

WELCOME TO OPEN ENROLLMENT FOR BPS BENEFITS PLAN YEAR 2024



- This summary guide will highlight key information about the 2024 plan year.

Full details on all benefits within the BPS benefits program are available in our electronic Employee Benefits Guide. The electronic guide can be accessed online via the locations listed below.

IMPORTANT DATES TO REMEMBER

- **October 16 to October 31** - Open Enrollment period. Enroll via <https://bps.primebenefits.io/>
- **January 31, 2024** - Deadline to complete both wellness activities for those who enroll for medical coverage for the first time during Open Enrollment.

STEP 1

COMPLETE AN ANNUAL PHYSICAL at a Well-Care Center, for free. Call to make an appointment

OR

With your own doctor. Preventive Annual Physicals are free with in-network providers.



STEP 2

COMPLETE A HEALTH ASSESSMENT at mycigna.com using the information from your Annual Physical.

IMPORTANT:

Employees enrolling themselves and spouses for the first time for medical coverage during Open Enrollment must wait until 1/1/24 to make a physical exam appointment and access the Health Assessment.



Electronic Employee Benefits Guide (How to access)

- **First location** - Go to the district's website: www.brevardschools.org.
 - a. Click on "Departments & Programs" (top left) then under the heading "B," click on "Benefits"
 - b. From the Benefits homepage, click on "Information for ACTIVE Employees"
 - c. Look for, then click on, the link "2024 Benefits Guide"
- **Second location** - Go to the online benefits portal at <https://bps.primebenefits.io/>.
 - a. Click on "BPS Single Sign-On," enter your BPS network log-in credentials, then click "Sign in"
 - b. Look for the tile entitled "Benefits Guidebooks" and click the link for the 2024 Benefits Guide

If you have any additional questions, please call the Benefits Education & Call Center at [321.800.4490](tel:321.800.4490), or email them at BPS@pesenroll.com.

Employee Benefit Required Notices

The Federal Government requires that the district provide employees access to the following information regarding their rights under the district's health plan:

- Health Insurance Marketplace Coverage Options
- Your Prescription Drug Coverage and Medicare
- Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)
- Collection of Medicare Health Insurance Claim Numbers (HICNs), Social Security Numbers (SSNs) and Employer Identification Numbers (EINs) & (Tax Identification Numbers) – ALERT
- HIPAA Special Enrollment Notice
- Coverage Continuation Rights Under COBRA
- Notice of Availability – BPS Health Plan Notice of Privacy Practices
- Notice Regarding Wellness Programs
- Women's Health and Cancer Rights Act Notice
- Protections from Disclosure of Medical Information

You can access these required notices three ways:

- **First way** – Go to the district's website: www.brevardschools.org.
 - a. Click on “Departments & Programs” then under the heading “B,” click on “Benefits”
 - b. In upper portion of page click “Required Health Plan Notices”
- **Second way** – Refer to page 7 of this guide to access the annual notices link.
 - a. Click the **purple** and underlined word “**HERE**” under the heading “Employee Benefit Required Notices”
- **Third way** – Refer to page 41 of the BPS Benefit Guide to access the annual notices link.
 - a. Click the **purple** and underlined word “**HERE**”



PES Benefit Counselors will be available by phone to speak with employees one-on-one to explain and review the benefits offered.

Call the PES Benefits Education & Call Center Monday to Friday, from 9 a.m. to 9 p.m. EST, at [321.800.4490](tel:321.800.4490) or visit <https://pesenroll.com/bps/>

To schedule a call with a Benefit Counselor during the enrollment period, visit <https://qrco.de/bcOBS5> or scan the QR code shown on the left.

For all benefits related questions, you may send an email to BPS@pesenroll.com

The Benefits Education & Call Center will help educate staff on the entire BPS benefits program, including how the two medical plans differ. All benefit-eligible employees are encouraged to schedule an educational appointment with a benefits counselor during the Open Enrollment period. A scheduling link will be provided in forthcoming Open Enrollment communications.

At the time of their appointment, BPS staff will not be required to enroll in benefits, but would then need to do so at another time, being sure to meet the deadline of October 31. Benefits enrollment will close promptly at the end of the day and no further enrollments will be accepted.

Active Open Enrollment

All benefit-eligible BPS staff will be required to take action for 2024 benefits:

- Re-enroll in a 2024 Flexible Spending Account.
- Complete these required affidavits* if electing medical coverage:
 - Medical Plan Affidavit – if enrolling your spouse for medical
 - Over-age Dependent Affidavit – if enrolling a dependent age 26-30 (not disabled)

*** If you do not complete the Affidavits as required, you will be automatically assessed the Spousal Surcharge and your Over-age Dependent (non-disabled) will not have coverage.**

IMPORTANT!
If adding dependent(s) to coverage, you must provide proof of eligibility (marriage and/or birth certificates) by October 31.

If no document(s) submitted, added dependent(s) will not be enrolled.

Tobacco-Use Surcharge Program

The Tobacco-use surcharge program will continue in 2024. Employees and covered spouses must be tobacco free as of 4/1/23 in order to NOT be considered a tobacco user. If you indicate on the Medical Plan Affidavit that you and/or your covered spouse use tobacco, then the \$50/month surcharge* will be applied. However, the surcharge will be refunded IF the tobacco user(s):

- Complete Cigna's **Tobacco Cessation Program** by **September 30, 2024**, with either:
 - A Cigna telephonic coach: [1.800.244.6224](tel:18002446224) OR
 - Cigna's onsite health coach, Joni Deblecourt-Whelen. Contact her by email (Josephina.deBlecourt-Whelen@evernorth.com) or call or text to [321.338.5955](tel:3213385955).
- Both coaching options have a similar average of 6 sessions and include Nicotine Replacement Therapy.



*If both the employee and covered spouse use tobacco, only one surcharge will apply. However, both must complete the coaching in order to have the surcharge refunded.

2024 MEDICAL PLAN OPTIONS



| TYPE OF SERVICE | Gold Plan | | Silver Plan | |
|---|---|--|---|--|
| | In-network | Out-of-network | Schedule 1 | Schedule 2 |
| | Cigna's Open Access Plan | | Parrish & Steward Hospital Systems & their Affiliates, plus Independent Physicians in Brevard County and all Cigna Ancillary ¹ Providers | Health First & other Cigna network providers, excluding Schedule 1 providers, plus Out-of- Network Providers |
| Annual Deductible (Indiv/Fam) | Wellness: \$1,500/\$3,000 1/2 Wellness: \$2,000/\$4,000 Non-Wellness: \$2,500/\$5,000 | Wellness: \$3,000/\$6,000 1/2 Wellness: \$4,000/\$8,000 Non-Wellness: \$5,000/\$10,000 | Wellness: \$750/\$1,500 1/2 Wellness: \$1,250/\$2,500 Non-Wellness: \$1,750/\$3,500 | Wellness: \$1,250/\$2,500 1/2 Wellness: \$2,250/\$4,500 Non-Wellness: \$3,250/\$6,500 |
| Coinsurance (mbr paid) | 20% | 50% | 20% | 40% |
| Annual Out-Of-Pocket Maximum (Indiv/Fam) | \$5,500/\$11,000 (Medical) | \$12,500/\$25,000 (Medical) | \$4,500/\$9,000 (Medical) | \$6,500/\$13,000 (Medical) |
| OFFICE VISITS | | | | |
| Primary Care office visit | Tier 1*: \$30/ Non-Tier 1: \$45 | 50% AD ³ | \$30 | 40% AD |
| Specialist office visit | Tier 1*: \$50/ Non-Tier 1: \$75 | 50% AD | \$50 | 40% AD |
| BPS Employee Well-Care Centers | \$0 | Not Covered | \$0 | Not Covered |
| Preferred Health Center | \$30 | Not Covered | \$30 | Not Covered |
| Advanced Radiology/ Outpatient Facility at a Preferred Facility | \$200 | 50% AD | \$125 | 40% AD |
| HOSPITAL SERVICES | | | | |
| Inpatient Hospital | \$900 copay + 20% AD | 50% AD | \$600 copay + 20% AD | 40% AD |
| Outpatient Surgery | 20% AD | 50% AD | 20% AD | 40% AD |
| EMERGENCY & LAB | | | | |
| Emergency Room | \$450 copay + 20% AD | | \$300 copay+ 20% AD | |
| Urgent Care | \$75 | \$75 | \$50 | \$50 |
| Major Diagnostics (CT/ PET scans, MRI) Outpt/ Non-preferred | 20% AD | 50% AD | 20% AD | 40% AD |
| PHARMACY BENEFITS | | | | |
| Separate Out-of-Pocket Maximum (OOPM) | Indiv/Family: \$2,200/\$4,400 | Not Covered | Indiv/Family: \$2,200 /\$4,400 | Not Covered |
| Generic | \$20 | Not Covered | \$20 | Not Covered |
| Preferred Brand | \$50 | Not Covered | \$50 | Not Covered |
| Non-Preferred Brand | \$150 | Not Covered | \$150 | Not Covered |
| Mail Order Pharmacy | 2x 30-day Retail | Not Covered | 2x 30-day Retail | Not Covered |

NOTES:

*Tier 1 = For lower copay, provider must have the Tier 1 symbol – ✓ Tier 1 Provider next to their name in Cigna's provider directory.

1. Ancillary Providers, e.g., labs, imaging centers, and outpatient surgical facilities
2. "Non-contracted" means has no contract with Cigna
3. AD = After Deductible



Employee Benefits Effective January 1, 2024

Monthly Rates

| Gold Plan | | Silver Plan | |
|-----------------------|----------|-----------------------|----------|
| Tier | EE Cost | Tier | EE Cost |
| Employee Only | \$149.26 | Employee Only | \$110.53 |
| Employee + Spouse | \$606.43 | Employee + Spouse | \$523.77 |
| Employee + Child(ren) | \$358.31 | Employee + Child(ren) | \$307.28 |
| Employee + Family | \$742.19 | Employee + Family | \$641.33 |

| PHARMACY CO-PAYS | |
|--|--------|
| Pharmacy Out-of-Pocket Maximum: \$2,200 Indiv/\$4,400 Fam | |
| RETAIL (30 DAYS) | CO-PAY |
| Generic (& Specialty) | \$ 20 |
| Brand | \$ 50 |
| Non-Preferred | \$150 |
| HOME DELIVERY (90 Days) | CO-PAY |
| Generic (& Specialty) | \$ 40 |
| Brand | \$100 |
| Non-Preferred | \$300 |
| RETAIL 90 (90 Days) From a Retail Pharmacy | CO-PAY |
| Generic (& Specialty) | \$ 60 |
| Brand | \$150 |
| Non-Preferred | \$450 |

| SHORT- & LONG-TERM DISABILITY |
|--|
| STD and LTD replace 60% of your eligible income during an approved disability. Both have a waiting period before benefits are paid as well as a maximum benefit period. |
| Open Enrollment is the time when you can apply for STD and/or LTD insurance if you didn't enroll as a new hire. Part of the enrollment process will be to complete a health questionnaire and await a decision on insurability from the carrier. |
| Questions? Call The Standard at 800.325.5757 |

| DENTAL - PER MONTH | | | |
|--------------------|---------|---------|----------------|
| Humana Dental Plan | EE Only | EE + 1 | EE + 2 or more |
| HMO Low | \$6.39 | \$12.65 | \$22.48 |
| HMO High | \$10.48 | \$20.74 | \$36.88 |
| PPO Low | \$23.82 | \$48.17 | \$71.25 |
| PPO High | \$30.34 | \$61.24 | \$90.44 |

Dental coverage is provided by Humana
Visit humana.com or Call [1.800.233.4013](tel:1.800.233.4013)

| VISION - PER MONTH | | |
|--|------------|---------------|
| HUMANA VISION Coverage Tier | Basic Plan | Enhanced Plan |
| Employee Only | \$3.92 | \$5.91 |
| Employee + 1 | \$9.75 | \$14.69 |
| Employee + 2 or more | \$16.72 | \$25.19 |
| Vision coverage is provided by Humana Vision. Visit HumanaVisionCare.com or Call 1.877.398.2980 | | |

| LIFE INSURANCE |
|--|
| For all benefit-eligible employees, BPS's group life insurance plan provides a benefit of 1 times annual salary at no cost to them. Additional coverage is available at employees' expense. Be sure beneficiary designations are up to date. |
| Questions? Call The Standard at 800.325.5757 |

| DEPENDENTS AGE 26-30 |
|---|
| For enrolled dependents 26 to 30 years old, there is an additional premium for medical coverage of \$358.88/month. To be eligible for coverage, the dependent must meet certain qualifications. To determine eligibility/enroll for coverage, the employee must complete a Dependent Age 26-30 (Non-Disabled) Affidavit online . |
| Additional premium will not apply to dental, vision, AD&D, or dependent life coverage; however, the premiums for dental and vision will become a post-tax deduction on the employee's paycheck. |

| FLEXIBLE SPENDING ACCOUNTS (FSA) |
|---|
| Signing up for a FSA is required every year and Open Enrollment is the time to do so. A Health Care Flexible Spending Account (HCFSA) can help with applicable expenses. |
| <ul style="list-style-type: none"> Use pre-tax dollars to pay for medical, pharmacy, dental, and vision expenses not covered by our plans. Maximum 2024 HCFSA contribution: \$3,050. (Up to \$610 of unused HC funds can be carried over to next calendar year.) |
| Dependent Care Flexible Spending Account (DCFSA) is available, too! |

You must go to <https://bps.primebenefits.io/> during Open Enrollment to sign up for a 2024 HC or DC FSA.



Status Change/Qualifying Events

Once your benefit elections become effective, they remain in effect until the end of the calendar year. However, qualifying events during the calendar year may permit you to make changes to your benefits. To be eligible, you **MUST** notify the Office of Employee Benefits within 30 days of the qualifying event. If you fail to report the event **within 30 days**, you will not be permitted to add/change coverage until the following Open Enrollment period.

Qualifying events include, but are not limited to:

- Change in **marital status** (marriage, death of spouse, divorce, or annulment)
- Change in **number of dependents** (including birth, adoption, placement for adoption or death)

For further information on eligible qualifying events, please refer to the Summary Plan Description or contact your local Benefit Contact.

Open Enrollment Important Tip

During Open Enrollment, after every visit to your enrollment screen, **always print and review a confirmation statement** to ensure no unintended changes occurred. Once Open Enrollment ends, no corrections to errors can be made.

Wellness Program

With the guidance of an onsite Well-being Coordinator, BPS supports an engaging, rewarding, and *fun* health and wellness program for all employees which offers a variety of activities and events for all fitness levels. From *virtual* Lunch n' Learns that can be viewed from your desk to in-person 5K runs at local outdoor venues, and many happenings in between, there's something for anyone who's interested.

BPS staff is notified of all events via district email messages. As such, please be sure to open and review these emails so you don't miss out on opportunities you could benefit from, not only health-wise, but sometimes even "money-wise" (financially) as many activities offer gift cards and prize drawings.



We strongly encourage you to review the BPS Benefit Guide and reach out to a PES Benefit Counselor (info on page 2) with any questions.

**OPEN ENROLLMENT PERIOD:
10/16/2023 - 10/31/2023**

CONTACTS

Medical Plan(s)

Cigna

Member services: 800.244.6224
Pre-Enrollment: 800.564.7642
Website: mycigna.com

Prescription Services

Cigna

Member services: 800.285.4812
Website: mycigna.com

Wellness

Marathon Health

Central: 321.252.1169
South: 321.369.9514
North: 321.222.9070
Website:
https://member.ourhealth.org/sign_in

Onsite Cigna Health Coach:

Joni: 321.338.5955
Josephina.Deblecourt-Whelen@evernorth.com

Onsite Cigna Customer Service Representative:

Laricia Eason
321.633.1000 x11219
Laricia.Eason@cigna.com

Annual Notices
can be found
[HERE](#)

Dental

Humana

Member services: 800.233.4013
Website: humana.com

Vision

Humana

Member services: 877.398.2980
Website: humana.com

Employee Assistance Program

CN Associates

Member Services: 800.531.0200
Website: charlesnechtem.com

Flexible Spending Account (FSA)

TASC

Member services: 800.422.4661
Website: tasconline.com

Group Term Life & AD&D Insurance

The Standard

Customer Service: 800.325.5757
Supplemental Claims: 866.851.8505
Website: standard.com/individual

Disability Insurance

The Standard

Member services: 800.325.5757
Website: standard.com/individual

Accident, Critical Illness, and Hospital Indemnity

The Standard

Member services: 800.325.5757
Website: standard.com/individual

Surgery Plus

Member services: 833.709.2441
Website: brevardschools.surgeryplus.com

Hinge Health

Member Services: 855.902.2777
Website: hingehealth.com/mybrevard

BPS Office of Employee Benefits

Benefit Specialist
Phone: 321.633.1000 ext. 11216
Email: BPSBenefitsWellnessandChoice@Brevardschools.org

Benefits Education & Call Center

321.800.4490

M - F 9 a.m. - 9 p.m. EST

Website: <https://pesenroll.com/bps/>

Email: BPS@pesenroll.com for any benefit questions.



NOTES

