailey Group (904) 671-0527	Allison Profitt, Sr. Account Executive aprofitt@mbaileygroup.com	Katti Chard, Account Manager kchard@mbaileygroup.com
Retirement		
Florida Division of Retirement (FRS) Member Inquires FRS Financial Guidance Line Brandi McDowell, Retirement Specialist	(844) 377-1888 (866) 446-9377 mcdowebrn@gm.sbac.edu	(352) 955-7705