



flaglerschools
Engage. Educate. Empower.

Employee Benefit Overview

23-24 PLAN YEAR



SEPTEMBER 1, 2023 - AUGUST 31, 2024

ENROLL AT
[BENEFITS.PLANSOURCE.COM](https://benefits.plansource.com)

Flagler Schools Benefits Guide

Our employees are Flagler Schools greatest resource. We truly recognize and value your outstanding contributions. We encourage you to fully read this comprehensive guide which describes the Medical, Dental, Vision, Life Insurance, Long Term Disability and Flexible Spending Account benefits for the 2023-2024 plan year.

BENEFIT HIGHLIGHTS







-  **Medical Benefits** - No Carrier, Plan or Rate Changes. Dependents are now eligible up to age 30.
-  **Health Savings Account** - You must submit an HSA Direct Deposit form from SCCU to the benefits department in order to begin contributions. Contributions will not automatically roll over.
-  **Prescription Benefits** - New Value Added Programs
-  **Dental Benefits** - Guardian is our new dental carrier, offering a larger provider network. Please see page 19 for full details.
-  **Vision** - No Carrier, Plan or Rate changes
-  **Basic Life, Voluntary Life, LTD & Flexible Spending Accounts** - No Carrier, Plan or Rate Changes

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CONTACT INFORMATION

BENEFIT	CONTACT	PHONE NUMBER	WEBSITE/EMAIL
My QHealth One stop resource to call first when you need help with your benefits	Quantum	1-855-497-1235	Myflaglerbenefits.com
Health Savings Account	Space Coast Credit Union	1-800-447-7228 Option 9 x855	www.sccu.com
Prompt Care Clinic	Prompt Care Clinic	386-586-4280	www.pickatime.com/flagler
Flexible Spending Accounts	Medcom	1-800-523-7542	www.medcombenefits.com
Dental	Guardian	1-888-600-1600	www.guardiananytime.com
Vision	Aetna	1-877-973-3238	www.aetnavision.com
Long Term Disability, Basic Life & Voluntary Life	Symetra	1-877-377-6773	www.symetra.com
Employee Assistance Program	Symetra	1-888-327-9573	www.guardianresources.com
Salary Reduction Agreement Processing Service	TSA Consulting Group	1-888-796-3786 Option 5	srprocessing.tsacg.com
Florida Retirement System (FRS)		844-377-1888	www.myfrs.com

IMPORTANT NOTICE

This Benefits-At-A-Glance booklet is designed to provide basic information to employees on benefit plans and programs available September 1, 2023 – August 31, 2024. It does not detail all of the provisions, restrictions and exclusions of the various benefit programs documented in the carrier contract or the Summary Plan Description (SPD). This booklet does not constitute an SPD or Plan Document as defined by the Employee Retirement Income Security Act (ERISA).

Enrollment Instructions

To enroll in benefits, go to: <https://benefits.plansource.com>



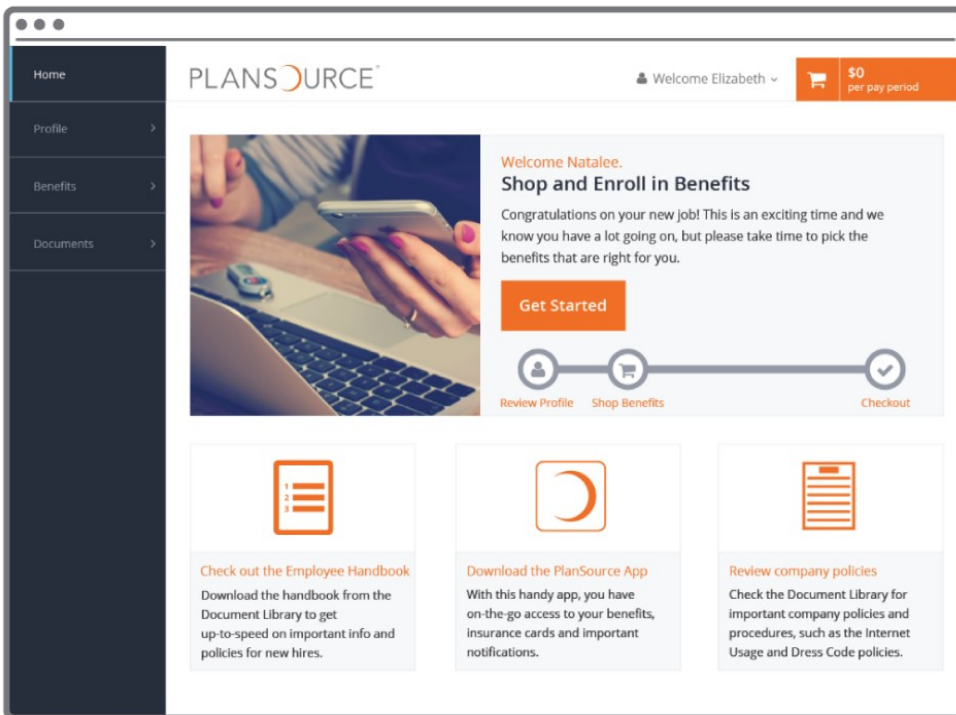
Login Page: Enter username & password to get started.

Username: Your username is the first initial of your first name, up to the first six letters of your last name, and the last four digits of your SSN.

For example, if your name is Taylor Williams, and the last four digits of your SSN are 1234, your username would be twillia1234.

Password: Your initial password is Welcome@1

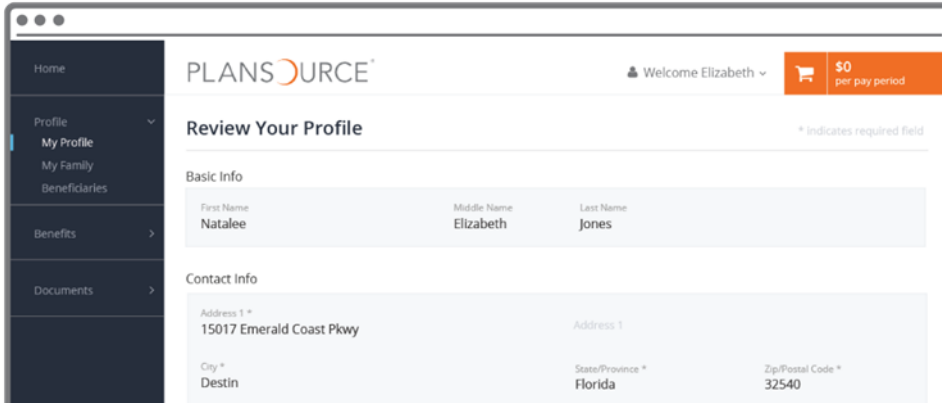
The first time you log in, you will be prompted to change your password. Your password must be a minimum of 8 characters, with at least 1 upper case letter, 1 lower case letter, 1 number and 1 special character.



Homepage

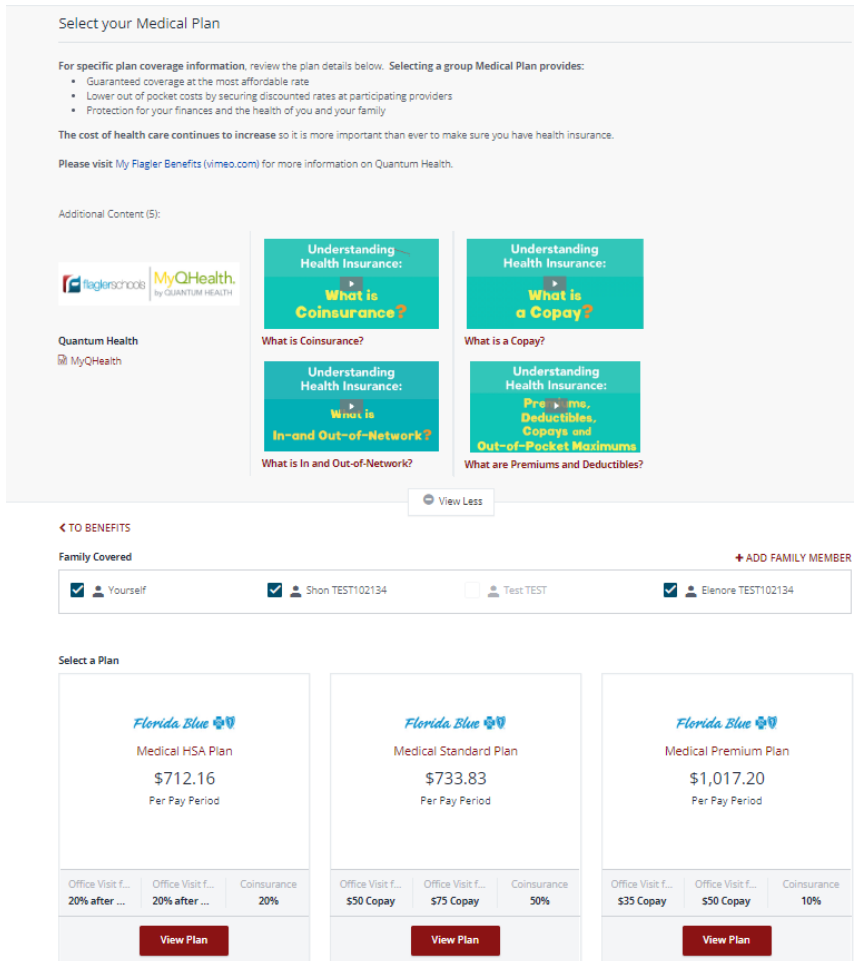
On the Homepage, click “Get Started” to begin.

PLANSOURCE



Profile

First, you'll be asked to review and update your profile and ensure that all information listed about yourself and your family members is correct.



Shop for Benefits

You can then begin shopping for benefits!

Educational material about the specific plan type is available at the top of the page.

PLANSOURCE

Medical: Medical HSA Plan

[← TO AVAILABLE PLANS](#)

Family Covered

[+ ADD FAMILY MEMBER](#)

<input checked="" type="checkbox"/> Yourself	<input type="checkbox"/> Shon TEST102134	<input type="checkbox"/> Test TEST	<input type="checkbox"/> Elenore TEST102134
<input checked="" type="checkbox"/> Employee Only	\$36.51 Per Pay Period		
<input type="checkbox"/> Employee + Spouse	\$533.14 Per Pay Period		
<input type="checkbox"/> Employee + Children	\$489.35 Per Pay Period		
<input type="checkbox"/> Employee + Family	\$712.16 Per Pay Period		

Florida Blue

Medical HSA Plan

\$36.51
Per Pay Period

[Update Cart](#)

[Decline Coverage](#)

Plan Details

The plan detail page will give you information about each plan, including deductible, cost per pay period and projected costs.

Select Plan

To select a plan, indicate which family members are covered by clicking “edit family covered” and select the card for each family member you’d like to be on the plan.

Click “Update Cart” to choose the plan.

Home

Profile

Benefits

Documents

PLANSOURCE

My Benefits

Medical

Current Plan: Aetna HDHP \$5000 Deductible

aetna HDHP \$5000 Deductible \$57.58 Cost

Health Savings Account (HSA)

No Plan Selected

Dental

No Plan Selected

Vision

No Plan Selected

Voluntary Life Insurance

No Plan Selected

Shopping Cart: \$57.58 per pay period

Medical: Aetna HDHP \$5000 Deductible \$57.58

Health Savings Account (HSA) Shop Plans

Dental Shop Plans

Vision Shop Plans

Voluntary Life Insurance Shop Plans

Accident Insurance Shop Plans

Hospital Insurance Shop Plans

1 of 7 Benefits Complete

[Review & Checkout](#)

Shopping Cart

The shopping cart displays a running total of your combined benefits costs and shows your progress. You will need to select or decline a plan in each benefit type

Checkout

To finalize your choices, click “Review and Checkout and then “Checkout”.” **You must complete the checkout process in order to be enrolled in benefits.**

GENERAL INFORMATION

What is a “Copayment?”

- A copayment is a pre-determined amount you must pay out-of-pocket when seeing a service provider. It is paid directly to the provider and is due at the time services are rendered.

What is a “Deductible?”

- A deductible is a pre-determined amount that is paid by you before the insurer begins to pay.

What is “Coinsurance?”

- Coinsurance is the percentage paid by the insurer and the percentage paid by you after you have met the deductible.

What is “Precertification?”

- Certain services, such as hospitalization or outpatient surgery, may require prior authorization with your insurer to verify coverage for those services. When required, your participating physician must obtain a precertification for you prior to your treatment.

What is a “Primary Care Physician?” (PCP)

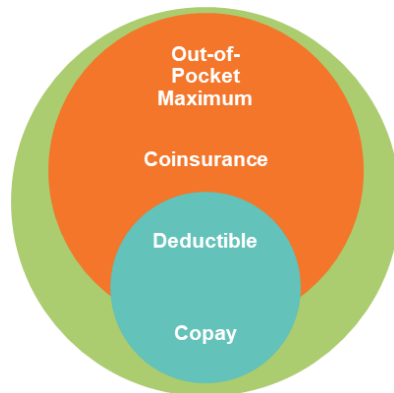
- A physician who is usually the first health professional to examine a patient and who recommends secondary care physicians, medical or surgical specialists with expertise in the patient’s specific health problem, if further treatment is needed.

Where can I find an in-network provider?

- Directories of participating service providers may be found on Myflaglerbenefits.com. If you do not have internet access, you may call MyQHealth at 1-855-497-1235 for assistance.

Should I use a Convenient Care Center, an Urgent Care Center, or the Emergency Room?

- Convenient Care Centers (found in many CVS and Walgreens stores) are a great way to address the common cough, cold, and sore throat. The cost is normally the same co-payment as seeing your doctor. Urgent Care Centers are another great alternative to the Emergency Room when your doctor’s office is closed. The co-payments are normally a lot less than an Emergency Room visit.



When you don't even know where to begin, start with MyQHealth.

Your healthcare-benefit-navigating Care Coordinators

From replacing ID cards to more complicated matters like claim resolutions, no request is too big or small for your MyQHealth Care Coordinators. We're problem-solving, frustration-fighting people on a mission to make your healthcare simpler. And, we're the one resource you need whenever you need help with your medical, dental, wellness or pharmacy benefits.

Think of us as your personal team of nurses, benefit experts and claims specialists who will provide personalized support and guidance any time you need help with medical claims, health benefits, prescriptions and so much more – at no additional cost to you.

Empowered and resourceful, we'll do things like:

- ◇ Answer open-enrollment questions
- ◇ Verify coverage
- ◇ Provide health-education resources
- ◇ Advocate for your care
- ◇ Confirm precertifications
- ◇ Help manage chronic conditions
- ◇ Find in-network providers
- ◇ Contact providers to discuss treatment
- ◇ Answer claims, billing and benefits questions
- ◇ Create health-improvement plans
- ◇ Help reduce unnecessary, out-of-pocket costs
- ◇ Whatever it takes to make your healthcare work to your benefit

Don't forget: we're just a tap, click or call away.

855-497-1235 (Monday-Friday, 8:30 a.m. – 10 p.m.)

Myflaglerbenefits.com

Download our app MyQHealth – Care Coordinators

The logo for MyQHealth by Quantum Health, with 'MyQHealth.' in a large, bold, sans-serif font and 'by QUANTUM HEALTH' in a smaller, all-caps, sans-serif font below it.

MEDICAL BENEFITS



	HSA Plan (05196/97)	Standard Plan (05901)	Premium Plan (03359)
Name of Network	BlueOptions		
Policy Year Deductible - Individual/Family	\$2,000 / \$4,000*	\$3,000 / \$9,000	\$3,000 / \$6,000
Annual Out-of-Pocket Max - Individual/Family	\$3,500 / \$7,000**	\$7,000 / \$14,000	\$4,000 / \$8,000
Coinsurance	20%	50%	10%
Preventative Care	Covered at 100%	Covered at 100%	Covered at 100%
Primary Care Physician	Deductible + Coinsurance	\$20 Copay	\$20 Copay
Specialist	Deductible + Coinsurance	\$40 Copay	\$40 Copay
Chiropractic	Deductible + Coinsurance	\$20 Copay	\$20 Copay
Independent Diagnostic Testing Facility			
Diagnostic Services (except AIS)	Deductible + Coinsurance	\$0 Copay	\$0 Copay
Advanced Imaging (MRI, MRA, CT etc)	Deductible + Coinsurance	\$200 Copay	\$300 Copay
Independent Clinical Lab (e.g. blood work)	Deductible + Coinsurance	\$0 Copay	\$0 Copay
Outpatient Hospital Facility Services			
Diagnostic Services (except AIS)	Deductible + Coinsurance	\$0 Copay	\$0 Copay
Advanced Imaging (MRI, MRA, CT etc)	Deductible + Coinsurance	\$200 Copay	\$300 Copay
Ambulatory Surgical Center Facility (ASC)	Deductible + Coinsurance	\$300 Copay + Ded. & Coins.	\$300 Copay
Outpatient Hospital Facility Services (per visit)			
Therapy (Option 1/2)	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance
All Other Services (Option 1/2)	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance
Outpatient Hospital Facility Services (Surgical)	Deductible + Coinsurance	\$300 Copay + Ded. & Coins.	\$300 Copay
Inpatient Hospital Per Admission	Deductible + Coinsurance	\$500 Copay + Ded. & Coins.	Deductible + Coinsurance
Emergency Room	Deductible + Coinsurance	\$350 Copay	\$350 Copay
Urgent Care	Deductible + Coinsurance	\$50 Copay	\$50 Copay
PRESCRIPTION DRUG BENEFITS			
Retail - Up to 30-day supply	Plan Year Deductible then		
Preventative Generic	\$0 Copay	NA	NA
Tier 1	\$10 Copay	\$5 Copay	\$5 Copay
Tier 2	\$30 Copay	\$35 Copay	\$35 Copay
Tier 3	\$50 Copay	\$75 Copay	\$75 Copay
Mail Order - Up to 90-day supply	\$25 / \$75 / \$125	\$10 / \$87.50 / \$187.50	\$10 / \$87.50 / \$187.50

*If one individual on a family plan meets \$2,800, their deductible will be satisfied and they will move to coinsurance.

** If one individual on a family meets \$3,500, their out of pocket maximum will be satisfied.



Member Services Quick Reference Card

Member Services for Member Support

RxBenefits' experienced, high-performing call center team delivers a superior level of service to members.

Availability

Member Services assists members with questions or concerns regarding their pharmacy benefits like:

- Benefit Details
- Claims Status
- Pharmacy Network
- Coverage Determination/Inquiries
- Mail and Specialty Scripts
- Pharmacy Information

Key Details on Common Issues

Pharmacy Benefits & Coverage Inquiries

Direct employees and dependents to call for questions related to:

- Coverage Questions
- Clinical Programs
- Copay
- Deductible Issues

Paper Claims

Members can submit prescription receipts along with the PBM Partners' (CVS, ESI, or Optum) claim form to be processed for direct reimbursement. Claims should be mailed to the address listed on the member's ID card or fax them to RxBenefits at 205.449.5225.

800.334.8134 or
RxHelp@rxbenefits.com
7:00 AM to 8:00 PM CST
Monday – Friday





A reminder on your specialty Rx benefit

A specialty program to help you save

Only available on the Standard & Premium Plan

Your specialty prescription benefit plan will look a little different.

Here's what's new

PrudentRx has collaborated with CVS Caremark® to offer a third-party (manufacturer) copay assistance program* that may help save you money on your specialty prescription.

How it works

You'll pay nothing out of pocket† – that's right, \$0! – for medications on your plan's specialty drug list dispensed by CVS Specialty®, as well as select high-cost limited distribution drugs (LDDs) as outlined within the PrudentRx Copay Program drug list. We will work with you to obtain third-party copay assistance for your medication, if available.**

How to get started

Your enrollment in the program will be started automatically, but you must speak with a PrudentRx advocate to finalize enrollment.** You can choose to opt out at any time.

We'll send more information before we make this plan change. In the meantime, you can continue to fill your prescriptions as usual.



*Not all specialty prescriptions offer assistance. Eligibility for third-party copay assistance program is dependent on the applicable terms and conditions required by that particular program and are subject to change.

**Some manufacturers require you to sign up to take advantage of the copay assistance that they provide for their medications – in that case, you must call PrudentRx to participate in the copay assistance for that medication. PrudentRx will also contact you if you are required to enroll in the copay assistance for any medication that you take. If you do not return their call, choose to opt-out of the program, or if you do not affirmatively enroll in any copay assistance as required by a manufacturer, you will be responsible for 30 percent of the cost of your specialty medications.

†Out-of-pocket maximum is the amount you must pay each policy year before the policy starts paying the full benefits. This may be for the whole family and/or one person alone.

Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.

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PRESCRIPTION DRUG BENEFITS



An update on your specialty Rx benefit



Here's what's changing

We're changing how we calculate your annual deductible and out-of-pocket (OOP) maximum* if you use a third-party copay assistance program**, commonly referred to as a "manufacturer copay card", when you fill your specialty medications. When you use a copay assistance program, your OOP is reduced to save you money and help you get the medication you need. You can still use these programs to help save money, but any savings or rebates you receive from the manufacturer will no longer count toward your deductible or OOP maximum.

What this means for you

After you enroll in a third-party copay assistance program, the amount you have to pay OOP for your medications may be reduced or stay the same, however only what you pay OOP will apply toward your

We'll send more information before we make this plan change.

In the meantime, you can continue to fill your prescriptions as usual.



Sam has rheumatoid arthritis and is prescribed an expensive medication



Fortunately, the drug manufacturer offers a copay card to assist with the cost



Now, Sam's medication costs \$175 less. Sam only pays \$25 OOP



Sam can fill his medication with reduced OOP costs



Only the \$25 Sam paid is counted toward his deductible and OOP maximum

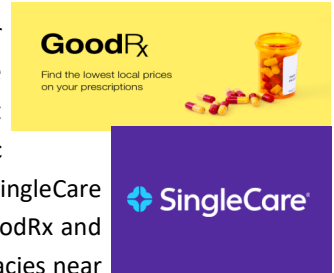
*Out-of-pocket maximum is the amount you must pay each policy year before the policy starts paying the full benefits. This may be for the whole family and/or one person alone. Some policies may also include a deductible that must be satisfied before copays or coinsurance applies.

**Not all specialty prescriptions offer copay assistance. Eligibility for third-party copay assistance programs is dependent on the applicable terms and conditions required by that particular program and are subject to change. This change does not affect copay assistance programs provided by foundations or financial need-based copay assistance. If a copay assistance program is available for your medication, a specialty pharmacy representative may be able to assist you with more information.

COST SAVINGS TOOLS

Prescription Drug Cost Comparison Tools:

Use GoodRx and SingleCare's drug price search to compare prices (just like you do for travel or electronics on other sites) for your prescription at pharmacies near you. GoodRx as well as SingleCare do not sell the medications, the free website and mobile app will tell you where you can get the best deal on them. If you have insurance, your co-pay might not be the best price. Hundreds of generic medications are available for \$4 or even free without insurance. Every week both GoodRx and SingleCare collect millions of prices and discounts from pharmacies, drug manufacturers and other sources. GoodRx and SingleCare will show you prices, coupons, discounts and savings tips for your prescriptions at pharmacies near you. There is no cost or membership required to use either of these cost savings tools. Please visit the websites at www.goodrx.com and www.singlecare.com. You can also download these apps on your smartphone. Please note: amounts paid for prescriptions using GoodRx or SingleCare's discount programs do not apply toward your medical plan's deductible or annual out of pocket maximum.



Pharmacy Discount Programs:

Before you pay for your next prescription, check to see if they are available for free or at a lower cost than traditional copays. Pharmacies such as Wal-Mart, CVS/Target, and Costco offer prescription discount programs that allow you to purchase medications for as low as \$4 for a 30 day Supply. If your local pharmacy is not listed please check with them to see if they offer any discounts.



Urgent Care/Walk-In-Clinics Vs. Emergency:

Do not pay more than you have to for medical care. The Emergency room is meant for true emergencies such as life threatening illnesses and injuries. Walk-in-clinics are designed to treat common ailments and provide basic primary health care and are typically staffed by nurse practitioners and sometimes a physician's assistant. They are used for common ailments such as: flu/strep throat, allergies, cold and cough. Urgent care facilities are designed to serve patients who are suffering from acute illnesses and injuries which are beyond the capacities of a regular walk-in-clinic, are typically open for extended hours, and are used to treat non-life threatening injuries and illnesses. To maximize savings use in-network facilities.

URGENT CARE SITUATIONS	EMERGENCY SITUATIONS
<ul style="list-style-type: none">■ Ear or eye infection■ Fever■ Cuts that may need stitches■ Possible broken bones or simple fractures■ Severe sore throat■ Sprains and strains■ Vomiting / Diarrhea	<ul style="list-style-type: none">■ Chest pain or squeezing sensation in the chest■ Seizure or loss of consciousness■ Severe abdominal pain■ Sudden paralysis or slurred speech■ Uncontrolled bleeding

Above are potential ways to save money on the cost of medical care and prescriptions. Actual results may vary.

HEALTH SAVINGS ACCOUNT



A health savings account (HSA) combines high deductible health insurance with a tax-favored savings account. Money in the savings account can help pay the costs of qualified medical expenses not covered by medical insurance for you and your dependents. Money left in the savings account earns interest and is yours to keep.

MAXIMUM ANNUAL CONTRIBUTIONS	2023
Self - Only Contribution Limit	\$3,850
Family Contribution Limit	\$7,750
Catch-up Contribution (Age 55 & Older)	\$1,000

- EMPLOYEE OWNED ACCOUNT
- Pre-tax contributions
- Pay for any qualified medical, dental & vision expenses for yourself, spouse or dependents even if they are enrolled under another medical plan. (See IRS Publication 502 for a complete list of qualified medical expenses– *sample list below*).

Acupuncture	Blood pressure monitor	Crutches/Wheelchair	Lasik/Vision Correction Surgery	Psychologist fees
Alcohol or Drug addiction treatment	Breast Pumps and Supplies/ Accessories	Dental Services	Long-Term Care	Smoking Cessation
Ambulance	Chiropractor Care	Diabetic monitors, test kits, strips & supplies	Medicines (prescription & over-the-counter)	Speech Therapy
Bandages	Coinsurance & Copayments	Fertility Treatment	Oxygen	Sunscreen
Birth Control	Contact Lenses & Glasses	Hearing aids & batteries	Psychiatric Care	Vasectomy

To be HSA-eligible for a month, an individual must:

- Be covered by an HDHP on the first day of the month;
- Not be covered by other health coverage that is not an HDHP (with certain exceptions);
- Not be enrolled in Medicare; and
- Not be eligible to be claimed as a dependent on another person’s tax return.

Why might an HSA be the right choice for you?

- It **saves you money**. For individuals with few regular health expenses, paying a traditional health plan premium can feel like throwing money out the window. HDHPs come with much lower premiums than traditional health plans, meaning less money is deducted from your paychecks. Plus, HSAs are basically “cash” accounts, so you may be able to negotiate pricing on many medical services.
- It’s **portable**. Even if you change jobs, you get to keep your HSA.
- It’s a **tax saver**. Contributions to your HSA are made with pre-tax dollars. Since your taxable income is decreased by your contributions, you pay less in taxes.
- It allows for an **improved retirement account**. Funds roll over at the end of each year and accumulate tax-free, as does the interest on the account. Also, once you reach the age of 55, you are allowed to make additional “catch-up” contributions to your HSA until age 65.
- It puts **money in your pocket**. You never lose unused HSA funds. They always roll over to the next year.

HEALTH SAVINGS ACCOUNT



YOU MUST SUBMIT AN HSA DIRECT DEPOSIT FORM FROM SPACE COAST CREDIT UNION TO THE BENEFITS DEPARTMENT EACH YEAR (benefits@flaglerschools.com) IN ORDER TO BEGIN CONTRIBUTIONS.

1. With Space Coast Credit Union, you can start your Health Savings Account application [online](#) or by phone at 1-800-447-7228 (option 9, then extension 855).

Space Coast Credit Union
10 Leanni Way
Palm Coast, FL 32137

Space Coast Credit Union
258 Palm Coast Pkwy NE
Palm Coast, FL 32137

2. Go to Space Coast Credit Union. You will be **required** to go into a SCCU branch near you to complete the application process (with your signature) within **30 days** of the start of your application. There are two SCCU branches in Palm Coast and the addresses are listed below for your convenience. You are able to go to **any** Space Coast Credit Union; you are not required to use a Palm Coast branch.
3. A **one-time** \$10 deposit is required. \$5 will apply to your one-time Space Coast Credit Union membership fee to prevent your account from closing from inactivity.
4. Your Health Savings Account card will be requested on the first-date of the account being active. Cards are processed locally; they should arrive within 3-5 business days depending on your location. If you would like to request a card replacement at any point please contact 1-800-447-7228 (Option 5 to speak with Member Services).
5. If you wish to contribute to your Health Savings Account pretax, please request a “Check Ordering Instructions Sheet” or a “Direct Deposit Enrollment form” from SCCU. The information required is as follows:
 - Name on Account
 - Health Savings Account Checking/Savings (22/32 Code)
 - Account Number
 - Routing Number
 - Signature of Space Coast Credit Union representative verifying account information
6. If you wish to contribute to your Health Savings Account, please write “I [insert first and last name], wish to contribute \$ [insert dollar amount] per pay period. **Please make sure to sign and date the form at the bottom.**
7. Provide the form to the Benefits Department in Human Resources. We encourage you not to use email for this correspondence as this has sensitive financial information and our email system is not considered secure. Voided checks are **not** an acceptable form of documentation for enrolling in HSA contributions.

For Your Information:

Health Savings Accounts are subject to closure due to inactivity.

It is the responsibility of the employee to manage processes and compliance regulations regarding their account.

Flagler Schools has provided this form as an informational resource when opening up your Health Savings Account with Space Coast Credit Union. This information is subject to change at the discretion of Space Coast Credit Union.

For additional questions or concerns please contact the Flagler Schools Benefits Department.

PROMPT CARE CLINIC



Why Use The Clinic?

- During the hours listed below clinic services are FREE to all individuals enrolled in one of the three Flagler Schools Medical Plans
- No Copayments
- Shorter wait times
- Physicians on site
- Walk-Ins during non-scheduled times will be charged according to your plan’s benefits for PCP
- Appointments needed during scheduled hours below:

EMPLOYEE CLINIC HOURS

FS Clinic Hours

- Monday: 3:00pm - 6:00pm
- Tuesday: 7:30am - 8:30am; 3:00pm - 6:00pm
- Wednesday: 11:00am - 1:00pm; 3:00pm - 6:00pm
- Thursday: 3:00pm - 6:00pm
- Friday: 3:00pm - 6:00pm
- Saturday: 8:30am, 8:45am, 9:15am, 9:30am, 10:15am, 12:15pm, 1:15pm

***Appointments Are Required**

Walk-ins (even during clinic hours) will be processed as a Primary Care Visit

1200 Cypress Edge Drive
(386) 586-4280



pickatime.com/flagler

CLINIC SERVICES AT NO COST WITH AN APPOINTMENT DURING HOURS LISTED

- Treatment of chronic illnesses such as: Diabetes, Hypertension, and High Cholesterol
- Treatment for acute illnesses such as flu, cold, sinus or urinary tract infections
- EKG’s
- Annual Physicals
- Laboratory Tests (must be ordered by Prompt Care Provider) such as:
 - ⇒ Panels: Metabolic, Comprehensive Metabolic, Electrolytes, Hepatic Function, Lipid/Cardiac Risk, Renal Failure
 - ⇒ Rapid Lab Test - strep, mono, pregnancy
- Minor Procedures: minor lacerations, suturing
- Basic X-Rays including the radiologist

FLEXIBLE SPENDING ACCOUNT

WHAT IS A MEDICAL FLEXIBLE SPENDING ACCOUNT: An Medical FSA is a pre-tax benefit account that is used to pay for eligible medical, dental, and vision care expenses that are not covered by your health care plan. With an FSA you use pre-tax dollars to pay for qualified out-of-pocket health care expenses. Please note, if you elect the Health Savings Account, you can not enroll in the Medical FSA.

WHAT ARE THE BENEFITS OF A FLEXIBLE SPENDING ACCOUNT (FSA):

There are a variety of different benefits of using a Flexible Spending Account (FSA), including the following:

- **It saves you money.** Allows you to put aside money tax-free that can be used for qualified medical expenses.
- **It’s a tax saver.** Since your taxable income is decreased by your contributions, you’ll pay less in taxes
- **You can use it for a variety of expenses.** Use your FSA for qualified medical, dental, or vision expenses. (Remember to keep your receipts for audit purposes).

You cannot stockpile your money in your FSA. You can file for reimbursement of eligible expenses incurred during the 2023-2024 plan year (September 1, 2023-August 31, 2024). You do have an additional 2 1/2 month grace period until November 15, 2024 to use your benefits and until November 30, 2024 to submit for reimbursement for claims incurred during the plan year or applicable grace period or you will lose any unused balance. You should only contribute the amount of money you expect to pay out of pocket that year. The maximum you can contribute each year is **\$3,050** (Minimum \$300).

WHAT IS A DEPENDENT CARE FSA: Dependent care FSAs allow you to contribute pre-tax dollars to pay for qualified dependent care. The maximum amount you may contribute each year is **\$5,000 (or \$2,500 if married and filing separately)**. The dependent care FSA is a **use it or lose it**. Eligible expenses include expenses from a qualified dependent day care facility, daycare for children under the age of 13, disabled spouses, and dependent parent.

FSA CASE STUDY: Because FSAs provide you with an important tax advantage that can help you pay for health care expenses on a pre-tax basis, due to the personal tax savings you incur, your spendable income will increase. The example that follows illustrates how an FSA can save you money.

	Without FSA	With FSA
Gross income	\$45,000	\$45,000
FSA contributions	\$0	(-\$2,850)
Gross income	\$45,000	\$42,150
Estimated taxes	(-\$5,532)*	(-\$4,999)*
After-tax earnings	\$39,468	\$37,151
Eligible out-of-pocket expenses	(-\$3,000)	(-\$300)
Remaining spendable income	\$36,468	\$36,851
Spendable income increase	--	\$383

*Assumes standard deductions, amounts can vary and are for illustrative purposes only.

Please note, the above example is for illustrative purposes only. Each situation varies and it is recommended you consult a tax advisor for all tax advice

DENTAL COVERAGE - PPO



Below are your PPO dental plans which gives you freedom to use in-network or out-of-network dentists. Since network providers offer reduced contracted rates, you save money by using network providers for all your dental needs. All benefits received from out-of-network dentists are subject to “reasonable and customary/maximum allowable” fees. Any amount that exceeds the dental carrier’s “reasonable and customary/maximum allowable” amounts is the patient’s responsibility.

You can access the dental provider’s network and find a dentist near you at www.guardiananytime.com.

PPO Dental Services	Low Dental Plan	High Dental Plan
Name of Network	DentalGuard Preferred	DentalGuard Preferred
Annual Deductible	\$50 per person \$150 per family	\$50 per person \$150 per family
Annual Maximum	\$1,000	\$1,500
PREVENTATIVE PROCEDURES: Deductible Waived		
Routine Exams Teeth Cleaning Bitewing X-Rays Full Mouth X-Rays Fluoride Treatments Sealants	Plan Pays 100%	Plan Pays 100%
BASIC PROCEDURES: Deductible Applies		
Fillings Oral Surgery—Simple/Complex	Plan Pays 70%	Plan Pays 80%
MAJOR PROCEDURES: Deductible Applies		
Crowns Bridges Dentures Implants	Plan Pays 50%	Plan Pays 50%
ORTHODONTIC PROCEDURES: Deductible Waived		
Lifetime Maximum Benefit (Children & Adult)	\$1,000 Plan Pays 50%	\$1,500 Plan Pays 50%
OUT-OF-NETWORK BENEFITS:		
Low Plan (Preventative/Basic/Major/Ortho)	80%/60%/40%/50%	
High Plan (Preventative/Basic/Major/Ortho)	100%/80%/50%/50%	
Maximum Rollover		
Threshold	\$ 500	\$ 700
Rollover Amount	\$ 250	\$ 350
Rollover Bonus Amount	\$ 350	\$ 500
Account Limit	\$1,000	\$1,250

Please see carrier benefit summary for additional plan details

Oral Health Rewards

Regular visits to the dentist can help prevent and detect the early signs of serious diseases.

That’s why Guardian’s Maximum Rollover Oral Health Rewards Program encourages and rewards members who visit the dentist, by rolling over part of your unused annual maximum into a Maximum Rollover Account (MRA). This can be used in future years if your plan’s annual maximum is reached.

How maximum rollover works*

Depending on a plan’s annual maximum, if claims made for a certain year don’t reach a specified threshold, then the set



Automatic rollover

Submit a claim (without exceeding the paid claims threshold of a benefit year), and Guardian will roll over a portion of your unused annual dental maximum.

Plan annual maximum**	Threshold	Maximum rollover amount	In-network only rollover amount	Maximum rollover account limit
\$1,500	\$700	\$350	\$500	\$1,250
Maximum claims reimbursement	Claims amount that determines rollover eligibility	Additional dollars added to a plan’s annual maximum	Additional dollars added if only in-network providers were used during the benefit year	The limit that cannot be exceeded within the maximum rollover account

* This example has been created for illustrative purposes only.

** If a plan has a different annual maximum for PPObenefits vs. non-PPObenefits, (\$1500 PPO/\$1000 non-PPOfor example) the non-PPOmaximum determines the Maximum Rollover plan. May not be available in all states.

Guardian’s Dental Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage.

Information provided in this communication is for informational purposes only. Dental Policy Form No. GP-1-DEN-16. GUARDIAN® is a registered service mark of The Guardian Life Insurance Company of America ©©Copyright 2019 The Guardian Life Insurance Company of America.

VISION COVERAGE



This plan covers eye exams, prescription lenses and frames, or contact lenses for you and your dependents when you receive services from in-network or out-of-network providers. As you can see from the table below, staying in-network cuts costs down and gives you more of a benefit.

To find a participating provider log on to www.aetnavision.com.

Helpful Tip:

Please note that the provider network for the Flagler Schools Aetna vision insurance is the “**EyeMed Network.**” The provider search is located at www.aetnavision.com. Please note that some providers list their corporate name, e.g. Eyecare Express is under Palm Coast Optical in the provider search.



	In-Network	Out-of-Network
Eye Exam (Once every 12 months)	\$0 Copay	Reimbursed up to \$35
Lenses (Once every 12 months)		
Single Vision	\$10 Copay	Reimbursed up to \$25
Bifocal	\$10 Copay	Reimbursed up to \$40
Trifocal	\$10 Copay	Reimbursed up to \$60
Standard Progressive	\$75 Copay	Reimbursed up to \$40
Frames (Once every 2 calendar years)	\$125 Allowance (20% off balance)	Reimbursed up to \$50
Contact Lenses (Once every 12 Months)		
Standard Fit / Follow up	Member pays discounted fee up to \$40 copay	Not covered
Elective	\$135 Allowance (15% off balance)	Reimbursed up to \$135
Medically Necessary	Paid in Full	Reimbursed up to \$210

*Contacts and eyeglasses cannot be purchased in the same year

LONG-TERM DISABILITY COVERAGE



You count on your income to provide the things you need today and to achieve the dreams you have for tomorrow. But, what would happen if you were suddenly unable to earn a living because of an unexpected accident or illness?



Long Term Disability Insurance provides income protection if you are unable to work for long periods of time. LTD benefit will pay you a percentage of your income for the amount of time that you are unable to work. Flagler County School Board offers all full time employees LTD through Symetra. ***This benefit is provided to you at no additional cost as Flagler County School Board pays for the entire premium.***

Your income replacement benefit would equal **66 2/3%** of your pre-disability earnings reduced by any deductible income. The maximum monthly benefit you can receive is **\$6,000**.

Benefits will begin after you have been unable to work for 90 days due to a covered injury or illness and will continue to pay until your Normal Social Security Retirement Age (if you are disabled in any occupation). Benefits are not payable during the benefit wait period.

Please contact the Benefits Department for more information.

Interested in a Short-Term Disability Policy?

Supplemental Short-Term Disability Policies are available

Please contact the Benefits Department for more information





EMPLOYEE ASSISTANCE PROGRAM

Helping you cope with the present and plan for the future

When life gets tough, it’s helpful to have someone in your corner to listen. That’s what you get from DisabilityGuidance—an Employee Assistance Program that offers confidential counseling for individuals covered under a Symetra group disability policy.

Program highlights

Up to five¹ face-to-face confidential sessions with a counselor, financial planner or attorney are available to you and your eligible family members each calendar year. An additional five sessions are available if you have a covered disability claim.

Sessions are per household and may be divided among the three types of professionals. These services are included in the overall premium, so no additional payment is required to use the program.

Confidential counseling

Trained counselors with a master’s or doctorate degree are just a phone call away to provide you the right resources for stress, anxiety, job pressures, substance abuse, and grief and loss.

Legal support

Talk to an attorney about legal concerns such as divorce, real estate transactions, debt and bankruptcy, and more.

Need legal representation?

A general guidance consultant will refer you to a qualified attorney in your area for a free 30-minute consultation. Any customary legal fees after that are reduced by 25%.

Financial information and resources

A certified public accountant or financial planner can provide financial information and guidance on topics like debt, taxes, retirement planning, credit card or loan problems, and more.

First-time users, follow these simple steps:

- (1) Go to www.guidanceresources.com and click “Register.”
- (2) Provide your organization web ID: SYMETRA
- (3) Create a user name and password

If you have problems registering or logging in, send an email to memberservices@compsych.com or call 1-888-327-9573.

Online resources and tools

Get trusted, professional information about relationships, work, school, children, wellness, legal or financial issues, and more.

Turn to GuidanceResources® online for:

- Timely articles, tutorials, videos and self-assessments.
- “Ask the Expert” personal responses to your questions.
- Searches for child or elder care, attorneys and financial planners.

Planning for the future

A will is one of the most important legal documents you can have. It ensures that you’ll control who gets your property, who will be your children’s guardian, and who manages your estate when you die.

EstateGuidance® makes it easy to create a simple, customized, legally binding will by offering:

- Convenient online access to will documentation tools.
- Simple-to-follow instructions guiding you through the will-generation process.
- Online support from licensed attorneys, if needed.
- The ability to make revisions at no cost.

A simple will costs just \$14.99. Printing and mailing services are available for an additional fee. Prices may be subject to change—contact ComPsych for additional information.

Contact ComPsych

Phone: **1-888-327-9573**

TDD: **1-800-697-0353**

LIFE AND AD&D COVERAGE



Life and AD&D insurance protects your family or other beneficiaries in the event of your death. The death benefit helps replace the income you would have provided and can help meet important financial needs. It can help pay your mortgage, rent, run your household, send your children to college and pay off debts.

BASIC TERM LIFE AND AD&D INSURANCE

Life and AD&D insurance protects your family or other beneficiaries in the event of your death. The death benefit helps replace the income you would have provided and can help meet important financial needs. It can help pay your mortgage, rent, run your household, send your children to college, pay off debts, etc. Flagler County School Board provides eligible employees \$25,000 for Administrators and \$20,000 for all other employees of Basic Life and AD&D insurance with Symetra at no cost. You will also have the opportunity to purchase additional Voluntary Life and AD&D insurance at a group rate (located on the next page).

The following are attached to this group term life insurance policy:

- Waiver of premium
- Accelerated life benefit
- Portability
- Conversion

To find more information about the attachments above, refer to your Certificate of Benefits.

VOLUNTARY LIFE AND AD&D INSURANCE

If you choose to enroll in Voluntary Life and AD&D insurance, you may also insure your spouse and eligible dependent children up to the age of 26. A summary of your Life and AD&D insurance coverage is listed in the table below. If you should have questions on this policy, see your Symetra Certificate of Benefits.

Summary of Insurance	
Guaranteed Issue	\$100,000
Minimum Benefit Amount	\$10,000
Maximum Benefit Amount	\$300,000
Increments of...	\$10,000
Dependent Life Insurance Options (No more than 50% of the combined amounts of employee basic and life insurance) AD&D not included with dependent coverage	
Option 1	Spouse: \$10,000, Child(ren): \$5,000 Cost = \$1.49/month
Option 2	Spouse: \$20,000, Child(ren): \$5,000 Cost = \$2.52/month
Option 3	Spouse: \$50,000, Child(ren): \$10,000 Cost = \$5.67/month

Note: You cannot receive coverage under this Plan as:

- ◆ Both an employee and a dependent; or
- ◆ A dependent of more than one employee

VOLUNTARY LIFE AND AD&D COSTS

Employee Cost	
If your age is...	Rates/\$1,000 (Monthly)
29 & under	\$0.085
30-34	\$0.090
35-39	\$0.110
40-44	\$0.160
45-49	\$0.260
50-54	\$0.390
55-59	\$0.630
60-64	\$0.710
65-69	\$1.300
70-74	\$2.120
75+	\$8.710



Additional Information

- Age reduction scale:
 - 35% of original amount at age 65
 - 50% of original amount at age 70
 - 65% of original amount at age 75
- Age-bracketed premiums: Premiums increase end of birthday month after you enter next 5 year age group.
- **Annual Enrollment: any new elections or increases will require an Evidence of Insurability form (EOI form).**
- You do not have to must purchase Voluntary Life Insurance for yourself in order to purchase Voluntary Life Insurance for your eligible dependents. Benefit is limited to 50% of your combined Basic Life & Voluntary Life amount
- If husband and wife work for FCSB, dependent life on your spouse is not available.
- Evidence of Insurability will be required if changes are made.
- New hires are guaranteed up to \$100,000 during the new hire enrollment window.
- Exact premiums are calculated by Symetra

QUALIFYING LIFE EVENTS

If you experience any of the below qualifying life events, you must contact Human Resources 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.

<ul style="list-style-type: none">• Marriage	<ul style="list-style-type: none">• Divorce or legal separation (subject to State regulations)
<ul style="list-style-type: none">• Death of spouse, child or other qualified dependent	<ul style="list-style-type: none">• Birth or adoption of child
<ul style="list-style-type: none">• Loss of other group coverage	<ul style="list-style-type: none">• Change in employment status for employee, spouse or dependent
<ul style="list-style-type: none">• Change in residence due to an employment transfer	<ul style="list-style-type: none">• Change of dependent status

DEPENDENT ELIGIBILITY RULES

- ◇ Eligible Dependents
 - ◇ Spouse under a legally valid existing marriage
 - ◇ Natural, newborn, adopted, Foster or step child(ren) or a child for whom you have been appointed legal guardian or custodian.
- ◇ Medical, Dental & Vision - Eligible dependent children can be covered until the end of the calendar year in which they turn 30.
- ◇ Voluntary Child Life - Eligible dependent children can be covered until their 26 birthday.

Salary Reduction Agreement Processing Service



Salary Reduction Agreement Processing Service

Employee Online SRA Tutorial

TSA Consulting Group, Inc.

Compliance & Administration Service Provider

Client Services

73 Eglin Parkway NE • Fort Walton Beach, FL 32548

888.796.3786 Option 5 • sraprocessing@tsacg.com

Salary Reduction Agreement Processing Service

Dear Employee,

Flagler Schools is pleased to announce that enhancements have been made to the 403(b) Salary Reduction and 457(b) Participant Agreement (SRA) process effective immediately. New election requests will be submitted through an online system. This system is provided by our 403(b) and 457(b) Plan Administrator, TSA Consulting Group, Inc. (TSACG). The online process eliminates the need for paper SRAs and allows 24-hour access for employees. All approved representatives of the District's authorized investment provider companies will be able to assist employees with this online process.

There are many benefits to the new enrollment process:

There are many benefits to the new SRA process:

- Employees simply visit <https://sra.tsacg.com> to access the online system.
- The system can be accessed 24 hours a day, 7 days a week.
- Employees can start, change, or stop a 403(b) and/or 457(b) SRA at their convenience.
- Employees receive immediate online confirmation that their request has been submitted.
- Authorized Investment Provider Agents/Representatives can assist employees.
- A list of authorized Investment Providers is available at www.tsacg.com.

Employees should utilize the below instructions to successfully utilize the online Salary Reduction Agreement process:

1. Before completing the online Salary Reduction Agreement process, you **MUST** have an account established with the authorized Investment Provider of your choice.
2. Navigate to the secure website <https://sra.tsacg.com>.



3. **Note that the SRA information entered via the online system will supersede and replace all prior 403(b) and/or 457(b) elections including the amounts, investment providers, and effective dates. Any election(s) you want to continue must be reflected or the election will be stopped.**
4. Employee Certification – You must confirm that you are eligible to participate in your employer's plan. You will also be confirming that you have established your account under your employer's plan with one of the Authorized Investment Providers. Click "Confirm" and then click "Submit".

Part 1: Employee Certification

I certify that I am an eligible participant in my employer's plan and the information provided in conjunction with this salary reduction request is true and accurate to the best of my knowledge. Further, I certify that I have an open account with the investment provider(s) referenced herein and that it was established while working for my current employer. I understand if the account was not established while working for my current employer that my contribution(s) may not be accepted by my investment provider(s). I understand questions regarding the employer associated with my account should be directed to my financial advisor or my investment provider.

I have read and understand the information above.* Confirm

* You must confirm you have read and understand the information above to continue with the Salary Reduction Agreement process.

Note: Additional

Salary Reduction Agreement Processing Service

Employer and Participant Information – If you have previously entered SRA information or TSACG has your demographic information archived in their system, most of your personal information will pre-populate. If your information is not currently in TSACG’s system, you will be able to add your record. Depending on the information displayed, be prepared to enter the following information:

- Employer’s State
- Employer’s Name
- Employee’s Social Security Number
- Employee’s Date of Birth
- Employee’s Name, Address, and Telephone Number

Part 2: Employer Information

* Employer State: California
* Employer: Anderson Union High School District, Anderson

If you cannot find the employer's state or employer's name above, please contact the SRA Processing department at 888-796-3786 option 2 to determine if we are the TPA for the employer.

Part 3: Participant's Information

Social Security Number: XXXX-XX-3333 AND Date of Birth: 03/05/1964

SEARCH RESET

Personal Information

* First Name: Walt
Middle Name: _____
* Last Name: Disney
Hire Date: _____
Employer Termination Date: _____

Contact Information

* Address: 1 Mainstreet USA
* City: Anaheim
* State: CA
* Zip Code: 92802
* Phone Number: 1111111111 Ext: _____
Email: _____
* Alternate Email: programservices@tsacg.com

* Has the participant terminated employment with this employer? No Yes

5. Salary Reduction Agreement Information – You have the ability to start, change, or stop contributions. If you want to maintain an existing contribution(s), you will need to enter the information for that contribution in addition to any other changes you are making. Be prepared to enter the following information:

- Effective Date of the contribution(s)
- The total dollar amount per pay period for all contributions
- The investment provider(s) to whom you would like to contribute
- The Plan type
- The amount of a previous contribution, if any – not required to submit
 - This information can be found on your pay check stub, you can also call TSA Consulting Group (contact information provided at the bottom of this communication), or by checking with your investment provider directly
- The new amount of your contribution

Note: Addi-

Salary Reduction Agreement Processing Service

Part 4: Salary Reduction Agreement Information

Salary Reduction Agreement Information

Effective Date: 03/05/2019

Total Per Pay Dollar Amount: \$ 200.00

Total Per Pay Amount above must match SRA Total below.

403(b) Contributions						
Investment Provider	Contract/ Account Number	Plan Type	Previous Amount		New Amount	
Select Investment Provider		403(b)	\$ 0.00		\$ 200.00	Remove

SRA Total: \$ 200.00

*Must Equal Total Per Pay Amount

Buttons: FINISHED, RESET

- 6. Salary Reduction Agreement Terms and Disclosures – Once you have clicked *Finished*, you will be asked to read and confirm that you have read the SRA terms. You will also be asked to acknowledge the SRA disclosures.
- 7. Submitting your SRA – After completing the terms and disclosures sections, you will be asked to confirm that you are not a robot, and then you can submit your SRA. TSACG will forward your contribution information to us, and you can print a copy of the SRA for your records. Providing your account(s) is established with your investment provider, no further action is required.

TSA CONSULTING GROUP

ONLINE SALARY REDUCTION AGREEMENT

Welcome to TSACG's Online Salary Reduction Agreement.

START TRANSACTION

Your Salary Reduction Agreement (SRA) request has been received. Your SRA will be processed as soon as administratively possible based on your Employer's payroll processing schedule.

Click here to download your SRA forms.

FINISH

Should you have any questions regarding the process, please contact TSACG's SRA Department at 888.796.3786, option 5.

ADDITIONAL BENEFITS

FRS

The Florida Retirement System (FRS) is Flagler County School District's retirement program. The contact information is:

Toll Free Number: 844-377-1888 Website: www.myfrs.com

FSRBC

School districts join the Florida School Retiree Benefits Consortium (FSRBC) to take advantage of expanded benefit options and lower rates. The FSRBC provides retirees with access to high-quality insurance and benefits, tailored especially for retirees age 65 or older, who have retired from the Florida Public School System. Visit www.myfsrbc.com for more information.

Flagler Schools Retirement Academy

To provide you with an opportunity to learn about planning and investing for your retirement, we offer the Flagler Retirement Academy, an online financial education program. This online curriculum is easy to use and can help you plan for your financial future. Visit flagler.retacademy.com to complete the three courses. Each course will take only 15-20 minute to complete, and includes videos and actions steps which can help you make informed decisions about your financial future.

BMG Loans

The *LoansAtWork* employee emergency loan program is available to benefits-eligible employees of Flagler Schools. Please visit www.LoansAtWork.com - enrolling is easy, fast and confidential. You can receive your loan proceeds in about two business days after approval.

- \$500-\$5,000 loans available to benefits-eligible employees with at least one year on the job
- Repayments over 12,24,36, or 48 payroll deductions (6-29 months, depending upon loan execution date and payroll deduction schedule)
- Fixed annual interest rate 23.99% (see BMG Money materials for details on interest rate)
- Semi-monthly payments as low as \$15
- Automated payroll deductions

ADDITIONAL BENEFITS



The Family Defender

U.S. Legal Services offers a legal benefit that pays your attorney's fees for all covered legal matters. We contract with over 10,000 attorneys across the contiguous U.S., making it easy to utilize an attorney both locally or in the area of your legal matter's jurisdiction. The Family Defender covers you, your spouse, and your dependent children up to age 18 or 23, if enrolled as a full-time student. We make accessing and utilizing our plan easy with no co-pays, no deductibles, and no claims forms for in-network covered services

Covered services include, but are not limited to:

- Consultations
- Wills/Codicils & Estate Planning
- Ch. 7 & 13 Bankruptcy*
- Debt Collection Defense
- Foreclosure Assistance*
- Real Estate (Primary)
- Divorce+*
- Child Support+*
- Child Custody+*
- Domestic Adoption
- Traffic Violations (Moving, Non-criminal)
- Immigration Matters
- DUI (First offense only)
- Juvenile Law
- Consumer Law
- Criminal Law (Excludes Felony)

+ 12-hour limitation, discount thereafter
* Subject to 120-day waiting period

Attorney's fees are paid in full for all covered legal matters when you utilize a Network Attorney. The Family Defender offers a 33.3% discounted rate off attorney's fees for pre-existing and other non-excluded legal matters. Coverage does not include fines, court costs, or other incidentals relating to the legal matter. Out-of-network benefits are available

The Identity Defender

U.S. Legal Services offers an identity benefit that protects you and your family against Identity Theft. With the Identity Defender Plan, your family can fight back against stolen identity and can restore your good credit and your stolen funds. The Identity Defender covers two adults and unlimited dependent children under the age 26 who live in the policyholder's residence. Members are assisted by U.S.-based Restoration Experts available 24/7.

Covered services include, but are not limited to:

- Advanced Fraud Monitoring
- Change of Address Monitoring
- Credit & Debit Card Monitoring
- Dark Web Monitoring**
- Fraud Alert Reminders
- Medical ID Fraud Protection
- Smart SSN Tracker**
- Stolen Funds Reimbursement
- Credit Monitoring
- Full Identity Restoration**
- \$1M Identity Theft Insurance**
- Two-Factor Authentication

**Covered for dependents under ChildWatch. Ensures protection for eligible dependent children.

Certified Protection Experts are available 24/7 and will complete all paperwork and make all calls to ensure your identity is restored. The Identity Defender offers restoration services for pre-existing identity theft matters, however the insurance would not be available. The aggregate \$1M insurance backing is available to each insured member.

Family Defender(Family)
\$10.22 per pay period
Family Defender(Individual)
\$9.22 per pay period



Identity Defender
\$7.07 per pay period
Identity Defender(rider)
\$6.52 per pay period

For more information, visit

www.uslegalservices.net/flaglerschools or call 800-356-LAWS

Once you enroll in coverage, you will receive a certificate describing the exact coverage benefit purchased. This flyer explains the general purposes of the insurance, but in no way changes or affects the insurance afforded under the policy issued. All coverage is to be subject to actual policy conditions and exclusions. Not sponsored or approved by the United States Government or any Department or Agency thereof.