



2025



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

Kurt S. Browning, Superintendent of Schools



Pasco County Schools

Voluntary Employee Benefits Guide

pascodsb.cbizenroll.com

2025 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

NOT SURE HOW TO GET STARTED?

DON'T WORRY!

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

- Go to: 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 UNUM disability benefit offering—this is a special enrollment!**
- **New MassMutual life insurance with Long Term Care offering—this is a special enrollment!**

MWE BENEFITS COUNSELORS



LET US GUIDE YOU IN THE ENROLLMENT PROCESS


WHO ARE WE?

The MWE Partnership has teamed up with PASCO County Schools to educate employees about our Core Benefits, such as Medical, Dental, and New Voluntary Benefits. Our benefits counselors are here to guide you and your family through the open enrollment process, answer your questions, and provide detailed information about the **NEW** plan design for the HMO Basic Plan.



Open Enrollment: October 1- November 8, 2024
Please scan the QR code or reach out to schedule.

 erin.burns@mwepartnership.com

 www.mwepartnership.com

HOW THE ENROLLMENT PROCESS WORKS:



BENEFITS COUNSELORS

Our team of expert benefits counselors are here to assist you with your benefits enrollment process. Whether you have questions about Medical, Dental, and Vision plans or need information on your new voluntary benefits, we've got you covered. Explore options like:

Florida Blue: Plan Design for the HMO Basic Plan (Free to Employees)

MassMutual: Whole Life Insurance with Chronic Illness Benefits

UNUM: New Short-Term and Long-Term Disability Benefits

We also offer personalized one-on-one meetings to discuss your benefits in detail.



ACCESSIBILITY

MWE makes it as easy and convenient as possible for you to engage in a 1-on-1 meeting during Open Enrollment!

Benefits counselors will be on-site at PASCO County Schools throughout the whole month of October. Review your benefits, get your questions answered, and enroll with a counselor!



QR CODE

Scan the QR Code on the left now or go to <https://mwe.mobi/PASCO> to schedule your 1-on-1 benefits consultation!

**SPEAK WITH A BENEFITS COUNSELOR
FOR MORE INFO**



**410-394-9617
EXT 901**

VIDEO RESOURCES

ANCILLARY BENEFITS

[!\[\]\(2bdfe261b986065ee0ac76460d6528c9_img.jpg\) What is Dental Insurance?](#)

[!\[\]\(dfbd6b3763a6d1d9afaa974f64e2e4b5_img.jpg\) What is Vision Insurance?](#)

[!\[\]\(e78f798d4ea5c530c9db49e7d26e6b95_img.jpg\) What is Life and AD&D Insurance?](#)

[!\[\]\(23d9fc146e83b5c3013cfa32c784f8d5_img.jpg\) What is Accident Insurance?](#)

[!\[\]\(c694a3ff3b077d76910920a6a1593ab4_img.jpg\) What is Critical Illness Insurance?](#)

[!\[\]\(ec9132f1d27c8919987d92907322654d_img.jpg\) What is Hospital Indemnity Insurance?](#)

[!\[\]\(05be7c7a8995decd503647c99211f7c2_img.jpg\) What is Disability Insurance?](#)

[!\[\]\(aa53ad6fea213b8b2226d3077e30533a_img.jpg\) What is Short Term Disability?](#)

[!\[\]\(dd161862f9164df98f62b726e9846241_img.jpg\) What is Long Term Disability?](#)



IMPORTANT DATES

Open enrollment dates
OCTOBER 1 -
NOVEMBER 8

CARRIER EDUCATION SITES

[!\[\]\(248b91fcdac4810ffd15cf33fb6aec6f_img.jpg\) Delta Dental](#)

[!\[\]\(899d8b7697d64725bf017d3296cfcf1b_img.jpg\) VSP](#)

[!\[\]\(c1168d6a8b365d11e842ece304635fa7_img.jpg\) Securian](#)

[!\[\]\(cbd8541a32dfc32f356f5c6c994b0a21_img.jpg\) Securian Benefit Scout](#)

[!\[\]\(d3e32d099174a7c248ec1f564ee4f69c_img.jpg\) The Standard](#)

[!\[\]\(40770d9ed6ed4f1222ebf89a1396e8b2_img.jpg\) MassMutual Group Whole Life Video](#)

[!\[\]\(ccd39a0dc6d5afcc151e1371f9462f58_img.jpg\) MassMutual Chronic Care Benefit Video](#)

LEARN MORE ABOUT VOLUNTARY INSURANCE

[!\[\]\(1f99bf65f43889da445ecc1fe8d9504f_img.jpg\) Accident](#)

[!\[\]\(8b0a097b4b9c9c3eeaea0f4289ea77e5_img.jpg\) Critical Illness](#)

[!\[\]\(a2bb1e57b467f1e41142026aa73db90f_img.jpg\) Hospital Indemnity](#)

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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.

CONTACT INFORMATION

If you have any questions regarding your benefits, please contact our CBIZ representative(s) at pascodsbbenefits@cbiz.com
800.390.1224

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 selected and finalized 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 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
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 are rehired within 30 days after resigning or losing coverage, 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.

PROVIDER CONTACT INFORMATION

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

DENTAL INSURANCE

REVIEW YOUR DENTAL PLAN

DELTA DENTAL

Voluntary dental plans are available to all benefit eligible employees and their eligible dependents. Dependent children are eligible until the end of the month in which a dependent child reaches age 26 (unless that dependent child is disabled.)

Pasco Schools offer three dental plans for you to choose from:

- DHMO (Delta Care USA)
- PPO Low Plan
- PPO High Plan

You will have access to a large network of Delta Dental general dentists and specialty dentists. With enrollment in the PPO High or Low plans, you have the freedom to choose to see an in-network or out-of-network provider.

Delta Dental offers both the Delta Dental PPO and Delta Dental Premier Networks. By selecting the Delta Dental PPO network, you will usually achieve greater savings, due to lower negotiated fees. Additionally in this plan you do have the option of using a dentist not participating with Delta Dental; however you will need to file paper claims and it usually results in higher out-of-pocket cost to the member.

PPO HIGH PLAN OPTIONS AND COSTS

Delta Dental	Employee Cost 24 Ded	Employee Cost 20 Ded
Employee	\$22.04	\$26.45
Employee + 1 Dependent	\$54.96	\$65.95
EE + 2 or more Dependents	\$75.23	\$90.28

In-Network Providers:

Provider is reimbursed based on contracted fees and cannot balance bill you.

Out-of-Network Providers:

Provider is reimbursed based on Reasonable and Customary charges and balance billing is possible.

	In-Network	Out-of-Network
Deductible Individual / Family	\$75 / \$225	Waived for Diagnostic / Preventive Services
Annual Maximum	\$1,500	Applies to Preventative, Basic & Major Services

Carrier Pays

	In-Network	Out-of-Network	
Diagnostic / Preventive Services	100%	100%	<ul style="list-style-type: none"> • Oral Evaluations • Cleanings • X-Rays • Fluoride Treatments (for dependents <19) • Sealants (for dependents <14) • Space Maintainers • Emergency Treatment (for temporary pain relief)
Basic Services	80%	80%	<ul style="list-style-type: none"> • Fillings • Endodontics • Periodontics • Simple & Surgical Extractions • General Anesthesia
Major Services	50%	50%	<ul style="list-style-type: none"> • Single Crowns • Inlays/Onlays • Bridges & Dentures • Prosthodontics • Implants
Orthodontia Services	50% up to the \$1,000 lifetime maximum		<ul style="list-style-type: none"> • Diagnostics & Treatment (for Child & Adult)

DENTAL INSURANCE

PPO LOW PLAN OPTIONS AND COSTS

Delta Dental	Employee Cost 24 Ded	Employee Cost 20 Ded
Employee	\$14.72	\$17.67
Employee + 1 Dependent	\$35.73	\$42.88
EE + 2 or more Dependents	\$49.88	\$59.86

In-Network Providers:
Provider is reimbursed based on contracted fees and cannot balance bill you.

Out-of-Network Providers:
Provider is reimbursed based on Reasonable and Customary charges and balance billing is possible.

	In-Network	Out-of-Network
Deductible Individual / Family	\$75 / \$225	Applies to Basic & Major Services
Annual Maximum	\$1,000	Applies to Preventative, Basic & Major Services

Carrier Pays

	In-Network	Out-of-Network	
Diagnostic / Preventive Services	100%	60%	<ul style="list-style-type: none"> • Oral Evaluations • Cleanings • X-Rays • Fluoride Treatments (for dependents <19) • Sealants (for dependents <14) • Space Maintainers • Emergency Treatment (for temporary pain relief)
Basic Services	80%	50%	<ul style="list-style-type: none"> • Fillings • Endodontics • Periodontics • Simple & Surgical Extractions • General Anesthesia
Major Services	50%	40%	<ul style="list-style-type: none"> • Single Crowns • Inlays/Onlays • Bridges & Dentures • Prosthodontics
Orthodontia Services	Not Covered		

 [What is Dental Insurance?](#)



To find a Delta Dental Provider in your area, visit the website at deltadentalins.com.

SAMPLE INSTRUCTIONS

- Under “Find a Dentist” click “Search the Directory” then click the blue “Continue” button
- Select your state, then a drop down will appear underneath—click “The Delta Dental Network”
- Type in your ZIP code then click the blue “Continue” button
- Select a provider from the list

DENTAL INSURANCE

If you choose to participate in the DHMO Plan you will have to select a participating dentist from the DeltaCare USA network. In order to be covered for services under the DHMO plan, you must have services provided at your selected DHMO dental office. Children age 13 and older will be required to see a general dentist. A pediatric dentist is not covered for age 13 and older. You can access the network directories of participating dentists by visiting deltadentalins.com.

DELTACARE USA DHMO PLAN OPTIONS AND COSTS

Delta Dental	Employee Cost 24 Ded	Employee Cost 20 Ded
Employee	\$9.75	\$11.70
Employee + 1 Dependent	\$17.06	\$20.47
EE + 2 or more Dependents	\$26.82	\$32.18

In-Network Only

Deductible Individual / Family	Office visit \$0 Co-pay
Annual Maximum	No Plan Year Max for covered members

Carrier Pays

Diagnostic / Preventive Services	\$0-\$70 Co-pay	<ul style="list-style-type: none"> • Oral Evaluations • Cleanings • X-Rays • Fluoride Treatments (for dependents <19) • Sealants (for dependents <14) • Space Maintainers • Emergency Treatment (for temporary pain relief)
Basic Services	DeltaCare Schedule A	<ul style="list-style-type: none"> • Fillings • Endodontics • Periodontics • Simple & Surgical Extractions • General Anesthesia
Major Services	DeltaCare Schedule A	<ul style="list-style-type: none"> • Single Crowns • Inlays/Onlays • Bridges & Dentures • Prosthodontics
Orthodontia Services	\$1,900 Child / \$2,100 Adult	<ul style="list-style-type: none"> • Diagnostics & Treatment (for Child & Adult)



Scan the QR Code
for information on:

- Your Delta Dental Benefits
- Member Resources
- Value-added services from Delta Dental

(email the link to yourself via the Share button for later reference)



VISION INSURANCE

VSP VISION™ REVIEW YOUR VISION PLAN

VSP

The vision plan offers coverage both in-network and out-of-network. It is to your advantage to utilize a network provider in order to achieve the greatest cost savings. If you go out-of-network, your benefit is based on a reimbursement schedule.

In addition, if you are considering Lasik surgery or other non-covered benefits, there are discounts available with some providers. To find a participating provider, go to vsp.com.

 [What is Vision Insurance?](#)

VISION INSURANCE PLAN BENEFITS

Services	Frequency	Plan Design Options	
		Option 1: Designer CC#2825	Option 2: Premier Platinum plus (Two-pair benefit) CC#2826
Eyes Examination Includes dilation when professionally indicated	Every 12 months	\$10 copayment	\$10 copayment
Frames Retail allowance	Every 24 months	Up to \$130 plus 20% discount	Up to \$150 plus 20% discount; \$15 copayment for additional pair of eyewear
Featured frame brands		Up to \$180	Up to \$200; \$15 copayment for additional pair of eyewear
Lenses Includes single-vision, lined bifocal, and lined trifocal lenses. (Option 1 includes impact-resistant lenses for dependent children)	Every 12 months	\$15 copayment	\$15 copayment; additional pair combined w/frame
Lens Enhancements - UV Protection - Standard progressive lenses - Premium progressive lenses - Custom progressive lenses - Average savings of 20-25% on other lens enhancements		\$0 \$0 \$95-\$105 \$150-\$175	\$0 \$0 \$50 \$50
Contact Lenses (in lieu of eyeglasses)	Every 12 months	\$130 allowance; copay does not apply	\$150 allowance for first and additional set; copay does not apply
Contact Lens Exam (fitting and evaluation)		Up to \$60	Up to \$60
Extra Savings: Glasses and Sunglasses		Extra \$50 to spend on featured frame brands; 40% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision exam	
Routine Retinal Screening		No more than \$39 copay on routine retinal screening as an enhancement to a WellVision exam	
Laser Vision Correction		Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities	

VISION INSURANCE

VISION PLANS—PER PAY DEDUCTIONS

VSP Vision Rates 2025		
Option 1: Designer	24 Pay	20 Pay
Employee Only	\$2.57	\$3.08
Employee + One	\$5.13	\$6.15
Family	\$8.26	\$9.91
Option 2: Premier Platinum Plus 2 Pair	24 Pay	20 Pay
Employee Only	\$6.52	\$7.82
Employee + One	\$13.04	\$15.64
Family	\$20.90	\$25.07



Check Out vsp.com



As a VSP® member, you have access to vsp.com and the VSP Vision Care App. Both offer easy navigation and a personalized dashboard, so you can get the benefit information you need, exactly when you need it.

vsp.
vision care

Your VSP Dashboard



Once logged in, **My Dashboard** is your homepage. You'll find a quick view of your benefit information, access to your claim history, and you can print your Member ID Card, plus more.

Personalized Benefits Section



The **My Benefits** tab shows your benefits history and an explanation of how you and your dependents can use your benefits.

Special Offers and Savings



We put our members first by providing exclusive offers from VSP and leading industry brands, totaling more than \$3,000 in savings. Log in to your VSP account and take advantage of these offers and save even more.

Improved Find a Doctor Page



The search capabilities are endless on the **Find a Doctor** page. View a map and use the drop-pin functionality to find the right VSP network practice location for you. You can also filter by business hours or appointment availability. Look for the orange **VSP Premier Edge** banner to find a VSP network eye doctor that will help you maximize your savings!



VSP Vision Care App

Scan the QR code below to download the VSP Vision Care App from the **Apple App** or **Google Play Stores**. Get instant access to your benefit coverage, Member ID Card, Exclusive Member Extras, and more.



Create a vsp.com account to get the most out of your vision benefits.

FLEXIBLE SPENDING ACCOUNTS (FSA)

SELECT YOUR FSA ACCOUNTS

- *Health Care Flexible Spending Account*

- *Dependent Care Expense Account*

HEALTH CARE FLEXIBLE SPENDING ACCOUNT

This account enables you to pay medical, dental, vision, and prescription drug expenses that may or may not be covered under your insurance program (or your spouse's) with pre-tax dollars. You can also pay for dependent health care. The total amount of your annual election is available to you at the beginning of the year, reducing your chance of incurring a large out-of-pocket expense early in the plan year. Pasco Schools allows the "carry over" option that enables you to carry over from one year to the next a maximum of \$640 of unused funds.

ELIGIBLE EXPENSES EXAMPLES

- Coinsurance & copayments
- Contraceptives
- Crutches
- Dental expenses
- Dentures
- Diagnostic expenses
- Eyeglasses, including exam fee
- Handicapped care & support
- Nutrition counseling
- Hearing devices & batteries
- Hospital bills
- Deductible amounts
- Laboratory fees
- Licensed practical nurses
- Orthodontia
- Orthopedic shoes
- Oxygen
- Prescription drugs
- Psychiatric care
- Psychologist expenses
- Routine physical
- Seeing-eye dog expenses
- Prescribed vitamin supplements (medically necessary)

HOW THE HEALTH CARE FLEXIBLE SPENDING ACCOUNT WORKS

When you have out-of-pocket expenses (such as copayments and deductibles), you can either use your FSA debit card to pay for these expenses at qualified providers or submit an FSA claim form with your receipt to WageWorks/Health Equity. Reimbursement is issued to you through direct deposit into your bank account, or by check.

2025 MAXIMUM CONTRIBUTIONS

Health Care Flexible Spending account	\$3,200 max
Dependent Care Expense account	\$5,000 max

Amounts may change. 2025 maximums not published yet by the IRS.

[Full list of Health Care FSA Eligible Expenses](#)

[What is a Dependent Care FSA?](#)

DEPENDENT CARE EXPENSE ACCOUNT

This account gives you the opportunity to redirect a portion of your annual pay on a pre-tax basis to pay for dependent care expenses. An eligible dependent is any member of your household for whom you can claim expenses on your Federal Income Tax Form 2441, "Credit for Child and Dependent Care Expenses." Children must be under age 13. Qualified care centers include dependent care centers, preschool educational institutions, and qualified individuals (as long as the caregiver is not a family member and reports income for tax purposes). Before deciding to use the Dependent Care Expense Account, it would be wise to compare its tax benefit to that of claiming a child care tax credit when filing your tax return. You may want to check with your tax advisor to determine which method is best for you and your family. **Any unused portion of your account balance at the end of the plan year is forfeited.**

CONTACT INFORMATION

Request a full statement of your accounts at any time by calling 877-924-3967, or log on to wageworks.com to review your FSA balance.

At wageworks.com, you can:

- View account information and activity
- File claims
- Manage your profile
- View notifications
- Access forms



[What Is a Flexible Spending Account?](#)

Flexible Spending Account

A healthcare FSA lets you use tax-free money to pay for eligible medical expenses.¹ FSAs help members realize significant savings on healthcare costs. Don't think of it as money deducted from your paycheck – think of it as money added to your wallet.

- ✓ Access annual contribution amount on day one
- ✓ Fast, hassle-free payments and reimbursement
- ✓ Pay for your spouse and dependents too



Annual tax saving potential²

\$610

IRS Contribution Limit³

\$3,050

Common eligible medical expenses:

- Pain relievers
- Doctor visits
- Dental cleaning
- Sleep aids
- Eyeglasses/contacts
- Cold/cough medicine
- Chiropractic care
- Insulin testing supplies



See how much you can save

HealthEquity.com/Learn/FSA

¹FSAs are never taxed at a federal income tax level when used appropriately for qualified medical expenses. Also, most states recognize FSA funds as tax deductible with very few exceptions. Please consult a tax advisor regarding your state's specific rules. | ²The example is for illustrative purposes only. Estimated savings are based on a maximum annual contribution and an assumed combined federal and state income tax bracket of 20%. Actual savings will depend on your contribution amount and taxable income and tax status. | ³Contribution limit is accurate as of 10/20/2022. Each fall the IRS updates the FSA contribution limits. For the latest information, please visit: HealthEquity.com/Learn | HealthEquity does not provide legal, tax or financial advice. Always consult a professional when making life-changing decisions.

Dependent Care Flexible Spending Account

A DCFSA lets you use tax-free money to pay for eligible dependent care expenses.¹ A qualifying 'dependent' may be a child under age 13, a disabled spouse, or an older parent in eldercare.

- ✓ Pre-tax payroll contributions
- ✓ Fast, hassle-free payments and reimbursement
- ✓ Enjoy a full year to spend your account funds

Annual tax saving potential²

\$1,000

IRS Contribution Limit³

\$5,000



See how much you can save

HealthEquity.com/Learn/DCFSA

¹DCFSA funds are never taxed at a federal income tax level when used appropriately for eligible dependent care expenses. Also, most states recognize DCFSA funds as tax deductible with very few exceptions. Please consult a tax advisor regarding your state's specific rules. ²The example is for illustrative purposes only. Estimated savings are based on a maximum annual contribution and an assumed combined federal and state income tax bracket of 20%. Actual savings will depend on your contribution amount and taxable income and tax status. ³Contribution limit is accurate as of 08/01/2022. Each fall the IRS updates the DCFSA contribution limits. For the latest information, please visit: HealthEquity.com/Learn | HealthEquity does not provide legal, tax or financial advice. Always consult a professional when making life-changing decisions.



Common eligible dependent care expenses:

- Daycare
- Nursery school
- Babysitter
- Preschool
- Summer day camp
- Before/after school programs
- Elder daycare

LIFE INSURANCE AND AD&D



REVIEW YOUR LIFE INSURANCE POLICY

- Add Your Spouse
- Add Your Dependents
- Increase Your Coverage

BASIC TERM LIFE INSURANCE

Pasco County Schools provides an employer-paid basic life benefit to all benefit eligible employees through Minnesota Life. You will automatically receive a matching amount of \$35,000 of Accidental Death and Dismemberment coverage as part of your basic life insurance benefit. This benefit is provided at no cost to you.

SUPPLEMENTAL LIFE AND DEPENDENT LIFE

You can purchase supplemental Life Coverage beyond what Pasco County Schools provides. Securian guarantees issued coverage during your initial enrollment period as a new hire—which means you can't be turned down for coverage based on medical history.

- Supplemental Employee Life: in \$10,000 increments up to 5x your annual salary or a maximum of \$300,000, whichever is less. No guarantee issue unless you currently have coverage, then you can increase by \$20,000 without an EOI.
- Supplemental Spouse Life: in \$5,000 increments, not to exceed 100% of the employee's coverage or \$150,000, whichever is less. You can increase Spouse Life (new or otherwise) up to a total of \$25,000 without an EOI. Electing coverage over \$25,000 will require EOI.
- Supplemental Child Life: \$10,000 increment only. Guarantee issue \$10,000.

If you don't enroll in the Voluntary Life plan during your initial enrollment period, you'll be required to complete an Evidence of Insurability form and be approved by Securian before you're able to get coverage in the future.

Please note: If both spouses work for Pasco County Schools, an employee cannot be covered by their spouse.



What is Life and AD&D Insurance?

SUPPLEMENTAL LIFE AND DEPENDENT LIFE OPTIONS AND COSTS PER PAY PERIOD (Deductions occur 20 times per year)

Securian	Age	Employee per \$10,000	Spouse Per \$5,000
Voluntary Life	<25	\$0.29	\$0.15
	25-29	\$0.25	\$0.12
	30-34	\$0.29	\$0.15
	35-39	\$0.44	\$0.22
	40-44	\$0.69	\$0.35
	45-49	\$1.14	\$0.57
	50-54	\$1.73	\$0.86
	55-59	\$2.57	\$1.28
	60-64	\$3.66	\$1.83
	65-69	\$6.08	\$3.04
	70-74	\$10.88	\$5.44
	75+	\$22.20	\$11.10
	Child(ren)		\$0.79/month for \$10,000 coverage

SUPPLEMENTAL TERM LIFE INSURANCE

SUPPLEMENTAL TERM LIFE INSURANCE PROVIDER: SECURIAN

How do I designate a beneficiary?

To assign beneficiaries for your Life insurance policy (basic and supplemental), you must use the CBIZ enrollment website to designate your beneficiaries. You may assign multiple primary and contingent beneficiaries, as long as the percentages are in whole numbers, and equal 100 percent. Contingent beneficiaries will only receive a benefit if none of the primary beneficiaries survive you. You can change your beneficiaries at any time by logging onto CBIZ enrollment site.

Age Reductions (Supplemental Life only)

Age reductions apply to supplemental life coverage only. Age reductions will apply January 1st of the year following an insured employee's 70th and 75th birthday. The amount of supplemental insurance on an employee age 70 or older shall be a percentage of the amount otherwise provided by the plan of insurance. Age 70=65% of the amount of insurance, Age 75=50% of the amount of insurance. (Example: \$100,000 of coverage reduces to \$65,000 at age 70 and \$50,000 at age 75)

Are my life insurance benefits reduced while I grow older?

Your basic core life insurance benefit (\$35,000) does not reduce with age for active employees. Supplemental policies will reduce with age. See your certificate of coverage for information regarding benefit reductions due to age.

Can I collect my life insurance benefit while I am still living?

Both the Basic Employee Life policy and the supplemental employee life insurance include an Accelerated Benefit that allows an insured employee with a "Qualifying Medical Condition" to receive up to 75% of the amount of the insured's life insurance. A "Qualifying Medical Condition" is a terminal illness or physical condition that is reasonably expected to result in death within 12 months.

The receipt of this benefit may be taxable and may affect your eligibility for Medicaid or other government benefits or entitlements, so you should consult your tax or legal advisor before you apply for an Accelerated Benefit.

How do I submit a claim?

If you need to submit a claim, please contact our Risk Management at 813-794-2520.

Do I still need to pay my premium of coverage if I become disabled?

The waiver of premium benefit is available for those who become totally and permanently disabled prior to age 60.

Can I take my life insurance with me if I leave Pasco County Schools?

You are eligible to "port" (buy) your life coverage to take with you when you leave employment with Pasco County Schools. This portability option applies to basic and supplemental life policies. If you are not in good health, you may be required to "convert" your basic coverage which will result in a much higher premium amount due.

When you end your employment, you may visit the Employee Benefits website and download the form to port your policy with Securian. It will be your responsibility to download the portability form and contact Securian to continue your basic or supplemental insurance benefit. This action must be taken within 60 days of your employment ending.

As part of your participation in this benefit, the following services are available at no charge:

Travel Assistance

Services include a full range of medical, travel, legal and emergency transportation services when you travel more than 100 miles from home or internationally. Medical professional locator services, assistance replacing lost or stolen luggage, medication, or other critical items, medical or security evacuation.

Legal Services

You have access to an online library of legal forms, comprehensive web and mobile resources. Also available is a free 30-minute consultation with a participating attorney.

Legacy Planning

Access to a variety of information and resources to work through end-of-life issues: End-of-life planning, final arrangements, Express Assignment™ for expedited funeral home assignments.

GROUP WHOLE LIFE INSURANCE

Pasco County Schools is pleased to offer a **NEW** Whole Life benefit to all benefit eligible employees through MassMutual. Whole Life Insurance provides coverage at a set premium, builds cash value over time that you can borrow from and pays a death benefit. Some important features include:

Provides Guarantees:

Provides a guaranteed death benefit, level premiums and cash-value accumulation.

Dividend Eligible:

MassMutual whole life certificate owners are eligible to receive dividends. During enrollment, you'll have the opportunity to select the dividend option that fits you best. Options include cash, dividend accumulations and paid-up additional coverage.

Read more about these dividend options when you enroll. While dividends are not guaranteed, MassMutual® has paid them to eligible participating policy and certificate owners every year since 1869.

Portable, Lifelong Coverage:

You own the certificate along with the accumulated cash values and you can take it with you even if you leave the company. Additionally, if you leave the company and take your certificate with you, you can change your dividend option and choose to have your dividend payments reduce your premiums.

Tax Advantages:

Whole life insurance policies offer a combination of valuable tax advantages, including generally income-tax-free death benefit and tax-deferred cash-value growth.

Accelerated Death Benefit Provisions:

As the certificate owner, you can receive an advance, or acceleration, of a portion of the death benefit under your certificate, if the insured is diagnosed with a terminal illness or if the insured has a chronic illness that has been certified by a Qualified Medical Practitioner.

- **Chronic Illness:** The Accelerated Death Benefit for Chronic Illness is payable when the insured meets the definition of Chronic Illness, generally having a permanent loss of two activities of daily living (eating, toileting, transferring, bathing, dressing, or continence) due to loss of functional capacity, or requiring substantial supervision due to permanent severe cognitive impairment. In North Carolina and Washington, generally, Chronic Illness is any medical condition that requires continuous confinement in an Eligible Institution, where the Insured is expected to remain there for the rest of their life.

- **Terminal Illness:** In most states, the Accelerated Death Benefit for Terminal Illness is payable when the insured meets the definition of Terminally Ill, generally diagnosed with an illness that will result in death within 12 months (24 months in some states).

These benefits are not long term care insurance and may be used for any purpose. In many cases, these benefits allow access to more funds than would be available through a certificate loan or certificate cash surrender value. There is a fee taken from the Chronic Care Benefit. Consult with your tax advisor regarding a request for accelerated benefits. Certificate owners who have exercised the Accelerated Death Benefit for Terminal Illness benefit cannot use the Chronic Care Benefit. However, the Terminal Illness Benefit will still be available on the remaining face amount after a Chronic Care Benefit payment has been made.

Your Benefit Options

Employee Certificates: minimum of \$10,000 up to the Guaranteed Issue maximum of \$50,000. Issue ages 18-75.

Spouse Certificates: choice of \$10,000 or \$25,000 of Guaranteed Issue. Issue ages 18-60.

Child/Grandchild Certificates: choice of \$10,000 or \$25,000 of Guaranteed Issue. One time purchase with lifetime maximum of \$25,000. Issue ages 14 days to 26 years.

Please note:

EMPLOYEES MUST HAVE COVERAGE FOR THEMSELVES TO BE ELIGIBLE FOR THE SPOUSE OR CHILD/GRANDCHILD COVERAGE.

To qualify for Guaranteed Issue Spouse Dependent Coverage, the applying Spouse must confirm they are not currently applying or collecting Disability Benefits (including but not limited to Social Security Disability).

To speak to a benefits counselor or schedule a 1-on-1 meeting about Whole Life Insurance, scan the QR code.



[2025 MassMutual Whole Life Insurance Rates](#)

[Group Whole Life Video](#)

[Chronic Care Benefit Video](#)



Massachusetts Mutual
Life Insurance Company

Work + Life Empowered.

3 reasons why Group Whole Life Insurance can be the perfect financial wellness product

Kerry purchases Group Whole Life Insurance at age 45. At age 55, she has:



\$50,000

Guaranteed Death
Benefit Protection



\$5,660

Guaranteed Cash Value

Kerry exercises for the
Chronic Care Benefit at
age 55 and receives:

\$30,750



\$37,500

Eligible Amount for
Chronic Care Benefit

Eligible amount for the Chronic Care Benefit:	\$37,500 ¹
Less present value based fee of 18%:	- \$6,750
	<hr/>
	\$30,750

No limitations on how Kerry, a non-smoker, uses the funds.
She has a remaining death benefit of:

\$12,500

Certificate premium will be reduced to reflect the remaining face amount.

¹ The dividend option of Paid-Up Additions (PUAs) can impact the Eligible Amount for the Chronic Care Benefit. This example does not include PUAs. While dividends are not guaranteed, if this option is chosen, the death benefit, cash values and Eligible Amount for the Chronic Care Benefit have the potential to be greater.

Protection:

A MassMutual Group Whole Life Insurance certificate is permanent protection that will be there for your loved ones if you cannot be. The guaranteed death benefit is offered at a level premium that will not increase.

Cash Value:

Group whole life insurance builds cash value over time that may be used for any reason, such as emergencies or to help with college expenses or supplement retirement income.² The certificate has a feature that allows you to access the cash value if you need it. The certificate is participating, which means it is eligible to receive dividends. While dividends are not guaranteed, certificateowners are eligible to receive them beginning on the second certificate anniversary. Dividend options include cash or Paid-Up Additions (PUAs). PUAs buy additional paid-up insurance that is also eligible to receive dividends, and can increase the death benefit and cash value.

Chronic Care Benefit:

You can accelerate a portion of your life insurance death benefit to help deal with the financial strain that often comes with a chronic illness.² And if you don't use the benefit, you don't pay for it. But if you do need it, a charge is deducted from the payout so there are no out-of-pocket costs. Benefits may be taxable.³

- The Eligible Amount for the Chronic Care Benefit is 75% of the sum of the face amount plus any paid up additions (the "Eligible Amount"). The Chronic Care Benefit payment, is the Eligible Amount, minus the sum of: the fee,⁴ plus any due and unpaid premiums, and 75% of any certificate debt outstanding.
- The payout is generally income tax free.³
- The Chronic Care Benefit is available if the insured has been diagnosed by a Qualified Medical Practitioner as having a chronic illness. Chronically ill means the insured is permanently unable to perform without substantial assistance:
 - At least two (2) Activities of Daily Living (eating, toileting, transferring, bathing, dressing, and continence) due to loss of functional capacity, or
 - Requires substantial supervision to protect the insured from threats to health or safety due to Severe Cognitive Impairment.

The Chronic Care Benefit protects you and your family:

- If dependent coverage is chosen by the employer, it covers your spouse or partner and dependents if they have their own certificate.

You can spend this money any way you'd like. Use it to:

- Pay for additional medical care
- Hire in-home care
- Make home modifications
- Pay for transportation to medical appointments

² Accessing the cash value and/or an acceleration of the death benefit will reduce the certificate's death benefit, any cash value and any loan values. If the Chronic Care Benefit has been exercised, the certificate's premium payments will then be based on the reduced amount of insurance at the current rate. **There is no premium required for this benefit, however, there is a fee (referred to as an actuarial discount in some states) if the provision is exercised.**

³ The acceleration of the death benefit is intended to receive favorable tax treatment under §101(g) of the Internal Revenue Code. The Chronic Care Benefit does not provide for long-term care insurance or for nursing-home insurance and is not conditioned on the receipt of long-term care or medical services. Accessing other similar benefits may cause the per diem limit to be exceeded. The insured must be chronically ill as defined in 26 USC 7702B. **Certificate owners should seek advice from a tax advisor prior to requesting a benefit payment. Receipt of accelerated death benefits may be taxable.**

Accelerating the payment of your death benefit may affect your eligibility for public assistance programs, including MEDICAID and SUPPLEMENTAL SECURITY INCOME ("SSI"). Contact the Medicaid Unit of the local Department of Public Welfare and the Social Security Administration Office for more information.

⁴ There is a fee (referred to as an actuarial discount in some states) to exercise the Chronic Care Benefit. The fee is a percentage of the Eligible Amount for the Chronic Care Benefit and is determined based on the Insured's age at the time the benefit is approved to be exercised: 18% for ages 45 and above; 27% for ages 44-35; 36% for under age 35. If applicable, the Eligible Amount will be capped based on the per diem benefit permitted under IRC 7702 B(d) (4). State variations will apply.

The information provided is not written or intended as specific tax or legal advice. MassMutual®, its subsidiaries, employees, and representatives are not authorized to give tax or legal advice. Individuals are encouraged to seek advice from their own tax or legal counsel.

This material is not for use in CA, NY, NC, and WA. Certain features may not be available in all states. State variations will apply.

Group Whole Life Insurance (GPWL), (policy/certificate forms MM-GPWL-2014 and MM-GCWL-2014, and MM-GPWL-2014 (NC) and MM-GCWL-2014 (NC) in North Carolina), is level-premium, participating permanent life insurance. The GPWL policy and GCWL certificates are issued by Massachusetts Mutual Life Insurance Company, Springfield, MA 01111-0001.



REVIEW YOUR DISABILITY INSURANCE

• Short-Term Disability

Short-Term Disability insurance is offered through UNUM. Employees pay 100% of the premium cost on a post-tax basis. The plan benefit is 60% of your weekly earnings up to a maximum of \$1,000 per week.

Waiting Period: Benefits are paid after a waiting period of 30 days for an accident or illness.

Benefit Duration: Benefits can continue for up to 9 weeks.

How Does it Work: If a covered illness or injury keeps you from working, Short Term Disability Insurance replaces part of your income while you recover. As long as you remain disabled, you can receive payments for up to 9 weeks.

You're generally considered disabled if you are unable to do important parts of your job and your income suffers as a result.

Why Is This Coverage So Valuable: You can use the money however you choose. It can help you pay for your rent or mortgage, groceries, out-of-pocket medical expenses and more.

What Else is Included?

Cesarean Section Benefit

If you have a Cesarean section, you will be considered disabled for a minimum period of eight weeks unless you return to work before the end of the time.

[What is Short Term Disability?](#)

[What is Long Term Disability?](#)

[UNUM Disability Video](#)

[UNUM Pick Your Benefits Video](#)

ENROLL TODAY!

The online enrollment system will automatically calculate the benefit and cost based on your annual salary.

• Long-Term Disability

Long-Term Disability insurance is offered through UNUM. Employees pays 100% of the premium cost on a post-tax basis. The plan benefit is 60% of your monthly income up to a maximum of \$6,000 per month.

Waiting Period: Benefits are paid after a waiting period of 90 days for an accident or illness.

Benefit Duration: Benefits can continue for 2 years (Option 1) or up to the Social Security (SS) Normal Retirement Age (Option 2).

How Does it Work: This coverage provides a monthly benefit if you have a covered illness or injury and you can't work for a few months — or even longer.

You're generally considered disabled if you're unable to do important parts of your job — and your income suffers as a result.

Why Is This Coverage So Valuable: You can use the money however you choose. It can help you pay for your rent or mortgage, groceries, out-of-pocket medical expenses and more.

What Else is Included?

Survivor Benefit

If you die while you've been disabled and receiving benefits for at least 180 days, your family could get a benefit equal to 3 months of your gross disability payment.

Waiver of Premium

If you're disabled and receiving benefit payments, Unum waives your cost until you return to work.

Work-Life Balance Employee Assistance Program

Get access to professional help for a range of personal and work-related issues, including counselor referrals, financial planning and legal support.

Worldwide Emergency Travel Assistance

One phone call gets you and your family immediate help anywhere in the world, as long as you're traveling 100 or more miles from home. However, a spouse traveling on business for his or her employer is not covered.



Why buy Short Term Disability Insurance



Help protect your finances and way of life when you can't work

When you have a child or get sick or injured, you want to focus on your recovery — not on worrying about how to pay your living expenses. While you may expect to rely on savings or credit cards to supplement your income when these things happen, **49% of consumers would feel financial stress within 6 months without their primary income.**¹

Unum Group Short Term Disability Insurance could pay up to 50–70% of your salary for several weeks during this time, making it a lot easier to focus on child bonding, getting well and returning to work without a major disruption to your finances.

How Short Term Disability works

After surgery, childbirth or other covered situations, Short Term Disability Insurance can be a helping hand while you're out of work. Once you know of when you need to take leave, you can begin the claim filing process:

1. Submit your claim or leave request online. You can even upload medical documents and claim forms with your smartphone camera.
2. View status updates on your claim, including requests for additional information. Most claims have a decision within 5 days.*
3. When your leave begins, approved benefit payments will be paid directly to your bank account to use as you wish.
4. Focus on your recovery with the financial benefits provided by this coverage.

Could a disability happen to me?

Employees aged 20 years and older have a 1 in 4 chance of developing a disability before retirement age.² Here are some of the reasons you might have to file a short term disability claim:

- Recovery from regular pregnancy
- Joint disorders
- Injuries
- Behavioral health issues
- Digestive disorders



LEARN MORE

To learn more about enrolling in Short Term Disability Insurance, contact your HR representative.



Why buy Long Term Disability Insurance



Help protect your finances and way of life when you can't work

When you face an illness, injury, or surgery with a longer recovery period, you'll want to spend time focusing on getting better — not on worrying about how to pay your living expenses. While you may expect to rely on savings or credit cards to supplement your income when these things happen, 49% of consumers would feel financial stress within 6 months and 61% within 1 year without their primary income.¹

Unum Group Long Term Disability Insurance could pay up to 50-70% of your salary for several months or years during this time,² making it easier to focus on your recovery and returning to work without a major disruption to your finances.

How Long Term Disability works

If you're out of work for a longer period due to a covered serious illness, accident, or surgery, Long Term Disability Insurance can help you maintain financial independence. Once you know of when you need to take long term leave, you can begin the claim filing process:

1. Submit your claim or leave request online. You can even upload medical documents and claim forms with your smartphone camera.
2. View status updates on your claim, including requests for additional information. Most long term claims have a decision within 45 days³ and begin after your short term disability claim ends.
3. When your leave begins, approved benefit payments will be paid directly to your bank account to use as you wish.
4. Focus on your recovery with the financial benefits provided by this coverage.

Could a disability happen to me?

Employees aged 20 years and older have a 1 in 4 chance of developing a disability before retirement age.³ Here are some of the reasons you may have to file a long term disability claim:

- Complications from pregnancy
- Behavioral health issues
- Joint disorders
- Injury and poisoning
- Cancer
- Circulatory diseases



LEARN MORE

To learn more about enrolling in Long Term Disability Insurance, contact your HR representative.

CRITICAL ILLNESS INSURANCE



The Standard

Peace of Mind for Life's "What ifs"

Critical Illness Insurance



Medical insurance doesn't usually cover everything. What happens if you need money for copays, deductibles or other expenses while you're sick?

You can't predict cancer, a heart attack or a newborn's spina bifida. But you can do something to prepare for the out-of-pocket expenses that come with being very ill.

Purchase Group Critical Illness¹ insurance from Standard Insurance Company (The Standard[®]).

Critical Illness insurance

- Helps with out-of-pocket costs from a covered illness
- Pays you or a covered family member, not medical providers
- Can help with whatever costs you decide — like groceries, child care or other expenses
- Covers a variety of illnesses, including heart attack, cancer and stroke

Insurance in Action

Cancer²

Shayna beat cancer, but there were many costs her medical insurance didn't cover. She had to pay her health plan's coinsurance for chemotherapy treatments and copays for doctor visits. Plus, her husband missed work to help care for her, which meant a loss of income.

Fortunately, Shayna's **Critical Illness** insurance helped shield her family's finances during treatment.

Shayna used her Critical Illness benefit to help cover:

- Medical insurance deductible
- Doctor visit copays
- Out-of-pocket expenses for six months, including hair prosthetics
- Alternative treatments and diets not covered by her medical plan
- Transportation to medical appointments and treatments
- Lodging near treatment facility
- Husband's lost wages

A serious illness shouldn't make your bank account sick.

Contact your human resources representative to learn how to apply for Critical Illness insurance.

¹ Critical Illness insurance is called Specified Disease insurance in the state of Vermont.

² Examples are for illustrative purposes. Eligibility for benefits and amounts shown in this example may vary from any policy your employer may offer and may vary based upon your individual circumstances, policy definitions, waiting periods, exclusions and limitations.

Standard Insurance Company | 1100 SW Sixth Avenue, Portland, OR 97204 | standard.com

‡ The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon, in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

CRITICAL ILLNESS INSURANCE

Standard Insurance Company
District School Board of Pasco County
Group Policy #762048



Group Critical Illness Insurance

Plan for the Costs of a Serious Illness So You Can Focus on Getting Well.

1 You get a critical illness diagnosis

Your health insurance covers many of your treatment costs, but you still have a lot of expenses that your finances aren't ready for.

2 The Standard is there for you

The Standard helps shield your finances by paying benefits directly to you. And you get to decide how you spend that money.

3 Focus on getting better

With The Standard helping cover your out-of-pocket or everyday expenses, you get to concentrate on what's most important to you, getting better.

Here's what it does:

- **Pays you directly**, so you can choose how to spend the money
- **Goes with you** if you leave your employer
- **Provides coverage** without answering any medical questions
- **Covers children** at a 50% of your benefit amount at no additional cost
- Gives you the option to **cover your spouse**

This coverage from Standard Insurance Company (The Standard) helps fill the gap caused by out-of-pocket costs, creating a financial safety net for you and your family.

CRITICAL ILLNESS INSURANCE

Here's how it works:

Cancer: Shayna beat cancer, but faced many costs she didn't expect. There were her medical plan's copays for doctor visits and what she owed for chemotherapy after meeting her deductible. She also bought hair prosthetics, paid for travel to specialists, and had alternative treatments. The benefits from Shayna's Critical Illness insurance helped cover the expenses. And, her plan also gave her access to Health Advocate™. Through this service, Shayna received the support of a personal guide who helped her make sense of her diagnosis and treatment options.

Here's an example of what this benefit could cover:

Example Of Out-Of-Pocket Expenses

Medical plan	\$1,400
Lost wages	\$5,000
Alternate treatments and diets not covered by medical plan	\$4,500
Total Out-Of-Pocket Expenses	\$10,900

Example Of Benefits

Critical Illness Benefit Option	\$10,000
Total Out-Of-Pocket Expenses	\$10,900
Remaining Out-Of-Pocket Expenses	\$900
Remaining Benefit For Other Expenses	\$0

These are the benefit options you may elect:

Coverage for...	Coverage Amount...
You	Flat amount of \$10,000, \$20,000 or \$30,000
Your spouse	\$5,000, \$10,000 or \$15,000, as long as it's not more than 50 percent of your coverage amount
Your children	Automatically covered at 50% of your coverage amount

See the Important Details section for more information, including requirements, exclusions and definitions.

Affordable Group Rates

Because you'll be buying this insurance through District School Board of Pasco County, you'll have access to affordable group rates. You'll also have the convenience of having your premium deducted directly from your paycheck.

The 20thly and 24thly premiums you would pay for Critical Illness insurance benefits are below.

Coverage Amount	Employee 20thly Premiums	Employee 24thly Premiums
\$10,000	\$5.58	\$4.65
\$20,000	\$11.16	\$9.30
\$30,000	\$16.74	\$13.95

Coverage Amount	Family 20thly Premiums	Family 24thly Premiums
\$10,000	\$8.37	\$6.98
\$20,000	\$16.74	\$13.95
\$30,000	\$25.11	\$20.93

CRITICAL ILLNESS INSURANCE

With Critical Illness insurance, you can:

- **Protect your loved ones.** Cover your spouse up to \$15,000, as long as it's not more than 50 percent of your benefit amount. Your kids are automatically covered at 50 percent of the amount elected for yourself for the same critical illnesses that you are. Kids are also covered for 21 additional childhood diseases, including cystic fibrosis, Down syndrome, muscular dystrophy, spina bifida and cerebral palsy.
- **Receive a benefit for taking care of your health.** You and your covered loved ones receive a Health Maintenance Screening benefit of \$100 once per calendar year when visiting the doctor for a covered wellness screening, which may include a novel infectious disease test (including COVID-19) or a mammogram — that typically cost you nothing under your medical insurance.
- **Receive additional benefits.** If you are diagnosed with a covered illness again after a treatment-free period of 6 months, you will receive 100 percent of the original benefit amount. If you are diagnosed with a different and subsequent covered illness after the diagnosis of the first critical illness, you will receive an additional Critical Illness insurance benefit.
- **Access a Health Advocate*.** Additional services available through Health Advocate, include access to specialists for a second opinion upon approval of a covered claim.
- **Update your coverage as needed.** As your life circumstances change, increase or decrease your coverage, in accordance with your employer's plan.

Covered Conditions

Receive 100 percent of your coverage amount for:

- Heart attack
- Stroke
- Cancer (cancer that has spread beyond initial tissue)
- End stage renal (kidney) failure
- Major organ failure
- Coma
- Paralysis of two or more limbs
- Loss of sight
- Occupational HIV
- Occupational Hepatitis
- ALS (Lou Gehrig's Disease)
- Advanced Alzheimer's Disease
- Advanced Multiple sclerosis
- Advanced Parkinson's disease
- Benign brain tumor
- Bone marrow transplant
- Loss of hearing
- Loss of speech

Receive 25 percent of your coverage amount for:

- Severe coronary artery disease with recommendation for bypass
- Cancer that has not spread beyond initial tissue, also known as Carcinoma in situ

* Health Advocacy services are provided through an arrangement with Health Advocate, a leading health advocacy and assistance company. Health Advocate is not affiliated with The Standard or any insurance or third-party provider, and does not replace health insurance coverage, provide medical care or recommend treatment.

Payment of benefits is subject to the terms and conditions of the group critical illness policy and insurance certificate. These plan documents are the final arbiter of coverages.

Diagnosis and recommendation must occur after your coverage becomes effective.

Please see your certificate for full medical definitions that guide eligibility for payment, which may differ slightly from commonly used terms.

CRITICAL ILLNESS INSURANCE

Important Details

Here's where you'll find the details about Critical Illness Insurance.

Portability

This coverage is portable. That means that you may be able to continue your coverage through direct bill if your employment ends or your insurance ends because you no longer meet the eligibility requirements.

Eligibility Requirements

To be eligible for this coverage, you must be 18 years old or older, a regular employee of District School Board of Pasco County, actively working in the United States at least 20 hours per week and a citizen or resident of the United States. Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible.

You can choose to cover your spouse, 18 years old or older, a person to whom you are legally married, or your domestic partner as recognized by law or by your employer's domestic partnership policy, if applicable. You can also cover your child(ren) from birth through age 25. Your child(ren) cannot be insured by more than one employee. Your spouse or child(ren) must not be full-time member(s) of the armed forces. You cannot be insured as both an individual and a dependent.

A minimum number of eligible employees must apply and qualify for the proposed plan before Critical Illness insurance coverage can become effective.

Your Effective Date

You must satisfy the eligibility requirements listed above, serve an eligibility waiting period, agree to pay premium and be actively at work (able to perform all normal duties of your job) on the day before the scheduled effective date of insurance.

If you are not actively at work on the day before the scheduled effective date of insurance, your insurance will not become effective until the day after you complete one full day of active work as an eligible employee.

Please contact your human resources representative or plan administrator for more information regarding the requirements that must be satisfied for your insurance to become effective.

Annual Open Enrollment

You may enroll for coverage for you and your spouse up to the maximum amount if you enroll within 31 days after becoming eligible. However, if you do not enroll during this period or want to increase your coverage up to the maximum amount, you may do so during your employer's

annual open enrollment period.

Family Status Change

In the event of a family status change, you and your spouse or domestic partner may enroll for coverage if you or your spouse or domestic partner enroll within 31 days of the change. Family status change include:

- Your marriage or divorce or dissolution of your domestic partner relationship
- The birth of your child
- The adoption of a child
- The death of your dependent
- The commencement or termination of your spouse's employment
- A change in employment by your spouse which reduces or terminates critical illness coverage from your spouse's employer
- A loss of critical illness insurance through your spouse's employment

Reoccurrence Benefit

If you or your dependents receive a benefit for a covered critical illness and are later diagnosed with the same critical illness, a one-time reoccurrence benefit will be paid if you or your dependents have:

- Been continuously insured under the group policy between the initial and subsequent diagnosis or recommendation
- Served a 6-month treatment-free period in connection with the critical illness during which you or your dependents did not:
 - Consult a physician or other licensed medical professional
 - Receive medical treatment, services or advice
 - Undergo diagnostic procedures, including self-administered procedures
 - Take prescribed drugs or medications

Exclusions

Benefits are not payable if a critical illness is caused or contributed to by any of the following:

- War or any act of war
- Attempted suicide or other intentionally self-inflicted injury, while sane or insane
- Committing or attempting to commit an assault, felony

CRITICAL ILLNESS INSURANCE

or act of terrorism

- Active participation in a violent disorder or riot
- The voluntary use or consumption of any poison, chemical compound, drug or alcohol in excess of the legal limit in the state the critical illness occurred, unless used or consumed according to the directions of a physician
- Elective surgery or other procedure which:
 - Does not promote the proper function of your or your dependent's body or prevent or treat sickness or injury
 - Is directed at improving your or your dependent's appearance, unless such surgery or procedure is necessary to correct a deformity resulting from a congenital abnormality or disfigurement

Note: This exclusion will not apply to a critical illness caused or contributed to by your or your dependent's donation of an organ or tissue.

When Your Insurance Ends

Your insurance ends if you notify your employer or policyholder to terminate your coverage, you stop making premium payments, your employment terminates, you cease meeting the member definition or the group policy terminates.

Child and spouse insurance ends when your insurance ends, they cease to meet the definition of child or spouse, you stop making premium payments for spouse insurance, spouse or child insurance is no longer offered under the group policy or the group policy terminates.

Group Insurance Certificate

If coverage becomes effective and you become insured, you may receive a group insurance certificate containing a detailed description of the insurance coverage, including the definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be in the group policy. The information present in this summary does not modify the group policy, certificate or the insurance coverage in any way.

IMPORTANT NOTICE TO PERSONS ON MEDICARE: THIS IS NOT MEDICARE SUPPLEMENT INSURANCE

Some healthcare services paid for by Medicare may also trigger the payment of benefits from this policy.

This insurance pays a fixed dollar amount, regardless of your expenses, if you meet the policy conditions, for one of the specific diseases or health conditions named in the policy. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

Medicare generally pays for most or all of these expenses.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:

- Hospitalization
- Physician services
- Hospice
- Outpatient prescription drugs if you are enrolled in Medicare Part D
- Other approved items and services

This policy must pay benefits without regard to other health benefit coverage to which you may be entitled under Medicare or other insurance.

Before you buy this insurance:

- Check the coverage in all health insurance policies you already have.
- For more information about Medicare and Medicare Supplement insurance, review the Guide to Health Insurance for People with Medicare, available from Standard Insurance Company.
- For help in understanding your health insurance, contact your state insurance department or state health insurance assistance program (SHIP).

About Standard Insurance Company

For more than 100 years, we have been dedicated to our core purpose: to help people achieve financial well-being and peace of mind. Headquartered in Portland, Oregon, The Standard is a nationally recognized provider of group employee benefits. To learn more about products from The Standard, visit us at www.standard.com.

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon, in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

This is a limited benefit policy.

GP0614-CI FLORIDA

Standard Insurance Company
1100 SW Sixth Avenue
Portland OR 97204

www.standard.com

SI 17616-D-FL-762048 (9/23)

ACCIDENT INSURANCE



TheStandard®

First Aid for
Your Finances

Group Accident Insurance



We all want to be ready for bills we don't see coming — especially accident-related costs not covered by medical insurance.

You can't predict a car crash, a fall, a bike accident or a child getting hurt playing soccer. But you can take action to help prepare your finances:

Purchase Group Accident insurance from Standard Insurance Company (The Standard[®]).

Accident insurance

- Helps with out-of-pocket costs from a covered accident
- Pays you or a covered family member directly, not medical providers
- Can help with whatever costs you decide — like deductibles, copays or other expenses
- Covers a wide range of treatments due to an accident
- Pays an extra 25% of total benefits for injuries during youth organized sports

Insurance in Action

Hit By a Car*

Dante was struck by a car while on vacation. An ambulance took him to the hospital, and multiple fractures kept him in the hospital for five days.

Benefits from his **Accident Insurance** helped cover his health plan's copays and deductible. Dante also used the money to pay for out-of-pocket costs, like his family's travel to and from the hospital.

Dante used his Accident Plan benefit to help cover:

- Ground ambulance
- Emergency room
- CAT scan
- Hospital admission
- Five-day hospital stay
- Two physician follow-ups
- Physical therapy (two sessions)

An accident shouldn't injure your finances.

Contact your human resources representative to learn how to apply for Accident insurance.

* Examples are for illustrative purposes. Eligibility for benefits and amounts shown in this example may vary from any policy your employer may offer and may vary based upon your individual circumstances, policy definitions, waiting periods, exclusions and limitations.

Standard Insurance Company | 1100 SW Sixth Avenue, Portland, OR 97204 | standard.com

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ACCIDENT INSURANCE

Standard Insurance Company
District School Board of Pasco County
Group Policy #762048



Group Accident Insurance

Keep your finances on track when an accident happens.

Here's How Accident Insurance Works

1 You have an accident.

Your health insurance covers some costs, after you meet your deductible. But you still may have copays and a lot of out-of-pocket expenses.

2 We send you a check.

The Standard will send a check directly to you — not to your medical providers — upon approval of your claim. You decide how you spend the money.

3 You focus on getting better.

With The Standard helping you handle the unexpected expenses, you get to pay attention to what matters most — your health.

Here's what it does:

- **Pays you directly**, so you can choose how to spend the money.
- **Pays you for what happens**, regardless of your other coverage.
- **Goes with you** if you leave your employer.
- **Provides coverage without answering any medical questions.**
- Gives you the option to **cover your spouse and children.**
- **Pays an additional 25 percent benefit** if your child, 18 or under, is injured playing organized sports.
- **You pay the same premium** for as long as you have your coverage.
- Provides the convenience of having your **premium payments deducted directly from your paycheck.**

This coverage from Standard Insurance Company (The Standard) can help you stress less about unexpected medical bills.

ACCIDENT INSURANCE

Here's an example of benefits paid for a covered accident:

You're injured during your city league soccer game. An ER visit and scans reveal a concussion, broken leg, torn ACL and meniscus - requiring a 2 day hospital stay and surgery.

Here's what your plan would cover for this example:

Benefits Paid to You	Benefit Amounts
Emergency Room Visit	\$600
X-ray	\$400
Concussion	\$600
Leg Fracture (Surgical)	\$3,400
Knee Cartilage Repair	\$1,000
Hospital Admission	\$2,500
2 Days Hospital Confinement	\$1,600
Medical Appliance	\$600
Physician Follow-Up Appointment	\$450
2 Physical Therapy Appointments	\$900
TOTAL	\$12,050

Here's what it would cost you:

Coverage for...	20thly Premium	24thly Premium
You	\$7.30	\$6.09
You and your spouse	\$11.44	\$9.53
You and your children	\$14.16	\$11.80
You, your spouse and your children	\$22.16	\$18.47

ACCIDENT INSURANCE

Accident Insurance Includes 70+ Benefits for Covered Injuries and Treatment

This is only a partial listing of benefits offered. The specific benefit amounts you'd receive vary and are listed on page 4 and page 5.

Injury	Emergency	Surgery
<ul style="list-style-type: none">• Burns• Dislocations• Eye Injuries• Concussion• Loss of Hearing• Lacerations• Fractures• Coma• Paralysis	<ul style="list-style-type: none">• Emergency Dental• Urgent Care• Ambulance• Emergency Room• X-ray• Major Diagnostic Exam	<ul style="list-style-type: none">• Abdominal/Thoracic Surgery• Outpatient Surgical Facility• Skin Grafts• Knee Cartilage/ Ligament/ Tendon Repair• Ruptured Disk• Rotator Cuff
Hospitalization	Follow-Up Care	Value Added Benefits
<ul style="list-style-type: none">• Hospital Admission• Hospital Confinement• CCU Confinement• CCU Admission	<ul style="list-style-type: none">• Chiropractor• Medical Appliance• Hearing Device• Physical Therapy• Physician Care• Prosthesis• Rehab Facility	<ul style="list-style-type: none">• Transportation• Lodging• Youth Organized Sports Benefit

Additional Benefits

24-hour coverage – Includes coverage for accidents that occur on and off the job.

ACCIDENT INSURANCE

These are actual benefits you could receive in the event of a covered accident. Benefits are paid once per covered accident unless otherwise noted:

Emergency Care Benefits	
Ambulance — Air	\$2,400
Ambulance — Ground	\$800
Emergency Room Visit	\$800
Urgent Care Visit	\$600
Initial Care Visit (not payable if Urgent Care or Emergency Room Visit Benefit is payable)	\$600
Emergency Dental Care — Crown	\$350
Emergency Dental Care — Extraction	\$150
Outpatient X-ray	\$400
Major Diagnostic Exam (such as CT scan, MRI, EEG)	\$400
Transfusion Blood, Plasma or Platelets	\$600

Specific Injury Benefits	
Burns	\$500-\$12,500, depending on severity
Coma	\$15,000
Concussion	\$600
Eye Injury	\$300
Lacerations	\$100-\$800, depending on size
Skin Graft	50% of burn benefit

Follow-Up Care	
Medical Appliance (e.g., wheelchair, cane or brace)	\$600
Chiropractic Care (maximum 3 visits per covered accident, 1 per day)	\$125 per day
Physician Follow-up (maximum 3 visits per covered accident, 1 per day)	\$450 per day
Hearing Device	\$600
Prosthesis	One: \$1,000 Two or more: \$2,000
Therapy Services (maximum 6 visits per covered accident, 1 per day)	\$450

Dislocations	Non-surgical/Surgical
Ankle, Collarbone (sternoclavicular), Elbow, Foot, Hand, Lower Jaw, Shoulder, Wrist	\$1,000/\$2,000
Knee (not including kneecap)	\$1,000/\$2,000
Collarbone (acromioclavicular), Spine	\$500/\$1,000
Finger, Rib, Toe	\$200/\$400
Hip	\$3,500/\$7,000
Partial Dislocation	25% of the associated dislocation listed above (non-surgical)

Fractures	Non-surgical/Surgical
Ankle, Arm (shoulder to elbow), Arm (elbow to wrist), Collarbone, Elbow, Foot, Hand, Kneecap, Lower Jaw, Shoulder Blade, Sternum, Wrist	\$650/\$1,300
Bones of Face, Coccyx, Nose, Vertebrae	\$750/\$1,500
Rib	\$500/\$1,000
Finger, Toe	\$200/\$400
Hip	\$3,000/\$6,000
Leg (hip to knee)	\$3,000/\$6,000
Leg (knee to ankle), Pelvis, Vertebral Column	\$1,700/\$3,400
Skull (depressed)	\$5,250/\$10,500
Skull (non-depressed)	\$2,000/\$4,000
Chip Fracture	25% of the associated fracture listed above (non-surgical)

ACCIDENT INSURANCE

Surgical Benefits	
Knee Cartilage (Once per covered accident, regardless of whether one or both knees require repair. If both exploratory and repair surgeries are performed, will pay repair benefit amount)	
Exploratory	\$750
Repair	\$1,000
Tendon, Ligament, Rotator Cuff (If two or more surgeries are required for the same covered accident, will pay the highest benefit amount)	
Exploratory	\$750
Repair of one	\$1,000
Repair of two or more	\$1,500
Ruptured Disc	
Repair	\$1,000
Abdominal/Thoracic Surgery (If more than one surgery required for the same covered accident, will pay the highest benefit amount)	
Exploratory	\$400
Laparoscopic Repair Surgery	\$1,000
Open Repair Surgery	\$2,000
Surgical Facility Benefit	\$500

Hospital Benefits	
Hospital Admission (once per covered accident)	\$2,500
Daily Hospital Confinement (maximum 365 days per covered accident)	\$800 per day
Critical Care Unit Admission* (once per covered accident)	\$2,500
Daily Critical Care Unit Confinement* (maximum of 31 days per covered accident)	\$1,800 per day
Daily Rehabilitation Facility (maximum 90 days per covered accident)	\$150 per day
* Payable in addition to any Hospital Admission and/or Daily Hospital Confinement Benefit you may be eligible to receive.	

Additional Benefits	
Lodging (per day, to a maximum of 30 days per covered accident and a total of 90 days per year)	\$200
Transportation (per trip) (per day, to a maximum of 30 days per covered accident and a total of 90 days per year)	\$1,250
Health Maintenance Screening Benefit (once per calendar year)	\$50
Youth Organized Sports Benefit	Additional 25% of total benefit payable

Accidental Death and Dismemberment (AD&D)	
Accidental Death	
You:	\$100,000
Spouse:	\$50,000
Child:	\$25,000
In the event of a covered accidental dismemberment or impairment, this policy would pay a percentage of the Accidental Death benefit:	
Loss of both hands or feet	30%
Loss of one hand and one foot	30%
Loss of one hand or one foot	15%
Loss of one digit (finger or toe)	2%
Loss of two or more digits (fingers and/or toes)	5%
Uniplegia	15%
Hemiplegia, Paraplegia or Triplegia	30%
Quadriplegia	50%
Loss of sight (one eye); loss of hearing (one ear)	15%
Loss of sight (both eyes); loss of hearing (both ears)	30%
In the event of an accidental death, this policy would pay the full Accidental Death benefit. In certain scenarios, it would also pay an additional percentage of the Accidental Death benefit:	
Air Bag Benefit	10%
Helmet Benefit	10%
Seat Belt Benefit	10%
Repatriation/transportation of remains	10%
Death that occurs while aboard commercial transportation	100%

Important Details

Here's where you'll find the details about Accident insurance.

Portability

This coverage is portable. That means that you may be able to continue your coverage through direct bill if your employment ends or your insurance ends because you no longer meet the eligibility requirements.

Eligibility Requirements

To be eligible for this coverage, you must be 18 years old or older, a regular employee of District School Board of Pasco County, actively working in the United States at least 20 hours per week and a citizen or resident of the United States. Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible.

You can choose to cover your spouse, 18 years old or older, a person to whom you are legally married, or your domestic partner as recognized by law or by your employer's domestic partnership policy, if applicable. You can also cover your children from birth through age 25. Your children cannot be insured by more than one employee. Your spouse or children must not be full-time member(s) of the armed forces. You cannot be insured as both an individual and a dependent.

A minimum number of eligible employees must apply and qualify for the proposed plan before Accident insurance coverage can become effective.

Your Effective Date

You must satisfy the eligibility requirements listed above, serve an eligibility waiting period, agree to pay premium, and be actively at work (able to perform all normal duties of your job) on the day before the scheduled effective date of insurance.

If you are not actively at work on the day before the scheduled effective date of insurance, your insurance will not become effective until the day after you complete one full day of active work as an eligible employee.

Please contact your human resources representative or plan administrator for more information regarding the requirements that must be satisfied for your insurance to become effective.

Exclusions

Benefits are not payable if an accident is caused by or contributed to any of the following:

- War or any act of war
- Suicide or other intentionally self-inflicted injury, while sane or insane

- Committing or attempting to commit an assault, felony or act of terrorism
- Active participation in a violent disorder or riot
- The voluntary use or consumption of any poison, chemical compound, drug or alcohol in excess of the legal limit in the state your accident occurred
- Sickness existing at the time of the accident, including any medical or surgical treatment or diagnostic procedure for a sickness
- Travel or flight in or on any aircraft, except as a fare-paying passenger on a commercial aircraft
- Engaging in mountain climbing, caving, heli-skiing, boxing, full contact martial arts, bungee jumping, parachuting, base jumping, skydiving, hang gliding, sail gliding, parasailing, kitesurfing, kiteboarding or scuba diving
- Practicing for, or participating in, any semiprofessional or professional competitive athletic contests for which any type of compensation or remuneration is received
- Routine eye exams and dental procedures other than a crown or extraction for a tooth or teeth as a result of a covered accident
- Riding in or driving any automobile in a race, stunt show or speed test
- Cosmetic surgery or other procedure to improve appearance, unless it is necessary to correct a deformity or restore bodily function after a covered accident
- An accident that occurs while you or your dependent is incarcerated in a jail or penal or correctional institution

When Your Insurance Ends

Your insurance ends if you notify your employer or policyholder to terminate your coverage, you stop making premium payments, your employment terminates, you cease meeting the member definition or the group policy terminates.

Child and spouse insurance ends when your insurance ends, they cease to meet the definition of child or spouse, you stop making premium payments for child or spouse insurance, spouse or child insurance is no longer offered under the group policy or the group policy terminates.

Group Insurance Certificate

If coverage becomes effective and you become insured, you may receive a group insurance certificate containing a detailed description of the insurance coverage, including

ACCIDENT INSURANCE

the definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be in the group policy. The information present in this summary does not modify the group policy, certificate or the insurance coverage in any way.

IMPORTANT NOTICE TO PERSONS ON MEDICARE: THIS IS NOT MEDICARE SUPPLEMENT INSURANCE

Some healthcare services paid for by Medicare may also trigger the payment of benefits from this policy.

This insurance pays a fixed dollar amount, regardless of your expenses, for each day you meet the policy conditions. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

Medicare generally pays for most or all of these expenses.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:

- Hospitalization
- Physician services
- Hospice
- Outpatient prescription drugs if you are enrolled in Medicare Part D
- Other approved items and services

This policy must pay benefits without regard to other health benefit coverage to which you may be entitled under Medicare or other insurance.

Before you buy this insurance:

- Check the coverage in all health insurance policies you already have.
- For more information about Medicare and Medicare Supplement insurance, review the Guide to Health Insurance for People with Medicare, available from Standard Insurance Company.
- For help in understanding your health insurance, contact your state insurance department or state health insurance assistance program (SHIP).

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GP0614-ACC

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1100 SW Sixth Avenue
Portland OR 97204

www.standard.com

SI 17615-FL-762048 (10/23)
0-1022993

HOSPITAL INDEMNITY INSURANCE



Keep Finances on Track

Hospital Indemnity Insurance



Medical insurance doesn't usually cover everything – which can derail your finances.

You can take action now to help prepare for the out-of-pocket expenses that come with a hospital stay:

Purchase Hospital Indemnity insurance from Standard Insurance Company (The Standard[†]).

Hospital Indemnity insurance

- Helps with out-of-pocket costs from a hospital stay due to childbirth, illness or injury
- Pays you or a covered family member, not medical providers
- Can help with whatever expenses you decide — like deductibles, copays or other bills
- Can cover your children and spouse if you choose
- Waives your premiums if you're hospitalized more than 30 days

Insurance in Action

Pregnancy*

Brooke's pregnancy took an unexpected turn when doctors had to deliver her baby by C-section. Brooke needed extra time in the hospital to recover.

Brooke's **Hospital Indemnity insurance** benefit helped meet her deductible. And that helped protect her budget for diapers, clothing and other items for her new baby.

Brooke used her Hospital Indemnity plan benefit to help cover:

- Hospital admission
- Three-day hospital stay

A hospital stay shouldn't sidetrack your budget.

Contact your human resources representative to learn how to apply for Hospital Indemnity insurance.

* Examples are for illustrative purposes. Eligibility for benefits and amounts shown in this example may vary from any policy your employer may offer and may vary based upon your individual circumstances, policy definitions, waiting periods, exclusions and limitations.

Standard Insurance Company | 1100 SW Sixth Avenue, Portland, OR 97204 | standard.com

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HOSPITAL INDEMNITY INSURANCE

Standard Insurance Company
District School Board of Pasco County
Group Policy #762048



Group Hospital Indemnity Insurance

Keep your finances on track when you're in the hospital.

1 You're admitted to the hospital.

Your health insurance covers many costs of your stay and treatment. But you still have a lot of expenses, including deductibles, copays, and other costs you couldn't predict.

2 We send you a check.

The Standard will send a check directly to you - not to your medical providers - upon approval of your claim. You decide how you spend the money.

3 You focus on recovering.

With The Standard helping you handle the costs of your hospital stay, you get to concentrate on what matters most - your health.

Here's what it does:

- **Pays you directly**, so you can choose how to spend the money
- **Pays you for what happens**, regardless of your other coverage
- **Goes with you** if you leave your employer
- **Provides coverage** without answering any medical questions
- Gives you the option to **cover your spouse and children**
- Provides the convenience of having your **premium payments deducted directly from your paycheck**

This coverage from Standard Insurance Company (The Standard) can help protect your finances and provides you peace of mind.

HOSPITAL INDEMNITY INSURANCE

Here's how it works:

Ruptured Ulcer: Kim is out of town on a business trip when she experiences abdominal pain and a racing heartbeat. Diagnosis: ruptured gastric ulcer. She is rushed to the hospital, admitted and taken into surgery. She ends up being hospitalized for 10 days, three of which are in a critical care unit. Kim's spouse leaves their two kids with their daycare provider and flies to be at her side. The family now faces additional costs for medical bills, travel, and childcare amounting to \$3,850.

Your Employer is giving you the following options to choose from. Here's what each plan would cover for this example:

Benefits Paid to You	Enhanced	Premier
Ambulance — Ground	\$100	\$300
Emergency room visit	\$100	\$100
Hospital admission	\$1,000	\$1,500
Hospital confinement (10 days)	\$1,500	\$2,000
Critical care unit admission	\$500	\$500
Critical care unit confinement (3 days)	\$300	\$300
Surgery	\$500	\$500
Healthcare provider follow-up	\$25	\$25
Total paid to you	\$4,025	\$5,225

Coverage for...	20thly Premium for Enhanced	24thly Premium for Enhanced	20thly Premium for Premier	24thly Premium for Premier
You	\$9.61	\$8.01	\$13.93	\$11.61
You and your spouse	\$16.10	\$13.42	\$23.41	\$19.51
You and your children	\$13.74	\$11.45	\$19.82	\$16.52
You, your spouse and your children	\$24.07	\$20.06	\$34.72	\$28.93

HOSPITAL INDEMNITY INSURANCE

Hospital Benefits	Enhanced	Premier
Hospital Admission ¹ (maximum 1 per calendar year)	\$1,000	\$1,500
Hospital Confinement ¹ (maximum 31 days per stay)	\$150 per day	\$200 per day
Critical Care Unit Admission ^{1,2} (maximum 1 per calendar year)	\$500	\$500
Daily Critical Care Unit Confinement ^{1,2} (maximum 31 days per stay)	\$100 per day	\$100 per day
Rehabilitation Facility (per year)	Not included	\$50 per day up to 15 days
Skilled Nursing Facility	\$50 per day up to 15 days per year	\$50 per day up to 30 days per year

¹ Defined as a stay for at least 20 consecutive hours in a hospital setting.

² Payable in addition to the Hospital Admission and/or Daily Hospital Confinement benefit you may be eligible to receive.

Patient Benefits	Enhanced	Premier
Inpatient Surgery	\$500/ 1 per calendar year	\$500/ 2 per calendar year
Inpatient Surgical Anesthesia	25% of the Inpatient Surgery Benefit	25% of the Inpatient Surgery Benefit
Healthcare Provider Follow-up	\$25/ 2 per year	\$25/ 4 per year
Major Diagnostic Exam	\$50/3 per year	\$50/4 per year
Hearing Device	\$1,000 per Lifetime	\$1,500 per Lifetime
X-ray / Lab (maximum 1 per year)	\$25	\$50

Emergency Care Benefits	Enhanced	Premier
Ambulance — Air (maximum 1 per year)	Not Included	\$500
Ambulance — Ground (maximum 1 per year)	\$100	\$300
Emergency Room Visit (maximum 1 per year)	\$100	\$100
Urgent Care Visit	\$50 (maximum 3 per calendar year)	\$50 (maximum 4 per calendar year)

Additional Benefits For Enhanced and Premier

Waiver of Premium	Premium waived if you are confined to a hospital for more than 30 days
Health Maintenance Screening	\$50 for Enhanced and \$100 for Premier once per calendar year when visiting the doctor for a covered wellness screening

HOSPITAL INDEMNITY INSURANCE

Important Details

Here's where you'll find the details about Hospital Indemnity insurance.

Portability

This coverage is portable. That means that you may be able to continue your coverage through direct bill if your employment ends or your insurance ends because you no longer meet the eligibility requirements.

Eligibility Requirements

To be eligible for this coverage, you must be 18 years old or older, a regular employee of District School Board of Pasco County, actively working in the United States at least 20 hours per week and a citizen or resident of the United States. Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible.

You can choose to cover your spouse, 18 years old or older, a person to whom you are legally married, or your domestic partner as recognized by law or by your employer's domestic partnership policy, if applicable. You can also cover your children from birth through age 25. Your child cannot be insured by more than one employee. Your spouse or children must not be full-time member(s) of the armed forces. You cannot be insured as both an individual and a dependent.

A minimum number of eligible employees must apply and qualify for the proposed plan before Hospital Indemnity insurance coverage can become effective.

Your Effective Date

You must satisfy the eligibility requirements listed above, serve an eligibility waiting period, agree to pay premium, and be actively at work (able to perform all normal duties of your job) on the day before the scheduled effective date of insurance.

If you are not actively at work on the day before the scheduled effective date of insurance, your insurance will not become effective until the day after you complete one full day of active work as an eligible employee.

Please contact your human resources representative or plan administrator for more information regarding the requirements that must be satisfied for your insurance to become effective.

Annual Open Enrollment

You may enroll for coverage for you and your dependents if you enroll within 31 days after becoming eligible. However, if you do not enroll during this period, you may do so during your employer's annual open enrollment period.

Waiver of Premium

Your insurance will continue without payment of premiums if you are confined in a hospital for more than 30 days in a row. We will waive payment of premium for your insurance from the 31st day of your confinement until the last day of the month you are in the hospital.

Exclusions

Benefits are not payable if an injury or sickness is caused or contributed to by any of the following:

- War or any act of war
- Attempted suicide or other intentionally self-inflicted injury, while sane or insane
- Committing or attempting to commit a felony or act of terrorism
- Active participation in a violent disorder or riot
- Alcoholism, drug abuse, misuse of alcohol or any other substance, the voluntary use or consumption of any drug or alcohol in excess of the legal limit in the state in which an injury occurred, or taking of drugs unless used or consumed according to the directions of a health care provider.
- Travel or flight in or on any aircraft, except as a fare-paying passenger on a commercial aircraft
- Cosmetic surgery or other procedure to improve appearance, unless it is necessary to correct a deformity or restore bodily function resulting from an injury or sickness
- Any injury or sickness which arises out of or in the course of you or your dependent being incarcerated in a jail, penal or correctional institution
- Dental care or dental procedures, unless treatment is the result of an injury
- Routine newborn nursing or well-baby care
- Hospital confinement of a newborn child following the child's birth unless the confinement is as a result of an injury or sickness
- Riding in or driving any automobile in a race, stunt show or speed test

When Insurance Ends

Your insurance ends if you notify your employer or policyholder to terminate your coverage, you stop making premium payments, your employment terminates, you cease meeting the member definition or the group policy terminates.

HOSPITAL INSURANCE

Child and spouse insurance ends when your insurance ends, they cease to meet the definition of child or spouse, you stop making premium payments for child or spouse insurance, spouse or child insurance is no longer offered under the group policy or the group policy terminates.

Group Insurance Certificate

If coverage becomes effective and you become insured, you may receive a group insurance certificate containing a detailed description of the insurance coverage, including the definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be in the group policy. The information present in this summary does not modify the group policy, certificate or the insurance coverage in any way.

IMPORTANT NOTICE TO PERSONS ON MEDICARE: THIS IS NOT MEDICARE SUPPLEMENT INSURANCE

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This insurance pays a fixed dollar amount, regardless of your expenses, for each day you meet the policy conditions. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

Medicare generally pays for most or all of these expenses.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:

- Hospitalization
- Physician services
- Hospice
- Outpatient prescription drugs if you are enrolled in Medicare Part D
- Other approved items and services

This policy must pay benefits without regard to other health benefit coverage to which you may be entitled under Medicare or other insurance.

Before you buy this insurance:

- Check the coverage in all health insurance policies you already have.
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About Standard Insurance Company

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This is a limited benefit policy.

GP0614-HI

Standard Insurance Company
1100 SW Sixth Avenue
Portland OR 97204

www.standard.com

SI 17618-D-FL-762048 (10/23)
0-1022994

VOLUNTARY RATES

24 Deductions Per Year

THE STANDARD ACCIDENT

Coverage Selected	
Employee Only	\$ 6.09
Employee plus Spouse	\$ 9.53
EE plus Children	\$ 11.80
EE plus Spouse and Children	\$ 18.47

20 Deductions Per Year

THE STANDARD ACCIDENT

Coverage Selected	
Employee Only	\$ 7.30
Employee plus Spouse	\$ 11.44
EE plus Children	\$ 14.16
EE plus Spouse and Children	\$ 22.16

THE STANDARD HOSPITAL PLAN CORE

Coverage Selected	
Employee Only	\$ 8.01
Employee plus Spouse	\$ 13.42
EE plus Children	\$ 11.45
EE plus Spouse and Children	\$ 20.06

THE STANDARD HOSPITAL PLAN CORE

Coverage Selected	
Employee Only	\$ 9.61
Employee plus Spouse	\$ 16.10
EE plus Children	\$ 13.74
EE plus Spouse and Children	\$ 24.07

THE STANDARD HOSPITAL PLAN

Coverage Selected	
Employee Only	\$ 11.61
Employee plus Spouse	\$ 19.51
EE plus Children	\$ 16.52
EE plus Spouse and Children	\$ 28.93

THE STANDARD HOSPITAL PLAN

Coverage Selected	
Employee Only	\$ 13.93
Employee plus Spouse	\$ 23.41
EE plus Children	\$ 19.82
EE plus Spouse and Children	\$ 34.72

VOLUNTARY RATES

24 Deductions Per Year

THE STANDARD CRITICAL ILLNESS PLAN WITH CANCER (INDIVIDUAL*)

Coverage Selected	
\$ 10,000.00	\$ 4.65
\$ 20,000.00	\$ 9.30
\$ 30,000.00	\$ 13.95

20 Deductions Per Year

THE STANDARD CRITICAL ILLNESS PLAN WITH CANCER (INDIVIDUAL*)

Coverage Selected	
\$ 10,000.00	\$ 5.58
\$ 20,000.00	\$ 11.16
\$ 30,000.00	\$ 16.74

THE STANDARD CRITICAL ILLNESS PLAN WITH CANCER (FAMILY**)

Coverage Selected	
\$ 10,000.00	\$ 6.98
\$ 20,000.00	\$ 13.95
\$ 30,000.00	\$ 20.93

THE STANDARD CRITICAL ILLNESS PLAN WITH CANCER (FAMILY**)

Coverage Selected	
\$ 10,000.00	\$ 8.37
\$ 20,000.00	\$ 16.74
\$ 30,000.00	\$ 25.11

* Children are automatically included at 50% of the employee amount

** Family coverage includes both spouse and children at 50% of the employee amount

REVIEW YOUR LEGAL INSURANCE

ARAG IS THE LEGAL CARRIER FOR 2025.

What does legal insurance cover?

A legal insurance plan from ARAG® covers a wide range of legal needs like the examples shown below – and many more – to help you address life's legal situations.

Consumer Protection

- ✓ Auto repair
- ✓ Buy or sell a car
- ✓ Consumer fraud
- ✓ Consumer protection for goods or services
- ✓ Home improvement
- ✓ Personal property disputes
- ✓ Small claims court

Criminal Matters

- ✓ Juvenile
- ✓ Parental responsibility

Debt-Related Matters

- ✓ Debt collection
- ✓ Garnishments
- ✓ Personal bankruptcy
- ✓ Student loan debt

Driving Matters

- ✓ License suspension/revocation
- ✓ Traffic tickets

Tax Issues

- ✓ IRS tax audit
- ✓ IRS tax collection

Family

- ✓ Adoption
- ✓ Guardianship/conservatorship
- ✓ Name change
- ✓ Pet-related matters
- ✓ Divorce

Services for Tenants

- ✓ Contracts/lease agreements
- ✓ Eviction
- ✓ Security deposit
- ✓ Disputes with a landlord

Real Estate & Home Ownership

- ✓ Buying a home
- ✓ Deeds
- ✓ Foreclosure
- ✓ Contractor issues
- ✓ Neighbor disputes
- ✓ Promissory notes
- ✓ Real estate disputes
- ✓ Selling a home

Wills & Estate Planning

- ✓ Powers of attorney
- ✓ Wills

WHAT IS LEGAL INSURANCE?

Legal coverage isn't just for the serious issues, it's for your everyday needs, too. Legal insurance helps you address common situations like creating wills, transferring property or buying a home.

HOW CAN LEGAL WORK FOR YOU?

Most of us aren't prepared for the unexpected — like the circumstances caused by the coronavirus outbreak. Legal insurance provides a benefit you can use to plan for it all — the expected and unexpected times in your life. Go online to view a complete list of coverages and see how a legal plan can protect you.

ARAGlegal.com/myinfo

Access code: 17843pcs



HOW DOES LEGAL INSURANCE WORK?

- 1 **Call 800-247-4184** when you have a legal matter.
- 2 **Customer Care will walk you through your options** and help you get connected to network attorneys.
- 3 **Meet with your network attorney** over the phone or in person to begin resolving your legal issue.

Why should you get legal insurance?

- Work with a network attorney and attorney fees are **100% paid-in-full** for most covered matters.
- Save thousands of dollars on average**, for each legal matter by avoiding costly legal fees.*
- We help connect you with local attorney's—many who **average 20+ years of experience**.
- Address your covered legal situations with a network attorney **for legal help and representation**.
- Use DIY Docs® to create a variety of **legally valid documents**, including state-specific templates.

Which plan is right for you?

UltimateAdvisor Plus™ offers you all of the above and more including:

- ✓ Child custody, support, visitation
- ✓ Trusts
- ✓ Services for parents/grandparents
- ✓ And More

What does it cost?

UltimateAdvisor®	\$18.27 monthly
UltimateAdvisor Plus™	\$22.58 monthly



What's New In 2025?

ARAG is always adding to the 100+ legal coverages offered. Here are just some of the new legal matters your plan now covers at the same affordable rates:

UltimateAdvisor®

- ✓ Contested child custody and support modification (8 hours per event)
- ✓ Uncontested child custody and support modification
- ✓ Minor traffic tickets

Services for Parents and Grandparents with UltimateAdvisor Plus™

Protection for You and Your Loved Ones

As your parents and grandparents age and deal with health issues, odds are good that you will play a part in providing care. Balancing work and taking care of loved ones can be overwhelming. That's why we offer the following services to help you be there for loved ones:

Professional Legal Services from ARAG® Network Attorneys

- ✓ **Legal Advice:** Your parents/grandparents have access to telephone network attorneys to address elder law issues, such as Medicare eligibility, Social Security, estate planning, real and personal property, deeding and consumer protection issues.
- ✓ **Miscellaneous Legal Services:** Receive up to four hours per year for your parent/grandparent to meet with a network attorney about miscellaneous legal issues.
- ✓ **Document Preparation:** Your parents/grandparents can receive services for the preparation of deeds, mortgages, promissory notes, affidavits, lease contracts, demand letters, installment contracts, bills of sale, HIPAA authorization and certification of trust.
- ✓ **Document Review:** Legal services for the review of your parent's/grandparent's personal legal documents.
- ✓ **Wills & Powers of Attorney:** Your parents/grandparents can work with a network attorney to create an estate plan and prepare related documents, such as a will, living will, health care power of attorney and durable/financial power of attorney.
- ✓ **Reduced Fee Services:** Your parents/grandparents can meet with a network attorney and receive at least 25% off their normal rates for most elder law issues.

Caregiving Services

Get access to personalized guidance from expert Care Coaches, digital educational and support tools and an integrated care provider support network and community to assist you with your caregiving needs.

Caregiving services assists you and your family in finding adult and senior care, empowering you to:

- ✓ **Gain access to personalized content and digital resources:** Answer a few simple questions to optimize your experience with tailored insights, services and learning resources for informed caregiving decisions based on your needs.
- ✓ **Work with a coach:** Dedicated Care Coaches provide proactive, personalized support in navigating caregiving challenges. Wherever you are on your caregiving journey, Care Coaches can help you:
 - Understand and identify the appropriate care options for your loved ones, including in-home care, nursing homes and assisted living, confirming availability, assistance with the application process, validating licensure and certifications and identifying pricing, costs and payment obligations.
 - Sort through the essential financial resources, including health and long-term care insurance, Medicare, Medicaid and VA benefits.
- ✓ **Plan and manage care:** Use the robust mobile landing page and app to create and share caregiver support plans, upload and track important legal documents, providers, medications and coordinate with your care team of friends, family and professionals.

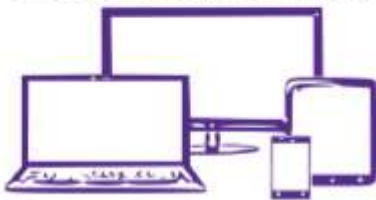
With these caregiving services, you can get support, resources and guidance on topics like chronic diseases, mental health, home and facility-based care, financial needs and end-of-life planning.

ELECTRONIC DEVICE



Electronic Device Protection Program (Optional – Participation is Voluntary)

Pasco County Schools (District) offer employees the opportunity to purchase Electronic Device Protection for their District assigned laptop or iPad. Participation is



optional, but strongly encouraged and requires a single-premium payment.

What is a single-premium payment?

- A one-time payroll premium deduction
- Premiums are non-refundable
- Provides coverage for the January 1 – December 31, plan year
- Coverage must be renewed each plan year

Device	Single-Premium
Laptop	\$40.00
iPad	\$30.00
iPen	\$20.00

Who is eligible to purchase Electronic Device Protection?

All District employees assigned a District owned laptop or iPad are eligible to participate. The program is open to new hires and current employees including employees who are not eligible to participate in the group health plan.

Who should consider purchasing Electronic Device Protection?

- Employees who frequently travel with their laptop or iPad
- Employees who take their laptop or iPad home on a regular basis
- Employees who often walk across campus with their laptop or iPad in hand

What are the benefits of Electronic Device Protection?

The Electronic Device Protection Program provides protection should your District assigned laptop or iPad suffer any damage due to your negligence during the coverage period. This protection relieves you of any liability and subsequently no out of pocket cost associated with the repairs or replacement.

Replacement Devices

If the District replaces an employee device during the plan year, the employee has the option to purchase new Electronic Device Protection to cover the new device for the remainder of the plan year.

Stolen Devices

Reports of stolen devices must be substantiated by a police report. The Electronic Device Protection plan will become the secondary provider if other insurance is present.

Examples of Covered Events:

- Accidental damage – includes cracked screens, spilled liquids, fire/flood damage
- Vandalism
- Power surge due to lightning
- Theft

Is there a deadline to enroll?

Yes. Current employees must enroll during the annual open enrollment period. New employees must enroll during their new hire benefit election period. Employees not eligible to group health benefits must email mybenefits@pasco.k12.fl.us to enroll.

May I purchase coverage for my personal electronic devices?

Only work-related, District assigned devices are eligible for coverage under the Electronic Device Protection Program.

What is not covered?

The Electronic Device Protection Program does not cover damages resulting from malicious intent, vandalism or theft by the employee.

Are employees required to purchase coverage?

No. Participation in the program is strictly voluntary. Employees who elect not to purchase Electronic Device Protection may be responsible for any damage to the device, consistent with Pasco County Schools' Employee Electronic Device Program and must return the device and accessories to its original condition at time assigned to employee.

Enrollment Information

Employee Benefits
mybenefits@pasco.k12.fl.us
(813) 794-2253

Claims Information

Risk Management
riskmanagement@pasco.k12.fl.us
(813) 794-2520



Pasco County Schools

Providing a world-class education for all students

Kurt S. Browning, Superintendent of Schools

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