



**BAKER COUNTY
SCHOOL DISTRICT**
Committed to Excellence



2025 - 2026

Benefits Guide

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Benefits Enrollment Checklist

BEFORE ENROLLING

- Take the time to educate yourself on all 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.

DURING ENROLLMENT

- Be sure to make your elections within the Open Enrollment period. 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.

AFTER ENROLLMENT

- Medical coverage: If you elect coverage, you will receive an ID card in the mail that you should use for all medical and prescription services.
- 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.
- Dental coverage: If you elect coverage, you can download a copy of your dental card at sunlife.com/dentalIDCard.com.
- Vision coverage: If you elect coverage, you can print an ID card via the VSP website. For vision services, coverage will be tied to the employee's social security number. Be sure to give this to your provider at the time of service.

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 provisions as outlined in the contractual agreements.

Spouse

The person to whom you are legally married. Under no circumstances may ex-spouses be covered by an employee.

Dependent child(ren)

Children up to age 26 (eligible through the end of the month following the child's 26th birthday).

Newborn children of covered dependent children (under the age of 26)

A newborn child of a covered dependent child (under the age of 26) is eligible for medical coverage for the first 18 months, as long as the newborn's parent also remains covered.

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 45 days of employment. You must submit your benefits elections and upload all required documentation within 30 days of your date of hire.

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, 2025 - September 30, 2026.

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 <https://bakercountybenefits.hrntouch.com/>
- Supporting documentation should be uploaded into the enrollment portal as 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 Benefitfocus

All benefit elections must be submitted through Benefitfocus.



Scan here to Enroll Now!

To start your enrollment

- Visit <https://bakercountybenefits.hrntouch.com/>
- Enter your username and password
- If you don't know your username or password, click on the "Can't access your account?" link. Follow the screen prompts
- All benefits-eligible employees will be sent an email to your BCSD email address from the Benefitfocus system that will include your system username

Benefit Resources

- The Benefitfocus Enrollment Website is your best resource!
- In Benefitfocus, you will be able to learn more about the benefits available to you, make your annual benefits elections, update dependent and beneficiary information, and much more.

Annual Enrollment "To Do" List

- Review each benefits program available and make your desired elections
- Review this booklet and detailed information on the Benefitfocus website to help make your benefit choices for the 2025-2026 plan year and enroll online
- Review the Open Enrollment Group Benefits Presentation on Benefitfocus
- Decide which Medical and Dental plan is right for you
- Review the other lines of coverage to make sure you have met all your benefit needs
- Be sure to update any beneficiaries that may have changed

IMPORTANT TO KNOW

2025 – 2026 Benefit Enrollment

- Attention Employees: All benefits-eligible employees are required to complete the online enrollment process through <https://bakercountybenefits.hrntouch.com>. Employees are required to complete their online enrollment even if all benefits are being waived or no changes are being made to your elections.
- Instructions for completing your online enrollment are available on the <https://bakercountybenefits.hrntouch.com> website and will be emailed to all employees.
- Changes made during Annual Enrollment are effective October 1, 2025.

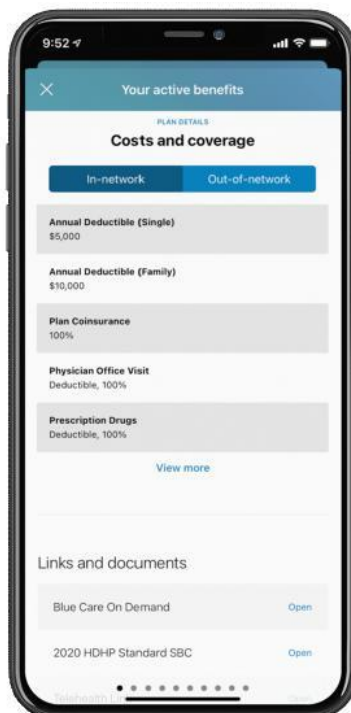
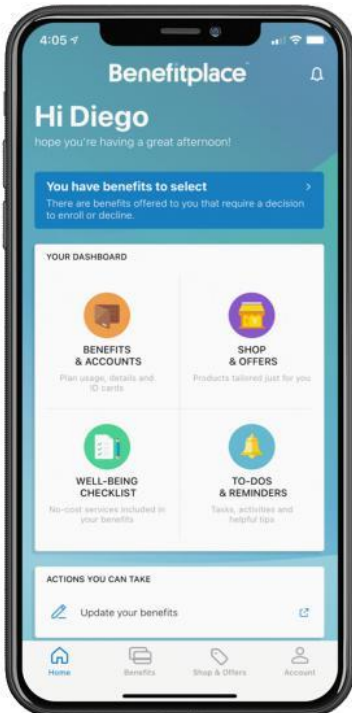


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Benefitplace™ app

Your personalized benefits experience, wherever you are

Your Benefits Homepage Key Costs & Coverage Details Claims Summary Information



- One place to manage, learn and shop for affordable benefits from top brands
- A guided educational shopping experience – so you can select the best options for life.
- Get personalized, push notification communications and education on the go.
- Study up on your claims summary information, throughout the year.
- Store and share your ID cards to make forms and office visits easy
- Snap and tap to upload required documentation.

Access, learn, shop and manage all things benefits on the go. **Use your Company ID to download the app from Google Play or the Apple App Store today!**

Company ID:

[bakercountybenefits](https://www.bakercountybenefits.com)

Questions? Contact **Dana Wood 904-259-3813** dana.wood@bakerc12.org

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.

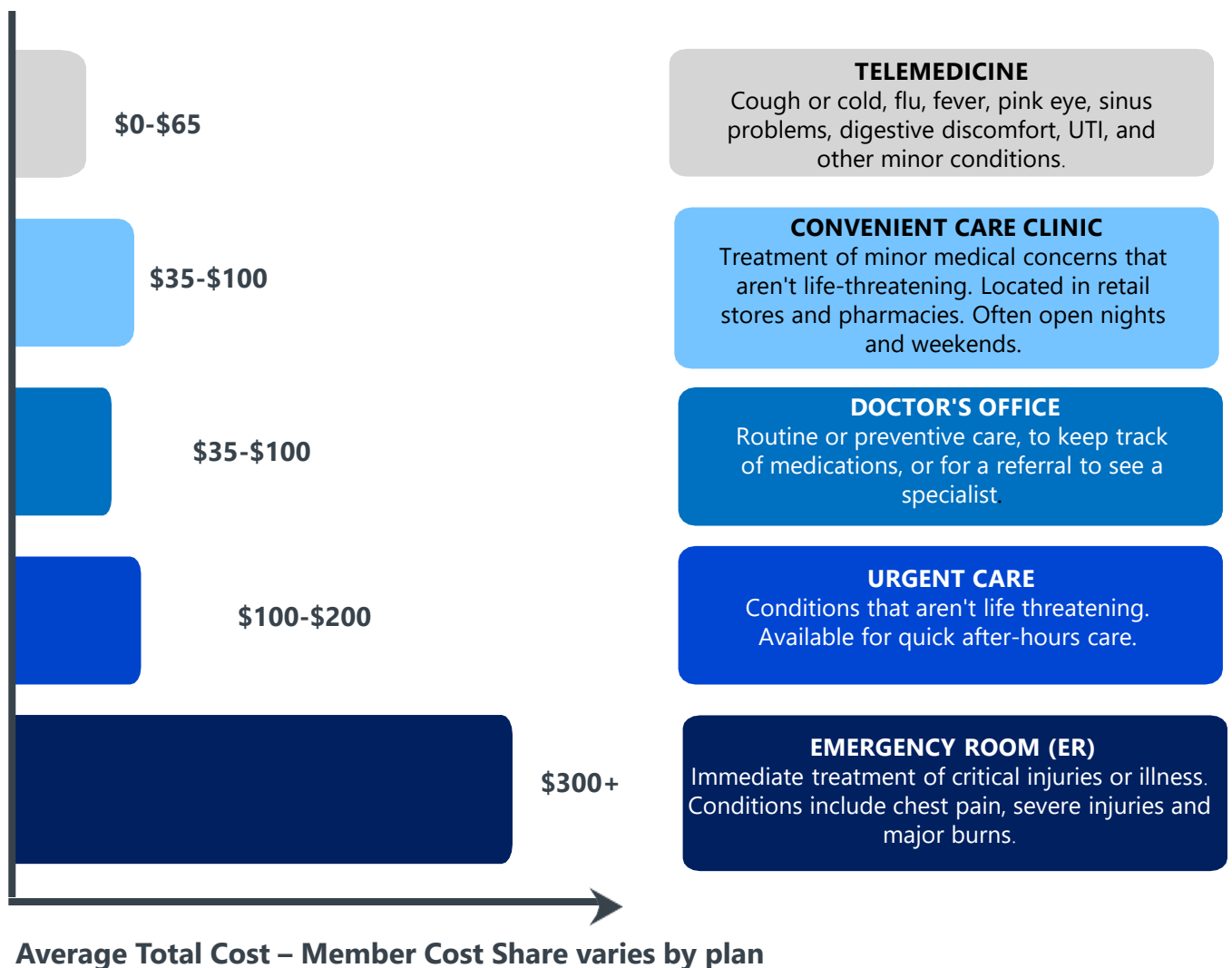
Telemedicine is a great first option

When you need care (and it isn't a true emergency like one of the conditions listed below), use your virtual visits through Florida Blue. 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.

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.



What To Consider When You Need Care

Care Options	Why Would I Use This Center?	What Type of Care Would They Provide?	What are the Costs & Time Considerations?
Teladoc	<ul style="list-style-type: none"> · Quick and convenient, non-emergent needs. · Allows you to see and talk to a doctor without the fuss of waiting rooms 	<ul style="list-style-type: none"> · Flu · Colds · Pink eye · Rashes · Fever 	<ul style="list-style-type: none"> · \$0 copay w/ unlimited usage. · Can be used by those enrolled in medical plan.
Doctor's Office	<ul style="list-style-type: none"> · Routine care or treatment for health issue · Your primary doctor knows your health history and can access your medical records 	<ul style="list-style-type: none"> · Routine check-ups · Immunizations · Preventive services · Manage general health 	<ul style="list-style-type: none"> · Copay and/or coinsurance · Requires appointment · Little wait time
Convenient Care Clinic For example, Your local CVS Minute Clinic	<ul style="list-style-type: none"> · Can't get into your primary doctor's office · Not urgent or an emergency, but minor conditions · Located in shopping centers or retail stores · Staffed by Nurse Practitioners and Physicians Assistants 	<ul style="list-style-type: none"> · Common infections (strep throat) · Minor skin conditions (poison ivy) · Flu shots · Pregnancy tests · Minor cuts · Ear aches 	<ul style="list-style-type: none"> · Copay and/or coinsurance · Walk-ins welcome, but wait times may vary
Urgent Care Clinic	<ul style="list-style-type: none"> · Quick care, but not an emergency or your primary is not available · Treatment for non-life-threatening injuries/illnesses 	<ul style="list-style-type: none"> · Sprains · Strains · Minor broken bones (finger) · Minor infections · Minor burns 	<ul style="list-style-type: none"> · Copay and/or coinsurance—may be higher than office visit · Walk-ins welcome, but those with urgent matters are treated first
Emergency Room	<ul style="list-style-type: none"> · Immediate treatment of very serious/critical condition · Life-threatening conditions that require immediate attention 	<ul style="list-style-type: none"> · Heavy bleeding · Large open wounds · Sudden change in vision · Chest pain · Sudden weakness or trouble talking · Major burns · Spinal Injuries · Severe head injury · Difficulty breathing · Major broken bones 	<ul style="list-style-type: none"> · Higher copay and/or coinsurance · Open 24/7, but wait times are high because of those with life-threatening emergencies · If you are in a true medical emergency, and you go to a network or non-network emergency room for care, the copayment or coinsurance you will pay under this plan is the same

How To Access ID Cards

Please see below for instructions on how to access your medical, dental, and vision cards throughout the plan year. There is also information on how to access mobile apps and websites to view your benefits, claims, and cost-saving tools.

Medical – Florida Blue

Register at [Florida Blue.com](https://www.floridablue.com) where you can access your personalized member account, ID Cards, benefits, doctors, cost-saving tools, and more.

Where to Go

- To get started, click on **New Member Registration**. Choose **Manage Your Plan or Care for a Friend or Loved One**. Enter your email and enter the confirmation code.
- Choose a **Username** and **Password**.
- Click **Go** to log in and start exploring!
- You can also scan the QR code that takes you directly to the Florida Blue website!



Dental – Sun Life

Online Services and the Mobile App

- Your mobile-responsive Sun Life account gives you access to everything you need to know about your dental plan, including your dental ID card.
- To complete your online registration, you will need your Social Security number or member ID, and date of birth. Register today at [sunlife.com/account](https://www.sunlife.com/account).
- You can easily view your dental coverage, find a dentist, access your electronic ID card, and more. To download the app or more information, please visit www.sunlife.com/mobileapps.



Vision – VSP

As a VSP member, you have access to [vsp.com](https://www.vsp.com) and the **VSP Vision Care App** where you can find your ID card.

Your VSP Dashboard and Vision Care App

- Visit [vsp.com](https://www.vsp.com). Once you create an account you will receive a confirmation email.
- Once you're logged in, you'll find a quick view of your dashboard that has benefit information, access to your claim history, and you can print your Member ID Card.
- Scan the QR code to download the **VSP Vision Care App**.



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 the 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 less 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.

Imaging Services

If you need an X-Ray or advanced imaging service such as an MRI, CT, or PET scan, where you go for these services does have a cost impact to you. If you have these types of services in a hospital setting, the tests will be treated as an outpatient hospital service. You can typically experience a lower out-of-pocket costs by having these services performed at a free-standing imaging center that is not associated or billed through a hospital. These types of facilities are called Independent Diagnostic Testing Facilities. You can locate these facilities on the Florida Blue provider search at www.FloridaBlue.com

Lab Services

The in-network lab for all BCSD medical plans is **Quest Diagnostics**. If you have lab work performed at Baker County Medical Services, a \$17 draw fee will apply.

Medical Plan Premiums

Your 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, 2025 - September 30, 2026:

	BlueOptions 03566 PPO (MAYO Clinic Included)	BlueCare 62 HMO	BlueCare 134/35 HSA HMO
PER-PAY-PERIOD COSTS (24 times/year)			
Employee Only	\$208.48	\$271.97	\$82.74
Employee + Spouse	\$513.17	\$627.54	\$286.58
Employee + Child(ren)	\$452.28	\$556.43	\$245.97
Employee + Family	\$730.87	\$881.85	\$431.83
E/E Family	\$526.41	\$677.39	\$227.37
E/E Spouse	\$375.65	\$490.02	\$149.06

Medical & Prescription Drug Plans – Florida Blue (Group #41854)

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 your benefits website.

Generic Choices Medication Guide:

<https://www.bcbsfl.com/DocumentLibrary/Providers/Content/GenericChoicesMedGuide.pdf>

BlueOptions 03566 PPO (MAYO Clinic Included)

MEDICAL BENEFITS	In-Network	Out-of- Network
Plan Year Deductible Per Individual Family Aggregate	\$5,000 \$10,000	\$5,000 \$10,000
Out-of-Pocket Maximum Per Individual Family Aggregate	\$6,650 \$13,000	\$10,000 \$20,000
Coinsurance Plan Member	70% 30%	50% 50%
Preventive Services	100%	50%
Virtual Visits Primary Care Specialist	\$0 \$50	Not Covered
Office Visits Primary Care Physician Specialist	\$35 \$50	PYD + 50% PYD + 50%
Urgent Care	PYD + 30%	PYD + 30%
Emergency Room	PYD + 30%	PYD + 30%
Inpatient Hospital	PYD + 30%	PYD + 50%
Outpatient Facility Surgical Services	PYD + 30%	PYD + 50%
Diagnostic Tests Lab (Independent Clinical Laboratory) X-Ray (Independent Testing Facility)	\$0 PYD + 30%	PYD + 50% PYD + 50%
Advanced Imaging MRI, CT, PET, etc.	PYD + 30%	PYD + 50%
PRESCRIPTION BENEFITS		
Retail Pharmacy Tier 1 - Generic / Tier 2 - Preferred Brand / Tier 3 - Non-Preferred	\$10 / 20% / Not Covered	Not Covered
Mail Order (90-day supply) Tier 1 - Generic Tier 2 - Preferred Brand	2.5x pharmacy copay 20% Co-insurance	Not Covered

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Open Medication Guide:

<https://www.bcbsfl.com/DocumentLibrary/Providers/Content/MedGuide.pdf>

	BlueCare 62 HMO	BlueCare 134/35 HSA HMO
MEDICAL BENEFITS	In-Network Only Coverage	In-Network Only Coverage
Plan Year Deductible Per Individual Family Aggregate	\$6,350 \$12,700	\$5,000 \$10,000
Out-of-Pocket Maximum Per Individual Family Aggregate	\$6,350 \$12,700	\$8,300 \$8,300 pp / \$16,600 max
Coinsurance Plan Member	100% 0%	80% 20%
Preventive Services	100%	100%
Virtual Visits Primary Care Specialist	\$35 \$65	PYD PYD
Office Visits Primary Care Physician Specialist	\$35 \$65	PYD + \$30 PYD + \$75
Urgent Care	\$100	PYD + \$100
Emergency Room	\$300	PYD + \$350
Inpatient Hospital	PYD	PYD + 20%
Outpatient Facility Surgical Services	PYD	PYD + 20%
Diagnostic Tests Lab (Independent Clinical Laboratory) X-Ray (Independent Testing Facility)	\$0 \$65	PYD + 20% PYD + 20%
Advanced Imaging MRI, CT, PET, etc.	PYD	PYD + 20%
PRESCRIPTION BENEFITS		
Retail Pharmacy Tier 1 - Generic Tier 2 - Preferred Brand / Tier 3 - Non-Preferred Specialty	\$10 \$50 / \$80 Subject to Cost Share	PYD then \$10 \$50 / \$80 Subject to Cost Share
Mail Order (90-day supply)	2.5x pharmacy copay	2.5x pharmacy copay

Pharmacy Benefits Reminder

Employees who have elected medical coverage will receive prescription drug coverage through the Florida Blue medical plan you choose.

When you fill your prescription at a participating retail pharmacy, you may purchase up to a 31-day supply of covered drugs. You may also be able to obtain a 90-day supply through your retail pharmacy or a mail-order program.

	BlueOptions 03566 PPO	BlueCare 62 HMO	BlueCare 134/135 HMO HSA
PHARMACY BENEFITS			
Retail Pharmacy			
			<i>Copays apply after medical deductible has been met</i>
Tier 1 (Generic)	\$10 copay	\$10 copay	\$10 copay
Tier 2 (Preferred Brand)	20% up to \$200 max	\$50 copay	\$50 copay
Tier 3 (Non-Preferred Brand)	Not Covered	\$80 copay	\$80 copay
Specialty	Subject to Cost Share	Subject to Cost Share	Subject to Cost Share
90-Day Mail Order			
Generic	2.5x copay	2.5x copay	2.5x copay
Preferred Brand	20% up to \$500 max	2.5x copay	2.5x copay

IMPORTANT TO KNOW

BlueOptions 03566 is a generic only prescription plan. This means that if you elect to enroll in this plan and you need a preferred brand name prescription filled, the cost will be 20% of the Exclusive Pharmacy Allowance up to a maximum of \$200 per prescription at retail, 20% of the Exclusive Pharmacy Allowance up to a maximum of \$500 per prescription by mail. If the Exclusive Pharmacy Allowance for a preferred brand drug is less than \$50, you will pay 100% of the Exclusive Pharmacy Allowance for that drug.

Generic Choices Medication Guide (BlueOptions 03566):

<https://www.bcbsfl.com/DocumentLibrary/Providers/Content/GenericChoicesMedGuide.pdf>

Open Medication Guide (BlueCare 62 & 134/135):

<https://www.bcbsfl.com/DocumentLibrary/Providers/Content/MedGuide.pdf>

Pharmacy Benefits– Generic Only Guide vs. Open Medication Guide

Understanding these tiers and their coverage can help you manage your healthcare expenses more effectively. Always review your specific plan details to know exactly how your medications will be covered.

Let's take a closer look at a diabetes patient as an example. This patient might be prescribed various medications, each falling into different tiers within their prescription plan. Here's how these medications could be covered across each tier:

- **Tier 1 (Generic):** these are typically the most affordable. For a diabetes patient, this might include commonly used generic drugs like *Metformin*.
- **Tier 2 (Preferred Brand-Name):** These are brand-name drugs that the plan prefers, often because they offer a good balance of cost and effectiveness. For diabetes, this could include medications such as *Novolog*.
- **Tier 3 (Non-Preferred Brand-Name):** These are brand-name drugs that are less favored by the plan, often because they are more expensive or have generic equivalents. An example could be Insulin pens that are not the preferred brand.
- **Tier 4 (Specialty):** Higher-cost drugs that might require special handling or administration. For diabetes, this could involve advanced insulin delivery systems or newer medications. Coverage details can vary significantly, often involving higher out-of-pocket expenses or specific prior authorization requirements.

	BlueOptions 03566 PPO	BlueCare 62 HMO	BlueCare 134/135 HMO HSA
Tier 1: Generic Medications			
Example: Metformin	\$10 copay	\$10 copay	\$10 copay after Medical Deductible
Tier 2: Preferred Brand Name			
Example 1: Novolog	20% up to \$200	\$50 copay	\$50 copay after Medical Deductible
Example 2: Ozempic	Not Covered	\$50 copay	\$50 copay after Medical Deductible
Tier 3: Non-Preferred Brand Name			
Example: Bydureon Bcise	Not Covered	\$80 copay	\$80 copay after Medical deductible
Tier 4: Specialty			
Example: Mifepristone	Subject to Cost Share: Tier 1 Specialty	Subject to Cost Share: Tier 1 Specialty	Subject to Cost Share: Tier 1 Specialty

Health & 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.

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 and access discounts
- Contact customer support

Be sure to register on www.floridablue.com and download their apps so that you can access your benefits information anytime, anywhere. All you need is your member number (located on your member ID card).

FINDING PROVIDERS

Medical in the state of Florida - www.floridablue.com

- Choose "Find a Doctor"
- Select a Plan— "BlueOptions or Blue Care (HMO)"
- Select the provider type
- Select a Location
- Enter a Provider Name or simply click "Search Now"

Medical outside the state of Florida - www.bcbs.com

Important - For BlueOptions Plans Only

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

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 **Health Equity**. 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. This plan is not available for those enrolled in the other medical plans offered.

WHAT IS AN HSA?

A Health Savings Account is an account that you can use to pay qualified medical expenses. You own the account and benefit from the following tax advantages:

- Pre-tax contributions
- Funds accrue tax-free and withdrawals for qualified medical expenses are tax-free
- 2025 Single Coverage Max: \$4,300 and 2025 Family Coverage Max: \$8,550

ELIGIBILITY REQUIREMENTS

- Must be enrolled in the High-Deductible Health Plan (HDHP) 134/35 (HSA) Medical Plan
- 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
- Employees over 55 years of age can elect an additional \$1,000 of coverage

DEBIT CARD

All HSA participants will receive an HSA debit card from Health Equity. 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.

Dental Benefits

Group #954777

Your dental coverage is provided through **Sun Life**.

You may view your benefits, print an ID card, and locate in-network dental providers by visiting www.sunlifedentalbenefits.com.

- Choose "Find a Dentist"
- Choose the type of dentist and enter zip code
- Search by Location



IMPORTANT TO KNOW

Can I see my own dentist?

You are free to use the dentist or specialist of your choice.

However, when you choose a dentist in your plan's PPO network, you may save money. Using an in-network dentist may lower your out-of-pocket costs and may make your annual maximum go further.

If your dentist is not in-network, you can nominate your dentist to participate by calling Sun Life's Customer Service at 800-733-7879.

IN-NETWORK		
	<u>Basic Dental Plan</u>	<u>Enhanced Dental Plan</u>
Calendar Year Deductible Individual Family	\$75 \$150	\$75 \$150
Diagnostic & Preventive Cleanings, exams, x-rays (2 Dental exams and cleanings every 12 months)	Covered 100%	Covered 100%
Basic Services Fillings (including tooth-colored fillings on posterior teeth), repairs, extractions, oral surgery, general anesthesia, endodontics and periodontics	20% after deductible	20% after deductible
Major Services Inlays, onlays, crowns, bridges and implants	50% after deductible	50% after deductible
Orthodontic Services Ortho Services Lifetime Maximum	Not Covered	50% \$1,000 per child under age 26
Annual Benefit Maximum	\$1,000	\$1,500
EMPLOYEE COST PER-PAY-PERIOD		
Employee Only	\$9.27	\$11.17
Employee & Spouse	\$20.57	\$24.22
Employee & Child(ren)	\$26.35	\$32.73
Employee & Family	\$37.85	\$45.80
E/E Family	\$31.50	\$39.45
E/E Spouse	\$14.22	\$17.87

Vision Benefits

Your vision coverage is provided through **VSP**. 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.vsp.com.



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

Group #30042721

IN-NETWORK	
Eye Exams Routine Eye Exam <i>Benefits may be redeemed every 12 months</i>	\$10 copay
Frames <i>Benefits may be redeemed every 24 months</i>	\$150 allowance
Lens Single Vision Bifocal Trifocal <i>Benefits may be redeemed every 12 months</i>	\$10 Copay \$10 Copay \$10 Copay \$10 Copay
Contacts (in lieu of glasses) Allowance Contact Lens Fitting/Follow-up <i>Benefits may be redeemed every 12 months</i>	\$130 allowance Up to \$60
OUT-OF-NETWORK	
Eye Exams Routine Eye Exam Contact Lens Fitting/Follow-up <i>Benefits may be redeemed every 12 months</i>	\$45 Not Covered
Frames <i>Benefits may be redeemed every 24 months</i>	\$70 allowance
Lens Single Vision Bifocal Trifocal <i>Benefits may be redeemed every 12 months</i>	\$30 allowance \$50 allowance \$65 allowance
Contacts <i>Benefits may be redeemed every 12 months</i>	\$105 allowance
EMPLOYEE COST PER-PAY-PERIOD	
Employee Only	\$4.02
Employee & Spouse	\$6.44
Employee & Child(ren)	\$6.57
Employee & Family	\$10.99

Life and AD&D

Group #897290

We provide Basic Life and Accidental Death and Dismemberment (AD&D) coverage at no cost to you. Employees receive a generous benefit of \$10,000 through **The Hartford**.

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

EMPLOYEE COVERAGE

You may elect to purchase \$10,000 coverage increments, with a maximum of \$500,000 up to a maximum of 5x your annual salary.

The guaranteed issue amount is \$100,000 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 (EOI).

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 50% of the employee amount of coverage.

You may elect a coverage amount for your spouse up to the guaranteed issue amount (\$50,000) when you are first eligible for the plan, without submitting evidence of insurability.

The cost of coverage is based on the age of the employee.

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 \$10,000 of coverage for eligible children.

All child life amounts are guaranteed issue, and no evidence of insurability is required. Dependents are eligible starting at 14 days-6 months at \$500 and 6 months-26 years at \$10,000.

IMPORTANT TO KNOW

Frequently asked questions

Does the coverage amount change based on my age?

The amount of coverage will reduce by 50% at age 70.

Do I have to fill out a medical questionnaire?

Initial elections over the guaranteed 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 does voluntary life insurance cost?

The per pay period costs for voluntary life elections will be outlined in detail in the online enrollment system. This will allow employees to see the amounts of coverage available and the corresponding cost

Short-Term Disability Group #897290

All full-time benefits eligible employees can purchase STD coverage through **The Hartford**.

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.

You may not be eligible for benefits if you have received treatment for a condition within the past 3 months of your plan effective date until you have been covered under this plan for 6 months. To receive benefits, your claim must be approved by the Hartford. See a brief summary of the benefits below:

SHORT-TERM DISABILITY INCOME

Waiting Period	
Illness	7 days, benefits begin on the 8th day
Accident	1 st day
Max Benefit Duration	26 weeks
% of Income Replaced	60% of your Annual Salary
Maximum Benefit Amount	\$102 weekly benefit less any other income benefit
Per Pay Period Premium	\$4.69



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.

Filing a STD claim

To file an STD claim, simply call The Hartford's toll-free number: **888-301-5615** from 6:00 a.m. – 6:00 p.m. PT, Monday-Friday.

Or file a claim online at www.thehartford.com/mybenefits.

Value Added Services from The Hartford

Life and Disability insurance from **The Hartford** can help you protect the financial future of your loved ones. Your coverage includes valuable services that can help you and your family.

BENEFICIARY ASSISTANCE & COUNSELING SERVICES

The Hartford offers you Beneficiary Assist counseling that can help you or your beneficiaries (named in your policy) cope with emotional, financial, and legal issues that arise after a loss.

Includes unlimited phone contact with a counselor, attorney, or financial planner and five face-to-face sessions for up to a year from the date a claim is filed.

For more information, call: [1-800-411-7239](tel:1-800-411-7239)

ESTATE GUIDANCE & WILL SERVICES

Whether your assets are few or many, it's important to have a will. Through The Hartford, you have access to EstateGuidance®. It helps you protect your family's future by creating a will online – backed by online support from licensed attorneys.

Visit www.estateguidance.com and use code: **WILLHLF**

FUNERAL CONCIERGE SERVICES

The Hartford's Funeral Concierge offers a suite of online tools and life support to help guide you through key decisions. It allows for pre-planning, and documentation of wishes, and even offers cost comparisons of funeral-related expenses.

After a loss, this service includes family advocacy and professional negotiation of funeral prices with local providers – often resulting in significant savings.

For more information, call: [1-866-854-5429](tel:1-866-854-5429) or visit www.everestfuneral.com/Hartford.

CLAIMANT SUPPORT SERVICES (EAP)

Access up to five telephonic professional sessions per claim for legal, financial, or emotional adjustment counseling.

Contact counselors 24/7 through a dedicated, toll-free number: [888-475-3827](tel:888-475-3827).

TRAVEL ASSISTANCE WITH ID THEFT PROTECTION

Travel Assistance with ID Theft Protection includes pre-trip information to help you feel more secure while traveling.

It can also help you, access professionals, across the globe for medical assistance when traveling 100+ miles away from home for 90 days or less. ID Theft services are available to you and your family at home or when traveling. In case of a serious medical emergency while traveling, please obtain emergency medical services first (contact the local "911"), and then contact Travel Assistance to alert them.

Call toll-free: [1-800-243-6108](tel:1-800-243-6108) or from other locations, call collect: 202-828-5885.

ABILITY ASSIST COUNSELING SERVICES WITH HEALTHCHAMPION HEALTH CARE SUPPORT

Ability Assist Counseling Services offers 24/7 access to master's- and Ph.D.- level clinicians. Includes three face-to-face visits per occurrence per year for emotional concerns and unlimited phone consultations for financial, legal, and work-life concerns.

HealthChampion offers support if you've become disabled or are diagnosed with a critical illness. You'll receive guidance on care options, helpful resources, and help with the timely and fair resolution of issues. Call toll-free: [1-800-964-3577](tel:1-800-964-3577).

Colonial Life HIP Plan Group #E5491055

Employees who waive medical are eligible for this plan. The HIP Plan is offered through **Colonial Life** and provide benefits that 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.

IN-NETWORK	
Emergency Room Benefit	\$100/day - Maximum of two days per covered person per calendar year.
Initial Hospital Confinement	\$3,000 - Maximum of one day per covered person per calendar year.
Daily Hospital Confinement	\$100/day - Maximum of 365 days per covered person per confinement. <i>Re-confinement for the same or related condition within 90 days of discharge is considered a continuation of previous confinement.</i>
Outpatient Surgery Benefit <i>Tiers based on surgical schedule</i>	Tier 1 - \$500/day and Tier 2 - \$1,000/day Maximum of \$1,500 per covered person per calendar year for Tier 1 and 2 combined maximum of one day per outpatient surgical procedure.
Diagnostic Procedure	\$250/day - Maximum of one day per covered person per calendar year.
Air Ambulance	\$1,000/day - Maximum of one day per covered person per calendar year.
Ambulance	\$100/day - Maximum of one day per covered person per calendar year.
Medical Appliance	\$100/day - Maximum of one day per covered person per calendar year.
Doctor's Office Visit / Telemedicine	\$25/day - Maximum of three days per calendar year for named insured coverage or maximum of five days per calendar year for all covered persons combined.
X-Ray	\$25/day - Maximum of two days per covered person per calendar year.
EMPLOYEE COST PER-PAY-PERIOD	
Employee Only	\$2.50
Employee & Spouse	\$12.50
Employee & Child(ren)	\$12.50
Employee & Family	\$12.50

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 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.

Deductible

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

Prescriptions 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 health care providers, including dentists, physicians, hospitals and other health care 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 BCSD 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 Baker 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 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. BCSD has determined that the prescription drug coverage offered by Florida Blue is, on average for all participants, expected to pay out as much as standard Medicare prescription drug coverage pays for the BlueCare HMO plans, and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can elect the BlueCare 62 or 134/135 Plan and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.
3. BCSD has determined that the prescription drug coverage for the BlueOptions 03566 plan offered by Florida Blue is not considered Creditable Coverage, and therefore, you are required to join the Medicare Drug Plan within 63 continuous days of your 10/01/2025 effective date to avoid paying higher premiums.

When can you join a Medicare drug plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 to December 7. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

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 Florida Blue and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later. If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

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

If you decide to join a Medicare drug plan, your current coverage with BCSD will not be affected. Your current coverage pays for health expenses in addition to prescription drug. If you enroll in a Medicare prescription drug plan, you and your eligible dependents will still be eligible to receive all of 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 coverage with BCSD, 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...

Contact your BCSD Benefits Advocate listed on the Key Contacts page of this benefit guide for further information. 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 changes. You also may request a copy of this notice at any time.

For more information about your options under Medicare prescription drug coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help
- Call 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 www.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).

HIPAA PRIVACY PRACTICES

Baker County Schools provides all required HIPAA privacy practices notifications via the online enrollment portal and internal communication channels.

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 (60 days), adoption, or placement for adoption. To request special enrollment or obtain more information, contact Baker County Schools Benefits and Payroll for further information at (904) 259-3813.

MENTAL HEALTH PARITY AND ADDICTION EQUITY ACT (MHPAE)

Group health plans sponsored by State and local governmental employers must generally comply with Federal law requirements in title XXVII of the Public Health Service Act. However, these employers are permitted to elect to exempt a plan from the requirements listed below for any part of the plan that is “self-funded” by the employer, rather than provided through a health insurance policy. Pace has elected to exempt the Pace Self-Funded Medical Plan from the following requirements:

Protections against having benefits for mental health and substance use disorders be subject to more restrictions than apply to medical and surgical benefits covered by the plan.

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 over 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 Baker County Schools Benefits and Payroll for further information at (904) 259-3813.

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 health plan premiums. The following list of states is current as of July 31, 2022. Contact your State for more information on eligibility –

FLORIDA – Medicaid

Website: <https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html>

Phone: 1-877-357-3268

To see if any other states have added a premium assistance program since July 31, 2023, 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
Medical Florida Blue Group #41854	1.800.664.5295 1.888.476.2227 - Care Consultants	www.floridablue.com
Dental Sun Life Group #954777	1.800.442.7742	www.sunlifedentalbenefits.com
Vision VSP Group #30042721	1.800.877.7195	www.vsp.com
Life and Disability The Hartford Customer Service STD Claims Life Claims Group #897290	1.800.523.2233 1.888.277.4767 1.888.563.1124	www.thehartford.com
HIP Colonial Life Group #E5491055	800.325.4368	www.coloniallife.com
BCSD Human Resources Dana Wood	904.259.3813	dana.wood@bakerk12.org
The Bailey Group Benefits Consultants Monica Whitenight, Account Executive	O: 904.826.1800 D: 904.461.2106	monica.whitenight@mbaileygroup.com

Baker County Schools
 2025 - 2026 Benefits
 REV 4/25

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. By completing your enrollment, you authorize Baker County Schools 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. Baker County Schools reserves the right to change, amend or cease these benefits at any time.