



2025 Benefits Guide



Benefits to Support Your Life Journey

Welcome to the 2025 (January 1, 2025– December 31, 2025) 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
- Medicare

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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 2025 plan year. Failure to make elections by the end of the Open Enrollment period (October 1, 2024 through October 25, 2024) will result in your benefits being waived for the 2025 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 2025

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

2025 OPEN ENROLLMENT MEETINGS AND ASSISTANCE

DATE	TIME	LOCATION
October 8 th	4:30pm-6:30pm	West Nassau High School
October 9 th	9:30am-12:00pm 4:30pm-6:30pm	Transportation & Maintenance Fernandina Beach High School
October 16 th	9:30am-12:00pm 4:30pm-6:30pm	Administration Board Room Yulee High School
October 17 th	4:30pm-6:30pm	Hilliard Middle-Senior High School

If you cannot make it to an in-person session, you can sign up for an online one-on-one meeting here: <https://calendly.com/ncsd>.

MEDICAL

Medical coverage is moving to **Florida Blue**. 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. When reviewing the medical offering, be sure to search for a provider In Network for best cost savings throughout the year.

LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT

Nassau School District provides \$40,000 of Basic Life and AD&D coverage at no cost to you. This generous benefit will now be provided through **UNUM**. Additional life insurance coverage is available to purchase up to the Guaranteed Issue without an Evidence of Insurability during Open Enrollment or New Hire Eligibility.

AFLAC

Supplemental Aflac insurance policies will transition from individual policies to group policies. This change aims to provide more comprehensive coverage, simplified enrollment, and better rates for employees. Supplemental plans are not a replacement for medical coverage but are a great benefit to help offset out of pocket expenses.

HUMANA SPECIAL DISCOUNTS

If you elect dental or vision coverage, you have access to exclusive discounts to support your dental, eye, and hearing health.

How to Enroll in PlanSource

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, 2025 – December 31, 2025.

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

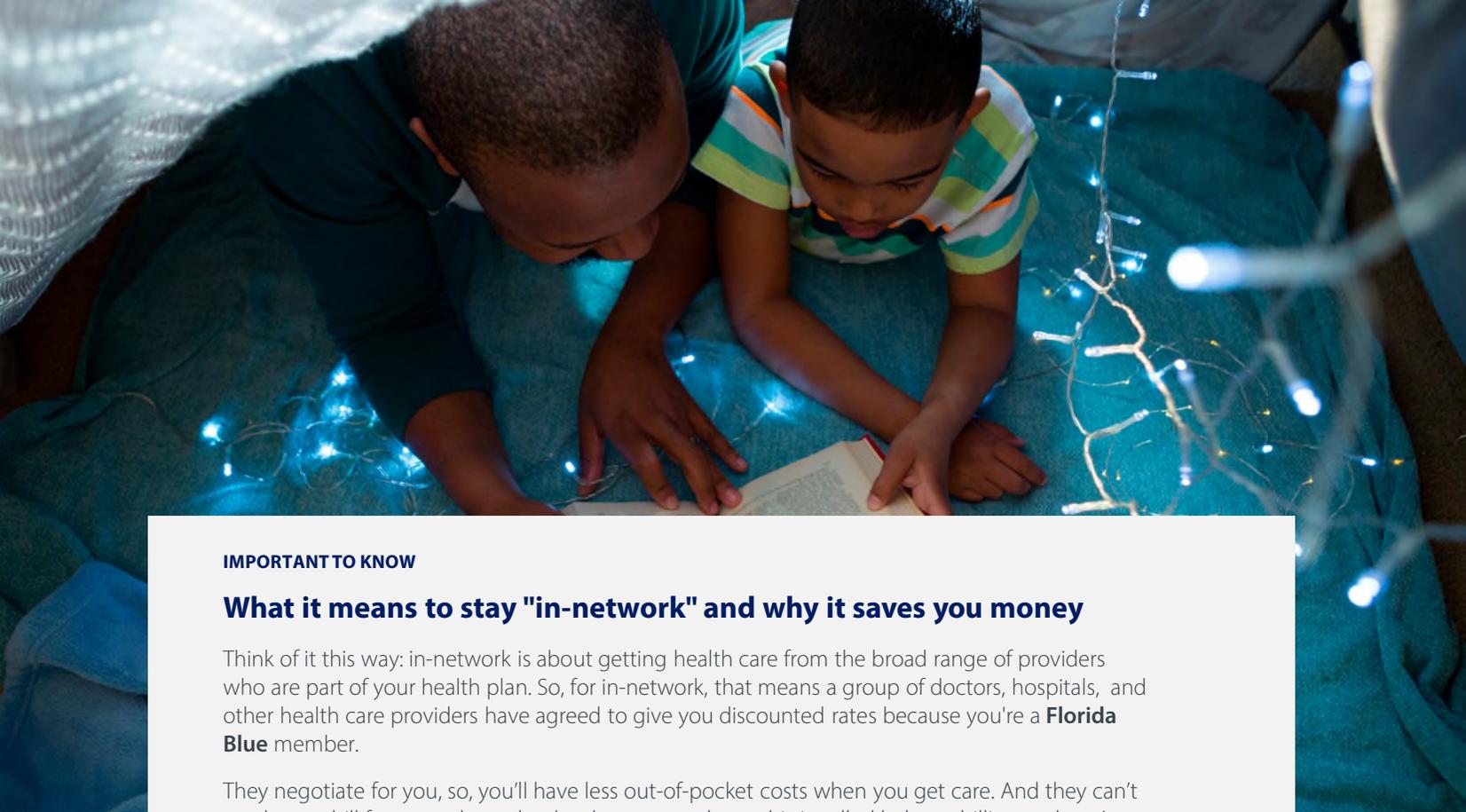


Your medical coverage is administered through **Florida Blue**. Access a broad network of doctors and hospitals with quality care and significant savings, in comparison to receiving services out-of-network.

Your pharmacy benefits are provided through **Florida Blue**. You may purchase a 30-day supply of covered medications at a participating pharmacy or utilize mail order pharmacy for up to 90-day supply at a reduced cost for maintenance medication.

	HMO 67	HMO 55	BlueOptions 3769	BlueOptions 3766	BlueOptions 5168/5169			
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 Family Aggregate	N/A N/A	N/A N/A	\$500 \$1,500	\$500 \$1,500	\$0 \$0	\$500 \$1,500	\$2,500 \$5,000	\$5,000 \$10,000
Out-of-Pocket Maximum Per Individual Family Aggregate	\$2,500 \$7,500	\$1,500 \$3,000	\$3,000 \$9,000	\$3,000 \$9,000	\$2,500 \$5,000	\$5,000 \$10,000	\$2,500 \$5,000	\$10,000 \$20,000
Co-Insurance Plan Pays / You Pay	100/0	N/A	80/20	60/40	80/20	50/50	100/0	80/20
Preventive Services	\$0	\$0	\$0	Ded. + 40%	\$0	Ded. + 50%	\$0	Ded. + 20%
Office Visits Virtual Visits Primary Care Physician Specialist	\$0 \$25 \$60	\$0 \$15 \$15	\$0 \$20 Ded. + 20%	Not Covered Ded. + 40% Ded. + 40%	\$0 \$20 \$40	Not Covered Ded. + 50% Ded. + 50%	Ded. Ded. Ded.	Not Covered Ded. + 20% Ded. + 20%
Urgent Care	\$60	\$15	\$65	Ded. + \$65	\$45	Ded. + \$45	Ded.	Ded.
Mental Health	\$0	\$0	\$0	Ded. + 40%	\$0	Ded. + 50%	Ded.	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%	Ded. + 40%	\$0/\$50/ \$150	Ded. + 50%	Ded.	Ded. + 20%
PRESCRIPTION								
Retail Pharmacy Generic / Preferred Brand / Specialty	\$10/ \$50 / \$85	\$10/ \$50 / \$85	\$10/ \$50 / \$85	\$10/ \$50 / \$85	\$10/ \$50 / \$85	\$10/ \$50 / \$85	Deductible + \$10/\$50/\$85	
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	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 **Florida Blue** 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: \$655 monthly, totaling \$7,860 annually.

Listed below are per-pay-period costs for you and your dependents effective January 1, 2025 – December 31, 2025.

	HMO 67	HMO 55	BlueOptions 3769	BlueOptions 3766	BlueOptions 5168/5169
SEMI-MONTHLY PER-PAY-PERIOD COSTS					
Employee Only	\$89.91	\$105.58	\$134.66	\$168.54	\$84.04
Employee + Spouse	\$685.86	\$721.57	\$787.88	\$865.12	\$672.48
Employee + Spouse (both NSD employees)	\$358.36	\$394.07	\$460.38	\$537.62	\$344.98
Employee + Child(ren)	\$555.50	\$586.81	\$644.99	\$712.74	\$543.76
Employee + Family	\$1,114.19	\$1,164.30	\$1,257.38	\$1,365.79	\$870.41
Employee + Family (both NSD employees)	\$786.69	\$836.80	\$929.88	\$1,038.29	\$542.91

Amazon Pharmacy

Amazon Pharmacy offers a home delivery service that lets you easily order and quickly get your non-specialty prescription medications delivered at home.

And as a Florida Blue member, you get access to MedsYourWay® prescription drug discount card pricing, administered by Inside Rx. The prescription discount card gives you up to 80% savings on brand and generic medicines and is seamlessly built into the Amazon Pharmacy experience.

Medications delivered to you

Amazon Prime members get 2-day no-cost shipping on most orders; standard no-cost shipping for non-Amazon Prime members is 5-day but can be expedited to 2-day delivery for an additional fee.

Additional Details

To learn more about Amazon Pharmacy's home delivery services, call the number on the back of your member ID card and say, "Pharmacy" or log on to your Florida Blue Member Account and see the Pharmacy section under My Plan.



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.

Virtual visits allow you to connect for immediate care. 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. Call **Teladoc** at 1-800-835-2362, visit [Teladoc.com](https://www.teladoc.com), or download the mobile app.

Access Clinicians anytime, anywhere



U.S. board-certified clinicians help with conditions like the flu, bronchitis, rashes, sinus infections and more.



Talk to a clinician from wherever you are—day or night



Skip the trip to the ER or urgent care

Healthy skin made easier

Dealing with a rash, acne, eczema or another skin issue? Start an online skin review with a Teladoc dermatologist.

- Upload images of your skin condition with a detailed description.
- A dermatologist will review and provide a custom treatment plan in 24 hours or less – with a prescription, if needed.
- Ask follow-up questions through the secure message center at no additional charge for up to 7 days.

Your mental health deserves as much attention as your physical health

Teladoc Health licensed therapists and psychiatrists are here for you no matter what you are facing, whether it's big or small. They can help you improve your mood with things like:

- Learning to stay calm in stressful moments
- Managing and understanding depression
- How to handle relationship and family problems
- Controlling anxiety caused by work or personal issues
- Working through past trauma
- Overcoming burnout which could be causing mental or physical exhaustion and irritation

Health and Well-Being Resources

We are dedicated to helping you and your family be healthy and fit. If you enroll in a Florida Blue medical plan, 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.

ONLINE AND MOBILE RESOURCES

You can stay on top of your benefits anywhere you go thanks to the mobile apps and websites our benefit carriers provide. These tools give you the ability to:

- Find a provider and care
- Download an ID card
- Check your benefits and review your claims
- Compare costs and access discounts
- Contact customer support

Be sure to register on our carrier partners' websites and download their apps so that you can access your benefits information anytime, anywhere.

BLUE365

Blue365 gives Blue Cross and Blue Shield members access to savings across all aspects of your life—including discounts on wearable devices, gym membership access starting at \$19/month, discounts on healthy, organic meal delivery services from Sunbasket, and much more!

Register now for free at www.Blue365Deals.com.

BETTER YOU STRIDES

Take advantage of a personalized wellness and rewards program to help you on your health journey.

You and your enrolled family members age 18 years or older can each earn up to \$100 every year — including a one-time \$30 reward just for joining.

Every 100 points = \$1. Your health journey is unique to you. Here are some examples of activities you may be able to complete to earn points:

- Complete your online health assessment
- Complete your yearly wellness checkup
- Manage stress with meQuilibrium

Once you've earned rewards, go to the Rewards Center in your Florida Blue member account to redeem your points and we will mail you a reloadable prepaid card you can use for health care expenses like doctor visits, prescriptions, vision and dental care, plus more.

meQUILIBRIUM

You can't make today's challenges disappear, but you can take control of your response. Your Florida Blue plan* now includes meQuilibrium, a digital mental well-being program designed to help you face each day with confidence, at no extra charge.

Backed by over 20 years of research, meQuilibrium can help you:

- Calm worry and anxiety
- Successfully manage day-to-day stress
- Improve your sleep, so you wake up feeling refreshed

FLORIDA BLUE CARE TEAM

Managing a health condition can be tough – your Care Team is here to help and provide one-on-one support managing your medical condition.

Your team includes nurses and clinical professionals who work hand-in-hand with your doctor so you can have peace of mind.

Call 1-844-730-2583 to get in touch or learn more at www.FloridaBlue.com/ExtraCare.

Your Florida Blue plan includes these services at no extra cost:

- Dedicated nurses and other clinical professionals focused on helping you reach your health goals
- Access to community resources that help with transportation, food, finances, and more
- Health support at your fingertips through the secure and convenient BlueForMe app for your smartphone

LUCET BEHAVIORAL HEALTH

Florida Blue has partnered with Lucet to provide behavioral health services. If you have questions about your benefits or want more information call Lucet at 866-287-9569 or visit www.LucetHealth.com.

Lucet can help you through their member service line (866-287-9569), website (www.LucetHealth.com) or by enrolling in one of their programs to:

- Understand your behavioral health needs and benefits.
- Provide information on topics such as depression, anxiety, substance use disorder, autism spectrum disorder and bipolar disorder.
- Locate in-network behavioral health providers, specialty doctors and treatment facilities.
- Connect with people and groups in your community that can support your mental well-being journey.
- Coordinate care with your providers.



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

	2025 ANNUAL MAXIMUM CONTRIBUTION	
	UNDER AGE 55	55 OR OLDER
Single Coverage	\$4,300	\$5,300
Family Coverage	\$8,550	\$9,550



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 Max	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.com.

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	\$3.21
Employee & Spouse	\$6.42
Employee & Child(ren)	\$8.02
Employee & Family	\$11.22

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Basic Life and AD&D



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 **UNUM**. New employees will be covered on the 1st of the month following 25 days of continuous employment.

Frequently asked questions

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 UNUM directly.

Do I have to fill out a medical questionnaire?

Evidence of Insurability (EOI), also called proof of good health, is the medical questionnaire you complete and is then used by UNUM to approve or decline your application for additional coverage. There are certain instances when EOI is required on optional life coverage.

Do I need to designate a beneficiary?

You must designate beneficiaries for all life policies. If you should die without a beneficiary, your benefit will go to your estate. Then the benefit that should be helping your family will, instead, be tied up in probate.

Optional Life

EMPLOYEE – Elections can be made up to 5x times current salary up to \$500,000 in \$10,000 increments. Guaranteed issue amount (no medical questions asked) is \$250,000 when newly eligible for benefits.

SPOUSE - Elections are available for 100% of the employee’s basic life benefit (\$5,000 increments).

CHILD - Elections are available for a \$10,000 benefit on each child. Employees must be covered under Optional Life to elect child benefit. Children are eligible from birth to age 26.

	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	

Aflac Voluntary Group (Group # 47391)



Supplemental group plans are offered through Aflac and provide benefits payable directly to you.

Group Hospital Indemnity Plan

This plan helps provide financial assistance to enhance your current coverage. It may help avoid dipping into savings or having to borrow to address out-of-pocket-expenses major medical insurance was never intended to cover, like transportation, meals for family members, help with childcare, or time away from work.

	Benefit Overview
Inpatient Hospital Expense	
Hospital Admission (per calendar year)	\$1,000
Daily Confinement (limited to 30 days per sickness/accident)	\$100/day
Daily ICU Confinement (limited to 15 days per sickness/accident)	\$100/day
Tier Level Election:	Per Pay Period
Employee	\$5.66
Employee + Spouse	\$9.95
Employee + Child(ren)	\$8.20
Employee + Family	\$12.49

Group Accident Plan

The coverage is guaranteed-issue, which means you may qualify for coverage without having to answer health questions. After an accident, you may have expenses you've never thought about. This benefit has an annual wellness benefit of \$50. It's reassuring to know that an accident insurance plan can be there for you in your time of need to help cover expenses such as:

	Benefit Overview
Initial Treatment - once per accident	
Physician/ER	\$100 / \$400
X-Ray/Diagnostic	\$400
Follow up Physician (up to 6 visits)/Physical Therapy (up to 10 visits)	\$150 / \$100
Ambulance - Ground / Air	\$600 / \$1,500
Fracture – varies based on bone affected	\$860 - \$10,750
Dislocation – varies based on joint affected	\$640 - \$8,000
Hospital Admission (per confinement – being admitted to the hospital)	\$1,750
Hospital Confinement (per day under admittance to the hospital) max 15 days	\$275
Tier Level Election:	Per Pay Period
Employee	\$3.53
Employee + Spouse	\$6.65
Employee + Child(ren)	\$7.36
Employee + Family	\$10.47

Aflac Voluntary Group Benefits - Continued

Group Critical Illness Plan



The Group Critical Illness plan can help with the treatment costs of covered critical illnesses, such as heart attack or stroke. More importantly, this plan can help you focus on recuperation instead of the distraction of out-of-pocket costs. Benefit premiums vary per employee by age and coverage amount. Reference benefit site for a full break down in coverage elections and cost per benefit of \$10,000, \$20,000, or \$30,000.

	Benefit Overview
Guaranteed Issue Amount	
Employee	\$30,000
Spouse	\$30,000
Child(ren)	\$15,000
Base Benefits (reference add 'I benefits covered on PlanSource)	
Heart Attack / Sudden Cardiac Arrest	100%
Coronary Artery Bypass Surgery	100%
Major Organ Transplant	100%
Bone Marrow Transplant	100%
Kidney Failure	100%
Stroke	100%
Cancer: Invasive I Noninvasive I Skin Cancer	100% I 25% I \$500 per calendar year

Group Whole Life Plan

The Aflac Group Whole Life plan is a permanent life insurance with living benefits to help provide you and your family with a financial cushion when dealing with the loss of a loved one. Dependent children may be covered until the end of the month in which they turn 26.

	Benefit Overview
Guaranteed Issue Amount	
	Amount to select:
Employee	\$25,000, \$50,000, \$75,000, \$100,000, \$125,000, or \$150,000
Spouse	\$12,500, \$25,000, \$37,500, or \$50,000
Dependent Child	\$25,000
Accelerated Benefit Rider	
Terminal Illness I Chronic Conditions	Included
Elimination Period	90 days
Payment Options	Periodic Payments of 4% up to 25 months or One-Time Lump Sum of 50%.

Your benefits under this plan are guaranteed issue and *not* subject to pre-existing condition limitations. You may purchase amounts above, and rates can be found in PlanSource during your enrollment.

Aflac Voluntary Group Benefits - Continued

Group Short Term Disability Plan

This plan helps provides for payment of a monthly disability benefit when a covered employee is disabled and unable to work due to an injury or sickness. Benefit payments begin after any applicable elimination period is satisfied and continue during disability, up to the disability benefit period.

3 Month Duration Short Term Disability Plan – up to age 75

- \$300 to \$6,000 benefit amounts
- 0/7 elimination period
- Guaranteed issue -monthly benefit up to \$4,000
- Maximum income replacement is 60% of your base annual pay

Age Band	Rate per \$100 of monthly benefit
18-49	\$2.18
50-64	\$2.28
65-74	\$2.62

6 Month Duration Short Term Disability Plan – up to age 75

- \$300 to \$6,000 benefit amounts
- 0/7 elimination period
- Guaranteed issue -monthly benefit up to \$4,000
- Maximum income replacement is 60% of your base annual pay

Age Band	Rate per \$100 of monthly benefit
18-49	\$3.01
50-64	\$3.10
65-74	\$3.91

Calculations on Short Term Disability are based on per \$100 of benefit offering

Sample Equation – Employee Base Salary = \$10,000 age 18-49 – 3 month STD Benefit:

\$10,000	/	12	=	\$833.33	x	0.60	=	\$500	/	\$100	=
Annual Salary		Months		Monthly Salary		60% Benefit		Monthly STD Benefit			

5	x	\$2.18	=	10.90
		Rate Mthly		Premium Monthly

Sample Equation – Employee Base Salary = \$10,000 age 18-49 – 6 month STD Benefit:

\$10,000	/	12	=	\$833.33	x	0.60	=	\$500	/	\$100	=
Annual Salary		Months		Monthly Salary		60% Benefit		Monthly STD Benefit			

5	x	\$3.01	=	15.05
		Rate Mthly		Premium Monthly

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 30.

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 30.

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

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.

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.

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 Benefits

Employee Assistance Program (EAP)

HealthAdvocateSM

Nassau School District is happy to offer our work-life balance EAP with Health Advocate. We know it can be difficult to balance the demands of work with those of your personal life, and your plan provides that support. The EAP program is available to you, your spouse, dependent children, parents, and parent in-law at **NO cost to you!**

EAP BENEFITS:

- Complete confidentiality
- Up to five (6) face-to-face counseling sessions; may also coordinate with health benefits
- Unlimited phone access to legal, financial, and work-life services.
- Available 24 hours a day, 7 days a week
- Telephonic assessment and referral
- All calls answered by live, licensed, masters-level counselors

SERVICE EXAMPLES:

- Emotional Support
 - Anger, grief, anxiety, depression
 - Marital and family support issues
 - Eating disorders, mental disorders
- Work Life Balance
 - Time management | Burnout
 - Child and Elder care resources
- Financial Resources | Identity Theft

Phone: 877.240.6863 | Email: answers@HealthAdvocate.com

Online: HealthAdvocate.com/members

MEDICARE GUIDANCE

Employees who retire from the Nassau County School Board may 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.

Retirees who are age 65 are eligible for Medicare. Understanding Medicare coverage and penalties can be a bit confusing. The Board has partnered with Valery Insurance Agency (Valery) to help you with your questions and provide guidance.

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
- Prosthesis 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, 2024. 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: KIHIPPPROGRAM@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.medicaid.la.gov or
www.ldh.la.gov/lahipp
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://dhcnpv.gov>
Medicaid Phone: 1-800-992-0900
NEW HAMPSHIRE – Medicaid
Website: <https://www.dhhs.nh.gov/oi/hipp.htm>
Phone: 603-271-5218
Toll free number for the HIPP program: 1-800-852-3345, ext 5218

NEW HAMPSHIRE – Medicaid

Website: <https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>
Phone: 603-271-5218
Toll free number for the HIPP program: 1-800-852-3345, ext. 15218
Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov

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 Rlts Share Line)

SOUTH CAROLINA – Medicaid

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

SOUTH DAKOTA – 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, 2024, 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 # 38948 Florida Blue	800.664.5295	Your Plans Florida Blue
Dental - Group # 787019 Humana Dental	800.233.4013	www.humana.com
Vision - Group # 787019 Humana Vision	877.398.2980	www.humana.com
Life Insurance – Policy # 969780 / 969781 Unum	800.445.0402	www.unum.com
AFLAC Danny Leon, Representative	800.992.3522 408.960.4919	www.aflac.com
Legal Shield Margaret Johnston, Representative	904.314.4744 margaretjohnston@legalshieldassociate.com	www.legalshield.com/info/nassaucountysb
Individual - Life Insurance Plans <u>Liberty National</u> Johnny Bragg, Representative	800.333.0637 912.283.2220	www.libertynational.com
<u>New York Life</u> Joseph Covino, Representative	850.519.3985	www.newyorklife.com
Group Medicare Supplement Valery	800.330.8445 valeryagency@verizon.net	www.valeryagency.com

The Nassau County
School District
2025 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.