

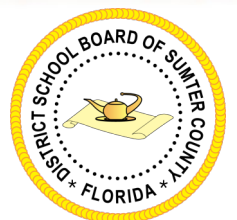
# Your Guide To benefits

**2024**

January 1, 2024 -  
December 31, 2024



*Health . Financial . Work-Life*





# Welcome

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Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, family and way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

## Eligibility

You are eligible for benefits if you work or more hours per week. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- ▶ Your legally married spouse
- ▶ Your biological children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

## When Coverage Begins

- ▶ **New Hires:** You must complete the enrollment process within 30 days of your date of hire. If you enroll on time, coverage is effective on the first of the month following 30 days after your date of hire. If you fail to enroll on time, you will NOT have benefits coverage (except for company-paid benefits) until you enroll during our next annual Open Enrollment period.
- ▶ **Open Enrollment:** Changes made during Open Enrollment are effective January 1, 2024 through December 31, 2024.

## Choose Carefully

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualifying life event during the year. Following are examples of the most common qualifying life events:

- ▶ Marriage or divorce
- ▶ Birth or adoption of a child
- ▶ Child reaching the maximum age limit
- ▶ Death of a spouse, RDP or child
- ▶ You lose coverage under your spouse's/RDP's plan
- ▶ You gain access to state coverage under Medicaid or The Children's Health Insurance Program

## Making Changes

**To change your benefit elections, you must contact Human Resources within days of the qualifying life event.** Be prepared to show documentation of the event, such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to change your elections.

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**Required Information**—You will be required to enter a Social Security number (SSN) for all covered dependents when you enroll. The Affordable Care Act (ACA) requires the company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.

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# Enrollment

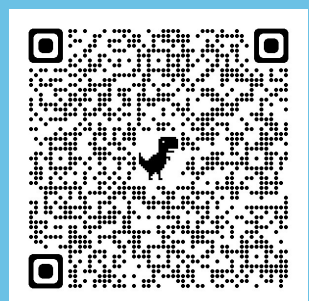
Go to

**[www.employeeenavigator.com](http://www.employeeenavigator.com)**.

There you will find detailed information about the plans available to you and instructions for enrolling.

Company ID:

**SumterCountySchools**



# Medical Plans

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**We are proud to offer you a choice of medical plans that provide comprehensive medical and prescription drug coverage.** The plans also offer many resources and tools to help you maintain a healthy lifestyle. Following is a brief description of each plan.

## Florida Blue BlueCare HMO Plans

BlueCare is Florida Blue's HMO network, which includes well over 20,000 doctors, over 200 hospitals, and most major pharmacy chains. BlueCare plans do not offer coverage out of network or out of state, except in an emergency. Under the BlueCare HMO plan you will need to choose an in-network PCP (Primary Care Provider) to use or BCBS will choose one for you. The calendar-year deductible must be met before certain services are covered.

## Florida Blue BlueOptions Plan

A BlueOptions PPO Plan gives you the freedom to seek care from the provider of your choice. You will have access to coverage in and out of network as well as out of state coverage. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the BCBS network.

## How the Plan Works:

- ▶ **Annual Deductible:** You must meet the entire annual deductible before the plan starts to pay for non-preventive medical and prescription drug expenses. NOTE: If you enroll one or more family members, you must meet the full FAMILY deductible before the plan starts to pay expenses for any one individual..
- ▶ **Coinsurance:** Once you've met the plan's annual deductible, you are responsible for a percentage of your medical expenses, which is called coinsurance. For example, the plan may pay 80 percent and you may pay 20 percent.
- ▶ **Out-of-Pocket Maximum:** Once your deductible and coinsurance add up to the plan's annual out-of-pocket maximum, the plan will pay 100 percent of all eligible covered services for the rest of the calendar year. NOTE: If you enroll one or more family members, you must meet the full FAMILY out-of-pocket maximum before the plan starts to pay covered services at 100 percent for any one individual.



Your local Blue Cross Blue Shield

We are proud to offer you a choice of medical plans that provide comprehensive medical and prescription drug coverage. The plans also offer many resources and tools to help you maintain a healthy lifestyle.

The following is a high-level overview of the coverage available. For complete coverage details, please refer to the Summary Plan Description (SPD).

Key Medical Benefits	Florida Blue BlueOptions 03359 (Plan D)		Florida Blue BlueCare 47 (Plan F)	Florida Blue BlueCare 53 (Plan G)
	In-Network	Out-of-Network <sup>1</sup>	In-Network Only	In-Network Only
Deductible (per calendar year)				
Individual / Family	\$1,000 / \$3,000	\$1,000 / \$3,000	\$1,500 / \$4,500	\$3,500 / \$5,000
Out-of-Pocket Maximum (per calendar year)				
Individual / Family	\$4,000 / \$12,000	\$4,000 / \$12,000	\$4,500 / \$9,000	\$6,350 / \$12,700
Covered Services				
PCP Office Visits	\$25 Copay	40%*	\$30 Copay	\$40 Copay
Specialist Office Visits	\$35 Copay	40%*	\$45 Copay	\$65 Copay
Routine Preventive Care	No charge	40%	No charge	No charge
Outpatient Diagnostic (lab/X-ray)	\$50 Copay	40%*	\$50 Copay	\$65 Copay
Complex Imaging	\$125 Copay	40%*	\$250 Copay	\$300 Copay
Emergency Room	\$200 Copay	\$200 Copay	\$250 Copay	\$300 Copay
Urgent Care Facility	20%*	40%*	\$60 Copay	\$85 Copay
Inpatient Hospital Stay	Option 1: \$500 Copay Option 2: \$1,000 Copay	40%*	20%*	30%*
Outpatient Surgery	Option 1: \$150 Copay Option 2: \$250 Copay	40%*	20%*	30%*
Prescription Drugs (Tier 1 / Tier 2 / Tier 3)				
Retail Pharmacy (30-day supply)	\$20 / \$40* / \$60*	50% / 50%* / 50%*	\$20 / \$50* / \$80*	\$20 / \$50* / \$80*
Mail Order (90-day supply)	2x Retail Copay	2x Retail Copay	2x Retail Copay	2x Retail Copay

Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

\*Benefits with an asterisk ( \* ) require that the deductible be met before the Plan begins to pay.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

Per Pay Period Medical Premium Deductions (24 Pay Periods)			
Coverage Tier	Plan D	Plan F	Plan G
Employee	\$115.82	\$32.35	\$0
Employee/Spouse	\$473.44	\$266.39	\$183.12
Employee/Child	\$407.74	\$218.44	\$160.02
Employee/Family	\$712.07	\$355.12	\$281.16



# Teladoc—Included In Your Medical Plan

## Provides 24/7 Access to Care

When you don't feel well and your regular doctor can't see you right away, you can now get care within minutes without leaving home with Teladoc.

Teladoc gives you 24/7/365 access to U.S. board-certified doctors by web, phone or mobile app. It's a more convenient and affordable option for quality medical care. And there's no obligation or extra monthly fee.

## Getting Started

Set up your account today—so when you need care, a Teladoc doctor is a just a call or click away.

## How Does Teladoc Work?

1

### Register

3 easy ways: download the mobile app, visit the Teladoc website or call the number below.

2

### Provide Medical History

Your medical history provides Teladoc doctors with the information they need to help them make an accurate diagnosis.

3

### Request a Visit

That's it! The next time you need immediate care for a non-emergency illness, you have another option.

## The Teladoc Difference

**Teladoc can help with many non-emergency illnesses, including:**

- Sinus infection
- Flu
- Cough
- Sore throat
- Rash
- Allergies
- Upset stomach
- Nausea
- Other minor health issues and more



**Talk to a doctor anytime.**

**Call today: 1-800-Teladoc (835-2362), or visit [Teladoc.com](https://www.teladoc.com)**

## Where should I go when I need care?

Use this simple guide to help you make the right decisions when you can't see your PCP.

### Teladoc

Teladoc doctors (including pediatricians) are available via phone or video **24/7, 365 days a year**. Use Teladoc for conditions like:

- Upper respiratory infection
- Sinus infection
- Urinary tract infection
- Common cold
- Cough
- Flu

#### Learn More

Download the Teladoc app from your app store or visit [www.teladoc.com](https://www.teladoc.com) to register.

### Urgent Care Centers

Urgent care centers are **less expensive than ERs** and often have **shorter wait times**. Visit an urgent care center for conditions like:

- Cold, flu and fever
- Strains, sprains and/or breaks
- Infections
- Mild burns

To find an urgent care center close to you visit [floridablue.com](https://www.floridablue.com) and select Find a Doctor.

### Emergency Room

Going to an ER for an issue that is not life threatening often results in long wait times and high medical bills. Examples of symptoms that require emergency room care:

- Severe chest pain (a possible heart attack)
- Signs of a possible stroke
- Severe or sudden shortness of breath
- Sudden or unexplained loss of consciousness

**If you do have a life-threatening emergency, call 911 right away.**

# Dental



We are proud to offer you the following Dental PPO plan.

**Delta Dental PPO:** This plan offers you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a dentist who participates in the network.

The following is a high-level overview of the coverage available.

Key Dental Benefits	Delta Dental DPPO	
	In-Network Only	Out-of-Network <sup>1</sup>
<b>Deductible</b> (per calendar year)		
<b>Individual / Family</b>	\$50 / \$150	\$50 / \$100
<b>Benefit Maximum</b> (per calendar year; Preventive, Basic, and Major Services combined)		
<b>Per Individual</b>	\$1,000	\$1,000
<b>Covered Services</b>		
<b>Preventive Services</b>	No charge	No charge
<b>Basic Services</b>	20%*	20%*
<b>Major Services</b>	20%*	20%*
<b>Orthodontia</b>	50% \$1,000 Lifetime Maximum Benefit Per Person	50% \$1,000 Lifetime Maximum Benefit Per Person

Coinsurance percentages shown in the above chart represent what the member is responsible for paying.

\*Benefits with an asterisk ( \* ) require that the deductible be met before the Plan begins to pay.

1. If you use an out-of-network provider, you are responsible for any charges above the maximum allowed amount.

# Vision



We are proud to offer you the following vision plan.

This **VSP Vision** plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a provider who participates in the VSP network.

The following is a high-level overview of the coverage available.

Key Vision Benefits	Vision Service Provider (VSP)	
	In-Network	Out-of-Network Reimbursement
<b>Exam</b> (once every 12 months)	\$10	Up to \$45
<b>Materials Copay</b>	\$15	N/A
<b>Lenses</b> (once every 12 months)	No charge after materials copay	
Single Vision		Up to \$45
Bifocal		Up to \$65
Trifocal		Up to \$85
<b>Frames</b> (once every 24 months)	Covered up to \$120 allowance plus 20% off any amount above allowance for VSP doctors and retail chains. \$65 allowance for other. Please see full benefit summary	Up to \$70
<b>Contact Lenses</b> (once every 12 months; in lieu of glasses)	Elective: Covered up to \$105 after materials copay Necessary: No charge after materials copay	Elective: Up to \$105 Necessary: Up to \$210

Enrolled in Medical Per Pay Period Premium Deductions (24 Pay Periods)	
Coverage Tier	Dental
Employee	\$15.51
Employee/Spouse	\$27.74
Employee/Child	\$32.63
Employee/Family	\$46.68
Coverage Tier	Vision
Employee	\$4.17
Employee/Spouse	\$5.74
Employee/Child	\$5.88
Employee/Family	\$8.54

Plan A—NOT Enrolled in Medical Per Pay Period Premium Deductions (24 Pay Periods)	
Coverage Tier	Dental—Plan A
Employee	\$0
Employee/Spouse	\$15.64
Employee/Child	\$14.09
Employee/Family	\$17.44
Coverage Tier	Vision—Plan A
Employee	\$0
Employee/Spouse	\$3.44
Employee/Child	\$3.10
Employee/Family	\$3.83

# Flexible Spending Accounts

We provide you with an opportunity to participate in our flexible spending accounts (FSAs) administered by Medcom. FSAs allow you to set aside a portion of your income, before taxes, to pay for qualified health care and/or dependent care expenses. Because that portion of your income is not taxed, you pay less in federal income, Social Security and Medicare taxes.

## Health Care FSA

For 2024, you may contribute up to \$3,200 to cover qualified health care expenses incurred by you, your spouse and your children up to age 26. Some qualified expenses include:

- ▶ Coinsurance
- ▶ Copayments
- ▶ Deductibles
- ▶ Prescriptions
- ▶ Dental treatment
- ▶ Orthodontia
- ▶ exams/eyeglasses
- ▶ Lasik eye surgery

For a complete list of eligible expenses, visit [www.irs.gov/pub/irs-pdf/p502.pdf](https://www.irs.gov/pub/irs-pdf/p502.pdf).

## Dependent Care FSA

For 2024, you may contribute up to \$5,000 (per family) to cover eligible dependent care expenses (\$2,500 if you and your spouse file separate tax returns). Some qualified expenses include:

- ▶ Care of a dependent child under the age of 13 by babysitters, nursery schools, pre-school or daycare centers
- ▶ Care of a household member who is physically or mentally incapable of caring for him/herself and qualifies as your federal tax dependent

For a complete list of eligible expenses, visit [www.irs.gov/pub/irs-pdf/p503.pdf](https://www.irs.gov/pub/irs-pdf/p503.pdf).

# FSA Rules

## YOU MUST ENROLL EACH YEAR TO PARTICIPATE

Because FSAs can give you a significant tax advantage, they must be administered according to specific IRS rules:

**Health Care FSA:** Unused funds up to \$640 from one year can carry over to the following year. Carryover funds will not count against or offset the amount that you can contribute annually. Unused funds over \$640 will NOT be returned to you or carried over to the following year.

**Dependent Care FSA:** Unused funds will NOT be returned to you or carried over to the following year.

You have a 30 day grace period to submit claims for the prior plan year. The deadline to submit claims incurred in 2024 is January 30, 2025.

# Life and AD&D



**Life insurance** provides your named beneficiary(ies) with a benefit after your death.

**Accidental death and dismemberment (AD&D) insurance** provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot or eye). In the event that your death occurs due to a covered accident, both the life and the AD&D benefit would be payable.

## Basic Life/AD&D (Company-paid)

This benefit is provided at **NO COST** to you through SunLife.

Benefits	
Employee Benefit	\$36,000
Benefit Reduction	Benefits reduce 35% at age 65.

## Supplemental Life/AD&D (Employee-paid)

If you determine you need more than the basic coverage, you may purchase additional coverage through SunLife for yourself and your eligible family members.

Benefit Options		Guaranteed Issue <sup>1</sup>
Employee	\$10,000 increments to a maximum of \$500,000 (Not to exceed 5x your salary)	\$180,000
Spouse <sup>2</sup>	\$5,000 increments to a maximum of \$250,000 (Not to exceed 50% of employee benefit)	\$50,000
Child(ren) <sup>2</sup>	Age 14 days to 6 months: \$500 Age 6 months to 21 years (26 years if full-time student): \$1,000, \$5,000, or \$10,000 (Not to exceed 100% of employee benefit)	\$10,000
Benefit Reduction	Benefits reduce 33% at age 70 and 55% at age 75.	

1. During your initial eligibility period only, you can receive coverage up to the Guaranteed Issue amounts without having to provide Evidence of Insurability (EOI, or information about your health). Coverage amounts that require EOI will not be effective unless approved by the insurance carrier.  
2. You must enroll in employee Supplemental Life/AD&D to enroll your spouse and child(ren) in Supplemental Life/AD&D.



# Disability



Disability insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness.

## Voluntary Short-Term Disability

Provided at an affordable group rate through SunLife

<b>Benefit Percentage</b>	60%
<b>Weekly Benefit Maximum</b>	\$1,500
<b>When Benefits Begin</b>	After 7th day of disability
<b>Maximum Benefit Duration</b>	12 weeks

## Voluntary Long-Term Disability

Provided at an affordable group rate through SunLife

<b>Benefit Percentage</b>	60%
<b>Monthly Benefit Maximum</b>	\$10,000
<b>When Benefits Begin</b>	After 90th day of disability
<b>Maximum Benefit Duration</b>	Social Security Retirement Age

# Employee Assistance Program (EAP) Lucet

Life is full of challenges, and sometimes balancing them all can be difficult. We are proud to provide a confidential program dedicated to supporting the emotional health and well-being of our employees and their families. The EAP is provided at **NO COST** to you through Lucet.

**The EAP can help with the following issues, among others:**

- ▶ Mental health
- ▶ Relationships or marital conflicts
- ▶ Child and eldercare
- ▶ Substance abuse
- ▶ Grief and loss
- ▶ Legal or financial issues

## EAP Benefits

- ▶ Assistance for you and your household members
- ▶ Up to three in-person sessions with a counselor per issue, per year, per individual
- ▶ Unlimited toll-free phone access and online resources



# Voluntary Benefits

Our benefit plans are here to help you and your family live well—and stay well. But did you know that you can strengthen your coverage even further? It's true! Our voluntary benefits through Aflac are designed to complement your health care coverage and allow you to customize our benefits to you and your family's needs. The best part? Benefits from these plans are paid directly to you! Coverage is also available for your spouse and dependents. You can enroll in these plans during Open Enrollment—they're completely voluntary, which means you are responsible for paying for coverage at affordable group rates.

## Accident Insurance

Accident insurance can soften the financial impact of an accidental injury by paying a benefit to you to help cover the unexpected out-of-pocket costs related to treating your injuries. Some accidents, like breaking your leg, may seem straightforward: You visit the doctor, take an X-ray, put on a cast and rest up until you're healed. But in reality, treating a broken leg can cost up to \$7,500<sup>1</sup>. And it's not only broken limbs—an average non-fatal injury could cost you \$6,620 in medical bills<sup>2</sup>. When your medical bill arrives, you'll be relieved you have accident insurance on your side.

## Critical Illness

Most of us don't have an extra \$7,000 ready to spend—and even if we do, we don't want to spend it on medical expenses. Unfortunately, the average cost to treat a critical illness is just that: \$7,000<sup>3</sup>. But with critical illness insurance, you'll receive a lump-sum benefit if you are diagnosed with a covered condition. You can use this benefit however you like, including to help pay for: treatments, prescriptions, travel, increased living expenses and more.

## Hospital Indemnity Insurance

When you or a dependent need to be hospitalized, your family deserves to focus on their well-being, not the stress of the average three-day hospital stay, which can cost you \$30,000<sup>1</sup>. Hospital indemnity insurance can help reduce costs by paying you or a covered dependent a benefit to help cover your deductible, coinsurance and other out-of-pocket costs due to a covered hospitalization.

## Cancer Indemnity

Cancer may not feel like a priority you need to worry about right now, but with almost 2 million new cases of cancer occurring in 2021<sup>4</sup>, it can (literally) pay to be prepared. The cancer indemnity plan pays a flat dollar amount to you when a covered person is diagnosed with internal cancer. Other benefits include payments made directly to you for hospital confinement, medical imaging, radiation, chemotherapy, immunotherapy, transportation and lodging. The plan also includes a cancer screening wellness benefit.

1. Why health insurance is important: Protection from high medical costs. HealthCare.gov

2. Average medical cost of fatal and non-fatal injuries by type in the USA, December 2019. National Library of Medicine.

3. MetLife Accident and Critical Illness Impact Study.

4. Cancer Facts & Figures, 2021. American Cancer Society.

# Cost of Benefits

Your contributions toward the cost of benefits are automatically deducted from your paycheck before taxes. The amount will depend upon the plan you select and if you choose to cover eligible family members.

**Rates are displayed during your online enrollment on Employee Navigator.**

## Contact Information

Coverage	Carrier	Phone #	Website/Email
Medical	Florida Blue (BCBS)	800-352-2583	<a href="http://www.floridablue.com">www.floridablue.com</a>
Dental	Delta Dental	800-521-2651	<a href="http://www.deltadentalins.com">www.deltadentalins.com</a>
Vision	VSP	800-877-7195	<a href="http://www.vsp.com">www.vsp.com</a>
Flexible Spending Accounts (FSAs)	Medcom	800-523-7542	<a href="http://www.medcom.com">www.medcom.com</a>
Life/AD&D	SunLife	800-786-5433	<a href="http://www.sunlifeconnect.com">www.sunlifeconnect.com</a>
Disability	SunLife	800-786-5433	<a href="http://www.sunlifeconnect.com">www.sunlifeconnect.com</a>
Voluntary Benefits	SunLife	800-786-5433	<a href="http://www.sunlifeconnect.com">www.sunlifeconnect.com</a>
Employee Assistance Program (EAP)	Lucet	877-887-1797	<a href="http://www.lucethealth.com">www.lucethealth.com</a>

### Benefits Website

Our benefits website **[www.employeenavigator.com](http://www.employeenavigator.com)** can be accessed anytime you want additional information on our benefit programs.

Company ID: **SumterCountySchools**

#### Questions?

If you have additional questions, you may also contact:

Benefits Team  
Jeanne Young  
352-793-2315 ext. 50230  
**[Jeanne.Young@sumter.k12.fl.us](mailto:Jeanne.Young@sumter.k12.fl.us)**

Benefits Advocate  
Adam Schnell  
727-499-0707  
**[adam.schnell@hubinternational.com](mailto:adam.schnell@hubinternational.com)**



**DISCLAIMER:** The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern. **Annual Notices:** ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The company will distribute all required notices annually.

