



# YOUR BENEFITS

COVERAGE EFFECTIVE JANUARY 1 - DECEMBER 31, 2019



## CAREFULLY DESIGNED WITH YOU IN MIND

We're leaders in education because we have the best people on our team. **You** are an integral part of the success of our children, our schools, and our district.

Part of your compensation with Columbia County School District is a comprehensive benefit plan designed to provide you and your family with financial security and peace of mind whether you're at home, at work, or on vacation.

Please take some time to review the information in this document to best understand the benefit options available to you. Many benefit plans may only be changed during Annual Enrollment or if you experience certain qualifying events during the year, so it's important to make thoughtful decisions at enrollment.

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all the terms, coverages, exclusions, limitations, and conditions of the actual contract language. The policies themselves must be read for those details. The intent of this document is to provide you with general information about your employee benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be directed to your Human Resources/Benefits Department

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# First things first

## When you can make selections

There are up to **three** times during the year when you'll be able to select benefits. Make your selections carefully!

Many benefit plans may only be changed during Annual Enrollment or if you experience certain qualifying events during the year, so it's important to make thoughtful decisions when you have an opportunity to make changes.

### When you're first hired



As a new hire, you must submit your benefit elections **within 30 days** of hire. Your **benefit eligibility date**, when your coverage begins, is the first day of the month following 60 days of employment. The choices you make will remain in effect through December 31, 2019.

### At Annual Enrollment



**Annual Enrollment** is your opportunity once each year to evaluate your benefit options and make selections for the following year.

The choices you make during Annual Enrollment are effective January 1 through December 31.

### If you have a life change



Certain life events like marriage, divorce, birth or adoption of a child, or a change in employment status may allow you to change your coverage during the year.

If this occurs, please contact the **Payroll Specialist / Department** within **30 days** of the life event to make applicable changes to your coverage.

## How to choose your benefits

### At Annual Enrollment:

Benefit counselors are available at work locations during our Annual Enrollment periods to help make the most of your benefit plans and simplify the Annual Enrollment process.

**All employees are required to meet with a benefit counselor during Annual Enrollment to record your benefit selections.**

Scheduling and timing information is distributed prior to the Annual Enrollment window opening.

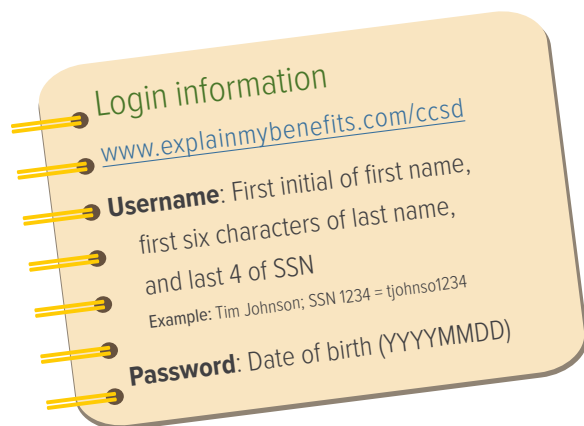
### As a new hire:

Access [www.explainmybenefits.com/ccsd](http://www.explainmybenefits.com/ccsd) to review and submit your choices. If you have questions about your benefit options or need assistance enrolling, benefit counselors are available to assist you with your selections.

### Benefit information available on demand

Effective January 1, 2019, you're able to access our benefit enrollment and information system from anywhere you are. Use this system to:

- Submit benefit enrollments
- Access benefit information, including this guide!
- Link out to your carrier websites
- Confirm your benefit selections and their cost and your life insurance beneficiaries at any time



Download the **EMB** app to access your benefit information on the go! **Your company code is CCSD.**

iPhone or iPad  
(Apple)



Android  
(Samsung)



# Eligibility guidelines

## For you

Employees working at least 20 hours per week are eligible for benefits with Columbia County School District.

## For your family

You may cover your legal spouse and eligible dependent children on your benefit plans with Columbia County School District.

Dependent children are eligible:

Medical	through the end of the calendar year when they turn 26
Dental	through the end of the calendar year when they reach age 26 (if unmarried)
Vision	
Life Insurance	from live birth until age 30

**Extended medical coverage:** children ages 26-30 may be eligible for extended medical coverage.

**Disabled dependents:** children who became disabled before age 26 and rely on you for support are also eligible for medical and dental coverage under your medical plan.

Please contact Payroll Specialist/Department for details if these situations apply to you.



# Medical Insurance

## Overview of selections

Choose between four medical plans designed to meet the needs of you and your family. In-network preventive care is covered at 100% on all four plans. Beyond that, your responsibility depends on the services you need and where you receive your care. All plans cover the same in-network services; the difference is how the plans pay for care.

	<b>BlueCare 122/123</b> HMO with HSA	<b>BlueCare 128/129</b> HMO with HSA	<b>BlueOptions 5194/95</b> PPO with HSA	<b>BlueCare 47</b> Copoly HMO
<b>Network Coverage</b>	In-network care only (except true emergencies) BlueCare network	In-network care only (except true emergencies) BlueCare network	In- and out-of-network coverage available. BlueOptions network	In-network care only (except true emergencies) BlueCare network
<b>How you pay for care</b>	Deductible then coinsurance until you meet your out-of-pocket maximum.	Deductible then coinsurance until you meet your out-of-pocket maximum.	Deductible then coinsurance until you meet your out-of-pocket maximum.	Copays for certain services; everything else is deductible then coinsurance.
<b>Pre-tax Health Accounts</b>	Health Savings Account (HSA) Eligible	Health Savings Account (HSA) Eligible	Health Savings Account (HSA) Eligible	Not eligible for a Health Savings Account



**Waiving Medical Insurance?**  
See Plan A information on page 14.

The **BlueOptions 5194/95** plan is a PPO plan with a larger network plus an out-of-network benefit.

## Florida Blue



**Group:** 60439

**Website:** [www.FloridaBlue.com](http://www.FloridaBlue.com)

**Phone:** 1-800-352-2583

Download the Florida Blue app to access your ID card, check your claims, find a doctor, and more!

iPhone or iPad  
(Apple)



Android  
(Samsung)



## Navigating your benefits

### Network options

The **BlueCare** plans cover care in the BlueCare network of providers. This network includes providers in the state of Florida only; if you travel outside of Florida, contact Florida Blue about the **Away from Home** program. This plan does not offer access to the Mayo Clinic.

**If you have a true emergency, please use the nearest facility. Emergency care is covered regardless of network.**

The BlueCare plans require that you designate a **Primary Care Physician** (PCP) from the BlueCare network. You may change your Primary Care Physician at any time:

- Log into [www.floridablue.com](http://www.floridablue.com)
- Go to **My Account** then the **Benefit & Claims Tab**
- Select Change Primary Care Physician

The **BlueOptions** plan uses the larger, nationwide BlueOptions network which includes the Mayo Clinic. Additionally, this plan does not require that you designate a Primary Care Physician.

### Finding a provider

Visit [www.floridablue.com](http://www.floridablue.com) and choose **Find a doctor** on the top of the page. Be sure to select the applicable network:

- **BlueCare plans:** BlueCare (HMO)
- **BlueOptions plan:** BlueOptions



### Helpful insurance terms

**Copay** – a flat fee you pay each time you use certain medical services, like a doctor visit.

**Deductible** – the dollar amount you are responsible for paying in the **calendar year** before your insurance begins paying deductible-eligible medical and pharmacy claims.

**Coinsurance** – the percentage of covered medical expenses you are responsible for paying after you've met your deductible and until you reach your out-of-pocket maximum.

**Out-of-pocket maximum** – the most you will pay during the **calendar year** for covered expenses. This includes copays, deductibles, coinsurance, and prescription drugs.

**Balance billing** – the amount you are billed to make up the difference between what your out-of-network provider charges and what insurance reimburses. **This amount is in addition to, and does not count toward your out-of-pocket maximum**

**In-Network** - providers and facilities that contract with the specific insurance network. When you remain in-network, your cost for care is lower due to negotiated costs.

# Medical plan summaries

	BlueCare 122/123	BlueCare 128/129	BlueOptions 5194/95	BlueCare 47				
<b>In-Network Coverage</b>								
Annual Deductible <b>DED</b>	\$5,000 <i>per person</i> \$10,000 <i>family maximum</i>	\$2,000 <i>single coverage</i> \$4,000 <i>with dependents</i>	\$2,000 <i>single coverage</i> \$4,000 <i>with dependents</i>	\$1,500 <i>per person</i> \$3,000 <i>family maximum</i>				
Coinsurance (your share)	20% after <b>DED</b>	30% after <b>DED</b>	30% after <b>DED</b>	20% after <b>DED</b>				
Out-of-Pocket Maximum	\$6,500 <i>per person</i> \$13,000 <i>family maximum</i>	\$4,000 <i>per person</i> \$8,000 <i>family maximum</i>	\$4,000 <i>per person</i> \$8,000 <i>family maximum</i>	\$4,000 <i>per person</i> \$8,000 <i>family maximum</i>				
Preventive Care	100% Covered	100% Covered	100% Covered	100% Covered				
Primary Doctor Visit	<b>DED</b> then 20%	<b>DED</b> then 30%	<b>DED</b> then 30%	\$25 copay				
Specialist Doctor Visit	<b>DED</b> then 20%	<b>DED</b> then 30%	<b>DED</b> then 30%	\$50 copay				
Independent labs	<b>DED</b> then 20%	<b>DED</b> then 30%	<b>DED</b>	100% Covered				
Outpatient X-rays	<b>DED</b> then 20%	<b>DED</b> then 30%	<b>DED</b> then 30%	<b>DED</b> then 20%				
Imaging (MRI, CT, PET, etc.)	<b>DED</b> then 20%	<b>DED</b> then 30%	<b>DED</b> then 30%	<b>DED</b> then 20%				
<b>E-Visit</b>	<b>DED</b> then 20%	<b>DED</b> then 30%	<b>DED</b> then 30%	<b>\$10 copay</b>				
Urgent Care Center	<b>DED</b> then 20%	<b>DED</b> then 30%	<b>DED</b> then 30%	\$50 copay				
Emergency Room	<b>DED</b> then 20%	<b>DED</b> then 30%	<b>DED</b> then 30%	\$100 copay				
Inpatient Hospitalization	<b>DED</b> then 20%	<b>DED</b> then 30%	<b>DED</b> then 30%	<b>DED</b> then 20%				
Outpatient Surgery	<b>DED</b> then 20%	<b>DED</b> then 30%	<b>DED</b> then 30%	<b>DED</b> then 20%				
<b>Out-of-Network Coverage</b> <span style="float: right;">plus balance billing</span>								
Deductible <b>DED</b>	Not covered except for <b>true</b> emergencies		\$4,000   \$8,000	Not covered except for <b>true</b> emergencies				
Coinsurance (your share)	Not covered except for <b>true</b> emergencies		<b>DED</b> then 40%	Not covered except for <b>true</b> emergencies				
Out-of-Pocket Maximum	Not covered except for <b>true</b> emergencies		\$13,100   \$26,200	Not covered except for <b>true</b> emergencies				
<b>Prescriptions</b>								
	Retail Up to 30 days	Mail Order 90 day fill	Retail Up to 30 days	Mail Order 90 day fill	Retail Up to 30 days	Mail Order 90 day fill	Retail Up to 30 days	Mail Order 90 day fill
Generic	<b>DED</b> then 20%	<b>DED</b> then 20%	<b>DED</b> then \$10	<b>DED</b> then \$20	<b>DED</b> then \$10	<b>DED</b> then \$20	\$10	\$20
Preferred Brand	<b>DED</b> then 20%	<b>DED</b> then 20%	<b>DED</b> then \$30	<b>DED</b> then \$60	<b>DED</b> then \$30	<b>DED</b> then \$60	\$30	\$60
Non-Preferred Brand	<b>DED</b> then 20%	<b>DED</b> then 20%	<b>DED</b> then \$50	<b>DED</b> then \$100	<b>DED</b> then \$50	<b>DED</b> then \$100	\$50	\$100

## Benefits of Mail Order Medication

Mail order medication costs you less, and most prescriptions only need to be refilled every 90 days instead of every 30 days. If you have a medication you take regularly, ask your doctor for a three-month prescription and try mail order!



# Making the most of your medical plan

Health care can be expensive, but there are steps you can take to keep your costs in check while ensuring quality health care for you and your family.



## Try E-Office Visits

Getting sick at work, at night, or on weekends can be disruptive and plain uncomfortable. An E-Office Visit allows you to see a doctor from your couch, the parking lot at work, or even vacation 24 hours a day, 7 days a week from your computer or smartphone. Call the number on the back of your ID card or log into [www.floridablue.com](http://www.floridablue.com) for more information.



## Stay In-Network

**BlueCare** plans: Coverage is available in the **BlueCare** network only. Any non-network care except in the case of a true emergency will not be covered by your plan.

**BlueOptions** plan: Coverage is available both in- and out-of-network, though your costs will be significantly lower if you use **BlueOptions** network provider.

**If you have a true emergency, please use the nearest facility. Emergency care is covered regardless of network.**



## Use Outpatient Testing Centers

The larger the building, the larger the bill. When possible, have your lab work and scans (MRI, CT, x-ray, etc.) at smaller outpatient diagnostic facilities instead of the hospital. Smaller centers have the same - or better - quality treatment for less money.



## Save the Emergency Room for Emergencies

Emergency rooms are loud, stressful, full of germs, and very expensive. Emergencies are life threatening and include chest pain, head injuries, traumatic injuries, severe burns, asthma attacks, severe allergic reactions, etc. For less urgent medical needs, an E-Visit or Urgent Care might offer you **better care at a lower cost**.

### Consider an **E-Visit** for:

Cold or flu  
Sinus or ear infection  
Pinkeye  
UTI / bladder infection

less than  
**\$30**  
Cost of a typical  
E-Visit

### Consider **Urgent Care** for:

Sprains, broken bones  
Stitches  
Vomiting or diarrhea  
Animal bites

**\$150**  
Cost of a typical  
Urgent Care visit

### Use the **Emergency Room** for:

Life threatening  
conditions or  
symptoms

**\$1,000+**  
Cost of a typical  
Emergency  
Room visit



## Shop Around

If you need surgery, an expensive scan (like an MRI or CT), or just aren't sure about how much something costs, check the cost estimator available on [www.floridablue.com](http://www.floridablue.com). This tool can help you locate an in-network provider in your area as well as help you identify providers who offer great care at a great cost.



## Try Generic Medication

When you need a prescription, ask your doctor if a generic is appropriate. Generic medications are significantly less expensive than equivalent brand names, and they're clinically proven to be just as **safe** and **effective** - the FDA requires it.

If you see a medication advertised on TV, it is likely these are among the most expensive medications available. Check to see if a generic option is available, it might just save you quite a bit of money.

# Health Savings Account (HSA)

## What's an HSA?

It's more than just a savings account. A Health Savings Account (HSA) is designed to be paired with a qualified HDHP health plan, like our HDHP plans, and can provide a smart way to save for current and future healthcare needs.

- Make tax-free contributions through payroll deductions to save for current and future expenses
- Your funds never expire and always belong to you - even if you retire or leave Columbia County School District
- Use your funds to pay for eligible medical, pharmacy, dental, and vision expenses.

If you enroll in our **BlueCare 122/123**, **BlueCare 128/129**, or **BlueOptions 5194/95** plan, an HSA can provide you with tax savings and a nest egg of tax-free funds for health expenses.



## Contributions

The amount you can contribute to your HSA is set by the IRS and determined by who you cover on your HDHP plan.

If you cover Yourself	If you cover You + any dependents
<b>\$3,500</b> 2019 IRS maximum	<b>\$7,000</b> 2019 IRS maximum

Maximums are set by the IRS, include contributions from all sources, and assume 12 months of coverage in a qualifying HDHP plan. Qualifying HDHP coverage lasting less than 12 months generally results in contribution maximums pro-rated on a monthly basis.

**Age 55 or older?** You may contribute an extra **\$1,000** per year in catch-up contributions.

Your funds are available as soon as they are deposited and you can use your money in two ways:

- 1 Pay** for out-of-pocket costs when you receive medical, prescription, dental, or vision care
- 2 Leave** the money in your account so it will carry over from year-to-year and grow tax-free

## First Federal Bank of Florida



**Website:** [www.ffbf.com](http://www.ffbf.com)

**Phone:** 386-362-3433 ext. 1985

## The HSA Advantage



### Jill has an individual HSA

She saves directly from her paycheck into her HSA

**\$1,100 annually** (\$50.00 per paycheck)

-\$0 (No income tax is applied)

**\$1,100**

**Tax-free money** to cover medical expenses



### Clark doesn't have an HSA

He saves for medical expenses from his paycheck

**\$1,100 annually** (\$50.00 per paycheck)

-\$275 (25% federal income tax)

**\$825**

**Post-tax money** to cover medical expenses

### Triple Tax Advantage:

- 1 Contributions** are tax-free (exempt from federal taxes)
- 2 Any interest** earned on the account balance is tax-free
- 3 Withdrawals** for qualified health expenses are tax-free

## HSA Eligibility

Please remember that you will need to enroll in our **BlueCare 122/123**, **BlueCare 128/129**, or **BlueOptions 5194/95** plan to have a Health Savings Account with First Federal Bank of Florida. Also, you can't contribute to an HSA if you are enrolled in another medical plan (including a Health Care FSA, Medicare, or TRICARE) or can be claimed as a dependent on someone else's tax return.

In these cases, you can still enroll in one of our HDHP plans, but you'll need to opt out of the HSA.

Questions about your eligibility or how an HSA might affect your taxes? Contact your tax professional for advice.

# Flexible Spending Accounts (FSA)

## Health Care FSA

Pay for eligible health-related expenses with pre-tax money deducted from each paycheck. Use your FSA debit card to pay your provider when you receive care.



### Medical

deductibles, copays, coinsurance



### Pharmacy

prescription drug copays



### Dental

dental & orthodontic expenses



### Vision

glasses options, contact lenses, copays

### Numbers and Dates:

- Contribute up to **\$2,650** per year
- Estimate carefully. Any unused funds at the end of the plan year will be forfeited per IRS requirements.
- Incur claims between **January 1, 2019** and **March 15, 2020**; all claims must be submitted by **April 30, 2020**.
- The entire amount you've elected to contribute will be available on January 1, 2019.

The Health Care FSA is available only to those employees who enroll in the **BlueCare 47** plan or decline insurance with Columbia County School District  
**You may not enroll in our Health Care FSA if you enroll in any of our HDHP plans.**

## Dependent Care FSA

Pay for eligible dependent-care expenses with pre-tax money deducted from your paycheck.

Care must be for a **qualifying individual** while you and your spouse (if applicable) work, look for work or attend school. Pay for your expenses and file for reimbursement through United Healthcare.

### Eligible Expense Examples

- Before or after school care (not tuition expenses)
- Daycare / nursery school / preschool
- Summer day camp (not overnight)
- Adult day care
- Other expenses specified by the IRS

### Qualifying Individuals include:

- Dependent child under age 13
- Child over the age of 13 not capable of self care
- Other adult tax dependent (i.e. spouse, dependent parent) not capable of self care

### Numbers and Dates:

- Contribute up to **\$5,000** per year (\$2,500 if you're married filing separately)
- Incur claims between **January 1, 2019** and **March 15, 2020**; all claims must be submitted by **April 30, 2020**.
- Any leftover funds at the end of the year are forfeited per IRS requirements
- Only the amount actually contributed year to date is available for use

TASC



Website: [www.tasconline.com](http://www.tasconline.com)

Phone: 1-800-422-4661

Download the MyTASC Mobile app to access your FSA from wherever you are.

iPhone or iPad  
(Apple)



Android  
(Samsung)



# Your Cost for Coverage

Your per paycheck (**22 deductions per year**) cost for coverage

## Medical Insurance

Coverage Level	BlueCare 122/123	BlueCare 128/129	BlueOptions 5194/95	BlueCare 47
Employee Only	\$0.00	\$30.00	\$65.00	\$60.00
Employee + Spouse	\$195.00	\$215.00	\$315.00	\$300.00
Employee + Child(ren)	\$160.00	\$185.00	\$275.00	\$259.09
Employee + Family	\$295.00	\$320.00	\$475.00	\$454.55

## Other Benefits

**Plan A** is for employees who **waive medical insurance** with Columbia County School District and includes:

- Dental insurance
- Vision insurance
- **Bundle** Short-Term Disability Coverage (Optional is additional)
- Hospital Indemnity plan
- Annual Physical Exam Benefit

Coverage Level	Plan A
Employee Only	\$0.00
Employee + Spouse	\$21.00
Employee + Child(ren)	\$19.00
Employee + Family	\$26.50

**Plan B** is for employees who **elect medical insurance** with Columbia County School District and includes:

- Dental insurance
- Vision insurance
- **Bundle** Short-Term Disability Coverage (Optional is additional)

Coverage Level	Plan B
Employee Only	\$23.50
Employee + Spouse	\$49.00
Employee + Child(ren)	\$45.50
Employee + Family	\$52.75



# Plans A and B

Our dental, vision, and short-term disability plans are bundled as either **Plan A** or **Plan B**, depending on your medical election, allowing you to easily choose the benefit plans you need.

## Plan A

**Plan A** is available to employees **waiving our medical coverage** and includes a Hospital Indemnity Plan and Annual Physical Exam benefit. Employee coverage in Plan A is 100% paid for by Columbia County School District.

- PLAN A **Included in both Plan A and Plan B:**
- PLAN B *Dental, Vision, Bundle Short-Term Disability plan*
  
- PLAN A **Included in Plan A only:**
- PLAN B *Hospital Indemnity + Annual Physical Exam benefit*

## Plan B

**Plan B** is available to employees **electing our medical coverage** and allows you to elect dental, vision, and short-term disability insurance with one simple enrollment.

- PLAN A **Included in both Plan A and Plan B:**
- PLAN B *Dental, Vision, Bundle Short-Term Disability plan*

### Plan A Benefits:

**Hospital Indemnity Plan:** pays you \$100 per day of inpatient hospitalization (at least 24 hours), and \$200 per day for ICU. Benefits begin on the first night and pay up to 365 days.

**Physical exam benefit:** pays you \$200 per calendar year when you receive services performed by a physician or an individual under a physician's supervision. The intention of this benefit is to provide coverage for preventive care and early detection of diseases. This payment renews every January 1, and is available for the employee only.

See page 17 for information about your Short-Term Disability benefit options (Bundle plan vs. Optional plan).



# Dental Insurance



Our **Humana** dental plan allows you to visit any licensed dentist you like -- but you make the most of your plan when you choose an in-network dentist. To locate an in-network provider, visit [www.humana.com](http://www.humana.com). Under **Member Resources**, select **Find a Doctor** and select **Dental** in the search type. Your network is **PPO**.

## In-network dentists provide:



### Quality Assurance

Network dentists are monitored for proper licensing, cleanliness, and safety.



### No pre-payment

You'll pay only your portion of the bill - insurance pays your dentist directly.



### No balance billing

You won't be charged more than the contracted rate.



### Lower prices

Through reduced fees



	In-Network Coverage Humana PPO Dentist	Out-of-Network Coverage Plus Balance Billing
<b>Annual Deductible</b> <b>DED</b>	\$50 individual; \$150 family	\$50 individual; \$150 family
<b>Annual Maximum Benefit</b>	\$1,500 per person Excludes preventive services	\$1,500 per person Excludes preventive services
<b>Preventive Services</b> (Exam, cleaning, x-rays)	100% covered Deductible does not apply	100% covered, plus balance billing Deductible does not apply
<b>Basic Services</b> (Root Canal, Extractions, Fillings)	<b>DED</b> then 20%	<b>DED</b> then 20%, plus balance billing
<b>Major Services</b> (Inlays, Onlays, Crowns, Dentures)	<b>DED</b> then 20%	<b>DED</b> then 20%, plus balance billing
<b>Adult &amp; Child Orthodontics</b>	50%, \$1,000 lifetime maximum coverage	50%, \$1,000 lifetime maximum coverage

## Extended Maximum Benefit

If your expenses exceed the maximum annual benefit between January and December, you will receive a 30% discount on any additional services (excluding implants and orthodontia) for the remainder of the year.

**Humana**

**Humana**

**Group:** 671424

**Website:** [www.humana.com](http://www.humana.com)

**Phone:** 1-800-233-4013

Download the **MyHumana** app to access your ID card, check your claims, find a dentist, and more!

iPhone or iPad  
(Apple)



Android  
(Samsung)





# Vision Insurance



Keep your eyes healthy and your vision sharp with comprehensive vision coverage offered through **Standard**. All services except frames are available once every 12 months; **frames are available once every 24 months**.

Visit [www.Standard.com](http://www.Standard.com) and select **Find an Eye Doctor** to locate a participating provider. Your network is **VSP**.

		In-Network	Out-of-Network
Copays	Eye Examination	100% Covered	Up to \$52 reimbursement
	Prescription Glasses Lenses and/or frames	\$10 copay	Not applicable
Glasses	Lenses - Single	100% covered after copay	Up to \$55 reimbursement
	Lenses - Lined Bifocal	100% covered after copay	Up to \$75 reimbursement
	Lenses - Lined Trifocal	100% covered after copay	Up to \$95 reimbursement
	Frames	\$130 allowance after copay	Up to \$70 reimbursement
Contacts	Elective Contact Lenses 	\$130 allowance	Up to \$105 reimbursement
	Medically Necessary Contacts	Covered 100%	Up to \$210 reimbursement

 Elective contact lenses are in lieu of glasses (lenses & frames). You are not eligible for glasses under our plan until 12 months after you receive contacts and vice-versa.

## Standard



**Group:** 752268

**Website:** [www.standard.com](http://www.standard.com)

**Phone:** 1-800-877-7195

ID cards are not provided for vision care. In-network providers can confirm your coverage details using your name.



# Short-Term Disability Insurance



Short-Term Disability insurance through **Standard** provides you an option to purchase disability insurance, ensuring your paycheck is protected in the event you suffer an accident or illness that does not allow you to work for a period of time.

The **Bundle Plan** is included in Plan A and Plan B; the **Optional Plan** is available either as a standalone plan or as a buy-up option if you choose to enroll in the bundle package (Plan A or Plan B). Pregnancy is covered.

	<b>Bundle Plan</b> Included in Plan A and Plan B	<b>Optional Plan</b> Standalone <u>or</u> a buy-up option
<b>When benefits begin</b>	<b>Accident / injury:</b> on the <b>1<sup>st</sup> day</b> of your inability to work <b>Sickness / illness:</b> after <b>7 days</b> of your inability to work	
<b>How much it pays</b>	<b>66 2/3%</b> of your income up to \$175 per week	<b>66 2/3%</b> of your income up to <b>\$1,175</b> per week
<b>How long payments last</b>	Up to <b>180 days</b> (about 26 weeks) if you remain unable to work	

**Disability is more common than you think**  
 More than **one in four** of today's 20-year-olds can expect to be out of work for at least a year because of a disabling condition before they reach the normal retirement age.  
 Source: Social Security Administration

If you:

- elect Plan A or Plan B, and
- your income is less than \$13,600 per year, the Optional plan will not provide you with any additional benefit.



# Life Insurance

## Basic Life and AD&D Insurance

As an employee of Columbia County School District, you are provided with life insurance and accidental death and dismemberment (AD&D) coverage at no cost to you through **Standard** in the amount of **\$35,000**.

Please be sure to designate a beneficiary during enrollment and verify it annually. You may also complete a beneficiary change form available from Standard at any time.

### AD&D Coverage

AD&D, or Accidental Death & Dismemberment insurance, is **equal to the basic life insurance policy** you receive through Columbia County School District and may pay a benefit in one of two ways:

- **Death:** If your death is caused due to an accident, the AD&D benefit pays in addition to your life insurance (your beneficiary would receive **both** the life insurance amount **and** the AD&D amount).
- **Dismemberment:** If, as the result of an accident, you either lose a covered body part (such as a limb) or lose the function of a covered body part, you may receive **a percentage** of the total AD&D benefit depending on the specific functions that have been lost.

## Additional Voluntary Life and AD&D Insurance

You may choose to purchase additional life and AD&D insurance through Standard to provide you and your family with extra financial protection.

	For you	For your spouse	For your child(ren)
<b>Life Insurance</b>			
<b>Available increments</b>	\$10,000	\$5,000	\$5,000
<b>Maximum coverage</b>	\$500,000	\$250,000 (Up to 50% of employee amount)	\$10,000
<b>Annual enrollment increase</b>	<b>\$10,000</b> (if already enrolled)	<b>\$5,000</b> (if already enrolled)	Not applicable
<b>Medical question limit</b>	\$150,000	\$50,000	Not applicable

**Medical question limit:** If you elect this coverage as a newly eligible employee, you may purchase up to this amount with no medical questions or approval required. Medical questions and approval by Standard will be required for any requests to: **enroll** at a later date, **increase** coverage in excess of the annual increase amount, or when your requested coverage amount **exceeds the medical question limit**.

### AD&D Insurance

<b>Available increments</b>	\$10,000	\$5,000	\$5,000   \$10,000   \$25,000
<b>Maximum coverage</b>	\$500,000	\$250,000 (Up to 50% of employee amount)	Up to 50% of employee amount

### Standard

Please contact HR for coverage and claim questions.

# Additional Benefit Options

Additional benefit options, offered through Chubb, are designed to provide you and your family with additional protection. Each of these plans offers:

- Coverage for you and your eligible dependents (spouse & children)
- Portability (you can take the plan with you if your employment with Columbia County School District changes)
- Benefits that pay regardless of insurance coverage you do - or don't - have. You choose how to spend the money.

Please review the policy documents available on our benefit portal: [www.explainmybenefits.com/ccsd](http://www.explainmybenefits.com/ccsd) for additional information.

## Permanent Life Insurance

The Permanent Term Life Insurance with Long Term Care (LTC) through **Chubb** is a great complement to traditional term life insurance, as it can be taken with you into retirement while also providing a benefit for Long Term Care if needed.

- Base insurance premiums are guaranteed never to increase through age 100, with valuable life insurance protection through age 120!
- Purchase up to \$250,000 (for eligible actively at work employees)
- No medical exams required.
- **Long Term Care rider:** pays 4% of the current death benefit amount payable each month for up to 25 months after applicable waiting period (Children are not eligible)
- Option to elect paid-up insurance coverage of a reduced amount after 10 years with no further premium payments.

## Critical Illness Insurance

**Chubb** Critical Illness Insurance pays you a lump-sum benefit upon diagnosis of any one of the covered critical illnesses. This coverage can complement existing medical coverage and help fill financial gaps caused by out-of-pocket expenses such as mortgage payments, college tuition, hiring household help, or treatment not covered by your medical plan.

- Elect up to **\$30,000 for Employees and \$15,000 for dependents with no medical questions required.**
- No pre-existing condition limitations (as long as the diagnosis occurs after the effective date, you are covered)
- **\$50 Health Screening Benefit per person**, per calendar year (after a 30 day waiting period) when you have any one of the approved wellness screenings.
- The plan will cover more than one covered condition, and certain conditions will pay a second time. *Subject to separation periods*
- Best Doctors- referral and second opinion service included

**Covered conditions** include: Benign brain tumor, cancer (except skin cancer), coma, end stage renal failure, heart attack, stroke, ALS, and more.

## Accident Insurance

Accident Insurance through **Chubb** provides coverage for accidental injuries that occur, helping to fill financial gaps caused by out-of-pocket expenses such as deductibles, copays, and non-covered medical services.

- Medical questions are not required.
- **\$100 wellness benefit** when you receive any of the covered health screenings. Once per person, per calendar year. After a 90 day waiting period.

### Snapshot of Benefits:

Category	Amount
First Accident Benefit	\$100
Doctors Visit / Urgent Care	\$200
Emergency Room	\$150
Fractures / Dislocations	Up to \$15,000 / \$12,000
Hospital Admission	\$2,500

Please note this is only a snapshot and not a complete listing of the schedule of benefits.

Chubb pays 25% higher benefits for injuries resulting from organized sports – up to \$1,000 per person per year!

Chubb
Website: [www.chubbworkplacebenefits.com](http://www.chubbworkplacebenefits.com)
Phone: 1-866-445-8874



Columbia County Schools

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