Risk Management and Employee Benefits
Benefits Information

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EMPLOYEE
BENEFIT SUMMARY

POLK COUNTY PUBLIC SCHOOLS
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Eligibility:

Benefits-eligible employees are defined as employees in an appointed position that are regularly scheduled to work at least 30 hours per week. Employees who are eligible will receive Board-funded insurance benefits at no cost and may elect dependent coverage.

Effective Date:

Benefits are effective the first of the month in which the employee reaches 90 days of employment. The Board funds 100% of employee only health insurance and $20,000 of basic term life insurance. Employees must submit an enrollment form within 30 days of their hire date (or date of job change). If a form is not received, the employee will be enrolled in the Board-funded insurance benefits and will forfeit their right to enroll for optional benefits until open enrollment. Open enrollment is held in October for benefit changes effective January 1st.

BOARD-FUNDED BENEFITS

Health Insurance and Prescription Drug Coverage

- Employee only coverage at no cost.
- Spouse and/or Child(ren) coverage is optional and the cost is payroll deducted (deductions begin one month in advance of coverage effective date).
- The District offers a PPO plan that is administered by Blue Cross and Blue Shield.

PCPS Employee Health Clinics

- All Polk County Public School employees (including PCPS substitutes) are eligible to utilize the PCPS Employee Health Clinics at no cost from date of hire regardless of health plan enrollment.
- Dependents (over age 2) covered on the PCPS health plan may utilize the employee health clinics at no cost.
- Two convenient locations in Lakeland and Haines City
- Services available: Primary care services, disease-management , annual physicals, well woman exams, physical therapy, asthma, cold/flu conjunctivitis, allergies, and mental health counseling
- Certain generic medications dispensed at no cost to employee (clinic prescribed only)
- Walk-ins are welcome for sick visits only
- Dietician and wellness programs
- Operated by HealthStat, Inc.

Life Insurance

- The Board provides $20,000 term life and $10,000 AD&D life insurance coverage for all benefits eligible employees.
- Administered by The Standard

Employee Assistance Program (available to all employees and dependents)

- A resource for all employees and eligible dependents. Services are confidential and available 24 hours a day, 7 days a week.
- Seven (7) visits per year
- Services available: Well-being support for relationships, stress management, family issues, work/family balance, grief and loss, depression, legal services, and financial services
- Administered by Aetna Resources for Living

ADDITIONAL BENEFITS

Dental Insurance	• Group dental coverage is available and the cost is payroll deducted in advance. • Three plans available: Low Plan Option, Middle Plan Option and High Plan Option • Administered by Delta Dental
Vision Insurance	• Group vision coverage is available and the cost is payroll deducted in advance. • Administered by Avesis Vision
Short Term Disability	• Short term disability is available and the cost is payroll deducted in advance. • Provides up to 60% weekly income replacement after sick leave benefits are exhausted. Premium is post-tax to allow for tax-free benefits. • Three options available: 7-day , 14-day, and 30-day waiting period • Administered by The Standard
Long Term Disability	• Long term disability is available and the cost is payroll deducted in advance. • Provides up to 60% monthly income replacement after sick leave benefits are exhausted. Premium is post-tax to allow for tax-free benefits. • Administered by The Standard
Optional and Dependent Term Life	• Optional group term life and dependent life coverage is available and the cost is payroll deducted in advance. • Administered by The Standard
Flexible Spending Accounts	• **Medical Spending Account** – Allows employees to set aside pre-tax dollars to pay for medical, dental, vision, prescription costs and certain over-the-counter medications not covered by insurance. • **Dependent Spending Account** – Allows employees to set aside pre-tax dollars to pay for dependent care expenses. • Administered by TASC.
Sick Leave	• One (1) day for every month worked • **Sick Leave Bank –** Voluntary program established to assist employees in the event of a catastrophic illness, accident, or injury • Administered by Employee Relations
Personal Leave	• Six (6) days per year for personal business (from accrued sick leave)
Vacation Leave (12-month employees only)	• 0-5 years – 13 days per year • 5-10 years – 16 ¼ days per year • More than 10 years of service – 19 ½ days per year
Retirement	• **Florida Retirement System (FRS) –** District contributes a percentage of gross salary per paycheck toward retirement. Employees have a choice of pension plan or investment plan. Employees pay 3% per pay period towards their FRS pension. • **403(B) Annuity Programs and 457(B) Deferred Compensation programs –** All employees may elect to defer a percentage of their salary.

thehub.polk-fl.net/riskmanagement/insurance-benefits

New Hire Frequently Asked Questions

- **When do I become eligible for insurance benefits?**
  - Employees who work at least 30 hours per week become eligible for insurance benefits the first of the month in which they reach 90 days of employment.
- **What benefits am I eligible for?**
  - Polk County Public Schools offers group health, dental, vision, life and disability plans to benefits eligible employees.
  - You may access the current benefits guide on the PCPS Hub on the Risk Management page under *Insurance & Benefits Home. thehub.polk-fl.net/riskmanagement/insurance-benefits*
- **Does the Board contribute to any of my benefits?**
  - Yes, the Board funds employee health insurance, $20,000 basic term life insurance coverage, and the employee health clinic. The employee health and basic life coverage automatically become effective on your eligibility date. All employees are able to utilize the employee health clinics from their date of hire.
- **When should I enroll for insurance benefits?**
  - Employees have 30 days from date of hire to submit a completed Benefits Enrollment & Change Form.
- **What happens if I do not submit an enrollment form within 30 days.**
  - If an employee does not submit an enrollment form within 30 days, they will only be enrolled in the PCPS health plan with employee only health coverage and $20,000 basic term life coverage. If an employee wishes to elect coverage outside of the 30 day enrollment period they must experience an IRS qualifying event or elect coverage during Open Enrollment.
- **What if I want to continue my current health plan?**
  - If an employee does not wish to carry the PCPS health plan they **MUST** submit a Benefits Enrollment & Change Form electing to "Waive the PCPS Health Plan". If an employee does not waive coverage during this initial period they must experience an IRS qualifying event or wait until Open Enrollment to waive health coverage or make benefit changes.
- **Am I able to make changes after enrolling prior to the next Open Enrollment?**
  - Employees may make changes to their PCPS insurance benefits during the year if they experience an IRS qualifying event. An IRS qualifying event is a change in status to your life that meets IRS approved definitions. Examples: marriage, divorce, birth, death, adoption, legal guardianship, gain or loss of other coverage. If you wish to make a change to your coverage due to a qualifying event, you must submit a Change of Status Form along with required documentation to Risk Management within 31 days of the qualifying event. Change of Status Forms can be found at: thehub.polk-fl.net/riskmanagement/insurance-benefits.
- **Who do I contact with questions?**
  - If you have any questions regarding your insurance benefits please contact Risk Management at 863-519-3858 opt. 1.

healthstat®

ABOUT YOUR HEALTH CENTER

THE POLK COUNTY PUBLIC SCHOOLS EMPLOYEE HEALTH CENTER

The Polk County Public Schools Employee Health Centers are operated by Healthstat, which offers primary care and prevention services, health risk intervention, health coaching, chronic disease management and occupational medicine.

Healthstat operates more than 300 health and wellness centers across the country, serving more than 300,000 employees, retirees and dependents.

Healthstat's passion for promoting overall well-being helps patients to form bonds with their clinicians. These relationships inspire healthier habits, help employees to stay focused on their health goals, and improves the patient experience.

2 CONVENIENT LOCATIONS:

Lakeland
3215 Winter Lake Rd.
Lakeland, FL 33803

Haines City
641 US HWY 17-92 W.
Haines City, FL 33844

Hours

Monday-Friday: 7:00 am – 6:00 pm

Saturday: 8:00 am – 12:00 pm

Who is eligible?

All PCPS employees from date of hire regardless of health coverage and dependents over age two on the PCPS health plan.

Services (Primary Care & Disease Management):

+ Allergies
+ Cold/Flu Conjunctivitis
+ Headache/Migraine
+ Well Woman Exams
+ Mental Health
+ Registered Dietitian
+ Annual Physicals
+ Asthma
+ Physical Therapy
+ Hypertension
+ Diabetes

Access & Service Reminders:

+ ALL clinic services are available at NO COST to you!
+ Certain generic medications are dispensed on-site.
+ Same day appointments available!

Schedule an appointment today!

863-419-3322

POLK COUNTY PUBLIC SCHOOLS
STUDENTS FIRST

healthstat®

Employee Wellness Programs

ABCs of Diabetes

The ABCs of Diabetes program is provided for all employees, spouses and dependents enrolled in the PCPS self-funded health plan who have been diagnosed with diabetes. Self-management education and support is offered at no cost to prevent complications and enhance well-being. HIPAA laws are strictly enforced.

The ABCs of Diabetes provides on-going educational opportunities, screenings, exams, health coaching, and free pre-approved diabetes supplies and prescription drug savings. For details contact our Wellness Coaches at 863-648-3057 or view thehub.polk-fl.net/wellness/diabetes/

Baby Yourself Program

If you are pregnant the Baby Yourself© Program is for you. Baby Yourself© is a Florida Blue program, which provides access to clinical support and a free mobile app to track your baby's growth and your personal journey to motherhood. Eligible employees and spouses who attend this program will receive a $200 incentive after the baby is born. Contact our Wellness Coaches at 863- 648-3057 for detail or visit the Baby Yourself© web page.

Worksite 3-D Mammograms

Breast cancer screenings made easy! Get on the AdventHealth Mobile Unit at your worksite for a 3-D mammogram at no cost with PCPS group insurance. Visit the Cancer Resources web page to view the schedule.

Wellness Programs

Improve your lifestyle with district wide health education, receive incentives and valuable information. Individual and group health coaching is also available at no cost.

Programs Available

Condition Management Programs

+ Diabetes Prevention Program, Diabetes Self-Management Program, and Health Behaviors for Diabetes Management
+ Hypertension Education Series
+ Hyperlipidemia Education Series

Wellness Programs

+ Weight Management and Weight Maintenance Programs
+ Tobacco Cessation Program

Nutrition Programs

+ Medical Nutrition Therapy
+ Food log programs for Diabetes, Hypertension, and Hyperlipidemia

Health Wellness Coaching Services

+ Face-to-face and Telephonic Coaching
+ Meal Planning and Preparation workshop
+ Cooking Classes and Demonstrations
+ Campaigns and Challenges
+ "Maintain No Gain" Holiday Weight Management Program
+ Lunch and Learns
+ Health and Wellness Challenges

STAY INFORMED

Visit our web page or call us at 863-648-3057 to sign up for Wellness email notifications.

POLK COUNTY PUBLIC SCHOOLS
STUDENTS FIRST

Benefit Effective Dates

PCPS New Hire Employee Benefits are effective the 1st of the month in which they reach 90 days of employment. Benefits eligible employees are automatically enrolled on the PCPS Health Plan and Basic Life coverage on their effective dates. Enrollment for any additional coverage is considered to be a voluntary benefit and you must submit a New Hire Enrollment Form.

Appointment Date:		Benefits
Start	End	Effective
10/04/2020	11/03/2020	01/01/2021
11/04/2020	12/01/2020	02/01/2021
12/02/2020	01/01/2021	03/01/2021
01/02/2021	01/31/2021	04/01/2021
02/01/2021	03/03/2021	05/01/2021
03/04/2021	04/02/2021	06/01/2021
04/03/2021	05/03/2021	07/01/2021
05/04/2021	06/03/2021	08/01/2021
06/04/2021	07/03/2021	09/01/2021
07/04/2021	08/03/2021	10/01/2021
08/04/2021	09/02/2021	11/01/2021
09/03/2021	10/03/2021	12/01/2021
10/04/2021	11/03/2021	01/01/2022
11/04/2021	12/01/2021	02/01/2022
12/02/2021	01/01/2022	03/01/2022
01/02/2022	01/31/2022	04/01/2022

POLK COUNTY PUBLIC SCHOOLS

Risk Management Use Only	Effective Date: _____
Processed By: _____	Verified By: _____

Benefits Enrollment & Qualifying Event Change Form

☒ New Hire Enrollment ☐ IRS Qualifying Event Change

Name (Last, First, MI)				SAP#
Address	City	State	ZIP	Phone

GROUP HEALTH PLANS

Health ☐ Employee Only ☐ Employee & Spouse ☐ Employee & Child(ren) ☐ Employee, Spouse & Child(ren)

☐ Waive

Board Spouse Coverage (Both Spouses are school board employees)

☐ Please enroll my spouse as a dependent on my health coverage.

☐ Please enroll me as a dependent on my spouse's health coverage.

Spouse Signature: _____ (required) Spouse SAP# _____

Dental	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee, Spouse & Child(ren)
Low	☐	☐	☐	☐
Middle	☐	☐	☐	☐
High	☐	☐	☐	☐

Vision ☐ Employee Only ☐ Employee & Spouse ☐ Employee & Child(ren) ☐ Employee, Spouse & Child(ren)

DEPENDENT INFORMATION

Please list each family member below that you wish to ENROLL IN or DELETE from Health, Dental or Vision. See Required Dependent Documentation section.

Last Name *Must provide legal name	First Name	Relationship to employee	SSN (required)	M/F	DOB	Health	Dental	Vision
						☐ Add ☐ Remove	☐ Add ☐ Remove	☐ Add ☐ Remove
						☐ Add ☐ Remove	☐ Add ☐ Remove	☐ Add ☐ Remove
						☐ Add ☐ Remove	☐ Add ☐ Remove	☐ Add ☐ Remove
						☐ Add ☐ Remove	☐ Add ☐ Remove	☐ Add ☐ Remove
						☐ Add ☐ Remove	☐ Add ☐ Remove	☐ Add ☐ Remove

GROUP LIFE, DISABILITY AND FLEXIBLE SPENDING ACCOUNTS

Optional Life – Guarantee Issue (New Hire Only up to $150,000 over $150,000 requires medical underwriting approval)

☐ 1x Salary ☐ 2x Salary ☐ 3x Salary ☐ 4x Salary ☐ 5x Salary ☐ Cancel Opt. Life

Dependent Life – Guarantee Issue (New Hire Only)

☐ Enroll Dep Life ☐ Cancel Dep Life

Short Term Disability – Guarantee Issue (New Hire Only)

☐ 7 Day Wait Period ☐ 14 Day Wait Period ☐ 30 Day Wait Period ☐ Cancel Short Term Disability

Long Term Disability – Guarantee Issue (New Hire Only)

☐ Enroll ☐ Cancel Long Term Disability

Flexible Spending Accounts

Medical Spending Account

Please enter the amount you wish to contribute for the Plan Year: _____

☐ Cancel Medical FSA

Childcare Spending Account

Please enter the amount you wish to contribute for the Plan Year: Suspended for 2021

☐ Cancel Childcare FSA

Signature: ***This form MUST be signed.*** The information that is provided on this application is accurate and complete. I understand and agree that any incorrect statements made by me on this application may on this application may invalidate my and/or my dependent's coverage. I understand that any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing false, incomplete or misleading information is guilty of a felony of the third degree. I understand that coverage will become effective on the date specified by the Insurer after the application has been approved by the Insurer and after the first full premium has been paid. By signing this enrollment form I hereby certify that all the information provided is true and correct.

Signature: _____ Date: _____

BENEFITS ENROLLMENT & CHANGE FORM INSTRUCTIONS

GROUP HEALTH PLANS

Please select the benefit coverages you wish to enroll in. You may elect to cover your eligible dependent(s). Dependent(s) information should be entered in the Dependent Information Section below. Dependents will not be added to insurance benefits without proper dependent eligibility documentation, date of birth and social security number. ***Please refer to the Required Dependents Documentations section in this document for required dependent eligibility documentation.***

IMPORTANT NOTE: *If you and your spouse are both employees of PCPS, you may elect coverage together at no additional cost. If you wish to take advantage of the "Board Spouse" option, please select an option on the form below and have your spouse sign.*

Please refer to the Benefits Guide found on the PCPS Hub at ***thehub.polk-fl.net/riskmanagement/insurance-benefits*** for premium and plans design details.

GROUP DISABILITY PLANS

Information regarding group disability plan limitations and exclusions as well as plan details can be found in the Benefits Guide.

GROUP LIFE PLANS

BASIC LIFE: The School Board provides each eligible employee with a $20,000 term life and $10,000 AD&D policy at no cost to the employee.

OPTIONAL GROUP TERM LIFE: You may elect additional Group Term Life Insurance coverage in increments based on your salary up to 5 times your salary. There is a guarantee of approval for amounts up to $150,000 Medical Underwriting is required for amounts in excess of $150,000 and for all Late Entrants. Refer to the Benefits Guide for additional information and premium details. Please mark your desired Group Term Life election on the form below (please select one option only).

DEPENDENT GROUP TERM LIFE: Dependent Life insurance covers your spouse and children up to age 20, 25 if a full-time student. Refer to the Benefits Guide for additional information and premium details.

GROUP FLEXIBLE SPENDING ACCOUNTS

Deduction amounts requested for the current Plan Year can only be used for current Plan Year. Flexible Spending Account (FSA) elections must be made every Plan Year – deductions DO NOT automatically continue each year. Please refer to the Benefits Guide for additional information including limitations and exclusions.

AUTHORIZATIONS AND NOTICES

Notice of Enrollment Rights: ***Please read carefully***. I understand that if I and/or my dependents, if any, decline coverage and desire to participate at a later date, coverage may be subject to treatment as a late enrollee. I further understand that if I decline enrollment for myself or my dependents, including my spouse, because of other health coverage, I may in the future be able to enroll myself or my dependents in this plan provided that I request enrollment within 31 days after such coverage ends. In addition, if a new dependent relationship forms as a result of marriage, birth or adoption, I may be able to enroll my dependents and myself provided that I request enrollment within 31 days after such event.

It is solely the responsibility of the employee to provide documentation showing proof of eligibility for dependents they request to enroll in all Board sponsored group plans. **I understand it is my responsibility to submit this form and any required dependent eligibility documentation within 30 days of being hired. Failure to do so may result in my dependents not being enrolled on my benefit plans and/or back premiums being owed.**

Payroll deduction authorization: I authorize my employer to reduce my salary in accordance with the benefits I have selected. I understand my selections cannot be changed unless I have a qualifying event as defined by the IRS Section 125 Code and request such changes within 31 calendar days of the qualifying event.

Authorization to obtain or release medical information: On behalf of myself and anyone enrolled on or added to this application, I authorize any health care professional or entity to give the health plan/insurer or any of their designees, any and all records or confirmation pertaining to medical history or services rendered to us for any administrative purposes, including evaluation of any application or claim, and for any analytical or research purposes.

PCPS Risk Management Social Security Number Collection Policy: The full written policy is available on the Risk Management page located on the Hub. I understand that it is my responsibility to provide the PCPS Risk Management Social Security Number Collection Policy to all beneficiaries and dependents on file.

New Hire & Qualifying Event Change Form	REQUIRED DEPENDENT DOCUMENTATION (If you are enrolling family members in insurance coverage)
Spouse	Copy of marriage certificate and copy of your most recent joint federal tax return or both of your tax returns if your file separately. (Include the front page thru line 6 of Form 1040. Please black out any financial information and the first 5 digits of the Social Security numbers.)
Natural Born Child or Legally Adopted Child	Copy of state or county issued birth certificate showing employee's name or signed court order. If birth certificate lists employee's maiden name, please provide a copy of marriage certificate.
Stepchild	Copy of state or county issued birth certificate showing parent's names, copy of your marriage certificate, **and** a copy of your most recent joint federal tax return or both of your tax returns if your file separately. (Include the front page thru line 6 of Form 1040. Please black out any financial information and the first 5 digits of the Social Security numbers.)
Legal Custody or Guardianship	Signed Court Order and a copy of your most recent tax return claiming the child as a dependent.
Disabled Dependents over Age 26	Copy of state or county issued birth certificate showing employee's name or signed court order. If birth certificate lists employee's maiden name, please provide a copy of marriage certificate. In addition, you must submit a copy of your most recent joint federal tax return or both of your tax returns if your file separately. (Include the front page thru line 6 of Form 1040. Please black out any financial information and the first 5 digits of the Social Security numbers.)
Grandchildren (EE's child must be listed on birth certificate & be a covered dependent) *up to 18 months of age	Copy of state or county issued birth certificate showing parent's names for child and grandchild.

If you are a new hire, you must complete and submit this form within 30 days of your hire date. Benefits are effective on employee's eligibility date.
If you are experiencing an IRS qualifying event, you must complete and submit this form within 31 days of the qualifying event. Qualifying event changes are effective the first of the month following the event date and receipt of form, unless otherwise stated.

Qualifying Event	REQUIRED SUPPORTING DOCUMENATION – Birth certificates for newborns may be sent after enrollment & qualifying event change form is received, if unavailable at time of submission.
Birth	Copy of state or county issued birth certificate
Adoption	Copy of final adoption paperwork
Marriage	Copy of marriage certificate
Divorce	Copy of "Final" divorce decree (first and last page)
Death of Dependent	Copy of death certificate or obituary
Medicare Primary	Copy of Medicare card
Loss of Other Coverage	Documentation showing date of coverage termed (letter from company stating date benefits termed, COBRA notification letter, certificate of creditable coverage)
Gain of Other Coverage	Documentation showing date other coverage is effective (can be copy of insurance card, letter from other insurance company)

Employees completing their form via DocuSign do not need to submit a hard copy of their form.

Employees that don't complete the form via DocuSign must return completed forms to Risk Management. Forms must be submitted within 30 days of hire.

By Courier: Risk Management, District Office, Rte. E

By Mail: Polk County Public Schools
Attn: Risk Management
PO Box 391
Bartow, FL 33831

Standard Insurance Company

Beneficiary Designation/Change

This designation will apply to the following Standard Insurance Company coverage(s) if available to you through your Employer: Life Insurance, Life with Accidental Death & Dismemberment (AD&D) Insurance, AD&D Insurance and, unless specified otherwise on a separate signed sheet of paper, Supplemental Life Insurance.

Designations made below, or on a separate sheet of paper, are not valid unless signed, dated, and delivered to your Employer during your lifetime. Return the completed form to Risk Management.

MEMBER/EMPLOYEE INFORMATION

Your Name (Last, First, Middle)		Date of Birth
Your Address		
City	State	Zip
Group Name The School Board of Polk County	Group No. 625050	

BENEFICIARY INFORMATION

- Your designation revokes all prior designations.
- Benefits are payable to a contingent Beneficiary only if you are not survived by one or more primary Beneficiaries.
- If you name two or more Beneficiaries in a class (primary or contingent), two or more surviving Beneficiaries will share equally, unless you provide for unequal shares.
- If a minor (a person not of legal age) or your estate is the Beneficiary, it may be necessary to have a guardian or a legal representative appointed by the court before any death benefit can be paid. If the Beneficiary is a trust or trustee, the written trust must be identified in the Beneficiary designation. For example, "Dorothy Q. Smith, Trustee under the trust agreement dated _____."
- A power of attorney must grant specific authority, by the terms of the document or applicable law, to make or change a Beneficiary designation. If you have questions, consult your legal advisor.
- Dependents Insurance and Supplemental Life Insurance on your Spouse, if any, is payable to you, if living, or as provided under your Employer's coverage under the Group Policy.
- If you complete the "% of Benefit" box(es), the amounts should add up to 100% for each class (primary or contingent). For example, "Primary - John Q. Doe, 60%; Jane Q. Doe, 40%."

PRIMARY – Full Name	Address	Date of Birth	Relationship	% of Benefit

CONTINGENT – Full Name	Address	Date of Birth	Relationship	% of Benefit

_____ _____

Signature of Member/Employee Date

Risk Management – Retain for your records.