

BE WELL.

SAVE WELL.

LIVE WELL.

2025

EMPLOYEE BENEFIT GUIDE



Note: If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see page 24 for more information.

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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. As a new employee of SDMC, you become eligible for our benefit offerings the first day of the second month following your 30-day enrollment period. Please refer to the chart below for details. If you need coverage sooner you may purchase one-month in advance and pay the Board and employee share of the cost. Our benefit plan year runs from January through December.

MONTH HIRED	INSURANCE EFFECTIVE DATE
January	March 1
February	April 1
March	May 1
April	June 1
May	July 1
June	August 1
July	September 1
August	October 1
September	November 1
October	December 1
November	January 1
December	February 1

HEALTH & WELL-BEING

- Medical and Prescription Plans
- Dental Insurance
- Critical Illness Insurance
- Vision Insurance
- Accident Insurance
- Flexible Spending Accounts
- Hospital Indemnity Insurance

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).

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
Hospital Indemnity	Employees	Post-Tax
Critical Illness	Employees	Post-Tax
Accident Insurance	Employees	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



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 Quantum Health (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.

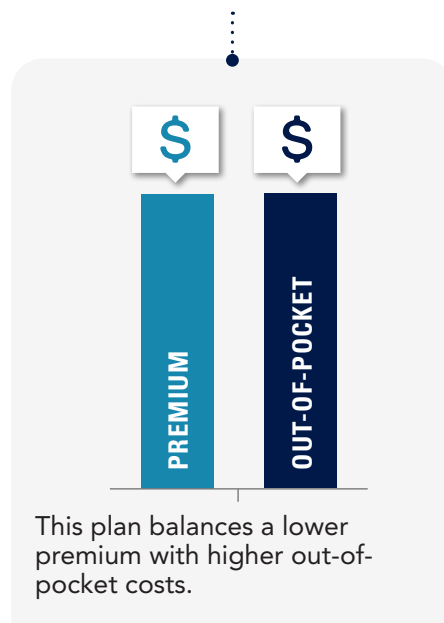
BRONZE HMO PLAN



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



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



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.

QUANTUM HEALTH (MYQHEALTH)

When you need help navigating your health care, you can access Quantum Health (MyQHealth). Quantum Health (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 Quantum Health (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.

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

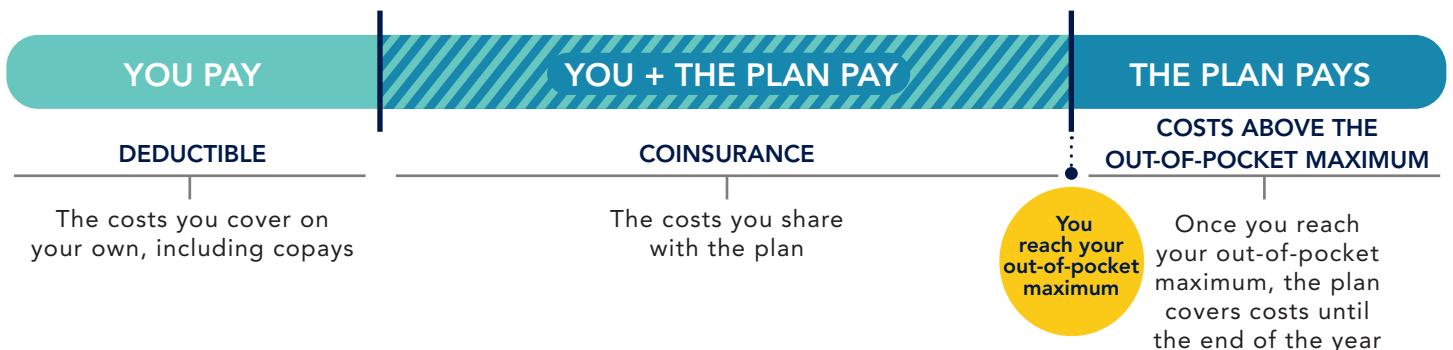
	BRONZE HMO PLAN	SILVER PPO PLAN		GOLD PPO PLAN	
	IN-NETWORK ONLY	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Annual Deductible Single/Family	\$2,500/\$5,000	\$1,500/\$3,000	\$3,000/\$6,000	\$1,000/\$2,000	\$2,000/\$4,000
Out-of-Pocket Maximum Single/Family	\$5,000/\$10,000	\$4,000/\$8,000	\$8,000/\$16,000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

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

NOTE: Your medical plan options must offer certain preventive care benefits to you in-network without cost sharing and these preventive care benefits generally are updated annually. Under the Affordable Care Act, the medical plans generally may use reasonable medical management techniques to determine frequency, method, treatment or setting for a recommended preventive care service. You may obtain a list of preventive care services at [\[WEB ADDRESS\]](#).

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

HOW YOUR MEDICAL PLAN WORKS



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. Prescriptions may be filled at an in-network pharmacy or through the mail order service. We encourage you to create an account at MyVentegra.com to find in-network pharmacies and medication prices. **Walgreens is an excluded pharmacy.**

Costco Specialty Services is also available to provide customized pharmacy services for specialty drugs. Free delivery of your medication to your home or doctor's office is included.

	BRONZE HMO PLAN	SILVER PPO PLAN		GOLD PPO PLAN	
	IN-NETWORK ONLY	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Retail – 30-day Supply					
Generic	\$10 copay	\$10 copay	Not covered	\$10 copay	Not covered
Preferred Brand	\$30 copay	\$30 copay	Not covered	\$30 copay	Not covered
Non-preferred Brand	\$60 copay	\$60 copay	Not covered	\$60 copay	Not covered
Mail Order – 90-day Supply					
Generic	\$25 copay	\$25 copay	Not covered	\$25 copay	Not covered
Preferred Brand	\$75 copay	\$75 copay	Not covered	\$75 copay	Not covered
Non-preferred Brand	\$150 copay	\$150 copay	Not covered	\$150 copay	Not covered

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!

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

**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.*

METLIFE 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.
- 👤 **Family Coverage:** 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:

MEDICAL SERVICE	SAMPLE BENEFIT
Emergency Room	\$ 200
Fracture Benefit	\$ 1,000
Broken Tooth Benefit	\$ 200
Physician Follow-Up Visits (2)	\$ 200 (\$100 per visit)
Physical Therapy Visits (6)	\$ 300 (\$50 per visit)

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.



METLIFE 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.



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:

MEDICAL SERVICE	SAMPLE BENEFIT	TOTAL
Hospital Admission	\$1,000 per admission	\$1,000
Hospital Confinement	\$200 per day (4 days)	\$800
Intensive Care Unit	\$200 per day (4 days)	\$800
Inpatient Rehabilitation Unit	\$200 per day (6 days)	\$1,200
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.

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.

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.

METLIFE 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.

	DENTAL LOW PLAN	DENTAL HIGH PLAN
Calendar Year Maximum Per Person	\$1,000	\$2,000
Annual Deductible Single/Family	\$50/\$100	\$50/\$100
Preventive Services Exams, Cleanings, X-rays (3 Cleanings per Every 12 Months)	100%	100%
Basic Services Fillings, Extractions	50%	70%
Major Restorative Services Crowns, Bridgework, Dentures	40%	50%
Orthodontia	50%	50%
Orthodontia Lifetime Maximum	\$1,500 Covers children only	\$1,500 Covers adult ortho for employee and spouse, and covers children to age 19

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. Your dental plan covers 3 cleanings every 12 months.



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.

VSP 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.

	VISION BASIC PLAN	VISION PREMIUM PLAN
Eye Exam	\$10 copay Every 12 months	\$10 copay Every 12 months
Frames	\$15 copay, then \$170 allowance Every 24 months	\$15 copay, then \$170 allowance Every 12 months
Lenses Single Vision, Lined Bifocal, and Lined Trifocal Lenses	\$15 copay Every 12 months	\$15 copay Every 12 months
Contact Lenses (instead of glasses)	\$150 allowance Every 12 months	\$150 allowance Every 12 months
Laser Vision Correction	Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities	



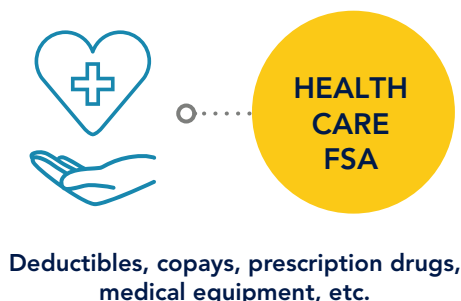
5 TIPS FOR A LIFETIME OF HEALTHY VISION

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.

WEX 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.



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 \$660 of unused Health Care FSA funds from one year to the next.

ANNUAL MAXIMUM CONTRIBUTION	
Health Care FSA	\$3,300
Dependent Care FSA	\$5,000 (\$2,500 if you are married and file separate tax returns)

[NOTE: Limits may vary for highly compensated employees.]

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 [irs.gov](https://www.irs.gov) for a complete list of covered expenses.

SECURIAN 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. Securian provides decision support through BenefitScout for Life Insurance elections. This decision support tool can be accessed through the following URL: www.Lifebenefits.com/SDMC.

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.

BASIC TERM LIFE	The benefit is equal to 1x your contracted salary.
ACCIDENTAL DEATH AND DISMEMBERMENT	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.

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.

EMPLOYEE	1 to 5x your contracted salary rounded to the next higher \$1,000 to a maximum of \$500,000 (combined with Basic Life). Guaranteed Issue up to 3x salary without Evidence of Insurability (EOI), Evidence of Insurability (EOI) required for 4x or 5x salary.
SPOUSE	Guaranteed Issue of \$40,000, may increase in increments of \$20,000 up to \$100,000 by submitting EOI. Please note that if coverage was previously denied, you will need to submit EOI.
CHILDREN UP TO AGE 26	\$10,000



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:

Current Expenses

- Home Mortgage/Rent
- Car Payments
- Credit Card Debt
- Other Debt

Future Needs

- Child Care
- College Tuition
- Spouse's Retirement
- Routine Household Expenses

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



LINCOLN FINANCIAL DISABILITY INSURANCE

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

DID YOU KNOW?



Only 40% of workers that experience a disability leave feel they were well prepared financially prior to their leave.

Guardian Life Insurance, Guardian's 12th Annual Workplace Benefits Study, 2023

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.

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 preexisting 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.

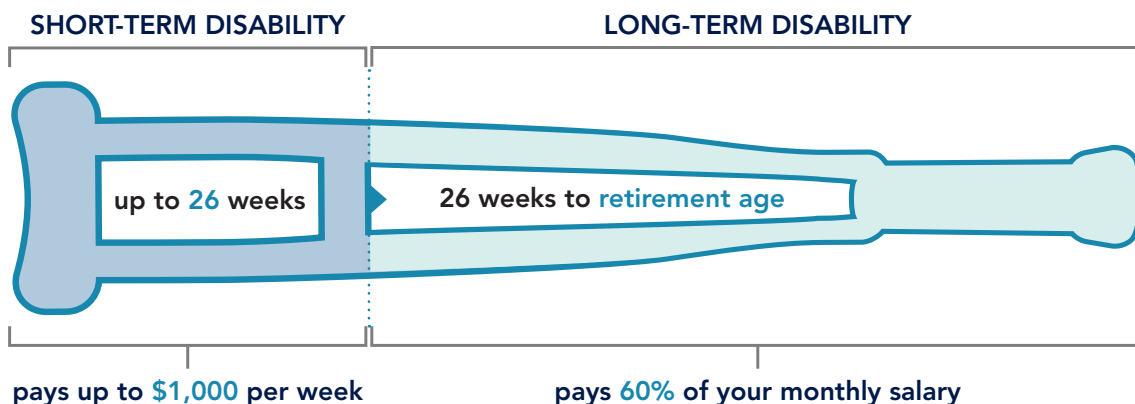
Benefits begin on the 15th day following an injury or sickness, and the plan pays up to \$1,000 in weekly benefits for up to 26 weeks. Benefits are offset by other incomes such as sick leave, vacation, and workers compensation benefits.

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.



NORTON LIFELOCK 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?

\$20
BILLION

The total amount of traditional identity fraud losses in 2022

15.4
MILLION

The number of U.S. adult victims of identity fraud in 2022

560
THOUSAND

Number of identity theft cases Americans reported nationwide in the first half of 2023

27%

In a survey of 2,000 U.S. adults, more than a quarter (27%) said they faced identity fraud more than once.

Javelin Strategy and Research, Identity Fraud Study, 2023 | Federal Trade Commission, 2023 | U.S. News, U.S. News & World Report ID Theft Survey, 2023

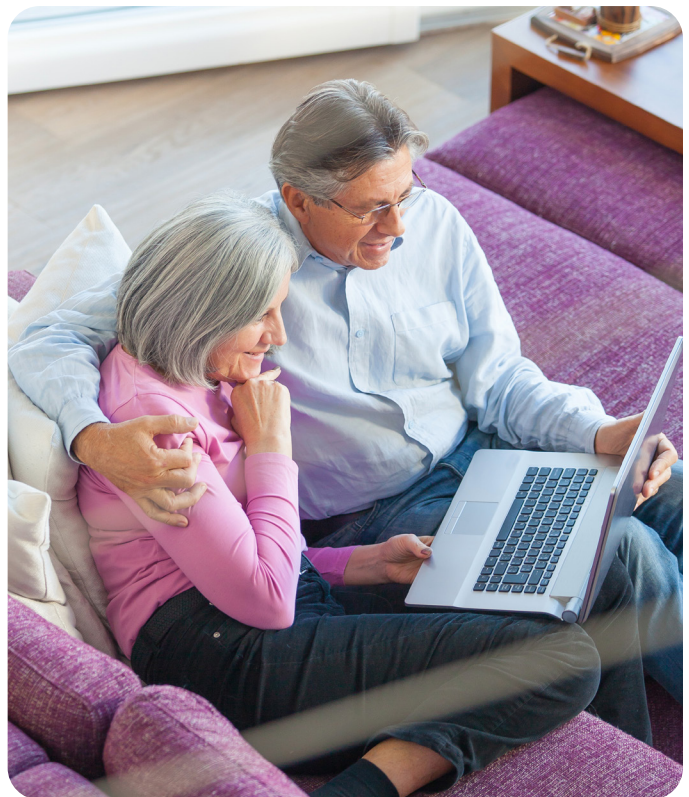
CURALINC EMPLOYEE ASSISTANCE PROGRAM

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 **1-888-881-LINC (5462)** or visit www.SupportLinc.com (username: sdmc).

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 mclurel2@manateeschools.net.

METLIFE 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.



ADDITIONAL BENEFITS

Introducing Lantern, Hinge Health, and Walrus Health - your newest benefits from School District of Manatee County!



What is Lantern?

Lantern provides you with access to excellent and affordable care for many planned surgical procedures. It's already included in your medical benefits at no additional cost to you. Because of the quality of our providers, the surgical outcomes and potential savings, your employer requires you to use your Lantern benefit for certain procedures.

Here's What's Covered

In partnership with the School District of Manatee County, we cover the most expensive costs associated with surgery, so you'll pay less for your procedure when you use your Lantern benefit. Your coverage includes*:

- Dedicated support and guidance.
- Access to our network of thousands of highly qualified and carefully selected surgeons.
- Consults and appointments with your Lantern surgeon.
- Anesthesia, procedure and facility (hospital) fees.

When you need to plan a surgery, make Lantern your first call: **1-888-726-1372**. Employees and dependents 18+ enrolled in a SDMC medical plan are eligible.

*Testing, scans, imaging, durable medical equipment, and physical therapy expenses may not be included. However, coverage may be available through your medical plan.



With Hinge Health, you can get virtual physical therapy and more from real people who are dedicated to helping you feel your best.

- A care plan designed for your everyday activities and long-term goals --- and to treat multiple areas of your body at once.
- Access exercise therapy sessions you can do in as little as 15 minutes.
- Get 1-on-1 support from a physical therapist or health coach to tailor your sessions as needed.

hinge.health/manateeschools-join

Employees and dependents 18+ enrolled in a SDMC medical plan are eligible.



School District of Manatee County has partnered with Walrus to offer you free, personalized support from a clinical pharmacist to help you feel better taking your medications.

Not only is Walrus a free health benefit to help you manage your medications, but your family and dependents may be eligible too.

Why do people like you love Walrus?

- Save money on your medications.
- Coordinate medication with your current health care providers.
- Receive personalized recommendations.
- Reduce bothersome side effects.
- Potentially resolve medication shortages.
- Get the most out of your medications to feel better.

You can go to <http://walrus.com/download> and enter your mobile number to receive a text message with a download link.

For help signing up, email hello@walrus.com. You can also call **1-855-4-WALRUS** to get started.





2025 BENEFITS PLAN PREMIUMS

Below are the employee contribution amounts for benefits effective January 1 through December 31, 2025. See your benefits guide for plan details and enrollment instructions.

Please note: Instructional staff (MEA) will continue to have benefit deductions taken out of 22 paychecks. Non-instructional staff will have benefits deductions taken out of 20 paychecks. The benefit deduction schedule does not impact your regularly contracted number of paychecks.

MEDICAL PLANS

PER-PAYCHECK DEDUCTIONS	BRONZE HMO PLAN	SILVER PPO PLAN	GOLD PPO PLAN
	22 PAYCHECK		
Employee Only	\$24.00	\$48.55	\$77.45
Employee + Spouse	\$294.00	\$359.45	\$420.55
Employee + Child(ren)	\$121.09	\$219.82	\$278.18
Family	\$389.45	\$529.64	\$621.82
PER-PAYCHECK DEDUCTIONS	20 PAYCHECK		
Employee Only	\$26.40	\$53.40	\$85.20
Employee + Spouse	\$323.40	\$395.40	\$462.60
Employee + Child(ren)	\$133.20	\$241.80	\$306.00
Family	\$428.40	\$582.60	\$684.00

DENTAL PLANS

PER-PAYCHECK DEDUCTIONS	LOW PLAN	HIGH PLAN
	22 PAYCHECK	
Employee Only	\$14.91	\$25.84
Employee + Spouse	\$28.44	\$48.74
Employee + Child(ren)	\$31.41	\$53.53
Family	\$44.96	\$76.14
PER-PAYCHECK DEDUCTIONS	20 PAYCHECK	
Employee Only	\$16.40	\$28.43
Employee + Spouse	\$31.28	\$53.61
Employee + Child(ren)	\$34.55	\$58.88
Family	\$49.45	\$83.75

VISION PLANS

PER-PAYCHECK DEDUCTIONS	BASIC PLAN	PREMIUM PLAN
	22 PAYCHECK	
Employee Only	\$4.59	\$6.31
Employee + Spouse	\$9.20	\$12.65
Employee + Child(ren)	\$11.29	\$15.72
Family	\$15.80	\$21.99
PER-PAYCHECK DEDUCTIONS	20 PAYCHECK	
Employee Only	\$5.05	\$6.94
Employee + Spouse	\$10.12	\$13.91
Employee + Child(ren)	\$12.42	\$17.29
Family	\$17.38	\$24.19

SHORT-TERM DISABILITY INSURANCE

RATE PER \$10 OF WEEKLY COVERED BENEFIT	
Employee Only	\$0.815

LONG-TERM DISABILITY INSURANCE

RATE PER \$100 OF COVERED PAYROLL	
Employee Only	\$0.578

LEGAL INSURANCE

PER-PAYCHECK DEDUCTIONS	22 PAYCHECK	20 PAYCHECK
Employee + Family	\$8.18	\$9.00

IDENTITY THEFT PROTECTION

PER-PAYCHECK DEDUCTIONS	22 PAYCHECK	20 PAYCHECK
Employee Only	\$4.90	\$5.39
Family	\$9.26	\$10.19

ACCIDENT INSURANCE

PER-PAYCHECK DEDUCTIONS	22 PAYCHECK	20 PAYCHECK
Employee Only	\$3.45	\$3.80
Employee + Spouse	\$6.78	\$7.46
Employee + Child(ren)	\$8.21	\$9.03
Family	\$9.64	\$10.60

CRITICAL ILLNESS INSURANCE

PER-PAYCHECK DEDUCTIONS
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

PER-PAYCHECK DEDUCTIONS	22 PAYCHECK	20 PAYCHECK
Employee Only	\$14.57	\$16.03
Employee + Spouse	\$27.34	\$30.07
Employee + Child(ren)	\$20.59	\$22.65
Family	\$33.35	\$36.69

SECURIAN LIFE INSURANCE

PER-PAYCHECK DEDUCTIONS	22 PAYCHECK	20 PAYCHECK
Child Life	\$2.54	\$2.79
Spouse Life	Rates are calculated based on age and coverage elected. Exact rates will be provided at the time of enrollment.	
Supplemental Life		

As of 10/15/2024

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 2025 changes.

CONTACT INFORMATION

BENEFIT	CARRIER	WEBSITE/EMAIL	PHONE NUMBER
Medical and Pharmacy	Quantum Health (MyQHealth)	www.manateebenefits.com	1-855-497-1307
Telemedicine	Teladoc	www.teladoc.com	1-800-Teladoc (1-800-835-2362)
Critical Illness, Accident, and Hospital Indemnity	MetLife	www.metlife.com	1-800-638-5433
Dental	MetLife	www.metlife.com	1-800-942-0854
Vision	VSP	www.vsp.com	1-800-877-7195
Flexible Spending Accounts	WEX	benefitslogin.wexhealth.com	1-866-451-3399
Life and AD&D Claims	Securian	www.securian.com	1-866-293-6047
Supplemental Life Claims	Securian	www.securian.com	1-866-293-6047
Short-Term Disability Claims	Lincoln Financial	www.mylincolnportal.com Registration code: SDMC-EE	1-800-713-7384
Long-Term Disability Claims	Lincoln Financial	www.mylincolnportal.com Registration code: SDMC-EE	1-800-713-7384
Identity Theft Protection	Norton LifeLock	NortonLifeLock.com	1-800-416-0599
Employee Assistance Program	CuraLinc	www.SupportLinc.com Username: sdmc	1-888-881-LINC (5462)
Wellness Program	WellYOU	mcclurel2@manateeschools.net	1-941-708-8770, Ext. 41054
Legal Plan	MetLife	legalplans.com	1-800-821-6400
State Retirement Plan	Florida Retirement System (FRS)	MyFRS.com	1-866-446-9377

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**.

ABOUT THIS GUIDE: Actual plan provisions for The School District of Manatee County (SDMC) ("the Company") benefits are contained in the appropriate plan documents, including the Summary Plan Description (SPD) and incorporated benefit/carrier booklets. The Benefit Enrollment Guide is a summary only and does not describe each benefit option. This Benefit Enrollment Guide provides updates to your existing SPD as of the first day of plan year, which describes your health and welfare benefits in greater detail. Until the Company provides you with an updated SPD, this guide is intended to be a Summary of Material Modification (SMM) and should be retained with your records along with your SPD. As always, the official plan documents determine what benefits are available to you. If any discrepancy exists between this guide and the official documents, the official documents will prevail. The Company reserves the right to amend or terminate any of its plans or policies, make changes to the benefits, costs, and other provisions relative to benefits at any time with or without notice, subject to applicable law.

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, and/or certificate of coverage for each plan. Your SPDs can be obtained at <https://manateecountyschools.sharepoint.com/sites/Benefits/SitePages/Health-Rx-Insurance.aspx?>; you may also request a copy free of charge by calling **1-941-708-8770**.

Enclosed are important notices about your rights under your health and welfare plan (SDMC Health and Welfare Plan), the "Plan." The information in the accompanying guide provides updates to your existing SPDs as of 10/16/2024 and is intended to be a Summary of Material Modification.

If any discrepancy exists between this guide and the official documents, the official documents will prevail. SDMC reserves the right to amend or terminate any of its plans or policies, make changes to the benefits, costs, and other provisions relative to benefits at any time with or without notice, subject to applicable law.

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**.

PATIENT PROTECTION NOTICE

SDMC Health and Welfare Plan generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members.

For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the SDMC Human Resources Office at **1-941-708-8770**.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from SDMC Health and Welfare Plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in-network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, 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. If you would like more information on WHCRA benefits, call your plan administrator 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.

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 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 (or are losing) 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 2024

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, 2024. 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/dpa/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 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://hcpf.colorado.gov/child-health-plan-plus>
CHP+ Customer Service: 1-800-359-1991/State Relay 711
Health Insurance Buy-In Program (HIBI): <https://www.mycohibi.com/>
HIBI Customer Service: 1-855-692-6442
6. FLORIDA – Medicaid
Website: <https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html>
Phone: 1-877-357-3268
7. GEORGIA – Medicaid
GA HIPP Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>
Phone: 678-564-1162, Press 1
GA CHIPRA Website: <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>
Phone: 678-564-1162, Press 2
8. INDIANA – Medicaid
Health Insurance Premium Payment Program
All other Medicaid
Website: <https://www.in.gov/medicaid/>
<http://www.in.gov/tssa/dfr/>
Family and Social Services Administration Phone: 1-800-403-0864
Member Services Phone: 1-800-457-4584
9. IOWA – Medicaid and CHIP (Hawki)
Medicaid Website: <https://hhs.iowa.gov/programs/welcome-iowa-medicaid>
Medicaid Phone: 1-800-338-8366
Hawki Website: <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki>
Hawki Phone: 1-800-257-8563
HIPP Website: <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp>
HIPP Phone: 1-888-346-9562
10. KANSAS – Medicaid
Website: <https://www.kancare.ks.gov/>
Phone: 1-800-792-4884
HIPP Phone: 1-800-967-4660
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: KIHIPPPROGRAM@ky.gov
KCHIP Website: <https://kynect.ky.gov>
Phone: 1-877-524-4718
Kentucky Medicaid Website: <https://chfs.ky.gov/agencies/dms>
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.mymaineconnection.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/ofi/applications-forms>
Phone: 1-800-977-6740
TTY: Maine relay 711
14. MASSACHUSETTS – Medicaid and CHIP
Website: <https://www.mass.gov/masshealth/pa>
Phone: 1-800-862-4840
TTY: 711
Email: masspremassistance@accenture.com
15. MINNESOTA – Medicaid
Website: <https://mn.gov/dhs/health-care-coverage/>
Phone: 1-800-657-3672
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
Email: HSHIPPProgram@mt.gov
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/programs-services/medicaid/health-insurance-premium-program>
Phone: 603-271-5218
Toll free number for the HIPP program: 1-800-852-3345, ext. 15218
Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
21. NEW JERSEY – Medicaid and CHIP
Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>
Phone: 1-800-356-1561
CHIP Premium Assistance Phone: 609-631-2392
CHIP Website: <http://www.njfamilycare.org/index.html>
CHIP Phone: 1-800-701-0710 (TTY: 711)
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: <https://www.hhs.nd.gov/healthcare>
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>
Phone: 1-800-699-9075
27. PENNSYLVANIA – Medicaid and CHIP
Website: <https://www.pa.gov/en/services/dhs/apply-formedicaid-health-insurance-premium-payment-program-hipp.html>
Phone: 1-800-692-7462
CHIP Website: <https://www.pa.gov/en/agencies/dhs/resources/chip.html>
CHIP Phone: 1-800-986-KIDS (5437)
28. RHODE ISLAND – Medicaid and CHIP
Website: <http://www.eohhs.ri.gov/>
Phone: 1-855-697-4347, or 401-462-0311 (Direct RlTe 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: <https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program>
Phone: 1-800-440-0493
32. UTAH – Medicaid and CHIP
Utah's Premium Partnership for Health Insurance (UPP) Website: <https://medicaid.utah.gov/upp/>
Email: upp@utah.gov
Phone: 1-888-222-2542
Adult Expansion Website: <https://medicaid.utah.gov/expansion/>
Utah Medicaid Buyout Program Website: <https://medicaid.utah.gov/buyout-program/>
CHIP Website: <https://chip.utah.gov/>
33. VERMONT – Medicaid
Website: <https://dvha.vermont.gov/members/medicaid/hipp-program>
Phone: 1-800-250-8427
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: 1-800-432-5924
35. WASHINGTON – Medicaid
Website: <https://www.hca.wa.gov/>
Phone: 1-800-562-3022
36. WEST VIRGINIA – Medicaid and CHIP
Website: <https://dhhr.wv.gov/bms/>
<http://mywvhipp.com/>
Medicaid Phone: 304-558-1700
CHIP 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 July 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565



NOTE: This statement is intended to summarize the benefits you receive from the School District of Manatee County. The actual determination of your benefits is based solely on the plan documents provided by the carrier of each plan. This summary is not legally binding, is not a contract, and does not alter any original plan documents. For additional information, please contact the Human Resources department.