





Flagler Schools is dedicated to being the premier learning organization in the nation, by helping our students every day in every way. It's a powerful ambition, but as a courageous, forward-thinking leader in education, we are confident we can achieve this goal—and we know the key to doing so is by having an elite, high-performing team of employees working with us. That's why Flagler Schools provides you with a comprehensive, robust benefits package to give you the health, wealth, and lifestyle coverages you need to protect you and your families while you are achieving the best for our students.



Featured On Cover:

Denise Notaras



Guiding Principles

- Children First
- Trust and Respect for All
- Empower Others
- Teamwork

- Excellence, Quality, and Consistency
- Commitment to Individual Needs
- Get to "Yes"



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Terms To Know

Annual Out-Of-Pocket Maximum	The annual Out-of-Pocket Maximum is the maximum amount you will generally be required to pay during the plan year after the deductible and any applicable coinsurance or copayment amounts. Premium payments are not included. Once you reach the out-of-pocket maximum, the plan will begin paying for covered expenses at 100%.
Coinsurance	Coinsurance is the percentage paid by the insurer and the percentage paid by you after you have met the deductible.
Copayment	A copayment is a pre-determined amount you must pay out-of-pocket when seeing a service provider. It is paid directly to the provider and is due at the time services are rendered.
Deductible	A deductible is a pre-determined amount that is paid by you before the insurer begins to pay.
Flexible Spending Account (FSA)	This account can offset your out-of-pocket medical and child care expenses, as well as pay for your monthly health care insurance premiums.
Health Savings Account (HSA)	This is a tax-advantaged medical savings account available to taxpayers in the United States who are enrolled in a high-deductible (or consumer-driven) health plan (HDHP or CDHP).
In-Network	This refers to a group of doctors, hospitals, and other providers contracted to provide services to covered individuals for less than their usual fees. If a health plan uses a preferred provider network (PPO), covered individuals typically pay less for using an in-network provider.
Out-of-Network	This describes a provider or health care facility that is not part of a health plan's network. Covered individuals usually pay more when using out-of-network providers.
Precertification	Certain services, such as hospitalization or outpatient surgery, may require prior authorization with your insurer to verify coverage for those services. When required, your participating physician must obtain a precertification for you prior to your treatment.
Premium	The amount that must be paid for your health insurance or plan. You and/or your employer usually pay it weekly.
Preventive Care	Consists of measures taken for disease prevention as opposed to disease treatment.
Primary Care Physician	A physician who is usually the first health professional to examine a patient and who recommends secondary care physicians, medical, or surgical specialists with expertise in the patient's specific health problem if further treatment is needed.

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

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

Where can I find an in-network provider?

Directories of participating service providers may be found on www.floridablue.com.

A Mini-Guide To Enrollment

What's New For 2024-2025

Most of your benefit choices will remain the same for the 2024-2025 plan year. However, you will see these changes:

- Employees can enroll by calling a trained benefits counselor at 1-866-312-5922 or by going to https://benefits.plansource.com/.
- Some of your Medical Plan contributions are changing—see the rate sheets for details.
- You can now get frames every year with no increase in vision premiums!
- We will have concierge member advocates through Florida Blue to help you with any medical claims issues or questions you have on your medical plan. We will no longer be utilizing Quantum Health.
- You may now enroll in AFLAC group plans through PlanSource. Those currently enrolled in AFLAC Accident, Critical Illness, or Hospital Indemnity plans will see improved benefits and premiums. You must make new elections for the AFLAC plans. If you decide to keep your current AFLAC coverage, you will need to pay AFLAC directly, Reach out to Holly Rorem at 1-386-290-6385 or Holly_Rorem@us.aflac.com for assistance in getting your paperwork completed and where to send it for processing.
- You can enroll in a new Whole Life Insurance plan to give you additional protection for the unexpected in life!

Eligibility:

All benefit-eligible Flagler Schools employees and their qualified dependents can enroll in benefits. Flagler Schools Employees are considered benefit-eligible if they occupy a permanent position and have a work assignment that is greater than 4 hours a day. Many coverages are paid for in full or in part by the district; other benefits are offered on a voluntary basis and paid for by the employee through payroll deduction. The benefits offered include:

- · Medical/Prescription
- Dental
- Vision
- Health Savings Account (HSA)
- Flexible Spending Account (FSA)
- Employee Assistance Program (EAP)
- · Voluntary Retirement Savings Plans
- Life and Accidental Death and Dismemberment (AD&D)
- Disability
- · And more!

Note: Flagler Schools also participates in the Florida Retirement System (FRS).

New Hires: New Hires have until the last day of the month after their start date to enroll in coverage. Benefits become effective on the first day of the month following their start date.

Dependent Verification

You will need to supply dependent verification documentation to verify any newly added dependents to your coverages. You need to supply this documentation within 30 days from completing your transaction. See the steps in PlanSource. For this Open Enrollment, dependent verification is due by July 15, 2024. For New Hires, it is due 30 days from the date of your completed transaction.

Eligible Dependents Include:

- Spouse under a legally valid existing marriage
- Natural, newborn, adopted, Foster, or step child(ren) or a child for whom you have been appointed legal guardian or custodian
- For Medical, Dental & Vision: Eligible dependent children can be covered until the end of the calendar year in which they turn 30.*
- For Voluntary Child Life: Eligible dependent children can be covered until their 26th birthday.
- * For dependents aged 26-30 to retain your coverages, certain requirements must be met. They must not be married, not have their own dependent(s), be financially dependent on the plan member, reside in Florida or are in School, not eligible for Medicaid, and not enrolled in another plan. Necessary documents include Student ID, Driver's License, or School Schedule confirming enrollment.

Qualifying Life Events

If you don't enroll during your official enrollment period, you cannot enroll or change benefit elections until the next Open Enrollment unless you have a Qualifying Life Event (QLE). If you experience any of the below qualifying life events, you must contact Human Resources within 30 days of the event to be able to make changes to your benefits. Proof of the event is required in order to successfully make the requested changes to your plans.

- Marriage
- Divorce or legal separation (subject to State regulations)
- Birth or adoption of a child
- Death of spouse, child, or other qualified dependent
- Loss of other group coverage
- Change in employment status for employee, spouse, or dependent
- Change of dependent status



PlanSource Step-by-Step Enrollment Guide

Flagler Schools uses PlanSource as our online enrollment platform. To enroll in benefits, go to: https://benefits.plansource.com/.

PlanSource is simple and easy to use. Whether it's your first time enrolling through PlanSource, or you just need a refresher course, here's the simple steps to follow.

Login Page: Enter username and password to start.

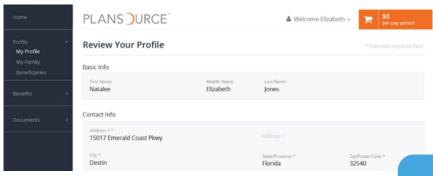
Username: Your username is the first initial of your first name, up to the first six letters of your last name, and the last four digits of your SSN. For example, if your name is Taylor Williams, and the last four digits of your SSN are 1234, your username would be twillia1234.

Password: You can continue to use your current password to log in. If you have any questions, call **1-866-312-5922**.

Login		Welcome Natalee. Shop and Enroll in Benefits	
Username		Congratulations on your new job! This is an know you have a lot going on, but please ta	-
twillia1234		benefits that are right for you.	to piet u
Password		Get Started	
•••••	•	<u>a</u>	
		Review Profile Shop Benefits	
Login			

Homepage: On the Homepage, click "Get Started" to begin.

Profile: You'll be asked to review and update your profile and ensure that all information listed for you and your family members is correct.



Shop for Benefits:

You can then begin shopping for benefits! Educational material about the specific plan type is available at the top of the page.

Plan Details:

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

Select Plan:

To select a plan, indicate which family members are covered by clicking "edit family covered" and select the card for each family member you'd like to be on the plan. Click "Update Cart" to choose the plan.

Shopping Cart:

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

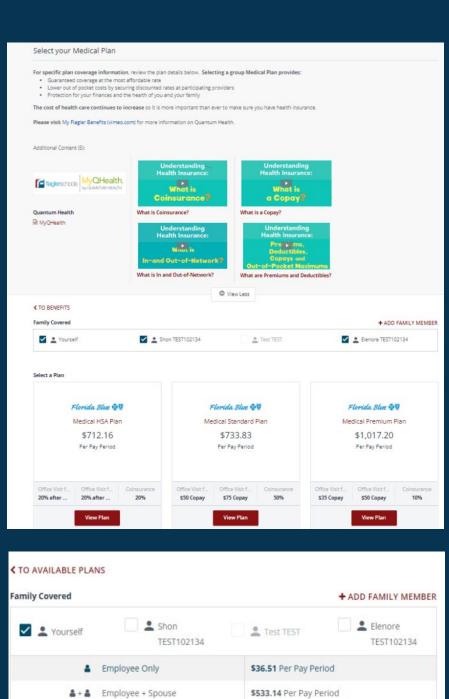
Checkout:

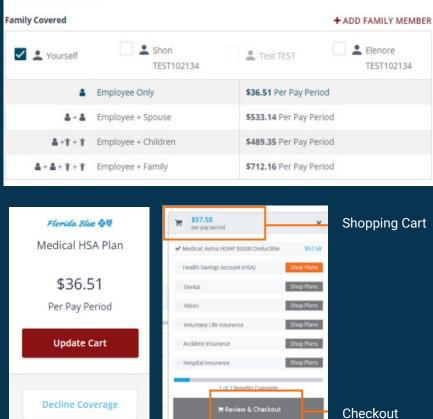
To finalize your choices, click "Review and Checkout" and then "Checkout." You must complete the checkout process in order to be enrolled in benefits.

Call Center Services

We can give you additional help to enroll in benefits and answer questions about coverages. Licensed Benefits Counselors are trained in your benefits and enrollment process. The service is always free, responsive, confidential, and will help deliver peace of mind as you choose your benefits.

For questions and more information, Call **1-866-312-5922**. Hours of operation: 8:30 a.m. to 8:00 p.m., EST. Counselors are available that speak English and Spanish, with translation services available for more than 240 languages.





Florida Blue Cross Blue Shield Member Portal

Flagler Schools employees can access information about plan benefits and claim information through Florida Blue's membership portal. The portal keeps member information safe and ensures strict HIPAA-compliant confidentiality.

To access the member portal, go to: https://www.flbluegroupbenefits.com.

Your Online Member Portal Allows You To:

- View eligibility information for subscribers and dependents (Dependents ages 18+ need a HIPAA release form in order for the subscriber to view their information)
- View, print, or order proof of health coverage
- · View claim status and history
- · View your Explanation of Benefits
- Search for a provider near you
- · Download forms and documents
- Communicate with Member Services
- Access information about your prescription benefits
- · Access BetterYou Strides

Register Account Online:

- 1. Go to www.FLBlueGroupBenefits.com.
- 2. Click the green login button at the top of the page and select the member login.
- 3. Click "Create Account." Review and accept the license agreement.
- 4. Enter your date of birth, zip code, and member ID. Enter your date of birth and member ID exactly as it appears on your ID card.
- 5. Create a username and password of your choice (password must be at least 8 alphanumeric characters) and enter three security questions and answers.
- 6. Confirm your information and start enjoying the benefits of your new secure online account immediately.

Note: Florida Blue is also referred to as Communitas in some references. It is the same service for employees.



Teladoc

Get support from licensed doctors no matter where you are with Teladoc. As a Blue Shield member, you have access to Teladoc's national network of U.S. board-certified physicians. Whenever you need care, Teladoc medical doctors are available 24/7/365 by phone or video.

To register, go to www.teladoc.com.

To Receive Assistance From Your Designated Member Services Team:



Online: Go to: www.flbluegroupbenefits.com.



By Phone: Call Flagler's dedicated concierge customer service phone number: **1-855-698-1963**

Note: The Florida Blue membership portal will not be effective until September 1, 2024.

Medical And Prescription Benefits

Your health, and the health of your family, is the most important thing. It's the first building block of your future, and the costs of an unanticipated illness or injury can devastate a family's finances. That's why Medical and Prescription Drug coverage is so important.

Your Medical Plan Choices

Flagler Schools offers you three different medical plans to choose from to fit your needs. Plans are provided by Florida Blue Cross Blue Shield (Florida Blue). The plans differ in coverage amounts, deductibles, and payments. Prescription costs are covered for the same premium, and preventive care is covered at 100%. The chart on the next page has the details.



Medical Plan Comparison Chart

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

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

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

Prescription Tools



Members Service Quick Reference Card

RxBenefits' experienced, high-performing call center team delivers superior service to members. It can answer questions on pharmacy concerns such as:

- Benefit details
- · Claims status
- Pharmacy network
- Coverage determination/inquiries
- · Mail and Specialty scripts
- Pharmacy information

Key Details On Common Issues

- Pharmacy Benefits and Coverage Inquiries:
 Employees and dependents can call for questions about coverage, clinical programs, copays, deductibles, and more.
- Paper Claims: Members can submit prescription receipts along with the PBM Partners' (CVS, ESI, or Optum) claim form for direct reimbursement. Claims should be mailed to the address on your ID card or faxed to RxBenefits at 1-205-449-5225.

To access RxBenefits for support, visit CustomerCare@rxbenefits.com or call 1-800-334-8134, Monday – Friday, 7:00 a.m. to 8:00 p.m. CST.

Prior Authorizations:

Doctor's offices may submit Prior Authorizations (and supporting documentation/chart notes) via the following routes:

- Submit electronic version at https://rxb.promptpa.com (receives the quickest response TAT time)
- 2. Fax form to **1-888-610-1180** or email to **PASupport@rxbenefits.com**

For questions, doctors may call Prior Authorization Services at **1-888-608-8851**. Hours: 8:00 a.m. - 6:00 p.m. CST



If you enroll in the Standard or Premium Medical Plan, you can take advantage of this additional Rx benefit. PrudentRx has collaborated with CVS Caremark® to offer a third-party (manufacturer) copay assistance program that may help save you money on your specialty prescription. You may pay nothing out of pocket for medications on your plan's specialty drug list dispensed by CVS Specialty®, as well as for select high-cost limited distribution drugs (LDDs) as outlined within the PrudentRx Copay Program drug list. We will work with you to obtain third-party copay assistance for your medication, if available.

How To Get Started

Your enrollment in the program will be started automatically, but you must speak with a PrudentRx advocate to finalize enrollment. You can choose to opt out at any time. Contact PrudentRX at CustomerCare@rxbenefits.com or call 1-800-334-8134.

Some Details To Note

Not all specialty prescriptions offer assistance. Eligibility for third-party copay assistance program is dependent on the applicable terms and conditions required by that particular program and are subject to change. Some manufacturers require you to sign up to take advantage of the copay assistance that they provide for their medications. In that case, you must call PrudentRx to participate in the copay assistance for that medication. PrudentRx will also contact you if you are required to enroll in the copay assistance for any medication that you take. If you do not return their call, choose to opt-out of the program, or don't affirmatively enroll in any copay assistance as required by a manufacturer, you will be responsible for 30 percent of the cost of your specialty medications. The out-of-pocket maximum is the amount you must pay each policy year before the policy starts paying the full benefits. This may be for the whole family and/or one person alone.

Medical Cost Savings Tools

Prescription Drug Cost Comparison Tools

GoodRx and SingleCare are drug price search tools that help you compare prices on the drugs and services you use for prescriptions at pharmacies near you. They don't sell medications, but the free website and mobile app will tell you where you can get the best deals as your insurance copay might not be the best price.

Hundreds of generic medications are available for \$4 or even free without insurance. Every week, both GoodRx and SingleCare collect millions of prices and discounts from pharmacies, drug manufacturers, and other sources, and they will show you prices, coupons, discounts, and savings tips.

There is no cost or membership required; just visit www.goodrx.com and www.singlecare.com. You can also download their apps.

Pharmacy Discount Programs

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

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

Don't pay more than you have to for medical care. Know when to use the appropriate facility:

- Emergency Rooms: These facilities are meant for true emergencies such as life threatening illnesses and injuries.
- Walk-in-Clinics: Designed to treat common ailments and provide basic primary health care, these are typically staffed by nurse practitioners or a physician's assistant. They are used for common ailments such as flu/strep throat, allergies, cold, and cough.
- Urgent Care Center: These facilities are designed to serve patients who are suffering from acute illnesses and injuries which are beyond the capacities of a regular walk-in-clinic. They are typically open for extended hours and used to treat non-life threatening injuries and illnesses. To maximize savings, use in-network facilities.

This page features potential ways to save money on the cost of medical care and prescriptions. Actual results may vary.









URGENT CARE SITUATIONS

Ear/Eye Infections, Fever, Cuts that may need stitches, possible broken bones or simple fractures, severe sore throat, sprains and strains, vomiting/diarrhea

EMERGENCY SITUATIONS

Chest pain or squeezing sensation in the chest, seizure or loss of consciousness, severe abdominal pain, sudden paralysis or slurred speech, uncontrolled bleeding

Health Savings Account (HSA)

If you enroll in the HSA Plan Medical Plan, you can elect to open a Health Savings Account (HSA) to help pay for your medical costs. This account is only available with a high deductible health plan (HDHP), and it is a tax-favored savings account. Money in the savings account is contributed pretax and can help pay the costs of qualified medical expenses not covered by medical insurance for you and your dependents. Money left in the savings account earns interest and is yours to keep.

Benefits of an HSA:

- · It saves you money on medical costs.
- · You own the funds and the account.
- Funds are made with pretax contributions, and you save on your taxes.
- You can pay for any qualified medical, dental, and vision expenses for yourself, spouse, or dependents even if they are enrolled under another medical plan.
- It's portable: even if you change jobs, you get to keep your HSA.
- It allows for an improved retirement account as funds roll over at the end of each year and accumulate tax-free, as does the interest on the account. Also, once you reach the age of 55, you are allowed to make additional "catch-up" contributions to your HSA until age 65.

Requirements To Be Eligible For An HSA:

- · Must be covered by an HDHP on the first day of the month.
- Not be covered by other health coverage that is not an HDHP (with certain exceptions).
- · Not enrolled in Medicare.
- Not be eligible to be claimed as a dependent on another person's tax return. (See IRS Publication 502 for a complete list of qualified medical expenses.)

Annual HSA Contributions for 2024				
Self Only \$4,150				
Family	\$8,300			
Catch-up contribution age 55 or older	\$1,000			



Submitting HSA Direct Deposit Form

You must submit an HSA Direct Deposit Form from Space Coast Credit Union to the Flagler Schools Benefits Department each year (benefits@flaglerschools.com) to begin contributions.

- With Space Coast Credit Union, you can start your HSA application **online** or by phone at 1-800-447-7228, **option 9**, **extension 855**.
- Go to Space Coast Credit Union. You will be **required** to go into a SCCU branch near you to complete the application process (with your signature) within **30 days** of the start of your application.

There are two SCCU branches in Palm Coast and the addresses are:

- Space Coast Credit Union, 10 Leanni Way, Palm Coast, FL 32137
- Space Coast Credit Union, 258 Palm Coast Parkway, NE Palm Cost, FL 32137

You are able to go to any Space Coast Credit Union; you are not required to use a Palm Coast branch.

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

For Your Information:

- HSAs are subject to closure due to inactivity.
- It is the responsibility of the employee to manage processes and compliance regulations regarding their account.
- Flagler Schools has provided this form as an informational resource when opening up your HSA with Space Coast Credit Union. This information is subject to change at the discretion of Space Coast Credit Union.

Flexible Spending Accounts (FSA)

To make sure you get the most out of your medical coverage and save even more on medical, dental, vision, and dependent care expenses, Flexible Spending Accounts (FSAs) take advantage of pretax dollars to reduce payroll taxes and pay for out-of-pocket expenses other coverages may not. With an FSA, you use pretax dollars to pay for qualified out-of-pocket health care and dependent care expenses. Please note, if you elect the Health Savings Account, you cannot enroll in the Medical FSA.

Benefits of an FSA:

There are a variety of different benefits of using an FSA, including:

- Save money: You can put aside money tax-free to use for qualified medical expenses.
- Saves on taxes: Since your taxable income is decreased by your contributions, you'll pay less in taxes.
- Use it for a variety of expenses:
 Use your FSA for qualified medical, dental, vision, or dependent care expenses for you and your dependents. (Remember to keep your receipts for audit purposes).

Things To Note:

FSA funds must be used during the plan year. You can file for reimbursement of eligible expenses incurred during the 2024-2025 plan year (September 1, 2024 - August 31, 2025). You do have an additional 2 1/2 month grace period until November 15, 2025, to use your benefits and until November 30, 2025, to submit for reimbursement for claims incurred during the plan year or applicable grace period. But you will lose any unused balance. You should only contribute the amount of money you expect to pay out of pocket that year.

Types of FSAs

There are two types of FSAs you can elect.



Health Care (Medical) FSA

Medical FSAs are for medical, dental, or vision expenses for you and your dependents. You cannot participate in this FSA option if you have a Health Savings Account (HSA).

You can:

- Set aside up to \$3,200 pretax per year (minimum \$300).
- Use dollars for eligible medical, prescription drug, dental, or vision expenses.



Dependent Care FSA

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

FSA Case Study

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

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

^{*}Assumes standard deductions, amounts can vary and are for illustrative purposes only. Please note, the above example is for illustrative purposes only. Each situation varies and it is recommended you consult a tax advisor for all tax advice.



Dental Coverage

8 Guardian

It's not just about a nice smile when you meet your public! Dental care is a serious health issue. It can promote healthy teeth and gums and help avoid larger health issues.

Flagler Schools offers you two Dental Preferred Provider Plans (PPOs), a low or high plan, which provide you with the flexibility to seek care in- or out-of-network. Since network providers offer reduced contracted rates, you save money by using network providers for all your dental needs. All benefits received from out-of-network dentists are subject to "reasonable and customary/maximum allowable" fees. Any amount that exceeds the dental carrier's "reasonable and customary/maximum allowable" amounts is the patient's responsibility.



The chart below compares the two PPO dental plans. You can access the dental provider's network and find a dentist near you at **guardiananytime.com**.

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



Oral Health Rewards

Regular visits to the dentist can help prevent and detect the early signs of serious diseases. That's why Guardian's **Maximum Rollover Oral Health Rewards Program** encourages and rewards members who visit the dentist, by rolling over part of your unused annual maximum into a Maximum Rollover Account (MRA). This can be used in future years if your plan's annual maximum is reached.

How Maximum Rollover Works			
Plan Annual Maximum*	\$1,500 Maximum claims reimbursement		
Threshold	\$700 Claims ammount that determines eligibility		
Maximum Rollover Amount	\$350 Additional dollars added to a plan's annual maximum		
In-Network Only Rollover Amount	\$500 Additional dollars added if only in-network providers were used during the benefit year		
Maximum Rollover Account Limit	\$1,250 The limit that cannot be exceeded within the maximum rollover amount		

This example has been created for illustrative purposes only.

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

Guardian's Dental Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. Information provided in this communication is for informational purposes only. Dental Policy Form No. GP-1-DEN-16. GUARDIAN® is a registered service mark.



Vision Coverage

The need to take care of your eyes is obvious; how else can you be at your best? But without insurance, regular eye care costs could be prohibitive. Don't lose out on proper vision care that can keep your eyes healthy, help pay for eyewear, and detect serious issues before they become a problem. Your Flagler Schools plan, provided through Aetna, helps pay for eye exams, lenses or contact lenses, and frames on a set schedule for you and your dependents. Networks usually include some private practices as well as major retail chain providers.

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



Note: The provider network for Flagler Schools Aetna Vision Insurance is the "EyeMed Network." Some providers list their corporate name, such as Eyecare Express is under Palm Coast Optical.

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

^{*}Contacts and eyeglasses cannot be purchased in the same year.

Life and AD&D Coverage

Death. Serious injury. These things are not pleasant to think about, but they happen to everyone—often unexpectedly—and can have a huge impact on you and your family. That's why you need to be prepared, and the way to do that is to plan now to safeguard your family and dependents.

Life Insurance pays a benefit to your beneficiary(ies) in the case of your death. AD&D Insurance offers extra protection and pays you or your beneficiaries in the event of an accidental death or dismemberment due to a covered accident. Flagler Schools offers employees a range of both employer paid and voluntary plans to cover you, your spouse, and your children, provided by Symetra. Be sure to designate beneficiary(ies) for all life insurance policies.

Basic Term Life And AD&D Insurance

Basic Term Life and AD&D insurance protects your family or other beneficiaries in the event of your death or serious injury in a covered accident. The death benefit helps replace the income you would have provided and can help meet important financial needs. Flagler Schools provides eligible employees \$25,000 for Administrators and \$20,000 for all other employees of Basic Life and AD&D insurance through Symetra at no cost. You will also have the opportunity to purchase additional Voluntary Life and AD&D insurance at a group rate.

Benefits include:

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

To find more information, refer to your Certificate of Benefits.

Voluntary Life And AD&D Insurance

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



Summary of Insurance			
Guaranteed Issue	\$100,000		
Minimum Benefit Amount	\$10,000		
Maximum Benefit Amount	\$300,000		
Benefit Amount Increments of	\$10,000		
Dependent Life Insurance Options			
(No more than 50% of the combined amounts of Employee Basic Life Insurance). AD&D not included with dependent coverage.			
Option 1	Spouse: \$10,000, Child(ren): \$5,000		
Option 2	Spouse: \$20,000, Child(ren): \$5,000		
Option 3	Spouse: \$50,000, Child(ren): \$10,000		

Note: You cannot receive coverage under this Plan as both an employee and a dependent; or as a dependent of more than one employee.

Additional Information:

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

Disability Insurance

Sure, you have medical coverage to pay for medical bills, but what about your everyday bills? Car payments? Child care? How will you pay for these expenses if you can't work? Disability Insurance pays a benefit to help replace your paycheck to use for these bills and expenses.

Long Term Disability (LTD)

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

Your income replacement benefit would equal 66 2/3% of your pre-disability earnings reduced by any deductible income. The maximum monthly benefit you can receive is \$6,000. Benefits will begin after you have been unable to work for 90 days due to a covered injury or illness and will continue to pay until your Normal Social Security Retirement Age (if you are disabled in any occupation). Benefits are not payable during the benefit waiting period. Please contact the Benefits Department for more information.

AFLAC Voluntary Benefits

Voluntary Benefits are coverages and services that you pay for to help you further protect your lifestyle and family. You may now enroll in AFLAC group plans through PlanSource. Those currently enrolled in individual AFLAC plans, such as Accident, Critical Illness, and Hospital Indemnity, will see improved benefits and premiums with the new group plans. These added protections can help you plan for the future, enhance your lifestyle, and protect your finances if something unforeseen happens. Please note that the current AFLAC plans will no longer be supported through payroll deductions. You must make new elections for the AFLAC group plans you want. If you wish to keep your current individual coverage with AFLAC, you will pay AFLAC directly (this is called Portability). You can reach out to Holly Rorem at 1-386-290-6385 or Holly_Rorem@us.aflac.com, and she will assist you in getting your paperwork completed and directing you where to send it for processing.

Accident Insurance

Accidents can happen any time and have a huge financial impact on you and your family. You may have medical coverage, but what about all those other expenses and everyday bills? Accident insurance helps offset uncovered medical expenses—such as emergency room fees, deductibles, copayments, ambulance rides, certain medical equipment—AND everyday expenses that can result from a fracture, dislocation, or other covered accidental injury. You can cover you, your spouse, and your dependent children. Benefits are Guaranteed Issue, which means no medical questions, and they are paid directly to you, unless you specify otherwise, regardless of any other coverage you have. Coverage is portable, which means you can take your coverage with you if you change jobs or retire. Benefits are paid through a schedule depending on the covered accident.

Critical Illness Insurance

Critical Illness Insurance is designed to come to the rescue of budget-conscious families by helping to pay the costs associated with the initial occurrence of a serious illness such as a heart attack, stroke, cancer, or other critical condition as defined in the policy. You choose your benefit amount. Benefits are also available for your spouse and eligible children. You receive a lump-sum benefit, regardless of any other insurance you may have, directly to you or your designated recipient, and can use it for deductibles, coinsurance, home health care needs, travel, lodging, or however you wish.

Hospital Indemnity Insurance

The cost of a hospital stay can be overwhelming, and those costs seem to grow every year. Medical coverage alone might not be enough, and a hospital stay can set you back financially. Hospital Indemnity Insurance can help to ease the financial impact by providing a lump-sum payment directly

to you for a hospital admission, accident-related inpatient rehabilitation, or hospital stay. You can spend the benefit as you choose, such as for out-of-pocket expenses, deductibles, copays, car payments, rent, child care, or more, based upon the hospitalization. The benefit is portable, and you can take it with you if you leave the job. For all the details, please see the plan documents.

Whole Life Insurance

Whole Life Insurance can help you protect your family against unexpected death by giving them financial protection with cash value that grows over time. You can purchase Whole Life Insurance for yourself, your spouse, and/or your children. Plan features include:

- · Coverage available for employees, spouses, and dependent children
- Guaranteed Issue no medical exam required
- Level premiums never change
- · Guaranteed rate of interest depending upon your plan
- It's portable you can keep the coverage if you leave your job
- Premiums paid through convenient payroll deduction
- Waiver of premium for disability

Short Term Disability (STD)

Short Term Disability (STD) pays you a portion of your income if you are out of work for a covered short-term disability, whether a sickness or injury.

Benefit is 60% of your salary up to \$4,000. There is an elimination period before benefits are paid. Premium payments are waived after 90 days of total disability.

Other Benefits

Prompt Care Clinic

Flagler School employees have the advantage of using the Prompt Care Clinic through Advent Health. The clinic is free to all during the hours listed below if you are enrolled in one of the three Flagler Schools Medical Plans. There are no copayments, and you can take advantage of shorter wait times and physicians on site. Walk-Ins during non-scheduled times will be charged according to your plan's benefits for PCP. Appointments required during scheduled hours below.

FS Clinic Hours:

- **Monday**: 3:00 p.m. 6 p.m.
- **Tuesday:** 7:30 a.m. 8:30 a.m., 3:00 p.m. 6:00 p.m.
- Wednesday: 11 a.m. 1:00 p.m.,
 3:00 p.m. 6:00 p.m.
- **Thursday:** 3:00 p.m. 6:00 p.m.
- **Friday:** 3:00 p.m. 6:00 p.m.
- **Saturday:** 8:30 a.m., 8:45 a.m., 9:15 a.m., 9:30 a.m.,10:15 a.m., 12:15 p.m., 1:15 p.m.

Walk-ins, even during clinic hours, will be processed as a Primary Care Visit.

1200 Cypress Edge Drive 1-386-586-4280 pickatime.com/flagler

Clinic Services

These services are at no cost if you have an appointment during the hours listed.

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

Employee Assistance Program (EAP)

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

Program Highlights

Up to five face-to-face confidential sessions with a counselor, financial planner, or attorney are available to you and your eligible family members each calendar year. An additional five sessions are available if you have a covered disability claim. Sessions are per household and may be divided among the three types of professionals. These services are included in the overall premium, so no additional payment is required to use the program.

- Confidential Counseling: Trained counselors with a master's or doctorate degree are just a phone call away to provide you the right resources for stress, anxiety, job pressures, substance abuse, grief, and loss.
- Legal Support: Talk to an attorney about legal concerns such as divorce, real estate transactions, debt, bankruptcy, and more.
- Need Legal Representation: A general guidance consultant will refer you to a qualified attorney in your area for a free 30-minute consultation. Any customary legal fees after that are reduced by 25%.
- Financial Information And Resources: A
 certified public accountant or financial planner
 can provide financial information and guidance
 on topics like debt, taxes, retirement planning,
 credit card or loan problems, and more.

First-time users, follow these simple steps:

- Go to <u>www.guidanceresources.com</u> and click "Register."
- Provide your organization web ID: SYMETRA.
- 3. Create a user name and password.

If you have problems registering or logging in, send an email to memberservices@compsych.com or contact ComPsych - Phone: 1-888-327-9573, TDD: 1-800-697-0353



Online Resources And Tools

Get trusted, professional information about relationships, work, school, children, wellness, legal, financial issues, and more. Turn to GuidanceResources® online for:

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

Planning For The Future

A will is one of the most important legal documents you can have. It ensures that you'll control who gets your property, who will be your children's guardian, and who manages your estate when you die. EstateGuidance® makes it easy to create a simple, customized, legally binding will by offering:

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

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

Retirement Benefits

Florida Retirement System (FRS)

FRS Pension Plan and FRS Investment Plan

You have eight calendar months after your month of hire to make an active election between the FRS Pension Plan and the Investment Plan. If you do not make an active election by the end of the election period, there will be a default membership. If you are a member in all classes other than the Special Risk Class, you will default to the FRS Investment Plan. If you are a member in the Special Risk Class, you will default to the FRS Pension Plan. You will have a one-time second election to change membership plans during your career.

You can enroll:



Online: Go to www.MyFRS.com. If you're logging in for the first time, use the Personal Identification Number (PIN) in the Retirement Choice Kit mailed to your home, then create a user ID and password.



By Phone: Call 1-866-446-9377; use your PIN for this option too.

Florida School Retiree Benefits Consortium (FSRBC)

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



Employee Loans

BMG Loans

The LoansAtWork employee emergency loan program is available to benefits-eligible employees of Flagler Schools. Please visit www.LoansAtWork.com.

Enrolling is easy, fast, and confidential. You can receive your loan proceeds in about two business days after approval.

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

Salary Reduction Agreement Processing Service

Flagler Schools reminds you that enhancements made to the 403(b) Salary Reduction and 457(b) Participant Agreement (SRA) process in 2023-2024 are still in effect. This system is provided by our 403(b) and 457(b) Plan Administrator, TSA Consulting Group, Inc. (TSACG). The online process eliminates the need for paper SRAs and allow 24-hour access for employees. All approved representatives of the District's authorized investment provider companies will be able to assist you with this online process.

Benefits Include:

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

For more information, please contact HR.



Legal Services

The Family Defender

U.S. Legal Services offers a legal benefit that pays your attorney's fee for all covered legal matters. We contract with over 10,000 attorneys across the contiguous United States, making it easy to utilize an attorney both locally and in the area of your legal matter's jurisdiction. The Family Defender covers you, your spouse, and your dependent children up to age 18 or 23, if enrolled as a full-time student. We make accessing and utilizing our plan easy with no copays, no deductibles, and no claims forms for in-network covered services. Some services have a 12-hour limitation or are subject to a 120-day waiting period. For full details, see the plan documents.

Covered services include:

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

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

Costs:

- Individual: \$9.22 per pay period
- Family: \$10.22 per pay period



The Identity Defender

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

Covered services include:

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

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

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

Costs:

Rider: \$6.52 per pay period

Identity Defender: \$7.07 per pay period



Contact Information

Benefit	Contact	Phone	Website/Email	QR Code
Flagler Support Box For questions relating to ancillary benefits	Brown & Brown Insurance		fcssupport@bbrown.com	
Medical For questions relating to your medical plans	FloridaBlue/ Communitas	855-698-1963	https://www.flbluegroupben- efits.com	
Prescriptions For questions relating to your prescription coverage	RxBenefits	1-800-334-8134	CustomerCare@rxbenefits.	
Health Savings Account	Space Coast Credit Union	1-800-447-7228 Option 9 x855	www.sccu.com	
Prompt Care Clinic	Prompt Care Clinic	386-586-4280	www.pickatime.com/flagler	
Flexible Spending Accounts	Medcom	1-800-523-7542	www.medcombenefits.com	
Dental	Guardian	1-888-600-1600	www.guardiananytime.com	

Benefit	Contact	Phone	Website/Email	QR Code
Vision	Aetna	1-877-973-3238	www.aetnavision.com	
Long Term Disability, Basic Life, & Voluntary Life	Symetra	1-877-377-6773	www.symetra.com	
Accident, Critical Illness, Hospital Indemnity, Whole Life, & Short Term Disability	Aflac	1-800-433-3036	www.aflacgroupinsurance.com	
Employee Assistance Program	Guardian Resources	1-888-327-9573	www.guardianresources.com	
Salary Reduction Agreement Processing Service	TSA Consulting Group	1-888-796-3786 Option 5	https://sra.tsacg.com	
Florida Retirement System (FRS)		844-377-1888	www.myfrs.com	

Legal Notices

For more information regarding legal notices, scan the QRCode.







Our Beliefs

- The academic culture for students is of the highest caliber when every decision is made based on what is best for them.
- Students learn and excel when provided authentically engaging work based on high standards given in a risk-free environment.
- To provide an internationally competitive education to all students, teamwork,
 open communication, honesty, and trust must be part of all working relationships.
- All educators, teachers, support staff, administrators, and School Board members have special talents and strengths that have a positive impact on student achievement.
- Educators are encouraged to pursue professional development and model lifelong learning. Parents are an integral part of student success, and we must work together—parents, students, community members, and teachers—to provide the level of support necessary for students to reach their maximum potential.

