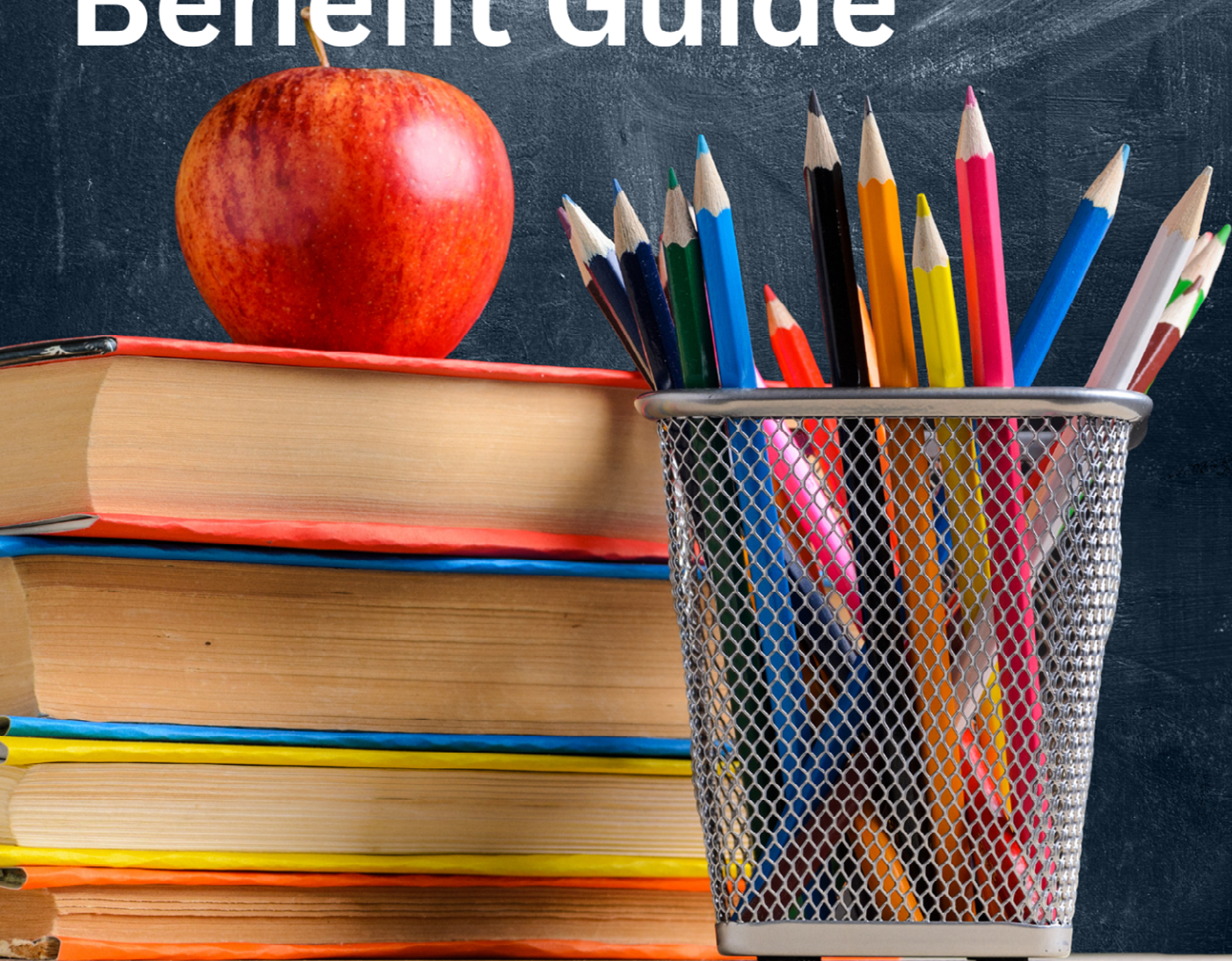




2026-2027 Retiree Benefit Guide



What's Inside



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

Enrollment Basics

WHO YOU CAN COVER

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

Retiree

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

Spouse

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

Dependent child(ren)

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

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

Disabled dependents

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

WHEN YOU CAN ENROLL

When you transition to retirement

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

During Open Enrollment

Open Enrollment is your opportunity to evaluate your benefit options and make changes for the following year. Benefits selected during Open Enrollment are effective October 1, 2026 – September 30, 2027. Open enrollment will be held beginning August 3, 2026- August 11, 2026.

As a retiree, these are your options for consideration:

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

Mid-Year Changes

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

EXAMPLES OF QUALIFIED LIFE EVENTS:

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

IMPORTANT TO KNOW

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

- Notify HR to complete a new Retiree Enrollment Form
- Supporting documentation should be provided at the time the change is requested
- **If you do not request the change and provide the necessary documentation within 30 days, you will have to wait until the next Open Enrollment to make the change**

REQUIRED DOCUMENTATION

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

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

Medical and Prescription

Your medical and pharmacy coverage is administered through **Side Car**. There are no network limitations and provides access to multiple pharmacies and providers in your area.

PLAN HIGHLIGHTS

- **FREEDOM TO SEE ANY DOCTOR:** No networks or referrals needed
- **NO PRIOR AUTHORIZATIONS:** Prior authorizations are no longer required on any plan if your doctor orders it, its covered.
- **UPFRONT PRICING FOR CARE AND PRESCRIPTIONS:** Shop around on the app and find the best cost, no surprises
- **MONEY BACK:** Members can keep half of the savings when they choose lower cost care.
- **NO FORMULARY RESTRICTIONS OR STEP THERAPY:** Superior access to prescriptions
- **NO SURPRISE BILLS:** Clear and transparent billing/invoicing



Medical Plan Details

See the summary of your medical and prescription benefits below. For complete details, exclusions and limitations, and out-of-network benefits, see the Certificates of Coverage which are available from Human Resources or your benefits website.



Health Savings Offering!

Plan	SideCar First Dollar 5000	SideCar HDHP HSA	SideCar First Dollar 2500
In-Network			
Deductible (PYD): (Ind / Fam)	\$5,000 / \$10,000	\$3,500 / \$7,000	\$2,500 / \$5,000
Deductible Applies to OOP Max?	Yes	Yes	Yes
Out of Pocket Maximum (Ind / Fam)	\$8,500 / \$17,000	\$7,000 / \$14,000	\$9,000 / \$18,000
Member Coinsurance	50%	20%	20%
Physician Services: PCP / Specialist	\$0 / \$0	PYD / PYD	\$0 / \$0
Telemedicine / Virtual Visits	\$0 / \$0	PYD / PYD	\$0 / \$0
Inpatient Hospital Services	PYD + 50%	PYD + 20%	PYD + 20%
Provider Services in Hospital and ER	PYD + 50%	PYD + 20%	PYD + 20%
Independent Diagnostic Lab/X-Ray	PYD + 50%	PYD + 20%	PYD + 20%
Advanced Imaging	PYD + 50%	PYD + 20%	PYD + 20%
Outpatient Surgery and Services	PYD + 50%	PYD + 20%	PYD + 20%
Emergency Room Services	PYD + 50%	PYD + 20%	PYD + 20%
Urgent Care Services	\$0	PYD	\$0
Mental Health (Inpatient / Outpatient)	\$0 / \$0	PYD / PYD	\$0 / \$0
Out-of-Network			
Deductible (Individual / Family)	\$5,000 / \$10,000	\$3,500 / \$7,000	\$2,500 / \$5,000
Out of Pocket Maximum (Ind / Fam)	\$8,500 / \$17,000	\$7,000 / \$14,000	\$9,000 / \$18,000
Member Coinsurance	50%	20%	20%
Inpatient Hospital Services	PYD + 50%	PYD + 20%	PYD + 20%
Outpatient Surgery	PYD + 50%	PYD + 20%	PYD + 20%
Prescription Drug			
Prescription Drugs - Generic	\$0	PYD	\$0
Prescription Drugs - Brand	\$0	PYD	\$0
Prescription Drugs - Specialty	\$0	PYD	\$0
Prescription Drugs - 90 day Mail Order	\$0	PYD	\$0



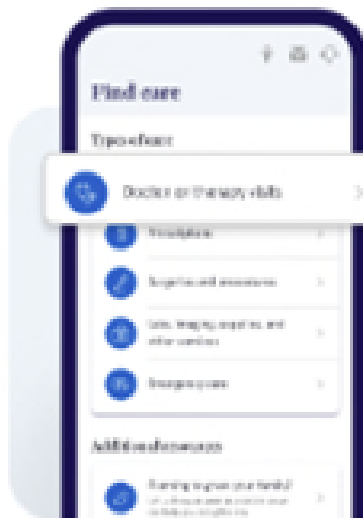
MEDICAL PLAN PREMIUMS

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

Listed below are monthly costs for you and your dependents effective October 1, 2026 - September 30, 2027:

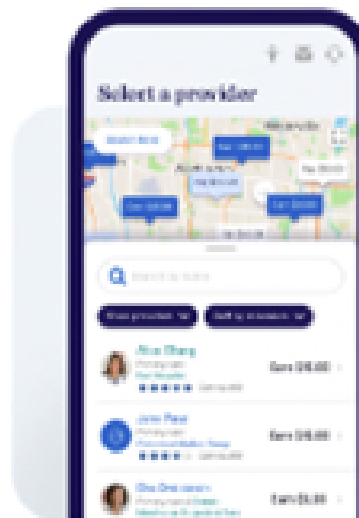
Plan	SideCar First Dollar 5000	SideCar HDHP HSA	SideCar First Dollar 2500
Employee Only	\$593.18	\$643.77	\$712.99
Employee and Spouse	\$1,186.36	\$1,287.54	\$1,425.98
Employee & Child(ren)	\$1,067.72	\$1,158.79	\$1,283.38
Employee & Family	\$1,898.18	\$2,060.06	\$2,281.57

Finding and choosing care in the app



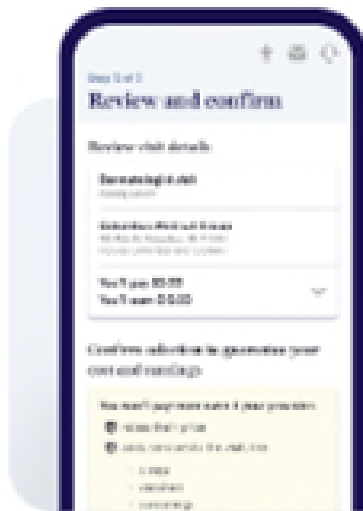
1

Search for prescriptions and providers — by name, specialty, or service



2

See cost and quality information for every provider



3

Select a provider and confirm before the visit so exact cost or earnings are guaranteed

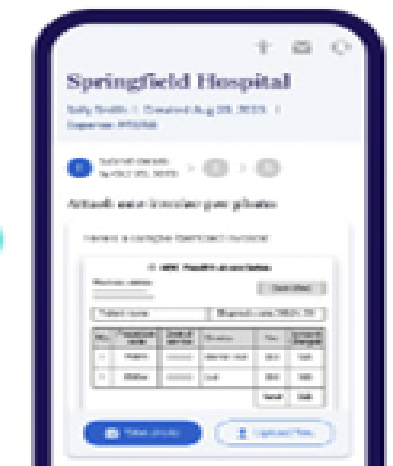
Complex care — reach out to us first

When care isn't shoppable, we step in. Our team of specialists guide you step-by-step through surgeries, procedures, chronic conditions, cancer, maternity, and more. You'll always have clear upfront costs and at least one option at or below the Benefit Amount.

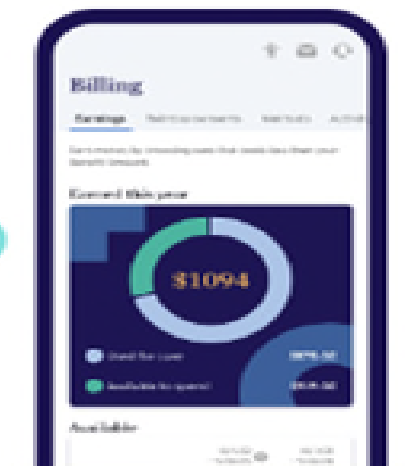
Paying and submitting expenses



Pay with the Sidcar Health Visa card and ask for an itemized invoice or visit notes



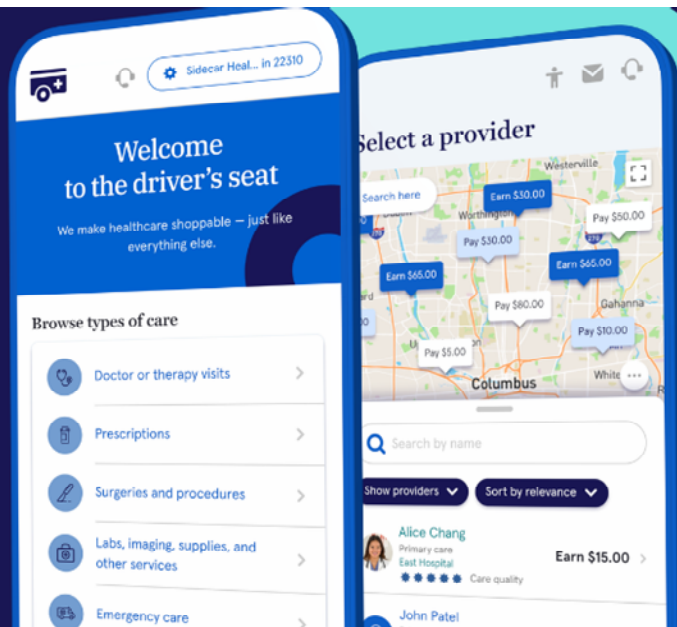
Submit the itemized invoice or visit notes through the app



Earn money back if the provider charges less than the Benefit Amount — or pay the difference if they charge more

The Sidecar Health app

Putting healthcare
in your pocket



- ➔ Shop for care and prescriptions in the app, just like you would anything else
- ➔ See what you'll pay (or earn) at nearly every U.S doctor or pharmacy
- ➔ Confirm your choice to guarantee your costs or earnings
- ➔ Get provider-specific scheduling, payment, and billing information
- ➔ Upload invoices and track claims
- ➔ Access ID cards, coverage summaries, plan documents, help guides, and anything else related to your plan
- ➔ Connect with our Member Care team or your 24/7 AI Assistant

To get started:

Open App Store or Google Play on your device, search for “Sidecar Health” – download, and follow the prompts to register (if you haven’t already)

App users must be enrolled and registered



Scan or click [here](#)
to log in or
register

Care savings *cheat sheet*

Keep these savings pro-tips in mind

-  **Office visits:** Confirm your visit in the app to guarantee what you'll pay (or earn), even if the visit ends up costing more. Guarantees last the full year.
-  **Prescriptions:** Use discount codes (like ScriptSave or GoodRx) to lower the price before you pay at the pharmacy.
-  **Labs:** Ask your provider to send labs to Quest or LabCorp to guarantee you'll have no cost beyond your deductible and applicable coinsurance. *Hint: At Quest, you'll usually earn money back.*
-  **Imaging:** Use the app to compare providers. Pre-checked options will guarantee no cost beyond your deductible and applicable coinsurance.
-  **Emergencies:** No need to shop, just go get the care you need at any E.R. You're always protected — you'll never pay more than your maximum out-of-pocket (deductible and applicable coinsurance).

Complex care? We've got you covered

-  **Planning a surgery or procedure?**
Let us know early. We provide Care Search Assistance to help make sure you always understand your costs and have an option at or below your Benefit Amount.

For care journeys that call for extra support — like cancer treatment, a transplant, dialysis, or maternity care — we'll pair you with a dedicated specialist. Learn more at SidecarHealth.com/ComplexCare

Using your plan *at the pharmacy*

With Sidecar Health, filling your prescriptions is simple
— and one of the easiest ways to save — **and earn.**

Here's how it works:



1. Search your prescription in the app

Just type the name and select your dosage and quantity. We'll show your Benefit Amount, and what local pharmacies charge so you can shop for maximum savings.



2. Choose any pharmacy

There are no networks or preferred pharmacies. Just compare prices in the app and tell your doctor where to send your prescription.



3. Use discount codes

Use our built-in codes (found in the app under “At the pharmacy”) or any other codes from sites like **GoodRx** or **CostPlus**. The lower the price, the more you can save and earn.



4. Pay and upload your invoice

Show your discount code and pay with your Sidecar Health Visa. Then snap a picture of the ***slip that's attached to or included in your prescription bag*** (not your credit card receipt) and upload that to your expense in the app.



Need a specialty medication?

CVS Caremark Specialty Pharmacy gives you easy access to specialty medications priced at or below your Benefit Amount. [Learn more.](#)

*If you need help, call Member Care —
we'll walk you through it.*

Tip

Nearby pharmacies can have drastically different prices for the same exact medication.

It pays to shop.



How coinsurance works at Sidecar Health

The structure will feel familiar. Here's how it works — and what makes it different with Sidecar Health.

 Deductible	 Coinsurance	 Maximum out-of-pocket
The amount that members have to pay for covered services until the plan begins paying for care.	After the deductible, members pay a set percentage of costs — calculated on the provider's charge or the Benefit Amount, whichever is less. Sidecar Health covers the rest, up to the Benefit Amount.	The deductible and coinsurance are the only costs that count toward the maximum out-of-pocket. Once reached, Sidecar Health covers all costs up to the Benefit Amount for the rest of the plan year.

Coinsurance at Sidecar Health works differently than it does on legacy plans

	Sidecar Health	Legacy plan
Transparency	Members see their coinsurance amount before choosing a provider — no surprises.	Coinsurance costs can vary widely by facility and aren't known by the member in advance.
Earnings opportunity	Members earn money back when they choose care below their Benefit Amount. These earnings can offset a portion — if not all — of their coinsurance.	No financial incentives or earnings opportunities.

Know where to go for care?

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

Emergency Room

True Emergency Care or life-threatening Illness

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

Urgent Care

Non-Emergency Conditions that require immediate attention

- Sprain
- Ear infections
- High Fevers
- Injuries

Primary Care- Doctors Office

Non-Emergency injuries or illness

- Prescription Refills
 - Cold/Flu
- Ongoing Health Matters

Dental Benefits

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

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

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

KEY FEATURES AND DETAILS

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

IMPORTANT TO KNOW

Reimbursement schedule for your out-of-network benefits

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

Choice Plus

IN-NETWORK

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

OUT-OF-NETWORK

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

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

MONTHLY COST

Employee Only	\$30.54
Employee+ Spouse	\$62.34
Employee + Children	\$77.35
Employee + Family	\$112.69

Oral Health for Overall Health

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

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

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

Valuable dental benefits at no additional cost

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

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

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

*Starting Jan. 1, 2023



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

Vision Benefits

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

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

KEY FEATURES AND DETAILS

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

IMPORTANT TO KNOW

Frequently asked questions

What is a benefit allowance?

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

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

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

IN-NETWORK	
Deductibles Exam Eye Glass Lenses or Frames	\$10 copay \$25 copay
Eye Exams Routine Eye Exam <i>Benefits may be redeemed every 12 months</i>	Covered in FULL
Frames <i>Benefits may be redeemed every 24 months</i>	\$130 allowance 20% off the remainder
Lens Single Vision Bifocal Trifocal Lenticular Standard Progressive	Covered in FULL
Contacts Fit & Follow-Up Elective Medically Necessary <i>Benefits may be redeemed every 12 months</i>	Participants cost up to \$60 Up to \$130 Covered in Full
OUT-OF-NETWORK	
Eye Exams Routine Eye Exam	Up to \$45
Frames	Up to \$70
Lens Single Vision Bifocal Trifocal Lenticular Standard Progressive	Up to \$30 Up to \$50 Up to \$65 Up to \$100 N/A
Contacts Elective Medically Necessary	Up to \$105 Up to \$210
MONTHLY COST	
Employee Only	\$6.64
Employee+ Spouse	\$12.80
Employee + Children	\$11.76
Employee + Family	\$17.92

Life and AD&D

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

(Group #169306)

AMOUNT OFFERED?

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

HOW MUCH DOES THE COVERAGE COST?

\$5,000 - \$12.25 per month

\$10,000 - \$24.50 per month

DOES THE COVERAGE AMOUNT CHANGE BASED ON MY AGE?

Not Subject to age reductions.



Key Terms to Know



Affordable Care Act (ACA)

The Patient Protection and Affordable Care Act, commonly called the Affordable Care Act (ACA) is a United States federal statute signed into law by President Obama in March 2010. The law puts in place comprehensive health insurance reforms.

Annual Maximum

Total dollar amount a plan pays during a calendar year toward the covered expenses of each person enrolled.

Out-of-Pocket Maximum

The maximum amount of coinsurance a Plan member must pay towards covered medical expenses in a calendar year for both network and non-network services. Once you meet this out-of-pocket maximum, the Plan pays the entire coinsurance amount for covered services for the remainder of the calendar year. Deductibles and copays apply to the annual out-of-pocket maximum.

Coinsurance

A percentage of the medical costs, based on the allowed amount, you must pay for certain services after you meet your annual deductible.

Copayment

A set dollar amount you pay for network doctors' office visits, emergency room services and prescription drugs.

Deductible

Total dollar amount, based on the allowed amount, you must pay out-of-pocket for covered medical expenses each calendar

year before the plan pays for most services. The deductible does not apply to network preventive care if any services where you pay a copayment rather than coinsurance. Some of your dental options also have an annual deductible, generally for basic and major dental care services.

Brand Formulary Drugs

The brand formulary is an approved, recommended list of brand-name medications. Drugs on this list are available to you at a lower cost than drugs that do not appear on this preferred list.

Generic Drugs

These drugs are usually the most cost-effective. Generic drugs are chemically identical to their brand-name counterparts. Purchasing generic drugs allows you to pay a lower out-of-pocket cost than if you purchase formulary or non-formulary brand name drugs.

Maintenance Drugs

Prescriptions commonly used to treat conditions that are considered chronic or long-term. These conditions usually require regular, daily use of medicines. Examples of maintenance drugs are those used to treat high blood pressure, heart disease, asthma and diabetes.

Non-Formulary Drugs

These drugs are not on the recommended formulary list. These drugs are usually more expensive than drugs found on the formulary. You may purchase brand-name medications that do not appear on the recommended list, but at a significantly higher out-of-pocket cost.

Specialty Drugs

Prescription medications that require special handling, administration or monitoring. These drugs may be used to treat complex, chronic and often costly conditions.

Portability

An employee carries or 'ports' his/ her current Group Life coverage after employment ends, without having to answer any medical questions. Portability is for an employee who is leaving his/her job and still wants to maintain the protection that life insurance provides.

Primary Care Physician (PCP)

The health care professional who monitors your health needs and coordinates your overall medical care, including referrals for tests or specialists.

Network

A group of health care providers, including dentists, physicians, hospitals and other health care providers that agree to accept pre-determined rates when servicing members.

Qualifying Event

An occurrence that qualifies the subscriber to make an insurance coverage change outside of Open Enrollment.

Federal Notices

IMPORTANT NOTICE FROM BRADFORD COUNTY SCHOOL DISTRICT ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

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

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

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

When can you join a Medicare drug plan?

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

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

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

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

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

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

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

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

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

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

For more information about Medicare prescription drug coverage:

Visit medicare.gov

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

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

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

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

MICHELLE'S LAW

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

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

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

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

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

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

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

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

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

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

NOTICE OF SPECIAL ENROLLMENT RIGHTS

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

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

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

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT

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

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

Key Contacts

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

Carrier Contacts

CONTACT	PHONE	EMAIL	WEBSITE
Medical – SideCar	855-282-0822		Sidecarhealth.com
App Registration	Invoicing Help	Tips & Scripts for doctors	
			
Dental – Florida Blue Group # 60479	888-223-4892		www.floridabluedental.com
Vision – The Standard Group # 160-169306	800-547-9515		www.standard.com/services
Life Insurance- The Standard Group # 169306	800-628-8600		www.standard.com
Disability Insurance – The Standard Group # 169306	STD: 800-368-2859 LTD: 800-368-1135		www.standard.com
Worksite - Voya Accident, Critical Illness, Hospital Group # 731161	Screenings: 877-236-7564 Claims: 888-238-4840 General: 800-955-7736		www.voya.com Claims: presents.voy.com/EBRC/BCSD
HSA – Employee Benefits Corporation (EBC)	800-346-2126	participantservices@ebcflex.com	https://portals.ebcflex.com/



Bradford County Public School District Employee Individual Health Solutions

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

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



**Moving from
Full Time to Part Time**



**Aging into
Medicare**



**Dependents aging off
Group Plan**



**COBRA
Alternative**



**Tammy Evans
Senior Advisor**

25+ Years Experience
Individual Health Insurance
Products
Medicare | Affordable Care Act
Dental
The Bailey Group
An NFP Company
1200 Plantation Island Dr S,
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An **NFP** Company



Bradford County
School District
2025 Benefits

The information in this Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail. The benefit options selected during Open Enrollment will be binding. The terms and provisions will govern you and restrictions of the plans in which you enroll.

Generally, unless you experience a qualifying life event, your elections will remain in effect for the entire plan year. By completing your enrollment, you authorize Bradford County School District to deduct contributions from your paycheck, now and in the future, as required under each of the plans. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, contact Human Resources. Bradford County School District reserves the right to change, amend or cease these benefits at any time.