

Involved & Informed

Taking Charge of
Your Benefits

2025

RETIREE BENEFITS GUIDE

Welcome

Dear District Retirees,

We welcome you to view the benefits information included in this reference guide. We've compiled all the information about benefits available to you as a retiree of The School District of Palm Beach County.

MEDICAL

We offer several options for retirees and are confident you will find a plan that meets your needs and budget.

DENTAL AND VISION COVERAGE

Dental and Vision Insurance are important optional benefits that are not part of most medical plans.

MEDICARE PART D FOR MEDICARE ELIGIBLE RETIREES

Your existing prescription coverage with the School District of Palm Beach County is on average as good as standard Medicare prescription drug coverage. You can keep this coverage and not pay extra if you later decide to enroll in Medicare prescription drug coverage. You should also know that if you drop or lose your coverage with the School District of Palm Beach County and don't enroll in Medicare prescription drug coverage when your current coverage ends, you may pay more (a penalty) to enroll in Medicare prescription drug coverage later.

SINCERELY,
Risk & Benefits Department

FOR PRE-MEDICARE RETIREES:

Pre-Medicare benefits continue through The School District of Palm Beach County.

MEDICARE ELIGIBLE PLANS - FSRBC

FSRBC administers Medicare Eligible Retiree Medical, Dental, and Vision benefits for The School District of Palm Beach County. This means all Medicare eligible retirees will now complete benefit enrollment through the FSRBC open enrollment which is from **OCT. 28th - NOV. 15th, 2024**.

For additional information, Medicare Eligible Retirees may visit: <https://myfsrbc.com> or call **(833) 686-0983** (TTY 711)

During FSRBC Open Enrollment:

Monday - Friday 8:00 a.m. to 8:00 p.m. ET

All other times during the year:

Monday - Friday 8:00 a.m. to 5:00 p.m. ET.

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SCHOOL DISTRICT OF PALM BEACH COUNTY NON-DISCRIMINATION STATEMENT

The School Board of Palm Beach County, Florida, prohibits discrimination in admission to or access to, or employment in its programs and activities, on the basis of race, color, national origin, sex or sexual orientation, marital status, age, religion, disability, genetic information, gender identity or expression, or any other characteristic prohibited by law. The School Board also provides equal access to the Boy Scouts and other designated youth groups. The School District of Palm Beach County offers the following career and technical programs, including career academies wherein students may earn industry certification, visit the Programs of Study page for more information as well as a list of classes. Lack of English language skills will not be a barrier to admission and participation. The district may assess each student's ability to benefit from specific programs through placement tests and counseling, and, if necessary, will provide services or referrals to better prepare students for successful participation.

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If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see PAGE 26 for more details.

Benefits Directory

RISK & BENEFITS MANAGEMENT

<http://l.sdpbc.net/y1944>

Retiree Benefits Desk:

3300 Forest Hill Blvd, Suite A-103
West Palm Beach, FL 33406-5870
Phone: (561) 434-8673
Fax: (561) 434-8103

Pre-Medicare Medical Plans

UnitedHealthcare®
Group # All Plans: 704471
www.myuhc.com

Member Services:
(888) 380-0389

Dedicated Onsite Account Managers:

Last Name A-K:
(561) 434-8092

Last Name L-Z:
(561) 357-7565

Pre-Medicare Vision Plan

EyeMed
Group Number: 9705435
www.eyemed.com

Customer Service: (866) 723-0514

Provider Locator: (866) 299-1358

Pre-Medicare Dental Insurance

Humana Dental®
Group #: 830206
myhumana.com
DHMO & PPO Plans: (800) 233-4013

Pre-Medicare Open Enrollment:

NOV. 4th - 18th, 2024

CRITICAL ILLNESS, ACCIDENT AND UNIVERSAL LIFE INSURANCE

Trustmark Insurance Company
www.trustmarksolutions.com
Phone: (866) 636-5525
Email: pbsd@trustmarkins.com

U.S. SOCIAL SECURITY ADMINISTRATION

www.ssa.gov
(800) 772-1213

FLORIDA RETIREMENT SYSTEM (FRS)

www.myfrs.com
Payroll (pension checks):
(844) 377-1888

SPECIAL RETIREMENT PLAN ADMINISTRATOR

BENCOR Administrative Services
www.bencorplans.com
Group #: 100260
Phone: (866) 296-9712
Email: questions@bencorservices.com

COBRA ADMINISTRATOR:

Benefit OutSource, Inc (BOI)
(888) 877-2780

MEDICARE ELIGIBLE RETIREE BENEFIT OPTIONS

Florida School Retiree Benefits Consortium (FSRBC)

Open Enrollment:
OCT. 28 - NOV. 15, 2024

Medical
<https://myfsrbc.com>
(833) 686-0983 (TTY 711)

Humana Dental & Vision
Group #: 735974
<https://myfsrbc.com>
(833) 686-0983

MEDICARE

www.medicare.gov
1-800-MEDICARE (1-800-633-2273)
Medicare Open Enrollment is from Nov. 15 - Dec. 7, 2024

BASIC AND SUPPLEMENTAL LIFE INSURANCE CONVERSION:

MetLife
(800) 638-6420

Important Enrollment Information



New Pre-Medicare Retirees

As a new retiree, you have the opportunity to continue your current plan coverage for medical, dental and vision. Each year following your retirement, you will have the opportunity to make plan changes until such time as you become Medicare eligible.

Current Retirees

Pre-Medicare retirees have a choice of any of the District's medical plans as offered to active employees:

1. Low Option HMO
2. High Option HMO or
3. Consumer Driven Health Plan (CDHP)

Tobacco Use Surcharge

The School District of Palm Beach County will add a tobacco surcharge to medical plan premiums for retirees who use any tobacco products and elect medical coverage. The same surcharge will apply if a tobacco status was not declared. The School District of Palm Beach County encourages you to take steps to quit the use of all tobacco products. This tobacco premium surcharge will be strictly enforced for all retirees covered under the group medical plan.

FSRBC Administrator for Medicare Eligible Medical, Dental & Vision benefits

FSRBC will extend plans including medical, dental and vision to all Medicare eligible employees and eligible dependents.

Other Plan Options for Retirees Eligible for Medicare

As a retiree of the School District of Palm Beach County, when you or your dependent become Medicare eligible, supplement insurance benefits will be offered through the Florida School Retiree Benefits Consortium (FSRBC).

More information will be provided to you by FSRBC in advance of the Medicare Eligibility date.

CONTACT: benefits@myfsrbc.com || (833) 686-0983

Plan information and rates included in this document apply to plans offered to retirees who are not eligible for Medicare plans.

Medicare eligible Retirees must refer to the FSRBC website or contact FSRBC directly for plan and rate information.

Pre-Medicare Retiree Monthly Rates

2025 MEDICAL PLANS - UNITEDHEALTHCARE			
		NON-TOBACCO USERS	TOBACCO USERS
HMO - Low (EPO)	Retiree Only	\$726.00	\$776.00
	RT + Child(ren)	\$1,082.00	\$1,132.00
	RT + Spouse/DP*	\$1,199.00	\$1,249.00
	RT + Full Family	\$1,469.00	\$1,519.00
HMO - High	Retiree Only	\$816.00	\$866.00
	RT + Child(ren)	\$1,266.00	\$1,316.00
	RT + Spouse/DP*	\$1,386.00	\$1,436.00
	RT + Full Family	\$1,726.00	\$1,776.00
CDHP Medical Plan (High Deductible Plan)	Retiree Only	\$616.00	\$666.00
	RT + Child(ren)	\$972.00	\$1,022.00
	RT + Spouse/DP*	\$1,054.00	\$1,104.00
	RT + Full Family	\$1,328.00	\$1,378.00

* DP = domestic partner

2025 DENTAL PLANS - HUMANA		
DHMO Enhanced (Florida Dentist)	Retiree Only	\$15.12
	RT + Child(ren)	\$32.13
	RT + Spouse/DP*	\$26.46
	RT + Full Family	\$41.58
DHMO Basic (Florida Dentist)	Retiree Only	\$11.49
	RT + Child(ren)	\$24.57
	RT + Spouse/DP*	\$19.98
	RT + Full Family	\$31.46
PPO High (Orthodontia)	Retiree Only	\$33.56
	RT + Child(ren)	\$92.28
	RT + Spouse/DP*	\$82.23
	RT + Full Family	\$124.18
PPO Low (NO Orthodontia)	Retiree Only	\$26.46
	RT + Child(ren)	\$72.77
	RT + Spouse/DP*	\$64.83
	RT + Full Family	\$97.91

* DP = domestic partner

2025 VISION PLANS - EYEMED	
	COST
Retiree Only	\$5.45
Retiree + Full Family	\$14.00

MEDICARE ELIGIBLE RETIREES

Please contact FSRBC for plan options and rate information

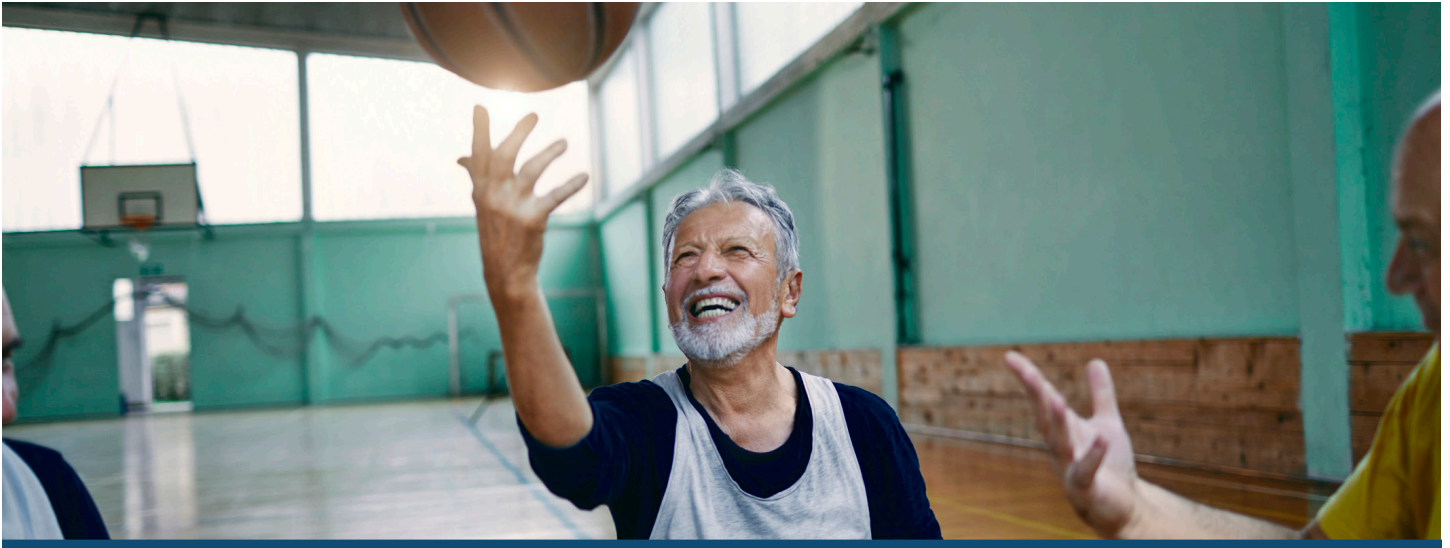
<https://myfsrbc.com>

1-833-686-0983 (TTY 711)

Open Enrollment

OCT. 28 - NOV. 15, 2024

New Pre-Medicare Retirees



BENEFITS AVAILABLE FOR NEW PRE-MEDICARE RETIREES

As a retiree of the School District of Palm Beach County, you are eligible to continue medical, dental and/or vision coverage if you are not yet eligible for Medicare and are current with all premium contributions. For more information regarding benefits, policies and premiums, please refer to the retiree benefit information found under the Careers tab at: www.palmbeachschools.org

Your benefits as an active employee will end on the last day of the month in which you retire if you worked the majority of duty days in that month. For example, if an employee retires on May 15, active coverage will terminate on May 31. Retiree information will be mailed to the home address on file. You will have 30 days from the day your benefits end as an active employee to make elections and pay the retiree benefits premium to continue the retiree benefits offered to you. However, for all employees (with the exception of 12-month employees) who retire at the end of the school year and work through their contract period, coverage will end on July 31st of that year. **NOTE:** For less than 12-month employees who do not work through the end of the school year and who do not work through their contract period, coverage will end on the 1st of the month following their last day worked.

MEDICARE ELIGIBLE PLANS - FSRBC

In order to be eligible to continue health insurance benefits, you have to be retired and receiving monthly payments from FRS. Enrollment in the FRS investment plan may limit your eligibility to continue health benefits upon retirement. Please refer to [School Board Policy 6Gx50-3.79](#) for more information.

If you are eligible for Medicare upon retirement, Medicare will become the primary payer on the first of the month following your last date worked, regardless of your coverage through the district.

Palm Beach County School District has joined the Florida School Retiree Benefits Consortium (FSRBC). The Consortium will be providing enhanced retiree benefits through their partners Aon and BSwift. FSRBC open enrollment is from **OCT. 28 - NOV. 15, 2024**

IMPORTANT

Benefits are provided for active employees until the end of the month in which you retire, provided you have actually worked the majority of duty days during that month.

Please Note:

Your retirement date must be in a month in which you are covered under the district's benefits plan in order to continue benefits as a retiree. For less than 12-month employees, the same rules apply except that at the end of the school year, if you complete your contract, most benefits will remain in place through the end of July. If you do not physically return to work in August, your benefits ended in July, so your retirement date must be in July.

Retirees

Annual Enrollment Benefits Available

Every year the SDPBC has an annual enrollment period during which retirees have the opportunity to switch from one medical or dental plan to another. Retirees may also add or drop dependent coverage. Retirees who wish to add a dependent to the medical, dental and/or vision plan must provide documentation; Social Security information is required for all enrolled dependents.

Plan Premium Payments

Premium payments are due by the first day of the month. Monthly premiums can be taken from your Florida Retirement System (FRS) pension. We are also pleased to offer ACH (debit from other accounts) as an alternative method of payment. For retirees under the Investment plan, the only option to continue premium payment is ACH debit.

NOTE: Once you drop an area of coverage, you will not be eligible to enroll in that area of coverage at any time in the future. Refer to this booklet for information on the health, dental and vision plans.



UnitedHealthcare Medical Plans

myuhc.com



UnitedHealthcare is pleased that the School District of Palm Beach County has chosen us as the health plan provider for you and your family.

Welcome - We're Glad You're Here

While no one can predict the future, you can prepare for it. Your UnitedHealthcare benefits provide you with access to people, resources and tools to help you when you aren't feeling your best. We have also created unique programs to help you improve your health and wellness. We believe knowledge is the heart of your healthcare, so we want to give you resources to help you:

- Be active with your healthcare
- Make healthy choices
- Find answers
- Save money
- Take charge of your health

Benefits You'll Appreciate

Your doctor is likely already in our network. Whether you are at home, traveling or you have a covered child going to school out-of-state, a network doctor or hospital is likely close by. In addition, there are no referrals. You can see the specialist you want. Emergencies are covered anywhere in the world, and you usually don't have to worry about claim paperwork for network care.

Find a Network Doctor or Hospital

Search by facility, location, gender, and languages spoken.

1. www.myuhc.com
2. Click "Find Medical and Mental Health Providers"
3. Choose "Medical Directory" or "Mental Health Directory"
4. Click the "All UnitedHealthcare Plans icon"
5. For the Low or High HMO plan, select the "Choice" plan
6. For the CDHP plan, select UnitedHealthcare "Choice Plus"

Your Coverage Plan

Your benefit plan is an important part of your daily life, even if you don't need services every day. It protects you and helps you better manage your health. Right now is the perfect time to find out all you can about your coverage before you need it, especially how it works and where to go for care.

Always Carry your ID Card

Your ID card has key information about you and your coverage. Put your card in your wallet or your pocketbook so you won't forget it. When you're at doctors' offices, drugstores and hospitals, show it to make sure you are not billed unnecessarily. You may also be asked to show a picture ID, such as your driver's license or another government ID card with a picture on it, so be sure to bring this with you, too.

UnitedHealthcare Medical Plans

myuhc.com

Additional Features of Each Plan

When you enroll in a UnitedHealthcare health plan, you'll not only have the freedom to use any doctor or hospital in our nationwide network, including specialists, but you'll also be able to take advantage of many valuable programs and services to make your healthcare experience easier.

Health coaches offer telephonic and online support to help you lose weight, stop smoking, manage diabetes and more.

Health and wellness programs can help you eat right, stop smoking and relax. You can participate online, or by phone, in the comfort of your own home.

Other helpful tools include:

- Healthcare cost estimator
- Physician match
- Hospital comparison

UnitedHealth Premium® Care Physician - Find Recognized Doctors and Hospitals in the Network

With the UnitedHealth Premium Tier 1 designation program*, we help you:

- Find doctors and hospitals in your area that meet quality and cost-efficiency criteria
- Find doctors you can call directly, without prior approval
- Get names quickly online
- Access 27 specialties, including primary care, cardiology and orthopedics, as well as facilities in specialties, including:
 - congenital heart disease
 - cardiac care
 - total joint replacement
 - spine surgery



Finding a UnitedHealth Premium® Care Physician

Visit your member website, myuhc.com, to search the directory and look for this symbol next to your results.

*UnitedHealth Premium Tier 1 is not available in all geographic locations. For a complete description of the UnitedHealth Premium Tier 1 designation program, including details on the methodology used, geographic availability and program limitation, please visit myuhc.com.

Criteria for designation come from nationally recognized quality standards and market-based cost efficiency standards. For our members with special medical concerns, we also provide information from the National Committee for Quality Assurance (NCQA) Doctor Recognition Program.

Tips to Make Your Doctor's Visit Worthwhile

Before your appointment:

1. Make a list of all the questions you have for your doctor, nurse or pharmacist.
2. Write down medications you are currently taking, including prescriptions, over-the-counter medicines, and herbal supplements.
3. Plan to bring a family member or friend to your visit if you have a hard time remembering what your doctor tells you.

During your appointment:

1. Tell your doctor if a family member has been diagnosed with a serious disease or condition. Also mention if you have or will be traveling outside the country.
2. Ask your doctor at every visit to send any laboratory test to a network facility.
3. Before you leave, make sure you can read and/or understand your doctor's or pharmacist's instructions. If you don't, it's okay to ask them to explain until you understand.

Medical Benefits At-A-Glance

Low Option HMO

UnitedHealthcare Medical Benefits-at-a-Glance

Our medical plan is provided by UnitedHealthcare. The pharmacy benefits are provided directly through Optum Rx. This plan gives you the freedom to see any physician or other healthcare professional from our national network, including specialists, without a referral. In addition, you do not have to worry about any claim forms or bills. The premiums are less than the High Option HMO plan. However, the out-of-pocket expenses are slightly higher than the High HMO plan.

MEMBER PAYMENTS	IN-NETWORK ONLY
Annual Medical Expense Deductible	\$500 for individual / \$1,000 for family
Annual Out-of-Pocket Maximum	\$6,000 for individual / \$12,000 for family
Coinsurance Rate / In-Patient Hospital	20% of eligible expenses after deductible
Primary Care Physician: Check United's provider directory before making your decision regarding your health care provider	Choose any physician from the United Open Access directory. You may access any participating specialist without a referral.
Preventive Care	No charge
Physician Office Visit (Primary Care)	\$40 copayment / \$30 copayment for UHC Tier 1 Premium Care Physician / Deductible does not apply)
Specialist Office Visit	\$60 copayment / \$55 copayment for UHC Tier 1 Premium Care Physician / Deductible does not apply)
Outpatient Hospital and Surgical Services: X-Ray, Other Diagnostic Services (MRI, CT scan, etc.), Laboratory	20% of eligible expenses after deductible
Outpatient Rehabilitation Therapy	\$35 copayment per visit ¹ / Deductible does not apply
Approved Durable Medical Equipment	20% of eligible expenses after deductible
Emergency Ambulance Trip	\$150 copayment per trip
Hospital Pre-Admission Requirement	Your physician will take care of all pre-notification requirements.
Emergency Room Care	\$250 copayment (waived if admitted)
Urgent Care Copayment	\$75 copayment / Deductible does not apply
District On-Site Clinic Visit	\$10 copay
Convenience Care Clinic	\$40 copayment / Deductible does not apply
• Virtual Office Visits	\$25 copayment / Deductible does not apply
Outpatient Mental Health & Substance Abuse Services	\$35 individual, \$25 group / Deductible does not apply
Prescription Drugs Pharmacy Provider - Optum Rx	Annual Rx deductible \$100 individual (retail) / \$200 family (retail)
• 30-day supply per prescription at participating pharmacists Prescription benefits provided by Optum Rx	\$10 Tier 1, \$30 Tier 2, \$60 Tier 3, \$100 Tier 4
• Mail order for a 90-day supply of formulary maintenance medication per prescription	No deductible for mail order – \$25 Tier 1, \$75 Tier 2, \$150 Tier 3, \$250 Tier 4

Medical Network www.myuhc.com. Network name "UnitedHealthcare Choice." This network is for both the Low/High Option HMO.

1. 20 visits of physical, occupational, pulmonary and speech therapy per calendar year, per therapeutic type. 36 visits per year for cardiac therapy.

Medical Benefits At-A-Glance

High Option HMO

UnitedHealthcare Medical Benefits-at-a-Glance

Our medical plan is provided by UnitedHealthcare. The pharmacy benefits are provided directly through Optum Rx. This plan gives you the freedom to see any physician or other healthcare professional from our national network, including specialists, without a referral. In addition, you do not have to worry about any claim forms or bills. The monthly premiums are higher than the Low Option HMO Plan, however, the out-of-pocket expenses are slightly lower than the Low HMO plan.

MEMBER PAYMENTS	IN-NETWORK ONLY
Annual Medical Expense Deductible	\$400 for individual/ \$800 for family
Annual Out-of-Pocket Maximum	\$4,000 for individual/ \$8,000 for family
Coinsurance Rate / In-Patient Hospital	10% of eligible expenses after deductible
Primary Care Physician: Check United's provider directory before making your decision regarding your health care provider	Choose any physician from the United Open Access directory. You may access any participating specialist without a referral.
Preventive Care	No charge
Physician Office Visit (Primary Care)	\$40 copayment / \$30 copayment for UHC Tier 1 Premium Care Physician/ Deductible does not apply
Specialist Office Visit	\$50 copayment / \$40 copayment for UHC Tier 1 Premium Care Physician/ Deductible does not apply
Outpatient Hospital and Surgical Services: X-Ray, Other Diagnostic Services (MRI, CT scan, etc.), Laboratory	10% of eligible expenses after deductible
Outpatient Rehabilitation Therapy	\$20 copayment per visit ¹ / Deductible does not apply
Approved Durable Medical Equipment	10% of eligible expenses after deductible
Emergency Ambulance Trip	10% of eligible expenses after deductible
Hospital Pre-Admission Requirement	Your physician will take care of all pre-notification requirements.
Emergency Room Care	15% of eligible expenses after deductible
Urgent Care Copayment	\$50 copayment / Deductible does not apply
District On-Site Clinic Visit	\$10 copay
Convenience Care Clinic	\$25 copayment / Deductible does not apply
• Virtual Office Visits	\$25 copayment / Deductible does not apply
Outpatient Mental Health & Substance Abuse Services	\$20 individual, \$15 group / Deductible does not apply
Prescription Drugs Pharmacy Provider - Optum Rx	Annual Rx deductible \$100 individual (retail) / \$200 family (retail)
• 30-day supply per prescription at participating pharmacists Prescription benefits provided by Optum Rx	\$10 Tier 1, \$30 Tier 2, \$60 Tier 3, \$100 Tier 4
• Mail order for a 90-day supply of formulary maintenance medication per prescription	No deductible for mail order – \$25 Tier 1, \$75 Tier 2, \$150 Tier 3, \$250 Tier 4

Medical Network www.myuhc.com. Network name "UnitedHealthcare Choice." This network is for both the Low/High Option HMO.

1. 20 visits of physical, occupational, pulmonary and speech therapy per calendar year, per therapeutic type. 36 visits per year for cardiac therapy.

Medical Benefits At-A-Glance

Consumer Driven Health Plan (CDHP)

UnitedHealthcare Medical Benefits-at-a-Glance

Our medical plan is provided by UnitedHealthcare. The pharmacy benefits are provided directly through Optum Rx. The Consumer Driven Health Plan (CDHP) puts you in control of your medical spending and gives you the ability to save money through a Health Savings Account (HSA) for future healthcare needs (Eligibility requirements for a HSA and how to open an HSA account are discussed on subsequent pages). This plan gives you the freedom to see any doctor or other health professional from our national network, including specialists, without a referral. With this plan, you will receive the highest level of benefits when you seek care from a network doctor, facility or other healthcare professional. You may also choose to seek care outside the network without a referral. However, you should know that care received from a non-network doctor, facility or other healthcare professional means a higher deductible and copayment.

MEMBER PAYMENTS	IN-NETWORK ONLY	OUT-OF-NETWORK ONLY
Annual Medical Expense Deductible	\$3,000 for individual / \$6,000 for family	\$4,500 for individual / \$9,000 for family
Annual Out-of-Pocket Maximum	\$6,350 for individual / \$12,700 for family	\$10,000 for individual / \$20,000 for family
Coinsurance Rate / In-Patient Hospital	30% of contracted fee	40% of eligible expenses
Primary Care Physician: Check United's provider directory before making your decision regarding your health care provider	Choose any physician from the United Open Access directory and access any participating specialist without a referral.	Choose any licensed physician.
Preventive Care	No charge	40% of eligible expenses after deductible
Physician Office Visit (Primary Care)	30% of contracted fee after deductible	40% of eligible expenses after deductible
Specialist Office Visit	30% of contracted fee after deductible	40% of eligible expenses after deductible
Outpatient Hospital and Surgical Services: X-Ray, Other Diagnostic Services (MRI, CT scan, etc.), Laboratory	30% of contracted fee after deductible	40% of eligible expenses after deductible
Outpatient Rehabilitation Therapy	30% of contracted fee after deductible ¹	40% of eligible expenses after deductible
Approved Durable Medical Equipment	30% of contracted fee after deductible	40% of eligible expenses after deductible
Emergency Ambulance Trip	30% of contracted fee after deductible	30% of eligible expenses after deductible
Hospital Pre-Admission Requirement	Your physician will take care of all pre-notification requirements.	It is your responsibility to see that your physician takes care of pre-notification.
Emergency Room Care	30% of contracted fee after deductible	30% of eligible expenses after deductible
Urgent Care Copayment	30% of contracted fee after deductible	40% of eligible expenses after deductible
District On-Site Clinic Visit	\$25 copay	
Convenience Care Clinic	30% of contracted fee after deductible	Select any non-network physician, specialist or hospital.
• Virtual Office Visits	\$25 copayment after deductible	n/a
Outpatient Mental Health & Substance Abuse Services	30% of contracted fee after deductible	40% of eligible expenses after deductible

Medical Network www.myuhc.com. Network name "UnitedHealthcare Choice." This network is for both the Low/High Option HMO.

1. 20 visits of physical, occupational, pulmonary and speech therapy per calendar year, per therapeutic type. 36 visits per year for cardiac therapy.

	RETAIL	MAIL-ORDER
DED	Subject to Deductible	Subject to Deductible
Tier 1	\$10 copay after deductible	\$25 copay after deductible
Tier 2	\$30 copay after deductible	\$75 copay after deductible
Tier 3	\$60 copay after deductible	\$150 copay after deductible
Tier 4	\$100 copay after deductible	\$250 copay after deductible

PRESCRIPTION DRUGS

- 30-day supply per prescription at participating pharmacies
- Mail order for a 90-day supply of formulary maintenance medication per prescription

Health Savings Account (HSA)



Introduction to health savings accounts

A health savings account (HSA) allows you to save money for qualified medical expenses that you're expecting, such as contact lenses or monthly prescriptions, as well as unexpected ones—for this year and the future.

Why have an HSA?

You own it

The money is yours until you spend it, even deposits made by others, such as an employer or family member. You keep it, even if you change jobs, health plans or retire.

Tax savings

HSAs help you plan, save and pay for health care, all while saving on taxes.

- The money you deposit is federal income tax free
- Savings grow income tax free
- Withdrawals for qualified medical expenses are also income tax free

It's not just for doctor visits

Once you've contributed to your account, you can use the funds in your HSA to pay for qualified medical expenses such as:

- Dental care, including extractions and braces
- Vision care, including contact lenses, prescription sunglasses and LASIK surgery
- Prescription medications
- Certain over-the-counter drugs and medications
- Chiropractic services
- Acupuncture

For a full list of qualified medical expenses, visit optumbank.com/qualifiedexpenses.

Save for the future

Your HSA rolls over from year to year, so you can continue to grow your savings and use it in the future—even into retirement.



Contribution limits

There are contribution limits, set by the Internal Revenue Service (IRS) and adjusted annually.

These limits are:

- **\$4,300** for individual coverage in 2025
- **\$8,550** for family coverage in 2025
- **\$1,000** extra if you're 55 or older, also known as catch-up contributions



Health Savings Account (HSA)

Who can open an HSA?

To be an eligible individual and qualify for an HSA, you must have a qualifying high-deductible health plan (HDHP) that meets IRS guidelines for the annual deductible and out-of-pocket limit.

In addition, you must:

- Be covered under a qualifying HDHP on the first day of a given month
- Not be covered by any other health coverage except what is permitted (dental, vision, disability and some other types of additional coverage are permissible)
- Not be enrolled in Medicare, TRICARE or TRICARE for Life
- Have not received Department of Veterans Affairs (VA) benefits within the past 3 months, except for preventive care; if you are a veteran with a disability rating from the VA, this exclusion does not apply
- Not be claimed as a dependent on someone else's tax return
- Not have a health care flexible spending account (FSA) or health reimbursement account (HRA); alternative plan designs, such as a limited-purpose FSA or HRA, might be permitted

Other restrictions and exceptions also apply. Consult a tax, legal or financial advisor to discuss your personal circumstances.

Open your account

Check with your employer or benefits specialist to learn about your company's application process. You may be able to sign up through your employer or enroll at optumbank.com or through myuhc.com[®]. You cannot use your HSA to pay for medical expenses you had before you opened your account—so be sure to open your HSA as soon as you are eligible.

And be sure to save your receipts! For a full list of qualified medical expenses, visit optumbank.com/qualifiedexpenses.

Contributions add up quickly

When Marcus started his new job, he decided to open an HSA and contribute \$100 per month. Because he hasn't had many medical expenses, he decided not to touch the balance during his first year. Here's how his contributions added up:

- Monthly contribution: **\$100**
- Annual contribution: **\$1,200**
- Annual income tax savings*: **\$452**

Use the HSA Calculator on optumbank.com to help determine your contributions and see how much you can save on taxes.

Open your HSA today.



Download the Optum Bank app

Enjoy an easier way to manage your HSA. You can pay bills, view transactions, upload receipts and more. Download today on your Apple® or Android™ device.



Have questions?

Visit optumbank.com or download the mobile app



*Tax savings based on a 25% federal tax rate, 5% state tax rate and 7.65% FICA in a tax-exempt HSA state. Results and amounts will vary depending on your particular circumstances.

Health savings accounts (HSAs) are individual accounts offered or administered through Optum Bank[®] Member FDIC, a subsidiary of Optum Financial, Inc., and are subject to eligibility requirements and restrictions on deposits and withdrawals to avoid IRS penalties. Optum Financial, Inc. is not a bank or an FDIC-insured institution. State taxes may apply. Fees may reduce earnings on account. This communication is not intended as investment, legal or tax advice. Federal and state laws and regulations are subject to change.

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Health Savings Account (HSA)

Optum Financial®



Planning for retirement with an HSA account

Let your health savings account (HSA) help you plan for the future



Health care expenses are one of the top financial worries in retirement — especially for people with health conditions. As you're planning for the future, think about how your Optum Bank® health savings account (HSA) can help ease your mind and prepare you for retirement by saving money income tax-free.

Wondering how much you might need to save?

Good question. Here are the current health savings recommendations for retirement:¹



Looking for a personalized estimate? Take the Optum Financial Health Savings Checkup at healthsavingscheckup.com. Answer a few questions about your health, your HSA activity and retirement goals, and you will receive a personalized snapshot of your potential health care expenses in retirement. You'll also get ideas to help you stay healthy, spend less and save more.

How Doris is saving for retirement

Doris is 60 and preparing for retirement. For the past 5



Health Savings Account (HSA)

Investing with an HSA

Investing* HSA dollars has many potential tax benefits and can be an additional way to save for long-term health care needs and financial goals. Once your HSA reaches the investment threshold, you may choose to invest a portion of your HSA dollars. Optum Financial makes investing easy and more accessible for you by offering 2 investment opportunities.

- 1 Self-directed mutual funds:** Choose from a wide variety of over 30 mutual funds that average a 4-star Morningstar rating and represent some of the lowest expense ratios in the industry, including life stage funds.
- 2 Betterment digitally managed investments:** Betterment helps take the guesswork out of investing your HSA. Based on your HSA investment goals, Betterment will recommend a personalized portfolio of low-cost exchange traded funds (ETFs) and help keep your HSA investment on track through auto-deposits and automated rebalancing.

Catch-up contributions

Once you turn 55, you can contribute an additional \$1,000 each year to your HSA, called a catch-up contribution. If you and your spouse are both over the age of 55, you can each contribute an additional \$1,000. Your spouse will just need to open their own HSA for their additional portion.

With personalized, online advice through Betterment:

The benefits of an HSA don't stop when you retire. While you are no longer allowed to contribute to your HSA after enrolling in Medicare, you can still use your HSA funds income tax-free to pay for qualified medical expenses. You can also use your HSA to pay for Medicare premiums and qualified out-of-pocket expenses including deductibles, copays and coinsurance for:

- Part A (hospital and inpatient care)
- Part B (doctor and outpatient care)
- Part D (prescription drugs)

Keep in mind that standard Medicare does not cover hearing aids or vision, dental or nursing home care.

Withdrawing funds during retirement

You can use the money in your HSA to pay or be reimbursed for qualified medical expenses at any time. Once you turn 65, however, you can withdraw the money from your HSA for nonqualified expenses without a penalty. You will just be required to pay ordinary income tax on that amount.



**Have questions?
Visit optumbank.com**

Optum

***Investments are not FDIC insured, are not bank issued or guaranteed by Optum Financial or its subsidiaries, including Optum Bank, and are subject to risk, including fluctuations in value and the possible loss of the principal amount invested.**

***Investments are not FDIC insured, are not guaranteed by Optum Bank®, and may lose value.**

** Contributions are based on IRS contribution limits for family coverage from 2016–2020 and include catch-up contributions. Tax savings assumes a 25% federal tax rate, 5% state tax rate and 7.65% FICA in a tax-exempt HSA state. Results and amounts will vary depending on your particular circumstances.

† HealthView Services: 2019 Retirement Health Care Costs Data Report.

Optum Financial™ is our new name, and Optum Bank® is a part of Optum Financial.

Mutual fund investment options are made available through the services of an independent investment advisor. Shares are offered through Charles Schwab & Co., Inc., a registered broker-dealer. Orders are accepted to effect transactions in securities only as an accommodation to HSA owner. Optum Bank®, a subsidiary of Optum Financial, is not a broker-dealer or registered investment advisor, and does not provide investment advice or research concerning securities, make recommendations concerning securities, or otherwise solicit securities transactions.

Health savings accounts (HSAs), are individual accounts offered or administered by Optum Bank®, Member FDIC, a subsidiary of Optum Financial, Inc. HSAs are subject to eligibility requirements and restrictions on deposits and withdrawals to avoid IRS penalties. State taxes may apply. Fees may reduce earnings on account. This communication is not intended as investment, legal or tax advice. Federal and state laws and regulations are subject to change.

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When & Where to Get Care

Compare options, help keep costs down

Getting care at the place that may best fit your condition or situation may save you up to \$2,500 compared to an emergency room (ER) visit.*

Care options to consider	START HERE				
	Primary care provider (PCP) The provider who may know you best	24/7 Virtual Visits A care provider over the phone or by video	Convenience care Nurse practitioners and physician assistants at retail pharmacy clinics	Urgent care Physicians and care teams at walk-in clinics	Emergency room Physicians and care teams at hospital emergency departments
Average cost*	In-person: \$175 Virtual: \$99 or less**	\$54***	\$100	\$185	\$2,700
Allergies	✓	✓			
Bladder infection/UTI	✓			✓	
Broken bone				✓	✓
Bronchitis	✓	✓		✓	
Chest pain					✓
Cough	✓	✓	✓		
COVID-19 symptoms	✓			✓	
Earache	✓	✓	✓		
Fever	✓	✓			
Flu/common cold	✓	✓	✓		
Migraine/headache	✓	✓			
Muscle ache/sprain	✓			✓	
Pinkeye	✓	✓			
Shortness of breath					✓
Sinus infection	✓	✓			
Skin rash	✓	✓	✓		
Sore throat	✓	✓			
Stomach pain (nausea, vomiting, diarrhea)	✓			✓	
Yeast infection	✓	✓			

✓ Indicates the care option to consider for the common conditions listed

Learn more

Visit uhc.com/quickcare

United
Healthcare®

Pre-Medicare Retiree Dental Plans



Getting started with Humana Dental

We've given you a reason to smile with a selection of four flexible dental plans.

Register at Humana.com

As a Humana member, you have a secure website on **Humana.com** called MyHumana. With MyHumana, you have fast, easy access to your personalized benefits information.

Some of what you can do on MyHumana:

- Claims – Check if a claim has been paid along with your estimated cost, if any
- ID cards – View, print and email up-to-date dental Humana member ID cards
- Coverage details – Review deductibles, coverage levels and limits
- Provider search – Use “Find a doctor” to find in-network dentists near you
- Manage access – Give other adults on your policy permission to access your health information
- Update your communications preferences – Select which communications you want to receive from Humana and how you want to receive them — via paper or email

REGISTERING IS EASY

- Have your Humana member ID or Social Security number available
- Go to **Humana.com**
- Select “Register” at the top of the page
- Choose “Member all other plan types”
- Fill in some basic information — like your Humana member ID number or Social Security number, date of birth, ZIP code, and email and click “next”
- Create a username, password and security prompt and click “next” to finish

Also, you can download the MyHumana mobile app from the app store on your smartphone to access plan information.

ACCESS YOUR DIGITAL ID CARD AND KEEP IT WITH YOU

You will have access to view and print your dental ID cards via the Humana website or the Humana mobile app within 10 working days of enrollment. Here's how:

Via the website:

- Go to **Humana.com** and sign in/register for MyHumana (Have your Humana member ID or Social Security number available)
- Click “Access your ID Card” under “Tools & forms” in the lower right of your MyHumana home page or in the page's footer under “Tools & Resources”
- A new window will appear with links to the ID card or proof of coverage
- Print if desired.

Via the mobile app:

- Download the MyHumana App for iOS or Android
- Sign in using your MyHumana username and password
- Click “ID Cards” on the dashboard
- Your dental ID card information and an image of the front and back of the ID card will be visible

HUMANA CUSTOMER CARE

For assistance or more information on the Humana Dental benefits simply call 1-800-233-4013 (TTY: 711), Monday through Friday, 8 a.m. to 6 p.m. Eastern Time (TDD: 1-800-325-2025) to speak with a friendly, knowledgeable Customer Care specialist.

MEDICARE ELIGIBLE RETIREES

Contact FSRBC Humana Representative
1-833-686-0983
Humana Dental Group #: 735974
benefits@myfsrbc.com

Pre-Medicare Retiree Dental Plans

THE FOUR DENTAL OPTIONS OFFERED ARE:

Managed Care Plans (Florida Only Networks)

Option 1 (DHMO Enhanced) & Option 2 (DHMO Basic)

provide a wide variety of benefits through your participating dentist. At the time of service, you pay the dentist for any applicable copayments according to your schedule of benefits.

Both plans feature:

- No primary dentist selection required
- No maximums
- No waiting periods
- No claims to file
- A large panel of providers to choose from
- Same copayment to participating general dentist or specialist
- No referrals required to see a participating specialist
- Pediatric specialist care for age 16 and under

ORTHODONTICS

Both the **DHMO Enhanced** and **DHMO Basic** cover orthodontia services for both adults and children. Copayments under the **DHMO Enhanced** are set at \$1,600 for children and adolescents; \$1,950 for adults. Copayments under the **DHMO Basic** are set at \$2,200 for children, \$2,250 for adolescents and \$2,350 for adults.

PPO Plans

Option 3 (PPO High) allows you and each covered family member to use the dentist of your choice; however, you'll receive a higher level of coverage when you choose a participating dentist. There is a deductible of \$50 per person (\$150 per family). There is no deductible for preventive and diagnostic services. This plan has an annual maximum benefit of \$1,000, plus an extended annual maximum benefit. This plan covers orthodontia for adults and children up to the age of 18. The lifetime orthodontic maximum benefit is \$1,000 for adults and \$2,000 for children.

Option 4 (PPO Low) allows you and each covered family member to use the dentist of your choice; however, you'll receive a higher level of coverage when you choose a participating dentist. There is a deductible of \$50 per person (\$150 per family). There is no deductible for preventive and diagnostic services. This plan has an annual maximum benefit of \$1,000, plus an extended annual maximum benefit. This plan does not cover orthodontic services.

FINDING AN IN-NETWORK DENTIST

Go to <https://www.humana.com/dental-insurance/find-a-dentist> anytime to find an in-network dentist.

Under the Network drop down box, search for a provider by selecting one of the following networks:

Palm Beach Schools DHMO

Palm Beach Schools PPO

You can also access the list of in-network providers on your MyHumana mobile app or by calling the customer care number on this page.

Extended Annual Maximum*

As part of Humana's dental PPO Plans, the Extended Annual Maximum helps you save money by ensuring you have access to network discounts and 30% coinsurance, even after you have reached your annual maximum. You can achieve and maintain your best health by getting dental care when it's needed, before oral health issues may affect your overall health and well-being.

With Humana's extended annual maximum, you won't have to put off important dental care procedures for yourself or your covered dependents.

*Excludes orthodontia

INCREASED PREVENTIVE COVERAGE

Early detection is the key to preventing more serious health conditions including diabetes, heart disease and stroke. Humana's enhanced preventive care benefits cover many services to help you achieve and maintain your best oral health and save on out-of-pocket expenses.

Our enhanced preventive care benefit covers four periodontal maintenance cleanings, as well as three routine cleanings every year, whichever is needed, helping you prevent oral health issues from becoming chronic conditions. Under enhanced preventive coverage, periodontal maintenance cleanings are covered under preventive services.

- Three routine cleanings per year
- Four periodontal maintenance cleaning procedures per year—covered as a preventive service
- Oral cancer screenings for members aged 40 plus

Pre-Medicare Retiree Dental Plans

Commonly Covered Procedures:

Sample procedure codes, see full schedule for complete listing: www.myhumana.com

BENEFIT	OPTION 1 - DHMO ENHANCED (FL Only Network)	OPTION 2 - DHMO BASIC (FL Only Network)
DEDUCTIBLE		
Annual Deductible	None	None
Calendar Year Maximum	None	None
Claim Forms	None	None
Primary Dentist Required	None	None
PREVENTIVE & DIAGNOSTIC	YOU PAY	YOU PAY
Office visit	No charge	No charge
Routine exams (2 per 12 Months)	No charge	No charge
Prophylaxis (cleaning) - basic (3 per 12 months)	No charge	No charge
Emergency treatment (palliative)	\$20	\$20
X-ray - complete series including bitewings (1 per 24 months)	No charge	No charge
Fluoride application (1 per 12 months)	\$10	\$15
BASIC/RESTORATIVE PROCEDURES		
Simple extractions	\$10	\$20
Amalgam fillings - 1 surface permanent	No charge	No charge
Anterior Root canals (1 canal)	\$100	\$110
Endodontic Therapy, Premolar Tooth	\$185	\$185
Endodontic Therapy, Molar Tooth	\$225	\$245
Composite resin fillings - 1 surface, anterior	\$0	\$0
Sealants (up to age 15)	No charge	No charge
MAJOR SERVICES		
Crowns - porcelain, high noble metal	\$495	\$500
Dentures - upper/lower	\$460 each	\$525 each
Bridges - porcelain, base metal	\$420	\$425
Implant- Surgical placement of implant body	\$950	\$950
PERIODONTICS		
Periodontal Maintenance (limit 4 per year)	\$0	\$0
ORTHODONTICS		
Pre-orthodontic treatment visit	\$0	\$35
Comprehensive treatment of transitional dentition	\$1,600	\$2,200
Comprehensive treatment of adolescent transitional dentition	\$1,600	\$2,250
Comprehensive treatment of adult dentition	\$1,950	\$2,350

Network: Palm Beach Schools DHMO

Pre-Medicare Retiree Dental Plans

Dental PPO Plans

Sample procedure codes, see full schedule for complete listing: www.myhumana.com

BENEFIT	OPTION 3 - PPO HIGH		OPTION 4 - PPO LOW	
	IN-NETWORK	OUT-OF-NETWORK*	IN-NETWORK	OUT-OF-NETWORK*
DEDUCTIBLE (MAXIMUM 3 PER FAMILY) - CALENDAR YEAR IS JANUARY 1 - DECEMBER 31				
Class I	None	None	None	None
Class II, III, IV	\$50 per year, individual		\$50 per year, individual	
Calendar Year Maximum	\$1,000 + Extended Annual Maximum		\$1,000 + Extended Annual Maximum	
Lifetime Orthodontic Maximum	\$1,000 Adults / \$2,000 Children		Not covered	
CLASS I - PREVENTIVE & DIAGNOSTIC				
Routine Oral Exam	100%	90%	100%	80%
X-rays (diagnostic)	100%	90%	100%	80%
Routine Cleanings	100%	90%	100%	80%
Periodontal cleanings	100%	90%	100%	80%
Fluoride treatment	100%	90%	100%	80%
Sealants	100%	90%	100%	80%
Space maintainers	100%	90%	100%	80%
Oral Cancer Screening (ages 40+)	100%	90%	100%	80%
Panoramic x-rays	100%	90%	100%	80%
CLASS II - BASIC SERVICES				
Emergency care for pain relief	80%	70%	50%	40%
Amalgam / Composite fillings	80%	70%	50%	40%
Oral Surgery (includes extractions)	80%	70%	50%	40%
Harmful habit appliances	80%	70%	50%	40%
Periodontics	80%	70%	50%	40%
Endodontics	80%	70%	50%	40%
CLASS III - MAJOR SERVICES				
Inlays/onlays/crowns & bridges	50%	40%	50%	40%
Dentures and other removable prosthetics	50%	40%	50%	40%
Implants	50%	40%	50%	40%
CLASS IV - ORTHODONTIC SERVICES				
Orthodontia (Adult & child up to age 18)	50%	50%	Not covered	Not covered

Network: Palm Beach Schools PPO

Pre-Medicare Retiree Vision Benefits



Provider: EyeMed Vision Care eyemed.com

An eye examination means more than getting a prescription – it evaluates your eye health and is critical in the early detection of several vision and health-related conditions, including:

- glaucoma
- cataract
- diabetes
- hypertension

Plan Features

You may choose independent ophthalmologists, optometrists, opticians or the convenience of a retail facility including LensCrafters®, most Pearle Vision locations, and Target Optical locations in your area or throughout the country for:

- eye examinations
- contact lenses
- glasses
- Rx sunglasses
- lens options and accessories
- LASIK and PRK laser vision correction procedures
- Hearing Discounts

Lens Options

You can choose from many different lenses and lens options for your frames at participating eye provider locations. Here are just a few of the lens options you may find at participating provider locations:

- **Ultra Violet (UV) protection** - UV ray exposure can be generated from the sun or other light sources. With enough exposure to these light rays, there could be an increased risk of cataracts and macular degeneration.
- **Anti-reflective (AR) coating** - This coating reduces the amount of light that reflects off the lenses. These lenses can be particularly helpful for driving at night, when reflections on your lenses may be greater than daylight

driving conditions. AR coating also enables people to see your eyes more clearly as opposed to seeing the reflection off your lenses.

- **Scratch-resistant coating** - When scratches are present on your lenses, they may distort or interfere with your vision. This protective coating is added to the lens surface to protect it from normal scratches as a result of everyday mishaps. It's a great way to extend the life of your eyewear.

Claim Forms

You do not need to obtain a claim form for the in-network services. Simply inform your provider that you are an EyeMed member when you make your appointment or visit a participating provider location.

To Locate An EyeMed Provider Near You

Visit the EyeMed website at www.eyemed.com and choose “Select” network and enter your ZIP code to find a provider or simply use the newly featured EyeMed member App.

Know Before you Go - a tool now available to all members on their portal which will give members estimates of their purchase total before visiting their provider.

Call EyeMed customer call center at 1-866-723-0514 and choose the “provider locator” automated option, or speak to a customer service representative during normal operating hours (Monday-Friday, 7:30 a.m. - 11 p.m. ET; Saturday 8 a.m. to 11 p.m. ET; Sunday, 11 a.m. - 8 p.m. ET).

You can also save even more, visit a PLUS Provider and you get access to additional benefits such as \$0 exam copay and \$50 more to spend on frames. All Plus Provider perks are built right into your vision benefits – no promo codes, no coupons, no paperwork. Look for the Plus provider mark on the member website, mobile app or call customers care at 1-866-723-0514.



Pre-Medicare Retiree Vision Benefits

EyeMed Plan Services - www.eyemed.com

EYEMED PLAN SERVICES	IN-NETWORK Member Cost	OUT-OF-NETWORK maximum reimbursement
Exam with dilation as necessary	\$10 copayment (\$0 copay with PLUS providers)	up to \$35
Retinal imaging benefit	up to \$39	N/A
EXAM OPTIONS		
Standard contact lens fit and follow-up*	Up to \$40	N/A
Premium contact lens fit and follow-up**	10% of retail	N/A
FRAMES	\$0 copayment; \$130 allowance; 20% of balance over \$130 (\$180 allowance with PLUS providers)	up to \$65
STANDARD PLASTIC LENSES		
Single vision	\$15 copayment	\$25
Bifocal	\$15 copayment	\$40
Trifocal	\$15 copayment	\$55
Standard progressive	\$60 copayment	\$55
Premium progressive	\$60, 80% of charge less \$120 allowance	\$55
LENS OPTIONS (PAID BY THE MEMBER AND ADDED TO THE BASE PRICE OF LENS)		
UV coating	\$12	\$2
Tint (solid and gradient)	\$12	\$2
Standard scratch coating	\$15	N/A
Standard polycarbonate - adult	\$35	\$3
Standard polycarbonate - child under 19	\$35	\$3
Standard anti-reflective	\$45	N/A
Polarized	20% of retail price	N/A
Other add-ons and services	20% of retail price	N/A
CONTACT LENSES (INCLUDES MATERIALS, ONLY IN LIEU OF LENSES)		
Conventional	\$0 copayment; \$125 allowance plus 15% of balance over \$125	\$100
Disposables	\$0 copayment; \$125 allowance plus 100% of balance over \$125	\$100
Medically necessary	\$0 copayment; paid in full	\$200
LASIK & PRK VISION CORRECTION SERVICES[†]	15% off retail price OR 5% off promotional pricing	N/A
HEARING CARE FROM AMPLIFON NETWORK^{††}	Up to 64% off hearing aids; call	N/A
FREQUENCY		
Exams	once every calendar year	
Frames	once every other calendar year	
Standard plastic lenses or contact lenses	once every calendar year	

* Standard contact lens fitting - spherical clear contact lenses in conventional wear and planned replacement (examples include but not limited to disposable, frequent replacement, etc.).

** Premium contact lens fitting - all lens designs, materials and specialty fittings other than standard contact lenses (examples include toric, multifocal, etc.).

† LASIK and PRK correction procedures are provided by the U.S. Laser Network, owned by LCA-Vision. You must first call 1-800-988-4221 for the nearest facility and to receive authorization for the discount.

†† Call 1.877.203.0675 for details.

Pre-Medicare Retiree Vision Benefits






INNOVATIVE ANSWERS FOR TOTAL HEALTH & WELLNESS


Hear all the sweet sounds of life

Hearing loss is more common than you might think. It affects 1 in 9 Americans¹ and can come on so gradually you may not even notice it. But the good news is 95% of hearing loss can be easily treated with hearing aids.¹

That's why we give you access to affordable hearing care discounts through Amplifon, the nation's largest independent hearing discount network – so you can enjoy all of life's sights and sounds.

YOUR HEARING DISCOUNT THROUGH AMPLIFON INCLUDES:

-  64% off hearing aids at thousands of convenient locations nationwide²
-  Free batteries for 2 years with initial purchase
-  Discounted, set pricing on thousands of hearing aids
-  3-year warranty and loss and damage coverage
-  60-day hearing aid trial period with no restocking fees

 Call 877.203.0675 to find a hearing care provider near you and schedule a hearing exam today.

SEE THE GOOD STUFF

Register on eyemed.com or grab the EyeMed app (App Store or Google Play)

 **amplifon** Hearing Health Care.

¹ <https://www.amplifonusa.com/hearing-loss>

² Savings based on Amplifon Hearing Health Care average member savings data for 2020



Medicare Part D

CERTIFICATE OF CREDITABLE COVERAGE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the school District of Palm Beach County and prescription drug coverage available for people with Medicare.

IMPORTANT NOTICE FROM THE SCHOOL DISTRICT OF PALM BEACH COUNTY ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

It also explains the options you have under Medicare prescription drug coverage and can help you decide whether or not you want to enroll. At the end of this notice is information about where you can get help to make decisions about your prescription drug coverage.

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare through Medicare prescription drug plans and Medicare Advantage Plans that offer prescription drug coverage.
All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. The School District of Palm Beach County has determined that the prescription drug coverage offered by UnitedHealthcare is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage will pay and is considered creditable coverage.

Because your existing coverage is on average at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay extra if you later decide to enroll in Medicare prescription drug coverage.

Individuals can enroll in a Medicare prescription drug plan each year from October 15 through December 7 and when they first become eligible for Medicare. However, if you lose your current creditable prescription drug coverage through no fault of your own, you will also be eligible for a two month special enrollment period (SEP) to join a Medicare drug plan.

If you do decide to enroll in a Medicare prescription drug plan and drop your UnitedHealthcare prescription drug coverage, be aware that you will not be able to get this coverage back. Prescription drug coverage is a part of the total health insurance plan offered by UnitedHealthcare and cannot be purchased separately.

Please contact us for more information about what happens to your coverage if you enroll in a Medicare prescription drug plan.

If you drop your coverage with the School District of Palm Beach County and enroll in a Medicare prescription drug plan, you will not be able to get this coverage back later. You should compare your current coverage, including which drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area.

Your current coverage pays for other health expenses, in addition to prescription drugs, and you will still be eligible to receive all of your current health and prescription drug benefits if you choose to enroll in a Medicare prescription drug plan.

You should also know that if you drop or lose your coverage with the School District of Palm Beach County and don't enroll in Medicare prescription drug coverage after your current coverage ends, you may pay more (a penalty) to enroll in Medicare prescription drug coverage later.

If you go 63 days or longer without prescription drug coverage that's at least as good as Medicare's prescription drug coverage, your monthly premium will go up at least 1 percent per month for every month that you did not have that coverage. For example, if you go 19 months without coverage, your premium will always be at least 19 percent higher than what many other people pay. You'll have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to enroll.

For more information about this notice or your current prescription drug coverage: contact our office at 1-561-434-8580.

NOTE: You will receive this notice at other times in the future, such as before the next period you can enroll in Medicare prescription drug coverage, or if this coverage 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 prescription drug plans. For more information about Medicare prescription drug plans:

- Visit: www.medicare.gov
- Call your state health insurance assistance program for personalized help (see your copy of the "Medicare & You" handbook for their telephone number).
- Call **1-800-MEDICARE (1-800-633-4227)**. TTY users should call **1-877-486-2048**.

For people with limited income and resources, extra help paying for Medicare prescription drug coverage is available. Information about this extra help is available from the Social Security Administration (SSA) online at www.socialsecurity.gov or by phone at **1-800-772-1213** (TTY **1-800-325-0778**).

Remember: Keep this notice. If you enroll in one of the new plans approved by Medicare that offer prescription drug coverage, you may be required to provide a copy of this notice when you join to show that you are not required to pay a higher premium amount.

Date: October 1, 2024

Name of Entity: School District of Palm Beach County

Contact: Benefits Technician

Address: 3300 Forest Hill Boulevard, Suite A-103
West Palm Beach, FL 33406-5870

Phone: (561) 434-8580

Important Notices

Opportunity to Enroll in Connection with Extension of Dependent Coverage to Age 26

Individuals whose coverage ended, or who were denied coverage (or were not eligible for coverage), because the availability of dependent coverage of children ended before attainment of age 26 are eligible to enroll in health plans offered by the School District of Palm Beach County. Individuals may request enrollment for such children during the annual enrollment period. Enrollment will be effective January 1, 2025. For more information contact Risk & Benefits Management at **1-561-434-8580**.

Patient Protection

The medical plans offered by the School District of Palm Beach County do not require you or your family to designate a primary care provider. However, you have the right to select any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact UnitedHealthcare at www.myuhc.com or call the customer service phone number shown on your UHC ID card.

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

You do not need prior authorization from UnitedHealthcare or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a healthcare professional in our network who specializes in obstetrics or gynecology. The healthcare professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating healthcare professionals who specialize in obstetrics or gynecology, contact UnitedHealthcare at www.myuhc.com or call the customer service phone number shown on your UHC ID card.

Insurance Coverage after Retirement

Under section 112.0801, Florida Statutes, your FRS employer is required to offer you or your eligible dependents the option of continued participation in any employer-sponsored group insurance plans in which you were participating at your retirement or at your DROP termination date.

As a retiree, your premium cost for health and hospitalization insurance coverage may not exceed the total employee and employer premium cost applicable to active employees. You may lose your eligibility to participate if

you choose not to continue participating in your employer's group plan at retirement, initially choose to continue but subsequently stop participating, defer your retirement to a future date, or otherwise do not meet your employer's group plan requirements. Before you terminate employment, contact your FRS employer about continuing your employer-sponsored group insurance coverage. The division has no authority over or responsibility for employer group health and hospitalization plans.

Flexible Spending Accounts (FSAs)

Your Flexible Spending Account (FSA) will end on the last day of the month in which you retire, unless you choose to maintain contributions to your Health Care FSA account post-retirement. You will have until **March 31 of the following calendar year**, to submit any claims for eligible expenses that were incurred before your retirement. For further details, please contact TASC customer service at **1-800-422-4661**.



You have the option to maintain contributions to your Health Care FSA account until December 31 of your initial retirement year through COBRA. You will have until March 31 of the following calendar year to submit eligible claims for expenses that were incurred while you were actively contributing and enrolled in an FSA plan. This arrangement enables you to keep your Health Care FSA active and receive reimbursements for expenses incurred after your retirement date. Should you decide not to continue with your Health Care FSA, it will end on the last day of the month in which you retire. Payments should be sent directly to FSA administrator TASC, to the address below.

TASC
PO BOX 14015
Madison, WI
53708-0015
Customer Service: 1-800-422-4661

Income Taxes on Your Retirement Benefit

Each year at the end of January, the division provides you an IRS Form 1099-R. Your annual taxable income is shown in the taxable amount box (Box 2a). You should use this form when you file your income tax return.



Contract Administrator

📍 ATTN: Mail Slot 32, PO Box 1878,
Tallahassee, FL 32302-2789

🌐 MyFBMC.com

This guide does not contain a complete listing of all terms, conditions, or exclusions of the benefits listed herein. Please refer to the policy and/or certificate of coverage for more information. Information contained herein does not constitute an insurance certificate or policy. Certificates or policies will be provided to participants following the start of the plan year, if applicable.