BE HEALTHY.

Medical/Rx • Teladoc • Dental • Vision • Employee Assistance Program

BE WEALTHY.

Life Insurance • Short and Long-Term Disability • Voluntary Benefits

BE WISE.

Make sure you complete your benefits enrollment through ESS.

2021

EMPLOYEE BENEFITS GUIDE

www.manateeschools.net/benefits

INDEX

The School District of Manatee County (SDMC) is committed to providing our employees with a benefits program that is both comprehensive and competitive. Our benefits program offers health care, dental and vision coverage, as well as financial security to our employees and their families. This guide provides a general overview of your benefit choices and enrollment information to help you select the coverage that is right for you.

ELIGIBILITY

Employees in MEA bargaining unit must work a minimum of 20 hours per week for Health Insurance and Flexible Benefits, 15 hours per week for Life Insurance. All other employees must work a minimum of 30 hours per week for Health Insurance, 20 hours per week for Flexible Benefits and 15 hours per week for Life Insurance.

BENEFIT	ELIGIBILITY WAITING PERIOD
Medical/Prescription	First day of the second month following your date of hire.
Voluntary Dental	
Voluntary Vision	
Basic Life and AD&D	
Supplemental Life	
Short-Term Disability	
Long-Term Disability	
Flexible Spending Accounts (FSAs)	
Retirement Savings (FRS-403B or 457)	

DEPENDENT ELIGIBILITY

You can enroll your dependents in plans that offer dependent coverage. Eligible dependents are defined as your legal spouse and eligible children who depend primarily on you for support. This includes: your own children, legally adopted children, stepchildren, a child for whom you have been appointed legal guardian, and/or a child for whom the court has issued a Qualified Medical Child Support Order (QMCSO) requiring you or your spouse to provide coverage.

MEDICAL, DENTAL, AND VISION PLAN DEPENDENT COVERAGE

Eligible Children are those 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, dental and vision).

Florida law allows you to cover eligible dependent adult children ages 26-30 provided they meet specific criteria. For more information, contact the Benefits Department.

PAYING FOR YOUR BENEFITS

Some benefits are provided to you at no cost. The cost of other benefits, such as medical, is shared by you and SDMC. Additional benefits, such as dental, vision, and Supplemental Life Insurance are paid for by you at discounted group rates. Having benefit options available means you can build a benefits program that meets your needs and your lifestyle.

BENEFIT	WHO CONTRIBUTES?	TAX BASIS
Medical/Prescription	SDMC & Employees	Pre-Tax
Dental	Employees	Pre-Tax
Vision	Employees	Pre-Tax
Basic Life and AD&D	SDMC	Post-Tax
Supplemental Life	Employees	Post-Tax
Short-Term Disability	Employees	Post-Tax
Long-Term Disability	Employees	Post-Tax
FSAs	Employees	Pre-Tax
Retirement Savings 401(k)	Employees	Pre-Tax

ENROLLMENT PERIODS

New Employees

As a new employee of SDMC, you become eligible for benefits on the first day of the second month following your date of hire. Our benefits plan year runs from January through December.

Annual Open Enrollment

As a benefits-eligible employee, you have the opportunity to enroll in or make changes to your benefit plans during our annual Open Enrollment period. Open Enrollment is usually held in November with benefit elections effective January 1st.

MAKING CHANGES DURING THE YEAR

Choose your benefits carefully. Medical, dental, vision, and Flexible Spending Account contributions are made on a pre-tax basis and IRS regulations state that you cannot change your pre-tax benefit options during the year unless you have a Qualified Life Event. Qualified Life Events include:

- Marriage or divorce;
- Death of your spouse, or dependent;
- Birth or adoption of a child;
- Your spouse terminating or obtaining new employment (that affects eligibility for coverage);
- You or your spouse switching employment status from full-time to part-time or vice versa (that affects eligibility for coverage);
- Significant cost or coverage changes; or
- Your dependent no longer qualifies as an eligible dependent.

You must notify and submit any applicable forms and/or documentation to the Benefits Administrator within **30 days of the event**. The Benefits Administrator will review your request and determine whether the change you are requesting is allowed. Only benefit changes which are consistent with the Qualified Life Event are permitted.

Wellbeing

When enrolled in SDMC medical plans, employees and their dependents have access to free online Florida Blue resources, wellness coaches and lifestyle management platforms. One of these resources is Better You Strides, powered by CaféWell, a free online wellness program that uses your needs, goals and interest to build your customized plan to better health.

For more information visit **floridablue/BetterYouStrides.com**.

MEDICAL BENEFITS

SDMC seeks to provide the best possible medical benefits at a reasonable cost. Employees are provided with three medical plan options that include prescription drug coverage.

Please refer to the chart on the next page for a comparison of medical plan benefits.

TELADOC

Telemedicine services are provided to you by Teladoc. You can access Teladoc 24 hours, 7 days a week to a U.S board-certified doctor through convenience of phone, video, or mobile app visits.

To use Teladoc service there will be a copay associated to each plan. Gold - $5 l Silver - $10 l Bronze - $15

Call **1-800-Teladoc (835-2362)** or download the free app to register, **https://www.teladoc.com/**.

IN-NETWORK ADVANTAGE

Within some of the medical, dental and vision plans, you have the freedom to use any provider. However, 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 a provider who is outside of the network, you may be responsible for paying for the difference between the Usual, Customary and Reasonable (UCR) charges and what the provider charges. You also may need to submit claim forms.

MEDICAL BENEFITS AT-A-GLANCE AND COST OF COVERAGE

The information below is a summary of medical coverage only. Please contact the Benefits Administrator, Florida Blue at www.bcbsfl.com, for plan summaries detailing coverage information, limitations, and exclusions. Or you can contact Lynn Anway, SDMC dedicated FL Blue representative, at 941-378-7315 or Lynn.Anway@bcbsfl.com.

Refer to Cost Per Pay below for the 2021 plan year.

Any deductibles and copays shown in the chart below are amounts for which you are responsible.

It's important to know that if you select the Bronze option, the plan doesn't include out-of-network coverage. This means if you see a doctor or fill a prescription outside your network, you'll end up paying the entire cost (except in an emergency or if you've gotten preapproval). The FL Blue HMO network is limited to the state of Florida. Any services outside the state would be considered out-of-network.

BENEFIT	GOLD PPO (BLUEOPTIONS NETWORK)		SILVER PPO (BLUEOPTIONS NETWORK)		BRONZE HMO (BLUECARE NETWORK)
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK
Annual Calendar Year Deductible					
Single	$1,000	$2,000	$1,500	$3,000	$2,500
Family	$2,000	$4,000	$3,000	$6,000	$5,000
Out-of-Pocket Maximum					
Single	$3,000	$6,000	$4,000	$8,000	$5,000
Family	$6,000	$12,000	$8,000	$16,000	$10,000
Coinsurance	10%	50%	20%	50%	30%
Physician Services					
Doctor's office visit	$10 copay	50% coinsurance	$25 copay	50% after deductible	$15 copay (PCMH) $30 copay (PCP)
Specialist office visit	$20 copay	50% coinsurance	$50 copay	50% after deductible	$60 copay
Preventive care	Covered 100%	50% coinsurance	Covered 100%	50% after deductible	Covered 100%
Teladoc	$5 copay		$10 copay		$15 copay
Acupuncture	$20 copay	50% coinsurance	$50 copay	50% after deductible	$60 copay
Lab and X-ray Services **Advance Imaging/IDTF Services**	$0 copay 10% after deductible	50% coinsurance 50% coinsurance	$0 copay 20% after deductible	50% after deductible 50% after deductible	Covered 100% 30% after deductible
Hospital Services					
Inpatient	$200 copay	50% coinsurance	$250 copay	50% after deductible	$300 copay
Outpatient	10% after deductible	50% coinsurance	20% after deductible	50% after deductible	30% after deductible
Emergency Care	$800 copay		$1,000 copay		$1,200 copay
Urgent Care	$20 copay	$20 copay	$50 copay	$50 copay	$60 copay
PRESCRIPTION DRUGS					
Retail (30-day supply)					
Generic	$10 copay	N/A	$10 copay	N/A	$10 copay
Preferred brand	$30 copay	N/A	$30 copay	N/A	$30 copay
Non-preferred brand	$60 copay	N/A	$60 copay	N/A	$60 copay
Mail Order (90-day supply)					
Generic	$25 copay	N/A	$25 copay	N/A	$25 copay
Preferred brand	$75 copay	N/A	$75 copay	N/A	$75 copay
Non-preferred brand	$150 copay	N/A	$150 copay	N/A	$150 copay

PER-PAYCHECK DEDUCTIONS	22 PAYCHECK	26 PAYCHECK	22 PAYCHECK	26 PAYCHECK	22 PAYCHECK	26 PAYCHECK
Employee Only	$55.64	$47.08	$34.91	$29.54	$17.45	$14.77
Employee + Spouse	$303.27	$256.62	$259.09	$219.23	$212.18	$179.54
Employee + Child(ren)	$200.73	$169.85	$158.18	$133.85	$87.27	$73.85
Family	$448.36	$379.38	$382.36	$323.54	$280.91	$237.69

Note: Deductibles, copays and coinsurance accumulate toward the out-of-pocket maximums. Usual, Customary and Reasonable charges apply for all out-of-network benefits.

VOLUNTARY DENTAL BENEFITS

Dental coverage is key to your overall health. SDMC offers employees two dental plan options through MetLife. Review the details about each plan carefully so you can determine which plan meets your needs. Your dental plans offer choices that cover four main types of expenses:

- Preventive and diagnostic services like routine exams and cleanings, fluoride treatments, sealants, and x-rays
- Basic services such as simple fillings and extractions
- Major services such as crowns and dentures, root canals, oral surgery, and gum disease treatment
- Orthodontia

DENTAL BENEFITS AT-A-GLANCE AND COST OF COVERAGE

BENEFIT	LOW PLAN		HIGH PLAN	
Annual Calendar Year Maximum (Per Person)	$1,000		$2,000	
Calendar Year Deductible (Single/Family)	$50 / $100		$50 / $100	
Preventive Services	100%		100%	
Basic Services	50%		70%	
Major Services	40%		50%	
Orthodontia	50%		50%	
Orthodontia Lifetime Maximum (Per Person)	$1,500 Child Only		$1,500 Covers Adult Ortho for Employee and Spouse, and Child(ren) to age 19	
PER-PAYCHECK DEDUCTIONS	22 PAYCHECK	26 PAYCHECK	22 PAYCHECK	26 PAYCHECK
Employee Only	$14.06	$11.90	$24.38	$20.63
Employee + Spouse	$26.83	$22.70	$45.98	$38.90
Employee + Child(ren)	$29.63	$25.07	$50.50	$42.73
Family	$42.41	$35.88	$71.83	$60.78

VOLUNTARY VISION BENEFITS

SDMC offers employees two vision plans through Vision Service Plan (VSP) that include coverage for eye exams and eyeglasses or contact lenses.

Eye exams are covered every 12 months, Lenses are covered very 12 months and Frames every 24 months on the Low Plan and every 12 months on the High Plan.

To find a network provider, call **1-800-877-7195** or visit **www.vsp.com**.

VISION BENEFITS AT-A-GLANCE AND COST OF COVERAGE

BENEFIT	LOW PLAN		HIGH PLAN	
Exam	$10 copay / 12 months		$10 copay / 12 months	
Lenses	$15 copay / 12 months		$15 copay / 12 months	
Frames	$15 copay / 24 months $130 allowance		$15 copay / 12 months $130 allowance	
Contact Lenses Instead of Glasses	**$150**		**$150**	
Conventional/Disposable Medically Necessary	$15 copay		$15 copay	
PER-PAYCHECK DEDUCTIONS	22 PAYCHECK	26 PAYCHECK	22 PAYCHECK	26 PAYCHECK
Employee Only	$4.81	$4.07	$6.61	$5.59
Employee + Spouse	$9.62	$8.14	$13.24	$11.20
Employee + Child(ren)	$11.81	$10.00	$16.45	$13.92
Family	$16.54	$13.99	$23.01	$19.47

*ID Card not required for vision services.

INCOME PROTECTION

SECURIAN BASIC LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT

SDMC provides you with Basic Life Insurance and Accidental Death and Dismemberment (AD&D) coverage in the amount of 1x of contracted salary, up to a maximum of $750,000 at no cost.

SECURIAN SUPPLEMENTAL LIFE

You can purchase Supplemental Life coverage for you and your family. You can elect additional life insurance for:

Yourself:	1 - 5x contracted salary, rounded to the next higher $1,000; to a maximum of $750,000 (combined with Core Life). Guaranteed Issue up to 3x, EOI required for 4x or 5x.
Your Spouse:	Up to $20,000, cannot exceed 100% of employee coverage (basic and supplemental combined).
Your Child(ren):	$10,000; up to age 26.

WHAT DOES GUARANTEED ISSUE MEAN?
Guaranteed issue refers to the amount of insurance you may buy without the insurance company requiring you to provide evidence of insurability (EOI), or Statement of Health.

LINCOLN FINANCIAL SHORT-TERM DISABILITY

You are eligible to purchase voluntary Short-Term Disability (STD) benefits for a qualified non-work related illness or injury that prevents you from working up to $1,000 in weekly benefits for up to 26 weeks. The plan covers disability injuries and sickness on the 15th day following an injury or an sickness.

Benefits are offset by any workers compensation benefits.

The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and pre-existing condition limitation which may affect any benefits payable.

RATE PER $10 OF WEEKLY COVERED BENEFIT	
STD	$0.75

LINCOLN FINANCIAL LONG-TERM DISABILITY

You are eligible to purchase Long-Term Disability (LTD) insurance which pays a monthly benefit in the event you cannot work because of a long-term illness or injury. LTD benefits provide you with 60% of your monthly salary, up to a $7,500 monthly maximum after 180 consecutive days of a qualified non-work related illness or injury.

RATE PER $100 OF COVERED PAYROLL	
LTD	$0.525

New hires are eligible to enroll in Supplemental Life, Disability, and AFLAC without required health underwriting. Benefits are guaranteed issue if purchased within 30 days of your hire event.

FLEXIBLE SPENDING ACCOUNTS TASC

Flexible Spending Accounts (FSAs) help you save money by allowing you to pay for certain types of health care and dependent care expenses on a pre-tax basis. You decide how much money to put aside each payday to cover these expenses up to the maximum.

This amount is then deducted from your pay before taxes and deposited into your FSA. When you need money to cover an eligible expense, you can get reimbursed using a variety of reimbursement methods. Remember to always keep your receipts.

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

HEALTH CARE SPENDING ACCOUNT	
Use for:	Eligible health care expenses - such as deductibles, coinsurance, eyeglasses, and orthodontia - that are not reimbursed or covered by another plan.
Annual contribution:	$2,750
DEPENDENT CARE SPENDING ACCOUNT	
Use for:	Eligible day care expenses for children through age 12 who are qualified tax dependents or dependents of any age who are physically or mentally disabled and unable to care for themselves.
Annual contribution:	$5,000

*Your maximum contribution to the Health Care Spending Account will be limited to $2,750. The maximum for the Dependent Care Spending Account is $5,000 ($2,500 maximum if you are married and file separate tax returns).

IMPORTANT: USE IT OR LOSE IT!
According to IRS rules, any money remaining in a Health Care or Dependent Care Spending Account after the deadline for filing claims will be forfeited. If you have money left in your Health Care FSA at the end of 2020, you may carry over up to $550 for use in 2021. The money you carry over doesn't count against the IRS annual contribution maximum, which means you can start the year with an amount greater than the IRS limit in your Health Care FSA. You can use the amount throughout the 2021 plan year. This rule applies each subsequent calendar year. This does not apply to the Dependent Care FSA.

VOLUNTARY BENEFITS

AFLAC CRITICAL ILLNESS INSURANCE

Critical Illness Insurance is designed to protect your income and personal assets when your out-of-pocket expenses increase as a result of an illness. Health insurance is not always enough to cover all of the unforeseen expenses associated with a serious medical condition like a heart attack or cancer. Critical Illness Insurance pays a lump sum benefit that can be used any way you choose, and benefits are paid in addition to any other insurance coverage you may have.

COVERED ILLNESSES	PAYMENT PERCENTAGES
Heart Attack	100%
Stroke	100%
Major Organ Transplant	100%
End Stage Renal (Kidney) Failure	100%
Cancer	100%
Carcinoma in Situ	25%
Maximum benefits listed will be reduced by 50% after age 70.	

Plan Features:

- You do not have to be terminally ill to receive benefits.
- Coverage options are available for your spouse and children as riders to your coverage.
- Coverage is portable — you can take your policy with you if you change jobs or retire.

The policy/certificate of coverage has exclusions and limitations which may affect any benefits payable.

AFLAC ACCIDENT INSURANCE

You don't have to be especially clumsy to experience accidents.

These events are all too common, and so are the high medical expenses that come with them.

Accidents are unplanned and unpredictable, but the financial impact that they have on you doesn't have to be either of those things. Voluntary Accident Insurance pays direct benefits for a range of injuries and accident-related expenses such as:

- Fractures
- Dislocations
- Concussion
- Emergency Room Treatment
- Hospitalization
- Accidental Death

Benefit amounts are based on the type of injury and treatment needed. No matter how great your medical plan is, you will have to share the costs of medical care and rehabilitation that follow an accident. Accident Insurance is designed to help you pay for out-of-pocket expenses that insurance doesn't cover, like copays and deductibles, but the benefit payout can be used however you'd like.

Plan Advantages

No health questions or physical exams are required for enrolling yourself, your spouse or your children in the plan. If you retire or leave SDMC, the plan also offers the option for portability.

Be sure to use this plan's Wellness Benefit to your advantage. The benefit will help you maintain a healthy status, while paying $60 for completing a covered health screening test (once per calendar year per insured).

The policy/certificate of coverage or its provisions may vary or be unavailable in some states. The policy/certificate of coverage has exclusions and limitations which may affect any benefits payable.

AFLAC HOSPITAL INDEMNITY INSURANCE

If you've ever been in the hospital, you know that it may be difficult to focus on your recovery. You'd rather be in your own bed, eating your own food, and your family might be spending a ton of money to stay at a hotel near you.

The last thing you want to think about is the bill you will receive after your insurance company covers its portion of your hospital stay. Since out-of-pocket costs including deductibles and coinsurance can build quickly, the bills that result from a hospital stay can be overwhelming for anyone – with or without medical insurance.

Hospital indemnity insurance can help to ease the sticker-shock by paying a benefit directly to you (not to the hospital, or to an insurance company) if you or a covered family member has to stay in the hospital.

Plan Advantages

Employees who are newly eligible are able to enroll without answering medical questions, meaning acceptance is guaranteed. The plan includes coverage options for spouses and children, and can be taken with you if you leave SDMC or retire.

The policy/certificate of coverage or its provisions may vary or be unavailable in some states. The policy/certificate of coverage has exclusions and limitations, which may affect any benefits payable. The benefits explained in the example above are for illustrative purposes only. Please see your Summary Plan Description (SPD) for complete details.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Who Can Access the EAP?

EAP benefit is available to all SDMC employees, including those who opt out of any medical benefits and all household members including dependents living away from home.

Are EAP services confidential?

Yes. ComPsych will never share your personal records with your employer or anyone else without your permission. All records are kept confidential in accordance with federal and state law status.

Does the EAP cover counseling visits to a clinician?

Yes! Every household member gets up to 5 counseling visits per problem during a calendar year. You can connect with a behavioral health provider via virtual visit or in office.

Does the EAP offer more than just counseling?

Yes! The EAP expands to Legal and Financial issues, Child and Elder care support, Parenting/Family and Relationship issues, and more! Visit **www.guidanceresources.com** for more information. Click on REGISTER and enter Web ID: Manatee.

How much does the EAP cost?

Nothing! SDMC pays for 100% of your EAP program, and there is no cost to you!

BENEFITS ADMINISTRATOR INFORMATION

If you have any questions regarding eligibility, benefit plans or enrollment periods or would like additional information, contact the Benefits Manager at 1-941-708-8770, extension 41061.

REFERENCES AND RESOURCES FOR ADDITIONAL INFORMATION

BENEFIT	CARRIER	WEBSITE	PHONE NUMBER
Medical	Florida Blue	www.bcbsfl.com	1-800-352-2583 1-941-378-7315 (Lynn Anway)
Pharmacy	Elixir	www.elixirsolutions.com	1-800-361-4542
Dental	MetLife	www.metlife.com	1-800-942-0854
Vision	VSP	www.vsp.com	1-800-877-7195
Life and AD&D Claims	Securian	www.securian.com	1-866-293-6047
Supplemental Life Claims	Securian	www.securian.com	1-866-293-6047
Long-Term Disability Claims	Lincoln Financial	www.MyLibertyConnection.com	1-800-713-7384
Short-Term Disability	Lincoln Financial	www.MyLibertyConnection.com	1-800-713-7384
Flexible Spending Accounts	TASC	www.tasconline.com	1-800-422-4661
Critical Illness Insurance / Accident Insurance / Hospital Indemnity Insurance	Aflac	www.aflacgroupinsurance.com	1-800-433-3036
Retirement FRS		www.myfrs.com	1-866-446-9377
Bencor		https://bencorplans.usretirementpartners.com	1-888-258-3422
Employee Assistance Program (EAP)	ComPsych	www.guidanceresources.com	1-866-553-1848
TELEMEDICINE	Teladoc	www.teladoc.com	1-800-Teladoc (835-2362)
TSA Consulting		www.tscg.com	1-888-796-3786

ABOUT THIS GUIDE

This guide highlights all employee benefits. Official plan and insurance documents govern your rights and benefits under each plan. For more details about your benefits, including covered expenses, exclusions, and limitations, please refer to the individual summary plan description (SPD), plan document or certificate of coverage for each plan. If any discrepancy exists between this guide and the official documents, the official documents will prevail.

Updated 03/2021

IMPORTANT NOTICES

About This Guide

This guide highlights your benefits. Official plan and insurance documents govern your rights and benefits under each plan. For more details about your benefits, including covered expenses, exclusions, and limitations, please refer to the individual summary plan descriptions (SPDs), plan document, or certificate of coverage for each plan. If any discrepancy exists between this guide and the official documents, the official documents will prevail. SDMC reserves the right to make changes at any time to the benefits, costs, and other provisions relative to benefits.

Reminder of Availability of Privacy Notice

This is to remind plan participants and beneficiaries of the SDMC Health and Welfare Plan (the "Plan") that the Plan has issued a Health Plan Privacy Notice that describes how the Plan uses and disclosed protected health information (PHI). You can obtain a copy of the SDMC Health and Welfare Plan Privacy Notice upon your written request to the Human Resources Department, at the following address:

Benefits Department
215 Manatee Ave W
Bradenton, FL 34205

If you have any questions, please contact the Benefits Manager at **1-941-708-8770 ext. 41061**.

Women's Health and Cancer Rights Act

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 was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Please reference page 4 for applicable deductible and coinsurance. If you would like more information on WHCRA benefits, call your plan administrator **1-941-708-8770 ext. 41061**.

Newborns' and Mothers' Health Protection Act Disclosure

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).

USERRA

Your right to continued participation in the Plan during leaves of absence for active military duty is protected by the Uniformed Services Employment and Reemployment Rights Act (USERRA). Accordingly, if you are absent from work due to a period of active duty in the military for less than 31 days, your Plan participation will not be interrupted and you will continue to pay the same amount as if you were not absent. If the absence is for more than 31 days and not more than 24 months, you may continue to maintain your coverage under the Plan by paying up to 102% of the full amount of premiums. You and your dependents may also have the opportunity to elect COBRA coverage.

Also, if you elect not to continue your health plan coverage during your military service, you have the right to be reinstated in the Plan upon your return to work, generally without any waiting periods or pre-existing condition exclusions, except for service connected illnesses or injuries, as applicable.

This guide contains important information about the Medicare Part D creditable status of your prescription drug coverage on page 11.

MEDICARE PART D NOTICE OF CREDITABLE COVERAGE

Your Options

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with SDMC 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. SDMC has determined that the prescription drug coverage offered by the Medical Plan through Elixir, 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 through 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 SDMC coverage will be affected. If you do decide to join a Medicare drug plan and drop your current coverage, be aware that you and your dependents may not be able to get this coverage back.

From the local pharmacy, 30-day supply:

- **Generic Drugs** **$10**
- **Brand Name Drugs** **$30**
- **Non-Formulary Drugs** **$60**

From the Mail Order Pharmacy, 90-day supply:

- **Generic Drugs** **$25**
- **Brand Name Drugs** **$75**
- **Non-Formulary Drugs** **$150**

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 SDMC 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 the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through SDMC 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 for personalized help. See the inside back cover of your copy of the "Medicare & You" handbook for their telephone number.
- 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: **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: October 2020
Name of Entity/Sender: School District of Manatee County
Contact: Benefits Manager
Address: 215 Manatee Ave W, Bradenton, FL 34205
Phone Number: **1-941-708-8770 ext. 41061**
Fax Number: **1-941-708-8679**

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 January 31, 2021. Contact your State for more information on eligibility –

1. ALABAMA – Medicaid
   Website: http://myalhipp.com/
   Phone: 1-855-692-5447
2. ALASKA – Medicaid
   The AK Health Insurance Premium Payment Program
   Website: http://myakhipp.com/
   Phone: 1-866-251-4861
   Email: CustomerService@MyAKHIPP.com
   Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx
3. ARKANSAS – Medicaid
   Website: http://myarhipp.com/
   Phone: 1-855-MyARHIPP (855-692-7447)
4. CALIFORNIA – Medicaid
   Health Insurance Premium Payment (HIPP) Program
   Website: http://dhcs.ca.gov/hipp
   Phone: 916-445-8322
   Email: hipp@dhcs.ca.gov
5. 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
6. FLORIDA – Medicaid
   Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html
   Phone: 1-877-357-3268
7. GEORGIA – Medicaid
   Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp
   Phone: 678-564-1162 ext 2131
8. 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
9. 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
10. KANSAS – Medicaid
    Website: https://www.kancare.ks.gov/
    Phone: 1-800-792-4884
11. KENTUCKY – Medicaid
    Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx
    Phone: 1-855-459-6328
    Email: KIHIPP.PROGRAM@ky.gov
    KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx
    Phone: 1-877-524-4718
    Kentucky Medicaid Website: https://chfs.ky.gov
12. 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)
13. 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: 1-800-977-6740 TTY: Maine relay 711
14. MASSACHUSETTS – Medicaid and CHIP
    Website: https://www.mass.gov/info-details/masshealth-premium-assistance-pa
    Phone: 1-800-862-4840
15. 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
16. MISSOURI – Medicaid
    Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm
    Phone: 573-751-2005
17. MONTANA – Medicaid
    Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP
    Phone: 1-800-694-3084
18. NEBRASKA – Medicaid
    Website: http://www.ACCESSNebraska.ne.gov
    Phone: 1-855-632-7633
    Lincoln: 402-473-7000
    Omaha: 402-595-1178
19. NEVADA – Medicaid
    Medicaid Website: http://dhcfp.nv.gov
    Medicaid Phone: 1-800-992-0900
20. NEW HAMPSHIRE – Medicaid
    Website: https://www.dhhs.nh.gov/oii/hipp.htm
    Phone: 603-271-5218
    Toll free number for the HIPP program: 1-800-852-3345, ext 5218
21. 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
22. NEW YORK – Medicaid
    Website: https://www.health.ny.gov/health_care/medicaid/
    Phone: 1-800-541-2831
23. NORTH CAROLINA – Medicaid
    Website: https://medicaid.ncdhhs.gov/
    Phone: 919-855-4100
24. NORTH DAKOTA – Medicaid
    Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/
    Phone: 1-844-854-4825
25. OKLAHOMA – Medicaid and CHIP
    Website: http://www.insureoklahoma.org
    Phone: 1-888-365-3742
26. OREGON – Medicaid
    Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html
    Phone: 1-800-699-9075
27. PENNSYLVANIA – Medicaid
    Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx
    Phone: 1-800-692-7462
28. RHODE ISLAND – Medicaid and CHIP
    Website: http://www.eohhs.ri.gov/
    Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
29. SOUTH CAROLINA – Medicaid
    Website: https://www.scdhhs.gov
    Phone: 1-888-549-0820
30. SOUTH DAKOTA – Medicaid
    Website: http://dss.sd.gov
    Phone: 1-888-828-0059
31. TEXAS – Medicaid
    Website: http://gethipptexas.com/
    Phone: 1-800-440-0493
32. UTAH – Medicaid and CHIP
    Medicaid Website: https://medicaid.utah.gov/
    CHIP Website: http://health.utah.gov/chip
    Phone: 1-877-543-7669
33. VERMONT – Medicaid
    Website: http://www.greenmountaincare.org/
    Phone: 1-800-250-8427
34. VIRGINIA – Medicaid and CHIP
    Website: https://www.coverva.org/hipp/
    Medicaid Phone: 1-800-432-5924
    CHIP Phone: 1-855-242-8282
35. WASHINGTON – Medicaid
    Website: https://www.hca.wa.gov/
    Phone: 1-800-562-3022
36. WEST VIRGINIA – Medicaid
    Website: http://mywvhipp.com/
    Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
37. WISCONSIN – Medicaid and CHIP
    Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm
    Phone: 1-800-362-3002
38. 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 January 31, 2021, 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