



2022 -2023 BENEFIT ANNUAL ENROLLMENT GUIDE



WELCOME

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ANNUAL ENROLLMENT AUGUST 8th – AUGUST 21st

To assist in your Annual Enrollment decisions, this Enrollment Guide contains a very high-level overview of the benefits.

Please choose your benefits carefully as you will not be able to make any other revisions to your 2022-2023 benefit elections unless you have a qualifying event.

**Annual Enrollment Closes
at
11:59pm (EST) on August 21, 2022**

- ✓ Medical Plan Designs
- ✓ Medical Plan Rates
- ✓ Flexible Spending Account (FSA) Limits
- ✓ All new Benefits Enrollment Platform

DEFAULT PLAN ENROLLMENT

If you are currently enrolled in the FHCP Triple Option plan, you will be automatically enrolled in the POS plan if you do not choose/waive a plan.

If you are currently enrolled in the FHCP POS plan, you will be automatically enrolled in the new HMO 2 plan if you do not choose/waive a plan.



Volusia County School Board would like to welcome you and offer you a chance to elect benefits for the 2022 – 2023 plan year.

Ways to Enroll

Enroll Online through primeBENEFITS Self-Service



- Visit <https://vcs.primebenefits.io/>
- Click **VCS Single Sign On**
- Click **Enroll Here**
- Follow the prompts to make your benefit selections and submit

primeBENEFITS Self-Service is available 24/7 during your enrollment period.

VPortal

- Click on the primeBenefits tile in your VCS Vportal account

By Phone



- Call 386-734-7190 Ext 20269
- Available 9:30am – 5:00pm – Monday – Friday

WHO WE COVER

| | |
|------------|---|
| Employees | <ul style="list-style-type: none"> All benefit eligible full-time instructional employees scheduled to work over 18.75 hours per week (or greater than 3.75 hours per day) All benefit eligible full-time and part-time support and administrative employees scheduled to work at least 20 hours per week |
| Dependents | <ul style="list-style-type: none"> 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, if 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, if 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 30, or to any age if disabled |
| Critical Illness, Hospital Indemnity | Unmarried dependents until the end of the year in which they turn 30 |
| Accident, Permanent life | All dependents until the end of the month in which they turn age 26 |

Please check with the Risk and Benefits Management Department if you have a question of 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 Service department at 1877-615-4023 or call Florida Blue at 1-800-352-2583 |
| What happens to Medicare/Medicaid | <ol style="list-style-type: none"> If someone is MC eligible, but on the FHCP plan, who is the Primary Payer? <ul style="list-style-type: none"> If the member is age 65 or older and is covered by Group Health Plan through their current employment or spouse's current employment. <ul style="list-style-type: none"> Primary Payer is the Group Health Plan If the member has an employer retirement and is age 65 or older and the patient is entitled to Medicare... <ul style="list-style-type: none"> Primary Payer is Medicare Retiree coverage If someone is on Medicaid, AND on the FHCP plan, who is Primary Payer? <ul style="list-style-type: none"> Primary Payer is the Group Health Plan If someone is covered under the school board plan AND a spouse, how does Coordination of Benefits (COB) work? <ul style="list-style-type: none"> The plan that covers a person as an employee is Primary Payer, the plan that covers the same person as a dependent pays Secondary. |

DEPENDENT VERIFICATION GUIDE

If you elect dependent coverage for health insurance, you are required to submit necessary documentation for that dependent.

| Covered Dependent | Verification Documents |
|--|--|
| Legal Spouse | <ul style="list-style-type: none"> Government-issued marriage certificate |
| Birth child | <ul style="list-style-type: none"> Government-issued birth certificate (birth registration cards not accepted) |
| Adopted child | <ul style="list-style-type: none"> Legal adoption documents naming employee (subscriber) as parent. If a spouse (not employee) is the adoptive parent, a government-issued marriage certificate is also required. |
| Stepchild | <ul style="list-style-type: none"> Government-issued marriage certificate Government-issued birth certificate (birth registration cards not accepted) |
| Legal guardianship/ custody | <ul style="list-style-type: none"> Government-issued birth certificate (birth registration cards not accepted) Court documents naming employee (subscriber) as legal guardian/custodian if spouse (not employee) is guardian/custodian Government-issued marriage certificate |
| Grandchild Birth to age 18 months maximum | <ul style="list-style-type: none"> Government-issued birth certificate (birth registration cards not accepted) of grandchild Government-issued birth certificate (birth registration cards not accepted) of covered dependent birth parent who is also enrolled in the plan |
| Disabled adult child | <ul style="list-style-type: none"> Government-issued birth certificate (birth registration cards not accepted) Government issued Social Security documents deeming the child disabled prior to turning 25 years old |

- NOTE: If you elect new dependent coverage for health insurance, you are required to submit necessary documentation for that dependent to the Risk and Benefits Management Department via email at insurance@volusia.k12.fl.us within 30 days of your enrollment.

CHANGING YOUR COVERAGE

Certain changes in your life situation are known as qualifying life events – things like a loss of health coverage, gaining new health coverage or a change in your dependent’s status. These qualifying events give you the opportunity to sign up for a new health insurance plan or change an existing health insurance plan outside the Annual Enrollment Period.

If you experience any of the below qualifying life events, you must contact Risk & Benefits Management within 30 days of the event to be able to make changes to your benefits. Proof of the event is required in order to successfully make the requested changes to your plans.

What is a Qualifying Event?

- Becoming newly married or divorced
- Having a baby or adopting a child
- Death
- Losing health insurance coverage
- Losing eligibility for Medicare, Medicaid, or Children’s Health Insurance Program (CHIP)
- Turning 26 and losing coverage from your parent’s health insurance plan



What to do if you have a Qualifying Event?

Email insurance@volusia.k12.fl.us within 30 days of the Qualifying Event date for further processing instructions.

Note: If you do not make changes within 30 days of the "qualifying event," you must wait until the following annual enrollment period.

FAMILY MEDICAL LEAVE, LEAVE OF ABSENCE, & LEAVE BENEFITS

If you are unable to work, it is important you apply for the right type of leave. What type of leave you need depends on the length of time needed and your reasons for needing leave. Your benefits may be impacted by some types of leave.

FAMILY MEDICAL LEAVE ACT (FMLA)

- **Qualified employees must have been employed with VCS for one year and have worked at least 1,250 hours in the past year.**
- Must be approved by Human Resources (HR) and School Board.
- For maternity/paternity, personal illness, or the illness of a spouse, parent, or child under 18.
- Requires an FMLA form signed by medical doctor. Request FMLA form from HR Department.
- Maximum of 12 weeks (60 work-days) in a school year. It may be used intermittently.
- Pay - You must use sick days if available. Short-term and long-term disability policies can be utilized.
- Insurance – You are responsible for your share of your premiums within 30 days of due date.
- Medical release stating “no restrictions” is required to return to work.
- You remain on your school/department’s payroll in your current position.
- A substitute may fill in for instructional employees.

LEAVE OF ABSENCE (LOA)

- **Qualified employees must have been employed with VCS for one year.**
- Must be approved by HR and School Board.
- For Maternity/Paternity, Medical, Child Care, Military (ALL) Personal and Professional (VUE & NB ONLY).
- Requires signed LOA form. Form may be requested from work site, on web site, or through HR.
- Minimum of 6 weeks up to whole school/fiscal year.
- Pay – there is no pay. You are removed from your school or department payroll.
- Insurance – your insurance will end on the last day of the month if your LOA begins on the 1st through 15th of the month. It will end on the last day of the following month if your LOA begins on the 16th through the end of the month. You may elect COBRA insurance at your own expense.
- You may return to work earlier than planned if all parties agree. You may extend your LOA with approval.
- Your position may be filled by a temporary employee.

SICK LEAVE/PERSONAL LEAVE

- All employees are eligible. Does not require HR or School Board approval.
- If available - sick leave may be used for personal or family illness.
- Six (6) days of paid personal leave may be used with supervisor approval – from your sick leave balance. It is not a separate balance.
- On the third day of sick leave, you may be asked to provide a doctor’s note.
- Pay – you may use sick days if available.
- Insurance is not impacted while you are working and receiving pay.
- Once 30 unpaid days are reached in a school year, an LOA may be required – this may impact your benefits eligibility.

VOLUSIA COUNTY SCHOOLS 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 provide a Wellness Program with a dimensional approach to wellness promoting Self-Care, Environment and Engagement (S.E.E).

The Wellness Program is available to all benefit eligible employees. For more details, visit the Wellness Program website at <https://www.vcsedu.org/insurance/wellness> information. You can also contact Wellness Coordinator, Deia Goff via email at dcgoff@volusia.k12.fl.us.

PREFERRED FITNESS - GYM ACCESS PROGRAM

Volusia county of School Board benefit-eligible employees and their covered dependents have free access to an exclusive network of 80+ fitness facilities, gyms and YMCA's throughout Volusia, Flagler, St. Johns Seminole, and Brevard counties. For a list of the participating facilities visit www.vcsvitality.com/wellness-benefits.

How to Access the Participating Fitness Facilities

- FHCP Plan Members will use their insurance card to access participating facilities.
- Florida Blue members and non-elect benefit eligible employees will need to contact Deia Goff to request access prior to visiting the facilities.

WW REDUCED RATES

WW (formerly know as Weight Watchers) is available at reduced rates to all benefit-eligible employees.

WELLNESS EVENTS

Volusia County School Board will provide Wellness Events throughout the year promoting Self-Care, a supportive environment, and Engagement through positive social connections and activities.

MEMBER PORTAL

The member portal is available for you at www.fhcp.com/member-login/. You can sign up for wellness challenges, access member benefits and complete an online lifestyle assessment.



TELEPHONIC HEALTH COACH

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 details, visit the wellness program website <https://www.vcsedu.org/insurance/wellnessinformation>. You can also contact Wellness Coordinator, Deia' Goff via email at dcgoff@volusia.k12.fl.us.

MEDICAL

Volusia County School Board offers a total of four (4) medical plans through Florida Health Care Plans & Florida Blue. With FHCP, there are two (2) **HMO** plans designed to offer lower out-of-pocket costs and one (1) **POS** plan designed to give you the freedom to choose any provider you want, while maximizing value when visiting in-network providers.

With Florida Blue, the **HRA** option provides the freedom to visit in or out-of-network providers and does not require any referrals.

| MEDICAL PLAN HIGHLIGHTS | FHCP HMO T28 | FHCP HMO 2 LT7 | FHCP POS LT8 | | Florida Blue HRA | |
|---|---|-------------------|-------------------------|--------------------|--------------------------|---------------------------|
| | In-Network | In-Network | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Calendar Year Deductible | | | | | | |
| Individual | \$1,000 | \$4,500 | \$2,000 | \$4,000 | \$2,000 (\$1,400 GAP) | \$4,000 (\$3,400 GAP) |
| Family | \$2,000 | \$9,000 | \$4,000 | \$8,000 | \$4,000 (\$3,400 GAP) | \$8,000 (\$7,400 GAP) |
| Co-insurance | 15% | 10% | 15% | 40% | 15% | 50% |
| Out-of-Pocket Maximum <i>(Includes deductibles and copays)</i> | | | | | | |
| Individual | \$5,000 | \$8,700 | \$5,000 | \$8,000 | \$4,000 | \$8,000 |
| Family | \$10,000 | \$14,700 | \$10,000 | \$16,000 | \$8,000 (Inc. GAP & HRA) | \$16,000 (Inc. GAP & HRA) |
| Co-insurance | 15% | 10% | 15% | 40% | 15% | 50% |
| Office Visit Co-payment <i>(PCP/Specialist)</i> | \$20/\$35 | \$35/\$50 | \$25/\$35 | 40% AD | 15% AD | 50% AD |
| Urgent Care Co-payment | \$75 | 10% | 15% AD | 15% AD (INN) | 15% AD | 15% AD |
| Emergency Room Visit | \$400 | 10% AD | 15% AD | 15% AD (INN) | 15% AD | 15% AD |
| Prescription Drugs | | | | | | |
| Retail (31 Day Supply) | FHCP/Walgreens | | FHCP/Walgreens & Publix | | | |
| Preferred Generic | \$3 / \$20 | | | | N/A | N/A |
| Non-Pref Generic | \$12 / \$20 | | | | \$15 | 50% |
| Preferred Brand | \$35 / \$40 | | | | \$30 | 50% |
| Non-Preferred Brand | \$60 / \$65 | | | | \$50 | 50% |
| Pre-Approved Specialty Drug Formulary | Preferred: 15% Co-ins / Non-Preferred: 25% Co-ins | | | | \$100 | |
| Mail Order (Up to 93 days Supply) | | | | | | |
| Preferred Generic/Non-Preferred Generic/ Preferred Brand/Non-Preferred Brand | \$6 / \$33 / \$102 / \$177 | | | | NA / \$30 / \$60 / \$100 | 50% |
| PER PAY PERIOD COST <i>(Pre-Tax) (Per-pay-period)</i> | | | | | | |
| | FHCP HMO | FHCP HMO 2 | FHCP POS | FL Blue HRA | | |
| Employee Only | \$62.25 | \$0.00 | \$64.63 | \$591.97 | | |
| Employee + Spouse | \$423.35 | \$273.47 | \$427.91 | \$1,430.24 | | |
| Employee + Child(ren) | \$343.10 | \$209.00 | \$347.17 | \$1,243.68 | | |
| Split Family | \$162.56 | \$63.95 | \$165.56 | \$824.73 | | |
| Employee + Family | \$664.12 | \$466.91 | \$670.12 | \$1,988.46 | | |

** Plan Includes Annual Deductible Rollover (Any monies accumulated towards the deductible in October -December are applied to 2023.) The Out-of-Pocket Max will reset to \$0 on January 1, 2023.

MEDICAL – HMO – T28

FLORIDA HEALTH CARE PLANS

1-877-615-4022

WWW.FHCP.COM

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.

You can access Virtual Visits through Doctor on Demand from the comfort of your home. This is available to you with a \$0 copay for general medicine visits or \$30 for Behavioral Health.

| MEDICAL PLAN HIGHLIGHTS | HMO - T28 |
|--|--|
| | In-Network Only |
| Calendar Year Deductible | |
| Individual/Family | \$1,000 / \$2,000 |
| Co-insurance (Member Pays) | 15% |
| Out-of-Pocket Maximum | <i>Includes deductibles and copays</i> |
| Individual/Family | \$5,000 / \$10,000 |
| Physician Services | |
| Office Visit Co-payment (PCP/Specialist) | \$20/ \$35 |
| Preventive Care | |
| Routine Physical Exam, Well Child, Immunization | \$0 |
| WorkForce Wellness Centers (Per Visit) | \$8 |
| Hospital Services | |
| Inpatient | \$300/Day (Days 1-5) AD |
| Outpatient | \$250 (ASC), \$500 (Hospital) |
| Emergency Visit/Urgent Care | \$400 / \$75 |
| Lab & Radiology | \$0 Lab / \$20 X-ray / \$75 (OP) |
| Advanced Imaging | \$175 |
| Prescription Drugs | |
| Retail (31 Day Supply) | FHCP / Walgreens |
| Preferred Generic | \$3 / \$20 |
| Non-Pref Generic | \$12 / \$20 |
| Preferred Brand | \$35 / \$40 |
| Non-Preferred Brand | \$60 / \$65 |
| Pre-Approved Specialty Drug Formulary | Preferred: 15% Co-ins Non-Preferred: 25% Co-ins |
| Mail Order (Up to 93 days Supply) FHCP Pharmacy Only | |
| Preferred Generic/Non-Preferred Generic/ Preferred Brand/Non-Preferred Brand | \$6 / \$33 /\$102 / \$177 |

| PER PAY PERIOD COST (Pre-Tax) | Employee Contribution | Per Pay Period |
|----------------------------------|-----------------------|----------------|
| Employee Only | \$103.75 | \$62.25 |
| Employee + Spouse | \$705.59 | \$423.35 |
| Employee + Child(ren) | \$571.84 | \$343.10 |
| Split Family | \$270.93 | \$162.56 |
| Employee + Family | \$1,106.86 | \$664.12 |

AD = After Deductible
 ASC = Ambulatory Surgery Center
 OP = Outpatient Facility
 INN = In Network
 Board Contribution : \$565 per Month

** Plan Includes Annual Deductible Rollover (Any monies accumulated towards the deductible in October-December are applied to 2023.) The Out-of-Pocket Max will reset to \$0 on January 1, 2023.

MEDICAL- HMO 2 – LT7

FLORIDA HEALTH CARE PLANS

1-877-615-4022

WWW.FHCP.COM

The **HMO 2** plan offers low out-of-pocket costs but requires you to choose a physician from within the network and obtain referrals for specialist care.

You can access Virtual Visits through Doctor on Demand from the comfort of your home. This is available to you with a \$0 co-pay for general medicine visits or \$30 for Behavioral Health.

| MEDICAL PLAN HIGHLIGHTS | | HMO 2 - LT7 |
|--|--|--|
| | | In-Network Only |
| Calendar Year Deductible | | |
| Individual/Family | | \$4,500 / \$9,000 |
| Co-insurance (Member Pays) | | |
| | | 10% |
| Out-of-pocket Maximum (Includes deductibles and copays) | | |
| Individual/Family | | \$8,700 / \$14,700 |
| Physician Services | | |
| Office Visit Copayment (PCP/Specialist) | | \$35/\$50 |
| Preventive Care | | |
| Routine Physical Exam, Well Child, Immunization | | \$0 |
| WorkForce Wellness Centers (Per Visit) | | |
| | | \$8 |
| Hospital Services | | |
| Inpatient | | 10% After Deductible |
| Outpatient | | 10% After Deductible |
| Emergency Visit/Urgent Care | | |
| | | 10% After Deductible / 10% |
| Lab & Radiology | | |
| | | \$0 Lab / \$50 X-ray 10% AD(OP) |
| Advanced Imaging | | |
| | | 10% After Deductible |
| Prescription Drugs | | |
| Retail (31 Day Supply) | | FHCP / Walgreens |
| Preferred Generic | | \$3 / \$20 |
| Non-Pref Generic | | \$12 / \$20 |
| Preferred Brand | | \$35 / \$40 |
| Non-Preferred Brand | | \$60 / \$65 |
| Pre-Approved Specialty Drug Formulary | | |
| | | Preferred: 15% Co-ins Non-Preferred: 25% Co-ins |
| Mail Order (Up to 93 days Supply) FHCP Pharmacy Only | | |
| Preferred Generic/Non-Preferred Generic/ Preferred Brand/Non-Preferred Brand | | \$6 / \$33 / \$102 / \$177 |

| Per Pay Period COST (Pre-Tax) | Employee Contribution | Per Pay Period |
|----------------------------------|-----------------------|----------------|
| Employee Only | \$0.00 | \$0.00 |
| Employee + Spouse | \$455.79 | \$273.47 |
| Employee + Child(ren) | \$348.33 | \$209.00 |
| Split Family | \$106.59 | \$63.95 |
| Employee + Family | \$778.18 | \$466.91 |

AD = After Deductible
 ASC = Ambulatory Surgery Center
 OP = Outpatient Facility
 INN = In Network
 Board Contribution : \$565 per Month

** Plan Includes Annual Deductible Rollover (Any monies accumulated towards the deductible in October-December are applied to 2023.) The Out-of-Pocket Max will reset to \$0 on January 1, 2023.

MEDICAL – POS – LT8

FLORIDA HEALTH CARE PLANS

1-877-615-4022

WWW.FHCP.COM

The **POS** plan designed to give you the freedom to choose any provider you want, while maximizing value when visiting In-Network providers.

You can access Virtual Visits through Doctor on Demand from the comfort of your home. This is available to you with a \$0 co-pay for general medicine visits or \$30 for Behavioral Health.

| -MEDICAL PLAN HIGHLIGHTS | POS - LT8 | |
|---|---|----------------------------|
| | In-Network | Out-of-Network |
| Calendar Year Deductible | | |
| Individual/Family | \$2,000 / \$4,000 | \$4,000 / \$8,000 |
| Co-insurance (Member Pays) | 15% | 40% |
| Out-of-Pocket Maximum <i>(Includes deductibles and copays)</i> | | |
| Individual/Family | \$5,000 / \$10,000 | \$8,000 / \$16,000 |
| Physician Services | | |
| Office Visit Co-payment <i>(PCP/Specialist)</i> | \$25/\$35 | 40% After deductible |
| Preventive Care | | |
| Routine Physical Exam, Well Child, Immunization | \$0 | 40% After deductible |
| WorkForce Wellness Centers (Per Visit) | \$8 | \$8 |
| Hospital Services | | |
| Inpatient | 15% After Deductible | 40% after deductible |
| Outpatient | 15% After Deductible | 40% after deductible |
| Emergency Visit/Urgent Care | 15% After Deductible | 15% After Deductible (INN) |
| Lab & Radiology | \$0 Lab / \$25 X-ray/ 15% AD(OP) | 40% After deductible |
| Advanced Imaging | \$350 | 40% After deductible |
| Prescription Drugs | | |
| Retail (31 Day Supply) | FHCP / Walgreens & Publix | |
| Preferred Generic | \$3 / \$20 | |
| Non-Pref Generic | \$12 / \$20 | |
| Preferred Brand | \$35 / \$40 | |
| Non-Preferred Brand | \$60 / \$65 | |
| Pre-Approved Specialty Drug Formulary | Preferred: 15% Co-ins / Non-Preferred: 25% Co-ins | |
| Mail Order (Up to 93 days Supply) FHCP Pharmacy Only | | |
| Preferred Generic/Non-Preferred Generic/ Preferred Brand/Non-Preferred Brand | \$6 / \$33 / \$102 / \$177 | |

| Per Pay Period COST <i>(Pre-Tax)</i> | Employee Contribution | Per Pay Period |
|---|-----------------------|----------------|
| Employee Only | \$107.72 | \$64.63 |
| Employee + Spouse | \$713.18 | \$427.91 |
| Employee + Child(ren) | \$578.62 | \$347.17 |
| Split Family | \$275.93 | \$165.56 |
| Employee + Family | \$1,116.86 | \$670.12 |

AD = After Deductible
 ASC = Ambulatory Surgery Center
 OP = Outpatient Facility
 INN = In Network
 Board Contribution : \$565 per Month

** Plan Includes Annual Deductible Rollover (Any monies accumulated towards the deductible in October-December are applied to 2023.) The Out-of-Pocket Max will reset to \$0 on January 1, 2023.

MEDICAL – HRA Plan

FLORIDA BLUE

1 (800) 664-5295

WWW.FLORIDABLUE.COM

The **HRA plan** offers the freedom to use in or out-of-network providers and does not require referrals. It includes a Health Reimbursement Account (HRA), established and funded by VCSB to help pay for your first eligible medical expenses. VCSB 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, & 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 if the program is offered, and you remain enrolled.

| MEDICAL PLAN HIGHLIGHTS | HRA | |
|---|---|---|
| | In-Network | Out-of-Network |
| Calendar Year Deductible | | |
| Calendar Year Deductible Individual/Family | \$2,000 (\$1,400 GAP)/ \$4,000 (\$3,400 GAP) | \$4,000 (\$3,400 GAP)/ \$8,000 (\$7,400 GAP) |
| Co-insurance (Member Pays) | 15% | 50% |
| Out-of-Pocket Maximum (Includes deductibles and copays) | | |
| Individual/Family | \$4,000/\$8,000 (Incl.GAP & HRA) | \$8,000/\$16,000 (Incl.GAP& HRA) |
| Physician Services | | |
| Office Visit Copayment (PCP/Specialist) | 15% After Deductible | 50% After Deductible |
| Preventive Care | | |
| Routine Physical Exam, Well Child, Immunization | \$0 | 50% After Deductible |
| WorkForce Wellness Centers (Per Visit) | 15% After Deductible | 50% After Deductible |
| Hospital Services | | |
| Inpatient | 15% After Deductible | 50% After Deductible |
| Outpatient | 15% After Deductible | 50% After Deductible |
| Emergency Visit/Urgent Care | 15% After Deductible | 50% After Deductible |
| Lab & Radiology | 15% After Deductible | 50% After Deductible |
| Advanced Imaging | 15% After Deductible | 50% After Deductible |
| Prescription Drugs | | |
| Retail (31 Day Supply) | | |
| Preferred Generic | N/A | N/A |
| Non-Pref Generic | \$15 | 50% |
| Preferred Brand | \$30 | 50% |
| Non-Preferred Brand | \$50 | 50% |
| Pre-Approved Specialty Drug Formulary | | \$100 |
| Mail Order (Up to 93 days Supply) | | |
| Preferred Generic/Non-Preferred Generic/ Preferred Brand/Non-Preferred Brand | NA / \$30 / \$60 / \$100 | 50% |

| Per Pay Period COST (Pre-Tax) | Employee Contribution | Per Pay Period |
|-------------------------------|-----------------------|----------------|
| Employee Only | \$986.62 | \$591.97 |
| Employee + Spouse | \$2,383.73 | \$1,430.24 |
| Employee + Child(ren) | \$2,072.80 | \$1,243.68 |
| Split Family | \$1,374.55 | \$824.73 |
| Employee + Family | \$3,314.10 | \$1,988.46 |

AD = After Deductible
ASC = Ambulatory Surgery Center
OP = Outpatient Facility
INN = In Network

Board Contribution : \$565 per Month

MEDICAL RESOURCES

VSCB Members Save Time & Money! \$8 Copays

Seeing your Primary Care Provider (PCP) or visiting an FHCP extended hours care center are the keys to great health care, while saving you time and money!

You cannot plan for unexpected urgent care visits, but when they happen, **FHCP EXTENDED HOURS CARE CENTERS** are open and ready to help you with issues such as:

- Acute minor trauma
- Cough, cold or flu
- Strains and sprains
- Minor allergic reactions
- Immunizations
- Low back pain
- Stitches for a cut/laceration
- Removal of stitches
- Urinary tract/bladder infections

FHCP EXTENDED HOURS CARE CENTER LOCATIONS:

Edgewater

239 N. Ridgewood Avenue
386-427-4868
Open Monday – Friday
7 AM – 7 PM
Saturday 8 AM – Noon

DeLand

937 N. Spring Garden Avenue
386-736-1948
Open Monday - Friday
7 AM – 7 PM
(Closed Saturday)

Ormond Beach

461 Nova Road
386-671-4337
Open Monday – Friday
7 AM – 7 PM
Saturday 8 AM – Noon

Daytona Beach

350 Clyde Morris Boulevard
386-238-3200
Open Monday - Friday
7 AM – 7 PM
Saturday 8 AM – Noon

Orange City

2777 Enterprise Road
386-774-2550
Open Monday - Friday
7 AM – 7 PM
Saturday 8 AM – Noon

Port Orange

740 Dunlawton Avenue
386-763-1000
Open Monday - Friday
7 AM – 7 PM
(Closed Saturday)

To schedule a same-day appointment call 386-676-7198

** FHCP reminds Members to always schedule with your PCP first where possible. If your local FHCP Extended Hours Care Center is closed, please consider visiting the nearest FHCP participating Urgent Care Center. If your condition is an emergency, please go to the nearest Emergency Room.

DENTAL

SOLSTICE

1-855-301-4370

WWW.SOLSTICEBENEFITS.COM/VCS

Volusia County School employees are offered a choice between two Solstice Dental plans a Dental Preferred Provider Organization (DPPO) Plan and a Dental Health Maintenance Organization (DHMO) Plan.

| | DPPO | | DHMO |
|---|--|-------------------------------|--|
| COVERAGE | In-Network | Out-of-Network | |
| 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 |

| Per Pay Period COST (Pre-Tax) | Solstice DPPO | | Solstice DHMO | |
|----------------------------------|-----------------------|----------------|-----------------------|----------------|
| | Employee Contribution | Per Pay Period | Employee Contribution | Per Pay Period |
| Single | \$25.46 | \$15.28 | \$13.75 | \$8.25 |
| Employee + 1 | \$46.76 | \$28.06 | \$23.66 | \$13.60 |
| Family | \$63.06 | \$37.84 | \$33.51 | \$20.11 |

VISION

VSP

1-800-877-7195

www.vsp.com

Volusia County Schools employees are offered a vision plan through VSP Vision Care Plan. The plan provides coverage through thousands of provider locations participating in the VSP Signature Network. It is your choice to use a Signature Network provider or non-network provider. However, your out-of-pocket expenses will be significantly lower if you use a Signature Network provider.

Value Added Features At Signature Provider Locations

- Save 15% off retail or 5% off promotional pricing for LASIK or PRK procedures
- Order replacement contact lenses on-line for home shipment

| COVERAGE | In-Network | Out-of-Network Reimbursements | Frequency |
|---|--|-------------------------------|-----------------|
| Eye Exam | \$10 Copay | Up to \$30 | Every 12 months |
| Base Lenses <i>(one pair per frequency)</i> | | | |
| Single Vision Lenses | \$15 copay | Up to \$25 | Every 12 months |
| Lined Bifocal Vision Lenses | \$15 copay | Up to \$40 | Every 12 months |
| Lined Trifocal Vision Lenses | \$15 copay | Up to \$60 | Every 12 months |
| Lined Lenticular Vision Lenses | \$15 copay | Up to \$100 | Every 12 months |
| Frames <i>(one per frequency)</i> | \$150 allowance + 20% off balance over \$150 | Up to \$65 | Every 24 months |
| Contact Lenses <i>(in lieu of lenses and/or frame per frequency)</i> | | | |
| Elective | \$120 allowance | Up to \$104 | Every 12 months |
| Medically Necessary | \$0 Copay | Up to \$200 | Every 12 months |

PLEASE NOTE: The VSP program does not issue ID cards. You can visit their online site at www.vsp.com and follow the steps to create an account and see your benefits or schedule appointments.

| Per Pay Period COST <i>(Pre-Tax)</i> | Employee Contribution | Per Pay Period |
|---|-----------------------|----------------|
| Single | \$4.42 | \$2.65 |
| Family | \$12.18 | \$7.31 |

Flexible Spending Accounts (FSAs)

TASC

1-800-422-4661

WWW.TASCONLINE.COM

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 Accounts Work

1. During Annual 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.
- 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.
- FSA maximum annual roll-over limit is \$570.

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

| Plan | Annual Max. Contribution | Example of Covered Expenses |
|---|---|---|
| Healthcare Flexible Spending Account | \$2850 | 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.

LIFE/AD&D

THE STANDARD

1 (800) 628-8600

WWW.STANDARD.COM

Basic Life and Accident AD&D

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.

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 Cards
- Other Debt

Future Needs

- Child Care
- College Tuition
- Spouse's Retirement
- 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.

Evidence of Insurability is required for coverage amounts higher than the guaranteed issue amount for newly eligible employees; for late applications 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. See FAQ for Details.

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.

For More Details about EOI and all Standard coverages, please visit <https://www.standard.com/employee-benefits/volusia-county-schools>

DISABILITY

THE STANDARD

1-800-368-2859

WWW.STANDARD.COM

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. 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 The amount of benefit you will receive when you are disabled | 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 The number of days you must be disabled before payments begin | 30 days | 15 days |
| Benefit Duration The length of time benefits would be paid to you during a period of disability | 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 Plans | | |
|---|---|---|
| Monthly Benefit Amount The amount of benefit you will receive when you are disabled | 66.67% of your monthly salary to a maximum of \$8,000 per month | |
| Elimination Period The number of days you must be disabled before payments begin | 180 days | |
| Benefit Duration The length of time benefits would be paid to you during a period of disability | Age at Disability | Maximum Benefit Period |
| | Less than 62 62 63 64 65 66 67 68 69 and over | To Age 67 60 months 48 months 42 months 36 months 30 months 24 months 18 months 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. For More Details about EOI and all Standard coverages, please visit <https://www.standard.com/employee-benefits/volusia-county-schools>

GROUP WHOLE LIFE INSURANCE FROM ALLSTATE

ALLSTATE

1 (800) 366-3495

WWW.ALLSTATE.COM

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. If 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).
- ✓ **Coverage for Your Needs:** You can purchase the precise amount of coverage that is right for your needs.
- ✓ **Family Coverage:** Coverage for spouse and children is available through a separate certificate or rider.
- ✓ **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.
- ✓ **Portable Coverage:** You can take your policy with you if you leave the company or retire.

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.

How Permanent Life Works with Other Coverage Offered

| BASIC TERM LIFE | SUPPLEMENTAL TERM LIFE | PERMANENT LIFE |
|---|---|---|
| Premiums are Company Paid | Premiums may increase at the end of the term | Premiums do not 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 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.

SUPPLEMENTAL MEDICAL BENEFITS

AETNA

1-800-607-3366

WWW.AETNA.COM

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

SUPPLEMENTAL MEDICAL BENEFITS

METLIFE

1-800-638-5433

WWW.METLIFE.COM/VOLUSIASCHOOLS

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 members are also guaranteed coverage 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 variety of injuries and accident-related expenses, including:

- Injury Treatment
- Hospitalization
- Ambulance
- Emergency Room
- Treatment Physical
- Therapy 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 Benefits 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 | ✓ | ✓ | ✓ |
| Family Coverage options are available for your spouse and children. | ✓ | ✓ | ✓ |
| Health Screening Benefits 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. | | ✓ | ✓ |

ADDITIONAL BENEFITS

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

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

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 during 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

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, Legal/financial counseling and referral, Parenting/family issues, Childcare or elder care, Emotional/psychological issues, Physical/medical issues, Work-related stress, 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.

2022 – 2023 BENEFIT PLAN PREMIUMS

Below are the employee contribution amounts for benefits effective October 1, 2022, through September 30, 2023. Premiums will be deducted over 20 paychecks for all employees starting September 15, 2022. See your benefits guide for plan details and enrollment instructions.

| Florida Health Care Plans – HMO Plan T28 | | |
|--|-----------------------|----------------|
| | Employee Contribution | Per Pay Period |
| Single | \$103.75 | \$62.25 |
| Employee + Spouse | \$705.59 | \$423.35 |
| Employee + Children | \$571.84 | \$343.10 |
| Split Family* | \$270.93 | \$162.56 |
| Family | \$1,106.86 | \$664.12 |

| Florida Health Care Plans - HMO 2 Plan LT7 | | |
|--|-----------------------|----------------|
| | Employee Contribution | Per Pay Period |
| Single | \$0.00 | \$0.00 |
| Employee + Spouse | \$455.79 | \$273.47 |
| Employee + Children | \$348.33 | \$209.00 |
| Split Family* | \$106.59 | \$63.95 |
| Family | \$778.18 | \$466.91 |

| Florida Health Care Plans – POS Plan LT8 | | |
|--|-----------------------|----------------|
| | Employee Contribution | Per Pay Period |
| Single | \$107.72 | \$64.63 |
| Employee + Spouse | \$713.18 | \$427.91 |
| Employee + Children | \$578.62 | \$347.17 |
| Split Family* | \$275.93 | \$165.56 |
| Family | \$1,116.86 | \$670.12 |

| Florida Blue – HRA Plan | | |
|-------------------------|-----------------------|----------------|
| | Employee Contribution | Per Pay Period |
| Single | \$986.62 | \$591.97 |
| Employee + Spouse | \$2,383.73 | \$1,430.24 |
| Employee + Children | \$2,072.80 | \$1,243.68 |
| Split Family* | \$1,374.55 | \$824.73 |
| Family | \$3,314.10 | \$1,988.46 |

*Split Family: Available to legally married couples who work for the district and reside at the same physical address. Split Family rates have been updated to reflect the rate per employee per pay period.

**Board Contribution - \$565 per month

Dental Plans

| Solstice DPPO 11411 Plan | | |
|--------------------------|-----------------------|----------------|
| | Employee Contribution | Per Pay Period |
| Single | \$25.46 | \$15.28 |
| Employee +1 | \$46.76 | \$28.06 |
| Family | \$63.06 | \$37.84 |

| Solstice DHMO S200B Access + Plan | | |
|-----------------------------------|-----------------------|----------------|
| | Employee Contribution | Per Pay Period |
| Single | \$13.75 | \$8.25 |
| Employee +1 | \$23.66 | \$13.60 |
| Family | \$33.51 | \$20.11 |

Vision Plan

| VSP Vision Plan | | |
|-----------------|-----------------------|----------------|
| | Employee Contribution | Per Pay Period |
| Single | \$4.42 | \$2.65 |
| Family | \$12.18 | \$7.31 |

Identity Theft

| ID Watchdog Identity Theft Protection | | |
|---------------------------------------|-----------------------|----------------|
| | Employee Contribution | Per Pay Period |
| Single | \$7.50 | \$4.50 |
| Family | \$13.50 | \$8.10 |

Hospital Indemnity Insurance

| Aetna Hospital Indemnity Insurance | | |
|------------------------------------|-----------------------|----------------|
| | Employee Contribution | Per Pay Period |
| Single | \$14.88 | \$8.93 |
| EE + Spouse | \$33.61 | \$20.17 |
| EE + Child | \$28.03 | \$16.82 |
| Family | \$45.64 | \$27.38 |

Accident Insurance

| Solstice DHMO S200B Access + Plan | | |
|-----------------------------------|-----------------------|----------------|
| | Employee Contribution | Per Pay Period |
| Single | \$4.90 | \$2.94 |
| EE + Spouse | \$9.81 | \$5.89 |
| EE + Child | \$11.49 | \$6.89 |
| Family | \$14.03 | \$8.42 |

PLEASE NOTE that 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.

WHO TO CALL

School Board of Volusia County partners with the following Insurance carriers and vendors to strive to meet your benefit needs. If you have any questions regarding your benefits, please contact the corresponding carrier/vendor listed below or your Human Resources Department.

| Benefit | Carrier | Phone # | Website |
|--|---|----------------------------------|---|
| Medical | 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 Deia Goff, Wellness Coordinator | 1-386-734-7190 Ext. 20302 | www.fhcp.com/for-members dcgoff@volusia.k12.fl.us |
| Extended Hours Care Center | 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 Plan | 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 |
| FSA | Total Administrative Services Corporation (TASC) | 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 | 1-855-723-5542 | |
| Retirement Plans | Florida Retirement System | 1-866-446-9377 | myFRS.com |

NOTICE: This brochure provides only a highlight of the benefit plans offered to you by School Board of Volusia County and in no way serves as the actual plan description or plan document for the plans. The plan documents will always govern the offered benefits that your employer provides for you. We reserve the right to modify any or all of these plans at anytime.

IMPORTANT NOTICES

Health Insurance Portability and Accountability Act (HIPAA) Notice

Federal law requires that group health plans allow certain employees and dependents special enrollment rights when they previously declined coverage and when they have new dependents. This law, the Health Insurance Portability and Accountability Act (HIPAA) also addresses the circumstances under which treatment for medical condition may be excluded from health plan coverage.

This Information in this notice is intended to inform you, in a summary fashion, of your rights and obligations under these laws. You, your spouse and any dependents should all take the time to read the entire notice carefully.

Special Enrollments: If you decline enrollment for yourself or your dependents (including your spouse) because of having other health insurance coverage at the time of your eligibility to participate, you may enroll yourself or your dependents at a future point, provided that you request enrollment within 30 days after your other coverage ends. In addition, if you have a new dependent as a result of a marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 30 days of such an event.

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. 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.

Note: The 60-day period for requesting enrollment applied only in these last two listed circumstances relating to Medicaid and state CHIP. As described above, a 30-day period applied to most special enrollments.

Obtaining Additional Information: If you need assistance in determining your rights under ERISA or HIPAA, you may contact your Plan Administrator or the U.S. Department of Labor by writing to the Chicago Regional office at 200 W. Adams Street, Suite 1600, Chicago, IL 60606, or by calling the Department at (312)353-0900. If you have any questions about this notice or the law, please contact your Plan Administrator at the number or location provided in your benefits booklet or Summary Plan Description.

Also, if you have changed marital status, or if you, your spouse or any other qualified dependents have changed addresses, please notify your local Human Resources Representative.

Notice of Privacy Practices: Plan administrators, clearinghouses, business associates, and health care providers that transmit health information electronically or use electronic health records may not redistribute or unlawfully use electronic health records without permission from the insured. The insured may request information on how their electronic records are distributed, how frequently they are distributed, and who they are distributed to by contacting the U.S. Department of Health and Human Services.

Wellness Program Disclosure

Your health plan is committed to helping you achieve your best health. If rewards for participating in a wellness program are available, they are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact your plan administrator and they will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your

health status.

Health Insurance Marketplace Coverage Notice

The Health Insurance Marketplace is available to assist you as you evaluate health insurance 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. The Marketplace is designed to help you find private health insurance and compare private health insurance options. You may also be eligible for a new kind of tax credit under section 36B of Internal Revenue Code that could potentially lower your monthly premium. If you purchase a qualified health plan through the Marketplace, you may lose the employer contribution (if any) to any health benefit plan offered by your employer and all or a portion of that contribution may be excludable from income for federal income tax purposes. More information on the health insurance Marketplace may be found at <https://www.healthcare.gov>.

Patient Protection Disclosure

If your plan generally requires or allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. Until you make this designation, the plan may designate one for you. For more information on how to select a primary care provider, and for a list of the participating primary care providers, contact the plan administrator. If your plan requires or allows for the designation of a primary care provider for a child, you may designate a pediatrician as the primary care provider.

If your plan provides coverage for obstetric and/or gynecological care and requires the designation of a primary care provider by a participant or beneficiary, you do not need prior authorization from the plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the plan administrator.

IMPORTANT NOTICES

Women's Health & Cancer Rights Act of 1998

The Women's Health and Cancer Act (WHCRA) requires group health plans to provide participants with notices of their rights under WHCRA, to provide certain benefits in connection with a mastectomy, and to provide other protections for participants undergoing mastectomies. 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 amounts applicable to other medical and surgical benefits provided under the health plan offered by your employer.

Please keep this information with your other group health plan documents. If you have any questions about the Plan's coverage of mastectomies and reconstructive surgeries, please contact the Human Resources Department.

COBRA (Consolidated Omnibus Budget Reconciliation Act)

Cobra provides eligible individuals and their dependents who would otherwise lose group health coverage as a result of a qualifying life event with an opportunity to continue group health coverage for a limited time period under certain circumstances such as:

- voluntary or involuntary job loss
- reduction in the hours worked
- transition between jobs
- death
- divorce
- and other qualifying life events

If you are entitled to elect COBRA coverage, you will have 60 days (starting on the date you are furnished the election notice or the date you would lose coverage) to choose whether to elect continuation coverage. Qualified individuals may be required to pay the entire premium for coverage up to 102 percent of the cost to the plan.

COBRA generally requires that group health plans sponsored by groups with 20 or more employees in the prior year offer employees and their families the opportunity for a temporary extension of health coverage (called continuation coverage) in certain instances where coverage under the plan would otherwise end.

The duration of COBRA extends from the date of the qualifying event for a limited period of 18 or 36 months. The length of time depends on the type of qualifying life event that gave rise to the COBRA rights. A plan, however, may provide longer periods of coverage beyond the maximum period required by law.

COBRA Continuation coverage may be terminated earlier than the end of the maximum period for any of the following reasons:

- premiums are not paid in full on a timely basis
- the employer ceases to employ any group health plan
- a qualified beneficiary begins coverage under another group health plan after electing continuation coverage;
- a qualified beneficiary becomes entitled to Medicare benefits after electing continuation coverage;
- a qualified beneficiary engages in conduct that would justify the plan in terminating coverage of a similarly situated participant or beneficiary not receiving continuation coverage (such as fraud).

If continuation coverage is terminated early, the plan must provide the qualified beneficiary with an early termination notice. The notice must be given as soon as

practicable after the decision is made, and it must describe the date coverage will terminate, the reason for termination, and any rights the qualified beneficiary may have under the plan or applicable law to elect alternative group or individual coverage.

If you decide to terminate your COBRA coverage early, you generally won't be able to get a Marketplace plan outside of open enrollment period. For more information on alternatives to COBRA coverage or to find out how COBRA is administered at your workplace reach out to your HR Representative or Plan administrator.

USERRA (Uniformed Services Employment and Reemployment Rights Act)

Reemployment Rights: You have the right to be reemployed in your civilian job if you leave that job to perform service in the uniformed service and:

- you ensure that your employer receives advance written or verbal notice of your service;
- you have five years or less of cumulative service in the uniformed services while with that particular employer;
- you return to work or apply for reemployment in a timely manner after conclusion of service; and
- you have not been separated from service with a disqualifying discharge or under other than honorable conditions.

If you are eligible to be reemployed, you must be restored to the job and benefits you would have attained if you had not been absent due to military service or, in some cases, a comparable job.

Right to be free from discrimination and retaliation: If you are a past or present member of the uniformed service, have applied for membership in the uniformed service, or are obligated to serve in the uniformed service then an employer may not deny you initial employment, reemployment, retention in employment, promotion or any benefit of employment because of this status. In addition, an employer may not retaliate against anyone assisting in the enforcement of USERRA rights, including testifying or making a statement in connection with a proceeding under USERRA, even if that person has no service connection.

Health Insurance Protection: If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents for up to 24 months while in the military. Even if you don't elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions (e.g., pre-existing condition exclusions) except for service-connected illnesses or injuries.

Enforcement:

The U.S. Department of Labor, Veterans Employment and Training Service (VETS) is authorized to investigate and resolve complaints of USERRA violations.

For assistance in filing a complaint, or for any other information on USERRA, contact VETS at 1-866-4-USA-DOL or visit its website at <http://www.dol.gov/vets>. An interactive online USERRA Advisor can be viewed at <http://www.dol.gov/elaws/userra.htm>.

If you file a complaint with VETS and VETS is unable to resolve it, you may request that your case be referred to the Department of Justice or the Office of Special Counsel, as applicable, for representation.

You may also bypass the VETS process and bring a civil action against an employer for violations of USERRA.

Note: The rights listed here may vary depending on the circumstances.

Notice of Grandfathered Status

IMPORTANT NOTICES

One or more of the health plans offered by your employer could be considered a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan or policy may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to your plan administrator. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

Employee Rights Under the Family and Medical Leave Act (FMLA)

Leave Entitlements: Eligible employees who work for a covered employer can take up to 12 weeks of unpaid, job-protected leave in a 12-month period for the following reasons:

- The birth of a child or placement of a child for adoption or foster care;
- To bond with a child (leave must be taken within one year of the child’s birth or placement);
- To care for the employee’s spouse, child, or parent who has a qualifying serious health condition;
- For the employee’s own qualifying serious health condition that makes the employee unable to perform the employee’s job;
- For qualifying exigencies related to the foreign deployment of a military member who is the employee’s spouse, child, or parent.

An eligible employee who is a covered servicemember’s spouse, child, parent, or next of kin may also take up to 26 weeks of FMLA leave in a single 12-month period to care for the servicemember with a serious injury or illness. An employee does not need to use leave in one block. When it is medically necessary or otherwise permitted, employees may take leave intermittently or on a reduced schedule. Employees may choose, or an employer may require, use of accrued paid leave while taking FMLA leave. If an employee substitutes accrued paid leave for FMLA leave, the employee must comply with the employer’s normal paid leave policies.

Benefits & Protections: While employees are on FMLA leave, employers must continue health insurance coverage as if the employees were not on leave. Upon return from FMLA leave, most employees must be restored to the same job or one nearly identical to it with equivalent pay, benefits, and other employment terms and conditions. An employer may not interfere with an individual’s FMLA rights or retaliate against someone for using or trying to use FMLA leave, opposing any practice made unlawful by the FMLA, or being involved in any proceeding under or related to the FMLA.

Eligibility Requirements: An employee who works for a covered employer must meet three criteria in order to be eligible for FMLA leave. The employee must:

- Have worked for the employer for at least 12 months;
- Have at least 1,250 hours of service in the 12 months before taking leave;* and
- Work at a location where the employer has at least 50 employees within 75 miles of the employee’s worksite.

*Special “hours of service” requirements apply to airline flight crew employees.

Requesting Leave: Generally, employees must give 30-days’ advance notice of the need for FMLA leave. If it is not possible to give 30-days’ notice, an employee must notify the employer as soon as possible and, generally, follow the employer’s usual procedures.

Employees do not have to share a medical diagnosis, but must provide enough information to the employer so it can determine if the leave qualifies for FMLA protection. Sufficient information could include informing an employer that the employee is or will be unable to perform his or her job functions, that a family member cannot perform daily activities, or that hospitalization or continuing medical treatment is necessary. Employees must inform the employer if the need for leave is for a reason for which FMLA leave was previously taken or certified.

Employers can require a certification or periodic recertification supporting the need for leave. If the employer determines that the certification is incomplete, it must provide a written notice indicating what additional information is required.

Employer Responsibilities: Once an employer becomes aware that an employee’s need for leave is for a reason that may qualify under the FMLA, the employer must notify the employee if he or she is eligible for FMLA leave and, if eligible, must also provide a notice of rights and responsibilities under the FMLA. If the employee is not eligible, the employer must provide a reason for ineligibility. Employers must notify its employees if leave will be designated as FMLA leave, and if so, how much leave will be designated as FMLA leave.

Enforcement: Employees may file a complaint with the U.S. Department of Labor, Wage and Hour Division, or may bring a private lawsuit against an employer. The FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.

For additional information or to file a complaint: 1-866-4-USWAGE (1-866-487-9243) or www.dol.gov/whd

Newborn’s 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).

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).

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| ALABAMA-Medicaid | CALIFORNIA-Medicaid |
| Website: http://myalhipp.com/ Phone: 1-855-692-5447 | Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8323 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov |
| ALASKA-Medicaid | COLORADO-Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+) |
| The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx | Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-231-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442 |
| ARKANSAS-Medicaid | FLORIDA-Medicaid |
| Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447) | Website: https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html Phone: 1-877-357-3268 |
| GEORGIA-Medicaid | MAINE-Medicaid |
| A HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: (678) 564-1162, Press 2 | Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: -800-977-6740. TTY: Maine relay 711 |
| INDIANA-Medicaid | MASSACHUSETTS-Medicaid and CHIP |
| Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584 | Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 |
| IOWA-Medicaid and CHIP (Hawki) | MINNESOTA-Medicaid |
| 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 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp Hawke Phone: 1-888-346-9562 | Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739 |
| KANSAS-Medicaid | MISSOURI-Medicaid |
| Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 | Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005 |
| KENTUCKY-Medicaid | MONTANA-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: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov | Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 |
| LOUISIANA-Medicaid | NEBRASKA-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) | Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178 |
| NEVADA-Medicaid | SOUTH CAROLINA-Medicaid |
| Medicaid Website: http://dhcfnv.gov/Medicaid Phone: 1-800-992-0900 | Website: https://www.scdhhs.gov Phone: 1-888-549-0820 |
| NEW HAMPSHIRE-Medicaid | SOUTH DAKOTA-Medicaid |
| Website: https://www.dhhs.nh.gov/oi/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218 | Website: http://dss.sd.gov Phone: 1-888-828-0059 |
| NEW JERSEY-Medicaid and CHIP | TEXAS-Medicaid |
| Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 | Website: http://gethipptexas.com/ Phone: 1-800-440-0493 |
| NEW YORK-Medicaid | UTAH-Medicaid and CHIP |
| Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831 | Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669 |
| NORTH CAROLINA-Medicaid | VERMONT-Medicaid |
| Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100 | Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427 |
| NORTH DAKOTA-Medicaid | VIRGINIA-Medicaid and CHIP |
| Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825 | Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924 |
| OKLAHOMA-Medicaid and CHIP | WASHINGTON-Medicaid |
| Website: http://www.insureoklahoma.org Phone: 1-888-365-3742 | Website: https://www.hca.wa.gov/ Phone: 1-800-562-3023 |
| OREGON-Medicaid | WEST VIRGINIA-Medicaid and CHIP |
| Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075 | Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447) |
| PENNSYLVANIA-Medicaid | WISCONSIN-Medicaid and CHIP |
| Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 | Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002 |
| RHODE ISLAND-Medicaid and CHIP | WYOMING-Medicaid |
| Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line) | Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269 |

To see if any other states have added a premium assistance program since January 31, 2023, or for more information on special enrollment rights, contact either:

US Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
-866-444-EBSA (3272)1

U.S. Department of Health and Human Services Employee
Benefits Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565



Volusia County Schools | 200 North Clara Avenue, DeLand, FL 32720 | www.vcsedu.org

The information provided by Brown & Brown, Inc. and/or its affiliates ("Company") in this Guidebook is advisory. Separate plan documents explain each benefit in more detail, and the various benefits are controlled by the language of the plan documents. Benefits may be modified, added, or terminated at any time, at the Company's discretion, or by the insurance company. This information is provided for general information purposes only and should not be considered legal, tax, accounting or other professional advice or opinion on any specific facts or circumstances. Readers are urged to consult their legal counsel, tax or other professional advisor concerning any legal, tax or related questions that may arise. Any tax information contained in this communication (including any attachments) is not intended to be used, and cannot be used, for purposes of (i) avoiding penalties imposed under the U. S. Internal Revenue Code or (ii) promoting, marketing or recommending to another person any tax-related matter. The Company assumes no liability whatsoever in connection with the use of such information or documents

This Benefit Guide provides a brief description of plan benefits. For more information on plan benefits, exclusions, and limitations, please refer to the Plan documents or contact the carrier/administrator directly. If any conflict arises between this Guide and any plan provisions, the terms of the actual plan document or other applicable documents will govern in all cases. Benefits are subject to modification at any time.