

**Sumter School District
Florida Blue, Delta Dental, VSP
Active Employee Benefits Plans
2020**

**This illustration is a SUMMARY of plan benefits.
All rates shown are in 24 payments.**

Insurance Contact Information

Please contact Leslie Paxton for questions concerning your plan at:
352-793-2315 x50229 or email Leslie.Paxton@sumter.k12.fl.us

Annual Board Benefit -\$5,442 / Per Paycheck - \$226.75

Plan A: alternate benefits for those employees who have medical coverage elsewhere.		
Coverage		Amount
Life Insurance with AD&D		\$36,000
Vision and Dental Coverage	see benefits summary	
Keep in mind that Option A does NOT include medical benefits. The cost shown is the amount deducted from your paycheck.		
A	Employee Coverage	no cost
A2	Employee & Spouse	\$19.08
A3	Employee & Children	\$17.19
A4	Employee & Family	\$21.27

BENEFITS	BlueOptions (D) PPO	BlueCare (F) HMO
Life Insurance with AD&D	\$36,000	\$36,000
Medical Lifetime Maximum	No Maximum	No Maximum
❖ Co-pay for visits to PCP doctors	\$25.00	\$30.00
❖ Co-pay for visits to Specialist	\$35.00	\$45.00
❖ Co-pay per call TeleDoc Clinical Serv.	\$10.00	\$10.00
Deductible PCY(Per person/Family Agg)	\$1,000 / \$3,000	\$1,500 / \$4,500
Co-payment per hospital confinement		
In-Network	Option 1 - \$500/Option 2 - \$1,000	Deductible + 20%
Out-of-Network	Deductible + 40%	Not Covered
Co-Insurance for PPO Providers	20%	10%
Co-Insurance for NON PPO Providers	40%	Not Covered
Maximum out-of-pocket Co-Insurance		
In-Network	Includes DED, Coins, Copays \$4,000 / \$12,000	Includes DED, Coins, Copays \$4,500 / \$9,000
Out-of-Network	Combined w/ In-network	N/A
Prescription Medication – Retail Copay (See detail for Mail Order)	\$50 DED PCY, then \$20/\$40/\$60 (30 days)	\$50 DED PCY, then \$20/\$50/\$80 (30 days)
Annual Routine Adult/Child Preventive Services & Immunizations	\$0 In-Network 40% coins Out-of-Network	\$0 In-Network Not Covered Out-of-Network

Below are the 2020 dental/vision insurance rates. For medical insurance participants to add to their PER pay deduction.		
Employee Only	DVE	\$24.18
Employee/Spouse	DVS	\$37.80
Employee/Child(ren)	DVC	\$36.27
Employee/Family	DVF	\$40.35

Below are the 2020 medical insurance rates. The cost shown is reduced by the board contribution and is the amount deducted PER paycheck.				
Plan Coverage	Plan D		Plan F	
Employee Only	D	\$46.73	F	\$22.01
Employee/Spouse	D2	\$268.38	F2	\$174.40
Employee/Child(ren)	D3	\$268.38	F3	\$174.40
Employee/Family	D4	\$436.10	F4	\$256.56

***Florida Blue PCP providers include Family Practitioners, General Practitioners, Internal Medicine and Pediatricians.
❖ Co-payment includes all covered services that occur at the time of the office visit and within the office visit only.**