



2023 - 2024

**BENEFITS
ENROLLMENT
GUIDE**



Don't roll the dice when it comes to your health!

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Annual Enrollment 2023 - 2024

➤ July 24th - August 18th

- **WHO...YOU** are a vital part of Volusia County Schools (VCS), and your physical, emotional and financial health are important. That's why VCS offers a comprehensive benefits package to help you meet these needs.
- **WHAT...Annual Enrollment** is the ONE time during the year to add or change benefits for the October 1, 2023 - September 30, 2024, plan year.
 - 💡 **REMEMBER:** You will not be able to make changes to your benefits until the next Annual Enrollment unless you have a Qualifying Life Event.
- **WHERE...primeBENEFITS** is the benefit enrollment platform that we use for all benefit changes, including adding to or stopping current elections.
- **WHEN...July 24th – August 18th ONLY!**
- **HOW...You have four ways to enroll:**
 1. **Self-service enrollment** through primeBENEFITS
 - [CLICK HERE FOR YOUR BENEFIT ENROLLMENT RECORD](#)
 2. **Make an appointment with a Benefits Counselor** and enroll over the phone at a time that's convenient for you. **Click here:** [English](#) **OR** [Spanish](#)
 3. **Call our "Benefits Hotline" call center at 1-800-581-2808** between 9:00 a.m. and 9:00 p.m. and enroll over the phone. *Spanish-speaking enrollers available.*
 4. **Meet face-to-face with a Benefits Counselor** on August 7th or August 9th at a VCS Annual Enrollment meeting.
- **WHY...This year is a "positive" enrollment, meaning enrollment is MANDATORY!**

Benefits Enrollment Guide – Overview of benefit features and costs

- This guide provides an **overview** of the benefit programs offered through VCS for the plan year October 1, 2023 – September 30, 2024. The contents summarize the key features of each plan and associated costs.
- **Complete details are provided in Plan Documents**, policy guidelines and insurance contracts that legally govern each plan. If there is a discrepancy between this guide and official Plan Documents, the Plan Documents will prevail.
- For more plan information, contact the carrier directly or visit our Employee Benefits website.



2023 Volusia County Schools winning 5k team at Jackie Robinson Ballpark, Daytona Beach, FL.
Photo Courtesy of Volusia County School Board Staff

WHAT'S NEW FOR 2023- 2024

- ✓ **Florida Health Care Plans – Triple Option Plan is back!** It will replace the current Point of Service (POS) Plan with no rate increase.
- ✓ **Florida Health Care Premiums –** Payroll deduction rates will stay the same with the exception of the Employee + Children tier. It is now two tiers instead of one: Employee + One Child, and Employee + Two or more children.
- ✓ **Delta Dental is back!**
- ✓ **Disability Coverage – No Evidence of Insurability (EOI) required to enroll...even if you were previously denied coverage!**
- ✓ **Benefits Enrollment Call Center –** One-on-One phone enrollment as well as face-to-face enrollment opportunities.

Annual Enrollment July 24th - August 18th

HOW TO ENROLL – 4 WAYS

➤ Online....Over the Phone....In Person...YOUR CHOICE!



1. Direct, self-service enrollment through primeBENEFITS is the fastest way to enroll. Here are two ways to access primeBENEFITS 24/7 during Annual Enrollment:



A. Visit <https://vcs.primebenefits.io/>

- Click **VCS Single Sign On**
- Click **Enroll Here**
- Follow the prompts to make your benefit selections and submit.
- Print your Confirmation Statement.

OR

B. Access primeBENEFITS through VCS VPortal

- Go to **VCS VPortal**
- Click on **VCS Utilities**
- Click on the **primeBENEFITS** tile
- Click **VCS Single Sign On**
- Click **Enroll Here**
- Follow the prompts to make your benefit selections and submit.
- Print your Confirmation Statement.



Need help enrolling in primeBENEFITS? [Click here](#) for an enrollment tutorial.

2. Make an appointment with a Benefits Counselor and enroll over the phone at a time that's convenient for you.

➔ **Click here to make an appointment:** [English](#) **OR** [Spanish](#)



3. Call our “Benefits Hotline” call center at 1-800-581-2808 between 9:00 a.m. and 9:00 p.m. and enroll over the phone. *Spanish-speaking enrollers available.*

4. Meet **face-to-face** with a Benefits Counselor at one of our VCS Annual Enrollment meetings:

➔ 8/7/23 – The Center at Deltona – 5-7 p.m.

➔ 8/9/23 – Daytona News-Journal Center – 5-7 p.m.



REMEMBER:



✓ *Enrollment is Mandatory* – If you do not go out to primeBENEFITS and enroll, we cannot guarantee coverage for the 2023 -2024 plan year.

✓ *primeBENEFITS is available 24 hours a day seven days a week*

✓ *Plan ahead and do your research.*

- Go to primeBENEFITS now and see your current benefits,
- then call the providers, like FHCP, for additional information,
- decide how you want to enroll, and
- complete your enrollment by August 18, 2023.

Enrollment Eligibility Rules

➤ Whom Do We Cover?



Benefit Eligible Employees

- All full-time instructional employees scheduled to work at least 19.15 hours per week, or at least 3.83 hours per day, are considered benefit eligible.
- All full-time and part-time support and administrative employees scheduled to work at least 20 hours per week are considered benefit eligible.

You must be actively employed on the plan effective date for new benefits to be effective.



Retiree Eligibility

- Retirees, up to age 65, are eligible to participate in our group medical plans offered to our active employees. (Premiums are paid entirely by the Retiree.)
- Retirees, who return to work with VCS, are again eligible for our group plans regardless of age.
- Retirees, who are Medicare eligible (65 years or older), are offered benefits through the Florida School Retiree Benefits Consortium (FSRBC) and are NOT eligible to participate in our group plans offered to our active employees. More information can be found here: www.myfsrbc.com



Benefit Eligible Dependents

- Your legal spouse as defined by Federal law
- Your dependent children, until the end of the year they turn age 26, regardless of marital, financial, or student status including:
 - Your biological children, legally adopted children or stepchildren;
 - Children for whom you have been appointed legal guardian;
 - Children for whom you have been court ordered to provide coverage (QMCSO); and
 - Children of a currently enrolled dependent (e.g., your grandchild) who may be enrolled in the medical plan for 18 months from birth only if born on the plan.
 - Spouses of dependent children are NOT covered.
- Your dependent children, age 26 until the end of the year they turn 30, who meet all of the following criteria:
 - Unmarried with no dependent children of their own;
 - A resident of Florida, or a full-time or part-time student;
 - Not enrolled in any other health coverage; and
 - Not entitled to Medicare.
- Your dependent child with a disability may be covered after age 26 if:
 - They are enrolled in the plan before they turn age 26;
 - They are mentally or physically disabled and incapable of self-sustaining employment;
 - They are chiefly dependent on you for care and financial support; and
 - They are unmarried.

Proof of Dependent Eligibility must be provided within 30 days of enrollment. If not, your dependent(s) will be retroactively terminated.

Dependent Verification



Why do I have to provide documentation for my dependents?

- Volusia County Schools must satisfy state and district audit requirements regarding our group health plan, which includes obtaining proof that all dependents enrolled in our health plan are eligible for coverage based on the plan's eligibility rules.
- Providing appropriate documentation on your part may protect you from penalties associated with **section 831.01, Florida Statutes** and **Subscriber Fraud**.

Examples of who is NOT covered

- ☞ Boyfriends and girlfriends
- ☞ Ex-spouses and ex-stepchildren
- ☞ Dependents for whom you have not provided proof
- ☞ Parents and siblings
- ☞ Unmarried partners

What do I have to provide and how do I do it?

A list of "Verification Documents" is listed here. →

- Please upload your document(s) directly to your primeBENEFITS record or email a copy to insurance@volusia.k12.fl.us **within 30 days** of your enrollment.
- If Proof of Dependent Eligibility is not provided within 30 days of enrollment, your dependent(s) will be retroactively terminated.

Covered Dependent	Verification Documents
Legal Spouse	<ul style="list-style-type: none"> <input type="checkbox"/> Government-issued marriage certificate; or <input type="checkbox"/> Tax Return Transcript of your most recently filed tax return. Please submit ONLY the first page, showing both your names or the last four digits of their Social Security number and tax filing period. All other information should be marked out. You can request a copy of your transcript here: www.irs.gov/individuals/get-transcript
Birth child	<ul style="list-style-type: none"> <input type="checkbox"/> Government-issued birth certificate (birth registration cards not accepted). Please note the document must list the first and last name of the child and parent(s).
Adopted child	<ul style="list-style-type: none"> <input type="checkbox"/> "Birth child" Verification Documents; or adoption certificate naming you or your spouse as the child's parent; and <input type="checkbox"/> If a spouse (not employee) is the adoptive parent, a government-issued marriage certificate is also required.
Stepchild	<ul style="list-style-type: none"> <input type="checkbox"/> "Birth child" Verification Documents; and <input type="checkbox"/> Government-issued marriage certificate
Legal guardianship/custody	<ul style="list-style-type: none"> <input type="checkbox"/> "Birth child" Verification Documents; or <input type="checkbox"/> Court documents naming employee (subscriber) as legal guardian/custodian; and <input type="checkbox"/> If a spouse (not employee) is the guardian/custodian, a government-issued marriage certificate is also required.
Grandchild Birth to age 18 months maximum	<ul style="list-style-type: none"> <input type="checkbox"/> "Birth child" Verification Documents for newborn listing your covered dependent as the birth parent; and <input type="checkbox"/> "Birth child" Verification Documents for your covered dependent who is the birth parent and who is also enrolled in the plan.
Disabled adult child	<ul style="list-style-type: none"> <input type="checkbox"/> "Birth child" Verification Documents; and <input type="checkbox"/> Government-issued Social Security documents deeming the child disabled prior to turning 30 years old; or <input type="checkbox"/> A Tax Return Transcript of your most recently filed federal tax return listing: <ul style="list-style-type: none"> ▪ The child's name and the last four digits of the child's Social Security number; and ▪ The child as your tax dependent.



CHANGING YOUR COVERAGE

Can I make mid-year plan changes?

- ✓ **Yes, under certain circumstances.** You may make changes to your benefit elections if you experience a qualifying life event, also referred to as a family status change. Events like moving to a different state or gaining a new dependent are qualifying events that give you the opportunity to sign up for or change an existing health insurance plan outside of Annual Enrollment.



I have a change in marital status



I'm having a baby or adopting a child



I'm unhappy with my current coverage



I lost my job & the insurance it provided



I didn't pay my premium and lost coverage



Examples of Qualifying Life Events

- 👍 Losing health insurance for any reason except not paying premiums
- 👍 Marriage, divorce, legal separation, or death
- 👍 Having a baby or adoption of a child
- 👍 Moving to a different coverage area (state or county)
- 👍 Student moving to or from school outside coverage area
- ✖ Non-qualifying events include; pregnancy, getting/changing a job, dissatisfaction with plan premiums, out-of-pocket costs, provider network

How do I make the change?

- ? First, ask yourself if the change you are requesting is the result of, and consistent with, the qualifying life event that occurred.
 - For example, if you get married, you can add your spouse to your medical plan, but you would not be able to switch dental plans.
- ✓ If the requested change is consistent with the event, **you have 30 days to notify the Employee Benefits Department of your qualifying event and to submit supporting documentation for the requested change.** Please email insurance@volusia.k12.fl.us to make notification and to receive further information/instructions. (Benefit changes will not be processed without proof of the event.)

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.



Your 2023-2024 Benefits Program Employee Rates

Medical

Florida Health Care Plans	HMO		HMO2		TRIPLE OPTION	
LEVEL OF COVERAGE	Monthly Premium	Employee Cost Per Paycheck	Monthly Premium	Employee Cost Per Paycheck	Monthly Premium	Employee Cost Per Paycheck
Employee Only	\$103.75	\$62.25	\$0.00	\$0.00	\$107.72	\$64.63
Employee + One Child	\$464.87	\$278.92	\$262.38	\$157.43	\$471.02	\$282.61
Employee + Two or more Children	\$705.60	\$423.36	\$455.80	\$273.48	\$713.18	\$427.91
Employee + Spouse	\$705.60	\$423.36	\$455.80	\$273.48	\$713.18	\$427.91
Employee + Family	\$1,106.86	\$664.12	\$778.18	\$466.91	\$1,116.86	\$670.12
*Split Family	\$270.93	\$162.56	\$106.59	\$63.95	\$275.93	\$165.56
VCS Board Contribution	\$565.00		\$565.00		\$565.00	

- * SPLIT-FAMILY MEDICAL PLAN RATES ARE AVAILABLE TO LEGALLY MARRIED COUPLES WHO WORK FOR THE DISTRICT AND RESIDE AT THE SAME PHYSICAL ADDRESS. (Each employee pays the premium listed.)
- * Cost per paycheck calculation = Family Monthly Premium less additional "VCS Board Contribution" X 12 months, divided by 20 checks, divided by 2 employees. The benefit of choosing the split-family plan is each employee gets a VCS Contribution toward one family medical plan.
- * Premiums will be deducted over 20 checks for ALL employees beginning on the first check in September. All "Per Paycheck" rates listed apply to employees who begin on the first day of the contract year and do not miss any scheduled deductions. For those employees who begin after the first day of their contract year or have a break in service, the insurance deduction amounts will be calculated and adjusted to ensure that the correct monthly premiums will be collected for coverage through September 30th.

Dental

Delta Dental	Dental DPPO		Dental DHMO	
LEVEL OF COVERAGE	Monthly Premium	Employee Cost Per Paycheck	Monthly Premium	Employee Cost Per Paycheck
Employee Only	\$24.01	\$14.41	\$13.07	\$7.84
Employee + One	\$44.09	\$26.45	\$22.49	\$13.49
Employee + Family	\$59.46	\$35.68	\$31.86	\$19.12

Your 2023-2024 Benefits Program Employee Rates

Vision

Vision Service Plan	VSP Vision Plan	
LEVEL OF COVERAGE	Monthly Premium	Employee Cost Per Paycheck
Employee Only	\$4.31	\$2.59
Employee + One	N/A	N/A
Employee + Family	\$11.88	\$7.13

Accident

Aetna	Aetna Accident Insurance	
LEVEL OF COVERAGE	Monthly Premium	Employee Cost Per Paycheck
Employee Only	\$4.75	\$2.85
Employee + Spouse	\$9.52	\$5.71
Employee + Child(ren)	\$11.15	\$6.69
Employee + Family	\$13.61	\$8.17

Identity Theft

ID Watchdog	ID Theft Protection	
LEVEL OF COVERAGE	Monthly Premium	Employee Cost Per Paycheck
Employee Only	\$7.50	\$4.50
Employee + One	\$13.50	\$8.10

Hospital Indemnity

Aetna	Aetna Hospital Indemnity Insurance	
LEVEL OF COVERAGE	Monthly Premium	Employee Cost Per Paycheck
Employee Only	\$13.60	\$8.16
Employee + Spouse	\$30.55	\$18.33
Employee + Child(ren)	\$25.87	\$15.52
Employee + Family	\$41.97	\$25.18

Life, Disability, & Critical Illness

Please Note that Supplemental Life and AD&D, Group Whole Life, Disability, & Critical Illness 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 in the primeBENEFITS System.

Your 2023-2024 Medical Plan Options

Every employee has unique needs and experiences that impact their health care needs. As a result, Volusia County Schools is committed to providing access to medical plans that fit your needs both medically & financially.

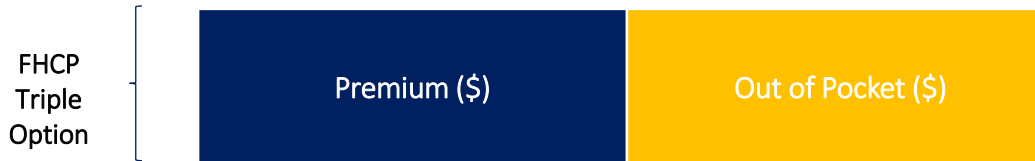
All medical plan options are administered by Florida Health Care Plans.



This plan balances upfront premium & out-of-pocket costs.



This plan allows you to save money upfront but exposes you to higher out-of-pocket costs.

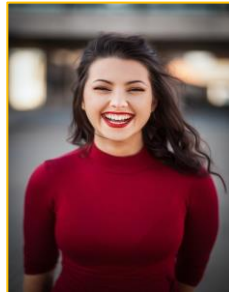


This plan has the highest upfront cost, but it allows more freedom when choosing providers for your healthcare.

Choosing the right type of care

Virtual Visits	\$	Minor conditions <ul style="list-style-type: none"> • Rash • Cold/Flu • Allergies • Fever • Diarrhea • Sore throat
Primary Care Physician	\$	Ongoing care and minor conditions <ul style="list-style-type: none"> • Building a lasting relationship • Monitoring chronic conditions • Treating acute situations • Prescribing medication • Annual wellness exams
FHCP Extended Hours Clinics	\$	Minor conditions <ul style="list-style-type: none"> • Common infections (i.e., ear, bladder, pink eye, strep throat) • Flu shots/immunizations • Minor skin conditions • Pregnancy tests • Allergies • School physicals
Urgent Care	\$\$	Urgent conditions <ul style="list-style-type: none"> • Coughs and sore throat • Minor injuries and burns • Flu and cold • Sprains and strains • Vaccinations
ER	\$\$\$	Life-threatening conditions <ul style="list-style-type: none"> • Broken bones • Allergic reactions • Severe burns • Seizures/loss of consciousness • Serious injuries • Chest pain or difficulty breathing

Your 2023-2024 Medical Plan Comparison.



	Kira Female (25)	Johnson Family Male (40) ; Female (35, 5)	Giles Family Female (38) ; Female (18, 22);
Who are you covering?	Myself Only	Family	Employee + Children
Would you Rather?			
A. Pay less for plan coverage but pay more out of pocket for unexpected medical expenses.	Pay less for plan coverage but pay more out of pocket for unexpected medical expenses.	Pay More for plan coverage but pay less out of pocket for unexpected medical expenses.	Pay More for plan coverage but pay less out of pocket for unexpected medical expenses.
B. Pay More for plan coverage but pay less out of pocket for unexpected medical expenses.			
Will you have any major medical expenses this year such as having a baby or a scheduled surgery?	None that I'm Aware Of	Yes. Planned.	Yes. Planned.
How important is it that you and your family members providers are in the plan you choose?			
A. Very Important	Not at All Important	Not Very Important	Very Important. Additionally, My daughter is starting college in Tennessee in a few months and will need coverage while out of the state.
B. Important			
C. Not Very Important			
D. Not at All Important			
Best Fit:	HMO 2 Option	HMO Option	Triple Option
Reason:	Volusia County Schools pays 100% of the employee only premium for this plan. The plan has a higher deductible & out-of-pocket maximum but allows for copays for In-Network Only Primary Care, Specialist, & Lab/X-ray expenses while covering 100% of expenses for Preventive Care.	Plan has higher upfront premium costs but offers copays for most covered services allowing members to budget medical expenses. Plan requires use of In-Network Only FHCP Doctors and covers 100% of expenses for Preventive Care.	Plan has higher upfront premium costs but offers the freedom to select the providers you want. The plan balances copays & coinsurance for in-network providers while offering coverage when going out of network. This plan also provides access to BCBS National Network when you are outside of Florida.

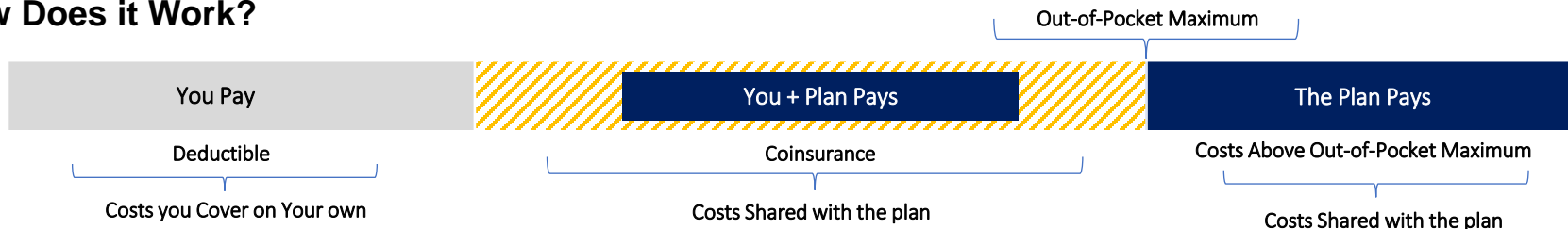
Your 2023-2024 Medical Plan Summary

Below is a brief overview of coverage for each plan offering. For a full list of benefits, refer to the [Schedule of Benefits for Covered Services](#)

	Florida Health Care – HMO (T28)	Florida Health Care – HMO 2 (LT7)	Florida Health Care – Triple Option (LT4)	
	In-Network Only	In-Network Only	In-Network	Out-of-Network
Annual Deductible (Individual/Family)*	\$1,000/\$2,000	\$4,500/\$9,000	Option 1: \$2,000/\$4,000 Option 2: \$3,000/\$6,000	\$4,000/\$8,000
Out-of-Pocket Maximum (Individual/Family)	\$5,000/\$10,000	\$8,700/\$14,700	Option 1: \$5,000/\$10,000 Option 2: \$5,000/\$10,000	\$8,000/\$16,000
Coinsurance	15%	10%	Option 1: 15% Option 2: 30%	40%
Preventive Care	100% covered	100% covered	100% covered	40% after deductible
Primary Care Physician	\$20 copay	\$35 copay	Option 1: \$25 Copay Option 2: \$35 Copay	40% after deductible
Specialist	\$35 copay	\$50 copay	Option 1: \$35 Copay Option 2: \$60 Copay	40% after deductible
Labs/X-rays & Diagnostics	\$0 Copay/\$20 Copay	\$0 Copay/\$50 Copay	Option 1: \$0 Copay /\$25 Copay Option 2: Not Covered/ 30% after deductible	40% after deductible
Advanced Imaging (CT, PET Scans, MRI's)	\$175 Copay	10% after deductible	Option 1: \$350 Copay Option 2: Not Covered	40% after deductible
Inpatient Hospital	Deductible + \$300 Copay/Day (Days 1-5)	10% after deductible	15% after deductible	40% after deductible
Outpatient Surgery	\$500 Copay	10% after deductible	15% after deductible	40% after deductible
Urgent Care	\$75 copay	10% Coinsurance	15% after deductible	In-Network Deductible + 15%
Emergency Room	\$400 copay	10% after deductible	15% after deductible	In-Network Deductible + 15%
FHCP Extended Hours Care Centers	\$8 Copay	\$8 Copay	\$8 Copay	N/A

*Plans include Annual Deductible Rollover (Any qualified expenses that apply towards the deductible in October – December are applied to 2024.) The out-of-pocket max will reset to \$0 on January 1, 2024.

How Does it Work?



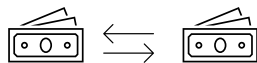
Your 2023-2024 Prescription Plan Summary

Below is a brief overview of Prescription Drug coverage that is included with each Medical Plan. For a full list of benefits, refer to the [Summary of Benefit & Coverage and the Rx Formulary\(s\)](#).

	Florida Health Care – HMO (T28)	Florida Health Care – HMO 2 (LT7)	Florida Health Care – Triple Option (LT4)
	In-Network	In-Network	In-Network
Retail (Up to 31 Day Supply)	FHCP/Walgreens* & Publix (FHCP– Triple Option (LT4) only)		
Preferred Generic		\$3 copay / \$20 copay	
Non-Preferred Generic		\$12 copay / \$20 copay	
Preferred Brand		\$35 copay / \$40 copay	
Non-Preferred Brand		\$60 copay / \$65 copay	
Pre-Approved Specialty Drug Formulary		Preferred: 15% Coinsurance / Non-Preferred: 25% Coinsurance	
Mail Order (Up to 93 days Supply)			
Preferred Generic		\$6 copay	
Non-Preferred Generic		\$33 copay	
Preferred Brand		\$102 copay	
Non-Preferred Brand		\$177 copay	

*For the Triple Option (LT4) Plan, you can visit FHCP pharmacies or any of the Walgreens at anytime. (Copays apply and preventive and specialty drugs are only covered at FHCP) For the HMO (T28 or LT7) plans, you can visit the FHCP pharmacies or the Walgreens that note ***Standard Retail at anytime on the HMO Provider Directory**. Walgreens locations that note ****After hours pharmacy only** can ONLY be used from 6pm to 8am Monday - Friday and all day Saturday, Sunday and holidays.

Cost Savings Tools



Rx Cost Comparison Tools

Use Online Apps like GoodRx & SingleCare to compare prices, search for coupons, discounts, & savings at pharmacies near you.



Pharmacy Discount Programs

Certain Pharmacies (i.e., Target, Walmart) offer Rx Discount programs that allow individuals to purchase certain prescriptions at a discount.

VCS – WELLNESS PROGRAM

Self-Care, Environment, Engagement

Why Wellness Matters

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 Schools has partnered with Florida Health Care Plans to provide a multi-dimensional approach to wellness promoting Self-Care, within a supportive Environment and Engagement through positive social interactions and activities.

The Wellness Program is available to all benefit-eligible employees. For more details, visit the Wellness Program website by clicking here [Wellness Info](#) You can also contact our VCS Wellness Coordinator, Deia’ Goff via email at dcgoff@volusia.k12.fl.us.

Wellness Events

- What a year for Wellness in 2022-23! VCS had a lot of firsts this year...
1. Inaugural Home Run 5k at Jackie Robinson Ballpark
 2. VCS Employee Talent Show
 3. Mental Health Awareness Expo
 4. Pictona Pickleball
 5. One Daytona Victory Circle Wellness Celebration



Preferred Fitness – Gym Access Program

VCS benefit-eligible employees and their covered dependents have free access to an exclusive network of 75+ fitness facilities, gyms and YMCAs throughout Volusia, Flagler, St. Johns, Seminole, and Brevard counties. For a list of the participating facilities click here. [➡ Gym List](#)

WW Reduced Rates

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

Member Portal

You can sign up for wellness challenges, access member benefits and complete an online lifestyle assessment by clicking here. www.fhcp.com/member-login/



Attention! VCSB Members

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!

Save Time & Money! \$8 Copays

**SOME REASONS TO VISIT
EXTENDED HOURS CARE CENTERS**



vs.



**SOME REASONS TO VISIT
THE EMERGENCY DEPARTMENT**

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

- Any life-threatening emergency
- Any severe illness or injury
- Unresponsiveness
- Chest pain
- Weakness on one side
- Inability to speak
- Spine or head injury
- Mental status change
- Difficulty breathing
- Uncontrolled bleeding
- Poisoning

LOCAL EXTENDED HOURS CARE CENTER LOCATIONS:

Edgewater 239 N. Ridgewood Avenue 386-427-4868 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	DeLand 937 N. Spring Garden Ave. 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	Port Orange 740 Dunlawton Avenue 386-763-1000 Open Monday - Friday 7 AM – 7 PM (Closed Saturday)
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To schedule a same-day appointment call 386-676-7198

For More Information regarding additional Extended Hours Care Center Locations in Volusia, Flagler, St. Johns, Brevard, & Seminole County please click here: [Extended Hours Care Centers Search](#)

** 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.

Your 2023-2024 Flexible Spending Accounts (FSAs) Summary

Volusia County Schools offers a Healthcare FSA and a Dependent 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.

Plan	Annual Maximum Contribution	Example of Covered Expenses
Healthcare FSA	\$3,050	Copays, deductibles, prescriptions, dental and vision care, etc.*
Dependent Care FSA	Up to \$5,000 (\$2,500 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.

How FSAs Work



Decide how much to set aside for healthcare & dependent care expenses



Pre-Tax contributions are deducted per pay period



Eligible expenses are paid using FSA debit card or submitted for reimbursement

- 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.**
- **This account is "use-it-or-lose-it."** Any unused funds in excess of the FSA Maximum roll-over limit will be forfeited. The FSA maximum annual roll-over limit is \$610.
- Please note that benefits end on the date of termination. Terminated participants have until the end of the plan year run-out period to submit claims incurred during their eligibility period until their termination date.

Your 2023-2024 Dental Plan Summary

Volusia County School employees are offered a choice between two Delta Dental plans, a Delta Dental PPO & Delta Care USA (DHMO)* Plan. The Delta Dental PPO offers the convenience and flexibility of visiting any licensed dentist, anywhere. Covered services are paid based on a percentage — if, for example, fillings are covered at 80%, you pay the remaining 20%. Under the Delta Care USA plan, you'll have your choice of skilled primary care dentists from the DeltaCare USA network. Select a primary care dentist, who will then coordinate any needed referrals to a specialist. Covered services provided by your DeltaCare USA dentist have preset copayments (dollar amounts), which are listed in your plan booklet. There are no maximums or deductibles.

*Delta Care USA (DHMO) is limited to certain states (FL, CO, NY and OH)



	Delta Dental PPO			DeltaCare USA
COVERAGE	Delta Dental PPO	Delta Dental Premier	Out-of-Network	
Deductible – Calendar Year	\$50 per person / \$150 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 100% of Premier Fee Schedule	Plan pays 100% of DPPO 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 Premier Fee Schedule	Plan pays 80% of DPPO Fee Schedule	See schedule of benefits for copayment amounts
Major Services Crowns, Bridgework, Dentures, Implants	Plan pays 50% of DPPO Fee Schedule	Plan pays 50% of Premier Fee Schedule	Plan pays 50% of DPPO 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 Premier Fee Schedule	Plan pays 50% of DPPO Fee Schedule	See schedule of benefits for copayment amounts

Your 2023-2024 Dental Plan Summary

	Delta Dental PPO	DeltaCare USA
Can I go to any dentist?	You can visit any licensed dentist to receive coverage, but you'll save the most at an in-network dentist.	You must select a DeltaCare USA primary care dentist and visit this dentist to receive benefits.
What procedures are covered?	Your plan covers a wide range of services, with no exclusions for most pre-existing conditions. Preventive care, like routine cleanings and exams, is offered at low or no cost.	Your plan covers over 300 procedures, with no exclusions for most pre-existing conditions. Preventive care, like routine cleanings and exams, has low or no copayments.
Are there deductibles and maximums?	Yes, most plans have an annual deductible and maximum.	No, there are no annual deductibles or maximums.
Am I covered for treatment I began under a different employer-sponsored dental plan?	Coverage is provided only for treatment started and completed after your effective date. Orthodontic treatment may be an exception to this rule.	Coverage is provided only for treatment started and completed after your effective date. Orthodontic treatment may be an exception to this rule.
What if I started orthodontic treatment under my previous dental plan?	Typically, Delta Dental pays the remaining benefit not paid by your prior dental plan.	You are responsible for the copayments and fees subject to the provisions of your prior dental plan. Delta Dental will take over the orthodontic treatment in progress, but an orthodontic takeover form is required within 30 days of eligibility.
What happens if I need to see a specialist?	You do not need a referral from your dentist.	Contact your DeltaCare USA primary care dentist to coordinate your referral.
What is my out-of-area coverage?	You can visit any licensed dentist.	You have a limited benefit to go out of network for emergency care.
How do I change my dentist?	You can change your dentist at any time without contacting us.	You can change your selected or assigned primary care dentist online or by telephone.
Do I need to fill out claims?	If you visit a Delta Dental dentist, the dental office will file the claim for you. If you go to a non-Delta Dental dentist, you may have to submit the claim yourself.	There are generally no claim forms under your plan.

Finding a Delta Dental In Network Dentist



Go to deltadentalins.com/find-a-dentist.



Select your network(s), and optionally add a keyword to filter your search by dentist or specialty.

Tap on Find a Dentist.



Browse the results. Click [Refine search](#) to filter by categories such as specialty, network and language.

Need More Info?

For More Details, Please Visit [The VCS Delta Dental Site](#)

Digital ID Card?

[Register for an online account here](#)

Your 2023-2024 Vision Plan Summary



What is Vision Insurance? Vision Insurance provides coverage and savings on the cost of annual eye exam, prescription eyewear and lenses, contact lenses, and other eye-related services.

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.

Make Using your benefit easier by creating an online account:



View your benefits

Once Logged in, see your benefits, view your claim history, print an ID card, and more in your personalized dashboard.

Find an in-network doctor

Find a Premier Program location near you on vsp.com to maximize your vision coverage & savings.

It's Easy to Create an Account:

1. Visit **VSP.Com**
2. Click on **Create an Account** at the top-right corner of the site.
3. Fill in all of the required fields to create your account
4. Click on **Create an Account** to submit the form. You will receive a confirmation email.

Not Online? Member Services can help create an account. Call **800-877-7195**.



VSP Vision Care App

Scan the QR Code below to download the VSP Vision Care App from the Apple App or Google Play Stores. Get instant access to your benefit coverage, member ID care, Exclusive Member Extras, and more

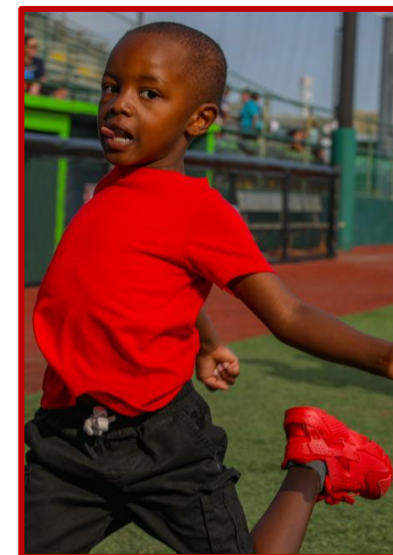


Your 2023-2024 Vision Plan Summary


BENEFIT	DESCRIPTION	COPAY	FREQUENCY
Your Coverage with a VSP Provider			
WELLVISION EXAM	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness 	\$10	Every plan year*
ESSENTIAL MEDICAL EYE CARE	<ul style="list-style-type: none"> Retinal screening for members with diabetes Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. Coordination with your medical coverage may apply. Ask your VSP doctor for details. 	\$0 per screening \$20 per exam	Available as needed
PRESCRIPTION GLASSES		\$15	
FRAME*	<ul style="list-style-type: none"> \$170 featured frame brands allowance \$150 frame allowance 20% savings on the amount over your allowance \$150 Walmart*/Sam's Club* frame allowance 	Included in Prescription Glasses	Every other plan year
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children 	Included in Prescription Glasses	Every plan year
LENS ENHANCEMENTS	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 20-25% on other lens enhancements 	\$0 \$95 - \$105 \$150 - \$175	Every plan year
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> \$130 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) 	Up to \$20	Every plan year
EXTRA SAVINGS	Glasses and Sunglasses <ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details. 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam. 		
	Routine Retinal Screening <ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam 		
	Laser Vision Correction <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities 		
YOUR MONTHLY CONTRIBUTION	\$4.31 Member only \$11.88 Member + family		

YOUR COVERAGE GOES FURTHER IN-NETWORK


With so many in-network choices, VSP makes it easy to get the most out of your benefits. You'll have access to preferred private practice, retail, and online in-network choices. Log in to vsp.com to find an in-network provider.



Contact us:



800.877.7195



www.vsp.com

Your 2023-2024 Life and AD&D Plan Summary

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 Life and AD&D

Volusia County Schools provides eligible employees (1) times salary up to a maximum of \$350,000 of Basic Life and AD&D insurance with The Standard. **Coverage is provided at no cost to you.** You may also purchase Voluntary Life and AD&D coverage as a complement to the company-paid benefit.

Supplemental Life and AD&D



Supplemental Term Life and AD&D Summary of Insurance	
Guaranteed Issue	Lesser of 3x Salary or \$300,000
Maximum Benefit Amount	Five (5) Times Salary up to \$500,000
Increments of...	Multiples of Salary (1, 2, 3, 4, or 5 Times)
Spouse Coverage	
Spouse Guarantee Issue	\$50,000
Minimum Benefit Amount	\$5,000
Maximum Benefit Amount	\$500,000 (Cannot Exceed 100% of Employee Amount)
Increments of...	\$5,000
Child(ren) Coverage	
Birth – Age 30	
Flat Amount...	\$10,000

Plan Features

- Evidence of Insurability (EOI) 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.
- 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 coverages provided by The Standard, please visit <https://www.standard.com/employee-benefits/volusia-county-schools>

Your 2023-2024 Group Whole Life Coverage Details

Permanent Whole Life Insurance offered by Allstate Benefits 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 (health questions may be asked).¹



Family Coverage:
Coverage for spouse and children is available through a separate certificate or rider.²



Portable Coverage:
You can take your policy with you if you leave VCS or retire.



Coverage for Your Needs:
You can purchase the precise amount of coverage that is right for your needs.



Policy Builds Cash Value:
This policy builds cash value, which you can eventually use to buy a paid-in-full policy with no more premiums due or take out a loan against the cash value on the policy.

What’s the Difference?

BASIC TERM LIFE	SUPPLEMENTAL TERM LIFE	PERMANENT LIFE
<ul style="list-style-type: none"> Premiums are Company Paid Replaces your income so your family can cover things like mortgage, tuition, and household expenses Coverage ends when you leave the company 	<ul style="list-style-type: none"> Premiums may increase at the end of the term Replaces your income so your family can cover things like mortgage, tuition, and household expenses You may have the option to change to an individual policy that you can continue 	<ul style="list-style-type: none"> Premiums do not change Pays for final expenses (i.e., funeral costs & credit card debt) You can continue this policy if you leave the company

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.

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.

Your 2023-2024 Disability Plans Summary

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/employee-benefits/volusia-county-schools> for additional information and tools.

Short-Term Disability

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

Long-Term Disability

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	To Age 67
	62	60 months
	63	48 months
	64	42 months
	65	36 months
	66	30 months
67	24 months	
68	18 months	
69 and over	12 months	

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

Evidence of Insurability (EOI) is required after Annual Enrollment 2023 if you are not a New Hire and electing coverage for the first time. For More Details about EOI and all Standard coverages, please visit <https://www.standard.com/employee-benefits/volusia-county-schools>

Your 2023-2024 Hospital Indemnity Plan Summary

If you are admitted into a hospital, it doesn't take long for the out-of-pocket costs to pile up. Hospital Indemnity Insurance from Aetna 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. For more details, please visit [Aetna for Volusia County Schools](#).

Covered Benefit	Benefit Amount	Limitations
Hospital Stay - Admission	\$1,000	<i>No Maximum stays per plan year. 30 days between stays.</i>
Hospital Stay - Daily	\$200	<i>Maximum 30 days per plan year</i>
New Hospital Stay (ICU) Daily	\$400	<i>Maximum 30 days per plan year</i>
Newborn Routine Care	\$100	<i>Benefit not offered for an outpatient birth</i>
Observation Unit	\$100	<i>Maximum 1 day per plan year</i>
Substance Abuse Stay- Daily	\$100	<i>Maximum 30 days per plan year</i>
Mental Disorder Stay - Daily	\$100	<i>Maximum 30 days per plan year</i>
Rehab Unit Stay - Daily	\$100	<i>Maximum 30 days per plan year</i>



How the Plan Works?



Unexpected event causes you to have to go the hospital

You are admitted into the hospital and have to stay at least two days

Submit your hospital claim to Aetna

Aetna pays benefits directly to the member

Your 2023-2024 Accident Plan Summary

You can't always plan for accidents, but you can be better prepared financially with Accident Insurance. With Accident Insurance from Aetna, 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.

Aetna 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, please visit [Aetna for Volusia County Schools](#).

How the Plan Works?

Kathy's daughter, Molly, was riding her bike to school. On her way there she fell to the ground, was knocked unconscious, and was taken to the local emergency room (ER) by ambulance for treatment. The ER doctor diagnosed a concussion and a broken tooth. He ordered a CT Scan.



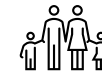
Molly was released to her pediatrician for follow up and the dentist fixed the broken tooth. The estimated costs for these services could reach hundreds of dollars for copays & deductibles.

Covered Benefit	Benefit Amount
Ambulance (Ground)	\$300
Emergency Care	\$200
Physician Follow up	\$100
Medical Imaging	\$150
Concussion	\$300
Broken Tooth (repaired by crown)	\$225
Benefits paid by Aetna	\$1,275

Plan Features



Guaranteed Acceptance:
No physical exams are required to apply for coverage or health questions may be asked.



Family Coverage:
Coverage for spouse and children is available through a separate certificate or rider.



Portable Coverage:
You can take your policy with you if you leave VCS or retire.



No Age Reduction:
Benefits do not reduce due to age



Organized Sports Activity Injury Rider:
Increases the amount paid for some injuries by 25%



Health Screening Benefit: \$75 Benefit paid once per year for qualified visit

Your 2023-2024 Critical Illness Plan Summary

Critical Illness Insurance from Securian Financial 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.



Plan Features



Multiple Options:
 Different Face Amounts
 Low (\$10,000)
 Medium (\$20,000)
 High (\$30,000)



No Health Questions or Exclusions for Pre-Existing conditions



Lump Sum Benefits paid directly to you, the member, to use how you want.



Health Screening Benefit: \$50 Benefit for 32+ different annual wellness screenings including an annual physical exam



Family Coverage: Coverage for spouse and children is available at 50% of the employee amount.



Portable Coverage: You can take your policy with you if you leave VCS or retire.

Covered Illnesses Include

- Full benefit cancer
- Heart attack
- Stroke
- Major organ failure
- Kidney failure
- Partial benefit cancer
- Coronary artery disease needing surgery
- Alzheimer's disease
- Benign brain tumor
- Blindness
- Coma
- Loss of hearing
- Loss of speech
- Multiple sclerosis
- Occupational HIV
- Parkinson's disease
- Paralysis
- Severe burns
- Muscular dystrophy



Your 2023-2024 ID Watchdog Platinum Plus Plan

Identity theft can affect anyone—from infants to seniors. Each generation has habits that savvy criminals know how to exploit—resulting in over \$43 billion lost to identity fraud in the U.S. in 2022. Take action with award-winning ID Watchdog identity theft protection.

Greater Peace of Mind

With ID Watchdog as an employee benefit, you have a more convenient and affordable way to help better protect and monitor your identity. You'll be alerted to potentially suspicious activity and enjoy greater peace of mind knowing you don't have to face identity theft alone.

Why Choose ID Watchdog?

Advanced Identity Theft Detection

We scour billions of data points—public records, transaction records, social media and more—to search for signs of potential identity theft.

Greater Protection & Control

We've got you covered with lock features for added control over your credit report(s) to help keep identity thieves from opening new accounts in your name.

Dedicated Identity Resolution Specialists

If you become a victim, you don't have to face it alone. One of our certified resolution specialists will personally manage the case for you until your identity is restored.

Extended Family Coverage

Our family plan helps you better protect your loved ones with personalized accounts for adult family members, family alert sharing, and exclusive features for children.



Control & Manage

- Credit Report Lock | Multi-Bureau
- Blocked Inquiry Alerts | 1 Bureau
- Subprime Loan Block Financial Accounts Monitoring
- Social Accounts Monitoring
- **Personal VPN and Password Manager**
Up to 6 devices at the same time

- **Device Security (Antivirus Software)**
Up to 5 devices (10 with Family Plan)
- Personal Data Scans & Removal
- Registered Sex Offender Reporting
- Customizable Alert Options
- National Provider ID Alerts
- Integrated Fraud Alerts



Monitor & Detect

- Credit Report Monitoring | 3 Bureau
- Telecom & Utility Alerts | 1 Bureau
- Phishing & Malware Alerts
- Dark Web Monitoring
- Data Breach Notifications
- High-Risk Transactions Monitoring
- Subprime Loan Monitoring

- Public Records Monitoring
- USPS Change of Address Monitoring
- Credit Reports | 1 Bureau Daily & 3 Bureau Annually
- VantageScore Credit Scores | 1 Bureau Daily & 3 Bureau Annually
- Credit Score Tracker | 1 Bureau



Support & Restore

- Personalized Identity Restoration
- Online Resolution Tracker
- Up to \$2M Identity Theft Insurance
 - Home Title Fraud
 - Cyber Extortion
 - Professional Identity Fraud
 - Deceased Family Member Fraud
 - Up to \$1M Stolen Funds Reimbursement

- Lost Wallet Vault & Assistance
- Deceased Family Member Fraud Remediation (Family Plan only)
- Credit Freeze Assistance
- Solicitation Reduction

Our U.S.-based, customer care team is here for you 24/7/365 at 866.513.1518. Learn more about this valuable benefit at [IDWatchdog/Volusia](https://www.IDWatchdog.com/Volusia)



Your 2023-2024 Employee Assistance Plan (EAP)



To access services:

1-800-272-7252 / resourcesforliving.com

Username: VCS / Password: VCS

Emotional wellbeing support

You can access up to 6 counseling sessions per issue each year. You can also call us 24 hours a day for in-the-moment emotional well-being support. Counseling sessions are available face to face, online with televideo or by phone. Services are free and confidential. We're always here to help with a wide range of issues including:

- Relationship support
- Stress management
- Worklife balance
- Family issues
- Grief and loss
- Depression/Anxiety
- Self-esteem and personal development
- Substance misuse and more

Online services

Your member website offers a full range of tools and resources to help with emotional wellbeing, work/life balance and more. You'll find:

- Articles and self-assessments
- Stress resource center
- Adult and child-care provider search tool
- Find a counselor tool
- Live and on demand webinars
- Mobile app

Be sure to download our mobile app from your device's app store. Simply search "Resources For Living" to install it for free.

Discount Center

Find deals on brand name products and services including electronics, gifts and flowers, travel and fitness.

Other services

Talkspace — Send secure texts to your counselor, who will respond within one working day. A week of texting counts as one session. You can also schedule to meet online for 30-minute televideo sessions (each session counts as one visit).

Eligibility

Resources For Living is an employer-sponsored program, available for free to you and all household members. That includes dependent children up to age 26, whether or not they live at home.

Services are confidential and available 24 hours a day, 7 days a week.

Legal services

You can get a free 30-minute consultation with a participating attorney for each new legal topic related to:

- Family
- Criminal law
- Divorce
- Elder law and estate planning
- Real estate
- Mediation
- Wills and other document Prep

If you opt for services beyond the initial consultation, you can get a 25% discount. You also have free access to legal documents and forms on your member website.

Financial services

Call us for a free 30-minute consultation for each new financial topic related to:

- Budgeting and planning
- Credit and debt
- Retirement
- College
- Mortgages and refinancing
- Taxes, IRS questions (and 25% off tax preparation)

Services must be for financial matters related to the employee and eligible household members. You also have access to financial articles, calculators and a financial assessment on your member website.

Your 2023-2024 Additional Benefits

Split-Family Medical Coverage For Two VCS Employees



Volusia County Schools (VCS) offers Split-Family Medical Coverage to legally married couples who:

- reside at the same physical address,
- are both active employees of VCS,
- are both eligible for benefits, and
- are on the same medical plan.

The benefit of choosing the Split-Family Medical Plan is that each employee gets a VCS Contribution toward one family medical plan.



Please note the following when electing Split-Family coverage:

1. This benefit only applies to the FHCP **medical** coverage.
2. When electing **dental and vision** coverage, look at the premiums to see if it's better to sign up under "Family" coverage, or for one employee to choose "Single" and the other to enroll in "Employee +1."
3. For **life insurance**, spouses may not cover each other by electing "Spouse Supplemental Coverage," nor can they cover the same children. In this instance, one employee should elect "Child Supplemental Coverage."

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. This coverage is **not** administered by Volusia County Schools. For more information, click here: [FL DOE Liability Insurance Page](#)

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

Contact Information

Benefit	Carrier	Phone #	Website
Medical & Prescription	Florida Health Care Plans	1-877-615-4022	www.fhcp.com
Wellness Program	Volusia County Schools Deia Goff, Wellness Coordinator	1-386-734-7190 Ext. 20302	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
Accident & Hospital Indemnity	Aetna	1-800-607-3366	www.myaetnasupplemental.com
Critical Illness	Securian	1-800-638-5433	www.securian.com
Dental Plan	Delta Dental	1-800-521-2651	www.deltadentalins.com
Vision Plan	VSP	1-800-877-7195	www.vsp.com
Flexible Spending Accounts (FSAs)	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 Life Insurance	Allstate Benefits	1-800-366-3495	www.allstatebenefits.com
Short-Term & Long-Term Disability	The Standard Insurance Company	1-800-368-2859 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 (EAP)	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	FL DOE Liability Insurance Page
Retirement Plans	Florida Retirement System	1-866-446-9377	myFRS.com

Important Notices

10/01/2023

The School Board of Volusia County

Mailing Address 200 N Clara Ave
DeLand, FL 32720

Contact Name Volusia County Schools

Contact Title Employee Benefits

Contact Email: insurance@volusia.k12.fl.us

Contact Phone: (386) 734-7190

Your Medicare Part D Notice is the first section of this packet. Some other key notices include CHIPRA, HIPAA Privacy, and Notice of Coverage Options (Marketplace Notice). If you have any questions, please reach out to the contact listed above.



Important Notice from The School Board of Volusia County About Your Prescription Drug Coverage and Medicare, Creditable Coverage, Florida Health Care Plans

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

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

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

When Can You Join A Medicare Drug Plan?

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

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

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

If you decide to join a Medicare drug plan, your current coverage will not be affected. You can keep this coverage if you elect part D and this plan will coordinate with Part D coverage. The Volusia County Schools health plan will determine and pay benefits first, before Medicare Part D, then Medicare Part D will determine benefit based on any remaining balance.

If you do decide to join a Medicare drug plan and drop your current coverage, be aware that you and your dependents will be able to get this coverage back at the next annual enrollment opportunity or qualified life event.

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

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

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

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

More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You’ll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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

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

Or contact the person listed below.

NOTE: You’ll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through **The School Board of Volusia County** changes. You also may request a copy of this notice at any time.

Effective Date: 10/01/2023

Employer Name: The School Board of Volusia County

Contact Name/Title: Volusia County Schools Employee Benefits

Address: 200 N Clara Ave
DeLand, FL 32720

Phone: (386) 734-7190

Email: insurance@volusia.k12.fl.us

Notice of Special Enrollment Rights

This notice is being provided to help you understand your right to apply for group health coverage. You should read this notice even if you plan to waive health coverage at this time.

Loss of Other Coverage

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

Marriage, Birth or Adoption

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. However, you must request enrollment within 30 days after the marriage, birth, or placement for adoption.

Medicaid or CHIP

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.

To request special enrollment or obtain more information, please contact the plan administrator (see cover page for contact information).

Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under federal law restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother of 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 issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours if applicable).

Genetic Information Nondiscrimination Act (GINA)

The Genetic Information Nondiscrimination Act of 2008 protects employees against discrimination based on their genetic information. Unless otherwise permitted, your employer may not request or require any genetic information from you or your family members.

GINA prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law.

To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic Information" as defined by GINA, includes an individual's family medical history, the results of genetic tests, the fact that a member sought or received

genetic services, and genetic information of a fetus carried by a member or an embryo lawfully held by a member receive assistive reproductive services.

Mental Health Parity & Addiction Act

The Mental Health Parity and Addiction Act of 2008 generally requires group health plans and health insurance issuers to ensure that financial requirements (such as co-pays and deductibles) and treatment limitations (such as annual visit limits) applicable to mental health or substance use disorder benefits are no more restrictive than the predominant requirements or limitations applied to substantially all medical/surgical benefits. For more information regarding the criteria for medical necessity determinations made under your employer's plan with respect to mental health or substance use disorder benefits, please contact your plan administrator at (see cover page for contact information).

Women's Health and Cancer Rights Act

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). The Women's Health and Cancer Rights Act requires group health plans and their insurance companies and HMOs to provide certain benefits for mastectomy patients who elect breast reconstruction. 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.

Breast reconstruction benefits are subject to deductibles and co-insurance limitations that are consistent with those established for other benefits under the plan. If you would like more information on WHCRA benefits, contact your plan administrator (see cover page for contact information).

Michelle's Law

When a dependent child loses student status for purposes of the group health plan coverage as a result of a medically necessary leave of absence from a post-secondary educational institution, the group health plan will continue to provide coverage during the leave of absence for up to one year, or until coverage would otherwise terminate under the group health plan, whichever is earlier.

For additional information, contact your plan administrator (see cover page for contact information).

Patient Protections

Florida Health Care Plans HMO Plans generally requires 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, Florida Health Care Plans designates one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the plan administrator (see cover page for contact information).

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

You do not need prior authorization from Florida Health Care plans 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 (see cover page for contact information).

Uniformed Services Employment and Re-Employment Rights Act of 1994 (USERRA)

The Uniformed and Services Employment and Re-Employment rights Act of 1994 (USERRA) sets requirements for continuation of health coverage and re-employment in regard to an Employee's military leave of absence. These requirements apply to medical and dental coverage for you and your Dependents. They do not apply to any Life, Short Term or Long-Term Disability or Accidental Death & Dismemberment coverage you may have. A full explanation of USERRA and your rights is beyond the scope of this document. If you want to know more, please see the Summary Plan Description (SPD) for any of our group insurance coverage or go to this site: <http://www.dol.gov/vets/programs/userra/main.htm>

An alternative source is VETS. You can contact them at 1-866-4-USA-DOL or visit this site: <http://www.dol.gov/vets>
An interactive online USERRA Advisor can be viewed at <http://www.dol.gov/elaws/userra.htm>



New Health Insurance Marketplace Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 6-30-2023)

Part A: General Information

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

What is the Health Insurance Marketplace?

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

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

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

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

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

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

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Volusia County Schools Employee Benefits at (386) 734-7190.

¹The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

PART B: Information About Health Coverage Offered by Your Employer

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

3. Employer Name The School Board of Volusia County		4. Employer Identification Number (EIN)X 59-600884	
5. Employer address 200 N Clara Ave		6. Employer phone number (386) 734-7190	
7. City DeLand	8. State FL	9. Zip Code 32720	
10. Who can we contact about health coverage at this job? Volusia County Schools Employee Benefits			
11. Phone number (if different from above)		12. Email address insurance@volusia.k12.fl.us	

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

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

All Employees. Eligible employees are: All full-time instructional employees scheduled to work over 18.75 hours per week, or greater than 3.75 hours per day, are considered benefit eligible. All full-time and part-time support and administrative employees scheduled to work at least 20 hours per week are considered benefit eligible.

Some Employees

· With respect to dependents:

We do offer coverage. Eligible dependents are: [your legal spouse as defined by law, your dependent children, until the end of the year they turn 26, Dependent children with a disability over the age 26, and dependent children over 26, but under 30 who meet specific criteria.

We do not offer coverage.

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

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

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

Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

Effective Date: 10/01/2023

Privacy Officer: Stephanie Workman
Title: Director, HR, Payroll, & Employee Benefits
Email: saworkma@volusia.k12.fl.us
Phone: (386) 734-7190

Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say “no” if it would affect your care.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date

you ask, who we shared it with, and why.

- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have

a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation
- *If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*
- In these cases we *never* share your information unless you give us written permission:
- Marketing purposes
- Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Help manage the health care treatment you receive

- We can use your health information and share it with professionals who are treating you.
- *Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.*

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide

whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

- *Example: We use health information about you to develop better services for you.*

Pay for your health services

- We can use and disclose your health information as we pay for your health services.
- *Example: We share information about you with your dental plan to coordinate payment for your dental work.*

Administer your plan

- We may disclose your health information to your health plan sponsor for plan administration.
- *Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.*
- How else can we use or share your health information?
- We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

- We can share health information about you for certain situations

such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

- We can use or share your information for health research.

Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

- We can use or share health information about you:
- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national

security, and presidential protective services

Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.
- For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

- We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.

Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2023. Contact your State for more information on eligibility –

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: 916-445-8322 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: 1-800-221-3943/ State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ 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
<p>GA 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-partyliability/childrens-health-insurance-program-reauthorizationact-2009-chipra Phone: (678) 564-1162, Press 2</p>	<p>Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US 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</p>
INDIANA – Medicaid	MASSACHUSETTS – Medicaid and CHIP
<p>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</p>	<p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: (617) 886-8102</p>
IOWA—Medicaid and CHIP (Hawki)	MINNESOTA – Medicaid
<p>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/medicaida-to-z/hipp HIPP Phone: 1-888-346-9562</p>	<p>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</p>
KANSAS – Medicaid	MISSOURI – Medicaid
<p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-766-9012</p>	<p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>
KENTUCKY – Medicaid	MONTANA – Medicaid
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPPPROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov</p>	<p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPProgram@mt.gov</p>
LOUISIANA – Medicaid	NEBRASKA – Medicaid
<p>Website: www.medicicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>	<p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>

<p align="center">NEVADA – Medicaid</p> <p>Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900</p>	<p align="center">SOUTH CAROLINA – Medicaid</p> <p>Website: https://www.scdhhs.gov Phone: 1-888-549-0820</p>
<p align="center">NEW HAMPSHIRE – Medicaid</p> <p>Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218</p>	<p align="center">SOUTH DAKOTA - Medicaid</p> <p>Website: http://dss.sd.gov Phone: 1-888-828-0059</p>
<p align="center">NEW JERSEY – Medicaid and CHIP</p> <p>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</p>	<p align="center">TEXAS – Medicaid</p> <p>Website: http://gethiptexas.com/ Phone: 1-800-440-0493</p>
<p align="center">NEW YORK – Medicaid</p> <p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>	<p align="center">UTAH – Medicaid and CHIP</p> <p>Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669</p>
<p align="center">NORTH CAROLINA – Medicaid</p> <p>Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100</p>	<p align="center">VERMONT– Medicaid</p> <p>Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427</p>
<p align="center">NORTH DAKOTA – Medicaid</p> <p>Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825</p>	<p align="center">VIRGINIA – Medicaid and CHIP</p> <p>Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid/CHIP Phone: 1-800-432-5924</p>
<p align="center">OKLAHOMA – Medicaid and CHIP</p> <p>Website: http://www.insureoklahoma.org Phone: 1-888-365-3742</p>	<p align="center">WASHINGTON – Medicaid</p> <p>Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022</p>
<p align="center">OREGON – Medicaid</p> <p>Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075</p>	<p align="center">WEST VIRGINIA – Medicaid and CHIP</p> <p>Website: https://dhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)</p>
<p align="center">PENNSYLVANIA – Medicaid</p> <p>Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP)(pa.gov) CHIP Phone: 1-800-986-KIDS (5437)</p>	<p align="center">WISCONSIN – Medicaid and CHIP</p> <p>Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002</p>

RHODE ISLAND – Medicaid and CHIP	WYOMING – Medicaid
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte 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:

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

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

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According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)