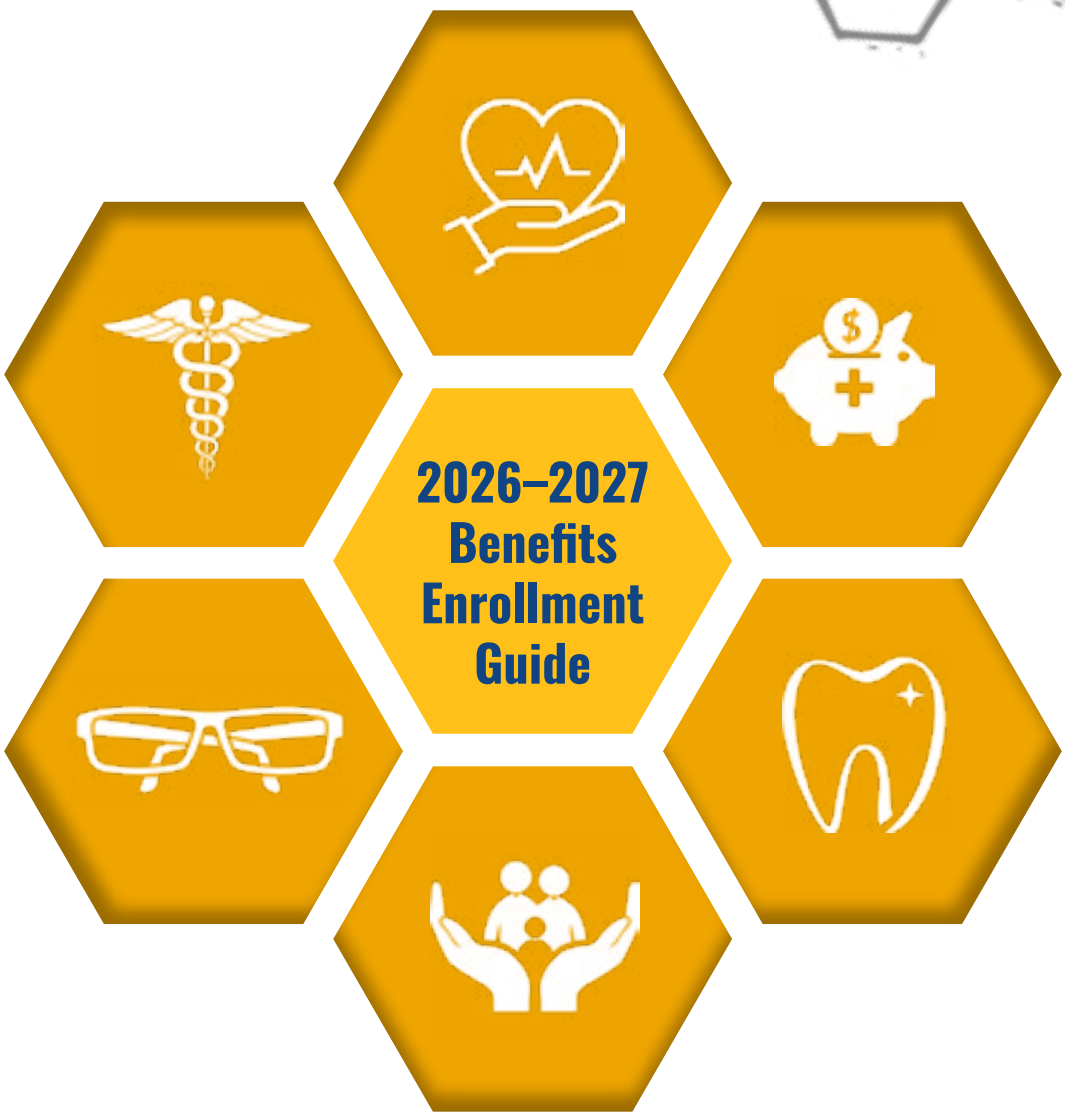
VOLUSIA COUNTY SCHOOLS

EMPOWERING A CULTURE OF EXCELLENCE



# 2026–2027 Benefits Enrollment Guide

On your interactive benefits journey, make sure to look for this icon. This icon indicates that there is an educational video available to help you better understand your benefits.

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- **WHO…YOU** are a vital part of Volusia County Schools (VCS), and your physical, emotional and financial health are important. That's why VCS offers a comprehensive benefits package to help you meet these needs.
- **WHAT…Annual Enrollment** is the ONE time during the year to add or change benefits for the October 1, 2026 - September 30, 2027, plan year.
- **REMEMBER:** You will not be able to make changes to your benefits until the next Annual Enrollment **unless** you have a Qualifying Life Event.
- **WHERE…primeBENEFITS** is the benefit enrollment platform that we use for all benefit changes, including adding to or stopping current elections.
- **WHEN…July 20th – August 14th ONLY!**
- **HOW…You have 3 ways to enroll:**
- **WHY…** Enrollment is **passive** - **UNLESS** you would like to make any changes for the 2026-2027 plan year. Your current elections will carry over **EXCEPT** for the FSA. **You MUST re-elect your FSA contributions.**

1. Self-service enrollment through primeBENEFITS **CLICK HERE – FOR YOUR BENEFIT ENROLLMENT RECORD.**
2. Make an appointment with a Benefits Counselor and enroll over the phone at a time that's convenient for you: (available in English OR Spanish) **CLICK HERE – TO SCHEDULE.**
3. Meet face-to-face with a Benefits Counselor on July 20, 22, 27, 29 or August 4, 6, 13 at a VCS Annual Enrollment meeting: **CLICK HERE – FOR ENROLLMENT MEETING LOCATIONS AND DETAILS.**

### – BENEFITS ENROLLMENT GUIDE –
**Overview of benefit features and costs**

This guide provides an **overview** of the benefit programs offered through VCS for the plan year October 1, 2026 – September 30, 2027. The contents summarize the key features of each plan and associated costs.

**Complete details are provided in Plan Documents,** policy guidelines and insurance contracts that legally govern each plan. If there is a discrepancy between this guide and official Plan Documents, the Plan Documents will prevail.

For more plan information, contact the carrier directly or visit our Employee Benefits website.

### – MEETING LOCATIONS –

**7/20/26 .....DeLand Admin Complex (DAC)– (1:00-5:00pm)**
**7/22/26 .....Olson – (6:30-10:30am)**
**7/27/26.....Chisholm Elementary School – (1:00-5:00pm)**
**7/29/26 .....Deltona High School – (1:00-5:00pm)**
**8/4/26 .....Mainland High School – (1:00-5:00pm)**
**8/6/26 .....University High School – (1:00-5:00pm)**
**8/13/26 .....DeLand Admin Complex (DAC) – (4:00-7:00pm)**

DID YOU KNOW?

- Keep $0 out-of-pocket costs with a Baseline Visit in the first 120 days — a chance to meet virtually with a Curative Clinician to talk through health goals and a Care Navigator to learn about benefits.
- $0 preferred prescriptions for nearly every condition. Pick up preferred medications for $0 at Publix or have them shipped to your home for ultimate convenience with the member-exclusive Curative Pharmacy. Learn more at **curative.com/pharmacy**.
- Curative has expansive mental health care options. EPO Value members must get a Curative pass. You get access to therapy and behavioral health support without copays, deductibles, or waitlists. See more at: **curative.com/mental-health**.
- $0 out-of-pocket costs for in-network care and preferred prescriptions mean you can get care when you need it and have more money in your wallet.

YOUR CHOICE

# 3 WAYS TO ENROLL

ONLINE | OVER THE PHONE | IN PERSON



**1**

Direct, self-service enrollment through primeBENEFITS is the **fastest way** to enroll.
Here are two ways to access primeBENEFITS
24/7 during Annual Enrollment:

A. Visit **https://vcs.primebenefits.io/**

- Click VCS Single Sign On
- Click Enroll Here
- Follow the prompts to make your benefit selections and submit.
- Print your Confirmation Statement.

**OR**

B. Access primeBENEFITS through VCS VPortal

- Go to VCS VPortal
- Click on VCS Utilities
- Click on the primeBENEFITS tile
- Click VCS Single Sign On
- Click Enroll Here
- Follow the prompts to make your benefit selections and submit.
- Print your Confirmation Statement.

**NEED HELP?** Need **HELP** enrolling in primeBENEFITS?
**CLICK HERE for Enrollment Tutorial**

**2**

Speak with a Benefits Counselor over the phone to enroll and answer any questions you may have. (make sure you have your employee Id/number available at the time of your appointment)

Appointments available in English

**OR** Spanish: **CLICK HERE**

**3**

Meet face-to-face with a Benefits Counselor at one of our VCS Annual Enrollment meetings:

**CLICK HERE – FOR ENROLLMENT MEETING LOCATIONS AND DETAILS**

## REMEMBER:

Enrollment is Passive this year – your current enrollments will carry over into the 2026-2027 plan year if no action is taken. EXCEPT for the F.S.A. You must re-elect your contributions for the new year.

primeBENEFITS is available 24 hours a day seven days a week

Plan ahead and do your research.

- Go to primeBENEFITS now and see your current benefits,
- *then call the providers, like Curative, for additional information,*
- *decide how you want to enroll, and*
- *complete your enrollment by midnight on August 14, 2026*

# ENROLLMENT ELIGIBILITY RULES
# WHOM DO WE COVER?

## Benefit Eligible Employees

- All full-time instructional employees scheduled to work at least 19.15 hours per week, or at least 3.83 hours per day, are considered benefit eligible.
- All full-time and part-time support and administrative employees scheduled to work at least 20 hours per week are considered benefit eligible.
- You must be actively employed on the plan effective date for new benefits to be effective.



## Retiree Eligibility

- Retirees, up to age 65, are eligible to participate in our group medical plans offered to our active employees. (Premiums are paid entirely by the Retiree.)
- Retirees, who return to work with VCS, are again eligible for our group plans regardless of age.
- Retirees, who are Medicare eligible (65 years or older), are offered benefits through the Florida School Retiree Benefits Consortium (FSRBC) and are NOT eligible to participate in our group plans offered to our active employees. More information can be found here: www.myfsrbc.com




## Benefit Eligible Dependents

- Your legal spouse as defined by Federal law
- Your dependent children, until the end of the year they turn age 26, regardless of marital, financial, or student status including:
  - ◊ Your biological children, legally adopted children or stepchildren;
  - ◊ Children for whom you have been appointed legal guardian;
  - ◊ Children for whom you have been court ordered to provide coverage (QMCSO); and
  - ◊ Children of a currently enrolled dependent (e.g., your grandchild) who may be enrolled in the medical plan for 18 months from birth only if born on the plan.
  - ◊ Spouses of dependent children are NOT covered.
- Your dependent children, age 26 until the end of the year they turn 30, who meet all of the following criteria:
  - ◊ Unmarried with no dependent children of their own;
  - ◊ A resident of Florida, or a full-time or part-time student;
  - ◊ Not enrolled in any other health coverage; and
  - ◊ Not entitled to Medicare.
- Your dependent child with a disability may be covered after age 26 if:
  - ◊ They are enrolled in the plan before they turn age 26;
  - ◊ They are mentally or physically disabled and incapable of self-sustaining employment;
  - ◊ They are chiefly dependent on you for care and financial support; and
  - ◊ They are unmarried.

**Proof of Dependent Eligibility must be provided within 30 days of enrollment. If not, your dependent(s) will be retroactively terminated.**

# DEPENDENT VERIFICATION

## WHY DO I HAVE TO PROVIDE DOCUMENTATION FOR MY DEPENDENTS?

- Volusia County Schools must satisfy state and district audit requirements regarding our group health plan, which includes obtaining proof that all dependents enrolled in our health plan are eligible for coverage based on the plan's eligibility rules.
- Providing appropriate documentation on your part may protect you from penalties associated with section 831.01, Florida Statutes and Subscriber Fraud.

## EXAMPLES OF WHO IS NOT COVERED

- Boyfriends and girlfriends
- Ex-spouses and ex-stepchildren
- Dependents for whom you have not provided proof
- Parents and siblings
- Unmarried partners



## WHAT DO I HAVE TO PROVIDE AND HOW DO I DO IT?

A list of "**Verification Documents**" is listed **HERE** →

Please upload your document(s) directly to your primeBENEFITS record or email a copy to insurance@volusia.k12.fl.us **within 30 days** of your enrollment.

If Proof of Dependent Eligibility is not provided within 30 days of enrollment, your dependent(s) will be retroactively terminated.

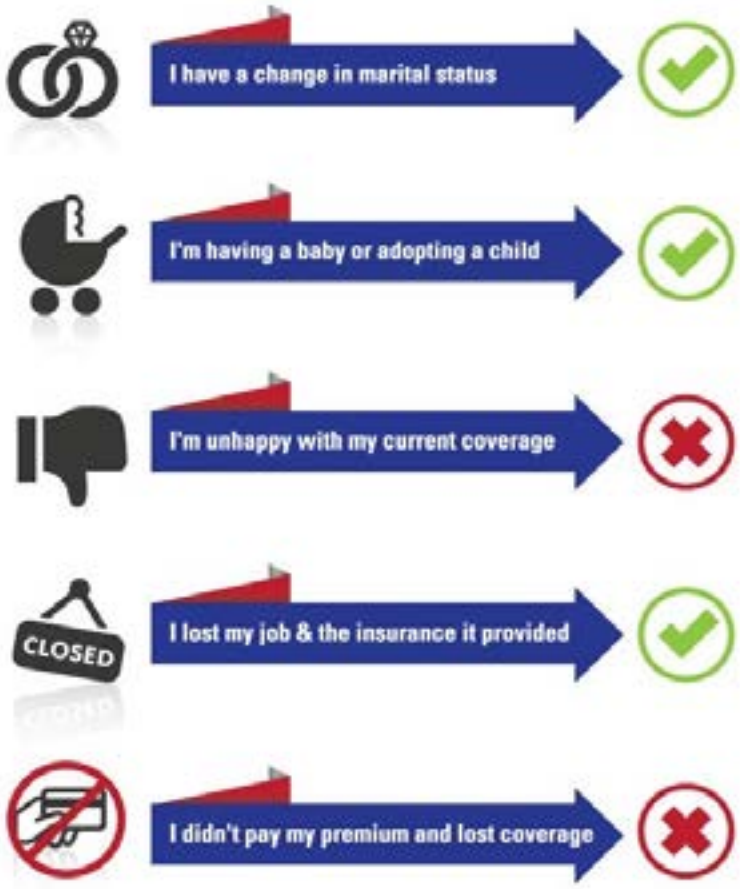
| Covered Dependent | VERIFICATION DOCUMENTS |
|---|---|
| **Legal Spouse** | • Government-issued marriage certificate; or<br>• Tax Return Transcript of your most recently filed tax return. Please submit ONLY the first page, showing both your names or the last four digits of their Social Security number and tax filing period. All other information should be marked out. You can request a copy of your transcript here: **www.irs.gov/individuals/get-transcript** |
| **Birth Child** | • Government-issued birth certificate (birth registration cards not accepted). Please note the document must list the first and last name of the child and parent(s). |
| **Adopted Child** | • "Birth child" Verification Documents; or adoption certificate naming you or your spouse as the child's parent; and<br>• If a spouse (not employee) is the adoptive parent, a government-issued marriage certificate is also required. |
| **Stepchild** | • "Birth child" **Verification Documents;** and<br>• Government-issued marriage certificate |
| **Legal guardianship/ custody** | • "Birth child" **Verification Documents**; or<br>• Court documents naming employee (subscriber) as legal guardian/custodian; and<br>• If a spouse (not employee) is the guardian/ custodian, a government-issued marriage certificate is also required. |
| **Grandchild Birth to age 18 months maximum** | • "Birth child" **Verification Documents** for newborn listing your covered dependent as the birth parent; and<br>• "Birth child" **Verification Documents** for your covered dependent who is the birth parent and who is also enrolled in the plan. |
| **Disabled adult child** | • "Birth child" **Verification Documents**; and<br>• Government-issued Social Security documents deeming the child disabled prior to turning 30 years old; or<br>• A Tax Return Transcript of your most recently filed federal tax return listing:<br>◊ The child's name and the last four digits of the child's Social Security number; and<br>◊ The child as your tax dependent. |

# CHANGING YOUR COVERAGE

## CAN I MAKE PLAN CHANGES?

### YES, under certain circumstances.

You may make changes to your benefit elections if you experience a qualifying life event, also referred to as a family status change. Events like moving to a different state or gaining a new dependent are qualifying events that give you the opportunity to sign up for or change an existing health insurance plan outside of Annual Enrollment.






## EXAMPLES OF QUALIFYING LIFE EVENTS

- ✓ Losing health insurance for any reason except not paying premiums
- ✓ Marriage, divorce, legal separation, or death
- ✓ Having a baby or adoption of a child
- ✓ Moving to a different coverage area (state or county)
- ✓ Student moving to or from school outside coverage area
- ☒ Non-qualifying events include; pregnancy, getting/changing jobs, dissatisfaction with plan premiums, out-of-pocket costs, provider network

## HOW DO I MAKE THE CHANGE?

? First, ask yourself if the change you are requesting is the result of, and consistent with, the qualifying life event that occurred.

- For example, if you get married, you can add your spouse to your medical plan, but you would not be able to switch dental plans.

✓ If the requested change is consistent with the event, you have 30 days to notify the Employee Benefits Department of your qualifying event **AND** to submit supporting documentation for the requested change. Please email **insurance@volusia.k12.fl.us** to make notification and to receive further information/instructions. (Benefit changes will not be processed without proof of the event.)

# Do I Need a Curative Pass?

## Simple guide for EPO Value Members

curative

### START

you need medical care, a procedure, or a prescription.

### 1. What type of care do you need?

Emergency | Pharmacy / Prescriptions | Labs | Curative Telehealth | Urgent Care

OR

### Other care types may require a Pass

Provider Visit | Specialist Visit | Scheduled Hospital Care | Imaging (MRI, CT, etc) | Ambulatory Surgery

### 2. Is the service happening outside your provider's office?

**YES**

**NO**

### NO PASS REQUIRED

- Go straight to care.
- Preferred prescriptions are $0.
- Labs and urgent care visits do not require a pass.

### NEW PASS REQUIRED

- You must log in to the Member Portal and create a separate Pass for the outside facility.
- Examples: outside MRIs, CT scans, mammograms, or surgeries.

### NO NEW PASS REQUIRED

If the service is performed in the same office by the same provider (e.g., in-office mole removal or an in-office X-ray), your existing Pass covers it.

### IMPORTANT REMINDER: PRIOR AUTHORIZATIONS

A Curative Pass confirms that a provider or facility is approved for $0 copays and deductibles. However, complex or highly regulated services (like surgical procedures, specialized care, or planned hospitalizations) may also require a Prior Authorization from your doctor to determine medical necessity.

**Curative Pass**

Confirms the provider or facility is approved for $0 copays and deductibles.

vs.

**Prior Authorization**

Confirms that the service is medically necessary for your care

# Do I Need a Curative Pass?

## Simple guide for EPO Value Members

curative

## The EPO Value Care Journey

Follow these simple steps to get $0 care.



**1. Log In**
Log in to the Member Portal.

**2. Search**
Use the search tool to find a provider or facility.

**3. Create Pass**
Create a Curative Pass for your provider or facility.

**4. Schedule Care**
Schedule your appointment or procedure.

**5. Receive $0 Care**
Receive care with $0 copays and deductibles (when eligible).

### Where you might need a new Pass:

**Doctor or Specialist Visit**

- Primary care or specialist visits
- Behavioral health visits
- Referrals to outside providers require a new Pass

**Advanced Imaging**

- MRI, CT scans, PET scans
- Mammograms, ultradsounds
- Create a new Pass for the imaging facility

**Surgery**

- Scheduled, non-emergent surgeries
- Ambulatory Surgery Centers
- Create a new Pass for the surgical facility

**The Member Portal is Your Home Base**

Search for providers, create Passes, and manager your care all in one place.

**Baseline Visit Requirement**

Complete both steps of your annual Baseline Visit within the first 120 days of your plan to start date to keep your $0 out-of-pocket costs.

**Golden Rule: New Location = New Pass**

New facility or location? You must create a new pass for that specific place to ensure $0 coverage.

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Maximize your benefits with Curative by utilizing our in-network providers, covered prescriptions, and a Curative Pass for EPO Value. Complete your Baseline Visit within the first 120 days of your effective date to continue with $0 out-of-pocket costs. **All members will need to complete another baseline visit this year to remain compliant.**

## Curative – with Baseline Visit

https://curative.com/volusia

| | EPO Value | EPO | PPO | PPO Max |
|---|---|---|---|---|
| Brief | Value Plan: $0 out-of-pocket costs when you use a Curative Pass for a recommended in-network providers | Essentials plan: $0 out-of pocket costs limited to in-network coverage only | Choice plan: $0 out-of pocket costs in-network with flexibility to pay some cost for out-of-network care | Maximum choice plan: $0 out-of-pocket costs for both in and out-of-network care across the U.S. |
| In-Network | $0 out-of-pocket costs only with Curative recommended providers | Wide choice of in-network providers | Wide choice of in-network providers | Wide choice of in-network providers |
| Out-of-Network | No coverage out-of-network | No coverage out-of-network | $10k/$20k Deductible (indiv/family) | $0 Deductible/ $0 Coinsurance |
| | Benefits are always maximized in-network, but OON flexibility delivers value to many members. As with any network-based plan, OON providers charging more than usual and customary fees for service may bill patients for remaining balances after receipt of claim payment from Curative. To prevent the risk of balance bills, choose in-network providers. | | | |
| Rx Network | Mail order and select retail, including: Publix and 30,000+ pharmacies | | | + 60,000 pharmacies nationwide, including CVS, Walgreens, Walmart, Rite Aid |
| Curative Cash Card | The Curative Cash Card is an easy point of service payment card that can be used when approved by Curative with EPO Value Curative Pass. | The Curative Cash Card is an easy point of service payment card with $0 out-of-pocket costs. Usage is approved for guaranteed access at in-network or designated providers in the Curative provider directory. | | |
| Chiropractic Coverage | Included | Included | Included | Included |
| Fitness | None | None | Active & Fit | Active & Fit |

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## Curative – without Baseline visit

| | EPO Value | EPO | PPO | PPO Max |
|---|---|---|---|---|
| In-Network | Deductible<br>$5k/person<br>$10k/family when you use a Curative Pass for a recommended in-network providers | Deductible<br>$5k/person<br>$10k/family | Deductible<br>$5k/person<br>$10k/family | Deductible<br>$5k/person<br>$10k/family |
| Out-of-Network | No coverage<br>out-of-network | No coverage<br>out-of-network | Deductible<br>$10k/person<br>$20k/family | $0 Deductible/ $0 Coinsurance |
| | ***Benefits are always maximized in-network, but OON flexibility delivers value to many members. As with any network-based plan, OON providers charging more than usual and customary fees for service may bill patients for remaining balances after receipt of claim payment from Curative. To prevent the risk of balance bills, choose in-network providers.*** | | | |

HELPFUL TIPS

For more benefit overview please **CLICK HERE**

- **Want lower premiums?**

  Choose **EPO Value** and use a Curative Pass to access $0 care with providers selected based on your needs.

- **Want more flexibility?**

  The **EPO**, **PPO**, and **PPO Max** plans offer broader access—great if you want to stay with a specific doctor.

- **Want to maximize any Curative plan?**

  Be sure to complete a Baseline Visit within 120 days to continue with $0 out-of-pocket costs for in-network care and preferred prescriptions, and on the EPO Value with a Curative Pass for a recommended provider.

# MEDICAL INSURANCE RATE SHEET

## OCTOBER 1, 2026 – SEPTEMBER 30, 2027

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Premiums will be deducted over 20 checks for ALL employees beginning on the first check in September.
All "Per Paycheck" rates listed apply to employees who begin on the first day of the contract year and do not miss any scheduled deductions. For those employees who begin after the first day of their contract year or have a break in service, the insurance deduction amounts will be calculated and adjusted to ensure that the correct monthly premiums will be collected for coverage through September 30th.

| | EPO Value | | EPO | | PPO | | PPO Max | |
|---|---|---|---|---|---|---|---|---|
| LEVEL OF COVERAGE | Monthly Premium | Employee Cost Per Paycheck | Monthly Premium | Employee Cost Per Paycheck | Monthly Premium | Employee Cost Per Paycheck | Monthly Premium | Employee Cost Per Paycheck |
| Employee Only | $30.25 | $18.15 | $216.39 | $129.83 | $541.42 | $324.85 | $766.11 | $459.67 |
| Employee + One Child | $382.81 | $229.69 | $791.37 | $474.82 | $1,343.93 | $806.36 | $1,725.89 | $1035.53 |
| Employee + Two or more Children | $603.35 | $362.01 | $1,119.93 | $671.96 | $1,802.49 | $1,081.49 | $2,274.34 | $1,364.60 |
| Employee + Spouse | $603.35 | $362.01 | $1,119.93 | $671.96 | $1,802.49 | $1,081.49 | $2,274.34 | $1,364.60 |
| Employee + Family | $965.94 | $579.56 | $1,612.77 | $967.66 | $2,490.35 | $1,494.21 | $3,097.01 | $1,858.21 |
| *Split Family | $217.88 | $130.76 | $556.69 | $334.01 | $1016.38 | $609.83 | $1,334.15 | $800.49 |
| VCS Board Contribution | $605.00 | | $605.00 | | $605.00 | | $605.00 | |

* SPLIT-FAMILY MEDICAL PLAN RATES ARE AVAILABLE TO LEGALLY MARRIED COUPLES WHO WORK FOR THE DISTRICT AND RESIDE AT THE SAME PHYSICAL ADDRESS. (Each employee pays the premium listed.)

*Cost per paycheck calculation = Family Monthly Premium less additional "VCS Board Contribution" X 12 months, divided by 20 checks, divided by 2 employees. The benefit of choosing the split-family plan is each employee gets a VCS Contribution toward one family medical plan.*

| TYPE OF COVERAGE: FSA | PROVIDER: TASC | CONTACT: 1-800-422-4661 |
|---|---|---|

Volusia County Schools offers a Healthcare FSA and a Dependent Care FSA. These accounts allow you to set aside pre-tax dollars to pay for eligible out-of-pocket healthcare or dependent day care expenses. Because your contributions are deducted from your paycheck pre-tax, you reduce your taxable income and save money. There is a minimum deduction of $12.50 per paycheck.

| Plan | Annual Maximum Contribution | Example of Covered Expenses |
|---|---|---|
| Healthcare FSA | $3,400 | Copays, deductibles, prescriptions, dental and vision care, etc.* |
| Dependent Care FSA | Up to $7,500 ($3,750 if married and filing separate tax returns) | Day care, nursery school, elder care expenses, etc.* |

## How FSAs Work



Decide how much to set aside for healthcare & dependent care expenses



Pre-Tax contributions are deducted per pay period



Eligible expenses are paid using FSA debit card or submitted for reimbursement

- These accounts are separate. You cannot use money from the Healthcare FSA to cover expenses eligible under the Dependent Day Care FSA or vice versa.
- Please be aware of the posting timelines for FSA funds deducted pre-tax from your paycheck.
  - There is a two-business-day minimum lag time between the day you receive your paycheck and when funds are placed into the FSAs. Holidays extend this timeframe. Please take this into consideration if you have automatic withdrawals set up from your account.
  - FSA deductions taken in September for the October 1 start of the new plan year are not available to use until October 1.
- To receive Dependent Day Care FSA reimbursements faster, have your dependent care provider complete a Dependent Care Contract form at the beginning of the plan year and submit it with your first reimbursement request. Each time your contributions are added to your account, any pending reimbursement request will be automatically processed, and the funds will be added to your TASC Card account. **Visit tasconline.com for details.**
- ***This account is "use-it-or-lose-it."*** Any unused funds in excess of the FSA Maximum roll-over limit will be forfeited. The FSA maximum annual roll-over limit is $680.
- Please note that benefits end on the date of termination. Terminated participants have until the end of the plan year run-out period to submit claims incurred during their eligibility period until their termination date.

| TYPE OF COVERAGE: DENTAL | PROVIDER: DELTA DENTAL | CONTACT: 1-800-521-2651 |
|---|---|---|

Volusia County School employees are offered a choice between two Delta Dental plans, a Delta Dental PPO & Delta Care USA (DHMO)* Plan. The Delta Dental PPO offers the convenience and flexibility of visiting any licensed dentist, anywhere. Covered services are paid based on a percentage — if, for example, fillings are covered at 80%, you pay the remaining 20%. Under the Delta Care USA plan, you'll have your choice of skilled primary care dentists from the DeltaCare USA network. Select a primary care dentist, who will then coordinate any needed referrals to a specialist. Covered services provided by your DeltaCare USA dentist have preset copayments (dollar amounts), which are listed in your plan booklet. There are no maximums or deductibles.



| | Delta Dental PPO | | | DeltaCare USA |
|---|---|---|---|---|
| **COVERAGE** | **Delta Dental PPO** | **Delta Dental Premier** | **Out-of-Network** | **None** |
| **Deductible – Calendar Year** | $50 per person / $150 per family (Waived for Diagnostic & Preventive Services and Orthodontics) | | | None |
| **Annual Maximum – Calendar Year** | $1,000 per person (Diagnostic & Preventive Services do not count towards maximum) | | | |
| **Diagnostic & Preventive Services** Exams, Cleanings, X-rays | Plan pays 100% of DPPO Fee Schedule | Plan pays 100% of Premier Fee Schedule | Plan pays 100% of DPPO Fee Schedule | See schedule of benefits for copayment amounts |
| **Basic Services** Fillings, Extractions, Root Canals | Plan pays 80% of DPPO Fee Schedule | Plan pays 80% of Premier Fee Schedule | Plan pays 80% of DPPO Fee Schedule | See schedule of benefits for copayment amounts |
| **Major Services** Crowns, Bridgework, Dentures, Implants | Plan pays 50% of DPPO Fee Schedule | Plan pays 50% of Premier Fee Schedule | Plan pays 50% of DPPO Fee Schedule | See schedule of benefits for copayment amounts |
| **Orthodontic Benefits** Adults and Dependent Children | Plan pays 50% of DPPO Fee Schedule | Plan pays 50% of Premier Fee Schedule | Plan pays 50% of DPPO Fee Schedule | See schedule of benefits for copayment amounts |

| Delta Dental Rates | Delta Dental DPPO | | Dental DHMO | |
|---|---|---|---|---|
| **LEVEL OF COVERAGE** | **Monthly Premium** | **Employee Cost Per Paycheck** | **Monthly Premium** | **Employee Cost Per Paycheck** |
| **Employee Only** | $25.21 | $15.13 | $13.72 | $8.23 |
| **Employee + One** | $46.29 | $27.77 | $23.61 | $14.17 |
| **Employee + Family** | $62.43 | $37..46 | $33.45 | $20.07 |

| TYPE OF COVERAGE: DENTAL | PROVIDER: DELTA DENTAL | CONTACT: 1-800-521-2651 |
|---|---|---|

| | Delta Dental PPO | DeltaCare USA |
|---|---|---|
| **Can I go to any dentist?** | You can visit any licensed dentist to receive coverage, but you'll save the most at an in-network dentist. | You must select a DeltaCare USA primary care dentist and visit this dentist to receive benefits. |
| **What procedures are covered?** | Your plan covers a wide range of services, with no exclusions for most pre-existing conditions. Preventive care, like routine cleanings and exams, is offered at low or no cost. | Your plan covers over 300 procedures, with no exclusions for most pre-existing conditions. Preventive care, like routine cleanings and exams, has low or no copayments. |
| **Are there deductibles and maximums?** | Yes, most plans have an annual deductible and maximum. | No, there are no annual deductibles or maximums. |
| **Am I covered for treatment I began under a different employer-sponsored dental plan?** | Coverage is provided only for treatment started and completed after your effective date. Orthodontic treatment may be an exception to this rule. | Coverage is provided only for treatment started and completed after your effective date. Orthodontic treatment may be an exception to this rule. |
| **What if I started orthodontic treatment under my previous dental plan?** | Typically, Delta Dental pays the remaining benefit not paid by your prior dental plan. | You are responsible for the copayments and fees subject to the provisions of your prior dental plan. Delta Dental will take over the orthodontic treatment in progress, but an orthodontic takeover form is required within 30 days of eligibility. |
| **What happens if I need to see a specialist?** | You do not need a referral from your dentist. | Contact your DeltaCare USA primary care dentist to coordinate your referral. |
| **What is my out-of-area coverage?** | You can visit any licensed dentist. | You have a limited benefit to go out of network for emergency care. |
| **How do I change my dentist?** | You can change your dentist at any time without contacting us. | You can change your selected or assigned primary care dentist online or by telephone. |
| **Do I need to fill out claims?** | If you visit a Delta Dental dentist, the dental office will file the claim for you. If you go to a non–Delta Dental dentist, you may have to submit the claim yourself. | There are generally no claim forms under your plan. |

DELTA DENTAL

## Finding a Delta Dental In Network Dentist

**Go to:**

deltadentalins.com/find-a-dentist

**Select your network(s), and optionally add a keyword to filter your search by dentist or specialty. Tap on Find a Dentist.**

**Browse the results. Click Refine search to filter by categories such as specialty, network and language.**

## Need More Info?

**For More Details, Please Visit**
**The VCS Delta Dental Site**

**Digital ID Card?**
**Register for an online account here**

| TYPE OF COVERAGE: VISION | PROVIDER: VSP VISION | CONTACT: 1-800-877-7195 |
|---|---|---|

**What is Vision Insurance?** Vision Insurance provides coverage and savings on the cost of annual eye exam, prescription eyewear and lenses, contact lenses, and other eye-related services.

Volusia County Schools employees are offered a vision plan through VSP Vision Care Plan. The plan provides coverage through thousands of provider locations participating in the VSP Advantage Network. It is your choice to use an Advantage Network provider or non-network provider. However, your out-of-pocket expenses will be significantly lower if you use an Advantage Network provider.

## Make Using your benefit easier by creating an online account:

### View your benefits

Once Logged in, see your benefits, view your claim history, print an ID card, and more in your personalized dashboard.

### Find an in-network doctor

Find a Premier Program location near you on **vsp.com** to maximize your vision coverage & savings.

## VSP Vision Care App

Scan the QR Code below to download the VSP Vision Care App from the Apple App or Google Play Stores. Get instant access to your benefit coverage, member ID care, Exclusive Member Extras, and more

## It's Easy to Create an Account:

1. Visit **VSP.com**
2. Click on **Create an Account** at the top-right corner of the site.
3. Fill in all of the required fields to create your account
4. Click on **Create an Account** to submit the form. You will receive a confirmation email.

Not Online? Member Services can help create an account. **Call 800-877-7195.**



| TYPE OF COVERAGE: VISION | PROVIDER: VSP VISION | CONTACT: 1-800-877-7195 |
|---|---|---|

| BENEFIT | DESCRIPTION | COPAY | FREQUENCY |
|---|---|---|---|
| **Your Coverage with a VSP Provider** | | | |
| WELLVISION EXAM | Focuses on your eyes and overall wellness | $10 | Every plan year* |
| ESSENTIAL MEDICAL EYECARE | Retinal screening for members with diabetes<br>Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. Coordination with your medical coverage may apply. Ask your VSP doctor for details. | $0 per screening<br>$20 per exam | Available as needed |
| **Prescription Eyeglasses** | | **$15** | |
| FRAME* | • $170 featured frame brands allowance<br>• $150 frame allowance<br>• 20% savings on the amount over your allowance<br>• $150 Walmart/Sam's Club• frame allowance | Included in Prescription Glasses | Every other plan year |
| LENSES | • Single vision, lined bifocal, and lined trifocal lenses<br>• Impact-resistant lenses for dependent children | Included in Prescription Glasses | Every plan year |
| LENS ENHANCEMENTS | • Standard progressive lenses<br>• Premium progressive lenses<br>• Custom progressive lenses | $0<br>$95-$105<br>$150-$175 | Every plan year |
| CONTACTS (Instead of Glasses) | • $130 allowance for contacts; copay does not apply<br>• Contact lens exam (fitting and evaluation) | Up to $20 | Every plan year |
| EXTRA SAVINGS | **Glasses and Sunglasses**<br>• Extra $20 to spend on featured frame brands. Go to vsp.com/offers for details.<br>• 20% savings on additional glasses and sunglasses, including lens enhancements. from any VSP provider within 12 months of your last WellVision Exam.<br>**Routine Retinal Screening**<br>• No more than a $39 copay on routine retinal screening as an enhancement to a WellVision Exam<br>**Laser Vision Correction**<br>• Average 15% off the regular price or 5% off the promotional price: discounts only available from contracted facilities | | |




## Contact us:

800.877.7195

www.vsp.com

| VSP Vision Plan Rates | | |
|---|---|---|
| Level of Coverage | Monthly Premium | Employee cost Per Paycheck |
| Employee Only | $3.59 | $2.16 |
| Employee + One | N/A | N/A |
| Employee+ Family | $9.90 | $5.94 |

| TYPE OF COVERAGE: GROUP LIFE INSURANCE | PROVIDER: THE STANDARD | CONTACT: 1-833-960-1233 |
|---|---|---|

Life and AD&D insurance protects your family or other beneficiaries in the event of your death. The death benefit helps replace the income you would have provided and can help meet important financial needs. It can help pay your mortgage, rent, run your household, send your children to college and pay off debts.



## Basic Life and AD&D

Volusia County Schools provides eligible employees (1) times salary up to a maximum of $350,000 (minimum of $10,000) of Basic Life and AD&D insurance with The Standard. Coverage is provided at no cost to you. You may also purchase Voluntary Life and AD&D coverage as a complement to the company-paid benefit.

## Supplemental Life and AD&D

| Supplemental Term Life and AD&D Summary of Insurance | |
|---|---|
| Guaranteed Issue<br>Maximum Benefit Amount<br>Increments of... | $350,000<br>Five (5) Times Salary up to $500,000<br>Multiples of Salary (1, 2, 3, 4, or 5 Times) |
| **Spouse Coverage**<br>Spouse Guarantee Issue<br>Minimum Benefit Amount<br>Maximum Benefit Amount<br>Increments of.... | <br>$50,000<br>$5,000<br>$250,000 (Cannot Exceed 100% of Employee Amount)<br>$5,000 |
| **Child(ren) Coverage**<br>Birth – Age 30<br>Flat Amount... | $10,000 |

## Plan Features

- Evidence of Insurability (EOI) is required for:
  - coverage amounts higher than the guaranteed issue amount for newly-eligible employees;
  - for late applications for contributory insurance for you or your spouse; and
  - for any increase for you or your spouse resulting from a plan or option change you elect.
- Evidence of Insurability is never required for a dependent child.
- If a husband and wife both work for the school district, they cannot cover each other, nor can they cover the same child(ren). Refer to your policy/certificate documents for complete details.
- For More Details about EOI and all coverages provided by The Standard, please visit: **https://www.standard.com/employee-benefits/volusia-county-schools**

| TYPE OF COVERAGE: WHOLE LIFE INSURANCE | PROVIDER: Allstate | CONTACT: 1-800-366-3495 |
|---|---|---|

Permanent Whole Life Insurance offered by Allstate Benefits completes your family's protection, providing a cost-effective benefit for final expenses such as funeral costs, credit card debt and medical bills. If premiums are paid, this policy will not expire, and premiums will not change due to your age. You may choose a benefit amount of $20,000 or $30,000.



Guaranteed Acceptance: No physical exams are required to apply for coverage (health questions may be asked)[1]



Family Coverage: Coverage for spouse and children is available through a separate certificate or rider.



Portable Coverage: You can take your policy with you if you leave VCS or retire.



Coverage for Your Needs: You can purchase the precise amount of coverage that is right for your needs.



Policy Builds Cash Value: This policy builds cash value, which you can eventually use to buy a paid-in-full policy with no more premiums due or take out a loan against the cash value on the policy.

## What's the Difference?

| BASIC TERM LIFE | SUPPLEMENTAL TERM LIFE | PERMANENT LIFE |
|---|---|---|
| • Premiums are Company Paid<br>• Replaces your income so your family can cover things like mortgage, tuition, and household expenses<br>• Coverage ends when you leave the company | • Premiums may increase at the end of the term<br>• Replaces your income so your family can cover things like mortgage, tuition, and household expenses<br>• You may have the option to change to an individual policy that you can continue | • Premiums do not change<br>• Pays for final expenses (i.e., funeral costs & credit card debt<br>• You can continue this policy if you leave the company |

The premium cost for this benefit is determined by your age and the amount of coverage you elect.

The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable.

1. Coverage is Guaranteed Issue up to age 65.

2. Coverage for spouse and child(ren) may be limited to a percentage of the employee's face amount in some states.

Group Whole Life Insurance benefits are provided under form GWLP, or state variations thereof. This is a brief overview of the benefits available under the group policy underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville,FL). Details of the coverage, including exclusions and other limitations are included in the certificates issued. For additional information, you may contact your Allstate Benefits Representative.

| TYPE OF COVERAGE: DISABILITY | PROVIDER: THE STANDARD | CONTACT: 1-833-960-1233 |
|---|---|---|

If a disability kept you out of work and prevented you from earning a paycheck, how would you cover your bills and other household expenses? Disability Insurance can help replace a portion of your income if you become disabled as the result of a covered sickness or injury. Coverage is offered through The Standard. Two Short-Term Disability plan options and one Long-Term Disability plan option are available.

Visit **https://www.standard.com/employee-benefits/volusia-county-schools** for additional information and tools.

## Short-Term Disability

| Short-Term Disability Plans | | |
|---|---|---|
| | **Plan A** | **Plan B** |
| **Weekly Benefit Amount** The amount of benefit you will receive when you are disabled | 66.67% of your weekly salary to a maximum of $2,000 per week (minimum - $25) | 66.67% of your weekly salary to a maximum of $2,000 per week (Minimum - $25) |
| **Elimination Period** The number of days you must be disabled before payments begin | 30 days | 15 days |
| **Benefit Duration** The length of time benefits would be paid to you during a period of disability | 22 weeks | 24 weeks |

*Your Disability payments will be offset by money you receive on behalf of yourself or your family under Social Security Disability. Your benefits will also be offset by other sources, such as retirement benefits; Jones Act; workers' compensation; local, state, or federal government disability or retirement plans; and salary or wage continuance plans, such as a sick leave bank.*

## Long-Term Disability

| Long-Term Disability Plans | | |
|---|---|---|
| | **Plan A** | |
| **Monthly Benefit Amount** The amount of benefit you will receive when you are disabled | 66.67% of your monthly salary to a maximum of $8,000 per month (Minimum - Greater of $100 or 10% of LTD Benefit) | |
| **Elimination Period** The number of days you must be disabled before payments begin | 180 days | |
| **Benefit Duration** The length of time benefits would be paid to you during a period of disability | Age at Disability | Maximum Benefit Period |
| | Less than 62 | To Age 67 |
| | 62 | 60 months |
| | 63 | 48 months |
| | 64 | 42 months |
| | 65 | 36 months |
| | 66 | 30 months |
| | 67 | 24 months |
| | 68 | 18 months |
| | 69 and over | 12 months |

**Evidence of Insurability (EOI) is required if you are not a New Hire and electing coverage for the first time.** For More Details about EOI and all Standard coverages, please visit **https://www.standard.com/employee-benefits/volusia-county-schools**

| TYPE OF COVERAGE: HOSPITAL INDEMNITY | PROVIDER: AETNA | CONTACT: 1-800-607-3366 |
|---|---|---|

If you are admitted into a hospital, it doesn't take long for the out-of-pocket costs to pile up. Hospital Indemnity Insurance from Aetna pays benefits when you have a planned or unplanned hospital stay for an illness, injury, surgery or childbirth. You will receive a benefit for admission and a daily benefit for each day you are confined. Benefits are paid directly to you even if you have other insurance coverage. The money can be used to cover out-of-pocket medical costs, household bills or anything else you choose. For more details, please visit **Aetna/Volusia County Schools Employees.**

| Covered Benefit | Benefit Amount | Limitations |
|---|---|---|
| Hospital Stay - Admission | $1,000 | No Maximum stays per plan year. 30 days between stays. |
| Hospital Stay - Daily* | $200 | Maximum 30 days per plan year |
| New Hospital Stay (ICU) Daily* | $400 | Maximum 30 days per plan year |
| Newborn Routine Care | $100 | Benefit not offered for an outpatient birth |
| Observation Unit | $100 | Maximum 1 day per plan year |
| Substance Abuse Stay- Daily* | $100 | Maximum 30 days per plan year |
| Mental Disorder Stay - Daily* | $100 | Maximum 30 days per plan year |
| Rehab Unit Stay - Daily* | $100 | Maximum 30 days per plan year |

*Please note: all daily stays, including hospital, substance abuse, mental disorder and rehabilitation unit have maximum combined 30 days limitation.




## Aetna Hospital Indemnity Insurance Rates

| LEVEL OF COVERAGE | Monthly Premium | Employee Cost Per Paycheck |
|---|---|---|
| Employee Only | $13.60 | $8.16 |
| Employee + Spouse | $30.55 | $18.33 |
| Employee+ Child(ren) | $25.87 | $15.52 |
| Employee + Family | $41.97 | $25.18 |

## How the Plan Works?

Unexpected event causes you to have to go the hospital → You are admitted into the hospital → Submit your hospital claim to Aetna → Aetna pays benefits directly to the member

| TYPE OF COVERAGE: ACCIDENT | PROVIDER: AETNA | CONTACT: 1-800-607-3366 |
|---|---|---|

You can't always plan for accidents, but you can be better prepared financially with Accident Insurance. With Accident Insurance from Aetna, you can help prepare for unexpected expenses, such as medical expenses that may not be covered in full by your existing plan, like physical therapy and ambulance costs. These unexpected costs can cut into your budget and make managing everyday expenses a challenge. Eligible family members are also guaranteed coverage as long as you are actively working, providing an added level of financial security.

Aetna provides a benefit payment paid directly to you for covered events, so you'll have total flexibility to spend the funds on anything you need, such as grocery bills, transportation to doctor's appointments or additional childcare expenses. For more details, please visit Aetna for **Aetna/Volusia County Schools Employees.**

## How the Plan Works?

Kathy's daughter, Molly, was riding her bike to school. On her way there she fell to the ground, was knocked unconscious, and was taken to the local emergency room (ER) by ambulance for treatment. The ER doctor diagnosed a concussion and a broken tooth. He ordered a CT Scan.

Molly was released to her pediatrician for follow up and the dentist fixed the broken tooth. The estimated costs for these services could reach hundreds of dollars for copays & deductibles.



## Plan Features

- Guaranteed Acceptance: No physical exams are required to apply for coverage. No health questions will be asked.
- Family Coverage: Available for spouse and children. There is no separate separate certificate or rider.
- Portable Coverage: You can take your policy with you if you leave VCS or retire.
- No Age Reduction: Benefits do not reduce due to age.
- Organized Sports Activity Injury Rider: Increases the amount paid for some injuries by 25%.
- Health Screening Benefit: $75 Benefit paid once per year per member covered for qualified visit.

| Covered Benefit | Benefit Amount |
|---|---|
| Ambulance (Ground) | $300 |
| Emergency Care | $200 |
| Physician Follow up | $100 |
| Medical Imaging | $150 |
| Concussion | $300 |
| Broken Tooth (repaired by crown) | $225 |
| Benefits paid by Aetna | $1,275 |

| Aetna Accident Insurance Rates | | |
|---|---|---|
| LEVEL OF COVERAGE | Monthly Premium | Employee Cost Per Paycheck |
| Employee Only | $4.75 | $2.85 |
| Employee + Spouse | $9.52 | $5.71 |
| Employee + Child(ren) | $11.15 | $6.69 |
| Employee+ Family | $13.61 | $8.17 |

| TYPE OF COVERAGE: CRITICAL ILLNESS | PROVIDER: SECURIAN | CONTACT: 1-855-750-1906 |
|---|---|---|

Critical Illness Insurance from Securian Financial reduces the financial impact of a major illness, such as a heart attack, stroke or cancer. The policy pays a benefit directly to you once you or a covered family member is diagnosed with a covered condition. You can use this benefit any way you choose — for deductibles and coinsurance, to pay expenses your family incurs to be by your side or simply to replace lost earnings from being out of work. You choose the benefit amount when you enroll. For more details go to: **Securian/Volusia Couty Schools Employees.**

## Covered Illnesses Include

- Full benefit cancer
- Heart attack
- Stroke
- Major organ failure
- Kidney failure
- Partial benefit cancer
- Coronary artery disease needing surgery
- Alzheimer's disease
- Benign brain tumor
- Blindness
- Coma
- Loss of hearing
- Loss of speech
- Multiple sclerosis
- Occupational HIV
- Parkinson's disease
- Paralysis
- Severe burns
- Muscular dystrophy



## Plan Features

Multiple Options: Different Face Amounts
Low ($10,000)
Medium ($20,000)
High ($30,000)

Health Screening Benefit: $50 Benefit for 32+ different annual wellness screenings including an annual physical exam.

Lump Sum Benefits paid directly to you, the member, to use how you want.

Portable Coverage: You can take your policy with you if you leave VCS or retire.

Family Coverage: Coverage for spouse and children is available at 50% of the employee amount.

No Health Questions or Exclusions for Pre-Existing conditions.

| TYPE OF COVERAGE: ID THEFT PORTECTION | PROVIDER: ID WATCHDOG | CONTACT: 1-866-513-1518 |
|---|---|---|

Your data is under constant siege. Cyberattacks are up 82% over the past two yeras, and today, identity fraudsters have access to over 53 billion stolen identity records circulating on the dark web. Take action with award-winning ID Watchdog identity theft protection.

## Greater Piece of Mind

With ID Watchdog as an employee benefit, you have a more convenient and affordable way to help better protect and monitor your identity. You'll be alerted to potentially suspicious activity and enjoy greater peace of mind knowing you don't have to face identity theft alone.

## Why Choose ID Watchdog?

- **Advanced Identity Theft Detection**
  We scour billions of data points—public records, transaction records, social media and more—to search for signs of potential identity theft.
- **Greater Protection & Control**
  We've got you covered with lock features for added control over your credit report to help keep identity thieves from opening new accounts in your name.
- **Dedicated Identity Resolution Specialists**
  If you become a victim, you don't have to face it alone. One of our certified resolution specialists will personally manage the case for you until your identity is restored.
- **Extended Family Coverage**
  Our family plan helps you better protect your loved ones with personalized accounts for adult family members, family alert sharing, and exclusive features for children.

### ID Theft Protection Rates

| LEVEL OF COVERAGE | Monthly Premium | Employee Cost Per Paycheck |
|---|---|---|
| Employee Only | $7.50 | $4.50 |
| Employee + Family* | $13.50 | $8.10 |

***If you are part of a split-family household only one member of that would need to enroll in family coverage.***

**Control & Manage**

- Credit Report Lock
- Blocked Inquiry Alerts | 1 Bureau
- Subprime Loan Block
- Financial Accounts Monitoring
- Social Accounts Monitoring
- Personal VPN and Password Manager Up to 10 devices at the same time

**Device Security (Antivirus Software)**

- Up to 5 devices (25 with Family Plan)
- Personal Data Scans & Removal
- Registered Sex Offender Reporting
- Customizable Alert Options
- Integrated Fraud Alerts

**Monitor & Detect**

- Credit Report Monitoring | 3 Bureau
- Telecom & Utility Alerts | 1 Bureau
- AI Phishing & Malware Alerts
- Dark Web Monitoring
- Data Breach Notifications
- High-Risk Transactions Monitoring
- Subprime Loan Monitoring
- Public Records monitoring
- USPS Change of Address Monitoring
- Credit Reports - 1 Bureau Daily & 3 Bureau Annually
- VantageScore Credit Scores - 1 Bureau Daily & 3 Bureau Annually
- Credit Score Tracker - 1 Bureau

**Support & Restore**

- Personalized Identity Restoration
- Online Resolution Tracker
- Up to $5M Identity Theft Insurance
  - ◊ Home Title Fraud
  - ◊ Cyber Extortion
  - ◊ Professional Identity Fraud
  - ◊ Deceased Family Member Fraud
  - ◊ Up to $2M Stolen Funds Reimbursement
  - ◊ $500 Stolen cash
  - ◊ $100K Cyberbullying Expensis
- $5K Cyber Crime Coverage
- Lost Wallet Vault & Assistance
- Deceased Family Member Fraud Remediation (Family Plan only)
- Credit Freeze Assistance
- Solicitation Reduction

**Learn more about this valuable benefit at IDWatchdog/Volusia**

| TYPE OF COVERAGE: | PROVIDER: | CONTACT: |
|---|---|---|
| EAP | AETNA | 1-800-272-7252 |

To access services:
1-800-272-7252
resourcesforliving.com
Username: VCS
Password: VCS

## Emotional wellbeing support

You can access up to 6 counseling sessions per issue each year. You can also call us 24 hours a day for in-the-moment emotional well-being support. Counseling sessions are available face to face, online with televideo or by phone. Services are free and confidential. We're always here to help with a wide range of issues including:

- Relationship support
- Stress management
- Worklife balance
- Family issues
- Grief and loss
- Depression/Anxiety
- Self-esteem and personal development
- Substance misuse and more

## Online services

Your member website offers a full range of tools and resources to help with emotional wellbeing, work/life balance and more. You'll find:

- Articles and self-assessments
- Stress resource center
- Adult and child-care provider search tool
- Find a counselor tool
- Live and on demand webinars
- Mobile app

**Be sure to download our mobile app from your device's app store. Simply search "Resources For Living" to install it for free**

## Discount Center

Find deals on brand name products and services including electronics, gifts and flowers, travel and fitness.

## Eligibilty

Resources For Living is an employer-sponsored program, available for free to benefit eligible employees and all household members. That includes dependent children up to age 26, **whether or not** they live at home.

Services are confidential and available 24 hours a day, 7 days a week.

## Legal services

You can get a free 30-minute consultation with a participating attorney for each new legal topic related to:

- Family
- Criminal law
- Divorce
- Elder law and estate planning
- Real estate
- Mediation
- Wills and other document prep

If you opt for services beyond the initial consultation, you can get a 25% discount. You also have free access to legal documents and forms on your member website.

## Financial services

Call us for a free 30-minute consultation for each new financial topic related to:

- Budgeting and planning
- Credit and debt
- Retirement
- College
- Mortgages and refinancing
- Taxes, IRS questions (and 25% off tax preparation)

Services must be for financial matters related to the employee and eligible household members. You also have access to financial articles, calculators and a financial assessment on your member website.

## Other services

Talkspace — Send secure texts to your counselor, who will respond within one working day. A week of texting counts as one session. You can also schedule to meet online for 30-minute televideo sessions (each session counts as one visit).

## Split-Family Medical Coverage For Two VCS Employees



**Volusia County Schools (VCS) offers Split-Family Medical Coverage to legally married couples who:**

- reside at the same physical address,
- are both active employees of VCS,
- are both eligible for benefits, and
- are on the same medical plan

The benefit of choosing the Split-Family Medical Plan is that each employee gets a VCS Contribution toward one family medical plan.

**Please note the following when electing Split-Family coverage:**

1. This benefit only applies to the Curative medical coverage.
2. When electing dental and vision coverage, look at the premiums to see if it's better to sign up under "Family coverage, or for one employee to choose "Single" and the other to enroll in "Employee +1."
3. For life insurance, spouses may **not cover each other** by electing "Spouse Supplemental Coverage," **nor can they cover the same children.** In this instance, one employee should elect "Child Supplemental Coverage."

## Educators' Professional Liability Insurance

The Florida Department of Education provides Professional Liability Insurance to all full-time instructional personnel. The program provides protection from liability for monetary damages and the costs of defending actions resulting from claims arising out of occurrences during instructional personnel's professional activities. This coverage is provided at no cost and enrollment is automatic. This coverage is not administered by Volusia County Schools. For more information, click here: **FL DOE Liability Insurance Page**

**Coverage Limits**

- $2,000,000 per insured per wrongful act
- $3,000,000 in the aggregate per wrongful act
- $2,000 per bail bond per insured
- $500 per claims per insured for assault related to personal property damage

**For general information,** please contact: Arthur J. Gallagher Risk Management Services, Inc. by email at: **miami.bsd.Flell@ajg.com**

To submit potential claims, please email: Davies Claims Solutions at: **AmbridgePENPclaims@davies-group.com.**

# Contact Information

| Benefit | Carrier | Phone # | Website |
|---|---|---|---|
| VCS Employee Benefits Dept. | | 1-386-734-7190 | VCS Employee Benefits |
| Medical Plan | Curative | 1-855-428-7284 | https://curative.com/volusia |
| Accident & Hospital Indemnity | Aetna | 1-800-607-3366 | www.myaetnasupplemental.com |
| Critical Illness | Securian | 1-855-750-1906 | Securian.com/Volusia-schools-insurance |
| Dental Plan | Delta Dental | 1-800-521-2651 | www.deltadentalins.com |
| Vision Plan | VSP | 1-800-877-7195 | www.vsp.com |
| Flexible Spending Accounts (FSAs) | TASC | 1-800-422-4661 | www.tasconline.com |
| Basic and Supplemental Term Life and AD&D Insurance | The Standard | 1-833-960-1233 | www.standard.com/employee-benefits/volusia-county-schools |
| Group Whole Life Insurance | Allstate Benefits | 1-800-366-3495 | www.allstatebenefits.com |
| Short-Term & Long-Term Disability | The Standard | 1-833-960-1233 | www.standard.com/employee-benefits/volusia-county-schools |
| Identity Theft Protection | ID Watchdog | 1-866-513-1518 | www.idwatchdog.com/myplan/Volusia |
| Employee Assistance Program (EAP) | Aetna Resources for Living | 1-800-272-7252 | resourcesforliving.com \| Username: VCS \| Password: VCS |
| Educators' Professional Liability Insurance | Gallagher Bassett Services | 1-855-722-5542 | FL DOE Liability Insurance Page |
| Retirement Plans | Florida Retirement System | 1-866-446-9377 | https://myfrs.com/ |

## Benefit Guide and Open Enrollment Presentation Disclaimer

This document is designed to provide basic information regarding benefit plans and programs available to eligible employees. This document merely summarizes the employee benefit plans and programs and does not detail all of the terms, conditions, restrictions, and exclusions contained in the plan documents, carrier contracts and/or Summary Plan Descriptions (SPD) (the "plan documentation") for the various benefit plans and programs. Every reasonable effort has been made to ensure the accuracy of the information contained in this document; however, in the event of a discrepancy between the information in this document and the plan documentation, the provisions described in the plan documentation will govern. This document does not create any contractual rights for any current or former employee, or for any other individual. The provisions of the applicable plan documentation will govern the determination of any individual's rights under any employee benefit plan or program. Your employer reserves the right to amend or terminate any of its employee benefit plans and programs at any time and without notice or cause.