



# 2020–2021 Benefit Summary

## Table of Contents

First Things First .....	3
Open Enrollment Schedule .....	4
Benefits Overview .....	4
Enrolling Online .....	4
Accuracy of Enrollee Information.....	5
Eligibility .....	5
PPO Blue Options—05770 and 05901 .....	7
Dental Insurance.....	10
Vision Benefits.....	11
Employee Basic Life Insurance .....	12
Federal Notices.....	13
Important Contacts.....	21
Taylor County School Board Active and Retired Monthly Insurance Premiums 2020-2021 .....	22
Supplemental Benefits .....	24

**If you 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 pages 16–17 for more details.**

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.

The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.

# First Things First

## Choosing Your Benefits

During the year, you have limited opportunities to make your benefit choices. **Make your selections carefully!** The choices you make now will be effective October 1, 2020 through September 30, 2021.

When you're first hired	When you are first hired, your coverage begins on your <b>benefit eligibility date</b> : the first day of the month following your 30th day of full-time employment.  The choices you make as a new hire will be in effect through <b>September 30, 2021</b> .
At Annual Enrollment	Annual Enrollment is your opportunity once each year to evaluate your benefit options and make selections for the following plan year. Benefits selected at Annual Enrollment are effective <b>October 1 through September 30</b> .
If you have a life event	Certain life events may allow you to change your coverage during the year. You have <b>30 days</b> from the date of the event to contact Human Resources and request applicable changes to your benefits.  Life events include: marriage or divorce, adopting a child, custody status change of a child, a change in Medicare or Medicaid eligibility, or a change in your or your spouse's work affecting benefits eligibility.

## Covering Your Family

### Your Spouse

You may cover your legal spouse on your benefit plans including medical, dental, and vision.

### Your Children

Your natural, adopted, foster, step children and children in your custody due to a court order are eligible for benefits with Taylor County School District:

Medical	Through the end of the <b>calendar year</b> when they reach <b>age 30</b> .
Dental & Vision	Dental to the end of the calendar year they turn <b>age 30</b> . Vision to the end to the calendar year they turn <b>age 26</b> .
Child Life	<b>To age 30</b> .

**Disabled dependents:** children who became disabled before age 26 and rely on you for support may be eligible for coverage through the end of the calendar year they turn 30. Contact Human Resources for coverage information.

## New Employees

Welcome to the Taylor County School District! My name is Chris Olson, but please, just call me Chris. I am your benefits coordinator and it is my job to make sure you are aware of all the benefits available to you. Inside this Benefit Summary booklet, you will find all the information you need to make an informed decision about your medical, dental, vision and life insurance needs.

If you **DO NOT** elect the school district's medical insurance, you will be eligible for **Plan A** consisting of the following benefits free of charge:

- » **Term life Insurance** – \$20,000 with USABLE.
- » **Vision Insurance** – Provided by Humana Insights at approved doctors in the area with a \$25.00 copay.
- » **Hospital Income** – \$100 per 24 hour hospital stay ( you must stay in the hospital at least 24 hours to receive this benefit).
- » **Annual Physical** – Up to \$150 reimbursement for your yearly physical.

In order to receive the benefits of Plan A, you must register with me. Please come to my office at any time and I will enroll you. I will need to have a beneficiary for your term life insurance plan that the district provides.

If you elect the district's medical plan, you will not be eligible for Plan A, but the district will pay a portion of your medical insurance. Please see the rate sheets and the district contribution on the last two pages of this booklet.

- » Please review the information contained within, and welcome again to Taylor County. The wellbeing and safety of our staff and students is of the utmost importance. Here is to a great 2020-21 school year. Please call or email if you have any questions.

**Chris Olson, Benefits Coordinator**  
Taylor County School District  
318 North Clark Street  
Perry, FL 32347  
Chris.olson@taylor.k12.fl.us  
850.838.2500 ext.107

# Open Enrollment Schedule

Due to the pandemic and the delay in opening schools we will not be able to have the Open Enrollment team visiting all schools to assist employees in choosing their benefits.

In addition to electing your core benefits (Medical, Dental Vision, and Group Life Insurance), there are supplemental benefits offered. This benefit guide includes contact information and plan summaries for these supplemental benefits offered to Taylor County School District employees and their dependents. You may contact these companies directly and make arrangements for one-on-one consultations either virtually, or in person.

PlanSource is the data management company that provides benefits administration software that automates the enrollment process. This Benefits Guide contains instructions for logging on to PlanSource, setting up your password, and choosing your benefits (see Enrolling Online below).

Please call and I can walk you through the process on the phone or email if you have any questions: Chris Olson, Benefits Coordinator, Taylor County School District, 318 North Clark Street, Perry, FL 32347, [Chris.Olson@taylor12.fl.us](mailto:Chris.Olson@taylor12.fl.us) 850.838.2500 ext. 107.

For those of you that do not have computer access, I will complete the enrollment for you on-line while talking to you. In order for you to receive benefits of any kind, you must be enrolled in the PlanSource System. This includes the free benefits that the school board provides for you.

## Benefits Overview

At Taylor County School District, we believe that benefits are an integral part of your total compensation—that is why it's important that you get the maximum value from your benefit plans.

Taylor County School District is proud to offer a comprehensive benefits package to eligible, full-time employees who work 30 hours or more per week and have 30 days of service.

## Benefit Plans Offered

- » Medical—Florida Blue
- » Dental—Florida Combined Life
- » Vision—Humana
- » Basic Life — USABLE Life (formerly called Florida Combined Life)

Please take the time to know and understand all of your benefits and make the elections that keep pace with the changes in your life. The choices you make during the enrollment process stay in effect throughout the entire plan year of 2020/2021, unless you experience a qualifying event.

## Examples of Qualifying Events

- » Marriage/Divorce
- » Death
- » Change in full-time status
- » Loss of employment
- » Dependent no longer eligible
- » Spouse obtains or loses employment

If you experience a qualifying event during the plan year, it is your responsibility to contact your Human Resources Department to report the change within 30 days or 60 days in the case of a Children's Insurance Program Reauthorization Act of 2009 (CHIPRA) special enrollment. Otherwise, you will not be able to make your changes and will have to wait until the 2021/2022 Annual Open Enrollment Period to make the change.

## Enrolling Online

Enroll Online by logging on to the PlanSource system

- » To access your benefits online go to <https://benefits.plansource.com/>
- » **Enter your username.** Your username is the first initial of your first name, the first six letters of your last name, and the last four numbers of your Social Security number. *For example, if your name is John Williams and the last four digits of your Social Security number is 1234, your username will look like this: jwillia1234*
- » **Enter your password.** Your password is your date of birth in a number format without any punctuation, starting with the year you were born, then the month and then the date. (YYYYMMDD) *For example, if you were born on January 5, 1970, your password will look like this: 19700105*
- » **Returning Users:** If you have previously logged into the benefit system and have forgotten your password, please click on "forgot password" on the main screen for assistance.

**Please note**, after you have logged in successfully, it is imperative to complete the entire open enrollment process and hit the "**Check out button**".

## Over the Phone

- » To enroll over the phone please call the Taylor County Schools Benefit Center at (866) 364.9755 Monday through Friday between the hours of 8:00 a.m. and 8:00 p.m. EST.
- » When you call in over the phone, the Benefit Center is going to ask you to verify the last four digits of your Social Security number and your date of birth. From that point, a representative will walk you through your personal information on file to confirm its accuracy. To help you when you call in, please make sure that you have the dates of birth and Social Security numbers for all of your dependents.
- » If you would like your spouse to speak with a representative on your behalf, please be prepared to first provide verbal authorization. The purpose of the Benefit Center is to help you understand your benefit plans and assist you in making your elections.

If you should have any questions during the enrollment process, pertaining to the above noted information, or are in need of technical support relating to the use of this system, please contact the Taylor County Schools Benefit Center at (866) 364.9755.

**Please remember that open enrollment** is August 4th, 5th, 6th and 7th. Please make sure to make your open enrollment changes timely fashion, the system will close August 20, 2020. Thank you for your cooperation.

**Chris Olson, Coordinator of Employee Services (850) 838.2500 ext.107.**

# Accuracy of Enrollee Information

As we all work toward managing the Taylor County School District's overall health plan costs. It is important that only individuals eligible for benefits are actually enrolled. This helps make coverage more affordable for active employees and retirees who pay the full cost for their benefits.

It is also very important when a dependent no longer qualifies for Taylor County School District's benefits coverage, the dependent is removed and has the opportunity to continue benefit through COBRA.

## Eligibility

All full-time newly hired employees are eligible to participate in the Taylor County School District's group insurance plans effective the 1st day of the month following 30 days of employment. Questions regarding eligibility should be directed to Chris Olson, **850.838.2500 ext 107**.

## Dependent Eligibility

Employee's spouse under a legally valid existing marriage, as defined under Florida Law

- » The Employee's natural, newborn, adopted, Foster, or step child(ren) (or a child for whom the covered employee has been court-appointed as legal guardian or legal custodian) who has not reached the end of the Calendar Year in which he or she reaches age 26 (or in the case of a Foster Child, is no longer eligible under the Foster Child Program), regardless of the dependent child's student or marital status, financial dependency on the Covered Plan Participant, whether the dependent child resides with the Covered Plan Participant, or whether the dependent child is eligible for or enrolled in any other group health plan.
- » The newborn child of a covered dependent child who has not reached the end of the calendar year in which he or she becomes 26. Coverage for such child will automatically terminate 18 months after the birth of the newborn child.

## Extension of Eligibility for Dependent Children

A covered dependent child is covered through the end of the calendar year in which they turn 26. A covered dependent child may continue coverage through the end of the calendar year in which they reach 30, provided they are:

- » Unmarried and does not have a dependent
- » A Florida resident or a full-time or part-time student
- » Not entitled to benefits under Title XVIII of the Social Security Act unless the child is a handicapped dependent child.

## Handicapped Children

In the case of a handicapped dependent child, such child is eligible to continue coverage as a covered dependent, beyond the age of 26, if the child is:

- » Otherwise eligible for coverage under the Group Health Plan;
- » Incapable of self-sustaining employment by reason of mental retardation or physical handicap; and
- » Chiefly dependent upon the Covered Plan Participant for support and maintenance provided that the symptoms or causes of the child's handicap existed prior to the child's 26th birthday.

This eligibility shall terminate on the last day of the month in which the dependent child no longer meets the requirements for extended eligibility as a handicapped child.



## Exception for Students on Medical Leave of Absence from School

- » A Covered Dependent child who is a full-time or part-time student at an accredited post-secondary institution, who takes a physician certified medically necessary leave of absence from school, will still be considered a student for eligibility purposes the earlier of 12 months from the first day of the leave of absence or the date the Covered Dependent would otherwise no longer be eligible for coverage.

## Dental

- » Employee's legal spouse.
- » Employee's dependent children.
- » **Dependent child** refers to:
  - a. each child through the end of the year in which they turn age 30, for whom the Insured or the Insured's spouse, is legally responsible, including:
    - i. natural born children, adopted
    - ii. any child placed with the Insured for adoption, a foster child or other child in court-ordered custody, placed pursuant to Chapter 63 of Florida Code
    - iii. children covered under a Qualified Medical Child Support Order as defined by applicable Federal and State laws.The child must be dependent upon the certificate holder for support and either living in the household of the certificate holder or is a full or part-time student.
  - b. each child age 30 or older who:
    - i. is Totally Disabled due to mental or physical reasons; and
    - ii. becomes Totally Disabled while insured as a dependent under b. above.Coverage for such child will not cease if proof of dependency and disability is given within 31 days of attaining the limiting age and subsequently as may be required by us but not more frequently than annually after the initial two-year period following the child's attaining the limit age. Any costs for providing continuing proof will be at our expense.



## PPO Blue Options—05770 and 05901

The PPO Plans offer services outside the network and provide for freedom of choice for care within the network. **Services rendered outside the network are subject to balance billing, which means the member may be responsible for the difference between the Florida Blue negotiated fee and the provider or facility's retail charge.** The physician network for this plan is Blue Options. The PPO Plans do not require members to choose a Primary Care Physician.

### A brief summary is as follows:

	Blue Options 05770		Blue Options 05901		
Calendar Year Deductible (CYD) (Individual/Family) (PBP)			\$2,000/N/A	\$6,000/N/A	
Coinsurance			50% coinsurance	50% coinsurance	
Out-of-Pocket Maximum (Individual/Family)			\$6,350/\$12,700	\$30,000/\$30,000	
OFFICE SERVICES					
Primary Care Provider Office Visit—PCP	\$35 copay		\$35 copay	50% coinsurance after CYD	
Specialist Office Visit	\$65 copay		\$75 copay	50% coinsurance after CYD	
Convenient Care	\$35 copay		\$35 copay	50% coinsurance after CYD	
PREVENTIVE SERVICES					
			\$0 copay	50% coinsurance	
Mammogram			\$0 copay	\$0 copay	
Routine Colonoscopy (See Age)			\$0 copay	\$0 copay	
EMERGENCY MEDICAL CARE					
Urgent Care Facility	\$65 copay		50% coinsurance after CYD	50% coinsurance after CYD	
Ambulance Service	20% coinsurance after CYD		50% coinsurance after CYD	50% coinsurance after INN CYD	
Emergency Room Facility Services (Per Visit)	\$100 copay		\$50% coinsurance after CYD		
OUTPATIENT DIAGNOSTIC					
Independent Diagnostic Testing Facility Services (per visit)					
Diagnostic Service (Except AIS)	\$100 copay		40% coinsurance after CYD	\$50 copay	50% coinsurance after CYD
Advanced Imaging Services (AIS) CT/ CAT/MRA/MRI,PET Scans	\$100 copay			\$200 copay	
Independent Clinical Lab	\$0 copay		\$0 copay	50% coinsurance after CYD	
Outpatient Hospital Facility Services (Blood Work, X-Rays)					
Option 1	\$100 copay		40% coinsurance after CYD	\$300 copay	50% coinsurance after CYD
Option 2	\$300 copay		\$400 copay		



Group #: 46073  
[www.floridablue.com](http://www.floridablue.com)  
 1.800.352.2583

Download Florida Blue's mobile app for  
 claims information, to access your ID  
 card, find a doctor, and more!

	Blue Options 05770		Blue Options 05901	
HOSPITAL SURGICAL				
Ambulatory Surgical Center Facility	\$100 copay	40% coinsurance after CYD	50% coinsurance after CYD	50% coinsurance after CYD
Outpatient Hospital Facility Services—therapy services (per visit )				
Option 1	\$100 copay	40% coinsurance after CYD	\$80 copay	50% coinsurance after CYD
Option 2	\$300 copay		\$90 copay	
Outpatient Hospital Facility Services—all other services (per visit )				
Option 1	\$100 copay	40% coinsurance after CYD	\$300 copay	50% coinsurance after CYD
Option 2	\$300 copay		\$400 copay	
Inpatient—Hospital Facility and Rehabilitation Services (per admit)				
Option 1	\$750 copay	40% coinsurance after CYD	\$2,000 copay	50% coinsurance after CYD
Option 2	\$1,000 copay		\$3,000 copay	
MENTAL HEALTH/SUBSTANCE ABUSE				
Inpatient—Hospital (per admit)				
Option 1	\$750 copay	40% coinsurance after CYD	\$0 copay	50% coinsurance
Option 2"	\$1,000 copay			
Outpatient Hospital Facility Services (per visit )		40% coinsurance after CYD	\$0 copay	50% coinsurance
Option 1	\$100 copay			
Option 2	\$300 copay			
Emergency Room Facility Services (per visit) CYD	\$100 copay		\$0 copay	
OTHER SERVICES				
Rehabilitation Services				
Outpatient Rehab Center				
Outpatient Hospital Facility (per visit):	\$65 copay		\$75 copay	
Option 1:	\$100 copay	40% coinsurance after CYD	\$80 copay	50% coinsurance after CYD
Option 2:	\$300 copay		\$90 copay	
Home Health	20% coinsurance after CYD	40% coinsurance after CYD	50% coinsurance after CYD	50% coinsurance after CYD
Skilled Nursing Care	20% coinsurance after CYD	40% coinsurance after CYD	50% coinsurance after CYD	50% coinsurance after CYD
Hospice	20% coinsurance after CYD	40% coinsurance after CYD	50% coinsurance after CYD	50% coinsurance after CYD
Durable Medical Equipment	20% coinsurance after CYD	40% coinsurance after CYD	50% coinsurance after CYD	50% coinsurance after CYD
Provider Services Hospital And ER	20% coinsurance after CYD	20% coinsurance after INN CYD	50% coinsurance after CYD	50% coinsurance after INN CYD
Provider Services Other Locations Other Than Office Hospital and ER	20% coinsurance after CYD	40% coinsurance after CYD	50% coinsurance after CYD	50% coinsurance after CYD

\*Services rendered outside the network are subject to balance billing, which means the member may be responsible for the difference between the Florida Blue negotiated fee and the provider or facility's retail charge.



Group #: 46073  
[www.floridablue.com](http://www.floridablue.com)  
 1.800.352.2583

Download Florida Blue's mobile app for claims information, to access your ID card, find a doctor, and more!





	Blue Options 05770		Blue Options 05901	
PRESCRIPTION DRUGS				
Pharmacy Deductible	\$0		\$0	
Generic	\$10	Not covered	\$15	Not covered
Select Brand Name (cancer, HIV)	20% of the allowance or \$50 whichever is greater to a max of \$200	Not covered	20% of the allowance or \$50 whichever is greater to a max of \$200	Not covered
Non-Preferred	Not covered		Not covered	
	MAIL ORDER (90 days)			
Generic	Not covered		Not covered	
Select Brand Name (cancer, HIV)	Not covered		Not covered	
Non-Preferred	Not covered		Not covered	
Monthly Medical Rates—Employee (10 month rate September - June)				
Employee Only	\$266.85		\$119.81	
Employee/Spouse	\$781.94		\$587.50	
Employee/Child(ren)	\$686.60		\$509.32	
Family	\$999.42		\$765.73	
School District's Contribution				
Employee Only			\$325.00	
Employee/Spouse			\$325.00	
Employee/Child(ren)			\$325.00	
Family			\$325.00	

CYD = Calendar Year Deductible

Under the new healthcare legislation, it is required to carry or maintain minimum essential medical insurance either through your employer or independently to avoid a penalty. Taylor County School District provides minimum essential health insurance coverage that meets minimum value standards and is affordable. If you choose to waive the District's medical plan and enroll in Marketplace coverage, you may not be eligible for a Marketplace subsidy or tax credit, and you will also lose the subsidy provided by the District towards District-provided medical insurance.



Group #: 46073  
[www.floridablue.com](http://www.floridablue.com)  
 1.800.352.2583

Download Florida Blue's mobile app for claims information, to access your ID card, find a doctor, and more!



# Dental Insurance

Taylor County School District offers a PPO dental program through Florida Combined Life. Members have the ability to receive services from both an in-network provider or an out-of-network provider. Members are not required to select a primary dental provider to coordinate their care. It is important to remember that members maximize savings when services are performed by an in-network dental provider. **Services performed outside the network are based on a “reasonable and customary” fee schedule and members will be subject to balance billing.**

BlueDental Choice Plus Benefit Summary	
Plan Benefit	
Preventive	100%
Basic	80%
Major	50%
Deductible	
Maximum (per person)	
Allowance	
Waiting Period (Major Services)	
Annual Open Enrollment	

Dental Rates	Monthly (10 month rate September – June)
Employee	\$41.18
Employee + Spouse	\$80.10
Employee + Child(ren)	\$93.26
Family	\$131.03

Sample Procedure Listing		
Preventive	Basic	Major
<ul style="list-style-type: none"> <li>• Routine Exam (2 per benefit period)</li> <li>• Bitewing X-rays (2 per benefit period)</li> <li>• Full Mouth/Panoramic X-rays (1 in 3 years)</li> <li>• Periapical X-rays</li> <li>• Cleaning (2 per benefit period)</li> <li>• Fluoride for Children 18 and under (1 per benefit period)</li> <li>• Sealants (age 16 and under)</li> </ul>	<ul style="list-style-type: none"> <li>• Restorative Amalgams</li> <li>• Restorative Composites</li> <li>• Endodontics (nonsurgical)</li> <li>• Endodontics (surgical)</li> <li>• Periodontics (nonsurgical)</li> <li>• Periodontics (surgical)</li> <li>• Denture Repair</li> <li>• Simple Extractions</li> <li>• Complex Extractions</li> <li>• Anesthesia</li> <li>• Space Maintainers</li> </ul>	<ul style="list-style-type: none"> <li>• Onlays</li> <li>• Crowns (1 in 5 years per tooth)</li> <li>• Crown Repair</li> <li>• Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years)</li> <li>• Complete Dentures</li> <li>• Partial Dentures</li> </ul>



Group #: 46073  
[www.floridabluedental.com](http://www.floridabluedental.com)  
 1.888.223.4892

Download Florida Blue's mobile app for claims information, to access your ID card, find a dentist, and more!



# Vision Benefits

## Humana Vision Plan

Vision Rates	Monthly (10 month rate September – June)
Employee Only	\$7.84

### An outline of the benefits is as follows:

Vision Plan Summary		
	In-Network	Out-of-Network
Exam with dilation as necessary	100% after \$10 copay	\$35 allowance
Lenses		
Single	100% after \$15 copay	\$20 allowance
Bifocal	100% after \$15 copay	\$40 allowance
Trifocal	100% after \$15 copay	\$60 allowance
Frames	\$45 wholesale allowance	\$45 retail allowance
Contact Lenses <sup>1</sup>		
Elective (conventional and disposable) <sup>2</sup>	\$120 allowance	\$120 allowance
Medically necessary (limit one pair) <sup>3</sup>	100%	\$150 allowance
Frequency (based on date of service)		
Examination	Once every 12 months	Once every 12 months
Lenses or contact lenses	Once every 12 months	Once every 12 months
Frame	Once every 24 months	Once every 24 months

Copays apply to in-network benefits. Copays for out-of-network visits are deducted from reimbursements. Contact lenses are in lieu of eyeglass lenses and frames benefit.

### Additional plan discounts through participating providers

- » Members receive additional fixed copayments on lens options, including anti-reflective and scratch-resistant coatings.
- » Members also receive a 20% retail discount on a second pair of eyeglasses. This discount is available for 12 months after the covered eye exam and available through the participating provider who sold the initial pair of eyeglasses.
- » After copay, standard polycarbonate available at no charge for dependents less than 19 years old

<sup>1</sup>If a member prefers contact lenses, the plan provides an allowance for contacts in lieu of all other benefits (including frames).

<sup>2</sup>The contact lens allowance applies to professional services (evaluation and fitting fee) and materials. Members receive a 15 percent discount on participating provider professional services. The discount for professional services is available for 12 months after the covered eye exam.

<sup>3</sup>Benefit provides coverage for professional services and one pair of medically necessary contact lenses with prior plan authorization.



Group #: 865205  
[www.humanavisioncare.com](http://www.humanavisioncare.com)  
 1.866.537.0229

# Employee Basic Life Insurance

## Employee Life and Accidental Death and Dismemberment Insurance (AD&D)

The School District offers employee Basic Life Insurance through USABLE Life. Each employee is covered for a flat amount of \$20,000 for basic life and AD&D. The School District pays the cost of this insurance.

**USABLE Life Customer Service: 800.370.5856**

Voluntary Group Term Life (Class 1)			
All active, Full-Time Employees of the Employer working a minimum of 20 hours per week			
Units of \$10,000 up to the lesser of 5 times your annual compensation to a minimum benefit \$10,000 maximum benefit \$100,000		Guaranteed Issue—\$100,000	
Group Term Life Retirees (Class 2)			
Retirees			
Option 1 —\$5,000	Option 2—\$10,000	Option 3—\$15,000	Option 4 —\$20,000
Voluntary Group Term Life Dependents (Class 3)			
Dependent: (employee must participate in the voluntary life plan for dependents to participate—Class 1 only)			
• Spouse—Units of \$5,000 to a maximum of \$30,000 » Guaranteed Issue \$10,000	• Infant—14 days to (6) six months \$500		• Child—6 months to 30 years » Units of \$2,000 to a maximum benefit of \$10,000 » All are Guaranteed Issue

As a newly eligible employee, you may elect up to the guaranteed issue limit with no medical questions required. Any requests to enroll or increase coverage after the first opportunity will require a medical questionnaire be submitted.



Group #: 50036163  
[www.usablelife.com](http://www.usablelife.com)  
[custserv@usablelife.com](mailto:custserv@usablelife.com)  
 1.800.370.5856

## Federal Notices

Please find below notices regarding Taylor County School District's medical plan. If you'd like additional information about any of these notices or your rights under them, please contact Chris Olson, Employee Services Coordinator, at **850.838.2500**, [chris.olson@taylor.k12.fl.us](mailto:chris.olson@taylor.k12.fl.us).

1. HIPAA Special Enrollment
2. Children's Health Insurance Program (CHIP)
3. Women's Health and Cancer Rights Act
4. Newborns' and Mothers' Health Protection Act
5. Michelle's Law
6. COBRA General Notice
7. Notice of Non-Creditable Drug Coverage
8. HIPAA Privacy Notice
9. USERRA Rights

### HIPAA Special Enrollment

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact Chris Olson, Employee Services Coordinator, at **850.838.2500**.

### Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a state listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are **not** currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **877.KIDS.NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call **866.444.EBSA (3272)**.

**If you live in Florida, you may be eligible for assistance paying your employer health plan premiums. The contact information is as follows:**

#### Florida — Medicaid

Website: <http://flmedicaidptlrecovery.com/hipp/>  
Phone: 1.877.357.3268

### Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- » All stages of reconstruction of the breast on which the mastectomy was performed;
- » Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- » Prostheses; and
- » Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

If you would like more information on WHCRA benefits, call your plan administrator Chris Olson, Employee Services Coordinator, at **850.838.2500**.

### Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital



length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

## Michelle's Law

Michelle's Law requires group health plans to provide continued coverage for certain dependents who are covered under the School District's group health plan as a student if they lose their student status because they take a medically necessary leave of absence from school. This continuation of coverage is described below.

If your dependent is no longer a student, as defined in the plan, because he/she is on a medically necessary leave of absence, your dependent may continue to be covered under the plan for up to one year from the beginning of the leave of absence. This continued coverage applies if, immediately before the first day of the leave of absence, your dependent was (1) covered under the plan and (2) enrolled as a student at a post-secondary educational institution (includes colleges, universities, some trade schools and certain other post-secondary institutions). For purposes of this continued coverage, a "medically necessary leave of absence" means a leave of absence from a post-secondary educational institution, or any change in enrollment of the dependent at the institution, that:

1. begins while the dependent is suffering from a serious illness or injury,
2. is medically necessary, and
3. causes the dependent to lose student status for purposes of coverage under the plan.

The coverage provided to dependents during any period of continued coverage:

1. is available for up to one year after the first day of the medically necessary leave of absence, but ends earlier if coverage under the plan would otherwise terminate, and
2. stays the same as if your dependent had continued to be a covered student and had not taken a medically necessary leave of absence.

If the coverage provided by the plan is changed under the plan during this one-year period, the plan will provide the changed coverage for the dependent for the remainder of the medically necessary leave of absence unless, as a result of the change, the plan no longer provides coverage for these dependents.

If you believe your dependent is eligible for this continued coverage, the dependent's treating physician must provide a written certification to the plan stating that your dependent is suffering from a serious illness or injury and that the leave of absence (or other change in enrollment) is medically necessary.

## COBRA General Notice of Continuation Coverage Rights

### Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

**You may have other options available to you when you lose group health coverage.** For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

### What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary

if you lose your coverage under the Plan because of the following qualifying events:

- » Your hours of employment are reduced, or
- » Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- » Your spouse dies;
- » Your spouse's hours of employment are reduced;
- » Your spouse's employment ends for any reason other than his or her gross misconduct;
- » Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- » You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- » The parent-employee dies;
- » The parent-employee's hours of employment are reduced;
- » The parent-employee's employment ends for any reason other than his or her gross misconduct;
- » The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both); or
- » The parents become divorced or legally separated; or
- » The child stops being eligible for coverage under the Plan as a "dependent child."

Sometimes, filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to Taylor County School District, and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee will become a qualified beneficiary. The retired employee's spouse, surviving spouse, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

## When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- » The end of employment or reduction of hours of employment;
- » Death of the employee;
- » Commencement of a proceeding in bankruptcy with respect to the employer; or

- » The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

**For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: Chris Olson, Employee Services Coordinator, at 850.838.2500.**

## How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

### Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

### Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the

second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

### **Are there other coverage options besides COBRA Continuation Coverage?**

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at [www.healthcare.gov](http://www.healthcare.gov).

### **If you have questions**

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit [www.dol.gov/ebsa](http://www.dol.gov/ebsa). (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit [www.healthcare.gov](http://www.healthcare.gov).

### **Keep your Plan informed of address changes**

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

### **Plan contact information**

Chris Olson, Employee Services Coordinator, **850.838.2500**.

## **Notice of Non-Creditable Drug Coverage**

### **Important Notice from Taylor County School District About Your Prescription Drug Coverage and Medicare**

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Taylor County School District and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are three important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this

coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. Taylor County School District has determined that the prescription drug coverage offered by Taylor County School District is, on average for all plan participants, NOT expected to pay out as much as standard Medicare prescription drug coverage pays. Therefore, your coverage is considered Non-Creditable Coverage. This is important because, most likely, you will get more help with your drug costs if you join a Medicare drug plan, than if you only have prescription drug coverage from the Taylor County School District. This also is important because it may mean that you may pay a higher premium (a penalty) if you do not join a Medicare drug plan when you first become eligible.
3. You can keep your current coverage with the Taylor County School District. However, because your coverage is non-creditable, you have decisions to make about Medicare prescription drug coverage that may affect how much you pay for that coverage, depending on if and when you join a drug plan. When you make your decision, you should compare your current coverage, including what drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area. Read this notice carefully - it explains your options

### **When can you join a Medicare Drug Plan?**

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 to December 7.

However, if you decide to drop your current coverage with Taylor County School District, since it is employer sponsored group coverage, you will be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan; however you also may pay a higher premium (a penalty) because you did not have creditable coverage under the School District's plan.

### **When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?**

Since the coverage under the School District's plan, is not creditable, depending on how long you go without creditable prescription drug coverage you may pay a penalty to join a Medicare drug plan. Starting with the end of the last month that you were first eligible to join a Medicare drug plan but didn't join, if you go 63 continuous days or longer without prescription drug coverage that's creditable, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the

Medicare base beneficiary premium. You may have to pay this higher premium (penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

## What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current School District's coverage will not be affected. You can keep the School District's coverage if you elect part D and the School District's plan will coordinate with Part D coverage.

If you do decide to join a Medicare drug plan and drop your current School District's coverage, be aware that you will not be able to get this coverage back.

## For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. You will also get it before the next period you can join a Medicare drug plan and if this coverage through Taylor County School District changes. You also may request a copy of this notice at any time.

## For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

## For More Information About Medicare Prescription Drug Coverage:

- » Visit [www.medicare.gov](http://www.medicare.gov).
- » Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.
- » Call **1.800.MEDICARE (1.800.633.4227)**. TTY users should call **1.877.486.2048**.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at **1.800.772.1213** (TTY **1.800.325.0778**).

**Date:** 10/1/2020  
**Name of Entity:** Taylor County School District  
**Contact Position/Office:** Chris Olson — Employee Services Coordinator  
**Address:** 318 North Clark Street,  
Perry, FL 32347  
**Phone Number:** 850.838.2500 ext 107

## HIPAA Privacy Notice

### Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

### Your Rights

You have the right to:

- » Get a copy of your health and claims records
- » Correct your health and claims records
- » Request confidential communication
- » Ask us to limit the information we share
- » Get a list of those with whom we've shared your information
- » Get a copy of this privacy notice
- » Choose someone to act for you
- » File a complaint if you believe your privacy rights have been violated

### Your Choices

You have some choices in the way that we use and share information as we:

- » Answer coverage questions from your family and friends
- » Provide disaster relief
- » Market our services and sell your information

### Our Uses and Disclosures

We may use and share your information as we:

- » Help manage the health care treatment you receive
- » Run our organization
- » Pay for your health services
- » Administer your health plan
- » Help with public health and safety issues
- » Do research
- » Comply with the law
- » Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- » Address workers compensation, law enforcement, and other government requests
- » Respond to lawsuits and legal actions

### Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.



## Get a copy of health and claims records

- » You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- » We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

## Ask us to correct health and claims records

- » You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- » We may say “no” to your request, but we’ll tell you why in writing within 60 days.

## Request confidential communications

- » You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- » We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

## Ask us to limit what we use or share

- » You can ask us not to use or share certain health information for treatment, payment, or our operations.
- » We are not required to agree to your request, and we may say “no” if it would affect your care.

## Get a list of those with whom we’ve shared information

- » You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- » We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

## Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

## Choose someone to act for you

- » If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- » We will make sure the person has this authority and can act for you before we take any action.

## File a complaint if you feel your rights are violated

- » You can complain if you feel we have violated your rights by contacting us using the information on page 1.

- » You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling **1.877.696.6775**, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- » We will not retaliate against you for filing a complaint.

## Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- » Share information with your family, close friends, or others involved in payment for your care
- » Share information in a disaster relief situation

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

In these cases we never share your information unless you give us written permission:

- » Marketing purposes
- » Sale of your information

## Our Uses and Disclosures

### How do we typically use or share your health information?

We typically use or share your health information in the following ways.

### Help manage the health care treatment you receive

We can use your health information and share it with professionals who are treating you.

*Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.*

### Run our organization

- » We can use and disclose your information to run our organization and contact you when necessary.
- » We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long-term care plans.

*Example: We use health information about you to develop better services for you.*



## Pay for your health services

We can use and disclose your health information as we pay for your health services.

*Example: We share information about you with your dental plan to coordinate payment for your dental work.*

## Administer your plan

We may disclose your health information to your health plan sponsor for plan administration.

*Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.*

## How else can we use or share your health information?

We are allowed or required to share your information in other ways — usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

## Help with public health and safety issues

We can share health information about you for certain situations such as:

- » Preventing disease
- » Helping with product recalls
- » Reporting adverse reactions to medications
- » Reporting suspected abuse, neglect, or domestic violence
- » Preventing or reducing a serious threat to anyone's health or safety

## Do research

We can use or share your information for health research.

## Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

## Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- » We can share health information about you with organ procurement organizations.
- » We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

## Address workers compensation, law enforcement, and other government requests

We can use or share health information about you:

- » For workers compensation claims
- » For law enforcement purposes or with a law enforcement official

- » With health oversight agencies for activities authorized by law
- » For special government functions such as military, national security, and presidential protective services

## Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

## Our Responsibilities

- » We are required by law to maintain the privacy and security of your protected health information.
- » We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- » We must follow the duties and privacy practices described in this notice and give you a copy of it.
- » We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

## Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.

## Other Information

- » Privacy Notice Effective Date: 10/1/2019
- » Contact Information: Chris Olson, Employee Services Coordinator, **850.838.2500**, [chris.olson@taylor.k12.fl.us](mailto:chris.olson@taylor.k12.fl.us)

## Your Rights Under USERRA



# YOUR RIGHTS UNDER USERRA

## THE UNIFORMED SERVICES EMPLOYMENT AND REEMPLOYMENT RIGHTS ACT

USERRA protects the job rights of individuals who voluntarily or involuntarily leave employment positions to undertake military service or certain types of service in the National Disaster Medical System. USERRA also prohibits employers from discriminating against past and present members of the uniformed services, and applicants to the uniformed services.

### REEMPLOYMENT RIGHTS

You have the right to be reemployed in your civilian job if you leave that job to perform service in the uniformed service and:

- ☆ you ensure that your employer receives advance written or verbal notice of your service;
- ☆ you have five years or less of cumulative service in the uniformed services while with that particular employer;
- ☆ you return to work or apply for reemployment in a timely manner after conclusion of service; and
- ☆ you have not been separated from service with a disqualifying discharge or under other than honorable conditions.

If you are eligible to be reemployed, you must be restored to the job and benefits you would have attained if you had not been absent due to military service or, in some cases, a comparable job.

### RIGHT TO BE FREE FROM DISCRIMINATION AND RETALIATION

If you:

- ☆ are a past or present member of the uniformed service;
- ☆ have applied for membership in the uniformed service; or
- ☆ are obligated to serve in the uniformed service;

then an employer may not deny you:

- ☆ initial employment;
- ☆ reemployment;
- ☆ retention in employment;
- ☆ promotion; or
- ☆ any benefit of employment

because of this status.

In addition, an employer may not retaliate against anyone assisting in the enforcement of USERRA rights, including testifying or making a statement in connection with a proceeding under USERRA, even if that person has no service connection.

### HEALTH INSURANCE PROTECTION

- ☆ If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents for up to 24 months while in the military.
- ☆ Even if you don't elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions (e.g., pre-existing condition exclusions) except for service-connected illnesses or injuries.

### ENFORCEMENT

- ☆ The U.S. Department of Labor, Veterans Employment and Training Service (VETS) is authorized to investigate and resolve complaints of USERRA violations.
- ☆ For assistance in filing a complaint, or for any other information on USERRA, contact VETS at **1-866-4-USA-DOL** or visit its **website at <http://www.dol.gov/vets>**. An interactive online USERRA Advisor can be viewed at **<http://www.dol.gov/elaws/userra.htm>**.
- ☆ If you file a complaint with VETS and VETS is unable to resolve it, you may request that your case be referred to the Department of Justice or the Office of Special Counsel, as applicable, for representation.
- ☆ You may also bypass the VETS process and bring a civil action against an employer for violations of USERRA.

The rights listed here may vary depending on the circumstances. The text of this notice was prepared by VETS, and may be viewed on the internet at this address: <http://www.dol.gov/vets/programs/userra/poster.htm>. Federal law requires employers to notify employees of their rights under USERRA, and employers may meet this requirement by displaying the text of this notice where they customarily place notices for employees.



**U.S. Department of Labor**  
**1-866-487-2365**



**U.S. Department of Justice**



**Office of Special Counsel**



**1-800-336-4590**

Publication Date—October 2008

## Important Contacts

Making sure your benefit questions are answered is important to us. We realize, however, that it is not always possible for you to call during business hours or for the Benefits Office to be available when you call. Alternatively, you may call the vendor directly at the customer service numbers listed below:

Benefit	Phone	Website
Human Resources	850.838.2500	Chris Olson Employee Services Coordinator <b><a href="mailto:chris.olson@taylor.k12.fl.us">chris.olson@taylor.k12.fl.us</a></b>
Medical Insurance— Florida Blue Group #46073	800.352.2583	<a href="http://www.floridablue.com">www.floridablue.com</a>
Dental Insurance—Florida Combined Life Group #46073	1.888.223.4892 1.877.325.3979	<a href="http://www.floridabluedental.com">www.floridabluedental.com</a>
Vision Insurance—Humana Group #865205	866.537.0229	<a href="http://www.humanavisioncare.com">www.humanavisioncare.com</a>
Life Insurance—USABLE Life Voluntary Life Insurance Basic Life Group #50036163	800.370.5856	<a href="http://www.usablelife.com">www.usablelife.com</a> Email: <a href="mailto:custserv@usablelife.com">custserv@usablelife.com</a>





# Taylor County School Board Active and Retired Monthly Insurance Premiums 2020-2021

## Plan #05770\*\*

### ACTIVE EMPLOYEE PREMIUMS COLLECTED OVER 10 MONTHS COVERAGE 12 MONTHS Plan #05770

Employee Health Insurance		New Rates	Board Contribution	Total Cost of Program	Change to Employee Cost
10-108 Employee	Plan C	\$266.85	\$325.00	\$591.85	\$5.23
10-109 Employee/Spouse	Plan C-1	\$781.94	\$325.00	\$1,106.94	\$15.33
10-110-Employee Child(ren)	Plan C-2	\$686.60	\$325.00	\$1,011.60	\$13.46
10-111-Employee/Family	Plan C-3	\$999.42	\$325.00	\$1,324.42	\$19.60
Employee Dental Insurance		New Rates	Board Contribution	Total Cost of Program	Change to Employee Cost
10-101 Employee	Plan A-1	\$41.18		\$41.18	\$1.20
10-102 Employee/Spouse	Plan A-2	\$80.10		\$80.10	\$2.34
10-103-Employee Child(ren)	Plan A-3	\$93.26		\$93.26	\$2.74
10-104-Employee/Family	Plan A-4	\$131.03		\$131.03	\$3.83
Employee Vision Insurance		New Rates	Board Contribution	Total Cost of Program	Change to Employee Cost
10-101- Employee		\$7.84		\$7.84	No change
10-102- Family		\$25.25		\$25.25	No change
10-103-Employee Plan A			\$7.84	\$7.84	No change
10-104-Employee Family		\$17.41	\$7.84	\$25.25	No change

### RETIREE PREMIUMS COLLECTED OVER 12 MONTHS

Under 65 Retiree Rates					
Non-Medicare/ Health		New Rates	Board Contribution	Total Cost of Program	Change to Retiree Cost
Employee Only		\$493.21			\$16.86
Employee/Spouse		\$922.45			\$25.27
Employee/Child(ren)		\$843.00			\$23.71
Employee/Family		\$1,103.68			\$28.83
Dental Insurance		New Rates	Board Contribution	Total Cost of Program	Change to Retiree Cost
Employee Only		\$34.31			\$0.99
Employee/Spouse		\$66.75			\$1.95
Employee/Child(ren)		\$77.71			\$2.28
Employee/Family		\$109.19			\$3.19
Vision Insurance		New Rates	Board Contribution	Total Cost of Program	Change to Retiree Cost
Employee Only		\$6.53			No change
Employee/Family		\$21.04			No change
Over 65/Medicare					
Health		New Rates	Board Contribution	Total Cost of Program	Change to Retiree Cost
Employee Only		\$493.21			\$16.86
Employee/Spouse		\$922.45			\$25.27
Dental Insurance		New Rates	Board Contribution	Total Cost of Program	Change to Retiree Cost
Employee Only		\$34.31			\$0.99
Employee/Spouse		\$66.75			\$1.95
Vision Insurance		New Rates	Board Contribution	Total Cost of Program	Change to Retiree Cost
Employee Only		\$6.53			No change
Employee/Spouse		\$21.04			No change

## High Deductible Plan \$2,000 50/50 Payout Plan #5901\*\*

### ACTIVE EMPLOYEE PREMIUMS COLLECTED OVER 10 MONTHS COVERAGE 12 MONTHS

Employee Health Insurance		New Rates	Board Contribution	Total Cost of Program	Change to Employee Cost
10-108 Employee	Plan C	\$119.81	\$325.00	\$444.81	\$2.35
10-109 Employee/Spouse	Plan C-1	\$587.50	\$325.00	\$912.50	\$11.52
10-110-Employee Child(ren)	Plan C-2	\$509.32	\$325.00	\$834.32	\$9.99
10-111-Employee/Family	Plan C-3	\$765.73	\$325.00	\$1,090.73	\$15.01
Employee Dental Insurance		New Rates	Board Contribution	Total Cost of Program	Change to Employee Cost
10-101 Employee	Plan A-1	\$41.18		\$41.18	\$1.20
10-102 Employee/Spouse	Plan A-2	\$80.10		\$80.10	\$2.34
10-103-Employee Child(ren)	Plan A-3	\$93.26		\$93.26	\$2.74
10-104-Employee/Family	Plan A-4	\$131.03		\$131.03	\$3.83
Employee Vision Insurance		New Rates	Board Contribution	Total Cost of Program	Change to Employee Cost
10-101- Employee		\$7.84		\$7.84	No change
10-102- Family		\$25.25		\$25.25	No change
10-103-Employee Plan A			\$7.84	\$7.84	No change
10-104-Employee/Family		\$17.41	\$7.84	\$25.25	No change

### RETIREE PREMIUMS COLLECTED OVER 12 MONTHS

Under 65 Retiree Rates					
Non-Medicare/ Health		New Rates	Board Contribution	Total Cost of Program	Change to Retiree Cost
Employee Only		\$370.68		\$370.68	\$14.46
Employee/Spouse		\$760.42		\$760.42	\$22.10
Employee/Child(ren)		\$695.27		\$695.27	\$20.83
Employee/Family		\$908.94		\$908.94	\$25.01
Dental Insurance		New Rates	Board Contribution	Total Cost of Program	Change to Retiree Cost
Employee Only		\$41.18		\$41.18	\$1.20
Employee/Spouse		\$80.10		\$80.10	\$2.34
Employee/Child(ren)		\$93.26		\$93.26	\$2.74
Employee/Family		\$131.03		\$131.03	\$3.83
Vision Insurance		New Rates	Board Contribution	Total Cost of Program	Change to Retiree Cost
Employee Only		\$6.53		\$6.53	No change
Employee Family		\$21.04		\$21.04	No change
Over 65/Medicare					
Health		New Rates	Board Contribution	Total Cost of Program	Change to Retiree Cost
Employee Only		\$370.68		\$370.68	\$14.46
Employee/Spouse		\$760.42		\$760.42	\$22.10
Dental Insurance		New Rates	Board Contribution	Total Cost of Program	Change to Retiree Cost
Employee Only		\$41.18		\$41.18	\$1.20
Employee/Spouse		\$80.10		\$80.10	\$2.34
Vision Insurance		New Rates	Board Contribution	Total Cost of Program	Change to Retiree Cost
Employee Only		\$6.53		\$6.53	No change
Employee/Spouse		\$21.04		\$21.04	No change



# PlanMember 403(b) & 457(b) Savings Program

## Florida Participant Summary Sheet

	PlanMember Elite	PlanMember Strategist	PlanMember Retirement Select
<b>Type of Investment Program</b>	<b>Mutual fund-based investment advisory program</b>	<b>Mutual fund-based investment advisory program</b>	<b>Mutual funds with PlanMember Financial Professional selection assistance</b>
<b>Account Types</b>	403(b), 457(b)	403(b), 457(b)	403(b), 457(b)
<b>Who Should Consider This Program?</b>	Investors that would prefer a professionally-managed investment portfolio suited to their unique investment goals, risk tolerance and time horizon	Investors who desire a professionally-managed investment portfolio suited to their personal investor profile. The Strategist Program allows investors to shift the responsibility of selecting and monitoring funds to the investment professionals at either of the three Strategist partners.	Investors who wish to select their own investments with the assistance of their PlanMember Financial Professional
<b>Investment Program Description</b>	<p>Professionally-managed PlanMember Services Asset Allocation Portfolios consisting of strategic combinations of no-load mutual funds.* Investment objectives range from safety of principal and inflation protection to maximum long-term growth. The program includes five Index portfolios, which generally favor index funds, five Hybrid portfolios, which supplements index funds with actively-managed funds and five Active portfolios which generally favors actively managed funds.</p> <p><i>*An annual asset-based fee will apply as well as other internal expenses and fees of the funds.</i></p>	<p>Professionally-managed investment portfolios managed by three outside investment Strategists.</p> <p><b>CLS</b> - Five portfolios managed by CLS Investments, LLC using no-load funds* from AdvisorOne Funds and American Funds.</p> <p><b>Dimensional Fund Advisors (DFA)</b> - Five portfolios managed by DFA using no-load funds* from DFA.</p> <p><b>Russell</b> - Ten portfolios (five for retirement accounts, five for tax-managed accounts) managed by Russell Investments using no-load funds* from Russell funds.</p> <p><i>*An annual asset-based fee will apply as well as other internal expenses and fees of the funds.</i></p>	Access to more than 600 mutual funds in retirement share classes from 20 fund companies <sup>4</sup>
<b>Product Features and Member Services</b>	<ul style="list-style-type: none"> <li>Customized Plan &amp; Savings Analysis™ and Online Retirement Plan Review™</li> <li>Personalized asset allocation portfolio recommendations</li> <li>Experienced investment management team that makes asset allocation decisions, selects mutual funds, reviews fund literature, monitors portfolio managers and fund performance</li> <li>Strategic portfolio rebalancing</li> <li>Toll-free service center and web account access</li> <li>Semi-annual membership newsletter, quarterly consolidated account statement, quarterly Financial Market Outlook and Portfolio Strategy, personalized membership card</li> </ul>	<ul style="list-style-type: none"> <li>Mutual fund selection and investment advisory services</li> <li>Customized Plan &amp; Savings Analysis</li> <li>Online Retirement Plan Review</li> <li>Personalized membership card</li> <li>Toll-free service center and web account access</li> <li>Semi-annual membership newsletter</li> <li>Quarterly Financial Market Outlook and Portfolio Strategy</li> <li>Quarterly consolidated account statement</li> </ul>	<ul style="list-style-type: none"> <li>Investment assistance from a PlanMember Advisor</li> <li>Toll-free service center and web account access</li> <li>Links to web-based fund research</li> <li>Semi-annual membership newsletter, quarterly consolidated account statement, quarterly Financial Market Outlook, personalized membership card</li> </ul>
<b>Mutual Fund Companies</b>	<p>American Century, American Funds, Delaware, Dimensional Fund Advisors, Federated, Fidelity, Invesco, T. Rowe Price and Vanguard*</p> <p><i>*Funds and/or fund companies subject to change without notice.</i></p>	<p>AdvisorOne Funds, American Funds, Dimensional Fund Advisors and Russell*</p> <p><i>*Funds and/or fund companies subject to change without notice.</i></p>	1290 Funds (R), Alliance Bernstein (R), American Century (R), American Funds (R3), BlackRock (R), Deutsche Asset Management (R), Federated (R), Fidelity Advisors (M), Hartford (R3), Invesco (R), Ivy (R), Janus Henderson (R), John Hancock (R3), MFS (R2), Neuberger Berman (R3), PIMCO (R), Pioneer (R), Putnam (R) and T. Rowe Price (R)
<b>Mutual Fund Internal Expenses<sup>1</sup></b>	<p><b>Index Portfolios: 0.08% - 0.09%;</b> Average: 0.09%</p> <p><b>Hybrid Portfolios: 0.15% - 0.33%;</b> Average: 0.25%</p> <p><b>Active Portfolios: 0.29% - 0.41%;</b> Average: 0.36%</p>	<p><b>CLS Portfolios: 0.66% - 0.80%;</b> Average: 0.74%</p> <p><b>DFA Portfolios: 0.22% - 0.30%;</b> Average: 0.26%</p> <p><b>Russell Portfolios: 0.65% - 0.99%;</b> Average: 0.83%</p>	Depends on funds selected. See prospectus.
<b>Sales Charges</b>	None	None	None
<b>Program Fees</b>	<p><b>Asset-based Advisory Fee:</b><sup>2</sup> Maximum of 1.75%. Maximum fee may be lower for certain Employer Groups. Additionally, fees may be reduced depending on Individual and/or Employer Group assets. Ask your PlanMember Financial Professional for pricing specific to your Employer Group.</p> <p><b>Account Service Fee:</b><sup>3</sup> \$50 plus 0.025% of assets annually (maximum of \$65). Waived for participants with over \$150,000 in combined PlanMember Advisor and/or PlanMember Strategist assets.</p>	<p><b>Asset-based Advisory Fee:</b><sup>2</sup> Maximum of 1.75%. Maximum fee may be lower for certain Employer Groups. Additionally, fees may be reduced depending on Individual and/or Employer Group assets. Ask your PlanMember Financial Professional for pricing specific to your Employer Group.</p> <p><b>Account Service Fee:</b><sup>3</sup> \$50 plus 0.025% of assets annually (maximum of \$65). Waived for participants with over \$150,000 in combined PlanMember Advisor and/or PlanMember Strategist assets.</p>	<p><b>Account Service Fee:</b><sup>3</sup> \$50 annually. Waived for participants with over \$150,000 in combined PlanMember Advisor and/or PlanMember Strategist assets.</p> <p><b>Custody and Administration Fee:</b> 0.10% annually<sup>5</sup></p>
<b>403(b) &amp; 457(b) Loan Program</b>	Yes. \$100 loan set-up fee. No annual maintenance fee.	Yes. \$100 loan set-up fee. No annual maintenance fee.	Yes. \$100 loan set-up fee. No annual maintenance fee.

## Florida 403(b) & 457(b) Participant Summary Sheet (continued)

	AXA Equitable's EQUI-VEST® Strategies <sup>SM</sup> (Series 900) Variable Annuity	Annuity Investors Life GreatFlex 6 <sup>SM</sup> Fixed Annuity																
Type of Product	Flexible premium variable annuity <sup>6</sup> for participants in the Independent Benefit Council (IBC) Model Plan	Flexible premium fixed deferred annuity																
Insurance Company	AXA Equitable Life Insurance Company	Issued by Annuity Investors Life Insurance Company®																
Who Should Consider This Product?	For participants looking for a variable annuity that offers multiple investment options, death benefit protection and a number of payout options	The Annuity Investors Life GreatFlex 6 Fixed Annuity is a flexible premium fixed deferred annuity designed for PlanMember participants desiring guaranteed returns <sup>13</sup> and competitive interest rates <sup>14</sup>																
Product Features and Planmember Program Services	<ul style="list-style-type: none"><li>• Structured Investment Option<sup>7</sup></li><li>• Guaranteed Interest Option<sup>8</sup></li><li>• More than 40 Variable Investment Options</li><li>• Dollar Cost Averaging</li><li>• Standard Death Benefit</li><li>• Beneficiary Continuation Option</li></ul>	<ul style="list-style-type: none"><li>• Additional first year interest on each purchase payment</li><li>• Terminal Illness waiver</li><li>• Extended Care waiver</li><li>• Toll-free service center and web account access</li><li>• Semi-annual membership newsletter, quarterly consolidated account statement, quarterly Financial Market Outlook, personalized membership card</li></ul>																
Fees and Charges	<p><b>Total annual separate account charge</b>—Annual mortality and expense risks charge and other expenses: 0.90%</p> <p><b>Underlying variable investment option operating expenses</b>—Vary by variable investment option (range 0.62% to 1.44%).</p> <p><b>Annual administrative charge</b>—Lower of \$30 or 2% of the account value plus any amounts previously withdrawn during the contract year. Waivers may apply (see EQUI-VEST® Strategies<sup>SM</sup> (Series 900) Participant Fact Sheet for details).</p> <p><b>Withdrawal charge schedule</b>— All withdrawals made under the EQUI-VEST® Strategies<sup>SM</sup> contract, for purposes of direct benefit payments to plan participants as provided under the terms of the contract, will not be subject to any contingent withdrawal charge. See EQUI-VEST® Strategies<sup>SM</sup> Participant Fact Sheet for a list of allowable circumstances. If the plan or contract is terminated or withdrawals are made that are not for purposed of the direct benefit payment to plan participants, (including for transfers to other funding vehicles) then such withdrawals will be assessed a contingent withdrawal charge based on the following:</p> <table><tr><td>Year</td><td>1-5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11+</td></tr><tr><td>Charge</td><td>6%</td><td>5%</td><td>4%</td><td>3%</td><td>2%</td><td>1%</td><td>0%</td></tr></table>	Year	1-5	6	7	8	9	10	11+	Charge	6%	5%	4%	3%	2%	1%	0%	<p>Each purchase payment will have its own six-year early withdrawal charge period. The early withdrawal charge will be calculated according to the following schedule: 9%, 8%, 7%, 6%, 5%, 4%, 0%. Free annual withdrawals of up to 10% of the account value as of the most recent contract anniversary after the first year.</p> <p>After the 10th contract anniversary, no early withdrawal charges will be applied. The early withdrawal charge is also waived:</p> <ul style="list-style-type: none"><li>• Upon the death of the owner,</li><li>• On amounts annuitized before the 10th contract anniversary for a period of five years or longer, or</li><li>• After the seventh year of a 403(b) TSA or Governmental/Non-Governmental 457(b) plan when owner is age 55 or older and separated from service. This waiver also applies to contributions made by the employer if the contract is issued with an employer plan endorsement.<sup>15</sup></li></ul>
Year	1-5	6	7	8	9	10	11+											
Charge	6%	5%	4%	3%	2%	1%	0%											
403(b) & 457(b) Loan Program	Yes, no set-up fee	Yes, no set-up fee																

	The Standard Stable Asset Fund III <sup>9,10</sup> Fixed Annuity	PlanMember Participant Choice <sup>9</sup>
Type of Product	Unallocated group fixed annuity	Self-directed mutual funds with general education and assistance provided by a PlanMember Financial Professional.
Insurance Company	Issued by Standard Insurance Company	N/A
Who Should Consider This Product?	Participants who have concerns about asset protection and wish to invest a portion of their assets in an insurance product that provides a guarantee against loss of principal <sup>11</sup>	Investors who wish to select and manage their own investments
Product Features and Planmember Program Services	<ul style="list-style-type: none"><li>• Interest credited on a daily basis</li><li>• No surrender charges for plan-responsive withdrawals or transfers to other options within the plan<sup>12</sup></li><li>• Toll-free service center and web account access</li><li>• Semi-annual membership newsletter, quarterly consolidated account statement, quarterly Financial Market Outlook, personalized membership card</li></ul>	<ul style="list-style-type: none"><li>• Toll-free service center and web account access</li><li>• Links to web-based fund research</li><li>• Semi-annual membership newsletter, quarterly consolidated account statement, quarterly Financial Market Outlook and Portfolio Strategy, personalized membership card</li><li>• Online enrollment only</li></ul>
Mutual Fund Companies	Not Applicable	More than 70 no-load mutual funds* from six fund companies. <sup>4</sup> American Funds, Dimensional Fund Advisors, Federated, Fidelity, T. Rowe Price and Vanguard <i>*An annual asset-based fee will apply as well as the internal expenses and fees of the underlying funds.</i>
Mutual Fund Internal Expenses	Not Applicable	Depends on funds selected. See prospectus.
Fees and Charges	Not Applicable	Recordkeeping & Account Service Fee: \$50 per year Custodial/Service Fee: 0.35% per year
403(b) & 457(b) Loan Program	Yes, \$100 loan set-up fee. No annual maintenance fee.	Yes, \$100 loan set-up fee. No annual maintenance fee.

## Florida 403(b) & 457(b) Participant Summary Sheet Disclosures

Insurance products are offered by PlanMember Securities Corporation, a licensed insurance agency, and may not be available in all areas.

Annuity Investors Life GreatFlex 6 is issued by Annuity Investors® Life Insurance Company, a subsidiary of Great American Financial Resources®, Inc. (Cincinnati, Ohio) under contract forms P1403304NW and P1429809NW and rider forms R6020808NW and R6019408NW. Form numbers may vary by state. Products and features not available in all states. The additional interest feature may be discontinued at any time for new issues of this contract. A loan may adversely affect your account value. Great American Financial Resources®, Inc. and the other subsidiaries under Great American Financial Resources®, Inc. are not affiliated with PlanMember Securities, PlanMember Services or the PlanMember Services Program.

Withdrawals may be subject to federal income tax, and a 10% federal penalty tax may also apply to amounts withdrawn prior to age 59½. Consult your attorney or tax advisor for more information.

1. As of March 2019. 2. Fee may be reduced for certain employer groups. 3. A separate Account Service Fee will be charged for each account type category. Account type categories to be charged separately include: a. Employer-Sponsored Plans (403(b), 457(b), 401(k), 401(a)), b. Individual Retirement Accounts (Traditional IRA, Roth IRA, SEP IRA, and SIMPLE IRA); and c. Nonqualified Accounts (Individual, Joint, Trust, Corporate, etc.). Fees for PlanMember Advisor/Strategist and PlanMember Retirement Select accounts are charged separately. If participant has more than one PlanMember Advisor/Strategist account of a specific account type category a single charge will cover all PlanMember Advisor and/or Strategist accounts for that account type category. The asset-based portion of the fee is based on the average daily balance of the account for the quarter prior to the fee charge date. If participant has more than one PlanMember Retirement Select account of a specific account type category a single charge will cover all PlanMember Retirement Select accounts for that account type category. The fee is charged annually in advance and is not prorated for terminations or new investments. 4. Fund and fund companies subject to change without notice. 5. For Select 403(b) and 457(b) accounts only. Fee is assessed quarterly and is based on the average daily balance of the account for the prior quarter capped at \$250 per account annually. The fee is waived for clients who have \$25,000 or more of PlanMember Advisor and/or PlanMember Strategist assets. Fee does not apply to IRA and nonqualified accounts. 6. Variable annuities are long-term investments. Access to the investment may be limited by surrender charges and tax penalties. 7. The SIO is not available in all states or all plans. The SIO is an obligation of, and subject to the claims-paying ability of AXA Equitable Life Insurance Company. Refer to the SIO prospectus for complete details. 8. The Guaranteed Interest Option (GIO) is part of AXA Equitable's general account. Three levels of interest are in effect: lifetime minimum, annual minimum and a current rate. It is neither a variable investment option nor subject to separate account charges or underlying portfolio operating expenses (including 12b-1 fees). No more than 25% of any contribution can be allocated to the GIO. Also, we will not process any transfer requests that would result in more than 25% of a contract's account value in the GIO. Based on the investment method selected, there may be restrictions on the amounts that can be transferred out of the Guaranteed Interest Option. These allocation and transfer restrictions are currently waived. We will notify participants 45 days in advance if these restrictions are re-imposed. 9. Not available through all employer plans. 10. Employer must have entered into a group contract agreement with Standard Insurance Company. 11. Guarantees and benefits are subject to claims-paying ability of Standard Insurance Company. 12. Transfers within a plan are limited to investments other than money market and fixed annuity options. 13. Guarantees and benefits are subject to claims-paying ability of Annuity Investors® Life Insurance Company. 14. For current interest rate information contact your PlanMember Financial Professional. 15. This feature is included in contract form P1403304NW and is available according to current company practice. For contract form P1429809NW, the feature may be discontinued at any time.

Withdrawals from annuities, including partial withdrawals and surrenders, may be taxable. If you take a taxable withdrawal before age 59½ you may have to pay a 10% penalty to the IRS in addition to your normal income taxes. Purchasing an annuity with a retirement plan that already offers tax deferral results in no additional tax benefits. The guarantee of the annuity is backed by the financial strength of the underlying insurance company. Guarantees and benefits are subject to claims-paying ability of the insurance company. Although it is possible to have guaranteed income for life with a fixed annuity, there is no assurance that this income will keep up with inflation.

AXA Equitable Life Insurance Company, AXA Distributors, Symetra Life Insurance Company and Great American Insurance Company and related affiliates are not affiliated with PlanMember Securities Corporation.

EQUI-VEST® is a variable deferred annuity that can be used to fund a tax-deferred retirement plan. Annuities used to fund these plans do not offer any extra tax benefits. If you are buying an EQUI-VEST® variable deferred annuity to fund a plan, you should do so for its features and benefits other than tax deferral.

Annuities are subject to certain limitations and restrictions. For costs and complete details, contact a financial professional.

EQUI-VEST Strategies is issued by AXA Equitable Life Insurance Company (NY,NY) and is distributed by an affiliate, AXA Distributors, LLC.

Standard Stable Asset Fund is a group annuity product issued by Standard Insurance Company. Amounts contributed and the fulfillment of any guarantees specified in the group annuity contract are insurance claims supported by the full faith and credit of Standard Insurance Company. Standard Stable Asset Fund is neither a mutual fund nor a bank product and is not insured by the FDIC or any other federal governmental agency. Standard Insurance Company periodically resets the interest rate credited on contract balances, subject to a minimum rate specified in the group annuity contract. Past interest rates are not indicative of future rates. Standard Stable Asset Fund may not be available in all states.

*Investors should consider the investment objectives of the variable annuity carefully before investing. An investment in a variable annuity involves investment risk, including possible loss of principal. Variable annuities are designed for long-term investing. The contract, when redeemed, may be worth more or less than the total amount invested. Variable annuities are subject to insurance related charges including mortality and expense charges, administrative fees, and the expenses associated with the underlying funds. Withdrawals prior to age 59½ may result in a 10% IRS tax penalty, in addition to any ordinary income tax. The guarantee of the annuity is backed by the financial strength of the underlying insurance company. Investment sub-account value will fluctuate with changes market conditions.*

**You should carefully consider the investment objectives, risks, charges and expenses of a variable annuity and its underlying investment options before investing. For a copy of the prospectus for the annuity and its underlying investments, which contains this and other information about variable annuities, contact your financial professional. Read the prospectus carefully before you invest.**

*Investors should carefully consider the investment objectives, risks, charges and expenses of a mutual fund before investing. This and other important information is contained in the prospectuses or summary prospectuses, which can be obtained from your financial professional and should be read carefully before investing. All investments may involve risk including possible loss of principal.*

Asset allocation or the use of an investment advisor does not ensure a profit nor guarantee against a loss.



Representative is registered with and offers only securities and advisory services through PlanMember Securities Corporation, a registered broker/dealer, investment advisor and member FINRA/SIPC.

GE-88805b (10/13) Exp (10/15)  
COM11198-B

6187 Carpinteria Ave. • Carpinteria, CA • 93013 • (800) 874-6910

FR2017-0427-0260/E

© 2019 PlanMember Financial Corporation

FL403/457PartSum0619





## EQUITABLE ADVISORS

# The more you save, the less you'll pay in taxes

**Let's say your annual pretax income is \$50,000**

If you contribute this much to your 403(b) pretax:	<b>\$2,500 (5%)</b>	<b>\$5,000 (10%)</b>	<b>\$7,500 (15%)</b>
Your taxable income will be:	<b>\$47,500</b>	<b>\$45,000</b>	<b>\$42,500</b>
And you will pay the following in income taxes: <sup>1</sup>	<b>\$5,315</b>	<b>\$5,015</b>	<b>\$4,715</b>

### **\$600 more in your pocket**

Participating in your municipality's 403(b) plan can help your savings grow and reduce the amount of tax you pay along the way. No matter where you are in life, it's a smart choice that can give you peace of mind about your future — so you can focus on the people and passions that bring fulfillment to your life.

1 Based on 2019 federal tax tables, assuming married filing jointly (source:www.irs.gov). Figures do not take into account any other sources of income, state or local income taxes, tax credits or deductions.

**Ready to get started? Call or email  
to schedule an appointment today.**

**JEAN CHRISTIE**  
Financial Professional  
Jean.Christie@equitable.com  
Tel: (229) 247-1010  
Cell: (229) 403-1623

**Equitable Advisors, LLC**  
**3338 Country Club; Suite A-1**  
**Valdosta, GA 31605**

Please be advised that this document is not intended as legal or tax advice. Accordingly, any tax information provided in this document is not intended or written to be used, and cannot be used, by any taxpayer for the purpose of avoiding penalties that may be imposed on the taxpayer. The tax information was written to support the promotion or marketing of the transaction(s) or matter(s) addressed, and you should seek advice based on your particular circumstances from an independent tax advisor.

Named individual is a registered representative who offers securities through Equitable Advisors, LLC (NY, NY (212) 314-4600), member FINRA/SIPC, and is an agent who offers annuity and insurance products through Equitable Network, LLC, which conducts business in CA as Equitable Network Insurance Agency of California, LLC; in UT as Equitable Network Insurance Agency of Utah, LLC; and in PR as Equitable Network of Puerto Rico, Inc. Equitable Advisors and Equitable Network are affiliated companies and do not offer tax or legal advice. Representatives may transact business, which includes offering products and services and/or responding to inquiries, only in state(s) in which they are properly registered and/or licensed. Equitable is the brand name of Equitable Holdings, Inc. and its family of companies, including Equitable Financial Life Insurance Company (Equitable Financial) (NY, NY); Equitable Financial Life Insurance Company of America (Equitable America), an AZ stock company with main administrative headquarters in Jersey City, NJ; Equitable Advisors, LLC (member FINRA, SIPC) (Equitable Financial Advisors in MI & TN); and Equitable Distributors, LLC. The obligations of Equitable Financial and Equitable America are backed solely by their claims-paying abilities. Equitable Financial Life Insurance Company (New York, NY). Distributors: Equitable Advisors, LLC and Equitable Distributors, LLC. Equitable Financial, Equitable Advisors and Equitable Distributors are affiliated companies and do not provide tax or legal advice.







## Voluntary Benefits



To learn more, contact:

**Jim Ouimette**

Account Executive  
850-570-6698

[Jim.Ouimette@coloniallifesales.com](mailto:Jim.Ouimette@coloniallifesales.com)

**David Franklin**

Account Executive  
850-559-6136

[David.Franklin@coloniallifesales.com](mailto:David.Franklin@coloniallifesales.com)

[ColonialLife.com](http://ColonialLife.com)



**Taylor County**  
SCHOOL DISTRICT

### Disability Insurance

- **Individual Disability** – A short-term disability product that replaces a portion of income for on/off-job or off-job only disabilities. Optional features include psychiatric and psychological conditions benefits and waiver of elimination period for first day hospital confinement. Guaranteed-issue and simplified-issue options are available.

### Life Insurance

- **Individual Term Life** – A term life insurance product that offers three level term options (10-, 20- and 30-year), level death benefits, family coverage and guaranteed rates. It is guaranteed renewable to age 95 and convertible to age 75.
- **Individual Whole Life** – A permanent whole life insurance product that provides guaranteed level premiums, guaranteed cash values and a guaranteed death benefit as long as premiums are paid when due and no loans are taken. Guaranteed-issue and simplified-issue options are available, as well as an optional long-term care rider at an additional cost.

Spouse and eligible dependent children coverage is available with all life products.

### Accident Insurance

- **Individual Accident** – A guaranteed-issue, composite-rated, guaranteed-renewable accident product that offers several coverage levels to fit all budgets. Employer-optional benefits are available to customize the accident product offering. Additional employee-choice riders can create a comprehensive product package.
- **Gunshot Wound** – A guaranteed-issue product that provides lump-sum benefits for injury due to a non-fatal gunshot wound.

### Special Risk Insurance

- **Individual Cancer** – A cancer product that pays indemnity-based benefits to help cover medical and non-medical expenses related to cancer diagnosis and treatment.
- **Individual Critical Illness** – A critical illness product that provides a lump-sum benefit for the diagnosis of a critical illness.

### Supplemental Health insurance

- **Individual Medical Bridge<sup>SM</sup>** – A hospital confinement indemnity product that supplements your core medical coverage, offering benefits such as hospital confinement, health screening or wellness, rehabilitation unit confinement and doctor's office visits. An HSA-compliant plan is available.

ACCIDENT, CANCER, CRITICAL ILLNESS, AND HOSPITAL INDEMNITY PRODUCTS PROVIDE LIMITED BENEFITS.

The policies, their names or their provisions may vary or be unavailable in some states. The policies have exclusions and limitations which may affect any benefits payable. See the actual policy or your Colonial Life representative for specific provisions and details of availability. Insurance products are underwritten by Colonial Life & Accident Insurance Company, Columbia, SC.

©2018 Colonial Life & Accident Insurance Company. All rights reserved. Colonial Life is a registered trademark and marketing brand of Colonial Life & Accident Insurance Company.



---

BROOKS AGENCY

## **Life Insurance**

### **Group Term 65**

- Policy is paid in **full** at age 65, but coverage continues to age 100.
- Guaranteed rates – once you purchase the plan your rates will **not** increase.
- Your benefit amount can **never** be reduced or canceled as long as you pay premiums.
- You **can** continue your policy if you leave your job for any reason.
- **Pre-Tax** Benefit.
- Up to \$150,000 of insurance coverage available.

## **Cancer Policy**

- First Occurrence benefit of **\$3,500** per family member.
- Paid travel to **any** cancer treatment facility in the US.
- Hospital benefit of up to **\$600/day**.
- **\$500/day** for chemo or radiation treatment.
- **NO** Lifetime Limit on benefits paid to client.
- **21** different cancer related benefits.

## **Accident Protector Max**

- **On and off** the job protection.
- Emergency room treatment benefit of up to **\$500**.
- Initial hospitalization benefit of **\$1,000** and a daily hospital benefit of up to **\$500/day**.
- **Quick Claims Process**... Claims can be direct deposited in as little as 24 hours!!

## **Contact Information**

Jonathan Brooks  
334-449-3465  
[jxbrooks@libnat.com](mailto:jxbrooks@libnat.com)

Chelsea Johnston-Miller  
334-596-9395  
[chelsealibnat19@gmail.com](mailto:chelsealibnat19@gmail.com)

*This benefit summary prepared by*



**Gallagher**

Insurance | Risk Management | Consulting