



# Benefits made simple



## 2025 Open Enrollment Benefits Guide



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# Low HMO Health Plan

## HIGHLIGHTS

- You must choose a primary care physician.
- You don't have to pay a premium for employee coverage.
- The District offsets a portion of your dependents' coverage.
- DOES NOT cover Out-of-Network expenses except for ER visits and Ambulance Services.
- View the video below for more details:

**Plan Design Changes**

**What is a HMO Plan**

## IMPORTANT NOTE

This is an open access plan that requires you to choose a primary care physician. For details on how to find out if your medical provider – primary care provider, or specialist – is considered In-Network for the Low and High HMO plans without logging into your account, **click here**.

## HEALTH TRANSPARENCY MACHINE READABLE FILES:

**[www.floridablue.com/members/tools-resources/transparency](http://www.floridablue.com/members/tools-resources/transparency)**

This link leads to the machine readable files that are made available in response to the federal Transparency in Coverage Rule and includes negotiated service rates and out-of-network allowed - amounts between health plans and healthcare providers. The machine-readable files are formatted to allow researchers, regulators, and application developers to more easily access and analyze data.

## How It Works

This is an open access plan that requires you to choose a primary care physician. As long as you reside in the State of Florida, you may choose a participating network physician of your choice. In order to receive coverage you must utilize HMO providers that participate with Florida Blue and BlueCareHMO. Providers can be found at [www.floridablue.com](http://www.floridablue.com).

## Plan Details Include:

- Your School District continues to provide employee medical coverage at no premium cost to you
- Your School District continues to offset a portion of the dependent coverage cost
- Coinsurance applies to all services that do not have set copays

You must remain in network for services to be covered. Outside the state of Florida **only emergency care** is covered

- Learn more about your health care coverage when you are Away from Home
- Deductible, coinsurance, and copays (including Rx), count toward the maximum out-of-pocket limit
- Medical Flexible Spending Account available (Employee Contributions Only)
- PayFlex Card accounts will not roll over the amount selected in the prior plan year
- As a Florida Blue HMO member, you and your covered dependents have coverage for certain services when you are away from home. Florida Blue HMO offers separate programs for short trips and long-term stays. Visit this link for more information.

**Note:** If you wish to contribute to the Medical FSA, you must make that selection at your enrollment session. Prior year contributions are not going to automatically roll over.

**The information in this guide is a summary and does not include all terms and conditions of the benefits. Please refer to the policy and certificate of coverage for complete details.**

# Low HMO Health Plan

## How to Find a Primary Care Provider (PCP)

Please follow the instructions below to search for In-Network Providers:

- [www.FloridaBlue.com](http://www.FloridaBlue.com)
- Click on “Find Care”
- Click on “Find a doctor”
- Go to the section “Find Doctors by Plan”
- Click the Select “drop-down”
- Under Health Plans select BlueCare (HMO)
- Click Continue
- Enter the “Last Name” of the provider and/or “select the type of provider”
- Search within your mile radius, using the drop-down (5,10,20)
- Enter your zip code
- Click search now

## HMO Plan Bi-Weekly Contribution Rates

PER PAY EMPLOYEE DEDUCTIONS	20 PAY	24 PAY
Employee Only	\$0.00	\$0.00
Employee & Spouse	\$259.91	\$216.59
Employee & Child(ren)	\$186.66	\$155.55
Employee & Family	\$509.80	\$424.83
Receiving Spouse	\$91.71	\$76.42



# Low HMO Health Plan

To View All Plans and Compare see Complete Chart Below.

Type of Coverage	Low HMO		High HMO		PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>CVD - Calendar Year Deductible (Includes CYD, Copays, Coinsurance)</b>						
(Single/Family)	\$5,000/ \$10,000	Not Covered	\$1,500/ \$4,500	Not Covered	\$1,500/ \$4,500	\$3,000/ \$9,000
<b>Coinsurance (Coins)</b>						
(Single/Family)	70% / 30%	Not Covered	80% / 20%	Not Covered	80% / 20%	60% / 40%
<b>Out-of-Pocket Maximum</b>						
(Single/Family)	\$9,200/ \$18,400	Not Covered	\$9,200/ \$18,000	Not Covered	\$9,200/ \$18,000	\$18,400/ \$36,000
<b>Hospital</b>						
Inpatient	DED + 30%	Not Covered	DED + 20%	Not Covered	DED + 20%	DED + 40%
Outpatient Hospital Facility	DED + 30%	Not Covered	DED + 20%	Not Covered	DED + 20%	DED + 40%
Emergency Room	\$500 Copay	\$500 copay	\$500 Copay	\$500 copay	\$500 Copay	\$500 Copay
Urgent Care Center	\$100 Copay	Not Covered	\$60 Copay	Not Covered	\$60 Copay	DED + \$60 copay
<b>Ancillary</b>						
Ambulatory Surgical Center Facility	DED + 30%	Not Covered	DED + 20%	Not Covered	DED + 20%	DED + 40%
Physician Services at an ER Copay	\$150	Not Covered	\$100	Not Covered	\$100	Not Covered
Independent Clinical Lab (Quest Diagnostic is the Participating Clinical Lab)	\$0 Copay	Not Covered	\$0 Copay	Not Covered	\$0 Copay	DED + 40%
Independent Diagnostic Testing Facility (X-Ray/Imaging)	\$60 Copay	Not Covered	\$50 Copay	Not Covered	\$50 Copay	DED + 40%
Mammograms	\$0	Not Covered	\$0	Not Covered	\$0	
Preventative Services	\$0	Not Covered	\$0	Not Covered	\$0	40%
<b>Physicians</b>						
Office Services (Physician)	\$45	Not Covered	\$35	Not Covered	\$35	DED + 40%
Specialists	\$60	Not Covered	\$50	Not Covered	\$50	DED + 40%
Teladoc	\$10	N/A	\$10	N/A	\$10	N/A
<b>Rx Drugs - Retail (Out-of-Network Not Covered)</b>						
Generic	\$10		\$10		\$10	
Preferred Brand	\$60		\$60		\$60	
Non-Preferred	\$100		\$100		\$100	
Specialty Injectables	\$150		\$150		\$150	

**NOTE:** Current employees enrolled in one of the PPO plans or the HMO plan are eligible to switch to any of the new medical plans during Open Enrollment. Referral not needed for HMO plan. This plan is comparative to an open access plan. Visit website and select "BlueCare" network to see if your provider is in-network.

\*\* If a Brand drug is prescribed without any Provider dispensing instructions, an equivalent generic drug will be dispensed, unless the Member chooses the brand drug. If the brand drug is dispensed, the Member will pay the difference in the cost of the brand and generic drug. The cost difference between the generic and brand-name medication will not apply toward your deductible and/or out-of-pocket maximums.

\*\*\* Away From Home option where Low HMO and High HMO Plan is available. Must enroll to benefit from this program.

1. CVS is still out of network. You can use another in-network pharmacy such as Walgreens, Publix, Walmart, Winn Dixie etc.

2. National Drug Code Exclusion- Removes certain medications with alternative.

## HOW TO ENROLL

You can enroll in this benefit by visiting [www.myfbmc.com](http://www.myfbmc.com), logging in and following the instructions to access the benefit. Remember you must create an account if you have not already in order to enroll in benefits.

## DID YOU KNOW?

- **2025 Enrollment is mandatory** for all employees.
- You must re-enroll and select your Medical FSA and Dependent Care accounts each year. These will not automatically roll over.
- **ID Cards** – You can print a temporary Florida Blue ID card or request a new member ID card by visiting [www.floridablue.com](http://www.floridablue.com)
- Blue365 offers member discounts on Gym memberships and Lasik at LasikPlus Centers. **Call 1-855-511-2583.** To access Blue365, logon to: [www.floridablue.com](http://www.floridablue.com)

## FLORIDA BLUE CONTACT

High HMO Health Plan | PPO Health Plan  
HDHP | Low HMO Health Plan

**GROUP #**  
78155

**CUSTOMER SERVICE PHONE**  
1-800-664-5295

**CUSTOMER SERVICE HOURS**  
Mon. – Fri., 8 a.m. – 6 p.m. ET

**WEBSITE**  
<https://www.floridablue.com>

**CONTACT NAME**  
Jennie Cruz

**CONTACT PHONE**  
904-390-2323

# High HMO Health Plan

## HIGHLIGHTS

- You must choose a primary care physician.
- The District offsets a portion of your dependents' coverage.
- View the video below for more details:

**Plan Design Changes**

**What is a HMO Plan**

## IMPORTANT NOTE

This is an open access plan that requires you to choose a primary care physician. For details on how to find out if your medical provider – primary care provider, or specialist – is considered In-Network for the Low and High HMO plans without logging into your account, [click here](#).

## HEALTH TRANSPARENCY MACHINE READABLE FILES:

[www.floridablue.com/members/tools-resources/transparency](http://www.floridablue.com/members/tools-resources/transparency)

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## How It Works

This is an HMO plan and requires you to choose a primary care physician. You may choose the physician of your choice. However, to receive your maximum benefit, you must select an in-network doctor from participating BlueCareHMO network providers found at [www.floridablue.com](http://www.floridablue.com).

## Plan Details Include:

- Your School District continues to offset a portion of the dependent coverage cost
- Employees must choose an in-network provider at the time of service
- Deductible and coinsurance applies to all services that do not have set copays; for example:
- Inpatient hospitalization
- All out-of-network services.
- Deductible, coinsurance and copays (including Rx), count toward the maximum out-of-pocket limit
- Medical Flexible Spending Account available (Employee Contributions Only)
- PayFlex Card accounts will not roll over the amount elected in the prior plan year

**Note:** If you wish to contribute to the Medical FSA, you must make that election at your enrollment session. Prior year contributions are not going to automatically roll over.

# High HMO Health Plan

## How to Find a Primary Care Provider (PCP)

Please follow the instructions below to search for In-Network Providers:

- [www.FloridaBlue.com](http://www.FloridaBlue.com)
- Click on "Find Care"
- Click on "Find a doctor"
- Go to the section "Find Doctors by Plan"
- Click the Select "drop-down"
- Under Health Plans select BlueCare (HMO)
- Click Continue
- Enter the "Last Name" of the provider and/or "select the type of provider"
- Search within your mile radius, using the drop-down (5,10,20)
- Enter your zip code
- Click search now

## HMO Plan Bi-Weekly Contribution Rates

PER PAY EMPLOYEE DEDUCTIONS	20 PAY	24 PAY
Employee Only	\$42.00	\$35.00
Employee & Spouse	\$330.71	\$275.59
Employee & Child(ren)	\$250.26	\$208.55
Employee & Family	\$605.80	\$504.83
Receiving Spouse	\$187.71	\$156.42

# High HMO Health Plan

To View All Plans and Compare see Complete Chart Below.

Type of Coverage	Low HMO		High HMO		PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>CYD - Calendar Year Deductible (Includes CYD, Copays, Coinsurance)</b>						
(Single/Family)	\$5,000/ \$10,000	Not Covered	\$1,500/ \$4,500	Not Covered	\$1,500/ \$4,500	\$3,000/ \$9,000
<b>Coinsurance (Coins)</b>						
(Single/Family)	70% / 30%	Not Covered	80% / 20%	Not Covered	80% / 20%	60% / 40%
<b>Out-of-Pocket Maximum</b>						
(Single/Family)	\$9,200/ \$18,400	Not Covered	\$9,200/ \$18,000	Not Covered	\$9,200/ \$18,000	\$18,400/ \$36,000
<b>Hospital</b>						
Inpatient	DED + 30%	Not Covered	DED + 20%	Not Covered	DED + 20%	DED + 40%
Outpatient Hospital Facility	DED + 30%	Not Covered	DED + 20%	Not Covered	DED + 20%	DED + 40%
Emergency Room	\$500 Copay	\$500 copay	\$500 Copay	\$500 copay	\$500 Copay	\$500 Copay
Urgent Care Center	\$100 Copay	Not Covered	\$60 Copay	Not Covered	\$60 Copay	DED + \$60 copay
<b>Ancillary</b>						
Ambulatory Surgical Center Facility	DED + 30%	Not Covered	DED + 20%	Not Covered	DED + 20%	DED + 40%
Physician Services at an ER Copay	\$150	Not Covered	\$100	Not Covered	\$100	Not Covered
Independent Clinical Lab (Quest Diagnostic is the Participating Clinical Lab)	\$0 Copay	Not Covered	\$0 Copay	Not Covered	\$0 Copay	DED + 40%
Independent Diagnostic Testing Facility (X-Ray/Imaging)	\$60 Copay	Not Covered	\$50 Copay	Not Covered	\$50 Copay	DED + 40%
Mammograms	\$0	Not Covered	\$0	Not Covered	\$0	
Preventative Services	\$0	Not Covered	\$0	Not Covered	\$0	40%
<b>Physicians</b>						
Office Services (Physician)	\$45	Not Covered	\$35	Not Covered	\$35	DED + 40%
Specialists	\$60	Not Covered	\$50	Not Covered	\$50	DED + 40%
Teladoc	\$10	N/A	\$10	N/A	\$10	N/A
<b>Rx Drugs - Retail (Out-of-Network Not Covered)</b>						
Generic	\$10		\$10		\$10	
Preferred Brand	\$60		\$60		\$60	
Non-Preferred	\$100		\$100		\$100	
Specialty Injectables	\$150		\$150		\$150	

**NOTE:** Current employees enrolled in one of the PPO plans or the HMO plan are eligible to switch to any of the new medical plans during Open Enrollment. Referral not needed for HMO plan. This plan is comparative to an open access plan. Visit website and select "BlueCare" network to see if your provider is in-network.

\*\* If a Brand drug is prescribed without any Provider dispensing instructions, an equivalent generic drug will be dispensed, unless the Member chooses the brand drug. If the brand drug is dispensed, the Member will pay the difference in the cost of the brand and generic drug. The cost difference between the generic and brand-name medication will not apply toward your deductible and/or out-of-pocket maximums.

\*\*\* Away From Home option where Low HMO and High HMO Plan is available. Must enroll to benefit from this program.

1. CVS is still out of network. You can use another in-network pharmacy such as Walgreens, Publix, Walmart, Winn Dixie etc.

2. National Drug Code Exclusion- Removes certain medications with alternative.

## SUMMARY PLAN DESCRIPTION

For Summary Plan Descriptions and Medical Plan Documents, please [click here](#).

## IMPORTANT NOTICE

*Do you have a spouse that works for the District with child coverage or have family coverage?*

You may be eligible for our Dual-Spouse Program. Please call the Employee Benefits Office at **(904) 390-2351** for additional information.

## FLORIDA BLUE CONTACT

High HMO Health Plan | PPO Health Plan  
HDHP | Low HMO Health Plan

### GROUP #

78155

### CUSTOMER SERVICE PHONE

1-800-664-5295

### CUSTOMER SERVICE HOURS

Mon. – Fri., 8 a.m. – 6 p.m. ET

### WEBSITE

<https://www.floridablue.com>

### CONTACT NAME

Jennie Cruz

### CONTACT PHONE

904-390-2323

# PPO Health Plan

## HIGHLIGHTS

- You pay a portion of the cost for your elected level of coverage
- You can choose your own doctor
- View the video below for more details:  
**Plan Design Changes**

## IMPORTANT NOTE

Opting out of the District Sponsored Medical plan can save you money! You may receive up to \$1,200 annually. Meet with a Benefit Counselor to learn more.

## HEALTH TRANSPARENCY MACHINE READABLE FILES:

[www.floridablue.com/members/tools-resources/transparency](http://www.floridablue.com/members/tools-resources/transparency)

This link leads to the machine readable files that are made available in response to the federal Transparency in Coverage Rule and includes negotiated service rates and out-of-network allowed- amounts between health plans and healthcare providers. The machine-readable files are formatted to allow researchers, regulators, and application developers to more easily access and analyze data.

## How It Works

This is an open access plan that does not require you to choose a primary care physician. You may choose the physician of your choice. However, to receive your maximum benefit, you should select an in-network doctor from participating Florida Blue, Blue Options (Network Blue) providers found at [www.floridablue.com](http://www.floridablue.com).

## Plan Details Include:

- All coverage levels have a cost associated with this plan
- Employees have the freedom to choose an in-network or out-of-network service provider at the time of service
- Deductible and coinsurance applies to all services that do not have set copays; for example:
  1. Inpatient and outpatient hospitalization
  2. Ambulatory surgical center facility
  3. All out-of-network services
- Coinsurance and copays (including Rx) count towards the maximum out-of-pocket limit
- Medical Flexible Spending Account available (Employee Contributions Only)
- Inspira Financial Card accounts will not roll over the amount elected in the prior plan year

**Note:** If you wish to contribute to the Medical FSA, you must make that election at your enrollment session. Prior year contributions are not going to automatically roll over.

# PPO Health Plan

## PPO Bi-Weekly Contribution Rates

PER PAY EMPLOYEE DEDUCTIONS	20 PAY	24 PAY
Employee Only	\$102.00	\$85.00
Employee & Spouse	\$432.11	\$360.09
Employee & Child(ren)	\$340.86	\$284.05
Employee & Family	\$743.20	\$619.33
Receiving Spouse	\$325.11	\$270.92

# PPO Health Plan

To View All Plans and Compare see Complete Chart Below.

Type of Coverage	Low HMO		High HMO		PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>CYD - Calendar Year Deductible (Includes CYD, Copays, Coinsurance)</b>						
(Single/Family)	\$5,000/ \$10,000	Not Covered	\$1,500/ \$4,500	Not Covered	\$1,500/ \$4,500	\$3,000/ \$9,000
<b>Coinsurance (Coins)</b>						
(Single/Family)	70% / 30%	Not Covered	80% / 20%	Not Covered	80% / 20%	60% / 40%
<b>Out-of-Pocket Maximum</b>						
(Single/Family)	\$9,200/ \$18,400	Not Covered	\$9,200/ \$18,000	Not Covered	\$9,200/ \$18,000	\$18,400/ \$36,000
<b>Hospital</b>						
Inpatient	DED + 30%	Not Covered	DED + 20%	Not Covered	DED + 20%	DED + 40%
Outpatient Hospital Facility	DED + 30%	Not Covered	DED + 20%	Not Covered	DED + 20%	DED + 40%
Emergency Room	\$500 Copay	\$500 copay	\$500 Copay	\$500 copay	\$500 Copay	\$500 Copay
Urgent Care Center	\$100 Copay	Not Covered	\$60 Copay	Not Covered	\$60 Copay	DED + \$60 copay
<b>Ancillary</b>						
Ambulatory Surgical Center Facility	DED + 30%	Not Covered	DED + 20%	Not Covered	DED + 20%	DED + 40%
Physician Services at an ER Copay	\$150	Not Covered	\$100	Not Covered	\$100	Not Covered
Independent Clinical Lab (Quest Diagnostic is the Participating Clinical Lab)	\$0 Copay	Not Covered	\$0 Copay	Not Covered	\$0 Copay	DED + 40%
Independent Diagnostic Testing Facility (X-Ray/Imaging)	\$60 Copay	Not Covered	\$50 Copay	Not Covered	\$50 Copay	DED + 40%
Mammograms	\$0	Not Covered	\$0	Not Covered	\$0	\$0
Preventative Services	\$0	Not Covered	\$0	Not Covered	\$0	40%
<b>Physicians</b>						
Office Services (Physician)	\$45	Not Covered	\$35	Not Covered	\$35	DED + 40%
Specialists	\$60	Not Covered	\$50	Not Covered	\$50	DED + 40%
Teladoc	\$10	N/A	\$10	N/A	\$10	N/A
<b>Rx Drugs - Retail (Out-of-Network Not Covered)</b>						
Generic	\$10		\$10		\$10	
Preferred Brand	\$60		\$60		\$60	
Non-Preferred	\$100		\$100		\$100	
Specialty Injectables	\$150		\$150		\$150	

**NOTE:** Current employees enrolled in one of the PPO plans or the HMO plan are eligible to switch to any of the new medical plans during Open Enrollment. Referral not needed for HMO plan. This plan is comparative to an open access plan. Visit website and select "BlueCare" network to see if your provider is in-network.

\*\* If a Brand drug is prescribed without any Provider dispensing instructions, an equivalent generic drug will be dispensed, unless the Member chooses the brand drug. If the brand drug is dispensed, the Member will pay the difference in the cost of the brand and generic drug. The cost difference between the generic and brand-name medication will not apply toward your deductible and/or out-of-pocket maximums.

\*\*\* Away From Home option where Low HMO and High HMO Plan is available. Must enroll to benefit from this program.

1. CVS is still out of network. You can use another in-network pharmacy such as Walgreens, Publix, Walmart, Winn Dixie etc.

2. National Drug Code Exclusion- Removes certain medications with alternative.

## SUMMARY PLAN DESCRIPTION

For Summary Plan Descriptions and Medical Plan Documents, please [click here](#).

## FLORIDA BLUE CONTACT

High HMO Health Plan | PPO Health Plan  
HDHP | Low HMO Health Plan

### GROUP #

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### CUSTOMER SERVICE PHONE

1-800-664-5295

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Mon. – Fri., 8 a.m. – 6 p.m. ET

### WEBSITE

<https://www.floridablue.com>

### CONTACT NAME

Jennie Cruz

### CONTACT PHONE

904-390-2323



# Pharmacy – Specialty Prescriptions

## Specialty Pharmacies

**Accredo Specialty Pharmacy** will be the designated in-network specialty pharmacy to fill your speciality and self-administered specialty prescriptions, except for Limited Distribution Medications. **CVS-owned pharmacies will be Out-of-Network.**

## Accredo Specialty Pharmacy

### Accredo Contact

[accredo.com/flblue](https://www.accredo.com/flblue)

888-425-5970

Accredo Health Group, Inc.

1640 Century Center Parkway, Memphis, TN 38134

**Accredo**, one of the top specialty pharmacies in the nation, offers a high level of customer service. Members have access to Accredo's mobile apps; free standard delivery in weather-proof packaging; specialty-trained pharmacists, nurses and insurance representatives; and automatic refill reminders.

- Member co-payments will remain the same. For members with coinsurance or who pay out of pocket until a deductible is met, costs could be lower
- Accredo offers members health condition-specific clinical support and education
- Accredo's mobile app makes it easy to manage your prescriptions
- Turnaround time for refills is typically 24-48 hours
- To self-register, go to [accredo.com/flblue](https://www.accredo.com/flblue). Create an account, add a payment method and update your profile. You may view your active prescriptions and send your refill order when you're ready or call Accredo at **888-425-5970**

### ***Payments can be made via any of these methods:***

- By debit or credit card (American Express, Discover, MasterCard or Visa). The charge will appear on your credit card statement as Accredo.
- Through your checking account.
- Through a flexible spending account (FSA).
- By mail via check.

### ***For payments, send checks to:***

Accredo Health, Inc.

PO Box 954041

St. Louis, MO 63195

**NOTE:** Please include your patient account number on your check.

## SaveOnSP

Specialty drugs can be expensive. That's why as part of Florida Blue's SaveOnSP Program, Accredo Specialty Pharmacy will be your exclusive provider for most of your specialty medication needs. They help members like you save money on specialty drugs. Some drugs may even qualify for a \$0 cost share after copay assistance is applied. You can call 888-425-5970, or the number on the back of your Florida Blue ID card to verify if your medication can be filled by Accredo.

## Prime Therapeutics

**Prime Therapeutics** is the current Pharmacy Benefit Manager for Duval County Public Schools.

# Pharmacy – Specialty Prescriptions

## Member Services

Visit Prime Therapeutics' website, [www.myprime.com](http://www.myprime.com), to view your plan design and copayment information, search for details on prescription medications, locate a participating pharmacy near you, and manage your home delivery prescriptions. For additional plan inquiries, you may call Member Services directly at **1-800-664-5295**. For future reference, this number is listed on the back of your Florida Blue ID card.

## Benefit ID Cards

Present your ID card when filling a prescription at the pharmacy. Should you need additional or replacement ID cards, please contact Member Services or visit [www.floridablue.com](http://www.floridablue.com) to either request a new card or print a temporary card.

## Covered Expenses

Federal legend prescription drugs, unless otherwise indicated;

- Drugs requiring a prescription under the applicable state law;
- Insulin, insulin needs and syringes on prescription; or
- Compound medications, of which at least one ingredient is a federal legend drug.

## Medication Step Therapy

Step Therapy requires the previous use of one or more drugs before coverage of a different drug is provided. If your health plan's formulary guide reflects that Step Therapy is used for a specific drug, your physician must submit a prior authorization request form to the health plan for approval. If the request is not approved, please remember that you always have the option to purchase the medication at your own expense.

## Prior Authorization

Prior authorization is required on some medications before your drug will be covered. If your health plan's formulary guide indicates that you need a prior authorization for a specific drug, your physician must submit a prior authorization request form to the health plan for approval. If the request is not approved, please remember that you always have the option to purchase the medication at your own expense.

## Quantity Limits

Quantity limits are applied to certain drugs based on the approved dosing limits established during the FDA approval process. Quantity limits are applied to the number of units dispensed for each prescription. If your health plan's formulary guide reflects that there is a quantity limit for a specific drug, your physician must submit a prior authorization request form to the health plan for approval. If the request is not approved, please remember that you always have the option to purchase the medication at your own expense.

## Formulary Exception

Formulary exceptions are necessary for certain drugs that are eligible for coverage under your health plan's drug benefit. Your physician must submit a formulary exception form to your health plan for approval. If the request is not approved by the health plan you may still purchase the medication at your own expense. The general form can be used if the drug you are requesting coverage for is not on the formulary list.

## Prescription Copay Summary: Specialty Prescriptions

Out of Network Retail and Mail Order Pharmacy expenses are not covered.

**Note:** Specialty Drugs are not available through Mail Order Pharmacy. For more information, please contact customer service at **(800) 664-5295**.

# Pharmacy – Specialty Prescriptions

Type of Coverage	Low HMO		High HMO		PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Rx Drugs - Retail</b> (Out-of-Network Not Covered)						
Generic	\$10		\$10		\$10	
Preferred Brand	\$60		\$60		\$60	
Non-Preferred	\$100		\$100		\$100	
Specialty Injectables	\$150		\$150		\$150	

*\*HDHP W/HSA: Rx costs go to deductible. Once deductible is met, then employee pays copay for generic and copay+10% for all other Rx.*

## PRIME THERAPEUTICS CONTACT

Pharmacy

### CUSTOMER SERVICE PHONE

888-723-7451

### CUSTOMER SERVICE HOURS

Customer Service 24-Hours

### WEBSITE

<https://www.myprime.com/>

## ACCREDITO HEALTH GROUP, INC. CONTACT

Pharmacy - Specialty Prescriptions

### GROUP #

3651

### CUSTOMER SERVICE PHONE

888-425-5970

### CUSTOMER SERVICE HOURS

Mon. – Fri., 8 a.m. – 11 p.m. ET

### WEBSITE

<https://accredo.com/flblue>

### ADDRESS

For payments, send checks to:

Accredo Health, Inc.

PO Box 954041

St. Louis, MO 63195

**NOTE:** Please include your patient account number on your check.

# Pharmacy – Retail & Delivery

## How it Works

Prime Therapeutics is a national network comprised of thousands of retail pharmacies. The network includes most major chains, discount, grocery and independent pharmacies, so there is a good chance that your local pharmacy is a participating member of the network. To find a local pharmacy, visit [www.myprime.com](http://www.myprime.com) and click “Find a Pharmacy” or contact Member Services.

### Got Questions?

Please contact your dedicated FL Blue representative 904-390-2323.

## Prime Therapeutics

Prime Therapeutics is the current Pharmacy Benefits Manager for Duval County Public Schools.

## Member Services

Visit Prime Therapeutics’ website, [www.myprime.com](http://www.myprime.com), to view your plan design and copayment information, search for details on prescription medications, locate a participating pharmacy near you, and manage your home delivery prescriptions. For additional plan inquiries, you may call Member Services directly at **1-800-664-5295**. For future reference, this number is listed on the back of your Florida Blue ID card.

## Benefits ID Cards

Present your ID card when filling a prescription at the pharmacy. Should you need additional or replacement ID cards, please contact Member Services or visit [www.floridablue.com](http://www.floridablue.com) to either request a new card or print a temporary card.

## Covered Expenses

Federal legend prescription drugs, unless otherwise indicated;

- Drugs requiring a prescription under the applicable state law;
- Insulin, insulin needs and syringes on prescription; or
- Compound medications, of which at least one ingredient is a federal legend drug.

## Medication Step Therapy

Step Therapy requires the previous use of one or more drugs before coverage of a different drug is provided. If your health plan’s formulary guide reflects that Step Therapy is used for a specific drug, your physician must submit a prior authorization request form to the health plan for approval. If the request is not approved, please remember that you always have the option to purchase the medication at your own expense.

## Prior Authorization

Prior authorization is required on some medications before your drug will be covered. If your health plan’s formulary guide indicates that you need a prior authorization for a specific drug, your physician must submit a prior authorization request form to the health plan for approval. If the request is not approved, please remember that you always have the option to purchase the medication at your own expense.

## Quantity Limits

Quantity limits are applied to certain drugs based on the approved dosing limits established during the FDA approval process. Quantity limits are applied to the number of units dispensed for each prescription. If your health plan’s formulary guide reflects that there is a quantity limit for a specific drug, your physician must submit a prior authorization request form to the health plan for approval. If the request is not approved, please remember that you always have the option to purchase the medication at your own expense.

## Formulary Exceptions

Formulary exceptions are necessary for certain drugs that are eligible for coverage under your health plan’s drug benefits. Your physician must submit a formulary exception form to your health plan for approval. If the request is not approved by the health plan you may still purchase the medication at your own expense. The general form can be used if the drug you are requesting coverage for is not on the formulary list.

### PRIME THERAPEUTICS CONTACT

Pharmacy

#### CUSTOMER SERVICE PHONE

888-723-7451

#### CUSTOMER SERVICE HOURS

Customer Service 24-Hours

#### WEBSITE

<https://www.myprime.com/>

# Delta Dental DeltaCare USA Plan

## HIGHLIGHTS

Under this option, you select a Primary Care Provider from the DeltaCare USA provider list. No claim forms to complete. No copays for basic cleanings.

## IMPORTANT NOTICE

### Limitations & Exclusions

- All benefits are subject to limitations and exclusions and governing administrative policies of the plan. The dental health plan contract must be consulted to determine the exact terms and conditions of coverage. An Evidence of Coverage will be sent to you upon enrollment.

### Family Coverage

These plans cover:

- Your spouse
- Your dependent children to the end of the month they reach age 26.
- Disabled dependent children are covered as long as disability remains total. A physician's statement will be required.

## DID YOU KNOW?

- You can locate a DeltaCare provider by calling 1-800-422-4234 or a PPO provider by calling 1-800-521-2651. You may also find a provider by using the app, or by going online at [deltadentalins.com](http://deltadentalins.com) and clicking the "Find a Dentist" link on the homepage.
- To help you maintain your oral health, Delta Dental offers enhanced benefits for pregnant women. This coverage includes an additional exam, cleaning or periodontal procedure as needed, once pregnancy is confirmed.
- You can use the Dental Care Cost Estimator at [www.deltadental.com](http://www.deltadental.com) to get an estimate on your potential procedure expenses.
- You have access to a Member Online Portal.

## The DeltaCare USA Plan features include:

- No maximum benefit, except for accidental injury
- No claim forms to complete
- Budgetable and predictable
- Copay for orthodontics – No waiting periods
- No copays for basic cleanings (two per calendar year)
- Specialty care is covered by referral from your primary dentist at the same defined copays as general dentists

### DELTA DENTAL CONTACT

#### GROUP #

70944-00002 & 00003

#### CUSTOMER SERVICE PHONE

1-800-422-4234

#### CUSTOMER SERVICE HOURS

Mon. – Fri., 8 a.m. – 9 p.m. ET

#### WEBSITE

[www.deltadentalins.com](http://www.deltadentalins.com)

## Accident Injury Benefits

- An accidental oral injury is damage to the hard and soft tissue of the mouth caused directly and independently of all other causes by external forces. Damage to the hard and soft tissue of the mouth from normal chewing function is covered under your Plan FLM08

# Delta Dental DeltaCare USA Plan

Description of Benefits and Copayments.

## Lasik and Hearing Discounts

**Value-Added Discount Program**  
Lasik and hearing aid discounts  
Discounts now available to all enrollees

**amplifon** **QualSight LASIK**

Meet your new value-added features.

*Supports health needs not typically covered by insurance*

- Enrollees have access to preferred pricing on hearing aids and LASIK procedures
- No work on the client's part: enrollee simply contacts Amplifon or QualSight directly
- A care representative answers questions, walks enrollee through the program and coordinates care
- Enrollees receive service at convenient location nationwide

62% average hearing aid discount off of leading brands and the latest technology

40-50% off the national average price of traditional LASIK

**DELTA DENTAL**

- For more information regarding Hearing Aid discounts, contact Amplifon directly at **1-833-467-0058**
- For more information regarding Lasik discounts, contact QualSight directly at **1-855-800-2020**

## Delta Dental Plans: Rate Comparison Chart

RATES	DELTACARE USA		DELTA DENTAL PPO	
	20 PAY	24 PAY	20 PAY	24 PAY
Employee*	\$12.92	\$10.77	\$23.64	\$19.70
Employee + One*	\$21.64	\$18.03	\$47.22	\$39.35
Employee + Family*	\$31.84	\$26.53	\$62.32	\$51.93

*\*Premiums may be deducted pretax or post-tax.*

# Delta Dental DeltaCare USA Plan

## Delta Dental Plan Benefit Comparison Chart

You have a Calendar Year plan and these benefits are for a Calendar Year, which is January 1st through December 31st of the current Plan Year.

	DELTACARE USA	DELTA DENTAL PPO
	YOU PAY	PLAN PAYS
<b>BENEFITS</b>		
Dentist	Choose A Panel Dentist	Use Dentist Of Choice**
Deductible*	None	\$75 Per Year, Individual & \$150 Per Year, Per Family
Calendar Year Maximum	None	\$5,000 Per Person
Claim Forms	None	None If Using Delta Dental Dentists
<b>PROCEDURES</b>		
Office Visit	\$0 - \$20	100%
Routine Exams	No Cost	100%
Prophylaxis (Cleaning)	Basic - No Cost (1 Per 6 Months)	Basic - 100%(2 in a calendar year)
X-Ray and Complete Series	No Cost (Including Bitewings) <sup>1</sup>	100% (1 every 3 Years - Full), Under 18: 2 Per 12 Months - Bitewing, Over 18: 1 Per Calendar Year - Bitewing
Fluoride Application	No Charge To Age 19 (One Per 6 Months)	100% (2 Per Calendar Year, Children Under 19 Only)
<b>BASIC/RESTORATIVE PROCEDURES</b>		
Simple Extractions	\$6	80%
Amalgam Fillings	No Cost - 1 Surface Perm, Resin Based Fillings - Posteriors \$15 - \$35	80%
Root Canal	Anterior <sup>2</sup> \$75; Molar <sup>2</sup> \$180	80%
<b>MAJOR PROCEDURES</b>		
Crowns	Crowns - Porcelain, Base Metal \$195; Crowns - Porcelain, \$295 High Noble Metal	50%
Dentures	Upper Maxillary: \$225 / Lower Maxillary: \$225	50%
Bridges	Porcelain, Base Metal \$195 (Per Unit)Resin, High Noble Metal \$295 (Per Unit)	50%
Periodontics	Scaling And Root Planing \$45 Per Quadrant	50%
Implants	Covered***	50% Coins
Orthodontics	Start Up Fee: \$350, Routine 24 Month Fully Banded Case: Adult \$2,000, Child \$1,800	75% Up To \$1,500 Lifetime Maximum (After 1 Year Waiting Period Dependent Children Under Age 19 Only)
Waiting Period	N/A	Applies To New Participants (Orthodontics Only)
<b>TMJ BENEFITS</b>		
TMJ	N/A	50% Up To \$1,000 Lifetime Maximum (Effective October 2006)

\* Note the deductible does not apply to diagnostic and preventative services, orthodontics.

\*\*PPO Dentists are limited to the PPO fee. Delta Dental Premier® Dentists are limited to the least of: the dentist's filed fee, submitted fee, or Delta Dental's MPA (Maximum Plan Allowance) fee. Non-Delta Dental Dentists may balance bill for amounts over Delta Dental's MPA-TJM Benefits (Maximum Plan Allowance) fee.

\*\*\*See DeltaCare schedule of benefits for co-payment amounts

<sup>1</sup>Under the DeltaCare USA plan, bitewing X-rays (code D0274) are limited to not more than one series of four films in any six-month period.

<sup>2</sup>Excluding final restoration



# Delta Dental PPO Option (Indemnity)

## HIGHLIGHTS

Under this option, you can receive services from a PPO Dentist or the dentist of your choice. PPO Dentists will file claims on your behalf and have agreed to charge no more than the predetermined PPO fee schedule. You may be required to pay up-front costs and file a claim form if you use a non-Delta Dental dentist.

## IMPORTANT NOTICE

### Limitations & Exclusions

- All benefits are subject to limitations and exclusions and governing administrative policies of the plan. The dental health plan contract must be consulted to determine the exact terms and conditions of coverage. An Evidence of Coverage will be sent to you upon enrollment.

### Family Coverage

These plans cover:

- Your spouse
- Your dependent children to the end of the month they reach age 26.
- Disabled dependent children are covered as long as disability remains total. A physician's statement will be required.

## DID YOU KNOW?

- You can locate a DeltaCare provider by calling 1-800-422-4234 or a PPO provider by calling 1-800-521-2651. You may also find a provider by using the app, or by going online at [deltadentalins.com](http://deltadentalins.com) and clicking the "Find a Dentist" link on the homepage.
- To help you maintain your oral health, Delta Dental offers enhanced benefits for pregnant women. This coverage includes an additional exam, cleaning or periodontal procedure as needed, once pregnancy is confirmed.
- You can use the Dental Care Cost Estimator at [www.deltadental.com](http://www.deltadental.com) to get an estimate on your potential procedure expenses.
- You have access to a Member Online Portal.

## How It Works

The Delta Dental PPO Option Plan allows each person covered under the plan to have the freedom to visit any dentist. There may be a savings advantage to receiving care from a PPO Dentist because your out-of-pocket costs tend to be lower than visiting a non-Delta Dental dentist.

When you visit a PPO Dentist, payment is based on the PPO fee schedule. The PPO Dentist has agreed to accept this fee as the approved amount. Although you are responsible for deductibles, coinsurances and any expenses above the maximum, a PPO Dentist cannot bill you for any covered charges above the approved amount.

In addition to PPO Dentists, Delta Dental has Participating Delta Dental Premier Dentists. PPO dental providers provide the most savings. Although you are responsible for deductibles, coinsurances and any expenses above the maximum, Premier dentists have an agreement with Delta Dental not to charge you more than the approved amount. In Florida, the Delta Dental PPO is underwritten and administered by Delta Dental Insurance Company.

## DELTA DENTAL PPO CONTACT

### GROUP #

01441-00001

### CUSTOMER SERVICE PHONE

1-800-521-2651

### CUSTOMER SERVICE HOURS

Mon. – Fri., 8 a.m. – 8 p.m. ET

### WEBSITE

[www.deltadentalins.com](http://www.deltadentalins.com)

# Delta Dental PPO Option (Indemnity)

## Lasik and Hearing Discounts

### Value-Added Discount Program

Lasik and hearing aid discounts  
Discounts now available to all enrollees




Meet your new value-added features.

*Supports health needs not typically covered by insurance*

- Enrollees have access to preferred pricing on hearing aids and LASIK procedures
- No work on the client's part: enrollee simply contacts Amplifon or QualSight directly
- A care representative answers questions, walks enrollee through the program and coordinates care
- Enrollees receive service at convenient location nationwide

62% average hearing aid discount off of leading brands and the latest technology

40-50% off the national average price of traditional LASIK



- For more information regarding Hearing Aid discounts, contact Amplifon directly at **1-833-467-0058**
- For more information regarding Lasik discounts, contact QualSight directly at **1-855-800-2020**

## Delta Dental Plans: Rate Comparison Chart

RATES	DELTACARE USA		DELTA DENTAL PPO	
	20 PAY	24 PAY	20 PAY	24 PAY
Employee*	\$12.92	\$10.77	\$23.64	\$19.70
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Employee + Family*	\$31.84	\$26.53	\$62.32	\$51.93

*\*Premiums may be deducted pretax or post-tax.*

# Delta Dental PPO Option (Indemnity)

## Delta Dental Plan Benefit Comparison Chart

You have a Calendar Year plan and these benefits are for a Calendar Year, which is January 1st through December 31st of the current Plan Year.

	DELTACARE USA	DELTA DENTAL PPO
	YOU PAY	PLAN PAYS
<b>BENEFITS</b>		
Dentist	Choose A Panel Dentist	Use Dentist Of Choice**
Deductible*	None	\$75 Per Year, Individual & \$150 Per Year, Per Family
Calendar Year Maximum	None	\$5,000 Per Person
Claim Forms	None	None If Using Delta Dental Dentists
<b>PROCEDURES</b>		
Office Visit	\$0 - \$20	100%
Routine Exams	No Cost	100%
Prophylaxis (Cleaning)	Basic - No Cost (1 Per 6 Months)	Basic - 100%(2 in a calendar year)
X-Ray and Complete Series	No Cost (Including Bitewings) <sup>1</sup>	100% (1 every 3 Years - Full), Under 18: 2 Per 12 Months - Bitewing, Over 18: 1 Per Calendar Year - Bitewing
Fluoride Application	No Charge To Age 19 (One Per 6 Months)	100% (2 Per Calendar Year, Children Under 19 Only)
<b>BASIC/RESTORATIVE PROCEDURES</b>		
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Amalgam Fillings	No Cost - 1 Surface Perm, Resin Based Fillings - Posteriors \$15 - \$35	80%
Root Canal	Anterior <sup>2</sup> \$75; Molar <sup>2</sup> \$180	80%
<b>MAJOR PROCEDURES</b>		
Crowns	Crowns - Porcelain, Base Metal \$195; Crowns - Porcelain, \$295 High Noble Metal	50%
Dentures	Upper Maxillary: \$225 / Lower Maxillary: \$225	50%
Bridges	Porcelain, Base Metal \$195 (Per Unit) Resin, High Noble Metal \$295 (Per Unit)	50%
Periodontics	Scaling And Root Planing \$45 Per Quadrant	50%
Implants	Covered***	50% Coins
Orthodontics	Start Up Fee: \$350, Routine 24 Month Fully Banded Case: Adult \$2,000, Child \$1,800	75% Up To \$1,500 Lifetime Maximum (After 1 Year Waiting Period Dependent Children Under Age 19 Only)
Waiting Period	N/A	Applies To New Participants (Orthodontics Only)
<b>TMJ BENEFITS</b>		
TMJ	N/A	50% Up To \$1,000 Lifetime Maximum (Effective October 2006)

\* Note the deductible does not apply to diagnostic and preventative services, orthodontics.

\*\*PPO Dentists are limited to the PPO fee. Delta Dental Premier® Dentists are limited to the least of: the dentist's filed fee, submitted fee, or Delta Dental's MPA (Maximum Plan Allowance) fee. Non-Delta Dental Dentists may balance bill for amounts over Delta Dental's MPA-TJM Benefits (Maximum Plan Allowance) fee.

\*\*\*See DeltaCare schedule of benefits for co-payment amounts

<sup>1</sup>Under the DeltaCare USA plan, bitewing X-rays (code D0274) are limited to not more than one series of four films in any six-month period.

<sup>2</sup>Excluding final restoration

# Davis Vision by MetLife

- **Convenient Network Locations** — A national network of credentialed preferred providers throughout the 50 states.
- **Freedom of Choice** — Access to care through either our network of independent, private practice doctors (optometrists and ophthalmologists) or select retail partners.

These plans offer a network of providers that service your eye-care needs with only a modest member copayment shown in the Schedule of Benefits.

## Out-of-network benefits

The out-of-network benefits allows you to select any provider and reimburses a fixed dollar amount based on the schedule shown for the out-of-network services\*.

You will receive the greatest value and maximize your benefits if you select a provider who participates in the network. However, you may choose an out-of-network provider, but you must pay the provider directly for all charges and then submit a claim for reimbursement.

\*This is not a contract: This is a benefits highlights summary. All benefits are subject to the provisions and exclusions of the master contract.

## Vision Bi-weekly Rates Per Pay Period

RATES	PREMIERE PLAN		LOW PLAN	
	20 PAY	24 PAY	20 PAY	24 PAY
Employee Only	\$4.57	\$3.81	\$3.50	\$2.92
Employee + Family	\$13.03	\$10.86	\$9.98	\$8.32

*Premiums may be paid either "before" or "after" taxes, and are deducted from your salary.*

### DAVIS VISION CONTACT

**GROUP #**

243333

**CUSTOMER SERVICE PHONE**

(833) EYE-LIFE (833-393-5433)

**CUSTOMER SERVICE HOURS**

Mon – Fri: 8 a.m. to 9 p.m. EST

Sat: 9 a.m. – 4 p.m. EST

**WEBSITE**

<https://mybenefits.metlife.com/>

# Short Term Disability Insurance

## How It Works

This plan provides you with weekly income replacement if you become disabled, as defined in the policy. Short Term Disability (STD) benefits begin after you meet the definition of disability and satisfy a 14-consecutive-day elimination period. Benefit payments are issued in arrears on a weekly basis, and benefits can continue for each period of disability, but not beyond the maximum benefit period of 180 days. The minimum weekly benefit is 25% of your gross disability payment. Under no circumstance will a benefit be payable which exceeds 66⅔% of your weekly earnings.

**Note:** Coverage levels of The Standard Disability Plans that are offered through Duval County Public Schools are based on your annual salary.

## Submitting a Claim for STD

A telephonic claims intake service is available on the STD plan. This service eliminates the need to submit a paper claim. Initiate your claim by calling The Standard's toll-free telephonic claim intake number, 1-800-378-2395, and report your claim (Group #158390). Call within 14 days after the date your disability begins or as soon as possible. The Standard intake specialist will take your information by phone.

## Disability Carrier Transition FAQ

### What happens if I am currently on a disability claim prior to January 1, 2024?

If you are currently on claim, you will remain on claim with the prior carrier. Your insurance with The Standard will not become effective until the day after you return to work for one full day on or after January 1.

### What happens if I am currently on claim and I return to work after January 1, 2024, but become disabled again within the temporary recovery provision of the prior carrier?

If the prior plan allows for your claim to be reopened after you become insured under The Standard, your claim will remain with the prior carrier. If the prior carrier does not allow your claim to be reopened after you become insured with The Standard, we will pick up your claim and manage it under the terms of your prior plan.

### Do I get credit for time served under the prior carrier's pre-existing condition limitation?

Yes, the Standard will give credit for time served towards the prior carrier's pre-existing condition limitation for amounts that were in-force with the prior carrier.

### If I select a higher amount of coverage for January 1, 2024, will a pre-existing condition apply?

The pre-existing condition will apply to the newly selected increased coverage amount that has been in force for 12 months or less. We will give credit for time served towards the pre-existing condition limitation for the amount that was in force prior to January 1, 2024.

### Will my coverage continue if I am on an approved leave?

Yes. If you are on an approved leave, we will continue your coverage for the appropriate duration of the leave.

## STANDARD CONTACT

### GROUP #

158390

### CUSTOMER SERVICE PHONE

1-800-348-3226

### CUSTOMER SERVICE HOURS

Mon. – Fri., 9 a.m. to 8 p.m. EST

### DISABILITY INTAKE CLAIMS PHONE

1-800-378-2395

### WEBSITE

<https://www.standard.com/>

# Short Term Disability Insurance

## Short Term Disability Cost by Pay Period

BENEFIT AMOUNT		COST by PAY PERIOD	
If Your Gross Annual Is At Least:	You are eligible for a maximum monthly disability benefit up to:	20 PAY	24 PAY
\$7,200.00	\$400.00	\$3.36	\$2.80
\$10,800.00	\$600.00	\$5.04	\$4.20
\$14,400.00	\$800.00	\$6.71	\$5.60
\$18,000.00	\$1,000.00	\$8.39	\$7.00
\$21,600.00	\$1,200.00	\$10.07	\$8.40
\$27,000.00	\$1,500.00	\$12.59	\$10.50
\$32,400.00	\$1,800.00	\$15.11	\$12.59
\$43,200.00	\$2,400.00	\$20.15	\$16.80
\$50,400.00	\$2,800.00	\$24.68	\$20.57
\$63,000.00	\$3,500.00	\$30.83	\$25.69
\$72,000.00	\$4,000.00	\$35.23	\$29.36
\$90,000.00	\$5,000.00	\$36.28	\$30.24
\$108,000.00	\$6,000.00	\$37.37	\$31.15
\$117,000.00	\$6,500.00	\$43.63	\$36.36
\$126,000.00	\$7,000.00	\$49.86	\$41.55



# Long Term Disability Insurance

## How It Works

### Long Term Disability Insurance

Long Term Disability (LTD) benefits begin after you meet the definition of disability as defined in the policy and satisfy a benefit elimination period of 180 days. You can satisfy your elimination period if you are working, as long as you meet the definition of disability. Your disability will be treated as continuous as long as you do not exceed 90 return-to-work days during the elimination period. After 24 months of payments, you are disabled when The Standard determines that due to the same sickness or injury, you are unable to perform the duties of any gainful occupation for which you are reasonably fitted by education, training or experience. Benefits can continue for each period of disability according to the schedule below.

In addition, the LTD minimum monthly benefit is 25% of your gross disability payment. Under no circumstance will a benefit be payable which exceeds 66⅔% of your monthly earnings.

### Submitting a claim for LTD

A telephonic claims intake service is available on the LTD plan. This service eliminates the need to submit a paper claim. Initiate your claim by calling The Standard's toll-free telephonic claim intake number, 1-800-378-2395, and report your claim (Group #158390). Call within 14 days after the date your disability begins or as soon as possible. The Standard intake specialist will take your information by phone.

### Disability Carrier Transition FAQ

#### **What happens if I am currently on a disability claim prior to January 1, 2024?**

If you are currently on claim, you will remain on claim with the prior carrier. Your insurance with The Standard will not become effective until the day after you return to work for one full day on or after January 1.

#### **What happens if I am currently on claim and I return to work after January 1, 2024, but become disabled again within the temporary recovery provision of the prior carrier?**

If the prior plan allows for your claim to be reopened after you become insured under The Standard, your claim will remain with the prior carrier. If the prior carrier does not allow your claim to be reopened after you become insured with The Standard, we will pick up your claim and manage it under the terms of your prior plan.

#### **Do I get credit for time served under the prior carrier's preexisting condition limitation?**

Yes, the Standard will give credit for time served towards the prior carrier's pre-existing condition limitation for amounts that were in force with the prior carrier.

#### **If I select a higher amount of coverage for January 1, 2024, will a pre-existing condition apply?**

The pre-existing condition will apply to the newly elected increased coverage amount that has been in-force for 12 months or less. We will give credit for time served towards the pre-existing condition limitation for the amount that was in force prior to January 1, 2024.

#### **Will my coverage continue if I am on an approved leave?**

Yes. If you are on an approved leave, we will continue your coverage for the appropriate duration of the leave.

#### **THE STANDARD CONTACT**

Group Term Life/Ad&D Insurance  
Short Term Disability Insurance  
Long Term Disability Insurance

**GROUP #**  
158390

**CUSTOMER SERVICE PHONE**  
1-800-348-3226

**CUSTOMER SERVICE HOURS**  
Mon. – Fri., 9 a.m. to 8 p.m. EST

**DISABILITY INTAKE CLAIMS PHONE**  
1-800-378-2395

**WEBSITE**  
<https://www.standard.com/>



# Long Term Disability Insurance

## Long Term Disability Cost by Pay Period

If Your Gross Annual Is At Least:	BENEFIT AMOUNT You are eligible for a maximum monthly disability benefit up to:	COST BY PAY PERIOD	
		20 PAY	24 PAY
\$7,200.00	\$400.00	\$3.94	\$3.29
\$10,800.00	\$600.00	\$5.94	\$4.95
\$14,400.00	\$800.00	\$7.90	\$6.59
\$18,000.00	\$1,000.00	\$9.89	\$8.25
\$21,600.00	\$1,200.00	\$11.89	\$9.91
\$27,000.00	\$1,500.00	\$14.86	\$12.38
\$32,400.00	\$1,800.00	\$17.83	\$14.86
\$43,200.00	\$2,400.00	\$23.77	\$19.81
\$50,400.00	\$2,800.00	\$29.13	\$24.28
\$63,000.00	\$3,500.00	\$36.43	\$30.36
\$72,000.00	\$4,000.00	\$41.65	\$34.71
\$90,000.00	\$5,000.00	\$42.90	\$35.75
\$108,000.00	\$6,000.00	\$44.18	\$36.82
\$117,000.00	\$6,500.00	\$45.53	\$37.95
\$126,000.00	\$7,000.00	\$46.88	\$39.07

# Group Voluntary Hospital Indemnity

- All benefits are paid directly to you and can help you avoid using your savings unless they are assigned to someone else
- Hospitalization benefits include initial confinement and daily confinement for up to 180 days
- Outpatient benefits include emergency accident treatment, at-home nursing, and ambulance transport
- Surgery performed in a hospital or ambulatory surgical center is covered

## Policy Benefits

- Benefits increase 5% after the first coverage year and each coverage year thereafter, for the next 5 years. There is no corresponding increase in premium
- Rates are age-banded; unisex
- Four Tier Coverage options include: Employee Only, Employee + Spouse, Employee + Children, and Employee + Family
- Eligible to full-time employees; excludes part-time, temporary, and seasonal employees
- This plan is not HSA compatible
- You can continue your policy currently in force up until age 65. Refer to your policy details for additional information

## How to access your benefits and file a claim

**Allstate MyBenefits offers 24/7 access at [allstatebenefits.com/mybenefits](https://allstatebenefits.com/mybenefits).**

This easy-to-use website offers 24/7 access to important information about your benefits. Plus, you can submit and check your claims (including claim history), request your cash benefit to be direct deposited, make changes to personal information, and more.

The coverage is provided under form GVSP1, or state variations thereof. The coverage has exclusions and limitations. Contact your benefits representative for full details. Allstate Benefits is the marketing name used by American Heritage Life Insurance Company (Home Office, Jacksonville, FL), a subsidiary of The Allstate Corporation.

## Outpatient Benefits

Outpatient Physician's Treatment: Physician treatment received outside a hospital for any cause. Payable once per day per covered person. Maximum of 5 days per covered person, per coverage year; 10 days per coverage year if Employee + Spouse or Employee + Child(ren) coverage; 15 days per coverage year if Employee + Family coverage.

\*A physician must perform the service to be considered eligible for payment. The benefit pays for office visits and preventative services, which is defined as routine health care that includes screenings, check-ups, and patient counseling to prevent illnesses, disease, or other health problems.

***Allstate Benefits individual SHOP policies are no longer sold. If you are a current Allstate Benefits individual SHOP customer, you may continue the policy currently in force.***

***Allstate Benefits is the marketing name used by American Heritage Life Insurance Company (Home Office, Jacksonville, FL), a subsidiary of The Allstate Corporation. [www.allstate.com](http://www.allstate.com) or [allstatebenefits.com](https://allstatebenefits.com)***

### ALLSTATE CONTACT

Group Voluntary Critical Illness Insurance  
Group Voluntary Hospital Indemnity Insurance

#### GROUP #

63103

#### CUSTOMER SERVICE PHONE

1-800-348-4489

#### CUSTOMER SERVICE HOURS

##### Claims

Mon. – Fri., 8 a.m. – 8 p.m. ET

#### WEBSITE

<https://mybenefits.allstate.com/#/login>

# Group Supplemental Health (GVSP1) from Allstate Benefits

Offered to the employees of:  
**Duval County Public Schools**



## BENEFIT AMOUNTS

HOSPITALIZATION BENEFITS*			PLAN 1	PLAN 2
Initial Hospital Confinement (daily, once per year)			\$415	\$1,245
Daily Hospital Confinement (daily)			\$165	\$495
Hospital Intensive Care (daily)			\$165	\$495
SURGERY BENEFITS*			PLAN 1	PLAN 2
Surgery (according to schedule)			\$33 - \$825	\$33 - \$825
Anesthesia (% of Surgery)			25%	25%
Inpatient Physician's Treatment (daily)			\$41	\$41
OUTPATIENT BENEFITS*			PLAN 1	PLAN 2
Outpatient Emergency Accident (daily)			\$415	\$415
Outpatient Physician's Treatment (daily)			\$41	\$41
At Home Nursing (daily)			\$83	\$83
Ambulance (daily)			Ground Air	\$249 \$498
Non-Local Transportation (daily)			\$249	\$249

\*Policy benefit dollar amounts increase by 5% after the first coverage year and each coverage year thereafter, for the next 5 years. The benefit dollar amounts in coverage years 6 and later are 125% of the initial benefit amounts stated here.

## PLAN 1 - 20 PAY PREMIUMS

AGES	EE	EE + SP	EE + CH	F
18-35	\$12.80	\$24.52	\$21.52	\$32.57
36-49	\$14.90	\$28.62	\$24.70	\$37.72
50-59	\$18.25	\$35.91	\$28.34	\$45.23
60-64	\$23.87	\$47.74	\$34.24	\$57.20
65+	\$31.43	\$62.86	\$42.77	\$73.13

## PLAN 1 - 24 PAY PREMIUMS

AGES	EE	EE + SP	EE + CH	F
18-35	\$10.67	\$20.43	\$17.94	\$27.14
36-49	\$12.42	\$23.85	\$20.59	\$31.43
50-59	\$15.21	\$29.93	\$23.62	\$37.69
60-64	\$19.89	\$39.78	\$28.53	\$47.67
65+	\$26.19	\$52.38	\$35.64	\$60.94

## PLAN 2 - 20 PAY PREMIUMS

AGES	EE	EE + SP	EE + CH	F
18-35	\$25.54	\$47.84	\$40.42	\$62.05
36-49	\$30.02	\$56.48	\$46.84	\$72.60
50-59	\$37.69	\$73.60	\$53.61	\$88.75
60-64	\$50.87	\$101.74	\$64.69	\$114.65
65+	\$68.69	\$137.38	\$81.65	\$149.27

## PLAN 2 - 24 PAY PREMIUMS

AGES	EE	EE + SP	EE + CH	F
18-35	\$21.29	\$39.87	\$33.69	\$51.71
36-49	\$25.02	\$47.07	\$39.04	\$60.50
50-59	\$31.41	\$61.34	\$44.68	\$73.96
60-64	\$42.39	\$84.78	\$53.91	\$95.55
65+	\$57.24	\$114.48	\$68.04	\$124.39

EE = Employee; EE + SP = Employee + Spouse;  
EE + CH = Employee + Child(ren); F = Family

Issue Ages: 18 and over if Actively at Work



For use in enrollments situated in: FL

This rate insert is part of form ABJ25548X-2 and is not to be used on its own.

This material is valid as long as information remains current, but in no event later than June 15, 2022. Allstate Benefits is the marketing name used by American Heritage Life Insurance Company (Home Office, Jacksonville, FL), a subsidiary of The Allstate Corporation. ©2019 Allstate Insurance Company. www.allstate.com or allstatebenefits.com.

ABJ25548X-2-Insert-DCS

# Group Voluntary Critical Illness

## Conditions and limits

A diagnosis occurring before your coverage begins is not payable; however, a diagnosis of any covered critical illness or optional benefit after your effective date will be payable. Benefits are subject to the Pre-Existing Condition Limitation as well as all other limitations and exclusions. All critical illnesses must meet the definitions and dates of diagnoses stated in the policy and be diagnosed by a physician while coverage is in effect. Emergency situations outside the U.S. will be considered when you return to the U.S.

## Pre-existing condition limitation

Benefits are not paid for a critical illness that is caused by a pre-existing condition when the date of diagnosis is within 12 months after the effective date of coverage. A pre-existing condition is a disease or physical condition for which symptoms existed within the 12-month period prior to the effective date, or medical advice or treatment was recommended or received from a medical professional within 12 months prior to the effective date. A pre-existing condition can exist even though a diagnosis has not yet been made.

The exception to the above would be for follow-up care for breast cancer. Routine follow-up care for a person who has been previously determined to be free of breast cancer does not constitute medical advice, diagnosis, care or treatment unless evidence of breast cancer is found during, or as the result of, the follow-up care.

## Exclusions:

Benefits are not paid for:

- Any act of war or participation in a riot, insurrection, or rebellion
- Intentionally self-inflicted injury
- Engaging in an illegal occupation or committing or attempting to commit a felony
- Suicide while sane or insane
- Injury sustained while being under the influence of alcohol, narcotics, or any other controlled substance or drug unless administered on the advice of a physician
- Participation in aeronautics unless a fare-paying passenger on a licensed common-carrier aircraft operating between established airports
- Substance abuse, including alcohol, alcoholism, drug addiction, or dependence on a controlled substance.

## Policy provider

Group Critical Illness benefits are provided under policy form GVCIP1 or state variations thereof. The coverage provided is limited benefit supplemental critical illness insurance. The policy is not a Medicare Supplement Policy. If eligible for Medicare, review Medicare Supplement Buyer's Guide available from Allstate Benefits. This is a brief overview of the benefits available under the group policy underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL). Details of the coverage, including exclusions and other limitations are included in the certificates issued. For additional information, you may contact your Allstate Benefits Representative.

The coverage does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

### ALLSTATE CONTACT

Group Voluntary Critical Illness Insurance  
Group Voluntary Hospital Indemnity Insurance

**GROUP #**

63103

**CUSTOMER SERVICE PHONE**

1-800-348-4489

**CUSTOMER SERVICE HOURS****Claims**

Mon. – Fri., 8 a.m. – 8 p.m. ET

**WEBSITE**

<https://mybenefits.allstate.com/#/login>

# Group Voluntary Critical Illness

## Plan Features

The basic benefit amounts available are \$10,000 – \$25,000 (in \$5,000 increments) on a Guaranteed Issue basis. Amounts in excess of \$25,000 up to \$100,000 are available but subject to underwriting guidelines (see an enrollment specialist for details). Up to 100% is payable for covered illnesses from each of Category 1, Category 2, and Category 3 as illustrated below. You choose the amount that best fits you and your family's needs.

Subject to the conditions in the policy and the Pre-existing Condition Limitation, Allstate Benefits pays this benefit if you are diagnosed for the first time ever with one of the illnesses shown below if:

- The date of the diagnosis is after the policy date and
- The date of diagnosis is while the policy is in force and
- That illness is not excluded by name or specific description in the policy; or
- It is determined, as the result of an autopsy, that the insured died as the result of one of the specified critical illnesses listed in the chart.

The amount payable for each illness is the percentage multiplied by the basic benefit amount selected. The percentage of the basic benefit amount payable for each illness is shown beside the illness. The maximum total percentage of the basic benefit amount payable per category of the illnesses is shown in the last column of the chart. The policy remains in force after a benefit is paid for an illness. However, after 100% of the basic benefit amount has been paid within a category (Category 1, 2, or 3), no more benefits are paid for illnesses associated within that category for a covered person. If you receive a percentage of the basic benefit amount for one illness within a category, and then become eligible for benefits for another illness within the same category, the percentage of the basic benefit amount you receive for the subsequent illness is the lesser of:

- The percentage of the basic benefit amount shown on the chart below for that illness or
- 100% minus the percentage of the basic benefit amount you received for the previous illness(es) in that category.
- Covered spouse and children basic benefit amount is 50% of benefit shown and 100% of the Wellness Benefit.

Allstate Benefits pays this benefit if an insured is diagnosed more than once with the same specified critical illness listed in Category 1 or 2 for which a benefit was previously paid if:

- There is more than 18 months between each diagnosis; and treatment was not received during that 18 month period (for purposes of the preceding statement, treatment does not include medications and follow-up visits to the insured's physician)
- The subsequent date of diagnosis is while coverage is in force
- The specified critical illness is not excluded by name or specific description in the policy and certificate.

We will pay an amount equal to 25% of the specified critical illness basic benefit amount previously paid for that specified critical illness. We will pay no more than one recurrence benefit per previously paid specified critical illness under Category 1 and 2.

## Benefit Category 1 – Group Critical Illness Coverage

ILLNESS	Percentage of the Basic Benefit Amount	Maximum Total Percentage of Basic Benefit Amount for Category
Heart Attack	100%	100%
Heart Transplant	100%	100%
Stroke	100%	100%
Coronary Artery Bypass Surgery	25%	25%

# Group Voluntary Critical Illness

## Benefit Category 2 – Group Critical Illness Coverage

<b>ILLNESS</b>	<b>Percentage of the Basic Benefit Amount</b>	<b>Maximum Total Percentage of Basic Benefit Amount for Category</b>
Major Organ Transplant (other than heart)	100%	100%
End Stage Renal Failure	100%	100%
Paralysis (2 or more limbs, not as a result of a stroke)	100%	100%
Alzheimer's Disease	25%	25%

## Benefit Category 3 – Cancer Coverage

<b>ILLNESS</b>	<b>Percentage of the Basic Benefit Amount</b>	<b>Maximum Total Percentage of Basic Benefit Amount for Category</b>
Invasive Cancer	100%	100%
Carcinoma In Situ	25%	25%

Policy GVCIP1

For more information on this benefit, [click here](#).

# Group Term Life/AD&D Insurance

## Group Term Life/AD&D Insurance

- All newly-hired employees of Duval County Public Schools are able to select additional term life coverage equal to one, two, or three times their annual salary, minus \$12,000, up to a maximum of \$312,000 or, instead of a multiple of the annual salary, you may select a flat \$50,000. This is in addition to your basic Board-paid coverage. Equal amounts of accidental death and dismemberment insurance are also provided. Selections must be made during the first 31 days after becoming eligible
- During Open Enrollment, existing employees may upgrade their additional life and AD&D coverage by one level without medical review
- During Open Enrollment, employees who are eligible but not insured, can purchase additional term life coverage equal to one times their annual salary, or \$50,000. Equal amounts of accidental death and dismemberment insurance are also provided
- In the event of a Family Status Change
  - You may enroll in or increase your additional life coverage without having to submit evidence of insurability, should you enroll within 60 days of a Family Status Change
  - Existing employees may upgrade their additional life and AD&D coverage by one level without medical review
  - Employees who are eligible but not insured can purchase additional term life coverage equal to one times their annual salary or \$50,000. Equal amounts of accidental death and dismemberment insurance are also provided
  - Family Status Change means any of the following events:
    - Your marriage, divorce or legal separation
    - The birth of your child
    - The adoption of a child by you
    - The death of your spouse and/or child
    - The commencement or termination of your spouse's employment
    - A change in employment from full-time to part-time by you or your spouse
- If you terminate your employment from Duval County Public Schools, you may select to continue coverage

## How to change your beneficiary

Log in to [www.myFBMC.com](http://www.myFBMC.com)

- **Select Change In Status**
- **Select Update Beneficiary**
- Complete the required fields and select the allocation of your life insurance benefit, not to exceed 100%
- Follow the prompts to confirm and submit the enrollment change

## To file a death claim:

Please contact the DCPS Employee Benefits Office at **904-390-2143**.

### THE STANDARD CONTACT

Group Term Life/Ad&D Insurance  
Short Term Disability Insurance  
Long Term Disability Insurance

**GROUP #**  
158390

**CUSTOMER SERVICE PHONE**  
1-800-348-3226

**CUSTOMER SERVICE HOURS**  
Mon. – Fri., 9 a.m. to 8 p.m. EST

**DISABILITY INTAKE CLAIMS PHONE**  
1-800-378-2395

**WEBSITE**  
<https://www.standard.com/>



# Unum Long-Term Care

## Plan Description

Long-Term Care (LTC) plans protect your savings in the event you need long-term care for an injury, illness, or disability. Plans provide a monthly benefit you select when you are in a nursing facility, an assisted living facility, or receiving home health care.

## Your Coverage Levels

**Base Plan** — Select either \$1,000 or \$3,000 monthly facility benefit with either a three year or six year benefit duration. The Base Plan provides the monthly benefit you select when you are in a nursing facility, or 60% of the facility benefit when you are in an assisted living facility. For Professional Home Care you receive up to 50% of the facility benefit you selected (1/30th of that amount for each day of care).

## Plan Features

- You may receive benefits after 60 consecutive days of continuous loss of functional capacity
- This benefit is portable — If you leave the District, you may take it with you at the same group rate
- You are not required to pay premiums while receiving Long-Term Care benefits

**Note:** You must complete a separate enrollment application to enroll in this benefit.

## Optional benefits

Contact the Employee Benefits office for more information on to enroll: **904-390-2351**.

**Total Home Care** — This pays you a flat 50% (per month) of the nursing facility benefit you selected for the Base Plan when you receive care at home. Care does not have to be provided by a licensed healthcare worker. Subject to the lifetime maximum, benefits may be payable up to six years.

**Inflation Protection** — This option helps protect your LTC benefit from the impact of inflation. Your monthly Benefit Amount will automatically increase each year on January 1 by 5% of the original Monthly Benefit, regardless of your health and whether or not you are disabled. Your remaining Lifetime Maximum Benefit Amount will also increase. Your premium will not increase as a result of these automatic increases.

### **Outpatient Physicians Treatment Benefit:**

Physician treatment received outside a hospital for any cause. Payable once per day per covered person. Maximum of: 5 days per covered person, per coverage year; 10 days per coverage year if Employee + Spouse or Employee + Child(ren) coverage; 15 days per coverage year if Employee + Family coverage.

## Interested in Long Term Care?

### **Plan rates**

Rates are based on your age at the time of purchase and do not increase with age. Ask your Benefits Counselor for specific rate information.

### **Plan provider**

Unum Life Insurance Company of America underwrites this plan. For use with Policy series TQB.LTC

### UNUM LONG-TERM CONTACT

Long-Term Care

**GROUP #**  
24463

**CUSTOMER SERVICE PHONE**  
1-800-227-4165

**DISABILITY INTAKE CLAIMS PHONE**  
800-693-4988

# Unum Long-Term Care

## Long-Term Care Coverage Plans

### Facility

### Benefit

**\$1,000**

**\$3,000**

### Amount

Benefit Duration Choice	3 Years OR 6 Years	3 Years OR 6 Years
Assisted Living Facility Percent	60%	60%
Lifetime Maximum	\$36,000 (3 Year Plan) OR \$72,000 (6 Year Plan)	\$108,000 (3 Year Plan) OR \$216,000 (6 Year Plan)
Professional Home Care	50%	50%
Total Home Care - optional	50%	50%
Inflation Protection - optional	Simple Capped	Simple Capped

# Unum Whole Life

## Policy Features

- Voluntary, individual coverage is available for employees, with multiple family coverage options offered.
- Policy is now guaranteed issue to all eligible employees and participants with existing coverage except for those that were previously denied coverage through medical underwriting.
- Spouse is conditional guaranteed issue. For spouse to be eligible for conditional guaranteed issue, during the past 12 months, he/she must not have been hospitalized or treated, including medication, for an injury or sickness, excluding pregnancy, colds, flu, and back problems.
- No physical exams are required to apply for coverage. Policy issue may depend upon answers to health questions contained in the application when applying for coverage amounts in excess of the guaranteed-issue limits.
- Premiums are guaranteed level based on your age at the time of policy issue and do not increase due to age.
- Cash value is based on a tabular rate of 4.5%.
- The policy contains a reduced paid-up provision, which allows you to use your accumulated cash value to purchase a smaller, paid-up policy with no further premiums due.
- Coverage may be continued as long as sufficient premiums are paid.
- A Living Benefit Option rider is automatically included at no extra premium on all policies. This feature allows the policy owner to request up to 100% of the death benefit (to a maximum of \$150,000) if the insured is diagnosed with a medical condition that limits life expectancy to 12 months or less. Any payout reduces the death benefit.
- The policy is individually owned, which means you can take the policy with you should you retire or leave the District.

**NOTE:** This benefit is only available during open enrollment. You must meet with a Benefit Counselor to enroll in this benefit.

The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. Unum Corporation complies with Act 91, the Vermont Civil Union Endorsement Law and the California Insurance Equity Act.

Unum is the marketing brand of Unum Corporation's insuring subsidiaries. Provident Life and Accident Insurance Company, 1 Fountain Square, Chattanooga, TN 37402

## Whole Life Weekly Premium Limits

	GUARANTEED ISSUE*	SIMPLIFIED ISSUE
EMPLOYEE	\$3 - \$35	\$36 - \$45
SPOUSE	\$3 - \$5	\$6 - \$10

\*GI applies to all eligible employees, spouses and participants with existing coverage except for those that were previously denied coverage through medical underwriting.

### UNUM WHOLE LIFE CONTACT

**GROUP #**  
40033

**CUSTOMER SERVICE PHONE**  
1-800-635-5597  
Mon. – Fri., 8 a.m. – 8 p.m. ET

**WEBSITE**  
[www.unum.com](http://www.unum.com)

# Trustmark® Voluntary Universal Life

## Plan Features

- Death Benefit
- Accelerated Death Benefit for Long-Term Care Services
- Interest-earning Cash Value
- EZ Value Plan Option\*
- Death Benefit Restoration Rider
- Modified Guaranteed Issue or Simplified Issue is available for all eligible employees and spouses (See a Benefits Counselor for details)
- This plan is portable after the first payroll deduction. You can continue with the full amount of insurance coverage and arrange for premiums to be billed directly to you. Your coverage and premiums stay the same.
- This Universal Life Insurance plan complements any group term life insurance you may have and enables you to vary your premiums, coverage, and cash value accumulation as your needs change. You can adjust the death benefit and premium upward and downward throughout your lifetime, subject to certificate limits.

\*Provides automatic annual benefit increases without additional underwriting unless you opt out of this feature.

## Cost

You select the coverage and premium that best fit your budget and family needs based on your age and eligibility.

## Plan Provider

Trustmark Insurance Company, Lake Forest, Illinois, underwrites this plan. The A.M. Best Company, an organization that compares and rates the financial strength and performance of insurance companies, rates Trustmark "A-" Excellent. This information is being provided to employees by Duval County Public Schools in advance of more complete information from the insurer.

Policy Form UL-205, Rider Forms HH/LTC.205FL, BRR.205FL

## Disclaimer

Trustmark(R) is a registered trademarks of Trustmark Insurance Company. The Accelerated Death Benefit begins to pay after 90 days of confinement or services, and to qualify you must meet conditions of eligibility for benefits. Pre-existing condition limitation may apply.

For exclusions and limitations that may apply visit [www.trustmarkbenefits.com/voluntary-benefits/disclosures/ul](http://www.trustmarkbenefits.com/voluntary-benefits/disclosures/ul). Products underwritten by Trustmark Insurance Company. Underwriting conditions may vary and determine eligibility for the offer of Trustmark insurance. Your policy will contain complete information.

### TRUSTMARK CONTACT

Trustmark Universal LifeEvents®  
Trustmark® Voluntary Universal Life  
Trustmark® Accident Insurance

#### CUSTOMER SERVICE PHONE

1-800-918-8877

#### CUSTOMER SERVICE HOURS

Mon. – Fri. 8 a.m. – 7 p.m. ET

#### DISABILITY INTAKE CLAIMS PHONE

1-877-201-9373, Option 2

#### WEBSITE

<https://www.trustmarkbenefits.com/voluntary-benefits>

# Trustmark Universal LifeEvents®

## Death Benefit

Most people buy life insurance for the financial security of the death benefit, and it's easy to see why. A death benefit puts money in your family's hands quickly when they need it most. It's money they may use any way they want to help cover short- and long-term expenses, such as funeral costs, rent or mortgage, debt, tuition, and more.

## Accelerated Death Benefit for Long-Term Care Services

This benefit makes it easy to accelerate the death benefit to help pay for home healthcare, assisted living, nursing care and/or adult day care services when you are chronically ill, should you or your covered spouse ever need them.

## The Universal LifeEvents® Advantage

Universal LifeEvents is unique. It's designed to match your needs throughout your lifetime, so you have the benefits you need, when you need them most. See for yourself:

### Working years

Universal LifeEvents pays a higher death benefit during working years when expenses are high and your family needs maximum protection. Then at age 70, when expenses typically reduce, Universal LifeEvents reduces the death benefit amount to better fit your needs; however, your benefits for long-term care services never reduce<sup>1</sup>.

### Throughout retirement

Universal LifeEvents pays a consistent level of benefits for long-term care during retirement, which is when you may be most susceptible to becoming chronically ill and may need long-term care services.

<sup>1</sup>Death benefit reduces to one-third at the latter of age 70 or the 15th policy anniversary. Issue age is 18-64.

## Features you'll appreciate

- Lifelong protection
- Options available for family coverage
- Accelerated Death Benefit Insurance Rider for Terminal Illness
- Guaranteed renewable — Guaranteed coverage, as long as your premiums are paid. Your premium may change if the premium for all certificates in your class changes.
- EZ Value — Automatically raises your benefits to keep pace with your increasing needs, without additional underwriting.

### TRUSTMARK CONTACT

Trustmark Universal LifeEvents®  
Trustmark® Voluntary Universal Life  
Trustmark® Accident Insurance

#### CUSTOMER SERVICE PHONE

1-800-918-8877

#### CUSTOMER SERVICE HOURS

Mon. – Fri. 8 a.m. – 7 p.m. ET

#### DISABILITY INTAKE CLAIMS PHONE

1-877-201-9373, Option 2

#### WEBSITE

<https://www.trustmarkbenefits.com/voluntary-benefits>

# Trustmark Universal LifeEvents®

## How Living Benefits Add Up

### EXAMPLE:

### \$100,000 DEATH BENEFIT

### MAXIMUM BENEFIT

### AMOUNT

Accelerated Death Benefit for Long-Term Care Services <sup>2</sup> - Pays a monthly benefit equal to 4% of your death benefit for up to 25 months. The Accelerated Death Benefit for Long-Term Care Services accelerates the death benefit and proportionately reduces it.	\$100,000
Benefit Restoration Insurance Rider - Restores the death benefit <sup>2</sup> that is reduced by the Accelerated Death Benefit for Long-Term Care Services, so your family receives the full death benefit amount when they need it most.	\$100,000
Total Maximum Benefit - Living Benefits may double the value of your life insurance.	\$200,000

*<sup>2</sup>The Accelerated Death Benefit begins to pay after 90 days of confinement or services, and to qualify you must meet conditions of eligibility for benefits. Pre-existing condition limitation may apply. Your policy will contain complete details.*

### Disclosure:

Trustmark(R) and LifeEvents(R) are registered trademarks of Trustmark Insurance Company. For exclusions and limitations that may apply visit [www.trustmarkbenefits.com/voluntary-benefits/disclosures/ul](http://www.trustmarkbenefits.com/voluntary-benefits/disclosures/ul). Products underwritten by Trustmark Insurance Company. Underwriting conditions may vary and determine eligibility for the offer of Trustmark insurance. Your policy will contain complete information.

# Trustmark® Accident

Trustmark Accident insurance can help pay for medical expenses related to non-occupational accidents that occur every day. Accident insurance pays based upon your injury and the care you receive. Benefits are paid directly to the employee, in addition to any other coverage they have.

## Accidental death benefit

- Provides a lump-sum benefit for an accidental death that occurs within 90 days of a covered accident:
  - Pays \$100,000 for the insured, \$50,000 for the spouse and \$25,000 for a child.
  - The benefit doubles if the accidental death is due to a common carrier, as defined in your policy.

## Catastrophic accident benefit

A catastrophic loss is the loss of use of sight, hearing, speech, arms or legs.

- Helps families during the transitional period following a catastrophic loss:
  - Provides a lump-sum benefit for catastrophic loss after fulfilling a 90-day elimination period.
  - Pays \$150,000 for the insured, \$75,000 for the spouse and \$75,000 for a child.

## Disclosure:

Trustmark(R) is a registered trademark of Trustmark Insurance Company. This is an accident only policy with limited benefits and does not pay benefits for diseases, sickness or for loss from sickness. This is not a workers' compensation policy or a substitute for medical expense insurance, major medical insurance or a health benefit plan alternative. It is also not a Medicare Supplement policy. Limitations on pre-existing conditions may apply. For exclusions and limitations that may apply visit [www.trustmarkbenefits.com/voluntary-benefits](http://www.trustmarkbenefits.com/voluntary-benefits). Please refer to your policy for complete information.

### TRUSTMARK CONTACT

Trustmark Universal Lifeevents®  
Trustmark® Voluntary Universal Life  
Trustmark® Accident Insurance

#### CUSTOMER SERVICE PHONE

1-800-918-8877

#### CUSTOMER SERVICE HOURS

Mon. – Fri. 8 a.m. – 7 p.m. ET

#### DISABILITY INTAKE CLAIMS PHONE

1-877-201-9373, Option 2

#### WEBSITE

<https://www.trustmarkbenefits.com/voluntary-benefits>



# Flex Dollars

## Using Your Flex Dollars

- If you add dependents to your medical plan, your \$250 “Flex Dollars” are automatically used to reduce your premium cost each pay period by \$12.50 (20 pay periods) or \$10.42 (24 pay periods).
- If you do not add dependents to your medical plan, the Flex Dollars will be used for other pretax benefits, including the employee portion for the DCPS Contributory medical plan, but excluding life insurance.
- If you choose pretax benefits that total less than \$250 per year, the Flex Dollars balance will be added to your payroll check. If you select benefits that total more than \$250, then deductions for the remaining difference will be payroll deducted on a pretax basis.
- If you and your spouse are employed by DCPS and cover a dependent(s) under the DCPS medical plan, one of you may give your Flex Dollars to the other to help reduce the amount of dependent medical premium. (See Dual Spouse Eligibility Section)
- If you decide to pay for your benefits from your post-tax pay, you may not use your \$250 Flex Dollars to pay for post-tax benefits.