



# 2025-2026 Retiree Benefit Guide





# What's Inside

- 3 Enrollment Basics
- 5 Medical and Prescription Drugs
- 10 Health and Well-Being Resources
- 14 Dental Benefits
- 16 Vision Benefits
- 17 Life and AD&D
- 18 Key Terms & Notices
- 21 Contacts
- 23 Individual/Medicare Solutions

# 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:

### Retiree

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

### Spouse

The person to whom you are legally married. 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 31<sup>st</sup> following the child's 26<sup>th</sup> birthday. Extended coverage through age 30 may be available, please reach out to Human Resources for more information.
- Dental & Vision: eligible until the end of the month they turn 26; orthodontia until age 19.
- Voluntary Child Life insurance: eligible until the end of the month they turn 26.

### Disabled dependents

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

## WHEN YOU CAN ENROLL

### When you transition to retirement

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

### During Open Enrollment

Open Enrollment is your opportunity to evaluate your benefit options and make changes for the following year. Benefits selected during Open Enrollment are effective October 1, 2025 – September 30, 2026. Open enrollment will be held beginning August 4, 2025- August 15,2025.

As a retiree, these are your options for consideration:

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

# 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**

- Notify HR to complete a new Retiree Enrollment Form
- Supporting documentation should provided 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 <b>OR</b> 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 <b>AND</b> 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 <b>OR</b> adoption final Decree with the presiding judge’s signature and seal

# 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 134135 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

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



**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**

Costs for this plan year are based on your choice of plan and coverage tier.

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

	<b>BlueCare HMO HSA 134/135</b>	<b>BlueCare HMO HSA 128/129</b>	<b>BlueCare HMO 78</b>	<b>BlueOptions PPO 5901</b>
<b>PER-PAY-PERIOD COSTS (24 Pay)</b>				
<b>Employee Only</b>	\$712.92	\$817.24	\$950.54	\$1,099.60
<b>Employee + Family</b>	\$1,607.36	\$1,842.61	\$2,142.02	\$2,476.97

# 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](http://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](http://www.floridablue.com)

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

## PRESCRIPTION DISCOUNTS

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

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

## OTHER DISCOUNT OPTIONS

- **Marc Cuban Cost Plus Drugs** – [www.costplusdrugs.com](http://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.**

## 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



## Save at popular pharmacies

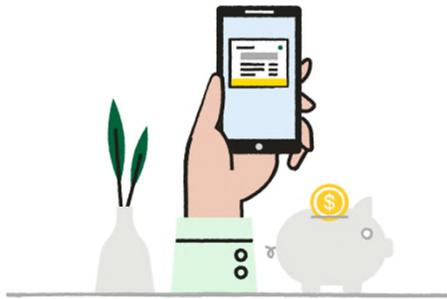


## How GoodRx Works



### Compare prices

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



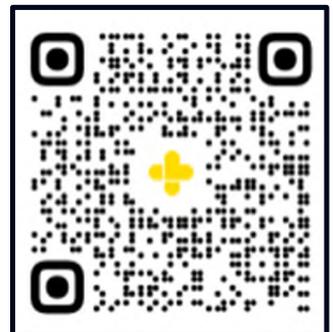
### Get free coupons

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](http://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](mailto: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](http://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

# Dental Benefits

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

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

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

## KEY FEATURES AND DETAILS

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

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

## OUT-OF-NETWORK

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

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

## EMPLOYEE COST PER-PAY-PERIOD

<b>Employee Only</b>	\$15.27
<b>Employee+ Spouse</b>	\$31.17
<b>Employee + Children</b>	\$38.68
<b>Employee + Family</b>	\$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!**<sup>1</sup>

## 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](http://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](http://www.standard.com). **Group #160-169306**

## KEY FEATURES AND DETAILS

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

### IMPORTANT TO KNOW

#### Frequently asked questions

**What is a benefit allowance?**

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

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

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

IN-NETWORK	
<b>Deductibles</b> Exam Eye Glass Lenses or Frames	\$10 copay \$25 copay
<b>Eye Exams</b> Routine Eye Exam <i>Benefits may be redeemed every 12 months</i>	Covered in FULL
<b>Frames</b> <i>Benefits may be redeemed every 24 months</i>	\$130 allowance 20% off the remainder
<b>Lens</b> Single Vision Bifocal Trifocal Lenticular Standard Progressive	Covered in FULL
<b>Contacts</b> Fit & Follow-Up Elective Medically Necessary <i>Benefits may be redeemed every 12 months</i>	Participants cost up to \$60 Up to \$130 Covered in Full
OUT-OF-NETWORK	
<b>Eye Exams</b> Routine Eye Exam	Up to \$45
<b>Frames</b>	Up to \$70
<b>Lens</b> Single Vision Bifocal Trifocal Lenticular Standard Progressive	Up to \$30 Up to \$50 Up to \$65 Up to \$100 N/A
<b>Contacts</b> Elective Medically Necessary	Up to \$105 Up to \$210
EMPLOYEE COST PER-PAY-PERIOD	
<b>Employee Only</b>	\$3.32
<b>Employee+ Spouse</b>	\$6.40
<b>Employee + Children</b>	\$5.88
<b>Employee + Family</b>	\$8.96

# Life and AD&D

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

(Group #169306)

## **AMOUNT OFFERED?**

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

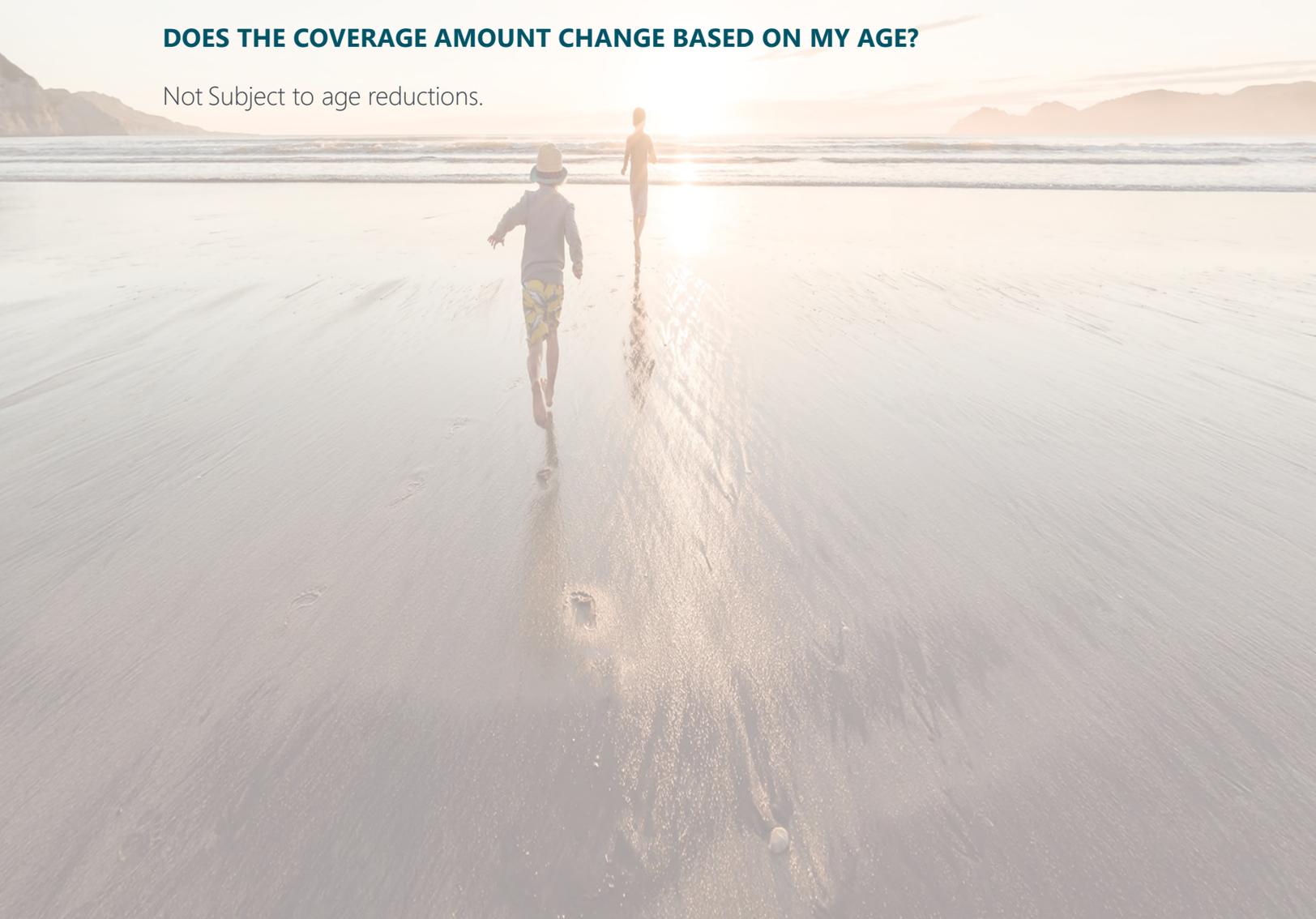
## **HOW MUCH DOES THE COVERAGE COST?**

\$5,000 - \$12.25 per month

\$10,000 - \$24.50 per month

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

Not Subject to age reductions.





# 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](http://medicare.gov)

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

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

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

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

## **MICHELLE'S LAW**

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

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

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

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

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

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

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

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

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

If you live outside Florida, you may be eligible for assistance paying your employer's health plan premiums. The following list of states is current as of July 31, 2022. Contact your State for more information on eligibility: See FULL listing 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
<b>Aimee Ferguson – Bradford County School District Benefits Team</b>	904-966-6031	Ferguson.aimee@mybradford.us
<b>Michael Kidd – Bradford County School District Benefits Team</b>	904-966-6008	Kidd.Michael@mybradford.us
<b>Jessie Diaz – Benefits Team at The Bailey Group</b>	904-417-6017	<a href="mailto:jdiaz@mbaileygroup.com">jdiaz@mbaileygroup.com</a>
<b>Dan Greene– Worksite Benefits Team at The Bailey Group</b>	904-687-8389	dgreene@mbaileygroup.com
<b>Tammy Evans– Individual/Medicare Benefits Team at The Bailey Group</b>	904-417-6018	tevens@mbaileygroup.com
<b>Enrollment System – PlanSource</b>		<a href="https://benefits.plansource.com">https://benefits.plansource.com</a>
<b>Employee Assistance Program The Standard</b>	888-293-6947	<a href="mailto:answers@healthadvocate.com">answers@healthadvocate.com</a> Healthadvocate.com/standard3
<b>Cobra Continuation TASC Group # 4821-2066-7706</b>	800-4661	<a href="http://www.tasconline.com">www.tasconline.com</a> For help: Login to your online account and click on Contact Us

# Carrier Contacts

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



# Bradford County Public School District Employee Individual Health Solutions

Bradford County Public School District has partnered with The Bailey Group to offer individual health solutions when the group plan is no longer an option.

Tammy Evans provides comprehensive support to help employees and dependents navigate the complexities of individual health plans in a number of different scenarios.



**Tammy Evans**  
**Senior Advisor**

*25+ Years Experience*  
Individual Health Insurance  
Products  
Medicare | Affordable Care Act  
Dental  
The Bailey Group  
An NFP Company  
1200 Plantation Island Dr S,  
Suite 210  
St. Augustine, FL 32080  
P: 904.417-6018  
F: 904-417-6018  
[tevens@mbaileygroup.com](mailto:tevens@mbaileygroup.com)  
[mbaileygroup.com](http://mbaileygroup.com)



**Moving from  
Full Time to Part Time**



**Aging into  
Medicare**



**Dependents aging off  
Group Plan**



**COBRA  
Alternative**



An **NFP** Company



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.