Information on the Creditable Coverage status of the District’s Prescription Drug (Rx) Plans can be found in this booklet on page 23.
OPEN ENROLLMENT BEGINS
OCTOBER 23

NOW IS THE TIME TO FOCUS ON YOU.

Your physical, emotional, and financial health are important, especially during challenging times. The School District of Manatee County cares about you and your overall well-being, that’s why we offer a comprehensive benefits package that can help provide you with the stability and security to be prepared for the unexpected.

Open Enrollment is the time to add or change benefits for the 2024 plan year. We understand how important it is to have resources to help make the best decisions for you and your family. Review your options presented in this benefits guide, compare plans, and choose what works best for you.

OPEN ENROLLMENT: OCTOBER 23 - NOVEMBER 3

Open Enrollment ends November 3. If you do not actively enroll by this date, your current enrollment will automatically rollover in 2024, with the exception of FSA.
THE BENEFITS WE OFFER

The School District of Manatee County (SDMC) provides a full range of coverage that protects you financially and helps you build a secure future. Benefits become effective on January 1, 2024.

HEALTH & WELL-BEING
• Medical and Prescription Plans
• Critical Illness Insurance
• Accident Insurance
• Hospital Indemnity Insurance
• Dental Insurance
• Vision Insurance
• Flexible Spending Accounts

INCOME SECURITY
• Basic Term Life and Accidental Death and Dismemberment Insurance
• Supplemental Life and Accidental Death and Dismemberment Insurance
• Short-Term Disability Insurance
• Long-Term Disability Insurance
• State Retirement Plan

LIFESTYLE
• Identity Theft Protection
• Employee Assistance Program
• Wellness Program
• Legal Insurance

WHO WE COVER

Employees: MEA bargaining unit employees must work a minimum of 20 hours per week for Health Insurance and Flexible Benefits and 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.

Dependents:
• Your legal spouse
• Your children up to age 26
• Your children ages 26 to 30 for medical, dental, and vision plans as allowed by Florida law
• Your children over age 26 who are not able to support themselves due to a physical or mental disability

Eligible children include biological children, legally adopted children, stepchildren, and children for whom you have been appointed a legal guardian or for whom the court has issued a Qualified Medical Child Support Order (QMCSO).

HOW TO ENROLL

You can enroll online.

Online: The enrollment system is available 24/7 during Open Enrollment. Log in to MySDMC SSO/Classlink and select the Peoplesoft ESS tile.
**DID YOU KNOW?**

Medical debt currently affects 1 in 4 individuals.

Make sure you choose the correct health plan.

_National Patient Advocate Foundation 2021_

---

**MEDICAL INSURANCE**

Health care needs are different for everyone. We offer three medical plan options so you can choose the coverage level best-suited to your needs and budget.

All three plans are administered by MyQHealth and give you access to the same network of high-quality medical providers. The difference is that each plan carries different premiums and out-of-pocket costs. The Bronze HMO Plan requires you to use in-network providers, while the Gold and Silver PPO Plans allow you to visit providers both in- and out-of-network.

**BRONZE HMO PLAN**  |  **SILVER PPO PLAN**  |  **GOLD PPO PLAN**
---|---|---

**WHICH PLAN IS RIGHT FOR YOU?**

Balance your premium cost with the amount you expect to spend on medical services. If you’re healthy and don’t expect to have many doctor visits, you can reduce your upfront cost by choosing a lower premium plan. If you require a lot of care and need to limit out-of-pocket expenses, a higher premium plan might make sense.

---

### BRONZE HMO PLAN

- **Premium**: $100
- **Out-of-Pocket**: $500

This plan has the lowest premiums but the highest out-of-pocket costs and only covers in-network providers.

**Best if you are...**
using doctors who are already in the network and expect to receive most of your care close to home.

---

### SILVER PPO PLAN

- **Premium**: $200
- **Out-of-Pocket**: $300

This plan balances a lower premium with higher out-of-pocket costs.

**Best if you are...**
healthy, but want to balance your risk because you’re getting older, have a condition like high cholesterol, or have a big family.

---

### GOLD PPO PLAN

- **Premium**: $300
- **Out-of-Pocket**: $200

This plan has the highest premiums but the lowest out-of-pocket costs.

**Best if you are...**
going to require plenty of medical care in the coming year, such as having a baby.
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 Department 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.

MYQHEALTH

When you need help navigating your health care, you can access MyQHealth. MyQHealth Care Coordinators can work with you and your doctors to ensure you receive the best possible care and avoid unnecessary out-of-pocket fees. They can provide guidance and support when you need help with medical claims, insurance coverage, benefits questions, finding in-network providers, and more. Coordinators and Personal Care Guides will be available from 8:30 a.m. to 10:00 p.m. ET, Monday through Friday. Your dedicated member website and mobile app are available 24 hours a day, seven days a week. To access MyQHealth, Call 1-855-497-1307 or visit www.manateebenefits.com.

TELADOC

Teladoc gives you access to a national network of U.S. board-certified doctors by phone, video, or mobile app. Doctors are available 24/7/365 to treat many common non-emergency medical conditions.

Teladoc services are available for a $15 copay under the Bronze Plan, a $10 copay under the Silver Plan, and a $5 copay under the Gold Plan.

GET CARE FOR:

- Cold, flu, and sinus infections
- Asthma, allergies, and rashes
- Stress, anxiety, and depression
- Nausea, vomiting, and urinary tract infections
- Headaches and migraines
- Trauma and grief counseling

To access Teladoc, call 1-800-Teladoc (835-2362), visit www.teladoc.com, or download the mobile app.
**MEDICAL PLAN SUMMARY**

Below is a brief overview of the coverage available under each plan. For a full list of benefits, refer to the Summary of Benefits and Coverage.

<table>
<thead>
<tr>
<th></th>
<th>BRONZE HMO PLAN</th>
<th>SILVER PPO PLAN</th>
<th>GOLD PPO PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>IN-NETWORK ONLY</td>
<td>IN-NETWORK</td>
<td>OUT-OF-NETWORK</td>
</tr>
<tr>
<td>Annual Deductible</td>
<td>$2,500/$5,000</td>
<td>$1,500/$3,000</td>
<td>$3,000/$6,000</td>
</tr>
<tr>
<td>Single/Family</td>
<td></td>
<td>$1,000/$2,000</td>
<td>$2,000/$4,000</td>
</tr>
<tr>
<td>Out-of-Pocket</td>
<td>$5,000/$10,000</td>
<td>$4,000/$8,000</td>
<td>$8,000/$16,000</td>
</tr>
<tr>
<td>Maximum Single/Family</td>
<td></td>
<td>$3,000/$6,000</td>
<td>$6,000/$12,000</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>30%</td>
<td>20%</td>
<td>10%</td>
</tr>
<tr>
<td>Primary Care Visit</td>
<td>$30 copay</td>
<td>$25 copay</td>
<td>$10 copay</td>
</tr>
<tr>
<td></td>
<td>50% after ded.</td>
<td>50% after ded.</td>
<td>50% after ded.</td>
</tr>
<tr>
<td>Specialist Visit</td>
<td>$60 copay</td>
<td>$50 copay</td>
<td>$20 copay</td>
</tr>
<tr>
<td></td>
<td>50% after ded.</td>
<td>50% after ded.</td>
<td>50% after ded.</td>
</tr>
<tr>
<td>Preventive Care</td>
<td>Covered 100%</td>
<td>Covered 100%</td>
<td>Covered 100%</td>
</tr>
<tr>
<td></td>
<td>50% coins.</td>
<td>50% coins.</td>
<td>50% coins.</td>
</tr>
<tr>
<td>Acupuncture</td>
<td>$60 copay</td>
<td>$50 copay</td>
<td>$20 copay</td>
</tr>
<tr>
<td></td>
<td>50% after ded.</td>
<td>50% after ded.</td>
<td>50% after ded.</td>
</tr>
<tr>
<td>Teladoc</td>
<td>$15 copay</td>
<td>$10 copay</td>
<td>$5 copay</td>
</tr>
<tr>
<td>Lab and X-ray Services</td>
<td>Covered 100%</td>
<td>$0 copay</td>
<td>$0 copay</td>
</tr>
<tr>
<td></td>
<td>50% after ded.</td>
<td>50% after ded.</td>
<td>50% after ded.</td>
</tr>
<tr>
<td>Imaging (CT/PET Scans, MRIs)</td>
<td>30% after ded.</td>
<td>20% after ded.</td>
<td>10% after ded.</td>
</tr>
<tr>
<td>Hospital Inpatient</td>
<td>$300 copay</td>
<td>$250 copay</td>
<td>$200 copay</td>
</tr>
<tr>
<td></td>
<td>50% after ded.</td>
<td>50% after ded.</td>
<td>50% after ded.</td>
</tr>
<tr>
<td>Outpatient Surgery</td>
<td>$300 copay</td>
<td>$250 copay</td>
<td>$200 copay</td>
</tr>
<tr>
<td></td>
<td>50% after ded.</td>
<td>50% after ded.</td>
<td>50% after ded.</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>$1,200 copay</td>
<td>$1,000 copay</td>
<td>$800 copay</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>$60 copay</td>
<td>$50 copay</td>
<td>$20 copay</td>
</tr>
</tbody>
</table>

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

---

**Remember:** Getting care from an in-network medical provider always saves you money.

**HOW YOUR MEDICAL PLAN WORKS**

<table>
<thead>
<tr>
<th>YOU PAY</th>
<th>YOU + THE PLAN PAY</th>
<th>THE PLAN PAYS</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEDUCTIBLE</td>
<td>The costs you cover on your own, including copays</td>
<td>The costs you share with the plan</td>
</tr>
<tr>
<td>COINSURANCE</td>
<td>The costs you share with the plan</td>
<td>Costs above the out-of-pocket maximum</td>
</tr>
</tbody>
</table>

Once you reach your out-of-pocket maximum, the plan covers costs until the end of the year.

For a full list of medical terms you should know, go to www.benefitsquest.com/terms-to-know.
**PRESCRIPTION PLAN**

All three medical plans include prescription drug coverage through Ventegra. You may fill your prescriptions at an in-network retail pharmacy or through the mail order service. Out-of-network pharmacies are not covered.

<table>
<thead>
<tr>
<th></th>
<th>BRONZE HMO PLAN</th>
<th>SILVER PPO PLAN</th>
<th>GOLD PPO PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>IN-NETWORK ONLY</td>
<td>IN-NETWORK</td>
<td>OUT-OF-NETWORK</td>
</tr>
<tr>
<td></td>
<td>IN-NETWORK</td>
<td>OUT-OF-NETWORK</td>
<td></td>
</tr>
<tr>
<td>Retail – 30-day supply</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generic</td>
<td>$10 copay</td>
<td>$10 copay</td>
<td>Not covered</td>
</tr>
<tr>
<td>Preferred Brand</td>
<td>$30 copay</td>
<td>$30 copay</td>
<td>Not covered</td>
</tr>
<tr>
<td>Non-preferred Brand</td>
<td>$60 copay</td>
<td>$60 copay</td>
<td>Not covered</td>
</tr>
<tr>
<td>Mail Order – 90-day supply</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generic</td>
<td>$25 copay</td>
<td>$25 copay</td>
<td>Not covered</td>
</tr>
<tr>
<td>Preferred Brand</td>
<td>$75 copay</td>
<td>$75 copay</td>
<td>Not covered</td>
</tr>
<tr>
<td>Non-preferred Brand</td>
<td>$150 copay</td>
<td>$150 copay</td>
<td>Not covered</td>
</tr>
</tbody>
</table>

**CONTROLLING HEALTH CARE COSTS**

The rising cost of health insurance is a concern for all of us. Keeping costs to a minimum contributes to lower premiums in future years. Here are tips on how you can help lower the cost of health insurance:

- **Use network providers.** You will receive a higher level of benefits if you use providers who participate in the network.

- **Request generic rather than brand name prescription drugs.** Generic medications, while just as effective, are considerably less expensive.

- **Consider seeing your family physician rather than a specialist.** Family physicians can often provide the same level of care for a variety of illnesses and conditions.

- **Exercise and maintain a proper diet.** The healthier you are the less vulnerable you are to disease, reducing doctor’s visits and prescription medicines.

If we become more aware consumers, we can each do our part to lower the cost of health care!
CRITICAL ILLNESS INSURANCE

You can protect yourself from the unexpected costs of a serious illness.

Even the most generous medical plan does not cover all of the expenses of a serious medical condition like a heart attack or cancer. Critical Illness Insurance pays a full lump sum benefit directly to you if you are diagnosed with a covered illness that meets the plan criteria. The benefit is paid in addition to any other insurance coverage you may have.

COVERED ILLNESSES INCLUDE:

- Heart Attack
- Stroke
- Cancer
- Major Organ Transplant
- Kidney Failure
- Coronary Artery Bypass Graft*
- COVID-19*

DID YOU KNOW?

Americans spend an average of $5,000 a year on out-of-pocket health care costs.

Bureau of Labor Statistics Consumer Expenditures Survey 2020

PLAN FEATURES

- **Guaranteed Acceptance**: There are no health questions or physical exams required.
- **Family Coverage**: You can elect to cover your spouse and children.
- **Payroll Deduction**: Premiums are paid through convenient payroll deductions.
- **Portable Coverage**: You can take your policy with you if you change jobs or retire.

**Health Screening Benefit**: The plan provides a $50 benefit per covered person per calendar year if you or your covered dependents complete a covered health screening test such as a physical exam, total cholesterol blood test, mammogram, lipid panel, and more.

HOW CRITICAL ILLNESS INSURANCE WORKS

When Marco had a heart attack, he was grateful his doctors were able to stabilize his condition. He learned there was some permanent damage to his heart. He began to see his costs adding up quickly. The good news is Marco received a lump sum payment of $10,000 to help cover these expenses from the Critical Illness coverage he elected during Open Enrollment.

*The coverage pays 50% of the face amount of the policy once per lifetime for coronary artery bypass surgery and 25% of the face amount of the policy once per lifetime for COVID-19 if treated for the disease in a hospital for 5 consecutive days.
ACCIDENT INSURANCE

Major injuries are painful. But the financial impact of the medical treatment doesn’t have to be.

Accident Insurance pays benefits directly to you if you suffer a covered injury such as a fracture, burn, ligament damage, or concussion. Benefits are paid even if you have other coverage.

The benefit amount is calculated based on the type of injury, its severity, and the medical services required in treatment and recovery. The plan covers a wide variety of injuries and accident-related expenses, including:

- Injury Treatment (fractures, dislocations, concussions, burns, lacerations, etc.)
- Hospitalization
- Physical Therapy
- Emergency Room Treatment
- Transportation

PLAN FEATURES

✔ Guaranteed Acceptance: There are no health questions or physical exams required.

.FirebaseAuth: You can elect to cover your spouse and children.

$ Payroll Deduction: Premiums are paid through convenient payroll deductions.

24/7 Coverage: Benefits are paid for accidents that happen on and off the job.

Portable Coverage: You can take your policy with you if you change jobs or retire.

Health Screening Benefit: The plan provides a $75 benefit per covered person per calendar year if you or your covered dependents complete a covered health screening test such as a physical exam, total cholesterol blood test, mammogram, lipid panel, and more.

HOW ACCIDENT INSURANCE WORKS

Sam trips playing basketball. He breaks his arm and chips a tooth which require a trip to the emergency room, physician follow-up visits, and physical therapy.

Fortunately, Sam has Accident Insurance which helps cover his medical costs including his deductible and coinsurance.

HOW SAM’S ACCIDENT BENEFIT WAS CALCULATED:

<table>
<thead>
<tr>
<th>MEDICAL SERVICE</th>
<th>SAMPLE BENEFIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Room</td>
<td>$ 200</td>
</tr>
<tr>
<td>Fracture Benefit</td>
<td>$ 1,000</td>
</tr>
<tr>
<td>Broken Tooth Benefit</td>
<td>$ 200</td>
</tr>
<tr>
<td>Physician Follow-Up Visits (2)</td>
<td>$ 200 ($100 per visit)</td>
</tr>
<tr>
<td>Physical Therapy Visits (6)</td>
<td>$ 300 ($50 per visit)</td>
</tr>
</tbody>
</table>

TOTAL SAMPLE BENEFIT $1,900

This scenario does not reflect the benefits of a specific Accident Insurance plan schedule. The benefits are generic benefits for the purposes of this example to show how the benefit total of an Accident Insurance plan is calculated. The plan offered to you may provide different benefit amounts and may not cover all services. See the plan details for the benefit schedule for the plan offered to you.

The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable.
HOW HOSPITAL INDEMNITY INSURANCE WORKS

Cindy is admitted to the hospital for treatment of COVID-19. Over the course of her illness, she spends 14 days in the hospital, including four days in an intensive care unit and six days in an inpatient rehabilitation unit. Thankfully, Cindy’s condition improves, and she is well enough to return home. She uses her Hospital Indemnity Insurance to help cover her medical bills, so she can focus on what matters most – making a full recovery.

HOW CINDY’S HOSPITAL INDEMNITY BENEFIT WAS CALCULATED:

<table>
<thead>
<tr>
<th>MEDICAL SERVICE</th>
<th>SAMPLE BENEFIT</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Admission</td>
<td>$1,000 per admission</td>
<td>$1,000</td>
</tr>
<tr>
<td>Hospital Confinement</td>
<td>$200 per day (4 days)</td>
<td>$800</td>
</tr>
<tr>
<td>Intensive Care Unit</td>
<td>$200 per day (4 days)</td>
<td>$800</td>
</tr>
<tr>
<td>Inpatient Rehabilitation Unit</td>
<td>$200 per day (6 days)</td>
<td>$1,200</td>
</tr>
</tbody>
</table>

TOTAL SAMPLE BENEFIT  $3,800

This scenario does not reflect the benefits of a specific Hospital Indemnity Insurance plan schedule. The benefits are generic benefits for the purposes of this example to show how the benefit total of a Hospital Indemnity plan is calculated. The plan offered to you may provide different benefit amounts and may not cover all services. See the plan details for the benefit schedule for the plan offered to you.

HOSPITAL INDEMNITY INSURANCE

Receive payments to help cover the cost of a hospital stay.

If you are admitted into a hospital, it doesn’t take long for the out-of-pocket costs to add up. Hospital Indemnity Insurance pays benefits directly to you if you are admitted into a hospital for care or childbirth. Benefits are paid even if you have other coverage.

You receive a benefit as soon as you are admitted and then an additional benefit based on the number of days you are confined to the hospital. The benefit increases if you are admitted and confined to an intensive care unit or inpatient rehabilitation unit.

PLAN FEATURES

☑ Guaranteed Acceptance: There are no health questions or physical exams required.

家族 Coverage: You can elect to cover your spouse and children.

$ Payroll Deduction: Premiums are paid through convenient payroll deductions.

 Portable Coverage: You can take your policy with you if you change jobs or retire.

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

NOTE: You cannot contribute to a Health Savings Account if you elect Hospital Indemnity Insurance.
DENTAL PLANS

Your dental health is an important part of your overall wellness. You may choose from two dental insurance plans through MetLife. Your dental plan covers 3 cleanings every rolling 12 months.

<table>
<thead>
<tr>
<th></th>
<th>DENTAL LOW PLAN</th>
<th>DENTAL HIGH PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Calendar Year Maximum</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Per Person</td>
<td>$1,000</td>
<td>$2,000</td>
</tr>
<tr>
<td><strong>Annual Deductible</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single/Family</td>
<td>$50 / $100</td>
<td>$50 / $100</td>
</tr>
<tr>
<td><strong>Preventive Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exams, Cleanings (3 cleanings every rolling 12 months), X-rays</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Basic Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fillings, Extractions</td>
<td>50%</td>
<td>70%</td>
</tr>
<tr>
<td><strong>Major Restorative Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crowns, Bridgework, Dentures</td>
<td>40%</td>
<td>50%</td>
</tr>
<tr>
<td><strong>Orthodontia</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td><strong>Orthodontia Lifetime Maximum</strong></td>
<td>$1,500</td>
<td>$1,500</td>
</tr>
<tr>
<td></td>
<td>Covers children only</td>
<td>Covers adult ortho for employee and spouse, and covers children to age 19</td>
</tr>
</tbody>
</table>

WHAT DOES PREVENTIVE DENTAL CARE TYPICALLY COVER?

Preventive care can save you money later on procedures that are more urgent, complex, and costly.

Routine dental checkups and cleanings should be scheduled every six months. Your dentist may recommend more frequent or fewer visits, depending on your dental health history.

Professional fluoride treatments can be a key defense against cavities. Professional fluoride treatments have significantly more fluoride than tap water or toothpaste and take only minutes to apply.

Dental sealants go a step beyond fluoride by providing a thin coating to the surface of your teeth. Most dental plans cover sealants as preventive care for children under 18 on their first and second molars.

X-ray images of your mouth may be taken to better evaluate your oral health. These images provide a more detailed look inside your teeth and gums.
VISION PLANS

SDMC offers two vision plan options through Vision Service Plan (VSP). Benefits include eye exams, affordable options for prescription glasses or contacts, and discounts for laser vision correction. To find a network provider, call 1-800-877-7195 or visit www.vsp.com.

<table>
<thead>
<tr>
<th></th>
<th>VISION BASIC PLAN</th>
<th>VISION PREMIUM PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Eye Exam</strong></td>
<td>$10 copay</td>
<td>$10 copay</td>
</tr>
<tr>
<td></td>
<td>Every 12 months</td>
<td>Every 12 months</td>
</tr>
<tr>
<td><strong>Frames</strong></td>
<td>$15 copay, then $170 allowance</td>
<td>$15 copay, then $170 allowance</td>
</tr>
<tr>
<td></td>
<td>Every 24 months</td>
<td>Every 12 months</td>
</tr>
<tr>
<td><strong>Lenses</strong></td>
<td>$15 copay</td>
<td>$15 copay</td>
</tr>
<tr>
<td>Single vision, lined bifocal, and lined trifocal lenses</td>
<td>Every 12 months</td>
<td>Every 12 months</td>
</tr>
<tr>
<td><strong>Contact Lenses (instead of glasses)</strong></td>
<td>$150 allowance</td>
<td>$150 allowance</td>
</tr>
<tr>
<td></td>
<td>Every 12 months</td>
<td>Every 12 months</td>
</tr>
<tr>
<td><strong>Laser Vision Correction</strong></td>
<td>Average 15% off the regular price; discounts only available from contracted facilities</td>
<td></td>
</tr>
</tbody>
</table>

5 TIPS FOR A LIFETIME OF HEALTHY VISION

1. **Schedule yearly eye exams.** Visiting your ophthalmologist regularly helps you see your best, protect your sight, and even detect serious health conditions such as diabetes.

2. **Protect your eyes against UV rays.** No matter what the season, it is important to wear sunglasses. When selecting and purchasing sunglasses, be sure to confirm they offer 100% UVA/UVB protection.

3. **Give your eyes a break from digital devices.** Digital screens emit a specific type of blue and violet light which can negatively impact eye health and cause digital eye strain.

4. **Quit smoking.** Smoking increases your risk of developing macular degeneration, optic nerve damage, and cataracts.

5. **Practice safe wear and care of contact lenses.** Keep them clean and follow your optometrist’s recommendations for use and wear.
FLEXIBLE SPENDING ACCOUNTS (FSAs)

Reduce your tax bill while putting aside money for health and dependent care needs.

Flexible Spending Accounts allow you to put aside money for important expenses and help you reduce your income taxes at the same time. SDMC offers two types of accounts – a Health Care FSA and a Dependent Care FSA.

**HEALTH CARE FSA**
- Deductibles, copays, prescription drugs, medical equipment, etc.

**DEPENDENT CARE FSA**
- Babysitters, daycare, day camp, home nursing care, etc.

**HOW FLEXIBLE SPENDING ACCOUNTS WORK**

1. Each year during Open Enrollment, you decide how much to set aside for FSA expenses. Your full contribution amount will be available for use on your benefit effective date.

2. Your contributions are then deducted from your paycheck on a pre-tax basis in equal installments throughout the calendar year for use on qualified expenses.

3. You can use your FSA debit card to pay for eligible expenses at the point of sale, or you can pay out-of-pocket and submit a claim form for reimbursement.

**USE IT OR LOSE IT!** IRS rules require that you forfeit any money left in your account after the claims submission deadline. However, the IRS allows you to roll over up to $610 of unused Health Care FSA funds from one year to the next.

**ANNUAL MAXIMUM CONTRIBUTION**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Care FSA</td>
<td>$3,050</td>
</tr>
<tr>
<td>Dependent Care FSA</td>
<td>$5,000 ($2,500 if you are married and file separate tax returns)</td>
</tr>
</tbody>
</table>

Please note that these accounts are separate. You cannot use money from the Health Care FSA to cover expenses eligible under the Dependent Care FSA or vice versa.

**ITEMS YOU MIGHT NOT REALIZE ARE HEALTH CARE FSA ELIGIBLE:**
- Sunscreen
- Heating and cooling pads
- First aid kits
- Shoe inserts
- Travel pillows
- Motion sickness bands

Go to www.benefitsquest.com/fsa for a complete list of covered expenses.
LIFE AND AD&D INSURANCE

Always be there financially for your loved ones.

Your family depends on your income for a comfortable lifestyle and for the resources necessary to make their dreams a reality. Life Insurance ensures your family’s future is financially secure if you’re no longer there to provide for them. SDMC provides Basic Term Life Insurance and offers additional options to give you the ability to assemble a complete Life Insurance portfolio.

BASIC TERM LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

SDMC provides Basic Term Life and Accidental Death and Dismemberment (AD&D) coverage at no cost to you and enrollment is automatic.

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Benefit Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Term Life</td>
<td>The benefit is equal to 1x your contracted salary, up to a maximum of $750,000.</td>
</tr>
<tr>
<td>Accidental Death and Dismemberment</td>
<td>If you are seriously injured or lose your life in an accident, you will be eligible for a benefit equal to your Basic Term Life coverage.</td>
</tr>
</tbody>
</table>

SUPPLEMENTAL LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

You may also choose to purchase Supplemental Life and AD&D Insurance in addition to the company-paid benefit. Coverage options are available for you, your spouse, and your children.

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Coverage Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>1 to 5x your contracted salary rounded to the next higher $1,000 to a maximum of $750,000 (combined with Basic Life). Employees participating in supplemental life may increase coverage by one additional tier without Evidence of Insurability (EOI), not to exceed the lesser of 3x base salary or $750,000. Any election of 4x or 5x require EOI.</td>
</tr>
<tr>
<td>Spouse</td>
<td>Up to $20,000, cannot exceed 100% of employee coverage (Basic and Supplemental Life combined).</td>
</tr>
<tr>
<td>Children up to age 26</td>
<td>$10,000</td>
</tr>
</tbody>
</table>

HOW MUCH LIFE INSURANCE DO YOU NEED?

Many financial experts recommend you have at least five to eight times your household income in Life Insurance. To calculate the level sufficient to cover your needs, you should consider your current income and how much it costs to maintain your family’s standard of living. You should also consider your current expenses and your family’s future financial needs such as the following:

<table>
<thead>
<tr>
<th>Current Expenses</th>
<th>Future Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Home Mortgage/Rent</td>
<td>• Child Care</td>
</tr>
<tr>
<td>• Car Payments</td>
<td>• College Tuition</td>
</tr>
<tr>
<td>• Credit Card Debt</td>
<td>• Spouse’s Retirement</td>
</tr>
<tr>
<td>• Other Debt</td>
<td>• Routine Household Expenses</td>
</tr>
</tbody>
</table>

After you add your financial responsibilities, how does the sum compare with your current coverage?
DISABILITY INSURANCE

Your ability to bring home a paycheck is your most valuable asset. We help you protect it.

If an injury or illness kept you out of work and prevented you from earning a paycheck, how would you cover your bills and other household expenses? Disability Insurance provides income protection, paying benefits you can use to offset out-of-pocket expenses and make up for lost wages.

DID YOU KNOW?

In 2019, the number of Americans receiving disability payments was about 8.1 million. More than half were between the ages of 18 and 64.

Social Security Administration, Disability Insurance, 2019

VOLUNTARY SHORT-TERM DISABILITY INSURANCE

You are eligible to purchase Voluntary Short-Term Disability Insurance to replace a portion of your income if a qualified non-work related illness or injury prevents you from working for an extended period of time.

Please note that as of January 1, 2024, there are updated limitations on pre-existing conditions. A Pre-Existing Condition is a Sickness or Injury for which you have received treatment within 3 months prior to your effective date. Benefits for pre-existing conditions are excluded for the first 12-months.

Benefits begin on the 15th day following an injury or sickness, and the plan pays up to $1,000 in weekly benefits for up to 26 weeks. Benefits are offset by other incomes such as sick leave, vacation, and workers compensation benefits.

VOLUNTARY LONG-TERM DISABILITY INSURANCE

You are also eligible to purchase Voluntary Long-Term Disability Insurance to protect your finances when your disability continues beyond the period covered by the Short-Term Disability plan. There are limitations on pre-existing conditions. Benefits for pre-existing conditions are excluded for the first 12 months.

Benefits begin after 180 consecutive days of a qualified non-work related illness or injury and provide you with 60% of your monthly salary up to a maximum of $7,500 per month.

The policies or their provisions may vary or be unavailable in some states. The policies have exclusions and limitations which may affect any benefits payable.

SHORT-TERM DISABILITY

- up to 26 weeks
- pays up to $1,000 per week

LONG-TERM DISABILITY

- 26 weeks to retirement age
- pays 60% of your monthly salary
IDENTITY THEFT PROTECTION

Digital thieves constantly discover new ways to extract your personal information, open credit accounts in your name, sell your sensitive data on the dark web, and take over your financial accounts.

We offer comprehensive Identity Theft Protection that monitors multiple gateways into your identity and credit and alerts you of fraudulent activity.

PROTECTION SERVICES INCLUDE:

- Credit Reports and Monitoring
- Dark Web Monitoring
- Bank Account Takeover Alerts
- Stolen Wallet Protection
- Credit Application Alerts
- Sex Offender Registry Reports
- Data Breach Notifications
- USPS Address Change Verification
- Social Media Monitoring
- 24/7 Live Member Support
- Full-Service Identity Restoration Services

DID YOU KNOW?

A child’s Social Security number gives ID thieves a fraudulent “clean slate.”

Monitor your child’s credit report as often as your own.

HOW BIG OF AN ISSUE IS IDENTITY THEFT?

| 13 MILLION | Consumers who were victims of identity fraud in 2019 |
| $16.9 BILLION | Total of the victims’ financial losses |
| 39% | Percentage of families who knew the person who committed identity fraud against them |
| 73% | Percentage of victims who had fraudulent accounts opened at financial institutions where they already had accounts |

Identity Fraud Study, Javelin Strategy & Research, 2020
EMPLOYEE ASSISTANCE PROGRAM

Balancing the demands of work, family, and personal needs can be challenging, especially during uncertain times. SDMC knows how important it is to have access to support when you need it most. Our Employee Assistance Program (EAP) is available at no cost to you and your family members and provides confidential counseling and resources to help you with concerns such as:

- Anxiety and depression
- Grief and loss
- Substance abuse
- Financial and legal concerns
- Relationship and family matters
- Parenting
- Work-related issues
- Child and elder care

PLAN FEATURES

- Provided at no cost to you and your household members
- Includes up to 5 counseling sessions per problem per year
- Confidential services provided by licensed professionals
- Available 24/7/365

To access the EAP, call 1-866-553-1848 or visit www.guidanceresources.com (Web ID: Manatee).

WellYOU

WellYOU is the School District of Manatee County’s employee wellness program. The wellness program aims to connect employees to the most appropriate resources that instill a better understanding of and means to address key determinants of health and well-being. Pillars of well-being are healthy eating, physical activity, drug-free living, stress management and mental well-being, disease management, personal safety, and social connections.

For more information, contact Lisa McClure, Health and Well-Being Educator at 1-941-708-8770 Ext. 41054 or mcclurel2@manateeschools.net.
LEGAL INSURANCE

Legal Insurance provides you and your covered family members with access to a network of participating attorneys who can help with a wide range of legal matters. Attorneys are available in person, by phone, or by email. You’ll also have access to helpful online tools and resources.

COVERED LEGAL SERVICES

- Consumer Protection – small claims assistance, consumer credit agreements
- Financial Matters – debt collection defense, personal bankruptcy, tax audit representation
- Document Preparation – affidavits, deeds, mortgages
- Family Law – divorce, prenuptial agreements, adoption, guardianship
- Real Estate Matters – sale or purchase of a home, landlord/tenant matters
- Traffic and Criminal Matters – juvenile court defense, traffic ticket defense
- Wills and Estate Planning – trusts, wills, powers of attorney
- And more!

PLAN FEATURES

- You’ll have a nationwide network of participating plan attorneys from which to choose.
- There are no deductibles, copays, claim forms, or usage limits when using a plan attorney.
- You can also use a non-plan attorney and be reimbursed for covered services according to a set fee schedule.
- You can consult with your attorney on the phone or in person. You’ll also have access to online tools and resources.

For more information, visit legalplans.com or call 1-800-821-6400.
Below are the employee contribution amounts for benefits effective January 1 through December 31, 2024. See your benefits guide for plan details and enrollment instructions.

**Please note:** Instructional employees (MEA) will have benefit deductions taken from 22 paychecks. If you are a non-instructional employee, you will have 20 benefit deductions taken throughout the plan.

### MEDICAL PLANS

<table>
<thead>
<tr>
<th>PER-PAYCHECK DEDUCTIONS</th>
<th>BRONZE HMO PLAN</th>
<th>SILVER PPO PLAN</th>
<th>GOLD PPO PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>22 PAYCHECK</td>
<td>20 PAYCHECK</td>
<td>22 PAYCHECK</td>
</tr>
<tr>
<td>Employee Only</td>
<td>$21.82</td>
<td>$24.00</td>
<td>$43.64</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$265.09</td>
<td>$291.60</td>
<td>$324.00</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$109.09</td>
<td>$120.00</td>
<td>$198.00</td>
</tr>
<tr>
<td>Family</td>
<td>$351.27</td>
<td>$386.40</td>
<td>$477.82</td>
</tr>
</tbody>
</table>

### DENTAL PLANS

<table>
<thead>
<tr>
<th>PER-PAYCHECK DEDUCTIONS</th>
<th>LOW PLAN</th>
<th>HIGH PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>22 PAYCHECK</td>
<td>20 PAYCHECK</td>
</tr>
<tr>
<td>Employee Only</td>
<td>$14.06</td>
<td>$15.47</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$26.83</td>
<td>$29.51</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$29.63</td>
<td>$32.59</td>
</tr>
<tr>
<td>Family</td>
<td>$42.41</td>
<td>$46.65</td>
</tr>
</tbody>
</table>

### VISION PLANS

<table>
<thead>
<tr>
<th>PER-PAYCHECK DEDUCTIONS</th>
<th>BASIC PLAN</th>
<th>PREMIUM PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>22 PAYCHECK</td>
<td>20 PAYCHECK</td>
</tr>
<tr>
<td>Employee Only</td>
<td>$4.59</td>
<td>$5.05</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$9.20</td>
<td>$10.12</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$11.29</td>
<td>$12.42</td>
</tr>
<tr>
<td>Family</td>
<td>$15.80</td>
<td>$17.38</td>
</tr>
</tbody>
</table>
### SHORT-TERM DISABILITY INSURANCE

<table>
<thead>
<tr>
<th>Rate Per $10 of Weekly Covered Benefit</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$0.815</td>
</tr>
</tbody>
</table>

### LONG-TERM DISABILITY INSURANCE

<table>
<thead>
<tr>
<th>Rate Per $100 of Covered Payroll</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$0.578</td>
</tr>
</tbody>
</table>

### LEGAL INSURANCE

<table>
<thead>
<tr>
<th>Legal Insurance</th>
<th>Per-Paycheck Deductions</th>
<th>22 Paycheck</th>
<th>20 Paycheck</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$8.18</td>
<td>$9.00</td>
<td></td>
</tr>
<tr>
<td>Employee + Family</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### IDENTITY THEFT PROTECTION

<table>
<thead>
<tr>
<th>Identity Theft Protection</th>
<th>Per-Paycheck Deductions</th>
<th>22 Paycheck</th>
<th>20 Paycheck</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$4.90</td>
<td>$5.39</td>
<td></td>
</tr>
<tr>
<td>Family</td>
<td>$9.26</td>
<td>$10.19</td>
<td></td>
</tr>
</tbody>
</table>

### ACCIDENT INSURANCE

<table>
<thead>
<tr>
<th>Accident Insurance</th>
<th>Per-Paycheck Deductions</th>
<th>22 Paycheck</th>
<th>20 Paycheck</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$3.45</td>
<td>$3.80</td>
<td></td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$6.78</td>
<td>$7.46</td>
<td></td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$8.21</td>
<td>$9.03</td>
<td></td>
</tr>
<tr>
<td>Family</td>
<td>$9.64</td>
<td>$10.60</td>
<td></td>
</tr>
</tbody>
</table>

### CRITICAL ILLNESS INSURANCE

<table>
<thead>
<tr>
<th>Critical Illness Insurance</th>
<th>Per-Paycheck Deductions</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>22 Paycheck</td>
</tr>
</tbody>
</table>

Rates are calculated based on age, tobacco use, amount of coverage elected, and other such factors, and will be provided at the time of enrollment.

### HOSPITAL INDEMNITY INSURANCE

<table>
<thead>
<tr>
<th>Hospital Indemnity Insurance</th>
<th>Per-Paycheck Deductions</th>
<th>22 Paycheck</th>
<th>20 Paycheck</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$14.57</td>
<td>$16.03</td>
<td></td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$27.34</td>
<td>$30.07</td>
<td></td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$20.59</td>
<td>$22.65</td>
<td></td>
</tr>
<tr>
<td>Family</td>
<td>$33.35</td>
<td>$36.69</td>
<td></td>
</tr>
</tbody>
</table>

### SECURIAN LIFE INSURANCE

<table>
<thead>
<tr>
<th>Securian Life Insurance</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Life</td>
<td>$2.54 for $10,000 coverage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spouse Life</td>
<td>$5.65 for $20,000 coverage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supplemental Life</td>
<td>$0.1325 per $1,000 of coverage</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

As of 9/19/2023

**NOTE:** Every effort has been made to ensure the information in this document is accurate. However, if there is any inconsistency between this document and the applicable plan documents, the official plan documents will always govern.

In the event there are medical rate changes because of the collective bargaining process, additional information will be provided for 2024 changes.
<table>
<thead>
<tr>
<th>BENEFIT</th>
<th>CARRIER</th>
<th>WEBSITE/EMAIL</th>
<th>PHONE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical and Pharmacy</td>
<td>MyQHealth</td>
<td><a href="http://www.manateebenefits.com">www.manateebenefits.com</a></td>
<td>1-855-497-1307</td>
</tr>
<tr>
<td>Telemedicine</td>
<td>Teladoc</td>
<td><a href="http://www.teladoc.com">www.teladoc.com</a></td>
<td>1-800-Teladoc (1-800-835-2362)</td>
</tr>
<tr>
<td>Critical Illness, Accident, and Hospital Indemnity</td>
<td>MetLife</td>
<td><a href="http://www.metlife.com">www.metlife.com</a></td>
<td>1-800-638-5433</td>
</tr>
<tr>
<td>Dental</td>
<td>MetLife</td>
<td><a href="http://www.metlife.com">www.metlife.com</a></td>
<td>1-800-942-0854</td>
</tr>
<tr>
<td>Vision</td>
<td>VSP</td>
<td><a href="http://www.vsp.com">www.vsp.com</a></td>
<td>1-800-877-7195</td>
</tr>
<tr>
<td>Flexible Spending Accounts</td>
<td>WEX</td>
<td>benefitslogin.wexhealth.com</td>
<td>1-866-451-3399</td>
</tr>
<tr>
<td>Life and AD&amp;D Claims</td>
<td>Securian</td>
<td><a href="http://www.securian.com">www.securian.com</a></td>
<td>1-866-293-6047</td>
</tr>
<tr>
<td>Supplemental Life Claims</td>
<td>Securian</td>
<td><a href="http://www.securian.com">www.securian.com</a></td>
<td>1-866-293-6047</td>
</tr>
<tr>
<td>Short-Term Disability</td>
<td>Lincoln Financial</td>
<td><a href="http://www.mylincolnportal.com">www.mylincolnportal.com</a></td>
<td>1-800-713-7384</td>
</tr>
<tr>
<td>Long-Term Disability Claims</td>
<td>Lincoln Financial</td>
<td><a href="http://www.mylincolnportal.com">www.mylincolnportal.com</a></td>
<td>1-800-713-7384</td>
</tr>
<tr>
<td>Identity Theft Protection</td>
<td>Norton LifeLock</td>
<td>NortonLifeLock.com</td>
<td>1-800-416-0599</td>
</tr>
<tr>
<td>Employee Assistance Program</td>
<td>ComPsych</td>
<td><a href="http://www.guidanceresources.com">www.guidanceresources.com</a></td>
<td>1-866-553-1848</td>
</tr>
<tr>
<td>Wellness Program</td>
<td>WellYOU</td>
<td><a href="mailto:mcclurel2@manateeschools.net">mcclurel2@manateeschools.net</a></td>
<td>1-941-708-8770, ext. 41054</td>
</tr>
<tr>
<td>Legal Plan</td>
<td>MetLife</td>
<td>legalplans.com</td>
<td>1-800-821-6400</td>
</tr>
<tr>
<td>State Retirement Plan</td>
<td>Florida Retirement System (FRS)</td>
<td>MyFRS.com</td>
<td>1-866-446-9377</td>
</tr>
</tbody>
</table>

If you have any questions regarding eligibility, benefit plans, or enrollment periods or would like additional information, contact the Benefits Department at 1-941-708-8770, Ext. 41061.
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 discloses 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 SDMC Human Resources Office at 1-941-708-8770.

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 6 for applicable deductible and coinsurance. If you would like more information on WHCRA benefits, call your Benefits Department at 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.
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 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 Ventegra 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 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 2023
Name of Entity/Sender: SDMC
Contact: Benefits Department
Address: 215 Manatee Ave W, Bradenton, FL 34205
Phone Number: 1-941-708-8770
PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN’S HEALTH INSURANCE PROGRAM (CHIP)

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2023. Contact your State for more information on eligibility -
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: https://health.alaska.gov/ida/
   Pages/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
   Fax: 916-440-5676
   Email: hipp@dhcs.ca.gov

5. COLORADO – Health First Colorado (Colorado’s
   Health Insurance Premium Payment Program (HIPP)
   Website: https://hcpf.colorado.gov/child-health-plan-plus
   711
   Website: https://www.mycohibi.com/
   HIBI Customer Service: 1-855-692-6442

6. FLORIDA – Medicaid
   Website: https://www.flmedicaidplrecovery.com/
   flmedicaidplrecovery.com/hipp/index.html
   Phone: 1-877-357-3268

7. GEORGIA – Medicaid
   GA HIPP Website: https://medicaid.georgia.gov/
   health-insurance-premium-payment-hipp
   Phone: 678-564-1162, Press 2
   2009-chipra
   https://www.mycohibi.com/
   Phone: 678-564-1162, Press 2
   2009-chipra
   https://www.mycohibi.com/
   Email: CustomerService@MyAKHIPP.com
   TTY: Maine relay 711
   Private Health Insurance Premium Webpage:
   https://www.maine.gov/dhhs/oai/applications-forms
   Phone: 1-800-977-6740
   TTY: Maine relay 711

8. IOWA – Medicaid and CHIP
   Enrollment Website: https://www.my.
   maineconnection.gov/benefits/s/language=en
   US
   Phone: 1-800-442-6003
   TTY: Iowa relay 711
   Medicaid Website: https://dhs.iowa.gov/ime/
   Medicaid Phone: 1-800-338-8366

9. KENTUCKY – Medicaid
   Medicaid Website: https://chfs.ky.gov/agencies/dms
   Phone: 606-228-6011
   CHIP Website: http://kidshape.ky.gov
   KCHIP Website: https://kidhealth.ky.gov/Pages/
   index.aspx
   Phone: 1-877-524-4718
   Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms

10. LOUISIANA – Medicaid
    Website: www.medicaid.la.gov or www.ldh.la.gov
    Louisiana Health and Human Services
    www.mylahipp.com
    Phone: 1-888-342-6207 (Medicaid hotline) or
    1-855-618-5488 (LaHIPP)

11. MAINE – Medicaid
    Enrollment Website: https://www.my.
    maineconnection.gov/benefits/s/language=en
    US
    Phone: 1-800-442-6003
    TTY: Maine relay 711
    Private Health Insurance Premium Webpage:
    https://www.maine.gov/dhhs/oai/applications-forms
    Phone: 1-800-977-6740
    TTY: Maine relay 711

12. MASSACHUSETTS – Medicaid and CHIP
    Website: https://www.mass.gov/masshealth/pa
    Phone: 1-800-862-4840
    TTY: 711
    Email: masspremcession@accenture.com

13. MINNESOTA – Medicaid
    Website: https://chf.s.mn.gov/mt/HIPP
    Phone: 1-800-694-3084
    Email: HSHIIPProgram@mt.gov

14. MONTANA – Medicaid
    Website: http://www.ACCESSNebraska.ne.gov
    Phone: 1-855-632-7633
    Lincoln: 402-473-7000
    Omaha: 402-595-1178

15. NEVADA – Medicaid
    Medicaid Website: http://dhcfp.nv.gov/
    Medicaid Phone: 1-800-992-0900

16. NEW HAMPSHIRE – Medicaid
    Website: https://www.mycohibi.com/
    HIBI Customer Service: 1-855-692-6442

17. NEW MEXICO – Medicaid
    Website: https://www.nmhc.gov
    Phone: 1-800-852-3345, ext. 5218

18. NEW JERSEY – Medicaid and CHIP
    Website: http://www.njfamilycare.org/index.
    aspx
    Phone: 1-888-342-5924
    TTY: New Jersey relay 711

19. NEW YORK – Medicaid
    Medicaid Website: https://www.health.ny.gov/health_care/
    CHIP Website: http://www.njfamilycare.org/index.
    aspx
    Phone: 1-888-342-5924
    TTY: New Jersey relay 711

20. NEVADA – Medicaid
    Medicaid Website: http://dhcfp.nv.gov/
    Medicaid Phone: 1-800-992-0900

21. NORTH CAROLINA – Medicaid
    Medicaid Website: http://www.nfjfamilycare.org/index.
    html
    CHIP Phone: 1-800-701-0710

22. NEW YORK – Medicaid
    Website: https://www.health.ny.gov/health_care/
    Medicaid/CHIP Phone: 1-800-362-3002

23. NORTH DAKOTA – Medicaid
    Website: https://coverva.dmas.virginia.gov/learn/
    premium-assistance/famis-select
    CHIP Toll-free phone: 1-888-342-3002

24. NORTH DAKOTA – Medicaid
    Website: https://coverva.dmas.virginia.gov/learn/
    premium-assistance/famis-select
    CHIP Toll-free phone: 1-888-342-3002

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
    Phone: 1-800-699-9075

27. PENNSYLVANIA – Medicaid and CHIP
    Website: https://www.dhs.pa.gov/Services/
    Assistance/Pages/HIPP-Program.aspx
    Phone: 1-800-692-7462
    CHIP Website: https://www.dhs.pa.gov/CHIP/
    Pages/CHIP.aspx
    CHIP Phone: 1-800-986-KIDS (9437)

28. RHODE ISLAND – Medicaid and CHIP
    Website: http://www.co.hi.ri.us/
    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
    Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services
    Phone: 1-800-440-0493

32. UTAH – Medicaid and CHIP
    Medicaid Website: https://medicaid.utah.gov/
    CHIP Website: http://health.utah.gov/chip
    Phone: 1-877-543-7699

33. VERMONT – Medicaid
    Website: https://www.hca.wa.gov/
    Phone: 1-800-562-3022

34. VIRGINIA – Medicaid and CHIP
    Website: https://coverva.dmas.virginia.gov/learn/
    premium-assistance/famis-select
    https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs
    Medicaid/CHIP Phone: 1-800-362-3002

35. WASHINGTON – Medicaid
    Website: https://www.hca.wa.gov/
    Phone: 1-800-562-3022

36. WEST VIRGINIA – Medicaid and CHIP
    Website: https://wvhealth.gov/healthcarefn/
    BadgerCarePlus/p-10095.htm
    Phone: 1-855-632-7633

37. WISCONSIN – Medicaid and CHIP
    Website: https://www.dhs.wisconsin.gov/
    Medicaid/CHIP Phone: 1-855-699-8447

38. WYOMING – Medicaid
    Website: https://www.hca.wa.gov/
    Medicaid/CHIP Website: https://chips.wy.gov/
    CHIP Website: https://wyohipp.com/
    Phone: 1-800-362-3002

39. WYOMING – Medicaid
    Website: https://www.hca.wa.gov/
    Medicaid/CHIP Website: https://wyohipp.com/
    Phone: 1-800-362-3002

40. WYOMING – Medicaid
    Website: https://www.health.wy.gov/healthcarefn/
    Medicaid/programs-and-eligibility/
    Phone: 1-800-251-1269

To see if any other states have added a
premium assistance program since July 31,
2023, or for more information on special
enrollment rights, contact either:
U.S. Department of Labor Employee Benefits
Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)
U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565