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POLK COUNTY
PUBLIC SCHOOLS

STUDENTS FIRST

BENEFITS GUIDE

Health | Wellbeing | Retirement

The information in this Benefits Guide is presented for illustrative purposes only. The text contained in this Guide includes benefit information and was taken, in part, from summary plan descriptions. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In the event of a discrepancy between the Guide and plan documents (Summary Plan Description or Evidence of Coverage), the plan documents will prevail. If you have any questions about your Guide, contact the Risk Management & Benefits Department.

WELCOME TO POLK COUNTY PUBLIC SCHOOLS

2022 OPEN ENROLLMENT

Welcome to Polk County Public Schools' (PCPS) 2022 Open Enrollment. We think you will find this guide an easy to use reference to understand the wide variety of benefits we offer. It covers information on everything from how to enroll, as well as details to help you choose the right options for you and your family.

We value the work you do and are committed to providing you with a competitive benefits package that includes affordable options to suit your individual needs. In this guide, you can find more information about our specific health care benefits and tools to help you navigate your benefits.

We encourage you to review the guide to help you make informed decisions about your benefit options and costs for the upcoming year. In addition, we have developed a [step-by-step video guide](#) that will walk you through the process of using our new online enrollment system, Benefitfocus. Please contact the PCPS Risk Management & Benefits Department if you have questions.

PCPS Risk Management & Benefits Department

Phone: 863-519-3858

Email: RiskManagement-AllStaff@polk-fl.net

Address: 1915 South Floral Ave., Bartow, FL 33830

Mailing: P. O. Box 391, Bartow, FL 33831

Website: Polkschoolsfl.com/benefits/



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NEW FOR 2022

- ⇒ **Benefitfocus is our new portal for online enrollment, document uploads, coverage information, important communications and so much more!**
- ⇒ **There will be no premium increases for Medical & Vision; however, Dental premiums are increasing**
- ⇒ **Dependent Care FSAs are back! You may elect up to \$5,000 (\$2,500 if married filing separately).**
- ⇒ **This year only, you will not be required to submit Evidence of Insurability if you are electing up to \$150,000 in Additional Life Insurance or if it is your first time enrolling in Dependent Life and/or Disability coverage.**
- ⇒ **Save \$\$\$ on your Dependent Life Insurance! You now have the option to elect either Child-only, Spouse-only, or BOTH Dependent Life Insurance coverages, to better suit your needs.**

Important Benefit Information

Offering a comprehensive benefits package is one way we recognize your contribution to the success of PCPS. Our role is to help you and your family to be healthy, feel secure and maintain work/life balance. This enrollment guide has been designed to provide you with information about the benefit choices available to you.

NEW HIRE ENROLLMENT

New hires have 30 days from their date of hire (or job change) to enroll in benefits. **Benefits are effective the first of the month following 60 days of employment.**

If you do not elect benefits within 30 days, you will be auto-enrolled in employee-only Health Insurance and Basic Life insurance, but will forfeit your rights to enroll in optional benefits until the next open enrollment, unless you experience a qualified life event.

OPEN ENROLLMENT


Open Enrollment begins on **October 18th and runs through November 5th**. All employees can make benefit changes online through the [Benefitfocus Portal](#).

New elections will be effective January 1, 2022.

If you are not making any changes to your medical, dental, vision, life, or disability elections then your benefits will automatically carry over to 2022. Keep in mind that data has been converted, so you should log on to **review and verify your benefit elections**. You will also need to **designate your life insurance beneficiaries** as that information will be blank in [Benefitfocus](#).

REMINDER: If you are electing to fund Health Care and/or Dependent Care Flexible Spending Accounts then you must make your benefit elections in [Benefitfocus](#) between October 18th and November 5th. It is a federal requirement that this benefit be re-elected annually. Your prior year elections will not roll over.

OPEN ENROLLMENT TIPS



Use the camera on your smart phone to capture the QR code to learn more helpful tips & terms!

WAIVING COVERAGE?

If you are covered by another health plan and/or do not wish to enroll in the PCPS Health Plan, please log into [Benefitfocus](#) and select "Decline Coverage".

Important Note: If you are covered under another health plan, failure to waive the PCPS Health Plan means that our plan is considered your primary insurance and your other plan will be your secondary insurance.

LOOKING TO RETIRE?

Open enrollment is the perfect time to review your current benefit elections and dependent coverages you'd like to continue upon retirement. Log into [Benefitfocus](#) to view your current coverages.

Once you retire you are only allowed to continue health, dental, vision and employee life benefits that you are currently enrolled in at the time of retirement.

OPEN ENROLLMENT MEETINGS

PCPS will be hosting open enrollment meetings on **October 18th, October 23rd, and October 30th**. [Click here](#) to register or visit polkschoolsfl.com/benefits for more information.

Come Prepared. Use this checklist to note the areas where you have questions:

- Benefitfocus
- Medical, Dental, Vision coverage
- Life Insurance
- Preventive Care & Wellness
- Flexible Spending Accounts (FSAs)
- Other (list): _____

Eligibility

WHO'S ELIGIBLE?

All employees who work at least 30 hours per week and have completed their necessary waiting period are eligible for benefits. Employees working less than 30 hours per week who were hired prior to October 1, 2013 may have "grandfathered" benefits eligibility. You are automatically enrolled in employee-only Health Insurance and Basic Life Insurance unless the you actively waive coverage on [Benefitfocus](#).

Health, dental and vision coverages are also extended to your eligible dependents. Eligible dependents include:

- **Legally married spouse** (an ex-spouse does not meet eligibility criteria even if insurance coverage is specified by a judge in a divorce decree)
- **Dependent children are eligible until end of the calendar month in which they turn 26** (Children who are physically or mentally disabled may be eligible to continue coverage beyond age 26)
- **Grandchildren can be covered up to 18 months of age** (only eligible if the parent, i.e. employee's dependent, remains a covered dependent)

Definition of children includes the employee's natural born, adopted, foster, or stepchild, and a child for whom the employee has been court-appointed as legal guardian or legal custodian.

Employees have 30 days from the date they enroll in benefits to submit the required documentation

Exception: newborns have 60 days to be enrolled from date of birth and 90 days from the date of enrollment to submit required documentation. *If documentation is not received within these timeframes, your dependents will not be enrolled in benefits.*

NEW: Documents can now be uploaded to your [Benefitfocus Portal](#)!

Staff will receive a notification of your submission and will verify the documents meet the requirements. You can check the status of your documentation under the "[Document Center](#)" tab in [Benefitfocus](#).

Dependent	Documentation Required
Spouse	Copy of marriage certificate and copy of your most recent joint 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 SSN.
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 SSN.
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 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 SSN.
Grandchild	Copy of state or county issued birth certificate showing parents' names for child and grandchild. The employee's child must be listed as parent on birth certificate & remain a covered dependent.
Legal Custody or Guardianship	Signed court order and 2019 federal tax return claiming the child as a dependent.

Benefit Elections

WHAT PLANS ARE OFFERED?

Board-Funded Benefits:

PCPS is pleased to offer the following employee benefits at NO COST to you:

- **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 Basic Life and \$10,000 of AD&D coverage which is administered by The Standard.
- **Health & Wellness Centers**—All employees from their date of hire are eligible to utilize our Health & Wellness Centers operated by Everside Health.
- **Employee Assistance Program**—Includes up to 7 free counseling sessions per issue per year through Aetna Resources for Living. This is available to all employees and dependents from date of hire.

Optional Benefits:

The following benefits are available to you for an additional cost.

- **Dependent Health Insurance**
- **Dental Insurance**
- **Vision Insurance**
- **Health Care Flexible Spending Account**
- **Dependent Care Flexible Spending Account**
- **Short-Term Disability**
- **Long-Term Disability**
- **Additional Employee Life and AD&D**
- **Dependent Child Life Insurance**
- **Dependent Spouse Life Insurance**
- **Retirement Plans**
 - **Florida Retirement System (FRS)**
 - **403(B) Annuity Programs and 457(B) Deferred Compensation Programs (eligible from date of hire)**

CHANGING YOUR BENEFIT ELECTIONS

Once your new hire enrollment window closes, the only other time outside of Open Enrollment you are allowed to make changes to your benefits elections is if you experience a qualified life event. After January 1, 2022, You must **log on to Benefitfocus and request the change within 31 days of the event** to be eligible to change your elections.

Examples of qualified life events include:

- Marriage, divorce, birth, adoption
- A change in your employment status (or that of your spouse) that affects healthcare coverage
- Your child losing "eligible dependent" status
- Eligibility for Medicare

WHEN COVERAGE ENDS

For 10- and 11-month employees: If you work through the last day of your contract, your benefits will end on August 31st.

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

Termination Date	Coverage End Date
1st–15th	End of the current month
16th–End of Month	End of the following month

Once your termination of benefits is processed, you will be sent information about continuing coverage options from our COBRA administrator TASC.

Helpful Tips

HOW TO ENROLL

Enrolling is easy! Read your materials and make sure you understand all of the options available.

1. **Carefully review this Benefits Guide and consider discussing decisions with your spouse or family members.**
2. **Take time to update your home address, email, phone number, and emergency contact in the Staff Portal by visiting staff.mypolkschools.net/**
3. **Log into Benefitfocus by visiting secure3-enroll.com/go/polkschools and create your username & password.**
4. **Click Get Started and select the coverages you'd like to enroll in.**
5. **Save or print your 2022 Benefits Confirmation Statement.**

If you have any questions, please contact the Risk Management & Benefits Department:

Phone: 863-519-3858

Email: RiskManagement-AllStaff@polk-fl.net

- ⇒ **Check out our [step-by-step video guide](#) that takes you through the entire enrollment process!** Watch on-demand to get started with [Benefitfocus](#).
- ⇒ **Want on-the-go access to important benefit information?** Download the Benefitplace™ Mobile App from the Google Play or Apple App Store. Use Company ID: polkschools
- ⇒ **Never miss a beat!** Sign up to receive text message reminders & notifications.

UNDERSTANDING KEY INSURANCE TERMS

Open enrollment is the time of year reserved for you to make changes to your benefit elections, and unfamiliar terms can make this process confusing. Use these definitions of common terms to help you navigate your benefits options.

Beneficiary: the person, organization, or trust you name in a life insurance policy to receive the death benefit. You are required to designate at least one (1) beneficiary. It is imperative that you designate your life insurance beneficiaries as that information will be blank in Benefitfocus.

Coinsurance: the amount you pay for health care services after meeting the deductible.

Copayments: a flat fee you pay for certain covered services such as doctors' visits, urgent care visits, visits or prescriptions.

Deductible: a flat dollar amount you must pay out of your own pocket before your plan begins to pay for certain covered services.

In-network: health care received from a provider or facility within an outlined list of health care practitioners. You will get the most "bang for your buck" when you use an in-network provider. To verify if your provider is in-network, visit: FL.ExploreMyPlan.com

Medically Necessary (or medical necessity): Health care services or supplies that generally meet the following criteria: (1) are appropriate for the symptoms and diagnosis and/or treatment of the condition; (2) are in accordance with standards of good medical practice; (3) are not primarily serving as convenience; and (4) are considered the most appropriate care available.

Out-of-network: Health care services received by a non-network service provider. Out-of-network health care and plan payments are subject to higher deductibles and coinsurance (except in the event of an emergency).

Out-of-Pocket Maximum: the most you have to pay for covered services in a plan year.

Preferred Provider Organization (PPO): A plan that offers both in-network and out-of-network benefits.

Employee Contributions

2022 HEALTH BENEFIT PREMIUMS

Employee contributions are the employee's share of premium cost. Payroll deductions, as listed below, are deducted on a pre-tax basis.

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
Delta Dental - Low Plan		
Coverage Level	Semi Monthly Premium	Monthly Premium
Employee Only	\$5.92	\$11.83
Employee & Spouse	\$11.69	\$23.37
Employee & Child(ren)	\$14.52	\$29.03
Employee & Family	\$17.58	\$35.15
Delta Dental - Middle Plan		
Coverage Level	Semi Monthly Premium	Monthly Premium
Employee Only	\$10.17	\$20.33
Employee & Spouse	\$20.32	\$40.64
Employee & Child(ren)	\$25.62	\$51.25
Employee & Family	\$35.18	\$70.36
Delta Dental - High Plan		
Coverage Level	Semi Monthly Premium	Monthly Premium
Employee Only	\$19.47	\$38.93
Employee & Spouse	\$37.68	\$75.36
Employee & Child(ren)	\$45.67	\$91.34
Employee & Family	\$60.72	\$121.44
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

Health Insurance

MEDICAL BENEFITS: BLUE CROSS BLUE SHIELD (BCBS)

PCPS is pleased to offer a comprehensive PPO plan to employees and eligible dependents via a platform partnership with BCBS of Alabama and Florida Blue.



While it is recommended, you are not required to select a Primary Care Physician. A referral is not required to see a specialist. You have the freedom to receive care from any provider participating in the Florida Blue network or from out-of-network providers. When you use providers that are in-network, the plan pays the highest level of benefits. Significantly reduced benefits may be payable when out-of-network providers are utilized. To locate an in-network provider, visit: [FL.ExploreMyPlan.com](https://www.fl.exploremyplan.com)

BCBS PPO–Blue Options	In-Network	Out-of-Network
Deductible (Ded) –Individual/Family	\$900/\$1,800	\$1,500/\$3,000
Out of Pocket Maximum	\$5,000/\$9,000	No Maximum
Coinsurance	20%	40%
Professional Services		
Teladoc	\$0 copay	N/A
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	Included in Office Copay	Ded + 40%
Emergency Care		
Convenient Care Centers	\$50 copay	Ded + 40%
Urgent Care Centers	\$50 copay	Ded + 40%
Ambulance (ground, air & water)	20% of billed charges	20% of billed charges
Emergency Room	Ded + 20%	Ded + 20%
Facility Services		
Ambulatory Surgical Center	Ded + 20%	Ded + 40%
Independent Clinical Lab	Quest Diagnostics: \$0 copay All Others: Ded + 20%	Ded + 40%
Outpatient Chemotherapy, Diagnostic Lab, Radiation Therapy & X-Ray	Ded + 20%	Ded + 40%
Inpatient Hospital & Residential Treatment	Ded + 20%	Ded + 40%
Mental Health & Substance Abuse		
Inpatient Mental Health Hospitalization	Ded + 20%	Ded + 40%
Outpatient Mental Health Facility Services	Ded + 20%	Ded + 40%

Health Insurance

PHARMACY BENEFITS: PRIME THERAPEUTICS

When you enroll in our BCBS medical plan, you automatically receive prescription drug coverage. For more information about what prescriptions are covered, please visit [FL.ExploreMyPlan/DrugList](https://www.flbcbs.com/FL.ExploreMyPlan/DrugList)

SourceRx	30-day Supply	90-day Supply	90-day Mail
Pharmacy Deductible	\$50 per person		
Tier 1 (Preferred Generic)	\$8	\$20	\$20
Tier 2 (Non-Preferred Generic)	\$8	\$20	\$20
Tier 3 (Preferred Brand)	\$40+10%* (max \$80)	\$120+10%* (max \$240)	\$125*
Tier 4 (Non-Preferred Brand)	\$40+10%* (max \$80)	\$210+10%* (max \$420)	\$200*
Tier 5 (Preferred Specialty)	\$80*	Not Covered	Not Covered
Tier 6 (Non-Preferred Specialty)	\$160*	Not Covered	Not Covered
Pharmacy Out of Pocket Maximum	\$1,600 Individual / \$4,200 Family		

**subject to the pharmacy deductible*

When you fill your prescription at a retail pharmacy in your plan's network, you may purchase up to a 90-day supply of the prescribed medication; you may only purchase up to a 30-day supply of specialty medications.

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 there may be prior authorization requirements for certain brand-name medications.

SPECIALTY DRUG COUPON PROGRAM

If you've been prescribed a specialty drug, you may want to check if your medication falls under the Specialty Drug Coupon Program. This program maximizes specialty drug manufacturer coupons to ensure your medications remain affordable. To view a list of the medications in this program, you may visit [FL.ExploreMyPlan/DrugList](https://www.flbcbs.com/FL.ExploreMyPlan/DrugList)

SUMMARY OF BENEFITS AND COVERAGE

Please note this is just a summary of benefits. The full benefit plan design can be found in the Summary Plan Description (SPD) and Summary of Benefits and Coverage (SBC) which are available online via [Benefitfocus](https://www.benefitfocus.com).

BCBS Member Portal:

[FL.ExploreMyPlan.com](https://www.flbcbs.com/FL.ExploreMyPlan.com)

BCBS Customer Service:

1-855-630-6824

BCBS Onsite Representative:

1-863-969-6096



Health & Wellness Centers

PCPS Employee Health & Wellness Centers are operated by Everside Health (formerly Healthstat), which offers primary care and prevention services, health risk intervention, health coaching, chronic disease management, and occupational medicine.

Everside'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.

LOCATIONS

Lakeland	Haines City
3215 Winter Lake Rd.	641 US HWY 17-92 W.
Lakeland, FL 33803	Haines City, FL 33844

CENTER HOURS

Monday–Friday: 7 am–6pm
Saturday: 8am–12pm
Sunday: Closed

ACCESS & SERVICE REMINDERS:

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

WHO IS ELIGIBLE?

All PCPS employees from date of hire regardless of health coverage and dependents over age two (2) on the PCPS health plan.

WHAT SERVICES ARE AVAILABLE?

- Primary care services
- Preventative care
- Sports physicals
- DOT physicals
- Well women and male exams
- Acute care
- Lab work
- Flu vaccinations
- Digital x-ray services (Lakeland Only)
- EKG
- Physical therapy
- Occupational therapy
- Medical massage therapy
- Medical nutrition therapy
- Mental health counseling
- Medication management
- Pulmonary function testing

Schedule an appointment today!
(863) 419-3322



powered by: **everside**
HEALTH.

Employee Wellness

We recognize that PCPS' most valuable resource is our employees, and that the health and wellbeing of our employees has a direct impact upon the continued success of our organization. By taking charge of your health, you can increase your energy, decrease your chance of developing several preventable illnesses, and - best of all - you simply feel better. Below are a few of our wellbeing offerings that are available to you:

ABCS OF DIABETES

The ABCs of Diabetes program is provided for all employees, spouses and dependents enrolled in the PCPS 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. The program provides on-going health coaching, screenings, and FREE pre-approved diabetes supplies and medications!

ANNUAL HEALTH ASSESSMENT (AHA!)

We all lead busy lives, but by taking a few moments each year to reflect and assess your current health status can really be an "AHA Moment"! Earn money and reap the benefits of a healthy lifestyle by participating in PCPS incentive program. Employees have the opportunity to receive \$50 by completing two wellness activities:

1. Complete the **HealthQuotient(HQ)** at **[FL.ExploreMyPlan.com/myBlueWellness](https://fl.exploremyplan.com/myBlueWellness)**
2. PLUS one (1) of the following Preventive Care Services:
 - Annual Physical
 - Preventive Cancer Screening
 - Preventive Lab Work

BABY YOURSELF

Baby Yourself© provides access to clinical support and a free mobile app to track your pregnancy, your babies growth and your personal journey to motherhood. Eligible employees and spouses who participate in the program will receive a \$200 incentive after the baby is born.

NEW IN 2022: WONDR HEALTH

No points, plans or counting calories. A science-based program created by a team of doctors and clinicians that has shown to improve your energy level, help you feel more confident, lose weight, become more physically active and improve your mood. Keep an eye out for more information about how you can get started with Wondr Health!

BUT WAIT! THERE'S MORE...

Through our Health & Wellness Centers you have access to:

- Face-to-face and Telephonic Coaching
- Meal Planning and Preparation Tools
- Cooking Classes and Demonstrations
- Work Strides Cancer Support Program
- Hypertension Education Series
- Hyperlipidemia Education Series
- Tobacco Cessation Support

Join us every week for **Wellness Wednesdays!** [Click here](#) to sign up for our weekly newsletter, view our wellness events calendar, and to contact our wellness team.

HEALTHFUL LINKS:

- [Health & Wellness | Polk County Public Schools \(polkschoolsfl.com\)](https://www.polkschoolsfl.com)
- [Follow us on Facebook: @PCPSWellnessBenefits](https://www.facebook.com/PCPSWellnessBenefits)
- [Talk to a coach: 863-648-3057](tel:863-648-3057)

Know Before You Go

SYMPTOM CHECKER

When you need medical advice, but the experts are not available, [Symptom Checker](#) is here for you.

Powered by Self Care Decisions, Symptom Checker is a self-assessment tool that directs you to the right care at the right time, based upon your symptoms. It helps you determine how sick you are and the most appropriate action to take. If care is needed, Symptom Checker will connect you with appropriately qualified healthcare providers who partner with your insurance plan. For PCPS employees and dependents, this means savings of both time and money. Visit our website at wellness.polkschoolsfl.com/symptomchecker/ to access this personalized benefit.

TELADOC

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. PCPS provides it's BCBS members with free access to Teladoc. That's right—\$0 co-pay! It's an affordable alternative to costly urgent care and ER visits when you need care now.



Visit [Teladoc.com](https://www.teladoc.com)



Call 1-844-594-6014

ER, URGENT CARE, TELEMEDICINE: WHAT'S THE DIFFERENCE?



Use your mobile device to scan the QR code to learn when and where to go for care!

SAVE WITH THESE HELPFUL TIPS

As a BCBS member, you'll have access to interactive tools to help you find health care providers and compare treatment options to make informed decisions based on your needs. Get started by creating your member portal via FL.ExploreMyPlan.com

Research hospitals and facilities

Choose a medical facility that meets your criteria and saves you money with the Medical Services Cost Estimator tool. Research and compare hospitals and facilities based on their quality, expertise and price.

Compare drug costs to save

Use the interactive Drug Shopper to find costs for medications at pharmacies you select. Compare costs at retail locations versus ordering a 90-day supply from a mail-order pharmacy.

Maximize your benefits

Seek advice from a Care Consultant to help you make major health care decisions. They understand your plan benefits and treatment choices that can save you time and money. Contact your Onsite BCBS Representative or call the number on the back of your ID card.

Check first for pre-approval

Precertification (sometimes referred to as a prior authorization) is a requirement of your benefit plan to obtain a medical necessity decision before you receive certain services or prescription drugs. Contact your BCBS Onsite Representative or call the number on the back of your ID card to verify which services require pre-certification.

Save money on lab tests

Book your lab service appointments with [Quest Diagnostics](#) to minimize your costs. Also save time by scheduling your appointment online. Alternatively, you can request that your community provider send your labs to Quest Diagnostics.

Know Before You Go



Blue Cross wants to help you know Where to Go.

It's important to understand your options when seeking medical care. Non-emergency care for a condition that is not life threatening is generally provided by your physician. Even after-hours care is generally coordinated by your physician who can instruct you on how to receive medical care outside of normal business hours, on weekends and on holidays. If you are in severe pain or your condition is life threatening, you can receive emergency care by calling 911 or visiting an emergency room.

ONSITE HEALTH CENTER

Go to your onsite health center for **non-life threatening** conditions.



Conditions treated include:

- Allergies
- Annual physicals
- Bladder treatment
- Cold/flu symptoms
- Ear/sinus infection
- Headache
- Lab work
- Management of diabetes, cholesterol, blood pressure
- Some generic medications
- Sore throat
- Well-woman visits

TELADOC®

Contact Teladoc for **non-life threatening** conditions.

Teladoc® is an independent company providing phone and online physician consultation services to Blue Cross and Blue Shield of Florida members.



Conditions treated include:

- Allergies
- Bronchitis
- Cough
- Ear infection
- Flu
- Nasal congestion
- Pink eye
- Sinus problems

PRIMARY CARE PHYSICIAN (PCP)

Go to your PCP for **non-life threatening** conditions. **Our health center can serve as your PCP.**



Conditions treated include:

- Annual Wellness Visit
- Cold/flu symptoms
- Diabetes management
- Fever
- High blood pressure
- Minor sprains
- Skin rash
- Stomach ache

URGENT CARE

Go to an Urgent Care facility **after hours** or when your PCP is otherwise **unavailable**.



Conditions treated include:

- Bladder infection
- Body aches
- Ear infection
- Excessive vomiting
- Headache
- Minor burns
- Pink eye
- Sore throat

EMERGENCY ROOM

Go to the ER immediately for **severe** and **life-threatening** conditions.



Conditions treated include:

- Broken bones
- Chest pain
- Head/neck injury
- Loss of consciousness
- Serious burns
- Symptoms of stroke
- Uncontrolled bleeding
- Vomiting blood

Please refer to the chart below for more information about your out-of-pocket costs.

Provider	Out-of-Pocket Costs
ONSITE CLINIC	\$0
TELADOC®	\$0
PCP	\$50
URGENT CARE	\$50
EMERGENCY ROOM	80% Subject to deductible

Onsite Health Center:

1-863-419-3322 or polkschoolsfl.com/clinics

Blue Cross:

1-855-630-6824 or use the "Find a Doctor" tool at FL.ExploreMyPlan.com



BlueCross BlueShield of Florida

An Independent Licensee of the Blue Cross and Blue Shield Association

Dental Insurance

DELTA DENTAL PLANS

PCPS offers three (3) dental plan options through Delta Dental. If you enroll in one of the dental plans, you will have access to Delta Dental’s network of providers. Keep in mind, you will usually have the highest out-of-pocket costs when you visit an out-of-network provider. To find out if your dentist participates in Delta Dental’s network, visit www.deltadentalins.com

	Low Plan		Middle Plan		High Plan	
Coverage Type	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Provider Network	Delta Dental Premier		Delta Dental PPO		Delta Dental PPO	
Deductible†	Individual: \$50 Family: \$150		Individual: \$50 Family: \$150		Individual: \$50 Family: \$150	
Type A¹	Schedule‡	Schedule‡	100% of PPO Fee	100% of PPO Fee	80% of PPO Fee	80% of PPO MPA*
Type B²	Schedule‡	Schedule‡	80% of PPO Fee	80% of PPO Fee	80% of PPO Fee	80% of PPO MPA*
Type C³	Schedule‡	Schedule‡	50% of PPO Fee	50% of PPO Fee	80% of PPO Fee	80% of PPO MPA*
Annual Max	\$1,000		\$1,000		\$1,500	
Orthodontia	Not Covered		Covered for children up to age 19		Covered for children only to age 19	
Lifetime Max	N/A		\$1,000 per person		\$1,000 per person	

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

Delta Dental Member Portal:

www.deltadentalins.com

Customer Service:

1-800-521-2651



WHERE'S MY ID CARD?

With Delta Dental, you don't need one! When visiting a Delta Dental network provider simply provide your social security number. The dentist’s office can use this to verify your eligibility for benefits. If you still would like an ID card, you can print a customized ID card via the Member Portal.

SMILEWAY

Did you know your oral health plays a part in disease prevention and overall wellness? Get all the tips you need to keep your teeth and body healthy with Delta Dental’s Wellness Program: SmileWay. Learn more by visiting: www.deltadentalins.com/wellness

Vision Insurance

AVĒSIS VISION PLAN

With this vision plan, you have access to an extensive network of participating vision providers. You also have the option to receive care from an out-of-network provider, however you receive the highest level of benefits when using an Avēsis provider. You can access a complete list of participating ophthalmologists, optometrists, and opticians by logging on to www.avesis.com

Avēsis Vision Plan		
	In-Network Member Cost	Out-of-Network Reimbursement
EXAM <i>Once every Calendar Year</i>	\$10 copay	Up to \$40
STANDARD LENSES <i>Once every Calendar Year</i> <ul style="list-style-type: none"> • Single • Bifocal • Trifocal 	\$20 copay \$20 copay \$20 copay	Up to \$40 Up to \$60 Up to \$80
FRAMES <i>Once every other Calendar Year</i>	Up to a \$150 allowance	Up to \$50
CONTACT LENSES <i>Once every Calendar Year (in lieu of frame and lenses)</i> <ul style="list-style-type: none"> • Fit & Follow-up • Elective Lenses • Medically Necessary Lenses 	Covered in full Up to \$130 allowance Covered 100%	Up to \$25 Up to \$110 Up to \$250

OUR PLAN COVERS LASIK!

With your Avēsis vision insurance, you receive a one-time/lifetime allowance of \$150 that can be used when seeing an in or out-of-network LASIK provider. To locate an in-network LASIK provider, visit www.qualsight.com/-avesis or call **877-712-2010**.

AVĒSIS VISION DELIVERED

Order your eyeglasses online! Choose from thousands of frames, in every shape, size, color, and material, and use UVP's Virtual Mirror to see how your favorites look on you. Visit your Avēsis Member Portal and click the "Online Eyeglass Ordering" link to be directed to the UVP website accordingly.

Avēsis Member Portal:

www.avesis.com

Customer Service:

866-205-0654



FLEXIBLE SPENDING ACCOUNTS (FSAs)

Save tax dollars and tap into future savings through an FSA. There are two (2) types of FSAs:

- **Health Care FSA**
- **Dependent Care FSA**

When you enroll in an FSA, you will elect a dollar amount you want to contribute based on your estimated expenses for the upcoming year. Your contributions will be deducted in equal amounts from each paycheck on a pre-tax basis. The more you contribute to these accounts, the more you save by paying less in taxes!

Below are the maximum and minimum amounts you may elect for 2022:

	Health Care FSA	Dependent Care FSA
Max.	\$2,750	\$5,000 (\$2,500 if married filing separately)
Min.	\$300	\$300

TASC DEBIT CARD

When you initially enroll in either the Health Care and/or the Dependent Care FSA, you will receive a TASC Debit Card in the mail. **(make sure your address is up to date in the Staff Portal!)** If you enroll in one of the FSA plans next year, your card will be pre-loaded again. If you need an additional card, the fee is \$10. **Note:** Direct deposit or check reimbursements are also available.

USE-IT OR LOSE-IT

This is a use-it or lose-it benefit, meaning if you contribute more than you spend in the year, then you will forfeit any unused monies. Look at your health and dependent care expenses from the last few years and determine your average out-of-pocket expenses.

FSA elections MUST be re-elected each year!

3 WAYS TO MANAGE YOUR FSA

1. Call Customer Service: 1-800-422-4661
2. Login to your Member Portal: www.tasconline.com
3. Download the Mobile App: www.tasconline.com/mobile

FREQUENTLY ASKED QUESTIONS

What can I use my FSA funds for?

- Health Care - pay for eligible medical, dental, or vision expenses and prescription drugs for you and your qualifying dependents.
- Dependent Care - pay for dependent daycare expenses that enable you (and your spouse, if married) to be gainfully employed. This care may be for a child 12 or under, or for the care of your spouse or other dependents such as an invalid parent who is incapable of self-care.

When are the funds available to me?

- Health Care - the day your benefits begin
- Dependent Care - up to the amount that has been payroll deducted

How long do I have to use my funds?

FSA dollars are available to use on qualified expenses through December 31, 2022. You may request reimbursement on qualified expenses received during the 2022 calendar year through March 31, 2023. Employees who terminate their FSA mid-year, or are terminated from employment, have 90 days from the date FSA benefits ended to submit claims for reimbursement.

Can I change my election mid-year?

You may change your FSA elections mid-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

BASIC LIFE

PCPS provides each benefits-eligible employee with **\$20,000 of Basic Life Insurance**. This coverage includes \$10,000 of Accidental Death & Dismemberment (AD&D). This benefit is provided to you at no cost.

ADDITIONAL LIFE

You have the option to elect Additional Life Insurance in increments up to 5x your annual salary. Coverage amounts are rounded to the next higher multiple of \$1,000, if not already a multiple of \$1,000. **The maximum amount you may elect is \$300,000.**

When you elect Additional Life, you are automatically enrolled in Additional AD&D. You or your beneficiaries may receive an extra \$ amount in the event of death or dismemberment as a result of an accident. Your AD&D coverage is equal to the amount of your Additional Life Insurance election. Additional Life has age-banded rates. Rates are based on your age as of January 1, 2022 and do not change mid-year.

Age as of 01/01/2022	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

NOTE: This is a pre-tax benefit up to \$50,000 in coverage. This total includes the \$20,000 of Basic Life paid for by PCPS. Amounts greater than \$50,000 will be payroll deducted on a post-tax basis.

2022 is your lucky year! This open enrollment, The Standard will be waiving Evidence of Insurability (EOI) requirements if you are electing Additional Life or Dependent Life and/or are increasing your current coverage amounts. It is important to note that EOI is still required if you elect coverage greater than \$150,000. When enrolling online via Benefitfocus, you will be prompted to complete your EOI form when applicable.

DEPENDENT LIFE

You may elect Dependent Life Insurance at a flat amount of **\$10,000 for your spouse** and **\$5,000 for your child**.

“Child” means your unmarried child(ren) from birth through age 20 (through age 24 if a registered full-time student at an accredited educational institution), or your unmarried child(ren) who meets the definition of disability in the group policy.

NEW THIS YEAR: Spouse and Child Dependent Life has been unbundled. Save \$\$\$ if you are a single parent or an empty-nester.

Dependent Life	Monthly Rate
Spouse	\$5.49
Child	\$0.75

Your spouse or children must not be full-time member(s) of the armed forces. **If both spouses work for PCPS, you may ONLY elect Child Dependent Life.** Also, only one spouse can elect Child Dependent Life. In other words, the child can't be covered by both parents. Employees cannot cover each other as dependent spouses.

- **Not sure how much Life Insurance to elect?** Check out the [PCPS Decision Support Tool](#) to help you decide the best fit for you
- **Meet 1-on-1 with The Standard's licensed benefits counselors!** [Click here](#) to check availability and schedule your 1-on-1 session to discuss your personal needs, while ensuring privacy.

VOLUNTARY SHORT TERM DISABILITY (STD)

STD coverage is designed to help you meet your financial needs if you are unable to work due to a non-occupational injury or illness. **STD is a weekly benefit up to 60% of your pre-disability earnings** based upon yearly salary split over 52 weeks. This amount is then reduced by any of your other deductible income. The maximum weekly benefit is \$1,750 and the minimum weekly benefit is \$15.

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

PREMIUM RATES

STD 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, 2022 and do not change mid-year. Also, rates are taken on a post-tax basis so benefit payments are tax-free. Use the charts below to estimate your monthly payroll deduction.

Enter average weekly earnings, not to exceed \$2,917 on Line 1.	1: _____
Multiply Line 1 by 0.60 and enter on Line 2. (Note: this amount cannot exceed \$1,750)	2: _____
Select your rate from the table to the right 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.	

Short Term Disability Rate Table			
Age as of 01/01/2022	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

KEY TERMS:

- **Benefit Waiting Period**– the time that you must be continuously disabled before benefits become payable.
- **Maximum Benefit Period**– maximum amount of time you can receive benefits. You must exhaust all of your accumulated sick leave before collecting STD payments.
- **Deductible Income**– income you receive or are eligible to receive while disability benefits are payable, such as:
 - Benefits under any state disability income benefit law or similar law.
 - Earnings from work activity while disabled.

VOLUNTARY LONG TERM DISABILITY (LTD)

LTD coverage is important for financial protection in the event your disability continues beyond your STD maximum benefit period. **LTD is a monthly benefit up to 60% of pre-disability earnings.** Keep in mind this is then reduced by any other deductible income. The maximum monthly benefit is \$7,500 and the minimum monthly benefit is \$100.

If your claim for LTD benefits is approved by The Standard, benefits become payable after you have been **continuously disabled for 180 days and remain continuously disabled.** 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

PREMIUM RATES

LTD also 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, 2022 and do not change mid-year. Use the charts below to estimate your monthly payroll deduction.

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.	

- **This year only: Evidence of Insurability (EOI) is waived for Disability Insurance!** If you've never elected STD or LTD coverage, were previously declined coverage, or would like to select a different STD Option, **now is the time to enroll.**
- **Not quite sure you need Disability Insurance?** Use the [PCPS Decision Support Tool](#) to help you decide what coverage is best for you.
- **Are you in DROP and would consider ending early if you became ill?** You may not want to purchase LTD.
- **Have more questions?** [Register](#) for a 1-on-1 meeting with The Standard's licensed benefits counselors!

Long Term Disability Rate Table

Age as of 01/01/2022	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

AETNA RESOURCES FOR LIVING

Aetna Resources For Living (Aetna RFL) 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 Aetna RFL 24 hours a day for in-the-moment emotional well-being support. You can also access up to **seven (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.** Aetna RFL counselors can 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

Did you know our Health & Wellness Centers offer FREE counseling sessions available both in-person and virtually?

Call today to schedule an appointment!

863-419-3322

ONLINE RESOURCES

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
- On-demand videos and live webinars
- Discount center, including low-cost fitness memberships!

MYSTRENGTH MOBILE APP

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. **[Download the app today on the Apple or Google Play Store!](#)**

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% discount.

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% discount on tax prep services.

IDENTITY THEFT SERVICES

You can receive a **1-hour fraud resolution** phone consultation or coaching session about ID theft prevention and credit restoration. Services include a free emergency kit for victims.

1-800-272-7252

www.resourcesforliving.com

Login: PCS Password: PCS

Voluntary Retirement Savings Plans

457(B) DEFERRED COMPENSATION PLANS

PCPS 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 PCPS. 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.

Website: <https://polkschoolsfl.com/retirement/>

Phone: 863-519-3858

Email PCSB.Retiree@polk-fl.net

403(B) RETIREMENT SAVINGS PLAN

In addition to 457(b) deferred compensation plans, PCPS 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.

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 at retirement. Remember that Administrators (Principals, Directors and Assistant Principals) who also separate service will also have their sick and vacation leave paid through Bencor. More information concerning this plan is available in your "Annual Retirement Benefits Guide."

Authorized Investment Providers		Authorized Investment Types		
Companies	Phone	457(b)	403(b)	ROTH 403(b)
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
Plan Member 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	

Voluntary Retirement Savings Plans

403(B) & 457(B) DEFERRED COMPENSATION PLANS

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 (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 IRS 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 no-

tifies the employer in the event of an excess contribution.

THE BASIC CONTRIBUTION LIMIT FOR 2021 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 can simply go to myquickenroll.com, choose an investment provider, complete the short enrollment process, and you will be on your way to saving for retirement as soon as your next available payday. You can also use the same system to 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 www.tsacg.com

INVESTMENT PROVIDER INFORMATION

A current list of authorized 403(b) and 457(b) Investment Providers are available on the employer's specific web page at 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.

Voluntary Retirement Savings Plans

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.

Transactions

P.O. Box 4037
Fort Walton Beach, FL 32549
Toll-free: 1-888-796-3786
Toll-free fax: 1-866-741-0645

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

Benefits Contact Information

Contact	Phone	Website
Aetna Resources for Living	800-272-7252	www.resourcesforliving.com Login: PCS Password: PCS
Avesis Vision	800-828-9341	www.avesis.com
Benefitfocus	877-336-8082 (login support only)	secure3-enroll.com/go/polkschools
Blue Cross Blue Shield	855-630-6824	FL.ExploreMyPlan.com
Delta Dental	800-521-2651	www.deltadentalins.com
Florida Retirement System (FRS)	866-446-9377	www.myFRS.com
Health & Wellness Center	863-419-3322	polkschoolsfl.com/wellness/
Health & Wellness Center–Wellness Staff	863-648-3057	polkschoolsfl.com/wellness/
TASC–FSA & COBRA	800-422-4661	www.tasconline.com
The Standard		
Life Insurance	800-628-8600	
Short-Term Disability	800-368-2859	www.standard.com/
Long-Term Disability	800-368-1135	
Risk Management & Benefits Department	863-519-3858	polkschoolsfl.com/benefits/

Required Notices

All of our required notices are available online via Benefitfocus. To request paper copies, please contact the Risk Management & Benefits Department.

