Your Life…

Take care of it.

Plan Year January 1, 2016 – December 31, 2016

Open Enrollment: October 26 – November 15, 2015

2016 BENEFIT ENROLLMENT GUIDE

SARASOTA County Schools

Your 2016 Benefit Options

Core Benefits

The School Board of Sarasota County (SBSC) provides a core benefits package with no contributions required to all eligible employees with coverage in:

- Medical Insurance
- Dental Insurance
- Vision Insurance
- Group Term Life Insurance
- Long-Term Disability Insurance

Optional Benefits

You have the opportunity to purchase coverage in any of these optional plans:

- Dependent Medical Insurance
- Dependent Dental Insurance
- Dependent Vision Insurance
- Voluntary Term Life Insurance
- Voluntary Critical Illness Insurance
- Voluntary Whole Life Insurance
- Voluntary Short-Term Disability
- Voluntary Accident Insurance

You can also make pre-tax contributions to:

- Health Care Flexible Spending Account (FSA)
- Dependent Care Flexible Spending Account (FSA)
- Tax-Deferred 401(k) Retirement Plan
- Tax-Deferred 403(b)/457(b) Retirement Plans

WHAT'S NEW…for 2016

★ **Adding Dependent(s)** – If you are adding dependent(s) to medical, dental or vision benefits, you must provide dependent eligibility documents. Please see the full list of required documents on the benefits portal or the Risk Management website www.sarasotacountyschools.net/departments/riskmanagement

Who's Eligible

As a regular, full-time Board appointed employee of SBSC who works at least 20 hours per week, you can enroll in the benefit plans offered in this guide.

You can also enroll your dependents (when eligible), including:

- Your legal spouse
- Your children who are:
  - Younger than 26 years old
  - 26 years old or older, supported primarily by you, and incapable of self-sustaining employment by reason of mental or physical handicap (proof of their condition and dependence must be submitted)
  - 26-30 year-old eligible adult dependent children (medical and dental only; not vision)*

**Florida law allows you to cover eligible dependent adult children ages 26 to 30 provided they meet specific criteria. For more information, contact the Risk Management Office.*

How to Enroll
New Hires & Open Enrollment

Open Enrollment: October 26 – November 15, 2015

This year, employees will enroll in benefits online via the Employee Portal. All previously saved passwords have been reset, please follow the instructions below to get started:

To enroll, go directly to the School Board Employee Portal website, https://ep.sarasotacountyschools.net/ and log in using your employee ID number and your PIN (last 4 digits of your SSN). Next, click on **Documents & Links**.

Click on **Benefit Information, Enrollment and Changes** and log on using the following:

User ID: Sarasota County Schools Employee ID number including the "A" (for example A000000).

Password: Your password will be your birthdate in YYYYMMDD format (for example March 24, 1968 would be 19680324). Once you log in you will be prompted to change your password. This will be your password for the future.

NOTE: This will be your only opportunity to enroll in FSA and make changes to your benefits for 2016 (unless a qualifying event occurs). It is recommended you review your dependent coverage and beneficiary designations.

New Hire Enrollments

New Hires are eligible to enroll in benefits the later of their Board Appointment date or start date. Upon enrollment, benefits coverage will become effective the 1st on the month following enrollment. Payroll deductions begin two pay periods before the effective date of coverage.

Section 125 and Benefit Election Changes

Under Section 125 of the Internal Revenue Service (IRS) code, you are allowed to pay for certain group insurance premiums using pretax dollars. This means your premium deductions are taken before federal income and Social Security taxes are calculated. Depending on your tax bracket, your savings could be significant.

Please make your benefit elections carefully, especially if you choose to waive medical coverage, because your pre-tax elections will remain in effect until the next plan year, unless you experience a qualifying change in status. These include, but are not limited to:

- marriage or divorce *(legal separation is not considered a qualified event)*
- birth or adoption of a child
- death of spouse or other dependent
- a spouse's employment begins or ends
- dependent's eligibility status changes due to age, student status, marital status, or employment
- you or your spouse experience a change in work hours that affect benefit eligibility

You must make the changes online or notify the Risk Management Department within 30* days of your qualified status change. Any benefit changes must be consistent with the event. For example, if you get married, you may add your spouse to your current medical coverage, but you may not switch medical plans. All benefit changes must be approved by Risk Management.

**60 days if you, your spouse, or eligible dependent child loses coverage under Medicaid or a State Children's Health Insurance Program (S-CHIP) or becomes eligible for state-provided premium assistance.*

Medical Insurance

SBSC offers four medical insurance plans: two Health Maintenance Organizations (HMOs) and two Preferred Provider Organizations (PPOs) through Florida Blue. Before choosing a plan, please review the medical plan comparison chart to see each plan's major provisions.

Understanding How Low and High Plans Differ

The Low Plans offer lower payroll deductions, but have higher out-of-pocket costs for deductibles, copays and/or coinsurance. The High Plans offer higher payroll deductions but have lower out-of-pocket costs. When evaluating the plans, you should consider how often you will use the plan, plus your payroll deductions.

BlueCare HMO Plans

Enrolling in an HMO entitles you to receive care from physicians, hospitals, or other high-quality providers who participate in the plan's network. You will need to select a primary care physician (PCP) from the network who will help you manage all aspects of your health care. A PCP can be found at www.floridablue.com under Find a Doctor. Like all HMOs, there is no coverage for services received from out-of-network providers, except for qualified emergencies.

BlueChoice PPO Plans

A PPO is a group of providers (doctors, hospitals, and other medical facilities) who have agreed to provide services at discounted rates. A significant difference between an HMO and a PPO is that a PPO allows you to use providers who are not in the network. When you use an in-network provider, the percentage you pay out-of-pocket will be based on a negotiated fee, which is usually lower than the actual charges. If you use an out-of-network provider, you are subject to a deductible and coinsurance, as well as any charges that are higher than what is considered reasonable and customary (R&C) by Florida Blue, and you could pay substantially more out-of-pocket. Accessing out-of-network services may also subject you to plan limitations that might be avoided when you receive care from in-network providers.

Reasonable and Customary Amounts

Reasonable and customary (R&C) amounts are the fees the insurance carrier considers appropriate for a medical expense based on the typical rates charged by other providers for a comparable service within the provider's zip code. If you go to an out-of-network provider who charges more than the allowable amounts established by the insurance carrier, the provider may bill you for the remaining balance.

2016 Medical Insurance Rates

Florida Blue – High PPO (BlueChoice Plan)

	Monthly Plan Cost	Employee Cost Per Month Prior to Rebate	Employee Monthly Rebate Amount	Employee Cost Per Month Post Rebate	Employee Cost Per Pay (24)
Employee Only	$770.55	$0.00	$0.00	$0.00	$0.00
Employee + Spouse	$1,601.51	$830.96	$3.34	$827.62	$413.81
Employee + Child(ren)	$1,455.92	$685.37	$2.75	$682.62	$341.31
Employee + Family	$2,232.11	$1,461.56	$5.88	$1,455.68	$727.84

Florida Blue – Low PPO (BlueChoice Plan)

	Monthly Plan Cost	Employee Cost Per Month Prior to Rebate	Employee Monthly Rebate Amount	Employee Cost Per Month Post Rebate	Employee Cost Per Pay (24)
Employee Only	$431.73	$0.00	$0.00	$0.00	$0.00
Employee + Spouse	$897.24	$276.95	$1.12	$275.83	$137.92
Employee + Child(ren)	$815.71	$195.42	$0.79	$194.63	$97.32
Employee + Family	$1,250.56	$630.27	$2.54	$627.73	$313.87

Florida Blue – High HMO (BlueCare Plan)

	Monthly Plan Cost	Employee Cost Per Month Prior to Rebate	Employee Monthly Rebate Amount	Employee Cost Per Month Post Rebate	Employee Cost Per Pay (24)
Employee Only	$620.29	$0.00	$0.00	$0.00	$0.00
Employee + Spouse	$1,290.09	$669.80	$2.69	$667.11	$333.55
Employee + Child(ren)	$1,173.20	$552.91	$2.22	$550.69	$275.34
Employee + Family	$1,798.05	$1,177.76	$4.74	$1,173.02	$586.51

Florida Blue – Low HMO (BlueCare Plan)

	Monthly Plan Cost	Employee Cost Per Month Prior to Rebate	Employee Monthly Rebate Amount	Employee Cost Per Month Post Rebate	Employee Cost Per Pay (24)
Employee Only	$574.47	$0.00	$0.00	$0.00	$0.00
Employee + Spouse	$1,194.87	$574.58	$2.31	$572.27	$286.14
Employee + Child(ren)	$1,086.53	$466.24	$1.88	$464.36	$232.18
Employee + Family	$1,665.28	$1,044.99	$4.20	$1,040.79	$520.39

Medical Plan Comparison

Benefits	Low HMO BlueCare HMO	High HMO BlueCare HMO
	In Network Only	In Network Only
Deductible *(Single/Family)*	$500 / $1,500	$250 / $750
Coinsurance	0%	0%
Annual Out-of-Pocket Maximum[1] *(Single/Family)*	$2,000 / $4,000	$1,500 / $3,000
Physician Services *PCP Office Visits*	$25 copay	$20 copay
Specialist Office Visits	$50 copay	$40 copay
Preventive Care *Adult Wellness, Routine ObGyn*	Covered 100%	Covered 100%
Mammograms	Covered 100%	Covered 100%
Well Child Care	Covered 100%	Covered 100%
Facility Services (including Maternity) *Inpatient*	$200 / day (days 1-5); after deductible, Max. $1,000 per admission	$200 per admission after deductible
Outpatient Surgery	$200 copay after deductible	$100 copay after deductible
Ambulatory Surgery Center	$0 after deductible	$100 copay
Emergency Room[2]	$150 copay after deductible	$150 copay after deductible
Diagnostic Services *Independent Clinical Lab*	Covered 100%	Covered 100%
Advanced Imaging/IDTF Services[3]	0% after deductible	0% after deductible
Durable Medical Equipment[4]	0% after deductible	0% after deductible
Home Health Care	0% after deductible unlimited	0% after deductible unlimited
Prescription Drugs – Retail (30-day supply) *Generic*	$20 copay	$20 copay
Preferred Brand	$40 copay	$40 copay
Non-Preferred Brand	$60 copay	$60 copay
Prescription Drugs – Mail Order (90-Day supply) *Generic*	2x Retail Copay	2x Retail Copay
Mental/Nervous and Substance Abuse *Inpatient Services*	Covered 100%	Covered 100%
Outpatient Services	Covered 100%	Covered 100%
Outpatient Therapy *Physical, Occupational, Speech, Chiropractic*	$50 copay	$40 copay
Outpatient Therapy Limits	No Limit; Authorization required	No Limit; Authorization required

[1] Out of Pocket Maximum includes deductible, copayments, and prescription drug costs.
[2] Copay waived if admitted.
[3] Services performed in an Independent Diagnostic Testing Facility.
[4] Enteral formulas limited to $2,500; all other DME covered no maximum. Diabetic supplies (lancets, strips, etc.) are covered under the Rx benefits; Supplies and equipment (insulin pumps, tubing) are covered under the medical benefit as DME.

Low PPO BlueChoice PPO		High PPO BlueChoice PPO	
In Network	**Out of Network**	**In Network**	**Out of Network**
$1,500 / $4,500		$500 / $1,500	
20%	40%	10%	30%
$3,500 / $10,500		$2,000 / $6,000	
20% after deductible	40% after deductible	$25 copay	30% after deductible
20% after deductible	40% after deductible	$50 copay	30% after deductible
Covered 100%	40%, deductible waived	Covered 100%	30%, deductible waived
Covered 100%	Covered 100%	Covered 100%	Covered 100%
Covered 100%	40%, deductible waived	Covered 100%	30%,deductible waived
$150 copay; then 20% after deductible	$300 copay; then 40% after deductible	10% after deductible	$300 copay; then 30% after deductible
20% after deductible	40% after deductible	10% after deductible	30% after deductible
20% after deductible	40% after deductible	$100 copay	30% after deductible
$50 copay; then 20% after deductible	$50 copay; then 20% after deductible	$150 copay after deductible	$150 copay after deductible
20%, deductible waived	40%, deductible waived	Covered 100%	30% after deductible
20% after deductible	40% after deductible	10% after deductible	30% after deductible
20% after deductible	40% after deductible	10% after deductible	30% after deductible
20% after deductible 20 visit max	40% after deductible 20 visit max	10% after deductible 20 visit max	30% after deductible 20 visit max
$20 copay	50%	$20 copay	50%
$40 copay	50%	$40 copay	50%
$60 copay	50%	$60 copay	50%
2x Retail Copay	50%	2x Retail Copay	50%
Covered 100%	40%, deductible waived	Covered 100%	30%, deductible waived
Covered 100%	40%, deductible waived	Covered 100%	30%, deductible waived
20% after deductible	40% after deductible	10% after deductible	30% after deductible
15 visits		35 visits (includes up to 26 Spinal Manipulations)	

Flexible Spending Accounts

Flexible Spending Accounts (FSAs) enable you to set aside money for important expenses and help you reduce your income taxes at the same time. SBSC offers two types of FSAs — Health Care and Dependent Care. These accounts allow you to set aside pre-tax dollars to pay for certain out-of-pocket health care or dependent care expenses.

How Flexible Spending Accounts Work

1. Each year during Open Enrollment, you decide how much to set aside for health care and/or dependent day care expenses.
2. Your contributions are deducted from your paycheck in equal installments throughout the calendar year. Your contributions are deducted before federal and Social Security taxes are withdrawn, saving you money on your taxes.
3. When you have qualified health care and/or dependent care expenses, simply submit a claim form and documentation to the FSA administrator, Discovery Benefits. A reimbursement check will be sent to you from your FSA.

Please note that these accounts are separate — you may participate in one or both, but you cannot use money from the Health Care FSA to cover expenses eligible under the Dependent Care FSA or vice versa.

You must actively re-enroll in the FSAs each year.
You are not automatically enrolled.

Plan	Annual Maximum Contribution	Examples of Covered Expenses
Health Care FSA	$2,550	Copayments, Coinsurance, deductibles, dental and vision expenses, etc. for yourself and qualified dependents*
Dependent Care FSA	$5,000 (or $2,500 if married, filing separately)	Day Care, nursery school, elder care expenses, etc.

* See IRS Publications 502 and 503 for a complete list of covered expenses. Visit www.irs.gov for more information on Section 125 regulations.

Use-It-or-Lose-It Rule

Based on IRS rules, the plan requires you to use all of the money in your account(s) by the end of the plan year, December 31, 2016, and submit claims for reimbursement by March 31, 2017, or you will lose the remainder.

Deadline for Submitting Claims

You have until March 31, 2017 to submit claims for expenses incurred in 2016. After March 31, 2017, any money remaining in your FSAs will be forfeited. If you terminate employment during the plan year, you may submit claims up to 90 days after your termination for expenses incurred during the portion of the plan year preceding your termination date.

For a complete list of expenses, or if you have questions regarding the FSA, contact Discovery Benefits at 866-451-3399 or www.discoverybenefits.com.

Dental Insurance

Dental coverage is provided through Delta Dental. You can visit any dentist you choose, but you will pay less out of pocket when you visit a Delta Dental dentist. To find a provider, call 1-800-521-2651 or visit www.deltadentalins.com

Expenses are reimbursed based on the Delta Dental schedule of allowances according to the procedure description. The annual deductible is $50 per individual and $150 for family and does not apply to preventive care. The maximum benefit per person is $1,500 per calendar year.

The dental plan covers these types of benefits:

- Preventive and diagnostic services like routine exams and cleanings, fluoride treatments, sealants, and x-rays
- Basic services such as simple fillings and extractions, root canals, oral surgery, and gum disease treatment
- Major services such as crowns and dentures
- Orthodontia for eligible dependents only up to a lifetime maximum benefit of $1,000

Dental Rates Per Pay Period	
Employee + 1 dependent	$11.48
Employee + 2 or more dependents	$26.24

★ **How can I save money under the plan?** Try using a PPO provider

Vision Insurance

The Humana Vision Care Plan (VCP) offers vision benefits through an extensive CompBenefits provider network. The Vision plan offers you flexibility to see any provider. When you choose a network provider, you receive services at a predetermined fee. If you select an out-of-network provider, you will pay the eye care provider, and then file the claim for reimbursement based on the plan's reimbursement schedule.

Benefits include periodic eye exams, plus lenses and frames or contacts. Plan features include:

- $10 exams every 12 months
- $15 materials charge for frames and/or single vision lenses
- Lenses or contact lenses every 12 months
- Frames every 24 months
- $105 contact lens allowance is available in place of the exam and eyeglasses

Once you enroll, you will receive an ID card to present to your network Humana VCP provider. To find a network provider, call 1-866-537-0229 or visit www.compbenefits.com/custom/sarasotacounty

Vision Rates Per Pay Period	
Employee + Family	$4.72

Basic Term Life Insurance

SBSC provides eligible employees with basic term life insurance through Minnesota Life Insurance Company equal to $50,000 with no premium contributions required. The benefit will be reduced by 50% on the policy anniversary date (January 1) following the date you attain age 70. For additional information visit www.lifebenefits.com

Voluntary Term Life Insurance

You may also purchase voluntary term life as a supplement to the basic term life benefit. You pay 100% of the cost for voluntary term life insurance and deductions are withheld on an after-tax basis. Coverage is available for yourself and your eligible dependents.

Employee: Increments of $10,000 up to $300,000; new hires are eligible for a guaranteed issue amount of $300,000.

Spouse: Increments of $5,000 up to $150,000, not to exceed 50% of the employee's voluntary coverage amount; new hires are eligible for a guaranteed issue amount of $50,000.

Child: Increments of $5,000 or $10,000 covers all of your dependent children up to age 26 who are unmarried and fully dependent upon you for support; coverage is guaranteed issue for all employees.

An individual may not be covered as an employee and a dependent. If your spouse or child is a benefit-eligible employee of Sarasota County Schools, do not elect dependent life insurance for them, as benefits would not be payable. You must be actively at work on the effective date of coverage.

Open Enrollment Opportunity 2016

During Open Enrollment, you may increase your employee term life insurance on a guaranteed issue basis by one $10,000 increment without Evidence of Insurability (EOI). You may increase your spouse term life insurance on a guaranteed basis by one $5,000 increment without EOI*. Elections in excess of these open enrollment guaranteed issue amounts will require EOI.

Employees who currently have spouse life coverage may increase spouse coverage on a guaranteed basis by one $5,000 increment provided the resulting amount of insurance does not exceed the guarantee issue maximum of the lesser of $50,000 or 50% of the employee's voluntary life amount. Elections in excess of the guarantee issue amount will require EOI.

**This does not apply to new spouse enrollments.*

Evidence of Insurability (EOI)

New hires are eligible to elect voluntary term life insurance for yourself and your spouse up to the guaranteed issue amounts shown above without submitting EOI. New hires electing voluntary spouse coverage in excess of $50,000 and current employees electing to increase voluntary term life insurance for yourself and your spouse after the initial enrollment period must complete and submit EOI for medical underwriting approval. If your election is subject to EOI, information will be mailed to your home address with instructions about how to submit your EOI directly to Minnesota Life.

Voluntary Term Life Rates

Use the table below to calculate your per pay period cost. The rates below apply to you and your spouse and are based on your age as of January 1, 2016.

Age Band	Rate per $1,000
Under 29	$0.031
30 – 34	$0.040
35 – 39	$0.045
40 – 44	$0.059
45 – 49	$0.095
50 – 54	$0.157
55 – 59	$0.268
60 – 64	$0.421
65 – 69	$0.705
70+	$1.2375

Enter your Voluntary Life Insurance Volume election (Must be in an increment of $10,000 for yourself and $5,000 for spouse)	$
Age Reduction Applies • Are you age 65–69? If so, multiply Volume by 0.65. • Are you age 70 or older? If so, multiply Volume by 0.5.	$
Divide Volume by 1,000	$
Multiply by Rate based on your age as of January 1, 2016 This is your per pay period cost >	$

Long-Term Disability Insurance

At no cost to you, SBSC provides long-term disability (LTD) coverage through Cigna. You are eligible to receive LTD benefits after 90 days of a qualified disability. The plan pays 60% of your basic monthly earnings, up to a monthly maximum of $10,000. The maximum benefit period is the later of your normal retirement age or a sliding scale based upon the age at which your disability began. For additional information visit www.cigna.com

Short-Term Disability Insurance

Depending on your household budget, you may need additional disability coverage. SBSC offers you a chance to purchase voluntary short-term disability (STD) insurance through Aflac at a group rate. Voluntary group short-term disability insurance provides a source of income if an injury or illness keeps you out of work for an extended period of time.

Employees may elect coverage up to 50% of their salary to a maximum of $3,000 per month during Open Enrollment on a guaranteed issue basis. For additional information, visit www.aflacgroupinsurance.com

Plan Features:

- Coverage is guaranteed issue if you enroll when you are first eligible.
- Employees may elect a benefit amount equal to 50% of their salary. Benefit amounts will be rounded to the nearest $50 using standard rounding rules.
- The plan pays up to $3,000 in monthly benefits for up to 3 months for disabilities due to a covered illness or injury.
- The plan covers disability due to off-the-job covered injuries on the first day following an injury or after 7 days following a covered illness.
- Partial disability benefits allow a transition period before returning to full-time employment.
- Coverage is portable — you may continue your coverage if you change jobs or retire (with certain stipulations).

This is a brief product overview only. The plan has limitations and exclusions that may affect benefits payable. Refer to the plan for complete details, limitations, and exclusions. Continental American Insurance Company (CAIC), a proud member of the Aflac family of insurers, is a wholly-owned subsidiary of Aflac Incorporated and underwrites group coverage. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands.

Accident Insurance

Accidents may happen. You can't always prevent them, but you can take steps to reduce the financial Impact. Voluntary Accident Insurance with Aflac can help cover the out-of-pocket medical expenses and extra bills that can follow an accident.

The plan pays benefits for a variety of injuries and accident-related expenses, including hospitalization, emergency room treatment, physical therapy, transportation, lodging for family, and more.

Plan Features:

- Benefits are paid for accidents that occur on or off the job.
- You can also elect to cover your spouse and children.
- There are no health questions or physical exams required.
- Coverage is portable, which means you can take it with you if you change jobs or retire (with certain stipulations).

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Voluntary Whole Life Insurance

Whole life insurance is a permanent plan offered through Aflac and does not expire after a certain time period as is the case with term life insurance. This means the premium you pay today will never change.

Along with the peace of mind of level premiums, this type of plan has the potential to build cash value that you can utilize while you are still alive.

You choose the premium you feel you can afford, giving your family the added financial protection it may need during times of uncertainty.

Plan Features:

- Coverage is available for yourself, your spouse, your children, and/or your grandchildren.
- No physical exams are required to apply for coverage (although health questions may be asked).
- Coverage is portable — you can take your policy with you if you change jobs or retire (with certain stipulations).

The cost of the benefit will vary depending on your age, the amount of coverage you choose, and other such factors.

GET MORE…for your future

Since whole life insurance premiums stay the same over the life of the plan, they offer a great opportunity for young, healthy people to lock in favorable premiums that will not increase as long as they stay current with payments.

By locking in lower premiums at an early age, you can save in the future.

Life Insurance Plan Comparison		
Basic Term Life	**Supplemental Term Life**	**Voluntary Whole Life****
100% employer-paid	Cost increases as you get older	Premiums never change
Death benefit only	Death benefit only	Death benefit plus tax-deferred cash value accumulation
Coverage ends if you leave SBSC*	Coverage ends if you leave SBSC*	Coverage is portable – you can take it with you if you leave SBSC
Coverage for employee only	Coverage options available for employee, spouse, and children	Coverage options available for employee, spouse, children, and grandchildren

**Unless continued in accordance with the continuation provisions.*

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Critical Illness Insurance

The out-of-pocket costs of a specified covered critical illness can be severe, even if you have medical insurance. Voluntary Critical Illness Insurance with Aflac pays a lump sum benefit directly to you (unless otherwise assigned) if you are diagnosed with a covered specified critical illness. You can use this money however you choose: deductibles and coinsurance, expenses your family incurs to be by your side, or simply to replace your lost earnings from being out of work.

Covered specified critical illnesses include: cancer, heart attack, stroke, major organ transplant, end stage renal (kidney) failure, coronary artery bypass surgery* and carcinoma in situ*.

Plan Features:

- You choose the benefit amount when you enroll.
- You do not have to be terminally ill to receive benefits.
- Coverage options are available for your spouse and children.
- A health screening benefit is included, which pays a $50 benefit per insured per calendar year if a covered health screening test is performed (blood test, stress test, colonoscopy, chest x-ray, mammogram, etc.).**
- Coverage is portable — you can take it with you if you change jobs or retire (with certain stipulations).

Rates will vary depending on your age, tobacco use, and the amount of coverage you elect.

*The coverage pays 25% of the face amount of the plan once per lifetime for coronary bypass surgery and carcinoma in situ. If a benefit is paid for Carcinoma in Situ, the Cancer benefit will be reduced by 25 percent. If a benefit is paid for Coronary Artery Bypass Surgery, the Heart Attack benefit will be reduced by 25 percent.

***This benefit is payable for the covered Employee and Spouse. This benefit is not paid for Dependent Children.*

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401(k) Retirement Savings Plan

SBSC offers eligible employees a voluntary 401(k) retirement savings plan. You may enroll at any time during the year by contacting Prudential Retirement Services. You may contribute a minimum of $20 per pay period up to the maximum annual deferral limit (including any contributions you make to the 403(b) plan or other qualified retirement plan). Employees age 50 or older can also make catchup contributions. To enroll or to get more information, contact Prudential Retirement Services at 1-877-778-2100 or www.prudential.com/online/retirement

403(b) and 457(b) Retirement Savings Plans

SBSC offers voluntary 403(b) and 457(b) retirement savings plans through authorized providers. For provider information and representative contact numbers, please visit www.sarasotacountyschools.net/departments/riskmanagement

Required Notices

Important Notice from Blue Cross and Blue Shield of Florida D/B/A Florida Blue and Health Options Inc. D/B/A Florida Blue HMO 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 Florida Blue and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

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

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. Florida Blue has determined that the prescription drug coverage offered by your health plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

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

If you decide to join a Medicare drug plan, your current Florida Blue coverage will be affected. You can keep this coverage if you elect to join a Medicare drug plan and your Florida Blue health plan will coordinate your benefits with Medicare for drug coverage. If you would like more information about the prescription drug plan provisions and options that Medicare eligible individuals may have when they become eligible for Medicare prescription drug coverage, see pages 7-9 of the CMS Disclosure of Creditable Coverage to Medicare Part D Eligible Individuals Guidance located at http://www.cms.hhs.gov/CreditableCoverage/.

If you do decide to join a Medicare drug plan and drop your current Florida Blue coverage, be aware that you and your dependents will not be able to get this coverage back.

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 Florida Blue 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 us for further information at 1-800-FLA-BLUE (TTY: 711). 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 Florida Blue 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).

Date: 10/1/15
Name of Entity/Sender: Florida Blue
Contact: Florida Blue Product Management
Address: P.O. Box 1798, Jacksonville, FL 32231
Phone Number: 1-800-314-0037
8am – 9:30pm, Monday-Friday (TTY: 711)

Required Notices

COBRA

If you, your spouse, or eligible dependent lose coverage under any of SBSC group medical, dental or vision plans because of a COBRA qualifying event, you may have the right to continue coverage under the Consolidated Omnibus Budget Reconciliation Act (COBRA). For details about qualifying events, refer to the Section 125 and benefit Election Changes section of this guide. If your coverage ends due to a COBRA-qualifying event, you will receive a notice of your continuation rights. At that time, you will have up to 60 days—from the date of your event or the date you received your notice—to decide whether you want to continue your health coverage.

If you, your spouse, and/or dependent have a COBRA-qualifying event, you must notify the Risk Management Office immediately.

HIPAA—Continuation of Coverage

The Health Insurance Portability and Accountability Act (HIPAA) helps protect your rights to medical coverage during events such as changing or losing jobs, pregnancy and childbirth, or divorce.

Depending upon your group health plan limitations, HIPAA may also make it possible for you to get and keep health coverage even if you have past or present (pre-existing) medical conditions. If you were covered under a medical plan, you will receive a certificate of creditable coverage from Florida Blue upon termination.

HIPAA—Privacy Act Legislation

SBSC and your health insurance carrier are obligated to protect confidential health information that identifies you, or could be used to identify you, and relates to a physical or mental health condition or the payment of your health care expenses.

SBSC and Florida Blue are required to notify you and your beneficiaries about their policies and practices to protect the confidentiality of your health information. To comply with this legislation, Florida Blue provides a detailed description of your plan's privacy policy in the Summary Plan Descriptions.

Effects of the privacy rule:

• You must contact your insurance provider if you need help with any health care benefit concerns, claims, or questions.

• The Risk Management Office, your manager, and/or your Human Resources representative cannot help you with health care issues without specific, written authorization from you.

Women's Health and Cancer Rights Act of 1998

The Women's Health and Cancer Rights Act of 1998 requires your health care plan to provide benefits for mastectomy-related services. These services include surgery and reconstruction to achieve symmetry between the breasts and prostheses due to complications resulting from a mastectomy (including lymph edemas).

Coverage for these benefits or services will be provided in consultation with the participant's or beneficiary's attending physician. If you are receiving, or in the future will receive, benefits under any group medical contract in connection with a mastectomy, you are entitled to coverage for the benefits and services described above if you elect breast reconstruction. Please refer to your medical plan Certificate of Coverage for the full terms of coverage, restrictions, limitations, and exclusions, etc. Your qualified dependents are also entitled to coverage for those benefits or services on the same terms. Coverage for the mastectomy related services or benefits required under the Women's Health law are subject to the same deductibles and coinsurance or copayment provisions that apply to other medical or surgical benefits your group medical contract provides.

Newborns' and Mothers' Health Protection Act of 1996

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 normal vaginal delivery, or

• 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 insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Health Coverage Extended for College Students on Medically Necessary Leave

Michelle's law provides that a group health plan may not terminate a college student's health coverage simply because the child takes a medically necessary leave of absence from school. The law:

- Allows full-time college students to take up to 12 months of medical leave.
- Applies to students who are covered under their parent's health insurance plan.
- States that medical leave can mean that the student is absent from school or reduces his/her course load to part-time. Entitles the student to the same benefits as if they had not taken a leave.
- Mandates that coverage must extend for maximum of one year after the first day of the leave (or the date coverage would otherwise terminate under the plan).

The leave of absence must:

- Be medically necessary;
- Commence while the child is suffering from a serious illness or injury; and
- Cause the child to lose coverage under the plan.
- The date the medical leave begins is determined by a student's physician.

To take advantage of the extension, the child must have been enrolled in the group health plan on the basis of being a student at a post-secondary educational institution immediately before the first day of the leave.

Plan and Contact	Phone Number	Website Address
RISK MANAGEMENT Medical and Retirement Dental, Vision, Life, Disability, FSA Workers' Comp, Aflac, 401k, 403(b), 457(b)	1-941-927-9000 Jarett Curtis x32318 Valeta Clark x32317 Sabine Flesch x32316	www.sarasotacountyschools.net/departments/risk management
BENEFITS ENROLLMENT Open Enrollment and New Hire Enrollment	Call Risk Management	https://ep.sarasotacountyschools.net/
MEDICAL HMO and PPO Florida Blue On-site Representative Martina Olson	1-800-352-2583 941-927-9000 x32314	www.floridablue.com
DENTAL Delta Dental	1-800-521-2651	www.deltadentalins.com
VISION Humana/CompBenefits	1-866-537-0229	www.compbenefits.com/custom/sarasotacounty
BASIC AND SUPPLEMENTAL LIFE INSURANCE Minnesota Life Insurance Company	1-866-293-6047	www.lifebenefits.com
LONG TERM DISABILITY INSURANCE Cigna	1-800-362-4462	www.cigna.com/customer-forms
FLEXIBLE SPENDING ACCOUNT (FSA) Discovery Benefits	1-866-451-3399	www.discoverybenefits.com
SHORT-TERM DISABILITY Aflac	1-800-433-3036	www.aflacgroupinsurance.com
WHOLE LIFE INSURANCE Aflac	1-800-433-3036	www.aflacgroupinsurance.com
CRITICAL ILLNESS INSURANCE Aflac	1-800-433-3036	www.aflacgroupinsurance.com
ACCIDENT INSURANCE Aflac	1-800-433-3036	www.aflacgroupinsurance.com
401(k) Prudential Retirement Services	1-877-778-2100	www.prudential.com/online/retirement
403(b), 457(b) Authorized Providers		www.sarasotacountyschools.net/departments/riskmanagement

DISCLAIMER: This benefit guide contains only a summary of plan highlights. They are not comprehensive plan documents. Complete details are set forth in the plan documents and individual plan policies. If there are any discrepancies between this guide and the official plan documents, the plan documents and policy will govern. Sarasota Schools has the right to modify, amend, or terminate the plans at any time. These plans and your eligibility for coverage are not an employment contract. They do not guarantee you the right to continued employment with Sarasota Schools.