



PINELLAS
COUNTY
SCHOOLS

NEW HIRE DECISION GUIDE

2024 BENEflex Program

Enroll

Complete your enrollment forms and submit them to Risk Management & Insurance within 31 days of your hire date. If you don't enroll when you are first eligible, you cannot enroll or change your benefits during the year unless you experience a qualified life event.

Deduction Information

- There are 20 payroll deductions per year.
- You pay for 12 months of coverage during the 10-month school year.
- You pay for one month in advance.
- Deductions include a portion for summer coverage.
- You may owe summer premium when you first enroll or if you change benefits during the year.
- If your deductions change during the year, you may owe a premium or you may be due a refund.
- The Risk Management & Insurance Department will notify you of any missed deduction or summer premium owed. You will either be payroll deducted or billed directly for owed amounts.

**View Rates and the complete
2024 BENEflex Guide at
pcsb.org/BENEflex-guide**

PCS Board Contribution

- When you enroll in medical insurance, PCS will pay a significant amount towards the cost of your 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. Look for the "◆" on your Enrollment & Change Form.

Submit Your Forms

- ☐ Statement of Benefits
(required, provided by HR)
- ☐ Enrollment & Change Form (required)
- ☐ Disability Application (optional)
The Standard Insurance Company
- ☐ Life Insurance Application (optional)
The Standard Insurance Company
- ☐ Life Insurance Medical History Statement
(online; optional) The Standard Insurance Company



BENEFITS AT A GLANCE



MEDICAL

- Choose from four Aetna medical plans: Aetna Select Open Access, Choice POS II, CDHP+HRA, and the Basic Essential. All four plans include prescription drug coverage.
- Review the Comparison Charts on pages 38 & 39 of the 2024 BENEFlex Guide Book.
- If you choose the CDHP+HRA, the amount of money deposited to your HRA is based on your benefits effective date. Review page 29 of the 2024 BENEFlex Guide Book.

Maintenance Choice Program

- With the Maintenance Choice Program, members pay two copays for a 90-day supply when obtaining maintenance medication through CVS and Costco.
- To opt out of this program, you will need to contact Aetna.

PrudentRx

- PrudentRx is a copay assistance program for specialty medication when filled through CVS Specialty.
- PrudentRx will contact you once CVS receives a specialty prescription under the plan.

TelaDoc

- Teladoc is Aetna's telemedicine provider for medical and behavioral health benefits.
- 24/7 access to a U.S. board-certified doctor by phone, video, or mobile app.



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.
- Eligible dependents include your legally married spouse and dependent children until the end of the calendar year in which they turn 26.
- If you and your legal spouse are active benefits-eligible School Board employees and are enrolling at least one eligible dependent child, you have the option of selecting Two Board Family coverage.
- If your enrolled dependent loses eligibility during the year, you must notify Risk Management & Insurance within 31 days of the event.

BENEFITS AT A GLANCE



Aetna Medical Plans

MEDICAL PLAN	SELECT OPEN ACCESS	CHOICE POS II	CDHP + HRA	BASIC ESSENTIAL
Network	Aetna Open Access	Choice POS II	Aetna Open Access	Aetna Open Access
Do I have to stay in-network to receive plan benefits?	Yes	No	Yes	Yes
What is the coverage area?	National	National	National	National
Do I have to select a PCP?	Not Required	Not Required	Not Required	Not Required
Do I need a referral to see specialists?	No	No	No	No
What do I pay for medical services?	Copays for all services, no deductible	Deductibles, coinsurance and copays	Deductibles and coinsurance	PCP copay; Deductible and coinsurance on all other services
Is preventative care covered at 100%?	Yes, In-network only	Yes, In-network only	Yes, In-network only	Yes, In-network only
Is there a Health Reimbursement Account (HRA)?	No	No	Yes	No
Is there prescription drug coverage?	All four plans offer the Aetna Prescription Drug Program			

Dental Benefits

PCS offers two dental plans, the HumanaDental Advantage Plus 2S Plan and the MetLife Preferred Dentist Program. The chart below compares the plan benefits. All services are subject to plan limits, exclusions and other provisions. Below is an overview of your plan benefits, a complete description of the plan can be found on the Certificate of Coverage.

	HUMANA DENTAL (#548085) 800-979-4760 WWW.MYHUMANA.COM	METLIFE PREFERRED DENTAL PROGRAM (#95682G) 1-800-GET-MET8 WWW.METLIFE.COM
	State of Florida Service Area. In-network only. This is an Open Access Dental HMO.	In or out-of-network. Save the most when you choose a participating in-network provider.
Network	Humana Dental Advantage Plus 2S Plan	MetLife Preferred Dentist Program (PDP Plus)
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
Preventative Services	No charge	No charge, no deductible (Type A)
Basic Services	No charge	20% coinsurance after deductible (Type B)
Major Services	Scheduled copays	50% coinsurance after deductible (Type C)
Orthodontia	Scheduled copays (Adult and child)	50% (up to age 19)
Lifetime Orthodontia Limit	N/A	\$1,000 individual



BENEFITS AT A GLANCE

DENTAL



Humana Advantage Plan

- Florida Service Area. In-Network only.
- Open Access Dental HMO.
- No deductible. You pay copays for services.
- No charge for preventive services, including routine exams and no annual maximum benefit.

MetLife® Preferred Dentist Program (PDP)

- In or Out-of-Network.
- 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 if you stay In-Network.

VISION



- 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, Target Optical, Eyeglass World, America's Best and several independent doctors of optometry and ophthalmology.
- Receive one vision exam and lenses every calendar year and frames every other year for you and your covered dependents for reasonable copayments—with no claims to file.

METLIFE HIP



- The MetLife Hospital Indemnity Plan pays a cash benefit for hospital admission, hospital confinement, and inpatient rehabilitation.
- Pre-existing conditions limitations apply.

FLEXIBLE SPENDING ACCOUNT (FSA)



Health Care Flexible Spending Account

- PayFlex is the administrator of the Flexible Spending Accounts for Pinellas County Schools. In early 2024, they will be changing their name to Inspira Financial.
- 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.

DISABILITY



- Employees only.
- Coverage is based on your salary. You choose the benefits waiting period of 14, 30, or 60 days until benefits begin.
- Two Year Plan.
- Social Security Normal Retirement Age (SSNRA)- your disability benefit could continue beyond your Social Security retirement age if you are unable to perform two or more activities of daily living or are suffering from severe cognitive impairment.
- Pre-existing conditions limitations apply.

BENEFITS AT A GLANCE



ACCIDENTAL DEATH AND DISMEMBERMENT



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

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 Optional Term Life Insurance

- New Hires are guarantee issued up to \$250,000.
- Amounts over \$250,000 are subject to medical underwriting.

Spouse Optional Term Life Insurance

- Spouse Optional Term Life cannot exceed the employee's total life insurance coverage (basic plus any optional employee life).
- Up to \$100,000 maximum (limits apply).
- Guaranteed coverage available up to \$30,000 for spouse. Amounts over \$30,000 subject to medical underwriting.

Child Optional Term Life Insurance

- Up to a \$10,000 maximum.
- One premium rate that covers all eligible children.

Family Term Life Insurance

- One premium covers all eligible dependents.
- \$5,000/dependent policy.
- No medical history statement required.

BE SMART WELLNESS



- From onsite wellness programs to fitness and weight loss discounts, and much more, our wellness program has something for everyone, regardless of age, health status, and life style.
- Wellness Champion On-Site Program.
- SMART Start Newsletter updates you with the wellness program, recipes, articles, and more. Emailed every month during the school year.
- Diabetes CARE Program: Diabetics who are enrolled and up-to-date on the Diabetes CARE Checklist receive waived copay on supplies.
- An Aetna On-Site Health & Wellness Advocate is available to provide information on ongoing wellness programs.

Limeade

- Employees enrolled in Aetna's health insurance may participate in Limeade, a physical, emotional and financial well-being program.
- Dependent spouses can also participate.
- Points can be earned through activities and annual exams. When you reach a new level, you earn rewards, such as Tango gift cards that can be redeemed at a wide variety of retail locations.

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 year, per person, and per issue at no charge.



BENEFITS AT A GLANCE

RETIREMENT PLANS



Florida Retirement System

- PCS and you contribute to the FRS. You choose from two plans, the FRS Investment Plan and 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.
- The MyFRS Guidance Program is available to all Florida Retirement System members. As a member, you have free access to unbiased EY financial planners who serve as your personal retirement and financial advocate and answer any retirement and financial questions you have.
- You have 8 months to choose between the Investment Plan or Pension Plan. If you do not choose, it will default to Investment Plan.

Supplemental Retirement Program

- You choose to deposit pre-tax dollars via payroll deductions into a 403(b) or 457(b) plan.
- Or you can choose to deposit after-tax dollars into a Roth 403(b) plan.
- To participate, you select an investment plan from a list of authorized investment providers. Pinellas County Schools does not endorse or recommend any product or vendor and does not offer financial advice.

Please refer to the 2024 BENEFLEX GUIDE (pg 89) for all Legal Notices and Disclosures.

OTHER VOLUNTARY BENEFITS



Farmers Insurance™ Auto & Home

- You can save with special discounts, including a group discount, and other money-saving discounts, if you pay your premium through automatic payroll deductions.
- The program is available to PCS employees and their dependents.
- Subject to underwriting approval. Some areas of Florida may not be eligible for home insurance.

MetLife Legal Plan

- Access to a nationwide network of participating attorneys who can provide you with a wide range of legal services.
- No copayments and no deductibles.
- Your spouse and dependent children have access to the plan benefits.
- Some pre-existing exclusions may apply.

MetLife Pet Insurance (Pet First)

- Access to a nationwide network. Pet insurance can help you manage the high cost of veterinary services for your pet.
- May not cover pre-existing conditions.

Horace Mann Auto Payroll Deduction Plan

- When you purchase auto insurance through Horace Mann, you get the advantage of 12-month policy terms and premiums deducted from each paycheck.
- Discounted coverage.
- Educator Advantage® benefits and features at no additional cost.
- Customer services available 24/7, 365 days a year, and online claims service. Licensed agents available 24/7 at three local offices.

DON'T NEED MEDICAL COVERAGE? GET \$75 PER-PAY 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.

Enroll in these supplemental benefits:

- ◇ Hospital Indemnity Plan (HIP)
- ◇ Dental
- ◇ Accidental Death and Dismemberment (AD&D)
- ◇ Vision
- ◇ Disability (choose from two options)

And/or deposit \$10–\$25 in a:

- ◇ Healthcare FSA
- That's up to \$500 per year tax-free to pay eligible medical, dental, and vision expenses!

(◇) 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 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 Contribution credits for:

Employee Optional Term Life, Family Term Life, Spouse Life, or Child Optional Term Life

\$75 Per-Pay Board Contribution Credit Example

Benefit	Coverage Level	Board Pays	You Pay
◇ Dental (Humana Advantage)	Employee + Spouse	\$14.56	\$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 & Dismemberment (AD&D)	\$100,000/family	\$2.10	\$0
◇ Disability	\$600 monthly benefit, up to 2-year benefit duration, and 14-day waiting period	\$8.71	\$0
Total		\$74.20	\$0



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 Contribution 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 benefits, you forfeit the \$75 per-pay-period credit.

Rates Subject to Union Ratification and Board Approval ◆ DIAMOND = Eligible for the \$75 Per-Pay Board Contribution Credit

Aetna Medical Plans				
Coverage Level	Select Open Access	Choice POS II	CDHP + HRA	Basic Essential
Employee	\$93.00	\$104.00	\$72.00	\$32.00
Employee + Spouse	\$249.00	\$272.00	\$204.00	\$127.00
Employee + Child(ren)	\$227.00	\$249.00	\$182.00	\$118.00
Employee + Family	\$330.00	\$374.00	\$268.00	\$154.00
Two Board Family ¹	\$231.00	\$275.00	\$169.00	\$55.00
Payroll deduction per-pay-period (20 pays) AFTER the Board Contribution credit has been applied.				
¹ 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			◆ EyeMed Vision Plan	
Coverage Level	Humana Advantage	MetLife® PDP	Coverage Level	EyeMed
Employee	\$7.93	\$14.93	Employee	No Charge
Employee + 1	\$14.56	\$27.36	Employee + 1	\$2.83
Employee + Family	\$21.27	\$39.49	Employee + Family	\$5.92
Two Board Family ²	\$19.27	\$37.49	Two Board Family	\$5.92
Payroll deduction per pay period (20 pays) AFTER the Board Contribution credit has been applied.				
² 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)		MetLife Legal Plan
Coverage Level	Hospital Indemnity Plan (HIP)	Call MetLife (800-438-6388) to Enroll
Employee Only	\$8.00	\$11.85 (no coverage level selection required)
Employee + Spouse	\$13.00	
Employee + Children up to age 26	\$17.00	
Employee + Family	\$21.00	
Pre-existing conditions apply to The Standard Disability plans, HIP, and the MetLife Legal Plan. See the online BENEFlex Guide for full details.		

PAYROLL DEDUCTION RATE CHART



◆ DIAMOND = Eligible for the \$75 Per-Pay Board Contribution Credit

Standard Insurance Company Life Insurance Plans³

Basic Employee Term Life Insurance¹

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

Employee ² & Spouse ³		Children ⁴	Family ⁵
Age (as of effective date of coverage)	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		

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 \$250,000 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; (Guaranteed coverage available up to \$30,000, if you enroll within 31 days of becoming eligible); 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).

³ 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.

◆ 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

◆ Standard Insurance Company Disability

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 ⁴ Plan and Waiting Periods		
		14 Days	30 Days	60 Days	14 Days	30 Days	60 Days
\$ 7,200	\$ 400	\$5.81	\$3.72	\$2.07	\$7.52	\$4.99	\$3.15
10,800	600	\$8.71	\$5.58	\$3.10	\$11.28	\$7.48	\$4.72
14,400	800	\$11.61	\$7.44	\$4.14	\$15.03	\$9.97	\$6.29
18,000	1,000	\$14.51	\$9.31	\$5.17	\$18.79	\$12.47	\$7.87
21,600	1,200	\$17.42	\$11.17	\$6.21	\$22.55	\$14.96	\$9.44
25,200	1,400	\$20.32	\$13.03	\$7.24	\$26.31	\$17.46	\$11.01
28,800	1,600	\$23.22	\$14.89	\$8.28	\$30.07	\$19.95	\$12.59
32,400	1,800	\$26.13	\$16.75	\$9.31	\$33.83	\$22.44	\$14.16
37,800	2,100	\$30.48	\$19.54	\$10.86	\$39.46	\$26.18	\$16.52
43,200	2,400	\$34.83	\$22.33	\$12.41	\$45.10	\$29.92	\$18.88
48,600	2,700	\$39.19	\$25.13	\$13.96	\$50.74	\$33.66	\$21.24
54,000	3,000	\$43.54	\$27.92	\$15.52	\$56.38	\$37.40	\$23.60
63,000	3,500	\$50.80	\$32.57	\$18.10	\$65.77	\$43.64	\$27.53
72,000	4,000	\$58.06	\$37.22	\$20.69	\$75.17	\$49.87	\$31.46
81,000	4,500	\$65.31	\$41.88	\$23.27	\$84.56	\$56.11	\$35.40
90,000	5,000	\$72.57	\$46.53	\$25.86	\$93.96	\$62.34	\$39.33

Pre-existing conditions, including pregnancy, apply during the first year of new or increased coverage. See page 73 and the online BENEFlex Guide for full details.

⁴ Social Security Normal Retirement Age (SSNRA)



REQUIRED FORMS

If You Are Enrolling in These Benefits

1. Statement of Benefits

**PINELLAS COUNTY SCHOOLS
STATEMENT OF BENEFITS**

EMPLOYEE NAME: _____ LAST 4 DIGITS OF SSN: _____
 SCHOOL/DEPT: _____ POSITION: _____ REHIRE: Y / N / _____
 ENROLLMENT FORMS DUE DATE: **31 Days from Date of Hire**
 INSURANCE EFFECTIVE DATE*: **First of month following 60 days in an eligible status (see New Hire Insurance Date Chart)**

Risk Management & Insurance is responsible for the administration of the Employee Benefit Program for Pinellas County Schools. We are located in the School Board Administration Building.

Below you will find important information concerning your Employee Benefits Program. Please read it carefully and if you have any questions or need assistance in completing your enrollment forms, please contact Risk Management at 588-6197.

Refer to www.pcsb.org/new-hire for the following:
 New Hire Decision Guide
 Benefit Enrollment forms
 New Employee Orientation Presentation Video

I have received information and enrollment forms relative to the insurance benefits provided by Pinellas County Schools. I understand it is my responsibility to read the information, complete all the required enrollment forms and ensure that the forms are received by Risk Management by the Enrollment Due Date (not to exceed 31 days from date of hire or a change in status).

I understand if I fail to complete and/or submit the enrollment forms by the due date, I may not be eligible to enroll in insurance benefits until the next designated annual enrollment period or within 31 days of a qualified family status change.

*New Hires
 I understand my benefits are effective first of the month following 60 days of employment in a benefit eligible status and receipt of my enrollment forms by Risk Management.

*Re-Hires
 If you have been rehired within 6 months, and were previously benefit eligible, your benefits will be effective first of the following month after receipt of paperwork, and your waiting period may be reduced. However, benefits may not be effective any later than the first of the month following 60 days of employment.

I understand if my coverage is effective after January 1, I may be responsible for summer premiums that will automatically be withheld from my paycheck in addition to my normal bi-weekly deductions. If payroll deduction is not available, I agree to pay all premiums due for the benefits plans I have selected.

I understand I am enrolled in my benefit plans on a pre-tax basis for the calendar year and that I can only make benefit changes if I experience a qualified life event. Refer to Benefit Guide for a list of qualifying events. Documentation will be required.

I further understand I must submit an Enrollment and Change Form to change any benefit (with appropriate documentation) and that it must be received by Risk Management within 31 days of the occurrence of the event.

I acknowledge information concerning my rights under the Consolidated Budget Reconciliation Act (COBRA) has been made available to me (www.pcsb.org/coBRA) and I understand if married, it is my responsibility to share this information with my spouse and/or dependents. (Spouse must sign below.)

I have received information about my rights and responsibilities regarding work related illness or injuries under Workers Compensation. I understand that 1) it is my responsibility to report a work related accident within 24 hours, when possible; 2) unauthorized absences and treatment will not be covered and 3) Pinellas County Schools has the right to choose the medical providers who will treat me. Full details available online: www.pcsb.org/workerscomp.

Employee Signature _____ Date _____
 _____ I am not married.

Spouse Signature _____ Date _____

Return White Copy to - Risk Management Yellow - Employee Copy
 The Pinellas County Schools' Employee Benefit Program is subject to change at anytime as determined by the insurance carrier and Benefit Plan Administrator.
 PCS Form 3-2242 (Rev. 1/23) Category Z
 Review Date 1/24 CCF 5310

- Sign and date the bottom of the form.
- If you are married, you must also have your spouse sign and date the bottom.

2. Enrollment & Change Form

BENEFICIARY INFORMATION
 Board paid Life Insurance and AD & D Beneficiary(ies) - Required Information

Name _____ SSN Last 4 Digits _____

Your primary beneficiary is first in line to receive your death benefit. If the primary beneficiary dies before you, a secondary or contingent beneficiary is the next in line. Percentages must equal 100%.

PRIMARY

BENEFICIARY NAME	RELATIONSHIP	ADDRESS	BIRTHDATE	%

**PINELLAS COUNTY SCHOOLS
BENEFLEX INSURANCE ENROLLMENT AND CHANGE FORM 2024
EMPLOYEE**

FOR OFFICE USE ONLY
 Print or Type Clearly (Use Block Ink)

NAME (Last, First, MI) _____ SSN LAST FOUR _____
 ADDRESS (incl. ZIP) _____ CITY _____ STATE _____ ZIP CODE _____ HOME PH _____
 SEX _____ DATE OF BIRTH _____ EMPLOYMENT DATE _____ POSITION _____ SCHOOL/DEPT _____ WORK FTE _____

Rates Listed are Per-Pay Deductions for 20 Pay Periods

	1. MEDICAL	2. DENTAL	3. EYEMED VISION	4. METLIFE HOSPITAL INCOME PLAN	5. ACCIDENTAL DEATH & DISMEMBERMENT	6. DISABILITY	7. FAMILY TERM LIFE	8. HEALTHCARE FLEXIBLE SPENDING	9. DEPENDENT CARE FLEXIBLE SPENDING	10. EMPLOYEE OPTIONAL TERM LIFE	11. SPOUSE OPTIONAL TERM LIFE	12. CHILDREN OPTIONAL TERM LIFE
EMPLOYEE	93.00	7.93	14.93	8.00	10.00	10.00	10.00	10.00	10.00	10.00	10.00	10.00
EMPLOYEE + SPOUSE	249.00	14.56	27.36	13.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00
EMPLOYEE + CHILD(REN)	227.00	21.27	39.49	13.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00
EMPLOYEE + SPOUSE + CHILD(REN)	330.00	19.27	37.49	17.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00
2 BOARD EMPLOYEES + CHILD(REN)	231.00	15.00	21.00	17.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00
SPOUSE OF 2 BOARD	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge

Please list each family member below you wish to ENROLL IN OR DELETE FROM MEDICAL, DENTAL, VISION, OR HIP.
 See additional dependent criteria regarding this section.

LAST NAME	FIRST NAME	M.I.	RELATIONSHIP	SSN	GEN	BIRTHDATE	MR	DR	VS	HP
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. ACCIDENTAL DEATH & DISMEMBERMENT REFUSAL
 Employee 10.00 Employee + Family 10.00
 Deduction per paycheck \$10.00 Minimum deduction \$10.00 Must be in whole dollars. May not exceed \$2,700 per calendar year.

6. DISABILITY REFUSAL
 EMPLOYEE 10.00 EMPLOYEE + SPOUSE 20.00 EMPLOYEE + CHILD(REN) 10.00 EMPLOYEE + SPOUSE + CHILD(REN) 20.00
 Deduction per paycheck \$10.00 Minimum deduction \$10.00 Must be in whole dollars. May not exceed \$5,000 per calendar year.

7. FAMILY TERM LIFE REFUSAL
 Employee 10.00 Employee + Family 10.00 Employee + Child(REN) 10.00 Employee + Spouse 10.00 Employee + Spouse + Child(REN) 10.00
 Deduction per paycheck \$10.00 Minimum deduction \$10.00 Must be in whole dollars. May not exceed \$5,000 per calendar year.

8. HEALTHCARE FLEXIBLE SPENDING REFUSAL
 Deduction per paycheck \$10.00 Minimum deduction \$10.00 Must be in whole dollars. May not exceed \$2,700 per calendar year.

9. DEPENDENT CARE FLEXIBLE SPENDING REFUSAL
 Deduction per paycheck \$10.00 Minimum deduction \$10.00 Must be in whole dollars. May not exceed \$5,000 per calendar year.

10. EMPLOYEE OPTIONAL TERM LIFE REFUSAL
 Employee 10.00 Employee + Family 10.00 Employee + Child(REN) 10.00 Employee + Spouse 10.00 Employee + Spouse + Child(REN) 10.00
 Deduction per paycheck \$10.00 Minimum deduction \$10.00 Must be in whole dollars. May not exceed \$2,700 per calendar year.

11. SPOUSE OPTIONAL TERM LIFE REFUSAL
 Deduction per paycheck \$10.00 Minimum deduction \$10.00 Must be in whole dollars. May not exceed \$2,700 per calendar year.

12. CHILDREN OPTIONAL TERM LIFE REFUSAL
 Deduction per paycheck \$10.00 Minimum deduction \$10.00 Must be in whole dollars. May not exceed \$2,700 per calendar year.

PRE-TAX PREMIUM PLAN - By signing below I elect to have premiums for my medical, dental, vision, HIP, disability, and flexible spending account(s) deducted from my pay on a pre-tax basis. Premiums will continue unless noted otherwise.

INSURANCE PREMIUMS - Premiums are due in advance, therefore deductions begin the month before the effective date of coverage. Deductions are taken over 20 pay periods. I understand that I pay for coverage over a 10 month period, but I am covered for the entire year. Premium for summer coverage may be an additional amount owed upon initial enrollment or if a change is made during the year.

SIGNATURE _____ E-MAIL _____ DATE _____
 * ELIGIBLE FOR "NO HEALTH - BOARD CONTRIBUTION"
 PCS Form 3-2247 C24 (Rev. 10/23) Category Z
 Review Date 10/24 CCF 5310

- Complete the top of the form then mark your elections. Sign and date the bottom.
- If you are enrolling dependents, complete the "Dependent Information" section. We will need documentation for all dependents. Marriage Certificate (or a copy of page 1 of the most recent tax return) for your spouse. Birth certificates for your dependent children.
- Please list at least one beneficiary on page 3 of the form. Sign and date.
- If you are not electing medical, sign and date the bottom of page 3.
- If you are enrolling dependents, you will need to complete page 4.

REQUIRED FORMS



3. Disability Enrollment and Change Form

Standard Insurance Company				Disability Plan Enrollment and Change Form			
To Be Completed By Risk Management & Insurance		Employer Name		Date of Employment			
Group Number 755556		The School Board of Pinellas County, Florida					
To Be Completed By Applicant							
<input type="checkbox"/> Apply for Coverage <input type="checkbox"/> New Hire <input type="checkbox"/> Change in Coverage <input type="checkbox"/> Life Event							
Your Name (Last, First, Middle)		Your Social Security Number		Birth Date		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Your Address		City		State		ZIP	
Job Title/Occupation				Phone Number			
Hours Worked Per Week		Annual Earnings \$					
Coverage The Standard Educator Disability Plan Refer to the enrollment materials provided when completing the following: Maximum Benefit Period (choose one): <input type="checkbox"/> 2 Year Option <input type="checkbox"/> Social Security Normal Retirement Age (SSNRA) Option Benefit Waiting Period (choose one): Benefit Amount/Per Pay Cost <input type="checkbox"/> 14/14 \$ _____ Monthly Benefit <input type="checkbox"/> 30/30 \$ _____ Per Pay Period 20 salary deductions per year <input type="checkbox"/> 60/60							
Signature I wish to make the choices indicated on this form. I authorize deductions from my wages to cover my contribution, if required, toward the cost of insurance. I understand that my deduction amount will change if my coverage or costs change. Member/Employee Signature Required _____ Date (Mo/DaY/Yr) _____							
Initials: _____		I understand I am responsible for paying any premium due for which the Payroll Department cannot make a regularly scheduled deduction.					
Initials: _____		I understand that the insurance applied for contains exclusions and limitations.					
To be completed by Risk Management & Insurance Reviewer Signature _____ Date (Mo/DaY/Yr) _____							
Effective Date		First Deduction Date		Per Pay Cost			
Return completed form to Risk Management & Insurance. Please keep a copy for your records. 1 of 1							

- Complete the top of the form.
- Determine if you would like to enroll in the Two Year Plan or the Social Security Normal Retirement Age (SSNRA) Plan.
- Decide your waiting day period you want. This is the amount of time you must be out of work before you can receive the monthly benefit.
- Using the rate chart on page 5 of the 2024 BENEFlex Guide, determine what Monthly Disability Benefit you are eligible for. This amount is determined by your Annual Base Salary. You can elect anything lower than your Annual Base Salary.
- Write the Monthly Benefit and Per Pay Period amount.
- Sign and Initial the bottom of the form.

4. Supplemental Additional Life Enrollment and Change Form

Standard Insurance Company				Supplemental Additional Life Enrollment and Change Form			
To Be Completed By Risk Management & Insurance		Employer Name		Date of Employment			
Group Number 755556		The School Board of Pinellas County, Florida					
To Be Completed By Applicant							
<input type="checkbox"/> Apply for Coverage <input type="checkbox"/> Add or <input type="checkbox"/> Delete Dependent Date of add/delete _____							
Your Name (Last, First, Middle)		Your Social Security Number		Birth Date		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Your Address		City		State		ZIP	
Former Name (Last, First, Middle) Complete only if name change				Phone Number			
Employer Name		The School Board of Pinellas County, Florida		Job Title/Occupation			
Hours Worked Per Week							
Coverage Check with Risk Management & Insurance about coverage options available to you and Evidence Of Insurability requirements. Life Insurance <input type="checkbox"/> Additional Life requested amount \$ _____ Dependents Life Insurance <input type="checkbox"/> Spouse Life requested amount \$ _____ Spouse Name _____ Date of Birth _____							
Signature I wish to make the choices indicated on this form. If electing coverage, I authorize deductions from my wages to cover my contribution, if required, toward the cost of insurance. I understand that my deduction amount will change if my coverage or costs change. Member/Employee Signature Required _____ Date (Mo/DaY/Yr) _____							
To be completed by Risk Management & Insurance Reviewer Signature _____ Date (Mo/DaY/Yr) _____							
This form should be completed if you are electing over \$250,000 for yourself and/or electing over \$30,000 of coverage for your spouse. Please go to the following website to complete the Medical History Statement: https://www.standard.com/mybenefits/pinellas/eeoi.html As a New Hire, you may elect up to the Guaranteed Issue amount of \$250,000 of employee coverage or \$30,000 for spouse coverage without having to submit a Medical History Statement.							
Return completed form to Risk Management & Insurance. Please keep a copy for your records. 1 of 1							

- Complete the top of the form.
- Determine the amount of additional life insurance you would like to enroll/apply for.
- Rates (per \$10,000) can be found on page 5.
- Sign and date the bottom of the form.
- The Standard Insurance Company Medical History Statement is required if you select more than \$250,000 of employee life insurance coverage and/or more than \$30,000 of optional spouse coverage. You will receive an email with the link and instructions on how to complete the medical history statement.



AETNA MEDICAL PLANS

COMPARISON CHART

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 supercede.

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

Please note: The dollar amounts are copays, 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.

Understanding How Much You Have to Pay

- **Health Reimbursement Account (HRA) (CDHP only).** Use your HRA to pay your deductible, coinsurance, and Rx copays, reducing your out-of-pocket costs. The amount deposited in your HRA is prorated based on your benefits effective date. See page 28-29 in the 2024 BENEFlex Guide. Note the IRS requires that 100% of disbursements made from your HRA be substantiated or verified. See page 29 in the 2024 BENEFlex Guide for the HRA rollover maximum, effective January 1, 2024.
- **Medical Plan Deductible** (Choice POS II, CDHP + HRA and Basic Essential). The amount you pay for medical expenses before the plan begins paying benefits.
- **Coinsurance** (Choice POS II, CDHP + HRA and Basic Essential). The percentage of eligible medical expenses you pay after paying the deductible for most services.
- **Copays** The fixed amount you pay for medical care and prescriptions.
- **Aetna Prescription Drug Program** (all plans). You pay copays for generic and preferred brand drugs. For non-preferred brand and specialty drugs, you pay the Rx deductible before you pay copays. In the Basic Essential plan, the deductible does not apply to the non-preferred brand drugs.

Benefit	Aetna Concierge (Group #109718) Customer Service 866-253-0599		Select Open Access		Choice POS II		CDHP + HRA	Basic Essential
	In-Network Only		In-Network Only		Out-of-Network ¹		In-Network Only	In-Network Only
Service Areas/Networks	Any provider in the Aetna Select Open Access national network		Any provider in the Choice POS II Network (national network)		Any provider		Any provider in the Aetna Select Open Access national network	Any provider in the Aetna Select Open Access national network
Health Reimbursement Account (HRA)—Individual/Family HRA funds can only be used for medical plan and prescription drug expenses.	N/A		N/A		N/A		\$500 Individual; \$750 Employee + Child(ren) or Employee + Spouse; \$1,000 Family. HRA contributions are prorated based on your date of hire.	N/A
Deductibles—Individual/Family	N/A		\$500 Individual; \$1,000 Family (combined in- and out-of-network)		\$1,500 Individual; \$3,000 Family		\$2,300 Individual; \$6,900 Family	
Medical Out-of-Pocket Maximum—Includes medical deductible, coinsurance, and/or copays	\$5,000 Individual; \$10,000 Family		\$5,000 Individual; \$10,000 Family (combined in- and out-of-network)		\$5,000 Individual; \$10,000 Family		\$8,550 Individual; \$17,100 Family	
Rx Out-of-Pocket Maximum—Includes Rx copays and deductible	\$2,000 Individual; \$4,000 Family		\$2,000 Individual; \$4,000 Family (combined in- and out-of-network)		\$2,000 Individual; \$4,000 Family		Combined with medical	
Lifetime Maximum	Unlimited		Unlimited		Unlimited		Unlimited	Unlimited
Physician Office Visits	You Pay:		You Pay:		You Pay:		You Pay:	You Pay:
Primary Care Physician (PCP)	\$35 copay		20% after deductible		40% after deductible		20% after deductible	\$50 copay
Specialist (SPC)	\$60 copay		20% after deductible		40% after deductible		20% after deductible	30% after deductible
Teladoc: Doctor	\$25 copay		\$25 copay		N/A		\$25 copay	\$40 copay
Teladoc: Behavioral Health	\$25 copay / \$60 Specialist		20% after deductible		N/A		20% after deductible	0% no deductible
Preventive Adult Physical Exams	No copay		0%		40% after deductible		0% no deductible	0% no deductible
Preventive GYN Care (including Pap test) (direct access to participating providers)	No copay		0%		40% after deductible		0% no deductible	0% no deductible
Mammography Preventive Screening	No copay		0%		40% after deductible		0% no deductible	0% no deductible
Immunizations	No copay		0%		40% after deductible		0% no deductible	0% no deductible
Allergy Injections	Copay waived for allergy injections billed separately		20% after deductible		40% after deductible		20% after deductible	30% after deductible
Allergy Tests	\$50 copay		20% after deductible		40% after deductible		20% after deductible	30% after deductible
Lab	\$25 copay		20% after deductible		40% after deductible		20% after deductible	30% after deductible
X-Ray Outpatient	\$50 copay		20% after deductible		40% after deductible		20% after deductible	30% after deductible
Advanced Outpatient Radiology Services (MRI, CAT scan, PET scan, etc.)	\$250 copay		20% after deductible		40% after deductible		20% after deductible	30% after deductible
Colonoscopy Screenings—Preventive and Diagnostic	No copay		0%		40% after deductible		0% no deductible	0% no deductible
Chiropractic Services (limits apply) (direct access to participating providers)	\$60 copay 20 visits per calendar year		20 visits per calendar year combined in- or out-of-network		20% after deductible 20 visits per calendar year		20% after deductible	30% after deductible 20 visits per calendar year
Hearing Exam	\$25 copay		20% after deductible		40% after deductible		20% after deductible	30% after deductible



AETNA MEDICAL PLANS

COMPARISON CHART

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 supercede.

*Some drugs may be subject to step-therapy or precertification.
**Not all specialty prescriptions offer assistance. Eligibility for third-party copay assistance program is dependent on the applicable terms and conditions required by that particular program and are subject to change.

Please note: The dollar amounts are copays, 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.

Diabetes CARE |

See the online BENEFlex Guide for details about the Diabetes CARE Program and free diabetic testing supplies.

Important Rx Information

Maintenance Choice Program

Pay two copays for a 90-day supply only when you fill your maintenance prescriptions through CVS Caremark mail order delivery or at a CVS and Costco 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 copays.

Aetna Concierge (Group #109718) Customer Service 866-253-0599	Select Open Access	Choice POS II		CDHP + HRA	Basic Essential
Benefit	In-Network Only	In-Network	Out-of-Network ¹	In-Network Only	In-Network Only
Hospital					
Inpatient (Includes maternity and newborn services)	\$500 copay per day; up to 5-day maximum	\$500 copay per day; up to 5-day maximum	40% after deductible	20% after deductible	30% after deductible
Outpatient Surgery (including facility charges)	\$500 copay	20% after deductible	40% after deductible	20% after deductible	30% after deductible
Emergency Room Services	\$500 copay	20% after deductible	20% after deductible	20% after deductible	30% after deductible
Ambulance	No copay	20% after deductible	20% after deductible	20% after deductible	30% after deductible
Urgent Care Facility	\$60 copay	20% after deductible	40% after deductible	20% after deductible	30% after deductible
Maternity Care/OB Visits	\$50 copay for initial visit only	20% after deductible	40% after deductible	20% after deductible	30% after deductible
Mental Health Services					
Outpatient Mental Health Services	\$25 copay	20% after deductible	40% after deductible	20% after deductible	0% no deductible
Inpatient Mental Health Services	\$500 copay per day; up to 5-day maximum	\$500 copay per day after deductible; up to 5-day maximum	40% after deductible	20% after deductible	30% after deductible
Miscellaneous					
Home Health Care (limits apply)	\$25 copay	20% after deductible	40% after deductible	20% after deductible; 120-visit limit per calendar year	30% after deductible; 120-visit limit per calendar year
Hospice—Inpatient (limits apply)	\$500 copay per day; up to 5-day maximum ²	\$500 copay per day after deductible; up to 5-day maximum ²	40% after deductible; 30-day lifetime maximum	20% after deductible	30% after deductible
Skilled Nursing Facility (limits apply)	\$500 copay per day; up to 5-day maximum ² up to 120-visit limit per calendar year	\$500 copay per day after deductible; up to 120-visit limit per calendar year	40% after deductible	20% after deductible up to 120-visit limit per calendar year	30% after deductible up to 120-visit limit per calendar year
Short-Term Rehabilitation/Outpatient Therapy (speech, physical, occupational)	\$25 copay per visit 60-visit limit per calendar year for all therapies combined	20% after deductible 60-visit limit per calendar year for all therapies combined	40% after deductible	20% after deductible 60-visit limit per calendar year for all therapies combined	30% after deductible
Diabetic Supplies (syringes, test strips)	See prescription drugs below	See prescription drugs below	See prescription drugs below	See prescription drugs below	N/A
Durable Medical Equipment (DME)	\$50 copay	20% after deductible	40% after deductible	20% after deductible	30% after deductible
Aetna Prescription Drug Program*	<i>Mandatory Generics Unless Dispensed As Written</i>	<i>Mandatory Generics Unless Dispense As Written</i>		<i>Mandatory Generics Unless Dispense As Written</i>	<i>Mandatory Generics Unless Dispense As Written</i>
Up to 30-day supply: Generic Preferred Brand Non-Preferred Brand Specialty—PrudentRx**	\$15 copay, no Rx deductible \$60 copay, no Rx deductible \$90 copay, after Rx deductible 30% coinsurance, \$0 if enrolled	\$15 copay, no Rx deductible \$60 copay, no Rx deductible \$90 copay, after Rx deductible 30% coinsurance, \$0 if enrolled	NOT COVERED	\$15 copay, no Rx deductible \$60 copay, no Rx deductible \$90 copay, after Rx deductible 30% coinsurance, \$0 if enrolled	\$25 copay, no Rx deductible \$60 copay, no Rx deductible \$90 copay, no Rx deductible 30% coinsurance, \$0 if enrolled
90-day Supply (maintenance medica-tions) at CVS and Costco or mail order (mail order must be through CVS Caremark mail order delivery.)	<i>Mandatory Generics Unless Dispensed As Written</i>	<i>Mandatory Generics Unless Dispense As Written</i>		<i>Mandatory Generics Unless Dispense As Written</i>	<i>Mandatory Generics Unless Dispense As Written</i>
Preferred Brand Non-Preferred Brand Specialty—PrudentRx*	\$30 copay, no Rx deductible \$120 copay, no Rx deductible \$180 copay, after Rx deductible N/A	\$30 copay; no Rx deductible \$120 copay; no Rx deductible \$180 copay; after Rx deductible N/A	NOT COVERED	\$30 copay, no Rx deductible \$120 copay, no Rx deductible \$180 copay, after Rx deductible N/A	\$50 copay, no Rx deductible \$120 copay, no Rx deductible \$180 copay, no Rx deductible N/A

CONTACT INFORMATION

PLANS AND PROVIDERS	TELEPHONE	WEBSITE
RISK MANAGEMENT AND INSURANCE		
Main Number	727-588-6195 (Fax) 727-588-6182	www.pcsb.org/risk-benefits
Insurance Benefits and Deductions	727-588-6197	www.pcsb.org/risk-benefits
Retirement (Insurance Benefits/DROP)	727-588-6214	www.pcsb.org/retirement www.myfrs.com
Retirement Savings Program	727-588-6141	www.tsacg.com/individual/plan-sponsor/florida/pinellas-county-schools/
Wellness for Employees	727-588-6031	www.pcsb.org/wellness
Workers' Compensation	727-588-6196	www.pcsb.org/risk-benefits
ONSITE REPRESENTATIVES		
Aetna (Claims Advisor)	727-588-6367	www.pcsb.org/healthinsurance
Aetna (Wellness)	727-588-6134	www.pcsb.org/wellness
Standard Insurance Company (Disability Claims)	727-588-6197	www.pcsb.org/disability
INSURANCE CARRIERS		
Aetna Concierge Customer Service	866-253-0599	www.aetnapcsb.com
EyeMed Vision (#9856857)	866-299-1358	www.eyemedvisioncare.com
Farmers Insurance Auto & Home	800-438-6381	www.myautohome.farmers.com
Healthcare Bluebook	888-316-1824	www.pcsb.org/healthcarebluebook
Horace Mann Auto	727-576-5555	www.floridaeducatorsinsurance.com
Humana Advantage Dental (#548085)	800-979-4760	www.myhumana.com
MetLife Dental (#G95682)	800-942-0854	www.metlife.com/dental
MetLife Voluntary Benefits	800-438-6388	www.metlife.com/mybenefits
PayFlex/Inspira Financial (FSA/HRA)	888-678-8242	www.mypayflex.com
Resources for Living (RFL) Employee Assistance Program (EAP)	800-848-9392	www.resourcesforliving.com username: pcsb; password: eap
Standard Insurance Company Life Insurance	800-628-8600	www.standard.com
Teladoc	855-835-2362	www.teladoc.com/aetna
NON-PCS PROGRAMS		
Florida Retirement System (FRS)	866-446-9377	www.myfrs.com
Florida KidCare	888-540-5437	www.floridakidcare.org
Federal Health Insurance Marketplace	800-318-2596	www.healthcare.gov

QUESTIONS?

Call the Benefits Team at 727-588-6197 or visit our website at www.pcsb.org/risk-benefits