



Employee Benefits Guide 2025-2026 Plan Year

Sep. 1, 2025 - Aug. 31, 2026

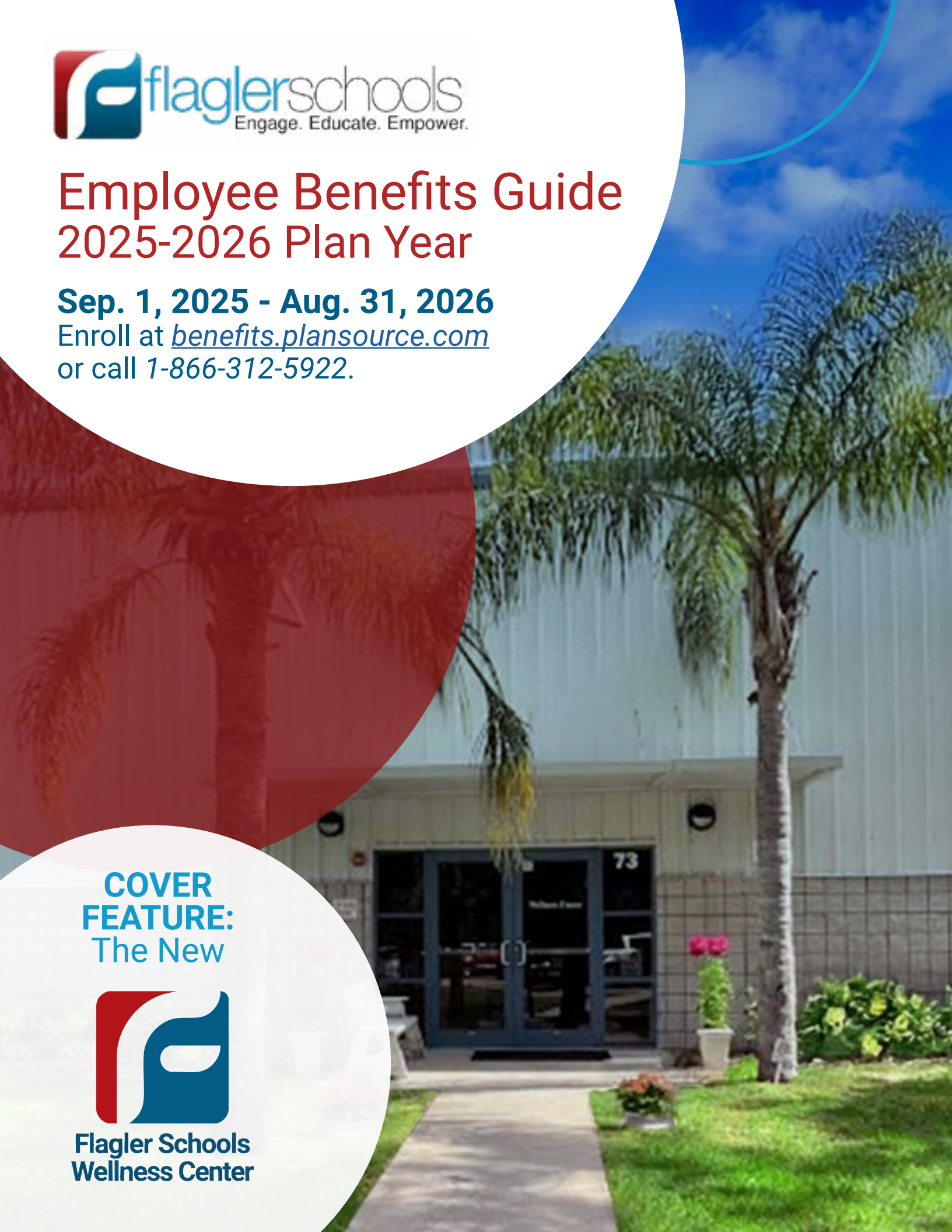
Enroll at benefits.plansource.com

or call 1-866-312-5922.

**COVER
FEATURE:**
The New



**Flagler Schools
Wellness Center**



Innovation. Community. Commitment. Excellence.



Guiding Principles

- *Children First*
- *Trust and Respect for All*
- *Empower Others*
- *Teamwork*
- *Excellence, Quality, and Consistency*
- *Commitment to Individual Needs*
- *Get to “Yes”*

Flagler Schools is dedicated to being the premier learning organization in the nation, by helping our students every day in every way. It's a powerful ambition, but as a courageous, forward-thinking leader in education, we are confident we can achieve this goal—and we know the key to doing so is by having an elite, high-performing team of employees working with us. That's why Flagler Schools provides you with a comprehensive, robust benefits package to give you the health, wealth, and lifestyle coverages you need to protect you and your families while you are achieving the best for our students.



Introducing The **BRAND NEW** Flagler Schools Wellness Center!

Flagler Schools is excited to announce the opening of our Wellness Center! It's all part of our commitment to helping you improve your health and wellbeing—for today and the future! We are partnering with Marathon Health, one of the industry's leading providers of advanced primary care. The Wellness Center is open and free to all employees and their qualified, eligible dependents enrolled in one of the four health insurance plans offered by Flagler Schools.

All employees and their qualified dependents can take advantage of no copayments, shorter wait times, and easy appointment scheduling*. Here's just a sample of the Wellness Center Services:

- Sick and immediate care
- Annual physical exams, including well-woman and well-man exams
- Condition management
- Medication management
- Labs and onsite testing
- Health coaching
- School and sports physicals
- After-hours Nurse Triage Line at **1-386-309-2509**

Center Hours:

Sunday	Closed
Monday	7 a.m. – 4 p.m.
Tuesday	9 a.m. – 6 p.m.
Wednesday	6:30 a.m. – 3:30 p.m.
Thursday	7 a.m. – 4 p.m.
Friday	6:30 a.m. – 3:30 p.m.
Saturday	Closed

Center closes for lunch 11 a.m. - 12 p.m. daily

The Flagler Schools Wellness Center is located at 73 Patricia Drive, Palm Coast, Florida.

*Appointments required. If you are requesting a same-day appointment, please inquire directly with the Wellness Center to schedule.



Schedule An Appointment





Online: Scan the QR code, or visit <https://my.marathon-health.com/login>

By Phone: Call **1-386-309-2509** to reach the Wellness Center.

Table of Contents



	A Mini-Guide To Enrollment	5
	Medical And Prescription Benefits	12
	Savings And Spending Accounts	18
	Dental Coverage	20
	Vision Coverage	21
	Disability and Life Insurance	22
	Voluntary Benefits	24
	Employee Assistance Program	26
	Retirement Benefits	27
	Salary Reduction Agreement Processing Service	28
	Legal Services	29
	Contact Information	30
	Benefit Plan Summaries	32

A Mini-Guide To Enrollment

What's New For 2025-2026

Most of your benefit choices will remain the same for the 2025-2026 plan year. However, you will see these changes:

- **Medical:** We're introducing a new medical plan option, a Base Medical Plan that has lower premiums and still offers excellent coverage for you and your family.
- **Flagler Schools Wellness Center:** Dedicated to Flagler Schools Employees & Qualified Dependents only. You will receive increased quality of care and access to care at convenient times. This benefit will provide you with reduced out-of-pocket Health cost.
- **Vision:** Now you will have a plan option where you can choose between the EyeMed or VSP networks at the same costs. There will also be a rate decrease!
- **Gap Hospital Plan:** See the new TransConnect® Supplemental Medical Expense Insurance plan option that you can purchase if you are enrolled in one of the major medical plans. Get up to \$3,500 for outpatient services per person to a maximum of \$10,500 for your family, and up to an additional \$3,500 per person for inpatient service. See page 16 for more details.
- **Dental:** Same comprehensive carrier and network.
- **Health Savings Account:** We're moving from Space Coast Credit Union to Medcom Benefit Solutions as our HSA manager to serve your needs better. You no longer need to go into a financial center to set up your HSA Contribution Account.
- **Behavioral Health Services:** Prioritizing your mental health is vital, and this new program can help you get the mental health care you deserve! Provided through Florida Blue to help you get the right provider or behavioral health resource.



What I Need To Know Before Enrolling In Benefits

Eligibility:

All benefit-eligible Flagler Schools employees and their qualified dependents can enroll in benefits. Flagler Schools Employees are considered benefit-eligible if they occupy a permanent position and have a work assignment that is greater than 4 hours a day. Many coverages are paid for in full or in part by the district; other benefits are offered on a voluntary basis and paid for by the employee through payroll deduction. The benefits offered include:

- Medical/Prescription
- Dental
- Vision
- Health Savings Account (HSA)
- Flexible Spending Account (FSA)
- Employee Assistance Program (EAP)
- Voluntary Retirement Savings Plans
- Life and Accidental Death and Dismemberment (AD&D)
- Disability
- Florida Retirement System (FRS)
- And more!

New Hires: New Hires have until the last day of the month after their start date to enroll in coverage. Benefits become effective on the first day of the month following their start date.





Dependent Verification

You will need to supply dependent verification documentation to verify any newly added dependents to your coverages. You need to supply this documentation within 30 days from completing your transaction. See the steps in PlanSource. For this Open Enrollment, dependent verification is due by July 18, 2025. For New Hires, it is due 30 days from the date of your completed transaction.

Eligible Dependents Include:

- Spouse under a legally valid existing marriage
- Natural, newborn, adopted, foster, or step child(ren) or a child for whom you have been appointed legal guardian or custodian
- For Medical, Dental, & Vision: Eligible dependent children can be covered until the end of the calendar year in which they turn 30.*
- For Voluntary Child Life: Eligible dependent children can be covered until their 26th birthday.

** For dependents aged 26-30 to retain your coverages, certain requirements must be met. They must not be married, not have their own dependent(s), be financially dependent on the plan member, reside in Florida or are in School, not eligible for Medicaid, and not enrolled in another plan. Necessary documents include Student ID, Driver's License, or School Schedule confirming enrollment.*

Qualifying Life Events

If you don't enroll during your official enrollment period, you cannot enroll or change benefit elections until the next Open Enrollment unless you have a Qualifying Life Event (QLE). If you experience any of the below qualifying life events, you must contact Human Resources within 30 days of the event to be able to make changes to your benefits. Proof of the event is required in order to successfully make the requested changes to your plans.

- Marriage
- Divorce or legal separation (subject to State regulations)
- Birth or adoption of a child
- Death of spouse, child, or other qualified dependent
- Loss of other group coverage
- Change in employment status for employee, spouse, or dependent
- Change of dependent status



PlanSource Step-by-Step Enrollment Guide

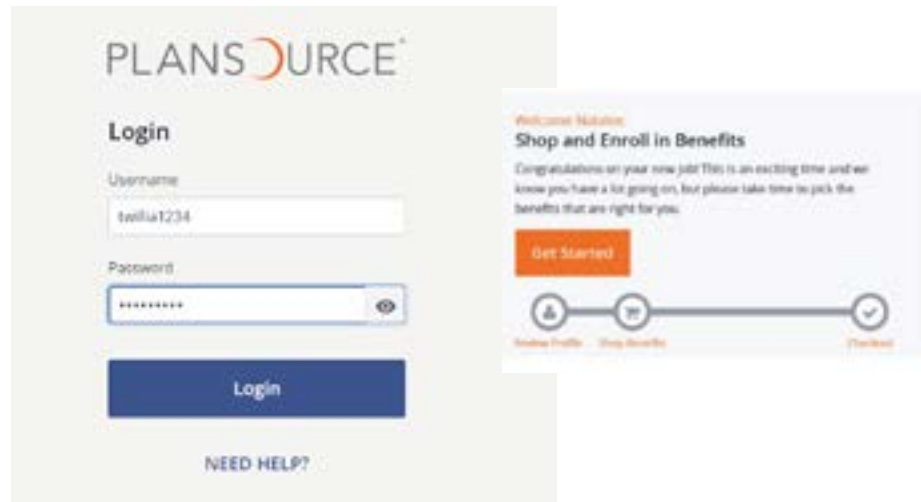
Flagler Schools uses PlanSource as our online enrollment platform. To enroll in benefits, go to: <https://benefits.plansource.com/>.

PlanSource is simple and easy to use. Whether it's your first time enrolling through PlanSource, or you just need a refresher course, here's the simple steps to follow.

Login Page: Enter username and password to start.

Username: Your username is the first initial of your first name, up to the first six letters of your last name, and the last four digits of your SSN. For example, if your name is Taylor Williams, and the last four digits of your SSN are 1234, your username would be twillia1234.

Password: You can continue to use your current password to log in. If you have any questions, call **1-866-312-5922**.



Homepage: On the Homepage, click "Get Started" to begin.

Profile: You'll be asked to review and update your profile and ensure that all information listed for you and your family members is correct.



Shop for Benefits:

You can then begin shopping for benefits! Educational material about the specific plan type is available at the top of the page.

Plan Details:

The plan detail page will give you information about each plan, including deductible, cost per pay period, and projected costs.

Select Plan:

To select a plan, indicate which family members are covered by clicking “edit family covered” and select the card for each family member you’d like to be on the plan. Click “Update Cart” to choose the plan.

Shopping Cart:

The shopping cart displays a running total of your combined benefits costs and shows your progress. You will need to select or decline a plan in each benefit type.

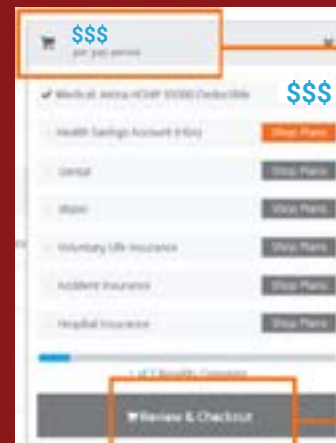
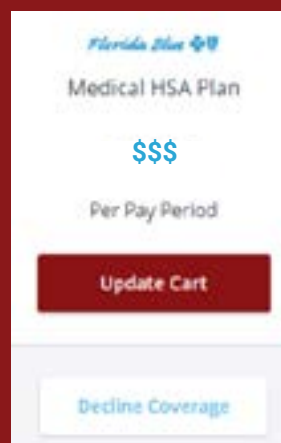
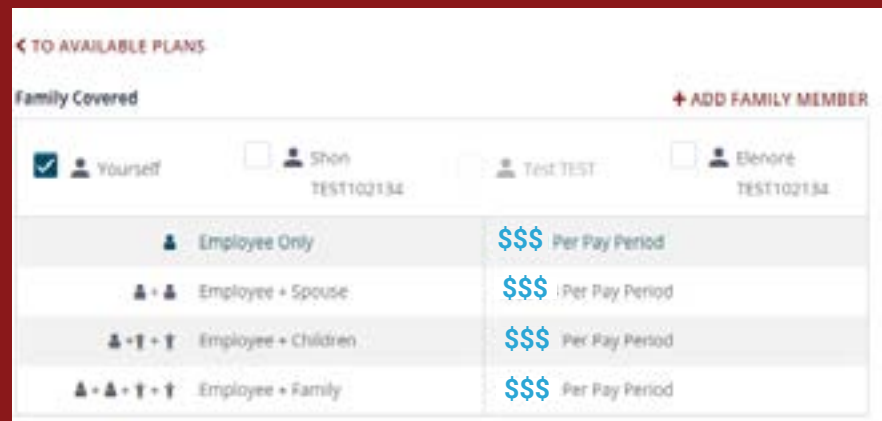
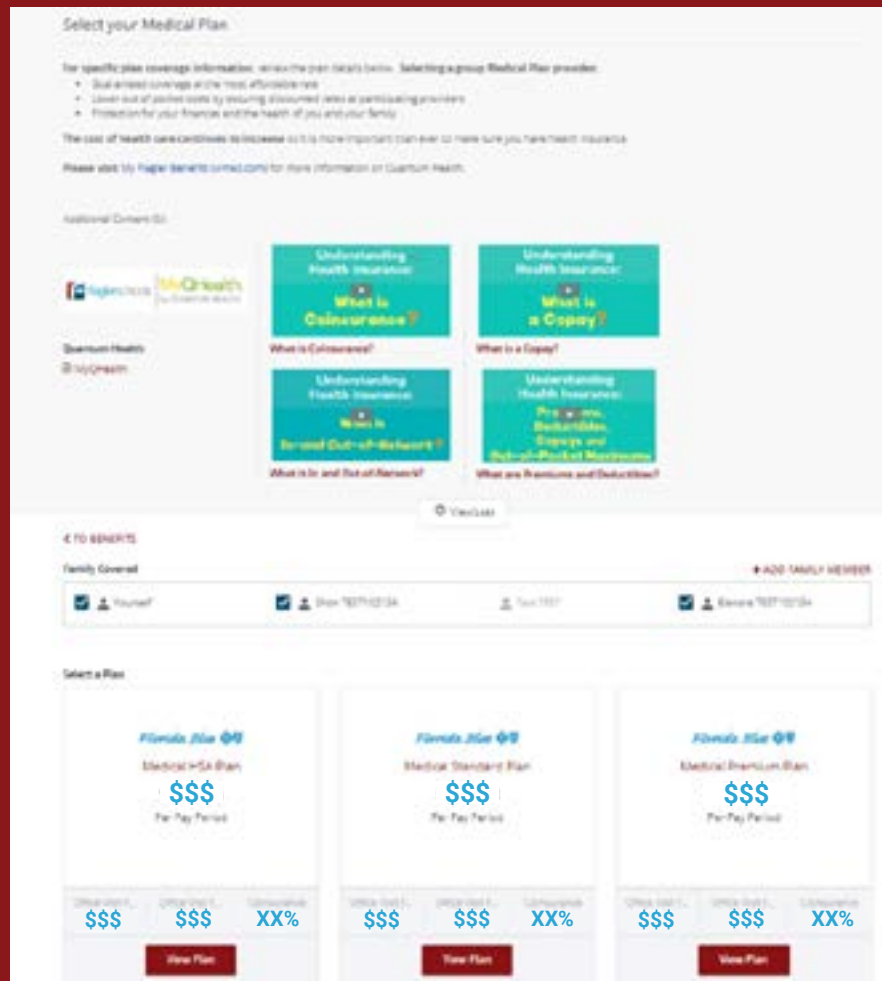
Checkout:

To finalize your choices, click “Review and Checkout” and then “Checkout.”
You must complete the checkout process in order to be enrolled in benefits.

Call Center Services

We can give you additional help to enroll in benefits and answer questions about coverages. Licensed Benefits Counselors are trained in your benefits and enrollment process. The service is always free, responsive, confidential, and will help deliver peace of mind as you choose your benefits.

For questions and more information, Call **1-866-312-5922**. Hours of operation: 8:30 a.m. to 8:00 p.m., EST. Counselors are available that speak English and Spanish, with translation services available for more than 240 languages.



Shopping Cart

Checkout

Terms To Know

Annual Out-Of-Pocket Maximum	The annual Out-of-Pocket Maximum is the maximum amount you will generally be required to pay during the plan year after the deductible and any applicable coinsurance or copayment amounts. Premium payments are not included. Once you reach the out-of-pocket maximum, the plan will begin paying for covered expenses at 100%.
Coinsurance	Coinsurance is the percentage paid by the insurer and the percentage paid by you after you have met the deductible.
Copayment	A copayment is a pre-determined amount you must pay out-of-pocket when seeing a service provider. It is paid directly to the provider and is due at the time services are rendered.
Deductible	A deductible is a pre-determined amount that is paid by you before the insurer begins to pay.
Flexible Spending Account (FSA)	This account can offset your out-of-pocket medical and child care expenses, as well as pay for your monthly health care insurance premiums.
Gap Plan	Gap Plan: TransConnect® Supplemental Medical Expense Insurance is extra protection for your health care costs if you are enrolled in a Flagler Schools Major Medical Plan. Provided through Transamerica, it covers certain out-of-pocket expenses incurred in inpatient and select outpatient settings, such as a deductible, inpatient hospital benefits, and outpatient hospital benefits.
Health Savings Account (HSA)	This is a tax-advantaged medical savings account available to taxpayers in the United States who are enrolled in a high-deductible (or consumer-driven) health plan (HDHP or CDHP).
In-Network	This refers to a group of doctors, hospitals, and other providers contracted to provide services to covered individuals for less than their usual fees. If a health plan uses a preferred provider network (PPO), covered individuals typically pay less for using an in-network provider.
Out-of-Network	This describes a provider or health care facility that is not part of a health plan's network. Covered individuals usually pay more when using out-of-network providers.
Precertification	Certain services, such as hospitalization or outpatient surgery, may require prior authorization with your insurer to verify coverage for those services. When required, your participating physician must obtain a precertification for you prior to your treatment.
Premium	The amount that must be paid for your health insurance or plan. You and/or your employer usually pay it weekly.
Preventive Care	Consists of measures taken for disease prevention as opposed to disease treatment.
Primary Care Physician	A physician who is usually the first health professional to examine a patient and who recommends secondary care physicians, medical, or surgical specialists with expertise in the patient's specific health problem if further treatment is needed.

Florida Blue Cross Blue Shield Member Portal

Flagler Schools employees can access information about plan benefits and claim information through Florida Blue's membership portal. The portal keeps member information safe and ensures strict HIPAA-compliant confidentiality.

To access the member portal, go to:

<https://www.flbluegroupbenefits.com>.

Your Online Member Portal Allows You To:

- View eligibility information for subscribers and dependents (Dependents ages 18+ need a HIPAA release form in order for the subscriber to view their information)
- View, print, or order proof of health coverage
- View claim status and history
- View your Explanation of Benefits
- Search for a provider near you
- Download forms and documents
- Communicate with Member Services

Register Account Online:

1. Go to www.FLBlueGroupBenefits.com.
2. Click the **Login** button at the top of the page and select the **Member Portal**.
3. Look for the 3-letter prefix on your member ID card under "**Member Number**," and enter it in the box that says, "**enter prefix**." Click **submit**.
4. Here you can create a new account and follow the prompts on the screen.
5. Click "**Create Account**." Review and accept the license agreement.
6. Enter your date of birth, zip code, and member ID, adding "-01" to the end of your member ID number. (Member ID: XXXXXXXXXXXX-01). Make sure your date of birth and member ID match what appears on your ID card.
 - To register a dependent, please check the box next to "Are you a dependent" and enter their date of birth, ZIP code, and member ID adding the "-01" to the end of the member ID number.
7. Create a username and password of your choice (password must be at least 8 alpha-numeric characters) and enter three security questions and answers.
8. Confirm your information and start enjoying the benefits of your new secure online account immediately.

Note: Florida Blue is also referred to as Communitas in some references. It is the same service for employees.



Florida Blue Is Here To Help!



Online: Go to:
www.flbluegroupbenefits.com



By Phone: Call Flagler's dedicated concierge customer service phone number: **1-855-698-1963**

Medical And Prescription Benefits

Administrator: Florida Blue Cross Blue Shield

Your health, and the health of your family, is the most important thing. It's the first building block of your future, and the costs of an unanticipated illness or injury can devastate a family's finances. That's why Medical and Prescription Drug coverage is so important.

Your Medical Plan Choices

Flagler Schools offers you four different medical plans to choose from to fit your needs. Plans are provided by Florida Blue Cross Blue Shield (Florida Blue). The plans differ in coverage amounts, deductibles, and payments. Prescription costs are covered for the same premium, and preventive care is covered at 100%. The chart on the next page has the details.

*New Base Plan Available!
See the details on the chart on the next page!*



If you enroll in any of the Florida Blue Medical plans:

Did you know that you automatically have access to the Flagler Schools Wellness Center?



Medical Plan Comparison Chart

Network: BlueOptions	Base PPO (NEW!)	HSA	Standard PPO	Premium PPO
Policy Year Deductible Individual/Family	\$5,000 / \$10,000	\$2,000 / \$4,000*	\$3,000 / \$9,000	\$3,000 / \$6,000
Annual Out-of-Pocket Max Individual/Family	\$8,000/\$16,000	\$3,500 / \$7,000**	\$7,000 / \$14,000	\$4,000 / \$8,000
Coinsurance	50%	20%	50%	10%
Preventive Care	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%
Primary Care Physician (PCP)	\$40 Copay	Ded. + Coins.	\$20 Copay	\$20 Copay
Specialist	\$80 Copay	Ded. + Coins.	\$40 Copay	\$40 Copay
Chiropractic	Ded. + Coins.	Ded. + Coins.	\$20 Copay	\$20 Copay
Virtual Visit With PCP	\$20 Copay	Ded. + Coins.	\$20 Copay	\$20 Copay
Virtual Visit With Specialist	\$40 Copay	Ded. + Coins.	\$40 Copay	\$40 Copay
Speech, Occupational & Physical Therapy	\$40 Copay	Ded. + Coins.	\$40 Copay	\$20 Copay
Mental or Behavioral Health	\$40 Copay	Ded. + Coins.	\$0 Copay	\$40 Copay
Lab, X-Ray & Diagnostics Outpatient	Ded. + Coins.	Ded. + Coins.	\$0 Copay	\$0 Copay
Advanced Imaging Services	Ded. + Coins.	Ded. + Coins.	\$200 Copay	\$200 Copay
Outpatient Surgical Facility	Ded. + Coins.	Ded. + Coins.	\$300 Copay + Ded. & Coins.	\$300 Copay
Inpatient Hospital Per Admission	Ded. + Coins.	Ded. + Coins.	\$500 Copay + Ded. & Coins.	Ded. + Coins.
Emergency Room Facility	Ded. + Coins.	Ded. + Coins.	\$350 Copay	\$350 Copay
Emergency Room Physicians	Ded. + Coins.	Ded. + Coins.	Ded. + Coins.	Ded. + Coins.
Urgent Care	\$50 Copay	Ded. + Coins.	\$50 Copay	\$50 Copay
Prescription Drug Benefits				
Deductible	N/A	Policy Year Deductible	N/A	N/A
Prescription Tier	\$5 \$35 \$75 30%	\$10 \$30 \$50 \$10	\$5 \$35 \$75 30%	\$5 \$35 \$75 30%
Mail-Order Prescription (90 Day Supply)	2.5x's Copay	2.5x's Copay	2.5x's Copay	2.5x's Copay

*If one individual on a family plan meets \$3,300, their deductible will be satisfied, and they will move to coinsurance.

** If one individual on a family meets \$3,500, their out of pocket maximum will be satisfied.



Know Where to Go: A Three-Tiered Guide for Care

When health issues arise, knowing where to go can save you time, money, and stress. Flagler Schools provides a three-tiered system to help you choose the right level of care based on the severity of your needs:



Flagler Schools Wellness Center - NEW!

For routine, preventive, and non-urgent health services.

- **Annual Physical Exams:** Including well-woman exams
- **Condition Management:** Chronic illness monitoring and management
- **Cuts Requiring Stitches:** Deep cuts that may need suturing
- **Ear/Eye Infections:** Signs of infection in the ear or eye
- **Fever:** High body temperature, often indicating infection
- **Sunburn/Insect bites**
- **Health Coaching:** Guidance on lifestyle changes and wellness
- **Laboratory Services & Onsite Testing:** Basic lab tests and screenings
- **Mental Health Services:** Available for students aged 12 and older
- **School Physicals:** Required for school entry and participation in school activities (ages 12+)
- **Severe Sore Throat:** Intense throat pain, possibly indicating infection
- **Sports Physicals:** Required for participation in sports (ages 5+)
- **Sick and Immediate Care:** For minor illnesses and injuries (ages 2+)
- **Sprains and Strains:** Injuries to muscles or ligaments



Urgent Care Situations

For health issues that require prompt attention but are not life-threatening.

- **Possible Broken Bones or Simple Fractures:** Suspected bone fractures
- **Vomiting/Diarrhea:** Uncontrolled Gastrointestinal symptoms



Emergency Situations

For life-threatening conditions requiring immediate medical attention.

- **Loss of consciousness**
- **Serious Trauma**
- **Chest Pain or Squeezing Sensation in the Chest:** Possible signs of a heart attack
- **Seizure or Loss of Consciousness:** Sudden loss of awareness or control
- **Severe Abdominal Pain:** Intense stomach pain, possibly indicating a serious condition
- **Sudden Paralysis or Slurred Speech:** Potential signs of a stroke
- **Uncontrolled Bleeding:** Severe bleeding that cannot be stopped
- **Poisoning**

Note: For non-emergency situations, Flagler Schools Wellness Center is the appropriate point of contact. For urgent care needs, local urgent care centers are available. In case of emergencies, dial 911 or proceed to the nearest emergency room.

If you need assistance locating specific facilities or have further questions, feel free to ask!

Behavioral Health Services - NEW!

Prioritizing your mental health is essential, so Flagler Schools now provides you access to the Behavioral Health Services Program through your Florida Blue health plan. This top-notch provider can help guide you to the right behavioral health resource for your needs. They can:

- Understand your behavioral health needs and benefits.
- Find the right doctors and treatment facilities for your unique needs.
- Locate in-network behavioral health providers, specialty doctors, and treatment facilities.
- Connect with those in your community that can support your mental well-being journey.
- Work with your doctors to achieve your mental health goals.
- Get coaching and support services through our Care Management program.

The program supports treatment for:

- Anxiety
- Attention Deficit Hyperactivity Disorder
- Autism Spectrum Disorder
- Bipolar Disorder
- Depression
- Schizophrenia
- Substance Use Disorder

If you have any questions, call the number on the back of your ID card. Licensed clinicians and specialists are ready to provide behavioral health care management support and services.

Florida Blue Cross Blue Shield Behavioral Health Services Flyer



Teladoc

Get support from licensed doctors no matter where you are with Teladoc. As a Blue Shield member, you have access to Teladoc's national network of U.S. board-certified physicians. Whenever you need care, Teladoc medical doctors are available 24/7/365 by phone or video.

To register, go to www.teladoc.com.



Gap Plan - NEW!

TransConnect® Supplemental Medical Expense Insurance

Get extra protection for your health care costs if you are enrolled in a Flagler Schools Major Medical Plan. TransConnect from Transamerica covers certain out-of-pocket expenses incurred in inpatient and select outpatient settings.

- Deductible: \$1,000 per covered person, 3x per family
- Inpatient Hospital Benefits: \$3,500 per covered person, 3x per family (maximum is \$10, 500)
- Outpatient Hospital Benefits: \$3,500 per covered person, 3x per family

Inpatient Benefits

The plan pays out-of-pocket costs for inpatient services such as hospital stays, procedures, chemotherapy and radiation, physician charges, mental health and substance abuse treatment, and routine nursery care for dependent children.

Outpatient Benefits

The plan pays benefits separate from inpatient hospital benefits for services such as authorized radiation or chemotherapy; outpatient surgery; X-rays, MRIs, CT scans, PET scans, and many other diagnostic tests; ER or Urgent Care Center treatment; kidney dialysis; infusion therapy; and more. In addition:

- Outpatient Ambulance Benefit: \$2,500 per covered person, 3x per family.
- Physical and Chiropractic Benefit: \$1,000 per covered person, 3x per family.

For more information, see the plan documents.

An Example Of How Gap Insurance Works

The example used below is for illustrative purposes only.



Jane delivers a baby girl.



Jane owes the hospital for what her major medical insurance did not cover.



She presents her Transamerica GAP ID card at the time services are provided, and the hospital files a claim for remaining costs.



Transamerica pays her claim under her GAP policy. Jane can now focus more on being a new mom.



RxBenefits Prescription Tools

Members Service Quick Reference Card

RxBenefits' experienced, high-performing call center team delivers superior service to members. It can answer questions on pharmacy concerns such as:

- Benefit details
- Claims status
- Pharmacy network
- Coverage determination/inquiries
- Mail and Specialty scripts
- Pharmacy information

Key Details On Common Issues

- **Pharmacy Benefits and Coverage Inquiries:** Employees and dependents can call for questions about coverage, clinical programs, copays, deductibles, and more.
- **Paper Claims:** Members can submit prescription receipts along with the PBM Partners' (CVS, ESI, or Optum) claim form for direct reimbursement. Claims should be mailed to the address on your ID card or faxed to RxBenefits at **1-205-449-5225**.

To access RxBenefits for support, email CustomerCare@rxbenefits.com or call **1-800-334-8134**, Monday – Friday, 7:00 a.m. to 8:00 p.m. CST.

Prior Authorizations:

Doctor's offices may submit Prior Authorizations (and supporting documentation/chart notes) via the following routes:

1. Submit electronic version at <https://rxb.promptpa.com> (receives the quickest response TAT time)
2. Fax form to **1-888-610-1180** or email to PASupport@rxbenefits.com

For questions, doctors may call Prior Authorization Services at **1-888-608-8851**. Hours: 8:00 a.m. - 6:00 p.m. CST

RxBenefits + PrudentRx

If you enroll in the **Base, Standard, or Premium Medical Plan**, you can take advantage of this additional Rx benefit. PrudentRx has collaborated with CVS Caremark® to offer a third-party (manufacturer) copay assistance program that may help save you money on your specialty prescription. You may pay nothing out of pocket for medications on your plan's specialty drug list dispensed by CVS Specialty®, as well as for select high-cost limited distribution drugs (LDDs) as outlined within the PrudentRx Copay Program drug list. We will work with you to obtain third-party copay assistance for your medication, if available.

How To Get Started

Your enrollment in the program will be started automatically, but you must speak with a PrudentRx advocate to finalize enrollment. You can choose to opt out at any time. Contact PrudentRX at CustomerCare@rxbenefits.com or call **1-800-334-8134**.

Some Details To Note

Not all specialty prescriptions offer assistance. Eligibility for third-party copay assistance program is dependent on the applicable terms and conditions required by that particular program and are subject to change. Some manufacturers require you to sign up to take advantage of the copay assistance that they provide for their medications. In that case, you must call PrudentRx to participate in the copay assistance for that medication. PrudentRx will also contact you if you are required to enroll in the copay assistance for any medication that you take. If you do not return their call, choose to opt-out of the program, or don't affirmatively enroll in any copay assistance as required by a manufacturer, you will be responsible for 30 percent of the cost of your specialty medications. The out-of-pocket maximum is the amount you must pay each policy year before the policy starts paying the full benefits. This may be for the whole family and/or one person alone.

Pharmacy Discount Programs

Before you pay for your next prescription, check to see if they are available for free or at a lower cost at pharmacies such as Wal-Mart, CVS/Target, and Costco. All offer prescription discount programs that allow you to purchase medications for as low as \$4 for a 30-day supply.

If your local pharmacy is not listed, please check with them to see if they offer any discounts.



Savings and Spending Accounts

To make sure you get the most out of your medical coverage and save even more on medical, dental, vision, and dependent care expenses, Flagler Schools offers a Health Savings Account and Flexible Spending Accounts through Medcom.

You can contact Medcom:

- **Online:** Go to www.medcombenefits.com
- **Via Email:** MedcomReceipts@medcombenefits.com
- **By Phone:** 1-800-523-7542, Option 1

You can also get instant access to your account with the **Medcom WealthCare Portal** and **Medcom Mobile App!** The Medcom Mobile app is available for download on the App Store or Google Play.

Health Savings Account (HSA)

Administrator: Medcom

If you enroll in a HSA Plan Medical Plan, you can elect to open a Health Savings Account (HSA) to help pay for your medical costs. This account is only available with a high deductible health plan (HDHP), and it is a tax-favored savings account. Money in the savings account is contributed pretax and can help pay the costs of qualified medical expenses not covered by medical insurance for you and your dependents. Money left in the savings account earns interest and is yours to keep.

Benefits of an HSA:

- It saves you money on medical costs.
- You own the funds and the account.
- Funds are made with pretax contributions, and you save on your taxes.
- You can pay for any qualified medical, dental, and vision expenses for yourself, spouse, or dependents even if they are enrolled under another medical plan.
- It's portable: even if you change jobs, you get to keep your HSA.
- It allows for an improved retirement account as funds roll over at the end of each year and accumulate tax-free, as does the interest on the account. Also, once you reach the age of 55, you are allowed to make additional "catch-up" contributions to your HSA until age 65.

Requirements To Be Eligible For An HSA:

- Must be covered by an HDHP on the first day of the month.
- Not be covered by other health coverage that is not an HDHP (with certain exceptions).
- Not enrolled in Medicare.
- Not be eligible to be claimed as a dependent on another person's tax return.

(See IRS Publication 502 for a complete list of qualified medical expenses.)

Annual HSA Contributions for 2025	
Self Only	\$4,300
Family	\$8,550
Catch-up contribution age 55 or older	\$1,000

Note: It is your responsibility to stay under the maximum contribution limit for the calendar year.

Flexible Spending Accounts (FSAs)

Administrator: Medcom

Flexible Spending Accounts (FSAs) take advantage of pretax dollars to reduce payroll taxes and pay for out-of-pocket expenses other coverages may not. With an FSA, you use pretax dollars to pay for qualified out-of-pocket health care and dependent care expenses. Please note, if you elect the Health Savings Account, you cannot enroll in the Medical FSA.

Benefits of an FSA:

There are a variety of different benefits of using an FSA, including:

- **Save money:** You can put aside money tax-free to use for qualified medical expenses.
- **Saves on taxes:** Since your taxable income is decreased by your contributions, you'll pay less in taxes.
- **Use it for a variety of expenses:** Use your FSA for qualified medical, dental, vision, or dependent care expenses for you and your dependents. (Remember to keep your receipts for audit purposes).

Things To Note:

FSA funds must be used during the plan year. You can file for reimbursement of eligible expenses incurred during the 2025- 2026 plan year (September 1, 2025 – August 31, 2026). You do have an additional 2 1/2 month grace period until November 15, 2026, to use your benefits and until November 30, 2026, to submit for reimbursement for claims incurred during the plan year or applicable grace period (Grace period only applies to the Health Care FSA.) But you will lose any unused balance. You should only contribute the amount of money you expect to pay out of pocket that year.

Types of FSAs

There are two types of FSAs you can elect.



Health Care (Medical) FSA

Medical FSAs are for medical, dental, or vision expenses for you and your dependents. You cannot participate in this FSA option if you have a Health Savings Account (HSA).

You can:

- Set aside up to **\$3,300** pretax per year (minimum \$300).
- Use dollars for eligible medical, prescription drug, dental, or vision expenses.



Dependent Care FSA

A Dependent Care FSA allows you to contribute pretax dollars to pay for qualified dependent care. The maximum amount you may contribute each year is \$5,000 (or \$2,500 if married and filing separately). The dependent care FSA is **use it or lose it**. Eligible expenses include expenses from a qualified dependent day care facility and daycare for children under the age of 13, disabled spouses, or a dependent parent.

Dental Coverage

Administrator: Guardian

Flagler Schools offers you two Dental Preferred Provider Plans (PPOs), a low or high plan, which provide you with the flexibility to seek care in- or out-of-network. Since network providers offer reduced contracted rates, you save money by using network providers for all your dental needs. All benefits received from out-of-network dentists are subject to “reasonable and customary/maximum allowable” fees. Any amount that exceeds the dental carrier’s “reasonable and customary/maximum allowable” amounts is the patient’s responsibility. You can access the dental provider’s network and find a dentist near you, or more information at guardiananytime.com.

PPO Dental Services: <i>DentalGuard Preferred</i>	Low Dental Plan	High Dental Plan
Annual Deductible	\$50 per person / \$150 per family	\$50 per person / \$150 per family
Annual Maximum	\$1,000	\$1,500
Preventative Procedures (Deductible waived) For Routine Exams, Teeth Cleaning, Bitewing X-Rays, Full Mouth X-Rays, Fluoride Treatments, and Sealants	Plan pays 100%	Plan Pays 100%
Basic Procedures (Deductible applies) For Fillings and Oral Surgery-Simple/Complex	Plan pays 70%	Plan pays 80%
MAJOR PROCEDURES (Deductible applies) For Crowns, Bridges, Dentures. Implants	Plan pays 50%	Plan pays 50%
Orthodontic Procedures (Deductible waived) Lifetime Maximum Benefit (Children & Adult)	\$1,000 Plan pays 50%	\$1,500 Plan pays 50%
Out-Of-Network Benefits (Preventative/Basic/Major/Ortho)	80%/60%/40%/50%	100%/80%/50%/50%
Maximum Rollover Threshold Rollover Amount Rollover Bonus Amount Account Limit	\$500 \$250 \$350 \$1,000	\$700 \$350 \$500 \$1,250

Oral Health Rewards

Guardian’s **Maximum Rollover Oral Health Rewards Program** encourages and rewards members who visit the dentist, by rolling over part of your unused annual maximum into a Maximum Rollover Account (MRA). This can be used in future years if your plan’s annual maximum is reached.

How Maximum Rollover Works	
Plan Annual Maximum*	\$1,500 - Maximum claims reimbursement
Threshold	\$700 - Claims amount that determines eligibility
Maximum Rollover Amount	\$350 - Additional dollars added to a plan’s annual max.
In-Network Only Rollover Amount	\$500 - Additional dollars added if only in-network providers were used during the benefit year
Maximum Rollover Account Limit	\$1,250 - The limit that cannot be exceeded within the maximum rollover amount

This example has been created for illustrative purposes only.

** If a plan has a different annual maximum for PPO benefits vs. non-PPO benefits (\$1500 PPO/\$1000 non-PPO for example), the non-PPO maximum determines the Maximum Rollover plan.*

Guardian’s Dental Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. Information provided in this communication is for informational purposes only. Dental Policy Form No. GP-1-DEN-16. GUARDIAN® is a registered service mark.

Vision Coverage

Administrator: The Standard

The need to take care of your eyes is obvious; how else can you be at your best? But without insurance, regular eye care costs could be prohibitive. Don't lose out on proper vision care that can keep your eyes healthy, help pay for eyewear, and detect serious issues before they become a problem. Your Flagler Schools plans, provided through Standard, in partnership with EyeMed and VSP networks, help pay for eye exams, lenses or contact lenses, and frames on a set schedule for you and your dependents. Networks usually include some private practices as well as major retail chain providers.

To find a participating VSP provider, visit www.vsp.com/eye-doctor.

To find a participating EyeMed provider, visit <https://eyedoclocator.eyemedvisioncare.com/member/en-us>.



Note: You must choose either the EyeMed or VSP Network when selecting coverage. You will not have access to both. Rates will be the same no matter the network you choose. Some providers list their corporate name, such as Eyecare Express is under Palm Coast Optical.

	EyeMed Access		VSP Choice	
	In-Network	Out-Of-Network	In-Network	Out-Of-Network
Eye Exam (Once every 12 months)	\$0 Copay	Up to \$35	\$0 Copay	Up to \$45
Materials	\$10 Copay	N/A	\$10 Copay	N/A
Contact Fitting & Follow-Up	Up to \$55	N/A	Up to \$60	N/A
Lenses (Once every 12 months)* Single Vision Bifocal Trifocal	Materials Copay	Up to \$25 Up to \$40 Up to \$55	Materials Copay	Up to \$30 Up to \$50 Up to \$65
Frames (Once every 12 months)	Materials Copay; \$125 allowance	Up to \$65	Materials Copay; \$125 allowance	Up to \$70
Contacts (Once every 12 months)* Elective Conventional Medically Necessary	\$135 Allowance Paid in Full	Up to \$104 Up to \$200	\$135 Allowance Paid in Full	Up to \$105 Up to \$210

*Contacts and eyeglasses cannot be purchased in the same year.

Disability and Life Insurance

Administrator: Symetra

Death. Serious injury. These things are not pleasant to think about, but they happen to everyone—often unexpectedly—and can have a huge impact on you and your family. That's why you need to be prepared, and the way to do that is to plan now to safeguard your family and dependents.

Disability Insurance pays a benefit to help replace your paycheck to use for these bills and expenses. Life Insurance pays a benefit to your beneficiary(ies) in the case of your death. AD&D Insurance offers extra protection and pays you or your beneficiaries in the event of an accidental death or dismemberment due to a covered accident. Flagler Schools offers employees a range of both employer paid and voluntary plans to cover you, your spouse, and your children, provided by Symetra. Be sure to designate beneficiary(ies) for all life insurance policies.

Long Term Disability (LTD)

Long Term Disability Insurance provides income protection if you are unable to work for long periods of time. LTD benefits will pay you a percentage of your income for the amount of time that you are unable to work. Flagler Schools offers all full-time employees LTD through Symetra. This benefit is provided to you at no additional cost as Flagler Schools pays for the entire premium.

Your income replacement benefit would equal 66 2/3% of your pre-disability earnings reduced by any deductible income. The maximum monthly benefit you can receive is \$6,000. Benefits will begin after you have been unable to work for 90 days due to a covered injury or illness and will continue to pay until your Normal Social Security Retirement Age (if you are disabled in any occupation). Benefits are not payable during the benefit waiting period. Please contact the Benefits Department for more information.

Basic Term Life And AD&D Insurance

Basic Term Life and AD&D insurance protects your family or other beneficiaries in the event of your death or serious injury in a covered accident. The death benefit helps replace the income you would have provided and can help meet important financial needs. Flagler Schools provides eligible employees \$25,000 for Administrators and \$20,000 for all other employees of Basic Life and AD&D insurance through Symetra at no cost. You will also have the opportunity to purchase additional Voluntary Life and AD&D insurance at a group rate.

Benefits include:

- Waiver of premium
- Accelerated life benefit
- Portability
- Conversion

To find more information, refer to your Certificate of Benefits.



Voluntary Life And AD&D Insurance

If you choose to enroll in Voluntary Life and AD&D insurance, you may also insure your spouse and eligible dependent children up to the age of 26. A summary of your Life and AD&D insurance coverage is listed below. If you should have questions on this policy, see your Symetra Certificate of Benefits.

Summary of Insurance	
Guaranteed Issue	\$100,000
Minimum Benefit Amount	\$10,000
Maximum Benefit Amount	\$300,000
Benefit Amount Increments of...	\$10,000
Dependent Life Insurance Options	
(No more than 50% of the combined amounts of Employee Basic Life Insurance). AD&D is not included with dependent coverage.	
Option 1	Spouse: \$10,000, Child(ren): \$5,000
Option 2	Spouse: \$20,000, Child(ren): \$5,000
Option 3	Spouse: \$50,000, Child(ren): \$10,000

Note: You cannot receive coverage under this Plan as both an employee and a dependent; or as a dependent of more than one employee.

Additional Information:

- Age reduction scale: 35% of original amount at age 65, 50% of original amount at age 70, 65% of original amount at age 75.
- Age-bracketed premiums: Premiums increase at the end of your birthday month after you enter next 5 year age group.
- Annual Enrollment: Any new elections or increases will require an Evidence of Insurability form (EOI form).
- You do not have to purchase Voluntary Life Insurance for yourself in order to purchase Voluntary Life Insurance for your eligible dependents. Benefit is limited to 50% of your combined Basic Life & Voluntary Life amount.
- If husband and wife work for FCSB, dependent life on your spouse is not available.
- Evidence of Insurability will be required if changes are made.



Voluntary Benefits

Administrator: AFLAC

Voluntary Benefits are coverages and services that you pay for to help you further protect your lifestyle and family. You can enroll in the following AFLAC group plans shown on page 25 through PlanSource. These added protections can help you plan for the future, enhance your lifestyle, and protect your finances if something unforeseen happens.



Accident Insurance

Accidents can happen any time and have a huge financial impact on you and your family. Accident insurance helps offset uncovered medical expenses—such as emergency room fees, deductibles, copayments, ambulance rides, certain medical equipment—AND everyday expenses that can result from a fracture, dislocation, or other covered accidental injury. You can cover you, your spouse, and your dependent children. Benefits are Guaranteed Issue, which means no medical questions, and they are paid directly to you, unless you specify otherwise, regardless of any other coverage you have. Coverage is portable, which means you can take your coverage with you if you change jobs or retire. Benefits are paid through a schedule depending on the covered accident.

Critical Illness Insurance

Critical Illness Insurance is designed to come to the rescue of budget-conscious families by helping to pay the costs associated with the initial occurrence of a serious illness such as a heart attack, stroke, cancer, or other critical condition as defined in the policy. You choose your benefit amount. Benefits are also available for your spouse and eligible children. You receive a lump-sum benefit, regardless of any other insurance you may have, directly to you or your designated recipient, and can use it for deductibles, coinsurance, home health care needs, travel, lodging, or however you wish.

Hospital Indemnity Insurance

The cost of a hospital stay can be overwhelming, and those costs seem to grow every year. Hospital Indemnity Insurance can ease the financial impact by providing a lump-sum payment directly to you for a hospital admission, accident-related inpatient rehabilitation, or hospital stay. You can spend the benefit as you choose, such as for out-of-pocket expenses, deductibles, copays, car payments, rent, child care, or more, based upon the hospitalization. The benefit is portable, and you can take it with you if you leave the job. For all the details, please see the plan documents.

Whole Life Insurance

Whole Life Insurance can help you protect your family against unexpected death by giving them financial protection with cash value that grows over time. You can purchase Whole Life Insurance for yourself, your spouse, and/or your children. Reach out to Holly Rorem by calling **1-386-290-6385** or emailing Holly_Rorem@us.aflac.com if interested in this product. Plan features include:

- Coverage available for employees, spouses, and dependent children
- Guaranteed Issue – no medical exam required
- Level premiums never change
- Guaranteed rate of interest depending upon your plan
- It's portable – you can keep the coverage if you leave your job
- Premiums paid through convenient payroll deduction
- Waiver of premium for disability

Short Term Disability (STD)

Short Term Disability (STD) pays you a portion of your income if you are out of work for a covered short-term disability, whether a sickness or injury. Benefit is 60% of your salary up to \$4,000. There is an elimination period before benefits are paid. Premium payments are waived after 90 days of total disability.

Employee Assistance Program (EAP)

Administrator: Symetra

When life gets tough, it's helpful to have someone in your corner to listen, help you cope with the present, and plan for the future. That's what you get from Guidance Resources—an Employee Assistance Program that offers confidential counseling for individuals covered under a Symetra group disability policy.

Program Highlights

Up to 5 face-to-face confidential sessions with a counselor, financial planner, or attorney are available to you and your eligible family members each calendar year. An additional 5 sessions are available if you have a covered disability claim. Sessions are per household and may be divided among the three types of professionals. These services are included in the overall premium, so no additional payment is required to use the program.

- **Confidential Counseling:** Trained counselors with a master's or doctorate degree are just a phone call away to provide you the right resources for stress, anxiety, job pressures, substance abuse, grief, and loss.
- **Legal Support:** Talk to an attorney about legal concerns such as divorce, real estate transactions, debt, bankruptcy, and more.
- **Need Legal Representation:** A general guidance consultant will refer you to a qualified attorney in your area for a free 30-minute consultation. Any customary legal fees after that are reduced by 25%.
- **Financial Information And Resources:** A certified public accountant or financial planner can provide financial information and guidance on topics like debt, taxes, retirement planning, credit card or loan problems, and more.

First-time users, follow these simple steps:

1. Go to www.guidanceresources.com and click "Register."
2. Provide your organization web ID: SYMETRA.
3. Create a user name and password.

If you have problems registering or logging in, send an email to memberservices@compsych.com or contact ComPsych - Phone: 1-888-327-9573, TDD: 1-800-697-0353

Online Resources And Tools

Get trusted, professional information about relationships, work, school, children, wellness, legal, financial issues, and more. Turn to GuidanceResources® online for:

- Timely articles, tutorials, videos, and self-assessments.
- "Ask the Expert" personal responses to your questions.
- Searches for child or elder care, attorneys, and financial planners.

Planning For The Future

A Will is one of the most important legal documents you can have. It ensures that you'll control who gets your property, who will be your children's guardian, and who manages your estate when you die. EstateGuidance® makes it easy to create a simple, customized, legally binding will by offering:

- Convenient online access to will documentation tools.
- Simple-to-follow instructions guiding you through the will-generation process.
- Online support from licensed attorneys, if needed.
- The ability to make revisions at no cost.

A simple Will costs just \$14.99. Printing and mailing services are available for an additional fee. Prices may be subject to change. contact ComPsych for additional information.

Retirement Benefits

Administrator: Florida Retirement System (FRS)

FRS Pension Plan and FRS Investment Plan

You have eight calendar months after your month of hire to make an active election between the FRS Pension Plan and the Investment Plan. If you do not make an active election by the end of the election period, there will be a default membership. If you are a member in all classes other than the Special Risk Class, you will default to the FRS Investment Plan. If you are a member in the Special Risk Class, you will default to the FRS Pension Plan. You will have a one-time second election to change membership plans during your career.

You can enroll:



Online: Go to www.MyFRS.com. If you're logging in for the first time, use the Personal Identification Number (PIN) in the Retirement Choice Kit mailed to your home, then create a user ID and password.



By Phone: Call 1-866-446-9377; use your PIN for this option too.

Florida School Retiree Benefits Consortium (FSRBC)

School districts join the Florida School Retiree Benefits Consortium (FSRBC) to take advantage of expanded benefit options and lower rates. The FSRBC provides retirees with access to high-quality insurance and benefits, tailored especially for retirees aged 65 or older, who have retired from the Florida Public School System. Visit www.myfsrbc.com for more information.



Salary Reduction Agreement Processing Service

Administrator: U.S. OMNI & TSACG Compliance Services

Flagler Schools reminds you that enhancements made to the 403(b) Salary Reduction and 457(b) Participant Agreement (SRA) process in 2023-2025 are still in effect. This system is provided by our 403(b) and 457(b) Plan Administrator, U.S. OMNI & TSACG Compliance Services. The online process eliminates the need for paper SRAs and allow 24-hour access for employees. All approved representatives of the District's authorized investment provider companies will be able to assist you with this online process.

Benefits Include:

- Employees can simply visit <https://sra.tsacg.com> to access the online system.
- The system can be accessed 24/7.
- Employees can start, change, or stop a 403(b) and/or 457(b) SRA at their convenience.
- Employees receive immediate online confirmation that their request has been submitted.
- Authorized Investment Provider Agents/Representatives can assist employees.
- A lit of authorized Investment Providers is available at www.tsacg.com.

For more information, please contact HR.



Legal Services

Administrator: U.S. Legal Services

Services For All Life's Highs And Lows

All employees experience milestones where legal, identity, and financial guidance would be a huge relief, both in good times and bad. That's why U.S. Legal Services provides Family Defender, Total Wellness Suite, and Identity Defender to Flagler Schools employees as individual coverage, as well as family coverage to their spouses and their dependent children up to age 18, or 26, if enrolled as a full-time student.



For more information about the services offered, please scan the QR code.












Individual/Family Monthly Rates	
Family Defender	\$16.90 / \$18.75
Identity Defender	\$12.95
Family & Identity Defender	\$28.85 / \$30.70






How To Enroll:

- Phone: Call 1-800-356-LAWS (5297)
- Online: <https://www.uslegalservices.net/companies/flaglerschools/>



Contact Information

Benefit	Contact	Phone	Website/Email	QR Code
Flagler Support Box <i>For questions relating to ancillary benefits</i>	Brown & Brown Insurance		fcssupport@bbrown.com	
Flagler Schools Wellness Center <i>To Schedule An Appointment</i>	Marathon Health and Flagler Schools	1-386-309-2509	https://my.marathon-health.com/login	
Medical <i>For questions relating to your medical plans</i>	FloridaBlue/Communitas	1-855-698-1963	https://www.flbluegroupbenefits.com	
GAP Plan <i>For questions relating to TransConnect</i>	Transamerica	1-800-476-4491, press 1 for claims, press 2 for general inquiries or to request an ID card.	https://www.transamerica.com/	
Prescriptions <i>For questions relating to your prescription coverage</i>	RxBenefits	1-800-334-8134	CustomerCare@rxbenefits.com	
Health Savings Account and Flexible Spending Accounts	Medcom	1-800-523-7542, Option 1	www.medcombenefits.com Email: MedcomReceipts@medcombenefits.com	
Dental	Guardian	1-888-600-1600	www.guardiananytime.com	
Vision	The Standard	1-877-490-9991	https://www.standard.com/individuals-families/work-place-benefits/dental-and-vision-member-services	
Long Term Disability, Basic Life, & Voluntary Life	Symetra	1-877-377-6773	www.symetra.com	

Benefit	Contact	Phone	Website/Email	QR Code
Accident, Critical Illness, Hospital Indemnity, Whole Life, & Short Term Disability	Aflac	1-800-433-3036	www.aflacgroupinsurance.com	
Employee Assistance Program	Guidance Resources by Symetra	1-888-327-9573	www.guidanceresources.com	
Salary Reduction Agreement Processing Service	TSA Consulting Group	1-888-796-3786 Option 5	https://sra.tsacg.com	
Retirement Plans	Florida Retirement System (FRS)	844-377-1888	www.myfrs.com	
Legal Services	U.S. Legal Services	1-800-356-5297	https://www.uslegalservices.net/companies/flagler-schools/	

Legal Notices

For your legal notices, scan the QRCode below.



Benefit Plan Summaries

Administrator: Florida Blue Cross Blue Shield

BlueOptions

Flagler County School Board Effective 9/1/25

Lower Premium Health Benefit Plan 05910

Base Plan



Summary of Benefits for Covered Services	Amount Member Pays	
	In-Network	Out-of-Network
Financial Features		
Deductible (DED¹) (PBP²) (DED is the amount the member is responsible for before Florida Blue pays)	\$5,000 per person \$10,000 per family	Not Covered
Coinsurance (Coinsurance is the percentage the member pays for services)	50% of the allowed amount	Not Covered
Out-of-Pocket Maximum (PBP) (Out-of-Pocket Maximum includes DED, Coinsurance, Copayments and Prescription Drugs)	\$8,000 per person \$16,000 per family	Not Covered Not Covered
Office Services		
Physician Office Services		
Primary Care Physician	\$40 Copay	Not Covered
Specialist	\$80 Copay	Not Covered
Convenient Care	\$40 Copay	Not Covered
Virtual Visits (designated providers only)		Not Covered
Primary Care Physician/Specialist	\$20 Copay/\$40 Copay	Not Covered
Behavioral Health Services	\$0 Copay	Not Covered
Teladoc		
General Medicine	\$20 Copay	Not Covered
Behavioral Health Services	\$0 Copay	Not Covered
Maternity (Cost Share for initial visit only)		
Primary Care Physician	\$40 Copay	Not Covered
Specialist	\$80 Copay	Not Covered
Allergy Injections (per visit)		
Primary Care Physician	\$40 Copay	Not Covered
Specialist	\$80 Copay	Not Covered
Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Med.)		
Primary Care Physician/Specialist	50% after Deductible	Not Covered
Preventive Care		
Routine Adult & Child Preventive Services, Wellness Services, and Immunizations	\$0	Not Covered
Mammograms	\$0	Not Covered
Colonoscopy (Includes Preventative and Diagnostic with no age limit)	\$0	Not Covered
Emergency Medical Care		
Urgent Care Centers	\$50 Copay	Not Covered
Emergency Room Facility Services (per visit)	50% after Deductible	50% after Deductible
Ambulance Services	50% after Deductible	50% after Deductible

¹ DED = Deductible

² PBP = Per Benefit Period

Note: Out-of-Network services may be subject to balance billing.

BlueOptions

Flagler County School Board

Lower Premium Health Benefit Plan 05910

Base Plan

Summary of Benefits for Covered Services	Amount Member Pays	
	In-Network	Out-of-Network
Outpatient Diagnostic Services		
Independent Diagnostic Testing Facility Services (per visit) (e.g. X-rays) (Includes Provider Services) Diagnostic Services (except AIS) Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Med.)	50% after Deductible 50% after Deductible	Not Covered Not Covered
Independent Clinical Lab (e.g., Blood Work)	50% after Deductible	Not Covered
Outpatient Hospital Facility Services (per visit) (e.g., Blood Work and X-rays) Diagnostic Services (except AIS) Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Med.)	50% after Deductible 50% after Deductible	Not Covered Not Covered
Hospital / Surgical		
Ambulatory Surgical Center Facility (ASC)	50% after Deductible	Not Covered
Outpatient Hospital Facility Services (per visit) Non-Surgical Therapy Services Option 1 Option 2 Option 1 and Option 2	50% after Deductible 50% after Deductible 50% after Deductible	Not Covered Not Covered Not Covered
Outpatient Hospital Facility Services (per visit) Surgical Option 1 and Option 2	50% after Deductible	Not Covered
Inpatient Hospital Facility and Rehabilitation Services (per admit) Option 1 and Option 2	50% after Deductible	Not Covered
Mental Health / Substance Dependency		
Inpatient Hospitalization Facility Services (per admit) Option 1 and Option 2	50% after Deductible	Not Covered
Outpatient Hospitalization Facility Service (per visit) Option 1 and Option 2	50% after Deductible	Not Covered
Emergency Room Facility Services (per visit)	50% after Deductible	50% after Deductible
Provider Services at Hospital	50% after Deductible	Not Covered
Provider Services at ER	50% after Deductible	50% after Deductible
Provider Services at Locations other than Office, Hospital and ER Primary Care Physician / Specialist	50% after Deductible	Not Covered
Outpatient Office Visit Primary Care Physician / Specialist	\$40 Copay/\$80 Copay	Not Covered
Other Provider Services		
Provider Services at Hospital	50% after Deductible	Not Covered
Provider of Services at ER	50% after Deductible	50% after Deductible
Radiology, Pathology and Anesthesiology Provider Services at an Ambulatory Surgical Center (ASC)	50% after Deductible	Not Covered
Provider Services at Locations other than Office, Hospital and ER Primary Care Physician Specialist	50% after Deductible 50% after Deductible	Not Covered Not Covered

BlueOptions

Flagler County School Board

Lower Premium Health Benefit Plan 05910

Base Plan

Additional Benefits and Features

- We encourage you to call the care consultants team at 1-855-698-1963 to find out more about your benefits and/or treatment options. This can help you save time and money.
- You have online access to everything about your health benefit plan as well as all of our self-service tools at FLBlueGroupBenefits.com.
- Go to FLBlueGroupBenefits.com, click on **Find a Doctor** and follow the on-screen directions to easily find a doctor in your plan's network and you don't need a referral to see a participating provider.

Access to Our Strong Networks

NetworkBlueSM is the Preferred Provider Network designated as "In-Network" for BlueOptions. While In-Network providers remain the best value, members are still **protected from balance billing** if they go Out-of-Network to someone who is part of our Traditional Provider Network. You may also receive **out-of-state coverage through the BlueCard[®]** Program with access to the participating providers of independent Blue Cross and/or Blue Shield organizations across the country.

Physician Discount

Many NetworkBlue physicians offer BlueOptions members a rate which is at least 25 percent below the usual fees charged for services that are **not Covered Services** under your health plan. By taking advantage of this discount, you get the care you need from the doctor you trust. However, Florida Blue does not guarantee that a physician will honor the discount. Since you pay out-of-pocket for any non-covered services, it's your responsibility to discuss the costs and discounted rates for non-covered services with your physician **before** you receive services. 'Physician Discount' is not part of your insurance coverage or a discount medical plan. For more information, please refer to the online Provider Directory at FLBlueGroupBenefits.com.

This is not an insurance contract or Benefit Booklet. This Benefit Summary is only a partial description of the many benefits and services provided or authorized by Florida Blue. This does not constitute a contract. For a complete description of benefits and exclusions, please see the Florida Blue BlueOptions Benefit Booklet and Schedule of Benefits; its terms prevail.

**Flagler County School Board Effective 9/1/25
Lower Premium Health Benefit Plan 05901
Standard Plan**

Summary of Benefits for Covered Services	Amount Member Pays	
	In-Network	Out-of-Network
Financial Features		
Deductible (DED¹) (PBP²) (DED is the amount the member is responsible for before Florida Blue pays)	\$3,000 per person \$9,000 per family	Not Covered
Coinsurance (Coinsurance is the percentage the member pays for services)	50% of the allowed amount	Not Covered
Out-of-Pocket Maximum (PBP) (Out-of-Pocket Maximum includes DED, Coinsurance, Copayments and Prescription Drugs)	\$7,000 per person \$14,000 per family	Not Covered Not Covered
Office Services		
Physician Office Services Primary Care Physician Specialist Convenient Care	\$20 Copay \$40 Copay \$20 Copay	Not Covered Not Covered Not Covered
Virtual Visits (designated providers only) Primary Care Physician/Specialist Behavioral Health Services	\$20 Copay/\$40 Copay \$0 Copay	Not Covered Not Covered
Teladoc General Medicine Behavioral Health Services	\$20 Copay \$0 Copay	Not Covered Not Covered
Maternity (Cost Share for initial visit only) Primary Care Physician Specialist	\$0 Copay \$0 Copay	Not Covered Not Covered
Allergy Injections (per visit) Primary Care Physician Specialist	\$20 Copay \$40 Copay	Not Covered Not Covered
Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Med) Primary Care Physician/Specialist	\$20 Copay/\$40 Copay	Not Covered
Preventive Care		
Routine Adult & Child Preventive Services, Wellness Services, and Immunizations	\$0	Not Covered
Mammograms	\$0	Not Covered
Colonoscopy (Includes Preventative and Diagnostic with no age limit)	\$0	Not Covered
Emergency Medical Care		
Urgent Care Centers	\$50 Copay	Not Covered
Emergency Room Facility Services (per visit)	\$350 Copay	\$350 Copay
Ambulance Services	50% after Deductible	50% after Deductible

¹ DED = Deductible

² PBP = Per Benefit Period

Note: Out-of-Network services may be subject to balance billing.

BlueOptions

Flagler County School Board

Lower Premium Health Benefit Plan 05901

Standard Plan

Summary of Benefits for Covered Services	Amount Member Pays	
	In-Network	Out-of-Network
Outpatient Diagnostic Services		
Independent Diagnostic Testing Facility Services (per visit) (e.g. X-rays) (Includes Provider Services) Diagnostic Services (except AIS) Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Med.)	\$0 Copay \$200 Copay	Not Covered Not Covered
Independent Clinical Lab (e.g., Blood Work)	\$0	Not Covered
Outpatient Hospital Facility Services (per visit) (e.g., Blood Work and X-rays) Diagnostic Services (except AIS) Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Med.)	\$0 Copay \$200 Copay	Not Covered Not Covered
Hospital / Surgical		
Ambulatory Surgical Center Facility (ASC)	\$300 Copay + 50% after Deductible	Not Covered
Outpatient Hospital Facility Services (per visit) Non-Surgical Therapy Services Option 1 Option 2 Option 1 and Option 2	50% after Deductible 50% after Deductible 50% after Deductible	Not Covered Not Covered Not Covered
Outpatient Hospital Facility Services (per visit) Surgical Option 1 and Option 2	\$300 Copay + 50% after Deductible	Not Covered
Inpatient Hospital Facility and Rehabilitation Services (per admit) Option 1 and Option 2	\$500 Copay + 50% after Deductible	Not Covered
Mental Health / Substance Dependency		
Inpatient Hospitalization Facility Services (per admit) Option 1 and Option 2	\$500 Copay + 50% after Deductible	Not Covered
Outpatient Hospitalization Facility Service (per visit) Option 1 and Option 2	50% after Deductible	Not Covered
Emergency Room Facility Services (per visit)	\$350 Copay	\$350 Copay
Provider Services at Hospital Provider Services at ER	50% after Deductible 50% after Deductible	Not Covered 50% after Deductible
Provider Services at Locations other than Office, Hospital and ER Primary Care Physician / Specialist	\$0	Not Covered
Outpatient Office Visit Primary Care Physician / Specialist	\$0	Not Covered
Other Provider Services		
Provider Services at Hospital Provider of Services at ER	50% after Deductible 50% after Deductible	Not Covered 50% after Deductible
Radiology, Pathology and Anesthesiology Provider Services at an Ambulatory Surgical Center (ASC)	50% after Deductible	Not Covered
Provider Services at Locations other than Office, Hospital and ER Primary Care Physician Specialist	50% after Deductible 50% after Deductible	Not Covered Not Covered

BlueOptions

Flagler County School Board

Lower Premium Health Benefit Plan 05901

Standard Plan

Additional Benefits and Features

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BlueOptions



Flagler County School Board Effective 9/1/25
 Predictable Cost Health Benefit Plan 03359
 Premium Plan

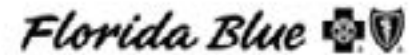
Summary of Benefits for Covered Services	Amount Member Pays	
	In-Network	Out-of-Network
Financial Features		
Deductible (DED¹) (PBP²) (DED is the amount the member is responsible for before Florida Blue pays)	\$3,000 per person \$6,000 per family	Not Covered Not Covered
Coinsurance (Coinsurance is the percentage the member pays for services)	10% of the allowed amount	Not Covered
Out-of-Pocket Maximum (PBP) (Out-of-Pocket Maximum includes DED, Coinsurance, Copayments and Prescription Drugs)	\$4,000 per person \$8,000 per family	Not Covered Not Covered
Office Services		
Physician Office Services		
Primary Care Physician	\$20 Copay	Not Covered
Specialist	\$40 Copay	Not Covered
Convenient Care	\$20 Copay	Not Covered
Virtual Visits (designated providers only)		
Primary Care Physician/Specialist	\$20 Copay/\$40 Copay	Not Covered
Behavioral Health Services	\$20 Copay	Not Covered
Teladoc		
General Medicine	\$20 Copay	Not Covered
Behavioral Health Services	\$0 Copay	Not Covered
Maternity (Cost Share for initial visit only)		
Primary Care Physician	\$0 Copay	Not Covered
Specialist	\$0 Copay	Not Covered
Allergy Injections (per visit)		
Primary Care Physician	\$20 Copay	Not Covered
Specialist	\$40 Copay	Not Covered
Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Med.)		
Primary Care Physician/Specialist	\$20 Copay/\$40 Copay	Not Covered
Preventive Care		
Routine Adult & Child Preventive Services, Wellness Services, and Immunizations	\$0	Not Covered
Mammograms	\$0	Not Covered
Colonoscopy (Includes Preventative and Diagnostic no age limit)	\$0	Not Covered
Emergency Medical Care		
Urgent Care Centers	\$50 Copay	Not Covered
Emergency Room Facility Services (per visit) (copayment waived if admitted)	\$350 Copay	\$350 Copay
Ambulance Services	10% after Deductible	10% Deductible

¹ DED = Deductible

² PBP = Per Benefit Period

Note: Out-of-Network services may be subject to balance billing.

BlueOptions



Flagler County School Board Effective 9/1/25
 Predictable Cost Health Benefit Plan 03359
 Premium Plan

Summary of Benefits for Covered Services	Amount Member Pays	
	In-Network	Out-of-Network
Other Special Services		
Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations Outpatient Rehabilitation Therapy Center Outpatient Hospital Facility Services (per visit) Option 1 Option 2	\$20 Copay 10% after Deductible 10% after Deductible	Not Covered Not Covered Not Covered
Chiropractic Specialist	\$20 Copay	Not Covered
Durable Medical Equipment, Prosthetics and Orthotics	10% after Deductible	Not Covered
Home Health Care	10% after Deductible	Not Covered
Skilled Nursing Facility	10% after Deductible	Not Covered
Hospice	10% after Deductible	Not Covered
Routine Vision Screening (1 per 24 months)	\$20 Copay	Not Covered
Routine Hearing Screening	\$0 Copay	Not Covered
Hearing Aids (Limit of \$5,000 every 3 years up to \$2,500 PBP)	10% after Deductible	Not Covered

Important: To ensure quality care and to help you get the most value from your plan benefits, for certain medical services **you need to get an approval** from Florida Blue before your service or you'll have to **pay the entire cost** for the service. **Before an appointment**, visit FLBlueGroupBenefits.com or call the toll-free number on your member ID card to see if a prior approval is needed and your next steps.

Benefit Maximums	
Home Health Care	60 Visits PBP
Inpatient Rehabilitation Therapy	60 Days PBP
Outpatient Therapy Physical	20 Visits PBP
Occupational Therapy	20 Visits PBP
Speech Therapy	45 Visits PBP
Cardiac Therapy	36 Visits PBP
Pulmonary Therapy	20 Visits PBP
Spinal Manipulations and Message Therapy Combined Maximum	20 Visits PBP
Skilled Nursing Facility	60 Days PBP

BlueOptions

Flagler County School Board

Predictable Cost Health Benefit Plan 03359

Premium Plan

Additional Benefits and Features

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Summary of Benefits for Covered Services	Amount Member Pays	
	In-Network	Out-of-Network
Financial Features		
Deductible (DED¹) (PBP²) (DED is the amount the member is responsible for before Florida Blue pays)	\$2,000 per person	Not Covered
Out-of-Network Inpatient Hospital Facility Services Per Admission Deductible (PAD)	Not Applicable	Not Covered
Coinsurance (Coinsurance is the percentage the member pays for services)	20% of the allowed amount	Not Covered
Out-of-Pocket Maximum (PBP) (Out-of-Pocket Maximum includes DED, Coinsurance, Copayments and Prescription Drugs)	\$3,500 per person	Not Covered
Office Services		
Physician Office Services Value Choice Provider Primary Care Physician/Specialist ⁵ (in select counties) Primary Care Physician Specialist Convenient Care	20% after Deductible 20% after Deductible 20% after Deductible 20% after Deductible	Not Covered Not Covered Not Covered Not Covered
Virtual Visits (designated providers only) Primary Care Physician/Specialist Behavioral Health Services	20% after Deductible 20% after Deductible	Not Covered Not Covered
Teladoc General Medicine Behavioral Health	20% after Deductible 20% after Deductible	Not Covered Not Covered
Maternity (Cost Share for initial visit only) Primary Care Physician Specialist	20% after Deductible 20% after Deductible	Not Covered Not Covered
Allergy Injections (per visit) Primary Care Physician Specialist	20% after Deductible 20% after Deductible	Not Covered Not Covered
Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Med.)	20% after Deductible	Not Covered
Preventive Care		
Routine Adult & Child Preventive Services, Wellness Services, and Immunizations	\$0	Not Covered
Mammograms	\$0	Not Covered
Colonoscopy (Routine for age 50+ then frequency schedule applies)	\$0	Not Covered
Emergency Medical Care		
Urgent Care Centers	20% after Deductible	Not Covered
Emergency Room Facility Services (per visit)	20% after Deductible	20% after Deductible

¹ DED = Deductible

² PBP = Per Benefit Period

Note: Out-of-Network services may be subject to balance billing.

BlueOptions

Flagler County School Board

Health Benefit Single Plan 05196 (HSA-Compatible)

Summary of Benefits for Covered Services	Amount Member Pays	
	In-Network	Out-of-Network
Emergency Medical Care (continued)		
Ambulance Services	20% after Deductible	20% after Deductible
Outpatient Diagnostic Services		
Independent Diagnostic Testing Facility Services (per visit) (e.g. X-rays) (Includes Provider Services)		
Diagnostic Services (except AIS)	20% after Deductible	Not Covered
Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Med.)	20% after Deductible	Not Covered
Independent Clinical Lab (e.g., Blood Work)	20% after Deductible	Not Covered
Outpatient Hospital Facility Services (per visit) (e.g., Blood Work and X-rays)		
Option 1	20% after Deductible	Not Covered
Option 2	20% after Deductible	Not Covered
Hospital / Surgical		
Ambulatory Surgical Center Facility (ASC)	20% after Deductible	Not Covered
Outpatient Hospital Facility Services (per visit)		
Therapy Services Option 1	20% after Deductible	Not Covered
Option 2	20% after Deductible	Not Covered
All other Services Option 1	20% after Deductible	Not Covered
Option 2	20% after Deductible	Not Covered
Inpatient Hospital Facility and Rehabilitation Services (per admit)		
Option 1	20% after Deductible	Not Covered
Option 2	20% after Deductible	Not Covered
Mental Health / Substance Dependency		
Inpatient Hospitalization Facility Services (per admit)		
Option 1 and Option 2	20% after Deductible	Not Covered
Outpatient Hospitalization Facility Service (per visit)		
Option 1 and Option 2	20% after Deductible	Not Covered
Emergency Room Facility Services (per visit)	20% after Deductible	20% after Deductible
Provider Services at Hospital	20% after Deductible	Not Covered
Provider of Services ER	20% after Deductible	20% after Deductible
Provider Services at Locations other than Office, Hospital and ER		
Primary Care Physician / Specialist	20% after Deductible	Not Covered
Outpatient Office Visit		
Primary Care Physician / Specialist	20% after Deductible	Not Covered

BlueOptions

Flagler County School Board

Health Benefit Single Plan 05196 (HSA-Compatible)

Additional Benefits and Features

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Summary of Benefits for Covered Services	Amount Member Pays	
	In-Network	Out-of-Network
Financial Features		
Deductible (DED¹) (PBP²) (DED is the amount the member is responsible for before Florida Blue pays)	\$3,300 per person \$4,000 per family	Not Covered Not Covered
Out-of-Network Inpatient Hospital Facility Services Per Admission Deductible (PAD)	Not Applicable	Not Covered
Coinsurance (Coinsurance is the percentage the member pays for services)	20% of the allowed amount	Not Covered
Out-of-Pocket Maximum (PBP) (Out-of-Pocket Maximum includes DED, Coinsurance, Copayments and Prescription Drugs)	\$3,500 per person \$7,000 per family	Not Covered Not Covered
Office Services		
Physician Office Services Value Choice Provider Primary Care Physician/Specialist ³ (in select counties) Primary Care Physician Specialist Convenient Care	20% after Deductible 20% after Deductible 20% after Deductible 20% after Deductible	Not Covered Not Covered Not Covered Not Covered
Virtual Visits (designated providers only) Primary Care Physician/Specialist Behavioral Health Services	20% after Deductible 20% after Deductible	Not Covered Not Covered
Teladoc General Medicine Behavioral Health	20% after Deductible 20% after Deductible	Not Covered Not Covered
Maternity (Cost Share for initial visit only) Primary Care Physician Specialist	20% after Deductible 20% after Deductible	Not Covered Not Covered
Allergy Injections (per visit) Primary Care Physician Specialist	20% after Deductible 20% after Deductible	Not Covered Not Covered
Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Med.)	20% after Deductible	Not Covered
Preventive Care		
Routine Adult & Child Preventive Services, Wellness Services, and Immunizations	\$0	Not Covered
Mammograms	\$0	Not Covered
Colonoscopy (Routine for age 50+ then frequency schedule applies)	\$0	Not Covered
Emergency Medical Care		
Urgent Care Centers	20% after Deductible	Not Covered
Emergency Room Facility Services (per visit)	20% after Deductible	20% after Deductible

¹ DED = Deductible

² PBP = Per Benefit Period

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BlueOptions

Flagler County School Board

Health Benefit Family Plan 05197 (HSA-Compatible)

Summary of Benefits for Covered Services	Amount Member Pays	
	In-Network	Out-of-Network
Emergency Medical Care (continued)		
Ambulance Services	20% after Deductible	20% after Deductible
Outpatient Diagnostic Services		
Independent Diagnostic Testing Facility Services (per visit) (e.g. X-rays) (Includes Provider Services)		
Diagnostic Services (except AIS)	20% after Deductible	Not Covered
Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Med.)	20% after Deductible	Not Covered
Independent Clinical Lab (e.g., Blood Work)	20% after Deductible	Not Covered
Outpatient Hospital Facility Services (per visit) (e.g., Blood Work and X-rays)		
Option 1	20% after Deductible	Not Covered
Option 2	20% after Deductible	Not Covered
Hospital / Surgical		
Ambulatory Surgical Center Facility (ASC)	20% after Deductible	Not Covered
Outpatient Hospital Facility Services (per visit)		
Therapy Services Option 1	20% after Deductible	Not Covered
Option 2	20% after Deductible	Not Covered
All other Services Option 1	20% after Deductible	Not Covered
Option 2	20% after Deductible	Not Covered
Inpatient Hospital Facility and Rehabilitation Services (per admit)		
Option 1	20% after Deductible	Not Covered
Option 2	20% after Deductible	Not Covered
Mental Health / Substance Dependency		
Inpatient Hospitalization Facility Services (per admit)		
Option 1 and Option 2	20% after Deductible	Not Covered
Outpatient Hospitalization Facility Service (per visit)		
Option 1 and Option 2	20% after Deductible	Not Covered
Emergency Room Facility Services (per visit)	20% after Deductible	20% after Deductible
Provider Services at Hospital	20% after Deductible	Not Covered
Provider of Services ER	20% after Deductible	20% after Deductible
Provider Services at Locations other than Office, Hospital and ER		
Primary Care Physician / Specialist	20% after Deductible	Not Covered
Outpatient Office Visit		
Primary Care Physician / Specialist	20% after Deductible	Not Covered

BlueOptions

Flagler County School Board

Health Benefit Single Plan 05197 (HSA-Compatible)

Additional Benefits and Features

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Flagler County Public Schools

Group Vision Insurance

Help protect your eye health with coverage for exams, glasses and contacts.

This summary of benefits and coverage shows how you and The Standard would share the cost for covered vision care services.
NOTE: This is only a summary; for detailed information on coverage, please consult your certificate of coverage.

Plan 1: Balanced Care Vision II Plan H Summary

Effective Date: 9/1/2025

	EyeMed Access Network	Out of Network
Deductibles	\$0 Exam \$10 Eye Glass Lenses	No deductible
Annual Eye Exam	Covered in full	Up to \$35
Lenses (per pair)		
Single Vision	Covered in full	Up to \$25
Bifocal	Covered in full	Up to \$40
Trifocal	Covered in full	Up to \$55
Lenticular	20% discount	Not covered
Progressive	See lens options	NA
Contacts		
Fit & Follow Up Exams		
Standard	Standard: Participant cost up to \$55	Not covered
Premium (Allowance)	Premium: 10% off of retail	Not covered
Flexible	Up to \$135	Up to \$104
Medically Necessary	Covered in full	Up to \$200
Frame Allowance	\$125	Up to \$65
Frequencies (months)		
Exam/Lens/Frame	12/12/12	12/12/12
	Based on date of service	Based on date of service

Lens Options (participant cost)

	EyeMed Access Network	Out of Network
Progressive Lenses		
Standard	Standard: \$65 + lens deductible Premium: lens cost	Not covered
Premium	- 20% discount - \$120 allowance + Standard Progressive cost	Not covered
Std. Polycarbonate	\$40	Not covered
Tint (solid and gradient)	\$15	Not covered
Scratch Resistant Coating	\$15	Not covered
Anti-Reflective Coating	\$45	Not covered
Ultraviolet Coating	\$15	Not covered
Plastic Photochromatic/Transition	NA	Not covered
Lasik or PRK	Average discount of 15% off retail price or 5% off promotional price at US Laser Network participating providers.	Not covered

Additional Balanced Care Vision II H Features	
EyeMed In-Network Discounts	15% discount off the remaining balance in excess of the conventional contact lens allowance. 20% discount off the remaining balance in excess of the frame allowance. 20% discount on items not covered by the plan at network providers, which may not be combined with any other discounts or promotional offers. This discount does not apply to EyeMed Provider's professional services, or contact lenses.
EyeMed In-Network Secondary Purchase Plan	Participants receive a 40% discount on a complete pair of glasses once the funded benefit has been exhausted. Participants receive a 15% discount off the retail price on conventional contact lenses once the funded benefit has been exhausted. Discount applies to materials only.
Contact Lens Replacement by Mail Program	After exhausting the contact lens benefit, replacement lenses may be obtained at significant discounts on-line. Visit www.eyemedvisioncare.com for details.

Based on applicable laws, reduced costs may vary by doctor location.

Section 125

This plan is provided as part of the Policyholder's Section 125 Plan. Each employee has the option under the Section 125 Plan of participating or not participating in this plan. If an employee does not elect to participate when initially eligible, he/she may elect to participate at the Policyholder's next Annual Election Period.

Vision Plan Participant Service

Balanced Care Vision II from The Standard features the money-saving eye care network of EyeMed Vision Care. Customer service is available to plan participants through EyeMed's well-trained and helpful service representatives. Call or go online to locate the nearest EyeMed Access network provider, view plan benefit information and more.

EyeMed Customer Care Center: 866.289.0614

- Service representative hours: 8 a.m. to 11 p.m. ET Monday through Saturday, 11 a.m. to 8 p.m. ET Sunday
- Interactive Voice Response available 24/7

Locate an EyeMed provider at:

www.standard.com/services

About The Standard

For more than 100 years, we have been dedicated to our core purpose: to help people achieve financial well-being and peace of mind. Headquartered in Portland, Oregon, The Standard is a nationally recognized provider of group employee benefits. To learn more about products from The Standard, visit us at www.standard.com.

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon, in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

This form is a benefit highlight, not a certificate of insurance. This policy has exclusions, limitations, reductions of benefits, and terms under which the policy may be continued in force or terminated. Please contact The Standard or your employer for additional information, including costs and complete details of coverage.

Standard Insurance Company



Group Vision Insurance

Help protect your eye health with coverage for exams, glasses and contacts.

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Plan 2: Balanced Care Vision I Plan Summary

Effective Date: 9/1/2025

	VSP Choice Network + Affiliates	Out of Network
Deductibles		
	\$0 Exam \$10 Eye Glass Lenses or Frames*	\$0 Exam \$10 Eye Glass Lenses or Frames
Annual Eye Exam	Covered in full	Up to \$45
Lenses (per pair)		
Single Vision	Covered in full	Up to \$30
Bifocal	Covered in full	Up to \$50
Trifocal	Covered in full	Up to \$65
Lenticular	Covered in full	Up to \$100
Progressive	See lens options	NA
Contacts		
Fit & Follow Up Exams	Participant cost up to \$60	Not covered
Elective	Up to \$130	Up to \$105
Medically Necessary	Covered in full	Up to \$210
Frame Allowance	\$130**	Up to \$70
Frequencies (months)		
Exam/Lens/Frame	12/12/12 Based on date of service	12/12/12 Based on date of service

*Deductible applies to a complete pair of glasses or to frames, whichever is selected

**The Costco and Walmart allowance will be the wholesale equivalent

Lens Options (participant cost)*

	VSP Choice Network + Affiliates (Other than Costco)	Out of Network
Progressive Lenses		
Standard	\$55	Up to Lined Bifocal allowance.
Premium	Up to provider's contracted fee for Lined Bifocal Lenses. The patient is responsible for the difference between the base lens and the Progressive Lens charge.	Up to Lined Bifocal allowance.
Std. Polycarbonate	Covered in full for dependent children \$33 adults	Not covered
Solid Plastic Dye	\$15 (except Pink I & II)	Not covered
Plastic Gradient Dye	\$17	Not covered
Photochromatic Lenses (Glass & Plastic)	\$31-\$82	Not covered
Scratch Resistant Coating	\$17-\$33	Not covered
Anti-Reflective Coating	\$43-\$85	Not covered
Ultraviolet Coating	\$10	Not covered

*Lens Option participant costs vary by prescription, option chosen and retail locations.



Additional Balanced Care Vision Choice Network Features	
Contact Lenses Elective	Allowance can be applied to disposables, but the dollar amount must be used all at once (provider will order 3 or 6 month supply). Applies when contacts are chosen in lieu of glasses. For plans without a separate contact fitting & evaluation (which includes follow up contact lens exams), the cost of the fitting and evaluation is deducted from the allowance.
Additional Glasses	20% off additional complete pairs of prescription glasses and/or prescription sunglasses.*
Frame Discount	VSP offers 20% off any amount above the retail allowance.*
Laser VisionCare	VSP offers an average discount of 15% off or 5% off a promotional offer for LASIK Custom LASIK and PRK. The maximum out-of-pocket per eye for participants is \$1,800 for LASIK and \$2,300 for custom LASIK using Wavefront technology, and \$1,500 for PRK. In order to receive the benefit, a VSP provider must coordinate the procedure.
Low Vision	With prior authorization, 75% of approved amount (up to \$1,000 is covered every two years).

Based on applicable laws, reduced costs may vary by doctor location.

Section 125

This plan is provided as part of the Policyholder's Section 125 Plan. Each employee has the option under the Section 125 Plan of participating or not participating in this plan. If an employee does not elect to participate when initially eligible, he/she may elect to participate at the Policyholder's next Annual Election Period.

Vision Plan Participant Service

Balanced Care Vision I from The Standard features the money-saving eye care network of VSP. Customer service is available to plan participants through VSP's well-trained and helpful service representatives. Call or go online to locate the nearest VSP network provider, view plan benefit information and more.

VSP Call Center: 800.877.7195

- Service representative hours: 5 a.m. to 7 p.m. Pacific Monday through Friday, 6 a.m. to 2:30 p.m. Pacific Saturday
- Interactive Voice Response available 24/7

Locate a VSP provider at:

www.standard.com/services

About The Standard

For more than 100 years, we have been dedicated to our core purpose: to help people achieve financial well-being and peace of mind. Headquartered in Portland, Oregon, The Standard is a nationally recognized provider of group employee benefits. To learn more about products from The Standard, visit us at www.standard.com.

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon, in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

This form is a benefit highlight, not a certificate of insurance. This policy has exclusions, limitations, reductions of benefits, and terms under which the policy may be continued in force or terminated. Please contact The Standard or your employer for additional information, including costs and complete details of coverage.

[Standard Insurance Company](#)



Our Beliefs

- *The academic culture for students is of the highest caliber when every decision is made based on what is best for them.*
- *Students learn and excel when provided authentically engaging work based on high standards given in a risk-free environment.*
- *To provide an internationally competitive education to all students, teamwork, open communication, honesty, and trust must be part of all working relationships.*
- *All educators, teachers, support staff, administrators, and School Board members have special talents and strengths that have a positive impact on student achievement.*
- *Educators are encouraged to pursue professional development and model life-long learning. Parents are an integral part of student success, and we must work together—parents, students, community members, and teachers—to provide the level of support necessary for students to reach their maximum potential.*