



FOCUS ON YOU



2021-2022 BENEFIT ENROLLMENT GUIDE
FOR NEW HIRES





YOUR HEALTH



YOUR FINANCIAL SECURITY



YOUR LIFESTYLE

2021-2022 BENEFITS ENROLLMENT

Now is the time to focus on you.

You are a vital part of our success, that's the reason we invest so much into a Benefits Plan that helps protect your health, your income and so much more. Be sure to review the options presented in this benefits guide, then complete an enrollment session to choose the coverage that is best for you. Benefits are effective now through September 30, 2022.

HEALTH & WELL-BEING

- Medical and Prescription Plans
- Wellness Program
- Critical Illness Insurance
- Hospital Indemnity Insurance
- Accident Insurance
- Dental Insurance
- Vision Insurance
- Flexible Spending Accounts

INCOME SECURITY

- Basic Term Life and AD&D Insurance
- Supplemental Term Life and AD&D Insurance
- Group Whole (Permanent) Life Insurance
- Short-Term Disability Insurance
- Long-Term Disability Insurance

LIFESTYLE

- Identity Theft Protection
- Employee Assistance Program
- Educators' Personal Liability Insurance

ACTION REQUIRED!

All newly hired employees have the option to complete an enrollment session to elect or waive benefits. If you do not participate, you will not have coverage in 2021-2022.

TWO WAYS TO ENROLL

As a new employee, you are eligible for benefits the first of the month following 45 days of employment. You have 30 calendar days from, and including, your date of hire to complete your enrollment. You have the option to enroll either by phone with a Benefits Counselor or online. Refer to the enclosed insert for more details.



By Phone – Call the Enrollment Center at **1-855-874-0280**, Monday – Friday, 9 a.m. – 6 p.m. (ET). A Benefits Counselor will explain your options, answer your questions, and take your elections over the phone.



Online – Visit **www.benefitsgo.com/Schoolboardofvolusiacounty** to register or log in, and follow the prompts to complete your enrollment online.

WHO WE COVER

Employees:

- All full-time instructional employees scheduled to work over 18.75 hours per week (or greater than 3.75 hours per day)
- All full-time and part-time support and administrative employees scheduled to work at least 20 hours per week

Dependents:

- Your legal spouse
- Your legal dependent children up to ages allowed by contract, state and federal laws

DEPENDENT AGE LIMITS	
Medical, Vision	All dependents until the end of the year in which they turn age 26, or until age 30, unmarried, live in Florida or are a full-time student, have no dependents of their own, are not enrolled in other coverage and are not entitled to coverage under Medicare
Dental	All dependents until the end of the year in which they turn age 25, or until age 30, unmarried, live in Florida or are a full-time student, have no dependents of their own, are not enrolled in other coverage and are not entitled to coverage under Medicare
Life and AD&D	Unmarried dependents until the end of the year in which they turn age 30, or to any age if disabled
Critical Illness, Hospital Indemnity	Unmarried dependents until the end of the year in which they turn age 30
Accident, Permanent Life	All dependents until the end of the month in which they turn age 26

NOTE: If you elect dependent coverage for health insurance, you are required to submit the necessary documentation for that dependent to the Risk and Benefits Management Department via email at Insurance@volusia.k12.fl.us after you enroll.

Please check with the Risk and Benefits Management Department if you have questions about eligibility.

DUAL ENROLLMENT OF MEDICAL PLANS

Members are not allowed to enroll in the Florida Blue or Florida Health Care Plans' (FHCP) medical coverage simultaneously with Health Insurance Marketplace medical coverage. If you have questions regarding the medical plans, you may call the FHCP Member Services department at **1-877-615-4022** or call Florida Blue at **1-800-352-2583**.

HELP ME CHOOSE

Need help choosing a medical plan? Click **HELP ME CHOOSE** during your online enrollment at www.benefitsgo.com/Schoolboardofvolusiacounty. Answer a few simple questions and the program will generate recommendations based on your needs.



FHCP MEDICAL BENEFITS

Volusia County School Board offers three medical plan options through Florida Health Care Plans (FHCP): the Point of Service (POS) Plan, the Health Maintenance Organization (HMO) Plan and the Triple Option Plan.

You can access Virtual Visits through a designated Telehealth Provider, Doctor on Demand from the comfort of your home. This is available to you 24/7 with a \$10 copay for general medicine visits or \$30 for Behavioral Health.

The **POS Plan** gives you the freedom to choose any provider you wish, but you will receive the highest level of benefits when you stay within the network. The **HMO Plan** offers low out-of-pocket costs, but requires you to choose a physician from within the network and obtain referrals for specialist care.

FLORIDA HEALTH CARE PLANS			
	POS Plan		HMO Plan
	In-Network	Out-of-Network	In-Network Only
Annual Deductible - Calendar year	\$2,700 single / \$5,400 family	\$4,500 single / \$9,000 family	\$1,000 single / \$2,000 family
Out-of-Pocket Maximum - Calendar year	\$6,000 single / \$12,000 family	\$10,000 single / \$20,000 family	\$5,000 single / \$10,000 family
Coinsurance	10%	50%	15%
Preventive Care	No charge	50% after deductible	No charge
Primary Care Physician	\$35 copay	50% after deductible	\$20 copay
Specialist	\$50 copay	50% after deductible	\$35 copay
Extended Hours Care Center	\$8 per visit	\$8 per visit	\$8 per visit
Inpatient Hospital	10% after deductible	50% after deductible	\$300 copay per day after deductible (Days 1-5)
Outpatient Hospital	10% after deductible	50% after deductible	\$250 copay - ASC* \$500 copay - OH*
Emergency Room	10% after deductible	10% after in-network deductible	\$400 copay
Urgent Care	10% coinsurance	10% coinsurance	\$75 copay
Lab and Radiology	Lab work: No charge X-rays: \$50 copay Outpatient: 10% after deductible	50% after deductible	Lab work: No charge X-rays: \$20 copay Outpatient: \$75 copay
Advanced Imaging	10% after deductible	50% after deductible	\$175 copay
Durable Medical Equipment**	10% after deductible	50% after deductible	15% coinsurance
PRESCRIPTION DRUG BENEFITS			
Retail	Up to a 93-day supply available at FHCP pharmacies or up to a 31-day supply available at Walgreens/Publix		Up to a 93-day supply available at FHCP pharmacies or up to a 31-day supply available at Walgreens
Preferred Generic	\$3 copay at FHCP / \$12 copay at Walgreens/Publix		\$3 copay at FHCP / \$12 copay at Walgreens
Non-Preferred Generic	\$12 copay at FHCP / \$20 copay at Walgreens/Publix		\$12 copay at FHCP / \$20 copay at Walgreens
Preferred Brand	\$35 copay at FHCP / \$40 copay at Walgreens/Publix		\$35 copay at FHCP / \$40 copay at Walgreens
Non-Preferred Brand	\$60 copay at FHCP / \$65 copay at Walgreens/Publix		\$60 copay at FHCP / \$65 copay at Walgreens
Specialty	Preferred: 15% coinsurance at FHCP Non-Preferred: 25% coinsurance at FHCP		Preferred: 15% coinsurance at FHCP Non-Preferred: 25% coinsurance at FHCP
Mail Order - Up to 93-day supply	Available at FCHP pharmacies		
Preferred Generic	\$6 copay		\$6 copay
Non-Preferred Generic	\$33 copay		\$33 copay
Preferred Brand	\$102 copay		\$102 copay
Non-Preferred Brand	\$177 copay		\$177 copay

*ASC = Ambulatory Surgical Center, OH = Outpatient Hospital

**Prior Authorization is required for certain medical services, supplies and medications. If you don't obtain Prior Authorization from FHCP, you will have to pay the entire cost. Visit www.fhcp.com or call 1-877-615-4022 for full details.

FHCP MEDICAL BENEFITS

The **Triple Option Plan** gives you complete control of your out-of-pocket expenses. The amount you pay is determined by your choice of provider. Option 1 allows you to receive care from any provider within the Florida Health Care HMO network. You may also self-refer to any provider listed as a Florida Health Care Option 2 Provider. Option 3 gives you the freedom to receive care from out-of-network providers.

FLORIDA HEALTH CARE PLANS			
	Triple Option Plan		
	In-Network Option 1	In-Network Option 2	Out-of-Network Option 3
Annual Deductible - Calendar year	\$2,000 single / \$4,000 family	\$3,000 single / \$6,000 family	\$4,000 single / \$8,000 family
Out-of-Pocket Maximum - Calendar year	\$5,000 single / \$10,000 family	\$5,000 single / \$10,000 family	\$8,000 single / \$16,000 family
Coinsurance	15%	30%	40%
Preventive Care	No charge	No charge	40% after deductible
Primary Care Physician	\$25 copay	\$35 copay	40% after deductible
Specialist	\$35 copay	\$60 copay	40% after deductible
Extended Hours Care Center	\$8 per visit	\$8 per visit	\$8 per visit
Inpatient Hospital	15% after deductible	Not covered	40% after deductible
Outpatient Hospital	15% after deductible	Not covered	40% after deductible
Emergency Room	15% after deductible	15% after deductible	15% after in-network deductible
Urgent Care	15% after deductible	15% after deductible	15% after in-network deductible
Lab and Radiology	Lab work: No charge X-rays: \$25 copay Outpatient: 15% after deductible	30% after deductible	40% after deductible
Advanced Imaging	\$350 copay	30% after deductible	40% after deductible
Durable Medical Equipment*	15% after deductible	Not covered	40% after deductible
PRESCRIPTION DRUG BENEFITS			
Retail	Up to a 93-day supply available at FHCP pharmacies or up to a 31-day supply available at Walgreens/Publix		
Preferred Generic	\$3 copay at FHCP / \$12 copay at Walgreens/Publix		
Non-Preferred Generic	\$12 copay at FHCP / \$20 copay at Walgreens/Publix		
Preferred Brand	\$35 copay at FHCP / \$40 copay at Walgreens/Publix		
Non-Preferred Brand	\$60 copay at FHCP / \$65 copay at Walgreens/Publix		
Specialty	Preferred: 15% coinsurance at FHCP / Non-Preferred: 25% coinsurance at FHCP		
Mail Order – Up to 93-day supply	Available at FCHP pharmacies		
Preferred Generic	\$6 copay		
Non-Preferred Generic	\$33 copay		
Preferred Brand	\$102 copay		
Non-Preferred Brand	\$177 copay		

*Prior Authorization is required for certain medical services, supplies and medications. If you don't obtain Prior Authorization from FHCP, you will have to pay the entire cost. Visit www.fhcp.com or call 1-877-615-4022 for full details.

Medical Plan ID Cards

To obtain a copy of your POS, HMO, or Triple Option Plan medical ID card, please call Florida Health Care Plans at **1-877-615-4022** or visit www.fhcp.com.



FLORIDA BLUE MEDICAL BENEFITS

Volusia County School Board also offers one medical plan option through Florida Blue: the Health Reimbursement Account (HRA) Plan.

The **HRA Plan** offers you the freedom to use either in- or out-of-network providers and does not require referrals. It also includes a Health Reimbursement Account, which is established and funded by Volusia County School Board to help you pay for your first eligible medical expenses. Volusia County School Board will contribute \$600 to your HRA for the year. You can use this money towards eligible expenses such as deductibles, coinsurance, prescription drugs, dental care and vision care. You will receive an HRA debit card that you can use to pay for these expenses, or you can pay out of pocket and submit a claim form to be reimbursed from your account. Any unused account balances will roll over to the next plan year as long as the program is offered and you remain enrolled.

FLORIDA BLUE PLAN		
	HRA PLAN	
	In-Network	Out-of-Network
HRA Employer Contribution	\$600 per employee	
Annual Deductible - Calendar year	\$2,000 single (\$1,400 GAP) / \$4,000 family (\$3,400 GAP)	\$4,000 single (\$3,400 GAP) / \$8,000 family (\$7,400 GAP)
Out-of-Pocket Maximum - Calendar year	\$4,000 single / \$8,000 family (Incl. GAP & HRA)	\$8,000 single / \$16,000 family (Incl. GAP & HRA)
Coinsurance	15%	50%
Preventive Care	No charge	50%
Primary Care Physician	15% after deductible	50% after deductible
Specialist	15% after deductible	50% after deductible
Extended Hours Care Center	15% after deductible	50% after deductible
Inpatient Hospital	15% after deductible	50% after deductible
Outpatient Hospital	15% after deductible	50% after deductible
Emergency Room	15% after deductible	15% after deductible
Urgent Care	15% after deductible	15% after deductible
Lab and Radiology	15% after deductible	50% after deductible
Advanced Imaging	15% after deductible	50% after deductible
Durable Medical Equipment	15% after deductible	50% after deductible
PRESCRIPTION DRUG BENEFITS		
Retail - Up to 30-day supply		
Generic	\$15 copay	50%
Preferred Brand	\$30 copay	50%
Non-Preferred Brand	\$50 copay	50%
Specialty	\$100 copay	\$100 copay
Mail Order - Up to 90-day supply		
Generic	\$30 copay	50%
Preferred Brand	\$60 copay	50%
Non-Preferred Brand	\$100 copay	50%

Medical Plan ID Cards

To obtain a copy of your HRA Plan medical ID card, please call Florida Blue at **1-800-664-5295** or visit www.floridablue.com.

WELLNESS PROGRAM

A strong organization cannot exist without healthy employees. The everyday choices we make can help us live healthier, happier and more fulfilling lives both at work and at home. That's why Volusia County School Board has partnered with Florida Health Care Plans and Florida Blue to establish a comprehensive Wellness Program designed to improve your health, well-being and productivity.

The Wellness Program is available to all benefit-eligible employees. For more details, visit the Wellness Program website at www.vcsvitality.com. You can also contact us via email at insurance@volusia.k12.fl.us.

Member Portal

Visit the member portal at www.fhcp.com/for-members to sign up for wellness challenges, access member benefits and complete your online lifestyle assessment.

Free Gym Access

Volusia County School Board benefit-eligible employees and their covered dependents have free access to over 80 participating gyms throughout Volusia, Flagler, St. John's, Seminole and Brevard Counties. For a list of participating gyms, visit www.vcsvitality.com/wellness-benefits.

How to Access Participating Gyms:

- Florida Health Care Plan members can use their insurance card to access participating gyms.
- Florida Blue members and non-elect benefit eligible employees can receive a gym access card in the mail. Reach out to the Wellness Liaison to request your gym card (ccosio@fhcp.com).

WW Reduced Rates

WW (formerly known as Weight Watchers) is available at reduced rates to all benefit-eligible employees. For more information, visit www.vcsvitality.com/wellness-benefits or email us at insurance@volusia.k12.fl.us.

Telephonic Health Coaching

Work with a health coach to help you reach your health and wellness goals. This is a free and confidential service available only to FHCP members. For more information, visit www.vcsvitality.com/wellness-benefits.

Extended Hours Care Centers

Extended Hours Care Centers offer employees the convenience of extended clinic hours and same-day appointments.

- Florida Health Care Plan members can visit any of our Extended Hours Care Centers for an \$8 copayment.
- Florida Blue members have the same convenience of utilizing our Extended Hours Care Centers but at the cost under their medical benefit.

Can't get in to see your doctor for an acute issue? Call the FHCP Central scheduling department at **1-386-676-7198** for same-day scheduling requests at one of our Extended Hours Care Centers. Representatives are available Monday through Friday from 7 a.m. to 7 p.m. For a list of Extended Hours Care Centers, go to www.fhcp.com/our-service-locations/extended-hours-care-centers.





SUPPLEMENTAL MEDICAL BENEFITS

Medical insurance does not cover all the expenses of a serious illness, injury or hospital stay. If a major health event occurs, deductibles and coinsurance can add up to thousands of dollars. Volusia County School Board offers Critical Illness, Hospital Indemnity and Accident Insurance to help reduce this financial risk by filling in the gaps medical insurance doesn't cover.

Aetna Critical Illness Insurance

Critical Illness Insurance reduces the financial impact of a major illness, such as a heart attack, stroke or cancer. The policy pays a benefit directly to you once you or a covered family member is diagnosed with a covered condition. You can use this benefit any way you choose — for deductibles and coinsurance, to pay expenses your family incurs to be by your side or simply to replace lost earnings from being out of work. You choose the benefit amount when you enroll.



Covered Illnesses Include:

- Heart Attack
- Cancer
- End Stage Renal (Kidney) Failure
- Carcinoma In Situ*
- Stroke
- Major Organ Failure
- Coronary Artery Bypass Surgery*

**The coverage pays 25% of the face amount of the policy once per lifetime for coronary artery bypass surgery and carcinoma in situ.*

Aetna Hospital Indemnity Insurance

If you are admitted into a hospital, it doesn't take long for the out-of-pocket costs to pile up. Hospital Indemnity Insurance pays benefits when you have a planned or unplanned hospital stay for an illness, injury, surgery or childbirth. You will receive a benefit for admission and a daily benefit for each day you are confined. Benefits are paid directly to you even if you have other insurance coverage. The money can be used to cover out-of-pocket medical costs, household bills or anything else you choose.

What is Covered:

- Hospital Admission
- Hospital Daily Confinement
- Intensive Care Unit Stay
- Newborn Routine Care
- Observation Unit Stay
- Substance Abuse Stay
- Mental Disorder Stay
- Rehabilitation Unit Stay

SUPPLEMENTAL MEDICAL BENEFITS (CONTINUED)

MetLife Accident Insurance

You can't always plan for accidents, but you can be better prepared financially with Accident Insurance. With Accident Insurance from MetLife, you can help prepare for unexpected expenses, such as medical expenses that may not be covered in full by your existing plan, like physical therapy and ambulance costs. These unexpected costs can cut into your budget and make managing everyday expenses a challenge. Eligible family members¹ are also guaranteed coverage² as long as you are actively working, providing an added level of financial security.

MetLife provides a benefit payment paid directly to you for covered events, so you'll have total flexibility to spend the funds on anything you need, such as grocery bills, transportation to doctor's appointments or additional childcare expenses. For more details, visit www.metlife.com/volusiaschools.







The plan covers a wide variety of injuries and accident-related expenses, including:

- Injury Treatment
- Ambulance
- Physical Therapy
- Hospitalization
- Emergency Room Treatment
- Transportation

1. Eligible Family Members means all persons eligible for coverage as defined in the Certificate.

2. Coverage is guaranteed provided (1) the employee is actively at work and (2) dependents are not subject to medical restrictions as set forth on the enrollment form and in the Certificate. Some states require the insured to have medical coverage. Additional restrictions apply to dependents serving in the armed forces or living overseas.

SUPPLEMENTAL MEDICAL BENEFIT PLAN FEATURES

PLAN FEATURES	CRITICAL ILLNESS INSURANCE	HOSPITAL INDEMNITY INSURANCE	ACCIDENT INSURANCE
 PORTABLE COVERAGE You can take your policy with you if you change jobs or retire.	✓	✓	✓
 FAMILY COVERAGE Coverage options are available for your spouse and children.	✓	✓	✓
 HEALTH SCREENING BENEFIT Pays a benefit per covered person per year for completing an approved health screening test (ex: cholesterol test, mammogram, colonoscopy, immunizations, skin cancer screening and more).	✓	✓	✓
 GUARANTEED ISSUE There are no health questions or physical exams required.	✓	✓	✓
 PAYROLL DEDUCTION Premiums are paid through convenient payroll deductions.	✓	✓	✓
 24/7 COVERAGE Benefits are paid for accidents that happen on and off the job.	—	—	✓

The policies/certificates of coverage or their provisions, as well as covered illnesses, may vary or be unavailable in some states for supplemental medical benefits. The policies/certificates of coverage have exclusions and limitations which may affect any benefits payable.



SOLSTICE DENTAL PLANS

Volusia County School Board offers two dental plan options through Solstice: a Dental Preferred Provider Organization (DPPO) Plan and a Dental Health Maintenance Organization (DHMO) Plan.

SOLSTICE DENTAL PLANS			
	DPPO		DHMO
	In-Network	Out-of-Network	In-Network Only
Annual Deductible - Calendar year	\$50 per person / \$100 per family (Waived for Diagnostic & Preventive Services and Orthodontics)		None
Annual Maximum - Calendar year	\$1,000 per person (Diagnostic & Preventive Services do not count towards maximum)		None
Diagnostic & Preventive Services Exams, Cleanings, X-rays	Plan pays 100% of DPPO Fee Schedule	Plan pays 80% of Fee Schedule	See schedule of benefits for copayment amounts
Basic Services Fillings, Extractions, Root Canals	Plan pays 80% of DPPO Fee Schedule	Plan pays 80% of Fee Schedule	See schedule of benefits for copayment amounts
Major Services Crowns, Bridgework, Dentures	Plan pays 50% of DPPO Fee Schedule	Plan pays 50% of Fee Schedule	See schedule of benefits for copayment amounts
Orthodontic Benefits Adults and Dependent Children	Plan pays 50% of DPPO Fee Schedule	Plan pays 50% of Fee Schedule	\$1,850 per child / \$1,950 per adult
Orthodontic Lifetime Maximum	\$1,000 per person		None

VSP VISION PLAN

We also offer vision benefits through VSP. Plan highlights are outlined below.

VSP VISION PLAN		
	In-Network Member Costs	Out-of-Network Reimbursement Amounts
Eye Exam (Once every 12 months)	\$10 copay	Up to \$30
Contact Lens Exam Fit and Follow-up	Up to \$20	Not covered
Lenses (Once every 12 months)		
Single Vision	\$15 copay	Up to \$25
Bifocal	\$15 copay	Up to \$40
Trifocal	\$15 copay	Up to \$60
Lenticular	\$15 copay	Up to \$100
Frames (Once every 24 months)	\$150 allowance + 20% off balance over \$150	Up to \$65
Contact Lenses (Once every 12 months) <i>In lieu of eyeglasses</i>		
Conventional	\$130 allowance	Up to \$104
Disposable	\$130 allowance	Up to \$104
Medically Necessary	\$0 copay	Up to \$200

TASC FLEXIBLE SPENDING ACCOUNTS (FSAs)

Volusia County School Board offers a Healthcare FSA and a Dependent Day Care FSA. These accounts allow you to set aside pre-tax dollars to pay for eligible out-of-pocket healthcare or dependent day care expenses. Because your contributions are deducted from your paycheck pre-tax, you reduce your taxable income and save money.

How Flexible Spending Accounts Work

1. During enrollment, you decide how much to set aside for healthcare and/or dependent care expenses.
2. Your contributions are deducted from your paycheck pre-tax in equal installments throughout the plan year.
3. You can pay for eligible expenses using your FSA debit card, or you can pay out of pocket and submit a claim to be reimbursed from your account.

Please Note:

- These accounts are separate. You cannot use money from the Healthcare FSA to cover expenses eligible under the Dependent Day Care FSA or vice versa.
- Please be aware of the posting timelines for FSA funds deducted pre-tax from your paycheck.
 - There is a two-business-day minimum lag time between the day you receive your paycheck and when funds are placed into the FSAs. Holidays extend this timeframe. Please take this into consideration if you have automatic withdrawals set up from your account.
 - FSA deductions taken in September for the October 1 start of the new plan year are not available to use until October 1.
- Government regulations now allow you to carry over any amount of unused Healthcare FSA (general and limited purpose) and Dependent Day Care FSA funds for plans with end dates in 2020 and/or 2021.
- To receive Dependent Day Care FSA reimbursements faster, have your dependent care provider complete a Dependent Care Contract form at the beginning of the plan year and submit it with your first reimbursement request. Each time your contributions are added to your account, any pending reimbursement request will be automatically processed and the funds will be added to your TASC Card account. Visit tasconline.com for details.



**You must actively re-enroll in the FSAs each year.
You are not automatically re-enrolled.**

PLAN	ANNUAL MAXIMUM CONTRIBUTION	EXAMPLES OF COVERED EXPENSES
Healthcare Flexible Spending Account	\$2,750	Copays, deductibles, prescriptions, dental and vision care, etc.*
Dependent Day Care Flexible Spending Account	\$10,500 (\$5,250 if married and filing separate tax returns)	Day care, nursery school, elder care expenses, etc.*

*See IRS Publications 502 and 503 for a complete list of covered expenses.



THE STANDARD BASIC TERM LIFE AND AD&D INSURANCE

Volusia County School Board provides eligible employees with Basic Term Life and Accidental Death and Dismemberment (AD&D) Insurance through The Standard. Coverage is provided at no cost and enrollment is automatic.

- The Basic Term Life benefit is equal to 1 times your annual salary up to a maximum of \$350,000.
- If you are seriously injured or lose your life in an accident, you are also eligible for an AD&D benefit equal to your Basic Term Life coverage.

THE STANDARD SUPPLEMENTAL TERM LIFE AND AD&D INSURANCE

You may also purchase Supplemental Term Life and Accidental Death and Dismemberment (AD&D) coverage as a complement to the company-paid benefit. You pay the total cost of this benefit through payroll deduction. Coverage is offered through The Standard.

- You may choose an employee benefit of 1, 2, 3, 4 or 5 times your annual salary up to a maximum of \$500,000. Employee coverage is guaranteed issue at 1, 2 or 3 times your salary up to \$300,000.
- The spouse benefit is in \$5,000 increments up to a maximum of \$250,000, but not to exceed 50% of the employee's Supplemental Life benefit amount. Spouse coverage is guaranteed issue up to \$50,000.
- The child benefit is a flat \$10,000.

Evidence of Insurability is required for coverage amounts higher than the guaranteed issue amount for new hires; for late application for contributory insurance for you or your spouse; and for any increase for you or your spouse resulting from a plan or option change you elect. Evidence of Insurability is never required for a dependent child.

If a husband and wife both work for the school district, they cannot cover each other, nor can they cover the same child(ren). Refer to your policy/certificate documents for complete details.



How Much Life Insurance Do You Need?

Many financial experts recommend you have at least five to eight times your household income in Life Insurance. To calculate the level sufficient to cover your needs, you should consider your current income and how much it costs to maintain your family's standard of living. You should also consider your current expenses and your family's future financial needs such as the following:

Current Expenses

- Home Mortgage/Rent
- Car Payments
- Credit Card Debt
- Other Debt

Future Needs

- Child Care
- College Tuition
- Spouse's Retirement
- Routine Household Expenses






After you add your financial responsibilities, how does the sum compare with your current coverage?

Visit <https://www.standard.com/edu/school-board-volusia-county-florida/59056> for additional information and tools.

GROUP WHOLE LIFE INSURANCE FROM ALLSTATE

Permanent Life Insurance completes your family’s protection, providing a cost-effective benefit for final expenses such as funeral costs, credit card debt and medical bills. As long as premiums are paid, this policy will not expire, and premiums will not change due to your age. You may choose a benefit amount of \$20,000 or \$30,000.

Plan Features

-  **Guaranteed Acceptance:** No physical exams are required to apply for coverage (although health questions may be asked).¹
-  **Family Coverage:** Coverage for spouse and children is available through a separate certificate or rider.²
-  **Portable Coverage:** You can take your policy with you if you leave the company or retire.
-  **Coverage for Your Needs:** You can purchase the precise amount of coverage that is right for your needs.
-  **Policy Builds Cash Value:** This policy builds cash value, which you can eventually use to buy a paid-in-full policy with no more premiums due or take out a loan against the cash value on the policy.

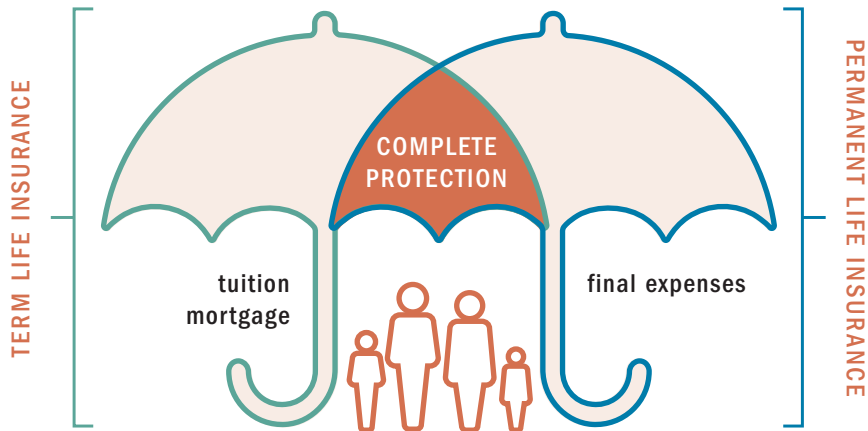
The premium cost for this benefit is determined by your age and the amount of coverage you elect.

The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable.

- 1. Coverage is Guaranteed Issue up to age 65.
- 2. Coverage for spouse and child(ren) may be limited to a percentage of the employee’s face amount in some states.

Example of How Permanent Life Works with Other Coverage Offered

BASIC TERM LIFE	SUPPLEMENTAL TERM LIFE	PERMANENT LIFE
Premiums are fully company paid	Premiums may increase at the end of the term	Premiums don’t change
Replaces your income so your family can cover things like mortgage, tuition, and household expenses	Replaces your income so your family can cover things like mortgage, tuition, and household expenses	Pays for final expenses such as funeral costs and nuisance debt such as credit cards
Coverage ends when you leave the company	You may have the option to change to an individual policy that you can continue	You can continue this policy if you leave the company



Group Whole Life Insurance benefits are provided under form GWLP, or state variations thereof. This is a brief overview of the benefits available under the group policy underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL). Details of the coverage, including exclusions and other limitations are included in the certificates issued. For additional information, you may contact your Allstate Benefits Representative.



DISABILITY INSURANCE

If a disability kept you out of work and prevented you from earning a paycheck, how would you cover your bills and other household expenses? Disability Insurance can help replace a portion of your income if you become disabled as the result of a covered sickness or injury. Coverage is offered through The Standard. Two Short-Term Disability plan options and one Long-Term Disability plan option are available. Visit <https://www.standard.com/edu/school-board-volusia-county-florida/59056> for additional information and tools.

The Standard Short-Term Disability Insurance

Short-Term Disability Insurance replaces a portion of your income if an injury or illness forces you out of work for an extended period of time. Volusia County School Board offers two plan options. Both plans offer the same benefit amount but a different elimination period and benefit duration.

SHORT-TERM DISABILITY PLANS		
	PLAN A	PLAN B
Weekly Benefit Amount <i>The amount of benefit you will receive when you are disabled</i>	66.67% of your weekly salary to a maximum of \$2,000 per week	66.67% of your weekly salary to a maximum of \$2,000 per week
Elimination Period <i>The number of days you must be disabled before payments begin</i>	30 days	15 days
Benefit Duration <i>The length of time benefits would be paid to you during a period of disability</i>	22 weeks	24 weeks

The Standard Long-Term Disability Insurance

Volusia County School Board also offers Long-Term Disability Insurance to protect your finances when your disability continues beyond the period covered by the Short-Term Disability plan.

LONG-TERM DISABILITY PLAN		
Monthly Benefit Amount <i>The amount of benefit you will receive when you are disabled</i>	66.67% of your monthly salary to a maximum of \$8,000 per month	
Elimination Period <i>The number of days you must be disabled before payments begin</i>	180 days	
Benefit Duration <i>The length of time benefits would be paid to you during a period of disability</i>	Age at Disability	Maximum Benefit Period
	< 62	To age 67
	62	60 months
	63	48 months
	64	42 months
	65	36 months
	66	30 months
	67	24 months
	68	18 months
	69 and over	12 months

Your disability payments will be offset by money you receive on behalf of yourself or your family under Social Security disability. Your benefits will also be offset by other sources, such as retirement benefits; Jones Act; workers' compensation; local, state, or federal government disability or retirement plans; and salary or wage continuance plans, such as a sick leave bank.

Evidence of Insurability is required for late application for contributory insurance.



ID WATCHDOG IDENTITY THEFT PROTECTION

Understanding the complex world of identity theft and identity fraud can be overwhelming. It's more complicated than the use of a stolen credit card or fraudulent withdrawals from your bank account. It can impact everything from your tax refunds to your medical insurance. The good news is you don't have to face identity theft alone. With ID Watchdog®, you have an easy and affordable way to help better protect and monitor the identities of you and your family.

- Credit Report Lock and Monitoring
- Financial Accounts Monitoring
- Child Credit Lock and Monitoring
- Public Records Monitoring
- Social Account Monitoring
- Identity Resolution Services

For more details, you may call ID Watchdog at **1-877-374-1486** or visit www.idwatchdog.com.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

The Employee Assistance Program helps employees resolve personal and work problems through professional assistance. Services are available 24 hours a day, 7 days a week, 365 days a year. The EAP is strictly confidential and governed by HIPAA. Below are some of the most common reasons to call the toll-free number.

- Marital/relationship issues
- Parenting/family issues
- Emotional/psychological issues
- Work-related stress
- Legal/financial counseling and referral
- Child care or elder care
- Physical/medical issues
- Substance abuse (alcohol and/or drugs)

Aetna Resources for Living, our EAP provider, is available by phone at **1-800-272-7252** or online at resourcesforliving.com. To log in, use username: VCS and password: VCS.

EDUCATORS' PERSONAL LIABILITY INSURANCE

The Florida Department of Education provides Personal Liability Insurance to all full-time instructional personnel. The program provides protection from liability for monetary damages and the costs of defending actions resulting from claims arising out of occurrences in the course of instructional personnel's professional activities. This coverage is provided at no cost and enrollment is automatic.

Coverage Limits

- \$2,000,000 per insured per wrongful act
- \$3,000,000 in the aggregate per wrongful act
- \$2,000 per bail bond per insured
- \$500 per claims per insured for assault related to personal property damage

To file a claim, contact Gallagher Bassett Services:

- By phone: 1-855-722-5542
- By mail: 2915 Premiere Parkway, Suite 350, Duluth, GA 30097

Reference client # 006510

2021-2022 BENEFIT PLAN PREMIUMS

Below are the employee contribution amounts for benefits effective October 1, 2021 through September 30, 2022. Premiums will be deducted over 20 paychecks for all employees starting September 15, 2021. See your benefits guide for plan details and enrollment instructions.

Medical Plans

Florida Health Care - POS Plan				
	Total Premium	Employee Contribution	Board Contribution	Per Pay Period
Single	\$573.30	\$8.30	\$565.00	\$4.98
Employee + Spouse	\$1,089.26	\$524.26	\$565.00	\$314.56
Employee + Children	\$974.59	\$409.59	\$565.00	\$245.75
Split Family*	\$1,433.30	\$303.30	\$1,130.00	\$181.98 / 2 = \$90.99 per employee
Family	\$1,433.30	\$868.30	\$565.00	\$520.98

Florida Health Care - HMO Plan				
	Total Premium	Employee Contribution	Board Contribution	Per Pay Period
Single	\$627.93	\$62.93	\$565.00	\$37.76
Employee + Spouse	\$1,193.04	\$628.04	\$565.00	\$376.82
Employee + Children	\$1,067.46	\$502.46	\$565.00	\$301.48
Split Family*	\$1,569.82	\$439.82	\$1,130.00	\$263.89 / 2 = \$131.95 per employee
Family	\$1,569.82	\$1,004.82	\$565.00	\$602.89

Florida Health Care - Triple Option Plan				
	Total Premium	Employee Contribution	Board Contribution	Per Pay Period
Single	\$637.08	\$72.08	\$565.00	\$43.25
Employee + Spouse	\$1,210.46	\$645.46	\$565.00	\$387.28
Employee + Children	\$1,083.03	\$518.03	\$565.00	\$310.82
Split Family*	\$1,592.74	\$462.74	\$1,130.00	\$277.64 / 2 = \$138.82 per employee
Family	\$1,592.74	\$1,027.74	\$565.00	\$616.64

Florida Blue - HRA Plan				
	Total Premium	Employee Contribution	Board Contribution	Per Pay Period
Single	\$1,551.62	\$986.62	\$565.00	\$591.97
Employee + Spouse	\$2,948.73	\$2,383.73	\$565.00	\$1,430.24
Employee + Children	\$2,637.80	\$2,072.80	\$565.00	\$1,243.68
Split Family*	\$3,879.10	\$2,749.10	\$1,130.00	\$1,649.46 / 2 = \$824.73 per employee
Family	\$3,879.10	\$3,314.10	\$565.00	\$1,988.46

*Split Family: Available to legally married couples who work for the district and reside at the same physical address.

Dental Plans

Solstice DPPO 11411 Plan				
	Total Premium	Employee Contribution	Board Contribution	Per Pay Period
Single	\$25.46	\$25.46	\$0.00	\$15.28
Employee + 1	\$46.76	\$46.76	\$0.00	\$28.06
Family	\$63.06	\$63.06	\$0.00	\$37.84

Solstice DHMO S200B Access+ Plan				
	Total Premium	Employee Contribution	Board Contribution	Per Pay Period
Single	\$13.75	\$13.75	\$0.00	\$8.25
Employee + 1	\$22.66	\$22.66	\$0.00	\$13.60
Family	\$33.51	\$33.51	\$0.00	\$20.11

Vision Plan

VSP Vision Plan				
	Total Premium	Employee Contribution	Board Contribution	Per Pay Period
Single	\$4.42	\$4.42	\$0.00	\$2.65
Family	\$12.18	\$12.18	\$0.00	\$7.31

Identity Theft Protection

ID Watchdog Identity Theft Protection				
	Total Premium	Employee Contribution	Board Contribution	Per Pay Period
Employee Only	\$7.50	\$7.50	\$0.00	\$4.50
Family	\$13.50	\$13.50	\$0.00	\$8.10

Hospital Indemnity Insurance

Aetna Hospital Indemnity Insurance				
	Total Premium	Employee Contribution	Board Contribution	Per Pay Period
Employee Only	\$14.88	\$14.88	\$0.00	\$8.93
Employee + Spouse	\$33.61	\$33.61	\$0.00	\$20.17
Employee + Child	\$28.03	\$28.03	\$0.00	\$16.82
Family	\$45.64	\$45.64	\$0.00	\$27.38

Other Benefits

Critical Illness, Supplemental Life and AD&D, Permanent Life, and Disability Insurance				
Rates are calculated based on factors such as your age, tobacco use, salary, and/or the amount of coverage you elect, and will be provided at the time of enrollment.				

Accident Insurance

MetLife Accident Insurance				
	Total Premium	Employee Contribution	Board Contribution	Per Pay Period
Employee Only	\$4.90	\$4.90	\$0.00	\$2.94
Employee + Spouse	\$9.81	\$9.81	\$0.00	\$5.89
Employee + Child	\$11.49	\$11.49	\$0.00	\$6.89
Family	\$14.03	\$14.03	\$0.00	\$8.42

Every effort has been made to ensure the information in this document is accurate. However, if there is any inconsistency between this document and the applicable plan documents, the official plan documents will always govern.

IMPORTANT NOTICES

IMPORTANT NOTICE ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Volusia 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 at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
- Volusia County School Board has determined that the prescription drug coverage offered through our medical plans, 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 considered 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 15 to December 7. 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 Volusia County School Board coverage will not be affected. If you do decide to join a Medicare drug plan and drop your current Volusia 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 Volusia 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 go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than

the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information about This Notice or Your Current Prescription Drug Coverage...

Contact Risk and Benefits Management for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Volusia 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'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage: Visit www.medicare.gov.

Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help Call 800-MEDICARE (800.633.4227). TTY users should call 877.486.2048.

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 800.772.1213 (TTY 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 creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

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

Date: October 2020

Name of Entity/Sender: Volusia County School Board
Contact-Position/Office: Risk and Benefits Management Department
Address: 200 N. Clara Avenue DeLand, FL 32720
Phone Number: (386) 734-7190, X20300

HIPAA PRIVACY NOTICE REMINDER

The health plans offered by Volusia County School Board are required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule to maintain the privacy of your health information. The Notices of Privacy Practices for our Health plans are available from the insurance carriers; in addition, you may also request a copy of a Notice by calling your insurance provider. Be assured Volusia County School Board and our insurance carriers fully comply with this requirement.

Note: Because this reminder is required by law, you will receive separate reminders from each of the insurance plans in which you enroll as well as other providers describing the availability of their HIPAA notice of privacy practices and how to obtain a copy.

SUMMARY OF BENEFITS AND COVERAGE (SBC) AVAILABILITY NOTICE

As required under the Patient Protection and Affordable Care Act, insurance companies and group health plans are providing consumers with a concise document detailing, in plain language, simple and consistent information about health plan benefits and coverage. The purpose of the summary of benefits and coverage document is to help you better understand the coverage you have while allowing you to easily compare different coverage options. It summarizes the key features of the plan, such as the covered benefits, cost-sharing provisions, and coverage limitations and exceptions.

As a result of the Patient Protection and Affordable Care Act (i.e. health care reform), Volusia County School Board is required to make available a Summary of Benefits and Coverage (SBC), which summarizes important health plan information such as plan limits, coinsurance, and copays. The SBC is intended to provide this information in a standard format to help you compare across health plan options.

The SBC is available on the Volusia County School Board website.

Please note that an SBC is not intended to be a complete listing of all of the plan provisions. For more detailed information, please refer to the SPD and the plan document, collectively known as the plan documents. If there are any discrepancies between the SBC and the plan documents, the plan documents prevail. Plan Documents are also available by contacting Human Resources.

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT OF 1996

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.

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).

WOMAN'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 the group

medical plan.

HIPAA SPECIAL ENROLLMENT OPPORTUNITY

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.

Also, if you or 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, you may be able to enroll yourself and your dependents in this plan. You must request enrollment within 60 days of the loss of Medicaid or CHIP coverage or the determination of eligibility for a premium assistance subsidy.

To request special enrollment or obtain more information, contact Florida Blue at 800-545-6565 ext. 25305 or Florida Health Care Plans at 386-615-4022 or 800-352-9824.

A federal law called HIPAA requires that we notify your right to enroll in the plan under its "special enrollment provision" if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

SPECIAL ENROLLMENT PROVISION

Loss of Other Coverage (Except Medicaid or a State Children's Health Insurance Program). If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, 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).

Loss of Eligibility Under Medicaid or a State Children's Health Insurance Program. If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

New Dependent by Marriage, Birth, Adoption, or Placement for Adoption. 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 new dependents. However, you must request

enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Eligibility for Medicaid or a State Children's Health Insurance Program. If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

All enrollment changes due to special enrollment rights are subject to the approval of the Plan Administrator.

DISCRIMINATION IS AGAINST THE LAW

Volusia County School Board complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Volusia County School Board does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Volusia County School Board:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Equity & Compliance Officer. If you believe that Volusia County School Board has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Anne Marie Wrenn, PHR, Equity & Compliance Officer, Office of Professional Standards, DeLand, Florida 32720, (386) 734-7190 ext. 20313, amwrenn@volusia.k12.fl.us. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Ann Marie Wrenn is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at

<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services 200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

SOCIAL SECURITY NUMBERS GENERALLY REQUIRED FOR ENROLLMENT

Under Section 111 of the Medicare, Medicaid, and SCHIP Extension Act of 2007 (MMSEA), the Centers for Medicare and Medicaid Services (CMS) generally requires Social Security numbers for employees and dependents to assist with reporting under the Medicare Secondary Payer requirements. Accordingly, Volusia County School Board will require that you provide Social Security numbers at the time of

enrollment, so that Volusia County School Board can assist its health plan administrator(s) to comply with this requirement.

For a newborn or newly adopted child, the newborn may be enrolled, provided that Volusia County School Board is notified within 30 days of the birth, adoption, or placement for adoption. However, if a Social Security number is not provided by the later of (1) the end of the plan year, or (2) 90 days following the birth, adoption, or placement for adoption, the child will be disenrolled from the plan and will no longer be considered eligible for coverage. The child cannot be re-enrolled until the Social Security number is provided, and the child meets one of the mid-year enrollment or change in status coverage events.

COBRA

If you, your spouse, or eligible dependent loses coverage under any Volusia County School Board group medical, dental or vision plan because of a COBRA-qualifying event, you may have the right to continue coverage under the Consolidated Omnibus Budget Reconciliation Act (COBRA). For details about qualifying events, refer to the Initial COBRA Notice.

If your coverage ends due to a COBRA-qualifying event, you will receive a notice of your continuation rights. At that time, you will have up to 60 days—from the date of your event or the date you received your notice—to decide whether you want to continue your health coverage.

If you, your spouse, and/or dependent have a COBRA qualifying event, you must notify Risk and Benefits Management immediately.

PATIENT PROTECTION PROVIDER CHOICE

Florida Health Care Plan (Florida Blue) generally requires the designation of a primary care provider for members of the HMO plan. 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. Until you make this designation, Florida Health Care Plan (Florida Blue) designates one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact Florida Health Care Plan (Florida Blue) at 1-877-352-2583.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from Florida Health Care Plan (Florida Blue) 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, contact the Florida Blue at 1-877-352-2583.

PATIENT PROTECTION AND AFFORDABLE CARE ACT (PPACA, OR HEALTH CARE REFORM)

The Affordable Care Act (ACA) has brought sweeping changes to the U.S. health insurance system. Its goal is to make health insurance available to everyone, regardless of medical history or ability to pay. Many of the ACA changes have already affected our plans,

such as covering adult children through age 26, free preventive care, reducing or removing annual or lifetime limits on essential health benefits, and the \$2,750 cap on Medical Expense FSA contributions. Some of the biggest changes resulting from the law took effect January 1, 2014. These changes are explained below.

Medical Plan Enhancements

All of the medical plans offered by Volusia County School Board comply with the required changes and result in the following changes: (1) The annual maximum includes the annual deductible. (2) The annual out-of-pocket maximum is capped, lowering the maximum that you could pay for eligible health care expenses in a year.

Social Security Numbers

Effective January 2016, the Affordable Care Act (ACA) will require employers and health insurance carriers to file reports under the Internal Revenue Code to establish compliance with the employer mandate. As part of this requirement, Volusia County School Board must provide Social Security numbers for all individuals covered by a Volusia County School Board sponsored medical plan. In compliance with the ACA requirements, you will be asked to provide Social Security numbers for yourself and all dependents enrolled in a Volusia County School Board sponsored medical plan. If you are unable to respond to this request our health insurance carrier may also request Social Security numbers for your enrolled dependents.

YOUR GROUP BENEFITS UNDER SECTION 125

Your employee benefit program is a Premium Conversion Plan ("Plan") that is administered under the provisions of Section 125 of the Internal Revenue Code ("Code"). These provisions permit your contributions for various employee benefit plans to be deducted from your gross pay before calculation of withholding taxes. The result is that you have fewer taxes deducted from your paycheck, which increases your take home pay. Plan elections you make during your initial enrollment and annual enrollment periods are binding for the applicable Plan year. In addition to the HIPAA Special Enrollment Right certain permitted mid-year Plan election changes are permitted. These permitted election changes are discussed below.

All enrollment changes due to a permitted election change are subject to the approval of the Plan Administrator. The Plan Administrator will have the discretionary authority to make a determination as to whether an election change has occurred in accordance with the rules and regulations of the Internal Revenue Service

Change in Status

Please see the Notice of HIPAA Special Enrollment Rights for election change during the Plan Year if you experience a Change in Status event. You must notify the Plan Administrator within 30 days of the event. Any election change due to a Change in Status event must be on account of and consistent with your Change in Status as determined by the Plan Administrator. Generally, an election change will be considered consistent with your Change in Status only if it is on account of and corresponds with a Change in Status that affects an individual's eligibility for coverage under the Plan or a plan maintained by the employer of your Dependent. A Change in Status that affects eligibility under an employer's health plan includes a Change in Status that results in an increase or decrease in the number of your Dependents who may benefit from coverage under the Plan.

Permitted Change in Status events under the Plan include the following:

- Change in your legal marital status due to marriage, divorce, legal separation, annulment, or death of your spouse.
- Change in the number of your Dependents due to birth, death, adoption, or placement for adoption.
- Change in employment status of you, your covered Dependents including a termination or commencement of employment, commencement of or return from an unpaid leave of absence, a change in worksite, or any other change in employment status, if such change in employment status affects eligibility under a plan.
- Change in eligibility status of your Dependent Child(ren) on account of age, or any other circumstance affecting eligibility.
- Change in residence of you or your covered Dependent outside the network area.

Qualified Medical Child Support Orders. If required by a Qualified Medical Child Support Order ("QMCSO"), you and/or an eligible dependent will be enrolled in the Plan in accordance with the terms of the order. Any required premiums will be deducted from your compensation. Upon request to the Plan Administrator, you may obtain, without charge, a copy of the Medical Plan's procedures governing QMCSO determinations. You may make an election change to cancel coverage for your child if a QMCSO requires your spouse, former spouse, or other individual to provide coverage for the child; and that coverage is actually provided.

Entitlement To or Loss of Entitlement To Medicare or Medicaid. If you or your Covered Dependent becomes entitled to coverage (i.e., becomes enrolled) under Part A or Part B of Medicare or Medicaid, other than coverage consisting solely of benefits under section 1928 of the Social Security Act (the program for distribution of pediatric vaccines), you may make a prospective election change to cancel or reduce coverage under the Plan for you or your applicable covered Dependent. In addition, if you or an eligible Dependent has been entitled to coverage under Medicare or Medicaid and loses eligibility for such coverage, you may make a prospective election to commence or increase your or your eligible Dependent's coverage, as appropriate, under the Plan.

Significant Change in Cost or Coverage Changes. You may also change your election mid-year due to a significant change in Plan cost or coverage, as provided below.

Significant cost changes. If the cost you are charged for a coverage option significantly increases or decreases during the Plan Year, you may make a corresponding change to your Plan election. Changes that may be made include commencing participation in the Plan for an option with a decrease in cost, or, in the case of an increase in cost, revoking an election for that coverage and, in lieu thereof, either receiving on a prospective basis coverage under a Plan option providing similar coverage or dropping coverage if no option providing similar coverage is available.

Significant coverage changes curtailment with or without loss of coverage.

Significant Curtailment without loss of coverage. If you or your covered Dependent has a curtailment of coverage under the Plan that is significant, but does not represent a total loss of coverage (for example, there is a significant increase in the deductible, the co-pay, or the out-of-pocket cost sharing limit), you may revoke your Plan election and elect to receive on a prospective basis coverage under another Plan option providing similar coverage. Coverage under the

Plan is significantly curtailed only if there is an overall reduction in coverage provided under the Plan so as to constitute reduced coverage generally. Thus, in most cases, the loss of one particular physician in a network does not constitute a significant curtailment.

Significant curtailment with loss of coverage. If you or your covered Dependent has a curtailment of coverage under the Plan that constitutes a total loss of coverage, you may revoke your Plan election and elect either to receive on a prospective basis coverage under another Plan option providing similar coverage or to drop coverage if no similar option is available. A loss of coverage means a complete loss of coverage under the Plan option or other coverage option.

Addition or improvement of a benefit package option. If the Plan adds a new coverage option, or if coverage under an existing coverage option is significantly improved during the Plan Year, the Plan may permit eligible employees (whether or not they have previously made an election under the Plan or have previously elected a coverage option) to revoke their election under the Plan and to make an election on a prospective basis for coverage under the new or improved coverage option.

Change in coverage under another employer plan. You may make a prospective election change that is on account of and corresponds with a change made under another employer plan if (i) the other plan permits participants to change an election as described in this section, and (ii) the other plan permits participants to make an election for a period of coverage that is other than the Plan Year. For example, if you elect coverage through your spouse's employer's plan and that plan has a different annual enrollment period from this Plan, you may make a corresponding election change.

Family and Medical Leave Act. If you take leave under the Family and Medical Leave Act (FMLA) you may revoke an existing Plan election and make another election for the remaining portion of the Plan year as may be provided for under the FMLA and regulations of the Internal Revenue Service.

Exchange Enrollment. Two mid-year election changes will be available to participants who meet the requirements of these election changes.

Reduction of Hours. If your hours are reduced to an expected average of less than 30 hours per week, you may revoke your election for coverage under the Plan if you intend to enroll in coverage offered in a government-sponsored Exchange (Marketplace) or in another group health plan that offers minimal essential coverage. This election change may be made even if the reduction in your hours would not cause you to lose coverage under the Plan. You will be required to provide the Plan Administrator with evidence that you intend to enroll in another plan with coverage effective no later than the first day of the second month following the revocation (i.e., if your coverage is revoked in May, coverage under the new plan must begin on July 1).

Obtaining Cover Through the Health Insurance Marketplace. If you are enrolled in the Plan and are eligible to enroll for coverage in a government-sponsored Exchange (Marketplace) during a special or annual open enrollment period, you may prospectively revoke your election for Plan coverage, provided that you certify that you and any related individuals whose coverage is being revoked have enrolled or intend to enroll for new Exchange coverage that is effective beginning no later than the day immediately following the last day of Plan coverage.

GLOSSARY

ACA (Patient Protection and Affordable Care Act) - Also called Health Care Reform, the intent of the Affordable Care Act is to make affordable health care available to all Americans. The ACA became law in March 2010. Since then, the ACA has required some changes to medical coverage—like covering dependent children to age 26, no lifetime limits on medical benefits, reduced FSA contributions, free preventive care, etc.

Brand Name Drug - The original manufacturer's version of a particular drug. Because the research and development costs that went into developing these drugs are reflected in the price, brand name drugs cost more than generic drugs.

Coinsurance - A percentage of costs you pay "out of pocket" for covered expenses after you meet the deductible.

Copay (Copayment) - A fee you have to pay "out of pocket" for certain services, such as a doctor's office visit or prescription drug.

Deductible - The amount you pay "out of pocket" before the health plan will start to pay its share of covered expenses.

Employer Contribution - Volusia County School Board provides you with an amount of money that you can apply toward the cost of your health care premiums. The amount of the employer contribution depends on who you cover. You can see the amount you'll receive when you enroll. If you're enrolling as a new hire, the employer contribution amount will be prorated based on your date of hire.

Generic drug - Lower-cost alternative to a brand name drug that has the same active ingredients and works the same way.

HDHP - High-deductible health plans (HDHPs) are health insurance plans with lower premiums and higher deductibles than traditional health plans. Only those enrolled in an HDHP are eligible to open and contribute tax-free to a health savings account (HSA).

Health Savings Account (HSA) - A health savings account (HSA) is a portable savings account that allows you to set aside money for health care expenses on a tax-free basis. You must be enrolled in a high-deductible health plan in order to open an HSA. An HSA rolls over from year to year, pays interest, can be invested, and is owned by you—even if you leave Volusia County School Board.

Out-of-pocket maximum - The most you pay each year "out of pocket" for covered expenses. Once you've reached the out-of-pocket maximum, the health plan pays 100% for covered expenses.

Plan year - The year for which the benefits you choose during Annual Enrollment remain in effect. If you're a new employee, your benefits remain in effect for the remainder of the plan year in which you enroll, and you enroll for the next plan year during the next Annual Enrollment.

Preventive care - Health care services you receive when you are not sick or injured—so that you will stay healthy. These include annual checkups, gender- and age-appropriate health screenings, well-baby care, and immunizations recommended by the American Medical Association.

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, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2020. Contact your State for more information on eligibility –

ALABAMA – Medicaid

Website: <https://www.myalhipp.com/>
Phone: 1-855-692-5447

ALASKA – Medicaid

The AK Health Insurance Premium Payment Program
Website: <https://www.myakhipp.com/>
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility: <https://www.dhss.alaska.gov/dpa/Pages/medicaid/default.aspx>

ARKANSAS – Medicaid

Website: <https://www.myarhipp.com/>
Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA – Medicaid

Website: https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx
Phone: 1-800-541-5555

COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)

Health First Colorado Website: <https://www.healthfirstcolorado.com/>
Health First Colorado Member Contact Center:
1-800-221-3943/ State Relay 711
CHP+: <https://www.colorado.gov/pacific/hcpf/child-health-plan-plus>
CHP+ Customer Service: 1-800-359-1991/ State Relay 711

FLORIDA – Medicaid

Website: <https://www.flmedicaidtprecovery.com/hipp/>
Phone: 1-877-357-3268

GEORGIA – Medicaid

Website: <https://www.medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>
Phone: 678-564-1162 ext 2131

INDIANA – Medicaid

Healthy Indiana Plan for low-income adults 19-64
Website: <https://www.in.gov/fssa/hip/>
Phone: 1-877-438-4479
All other Medicaid
Website: <https://www.indianamedicaid.com>
Phone 1-800-403-0864

IOWA – Medicaid and CHIP (Hawki)

Medicaid Website: <https://dhs.iowa.gov/ime/members>
Medicaid Phone: 1-800-338-8366
Hawki Website: <http://dhs.iowa.gov/Hawki>
Hawki Phone: 1-800-257-8563

KANSAS – Medicaid

Website: <http://www.kdheks.gov/hcf/default.htm>
Phone: 1-800-792-4884

KENTUCKY – Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>
Phone: 1-855-459-6328
Email: KIHIPPPROGRAM@ky.gov
KCHIP Website: <https://kidshealth.ky.gov/Pages/index.aspx>
Phone: 1-877-524-4718
Kentucky Medicaid Website: <https://chfs.ky.gov>

LOUISIANA – Medicaid

Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp
Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

MAINE – Medicaid

Website: <http://www.maine.gov/dhhs/ofi/public-assistance/index.html>
Phone: 1-800-442-6003
TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

Website: <https://www.mass.gov/eohhs/gov/departments/masshealth/>
Phone: 1-800-862-4840

MINNESOTA – Medicaid

Website: <https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/medical-assistance.jsp> [Under ELIGIBILITY tab, see “what if I have other health insurance?”]
Phone: 1-800-657-3739

MISSOURI – Medicaid

Website: <https://www.dss.mo.gov/mhd/participants/pages/hipp.htm>
Phone: 573-751-2005

MONTANA – Medicaid

Website: <https://www.dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>
Phone: 1-800-694-3084

NEBRASKA – Medicaid

Website: <https://www.ACCESSNebraska.ne.gov>
Phone: (855) 632-7633
Lincoln: (402) 473-7000
Omaha: (402) 595-1178

NEVADA – Medicaid

Medicaid Website: <https://www.dhcfp.nv.gov>
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid

Website: <https://www.dhhs.nh.gov/oij/hipp.htm>
Phone: 603-271-5218
Toll free number for the HIPP program:
1-800-852-3345, ext 5218

NEW JERSEY – Medicaid and CHIP

Medicaid Website:
<https://www.state.nj.us/humanservices/dmahs/clients/medicaid/>
Medicaid Phone: 609-631-2392
CHIP Website: <https://www.njfamilycare.org/index.html>
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://medicaid.ncdhhs.gov/>
Phone: 919-855-4100

NORTH DAKOTA – Medicaid

Website: <https://www.nd.gov/dhs/services/medicalserv/medicaid/>
Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP

Website: <https://www.insureoklahoma.org>
Phone: 1-888-365-3742

OREGON – Medicaid

Website:
<https://www.healthcare.oregon.gov/Pages/index.aspx>
<https://www.oregonhealthcare.gov/index-es.html>
Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid

Website: <https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx>
Phone: 1-800-692-7462

RHODE ISLAND – Medicaid and CHIP

Website: <https://www.eohhs.ri.gov/>
Phone: 855-697-4347, or 401-462-0311 (Direct Rite Share Line)

SOUTH CAROLINA – Medicaid

Website: <https://www.scdhhs.gov>
Phone: 1-888-549-0820

SOUTH DAKOTA - Medicaid

Website: <https://www.dss.sd.gov>
Phone: 1-888-828-0059

TEXAS – Medicaid

Website: <https://www.gethipptexas.com/>
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP

Medicaid Website: <https://www.medicaid.utah.gov/>
CHIP Website: <https://www.health.utah.gov/chip>
Phone: 1-877-543-7669

VERMONT – Medicaid

Website: <https://www.greenmountaincare.org/>
Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP

Website: <https://www.coverva.org/hipp/Medicaid>
Phone: 1-800-432-5924
CHIP Phone: 1-855-242-8282

WASHINGTON – Medicaid

Website: <https://www.hca.wa.gov/>
Phone: 1-800-562-3022

WEST VIRGINIA – Medicaid

Website: <https://www.mywvhipp.com/>
Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP

Website:
<https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf>
Phone: 1-800-362-3002

WYOMING – Medicaid

Website: <https://www.wyequalitycare.acs-inc.com/>
Phone: 307-777-7531

To see if any other states have added a premium assistance program since January 31, 2020, or for more information on special enrollment rights, contact either:

**U.S. Department of Labor
Employee Benefits Security Administration**
www.dol.gov/agencies/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



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
6-3-2023

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 Human Resources.

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.

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 Volusia County School Board	4. Employer Identification Number (EIN) 59-6000884		
5. Employer address 200 N. Clara Avenue	6. Employer phone number (386) 734-7190, X20300		
7. City DeLand	8. State Florida	9. ZIP code 32720	
10. Who can we contact about employee health coverage at this job? Risk and Benefits Management Department: Beth Swallows			
11. Phone number (if different from above) n/a	12. Email address easwallo@volusia.k12.fl.us		

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

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

☒ All employees. Eligible employees are:

- All full-time support and administrative employees working at least 20 hours per week
- All full-time instructional employees scheduled to work over 18.75 hours per week (or greater than 3.75 hours per day)

☐ Some employees. Eligible employees are:

- With respect to dependents:

☒ We do offer coverage. Eligible dependents are:

Spouse - Legally married; Children - Up to age 26 under Health Care Reform. Up to age 30, Florida Statute if child is: 1) Unmarried without dependents of their own AND 2) A Florida resident or a full-time student AND 3) Not covered under any other health plan or policy AND 4) Not entitled to coverage under Medicare

☐ 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.

¹An 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.

CONTACT INFORMATION

BENEFIT	CONTACT	PHONE NUMBER	WEBSITE/EMAIL
Medical and Prescription Plans	Florida Health Care Plans Florida Blue	1-877-615-4022 1-800-664-5295	www.fhcp.com www.floridablue.com
Wellness Program	Florida Health Care Plans Carla Cosio, Wellness Coordinator	1-386-676-7100 Ext. 7247	www.fhcp.com/for-members ccosio@fhcp.com
Extended Hours Care Centers	Florida Health Care Plans	1-386-676-7198	www.fhcp.com/ our-service-locations/ extended-hours-care-centers
Critical Illness Insurance	Aetna	1-800-607-3366	www.aetna.com
Hospital Indemnity Insurance	Aetna	1-800-607-3366	www.aetna.com
Accident Insurance	MetLife	1-800-638-5433	www.metlife.com/volusiaschools
Dental Plans	Solstice	1-855-301-4370	www.mysmile365.com/solstice www.solsticebenefits.com/VCS vcs@solsticebenefits.com
Vision Plan	VSP	1-800-877-7195	www.vsp.com
Flexible Spending Accounts	Total Administrative Services Corporation	1-800-422-4661	www.tasconline.com
Basic and Supplemental Term Life and AD&D Insurance	The Standard	1-800-628-8600	https://www.standard.com/ employee-benefits/ volusia-county-schools
Group Whole (Permanent) Life Insurance	Allstate Benefits	1-800-366-3495	www.allstate.com
Short-Term Disability Insurance	The Standard	1-800-368-2859	https://www.standard.com/ employee-benefits/ volusia-county-schools
Long-Term Disability Insurance	The Standard	1-800-368-1135	https://www.standard.com/ employee-benefits/ volusia-county-schools
Identity Theft Protection	ID Watchdog	1-866-513-1518	www.idwatchdog.com
Employee Assistance Program	Aetna Resources for Living	1-800-272-7252	resourcesforliving.com Username: VCS Password: VCS
Educators' Personal Liability Insurance	Gallagher Bassett Services	1-855-722-5542	
Retirement Plans	Florida Retirement System	1-866-446-9377	myFRS.com



NOTE: This statement is intended to summarize the benefits you receive from Volusia County School Board. The actual determination of your benefits is based solely on the plan documents provided by the carrier of each plan. This summary is not legally binding, is not a contract, and does not alter any original plan documents. For additional information, please contact the Risk and Benefits Management Department.