



2023-2024 BENEFITS GUIDE

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Welcome



Dear Employees,

Our greatest asset as an employer is our extremely talented staff! We value your contributions to our success and want to continue rewarding you with a highly competitive and comprehensive benefits package. We take pride in providing a benefits program for the coming year to fully meet your evolving needs and to continue with our commitment of promoting your overall health and well-being.

Benefits are part of your total compensation with Hardee County School District and as of October 1, 2023, there are no increases in medical premiums, so employee contribution shares will not be increasing. We will continue to pay most of the employee costs; as well as offer additional contributions towards the spouse, children, and family premiums. Employees and spouses who participated and qualified for the Wildcat Wellness program last plan year, had the opportunity to considerably reduce their contribution shares for this plan year. Employees and spouses that want to take advantage of the Wildcat Wellness Contribution must requalify each year. This year's metrics have not changed.

Hardee County School District offers one of the most competitive and comprehensive benefits packages in the region and allows you to have multiple benefit options to choose from. Our insurance agents at Albritton Insurance/Acentria Insurance are here to help you understand all of the benefit options available to you and your family..

Benefits offered this plan year:

- Medical and \$1200 Health Reimbursement Account (HRA) Contribution with United Medical Resources (UMR)
- Motion Health Reimbursement Account (HRA) with UMR
- Pharmacy with Optum Rx
- Excepted Benefits Health Reimbursement Arrangement (EBHRA) with UMR
- Dental with Florida Combined Life
- Vision with Davis Vision
- Employee Assistance Program (EAP) with New Directions Behavioral Health
- Basic Group Term Life and AD&D with USABLE Life
- Voluntary Group Term Life with USABLE Life
- Voluntary Accidental Death & Dismemberment (AD&D) with USABLE Life
- Voluntary Short-Term Disability with USABLE Life
- Voluntary Long-Term Disability with USABLE Life



General Information and Contacts



Medicare Part D

If you (and/or your dependent) have Medicare or will be eligible for Medicare in the next 12 months, a Federal Law gives you more choices about your prescription drug coverage. Please see page 39 for details.

Benefits Eligibility

If you are a job share or a full-time employee working 18.75 or more hours per week you are eligible to enroll in the benefits included in this guide. Coverage will begin on the first of the month following 30 days after the first duty day worked and benefits end the last day of the month in which you are no longer employed. You can also enroll your eligible dependents in the same plans you choose for yourself. Eligible dependents include:

- Your legal spouse.
- Your natural, adopted or step-child (ren) to age 26 married or unmarried;
- To age 30 if:

Unmarried without dependents and a FL resident or a full or part-time student and
 Not covered under any other health plan or policy and
 Not entitled to coverage under Medicare

When to Enroll

Open enrollment is held in August and coverage begins October 1st. The benefits you elect during open enrollment will be effective October 1st and will remain in effect through September 30th, unless you have a qualifying event.

CONTACTS

Company/Provider	Plans/Broker	Telephone	Website
Albritton/Acentria Insurance	Mark Cintron Judy Carwile Crystal McMullen Michael Watkins	863-773-4101 863-773-4101 850-295-8042 813-763-3332	mcintron@albrittonins.com judy.carwile@acentria.com cmcmullen@albrittonins.com michael.watkins@acentria.com
Albritton/Acentria Insurance Wellness Account Manager	Juliana Orth	863-657-4932	juliana.orth@acentria.com
United Medical Resources (UMR)	Medical	800-826-9781	www.umar.com
Florida Combined Life	Dental	888-223-4892	www.floridabluedental.com
Davis Vision	Vision	800-999-5431	www.davisvision.com
USable Life	Life and AD&D, Short-term Disability, Long-term Disability	888-937-4783	www.usablelife.com
New Directions Behavioral Health	Employee Assistance Program (EAP)	800-624-5544	www.ndbh.com

ENROLL IN YOUR BENEFITS: ONE STEP AT A TIME

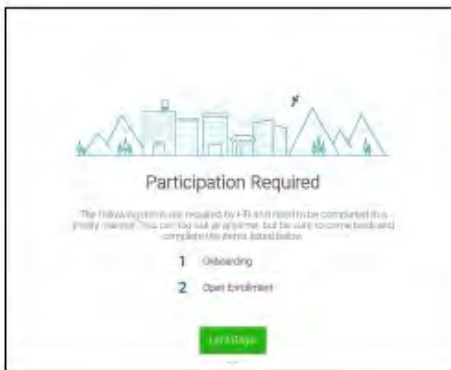
STEP 1: LOGIN

Go to www.employeenavigator.com and click **Login** to register or scan the QR code.

- First time users: Click **Register as a new user**, enter your personal information, and **company identifier**.
- Returning Users: Log in with your username and password. **Forgot your password or username?** Click **Reset a forgotten password** to reset both password and username, if needed.



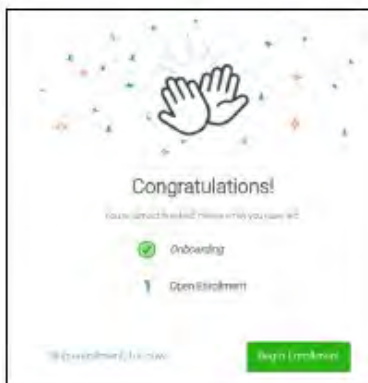
COMPANY IDENTIFIER: HARDEEK12



STEP 2: WELCOME

After you login click **Let's Begin** to complete your required tasks.

If you received this guide electronically, watch this quick overview of how to enroll in benefits:



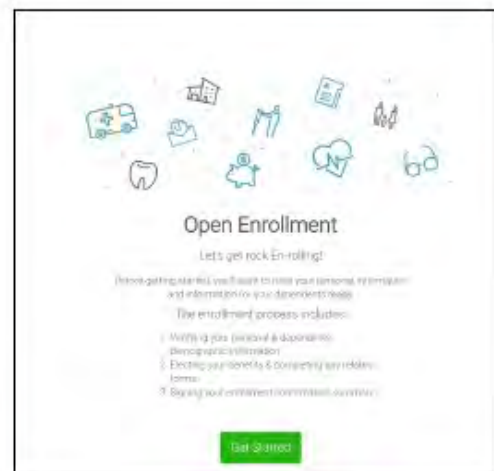
STEP 3: ONBOARDING

Complete any assigned onboarding task before enrolling in your benefits. Once you've completed your tasks, click **Begin Enrollment**. **If you logout now, you can come back later and start from where you left off.**

STEP 4: START ENROLLMENT

After clicking **Get Started**, you will need to complete some personal & **dependent information** before moving to your benefit elections.

TIP Have dependent details available. To enroll dependents in coverage you will need their dates of birth and social security numbers.



ENROLL IN YOUR BENEFITS: ONE STEP AT A TIME

STEP 5: BENEFIT ELECTION

To enroll dependents in a benefit, click the checkbox next to the dependent's name under **Who am I enrolling?**

Below your dependents, you can view your available plans and the cost per pay period. To elect a benefit, click **Select** below the plan cost.

Who am I enrolling?

- Myself
- Select All
- Jane Smith (Spouse)
- Jimmy Smith (Child)



Click **Save & Continue** at the bottom of each screen to save your elections.

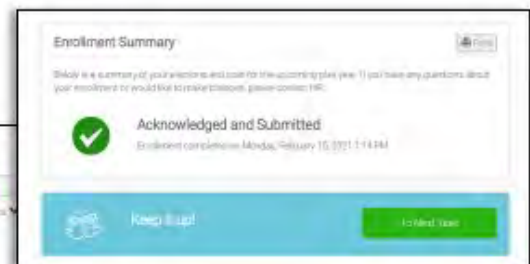
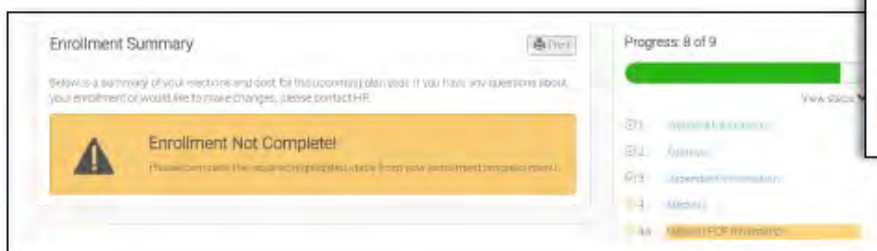
If you do not want a benefit, click **Don't want this benefit?** at the bottom of the screen and select the reason why from the drop-down menu.

If you have elected benefits that require a beneficiary designation, Primary Care Physician, or completion of an Evidence of Insurability form, you will be prompted to add in those details.

STEP 6: REVIEW AND CONFIRM

Review the benefits you selected on the enrollment summary page to make sure they are correct then click **Sign & Agree** to complete your enrollment. You can either print a summary of your elections for your records, or login at any point during the year to view your summary online.

TIP If you miss a step, you will see **Enrollment Not Complete!** in the progress bar with the incomplete steps highlighted. Click on any incomplete steps to complete them.



STEP 7: CONGRATULATIONS!

You have successfully completed your enrollment! You will have the remainder for your Open Enrollment Window to come back and make updates to plans or dependents if needed.



You can login to review your benefits 24/7



Medical



Want to search for a UMR provider?

Step 1: Login into your www.umar.com account

Step 2: Click on **Find a Provider**> Search **UnitedHealthcare Choice Plus Network**> choose **View Providers**

Want to manage your meds?

Step 1: Create or login to your account at www.OptumRx.com.

Step 2: Select Premium Formulary to view medications covered under your plan.

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
*Plan Year Deductible	Individual: \$2,500 Family: \$5,000	N/A
Plan Year Out-of-Pocket Maximum	Individual: \$8,150 Family: \$16,300	N/A
Coinsurance % (Member pays)	30%	N/A
Preventive Care Adult Preventive Care Adult Annual Physical Exam Well-Child Care	Covered in Full Covered in Full Covered in Full	Not Covered Not Covered Not Covered
Outpatient Care Primary Care Office Visits Specialist Office Visits Virtual Visits (Teladoc)	30% coinsurance 30% coinsurance Covered in Full	Not Covered Not Covered Not Covered
Outpatient Labs & X-Rays Labwork Minor Diagnostic Tests (X-Rays/Ultrasounds) Major Diagnostic Imaging (CT/PET Scan, MRIs)	30% coinsurance 30% coinsurance 30% coinsurance	Not Covered Not Covered Not Covered
Hospital Services Inpatient Facility Care Outpatient Facility Surgery Physician IP/OP	30% coinsurance 30% coinsurance 30% coinsurance	Not Covered Not Covered Not Covered
Emergency Care Emergency Room Urgent Care Emergency Medical Transportation	30% coinsurance 30% coinsurance 30% coinsurance	30% coinsurance Not Covered 30% coinsurance
Maternity Care Office Visits Childbirth/delivery	Covered in Full 30% coinsurance	Not Covered Not Covered
Mental Health Inpatient Outpatient	30% coinsurance 30% coinsurance	Not Covered Not Covered
Prescription Drugs (Deductible does not apply) Tier 1 Up to 31 Day Supply 32-62 Day Supply 63-90 Day Supply Tier 2 Up to 31 Day Supply 32-62 Day Supply 63-90 Day Supply Tier 3 Up to 31 Day Supply 32-62 Day Supply 63-90 Day Supply	\$10 copay \$20 copay \$25 copay \$50 copay \$100 copay \$125 copay \$80 copay \$160 copay \$200 copay	Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered
Bi-Monthly Contributions Employee Only Employee + Spouse Employee + Children Employee + Family	Rate per pay period \$54.00 \$366.50 \$204.00 \$366.50	Rate per pay period w/WWCS \$29.00 \$341.50 (EE or SP) \$316.50 (Both) \$179.00 \$341.50 (EE or SP) \$316.50 (Both)

*You are responsible for paying 100% of your medical expenses until you reach your deductible.

Optum Rx Pharmacy

Pharmacy at your fingertips



The Optum Rx website and app are fast, easy and secure ways to get the information you need to make the most of your pharmacy benefit. Register for an online account and you can:

- Check drug prices
- Place a home delivery order
- Track home delivery order status
- Access and print your ID card
- Find a network pharmacy
- Sign up for automatic refills
- View claims and benefit information

Register now

To set up your online account:

1. Go to OptumRx.com or scan the QR code below
2. Select Register on the home page
3. Enter the information from your member ID card
4. Create a username and password
5. Complete your profile

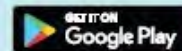
If you already have an account, sign in using your username and password.



Scan here to go
to OptumRx.com

Download the Optum Rx mobile app

Take the same OptumRx.com tools with you on the go by downloading the app. Manage your medication any time, anywhere.



Optum Rx Pharmacy

Save time and manage your medication using these Optum Rx digital tools



Home delivery

- Transfer your prescriptions to Optum® Home Delivery and get a 90-day supply delivered to your home.
- Manage home delivery medication renewals, track delivery status and view your medications filled at a network pharmacy.
- See how you may save on your medications.



More features and tools

- Price a drug and compare costs from different pharmacies or find lower-cost alternatives.
- View your prescription drug list/formulary to see covered drugs.
- Use the Pharmacy locator tool to find the closest network pharmacy.
- View claims and benefit information like your deductible, out-of-pocket costs and claims history.
- Submit and track a prior authorization request.



Tell us how you want to hear from us

- Sign up for paperless communications.
- Opt in for personalized emails.
- Set up text message pharmacy notifications and medication reminders.

Optum

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How to register with UMR



Caveat: Recommend to always clear your browser's cache.

1. Access www.umar.com
2. Click on Login/Register
3. Select 'member' from the user type drop down list

A screenshot of the UMR website's login/register page. At the top, it says "Welcome". Below that, there is a label "I am a:" followed by a dropdown menu currently set to "Member". A red heading "New registration required!" is followed by text explaining that as of August 19, users need to re-register with HealthSafe ID. Below this, there are two numbered steps: "1. Select Log in/Register with HealthSafe ID" and "2. Follow the prompts to log in or register with HealthSafe ID". At the bottom, there is a green button labeled "Log in/Register with HealthSafe ID".

4. Click on Login/Register button
5. System will redirect you to the HealthSafe ID® sign in page (external link): [UMR Healthsafe-id](http://UMRHealthsafe-id)
6. Select "Register Now"

A screenshot of the HealthSafe ID sign-in page. At the top, it says "HealthSafe ID®" and "Secure, convenient sign in." Below this, there is a line of text: "Use your HealthSafe ID® to access your accounts using a single ID and password. [Learn more.](#)" There are two input fields: "Username" and "Password". Below the "Password" field is a checkbox labeled "Remember my username (Optional)". At the bottom, there are two buttons: a blue "Sign in" button and a white "Register now" button. Below the "Register now" button is a link: "Forgot username or password?".

7. New Entry from is displayed
Note: All personal information needs to mirror what is on the Member's ID card
8. Fill out the form and follow prompt instructions

How to register with UMR



- a. Using your Member ID (found on your Member ID card)
- ◆ Provide your Member ID by entering numbers and letters only, with no dashes or spaces. Do not enter any numbers if they appear after a dash (example 1234567-00 as 1234567 or M123456-00 as M123456).
 - ◆ Provide your Group number by entering numbers and letters only, with no dashes or spaces (example 1234567-01 as 123456701 or M123456-01 as M12345601).

The screenshot shows the 'Let's get you registered' page for HealthSafe ID. It includes fields for First Name, Last Name, and Date of Birth (mm/dd/yyyy). Under 'Identification Type', the 'Member ID' radio button is selected. Below this, there are two text input fields: one for the Member ID and one for the Group or Policy Number. A 'Continue' button is at the bottom.

- b. Using your SSN
- ◆ Provide your Group number by entering numbers and letters only, with no dashes or spaces (example 1234567-01 as 123456701 or M123456-01 as M12345601).

This screenshot is identical to the one above but shows the 'Social Security Number' radio button selected under 'Identification Type'. Below this selection, there are three text input fields: one for the last 6 digits of the Social Security Number, one for the Group or Policy Number, and a 'Continue' button at the bottom.

How to get your ID card



Always have your ID card handy

With a couple of clicks, you can have a copy of your ID card pulled up on your smart phone or get a new card mailed to your home.

I want to

Allows you to easily order an ID card or fax a copy of your ID card.

View your ID card

Shows all the details of everything that is included on the front and back of your ID card, including your member ID, group number and customer service number (located on the back).



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Understanding your new ID card

Have you ever wondered what all that stuff on your ID card really means? Here's a sample of what you might see. Each plan is different.

The number assigned specifically to you to track all of your benefits and claims information.

The number assigned to identify your group health plan.

A list of the family members who are covered under your plan.

Information about your prescription drug plan. Pharmacists use this to process your claims.

Your medical provider network, also referred to as your preferred provider organization (PPO). Going to doctors, clinics and hospitals in your network will save you money.

UMR A UnitedHealthcare Company
 YOUR COMPANY NAME HERE
 Issuer (80840) 911-39026-02
 Member ID: 12345685 Group Number: 76-123456
 Member: JAMES A SAMPLE 00 MED DEN
 Dependents: JOANNE SAMPLE 01 MED DEN, JOHN SAMPLE 02 MED DEN, JOSEPH SAMPLE 03 MED DEN
 OPTUMRx
 Rx BIN: 610127, Rx PCN: 01960000, Rx GRP: 0196XXXX
 UnitedHealthcare Choice Plus Network
 Self-funded plan administered by UMR
 CO-PAYS MAY APPLY 9730

More on the back

Look for important contact information, including the customer service phone number to call for answers to claims or benefit questions. You can also go to umr.com to check your benefits, claims status, accumulators and eligibility.

Your in-network (In-Net) and out-of-network (Out of Net) medical individual and family deductibles (Ded) and out-of-pocket maximums (OOPM) information.

Call this number only when you need medical services and your plan requires prior authorization for those services.

Call this number when you have questions about pharmacy benefits.

This card must be presented with ID services
 Medical: In-Net: 80840 911-39026-02 Out of Net: 80840 911-39026-02
 Deductible: \$1,000.00 OOPM: \$5,000.00
 Call UMR CARE at 866-484-4352 for plan required prior authorization. FAILURE TO CALL FOR PRIOR AUTHORIZATION MAY REDUCE BENEFITS.
 For Members: www.umar.com 8XX-XXX-XXXX
 Nurseline: 8XX-XXX-XXXX
 For Providers: www.umar.com 877-233-1800
 Claims: EDI # 39026, UMR, PO Box 30541, Salt Lake City, UT 84130-0541
 Regional Networks: In-Net, Out of Net
 Dental Benefits: Preferred, Choice Plus
 Pharmacist & Members: 877-558-2955

How to find a Provider

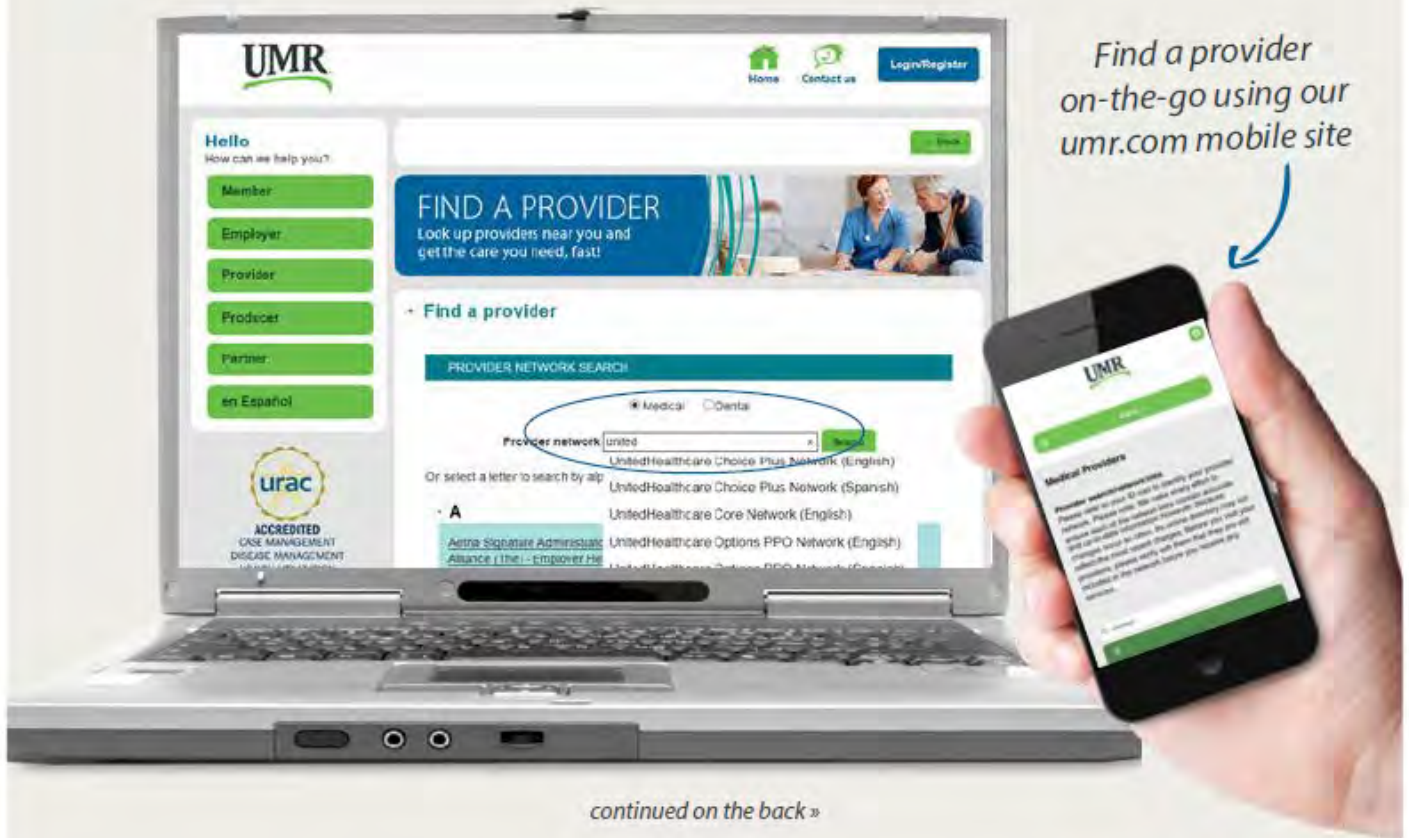


Finding a network provider on umr.com has never been easier

1 Go to **umr.com** and select "Find a provider"



2 Search for **UnitedHealthcare Choice Plus Network** using our alphabet navigation or type **UnitedHealthcare Choice Plus** into the search box.



Find a provider on-the-go using our umr.com mobile site

continued on the back »



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How to find a Provider

3 For medical providers, choose **View Providers**.
For behavioral health providers (including counseling and substance abuse), select **Behavioral health directory**.

REMEMBER:

Get the most from your benefit plan – use participating network health care providers whenever possible.



UnitedHealthcare Choice Plus:

The UnitedHealthcare online provider directories include network hospitals, primary physicians and specialists. The following information is available:

- Provider name, address and phone number
- Hospital affiliation
- Board certification
- UnitedHealth Premium® Quality & Cost Efficiency designations that highlight physicians by quality of care and cost standards in their specialty
- Average costs for care in your area and how different providers compare to the local average
- Provider ID number
- Office language capabilities (English, Spanish, etc.)
- Map and directions to each office

Excepted Benefit Health Reimbursement Arrangement (EBHRA)



For employees that do not choose the medical coverage, the District offers an Excepted Benefit Health Reimbursement Arrangement (EBHRA) with \$1200 per year that can be used towards the employee's, or their dependent's, out-of-pocket medical expenses. The plan's funds do not roll over to the next year and any amount not used at the end of the plan year will be returned to the District. The plan year runs from October 1st thru September 30th of each year, which is new for this year. Any mid-year enrollments will be at a prorated amount.

Get all your answers *quick and easy* @ **umr.com**

Everything you need to know about your spending account right at your fingertips.

You don't have time to dig through paperwork or wonder how much money you have left in your flexible spending account (FSA), health reimbursement account (HRA) or retiree reimbursement account (RRA).

At **umr.com**, there are no hassles and no waiting – just the answers you're looking for, anytime, night or day.

Log in umr.com to:

- ◆ File a claim online
- ◆ Upload receipts and track expenses
- ◆ View up-to-the-minute account balances
- ◆ View your account activity, claims history and payment history
- ◆ Download plan information, forms and notifications
- ◆ Add or update a direct deposit account



Know your eligible & ineligible expenses

Excepted Benefit HRAs can reimburse Internal Revenue Service (IRS) Service Code Section 213(d) medical care expenses and premiums for COBRA, short-term, limited duration insurance and individual coverage that consists solely of excepted benefits, such as dental or vision. Premiums for traditional group or individual health care coverage, or Medicare, are not covered.

Final determination of coverage is made at the time a claim is received and processed. If a conflict exists between the information provided to you and the terms of the plan, the terms of the plan will control.

Eligible expenses include Medical, Dental and Vision services, as well as eligible over-the-counter (OTC) products that are for medical care. For more information, contact one of the agents at Acentria/Albritton Insurance or UMR.

Virtual Visits by Teladoc



24/7 doctor visits via phone or mobile app



Teladoc gives you round-the-clock access to U.S. board-certified doctors, from home or on the go. Call or connect online or using the Teladoc mobile app for affordable medical care, when you need it.



Talk to a doctor anytime, anywhere you happen to be



Receive quality care via phone, video or mobile app



Prompt treatment, median call back, in 10 minutes



A network of doctors that can treat every member of the family



Prescriptions sent to pharmacy of choice if medically necessary



Teladoc is less expensive than the ER or urgent care



Get the care you need

Teladoc doctors can treat many medical conditions, including:

- Cold & flu symptoms
- Allergies
- Pink eye
- Respiratory infections
- Sinus problems
- Skin problems
- And more

With your consent, Teladoc is happy to provide information about your Teladoc visit to your primary care physician.



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Employee Assistance Program (EAP) New Directions

Welcome to balanced care for a better life.

EAP can give you the support you need.

Whether you sense that a life challenge is just ahead, or you're already knee-deep in it, the EAP is here to help with top-notch providers, experts and offerings in these areas near you:

- Relationship and family challenges
- Life-changing events
- Legal or financial challenges
- Stress
- Excessive worry
- Feeling sad/blue
- Substance dependence or addiction
- Workplace challenges

Resources to help you find your best self.

We're here for you around the clock:

Start a Chat

Go online for quick and easy access to experts who can immediately point you to the right resources.

Visit ndbh.com

View more than 10,000 resources to assist you in your improvement journey. Some available resources include:

- Videos
- Will Prep Toolkit
- Calculators
- Self-Assessments
- Budgeting Worksheets
- Legal Documents
- Provider Directories
- Elder & Child Care Resources
- Stress Management Tools

Our expansive list of EAP resources includes:

Relationship Support

Visit ndbh.com to help you find resources to work through parental, personal or work-related relationship challenges.

Legal Resource Center

Explore a large database of free, customizable legal documents for wills, budgeting, retirement planning, big purchases and more. Store documents in one place for easy updates and secure saving.

Health Resource Library

Search a comprehensive collection of articles, videos, self-assessments, calculators and planners for information on thousands of topics designed to help improve your health.

Weekly Tips

Sign up for weekly tips and advice on how to work through stress, parenting, being your best at work and other helpful material — delivered right to your inbox.

Stress Toolkit

Understand the impact of stress on your happiness and productivity with this online toolkit. Take steps to improving your health with assessments, apps, tools and resources designed to reduce stress.

For any additional questions or concerns, visit ndbh.com.

Our EAP representatives are available 24/7/365.

Your ndbh.com login: USAL903

Visit ndbh.com to begin improving your health.

Together is the way forward.



ndbh.com

Employee \$400 Wellness Bonus



HCSD Employees and Retirees enrolled on the medical plan can earn a \$400 Wellness Bonus by completing the following 3 steps:

- ◆ **MEDICAL PROFESSIONAL FORM:** Form to be completed by your physician (see example to the right)
- ◆ **BIOSCREEN:** Instructions Below (You will earn up to a \$75 credit/gift card for completing this step as well.)
- ◆ **HEALTH SURVEY thru UMR:** to be completed by you at member.umar.com (You will earn up to a \$25 credit/gift card for completing this step as well.)

Dear Medical Professional:

This form may be completed with information pertaining to any visit from October 1, 2023 to July 31, 2024 and must be received by the member by July 31, 2024 to qualify for UMR.

Forms completed & received between July 15, 2024 & September 1, 2024 will **NOT** qualify for the Health Assessments Incentive (\$400 employee wellness bonus).

The Hardee County School District provides a wellness incentive program. This program provides a credit/gift card to eligible members upon successful completion of the program. Please complete the following form with the required information to qualify for the program.

Please do not include values, circle yes or no.

YES	NO	NO
Blood Pressure	150 or less	150 or less
Cholesterol	180 or less	180 or less
Body Mass Index (BMI)	18.5 or less	18.5 or less
Diabetes	Yes or No	Yes or No
Smoking Status	Yes or No	Yes or No

Name & Date of MD or NP or PA: _____
Member Name & Identification Number: _____
Member Date of Birth: _____
Member Office Name: _____
Member Office Address: _____
Phone: _____

For the Hardee County School District, call 855-623-9355 or email us at umar@hardeecounty.k12.fl.us

Medical Professional Form

If you qualify for the \$400 Wellness Bonus, you will receive an email notification congratulating you on your qualification and you have the option to have the funds deposited into your payroll or HRA. (This is a one-time per plan year wellness bonus for employees only.)

****Please NOTE: The \$400 wellness bonus is separate from the \$400 Motion dollars needed to earn the reduction in premiums for the Wildcat Wellness Contribution Share (WWCS).**
(Information regarding the WWCS can be found on the following pages.)

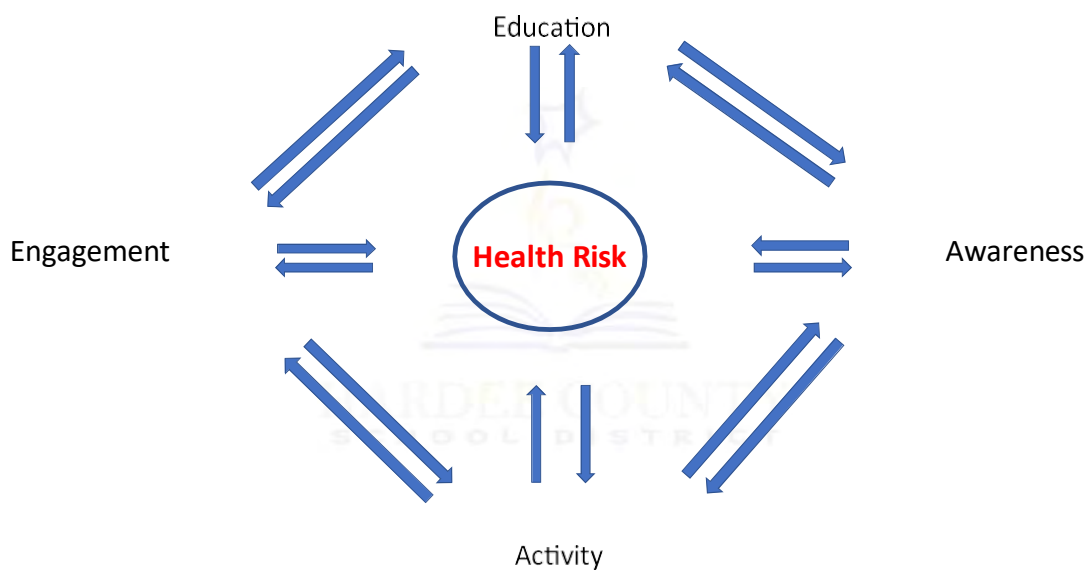
Here are the instructions for completing your Bioscreen:

1. HCSD Onsite Bioscreen or Schedule with Quest directly:
 - a. Go to [My.QuestForHealth.com](https://myquestforhealth.com) and under 'Create Account' enter your registration key: HardeeCountySchoolBoard2023
 - b. Your Unique ID is the first four letters of your first name, the first four letters of your last name and the last four numbers of the employee/plan subscriber's Social Security number- Ex. JuliOrth1234
 - c. Next, you will create a username, password and add your email. (If you had Hardee County Medical Insurance in the past and you signed up for Bioscreens, your username and email must be different than before. You will not be able to use your school email and will need to use another email account other than @hardee.k12.fl.us.)
 - a. You will be able to choose to get screened at a Quest location or an on-site event
 - b. If you're unable to schedule an appointment online or if you have questions about your screening, call 855-623-9355, Monday through Friday from 7 a.m. - 7 p.m. or Saturdays from 7:30 a.m. - 2 p.m., CT
2. See your Medical Professional to complete your Bioscreen
 - a. Login to member.umar.com
 - b. Locate Wellness Activity Center
 - c. Click Get Started
 - d. Select Physician Lab Form on the right side of the screen
 - e. Print form
 - f. Take the form to your Medical Provider
 - g. Upload your form to the UMR Wellness Portal

Wildcat Wellness Contribution Share



- Why do we need to worry about wellness?
 - RISK! Health risk specifically. Our group health risk is directly responsible for our health insurance premium. We know that our group's health risk is too "risky" or high. We must lower that risk if we are to continue to offer **affordable** health insurance that **functions** for all members. Our group health insurance program is made up of individual members. Our member's individual health risk makes up the collective group health risk. Therefore, isn't it logical that for us to lower our group health risk, each member needs to work to lower their individual health risk? Absolutely, and with the unanimous approval of the Hardee Schools Insurance Committee, the Wildcat Wellness Contribution Share (WWCS) is designed to do just that.



- What is the Wildcat Wellness Contribution Share (WWCS)?
 - A \$\$\$ savings tool designed to give HCSB medical insurance members an opportunity to lower their health risk and see a financial benefit.
- What are the 4 areas in which our wellness plan encourages members to participate?
 - **Activity** – UMR Motion Program
 - **Awareness** – Physician Signature Form, Bio-Metric Screening, Health Survey
 - **Education** – UMR Live Well Reward\$ Health & Wellness Coaching
 - **Engagement** – UMR Live Well Reward\$ (Earn \$200 in gift cards by completing any combination of Live Well Reward\$ activities)
- Who is eligible to participate in the WWCS?
 - Active employees and their spouses that participate in the district's employee group health insurance plan.
- When can I qualify?
 - Qualification begins 10/1/2023 plan year (this year).
 - Qualification ends 07/31/2024.
 - Rates will be applied 10/1/2024 plan year (next year).

Wildcat Wellness Contribution Share



- How do I qualify for the WWCS?
 - **Step #1** - Complete the mandatory **Activity** Component (earn a minimum of \$400 in UMR Motion H.R.A.).
 - **Step #2** - Complete 2 of the 3 remaining choice Components (**Education, Engagement and/or Awareness**).
- What are my options to qualify?
 - Option #1: Activity/Awareness/Engagement:
 - Motion – Earn \$400 in your Motion account (October 1, 2023 to July 31, 2024)
 - Medical Professional Form
 - Bioscreen (you will earn up to a \$75 gift card through Live Well Reward\$)
 - UMR Health Survey (you will earn up to a \$25 gift card through Live Well Reward\$)
 - Earn the \$200 maximum amount in gift cards through Live Well Reward\$
 - Option #2: Activity/Awareness/Education:
 - Motion – Earn \$400 in your Motion account (October 1, 2023 to July 31, 2024)
 - Medical Professional Form
 - Bioscreen (you will earn up to a \$75 gift card through Live Well Reward\$)
 - UMR Health Survey (you will earn up to a \$25 gift card through Live Well Reward\$)
 - Live Well Reward\$: Complete a wellness or coaching program
 - Option #3: Activity/Engagement/Education:
 - Motion – Earn \$400 in your Motion account (October 1, 2023 to July 31, 2024)
 - Earn the \$200 maximum amount in gift cards through Live Well Reward\$
 - Live Well Reward\$: Complete a wellness or coaching program
- What are the WWCS Rates?
 - WWCS Rates are \$25 per qualified member or spouse or \$50 less per pay period if both qualify.

Standard Employee Contribution

- EE Only = \$54.00
- EE Spouse = \$366.50
- EE Child(ren) = \$204.00
- EE Family = \$366.50

Wildcat Wellness Employee Contribution

- EE Only = \$29.00
- EE Spouse = \$341.50 (EE or SP) / \$316.50 (Both)
- EE Child(ren) = \$179.00
- EE Family = \$341.50 (EE or SP) / \$316.50 (Both)

Annual Savings Difference

EE Only	\$600
EE Spouse	\$600 or \$1200
EE Child(ren)	\$600
EE Family	\$600 or \$1200

UMR Motion



**Get moving.
Get rewards.**



UMR offers UnitedHealthcare's Motion program – designed to motivate you to do more of what you already do: **walk**. It works with a wearable device and mobile app, provides immediate feedback on your daily Frequency, Intensity, Tenacity (FIT) goals and rewards you with deposits into your health savings account (HSA), health reimbursement account + incentive\$ (HRA+) or prepaid reward card.

Earn rewards for every goal you complete.

F

WALK OFTEN

Walk 300 steps within 5 minutes, six times/day to hit your goal for **Frequency**.

I

WALK FAST

Walk 3,000 steps in 30 minutes to hit your goal for **Intensity**.

T

WALK FAR

Walk 10,000 steps in one day to hit your goal for **Tenacity**.

Here's how it works.

- 1 You and your covered spouse each create an account on **UnitedHealthcareMotion.com** and select an activity tracker from the website or use a compatible activity tracker of your own.
- 2 You register and pair your device, begin walking to meet daily FIT goals and sync your device a few times per week.
- 3 Meeting the daily FIT goals, you may earn **\$1-\$3.00 per day**¹.

Sign up, connect a tracker, get moving.

UnitedHealthcareMotion.com



¹ Rewards may be limited due to incentive limits under applicable law.

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UMR Motion

UHC Motion – Move More, Make More UHC Motion Overview Video

UHC Motion app and unitedhealthcaremotion.com

You and your spouse on an eligible UMR Medical Plan can earn rewards for staying active and meeting daily Motion FIT goals between 10/1/23-9/30/24 *. Track your activities to earn rewards.

To learn more about UHC Motion scan the QR code or click on the link below to watch the **Move More, Make More UHC Motion overview video**

*You must register for Motion using your **UMR Group Number (76416309)** to be eligible for Motion benefits between 10/1/23-9/30/24. Rewards are administered quarterly in the form of an HRA Debit Card.




Scan the QR code to watch a quick video about the program

[UHC Motion – Move More, Make More Video](#)



UHC Motion - Sign Up and Select Registration Overview

UHC Motion app and unitedhealthcaremotion.com

You must register for UHC Motion with your **UMR Group Number (76416309) to be eligible for Motion benefits 10/1/23 - 9/30/24

- Get** • Get the UHC Motion mobile app on your smartphone.
- Go** • Go to the App Store or Google Play and search for "UHC Motion®." Tap GET and/or INSTALL
- Open** • From your home screen, open the app and log in using the same info you used to create your UHC Motion® account.
- Follow** • Follow the app's prompts to link your activity tracker to your account.
- Make** • Make sure your activity tracker has at least 25% battery power.



Open your phone's camera to scan the QR code for more information on how to sign up and select a device

[UHC Motion Signup and Select Overview Video](#)



Screen shot is for illustrative purposes only. Designs shown may not be final.



Find your Healthy Place

Better health is a journey, not a destination. Before we can reach our personal goals, we need to know where we're starting from, and where we want to go.

With UMR's Live Well Reward\$, you and your spouse have an opportunity to receive financial rewards for taking a few simple steps toward living a healthier life. Your participation is completely voluntary, and all resources are available at no cost to you. Keep reading to learn how you can start earning today.

This year, you can receive up to **200 points** (1 point= \$1) in Online Rewards. **Here's how:**

Your Goals:

Earn:

Take Your CHRA	25 Points
Complete your biometric screening	75 Points
Real Appeal	100 Points
UMR's Wellness CARE Coaching	100 Points
Teladoc Utilization	50 Points
UMR's Action Plans	50 Points

Review your rewards and track your progress in the Live Well Reward\$ Wellness activity center.

You can check your progress in the Live Well Reward\$ program anytime at umr.com. Simply log into umr.com and click on the Wellness activity center tile to review your activities and rewards. If you have any questions regarding LWR\$, please call 1-800-826-9781.





REWARDING WELL-BEING

Online Rewards makes it easy to turn the points you've earned for completing incentive program activities into your choice of gift cards or merchandise from popular brands, stores and restaurants.

When you're ready to choose your reward, log in to **umr.com** using your registered username and password.

Then follow these simple steps:

1. Select **Wellness activities** from **Things to do** on your homepage.
2. Or select **Wellness activity center** tile, located toward the bottom of the page.
3. Under **Rewards**, click on the **Redeem** button.

You'll then be directed to the rewards center, where you can browse for popular items, or search for your favorite brands, stores or restaurants.

Your reward catalogue includes items from the following categories:

- Health & personal care
- Wellness products
- Fitness devices
- Sports & outdoors
- Gift cards
- Books
- Electronics
- Fashion & accessories
- Home & garden
- Toys & games
- Music & movies

NOTE: *points earned under the Live Well Reward\$ program expire on 9/30/2024, please redeem all your points prior to this date: otherwise, you will forfeit your unused points. Incentives earned from completion of wellness activities and redeemed through Online Rewards may be considered taxable income.*



A UnitedHealthcare Company

Real Appeal



Helping You Build Healthier Habits

Imagine having all the support you need to create a healthy lifestyle and boost your well-being. Real Appeal® makes it possible, by helping you take small steps for lasting change.

More Support for More Confidence

Real Appeal is a practical online weight management program. It's available to you and eligible family members at no additional cost as part of your health insurance.



Supportive Coaching and Sessions

Get personalized guidance from a coach, who leads collaborative weekly group sessions.

Making Behavior Change Possible

Together, we'll address topics like emotional eating, mindset and motivation, and more.

Resources to Stay Motivated

Your Success Kit gives you access to online fitness classes, scales, a portion plate, and more.

Boosting your well-being starts with:

Your mindset

We'll dive into awareness, motivation, confidence, accountability, and more.

Holistic health

Creating a healthy mindset starts with focusing on actions, not just weight loss.

Peer support

Your online group supports you by sharing challenges and successes.



Get started now at enroll.realappeal.com or scan the QR code.

Please have your health insurance ID card handy when enrolling.

Real Appeal is available to members at no additional cost as part of their medical benefits plan, subject to eligibility requirements. The Real Appeal program is educational in nature and is not a substitute for medical advice.

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Dental



Dental insurance pays for preventive care that can protect you and your family from the high cost of dental disease. It also helps pay for more extensive, costly and unexpected expenses such as fillings, crowns and root canals. You can visit any dentist but you benefit from the negotiated discounts on covered services choosing an in-network dentist. For specific plan information please refer to the Florida Combined Life benefit summary.

	PASSIVE PPO	
BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Network	Blue Dental Choice Plus	
Plan Year Deductible	Individual: \$50 Family: \$100	Individual: \$50 Family: \$100
Benefit Maximum Plan Year per person Lifetime Ortho Max per person	\$1,250 \$1,000	\$1,000 \$1,000
Diagnostic & Preventive Services Oral Evaluations; Office Visits; Bitewing X-rays; Cleanings; Fluoride Treatments Child; Space Maintainers; Sealant -per tooth	100%	100%
Basic Services Amalgam Restorations; Resin-Based Restorations; Extractions—Routine & Surgical; Root Canal Molar; Periodontal Scaling & Root Planing	80%	80%
Major Services Osseous Surgery; Crowns-Porcelain; Complete & Partial Dentures; Pontic; Implants	80%	80%
Orthodontic Services (Children only Up to Age 19)	50%	50%
Bi-Monthly Contributions Employee Only Employee + Spouse Employee + Child(ren) Employee + Family		\$9.00 \$27.82 \$20.07 \$32.25

How to find a Florida Combined Life Dental provider:

Step 1: Go to www.floridabluedental.com

Step 2: Click **Find a Dentist**

Step 3: Enter the **name of the Dentist**

Step 4: Under Select Plan choose **“BlueDental Choice Plus** from the drop-down menu

Step 5: Enter your Zip code and other search preferences

Step 6: Click Search



Oral Health



Oral Health for Overall HealthSM

A strong relationship exists between oral health and overall health. When you get your health and dental coverage from Florida Blue, you may benefit from integrated health and dental programs that can improve your total well-being.



Medical-dental integration for better health

Members with health and dental plans from Florida Blue who have a diagnosis of one of the covered medical conditions are enrolled automatically into the Oral Health for Overall Health program. We identify eligible members for enrollment based on medical claims. Dental members who are pregnant or do not have a health plan with Florida Blue can easily self-enroll online.

Personalized benefits at no additional cost

Oral Health for Overall Health provides enrolled members with enhanced dental benefits that help reduce bacteria in the body, which can impact certain medical conditions. These enhanced dental benefits are tailored to your condition. They are available outside of standard dental plan benefits and are covered 100%, with no out-of-pocket expenses when seeing an in-network dentist.

Covered Conditions and Benefits	Automatic Program Enrollment	Two Additional Cleanings or Periodontal Maintenance Visits per Year	Oral Cancer Screenings Once Every 6 Months & Fluoride Treatments Once Every 3 Months	Periodontal Scaling Covered 100% with No Out-of-pocket Expense
Diabetes	✓	✓		✓
Coronary Artery Disease	✓	✓		✓
Stroke	✓	✓		✓
Pregnancy		✓		✓
Oral Cancer	✓	✓	✓	
Sjögren's Syndrome	✓	✓	✓	

*A member's plan must include periodontal coverage to receive this benefit.

Take advantage of enhanced dental benefits today

To use your Oral Health for Overall Health benefits, simply make an appointment with your dentist. To find a dentist in your plan's network, visit floridabluedental.com/find-a-dentist.

Dental Rollover



Florida Blue 
In the pursuit of health[®]



Your dental benefits go further with Maximum Rollover

BlueDental PPO members, we understand you may not use all your benefit dollars each year. So, we created Maximum Rollover for you to keep that money for use in future years. This gives you added security for the unexpected — and can help you plan for major services in the future.

Grow your dental benefits

Your Maximum Rollover account can keep growing year after year, up to a level set by your plan. Maximum Rollover dollars don't expire, so your dental benefits can add up over time.

How to qualify for Maximum Rollover

For active BlueDental PPO members with a plan that includes Maximum Rollover,¹ the rollover amount is applied automatically. All you need to do is visit the dentist and receive at least one covered service during the calendar year. Routine cleanings qualify, as we encourage you to take advantage of your preventive benefits.



Your dental benefit dollars can add up

Here's an example of how it works:

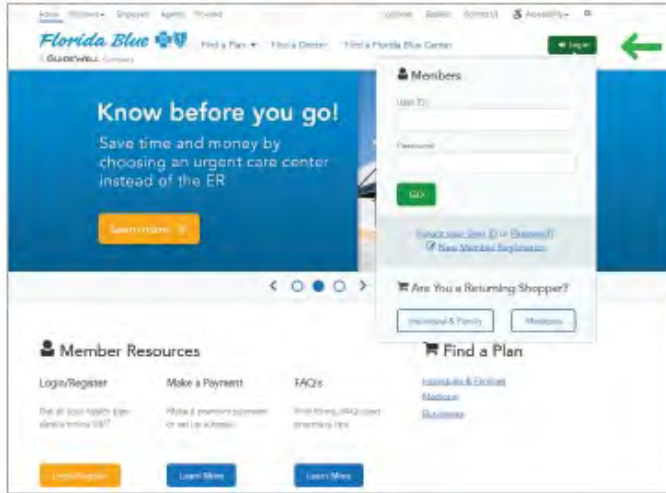
(based on an annual plan maximum of \$1,250 in network)

- 1 If you use less than \$600 of the annual maximum², then the \$450 rollover amount is applied to the next year
- 2 In year two, your total benefit is now the \$1,250 annual maximum + \$450 in rollover dollars, or \$1,700.
- 3 In year three (if the you qualify again in year two), your benefit level becomes \$1,700+ \$450 = \$2,150.
- 4 Your annual maximum plus rollover dollars can ultimately add up to \$2,500 in plan benefits³ — the total amount the plan will pay for your dental care.

How to Check your Rollover Balance



You can easily check your Maximum Rollover balance online



1
Log in or create an account at FloridaBlue.com.



2
Once logged in, click the drop down menu in the top right corner and select "Dental."



3
Here you can find a dentist, print or order a new ID card, and get answers to questions. Click "Learn More" in the benefits section to access the benefits portal.

4
Each covered member is listed on the right. The left shows any deductibles and the amount of the annual maximum used. Rollover dollars earned and used are displayed at the bottom of the section. Rollover is applied once the annual maximum has been fully used.





Vision



Our eyes are constantly changing so it is important to have an annual eye examination. Vision insurance provides benefits for examinations and discounts on frames, lenses, and lens accessories. You can use any provider, but you will benefit from the negotiated discounts using an in-network provider and a higher coinsurance paid by Davis Vision. For specific plan information please refer to the Davis Vision benefit summary.

DESIGNER VISION PLAN		
BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Exam Frequency	12 Months	
Exam Benefit	\$10 copay	Up to \$30 reimbursement
Lenses Frequency	12 Months	
LENSES		
Single Vision	\$20 copay	Up to \$25 reimbursement
Lined Bi-focal	\$20 copay	Up to \$35 reimbursement
Lined Tri-focal	\$20 copay	Up to \$45 reimbursement
Lenticular	\$20 copay	Up to \$60 reimbursement
Frame Frequency	24 Months	
Frame Benefit		
Davis Vision Collection	Covered in Full	Not Covered
Non-Collection	\$130 allowance; 20% off balance	Up to \$30 reimbursement
Scratch-Resistant Coating	Covered in Full	Not Covered
UV Coating	\$12 copay	Not Covered
Tinting of plastic lenses	Covered in Full	Not Covered
Photochromatic	\$65 copay	Not Covered
Standard polycarbonate		
Child (up to age 18)	Covered in Full	Not Covered
Adults*	\$30 copay	
Contact Lens Frequency	12 Months	
Contact Lenses (In lieu of eyeglasses)		
Davis Vision Collection	Covered in Full	Not Covered
Provider Supplied Contacts	\$130 Allowance; 15% off balance	Up to \$75 reimbursement for Elective contacts; Up to \$225 reimbursement for Medically Necessary contacts
Bi-Monthly Contributions		
Employee Only		\$3.04
Employee + Spouse		\$5.47
Employee + Child(ren)		\$5.77
Employee + Family		\$9.12

How to find a Davis Vision provider:

Step 1: Go to www.davisvision.com/members

Step 2: Find an eye care professional

Step 3: Enter Location or State, County and City

Step 4: Click Search



*Covered in Full for dependent children, monocular patients and patients with prescriptions 6.00 diopters or greater.

Retail Networks

Our provider network is geographically distributed in all 50 states, Washington D.C., Puerto Rico, and Guam. Our network provides broad access to ophthalmologists, optometrists, and many of the nation's leading retail centers. A large percentage of private practice providers also work in a retail/storefront environment. The following are some of the national and regional retailers that will be included in the proposed program:

America's Best	For Eyes	Rosin Eyecare
Bard Optical	Heartland Vision	Sam's Club SEE Inc.
Boscov's Optical	Henry Ford OptimEyes	Shawnee Optical
Clarkson Eyecare	OJC Penney Optical	Shopko Optical
Cohen's Fashion Optical	Meijer Optical	Sterling Optical
Costco Optical	Midwest Vision Centers	SVS Vision
Crown Optical	MyEyeDr.	Visionworks
Dr. Tavel One-Hour Optical	National Vision Centers in	Vista Optical in Fred Meyers
Eye Doctor Optical Outlets	Walmart National Vision Centers	Wal mart Vision Centers
Eyeglass World	Nationwide Vision	Whylie Eye Care Centers
Eyemart Express		Wisconsin Vision

Retinal Imaging

Retinal imaging is a **digital image** taken of the retina, blood vessels, and optic nerve located at the back of your eyes. These images can assist in the **early detection and management** of certain eye diseases, including glaucoma, macular degeneration, diabetes, and hypertension.

How is retinal imaging done?

Retinal imaging is an easy, non-invasive procedure. You simply look into a device one eye at a time, and you will see a comfortable flash of light to let you know an image of your retina has been taken. The retinal image appears immediately on a computer screen so the eye care professional can review it with you. With the retinal image on file, your eye care professional can cross-check your images each year to look for any changes.

Detecting disease with retinal imaging

Retinal images can help eye care professionals spot early abnormalities that could indicate the onset of a number of diseases:

Cancer

Melanomas can grow undetected within the retina. If discovered early, these masses can be treated before they cause serious damage.

Age-related Macular Degeneration (AMD)

As the body ages, degenerative changes in the retina can result in blurry central vision.

Hypertension (High Blood Pressure)

Compromised blood vessels can appear in the retina and may be an early sign of increased blood pressure throughout your body.

Retinal Detachment (RD)

When the retina detaches, it is lifted or pulled from the wall of the eye. If not properly treated, this can cause permanent vision loss.

Glaucoma

Excess fluids within the eye can increase intraocular pressure and push against the optic nerve. This can cause permanent vision loss.

Diabetic Retinopathy (DR)

A leading cause of preventable blindness, DR occurs when diabetes damages the tiny blood vessels inside the retina.

How to buy online



Buy eyewear online with your benefits

You can use your vision care benefits to buy eyewear online from **1-800 Contacts**, **Befitting**, and **Glasses.com**.



1 800 contacts®

1-800 Contacts is one of the most recognized online contact lens retailers in the industry. They have an established reputation for their customer service, backed by an industry-leading Net Promoter Score of 76. Learn more: [1800contacts.com](https://www.1800contacts.com)

befitting

a better way to buy glasses you love.

Befitting.com has artificial intelligence-driven tools to find the perfect pair of eyeglasses with personalized, curated recommendations. Shop for single and progressive lenses, prescription sunglasses, and advanced blue light blocking lenses. Free shipping and returns are also included. Learn more: [befitting.com](https://www.befitting.com)

GLASSES.COM

Glasses.com is one of the most trusted online stores for popular eyewear brands, including prescription glasses and sunglasses. Learn more: [glasses.com](https://www.glasses.com)

What kind of brands do the online retailers carry?

All of the online retailers feature top brands of both frames and contacts.

Do I need a prescription to order products online?

Yes; you will need to enter your prescription at the time of purchase, and require a recent valid prescription to purchase contact lenses online.

Are the benefits the same as other retail stores?

Yes; you can use your full benefit.

Is the Davis Vision Exclusive Collection included?

No; the Exclusive Collection is not offered at this time.

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from  VersantHealth™

davisvision.com

(800) 999-5431



Employer Paid Basic Life and AD&D



Life and AD&D Insurance

Hardee County School District provides all benefit eligible employees with \$25,000 of life and AD&D insurance through US Able Life. Employees can also purchase additional voluntary life insurance on themselves as well as their spouse and children. Please refer to The US Able benefit summary for specific plan design information.

- **Age Reduction:** Basic Life/AD&D benefits reduce at age:
 - 65 to 65% of total benefit
 - 70 to 50% of total benefit
 - 75 to 25% of total benefit
- **Coverage terminates when you are no longer eligible or retirement.**
- **Accelerated Living Benefit:** Available to employees 70 or under, diagnosed with a terminal illness, as medically determined which can be expected to result in death within 12 months.
- **Waiver of Premium:** Your premiums may be waived if you have been totally disabled for six months while insured.

Make Sure to Update Your Beneficiary Information

A beneficiary is the person or entity you name in a life insurance policy to receive the death benefit

You can name:

- One Person
- Two or more people
- The trustee of a trust you have set up
- Your estate

If you don't name a beneficiary, the death benefit will be paid to your estate.





Voluntary Life



In addition to the Employer paid life and AD&D insurance provided by Hardee County School District, employees and their dependents can also elect additional voluntary life insurance through US Able Life. Employees and their dependents can only purchase up to the guarantee issue amounts without medical underwriting as new hires. Guarantee issue amounts are based on the ages below without medical underwriting. After the new hire eligibility period employees will be subject to medical underwriting:

- **Employee** through age 59, \$130,000. Through age 60-69, \$20,000. Age 70 and over, \$0
- **Spouse** through age 59, \$30,000. Age 60 and over, \$0
- **Child(ren)** \$10,000

Coverage Guidelines			
	Employee	Spouse	Child(ren)
Minimum	\$10,000	\$5,000	14 Days to 6 Months \$500 6 Months to Age 30 \$5,000
Maximum	5x Annual Earnings up to \$500,000	50% of Employee's up to \$250,000	\$10,000
Guarantee Issue Amount	Age based	Age based	\$10,000
Increments	\$10,000	\$5,000	\$5,000 or \$10,000

Employee Coverage Amounts and Per Pay Costs				
Employee Age	\$10,000	\$20,000	\$50,000	\$130,000
Under 30	\$0.50	\$1.00	\$2.50	\$6.50
30-34	\$0.60	\$1.20	\$3.00	\$7.80
35-39	\$0.80	\$1.60	\$4.00	\$10.40
40-44	\$1.30	\$2.60	\$6.50	\$16.90
45-49	\$2.20	\$4.40	\$11.00	\$28.60
50-54	\$3.60	\$7.20	\$18.00	\$46.80
55-59	\$5.60	\$11.20	\$28.00	\$72.80
60-64	\$7.80	\$15.60	\$39.00	\$101.40
65-69	\$8.32	\$16.64	\$41.60	\$108.16
70-74	\$10.70	\$21.40	\$53.50	\$139.10
75+	\$20.35	\$40.70	\$101.75	\$264.55

Spouse Coverage Amounts and Per Pay Costs				
Spouse Age	\$5,000	\$25,000	\$50,000	\$75,000
Under 30	\$0.25	\$1.25	\$2.50	\$3.75
30-34	\$0.30	\$1.50	\$3.00	\$4.50
35-39	\$0.40	\$2.00	\$4.00	\$6.00
40-44	\$0.65	\$3.25	\$6.50	\$9.75
45-49	\$1.10	\$5.50	\$11.00	\$16.50
50-54	\$1.80	\$9.00	\$18.00	\$27.00
55-59	\$2.80	\$14.00	\$28.00	\$42.00
60-64	\$3.90	\$19.50	\$39.00	\$58.50

Age Reduction: Voluntary Life benefits reduce at age:

- 65 to 65% of total benefit
- 70 to 50% of total benefit and terminates when you are no longer eligible or retirement, whichever occurs first
- Spouse coverage terminates at age 65

Children Coverage Amounts and Per Pay Costs	
\$5,000	\$10,000
\$1.50	\$3.00



Voluntary Accidental Death & Dismemberment (VADD)



Voluntary Accidental Death & Dismemberment is designed to provide benefits to your designated beneficiary in the event of your accidental death or dismemberment. You are the beneficiary of your spouse and dependent.

COVERAGE GUIDELINES			
	Employee	Spouse	Child(ren)
Minimum	\$10,000	\$5,000	14 Days to 6 Months \$500 6 Months to Age 30 15% of Employees amount
Maximum	10x Annual Earnings up to \$500,000	50% of Employee's amount	15% of Employees amount
Increments	\$10,000	n/a	n/a

RATE TABLE					
	Principal Sum	Employee Principal Sum	Divided by 1000	X rate	Monthly Cost
Employee				\$0.05	
*Spouse				\$0.02	
**Child(ren)				\$0.01	
Total Monthly Cost					
<i>All premiums are calculated off the employees principal sum</i>					

EXAMPLE					
	Principal Sum	Employee Principal Sum	Divided by 1000	X rate	Monthly Cost
Employee	\$50,000	\$50,000	50	\$0.05	\$2.50
Spouse	\$25,000	\$50,000	50	\$0.02	\$1.00
Child(ren)	\$7,500	\$50,000	50	\$0.01	\$0.50
Total Monthly Cost					\$4.00

Age Reduction:

Voluntary Accidental Death & Dismemberment benefits reduce at age:

- Employees reduce to 65% at age 65 and 50% at age 70 and terminates at 75 or are no longer eligible or your retirement, whichever occurs first.
- Spouse coverage terminates at age 75

Voluntary Short-Term Disability



Hardee County School District offers Voluntary Short-Term Disability insurance through US Able Life. This insurance is designed to replace a portion of your income should you become unable to work due to a non-work related injury or illness. Please remember, since this coverage is paid for with “post-tax” dollars if the benefit is paid, you will not pay taxes on the benefit.

Benefit Details

Benefits due to an accident begin on the 1st day and the 8th day following an illness. This short-term disability plan replaces up to 60% of your basic weekly earnings, with a minimum weekly benefit of \$50 to a maximum weekly benefit of \$1,000. You can receive short-term disability benefits for up to 26 weeks. After 26 weeks, you may be eligible for Long-Term Disability benefits if you are still unable to return to work.

Employee Age	Rate Per \$10 of weekly benefit
Under 25	\$1.17
26-29	\$1.24
30-34	\$1.15
35-39	\$0.99
40-44	\$1.04
45-49	\$1.05
50-54	\$1.26
55-59	\$1.72
60-64	\$2.11
65-70	\$2.28
70+	\$2.28

HOW TO CALCULATE:

Find your age and rate

$$\frac{\text{Choose your benefit amount (\$10 increments)}}{10} = \text{Rate per \$10 of weekly benefit at your age} \times \text{Monthly cost} = \text{Monthly cost}$$

EXAMPLE:

$$\frac{\$700}{10} = \$70.00 \times \$0.99 = \$69.30$$

Elected Benefit Amount Age 36 Monthly cost

Pre-Existing Conditions Exclusion 3/12

No benefit will be payable if your disability begins in the first **12** months following the effective date of your coverage and your disability is caused by, contributed to by, or the result of a pre-existing condition.

Pre-Existing Condition means:

Any condition for which you have done any of the following at any time during the **3** months just prior to your effective date of coverage:

- Received medical treatment or consultation;
- Taken or were prescribed drugs or medicine; or
- Received care or services, including diagnostic measures



Voluntary Long-Term Disability



Hardee County School District offers Voluntary Long-Term Disability insurance through US Able Life. This insurance is designed to replace a portion of your income should you become unable to work covers you in the event you are injured or sick for an extended period of time.

Benefits		
Benefits Begin (Elimination Period)	Benefits begin on the 181st day of a covered disability.	
Pre-Existing Conditions Exclusion	12/6/24	
Monthly Benefit	May be selected in \$100 increments not to exceed 60% of your before-tax monthly earnings.	
Maximum Weekly Benefit	\$4,000	
Minimum Monthly Benefit	\$100	
Own Occupation	24 months	
Maximum Benefit Period	Age at Disability	Maximum Benefit Period
	Age 59 or less	to age 65, but not less than 5 years
	60	60 months
	61	48 months
	62	42 months
	63	36 months
	64	30 months
	65	24 months
	66	21 months
	67	18 months
68	15 months	
69 and over	12 months	

Pre-Existing Conditions Exclusion 12/6/24

No benefit will be payable for any disability that is due to, contributed to, or resulting from a preexisting condition in the prior **12** months unless such disability begins:

- After the last day of **6** consecutive months while insured during which you receive no medical care or the pre-existing condition; or
- After the last day of **24** consecutive months during which you have been continuously insured under this policy.

Employee Age	Rate Per \$100 of Monthly benefit
Under 25	\$0.13
26-29	\$0.25
30-34	\$0.32
35-39	\$0.41
40-44	\$0.58
45-49	\$0.80
50-54	\$0.96
55-59	\$1.08
60+	\$1.13

HOW TO CALCULATE:

Find your age and rate

_____ ÷ 100 = _____ x _____ = _____

Choose your benefit amount (\$100 increments) Rate per \$100 of monthly benefit at your age Monthly cost

EXAMPLE

$\$1,000 \div 100 = \$10.00 \times \$0.41 = \4.10

Elected Benefit Amount Age 36 Monthly cost

Medicare Part D

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 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).

Important Notice from Hardee County School District About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with UnitedHealthcare 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. Hardee County School District has determined that the prescription drug coverage offered through UnitedHealthcare 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.

For more information about Medicare prescription drug coverage:

Visit www.medicare.gov

Call 1-800-MEDICARE (1-800-633-4227)

For more information about this notice or your current prescription drug coverage contact:

Name of Entity/Sender: Hardee County School District

Contact-Position/Office: Michele Polk, ED.D. Director of Human Resources

Address: 1009 N. 6th Ave Wauchula, FL 33873

Phone Number: 863-773-9058 ext. 1236

Marketplace Notice

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution - as well as your employee contribution to employer-offered coverage - is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact:

3. Employer name: Hardee County School District	4. Employer Identification Number (EIN): 59-6000631	
5. Employer address: 1009 N. 6th Ave	6. Employer phone number: 863-773-9058	
7. City: Wauchula	8. State: FL	9. ZIP code: 33873
10. Who can we contact about employee health coverage at this job? Michele Polk ED.D. Director of Human Resources		
11. Phone number: 863-773-9058 ext. 1236	12. Email address: mpolk@hardee.k12.fl.us	

Here is some basic information about health coverage offered by this employer:

As your employer, we offer a health plan to:

All Full-Time, non-seasonal employees after the applicable waiting period.

With respect to dependents, we do offer coverage. Eligible dependents are:

Legally married spouses

Natural, adopted, foster or step child(ren)

Child(ren) for whom court appointed or legal guardianship has been awarded

If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace.

The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.



Disclosures

[NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT OF 1996 \(NEWBORN'S ACT\)](#)

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

[THE WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998 \(WHCRA, ALSO KNOWN AS JANET'S LAW\)](#)

Under WHCRA, group health plans, insurance companies and health maintenance organizations (HMOs) offering mastectomy coverage must also provide coverage for reconstructive surgery in a manner determined in consultation with the attending physician and the patient. Coverage includes reconstruction of the breast on which the mastectomy was performed, surgery and reconstruction of the other breast to produce a symmetrical appearance, and prostheses and treatment of physical complications at all stages of the mastectomy, including lymph edemas.

[QUALIFIED MEDICAL CHILD SUPPORT ORDER \(QMCSO\)](#)

QMCSO is a medical child support order issued under State law that creates or recognizes the existence of an "alternate recipient's" right to receive benefits for which a participant or beneficiary is eligible under a group health plan. An "alternate recipient" is any child of a participant (including a child adopted by or placed for adoption with a participant in a group health plan) who is recognized under a medical child support order as having a right to enrollment under a group health plan with respect to such participant. Upon receipt, the administrator of a group health plan is required to determine, within a reasonable period of time, whether a medical child support order is qualified, and to administer benefits in accordance with the applicable terms of each order that is qualified. In the event you are served with a notice to provide medical coverage for a dependent child as the result of a legal determination, you may obtain

information from your employer on the rules for seeking to enact such coverage. These rules are provided at no cost to you and may be requested from your employer at any time.

[SPECIAL ENROLLMENT RIGHTS \(HIPAA\)](#)

If you have previously declined enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided that you request enrollment within 30 days after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

[COVERAGE EXTENSION RIGHTS UNDER THE UNIFORMED SERVICES EMPLOYMENT AND REEMPLOYMENT RIGHTS ACT \(USERRA\)](#)

If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents (including spouse) for up to 24 months while in the military. Even if you do not elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions for pre-existing conditions except for service-connected injuries or illnesses.

[MICHELLE'S LAW](#)

Michelle's Law permits seriously ill or injured college students to continue coverage under a group health plan when they must leave school on a full-time basis due to their injury or illness and would otherwise lose coverage. The continuation of coverage applies to a dependent child's leave of absence from (or other change in enrollment) a postsecondary educational institution (college or university) because of a serious illness or injury, while covered under a health plan. This would otherwise cause the child to lose dependent status under the terms of the plan. Coverage will be continued until:

1. One year from the start of the medically necessary leave of absence, or
2. The date on which the coverage would otherwise terminate under the terms of the health plan; whichever is earlier.

[MENTAL HEALTH PARITY AND ADDICTION EQUITY ACT OF 2008](#)

This act expands the mental health

parity requirements in the Employee Retirement Income Security Act, the Internal Revenue Code and the Public Health Services Act by imposing new mandates on group health plans that provide both medical and surgical benefits and mental health or substance abuse disorder benefits. Among the new requirements, such plans (or the health insurance coverage offered in connection with such plans) must ensure that:

The financial requirements applicable to mental health or substance abuse disorder benefits are no more restrictive than the predominant financial requirements applied to substantially all medical and surgical benefits covered by the plan (or coverage), and there are no separate cost sharing requirements that are applicable only with respect to mental health or substance abuse disorder benefits.

[GENETIC INFORMATION NON-DISCRIMINATION ACT \(GINA\)](#)

GINA broadly prohibits covered employers from discriminating against an employee, individual, or member because of the employee's "genetic information," which is broadly defined in GINA to mean (1) genetic tests of the individual, (2) genetic tests of family members of the individual, and (3) the manifestation of a disease or disorder in family members of such individual. GINA also prohibits employers from requesting, requiring, or purchasing an employee's genetic information. This prohibition does not extend to information that is requested or required to comply with the certification requirements of family and medical leave laws, or to information inadvertently obtained through lawful inquiries under, for example, the Americans with Disabilities Act, provided the employer does not use the information in any discriminatory manner. In the event a covered employer lawfully (or inadvertently) acquires genetic information, the information must be kept in a separate file and treated as a confidential medical record, and may be disclosed to third parties only in very limited situations.

[CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT \(COBRA\)](#)

The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) requires employers who provide medical coverage to their employees and covered family members on a temporary basis when there has been a change in circumstances that would otherwise result in a loss of such coverage [26 USC §4980B] This benefit, known as "continuation coverage," applies if, for example,

dependent children become independent, spouses get divorced, or employees leave the employer.

[CHILDREN'S HEALTH INSURANCE PROGRAM REAUTHORIZATION ACT \(CHIPRA\)](#)

Effective April 1, 2009 employees and dependents who are eligible for coverage, but who have not enrolled, have the right to elect coverage during the plan year under two circumstances:

- The employee's or dependent's state Medicaid or CHIP (Children's Health Insurance Program) coverage terminates because the individual cease to be eligible.
- The employee or dependent becomes eligible for a CHIP premium assistance subsidy under state Medicaid or CHIP (Children's Health Insurance Program).

Employees must request this special enrollment within 60 days of the loss of coverage and/or within 60 days of when eligibility is determined for the premium subsidy.

[PREMIUM ASSISTANCE UNDER MEDICAID AND 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



Disclosures

www.askebsa.dol.gov 1-866-444-EBSA.

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, 2022. Contact your State for more information on eligibility –

ALABAMA: Medicaid Website: <http://myalhhipp.com/> Phone: 1-855-692-5447
ALASKA: Medicaid The AK Health Insurance Premium Payment Program Website: <http://myakhipp.com/> Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com

ALASKA: Medicaid Eligibility: <http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx>

ARKANSAS: Medicaid Website: <http://myarhipp.com/> Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA: Medicaid Health Insurance Premium Payment (HIPP) Program <http://dhcs.ca.gov/hipp>

Phone: 916-445-8322

Fax: 916-440-5676

Email: hipp@dhcs.ca.gov

COLORADO: Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+) Health First Colorado Website: <https://www.healthfirstcolorado.com/>

Health First Colorado Member 1-800-221-3943/ State Relay 711 CHP+: <https://www.colorado.gov/pacific/hcpf/child-health-plan-plus> CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): <https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program>

HIBI Customer Service:

1-855-692-6442

FLORIDA: Website: <https://www.flmedicaidprecovery.com/> [flmedicaidprecovery.com/hipp/index.html](https://www.flmedicaidprecovery.com/hipp/index.html)

Phone: 1-877-357-3268

GEORGIA: Medicaid

A 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

INDIANA: Medicaid

Healthy Indiana Plan for low-income adults 19-64

Website: <http://www.in.gov/fssa/hip/>

Phone: 1-877-438-4479

Website: <https://www.in.gov/>

medicaid/ Phone 1-800-457-4584

IOWA-Medicaid and CHIP (Hawki)

Medicaid Website:

<https://dhs.iowa.gov/ime/members>

Medicaid Phone: 1-800-338-8366

Hawki Website: <http://dhs.iowa.gov/>

Hawki Hawki Phone: 1-800-257-8563

HIPP Website: <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>

HIPP Phone: 1-888-346-9562

KANSAS: Medicaid

Website: <https://www.kancare.ks.gov/>

Phone: 1-800-792-4884

KENTUCKY: Medicaid

Kentucky Integrated Health Insurance

Premium Payment Program (KI-HIPP)

Website: <https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>

Phone: 1-855-459-6328

Email: KIHIPP.PROGRAM@ky.gov

KCHIP Website: <https://kidshealth.ky.gov/Pages/index.aspx>

Phone: 1-877-524-4718

Kentucky Medicaid Website: <https://chfs.ky.gov>

LOUISIANA: Medicaid

Website: www.medicaid.la.gov or

www.ldh.la.gov/lahipp

Phone: 1-888-342-6207 (Medicaid

hotline) or 1-855-618-5488 (LaHIPP)

MAINE: Medicaid

Enrollment Website: <https://www.maine.gov/dhhs/ofi/applications-forms>

Phone: 1-800-442-6003 TTY: Maine

relay 711

Private Health Insurance Premium

Webpage: <https://www.maine.gov/dhhs/ofi/applications-forms> Phone: -

800-977-6740. TTY: Maine relay 711

MASSACHUSETTS: Medicaid and CHIP

Website: <https://www.mass.gov/masshealth/pa>

Phone: 1-800-862-4840

MINNESOTA: Medicaid

Website:

<https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp>

Phone: 1-800-657-3739

MISSOURI: Medicaid

<http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>

Phone: 573-751-2005

MONTANA: Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>

Phone: 1-800-694-3084

NEBRASKA: Medicaid

<http://www.ACCESSNebraska.ne.gov>

Phone: 1-855-632-7633

Lincoln: 402-473-7000

Omaha: 402-595-1178

NEVADA: Medicaid

Medicaid Website: <http://dhcfp.nv.gov>

Phone: 1-800-992-0900

NEW HAMPSHIRE: Medicaid

Website: <https://www.dhhs.nh.gov/oii/hipp.htm>

Phone: 603-271-5218

Toll free number for the HIPP

program: 1-800-852-3345, ext 5218

NEW JERSEY: Medicaid and CHIP

Medicaid Website:

<http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>

Medicaid Phone: 609-631-2392

CHIP Website: <http://www.njfamilycare.org/index.html>

CHIP Phone: 1-800-701-0710

NEW YORK: Medicaid

Website: https://www.health.ny.gov/health_care/medicaid/

Phone: 1-800-541-2831

NORTH CAROLINA: Medicaid

Website: <https://medicaid.ncdhhs.gov/>

Phone: 919-855-4100

NORTH DAKOTA: Medicaid

Website: <http://www.nd.gov/dhs/services/medicalserv/medicaid/>

Phone: 1-844-854-4825

OKLAHOMA: Medicaid and CHIP

Website: <http://www.insureoklahoma.org>

Phone: 1-888-618-3742

OREGON: Medicaid

Website: <http://healthcare.oregon.gov/Pages/index.aspx>

<http://www.oregonhealthcare.gov/index-es.html>

Phone: 1-800-699-9075

PENNSYLVANIA: Medicaid

<https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx>

Phone: 1-800-692-7462

RHODE ISLAND: Medicaid and CHIP

Website: <http://www.eohhs.ri.gov/>

Phone: 1-855-697-4347, or 401-462-0311

SOUTH CAROLINA:

<https://www.scdhhs.gov> Phone: 1-888-549-0820

SOUTH DAKOTA: Medicaid

Website: <http://dss.sd.gov>

Phone: 1-888-828-0059

TEXAS: Medicaid

Website: <http://gethipptexas.com/>

Phone: 1-800-440-0493

UTAH: Medicaid and CHIP

Medicaid Website:

<https://medicaid.utah.gov/>

CHIP Website:

<http://health.utah.gov/chip>

Phone: 1-877-543-7669

VERMONT: Medicaid

<http://www.greenmountaincare.org/>

Phone: 1-800-250-8427

VIRGINIA: Medicaid and CHIP

Website: <https://www.coverva.org/en/famis-select> <https://www.coverva.org/en/hipp>

Medicaid Phone: 1-800-432-5924

CHIP Phone: 1-800-432-5924

WASHINGTON: Medicaid

Website: <https://www.hca.wa.gov/>

Phone: 1-800-562-3022

WEST VIRGINIA: Medicaid 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)

WISCONSIN: Medicaid and CHIP

<https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>

Phone: 1-800-362-3002

WYOMING: Medicaid

Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/> Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2022, 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.

PAPERWORK REDUCTION ACT STATEMENT

According to the Paperwork

Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512. The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137. OMB Control Number 1210-0137 (expires 1/31/2023)



This benefit summary provides selected highlights of the employee benefits program available. It is not a legal document and shall not be construed as a guarantee of benefits nor of continued employment. All benefit plans are governed by master policies, contracts and plan documents. Any discrepancies between any information provided through this summary and the actual terms of such policies, contracts and plan documents shall be governed by the terms of such policies, contracts and plan documents. Our

