

BENEFlex

2024 Cobra ANNUAL ENROLLMENT



Focus on What Matters.

Annual Enrollment begins in November, 2023.

Ends—two weeks from receipt of packet.

Questions about your benefits? Call: 727-588-6197 OR visit: pcsb.org/cobra

REVIEW

Read this newsletter and view other information online at pcsb.org/cobra

DECIDE

What coverage you and your family will need. Remember, if you are currently enrolled in benefits and do not act by the end of Annual Enrollment, your current coverage will continue at the new rates and no action is needed.

ENROLL

To access Discovery Benefit's COBRA Web Portal, visit <https://cobra.discoverybenefits.com>.

Your enrollment decisions are effective January 1 through December 31, 2024.

See your COBRA Open Enrollment packet from Discovery Benefits for more information.

CONTACT INFORMATION FOR DISCOVERY BENEFITS

Phone: 866-451-3399 (options 1, 2 for enrollment questions) | Fax: 888-408-7224

Email: cobraadmin@discoverybenefits.com | Website: <https://cobra.discoverybenefits.com>

P.O. Box 2079, Omaha, NE 68103-2079

SUMMARY OF 2024 MEDICAL BENEFIT CHANGES

Here is an overview of the medical plan changes. See the comparison highlight chart on the next page for more detail and at pcsb.org/cobra for full plan details.

INCREASE IN MEDICAL PLAN PREMIUMS: Healthcare rates are increasing, see page 5 for new rates. Dental and vision rates are not changing.

NO VENDOR CHANGES: We are pleased to confirm that no vendor changes are required, as our existing vendors continue to provide good quality, affordable care to you.



Your specialty prescription benefit plan includes Prudent RX.

Here's an overview — PrudentRx has collaborated with CVS Caremark® to offer a third-party (manufacturer) copay assistance program* that may help save you money when you fill your prescription through CVS Specialty®.

How it works — We will work with you to obtain third-party copay assistance for your medication, if available. ** Once you're enrolled, you'll pay nothing out-of-pocket[†] – that's right, **\$0!** – for medications on your plan's specialty drug list dispensed by CVS Specialty.

How to get started — You will be contacted once CVS receives a specialty prescription under the plan and they can enroll you for the program. You may opt-out if you do not wish to participate.

Specialty Prescriptions — Some exclusions do apply to the medications covered under the PrudentRx program. Any specialty drugs not on the PrudentRx drug list will be charged based on their normal Drug Classification: Generic, Preferred Brand or Non-Preferred Brand.

*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.

Some manufacturers require you to sign up to take advantage of the copay assistance that they provide for their medications – in that case, you must call PrudentRx to participate in the copay assistance for that medication. **PrudentRx will also contact you if you are required to enroll in the copay assistance for any medication that you take. If you do not return their call, choose to opt-out of the program, or if you do not affirmatively enroll in any copay assistance as required by a manufacturer, you will be responsible for 30 percent of the cost of your specialty medications.

Questions?

Visit pcsb.org/pharmacy for a list of covered medications and additional details on the PrudentRx program.

Call PrudentRx, 1-800-578-4403, Monday through Friday, 8 AM - 8 PM ET.
Visit www.prudentrx.com

ANNUAL ENROLLMENT • Begins November, 2023

		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
Health Reimbursement Account ¹		N/A	N/A	N/A	Prorated by date of hire	N/A
Individual					\$500	This plan does NOT qualify for a Health Savings Account (HSA)
Individual + Child(ren) or Spouse					\$750	
Family					\$1,000	
Annual Medical Deductible		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		\$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
Prescription Drug (Rx) Out-of-Pocket Maximum		\$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
Inpatient Hospitalization		\$500 per day/ 5 day max	\$500 per day/ 5 day max	40% after deductible	20% after deductible	30% after deductible
Outpatient Hospitalization		\$500 co-pay	20% after deductible	40% after deductible	20% after deductible	30% after deductible
Primary Care Physician Visits		\$35 co-pay	20% after deductible	40% after deductible	20% after deductible	\$50 co-pay
TelaDoc Virtual Visits		\$25 co-pay	\$25 co-pay		\$25 co-pay	\$40 co-pay
Specialist Office Visits		\$60 co-pay	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
Urgent Care Facility		\$50 copay	20% after deductible	40% after deductible	20% after deductible	30% after deductible
Prescription Drug (Rx) Coverage						
Mandatory Generics Unless Dispensed As Written 90-day supply (retail or mail order) is two-times 30-day co-pay; only through CVS Caremark mail order delivery.	Generic	\$15 co-pay	\$15 co-pay	NOT COVERED	\$15 co-pay	\$25 co-pay
	Preferred Brand	\$60 co-pay	\$60 co-pay		\$60 co-pay	\$60 co-pay
	Non-Preferred Brand	\$90 co-pay; after Rx deductible ²	\$90 co-pay; after Rx deductible ²		\$90 co-pay; after Rx deductible ²	\$90 co-pay
	Specialty Prudent RX	30% coinsurance \$0 if enrolled	30% coinsurance \$0 if enrolled		30% coinsurance \$0 if enrolled	30% coinsurance \$0 if enrolled

¹ HRA funds can only be used for covered medical plan and prescription drug expenses. There is a rollover maximum: \$1,000 Individual \$1,500 employee/child or employee/spouse; \$2,000/family.

HIGHLIGHTS OF YOUR OTHER BENEFITS

You can find more information about all of your benefits in the 2024 BENEFlex Guide at pcsb.org/cobra.

DENTAL

Choose from two dental plans: the Humana Advantage Plan and the MetLife® Preferred Dentist Program (PDP).

	HUMANA DENTAL (#548085) 800-979-4760 WWW.MYHUMANA.COM	METLIFE PREFERRED DENTAL PROGRAM (#95682) 1-800-GET-MET8 WWW.METLIFE.COM/DENTAL
	State of Florida Service Area. In-network only. You must choose a primary dentist and use participating network providers.	In or out-of-network. Save the most when you choose a participating in-network provider.
Primary Care Dentist and Specialist Referrals	Not required	Not required
Deductible	None	\$50/individual; \$150/family (Applies to Type B and C Services)
Calendar Year Maximum	None	\$1,250 per person
Preventative Services	No charge	No charge, no deductible (Type A)
Basic Services	No charge	20% coinsurance after deductible (Type B)
Major Services	Scheduled co-pays	50% coinsurance after deductible (Type C)
Orthodontia	Scheduled co-pays (Adult and child)	50% (up to age 19)
Lifetime Orthodontia Limit	N/A	\$1,000 individual

VISION

As a benefits-eligible Individual, you can enroll in free Individual-only vision coverage through EyeMed Vision. You may enroll your dependents in the vision plan for an additional cost.

BASIC BENEFITS		FREQUENCY	
Vision Exam		Once per calendar year	
Eyeglasses or Contact Lenses		Once per calendar year	
Frames		Every other calendar year	

BASIC BENEFITS		IN-NETWORK PROVIDER	
Eyeglass Lenses			
Single vision, bifocal, or trifocal		\$15 co-pay	
Standard Progressive		\$50 co-pay	
Contact Lenses			
Conventional		\$110 allowance (15% off the balance over \$110)	
Disposable		\$110 allowance (full amount over \$110)	
Medically Necessary		Paid in full	
Exam with Dilation		\$10 co-pay	
Frames		\$110 allowance (20% off the balance over \$110)	

ANNUAL ENROLLMENT • BEGINS NOVEMBER, 2023

2024 COBRA RATE CHART

AETNA MEDICAL PLANS				
COVERAGE LEVEL	SELECT OPEN ACCESS	CHOICE POS II	CDHP + HRA	BASIC ESSENTIAL
Individual	\$892.50	\$911.20	\$856.80	\$788.80
Individual + Spouse	\$1,771.40	\$1,810.50	\$1,694.90	\$1,564.00
Individual + Child(ren)	\$1,575.00	\$1,613.30	\$1,499.40	\$1,390.60
Individual + Family	\$2,548.30	\$2,623.10	\$2,442.90	\$2,249.10

HUMANA AND METLIFE DENTAL PLANS			EYEMED VISION PLAN	
COVERAGE LEVEL	HUMANA ADVANTAGE	METLIFE PDP	COVERAGE LEVEL	EYEMED
Individual	\$23.68	\$35.59	Individual	\$3.72
Individual + 1	\$40.06	\$61.81	Individual + 1	\$8.54
Individual + Family	\$58.26	\$89.24	Individual + Family	\$13.78

No Midyear Changes without a Qualifying Event

Certain life events, such as marriage, divorce, or loss of a dependent's eligibility, may require changes to your benefits. When you experience an event that qualifies, contact Discovery Benefits within 31 days from the date of the event.

Key Medical Plan Terms

Deductible is the amount you pay out of your pocket before the plan begins to pay, unless there's a co-pay associated with the service. In that case, you pay the co-pay and no deductible. The CDHP Plan, Choice POS Plan and the new Basic Essential Plan have deductibles.

Out-of-Pocket Maximum is the most you'll pay for covered services per calendar year. It includes your medical and Rx deductibles and co-pays. For family coverage, each covered person only has to reach their individual out-of-pocket maximum before the plan begins paying 100% of their eligible expenses.

SEE THE ONLINE 2024 BENEFLEX GUIDE AT PCSB.ORG/COBRA

FEDERAL AND LEGAL NOTICES (AVAILABLE ONLINE)

All Annual Enrollment Notices & Disclosures are available as a separate document:

[2024 Annual Enrollment Notices and Disclosures](#)

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

Date of Notice: October 2023

CONTACT INFORMATION

DISCOVERY BENEFITS

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RISK MANAGEMENT AND INSURANCE		
Risk Management and Insurance	727-588-6195	Fax: 727-588-6182
ONSITE REPRESENTATIVES		
Aetna (Claims and Account Advisor)	727-588-6367	www.pcsb.org/healthinsurance
Aetna (Health & Wellness)	727-588-6137	www.pcsb.org/wellness
INSURANCE CARRIERS		
MEDICAL		
Aetna Concierge Customer Service	866-253-0599	www.aetnapcsb.com
Aetna Pharmacy Mail Order Prescriptions	888-792-3862	www.aetnapcsb.com
Healthcare Bluebook	888-316-1824	www.pcsb.org/healthcarebluebook
Teladoc	855-835-2362	Teladoc.com/aetna
VISION		
EyeMed Vision	866-299-1358	www.eyemedvisioncare.com
DENTAL		
Humana Advantage Dental (Group #548085)	800-979-4760	www.myhumana.com
MetLife Dental PDP (#G95682)	800-942-0854	www.metlife.com/dental
NON-PCS PROGRAMS AND OTHER RESOURCES		
Federal Health Insurance Marketplace	800-318-2596	www.healthcare.gov
Florida KidCare	800-821-5437	Floridakidcare.org

This guide describes Pinellas County Schools benefit programs that will be effective for the plan year beginning January 1, 2024. This is only a summary of the benefit programs. Additional restrictions and/or limitations not included in this guide may apply. In the event of a conflict between this guide and the plan documents, the plan documents will control.