

# DISTRICT BENEFITS HANDBOOK

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October 1, 2023 -  
September 30, 2024



**RETIREES**

# Enrollment Basics

## WHO YOU CAN COVER

In order to be eligible to enroll in the benefits we provide, you or your dependents must meet the following eligibility criteria:

### Retirees

Must be a Bradford County School District Retiree, participating in retiree coverage upon your initial retiree enrollment opportunity.

### Spouse

The person to whom you are legally married.

### Legal Dependent child(ren)

Children up to age 26.

### Legal Dependent child(ren)

- Medical: eligible through December 31 following the child's 26th birthday. Extended coverage through age 30 may be available, please reach out to Human Resources for more information.
- Dental & Vision: eligible until the end of the month they turn 26; Orthodontia until age 19
- Voluntary Child Life insurance: eligible until the end of the month they turn 26

### Disabled dependents

Dependents who become disabled before age 26 and rely on you for support may be eligible.

## WHEN YOU CAN ENROLL

### When you transition to a Bradford County School District Retiree

As a Bradford County School District Retiree, you are eligible to participate and/or continue in the benefit options available to you upon your initial retirement with the district. There is no lapse in coverage, and your coverage begins upon your retirement date. If you decline coverage, you will not have the option to elect again as a retiree.

### During Open Enrollment

Open Enrollment is your opportunity to evaluate your benefit options and make changes for the following plan year. Benefits selected during Open Enrollment are effective October 1, 2023 – September 30, 2024. Open enrollment will be held beginning **August 4, 2023 – August 16, 2023 at the District Locations.**

As a retiree, these are your options for consideration:

- You may change plans, such as switching from an HMO to a PPO
- You can add or remove dependents
- You can drop current elections, but as a retiree will not have the option to re-enroll
- You cannot add any products you had previously waived as a retiree

## MID-YEAR CHANGES

You may make changes to your benefits elections if you experience a qualified life event. The changes you make must be the result of, and consistent with, the qualified life event that occurred.

Mid-year change requests and supporting documentation must be submitted within 30-days of the date of the event.

### EXAMPLES OF QUALIFIED LIFE EVENTS:

- Birth, adoption, legal guardianship or placement for adoption
- Marriage, divorce or annulment
- Death of a dependent
- Gain or loss of other creditable coverage

### IMPORTANT TO KNOW

#### How to make mid-year changes to your benefits if you've experienced a qualified life event

- Contact our benefits consultant Rebecca Jones for additional assistance.  
[rjones@mbaileygroup.com](mailto:rjones@mbaileygroup.com); 904-417-6017 or contact The District Office.
- Supporting documentation will be requested to support the change being made.
- If you do not request the change and provide the necessary documentation within 30 days of your qualified life event (QLE), you will have to wait until the next Open Enrollment to make the change.

# Choosing a Medical Plan

Your medical coverage is administered through **Florida Blue**. You'll have access to a broad network of doctors and hospitals, providing you with quality care and significant savings in comparison to receiving services out-of-network.

Your pharmacy benefits are included in the cost of your medical plan. You may purchase up to a 30-day supply of covered drugs when you fill your prescription at a participating retail pharmacy. You can use the mail-order pharmacy program if you use a maintenance medication, such as those for blood pressure or cholesterol. The mail-order pharmacy program offers up to a 90-day supply at a reduced cost to you.

## PLAN HIGHLIGHTS

- Preventative services are covered at 100% on all medical plan offerings. Please visit [www.floridablue.com](http://www.floridablue.com) to visit the Preventive Care guidelines.
- Plans that utilize the "BlueCare" network are Florida-based in-network plans only. While creating a cost-savings, you must stay in the BlueCare network. You can search providers at [www.floridablue.com](http://www.floridablue.com). Please note that if you are accessing care outside the state of Florida, you have coverage in TRUE emergency situations only.
- Plans that utilize the "BlueOptions" network have in and out-of-network benefits. Noting if you stay in-network you receive the most savings from your plan. The BlueOptions network is Nationwide.

## MEDICAL AND PRESCRIPTION DRUG PLANS

See the summary of your medical and prescription benefits below. For complete details, exclusions and limitations, and out-of-network benefits, see the Certificates of Coverage available at the District Office. [Group #60479](#)

### NEW PLAN

	BlueCare HMO HSA 132/133	BlueCare HMO HSA 128/129	BlueCare HMO 78	BlueOptions PPO 5901
MEDICAL BENEFITS	In-Network Only	In-Network Only	In-Network Only	In- & Out-of- Network
<b>Calendar Year Deductible</b> Individual Person / Family	\$3,000 \$6,000 / \$6,000	\$2,500 \$5,000 / \$5,000	\$500 PP	\$2,000 PP
<b>Out-of-Pocket Maximum</b> Individual Person / Family	\$6,550 \$6,850 / \$13,100	\$5,000 \$6,850 / \$10,000	\$8,700 / \$17,400	\$6,350 PP \$12,700 FAM
<b>Coinsurance (% the plan pays)</b>	70%	80%	50%	50%
<b>Preventive Services</b>	100%	100%	100%	100%
<b>Office Visits</b> Virtual Visits Primary Care Specialist	CYD + 30%	CYD + 20%	\$0 \$35 \$85	\$0 \$35 \$75
<b>Urgent Care</b>	CYD + 30%	CYD + 20%	\$85	Visits 1 – 2 \$0 CYD + 50%
<b>Mental Health</b>	CYD + 30%	CYD + 20%	\$0	\$0
<b>Emergency Room</b>	CYD + 30%	CYD + 20%	CYD + 50%	CYD + 50%
<b>Inpatient Hospital</b>	CYD + 30%	CYD + 20%	CYD + 50%	\$2,000
<b>Outpatient Procedures</b> Hospital Ambulatory Surgery Center	CYD + 30%	CYD + 20%	CYD + 50%	\$300 CYD + 50%
<b>Outpatient Diagnostic Tests</b> (X-Ray/Bloodwork) Clinical Lab Independent Testing Facility	CYD + 30%	CYD + 20%	\$0 \$85	\$0 \$50
<b>Advanced Imaging</b> MRI, CT, PET, etc.	CYD + 30%	CYD + 20%	CYD + 50%	\$200
PRESCRIPTION BENEFITS				
<b>Retail Pharmacy</b> Generic / Preferred Brand / Non-Preferred Brand	CYD + \$10 / 20 % / Not Covered	CYD + \$10 / \$50 / \$80	\$10 / \$50 / \$80	\$10 / \$50 / \$80
<b>Mail Order (90-day supply)</b> Generic / Preferred Brand / Non-Preferred Brand / Specialty	CYD + \$25 Generic Only	CYD + \$25 / \$125 / \$200	\$25 / \$125 / \$200	\$25 / \$125 / \$200

## Additional Features for Florida Blue Medical Enrollees

When you enroll in a Florida Blue medical plan, there are a lot of added value resources for our District employees.

### NEXT STEPS HEALTH COACHING!

Individualized Health Coaching can support your wellness journey through education and motivation at NO additional cost.

- ✓ One on One Support by a Registered Nurse to assist with:
  - ✓ Adopting healthy eating habits
  - ✓ Lose weight
  - ✓ Find ways to become active in your daily routine
  - ✓ Stress Management
  - ✓ Manage high Cholesterol, blood pressure and blood sugar
  - ✓ Quit using nicotine

Two easy ways to enroll for Florida Blue members and those 18 and older on your plan.



**Email:**  
nextsteps@floridablue.com



**Call:**  
800-477-3736, ext. 54837  
TTY, call 800-955-8771 or 711  
Monday–Friday, 8 a.m.–5 p.m. EST



**Florida Blue**   
Your local Blue Cross Blue Shield

A helping hand to  
manage your diabetes



Personalized Support & Resources to help you manage your Health.



**Care Consultants** can help you understand your health benefits and treatment options: 888-476-2227.



**Care coordination** helps with disease management and extended care to ensure your treatment and recovery are on the right path: 888-476-2227.



**Blue365**, an exclusive national member discount program, offers savings on gym memberships, vision care, hearing aids, weight management programs and more.



**Member website** and **mobile app** give you 24-hour access to your plan information, ID cards, cost comparisons and more.

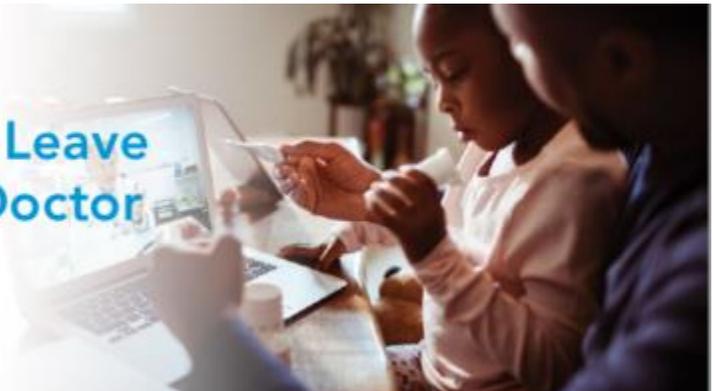
# Medical Plan Comparison & Considerations

Bradford County School District 10/1/2023	BlueCare HMO HSA 132/133	BlueCare HMO HSA 128/129	BlueCare HMO 78	BlueOptions PPO 5901
	Current Plan	Current Plan	NEW	Current Plan
<b>IN NETWORK</b>				
Deductible (CYD): (Ind / Fam)	\$3,000/\$6,000/\$6,000	\$2,500/\$5,000/\$5,000	\$500	\$2,000
Coinsurance: Carrier / Member	70% / 30%	80% / 20%	50% / 50%	50% / 50%
Physician Services: PCP / Specialist	CYD + 30%	CYD + 20%	\$35 / \$85	\$35 / \$75
Telemedicine / Virtual Visits	CYD + 30%	CYD + 20%	\$0	\$0
Inpatient Hospital Services	CYD + 30%	CYD + 20%	CYD + 50%	\$2,000 (Opt1) / \$3,000 (Opt2)
Provider Services in Hospital and ER	CYD + 30%	CYD + 20%	CYD + 50%	CYD + 50%
Independent Diagnostic Lab/X-Ray/Al	CYD + 30%	CYD + 20%	\$0 / \$85 / CYD + 50%	\$0 / \$50 / \$200
Outpatient Surgery and Services	CYD + 30%	CYD + 20%	CYD + 50%	\$300 (Opt1) / \$400 (Opt2)
Emergency Room Services	CYD + 30%	CYD + 20%	CYD + 50%	CYD + 50%
Urgent Care Services	CYD + 30%	CYD + 20%	\$85	CYD + 50%
Prescription Drugs - Generic	CYD + \$10	CYD + \$10	\$10	\$10
Prescription Drugs - Brand	CYD + 20%	CYD + \$50	\$50	\$50
Prescription Drugs - Specialty	Not Covered	CYD + \$80	\$80	\$80
Mental Health (Inpatient / Outpatient)	CYD + 30%	CYD + 20%	\$0 / \$0	\$0 / \$0
Out of Pocket Maximum (Ind / Fam)	\$6,550/\$6,850/\$13,100	\$5,000/\$6,850/\$10,000	\$8,700 / \$17,400	\$6,350 / \$12,700
<b>OUT OF NETWORK</b>				
Deductible (Individual / Family)				\$6,000
Coinsurance: Carrier / Member				50% / 50%
Inpatient Hospital Services	No Coverage	No Coverage	No Coverage	CYD + 50%
Outpatient Surgery				CYD + 50%
Out of Pocket Maximum (Ind / Fam)				\$30,000 Per Person / Per Family
<b>Plan Considerations</b>				
	High Deductible Health Plan Can be paired with a Health Savings Account All costs to EE until meets the Deductible	High Deductible Health Plan Can be paired with a Health Savings Account All costs to EE until meets the Deductible	1st Dollar Coverage Offered Immediate Access to RX Copays Must Stay in the BlueCare Network Must label a Primary Care Physician Open Access - No Referrals Needed Must be a TRUE Emergency - Out-of-State Away from Home Care Program May Apply Teladoc Included	1st Dollar Coverage Offered Immediate Access to RX Copays Open Access - No Referrals Needed Out-of-State Benefits Offered (In-Network) Teladoc Included



## You Don't Have to Leave Home to See the Doctor

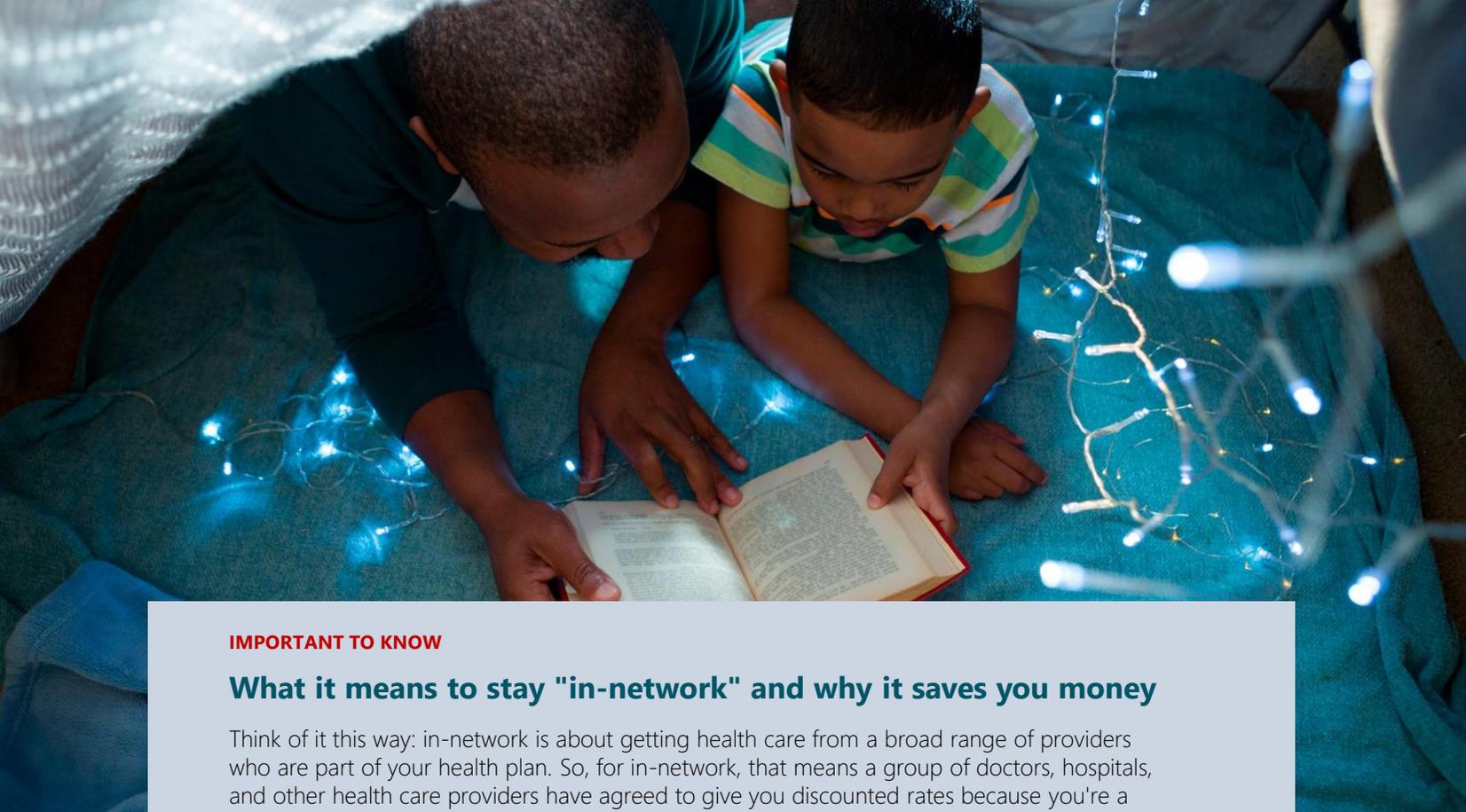
Virtual Visits Deliver Care Anytime, Anywhere



### It's easy

- ☑ Call your in-network doctor and ask if they offer virtual visits. They already know you and have access to your medical records.
- ☑ If your primary care doctor doesn't offer virtual visits or if you need care after hours, Teladoc offers primary care 24/7. Teladoc also offers specialist care for dermatology and mental health.
  - Register by downloading the Teladoc mobile app, visit Teladoc.com or call 800-TELADOC (835-2362).
  - Fill out your medical history.
  - Request a visit. State the reason for your visit and your preferred time.
  - Enter the virtual waiting room for your appointment.

During a virtual visit, you can be diagnosed, treated and prescribed medication. If you use Teladoc, details of your visit can be shared with your family doctor at your request.



**IMPORTANT TO KNOW**

**What it means to stay "in-network" and why it saves you money**

Think of it this way: in-network is about getting health care from a broad range of providers who are part of your health plan. So, for in-network, that means a group of doctors, hospitals, and other health care providers have agreed to give you discounted rates because you're a Florida Blue member.

They negotiate for you, so, you'll have fewer out-of-pocket costs when you get care. And they can't send you a bill for more than what has been agreed to - this is called balance billing and you're safe from it, as long as you stay in-network.

**MEDICAL PLAN PREMIUMS**

Your employee contributions for this plan year are based on your choice of plan and coverage tier.

Listed below are per-pay-period costs for you and your dependents effective October 1, 2023 – September 30, 2024:

	<b>BlueCare HMO HSA 132/133</b>	<b>BlueCare HMO HSA 128/129</b>	<b>BlueCare HMO 78</b>	<b>BlueOptions PPO 5901</b>
<b>MONTHLY COSTS</b>				
<b>Retiree Only</b>	\$514.64	\$581.28	\$676.06	\$815.68
<b>Retiree + Family</b>	\$1,160.30	\$1,310.58	\$1,523.54	\$1,837.42

If you would like to search Florida Blue & the marketplace for alternate plans for you or your dependents, please feel free to reach out to our dedicated Florida Blue agent Tammy Evans. See contact on the last page of this booklet.

# Health and Well-Being Resources

We are dedicated to helping you and your family be healthy and fit. As a covered member, you and your covered dependents have access to the following benefits and resources.

## PREVENTIVE CARE

One of the best ways to stay healthy and mitigate health risks is to follow established guidelines around preventive care, including check-ups, screenings, and immunizations. Your medical, dental, and vision plans cover in-network eligible well care visits, screenings and immunizations at no cost for you and your covered family members.

If you use out-of-network providers, deductibles and coinsurance apply.

## TELEMEDICINE

If you have a cold, sore throat, sinus problem or other benign conditions, you may be able to skip the doctor's office and receive expert care from the comfort of home. This virtual visit benefit allows you to video conference with a doctor using either your mobile device or computer. If a prescription is needed, your doctor will send the script to the pharmacy of your choice.

To learn more about virtual visits, visit [www.floridablue.com](http://www.floridablue.com).

1. Access to virtual visits and prescription services may not be available in all states.

## ONLINE AND MOBILE RESOURCES

You can stay on top of your benefits anywhere you go thanks to the mobile apps and websites our benefit carriers provide. These tools give you the ability to:

- Find a provider and care
- Download an ID card
- Check your benefits
- Review your claims
- Compare costs
- Access discounts
- Contact customer support

## FINDING PROVIDERS

Medical — FloridaBlue - [www.floridablue.com](http://www.floridablue.com)

1. Choose "Find a Doctor"
2. Select a Plan— "BlueOptions or Blue Care (HMO)"
3. Select the provider type
4. Select a Location
5. Enter a Provider Name or simply click "Search Now"

## FINDING PROVIDERS OUTSIDE OF THE STATE OF FLORIDA [WWW.BCBS.COM](http://WWW.BCBS.COM)

**Important - For BlueOptions Plan Only**

1. Choose "Find a Doctor"
2. Select "In the United States" or "Outside the United States"
3. Select your Location and Plan
4. Search by Category or Provider Name
5. BlueCare HMO plans do not have out-of-state benefits except for true emergencies

## PRESCRIPTION DISCOUNTS

GoodRx is a prescription discount service separate from your Florida Blue health insurance. On [www.goodrx.com](http://www.goodrx.com), you can browse for your prescription to view the costs at local and big box pharmacies. You can also search for coupons and other pharmacy discount programs.

GoodRx is accepted at thousands of pharmacies, it is easy, free, and no sign-up is required.

Be sure to register on our carrier partners' websites and download their apps so that you can access your benefits information anytime, anywhere.

# Dental Benefits

Keeping your mouth healthy has a big impact on your overall health.

If you choose to enroll in dental coverage, it is provided through **Florida Combined Life Insurance Company**, also known as **Florida Blue Dental**. **Group #60479**

You may view your benefits, print an ID card and locate in-network dental providers by visiting [www.floridabluedental.com](http://www.floridabluedental.com)

## KEY FEATURES AND DETAILS

- Maximum Rollover Included – Up to \$500 per year
- No waiting period for any services, including child orthodontia
- BlueDental plans offer access to virtual dentists for dental emergencies at Teledentistry.com.

### IMPORTANT TO KNOW

### Reimbursement schedule for your out-of-network benefits

Florida Blue Dental uses a Fee Schedule also called **Maximum Allowable Charge (MAC)** to calculate out-of-network reimbursements for members. The rates charged per procedure are negotiated between the insurer's in-network providers and the insurance company. Always ask your dental provider to request a predetermination of benefits before major procedures, so you know what your plan covers in and out of network.

## Choice Dental

### IN-NETWORK

<b>Calendar Year Deductible</b>	
Individual	\$50
Family	\$150
<b>Diagnostic &amp; Preventive</b>	
Cleanings, exams, x-rays, sealants, space maintainers, and pediatric fluoride treatments	Covered 100%
<b>Basic Services</b>	
Fillings (including tooth-colored fillings on posterior teeth), repairs, extractions, general anesthesia, endodontics and periodontics	Covered 80% after the deductible
<b>Major Services</b>	
Inlays, onlays, crowns, bridges and implants	Covered 50% after the deductible
<b>Annual Benefit Maximum</b>	<b>\$1,500</b>
<b>Orthodontic Services</b>	50%
<b>Lifetime Orthodontia Max</b>	\$1,000

### OUT-OF-NETWORK

YOU MAY BE BALANCE BILLED IF YOU USE AN OUT-OF-NETWORK PROVIDER

<b>Diagnostic and Preventive</b>	Covered 100%
<b>Basic Services</b>	Covered 80% after the deductible
<b>Major Services</b>	Covered 50% after the deductible
<b>Orthodontic Services</b>	Same as in-network

### MONTHLY COSTS

<b>Retiree Only</b>	\$30.54
<b>Retiree+ Spouse</b>	\$62.34
<b>Retiree + Children</b>	\$77.35
<b>Retiree + Family</b>	\$112.69

# Vision Benefits

Vision coverage is offered through **The Standard**, utilizing the VSP Network of Providers. When you utilize a provider that participates in the network, discounts will be greater and there are no claim forms necessary. Plan participants also have access to discounted lens upgrade options and LASIK eye surgery.

You may view benefits, print an ID card, and search for in-network vision providers at [www.standard.com](http://www.standard.com). **Group #160-169306**

## KEY FEATURES AND DETAILS

- 20% off additional complete pairs of prescription glasses and/or prescription sunglasses
- 20% off any amount above retail allowance on frames
- 15% off laser vision care; 5% off promotional offer for Lasik and PRK.

### IMPORTANT TO KNOW

#### Frequently asked questions

##### What is a benefit allowance?

A benefit allowance gives you a certain dollar amount to use towards contacts and glasses (lenses and frames). When you choose materials that are within that dollar amount or allowance, they are covered at 100%. If you choose a frame exceeding your plan allowance, you'll be responsible for paying the overage, in addition to any applicable copays at the time of your visit.

##### Can I get contacts AND glasses in the same calendar year?

No. You can only get contacts OR glasses in the same calendar year, not both.

## IN-NETWORK

<b>Deductibles</b>	
Exam	\$10 copay
Eye Glass Lenses or Frames	\$25 copay
<b>Eye Exams</b>	
Routine Eye Exam	Covered in FULL
<i>Benefits may be redeemed every 12 months</i>	
<b>Frames</b>	
	\$130 allowance
<i>Benefits may be redeemed every 24 months</i>	20% off the remainder
<b>Lens</b>	
Single Vision	Covered in FULL
Bifocal	
Trifocal	
Lenticular	
Standard Progressive	
<b>Contacts</b>	
Fit & Follow-Up	Participants cost up to \$60
Elective	Up to \$130
Medically Necessary	Covered in Full
<i>Benefits may be redeemed every 12 months</i>	

## OUT-OF-NETWORK

<b>Eye Exams</b>	
Routine Eye Exam	Up to \$45
<b>Frames</b>	Up to \$70
<b>Lens</b>	
Single Vision	Up to \$30
Bifocal	Up to \$50
Trifocal	Up to \$65
Lenticular	Up to \$100
Standard Progressive	N/A
<b>Contacts</b>	
Elective	Up to \$105
Medically Necessary	Up to \$210

## MONTHLY COSTS

<b>Retiree Only</b>	\$6.80
<b>Retiree + Spouse</b>	\$13.10
<b>Retiree + Children</b>	\$12.04
<b>Retiree + Family</b>	\$18.32

# Life and AD&D

Bradford County School District offers Basic Life and Accidental Death and Dismemberment (AD&D) coverage to retirees through The Standard.

(Group #169306)

## AMOUNT OFFERED?

There are two amounts of coverage retirees can elect in: \$5,000 or \$10,000

## HOW MUCH DOES THE COVERAGE COST?

\$5,000 - \$11.50 per month

\$10,000 - \$23.00 per month

## DOES THE COVERAGE AMOUNT CHANGE BASED ON MY AGE?

Not subject to age reductions

# Federal Notices

## IMPORTANT NOTICE FROM BRADFORD COUNTY SCHOOL DISTRICT ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND 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. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

### **There are three 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 all medical plan offerings is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

### **When can you join a Medicare drug plan?**

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

### **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 creditable 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 that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

### **What happens to your current coverage if you decide to join a Medicare drug plan?**

If you decide to join a Medicare drug plan, your current coverage with Bradford County School District will not be affected. Your current coverage pays for health expenses in addition to a prescription drug. If you enroll in a Medicare prescription drug plan, you and your eligible dependents will still be eligible to receive all your current health and prescription drug benefits. [See pages 7 - 11 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.]

If you do decide to join a Medicare drug plan and drop your current Bradford County School District coverage, be aware that you and your dependents will be able to get this coverage back only during a qualified life event or during the annual enrollment period.

For more information about this notice or your current prescription drug coverage...

For further information contact Bradford County School District's Human Resources Department at 904-966-6008. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Bradford County School District 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 [medicare.gov](http://medicare.gov)

Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help

Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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

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

## **MICHELLE’S LAW**

Michelle’s Law protects a postsecondary student from losing full-time student status under an employer’s medical coverage if the student is (i) a dependent child of a participant or beneficiary under the terms of the plan, and (ii) enrolled in a plan on the basis of being a student at a postsecondary educational institution immediately before the first day of a medically necessary leave of absence from school. A dependent covered under the law is entitled to the same benefits as if the dependent continued to be enrolled as a full-time student. The law also recognizes that changes in coverage (whether due to plan design or a subsequent annual enrollment election) pass through to the dependent for the remainder of the medically necessary leave of absence.

## **WOMEN’S HEALTH & CANCER RIGHTS ACT OF 1998 (WHCRA) NOTICE**

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 has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prostheses and physical complications of mastectomy, including lymphedemas, in a manner determined in consultation with the attending physician and the patient.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call your plan administrator.

## **CHIPRA - 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](http://www.healthcare.gov). If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or [www.insurekidsnow.gov](http://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](http://www.askebsa.dol.gov) or call 1-866-444-EBSA (3272).

If you live outside Florida, you may be eligible for assistance paying your employer’s health plan premiums. The following list of states is current as of July 31, 2022. Contact your State for more information on eligibility: See FULL listing by contacting the Bailey Group or The District Office.

## **NOTICE OF 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 Bradford County School District’s Human Resources Department at 904-966-6008.

## **NEWBORNS’ AND MOTHERS’ HEALTH PROTECTION ACT**

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section.

However, federal law generally does not prohibit the mother’s or newborn’s attending provider, after consulting with the mother, from discharging the mother 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 issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

# Key Contacts

CONTACT	PHONE	EMAIL	WEBSITE
<b>Bradford County School District</b> Aimee Ferguson Michael Kidd	904-966-6031 904-966-6008	<a href="mailto:Ferguson.aimee@mybradford.us">Ferguson.aimee@mybradford.us</a> <a href="mailto:Kidd.Michael@mybradford.us">Kidd.Michael@mybradford.us</a>	<a href="https://www.bradfordschools.org/Page/584">https://www.bradfordschools.org/Page/584</a>
<b>Medical</b> Florida Blue Group # 60479	800-352-2583		<a href="http://www.floridablue.com">www.floridablue.com</a>
<b>Dental</b> Florida Blue Group # 60479	888-223-4892		<a href="http://www.floridabluedental.com">www.floridabluedental.com</a>
<b>Vision</b> The Standard Group #160-169306	800-547-9515		<a href="http://www.standard.com/services">www.standard.com/services</a>
<b>Life and Disability</b> The Standard Group #169306 Life	800-628-8600		<a href="http://www.standard.com">www.standard.com</a>
<b>Cobra Continuation</b> Tasc Group # 4821-2066-7706	800-422-4661	Email: Log in to your online account and click on Contact Us	<a href="http://www.tasconline.com">www.tasconline.com</a>
<b>Benefits Consultants</b> The Bailey Group			
Rebecca Jones	904-417-6017	<a href="mailto:rjones@mbaileygroup.com">rjones@mbaileygroup.com</a>	<a href="http://www.mbaileygroup.com">www.mbaileygroup.com</a>
Dan Greene (Worksite)	904-687-8389	<a href="mailto:dgreene@mbaileygroup.com">dgreene@mbaileygroup.com</a>	
Tammy Evans (Individual Health/Medicare)	904-417-6018	<a href="mailto:tevans@mbaileygroup.com">tevans@mbaileygroup.com</a>	



The information in this Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail. The benefit options selected during Open Enrollment will be binding. The terms and provisions will govern you and restrictions of the plans in which you enroll. Generally, unless you experience a qualifying life event, your elections will remain in effect for the entire plan year. If you experience a qualifying life event, you must reach out to Human Resources within 30 days of the event to make changes to your Section 125 benefit offerings. Documentation is required for any changes. By completing your enrollment, you authorize Bradford County School District to deduct contributions from your paycheck, now and in the future, as required under each of the plans. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, contact Human Resources. Bradford County School District reserves the right to change, amend or cease these benefits at any time.