

WELCOME TO OPEN ENROLLMENT FOR BPS BENEFITS PLAN YEAR 2023

Brevard Public Schools



This summary guide will highlight key information about the 2023 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 17 to October 31** – Open Enrollment period. Enroll via <https://bps.primebenefits.io>
- **August 31, 2023** – Deadline for employees and spouses enrolled/enrolling in the medical plan to complete **both** wellness activities, in order, to earn a reduced 2024 in-network medical plan deductible.

NOTE: Employees enrolling themselves and spouses for the first time for medical coverage during Open Enrollment must wait until 1/1/23 to schedule an annual physical and access the Health Assessment at mycigna.com.

STEP 1	STEP 2
<p>Complete an annual physical: At a Well-Care Center, for free. Call to make an appointment</p> <p>OR</p> <p>With your own doctor. Preventive annual physicals are free with IN-network providers.</p>	<p>Using the information from your Annual Physical, complete a Health Assessment (HA) at mycigna.com.</p>

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 “2023 Employee 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 titled “Benefits Guidebooks” and click the link for the 2023 Benefits Guide

If you have any additional questions, please call the Benefits Education & Call Center at 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
- Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)
- HIPAA Special Enrollment Notice
- Notice of Availability – BPS Health Plan Notice of Privacy Practices
- Women's Health and Cancer Rights Act Notice
- Your Prescription Drug Coverage and Medicare
- Collection of Medicare Health Insurance Claim Numbers (HICNs), Social Security Numbers (SSNs) and Employer Identification Numbers (EINs) & (Tax Identification Numbers) – ALERT
- Coverage Continuation Rights Under COBRA
- Notice Regarding Wellness Programs
- 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. Look to the menu at left and click "Required Notices and Summaries"
- **Second way** – Refer to page 7 of this guide to access the annual notices link.
 - a. Click the blue 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 blue and underlined word "[here](#)"

ONLY During Open Enrollment for Plan Year 2023

- BPS will contribute \$300 to each benefit-eligible employee who enrolls in a health care FSA account, **and**
- From our new Disability insurance benefit partner (The Standard), enrollment for Short- and Long-term disability will be guaranteed issue (no health questionnaire will be required).
- The Standard will replace New York Life (Cigna).



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 8 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, staff will not be required to enroll for 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 staff will be required to take action for 2023 benefits:

- Enroll in a 2023 health care Flexible Spending Account in order to receive the BPS employer contribution of \$300.
- Complete these required affidavits, as applicable, if electing medical coverage:
 - Medical Plan affidavit
 - Over-age Dependent affidavit

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

If you do not enroll for a health care FSA, you will not receive the \$300 employer contribution.

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

Tobacco-Use Surcharge Program

The Tobacco-use surcharge program will continue in 2023. Employees and covered spouses must be tobacco free as of 4/1/22 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, 2023, with either:
 - A Cigna telephonic coach: [1.800.244.6224](tel:1.800.244.6224)
 - OR
 - Cigna’s onsite health coach, **Joni Deblecourt-Whelen**
 - [Email Joni.deblecourt-whelen@cigna.com](mailto:Joni.deblecourt-whelen@cigna.com) or by **Phone** or text to [321.338.5955](tel:321.338.5955)
- 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.

2023 MEDICAL PLAN OPTIONS

CIGNA

TYPE OF SERVICE	Gold Plan Cigna's Open Access Plan		Silver Plan	
	In-network	Out-of-network	Schedule 1 Parrish & Steward Hospital Systems & their Affiliates plus Independent Physicians in Brevard County and all Cigna Ancillary ¹ Providers	Schedule 2 Health First and 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, 2023

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 Ind/\$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](tel: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 www.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 www.HumanaVisionCare.com or Call [1.877.398.2980](tel: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](tel: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 pay check.

FLEXIBLE SPENDING ACCOUNTS (FSA)

Signing up for an FSA is required every year and Open Enrollment is the time to do so. A Healthcare (HC) FSA can help with applicable expenses. **NEW: BPS will contribute \$300 towards each benefit-eligible employee's HC FSA account.**

- Use pre-tax dollars to pay for medical, pharmacy, dental, and vision expenses not covered by our plans.
- Maximum 2023 HC FSA contribution:** \$2,850. (\$300 ER contribution and up to \$2,550 EE contribution. Also, up to \$550 of unused HC funds can be carried over to next calendar year.)

Dependent Care (DC) FSA is available, too!

You must go to www.easybenefits.com during Open Enrollment to sign up for a 2023 HC or DC FSA.



There are a couple notable changes this year to your benefit offerings. Below is a quick highlight of the 2023 benefit changes.

PRODUCT	CARRIER/ ADMINISTRATOR	2023 HIGHLIGHTS
Short- and Long-Term Disability	*NEW CARRIER* The Standard	Same plan benefits Evidence of Insurability (EOI) waived for all employees during open enrollment
Flexible Spending Account	TASC	BPS will contribute \$300 towards each benefit-eligible employee's Healthcare FSA but enrollment is required . During Open Enrollment, you decide how much additional pre-tax money to contribute, if any, through payroll deductions to your 2023 FSA. Expenses must be incurred during the plan year and must not be eligible for reimbursement from insurance policies or any other source. You will have 90 days after the end of the plan year to submit claims for reimbursement, and up to \$550 of your balance can rollover to the next plan year.

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: 10/17/2022 - 10/31/2022



CONTACTS

Medical Plan(s)

Cigna

Member services: 800.244.6224

Pre-Enrollment: 800.564.7642

Website: www.mycigna.com

Prescription Services

Cigna

Member services: 800.285.4812

Website: www.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:

SuAnne LaRocque

321.633.1000 x 11219

Dental

Humana

Member services: 800.233.4013

Website: www.humana.com

Vision

Humana

Member services: 877.398.2980

Website: www.humana.com

Employee Assistance Program

CN Associates

Member Services: 800.531.0200

Website: www.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: www.standard.com/individual

Disability Insurance

The Standard

Member services: 800.325.5757

Website: www.standard.com/individual

Accident, Critical Illness, and Hospital Indemnity

The Standard

Member services: 800.325.5757

Website: www.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

Hello Heart

Member services: 800.767.3471

Email: support@helloheart.com

Website: www.helloheart.com

BPS Office of Employee Benefits

Benefit Specialist

Phone: 321.633.1000 ext. 11216

Email: [BPSBenefitsWellnessandChoice@](mailto:BPSBenefitsWellnessandChoice@Brevardschools.org)

Brevardschools.org

Annual Notices
can be found
[HERE](#)

Benefits Education & Call Center

321.800.4490

M – F 9 a.m. – 8 p.m. EST

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

Email: BPS@pesenroll.com for any benefit questions



