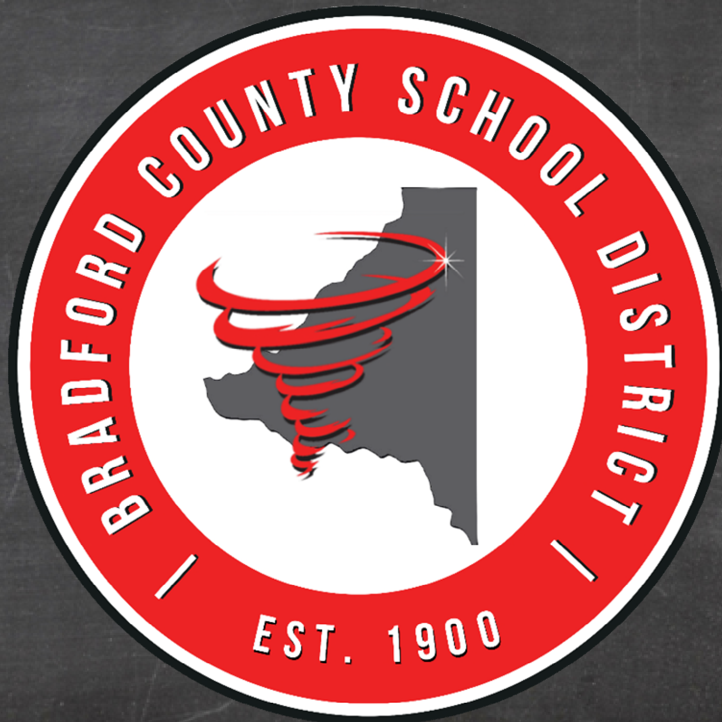

2022
Benefits Guide

Welcome Bradford County School District Employees

Offering the most comprehensive benefits package is very important to us. As well as offering employees' valuable resources and added value benefits that show how much we care about our team.

This booklet will outline your benefit offerings as well as offer the support and resources to help you understand your benefit package, and help you feel confident you have made the right decisions with your coverage.

As you explore your offerings, please take notice that Bradford County School District gives all Full-Time employees the added benefits of a $27,000 life insurance policy. A $27,000 Accidental Death and Dismemberment Policy, and a Long-Term disability policy. Please make sure to update your beneficiaries when they change by contacting our benefits consultants at The Bailey Group.

Thank you for being a part of our District and we look forward to a successful year together.

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Benefits Enrollment Checklist

BEFORE ENROLLING

- Take the time to educate yourself on all of the benefit options that are available to you by reviewing this benefits guide carefully as you consider your plan choices.
- Prepare a list of your doctors and prescriptions while verifying plan networks.

DURING ENROLLMENT

- Be sure to make your elections within 30 days after your eligibility date. If you do not make elections, then you may not be able to enroll and/or make changes to your benefits until the next Open Enrollment period.

AFTER ENROLLMENT

- Check your paycheck stub to ensure your desired benefits are included: If there are any discrepancies, we need to address them *immediately*. Please see Human Resources for additional assistance.
- If you newly elect coverage, you will receive an ID card in the mail. If you continue the same coverage offering, you will need to log into the carrier website to gain access to additional ID cards. See the contact page for additional support.
- Your ID card contains important information about you, your employer group, and the benefits to which you are entitled. Always remember to carry your ID card with you, present it when receiving health care services or supplies, and make sure your provider always has an updated copy of your ID card. You will find access to all ID cards once you create a personalized account on your benefit carrier's website.

If you need any assistance, please contact our benefits coordinator, Rebecca Jones at 904-417-6017; rjones@mbaileygroup.com

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:

Employees

Must be a regular, full-time employee currently meeting the hours worked outlined in your contractual agreements.

Spouse

The person to whom you are legally married.

Dependent child(ren)

Children up to age 26

- 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 from live birth through age 19 (23 if a full-time student; attendance at an accredited educational institution.)

Disabled dependents

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

WHEN YOU CAN ENROLL

After you are hired

Your coverage begins the first day of the month, following 30 days of employment. You must submit your benefits elections by visiting Bradford County School Districts benefits website, PlanSource. More information regarding PlanSource can be found on page 7 of this booklet. You must submit your benefit elections whether enrolling or declining coverage through Bradford County School District and upload all required documentation prior to your coverage effective date.

During Open Enrollment

Open Enrollment is your opportunity to evaluate your benefit options and make changes for the following year. Benefits selected during Open Enrollment are effective October 1, 2022 – September 30, 2023. Open enrollment will be held beginning August 22, 2022 – August 26, 2022. Once you enroll in coverage, you can not change your benefits elections until Open Enrollment the following plan year, effective 10/01/2023 unless you experience an IRS-approved qualifying event. See the following page for more details.

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

- Log in to www.benefits.plansource.com; if you do not remember your username and password, please choose "NEED HELP".

Contact our benefits consultant Rebecca Jones for additional assistance. rjones@mbaileygroup.com; 904-417-6017

- Supporting documentation should be uploaded into the enrollment portal at the time the change is requested
- If you do not request the change and provide the necessary documentation within 30 days, you will have to wait until the next Open Enrollment to make the change

HOW TO ENROLL WITH PLANSOURCE

All benefit elections must be submitted through PlanSource - the employee self-service, online portal for employees to enroll in all benefit plans. Once logged in, you will be able to see benefits offered to you and compare cost.

Please note you will not be able to log in and make your open enrollment elections until August 22, 2022 at 8am. The system closes no later than Thursday, August 26th, 3pm. If you do not log in and confirm your elections, you will be mapped to the same or similar plan option and payroll will adjust accordingly.

Do not miss your opportunity to adjust your benefits!

To start your enrollment

- Visit www.benefits.plansource.com
- Your user ID is your social security number without dashes (i.e. 123456789)
- Your initial password is your birth date in the YYYYMMDD format (i.e. 10/01/2024 = 20241001)
- If you're having trouble remembering your password, click the *"Need Help?"* link just below the login form.

Step 1: Review Profile

- The * indicates a required field. Verify your personal information; if there are changes, you will need to contact Human Resources to make the necessary updates in payroll.
- If you need to add a family member to your coverage, select *Next: Review My Family* and add the family member. You can add eligible family members during this step, even if you are not enrolling them for coverage. Please double check spelling of names and verify dates of birth and social security numbers.

Step 2: Shop Benefits

- Shop each benefit offering, choosing your desired election under the appropriate plan, or declining the benefit entirely. In order to proceed through each enrollment page, use the *Shop Plans* button next to the first benefit type. If you elect coverage with family members, select family members to add to coverage, then click *Update Cart*.

Step 3: Review Beneficiaries

- View, add, or edit beneficiaries for each of your coverages. When adding a beneficiary, click the box next to *Add to all benefits* if you wish to designate the same beneficiary for all coverages.

Step 4: Checkout

- Once you have completed each benefit election, click *Confirm* and *Checkout* at the bottom of the page. Review for accuracy and choose *Checkout*. Your benefit election will not be complete until you hit the Checkout button.

Step 5: Documents

- Under *Your To-Do-List*, upload the required documents if you added any new family members to your coverage.

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.

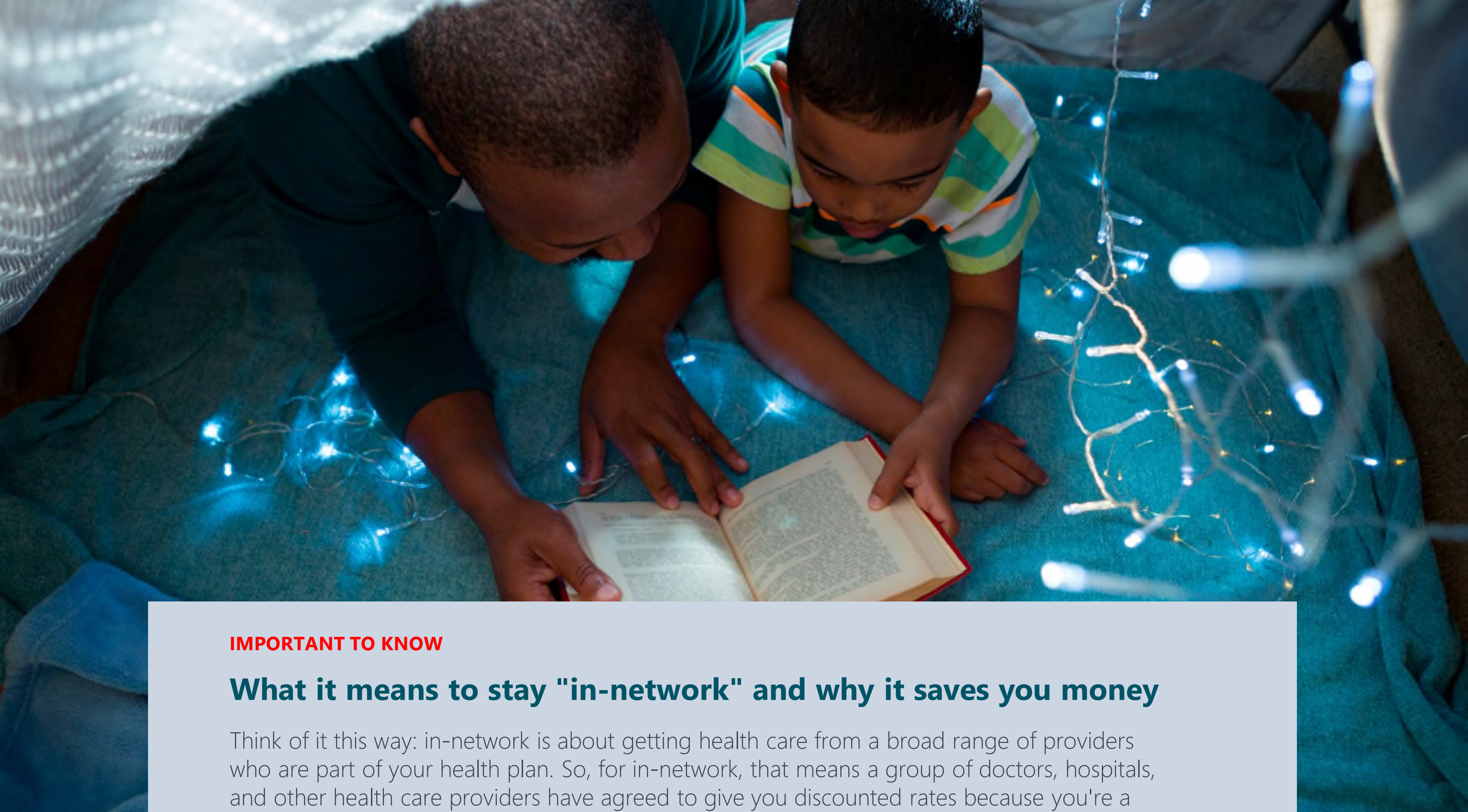
PLAN HIGHLIGHTS

- Preventative services are covered at 100% on all medical plan offerings. Please visit www.floridablue.com to visit the Preventive Care guidelines.
- All plan designs that mention "HSA" are tied to a health savings account option. See page 13 for more details.
- 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. 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 which are available from Human Resources or in the documents section of your benefits website.

	BlueCare HMO HSA 132/133	BlueCare HMO HSA 128/129	BlueOptions PPO HSA 5182/83	BlueOptions PPO 5901	BlueOptions PPO HSA 3160/61
MEDICAL BENEFITS	In-Network Only	In-Network Only	In- & Out-of-Network	In- & Out-of-Network	In- & Out-of-Network
Plan Year Deductible Individual Person Family Aggregate	$3,000 $6,000 / $6,000	$2,500 $5,000 / $5,000	$2,500 $5,000 / $5,000	$2,000 PP	$1,400 $2,800 / $2,800
Out-of-Pocket Maximum Individual Person Family Aggregate	$6,550 $6,850 / $13,100	$5,000 $6,850 / $10,000	$5,000 $6,850 / $10,000	$6,350 PP $12,700 FAM	$5,000
Coinsurance (% the plan pays)	70%	80%	90%	50%	80%
Preventive Services	100%	100%	100%	100%	100%
Office Visits Virtual Visits Primary Care Specialist	PYD + 30%	PYD + 20%	PYD + 10%	$0 $35 $75	PYD + 20%
Urgent Care	PYD + 30%	PYD + 20%	PYD + 10%	Visits 1 – 2 $0 PYD + 50%	PYD + 20%
Mental Health	PYD + 30%	PYD + 20%	PYD + 10%	$0	PYD + 20%
Emergency Room	PYD + 30%	PYD + 20%	PYD + 10%	PYD + 50%	PYD + 20%
Inpatient Hospital	PYD + 30%	PYD + 20%	PYD + 10%	$2,000	PYD + 20%
Outpatient Procedures Hospital Ambulatory Surgery Center	PYD + 30%	PYD + 20%	PYD + 10%	$300 PYD + 50%	PYD + 20%
Outpatient Diagnostic Tests (X-Ray/Bloodwork) Clinical Lab Independent Testing Facility	PYD + 30%	PYD + 20%	PYD + 10%	$0 $50	PYD + 20%
Advanced Imaging MRI, CT, PET, etc.	PYD + 30%	PYD + 20%	PYD + 10%	$200	PYD + 20%
PRESCRIPTION BENEFITS					
Retail Pharmacy Generic / Preferred Brand / Non-Preferred Brand	PYD + $10 / 20 % / Not Covered	PYD + $10 / $50 / $80	PYD + $10/ $50/ $80	$10 / $50 / $80	PYD + $10/ $50/ $80
Mail Order (90-day supply) Generic / Preferred Brand / Non-Preferred Brand / Specialty	PYD + $25 Generic Only	PYD + $25 / $125 / $200	PYD + $25/ $125/ $200	$25 / $125 / $200	PYD + $25/ $125/ $200



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, 2022 – September 30, 2023:

	BlueCare HMO HSA 132/133	BlueCare HMO HSA 128/129	BlueOptions PPO HSA 5182/83	BlueOptions PPO 5901	BlueOptions PPO HSA 3160/61
PER-PAY-PERIOD COSTS (24 Pay)					
Employee Only	$26.81	$56.57	$123.47	$161.25	$172.57
Employee + Family	$138.13	$205.24	$355.72	$440.51	$466.00

WHERE TO GO WHEN YOU NEED CARE

It can be hard to know where to go for medical care – especially in the heat of the moment. But, not every situation calls for a trip to the emergency room.

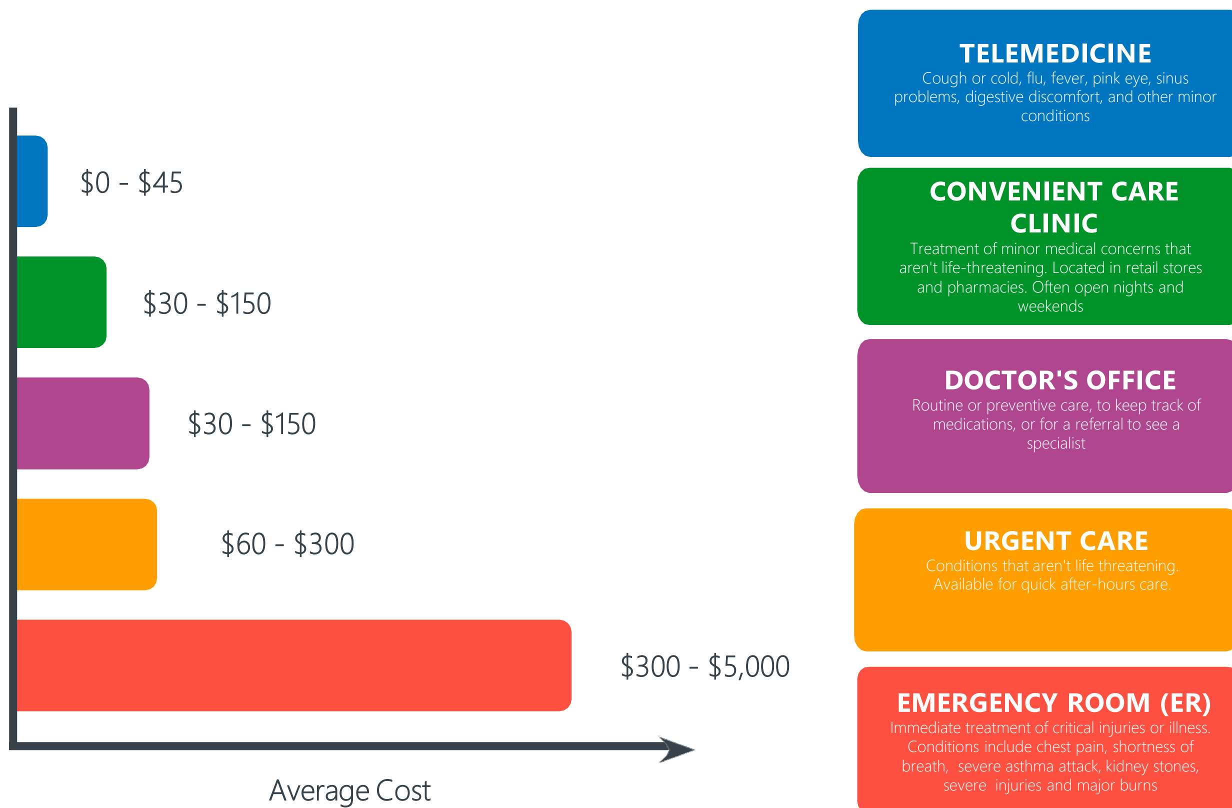
Telemedicine is a great first option!

When you need care (and it isn't a true emergency like one of the conditions listed in the blue box below), call TELADOC. Their doctors can advise you on what to do next. They may even be able to help you resolve or stabilize the situation right there on the spot. Access Teladoc by logging into your personalized account at www.floridablue.com.

Nobody knows you better than your physician!

Your physician has access to your records, knows the bigger picture of your health, and may even offer same-day appointments to meet your needs.

When seeing your physician isn't possible however, it's important to know your options for care that fits your specific needs or situation.



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.

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

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

FINDING PROVIDERS

Medical — FloridaBlue - 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)

Important - For BlueOptions Plans 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, you can browse for your prescription to view that 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.

Health Savings Account (HSA)

If you enroll in a High Deductible Health Plan (HDHP), you should consider contributing to the Health Savings Account administered by visiting a bank that offers these accounts. With an HSA, you can gain more control over your healthcare expenses because contributions, interest, and withdrawals for qualified healthcare expenses are all tax-advantaged. If you choose to enroll in the BlueOptions 5901 PPO Plan, you are not eligible to enroll in an HSA. All other plans offered by Bradford County School District are HSA compatible. (123/132; 128/129, 5182/83 & 3160/61.

WHY HAVE AN HSA?

- If you elect a High Deductible Health Plan (HDHP) and select an HSA, you may be eligible to enroll in our HSA plan
- Contributions are tax deductible
- Withdrawals to pay for eligible expenses are never taxed
- Accumulated interest earnings are tax-deferred, and if used to pay eligible expenses, are tax-free
- Money not used at year-end 'rolls over' for use the next year
- The balance in your HSA account can be invested

ELIGIBILITY REQUIREMENTS

- Must be enrolled in an HSA Compatible High Deductible Health Plan (HDHP)
- Must not be enrolled in Medicare
- Must not be covered by other medical insurance(s) such as a Health Care FSA, HRA and other 'first dollar' coverage
- Must not have received VA medical benefits at any time in the past three months
- May not be claimed as a dependent on another individual's tax return
- Spouse not contributing to/participating in a Health Care FSA through his/her employer

DEBIT CARD

All HSA participants will receive an HSA debit card from your preferred HSA vendor. Your HSA card can be used to pay for qualified medical expenses billed from an insurance company, a physician's office and pharmacies. Transactions with your HSA debit card are secure and will only work to purchase eligible and authorized items.

A full list of qualified expenses can be found in IRS Publication 502, at www.irs.gov/pub/irs-pdf/p502.pdf.

IRS Contribution Amounts for 2022

Individuals: $3,650

Individuals + dependents: $7,300

How to find more information about opening an account:

Call our benefits consultant Rebecca Jones to talk through the options. 904-417-6017; rjones@mbaileygroup.com

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.

You may view your benefits, print an ID card and locate in-network dental providers by visiting 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	
Plan Year Deductible Individual Family	 $50 $150
Diagnostic & Preventive Cleanings, exams, x-rays, sealants, space maintainers, and pediatric fluoride treatments	Covered 100%
Basic Services Fillings (including tooth-colored fillings on posterior teeth), repairs, extractions, general anesthesia, endodontics and periodontics	Covered 80% after the deductible
Major Services Inlays, onlays, crowns, bridges and implants	Covered 50% after the deductible
Annual Benefit Maximum	**$1,500**
Orthodontic Services	50%
Lifetime Orthodontia Max	$1,000
OUT-OF-NETWORK YOU MAY BVE BALANCE BILLED IF YOU USE AN OUT-OF-NETWORK PROVIDER	
Diagnostic and Preventive	Covered 100%
Basic Services	Covered 80% after the deductible
Major Services	Covered 50% after the deductible
Orthodontic Services	Same as in-network
EMPLOYEE COST PER-PAY-PERIOD	
Employee Only	$15.27
Employee+ Spouse	$31.17
Employee + Children	$38.68
Employee + Family	$56.35

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.

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

OUT-OF-NETWORK	
Eye Exams Routine Eye Exam	Up to $45
Frames	Up to $70
Lens	
Single Vision	Up to $30
Bifocal	Up to $50
Trifocal	Up to $65
Lenticular	Up to $100
Standard Progressive	N/A
Contacts	
Elective	Up to $105
Medically Necessary	Up to $210

EMPLOYEE COST PER-PAY-PERIOD	
Employee Only	$3.40
Employee+ Spouse	$6.55
Employee + Children	$6.02
Employee + Family	$9.16

Life and AD&D

Bradford County School District provides Basic Life and Accidental Death and Dismemberment (AD&D) coverage at no cost to you. Employees receive a generous benefit of $27,000 through The Standard.

DOES THE COVERAGE AMOUNT CHANGE BASED ON MY AGE?

The amount of coverage will reduce to 50% at age 75.

CAN I CONTINUE THIS COVERAGE IF MY EMPLOYMENT ENDS?

Coverage may be continued through Portability or Conversion if certain criteria are met. If you would like to continue coverage after your employment ends with us, please reach out to The Standard within 30 days of your loss of eligibility date.

WHAT IS PORTABILITY?

Employees may "port" (or buy) group life insurance coverage when they are losing coverage because their employment is being voluntarily or involuntarily terminated.

You must:

- Be under the age of 75
- Have been insured for at least 12 consecutive months
- Be able to perform the material duties of at least one gainful occupation

WHAT IS CONVERSION?

Conversion allows eligible insured employees to convert some, or all, of their group life coverage to an individual whole life insurance policy when their coverage is reduced or terminated for any reason other than non-payment of premiums.

Optional Life

Employees have the option to purchase additional life insurance coverage through The Standard.

EMPLOYEE COVERAGE

You may elect to purchase $10,000 coverage increments, up to $250,00; or 8x your annual earnings; whichever is less. The guarantee issue amount is $250,000 and you will be able to elect up to the guaranteed issue amount when you are first eligible for the plan without having to submit evidence of insurability.

SPOUSE COVERAGE

THIS BENEFIT IS ONLY AVAILABLE IF ENROLLED IN EMPLOYEE OPTIONAL LIFE COVERAGE

Those enrolling in employee optional life coverage may also elect to purchase $5,000 increments of life insurance coverage for their spouse, up to 100% of the employee amount of coverage; not to exceed $145,000.

You may elect a coverage amount for your spouse up to the guarantee issue amount ($20,000) when you are first eligible for the plan, without submitting evidence of insurability. The cost of coverage is based on the age of the spouse.

CHILD COVERAGE

THIS BENEFIT IS ONLY AVAILABLE IF ENROLLED IN EMPLOYEE OPTIONAL LIFE COVERAGE

Those enrolling in employee optional life coverage may also elect to purchase $5,000 or $10,000 of coverage for eligible children. All child life amounts are guaranteed issue and no evidence of insurability is required.

KEY FEATURES AND DETAILS

- Accelerated Death Benefit - If you become terminally ill, you may be eligible to receive up to 75% of your combined Basic & Additional Life maximums.
- Waiver of Premium
- Conversion & Portability

IMPORTANT TO KNOW

Frequently asked questions

Does the coverage amount change based on my age?

The amount of coverage will reduce 50% at age 75.

Can I continue this coverage if my employment ends?

Coverage may be continued through Portability or Conversion if certain criteria is met. See the Portability and Conversion explanations and criteria in the Basic Life and AD&D section of this booklet for more information.

Do I have to fill out a medical questionnaire?

Initial elections in excess of the guarantee issue amounts and late enrollees must complete evidence of insurability. Download the evidence of insurability form, complete it, and return it to HR. Coverage will be effective on the first day of the month following the date your medical questionnaire is approved by the insurance company.

How much will optional life coverage cost me?

The cost of coverage is dependent on the member's age and the amount of coverage elected. PlanSource, your benefit enrollment system, will calculate the cost of coverage as your make your Open Enrollment or initial new hire elections.

Short-Term and Long-Term Disability

Bradford County School District provides disability benefit Options through The Standard. The Long-Term Disability Income benefits are provided to all eligible full-time employees at *no cost to you*.

Short-Term is provided voluntarily for all employees with underwriting consideration each year.

SHORT-TERM DISABILITY INCOME BENEFITS

This coverage is to protect you and your family in the event that a short-term disability prevents you from performing the duties of your occupation. STD coverage protects your income due to injury or sickness. To receive benefits, your claim must be approved by The Standard. See a brief summary of benefits below:

VOLUNTARY SHORT-TERM DISABILITY INCOME	
Waiting Period Illness Accident	0 Days for the accident, and 7 business days for illness
Max Benefit Duration	180 Days (26 Weeks)
% of Income Replaced	66 2/3% of weekly pre-disability earnings
Maximum Benefit Amount	$1,175 Weekly Max

EMPLOYER PAID LONG-TERM DISABILITY INCOME	
Waiting Period Illness Accident	180 Days (26 Weeks)
Max Benefit Duration	To SSNRA; See Schedule for more Details
% of Income Replaced	60% of weekly pre-disability earnings
Maximum Benefit Amount	$6,000

IMPORTANT TO KNOW

Why disability coverage is important

We understand that for most of us our income is the most important financial resource. To be without income for an extended period of time would most likely be devastating for you and your family. We recognize the importance of protecting your income in the event you are unable to work due to an injury or illness.

Voluntary Benefits

Supplemental plans are offered through VOYA Financial and provide benefits which pay directly to you regardless of any other insurance you may have. These plans help with the medical and personal expenses incurred when a person is undergoing treatment. Costs of the plans will vary by the employee.

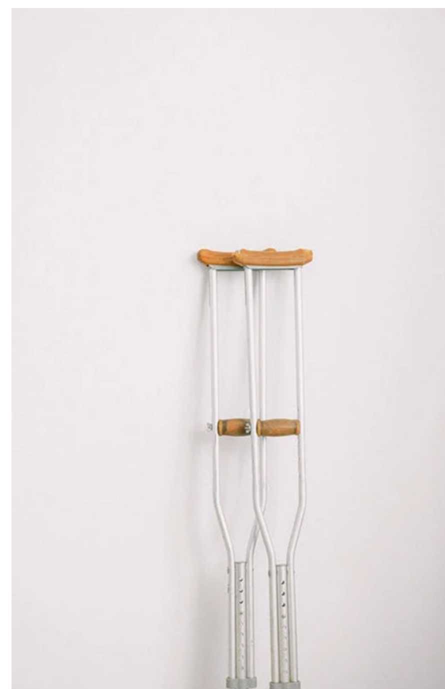
The cost of coverage is dependent on your unique coverage selection. PlanSource, your benefit enrollment system, will calculate the cost of coverage as your make your Open Enrollment or initial new hire elections.

HOSPITAL PROTECTION PLAN

- $1,000 Hospital initial confinement benefit
- Maximum of 8 Hospital Admissions a year
- $125 to $1,000 daily benefit for up to 10 days
- No reductions on benefits due to age

CRITICAL ILLNESS

- In the event of heart attack, cancer, stroke, end-stage renal failure or nervous system conditions
- $10,000 or $20,000 first occurrence benefit for major events like heart attacks, cancer diagnosis, or strokes
- $50 Wellness Exam or Immunization Benefit
- Other covered conditions include paralysis, severe burns, and covid hospitalizations over 5 days
- No lifetime Limit
- Annual Wellness Benefit Included



ACCIDENT

- $100 when accident occurs and you see a doctor, $60-$10,000 specific sum
- $1,750 when admitted into hospital & $275 daily hospital benefit
- $400 ambulance and $2,000 air ambulance (included $50 wellness benefit)
- $60 for 6 treatments provided by a licensed physical therapist
- Annual Wellness Benefit Included

Universal Life with Long-Term Care

All employees are eligible to participate in a voluntary Universal Life Insurance with Accelerated Death Benefit for Long-Term Care Services through Trustmark. To enroll in this benefit at OPEN ENROLLMENT ONLY, please call 888-216-6773, Monday through Friday, 8:00 am to 5:00 pm EST. *You will NOT see this benefit in the enrollment system.*

TRUSTMARK

Protecting your loved ones is one of life's greatest responsibilities. When a family loses someone, in addition to grief, survivors may suddenly be faced with costly expenses and debts, and even a loss of income. This **Universal Life** plan can help. Coverage is available for employees, spouses and children, so you can choose the protection that is right for you. This plan also solves the **long-term care** issue which includes an accelerated death benefit that helps pay for services at any age. You can collect up to 4% of your Universal Life death benefit for up to 25 months. There is also an optional feature if you collect an accelerated death benefit, your full death benefit is still available for your beneficiaries, as much as doubling your benefit.

KEY FEATURES AND DETAILS

- Universal Life can help pay for funeral expenses & burial costs, rent/mortgage payments, tuition/loans, credit card bills, medical expenses, and retirement savings.
- You can keep your coverage at the same cost and benefits if you change jobs or retire
- Your rate is "locked in" at your original purchase age and your rate will never increase due to age
- The Accelerated Death benefit helps manage costs if you are diagnosed with a terminal illness

Universal Life is **flexible permanent** life insurance designed to last a lifetime.

The younger you are when you enroll, the **more benefit** you receive for the same premium.

No medical exams or blood work – just answer a few simple questions.

Employee Assistance Program (EAP)

At some point in our lives, each of us faces a problem or situation that is difficult to resolve. Health Advocate provided through The Standard is a no-cost, confidential resource that is available to you and your family to help you deal with life's challenges, and the demands that come with balancing home and work.

Staffed by licensed counselors, this benefit provides support, guidance, and referrals to local resources 24 hours a day, 365 days a year.

GET IN TOUCH

By Phone

888-293-6948

Online

Healthadvocate.com/standard3

Email

answers@healthadvocate.com

EMOTIONAL OR WORK-LIFE COUNSELING

Helps address stress, relationship or other personal issues you or your family members may face. It's staffed by Guidance Experts—highly trained master's and doctoral level clinicians—who listen to concerns and quickly make referrals to in-person counseling or other valuable resources. Situations may include:

- Job pressures
- Stress, anxiety & depression
- Substance abuse
- Relationship/marital conflicts
- Work/school disagreements
- Child & elder care referral services

FINANCIAL INFORMATION AND RESOURCES

Provides support for the complicated financial decisions you and your family members may face. Speak by phone with a CPA and Certified Financial Planners on a wide range of financial issues. Topics may include:

- Managing a budget
- Getting out of debt
- Savings for college
- Retirement
- Tax questions

LEGAL SUPPORT AND RESOURCES

Offers assistance if legal uncertainties arise. Talk to an attorney by phone about the issues that are important to you or your family members. If you require representation, you'll be referred to a qualified attorney in your area with a 25% reduction in customary legal fees thereafter. Topics may include:

- Debt and bankruptcy
- Buying a home
- Divorce guardianship
- Power of attorney

Key Terms to Know

Affordable Care Act (ACA)

The Patient Protection and Affordable Care Act, commonly called the Affordable Care Act (ACA) is a United States federal statute signed into law by President Obama in March 2010. The law puts in place comprehensive health insurance reforms.

Annual Maximum

Total dollar amount a plan pays during a plan or calendar year toward the covered expenses of each person enrolled.

Out-of-Pocket Maximum

The maximum amount of coinsurance a plan member must pay towards covered medical expenses in a calendar year for both network and non-network services. Once you meet this out-of-pocket maximum, the Plan pays the entire coinsurance amount for covered services for the remainder of the calendar year. Deductibles and copays apply to the annual out-of-pocket maximum.

Coinsurance

A percentage of the medical costs, based on the allowed amount, you must pay for certain services after you meet your annual deductible.

Copayment

A set dollar amount you pay for network doctors' office visits, emergency room services, and prescription drugs.

Plan Year Deductible (10/1)

Total dollar amount, based on the allowed amount, you must pay out-of-pocket for covered medical expenses each plan year before the plan pays for most services. The deductible does not apply to network preventive care or any services where you pay a copayment rather than coinsurance. Some of your dental options also have a plan year deductible, generally for basic and major dental care services.

Brand Formulary Drugs

The brand formulary is an approved, recommended list of brand-name medications. Drugs on this list are available to you at a lower cost than drugs that do not appear on this preferred list.

Generic Drugs

These drugs are usually the most cost-effective. Generic drugs are chemically identical to their brand-name counterparts. Purchasing generic drugs allows you to pay a lower out-of-pocket cost than if you purchase formulary or non-formulary brand name drugs.

Maintenance Drugs

These prescriptions are commonly used to treat conditions that are considered chronic or long-term. These conditions usually require regular, daily use of medicines. Examples of maintenance drugs are those used to treat high blood pressure, heart disease, asthma, and diabetes.

Non-Formulary Drugs

These drugs are not on the recommended formulary list. These drugs are usually more expensive than drugs found on the formulary. You may purchase brand-name medications that do not appear on the recommended list, but at a significantly higher out-of-pocket cost.

Specialty Drugs

Prescription medications that require special handling, administration, or monitoring. These drugs may be used to treat complex, chronic, and often costly conditions.

Portability

An employee carries or 'ports' his/her current Group Life coverage after employment ends, without having to answer any medical questions. Portability is for an employee who is leaving his/her job and still wants to maintain the protection that life insurance provides.

Primary Care Physician (PCP)

The health care professional who monitors your health needs and coordinates your overall medical care, including referrals for tests or specialists.

Network

A group of healthcare providers, including dentists, physicians, hospitals, and other healthcare providers that agree to accept pre-determined rates when servicing members.

Qualifying Event

An occurrence that qualifies the subscriber to make an insurance coverage change outside of Open Enrollment.

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 the BlueCare HMO HSA 132/133 is, on average for all plan participants, NOT expected to pay out as much as standard Medicare prescription drug coverage pays. Therefore, your coverage is considered Non-Creditable Coverage. This is important because, most likely, you will get more help with your drug costs if you join a Medicare drug plan, than if you only have prescription drug coverage from the BlueCare HMO HSA 132/133. This also is important because it may mean that you may pay a higher premium (a penalty) if you do not join a Medicare drug plan when you first become eligible.
3. You can keep your current coverage from BlueCare HMO HSA 132/133. However, because your coverage is non-creditable, you have decisions to make about Medicare prescription drug coverage that may affect how much you pay for that coverage, depending on if and when you join a drug plan. When you make your decision, you should compare your current coverage, including what drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area. Read this notice carefully - it explains your options.
4. Bradford County School District has determined that the prescription drug coverage offered by the BlueCare HMO 128/129, BlueOptions PPO HSA 5182/83, BlueOptions PPO 5901, and BlueOptions PPO HSA 3160/61 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 BlueCare HMO 128/129, BlueOptions PPO HSA 5182/83, BlueOptions PPO 5901, or BlueOptions PPO HSA 3160/61 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.

Since the coverage under BlueCare HMO HSA 132/133 is not creditable, depending on how long you go without creditable prescription drug coverage you may pay a penalty to join a Medicare drug plan. Starting with the end of the last month that you were first eligible to join a Medicare drug plan but didn't join, if you go 63 continuous days or longer without prescription drug coverage that's creditable, 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 (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
- 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, 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).

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).

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.

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer'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 listing on next page.

ALABAMA - Medicaid
Website: http://myalhipp.com/
Phone: 1-855-692-5447

ALASKA - Medicaid
The AK Health Insurance Premium Payment Program
Website: http://myakhipp.com/
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx

ARKANSAS – Medicaid
Website: http://myarhipp.com/
Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA – Medicaid
Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp
Phone: 916-445-8322
Email: hipp@dhcs.ca.gov/

COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Health First Colorado Website: https://www.healthfirstcolorado.com/
Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711
CHP+:https://www.colorado.gov/pacific/hcpf/child-health-plan-plus
CHP+ Customer Service: 1-800-359-1991/ State Relay 711
Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program
HIBI Customer Service: 1-855-692-6442

FLORIDA – Medicaid
Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html
Phone: 1-877-357-3268

GEORGIA – Medicaid
Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp
Phone: 678-564-1162 ext 2131

INDIANA – Medicaid
Healthy Indiana Plan for low-income adults 19-64
Website: http://www.in.gov/fssa/hip/
Phone: 1-877-438-4479
All other Medicaid
Website: https://www.in.gov/medicaid/
Phone 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)
Medicaid Website: https://dhs.iowa.gov/ime/members
Medicaid Phone: 1-800-338-8366
Hawki Website: http://dhs.iowa.gov/Hawki
Hawki Phone: 1-800-257-8563
HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp
HIPP Phone: 1-888-346-9562

KANSAS – Medicaid
Website: https://www.kancare.ks.gov/
Phone: 1-800-792-4884

KENTUCKY – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx
Phone: 1-855-459-6328
Email: KIHIPP.PROGRAM@ky.gov
KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx
Phone: 1-877-524-4718
Kentucky Medicaid Website: https://chfs.ky.gov

LOUISIANA – Medicaid
Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp
Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

MAINE – Medicaid
Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms
Phone: 1-800-442-6003 TTY: Maine relay 711
Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms
Phone: -800-977-6740. TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP
Website: https://www.mass.gov/info-details/masshealth-premium-assistance-pa
Phone: 1-800-862-4840

MINNESOTA – Medicaid
Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp
Phone: 1-800-657-3739

MISSOURI – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm
Phone: 573-751-2005

MONTANA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP
Phone: 1-800-694-3084

NEBRASKA – Medicaid
Website: http://www.ACCESSNebraska.ne.gov
Phone: 1-855-632-7633
Lincoln: 402-473-7000
Omaha: 402-595-1178

NEVADA – Medicaid
Medicaid Website: http://dhcfp.nv.gov
Medicaid Phone: 1-800-992-0900
NEW HAMPSHIRE – Medicaid
Website: https://www.dhhs.nh.gov/oii/hipp.htm
Phone: 603-271-5218
Toll free number for the HIPP program: 1-800-852-3345, ext 5218

NEW JERSEY – Medicaid and CHIP
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/
Medicaid Phone: 609-631-2392
CHIP Website: http://www.njfamilycare.org/index.html
CHIP Phone: 1-800-701-0710

NEW YORK – Medicaid
Website: https://www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid
Website: https://medicaid.ncdhhs.gov/
Phone: 919-855-4100

NORTH DAKOTA – Medicaid
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/
Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP
Website: http://www.insureoklahoma.org
Phone: 1-888-365-3742

OREGON – Medicaid
Website: http://healthcare.oregon.gov/Pages/index.aspx
http://www.oregonhealthcare.gov/index-es.html
Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid
Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx
Phone: 1-800-692-7462

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

SOUTH CAROLINA – Medicaid
Website: http://dss.sd.gov
Phone: 1-888-828-0059

TEXAS – Medicaid
Website: http://gethipptexas.com/
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP
Medicaid Website: https://medicaid.utah.gov/
CHIP Website: http://health.utah.gov/chip
Phone: 1-877-543-7669

VERMONT– Medicaid
Website: http://www.greenmountaincare.org/
Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP
Website: https://www.coverva.org/en/famis-select
https://www.coverva.org/en/hipp
Medicaid Phone: 1-800-432-5924
CHIP Phone: 1-800-432-5924

WASHINGTON – Medicaid
Website: https://www.hca.wa.gov/
Phone: 1-800-562-3022

WEST VIRGINIA – Medicaid
Website: http://mywvhipp.com/
Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm
Phone: 1-800-362-3002

WYOMING – Medicaid
Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/
Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since 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
  1-866-444-EBSA (3272)
- U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services
  www.cms.hhs.gov
  1-877-267-2323, Menu Option 4, Ext. 61565

Key Contacts

CONTACT	PHONE	EMAIL	WEBSITE
Bradford County School District Benefits Team Aimee Ferguson Michael Kidd	904-966-6031 904-966-6008	Ferguson.aimee@mybradford.us Kidd.Michael@mybradford.us	https://www.bradfordschools.org/Page/584
Enrollment System PlanSource			https://benefits.plansource.com
Medical Florida Blue Group # 60479	800-352-2583		www.floridablue.com
Dental Florida Blue Group # 60479	888-223-4892		www.floridabluedental.com
Vision The Standard Group #160-169306	800-547-9515		www.standard.com/services
Life and Disability The Standard Group #169306 Life STD LTD	800-628-8600 800-368-2859 800-368-1135		www.standard.com
Hospital Indemnity, Accident & Critical Illness Group #TBD VOYA Health Screening Benefit Questions Claim Assistance	800-955-7736 877-236-7564 888-238-4840		www.voya.com/claims
Universal Life with Long Term Care Trustmark Currently Enrolled Service Open Enrollment Call Center Only	800-918-8877 888-216-6773 (Open August 22-26, 2022; 8:00 am to 5:00 pm EST)	Customercare@trustmarkbenefits.com	Trustmarkvb.com www.trustmarkins.com/tvbs/tmk-universal-life/
Employee Assistance Program The Standard	888-293-6948	answers@healthadvocate.com	Healthadvocate.com/standard3
Cobra Continuation Tasc Group # 4821-2066-7706	800-422-4661	Email: Log in to your online account and click on Contact Us	www.tasconline.com
The Bailey Group Benefits Consultants Rebecca Jones Dan Greene (Worksite) Tammy Evans (Individual Health)	904-417-6017 904-687-8389 904-417-6018	rjones@mbaileygroup.com dgreene@mbaileygroup.com tevans@mbaileygroup.com	www.mbaileygroup.com

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.