



**POLK COUNTY
PUBLIC SCHOOLS**

STUDENTS FIRST



Your Benefits

Effective January - December 2027

Getting Started

Polk County Public Schools

2027 Employee Benefits

Welcome to Polk County Public Schools 2027 Employee Benefits! Offering a comprehensive benefits package is one way we recognize your contribution to the success of PCPS. Our role is to help you and your family to be healthy, feel secure, and maintain work/life balance. In this guide, you can find information about our health care benefit offerings and tools to help you make confident and informed decisions.

To get started, we recommend thoroughly reviewing this guide and consider discussing decisions with your family members. Once you're ready to enroll, you can login to your online enrollment portal, [Benefitplace](#), to elect, review, and make changes to your health care benefits.

Questions? Contact Us!

PCPS Risk Management & Employee Benefits Department

Phone: 863-519-3858

Email: RiskManagement-AllStaff@polk-fl.net

Address: 1915 South Floral Ave., Bartow, FL 33830

Mailing: P. O. Box 391, Bartow, FL 33831

Website: secure3-enroll.com/go/polkschools



**POLK COUNTY
PUBLIC SCHOOLS**

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Getting Started

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Important Benefit Information

NEW HIRE ENROLLMENT

New hires have 60 days from their date of hire (or job change) to enroll in benefits. **Benefits are effective the first of the month following 60 days of employment.**

If you do not elect benefits within 60 days, you will be auto-enrolled in employee-only Health Insurance and Basic Life insurance, but will forfeit your rights to enroll in optional benefits until the next open enrollment, unless you experience a qualified life event.

OPEN ENROLLMENT

Open Enrollment is the annual opportunity for you to make changes to your benefits. Beginning October 10th through November 4th, all employees can login to their [Benefitplace Portal](#) to make changes to their benefit elections and covered dependents.

New elections will be effective January 1, 2027.

All dependent documentation and Health Statement/Evidence of Insurability must be submitted by November 11, 2026, or your coverage may not be effective January 1, 2027.

Several important benefit changes will take effect for 2027, including new dental and vision insurance carriers, enhancements to life insurance offerings, and the addition of voluntary benefits such as accident, critical illness, and hospital indemnity coverage. Because dental and vision carriers are changing, employees who do not actively elect a dental or vision plan during Open Enrollment will be automatically enrolled in the next lower comparable plan with the new carriers. This automatic enrollment is intended to help avoid higher payroll deductions; however, the default option may not best meet every employee's needs. For this reason, all employees are strongly encouraged to review their benefits and actively select the coverage that best fits their individual circumstances.

New Hire Enrollment AND Open Enrollment: If you are a new hire for the 2026-2027 school year, you will need to participate in both New Hire Enrollment and Open Enrollment in order to maintain coverage starting January 1, 2027. Keep in mind that new hires can elect up to \$300,000 in Additional Life Insurance and may enroll in any of the Disability Plans without the need to complete a Health Statement/Evidence of Insurability (see pages 23-25 for details). If you wait to elect Life & Disability benefits during Open Enrollment, you will be subject to a Health Statement/Evidence of Insurability (EOI).

WAIVING COVERAGE?

If you are covered by another health plan and/or do not wish to enroll in the PCPS Health Plan, please log into Benefitplace and select "Decline Coverage".

Important Note: If you are covered under another health plan, failure to waive the PCPS Health Plan means that our plan is considered your primary insurance and your other plan will be your secondary insurance.

THINKING ABOUT RETIREMENT?

Open enrollment is the perfect time to review your current benefit elections and dependent coverages you'd like to continue upon retirement. Log into [Benefitplace](#) to view your current coverages.

Once you retire you are only allowed to continue health, dental, vision, and employee life benefits that you are currently enrolled in at the time of retirement. For more information about Retiree Benefits, see pages 38-41.

WHEN COVERAGE ENDS

If you cancel benefits during Open Enrollment, your benefits will end on December 31, 2026.

For 10- and 11-month employees: If you work through the last day of your contract, your benefits will end on August 31, 2027.

For 12-month employees: Your benefits will end the last day of the month in which you pay from your last paycheck.

Termination Date	Coverage End Date
1st-15th	End of current month
16th-End of Month	End of following month

Once your termination of benefits is processed, you will be sent information about continuing coverage options from our COBRA administrator TASC.

- 1 Covering a spouse or dependent? Make sure you have up to date documentation. See page 5 for details.
- 2 PCPS provides you Basic Life Insurance at no cost to you! Add or update your life insurance beneficiary(ies) anytime via [Benefitplace](#).
- 3 Do you want to receive text and email reminders? Log in to [Benefitplace](#) to update your communication preference.
- 4 Go Paperless! Opt-in to receive your health insurance tax documents (Form 1095C) electronically via [Benefitplace](#).

Eligibility

WHO'S ELIGIBLE?

All employees who work at least 30 hours per week and have completed their necessary waiting period are eligible for benefits. Employees working less than 30 hours per week who were hired prior to October 1, 2013 may have "grandfathered" benefits eligibility. You are automatically enrolled in employee-only Health Insurance and Basic Life Insurance unless you actively waive coverage on [Benefitplace](#).

Health, dental and vision coverages are also extended to your eligible dependents. Eligible dependents include:

- **Legally married spouse** (an ex-spouse does not meet eligibility criteria even if insurance coverage is specified by a judge in a divorce decree).
- **Dependent children are eligible until end of the calendar month in which they turn 26** (coverage may be continued beyond age 26 under certain criteria).
- **Grandchildren can be covered up to 18 months of age** (only eligible if the parent, i.e. employee's dependent, remains a covered dependent).

Definition of children include the employee's natural born, adopted, foster, or stepchild, and a child for whom the employee has been court-appointed as legal guardian or legal custodian.

DEPENDENT DOCUMENTATION

NEW HIRES: You have 60 days from your hire date enroll in benefits and to submit any required documentation.

MID-YEAR CHANGES: You have 31 days from the date of the event to change your elections and submit any required documentation. There are two exceptions: newborns and gain/loss of government subsidized coverage. Newborns have 60 days from date of birth to be enrolled and submit required documentation. If the newborn is enrolled and documentation is received within 31 days, you will not be charged the additional premium for the first month of coverage. If gaining or losing coverage from a government subsidized plan (e.g., Medicare, Medicaid, CHIP, Kid Care), you will have 60 days from the date of the event to change your elections and submit required documentation.

If documentation is not received within these timeframes, your dependents will not be enrolled in benefits.

Dependent	Documentation Required
Spouse	• Copy of marriage certificate AND • Copy of your most recent joint federal tax return or both of your tax returns if you file separately
Natural Child or legally adopted child	• Copy of state or county issued birth certificate showing employee's name or signed court order • If birth certificate lists employee's maiden name, please provide a copy of marriage certificate or other documentation proving current name
Stepchild	• Copy of state or county issued birth certificate showing parents' names AND • Copy of your marriage certificate AND • Copy of your joint federal tax return
Disabled Dependent over age 26	• Copy of state or county issued birth certificate showing employee's name or signed court order AND • Copy of your most recent federal tax return claiming the child as a dependent AND • Completed Disabled Dependent Verification Form
Over-age Dependent up to age 30	• Copy of state or county issued birth certificate showing employee's name or signed court order AND • Completed Over-age Dependent Eligibility Affidavit (must also submit annually during Open Enrollment)
Grandchild	• Copy of state or county issued birth certificate showing parents' names for child and grandchild • The employee's child must be listed as parent on birth certificate & remain a covered dependent
Legal Custody or Guardianship	• Copy of signed court order AND • Copy of your most recent federal tax return claiming the child as a dependent

Upload your documents safely and securely to [Benefitplace](#)

Staff will receive a notification of your submission and will verify the documents meet the requirements. You can check the status of your documentation under the "Document Center" tab in [Benefitplace](#).

Age 26-30 Dependents

ELIGIBILITY

Florida Statute 627.6562 requires extended healthcare coverage to dependents up to age 30 under certain conditions. This law allows employees to cover their "over-age dependents" under the PCPS's Group Health Plan provided ALL the following Eligibility Requirements are met:

1. The dependent must be continuously enrolled in either the PCPS Group Health Plan or other creditable medical coverage without a gap of more than 63 days,
2. The dependent is unmarried and has no dependents of their own,
3. The dependent is a Florida resident OR is a full or part-time student, AND
4. The dependent does not have health insurance available to them through their employer or through another group health plan (i.e. Medicare or Medicaid).

CHANGE OF DEPENDENT ELIGIBILITY STATUS

Should the status of a Dependent Child change such that the eligibility rules set forth above are no longer met, you **MUST** notify the PCPS Risk Management & Employee Benefits Department within 31 days to remove the dependent from the PCPS Group Health Plan. If you have any questions regarding dependent eligibility, please contact Risk Management & Employee Benefits Department at 863-519-3858.

PREMIUMS

As a result of the Affordable Care Act (ACA) that became law in March 2010, employee health insurance premiums for tax-qualified dependent children up to age 26 are generally provided on a pre-tax basis. Because the State of Florida requires the PCPS Group Health Plan to provide coverage for dependent children beyond the ACA federal age limit, health insurance premiums for over-age dependents who meet the criteria outlined in F.S. 627.6562 will be paid on an after-tax basis and billed monthly through TASC, and not through payroll deductions. Premiums for over-age dependents are charged at the fair market value of the benefit.



ENROLLMENT

Enrollment of Over-age Dependents is not automatic and must be manually enrolled through the Risk Management Department. Please contact Risk Management to enroll your Over-age Dependent:



Phone: 863-519-3858



Email: RiskManagement-AllStaff@polk-fl.net

ANNUAL AFFIDAVIT

You are required to complete an Over-age Dependent Eligibility Affidavit during initial enrollment of your Over-age Dependent and every year during the annual open enrollment period in order for your Over-age Dependent Child(ren) to be covered under the PCPS Group Health Plan. If requested by the Risk Management & Employee Benefits Department, the employee must also submit other supplemental documentation required for proof of eligibility. Failure to complete the annual affidavit will result in your Over-Age dependent being removed from coverage.

Contact Risk Management for a copy of the Annual Affidavit



Making Benefit Elections

WHAT PLANS ARE OFFERED?

Board-Funded Benefits:

PCPS is pleased to offer the following employee benefits at **NO COST** to you:

- **Employee-only Health Care**—Includes medical and prescription drug coverage through [MyPCPSHealth](#). If you and your spouse both work for PCPS, you may be eligible for Board Spouse Coverage, which is free Employee + Spouse premiums, plus combined health spending accumulators (deductible and out of pocket maximum). Contact the Risk Management & Employee Benefits Department to enroll or change Board Spouse Coverage.
- **Basic Term Life Insurance**—Includes \$20,000 of Basic Life and \$10,000 of AD&D coverage which is administered by The Standard.
- **Health & Wellness Centers**—All employees from their date of hire are eligible to utilize our Health & Wellness Centers operated by PeopleOne.
- **Employee Assistance Program**—Includes up to 7 free counseling sessions per issue per year through Aetna Resources for Living. This is available to all employees and dependents from date of hire. Texting is also available through [Talkspace](#).

Optional Benefits:

The following benefits are available to you for an **additional cost**:

- Dependent Health Care
- Dental Insurance
- Vision Insurance
- Health Care Flexible Spending Account
- Dependent Care Flexible Spending Account
- Short-Term Disability
- Long-Term Disability
- Additional Employee Life and AD&D
- Dependent Child Life Insurance
- Dependent Spouse Life Insurance
- Accident Insurance
- Critical Illness Insurance
- Hospital Indemnity Insurance
- Retirement Plans

HOW TO ENROLL

Enrolling is easy! Read your materials and make sure you understand all of the options available.

1. Carefully review this Benefits Guide and consider discussing decisions with your spouse or family members.
2. Take time to update your home address, email, phone number, and emergency contact in [Employee Central](#).
3. Log into [Benefitplace](#) by visiting <https://secure3-enroll.com/go/polkschools>
4. Click Get Started and select the coverages you'd like to enroll in or make changes to.
5. Check your TO DO LIST to review any pending tasks.
6. Save or print your Benefits Confirmation Statement.

If you have any questions, please contact the Risk Management & Employee Benefits Department:



Phone: 863-519-3858



Email: RiskManagement-AllStaff@polk-fl.net



Can I Change My Benefits?

WHEN CAN I CHANGE MY BENEFITS?

- Annually during Open Enrollment!
- Once your new hire enrollment window closes, the only other time outside of Open Enrollment you are allowed to make changes to your benefits elections is if you experience a qualified life event. You must log on to [Benefitplace](#) and **request the change within 31 days of the event** to be eligible to change your elections.
- **Examples of qualified life events include:**
 - Marriage, divorce or legal separation
 - Childbirth or adoption
 - Involuntary loss of coverage under another plan
 - Change in employment status for you or your spouse
 - Gain or loss of entitlement to Medicare or Medicaid insurance coverage
 - Leave of Absence
- You will only be allowed to change the elections that are consistent with the life event. For example, if you were covered under your spouse's health insurance, and they lose their job, you can elect to enroll both you and your spouse under PCPS' health benefits.
- If you are making mid-year changes to your benefits, you may need to submit additional documentation. **Upload your documents safely and securely to [Benefitplace](#).** Staff will receive a notification of your submission and will verify the documents meet the requirements. You can check the status of your documentation under the "Document Center" tab in [Benefitplace](#).

Qualified Life Event	Documentation Required	Effective date of benefit changes
Marriage	Copy of marriage certificate	1st of the month following the event
Birth or adoption	Copy of state or county issued birth certificate.	Date of birth or adoption
Divorce	Copy of divorce decree	Date of divorce
Gain or Loss of Other Coverage	Proof of gain or loss of eligibility for other group coverage	1st of the month following the event
Death of Dependent	Copy of death certificate	Date of death
Legal Custody or Guardianship	Signed court order	1st of the month following the event
Medicare or Medicaid	Proof of gain or loss of Medicare or Medicaid coverage	1st of the month following the event
Leave of Absence, including FMLA	Leave of Absence approval required before changes are made	
Retirement	Employees who are retiring must meet with the Benefits Department to review coverage options and sign a waiver if they decline their retiree benefits.	

Check out this 1-minute video to learn about Qualified Life Events. [Click this link](#) or scan the QR code to tune in:



Helpful Terms & Resources

We've removed as much jargon as possible.

But you'll probably still encounter some terms as you enroll in and use your benefits, and we want you to be prepared!

Beneficiary

The person, organization, or trust you name in a life insurance policy to receive the death benefit. You are required to designate at least one (1) beneficiary. *It is imperative that you designate your life insurance beneficiaries as that information will be blank in Benefitplace.*

Coinsurance

After you've met your deductible, you're sometimes responsible for a percentage of the cost of the medical care, dental care, or prescription medication you received. This percentage is coinsurance.

Copay

A flat fee you pay each time you receive a copay-eligible medical, dental, or vision service or prescription medication.

Deductible

The amount you're responsible for paying in care expenses before the medical or dental plan starts paying deductible-eligible expenses.

In-network

In-network care is always your lowest-cost option. Networks are groups of medical, dental, and vision providers, pharmacies, and facilities that agree to discount the cost of their care or service. To verify if your provider is in-network, visit: [MyPCPSHealth.com](https://www.myPCPSHealth.com).

Medically Necessary

Health care services or supplies that generally meet the following criteria: (1) are appropriate for the symptoms and diagnosis and/or treatment of the condition; (2) are in accordance with standards of good medical practice; (3) are not primarily serving as convenience; and (4) are considered the most appropriate care available.

Out-of-network

Health care services received by a non-network service provider. Out-of-network health care and plan payments are subject to higher deductibles and co-insurance (except in the event of an emergency).

Out-of-pocket maximum

The most you'll pay for covered in-network medical care in a year. This includes your deductible, any coinsurance or copays, and prescription drugs.

The out-of-pocket maximum does not include your premium (the amount you pay for coverage), non-covered expenses, or out-of-network care that's been balance billed.

Preferred Provider Organization (PPO)

A plan that offers both in-network and out-of-network benefits.



Questions about
medical bills? Call
Quantum Health
866-871-0975



Employee Contributions

Coverage Level	Semi Monthly Premium	Monthly Premium
PCPS Health Care Plan		
Employee Only (Board Funded)	\$0.00	\$0.00
Employee & Spouse	\$297.00	\$594.00
Employee & One Child	\$52.50	\$105.00
Employee & Two Children	\$105.00	\$210.00
Employee & 3+ Children	\$122.50	\$245.00
Employee, Spouse, & One Child	\$349.50	\$699.00
Employee, Spouse & Two Children	\$402.00	\$804.00
Employee, Spouse & 3+ Children	\$419.50	\$839.00
Over-age Dependent Age 26-30	\$605.88 per Over-age Dependent per month via TASC Direct Bill	
MetLife Dental - Low Plan		
Employee Only	\$5.77	\$11.53
Employee & Spouse	\$11.39	\$22.78
Employee & Child(ren)	\$14.15	\$28.29
Employee & Family	\$17.13	\$34.26
Over-age Dependent Age 26-30	\$11.76 per Over-age Dependent per month via TASC Direct Bill	
MetLife Dental - Middle Plan		
Employee Only	\$11.94	\$23.88
Employee & Spouse	\$23.87	\$47.74
Employee & Child(ren)	\$30.10	\$60.19
Employee & Family	\$41.33	\$82.65
Over-age Dependent Age 26-30	\$24.36 per Over-age Dependent per month via TASC Direct Bill	
MetLife Dental - High Plan		
Employee Only	\$26.66	\$53.32
Employee & Spouse	\$51.61	\$103.22
Employee & Child(ren)	\$62.56	\$125.11
Employee & Family	\$83.17	\$166.34
Over-age Dependent Age 26-30	\$54.39 per Over-age Dependent per month via TASC Direct Bill	
MetLife Vision - Low Plan		
Employee Only	\$2.74	\$5.48
Employee & Spouse	\$4.96	\$9.91
Employee & Child(ren)	\$5.14	\$10.28
Employee & Family	\$7.93	\$15.85
Over-age Dependent Age 26-30	\$5.59 per Over-age Dependent per month via TASC Direct Bill	
MetLife Vision - High Plan		
Employee Only	\$4.32	\$8.64
Employee & Spouse	\$7.83	\$15.65
Employee & Child(ren)	\$8.12	\$16.24
Employee & Family	\$12.52	\$25.03
Over-age Dependent Age 26-30	\$8.81 per Over-age Dependent per month via TASC Direct Bill	

My PCPS Health Plan



Quantum Health, on a mission to make your healthcare simpler.

WHO IS QUANTUM HEALTH?

When you need help, contact your Quantum Health Care Coordinators.

From replacing ID cards to more complicated matters, like claim resolutions, no request is too big or small for your Care Coordinators. Empowered and resourceful, Care Coordinators do things like:

- Get answers to claims, billing and benefits questions
- Find in-network providers
- Verify coverage and get prior approval if needed
- Contact providers to coordinate your treatment
- Review your care options
- Replace ID cards



www.MYPCPSHEALTH.com

(866) 871-0975

(Monday-Friday, 8:30 a.m.-10 p.m. ET)

UNDERSTANDING YOUR BENEFITS

Think of your Quantum Health Care Coordinators as your personal team of nurses, benefits experts and claims specialists who will do whatever it takes to help you with your unique healthcare needs. Each time you contact a Care Coordinator, you'll talk to a real person who understands your benefits and knows how to navigate the healthcare system.

VIDEO RESOURCES

[Welcome to Quantum Health. We're here to help.](#)

[Introducing the Quantum Health App](#)

[Navigating Your Quantum Health App](#)

YOUR QUANTUM HEALTH CARE COORDINATORS ARE HERE TO HELP

From replacing ID cards to more complicated matters, like claim resolutions, no request is too big or small for your Care Coordinators. Contact us whenever you need help with your healthcare, prescriptions or benefits.



- Health Plan management
- Care coordinators, benefit experts, and claims specialists
- Concierge health care navigators. Call Quantum first for help with all your benefit needs
- Helps members navigate and understand bills they receive



- Third-party administrator for claims processing and payment
- Claims review and coverage verification
- Explanation of benefits statements detailing claims submitted from providers, how much the plan covers and how much you owe
- Aetna network provider



- Pharmacy benefit manager
- Prescription claims processing
- Negotiates with pharmacies and drug manufacturers to offer discounted rates
- Development and management of formulary (preferred drug list) and pharmacy network
- Home delivery of prescriptions

My PCPS Health Plan



Medical coverage is provided by **Meritain, an Aetna Company.**

PCPS is pleased to offer a comprehensive PPO plan to eligible employees, retirees, and dependents. PCPS health plan members will receive access to dedicated Care Coordinators through Quantum Health as your one-stop-shop for all your health care needs.

Contact your Care Coordinators 866-871-0975 or by visiting www.MYPCPSHEALTH.com.

Aetna Choice POS II Network	In-Network	Out-of-Network
Deductible (Ded) - Individual/Family	\$900/\$1,800	\$1,500/\$3,000
Out of Pocket Maximum	\$5,000/\$9,000	No Maximum
Coinsurance	20%	40%
Professional Services		
Teladoc	\$0 copay	N/A
Quality Health Care Provider - Care Finder	\$35 copay	N/A
Office Services-Primary or Specialist	\$50 copay	Ded + 40%
Maternity Care	\$50-first visit; Ded + 20%	Ded + 40%
ER Physician, Inpatient Visit & Consultations	Ded + 20%	Ded + 40%
Radiology, Pathology, & Anesthesiology		
Ambulatory Surgical Center	Ded + 20%	In Network Ded + 40%
Hospital	Ded + 20%	In Network Ded + 40%
Medical Pharmacy	Included in Office Copay	Ded + 40%
Emergency Care		
Convenient Care Centers	\$50 copay	Ded + 40%
Urgent Care Centers	\$50 copay	Ded + 40%
Ambulance (ground, air, & water)	20% of billed charges	20% of billed charges
Facility Services		
Ambulatory Surgical Center	Ded + 20%	Ded + 40%
Independent Clinical Lab	20% (Ded waived)	Ded + 40%
Outpatient Chemotherapy, Diagnostic Labs, Radiation Therapy & X-ray	Ded + 20%	Ded + 40%
Inpatient Hospital & Residential Treatment	Ded + 20%	Ded + 40%
Mental Health & Substance Abuse		
Inpatient Mental Health Hospitalization	Ded + 20%	Ded + 40%
Outpatient Mental Health Facility Services	Ded + 20%	Ded + 40%

The information shown in this presentation is an illustrative summary only. The underlying plan contract or document governs all aspects of the plan. Final rates are dependent on actual enrollment, insurance carrier or plan rules, plan selection, and eligibility criteria. Please refer to the plan document, contract, and other notices contained in this document, applications, and other corresponding communications for additional information.

Prescription drug coverage is provided through Rightway.

Rightway was selected by your plan to administer the pharmacy portion of your health benefits. Rightway's team of service specialists and pharmacists appreciate the opportunity to serve you and help you get the medications you need at an affordable cost. You automatically receive prescription drug coverage when you enroll in medical.

	30-Day Supply	90-Day Supply
Pharmacy Deductible	\$50 per person	\$50 per person
Tier 1 (Preferred Generic)	\$8	\$24
Tier 2 (Non-Preferred Generic)	\$8	\$24
Tier 3 (Preferred Brand)	\$40 + 10%* (max \$80)	\$120 + 10%* (max \$240)
Tier 4 (Non-Preferred Brand)	\$80 + 10%* (max \$160)	\$210 + 10%* (max \$420)
Tier 5 (Preferred Specialty)	\$80*	Not Covered
Tier 6 (Non-Preferred Specialty)	\$160*	Not Covered
Pharmacy Out of Pocket Maximum	\$1,600 individual \$4,200 family	

*subject to the pharmacy deductible

When you fill your prescription at a retail pharmacy in your plan's network, you may purchase up to a 90-day supply of the prescribed medication; you may only purchase up to a 30-day supply of specialty medications.

If you purchase a brand-name medication when a generic medication is available, you will pay the appropriate cost share for the drug based on the current formulary, plus the difference in cost between the brand and the generic. Please note there may be prior authorization requirements for certain brand-name medications.

View your prescription's formulary tier and check if your medication requires a clinical review by visiting: [FORMULARY LOOKUP TOOL](#). Note: My PCPS Health Plan covered benefits may vary from Rightway's standard formulary.

PRIOR AUTHORIZATIONS (PA)

Rightway's PA program is designed to make sure your doctor chooses the best medication for your health condition. Drugs may require a PA if they:

- Have strong or unsafe side effects
- Can be harmful if taken with other drugs
- Should only be used for certain health conditions
- Are often abused or misused
- Have lower-cost options that may work better

How does a PA work?

Your doctor will receive a request from the Pharmacy if your prescription requires a PA. PA's can be submitted by fax, mail, or electronically. They can also call 866-665-1885 to speak to a PA Specialist.

SUMMARY OF BENEFITS AND COVERAGE

Please note this is just a summary of benefits. The full benefit plan design can be found in the Summary Plan Description (SPD) and Summary of Benefits and Coverage (SBC) which are available online via [Benefitplace](#).

WELCOME TO RIGHTWAY!

- **Retail Pharmacy Network:** The Rightway network includes most major retail chains such as Walgreens, CVS, Walmart, Costco, and many others, along with many independent pharmacies. Visit joinrightway.com/rx or download the app for more information.
- **Mail Order Pharmacy:** With Rightway, you can get medications delivered right to your door through Walgreens Mail Service or Mark Cuban Cost Plus Drugs. Click here ([Rightway Mail Order](#)) to get started.
- **Rightway's App:** Use Rightway's app to access the following features:
 - Medicine Cabinet – keep track of current and past prescriptions and prior authorization requests.
 - Drug Search – compare medication prices at different pharmacies.
 - Coverage Information – access your digital ID card and easily view coverage details.

Visit www.MYPCPSHEALTH.com to learn more or call Quantum at 866-871-0975.

Scan the QR code to
download the Rightway App.



My PCPS Health Plan



Rightway Discount Drug Management Program

Rightway identifies high-cost medications and provides cost savings alternatives through their Patient Assistance Program (PAP) - Mandatory and International Sourcing Program - a voluntary program. These alternative solutions will waive your co-pay!



CALL FOR DETAILS

833-219-7089

HOURS

Operates 24 hours a day, 7 days a week, 365 days a year



CHAT VIA THE RIGHTWAY APP HOURS

**Monday - Friday: 8AM - 11PM ET
Saturday - Sunday: 9AM - 7:30PM ET**

Prescription Assistance Program (PAP) - Mandatory	International Sourcing - Voluntary
If your specialty medication is on the PAP list, Rightway's specialty pharmacy team will contact you to explain the program and guide you through each step.	Employees may choose to receive certain specialty medication from licensed pharmacies in Tier One countries (which meet or exceed FDA standards).
You and your doctor will need to complete an application. The manufacturer of your medication will review it and make a decision within 4-6 weeks. If your application is approved, the manufacturer will ship your medication to you at no cost.	Medications, including injectables like insulin, are shipped in temperature-controlled packaging.
Rightway will coordinate refills with your specialty pharmacy to ensure you do not run out of your medication while your application is under review.	Standard shipping takes about 15 days. If a member is at risk of running out of medication, Rightway will coordinate with a domestic pharmacy to ensure no disruption.
If you do not qualify for PAP, you can still receive your medication through the standard plan, with alternative cost support options reviewed with you.	Medications are shipped via USPS, FedEx, DHL, and UPS.

Health & Wellness Centers

PCPS Employee Health & Wellness Centers are operated by Marathon Health, which offers primary care and prevention services, health risk intervention, health coaching, chronic disease management, and occupational medicine.

Marathon's passion for promoting overall well-being helps patients to form bonds with their clinicians. These relationships inspire healthier habits, help employees to stay focused on their health goals, and improves the patient experience.



LOCATIONS



CENTER HOURS

Lakeland

3215 Winter Lake Rd.
Lakeland, FL 33803

Monday - Friday: 6am - 7pm

Saturday: 7am - 12pm

Sunday: Closed

Haines City

641 US HWY 17-92 W.
Haines City, FL 33844

Monday - Friday: 7am - 6pm

Saturday: 7am - 12pm

Sunday: Closed



SCHEDULE AN APPOINTMENT TODAY!

863-419-3322

WHO IS ELIGIBLE?

All PCPS employees from date of hire **regardless of health coverage** and dependents over age two (2) on the PCPS health plan.

WHAT SERVICES ARE AVAILABLE?

- Primary care services
- Preventative care
- Sports physicals
- DOT physicals
- Well women and male exams
- Acute care
- Lab work
- Flu vaccinations
- Digital x-ray services (Lakeland Only)
- EKG
- Physical therapy
- Occupational therapy
- Medical massage therapy
- Medical nutrition therapy
- Mental health counseling
- Medication management
- Pulmonary function testing

ACCESS & SERVICE REMINDERS

- Available for employee-use on Day 1 of employment.
- ALL services are available at NO COST to you!
- Certain generic medications are dispensed on-site.
- Same day appointments available!
- Visit MyPCPSHealth.com, Explore your coverage and benefits, Alternative Primary Care for additional information.



Health & Wellness
A POLK COUNTY PUBLIC SCHOOLS PROGRAM



Marathon
Health.

Employee Wellness

We recognize that PCPS' most valuable resource is our employees, and that the health and wellbeing of our employees has a direct impact upon the continued success of our organization. By taking charge of your health, you can increase your energy, decrease your chance of developing several preventable illnesses, and – best of all – you simply feel better. Below are a few of our wellbeing offerings that are available to you:

EARLY STEPS™ MATERNITY PROGRAM

Pregnancy & Postpartum Support

Combining coaching with integrated navigation, Quantum Health's Early Steps Maternity program offers unmatched support for expecting mothers. Early Steps Maternity program offers personalized support throughout your pregnancy journey. Here's what you can expect:

- **1:1 Support:** Work directly with maternity coaches and/or nurses who listen and provide tailored tips and tools. Discuss topics like pregnancy expectations, postpartum care, symptoms, feeding methods, lifestyle habits, and labor preparation.
- **Maternity Assessment:** Enroll in the program by completing an assessment by week 24, available online or via phone, complete 2 pre-delivery calls, and complete a post discharge call within 31 days of being discharged from the hospital.
- **Early Identification:** Helps identify high-risk pregnancies sooner, ensuring timely intervention.
- **Wellbeing Portal:** Access resources for overall wellbeing, including a free pregnancy book (ordered after first pre-delivery call), and tracking tools for health goals.
- **Care Coordination:** Our trained Care Coordinators assist with provider selection, authorizations, benefit questions, and more, reducing confusion during this exciting time.
- **\$200 cash incentive** available to members that complete the program!



Weight Management

Wondr™ is a safe and supportive weight-loss program offered by PCPS as part of your health benefits with \$0 out-of-pocket costs. In just 5 minutes a day, you'll learn proven skills to lose weight and gain energy, stress less and sleep more, reduce pain and increase confidence, all while eating the foods you love. This program is offered to all PCPS employees and dependents over age 18 who are enrolled in the medical plan: www.wondrhealth.com/pcps.

WELLNESS RESOURCES

Through our Health & Wellness Centers you have access to:

- Face-to-face and Telephonic Health Coaching
- Meal Planning with a Registered Dietician
- Hypertension & Hyperlipidemia Education
- Tobacco Cessation Support
- 3D Mobile Mammography
- Diabetes Prevention Counseling
- Onsite Counselors from the Employee Assistance Program

Talk to a coach: **863-648-3057**

HEALTHFUL LINKS

- [Health & Wellness | Polk County Public Schools \(polkschoolsfl.com\)](#)
- Follow us on Facebook:
[@PCPSWellnessBenefits](#)

ABC's of Diabetes

ABC'S OF DIABETES

The ABCs of Diabetes program is available to all employees, spouses and dependents enrolled in the PCPS health plan who have been diagnosed with diabetes. Self-management education and support is offered at no cost to prevent complications and enhance well-being. The program provides on-going health coaching, screenings, and **FREE diabetes supplies and medications!**

To improve operational efficiency and control the increasing costs of health care, PCPS has implemented a Value-Based Design (VBD) incentive structure. All medications and supplies covered in the ABCs of Diabetes program will continue to be FREE, but only when you use a participating pharmacy. Standard clinical and prior authorization protocols also apply. Rightway determines all covered medication, supplies, and devices to be included in the VBD and are subject to change as new products and market conditions arise.

If you're interested in joining or have any questions about the program, please reach out to the Marathon Wellness Team 863-648-3057.

PARTICIPANT REQUIREMENTS

Labs and Vitals

Vitals and HbA1c must be completed every six (6) months. The additional labs listed below are required annually.

- Height
- Weight
- Blood pressure
- Fasting blood glucose
- Hemoglobin A1c (HbA1c)
- Serum creatinine
- Estimated GFR
- Lipid panel
- Microalbumin urinalysis

Labs may be completed in the PCPS Employee Health Clinic at no cost! Appointments fill up fast, so schedule your visit in a timely manner by calling the Employee Health Clinic at 863-419-3322.

If you have labs and/or vitals completed at a healthcare provider/physician outside of the PCPS Employee Health Clinics, please have their office fax the results to 855-777-2344 or bring a copy of your lab work to the Employee Health Clinic.

To enroll in the program, labs must have been completed within the last 6 months and sent to your health coach prior to your on-boarding appointment.

Education and Coaching with the Health Coaches

To maintain the wellness incentive, you must complete your education and coaching appointments with your health coach once per calendar quarter. The health coaches for the program are Jazmine Vermilyea, MS, CHES, CWHC and Jo Ann Green DNP, RN, NBC-HWC.

To schedule, please call their office at 863-648-3057.

REGISTER TODAY!

For details and to schedule your on-boarding appointment to be enrolled, contact our Wellness Coaches at 863-648-3057.



Know Before You Go



Call Quantum Health

When you need help with your healthcare and benefits, start with your Quantum Health Care Coordinators. Your Care Coordinators are your personal team of nurses, benefits experts and claims specialists who are your resource to contact whenever you need help. You can find their contact information on your medical ID card, so you always have expert help on hand.

- Get answers to claims, billing and benefits questions.
- Helps members navigate and understand bills they receive.
- Find in-network providers.
- Verify coverage and get prior approval if needed.
- Contact providers to coordinate your treatment.
- Review your care options.
- Replace ID cards.

If you have an upcoming medical service or procedure that may require preauthorization, call your Care Coordinators to confirm your coverage in advance. They will gather the necessary information from your doctor and confirm your medical plan coverage with you and your doctor.

Prior approval may be required, services that require preauthorization include:

- Inpatient hospital admissions
- Surgery (inpatient or outpatient)
- Home healthcare and hospice care
- Transplants
- MRI, MRA and PET scans
- Durable medical equipment (DME)
- Oncology care and services
- Dialysis
- Specialty medications

Can't find your ID card?

Quickly access your ID card through your online account or call us to request a new one.

Visit www.MYPCPSHEALTH.com

Call **866-871-0975**

(Monday-Friday, 8:30 a.m.-10 p.m. ET)



Elective Surgery Network

- If you need to have a non-emergency surgical procedure, Lantern Surgery Care is available to employees and their dependents enrolled in the My PCPS Health Plan.
- My PCPS Health Plan members have access to a high-performance network of the nation's top surgeons.
- **NO COST** to you!
- PLUS Travel Benefits
- Call **855-676-2748**



Care Finder - \$35 Copay

Formerly Embold, now part of Quantum. Care Finder, is an online search tool, both mobile and desktop, where you can find top-performing providers, based on real data and grounded in the latest clinical research and medical guidelines. Get doctor-level insights and feel empowered to find physicians who deliver the highest quality care.



Visit myPCPSHealth.com



Call **866-871-0975**



General Medicine Virtual Care - \$0 Copay

Teladoc gives you 24/7/365 access to U.S. board-certified doctors through the convenience of web, phone, or app. Get the care you need in minutes from the comfort of home, at work or while traveling. My PCPS Health Plan members with free access to Teladoc. That's right—\$0 co-pay! It's an affordable alternative to costly urgent care and ER visits when you need care now.



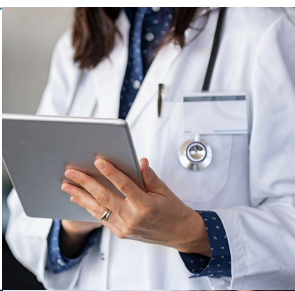
Visit Teladoc.com



Call **1-800-TELADOC (835-2362)**

Know Before You Go

It's important to understand your options when seeking medical care. Non-emergency care for a condition that is not life threatening is generally provided by your physician. Even after hours care is generally coordinated by your physician who can instruct you on how to receive medical care outside of normal business hours, on weekends and on holidays. If you are in severe pain or your condition is life threatening, you can receive emergency care by calling 911 or visiting an emergency room. *Please refer to the chart below for more information about your out-of-pocket costs.*

ONSITE HEALTH CENTER Go to your onsite health center for non-life threatening conditions.		Conditions treated include: • Allergies • Annual physicals • Bladder treatment • Cold/flu symptoms • Ear/sinus infection • Headache • Lab work • Management of diabetes, cholesterol, blood pressure • Some generic medications • Sore throat • Well-women visits
TELADOC Contact Teladoc 24/7 for non-life threatening conditions. <i>Teladoc is an independent company providing phone and online physicians consultation services to My PCPS Health Plan members</i>		Conditions treated include: • Allergies • Bronchitis • Cough • Ear infection • Flu • Nasal congestion • Pink eye • Sinus problems
PRIMARY CARE PHYSICIAN (PCP) Go to your PCP for non-life threatening conditions. Our health center can serve as your PCP.		Conditions treated include: • Annual Wellness Visit • Cold/flu symptoms • Diabetes Management • Fever • High blood pressure • Minor sprains • Skin rash • Stomach ache
URGENT CARE Go to an Urgent Care Facility after hours or when your PCP is otherwise unavailable.		Conditions treated include: • Bladder infection • Body aches • Ear infection • Excessive vomiting • Headache • Minor burns • Pink eye • Sore throat
EMERGENCY ROOM Go to the ER immediately for severe and life-threatening conditions.		Conditions treated include: • Broken bones • Chest Pain • Head/neck injury • Loss of consciousness • Serious burns • Symptoms of stroke • Uncontrolled bleeding • Vomiting blood

Provider	Out-of-Pocket Costs
Onsite Clinic	\$0
Teladoc (24/7)	\$0
PCP	\$50
Urgent Care	\$50
Emergency Room	80% subject to DED

MyPCPSHealth:

866-871-0975

[MyPCPSHealth.com](https://www.mypcpshealth.com)

Onsite Health Center:

863-419-3322

[my.marathon.health](https://www.my.marathon.health)

myPCPS
HEALTH

Quantum
Health

Dental Insurance

Select from three dental options through **MetLife**.

PCPS offers three (3) dental plan options through MetLife. If you enroll in one of the dental plans, you will have access to MetLife's network of providers. Keep in mind, you will usually have the highest out-of-pocket costs when you visit an out-of-network provider. To find out if your dentist participates in MetLife's network, visit www.metlife.com



	Low Plan		Middle Plan		High Plan	
Coverage Type	In-network	Out-of-Network	In-network	Out-of-Network	In-network	Out-of-Network
Provider Network	MetLife PDP Plus		MetLife PDP Plus		MetLife PDP Plus	
Annual Deductible (DED) †	\$50 individual \$150 family		\$50 individual \$150 family		\$50 individual \$150 family	
Type A₁	Schedule ‡	Schedule ‡	100% of PPO Fee	100% of PPO MAC*	100% of PPO Fee	100% of PPO Fee**
Type B₂	Schedule ‡	Schedule ‡	80% of PPO Fee	80% of PPO MAC*	80% of PPO Fee	80% of PPO Fee**
Type C₃	Schedule ‡	Schedule ‡	50% of PPO Fee	50% of PPO MAC*	80% of PPO Fee	80% of PPO Fee**
Annual Max	\$1,000		\$1,500		\$2,500	
Orthodontia	Not Covered		Children Covered		Adults & Children Covered	
Lifetime Max	N/A		\$1,000 per person		\$1,000 per person	



1—Type A: cleanings, oral examinations, fluoride, x-rays

2—Type B: fillings, simple extractions, endodontics, general anesthesia, oral surgery, periodontal maintenance, sealants

3—Type C: bridges, dentures, crowns, periodontal surgery

† Deductible applies to Type B&C services only—waived on Type A services

‡ For the most updated Schedule of Benefits for the Low Dental Plan contact MetLife Customer Service.

*MAC—Maximum Allowable Charge. Out-of-Network providers may also balance bill for any amount above the MAC amount.

** The High Plan Out-of-Network coverage pays based on the 90th percental of reasonable and customary charges. Out-of-Network providers pay balance bill for any amount above that charge.

METLIFE MOBILE APP

For added convenience, MetLife's mobile app is now available in the app store. After downloading the app, you can:

- Find a dentist and view their ratings, if applicable
- Access your plan summary, with quick links to important information on deductibles, plan maximums, and covered services
- Access the Dental Cost Estimator
- View your claims
- View, download, and save your ID card
- Book your appointment online



Scan the QR code to search the MetLife provider directory. Remember, the PCPS plan utilized the **PDP Plus** network.

MetLife Member Portal

www.metlife.com

Customer Service:

1-800-942-0854



The information shown in this presentation is an illustrative summary only. The underlying plan contract or document governs all aspects of the plan. Final rates are dependent on actual enrollment, insurance carrier or plan rules, plan selection, and eligibility criteria. Please refer to the plan document, contract, and other notices contained in this document, applications, and other corresponding communications for additional information.

Vision Insurance

Your vision coverage is through **MetLife**.

With vision coverage, you have access to an extensive network of participating vision providers. You also have the option to receive care from an out-of-network provider, however you receive the highest level of benefits when using an MetLife provider. You can access a complete list of participating ophthalmologists, optometrists, and opticians by logging on to www.metlife.com.



Low Vision Plan

High Vision Plan

	In-network	Out-of-Network	In-network	Out-of-Network
Annual Eye Exam <i>Once every calendar year</i>	\$20 copay	Up to \$45	\$10 copay	Up to \$45
Standard Lenses <i>Once every calendar year</i>				
• Single:	\$20 copay	Up to \$30	\$20 copay	Up to \$30
• Bifocal:	\$20 copay	Up to \$50	\$20 copay	Up to \$50
• Trifocal:	\$20 copay	Up to \$65	\$20 copay	Up to \$65
• Progressive L1-L3:	\$50 allowance	Up to \$50	Covered in full	Up to \$50
• Progressive L4:	Premium: Up to \$90 Ultra: Up to \$140 Ultimate: Up to \$175	Up to \$50	Premium: Up to \$90 Ultra: Up to \$140 Ultimate: Up to \$175	Up to \$50
Frames <i>Once every 24 months*</i>	\$130 allowance	Up to \$55	\$160 allowance	Up to \$70
Contact Lenses <i>Once every calendar year (in lieu of frame and lenses)</i>				
• Elective Lenses	\$130 allowance	Up to \$105	\$160 allowance	Up to \$105
• Medically Necessary Lenses	Covered in full	Up to \$210	Covered in full	Up to \$210

PEDIATRIC FRAME ALLOWANCE

*Should you choose to enroll in the High Plan, children enrolled on the plan will receive a frames benefit once every 12 months, opposed to the adult allowance of once every 24 months.

FIND A VISION PROVIDER

Visit mybenefits.metlife.com and select "Find A Provider" to find an eye doctor in **Davis Vision**'s network. Please remember that if you visit an out-of-network provider, you will incur higher costs than when visiting an in-network provider.



Scan the QR code to search the MetLife provider directory. Remember, the PCPS plan utilized the **Davis Vision** network.

MetLife Member Portal
mybenefits.metlife.com

Customer Service:
1-800-438-6388



The information shown in this presentation is an illustrative summary only. The underlying plan contract or document governs all aspects of the plan. Final rates are dependent on actual enrollment, insurance carrier or plan rules, plan selection, and eligibility criteria. Please refer to the plan document, contract, and other notices contained in this document, applications, and other corresponding communications for additional information.

Flexible Spending Accounts



Pay for qualifying expenses with tax-free money using your Flexible Spending Account through **TASC**. FSA elections MUST be re-elected each year!

FLEXIBLE SPENDING ACCOUNTS (FSAs)

Save tax dollars and tap into future savings through an FSA. There are two (2) types of FSAs:

- **Health Care FSA**
- **Dependent Care FSA**

When you enroll in an FSA, you will elect a dollar amount you want to contribute based on your estimated expenses for the upcoming year. Your contributions will be deducted in equal amounts from each paycheck on a pre-tax basis. The more you contribute to these accounts, the more you save by paying less in taxes!

Below are the maximum and minimum amounts you may elect for 2027:

	Health Care FSA	Dependent Care FSA
Maximum	\$3,400 (or IRS maximum, whichever is greater)	\$7,500 (\$3,750 if married filing separately)
Minimum	\$300	\$300

TASC DEBIT CARD

When you initially enroll in either the Health Care and/or the Dependent Care FSA, you will receive a TASC Debit Card in the mail. **(make sure your address is up to date in [Employee Central](#)!)** If you enroll in one of the FSA plans next year, your card will be pre-loaded again. If you need an additional card, the fee is \$10. **Note:** Direct deposit or check reimbursements are also available.

USE-IT OR LOSE-IT

This is a use-it or lose-it benefit, meaning if you contribute more than you spend in the year, then you will forfeit any unused monies. Look at your health and dependent care expenses from the last few years and determine your average out-of-pocket expenses.

3 WAYS TO MANAGE YOUR FSA

1. Call Customer Service: 800-422-4661
2. Login to your Member Portal:
<https://www.tasconline.com/>
3. Download the Mobile App

FREQUENTLY ASKED QUESTIONS

What can I use my FSA funds for?

- **Health Care** - pay for eligible medical, dental, or vision expenses and prescription drugs for you and your qualifying dependents.
- **Dependent Care** - pay for dependent daycare expenses that enable you (and your spouse, if married) to be gainfully employed. This care may be for a child 12 or under, or for the care of your spouse or other dependents such as an invalid parent who is incapable of self-care.

When are the funds available to me?

- **Health Care:** the day your benefits begin.
- **Dependent Care:** up to the amount that has been payroll deducted.

How long do I have to use my funds?

FSA dollars are available to use on qualified expenses through December 31. You may request reimbursement on qualified expenses received during the 2026 calendar year through March 31. Employees who terminate their FSA mid-year, or are terminated from employment, have 90 days from the date FSA benefits ended to submit claims for reimbursement.

Can I change my election mid-year?

You may change your FSA elections mid-year only if you experience a qualified life event such as:

- A marriage or divorce
- Birth or adoption of a child , or
- A change in employment status

Life and AD&D Insurance



BASIC LIFE AND AD&D INSURANCE

PCPS provides each benefits-eligible employee with **\$20,000 of Basic Life Insurance**. This coverage includes \$10,000 of Accidental Death & Dismemberment (AD&D). **This benefit is provided to you at no cost.** This coverage is also portable, when employment ends, the employee may elect to continue coverage under a portability provision. Make sure to designate a beneficiary for your life insurance coverage to ensure your family is cared for according to your wishes.

ADDITIONAL LIFE AND AD&D INSURANCE

You have the option to elect Additional Life Insurance in increments of \$10,000. **The maximum amount you may elect is \$300,000.**

When you elect Additional Life, you are automatically enrolled in Additional AD&D. You or your beneficiaries may receive an extra dollar amount in the event of death or dismemberment as a result of an accident. Your AD&D coverage is equal to the amount of your Additional Life election. Additional Life has age-banded rates. Rates are based on your age as of January 1, 2027 and do not change mid-year.

NOTE: This is a pre-tax benefit up to \$50,000 in coverage. This total includes the \$20,000 of Basic Life paid for by PCPS. Amounts greater than \$50,000 will be payroll deducted on a post-tax basis.

DEPENDENT LIFE

You may elect Dependent Life Insurance on your spouse in increments of **\$10,000 up to a maximum of \$150,000**. The first \$50,000 is guaranteed issue if electing as a new hire. **This coverage may not exceed the employee's additional life amount. You can also elect \$5,000 for your child.**

"Child" means your unmarried child(ren) from birth through age 25.

Your spouse or children must not be full-time member(s) of the armed forces. **If both spouses work for PCPS, you may ONLY elect Child Dependent Life.** Also, only one spouse can elect Child Dependent Life. In other words, the child cannot be covered by both parents. **Employees cannot cover each other as dependent spouses.**

ANNUAL OPEN ENROLLMENT INCREASE

During annual open enrollment you can increase by one increment without the need for Evidence of Insurability (EOI).

GRANDFATHERED TRANSAMERICA LIFE

Employees with Grandfathered Transamerica/Voluntary Life coverage may only elect to decrease or cancel their coverage. Spouse Life is limited to 50% of your Grandfathered Transamerica/Voluntary employee life coverage amount. Login to Benefitplace to view your current coverages. You may contact the Risk Management & Employee Benefits Department at any time to change your coverage amount.

Age as of Jan. 1, 2027	Employee Rate per \$1,000
<29	\$0.053
30-34	\$0.064
35-39	\$0.085
40-44	\$0.123
45-49	\$0.178
50-54	\$0.246
55-59	\$0.260
60-64	\$0.282
65+	\$0.320

Age as of Jan. 1, 2027*	Spouse Rate per \$1,000
<29	\$0.056
30-34	\$0.037
35-39	\$0.089
40-44	\$0.129
45-49	\$0.187
50-54	\$0.270
55-59	\$0.311
60-64	\$0.366
65+	\$0.479

Dependent Child(ren) Rate	Monthly Rate
\$5,000 Coverage	\$0.750

*Based on employees age

What is Evidence of Insurability (EOI)?

- EOI is an online medical history questionnaire. The Standard will use this to evaluate your application for coverage. When enrolling online via [Benefitplace](#), you will be prompted to complete your online EOI form when applicable. If you do not complete EOI within 31 days of enrollment, then your benefits may not become effective.

When EOI is required:

- When increasing your Additional Life Insurance by more than one increment (\$10,000) during open enrollment.
- When electing more than \$10,000 Additional Life and/or Spouse Life after your new hire period.
- When electing Spouse Life greater than the Guaranteed Issue amount of \$50,000.

When EOI is not required:

- If you are a New Hire electing Additional Life, or Spouse Life up to the Guaranteed Issue amount of \$50,000.
- If you experience a qualified life event (i.e. marriage) you may elect Additional Life or Spouse Life up to the Guaranteed Issue

The benefit plan information shown in this guide is illustrative only. To the extent the benefit plan information summarized herein differs from the underlying plan details specified in the insurance documents that govern the terms and conditions of the plans of insurance described in this guide, the underlying insurance documents will govern in all cases.

Short Term Disability Insurance

Protect your paycheck with disability insurance through **The Standard**.

Disability coverage insures your paycheck, replacing a portion of your income if you're unable to work due to a covered illness or injury.



VOLUNTARY SHORT TERM DISABILITY

STD coverage is designed to help you meet your financial needs if you are unable to work due to a non-occupational injury or illness. **STD is a weekly benefit up to 60% of your pre-disability earnings** based upon yearly salary split over 52 weeks. This amount is then reduced by any of your other deductible income. The maximum weekly benefit is \$1,750 and the minimum weekly benefit is \$15.

Option	Benefit Waiting Period	Maximum Benefit Period
Option A	7 days	up to 25 weeks
Option B	14 days	up to 24 weeks
Option C	30 days	up to 22 weeks

PREMIUM RATES

STD has age-banded rates. If you have moved from one age-band to the next, you may see an increase in your premium. Rates are based on your age and salary as of January 1, 2027 and do not change mid-year. Also, rates are taken on a post-tax basis so benefit payments are tax-free. Use the charts below to estimate your monthly payroll deduction.

Enter average weekly earnings, not to exceed \$2,917 on Line 1	1: _____
Multiply Line 1 by 0.60 and enter on Line 2. (Note: this amount cannot exceed \$1,750)	2: _____
Select your rate from the table to the right and enter on Line 3.	3: _____
Multiply Line 2 by the amount entered on Line 3.	4: _____
Divide the amount on Line 4 by 10 and enter on Line 5.	5: _____
The amount shown on Line 5 is your estimated monthly payroll deduction.	

Short Term Disability Rates			
Age as of 01/01/2027	Option A 7 Day	Option B 14 Day	Option C 30 Day
<29	\$1.18	\$0.83	\$0.58
30-34	\$1.31	\$0.90	\$0.63
35-39	\$0.85	\$0.56	\$0.39
40-44	\$0.63	\$0.40	\$0.26
45-49	\$0.68	\$0.42	\$0.28
50-54	\$0.72	\$0.45	\$0.30
55-59	\$0.93	\$0.58	\$0.38
60+	\$1.18	\$0.73	\$0.48

KEY TERMS

- **Benefit Waiting Period** — the time that you must be continuously disabled before benefits become payable.
- **Maximum Benefit Period** — maximum amount of time you can receive benefits. You must exhaust all of your accumulated sick leave before collecting STD payments.
- **Deductible Income** — income you receive or are eligible to receive while disability benefits are payable, such as:
 - Benefits under any state disability income benefit law or similar law.
 - Earnings from work activity while disabled.

The benefit plan information shown in this guide is illustrative only. To the extent the benefit plan information summarized herein differs from the underlying plan details specified in the insurance documents that govern the terms and conditions of the plans of insurance described in this guide, the underlying insurance documents will govern in all cases.

Long Term Disability Insurance

Protect your paycheck with disability insurance through **The Standard**.



Disability coverage insures your paycheck, replacing a portion of your income if you're unable to work due to a covered illness or injury.

VOLUNTARY LONG TERM DISABILITY

LTD coverage is important for financial protection in the event your disability continues beyond your STD maximum benefit period. **LTD is a monthly benefit up to 60% of pre-disability earnings.** Keep in mind this is then reduced by any other deductible income. The maximum monthly benefit is \$10,000 and the minimum monthly benefit is \$100.

If your claim for LTD benefits is approved by The Standard, benefits become payable after you have been **continuously disabled for 180 days and remain continuously disabled.** If you become disabled at age 62 or older, the benefit duration is determined by your age when disability begins.

Age	Maximum Benefit Period	Age	Maximum Benefit Period
62	3 years 6 months	66	1 year 9 months
63	3 years	67	1 year 6 months
64	2 years 6 months	68	1 year 3 months
65	2 years	69+	1 year

PREMIUM RATES

LTD also has age-banded rates. If you have moved from one age-band to the next, you may see an increase in your premium. Rates are based on your age and salary as of January 1, 2027 and do not change mid-year. Use the charts below to estimate your monthly payroll deduction.

Enter average monthly earnings, not to exceed \$12,500 on Line 1	1: _____
Select your rate from the rate table and divide this by 100.	2: _____
Multiply Line 1 by the amount shown on Line 2.	3: _____
The amount shown on Line 3 is your estimated monthly payroll deduction.	

- **Not quite sure you need Disability Insurance?**
Use the [PCPS Decision Support Tool](#) to help you decide what coverage is best for you.
- **Are you in DROP and would consider ending early if you became ill?** You may not want to purchase LTD.
- **Evidence of Insurability (EOI)**—If you are changing LTD/STD disability plan(s) or electing disability coverage for the first time, EOI is required unless you are a new hire. When enrolling in [Benefitplace](#), you will be prompted to complete EOI and will have a pending task in your TO DO LIST. If you do not complete EOI within 31 days of effective date then your benefits may not become effective.

Long Term Disability Rates	
Age as of 01/01/2027	Rate
<29	\$0.17
30-34	\$0.20
35-39	\$0.25
40-44	\$0.35
45-49	\$0.53
50-54	\$0.79
55-59	\$1.00
60-64	\$1.03
65-69	\$1.14
70-74	\$1.23
75+	\$1.94

The benefit plan information shown in this guide is illustrative only. To the extent the benefit plan information summarized herein differs from the underlying plan details specified in the insurance documents that govern the terms and conditions of the plans of insurance described in this guide, the underlying insurance documents will govern in all cases.

Accident Insurance



Accident insurance may help you cover expenses not covered by your health insurance.

It's a cash payment you receive if you ever experience an accident. If you don't want to be caught financially unprepared to handle an accident, consider accident insurance that provides 24-hour coverage!

Who is it for?

Accidents happen. Whether you suffer a concussion falling off a ladder, break your leg slipping on ice or dislocate your shoulder moving the couch, injuries can lead to costly medical care, loss of work time and various other related expenses.

What does it cover?

MetLife accident insurance pays cash in a lump sum directly to you for treatment for covered injuries and care. It pays based on the injury and care you receive. Please refer to the next page for a full listing of payout amounts per benefit.

- **Low Plan:** Provides affordable accident protection with cash benefits for covered injuries and treatments, including fractures, dislocations, emergency care, follow-up visits, therapy, surgery, and hospital stays. Benefits are paid directly to you and can be used for any expense related to recovery
- **High Plan:** Offers the same covered benefits as the Low Plan, but with significantly higher payouts for many services, including ambulance transportation, hospital admissions, hospital confinement, therapy services, surgeries, and serious injuries. This option provides greater financial support following an unexpected accident

Choosing a Plan

The Low Plan is a cost-effective option for employees seeking basic accident protection, while the High Plan provides enhanced financial security by offering higher benefit amounts for many common accident-related expenses.

Here's what it does:

- Pays you directly, so you can choose how to spend the money
- Pays you for what happens, regardless of your other coverage
- Portable, when employment ends, the employee may elect to continue coverage under a portability provision
- Provides coverage without answering any medical questions
- Gives you the option to cover your spouse and children
- Pays an additional 25 percent benefit if your child, 18 or under, is injured playing organized sports
- You pay the same premium for as long as you have your coverage
- Provides the convenience of having your premium payments deducted directly from your paycheck

Why should I consider it?

Health coverage is becoming more expensive, with higher co-pays, premiums, and deductibles. Accident insurance is an affordable way to supplement and pay for additional expenses that your health insurance doesn't cover.

MetLife Member Portal

www.metlife.com

Customer Service:

1-800-638-5433

Coverage Level	Semi Monthly Premium	Monthly Premium
Accident Low Plan		
Employee Only	\$2.23	\$4.46
Employee & Spouse	\$4.47	\$8.93
Employee & Child(ren)	\$5.38	\$10.76
Employee & Family	\$6.36	\$12.72
Accident High Plan		
Employee Only	\$2.89	\$5.78
Employee & Spouse	\$5.79	\$11.57
Employee & Child(ren)	\$7.00	\$13.99
Employee & Family	\$8.26	\$16.52

The benefit plan information shown in this guide is illustrative only. To the extent the benefit plan information summarized herein differs from the underlying plan details specified in the insurance documents that govern the terms and conditions of the plans of insurance described in this guide, the underlying insurance documents will govern in all cases.

Accident Insurance



	Low Accident Plan	High Accident Plan
Hospital Admission	\$1,000	\$1,500
Hospital Confinement	\$200, 15 days per accident	\$300, 15 days per accident
Hospital ICU Admission	\$1,000	\$1,500
Hospital ICU Confinement	\$200, 15 days per accident	\$300, 15 days per accident
Air/Ground Ambulance	\$1,000 / \$300	\$1,250 / \$600
Appliance	Up to \$750	Up to \$1,000
Blood, Plasma, Platelets	\$400	\$500
Urgent Care Visit	\$75	\$100
Emergency Room Treatment	\$150	\$200
Medical Imaging	\$150	\$200
X-Rays	\$150	\$200
Dislocations	\$8,000	\$10,000
Fractures	\$8,000	\$10,000
Burns	Second Degree: Up to \$1,000 Third Degree: Up to \$10,000	Second Degree: Up to \$1,500 Third Degree: Up to \$15,000
Lacerations	Up to \$400	Up to \$700
Concussion	\$250	\$500
Eye Injury	\$300	\$400
Pain Management	\$75	\$100
Prosthetic Device/Artificial Limb	Single: \$75 Two or more: \$1,500	Single: \$1,000 Two or more: \$2,000
Ruptured Disc	\$750	\$1,500
Tendon, Ligament, Rotator Cuff	Single: \$750 Two or more: \$1,500	Single: \$1,000 Two or more: \$2,000
Torn Knee Cartilage	\$750	\$1,500
Follow-Up Care	\$75	\$100
Physical Therapy	\$50	\$100
Coma	\$7,500	\$10,000
Organized Sports	Benefits are 25% higher when accident is due to organized sports	
Health Screening Benefit	\$50, one time per calendar year	

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Hospital Indemnity Insurance

Hospital Indemnity insurance can help offset your out-of-pocket expenses for inpatient hospitalization.

For example, the benefit amount can be utilized to pay costs incurred from your deductible, coinsurance, copays, and services that may not be covered under your medical plan. You can also cover dependent children from birth to age 26.

Here's what it does:

- Pays you directly, so you can choose how to spend the money.
- Portable, when employment ends, the employee may elect to continue coverage under a portability provision.
- Pays a benefit even if you have other coverage.
- Provides coverage without answering any medical questions.
- Gives you the option to cover your spouse and children.
- Lets you stack it with other coverage, such as accident or critical illness.
- Compatible with your HSA account.
- Provides the convenience of having your premium payments deducted directly from your paycheck.

Choosing a Plan

The Low Plan provides affordable protection against costs associated with a hospital stay, while the High Plan delivers enhanced financial assistance with significantly higher benefit payouts when covered hospital services are needed. Both plans include a \$50 annual health screening benefit.

Why should I consider it?

Health coverage is becoming more expensive, with higher co-pays, premiums, and deductibles. Hospital Indemnity insurance is an affordable way to supplement and pay for additional expenses that your health insurance doesn't cover.

- **Low Plan:** Provides cash benefits to help offset out-of-pocket expenses associated with a hospital stay due to a covered accident, sickness, childbirth, or other covered condition. Benefits are paid for hospital admissions, daily hospital confinement, ICU stays, inpatient rehabilitation, and newborn nursery care, helping reduce the financial impact of an unexpected hospitalization.
- **High Plan:** Offers the same covered benefits as the Low Plan, but with benefit amounts that are generally double. Employees receive higher payments for hospital admissions, daily hospital and ICU confinement, inpatient rehabilitation, and newborn nursery care, providing greater financial support during a hospitalization and recovery.

MetLife Member Portal
www.metlife.com

Customer Service:
1-800-638-5433

Low Accident Plan

High Accident Plan

Hospital Admission	\$500 up to four times per year	\$1,000 up to four times per year
Daily Hospital Confinement	\$100 up to 31 days per confinement	\$200 up to 31 days per confinement
Daily ICU Confinement	\$100 up to 31 days per confinement	\$200 up to 31 days per confinement
Pregnancy Waiting Period	None	
Pre-Existing Condition	None	
Wellness Benefit	\$50, one time per calendar year	

Coverage Level	Semi Monthly Premium	Monthly Premium
Hospital Indemnity Low Plan		
Employee Only	\$3.65	\$7.30
Employee & Spouse	\$6.86	\$13.71
Employee & Child(ren)	\$5.99	\$11.98
Employee & Family	\$9.20	\$18.39
Hospital Indemnity High Plan		
Employee Only	\$6.42	\$12.83
Employee & Spouse	\$11.96	\$23.91
Employee & Child(ren)	\$10.25	\$20.50
Employee & Family	\$15.80	\$31.59

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Critical Illness Insurance MetLife

Critical illness insurance may help you cover expenses not covered by your health insurance.

It's a cash payment you receive if you ever experience a serious illness like cancer, a heart attack, or a stroke, giving you the financial support to focus on recovery.

Who is it for?

Critical illness insurance is a supplemental policy for people who already have health insurance. Critical Illness coverage through MetLife pays a benefit for specified diagnoses.

Here's what it does:

- Pays you directly, so you can choose how to spend the money.
- Portable, when employment ends, the employee may elect to continue coverage under a portability provision.
- Covers children until age 26 at a 25% of your benefit amount at no additional cost.
- Gives you the option to cover your spouse.

Why should I consider it?

Health coverage is becoming more expensive, with higher co-pays, premiums, and deductibles. Critical Illness insurance is an affordable way to supplement and pay for additional expenses that your health insurance doesn't cover.

MetLife Member Portal

www.metlife.com

Customer Service:

1-800-638-5433

This policy is offered with guaranteed issue coverage and no pre-existing condition exclusions.

That means eligible employees can enroll without answering health questions, and coverage will not be limited due to existing medical conditions.

PREMIUM RATES

Critical Illness also has age-banded rates. If you have moved from one age-band to the next, you may see an increase in your premium. Rates are based on your age and salary as of January 1, 2027 and do not change mid-year. Use the charts below to estimate your monthly payroll deduction.

Multiply the per \$1,000 rates shown above by the benefit amount (ex. 15 for \$15,000 of coverage) 1: _____

Divide by \$1,000 2: _____

Round to two decimal places 3: _____

The amount shown on Line 3 is your estimated monthly payroll deduction.

Critical Illness Cost

Scenario: John is hospitalized after a heart attack and has to cover the cost of five days as an inpatient.

- Average heart attack hospitalization expense: \$53,000
- Average major medical deductible: \$1,500
- Major medical covers 80% of the cost after the deductible is met, but John is still responsible for 20%: \$10,300
- Total out-of-pocket amount for John (deductible + coinsurance): \$11,800

John has a \$10,000 Critical Illness policy, which covers the majority of these out-of-pocket expenses.

Critical Illness Insurance

Critical Illness Plan

Plan Provisions	
Employee Benefit	\$15,000 or \$30,000
Spouse Benefit	50% of Employee Amount
Child Benefit	50% of Employee Amount
Covered Illnesses	
Cancer	All Except Skin: 100% Skin Cancer: 10% of benefit amount, but not less than \$250
Non Invasive Cancer	25%
Major Organ Failure	100%
Stroke	100%
Heart Attack	100%
Childhood Diseases	100%
Wellness Benefit	\$50, one time per calendar year

Premium per \$1,000 of Coverage

Attained Age	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
<25	\$0.27	\$0.44	\$0.45	\$0.62
25-29	\$0.30	\$0.49	\$0.48	\$0.67
30-34	\$0.35	\$0.57	\$0.53	\$0.75
35-39	\$0.47	\$0.74	\$0.65	\$0.92
40-44	\$0.63	\$0.96	\$0.81	\$1.14
45-49	\$0.83	\$1.27	\$1.01	\$1.45
50-54	\$1.07	\$1.68	\$1.25	\$1.86
55-59	\$1.41	\$2.25	\$1.59	\$2.43
60-64	\$1.80	\$2.91	\$1.98	\$3.09
65-69	\$2.26	\$3.66	\$2.44	\$3.84
70-74	\$2.96	\$4.76	\$3.14	\$4.94
75+	\$4.14	\$6.53	\$4.32	\$6.71

The benefit plan information shown in this guide is illustrative only. To the extent the benefit plan information summarized herein differs from the underlying plan details specified in the insurance documents that govern the terms and conditions of the plans of insurance described in this guide, the underlying insurance documents will govern in all cases.

Employee Assistance Program

Care for your mind – and your life – with support through **Aetna Resources for Living**.

Aetna Resources for Living (Aetna RFL) is an employer sponsored program, available at no cost to active employees and all members of their household. That includes dependent children up to age 26, whether or not they live at home. Services are confidential and available 24 hours a day, 7 days a week.

SUPPORTING YOUR MENTAL WELL-BEING

Mental Health Counseling

You can call Aetna RFL 24 hours a day for in-the-moment emotional well-being support. You can also access up to **seven (7) counseling sessions per issue each year**.

Visit with a counselor face to face, online with televideo or get in-the-moment support by phone. **Services are free and confidential.** Aetna RFL counselors can help with a wide range of issues including:

- Relationship support
- Stress Management
- Family Issues
- Work/family balance
- Grief and loss
- Depression and anxiety

Try Talkspace to confidentially text with your therapist when you need it! One (1) week of texting equals one (1) EAP visit. Visit redemption.talkspace.com/faq/rfl for details.

OTHER SERVICES AVAILABLE

Financial Services

Simply call for a **free 30-minute consultation** for each new financial topic related to:

- Budgeting
- Retirement or other financial planning
- Mortgages and refinancing
- Credit and debt issues
- College funding
- Tax and IRS questions and preparation

You can also get a 25% discount on tax prep services.

Online Tools & Resources

Your member website offers a full range of tools and resources to help with emotional wellbeing, work/life balance and more. You'll find:

- Articles and self-assessments
- Adult care and child care provider search tool
- On-demand videos and live webinars
- Discount center, including low-cost fitness memberships!

Mind Companion Self Care

Mind Companion Self-care is a digital self-guided program focused on improving mental well-being. Sessions include informational videos, interactive questions and relaxation exercises designed to help with stress, anxiety, depression, work/life balance, and more.

800-272-7252

www.resourcesforliving.com

Website username/password can be found on Knowledge Base or by calling 800-272-7252

aetna

Aetna Resources For Living™

Did you know our Health & Wellness Centers offer **FREE** counseling sessions available both in-person and virtually?

Call today to schedule an appointment!
863-419-3322

Legal Services

You can get a **free 30-minute consultation** with a participating attorney for each new legal topic related to:

- General
- Family
- Criminal Law
- Elder law and estate planning
- Divorce
- Wills and other documents
- Separation
- Real estate transactions
- Mediation services

If you opt for services beyond the initial consultation you can get a 25% discount.

Identity Theft Services

You can receive a **1-hour fraud resolution** phone consultation or coaching session about ID theft prevention and credit restoration. Services include a free emergency kit for victims.

Voluntary Retirement Savings Plans

457(B) DEFERRED COMPENSATION PLANS

PCPS offers 457(b) deferred compensation plans to its employees. These plans are available to certain tax-exempt and governmental employers. With the passage of the Economic Growth and Tax Relief Reconciliation Act of 2001 (EGTRRA), contribution limits were dramatically changed. In addition, 457(b) plans now have separate limits which are not reduced by employee contributions into either a 403(b) or 401(k) plan.

All Authorized Investment Providers listed have entered into information sharing agreements with the plan sponsor. Board Policy and District administrative requirements allow companies which meet certain standards and maintain a minimum number of employee accounts to provide 403(b) TSA accounts to employees. The companies listed below are currently authorized under administrative guidelines to establish 403 and 457(b) ac-accounts for the employees of PCPS. This list does not reflect any opinion as to the financial strength or quality of product or service for any company. Employees should contact a local representative to obtain specific information on plans available.

Website:

<https://www.polkschoolsfl.com/quicklinks/retirement>

Phone: 863-519-3858

Email: PCSB.Retiree@polk-fl.net

403(B) RETIREMENT SAVINGS PLAN

In addition to 457(b) deferred compensation plans, PCPS currently supports a 403(b) retirement savings plan. These plans are available only to employees of public school systems and certain other non-profit organizations. These employee accounts are commonly referred to as Tax Sheltered Annuities or TSAs because at one point only standard interest annuities and variable annuities were allowable account types. In 1974, the passage of the Employee Retirement Income Security Act (ERISA) added mutual funds under custodial arrangements as an additional investment option.

All regularly scheduled employees may elect to contribute a limited portion of their salary before taxes to one of the authorized plans available through their employer. For more information on contribution limits, see the "Calculations" section of our website.

BENCOR SPECIAL PAY PLAN

The BENCOR Special Pay Plan is an IRS Section 401(a) qualified retirement plan that permits district employees to take maximum advantage of Federal tax laws by deferring Federal withholding taxes and permanently avoiding Social Security and Medicare taxes on eligible accumulated sick and annual leave payments at retirement. Remember that Administrators (Principals, Directors and Assistant Principals) who also separate service will also have their sick and vacation leave paid through BENCOR. More information concerning this plan is available in your "Annual Retirement Benefits Guide."

Authorized Investment Providers		Authorized Investment Types		
Companies	Phone	457(b)	403(b)	ROTH 403(b)
Allen & Company	863-688-9000		x	x
Aspire Financial Services	866-634-5873		x	x
Aspire-IPX American Century Services, LLC	863-264-1502		x	x
Corebridge Financial (formerly AIG Retirement)	800-448-2542	x	x	x
CPS Investments Advisors	863-688-1725		x	x
Equitable	800-628-6673	x	x	x
Horace Mann Insurance Company	800-999-1030	x	x	x
National Life Group	800-579-2878	x	x	x
PlanMember Services	800-874-6910	x	x	x
ReliaStar Life - Subsidiary of VOYA Financial	813-541-1213	x	x	x
Security Benefit Group	800-888-2461	x	x	x
VOYA Financial	813-541-1213	x	x	x

Voluntary Retirement Savings Plans

403(B) & 457(B) DEFERRED COMPENSATION PLANS

The 403(b) and 457(b) Plans are valuable retirement savings options. This notice provides a brief explanation of the provisions, policies and rules that govern the 403(b) and 457(b) Plans offered.

Plan administration services for the 403(b) and 457(b) plans are provided by TSA Consulting Group, Inc. (TSACG). Visit the TSACG website (www.tsacg.com) for information about enrollment in the plan, investment product providers available, distributions, exchanges or transfers, 403(b) and/or 457(b) loans, and rollovers.

ELIGIBILITY

Most employees are eligible to participate in the 403(b) and 457(b) plans immediately upon employment, however, private contractors, appointed/elected trustees and/or school board members and student workers are not eligible to participate in the 403(b) Plan. Employees may make voluntary elective deferrals to both the 403(b) and 457(b) plans. Participants are fully vested in their contributions and earnings at all times.

EMPLOYEE CONTRIBUTIONS

Traditional 403(b) and 457(b)

Upon enrollment, participants designate a portion of their salary that they wish to contribute to their traditional 403(b) and/or 457(b) account(s) up to their maximum annual contribution amount on a pre-tax basis, thus reducing the participant's taxable income. Contributions to the participant's 403(b) or 457(b) accounts are made from income paid through the employer's payroll system. Taxes on contributions and any earnings are deferred until the participant withdraws their funds.

Roth 403(b)

Contributions made to a Roth 403(b) account are after-tax deductions from your paycheck. Income taxes are not reduced by contributions you make to your account. All qualified distributions from Roth 403(b) accounts are tax-free. Any earnings on your deposits are not taxed as long as they remain in your account for five years from the date that your first Roth contribution was made. Distributions may be taken if you are 59½ (subject to plan document provisions) or at separation from service.

The IRS regulations limit the amount participants may contribute annually to tax-advantaged retirement plans and imposes substantial penalties for violating contribution limits. TSACG monitors 403(b) plan contributions and notifies the employer in the event of an excess contribution.

THE BASIC CONTRIBUTION LIMIT FOR 2025 IS \$23,500

Additional provisions allowed:

AGE-BASED AMOUNT

Participants who are age 50 or older any time during the year qualify to make an additional contribution of up to \$7,500 to the 403(b) and/or 457(b) accounts.

THE SERVICE-BASED CATCH UP AMOUNT

The 403(b) special catch-up provision allows participants to make additional contributions of up to \$3,000 to the 403(b) account if, as of the preceding calendar year, the participant has completed 15 or more full years of employment with the current employer, not averaged over \$5,000 per year in annual contributions, and has not utilized catch-up contributions in excess of the aggregate of \$15,000. For a detailed explanation of this provision, please visit <https://www.tsacg.com>.

QUICK ENROLLMENT

Employees who wish to enroll in the 403(b) and/or 457(b) plan can simply go to myquickenroll.com, choose an investment provider, complete the short enrollment process, and you will be on your way to saving for retirement as soon as your next available payday. You can also use the same system to stop or modify contributions to 403(b) and/or 457(b) accounts. Unless otherwise notified by your employer, you may enroll and/or make changes to your current contributions anytime throughout the year.

Please note: The total annual amount of a participant's contributions must not exceed the Maximum Allowable Contribution (MAC) calculation. For convenience, a MAC calculator is available at www.tsacg.com.

INVESTMENT PROVIDER INFORMATION

A current list of authorized 403(b) and 457(b) Investment Providers are available on the employer's specific web page at TSACG.

PLAN DISTRIBUTION TRANSACTIONS

Distribution transactions may include any of the following depending on the employer's Plan Document: loans, transfers, rollovers, exchanges, hardships, unforeseen financial emergency withdrawals or distributions. Participants may request these distributions by completing the necessary forms obtained from the provider and plan administrator as required. All completed forms should be submitted to the plan administrator for processing.

Voluntary Retirement Savings Plans

PLAN-TO-PLAN TRANSFERS

A plan-to-plan transfer is defined as the movement of a 403(b) and/or 457(b) account from a previous plan sponsor's plan and retaining the same account with the authorized investment provider under the new plan sponsor's plan.

ROLLOVERS

Participants may move funds from one qualified plan account, i.e. 403(b) account, 401(k) account or an IRA, to another qualified plan account at age 59½ or when separated from service. Rollovers do not create a taxable event.

DISTRIBUTIONS

Retirement plan distributions are restricted by IRS regulations. A participant may not take a distribution of 403(b) plan accumulations without penalty unless they have attained age 59½ or separated from service in the year in which they turn 55 or older. Generally, a distribution cannot be made from a 457(b) account until you have a severance from employment or reach age 70½. In most cases, any withdrawals made from a 403(b) or 457(b) account are taxable in full as ordinary income.

EXCHANGES

Within each plan, participants may exchange account accumulations from one investment provider to another investment provider that is authorized under the same plan; however, there may be limitations affecting exchanges, and participants should be aware of any charges or penalties that may exist in individual investment contracts prior to exchange. Exchanges can only be made from one 457(b) plan to another 457(b) plan, or from one 403(b) plan to another 403(b) plan.

403(B) AND 457(B) PLAN LOANS

Participants may be eligible to borrow their 403(b) and/or 457(b) plan accumulations depending on the provisions of their 403(b) and/or 457(b) account contract and provisions of the employer plan. If loans are available, they are generally granted for a term of five years or less (general purpose loans). Loans taken to purchase a principal residence can extend the term beyond five years depending on the provisions of their 403(b) and/or 457(b) account contract and provisions of the employer. Details and terms of the loan are established by the provider. Participants must repay their loans through monthly payments as directed by the provider. Prior to taking a loan, participants should consult a tax advisor.

HARDSHIP WITHDRAWALS

Participants may be able to take a hardship withdrawal in the event of an immediate and heavy financial need. To be eligible for a hardship withdrawal according to IRS Safe Harbor regulations, you must verify and provide evidence that the distribution is being taken for specific reasons. Eligibility requirements to receive a Hardship withdrawal are provided on the Hardship Withdrawal Disclosure form at www.tsacg.com.

UNFORESEEN FINANCIAL EMERGENCY WITHDRAWAL

You may be able to take a withdrawal from your 457(b) account in the event of an unforeseen financial emergency. An unforeseeable emergency is defined as a severe financial hardship of the participant or beneficiary. The eligibility requirements to receive a Unforeseen Financial Emergency Withdrawal are provided on the Unforeseen Financial Emergency Withdrawal Disclosure form at www.tsacg.com.

EMPLOYEE INFORMATION STATEMENT

Participants in defined contribution plans are responsible for determining which, if any, investment vehicles best serve their retirement objectives. The 403(b) and 457(b) plan assets are invested solely in accordance with the participant's instructions. The participant should periodically review whether their objectives are being met, and if the objectives have changed, the participant should make the appropriate changes. Careful planning with a tax advisor or financial planner may help to ensure that the supplemental retirement savings plan meets the participant's objectives.

Transactions

P.O. Box 4037

Fort Walton Beach, FL 32549

Toll-free: 888-796-3786

Toll-free fax: 866-741-0645

For overnight deliveries

73 Eglin Parkway NE, Suite 202

Fort Walton Beach, FL 32548

Toll-free: 888-796-3786

Toll-free fax: 866-741-0645

COBRA Coverage



The Consolidated Omnibus Budget Reconciliation Act (COBRA) requires continuation coverage to be offered to covered employees, their spouses, their former spouses, and their dependent children when group health coverage would otherwise be lost due to certain specific events. PCPS provides COBRA coverage through our vendor partner TASC.

What is COBRA continuation coverage?

COBRA provides a **temporary** continuation of group health coverage that would otherwise be lost due to certain life events. COBRA coverage typically lasts for 18-36 months depending on the qualifying event.

What benefits are offered under COBRA?

COBRA coverage is identical to the coverage currently available to similarly situated employees. Generally, this is the same health coverage that the individual had immediately before the qualifying event (i.e. Health, Dental, and/or Vision). **Retirees should call Risk Management prior to signing up for COBRA to ensure they choose the best option available.**

Who is eligible for COBRA continuation coverage?

COBRA is offered to qualified beneficiaries after a COBRA qualifying event has occurred.

Qualified beneficiaries include:

- Employee who was covered by PCPS' Health Plan on the day before a qualifying event occurred.
- Employee's spouse, former spouse, or dependent child who were covered at the time of the event.
- In addition, any child born to or placed for adoption with a covered employee during a period of continuation coverage is automatically considered a qualified beneficiary.

What is a COBRA qualifying event?

Qualifying events are events that cause an individual to lose group health coverage. The type of qualifying event determines who the qualified beneficiaries are and the period of time that a plan must offer continuation coverage.

The following are COBRA qualifying events that cause a **covered employee** to lose coverage under PCPS' Health Plan:

- Termination of employment for any reason other than "gross misconduct," or
- Reduction in the employee's hours of employment

The following are COBRA qualifying events for a spouse and dependent child of a covered employee if they cause the spouse or dependent child to lose coverage:

- Termination of the covered employee's employment for any reason other than "gross misconduct,"
- Reduction in hours worked by the covered employee,
- Covered employee becomes entitled to Medicare,
- Divorce or legal separation from the covered employee, or
- Death of the covered employee.

In addition to the above, the following is a qualifying event for a **dependent child of a covered employee** if it causes the child to lose coverage:

- Loss of "dependent child" status under the plan rules. Under the Affordable Care Act, plans that offer coverage to children on their parents' plan must make coverage available until the child reaches the age of 26.

Who can answer other COBRA questions?

More details about COBRA coverage, including COBRA notice and election requirements, and how long COBRA coverage must last, are included in the booklet [An Employee's Guide to Health Benefits Under COBRA](#)

If you are a current COBRA participant, you may contact TASC at 800-422-4661 for assistance.



COBRA Premiums



The cost of COBRA coverage is 102% of the total premium. The total premium includes the employer portion plus the employee portion. When you and/or your family members become eligible for COBRA under this plan, TASC will send you a personalized COBRA packet outlining your health coverage options, steps to enroll, and how to pay your premiums.

Coverage Level	Monthly Premium
PCPS Health Care Plan	
Employee Only (Board Funded)	\$978.18
Employee & Spouse	\$1,584.06
Employee & One Child	\$1,085.28
Employee & Two Children	\$1,192.38
Employee & Three Children	\$1,228.08
Employee, Spouse & One Children	\$1,691.16
Employee, Spouse & Two Children	\$1,798.26
Employee, Spouse & 3+ Children	\$1,833.96
MetLife Dental - Low Plan	
Employee Only	\$11.76
Employee & Spouse	\$23.24
Employee & Child(ren)	\$28.86
Employee & Family	\$34.95
MetLife Dental - Middle Plan	
Employee Only	\$24.36
Employee & Spouse	\$48.69
Employee & Child(ren)	\$61.39
Employee & Family	\$84.30
MetLife Dental - High Plan	
Employee Only	\$54.39
Employee & Spouse	\$103.22
Employee & Child(ren)	\$127.61
Employee & Family	\$169.61
MetLife Vision - Low Plan	
Employee Only	\$5.59
Employee & Spouse	\$10.11
Employee & Child(ren)	\$10.49
Employee & Family	\$16.17
MetLife Vision - High Plan	
Employee Only	\$8.81
Employee & Spouse	\$15.96
Employee & Child(ren)	\$16.56
Employee & Family	\$25.53

Leave of Absence

The Leave of Absence (LOA) program run by Risk Management is designed to assist PCPS employees who are temporarily unable to work due to a serious personal illness or the serious illness of a qualifying family member. The Risk Management Department strives to ensure employees out of work due to medical necessity are placed on the appropriate leave of absence as timely as possible in an attempt to eliminate the possibility of an over-payment to the employee.

What is a Leave of Absence?

Leave of Absence (LOA) refers to employer-approved time off granted to eligible employees. While there are various types of LOA, Risk Management specifically oversees those related to medical related reasons.

Employees must obtain approved leave of absence for any absence exceeding five (5) consecutive days. Eligible employees are entitled to up to 12 weeks of job protected leave if in an approved leave of absence status.

Who processes Leave of Absences?

Risk Management oversees the following types of LOA:

- Family Medical Leave (FMLA)
- Intermittent Family Medical Leave (FMLA)
- Medical Leave
- Parental Leave

To request a Leave of Absence form, please submit a ticket through Incident IQ (IIQ). If you are unable to submit a ticket via IIQ, contact Risk Management at 863-519-3858, option 3 to receive an email address for direct assistance.

Employee Relations handles the following type of LOA:

- Charter Leave | Personal Leave | Teacher Intern w/Benefits | Educational Leave | Military Leave

Is Parental Leave Available?

Parental leave is available to all PCPS employees through the Family and Medical Leave Act (FMLA) and applies to any parent. Probationary employees are also eligible. Parental leave is **unpaid**, unless you have sick or personal time to cover your absence.

Parental leave may be taken after the birth or adoption of a child, but not before. Employees may take up to one (1) year from the date of birth or adoption.

Health insurance is **not covered** during leave, and employees will be billed for all deductions. Health benefits may be cancelled during parental leave.

To ensure a smooth transition, employees must contact Risk Management no later than thirty (30) days prior to their return and provide written notice of their intended return date.

What is the Family and Medical Leave Act (FMLA)?

FMLA is a federal law that provides eligible employees with up to 12 weeks (60 workdays) of job protected leave. PCPS continues to pay the School-Board funded portion of the employee's health insurance premiums, as it does while the employee is actively working. **Employees remain responsible for all other benefits deductions.**

How do I know if I am eligible for FMLA leave?

You are eligible for FMLA if you meet ALL of the following:

- Completed at least one (1) year of employment with PCPS in the last seven (7) years.
- Worked at least 1,250 hours in the 12 months immediately preceding the start date of your leave.
- Have not exhausted 12 weeks (60 workdays) of FMLA leave within the past 12 months.

If you do not meet these requirements, ADA accommodations may be available.

Are Leave of Absences paid?

No. FMLA, Medical, and Parental Leaves are **unpaid**. However, employees may use their accumulated sick and/or vacation time concurrently with their approved leave of absence.

The following options may help supplement your income during leave:

- If you are enrolled in Short-term and/or Long-term Disability, consider filing a claim with The Standard.
- If you are a member of the Sick Leave Bank and experience a catastrophic event, you may request to draw from the bank.*
- You may receive donated sick time from a family or friend who is also a PCPS employee. Up to 200 may be donated per leave by contacting Risk Management.*

**Specific eligibility requirements apply. Refer to the Board policy regarding sick leave for additional information.*

What happens to my insurance during leave?

All insurance billing for District-sponsored benefits is managed by the Risk Management Department. **Employees are responsible for paying any benefit costs that are typically covered through payroll deductions.**

A Leave of Absence is considered a qualifying life event (QLE). Changes to benefits must be made within 31 days of the QLE. If you wish to make changes to your benefits during this time, please contact the Risk Management Department for assistance.

Retiree Benefits Eligibility

UNDER 65 (NON-MEDICARE ELIGIBLE)

Employees and dependents who retire are eligible to continue insurance coverage(s) as long as they were covered by the PCPS' Health Plan. Coverage would be on the same plan, and level of coverage in place at the time of retirement (e.g., employee and spouse).

Other situations when the employee:

- Has met the age and service requirements to qualify for a normal retirement as set forth in s. 121.021(29), Florida Statutes.
- Attained the age specified by s. 72(t)(2)(A)(i) of the Internal Revenue Code (age 59-1/2) and has the years of services required for vesting as set forth in s. 121.021(45).
- Is placed on disability retirement and begins receiving retirement benefits immediately after retirement from employment.
- Takes a distribution from the Investment Plan immediately (minimum rollover of all funds from FRS to another fund or a cash distribution).

Dependents are eligible until they reach the limiting age or until the death of the employee. For a spouse, legal marriage must exist for continued eligibility. Following the death of the employee, or divorce, COBRA coverage is offered. See page 5 for dependent eligibility guidelines.



OVER 65 (MEDICARE-ELIGIBLE)

For new retirees over 65 or for those approaching age 65 (typically 6 months prior), may begin reviewing benefits offered through the Florida School Retiree Benefits Consortium (FSRBC) and register for an account at <https://myfsrbc.com>. The Florida School Retiree Benefits Consortium (FSRBC) is an extension of PCPS benefit offerings for 65 and older. Medicare-eligible retirees, from participating School Districts are eligible to enroll in high-quality, comprehensive, and competitive Medicare Medical plans. FSRBC is a large pool of retired school board agencies that group their purchasing power to purchase unique benefits for School Board retirees over age 65.

FSRBC will assist retirees with new enrollment, changes, and future open enrollments. Even if a retiree did not elect benefits with PCPS when they retired, they can still access benefits through FSRBC.

For retirees/dependents turning 65 at various times, please see the information about "split plan coverage" below.

SPLIT PLAN COVERAGE – RETIREES OVER 65 & UNDER 65 DEPENDENTS (OR VICE VERSA)

For retirees who turn 65, but have a spouse or dependent covered under 65, the following are the rule(s)/option(s):

- **Medical** – The spouse/dependant is enrolled under their own social security number/contract number at the Under 65 price.
- **Dental & Vision** – The spouse or dependent follows the retiree.
 - **Retiree is over 65** – the entire family enrolls under the dental and vision plans offered by the FSRBC (over 65 group benefit administrator).
 - **Retiree Under 65** – the family stays under the School Board's group plans until the retiree is over 65.

Retiree Dental, Vision, Life & Wellness

HEALTH & WELLNESS CENTERS

Retirees and dependent(s) under 65 that are covered under the PCPS Health Care Plan are eligible to utilize the Health & Wellness Centers. In addition, retirees and their dependent(s) under 65 can take advantage of wellness programs, such as ABCs of Diabetes at no cost. See pages 15-17 for available programs.

Retirees and dependent(s) that are Medicare eligible or are not covered under the PCPS Health Plan are not eligible to use the Employee Health Center or Wellness Programs.

Retirees and dependent(s) who were enrolled in BCBS Blue Medicare Program prior to January 1, 2019, are eligible to use the Employee Health Center & Wellness Programs. These retirees must continue enrollment in that specific plan option (BCBS Blue Medicare) to continue eligibility.

RETIREE LIFE INSURANCE

Retirees are given the option to continue group term life insurance through The Standard. At the time of retirement, you have the option to **maintain your basic and/or additional life insurance as a "combined" life insurance** amount. As a retiree, you may only decrease coverage in increments of 65%, 50%, and 35%. The minimum amount you may purchase is 35% of the amount in effect prior to your retirement date. In addition, coverage automatically reduces when you reach the ages shown below:

Age	Percent
65-69	65% (reduces coverage by 35%)
70-74	50% (reduces coverage by 50%)
75+	35% (reduces coverage by 65%)

Each reduction is based on the original coverage amount at retirement.

Example: \$100,000 of coverage at time of retirement, your coverage would reduce as follows:

- Age 65 – 69: \$65,000
- Age 70 – 74: \$50,000
- Age 75+: \$35,000

DENTAL AND VISION INSURANCE

You may continue into retirement the district paid dental and/or vision policies by paying the group rate. For information on vision and dental benefits, see pages 20-21.

You must continue the same dental and vision insurance option you had when you were employed. You may change plans during annual open enrollment.

Please see page 38 for rules on Split Plan Coverage for those employees or spouses attaining age 65 or Medicare early due to disability.



LIFE INSURANCE PREMIUMS

Your life insurance premium also increases with age based on each age band. **Therefore, retirees are encouraged to only buy what is necessary for final expenses and to consult with their family members or beneficiary.** If you would like to decrease your coverage, you may do so at any time by contacting Risk Management at 863-519-3858.

Age as of 01/01/2027	Rate per \$1,000
0-50	\$0.406
51-54	\$0.582
55-59	\$0.874
60-64	\$1.113
65-69	\$1.758
70-74	\$2.798
75-79	\$4.618
80-84	\$7.311
85-89	\$11.658
90+	\$38.355

Beneficiaries can be kept up-to-date by contacting the Risk Management Department.

Retiree Benefits Enrollment

ENROLLMENT

Retirees have **60 days from the date of retirement** (finalized Retirement employment action) to elect retiree benefits. Retirees must schedule an appointment with Risk Management – Retirement to enroll in benefits. Failure to enroll at that time may result in the permanent forfeiture of retiree benefit eligibility.

CHANGING YOUR BENEFIT ELECTIONS

The only other time outside of Open Enrollment you are allowed to make changes to your benefit elections is if you experience a qualified life event. You must contact the Retirement Team at 863-519-3858 within 31 days of qualifying life event to make changes.

- **New Dependent** – Retirees may add a new spouse and/or any newly eligible children because of the marriage only if the marriage occurs after retirement. Adoption, birth, or court-ordered coverage are also permitted changes. All changes must be requested within 31 days with appropriate documentation.
- **Gain of Other Coverage** – If a retiree or dependent gains other coverage during the year, they can terminate coverage. Additional documentation is required, and the request must be made within 31 days of the new coverage effective date.
- **Death of Retiree** – Any eligible dependents covered by the retiree shall cease to be eligible for benefits with Polk County Public Schools and will be offered COBRA coverage.
- **Cancellations** – Retirees may cancel their benefits at any time by submitting a written request via email or mail. However, once benefits are cancelled, they do not have the option to re-enroll.
- **COBRA** – Retirees should call Risk Management prior to signing up for COBRA to ensure they choose the best option available.

RE-EMPLOYED RETIREES

If you returning to work as a substitute, **you will keep your post age 65 benefits.**

Employees over 65 that elect Medicare Part B may want to consider whether they want to elect the PCPS Health Plan (coverage can be waived) or keep Part B when they return to work. **Remember:** you will continue to pay a premium through Social Security for Part B, and it will be secondary to PCPS Health Plan when you are actively working. Note that separation from employment entitles you to a special enrollment with Medicare without a penalty for late enrollment.

When can I return to work?

Retirees who return to employment with PCPS are required to satisfy a waiting period of Six (6) calendar months from the date of receiving the first retirement benefit payment. An employment relationship with an FRS Employer in any capacity during the six (6) calendar month period may void your retirement and you and your FRS Employer will be held jointly and severally liable for repayment of all benefits received.

Please contact FRS at 1-866-446-9377 for more information on reemployment after retirement.

Make sure you understand FRS rules for reemployment or you may have to repay DROP & pension benefits. See the resource links below:

- [Re-employment Rules for Pension Plan](#)
- [Re-employment Rules for Investment Plan](#)
- [Pension Plan Re-employment Table](#)
- [Investment Plan Re-employment Table](#)

Retiree Premiums

The following rates are for non-Medicare Retirees and Split Plan Retirees:

Coverage Level	Monthly Premium
PCPS Health Care Plan	
Retiree Under 65 Only	\$594.00
Retiree & Spouse Under 65	\$1,188.00
Retiree Under 65 & 3+ Children	\$839.00
Retiree Under 65 & One Child	\$699.00
Retiree Under 65 & Two Children	\$804.00
Retiree, Spouse & 3+ Child Under 65	\$1,433.00
Retiree, Spouse & One Child Under 65	\$1,293.00
Retiree, Spouse & 2 Children Under 65	\$1,398.00
1 Child Only	\$105.00
2 Children Only	\$210.00
3+ Children Only	\$245.00
Spouse Only	\$594.00
Spouse Under 65 & 3+ Children Only	\$839.00
Spouse Under 65 & 1 Child Only	\$699.00
Spouse Under 65 & 2 Children Only	\$804.00
MetLife Dental - Low Plan	
Retiree Only	\$11.53
Retiree & Spouse	\$22.78
Retiree & Child(ren)	\$28.29
Retiree & Family	\$34.26
MetLife Dental - Middle Plan	
Retiree Only	\$23.88
Retiree & Spouse	\$47.74
Retiree & Child(ren)	\$60.19
Retiree & Family	\$82.65
MetLife Dental - High Plan	
Retiree Only	\$53.32
Retiree & Spouse	\$103.22
Retiree & Child(ren)	\$125.11
Retiree & Family	\$166.34
MetLife Vision - Low Plan	
Retiree Only	\$5.84
Retiree & Spouse	\$9.91
Retiree & Child(ren)	\$10.28
Retiree & Family	\$15.85
MetLife Vision - High Plan	
Retiree Only	\$8.64
Retiree & Spouse	\$15.65
Retiree & Child(ren)	\$16.24
Retiree & Family	\$25.03

Retiree Benefit Payment Options

FLORIDA RETIREMENT SYSTEM (FRS)

This is the recommended payment method for retiree insurance premiums for those retirees on the pension plan. Payments are taken through payroll deductions.

The first month may be handled by direct bill depending upon when you will be added to the retirement payroll. Deductions are paid in advance for the following month's coverage (e.g., end of February payroll is for March premium).

DIRECT BILLING

Direct billing via coupons is the alternate method of payment for retiree insurance benefits. This payment type is reserved for those retirees who qualify to continue health insurance benefits under the investment plan option or whose pension is insufficient to handle the retiree insurance premiums.

Payment Due Dates

Payments are due by the **1st of the month** for the following month's coverage. The District will not send reminders. It will be your responsibility to pay by the due date. The District will allow a 10-day grace period.

Late Payments

With automated deduction of retiree premiums, we do not anticipate late payments, however, in the event of a non-payment by the bank or FRS, the District will expect that these payments be made by the **10th of the month** they are due. Any subsequent late payments can result in a change in benefit payment method or permanent cancellation of retiree benefits that are not able to be reinstated.

Grace periods may be extended for disabled retirees who are awaiting approval and retroactive disability benefits.

HEALTH INSURANCE SUBSIDY (HIS)

The Health Insurance Subsidy (HIS) is additional money added to your monthly retirement benefit to help offset the cost of your health insurance. The HIS is not a health insurance policy. Eligible retirees will receive \$7.50 per month for each year of creditable service used to calculate the retirement benefit. Years of employment in the Deferred Retirement Option Program (DROP) do not count towards your total years of service for the HIS calculation. Effective July 1, 2023, the payment increased to at least \$45 but no more than \$225 per month. This subsidy is contingent upon continued approval by the Florida Legislature.

The subsidy is only available to eligible members.

FRS will mail the retiree an application after being added on the State's payroll. **It is the retiree's responsibility to apply in a timely manner to receive the benefit.** Please refer to your FRS information for more details.

If your health insurance will be through PCPS Health Plan AND the District is providing you with your health insurance AND you have signed up for FRS deduction, then you may complete the form yourself by checking the first option on the application, sign and mail the form back to the FRS. **The District must complete section B in the HIS form.**

If you pay through direct billing it is your responsibility to set this payment up with your bank.

The completed HIS application must be returned to the Florida Division of Retirement within six months of the date retirement benefits started to receive the subsidy retroactive to the effective date of retirement (or the month following DROP termination, if applicable). If the HIS form is not received within six months, retroactive subsidy payments will be limited to a maximum of six months.

Benefits Contact Information

Benefit Type	Carrier/Vendor	Phone/Web
My PCPS Health Plan	Meritain (Medical) Rightway (Pharmacy) Quantum Health (Care Coordinator)	866-871-0975 www.MyPCPSHealth.com
Vision Insurance	MetLife	800-438-6388 www.metlife.com
Dental Insurance	MetLife	800-942-0854 www.metlife.com
Flexible Spending Accounts (FSAs)	TASC	800-422-4661 www.tasconline.com
Employee Assistance Program (EAP)	Aetna Resources for Living	800-272-7252 www.resourcesforliving.com Login: PCS Password: PCS
Health & Wellness Center	Marathon	863-419-3322 polkschoolsfl.com/community/wellness
Health & Wellness Center - Wellness Staff	Marathon	863-648-3057 polkschoolsfl.com/community/wellness
Life and AD&D Insurance	The Standard	800-628-8600 www.standard.com/
Short-Term Disability Insurance	The Standard	800-368-2859 www.standard.com/
Long-Term Disability Insurance	The Standard	800-368-1135 www.standard.com/
Accident Insurance	MetLife	800-638-5433 www.metlife.com
Hospital Indemnity Insurance	MetLife	800-638-5433 www.metlife.com
Critical Illness Insurance	MetLife	800-638-5433 www.metlife.com
Risk Management & Employee Benefits Department	Risk Management & Employee Benefits Department	863-519-3858 https://www.polkschoolsfl.com/careers/benefits
COBRA	TASC	800-422-4661 www.tasconline.com
Florida Retirement System (FRS)	Florida Retirement System (FRS)	866-446-9377 www.myFRS.com
Benefitplace	Benefitplace	877-336-8082 (login support only) secure3-enroll.com/go/polkschools

Medicare Part D Notice

This notice explains your options for accessing prescription drug coverage if you are eligible for Medicare.

Important Notice from Polk County Public 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 Polk County Public Schools and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice. There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

- Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
- Polk County Public Schools has determined that the prescription drug coverage offered by the following 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.
 - PCPS Health Care Plan

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 Polk County Public Schools coverage will not be affected. See below for more information about what happens to your current coverage if you join a Medicare drug plan.

Since the existing prescription drug coverage under Polk County Public Schools is creditable (e.g., as good as Medicare coverage), you can retain your existing prescription drug coverage and choose not to enroll in a Part D plan; or you can enroll in a Part D plan as a supplement to, or in lieu of, your existing prescription drug coverage.

If you do decide to join a Medicare drug plan and drop your Polk County Public Schools prescription drug coverage, be aware that you and your dependents can only get this coverage back at open enrollment or if you experience an event that gives rise to a HIPAA Special Enrollment Right.

Medicare Part D Notice

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 Polk County Public 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.

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).

For More Information About This Notice Or Your Current Prescription Drug Coverage

Contact the organization 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 Polk County Public Schools changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage

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

For more information about Medicare Prescription Drug Coverage:

- Visit [medicare.gov](https://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 [socialsecurity.gov](https://www.socialsecurity.gov), or call them at 800-772- 1213 (TTY 800-325-0778).

Name of Entity: Polk County Public Schools
Contact Office: Human Resources
Address: 1915 S. Floral Ave, Bartow, FL 33830
Phone Number: 863-534-0500

Required Notices & Disclosures

Non-Discrimination Statement

The School Board of Polk County, Florida, prohibits any and all forms of discrimination and harassment. It is the policy of Polk County Public Schools to not discriminate in admission or access to, or employment in its programs and activities on the basis of race, color, national origin, sex, gender, sexual orientation, gender expression or identity, pregnancy, age, homelessness, disability, or the use of trained guide dog or service animal, veteran or military status, marital status, genetic information, or other legally protected classification in its educational programs or services.

The District also provides equal access to its facilities to the Boy Scouts and other Title 34 patriotic youth groups, as required by the Boys Scout of America Equal Access Act (34 C.F.R. 108.9). This holds true for all students who are interested in participating in educational programs and extracurricular school activities.

The following persons have been designated to handle inquiries regarding the non-discrimination policies, reports of alleged violations, concerns about compliance and the grievance procedure(s), etc.

The School Board of Polk County, Florida, Policies 1122, 2260, 3122 and 4122, Florida Educational Equity Act, Section 1000.05, F.S., Rule 6A-19.000 through 6A-19.010, FAC, Title VII of the Civil Rights Act of 1964, Section 504, Americans with Disabilities Act of 1990 as amended, Vocational Guidelines, Age Discrimination in Employment Act of 1967, Title IX of the Education Amendments of 1972, and the Boy Scouts of America Equal Access Act 34 C.F.R. 108.9.

ADA/EEO Coordinator:

ConSheryl Adams – Equity Compliance Officer
Office of Equity and Diversity Management
Polk County Public Schools
1915 S. Floral Avenue
Bartow, FL 33831
863-534-0781 ext. 570
consheryl.adams@polk-fl.net

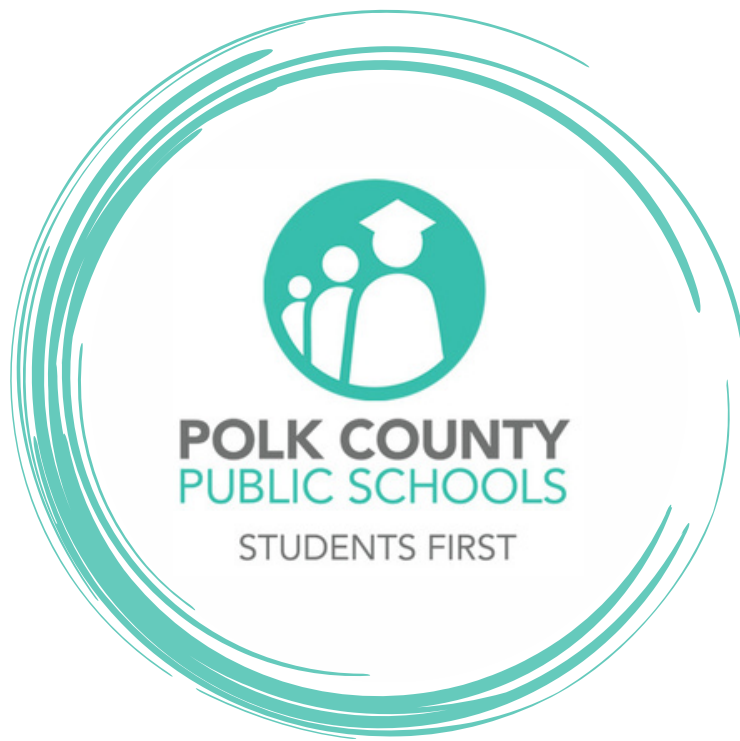
Section 504:

Tammy Williams – Assistant Superintendent Office of Learning Support
Polk County Public Schools
1915 S. Floral Avenue
Bartow, FL 33831
863-535-6488 ext. 464
tammy.williams@polk-fl.net

Title IX:

Dr. Adrian Anthony, MBA, Ed.S., Ed.D – Senior Director
Office of Equity and Diversity Management
Polk County Public Schools
1915 S. Floral Avenue
Bartow, FL 33831
863-534-0781 ext. 569
adrian.anthony@polk-fl.net

*All of our required benefit notices are available online via [Benefitplace](#). To request paper copies, please contact the Risk Management & Employee Benefits Department at **863-519-3858***



2027 Benefits