



For Your Benefit
October 2021 - September 2022

At Bradford County School District, your health and happiness are important to us

That's why we're so committed to making sure you get the benefits package that's right for both you and your family. Our package combines the peace of mind that comes with excellent medical care with competitive prices.

Annual Enrollment is your chance to ensure that your benefits package is right for you. Our program is built around you and created to keep you in great shape, physically and financially.

Please take the time to read through this booklet and understand all the options available to you. Taken together, we think we've created a benefit package that gives you outstanding support, whether you're at work, at home or even on vacation.

Open Enrollment will take place **August 16 – August 20**. All employees, regardless of if you elect or waive coverage, will be **required** to complete this process.

We have partnered with **Explain My Benefits** to provide a personalized enrollment experience for each employee.

All Benefit Eligible employees will be required to have a 1-on-1 telephonic enrollment meeting with an **Explain My Benefits** Enrollment Counselor. During your enrollment meeting, you will have the opportunity to take the following actions:

- Enroll/Cancel/Waive coverages
- Add/Remove Dependents
- Elect Beneficiaries

What's Here

Enrollment Guidelines	3
Medical Insurance Made Simple	6
Health Savings Account (HSA)	8
Dental/Vision/STD Bundle – Plans A and B	9
Dental Insurance	10
Vision Insurance	11
Life and Disability Insurance	12
Long-Term Disability Insurance	12
Short-Term Disability Insurance	13
Voluntary Benefits	14
Hospital Indemnity Coverage.....	14
Critical Illness Coverage.....	14
Accident Coverage	14
Universal Life with Long Term Care	15
Your Cost for Coverage	16
Other Benefits	16
Annual Notices and Disclosures	17



This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.

Enrollment Guidelines

Know when you can change your coverage



Nancy just got hired!

As a new hire, Nancy's benefits are effective on the first day of the month after 30 days of employment. Her coverage will be in effect until **September 30, 2022**.



Juan and his wife just had a baby!

Having a baby is a **qualifying life event**, so Juan must contact Payroll Specialist/ Department within **30 days** of birth to add his baby.



During Annual Enrollment

Each Annual Enrollment, **all eligible employees** may elect new coverage in effect **October 1 through September 30**.

Other qualifying events include marriage or divorce, adopting a child, custody status change of a child, a change in Medicare or Medicaid eligibility, or a change in your or your spouse's work affecting benefits eligibility.

Know who you can add to your plans

You may cover:

- Your legal spouse
- Your natural, adopted, foster, step children and children in your custody due to a court order until:
 - » **MEDICAL:** the end of the calendar year when they reach age 26. Extended coverage to age 30 may be available, please contact Payroll Specialist/ Department for details.
 - » **CHILD LIFE INSURANCE:** from live birth through age 19 (through age 23 if a registered student in full-time attendance at an accredited educational institution)

If you have an adult child who became disabled before age 26, please contact Payroll Specialist/Department for information on adding them to medical insurance.



What Open Enrollment Means:

Open Enrollment provides us an opportunity to re-familiarize ourselves with the many benefits offered. This is also your once-a-year opportunity to enroll or make changes to core benefit plans for Medical, Dental and Vision in addition to any supplemental coverages. Once the annual enrollment period ends, you will not have any further opportunities to make changes for the benefit plan year unless you experience a Qualifying Life Event (QLE).

How to Enroll – New Process with **Explain My Benefits**:

Open Enrollment will take place **August 16 – August 20**. All employees, regardless of if you elect or waive coverage, will be required to complete this process.

We have partnered with **Explain My Benefits** to provide a personalized enrollment experience for each employee.

All Benefit Eligible employees will be **required** to have a 1-on-1 telephonic enrollment meeting with an **Explain My Benefits** Enrollment Counselor. During your enrollment meeting, you will have the opportunity to take the following actions:

- Enroll/Cancel/Waive coverages
- Add/Remove Dependents
- Elect Beneficiaries

We encourage you to schedule your 1-on-1 enrollment meeting early to ensure you are able to secure your preferred date and time with Explain My Benefits.

Prepare for your 1-on-1 enrollment meeting

Bradford County Schools values and appreciates all that you do. We know that Open Enrollment can be stressful and confusing. To make this process more efficient and easier to navigate, you now have available our new Benefits Resource Portal: www.BCSD-Benefits.com

This website will be your singular destination to review all things pertaining to the benefits offered and the new enrollment process with Explain My Benefits. On the website you will be able to find the following:

- 2021-2022 Benefit Guide
- Detailed Plan Summaries and Benefits Brochures
- Videos Explaining the Benefits
- Links to all our Insurance Carriers and Claims Information
- Instructions on How to Download our **NEW** Benefits Mobile App

Additionally, this will also be where you go to schedule your individual enrollment meeting with **Explain My Benefits** Enrollment Counselors. If you have done so — please make sure you have scheduled your meeting in order to confirm your elections.

We encourage you to get familiar with the website and all the resources that are available as you will have access to this website all year; allowing you to review your benefit elections and have an available resource to all your insurance information.

All employees, regardless of if you elect or waive coverage, will be required to complete this process.



BENEFITS ENROLLMENT APP

Bradford County Schools has provided you a benefits app to manage your benefits that allows you to:

- ✓ Enroll in your insurance benefits from your phone
- ✓ View your current benefits
- ✓ Watch benefit education videos, and review insurance brochures
- ✓ Receive important message notifications about your benefits.

Please be sure to Enable Push Notifications

TO DOWNLOAD:

1. Text emb to 71441
2. Download by clicking the link for iOS or Android
3. Enter Company Code: bcsd



Medical Insurance Made Simple

What happens when you need healthcare?

All four plans cover in-network preventive care 100%. Beyond that, your responsibility depends on the plan you choose, the services you need, and where you receive your care.

YOUR PLANS AT-A-GLANCE	BlueOptions 03160/61 HSA compatible	BlueOptions 05901	BlueOptions 05182/83 HSA compatible	BlueCare 132/133	BlueCare 128/129 HSA compatible
Networks	In- and out-of-network coverage available	In- and out-of-network coverage available	In- and out-of-network coverage available	In-network coverage only (BlueCare network)	In-network coverage only (BlueCare network)
Deductible \$	\$	\$\$\$	\$\$\$	\$\$\$	\$\$\$
Out-of-Pocket Maximum	\$\$	\$\$	\$\$	\$\$\$	\$\$
How you pay for care	Deductible then coinsurance	Mix of copays and deductible then coinsurance	Deductible then coinsurance	Deductible then coinsurance	Deductible then coinsurance

Your paycheck deductions

We do our very best to get the most competitive prices while getting you the best possible coverage. These premiums are the amount you pay for your medical insurance each paycheck. Remember that they come out before taxes, lowering your taxable income.

	BlueOptions 03160/61	BlueOptions 05901	BlueOptions 05182/83	BlueCare 132/133	BlueCare 128/129
24 pay periods					
Employee Only	\$164.30	\$158.24	\$116.29	\$21.75	\$50.85
Employee + Family	\$447.39	\$422.46	\$339.54	\$126.73	\$192.35

Know your terms!

Copay – a flat fee you pay whenever you use certain medical services, like a doctor visit.

Deductible – the dollar amount you pay before your medical insurance begins paying deductible-eligible claims.

Coinsurance – the percentage of covered medical expenses you continue to pay after you've met your deductible and before you reach your out-of-pocket maximum.

Out-of-pocket maximum – the most you will pay during the calendar year for covered expenses. This includes copays, deductibles, coinsurance, and prescription drugs.

Balance billing – the amount you are billed to make up the difference between what your out-of-network provider charges and what insurance reimburses. This amount is in addition to, and does not count toward your out-of-pocket maximum.

YOUR MEDICAL COVERAGE

IN-NETWORK COVERAGE					
	BlueOptions 03160/61 HSA compatible	BlueOptions 05901	BlueOptions 05182/83 HSA compatible	BlueCare 132/133 HSA compatible	BlueCare 128/129 HSA compatible
DEDUCTIBLE	\$1,400 single coverage \$2,800 family coverage	\$2,000 per person	\$2,500 single coverage \$5,000 family coverage	\$3,000 single coverage \$6,000 family coverage	\$2,500 single coverage \$5,000 family coverage
COINSURANCE (your share)	20% after DED	50% after DED	10% after DED	30% after DED	20% after DED
OUT-OF-POCKET MAXIMUM	\$5,000 single coverage \$5,000 family coverage	\$6,350 per person \$12,700 family maximum	\$5,000 single coverage \$10,000 family coverage	\$6,550 \$13,100 (\$6,850 Max per person)	\$5,000 \$10,000 (\$6,850 max per person)
PREVENTIVE CARE	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%
PRIMARY CARE VISIT	DED then 20%	\$35	DED then 10%	DED then 30%	DED then 20%
SPECIALIST VISIT	DED then 20%	\$75	DED then 10%	DED then 30%	DED then 20%
INDEPENDENT LAB	DED	100% covered	DED	DED then 30%	DED
X-RAY	DED then 20%	\$50	DED	DED then 30%	DED then 20%
IMAGING (MRI / CT)	DED then 20%	\$200	DED then 10%	DED then 30%	DED then 20%
URGENT CARE CENTER	DED then 20%	DED then 50%	DED then 10%	DED then 30%	DED then 20%
EMERGENCY ROOM	DED then 20%	DED then 50%	DED then 10%	DED then 30%	DED then 20%
INPATIENT HOSPITAL	DED then 20%	Opt 1: \$2,000 Opt 2: \$3,000	DED then 10%	DED then 30%	DED then 20%
OUTPATIENT HOSPITAL	DED then 20%	Opt 1: \$300 Opt 2: \$400	DED then 10%	DED then 30%	DED then 20%

PRESCRIPTION DRUG COVERAGE

RETAIL	DED then: \$10 / \$50 / \$80	\$10 / \$50 / \$80	DED then: \$10 / \$50 / \$80	DED then: \$10/20%/NC	DED then: \$10 / \$50 / \$80
MAIL ORDER	DED then \$25/\$125/\$200	\$25/\$125/\$200	DED then \$25/\$125/\$200	DED then \$25/20%/NC	DED then \$25/\$125/\$200

OUT-OF-NETWORK COVERAGE subject to balance billing (see page 6)

DEDUCTIBLE	\$2,500 \$5,000	\$6,000	\$5,000 \$10,000	Not covered	Not covered
COINSURANCE (your share)	40% after DED	50% after DED	40% after DED	Not covered	Not covered
OUT-OF-POCKET MAX	\$10,000 \$10,000	\$30,000 \$30,000	\$10,000 \$20,000	Not covered	Not covered

Florida Blue

Group Number: 60479
Website: www.floridablue.com
Phone: 800.352.2583

Download Florida Blue's mobile app for claims information, to access your ID card, find a doctor, and more!



Health Savings Account (HSA)

If you enroll in the 03160/61, 05182/83, 128/29 plan, or 132/133, the HSA is a great way to handle any medical expenses not covered by your medical insurance. You make regular contributions to your account through payroll – and the contributions are tax free.

AND THAT'S NOT ALL:

- You own the account, even if you change plans or jobs;
- Your funds roll over from year to year;
- Any withdrawal for qualified medical, pharmacy, dental, and vision expenses is tax-free.

HOW YOUR HSA WORKS

Enroll in one of our HDHP plans and open your HSA with a bank of your choice. Bring the bank BIN and Account Number to payroll and determine your contribution amount.

	IF YOU CHOOSE INDIVIDUAL COVERAGE	IF YOU CHOOSE FAMILY COVERAGE	AGE 55 OR OLDER?
2021 Annual Maximum Contribution (from all sources)	\$3,600	\$7,200	You may contribute an extra \$1,000 per year in catch-up contributions.
2022 Annual Maximum Contribution (from all sources)	\$3,650	\$7,300	

Contribution maximums assume 12 months of coverage in the HDHP plan, and are pro-rated on a monthly basis for coverage lasting less than 12 months.

Brad has an individual HSA. He saves directly from his paycheck into his HSA	Angie doesn't have an HSA. She saves for medical expenses directly from her paycheck
\$1,200 (\$100 per month)	\$1,200 (\$100 per month)
- \$0 (No income tax is applied)	- \$300 (25% federal income tax)
\$1,200 Tax-free money to cover medical expenses	\$900 Post-tax money to cover medical expenses

Funds are available as soon as they are deposited, and you can use your money in two ways:

1. Pay for out-of-pocket costs if you receive medical, prescription, dental, or vision care.
2. Leave the money in your account so it will carry over from year-to-year and grow tax-free.

Please remember:

- You'll need to enroll in the 03160/61, 05182/83, 128/29, or 132/133 plan to join our HSA.
- You can't contribute to an HSA if you're in another medical plan (including Medicare or TRICARE) or are a dependent on someone else's tax return. In these cases, you can still enroll in the HDHP plan, but you'll need to opt out of the HSA.
- You can go to a local bank and request a Health Savings Account (HSA) account. The bank typically provides a health debit card with no transaction fees and no minimum balance required.

Dental/Vision/STD Bundle – Plans A and B

Our dental, vision, and short-term disability plans are bundled as either Plan A or Plan B, depending on your medical election, allowing you to easily choose the benefit plans you need.

Plan A

Plan A is available to employees **waiving our medical coverage** and includes a Hospital Indemnity Plan and Annual Physical Exam benefit. Employee coverage in Plan A is 100% paid for by Columbia County School District.

Included in both Plan A and Plan B:

Dental, Vision, Bundle Short-Term Disability plan

Included in Plan A only:

Hospital Indemnity + Annual Physical Exam benefit

Plan A Benefits:

Hospital Income Plan: pays you \$75 per day of inpatient hospitalization. This hospital confinement must be due to sickness or injury and ordered by a physician. A daily benefit is payable for each full day of confinement. The benefit is payable for up to 365 days of continuous confinement.

Physical exam benefit: pays you \$125 per calendar year when you receive services performed by a physician or an individual under a physician's supervision. The intention of this benefit is to provide coverage for preventive care and early detection of diseases. This payment renews every January 1, and is available for the employee only.

Plan B

Plan B is available to employees **electing our medical coverage** and allows you to elect dental, vision, and short-term disability insurance with one simple enrollment.

Included in both Plan A and Plan B:

Dental, Vision, Bundle Short-Term Disability plan

See page 13 for information about your Short-Term Disability benefit options (Bundle plan vs. Optional plan).



Dental Insurance

Our Florida Combined Life Insurance Company dental plan allows you to visit any licensed dentist you like – but you make the most of your plan when you choose an in-network dentist. To locate an in-network provider, visit floridabluedental.com/find-a-dentist | when searching the directory, be sure to enter your dental plan name as indicated on your ID card (Blue Dental Choice True Group)

In-network dentists provide:

Quality Assurance

Network dentists are monitored for proper licensing, cleanliness, and safety.

No pre-payment

You'll pay only your portion of the bill. Insurance pays your dentist directly.

No balance billing

You won't be charged more than the contracted rate.

Lower prices

Through reduced fees



	BlueDental Choice True Group Dentist	Plus Balance Billing
	In-Network Coverage	Out-of-Network Coverage
Annual Deductible DED	\$50 individual; \$150 family	\$50 individual; \$150 family
Annual Maximum Benefit	\$1,500 per person	\$1,500 per person
Preventive Services (Exam, cleaning, x-rays)	100% covered Deductible does not apply	100% covered, plus balance billing Deductible does not apply
Basic Services (Root Canal, Extractions, Fillings)	DED then 20%	DED then 50%, plus balance billing
Major Services (Inlays, Onlays, Crowns, Dentures)	DED then 50%	DED then 50%, plus balance billing
Child Orthodontics (to age 19)	50%, \$1,000 lifetime maximum coverage	50%, \$1,000 lifetime maximum coverage

Your dental benefits go further with Maximum Rollover

How to qualify for Maximum Rollover:

For active BlueDental PPO members, the rollover amount is applied automatically. All you need to do is visit the dentist and receive at least one covered service during the calendar year. Routine clearings qualify, as we encourage you to take advantage of your preventive benefits.

Here's an example of how it works:

If you use less than \$500 of the annual maximum, then the \$350 rollover amount is applied to the next year. In year two, your total benefit is the annual maximum + the \$350 in rollover dollars. You can continue adding rollover dollars up the rollover maximum as long as you qualify.

You can check your Maximum Rollover balance online:

Log in or create an account at FloridaBlue.com; once logged in, click the drop down menu in the top right corner and select 'Dental'. Here you can find a dentist, print or order a new ID card, and get answers to questions. Click "Learn More" in the benefits section to access the benefits portal.

**Florida
Combined Life**

Group Number: 60479
Website: floridabluedental.com

BlueDental plans are offered through Florida Combined Life Insurance Company (FCL), an affiliate of Blue Cross and Blue Shield of Florida, Inc., DBA Florida Blue.

Vision Insurance

Keep your eyes healthy and your vision sharp with comprehensive vision coverage offered through **Standard**. All services except frames are available once every 12 months; **frames are available once every 24 months. Based on date of service.**

Visit www.Standard.com and select **Find an Eye Doctor** to locate a participating provider. **Your network is VSP.**



Balanced Care Vision VSP Choice Network		
	In-Network	Out-of-Network
Eye Examination	\$10 copay	\$10 copay
Prescription Glasses Lenses and/or frames	In network \$25	Out of Network \$25
Glasses		
Lenses - Single	100% covered after copay	Up to \$30 reimbursement
Lenses - Lined Bifocal	100% covered after copay	Up to \$50 reimbursement
Lenses - Lined Trifocal	100% covered after copay	Up to \$65 reimbursement
Frames	\$130 allowance after copay	Up to \$100 reimbursement
Contacts		
Elective Contact Lenses	\$130 allowance	Up to \$105 reimbursement
Medically Necessary Contacts	Covered 100%	Up to \$210 reimbursement

Elective contact lenses are in lieu of glasses (lenses & frames). You are not eligible for glasses under our plan until 12 months after you receive contacts and vice-versa.

The Standard

Group Number: 169306
 Website: www.standard.com
 Phone: 800.877.7195

ID cards are not provided for vision care. In-network providers can confirm your coverage details using your name.

Life and Disability Insurance

Life Insurance

Basic Life Insurance

If you're a full-time employee working at least 17 hours per week, we'll provide you with free Basic Life and Accidental Death and Dismemberment (AD&D) insurance in the amount of \$27,000 through The Standard. AD&D coverage is designed to pay a benefit if you pass away due to an accident, and may pay a partial benefit if an accident causes a loss of certain functions. The amount of your benefit begins to reduce by 50% beginning at age 75. See the policy for coverage and age reduction details.

Supplemental Life and AD&D Insurance

You have the opportunity to elect and purchase additional life insurance for yourself, your spouse, and your dependent child(ren) through The Standard. If you elect Supplemental Life coverage, you are also eligible to elect AD&D coverage. Your AD&D coverage amount does not need to be equal to your supplemental life insurance amount.

Your cost for coverage depends on your age and the amount of coverage you elect.

	For you	For your spouse	For your child(ren)
Supplemental Life Insurance			
Available increments	\$10,000	\$5,000	\$5,000
Coverage maximum	Combined basic life and additional life cannot exceed 8 times your annual earnings \$250,000	Spouse and dependent coverage cannot exceed 100% of employee additional life coverage \$145,000	\$10,000
Medical question limit	Three times your salary to \$250,000	\$20,000	\$10,000
Supplemental AD&D Insurance			
Available increments	\$10,000	\$5,000	\$5,000
Coverage maximum	\$250,000	\$145,000	\$25,000

Long-Term Disability Insurance

All full-time active employees working at least 25 hours per week are provided long-term disability insurance through The Standard at no cost to you. After 180 days of inability to work, the plan pays 60% of your pre-disability base income to a maximum of \$6,000 per month. Payments may continue for up to two years if you are not able to perform the duties of your own occupation, or until age 65 if you are not able to perform the duties of any occupation. If you become disabled after age 65, benefit payments depend on your age.

The Standard

Group Number: 169306
 Website: www.standard.com
 Phone: 800.547.9515

Short-Term Disability Insurance

Short-Term Disability insurance through Standard provides you an option to purchase disability insurance, ensuring your paycheck is protected in the event you suffer an accident or illness that does not allow you to work for a period of time.

The Bundle Plan is included in Plan A and Plan B; the Optional Plan is available either as a standalone plan or as a buy-up option if you choose to enroll in the bundle package (Plan A or Plan B). Pregnancy is covered.

	Bundle Plan	Optional Plan
	Included in Plan A and Plan B	Standalone or a buy-up option
When benefits begin	Accident / injury: on the 1st day of your inability to work Sickness / illness: after 7 days of your inability to work	
How much it pays	66 2/3% of your income up to \$125 per week	66 2/3% of your income up to \$1,175 per week
How long payments last	Up to 180 days (about 26 weeks) if you remain unable to work	

If you:

- elect Plan A or Plan B, and
- your income is **less than \$13,600** per year, the Optional plan will not provide you with any additional benefit.

Please Note:

A Medical Questionnaire is not required for New Hires and employees electing STD during open enrollment.

Disability is more common than you think

More than one in four of today's 20-year-olds can expect to be out of work for at least a year because of a disabling condition before they reach the normal retirement age.

Source: Social Security Administration



Voluntary Benefits

Hospital Indemnity Coverage

Available for purchase through **The Standard**

- Designed to help offset your out-of-pocket expenses due to hospitalization from sickness or injury, and outpatient surgery.
- Benefit is Guaranteed Issue, meaning no medical questions asked
- Benefits available:
 - » Hospital Admission - \$1,000/Calendar year
 - » Hospital Confinement - \$2500/Day
 - » Critical Care Unit (CCU) Confinement - \$250/Day
 - » Number of covered days per confinement – 31 days
 - » Health Maintenance Screening - \$50
 - » Coverage for Pregnancy and COVID-19 included

Speak to a Benefit Counselor for additional details

Critical Illness Coverage

Available for purchase through **The Standard**

- Pays a lump sum benefit for major illnesses including cancer, heart attacks, strokes, Kidney Failure, Brain Tumor, Advanced Alzheimer’s Disease, and much more
- Choose a \$10,000 or \$20,000 Benefit Amount
- Benefit is Guaranteed Issue, meaning no medical questions asked
- Family Coverage is available
- Spouse benefit is 50% and Child Benefit is 25% of the Employee Amount
- Wellness Benefit included
 - » \$50 per insured per calendar year

Speak to a Benefit Counselor for additional details

Accident Coverage

Available for purchase through **The Standard**

- » Designed to help ease the financial pain of on-or-off the job covered accidents
- Benefits are paid based on injuries and treatments
 - » Hospital Admission: \$2,500
 - » Daily Hospital Confinement: \$700/day
 - » Emergency Room, Doctor’s Visit, and Urgent Care: \$600
 - » X-Ray: \$400
 - » Follow Up Care: \$450 (Up to 3 Visits)
 - » And Much More!
- Wellness benefit included
 - » \$50 per member
- Family coverage is available

Speak to a Benefit Counselor for additional details

Universal Life with Long Term Care

Available for purchase through Trustmark

- Universal Life Insurance through Trustmark is designed to match your needs throughout your lifetime.
- Coverage is available for employees, spouses, and children.
- Guaranteed Issue Coverage is available, meaning no medical questions asked (up to a certain limit)
- Death benefit is paid upon your passing if you remain covered by the policy.
- Long-Term Care (Living) benefit pays 4% of your death benefit per month for 25 months, without depleting your death benefit.
- Your cost depends on your age and the coverage elected.

Speak to a Benefit Counselor for additional details

Your Cost for Coverage

Your per paycheck (24 deductions per year) cost for coverage

Medical Insurance

Coverage Level	BlueCare 128/129	BlueOptions 05182/05183	BlueOptions 05901	BlueOptions 03160/03161	BlueCare 132/133
EE Only	\$50.85	\$116.29	\$158.24	\$164.30	\$21.75
FAMILY	\$192.35	\$339.54	\$422.46	\$447.39	\$126.73

Other Benefits

Plan A is for employees who waive medical insurance with Bradford County School District and includes:

- Dental insurance
- Vision insurance
- Short-Term Disability Coverage (\$125 week max). (Buy up is optional)
- Hospital Indemnity plan
- Annual Physical Exam Benefit

Coverage Level	Plan A
EE Only	\$0
EE + SP	\$19.05
EE + CH	\$26.03
FAMILY	\$46.84



Plan B is for employees who elect medical insurance with Bradford County School District and includes:

- Dental insurance
- Vision insurance
- Short-Term Disability Coverage (\$125 week max). (Buy up is optional)

Coverage Level	Plan B
EE Only	\$22.86
EE + SP	\$41.91
EE + CH	\$48.89
FAMILY	\$69.70



Annual Notices and Disclosures

This section contains important information about your benefits and rights. Please read the following pages carefully and contact Payroll Specialist/Department with any questions you have.

HIPAA Special Enrollment Rights

If you are declining enrollment 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).

In addition, if you have a new dependent as a result of 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, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact your Benefits or HR Administrator.

Section 111

Effective January 1, 2009 Group Health Plans are required by the Federal government to comply with Section 111 of the Medicare, Medicaid, and SCHIP Extension of 2007's new Medicare Secondary Payer regulations. This mandate is designed to assist in establishing financial liability of claim assignments. In other words, it will help to establish who pays first. The mandate requires Group Health Plans to collect additional information such as social security numbers for all enrollees, including dependents aged six months or older. Please be prepared to provide this information on your Benefit Enrollment Form when enrolling into benefits.

Women's Health and Cancer Rights Act of 1998

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for all stages of reconstruction of the breast on which the mastectomy was performed, surgery and reconstruction of the other breast to produce a symmetrical appearance, prostheses; and treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

Newborns' and Mothers' Health Act

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

Patient Protection

If your group health plan requires or allows the designation of a primary care provider, you have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. If the plan or health insurance coverage designates a primary care provider automatically, until you make this designation, the group health plan will make 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 health plan. For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from the group health plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a healthcare professional in our network who specializes in obstetrics or gynecology. The healthcare 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 healthcare professionals who specialize in obstetrics or gynecology, or for information on how to select a primary care provider, and for a list of the participating primary care providers, contact the Plan Administrator or refer to the carrier website.

It is your responsibility to ensure that the information provided on your application for coverage is accurate

and complete. Any omissions or incorrect statements made by you on your application may invalidate your coverage. The carrier has the right to rescind coverage on the basis of fraud or misrepresentation.

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 **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 **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 July 31, 2021. Contact your state for more information on eligibility.

ALABAMA – Medicaid
http://myalhipp.com 855.692.5447
ALASKA – Medicaid
The AK Health Insurance Premium Payment Program http://myakhipp.com/ 866.251.4861 CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx
ARKANSAS – Medicaid
http://myarhipp.com 855.MyARHIPP (855.692.7447)
CALIFORNIA – Medicaid
Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp 916.445.8322 Email: hipp@dhcs.ca.gov
COLORADO – Medicaid and CHIP
Health First Colorado (Colorado’s Medicaid Program) https://www.healthfirstcolorado.com Member Contact Center: 800.221.3943 State Relay 711 Child Health Plan Plus (CHP+) https://www.colorado.gov/pacific/hcpf/child-health-plan-plus Customer Service: 800.359.1991 State Relay 711 Health Insurance Buy-In Program (HIBI) https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 855.692.6442
FLORIDA – Medicaid
www.flmedicaidtprrecovery.com/flmedicaidtprrecovery.com/hipp/index.html 877.357.3268
GEORGIA – Medicaid
https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp 678.564.1162, ext. 2131
INDIANA – Medicaid
Healthy Indiana Plan for low-income adults 19-64 http://www.in.gov/fssa/hip/ 877.438.4479 All other Medicaid https://www.in.gov/medicaid/ 800.457.4584
IOWA – Medicaid and CHIP (Hawki)
Medicaid: https://dhs.iowa.gov/ime/members 800.338.8366 Hawki: http://dhs.iowa.gov/Hawki 800.257.8563 HIPP: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp 888.346.9562
KANSAS – Medicaid
https://www.kancare.ks.gov/ 800.792.4884
KENTUCKY – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx 855.459.6328 KIHIPPPROGRAM@ky.gov KCHIP: https://kidshealth.ky.gov/Pages/index.aspx 877.524.4718 Medicaid: https://chfs.ky.gov
LOUISIANA – Medicaid
www.medicaid.la.gov or www.ldh.la.gov/lahipp 888.342.6207 (Medicaid hotline) or 855.618.5488 (LaHIPP)

MAINE – Medicaid
Enrollment: https://www.maine.gov/dhhs/ofi/applications-forms 800.442.6003 TTY: Maine relay 711 Private Health Insurance Premium: https://www.maine.gov/dhhs/ofi/applications-forms 800.977.6740 TTY: Maine relay 711
MASSACHUSETTS – Medicaid and CHIP
https://www.mass.gov/info-details/masshealth-premium-assistance-pa 800.862.4840
MINNESOTA – Medicaid
https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp 800.657.3739
MISSOURI – Medicaid
http://www.dss.mo.gov/mhd/participants/pages/hipp.htm 573.751.2005
MONTANA – Medicaid
http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP 800.694.3084
NEBRASKA – Medicaid
http://www.ACCESSNebraska.ne.gov Phone: 855.632.7633 Lincoln: 402.473.7000 Omaha: 402.595.1178
NEVADA – Medicaid
http://dhcfp.nv.gov 800.992.0900
NEW HAMPSHIRE – Medicaid
https://www.dhhs.nh.gov/oii/hipp.htm 603.271.5218 Toll free number for the HIPP program: 800.852.3345, ext. 5218
NEW JERSEY – Medicaid and CHIP
Medicaid: http://www.state.nj.us/humanservices/dmahs/clients/medicaid 609.631.2392 CHIP: http://www.njfamilycare.org/index.html 800.701.0710
NEW YORK – Medicaid
https://www.health.ny.gov/health_care/medicaid/ 800.541.2831
NORTH CAROLINA – Medicaid
https://medicaid.ncdhhs.gov/ 919.855.4100
NORTH DAKOTA – Medicaid
http://www.nd.gov/dhs/services/medicalserv/medicaid 844.854.4825
OKLAHOMA – Medicaid and CHIP
http://www.insureoklahoma.org 888.365.3742
OREGON – Medicaid
http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html 800.699.9075

PENNSYLVANIA – Medicaid
https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx 800.692.7462
RHODE ISLAND – Medicaid and CHIP
http://www.eohhs.ri.gov 855.697.4347 or 401.462.0311 (Direct Rlte Share Line)
SOUTH CAROLINA – Medicaid
http://www.scdhhs.gov 888.549.0820
SOUTH DAKOTA – Medicaid
http://dss.sd.gov 888.828.0059
TEXAS – Medicaid
http://gethiptexas.com 800.440.0493
UTAH – Medicaid and CHIP
Medicaid: https://medicaid.utah.gov CHIP: http://health.utah.gov/chip 877.543.7669
VERMONT – Medicaid
http://www.greenmountaincare.org 800.250.8427
VIRGINIA – Medicaid and CHIP
https://www.coverva.org/en/famis-select https://www.coverva.org/hipp/ Medicaid and Chip: 800.432.5924
WASHINGTON – Medicaid
https://www.hca.wa.gov/ 800.562.3022
WEST VIRGINIA – Medicaid
http://mywvhipp.com/ 855.MyWVHIPP (855.699.8447)
WISCONSIN – Medicaid and CHIP
https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm 800.362.3002
WYOMING – Medicaid
https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ 800.251.1269

To see if any other states have added a premium assistance program since July 31, 2021, or for more information on special enrollment rights, contact either:

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

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
877.267.2323, Menu Option 4, Ext. 61565

OMB Control Number 1210-0137 (expires 1/31/2023)

MEDICARE D NOTICE

IMPORTANT NOTICE ABOUT YOUR PRESCRIPTION DRUG COVERAGE & MEDICARE:

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Bradford County School District 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. Bradford County School District has determined that the prescription drug coverage offered by Florida Blue for the plans 03160/61, 05901, 05182/83, and 128/129 is, on average for all 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 Bradford County School District prescription coverage will be affected. You can not keep your coverage with Bradford County School District if you elect Part D coverage. If you decide to join a Medicare drug plan and drop your current coverage under the Bradford County School District Medical Plan, be aware that you and your dependents will not be able to get this coverage back.

See pages 7- 9 of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at <http://www.cms.hhs.gov/CreditableCoverage/>), which outlines the prescription drug plan provisions/ options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Bradford County School District 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 the 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 November to join.

For More Information About This Notice or Your Current Prescription Drug Coverage:

Contact your Personnel Department. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage with Prime Therapeutics changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare 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 **800.MEDICARE (800.633.4227)**. TTY users should call **877.486.2048**.
- For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at **800.772.1213** (TTY **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).

Date: October 1, 2021
Name of Entity/Sender: Bradford County School District
Address: 501 West Washington Street
Starke, FL 32091
Phone Number: (904) 966-6018



Notes

Notes



This benefit summary prepared by



Gallagher

Insurance | Risk Management | Consulting