



Benefits Enrollment Guide

Plan Year Date: January 1, 2027 - December 31, 2027

RISK MANAGEMENT

Santa Rosa County District Schools Risk Management Department oversees employee benefits, monitors school site safety, and maintains wellness frameworks to support employees so that they can fulfill the vision and mission of our district.

DISTRICT MISSION:

To love, educate, and prepare all students for graduation and a successful future.

Employee Benefits Enrollment:

At Santa Rosa County District Schools, we are proud to offer you a comprehensive benefits package. This enrollment guide will assist you in determining the coverage levels that will provide you and your family with the protection that gives you peace of mind.

This guide explains each type of coverage, gives suggestions about how to effectively use your benefits, and provides examples to help you determine your benefit and payroll deduction amounts.

We encourage you to take the time to review the enrollment guide prior to enrollment.

Eligibility for you and your dependents

You are eligible to participate in the group benefit plans if you are an active full-time or part-time employee and scheduled to work 18.75 or more hours per week. Employees are eligible for coverage on the first of the month following 30 days of employment. They must enroll within thirty (30) days of their hire date. Certain dependents of eligible employees can enroll in the medical, dental, vision, dependent life insurance plans and voluntary benefits.

Eligible dependents include:

- Your legal spouse.
- Your natural children, legally adopted children, step children and children for whom you assume legal guardianship up to the end of the year in which they turn 26.
- Children age 26 or older incapable of self-support due to a mental or physical condition incurred prior to age 26. You may be required to complete a Handicapped/Disabled Certification form prior to the child attaining age 26.

It's time to enroll in your benefits! This guide will walk you through your choices, and will help you to decide which plans are best for you and your family.

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Qualifying Life Events

The choices you make during your New Hire period or Annual Open Enrollment period are irrevocable until either the next Annual Open Enrollment period or unless you experience a qualifying life event. Qualifying life events include changes to your legal marital status, giving birth or adopting a child, a change in you or your spouse's employment status, or your entitlement to Medicare.

If you anticipate any of these changes, please contact Risk Management in advance of the event to verify your right to change plan coverage(s). You must elect your change in benefits within 30 days of the qualified life event. **If you do not notify Risk Management within 30 days of a qualifying event, you will have to wait until the next annual open enrollment period to make benefit changes unless you have another qualifying event.**

Qualifying life events that could result in changes to your coverage include:

- marriage or divorce,
- birth or adoption of a child,
- death of a dependent,
- medicare entitlement,
- end of a dependent's full-time student status,
- termination of your spouse's employment that affects benefits, and/or
- loss of other group coverage.

Information You May Need to Enroll

If you will be electing coverage this year, you will need to follow these directions to complete the process. If you have trouble enrolling, contact a member of our Risk Management Department.

How do I get started with my enrollment?

- Log on to Rapid Identity through the District website at <https://login.santaroschools.org/>.
- Select the benefits sign in – Selerix icon.
- Follow the steps outlined in Selerix to complete your enrollment.

CONTACT INFORMATION

Medical

Florida Blue

1-888-801-4670

<https://myhealthtoolkitfl.com>

Medicare

1-800-926-6565

www.floridablue.com/medicare

Dental

MetLife

Group #:254678

1-800-942-0854

Website: www.metlife.com/mybenefits

Network: PDP Plus

Vision

Davis

Client Code #:3705

1-877-923-2847

www.davisvision.com

Short Term Disability

MetLife

1-800-438-6388

www.metlife.com/mybenefits

Long Term Disability

MetLife

1-800-438-6388

www.metlife.com/mybenefits

Basic Life and Voluntary

Life with AD&D Insurance

MetLife

1-800-438-6388

www.metlife.com/mybenefits

Flexible Spending Account (FSA)

NueSynergy

1-855-890-7239

www.NueSynergy.com

Health Savings Account (HSA)

Santa Rosa County Federal Credit Union

1-850-623-3877

www.srcfcu.org

Critical Illness/Accident/

Hospital Indemnity

MetLife

1-800-438-6388

www.metlife.com/mybenefits

Telemedicine

freshbenies

Group #: 4525

1-855-647-6762

www.freshbenies.com

Wellness Platform

HealthCheck 360

1-866-511-0360

www.myhealthcheck360.com

Santa Rosa County District Schools

Fax: 850-665-0846

850-983-5150 ext. 2748 – Maggie Coate

850-983-5150 ext. 4216 – Gwynn Sauls

850-983-5150 ext. 1301 – Jenny Mills

<https://santarosaschools.org/en-us/riskmgmt>

Florida Retirement System

Customer Service Investment: 866-446-9377

www.myfrs.com

Customer Service Pension: 844-377-1888

<https://frs.fl.gov>

403b and 457 Plans

TSA Consulting

Customer Service: 888-796-3786

MEDICAL

Florida Blue



Your Medical Coverage

Santa Rosa County District Schools offers 3 medical plan(s) for your health care benefits. These plan(s) have contracted with a network of providers, including physicians, hospitals, and other types of providers. In order to receive the highest level of benefits and pay the least amount out of your pocket, you need to access care from the providers who have elected to be a part of the network.

You may access the provider directory online at the following website: www.myhealthtoolkitfl.com. Check to make sure your providers are in the appropriate network.

Visit the website – <https://myhealthtoolkitfl.com>

Get simple answers to your everyday questions. Become more aware of your health care options and find resources to help you and your family live healthier lives. Everyone will need to register on the website. Enter your Member ID and other info to register, then create your user name and password.

On the website, you can view:

- Your personal, secure health account summary
- Health Resources and Newsletter Subscriptions
- Claims History or Claims Status
- Answers to your benefit questions
- What is covered on your plan
- Information on specific conditions and treatment options
- Information on health risks
- Compare cost & quality of doctors and hospitals
- Provider search options

You will receive your medical ID cards 2-3 weeks after you initially enroll or change plans. If you need care before you receive your card please call Florida Blue.



GoodRx

Stop paying too much for your prescriptions.

Compare prices, find FREE coupons, and save up to 80%!

How GoodRx works

- **Compare Prices:** Drug prices vary by pharmacy. Use GoodRx to find current prices and discounts.
- **Get Free Coupons:** GoodRx coupons can help you pay less than the cash price for your prescription.
- **Show To Your Pharmacist:** It's easy. Just bring your free coupon to the pharmacy when picking up your prescription.

Need a same-day prescription? Try GoodRx Care.

- **See a healthcare provider anytime, anywhere:** Skip scheduling and waiting rooms - talk to a provider within minutes.
- **Save on prescriptions and visits, every time:** Get discounted pricing on all your healthcare needs.
- **No insurance necessary:** Unlike a trip to the healthcare provider's office, the price you see is the price you pay. No hidden fees.

Download the GoodRx App now!



Medical Summary of Benefits: FL Blue HDHP/HSA Plan

Santa Rosa County District Schools offers your medical benefits through Florida Blue. The benefits are outlined below.

Medical Plan Highlights	
Plan Type	FL Blue HDHP/HSA Plan
	Single/Family
Deductible	\$2,750/\$5,500
Out-of-Pocket	\$16,100
Coinsurance	30%
Preventive Annual Exam	Covered at 100%
Primary Care	Deductible then 30% Coinsurance
Specialist	Deductible then 30% Coinsurance
Labwork (independent lab)	Deductible
Imaging: X-Ray	Independent facility: Ded then 30% Outpatient facility: Ded then 30%
Imaging: Advanced (MRI/CT/PET)	Independent facility: Ded then 30% Outpatient facility: Ded then 30%
Urgent Care	Deductible then 30% Coinsurance
Emergency Room	Deductible then 30% Coinsurance
Inpatient Hospitalization	Deductible then 30% Coinsurance
Outpatient Hospital Services	Deductible then 30% Coinsurance
Ambulatory Surgical Center	Deductible then 30% Coinsurance
Office Services	
Physician Office Services	
In-Network Family Physician	Deductible then 30% Coinsurance
In-Network Specialist	Deductible then 30% Coinsurance
Out-of-Network Office Visit	Deductible then 50% Coinsurance
In-Network Virtual Family Physician Visit	Deductible then 30% Coinsurance
Out-of-Network Virtual Visit	Not covered
Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Med)	
In-Network	Deductible then 30% Coinsurance
Out-of-Network	Deductible then 30% Coinsurance
Maternity Initial Visit	
In-Network Specialist	Deductible then 30% Coinsurance
Out-of-Network	Deductible then 50% Coinsurance
Allergy Injections (per visit)	
In-Network	Deductible then 30% Coinsurance
Out-of-Network	Deductible then 30% Coinsurance
Medical Pharmacy – Physician Administered Medications <i>(applies to Office Setting and Specialty Pharmacy Vendors)</i>	
In-Network Monthly Out-of-Pocket Maximum*	\$200
In-Network	Deductible then 30% Coinsurance
Out-of-Network	Deductible then 50% Coinsurance

Physician-Administered Medications – These medications require the administration to be performed by a health care provider. The medications are ordered by a provider and administered in an office or outpatient setting. Physician-Administered medications are covered under your medical benefit. Please refer to the Physician-Administered medication list in the Medication Guide for a list of drugs covered under this benefit.

**Monthly OOP max does not apply until the In-Network DED is met. In-Network Medical Pharmacy will be paid at 100% for the remainder of the calendar month once OOP max is met.*

Medical Summary of Benefits: FL Blue HDHP/HSA Plan

Medical Plan Highlights		
Plan Type	FL Blue HDHP/HSA Plan	
	Single/Family	
Preventive Care		
Routine Adult & Child Preventive Services, Wellness Services, and Immunizations		
In-Network	\$0	
Out-of-Network	50% Coinsurance	
Mammograms		
In-Network and Out-of-Network	\$0	
Colonoscopy (Routine for age 45+ then frequency schedule applies)		
In-Network and Out-of-Network	\$0	
Emergency Medical Care		
Urgent Care Center		
In-Network	Deductible then 30% Coinsurance	
Out-of-Network	Deductible then 30% Coinsurance	
Emergency Room Facility Services (per visit)		
In-Network	Deductible then 30% Coinsurance	
Out-of-Network	Deductible then 30% Coinsurance	
Ambulance Services (Ground, air, and water travel)		
In-Network and Out-of-Network	Deductible then 30% Coinsurance	
*Balance Billing		
*Balance Billing, sometimes also called extra billing, is the practice of a non-participating healthcare provider billing a patient for the difference between what the patient's health insurance reimburses and what the provider chooses to charge. In-network provider cannot balance bill.		
Outpatient Diagnostic Services		
Independent Diagnostic Testing Facility Services (per visit) (e.g., Blood Work and X-rays) (includes Provider Services)		
In-Network Diagnostic Services (except AIS)	Deductible then 30% Coinsurance	
In-Network Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Med.)	Deductible then 30% Coinsurance	
Out-of-Network	Deductible then 50% Coinsurance	
Independent Clinical Lab (e.g., Blood Work)		
In-Network	Deductible	
Out-of-Network	Deductible then 50% Coinsurance	
Outpatient Hospital Facility Services (per visit) (e.g., Blood Work and X-Rays)		
In-Network	Deductible then 30% Coinsurance	
Out-of-Network	Deductible then 50% Coinsurance	
Other Provider Services		
Physician Services at Hospital & ER		
In-Network and Out-of-Network	Deductible then 30% Coinsurance	
Radiology, Pathology & Anesthesiology Provider Services at an Ambulatory Surgical Center (ASC)		
In-Network and Out-of-Network	Deductible then 30% Coinsurance	

Medical Summary of Benefits: FL Blue HDHP/HSA Plan

Medical Plan Highlights	
Plan Type	FL Blue HDHP/HSA Plan
	Single/Family
<i>Physician Services at Locations other than Office, Hospital and ER</i>	
In-Network Family Physician	Deductible then 30% Coinsurance
In-Network Specialist	Deductible then 30% Coinsurance
Out-of-Network	Deductible then 50% Coinsurance
Other Special Services	
<i>Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations (PBP* Maximums Apply)</i>	
<i>Outpatient Rehab Therapy Center</i>	
In-Network	Deductible then 30% Coinsurance
Out-of-Network	Deductible then 50% Coinsurance
<i>Outpatient Hospital Facility Services (per visit)</i>	
In-Network (Option 1 and Option 2)	Deductible then 30% Coinsurance
Out-of-Network	Deductible then 50% Coinsurance
<i>Durable Medical Equipment, Prosthetics and Orthotics</i>	
In-Network	Deductible then 30% Coinsurance
Out-of-Network	Deductible then 50% Coinsurance
<i>Home Health Care (PBP Max)</i>	60 Visits
In-Network	Deductible then 30% Coinsurance
Out-of-Network	Deductible then 50% Coinsurance
<i>Skilled Nursing Facility (PBP Max)</i>	60 Visits
In-Network	Deductible then 30% Coinsurance
Out-of-Network	Deductible then 50% Coinsurance
<i>Hospice</i>	
In-Network	Deductible then 30% Coinsurance
Out-of-Network	Deductible then 50% Coinsurance
Hospital/Surgical	
<i>Ambulatory Surgical Center Facility (ASC)</i>	
In-Network	Deductible then 30% Coinsurance
Out-of-Network	Deductible then 50% Coinsurance
<i>Inpatient Hospital Facility (per admit) (PBP Max)</i>	
In-Network (Option 1 and Option 2)	Deductible then 30% Coinsurance
Out-of-Network	Deductible then 50% Coinsurance
<i>Outpatient Hospital Facility Services (per visit)</i>	
In-Network Therapy Services (Option 1 and Option 2)	Deductible then 30% Coinsurance
In-Network All Other (Option 1 and Option 2)	Deductible then 30% Coinsurance
Out-of-Network	Deductible then 50% Coinsurance
<i>Emergency Room Facility Services (per visit)</i>	
In-Network	Deductible then 30% Coinsurance
Out-of-Network	Deductible then 30% Coinsurance

***PBP = Per Benefit Period**

Medical Summary of Benefits: FL Blue HDHP/HSA Plan

Medical Plan Highlights		
Plan Type	FL Blue HDHP/HSA Plan	
	Single/Family	
Mental Health/Substance Dependency Services		
Inpatient Hospitalization Facility Services (per admit)		
In-Network	Deductible then 30% Coinsurance	
Out-of-Network	Deductible then 30% Coinsurance	
Outpatient Hospitalization Facility Services (per visit)		
In-Network	Deductible then 30% Coinsurance	
Out-of-Network	Deductible then 50% Coinsurance	
Emergency Room Facility Services (per visit)		
In-Network	Deductible then 30% Coinsurance	
Out-of-Network	Deductible then 30% Coinsurance	
Physician Services at Hospital & ER		
In-Network	Deductible then 30% Coinsurance	
Out-of-Network	Deductible then 30% Coinsurance	
Physician Services at Locations other than Office, Hospital and ER		
In-Network	Deductible then 30% Coinsurance	
Out-of-Network	Deductible then 50% Coinsurance	
Physician Office		
In-Network	Deductible then 30% Coinsurance	
Out-of-Network	Deductible then 50% Coinsurance	
Financial Features		
Deductible (DED) (PBP) (Per Person/Family Aggregate)		
In-Network	\$2,750/\$5,500	
Out-of-Network	\$5,000/\$10,000	
*DED is the amount the member is responsible for before Florida Blue pays		
Coinsurance		
In-Network	30%	
Out-of-Network	50%	
*Percentage member pays for services		
Out-of-Pocket Maximum (OOP) (PBP) (Per Person/Family Aggregate)		
In-Network	\$8,050/\$16,100	
Out-of-Network	Unlimited	
*OOP included DED, Coinsurance, and PAD		

Medical Summary of Benefits: FL Blue HDHP/HSA Plan

	FL Blue HDHP/HSA Plan	
Prescription Drugs	Retail 30 Day Supply	Retail 90 Day Supply
Generic		
In-Network	DED + 30% Coinsurance	DED + 30% Coinsurance
Out-of-Network	DED + 50% Coinsurance	DED + 50% Coinsurance
Brand Name		
In-Network	DED + 30% Coinsurance	DED + 30% Coinsurance
Out-of-Network	DED + 50% Coinsurance	DED + 50% Coinsurance
Non-Preferred		
In-Network	DED + 30% Coinsurance	DED + 30% Coinsurance
Out-of-Network	DED + 50% Coinsurance	DED + 50% Coinsurance
Specialty Pharmacy		
In-Network	DED + 30% Coinsurance	N/A
Out-of-Network	N/A	N/A

Florida Blue manages overall deductible and out of pocket costs including prescription drug costs. Log-in to your account at <https://myhealthtoolkitfl.com> for details or call 1-888-801-4670.

Costs paid by a coupon company will NOT track toward deductibles OR out of pocket maximums.

- All costs paid personally by an individual on the plan DO count toward deductibles and/or Out of Pocket (OOP) maximums per plan allowances.
- Rx Coupon Cards like Good Rx are independent discount companies that do not file for additional payment against our insurance plan. Ask your pharmacy if you are unsure if a coupon is filed against your insurance plan.

FL HDHP/HSA Plan			
	Employee Pays	Board Pays	Total Premium
Per Paycheck Cost			
Employee Only	\$30.76	\$558.73	\$589.49
Employee + Spouse	\$394.67	\$875.49	\$1,270.16
Employee + Child(ren)	\$322.91	\$716.30	\$1,039.21
Employee + Family	\$538.19	\$1,193.83	\$1,732.02
2 - Employee Family	\$131.35	\$1,600.67	\$1,732.02
Total Premium is the Retiree Rate.			

A better way to
pay for health
care.



HEALTH SAVINGS ACCOUNT

Santa Rosa County Federal Credit Union

2027 IRS Calendar Year Contribution Limits

\$4,500
INDIVIDUAL

\$9,000
FAMILY

\$840
COMPANY CONTRIBUTION FOR
EMPLOYEE ONLY COVERAGE
ANNUALLY (\$70.00 PAID MONTHLY
BASED ON ENROLLMENT)

\$1,680
COMPANY CONTRIBUTION FOR
ALL FAMILY TIERS ANNUALLY
(\$140.00 PAID MONTHLY BASED ON
ENROLLMENT)

A Health Savings Account (HSA) allows you to set aside money on a pretax basis to pay for qualified expenses, such as doctor visits, prescriptions, braces, or even Lasik eye surgery, with tax-free dollars.

There is no “use it or lose it rule” with HSAs. Any remaining balance at the end of the year will roll over into the next plan year. HSAs are also portable. This means that if you were to change jobs or health plans, the money in your account stays with you.

One of the best parts of the HSA is its triple-tax advantage: tax-free deductions when you contribute to your account, tax-free investment earnings, and tax-free withdrawals for qualified medical expenses. You earn tax-free interest on the money in your HSA account. You may also have the option to invest the money in your HSA.

You will receive a card linked to your account to pay for qualified expenses once you open your HSA account at Santa Rosa County Federal Credit Union. You may be penalized or taxed if you use your HSA funds to pay for ineligible expenses. A full list of qualified expenses can be found on the IRS website at www.irs.gov (section 213(d)).

Eligibility

- You are enrolled in the High Deductible Health Plan (HDHP).
- Are not covered under another medical plan such as Medicare, Tricare or a spouse’s medical plan (not an HDHP) which provides similar coverage.
- Cannot be claimed as a dependent on another person’s insurance policy or tax return.
- You must open a Savings Account with Santa Rosa County Federal Credit Union and deposit \$25.00 before opening your HSA account.

Medical Summary of Benefits: FL Blue PPO Standard

Medical Plan Highlights	
Plan Type	FL Blue Standard PPO
	In Network
Deductible	\$2,000 per person \$6,000 family aggregate
Out-of-Pocket	\$9,450 per person \$18,900 family aggregate
Coinsurance	30%
Preventive Annual Exam	Covered at 100%
Primary Care	\$40 copay
Specialist	\$80 copay
Labwork (independent lab)	100% covered
Imaging: X-Ray	Independent facility: \$50 copay Outpatient facility: \$400 copay
Imaging: Advanced (MRI/CT/PET)	Independent facility: \$400 copay Outpatient facility: \$400 copay
Urgent Care	\$80 copay
Emergency Room	\$400 copay
Inpatient Hospitalization	Deductible then 30% Coinsurance
Outpatient Hospital Services	\$400 copay
Ambulatory Surgical Center	\$400 copay
Office Services	
Physician Office Services	
In-Network Family Physician	\$40 copay
In-Network Specialist	\$80 copay
Out-of-Network Office Visit	Deductible then 50% Coinsurance
In-Network Virtual Family Physician Visit	\$40 copay
Out-of-Network Virtual Visit	Not covered
Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Med)	
In-Network	\$400 copay
Out-of-Network	Deductible then 50% Coinsurance
Maternity Initial Visit	
In-Network Specialist	\$80 copay
Out-of-Network	Deductible then 50% Coinsurance
Allergy Injections (per visit)	
In-Network	\$10 copay
Out-of-Network	Deductible then 50% Coinsurance
Medical Pharmacy – Physician Administered Medications (applies to Office Setting and Specialty Pharmacy Vendors)	
In-Network Monthly Out-of-Pocket Maximum*	\$200
In-Network	Deductible then 30% Coinsurance
Out-of-Network	Deductible then 50% Coinsurance

Physician-Administered Medications – These medications require the administration to be performed by a health care provider. The medications are ordered by a provider and administered in an office or outpatient setting. Physician-Administered medications are covered under your medical benefit. Please refer to the Physician-Administered medication list in the Medication Guide for a list of drugs covered under this benefit.

*Monthly OOP max does not apply until the In-Network DED is met. In-Network Medical Pharmacy will be paid at 100% for the remainder of the calendar month once OOP max is met.



Medical Summary of Benefits: FL Blue PPO Standard

Medical Plan Highlights	
Plan Type	FL Blue Standard PPO
	In Network
Preventive Care	
<i>Routine Adult & Child Preventive Services, Wellness Services, and Immunizations</i>	
In-Network	\$0
Out-of-Network	50% Coinsurance
<i>Mammograms</i>	
In-Network and Out-of-Network	\$0
<i>Colonoscopy (Routine for age 45+ then frequency schedule applies)</i>	
In-Network and Out-of-Network	\$0
Emergency Medical Care	
<i>Urgent Care Center</i>	
In-Network and Out-of-Network	\$80 copay
<i>Emergency Room Facility Services (per visit)</i>	
In-Network and Out-of-Network	\$400 copay
<i>Ambulance Services (Ground, air, and water travel)</i>	
In-Network and Out-of-Network	Deductible then 30% Coinsurance
*Balance Billing	
*Balance Billing, sometimes also called extra billing, is the practice of a non-participating healthcare provider billing a patient for the difference between what the patient's health insurance reimburses and what the provider chooses to charge. In-network provider cannot balance bill.	
Outpatient Diagnostic Services	
<i>Independent Diagnostic Testing Facility Services (per visit) (e.g., Blood Work and X-rays) (includes Provider Services)</i>	
In-Network Diagnostic Services (except AIS)	\$50 copay
In-Network Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Med.)	\$400 copay
Out-of-Network	Deductible then 50% Coinsurance
<i>Independent Clinical Lab (e.g., Blood Work)</i>	
In-Network	\$0
Out-of-Network	Deductible then 50% Coinsurance
<i>Outpatient Hospital Facility Services (per visit) (e.g., Blood Work and X-Rays)</i>	
In-Network	\$400
Out-of-Network	Deductible then 50% Coinsurance
Other Provider Services	
<i>Physician Services at Hospital & ER</i>	
In-Network	Deductible then 30% Coinsurance
Out-of-Network	Deductible then 50% Coinsurance
<i>Radiology, Pathology & Anesthesiology Provider Services at an Ambulatory Surgical Center (ASC)</i>	
In-Network and Out-of-Network	Deductible then 30% Coinsurance

Medical Summary of Benefits: FL Blue PPO Standard

Medical Plan Highlights	
Plan Type	FL Blue Standard PPO
	In Network
<i>Physician Services at Locations other than Office, Hospital and ER</i>	
In-Network Family Physician	Deductible then 30% Coinsurance
In-Network Specialist	Deductible then 30% Coinsurance
Out-of-Network	Deductible then 50% Coinsurance
Other Special Services	
<i>Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations (PBP* Maximums Apply)</i>	
<i>Outpatient Rehabilitation Therapy Center</i>	
In-Network	\$80 copay
Out-of-Network	Deductible then 50% Coinsurance
<i>Outpatient Hospital Facility Services (per visit)</i>	
In-Network (Option 1 and Option 2)	\$80 copay
Out-of-Network	Deductible then 50% Coinsurance
<i>Durable Medical Equipment, Prosthetics and Orthotics</i>	
In-Network	Deductible then 30% Coinsurance
Out-of-Network	Deductible then 50% Coinsurance
<i>Home Health Care (PBP Max)</i>	
In-Network	60 Visits
Out-of-Network	Deductible then 30% Coinsurance
Out-of-Network	Deductible then 50% Coinsurance
<i>Skilled Nursing Facility (PBP Max)</i>	
	60 Visits
In-Network	Deductible then 30% Coinsurance
Out-of-Network	Deductible then 50% Coinsurance
<i>Hospice</i>	
In-Network	Deductible then 30% Coinsurance
Out-of-Network	Deductible then 50% Coinsurance
Hospital/Surgical	
<i>Ambulatory Surgical Center Facility (ASC)</i>	
In-Network	\$400 copay
Out-of-Network	Deductible then 50% Coinsurance
<i>Inpatient Hospital Facility (per admit) (PBP Max)</i>	
In-Network (Option 1 and Option 2)	Deductible then 30% Coinsurance
Out-of-Network	Deductible then 50% Coinsurance
<i>Outpatient Hospital Facility Services (per visit)</i>	
In-Network Therapy Services	\$80 copay
In-Network All Other	\$400 copay
Out-of-Network	Deductible then 50% Coinsurance
<i>Emergency Room Facility Services (per visit)</i>	
In-Network and Out-of-Network	\$400 copay

*PBP = Per Benefit Period

Medical Summary of Benefits: FL Blue PPO Standard

Medical Plan Highlights	
Plan Type	FL Blue Standard PPO
	In Network
Mental Health/Substance Dependency Services	
<i>Inpatient Hospitalization Facility Services (per admit)</i>	
In-Network	\$0
Out-of-Network	Deductible then 50% Coinsurance
<i>Outpatient Hospitalization Facility Services (per visit)</i>	
In-Network	\$0
Out-of-Network	Deductible then 50% Coinsurance
<i>Emergency Room Facility Services (per visit)</i>	
In-Network and Out-of-Network	\$0
<i>Physician Services at Hospital & ER</i>	
In-Network and Out-of-Network	\$0
<i>Physician Services at Locations other than Office, Hospital and ER</i>	
In-Network	\$0
Out-of-Network	Deductible then 50% Coinsurance
<i>Physician Office</i>	
In-Network	\$0
Out-of-Network	Deductible then 50% Coinsurance
Financial Features	
<i>Deductible (DED) (PBP) (Per Person/Family Aggregate)</i>	
In-Network	\$2,000/\$6,000
Out-of-Network	\$6,000/\$8,000
<i>*DED is the amount the member is responsible for before Florida Blue pays</i>	
<i>Coinsurance</i>	
In-Network	30%
Out-of-Network	50%
<i>*Percentage member pays for services</i>	
<i>Out-of-Pocket Maximum (OOP) (PBP) (Per Person/Family Aggregate)</i>	
In-Network	\$9,450/\$18,900
Out-of-Network	Unlimited/Unlimited
<i>*OOP included DED, Coinsurance, and PAD</i>	

Medical Summary of Benefits: FL Blue PPO Standard

	FL Blue Standard PPO Plan	
Prescription Drugs	Retail 30 Day Supply	Retail 90 Day Supply
Generic		
In-Network	\$15 copay	\$40 copay
Out-of-Network	DED + 50% Coinsurance	DED + 50% Coinsurance
Brand Name		
In-Network	\$60 copay	\$150 copay
Out-of-Network	DED + 50% Coinsurance	DED + 50% Coinsurance
Non-Preferred		
In-Network	\$100 copay	\$250 copay
Out-of-Network	DED + 50% Coinsurance	DED + 50% Coinsurance
Specialty Pharmacy		
In-Network	50% Coinsurance up to a \$500 max. per prescription	N/A
Out-of-Network	N/A	N/A

Florida Blue manages overall deductible and out of pocket costs including prescription drug costs. Log-in to your account at <https://myhealthtoolkitfl.com> for details or call 1-888-801-4670.

Costs paid by a coupon company will NOT track toward deductibles OR out of pocket maximums.

- All costs paid personally by an individual on the plan DO count toward deductibles and/or Out of Pocket (OOP) maximums per plan allowances.
- Rx Coupon Cards like Good Rx are independent discount companies that do not file for additional payment against our insurance plan. Ask your pharmacy if you are unsure if a coupon is filed against your insurance plan.

FL Blue Standard PPO Plan			
	Employee Pays	Board Pays	Total Premium
Per Paycheck Cost			
Employee Only	\$120.06	\$623.56	\$743.62
Employee + Spouse	\$669.16	\$1,010.84	\$1,680.00
Employee + Child(ren)	\$547.50	\$827.05	\$1,374.55
Employee + Family	\$912.50	\$1,378.42	\$2,290.92
2 - Employee Family	\$617.60	\$1,673.32	\$2,290.92
Total Premium is the Retiree Rate.			

Medical Summary of Benefits: FL Blue PPO Premier

Medical Plan Highlights	
Plan Type	FL Blue Premier PPO
	In Network
Deductible	\$1,000 per person \$3,000 family aggregate
Out-of-Pocket	\$9,450 per person \$18,900 family aggregate
Coinsurance	10%
Preventive Annual Exam	Covered at 100%
Primary Care	\$35 copay
Specialist	\$65 copay
Labwork (independent lab)	100% covered
Imaging: X-Ray	Independent facility: \$65 copay Outpatient facility: \$250 copay
Imaging: Advanced (MRI/CT/PET)	Independent facility: \$250 copay Outpatient facility: \$250 copay
Urgent Care	\$65 copay
Emergency Room	\$250 copay
Inpatient Hospitalization	\$100 copay days 1 – 5 then 100%
Outpatient Hospital Services	\$250 copay
Ambulatory Surgical Center	\$250 copay
Office Services	
Physician Office Services	
In-Network Family Physician	\$35 copay
In-Network Specialist	\$65 copay
Out-of-Network Office Visit	Deductible then 40% Coinsurance
In-Network Virtual Family Physician Visit	\$35 copay
Out-of-Network Virtual Visit	Not covered
Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Med)	
In-Network	\$250 copay
Out-of-Network	Deductible then 40% Coinsurance
Maternity Initial Visit	
In-Network Specialist	\$65 copay
Out-of-Network	Deductible then 40% Coinsurance
Allergy Injections (per visit)	
In-Network	\$10 copay
Out-of-Network	Deductible then 40% Coinsurance
Medical Pharmacy – Physician Administered Medications (applies to Office Setting and Specialty Pharmacy Vendors)	
In-Network Monthly Out-of-Pocket Maximum*	\$200
In-Network	10% Coinsurance
Out-of-Network	Deductible then 40% Coinsurance

Physician-Administered Medications – These medications require the administration to be performed by a health care provider. The medications are ordered by a provider and administered in an office or outpatient setting. Physician-Administered medications are covered under your medical benefit. Please refer to the Physician-Administered medication list in the Medication Guide for a list of drugs covered under this benefit.

*Monthly OOP max does not apply until the In-Network DED is met. In-Network Medical Pharmacy will be paid at 100% for the remainder of the calendar month once OOP max is met.



Medical Summary of Benefits: FL Blue PPO Premier

Medical Plan Highlights	
Plan Type	FL Blue Premier PPO
	In Network
Preventive Care	
<i>Routine Adult & Child Preventive Services, Wellness Services, and Immunizations</i>	
In-Network	\$0
Out-of-Network	40% Coinsurance
<i>Mammograms</i>	
In-Network and Out-of-Network	\$0
<i>Colonoscopy (Routine for age 45+ then frequency schedule applies)</i>	
In-Network and Out-of-Network	\$0
Emergency Medical Care	
<i>Urgent Care Center</i>	
In-Network and Out-of-Network	\$65 copay
<i>Emergency Room Facility Services (per visit)</i>	
In-Network and Out-of-Network	\$250 copay
<i>Ambulance Services (Ground, air, and water travel)</i>	
In-Network and Out-of-Network	Deductible then 10% Coinsurance
*Balance Billing	
*Balance Billing, sometimes also called extra billing, is the practice of a non-participating healthcare provider billing a patient for the difference between what the patient's health insurance reimburses and what the provider chooses to charge. In-network provider cannot balance bill.	
Outpatient Diagnostic Services	
<i>Independent Diagnostic Testing Facility Services (per visit) (e.g., Blood Work and X-rays) (includes Provider Services)</i>	
In-Network Diagnostic Services (except AIS)	\$65 copay
In-Network Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Med.)	\$250 copay
Out-of-Network	Deductible then 40% Coinsurance
<i>Independent Clinical Lab (e.g., Blood Work)</i>	
In-Network	\$0
Out-of-Network	Deductible then 40% Coinsurance
<i>Outpatient Hospital Facility Services (per visit) (e.g., Blood Work and X-Rays)</i>	
In-Network	\$250
Out-of-Network	Deductible then 40% Coinsurance
Other Provider Services	
<i>Physician Services at Hospital & ER</i>	
In-Network	Deductible then 10% Coinsurance
Out-of-Network	Deductible then 40% Coinsurance
<i>Radiology, Pathology & Anesthesiology Provider Services at an Ambulatory Surgical Center (ASC)</i>	
In-Network and Out-of-Network	\$0

Medical Summary of Benefits: FL Blue PPO Premier

Medical Plan Highlights	
Plan Type	FL Blue Premier PPO
	In Network
<i>Physician Services at Locations other than Office, Hospital and ER</i>	
In-Network Family Physician	\$0
In-Network Specialist	\$0
Out-of-Network	Deductible then 40% Coinsurance
Other Special Services	
<i>Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations (PBP* Maximums Apply)</i>	
<i>Outpatient Rehab Therapy Center</i>	
In-Network	\$65 copay
Out-of-Network	Deductible then 40% Coinsurance
<i>Outpatient Hospital Facility Services (per visit)</i>	
In-Network (Option 1 and Option 2)	\$65 copay
Out-of-Network	Deductible then 40% Coinsurance
<i>Durable Medical Equipment, Prosthetics and Orthotics</i>	
In-Network	Deductible then 20% Coinsurance
Out-of-Network	Deductible then 40% Coinsurance
<i>Home Health Care (PBP Max)</i>	
In-Network	60 Visits
Out-of-Network	Deductible then 40% Coinsurance
<i>Skilled Nursing Facility (PBP Max)</i>	
In-Network	60 Visits
Out-of-Network	Deductible then 40% Coinsurance
<i>Hospice</i>	
In-Network	Deductible then 20% Coinsurance
Out-of-Network	Deductible then 40% Coinsurance
Hospital/Surgical	
<i>Ambulatory Surgical Center Facility (ASC)</i>	
In-Network	\$250 copay
Out-of-Network	Deductible then 40% Coinsurance
<i>Inpatient Hospital Facility (per admit) (PBP Max)</i>	
In-Network (Option 1 and Option 2)	\$100 copay day 1 -5 then 100%
Out-of-Network	Deductible then 40% Coinsurance
<i>Outpatient Hospital Facility Services (per visit)</i>	
In-Network Therapy Services	\$65 copay
In-Network All Other	\$250 copay
Out-of-Network	Deductible then 40% Coinsurance
<i>Emergency Room Facility Services (per visit)</i>	
In-Network and Out-of-Network	\$250 copay

***PBP = Per Benefit Period**

Medical Summary of Benefits: FL Blue PPO Premier

Medical Plan Highlights	
Plan Type	FL Blue Premier PPO
	In Network
Mental Health/Substance Dependency Services	
<i>Inpatient Hospitalization Facility Services (per admit)</i>	
In-Network	\$0
Out-of-Network	Deductible then 40% Coinsurance
<i>Outpatient Hospitalization Facility Services (per visit)</i>	
In-Network	\$0
Out-of-Network	Deductible then 40% Coinsurance
<i>Emergency Room Facility Services (per visit)</i>	
In-Network and Out-of-Network	\$0
<i>Physician Services at Hospital & ER</i>	
In-Network and Out-of-Network	\$0
<i>Physician Services at Locations other than Office, Hospital and ER</i>	
In-Network	\$0
Out-of-Network	Deductible then 40% Coinsurance
<i>Physician Office</i>	
In-Network	\$0
Out-of-Network	Deductible then 40% Coinsurance
Financial Features	
<i>Deductible (DED) (PBP) (Per Person/Family Aggregate)</i>	
In-Network	\$1,000/\$3,000
Out-of-Network	\$3,000/\$9,000
<i>*DED is the amount the member is responsible for before Florida Blue pays</i>	
<i>Coinsurance</i>	
In-Network	10%
Out-of-Network	40%
<i>*Percentage member pays for services</i>	
<i>Out-of-Pocket Maximum (OOP) (PBP) (Per Person/Family Aggregate)</i>	
In-Network	\$9,450/\$18,900
Out-of-Network	Unlimited/Unlimited
<i>*OOP included DED, Coinsurance, and PAD</i>	

Medical Summary of Benefits: FL Blue PPO Premier

	FL Blue Premier PPO	
Prescription Drugs	Retail 30 Day Supply	Retail 90 Day Supply
Generic		
In-Network	\$5 copay	\$10 copay
Out-of-Network	DED + 50% Coinsurance	DED + 50% Coinsurance
Brand Name		
In-Network	\$55 copay	\$140 copay
Out-of-Network	DED + 50% Coinsurance	DED + 50% Coinsurance
Non-Preferred		
In-Network	\$75 copay	\$190 copay
Out-of-Network	DED + 50% Coinsurance	DED + 50% Coinsurance
Specialty Pharmacy		
In-Network	50% Coinsurance up to a \$500 max. per prescription	N/A
Out-of-Network	N/A	N/A

Florida Blue manages overall deductible and out of pocket costs including prescription drug costs. Log-in to your account at <https://myhealthtoolkitfl.com> for details or call 1-888-801-4670.

Costs paid by a coupon company will NOT track toward deductibles OR out of pocket maximums.

- All costs paid personally by an individual on the plan DO count toward deductibles and/or Out of Pocket (OOP) maximums per plan allowances.
- Rx Coupon Cards like Good Rx are independent discount companies that do not file for additional payment against our insurance plan. Ask your pharmacy if you are unsure if a coupon is filed against your insurance plan.

FL Blue Premier PPO			
	Employee Pays	Board Pays	Total Premium
Per Paycheck Cost			
Employee Only	\$376.48	\$806.62	\$1,183.10
Employee + Spouse	\$1,615.14	\$1,365.71	\$2,980.85
Employee + Child(ren)	\$1,321.47	\$1,117.39	\$2,438.86
Employee + Family	\$2,202.46	\$1,862.33	\$4,064.79
2 - Employee Family	\$1,577.50	\$2,487.29	\$4,064.79
Total Premium is the Retiree Rate.			

Choosing Your Medical Plan:

When reviewing plan details to determine which plan best fits you and your family, carefully review: your personal medical costs, plan benefit details, plan designs, premium amounts, and the HSA School Board contribution in order to determine the plan that best meets your needs.

	FL Blue HDHP/HSA Plan	FL Blue Standard PPO Plan	FL Blue Premier PPO Plan
In-Network Deductible (person/family)	\$2,750/\$5,500	\$2,000/\$6,000	\$1,000/\$3,000
In-Network Out of Pocket Max (person/family)	\$8,050/\$16,100	\$9,450/\$18,900	\$9,450/\$18,900
Paying for Care	All deductible then coinsurance	Mostly copays	Mostly copays
Network Name	BlueOptions	BlueOptions	BlueOptions
Access to Teladoc	Included	Included	Included
Health Account Eligibility	Health Savings Account	Flexible Spending Account	Flexible Spending Account
HSA School Board Contribution	Yes	No	No

Employee Cost Per Paycheck			
	FL Blue HDHP/HSA Plan	FL Blue Standard PPO Plan	FL Blue Premier PPO Plan
Employee Only	\$30.76	\$120.06	\$376.48
Employee + Spouse	\$394.67	\$669.16	\$1,615.14
Employee + Child(ren)	\$322.91	\$547.50	\$1,321.47
Employee + Family	\$538.19	\$912.50	\$2,202.46
2-Employee Family	\$131.35	\$617.60	\$1,577.50



Medicare – Retiree Only Health Plans

Retirees and/or their spouse may elect to enroll in one of the BlueMedicare Group PPO Plans plans shown below with pharmacy:
Platinum PPO and Elite PPO.

Medical Plan Highlights		
Plan Type	BlueMedicare PPO Elite Plan	Medicare PPO Platinum Plan
	In Network	In Network
Deductible	\$0	\$0
Out-of-Pocket	\$3,500	\$5,000
Coinsurance	20%	20%
Preventive Annual Exam	Covered at 100%	Covered at 100%
Primary Care	\$15 copay	\$25 copay
Specialist	\$30 copay	\$40 copay
Labwork	Independent Clinical Lab: \$0 copay	Independent Clinical Lab: \$0 copay
	Outpatient Hospital Facility: \$15 Copay	Outpatient Hospital Facility: \$15 copay
	Allergy Testing: \$0 copay	Allergy Testing: \$0 copay
Imaging: X-Ray	Independent facility: \$25 copay Outpatient facility: \$100 copay	Independent facility: \$50 copay Outpatient facility: \$150 copay
Imaging: Advanced (MRI/CT/PET)	Independent facility: \$75 copay Outpatient facility: \$100 copay	Independent Facility: \$100 copay Outpatient Facility: \$150 copay
Urgent Care	\$50 copay	\$85 copay
Emergency Room	\$100 copay	\$175 copay
Inpatient Hospitalization	\$250 copay days 1 – 7 then 100%	\$300 copay days 1-7 then 100%
Outpatient Hospital Services	\$200 copay	\$250 copay
Ambulatory Surgical Center	\$150 copay	\$175 copay
Out-of-Network Coverage		
Deductible	\$1,500	\$2,500
Out of pocket maximum	\$10,000	\$10,000
Coinsurance	30%	40%
Premium	\$431.90	\$421.58

Medicare – Retiree Only Prescription Plans

BlueMedicare Rx Option Elite

Benefits		
Annual Deductible	Tiers 1, 2, 6: \$0 Deductible	Tiers 3, 4, 5: \$200 Deductible
	31 Day Supply-Retail	90-100 Day Supply Mail Order
Tier 1: Preferred Generics	\$0 copay	\$0 copay
Tier 2: Generics	\$0 copay	\$0 copay
Tier 3: Preferred Brand	\$30 copay	\$90 copay
Tier 4: Non-Preferred Brand	\$75 copay	\$225 copay
Tier 5: Specialty Drugs	33% Coinsurance	N/A
Tier 6: Select Care Drugs	\$0	\$0
Catastrophic	\$0 copay for all Part D drugs in all tiers	

BlueMedicare Rx Option Platinum

Benefits		
Annual Deductible	Tiers 1, 2, 6: \$0 Deductible	Tiers 3, 4, 5: \$300 Deductible
	31 Day Supply-Retail	90-100 Day Supply Mail Order
Tier 1: Preferred Generics	\$0 copay	\$0 copay
Tier 2: Generics	\$0 copay	\$0 copay
Tier 3: Preferred Brand	\$50 copay	\$150 copay
Tier 4: Non-Preferred Brand	\$85 copay	\$255 copay
Tier 5: Specialty Drugs	31% Coinsurance	N/A
Tier 6: Select Care Drugs	\$0	\$0
Catastrophic	\$0 copay for all Part D drugs in all tiers	

DENTAL

MetLife

You have two dental plan options through MetLife. Although you can use an out-of-network dentist, you will save the most money out of your pocket by using MetLife dentists who have agreed to give you negotiated rates. To see what dentists are in the network, call 1-800-942-0854 or visit www.metlife.com/mybenefits.

Dental Summary of Benefits	High Plan		Low Plan	
	In-Network	Out-of-Network % of R&C Fee	In-Network	Out-of-Network % of MAC
Calendar Year Deductible				
Individual	\$50	\$50	\$50	\$50
Family	\$100	\$100	\$100	\$100
Annual Maximum	\$2,000	\$2,000	\$1,250	\$1,250
Preventive Services	100%	100%	100%	100%
Basic Services	80%	80%	80%	80%
Major Services	50%	50%	50%	50%
Orthodontics <i>(for adults and children up to age 26)</i>	80% up to \$1,000	80% up to \$1,000	80% up to \$1,000	80% up to \$1,000

High Plan Dental Payroll Deductions			
Plan Type	Employee Pays	Board Pays	Employees who Waive Health Pay
Employee Only	\$36.34	\$29.63 for employees who waive health coverage	\$6.71
Employee + Spouse	\$102.40		\$72.77
Employee + Child(ren)	\$115.51		\$85.88
Family	\$162.82		\$133.19

Low Plan Dental Payroll Deductions			
Plan Type	Employee Pays	Board Pays	Employees who Waive Health Pay
Employee Only	\$29.63	\$29.63 for employees who waive health coverage	\$0
Employee + Spouse	\$77.10		\$47.47
Employee + Child(ren)	\$88.63		\$59.00
Family	\$124.95		\$95.32



VISION

Davis

Whether you have glasses, contacts, or even 20/20 vision, Santa Rosa County District Schools offers a comprehensive vision benefit provided by Davis. Vision insurance is the key to maintaining good eye health, as annual exams may detect early warning signs of various health conditions.

Vision Summary of Benefits	In-Network	Out-of-Network
Routine Eye Exam <i>(once every 12 months)</i>	\$10	\$35
Lenses <i>(once every 12 months)</i>		
Single	\$25	\$25
Bifocal	\$25	\$40
Trifocal	\$25	\$60
Frames <i>(once every 24 months)</i>	\$150	\$30
Contact Lenses <i>(in lieu of glasses)</i>	\$130	\$100
Contact Fitting & Evaluation	\$25 copay up to \$60 allowance	N/A

Vision Payroll Deductions	
Employee Only	\$6.59
Employee + Spouse	\$11.89
Employee + Child(ren)	\$12.54
Family	\$19.81





FLEXIBLE SPENDING ACCOUNT

NueSynergy

**2027 IRS Calendar Year
Contribution Limits**

\$3,500

HEALTH CARE FSA

\$7,500

DEPENDENT CARE FSA

\$3,500

LIMITED PURPOSE FSA

A Flexible Spending Account, or FSA, is an account set-up by your employer that allows you to pay for medical and dependent care expenses on a pre-tax basis. Pre-tax means before federal, state, and social security taxes are deducted from your paycheck. Refer to the IRS website for a full list of qualified and unqualified expenses. Our FSA Administrator is NueSynergy.

Eligibility

You do not need to participate in medical, dental, or vision plans sponsored by Santa Rosa County District Schools to contribute to a Flexible Spending Account.

There are 3 types of FSA's:

Health Care FSA

- Access to entire amount of money you set aside for the plan year on the first day of the plan.
- “Use it or lose it” – Forfeit any money remaining in the account at the end of the plan year. \$700 Rollover Feature applicable.
- You will receive a debit card that can be used at your doctor’s office or pharmacy for qualified expenses, or you can submit qualifying claims for reimbursement.

Dependent Care FSA

- Use pre-tax income for dependent care for children up to age 13 who are being cared for while you or your spouse are working or seeking employment.
- Eligible dependents could also include a spouse or other IRS dependent who is mentally or physically disabled.
- Qualified expenses include daycare and at-home care services. Ineligible expenses include tuition for kindergarten or private schools, sports camps, or overnight camps.

Limited Purpose FSA

- For dental and vision expenses only.
- Available if you have an HSA.

LIFE AND AD&D

MetLife

Santa Rosa County District Schools provides full-time employees with life and accidental death and dismemberment (AD&D) insurance through MetLife, and pays the full cost of this benefit. You also have the option to purchase supplemental life insurance through MetLife.

Life and AD&D Summary of Benefits

Basic Life Benefit	\$50,000
Basic AD&D Benefit	\$50,000
Basic Life Benefit for employees who waive medical	\$100,000
Basic AD&D for employees who waive medical	\$100,000
Retirement Employees option to keep	\$10,000 and charged \$1.82 monthly premium

When the unthinkable happens, you want to know your family is covered.



VOLUNTARY LIFE

MetLife

Voluntary life insurance is available to supplement your employer paid life benefit. You can elect a minimum of \$20,000 in increments of \$10,000 up to a max of \$300,000. There is a guaranteed issue amount of \$200,000 if you are a new enrollee or if this is a special enrollment period.

Voluntary Life Summary of Benefits

	Maximum Benefit Amount	Guarantee Issue*
Employee Life and AD&D Benefit	\$300,000	\$200,000
Spouse Life and AD&D Benefit	\$150,000 not to exceed 50% of employee benefit	\$50,000
Child(ren) Life Benefit	\$10,000	\$10,000

*The amount of coverage permitted without completing a health questionnaire for new hires.

Employee & Spouse – Monthly Rate for each \$1,000 of Voluntary Life and AD&D Insurance Coverage

Age	< 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Rate	\$.067	\$.067	\$.082	\$.090	\$.098	\$.137	\$.199	\$.355	\$.535	\$1.011	\$1.627

Child Coverage

Rate	\$.22 (Per \$1,000 of coverage)
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DISABILITY

MetLife

Voluntary Short Term Disability

Santa Rosa County District Schools offers full-time employees short and long-term disability income benefits on a voluntary basis.

Accidents and illnesses happen every day. How long would your money last if your paycheck suddenly stopped? Thankfully, there is insurance that pays you an income if you become temporarily or permanently disabled.

Short Term Disability, STD, provides you with a specified percentage of your pre-disability income on a weekly basis. Conditions that can trigger Short Term Disability are usually temporary in nature, such as pregnancy, broken bones, sprains, or minor surgery. The coverage can begin on the first day, or can have a short waiting period which is 14 days. Most people use accumulated sick time to cover the waiting period.

Voluntary Long Term Disability

Long Term Disability, LTD, is offered through MetLife and provides you with a specific percentage of your pre-disability income on a monthly basis. This type of policy provides protection for a longer period of time, sometimes to age 65. LTD is often used in situations of a catastrophic disease or illness. Age at time of disability may impact the maximum period of benefit.

These policies usually start when a short term policy ends. In a long term policy, you are usually defined as disabled if you cannot complete the duties of your own occupation for a first initial period. After the initial period, you are defined as disabled if you cannot complete the duties of any occupation to which you are suited by education, training, or experience, for the remainder of the benefit period.

Summary of Benefits	Short Term Disability	Long Term Disability
Elimination Period	14 Days Injury/14 Days Sick	90 Days
Duration of Benefit	11 weeks	SSNRA
Percentage of Income Replacement	60%	60%
Maximum Benefit	Up to \$1,500 weekly	Up to \$5,000 monthly
Pre-Existing Conditions	3/12	12/24

Short Term Disability Rates			
Age	Rate Per \$10 Covered Weekly Benefit	Age	Rate Per \$10 Covered Weekly Benefit
< 25	\$.440	50-54	\$.350
25-29	\$.474	55-59	\$.392
30-34	\$.410	60-64	\$.437
35-39	\$.348	65-69	\$.536
40-44	\$.325	70+	\$.536
45-49	\$.295		

Long Term Disability Rates			
Age	Rate Per \$100 Covered Monthly Salary	Age	Rate Per \$100 Covered Monthly Salary
< 25	\$.090	50-54	\$.608
25-29	\$.090	55-59	\$.846
30-34	\$.126	60-64	\$.684
35-39	\$.180	65-69	\$.684
40-44	\$.252	70+	\$.684
45-49	\$.459		



VOLUNTARY BENEFITS

MetLife

Critical Illness (2 Options Available)

Critical Illness can affect any one at any time.

Critical Illness insurance pays a benefit upon the diagnosis and/or treatment of a named critical illness or certain category of major surgery. Plan options let you choose the amount of coverage you need.

Plan Feature	Description
Guaranteed Issue	
• Option 1:	\$5,000, \$10,000, \$15,000, or \$20,000
• Option 2:	\$25,000, \$30,000, \$35,000, \$40,000, \$45,000, \$50,000
Heart attack/Stroke/Organ transplants/Cancer/Coronary bypass	100%
Recurrence Benefit	100%
Wellness	\$50
Infertility - Non-Surgical Treatment (only available on Option 2)	10% of Benefit
Infertility - Surgical Treatment (only available on Option 2)	25% of Benefit Amount

Monthly Premium per \$1,000 Coverage (Option 1)

Age	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
<25	\$0.54	\$0.89	\$0.54	\$0.89
25-29	\$0.58	\$0.95	\$0.58	\$0.95
30-34	\$0.66	\$1.06	\$0.66	\$1.06
35-39	\$0.80	\$1.26	\$0.80	\$1.26
40-44	\$1.02	\$1.59	\$1.02	\$1.59
45-49	\$1.30	\$2.02	\$1.30	\$2.02
50-54	\$1.61	\$2.53	\$1.61	\$2.53
55-59	\$2.08	\$3.34	\$2.08	\$3.34
60-64	\$2.64	\$4.28	\$2.64	\$4.28
65-69	\$3.38	\$5.54	\$3.38	\$5.54
70-74	\$4.43	\$7.21	\$4.43	\$7.21
75+	\$6.27	\$9.95	\$6.27	\$9.95

Monthly Premium per \$1,000 Coverage (Option 2)

Age	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
<25	\$0.38	\$0.63	\$0.38	\$0.63
25-29	\$0.49	\$0.79	\$0.49	\$0.79
30-34	\$0.62	\$0.98	\$0.62	\$0.98
35-39	\$0.84	\$1.26	\$0.84	\$1.26
40-44	\$1.00	\$1.50	\$1.00	\$1.50
45-49	\$1.21	\$1.84	\$1.21	\$1.84
50-54	\$1.50	\$2.37	\$1.50	\$2.37
55-59	\$1.94	\$3.19	\$1.94	\$3.19
60-64	\$2.45	\$4.10	\$2.45	\$4.10
65-69	\$3.08	\$5.13	\$3.08	\$5.13
70-74	\$4.00	\$6.66	\$4.00	\$6.66
75+	\$5.52	\$9.00	\$5.52	\$9.00

**Rates will increase when a Covered Person reaches a new age band. Rates are subject to change.*

Hospital Indemnity

Hospitalization is unplanned.

Voluntary hospital indemnity coverage pays a fixed, pre-determined dollar amount for each day the insured is confined to a hospital for either sickness or injury. The plan pays benefits without regard to actual medical expenses and do not decrease if benefits are paid by other coverage. It can also cover unforeseen expenses such as travel, child care during hospital visits, and home maintenance expenses.

HIGH PLAN Hospital Indemnity Payroll Deductions	
Employee Only	\$19.27
Employee + Spouse	\$34.57
Employee + Child(ren)	\$30.95
Family	\$46.25

LOW PLAN Hospital Indemnity Payroll Deductions	
Employee Only	\$14.07
Employee + Spouse	\$25.10
Employee + Child(ren)	\$21.61
Family	\$32.64

VOLUNTARY BENEFITS

MetLife

Accident

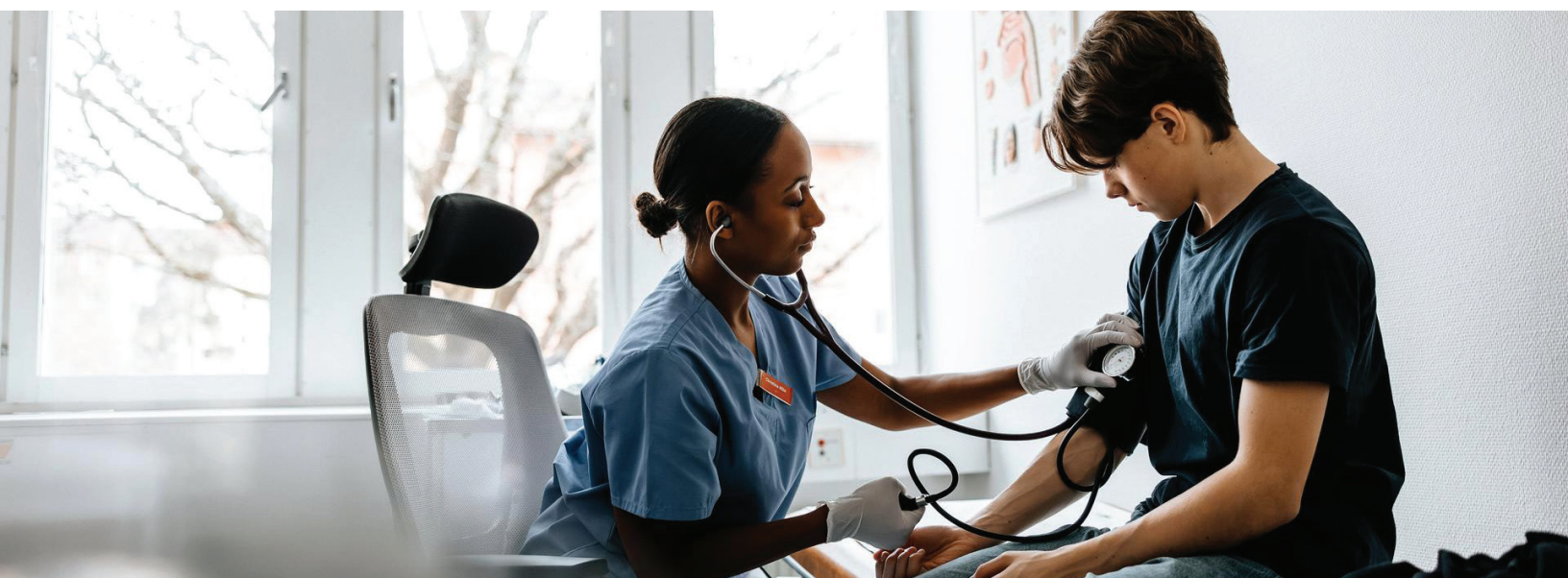
Accidents happen. Accident Insurance can help.

Accident coverage is one of the more common benefits people choose to elect. Any guesses why? It's because accidents are a leading cause of injury for people under age 40, and because they occur more randomly than sickness.

Plan Features	Low Plan	High Plan
Accident Emergency Treatment	\$25 - \$150 depending on location of care	\$100 - \$200 depending on location of care
Air Ambulance	\$1,800	\$1,800
Ambulance	\$300	\$400
Hospital Admission	\$1,200 for the day of admission	\$1,500 for the day of admission
Hospital ICU Admission	\$3,750 for the day of admission	\$3,750 for the day of admission
Hospital Confinement 15 days max	\$240 per day	\$300 per day
Hospital ICU Confinement 15 days max	\$750 per day	\$750 per day
Dislocation (Non-Surgical)	from \$50 to \$3,000 depending on the fracture and type of repair	from \$60 to \$6,000 depending on the fracture and type of repair
Fracture (Non-Surgical)	from \$50 to \$3,000 depending on the fracture and type of repair	from \$120 to \$5,000 depending on the fracture and type of repair

LOW PLAN Accident Insurance Monthly Deductions	
Employee Only	\$3.33
Employee + Spouse	\$6.51
Employee + Child(ren)	\$7.79
Family	\$9.20

HIGH PLAN Accident Insurance Monthly Deductions	
Employee Only	\$5.53
Employee + Spouse	\$10.82
Employee + Child(ren)	\$12.93
Family	\$15.28



TELEMEDICINE

freshbenies

An employee benefit that cuts healthcare costs and confusion...
in one easy membership!



Cut healthcare costs and confusion for your family
...in one easy membership!



Advocacy PLUS

Personalized, healthcare support - Ask your HealthPro to find highly-rated doctors, compare procedure pricing, reduce prescription costs, review and resolve medical bills and more.



Behavioral Telehealth

Choose your mental health expert - Get unlimited \$0 video visits with your choice of therapists or psychiatrists for temporary or ongoing support.



Dental Savings

Smile at the savings - Save an average 20-40% on cleanings, whitening, root canals, braces and more at thousands of dental practices nationwide.



Vision Savings

See real savings - Get discounts on exams, brand name eyewear, contacts, LASIK and more - at thousands of providers nationwide.



General Telehealth

Your 24/7 virtual urgent care - Get unlimited \$0 visits for cold, flu, pink eye, sinus infections and more. Get a prescription written, if necessary.



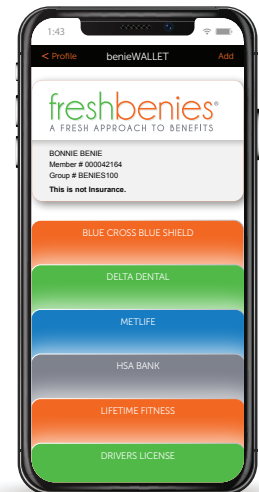
Prescription Savings

Your Rx for savings - Use our pricing tool and quickly find the best local price on most brand or generic meds at 60,000+ pharmacies nationwide.



benieWALLET

Important cards ready anytime, anywhere - Store and access all your cards in one, easy place - insurance, pharmacy, fitness clubs, passport and more!



ACTIVATE YOUR MEMBERSHIP

at freshbenies.com. Click the "I'm new" banner at the top to create your login.

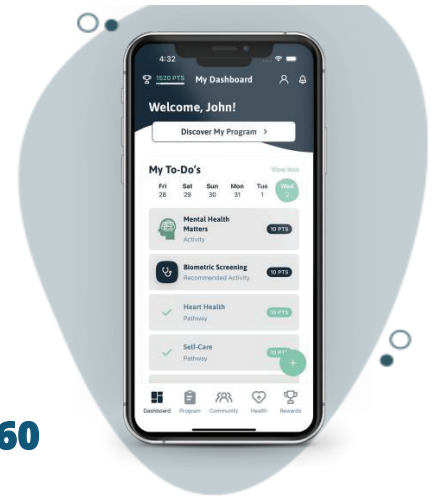
Your state may have specific requirements.

This program is NOT insurance coverage and does not meet the minimum creditable coverage requirements under the Affordable Care Act or Massachusetts M.G.L. c. 111M and 956 CMR 5.00. It provides discounts only at the offices of contracted health care providers, and each member is obligated to pay the discounted medical charges in full at the point of service. The range of discounts for medical or ancillary services provided under the program will vary depending on the type of provider and medical or ancillary service received. Discount Plan Organization: New Benefits, Ltd., Attn: Compliance Department, PO Box 803475, Dallas, TX 75380-3475, 800-800-7616. Learn more at freshbenies.com and within the member app and portal.

B4000-EE-PREMDBH

AM 8/23

Welcome to your 2027 Wellness Program!



Santa Rosa County Public Schools & HealthCheck360

Santa Rosa is excited to announce a new partnership with HealthCheck360, bringing employees access to enhanced wellness resources, personalized health insights, and opportunities to earn wellness incentives.

Santa Rosa County District Schools wellness program is available to all benefit eligible employees and only spouses that are enrolled in the health plan for 2027. By completing the requirements and well-being activities, employees are eligible for **up to \$1,000 in gift card rewards!** Employees can earn additional reward dollars when their health plan-enrolled spouse participates.

Program Requirements

- **Required:** Complete the Health Risk Assessment Survey by **12/31/2027**
- **Required:** Complete your Annual Physical and submit your Primary Care Provider Form by **12/31/2027**
- **Bonus!** Complete activities, challenges, and more on the myHC360+ platform to maximize your rewards

Introducing myHC360+

Your wellness experience will be powered through the myHC360+ platform, giving you access to:

- Wellness activities and program resources
- Educational pathways on a variety of health and wellness topics
- Wellness challenges that support healthy habits
- Nutrition and activity tracking tools
- Convenient access to your Benefits Guide and program information in one place



Company Code: SRCDS
Unique ID: Last 4 SSN

Scan to Download the App Today!

Emergency medical transportation protection

When you need to call 911, cost shouldn't be a concern. With MASA, you can get the emergency care you need without worrying about how to pay for the ride.

Why you need it

An ambulance ride can happen when you least expect it — and for 1 in 15 U.S. families each year, it does.⁵ Unfortunately, as many as 60% of privately insured ground ambulance rides could result in an out-of-network bill.⁶

How it works

MASA steps in after your primary health insurance pays its portion for the emergency ambulance bill, protecting you from unexpected out-of-pocket costs, including relevant copays, deductibles, and balance bills. All air and ground ambulance providers are included, widely across the U.S. Plus, MASA offers access to expert post-emergency coordination services.

Coverage territories

1: Continental U.S., Hawaii, and Alaska | 2: Continental U.S., Hawaii, Alaska, and Canada | 3: Continental U.S., Hawaii, Alaska, Canada, Mexico, and the Caribbean | 4: Worldwide: to include any region with the exclusion of Antarctica and not prohibited by U.S. law or U.S. travel advisories. Contingent upon ten (10) day notice of travel.

Disclaimer

This material is for informational purposes only and does not provide protection or coverage. MASA plans and products provide supplemental protection and are not a substitute for primary health insurance, Medicare, or other major medical coverage. Medicaid does not qualify as underlying coverage. Availability, premiums, protections or benefits, and product or plan features vary by state and selected plan. Benefits, protections, and descriptions listed are summaries only and are subject to applicable plans, terms, conditions, limitations, and exclusions. For additional details and disclosures, visit info.masaglobal.com/disclaimers.

What's included

	Emergent Premier
Emergency Ground Ambulance Transport Protection	● ²
Emergency Air Ambulance Transport Protection	\$20k max per claim ²
Hospital to Hospital Ground Ambulance Transport Protection	● ²
Hospital to Hospital Air Ambulance Transport Protection	\$20k max per claim ²
Repatriation to Hospital Near Home Transport	● ³
Emergency Water Ambulance Transport Protection	\$2,500 max per claim ³
Treat and No Transport	\$500 max per claim, limit 2 per year ¹
Minor Return Transport Protection	\$2,500 max per claim ³
Pet Return Transport Protection	\$2,500 max per claim ³
Sick While Away From Home Expense Protection	\$5k max, limit 2 pp per year ⁴
Post-Admission Continued Care Transport Protection	\$500 max pp ¹
Monthly protection rate—single or family	\$15

Scan for product guide >>>



How to access benefits



You call 911.

Emergency medical transport is dispatched to you to begin emergency care and transport you to a health facility for continued treatment.



You receive a bill.

Whether you have co-pays or deductibles, or your claim is denied by your medical plan, send MASA the bill within 180 days from the emergency through the portal or via email.



MASA protects you.

The MASA member support team will review your emergency transport bill and will apply the appropriate solutions based on your plan details.



MASA gets you home.

If you need repatriation services, you call MASA Member Services 24/7/365 after your emergency care treatment.

Contact information

Member services	Claims email	Member portal	Smartphone app
800-643-9023	ambulanceclaims@masaglobal.com	masaaccess.com/member	MASA Global

Therapist. Comedian. Best friend for life.

Help give them protection with MetLife Pet Insurance.



MetLife Pet Insurance helps cover the costs of unexpected accidents or illnesses, so nothing gets in the way of caring for your pet when they need it most.

Coverage that's a breed apart

With MetLife Pet Insurance, you can count on:

The freedom to visit any U.S. veterinarian. Exam fees are covered for accidents and illnesses.

Flexible plans with no breed exclusions. Find coverage that fits your pet's needs and your budget.

Extra savings with value-driven policies, options and discounts.

- **Multi-pet policy¹** – 5% for the 2nd policy and 10% for each additional policy
- **Family Plans option²** – One policy and a shared deductible for up to three dogs and cats
- **Discounts of up to 30%³** – And additional savings on pet care, where available

Preventive care coverage (optional) for dogs and cats – Save on routine wellness expenses.

How does MetLife Pet Insurance work?



Choose the coverage that's right coverage for you and your pet, and download our mobile app



Visit any U.S. licensed veterinarian or emergency clinic



Pay the bill within 90 days and send it with your claim documents to us via our mobile app, online portal, email, fax or mail



Get a percentage of your money reimbursed⁴ by check or direct deposit if the claim expense is covered under the policy

You'll have the power of choice to customize your coverage

With our flexible plans, you can select the plan that fits your pet's needs and your finances. Here are just some of the treatments and conditions we cover:

- | | | |
|---|--|---|
| <ul style="list-style-type: none">• Accidental injuries• Illnesses• Exam fees• Surgeries• Medications• Ultrasounds | <ul style="list-style-type: none">• Hospital stays• X-rays and diagnostic tests• Hereditary conditions• Congenital conditions• Alternative therapies• And more! | <p>Preventive care coverage (optional) for dogs and cats such as:</p> <ul style="list-style-type: none">• Vaccinations• Flea/tick medications• Wellness visits• Teeth cleaning• Deworming• And more! |
|---|--|---|

Explore other plan benefits (where available)

- **24/7 live vet chat⁵** – for when things come up after hours
- **Healthy pet incentive⁶** – your pet's deductible automatically decreases by \$50 each policy year that you don't receive a claim reimbursement
- **Automatic coverage increases annually⁷** – if you have an unused amount of \$1,000 or more at the end of the policy period
- **Loss or theft coverage for dogs and cats** – receive up to \$500 if your pet is stolen or goes missing during the policy period and is not found within 60 days
- **Mortality benefits** – in the sad event of your pet's death, receive up to \$500 for cremation or burial expenses, or any combination of cremation and burial
- **And more!**



Scan Now

Get the coverage that best fits your pet.
metlife.com/getpetquote53

Questions?
Call 877-914-9622

1. Multi-policy discount is not available with Family Plans.

2. Coverage options may be limited for certain ages.

3. When combining discounts, restrictions apply. Must be eligible for applicable discounts. Each discount may not be available in all states.

4. Reimbursement options include: 50%, 70%, 80% and 90%. Restrictions apply.

5. Virtual veterinary services are available through the MetLife Pet app and are provided entirely by AskVet, a third-party partner; MetLife is not responsible for any pet guidance or advice provided or taken. Veterinarians providing virtual veterinary services cannot prescribe medication or answer questions about the pet policy.

6. Your policy deductible decreases by \$50 each policy year that you don't receive a claim reimbursement. Deductible reverts on renewal if claim reimbursement for claims other than preventive care have been made. Restrictions apply.

7. For policies with annual limits greater than \$5,000 and at least \$1,000 of unused benefits remaining at the end of policy year, the annual limit will be increased by \$500 at no additional cost. Restrictions apply. May not be available in all states.

Pet Insurance coverage issued by Metropolitan General Insurance Company, a Rhode Island insurance company headquartered at 700 Quaker Lane, Warwick, RI 02886. Coverage subject to restrictions, exclusions and limitations and application is subject to underwriting. See policy or contact MetLife Pet Insurance Solutions LLC ("MetLife Pet") for details. MetLife Pet is the policy administrator. It may operate under an alternate or fictitious name in certain jurisdictions, including MetLife Pet Insurance Services LLC (New York and Minnesota) and MetLife Pet Insurance Solutions Agency LLC (Illinois).

NOTES

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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