Benefits at a Glance

January 1, 2018—December 31, 2018

Know the options for you and your family

Inspire to be well

Take control of your health, wealth, and self

Produced By:

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

Welcome

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

This booklet will assist you in understanding the various benefits that are available to you, effective ***January 1, 2018 through December 31, 2018***. You will also learn about the wonderful online tools that are available for managing your benefits, claims, accessing health & wellness information, and exploring discount programs, at no additional cost!

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

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

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

Wishing you a healthy and successful year,

Alachua County Public Schools

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

Health

Wealth

Self

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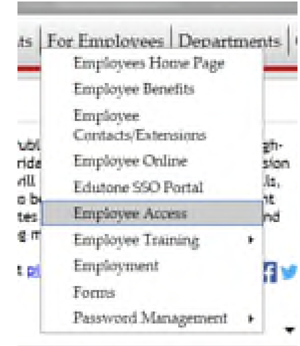
A complete legal description of the plans is available upon request. If there is any discrepancy between this guide and the official plan documents, the plan documents govern. The benefit options you select will be binding. You will be governed by the terms, provisions and restriction of the plans in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

SKYWARD Employee Access Portal:



There are three ways to log on to Employee Access:

1. The Alachua County Public School main webpage.
2. The Alachua County Public School Dashboard.
3. The Skyward App on your smartphone.

Logging on from the District main webpage:

1. From the Alachua County Public Schools homepage, click on "For Employees" tab.
2. Scroll down the page and click on "Employee Access." This will display the SKYWARD logon screen.
3. Skyward utilizes pop-ups for the login screen. You may either temporarily disable or allow pop-ups for Skyward.
4. Select Login All Areas and sign in with your Network (Active Directory) ID and Password.

SKYWARD
Alachua County, FL
ACPS FINANCE
Login ID:
Password:
Sign In
05.17.10.00.10
Login Area: All Areas

NOTE: If an employee does not remember their network (Active Directory) log on, they will need to contact the Help Desk at (352) 955—7500 or their local Site Tech.

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

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

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

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

Benefits Effective Dates:

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

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

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

Eligibility

All Alachua County Public Schools employees appointed to regularly work one-half time or more are eligible to participate in the tax-saving Flexible Benefits Plan. Eligible employees must be actively at work on the plan effective date for new benefits to be effective, meaning you are physically capable of performing the functions of your job on the first day of work concurrent with the plan effective date. For example, if your 2018 Flexible Benefits Plan becomes effective on January 1, 2018, you must be actively at work on January 1, 2018, to be eligible for your new benefits. If you are not actively at work but return to active work status within ten working days from the plan effective date, your benefits will cover you when you return to work.

Dependent Eligibility Requirements

Eligible dependents are:

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

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

- Age 0-30 (end of calendar year) for Health Insurance—**Only until 12/31/18.**
- Age 0—26 (end of calendar year) beginning 1/1/19.
- Age 0-25 (end of calendar year) for Life, Dental, Vision. Your dependent child must be unmarried to be covered for life, dental, or vision.
- For details on Legal Shield eligible dependent age requirements, see page 15.
- For details on Accident, Critical illness and Cancer dependent eligibility, see page 11.

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

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

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

- A copy of the front page of your most recently filed 2016 federal tax return (1040 form) confirming this dependent is your spouse;
- A document dated within the last 60 days showing current relationship status such as a recurring monthly household bill or statement of account. The document must list your spouse's name, the date and your mailing address. Note: Healthcare bills will not be accepted as proof of eligibility as healthcare coverage is being verified.

FOR DOMESTIC PARTNER:

- A copy of your Affidavit of Domestic Partnership **AND**
- A document dated within the last 60 days showing current relationship status such as a recurring household bill or statement of account. The document must list your partner's name, the date and your mailing address. Note: Healthcare bills will not be accepted as proof of eligibility as healthcare coverage is being verified.

FOR CHILDREN*:

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

FOR DISABLED CHILDREN*:

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

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

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

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

Call TSA at 1-888-796-3786, ext. 525 to obtain Administrator signatures.**

Provider Directory:

American Century Investment

(No-Load Mutual Funds)

403(b) Plan 2279

457(b) Plan 2379

(800) 345-3533

www.americancentury.com/florida

Great American Life

(Variable Annuity)

403(b) Plan 2255

(800)854-3649

www.gafri.com

Plan Member Financial

(Mutual Funds)

403(b) Plan 2274

457(b) Plan 2374

(800) 874-6910

www.planmemberfinancialcorporation.com

AXA Equitable

(Variable Annuity)

403(b) Plan 2276

457(b) Plan 2376

(352) 682-0369

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

Voya Retirement Insurance and Annuity Company

(Fixed and Variable Annuity)

403(b) Plan 2263

457(b) Plan 2363

(877)884-5050

www.ing-usa.com

TIAA-CREF

403(b) Plan 2278

457(b) Plan 2378

(800)842-2776

www.tiaa-cref.org

Fidelity Funds

(No-Load Mutual Funds)

403(b) Plan 2259

457(b) Plan 2359

(800)343-0860

www.fidelity.com

Legend Group

(Mutual Funds)

403(b) Plan 2273

457(b) Plan 2373

(888)883-6710

www.legendgroup.com

VALIC

(Variable Annuity)

403(b) Plan 2253

457(b) Plan 2375

(352) 367-2409

www.valic.com

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

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

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

2018 Health Plan Options (Florida Blue)

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

Plan Year Plan Benefits	BlueOptions 03359 Plan 004 In-Network**	BlueOptions 05360 Plan 005 (Comes with HRA) In-Network**	Short Term Disability/ Hospital Indemnity (Does Not Provide Health Coverage)
Plan Year Deductible (DED) *Per Individual* *Family Aggregate*	$750 $2,250	$1,500 $4,500	If you have health coverage elsewhere, the School Board offers Hospital Indemnity and Short Term Disability Plans, at no cost to you. This plan also includes flexible benefit dollars in the form of a $250 medical FSA. To be eligible for this benefit, you must have medical insurance somewhere else, and cannot elect any of Alachua County Public School's offered health coverage plans. * Short-term Disability: **pays $100.00 per week for up to 26 weeks**, beginning on the 15th day of accident or illness. If you choose the Short term disability – No Health Coverage Plan. * Hospital Indemnity: **pays $90.00 per day for each day you are hospital confined,** up to 91 continuous days of confinement.
Total Out-of-Pocket Maximum[1] *Per Individual* *Family Aggregate*	$4,000 $8,000	$4,000 $8,000	
Coinsurance (Plan Pays)	80%	80%	
Preventive Services (includes Pap smears, Mammograms, PSA testing, Etc.)	100%	100%	
Office Visits *Primary Care Physician (PCP)* *Specialist*	$25 DED then 20%	$25 DED then 20%	
Urgent Care Visits	$35	$35	
Emergency Room	DED then 20%	DED then 20%	
Inpatient Hospital *Per Admit*	DED then 20%	DED then 20%	
Outpatient Hospital and Services *Per Visit*	DED then 20%	DED then 20%	
Outpatient Diagnostic Services *Lab (Quest)* *X-Rays*	$0 **$50**	$0 **DED then 20%**	
Advanced Imaging Services *(MRI, CT, PET, etc.)*	**$125**	**DED then 20%**	
Maternity *Family Physician* *Specialist*	$25 DED then 20%	$25 DED then 20%	

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

Prescription Drug Benefits - You will have a separate Rx card.

	Plan 004	Plan 005	
Deductible	**$200** Brand only; applies prior to co-ins/co-pays. No DED for generics	**$100** Brand only; applies prior to co-ins/co-pays. No DED for generics	Generic Substitution Program - When members choose to fill a brand-name prescription when a lower cost generic equivalent is available, the member pays the brand cost and the cost difference between the brand and generic drug. Penalty can be waived if physician indicates brand is medically necessary.
Generic	20%	20%	
Brand	40%	40%	
Non-Preferred Brand	40%	40%	
Mail Order (90 days) ***Generic/Brand/Non-Preferred***	$20/$50/$80	$20/$50/$80	
Out of Network	50%	50%	

[1] Includes your deductible, coinsurance, and copays. **See your full plan summary online for out of network benefits.** *This is only a summary of benefits and is not a contract. Please refer to your carriers' benefit booklet for complete benefits.*

2018 Health Plan Rates

All rates in this book are per paycheck, not a monthly amount.
You are paid semi-monthly. Deductions are from August 31 paycheck —June 15 paycheck for all employees. *12 Month employees are not deducted June 30, July 15, July 31, and August 15.

Costs are Per Paycheck	Blue Options (004) Division $750 Deductible	Blue Options $1500 Deductible	Short Term Disability/ Hospital Indemnity (002) Division
	(004) Division	(005) Division	No Health Coverage
District Paid	***No Premium Cost to You As the Employee***		
Employee	$0.00	$0.00	$0.00
Dependent Coverage			
Employee + Spouse	$353.28	$294.98	N/A
Employee + Child(ren)	$293.76	$245.30	
Family	$436.24	$364.28	
Family Rate Discount*	$138.58	$66.60	

* The Family Discount is when two employees work for ACPS and have dependents. They receive a family discount rate. (To receive this discount the two employees must be legally married or domestic partners).

The District pays $6,132.00 for the employee health insurance premium annually.

It's easy to manage your medicine anytime, anywhere.

Helpful information is just a tap away with the Express Scripts mobile app.

Scan this QR code to download the Express Scripts mobile app, or go to Express-Scripts.com/mobileapp to learn more.

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www.discoverybenefits.com

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

What are some benefits of having an HRA?

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

A **Health Reimbursement Arrangement (HRA)** is a benefit plan set up and funded by your employer. **It reimburses you for eligible expenses— prescriptions, co-pays, doctor visits, anything medical, dental, and vision**— to help offset health care expenses. Your employer is offering this benefit to all eligible employees who have the Blue Options $1,500 Deductible medical plan.

Debit Card

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

HRA Rollover Feature

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

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

This chart reflects the pro-rated amounts for HRA participants in 2018.

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

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

Flexible Spending Accounts are available regardless of plan enrollment and will coordinate with the HRA.

Flexible Spending Accounts

Medical Flexible Spending Account

You may contribute up to $2,600 to the medical FSA to reimburse yourself for eligible health, dental, prescription plan and vision care expenses using pre-tax dollars. In general, the money in your medical FSA can be used for expenses that are not paid for by a health, vision or dental plan, including copayments, deductibles, coinsurance and some over-the-counter (OTC) medications. The funds you elect to set aside in the medical FSA are pre-loaded and available on the plan effective date.

Dependent Care Flexible Spending Account

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

Check out Discovery Benefits Mobile App

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

⇒ The mobile app is available for iPhones, iPads, and Android devices

⇒ The mobile app is completely free to download in the iTunes or Google play store. Just simply search "Discovery Benefits" from your device and install

Logging In

When the app is opened for the first time, you will need to enter the username and password for your Discovery Benefits portal. After you have successfully logged in to the mobile app for the first time, you will be prompted to set up a 4 digit PIN. From that point forward, you will be able to access the mobile app simply by entering this PIN.

www.discoverybenefits.com

Save your receipts. Even though you may be using your debit card to pay an expense out of your FSA (or HRA), the IRS requires that every expense be verified. Substantiation means validating a transaction to ensure the debit card was used for IRS approved items/services within the allowed time frame. Remember to keep all receipts and provider documentation for your medical, dental, or vision expenses with coding, in case the HRA administrator requests documentation to substantiate one or more of your transactions. You will need to provide this and proof of payment. If **you do not provide the information needed, your debit card may be deactivated, and the funds may be added to your taxable income on your W-2.**If you have trouble submitting your documentation, please contact Discovery Benefits at 866-451-3399.

KEEP IN MIND

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

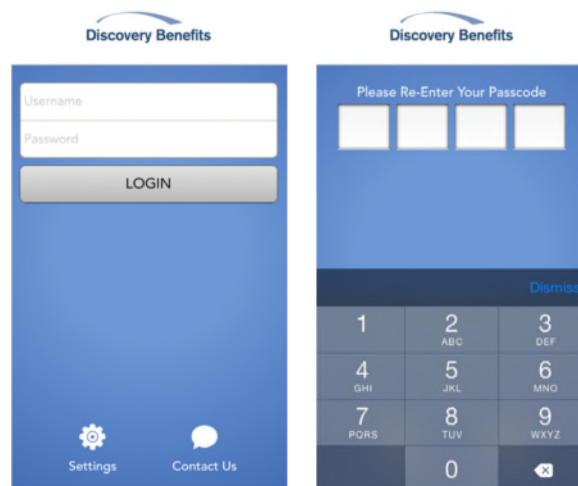
IRS guidelines for FSA- Qualified medical expenses are those incurred by the following persons.

1. You and your spouse.

2. All dependents you claim on your tax return.

3. Any person you could have claimed as a dependent on your return except that:

   a. The person filed a joint return, The person had gross income of $4,000 or more.



Humana provides a choice of three dental plans:

Advantage Plus

With the Advantage Plus Plan, benefits are provided by **Participating General Dentists and Participating Specialists.** There are no deductibles, claim forms or waiting periods. The Participating General Dentist will perform most preventive and diagnostic procedures at no additional charge with all other services provided according to the Schedule of Benefits up to the plan's annual maximum limit for benefits. The Schedule of Benefits apply to those Participating General Dentists who perform the services. You are encouraged to discuss the availability of the scheduled services with your Participating General Dentist prior to commencement of the 2018 Plan Year.

Should you need the services of a Specialist (i.e., Endodontist, Orthodontist, Oral Surgeon, Periodontist, Prosthodontist or Pediatric Dentist), you may be referred by your Participating General Dentist, or you may refer yourself to any Participating Specialist, where available. Services provided by Participating Specialists are available at the same schedule co-pays as general dentists subject to plan's limitations and exclusions.

PPO Plans

The PPO plans are similar to traditional dental insurance plans. You do not have to pre-select a primary dentist. When you need dental services, simply make your appointment with any dentist. For maximum benefits, select a dentist from Humana's extensive PPO/Traditional Preferred network. These dentists have agreed to accept a discounted fee for services. These discounts can average 28 percent off the usual fees. When you receive treatment from a PPO dentist, your share of the cost will be reduced. Once services are performed, you or your dentist must file a claim form in order to receive reimbursement. Your claim will be paid based on your plan's Schedule of Benefits. The plan will pay a percentage of the eligible charges, up to the plan's annual maximum limit for benefits subject to the plan's limitations and exclusions.

If you have dental or vision coverage, your copayments or uninsured out-of-pocket expenses may be eligible for reimbursement through your Medical Expense FSA. To obtain a claim form or for a list of network providers, please call Dental Customer Care • 800-233-4013 or Vision Customer Care • 877-398-2980 or www.Humana.com.

Humana Mobile App

Manage your dental wherever you are. Review your coverage, check claims, view your member ID card and find in-network providers — all with a few clicks.

How It Works

Login into the MyHumana app using your MyHumana member name and password. From the home screen, you can access great features like your Humana ID Card, claims information and provider finder.

Features

- ID CARDS – View your Dental ID Cards.
- CLAIMS – See your latest claims, their status, summary and detailed information.
- PROVIDER FINDER – Locate in-network Dentist. Search via your current location* or enter a ZIP code to search anywhere you need .

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

Employee Cost Per Pay Period	Humana Dental Advantage 20 Checks	Humana Dental Advantage 21*/24 Checks	Humana PPO 20 Checks	Humana PPO 21*/24 Checks	Humana Traditional Preferred 20 Checks	Humana Traditional Preferred 21*/ 24 Checks
Employee Only	$10.82	$9.02	$10.03	$8.36	$18.47	$15.39
Employee + One	$21.28	$17.74	$19.04	$15.87	$35.99	$29.99
Employee + Family	$29.11	$24.26	$34.90	$29.08	$64.09	$53.41

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

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

Vision

Employees have the option to enroll in a Vision plan through Humana. Humana Vision offers a network of eye doctors in Alachua and surrounding counties who provide your eye care needs at affordable prices. Once you pay your network doctor a small co-payment, your vision care services are provided at no cost up to the plan allowance.

National network provides real savings

You have access to one of the largest vision networks in the United States, with more than 39,000 provider locations with independent optometrists and ophthalmologists and national retail locations. You will be able to use your benefits at some of the top names in eye care , including LensCrafters®, Pearle-Vision®, Sears® Optical, Target® Optical, and JCPenney® Optical in addition to many independent optometrists and ophthalmologists. Plus, you can also use your vision benefit to purchase contacts online at ContactsDirect.com or glasses online at Glasses.com.

Plan Features

- Exam - Covered in full with Network doctor, after $10 copay; non-network maximum of up to $30 reimbursement.
- Lenses - Covered in full with Network doctor, after a $15 copay; non-network maximum of up to $25 for Single vision, up to $40 for Bifocals, up to $60 for Trifocal and up to $100 for Lenticular.
- Frames - Covered in full (up to $130 retail allowance, with 20% off balance over $130) with Network doctor; non-network maximum of up to $65 reimbursement.
- Elective Contact Lenses - $130 allowance with Network; Non-Network maximum up to $104 reimbursement.
- Medically Necessary Contacts - Covered in full with Network doctor; non-network option covers up to $200.
- Members receive additional fixed copays on lens options, including anti-reflective and scratch-resistant coatings, as well as progressive lenses.
- Members also receive 20% retail discount on a second pair of eyeglasses. This discount is available for 12-months after the covered eye exam and available through the participating provider who sold the initial pair of eyeglasses.

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

Employee Cost Per Pay Period	20 Checks	21 Checks*/24 Checks
Employee Only	$3.11	$2.59
Employee + Family	$8.70	$7.25

**21 Checks have four deductions on June 30th Paycheck*

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

Voluntary Group Accident

Unexpected accidents can also mean costly out-of-pocket expenses. Allstate Benefits Accident Coverage provides cash benefits for off-the job accidental injuries and can help with expenses associated with injury treatments. Allstate accident coverage can help with some of these expenses to keep your finances healthy.

Allstate Accident coverage is guaranteed issued with no medical questions asked.

Eligible dependents are:

1. The employee's or member's legal spouse or domestic partners; and
2. Dependents children of the employee or member including newborn, children, adopted children, children during pendency of adoption procedures, foster children, step children, children of domestic partners, or legal wards who are under 26 years of age. The children must live in his or her household or be full-time or part-time student and must be dependent on the employee or member for support.

Benefit Details	
Emergency Treatment	$400 ER - $200 Urgent Care $200 accident physicians treatment
Initial Hospitalization	$2,000
Hospital Confinement	$400/day limit 365 per 2 year period
Intensive Care Confinement	$800/day limit 180 per accident
Follow-Up Treatment	$150/visit limit 2 per accident
Ambulance Benefit	$400 ground—$1,200 air per accident
Outpatient Physicians Treatment	$50/visit limit 2 individual, 4 family per year for *any physicians visit*
Transportation & Lodging	$750/trip non-local transportation limit 3 per accident $600/trip post accident $300/day family lodging limit 30 per accident
Rehabilitation	$300/day limit 60 per year
Physical Therapy	$90/visit physical, occupational, speech therapy limit 6 per accident
Diagnostic Exams	$150 advanced imaging-$300 x-ray per year
Surgery	$300-$3,000 surgery per accident $300 anesthesia—$900 blood/plasma

Employee Cost Per Pay Period	20 Checks	21 Checks*/24 Checks
Employee Only	$6.25	$5.21
Employee + Spouse	$14.49	$12.08
Employee + Child(ren)	$18.35	$15.30
Employee + Family	$24.26	$20.22

**21 Checks have four deductions on June 30th Paycheck*

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

Allstate BENEFITS

Group Critical Illness/Cancer

Along with the advancements in medical technology that can increase life span and chances of surviving a critical illness event comes an increasing appreciation of the personal economic strain people face with the diagnosis and lifestyle changes associated with a critical illness. Group Voluntary Critical Illness Insurance from Allstate Benefits pays a lump sum that can be used for any expenses, including non-medical related expenses that health insurance might not cover. The Group Voluntary Critical Illness benefit is paid to the insured in the event of an initial diagnosis of a covered condition.

Benefit Details	*Percentage shown is portion of face amount
Benefit Amount	$15,000
Recurrence Benefit	100% if treatment free for 12 months
Category 1 Basic Benefit Amounts	Heart Attack, stroke, heart transplant: 100% Coronary artery by-pass surgery: 25%
Category 2 Basic Benefit Amounts	Major organ transplant (excluding heart), end stage renal failure, paralysis (not due to stoke): 100%
Category 3 Basic Benefit Amounts	Invasive cancer: 100% Carcinoma in situ: 25%
Wellness	$50 per insured per year
Dependent coverage	Covered at 50% of employee benefit amount
Pre-existing Provision	12months/12months

$15,000 Initial Diagnosis Lump Sum Benefit	Non-Tobacco		Tobacco	
Employee Cost Per Pay Period	20 Checks	21 Checks*/24 Checks	20 Checks	21 Checks*/24 Checks
Employee	$16.25	$13.55	$28.54	$23.78
Employee + Spouse	$24.22	$20.19	$42.41	$35.35
Employee + Child(ren)	$16.55	$13.80	$28.84	$24.03
Family	$24.52	$20.44	$42.71	$35.60

21 Checks have four deductions on June 30th Paycheck

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

Basic Life and AD&D & Supplemental Group Term Life

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

Basic Group Life and AD&D Insurance:
Eligible employees automatically receive a basic life insurance paid by the district.
Administrators: $20,000 $45.60/annually
All Other Employees: $10,000 $22.80/annually

Supplemental Group Term Life Insurance:
In addition to Basic Life and AD&D, paid by the District, you have the opportunity to purchase Supplemental Group Life and AD&D insurance up to $100,000, in increments of $10,000, at your own cost.
At initial hire, the "Guarantee Issued Amount" (the amount you can be issued without submitting Evidence of Insurability) is $100,000. After initial hire, any additional coverage will require EOI to be completed. Approval is granted or denied through the insurance company.

Under Age 65 Benefit Amount	Semi-Monthly Premium	Age 65 –69 Benefit Amount	Semi-Monthly Premium	Age 70+ Benefit Amount	Semi-Monthly Premium
$10,000	$1.38	$6,500.00	$0.90	$5,000.00	$0.69
$20,000	$2.76	$13,000.00	$1.79	$10,000.00	$1.38
$30,000	$4.14	$19,500.00	$2.69	$15,000.00	$2.07
$40,000	$5.52	$26,000.00	$3.59	$20,000.00	$2.76
$50,000	$6.90	$32,500.00	$4.49	$25,000.00	$3.45
$60,000	$8.28	$39,000.00	$5.38	$30,000.00	$4.14
$70,000	$9.66	$45,500.00	$6.28	$35,000.00	$4.83
$80,000	$11.04	$52,000.00	$7.18	$40,000.00	$5.52
$90,000	$12.42	$58,500.00	$8.07	$45,000.00	$6.21
$100,000	$13.80	$65,000.00	$8.97	$50,000.00	$6.90

Dependent Life

Dependent Life Insurance:
Dependent Life Insurance is available for your eligible dependents. The plan provides a benefit of $10,000 for your spouse and $5,000 for each child. Cost for the dependent insurance (which covers all eligible members of your family) is $31.44/annually. The coverage ends when the following occurs:

- Your employment ends with ACPS
- Your dependent child turns 25.
- Provides $10,000 for spouse, $5,000 for each dependent child to age 25.
- You are able to convert to a personal, post-tax policy should you terminate employment with the District for any reason other than retirement.

2018 Life Plan Rates

Deductions are from August 31 paycheck —June 15 paycheck for all employees. *12 Month employees are not deducted June 30, July 15, July 31, and August 15.

Dependent Life	Semi-Monthly
$10,000/Spouse $5,000/Dependent	$1.57

This is only a summary of benefits and is not a contract. Please refer to your carriers' benefit booklet for complete benefits. Nothing herein is intended to supersede or replace the insurance contract and the insurance contract will apply and prevail in all cases.

Supplemental Group Term Life

Provided by CIGNA

Should something happen to you, will your loved ones be secure enough financially to carry on? Applying for Group Term Life Insurance can help provide for your dependents. Open to all active employees working a minimum of 20 hours per week for full-time, 12-month half-time; 10-month half-time; or 18.5 hours per week for 10-month half-time teachers, you can choose for four levels of life insurance coverage to give you a maximum of $50,000 when combined with your coverage from the Alachua County Public Schools: $10,000, $20,000, $30,000 or $40,000.

How do I report a Life Claim?

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

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

Am I required to pay my premium if I'm disabled and unable to work?

No, if you become totally disabled as a result of a covered injury or sickness prior to reaching age 60, after nine continuous months of disability, you may apply for waiver of premium. If approved, your premium will be waived until you are no longer disabled.

Employee Cost Per Pay Period	20 Checks	21 Checks*/24 Checks
$10.000	$2.70	$2.25
$20,000	$5.40	$4.50
$30,000	$8.10	$6.75
$40,000	$10.80	$9.00

**21 Checks have four deductions on June 30th Paycheck*

Legal

Everyone deserves legal protection.
Legal Shield makes it possible for everyone to be able to access legal protection, affordably. From real estate to divorce advise, speeding tickets to will preparation and beyond—no matter how traumatic or how trivial it may seem.
For less than $20 a month, Legal Shield gives you the ability to talk with an attorney on any matter without worrying about high hourly costs.
•24/7 attorney hotline
•Moving traffic violations (15 day waiting period)
•Have an attorney review a short document
•Access to pre-formatted legal forms
•Create or update a will
•Get legal assistance with buying or selling your home
•Closed panel attorney network ensures initial response within 8 hours
•60 hour rolling annual trial allowance benefit – 25% preferred member discount for out of scope benefits

www.legalshield.com/info/alachuaschools

Your plan covers:

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

Employee Cost Per Pay Period	20 Checks	21 Checks*/24 Checks
Family Coverage	$9.57	$7.98

**21 Checks have four deductions on June 30th Paycheck*

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Voluntary Long Term Disability

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

How much does the plan pay if I become disabled?
The plan replaces 60% of your monthly earnings. You must meet the plan's definition of "disabled" to qualify for benefits and certain rules apply.

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

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

Long Term Disability	Class 1 $60,000	Class 2 $40,000	Class 3 $30,000
Maximum Benefit	60% of Monthly Benefit		
Maximum Monthly Benefit	$3,000	$2,000	$1,500
Elimination Period	90 days		
If you make $30,000, your max benefit is $1,500. If you make $40,000, your max is $2,000. If you make $60,000, your max is $3,000.			

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

Example:

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

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

Long Term Disability Rates	Class 1 ($3,000)		Class 2 ($2,000)		Class 3 ($1,500)	
Employee Cost Per Pay Period	20 Checks	21 Checks*/24	20 Checks	21 Checks*/24	20 Checks	21 Checks*/24
Employee Only	$13.34	$11.12	$11.73	$9.77	$9.34	$7.79

**21 Checks have four deductions on June 30th Paycheck*

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

Beneficiary Q&A

How do I choose a beneficiary?

A crucial step in purchasing a life insurance policy is choosing your beneficiary – the person (or entity) who will receive the cash benefit from your policy when you die.

Who can be a beneficiary?

You can name: One, two or more people

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

Primary beneficiary—Who you want to get your life insurance money at the time of your death. Recommendation is someone 18 years or older.

Contingent beneficiary— Second choice of who you want to get your life insurance money in case something happens to your primary. Recommendation is someone 18 years or older.

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

Can I change my beneficiaries?

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

MyHumana: Your health plan at your fingertips

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

Quick access to your dental and vision plans

View, print and email ID cards

Check your claim status

Review deductibles, coverage levels and limits

Find a doctor near you

Send a secure message with any of your

questions about your plan

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

**Message and data rates may apply.

DISCOVERY BENEFITS MOBILE APPLICATION

EMPLOYEE HANDOUT

ACCESS YOUR BENEFITS ANYTIME, ANYWHERE

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

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

Florida Blue & ESI Online Tools

NEW: Android Users can now login with fingerprint!

NEW: Claims are within the App!

NEW: Save a list of providers!

In the pursuit of health®

Download the Florida Blue Mobile App today!

Save Time. Save Money. Stay Healthy.

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

As Easy as 1, 2, 3…

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

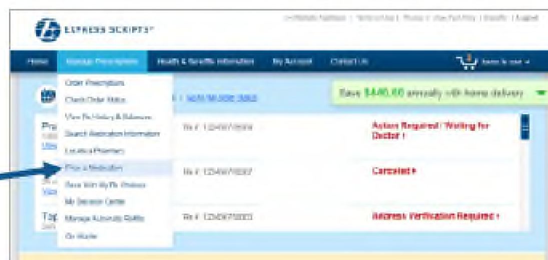
Price a Medication using express-scripts.com

Whether you pick up your prescriptions at a pharmacy or have them delivered, you can compare prices for all your brand-name, generic, formulary* and non-formulary medicines online at express-scripts.com. You can quickly and easily price a medication before filling a prescription. Having this information will help you find the best value.

Pricing a medication is easy!

Log in at express-scripts.com using your user name and password. First-time visitors need to take a moment to register – have your member ID number or social security number (SSN) handy.

Once logged in, select **Price a Medication** from the menu under **Manage Prescriptions.**



On the next screens you will be asked to enter the name of the drug you want to price, the strength, and the dosage. (For example: Tapazole®, 5 mg, taken once per day.)

Based on this information, the system will generate pricing information for home delivery and retail, and for the brand-name and generic drug, if available. It also indicates whether this drug is covered in your plan. You can use this to compare the costs and then "Add" a drug to the list to track your out-of-pocket expenses, depending on your plan.

You can also view drug information and select other retail pharmacies.

Lifetime Limit No Longer Applies and Enrollment Opportunity:
The lifetime limit on the dollar value of benefits under your employer group medical plan no longer applies. Individuals whose coverage ended by reason of reaching a lifetime limit under the plan would now be eligible to enroll in the plan again. Individuals have 30 days from the date of this notice to request enrollment.

Notice of Opportunity to Enroll in Connection with Extension of Dependent Coverage to Age 26:
Individuals whose coverage ended, or who were denied coverage (or were not eligible for coverage), because the availability of dependent coverage of children ended before attainment of age 26 are eligible to enroll in the group medical plan, providing documentation of proof of eligibility.

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

Section 125 Qualifying Events & Benefit Election Changes
Under IRC § 125, you are allowed to pay for certain group insurance premiums with tax-free dollars. This means your premium deductions are taken out of your paycheck before federal income and Social Security taxes are calculated. You must make your benefit elections carefully, including the choice to waive coverage. Your pretax elections will remain in effect until the next annual Open Enrollment period, unless you experience an IRS-approved qualifying event. A qualifying event, also known as a "Family Status Change," is a change in your personal life that may impact you or your dependents' eligibility for benefits under the employer group medical plan. Qualifying events include, but are not limited to:
· Marriage, divorce or legal separation
· Death of spouse or other dependent
· Birth or adoption of a child
· A spouse's employment begins or ends
· A dependent's eligibility status changes due to age, student status, marital status, or employment status
· You or your spouse experience a change in work hours that affects benefit eligibility
Please note that your qualified status change must be consistent with the event. You must notify Employee Benefits within 30 days of your qualifying event.

Medicaid and the Children's Health Insurance Program (CHIP) Offer Free Or Low Cost Health Coverage To Children And Families
If you are eligible for health coverage from your employer, but are unable to afford the premiums, some states have premium assistance programs that can help pay for coverage. These states use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums.

Parity in the application of certain limits to mental health benefits
Group health plans (of employers that employ more than 50 employees) that provide both medical and surgical benefits and mental health or substance use disorder benefits must ensure that financial requirements and treatment limitations applicable to mental health or substance use disorder benefits are no more restrictive than the predominant financial requirements and treatment limitations applicable to substantially all medical and surgical benefits covered by the plan. This basically means that your current mental health and substance abuse benefits provided under the St. Johns County School District Self-funded Medical Plan will not be changed The exemption from these Federal requirements will be in effect for the 2017 Plan Year beginning 1/1/2017 and ending 12/31/2017. The election may be renewed for subsequent plan years. HIPAA also requires the Plan to provide covered employees and dependents with a "certificate of creditable coverage" when they cease to be covered under the Plan. There is no exemption from this requirement. The certificate provides evidence that you were covered under this Plan, because if you can establish your prior coverage, you may be entitled to certain rights to reduce or eliminate a preexisting condition exclusion if you join another employer's health plan, or if you wish to purchase an individual health insurance policy.

Benefits Termination and COBRA
What is COBRA Continuation Coverage? The Federal Consolidated Omnibus Budget Reconciliation Act (COBRA) provides insured employees and their covered spouse and child(ren) ("qualified beneficiaries"), the opportunity to continue group medical, dental and vision coverage when a "qualifying event" would normally result in the loss of coverage eligibility. Common qualifying events include, but are not limited to, resignation or termination from employment, the death of an employee, a reduction in employee's hours, an employee's divorce, and dependent children no longer meeting eligibility requirements. Under COBRA, the employee and/or dependent pays the full cost of coverage at the current group rates plus a 2% administrative fee.
The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Employer and Plan Administrator have been notified that a qualifying event has occurred.
COBRA continuation coverage generally lasts for up to a total of 18 months, which can be extended for a total of 36 months in certain circumstances, or a total of 29 months due to disability.
Keep Human Resources Informed of Address Changes In order to protect your family's rights, you should keep Human Resources informed of any address changes for you or your family members. You should also keep a copy, for your records, of any notices you send.
You Must Give Notice of Certain Qualifying Events For the certain qualifying events such as divorce or legal separation of the employee and spouse, dependent child's losing eligibility for coverage as a dependent child, or if you or a covered dependent becomes disabled before the 60th day of COBRA continuation coverage, you must notify the Plan Administrator within 60 days after the qualifying event occurs. Your notification must include a description and date of the event, documentation to validate the event (divorce decree, court order, death certificate, Social Security award letter, etc.), and must be sent to your plan administrator (see the contact list on the last page).
How can I find out more? This is a general explanation. For more information on COBRA and the group medical, dental and vision plans contact your plan administrator. More information can also be found at www.dol.gov/ebsa/cobra.html.

If you or your dependents are already enrolled in Medicaid or CHIP, you can 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, you can 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, you can ask the state if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer's health plan is required to permit you and your dependents to enroll in the plan – as long as you and your dependents are eligible, but not already enrolled in the employer's plan. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. You may be eligible for assistance paying your employer health plan premiums. The following information for Florida is current as of February 16, 2010. You should contact the State of Florida for further information on eligibility – Florida Medicaid: Website: http://www.fdhc.state.fl.us/Medicaid/index.shtml / Phone: 1-866-762-2237.

Women's Health & Cancer Rights Act of 1998 (WHCRA) Notice

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
- 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. If you would like more information on WHCRA benefits, call the Plan Administrator (contact information provided at the end of this communication).

IMPORTANT NOTICE ABOUT YOUR PRESCRIPTION DRUG COVERAGE & 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 your employer group plan 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.

1. 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.

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 November 15th through December 31st. 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 employer group medical plan prescription coverage will be affected. You cannot keep your coverage with the employer group medical plan if you elect Part D coverage. If you decide to join a Medicare drug plan and drop your current coverage under the employer group medical plan, be aware that you and your dependents will not be able to get this coverage back. See pages 7- 9 of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at http://www.cms.hhs.gov/CreditableCoverage/), which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.]

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 employer group medical plan prescription coverage will be affected. You cannot keep your coverage with the employer group medical plan if you elect Part D coverage. If you decide to join a Medicare drug plan and drop your current coverage under the employer group medical plan, be aware that you and your dependents will not be able to get this coverage back. See pages 7- 9 of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at http://www.cms.hhs.gov/CreditableCoverage/), which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.]

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?
You should know that if you drop or lose your current coverage with your employer group medical plan and don't join a Medicare drug plan within the 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 experience 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 the coverage. For example, if you experience 19 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 November to join.

For More Information About This Notice or Your Current Prescription Drug Coverage…
Contact your Human Resources Department. 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 your current coverage changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage…
Once you become eligible for Medicare you will receive a copy of a handbook titled "Medicare and You" in the mail every year from Medicare. More detailed information about Medicare plans that offer prescription drug coverage can be found in the handbook. You may also be contacted directly by Medicare drug plans. Information about Medicare prescription drug coverage can also be accessed as follows:

- 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.

REMEMBER: Keep this notice for your future reference. If you decided to join one of the Medicare drug plans, you may be required to provide a copy of the certificate of creditable coverage 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). 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).

Plan Effective Date:	01/01/2018
Name of Employer:	Alachua County Public Schools
Address:	620 East University Avenue Gainesville, FL 32601
Phone Number:	352-955-7577

Contacts

Benefit	Contact	ID Card
Medical		
Florida Blue Group #: 78129	www.floridablue.com (800) 352-2583 **Mobile App!**	Yes
Pharmacy		
Express Scripts	www.express-scripts.com (866) 581-5255 **Mobile App!**	Yes
Dental		
Humana Group #: 789160	www.humana.com (800) 233-4013 **Mobile App!**	View on your Mobile App!
Vision		
Humana Group #: 100395	www.Humana.com (877) 398-2980 **Mobile App!**	View on your Mobile App!
Flexible Spending Account/ HRA (Medical and Dependent Care)		
Discovery Benefits Group #: 25734	www.discoverybenefits.com (866) 451-3399 **Mobile App!**	Yes
Accident, Critical Illness, Cancer		
AllState Group #: v8873	www.allstatework.com/mybenefits Customer Care Center: 1(800) 521-3535 Claims Customer Service: 1(800) 348-4489	No
Legal		
Legal Shield Group #: 16374	www.legalshield.com/info/alachuaschools (800) 591-7311	No
Basic Life and AD&D		
Sun Life Financial	Contact Employee Benefits	No
Voluntary Life		
CIGNA	Contact Employee Benefits	No
Disability		
Sun Life Financial Group #: 241965	Contact Employee Benefits	No
Employee Benefits		
Becky Montgomery, Insurance Specialist Sharon White, Benefits Coordinator	montgomerybi@gm.sbac.edu whitesa@gm.sbac.edu	(352) 955-7579 (352) 955-7577
www.sbac.edu (For Employees/Employee Benefits) **www.sbac.edu (For Employees/Employees home page/Discount and Deals)**		
Benefit Administration		
The Bailey Group (904) 461-1800	Allison Profitt, Account Executive aprofitt@mbaileygroup.com	
Retirement/Leave Benefit Administration		
Florida Division of Retirement-FRS Florida Div. of Retirement-FRS Investment Plan FBMC (Employees on Leave/Retirees)	(844) 377-1888 (866) 446-9377 (855) 569-3262	

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