Open Enrollment Begins November 10

Now is the time to focus on you.

You are a vital part of our success. That’s the reason we invest so much into a benefits plan that helps protect your health, your income, and so much more. It is important to learn about the options we offer and consider how they can help you build a secure future.

This benefit guide presents highlights of the benefits available to you this year. For additional plan details and premiums, please visit EscambiaBenefits.hrintouch.com.

ACTION REQUIRED!

Open Enrollment ends November 24. Each benefit-eligible employee is REQUIRED to complete enrollment either online or by speaking with a Benefits Counselor to elect or waive coverage by this date. If you do not participate, your current 2020 benefits will NOT roll forward for 2021.

If you and/or your dependent have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see page 24 for more detail.
Open Enrollment is November 10 – November 24

Who We Cover

**Employees:** You are eligible for benefits if you are a permanent, full-time employee of the District, work at least 20 hours per week, and are eligible for benefits under the Florida Retirement System. You must be actively at work on the plan effective date for new benefits to be effective.

**Eligible Dependents May Include:**

- Your legal spouse
- Your own children
- Children for whom you have been appointed legal guardian (through the courts)
- Stepchildren and legally adopted children (provided they reside in your household and primarily depend on you for support)

Documentation showing proof of dependent eligibility may be required. Dependent age limits and other restrictions vary by plan. Check with your Benefits Counselor for more details.

How To Enroll

We offer different ways to enroll to give you the level of support that is best for you.

**Virtual Enrollment Session** — Make your elections online through a video call with a Benefits Counselor. The Counselor will explain your options, answer your questions, and help you navigate the system. To sign up for a virtual enrollment session, visit [www.benefitsgo.com/ECSDAppointments](http://www.benefitsgo.com/ECSDAppointments).

**By Phone** — Call 1-844-939-0601 to speak with a Benefits Counselor who will explain your options, answer your questions, and record your elections into the system. Counselors are available Monday – Friday, 8:00 a.m. – 5:00 p.m. (CT).

**Online Self-Service** — Log onto [Escambiabenefits.hrintouch.com](http://Escambiabenefits.hrintouch.com) and follow the prompts to complete your enrollment online.

What’s New for 2021

**Benefits Counselor Support:** Get expert guidance from a professional Benefits Counselor who can help you make informed benefit decisions. Counselors are available either online or by phone.

**New Dental Plans:** Our new dental plan options include a dental network and offer a higher level of benefits than the former plans. These plans also allow you to cover your children up to age 25 even if they’re not full-time students.

**New and Improved Voluntary Benefit Options:** Protect yourself from the financial risk of unexpected events with benefits including Critical Illness, Accident, Hospital Indemnity, Universal Life, Identity Theft Protection, and Legal plans.
Medical Plans

Health care needs are different for everyone. We offer multiple medical plan options so you can choose the coverage level best-suited to your needs and budget.

**UNITED CHOICE HSA**

All three plans are administered through UnitedHealthcare and give you access to the same network of high-quality medical providers. The difference is that each plan carries different premiums and out-of-pocket costs. In addition, the United Choice HSA plan includes a Health Savings Account option, and the United Choice HRA plan includes a $500 HRA funding allowance to help offset your deductible.

**What's the Right Plan for You?**

Balance your premium cost with the amount you expect to spend on medical services. If you’re healthy and don’t expect to have many doctor’s visits, you can greatly reduce your upfront cost by choosing a lower premium plan. If you require a lot of care and need to limit out-of-pocket expenses, the higher premium plan might make more sense.

**UNITED CHOICE HSA**

You save money up front with the lowest premium, but you’re exposed to higher out-of-pocket costs.

Best if you are... healthy, active, and rarely expect to use medical care, allowing you to maximize the premium savings.

**UNITED BASE HRA**

This plan balances premiums with out-of-pocket exposure.

Best if you are... healthy, but want to balance your risk because you’re getting older, have a condition like high cholesterol, or have a big family.

**UNITED CHOICE HRA**

The plan with the highest premium but the lowest out-of-pocket costs.

Best if you are... going to require plenty of medical care in the coming year, which could include having a baby.
What’s Your Best Fit?

SUTTON FAMILY
Typical family with some risk

Ages: Cyrus, 48; Emily, 44; Devin, 13; and Bettina, 12
Lifestyle: Devin and Bettina both play soccer; Devin is an avid skateboarder
Medical Status: Cyrus has high blood pressure and cholesterol
Financial Risk Factors: Heart and cardiovascular disease; injury risk from sports activities (skateboarding is a very high-risk activity)

BEST FIT: A plan with moderate out-of-pocket costs an premiums makes sense because of Cyrus’s risk factors and the chances of injury for the kids. The family chooses the United Base HRA plan. They can also reduce their financial risk with Critical Illness and Accident Insurance.

MIKE & DIANE
Planning a new addition

Ages: 34 and 31
Lifestyle: Trips to the beach, jogging, binging TV shows
Medical Status: Very healthy and planning their first child in the coming year
Financial Risk Factors: Having a baby is expensive

BEST FIT: Mike and Diane normally lean toward a low-premium plan, but the cost of pregnancy changes that calculation. The plan with the lowest out-of-pocket costs is best for them, so they choose the United Choice HRA. They supplement this with Hospital Indemnity Insurance to help cover some of their deductible and coinsurance.

DANIELLE
Young, active, and healthy

Age: 26
Lifestyle: Biking, skiing, and hiking
Medical Status: Very healthy
Financial Risk Factors: High-risk activities that could lead to costly injury

BEST FIT: Danielle can expect to spend little on medical services and take advantage of the upfront premium savings of the United Choice HSA plan. If she’s worried about a skiing or biking injury, Accident Insurance can give her peace of mind about unexpected treatment and recovery bills.
Your 2021 Medical Plan Summary

Below is a brief overview of the coverage available under each plan. For a full list of benefits, refer to the Summary of Benefits and Coverage.

<table>
<thead>
<tr>
<th></th>
<th>UNITED CHOICE HSA PLAN</th>
<th>UNITED BASE HRA PLAN</th>
<th>UNITED CHOICE HRA PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-Network</td>
<td>In-Network</td>
<td>In-Network</td>
</tr>
<tr>
<td>Employer Funding</td>
<td>$0</td>
<td>$0</td>
<td>$500</td>
</tr>
<tr>
<td>Annual Deductible</td>
<td>$3,000/$6,000</td>
<td>$2,500/$7,500</td>
<td>$2,300/$5,400</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum</td>
<td>$6,250/$12,500</td>
<td>$5,250/$13,200</td>
<td>$4,250/$12,500</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>Preventive Care</td>
<td>100% covered</td>
<td>100% covered</td>
<td>100% covered</td>
</tr>
<tr>
<td>Primary Care Physician (PCP)</td>
<td>80% after deductible</td>
<td>$40 copay + coinsurance</td>
<td>$35 copay</td>
</tr>
<tr>
<td>Specialist</td>
<td>80% after deductible</td>
<td>$60 copay + coinsurance</td>
<td>$50 copay</td>
</tr>
<tr>
<td>Labs, X-rays &amp; Diagnostics</td>
<td>80% after deductible</td>
<td>80% after deductible</td>
<td>80% after deductible</td>
</tr>
<tr>
<td>Imaging (CT, PET Scans, MRIs)</td>
<td>80% after deductible</td>
<td>80% coinsurance</td>
<td>80% coinsurance</td>
</tr>
<tr>
<td>Hospital Inpatient</td>
<td>80% after deductible</td>
<td>80% after deductible</td>
<td>80% after deductible</td>
</tr>
<tr>
<td>Outpatient Surgery</td>
<td>80% after deductible</td>
<td>80% after deductible</td>
<td>80% after deductible</td>
</tr>
<tr>
<td>Urgent Care Center</td>
<td>80% after deductible</td>
<td>$60 copay + coinsurance</td>
<td>$50 copay</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>80% after deductible</td>
<td>$300 copay + coinsurance</td>
<td>$300 copay + coinsurance</td>
</tr>
</tbody>
</table>

Remember: Getting care from an in-network medical provider always saves you money.

How Your Medical Plan Works

YOU PAY

DEDUCTIBLE
The costs you cover on your own

YOU + THE PLAN PAY

COINSURANCE
The costs you share with the plan

THE PLAN PAYS

COSTS ABOVE THE OUT-OF-POCKET MAXIMUM
Once you meet your out-of-pocket maximum, the plan covers all costs until the end of the year

For a full list of medical terms you should know, go to www.benefitsquest.com/terms-to-know.
Prescription Plan Summary

Prescription coverage is included with your medical plan. Your prescription plan details are as follows:

<table>
<thead>
<tr>
<th></th>
<th>UNITED CHOICE HSA PLAN</th>
<th>UNITED BASE HRA PLAN</th>
<th>UNITED CHOICE HSA PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-Network</td>
<td>In-Network</td>
<td>Out-of-Network</td>
</tr>
<tr>
<td>30-day supply:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 1</td>
<td>Deductible + coinsurance</td>
<td>$15 copay</td>
<td>$12 copay</td>
</tr>
<tr>
<td>Tier 2</td>
<td>Deductible + coinsurance</td>
<td>$40 copay</td>
<td>$35 copay</td>
</tr>
<tr>
<td>Tier 3</td>
<td>Deductible + coinsurance</td>
<td>$100 copay</td>
<td>$75 copay</td>
</tr>
<tr>
<td>90-day supply:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 1</td>
<td>Deductible + coinsurance</td>
<td>$45 copay</td>
<td>$36 copay</td>
</tr>
<tr>
<td>Tier 2</td>
<td>Deductible + coinsurance</td>
<td>$120 copay</td>
<td>$105 copay</td>
</tr>
<tr>
<td>Tier 3</td>
<td>Deductible + coinsurance</td>
<td>$300 copay</td>
<td>$225 copay</td>
</tr>
</tbody>
</table>

Deductible

- $3,000 annual deductible must be met before the plan pays toward prescription costs (maximum of $6,000 per family)
- $200 per person per plan year (maximum of three per family)
- $150 per person per plan year (maximum of three per family)

Controlling Health Care Costs

The rising cost of health insurance is a concern for all of us. Keeping costs to a minimum contributes to lower premiums in future years. Here are tips on how you can help lower the cost of health insurance:

- **Use the employee medical facility, Marathon Health.** You can save money by using Marathon Health for minor illnesses and injuries rather than going to your doctor.
- **Request generic rather than brand name prescription drugs.** Generic medications, while just as effective, are considerably less expensive.
- **Consider seeing your family physician rather than a specialist.** Family physicians can often provide the same level of care for a variety of illnesses and conditions.
- **Exercise and maintain a proper diet.** The healthier you are, the less vulnerable you are to disease, reducing doctor’s visits and prescription medicines.

If we become more aware consumers, we can each do our part to lower the cost of health care!
In-Hospital Indemnity Plan

The In-Hospital Indemnity Plan is a self-administered plan by the District for employees who would like to retain another medical plan as their primary insurance plan. This is not a major medical plan and only pays daily benefits up to 30 days per plan year (January 1 – December 31). Daily benefits are calculated on a 24-hour period. The plan has a 24-hour (1 day) deductible prior to benefits being paid.

All claims are required to be filed with the Risk Management Department within 90 days from your date of discharge to be eligible for consideration.

<table>
<thead>
<tr>
<th>MEDICAL CARE BENEFITS</th>
<th>EMPLOYEE ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-Hospital Indemnity Plan Benefits</td>
<td>Amount of Benefit</td>
</tr>
<tr>
<td>Hospital Room and Board</td>
<td></td>
</tr>
<tr>
<td>Maximum daily benefit</td>
<td>$75</td>
</tr>
<tr>
<td>Waiting period before benefits are paid</td>
<td>24 hours of hospital inpatient care</td>
</tr>
<tr>
<td>Extended Care Facility Room and Board</td>
<td></td>
</tr>
<tr>
<td>Maximum daily benefit</td>
<td>$37.50</td>
</tr>
<tr>
<td>Maximum number of days</td>
<td>30 days</td>
</tr>
</tbody>
</table>

Annually combined hospital and extended care facility benefits
All claims must be filed with the District’s Risk Management Department within 90 days from the discharge date to be considered for payment.
Critical Illness Insurance

You can protect yourself from the unexpected costs of a serious illness.

Even the most comprehensive medical plans don’t cover all of the expenses of a serious medical condition like a heart attack or cancer. Critical Illness Insurance pays a lump sum benefit directly to you if you are diagnosed with a covered illness. The benefit is paid in addition to any other insurance coverage you may have.

Covered Illnesses Include:

- Heart attack
- Stroke
- Cancer
- Major organ transplant
- End stage renal (kidney) failure
- Coronary artery bypass surgery*
- And more

Plan Features

☑ **Guaranteed Acceptance**: There are no health questions or physical exams required.

 *[Family Coverage**: You can elect to cover your spouse and children.

**Health Screening Benefit**: The plan pays a $75 benefit once per calendar year for health screening tests performed as the result of preventive care. This benefit is payable for the covered employee and spouse.

**Portable Coverage**: You can take your policy with you if you change jobs or retire.

**Value-Added Services**: The plan includes 24/7 access to a Telephonic Employee Assistance Program (EAP) and Telemedicine services.

1 in 5 Households that have medical insurance used up most of their savings to pay medical bills.


Why We Offer Supplemental Medical Benefits

Medical insurance does not prevent all of the financial strain of a major illness or injury. Depending on the medical plan you choose, you could be exposed to up to $13,200 in out-of-pocket costs if you or a family member were to become seriously sick or injured.

Many families don’t have enough in their savings to cover the deductible and coinsurance of a major medical event. Supplemental medical benefits can help cover this out-of-pocket financial exposure at a reasonable cost.

The benefits are paid directly to you, allowing you to use the funds however you choose. You receive the full benefit even if you have other insurance.

*The coverage pays 25% of the face amount of the policy once per lifetime for coronary artery bypass surgery.

The policy/certificate of coverage or its provisions, as well as covered illnesses, may vary or be unavailable in some states. The policy/certificate of coverage has exclusions and limitations which may affect any benefits payable.
Accident Insurance

Major injuries are painful. But the financial impact of the medical treatment doesn’t have to be.

Accident Insurance pays lump sum benefits directly to you if you suffer a covered injury such as a fracture, burn, or concussion. Benefits are paid even if you have other insurance coverage.

The benefit amount is calculated based on the type of injury, its severity, and what medical services are required in treatment and recovery. The plan covers a wide variety of injuries and accident-related expenses, including:

- Ambulance rides
- Emergency room visits
- Surgery and anesthesia
- Major diagnostic testing
- Injury treatment (fractures, dislocations, concussions, burns, lacerations, etc.)
- And more

Plan Features

**Guaranteed Acceptance:** There are no health questions or physical exams required.

**Family Coverage:** You can elect to cover your spouse and children.

**Wellness Rider:** The plan pays a $100 benefit per insured person per calendar year for covered wellness tests performed as the result of preventive care.

**Portable Coverage:** You can take your policy with you if you change jobs or retire.

**Value-Added Services:** The plan includes 24/7 access to Telephonic Employee Assistance Program (EAP) and Telemedicine services.

How Accident Insurance Works

Sam tears a knee ligament that requires extensive treatment and rehab. Even with medical insurance, this will cost Sam $3,000 out-of-pocket in deductibles and coinsurance.

Fortunately, Sam has Accident Insurance. This coverage paid Sam a total benefit of $2,640.

Rather than $3,000 out of his savings, the injury only costs Sam $360...much better.

**How Sam’s Accident Benefit Was Calculated:**

<table>
<thead>
<tr>
<th>Medical Service</th>
<th>Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Room</td>
<td>$ 300</td>
</tr>
<tr>
<td>Ligament Surgery</td>
<td>$1,500</td>
</tr>
<tr>
<td>Anesthesia</td>
<td>$ 300</td>
</tr>
<tr>
<td>Physical Therapy</td>
<td>$ 540</td>
</tr>
</tbody>
</table>

($90 per visit for six visits)

TOTAL BENEFIT $2,640

This scenario does not reflect the benefits of a specific Accident Insurance plan schedule. The benefits are generic benefits for the purposes of this example to show how the benefit total of an Accident Insurance plan is calculated. The plan offered to you may provide different benefit amounts and may not cover all services. See the plan details for the benefit schedule for the plan offered to you.

The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable.
Hospital Indemnity Insurance

Receive lump sum payments to help cover the cost of a hospital stay.

If you are admitted into a hospital, it doesn’t take long for the out-of-pocket costs to add up. Hospital Indemnity Insurance pays lump sum benefits directly to you, and benefits are paid even if you have other coverage.

You receive a benefit as soon as you are admitted and then an additional benefit based on the number of days you are confined to the hospital. The benefit increases if you are admitted and confined to an intensive care unit. You'll also receive benefits for inpatient treatment in a rehabilitation facility.

Plan Features

- **Guaranteed Acceptance**: There are no health questions or physical exams required.
- **Family Coverage**: You can elect to cover your spouse and children.
- **Health Screening Benefit**: The plan pays a $50 benefit once per calendar year for health screening tests performed as the result of preventive care. This benefit is payable for each covered person.
- **Portable Coverage**: You can take your policy with you if you change jobs or retire.
- **Value-Added Services**: The plan includes 24/7 access to Telephonic Employee Assistance Program (EAP) and Telemedicine services.

### How Hospital Indemnity Insurance Works

Cindy is injured in a car accident and is in the hospital for four days. She also receives rehabilitation therapy for three days. Cindy’s medical insurance carries a $2,500 deductible and a $5,000 out-of-pocket maximum. Even with her medical plan, Cindy’s deductible and coinsurance add up to more than $4,000 just for hospital services.

Cindy has Hospital Indemnity Insurance. She receives a benefit for being admitted into the hospital, a benefit for each day of her inpatient stay, and benefits for rehab services.

#### How Cindy’s Hospital Indemnity Benefit Was Calculated:

<table>
<thead>
<tr>
<th>Medical Service</th>
<th>Benefit</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Admission</td>
<td>$2,000 per admission</td>
<td>$ 2,000</td>
</tr>
<tr>
<td>Four-day Hospital Stay</td>
<td>$200 per day</td>
<td>$ 800</td>
</tr>
<tr>
<td>Three Days of Rehab</td>
<td>$75 per day</td>
<td>$ 225</td>
</tr>
</tbody>
</table>

**CINDY’S TOTAL BENEFIT**

$3,025

This scenario does not reflect the benefits of a specific Hospital Indemnity Insurance plan schedule. The benefits are generic benefits for the purposes of this example to show how the benefit total of a Hospital Indemnity plan is calculated. The plan offered to you may provide different benefit amounts and may not cover all services. See the plan details for the benefit schedule for the plan offered to you.

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The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable.
Health Savings Account (HSA)

Save for current or future medical costs and reduce your income taxes with this special savings account.

When you enroll in the United Choice HSA medical plan, you are also eligible to open a Health Savings Account.

You fund your HSA through pre-tax payroll deductions up to annual IRS limits. The account can be used to pay for eligible out-of-pocket health care expenses until you meet your deductible.

The money can be spent as needed to cover current expenses tax-free. Any unused balances roll over from year-to-year allowing you to build up a savings for future health care expenses, even in retirement when your medical care expenses may increase.

$4,275
The average amount retirees spend out-of-pocket for health care yearly.


Keys to Growing Your HSA:

- Try not to use your HSA for routine expenses. If you can pay out-of-pocket, leave your HSA funds alone so that they can grow for when you need them in the future.

- Consider electing Critical Illness, Accident, or Hospital Indemnity Insurance to cover big-ticket expenses from unexpected serious illnesses or injuries and ensure they don’t wipe away the money in your HSA.

- Monitor your fund’s growth. Like a 401(k), your HSA funds earn interest through investments. Make sure your money is growing at an acceptable and safe pace.

HSAs Deliver Triple Tax Savings

1. You don’t pay federal income tax on the money you contribute.

2. You don’t pay taxes on the interest you earn in your account.

3. You don’t pay taxes when you use the money to pay for qualified medical services.

ANNUAL MAXIMUM CONTRIBUTION AMOUNTS

<table>
<thead>
<tr>
<th></th>
<th>Employee Only</th>
<th>Employee + Dependents</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Employee Only]</td>
<td>$3,600</td>
<td>$7,200</td>
</tr>
<tr>
<td>[Employee + Dependents]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Individuals age 55 or older can make additional “catch up” contributions up to $1,000.

Flexible Spending Accounts (FSAs)

Reduce your income taxes while putting aside money for health and dependent care needs.

Flexible Spending Accounts allow you to put aside money for eligible expenses and reduce your income taxes at the same time. The District offers two types of accounts — a Health Care FSA and a Dependent Care FSA.

**How Flexible Spending Accounts Work**

1. Each year during Open Enrollment, you decide how much money to set aside for health care and/or dependent care expenses.

2. Your contributions are deducted from your paycheck on a pre-tax basis in equal installments throughout the calendar year.

3. Your plan includes an FSA debit card that you can use to pay for eligible expenses at the point of sale. You can also pay out of pocket and submit a claim form for reimbursement if necessary.

**ANNUAL CONTRIBUTION AMOUNTS**

<table>
<thead>
<tr>
<th>Flexible Spending Account</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Care Flexible Spending Account</td>
<td>$100 – $2,700</td>
</tr>
<tr>
<td>Dependent Care Flexible Spending Account</td>
<td>$100 – $5,000</td>
</tr>
<tr>
<td>(if married and filing separate tax returns)</td>
<td>($2,500 if married and filing separate tax returns)</td>
</tr>
</tbody>
</table>

**Use It or Lose It:** The District allows a 2 ½-month grace period to spend any money left in your account at the end of the plan year. You have until March 15, 2022 to spend your 2021 FSA funds. Any money left in your account after this date must be forfeited per IRS regulations.

Please note that these accounts are separate. You may participate in one, both, or neither. You cannot use money from the Health Care FSA to cover expenses eligible under the Dependent Care FSA or vice versa.

Go to [www.benefitsquest.com/fsa](http://www.benefitsquest.com/fsa) for a complete list of covered expenses.

**Health Care Items You Might Not Realize are FSA Eligible:**

- Sunscreen
- Heating and cooling pads
- First aid kits
- Shoe inserts and other foot grooming treatments
- Travel pillows
- Motion sickness bands

Deductibles, copays, prescription and over-the-counter drugs, medical equipment, etc.

Babysitters, daycare, day camp, home nursing care, etc.
Dental Plans

The District is offering two new dental plan options through The Standard. Both plans cover the same services, but the Enhanced Buy-up plan offers a higher annual maximum and orthodontia lifetime maximum. To find a participating dentist, visit www.standard.com.

<table>
<thead>
<tr>
<th></th>
<th>BASE PLAN</th>
<th></th>
<th>ENHANCED BUY-UP PLAN</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-Network</td>
<td>Out-of-Network (UCR is at 90th %)</td>
<td>In-Network</td>
<td>Out-of-Network (UCR is at 90th %)</td>
</tr>
<tr>
<td><strong>Deductible - Basic &amp; Major Services (Individual/Family)</strong></td>
<td>$50/$100</td>
<td>$50/$100</td>
<td>$50/$100</td>
<td>$50/$100</td>
</tr>
<tr>
<td><strong>Annual Maximum</strong></td>
<td>$1,000</td>
<td>$1,000</td>
<td>$1,500</td>
<td>$1,500</td>
</tr>
<tr>
<td><strong>Preventive Services (Exams, Cleanings, X-rays)</strong></td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Basic Restorative Services (Fillings, Extractions, Root Canals)</strong></td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td><strong>Major Restorative Services (Crowns, Dentures, Implants)</strong></td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td><strong>Orthodontia (Children only)</strong></td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td><strong>Orthodontia Lifetime Maximum</strong></td>
<td>$1,000</td>
<td>$1,000</td>
<td>$1,500</td>
<td>$1,500</td>
</tr>
</tbody>
</table>

If charge is less than the 90th UCR, then no charge. If charge is within $10 of 90th UCR, then no charge. If charge is more than $10 of 90th UCR, then the balance is paid (cleaning charge of $82 and UCR is $70, then member owes $12).

What Does Preventive Dental Care Typically Cover?

Every dollar spent on preventive care can save you money later on procedures that are more urgent, complex, and costly.

**Routine dental checkups and cleanings** should be scheduled every six months. Your dentist may recommend more frequent or fewer visits, depending on your dental health history.

**Professional fluoride treatments** can be a key defense against cavities if you’re at high risk for decay. Professional fluoride treatments have significantly more fluoride than tap water or toothpaste, and take only a few minutes to apply.

**Dental sealants** go a step beyond fluoride by providing a thin, plastic coating to the chewing surface of your teeth. Most dental plans cover sealants as preventive care for children under 18 on their first and second molars.

**X-ray images** of your mouth may be taken by your dentist or dental hygienist to better evaluate your oral health. These images go beneath the surface to provide a more detailed look inside your teeth and gums.
Vision Plan

The District offers vision coverage through Humana Insight. The plan provides coverage for annual eye exams, prescription glasses or contacts, and even discounts for laser vision correction.

<table>
<thead>
<tr>
<th>Vision Plan</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eye Exam (every 12 months)</td>
<td>$5 copay</td>
<td>Up to $30</td>
</tr>
<tr>
<td>Lenses (every 12 months)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single Vision</td>
<td>$0 copay</td>
<td>Up to $25</td>
</tr>
<tr>
<td>Bifocal</td>
<td>$0 copay</td>
<td>Up to $40</td>
</tr>
<tr>
<td>Trifocal</td>
<td>$0 copay</td>
<td>Up to $60</td>
</tr>
<tr>
<td>Lenticular</td>
<td>$0 copay</td>
<td>Up to $100</td>
</tr>
<tr>
<td>Frames (every 24 months)</td>
<td>Up to $150, 20% off balance over $150</td>
<td>Up to $65</td>
</tr>
<tr>
<td>Contact Lenses (every 12 months)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Standard contact lens fit and follow-up</td>
<td>Up to $55</td>
<td>Not covered</td>
</tr>
<tr>
<td>Premium contact lens fit and follow-up</td>
<td>10% off retail</td>
<td>Not covered</td>
</tr>
<tr>
<td>Laser Vision Correction</td>
<td>15% off retail price or 5% off promotional price for LASIK or PRK from the US Laser Network, owned and operated by LCA Vision</td>
<td></td>
</tr>
</tbody>
</table>

5 Tips for a Lifetime of Healthy Vision

1. **Schedule yearly eye exams.** Visiting your ophthalmologist regularly helps you see your best, protect your sight, and even detect serious health conditions such as diabetes.

2. **Protect your eyes against UV rays.** No matter what the season, it is important to wear sunglasses. When selecting and purchasing sunglasses, be sure to confirm they offer 100% UVA/UVB protection.

3. **Give your eyes a break from digital devices.** Digital screens emit a specific type of blue and violet light which can negatively impact eye health and cause digital eye strain.

4. **Live a smoke-free lifestyle.** Smoking increases your risk of developing macular degeneration, optic nerve damage, and cataracts.

5. **Practice safe wear and care of contact lenses.** Keep them clean and follow your optometrist’s recommendations for use and wear.
Personal Wellness Appraisal Program

The health and well-being of employees is very important to the District. Employees need to feel their best so they can come to work each day and give their best. That’s why we sponsor the Personal Wellness Appraisal Program. It is designed to help you develop healthy habits for life. The program focuses on education and prevention as effective ways to reduce the cost of health care. Through early screening of potential medical conditions and appropriate intervention and prevention activities, it helps head off serious health problems that could occur now or in the future.

Marathon Health, the health care provider for our Health Center, is working with District staff to provide the opportunity for all permanent benefit-eligible employees to participate in the Personal Wellness Appraisal Program annually at no cost. In addition, you can earn a wellness credit of $35/month ($420 annually) for completing the four steps listed below. All screenings will be conducted at the Health Center facility at the ECSD Center for Health and Wellness.

How to Earn the Employee Wellness Credit

1. Have a biometrics screening (blood draw).
2. Complete a health risk assessment online at www.marathon-health.com/MyPhr.
4. Be tobacco free and/or complete a tobacco cessation counseling program, as defined by the Escambia County Health Department. Proof of completion of the program must be submitted to Marathon.

Spousal Wellness Credit

Employees with spouses covered under a District medical plan can earn an additional $25/month spousal wellness credit when their spouse completes the same steps as the employee. This will be paid to the employee. The quarterly qualification and quarterly waiting period applies.
Life and AD&D Insurance

Always be there financially for your loved ones.

Basic Life Insurance

The District pays the full cost of your Basic Life Insurance coverage. If you are under age 70, your benefit is equal to one times your annual salary (rounded to the nearest $1,000) to a maximum of $150,000. If you are age 70 or over, your benefit is equal to 50% of your annual salary.

Additional Life and AD&D Insurance

You have the option to purchase Additional Life Insurance as a supplement to the employer-paid benefit. You may choose a coverage amount from one to three times your annual salary (rounded to the nearest $1,000) to a maximum of $300,000. This amount will reduce to 50% at age 70.

Accidental Death and Dismemberment (AD&D) Insurance covers accidental loss of life or limb. The plan pays you (or your beneficiary) a scheduled benefit, up to the policy maximum, depending on the nature and extent of the loss. When you purchase Additional Life Insurance, you may also enroll in AD&D coverage. AD&D coverage expires at age 70.

The full benefit is Guarantee Issue during Open Enrollment for eligible employees including those who previously declined.

Dependent Life Insurance

The District also offers Dependent Life Insurance to provide coverage for your spouse and children. You may choose from one of three plan options noted below. Dependent coverage cannot exceed 50% of the amount of the employee’s Basic and Additional Life Insurance coverage. During Open Enrollment, evidence of insurability is not required. Spouse coverage elections made outside of Open Enrollment require evidence of insurability. Evidence of insurability for children is never required.

| PLAN 1 | $20,000 Spouse / $10,000 Child(ren) |
| PLAN 2 | $10,000 Spouse / $5,000 Child(ren) |
| PLAN 3 | $5,000 Spouse / $2,500 Child(ren) |

How Much Life Insurance Do You Need?

Many financial experts recommend you have at least five to eight times your household income in Life Insurance. To calculate the level sufficient to cover your needs, you should consider your current income and how much it costs to maintain your family’s standard of living. You should also consider your current expenses and your family’s future financial needs such as the following:

Current Expenses
- Home Mortgage
- Car Payments
- Credit Card Debt
- Other Debt

Future Needs
- Child Care
- College Tuition
- Spouse’s Retirement
- Routine Household Expenses

After you add your financial responsibilities, how does the sum compare with your current coverage?

NOTE: Medical evidence of insurability is required when increasing coverage amounts at times other than your initial enrollment and for amounts more than the 1 times your salary. Enrollment in additional life is allowed throughout the year with medical evidence of insurability.
Permanent Life Insurance

Permanent Life Insurance completes your family’s protection, providing a cost-effective benefit for final expenses such as funeral costs, credit card debt, and medical bills. As long as premiums are paid, the policy will not expire until maturity. Premiums will not change due to your age. The policy includes an accelerated death benefit rider for terminal conditions and offers an optional accelerated death benefit rider for "living benefits" (care for chronic conditions).*

Plan Features

- **Guaranteed Acceptance**: No physical exams are required to apply for coverage (although health questions may be asked).
- **Family Coverage**: You can purchase coverage for yourself, your spouse, and your children.
- **Portable Coverage**: You can take your policy with you if you change jobs and carry your Life Insurance coverage into your retirement.
- **Coverage for Your Needs**: Permanent Life Insurance is voluntary, which means you purchase the precise amount of coverage that is right for your needs.
- **Cash Value**: This policy builds cash value.

Premiums are based on your age and the amount of coverage you elect.

Life Insurance Plan Comparison

<table>
<thead>
<tr>
<th>BASIC LIFE INSURANCE</th>
<th>ADDITIONAL LIFE INSURANCE</th>
<th>PERMANENT LIFE INSURANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>The premium is fully employer paid</td>
<td>The premiums increase as you age</td>
<td>The premiums don’t change</td>
</tr>
<tr>
<td>Replaces your income so that your family can maintain their dreams and lifestyle</td>
<td>Replaces your income so that your family can maintain their dreams and lifestyle</td>
<td>Pays for final expenses, such as funeral costs and nuisance debt such as credit cards</td>
</tr>
<tr>
<td>Coverage ends when you leave the District</td>
<td>You may have the option to change to an individual policy that you can continue</td>
<td>This is an individual policy that you can continue</td>
</tr>
</tbody>
</table>

*Terminal Illness and Living Benefits Riders are not included in Issue Ages 76+
The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable.
Disability Insurance

Your ability to bring home a paycheck is your most valuable asset. We help you protect it.

Short-Term Disability (STD) Insurance

Short-Term Disability Insurance helps replace a portion of your income if a covered injury or illness keeps you out of work for an extended period of time. The plan pays a weekly benefit of 60% of your pre-disability earnings, reduced by deductible income. The maximum weekly benefit is $1,250. The minimum weekly benefit is $15.

Benefits become payable after a 14-day waiting period. Benefits can continue until you are no longer disabled, or until Long-Term Disability benefits are payable, whichever occurs first, but no longer than the 166th day of disability.

Long-Term Disability (LTD) Insurance

Long-Term Disability Insurance helps protect your finances when your disability continues beyond the period covered by the STD plan. The LTD plan pays a monthly benefit of 60% of the first $10,000 of your pre-disability earnings, reduced by deductible income. The maximum monthly benefit is $6,000. The minimum monthly benefit is the greater of $100, or 10% of your LTD benefit before reduction by deductible income.

Benefits become payable after a 180-day waiting period. If you become continuously disabled before age 62, benefits can continue during disability until age 65, or to Social Security Normal Retirement Age (SSNRA), or 3 years 6 months, whichever is longest. Additional rules apply if disability occurs at age 62 or older.

The number of American workers receiving disability benefits nearly doubled from 4.6 million workers in 1998 to more than 8.5 million workers in 2018.

Social Security Administration, Disability Insurance, 2018
Identity Theft Protection

Digital thieves constantly discover new ways to extract your personal information, open credit accounts in your name, sell your sensitive data on the dark web, and take over your financial accounts.

We offer comprehensive Identity Theft Protection that safeguards multiple gateways into your identity and credit.

Protection Services Include:

- Credit Reports and Monitoring
- Court Records Monitoring
- Bank Account Monitoring
- Dark Web Monitoring
- Sex Offender Registry Monitoring
- Lost Wallet and Document Replacement
- Change of Address Monitoring
- Child Social Security Number Monitoring
- Social Media Reputation Monitoring
- Full Service Identity Restoration Services
- And more

$1.48 Billion

Total losses from identity theft fraud in the U.S. in 2018.

Federal Trade Commission, Consumer Sentimental Network Data Book, 2019

Monitor Your Child’s Credit Report

A child’s Social Security number gives ID thieves a fraudulent “clean slate.”

Monitor your child’s credit report as often as your own.

Increasing Digital Threats

Percentage increase from 2017-2018

117%
Formjacking
stealing credit card information from online payment forms

79%
Account Takeovers
opening accounts using the victim’s name

13%
New Account Fraud

Symantec, Internet Security Report, 2019
Legal Plan

The Legal Plan provides you and your covered family members with access to a network of experienced attorneys who can help with a range of personal legal matters. Attorneys are available in person, by phone, or by email, and you will also have access to online tools and resources.

Covered Legal Services Include:

- Money matters – debt collection defense, personal bankruptcy, tax audit representation
- Home and real estate – sale or purchase of a home, landlord/tenant matters
- Estate planning – wills, powers of attorney
- Family matters – adoptions, divorce, prenuptial agreements
- Civil lawsuits – consumer disputes, small claims assistance
- Elder-care issues – Medicaid, Medicare, nursing home agreements
- Driving and criminal issues – traffic ticket defense, misdemeanor defense
- And more

How to Use the Plan

1. Visit members.legalplans.com or call 1-800-821-6400 to find an attorney that is right for you.

2. Call the attorney you select and schedule a time to talk or meet.

3. Get legal assistance with no copays, deductibles, or claims forms when you use a network attorney for a covered matter.

To learn more, visit info.legalplans.com or call 1-800-821-6400.

Other Benefits

Employee Assistance Program (EAP)

The EAP offers you and your family members free, 24/7 access to professional help through the Cordova Counseling Center. The program offers information, consultation, and counseling (up to four visits per problem per year) for issues such as mental health, substance abuse, financial and legal problems, stress, family problems, bereavement, and more.

To schedule an appointment, call 1-850-474-9882 weekdays between 7 a.m. and 5 p.m. (CT). Counselors are also available for after-hours emergencies or urgent situations.

ECSD Center for Health & Wellness

The ECSD Center for Health and Wellness can diagnose, treat, and prescribe medication for a variety of common illnesses and minor injuries. It can also provide health assessments, coaching, and disease management. To schedule an appointment, call 1-850-444-3400 or visit www.marathon-health.com/mypfr.

Virtual Visits

A Virtual Visit lets you talk with a doctor from your laptop or mobile device. You have access to a network of Virtual Visit provider groups. To learn more, log into myuhc.com or the UnitedHealthcare Health4Me app.
## Contact Information

<table>
<thead>
<tr>
<th>BENEFIT</th>
<th>CONTACT</th>
<th>PHONE NUMBER</th>
<th>WEBSITE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical, Prescription &amp; Virtual Visits</td>
<td>UnitedHealthcare</td>
<td>1-866-844-4864</td>
<td>myuhc.com</td>
</tr>
<tr>
<td>Critical Illness, Accident &amp; Hospital Indemnity</td>
<td>Aflac</td>
<td>1-800-433-3036</td>
<td><a href="http://www.aflacgroupinsurance.com">www.aflacgroupinsurance.com</a></td>
</tr>
<tr>
<td>Personal Wellness Appraisal Program</td>
<td>Marathon Health</td>
<td>1-850-444-3400</td>
<td><a href="http://www.marathon-health.com/MyPhr">www.marathon-health.com/MyPhr</a></td>
</tr>
<tr>
<td>Dental</td>
<td>The Standard</td>
<td>1-800-547-9515</td>
<td><a href="http://www.standard.com/individual">www.standard.com/individual</a></td>
</tr>
<tr>
<td>Vision</td>
<td>Humana Insight</td>
<td>1-877-398-2980</td>
<td><a href="http://www.humana.com">www.humana.com</a></td>
</tr>
<tr>
<td>Health Savings Account</td>
<td>Optum Bank</td>
<td>1-866-234-8913</td>
<td><a href="http://www.optumbank.com">www.optumbank.com</a></td>
</tr>
<tr>
<td>Flexible Spending Accounts</td>
<td>WageWorks (HealthEquity)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Life and AD&amp;D</td>
<td>Standard Insurance Company</td>
<td>1-800-628-8600</td>
<td><a href="http://www.standard.com/individual">www.standard.com/individual</a></td>
</tr>
<tr>
<td>Permanent Life</td>
<td>Transamerica</td>
<td>1-888-763-7474</td>
<td><a href="http://www.transamericabenefits.com">www.transamericabenefits.com</a></td>
</tr>
<tr>
<td>Short-Term Disability &amp; Long-Term Disability</td>
<td>Standard Insurance Company</td>
<td>1-800-368-2859 1-800-368-1135</td>
<td><a href="http://www.standard.com/individual">www.standard.com/individual</a></td>
</tr>
<tr>
<td>Legal Plan</td>
<td>MetLife</td>
<td>1-800-821-6400</td>
<td>members.legalplans.com</td>
</tr>
<tr>
<td>Employee Assistance Program</td>
<td>Cordova Counseling</td>
<td>1-850-474-9882</td>
<td><a href="http://www.cordovacounselingcenter.com">www.cordovacounselingcenter.com</a></td>
</tr>
<tr>
<td>Employee Medical Center</td>
<td>ECSD Center for Health &amp; Wellness</td>
<td>1-850-444-3400</td>
<td><a href="http://www.marathon-health.com/myphr">www.marathon-health.com/myphr</a></td>
</tr>
</tbody>
</table>

### Online Enrollment
To enroll through the self-service website, visit Escambiabenefits.hrintouch.com

### Telephone Enrollment
To enroll by phone with a Benefits Counselor, call 1-844-939-0601, Monday – Friday, 8 a.m. – 5 p.m. (CT)

### Virtual Enrollment
To schedule a virtual enrollment session with a Benefits Counselor, visit www.benefitsgo.com/ECSDAppointments
# 2021 Benefit Plan Premiums

Below are the employee premiums for benefits effective January 1, 2021.

## Medical Plans

<table>
<thead>
<tr>
<th>TIER</th>
<th>UNITED CHOICE HSA PLAN</th>
<th>UNITED BASE HRA PLAN</th>
<th>UNITED CHOICE HRA PLAN</th>
<th>IN-HOSPITAL INDEMNITY PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MONTHLY RATES</td>
<td>BIWEEKLY RATES</td>
<td>MONTHLY RATES</td>
<td>BIWEEKLY RATES</td>
</tr>
<tr>
<td>Employee Only</td>
<td>$57.54</td>
<td>$34.52</td>
<td>$118.67</td>
<td>$71.20</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$283.37</td>
<td>$170.02</td>
<td>$389.50</td>
<td>$233.70</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$239.29</td>
<td>$143.57</td>
<td>$327.96</td>
<td>$196.78</td>
</tr>
<tr>
<td>Employee + Family</td>
<td>$404.77</td>
<td>$242.86</td>
<td>$555.31</td>
<td>$333.19</td>
</tr>
<tr>
<td>Dual Spouse</td>
<td>$114.96</td>
<td>$68.98</td>
<td>$207.78</td>
<td>$124.67</td>
</tr>
<tr>
<td>Dual Spouse + Family</td>
<td>$235.04</td>
<td>$141.02</td>
<td>$337.98</td>
<td>$202.79</td>
</tr>
</tbody>
</table>

## Dental Plans

<table>
<thead>
<tr>
<th>TIER</th>
<th>BASE PLAN</th>
<th>ENHANCED BUY-UP PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MONTHLY RATES</td>
<td>BIWEEKLY RATES</td>
</tr>
<tr>
<td>Employee Only</td>
<td>$5.23</td>
<td>$3.14</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$22.55</td>
<td>$13.53</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$22.83</td>
<td>$13.70</td>
</tr>
<tr>
<td>Employee + Family</td>
<td>$40.51</td>
<td>$24.31</td>
</tr>
<tr>
<td>Dual Spouse</td>
<td>$9.90</td>
<td>$5.94</td>
</tr>
<tr>
<td>Dual Spouse + Family</td>
<td>$27.86</td>
<td>$16.72</td>
</tr>
</tbody>
</table>

## Vision Plan

<table>
<thead>
<tr>
<th>TIER</th>
<th>VISION PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MONTHLY RATES</td>
</tr>
<tr>
<td>Employee Only</td>
<td>$7.43</td>
</tr>
<tr>
<td>Employee + Family</td>
<td>$21.28</td>
</tr>
</tbody>
</table>
Escambia County School District 2021 Annual Required Notices

The following pages include:

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

NOTE: This statement is intended to summarize the benefits you receive from The Escambia County School District. The actual determination of your benefits is based solely on the plan documents provided by the carrier of each plan. This summary is not legally binding, is not a contract, and does not alter any original plan documents. For additional information, please contact the Human Resources department.