



2024 Benefits Guide



Benefits to Support Your Life Journey

Welcome to the 2024 (January 1, 2024– December 31, 2024) Insurance and Benefits Information Guide. This booklet is intended to outline the benefits and insurances that are available to you through the Nassau County School Board (NCSB). It is highly recommended that you keep this guide throughout the year as there are several important topics outlined which may directly impact you and your benefits. Should you have any questions regarding the specifics of the plans offered, please refer to the last pages of this packet for a list of contacts.

During the annual Open Enrollment, you will have the opportunity to inquire about the specific plans. This is your once-a-year opportunity to select the insurance coverage(s) that best suit your needs for the upcoming plan year. You can add qualified dependents, remove existing dependents, elect new policies, waive coverage, cancel existing policies, change from one plan to another and implement a variety of other changes to your current insurance(s). Please note that changes to medical, dental, vision and supplemental insurances are only permitted during Open Enrollment unless you experience a qualified life event. Please see page 5 for additional information.

Hopefully, you will find the information contained within to be very useful and informative. Should you have any questions regarding the enrollment process, please contact Leanne Peacock in the Human Resources Department for assistance.

IMPORTANT TO KNOW

Human Resources Website: www.nassau.k12.fl.us

The Human Resources Department website houses several documents and reference materials intended to make your day-to-day job easier. We have added several items to serve our current and potential employees.

- Human Resources Department Contacts including areas of responsibility
- Employment Opportunities for administrative, instructional, and non-instructional positions
- Benefits & Insurance
- Important Documents
- NTA and NESPA Contracts
- Bargaining
- Out-of-Field
- Paraprofessionals
- Substitutes
- Retirement
- Teacher Certification
- Athletic Coaches
- NTA and NESPA Contracts
- Evaluation Plans (School Leadership and Instructional Personnel)
- Insurance Committee
- Employee Leaves section including instructions and required forms
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Enrollment Checklist

BEFORE ENROLLING

- Take the time to educate yourself on all of the benefit options that are available to you by reviewing this benefits guide carefully as you consider your plan choices.
- Prepare a list of your doctors and prescriptions.
- Have your dependent information readily available for any that you may be enrolling into benefit coverage for the new plan year (Full name, SSN, Date of Birth, and documentation to upload for newly enrolled dependents).

DURING ENROLLMENT

- Make your elections within the Open Enrollment period in order to ensure your benefits are effective for the 2024 plan year. Failure to make elections by the end of the Open Enrollment period (October 2, 2023 through October 27, 2023) will result in your benefits being waived for the 2024 plan year.
- If you do not make elections, then you may not be able to enroll and/or make changes to your benefits until the next Open Enrollment period or unless you experience a Qualifying Life Event.

AFTER ENROLLMENT

- Medical coverage: If you elect coverage, you will receive an ID card in the mail that you should use for all medical and prescription services. This will come in a blank envelope; be sure you do not disregard.
- Your ID card contains important information about you, your employer group and the benefits to which you are entitled. Always remember to carry your ID card with you; present it when receiving health care services or supplies, and make sure your provider always has an updated copy of your ID card.
- Dental coverage: If you elect coverage, you may receive an ID card. For dental services, coverage will be tied to the employee's social security number. Be sure to give this to your provider at time of service.
- Vision coverage: If you elect coverage, you may receive an ID card. For vision services, coverage will be tied to the employee's social security number. Be sure to give this to your provider at the time of service.

New for Plan Year 2024

We will be hosting various virtual and onsite enrollment meetings to review the below changes. Please make plans to join one of those sessions.

2024 OPEN ENROLLMENT MEETINGS AND ASSISTANCE

DATE	TIME	LOCATION
October 10 th	4:30pm-6:30pm	West Nassau High School
October 11 th	9:30am-12:00pm	Transportation & Maintenance
October 11 th	4:30pm-6:30pm	Fernandina Beach High School
October 25 th	4:30pm-6:30pm	Yulee High School

If you cannot make it to an in-person session, you can sign up for an online one-on-one meeting via the link below:

[Calendly - Nassau County School District](#)

MEDICAL

Premium Changes

Dependent on the plan and tier level (employee only, employee + spouse, etc.) you elect for the 2024 plan year, you may notice a change in premiums. It is important to understand all benefit offerings and premiums when making your benefit elections. Be sure that you are on the best medical plan for you and/or your family.

WELLNESS

UNITED HEALTH CARE REWARDS

UHC Rewards is available at no additional cost to you, as part of your UHC health plan benefits. Using the UHC Rewards program, enrolled employees and/or enrolled spouse are eligible to earn up to \$1,000 in rewards when you complete a well being task.

Dental

Teledentix & Byte

These services are available to those enrolled in **preferred dental plans only**.

Teledentix – get access to virtual dental care 24/7 at \$0 cost. Register on the Teledentix app or computer at [Humana.teledentix.com/c/humanademand.com](https://www.humana.com/teledentix/c/humanademand.com).

Byte – clear aligners give you a way to straightener your teeth as a “clear” alternative to traditional braces. Get started right from the convenience of your home. Your journey with Byte starts here [go.byte.com/smile-humana](https://www.go.byte.com/smile-humana).

To start your enrollment – **AS A NEW USER:**

- Visit <https://benefits.plansource.com/>
- Your username is the 1st initial of your 1st name, up to the first 6 letters of your last name and the last 4 digits of your SSN (Taylor Williams, last four SSN 1234 – username: twillia1234)
- Your initial password is your birth date in the YYYYMMDD format (i.e. 12/31/1974 = 19741231)
- If you're having trouble remembering your password, click the [Forgot your password](#) link or [Help](#), just below the login form.

To start your enrollment – **AS A RETURNING USER:**

- Visit <https://benefits.plansource.com/>
- Your username is the 1st initial of your 1st name, up to the first 6 letters of your last name and the last 4 digits of your SSN (Taylor Williams, last four SSN 1234 – username: twillia1234)
- Enter your password that you created upon first registration (*This WILL not be the Date of Birth if you changed it last year or registered and were prompted to change*).
- If you're having trouble remembering your password, click the [Forgot your password](#) link or [Help](#), just below the login form.

Step 1: Review Profile

- The * indicates a required field. Verify your Personal Information; if there are changes, you will need to contact Human Resources to make the necessary updates in payroll.
- If you need to add a family member to your coverage, select *Next: Review My Family* and add family member. You can add eligible family members during this step, even if you are not enrolling them for coverage. Please double check spelling of names and verify dates of birth and social security numbers.

Step 2: Shop Benefits

- Shop each benefit offering, choosing your desired election under the appropriate plan, or declining the benefit entirely. In order to proceed through each enrollment page, use the *Shop Plans* button next to the first benefit type. If you elect coverage with family members, select family members to add to coverage, then click *Update Cart*.

Step 3: Review Beneficiaries

- View, add, or edit beneficiaries for each of your applicable coverages. When adding a beneficiary, click the box next to *Add to all benefits* if you wish to designate the same beneficiary for all coverages.

Step 4: Checkout

- Once you have completed each benefit election, click *Confirm* and *Checkout* at the bottom of the page. Review for accuracy and choose *Checkout*. Your benefit election will not be complete until you hit the Checkout button.

Step 5: Documents

- Under *Your To-Do-List*, upload the required documents if you added any **new** family members to your coverage.

Enrollment Basics

WHO YOU CAN COVER

In order to be eligible to enroll in the benefits we provide, you and/or your dependents must meet the following eligibility criteria:

Employees

Must be a regular, full-time employee currently working 25 hours or more per week.

Spouse

The person to whom you are legally married. Under no circumstances may ex-spouses be covered by an employee.

Dependent child(ren)

Children up to age 26 (eligible through December 31 following the child's 26th birthday).

Over-age dependents ages 26-30 (eligible only for medical, through December 31st following the child's 30th birthday) who are:

- Unmarried AND have no dependents of their own AND are dependent on the employee for financial support
- Not offered coverage through another group or individual plan
- Not entitled to benefits under Title XVIII of Social Security Act
- Resident of Florida or are full or part-time students

Newborn children of covered dependent children (under the age of 26)

A newborn child of a covered dependent child (under the age of 26) is eligible for medical coverage for the first 18 months, as long as the newborn's parent also remains covered.

Disabled dependents

Dependents who become disabled before age 26 and rely on you for support may be eligible.

WHEN YOU CAN ENROLL

After you are hired

Your coverage begins the first day of the month, following 30 days of employment. You must submit your benefit elections and upload into the PlanSource Ben Admin System, all required documentation prior to your coverage effective date.

During Open Enrollment

Open Enrollment is your opportunity to evaluate your benefit options and make changes for the following year. Benefits selected during Open Enrollment are effective January 1, 2024 – December 31, 2024.

Mid-year changes

You may make changes to your benefits elections if you experience a qualified life event. The changes you make must be the result of and consistent with the qualified life event that occurred.

Mid-year change requests and supporting documentation must be submitted within 30-days of the date of the event.

EXAMPLES OF QUALIFIED LIFE EVENTS:

- Birth, adoption, legal guardianship or placement for adoption
- Marriage, divorce or annulment
- Death of a dependent
- Gain or loss of other creditable coverage

Medical Benefits

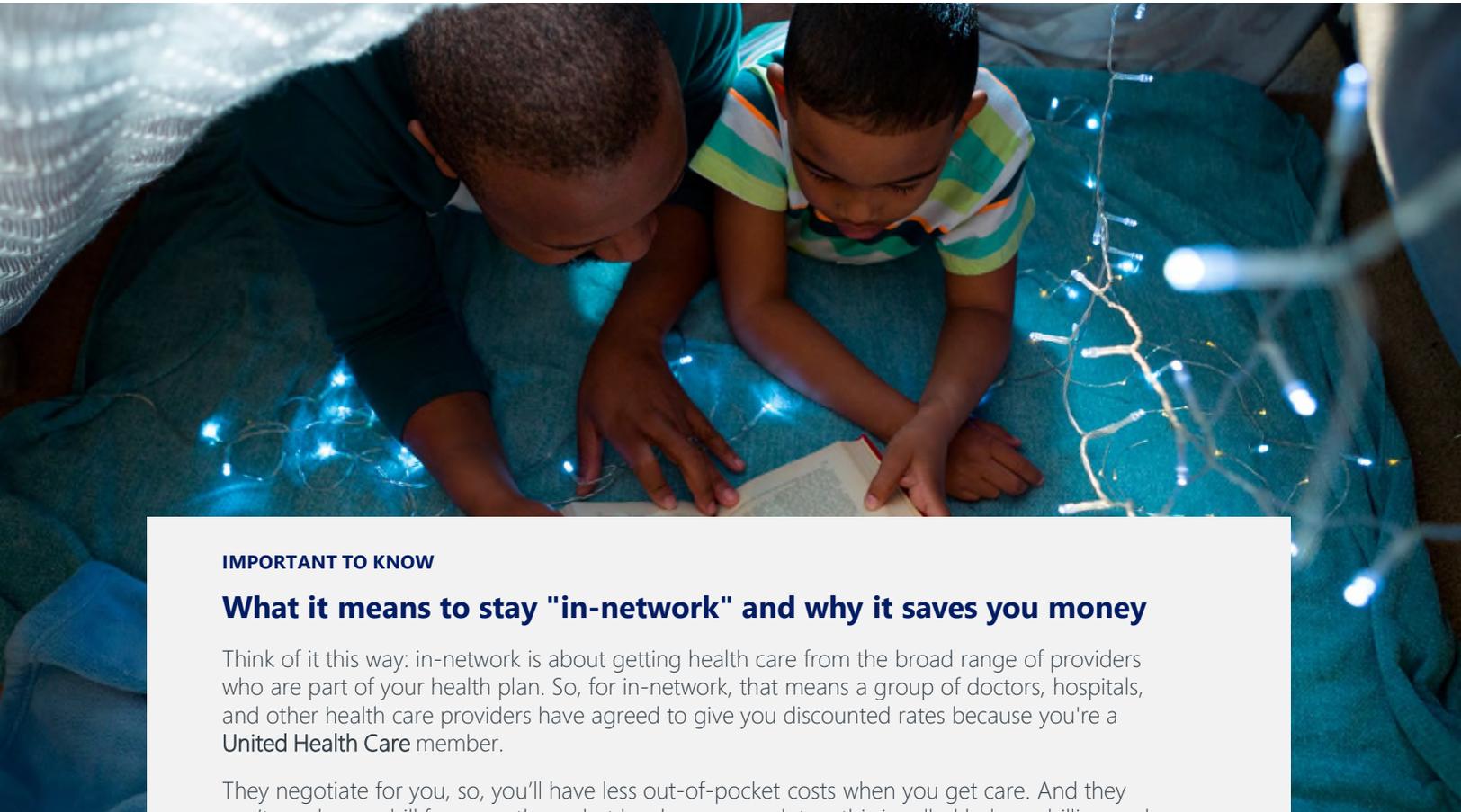


Your medical coverage is administered through **United Health Care**. Access a broad network of doctors and hospitals with quality care and significant savings, in comparison to receiving services out-of-network.

Your pharmacy benefits are provided through **United Health Care**. You may purchase up to a 30-day supply of covered drugs when filling a prescription at a participating pharmacy. The mail order pharmacy program offers up to a 90-day supply at a reduced cost for maintenance medications, such as those for blood pressure or cholesterol.

	BWKS MOD H545	BWN4 MOD	BW08 MOD	BWQ4 MOD	AQLS MOD				
MEDICAL	In- Network Only	In- Network Only	In- Network	Out-of- Network	In- Network	Out-of- Network	In- Network	Out-of- Network	
Calendar Year Deductible									
Per Individual	N/A	N/A	\$500	\$500	\$0	\$500	\$2,500	\$5,000	
Family Aggregate	N/A	N/A	\$1,500	\$1,500	\$0	\$1,500	\$5,000	\$10,000	
Out-of-Pocket Maximum									
Per Individual	\$2,500	\$1,500	\$3,000	\$3,000	\$2,500	\$5,000	\$2,500	\$10,000	
Family Aggregate	\$7,500	\$3,000	\$9,000	\$9,000	\$5,000	\$10,000	\$5,000	\$20,000	
Co-Insurance									
Plan Pays / You Pay	N/A	N/A	80/20	60/40	80/20	50/50	N/A	80/20	
Preventive Services	\$0	\$0	\$0	Ded. + 40%	\$0	Ded. + 50%	\$0	Ded. + 20%	
Office Visits									
Virtual Visits	\$0	\$0	\$0	Ded. + 40%	\$0	Ded. + 50%	Ded.	Ded. + 20%	
Primary Care	\$25	\$15	\$20	\$20	\$20	Ded. + 50%	Ded.	Ded. + 20%	
Physician Specialist	\$60	\$15	Ded. + 20%	Ded. + 40%	\$40	Ded. + 50%	Ded.	Ded. + 20%	
Urgent Care	\$60	\$15	Ded. + 20%	Ded. + 40%	\$45	Ded. + 50%	Ded.	Ded. + 20%	
Mental Health	\$0	\$0	\$0	Ded. + 40%	\$0	Ded. + 50%	\$0	Ded. + 20%	
Emergency Room	\$100	\$100	\$100 + 20%	\$100 + 40%	\$100	\$100	Ded.	Ded.	
Inpatient Hospital	\$350/day up to \$1,750	\$450	\$500	Ded. + 40%	\$600	Ded. + 50%	Ded.	Ded. + 20%	
Outpatient Hospital Procedures	\$400	\$200	Ded. + 20%	Ded. + 40%	\$100	Ded. + 50%	Ded.	Ded. + 20%	
Outpatient Diagnostic Tests									
Lab / X-Ray / AIS	\$0/\$0/ \$60	\$0/\$0/ \$15	\$0/\$100/ Ded. + 20%	\$0/\$100/ Ded. + 40%	\$0/\$50/ \$150	\$0/\$100/ Ded. + 50%	Ded.	Ded. + 20%	
PRESCRIPTION									
Retail Pharmacy									
Generic / Preferred Brand / Specialty	\$10/ \$50 / \$85	\$10/ \$50 / \$85	\$10/ \$50 / \$85		\$10/ \$50 / \$85			Deductible	
Mail Order (90-day)									
Generic / Preferred Brand / Specialty	2.5 x Retail	2.5 x Retail	2.5 x Retail		2.5 x Retail			2.5 x Retail	

* This booklet provides only a summary of benefits. Full benefit detail is available on PlanSource Ben Admin system or by contacting your HR team.



IMPORTANT TO KNOW

What it means to stay "in-network" and why it saves you money

Think of it this way: in-network is about getting health care from the broad range of providers who are part of your health plan. So, for in-network, that means a group of doctors, hospitals, and other health care providers have agreed to give you discounted rates because you're a United Health Care member.

They negotiate for you, so, you'll have less out-of-pocket costs when you get care. And they can't send you a bill for more than what has been agreed to - this is called balance billing and you're safe from it, as long as you stay in-network.

MEDICAL PLAN PREMIUMS

Your employee contributions for this plan year are based on your choice of plan and coverage tier. Nassau School Board Contribution: \$654.85 monthly, totaling \$7,858.20 annually.

Listed below are per-pay-period costs for you and your dependents effective January 1, 2024 – December 31, 2024.

	BWKS MOD H545	BWN4 MOD	BW08 MOD	BWQ4 MOD	AQLS MOD
SEMI-MONTHLY PER-PAY-PERIOD COSTS					
Employee Only	\$71.83	\$90.10	\$59.42	\$77.45	\$5.00
Employee + Spouse	\$499.04	\$536.85	\$473.53	\$510.66	\$346.77
Employee + Spouse <i>(both NSD employees)</i>	\$171.61	\$209.42	\$145.92	\$183.23	\$19.35
Employee + Child(ren)	\$423.18	\$457.53	\$399.85	\$433.73	\$284.89
Employee + Family	\$914.26	\$971.08	\$875.67	\$931.72	\$685.50
Employee + Family <i>(both NSD employees)</i>	\$586.84	\$643.66	\$548.24	\$604.30	\$358.08

24/7 Virtual Visits.

It can be hard to know where to go for medical care – especially in the heat of the moment. But,, not every situation calls for a trip to the emergency room.

Telemedicine is a great first option

When you need care (and it isn't a true emergency like one of the conditions listed below), call **24/7 via the UHC app or Teladoc**. Their doctors can advise you on what to do next. They may even be able to help you resolve or stabilize the situation right there on the spot.

Virtual visits allow you to connect for immediate care.



Quickly connect with a provider for your immediate non-emergent care needs 24/7/365, in all 50 states and D.C.



Broad range of conditions that can be treated from medical to behavioral



Member and plan participant cost share could range from \$0 to \$49² a visit based on benefit plan design



Personalized care with prescriptions, labs and in-person care (as needed)

Nobody knows you better than your physician

Your physician has access to your records, knows the bigger picture of your health and may even offer same-day appointments to meet your needs.

When seeing your physician isn't possible, however, it's important to know your options for care that fits your specific needs or situation.

Current provider partners**



UHC ONLINE RESOURCES

By registering on www.myuhc.com, you can find the answers to your health and benefits questions and the information you need in one easy-to-use, convenient location online. If applicable, you will also receive Health Statements, Explanation of Benefits, Claim Letters, Regulatory Notices and other important information electronically. You may choose to receive free paper communications at any time by changing your Mailing Preferences.

Registration instructions

- Go to www.myuhc.com.
- Click the Register Now button.
- Enter name, date of birth and account numbers from your health plan ID card or your Social Security number and date of birth.
- Create a Username and Password.
- Enter your email address and optional phone numbers and choose security questions.
- Review and agree to the website policies and be sure to keep the email opt-in checked so you receive relevant news and wellness information.



Scan this QR code for a quick video on how to register for myuhc.com

MyUHC Tools

- Find Providers – Instructions for finding providers on the United Healthcare website. Go to www.myuhc.com. Use the Find a Doctor tool to locate in-network doctors and other providers.
- Money Saving Tips – How to save when accessing healthcare and filling prescriptions.
- UnitedHealthcare EAP – 24/7 Support at no extra cost—connect with clinicians, counselors, mediators, lawyers, and financial advisors. Call the member phone number on your health plan ID card and ask to speak with an EAP consultant or contact EAP directly at 1-888-887-4114.
- Find Care and Costs – Get an estimate for the cost of treatment before you go.
- Mental Health Resources – Behavioral health resources and care through www.myuhc.com or www.liveandworkwell.com. Schedule in-person or virtual appointments with providers.
- Advocate 4 Me – Specialized consultants that can easily compare the quality and cost for different providers, help you find a specialist or understand your treatment options. Consultants can also assist with claims, prior authorizations, prescription questions, and more!
- Preventive Care Services – Preventive Care schedules (adults/children) Paid in full with no copay. www.uhc.com/health-and-wellness/preventive-care.
- Detailed Benefit Summaries and other important Plan Documents.
- Medication Search – Look up medications, lower cost alternatives, quantity limits, etc.
- OptumRx Mail Order Pharmacy – Forms and instructions available to you.

UNITED HEALTHCARE MOBILE APP

When your health plan's right at your fingertips, you can manage your benefits anytime, anywhere.

Download the UnitedHealthcare® app to find nearby care options in your network, see your claim details, view and share your health plan ID card, and video chat with a doctor 24/7

QUIT FOR LIFE

With a coach on your side, it may be easier to leave tobacco behind. The Quit For Life® program includes access to a Quit Coach®, a mobile app and more to help you customize a quit plan and go tobacco-free.

Enroll in Quit for Life by logging into www.myuhc.com.

BEHAVIORAL HEALTH SUPPORT

The Live and Work Well website gives you access to support, care and resources to help you feel like the best version of you.

These behavioral health support services are available at liveandworkwell.com 24/7 — whether you're in a time of greater need or want to work on personal growth.

As part of your health plan benefits, Live and Work Well is available at no additional cost to you and your family.

EXPLORE PHARMACY BENEFITS

Learn how Optum Rx is designed to help make it easier for you to manage and save on medications.



Health and Well-Being Resources

We are dedicated to helping you and your family be healthy and fit. As a covered member, you and your covered dependents have access to the following benefits and resources.

PREVENTIVE CARE

One of the best ways to stay healthy and mitigate health risks is to follow established guidelines around preventive care, including check-ups, screenings, and immunizations. Your medical, dental, and vision plans cover in-network eligible well care visits, screenings and immunizations at no cost for you and your covered family members.

If you use out-of-network providers, deductibles and coinsurance apply.

24/7 VIRTUAL VISITS

Get care, virtually anywhere with 24/7 Virtual Visits, you can connect to a care provider by phone or video* through myuhc.com or the UnitedHealthcare app.

Providers can treat a wide range of non-emergency health conditions- from flu and pinkeye to migraines and more- and may even prescribe medication as needed.**

*Data rates may apply.

**Certain prescriptions may not be available, and other restrictions may apply.



REAL APPEAL

Real Appeal is a free digital program for all eligible UnitedHealthcare members. This program provides you with up to a full year of support for lasting weight loss.

On average, participants lose 10 pounds after attending just 4 online classes.

If you previously registered, but did not complete the program, you may re-enroll.

Personal Transformation Coach

- Step-by-step guidance and customization for a program that fits your needs, preferences and goals.
- Support and motivation for a full year to help you lose weight or maintain results.
- A personalized dashboard to keep track of your calories, fitness and goals.

24/7 Convenience & Accountability

- Food, activity, weight and goal trackers.
- Unlimited access to digital content.

Success Kit Includes

- Digital Weight Scale
- Electronic Food Scale & Balanced Portion Plate
- Access to Recipes, Online Fitness and More!

United Healthcare Rewards

Good news — your health plan has a new way to earn up to \$1,000 annually for both you and a covered spouse. UnitedHealthcare Rewards is included in your health plan at no additional cost.

With UHC Rewards, various actions* — including many things you may already be doing — lead to rewards. This program allows you to choose which activity to participate in and how to spend your earnings.

WAYS TO GET STARTED

On the UHC app:

1. Sign in or register
2. Select the **Me** tab and choose Rewards
3. Activate UHC Rewards

On My UHC - www.myuhc.com

1. Sign in or register
2. Select the **Me** tab and choose Rewards
3. Activate UHC Rewards

Action	Description	Premium
Connect a tracker	Automatically track activities	\$65
Daily activity – goal 1	Track 15 active minutes or 5K steps per day	\$0.75
Daily activity – goal 2	Track 30 active minutes or 10K steps per day	\$1.25
Fitness challenge – weekly goal	Complete the daily activity goals 5 out of 7 days (Sunday to Saturday)	\$5
Sleep tracking	Track sleep for 14 days	\$10
Sleep challenge – weekly goal	Track 7 hours of sleep for 5 out 7 nights (Sunday to Saturday)	\$5
Complete health survey	Complete the health survey	\$25
Get a biometric screening	Complete annual bloodwork and measurements	\$75
Go paperless	Switch to paperless communications	\$5
24/7 Virtual Visit	Talk to a provider by video for common urgent care needs	\$30
Flu shot	Get an annual flu shot	\$30
Annual checkup	Complete an annual checkup to support health and prevent illness	\$50
Maximum annual incentive		\$1,000

**Be sure to check your UHC App for any updated actions to receive rewards.*

Health Spending Account (HSA)

If you enroll in a High Deductible Health Plan (HDHP), you should consider contributing to a Health Savings Account. With an HSA, you can gain more control over your health care expenses. A full list of qualified expenses can be found in IRS Publication 502, at www.irs.gov/pub/irs-pdf/p502.pdf.

Employees enrolled in an HSA should reach out to their personal financial institution to check on what they are currently paying in administrative fees, interest they can earn, etc.. It may be a good idea to compare with other financial institutions.

WHY HAVE AN HSA?

- Withdrawals to pay for eligible expenses are never taxed
- Accumulated interest earnings are tax deferred, and if used to pay eligible expenses, are tax free
- Money not used at year end ‘rolls over’ for use the next year
- The balance in your HSA account can be invested

ELIGIBILITY REQUIREMENTS

- Must be enrolled in a High Deductible Health Plan (HDHP)
- Must not be enrolled in Medicare, must not be covered by other medical insurance(s) such as a Health Care FSA, HRA and other ‘first dollar’ coverage, must not have received VA medical benefits at any time in the past three months, and may not be claimed as a dependent on another individual’s tax return
- Spouse must not be contributing to/participating in a Health Care FSA through his/her employer

	ANNUAL MAXIMUM CONTRIBUTION	
	UNDER AGE 55	55 OR OLDER
2024		
Single Coverage	\$4,150	\$5,150
Family Coverage	\$8,300	\$9,300



Dental Benefits

Your voluntary dental coverage is provided through **Humana Dental**. You may view your benefits, print an ID card and locate in-network dental providers by visiting www.Humana.com.

	DHMO-HS205	PPO 14	FLEX PPO	ADVANTAGE PLUS 25
IN-NETWORK				
Calendar Year Deductible Individual Family	N/A N/A	\$50 \$150	\$50 \$150	N/A N/A
Diagnostic & Preventive Cleanings, exams, x-rays, sealants, space maintainers and fluoride treatments	Per service fee	Covered 100%	Covered 100%	Covered 100%
Basic Services Fillings (including tooth-colored fillings on posterior teeth), repairs, extractions, oral surgery, general anesthesia, endodontics and periodontics	Per service fee	80% after deductible	80% after deductible	Per service fee
Major Services Inlays, onlays, crowns, bridges and implants	Per service fee	50% after deductible	50% after deductible	Per service fee
Orthodontic Services* *subject to age limitations	Per service fee	50%	50%	Per service fee
Lifetime Orthodontia Max	\$1,900	\$1,500	\$1,000	\$2,300
Annual Benefit Maximum	N/A	\$1,500	\$1,000	N/A
OUT-OF-NETWORK <small>YOU MAY BE BALANCE BILLED IF YOU USE AN OUT-OF-NETWORK PROVIDER</small>				
Diagnostic and Preventive	N/A	90%	80%	N/A
Basic Services	N/A	70% after deductible	50% after deductible	N/A
Major Services	N/A	40% after deductible	50% after deductible	N/A
Orthodontic Services	N/A	50%	50%	N/A
EMPLOYEE COST PER-PAY-PERIOD				
Employee Only	\$9.40	\$17.85	\$15.41	\$13.15
Employee + One	\$18.59	\$33.81	\$29.18	\$24.91
Family	\$33.20	\$55.66	\$48.04	\$41.01

* This booklet provides only a summary of benefits. Full benefit detail is available on PlanSource Ben Admin system or by contacting your HR team.



Vision Benefits

Your vision coverage is provided through Humana Vision.

When you utilize a provider that participates in the network, discounts will be greater and there are no claim forms necessary. Plan participants also have access to discounted lens upgrade options and Lasik eye surgery.

You may view benefits, print an ID card and search for in-network vision providers at www.Humana.com.

ContactsDirect

As a member, you can apply your vision benefits directly to contacts using ContactsDirect.

ContactsDirect.com is a great way to see a brighter future.

IMPORTANT TO KNOW

Frequently asked questions

What is a benefit allowance?

A benefit allowance gives you a certain dollar amount to use towards contacts and glasses (lenses and frames). When you choose materials that are within that dollar amount or allowance, they are covered at 100%. If you choose a frame exceeding your plan allowance, you'll be responsible for paying the overage, in addition to any applicable copays at the time of your visit.

Can I get contacts AND glasses in the same calendar year?

No. You can only get contacts OR glasses in the same calendar year, not both.

IN-NETWORK

Eye Exams Routine Eye Exam Contact Lens Fitting/Follow-up <i>Benefits may be redeemed every 12 months</i>	\$10 copay Standard: \$40 allowance Premium: 10% discount
Frames <i>Benefits may be redeemed every 24 months</i>	\$130 allowance 20% off remainder
Lens Standard Plastic Single Vision Bifocal Trifocal Lenticular	\$15 Copay \$15 Copay \$15 Copay \$15 Copay \$15 Copay
Contacts <i>Benefits may be redeemed every 12 months</i>	\$150 allowance

OUT-OF-NETWORK

Eye Exams Routine Eye Exam Contact Lens Fitting/Follow-up	\$30 Not Covered
Frames	\$65
Lens Standard Plastic Single Vision Bifocal Trifocal Lenticular	\$25 \$25 \$40 \$60 \$100
Contacts	\$104

EMPLOYEE COST PER-PAY-PERIOD

Employee Only	\$3.42
Employee & Spouse	\$6.83
Employee & Child(ren)	\$8.54
Employee & Family	\$11.95

* This booklet provides only a summary of benefits. Full benefit detail is available on PlanSource Ben Admin system or by contacting your HR team.

Basic Life and Accidental Death & Dismemberment

Nassau School District provides Basic Life and Accidental Death and Dismemberment (AD&D) coverage at no cost to you. Employees receive a generous benefit of \$40,000 through **MetLife**. New employees will be covered on the 1st of the month following 25 days of continuous employment.

DOES THE COVERAGE AMOUNT CHANGE BASED ON MY AGE?

The amount of coverage will reduce to 65% at age 65, 50% at age 70 and 35% at age 75.

CAN I CONTINUE THIS COVERAGE IF MY EMPLOYMENT ENDS?

Coverage may be continued through Portability or Conversion if certain criteria is met. If you would like to continue coverage after your employment ends with us, please reach out to MetLife directly to see if you can convert or port your policy.

Supplemental Life Insurance

In addition to the basic life insurance provided by Nassau School District, employees have the option to purchase supplemental life insurance coverage through **MetLife**.

Employees may purchase up to 5 times salary or up to \$500,000 (\$10,000 increments). The guaranteed issue amount (no medical questions asked) is \$250,000, at the time coverage is initially offered (newly eligible for benefits).

•**Spousal Coverage is Available:** Elections are available for 100% of the employee's basic life benefit (\$5,000 increments).

•**Child Coverage is Available:** Elections are available for \$10,000 each dependent child. Employee must be covered under Employee Supplemental Life to elect child coverage. Children are covered, birth to age 26.

•**Current employees during annual enrollment:** Each year, employees are eligible to increase current coverage by \$10,000 without submitting EOI. Any *new* election you make during annual enrollment *will* be subject to EOI.

Evidence of Insurability (EOI), also called proof of good health, is the medical questionnaire you complete and is then used by MetLife to approve or decline your application for Supplemental Life Insurance. There are certain instances when EOI is required.

Designating your Beneficiary

You must designate beneficiaries for both your basic and supplemental life and AD&D.

If you should die without a beneficiary, your life insurance benefit will go to your estate. Then the benefit that should be helping your family will, instead, be tied up in probate.



MetLife

	Employee	Spouse
Age	Per \$1,000 Benefit Coverage	Per \$1,000 Benefit Coverage
Under 30	\$0.060	\$0.060
30-34	\$0.080	\$0.080
35-39	\$0.090	\$0.090
40-44	\$0.170	\$0.170
45-49	\$0.280	\$0.280
50-54	\$0.490	\$0.490
55-59	\$0.720	\$0.720
60-64	\$0.830	\$0.830
65-69	\$1.410	\$1.410
70-74	\$2.575	\$2.575
75+	\$4.165	\$4.165
AD&D	\$0.025	
Children	\$10,000 = \$0.200	

Employee Assistance Program (EAP)

Nassau School District is happy to offer our work-life balance Employee Assistance Program (EAP) with Health Advocate. **EAP Services** are available to you and your immediate family members.

We know it can be difficult to balance the demands of work with those of your personal life. Your plan provides that support.

In a crisis, help is available 24/7:

Phone - 877.240.6863

Email - answers@HealthAdvocate.com

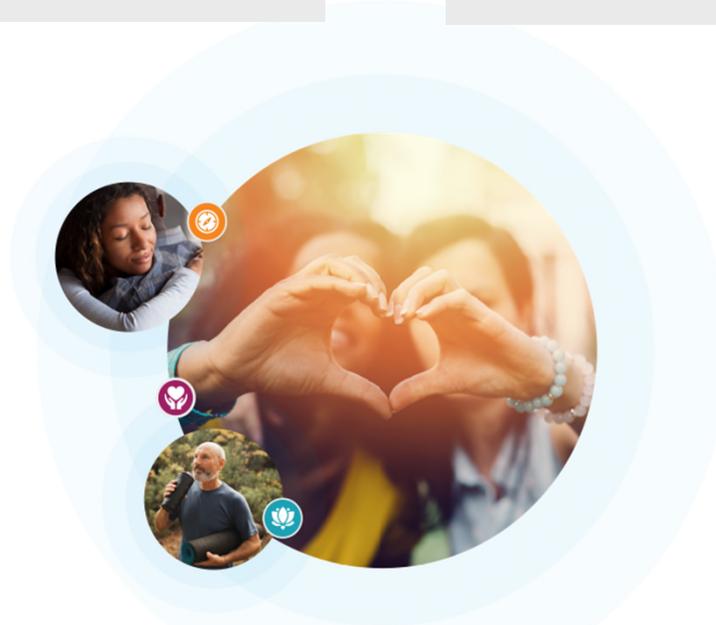
Online - HealthAdvocate.com/members

EMOTIONAL SUPPORT

- Anger, grief, loss, anxiety, depression
- Job stress, burnout, work conflict
- Marital relationships, family issues.
- Addition, eating disorders, mental illness

WORK/LIFE BALANCE

- Time management
- Locating childcare and eldercare resources and concerns
- Personal/family/elder law
- Identity theft
- Financial resources for debt and credit management



HealthAdvocateSM

The EAP program is completely confidential and available to you, your spouse, dependent children, parents, and parent in-law at **NO cost to you!**

With Health Advocate, up to 6 face-to-face counseling sessions are available.

Voluntary Benefits- AFLAC

Aflac plans pay cash directly to the insured, regardless of other insurance coverage. You can use the cash to cover copays, deductibles, coinsurance, help with gas, food, etc. to keep your life on track while you are taking care of your health. Aflac prices never increase and are fully portable should you change jobs or retire.

CANCER CARE

- Pays cash for diagnosis and treatment.
- Pays a wellness benefit for each covered family member.
- Will not cancel at retirement age.

CRITICAL CARE

- Pays cash for diagnosis and treatment.
- Diagnosis includes: heart attack, stroke, heart bypass surgery, coma, paralysis, organ transplant, 3rd degree burns, end stage renal failure, or persistent vegetative state.
- Will not cancel at retirement age.

ACCIDENT

- Pays cash for diagnosis and treatment.
- Pays a wellness benefit for one covered family member.
- Will not cancel at retirement age.

HOSPITAL CHOICE

- Pays cash for diagnosis and treatment.
- Hospital confinement and daily benefit.
- Coverage for labs, physician visits, major diagnostic exam and surgery.
- Will not cancel at retirement age.

TERM & WHOLE LIFE

- No medical exam.
- Choose amount that fits your budget to protect your family.

Contacts for Enrollment & Help:

Susan V. Knight 904-241-2482
susan@susanknight.net

David Aboulafia 904-806-2907
david_aboulafia@us.aflac.com



Supplemental Benefits

Whole Life – New York Life



Guaranteed Issue Whole Life is available to you through New York Life. You will not elect this coverage within PlanSource. To enroll or for questions on your current New York Life policies please contact your representative directly. Contact information on page 27.

See a brief summary of benefits below:

Guaranteed Issue Employee's Whole Life	
Life-Long Coverage	Since you are the policy owner, the policy remains with you regardless of your employment status. Policy remains in force as long as premiums are paid when due.
Guaranteed Cash Value	Your permanent policy builds cash value, which you can access to help pay for unexpected emergencies.
Convenient Payments	Your premiums are automatically deducted from your payroll.
Application Process	If between the ages of 16 and 70, you have been working for at least 90 days and work at least 30 hours per week, you are eligible to purchase this product.
Members Covered	There are no physical exams or medical questions asked. Family members may be eligible for coverage too!

Liberty National Globe Life



In addition to your benefits provided by NSD, you may be interested in additional Life and Accidental coverage. You will not elect this coverage within PlanSource. To enroll or for questions on your current Globe Life policies please contact your representative directly. Contact information on page 27.

See a brief summary of benefits below:

Globe Life Benefits	
Group Term Life Insurance	<ul style="list-style-type: none"> No medical exam Issue age 0-70, rates determined by age Guaranteed coverage up to age 100 - available to employee, spouse, and dependents
Accident Protector Max	<ul style="list-style-type: none"> Issue age 3-60 24/7 coverage for on/off the job protection Pays in addition to workers' compensation benefits
Accidental Death & Dismemberment	<ul style="list-style-type: none"> Issue age 3-65 \$100,000 - \$300,000 Accidental Death & \$25,000 to \$50,000 Dismemberment
Cancer Endurance	<ul style="list-style-type: none"> Issue age 0-64 Benefits for initial diagnosis and treatment: \$10,000
Cash Cancer Plan	<ul style="list-style-type: none"> Issue age 0-64 Lump sum cash benefit for initial cancer diagnosis Amounts vary by diagnosis: \$10,000 / \$20,000 / \$30,000 / \$40,000 / \$50,000
Critical Illness Protector	<ul style="list-style-type: none"> Issue age 18-60 Lump sum benefit for heart attack, stroke, kidney failure, loss of eyesight, hearing

Supplemental Benefits (cont'd)



Legal Shield

Expected and unexpected legal issues arise every day. With a LegalShield Legal Plan, a small monthly fee gets you access to advice and counsel on an unlimited number of personal legal issues from lawyers with an average of 19 years' experience.

See a brief summary of benefits below:

Legal Shield	
Advice and Consultation	Unlimited, toll-free phone consultations with your Provider Law Firm for any personal legal matter, even on pre-existing conditions.
Letters and phone calls	Available at the discretion of your Provider Lawyer
Contract and document review	Up to 15 pages each at no cost
Standard Will Preparation	Will preparation and annual reviews and updates, including Living Will, Healthcare Power of Attorney
Additional benefits	http://www.legalshield.com/info/nassaucountysb

ID Shield

Help protect your identity from ID theft and credit fraud.

See a brief summary of benefits below:



ID Shield	
Monitoring	Credit monitoring, Credit inquiry alerts and score tracking; Privacy, security, social media monitoring
Consultation and full-service restoration	Unlimited consultation. Full recovery services from licensed investigators to restore to pre-theft status.

Additional Voluntary Benefits

ACTIVE SCHOOL DISTRICT EMPLOYEE INITIATIVE

Beginning July 1, 2023, start earning entries for this year's "500 Every 5" Drawings!

- Employees have an opportunity to enter a drawing to win up to \$100 each for a total of \$500 every five weeks beginning July 1.
- Drawing Dates: 8/13, 10/18, 11/22, 12/20, 1/24, 2/28, 4/3, 5/8, 6/12.
- In each drawing, the more activities you do, the more times your name will be entered.
- Please contact Cathy Carter at 904-491-9883, extension 1243 or email carterca@nassau.k12.fl.us.

Off-Site Activities

A log is provided for your convenience to document your off-site wellness activities (exercising in gym or at home, doctor visits, dental cleanings, etc.). Print outs from Fitbits, gyms etc. are also accepted for exercise documentation.

On-Site Activities

For on-site activities (exercise, health meetings, screenings, flu shot sessions, etc.), simply sign in for automatic drawing entry.

MEDICARE SUPPLEMENTS VIA VALERY

Employees who retire from the Nassau County School Board are welcome to keep their health, dental, vision and some supplemental insurance benefits upon retirement. However, employees who are not actively working are not eligible for the Board's contribution towards their health insurance benefits, leaving the retiree financially responsible for the full monthly premium. Please refer to the RATE CHART for the current rates.

Retirees who are age 65 are eligible for Medicare. Medicare is divided into separate parts: Medicare Part A (hospitalization), Part B (physicians) and Part D (prescription coverage.) These three (3) components together will safely replace the School Board's group health insurance plan and in most cases, will cost less on a monthly basis.

Valery Insurance Agency (Valery) is the Board approved company that provides Medicare Supplements to our retirees. Valery can assist retirees, employees considering retirement and spouses in selecting the best Medicare Supplement approved plan to fulfill each person's individual medical needs. Valery works with over fifteen school districts and over 20 counties and municipalities within the State of Florida.

Employees who are actively working are best served with the School Board's approved group health insurance plan, benefiting from the contribution afforded by the Board. Employees who are considering retirement and do not wish to retain the School Board's insurance plan, as a retiree, will want to explore their options for health insurance coverage within ample time to make an informed decision.

For more information regarding the Medicare Supplements available, please contact: Valery Insurance Agency via phone: 727.517.8888 or 800.330.8445, fax: 727.517.8887, email: valeryagency@verizon.net, web: www.valeryagency.com, or in-person: 2113 Gulf Boulevard, Indian Rocks Beach, FL 33785.

Key Terms to Know

Brand Formulary Drugs

The brand formulary is an approved, recommended list of brand-name medications. Drugs on this list are available to you at a lower cost than drugs that do not appear on this preferred list.

Coinsurance

A percentage of the medical costs, based on the allowed amount, you must pay for certain services after you meet your annual deductible.

Copayment

A set dollar amount you pay for network doctors' office visits, emergency room services and prescription drugs.

Deductible

Amount you will pay each calendar year before the plan pays for most services. The deductible does not apply to network preventative care or any services where a copayment is paid rather than coinsurance.

Generic Drugs

These drugs are usually the most cost-effective. Generic drugs are chemically identical to their brand-name counterparts. Purchasing generic drugs allows you to pay a lower out-of-pocket cost than if you purchase formulary or non-formulary brand name drugs.

Maintenance Drugs

Prescriptions commonly used to treat conditions that are considered chronic or long-term. These conditions usually require regular, daily use of medicines. Examples of maintenance drugs are those used to treat high blood pressure, heart disease, asthma and diabetes.

Non-Formulary Drugs

These drugs are not on the recommended formulary list. These drugs are usually more expensive than drugs found on the formulary. You may purchase brand-name medications that do not appear on the recommended list, but at a significantly higher out-of-pocket cost.

Out-of-Pocket Maximum

The maximum amount of coinsurance a Plan member must pay towards covered medical expenses in a calendar year for both network and non-network services. Once you meet this out-of-pocket maximum, the Plan pays the entire coinsurance amount for covered services for the remainder of the calendar year. Deductibles and copays apply to the annual out-of-pocket maximum.

Primary Care Physician (PCP)

The health care professional who monitors your health needs and coordinates your overall medical care, including referrals for tests or specialists.

Specialty Drugs

Prescription medications that require special handling, administration or monitoring. These drugs may be used to treat complex, chronic and often costly conditions.



Federal Notices

IMPORTANT NOTICE FROM NASSAU COUNTY SCHOOL DISTRICT 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 The Nassau County School District 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. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Nassau County School District has determined that the prescription drug coverage offered by United Health Care is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 to December 7.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current coverage with Nassau County School District will not be affected. Your current coverage pays for health expenses in addition to prescription drug. If you enroll in a Medicare prescription drug plan, you and your eligible dependents will still be eligible to receive all your current health and prescription drug benefits. [See pages 7-9 of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at <http://www.cms.hhs.gov/CreditableCoverage/>), which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.] If you do decide to join a Medicare drug plan and drop your current {INSERT EMPLOYER} coverage, be aware that you and your dependents will be able to get this coverage back only during a qualified life event or during the annual enrollment period.

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 Nassau County School District and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later. If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage.

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

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

Contact your Human Resources Department direct. 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 Nassau County School District 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 www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.
- If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

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

NOTICE OF SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents’ other coverage). However, you must request enrollment within 30 days after your or your dependents’ other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact your Human Resources Department directly.

NEWBORNS’ AND MOTHERS’ HEALTH PROTECTION ACT

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section.

However, federal law generally does not prohibit the mother’s or newborn’s attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

MICHELLE'S LAW

Michelle's Law protects a postsecondary student from losing full-time student status under an employer's medical coverage if the student is (i) a dependent child of a participant or beneficiary under the terms of the plan; and (ii) enrolled in a plan on the basis of being a student at a postsecondary educational institution immediately before the first day of a medically necessary leave of absence from school. A dependent covered under the law is entitled to the same benefits as if the dependent continued to be enrolled as a full-time student. The law also recognizes that changes in coverage (whether due to plan design or a subsequent annual enrollment election) pass through to the dependent for the remainder of the medically necessary leave of absence.

WOMEN'S HEALTH & CANCER RIGHTS ACT OF 1998 (WHCRA) NOTICE

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

- All stages of reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prostheses and physical complications of mastectomy, including lymphedemas, in a manner determined in consultation with the attending physician and the patient.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call your Human Resources department.

CHIPRA - PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

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

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2023. Contact your State for more information on eligibility .

ALABAMA - Medicaid

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

ALASKA - Medicaid

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

ARKANSAS – Medicaid

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

CALIFORNIA – Medicaid

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

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

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

FLORIDA – Medicaid

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

GEORGIA – Medicaid

<https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>
Phone: 678-564-1162, Press 2

INDIANA – Medicaid

Healthy Indiana Plan for low-income adults 19-64
Website: <http://www.in.gov/fssa/hip/>
Phone: 1-877-438-4479
All other Medicaid
Website: <https://www.in.gov/medicaid/>
Phone 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)

Medicaid Website: <https://dhs.iowa.gov/ime/members>
Medicaid Phone: 1-800-338-8366
Hawki Website: <http://dhs.iowa.gov/Hawki>
Hawki Phone: 1-800-257-8563
HIPP Website: <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>
HIPP Phone: 1-888-346-9562

KANSAS – Medicaid

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

KENTUCKY – Medicaid

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

LOUISIANA – Medicaid

Website: www.lahipp.com or www.lahipp.com
Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

MAINE – Medicaid

Enrollment Website: <https://www.maine.gov/dhhs/ofi/applications-forms>
Phone: 1-800-442-6003 TTY: Maine relay 711
Private Health Insurance Premium Webpage: <https://www.maine.gov/dhhs/ofi/applications-forms>
Phone: -800-977-6740. TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

Website: <https://www.mass.gov/info-details/masshealth-premium-assistance-pa>
Phone: 1-800-862-4840

MINNESOTA – Medicaid

Website: <https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp>
Phone: 1-800-657-3739

MISSOURI – Medicaid

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

MONTANA – Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>
Phone: 1-800-694-3084

NEBRASKA – Medicaid

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

NEVADA – Medicaid

Medicaid Website: <http://dhcfp.nv.gov>
Medicaid Phone: 1-800-992-0900
NEW HAMPSHIRE – Medicaid
Website: <https://www.dhhs.nh.gov/oii/hipp.htm>
Phone: 603-271-5218
Toll free number for the HIPP program: 1-800-852-3345, ext 5218

NEW JERSEY – Medicaid and CHIP

Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>
Medicaid Phone: 609-631-2392
CHIP Website: <http://www.njfamilycare.org/index.html>

CHIP Phone: 1-800-701-0710

NEW YORK – Medicaid

Website: https://www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid

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

NORTH DAKOTA – Medicaid

Website: <http://www.nd.gov/dhs/services/medicalserv/medicaid/>
Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP

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

OREGON – Medicaid

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

PENNSYLVANIA – Medicaid

Website: <https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx>
Phone: 1-800-692-7462

RHODE ISLAND – Medicaid and CHIP

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

SOUTH CAROLINA – Medicaid

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

TEXAS – Medicaid

Website: <http://gethipptexas.com/>
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP

Medicaid Website: <https://medicaid.utah.gov/>
CHIP Website: <http://health.utah.gov/chip>
Phone: 1-877-543-7669

VERMONT– Medicaid

Website: <http://www.greenmountaincare.org/>
Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP

Website: <https://www.coverva.org/en/famis-select>
<https://www.coverva.org/en/hipp>
Medicaid Phone: 1-800-432-5924
CHIP Phone: 1-800-432-5924

WASHINGTON – Medicaid

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

WEST VIRGINIA – Medicaid

Website: <http://mywvhipp.com/>
Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP

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

WYOMING – Medicaid

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

To see if any other states have added a premium assistance program since July 31, 2023, or for more information on special enrollment rights, contact either:

- U.S. Department of Labor Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)
- U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Nassau School District Benefit Contacts

CONTACT	PHONE /EMAIL	WEBSITE
Scott Hodges Director of HR	904.491.9874 hodgessc@nassau.k12.fl.us	www.nassau.k12.fl.us
Leanne Peacock Benefits Specialist	904.491.9876 peacockle@nassau.k12.fl.us	www.nassau.k12.fl.us
Enrollment System Benefits Enrollment Website	-----	benefits.plansource.com
Medical - Group # 928230 United Health Care	866.633.2446	www.myuhc.com
Dental - Group # 787019 Humana Dental	800.233.4013	www.humana.com
Vision - Group # 787019 Humana Vision	877.398.2980	www.humana.com
AFLAC Susan Knight, Representative David Aboulafia, Representative	800.992.3522 904.241.2482 904.806.2907	www.aflac.com
Legal Shield Margaret Johnston, Representative	904.314.4744 margaretjohnston@legalshieldassociate.com	www.legalshield.com/info/nassaucountysb
Life Insurance <u>Liberty National</u> Johnny Bragg, Representative <u>New York Life</u> Joseph Covino, Representative	800.333.0637 912.283.2220 850.519.3985	www.libertynational.com www.newyorklife.com
Group Medicare Supplement Valery	800.330.8445 valeryagency@verizon.net	www.valeryagency.com

The Nassau County
School District
2024 Benefits

The information in this Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail. The benefit options selected during Open Enrollment will be binding. The terms and provisions will govern you and restrictions of the plans in which you enroll. Generally, unless you experience a qualifying life event, your elections will remain in effect for the entire plan year. By completing your enrollment, you authorize The Nassau County School District to deduct contributions from your paycheck, now and in the future, as required under each of the plans. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, contact Human Resources. The Nassau County School District reserves the right to change, amend or cease these benefits at any time.