

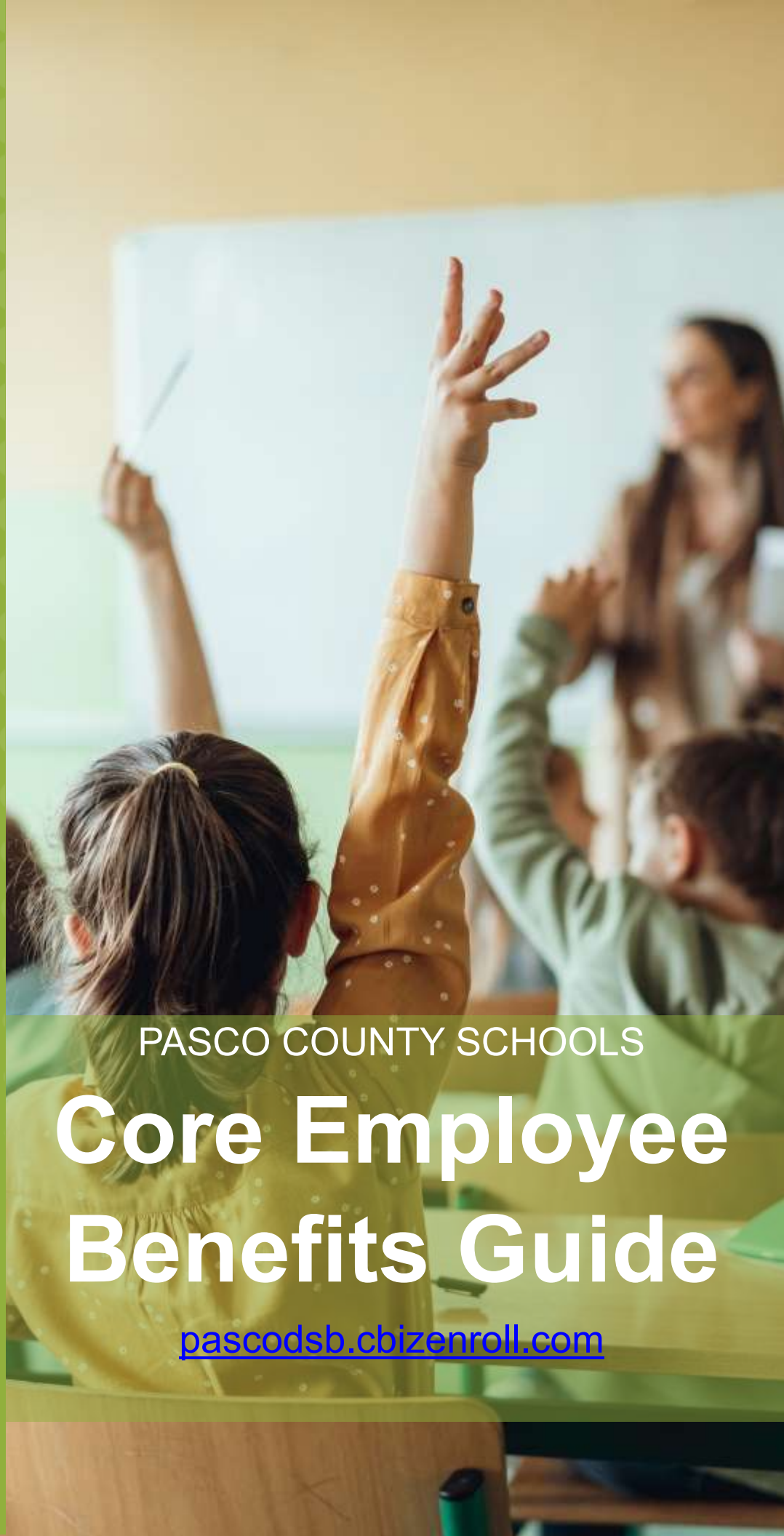


2025



**Pasco County Schools**  
Providing a world-class education for all students

Kurt S. Browning, Superintendent of Schools



PASCO COUNTY SCHOOLS

# Core Employee Benefits Guide

[pascodsb.cbizenroll.com](http://pascodsb.cbizenroll.com)

# 2025 CORE EMPLOYEE BENEFITS GUIDE

Welcome to the

## 2025 BENEFITS OPEN ENROLLMENT

It's that time of year again! The Pasco County Schools annual insurance open enrollment period is about to begin. As an employee you are eligible to participate in the health and welfare benefits plans of Pasco County Schools. Our flexible benefits program offers you a choice of a wide range of benefit options designed to meet your needs and those of your eligible family members.

We partner with CBIZ Benefits to manage and administer your benefits through their online benefits platform. This site will serve as the source of information for all your benefit needs including District announcements, postings, deadlines, etc. CBIZ will provide you with the full spectrum of services for all your benefits needs such as:

- Telephonic and Online access to view and enroll in your benefits.
- Customer Care Call Center to handle all your benefits.
- Resource Center that can be accessed by a "click of a link" providing you with the resources applicable to your specific benefits.

As always, we value you as a member of the Pasco County Schools family and look forward to a healthy and safe 2025.



**ENROLL ONLINE AT**

[pascodsb.cbizenroll.com](http://pascodsb.cbizenroll.com)

## NOT SURE HOW TO GET STARTED?

***DON'T WORRY!***

To access your benefit information, please use the following steps:

- Go to: [pascodsb.cbizenroll.com](http://pascodsb.cbizenroll.com)
- You will be redirected to Pasco County Schools login portal for single sign on. This is your network login to Pasco County Schools
- On the Welcome page you will see which benefits you can enroll in by selecting Guided Enrollment



**REMEMBER!** Open enrollment is the one time of year you can make any adjustments you'd like for the upcoming plan year.



## IMPORTANT DATES

Open enrollment dates

October 1, 2024-

November 8, 2024

## WHAT'S NEW

- **New plan design for the HMO Basic Plan**
- **There are medical premium increases this year to all plans except the Employee Only coverage on the HMO Basic Plan. View the new contributions online at [pascodsb.cbizenroll.com](http://pascodsb.cbizenroll.com).**
- **New UNUM disability benefit offering—this is a special open enrollment!**
- **New MassMutual Life Insurance with Long Term Care offering-this is a special open enrollment!**

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## CONTACT INFORMATION

If you have any questions regarding your benefits, please contact our CBIZ representative(s) at [Pascodsbbenefits@cbiz.com](mailto:Pascodsbbenefits@cbiz.com)  
800.390.1224



### Want to learn more?

Throughout this guide, you'll find clickable video and link icons that will take you to resources that provide additional info on your available benefits.

## DENTAL INSURANCE

Delta Dental  
[deltadentalins.com](http://deltadentalins.com)  
DHMO—800.422.4234  
PPO—800.521.2651

## VISION INSURANCE

VSP  
[pasco.vspforme.com](http://pasco.vspforme.com)  
800.877.7195

## BASIC LIFE/AD&D

Securian  
[lifebenefits.com](http://lifebenefits.com)  
866.293.6047

## FLEXIBLE SPENDING/HEALTH SAVINGS ACCOUNTS

WageWorks/Health Equity  
[wageworks.com](http://wageworks.com)  
877.924.3967

## FLORIDA BLUE ON-SITE REPRESENTATIVE

Patricia Nguyen  
[Patricia.Nguyen@floridablue.com](mailto:Patricia.Nguyen@floridablue.com)  
813.794.2492  
904.635.9221

## CBIZ REPRESENTATIVE(S)

[Pascodsbbenefits@cbiz.com](mailto:Pascodsbbenefits@cbiz.com)  
800.390.1224

\* Employees without Behavioral Health Coverage should call 911 or the Crisis Stabilization Unit at 727.849.9988. Additional plan provider information is available online at [pasco.k12.fl.us/ebarm/planproviders](http://pasco.k12.fl.us/ebarm/planproviders)

# PROVIDER CONTACT INFORMATION

Medical		
Florida Blue	(800) 507-9820	<a href="http://www.floridablue.com">www.floridablue.com</a>
Pharmacy		
Florida Blue	(800) 507-9820	<a href="http://www.floridablue.com">www.floridablue.com</a>
Elect Rx	(844) 353-2879	<a href="http://www.electrx.com">www.electrx.com</a>
Behavioral Health (BEH)*		
Lucet	(866) 287-9569	<a href="http://www.LucetHealth.com">www.LucetHealth.com</a>
Employee Assistance Program	(800) 624-5544	<a href="http://www.ndbh.com">www.ndbh.com</a>
Employee Health and Wellness		
MyHealth Onsite	(888) 644-1448	<a href="http://www.myhealthonsite.com">www.myhealthonsite.com</a>
Voluntary Benefits		
The Standard	(800) 368-2859	<a href="#">Standard Education Site</a>
ARAG Legal	(800) 247-4184	<a href="http://www.araglegalcenter.com">www.araglegalcenter.com</a>
MassMutual	(844) 975-7522	<a href="http://www.massmutual.com">www.massmutual.com</a>
Securian	(866) 293-6047	<a href="http://www.lifebenefits.com">www.lifebenefits.com</a>
Unum Disability	(800) 635-5597	<a href="http://www.unum.com">www.unum.com</a>
Dental Benefits		
Delta Dental- DHMO	(800) 422-4234	<a href="http://www.deltadentalins.com">www.deltadentalins.com</a>
Delta Dental- PPO	(800) 521- 2651	<a href="http://www.deltadentalins.com">www.deltadentalins.com</a>
Vision Benefits		
VSP	(800) 877-7195	<a href="http://pasco.vspforme.com">pasco.vspforme.com</a>
Flexible Spending Accounts		
WageWorks / Health Equity	(877) 924-3967	<a href="http://www.wageworks.com">www.wageworks.com</a>
FRS		
Florida Retirement System	Pension (844) 377-1888	<a href="http://www.myfrs.com">www.myfrs.com</a>
Employee Benefits, Assistance & Risk Management, HREQ		
Benefits Administration	(813) 794-2253	<a href="mailto:mybenefits@pasco.k12.fl.us">mybenefits@pasco.k12.fl.us</a>
Leave Administration	(813) 794-2981	<a href="mailto:myleaves@pasco.k12.fl.us">myleaves@pasco.k12.fl.us</a>
Retirement Services - DSBPC	(813) 794-2394	<a href="mailto:retirementsvcs@pasco.k12.fl.us">retirementsvcs@pasco.k12.fl.us</a>
Risk Management	(813) 794-2520	<a href="mailto:riskmanagement@pasco.k12.fl.us">riskmanagement@pasco.k12.fl.us</a>
Wellness Programs & Incentives	(813) 794-2276	<a href="mailto:wellness@pasco.k12.fl.us">wellness@pasco.k12.fl.us</a>

# OPEN ENROLLMENT

This is a change from last year—please read this page carefully!

October 1, 2024 - November 8, 2024

## Benefit Effective Dates

January 1, 2025 - December 31, 2025

## Benefit Enrollment Process

**This year will be a positive enrollment.** What does that mean to you? **All employees are required to complete the enrollment process this year even if they are not making any changes or are opting out of benefits!** The Open Enrollment benefit elections are made in the CBIZ system. If employees do not make any elections, they will lose their current benefits and be defaulted to a medical opt out and the \$35K Basic Life insurance policy. No exceptions will be made after Open Enrollment has closed. Remember to print a copy of your Benefit Elections summary as a confirmation of your 2025 benefit selections.

**If you will be retiring from Pasco Schools in 2025,** please be sure to enroll in those benefit plans that you would like to take with you into retirement (i.e., dental, vision, legal). You will only be offered the opportunity to continue those benefits that you are presently enrolled in at the time that you retire.

The following steps are required to enroll:

1. Go to: [pascodsb.cbizenroll.com](https://pascodsb.cbizenroll.com)
2. You will be redirected to an Pasco County Schools login portal for single sign on. This is your network login to Pasco County Schools
3. On the Welcome page you will see which benefits you can enroll in by selecting Guided Enrollment. Go to Pasco County Schools homepage. You must enroll in the plans you want between Oct. 1, 2024—Nov. 8, 2024.

**If you resign and are rehired within 30 days you will automatically be reenrolled in the same benefits you had when you terminated. Your benefits will be reinstated if you are rehired prior to your current coverage end date.**



# BENEFITS OF BEING A PASCO EMPLOYEE



## BENEFITS of being a Pasco County Employee

### Option 1: Group Health Plan

- HMO Basic Medical (includes pharmacy)
- Basic Core Life
- Employee Assistance Program\*\*
- Health and Wellness Centers (free primary medical care)



OR

### Option 2: Health Opt Out Plan

- Taxable income
  - \$100 monthly (prorated per paycheck)
  - Up to \$1,200 annually
- Basic Core Life
- Employee Assistance Program\*\*



### Voluntary Benefits

- Dental
- Vision
- Disability
- Term Life
- Flexible Spending Account
- Legal with Identity Theft
- Accident
- Hospital
- Critical Illness with Cancer
- Whole Life



Available to  
all eligible  
employees

Available to  
all eligible  
employees



### Retirement Services

- State of Florida Retirement System
  - Pension Plan (Define Benefit)
  - Investment Plan (Defined Contribution)
- Voluntary Retirement Savings Program\*\*
  - Pre & Post-tax 403(b) (similar to 401(k))
  - 457(b)

Employees may elect to cover their dependent spouses and children under the group medical and voluntary benefits plan.

\*\*Available to all employees including non-benefit eligible employees.

# INTRODUCTION TO BENEFITS

As a benefit eligible employee of Pasco County Schools you have numerous choices of pre-tax and post-tax benefits. These choices allow you to customize your benefit elections to meet the needs of your family.

## Fully Board-Paid Option

Benefit eligible employees are eligible for a free benefit option which includes:

- Basic HMO medical plan
- Pharmacy
- Behavioral Health
- Health & Wellness Centers (\*with medical participation)
- \$35,000 Basic Life Insurance
- Employee Assistance Program
- Elect Rx

New plan design—  
please review!

## Benefit Waiting Period

If you are a new employee enrolling in benefits, there is a 30-day waiting period before your coverage begins. The effective date for benefits is the first of the month following 30 days of employment. For example, an employee hired on August 5, 2025 becomes benefit eligible on October 1, 2025. Employees will receive an email from CBIZ notifying them to enroll in their benefit elections. They will make their elections on-line using the CBIZ Self-Service system.

### Choice # 1

- HMO Basic Medical
- Behavioral Health
- Pharmacy
- Basic Life
- Employee Assistance Program
- Health & Wellness Centers

### Choice # 2

- Health Opt-Out (Taxable Income)
- \$50 per pay 24-deductions
- \$60 per pay 20-deductions
- Basic Life
- Employee Assistance Program

## Health Opt Out

Employee's who carry other medical coverage may "opt-out" of the Board's medical coverage and forfeit the use of the Health & Wellness Centers.

Pasco County Schools offers employees who opt-out of the Board's medical plans \$100 per month up to a maximum, \$1,200 a year.

To receive the opt-out income for 2025 employees must elect to "opt-out" during the enrollment period. If you were an "opt-out" last year and would like to remain an "opt-out" you will need to complete the process during the Open Enrollment period.

The election to Opt-Out requires you to waive participation in the Board's medical plan. **You must be enrolled in other medical coverage to be eligible to Opt-Out of the Board's medical plans.** Even if you opt-out of the medical coverage you are still eligible to participate in the voluntary benefits.

***This process must be completed during open enrollment.***

## Opt-Out Taxable Income

24 Ded	20 Ded
\$50.00	\$60.00

To waive participation you must be enrolled in other medical coverage besides the Board's medical plan. You will not be eligible to use the Health & Wellness Centers.

**If you are rehired within 30 days you will automatically be re enrolled in the same benefits you had when you terminated. Your benefits will be reinstated if you are rehired prior to your current coverage end date.**

# OTHER BENEFIT OPTIONS

## Other Benefit Options

Employees may elect to cover their dependent spouse or children under the group health plan. Additional benefit choices include:

- Dental
- Legal
- Whole Life w/Long Term Care
- Critical Illness
- Additional information is included in the Voluntary Benefit Guide.
- Term Life
- Flexible Spending Account
- Disability (employee only coverage)
- Vision
- Accident Protection
- Hospital Indemnity

## On-Site Wellness Centers

Employees and their dependents covered under the medical plan can receive FREE medical services at the on-site Health & Wellness Centers (HWC).

### Free Medical Care!

- No deductibles
- No co-pays
- No out-of-pocket costs to you

### What are the Benefits to You?

- No more long stays in a waiting room
- No out-of-pocket expense at the HWC
- Increased convenience and access
- More one-on-one time with the doctor
- On-site dispensing of generic medications

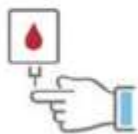
### What Services are provided at the HWC?

- Treatment for Colds, Flu, Sore Throats, High Blood Pressure, High Cholesterol, Diabetes and more!
- Annual Physicals and Wellness Visits
- School Physicals
- Lab Work
- X-Rays
- Electrocardiogram (ECG/ EKG)
- Immunizations
- Additional information in the Wellness guide

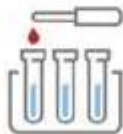
### Available Health Coaches

- Registered Nurse
- Registered Dietician
- Exercise Physiologist

## PATIENTS MAY ACCESS A RANGE OF MEDICAL SERVICES AT NO COST



Diabetic Testing Supplies



Lab Services



Personalized Wellness & Nutrition Coaching



Well-Woman Appointments



Medical Care for Chronic Conditions



Preventative Care Appointments

Schedule an appointment today via the [healow app](#) (practice code: DAAEBD), through our online patient portal at [www.my-patientportal.com](http://www.my-patientportal.com) or by calling the toll free 24-hr Call Center Support Team at: 888-644-1448.

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# WORKING SPOUSE WAIVER FORM



Rev. 9/23

District School Board of Pasco County  
**WORKING SPOUSE WAIVER FORM**  
(WORKING SPOUSE EXCLUSION)

If your spouse is employed and has access to medical coverage through his/her employer, they are no longer eligible for coverage under Pasco County Schools' group medical plan.

If your spouse does not work, works only part-time, is not eligible for coverage or has lost coverage as an active employee but has been offered cobra, the spousal exclusion does not apply. If your spouse is covered by Medicare, the exclusion does not apply.

If your spouse experiences a qualifying life event (loss of job or loss of coverage, etc.) during the year, he or she can be added to your medical plan within 30 days of the qualifying event.

If you designate your spouse as a dependent to be enrolled in Pasco County Schools' group medical plan, you will need to submit a completed spousal waiver form verifying your spouse's ineligibility for coverage under their employer's medical plan. If you do not complete and return the waiver form, your inaction will deem your spouse ineligible for coverage. If deemed ineligible for coverage, your spouse will be removed from Pasco County Schools' group medical plan.

The "Working Spouse Waiver" does not affect your option to enroll your spouse in voluntary benefits such as dental, vision or other applicable voluntary benefits, as long as you provide the required dependent verification documents.

**Policy exemption:**

- If you and your spouse are both employed by Pasco County Schools, you are not subject to this policy.
- If you are enrolling in family coverage (employee plus spouse and children), you are not subject to this policy.

Pasco County Schools reserves the right to verify the validity of information provided.

**Employee Benefits and Risk Management**

Email: [mybenefits@pasco.k12.fl.us](mailto:mybenefits@pasco.k12.fl.us)

Phone: 813.794.2253 – Central Pasco County

727.772.2253 – West Pasco County

352.524.2253 – East Pasco County

Upload this form and dependent verification documents to CBIZ.

A list of required documents and instructions on how to upload documents are available online at

<http://www.pasco.k12.fl.us/ebarm/page/dependent-verification>



District School Board of Pasco County  
**WORKING SPOUSE WAIVER FORM**  
(WORKING SPOUSE EXCLUSION)

Employee Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Spouse Name: \_\_\_\_\_ Spouse SSN: XXX-XX-\_\_\_\_\_

**You MUST complete this form if you are enrolling your spouse in Pasco County Schools' medical plan.**

If your spouse is eligible for medical coverage under another employer's plan, your spouse is NOT eligible for the waiver and cannot enroll in Pasco County Schools' group medical plan. If you do not complete and return the waiver form, your inaction will deem your spouse ineligible for coverage. If deemed ineligible for coverage, your spouse will be removed from Pasco County Schools' group medical plan.

**Instructions to complete form:**

Please complete and return this form to request a waiver of the "working spouse" medical coverage policy to CBIZ.

**Section I – Employee Certification**

What is your spouse employment status:  \*Employed (*works for another company or organization*)  
 Self-Employed  Not Employed  Retired

*\*If you answered employed, your spouse must take this form to his or her employer for completion of Section II.*

**Section II – Working Spouse Employer Certification (Must be completed by Spouse Employer)**

Spouse Employer Name (Company/Organization): \_\_\_\_\_

1. Does your company/organization offer medical insurance to the above-named spouse?

Yes, enrolled  Yes, but employee declined benefits  Medical benefits not offered

Not eligible; If not eligible, what date will spouse become eligible for benefits? \_\_\_\_\_

Printed Name (Employer Representative) \_\_\_\_\_ Title \_\_\_\_\_ Telephone Number \_\_\_\_\_

Signature of Employer Representative \_\_\_\_\_ Date \_\_\_\_\_

**Section III – Employee Acknowledgement**

I certify that the information provided here is correct and if this information changes at any time, I will notify CBIZ within thirty (30) days. I also understand the information on this form is subject to verification. The "Working Spouse Waiver" does not affect your option to enroll your spouse in voluntary benefits such as dental, vision or other applicable voluntary benefits, as long as you provide the required dependent verification documents.

Employee Signature \_\_\_\_\_ (Must Print to Sign) \_\_\_\_\_ Date \_\_\_\_\_

Upload this form and dependent verification documents to [CBIZ](#).  
A list of required documents and instructions on how to upload documents are available online at <http://www.pasco.k12.fl.us/ebarm/page/dependent-verification>

# DEPENDENT ELIGIBILITY

**Federal Law:** The Affordable Care Act makes coverage available to adult children up to age 26. No dependent eligibility requirements can be applied from newborn to age 26.

**State of Florida Law (Florida Statute 627.6562):**

Requires that extended coverage for adult children over age 26 be offered through the end of the calendar year in which they reach age 30. Extended coverage applies to medical and vision only.

A covered dependent child may continue coverage beyond the age of 26, provided he or she is:

- Unmarried and does not have a dependent;
- A Florida resident or a full-time or part-time student;
- Not enrolled in any other health coverage policy or plan;
- Not entitled to benefits under Title XVIII of the Social Security;
- Handicapped dependent child.

## Eligible Dependents Include

**Your Spouse** - The person to whom you are legally married.

**Your Child** - Through the end of the calendar year in which he/she turns age 26, your biological child, legally adopted child or child placed in the home for the purpose of adoption in accordance with applicable state and federal laws.

**Your Child with a Disability** - Your covered child who is permanently mentally or physically disabled. This child may continue health insurance coverage after reaching age 26 if you provide adequate documentation validating disability. The child must be unmarried, dependent on you for care and for financial support, and can have no dependents of his/her own.

**Your Step-Child** - Through the end of the calendar year in which he/ she turns age 26, the child of your spouse for as long as you remain legally married to the child's parent.

**Your Foster Child** - Through the end of the calendar year in which he/she turns age 26, a child that has been placed in your home by the Department of Children and Families Foster Care Program or the foster care program of a licensed private agency. Foster children may be eligible to their age of maturity.

**Legal Guardianship** - Through the end of the calendar year in which he/she turns age 26, a child (your ward) for whom you have legal guardianship in accordance with an Order of Guardianship pursuant to applicable state and federal laws. Your ward may be eligible until his or her age of maturity.

**Your Grandchild** - A newborn dependent of your covered child. Coverage may remain in effect for up to 18 months of age as long as the newborn's parent remains covered.

**Your over-age Dependent** - Your child after the end of the calendar year in which they turned age 26 through the end of the calendar year in which they reach 30 if they are unmarried, have no dependents of their own, are dependent on you for financial support, live in Florida or attend school in another state, and have no other health insurance.

# DEPENDENT ELIGIBILITY

## Notifying CBIZ of Change in Dependent Status

Employees who cover their spouse or dependent children under the Board's group health plan are required to notify CBIZ within 30 days of their change in marital status or change in dependent status of a covered dependent. Failure to notify CBIZ may result in the employee receiving a benefit under the group health plan that he/she is not entitled to receive. Should this occur you will be required to repay the Board any premiums due or benefits received that you were not entitled to receive.

## Tax Implications for age dependents

Employees are allowed to cover dependent children ages 27-30 under the District's group health plan; however, the Internal Revenue Service requires the District to include the value of the coverage provided for your dependents over age 26 in your adjusted gross income before issuing your W-2 form.

The value of premiums for adult children over age 26 will be deducted post-tax on a per payroll basis. If you cover dependent(s) in both age groups as stated above, you will see two separate payroll deductions on your paycheck reflecting the pre-tax and post-tax value of dependent premiums.

Tax Status of Dependent Premiums		
Dependent Age	Birth - Age 26*	Over Age 27 - 30
Taxable Status	Pre-tax	Post-tax

*\*Through the end of the year in which they turn 27. Post tax benefits will begin January 1st of the next calendar year.*

## Dependent Verification

All employees who elect to enroll their dependents in the District group health plan (medical, dental, vision and life insurance) must provide documentation of dependent eligibility. The documentation may include a birth certificate, marriage certificate, or other legal documentation and must be submitted by the end of Open Enrollment. Dependent verification documents must be uploaded to the CBIZ platform. If CBIZ does not receive the dependent verification documentation your dependent coverage will end December 31, 2024.

Documentation Requirements	
Dependent Type	Required Documentation
Spouse	Copy of the government issued marriage certificate and <ul style="list-style-type: none"> <li>• Most recent tax return transcript for IRS</li> </ul>
Children up to age 26	<ul style="list-style-type: none"> <li>• Copy of the child's government issued birth certificate or adoption certificate naming the employee or spouse as the child's parent</li> <li>• Copy of the court order naming employee or spouse as legal guardian.</li> <li>• Copy of the records showing the employee or spouse as the dependent's foster parent</li> </ul>
Child or covered dependent	Copy of the newborn's birth certificate naming the covered dependent as the parent
Unmarried child age 26 up to age 30	The same documentation for children under age 26 and <ul style="list-style-type: none"> <li>• Copy of the affidavit of adult child and</li> <li>• Documentation of student status or</li> <li>• Bill or statement in the child's name dated within the past 60 days showing Florida residency.</li> </ul>
Disabled children age 26 or older	The same medical documentation for children under <ul style="list-style-type: none"> <li>• Age 26 and</li> <li>• Most recent tax return transcript for IRS and</li> <li>• Medical documentation validating disability.</li> </ul>

# MEDICAL INSURANCE

## Medical Insurance Provider: Florida Blue



### New HMO Basic Plan 71

In order to continue to offer a \$0 premium cost plan to benefit eligible employees, the District is offering the new HMO Basic Plan 71. This plan has a much higher calendar year out of pocket maximum and deductible than the former HMO Basic Plan 48. Also, copays are higher for select services.

To avoid higher out of pocket costs, you may consider taking advantage of the services MyHealth Onsite offers you such as \$0 office visits with A Primary Care Physician, \$0 generic medications, \$0 for x-rays and \$0 for Advanced Imaging tests when referred to Akumin Radiology. In addition, select surgeries are at \$0 cost through SurgeryPlus, a District offering, not associated with your Florida Blue medical benefits.

Furthermore, don't forget about Teladoc Telehealth services when you're not feeling well. You have 24/7/365 access to U.S. board-certified doctors by web, phone, or mobile app. It's a convenient and affordable option for quality medical care. You have access to a general medicine doctor for \$10 copay on both HMO plans. Please refer to page 25 for more information and instructions on how to register.



If you prefer to pay less out of pocket upfront for services, you may want to consider buying up to the New HMO Premium Plan.

Let's highlight some of the significant differences between the two HMO plans:

	New HMO Basic Plan 71	New HMO Premium Plan 48 (Formerly HMO Basic Plan)
Calendar year deductible (Per person/Family Aggregate)	\$4,000/\$8,000	\$2,000/\$6,000
Coinsurance After Deductible Met	20%	20%
Out Of Pocket Max. (Per person/Family Aggregate)	\$7,900/\$15,800	\$5,500/\$11,000
Emergency Room Visit Facility Charge	\$1,000 Copay	\$500 Copay
Advanced Imaging Services, Free- standing or office (i.e., MRIs, CT Scans, Nuclear Studies)	\$500 Copay	\$300 Copay
Other Diagnostic Services, Free- standing (i.e., x-rays, ultrasounds)	\$100 Copay	\$50 Copay
Surgery at Ambulatory Surgical Center (facility) Physician Services (i.e., surgeon)	\$750 Copay \$250 Copay per visit/physician	\$400 Copay \$75 Copay per visit/physician
Durable Medical Equipment (i.e., CPAP) Diabetic Equipment (i.e., insulin pump, CGMs, etc.)	Deductible + 20% Coinsurance	\$0 Copay

# ON-SITE FLORIDA BLUE SUPPORT

At Pasco County Schools, we are fortunate to have an onsite Florida Blue representative available to assist you with any claims or coverage issues that you may experience. If you have questions, please contact Patty Nguyen, the Florida Blue On-site Representative at (813)794-2492, (727)774-2492, (352)524-2492 or work cell phone (904)635-9221.



## **Patty Nguyen** **Florida Blue On-Site Service Representative**

Pasco County School Board

7227 Land O' Lakes Blvd., Bldg. #4: HREQ/EBARM

Land O' Lakes, FL 34638

Office Phone #: 813-794-2492

Work Cell #: 904-635-9221

[Patricia.Nguyen@floridablue.com](mailto:Patricia.Nguyen@floridablue.com)

### **Current Position Highlights:**

- Offer education on how to utilize and understand Pasco County Schools' medical and/or pharmacy benefits
- Answer member questions regarding medical and/or pharmacy benefits, claims processing, money-saving tips
- Promote Florida Blue's value-added services and wellness initiatives
- Assist you and your dependents with resolving claims issues and provider billing issues

### **Personal:**

- Moved from Middletown, CT to Lutz in Pasco County 26 years ago
- Has 3 awesome children; Oldest son lives in Santa Monica, CA and works in Commercial Real Estate, Middle son works in the Asset Management Department at the Publix Corporation and daughter recently relocated to Seattle, WA to work for The Hershey Company.
- Enjoys nature hikes, biking, taking walks on the beach and traveling to our Nation's State Parks

### **Patty's Frequently Asked Questions:**

**Q.: My HMO Primary Care Physician (PCP) is recommending that I consult with a Specialist. Do I need a referral from my PCP?**

A.: No. Referrals are not required if you are consulting with a specialist participating in the BlueCare HMO network (HMO Basic/Premium Enrollees). However, you may need an authorization for a specialist to **perform** a procedure and/or test.

**Q: How are Diabetic Testing Supplies covered under my Florida Blue Plan?**

A: The following Diabetic Testing Supplies are covered under your Pharmacy Benefits:

- Glucose Meter (\$0 copay) (Bayer/Contour is the preferred brand.)
- Test Strips (\$0 copay)
- Lancets (\$0 copay)
- Needles (\$0 copay)
- Syringes (\$0 copay)
- Insulin for Self-Injections (\$10 Generic/\$35 Preferred Brand/\$60 Non-Preferred Brand at Walgreens Retail Pharmacy)

**Q.: Which lab is covered under my health plan?**

A.: Quest Diagnostics is the preferred in-network lab for Florida Blue members.

## YOUR HEALTH PLAN OPTIONS

As a full-time employee of Pasco County Schools, you have the choice of three medical plan options: 1. HMO Basic Plan 71; 2. HMO Premium Plan 48 (formerly HMO Basic Plan), and 3. BlueOptions PPO Standard Plan 03768.

Each plan's benefit cost shares, deductible and out of pocket maximum will run from January 1 – December 31.

Choosing an HMO plan requires you to assign a Primary Care Physician (PCP). Selecting the right PCP is important, they are your point of contact and will coordinate care, when you need to seek medical advice or if you need specialist care.

You do not need a referral from your provider to consult with an in-network specialist. Please note that some providers may require a referral to be seen in their practice. Please advise your specialist that your plan does not require referrals.

There may be diagnostic tests, surgeries, and imaging services that require prior authorization from your physician. This may

include Advanced Imaging Tests (e.g., MRIs, CT Scans, Nuclear Medicine, etc.), inpatient and/or outpatient hospital services, Dialysis, Durable Medical Equipment, Home Health, Sleep Studies, etc. To avoid unexpected out of pocket costs and/or delays to your care, please verify with Florida Blue that the authorization was submitted, and approval has been granted, prior to services.

If you want the option to use in-network or out-of-network providers you may want to consider the PPO Standard Plan Option 3. This plan does require a higher premium because of the additional network coverage. Remember, staying in network will save you money. Also, the PPO Standard plan does not require selecting a PCP and allows you the flexibility to access more physicians through its nationwide network.

Below are some benefit highlights of each option.

### HOW TO GET STARTED

## SELECT YOUR MEDICAL PLAN

### OPTION 1: HMO BASIC PLAN 71

- Board Paid, no premium cost to the Employee
- Referrals to in-network specialists for consultations are NOT required.
- Preventive services by an in-network provider, i.e., Adult and Child physicals are covered, member cost share is \$0 once per calendar year when services are billed as preventive.

### OPTION 2: HMO PREMIUM PLAN 48

- Requires Employee Contribution
- Lower Deductible, Out-of-Pocket Maximum and Co-Pays
- Referrals to in-network specialists for consultations are NOT required.
- Preventive services by an in-network provider, i.e., Adult and Child physicals are covered, member cost share is \$0 once per calendar year when services are billed as preventive.

### OPTION 3: PPO STANDARD PLAN 03768

- Cover dependent(s) working/living out of state or students attending college. (Note: This is an option if the state your dependent(s) reside in does not participate in the HMO Away From Home Care Program).
- Access to a wider network of specialists and other providers locally and nationwide.
- Preventive services by an in-network provider, i.e., Adult and Child physicals are covered, member cost share is \$0 once per calendar year when services are billed as preventive.

# CARE OPTIONS & WHEN TO USE THEM

## YOUR CARE OPTIONS

While we recommend that you seek routine medical care from your primary care physician whenever possible, there are alternatives available to you. Services may vary, so it's a good idea to visit the medical plan's website. Be sure to check that the provider is in-network by calling the toll-free number on the back of your medical ID card, or by visiting [floridablue.com](http://floridablue.com).

### [Primary Care vs. Urgent Care vs. ER](#)



#### PRIMARY CARE

- Routine, primary/preventive care
- Non-urgent treatment
- Chronic disease management

For routine, primary/ preventive care or non-urgent treatment, we recommend going to your doctor's office.

Your doctor knows you and your health history best — and already has access to your medical records.



#### TELADOC/VIRTUAL VISTS

- Rash
- Sinus Infection
- Common Cold
- Cough
- Flu
- Urinary Tract Infection

Virtual vists let you speak securely by online video with your network or Teladoc family doctor, mental health provider or specialist.

Call your doctor and ask if they offer virtual visits, or register with Teladoc at [Teladoc.com](http://Teladoc.com).



#### CONVENIENT CARE

- Cold and flu-like symptoms
- Sinus infection
- Rash/skin conditions
- Urinary tract infection

Convenient care centers may be a good option. They usually have a similar copy to a PCP and treat things like the above.

Be sure to check to see if convenient care centers are in your plan's network.



#### URGENT CARE

- Cold, flu and fever
- Strains, sprains and/or breaks
- Infections
- Mild burns

Urgent care centers are **less expensive than ERs** and often have **shorter wait times**. Visit an urgent care center for conditions like the above.

To find an urgent care center near you visit [floridablue.com](http://floridablue.com) and select **Find a Doctor**.



#### EMERGENCY ROOM

- Severe chest pain
  - Signs of a possible stroke
  - Severe or sudden shortness of breath
  - Sudden or unexplained loss of consciousness
- Going to an ER for an issue that is not life-threatening often results in long wait times and high medical bills.
- If you have a life-threatening emergency, call 911 right away.



#### MY HEALTH ONSITE

- My Health Onsite HWCs include FREE treatment for acute and chronic needs such as:
- Colds, flu, sore throats
  - High blood pressure, high cholesterol, diabetes
  - Well-woman and Well-man Exams
  - On-site dispensaries with generic medications
  - X-rays, lab work, immunizations
- Providers can see children as young as 8 for non-urgent care such as sore throats, ear aches, bumps and scrapes.



# MEDICAL INSURANCE

## 2025 Pasco County School Board Plan Comparison



Cost Sharing Maximums shown are Per Benefit Period (PBP) unless noted	HMO PLAN 71 New HMO Basic BlueCare	HMO PLAN 48 New HMO Premium BlueCare	PPO 03768 PPO Standard BlueOptions
<b>Deductible (DED) (Per Person/Family Agg)</b>			
In-Network	\$4,000/\$8,000	\$2,000/\$6,000	\$2,500/\$7,500
Out-of-Network	Not Covered	Not Covered	\$4,000/\$12,000
<b>Hospital Per Admission Deductible (PAD)</b>			
In-Network	\$0 Copay	\$0 Copay	\$0 Copay
<b>Coinsurance (Member Responsibility)</b>			
In-Network	20%	20%	30%
Out-of-Network	Not Covered	Not Covered	40%
<b>Out of Pocket Maximum (Per Person/Family Agg) (Incl. DED, Coins., Medical &amp; Rx Copays)</b>			
In-Network	\$7,900/\$15,800	\$5,500/\$11,000	\$5,500/\$11,000
Out-of-Network	Not Covered	Not Covered	\$8,250/\$16,500
<b>Lifetime Maximum</b>	Unlimited	Unlimited	Unlimited
<b>PROFESSIONAL PROVIDER SERVICES</b>			
<b>Allergy Injections (office)</b>			
In-Network Family Physician	\$10 Copay	\$20 Copay	\$20 Copay
In-Network Specialist	\$10 Copay	\$20 Copay	\$20 Copay
Out-of-Network	Not Covered	Not Covered	DED + 40%
<b>Allergy Testing (office)</b>			
In-Network Family Physician	\$40 Copay	\$40 Copay	\$40 Copay
In-Network Specialist	\$75 Copay	\$75 Copay	\$80 Copay
Out-of-Network	Not Covered	Not Covered	DED + 40%
<b>Virtual Visit Services</b>			
In-Network Value Choice PCP	\$10 Copay	\$0 Copay	\$0 Copay
In-Network Value Choice Specialist	\$20 Copay	\$20 Copay	\$20 Copay
In-Network Family Physician	\$10 Copay	\$0 Copay	\$0 Copay
In-Network Specialist	\$75 Copay	\$75 Copay	\$45 Copay
In-Network Behavior Health Specialist (LMHC, Psychiatrist)	\$35 Copay	\$35 Copay	\$35 Copay
Out-of-Network	Not Covered	Not Covered	Not Covered
<b>Office Services (per visit)</b>			
In-Network Value Choice PCP	\$10 Copay	\$0 Copay	\$0 Copay
In-Network Value Choice Specialist	\$20 Copay	\$20 Copay	\$20 Copay
In-Network Family Physician	\$40 Copay	\$40 Copay	\$40 Copay
In-Network Specialist (Includes Chiropractor office visit)	\$75 Copay	\$75 Copay	\$80 Copay
In-Network Behavioral Health Specialist (LMHC, Psychiatrist)	\$40 Copay	\$40 Copay	\$40 Copay
Out-of-Network	Not Covered	Not Covered	DED + 40%
<b>Provider Services at Hospital and ER</b>			
In-Network Family Physician	DED + 20%	DED + 20%	\$80 Copay
In-Network Specialist	DED + 20%	DED + 20%	\$80 Copay
Out-of-Network (For HMO Plans, only for emergencies)	INN DED + 20%	INN DED + 20%	\$80 Copay
<b>Provider Services at Other Locations</b>			
In-Network Family Physician	\$40 Copay	\$40 Copay	\$40 Copay
In-Network Specialist	\$75 Copay	\$75 Copay	\$80 Copay
Out-of-Network	Not Covered	Not Covered	DED + 40%
<b>Radiology, Pathology and Anesthesiology Provider Services at Ambulatory Surgical Center (ASC)</b>			
In-Network Specialist	\$250 Copay	\$75 Copay	\$80 Copay
Out-of-Network	Not Covered	Not Covered	\$80 Copay

# MEDICAL INSURANCE

## 2025 Pasco County School Board Plan Comparison



<b>Cost Sharing</b> Maximums shown are Per Benefit Period (PBP) unless noted	<b>HMO PLAN 71</b> <b>New HMO</b> <b>Basic</b> <b>BlueCare</b>	<b>HMO PLAN 48</b> <b>New HMO</b> <b>Premium</b> <b>BlueCare</b>	<b>PPO 03768</b> <b>PPO Standard</b> <b>BlueOptions</b>
<b>PREVENTIVE CARE</b>			
<b>Adult Wellness Office Services (Annual Physical &amp; Well Woman, one per calendar year)</b>			
In-Network Family Physician	\$0 Copay	\$0 Copay	\$0 Copay
In-Network Specialist	\$0 Copay	\$0 Copay	\$0 Copay
Out-of-Network	Not Covered	Not Covered	40% Coinsurance
<b>Colonoscopies (Routine age 45+; Non-Routine/Diagnostic, no age criteria)</b>			
In-Network	\$0 Copay	\$0 Copay	\$0 Copay
Out-of-Network	Not Covered	Not Covered	40% Coinsurance
<b>Mammograms (Routine, one per calendar year; Diagnostic no frequency limit)</b>			
In-Network	\$0 Copay	\$0 Copay	\$0 Copay
Out-of-Network	Not Covered	Not Covered	\$0
<b>Well Child Office Visits (one per calendar year)</b>			
In-Network Family Physician	\$0 Copay	\$0 Copay	\$0 Copay
In-Network Specialist	\$0 Copay	\$0 Copay	\$0 Copay
Out-of-Network	Not Covered	Not Covered	40% Coinsurance
<b>EMERGENCY/URGENT/CONVENIENT CARE/TELADOC TELEHEALTH</b>			
<b>Ambulance Services (Air, Ground, water)</b>			
In-Network	DED + 20%	DED + 20%	DED + 30%
Out-of-Network (For HMO Plans, only for emergencies)	INN DED + 20%	INN DED + 20%	INN DED + 30%
<b>Convenient Care Centers (CCC)</b>			
In-Network	\$40 Copay	\$40 Copay	\$40 Copay
Out-of-Network	Not Covered	Not Covered	DED + 40%
<b>Emergency Room Facility Services (per visit) (Copayment waived if admitted)</b> (Refer to Professional Provider Services on page 1.)			
In-Network	\$1,000 Copay	\$500 Copay	\$500 Copay
Out-of-Network	\$1,000 Copay	\$500 Copay	\$500 Copay
<b>Urgent Care Centers (UCC)</b>			
Value Choice Urgent Care Provider ( <b>\$0 for visits 1-2 per benefit period</b> )	\$0, then \$75 Copay	\$0, then \$50 Copay	\$0, then \$50 Copay
In-Network	\$75 Copay	\$50 Copay	\$50 Copay
Out-of-Network	Not Covered	Not Covered	DED + \$50
<b>TELADOC TELEHEALTH (Register on <a href="http://www.teladoc.com">www.teladoc.com</a>, no code needed)</b>			
General Medicine	\$10 Copay	\$10 Copay	\$10 Copay
Dermatologist	\$25 Copay	\$25 Copay	\$25 Copay
Behavior Health Specialist (LMHC)	\$25 Copay	\$25 Copay	\$25 Copay
<b>DIAGNOSTIC TESTING (e.g., Lab, x-rays)</b>			
<b>Independent Clinical Lab (Quest Diagnostic is preferred in-network lab.)</b>			
In-Network	\$0 Copay	\$0 Copay	\$0 Copay
Out-of-Network	Not Covered	Not Covered	DED + 40%
<b>Independent Diagnostic Testing Facility (IDTF) - X-rays and AIS (Includes Physician Services)</b>			
In-Network - Advanced Imaging Services (AIS) (I.E., MRI's, CT scans, Nuclear Medicine)	\$500 Copay	\$300 Copay	\$300 Copay
In-Network - Other Diagnostic Services (x-rays, ultrasounds)	\$100 Copay	\$50 Copay	\$50 Copay
Out-of-Network	Not Covered	Not Covered	DED + 40%

# MEDICAL INSURANCE

## 2025 Pasco County School Board Plan Comparison



<b>Cost Sharing</b> Maximums shown are Per Benefit Period (PBP) unless noted	<b>HMO PLAN 71</b> <b>New HMO</b> <b>Basic</b> <b>BlueCare</b>	<b>HMO PLAN 48</b> <b>New HMO</b> <b>Premium</b> <b>BlueCare</b>	<b>PPO 03768</b> <b>PPO Standard</b> <b>BlueOptions</b>
<b>FACILITY (SURGICAL/NON-SURGICAL, THERAPY)</b> (Note: Physicians billed separately for services in a Hospital, ASC or ER., Refer to Professional Provider Services on Page 1.)			
<b>Ambulatory Surgical Center (ASC)</b>			
In-Network	\$750 Copay	\$400 Copay	\$200 Copay
Out-of- Network	Not Covered	Not Covered	DED + 40%
<b>Outpatient Hospital (per visit) (Surgical or Non-Surgical Svcs., i.e., lab work/Dx Testing)</b>			
In-Network	DED + 20%	DED + 20%	\$300 Copay
Out-of-Network	Not Covered	Not Covered	DED + 40%
<b>Inpatient Hospital &amp; Inpatient Rehab. (per admission)</b>			
In-Network	DED + 20%	DED + 20%	DED + 30%
Out-of-Network	Not Covered	Not Covered	DED + 40%
<b>Therapy at Outpatient Hospital (per visit)</b>			
In-Network	\$100 Copay	\$75 Copay	\$80 Copay
Out-of-Network	Not Covered	Not Covered	DED + 40%
<b>OTHER SPECIAL SERVICES AND LOCATION</b>			
<b>Advanced Imaging Services in Physician's Office (per visit)</b>			
In-Network Family Physician	\$500 Copay	\$300 Copay	\$300 Copay
In-Network Specialist	\$500 Copay	\$300 Copay	\$300 Copay
Out-of-Network	Not Covered	Not Covered	DED + 40%
<b>Birthing Center</b>			
In-Network	DED + 20%	DED + 20%	DED + 30%
Out-of-Network	Not Covered	Not Covered	DED + 40%
<b>Diabetic Equipment<sup>1</sup> (CGM &amp; Insulin Pump) (Coordinated via CareCentrix<sup>2</sup>)</b>			
In-Network	DED + 20%	\$0 Copay	DED + 30%
Out-of-Network	Not Covered	Not Covered	DED + 40%
<b>Durable Medical Equipment, Prosthetics, Orthotics (Coordinated via CareCentrix<sup>2</sup>)</b>			
In-Network	DED + 20%	\$0/\$500 Motorized Wheelchair	DED + 30%
Out-of-Network	Not Covered	Not Covered	DED + 40%
<b>Home Health Care PBP (Coordinated via CareCentrix<sup>2</sup>)</b>			
In-Network	60 visits PBP	35 visits PBP	60 visits PBP
Out-of-Network	DED + 20%	\$0 Copay	DED + 30%
Out-of-Network	Not Covered	Not Covered	DED + 40%
<b>Hospice</b>			
In-Network	DED + 20%	DED + 20%	DED + 30%
Out-of-Network	Not Covered	Not Covered	DED + 40%

# MEDICAL INSURANCE

## 2025 Pasco County School Board Plan Comparison



Cost Sharing Maximums shown are Per Benefit Period (PBP) unless noted	HMO PLAN 71 New HMO Basic BlueCare	HMO PLAN 48 New HMO Premium BlueCare	PPO 03768 PPO Standard BlueOptions
<b>Outpatient Therapy and Spinal Manipulations Combined Benefit Period Maximum</b>	30 Visits PBP 4 modalities/day	35 visits PBP 4 modalities/day	35 visits PBP 4 modalities per day
<b>Outpatient Rehab Therapy Center (per visit)</b>			
In-Network	\$75 Copay	\$75 Copay	\$40 Copay
Out-of-Network	Not Covered	Not Covered	DED + 40%
<b>Physician Office (per visit)</b>			
In-Network Physical Therapist	\$75 copay	\$75 Copay	\$40 Copay
<b>Outpatient Hospital Facility Services (per visit)</b>			
In-Network	\$100 Copay	\$75 Copay	\$80 Copay
Out-of-Network	Not Covered	Not Covered	DED + 40%
<b>Skilled Nursing Facility PBP</b>	45 days PBP	60 days PBP	60 days PBP
In-Network	DED + 20%	DED + 20%	DED + 30%
Out-of-Network	Not Covered	Not Covered	DED + 40%
<b>Medical Pharmacy (Physician Administered in office setting/home health setting)</b>			
In-Network Monthly Out of Pocket Max <sup>3</sup> for medication only	\$200/\$200	\$200/\$200	\$0/\$0
In-Network Provider (cost of medication only, separate cost share for administration)	20%/20%	20%/20%	0%/0%
Out-of-Network Provider	Not Covered	Not Covered	DED + 40%
<b>2025 NEW CHANGES:</b>			
<ul style="list-style-type: none"> <li>• <b>\$20,000 LIFETIME MAXIMUM FOR ALL BARIATRIC SURGERY AND RELATED SERVICES.</b></li> <li>• <b>RECONSTRUCTION SURGERY RELATED TO BARIATRIC SURGERY WILL NO LONGER BE COVERED EFFECTIVE JANUARY 1, 2025.</b></li> </ul>			

**Note: Out of Network Services may be subject to balance billing.**

1. **Diabetic Testing** Supplies (lancets, strips, meters, etc.) are covered under the Pharmacy Benefit. Diabetic Equipment (insulin pumps, CGMs) are always covered under the medical benefit.
2. CareCentrix' Phone Number is 1-877-561-9910
3. (1) Medical Pharmacy Monthly OOP Max includes the drug cost share and applies to the health plan OOP Max. (2) Physician Services are in addition to drug costs (separate cost share applies). (3) Separate drug cost share does not apply to allergy injections or immunizations; only office cost share applies

**This is not an insurance contract or Benefit Booklet.** The above Benefit Summary is only a partial description of the many benefits and services covered by Blue Cross and Blue Shield of Florida, Inc., an independent licensee of the Blue Cross and Blue Shield Association. For a complete description of benefits and exclusions, please see Blue Cross and Blue Shield of Florida's Benefit Booklet and Schedule of Benefits; their terms prevail.

# NEED HEALTH INSURANCE HELP?

Need Health Insurance Help?  
Nonprofit Healthcare Navigators are here!



We help you sign up for **free** or **low-cost** health insurance through the Health Insurance Marketplace, Florida Medicaid, and Florida KidCare.



Call 813-995-7005 or Schedule Online



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# PHARMACY



2025 Pharmacy Options	
Pharmacy Name	Type(s) of Medications
<p><b>Walgreens <b>Exclusive</b> Retail Pharmacy</b></p> <p>*Up to 30-to-90-day supply</p>	<ul style="list-style-type: none"> <li>• Only retail pharmacy you may use to fill <b>generic and/or brand name medications (NOT self-administered specialty medications, provider-administered specialty medications or mail order.)</b></li> <li>• Diabetic Testing Supplies (test strips, lancets, glucometers, etc.)</li> <li>• Insulin, Antibiotics</li> </ul>
<p><b>FlexAccess Specialty Copay Solution Program</b></p> <p><b>1-888-302-3618</b></p> <p>*Up to 30-day supply only</p>	<ul style="list-style-type: none"> <li>• <b>Eligible Self-Administered Specialty Medications.</b> These medications require Prior Authorization.</li> <li>• <b>FlexAccess finds the best copay assistance (coupon) discounts for you so your medicines may be cheaper and easier to get.</b></li> <li>• Select specialty medications may be eligible for <b>\$0-\$35</b> member cost share.</li> <li>• Users of eligible self-administered medications are automatically enrolled in the FlexAccess Program.</li> </ul>
<p><b>Amazon Pharmacy Home Delivery MedsYourWay</b></p> <p><b>For Prescribers Only:</b>  <b>E-SCRIBE Amazon Pharmacy 001</b>  <b>Phone #: 1-855-745-5725, ext. 3</b>  <b>Fax #: 1-512-884-5981</b></p> <p>*Up to 90-day supply</p>	<ul style="list-style-type: none"> <li>• <b>Long-Term Medications</b>, i.e., blood pressure, cholesterol medications, etc.</li> <li>• Refer to page 2 for account set up. For assistance on creating your account, call <b>1-855-965-7539</b></li> </ul>
<p><b>CVS/CareMark Specialty Pharmacy</b>  <b>1-866-278-5108</b></p> <p><i>Exception: Medication cannot be supplied by CVS/CareMark Specialty Pharmacy or Physician participating in Buy &amp; Bill Program.</i></p>	<ul style="list-style-type: none"> <li>• <b>Specialty Medications administered in a doctor's office/facility and limited distribution drugs.</b></li> <li>• Prior Authorization may be required.</li> <li>• Claims are submitted under the medical benefit, <b>Not</b> pharmacy.</li> </ul>
<p><b>My Health Onsite (MHO)*</b></p> <p><b>1-888-644-1448</b></p> <p>*Registered Patients</p>	<ul style="list-style-type: none"> <li>• Ask about <b>select generic and brand name medications</b> at <b>low</b> or <b>no</b> cost to you.</li> <li>• Access <a href="http://pascogohealthy.net">pascogohealthy.net</a> for a list of covered medications</li> </ul>



2025 Pharmacy Options	
Pharmacy Name	Type(s) of Medications
<b>Elect Rx</b> (District Program Offering) <b>1-844-353-2879</b>  <b>*Up to 90-day supply</b>	<ul style="list-style-type: none"> <li>• <b>Select brand name medications</b> at low cost.</li> <li>• Access <a href="https://pascogohealthy.net">pascogohealthy.net</a> for a list of covered medications</li> </ul>
<b>TrueNorth Meds Insulin Program</b> (District Program Offering) <b>1-844-681-8783</b>	<ul style="list-style-type: none"> <li>• <b>Brand Name Insulin</b> at low cost</li> <li>• Contact TrueNorth for your cost</li> </ul>
MEMBER COPAY	
<b>Retail at Walgreens Only</b>	<b>\$10 Generic</b> <b>\$35 Preferred Brand</b> <b>\$60 Non-Preferred Brand</b>
<b>Extended Supply Network at Walgreens Only</b> (2.5X Retail Copay)	<b>\$25 Generic</b> <b>\$87.50 Preferred Brand</b> <b>\$150 Non-Preferred Brand</b>
<b>Amazon Home Delivery</b> (2X Retail Copay)	<b>\$20 Generic</b> <b>\$70 Preferred Brand</b> <b>\$120 Non-Preferred Brand</b>
<b>Specialty</b>	<b>\$25 Generic</b> <b>\$50 Preferred Brand</b> <b>\$100 Non-Preferred Brand</b>

1. Set up your Amazon Pharmacy account by:
  - Visiting [amazon.com/floridablueMYW](https://amazon.com/floridablueMYW) and clicking **Get Started**. Or
  - Opening the Amazon app and clicking **Pharmacy** then **Sign Up**. Once registered, you can manage your prescriptions and place orders.
2. Let your doctor/prescriber know they should send new home delivery prescriptions, **(excluding Schedule II Controlled substances)** to Amazon Pharmacy. Here are the details they need:
  - E-SCRIBE Amazon Pharmacy 001
  - FAX 512-884-5981
  - CONTACT US 855-745-5725, ext. 3

For questions about creating your account, call **Amazon Customer Care at 855-965-7539 Monday through Friday 8 a.m. - 10 p.m. ET and Saturday and Sunday 10 a.m. - 8 p.m. ET.**



## When You Don't Have Time to Wait, You've Got Teladoc!

### Provides 24/7 Access to Care

When you or a family member don't feel well and your primary care doctor or your child's pediatrician can't see you right away, you can now get care within minutes without leaving home with Teladoc.

For a cost that's less than an urgent care or ER visit, Teladoc gives you 24/7/365 access to U.S. board-certified doctors by web, phone or mobile app. It's a more convenient and affordable option for quality medical care. And there's no obligation or extra monthly fee.

### Getting Started

Set up your account today—so when you need care, a Teladoc doctor is a just a call or click away.

### The Teladoc Difference

**Teladoc can help with many non-emergency illnesses, including:**

- Sinus infection
- Flu
- Cough
- Sore throat
- Rash
- Allergies
- Upset stomach
- Nausea
- Other minor health issues and more

### How Does Teladoc Work?

1

#### Register

3 easy ways: download the mobile app, visit the Teladoc website or call the number below.

2

#### Provide Medical History

Your medical history provides Teladoc doctors with the information they need to make an accurate diagnosis.

3

#### Request a Visit

That's it! The next time you need immediate care for a non-emergency illness, you have another option.



Talk to a doctor anytime.

**Call today 1-800-Teladoc (835-2362) or visit Teladoc.com**

Teladoc is an independent company contracted by Florida Blue to provide physician visits via phone or online video to members with non-emergent medical issues. Teladoc is only available in the U.S. Teladoc® is a trademark of Teladoc, Inc.

Health insurance is offered by Florida Blue. HMO coverage is offered by Florida Blue HMO, an affiliate of Florida Blue. These companies are independent licensees of the Blue Cross and Blue Shield Association.

We comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex. For more information, visit [floridablue.com/ndnotice](http://floridablue.com/ndnotice).

BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

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# BEHAVIORAL HEALTH INSURANCE

## Lucet, The Behavioral Health Optimization Company

As a member of Florida Blue, your health insurance plan includes behavioral health benefits like mental health services, substance use treatment and more. Florida Blue has partnered with Lucet to provide behavioral health services.

To locate a participating behavioral health specialist (counselor, psychologist, psychiatrist), [contact Lucet at 1-866-287-9569, 24 hours a day, 7 days a week](tel:1-866-287-9569). Provide your Florida Blue Member ID card and pay \$35/\$40 copay per office visit. The provider will submit the claims directly to Florida Blue. Access [lucethealth.com](http://lucethealth.com) for articles, videos and resources..

Member Out-of-Pocket For Behavioral Health Services By Plan				
MH=Mental Health DED=Deductible *Individual Deductible	SA=Substance Abuse Coins.=Coinsurance	New BlueCare HMO Basic (Plan 71)	New BlueCare HMO Premium (Plan 48)	BlueOptions PPO STD (03768)
TELADOC Behavioral Health		\$25 copay	\$25 copay	\$25 copay
MH/SA Outpatient (Physician's Office) Family Physician & Specialist In-Network (virtual visit/office visit) Out-of-Network		\$35/\$40 copay Not Covered	\$35/\$40 copay Not Covered	\$35/\$40 copay 40% Coins.
MH/SA Emergency Room Services: In & Out of Network		\$1,000 copay	\$500 copay	\$500 copay
MH/SA Outpatient Hospital Facility Services In-Network		\$4,000 DED* + 20% Coins. Not Covered	\$2,000 DED* + 20% Coins. Not Covered	\$40 copay
Out-of-Network				40% Coins.
MH/SA Inpatient Hospital Facility Services In-Network		\$4,000 DED* + 20% Coins.	\$2,000 DED* + 20% Coins.	\$2,500 DED* + 30% Coins.
Out-of-Network		Not Covered	Not Covered	40% Coins.
MH/SA Inpatient Residential Treatment Facility In-Network		\$4,000 DED* + 20% Coins. Not Covered	\$2,000 DED* + 20% Coins. Not Covered	\$2,500 DED* + 30% Coins. 40% Coins.
Out-of-Network				
MH/SA Provider Services at hospital & ER In-Network		\$4,000 DED* + 20% Coins.	\$0 Copay	\$0 Copay
Out-of-network (only covered for emergencies)		\$0 Copay	\$0 Copay	\$0 Copay
MH/SA Provider Services at Locations other than office, hospital & ER				
In-Network Family Physician/Specialist		\$40/\$75 copay	\$40/\$40 copay	\$40/\$40 copay
Out-of-Network		Not Covered	Not Covered	40% Coins.
Out of Pocket Maximum (Individual/Family Aggregate) In-Network, combined with medical		\$7,900/\$15,800	\$5,500/\$11,000	\$5,500/\$11,000

# EMPLOYEE ASSISTANCE PROGRAM

## New Directions Behavioral Health (NDBH)

The Employee Assistance Program (EAP) is a benefit program intended to ensure a healthy work environment for all staff. Through a partnership between the Pasco County Schools and Lucet (our behavioral health care provider), our employees will have access to enhanced services. These services include counseling and referral for personal or work-related issues, health coaching, legal and financial consultation, and a wealth of on-line resources.

## Why does Pasco County Schools need an EAP?

- Benefits individuals needing help
- Improves the health and effectiveness of the organization
- Reduces rising medical insurance costs
- Reduces sick leave utilization
- Increases employee effectiveness and productivity

## Who can access services through EAP?

Active School Board employees can access EAP services. Employees may be full or part time, active or on leave. Services are also available for all insurable dependents and our employees.

## How many free counseling services are provided?

Up to five (5) counseling sessions are available per issue, at no cost, for each employee, retiree, and insurable dependent of an employee.

If more specialized, intensive services are needed, the employee (or dependent, retiree) will be connected with the appropriate professional as available through the behavioral health insurance plan or other resources.

## Where are counseling services provided?

Counseling services are available in private offices in Land O' Lakes, Lutz, Dade City, New Port Richey, Port Richey, Spring Hill, Tampa, Tarpon Springs, Trinity, Wesley Chapel, and Zephyrhills. All locations are totally separate from any school or district campuses.

## When are services provided?

All of the EAP providers are individual professionals who schedule appointments according to their office hours. Most providers offer some appointments during the after school hours and/or on weekends.

## What credentials do the counselors have?

All counselors are licensed through the Florida Department of Health. Program counselors include licensed psychologists, marriage and family therapists, mental health counselors, or clinical social workers. Some of the providers are also substance abuse professionals or certified addictions professionals.

## What additional services are available through the EAP?

In addition to counseling services, the EAP offers

- Legal and Financial Consultation (face to face or telephonic)
- Health Coaching
- Elder Care Consultation
- Healthcare-related information, self-assessment, and educational guides
- Access to telephonic or on-line information and resources for varied Work/Life issues.
- Web-based family resource services
- Online Health Risk Assessments
- Interactive EAP website.

## What types of issues can be addressed by the counseling and referral services?

In addition to counseling services, the EAP offers

- Marital and relationship issues
- Family/Child adjustment issues
- Job-related stress
- Stress/Burnout
- Depression
- Anxiety/Panic Attacks
- Alcohol/Substance Abuse
- Eating Disorders
- Tobacco Addiction
- Legal Issues
- Financial consultation

If you feel that you or your family needs assistance with these or any other issues, please call for help: **Lucet EAP services at 1-800-624-5544** / Direct referral to the District School Board's local counselor/ Clinical Coordinator or for further information:  
Central Pasco - (813) 794-2366 | East Pasco- (352) 524-2366 West Pasco- (727) 774-2366

# EMPLOYEE ASSISTANCE PROGRAM

**Lucet™** | Employee Assistance Program



Personalized care and resources,  
*when you need them.*

Whether it's planning for your financial future or beginning to seek mental health resources, your Employee Assistance Program (EAP) is here to help. Available to you and your household members, Lucet's EAP is your first step to resources, counseling and so much more to support your wellbeing.

## We're here to help

Stress, relationships, work and money. These are the most common reasons people reach out to EAP every year. No matter what issues you're facing, the resources you access are confidential so feel safe knowing you can begin addressing any of your personal challenges today.

### EAP Services & Resources

## Help for every day life

-  **Counseling**  
Call us or go online to access no-cost sessions with a provider.
-  **Legal & Financial**  
Navigating finances and the legal system with a no-cost 30-minute telephonic consultation per issue.
-  **Work/Life**  
Referrals and resources for family, career, caregiving, health and wellness needs.
-  **Coaching**  
Sessions with a life coach designed to promote self-awareness and clarify goals.



## ◆ Your well-being is our priority.

Lucet EAP provides confidential support, counseling services and resources to help you overcome life challenges and live a happy, balanced life.

Call 800-624-5544 | Visit [eap.lucethealth.com](http://eap.lucethealth.com)

Your company code: **pasco**

5 counseling/coaching sessions, per topic, per year.



Scan to learn more at  
[eap.lucethealth.com](http://eap.lucethealth.com)

# RETIREMENT BENEFITS

## Sources of Retirement Income

Planning for retirement is often referred to as a 3-legged stool. This is because there are typically three main sources of income in retirement.

### Source 1: Social Security

Social Security is a safety net that was designed to provide a financial foundation for retirees and their families.

You contribute 7.65% of your pay to the program (6.2% to Social Security and 1.45% to Medicare). Pasco County Schools also contributes an equal amount for you.

### Source 2: Membership in FRS

You can choose from one of two available retirement plans. You pick the one that best fits you: the FRS Pension Plan or the FRS Investment Plan.

### Source 3: Your Personal Retirement Savings

The District offers 403(b), 457(b) and ROTH 403(b) plans. These plans are designed to fill the gap.

## Tips on How to Save Smart for Retirement:

- Start **NOW**. Don't wait. Time is critical.
- Start small, if necessary. Even small contributions can make a big difference given enough time and the right kind of investments.
- Save regularly. Make saving for retirement a habit.
- Be realistic about investment returns. Never assume that a year or two of high market returns (or market declines) will continue indefinitely.

## Florida Retirement System (FRS) Employee Contributions

The District School Board of Pasco currently contributes 13.63% of your salary to fund the FRS. Contribution rates are determined by the legislature. In addition, all members (except those in DROP) contribute a mandatory 3% pretax contribution from your paycheck into your retirement account, regardless of the Plan you choose. Your 3% contribution will be deducted from your gross salary each paycheck before taxes. Employees are always vested in employee contributions.

## How to Decide on a Plan

What are the important differences between the two retirement plans?

Let's look at plan type, vesting and benefits. Additional information can be found at [choosemyfirstplan.com](http://choosemyfirstplan.com).

**Don't Miss Your Chance to Choose!**

**You have until 4:00 pm ET on the last business day of the 8th month after your month of hire to submit your choice.**

## Plan Type

The Pension Plan is meant for long-term employees. The Pension Plan pays guaranteed monthly lifetime benefits based on your years of service and salary.

The Investment Plan is for employees who may change jobs more frequently. Unlike the Pension plan, Investment plan members receive a pre-tax lump sum upon retirement.

## Vesting

Vesting refers to the point at which you own a right to the **employer contributions** or a future benefit. Once you choose a plan, you must meet the vesting requirement of that plan to be eligible to receive a retirement benefit.

### Pension Plan:

- Originally hired with an FRS employer before July 1, 2011 after 6 years of credible service
- Originally hired with an FRS employer on or after July 1, 2011 after 8 years of credible service

### Investment Plan

- After 1 year of credible service

# RETIREMENT BENEFITS

## Normal Retirement

Normal Retirement is the date you first become eligible to receive a benefit from your retirement plan without penalty.

### Pension Plan:

- Originally hired with an FRS employer before July 1, 2011 vested and age 62 or 30 years of service regardless of age
- Originally hired with an FRS employer on or after July 1, 2011 vested and age 65 or 33 years of service regardless of age

### Investment Plan:

Investment plan members are subject to the same **normal retirement** criteria above.

## Participating in DROP

To participate in DROP, you must be a Pension Plan member and eligible for normal retirement. Investment Plan members are **NOT** eligible to participate in DROP. Employees may participate in DROP for 96 months or 8 years.

When an employee enters DROP, the FRS calculates your pension as if you retired. Your pension payments accumulate in a retirement account on your behalf, earning interest. The employee is still working for the District, earning their salary. When the employee exits the DROP program, they must terminate all FRS employment. The employee begins receiving their monthly pension and has access to the accumulated lump sum.

For more information on DROP, please visit [frs.fl.gov/forms/DROP-Guide.pdf](https://frs.fl.gov/forms/DROP-Guide.pdf)

### How do I know which plan I am in?

The easiest way to check which plan you are in is to review your paystub. If your paystub says "FRS HA" you are a member of the Pension Plan. If your paystub says "FRS PA" you are a member of the Investment Plan.

### How do I access my account?

Pension Plan members login at [frs.fl.gov](https://frs.fl.gov). You will be able to view your service history and run estimates. You can also update your beneficiary information. Retirees will also use this site to set up direct deposit, view pay stubs, and receive communication from FRS.

Investment Plan members login at [myfrs.com](https://myfrs.com). This is where you will see your account balance, investment options and performance, beneficiary information, etc.

### Contact FRS

Pension Plan: (844) 377-1888

Investment: (866) 446-9377

## Can I Change Between the Plans?

The FRS allows employees to use a second election option to change plans **one time**.

**A second election is a decision that should be taken very seriously!**

There is typically a cost to purchase into the Pension Plan. Employees must be actively earning salary to make a second election. This means 10 month employees may not change plans during the summer break. Employees considering a second election must contact FRS to determine the cost or opening account value.

**FRS provides free financial guidance through Ernst and Young Advisors. The Financial Guidance Line is : (866) 446-9377.**

## When You are Close to Retirement.

If you are within 1-2 years of normal retirement, you may use the following link to book a virtual appointment with our Retirement Services Team: [Click here to register](#)

Employees may also email our team at: [Retirementsvcs@pasco.k12.fl.us](mailto:Retirementsvcs@pasco.k12.fl.us) for general questions.

If you are within 6 months of retiring, please email us at: [Retirementsvcs@pasco.k12.fl.us](mailto:Retirementsvcs@pasco.k12.fl.us). We will prepare the paperwork and walk you through the process.

# RETIREMENT BENEFITS

## Voluntary Retirement Savings Program

Employer-Sponsored retirement plans are subject to complex IRS regulations. In order to maintain compliance with these IRS regulations, the District contracts with a third party administrator, TSA Consulting Group. TSA Consulting Group monitors employee contribution limits, withdrawals, transfers, etc.

Contributions to the Voluntary 403(b), 457(b) and ROTH 403(b) accounts must be established with one of our approved providers on the following list: [Authorized List of Agents](#)

The financial advisors can assist you with determining which plan is best suitable for you.

If you have an established account and wish to change your contributions, you must do so at [sra.tsacg.com/index.php](http://sra.tsacg.com/index.php).

Plan transactions for 403(b), 457(b), and ROTH 403(b) accounts must be requested **first** through the Investment Company and **then** through TSA Consulting at [transaction.tsacg.com/index.php](http://transaction.tsacg.com/index.php).

## Reemployment for Retirees

You must meet the definition of termination by remaining unemployed by any FRS employers (any agency that participates in the Florida Retirement System) for the **first six calendar months** of your retirement or the first six calendar months after your DROP termination date. If you return to work during this six-calendar month period, you will void your retirement and must repay all benefits received, including your DROP accumulation payout.

FRS employment is:

- Being actively employed by any FRS employer at any capacity; and/or
- Providing any service to any FRS employer that may create an employment relationship through any arrangement (paid or unpaid), including OPS, adjunct, election poll work, temporary employment, or working through a third party that provides service to an FRS employer, etc.

## Retirees Serving as Volunteers

Retirees may provide volunteer services with an FRS employer without violating the termination requirements if the following criteria are met:

- The volunteer may not accept any compensation for volunteer service.
- The volunteer may not volunteer more than 20% of the hours previously worked for the FRS employer. This equates to an average of 8 hours per week.

- The duties of the volunteer differ from the duties they were originally assigned as an employee.
- The volunteer's schedule and willingness to serve is controlled by the volunteer.

It is the responsibility of each volunteer retiree to ensure they are following the criteria above and keeping accurate records of volunteer service hours and logging these hours in Raptor as appropriate and within the guidelines listed above.

# OTHER HEALTH COVERAGE

## When you have other health coverage

### Who pays first? Coordination of benefits with Medicare

If you have Medicare and other health coverage, each type of coverage is called a “payer.” When there’s more than one payer, “coordination of benefits” rules decide who pays first. The “primary payer” pays what it owes on your bills first, and then you or your health care provider sends the rest to the “secondary payer” to pay. In some rare cases, there may also be a “third payer.”

Whether Pasco pays first depends on a number of things, including the situations listed in the chart on the next page. However, this chart doesn’t cover every situation. Be sure to tell your doctor and other providers if you have health coverage in addition to Pasco or Medicare.

This will help them send your bills to the correct payer to avoid delays.

### Where to go with questions

If you have questions about who pays first, or if your coverage changes, please contact Patty Nguyen, the Florida Blue On-Site Representative at (813) 794-2492, (727) 774-2492, or (352) 524-2492.

### How Medicare works with other coverage

Use the chart below to find your type(s) of coverage and situation to see which payer pays first. You can also get this information by visiting [Medicare.gov](https://www.medicare.gov).

If you	Situation	Pays First	Pays Second
Are 65 or older, are covered by group health plan because you or your spouse is still working, and entitled to Medicare	The employer has 20 or more employees	Group health plan	Medicare
Have an employer group health plan through your former employer after you and are 65 or older	Entitled to Medicare	Medicare	Retiree coverage
Are disabled and covered by a large group health plan from your work, or from a family member (like spouse, parent, domestic partner, son, daughter, or grandchild) who is working, and entitled to Medicare	The employer has 110 or more employees	Large Group health plan	Medicare
	The employer has less than 100 employees	Medicare	Group health plan
*Have End-Stage Renal Disease (ESRD) (permanent kidney failure requiring dialysis or a kidney transplant) and group health plan coverage (including a retirement plan)	First 30 months of eligibility or entitlement to Medicare	Group health plan	Medicare
	After 30 months of eligibility or entitlement to Medicare	Medicare	Group health plan
Have ESRD and COBRA coverage	First 30 months of eligibility or entitlement to Medicare based on having ESRD	COBRA	Medicare
	After 30 months	Medicare	COBRA
Age 65 or older OR under 65 and disabled and covered by 1) COBRA coverage or 2) retiree group health plan coverage (other than by ESRD)	Entitled to Medicare	Medicare	COBRA or retiree group health plan coverage (whichever one you have)
Are covered under workers’ compensation because of a job-related illness or injury	Entitled to Medicare	Workers’ compensation for services or items related to workers compensation	Usually doesn’t apply. However, Medicare may make a conditional payment (a payment that must be repaid to Medicare when a settlement, judgement, award, or other payment is made)

# VIDEO RESOURCES

## MEDICAL PLANS

[!\[\]\(34b4f260a8587d2e97eeaee361cc357b\_img.jpg\) Medical Plans Explained](#)

[!\[\]\(3d8c13c92b853674f749aac6fa869926\_img.jpg\) Primary Care vs. Urgent Care vs. ER](#)

[!\[\]\(6605b201d6f14d9b3bcb8ab5f274d107\_img.jpg\) PPO Overview](#)

## INSURANCE 101

[!\[\]\(fa6f3af6bfa46c5d4a2d362681095beb\_img.jpg\) Benefits Key Terms Explained](#)

[!\[\]\(17acf1afa8cdf0b67c53d4865a5ed469\_img.jpg\) How to Read an EOB](#)

[!\[\]\(e8fb589d58dad1692debababa5e928b6\_img.jpg\) What is a Qualifying Event?](#)

## TAX ADVANTAGE SAVINGS ACCOUNTS

[!\[\]\(e1c624d4757f08486e89482c18364c17\_img.jpg\) What is a Flexible Spending Account?](#)

[!\[\]\(d8ab143e904bfa3467271eec5af75a9b\_img.jpg\) What is a Dependent Care FSA?](#)



## IMPORTANT DATES

Open enrollment runs  
OCTOBER 1, 2024—  
NOVEMBER 8, 2024

[!\[\]\(2b17f17ebbacc911bb0ff784ab641779\_img.jpg\) Florida Blue E learning Kit](#)



# GLOSSARY OF MEDICAL TERMS

## INSURANCE TERMS

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**Coinsurance**—The plan's share of the cost of covered services which is calculated as a percentage of the allowed amount. This percentage is applied after the deductible has been met. You pay any remaining percentage of the cost until the out-of-pocket maximum is met. Coinsurance percentages will be different between in-network and out-of-network services.

**Copays**—A fixed amount you pay for a covered health care service. Copays can apply to doctor's office visits, as well as urgent care and emergency room services. Copays will not satisfy any part of the deductible. Copays should not apply to any preventive services.

**Deductible**—The amount of money you pay before services are covered. Services subject to the deductible will not be covered until it has been fully met. It does not apply to any preventive services, as required under the Affordable Care Act.

**\*Embedded Deductible**— The single team member deductible is *embedded* into the family deductible, meaning no one person covered under the plan can contribute more than the single amount toward the family deductible.

**Lifetime Benefit Maximum**—All plans are required to have an unlimited lifetime maximum.

**Network Provider**—A provider who has a contract with your health insurer or plan to provide services at set fees. These contracted fees are usually lower than the provider's normal fees for services.

**Out-of-Pocket Maximum**—The most you will pay during a set period of time before your health insurance begins to pay 100% of the allowed amount. The deductible, coinsurance and copays are included in the out-of-pocket maximum.

**Preauthorization (also known as Prior Authorization (PA))**—A process conducted by your health insurer or plan to determine if any service, treatment plan, prescription drug or durable medical equipment is medically necessary. This is sometimes called prior authorization, prior approval or precertification.

**UCR (Usual, Customary and Reasonable)**—The amount paid for medical services in a geographic area based on what providers in the area usually charge for the same or similar service.



## MEDICAL TERMS

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**Prescription Drugs**—Each plan offers its own unique prescription drug program. Specific copays apply to each tier and a medical plan can have one to five separate tiers. The retail pharmacy benefit offers a 30-day supply. Mail order prescriptions provide up to a 90-day supply. Sometimes the deductible must be satisfied before copays are applied.

**Urgent Care**—Care for an illness, injury or condition serious enough that a reasonable person would seek immediate care, but not so severe to require emergency room care.

**Emergency Room**—Services you receive from a hospital for any serious condition requiring immediate care.

**Preventive Services**—All services coded as Preventive must be covered 100% without a deductible, coinsurance or copayments.

**Medically Necessary**—Health care services or supplies needed to prevent, diagnose or treat an illness, injury, condition, disease or its symptoms, which meet accepted standards of medicine.







## **Pasco County Schools**

Providing a world-class education for all students

**Kurt S. Browning, Superintendent of Schools**

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The purpose of this booklet is to describe the highlights of your benefit program. Your specific rights to benefits under the Plans are governed solely, and in every respect, by the official plan documents and insurance contracts, and not by this booklet. If there is any discrepancy between the description of the plans as described in this material and official plan documents, the language of the documents shall govern.