



# LEGAL NOTICES & DISCLOSURES

## Annual Notices

### OVERVIEW

This book highlights some of the main features of your benefit programs, but does not include all plan rules, features, limitations or exclusions. The terms of your benefit plans are governed by legal documents, including insurance contracts. Should there be any inconsistencies between this book and the legal plan documents, the plan documents are the final authority. Pinellas County Schools reserves the right to change or discontinue its benefit plans at any time.



# LEGAL NOTICES & DISCLOSURES



## PLAN ADMINISTRATION

### YOUR RIGHTS AND RESPONSIBILITIES

#### LEGAL NOTICES & DISCLOSURES (INCLUDES TO WHOM THEY APPLY)

- Women's Health & Cancer Rights Act (Employees and Retirees)
- Newborns' and Mothers' Health Protection Act (Employees and Retirees)
- Premium Assistance Under Medicaid and The Children's Health Insurance Program (CHIP) (Employees and Retirees)
- HIPAA Notice of Privacy Practices Reminder (Employees and Retirees)
- HIPAA Special Enrollment Rights (Employees and Retirees)
- Notice of Creditable Coverage (Employees and Retirees)
- Wellness Program Disclosures (Employees Only)
- COBRA (Employees and Retirees)
- Patient Protection and Affordable Care Act (PPACA, or Health Care Reform) (Employees and Retirees)
- Family and Medical Leave of Absence (Employees and Retirees)
- Workers' Compensation (Employees Only)
- How to Get Medical Care and Benefits (Employees and Retirees)
- Payment for Lost Wages (Employees Only)
- Pinellas County Schools Modified Alternative Duties Program (Employees Only)

#### WOMEN'S HEALTH AND CANCER RIGHTS ACT (EMPLOYEES AND RETIREES)

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 ("WHCRA"). For individuals receiving mastectomy related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the plan.

If you would like more information on WHCRA benefits, please call the Risk Management Department.

#### NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT (EMPLOYEES AND RETIREES)

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 vaginal delivery, or less than 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 insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).



# LEGAL NOTICES & DISCLOSURES

## PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN’S HEALTH INSURANCE PROGRAM (CHIP) (EMPLOYEES AND RETIREES)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP 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, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call **1-866-444-EBSA (3272)**.

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2024. Contact your State for more information on eligibility –**

### ALABAMA – Medicaid

Website: <http://myalhipp.com/>  
Phone: 1-855-692-5447

### ALASKA – Medicaid

The AK Health Insurance Premium Payment Program  
Website: <http://myakhipp.com/>  
Phone: 1-866-251-4861  
Email: [CustomerService@MyAKHIPP.com](mailto:CustomerService@MyAKHIPP.com)  
Medicaid Eligibility: <https://health.alaska.gov/dpa/Pages/default.aspx>

### ARKANSAS – Medicaid

Website: <http://myarhipp.com/>  
Phone: 1-855-MyARHIPP (855-692-7447)

### CALIFORNIA – Medicaid

Health Insurance Premium Payment (HIPP) Program Website:  
<http://dhcs.ca.gov/hipp>  
Phone: 916-445-8322  
Fax: 916-440-5676  
Email: [hipp@dhcs.ca.gov](mailto:hipp@dhcs.ca.gov)

### COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)

Health First Colorado Website: <https://www.healthfirstcolorado.com/>  
Health First Colorado Member Contact Center:  
1-800-221-3943/State Relay 711  
CHP+: <https://hcpf.colorado.gov/child-health-plan-plus>  
CHP+ Customer Service: 1-800-359-1991/State Relay 711  
Health Insurance Buy-In Program (HIBI): <https://www.mycohibi.com/>  
HIBI Customer Service: 1-855-692-6442

### FLORIDA – Medicaid

Website: <https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html>  
Phone: 1-877-357-3268

### GEORGIA – Medicaid

GA HIPP Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>  
Phone: 678-564-1162, Press 1  
GA CHIPRA Website: <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>  
Phone: 678-564-1162, Press 2

### INDIANA – Medicaid

Health Insurance Premium Payment Program  
All other Medicaid  
Website: <https://www.in.gov/medicaid/>  
<http://www.in.gov/fssa/dfr/>  
Family and Social Services Administration  
Phone: 1-800-403-0864  
Member Services Phone: 1-800-457-4584

### IOWA – Medicaid and CHIP (Hawki)

Medicaid Website: <https://hhs.iowa.gov/programs/welcome-iowa-medicaid>  
Iowa Medicaid | Health & Human Services Medicaid Phone: 1-800-338-8366  
Hawki Website: <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki>  
Hawki Phone: 1-800-257-8563  
HIPP Website: <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp>  
HIPP Phone: 1-888-346-9562

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## KANSAS – Medicaid

Website: <https://www.kancare.ks.gov/>  
Phone: 1-800-792-4884  
HIPPA Phone: 1-800-967-4660

## KENTUCKY – Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <https://chfs.ky.gov/agencies/dms/member/Pages/kihhip.aspx>  
Phone: 1-855-459-6328  
Email: [KIHIPPA.PROGRAM@ky.gov](mailto:KIHIPPA.PROGRAM@ky.gov)  
KCHIP Website: <https://kynect.ky.gov>  
Phone: 1-877-524-4718  
Kentucky Medicaid Website: <https://chfs.ky.gov/agencies/dms>

## LOUISIANA – Medicaid

Website: [www.medicaid.la.gov](http://www.medicaid.la.gov) or [www.ldh.la.gov/lahipp](http://www.ldh.la.gov/lahipp)  
Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

## MAINE – Medicaid

Enrollment Website: [www.mymaineconnection.gov/benefits/s/?language=en\\_US](http://www.mymaineconnection.gov/benefits/s/?language=en_US)  
Phone: 1-800-442-6003  
TTY: Maine relay 711  
Private Health Insurance Premium Webpage: <https://www.maine.gov/dhhs/ofa/applications-forms>  
Phone: 1-800-977-6740  
TTY: Maine relay 711

## MASSACHUSETTS – Medicaid and CHIP

Website: <https://www.mass.gov/masshealth/pa>  
Phone: 1-800-862-4840  
TTY: 711  
Email: [masspremassistance@accenture.com](mailto:masspremassistance@accenture.com)

## MINNESOTA – Medicaid

Website: <https://mn.gov/dhs/health-care-coverage/>  
Phone: 1-800-657-3672

## MISSOURI – Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>  
Phone: 573-751-2005

## MONTANA – Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>  
Phone: 1-800-694-3084  
Email: [HHSHIPPAProgram@mt.gov](mailto:HHSHIPPAProgram@mt.gov)

## NEBRASKA – Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>  
Phone: 1-855-632-7633  
Lincoln: 402-473-7000  
Omaha: 402-595-1178

## NEVADA – Medicaid

Medicaid Website: <http://dhcfp.nv.gov>  
Medicaid Phone: 1-800-992-0900

## NEW HAMPSHIRE – Medicaid

Website: <https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>  
Phone: 603-271-5218  
Toll free number for the HIPP program: 1-800-852-3345, ext. 15218  
Email: [DHHS.ThirdPartyLiabi@dhhs.nh.gov](mailto:DHHS.ThirdPartyLiabi@dhhs.nh.gov)

## NEW JERSEY – Medicaid and CHIP

Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>  
Phone: 1-800-356-1561  
CHIP Premium Assistance Phone: 609-631-2392  
CHIP Website: <http://www.njfamilycare.org/index.html>  
CHIP Phone: 1-800-701-0710 (TTY: 711)

## NEW YORK – Medicaid

Website: [https://www.health.ny.gov/health\\_care/medicaid/](https://www.health.ny.gov/health_care/medicaid/)  
Phone: 1-800-541-2831

## NORTH CAROLINA – Medicaid

Website: <https://medicaid.ncdhhs.gov/>  
Phone: 919-855-4100

## NORTH DAKOTA – Medicaid

Website: <https://www.hhs.nd.gov/healthcare>  
Phone: 1-844-854-4825

## OKLAHOMA – Medicaid and CHIP

Website: <http://www.insureoklahoma.org>  
Phone: 1-888-365-3742

## OREGON – Medicaid

Website: <http://healthcare.oregon.gov/Pages/index.aspx>  
Phone: 1-800-699-9075

## PENNSYLVANIA – Medicaid

Website: <https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html>  
Phone: 1-800-692-7462  
CHIP Website: <https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx>  
CHIP Phone: 1-800-986-KIDS (5437)

## RHODE ISLAND – Medicaid and CHIP

Website: <http://www.eohhs.ri.gov/>  
Phone: 1-855-697-4347 or 401-462-0311 (Direct RlTe Share Line)

## SOUTH CAROLINA – Medicaid

Website: <https://www.scdhhs.gov>  
Phone: 1-888-549-0820

## SOUTH DAKOTA - Medicaid

Website: <http://dss.sd.gov>  
Phone: 1-888-828-0059

## TEXAS – Medicaid

Website: <https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program>  
Phone: 1-800-440-0493

## UTAH – Medicaid and CHIP

Utah's Premium Partnership for Health Insurance (UPP) Website: <https://medicaid.utah.gov/upp/>  
Email: [upp@utah.gov](mailto:upp@utah.gov)  
Phone: 1-888-222-2542  
Adult Expansion Website: <https://medicaid.utah.gov/expansion/>  
Utah Medicaid Buyout Program Website: <https://medicaid.utah.gov/buyout-program/>  
CHIP Website: <https://chip.utah.gov/>



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## VERMONT– Medicaid

Website: <https://dvha.vermont.gov/members/medicaid/hipp-program>  
Phone: 1-800-250-8427

## VIRGINIA – Medicaid and CHIP

Website: <https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select>  
<https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs>  
Medicaid/CHIP Phone: 1-800-432-5924

## WASHINGTON – Medicaid

Website: <https://www.hca.wa.gov/>  
Phone: 1-800-562-3022

## WEST VIRGINIA – Medicaid and CHIP

Website: <https://dhhr.wv.gov/bms/> or <http://mywwhipp.com/>  
Medicaid Phone: 304-558-1700  
CHIP Toll-free phone: 1-855-MyWWHIP (1-855-699-8447)

## WISCONSIN – Medicaid and CHIP

Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>  
Phone: 1-800-362-3002

## WYOMING – Medicaid

Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>  
Phone: 1-800-251-1269

## PAPERWORK REDUCTION ACT STATEMENT

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email [ebbsa.opr@dol.gov](mailto:ebbsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)

**To see if any other states have added a premium assistance program since July 31, 2025, or for more information on special enrollment rights, contact either:**

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

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## HIPAA (EMPLOYEES AND RETIREES)

### HIPAA Notice Of Privacy Practices Reminder

**Protecting Your Health Information Privacy Rights**  
Pinellas County Schools is committed to the privacy of your health information. The administrators of the PCS Health Plan (the "Plan") use strict privacy standards to protect your health information from unauthorized use or disclosure. The Plan's policies protecting your privacy rights and your rights under the law are described in the Plan's Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting the Personnel Department.

## HIPAA SPECIAL ENROLLMENT RIGHTS (EMPLOYEES AND RETIREES)

### PINELLAS COUNTY SCHOOLS NOTICE OF YOUR HIPAA SPECIAL ENROLLMENT RIGHTS

Our records show that you are eligible to participate in the Plan (to actually participate, you must complete an enrollment form and pay part of the premium through payroll deduction).

A federal law called HIPAA requires that we notify you about an important provision in the plan - your right to enroll in the plan under its "special enrollment provision" if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

**Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program).** If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 60 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

**Loss of Coverage for Medicaid or a State Children's Health Insurance Program.** If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

**New Dependent by Marriage, Birth, Adoption, or Placement for Adoption.** If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

**Eligibility for Premium Assistance Under Medicaid or a State Children's Health Insurance Program** – If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact Risk Management and Insurance Director at **727-588-6136**.

## NOTICE OF CREDITABLE COVERAGE (EMPLOYEES AND RETIREES)

### 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.



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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:

1. 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.
2. Pinellas County Schools has determined that the prescription drug coverage offered by the medical plan 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.

## 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 to 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 (2) 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, your current Pinellas County Schools coverage will be affected.

## 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 [www.medicare.gov](http://www.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**.

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 [www.socialsecurity.gov](http://www.socialsecurity.gov), **800-772-1213 (TTY 800-325-0778)**.

If you do decide to join a Medicare drug plan and drop your current Pinellas County School 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 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 example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

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

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this 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.

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For more information about Medicare prescription drug coverage:

- Visit [www.medicare.gov](http://www.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 **1-800-MEDICARE (1-800-633-4227)**. TTY users should call **1-877-486-2048**.

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 [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at **1-800-772-1213 (TTY 1-800-325-0778)**.

**REMEMBER:** Keep this Creditable Coverage Notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

**Date:** January 1, 2026

**Name of Entity/Sender:** Pinellas County Schools

**Contact:** Director of Risk Management and Insurance

**Office:** Risk Management & Insurance

**Office Address:** 301 4th Street SW, Largo, FL 33770

**Phone Number:** (727) 588-6136

## WELLNESS PROGRAM DISCLOSURES (EMPLOYEES ONLY)

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact the Personnel Department and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

### NOTICE REGARDING WELLNESS PROGRAM

The Pinellas County Schools' wellness program, 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 will 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.

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 taxes.

The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as the Diabetic Care Program, YMCA Diabetic Prevention program, or the Tobacco Care Program. You also are encouraged to share your results or concerns with your own doctor.

### 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



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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 Risk Management and Insurance Director at **727-588-6136**.

## COBRA (EMPLOYEES AND RETIREES)

The Consolidated Omnibus Budget Reconciliation Act of 1986 (COBRA) requires employers who sponsor group health plans to offer employees and their families the opportunity to purchase medical, vision, or dental coverage at group rates. This section is to notify you of your rights and obligations to continue

coverage under this law. We urge both you and your spouse to read this notice carefully.

This federal law provides qualified beneficiaries the same health benefits as active employees, including the right to participate in Annual Enrollment and continue participation in the Healthcare FSA.

School Board employees whose medical, vision, or dental coverage ends due to reduction in work hours or termination of employment for reasons other than gross misconduct have the right to continue the above-mentioned coverage.

Spouses of covered employees who are on the employee's policy(ies) have the right to continue coverage for any of these reasons:

- Death of your spouse who was a covered School Board employee,
- Termination of your spouse's employment for reasons other than gross misconduct,
- Reduction in your spouse's work hours,
- Divorce or legal separation\* from your spouse, and
- Your spouse becomes eligible for Medicare. Dependent children of covered employees who are on the employee's policies may continue coverage for any of these reasons:
- Death of a parent who was a covered School Board employee,
- Termination of parent's employment for reasons other than gross misconduct,
- Reduction in parent's work hours,
- Parent becomes eligible for Medicare, and
- Loss of child's dependent status (e.g., age limitation).

**Please review the following sections carefully.**

They contain important information about your rights and responsibilities as a Pinellas County Schools employee.

- COBRA
- HIPAA
- Family Medical and Leave of Absence
- Workers' Compensation

**Retirees Only:** Sometimes, filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in

# LEGAL NOTICES & DISCLOSURES



| When Can COBRA Coverage Be Elected? (Change in Status Event)                                                                    | Who Can Elect COBRA Coverage?            | How Long Can Coverage Be Continued? |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-------------------------------------|
| Termination of employment of gross misconduct) or reduction in covered employee (other than for work hours of covered employee) | Employee, spouse, and dependent children | 18 months                           |
| Death of covered employee                                                                                                       | Spouse and dependent children            | 36 months                           |
| Divorce or legal separation*                                                                                                    | Spouse and dependent children            | 36 months                           |
| Covered employee becomes eligible for Medicare                                                                                  | Spouse and dependent children            | 36 months                           |
| Loss of child's dependent status                                                                                                | Dependent child                          | 36 months                           |
| Qualifying disability                                                                                                           | Employee                                 | 29 months                           |

*\* Only divorce is recognized by the state of Florida, not legal separation.*

bankruptcy is filed with respect to Pinellas County Schools, and that bankruptcy results in the loss of coverage of any retired employee covered under the

Plan, the retired employee will become a qualified beneficiary. The retired employee's spouse, surviving spouse, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

## How to Obtain Continued Coverage

You or your family are responsible for notifying the Risk Management and Insurance Department of a divorce or a child losing dependent status (or other change in status event) within 60 days of the qualifying event. The Personnel Department is responsible for notifying the Risk Management and Insurance Department in the case of death, termination of employment, or reduction in work hours.

When Risk Management and Insurance is notified that a qualifying event has occurred, Risk Management and Insurance will notify you of your right to continue group insurance coverage. You have 60 days from the notice to submit an enrollment form for continued coverage. Payment and coverage will be retroactive. If you wait longer than 60 days, your eligibility to continue medical, vision and/or dental coverage, or participate in your Healthcare FSA, your coverage or participation will end.

## Premium Payment

To extend coverage for yourself or your family, you are required to pay the entire cost of coverage plus administrative costs. The law states that this premium can be 102% of Pinellas County Schools' cost of providing benefits. This amount will be calculated yearly, and may vary from year to year.

Your initial premium payment must be paid no later than 45 days after you enroll. Your initial payment amount is retroactive, may cover more than one month, and will be larger than your remaining monthly payments. If your initial payment is late, you will not be able to continue coverage.

All subsequent payments must be made the first of each month. If these payments are not received on time, coverage will end. For this reason, you should be careful that all premium payments are made on time. If the premium payment is not paid by the end of the grace period, your continued coverage will end on the last day of the month for which a timely payment was received and you may not re-enroll.

## When Continued Coverage Ceases

The COBRA law states that your continued coverage as a qualified beneficiary may be cancelled for any of the following reasons:

- Pinellas County Schools no longer provides coverage to any of its employees
- The premium for your continued coverage is not paid on time
- You or your dependents become eligible for coverage under another group plan (if you have a pre-existing condition not covered under your new plan, you may continue your old plan to cover that pre-existing condition)
- You or your dependents enroll in:
  - Medicare—Part A, Part B, or both
  - Medicare + Choice HMO
- You were divorced or widowed from a covered employee and later remarry and are eligible under your new spouse's group plan.



# LEGAL NOTICES & DISCLOSURES

## If You Have Questions

If you have any questions about this law, please contact Risk Management and Insurance at **727-588-6197**, Monday through Friday, 8:00 a.m. to 4:30 p.m. ET.

## PATIENT PROTECTION AND AFFORDABLE CARE ACT (PPACA, OR HEALTH CARE REFORM) (EMPLOYEES AND RETIREES)

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 plans offered by your employer. The medical plans offered by PSC meet the affordability and coverage requirements.

- If you are offered health coverage through PCS, you will not be eligible for a premium subsidy through the Federal Marketplace.
- If you receive a premium subsidy, and you are insurance benefits eligible you may be responsible to pay the premium subsidy back to the IRS.
- If you cannot afford to enroll your spouse and/or child(ren) in a PCS medical plan, there may be cost-effective options through the federal Marketplace and/or Florida KidCare. If you choose to opt out of PCS coverage and buy insurance in the Marketplace
  - You will not receive a contribution from PCS towards the cost of your Marketplace coverage
  - You will not be eligible for a government premium subsidy to help pay for your Marketplace coverage
  - You may be responsible to pay the premium subsidy back to the IRS if you receive one and are eligible for insurance benefits.

## FAMILY AND MEDICAL LEAVE OF ABSENCE (EMPLOYEES ONLY)

The Family Medical and Leave Act (FMLA) of 1993 allows you to take a leave of absence, without pay, for up to 12 weeks during any continuous 12-month period, for the following reasons:

- Birth of a child
- Adoption of a child

- Placement of a foster child into your care
- Caring for your seriously ill child, spouse, or parent
- Your own serious health condition
- For any qualifying exigency arising out of the fact that a spouse, son, daughter, or parent is a military member on covered active duty or called to covered active duty status.

An eligible employee may also take up to 26 work weeks of leave during a "single 12-month period" to care for a covered service member with a serious injury or illness, when the employee is the spouse, son, daughter, parent, or next of kin of the service member.

If you take a family medical leave to care for an ill family member or for your own serious illness, you may take the leave intermittently, as necessary.

You are eligible for family medical leave if you have worked for Pinellas County Schools for one year and have worked at least 1,250 hours during the previous 52 weeks prior to requesting the leave. You will pay the same group medical and dental insurance rates during your leave. When you return from your leave, you will be reinstated to the same or equivalent position.

## WORKERS' COMPENSATION (EMPLOYEES ONLY)

### BASIC FACTS

1. Workers' Compensation coverage is paid by Pinellas County Schools at no cost to you.
2. It is your responsibility to report a work-related accident to administration within 24 hours.
3. This coverage will pay for the most reasonable and necessary medical care if you have an illness or injury arising out of or in the course of your employment.
4. Pinellas County Schools has the right to choose the medical providers who will treat you.
5. Workers' Compensation coverage also will replace part of your lost wages if your doctor says you must be out of work for a certain length of time because of a work-related injury or illness.

# LEGAL NOTICES & DISCLOSURES



## HOW TO GET MEDICAL CARE AND BENEFITS (EMPLOYEES AND RETIREES)

If you require medical attention due to your work-related illness or injury, please notify your supervisor. You must obtain treatment from a provider who is on the list of Workers' Compensation providers, posted at your work site. The list of providers is also available on the PCS Risk Management website at [www.pcsb.org/benefits](http://www.pcsb.org/benefits). (For serious emergencies or for urgent care after hours, please proceed to the nearest emergency facility.)

Unauthorized absences and treatment received outside the PCS Workers' Compensation provider network are not covered.

If you have any questions, please contact Risk Management, Workers' Compensation at **727-588-6196**.

## PAYMENT FOR LOST WAGES (EMPLOYEES ONLY)

If your earnings are lower because of a work-related injury or illness, you may be able to receive some cash benefits (indemnity benefits). Your first 10 lost workdays will be covered by Pinellas County Schools, payable at 100% (maximum of 10 days paid per fiscal year). After this period, your wages will be paid through our Workers' Compensation carrier.

Your compensation rate will be based on 66<sup>2/3</sup>% of your average weekly wage, up to a yearly state maximum. You will be eligible for this benefit if you have a doctor's statement that indicates you are unable to return to work as a result of the accident or illness. (Physician must be an approved doctor from the Workers' Compensation network.)

## PINELLAS COUNTY SCHOOLS MODIFIED ALTERNATIVE DUTIES PROGRAM (EMPLOYEES ONLY)

Pinellas County Schools has developed a program designed to assist you while you are temporarily disabled due to a work-related injury or occupational disease. The Modified Alternative Duties Program is designed to offer a temporary (up to a maximum of 90 days) alternative work site or position where you can function during the healing and rehabilitation process.

Each placement is made considering all medical restrictions recommended by authorized Workers' Compensation providers. Please be assured, it is our intent to work closely with you and your physician on this matter.

If you have any questions concerning this program, please call the Personnel Department.

## DISCLAIMER

The plan document or carrier's master policy is the controlling document, and this Benefit Highlight does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual plan language. Contact your claims payer or insurer for more information.

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.

The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.