



POLK COUNTY
PUBLIC SCHOOLS

STUDENTS FIRST



Your Benefits

Effective January - December 2024

The information in this Benefits Guide is presented for illustrative purposes only. The text contained in this Guide includes benefit information and was taken, in part, from summary plan descriptions. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In the event of a discrepancy between the Guide and plan documents (Summary Plan Description or Evidence of Coverage), the plan documents will prevail. If you have any questions about your Guide, contact the Risk Management & Benefits Department.

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POLK COUNTY PUBLIC SCHOOLS

2024 EMPLOYEE BENEFITS

Welcome to Polk County Public Schools 2024 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 & 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**

STUDENTS FIRST

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 14th through October 28th,** 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, 2024.

If you are not making any changes then your benefits will automatically carry over to the next year. *Exception: if you contribute to a Health or Dependent Care Flexible Spending Account (FSA), you must re-elect contributions each year (FSA elections will not rollover).*

New Hire Enrollment AND Open Enrollment: If you are a new hire for the 2023-2024 school year, you will need to participate in both New Hire Enrollment and Open Enrollment in order to add/remove coverage for the upcoming calendar year. Keep in mind that new hires can elect up to \$150,000 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 19-21 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 26–29

WHEN COVERAGE ENDS

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

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

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 the current month
16th–End of Month	End of the 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 6 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 the 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** (Children who are physically or mentally disabled may be eligible to continue coverage beyond age 26)
- **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 includes 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.

You have 31 days from the date you enroll in benefits to upload the required documentation into Benefitplace. Note: PCPS Staff is unable to upload documentation to Benefitplace on your behalf.

Exception: newborns have 60 days to be enrolled from date of birth. If the newborn is enrolled within 31 days, you will not be charged the additional premium for the first month of coverage. You have 90 days from the date of enrollment to submit required 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.

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. Include the front page through line 6 of Form 1040. Please black out any financial information and the first 5 digits of the SSN.
Natural Child or legally adopted child	Copy of state or county issued birth certificate showing employee's name. 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, copy of your marriage certificate, and a copy of your joint federal tax return. Include the front page through line 6 of Form 1040. Please black out any financial information and the first 5 digits of the SSN.
Disabled Dependents over age 26	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. In addition , you must submit a copy of your most recent federal tax return claiming the child. Include the front page through line 6 of Form 1040. Please black out any financial information and the first 5 digits of the SSN.
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 and remain a covered dependent.
Legal Custody or Guardianship	Signed court order and federal tax return claiming the child as a dependent.

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

Benefit Elections

WHAT PLANS ARE OFFERED?

Board-Funded Benefits:

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

- **Employee Health Insurance**—Includes medical and prescription drug coverage which is administered by Blue Cross Blue Shield.
- **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 Everside Health.
- **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. **New for 2024:** Texting now available through Talkspace.

Optional Benefits:

The following benefits are available to you for an additional cost.

- **Dependent Health Insurance**
- **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**
- **Retirement Plans**
 - **Florida Retirement System (FRS)**
 - **403(B) Annuity Programs and 457(B) Deferred Compensation Programs (eligible from date of hire)**

CHANGING YOUR BENEFIT ELECTIONS

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.

You have 31 days from the date you enroll in benefits to upload the required documentation into Benefitplace.

Examples of qualified life events include:

- Marriage, divorce, birth, adoption
- Loss or gain of other coverage
- Your child losing "eligible dependent" status
- Eligibility for Medicare

Click here or scan the QR code to learn more about Qualified Life Events and how to submit them on Benefitplace!



Helpful Tips

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 the [Staff Portal](#) by visiting [staff.mypolkschools.net/](#)**
3. **Log into Benefitplace by visiting [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 & Benefits Department:

Phone: 863-519-3858

Email: RiskManagement-AllStaff@polk-fl.net

- ⇒ **Check out our [step-by-step video guide that takes you through the entire enrollment process!](#)** Watch on-demand to get started with [Benefitplace](#).
- ⇒ **Want on-the-go access to important benefit information?** Download the Benefitplace™ Mobile App from the Google Play or Apple App Store. Use Company ID: polkschools
- ⇒ **Never miss a beat!** Sign up to receive text message reminders & notifications.

UNDERSTANDING KEY INSURANCE TERMS

Enrollment is reserved for you to make changes to your benefit elections, and unfamiliar terms can make this process confusing. Use these definitions of common terms to help you navigate your benefits options.

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: the amount you pay for health care services after meeting the deductible.

Copayments: a flat fee you pay for certain covered services such as doctors' visits, urgent care visits, visits or prescriptions.

Deductible: a flat dollar amount you must pay out of your own pocket before your plan begins to pay for certain covered services.

In-network: health care received from a provider or facility within an outlined list of health care practitioners. You will get the most "bang for your buck" when you use an in-network provider. To verify if your provider is in-network, visit: [FL.ExploreMyPlan.com](#)

Medically Necessary (or medical necessity): 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 coinsurance (except in the event of an emergency).

Out-of-Pocket Maximum: the most you have to pay for covered services in a plan year.

Preferred Provider Organization (PPO): A plan that offers both in-network and out-of-network benefits.

Employee Contributions

2024 HEALTH BENEFIT PREMIUMS

Employee contributions are the employee's share of premium cost. Payroll deductions, as listed below, are deducted on a pre-tax basis.

Blue Cross Blue Shield		
Coverage Level	Semi Monthly Premium	Monthly Premium
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
Delta Dental - Low Plan		
Coverage Level	Semi Monthly Premium	Monthly Premium
Employee Only	\$5.92	\$11.83
Employee & Spouse	\$11.69	\$23.37
Employee & Child(ren)	\$14.52	\$29.03
Employee & Family	\$17.58	\$35.15
Delta Dental - Middle Plan		
Coverage Level	Semi Monthly Premium	Monthly Premium
Employee Only	\$10.17	\$20.33
Employee & Spouse	\$20.32	\$40.64
Employee & Child(ren)	\$25.62	\$51.24
Employee & Family	\$35.18	\$70.36
Delta Dental - High Plan		
Coverage Level	Semi Monthly Premium	Monthly Premium
Employee Only	\$19.47	\$38.93
Employee & Spouse	\$37.68	\$75.36
Employee & Child(ren)	\$45.67	\$91.34
Employee & Family	\$60.72	\$121.44
NEW Avesis Vision - Low Plan		
Coverage Level	Semi Monthly Premium	Monthly Premium
Employee Only	\$2.78	\$5.56
Employee & Spouse	\$5.03	\$10.06
Employee & Child(ren)	\$5.22	\$10.44
Employee & Family	\$8.05	\$16.09
Avesis Vision - High Plan		
Coverage Level	Semi Monthly Premium	Monthly Premium
Employee Only	\$4.26	\$8.52
Employee & Spouse	\$7.71	\$15.42
Employee & Child(ren)	\$8.01	\$16.01
Employee & Family	\$12.34	\$24.67

Health Insurance

MEDICAL BENEFITS: BLUE CROSS BLUE SHIELD (BCBS)

PCPS is pleased to offer a comprehensive PPO plan to employees and eligible dependents via a platform partnership with BCBS of Alabama and Florida Blue.



While it is recommended, you are not required to select a Primary Care Physician. A referral is not required to see a specialist. You have the freedom to receive care from any provider participating in the Florida Blue network or from out-of-network providers. When you use providers that are in-network, the plan pays the highest level of benefits. Significantly reduced benefits may be payable when out-of-network providers are utilized.

To locate an in-network provider, visit: [FL.ExploreMyPlan.com](https://fl.exploremyplan.com)

New for 2024: pay a \$35 copay when you use an Embold Quality Designated Provider (that's a \$15 savings every doctor visit!). Start your journey to high-quality care and providers by visiting polk.emboldhealth.com

BCBS PPO–Blue Options	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
Primary Care Office Visits	\$50 copay	Ded + 40%
Specialist Office Visits	\$50 copay Embold: \$35 copay	Ded + 40%
Maternity Care	\$50–first visit; Ded +20%	Ded + 40%
ER Physician, Inpatient Visit & Consultations	Ded + 20%	In Network Ded + 20%
Radiology, Pathology & Anesthesiology		
Ambulatory Surgical Center	Ded + 20%	Ded + 40%
Hospital	Ded + 20%	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
Emergency Room	Ded + 20%	In Network Ded + 20%
Facility Services		
Ambulatory Surgical Center	Ded + 20%	Ded + 40%
Independent Clinical Lab	Quest Diagnostics: \$0 copay All Others: Ded + 20%	Ded + 40%
Outpatient Chemotherapy, Diagnostic Lab, 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%

Health Insurance

PHARMACY BENEFITS: PRIME THERAPEUTICS

When you enroll in our BCBS medical plan, you automatically receive prescription drug coverage. For more information about what prescriptions are covered, please visit [FL.ExploreMyPlan/DrugList](#)

SourceRx	30-day Supply	90-day Supply	90-day Mail
Pharmacy Deductible	\$50 per person		
Tier 1 (Preferred Generic)	\$8	\$20	\$20
Tier 2 (Non-Preferred Generic)	\$8	\$20	\$20
Tier 3 (Preferred Brand)	\$40+10%* (max \$80)	\$120+10%* (max \$240)	\$125*
Tier 4 (Non-Preferred Brand)	\$80+10%* (max \$160)	\$210+10%* (max \$420)	\$200*
Tier 5 (Preferred Specialty)	\$80*	Not Covered	Not Covered
Tier 6 (Non-Preferred Specialty)	\$160*	Not Covered	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.

FLEX ACCESS

If you've been prescribed a high-cost prescription, you may want to check if your medication falls under the FlexAccess Program. This program maximizes drug manufacturer coupons to ensure your medications remain affordable. Call 888-302-3618 or email member.services@flexaccess.rx.com to learn more.

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](#).

BCBS Member Portal:

[FL.ExploreMyPlan.com](#)

BCBS Customer Service:

1-855-630-6824

BCBS Onsite Representative:

863-969-6096



Health & Wellness Centers

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

Everside'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

Lakeland	Haines City
3215 Winter Lake Rd.	641 US HWY 17-92 W.
Lakeland, FL 33803	Haines City, FL 33844

CENTER HOURS

Monday–Friday: 7 am–6pm
Saturday: 8am–12pm
Sunday: Closed

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!**
- **Download the Patient Portal App**

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

Schedule an appointment today!
(863) 419-3322



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:

ABCS 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!

New for 2024: 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 be continue to be FREE, but only when you use a participating pharmacy. Standard clinical and prior authorization protocols also apply. Florida Blue/Prime Therapeutics 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. To view the list of free medications & supplies visit: [FL.ExploreMyPlan/DrugList](#) and select SourceRx Value Based Design Drug List.

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

BABY YOURSELF

Baby Yourself® provides access to clinical support and a free mobile app to track your pregnancy, your babies growth and your personal journey to motherhood. Eligible employees and spouses who participate in the program will receive a \$200 incentive after the baby is born. Call 1-800-222-4376 to enroll.

WONDR HEALTH

No points, plans or counting calories. A science-based program created by a team of doctors and clinicians that has shown to improve your energy level, help you feel more confident, lose weight, become more physically active and improve your mood. Best of all it's completely free to you! Learn more at: wellness.polkschoolsfl.com/wondrhealth/

BUT WAIT! THERE'S MORE...

Through our Health & Wellness Centers you have access to:

- Face-to-face and Telephonic Coaching
- Meal Planning and Preparation Tools
- Cooking Classes and Demonstrations
- Hypertension Education Series
- Hyperlipidemia Education Series
- Tobacco Cessation Support

Join us every week for **Well-Being Wednesdays!** [Click here](#) to sign up for our weekly newsletter, view our wellness events calendar, and to contact our wellness team.

HEALTHFUL LINKS:

- [Health & Wellness | Polk County Public Schools \(polkschoolsfl.com\)](#)
- [Follow us on Facebook: @PCPSWellnessBenefits](#)
- [Talk to a coach: 863-648-3057](#)
- [Get discounts on gym memberships, meal kits, massages, and more at Blue365Deals.com](#)

Know Before You Go



\$35 Copay

How does anyone really know what they are getting when it comes to health care? Embold Health's Provider Guide, customized for PCPS, 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 polk.emboldhealth.com



Call **1-855-630-6824**



\$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. PCPS provides it's BCBS members with free access to Teladoc. That's right—\$0 copay! It's an affordable alternative to costly urgent care and ER visits when you need care now.

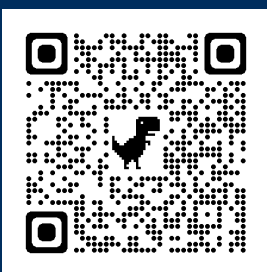


Visit Teladoc.com



Call **1-844-594-6014**

THE BENEFITS OF TELEMEDICINE



[Click here](#) or use your mobile device to scan the QR code to learn how you can save time and \$\$\$ with telemedicine!

SAVE \$\$\$ WITH THESE HELPFUL TIPS

As a BCBS member, you'll have access to interactive tools to help you find health care providers and compare treatment options to make informed decisions based on your needs. Get started by creating your member portal via FL.ExploreMyPlan.com

Research hospitals and facilities

Choose a medical facility that meets your criteria and saves you money with the Medical Services Cost Estimator tool. Research and compare hospitals and facilities based on their quality, expertise and price.

Compare drug costs to save

Use the interactive Drug Shopper to find costs for medications at pharmacies you select. Compare costs at retail locations versus ordering a 90-day supply from a mail-order pharmacy.

Maximize your benefits

Seek advice from a Care Consultant to help you make major health care decisions. They understand your plan benefits and treatment choices that can save you time and money. Contact your Onsite BCBS Representative or call the number on the back of your ID card.

Check first for pre-approval

Precertification (sometimes referred to as a prior authorization) is a requirement of your benefit plan to obtain a medical necessity decision before you receive certain services or prescription drugs. Contact your BCBS Onsite Representative or call the number on the back of your ID card to verify which services require pre-certification.

Save money on lab tests

Save time and money by booking your lab service appointments with Quest Diagnostics. All covered lab work processed through Quest Diagnostics is a \$0 copay! Get started by scheduling your appointment online, or request that your doctor send your labs to Quest Diagnostics. All covered lab work processed outside of Quest Diagnostics is subject to deductible and coinsurance.

Know Before You Go



**POLK COUNTY
PUBLIC SCHOOLS**

Blue Cross wants to help you know Where to 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.

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-woman visits

TELADOC®

Contact Teladoc for **non-life threatening** conditions.

Teladoc® is an independent company providing phone and online physician consultation services to Blue Cross and Blue Shield of Florida members.



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

Please refer to the chart below for more information about your out-of-pocket costs.

Provider	Out-of-Pocket Costs
ONSITE CLINIC	\$0
TELADOC®	\$0
PCP	\$50
URGENT CARE	\$50
EMERGENCY ROOM	80% Subject to deductible

Onsite Health Center:

1-863-419-3322 or polkschoolsfl.com/clinics

Blue Cross:

1-855-630-6824 or use the "Find a Doctor" tool at FL.ExploreMyPlan.com



**BlueCross BlueShield
of Florida**

An Independent Licensee of the
Blue Cross and Blue Shield Association

Dental Insurance

DELTA DENTAL PLANS

PCPS offers three (3) dental plan options through Delta Dental. If you enroll in one of the dental plans, you will have access to Delta Dental'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 Delta Dental's network, visit www.deltadentalins.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	Delta Dental Premier		Delta Dental PPO		Delta Dental PPO	
Deductible†	Individual: \$50 Family: \$150		Individual: \$50 Family: \$150		Individual: \$50 Family: \$150	
Type A¹	Schedule‡	Schedule‡	100% of PPO Fee	100% of PPO Fee	80% of PPO Fee	80% of PPO MPA*
Type B²	Schedule‡	Schedule‡	80% of PPO Fee	80% of PPO Fee	80% of PPO Fee	80% of PPO MPA*
Type C³	Schedule‡	Schedule‡	50% of PPO Fee	50% of PPO Fee	80% of PPO Fee	80% of PPO MPA*
Annual Max	\$1,000		\$1,000		\$1,500	
Orthodontia	Not Covered		Covered for children up to age 19		Covered for children only to age 19	
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 Delta Dental Customer Service.

*MPA—Maximum Plan Allowance

Delta Dental Member Portal:

www.deltadentalins.com

Customer Service:

1-800-521-2651

 **DELTA DENTAL**

WHERE'S MY ID CARD?

With Delta Dental, you don't need one! When visiting a Delta Dental network provider simply provide your social security number. The dentist's office can use this to verify your eligibility for benefits. If you still would like an ID card, you can print a customized ID card via the Member Portal.

SMILEWAY

Did you know your oral health plays a part in disease prevention and overall wellness? Get all the tips you need to keep your teeth and body healthy with Delta Dental's Wellness Program: SmileWay. Learn more by visiting: www.deltadentalins.com/wellness

Vision Insurance

AVĒSIS VISION PLANS

With this vision plan, 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 Avēsis provider. You can access a complete list of participating ophthalmologists, optometrists, and opticians by logging on to www.avesis.com

	NEW Low Vision Plan		High Vision Plan	
	In-Network	Out-of-Network Reimbursement	In-Network	Out-of-Network Reimbursement
EXAM <i>Once every Calendar Year</i>	\$20 copay	Up to \$35	\$10 copay	Up to \$40
STANDARD LENSES <i>Once every Calendar Year</i>				
• Single	\$20 copay	Up to \$25	\$20 copay	Up to \$40
• Bifocal	\$20 copay	Up to \$40	\$20 copay	Up to \$60
• Trifocal	\$20 copay	Up to \$50	\$20 copay	Up to \$80
• Progressives L1-L3	\$50 allowance	Up to \$40	Covered in full	Up to \$48
• Progressives L4	\$50 allowance	Up to \$40	\$250 copay	Up to \$48
FRAMES <i>Once every other Calendar Year</i>	\$120 allowance	Up to \$45	\$150 allowance	Up to \$50
CONTACT LENSES <i>Once every Calendar Year (in lieu of frame and lenses)</i>				
• Fit & Follow-up	Up to \$50 copay	None	Covered in full	Up to \$25
• Elective Lenses	\$120 allowance	Up to \$110	\$130 allowance	Up to \$110
• Medically Necessary Lenses	Covered in full	Up to \$250	Covered in full	Up to \$250

OUR PLAN COVERS LASIK!

With your Avēsis vision insurance , you receive a one-time/ lifetime allowance of \$150 that can be used when seeing an in or out-of-network LASIK provider. To locate an in-network LASIK provider, visit www.qualsight.com/-avesis or call **877-712-2010**.

AVĒSIS VISION DELIVERED

Order your eyeglasses online! Choose from thousands of frames, in every shape, size, color, and material, and use UVP's Virtual Mirror to see how your favorites look on you. Visit your Avēsis Member Portal and click the "Online Eyeglass Ordering" link to be directed to the UVP website accordingly.

Avēsis Member Portal:

www.avesis.com

Customer Service:

866-205-0654



Flexible Spending Accounts



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 2024:

	Health Care FSA	Dependent Care FSA
Max.	\$3,050 (or IRS maximum, whichever is greater)	\$5,000 (\$2,500 if married filing separately)
Min.	\$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 the Staff Portal!)** 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.

FSA elections MUST be re-elected each year!

3 WAYS TO MANAGE YOUR FSA

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

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, 2024. You may request reimbursement on qualified expenses received during the 2024 calendar year through March 31, 2024. 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

BASIC LIFE

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.

ADDITIONAL LIFE

You have the option to elect Additional Life Insurance in increments up to 5x your annual salary. Coverage amounts are rounded to the next higher multiple of \$1,000, if not already a multiple of \$1,000. **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 \$ 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, 2024 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.

Age as of 01/01/2024	Rate per \$1,000
≤ 29	\$0.073
30-34	\$0.084
35-39	\$0.105
40-44	\$0.143
45-49	\$0.198
50-54	\$0.266
55-59	\$0.280
60-64	\$0.302
65+	\$0.340

Did your salary increase? Login to [Benefitplace](#) and review your elections for pending Evidence of Insurability (EOI) completion. Failure to complete EOI will default you to the amount you were previously approved for, or the Guarantee Issue amount of \$150,000 (whichever is greater).

DEPENDENT LIFE

You may elect Dependent Life Insurance at a flat amount of **\$10,000 for your spouse** and **\$5,000 for your child**.

“Child” means your unmarried child(ren) from birth through age 20 (through age 24 if a registered full-time student at an accredited educational institution), or your unmarried child(ren) who meets the definition of disability in the group policy.

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 can't be covered by both parents. **Employees cannot cover each other as dependent spouses.**

Dependent Life	Coverage Amount	Monthly Rate
Spouse	\$10,000	\$5.49
Child	\$5,000	\$0.75

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:

- You are increasing your Additional Life Insurance
- You are electing Additional Life and/or Spouse Life after your new hire period
- Your salary increases resulting in a coverage amount greater than the Guarantee Issue (\$150,000)

When EOI is not required:

- If you are a New Hire electing Spouse Life and/or Additional Life up to the Guarantee Issue (\$150,000)
- If you experience a qualified life event (i.e. marriage) you may elect Spouse Life and/or Additional Life up to the Guarantee Issue (\$150,000)

VOLUNTARY SHORT TERM DISABILITY (STD)

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 as of January 1, 2024 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 Rate Table			
Age as of 01/01/2024	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.

VOLUNTARY LONG TERM DISABILITY (LTD)

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 \$7,500 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

- **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**—If you are changing LTD/STD disability plan(s) or electing disability coverage for the first time, Evidence of Insurability (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 enrollment then your benefits may not become effective.

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 as of January 1, 2024 and do not change mid-year. Use the charts below to estimate your monthly payroll deduction.

Enter your average monthly earnings not too 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.	

Long Term Disability Rate Table	
Age as of 01/01/2024	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

AETNA RESOURCES FOR LIVING

Aetna Resources For Living (Aetna RFL) is an employer sponsored program, available at no cost to you and all members of your 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.

EMOTIONAL WELL-BEING SUPPORT

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, Anxiety

New for 2024: Texting now available. 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.

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

ONLINE 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!

MYSTRENGTH MOBILE APP

myStrength offers tools to improve your emotional health and help you overcome depression, anxiety, stress, substance misuse and/or chronic pain, mindfulness, sleep and health parenting. **[Download the app today on the Apple or Google Play Store!](#)**

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 document
- Separation
- Real estate transactions
- Mediation services

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

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.

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.

1-800-272-7252

www.resourcesforliving.com

Login: PCS Password: PCS

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) 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://polkschoolsfl.com/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. 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)
American Century Investments		1-800-345-3533		X	X
Ameriprise Financial		1-863-688-6863		X	
ASpire Financial Services	Allen & Company CPS Investment Advisors	1-863-688-9000 1-877-564-6277		X	
AXA Equitable Life Insurance Co.		1-800-628-6673	X	X	X
Great American Financial Resources		1-800-854-3649	X	X	X
Horace Mann Insurance Company		1-800-999-1030	X	X	X
Life Insurance Company of the Southwest		1-800-579-2878	X	X	X
Plan Member Services		1-800-874-6910	X	X	X
Reliastar Life Insurance Co. (ING Retirement)		1-877-884-5050	X	X	X
VALIC		1-800-369-0314	X	X	X
Waddell & Reed, Inc.		1-813-348-0097		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 no-

tifies the employer in the event of an excess contribution.

THE BASIC CONTRIBUTION LIMIT FOR 2021 IS \$19,500.

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 \$6,500 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>.

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 www.tsacg.com

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. These eligibility requirements to receive a Hardship withdrawal are provided on the Hardship Withdrawal Disclosure form at <https://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 <https://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 his/her 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: 1-888-796-3786
Toll-free fax: 1-866-741-0645

For overnight deliveries

73 Eglin Parkway NE, Suite 202 Fort Walton
Beach, FL 32548
Toll-free: 1-888-796-3786
Toll-free fax: 1-866-741-0645

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).

Who is eligible for COBRA continuation coverage?

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

Qualified beneficiaries include:

- an employee who was covered by PCPS' Health Plan on the day before a qualifying event occurred
- that 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 an covered employee to lose coverage under PCPS' Health Plan:

- Termination of the 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.

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.

Blue Cross Blue Shield	
Coverage Level	Monthly Premium
Employee Only	\$937.38
Employee & Spouse	\$1,543.26
Employee & One Child	\$1,044.48
Employee & Two Children	\$1,151.58
Employee & 3+ Children	\$1,187.28
Employee, Spouse & One Child	\$1,650.36
Employee, Spouse & Two Children	\$1,757.46
Employee, Spouse & 3+ Children	\$1,793.16
Delta Dental - Low Plan	
Coverage Level	Monthly Premium
Employee Only	\$12.07
Employee & Spouse	\$23.84
Employee & Child(ren)	\$29.61
Employee & Family	\$35.85
Delta Dental - Middle Plan	
Coverage Level	Monthly Premium
Employee Only	\$20.74
Employee & Spouse	\$41.45
Employee & Child(ren)	\$52.26
Employee & Family	\$71.77
Delta Dental - High Plan	
Coverage Level	Monthly Premium
Employee Only	\$39.71
Employee & Spouse	\$76.87
Employee & Child(ren)	\$93.17
Employee & Family	\$123.87
NEW Avesis Vision - Low Plan	
Coverage Level	Monthly Premium
Employee Only	\$5.67
Employee & Spouse	\$10.26
Employee & Child(ren)	\$10.65
Employee & Family	\$16.41
Avesis Vision - High Plan	
Coverage Level	Monthly Premium
Employee Only	\$8.69
Employee & Spouse	\$15.73
Employee & Child(ren)	\$16.33
Employee & Family	\$25.16

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 family member. The Risk Management Department strives to ensure employees out 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) is a general term referring to employer approved time off for a qualifying employee. There are several types of LOA; however, Risk Management specifically handles those pertaining to medical related reasons.

Employees must be on an approved leave of absence for absences longer than three (3) days.

Who processes Leave of Absences?

Risk Management handles the following types of LOA:

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

To request a Leave of Absence Request Form please email LeaveofAbsence.PCSB@polk-fl.net. For questions please contact Risk Management at 863-519-3858 option 4 or via email at LeaveofAbsence.PCSB@polk-fl.net.

Employee Relations handles the following type of LOA:

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

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

FMLA is a federal law that provides eligible employees with up to 12 weeks (60 days) of job protected leave. The law also requires that during this time, the employee's Board health insurance premiums are paid for by PCPS just as they are while the employee is actively working. The employee is still responsible for all other deductions they may have.

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

You are eligible if you have met ALL of the following:

- Completed at least one (1) year of employment with PCPS in the last seven (7) years
- Worked at least 1250 hours in the immediate 12 months preceding the start date of your leave
- Have not exhausted 12-weeks or 60 days of FMLA time in the immediate 12 months preceding the start date of your leave.

Please note that ADA accommodations may be available to you if you are not eligible for LOA or FMLA.

Are Leave of Absences paid?

No. FMLA, Medical, and Parental Leaves are unpaid. However, you may use your accumulated sick and/or vacation time in concurrence with your LOA.

Alternative resources that may be available for supplementing your income include:

- If you are actively covered under Short-term and/or Long-term Disability, consider filing a claim with The Standard. [See pages 20-21 for benefit information.](#)
- Request to draw from the Sick Leave Bank if you are a member of this program and experience a catastrophic event*
- Consider receiving donated sick time from a family or friend who is also a PCPS employee*

**Specific requirements must be met. Refer to the Board policy on sick leave for more information.*

Additional Resources:

[Leave of Absence - Secretaries Guide](#)

[Leave of Absence FAQ's](#)

[Leave of Absence - Quick Reference Guide](#)

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 (plan). Coverage would be on the same plan, and level of coverage in place at the time of retirement (e.g., employee and spouse). The employee must also begin receiving retirement benefits immediately upon retirement.

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). You **MUST** indicate you are retiring with Polk County Schools when you turn in your letter to your Principal/Supervisor.

Dependents are eligible until they reach the limiting age (26) 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 6 for the dependent eligibility guidelines.](#)

OVER 65 (MEDICARE-ELIGIBLE)

For new retirees over 65 or for those approaching age 65 (typically 6 months prior), they may begin reviewing benefits offered through the Florida Retiree Benefits Consortium (FSRBC) and register for an account at myfsrbc.com. FSRBC is a large pool of retired school board agencies that group their purchasing power to purchase unique benefits for the over 65 of School Board retirees.

FSRBC will assist the retiree with new enrollment, changes, and future open enrollments. Even if a retiree did not elect benefits with Polk 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/retiree 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 Plan are eligible to utilize the Employee Health Centers. In addition, retirees and their dependent(s) under 65 can take advantage of wellness programs, such as Wondr Health and ABCs of Diabetes at no cost. [See page 12-13 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 percent 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 ages shown below:

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

Each reduction is based on the original coverage amount at retirement. **Example:** you had \$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 your dental and vision policies by paying the group rate. **For information on the vision & dental benefits, see pages 16-17.**

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

Please see page 29 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.

Age as of 01/01/24	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 logging into [Benefitplace](#) and submitting a change online or by contacting Risk Management.

Retiree Benefits Enrollment

ENROLLMENT

Retirees have **60 days from the date of retirement** (finalized Retirement employment action) to elect retiree benefits using [Benefitplace](#). Failure to enroll during this time, means benefits are permanently forfeited.

CHANGING YOUR BENEFIT ELECTIONS

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.

- **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 Schools and will be offered COBRA coverage.

RE-EMPLOYED RETIREES

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

Employees over 65 that elect Medicare Part B may want to consider if 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?

- **After one month** - Retirees who return to employment with PCPS are required to re-satisfy a waiting period for all group insurance benefits. New benefits must be elected, or default benefits will be assigned, including paid medical coverage and life insurance coverage. To waive benefits, an active enrollment election must be made.
- **Less than one month** - Retirees who return to work within 30 days are not required to satisfy a waiting period. The benefits will be assigned that were in place prior to separation.
- **Substitute(s) or Ineligible Position** - A substitute or an employee in a non-benefits eligible position, means you would maintain your retiree benefits.

[Click here](#) or scan the QR code to learn how to make changes to your benefits in [Benefitplace](#).



Make sure you understand FRS rules for re-employment 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 Contributions

2024 HEALTH BENEFIT PREMIUMS

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

Blue Cross Blue Shield	
Coverage Level	Monthly Premium
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+ Children Under 65	\$1,433.00
Retiree, Spouse & 1 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
Delta Dental - Low Plan	
Coverage Level	Monthly Premium
Retiree Only	\$11.83
Retiree & Spouse	\$23.37
Retiree & Child(ren)	\$29.03
Retiree & Family	\$35.15
Delta Dental - Middle Plan	
Coverage Level	Monthly Premium
Retiree Only	\$20.33
Retiree & Spouse	\$40.64
Retiree & Child(ren)	\$51.24
Retiree & Family	\$70.36
Delta Dental - High Plan	
Coverage Level	Monthly Premium
Retiree Only	\$38.93
Retiree & Spouse	\$75.36
Retiree & Child(ren)	\$91.34
Retiree & Family	\$121.44
NEW Avesis Vision - Low Plan	
Coverage Level	Monthly Premium
Retiree Only	\$5.56
Retiree & Spouse	\$10.06
Retiree & Child(ren)	\$10.44
Retiree & Family	\$16.09
Avesis Vision - High Plan	
Coverage Level	Monthly Premium
Retiree Only	\$8.52
Retiree & Spouse	\$15.42
Retiree & Child(ren)	\$16.01
Retiree & Family	\$24.67

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.

ACH BANK ACCOUNT DRAFT

The alternate method of payment for retirees is a direct deduction from the retiree's bank account. This method is used for retirees whose insurance deduction(s) exceed the amount of their FRS payroll check or for Investment Plan participants who do not receive a monthly FRS check. Retirees must sign an authorization form. Deductions are made from your bank account on the 3rd of the month for that month's insurance premium.

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 \$5 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, 2001, the payment increased to at least \$30 but no more than \$150 per month. This subsidy is contingent upon continued approval by the Florida Legislature.

The subsidy must be applied for—it is not automatic.

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.

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 premium, 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.

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.

You pay through direct billing (ACH or Invoice). The District must complete the form for you.

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 max of six months. DROP participants cannot apply for the HIS until they have terminated employment and participation in DROP.

Benefits Contact Information

Contact	Phone	Website
Aetna Resources for Living	800-272-7252	resourcesforliving.com Login: PCS Password: PCS
Avesis Vision	800-828-9341	avesis.com
Benefitplace	877-336-8082 (login support only)	secure3-enroll.com/go/polkschools
Blue Cross Blue Shield	855-630-6824	FL.ExploreMyPlan.com
Delta Dental	800-521-2651	deltadentalins.com
Florida Retirement System (FRS)	866-446-9377	myFRS.com
Health & Wellness Center	863-419-3322	polkschoolsfl.com/wellness/
Health & Wellness Center–Wellness Staff	863-648-3057	polkschoolsfl.com/wellness/
TASC–FSA & COBRA	800-422-4661	tasconline.com
The Standard		
Life Insurance	800-628-8600	
Short-Term Disability	800-368-2859	standard.com
Long-Term Disability	800-368-1135	
Risk Management & Benefits Department	863-519-3858	polkschoolsfl.com/benefits/

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

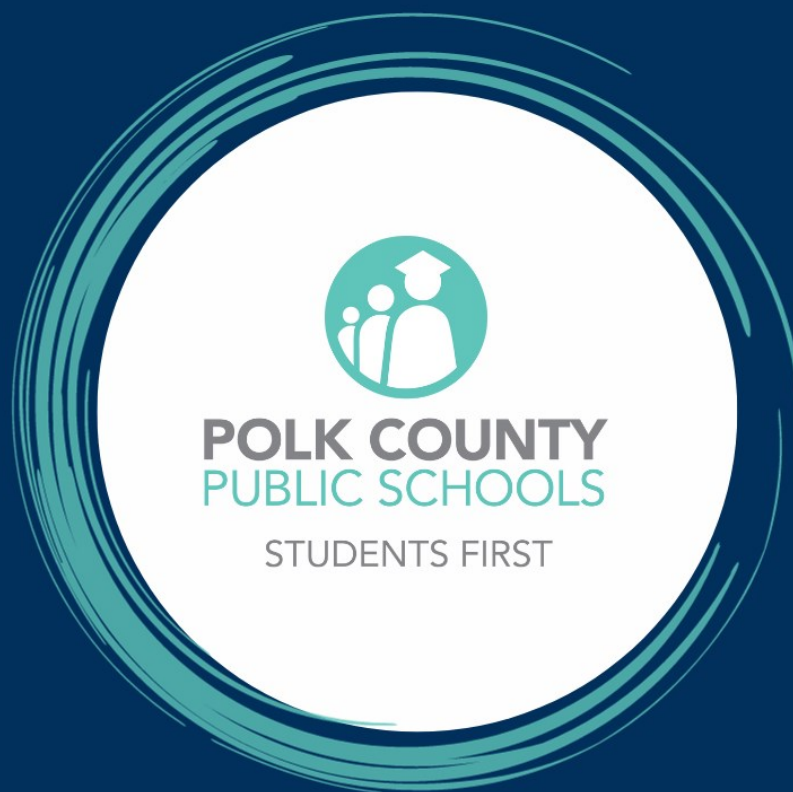
Section 504:

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

Title IX:

Chandra L. Hall, Senior Director
Office of Equity and Diversity Management
Polk County Public Schools
1915 S. Floral Avenue
Bartow, FL 33831
863-534-0781 ext. 569
chandra.hall@polk-fl.net

All of our required benefit notices are available online via Benefitplace. To request paper copies, please contact the Risk Management & Benefits Department.



2024 Benefits