



PINELLAS  
COUNTY  
SCHOOLS

# NEW HIRE DECISION GUIDE

## 2023 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  
2023 BENeflex Guide at  
[pcsb.org/beneflex-guide](https://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 38-41 of the 2023 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 2023 BENEFlex Guide Book.

## Maintenance Choice Program

- With the Maintenance Choice Program, members pay two co-pays for a 90 day supply when obtaining maintenance medication through CVS.
- 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
<b>Network</b>	<b>Aetna Open Access</b>	<b>Choice POS II</b>	<b>Aetna Open Access</b>	<b>Aetna Open Access</b>
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?	Co-pays for all services, no deductible	Deductibles, coinsurance and co-pays	Deductibles and coinsurance	PCP co-pay; 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](#).

	<b>HUMANA DENTAL</b> (#548085) 800-979-4760   WWW.MYHUMANA.COM	<b>METLIFE PREFERRED DENTAL PROGRAM (#95682G)</b> 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.
<b>Network</b>	<b>Humana Dental Advantage Plus 2S Plan</b>	<b>MetLife Preferred Dentist Program (PDP Plus)</b>
<b>Primary Care Dentist and Specialist Referrals</b>	Not required	Not required
<b>Deductible</b>	None	\$50/individual; \$150/family (Applies to Type B and C Services)
<b>Calendar Year Maximum</b>	None	\$1,250 per person
<b>Preventative Services</b>	No charge	No charge, no deductible (Type A)
<b>Basic Services</b>	No charge	20% coinsurance after deductible (Type B)
<b>Major Services</b>	Scheduled co-pays	50% coinsurance after deductible (Type C)
<b>Orthodontia</b>	Scheduled co-pays (Adult and child)	50% (up to age 19)
<b>Lifetime Orthodontia Limit</b>	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 co-pays 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 co-payments—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

- 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 co-pay 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.

## 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 co-payments 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 or you will forfeit the \$75 per-pay credit.	
<b>Enroll in these supplemental benefits:</b> <ul style="list-style-type: none"> <li>◊ Hospital Indemnity Plan (HIP)</li> <li>◊ Dental</li> <li>◊ Accidental Death and Dismemberment (AD&amp;D)</li> <li>◊ Vision</li> <li>◊ Disability (choose from two options)</li> </ul>	<b>And/or deposit \$10–\$25 in a:</b> <ul style="list-style-type: none"> <li>◊ Healthcare FSA</li> </ul> <p>That's up to \$500 per year tax-free to pay eligible medical, dental, and vision expenses!</p>
<p>(◊) Look for the diamonds that designate the benefits that qualify for Board Contribution credits.</p> <p>Board credits may only be used for the benefits shown above [◊].</p> <p>Use the payroll deduction rate charts to calculate the per pay cost of the benefits you choose.</p> <p>If your elections total more than the \$75 per pay period credit, you will have a payroll deduction for the additional amounts over \$75.</p> <p>You may NOT use Board Contribution credits for:</p> <p>Employee Optional Term Life, Family Term Life, Spouse Life, or Child Optional Term Life</p>	

\$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
<b>Total</b>		<b>\$74.20</b>	<b>\$0</b>



# 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	\$89.00	\$99.00	\$69.00	\$31.00
Employee + Spouse	\$238.00	\$259.00	\$195.00	\$121.00
Employee + Child(ren)	\$217.00	\$238.00	\$174.00	\$113.00
Employee + Family	\$315.00	\$357.00	\$256.00	\$147.00
Two Board Family <sup>1</sup>	\$220.00	\$262.00	\$161.00	\$52.00
Payroll deduction per-pay-period (20 pays) AFTER the Board Contribution credit has been applied.				
<sup>1</sup> 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 <sup>2</sup>	\$19.27	\$37.49	Two Board Family	\$5.92
Payroll deduction per pay period (20 pays) AFTER the Board Contribution credit has been applied.				
<sup>2</sup> 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 Plans<sup>3</sup>

### Basic Employee Term Life Insurance<sup>1</sup>

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 <sup>2</sup> & Spouse <sup>3</sup>		Children <sup>4</sup>		Family <sup>5</sup>
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).

<sup>3</sup> 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 <sup>4</sup> 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 75 and the online BENEFlex Guide for full details.

<sup>4</sup> 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: \_\_\_\_\_ HIRE/CHANGE DATE: \_\_\_\_\_ REHIRE: Y \_\_\_ / N \_\_\_

PROCESSING DATE: \_\_\_\_\_ ENROLLMENT DUE DATE: \_\_\_\_\_ INSURANCE EFFECTIVE DATE: \_\_\_\_\_

The Risk Management & Insurance Department 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**.

I have received information and enrollment forms relative to the insurance benefits provided by Pinellas County Schools. I understand that 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 that I may contact Risk Management should I need additional information or assistance with the completion of my enrollment forms.

**\*New Hires**  
I understand that 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 day of employment.

I understand that if I fail to complete and/or submit the enrollment forms by the Enrollment Due Date, I will not be eligible to enroll in health or supplemental insurance until the next designated annual enrollment period or within 31 days of a qualified family status change.

I understand that 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 that as a Flex Plan participant, 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 any of the following change in family status occur: 1) marriage or divorce, 2) birth/adoption of child, 3) death of spouse or dependent, 4) loss of plan eligibility, 5) spouse starts or stops employment, or (6) you or your spouse change employment status or take an unpaid leave of absence. (Documentation will be required.)

I understand that as a non-Flex Plan participant, I may also make benefit changes under the same conditions as a Flex Plan participant and I may **delete** dependents or **cancel** my health coverage at any time, although I may **not** change insurance plans.

I further understand that any benefit change request must be in writing (with appropriate documentation) and that it **must** be received by Risk Management within **31 days** of the occurrence of the event.

I acknowledge that I have received information concerning my rights under the Consolidated Budget Reconciliation Act (COBRA) and I understand that 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 on how to obtain medical care and benefits, payment for Lost Wages, and the Light Alternative Duties program may be found in the Pinellas County School's Beneflex Guide and the Pinellas County School's website.

Lastly, I understand that the policies and procedures relative to the Pinellas County Schools' Employee Benefit Program are subject to change at anytime as determined by the insurance carrier and Benefit Plan Administrator.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_ I am not married.

Spouse Signature \_\_\_\_\_ Date \_\_\_\_\_

White - Risk Management Yellow - Employee

PCS Form 3-2242 (Rev. 3/17)  
Review Date 3/18

Category Z

- 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  
EMPLOYEE

FOR OFFICE USE ONLY  
Effective Date: \_\_\_\_\_

Print or Type Clearly Use Black Ink.

NAME (Last, First, MI) \_\_\_\_\_ SSN LAST FOUR DIGITS \_\_\_\_\_

ADDRESS (Home, School) \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

SEX \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ EMPLOYMENT DATE \_\_\_\_\_ POSITION \_\_\_\_\_ SCHOOL/DEPARTMENT \_\_\_\_\_ WORK PHONE \_\_\_\_\_

**Rates Listed are Per-Pay Deductions for 20 Pay Periods**

	EMPLOYEE	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	EMPLOYEE + SPOUSE & CHILDREN	2 BOARD EMPLOYEES + CHILD(REN)	SPOUSE OF 2 BOARD
<b>1. MEDICAL</b> <input type="checkbox"/> REFUSAL						
• AETNA Select Open Access	89.00	238.00	217.00	315.00	220.00	No charge
• AETNA CHOICE POS II	99.00	259.00	238.00	357.00	262.00	No charge
• AETNA CDHP (Consumer Directed Health Plan)	69.00	195.00	174.00	256.00	161.00	No charge
• AETNA Basic Essential	31.00	121.00	113.00	147.00	52.00	No charge
<b>2. DENTAL</b> <input type="checkbox"/> REFUSAL						
• HUMANA ADVANTAGE DENTAL	7.93	14.56	21.27	19.27	No charge	No charge
• METLIFE PDP	14.93	27.36	39.49	37.49	No charge	No charge
<b>3. EYE MED VISION</b> <input type="checkbox"/> REFUSAL						
— EMPLOYEE	No Cost	EMPLOYEE + 1	EMPLOYEE + FAMILY			
		2.83	5.92	8.00	13.00	17.00
<b>4. MET LIFE HOSPITAL INCOME PLAN</b> <input type="checkbox"/> REFUSAL						
— EMPLOYEE						

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

☐ Add ☐ Delete

LAST NAME	FIRST NAME	M.I.	RELATIONSHIP	SSN	GENDER	BIRTHDATE	MED	DEN	VIS	HIP
							<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"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**5. ACCIDENTAL DEATH & DISMEMBERMENT** ☐ REFUSAL

	EMPLOYEE	EMPLOYEE + FAMILY
\$50,000	60	1.05
\$100,000	1.20	2.10
\$200,000	2.40	4.20
\$300,000	3.60	6.30

**6. DISABILITY PLAN** ☐ REFUSAL

SEPARATE APPLICATION REQUIRED

— EMPLOYEE

— Plan 1 (2YRS)

— Plan 2 (to SSNRA)

**7. FAMILY TERM LIFE** ☐ REFUSAL

— \$ 90 - I wish to enroll all eligible dependents for one premium amount

**10. OPTIONAL TERM LIFE** ☐ REFUSAL

Employee Guaranteed Issue - NEW HIRE ONLY

10,000 20,000 30,000 40,000 50,000

60,000 70,000 80,000 90,000 100,000

— Employee Election over \$100,000 requires on-line application subject to medical approval

— Spouse Optional Term Life requires on-line application - may elect up to \$100,000 not to exceed employee election

Children Optional Term Life

2,000 4,000 6,000 8,000 10,000

**Pre Tax Premium Plan** - By signing below I elect to have premiums for my medical, dental, vision, HIP, disability and flex-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 Address \_\_\_\_\_ Date \_\_\_\_\_

♦ Eligible for "No Health - Board Contribution"

PCS Form 3-2247-G22 (Rev. 9/21)  
Review Date 9/22

Category Z  
CSJ 5310

-2-

- 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 \$					
<b>Coverage</b> <b>The Standard Educator Disability Plan</b> Refer to the enrollment materials provided when completing the following: <b>Maximum Benefit Period (choose one):</b> <input type="checkbox"/> 2 Year Option <input type="checkbox"/> Social Security Normal Retirement Age (SSNRA) Option <b>Benefit Waiting Period (choose one):</b> <b>Benefit Amount/Per Pay Cost</b> <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							
<b>Signature</b> 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.					
<b>To be completed by Risk Management &amp; Insurance</b> 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							

## 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		Group Number		Date of Employment			
755556							
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				Job Title/Occupation			
The School Board of Pinellas County, Florida							
Hours Worked Per Week							
<b>Coverage Check with Risk Management &amp; Insurance about coverage options available to you and Evidence Of Insurability requirements.</b> <b>Life Insurance</b> <input type="checkbox"/> Additional Life requested amount \$ _____ <b>Dependents Life Insurance</b> <input type="checkbox"/> Spouse Life requested amount \$ _____ Spouse Name _____ Date of Birth _____							
<b>Signature</b> 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) _____							
<b>To be completed by Risk Management &amp; Insurance</b> 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: <a href="https://www.standard.com/mybenefits/pinellas/eeoi.html">https://www.standard.com/mybenefits/pinellas/eeoi.html</a> 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 <b>without</b> 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 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 2023 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.

- 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.

# CONTACT INFORMATION

## RISK MANAGEMENT AND INSURANCE

Main Number	727-588-6195 (Fax) 727-588-6182	<a href="http://www.pcsb.org/risk-benefits">www.pcsb.org/risk-benefits</a>
Insurance Benefits and Deductions	727-588-6197	<a href="http://www.pcsb.org/risk-benefits">www.pcsb.org/risk-benefits</a>
Retirement (Insurance Benefits/DROP)	727-588-6214	<a href="http://www.pcsb.org/retirement">www.pcsb.org/retirement</a> <a href="http://www.myfrs.com">www.myfrs.com</a>
Retirement Savings Program	727-588-6141	<a href="http://www.tsacg.com/individual/plan-sponsor/florida/pinellas-county-schools/">http://www.tsacg.com/individual/plan-sponsor/florida/pinellas-county-schools/</a>
Wellness for Employees	727-588-6031	<a href="http://www.pcsb.org/wellness">www.pcsb.org/wellness</a>
Workers' Compensation	727-588-6196	<a href="http://www.pcsb.org/risk-benefits">www.pcsb.org/risk-benefits</a>

## ONSITE REPRESENTATIVES

Aetna (Claims Advisor)	727-588-6367	<a href="http://www.pcsb.org/healthinsurance">www.pcsb.org/healthinsurance</a>
Aetna (Wellness)	727-588-6134	<a href="http://www.pcsb.org/wellness">www.pcsb.org/wellness</a>
Standard Insurance Company (Disability Claims)	727-588-6197	<a href="http://www.pcsb.org/disability">www.pcsb.org/disability</a>

## INSURANCE CARRIERS

Aetna Concierge Customer Service	866-253-0599	<a href="http://www.aetnapcsb.com">www.aetnapcsb.com</a>
EyeMed Vision (#9856857)	866-299-1358	<a href="http://www.eyemedvisioncare.com">www.eyemedvisioncare.com</a>
Healthcare Bluebook	888-316-1824	<a href="http://www.pcsb.org/healthcarebluebook">www.pcsb.org/healthcarebluebook</a>
Humana Advantage Dental (#548085)	800-979-4760	<a href="http://www.myhumana.com">www.myhumana.com</a>
MetLife Dental (#G95682)	800-942-0854	<a href="http://www.metlife.com/dental">www.metlife.com/dental</a>
MetLife Voluntary Benefits	800-438-6388	<a href="http://www.metlife.com/mybenefits">www.metlife.com/mybenefits</a>
PayFlex (FSA / HRA)	888-678-8242	<a href="http://www.mypayflex.com">www.mypayflex.com</a>
Resources for Living (RFL) Employee Assistance Program (EAP)	800-848-9392	<a href="http://www.resourcesforliving.com">www.resourcesforliving.com</a> username: pcsb; password: eap
Standard Insurance Company (Life, AD&D, Disability Claims)	800-325-5757 Christine D'Angelo	<a href="http://www.standard.com">www.standard.com</a> <a href="mailto:Christine.D'Angelo@standard.com">Christine.D'Angelo@standard.com</a>
Teladoc	855-835-2362	<a href="http://www.teladoc.com/aetna">www.teladoc.com/aetna</a>

## NON-PCS PROGRAMS

Florida Retirement System (FRS)	866-446-9377	<a href="http://www.myfrs.com">www.myfrs.com</a>
Florida KidCare	888-540-5437	<a href="http://www.floridakidcare.org">www.floridakidcare.org</a>
Federal Health Insurance Marketplace	800-318-2596	<a href="http://www.healthcare.gov">www.healthcare.gov</a>

## QUESTIONS?

Call the Benefits Team at 727-588-6197 or visit our website at [www.pcsb.org/risk-benefits](http://www.pcsb.org/risk-benefits)