



POLK COUNTY
PUBLIC SCHOOLS
STUDENTS FIRST



Benefits Guide

2021

polkschoolsfl.com/benefits

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All benefit forms must be returned to the Risk Management & Employee Benefits Department. Send forms to the Risk Management Department by:

Courier:

Benefits Department
District Office, Route E

Mail:

Polk County Public Schools
Atten: Benefits Department
P.O. Box 391
Bartow, FL 33831

Risk Management contact information:

Phone: 863-519-3858

Email: RiskManagement-AllStaff@polk-fl.net

2021 Virtual Open Enrollment Meetings

Tuesday September 29th 3:00— 6:00
Saturday October 10th 8:30—12:30

Register Online:

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

Reminder:

**Benefit premiums are paid in advance.
Deductions for coverage will start being
taken from the paycheck before coverage
effective date.**

Important Benefit Information

New Hires

- **When will my benefits be effective?** Benefits are effective the first of the month in which an employee reaches 90 days of employment. The Board funds 100% of employee only health insurance and \$20,000 of basic term life insurance.
- **How do I elect benefits?** Submit a Benefits Enrollment & Change 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 and will forfeit their right for optional benefits until open enrollment. **Please Note:** In addition to completing the Benefits Enrollment & Change Form employees should submit a Standard Insurance Company—Beneficiary Designation/Change form to assign a beneficiary for the Board-funded life insurance.
- **Where do I find the Benefits Enrollment & Change Form?** The Benefits Enrollment & Change Form will be sent to employees shortly after their hire. Forms can also be found on the Hub at:
thehub.polk-fl.net/riskmanagement/newhireinsurance
- **Where do I submit my completed forms?** Completed forms should be submitted to Risk Management courier route E or via fax 863-519-3740.

Changes

- **Can I make change to my benefits plans mid year?** Per IRS Section 125 regulations benefits elections must remain in effect until the next open enrollment period unless you experience a Qualifying Event. Examples of IRS qualifying events: marriage, divorce, birth, death, adoption, legal guardianship, gain or loss of stepchildren, gain or loss of coverage.
- **How do I make a change to my benefit plans?** If you need to make a change to your coverage due to a Qualifying Event, you must submit the Benefits Election & Change Form along with required supporting documentation no more than 31 days after the qualifying event has taken place.
- **Where do I find the Benefits Enrollment & Change Form?** Forms can also be found on the Hub at:
thehub.polk-fl.net/riskmanagement/changeofstatus
- **Where do I submit my completed forms?** Completed forms should be submitted to Risk Management courier route E or via fax 863-519-3740.

Open Enrollment

- **When is open enrollment?** Open Enrollment for the 2021 plan year will be held from September 28th—October 16th 2020.
- **When will my open enrollment elections be effective?** Elections made during the 2021 Open Enrollment will be effective on January 1st, 2021. *Please note: new or increased life or disability elections will not be effective until after medical underwriting approval.*
- **How do I access my personalized Open Enrollment form?** Your personalized form is available on the Staff Portal from September 28th—October 16th 2020.

Open Enrollment Checklist

- ☐ Review and print personalized open enrollment form on the Staff Portal
- ☐ Review the 2021 Benefits Guide located on the HUB under the Risk Management Dept.
- ☐ Submit completed form to Risk Management by October 16th—*Don't forget to submit appropriate dependent eligibility information for dependents being added to benefit plans.*

Important Benefit Information

Benefit Termination

- **When will my insurance end if I resign or retire?**

- For 10 and 11 month employees: If you resign prior to the end of the school year your benefits will end the last day of the month in which you paid for coverage from your last paycheck. If you work to the end of the contract year, your benefits will end on August 31st.

Example: Resign 04/15/2021 (prior to contract end) Benefits Terminate 05/31/2021

Example: Resign 06/10/2021 (last contract day) Benefits Terminate 08/31/2021

- For 12 month employees: Your benefits will end the last day of the month in which you pay from your last paycheck.

Example: Resign 04/15/2021 Benefits Terminate 05/31/2021

- **Will I receive COBRA continuation information?** Yes, once the termination of benefits is processed information will be sent to your mailing address on file from our COBRA administrator TASC.

Looking to Retire in 2021!

- **Is there anything I should do during Open Enrollment if I plan on retiring in 2021?** Yes, you will want to review all your benefit elections for what benefits and dependents coverage you want to continue upon retirement. Once you retire you are only allowed to continue health, dental, vision and employee life benefits that are in effect at the time of retirement.

Benefits Available

The Polk County Public Schools is pleased to offer the following benefits to employees:

Board-Funded Benefits

- Employee Health Insurance—Includes medical and prescription drug coverage which is administered by Blue Cross Blue Shield.
- Basic Term Life Insurance—Includes \$20,000 of Group Term Life and \$10,000 of Accidental Death and Dismemberment coverage which is administered by The Standard.
- Health and Wellness Centers—All PCPS employees from their date of hire are eligible to utilize our PCPS Health and Wellness Centers operated by HealthStat.
- Employee Assistance Program (EAP) —The EAP program administered by Aetna Resources for Living is available to all employees and dependents from date of hire.

Covered by another plan? If you are covered by another health plan and do not wish to enroll in the PCPS Health Plan, please check the box to waive coverage and return it to the Risk Management & Employee Benefits Department.

Failure to waive the PCPS Health Plan when covered by another health plan means that the PCPS Health Plan is considered your primary insurance and your other plan will be your secondary insurance.

Additional Benefits

- Dependent Health Insurance
- Dental Insurance
- Vision Insurance
- Short Term Disability
- Long Term Disability
- Optional and Dependent Term Life
- Flexible Spending Accounts
- Sick Leave
- Personal Leave
- Vacation Leave (12-month employees only)
- Retirement
 - Florida Retirement System (FRS); and
 - 403(B) Annuity Programs and 457(B) Deferred Compensation Programs—eligible from date of hire.

Eligibility

Who Is Eligible?

Employees

Employees who work at least 30 hours per week and have completed the necessary waiting period, including those active employees eligible for coverage under Medicare, are eligible for benefits. All employees are automatically enrolled in the Group Health Plan unless they submit the appropriate waiver.

Spouses

Spouses are eligible for coverage when they met all requirements of a legal marriage in the state of Florida. An ex-spouse does not meet eligibility criteria even if insurance coverage is specified by a judge in a divorce decree.

If you and your spouse are both school board employees and eligible for coverage, you may select the “Board Spouse” option. This allows employees to take advantage of the family deductible and out-of-pocket maximum while ensuring both employees receive the full board contribution for your coverage.

Children

A covered employee’s children are eligible for coverage until the end of the calendar month in which they turn 26. An eligible child includes the employee’s natural born, adopted, foster, or step child(ren), and a child for whom the Covered Employee has been court-appointed as legal guardian or legal custodian.

There are provisions for continuing coverage for disabled dependent children beyond the age of 26. If you feel you have a dependent who may meet this criteria and have not already submitted documentation to Risk Management, please contact our office at 863- 519-3858 so that we can assist you with this process.

Grandchildren

Grandchildren can only be covered up to 18 months of age and are only eligible if the parent remains covered.

Dependent Relationship	Documentation Required
Spouse	Copy of marriage certificate and copy of your joint 2019 federal tax return or both of your tax returns if you file separately. Include the front page through line 6 of Form 1040. Please black out any financial information and the first 5 digits of the Social Security numbers.
Natural 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 or other documentation proving current name.
Stepchild	Copy of state or county issued birth certificate showing parents’ names, copy of your marriage certificate, and a copy of your joint 2019 federal tax return (Include the front page through 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 2019 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 2019 federal tax return claiming the child (Include the front page through 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 as parent on birth cert. & remain covered)	Copy of state or county issued birth certificate showing parents’ names for child and grandchild.

2021 Benefit Premiums—Health, Dental and Vision

Blue Cross Blue Shield		
Coverage Level	Semi Monthly Premium	Monthly Premium
Employee Only (Board Funded)	\$0.00	\$0.00
Employee & Spouse	\$297.00	\$594.00
Employee & One Child	\$52.50	\$105.00
Employee & Two Children	\$105.00	\$210.00
Employee & 3+ Children	\$122.50	\$245.00
Employee, Spouse & One Child	\$349.50	\$699.00
Employee, Spouse & Two Children	\$402.00	\$804.00
Employee, Spouse & 3+ Children	\$419.50	\$839.00

Avesis Vision		
Coverage Level	Semi Monthly Premium	Monthly Premium
Employee Only	\$3.27	\$6.54
Employee & Spouse	\$5.92	\$11.84
Employee & Child(ren)	\$6.15	\$12.29
Employee & Family	\$9.47	\$18.94

Delta Dental - Low Plan		
Coverage Level	Semi Monthly Premium	Monthly Premium
Employee Only	\$5.67	\$11.34
Employee & Spouse	\$11.20	\$22.40
Employee & Child(ren)	\$13.91	\$27.82
Employee & Family	\$16.84	\$33.68

Delta Dental - Middle Plan		
Coverage Level	Semi Monthly Premium	Monthly Premium
Employee Only	\$9.74	\$19.48
Employee & Spouse	\$19.48	\$38.95
Employee & Child(ren)	\$24.55	\$49.10
Employee & Family	\$33.72	\$67.43

Delta Dental - High Plan		
Coverage Level	Semi Monthly Premium	Monthly Premium
Employee Only	\$18.66	\$37.31
Employee & Spouse	\$36.11	\$72.22
Employee & Child(ren)	\$43.77	\$87.53
Employee & Family	\$58.19	\$116.37

Health Insurance

The health and wellness of our employees and their family members is very important to Polk County Public Schools. The goal of the District's health and wellness programs is to motivate our team members with chronic conditions to take an active part developing their treatment plans to increase their quality of life.

Polk County Public Schools is pleased to offer a comprehensive self-funded PPO health plan to employees and eligible dependents. The District with a combined platform partnership with Blue Cross Blue Shield of Alabama and Florida Blue provides our members' access to various resources to assist members with every aspect of their health care needs.

ExploreMyPlan Member Portal available online at:

FL.ExploreMyPlan.com

BCBS Customer Service

1-855-630-6824

Health Insurance

2021 health plan design subject to change
based upon union negotiations!

BCBS PPO—Blue Options		In-Network	Out-of-Network
Deductible (Ded) —Individual/Family		\$900/\$1,800	\$1,500/\$3,000
Out of Pocket Maximum (includes deductible, coinsurance & copays)		\$5,000/\$9,000	No Maximum
Coinsurance (member response after deductible)		20%	40%
Professional Provider Services			
Allergy Testing & Treatment		\$10 copay	Ded + 40%
E-Office Visits—Primary or Specialist		\$10 copay	Ded + 40%
Office Services—Primary or Specialist		\$50 copay	Ded + 40%
Maternity Care		\$50—first visit; Ded +20%	Ded + 40%
ER Physician, Inpatient Visit & Consultations		Ded + 20%	Ded + 40%
Radiology, Pathology & Anesthesiology			
Ambulatory Surgical Center		Ded + 20%	In Network Ded + 40%
Hospital		Ded + 20%	In Network Ded + 40%
Medical Pharmacy (provider-administered Rx in office)		Included in Office Copay	Ded + 40%
Emergency/Urgent Care/Convenient Care			
Ambulance (ground, air & water)		20% of billed charges	20% of billed charges
Convenient Care Centers (CCC)		\$50 copay	Ded + 40%
Emergency Room Facility Services		Ded + 20%	Ded + 20%
Urgent Care Centers (UCC)		\$50 copay	40%
Facility Services			
Ambulatory Surgical Center		Ded + 20%	Ded + 40%
Independent Clinical Lab		\$0	Ded + 40%
Outpatient Chemotherapy, Dialysis, IV Therapy, Diagnostic Lab, Radiation Therapy & X-Ray		Ded + 20%	Ded + 40%
Inpatient Hospital & Residential Treatment Facilities		Ded + 20%	Ded + 40%
Mental Health & Substance Abuse			
Inpatient Mental Health Hospitalization		Ded + 20%	Ded + 40%
Outpatient Mental Health Services		Ded + 20%	Ded + 40%

Preventative Care Services at No Cost! The PCPS BCBS health plan covers the following preventative care services **in network** at no cost:

- ◆ Adult Wellness Visit
- ◆ Colonoscopies (routine)
Age 50+ then frequency schedule applies
- ◆ Mammograms (routine & diagnostic)
- ◆ Well Child Office Visits

Note:
Inpatient Rehab Maximum
21 Days per Benefit Period

Prime Therapeutics Rx Program	Generic	Preferred Brand	Non-Preferred Brand
Retail 30	\$8	\$40+10%* (max \$80)	\$40+10%* (max \$80)
Retail 90	\$20	\$40+10%* (max \$80)	\$40+10%* (max \$80)
Mail 90	\$20	\$125	\$200
Specialty	\$80	\$80	\$180
Maximum Out of Pocket \$1,600		*10% of the cost of the prescription minus the deductible	

Deductible: There is a \$50 per person annual deductible at retail and mail order for brand-name medications.

Brand Name Drugs: If you purchase a brand-name medication when a generic medication is available, you will pay the appropriate cost share for the drug based on the current formulary, plus the difference in cost between the brand and the generic.

Please note this is just a summary of benefits. The full benefit plan design can be found in the Summary Plan Design (SPD) and Summary of Benefits and Coverage (SBC).

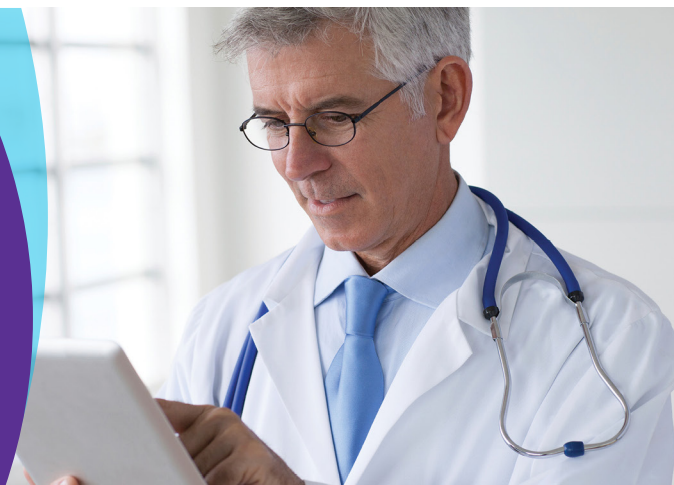
For additional plan details visit: thehub.polk-fl.net/riskmanagement/insurance-benefits

AVAILABLE 04/01/2020

Access to a doctor
anytime, anywhere

DISPONIBLE 04/01/2020

Acceda a un médico en cualquier
momento, en cualquier lugar



Teladoc® gives you 24/7/365 access to U.S. board-certified doctors through the convenience of web, phone or app. Get the care you need in minutes from the comfort of home, at work or while traveling. It's an affordable alternative to costly urgent care and ER visits when you need care now.

QUALIFIED DOCTORS

All Teladoc doctors are U.S. board-certified, state-licensed and average 20 years of practice experience.

GET THE CARE YOU NEED

Treatment for many non-emergency medical conditions, including cold and flu symptoms, allergies, sinus problems, skin problems and more!

WHEN CAN I USE TELADOC?

- From home, at work or on the road
- When you need care now
- If you're considering the ER or urgent care for a non-emergency issue
- For short-term prescription refills

Teladoc® le da acceso a médicos especialistas certificados en Estados Unidos las 24 horas, 7 días a la semana todos los días del año donde quiera que se encuentre. Es una alternativa accesible comparada con las salas de emergencia y las clínicas de atención de urgencias que son costosas cuando la atención que necesita es inmediata.

MÉDICOS CERTIFICADOS

Todos los médicos de Teladoc son médicos especialistas certificados en Estados Unidos con licencia en sus estados y un promedio de 20 años de experiencia práctica.

OBTENGA LA ATENCIÓN MÉDICA QUE NECESITA

Tratamientos para muchas afecciones que no sean de urgencia incluyendo síntomas de resfriado y gripe, alergias, problemas en los senos paranasales, problemas de piel ¡y más!

¿CUÁNDO PUEDO UTILIZAR EL SERVICIO TELADOC?

- Desde su casa, su trabajo o estando en la calle
- Cuando usted necesite atención inmediata
- Si usted está considerando ir a la sala de emergencia o a la clínica de atención de urgencia por un problema que no es urgente
- Para la reposición de recetas a corto plazo

Talk to a doctor anytime for \$0!
¡Hable con un médico en cualquier momento por \$0!



Teladoc.com

1-844-594-6014



Dental Insurance



Low Plan			Middle Plan			High Plan		
Coverage Type	PDP In-Network	Out-of-Network	Coverage Type	PDP In-Network	Out-of-Network	Coverage Type	PDP In-Network	Out-of-Network
Type A ¹	Schedule‡	Schedule‡	Type A ¹	100% of PPO Fee	100% of PPO Fee	Type A ¹	80% of PPO Fee	80% of PPO MPA*
Type B ²	Schedule‡	Schedule‡	Type B ²	80% of PPO Fee	80% of PPO Fee	Type B ²	80% of PPO Fee	80% of PPO MPA*
Type C ³	Schedule‡	Schedule‡	Type C ³	50% of PPO Fee	50% of PPO Fee	Type C ³	80% of PPO Fee	80% of PPO MPA*
Individual Deductible†	\$50	\$50	Individual Deductible†	\$50	\$50	Individual Deductible†	\$50	\$50
Family Deductible†	\$150	\$150	Family Deductible†	\$150	\$150	Family Deductible†	\$150	\$150
Annual Benefit Max			Annual Benefit Max			Annual Benefit Max		
Per Person	\$1,000	\$1,000	Per Person	\$1,000	\$1,000	Per Person	\$1,500	\$1,500
Orthodontics Not Covered			Orthodontia Lifetime Max child only to age 19			Orthodontia Lifetime Max child only to age 19		
N/A			Per Person	\$1,000	\$1,000	Per Person	\$1,000	\$1,000

1—Type A: cleanings, oral examinations, fluoride, x-rays

2—Type B: fillings, simple extractions, endodontics, general anesthesia, oral surgery, periodontal maintenance, sealants

3—Type C: bridges, dentures, crowns, periodontal surgery

† Deductible applies to Type B&C services only—waived on Type A services

‡ For the most updated Schedule of Benefits for the Low Dental Plan contact Delta Dental Customer Service.

*MPA—Maximum Plan Allowance

This is only a brief summary of the plans. Benefits are subject to limitations and exclusions of the plan. The dental health plan contract must be consulted to determine the exact terms and conditions of coverage.

Delta Dental

Customer Service

1-800-521-2651 or online at
www.deltadentalins.com

You don't need an ID card. When visiting a Delta Dental Premier or Delta Dental PPO dentist, simply provide your social security or identification number. The dental office can use that information to verify your eligibility and benefits.

If you still would like an ID card, you can print a customized ID card on demand. Log in to Online Services (on right), click the "Eligibility & Benefits" tab to view your eligibility and benefits information and to print an ID card. If you haven't registered for Online Services, click on "Register Today" for an easy three-step registration process.

For additional plan details visit:

thehub.polk-fl.net/riskmanagement/healthdentalvision

Vision Insurance



For more than 40 years, Avēsis has matched vision professionals with those who need their care. In 2016, we joined The Guardian Life Insurance Company of America, becoming their wholly owned subsidiary. Now our benefits are backed by the strength and values of Guardian.

Understanding what's available to you and how to get the most out of your Avēsis vision plan will help keep your out-of-pocket expenses low. Your plan includes the following benefits.

Routine Eye Exam

Your plan covers an in-network eye exam in full each year. Eye exams can reveal many details about your overall health. It can even uncover underlying issues such as autoimmune disorders, diabetes, hypertension, and more.¹

Frames

Your plan entitles you to a pair of frames up to your frame allowance. You can choose from *any* frame on the market, from any designer. Simply pay the difference between your allowance and the final cost.

Standard Spectacle Lenses

Your plan covers standard single-vision, lined bifocal, or lined trifocal lenses, with standard scratch-resistant coating applied

Copays for In-Network Services	
Exam	\$10.00
Materials	\$20.00
Retail Frame Allowance	
Private Practice Provider	\$150.00
Retail Chain Provider	\$150.00
Benefit Frequency	Calendar Year
Comprehensive Exam	Once in 12 months
Spectacle Lenses	Once in 12 Months
Frames	Once in 24 months
Contact Lenses in Lieu of Eyeglasses	Once in 12 months

Avēsis Customer Care
call 800-828-9341

Lens Options

Your plan also covers popular lens options, like progressive lenses, tints, anti-reflective coatings, and more.

Lens Options³

Standard scratch-resistant coating, standard progressive lenses, ultraviolet coating, and tints—covered in full. Deluxe and premium progressive lens options are now available. Other optional lens upgrades may be offered at a discount. (Discount varies by provider.)

Contact Lens Benefits and Fitting & Follow-Up (CLEFFU)⁴

Medically Necessary Contact Lenses⁵ Covered in full.

Laser Vision Benefit (LASIK)

A one-time \$150 reimbursement for LASIK is in addition to, not in lieu of, eyeglass or contact lens benefits. Using our LASIK partner, Quallsight, saves members up to 25 percent on the provider's lowest advertised price (discount based on overall cost, with higher discounts for higher cost procedures).

For participating providers, visit:

<http://www.qualsight.com/avesis>

For additional plan details visit:

thehub.polk-fl.net/riskmanagement/healthdentalvision

2021 Benefit Premiums—Life and Disability

Additional Life Rates

Additional Life has age-banded rates. If you have moved from one age-band to the next, you may see an increase in your premium. Rates are based on your age as of January 1, 2021 and do not change mid-year.

The Pre-tax benefit for Group Term Life is available for amounts up to \$50,000 in coverage. This total includes the \$20,000 paid for by Polk County Public Schools for each benefit-eligible employee. Employees may elect additional coverage; however deductions for amounts over the total of \$50,000 will be taken on a post-tax basis.

Age as of 01/01/2021	Rate: Per \$1,000
≤ 29	\$0.073
30-34	\$0.084
35-39	\$0.105
40-44	\$0.143
45-49	\$0.198
50-54	\$0.266
55-59	\$0.280
60-64	\$0.302
65+	\$0.340

Dependent Life **\$6.24 per month**

Short Term Disability Rate Chart			
Age as of 01/01/2021	Option A 7 Day	Option B 14 Day	Option C 30 Day
≤ 29	\$1.18	\$0.83	\$0.58
30-34	\$1.31	\$0.90	\$0.63
35-39	\$0.85	\$0.56	\$0.39
40-44	\$0.63	\$0.40	\$0.26
45-49	\$0.68	\$0.42	\$0.28
50-54	\$0.72	\$0.45	\$0.30
55-59	\$0.93	\$0.58	\$0.38
60+	\$1.18	\$0.73	\$0.48

Short Term Disability Rates

Short Term Disability has age-banded rates. If you have moved from one age-band to the next, you may see an increase in your premium. Rates are based on your age as of January 1, 2021 and do not change mid-year.

Premium Calculations

Enter average weekly earnings, not to exceed \$1,750 on Line 1.	1: _____
Multiply Line 1 by 0.60 and enter on Line 2.	2: _____
Select your rate from the table below and enter on Line 3.	3: _____
Multiply Line 2 by the amount entered on Line 3.	4: _____
Divide the amount on Line 4 by 10 and enter on Line 5.	5: _____
The amount shown on Line 5 is your estimated monthly payroll deduction.	

Long Term Disability Rates

Long Term Disability has age-banded rates. If you have moved from one age-band to the next, you may see an increase in your premium. Rates are based on your age as of January 1, 2021 and do not change mid-year.

Premium Calculations

Enter your average monthly earnings not too exceed \$12,500 on Line 1.	1: _____
Select your rate from the rate table and divide this by 100.	2: _____
Multiply Line 1 by the amount shown on Line 2.	3: _____
The amount shown on Line 3 is your estimated monthly payroll deduction.	

Long Term Disability Rate Table	
Age as of 01/01/2021	Rate
≤ 29	\$0.17
30-34	\$0.20
35-39	\$0.25
40-44	\$0.35
45-49	\$0.53
50-54	\$0.79
55-59	\$1.00
60-64	\$1.03
65-69	\$1.14
70-74	\$1.23
75+	\$1.94



Group Term Life Insurance

Basic Life

Polk County Public Schools provides each benefits-eligible employee with \$20,000 of life insurance coverage. This coverage includes \$10,000 of Accidental Death and Dismemberment (AD&D).

Additional Life

Employees may also request additional life coverage in increments based upon their salary up to 5 times their annual earnings. Life insurance is rounded to the next higher multiple of \$1,000, if not already a multiple of \$1,000. The maximum amount is \$300,000.

Age Reductions

Under this plan, coverage reduces by 35% at age 65, by 50% at age 70, and by 65% at age 75. Age Reduction does not apply to Basic Life.

Accidental Death and Dismemberment (AD&D)

With Additional AD&D insurance from Standard Insurance Company, you or your beneficiaries may be eligible to receive an additional amount in the event of death or dismemberment as a result of an accident.

The amount of this AD&D Insurance Benefit for loss of life is equal to the amount payable for Additional Life insurance coverage on the date of the accident.

A new election or an increased amount of coverage of Standard Life products during Open Enrollment will be subject to Medical Underwriting. Once we receive your form requesting enrollment for new enrollment or additional coverage, we will send you an Evidence of Insurability form to complete and submit directly to The Standard for approval.

Dependent Life

You may elect Dependent Life insurance for your *spouse* and eligible *child(ren)* at a flat amount of \$10,000 for your *spouse* and \$5,000 for your eligible *child(ren)*. "Child" means your unmarried child from live birth through age 20 (through age 24 if a registered student in full-time attendance at an accredited educational institution), or your unmarried child who meets the definition of Disability in the group policy.

If both spouses work for PCPS, only one may elect dependent life and only the child(ren) will be covered. Employees cannot cover each other as dependent spouses. Also, your spouse or children must not be full-time member(s) of the armed forces.

For full group term life plans details you can obtain a group insurance certificate containing a detailed description of the insurance coverage at:

thehub.polk-fl.net/riskmanagement/lifedisability



Group Disability Insurance

To help you plan for the unexpected, the Polk County Public Schools offers both Short and Long Term Disability coverage through The Standard.

A new election or an increased amount of disability coverage during Open Enrollment will be subject to Medical Underwriting. Once we receive your form requesting enrollment for new enrollment or additional coverage, we will send you an Evidence of Insurability form to complete and submit directly to The Standard for approval.

Short Term Disability

The Short Term Disability (STD) weekly benefit is up to 60% of your insured pre-disability earnings based upon yearly salary split over 52 weeks. The maximum weekly benefit is \$1,750 and the minimum weekly benefit is \$15. **This amount is then reduced by other income you receive or are eligible to receive while STD benefits are payable. This other income is referred to as deductible income*.**

The benefit waiting period is the period of time that you must be continuously disabled before benefits become payable. The Maximum Benefit Period is the maximum amount of time can receive benefits. **You must exhaust all of your accumulated sick leave before collecting Short Term Disability payments.**

You can elect one of three short-term disability coverage options. The options have varying benefit waiting periods and maximum benefit periods as show below:

Option	Benefit Waiting Period	Maximum Benefit Period
Option A	7 days	up to 25 weeks
Option B	14 days	up to 24 weeks
Option C	30 days	up to 22 weeks

*Deductible income is income you receive or are eligible to receive while disability benefits are payable. It includes but is not limited to the following:

- Benefits under any state disability income benefit law or similar law.
- Earnings from work activity while disabled.
- Any amount you receive by compromise, settlement or other method as a result of a claim for any of the above.

Long Term Disability

The Long Term Disability (LTD) benefit level is up to 60% of pre-disability earnings. The maximum monthly benefit is \$7,500 and the minimum monthly benefit is \$100. **This is then reduced by other income you receive or are eligible to receive while LTD benefits are payable. This other income is referred to as deductible income*.**

If your claim for Long Term Disability benefits is approved by The Standard, benefits become payable after you have been continuously disabled for 180 days and remain continuously disabled. Benefits are not payable during the benefit waiting period. **You must exhaust all of your accumulated sick leave.**

If you become disabled before age 62, LTD benefits may continue during disability until you reach age 65. If you become disabled at age 62 or older, the benefit duration is determined by your age when disability begins:

Age	Maximum Benefit Period	Age	Maximum Benefit Period
62	3 years 6 months	66	1 year 9 months
63	3 years	67	1 year 6 months
64	2 years 6 months	68	1 year 3 months
65	2 years	69+	1 year

For full group term disability plans details you can obtain a group insurance certificate containing a detailed description of the insurance coverage at:

thehub.polk-fl.net/riskmanagement/lifedisability

Flexible Savings Accounts



FlexSystem FSA is offered through your employer and is administered by TASC. When you choose to enroll in a FlexSystem FSA Healthcare and/or Dependent Care, you choose the dollar amount you want to contribute to each account based on your estimated expenses for the upcoming Plan Year. Your contributions will be deducted in equal amounts from each paycheck, pretax, throughout the Plan Year. The more you contribute to these accounts, the more you save by paying less in taxes!

Account	Eligible Expenses	Contributions
Medical FSA	Eligible expenses include: co-pays, deductible, coinsurance, prescription drugs, dental procedures, eye exams, prescription glasses, contacts and safety glasses.	Minimum: \$300 per year Maximum: \$2,750 per year
Childcare FSA	Childcare FSA has been suspended for the 2021 plan year.	

FSA Funds DO NOT Rollover

It is important to be conservative in making elections because any unused funds left in your FSA at the close of the Plan Year are not refundable to you. You are urged to take precautionary steps, such as tracking account balances on the FlexSystem website and/or using the Interactive Voice Response system, to avoid having funds remaining in your account at year-end. Purchasing eligible over-the-counter items are ways to utilize leftover FSA funds. Just remember, those over the counter items will require a prescription. ***Employees have 90 days from the date Flexible Spending Account benefits terminate to file claims to utilize funds for the benefit period.***

Changing Elections During the Plan Year

You may change your FSA elections during the Plan year only if you experience a change of status such as:

- A marriage or divorce
- Birth or adoption of a child , or
- A change in employment status

**Reminder FSA elections
MUST be made Re-Elected
Each Year!**

Account Management

You may use any of the following self-service options to access your FlexSystem accounts and TASC Card transaction:

- **MyTASC Online:** tasconline.com/ubaaccess
- **MyCash Manager:** within MyTASC at tasconline.com/ubaaccess
- **MyTASC Mobile App:** free download in Android and Apple App Store
- **MyTASC text Messaging:** elect through your MyTASC account online (You can use "profile" to steer to the right tab.)

Customer Service

1-800-422-4661

For additional plan details visit:

thehub.polk-fl.net/riskmanagement/fsa

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

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



Employee Assistance Program

Aetna Resources for Living

Benefits Overview

Aetna Resources For Living is an employer sponsored program, available at no cost to you and all members of your household. That includes dependent children up to age 26, whether or not they live at home.

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

Emotional well-being support

You can call us 24 hours a day for in-the-moment emotional well-being support. You can also access up to 7 counseling sessions per issue each year.

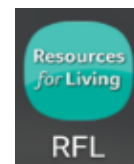
Visit with a counselor face to face, online with televideo or get in-the-moment support by phone. Services are free and confidential. We're always here to help with a wide range of issues including:

- Relationship support
- Stress Management
- Family Issues
- Work/family balance
- Grief and loss
- Depression
- Anxiety
- Substance misuse and more
- Self-esteem and personal development

Online Resources/Mobile App

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

- Articles and self-assessments
- Adult care and child care provider search tool
- Stress resource center
- Video resources
- Life and recorded webinars



You'll also find access to these helpful tools:

Discount Center

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

Fitness Discounts

Save on gym memberships at over 9,000 locations nationwide and home fitness equipment. Participating gyms and programs include 24 Hour Fitness, LA Fitness, Anytime Fitness, Zumba Fitness, Nutrisystem and more.

myStrength

myStrength offers tools to improve your emotional health and help you overcome depression, anxiety, stress, substance misuse and/or chronic pain, mindfulness, sleep and health parenting.

CONFIDENTIAL

1-800-272-7252

Employee Assistance Program

www.resourcesforliving.com

Login: PCS Password: PCS

Employee Assistance Program

Legal Services

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

- General
- Family
- Criminal Law
- Elder law and estate planning
- Divorce
- Wills and other document
- Separation
- Real estate transactions
- Mediation services



If you opt for services beyond the initial consultation you can get a 25 percent discount.

*Services must be related to the employee and eligible household members. Work-related issues are not covered. Discount does not include flat legal fees, contingency fees and plan mediator services.

Financial Services

Simply call for a free 30-minute consultation for each new financial topic related to:

- Budgeting
- Retirement or other financial planning
- Mortgages and refinancing
- Credit and debt issues
- College funding
- Tax and IRS questions and preparation



You can also get a 25 percent discount on tax preparation services.

*Services must be for financial matters related to the employee and eligible household members.

Other Services

Identity theft services – One hour fraud resolution phone consultation or coaching about ID theft prevention and credit restoration. Services include a free emergency kit for victims.

Aetna Resources For Living is the brand name used by products and services offered through the Aetna group of subsidiary companies (Aetna). The EAP is administered by Aetna Behavioral Health, LLC and in California for Knox-Keene plans, Aetna Health of California, Inc. and Health and Human Resources Center, Inc.

*All calls are confidential, except as required by law. This material is for informational purposes only. It contains only a partial, general description of programs and services and does not constitute a contract. EAP instructors, educators and network participating providers are independent contractors and are neither agents nor employees of Aetna. Aetna does not direct, manage, oversee or control the individual services provided by these persons and does not assume any responsibility or liability for the services they provide and, therefore, cannot guarantee any results or outcomes. The availability of any particular provider cannot be guaranteed and is subject to change. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, refer to **aetna.com**.*

Voluntary Retirement Saving Plans

Polk County Public Schools currently supports a 403(b) retirement savings plan. These plans are available only to employees of public school systems and certain other non-profit organizations. These employee accounts are commonly referred to as Tax Sheltered Annuities or TSAs because at one point only standard interest annuities and variable annuities were allowable account types. In 1974 the passage of the Employee Retirement Income Security Act (ERISA) added mutual funds under custodial arrangements as an additional investment option. All regularly scheduled employees may elect to contribute a limited portion of their salary before taxes to one of the authorized plans available through their employer. For more information on contribution limits, see the "Calculations" section of our website.

In addition to 403(b) retirement plans, Polk County Public Schools offers 457(b) deferred compensation plans to its employees. These plans are available to certain tax-exempt and governmental employers. With the passage of the Economic Growth and Tax Relief Reconciliation Act of 2001 (EGTRRA), contribution limits were dramatically changed. In addition, 457(b) plans now have separate limits which are not reduced by employee contributions into either a 403(b) or 401(k) plan.

All Authorized Investment Providers listed have entered into information sharing agreements with the plan sponsor. Board Policy and District administrative requirements allow companies which meet certain standards and maintain a minimum number of employee accounts to provide 403(b) TSA accounts to employees. The companies listed below are currently authorized under administrative guidelines to establish 403 and 457(b) accounts for the employees of Polk County Public Schools. This list does not reflect any opinion as to the financial strength or quality of product or service for any company. Employees should contact a local representative to obtain specific information on plans available.

Authorized Investment Providers		Authorized Investment Types		
Companies	Phone Number	403(b) Accounts	ROTH 403(b)	457(b) Deferred Compensation Plans
American Century Investments	1-800-345-3533	X	X	
Ameriprise Financial	1-863-688-6863	X		
ASpire Financial Services	Allen & Company CPS Investment Advisors	1-863-688-9000 1-877-564-6277	X	
AXA Equitable Life Insurance Co.	1-800-628-6673	X	X	X
Great American Financial Resources	1-800-854-3649	X	X	X
Horace Mann Insurance Company	1-800-999-1030	X	X	X
Life Insurance Company of the Southwest	1-800-579-2878	X	X	X
PlanMember Services	1-800-874-6910	X	X	X
Reliastar Life Insurance Co. (ING Retirement)	1-877-884-5050	X	X	X
VALIC	1-800-369-0314	X	X	X
Waddell & Reed, Inc.	1-813-348-0097	X		

BENCOR Special Pay Plan

The BENCOR Special Pay Plan is an IRS Section 401(a) qualified retirement plan that permits district employees to take maximum advantage of Federal tax laws by deferring Federal withholding taxes and permanently avoiding Social Security and Medicare taxes on eligible accumulated sick and annual leave payments. More information concerning this plan is available in your "Annual Retirement Benefits Guide."

MEANINGFUL NOTICE / PLAN SUMMARY INFORMATION 2020

Polk County Public Schools, FL

403(b) PLAN AND 457(b) DEFERRED COMPENSATION PLAN

The 403(b) and 457(b) Plans are valuable retirement savings options. This notice provides a brief explanation of the provisions, policies and rules that govern the 403(b) and 457(b) Plans offered.

Plan administration services for the 403(b) and 457(b) plans are provided by TSA Consulting Group, Inc. (TSACG). Visit the TSACG website (<https://www.tsacg.com>) for information about enrollment in the plan, investment product providers available, distributions, exchanges or transfers, 403(b) and/or 457(b) loans, and rollovers.

ELIGIBILITY

Most employees are eligible to participate in the 403(b) and 457(b) plans immediately upon employment, however, private contractors, appointed/elected trustees and/or school board members and student workers are not eligible to participate in the 403(b) Plan. Employees may make voluntary elective deferrals to both the 403(b) and 457(b) plans. Participants are fully vested in their contributions and earnings at all times.

EMPLOYEE CONTRIBUTIONS

Traditional 403(b) and 457(b)

Upon enrollment, participants designate a portion of their salary that they wish to contribute to their traditional 403(b) and/or 457(b) account(s) up to their maximum annual contribution amount on a pre-tax basis, thus reducing the participant's taxable income. Contributions to the participant's 403(b) or 457(b) accounts are made from income paid through the employer's payroll system. Taxes on contributions and any earnings are deferred until the participant withdraws their funds.

Roth 403(b)

Contributions made to a Roth 403(b) account are after-tax deductions from your paycheck. Income taxes are not reduced by contributions you make to your account. All qualified distributions from Roth 403(b) accounts are tax-free. Any earnings on your deposits are not taxed as long as they remain in your account for five years from the date that your first Roth contribution was made. Distributions may be taken if you are 59½ (subject to plan document provisions) or at separation from service.

The Internal Revenue Service regulations limit the amount participants may contribute annually to tax-advantaged retirement plans and imposes substantial penalties for violating contribution limits. TSACG monitors 403(b) plan contributions and notifies the employer in the event of an excess contribution.

THE BASIC CONTRIBUTION LIMIT FOR 2020 IS \$19,500.

Additional provisions allowed:

AGE-BASED AMOUNT

Participants who are age 50 or older any time during the year qualify to make an additional contribution of up to \$6,500 to the 403(b) and/or 457(b) accounts.

THE SERVICE-BASED CATCH UP AMOUNT

The 403(b) special catch-up provision allows participants to make additional contributions of up to \$3,000 to the 403(b) account if, as of the preceding calendar year, the participant has completed 15 or more full years of employment with the current employer, not averaged over \$5,000 per year in annual contributions, and has not utilized catch-up contributions in excess of the aggregate of \$15,000. For a detailed explanation of this provision, please visit <https://www.tsacg.com>.

ENROLLMENT

Employees who wish to enroll in the 403(b) and/or 457(b) plan must first select the provider and investment product best suited for their account. Upon establishment of the account with the selected provider, a "Salary Reduction Agreement" (SRA) form and/or a deferred compensation enrollment form and any disclosure forms must be completed and submitted to the employer. These forms authorize the employer to withhold 403(b) and/or 457(b) contributions from the employee's pay and send those funds to the Investment Provider on their behalf. A SRA form and/or a deferred compensation enrollment form must be completed to start, stop or modify contributions to 403(b) and/or 457(b) accounts. Unless otherwise notified by your employer, you may enroll and/or make changes to your current contributions anytime throughout the year.

Please note: The total annual amount of a participant's contributions must not exceed the Maximum Allowable Contribution (MAC) calculation. For convenience, a MAC calculator is available at <https://www.tsacg.com>.



INVESTMENT PROVIDER INFORMATION

A current list of authorized 403(b) and 457(b) Investment Providers and current employer forms are available on the employer's specific Web page at <https://www.tsacg.com>.

PLAN DISTRIBUTION TRANSACTIONS

Distribution transactions may include any of the following depending on the employer's Plan Document: loans, transfers, rollovers, exchanges, hardships, unforeseen financial emergency withdrawals or distributions. Participants may request these distributions by completing the necessary forms obtained from the provider and plan administrator as required. All completed forms should be submitted to the plan administrator for processing.

PLAN-TO-PLAN TRANSFERS

A plan-to-plan transfer is defined as the movement of a 403(b) and/or 457(b) account from a previous plan sponsor's plan and retaining the same account with the authorized investment provider under the new plan sponsor's plan.

ROLLOVERS

Participants may move funds from one qualified plan account, i.e. 403(b) account, 401(k) account or an IRA, to another qualified plan account at age 59½ or when separated from service. Rollovers do not create a taxable event.

DISTRIBUTIONS

Retirement plan distributions are restricted by IRS regulations. A participant may not take a distribution of 403(b) plan accumulations without penalty unless they have attained age 59½ or separated from service in the year in which they turn 55 or older. Generally, a distribution cannot be made from a 457(b) account until you have a severance from employment or reach age 70½. In most cases, any withdrawals made from a 403(b) or 457(b) account are taxable in full as ordinary income.

EXCHANGES

Within each plan, participants may exchange account accumulations from one investment provider to another investment provider that is authorized under the same plan; however, there may be limitations affecting exchanges, and participants should be aware of any charges or penalties that may exist in individual investment contracts prior to exchange. Exchanges can only be made from one 457(b) plan to another 457(b) plan, or from one 403(b) plan to another 403(b) plan.

403(b) and 457(b) PLAN LOANS

Participants may be eligible to borrow their 403(b) and/or 457(b) plan accumulations depending on the provisions of their 403(b) and/or 457(b) account contract and provisions of the employer plan. If loans are available, they are generally granted for a term of five years or less (general-purpose loans). Loans taken to purchase a principal residence can extend the term beyond five years depending on the provisions of their 403(b) and/or 457(b) account contract and provisions of the employer. Details and terms of the loan are established by the provider. Participants must repay their loans through monthly payments as directed by the provider. Prior to taking a loan, participants should consult a tax advisor.

HARDSHIP WITHDRAWALS

Participants may be able to take a hardship withdrawal in the event of an immediate and heavy financial need. To be eligible for a hardship withdrawal according to IRS Safe Harbor regulations, you must verify and provide evidence that the distribution is being taken for specific reasons. These eligibility requirements to receive a Hardship withdrawal are provided on the Hardship Withdrawal Disclosure form at <https://www.tsacg.com>.

UNFORESEEN FINANCIAL EMERGENCY WITHDRAWAL

You may be able to take a withdrawal from your 457(b) account in the event of an unforeseen financial emergency. An unforeseeable emergency is defined as a severe financial hardship of the participant or beneficiary. The eligibility requirements to receive a Unforeseen Financial Emergency Withdrawal are provided on the Unforeseen Financial Emergency Withdrawal Disclosure form at <https://www.tsacg.com>.

EMPLOYEE INFORMATION STATEMENT

Participants in defined contribution plans are responsible for determining which, if any, investment vehicles best serve their retirement objectives. The 403(b) and 457(b) plan assets are invested solely in accordance with the participant's instructions. The participant should periodically review whether his/her objectives are being met, and if the objectives have changed, the participant should make the appropriate changes. Careful planning with a tax advisor or financial planner may help to ensure that the supplemental retirement savings plan meets the participant's objectives.

PLAN ADMINISTRATOR CONTACT INFORMATION

Transactions

P.O. Box 4037
Fort Walton Beach, FL 32549
Toll-free: 1-888-796-3786
Toll-free fax: 1-866-741-0645
<https://www.tsacg.com>

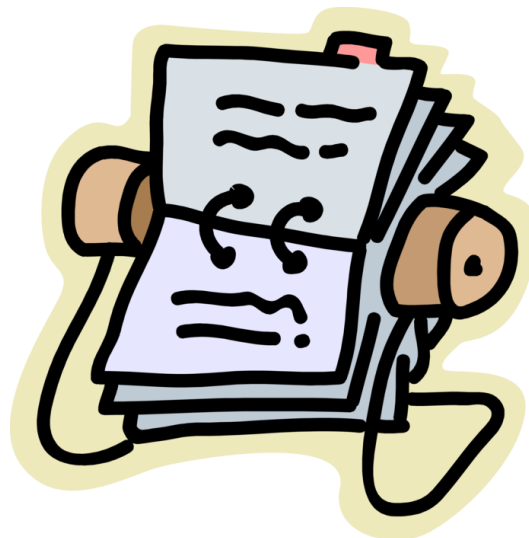


For overnight deliveries

73 Eglin Parkway NE, Suite 202
Fort Walton Beach, FL 32548
Toll-free: 1-888-796-3786
Toll-free fax: 1-866-741-0645
<https://www.tsacg.com>

Benefits Contact Information

Risk Management	863-519-3858 863-519-3740 fax	Email: RiskManagement-AllStaff@polk-fl.net
Blue Cross Blue Shield	855-630-6824	Web: FL.ExploreMyPlan.com
Health & Wellness Center—Clinic	863-419-3322	
Health & Wellness Center—Wellness Staff	863-648-3057	Web: thehub.polk-fl.net/wellness
The Standard Life Insurance Claims Short Term Disability Claims Long Term Disability Claims Eligibility <i>*contact Risk Management</i>	800-628-8600 800-368-2859 800-378-6053 fax 800-368-1135 971-321-8400 fax 863-519-3858	
Delta Dental	800-521-2651	Web: www.deltadentalins.com
Avesis Vision	800-828-9341	Web: www.avesis.com
TASC—Flexible Spending Accounts	800-422-4661	Web: www.tasconline.com
Aetna Resources for Living	800-272-7252	Web: www.resourcesforliving.com Login: PCS Password: PCS



Know Your Rights

Family & Medical Leave Act / Leave of Absence

According to the Family and Medical Leave Act of 1993 eligible employees must be granted up to 12 work weeks of unpaid leave by their employer for any of the following reasons occurring during a 12 month period:

- Birth of employee's child
- Adoption or placement of a foster child
- Caring for ill or injured immediate family member (spouse, child, parent)
- Serious illness or Injury of employee (employee unable to work)

Effective January 16, 2009 the FMLA regulations have been updated to include implementation of new military family leave entitlements enacted under the National Defense Authorization Act for FY 2008. This change permits any of the following family members to take up to 26 work weeks of leave to care for a member of any of the Armed Forces; Active, Reserve or National Guard, undergoing medical treatment or recuperation (including therapy), for serious injury or illness: Spouse, Parent, Child, or Next of Kin.

While you are out on a Leave of Absence, it is your responsibility to contact the Risk Management & Employee Benefits Department at 863-519-3858 regarding the continuation of your insurance benefits provided by the Board, and any other voluntary insurance benefits in which you are enrolled. If the necessary arrangements are not made to continue your benefits, interruption or cancellation of the benefits may result.

Important Notices Available Online

Notice	Location
HIPAA Notice of Privacy Practices	thehub.polk-fl.net/riskmanagement
Women's Health & Cancer Rights	thehub.polk-fl.net/riskmanagement
Newborn & Mother's Health Protection	thehub.polk-fl.net/riskmanagement
USERRA	thehub.polk-fl.net/riskmanagement
Social Security Number Policy	thehub.polk-fl.net/riskmanagement
Exchange & Marketplace Availability Notice	thehub.polk-fl.net/riskmanagement/insurance-benefits
BCBS Summary Plan Design (SPD)	thehub.polk-fl.net/riskmanagement/insurance-benefits
BCBS Summary of Benefits and Coverage (SBC)	thehub.polk-fl.net/riskmanagement/insurance-benefits
State Premium Assistance Notice for Medicaid and CHIP	thehub.polk-fl.net/riskmanagement/insurance-benefits
Wellness Notice	thehub.polk-fl.net/riskmanagement/insurance-benefits

A copy of these policies can also be obtained by contacting the Risk Management & Employee Benefits Department.

Know Your Rights

HIPAA Special Enrollment Notice

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 31 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption. To request special enrollment or obtain more information, contact Risk Management at 863-519-3858 or via email at RiskManagement-AllStaff@polk-fl.net.

IRS Section 125 & Benefit Changes

Section 125 of the IRS code allows employees to use pretax dollars to pay the premiums on certain group insurance products. These deductions are taken prior to Social Security and Federal Income Taxes being deducted from your paycheck, which can lead to significant savings. **Benefits elections must remain in effect until the next Open Enrollment Period unless you experience a qualifying event.**

A qualifying event is a change in status to your life that meets IRS approved definitions. Examples are marriage, divorce, birth, death, adoption, legal guardianship, gain or loss of stepchildren, gain or loss of coverage. If you need to make a change to your coverage due to a Qualifying Event, you must submit the Benefits Enrollment & Change Form along with required supporting documentation no more than 31 days after the qualifying event has taken place. Benefits Enrollment & Change Forms are available on the Risk Management and Employee Benefits page of the Polk County School Board website: www.polkschoolsfl.com or by contacting Risk Management at:

RiskManagement-AllStaff@polk-fl.net

MEDICARE PRESCRIPTION DRUG COVERAGE (PART D)

CREDITABLE COVERAGE NOTICE

Important Notice from Polk County Public Schools about Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Polk County Public Schools and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan.

If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice. 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. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Polk County Public Schools has determined that the prescription drug coverage offered by Polk County Public Schools medical plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from November 15th through December 31st. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

Your current Polk County Public Schools coverage pays for other health expenses, in addition to prescription drugs, and If you decide to join a Medicare drug plan, please keep in mind that ***you cannot also be enrolled in the Polk County Public Schools Medical Plan.***

The Polk County Public Schools plan provides comprehensive prescription drug coverage through retail and mail providers. There is a \$50 per year per individual deductible for Brand Name drugs in addition to the follow copayments:

Generic	Preferred Brand	Non-Preferred Brand
Retail 30 Days		
\$8	\$40+10%* (max \$80)	\$80+10%* (max \$160)
Retail 90 Days		
\$20	\$120. +10%* (max \$240)	\$210.00 +10%* (max \$420)
Mail 90 Days		
\$20	\$125	\$200
Specialty		
\$80	\$80	\$160
Maximum Out-of-Pocket \$1,600		
*10% of the cost of the prescription minus the deductible.		

IMPORTANT NOTE: If you purchase a brand-name medication when a generic medication is available or when your doctor requests a brand-name medication when a generic medication is available, you will pay the brand co-payment based on the current formulary, plus the difference in cost between the brand and the generic.

When Will You Pay a Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your coverage with the School Board of Polk County and don't enroll in a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to join.

For More Information About This Notice or Your Current Prescription Drug Coverage....Contact the Risk Management & Employee Benefits Department for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through the School Board of Polk County changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage....

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

For more information about Medicare prescription drug coverage:

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

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

Remember:

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

Date: August 1, 2013

Name of Entity/Sender: The School Board of Polk County

Contact: Risk Management & Employee Benefits Department

Address: 1915 Floral Avenue, Bartow, FL 33830

Phone Number: 863-519-3858

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

Required Notice on Health Insurance Market Place Options

Purpose	In order to comply with the federal Patient Protection and Affordable Care Act (ACA), Polk County Public Schools is required to send the enclosed notice to every employee. The attached notice provides you with instructions on how to access information about the Health Insurance Marketplace.
What is the Health Insurance Marketplace?	<p>The Health Insurance Marketplace also known as the “Exchange” offers individuals the option to find and compare private health insurance plans.</p> <ul style="list-style-type: none"> • Open enrollment for health insurance coverage through the Marketplace begins in October 2020 for coverage starting as early as January 1, 2021. • Health insurance plans under the Exchange are not offered on a pre-tax basis. • <u>Please note that the Marketplace provides access to health insurance that is separate from the coverage offered by Polk County Public Schools.</u>
Important Information	<p>Polk County Public Schools will continue to provide quality health insurance that meets and exceeds the minimum value standards of the Affordable Care Act.</p> <ul style="list-style-type: none"> • Benefit eligible employees are automatically enrolled in the PCPS health plan. • Open enrollment for Polk County Public School’s health insurance coverage begins September 28, 2020 through October 16, 2020 for coverage effective January 1, 2021.
Required Action	<i>There is no action required from employees; this is for informational purposes</i>
Who is the Marketplace for?	<p>The Marketplace is for non-benefit eligible employees and/or any employee dependents may wish to consider options offered in the Marketplace.</p> <p>Depending on certain factors, non-benefit eligible employees may be eligible for a tax credit and/or premium assistance to help reduce the cost of health coverage obtained through the Marketplace.</p>
Questions about PCPS Health Plan	If you have any questions regarding PCPS’s group health plan: Call PCPS Risk Management and Employee Benefits Department at 863-519-3858 or email RiskManagement-AllStaff@polk-fl.net.

Availability of Summary Health Information

Understanding the benefits offered through the PCPS Health Plan is very important. To help guide you through the items covered, your plan makes available a Summary of Benefits and Coverage (SBC), which summarizes important information about health coverage in a standard format.

The SBC is available on theHub at: theHub.polk-fl.net/riskmanagement/insurance-benefits. A paper copy is also available, free of charge, by calling 863-519-3858.



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 6-30-2023)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact _____

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name The School Board of Polk County, Florida		4. Employer Identification Number (EIN) 59-6000807	
5. Employer address PO Box 391		6. Employer phone number 863-519-3858	
7. City Bartow	8. State FL	9. ZIP code 33831	
10. Who can we contact about employee health coverage at this job? Risk Management & Employee Benefits			
11. Phone number (if different from above)		12. Email address RiskManagement-AllStaff@polk-fl.net	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

☐ All employees. Eligible employees are:

☒ Some employees. Eligible employees are:

Employees who work at least 30 hours per week and have completed the necessary waiting period, including those active employees subject to coverage under Medicare, subject to the terms and conditions of the plan. Coverage is not offered to substitute employees.

- With respect to dependents:

☒ We do offer coverage. Eligible dependents are:

The covered employee's natural, newborn, adopted, foster, or step child(ren) until the end of the month in which he or she turns 26., the newborn child of a covered dependent child for 18 months after birth, and handicapped children beyond age 26. Please see Summary Plan Description for more details on coverage criteria.

☐ We do not offer coverage.

☒ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

- ★ ★ Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

13. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?

☐ **Yes** (Continue)

13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? _____ (mm/dd/yyyy) (Continue)

☐ **No** (STOP and return this form to employee)

14. Does the employer offer a health plan that meets the minimum value standard*?

☐ Yes (Go to question 15) ☐ No (STOP and return form to employee)

15. For the lowest-cost plan that meets the minimum value standard* offered only to the employee (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.

a. How much would the employee have to pay in premiums for this plan? \$ _____

b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

16. What change will the employer make for the new plan year? _____

☐ Employer won't offer health coverage

☐ Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.* (Premium should reflect the discount for wellness programs. See question 15.)

a. How much would the employee have to pay in premiums for this plan? \$ _____

b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

* An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)



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