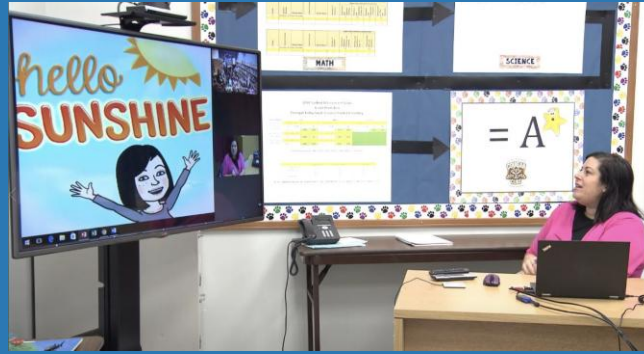




**Benefits & Employment
Services** INSPIRING A NEW WAVE OF
EDUCATORS & EMPLOYEES

Benefits Information 2026



Established 1915
BROWARD
County Public Schools

Benefits End

- **When will my benefits end?**

Your Board paid insurance coverage will end the last day of the month in which you separate - **6/30/2026**.

- **So, then what happens?**

You will be entitled to Consolidated Omnibus Budget Reconciliation Act (COBRA) – continuation of group insurance coverage for employee and applicable dependent(s).



What COBRA Provides?

- Continuation of same plans, except you pay the premium
- Continuation of Health, Dental and Vision Plans
- Your coverage ends the last day of the month in which you separate (e.g. separation 6/30/2026, coverage ends 6/30/2026 and COBRA will begin 7/1/2026)
- Allows continuation for eighteen (18) months
- COBRA notice will be mailed to your home address, listed in HRConnect.



Additional COBRA Information

- Packet will be mailed by Benefits Outsource, Inc. (BOI) on behalf of Aetna and CompBenefits(Humana).
- Choose all, none or some combination of benefits.
- You have a 60-day election period from the date coverage is lost or from the date of notice.
- Effective retroactively (retroactive payment is required).
- Rates include a 2% Administrative Fee. COBRA Rate Sheet located at **browardschools.com/benefits**.





COBRA **MONTHLY** HEALTH RATES

(2% Administrative Fee included)

JANUARY 1, 2026

AETNA

PREMIER HMO

COBRA Participant Only	\$ 1,228.37
+ One Dependent	2,591.82
+ Family (2 or more Dependents)	3,624.63

PREMIER PLUS HMO

COBRA Participant Only	\$ 1,422.15
+ One Dependent	3,001.51
+ Family (2 or more Dependents)	4,197.42

PREMIER CHOICE HSA

COBRA Participant Only	\$ 1,024.26
+ One Dependent	2,161.81
+ Family (2 or more Dependents)	3,023.50

AETNA KIDS' PLANS

BASIC PLAN (AGES 5 – 26)

One Child	\$ 901.86
Two Children	1,803.83
Three or more Children	2,705.71

ENHANCED PLAN (AGES 5 – 26)

One Child	\$ 1,511.19
Two Children	3,022.54
Three or more Children	4,533.79





COBRA MONTHLY DENTAL/VISION RATES
(2% Administrative Fee included)

JANUARY 1, 2026

DENTAL	<u>AETNA</u>	<u>COMPBENEFITS (HUMANA)</u>
<u>BASIC DHMO PLAN</u>		
COBRA Participant Only	\$ 10.18	\$ 7.49
+ One Dependent	17.12	12.95
+ Family (2 or more Dependents)	24.54	17.38
<u>ENHANCED DHMO PLAN</u>		
COBRA Participant Only	\$ 12.10	\$ 9.20
+ One Dependent	21.73	16.73
+ Family (2 or more Dependents)	30.19	22.50
<u>BASIC PPO PLAN</u>		
COBRA Participant Only	\$ 35.29	\$ 32.05
+ One Dependent	67.36	58.00
+ Family (2 or more Dependents)	102.41	86.76
<u>ENHANCED PPO PLAN</u>		
COBRA Participant Only	\$ 45.82	\$ 38.03
+ One Dependent	90.41	72.85
+ Family (2 or more Dependents)	148.61	113.95

VISION	<u>AETNA</u>	<u>COMPBENEFITS (HUMANA)</u>
<u>BASIC PLAN</u>		
COBRA Participant Only	\$ 3.37	\$ 3.08
+ One Dependent	7.47	7.47
+ Family (2 or more Dependents)	12.85	12.79
<u>ENHANCED PLAN</u>		
COBRA Participant Only	\$ 5.85	\$ 4.67
+ One Dependent	12.95	11.26
+ Family (2 or more Dependents)	22.22	19.28

Health & Kids' Plans on Reverse Side



Other Benefits...

- **Vacation Hours** – automatically paid out in accordance with Board Policy or Bargaining Agreement.
- **Sick Leave Hours** – other than TSP Contract, only paid if you separate with a retirement action.
- **Flexible Spending Accounts** – utilize funds through 6/30/2026 or by the end of the month in which you separate. IRS Grace Period is 4/15/2027 to request reimbursement of funds paid out of pocket prior to separation.
- **Life Insurance** – apply within thirty (30) days of separation – contact the Benefits Department to obtain form and instructions.
- **Voluntary Insurances** (i.e., cancer and critical illness/accident.) – may continue but need to contact vendor directly.
- **Florida Retirement System (FRS)** – depends on vesting (contact FRS to confirm at 1-844-377-1888). Contact the Benefits Department at 754-321-3100 to schedule an appointment prior to your separation.



If You Are Recalled...

- If you are rehired **on** your calendar start date, your benefits will be reinstated the **first** of the following month.

- **Example - Instructional or School-Based Employee:**

Calendar Start Date/Recalled **on** 8/3/2026
Benefits effective first of the following month 9/1/2026

- **Terminated and rehired within the same month (July):**

Example: Separation date 7/1/2026 and rehired 7/14/2026, **NO** lapse in coverage

- **Example - Non-Instructional or District-Based Employee:**

Calendar Start Date: 7/1/2026

Terminated and rehired within the same month (July):

Example: Separation date 7/1/2026 and rehired 7/14/2026, **NO** lapse in coverage

- *****
- If you are rehired **after** your calendar start date, your benefits will be reinstated the **first of the month, following thirty (30) days** from your rehired date.

- **Example - Instructional or School-Based Employee with a calendar start date of 8/3/2026:** Recalled on 8/10/2026, insurance will take effect on 10/1/2026

- **Example - Non-Instructional or District-Based Employee with a calendar start date of 7/1/2026:** Recalled on 8/3/2026, insurance will take effect on 10/1/2026

- ❖ **The Benefits Department will reinstate prior coverages automatically, where applicable.**

- *****
- ❖ **If you are rehired until the next fiscal period on or after 7/1/2027, your benefits will take effect, up-to-90 days from your start date.**



What To Do Now?

- Update your address in HRConnect
- Address used for COBRA, Payroll and other Communications
- Review COBRA information on the Benefits Department's Website at **browardschools.com/benefits** in the “Notices and Posters” section.
<https://www.browardschools.com/bcps-departments/finance-office/benefits/notices-and-posters>



Contact Information

- **Benefits Department**

754-321-3100

- **Benefits website**

browardschools.com/benefits

- **Email**

benefits@browardschools.com

Ms. Ronley Alexander, Benefits Manager

ronley.alexander@browardschools.com



What is The **EAP**?

The Employee Assistance Program (EAP) is designed to help employees manage personal circumstances that may or may not affect job performance.

- ❖ The EAP is an employee benefit program.
- ❖ The EAP services are free.
- ❖ Copays apply to mental health counseling referrals.
- ❖ Assistance is available to employees and their family members.



What About Confidentiality?

- The EAP is a confidential service, and its records are protected by federal law, with a few legal exceptions.
- EAP files are treated as medical records and are not included in personnel files.



EAP Services Include

- An extensive intake assessment
- Referrals to appropriate mental health and wellness resources.
- Supportive follow-up care management.
- Consultation for Supervisors/Administrators.
- Trainings and workshops designed to meet the specific needs of schools/locations.

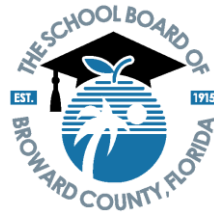




**Broward County Public Schools
Employee Assistance Program**

(754) 322-9900





Sarah Leonardi, Chair
Dr. Jeff Holness, Vice Chair

Lori Alhadeff
Maura McCarthy Bulman
Adam Cervera, Esq.
Debra Hixon
Nora Rupert
Rebecca Thompson
Dr. Allen Zeman

Dr. Howard Hepburn
Superintendent of Schools

The School Board of Broward County, Florida, prohibits any policy or procedure which results in discrimination on the basis of age, color, disability, gender identity, gender expression, genetic information, marital status, national origin, race, religion, sex or sexual orientation. The School Board also provides equal access to the Boy Scouts and other designated youth groups. Individuals who wish to file a discrimination and/or harassment complaint may call the Director, Equal Educational Opportunities/ADA Compliance Department & District's Equity Coordinator/Title IX Coordinator at 754-321-2150 or email eeo@browardschools.com.

Individuals with disabilities requesting accommodations under the Americans with Disabilities Act Amendments Act of 2008, (ADAAA) may call Equal Educational Opportunities/ADA Compliance Department at 754-321-2150 or email eeo@browardschools.com.

browardschools.com



Broward County Public Schools Benefits Department

Layoff 2026 - Benefits Frequently Asked Questions

1. How will being placed on a layoff affect my benefits?

Your benefit coverage ends the last day of the month in which you work. For example, if your last day worked is June 4, 2026, your benefits termination date is June 30, 2026. In this example, you will be offered COBRA continuation of coverage effective July 1, 2026.

2. What is COBRA?

Consolidated Omnibus Budget Reconciliation Act (COBRA) is a federally mandated program, which allows you to maintain your current benefits for a specific period of time upon termination of employment. Under federal law, termination of employment entitles you to eighteen (18) months of coverage. The entire cost of the COBRA continuation of coverage is borne by the individual.

3. Where can I obtain information on COBRA?

COBRA information and rates are available on the Benefits Department's website at www.browardschools.com/benefits under the "Notices and Posters" and "Rates Information" respectively.

If you are placed on layoff, a COBRA letter and election form will be mailed to your address listed in **HRCconnect** by the Third-Party Administrator, Benefits Outsource, Inc.(BOI). BOI can be reached at 954-680-7626 or by email to: cobra@boibenefits.com.

4. If I am enrolled in the Deferred Retirement Option Program (DROP), what will happen with my DROP account if I am laid off?

If you are placed on layoff while participating in DROP, you **MUST** exit DROP and receive the funds in your DROP account from the Florida Retirement System (FRS). Please contact the Benefits Department at 754-321-3100 and ask to speak with a Retirement Specialist regarding your specific circumstance and schedule a retirement appointment.

5. Can I withdraw my retirement funds if I am enrolled in the FRS Investment Plan?

You **MUST terminate all FRS employers** before you can receive your funds. Please contact the Benefits Department at 754-321-3100 and ask to speak with a Retirement Specialist or call the MyFRS Financial Guidance line at 1-866-446-9377. There is a wait period before withdrawing your funds according to the FRS guidelines.

6. Will I be paid for my unused Vacation and accumulated Sick Leave Hours?

You will receive payment for your unused vacation hours, if applicable. With the exception of the Technical Support Professionals (TSP) Bargaining Agreement, unused Sick Leave is paid **only** if you retire directly from the District, in accordance with Bargaining Unit Agreements or School Board policy 4305.

7. Can I retire if I am placed on a layoff?

Yes, you may retire if you are vested with the Florida Retirement System (FRS). The retirement action **must** be placed into the system before the layoff action. Please contact the Benefits Department at 754-321-3100 and ask to speak with a Retirement Specialist to schedule a retirement appointment. General retirement information can be obtained by visiting the Florida Retirement System (FRS) website at MyFRS.com or by contacting the office directly at 1-844-377-1888. Please contact the Benefits Department for school board-based inquiries.

8. If I am recalled from a layoff will there be a lapse in benefit coverage?

If you are terminated and rehired within the same month, there will be no lapse in coverage. **For example, if you are terminated effective, July 1, 2026 as a non-instructional employee and you are rehired on July 13th (physically working on this day), there will be no lapse in coverage.**

If you are recalled in the new fiscal year 2026-2027 **on your calendar start date**, your benefits will be reinstated the **first** of the following month. **For example, if your calendar start date is August 3, 2026 and you are rehired on August 3rd, your benefits will become effective September 1, 2026.**

If you are rehired **after** your calendar start date, your benefits will be reinstated the **first** of the month following thirty (30) days from your start date. **For example, if your calendar start date is August 3, 2026 and you are recalled on August 10, 2026, your benefits will become effective October 1, 2026.**

9. What must I do if I am recalled from a layoff in order to reinstate my benefits?

If you are recalled from a layoff, your benefits will be reinstated automatically by the Benefits Department after the action is placed into the system. The same plans you were enrolled in prior to your layoff will be reinstated.

If you choose to make changes, you **MUST** contact the Benefits Department within thirty (30) days from your recall start date to complete the necessary paperwork. If thirty (30) days from your recall start date has passed, you will remain in the plans you were enrolled in prior to your layoff period for the remainder of the year.

Your next opportunity to make changes will be during the Open Enrollment period in October, where the change(s) will take effect January 1st.

10. What if I am rehired after June 30, 2027?

If you are rehired after June 30, 2027, reinstatement of your benefits will be processed as a Newly Hired employee; therefore, your benefits will become effective the first of the month following up-to-90 days after your start date. **For example, if you are rehired on August 2, 2027, your benefits will take effect November 1, 2027.**

Should you have any questions, please do not hesitate to contact the Benefits Department directly at 754-321-3100 or you may send an email to benefits@browardschools.com.

Notice Of COBRA Continuation Coverage Rights

Introduction

As an employee of Broward County Public Schools you are covered under a group health plan (The Plan). This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it.**

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage. It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage. For additional information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

What is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because any of the following qualifying events happens:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the plan as a "dependent child."

Sometimes, filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to The School Board of Broward County, FL, and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee will become a qualified beneficiary with respect to the bankruptcy. The retired employee's spouse, surviving spouse, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

When is COBRA Coverage Available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee, retirement, commencement of a proceeding in bankruptcy with respect to the employer, or the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), the employer must notify the Plan Administrator of the qualifying event.

You Must Give Notice of Some Qualifying Events

For the other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: Benefits Department, The School Board of Broward County, 7770 W. Oakland Park Blvd., Sunrise, FL 33351. Supporting documentation is required to support the date and qualifying event.

How is COBRA Coverage Provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is the death of the employee, the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), your divorce or legal separation, or a dependent child's losing eligibility as a dependent child, COBRA continuation coverage lasts for up to a total of 36 months. When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his spouse and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months). Otherwise, when the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

Disability extension of 18-month period of continuation coverage

If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage. You must provide this notice to: Benefits Department, The School Board of Broward County, 7770 W. Oakland Park Blvd., Sunrise, FL 33351. Supporting documentation is required to support the date and qualifying event.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event while receiving 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if notice of the second qualifying event is properly given to the Plan. This extension may be available to the spouse and any dependent children receiving continuation coverage if the employee or former employee dies, becomes entitled to Medicare benefits (under Part A, Part B, or both), or gets divorced or legally separated, or if the dependent child stops being eligible under the Plan as a dependent child, but only if the event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

If You Have Questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit the EBSA Web site at www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's Web site.)

Keep Your Plan Informed of Address Changes

In order to protect your family's rights, you should keep the Plan Administrator informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan Contact Information:

The Broward County Public Schools
Attn: Benefits Department
7770 W. Oakland Park Blvd.
Sunrise, FL 33351
PH: 754-321-3100
FAX: 754-321-3280



COBRA **MONTHLY** HEALTH RATES

(2% Administrative Fee included)

JANUARY 1, 2026

AETNA

PREMIER HMO

COBRA Participant Only	\$ 1,228.37
+ One Dependent	2,591.82
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COBRA **MONTHLY** DENTAL/VISION RATES

(2% Administrative Fee included)

JANUARY 1, 2026

DENTAL	<u>AETNA</u>	COMPBENEFITS <u>(HUMANA)</u>
<u>BASIC DHMO PLAN</u>		
COBRA Participant Only	\$ 10.18	\$ 7.49
+ One Dependent	17.12	12.95
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COBRA Participant Only	\$ 35.29	\$ 32.05
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VISION	<u>AETNA</u>	COMPBENEFITS <u>(HUMANA)</u>
<u>BASIC PLAN</u>		
COBRA Participant Only	\$ 3.37	\$ 3.08
+ One Dependent	7.47	7.47
+ Family (2 or more Dependents)	12.85	12.79
<u>ENHANCED PLAN</u>		
COBRA Participant Only	\$ 5.85	\$ 4.67
+ One Dependent	12.95	11.26
+ Family (2 or more Dependents)	22.22	19.28

Health & Kids' Plans on Reverse Side

COBRA ADMINISTRATORS

Should you have questions regarding your COBRA paperwork or billing, please contact the appropriate plan administrator listed below.

PLAN

COBRA is administered by:

Medical

Aetna

Benefits Outsource, Inc.
5599 South University Drive, Suite 201
Davie, FL 33328
PH: 954-680-7626
FAX: 954-680-7630

Use this address to submit
paperwork and payments

Dental

Aetna

Benefits Outsource, Inc.
5599 South University Drive, Suite 201
Davie, FL 33328
PH: 954-680-7626
FAX: 954-680-7630

Use this address to submit
paperwork and payments

CompBenefits (Humana)

Benefits Outsource, Inc.
5599 South University Drive, Suite 201
Davie, FL 33328
PH: 954-680-7626
FAX: 954-680-7630

Use this address to submit
paperwork and payments.

Vision

Aetna

Benefits Outsource, Inc.
5599 South University Drive, Suite 201
Davie, FL 33328
PH: 954-680-7626
FAX: 954-680-7630

Use this address to submit
paperwork and payments.

CompBenefits (Humana)

Benefits Outsource, Inc.
5599 South University Drive, Suite 201
Davie, FL 33328
PH: 954-680-7626
FAX: 954-680-7630

Use this address to submit
paperwork and payments.

**BROWARD COUNTY PUBLIC SCHOOLS
BENEFITS DEPARTMENT
754-321-3100**

**LAYOFF/NON-REAPPOINTED/EXPIRED LICENSE
REINSTATEMENT OF INSURANCE COVERAGE**

The following scenarios outline the reinstatement of employees' insurance coverage for those who were laid-off, non-reappointed or license expired in **June 2026 or beyond** and are rehired during fiscal year 2026 – 2027. Please note, school year calendars **WILL** be used to verify the actual start date for each employee. Not all payroll calendar start date scenarios are listed below.

<u>Employee's Calendar</u>	<u>Rehired Month</u>	<u>Insurance Effective</u>
ALL Employees	Terminated and rehired within the same month. <u>Example:</u> Terminated 7/1 and rehired 7/13/2026	No lapse
<u>Rehired on calendar start date</u>		
Teachers (10-month) or employees working less than 10 months	Rehire on assigned calendar start date in the new fiscal year (insurance reinstated the 1 st of the following month) <u>Example:</u> Start date of calendar is 8/3/2026 Rehired on 8/3/2026	September 1st
<u>Rehired after calendar start date</u>		
Teachers (10-month) or employees working less than 10 months	<u>After</u> the start date (insurance reinstated the 1 st of the month following 30 days from the start date) <u>Example:</u> Start date of calendar is 8/3/2026 Rehired on 8/10/2026	October 1st
District Employees (12-month)	<u>After</u> the start date (insurance reinstated the 1 st of the month following 30-days from the start date) <u>Example:</u> Start date of calendar is 7/1/2026 Rehired 8/3/2026	October 1st
<u>Rehired after fiscal year 2026 – 2027</u>		
All Employees	Rehired <u>on or after 7/1/2027</u> , will be considered a Newly Hired Employee. <u>Example:</u> Rehired on 8/2/2027 (up to 90-day wait period from start date)	Insurance effective 11/1/2027