

BENEFlex

2020 ANNUAL ENROLLMENT

October 16 – 28, 2019

DECISION GUIDE



Annual Enrollment Is October 16 – 28, 2019

Questions About Your Benefits?

Call: 727-588-6197 OR visit: pcsb.org/annual-enrollment

REVIEW

Read this newsletter and view the online BENEFlex Guide at pcsb.org/annualenrollment.

ATTEND

A Benefits Education Meeting. See page 2 for schedule.

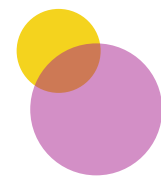
DECIDE

What coverage you and your family will need. Remember, if you are currently enrolled in benefits and do not act by October 28, your current coverage will continue (see disability note on page 1), including FSA elections.

ENROLL

Enroll at www.pcsb.org/annual-enrollment by October 28, 2019. Your enrollment decisions are effective January 1 through December 31, 2020.

You cannot change your benefits during the year unless you have a qualified life event (see the bottom of page 2).



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What's Changing for 2020

Special Disability Open Enrollment

New Vendor, New Plans Standard Insurance Company (The Standard)

The disability insurance will replace the current short- and long-term disability plans with one program that allows you to choose a monthly benefit, a benefit duration, and a waiting period.

<p>Monthly Benefit</p> <p>Choose a preferred monthly benefit amount between \$400 and \$5,000 (to up to 66²/₃% of your salary)</p>	<p>Benefit Duration</p> <p>Choose a benefit duration: Two years OR up to the Social Security Normal Retirement Age (SSNRA)</p>
<p>Waiting Period</p> <p>Choose 14, 30, or 60 days until the plan starts paying benefits. (14- and 30-day waiting periods are waived with hospital admission.)</p>	

- Cost of coverage on some options are generally 20% less than current plan, depending on the waiting period and benefit duration.
- Evidence of Insurability (EOI) is not required. You do not have to fill out a medical questionnaire to be approved.
- Preexisting conditions will apply. See page 25 or call The Standard for more information.

Other Benefits

Medical: Rx Changes and Minimal Premium Increases. The new Maintenance Choice Program allows you to pay two co-pays for a 90-day supply of maintenance medications. However, you **must** fill your maintenance prescriptions through CVS Caremark mail order delivery or at a CVS Pharmacy retail location. You will need to ask your doctor to write a 90-day prescription for your maintenance medications. See page 8 for rates and 15 for details about the new program.

MetLife Dental Rate Increases. MetLife Dental has been renewed for another year. Rates will increase slightly (page 8). No other plan changes for 2020.

Healthcare FSA. The annual contribution limit will increase to \$2,700. If you are currently enrolled in this account and do not make a change, your current election will roll over to 2020. No changes to the Dependent Care FSA.

All Other Benefits. Humana dental, vision, life, and other plans and rates are not changing. See the individual plan summaries for details about. **If you are currently enrolled in any of these benefits and do not act by October 28, your current coverage, except disability (see above), will continue, including FSA elections.**

Enrolled in Disability Today? Action Required!

To have the disability coverage you want, you must actively enroll during Annual Enrollment. If you are currently enrolled in short-/long-term coverage and do nothing, you will be automatically enrolled in the two-year option with the same short-term disability monthly benefit and waiting period you currently have. **All Sun Life short- and long-term disability coverage will end on December 31, 2019.** See page 25 for more information and page 9 for rates.

Note, the 14-day waiting period in the new plan replaces the current 15-day waiting period. If you are currently enrolled in the 15-day waiting period option and do not take action during Annual Enrollment, you will automatically be enrolled in The Standard's 14-day waiting period option.

Resources for Living (RFL) New EAP Provider

See page 26 for details.

2020 Annual Enrollment Timeline

Date	Activity and Reminders		
October 16	ANNUAL ENROLLMENT STARTS		
	<p>1. Enroll at www.pcsb.org/annual-enrollment by October 28, 2019.</p> <p>2. Print/save your Confirmation Notice as proof of your enrollment.</p> <p>Call the Help Desk at 727-588-6060 (Monday through Friday, 6:45 a.m. to 4:30 p.m.) for assistance with your user ID, especially if your ID is not active!</p> <p>No Changes? Your current coverage will continue (see disability pages, 9 and 25), including FSA elections.</p> <p>Enrolling dependents? Make sure they are eligible (page 3) and have their Social Security numbers available. New dependents will require verification.</p> <p>Enrolling in or increasing your current optional life insurance? You will need to complete a medical questionnaire, and your coverage will be subject to approval by the respective insurance company.</p> <p>Enrolling in MetLaw? Call 800-438-6388 or go online at metlife.com/mybenefits to enroll or change your coverage.</p>		
	BENEFITS EDUCATION MEETINGS		
October 10	4:45 p.m., 6:00 p.m.	Largo Administrative Building 301 4th St. SW., Largo	Conference Hall
October 16	5:30 p.m.	Pinellas Park High School 6305 118th Ave N., Pinellas Park	Auditorium
October 22	2:00 p.m.	Walter Pownall Service Center 11111 South Belcher Rd., Largo	Cafeteria
October 22	5:30 p.m.	Palm Harbor Middle School 1800 Tampa Rd., Palm Harbor	Media Center
October 28	ANNUAL ENROLLMENT ENDS – Benefits effective January 1, 2020		
	PAYROLL DEDUCTION START DATES		
December 6, 2019	Instructional, Administrative, and PTS payroll deductions begin for 2020 insurance elections.		
December 13, 2019	Supporting Services payroll deductions begin for 2020 insurance elections.		
January 3, 2020	Instructional, Administrative, and PTS payroll deductions begin for 2020 FSA and MetLaw elections.		
January 10, 2020	Supporting Services payroll deductions begin for 2020 FSA and MetLaw elections.		
<p style="text-align: center;">No Midyear Changes Without a Qualifying Event</p> <p>Certain life events, such as marriage, divorce, or loss of a dependent’s eligibility, may require changes to your benefits. When you experience an event that qualifies, submit changes up to 31 days from the date of the event. For more information, go to https://www.pcsb.org/life_events.</p>			



Enrollment Details

Are My Dependents Eligible for Coverage?

Benefits-eligible employees may enroll their legally married spouse and dependent children.

Required Documentation

Dependent	Documentation
Legal spouse	Marriage license or first page of most recent tax return listing your spouse. Mark out all financial information before submitting a tax return.
Children up until the end of the calendar year that they turn 26 (unless disabled—see below)	
• Biological	• Birth certificate
• Stepchild(ren)	• Birth certificate and marriage license
• Child(ren) adopted or proposed for adoption	• Adoption decree
• Child for whom you have permanent legal guardianship or foster children	• Court documents naming you legal guardian
Disabled child over the age of 26	Contact Risk Management for paperwork

Other Options for Medical Insurance

If you cannot afford to enroll your dependents in a PCS medical plan, consider the following:

- Children:** Consider Florida KidCare, the state-sponsored health care program for children from birth through age 18 who meet specific eligibility requirements. For more information, call **800-821-5437** or visit floridakidcare.org.
- Spouse and/or child(ren):** If your spouse is employed, consider his or her employer’s group health insurance. If your spouse is not employed or his or her employer doesn’t offer group health insurance, the Federal Health Insurance Marketplace may offer cost-effective alternatives. You can also enroll your child(ren) in a Marketplace plan. For more information, go to healthcare.gov.

Enrolling a New Dependent?

To add a spouse or child(ren), you must provide documentation verifying your relationship to the dependent(s). Scans or legible photos of documents are acceptable.

You must email or fax your documentation by November 22, 2019.

- Email: joneskev@pcsb.org
- Fax: **727-588-6182**, ATTN: Verification Representative

IMPORTANT: If documentation is not provided by the deadline, your dependent(s) will not be enrolled. Go to www.pcsb.org/risk-benefits for more information.

Ineligible Dependents

If your enrolled dependent loses eligibility during the year (for example, divorce) you must notify Risk Management and Insurance within 31 days of the event to cancel coverage for that dependent.

Continuing coverage for an ineligible dependent, whether intentionally or through oversight, constitutes fraud and comes with a penalty.



A former spouse and his/her children that were your stepchildren while you were married
Children age 26 or older (unless disabled)
Children for whom you had permanent legal guardianship or foster children. Typically once they turn 18, they are no longer eligible

Don't Need Medical Coverage? Get \$75 for Free Benefits.

If you don't enroll in a PCS-sponsored medical plan, you can use your \$75 per-pay-period Board Contribution (credit) to pay for supplemental benefits. Here's how it works.

\$75 Per-Pay Board Contribution (Credit)

You must elect the benefits you want during Annual Enrollment or you will forfeit the \$75 per-pay credit.

<p>Enroll in these supplemental benefits</p> <ul style="list-style-type: none"> ◆ Hospital Indemnity Plan (HIP) ◆ Dental ◆ Vision ◆ Accidental Death and Dismemberment (AD&D) ◆ Disability (choose from two options) 	<p>And/or deposit \$10–\$25 in a</p> <ul style="list-style-type: none"> ◆ Healthcare FSA <p>That's up to \$500 per year tax-free to pay eligible medical, dental, and vision expenses!</p>
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(◆) Look for the diamonds that designate the benefits that qualify for Board Contribution credits.

Board credits may only be used for the benefits shown above [◆].

Use the payroll deduction rate charts on pages 8–9 to calculate the per pay cost of the benefits you choose.

If your elections total more than the \$75 per pay period credit, you will have a payroll deduction for the additional amounts over \$75.

You may NOT use Board credits for:

Employee Optional Term Life, Family Term Life and Child Optional Term Life

\$75 Board Contribution Credit Example

Benefit	Coverage Level	Board Pays	You Pay
◆ Dental (Humana Advantage)	Employee + spouse	\$13.02	\$0
◆ Vision	Employee + spouse	\$2.83	\$0
◆ Hospital Indemnity Plan (HIP)	Employee + family	\$21.00	\$0
◆ Healthcare Flexible Spending Account (FSA)	N/A	\$25.00	\$0
◆ Accidental Death and Dismemberment (AD&D)	\$100,000/family	\$2.10	\$0
◆ Disability	\$800 monthly benefit, up to SSNRA benefit duration, and 30-day waiting period	\$9.07	\$0
TOTAL		\$73.02	\$0



Benefit Highlights

Eligibility

- Full-time, regular employees who work at least 30 hours per week and job-sharing employees.
- Part-time, regular employees in two or more authorized positions, totaling 30 hours or more per week.
- Benefits are effective the first day of the month following 60 days of employment in a benefits-eligible position.



PCS Board Contribution

- When you enroll in medical insurance, PCS will pay a significant amount toward the cost of your health insurance.
- If you do not enroll in a PCS-sponsored medical plan, you are eligible to use up to a \$75 per-pay credit toward the cost of eligible supplemental benefits. To identify these benefits, look for the diamond (◆) throughout this flyer.

Medical Insurance

- Choose from three Aetna medical plans: Aetna Select Open Access, Choice POS II, and CDHP with a Health Reimbursement Account (HRA).
- All three plans include prescription drug coverage. **NEW** Maintenance Choice Program, see page 15.
- Enroll your spouse and/or eligible dependent children through the end of the year in which they turn 26.

Hospital Indemnity Plan (HIP) ◆

- The plan pays a cash benefit for hospital admission, hospital confinement, and inpatient rehabilitation (for accidents only).

Dental ◆

Humana Advantage Plan

- Choose your dental provider from the list of participating dentists.
- No deductible, you pay co-pays for services.
- No charge for preventive services, including routine exams, and no annual maximum benefit.

MetLife® Preferred Dentist Program (PDP)

- Choose a participating MetLife dentist or any dentist from 100,000 dentists nationwide and over 100 in Pinellas County.
- Reduce your out-of-pocket expenses when you choose a participating MetLife provider.
- Pay annual deductibles of \$50 per individual, \$150 per family maximum, and then coinsurance.
- No charge for preventive services, including routine exams.
- The plan pays up to the maximum annual benefit of \$1,250 per family member.



Benefit Highlights (continued)

Vision Plan ◆

- If you enroll in the vision plan, your employee-only coverage is paid by PCS. You may enroll your eligible dependents in the vision plan for an additional cost.
- Participating optical centers include LensCrafters, JCPenney Optical, Target Optical, Eyeglass World, America’s Best, and several independent doctors of optometry and ophthalmology.
- Receive one vision exam and pair of lenses every calendar year and frames every other year for you and your covered dependents for reasonable co-payments—with no claims to file.



Flexible Spending Accounts

Health Care Flexible Spending Account ◆

- Deposit tax-free dollars: minimum of \$10/pay up to a maximum of \$2,700/year.
- Reduce your federal income and Social Security taxes.
- Get reimbursed from your account for eligible medical, dental, and vision expenses not covered by a health plan.

Dependent Care Flexible Spending Account

- Deposit tax-free dollars: minimum of \$10/pay up to a maximum of \$5,000/year (depending on your marital and tax-filing status).
- Reduce your federal income and Social Security taxes.
- Get reimbursed from your account for eligible dependent care expenses, like day care or elder care. This is not for health care expenses (medical, dental, and vision).

Life Insurance

- **Board-paid basic life insurance** equal to one times (1x) your annual salary rounded up to the next \$1,000 (\$15,000 minimum coverage).
- You can elect **optional life insurance** for yourself and your eligible dependents:
 - **Employee term life insurance** (subject to medical underwriting): up to \$500,000.
 - **Optional dependent term life insurance** (subject to medical underwriting):
 - Spouse: up to \$100,000 maximum (limits apply)
 - Child(ren): up to \$10,000 maximum
 - **Optional family term life insurance:** \$5,000/dependent

Accidental Death & Dismemberment (AD&D) Insurance ◆

- **Board-paid basic AD&D** insurance equal to \$2,000.
- You can elect **optional AD&D** insurance for yourself and your eligible dependents.



NEW Disability Insurance ♦

- Choose the following:
 - **Preferred Monthly Benefit:** Choose an amount between \$400 and \$5,000 (up to 60% of your salary)
 - **Benefit Duration:**
 - Two years OR
 - Up to the Social Security Normal Retirement Age (SSNRA)
 - **Waiting Period:** 14, 30, or 60 days until the plan starts paying benefits

Other Voluntary Benefits

- **Auto and Home Insurance**
- **Pet Insurance**
- **MetLaw Group Legal Services Plan**
- You pay for these benefits through convenient payroll deductions.

Retirement

Florida Retirement System (FRS)

- PCS and you contribute to the FRS. You choose from two plans, the FRS Investment Plan or the FRS Pension Plan.
- **FRS Investment Plan** is a 401(a) plan. After one year of service you are fully vested in your account balance.
- **FRS Pension Plan.** After eight years of service, you are vested and eligible for a pension benefit based on age and years of service.

Supplemental Retirement Program

- You can choose to deposit pretax dollars via payroll deductions in to a 403(b) or 457(b) plan or after-tax dollars into a Roth 403(b) plan.
- Choose from a variety of investment programs.

Be SMART Employee Wellness

- From onsite wellness programs through fitness and weight loss discounts, and much more, our wellness program has something for everyone, regardless of age, health status, and lifestyle. Employees enrolled in Aetna’s health insurance may earn a one-time payment for completing a certain amount of wellness activities through the Aetna Health Promise.

Employee Assistance Plan (EAP)

- Confidential assistance with a variety of personal issues, including stress, depression, parenting, marital or family problems, child/elder care, legal, or financial issues.
- You, your spouse, dependents, and any person living in your household can receive up to eight visits per person and per issue at no charge.



Rates Subject to Union Ratification and Board Approval

◆ DIAMOND = Eligible for Board Contribution

Payroll Deduction Rate Chart

If you do not enroll in a PCS-sponsored medical plan, you are eligible to use up to a \$75 per-pay-period Board credit toward the purchase of eligible supplemental benefits. Eligible benefits are marked on the rate sheets and Enrollment & Change form with a diamond (◆). Enrollment in these supplemental benefits is not automatic. You must complete an Enrollment & Change form and elect them. If you do not elect these supplemental benefit, you forfeit the \$75 per-pay-period credit.

Aetna Medical Plans

Coverage Level	Select Open Access	Choice POS II	CDHP + HRA
Employee	\$81.00	\$90.00	\$62.00
Employee + Spouse	\$218.00	\$238.00	\$178.00
Employee + Child(ren)	\$199.00	\$219.00	\$159.00
Employee + Family	\$288.00	\$327.00	\$233.00
Two Board Family*	\$198.00	\$237.00	\$143.00

Payroll deduction **per-pay-period (20 pays) AFTER** the Board Contribution has been applied.

* To be eligible for Two Board Family, three or more individuals must be covered under the plan and your legal spouse must be a benefits-eligible employee of the School Board.

◆ Humana or MetLife Dental Plans

Coverage Level	Humana Advantage Dental Coverage	MetLife® PDP Dental Coverage
Employee	\$7.02	\$13.57
Employee + 1	13.02	24.98
Employee + Family	19.03	36.06
Two Board Family**	17.03	34.06

◆ EyeMed Vision Plan

Coverage Level	EyeMed Vision Coverage
Employee	No Charge
Employee + 1	\$2.83
Employee + Family	5.92
Two Board Family	5.92

Payroll deduction **per pay period (20 pays) AFTER** the Board Contribution has been applied.

** To be eligible for Two Board Family, three or more individuals must be covered under the plan and your legal spouse must be a benefits-eligible employee of the School Board.

◆ MetLife Hospital Indemnity Plan (HIP)

Coverage Level	Hospital Indemnity Plan (HIP)
Employee Only	\$8.00
Employee + Spouse	\$13.00
Employee + Children up to age 26	\$17.00
Employee + Family	\$21.00

MetLaw

Call MetLife
(800-438-6388) to Enroll

\$11.85
(no coverage level selection required)

Pre-existing conditions apply to The Standard Disability plans, HIP, and MetLaw. See the online BENEFlex Guide for full details.



◆ DIAMOND = Eligible for Board Contribution

Standard Insurance Company Life Insurance Plans***

Basic Employee Term Life Insurance[®]

One times base annual earnings rounded up to next \$1,000 is provided for all eligible PCS employees at no cost to you.

Minimum: \$15,000
Maximum: \$200,000

Optional Employee and Dependent Term Life

Age (as of effective date of coverage)	Employee [®] & Spouse [®]		Children [®]	Family [®]
	Rates (per \$10,000)		Rates (per \$2,000)	Formerly "Dependent Life" Rates (per family unit)
under 30	\$ 0.34		\$0.24	\$0.90
30-34	0.48			
35-39	0.54			
40-44	0.60			
45-49	0.90			
50-54	1.38			
55-59	2.58			
60-64	3.96			
65-69	7.62			
70+	12.36			

*** Keep in mind that the amount of coverage you elect will be reduced at certain ages. The \$12.36 contribution shown for age 70 and above actually buys coverage of \$6,500 at ages 70-74, \$4,500 at ages 75-79, and \$3,000 at age 80 and above.

- ① This coverage is "guarantee issue" and no evidence of good health is required.
- ② Optional Employee Term Life: \$10,000 minimum, up to \$200,000 in \$10,000 increments or \$250,000, up to \$500,000 maximum in \$50,000 increments; "guarantee issue" (new hire only) to \$100,000 or your current coverage amount; for additional amounts, you must provide evidence of good health; subject to reduction schedules at age 70.
- ③ Optional Dependent Term Life for Spouse: \$10,000 increments to \$100,000; evidence of good health is required; **coverage terminates at age 70.**
- ④ Optional Dependent Term Life for Child(ren): \$2,000 increments to \$10,000; one premium covers all eligible child(ren).
- ⑤ Optional Family Term Life: One premium covers spouse and eligible child(ren).

◆ Standard Insurance Company Optional Accidental Death & Dismemberment Insurance

Basic Employee Accidental Death & Dismemberment Insurance is provided for all eligible PCS employees at no cost to you. Coverage Amount: \$2,000

Benefit Amount	Employee Only	Employee + Family	Benefit Amount	Employee Only	Employee + Family
\$50,000	\$0.60	\$1.05	\$200,000	\$2.40	\$4.20
\$100,000	\$1.20	\$2.10	\$300,000	\$3.60	\$6.30

◆ NEW The Standard Insurance Company Disability • NEW PLANS

An eligible employee may select one plan and one waiting period, outlined below, provided the Monthly Disability Benefit does not exceed 66⅔% of the person's regular monthly base salary.

If Your Annual Base Salary Is at Least	Monthly Disability Benefit	Two Year Plan and Waiting Periods			To SSNRA* Plan and Waiting Periods		
		14 Days	30 Days	60 Days	14 Days	30 Days	60 Days
\$ 7,200	\$ 400	\$ 5.28	\$ 3.38	\$ 1.88	\$ 6.83	\$ 4.54	\$ 2.86
10,800	600	7.91	5.08	2.82	10.25	6.80	4.29
14,400	800	10.55	6.77	3.76	13.67	9.07	5.72
18,000	1,000	13.19	8.46	4.70	17.08	11.33	7.15
21,600	1,200	15.83	10.15	5.65	20.50	13.60	8.58
25,200	1,400	18.47	11.84	6.59	23.92	15.87	10.01
28,800	1,600	21.11	13.54	7.52	27.33	18.13	11.44
32,400	1,800	23.75	15.23	8.47	30.75	20.40	12.88
37,800	2,100	27.71	17.77	9.88	35.87	23.80	15.02
43,200	2,400	31.67	20.30	11.29	41.00	27.20	17.17
48,600	2,700	35.62	22.84	12.70	46.12	30.60	19.31
54,000	3,000	39.58	25.38	14.11	51.25	34.00	21.46
63,000	3,500	46.18	29.61	16.46	59.79	39.67	25.03
72,000	4,000	52.78	33.84	18.82	68.33	45.34	28.61
81,000	4,500	59.38	38.07	21.17	76.87	51.01	32.18
90,000	5,000	65.97	42.30	23.52	85.41	56.67	35.76

Pre-existing conditions, including pregnancy, apply during the first year of new or increased coverage. See page 25 and the online BENEFlex Guide for full details.

* Social Security Normal Retirement Age (SSNRA)

Aetna Medical and Prescription Benefits

Pinellas County Schools offers medical and prescription plans through Aetna to serve the varied needs of our employees and our retirees. For detailed information about the plans, access the comprehensive BENEFlex Guide at pcsb.org/annual-enrollment.

Choose from Three Plans

You can choose from any of the three plans shown below. Take time to understand how the plans work and how much you will pay in both out-of-pocket costs and payroll deductions so you can make a wise choice for you and your family.

Aetna Medical Plan Networks

Plan	Network Name	Access
Select Open Access	Aetna Select Open Access	In-Network Only
Choice POS II	Choice POS II	In-Network or Out-of-Network
CDHP + HRA	Aetna Select Open Access	In-Network Only



Words That Matter

Here are some key terms that will help you as you learn about your medical plan options:

Deductible

The amount you must pay before your health insurance kicks in

Co-Insurance

The percentage of the bill you pay for a covered service
 Aetna pays 80%
 You pay 20%

Co-pay

A set amount you pay for medical care and prescriptions

Out-of-Pocket Maximum

The maximum amount you pay for covered services in the plan year, which includes deductibles, co-pays, and co-insurance

Health Reimbursement Account (HRA)

Funds provided with the Consumer Directed Health Plan (CDHP) you can use to pay your deductible and co-insurance

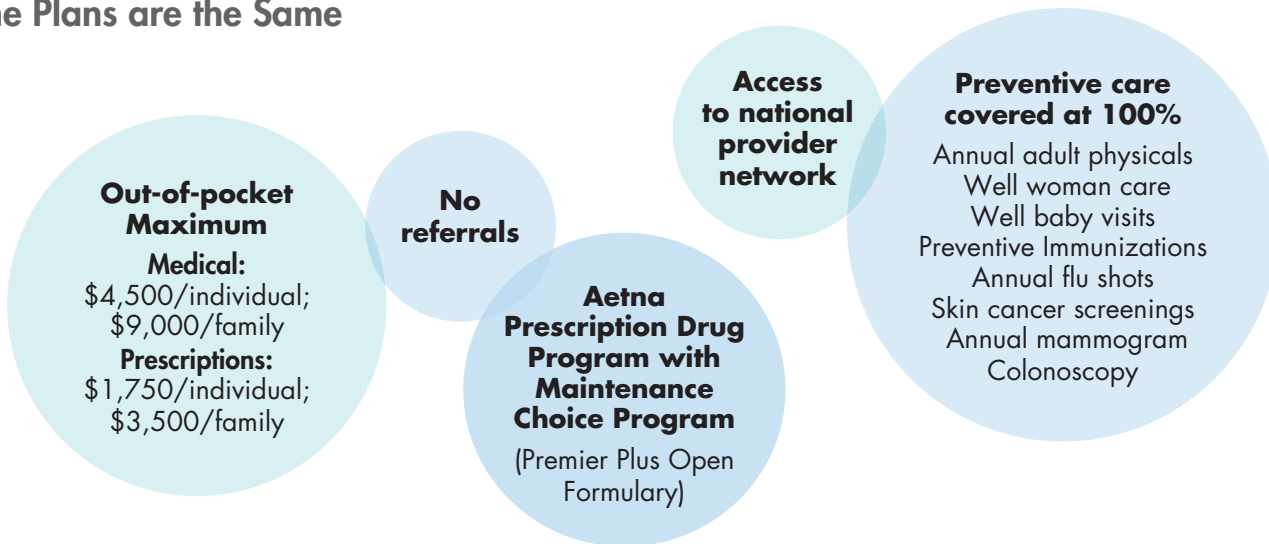
Flexible Spending Account (FSA)

Your pre-tax dollars, set aside to pay medical, dental, and vision expenses



Which Medical Plan Is Right for Me?

How the Plans are the Same




Medical Plan Key Differences

Select Open Access	Choice POS II	CDHP + HRA
No deductible	Deductible \$500/individual; \$1,000/family	Deductible \$1,500/individual; \$3,000/family Includes Health Reimbursement Account (HRA)
Co-pays for services	Coinsurance after deductible in-network: plan pays 80%; you pay 20% out-of-network: plan pays 60%; you pay 40%	Coinsurance after deductible plan pays 80%; you pay 20%
In-network coverage only	In- and out-of-network coverage	In-network coverage only

Aetna Is Here to Serve You

Online at
www.aetnapcsb.org
 Start here to learn about your coverage and access provider directories, tools and more!

Your Personal Website
 Register at www.aetnapcsb.com for your personal member website to access your ID card, view claims, and more.

Aetna Mobile App 
 Download the app from your app store for instant access to your ID card, claims, coverage, and more.

Onsite Aetna Representatives
 Contact an onsite Aetna representative by phone or in person. See page 27 for details.

Aetna Concierge Customer Service
888-253-0599
 Available Monday–Friday
 8:00 a.m.–6:00 p.m.

Locate an Aetna Provider

Each medical plan has its own provider network shown in the chart below. Before you choose a plan, you should verify that your doctors, specialists, and other providers are in-network.

Plan	Network Name
Select Open Access	Aetna Select Open Access
Choice POS II	Choice POS II
CDHP + HRA	Aetna Select Open Access

Call Aetna Concierge Service at 866-253-0599 or:

1. Go to aetnapcsb.com and select “Find a doctor” from the top menu.
2. Under “Not a member yet?” select “Plan from an employer.”
3. Before you are enrolled, continue as a guest and enter your home location and follow the prompts.
4. After you are enrolled in a plan, follow the steps under “Already a member” to register or log in to your secure member website and follow the prompts.

Register for Your Secure Member Website

Your secure Aetna member website can help you get more from your health care. Register for access to benefits information, your ID card, secure messages from Aetna, claim activities, a cost estimator, and more.

Go to aetnapcsb.com, and select “Aetna Member Website” and then go to “First-time user” and click on “Register.”

Health Management on the Go

Download the Aetna Mobile app to find care, access your ID card offline, manage your prescriptions, find an urgent care center, and more!

Android users:



Apple users:





The CDHP Health Reimbursement Account (HRA)

PCS Funds the HRA. When you enroll in the CDHP + HRA, PCS will fund an Aetna PayFlex Card® with up to the amounts shown to the right each year. This amount is prorated based on your month of hire.

\$500 (individual) or \$1,000 (family)

You choose when to use the HRA. Aetna will not automatically apply your HRA funds when they process your claims.

- When you use your HRA PayFlex Card, you can pay the first \$500 (individual) or \$1,000 (family) of your eligible medical and/or prescription drug expenses. (You may also submit claim forms and receipts for reimbursement.)
- Any funds remaining in your HRA at the end of the plan year will roll over to the next plan year if you remain enrolled in the CDHP. If you enroll in another medical plan during annual enrollment or leave PCS, the HRA balance will be forfeited.

Timing is important. Although you can use your HRA card to pay eligible expenses at the time of your visit, we recommend you wait until you receive your explanation of benefits (EOB) from Aetna. Pay the balance due based on your EOB to ensure you do not overpay.

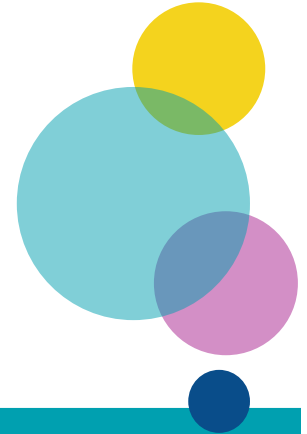
Important Information About the PayFlex HRA and FSA Cards

When you enroll in the CDHP + HRA plan and you also enroll in a Healthcare Flexible Spending Account (FSA), you will receive **two** PayFlex debit cards to pay your eligible out-of-pocket expenses (including deductibles, coinsurance, and co-pays).

Which PayFlex Card?	Pay for These Eligible Out-of-Pocket Expenses
HRA PayFlex Card (for CDHP + HRA Plan members only)	→ Medical/Rx only
HCFSAs PayFlex Card	→ Medical/Rx, Dental, and Vision

The IRS requires that all payments made from FSAs and HRAs be substantiated or verified. While PayFlex will make every effort to automatically verify payments, in some cases they may ask you for documentation. If you do not respond by the deadline, your card will be “frozen” until you provide documentation or you reimburse your HRA or FSA the amount of the payment.





Aetna Prescription Drug Program

All medical plans include prescription drug coverage from Aetna. The program uses Aetna’s Premier Plus Open Formulary. Each drug is grouped as a generic, preferred brand, non-preferred brand, or specialty drug.

View and print the drug list at pcsb.org/healthinsurance.

Call Aetna’s Concierge Customer Service at **866-253-0599** if you have any questions about your prescription drug coverage.

Understanding the Drug Classifications

Generic	Preferred Brand	Non-Preferred Brand	Specialty
\$20 co-pay	\$50 co-pay	\$90 co-pay	\$120 co-pay
No deductible		\$250/individual; \$500/family annual deductible	
The least expensive drugs, such as generics and select brand name drugs	Brand name drugs that have proven to be the most effective in their class	Non-preferred (considered to be brand names that are not the “most effective”) as well as preferred specialty drugs	The most expensive drugs because they are classified as brand name, specialty, and not preferred
Maintenance Choice Program: 90-day supply for two co-pays at a CVS pharmacy or via CVS Caremark mail order. See next page for details.			

Does not apply to specialty drugs.

Restrictions

Regardless of the Rx level, some drugs may be subject to limitations and restrictions, such as precertification requirements and step therapy.

Precertification requires that some drugs need precertification and you or your doctor will need to get approval from Aetna before your prescription will be covered.

Step Therapy requires you to try one or more alternative drug(s) before a step therapy drug is covered.

For more information, see the online BENEFlex Guide at www.pcsb.org/beneflex-guide or contact Aetna’s Concierge Customer Service at 866-253-0599.



Locate a Participating Pharmacy

You can use **all major retail pharmacies** as well as many independent pharmacies participating in the Aetna Pharmacy Management (APM) National Retail Pharmacy Network. Go to aetnapcsb.com or www.aetna.com to find a pharmacy.



NEW Maintenance Choice Program

The new Maintenance Choice Program requests that all maintenance drugs be filled with a 90-day supply through CVS. Maintenance medications are the kind of drugs taken on a regular basis to treat ongoing conditions like allergies, diabetes, high cholesterol, heart disease, high blood pressure, and many other conditions.

Maintenance Choice gives members a choice to fill a 90-day supply of their maintenance medicine either through CVS Caremark mail order delivery or at their local CVS Pharmacy retail locations. The member only pays two co-pays for a 90-day supply when obtaining those maintenance prescriptions through CVS.

Maintenance Choice Program Transition Period

The new Maintenance Choice Program is effective January 1, 2020. If you currently have maintenance drug prescriptions, you will receive a letter from Aetna. **A transition period is available for members who are currently filling maintenance prescriptions with a 30-day supply and for members who are filling 90-day maintenance drugs at non-CVS pharmacies.**

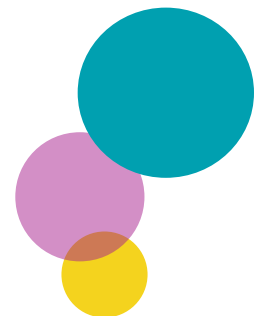
Each prescription you fill will have a transition period. You will be able to obtain your maintenance drug at any pharmacy in the network for a 30-day supply (**not 90 days**) up to two retail fills per maintenance drug. Once you have completed the transitional period, you will have three options:

1. **Switch to a 90-day supply and fill your order through CVS or have your 90-day prescription transferred to a CVS.**
 - You will need to ask your doctor for a 90-day prescription for your maintenance medicines if you refill every 30 days. Your doctor may require you to schedule a visit before he or she will write a new prescription.
 - Switch to a 90-day supply of maintenance drugs at CVS Caremark mail-order pharmacy or at a CVS Pharmacy retail location, including CVS Pharmacies located inside Target stores.
 - **Need help?** Contact Aetna Pharmacy Management to access the Aetna Rx Courtesy StartSM program. A representative will contact your doctor to attempt to help you get the new prescription. Please allow up to seven days for the process to work. To help this process move quickly, please let your doctor know to expect a call from Aetna.
2. **Opt out of the program and fill your maintenance drugs with a 30-day supply at CVS or other network pharmacies.**
 - **You must call** Aetna Pharmacy Management at **1-888-RX AETNA (1-888-792-3862)** or **TDD: 1-800-823-6373** and **opt out** of the Maintenance Choice Program. You can call Monday–Friday, 8:00 a.m.–6:00 p.m. to opt out (even from the pharmacy) and an override will be placed immediately.
 - With the override, you can continue to fill 30-day prescription(s) of maintenance medicine(s) at any pharmacy in the Aetna network. The override will include all maintenance medicines you are taking for the remainder of the calendar year.
3. **Pay the full cost of your prescriptions, if you do nothing.**

If you do not choose one of the two options before the transitional period has ended, your claim will be rejected, and you will pay the full cost of the prescription (not just the co-pays!)

Save on Maintenance Medications!

Please read this carefully to make sure you are not paying more for maintenance drugs than you need to! The new Maintenance Choice Program is required if you want to save by paying two co-pays instead of three for a 90-day prescription.



How to Save with the Maintenance Choice Program

CVS Pharmacy retail location near you

- Pick up your medicine at a CVS Pharmacy retail location that is convenient for you.
- Enjoy same-day prescription availability and the ability to talk with a pharmacist face-to-face.

CVS Caremark mail-order pharmacy

- Reorder only once every three months — online, by phone, or by mail.
- Receive your medicine in private, secure packaging.
- Talk to a pharmacist by phone, any time of the day or night.
- Easily order refills and manage your prescriptions when you log in to www.aetnavigators.com, your secure member website.
- Choose from two delivery options:
 - On-Demand Delivery. Four-hour delivery offered within 10 miles of any CVS Pharmacy location; you pay up to \$7 per delivery.
 - One- to two-day U.S. mail delivery at no extra cost to you, and your prescriptions arrive every 90 days anywhere in the U.S., at no extra cost to you.

Maintenance Choice Program Frequently Asked Questions (FAQ) Available on District Website

You may visit pcsb.org/Pharmacy for answers to frequently asked questions and additional information on Aetna’s formulary, the CVS Caremark mail-order option, and available retail pharmacy discount programs.

Aetna Specialty Pharmacy®

Your doctor may prescribe a specialty medication which may be injected, infused, or taken by mouth. These drugs normally need to be ordered through Aetna Specialty Pharmacy by calling 866-253-0599 or having your doctor submit your prescription through their e-prescribe service or by fax. Aetna’s experienced nurses and pharmacists help you understand how to use your medicine, answer questions, and provide training on self-injectable drugs. You’ll need to send Aetna a completed patient profile form. Forms are available when you log in to your secure member website or on Aetna’s website.

Compound Medications

A Compound Medication is a drug specifically prepared for you that is a mixture of two or more ingredients, with at least one of the ingredients being a federal or state restricted drug. These medications are prepared at the pharmacy by the pharmacist, as opposed to a pharmaceutical company. Members can receive covered compound medications at any in-network retail pharmacy, provided the pharmacy agrees to Aetna’s Maximum Negotiated Price for the compound medication.

Ask Your Doctor to Submit Your Prescription.

- **Online.** Your doctor can submit your mail order prescriptions using his or her e-prescribing service.
- **Fax.** Your doctor can fax your prescription to 877-270-3317. **Please note, only your doctor can fax a prescription.** Ask your doctor to be sure the cover sheet includes your:
 - Member ID number
 - Birthdate
 - Mailing address





Healthcare Bluebook: Compare, Choose, Save

When you enroll in a PCS Aetna medical plan you and your enrolled dependents can access the Healthcare Bluebook. This free resource makes it easy to shop for affordable high-quality health care at a fair price.

Go to pcsb.org/healthcarebluebook or download the free Healthcare Bluebook mobile app and start shopping for a Fair Price provider. You and your doctor can decide which provider fits your medical care needs *and* your budget.

Go Green to Get Green

You can look up a Fair Price and find the best value in your area. Click the “Go Green to Get Green” banner and you’ll **earn from \$25 to \$200 in rewards** (on select procedures) when you choose a Fair Price provider.

To receive your reward, you must log in to Healthcare Bluebook and search for your procedure, test or service **prior to visiting a Fair Price provider**. For example, search for an imaging procedure prior to having an MRI or CT.

Start Saving Now

- Log on to: pcsb.org/healthcarebluebook
- Company Code: PCSB
- Search for the procedure you are considering prior to visiting a Fair Price provider. **Remember — if you do not search for the procedure prior to the date of service, you will not be eligible for the reward.**
- Healthcare Bluebook will send checks to your home.

If you have any questions call **888-316-1824** or e-mail support@healthcarebluebook.com

Teladoc: \$25 Co-pay

Teladoc provides access 24 hours, 7 days a week to a U.S. board-certified doctor by phone, video, or mobile app visits. Set up your account today so when you need care now, a Teladoc doctor is just a call or click away.

Online	Go to www.Teladoc.com/Aetna and click "set up account."
Mobile app	Download the app and click "Activate account." Visit www.teladoc.com/mobile to download the app.
Call	855-Teladoc (835-2362) Teladoc can help you register your account over the phone.
Pay less than a visit to an urgent care: \$25 co-payment for all three of the medical plans.

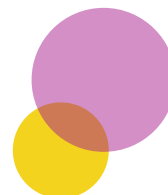
\$25
Reward

\$100
Reward

\$200
Reward

Go Green to Get Green

You can earn a reward for selecting a Fair Price provider for select procedures.



Aetna Medical Plans Comparison Chart

Aetna Concierge Customer Service 866-253-0599

Select Open Access

Please note: The dollar amounts are co-pays, deductibles, and maximums, which you pay; the percentages are coinsurance amounts, which you pay after you meet applicable deductibles. The amount the plan pays may be based on usual, reasonable, and customary (URC) fees for out-of-network services only.

This chart provides a brief outline of the medical coverage options available to you through Aetna. Complete details are in the official plan documents. In any conflict between the plan documents and this basic comparison chart, the plan documents will control.

Important Rx Information

NEW Maintenance Choice Program

Pay two co-pays for a 90-day supply only when you fill your maintenance prescriptions through CVS Caremark mail order delivery or at a CVS Pharmacy retail location.

Rx Deductible May Apply

For non-preferred brand and specialty drugs, you must pay the \$250-per-person or \$500-per-family Rx deductible before you begin paying co-pays.

Benefit

Health Reimbursement Account (HRA)—Individual/Family HRA funds can only be used for medical plan and prescription drug expenses.

Deductibles—Individual/Family

Medical Out-of-Pocket Maximum—Includes medical deductible, coinsurance, and/or co-pays

Rx Out-of-Pocket Maximum—Includes Rx co-pays and deductible

Physician Office Visits

Primary Care Physician (PCP)

Specialist (SPC)

Teladoc

Preventive Exams and Screenings

Preventive GYN Care (including Pap test) (direct access to participating providers)

Allergy Tests

Lab

X-Ray Outpatient

Advanced Outpatient Radiology Services (MRI, CAT scan, PET scan, etc.)

Chiropractic Services (limits apply) (direct access to participating providers)

Hospital

Inpatient (Includes maternity and newborn services)

Outpatient Surgery (including facility charges)

Emergency Room Services

Ambulance

Urgent Care Facility

Maternity Care/OB Visits

Mental Health Services

Outpatient Mental Health Services

Inpatient Mental Health Services

Durable Medical Equipment (DME)

Aetna Prescription Drug Program

Some drugs may be subject to step-therapy or precertification

Up to 30-day supply

90-day supply (retail or mail order) is two-times 30-day co-pay. Mail order must be through CVS Caremark mail order delivery.

Generic Preferred Brand Non-Preferred Brand Specialty

In-Network Only

N/A

N/A

\$4,500 Individual;
\$9,000 Family

\$1,750 Individual;
\$3,500 Family

You Pay:

\$25 co-pay

\$50 co-pay

\$25 co-pay

No co-pay

No co-pay

\$50 co-pay

\$25 co-pay

\$50 co-pay

\$250 co-pay

\$50 co-pay
20 visits per calendar year

\$500 co-pay per day; up to 5-day maximum

\$500 co-pay

\$500 co-pay

No co-pay

\$50 co-pay

\$50 co-pay for initial visit only

\$25 co-pay

\$500 co-pay per day; up to 5-day maximum

\$50 co-pay

Mandatory Generics Unless Dispensed As Written

\$20 co-pay; no Rx deductible

\$50 co-pay; no Rx deductible

\$90 co-pay; after Rx deductible

\$120 co-pay; after Rx deductible



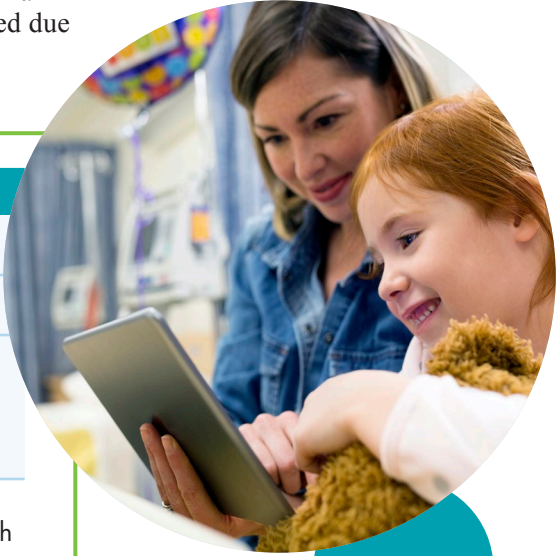
Choice POS II		CDHP + HRA
In-Network	Out-of-Network¹	In-Network Only
N/A	N/A	\$500 Individual; \$1,000 Family (No maximum rollover amount) HRA contributions are prorated based on your date of hire.
\$500 Individual; \$1,000 Family (combined in- and out-of-network)		\$1,500 Individual; \$3,000 Family
\$4,500 Individual; \$9,000 Family (combined in- and out-of-network)		\$4,500 Individual; \$9,000 Family
\$1,750 Individual; \$3,500 Family (combined in- and out-of-network)		\$1,750 Individual; \$3,500 Family
You Pay: 20% after deductible	You Pay: 40% after deductible	You Pay: 20% after deductible
20% after deductible	40% after deductible	20% after deductible
\$25 co-pay	N/A	\$25 co-pay
0%	40% after deductible	0% no deductible
0%	40% after deductible	0% no deductible
20% after deductible	40% after deductible	20% after deductible
20% after deductible	40% after deductible	20% after deductible
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20% after deductible	40% after deductible	20% after deductible
20% after deductible	40% after deductible	20% after deductible
20% after deductible	40% after deductible	20% after deductible
\$500 co-pay per day; up to 5-day maximum	40% after deductible	20% after deductible
20% after deductible	40% after deductible	20% after deductible
20% after deductible	20% after deductible	20% after deductible
20% after deductible	20% after deductible	20% after deductible
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20% after deductible	40% after deductible	20% after deductible
20% after deductible	40% after deductible	20% after deductible
20% after deductible	40% after deductible	20% after deductible
20% after deductible	40% after deductible	20% after deductible
\$500 co-pay per day after deductible; up to 5-day max.	40% after deductible	20% after deductible
20% after deductible	40% after deductible	20% after deductible
Mandatory Generics Unless Dispensed As Written		Mandatory Generics Unless Dispensed As Written
\$20 co-pay; no Rx deductible	NOT COVERED	\$20 co-pay; no Rx deductible
\$50 co-pay; no Rx deductible		\$50 co-pay; no Rx deductible
\$90 co-pay; after Rx deductible		\$90 co-pay; after Rx deductible
\$120 co-pay; after Rx deductible		\$120 co-pay; after Rx deductible

¹ Usual, customary, reasonable (UCR) fees. Out-of-network charges that exceed UCR fees may be billed to the member.



◆ MetLife Hospital Indemnity Plan (HIP)

Hospital stays can be costly and are often unexpected. Even the best medical plans may leave you with extra expenses to pay out of your pocket like deductibles, coinsurance, and co-pays. The MetLife Hospital Indemnity Plan (HIP) pays a cash benefit when you or a covered dependent is hospitalized due to an accident or illness.



Benefits	Benefit Amount
Hospital Admission Benefit	\$500
Hospital Confinement Benefit	\$250 per day, up to 30 days
Inpatient Rehabilitation Benefit	\$100 per day, up to 15 days per covered person, per accident but not to exceed 30 days per calendar year

Pre-existing conditions limitations apply during the first 12 months for each person covered under the plan. If you are concerned about a pre-existing condition, please call MetLife at 800-438-6388.

Benefits reduced 25% for ages 65 to 69. Benefits reduced 50% for age 70+.

Please see plan certificate for inpatient hospital exclusions at pcsb.org/risk-benefits, "MetLife Voluntary Plans" link.

Income Tax Considerations for HIP

When you enroll in the MetLife Hospital Indemnity Plan, your payroll deductions are automatically deducted on a pre-tax basis. Therefore, any payments you receive will be subject to federal income taxes, unless you submit a request in writing to Risk Management to change your deduction from pre-tax to after-tax. See the online BENEFlex Guide for more information.



◆ Humana Advantage and MetLife Dental Plans

Smile! You and your family can choose the dental plan that best meets your needs, either the Humana Advantage Dental Plan or the MetLife Preferred Dentist Program.

Which Dental Plan Is Right for Me?

Here are some key differences between each plan. Please review the online BENEFlex Guide, a schedule of benefits, co-pays, and exclusions for each plan. Visit pcsb.org/benefits or the carrier sites listed below for more information.

	Advantage Plan (#548085) Humana	Preferred Dentist Program (PDP Plus) MetLife
	State of Florida Service Area In-network Only. You must choose a primary dentist and use participating network providers.	In or Out-of-network. Save the most when you choose a participating network provider.
Primary Care Dentist and Specialist Referrals	Not required	Not required
Deductible	None	\$50/individual; \$150/family (Applies to Type B and C Services)
Calendar Year Maximum	None	\$1,250 per person
Preventive Services	No charge	No charge, no deductible (Type A)
Basic Services	Scheduled co-pays	20% coinsurance after deductible (Type B)
Major Services	Scheduled co-pays	50% coinsurance after deductible (Type C)
Orthodontia	Scheduled co-pays (Adult and Child)	50% (up to age 19)
Lifetime Orthodontia Limit	N/A	\$1,000/individual

🔍 Locate a Humana Advantage Plan (AVF-1) Provider

To receive benefits under this plan, you **must** stay in-network and select a primary dentist who will coordinate your dental care and refer you to specialists. Follow these steps to find an in-network provider.

1. Go to humana.com and click on “Member Resources.”
2. Scroll to “Find a doctor.”
3. Search type: Enter “Dental” and click go.
4. Coverage type: Check “All Dental Networks.”
5. Enter your zip code or the zip code for the provider.
6. In the “Network” drop down menu, select “Humana Dental Advantage Plus.”

ID Cards. You should receive an ID card in approximately two weeks before your coverage starts. Provide the information on your ID card to your dental office.

🔍 Locate a MetLife Preferred Dental Provider (PDP) #G95682

While you have the option of using out-of-network providers, the amount you pay if you go out-of-network could vary greatly. An in-network provider charges the negotiated PDP fee. Here’s how to find an in-network provider:

1. Go to metlife.com.
2. Select “Dentist” in the “I want to find a MetLife:” box on the home page. Enter your zip, city, or state and under “Select Your Network” choose “PDP Plus.”

No MetLife ID Cards

MetLife does not issue ID cards. The Group Number is G95682. For more information call MetLife Dental customer service at 800-942-0854 or go to metlife.com/dental.



◆ EyeMed Vision Plan

PCS offers quality vision care for you and your family through EyeMed Vision. As a benefits-eligible employee, you can enroll in free employee-only vision coverage. You may enroll your dependents in the vision plan for an additional cost.

Here is a quick overview of the plan’s in-network benefits. You can find more information in the online BENEFlex Guide or at eyemed.com.

When You Use Participating In-Network Providers

Basic Benefits	Frequency
Vision Exam	Once per calendar year
Lenses or Contact Lenses	Once per calendar year
Frames	Every other calendar year
Benefit	In-Network Provider
Exam with Dilation As necessary	\$10 co-pay
Eyeglass Lenses Single vision, bifocal, or trifocal Standard Progressive	\$15 co-pay \$50 co-pay
Frames	\$110 allowance (20% off the balance over \$110)
Contact Lenses Conventional	\$110 allowance (15% off the balance over \$110)
Disposable	\$110 allowance (Full amount over \$110)
Medically Necessary	Paid in full

Contact Lenses Allowance

A contact lens allowance is provided instead of (not in addition to) your eyeglass lens benefit. In addition to your \$10 co-pay for your comprehensive eye exam, you are responsible for the contact lens fitting fees up to \$40.

About EyeMed Providers

Retail store providers include LensCrafters®, America’s Best®, Target Optical®, JCPenney® Optical, and most Pearle Vision locations. Check the provider directory at eyemed.com for a full list.



🔍 Locate an EyeMed Vision Provider

While the plan provides reimbursements when you use an out-of-network provider, you pay less when you use an in-network provider.

- **Go to:** eyemed.com. Select “Find an eye doctor” in the top right side of the home page.
- **Enter** your zip code and select “Advantage” under “Choose Network.”



Flexible Spending Accounts (FSAs)

When you enroll in a Healthcare FSA and/or a Dependent Care Flexible Spending (FSA), you can pay for eligible expenses with tax-free dollars. Your contributions reduce your federal income and Social Security taxes. **You must be actively at work to enroll in FSAs.**

Keep It Simple with the Aetna PayFlex Mobile® App

Manage your account and view alerts. Snap a photo of your receipts to submit claims. View common eligible expense items, and more.

Account	Used For...	Contributions
◆ Healthcare FSA	Most medical, dental, and vision care expenses not covered by your health care plan(s), including deductibles, coinsurance, co-pays, etc. ¹	Minimum: \$10 per pay Maximum: \$2,700 per year
		Not enrolled in Medical? You can deposit up to \$25 per pay of your unused Board Contribution credit
Dependent Care FSA	Dependent care expenses for day care, after-school programs, or elder care programs so you and your spouse can work or go to school full-time. ² (This account is not for health care expenses.)	Minimum: \$10 per pay Maximum: \$5,000 or \$2,500 if you are married and file taxes separately ²

¹ Many over-the-counter drugs and medical care items are not eligible expenses without a doctor's prescription.

² If you are married and file separate tax returns, you and your spouse may each contribute up to \$2,500. You and your spouse must both be working to participate in this account, unless your spouse is a full-time student, totally disabled, or looking for work on a full-time basis.

◆ Healthcare Flexible Spending Account

- Your full annual contribution is available on your effective date.
- Eligible expenses must be incurred in the plan (calendar) year or through the end of the month in which you terminate employment. Any amount remaining in your account after eligible claims have been processed will be forfeited.
You must “use it or lose it” by the end of the plan year.
- Use your PayFlex Card® to pay for eligible medical, dental, and vision expenses including prescription drug co-pays (see the online BENEFlex Guide).
- Keep your receipts. You may be required to submit them to confirm the eligibility of your debit card purchases. If you do not provide receipts when requested, your debit card will be inactivated and future claims will be suspended.

Coordinated FSA Claims Administration through Aetna PayFlex

PayFlex administers our flexible spending accounts. Contact them at 888-678-8242 Monday–Friday, 8:00 a.m.–8:00 p.m. and Saturday, 10:00 a.m.–3:00 p.m. or review your claims status online at payflex.com.

Dependent Care Flexible Spending Account

- Your contributions for child care are available for reimbursement after they are deposited into your account each pay period.
- Eligible expenses must be incurred in the plan (calendar) year. Any amount remaining in your account after all eligible claims have been processed will be forfeited.



The Standard Life Insurance

You can protect your family in the event of a death with life insurance.

Board Paid Basic Life Insurance. You receive one times your annual base salary rounded up to the next \$1,000, with a coverage minimum of \$15,000. Coverage amounts in excess of \$50,000 are subject to taxation under Section 79 of the Internal Revenue Code.

Optional Term Life Insurance. You can elect coverage for you, your spouse and/or eligible children.

Rates: The cost of optional term life insurance is based upon the coverage amount you select and your age at the time of enrolling. The rates are subject to change as you and/or your spouse age. **See page 9 for rates.**

Employee	Choose one of these options: <ul style="list-style-type: none"> • \$10,000 minimum, up to \$250,000 in \$10,000 increments, or • \$250,000 up to \$500,000 maximum in \$50,000 increments
Family	<ul style="list-style-type: none"> • Spouse and Eligible Children: \$5,000/dependent
Spouse Only	<ul style="list-style-type: none"> • \$10,000 increments up to the \$100,000 maximum. The total amount of spouse coverage cannot exceed the employee's total life insurance coverage (basic plus any optional employee life)
Child(ren) Only	<ul style="list-style-type: none"> • \$2,000 increments up to the \$10,000 maximum

◆ The Standard Accidental Death and Dismemberment (AD&D) Insurance

AD&D benefits can help you and your family deal with the financial impact from an accidental death or injury.

Board Paid AD&D Insurance. You receive \$2,000 of AD&D coverage at no cost.

Optional AD&D Insurance. You can elect coverage for yourself and your family.

Rates: The cost of optional term AD&D insurance is based upon the coverage amount you select. **See page 9 for rates.**

Employee Only	<ul style="list-style-type: none"> • \$50,000, \$100,000, \$200,000 or \$300,000
Employee + Family	
Employee	<ul style="list-style-type: none"> • 50,000, \$100,000, \$200,000 or \$300,000
Spouse Only	<ul style="list-style-type: none"> • 50% of employee coverage
Child(ren) Only	<ul style="list-style-type: none"> • 15% of employee's coverage
Spouse and Child(ren)	<ul style="list-style-type: none"> • 40% and 10%, respectively of employee's coverage

Is your spouse also a PCS employee, or a PCS retiree?

For Life and AD&D insurance:

- He/she cannot be covered as a dependent.
- Only one of you can cover your dependent children.





◆ The Standard Educator Disability Plan

What would you do if illness or injury kept you out of work for a long time without pay? Disability insurance provides replacement income to help pay your bills.

The new disability plan replaces the current short- and long-term disability plans with one program that allows you choose a monthly benefit, a benefit duration, and a waiting period. See the disability plan rate chart on page 9.

<p>Monthly Benefit</p> <p>Choose a preferred monthly benefit amount between \$400 and \$5,000 (to up to 66²/₃% of your salary)</p>	<p>Benefit Duration</p> <p>Choose a benefit duration: Two years OR up to the Social Security Normal Retirement Age (SSNRA)</p>
<p>Waiting Period</p> <p>Choose 14, 30, or 60 days until the plan starts paying benefits (14- and 30-day waiting periods are waived with hospital admission)</p>	

- Cost of coverage on some options are generally 20% less than the current plan, depending on the waiting period and benefit duration.
- Evidence of Insurability (EOI) is not required. You do not have to fill out a medical questionnaire to be approved.
- Pre-existing conditions will apply. Please refer to “Pre-existing Condition Exclusion” section in the sidebar.
- If a claim is submitted in the first 12 months of the policy effective date, a minimum benefit of \$400 will be paid for the first 90 days after the waiting period. A review will be conducted to determine if the claim is subject to pre-existing conditions. If the claim is determined to be a pre-existing condition, then benefits will stop after the 90-day payment. If not, and there is no pre-existing condition, then benefits will continue based on the disability amount you selected, and any retro payment owed by Standard will also be paid.
- **First Day Hospital Benefit on 14- and 30-day plans.** If you have a claim for a hospital admission/confinement, the 14- and 30-day waiting period will be waived.
- **Lifetime Security Benefit.** This only applies to the benefit duration of up to SSRNA. Your disability benefit (amount in effect when the claim closes) could continue beyond your Social Security normal retirement age *if* you are unable to perform two or more activities of daily living or are suffering from severe cognitive impairment.
- Disability coverage will end on the date your employment terminates.
- Please call The Standard at 800-325-5757 or email Christine.D'Angelo@standard.com for more information.

Enrolled in Disability Today? Action Required!

To have the disability coverage you want, you must actively enroll during Annual Enrollment. See page 1 for details.

Important Information About Disability Benefits

Taxation and Integration

Benefits received under the disability plans may be subject to federal income tax and will be integrated with Workers' Compensation.

Preexisting Condition Limitation

Benefits will be limited at any time for a period of disability occurring in the first 12 months that your insurance or an increased benefit amount is in effect, if that disability was caused or contributed by an accidental injury or sickness, including pregnancy, for which you did any of the following in the six months before your insurance became effective:

- Received medical treatment
- Took prescribed drugs
- Consulted a doctor

Disability Benefits During Pregnancy

The plan provides coverage for a disability period up to six weeks postpartum for an uncomplicated pregnancy, and up to eight weeks postpartum for a cesarean delivery, providing that certification of disability is submitted by the attending physician. Benefits are subject to a waiting/elimination period. A pregnancy that began prior to the effective date of the plan will be considered preexisting.



Voluntary Benefits

You can round out your benefits package with these voluntary plans.

MetLife Plans

- **MetLife Auto and Home Insurance*** (you can enroll anytime during the year)
- **MetLife My Pet Protection** (you can enroll anytime during the year)
- **MetLaw® Group Legal Services Plan** offered by Hyatt Legal Plans (a MetLife company). You can enroll in this plan when you are a new hire or during the annual enrollment period each year. For more information about MetLaw, go to <https://info.legalplans.com>, access code PCS.
- For more information about the MetLife plans and to enroll in these voluntary plans, call 800-GETMET8 (800-438-6388) or visit metlife.com/mybenefits.



Horace Mann Auto Payroll Deduction Plan

- You can enroll in this plan anytime during the year.*
- For information about Horace Mann, call 813-600-3268 or 727-576-5555.

* Subject to underwriting approval. Some areas in Florida may not be eligible for Home Insurance through MetLife or Horace Mann.

Resources for Living (RFL) Assistance Program (EAP)

The Resources For Living (RFL) EAP is available to you and your family for in-the-moment emotional support, counseling, and other resources. You and all members living in your household (including children up to age 26, regardless of where they live) are eligible for up to eight sessions per issue. Best of all, the program is confidential and provided at no cost to you. Your services include:

- **Emotional support.** Talk to a counselor about what's on your mind—stress, relationships, mood issues, and more. You can meet over the phone, face-to-face, or online by video stream.
- **Legal.** Speak with an attorney about basic legal issues like estate planning, tenant disputes, family issues, and more.
- **Financial.** Discuss budgeting, credit, and more with a financial expert.
- **Daily life assistance.** Let our specialists help you solve everyday issues and coordinate care-giving needs.
- **Website.** Check out articles, quizzes, webinars, and more.

You can call **800-848-9392** anytime, 24 hours a day, seven days a week, or visit resourcesforliving.com (username: **pcsb**, password: **eap**).





The Be SMART Wellness Program

Wellness programs change lives—that’s why Pinellas County Schools sponsors the Be SMART Wellness Program. Be SMART has something for everyone, regardless of age, health status, and lifestyle. We’ve provided a list of many of the programs offered through Be SMART here. Be sure to go to pcsb.org/wellness for details or read the online BENEFlex Guide at pcsb.org/beneflex-guide. You can also call the onsite wellness representative at 727-588-6031.

- Onsite Wellness Programs / Wellness
- Employee Assistance Program
- Corporate Fitness and Weight Loss Discounts
- Financial Wellness
- YMCA Pre-Diabetic Program
- Quit Tobacco Resources
- Free Diabetic Supplies

Be SMART
Pinellas County Schools Wellness Program

S TAY ACTIVE ★
M ANAGE DISEASE ★
A VOID ALCOHOL, TOBACCO & DRUGS ★
R ECOGNIZE RISK FACTORS ★
T HINK POSITIVE ★

Aetna Health Promise

Aetna Health Promise provides employees with the opportunity to improve and maintain good health with these resources:

Secure Member Website	Online Health Assessment	Online Health Coaching Programs
24-hour Nurse Line (Informed Health® Line)	Beginning Right Maternity Program	CVS Neighborhood Wellbeing Counseling
Member Discounts	Get ActiveSM Fitness Challenge	\$50 Gift Card Incentive

Earn \$200 or \$300 for Participating in Wellness Activities

Employees can earn a one-time incentive payment for completing certain approved wellness activities to earn credits. The incentive amount is determined by your medical insurance coverage level and the credits you earn between January 1, 2020 and December 31, 2020. The 2020 incentive will be paid in the first quarter of 2021.

Medical Plan Coverage Level	Credits	Incentive
Employee Only OR Employee + Children	5	\$200
Employee + Spouse, Employee + Family OR Two Board Family Plan	8	\$300

The list of activities and credits can be found on pcsb.org/wellness.

IRS rules state that certain incentives, such as gift cards, given to employees through an employee wellness program are taxable. All cash and cash equivalent (example: gift cards) incentives, regardless of value, will be reported to payroll and included in the employee’s income and are subject to payroll tax.

DIABETES CARE PROGRAM

Diabetics who are enrolled in this program and are up-to-date on the Diabetes CARE checklist receive waived co-pays on supplies. This program is available to you and your dependents enrolled in a PCS-sponsored Aetna medical plan.

Federal and Legal Notices (Available Online)

Patient Protection and Affordable Care Act (PPACA, or Health Care Reform)

Starting in 2019, most Americans are no longer required to purchase health insurance coverage or pay a penalty. However, whether you are eligible for a premium subsidy depends on the plan offered by your employer. The medical plan offered by PSC does meet the affordability and coverage requirements. To review the full notice please see the online BENEFlex Guide.

HIPAA

Special Enrollment Rights

If you or your eligible dependent(s) lose coverage under a Children's Health Insurance Program (CHIP) or Medicaid due to loss of eligibility for such coverage or become eligible for the optional state premium assistance program, if available in your state, you may enroll in a District-sponsored medical plan within 60 days of the date coverage was terminated or the date of eligibility for the optional state premium assistance program. To review the full notice please go to pcsb.org/page/464.

Employee Privacy Notice

Under HIPAA legislation, your employer and your health plan are obligated to protect confidential health information that identifies you or could be used to identify you and relates to a physical or mental health condition or the payment of your health care expenses. To review the full notice please go to pcsb.org/page/464.

Women's Health and Cancer Rights Act

The Women's Health and Cancer Rights Act of 1998 requires your health care plan to provide benefits for mastectomy-related services. These services include reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy (including lymphedemas). Coverage for these benefits or services will be provided in consultation with the participant's or beneficiary's attending physician. To review the full notice please see the online BENEFlex Guide.

Maternity and Newborn Length of Stay

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a normal vaginal delivery, or 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Notice Regarding the Wellness Program

Pinellas County Public Schools Be SMART is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you may be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be offered the opportunity to complete a biometric screening, which will include a finger stick blood test for cholesterol, triglycerides, and glucose. You are not required to complete the HRA or to participate in the blood test or other medical examinations.

Incentives may be available from the wellness program for employees who participate in certain health-related activities or achieve certain health outcomes. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation through the wellness program. A member may submit a Disability Accommodation form, also available upon request from the wellness program, to request alternative engagement options to accommodate the disability. To review the full notice please see the online BENEFlex Guide.



Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Pinellas County Schools may use aggregate information it collects to design a program based on identified health risks in the workplace, no one will ever disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is (are) Aetna's patient advocate in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact April Paul at 727-588-6136.

Important Notice from Pinellas County 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 Pinellas County 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:

- 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.
- Pinellas County Schools has determined that the prescription drug coverage offered by the Aetna Prescription Drug Program 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.

Continued on next page.

Federal and Legal Notices, continued

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 October 15th through December 7th.

However, if you lose your current creditable prescription drug coverage through no fault of your own, you will also be eligible for a two-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?

If you decide to join a Medicare drug plan and drop your current Pinellas County Schools coverage, be aware that you and your dependents will not be able to get this coverage back.

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 current coverage with Pinellas County Schools and don't join a Medicare drug plan within 63 continuous days after your current prescription drug 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 more information see the online BENEFlex Guide.

For More Information About This Notice or Your Current Prescription Drug Coverage...

More information, contact the Pinellas County Schools Risk Management and Insurance Department.

Note: You'll get this notice each year prior to the annual Medicare drug plan enrollment period, and if your coverage through Pinellas County Schools changes. You also may request a copy of this notice at any time.

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

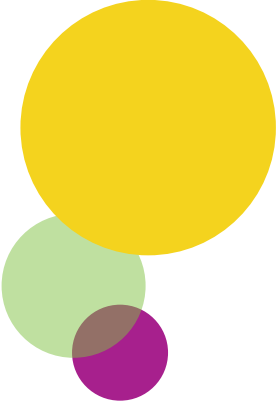
More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit 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.

Date of Notice: October 2019

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





Medicaid and the Children's Health Insurance Program (CHIP) Offer Free or Low-Cost Health Coverage to Children and Families

If you are eligible for health coverage from Pinellas County Schools (PCS) but are unable to afford the premiums, some states have premium assistance programs that can help pay for coverage. These states use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage but need assistance in paying their health premiums.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in Florida, you can contact the Florida Medicaid office to find out if premium assistance is available. If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact the Florida Medicaid office or go to insurekidsnow.gov to find out how to apply. If you qualify, you can ask if Florida has a program that might help you pay the premiums for an employer-sponsored plan. (NOTE: If your children live outside of Florida, contact the appropriate Medicaid office for that state.)

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, PCS's health plan is required to permit you and your dependents to enroll in the plan—as long as you and your dependents are eligible but not already enrolled in an PCS plan. This is called a “special enrollment” opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance.

Florida Medicaid

Website: <http://flmedicaidprecovery.com/hipp/>

Phone: 1-877-357-3268

See the online BENEFlex Guide for a list of all states and their contact information.

To see if any more states have added a premium assistance program since July 31, 2019, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor Employee Benefits Security Administration • www.dol.gov/agencies/ebsa • 866-444-EBSA (3272)

U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services • www.cms.hhs.gov • 877-267-2323



Contact Information

Onsite Representatives

Aetna (Claims Advisor)	727-588-6367
Aetna (Medical—Patient Advocate)	727-588-6137
Aetna (Health & Wellness Advocate)	727-588-6134
Standard Insurance Company (Disability Claims)	727-588-6444

Risk Management and Insurance

Main Number	727-588-6195 • (Fax) 727-588-6182
Insurance Benefits and Deductions—Employee	727-588-6197
Retirement (Insurance Benefits, DROP)	727-588-6214
Tax-Deferred Accounts	727-588-6141
Wellness	727-588-6031
Workers' Compensation	727-588-6196

Insurance Carriers

Aetna Concierge Customer Service	866-253-0599
<ul style="list-style-type: none"> • Member Services • Aetna Mail Order Pharmacy • Aetna PayFlex FSA Administration 	www.aetnapcsb.com
EyeMed Vision Care	866-299-1358 eyemed.com
Healthcare Bluebook	888-316-1824 pcsb.org/healthcarebluebook
Humana Advantage Dental (548085)	800-979-4760 www.MyHumana.com
MetLife® Dental Plan—PDP (G95682)	800-942-0854 metlife.com/dental
MetLife® Voluntary Benefits (HIP, Auto, Legal, Pet Insurance, etc.)	800-438-6388 metlife.com/mybenefits
Resources for Living (RFL) Employee Assistance Program (EAP)	800-848-9392 resourcesforliving.com • username: pcsb; password: eap
Standard Insurance Company (Life, AD&D, Disability Claims) Christine D'Angelo	800-325-5757 Christine.D'Angelo@standard.com
Teladoc	855-835-2362 teladoc.com/aetna

Non-PCS Programs

Florida KidCare	800-821-5437 floridakidcare.org
Federal Health Insurance Marketplace	800-318-2596 healthcare.gov

This guide describes Pinellas County Schools employee benefit programs that will be effective for the plan year beginning January 1, 2020. This is only a summary of the benefit programs. Additional restrictions and/or limitations not included in this guide may apply. In the event of a conflict between this guide and the plan documents, the plan documents will control.



Notes



BENEFlex²⁰²⁰

Questions?

Call the Benefits Team:
727-588-6197

or visit our website at www.pcsb.org/risk-benefits

Departments • Human Resources • Risk Management



pcs 
PINELLAS COUNTY SCHOOLS