2019-2020

Benefits for

you • your family • your life

Suwannee County School District
FLORIDA

At Suwannee County School Board, your health, happiness, and wellbeing **matter**

We're committed to making sure you get the benefits package that's right for both you and your family.

Open Enrollment is your chance to ensure that your benefits package is right for you. Medical coverage, dental and vision care, and financial protection options are built around you and created to keep you in great shape, physically and financially.

Please take the time to understand all the options available to you. As a whole, we think we've created a benefit package that gives you the support you need whether you're at work, at home or even on vacation.

Finding what you need

Making your Selections 3
Medical Insurance 4
Grow SCSB Wellbeing Program..... 8
Benefit Advocate..... 9
Health Savings Account (HSA) 10
Flexible Spending Accounts (FSA)..... 12
Health Care FSA
Dependent Care FSA
Dental Insurance 14
Vision Insurance..... 16
Life and AD&D Insurance 17
Basic Life and AD&D Insurance
Additional Supplemental Term Life Insurance
Disability Insurance 18
Short-Term Disability Plan Information..... 20
Additional Benefit Options 24
Annual Rights and Notices 26
Medicare D Notice of Creditable Coverage

If you or your dependents are enrolled in or are eligible for Medicare in the next 12 months, Federal law gives enrollees more choices about prescription drug coverage. Please see page 30 for more details.

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all the terms, coverages, exclusions, limitations, and conditions of the actual contract language. The policies themselves must be read for those details. The intent of this document is to provide you with general information about your employee benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be directed to your Human Resources/Benefits Department. This guide is meant to serve as a summary. If there are differences between this guide and the carrier contract, the contract will govern.

Making your Selections

Choosing your Benefits

There are up to **three** times during the year when you'll be able to select your benefits. Choose carefully! The choices you make now will be in effect through April 2020.

When you're first hired

Your coverage begins on your **benefit eligibility date**, which is the first day of the month following 30 days of full-time employment.

If you have a life change

Certain life events like marriage, divorce, birth or adoption of a child, or a change in employment status may allow you to change your coverage during the year.

If this occurs, you have **30 days** from the date of the event to request applicable changes to your benefits.

At Open Enrollment

Open Enrollment is your opportunity once each year to evaluate your benefit options and make selections for the following year.

Benefits selected at Open Enrollment are effective **May through April**.

Covering your Family

Your Spouse

You may cover your spouse on your medical, dental, vision, life insurance, and additional coverage plans.

Your Children

Medical	through the end of the **calendar year** in which they reach age **30**.
Dental	until age **30.**
Vision	through the end of the **calendar year** in which they reach age **26.**
Child Life	through their **20th birthday** if unmarried; until age **26** if a full-time student.
ID Shield	until age **18**.

Disabled dependents: children who became disabled before age 26 and rely on you for support are also eligible for health coverage.

Documentation: For each dependent you cover, you will be required to provide their **Date of Birth** and **Social Security Number** along with their **Birth Certificate** and/or **Marriage License**.

Medical Insurance

Important Terms

Insurance can sometimes sound like a foreign language. Take a moment to review the meaning of these common terms to best understand your benefit plans.

Copay

A flat fee you pay whenever you use certain medical services, like a doctor visit.
Accrues toward your out-of-pocket maximum.

Coinsurance

The percentage of covered expenses you continue to pay after you've met your deductible and before you reach your out of pocket maximum.
Accrues toward your out-of-pocket maximum.

Network

A specific group of doctors, facilities, hospitals, and providers who contract with the insurance plan. In-network providers are your lowest cost for care.

Deductible

The annual dollar amount you pay before your insurance begins paying deductible-eligible claims.
Accrues toward your out-of-pocket maximum.

Out-of-Pocket Maximum

The most you will pay during the calendar year for covered expenses. This includes copays, deductibles, coinsurance, and prescription drugs.

Balance Billing

The amount you are billed to make up the difference between what your **out-of-network** provider charges and what insurance reimburses.

Balance Billing is in addition to, and does not count toward your out-of-pocket maximum.

VISIT WWW.EXPLAINMYBENEFITS.COM/SCSB FOR MORE INFORMATION ON THE BENEFIT PLANS AVAILABLE TO YOU.

FLORIDA BLUE

Florida Blue

78170

www.floridablue.com

1-800-352-2583

Download the Florida Blue Mobile app for claims information, to access your ID card, find a doctor, and more!

Available on the App Store

GET IT ON Google play

Cost Saving Strategies

You've heard the saying "you get what you pay for", but that doesn't always apply with medical care.

There are many ways to save money and get better care using your Florida Blue medical plan through Suwannee County School Board. Take a look!

Stay in-network

This is the easiest way to save money!

Visit www.floridablue.com to find an in-network doctor or hospital.

Ask before you go

If your primary care doctor refers you somewhere, make sure they're in-network before you go.

Check the price!

Before elective surgery or an MRI / CT scan, search facilities and providers on www.floridablue.com to find the most bang for your buck.

Stick with lower-cost labs

Quest Diagnostics can get you the same quality service with big savings!

LabCorp is out of network

Use free-standing facilities

Using an independent radiology center over an outpatient hospital for things like CT scans and MRIs can save you hundreds of dollars.

Use outpatient surgery

For a colonoscopy, GI endoscopy, or other outpatient procedure, try an outpatient surgery center and save hundreds or thousands of dollars.

Compare your Options

Choose between four medical plans, plus a hospital indemnity option, to best meet your needs. The Hospital Indemnity option is available to employees only, and is not a substitute for major medical coverage.

	HDHP with HSA Plans			
	HSA BlueCare *(122/123)*	HSA BlueOptions *(5192/93)*	BlueCare HMO *(54)*	Blue Options PPO *(5781)*
Provider Choice	**In-Network care only** *Except in the case of a true emergency, this plan only covers care through in-network **BlueCare** providers.*	**Use any provider** *However, you will pay less for care if you use in-network (**BlueOptions**) providers.*	**In-Network care only** *Except in the case of a true emergency, this plan only covers care through in-network **BlueCare** providers.*	**Use any provider** *However, you will pay less for care if you use in-network (**BlueOptions**) providers.*
Paying for Care	**Deductible then Coinsurance** *Most care is subject to the deductible. You then pay a percentage of the cost of care until your expenses meet the out-of-pocket maximum.*		**Copays** *You pay a copay for most services until your expenses meet the out-of-pocket maximum.*	
Prescription Drugs	**Deductible then Copay** *Your medical deductible must be met before you pay a copay until your expenses meet the out-of-pocket maximum.*		**Copays** *You pay a copay for prescriptions until your expenses meet the out-of-pocket maximum. Brand name medications have a deductible before your copays apply.*	

Your per-paycheck cost for coverage

	HSA BlueCare *(122/123)*	HSA BlueOptions *(5192/93)*	BlueCare HMO *(54)*	BlueOptions PPO *(5781)*	Hospital Indemnity Plan
Employee Only	$40.22	$90.27	$117.72	$191.91	$10.00
+ Spouse	$385.87	$504.97	$570.31	$746.89	
+ Child(ren	$250.63	$342.70	$393.20	$529.73	
Family	$571.23	$727.35	$812.99	$1,044.49	
Dual Spouse	$360.98	$517.10	$602.74	$834.24	

$420.50

Did you know? Suwannee County School Board contributes **$420.50** per month ($210.25 each pay period) towards the cost of your Suwannee County School Board group major medical insurance.

Medical Plan Summaries

	HSA BlueCare *(122/123)*	HSA BlueOptions *(5192/93)*	BlueCare HMO *(54)*	BlueOptions PPO *(5781)*
In-Network Coverage				
Deductible DED	$5,000 **single** coverage $10,000 **family** coverage	$3,500 **per person** $7,000 **max. per family**	$5,000 **per person** $10,000 **max. per family**	$1,500 **per person** $4,500 **max. per family**
Out-of-Pocket Maximum	$6,550 **single** $13,100 **family**	$6,500 **per person** $13,000 **max. per family**	$6,350 **per person** $12,700 **max. per family**	$5,500 **per person** $11,000 **max. per family**
Preventive Care	100% covered	100% covered	100% covered	100% covered
Primary Doctor Visit	DED then 10%	DED then 30%	$50 copay	$30 copay
Specialist Visit	DED then 10%	DED then 30%	$65 copay	$55 copay
Independent Labs	DED	DED	100% covered	100% covered
Outpatient X-Rays	DED then 10%	DED then 30%	Facility: $65 copay Hospital: DED then 30%	Facility: $50 copay Hospital: DED then 30%
Imaging: MRI / CT	DED then 10%	DED then 30%	Facility: $500 copay Hospital: DED then 30%	Facility: $250 copay Hospital: DED then 30%
Urgent Care Center	DED then 10%	DED then 30%	$85 copay	$60 copay
Emergency Room	DED then 10%	DED then 30%	$350 copay	$250 copay
Hospital Admission	DED then 10%	Opt 1: DED then 30% Opt 2: DED then 35%	DED then 30%	DED then 30%
Outpatient Surgery	DED then 10%	DED then 30%	DED then 30%	Surgical Center: $200 Hospital: DED then 30%
If you elect **family coverage** on the **HSA BlueCare** Plan, the annual out-of-pocket maximum for any one person is **$6,850**				
Out-of-Network Coverage *(plus balance billing)*				
Deductible	Not Covered	$5,000 | $10,000	Not Covered	$4,500 | $13,500
Coinsurance	Not Covered	40% after deductible	Not Covered	50% after deductible
Out-of-Pocket Max.	Not Covered	$11,600 | $24,200	Not Covered	$11,000 | $22,000
Hospital Deductible	Not Applicable	**$500 per admission**	Not Applicable	**$500 per admission**
Pharmacy Coverage				
Rx Deductible DED	Combined with Medical	Combined with Medical	$300 *(Brand Drugs)*	$300 *(Brand Drugs)*
Retail Prescriptions *(up to 30 days)*				
Generic	DED then $10	DED then $10	$10 copay *(no deductible)*	$10 copay *(no deductible)*
Preferred Brand	DED then $50	DED then $50	DED then $50	DED then $60
Non-Preferred	Not Covered	DED then $80	DED then $80	DED then $100
Mail Order Prescriptions *(90 days)*				
Generic	DED then $25	DED then $25	$25 copay *(no deductible)*	$25 copay *(no deductible)*
Preferred Brand	DED then $125	DED then $125	DED then $125	DED then $150
Non-Preferred	Not Covered	DED then $200	DED then $200	DED then $250

HOSPITAL INDEMNITY PLAN OPTION

Florida Combined Life

Pays **$100** per day of hospitalization up to 365 days and includes a **$50,000** life insurance policy. May not be purchased with one of the major medical plans.

This is a supplement to health insurance and is NOT a substitute for major medical coverage. Lack of major medical coverage or other minimum essential coverage may result in additional payment with your taxes.

Grow SCSB Wellbeing Program

Grow, Thrive, and Prosper with SCSB

All benefit-eligible employees of Suwannee County School Board are automatically enrolled in the **Grow SCSB Wellbeing Program**.

What's here:

Offered through Navigate Wellbeing Solutions, Grow SCSB is full of resources for you to enjoy:

- healthy recipes
- workout videos
- meal planning
- challenges
- and more!

Track your activities throughout the year, sign up for challenges, and watch your progress grow!

Three steps to success

Wellbeing Survey

When you answer questions about your health and habits through our private **Wellbeing Survey**, you'll get a personalized report with recommendations to help you address your wellbeing needs and make real, positive changes.

Biometrics

When you get your biometric screening, enter your results to get a better understanding of your total health picture.

Challenge yourself

Participate in the wellbeing challenges that are offered to you throughout the year. You can sign up with a team or as an individual and test yourself against friends to achieve your goals. Track your activities online or connect your favorite device and get moving.

NAVIGATE WELLBEING SOLUTIONS

navigate Wellbeing Solutions

www.growscsb.com

1-888-282-0822

Wellbeing, defined

Wellbeing is more than the number on a scale or the size of your clothes.

Our lives are complex, and our state of wellbeing is defined by multiple components working together to feed our minds, our bodies, and our spirits. We have designed this program to provide you with the resources and motivation that allows you be the best version of yourself.

- Purpose
- Physical
- Mindfulness
- Social
- Balance
- Nutrition
- Financial
- Community

If you are unable to participate in any of the health-related activities to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Becky Skipper at becky.skipper@suwannee.k12.fl.us.

Register Online

Visit www.GrowSCSB.com and click **Join Now;** follow the instructions to create your account.

Once you're registered, you can:

- Sync apps and devices
- Browse the exercise, yoga, and meditation library
- Search recipes,
- and more!

Please note: rewards are considered taxable income

Benefit Advocate

We offer you and your family access to our **no-cost**, **confidential** benefit advocate to help you make the best of your Suwannee County School Board benefit plans.

Contact our dedicated Advocate for assistance on items such as:

- **Explanation of benefits**. Is it unclear to you what the insurance covered on a particular claim and what is your responsibility?
- **Prescription/pharmacy problems**. Is the pharmacy telling you that your medication is not covered or charging you full price? Do you need help getting an authorization on a medication?
- **Benefits questions**. Are you unsure if the insurance will pay for a certain procedure?
- **Claim issues**. Did you receive a bill from a doctor, but don't know why?
- **Difficult situations**. Are you having difficulty getting a referral? Has the insurance carrier denied a procedure, and you want to appeal their decision?

Assistance is **free** and **confidential**!

Contact Information

Eileen Dayton
Advocate

844-781-8500
toll-free

Monday through Friday
8:00am - 6:00pm EST

bac.suwannee@ajg.com

Health Savings Account (HSA)

Savings when you need care

When you enroll in one of our HDHP plans, the HSA is a great way to handle any medical, prescription, dental, and vision expenses not covered by insurance.

Enrolling in one of our **HDHP with HSA** plans allows you to make regular, tax-free contributions to your Health Savings Account through payroll, **and that's not all:**

- You own the account, even if you change plans or jobs;
- There are federal, state and FICA tax savings;
- Your funds roll over from year to year;
- You may change your contribution any time during the year, as long as you don't exceed the maximum;
- Any withdrawal for qualified health expenses is tax-free; and
- Monthly account administrative fees are waived for SCSB employees.

2019 Maximum Annual HSA Contribution

If you cover only yourself

$3,500

If you cover any dependents

$7,000

Age 55 or older?

You may contribute an extra **$1,000** per year in catch-up contributions.

Contribution maximums are set by the IRS ,include contributions from all sources, and assume 12 months of coverage in the HDHP Plan. Maximums may be pro-rated on a monthly basis for coverage lasting less than 12 months.

Opening your HSA for the first time

APPLICATION

Complete the First Federal account application available when you enroll online.

BRANCH

Bring your application to your nearest First Federal branch to complete your setup and receive your debit card.

PAYROLL

Submit your account information to payroll to begin your payroll deductions.

FIRST FEDERAL BANK

First Federal BANK of FLORIDA

www.ffbf.com

386-362-3433 ext 1985

The HSA Advantage

Sara has an individual HSA

She saves directly from her paycheck into her HSA

$900 annually ($37.50 per paycheck)

-$0 (No income tax is applied)

$900

Tax-free money to cover medical expenses

Jeff doesn't have an HSA

He saves for medical expenses from his paycheck

$900 annually ($37.50 per paycheck)

- $225 (25% federal income tax)

$675

Post-tax money to cover medical expenses

Good to know:

Your funds are available as soon as they are deposited and you can use your money in two ways:

1 Pay for out-of-pocket costs when you receive medical, prescription, dental, or vision care

OR

2 Leave the money in your account so it will carry over from year-to-year and grow tax-free

Please remember that you'll need to enroll in one of our HDHP plans to join our HSA. Also, you can't contribute to an HSA if you're in another medical plan (including Medicare or TRICARE) or are a dependent on someone else's tax return. In these cases, you can still enroll in the HDHP plan, but you'll need to opt out of the HSA.

VISIT WWW.EXPLAINMYBENEFITS.COM/SCSB FOR MORE INFORMATION ON THE BENEFIT PLANS AVAILABLE TO YOU.

Do you have questions about your eligibility or how an HSA might affect your taxes? Contact your tax professional for advice.

Flexible Spending Accounts (FSA)

Health Care FSA

Pay for qualifying medical, pharmacy, dental, and vision expenses using pre-tax funds with a Health Care FSA.

By the numbers:

Maximum Contribution	**$1,500** annually
***Incur* claims** The date the service (doctor visit, rx fill, test, etc.) actually happens	**May** through **April**
***Submit* claims** The date you provide the claim information to Discovery Benefits	through **July 31, 2020**

Good to know:

If you enroll in the **HDHP plan** and are eligible to contribute to an HSA, you are **not eligible** for a Health Care FSA. You may use the funds in your HSA to pay for eligible expenses.

Estimate carefully! Any leftover funds at the end of the year will be forfeited per IRS requirements. Changes cannot be made to your contribution election during the year without a qualifying life change. (**Use it or lose it**)

Did you know....

For each dollar you contribute to a Flexible Spending Account, you save about **$0.30** in taxes (your actual amount depends on your tax bracket).

DISCOVERY BENEFITS

Discovery Benefits

27561

www.discoverybenefits.com

1-866-451-3399

Dependent Care FSA

Pay for qualifying dependent care on behalf of an eligible individual using pre-tax funds with a Dependent Care FSA.

Did you know....

For each dollar you contribute to a Flexible Spending Account, you save about **$0.30** in taxes (your actual amount depends on your tax bracket).

By the numbers:

Maximum Contribution	**$5,000** annually *married filing separately: $2,500*
***Incur* claims** The date the care actually occurs	**May** through **April**

Good to know:

- Expenses must be necessary for you and your spouse (if applicable) to work or attend school.
- Only the amount you've contributed year to date is available at any one time.
- Eligible individuals are typically defined as a dependent child under the age of 13 or a spouse / adult tax dependent who is incapable of self-care.

Estimate carefully! Any leftover funds at the end of the year will be forfeited per IRS requirements. Changes cannot be made to your contribution election during the year without a qualifying life change. (**Use it or lose it**)

DISCOVERY BENEFITS

Discovery Benefits

27561

www.discoverybenefits.com

1-866-451-3399

Dental Insurance

Dental care that makes you smile

Visit any licensed dentist you like; but choose an in-network dentist and you'll make the most of your plan.

QUALITY ASSURANCE

In-network dentists are monitored for proper licensing, cleanliness, and safety.

NO PRE-PAYMENT

You'll pay only your portion of the bill - The Standard pays your in-network dentist directly.

NO BALANCE BILLING

You won't be charged more than the rate negotiated by your in-network provider.

LOWER PRICES

Through reduced fees when you choose an in-network provider

Dental network options	Your cost for care
In-Network *Provides greater savings and* ***no balance billing***	$
Out-of-Network *You pay based on full price (no discounts) and* ***balance billing applies***	$ $ $ $

THE STANDARD

157141

www.standard.com

1-800-547-9515

Plan Summaries

	Low Plan	High Plan
Deductible DED	$50 single coverage $150 family coverage	$50 single coverage $150 family coverage
Annual Benefit Maximum	$750 per person	$1,250 per person
In-Network Care		
Preventive Care *(cleanings, exams, x-rays)*	100% Covered (no DED)	100% Covered (no DED)
Basic Care *(endodontics, periodontics, composite fillings on all teeth)*	DED then 20%	DED then 20%
Major Care *(crowns and dentures)*	DED then 50%	DED then 50%
Child & Adult Orthodontia	50% *($1,000 lifetime maximum per person)*	50% *($1,000 lifetime maximum per person)*
Out-of-Network Care		
Preventive Care *(cleanings, exams, x-rays)*	100% Covered (no DED) *Plus balance billing*	100% Covered (no DED) *Plus balance billing*
Basic Care *(endodontics, periodontics, composite fillings on all teeth)*	DED then 20% *Plus balance billing*	DED then 20% *Plus balance billing*
Major Care *(crowns and dentures)*	DED then 50% *Plus balance billing*	DED then 50% *Plus balance billing*
Child & Adult Orthodontia	50% *($1,000 lifetime maximum per person)* *Plus balance billing*	50% *($1,000 lifetime maximum per person)* *Plus balance billing*

Our dental plan uses the Ameritas dental network. To locate an in-network provider:

- Visit www.dentalnetwork.ameritas.com
- Enter your location and select the **Classic (PPO)** Network

Balance billing is the amount you are billed to make up the difference between what your **out-of-network** provider charges and what insurance reimburses.

Your per-paycheck cost for coverage

	Low Plan	High Plan
Employee Only	$14.73	$17.33
+ Spouse	$38.85	$45.71
+ Child(ren	$32.71	$38.48
Family	$55.20	$64.95

Vision Insurance

Focus on your vision

Vision care through **The Standard** helps keep your eyes healthy and your vision sharp. Look for a provider who participates in the **VSP Choice** network.

	In-Network	Out-Of-Network
Eye Exam *(every 12 months)*	$10 copay	$10 copay then up to $45 allowance
Materials *(lenses and/or frames)*	$10 copay	$10 copay Not applicable
Lenses: Single / Bifocal / Trifocal *(every 12 months)*	Covered after copay	Up to $30 / $50 / $65 allowance
Frames *(every 24 months)*	$150 allowance after copay	Up to $75 allowance
Elective Contact Lenses *(every 12 months)*	**Exam**: you pay up to $60 **Lenses**: $150 allowance	**Exam**: No Benefit **Lenses**: Up to $120 allowance
Medically Necessary Contact Lenses	Covered 100%	Up to $210 allowance

Elective contact lenses are available in lieu of glasses (lenses and/or frames). You are not eligible for glasses for 12 months after you receive elective contacts, and vice-versa.

Your per-paycheck cost for coverage

	Vision Coverage
Employee Only	$2.92
Employee + One	$5.81
Family	$7.79

THE STANDARD

157141

www.standard.com

1-800-547-9515

Life and AD&D Insurance

Coverage for the unexpected

Providing your family with peace of mind and financial security.

Basic Life and AD&D Insurance

We provide **life insurance** and **accidental death and dismemberment (AD&D)** coverage in the amount of **$5,000** at no cost to you through **The Standard**. Make sure you designate a beneficiary who will receive your life insurance payment if you pass away while covered under this policy.

Additional Supplemental Term Life Insurance

To supplement the life insurance coverage provided by Suwannee County School Board, you have the option to purchase additional term life insurance for yourself and your dependents through **The Standard**. Your cost depends on your age and coverage level. Rates are reflected in your benefit enrollment system. **You must cover yourself to purchase coverage for your dependents.**

We also offer a Lifetime Benefit Term Insurance option; see page 25 for details.

Employee Coverage

Available increments	$10,000
Coverage maximum	5 times salary to $250,000
Medical question limit	*$150,000*

Spouse Coverage

Available increments	$5,000
Coverage maximum	50% of employee amount
Medical question limit	*$25,000 (ages 60-69: $1,000)*

Child Coverage

Policy amount	$10,000 - *Covers all eligible children (14 days to 6 months: $500)*
Coverage maximum	50% of employee amount

Your monthly cost for life insurance

Your age	**Cost** per **$1,000** of coverage
0-24	$0.124
25-29	$0.174
30-34	$0.204
35-39	$0.270
40-44	$0.360
45-49	$0.482
50-54	$0.622
55-59	$0.694
60-64	$1.054
65-69	$2.224
70 +	$3.564

Medical Question Limit

As a **newly eligible employee**, you may elect up to the medical question limit with no medical questions required. **Initial** requests to purchase coverage over the medical question limit amount will be subject to medical questions and approval by The Standard. **Future** requests to purchase this coverage after your initial opportunity will be subject to medical questions and approval by The Standard.

If your Life Insurance election requires medical questions, your coverage will be effective and paycheck deductions will begin when approval is received from The Standard.

Disability Insurance

Protecting your income

Insurance for your paycheck if you become unable to work due to disability.

Disability Insurance Matters

How long can you pay the bills without an income? A few weeks? Maybe a month? What happens if you get sick or have an accident and can't work? How will the rent or mortgage get paid? What about groceries, insurance, and shoes for the kids?

Disability happens. Studies estimate that just over **one in four** of today's 20-year olds will become disabled before they retire[1]. **Do you have a rainy day fund?** More than half of Americans have **less than $1,000** in savings[2]. What would you do if your income stopped because you couldn't work?

Short-term disability insurance is designed to fill the financial gap while you get better. Or, in the event you can't return to work, **long-term** disability insurance can help provide you and your family with a continuing source of income. You may purchase one or both of these policies through The Standard. Cost information is available when you enroll online.

[1]U.S. Social Security Administration, Fact Sheet 2017
[2]GoBankingRates Savings Survey, 2017

VISIT WWW.EXPLAINMYBENEFITS.COM/SCSB FOR MORE INFORMATION ON THE BENEFIT PLANS AVAILABLE TO YOU.

Short-Term Disability Insurance

Short-Term Disability insurance is designed to provide you with income protection on a more immediate basis if you are unable to work due to a covered, non work-related injury or illness. You have two options available for purchase through The Standard: **Option One** and **Option Two**. Your cost for coverage depends on your benefit choice and your income.

	Option One	Option Two
Benefits begin:	after the **7th day** of your inability to work due to an illness or injury	after the **14th day** of your inability to work due to an illness or injury
Benefit amount	**60%** of your earnings to a maximum of **$1,500** per week	
How long payments last	Up to **12 weeks**	Up to **11 weeks**

As a **newly eligible employee**, you may elect either Short-Term disability plan with no medical questions required. Any future enrollment or increase requests *(i.e. Option Two to Option One)* will be subject to medical questions and approval by The Standard.

See pages 20-24 in this guide for more information on this benefit.

Long-Term Disability Insurance

Long-Term Disability insurance is designed to provide you with lasting income protection in the event you're unable to return to work. You may purchase this plan through The Standard; your cost for coverage depends on your income.

Benefits begin:	after the **90th day** of your inability to work due to an illness or injury
Benefit amount	**60%** of your earnings to a maximum of **$2,500** per month
How long payments last	until **age 65** *(later if you become disabled after age 62)*

This policy has a **pre-existing condition limitation** which means that conditions you received treatment for during the **three months** prior to the start of the coverage are excluded for the first **12 months** of coverage.

As a **newly eligible employee**, you may elect Long-Term disability insurance with no medical questions required. Any future enrollment requests will be subject to medical questions and approval by The Standard.

If your disability plan election requires medical questions, your coverage will be effective and paycheck deductions will begin when approval is received from The Standard.

Short-Term Disability Plan Information

Standard Insurance Company
School Board of Suwannee County
Group Policy #157141

Group Short Term Disability Insurance

Protect your income and those who depend on it.

This coverage replaces a portion of your income when you can't work because of a qualifying disability. Even if you're healthy now, it's important to protect yourself and the people who count on your income. This insurance can help you pay the bills when you're unable to work.

This plan offers:

- Competitive group rates
- Benefits for a qualifying disability that is not work-related

About This Coverage

See the Important Details section for more information, including requirements, exclusions and definitions.

What Your Benefit Provides This is the benefit you'd receive if you were to suffer a qualifying disability. Eligible earnings are your weekly insured predisability earnings, as defined by the group policy. Your benefit amount will be reduced by deductible income; see the Important Details section for a list of deductible income sources.	**60%** of your eligible earnings, up to a maximum benefit of **$1,500** per week. Plan minimum **$15** per week.
Benefit Waiting Period If you suffer a qualifying disability, your benefit waiting period is the length of time you must be continuously disabled before you can begin receiving your weekly benefit.	**Option 1** 7 days for accidental injury 7 days for physical disease, pregnancy or mental disorder **Option 2** 14 days for accidental injury 14 days for physical disease, pregnancy or mental disorder
How Long Your Benefits Last This is the maximum length of time you could be eligible to receive a weekly disability benefit.	**Option 1** 12 weeks **Option 2** 11 weeks

How Much Your Coverage Costs

Because this insurance is offered through School Board of Suwannee County, you'll have access to competitive group rates that may be more affordable than those available through individual insurance. How much your premium costs depends on a number of factors, such as your age and benefit amount.

Use this formula to calculate your premium payment:

_____ x 0.60 x _____ ÷ 10 = _____

Enter your weekly earnings (cannot be more than $2,500).

Enter your rate from the rate table.

This amount is an estimate of how much you'd pay each month.

Your Age (as of May 1)	Rate per $10 of benefit Option 1 / Option 2
<50	$0.561 / $0.439
50–59	$0.589 / $0.460
60+	$0.958 / $0.747

Not being able to work also means not being able to earn a paycheck. As you consider Short Term Disability insurance, think about the expenses you would need to cover if you were to become disabled:

- Mortgage or rent
- Utilities
- Groceries
- Medical bills
- Car insurance
- Childcare costs

To estimate your insurance needs, you'll need to consider your unique circumstances.
Use our online calculator at **www.standard.com/disability/needs**.

Important Details

Here's where you'll find the nitty-gritty details about the plan.

Eligibility Requirements

A minimum number of eligible employees must apply and qualify for the proposed plan before the coverage can become effective. If this requirement is not met, this plan will not become effective. To be eligible for coverage, you must be:

- An active employee of School Board of Suwannee County
- Regularly working at least 20 hours per week

Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible.

Employee Coverage Effective Date

To become insured, you must:

- Meet the eligibility requirements listed above
- Serve an eligibility waiting period*
- Apply for coverage and agree to pay premiums
- Be actively at work (able to perform all normal duties of your job) on the day before the scheduled effective date of insurance

If you are not actively at work on the day before the scheduled effective date of insurance, your insurance will not become effective until the day after you complete one full day of active work as an eligible employee.

All late applications (applying 31 days after becoming eligible), requests for coverage increases and reinstatements are subject to medical underwriting approval. Please contact your human resources representative or plan administrator for more information regarding the requirements that must be satisfied for your insurance to become effective.

*Defined as first of the month that follows 30 consecutive days as a member

Definition of Disability

You will be considered disabled if, as a result of physical disease, injury, pregnancy or mental disorder:

- You are unable to perform with reasonable continuity the material duties of your own occupation, or
- You are unable to earn more than 60 percent of your predisability earnings when you work for your employer.

Exclusions

Subject to state variations, you are not covered for a disability caused or contributed to by any of the following:

- An intentionally self-inflicted injury, while sane or insane
- War or any act of war (declared or undeclared, and any substantial armed conflict between organized forces of a military nature)
- An activity arising out of or in the course of any employment for wage or profit

Limitations

Short Term Disability benefits are not payable for any period when you are:

- Not under the ongoing care of a physician in the appropriate specialty, as determined by The Standard
- Eligible to receive benefits for your disability under a workers' compensation law or similar law
- Working for wage or profit for any employer other than the employer offering your Short Term Disability coverage, including self-employment

When Your Benefits End

Your Short Term Disability benefits end automatically on the date any of the following occur:

- You are no longer disabled
- Your maximum benefit period ends
- Long term disability benefits become payable to you under a Long Term Disability plan issued by The Standard
- You pass away
- The date you begin working for an employer other than your employer, or become self-employed

Deductible Income

Your benefits will be reduced if you have deductible income, which is income you receive or are eligible to receive while receiving Short Term Disability benefits. Deductible income includes:

- Amounts under unemployment compensation law
- Amounts under any state disability income benefit law or similar law
- Earnings from work activity while you are disabled
- Earnings or compensation included in your predisability earnings which you receive or are eligible to receive while Short Term Disability benefits are payable
- Any amount you receive by compromise, settlement or other method as a result of a claim for any of the above

When Your Insurance Ends

Your insurance ends automatically when any of the following occur:

- The date the last period ends for which a premium was paid
- The date your employment terminates
- The date the group policy (or your employer's coverage under the group policy) terminates
- The date you cease to meet the eligibility requirements (insurance may continue for limited periods under certain circumstances)
- The date School Board of Suwannee County ends participation in the group policy

Group Insurance Certificate

If coverage becomes effective and you become insured, you will receive a group insurance certificate containing a detailed description of the insurance coverage, including the definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be in the group policy. The information present in this summary does not modify the group policy, certificate or the insurance coverage in any way.

About Standard Insurance Company

For more than 100 years, we have been dedicated to our core purpose: to help people achieve financial well-being and peace of mind. Headquartered in Portland, Oregon, The Standard is a nationally recognized provider of group employee benefits. To learn more about products from The Standard, visit us at **www.standard.com**.

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon, in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

GP399-STD/TRUST, Series 90 (FL/MD/VT)

Standard Insurance Company
1100 SW Sixth Avenue
Portland OR 97204

www.standard.com

SI 12504-D-FL-157141 (3/18)
5580787-181489

Additional Benefit Options

Extra protection for you and your family

We offer additional benefit options for purchase to provide you and your family with the protection you need. These benefit plans pay directly to you - not a doctor or a hospital - and most are portable, which means you can take them with you if you leave Suwannee County School Board. Please see the benefit summaries available online for all of these plans.

Hospital Indemnity Plan

The **APL** Hospital Indemnity Plan can help offset your out-of-pocket costs for care including deductible, coinsurance, copays, and services not covered under your medical plan for hospitalization and inpatient surgery.

Choose between two plans:

- **High plan:** $2,500 initial hospital admission benefit
- **Low plan**: $1,500 initial hospital admission benefit

Your per paycheck cost for coverage

	High Plan	Low Plan
Employee Only	$16.45	$10.90
Employee + Spouse	$30.44	$20.19
Employee + Child(ren)	$23.69	$15.44
Employee + Family	$37.42	$24.52

Identity Theft Protection

IDShield monitors your social security number, bank accounts, credit cards, even your social media accounts to watch for status changes and alert you. In the event your identity is compromised, IDShield partners with Kroll, a leader in theft investigative services, to help restore your identity to the way it was.

If you cover your family, IDShield also monitors the credit and social security numbers of your minor children.

Your per paycheck cost for coverage

Employee Only	$3.75
Family	$7.13

VISIT WWW.EXPLAINMYBENEFITS.COM/SCSB FOR MORE INFORMATION ON THE BENEFIT PLANS AVAILABLE TO YOU.

Accident Coverage

Accident coverage through **CHUBB** pays if you are injured in an accident on- or off-the-job (24-hour coverage).
A wellness benefit is included. Benefits are paid for:

- Fractures and dislocations
- Tendon and ligament tears
- Burns and stitches
- Hospitalization
- Medical expenses & various treatments
- Doctor visits and more

Wellness benefit: pays **$100** per member each year for wellness screenings after a 90-day waiting period.

Your per paycheck cost for coverage

Employee Only	$8.66
Employee + Spouse	$13.40
Employee + Child(ren)	$20.87
Employee + Family	$25.35

Critical Illness Coverage

Critical Illness coverage through **CHUBB** pays a benefit for specified diagnoses including heart attacks, strokes, and invasive cancer. Choose a lump sum amount in $5,000 increments up to $30,000.

- **Family coverage** is available. Your spouse and child benefit is 50% of your lump sum amount.
- **Wellness Benefit**: pays $50 per member per year for routine screenings after a 30-day waiting period.

Your **cost** depends on your age and the coverage elected, and is shown in the benefit system when you enroll.

Lifetime Benefit Term Insurance

Lifetime Benefit Term Insurance through **CHUBB** is designed to match your needs throughout your lifetime. Coverage is available for employees, spouses, and children, and is the same price for you until age 120.

- **Death benefit** is paid upon your passing if you remain covered by the policy.
- **Long Term Care (Living) benefit** pays 4% of your death benefit per month for 25 months, with the remaining amount (if any) paid as a death benefit.

Your **cost** depends on your age and the coverage elected and is shown in the benefit system when you enroll.

Annual Rights and Notices

This section contains important information about your benefits and rights. Please read the following pages carefully and contact Human Resources with any questions you have.

Availability of Summary Health Information - Choosing a health coverage option is an important decision. To help you make an informed choice, a Summary of Benefits and Coverage ("SBC") is available, which summarizes important information about any health coverage option in a standard format, to help you compare across options. The SBC and SBC Glossary is available on the web at: *www.suwannee.k12.fl.us*. To view documents, please click on the Resources tab, and go to Staff. Other important insurance information is also available in this location, including Marketplace Notice and COBRA Continuation Coverage Rights. Paper copies of these documents are available, free of charge, by calling Teri Jones at (386) 647-4616.

HIPAA Special Enrollment Rights – If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact your Benefits or HR Administrator.

Section 111 – Effective January 1, 2009 Group Health Plans are required by the Federal government to comply with Section 111 of the Medicare, Medicaid, and SCHIP Extension of 2007's new Medicare Secondary Payer regulations. This mandate is designed to assist in establishing financial liability of claim assignments. In other words, it will help to establish who pays first. The mandate requires Group Health Plans to collect additional information such as social security numbers for all enrollees, including dependents aged six months or older. Please be prepared to provide this information on your Benefit Enrollment Form when enrolling into benefits.

Women's Health and Cancer Rights Act of 1998 – 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 all stages of reconstruction of the breast on which the mastectomy was performed, surgery and reconstruction of the other breast to produce a symmetrical appearance, prostheses; and treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

Newborns' and Mothers' Health 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 insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Patient Protection – If your group health plan requires or allows the designation of a primary care provider, you have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. If the plan or health insurance coverage designates a primary care provider automatically, until you make this designation, the group health plan will make one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the health plan. For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from the group health plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals.

For a list of participating health care professionals who specialize in obstetrics or gynecology, or for information on how to select a primary care provider, and for a list of the participating primary care providers, contact the Plan Administrator or refer to the carrier website.

It is your responsibility to ensure that the information provided on your application for coverage is accurate and complete. Any omissions or incorrect statements made by you on your application may invalidate your coverage. The carrier has the right to rescind coverage on the basis of fraud or misrepresentation.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP) – If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

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

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

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states [see following pages], you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2019. Contact your State for more information on eligibility.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP) - State Contact Information:

Alabama Medicaid	**Website:** http://myalhipp.com/ **Phone:** 1-855-692-5447
Alaska Medicaid	**The AK Health Insurance Premium Payment Program Website:** http://myakhipp.com/ **Phone**: 1-866-251-4861 | **Email:** CustomerService@MyAKHIPP.com **Medicaid Eligibility:** http://dhss.alaska.gov/dpa/Pages/medicaid/default.asp
Arkansas Medicaid	**Website:** http://myarhipp.com/ **Phone**: 1-855-MyARHIPP (855-692-7447)
Florida Medicaid	**Website:** http://flmedicaidtplrecovery.com/hipp/ **Phone:** 1-877-357-3268
Georgia Medicaid	**Website:** http://dch.georgia.gov/medicaid Click on Health Insurance Premium Payment (HIPP) **Phone:** 404-656-4507
Indiana Medicaid	*Healthy Indiana Plan for low-income adults 19-64:* **Website:** http://www.in.gov/fssa/hip/ | **Phone:** 1-877-438-4479 *All other Medicaid:* **Website:** http://www.indianamedicaid.com | **Phone** 1-800-403-0864
Iowa Medicaid	**Website:** http://dhs.iowa.gov/hawk-i **Phone:** 1-800-257-8563
Kansas Medicaid	**Website:** http://www.kdheks.gov/hcf/ **Phone:** 1-785-296-3512
Kentucky Medicaid	**Website:** http://chfs.ky.gov **Phone:** 1-800-635-2570
Louisiana Medicaid	**Website:** http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 **Phone:** 1-888-695-2447
Maine Medicaid	**Website:** http://www.maine.gov/dhhs/ofi/public-assistance/index.html **Phone:** 1-800-442-6003 | **TTY**: Maine relay 711
Massachusetts Medicaid & CHIP	**Website:** http://www.mass.gov/eohhs/gov/departments/masshealth/ **Phone:** 1-800-862-4840
Minnesota Medicaid	**Website:** http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp | **Phone:** 1-800-657-3739 or 651-431-2670
Missouri Medicaid	**Website:** http://www.dss.mo.gov/mhd/participants/pages/hipp.htm **Phone:** 573-751-2005
Montana Medicaid	**Website:** http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP **Phone:** 1-800-694-3084
Nebraska Medicaid	**Website:** http://www.ACCESSNebraska.ne.gov **Phone:** (855) 632-7633 | **Lincoln:** (402) 473-7000 | **Omaha:** (402) 595-1178
Nevada Medicaid	**Website:** https://dhcfp.nv.gov/ **Phone:** 1-800-992-0900
New Hampshire Medicaid	**Website:** https://www.dhhs.nh.gov/oii/hipp.htm **Phone:** 603-271-5218 | 1-800-852-3345, ext 5218
New Jersey Medicaid & CHIP	**Medicaid Website**: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ **Medicaid Phone:** 609-631-2392 **CHIP Website**: http://www.njfamilycare.org/index.htm | **CHIP Phone**: 1-800-701-0710
New York Medicaid	**Website:** https://www.health.ny.gov/health_care/medicaid/ **Phone:** 1-800-541-2831

North Carolina Medicaid	**Website:** https://dma.ncdhhs.gov/ **Phone:** 919-855-4100
North Dakota Medicaid	**Website:** http://www.nd.gov/dhs/services/medicalserv/Medicaid **Phone:** 1-844-854-4825
Oklahoma Medicaid & CHIP	**Website:** http://www.insureoklahoma.org **Phone:** 1-888-365-3742
Oregon Medicaid	**Website:** http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html | **Phone:** 1-800-699-9075
Pennsylvania Medicaid	**Website:** http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm **Phone:** 1-800-692-7462
Rhode Island Medicaid	**Website:** http://www.eohhs.ri.gov/ **Phone:** 855-697-4347
South Carolina Medicaid	**Website:** http://www.scdhhs.gov **Phone:** 1-888-549-0820
South Dakota Medicaid	**Website:** http://dss.sd.gov **Phone:** 1-888-828-0059
Texas Medicaid	**Website:** https://www.gethipptexas.com/ **Phone:** 1-800-440-0493
Utah Medicaid & CHIP	**Medicaid Website:** https://medicaid.utah.gov/ **CHIP Website:** http://health.utah.gov/chip | **Phone:** 1-877-543-7669
Vermont Medicaid	**Website:** http://www.greenmountaincare.org/ **Phone:** 1-800-250-8427
Virginia Medicaid & CHIP	**Website:** http://www.coverva.org/programs_premium_assistance.cfm **Medicaid Phone:** 1-800-432-5924 | **CHIP Phone:** 1-855-242-8282
Washington Medicaid	**Website:** http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program **Phone:** 1-800-562-3022 ext. 15473
West Virginia Medicaid	**Website:** http://mywvhipp.com/ **Phone:** 1-855-MyWVHIPP (1-855-699-8447)
Wisconsin Medicaid & CHIP	**Website:** https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf **Phone:** 1-800-362-3002
Wyoming Medicaid	**Website:** https://health.wyo.gov/healthcarefin/medicaid/ **Phone:** 307-777-7531

To see if any more States have added a premium assistance program since January 31, 2019 or for more information on special enrollment rights, you can contact either:

U. S. Department of Labor

Employee Benefits Security Administration

www.dol.gov/ebsa | 1-866-444-EBSA (3272)

U.S. Department of Health and Human Services

Centers for Medicare & Medicaid Services

www.cms.hhs.gov | 1-877-267-2323, Menu Option 4, Ext. 61565

Medicare D Notice of Creditable Coverage

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Suwannee County School Board and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

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

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

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

If you decide to join a Medicare drug plan, your current Suwannee County School Board coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current Suwannee County School Board coverage, be aware that you and your dependents may not be able to get this coverage back.

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

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

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

For More Information About This Notice Or Your Current Prescription Drug Coverage:

Contact Human Resources for further information. NOTE: This notice will be updated each year. You will receive it before the next period you can join a Medicare drug plan and if this coverage through Suwannee County School Board changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage:

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

For more information about Medicare prescription drug coverage:

- 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

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

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

Date: May 1, 2019

Name of Entity / Sender: Suwannee County School Board

Contact / Title: Teri Jones, Employee Benefits Specialist

Address: 1729 Walker Ave, S.W. Suite 200
Live Oak, FL 32064

Phone Number: 386-647-4616

SUWANNEE COUNTY SCHOOL DISTRICT

1729 Walker Avenue, SW, Suite 200 • Live Oak, Florida 32064
Telephone: (386) 647-4600 • Fax: (386) 364-2635
www.suwannee.k12.fl.us

TED L. ROUSH
Superintendent of Schools

"Suwannee County School District will be a system of excellence ensuring all students are prepared for personal success."

JERRY TAYLOR
DISTRICT 1
CATHERINE CASON
DISTRICT 2
TIM ALCORN
DISTRICT 3
ED DA SILVA
DISTRICT 4
RONALD WHITE
DISTRICT 5
LEONARD J. DIETZEN, III
BOARD ATTORNEY

TO: All District Employees
FROM: Suwannee County School Board Insurance Department
DATE: May 1, 2019
RE: Required Notification Regarding the Patient Protection and Affordable Care Act

The attached notification is being provided to you in compliance with the Patient Protection and Affordable Care Act. This notification is strictly informational regarding the Health Insurance Marketplace.

Under the new health care law, we are required to notify all employees about the Health Insurance Marketplace. The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. Open Enrollment for health insurance coverage through the Marketplace begins in October, with coverage starting as early as January 1st. Some employees may be able to get lower costs on private insurance in the Marketplace based on their income. However, because SCSB offers coverage that meets the required standards, you will not be eligible for a tax credit through the Marketplace and may therefore prefer to remain on SCSB's group health plan.

If you purchase a health plan through the Marketplace instead of accepting group health coverage offered by SCSB, then you will lose the employer contribution to the employer-offered coverage. Our employer contribution, as well as your employee contribution to SCSB group health coverage, is excluded from income for federal income tax purposes under current tax regulations. If you choose coverage through the Marketplace, your payments for coverage 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. Visit www.HealthCare.gov for more information, including an online application. The attached document will provide you with information that you will need while on the Marketplace website.

SCSB is not able to address questions regarding the Health Insurance Marketplace. If you have questions regarding the Health Insurance Marketplace, you should visit www.HealthCare.gov.

New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 5-31-2020)

PART A: General Information

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

What is the Health Insurance Marketplace?

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

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

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

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

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

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

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Teri Jones (386) 647-4616 or Pamela Bedenbaugh (386) 647-4614.

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.

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

PART B: Information About Health Coverage Offered by Your Employer

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

3. Employer name Suwannee County Board of Public Instruction		4. Employer Identification Number (EIN) 59-6000872
5. Employer address 1729 Walker Avenue, S.W., Suite 200		6. Employer phone number (386) 647-4600
7. City Live Oak	8. State FL	9. ZIP code 32064
10. Who can we contact about employee health coverage at this job? Teri Jones		
11. Phone number (if different from above) (386) 647-4616	12. Email address teresa.jones@suwannee.k12.fl.us	

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

- As your employer, we offer a health plan to:
  - ☐ All employees. Eligible employees are:
  - ☒ Some employees. Eligible employees are:

Benefit eligible employees working minimally 20 hours per week.

- With respect to dependents:
  - ☒ We do offer coverage. Eligible dependents are:

Covered employee's legal spouse and/or dependent child of the employee or employee's spouse. A dependent child is defined as: A natural child, a step child, a legally adopted child, a child for whom legal guardianship has been awarded to covered employee or employee's spouse, or unmarried children of any age who becoame mentally or physically disabled before reaching the age limit of 30.

  - ☐ We do not offer coverage.

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

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

If you decide to shop for coverage in the Marketplace, **HealthCare.gov** will guide you through the process. Here's the employer information you'll enter when you visit **HealthCare.gov** to find out if you can get a tax credit to lower your monthly premiums.

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

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

☐ **Yes** (Continue)
13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage?_____ (mm/dd/yyyy) (Continue)
☐ **No** (STOP and return this form to employee)

14. Does the employer offer a health plan that meets the minimum value standard*?
☒ Yes (Go to question 15) ☐ No (STOP and return form to employee)

15. For the lowest-cost plan that meets the minimum value standard* **offered only to the employee** (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.
a. How much would the employee have to pay in premiums for this plan? $40.22
b. How often? ☐ Weekly ☐ Every 2 weeks ☒ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

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

16. What change will the employer make for the new plan year? None
☐ Employer won't offer health coverage
☐ Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.* (Premium should reflect the discount for wellness programs. See question 15.)
a. How much would the employee have to pay in premiums for this plan? $_____
b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

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

Suwannee County School District
FLORIDA

2019-2020

Gallagher