Retiree

BENEFITS GUIDE

PLAN YEAR 2027



Piecing Together *Your Benefits*

Welcome



DEAR TEAM PALM BEACH,

As we welcome another Open Enrollment period in anticipation of Plan Year 2027, I want to take a moment to reaffirm our commitment to you and your families.

Navigating challenging financial times is a reality we all face, but our priority remains clear: protecting and providing high-quality, comprehensive health benefits for our dedicated employees without placing an added burden on your paychecks.

To maintain these high standards while remaining fiscally responsible, we are implementing key enhancements to our benefits strategy for 2026. These updates allow us to manage costs effectively—working together as a team so we can continue offering exceptional care.

1. Transition to Judi Rx for Pharmacy Coverage

Starting this plan year, we are transitioning our pharmacy benefits to Judi Rx . This pharmacy is designed to streamline prescription management, lower total healthcare spending by reducing the Rx ingredient costs, and deliver better value directly to you and your eligible dependents.

2. $0 Copay Specialty Medications via Rescription

To help manage high specialty medication costs, we are introducing a new specialty program through Rescription, integrated directly within your Judi Rx benefit.

- **$0 Copay Opportunity:** You can access specialty medications at no copay simply by completing a brief, convenient virtual medical appointment.
- **How to Participate:** We encourage all members taking specialty medications to meet us halfway by taking advantage of this program. It saves you out-of-pocket money while helping the District preserve funds for our overall benefits package.

3. Continued Engagement with PeopleOne Health

Our partnership with PeopleOne Health continues to be a cornerstone of our wellness strategy. As we continue this benefit for Plan Year 2027, we need your active participation to keep the program efficient and impactful:

- **Active Engagement:** If you utilize PeopleOne Health as your primary medical home, please continue actively scheduling your appointments and engaging with your care team.
- **Membership Updates:** If you have chosen a different medical home outside of PeopleOne Health, we kindly ask that you actively discontinue your membership. This ensures our administrative resources and clinical slots remain open for team members actively utilizing the service.
- **Expanding Access:** We have recently learned PeopleOne Health is expanding into Broward County. Those locations will be opening soon and will extend access for our team members who reside or work near the area.

4. Low Option HMO Primary Care Physician Selection
Starting in Plan Year 2027, our Low HMO option will require you to select a Primary Care Physician (PCP). While you won't be strictly required to see this PCP for your care, and you will continue to have open access to specialists within the network, selecting one ensures you have an assigned provider available when you need one.

Sincerely,



Mike Burke, Superintendent

Welcome

DEAR DISTRICT RETIREES,

We welcome you to view the benefits information included in this reference guide. We've compiled all the information about benefits available to you as a retiree of The School District of Palm Beach County.

MEDICAL

We offer several options for retirees and are confident you will find a plan that meets your needs and budget.

DENTAL AND VISION COVERAGE

Dental and Vision Insurance are important optional benefits that are not part of most medical plans.

MEDICARE PART D FOR MEDICARE ELIGIBLE RETIREES

Your existing prescription coverage with the School District of Palm Beach County is on average as good as standard Medicare prescription drug coverage. You can keep this coverage and not pay extra if you later decide to enroll in Medicare prescription drug coverage.

You should also know that if you drop or lose your coverage with the School District of Palm Beach County and don't enroll in Medicare prescription drug coverage when your current coverage ends, you may pay more (a penalty) to enroll in Medicare prescription drug coverage later.

SINCERELY,
Risk & Benefits Department

FOR PRE-MEDICARE RETIREES:

Pre-Medicare benefits may be continued through The School District of Palm Beach County.

IMPORTANT NOTICE: Open Enrollment for Pre-Medicare eligible retirees of the School District of Palm Beach County will be Nov. 2 - 16, 2026.

MEDICARE ELIGIBLE PLANS - FSRBC

Florida School Retiree Benefits Consortium (FSRBC) administers Medicare eligible Retiree Medical, Dental, and Vision benefits for The School District of Palm Beach County. This means all Medicare eligible retirees will complete benefit enrollment through the FSRBC open enrollment which is from **Oct. 26 - Nov. 13, 2026**.

For additional information, Medicare Eligible Retirees may visit: **https://myfsrbc.com** or call **(833) 686-0983** (TTY 711)

During FSRBC Open Enrollment:
Monday - Friday 8:00 a.m. to 8:00 p.m. EST

All other times during the year:
Monday - Friday 9:00 a.m. to 5:00 p.m. EST

PEOPLEONE HEALTH LOCATIONS

PeopleOne Health Wellington | 937-552-5270
1397 Medical Park Blvd, Suite 220, Wellington, FL
Monday 7:00 a.m. - 6:00 p.m.
Tuesday & Thursday 7:00 a.m. - 7:00 p.m.
Wednesday 9:00 a.m. - 6:00 p.m.
Friday 7:00 a.m. - 4:00 p.m.

PeopleOne Health West Palm Beach | 937-552-5270
4601 N Congress Ave Suite 107, West Palm Beach, FL
Monday, Tuesday & Thursday 7:00 a.m. - 7:00 p.m.
Wednesday & Friday 7:00 a.m. - 4:00 p.m.

PeopleOne Health Boynton Beach | 937-552-5270
10075 S Jog Road Suite 101, Boynton Beach, FL
Monday, Tuesday & Thursday 7:00 a.m. - 7:00 p.m.
Wednesday 9:00 a.m. - 6:00 p.m.
Friday 7:00 a.m. - 4:00 p.m.

PeopleOne Health Boca Raton | 937-552-5270
21065 Powerline Road A2, Boca Raton, FL
Monday, Tuesday & Thursday 7:00 a.m. - 7:00 p.m.
Wednesday 9:00 a.m. - 6:00 p.m.
Friday 7:00 a.m. - 4:00 p.m.

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SCHOOL DISTRICT OF PALM BEACH COUNTY NON-DISCRIMINATION STATEMENT

The School Board of Palm Beach County, Florida, prohibits discrimination in admission to or access to, or employment in its programs and activities, on the basis of race, color, national origin, sex or sexual orientation, marital status, age, religion, disability, genetic information, gender identity or expression, or any other characteristic prohibited by law. The School Board also provides equal access to the Boy Scouts and other designated youth groups. The School District of Palm Beach County offers the following career and technical programs, including career academies wherein students may earn industry certification, visit the Programs of Study page for more information as well as a list of classes. Lack of English language skills will not be a barrier to admission and participation. The district may assess each student's ability to benefit from specific programs through placement tests and counseling, and, if necessary, will provide services or referrals to better prepare students for successful participation.

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If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see page 27 for more details.

Benefits Directory

RISK & BENEFITS MANAGEMENT
http://l.sdpbc.net/RetireeOE2027

Retiree Benefits:
3300 Forest Hill Blvd, Suite A-103
West Palm Beach, FL 33406-5870
Phone: **(561) 434-8673 or (561) 434-8580**
Fax: **(561) 434-8103**

Pre-Medicare Medical Plans

UnitedHealthcare®
Group # All Plans: **704471**
www.whyuhc.com/sdpbc

Member Services:
(888) 380-0389

Dedicated Onsite Account Managers:
Last Name A-K:
(561) 434-8092

Last Name L-Z:
(561) 357-7564

Pre-Medicare Vision Plan

EyeMed
Group Number: **9705435**
www.eyemed.com

Customer Service: **(866) 723-0514**

Pre-Medicare Dental Insurance

Humana Dental®
Group #: **830206**
myhumana.com
DHMO & PPO Plans: **(800) 233-4013**

Pre-Medicare Open Enrollment:

November 2 - 16, 2026

CRITICAL ILLNESS, ACCIDENT AND UNIVERSAL LIFE INSURANCE
Trustmark Insurance Company
www.trustmarksolutions.com
Phone: **(866) 636-5525**
Email: **pbsd@trustmarkins.com**

U.S. SOCIAL SECURITY ADMINISTRATION
www.ssa.gov
(800) 772-1213

FLORIDA RETIREMENT SYSTEM (FRS)
www.myfrs.com
Payroll (pension checks):
(866) 446-9377

SPECIAL RETIREMENT PLAN ADMINISTRATOR
BENCOR Administrative Services
www.bencorplans.com
Group #: **100260**
Phone: **(866) 296-9712**
Email: **questions@bencorservices.com**

COBRA ADMINISTRATOR:
Benefits OutSource, Inc (BOI)
(888) 877-2780

MEDICARE
www.medicare.gov
(800) MEDICARE (800-633-2273)
Medicare Open Enrollment is from Oct. 15 to Dec. 7, 2026

BASIC AND SUPPLEMENTAL LIFE INSURANCE CONVERSION
MetLife
(877) 275-6387

FLEXIBLE SPENDING ACCOUNT (FSA)
Inspira Financial
(844) 729-3539

JUDI RX
judi.health
judi benefits
(833) 641-5138
RxBIN: 610852 RxGRP: JD455
RxPCN: CHM Issuerer: 9151014609

MEDICARE ELIGIBLE RETIREE BENEFIT OPTIONS

Florida School Retiree Benefits Consortium (FSRBC)

Open Enrollment:
Oct. 26 - Nov. 13, 2026

Medical
https://myfsrbc.com
(833) 686-0983 (TTY 711)

Humana Dental & Vision
https://myfsrbc.com
(877) 589-4051

Important Enrollment Information



New Pre-Medicare Retirees

As a new retiree, you have the opportunity to continue your current plan coverage for medical, dental and vision. Each year following your retirement, you will have the opportunity to make plan changes until such time as you become Medicare Part B eligible.

Current Retirees

Pre-Medicare retirees have a choice of any of the District's medical plans as offered to active employees:

1. Low Option HMO
2. High Option HMO
3. Consumer Driven Health Plan (CDHP)

Tobacco Use Surcharge

The School District of Palm Beach County will add a tobacco surcharge to medical plan premiums for retirees who use any tobacco products and elect medical coverage. The same surcharge will apply if a tobacco status was not declared. The School District of Palm Beach County encourages you to take steps to quit the use of all tobacco products. This tobacco premium surcharge will be strictly enforced for all retirees covered under the group medical plan.

Plan Options for Retirees Eligible for Medicare

As a retiree of the School District of Palm Beach County, when you or your dependent become Medicare Part B eligible, supplement insurance benefits will be offered through the Florida School Retiree Benefits Consortium (FSRBC).

More information will be provided to you by FSRBC in advance of the Medicare Eligibility date.

CONTACT: benefits@myfsrbc.com || (833) 686-0983

Plan information and rates included in this document apply to plans offered to retirees who are not eligible for Medicare plans.

Medicare eligible Retirees must refer to the FSRBC website or contact FSRBC directly for plan and rate information.

Pre-Medicare Retiree Monthly Rates

2027 MEDICAL PLANS - UNITEDHEALTHCARE			
		NON-TOBACCO USERS	TOBACCO USERS
Low Option HMO NHP Network	Retiree Only	$846	$896
	RT + Child(ren)	$1,202	$1,252
	RT + Spouse/Domestic Partner	$1,319	$1,369
	RT + Full Family	$1,589	$1,639
High Option HMO Choice Network	Retiree Only	$936	$986
	RT + Child(ren)	$1,386	$1,436
	RT + Spouse/Domestic Partner	$1,506	$1,556
	RT + Full Family	$1,846	$1,896
CDHP Medical Plan Choice Plus Network	Retiree Only	$736	$786
	RT + Child(ren)	$1,092	$1,142
	RT + Spouse/Domestic Partner	$1,174	$1,224
	RT + Full Family	$1,448	$1,498

2027 DENTAL PLANS - HUMANA		RETIREE
DHMO Enhanced	Retiree Only	$16.18
	RT + Child(ren)	$34.38
	RT + Spouse/Domestic Partner	$28.31
	RT + Full Family	$44.49
DHMO Basic	Retiree Only	$12.29
	RT + Child(ren)	$26.29
	RT + Spouse	$21.38
	RT + Full Family	$33.66
PPO High	Retiree Only	$35.91
	RT + Child(ren)	$98.74
	RT + Spouse/Domestic Partner	$87.99
	RT + Full Family	$132.87
PPO Low	Retiree Only	$28.31
	RT + Child(ren)	$77.86
	RT + Spouse/Domestic Partner	$69.37
	RT + Full Family	$104.76

2027 VISION PLANS - EYEMED	
	COST
Retiree Only	$5.45
Retiree + Full Family	$14.00

MEDICARE ELIGIBLE RETIREES

Please contact FSRBC for plan options and rate information
https://myfsrbc.com
(833) 686-0983 (TTY 711)
Open Enrollment
Oct. 26 - Nov. 13, 2026

New Pre-Medicare Retirees



BENEFITS AVAILABLE FOR NEW PRE-MEDICARE RETIREES

As a retiree of The School District of Palm Beach County, you are eligible to continue medical, dental and/or vision coverage if you are not yet eligible for Medicare and are current with all premium contributions. For more information regarding benefits, policies and premiums, please refer to the retiree benefit information found under the Careers tab at: **www.palmbeachschools.org**

Your benefits as an active employee will end on the last day of the month in which you retire. For example, if an employee retires on May 15, active coverage will terminate on May 31. Retiree information will be mailed to the home address on file. You will have 30 days from the day your benefits end as an active employee to make elections and pay the retiree benefits premium to continue the retiree benefits offered to you. However, for all employees (with the exception of 12-month employees) who retire at the end of the school year and work through their contract period, coverage will end on July 31st of that year.

NOTE: For less than 12-month employees who do not work through the end of the school year and who do not work through their contract period, coverage will end on the 1st of the month following their last day worked.

IMPORTANT

Your retiree health benefits terminate on the last day of the month prior to the month you become eligible for Medicare. Under Medicare guidelines, coverage typically begins on the first day of your birth month.

Example: If your 65th birthday is December 15, your Medicare eligibility begins on December 1, and your SDPC coverage ends on November 30.

MEDICARE ELIGIBLE PLANS - FSRBC

In order to be eligible to continue health insurance benefits, you have to be retired and receiving monthly payments from FRS. Enrollment in the FRS investment plan may limit your eligibility to continue health benefits upon retirement. Please refer to **School Board Policy 3.79** for more information.

Upon you or your dependent becoming eligible for Medicare (including Disability Medicare), Medicare will assume the role of primary health coverage. This transition occurs on the first day of the month immediately following your last day of employment, regardless of any maintained retiree benefits provided by the district.

The School District of Palm Beach County has joined the Florida School Retiree Benefits Consortium (FSRBC). The Consortium provides enhanced retiree benefits through their partners Aon and BSwift. FSRBC Open Enrollment is from **Oct. 26 - Nov. 13, 2026.**

Please Note:

Your retirement date must be in a month in which you are covered under the district's benefits plan in order to continue benefits as a retiree. For less than 12-month employees, the same rules apply except that at the end of the school year, if you complete your contract, most benefits will remain in place through the end of July. If you do not physically return to work in August, your benefits ended in July, so your retirement date must be in July.

Retirees

Annual Enrollment Benefits Available

Each year during Open Enrollment, retirees can switch medical or dental plans, cancel coverage, and add or remove dependents from their plans. If you are adding dependents to your medical, dental, or vision coverage, you must submit required verification documentation and Social Security numbers for all enrolled dependents.

Plan Premium Payments

Premium payments are due by the first day of the month. Monthly premiums can be taken from your Florida Retirement System (FRS) pension. We are also pleased to offer ACH (debit from other accounts) as an alternative method of payment. For retirees under the Investment plan, the only option to continue premium payment is ACH debit.

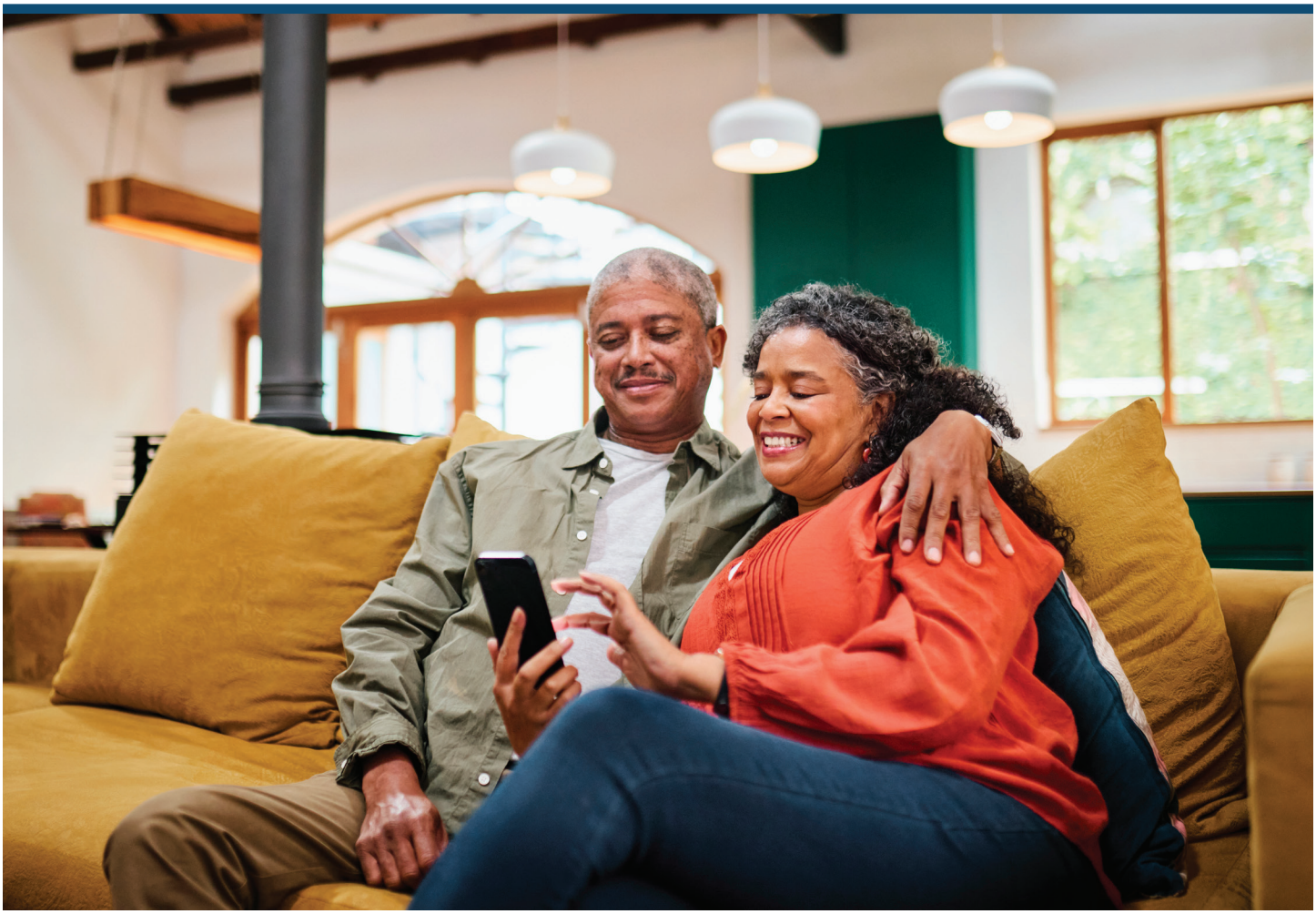
Waiver or Dependent Removal Policy

A retiree may elect to voluntarily terminate their own coverage or remove a covered dependent at any point outside of the annual open enrollment period by providing a written request.

All requests must clearly state the desired effective termination date.

Please submit the request via email to Miriam.Morales@palmbeachschools.org or via fax to (561) 434-8103.

Important: Dropping any coverage is permanent. Once you cancel a benefit, you will not be allowed to re-enroll in that coverage in the future.



UnitedHealthcare Medical Plans

www.whyuhc.com/SDPBC



UnitedHealthcare is pleased that the School District of Palm Beach County has chosen us as the health plan provider for you and your family.

Welcome - We're Glad You're Here

While no one can predict the future, you can prepare for it. Your UnitedHealthcare benefits provide you with access to people, resources and tools to help you when you aren't feeling your best. We have also created unique programs to help you improve your health and wellness. We believe knowledge is the heart of your healthcare, so we want to give you resources to help you:

- Be active with your healthcare
- Make healthy choices
- Find answers
- Save money
- Take charge of your health

Benefits You'll Appreciate

Your doctor is likely already in our network. Whether you are at home, traveling or you have a covered child going to school out-of-state, an in-network doctor or hospital is likely close by. In addition, there are no referrals. You can see the specialist you want. Emergencies are covered anywhere in the world, and you usually don't have to worry about claim paperwork for network care.

Find a Network Doctor or Hospital

Search by facility, location, gender, and languages spoken.

1. **www.whyuhc.com/sdpbc**
2. Click "Health Plans"
3. Choose the health plan network that you want to view

Your Coverage Plan

Your benefit plan is an important part of your daily life, even if you don't need services every day. It protects you and helps you better manage your health. Right now is the perfect time to find out all you can about your coverage before you need it, especially how it works and where to go for care.

Always Carry your ID Card

Your ID card has key information about you and your coverage. Put your card in your wallet or your pocketbook so you won't forget it. When you're at doctors' offices, drugstores and hospitals, show it to make sure you are not billed unnecessarily. You may also be asked to show a picture ID, such as your driver's license or another government ID card with a picture on it, so be sure to bring this with you, too.

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UnitedHealthcare Medical Plans

www.whyuhc.com/SDPBC

Additional Features of Each Plan

When you enroll in a UnitedHealthcare health plan, you'll not only have the freedom to use any doctor or hospital in our nationwide network, including specialists, but you'll also be able to take advantage of many valuable programs and services to make your healthcare experience easier.

Health coaches offer telephonic and online support to help you lose weight, stop smoking, manage diabetes and more.

Health and wellness programs can help you eat right, stop smoking and relax. You can participate online, or by phone, in the comfort of your own home.

Other helpful tools include:

- Healthcare cost estimator
- Physician match
- Hospital comparison

UnitedHealth Premium® Care Physician - Find Recognized Doctors and Hospitals in the Network

With the UnitedHealth Premium Tier 1 designation program*, we help you:

- Find doctors and hospitals in your area that meet quality and cost-efficiency criteria
- Find doctors you can call directly, without prior approval
- Get names quickly online
- Access 27 specialties, including primary care, cardiology and orthopedics, as well as facilities in specialties, including:
  - congenital heart disease
  - cardiac care
  - total joint replacement
  - spine surgery

TIER 1 Finding a UnitedHealth Premium® Care Physician

Visit your member website, **www.whyuhc.com/sdpbc**, to search the directory and look for this symbol next to your results.

UnitedHealth Premium Tier 1 is not available in all geographic locations. For a complete description of the UnitedHealth Premium Tier 1 designation program, including details on the methodology used, geographic availability and program limitation, please visit **www.whyuhc.com/sdpbc®.*

Criteria for designation come from nationally recognized quality standards and market-based cost efficiency standards. For our members with special medical concerns, we also provide information from the National Committee for Quality Assurance (NCQA) Doctor Recognition Program.

Tips to Make Your Doctor's Visit Worthwhile

Before your appointment:

1. Make a list of all the questions you have for your doctor, nurse or pharmacist.
2. Write down medications you are currently taking, including prescriptions, over-the-counter medicines, and herbal supplements.
3. Plan to bring a family member or friend to your visit if you have a hard time remembering what your doctor tells you.

During your appointment:

1. Tell your doctor if a family member has been diagnosed with a serious disease or condition. Also mention if you have or will be traveling outside the country.
2. Ask your doctor at every visit to send any laboratory test to a network facility.
3. Before you leave, make sure you can read and/or understand your doctor's or pharmacist's instructions. If you don't, it's okay to ask them to explain until you understand.

Medical Benefits At-A-Glance

Low Option HMO - NHP Network

UnitedHealthcare Medical Benefits-at-a-Glance

Our medical plan is provided by UnitedHealthcare. The pharmacy benefits are provided directly through Judi Rx. This plan gives you the freedom to see any physician or other healthcare professional from our national network, including specialists, without a referral. In addition, you do not have to worry about any claim forms or bills. The premiums are less than the High Option HMO plan. However, the out-of-pocket expenses are slightly higher than the High HMO plan.

MEMBER PAYMENTS	IN-NETWORK ONLY
Annual Medical Expense Deductible	$500 for individual / $1,000 for family
Annual Out-of-Pocket Maximum	$6,000 for individual / $12,000 for family
Coinsurance Rate / In-Patient Hospital	20% of eligible expenses after deductible
Primary Care Physician: Check United's provider directory before making your decision regarding your health care provider	Choose any physician from the United Open Access directory. You may access any participating specialist without a referral.
Preventive Care	No charge
Physician Office Visit (Primary Care)	$40 copayment / $30 copayment for UHC Tier 1 Premium Care Physician (Deductible does not apply)
Specialist Office Visit	$60 copayment / $55 copayment for UHC Tier 1 Premium Care Physician (Deductible does not apply)
Outpatient Hospital and Surgical Services: X-Ray, Other Diagnostic Services (MRI, CT scan, etc.), Laboratory	20% of eligible expenses after deductible
Outpatient Rehabilitation Therapy	$35 copayment per visit[1] (Deductible does not apply)
Approved Durable Medical Equipment	20% of eligible expenses after deductible
Emergency Ambulance Trip	$150 copayment per trip
Hospital Pre-Admission Requirement	Your physician will take care of all pre-notification requirements.
Emergency Room Care	$250 copayment (waived if admitted)
Urgent Care Copayment	$75 copayment (Deductible does not apply)
District On-Site Clinic Visit	$10 copay
Convenience Care Clinic	$40 copayment (Deductible does not apply)
Virtual Office Visits	$25 copayment (Deductible does not apply)
Outpatient Mental Health & Substance Abuse Services	$35 individual, $25 group (Deductible does not apply)
Prescription Drugs Pharmacy Provider - Judi Rx	Annual Rx deductible $100 individual (retail) / $200 family (retail)
• 30-day supply per prescription at participating pharmacists	$10 Tier 1, $30 Tier 2, $60 Tier 3, $100 Tier 4
• Mail order for a 90-day supply of formulary maintenance medication per prescription	No deductible for mail order – $25 Tier 1, $75 Tier 2, $150 Tier 3, $250 Tier 4

Medical Network **www.whyuhc.com/sdpbc.**
Network name **"NHP HMO/POS Access Network"**

[1] 20 visits of physical, occupational, pulmonary and speech therapy per calendar year, per therapeutic type. 36 visits per year for cardiac therapy.

Medical Benefits At-A-Glance

High Option HMO

UnitedHealthcare Medical Benefits-at-a-Glance

Our medical plan is provided by UnitedHealthcare. The pharmacy benefits are provided directly through Judi Rx. This plan gives you the freedom to see any physician or other healthcare professional from our national network, including specialists, without a referral. In addition, you do not have to worry about any claim forms or bills. The monthly premiums are higher than the Low Option HMO Plan, however, the out-of-pocket expenses are slightly lower than the Low HMO plan.

MEMBER PAYMENTS	IN-NETWORK ONLY
Annual Medical Expense Deductible	$400 for individual / $800 for family
Annual Out-of-Pocket Maximum	$4,000 for individual / $8,000 for family
Coinsurance Rate / In-Patient Hospital	10% of eligible expenses after deductible
Primary Care Physician: Check United's provider directory before making your decision regarding your health care provider	Choose any physician from the United Open Access directory. You may access any participating specialist without a referral.
Preventive Care	No charge
Physician Office Visit (Primary Care)	$40 copayment / $30 copayment for UHC Tier 1 Premium Care Physician (Deductible does not apply)
Specialist Office Visit	$50 copayment / $40 copayment for UHC Tier 1 Premium Care Physician (Deductible does not apply)
Outpatient Hospital and Surgical Services: X-Ray, Other Diagnostic Services (MRI, CT scan, etc.), Laboratory	10% of eligible expenses after deductible
Outpatient Rehabilitation Therapy	$20 copayment per visit[1] (Deductible does not apply)
Approved Durable Medical Equipment	10% of eligible expenses after deductible
Emergency Ambulance Trip	10% of eligible expenses after deductible
Hospital Pre-Admission Requirement	Your physician will take care of all pre-notification requirements.
Emergency Room Care	15% of eligible expenses after deductible
Urgent Care Copayment	$50 copayment (Deductible does not apply)
District On-Site Clinic Visit	$10 copay
Convenience Care Clinic	$25 copayment (Deductible does not apply)
Virtual Office Visits	$25 copayment (Deductible does not apply)
Outpatient Mental Health & Substance Abuse Services	$20 individual, $15 group (Deductible does not apply)
Prescription Drugs Pharmacy Provider - Judi Rx	Annual Rx deductible $100 individual (retail) / $200 family (retail)
• 30-day supply per prescription at participating pharmacists	$10 Tier 1, $30 Tier 2, $60 Tier 3, $100 Tier 4
• Mail order for a 90-day supply of formulary maintenance medication per prescription	No deductible for mail order – $25 Tier 1, $75 Tier 2, $150 Tier 3, $250 Tier 4

Medical Network **www.whyUHC.com/SDPBC**. Network name "UnitedHealthcare Choice."

[1]20 visits of physical, occupational, pulmonary and speech therapy per calendar year, per therapeutic type. 36 visits per year for cardiac therapy.

Medical Benefits At-A-Glance

Consumer Driven Health Plan (CDHP)

UnitedHealthcare Medical Benefits-at-a-Glance

Our medical plan is provided by UnitedHealthcare. The pharmacy benefits are provided directly through Judi Rx. The Consumer Driven Health Plan (CDHP) puts you in control of your medical spending and gives you the ability to save money through a Health Savings Account (HSA) for future healthcare needs. This plan gives you the freedom to see any doctor or other health professional from our national network, including specialists, without a referral. With this plan, you will receive the highest level of benefits when you seek care from a network doctor, facility or other healthcare professional. You may also choose to seek care outside the network without a referral. However, you should know that care received from a non-network doctor, facility or other healthcare professional means a higher deductible and copayment.

MEMBER PAYMENTS	IN-NETWORK ONLY	OUT-OF-NETWORK ONLY
Annual Medical Expense Deductible	$3,000 for individual / $6,000 for family	$4,500 for individual / $9,000 for family
Annual Out-of-Pocket Maximum	$6,350 for individual / $12,700 for family	$10,000 for individual / $20,000 for family
Coinsurance Rate / In-Patient Hospital	30% of contracted fee	40% of eligible expenses
Primary Care Physician: Check United's provider directory before making your decision regarding your health care provider	Choose any physician from the United Open Access directory and access any participating specialist without a referral.	Choose any licensed physician.
Preventive Care	No charge	40% of eligible expenses after deductible
Physician Office Visit (Primary Care)	30% of contracted fee after deductible	40% of eligible expenses after deductible
Specialist Office Visit	30% of contracted fee after deductible	40% of eligible expenses after deductible
Outpatient Hospital and Surgical Services: X-Ray, Other Diagnostic Services (MRI, CT scan, etc.), Laboratory	30% of contracted fee after deductible	40% of eligible expenses after deductible
Outpatient Rehabilitation Therapy	30% of contracted fee after deductible[1]	40% of eligible expenses after deductible
Approved Durable Medical Equipment	30% of contracted fee after deductible	40% of eligible expenses after deductible
Emergency Ambulance Trip	30% of contracted fee after deductible	30% of eligible expenses after deductible
Hospital Pre-Admission Requirement	Your physician will take care of all pre-notification requirements.	It is your responsibility to see that your physician takes care of pre-notification.
Emergency Room Care	30% of contracted fee after deductible	30% of eligible expenses after deductible
Urgent Care Copayment	30% of contracted fee after deductible	40% of eligible expenses after deductible
District On-Site Clinic Visit	$25 copay	
Convenience Care Clinic	30% of contracted fee after deductible	Select any non-network physician, specialist or hospital.
Virtual Office Visits	30% copayment after deductible, 100% coverage if preventive	n/a
Outpatient Mental Health & Substance Abuse Services	30% of contracted fee after deductible	40% of eligible expenses after deductible

Medical Network **www.whyuhc.com/sdpbc**.
Network name **"UnitedHealthcare Choice Plus."** This network is for the Consumer Driven Health Plan.
[1] 20 visits of physical, occupational, pulmonary and speech therapy per calendar year, per therapeutic type. 36 visits per year for cardiac therapy.

	RETAIL	MAIL-ORDER
DED	Subject to Deductible	Subject to Deductible
Tier 1	$10 copay after deductible	$25 copay after deductible
Tier 2	$30 copay after deductible	$75 copay after deductible
Tier 3	$60 copay after deductible	$150 copay after deductible
Tier 4	$100 copay after deductible	$250 copay after deductible

PRESCRIPTION DRUGS BY JUDIRX

- **30-day supply per prescription at participating pharmacies**
- **Mail order for a 90-day supply of formulary maintenance medication per prescription**

Pharmacy by Judi Rx

Judi Rx™



Welcome to the Judi Rx family!

Judi Rx is an innovative pharmacy benefit manager or PBM. Our role is to oversee your prescription benefit plan. We work hard every day to ensure your pharmacy benefit plan is cost-effective and in line with our mission: your health.

What is a PBM?

A PBM is a pharmacy benefit manager. We process prescription drug claims on your behalf. Judi Rx works directly with pharmacy providers and drug companies to make sure you get the medications you need. We strive to provide the right balance of drug access and cost savings as part of your plan.

Transitioning Made Easy!

We are working closely with your current providers to make the move to Judi Rx smooth. We aspire to deliver the best service and resources needed to help you and your family make better healthcare choices each day.

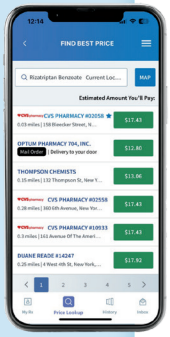


The support you count on today will continue, and Judi Rx will build on it with enhancements to make your experience even better.



Once active with Judi Rx, customer care experts are available 24 hours a day, 7 days a week to support you. You can reach us by dialing the number listed on your ID card.

We maintain relationships with 60,000+ pharmacies throughout the U.S.



Once active with Judi Rx, view and manage your pharmacy benefits with our app.

SCAN HERE TODAY TO DOWNLOAD THE JUDI RX APP

GET IT ON Google Play

Available on the App Store

To learn more about Judi Rx, visit judi.health

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Pharmacy by Judi Rx

Welcome to Judi Rx – Your Prescription Benefit Program

Remember to Use Your Member ID Card at Retail Pharmacies

Don't forget to present your member ID card along with your prescription to one of our 60,000+ retail pharmacies. To find the nearest in-network pharmacy, log into the Judi Rx Member Portal. Click 'Care Search' and select 'Find Best Price.' Follow the prompts to locate the closest in-network pharmacy that offers the lowest cost.

Save time with Costco Mail Order Pharmacy

If you are prescribed a 90-day prescription for maintenance medications, you can fill your prescription through mail service.

Getting started with Costco Mail Order Pharmacy

Contact your healthcare provider and update your mail order pharmacy provider to Costco Mail Order Pharmacy. Prior to your first fill with Costco Mail Order Pharmacy, you will need to set up an account using one of the following methods.

> **Online:** Go to rx.costco.com and create a patient account.
>
> **Phone:** Call Customer Care and follow the prompts for 'medications delivered to your home'. When setting up your account be ready to provide payment and insurance information, preferred shipping address, and communication preferences.

Managing Your Prescriptions

Choose one of the following methods to manage your prescription(s) through Costco Mail Order Pharmacy:

> **Mail:** Go to rx.costco.com and access your patient account. Select refill prescriptions or new prescriptions. Follow the prompts to complete the request and mail your paper prescription to **Costco Mail Order Pharmacy, 6801 Seaway Blvd., Suite A-2, Everett, WA 98203**.
>
> **E-prescribe:** Have your healthcare provider electronically send your prescription to **Costco Mail Order Pharmacy, #1748, Zip Code 98203**.
>
> **Fax:** Have your healthcare provider fax your prescription to **1-877-258-9584**. Faxed prescriptions may only be sent by a healthcare provider's office and must include patient information.

You do not need a Costco membership to use Costco Mail Order Pharmacy

Rescription High Cost Drug Program (HCDP)

Some medications are very expensive. This program helps lower costs by filling them through our trusted pharmacy partner, Baton Rouge General Pharmacy. Your copayment for program medications is $0.

What this means for you:

- $0 copay and free home delivery for your program medication (CDHP deductible may apply).
- Same medication and doctor, plus support from a dedicated Care Guide and pharmacist.

What happens next:

- Watch for Rescription's call to complete enrollment and schedule a brief pharmacist visit.
- Rescription handle the transfer and delivery of your medication, so you don't need to do anything.

You don't have to wait for us to call

Ready to get started or have questions? Call 833-206-1245, Monday-Friday, 9 a.m.-6 p.m. ET, or email careguide@rescription.com.

You can fill specialty medications at Costco Specialty Pharmacy or any in-network pharmacy!

Once you get a new prescription for your specialty medication, you can follow these easy steps or fill at any in-network pharmacy:

1. Have your healthcare provider send your prescriptions electronically to **Costco Specialty Pharmacy #1710, Zip Code 53717** or fax your prescription to **1-855-213-0125**. Make sure your healthcare provider includes your contact information. If a prior authorization is required, your healthcare provider may need to take extra steps to process your prescription.
2. A representative from Costco Specialty Pharmacy will call you to obtain more information and schedule your first delivery. Call Customer Care and follow the prompts for 'specialty pharmacy' to confirm the receipt of your prescription.
3. Your prescription will arrive when and where you've requested it.

You do not need a Costco membership to use Costco Specialty Pharmacy

Accessing Your Benefits and Digital Tools

Scan the QR code to download the Judi Rx app and access all digital tools available! Judi Rx Customer Care is available 24 hours a day, 7 days a week. For support, please call the toll-free number on your ID card.

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Diabetes - Level 2 Specialty Care

level2®



Level2 Specialty Care for Type 2 Diabetes

Included with your health plan – at no additional cost

About the Program

Level2 is a diabetes specialty care program designed to help you go beyond simply managing type 2 diabetes. It provides tools and support to help you work toward improving your glucose control and overall health.

When you join, you'll receive a continuous glucose monitor (CGM) at no extra cost. This device lets you track your glucose in real time — no fingersticks required. You'll also have access to a dedicated care team made up of providers, coaches, dietitians, and other experts who will guide you through each step of the process.

Why Join?

Managing diabetes can feel overwhelming at times. Maybe you're tired of fingersticks, unsure what to eat, or struggling to stay motivated. Level2 is here to make things easier and help you take back control of your health.

With personalized guidance and tools, Level2 helps you understand what's affecting your glucose levels so you can make lasting, healthy changes.

How It Works

Joining Level2 is simple. First, you enroll in the program, which is quick and easy. Once your eligibility is confirmed, a CGM will be shipped directly to you.

From there, you'll connect with your care team to create a personalized plan for improving your glucose control. As you move through the program, you'll gain real-time insights into how your actions affect your glucose and learn how to make positive changes.

Participation and CGM availability depend on health plan and clinical eligibility criteria.

Cost

Level2 is included with select UnitedHealthcare plans. There is no additional cost beyond your regular health plan premium.

Learn More & Enroll

Visit mylevel2.com/care or **call (844) 302-2821 (TTY 711)** to learn more and get started.

Important Note

Level2 cannot guarantee specific health results. Talk with your doctor to determine if Level2 is right for you. CGM and program access are based on your health plan and clinical eligibility.



PeopleOne Health



Award-Winning **Health Benefit**

100% Free With Your SDPBC Benefits, When You Are Enrolled in a Health Plan Option

We're excited to share the 100% free award-winning health benefit available to you through your School District of Palm Beach County medical benefits. You and your eligible dependents are able to join at no cost.

$0 Out-of-Pocket

Unlimited primary care visits for you and your eligible dependents

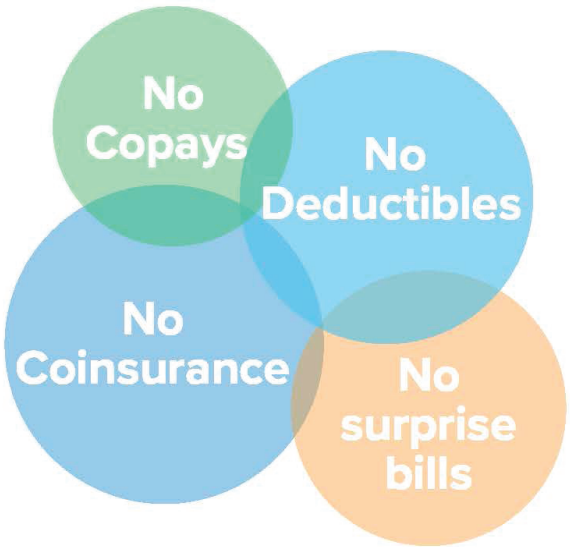
Access to same or next-day sick visits

24/7 On-Call Providers

90+ Net Promoter Score - meaning our patients love our services!

Elect to join anytime during the year*

*To remain in the program, members must meet with their care team within six months, as membership is limited



When & Where to Get Care

Compare options, help keep costs down

Getting care at the place that may best fit your condition or situation may save you up to $2,500 compared to an emergency room (ER) visit.*

Care options to consider	START HERE **Primary care provider (PCP)** The provider who may know you best	**24/7 Virtual Visits** A care provider over the phone or by video	**Convenience care** Nurse practitioners and physician assistants at retail pharmacy clinics	**Urgent care** Physicians and care teams at walk-in clinics	**Emergency room** Physicians and care teams at hospital emergency departments
Average cost*	**In-person: $175 Virtual: $99 or less****	**$54*****	**$100**	**$185**	**$2,700**
Allergies	✓	✓			
Bladder infection/UTI	✓			✓	
Broken bone				✓	✓
Bronchitis	✓	✓		✓	
Chest pain					✓
Cough	✓	✓	✓		
COVID-19 symptoms	✓			✓	
Earache	✓	✓	✓		
Fever	✓	✓			
Flu/common cold	✓	✓	✓		
Migraine/headache	✓	✓			
Muscle ache/sprain	✓			✓	
Pinkeye	✓	✓			
Shortness of breath					✓
Sinus infection	✓	✓			
Skin rash	✓	✓	✓		
Sore throat	✓	✓			
Stomach pain (nausea, vomiting, diarrhea)	✓			✓	
Yeast infection	✓	✓			

✓ **Indicates the care option to consider for the common conditions listed**

Learn more Visit **uhc.com/quickcare**

United Healthcare®

Pre-Medicare Retiree Dental Plans



Getting started with Humana Dental

We've given you a reason to smile with a selection of four flexible dental plans.

Register at Humana.com

As a Humana member, you have a secure website on **Humana.com** called MyHumana. With MyHumana, you have fast, easy access to your personalized benefits information.

Some of what you can do on MyHumana:

- Claims – Check if a claim has been paid along with your estimated cost, if any
- ID cards – View, print and email up-to-date dental Humana member ID cards
- Coverage details – Review deductibles, coverage levels and limits
- Provider search – Use "Find a doctor" to find in-network dentists near you
- Manage access – Give other adults on your policy permission to access your health information
- Update your communications preferences – Select which communications you want to receive from Humana and how you want to receive them — via paper or email

REGISTERING IS EASY

- Have your Humana member ID or Social Security number available
- Go to **Humana.com**
- Click "Sign in", found in the upper right-hand corner
- If you have already created an account enter your username and password
- If you have not created an account, click on "create account" and enter your information

Also, you can download the MyHumana mobile app from the app store on your smartphone to access plan information.

ACCESS YOUR DIGITAL ID CARD AND KEEP IT WITH YOU

You will have access to view and print your dental ID cards via the Humana website or the Humana mobile app within 10 working days of enrollment. Here's how:

Via the website:

- Go to **Humana.com** and sign in/register for MyHumana (Have your Humana member ID or Social Security number available)
- Click "Access your ID Card" under "Tools & forms" in the lower right of your MyHumana home page or in the page's footer under "Tools & Resources"
- A new window will appear with links to the ID card or proof of coverage
- Print if desired.

Via the mobile app:

- Download the MyHumana App for iOS or Android
- Sign in using your MyHumana username and password
- Click "ID Cards" on the dashboard
- Your dental ID card information and an image of the front and back of the ID card will be visible

HUMANA CUSTOMER CARE

For assistance or more information on the Humana Dental benefits simply call (800) 233-4013 (TTY: 711), Monday through Friday, 8 a.m. to 6 p.m. Eastern Time (TDD: (800) 325-2025) to speak with a friendly, knowledgeable Customer Care specialist.

MEDICARE ELIGIBLE RETIREES

Contact FSRBC Humana Representative
(833) 686-0983
benefits@myfsrbc.com

Pre-Medicare Retiree Dental Plans

THE FOUR DENTAL OPTIONS OFFERED ARE:

Managed Care Plans (Florida Only Networks)

Option 1 (DHMO Enhanced) & **Option 2 (DHMO Basic)** provide a wide variety of benefits through your participating dentist. At the time of service, you pay the dentist for any applicable copayments according to your schedule of benefits.

Both plans feature:

- No primary dentist selection required
- No maximums
- No waiting periods
- No claims to file
- A large panel of providers to choose from
- Same copayment to participating general dentist or specialist
- No referrals required to see a participating specialist
- Pediatric specialist care for age 16 and under

ORTHODONTICS

Both the **DHMO Enhanced** and **DHMO Basic** cover orthodontia services for both adults and children. Copayments under the **DHMO Enhanced** are set at $1,600 for children and adolescents; $1,950 for adults. Copayments under the **DHMO Basic** are set at $2,200 for children, $2,250 for adolescents and $2,350 for adults.

PPO Plans

Option 3 (PPO High) allows you and each covered family member to use the dentist of your choice; however, you'll receive a higher level of coverage when you choose a participating dentist. There is a deductible of $50 per person ($150 per family). There is no deductible for preventive and diagnostic services. This plan has an annual maximum benefit of $1,000, plus an extended annual maximum benefit. This plan covers orthodontia for adults and children up to the age of 18. The lifetime orthodontic maximum benefit is $1,000 for adults and $2,000 for children.

Option 4 (PPO Low) allows you and each covered family member to use the dentist of your choice; however, you'll receive a higher level of coverage when you choose a participating dentist. There is a deductible of $50 per person ($150 per family). There is no deductible for preventive and diagnostic services. This plan has an annual maximum benefit of $1,000, plus an extended annual maximum benefit. This plan does not cover orthodontic services.

FINDING AN IN-NETWORK DENTIST

Go to https://humana.com/findadentist anytime to find an in-network dentist.

Under the Network drop down box, search for a provider by selecting one of the following networks:

Palm Beach Schools DHMO
Palm Beach Schools PPO

You can also access the list of in-network providers on your MyHumana mobile app or by calling the customer care number on this page.

Extended Annual Maximum*

As part of Humana's Dental PPO plans, the Extended Annual Maximum helps you save money even after you have reached your annual maximum benefit. Once the annual maximum has been met, members continue to receive network discounts, and the plan will cover 30% of eligible preventive, basic, and major services*.

This added protection can help you get needed dental care without delay and support better oral and overall health for you and your covered dependents.

With Humana's extended annual maximum, you won't have to put off important dental care procedures for yourself or your covered dependents.

*Excludes orthodontia

INCREASED PREVENTIVE COVERAGE

Early detection is the key to preventing more serious health conditions including diabetes, heart disease and stroke. Humana's enhanced preventive care benefits cover many services to help you achieve and maintain your best oral health and save on out-of-pocket expenses.

Our enhanced preventive care benefit covers four periodontal maintenance cleanings, as well as three routine cleanings every year, whichever is needed, helping you prevent oral health issues from becoming chronic conditions. Under enhanced preventive coverage, periodontal maintenance cleanings are covered under preventive services.

- Three routine cleanings per year
- Four periodontal maintenance cleaning procedures per
- Oral cancer screenings for members aged 40 plus

Pre-Medicare Retiree Dental Plans

Commonly Covered Procedures:

Sample procedure codes, see full schedule for complete listing: **www.myhumana.com**

BENEFIT	OPTION 1 - DHMO ENHANCED (FL Only Network)	OPTION 2 - DHMO BASIC (FL Only Network)
DEDUCTIBLE		
Annual Deductible	None	None
Calendar Year Maximum	None	None
Claim Forms	None	None
Primary Dentist Required	None	None
PREVENTIVE & DIAGNOSTIC	**YOU PAY**	**YOU PAY**
Office visit	No charge	No charge
Routine exams (2 per 12 Months)	No charge	No charge
Prophylaxis (cleaning) - basic (3 per 12 months)	No charge	No charge
Emergency treatment (palliative)	$20	$20
X-ray - complete series including bitewings (1 per 24 months)	No charge	No charge
Fluoride application (1 per 12 months)	$10	$15
BASIC/RESTORATIVE PROCEDURES		
Simple extractions	$10	$20
Amalgam fillings - 1 surface permanent	No charge	No charge
Anterior Root canals (1 canal)	$100	$110
Endodontic Therapy, Premolar Tooth	$185	$185
Endodontic Therapy, Molar Tooth	$225	$245
Composite resin fillings - 1 surface, anterior	$0	$0
Sealants (up to age 15)	No charge	No charge
MAJOR SERVICES		
Crowns - porcelain, high noble metal	$495	$500
Dentures - upper/lower	$460 each	$525 each
Bridges - porcelain, base metal	$420	$425
Implant- Surgical placement of implant body	$950	$950
PERIODONTICS		
Periodontal Maintenance (limit 4 per year)	$0	$0
ORTHODONTICS		
Pre-orthodontic treatment visit	$0	$35
Comprehensive treatment of transitional dentition	$1,600	$2,200
Comprehensive treatment of adolescent transitional dentition	$1,600	$2,250
Comprehensive treatment of adult dentition	$1,950	$2,350

Network: Palm Beach Schools DHMO

Pre-Medicare Retiree Dental Plans

Dental PPO Plans

Sample procedure codes, see full schedule for complete listing: **www.myhumana.com**

BENEFIT	OPTION 3 - PPO HIGH		OPTION 4 - PPO LOW	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
DEDUCTIBLE (MAXIMUM 3 PER FAMILY) - CALENDAR YEAR IS JANUARY 1 - DECEMBER 31				
Class I	None	None	None	None
Class II, III, IV	$50 per year, individual		$50 per year, individual	
Calendar Year Maximum	$1,000 + Extended Annual Maximum		$1,000 + Extended Annual Maximum	
Lifetime Orthodontic Maximum	$1,000 Adults / $2,000 Children		Not covered	
CLASS I - PREVENTIVE & DIAGNOSTIC - PLAN PAYS				
Routine Oral Exam	100%	90%	100%	80%
X-rays (diagnostic)	100%	90%	100%	80%
Routine Cleanings	100%	90%	100%	80%
Periodontal cleanings	100%	90%	100%	80%
Fluoride treatment	100%	90%	100%	80%
Sealants	100%	90%	100%	80%
Space maintainers	100%	90%	100%	80%
Oral Cancer Screening (ages 40+)	100%	90%	100%	80%
Panoramic x-rays	100%	90%	100%	80%
CLASS II - BASIC SERVICES				
Emergency care for pain relief	80%	70%	50%	40%
Amalgam / Composite fillings	80%	70%	50%	40%
Oral Surgery (includes extractions)	80%	70%	50%	40%
Harmful habit appliances	80%	70%	50%	40%
Periodontics	80%	70%	50%	40%
Endodontics	80%	70%	50%	40%
CLASS III - MAJOR SERVICES				
Inlays / onlays / crowns & bridges	50%	40%	50%	40%
Dentures and other removable prosthetics	50%	40%	50%	40%
Implants	50%	40%	50%	40%
CLASS IV - ORTHODONTIC SERVICES				
Orthodontia (Adult & child up to age 18)	50%	50%	Not covered	Not covered

Network: Palm Beach Schools PPO

Pre-Medicare Retiree Vision Benefits



Provider: EyeMed Vision Care eyemed.com

An eye examination means more than getting a prescription – it evaluates your eye health and is critical in the early detection of several vision and health-related conditions, including:

- glaucoma
- cataract
- diabetes
- hypertension

Plan Features

You may choose independent ophthalmologists, optometrists, opticians or the convenience of a retail facility including LensCrafters®, most Pearle Vision locations, and Target Optical locations in your area or throughout the country for:

- eye examinations
- contact lenses
- glasses
- Rx sunglasses
- lens options and accessories
- LASIK and PRK laser vision correction procedures
- Hearing Discounts

Lens Options

You can choose from many different lenses and lens options for your frames at participating eye provider locations. Here are just a few of the lens options you may find at participating provider locations:

- **Ultraviolet (UV) protection** - UV ray exposure can be generated from the sun or other light sources. With enough exposure to these light rays, there could be an increased risk of cataracts and macular degeneration.
- **Anti-reflective (AR) coating** - This coating reduces the amount of light that reflects off the lenses. These lenses can be particularly helpful for driving at night, when reflections on your lenses may be greater than daylight driving conditions. AR coating also enables people to see your eyes more clearly as opposed to seeing the reflection off your lenses.
- **Scratch-resistant coating** - When scratches are present on your lenses, they may distort or interfere with your vision. This protective coating is added to the lens surface to protect it from normal scratches as a result of everyday mishaps. It's a great way to extend the life of your eyewear.

Claim Forms

You do not need to obtain a claim form for the in-network services. Simply inform your provider that you are an EyeMed member when you make your appointment or visit a participating provider location.

To Locate An EyeMed Provider Near You

Visit the EyeMed website at **www.eyemed.com** and choose "Select" network and enter your ZIP code to find a provider or simply use the EyeMed member App.

Know Before you Go - a tool now available to all members on their portal which will give members estimates of their purchase total before visiting their provider.

Call EyeMed customer call center at **(866) 723-0514** and choose the "provider locator" automated option, or speak to a customer service representative during normal operating hours (Monday-Friday, 7:30 a.m. - 11 p.m. ET; Saturday 8 a.m. to 11 p.m. ET; Sunday, 11 a.m. - 8 p.m. ET).

You can also save even more, visit a PLUS Provider and you get access to additional benefits such as $0 exam copay and $50 more to spend on frames. All Plus Provider perks are built right into your vision benefits – no promo codes, no coupons, no paperwork. Look for the Plus provider mark on the member website, mobile app or call customer care at (866) 723-0514.

TARGET Optical PEARLE VISION LENSCRAFTERS

Pre-Medicare Retiree Vision Benefits

EyeMed Plan Services - www.eyemed.com

EYEMED PLAN SERVICES	IN-NETWORK Member Cost	OUT-OF-NETWORK maximum reimbursement
Exam with dilation as necessary	$10 copayment ($0 copay with PLUS providers)	up to $35
Retinal imaging benefit	up to $39	N/A
EXAM OPTIONS		
Standard contact lens fit and follow-up*	Up to $40	N/A
Premium contact lens fit and follow-up**	10% of retail	N/A
FRAMES	$0 copayment; $130 allowance; 20% of balance over $130 ($180 allowance with PLUS providers)	up to $65
STANDARD PLASTIC LENSES		
Single vision	$15 copayment	$25
Bifocal	$15 copayment	$40
Trifocal	$15 copayment	$55
Standard progressive	$60 copayment	$55
Premium progressive	$60, 80% of charge less $120 allowance	$55
LENS OPTIONS (PAID BY THE MEMBER AND ADDED TO THE BASE PRICE OF LENS)		
UV coating	$12	$2
Tint (solid and gradient)	$12	$2
Standard scratch coating	$15	N/A
Standard polycarbonate - adult	$35	$3
Standard polycarbonate - child under 19	$35	$3
Standard anti-reflective	$45	N/A
Polarized	20% of retail price	N/A
Other add-ons and services	20% of retail price	N/A
CONTACT LENSES (INCLUDES MATERIALS, ONLY IN LIEU OF LENSES)		
Conventional	$0 copayment; $125 allowance plus 15% of balance over $125	$100
Disposables	$0 copayment; $125 allowance plus 100% of balance over $125	$100
Medically necessary	$0 copayment; paid in full	$200
LASIK & PRK VISION CORRECTION SERVICES†	15% off retail price OR 5% off promotional pricing	N/A
HEARING CARE FROM AMPLIFON NETWORK††	Up to 66% off hearing aids	N/A
FREQUENCY		
Exams	once every calendar year	
Frames	once every other calendar year	
Standard plastic lenses or contact lenses	once every calendar year	

* Standard contact lens fitting - spherical clear contact lenses in conventional wear and planned replacement (examples include but not limited to disposable, frequent replacement, etc.).
** Premium contact lens fitting - all lens designs, materials and specialty fittings other than standard contact lenses (examples include toric, multifocal, etc.).
† LASIK and PRK correction procedures are provided by the U.S. Laser Network, owned by LCA-Vision. You must first call (800) 988-4221 for the nearest facility and to receive authorization for the discount.
†† Call (877) 203-0675 for details.

Pre-Medicare Retiree Vision Benefits

AMPLIFON DISCOUNTS

See–and hear–life to the fullest

Hearing changes, whether temporary or indicative of permanent damage can occur gradually and go unnoticed. Regular hearing screenings every 3 to 5 years, and annual tests for those over 50, are crucial. That's why we give you access to affordable hearing care discounts through Amplifon.

HEARING EXAMS IN-PERSON OR ONLINE

Amplifon's guided virtual services allows you to confirm if hearing loss is detected from the comfort of home.

In-person hearing evaluation at a network clinic near you.
A hearing care professional will work with you to complete an in-depth evaluation of your hearing and propose solutions if hearing loss is detected.

YOUR AMPLIFON DISCOUNT INCLUDES

- Average of **66% savings** off hearing aids at thousands of convenient locations nationwide[1]
- **1 year of follow-up care** for cleaning, adjustment and other hearing aid services[2]
- **2-year battery supply** or a charging station to keep your hearing aids powered[3]
- **60-day hearing aid trial period** with no return or restocking fees
- Warranty protection with **coverage for loss, repairs or damage**[4]

amplifon Hearing Health Care

Call 877-203-0675 TTY: 711 or log in to **eyemed.com/member** for more details

[1] Based on 2022 internal MSRP analysis. Your savings may vary. [2] Follow-up care – for one year following purchase. [3] One standard charger or two-year supply of batteries (80 cells/ear/year) at no additional cost. [4] For three years, exlusions and limitations may apply. Contact Amplifon 877-203-0675 for details.



Medicare Part D

CERTIFICATE OF CREDITABLE COVERAGE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the School District of Palm Beach County and prescription drug coverage available for people with Medicare.

IMPORTANT NOTICE FROM THE SCHOOL DISTRICT OF PALM BEACH COUNTY ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

It also explains the options you have under Medicare prescription drug coverage and can help you decide whether or not you want to enroll. At the end of this notice is information about where you can get help to make decisions about your prescription drug coverage.

There are two 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 through Medicare prescription drug plans and Medicare Advantage Plans that offer prescription drug coverage.
   All Medicare prescription 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. The School District of Palm Beach County has determined that the prescription drug coverage offered is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage will pay and is considered creditable coverage.

Because your existing coverage is on average at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay extra if you later decide to enroll in Medicare prescription drug coverage.

Individuals can enroll in a Medicare prescription drug plan each year from October 15 through December 7 and when they first become eligible for Medicare. However, if you lose your current creditable prescription drug coverage through no fault of your own, you will also be eligible for a two month Special Enrollment Period (SEP) to join a Medicare drug plan.

If you do decide to enroll in a Medicare prescription drug plan and drop your UnitedHealthcare prescription drug coverage, be aware that you will not be able to get this coverage back. Prescription drug coverage is a part of the total health insurance plan offered by UnitedHealthcare and cannot be purchased separately.

Please contact us for more information about what happens to your coverage if you enroll in a Medicare prescription drug plan.

If you drop your coverage with the School District of Palm Beach County and enroll in a Medicare prescription drug plan, you will not be able to get this coverage back later. You should compare your current coverage, including which drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area.

Your current coverage pays for other health expenses, in addition to prescription drugs, and you will still be eligible to receive all of your current health and prescription drug benefits if you choose to enroll in a Medicare prescription drug plan.

You should also know that if you drop or lose your coverage with the School District of Palm Beach County and don't enroll in Medicare prescription drug coverage after your current coverage ends, you may pay more (a penalty) to enroll in Medicare prescription drug coverage later.

If you go 63 days or longer without prescription drug coverage that's at least as good as Medicare's prescription drug coverage, your monthly premium will go up at least 1 percent per month for every month that you did not have that coverage. For example, if you go 19 months without coverage, your premium will always be at least 19 percent higher than what many other people pay. You'll have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to enroll.

For more information about this notice or your current prescription drug coverage, contact the Benefits Department at (561) 434-8580.

NOTE: You will receive this notice at other times in the future, such as before the next period you can enroll in Medicare prescription drug coverage, or if this coverage 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 prescription drug plans. For more information about Medicare prescription drug plans:

- Visit: **www.medicare.gov**
- Call your state health insurance assistance program for personalized help (see your copy of the "Medicare & You" handbook for their telephone number).
- Call **(800) MEDICARE (800-633-4227)**. TTY users should call **(877) 486-2048**.

For people with limited income and resources, extra help paying for Medicare prescription drug coverage is available. Information about this extra help is available from the Social Security Administration (SSA) online at **www.socialsecurity.gov** or by phone at **(800) 772-1213** (TTY **800-325-0778**).

Remember: Keep this notice. If you enroll in one of the new plans approved by Medicare that offer prescription drug coverage, you may be required to provide a copy of this notice when you join to show that you are not required to pay a higher premium amount.

Date: October 1, 2026

Name of Entity: School District of Palm Beach County

Contact: Benefit Analyst

Address: 3300 Forest Hill Boulevard, Suite A-103
West Palm Beach, FL 33406-5870

Phone: (561) 434-8580

Important Notices

Opportunity for Extension of Dependent Coverage to Age 26

Children who previously lost, were denied, or were ineligible for health coverage because they turned 26 may now be eligible to enroll in a School District of Palm Beach County health plan.

You can request enrollment for eligible adult children during the annual Open Enrollment period, with coverage taking effect on **January 1, 2027.**

For more information, contact **Risk & Benefits Management at 561-434-8580.**

Patient Protection

The medical plans offered by the School District of Palm Beach County give retirees the right to select any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact UnitedHealthcare at **www.whyuhc.com/sdpbc** or call the customer service phone number shown or your UHC ID card.

For children under 21, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from UnitedHealthcare or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a healthcare professional in our network who specializes in obstetrics or gynecology. The healthcare professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating healthcare professionals who specialize in obstetrics or gynecology, contact UnitedHealthcare at **www.whyuhc.com/sdpbc** or call the customer service phone number shown on your UHC ID card.

Insurance Coverage after Retirement

Under section 112.0801, Florida Statutes, your FRS employer is required to offer you or your eligible dependents the option of continued participation in any employer-sponsored group insurance plans in which you were participating at your retirement or at your DROP termination date.

As a retiree, your premium cost for health and hospitalization insurance coverage may not exceed the total employee and employer premium cost applicable to active employees. You may lose your eligibility to participate if you choose not to continue participating in your employer's group plan at retirement, initially choose to continue but subsequently stop participating, defer your retirement to a future date, or otherwise do not meet your employer's group plan requirements. Before you terminate employment, contact your FRS employer about continuing your employer-sponsored group insurance coverage. The division has no authority over or responsibility for employer group health and hospitalization plans.

Flexible Spending Accounts (FSAs)

Your Flexible Spending Account (FSA) will end on the last day of the month in which you retire, unless you choose to maintain contributions (post-tax) to your Health Care FSA account post-retirement.



You will have until **March 31 of the following calendar year**, to submit any claims for eligible expenses that were incurred before your retirement. For further details, please contact Inspira Financial customer service at **(844) 729-3539**.

You have the option to maintain contributions to your Health Care FSA account until December 31 of your initial retirement year through COBRA. You will have until March 31 of the following calendar year to submit eligible claims for expenses that were incurred while you were actively contributing and enrolled in an FSA plan. This arrangement enables you to keep your Health Care FSA active and receive reimbursements for expenses incurred after your retirement date. Should you decide not to continue with your Health Care FSA, it will end on the last day of the month in which you retire. Payments should be sent directly to FSA administrator Inspira Financial, to the address below:

Inspira Financial
Customer Service: (844) 729-3539
Address for claims:
PO Box 8396
Omaha, NE 68108
Fax Number: (855) 709-5305
Website: mybenefits.inspirafinancial.com

Income Taxes on Your Retirement Benefit

Each year at the end of January, the division provides you an IRS Form 1099-R. Your annual taxable income is shown in the taxable amount box (Box 2a). You should use this form when you file your income tax return.

Dependent Verification Guide

Submit your documents to Risk & Benefits Management by email:
dependentverification@palmbeachschools.org or fax **(561) 434-8103**

ELIGIBLE COVERED DEPENDENT	DOCUMENT(S) TO SUBMIT	ADDITIONAL REQUIREMENTS
Legal Spouse (married less than 1 year)	Government issued marriage certificate	None
Legal Spouse (married 1 year or more) **NOTE:** A divorce MUST be reported within 30 days and the ex-spouse removed from all plans	Government issued marriage certificate PLUS additional Requirements (Financial information should be redacted for your privacy)	• Current or Prior Year Tax 1040 Form showing Married Filing Status OR • Proof of common residence AND • Proof of recent financial interdependence (examples: Joint bank statement, joint auto insurance, utility bills dated within the past 60 days)
Domestic Partner (less than 1 year)	Registered Domestic Partnership Certificate and Receipt and SDPBC Domestic partner Affidavit	None
Domestic Partner (1 year or more)	Registered Domestic Partnership Certificate and receipt, SDPBC Affidavit PLUS the Additional Requirements	• Proof of current common residence (deed; lease; mortgage; utilities showing both names/same address) • Proof of current financial interdependence (current loan; bank statement in both names)
Biological or adopted child up to age 26	Government issued birth certificate or final adoption decree/certificate	None
Child under legal guardianship up to age 26	Court documents naming you or your legal spouse as guardian of the child	Periodic updates upon request
Child placed in your home pending adoption up to age 26	Court document placing child in your home	Periodic updates upon request
Step-child up to age 26	Government issued birth certificate Government issued marriage certificate (Financial information should be redacted out for your privacy)	If married less than 1 year: none If married 1 year or more, the following: • Current Federal Tax Return OR • Proof of common residence AND • Proof of financial interdependence
Child of covered Domestic Partner up to age 26	Government issued birth certificate	Domestic Partner Proof from above since Domestic Partner must also be enrolled
Disabled Child (Deemed disabled prior to 26) -- Unable to be self-sustaining and financially independent	Government issued birth certificate Social Security Administration letter deeming the child disabled prior to the child turning 26 years of age	Periodic proof of sustained disabled and financial dependency
Newborn child of a covered family member (up to a maximum of 18 months)	Government issued birth certificate if newborn's parent is enrolled	Your family member (the parent) must also be insured and eligible under the plan(s).
To qualify for coverage, a non-disabled adult child must meet all of the following requirements: - **Marital Status:** Unmarried - **Dependents**: Has no children of their own - **Other Coverage:** Is not enrolled in, or eligible for, other major medical insurance - **Residency / Student Status:** Must reside in Florida or be enrolled as a student - **Other insurance** (must have been continuously insured)	• State ID as proof of FL residence • Current school registration • Proof of continuous insurance • Meet Florida Statute 627.6562	Over-aged medical application

Disabled children must have current evidence of medical verification of sustained disabled status
Blackout any social security and detailed financial information prior to submission to protect your privacy



FBMC
A LEAVITT GROUP AGENCY

Contract Administrator

ATTN: **Mail Slot 32,** PO Box 1878,
Tallahassee, FL 32302-2789

MyFBMC.com

This guide does not contain a complete listing of all terms, conditions, or exclusions of the benefits listed herein. Please refer to the policy and/or certificate of coverage for more information. Information contained herein does not constitute an insurance certificate or policy. Certificates or policies will be provided to participants following the start of the plan year, if applicable.