



2025-2026 Benefit Guide



An NFP Company

Benefits to Support Your Life Journey

We offer a comprehensive health care program to meet the needs of you and your family. This guide provides information to help you make your enrollment decisions. During benefits enrollment, you have the opportunity to review your coverage needs, consider the benefits plans available to you and select those that will provide the most value to you and your family.

This guide also provides assistance in identifying ways you can save money. Be sure to review the plans in this guide to ensure you select the plans that will best meet your needs and financial goals.



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Enrollment Checklist

BEFORE ENROLLING

- Take the time to educate yourself on all of the benefit options that are available to you by reviewing this benefits guide carefully as you consider your plan choices.
- Prepare a list of your doctors and prescriptions.
- Gather the necessary documentation if you are adding a dependent to your plan for the first time.

DURING ENROLLMENT

- Be sure to make your elections within 30 days after your eligibility date. If you do not make elections, then you may not be able to enroll and/or make changes to your benefits until the next Open Enrollment period.
- Please provide the required documentation to the District Office:
 - New Dependent Children – birth certificate or court granted custody agreement
 - New Spouse – marriage license

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.
- Check your **September paycheck stub** to ensure your desired benefits are included. If there are any discrepancies, we need to address them **immediately**. Please see Human Resources at the District Office for additional assistance.

Enrollment Basics

WHO YOU CAN COVER

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

Employees

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

Spouse

The person to whom you are legally married. Under no circumstances may ex-spouses be covered by an employee. Proof of marriage license will be requested.

Dependent child(ren)

Children up to age 26 . Proof of dependent status will be requested.

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

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

During Open Enrollment

Open Enrollment is your opportunity to evaluate your benefit options and make changes for the following year. Benefits selected during Open Enrollment are effective October 1, 2025 – September 30, 2026. Open enrollment will be held beginning **August 5, 2025 – August 15, 2026**. Once you enroll in coverages, you can not change your benefits elections until Open Enrollment the following plan year, effective 10/01/2026 unless you experience an IRS-approved qualifying event. See the following page for more details. If you do not login and make changes your benefits will roll over and you will automatically accept the new charges.

Mid-Year Changes

You may make changes to your benefits elections if you experience a qualified life event. The changes you make must be the result of and consistent with the qualified life event that occurred. Mid-year change requests and supporting documentation must be submitted within 30-days of the date of the event.

EXAMPLES OF QUALIFIED LIFE EVENTS:

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

IMPORTANT TO KNOW

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

- Log in to www.benefits.plansource.com. If you do not remember your username or password, please choose "NEED HELP".
- Supporting documentation should be uploaded into the enrollment portal at the time the change is requested
- If you do not request the change and provide the necessary documentation within 30 days, you will have to wait until the next Open Enrollment to make the change

REQUIRED DOCUMENTATION

When you enroll dependents in Bradford County School Districts benefit plans you **MUST** show proof of dependency. See below for the required documentation submission.

Relationship	Documentation
Spouse	Photocopy of the marriage certificate OR Photocopy of the top half of the front pages of the employee's most recently filed tax return (Form 1040) that includes the spouse.
Biological Child	Photocopy of the child's birth certificate showing the name of the employee as a parent
Step-Child	Photocopy of the child's birth certificate showing the name of the employee's spouse as a parent AND a photocopy of the marriage certificate showing the names of the employee and spouse
Child (Court) Appointment or Adoption	Photocopies of the Affidavits of dependency, Final Court Orders with the presiding judge's signature and seal OR adoption final Decree with the presiding judge's signature and seal

Enroll with PlanSource

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

To start your enrollment

- Visit www.benefits.plansource.com
- Your user ID is your SKYWARD username
- Your initial password is your birth date in the YYYYMMDD format (i.e. 10/1/2024 = 20241001)
- If you're having trouble remembering your password, click "NEED HELP" link just below the login form.

Step 1: Review Profile

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

Step 2: Shop Benefits

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

Step 3: Review Beneficiaries

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

Step 4: Checkout

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

Step 5: Documents

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

Medical and Prescription

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

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

PLAN CHANGES

- Replacing the HSA 132/133 plan with the new HSA 134/135 plan
- Replacing the PPO 05901 plan with the new PPO 05911 plan
- Change in specialty prescription coverage on select plans



Medical Plan Details

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.



Health Savings Offering!



NEW PLAN



**BlueCare
HMO HSA**
134/135



**BlueCare
HMO HSA**
128/129

**BlueCare
HMO**
78



**BlueOptions
PPO**
05911

MEDICAL BENEFITS	In-Network	In-Network	In-Network	In & Out of Network
Calendar Year Deductible Individual Person / Family	\$3,500 / \$7,000	\$2,500 / \$5,000	\$500 PP	\$2,500 / \$7,500
Out-of-Pocket Maximum Individual Person / Family	\$7,000 / \$14,000	\$5,000 \$6,850 / \$10,000	\$8,700 / \$17,400	\$9,000 / \$18,200
Coinsurance (% the plan pays)	80%	80%	50%	80%
Office Visits Primary Care Specialist	CYD + 30% / CYD + \$75	CYD + 20%	\$35 / \$85	\$35 / \$65
Urgent Care	CYD + \$100	CYD + 20%	\$85	CYD + 20%
Mental Health	CYD	CYD + 20%	\$0	\$0 / CYD + 40%
Emergency Room	CYD + 20%	CYD + 20%	CYD + 50%	CYD + 20%
Inpatient Hospital	CYD + \$350	CYD + 20%	CYD + 50%	CYD + 20%
Outpatient Procedures Hospital Ambulatory Surgery Center	CYD + 20%	CYD + 20%	CYD + 50%	CYD + 20%
Independent Diagnostic Tests Labs / X-Rays / AIS	CYD + 20%	CYD + 20%	\$0 \$85 CYD + 50%	\$65
PRESCRIPTION BENEFITS				
Retail Pharmacy Generic / Preferred Brand / Non-Preferred Brand	CYD + \$10 / 20% / Not Covered	CYD + \$10 / \$50 / \$80	\$10 / \$50 / \$80	\$10 / \$50 / \$80
Mail Order (90-day supply) Generic / Preferred Brand / Non-Preferred Brand / Specialty	CYD + \$25 Generic Only	CYD + \$25 / \$125 / \$200	\$25 / \$125 / \$200	\$25 / \$125 / \$200



IMPORTANT TO KNOW

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

Think of it this way: in-network is about getting health care from 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.

MEDICAL PLAN PREMIUMS

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

Listed below are per-pay-period costs for you and your dependents effective October 1, 2025 - September 30, 2026:

	BlueCare HMO HSA 134/135	BlueCare HMO HSA 128/129	BlueCare HMO 78	BlueOptions PPO 5911
PER-PAY-PERIOD COSTS (24 Pay)				
Employee Only	\$87.97	\$174.11	\$239.45	\$312.52
Employee + Family	\$370.42	\$485.74	\$632.51	\$796.70

Online Resources

TELEMEDICINE

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

To learn more about virtual visits, visit www.floridablue.com.

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

ONLINE AND MOBILE RESOURCES

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

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

FINDING PROVIDERS

Medical — FloridaBlue - www.floridablue.com

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

PRESCRIPTION DISCOUNTS

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

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

IN-NETWORK PHARMACIES

- Walgreens
- Walmart
- Publix
- Winn Dixie
- CVS

OTHER DISCOUNT OPTIONS

- **Marc Cuban Cost Plus Drugs –** www.costplusdrugs.com
- **Manufacturer Coupons-** look at your prescription manufacturer for coupon/ savings cards
- **Work with your pharmacist –** Ask your pharmacy for free prescription drug savings programs
- **Research NeedyMeds and RX Assist –** wealth of information on how to save on medications by diagnosis
- **Consider Generic prescriptions**
- **Utilize your mail order options for up to 90 days of medications.**

IN-NETWORK LABS

- Quest Diagnostic



Save at popular pharmacies



How GoodRx Works



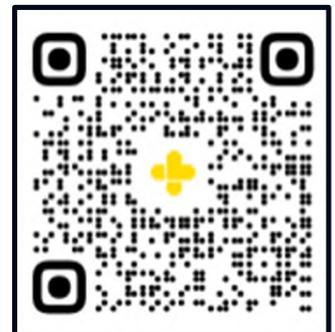
Compare prices
Drug prices vary by pharmacy. Use GoodRx to find current prices and discounts.



Get free coupons
GoodRx coupons can help you pay less than the cash price for your prescription.



Show to your pharmacist
It's easy. Just bring your free coupon to the pharmacy when picking up your prescription.



Health & Well-Being Resources

Better You Strides

Earn rewards for Healthy choices

- Walking for wellness
- Managing Stress
- Meal Planning

www.floridablue.com/members/tools-resources/rewards-program

Pregnancy and Maternity Care

Information and help for those who have a baby, are already pregnant or thinking about pregnancy.

- Access to a registered nurse
- Coaching on maintaining a healthy lifestyle

Email: healthyaddition@floridablue.com or call 800-955-7635; option 6

Medication Guides

Details about what medications your plan covers plus all special rules to follow for certain medications

- Login to your Florida Blue member profile
- Look under Pharmacy benefits for your plans medication guide

MeQuilibrium

Support your mental well-being

- Daily care for your mental health after a 5-minute assessment
- Enroll at go.mymeq.com/floridabluehealthplan or login to your member account



Additional Features for Florida Blue Medical Enrollees

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

NEXT STEPS HEALTH COACHING!

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

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

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



Email:
nextsteps@floridablue.com



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



Florida Blue 
Your local Blue Cross Blue Shield

A helping hand to
manage your diabetes



Personalized Support & Resources to help you manage your Health.



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



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



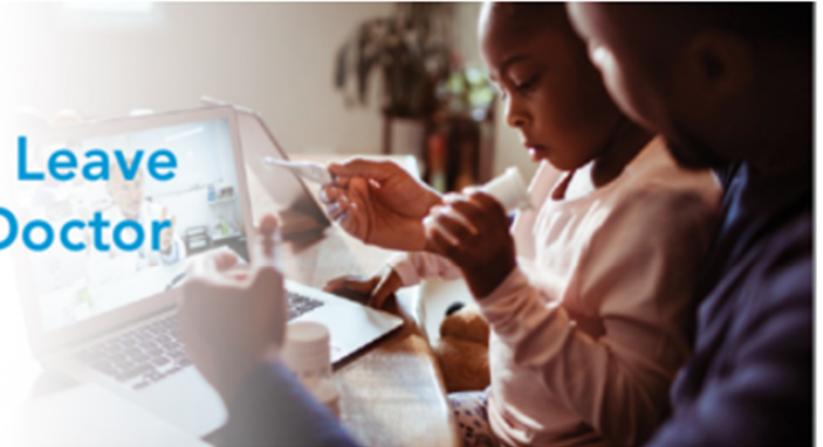
Blue365, an exclusive national member discount program, offers savings on gym memberships, vision care, hearing aids, weight management programs and more.



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

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

Virtual Visits Deliver Care Anytime, Anywhere



It's easy

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

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

Know where to go for care?

The average outpatient emergency room (ER) visit cost is \$1,317, according to the Health Care cost Institute. This means that if you head to the ER when you don't really need emergency care, your wallet is going to feel the pain.

Emergency Room

True Emergency Care or life-threatening illness

- Chest Pain
- Shortness of Breath
- Uncontrollable breathing
- Poisoning or suspected poisoning

Urgent Care

Non-Emergency Conditions that require immediate attention

- Sprain
- Ear infections
- High Fevers
- Injuries

Primary Care- Doctors Office

Non-Emergency injuries or illness

- Prescription Refills
 - Cold/Flu
- Ongoing Health Matters

Gym Memberships

We are excited to announce an addition to our employee benefits package: gym memberships for all eligible employees! We encourage you to take full advantage of this fantastic opportunity and prioritize your health and well-being.

We have partnered with North Florida Fitness in Starke to offer all benefits-eligible employees the opportunity to join.

As part of our partnership, employees will enjoy a special discounted rate of \$12/month on gym memberships.

Email for more information: autry.angel@mybradford.us



NORTH FLORIDA FITNESS

SPONSORED BY
BRADFORD COUNTY SCHOOL DISTRICT
HEALTH & WELLNESS INITIATIVE

**START THE JOURNEY OF YOUR
HEALTHY TRANSFORMATION
SIGN UP AT YOUR WORKSITE**

- \$12/Month
- Fitness App
- Hrs: 4AM-11PM
- Full Body Equipment
- Treadmills
- Hip Hop Classes

DISCOVER THE NEW BEST OF YOU

📍 1371 S. Walnut St. ☎️ 904-454-1471

Download icons: Download, Home, Share

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 **Employee Benefits Corporation (EBC)**. With an HSA, you can gain more control over your health care expenses because contributions, interest and withdrawals for qualified health care expenses are all tax-advantaged. This plan is not available for those enrolled in a PPO Plan.

WHY HAVE AN HSA?

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

ELIGIBILITY REQUIREMENTS

- Must be enrolled in a High-Deductible Health Plan (HDHP). Plans HSA 134/135 or HSA 128/129
- Must not be enrolled in Medicare
- Must not be covered by other medical insurance(s) such as a Health Care FSA, HRA and other 'first dollar' coverage
- Must not have received VA medical benefits at any time in the past three months
- May not be claimed as a dependent on another individual's tax return
- Spouse not contributing to/participating in a Health Care FSA through his/her employer

DEBIT CARD

All HSA participants will receive an HSA debit card from **Employee Benefits Corporation (EBC)**. 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.



How to Save with an HSA



Are you a SPENDER OR A SAVER?

Unlike other healthcare accounts, funds in your HSA do not expire and are not contingent on when you use them. Only does your balance accrue interest, you have the option to grow your money even more by investing in a variety of Mutual Funds.



'Spender' or short-term investor: Earn interest on Savings

Your HSA cash account with WealthCare is similar to an interest-bearing checking or savings account. Savers will enjoy earning a competitive interest rate on all contributions, and the interest accumulates tax-free.

'Saver' or long-term investor: Powerful Options

Your HSA investment account was designed for accountholders who are interested in using their HSA as a long-term savings vehicle. You must maintain a balance in your HSA of \$1,000 and anything in excess of this amount may be invested in increments of \$1.00. After you enroll go to the "Investment Tab" to find out more information.

High-Yield Interest Option

Unlike and FSA plan these funds stay in your account from year to year and earn interest tax free. You can choose the interest rate option that best meets your needs: High-Yield or Traditional. The High-Yield interest option can help you earn higher interest on your HSA balance, making it a great way to maximize the savings potential.

FREQUENTLY ASKED QUESTIONS:

How can I contribute money to my HSA?

1. Pre-tax payroll deductions chosen through your online Plansource enrollment.
2. You may also contribute in lump sums directly from your personal health savings account.

Can I change my contributions to my HSA during the year?

Yes, unlike other pre-tax benefits, you are able to adjust your payroll contributions by visiting Human Resources at the District Office.

Do I have to keep my receipts?

You will be responsible for retaining your HSA records and all receipts. When using your HSA dollars, there are forms that will need to be provided as you file your yearly taxes.

HSA Funding



Maximize your Contributions

	2025 Contribution Limit	Catch Up Contribution
Individual	\$4,300	\$1,000
Family	\$8,550	\$1,000

Catch-Up Contribution

If you are aged 55 or older, you may be able to make a catch-up contribution above the annual limit, up to \$1,000. You need to be enrolled in a qualified High-Deductible plan for the last month of the taxable year and for the following 12 months.

Using your HSA Funds

HSA funds can be used to pay for qualified medical expenses; such as:

- ✓ Medical
- ✓ Dental
- ✓ Vision
- ✓ Prescription
- ✓ Chiropractic

Visit [Eligible Expenses | Employee Benefits Corporation | Third Party Benefits Administrator \(ebcflex.com\)](#) to see which types of expenses are qualified.

Get the HSA App



Easy and Convenient

- Available in the App Store or Google Play
- Log in with your existing online account information or register your new account if you are logging in for the first time.

Connects you with Details

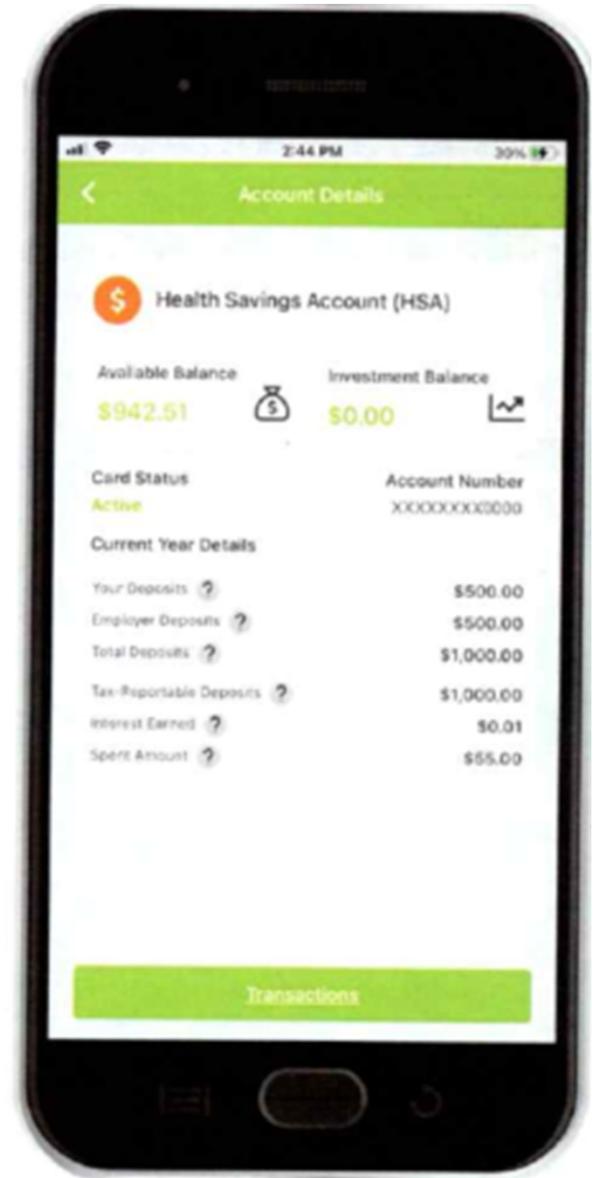
- Check available balances 24/7
- View your transaction details
- View account activity
- View investment portfolio balances

Card Management

- Replace a card if it goes missing. This closes the card immediately and automatically generates a new card.
- Lock a card if it goes missing and unlock it when its found. You can keep it locked to guard against unexpected purchases.
- Close a card to immediately deactivate it and no longer allow purchases.
- Request additional cards if you would like to add an additional user.

It's Secure

No sensitive account information is ever stored on your mobile device and encryption is used to protect all transmissions.



Dental Benefits

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

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

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

KEY FEATURES AND DETAILS

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

IMPORTANT TO KNOW

Reimbursement schedule for your out-of-network benefits

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

IN-NETWORK

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

OUT-OF-NETWORK

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

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

EMPLOYEE COST PER-PAY-PERIOD

Employee Only	\$15.27
Employee+ Spouse	\$31.17
Employee + Children	\$38.68
Employee + Family	\$56.35

Oral Health for Overall Health

Dental health has a significant, direct impact on your overall health. Through Florida Blue's Oral Health for Overall Health program, our dental and medical plans work together to help you live healthier. If you have an eligible medical condition (see table below), you'll be automatically enrolled in the program.

Enrolled members receive additional, condition-specific benefits, including preventive and periodontal services, outreach and education, and specialized medical care programs. Oral Health for Overall Health can help improve your overall health and possibly lower your medical and dental care costs.

Mayo Clinic researchers found that members enrolled in a similar medical and dental care integration program experienced **25%-36% lower inpatient medical costs** and achieved **better health outcomes!**¹

Valuable dental benefits at no additional cost

The program's benefits are valued at over \$1,000, services are covered 100%, and there is no extra cost to participate. Once enrolled, you'll receive helpful information, including a number of online resources that explain the mouth-body connection, and periodic reminders to use your additional dental benefits.

If you do not have Florida Blue health coverage or are pregnant, you can easily enroll online.

Eligible medical conditions	Two additional cleanings or periodontal maintenance visits, plus:	
	Scaling covered 100%	Cancer screenings; fluoride treatments
Chronic obstructive pulmonary disease*	✓	
Coronary artery disease	✓	
Diabetes	✓	
End-stage renal disease*	✓	
Metabolic syndrome*	✓	
Oral, head, and neck cancers		✓
Pregnancy	✓	
Sjögren's syndrome		✓
Stroke	✓	



*Starting Jan. 1, 2023

To learn more, or to enroll, visit floridabluedental.com/oral-health.

Vision Benefits

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

You may view benefits, print an ID card, and search for in-network vision providers at www.standard.com. **Group #160-169306**

KEY FEATURES AND DETAILS

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

IMPORTANT TO KNOW

Frequently asked questions

What is a benefit allowance?

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

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

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

IN-NETWORK

Deductibles

Exam	\$10 copay
Eye Glass Lenses or Frames	\$25 copay

Eye Exams

Routine Eye Exam	Covered in FULL
<i>Benefits may be redeemed every 12 months</i>	

Frames

<i>Benefits may be redeemed every 24 months</i>	\$130 allowance 20% off the remainder
---	--

Lens

Single Vision Bifocal Trifocal Lenticular Standard Progressive	Covered in FULL
--	-----------------

Contacts

Fit & Follow-Up Elective Medically Necessary	Participants cost up to \$60 Up to \$130 Covered in Full
<i>Benefits may be redeemed every 12 months</i>	

OUT-OF-NETWORK

Eye Exams

Routine Eye Exam	Up to \$45
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Frames

Up to \$70

Lens

Single Vision	Up to \$30
Bifocal	Up to \$50
Trifocal	Up to \$65
Lenticular	Up to \$100
Standard Progressive	N/A

Contacts

Elective	Up to \$105
Medically Necessary	Up to \$210

EMPLOYEE COST PER-PAY-PERIOD

Employee Only

\$3.32

Employee+ Spouse

\$6.40

Employee + Children

\$5.88

Employee + Family

\$8.96

Life and AD&D

Bradford County School District provides Basic Life and Accidental Death and Dismemberment (AD&D) coverage at *no cost to you*.

Employees receive a generous benefit of \$27,000 through The Standard. (Group #169306)

DOES THE COVERAGE AMOUNT CHANGE BASED ON MY AGE?

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

CAN I CONTINUE THIS COVERAGE IF MY EMPLOYMENT ENDS?

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

WHAT IS PORTABILITY?

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

You must:

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

WHAT IS CONVERSION?

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

Optional Life & AD&D

Employees have the option to purchase additional life insurance & Accidental Death & Dismemberment Insurance coverage through **The Standard**.

(Group #169306)

EMPLOYEE COVERAGE

You may elect to purchase \$10,000 coverage increments, up to

\$250,00; or 8x your annual earnings; whichever is less. The **guaranteed issue amount is \$250,000**. You will be able to

elect up to the guaranteed issue amount when you are first eligible for the plan without having to submit evidence of insurability.

SPOUSE COVERAGE

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

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

You may elect a coverage amount for your spouse up to the **guarantee issue amount of \$20,000** when you are first eligible for the plan, without submitting evidence of insurability.

The cost of coverage is based on the age of your spouse.

CHILD COVERAGE

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

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

IMPORTANT TO KNOW

Frequently asked questions

Does the coverage amount change based on my age?

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

Can I continue this coverage if my employment ends?

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

How much will optional life coverage cost me?

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

Do I have to fill out a medical questionnaire?

Initial elections in excess of the guarantee issue amounts and late enrollees must complete a medical questionnaire for carrier approval. Coverage will be effective on the first day of the month following the date your medical questionnaire is approved by the insurance company.

Employee Assistance Program (EAP)

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

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

GET IN TOUCH

By Phone

888-293-6948

Online

[Healthadvocate.com/standard3](https://healthadvocate.com/standard3)

Email

answers@healthadvocate.com

THREE FREE SESSIONS PER MEMBER!

CALL TODAY!

EMOTIONAL OR WORK-LIFE COUNSELING

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

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

FINANCIAL INFORMATION AND RESOURCES

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

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

LEGAL SUPPORT AND RESOURCES

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

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

Short-Term Disability

Bradford County School District provides disability benefit options through **The Standard**.

(Group #169306)

Short-Term is provided voluntarily for all employees with carrier approval needed for any employee outside their initial new hire enrollment opportunity. Once a decision is made you will receive a letter; please ensure to update payroll at the Human Resources Department accordingly.

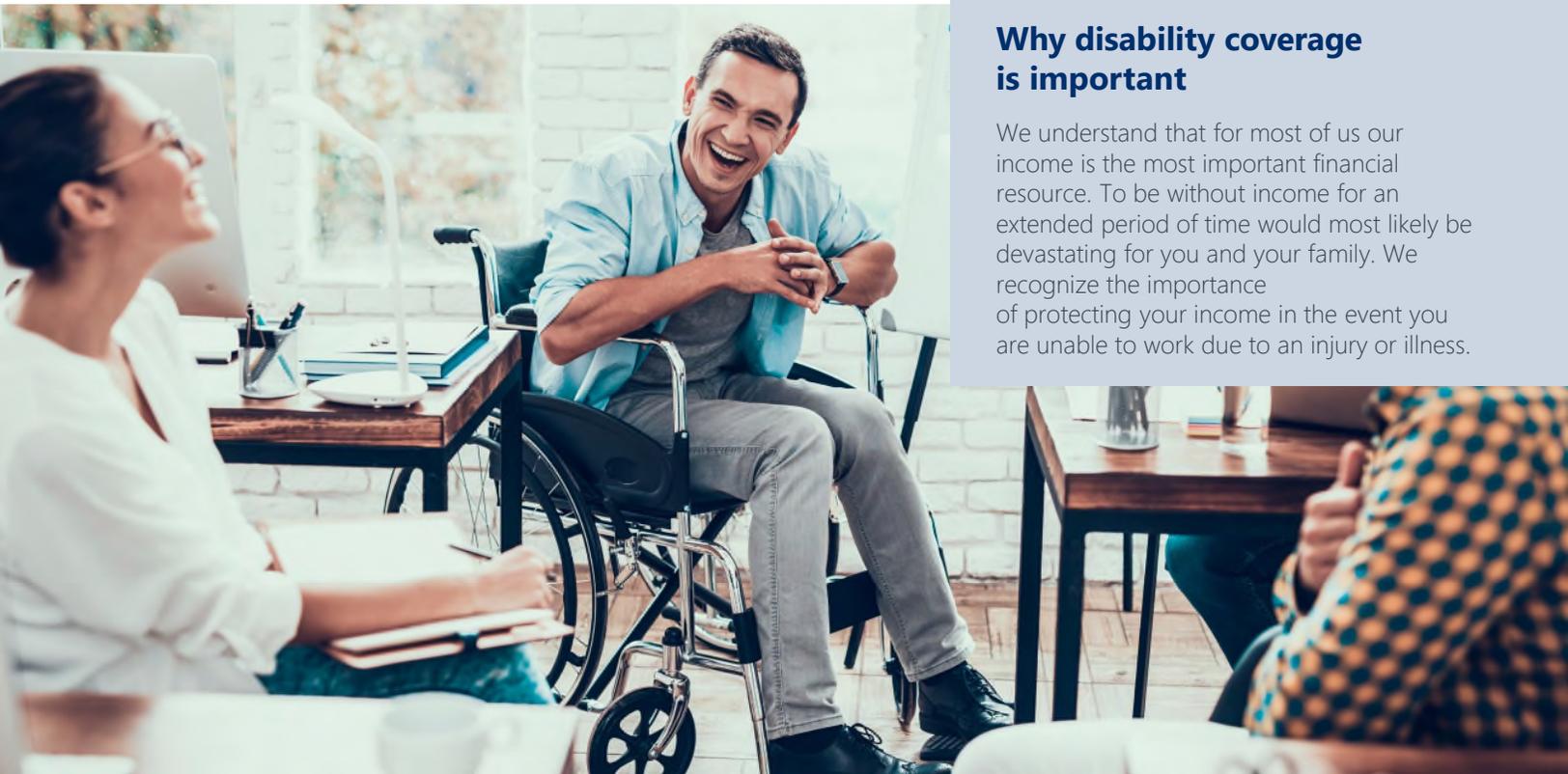
VOLUNTARY SHORT-TERM DISABILITY INCOME

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

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.



Long-Term Disability

LTD is an income replacement program that protects you and your family in the event you become disabled and are unable to perform the material and substantial duties of your job.

LTD benefits replace 60% of your Annual Benefits Base Rate (ABBR), up to a maximum of \$6,000 per month. See a summary of benefits below:

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

The Long-Term Disability Income benefits are provided to all eligible full-time employees at *no cost to you*.



Voluntary Benefits

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

HOSPITAL PROTECTION PLAN

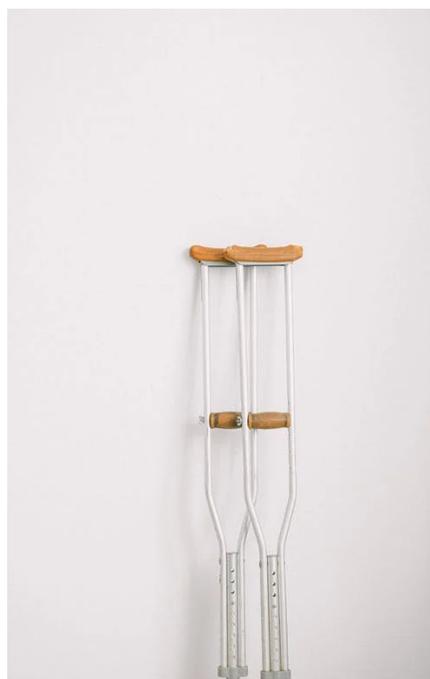
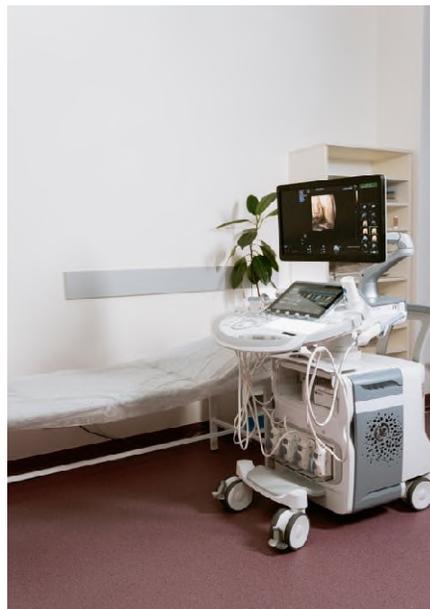
- \$1,000 Hospital initial confinement benefit
- \$1,000 Intensive Care Unit Admission
- Maximum of 10 Hospital Admissions a year (\$250 a day)
- Maximum of 10 Intensive Care (\$500 a day)
- Maximum of 10 Rehabilitation (\$125 a day)
- Coverage for your spouse and children
- No reductions on benefits due to age

CRITICAL ILLNESS

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

ACCIDENT

- \$600 Emergency Room Treatment
- \$1,750 when admitted into hospital & \$275 daily hospital benefit
- \$90 X-ray &/or Stitches
- \$100 Initial Doctor Visit
- \$250 Urgent Care
- \$60 for 6 treatments provided by a licensed physical therapist
- Covers burns, Eye Injuries, Dislocations, Fractures, AD&D and so much more. See specific Summary for more details.
- \$50 Annual Wellness Benefit Included
- Voya Travel Assistance Included





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 BRADFORD COUNTY SCHOOL DISTRICT ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Bradford County School District and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Bradford County School District has determined that the prescription drug coverage offered by all medical plan offerings is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When can you join a Medicare drug plan?

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

When will you pay a higher premium (penalty) to join a Medicare drug plan?

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

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

If you decide to join a Medicare drug plan, your current coverage with Bradford County School District will not be affected. Your current coverage pays for health expenses in addition to a prescription drug. If you enroll in a Medicare prescription drug plan, you and your eligible dependents will still be eligible to receive all your current health and prescription drug benefits. [See pages 7 - 11 of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at <http://www.cms.hhs.gov/CreditableCoverage/>), which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.]

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

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

For further information contact Bradford County School District's Human Resources Department at 904-966-6008. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Bradford County School District changes. You also may request a copy of this notice at any time.

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

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

For more information about Medicare prescription drug coverage:

Visit medicare.gov

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

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

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

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

MICHELLE'S LAW

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

WOMEN'S HEALTH & CANCER RIGHTS ACT OF 1998 (WHCRA) NOTICE

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

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

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

CHIPRA - PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov. If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

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

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

If you live outside Florida, you may be eligible for assistance paying your employer's health plan premiums. The following list of states is current as of July 31, 2022. Contact your State for more information on eligibility: See FULL listing on Plansource, your benefits enrollment portal.

NOTICE OF SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact Bradford County School District's Human Resources Department at 904-966-6008.

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT

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

However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Key Contacts

CONTACT	PHONE	EMAIL
Aimee Ferguson – Bradford County School District Benefits Team	904-966-6031	Ferguson.aimee@mybradford.us
Michael Kidd – Bradford County School District Benefits Team	904-966-6008	Kidd.Michael@mybradford.us
Jessie Diaz – Benefits Team at The Bailey Group	904-417-6017	jdiaz@mbaileygroup.com
Dan Greene– Worksite Benefits Team at The Bailey Group	904-687-8389	dgreene@mbaileygroup.com
Tammy Evans– Individual/Medicare Benefits Team at The Bailey Group	904-417-6018	tevens@mbaileygroup.com
Enrollment System – PlanSource		https://benefits.plansource.com
Employee Assistance Program The Standard	888-293-6947	answers@healthadvocate.com Healthadvocate.com/standard3
Cobra Continuation TASC Group # 4821-2066-7706	800-4661	www.tasconline.com For help: Login to your online account and click on Contact Us

Carrier Contacts

CONTACT	PHONE	EMAIL	WEBSITE
Medical – Florida Blue Group # 60479	800-352-2583		www.floridablue.com
Dental – Florida Blue Group # 60479	888-223-4892		www.floridabluedental.com
Vision – The Standard Group # 160-169306	800-547-9515		www.standard.com/services
Life Insurance- The Standard Group # 169306	800-628-8600		www.standard.com
Disability Insurance – The Standard Group # 169306	STD: 800-368-2859 LTD: 800-368-1135		www.standard.com
Worksite - Voya Accident, Critical Illness, Hospital Group # 731161	Screenings: 877-236-7564 Claims: 888-238-4840 General: 800-955-7736		www.voya.com Claims: presents.voy.com/EBRC/BCSD
HSA – Employee Benefits Corporation (EBC)	800-346-2126	participantservices@ebcflex.com	https://portals.ebcflex.com/



Bradford County
School District
2025 Benefits

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 Bradford County School District to deduct contributions from your paycheck, now and in the future, as required under each of the plans. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, contact Human Resources. Bradford County School District reserves the right to change, amend or cease these benefits at any time.