



Benefits Guide

HEALTHIER TOGETHER

SCPS EMPLOYEE BENEFITS & WELLNESS DEPARTMENT



MESSAGE FROM THE SUPERINTENDENT



Dear SCPS Employees,

Thank you for your continued dedication to our students and colleagues as we continue our journey to provide a high-quality education for all of our students. You are the staff members who make sure our students arrive and return home safely, who provide students with exciting, engaging instruction, who serve nutritious food and snacks, who work with our parents and community members, always with a smile, and who ensure our students and teachers are in safe learning environments.

In order for each of us to continue to do this amazing work, it is important that we take care of ourselves and our families. The School Board and I are committed to support our employees' health and wellness and in order to do so, it is important for you to understand the benefits that are provided to you. We are committed to making sure you are fully informed when choosing your 2024 benefit plan.

The first step in maintaining your health is to consider scheduling a physical with your Primary Care Physician. Many of our own employees have shared that by having their annual physical, potentially long-term health issues have been addressed and in some cases remediated. We are here for you and want to help you stay physically and mentally healthy.

Thank you again for all you do, for taking good care of yourself and others and best wishes for a happy and healthy 2024.

Respectfully,

Serita D. Beamon
Superintendent



Kelley Davis
Board Member



Autumn Garick
Board Member



Kristine Kraus
Chair



Amy Pennock
Board Member



Abby Sanchez
Vice-Chair

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KEY THINGS TO KNOW

The purpose of this guide is to give you a brief overview of our benefit programs. Refer to the summary plan documents located at www.scps.us/BenefitsAE for additional details. In all instances, the plan documents will govern.

Mandatory annual enrollment election dates will be **October 2, 2023 through October 13, 2023** for the coverage period of **January 1, 2024 through December 31, 2024**. All benefit eligible employees are required to complete annual elections to either accept or waive benefits.

At Seminole County Public Schools, we are focused on our health and well-being. Strive for 5 rewards you for healthy activities with a **\$750** incentive!

There will be 4 medical plans to choose from. The new Board Paid HDHP with Surefit HSA, this plan is 100% paid for by the board for employee only. The second plan, new for this year, is the HDHP HRA with the LocalPlus network. We will continue to offer the current OAP Buy-Up and the LocalPlus Buy-up plans. Details are found on pages 8-9 in this guide.

- The wellness program helps make you more aware of your health by encouraging you to achieve five wellness activity points to earn your 2025 wellness incentive.
- If you are a full-time employee and opt out of medical coverage, due to federally compliant other coverage, you must show proof of this coverage in order to be eligible for the Board provided Short-Term Disability plan in lieu of medical coverage. You must upload proof of coverage during the election period.
- If you fail to complete your enrollment before the deadline you will be defaulted to the appropriate High Deductible Health Plan (HDHP) with the Tobacco premium surcharge.
- During the annual election period, failure to attest your tobacco status will result in a \$500 annual surcharge.
- Please be an informed consumer! For example, seeking care at a hospital based facility, as opposed to a free-standing facility costs you and our medical plan more money.
- If you need to take an unpaid leave of absence, you will be given the opportunity when you go out on leave to continue certain coverages on a self-pay basis. If you elect not to continue coverage while out on leave, you will not be covered while on leave, and you will have the opportunity to begin your coverage again once you have returned to active employment with SCPS, and you have met the eligibility and waiting period requirements for coverage.

TOBACCO SURCHARGE

During the annual election period, you are required to attest whether or not you are a tobacco user. If you decline or fail to attest, your payroll deduction will increase by \$25 per pay period for 20 pay periods. Employees who use tobacco products as defined in the Board Policy below, and fail to complete a reasonable alternative, will have an annual surcharge of \$500. To avoid this \$500 surcharge, you must attest in the portal and click on "Employee Self Service" Benefit Enrollment Portal and follow the prompts to confirm your tobacco user status.

For the purpose of this policy, "tobacco" is defined to include any lighted or unlighted cigarette, cigar, pipe, bidi, clove cigarette, cigarillo, hookah or any other smoking

product, and any smokeless tobacco also known as dip, chew, snuff, snus, orbs, strips, sticks or any other products developed in the future that contains tobacco/ nicotine or a combination of the two, and any/all products commonly referred to as electronic cigarettes or e-cigs including but not limited to like products with name brands such as v2cigs, Vaporzone, Premium Vapes, Bull Smoke, halo cigs, Whitecloud, Green Smoke, South Beach Smoke, Firedbrand, Vapor 4 Life, Smoke Stik, Eversmoke, Blu Cigs, etc.

If you are a tobacco user, you can avoid the surcharge by completing an approved tobacco cessation program and submitting your course completion document to the SCPS Employee Benefits and Wellness Department. Cessation courses can be found on **www.scps.us/BenefitsAE**.

ELIGIBILITY & ENROLLMENT

ELIGIBILITY

We are pleased to offer you health and supplemental benefits which are designed to protect you and your family. In order to be eligible, you must meet one of the following employee eligibility definitions:

1. Employees working 30 hours or more per week.
2. Employees in a contracted position for less than 30 hours per week, or at least fifty percent (50%) of a full-time position.

DEPENDENT ELIGIBILITY

Your dependents may also be covered under the benefit plans as described below.

| Benefits | Legal Spouse | Legally Dependent Children |
|---------------|-------------------------------------|----------------------------|
| Medical/Rx | <input checked="" type="checkbox"/> | Up to age 26/30* |
| Dental | <input checked="" type="checkbox"/> | Up to age 26 |
| Vision | <input checked="" type="checkbox"/> | Up to age 26 |
| Life and AD&D | <input checked="" type="checkbox"/> | Up to age 26 |
| Worksite | <input checked="" type="checkbox"/> | Up to age 26 |

*In the state of Florida dependent medical coverage is available up to age 30 if the dependent is unmarried without dependents of their own, a Florida resident (or a full-time student) and has no medical insurance as a named subscriber, insured enrollee, or covered person under any other group, blanket, or franchise health insurance policy or individual health benefits plan; or is entitled to benefits under Title XVII (Medicare) of the Social Security Act.

Benefits for a dependent child or student will continue until the last day of the calendar year in which the limiting age is reached. Benefits for dependent children who are permanently disabled are eligible to remain on the plan (proof of child's condition may be required).

You will be required to upload proof of dependent eligibility for medical coverage in the form of:

- Child - Copy of Birth Certificate & Social Security Card
- Spouse - Copy of Marriage Certificate and Social Security Card

The following may be required, if applicable:

- Your most recent Federal Income Tax Return
- Court Order specifying your responsibility to provide "group health care coverage" to your dependent children, if applicable

QUALIFYING EVENT

Most of our plans are deducted on a pre-tax basis to save you money. Unless you experience a qualifying event, you cannot make changes to your benefits until the next annual enrollment period. Here are a few examples of a qualifying event:

- Marriage
- Divorce or legal separation
- Birth or adoption
- Death of a dependent
- Change in your spouse's employment
- Gain or Loss of coverage by a dependent
- Leave of absence (or return from leave)

If you have a qualifying event, log into Employee Self-Service, click self-service, click benefits, then click on Qualified Life Events. Make your changes here and upload the required documentation for the Qualified Life Event.

NEWBORN

A newborn child will be covered for the first 31 days of life, even if you fail to enroll the child. If you enroll the child after the first 31 days and before the 60th day from his or her birth, coverage will be offered at an additional premium.

COBRA CONTINUATION OF COVERAGE

When you or any of your dependents no longer meet the eligibility requirements for a health plan, you may be eligible for continued coverage as required by the Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1986.

HOW TO BEGIN ONLINE ANNUAL ENROLLMENT

- Go to **www.scps.us/BenefitsAE**
- Select "Click to Enroll"
- Login with your Portal/PeopleSoft Username and Password, then you will be directed to "Benefits Enrollment"

Be sure to verify and SUBMIT your elections, as well as review and print a Confirmation Summary for your records. You may make election changes any time during and prior to the end of Annual Enrollment (**October 13, 2023**).

NEW HIRE/REHIRE

WELCOME TO SEMINOLE COUNTY PUBLIC SCHOOLS

It is important that you review the benefit guide and make your benefit choices during your initial new hire eligibility period. If you do not enroll by the deadline, you will automatically be enrolled in the appropriate HDHP and because you did not complete a tobacco attestation, we will be required to apply the Tobacco Surcharge. Automatic enrollment will also include Board Paid Life insurance. You will not be able to change your elections until the following annual open enrollment period, unless you experience a qualifying event.

You have 30 days from your date of hire or rehire date to elect benefits. If you are adding coverage for your spouse, you are required to upload your marriage license and a copy of their Social Security card. If you are adding dependents to your plan, you are required to upload a copy of their birth certificate(s) and Social Security card(s). Should you have any questions, contact the Benefits and Wellness Department through the Employee Self Service (ESS) Benefit Onboarding system, or call them at 407-320-0095. **Keep in mind that you will not be able to elect benefits until your hiring process is completed by the Human Resources Department. Failure to complete the HR Onboarding process timely will decrease or eliminate your opportunity to make benefit elections.**

NEW HIRE/REHIRE WAITING PERIOD

Waiting Period: As an eligible new hire, your coverage will become effective the first of the month following 60 calendar days after your date of hire or rehire with Seminole County Public Schools.

NEW HIRES/REHIRE AND ANNUAL ENROLLMENT

If you are electing Benefits as a New Hire or a Rehire, and you were hired between August 1st and October 1st, your special Annual Enrollment period is November 6th through November 10th. You must re-elect benefits at this time, or you will be defaulted to the appropriate HDHP with a tobacco surcharge.

As a new employee, when you elect medical coverage with us you have the opportunity to earn up to a **\$750** incentive that will either be deposited in a HSA/HRA or used as a premium reduction on the Buy Up plans. You can earn your incentive by completing the following activities **within 30 days** after your insurance becomes effective.

Please allow up to **12 weeks** to receive your incentive award.

1

Complete your preventive annual physical with your Primary Care Physician (PCP)

2

Complete your annual lab work ordered by your Primary Care Physician (PCP) at LabCorp or Quest

3

Complete the Cigna online Health Assessment found on www.myCigna.com

It's as easy as 1, 2, 3 to earn up to \$750! Don't delay! Get your activities done within 30 days!

For more New Hire information, visit: www.scps.us/BenefitsNewHire

COST OF MEDICAL & PHARMACY COVERAGE

UNDERSTANDING YOUR PRE - TAX BENEFIT PAYROLL DEDUCTIONS

The Section 125 Cafeteria Plan allows you to contribute "before-tax" dollars to pay for most of your coverage (e.g., medical, dental, and vision coverage). By paying your premiums with "before-tax" dollars, you generally reduce the amount of income and Social Security taxes that you otherwise would be required to pay.

The IRS requires that the elections you make are effective for the entire 12-month plan year.

You cannot change your elections during the year unless you experience a qualifying event as a result of a change-in-status (refer to page 5 for the definition of a "qualifying event"). The circumstances that permit a change of election vary from one benefit plan to another. If you have a qualifying event, log into Employee Self-Service, click self-service, click benefits, then click on Qualified Life Events. Make your changes here and upload the required documentation for the Qualified Life Event.

FULL TIME EMPLOYEES - 2024 Medical Deductions PER PAYCHECK

| Based on 20 Payroll Deductions | Employee Only | Employee + Spouse | Employee + Children | Employee + Family |
|---|---------------|-------------------|---------------------|-------------------|
| Full-Time Employee Rates | | | | |
| Board Paid HDHP with Surefit HSA - Non-Tobacco | \$0.00 | \$395.16 | \$195.75 | \$758.81 |
| Board Paid HDHP with Surefit HSA - *Tobacco Surcharge | \$25.00 | \$420.16 | \$220.75 | \$783.81 |
| HDHP HRA- Non-Tobacco | \$5.00 | \$552.62 | \$400.21 | \$1,002.50 |
| HDHP HRA-Tobacco Surcharge | \$30.00 | \$577.62 | \$425.21 | \$1,027.50 |
| OAP Buy-Up - Non-Tobacco/Wellness not met | \$91.79 | \$774.30 | \$557.60 | \$1,372.54 |
| OAP Buy-Up - Non-Tobacco/Wellness met | \$54.29 | \$736.80 | \$520.10 | \$1,335.04 |
| OAP Buy-Up - *Tobacco Surcharge/Wellness not met | \$116.79 | \$799.30 | \$582.60 | \$1,397.51 |
| OAP Buy-Up - *Tobacco Surcharge/Wellness met | \$79.29 | \$761.80 | \$545.10 | \$1,360.04 |
| Local Plus Buy - Up Non-Tobacco/Wellness not met | \$83.45 | \$705.61 | \$506.91 | \$1,211.97 |
| Local Plus Buy - Up Non-Tobacco/Wellness met | \$45.95 | \$668.11 | \$469.41 | \$1,174.47 |
| Local Plus Buy - Up *Tobacco Surcharge/Wellness not met | \$108.45 | \$730.61 | \$531.91 | \$1,236.97 |
| Local Plus Buy - Up *Tobacco Surcharge/Wellness met | \$70.95 | \$693.11 | \$494.41 | \$1,199.47 |

***IMPORTANT NOTE:** Tobacco users will be charged a \$500 annual surcharge if you do not complete a Tobacco Cessation program. Tobacco Cessation Programs can be found on www.scps.us/BenefitsAE. Employees can earn up to a \$750 incentive award by completing the five (5) wellness activities (see pages 17 and 18 for additional information).

PART TIME EMPLOYEES - 2024 Medical Deductions PER PAYCHECK

| Based on 20 Payroll Deductions | Employee Only | Employee + Spouse | Employee + Children | Employee + Family |
|---|---------------|-------------------|---------------------|-------------------|
| Part-Time Employee Rates | | | | |
| Board Paid HDHP with Surefit HSA-Non-Tobacco | \$235.00 | \$630.16 | \$430.75 | \$993.81 |
| Board Paid HDHP with Surefit HSA *Tobacco Surcharge | \$260.00 | \$655.16 | \$455.75 | \$1,018.81 |
| HDHP with HRA Non-Tobacco | \$240.00 | \$787.62 | \$ 635.21 | \$1,237.50 |
| HDHP with HRA Tobacco Surcharge | \$265.00 | \$812.62 | \$660.21 | \$1,262.50 |
| OAP Buy-Up - Non-Tobacco/Wellness not met | \$326.79 | \$1,009.30 | \$792.60 | \$1,607.54 |
| OAP Buy-Up - Non-Tobacco/Wellness met | \$289.29 | \$971.80 | \$755.10 | \$1,570.04 |
| OAP Buy-Up - *Tobacco Surcharge/Wellness not met | \$351.79 | \$1,034.30 | \$817.60 | \$1,632.54 |
| OAP Buy-Up - *Tobacco Surcharge/Wellness met | \$314.29 | \$996.80 | \$780.10 | \$1,595.04 |
| Local Plus Buy - Up Non-Tobacco/Wellness not met | \$318.45 | \$940.61 | \$741.91 | \$1,446.97 |
| Local Plus Buy - Up Non-Tobacco/Wellness met | \$280.95 | \$903.11 | \$704.41 | \$1,409.47 |
| Local Plus Buy - Up *Tobacco Surcharge/Wellness not met | \$343.45 | \$965.61 | \$766.91 | \$1,471.97 |
| Local Plus Buy - Up *Tobacco Surcharge/Wellness met | \$305.95 | \$928.11 | \$729.41 | \$1,434.47 |

***IMPORTANT NOTE:** Tobacco users will be charged a \$500 annual surcharge unless you complete a Tobacco Cessation program. Tobacco Cessation Programs can be found on www.scps.us/BenefitsAE. Employees can earn up to a \$750 incentive award by completing the five (5) wellness activities (see pages 17 and 18 for additional information).

MEDICAL BENEFITS

CIGNA

Effective January 1, 2024 you will have 4 medical plans to choose from. Of the available plans, 3 of the 4 will continue to offer the same networks as the current plan year, which includes Orlando Health, Advent Health and HCA. The new Board Paid High Deductible Health Plan (HDHP) with SureFit will be an Advent Health ONLY network plan. The Board will continue to contribute 100% of the premium towards this plan. **You and your dependents must live in Seminole, Orange, Osceola or Lake counties to enroll in this plan.**

New for 2024, we will be replacing the Dependent Value Plan with the new Board Paid HDHP with SureFit.

| In-Network Only | Board Paid HDHP with Surefit HSA | HDHP with HRA |
|--|--|--|
| Network | SureFit | LocalPlus |
| Individual Deductible/Family Deductible (Collective) | \$1,750/\$3,500 | \$1,750/\$3,500 |
| Individual Max Out of Pocket/Family Max Out of Pocket (Non-Collective) | \$5,500/\$11,000 | \$5,500/\$11,000 |
| Coinsurance Level | 20% | 20% |
| Primary Care Physician Office Visits <small>CCD=Cigna Care Designated Provider</small> | 20% after deductible | CCD/Tier 1: \$10 copay Non CCD/Tier 1: 20% after deductible |
| Specialist Office Visits | 20% after deductible | CCD/Tier 1: \$25 copay Non CCD/Tier 1: 20% after deductible |
| Convenient Care Center | 20% after deductible | 20% after deductible |
| Urgent Care Center | 20% after deductible | 20% after deductible |
| Emergency Room | 20% after deductible | 20% after deductible |
| Outpatient Cardiac Rehabilitation (*Calendar Year Max. 36 days) | 20% after deductible* | 20% after deductible* |
| Physical/Occupational Therapy & Chiropractic Services (*Calendar Year Max. 60 days all therapies combined) | 20% after deductible* | 20% after deductible* |
| Rehabilitation at Hospital Skilled Nursing (*Calendar Year Max. 60 days combined) | 20% after deductible* | 20% after deductible* |
| Inpatient Services | 20% after deductible | 20% after deductible |
| Outpatient Services | 20% after deductible | 20% after deductible |
| Lab & X-Ray • Physician's Office • Independent Lab (LabCorp and Quest) | 20% after deductible 20% after deductible | 20% after deductible 20% after deductible |
| Advance Imaging (CT, MRI, PET) ¹ | 20% after deductible | 20% after deductible |
| Maternity • Initial Visit to Confirm Pregnancy • Global Maternity Fee ² • Physicians Office Visit (In addition to global Maternity Fee at OB/GYN or Specialist) • Delivery—Facility | 20% after deductible 20% after deductible 20% after deductible 20% after deductible | 20% after deductible 20% after deductible 20% after deductible 20% after deductible |
| Preventive Care • Well-Baby, Well-Child, Well Woman & Adult • Immunizations - All Ages • PAP, PSA Tests • Annual Lab Work • Colonoscopy - Diagnostic & preventive colonoscopies | 100% covered | 100% covered |
| Mammograms: • Preventive Mammogram/Diagnostic Mammogram | 100% covered/20% after deductible | 100% covered/20% after deductible |
| Mental Health & Substance Use Disorder (outpatient) | 20% after deductible | \$10 copay |
| Vision Eye Exam | \$20 copay | \$20 copay |

1. Advanced radiological imaging (MRI, CAT Scan, PET Scan, etc.); outpatient facility charges, independent lab and X-ray facility

2. Includes all routine prenatal visits, routine postpartum visits, physician's delivery charges, management of hospital observation for up to 48 hours for the evaluation of latent phase of labor or uterine contractions w/o cervical dilatation, admission to the hospital, all medical services required for prep and delivery.

MEDICAL BENEFITS

CIGNA

In addition to the HDHP's, we offer 2 Buy-Up plans. Our current OAP Buy-Up will continue to offer a larger, national network, and LocalPlus Buy-Up plan will utilize the same network (Local Plus). The benefits on both Buy-Up plans are almost identical. The major differences are the network and cost out of your paycheck as it does currently.

| In-Network Only | OAP Buy Up | Local Plus Buy-Up |
|---|---|---|
| Network | Open Access Plus | LocalPlus |
| Individual Deductible/Family Deductible (Non-Collective) | \$750/\$2,250 | \$750/\$2,250 |
| Individual Max Out of Pocket/Family Max Out of Pocket (Non-Collective) | \$6,400/\$12,800 | \$6,400/\$12,800 |
| Coinsurance Level | 20% | 20% |
| Primary Care Physician Office Visits <small>CCD=Cigna Care Designated Provider</small> | CCD/Tier 1: \$15 copay Non CCD/Tier 1: \$25 copay | CCD/Tier 1: \$15 copay Non CCD/Tier 1: \$25 copay |
| Specialist Office Visits | CCD/Tier 1: Specialist, \$50 copay Non CCD/Tier 1: Specialist, \$55 copay | \$50 copay |
| Convenience Care Center | \$30 copay | \$25 copay |
| Urgent Care Center | \$50 copay | \$50 copay |
| Emergency Room | \$600 copay, waived if admitted | \$600 copay, waived if admitted |
| Outpatient Cardiac Rehabilitation (*Calendar Year Max. 36 days) | \$30 copay per visit* | \$30 copay per visit* |
| Physical/Occupational Therapy & Chiropractic Services (*Calendar Year Max. 60 days all therapies combined) | \$30 copay per visit* | \$30 copay per visit* |
| Rehabilitation at Hospital Skilled Nursing (*Calendar Year Max. 60 days combined) | 20% after deductible* | 20% after deductible* |
| Inpatient Services | 20% after deductible | 20% after deductible |
| Outpatient Services | 20% after deductible | 20% after deductible |
| Lab & X-Ray <ul style="list-style-type: none"> Physician's Office Independent Lab (LapCorp and Quest) | 100% covered | 100% covered |
| Advance Imaging (CT, MRI, PET) ¹ | 20% after deductible | 20% after deductible |
| Maternity <ul style="list-style-type: none"> Initial Visit to Confirm Pregnancy Global Maternity Fee² Physicians Office Visit (In addition to global Maternity Fee at OB/GYN or Specialist) Delivery—Facility | See Primary Care or Specialist visits above | See Primary Care or Specialist visits above |
| Preventive Care <ul style="list-style-type: none"> Well-Baby, Well-Child, Well Woman & Adult Immunizations - All Ages PAP, PSA Tests Annual Lab Work Colonoscopy - Diagnostic & preventive colonoscopies | 100% covered | 100% covered |
| Mammograms: <ul style="list-style-type: none"> Preventive Mammogram/Diagnostic Mammogram | 100% covered/20% after deductible | 100% covered/20% after deductible |
| Mental Health & Substance Use Disorder | \$10 copay (Physician's Office or MDLive Behavioral Services)/20% after deductible (Inpatient care) | \$10 copay (Physician's Office or MDLive Behavioral Services)/20% after deductible (Inpatient care) |
| Vision Eye Exam | \$20 copay | \$20 copay |

1. Advanced radiological imaging (MRI, CAT Scan, PET Scan, etc.); outpatient facility charges, independent lab and X-ray facility.
2. Includes all routine prenatal visits, routine postpartum visits, physician's delivery charges, management of hospital observation for up to 48 hours for the evaluation of latent phase of labor or uterine contractions w/o cervical dilatation, admission to the hospital, all medical services required for prep and delivery.

PHARMACY

| Magellan Rx | Up to 34 Day Supply | 90-Day Supply (Home Delivery + Retail) |
|---|---------------------------|---|
| Tier 1 - Mostly Generic | \$7 copay + difference** | \$14 copay + difference** |
| Tier 2 - Preferred Brand (some generics) | \$40 copay + difference** | \$80 copay+ difference** |
| Tier 3 - Non-Preferred Brands | \$80 copay + difference** | \$160 copay + difference** |
| Specialty* - Requires Prior Authorization | \$100 copay** | N/A |

* Limited to 30 day supply

****For the High Deductible Health Plans (HDHP), the deductible must typically be met before the plan shares costs and the only exceptions are noted. For both the Board Paid HDHP with SureFit, and the HDHP with HRA plans, a generic drug list which may offer free generic medications for maintenance of certain conditions is included to help you maintain your good health.**

Notes:

1. Medications in drug classes commonly available over the counter are not typically covered under the plan. Classes include, but are not limited to, Proton Pump Inhibitors and Allergy medications.
2. If choosing a Brand medication instead of the Generic equivalent, regardless if the script states "Dispense as Written", the member will be responsible for the difference in cost between the Generic equivalent medication and the Brand medication.
3. Certain medications require Prior Authorization and have quantity limits.
4. There may be some slight tier changes, your copayment may go up or down if your specific drug changes tiers.
5. NEW for 2024! PaydHealth-Specialty Medication program. This patient assistance program seeks drug manufacturers funding for specialty medications.

Member using certain specialty medications will be required to engage with PaydHealth as they will assist you with navigating the program.

Generic Medication Discounts

Walmart continues to offer discount prescriptions, often lower than your copay.. Below are just a few of the current discounts offered:

- **Walmart:** \$4 for a 30-day supply and \$10 for a 90-day supply of some generic medications. Search the medication list at [walmart.com](https://www.walmart.com)

LABORATORY

LAB FACILITIES

We highly recommend that for lab work, you go to an In-Network independent lab to minimize your expenses and save you time. If your doctor's office sends your lab work out, you run the risk of it being sent to an Out-of-Network facility. If that happens, you will be responsible for the entire bill which can be significant! If you use a hospital lab facility on an outpatient basis, the cost to our plan is exorbitant.

Help us help you by using your In-Network Lab Facilities:



VIRTUAL CARE

We understand it may not always be convenient to go to the doctor, which is why we offer you the opportunity to video chat or chat with a doctor for non-emergency situations. Virtual Care gives you 24/7/365 access to a doctor through the convenience of phone or video consults. MDLIVE provides this service.

VIRTUAL CARE

Connect with a Doctor 24/7 For Diagnosis, Treatment, and Prescriptions!

WHEN CAN I USE VIRTUAL CARE?

- When you need care now
- If your doctor is unavailable
- If you're considering the ER or urgent care center for a non-emergency issue
- On vacation, on a business trip, or away from home
- Feeling sick, but you don't want to leave work

GET THE HEALTHCARE YOU NEED

MDLIVE doctors can treat many medical conditions, including:

- Cold & flu symptoms
- Allergies
- Bronchitis
- Sinusitis
- Respiratory infection
- Strep Throat
- Urinary Tract Infections
- Ear Ache
- Pink Eye
- And many more!

SIGNING UP IS EASY!

- Set up an account with MDLIVE through www.myCigna.com
- Complete a medical history using their "virtual clipboard"
- Download their apps to your smartphone/mobile device*
- Do it now while you're healthy! It's easier!

CHOOSE WITH CONFIDENCE

MDLIVE is a quality national telehealth provider, so you can choose your care confidently. When you can't get to your doctor, Cigna Virtual Care is here for you.

VIRTUAL CARE MEMBER COST SHARE

| | |
|------------------------------|-----------------------------------|
| Board Paid HDHP with Surefit | \$55 MDLive (Estimated Cost)** |
| HDHP with HRA | \$10 copay MDLive |
| OAP Buy Up Plan | \$10 copay MDLive |
| Local Plus Buy Up Plan | \$10 copay MDLive |

PRESCRIPTIONS

If a prescription is appropriate, it will be called in to your pharmacy and your health plan benefits will apply.

Go to myCigna.com to download and register today, so you'll be ready to use a Virtual Care service when and where you need it.

MDLIVE®

MDLIVE*
MDLIVEforCigna.com
888-726-3171

The downloading and use of any mobile app is subject to the terms and conditions of the mobile app and the online stores from which it is downloaded. Standard mobile phone carrier and data usage charges apply.

* Availability may vary by location and plan type and is subject to change. See vendor site for details.

** The \$55 (Estimated Cost) will vary depending on service provided. Once the deductible is met, the member is responsible for 20% coinsurance up to the out-of-pocket maximum under the plan. Member cost shares listed above are subject to change.

FREQUENTLY ASKED QUESTIONS

1. How do I know if my provider participates in the SureFit Network?

Log onto www.cigna.com and select "Find a doctor". Select employer or school, enter address, city or zip code of your provider. Select doctor by type, doctor by name or health facility. On the Login/Register screen, select Continue as guest. On the "Please select a plan screen", click Continue for a list of available plans. On the next page, select Cigna SureFit with Advent Health [Orlando].

2. Will I be able to use the Wellness Center (onsite clinic) at the Transportation Compound if I am enrolled in the Board Paid HDHP SureFit?

No, the onsite clinic is not in the SureFit network (SureFit network utilizes Advent Health providers only). You will not be able to seek preventive or acute care services at the onsite clinic.

3. Will I have to select a Primary Care Provider (PCP) at enrollment in the Board Paid HDHP SureFit plan?

Yes. You and your covered dependent(s) are required to select PCPs. The PCP's name will be printed on your ID card. Each individual can select their own PCP. For example, the employee can choose a pediatrician for a child and an internist for themselves. If you do not select a PCP, one will automatically be assigned to you. However, you can change this selection at any time. This means you can use a network-participating PCP other than the one shown on your ID card and receive the same level of coverage.

4. Will my dependents (if enrolled) and I receive a new ID card once we enroll in the SureFit plan?

Yes. Since each enrolled dependent will have their own ID number, each will receive their own ID card. For example, if two adults and three children in a family are enrolled in the plan, there will be a total of five ID cards for the family.

5. What is the difference between the Board Paid HDHP SureFit (HSA) and HDHP with HRA plans?

Several, the biggest difference is the HDHP with HRA will have copayments for Tier 1 Primary Care, Tier 1 Specialists, MD Live Virtual Care visits, Mental Health/Substance Use and \$0 for Acute care at the Wellness Center (clinic). The SureFit plan does not have copayments for these services, and the clinic cannot be utilized if you elect the SureFit plan.

The Board Paid HDHP SureFit allows you to contribute tax free funds into a Health Savings Account. The HDHP with HRA is funded by the district, employees cannot contribute to a Health Reimbursement Arrangement (HRA). Details on this can be found in the Comparison document on the Insider site. Healthcare Bluebook is not available on the HDHP with SureFit plan.

6. What happens to my HSA if I am currently enrolled in the current Board Paid HDHP and I switch to the HDHP with HRA for 2024?

You can keep your funds in your HSA, however, you will not be able to contribute to this account if you enroll in the HDHP with HRA plan. You can use the funds remaining in your HSA for qualified medical, dental or vision expenses, as long as you are enrolled in one of the SCPS HDHP's.

7. Can I enroll in the Dependent Value HDHP for 2024?

No, if you are currently enrolled in the Dependent Value HDHP, you should consider the HDHP Surefit plan for the lowest dependent payroll deductions. If you are not interested in enrolling in this plan, you will need to elect another plan during annual enrollment.

8. What happens if I fail to make my annual enrollment selections by the deadline?

You will be automatically enrolled in the appropriate HDHP and charged the Tobacco surcharge since you would not have completed the tobacco attestation form. You will be enrolled in employer paid life insurance. You will lose all other benefits, as they do not roll from year to year. It is important to note that this cannot be corrected until the next annual enrollment or if you have a qualified life event.

9. Are there any changes to the Prescription Drug Plans?

Yes, there are changes for prescriptions on all four (4) medical plans. We will no longer have Cigna as our Prescription Drug provider. As of 1/1/24 Magellan Rx will provide this coverage.

The drug formulary, benefits, and network will be similar to the Cigna program. It is important to note that your specific drug may change tiers with the new pharmacy program, so your copayment could go up or down IF the drug changed tiers. As always, there may be other drugs available at the lower tier. We will have a new Patient Assistance program (replaces Cigna Savon SP). The program is called PaydHealth, they seek drug manufacturers funding for Specialty medications. Employees are required to provide family financial information. This program is automatically included with our pharmacy program, you do not need to enroll separately.

10. What is a formulary and where can I find the formulary lookup tool?

A formulary is a list of brand and generic drugs covered by your pharmacy benefits. If you take a generic drug or a preferred brand drug, your copay may be less than you would pay for a non-preferred drug. Ask your doctor to prescribe generic or preferred brand drugs to help you save money. You are using the Accord Formulary. With our formulary lookup tool, you can:

- Look up a drug
- Find out which tier the drug is on
- Learn about specific requirements (like prior authorization) and coverage limits.

Visit magellanrx.com/member/documents to view formulary documents. You can access the formulary without logging into the member portal. If you need additional assistance, please contact customer service at 833.544.4515.

11. How do I contact customer service for Magellan Rx?

If you have questions about your pharmacy benefits, call customer service at 833.544.4515. Support is available 24 hours a day, 7 days a week. They will only be able to provide minimal information prior to the 1/1/24 effective date.



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You're probably overpaying for care and don't even know it.

Prices for the same procedure can vary up to 500% depending on where you go. It's true!

With **Healthcare Bluebook** you can see price information on hundreds of procedures in your area with a simple search. Plus, you can earn rewards for using **Fair Price™** (green) facilities. Get paid to save... It's easy!



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healthcarebluebook.com/cc/scps
(800) 875-9717



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the App:



Mobile Code:
SCPS



Healthcare Bluebook.

Take a minute to walk through these simple instructions, so that you have quick access to Healthcare Bluebook on all your devices. Anytime, anywhere!

1 IT PAYS TO BE PREPARED... GEAR UP! BE EMPOWERED!

On your PC, laptop and tablet:
Login to Healthcare Bluebook and bookmark the search page for quick access.

healthcarebluebook.com/cc/scps



On your mobile phone:
Download the app and login so you'll have Bluebook with you anytime you need to schedule a procedure.

Mobile Code: SCPS



3 USE HEALTHCARE BLUEBOOK AND KNOW WHERE TO GO

Search for your procedure in Healthcare Bluebook, use a **Fair Price™** (green) facility, save big bucks on care, and get a reward.



Knee MRI



At or Below Fair Price Slightly Above Fair Price Highest Price

GO HERE

- Reasonable Rates Imaging Center (~ 2 miles)
- XTRA Imaging (~ 3 miles)
- Too Much Medical Center (~ 1 mile)

NOT HERE

FOR EXAMPLE PURPOSES

BIG SAVINGS +
\$1500



HEALTH SAVINGS ACCOUNT (HSA):

WHAT IS A HEALTH SAVINGS ACCOUNT?

A Health Savings Account (HSA) is an individual bank account established in your name in which you can deposit and spend pre-tax dollars for eligible health care expenses. The funds contributed to an account are not subject to federal income tax at the time of deposit. By IRS Regulation, you are eligible for an HSA if you elect the Board Paid HDHP with SureFit and you have no other non-qualified medical coverage.

ADDING FUNDS

Once your HSA is established, you may elect to deposit additional money on a pre-tax basis into your HSA bank account via payroll deductions. The IRS sets the annual dollar maximum that can be contributed to an HSA. People who are age 55 or older can make additional catch-up contributions, as defined below.

| HSA Maximum 2024-Contribution Limits | |
|--------------------------------------|---------|
| Employee Only | \$4,150 |
| Employee +Dependents | \$8,300 |
| 55+ Catch-Up | \$1,000 |

Cigna makes it easy to manage and access your HSA plan. Simply log in online to www.myCigna.com or download the myCigna mobile app.

USING HSA FUNDS

Once your HSA has been established, a new debit card will be mailed to your home address from HSA Bank. You can use this debit card to pay for health care expenses or you may pay out-of-pocket and reimburse yourself by transferring funds from your HSA to your checking or savings account. If you use your HSA money for ineligible

expenses, you will pay a 20% penalty plus income tax on the amount withdrawn. Once you turn age 65, you may use your HSA funds for any expenses, medical or not, but you will pay income taxes on the amount used for ineligible expenses.

To view the full list of eligible expenses, visit www.irs.gov/publications Publication 502.

Note: It is your responsibility to familiarize yourself with IRS regulations on HSAs and maintain records of all transactions pertaining to your HSA for IRS audit purposes.

HEALTH SAVINGS ACCOUNT FEE

SCPS covers the Standard Monthly Account Maintenance Fee, as long as you are employed with SCPS and remain on the Board Paid HDHP with SureFit. If you remain on the HDHP with HRA you will be charged the \$3.00 monthly fee. HSA Bank helps you understand all of the fees associated with your Health Savings Account. For details regarding these fees and the general terms and conditions that apply to your HSA, see the Deposit Account Agreement and Disclosures for Health Savings Accounts included in your Welcome Kit.

HSA INVESTMENT ACCOUNT

If you have a minimum balance of \$2,000, you have the option to invest in mutual funds. Your investment application can be completed through the online portal. Visit www.myCigna.com

HSA AT A GLANCE

| PORTABLE | FLEXIBLE | TAX SAVINGS | PREMIUM SAVINGS |
|--|---|--|--|
| <ul style="list-style-type: none">You own 100% of the deposited funds, meaning if you change employers or retire, you do not lose the money in the account regardless of whether you contributed the money or it was an employer contribution. | <ul style="list-style-type: none">You can choose whether to spend the money on current medical expenses or you can save your money for future use.Unused funds will automatically roll over to the following year. | <ul style="list-style-type: none">Contributions are tax free (pre-tax through payroll deductions or tax deductible)Interest and investment earnings are tax freeFunds withdrawn for eligible medical expenses are tax free | <ul style="list-style-type: none">By choosing the HDHP, your payroll premium cost is lower than both Buy-Up plans. |

HEALTH REIMBURSEMENT ARRANGEMENT (HRA)

The HRA is an employer only contribution account available to employees who are enrolled in the HDHP with HRA plan. This account is also setup for employees who are enrolled in the HDHP with SureFit plan, and have other non-qualified medical coverage, such as Medicare, Tricare or a spouse's employer group health plan and meet the 5 wellness incentive activities under the SCPS Strive for 5 wellness program. Your Strive for 5 wellness incentive will be rewarded into your HRA. The funds in the account will roll over from plan year to plan year. However, if you have a separation of service, retire, or switch plans, the remaining funds in the HRA will be forfeited. You have 90 days to file a claim upon separation or change of medical plans.

Money from your HRA can be used to pay for eligible medical, pharmacy, dental and vision covered expenses until funds are exhausted. CIGNA makes it easy for you to manage and access your HRA plan. Simply log in online to www.myCigna.com or download the myCigna mobile app.

| | Health Savings Account (HSA) | Health Reimbursement Arrangement (HRA) |
|--|---|--|
| Who owns the account? | SCPS employee | SCPS |
| Eligible individual | SCPS Employees covered by the Board Paid HDHP with SureFit. Individuals are not eligible if they can be claimed as a dependent on another person's tax return or if they are enrolled in Medicare. | SCPS Employees enrolled in the HDHP with HRA. |
| Who may fund the account? | If an employee meets the wellness program criteria, SCPS provides \$750 into the employees HSA account. The employee may also contribute pre-tax dollars through payroll deductions. | If an employee meets the wellness program criteria, SCPS provides \$750 into the employees HRA. Employees cannot contribute to the HRA. |
| Is there a limit on the amount that can be contributed per year? | \$4,150 Individual, \$8,300 Family (2024) Catch-up contributions: \$1,000/year– age 55 by end of tax year | N/A |
| Can unused funds be rolled over from year to year? | Yes, the bank account is owned by the employee. | Yes, the employer makes this determination. |
| What happens to when an employee leaves SCPS? | This is a bank account owned by the employee and remains the employee's account. There are tax implications for using the funds and IRS limitations on further contributions. Bank account fees may apply. | This is the employer's commitment to fund the arrangement so remaining funds stay with the employer. |
| What happens if I make a health plan change? | This account is ONLY available with the Board Paid HDHP with SureFit. | This arrangement is ONLY available on the HDHP with HRA since it has some copayment provisions. |
| What if I have other non-qualified medical coverage, such as Medicare, Tricare or a spouse's employer group health plan? | You are not eligible for a Health Savings Account (HSA) | You can enroll in the HRA provided by SCPS. |

OPTING OUT OF MEDICAL COVERAGE

MUTUAL OF OMAHA

SHORT-TERM DISABILITY COVERAGE IN LIEU OF MEDICAL COVERAGE

Benefit eligible employees who are covered under another qualified medical plan, either as a dependent or through individually acquired coverage, will be enrolled in this Short-Term Disability benefit. You may only opt out of medical by providing proof of other qualified coverage and when following applies:

- You enroll for the first time as a new employee
- During Annual Enrollment for the next plan year
- Within 30 days of an approved qualifying event

This Board Paid benefit is provided through Mutual of Omaha and pays you a flat \$300 weekly benefit, after a 7 day waiting period, if you are disabled and under a Physician's care up to a maximum of 104 weeks. In order to be eligible for this plan you **MUST** submit proof of other medical coverage such as a copy of an ID card.

This coverage is paid for by SCPS, your benefit will be taxed. To file a claim, call Mutual of Omaha at 1-800-877-5176, and reference Plan/Policy #GUG-6K71. Your opt-out election will remain in effect through **December 31, 2024** unless you or a qualified dependent experience an approved qualifying event.

WELLNESS PROGRAM



THE 2024 WELLNESS INCENTIVE

You should have successfully completed the Strive for 5 Wellness activities between August 1, 2022 through July 31, 2023. If you completed your Gatekeeper Goals and earned five wellness activity points, you will receive an incentive that either:

HDHP

1. Contributes up to \$750 into a Health Savings Account (HSA) or a Health Reimbursement Account (HRA), if you are enrolled in one of the HDHP's. If your spouse is enrolled and also completed the Strive for 5 wellness activity points, an additional \$500 will be deposited into your HSA or HRA on January 1, 2024.

BUY-UP PLANS

2. Reduces the premiums (payroll deductions) for employees enrolled in the OAP and Local Plus Buy-up Plans.

Good health is important to you, your family and to us, therefore, each worksite location has a Wellness Champion who is focused on health and well-being. Our program is maintained through Cigna and you should engage with your SCPS wellness programs online at **myCigna.com** or contact your Wellness Champion for district wellness events.

UNDERSTAND YOUR GATEKEEPER GOALS

1. Complete the lab work ordered through your Primary Care Physician at LabCorp or Quest.
2. Complete the Cigna Health Assessment found on **www.myCigna.com**.
3. The Gatekeeper Goals are a required step in order to earn the \$750 incentive. While you can complete the other activities before you do your Gatekeeper Goals, your earned points will not show up on the Cigna Portal. All earned points will be released to you once the Gatekeeper Goals are completed.

LOOKING AHEAD - WELLNESS ACTIVITIES FOR 2025

Now is the time to work on achieving your wellness activities for the next plan year (2025). The window to complete your 2025 Wellness Activities is August 1, 2023 through July 31, 2024. The activities are built to encourage you to engage in a healthy lifestyle throughout the year. Take time to read the activities that have been posted throughout the district and on the next page of your 2024 Benefits Guide. Start your wellness activities now!

Please make it a priority to schedule your annual physical with your Primary Care Physician or at the Wellness Center and complete your annual lab work **before July 31, 2024**.

KNOW YOUR NUMBERS

Knowing your numbers for key biometric measurements is very important because the wellness activities are a combination of preventive care and an outcome-based points system.

Outcome-based programs have pre-established health values for important health activities that prevent health risks like: heart disease, stroke, diabetes, cancer and other health conditions. This is a great step toward making us accountable for our own health and health care decisions. It is intended to identify past, current and potential medical problems. Understanding your health values from the past few years of participating in the wellness program will make you aware of your health in order to take advantage of the resources to improve your numbers.

Note: Wellness Screening forms can be found on pages 33-38

All Strive for 5 activities must be done through Cigna.

STRIVE FOR 5 | 2023/24 ACTIVITIES FOR 2025 REWARD

Goals completed between **August 1, 2023** and **July 31, 2024** are awarded for the 2025 plan year.

| GATEKEEPER GOALS | |
|---|---|
| Complete the lab work ordered from your PCP at LabCorp or Quest Diagnostics and complete the Cigna Health Assessment (Must complete both goals before earned incentive points will be awarded.) | REQUIRED |
| GOALS | REWARD**** |
| HEALTH SCREENING GOALS | |
| Get preventive annual exam with your Primary Care Provider | 2 |
| Get well-woman exam | 1 |
| Get a preventive mammogram | 1 |
| Get a colon cancer screening | 1 |
| Get a cervical cancer screening | 1 |
| Get a prostate cancer screening | 1 |
| Get a Flu Shot | 1 |
| HEALTH STATUS GOALS* | |
| Achieve a Waist Circumference ≤ 40 Men or ≤ 35 Women* | 1 |
| Achieve a Cholesterol Ratio of 4.4 or lower for women, and 5.0 or lower for men | 1 |
| Achieve a healthy blood pressure level of $\leq 139/89$ or improve blood pressure to a healthy level* | 1 |
| Achieve a Fasting Blood Sugar level < 100 OR Non-Fasting Blood Sugar level < 140 * | 1 |
| HEALTH COACHING GOALS (minimum of 28 days) | |
| Achieve a Personal Health Goal by working with a Health Coach | 2 (can complete twice) |
| Get Help Improving Lifestyle Habits (Stress, Weight and Tobacco – telephonic) | 1 |
| Complete an online coaching program via My Health Assistant (Exercise, Nutrition, Cope with the Blues, Weight, Stress, Tobacco, Asthma, Diabetes, Heart Failure, COPD, Heart Disease) | 2 (can complete twice) |
| HEALTH OUTCOME GOALS | |
| Get your Orthopedic Back Surgery done at a Center of Excellence facility | 1 |
| Get your Orthopedic Joint Surgery done at a Center of Excellence facility | 1 |
| Get your Cardiac Surgery done at a Center of Excellence facility | 1 |
| Get the best care during childbirth at a Center of Excellence hospital | 1 |
| HEALTH ENGAGEMENT GOALS | |
| Get Connected! Have fun and earn rewards on Apps and Activities** | point value only available from 8/1/23 through 12/31/23 |
| Participate in the SCPS Employee Fitness Challenge*** | 1 |

* Biometric screening must include: Cholesterol Ratio, Glucose, Blood Pressure, Waist Circumference. If an individual does not qualify for a Biometric Outcome reward, a reasonable alternative standard or waiver is available.

** Completion timeframe to earn the Apps and Activities goal is 8/1/23 through 12/31/23. Completion of the goal must be achieved by 12/31/23.

*** Participants must earn 90+ activity points throughout the challenge to earn incentive point.

**** Financial reward/year for 5+ points

ENJOY EASIER SERVICE

Now that your Cigna One Guide team is by your side

Ready to answer all your health plan questions. And so much more.

Let's face it. Understanding and using your health plan isn't always easy. Well, not to worry. Your Cigna One Guide® team is ready and waiting to help. It's our highest level of personal support available.

Simply call us, click-to-chat on **myCigna.com** or use the **myCigna® App**. You'll automatically be connected to a One Guide representative who will help guide you where you need to go.

Helping you save money. And stay healthy. Your Cigna One Guide team can help you:

Understand your plan

- › Learn how your coverage works
- › Get answers to your health care or plan questions

Get care

- › Find an in-network health care provider, lab or urgent care center
- › Connect with health coaches
- › Connect with dedicated, one-on-one support for complex health situations

Save and earn

- › Earn incentives (if provided by your employer)
- › Get cost estimates to avoid surprises



Click, call or chat. Your personal guide is ready and waiting to help.

myCigna.com

myCigna App

800.Cigna24

Together, all the way.®



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Product availability may vary by location and plan type and is subject to change. All group health insurance policies and health benefit plans contain exclusions and limitations. For costs and complete details of coverage, see your plan documents.

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BE A GOOD CONSUMER

MYCIGNA.COM DOWNLOAD THE APP!

1. Use the MyCigna Mobile App - and save.

The MyCigna Mobile App can direct you to low cost options to save your money.

2. Look for the Cigna Care Designation.

You may improve your care when you choose a Cigna Care Designation doctor or a Centers of Excellence hospital. Look for these designations in the online directory.

3. Get preventive care.

Checkups, immunizations and screenings help detect or prevent serious diseases.

4. Virtual Care.

Feeling sick? Consider using Virtual Care, which provides 24/7/365 access to a doctor through the convenience of phone or video consultations.

5. Convenience Care Clinic.

You'll get quick access to quality, cost-effective medical care. You can find convenience care clinics in grocery stores, pharmacies and other retail stores. A convenience care clinician can treat you for: Rashes, Earaches, Minor burns and other routine medical conditions.

Average convenience care clinic cost:* \$70

Average ER cost:* \$2,259

6. Urgent Care Center.

If your medical need isn't life threatening and you can't get an appointment with your doctor, consider an urgent care center instead of the emergency room (ER). An urgent care center provides quality care like an ER, but can save you thousands of dollars.

Average urgent care center cost:* \$176

Average hospital ER cost:* \$2,259

7. Consider Independent Radiology Centers.

If you need a CT scan or MRI, you could save hundreds of dollars by going to an independent radiology center.

| | CT | MRI |
|--|----------------|----------------|
| Average radiology center costs:* | \$501 | \$810 |
| Average outpatient hospital costs:* | \$1,460 | \$1,770 |

8. Never go out of network.

The Cigna network is large and nationwide. Our plans do not cover out of network care for non-life threatening conditions.



MYCIGNA MOBILE APP

Register today! Visit **myCigna.com**
or download the myCigna® App.**

Go to myCigna.com to go paperless!

After you register, you can set up paperless communications. Just log in to myCigna.com and select "Go Paperless".

** The downloading and use of the myCigna App is subject to the terms and conditions of the App and the online stores from which it is downloaded. Standard mobile phone carrier and data usage charges apply.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Life can throw a lot at you, from small worries to big concerns. If you find yourself focusing too much on relationship, work or other issues, your benefit offers confidential help and support to help you take control.



A specialist will listen to your needs and connect you to the appropriate resources. Clinicians, counselors, lawyers, and financial advisors are ready to help you with:

- Physical and Emotional Health
- Job / Career Issues
- Elder Care
- Relationship Issues
- Legal and Financial Questions
- Substance Abuse or Other Addictions

FOR ASSISTANCE WITH LIFE'S CHALLENGES, BIG OR SMALL, CALL 877-622-4327

Connect through myCigna.com employer ID: scps (for initial registration) TTY/TDD Users: 877-486-2048 or 711

You and your family can also go online any time to:

- Check benefit information
- Search the online clinician directory
- Use our virtual help centers to find information and resources for hundreds of everyday work and life issues
- Participate in interactive, customizable self improvement programs

All records are kept confidential in accordance with federal and state laws.

As part of your benefits, services are available at no extra cost. This includes referrals and seeing in-network clinicians up to 3 face to face or virtual visits, per issue, per member, per year.

Access to www.cigna.com is always free.

OTHER MENTAL HEALTH RESOURCES



OFFERED
THROUGH



Cigna®

Cigna is committed to helping you take control of your health and that includes your emotional health. That is why Cigna is partnering with Happify, a free app with science-based games and activities that are designed to help you: **Sign up and download the free app today at happify.com/Cigna.**

- Defeat negative thoughts
- Reduce stress and anxiety
- Increase mindfulness and emotional well being
- Gain confidence
- Boost health and performance



Everyone deserves access to incredible mental healthcare. Ginger created the world's first integrated mental healthcare system where coaches, therapists and psychiatrists work as a team to coordinate the best, personalized care right from your smartphone, whenever you need it. Ginger mental health services are In-Network and accessible through behavioral health benefits.

Visit ginger.com/connect to learn more.



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iPrevail is a digital therapeutics platform, designed by experienced clinicians to help you take control of the stresses of everyday life and challenges associated with life's difficult transitions. **Visit myCigna.com to sign up and learn more.**

FLEXIBLE SPENDING ACCOUNTS (FSA)

NAVIA BENEFIT SOLUTIONS

WHAT IS A FLEXIBLE SPENDING ACCOUNT?

A Flexible Spending Account allows you to set aside money from your paycheck before income taxes (Federal, Social Security, Medicare, state and local taxes, if applicable) are withheld. This money is available to pay for eligible expenses, such as copayments, deductibles, eyeglasses, contact lenses, prescriptions and other health-related expenses that are not reimbursed by insurance. Our FSA is administered by **Navia Benefit Solutions**. To find out about what expenses are eligible visit www.naviabenefits.com for more information. When you enroll in a Flexible Spending Account, you **MUST** specify the dollar amount you'd like to direct into your account from each paycheck, up to the annual maximum. You make deposits to your account through tax-free payroll deductions. You then use the money in the account to pay for your eligible expenses. Be sure to carefully estimate your FSA contribution amount. Available funds also may be used at the FSA Store (www.fsastore.com).

NOTE: If you are enrolling in Board Paid HDHP with SureFit, you are not eligible to have a Medical Flexible Spending Account. You are still eligible to enroll in the Dependent Care Flexible Spending Account.

HOW DOES A FLEXIBLE SPENDING ACCOUNT WORK?

First, you must estimate the amount of out-of-pocket expenses for the upcoming year then determine your election amount. Your election amount is divided by the 20 pay period frequency. This amount is deducted from your paycheck each pay period on a pre-tax basis. You will receive a debit card for the FSA, which is the most convenient way to pay for expenses. All funds are available on 1/1/2024, however, deductions will continue throughout the year.

We will have a carryover feature included with your FSA. This feature allows participants to rollover up to the current level of \$610 as determined by the IRS. Any funds above that threshold would be forfeited.

New plan members: You must estimate your contributions based on the number of payrolls left in the plan year. Expenses for family members who are not covered by your medical plan are eligible for FSA reimbursement for qualified expenses.

DEBIT CARD

The debit card allows you access to the Medical FSA (transactions are processed like a credit card; a PIN can be issued, but is not required). Simply use your card at the provider's office, pharmacy, etc. It is important when utilizing the debit card to still request and keep itemized receipts. Navia Benefit Solutions may contact you and ask that you provide receipts to substantiate claims. Failure to provide this information in a timely manner will result in the deactivation of your debit card until you provide the information and the unsubstantiated or denied claim amount added as taxable income on a future payroll. This is an IRS requirement and is unavoidable if you are not compliant. For current participants your current card will be replenished if enrolled in the new plan year. New cards will be provided for new enrollees or expiring cards.

CLAIMS REIMBURSEMENT

Online claim submissions through the participant portal (www.naviabenefits.com)

Via fax to: 866-535-9227

Mail to: ATTN: Navia Benefit Solutions
PO Box 53250
Bellevue, WA 98015

Email claims to: claims@naviabenefits.com

MOBILE APP

MyNavia App allows you to easily check your balances, file claims and send pictures of receipts using an Apple or Android powered devices.

| Annual FSA Maximum 2024 Contribution Limits | |
|---|-------------|
| Medical FSA | \$3,050 max |

ABOUT YOUR INITIAL LOGIN
For the most up to date login information, please go to www.scps.us/BenefitsAE

DEPENDENT CARE FSA

WHAT IS A DEPENDENT CARE FSA ACCOUNT?

This is a pre-tax benefit account used to pay for eligible expenses to provide care for dependents under age 13, or for a disabled spouse or dependent. You are eligible to enroll in a Dependent Care FSA regardless of your medical plan selection. Below are some examples of eligible expenses:

- In-home Babysitting Fees
- Before and After School Care
- Day Care Facility Fees

For a full list of eligible expenses, visit www.irs.gov/publications and refer to Publication 503. *In order to receive reimbursement for in-home babysitting fees, income must be recorded by the provider.

DEPENDENT CARE FSA CONTRIBUTION LIMITS

Under the Dependent Care FSA, if you are married and file a joint return, or if you file a single or head of household return, the annual IRS limit is \$5,000. If you are married and file separate returns, you can each elect \$2,500 for the plan year. You and your spouse must be employed or your spouse must be a full-time student to be eligible to participate in the Dependent Care FSA.

DEBIT CARD

You will receive a debit card for this account. You will only be able to use the debit card for the amount that has already been payroll deducted, so you must plan ahead for your initial expenses. Simply use your debit card at your Day Care provider, etc. at the time of service and your claim will be paid instantly.

It is important when you are utilizing the debit card to still ask for and keep itemized receipts on file. You may still receive a letter from Navia Benefit Solutions requesting receipts for IRS documentation and are ultimately responsible to the IRS for documentation (i.e. a receipt). You are required to keep it and submit it so the plan is compliant with government regulations. **ANY UNUSED DOLLARS IN YOUR ACCOUNT(S) AT THE END OF THE PLAN YEAR WILL BE FORFEITED.**

CLAIMS REIMBURSEMENT

If you do not use your debit card, you may fax, mail or submit your dependent care claims@naviabenefits.com for reimbursement online.

Note: You can only be reimbursed for the money you put into the account. For example: if you have contributed \$200 into your Dependent Care FSA, but your after school care was \$300 for the month, you can only be reimbursed for \$200. All claims incurred between January 1st and December 31st of the previous year, must be submitted for reimbursement by March 31st.

THINGS TO CONSIDER BEFORE YOU CONTRIBUTE TO A MEDICAL FSA OR DEPENDENT CARE FSA

- Be sure to fund the account wisely as the funds are "USE IT OR LOSE IT". Any unused funds at the end of the year will be automatically forfeited.
- You cannot stop or change contributions during the year unless you have a qualifying event change consistent with your change in contributions.
- You may have a Health Savings Account and a Dependent Care FSA.
- You must enroll in the FSA prior to the start of the plan year or during annual enrollment (unless you experience a qualified event that allows a change in your enrollment).
- Save your receipts for all eligible expenses even if you use your debit card. Receipts should include:
 - Name (who received service)
 - Date of service
 - Provider name (provider that delivered service)
 - Type of service
 - Cost of service

DENTAL BENEFITS

SUN LIFE

There are three dental plan options to choose from. Each provide an extensive network of dentists. Below is a summary of the Low & High PPO options. The DHMO (Copay Plan) is based on a Fee Schedule. These plans do not send you a Dental ID card. You may access a list of participating providers and print an ID card by going to www.sunlife.com/us/resources/tools/find+a+dentist/. For a full list of details please refer to www.scps.us/BenefitsAE.

| | | Prepaid 225 Plan (DHMO) (Copay Plan) | Freedom Preferred Plan (PPO) (Low Option) | | Freedom Preferred Plan (PPO) (High Option) | |
|--|-----------|--|--|-----------------------|---|-----------------------|
| | | In-Network Only | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Look for a participating provider in the following network: | | Sun Life Prepaid Dental Series (FL Only) | Sun Life Dental Network | | Sun Life Dental Network | |
| Type I—Preventive Services: Cleanings (limits apply) Fluoride Treatment for Children, Space Maintainers, Topical Sealants, Bitewing X-Rays | Plan Pays | Fixed Reimbursement | 100% coverage | 90% coverage* | 100% coverage | 90% coverage* |
| | You Pay | Copayments | 0% | 10% coverage* | 0% | 10% coverage* |
| Type II—Basic Services: X-Rays (Panoramic or Complete Series), Fillings, Simple Extractions | Plan Pays | Fixed Reimbursement | 90% after deductible | 70% after deductible* | 90% after deductible | 70% after deductible* |
| | You Pay | Copayments | 10% after deductible | 30% after deductible* | 10% after deductible | 30% after deductible* |
| Type III—Major Services: Endodontics, Periodontics, Oral Surgery, Inlays, Onlays, Crowns, Bridges, Dentures | Plan Pays | Fixed Reimbursement | 30% after deductible | 10% after deductible* | 60% after deductible | 40% after deductible* |
| | You Pay | Copayments | 70% after deductible | 90% after deductible* | 40% after deductible | 60% after deductible* |
| Type IV—Orthodontics PPO: Children up to age 19 PrePaid: Adult & Children | Plan Pays | Fixed Reimbursement | Not covered | Not covered | 50% coinsurance | 50% coinsurance |
| | You Pay | Copayments | Not covered | Not covered | 50% coinsurance | 50% coinsurance |
| Maximum Allowable Charge | | N/A | Fee Schedule | 80th Percentile | Fee Schedule | 80th Percentile |
| Deductible | | None | Calendar Year Deductible | | Calendar Year Deductible | |
| Waived for Preventive Services | | None - Copays Apply | Yes | Yes | Yes | Yes |
| Individual | | None - Copays Apply | \$50 | \$50 | \$50 | \$50 |
| Family | | None - Copays Apply | Per Individual | Per Individual | Per Individual | Per Individual |
| Maximum Benefit Limits | | | | | | |
| Annual Limit** | | N/A | \$1,250 | \$1,250 | \$1,250 | \$1,250 |
| Lifetime Limit: Orthodontics | | Copayments | Not covered | Not covered | \$1,000 | \$1,000 |
| Waiting Periods | | | | | | |
| Basic Service | | None | 12 Months | | 12 Months | |
| Major Service | | None | 12 Months | | 12 Months | |
| Ortho Service | | None | N/A | | 12 Months | |

*Balance Billing applies

**Low & High Plans: Type 1 Services do not apply to the calendar year maximum.

| | Employee Only | Employee + 1 | Employee + Family |
|--|---------------|--------------|-------------------|
| Prepaid 225 Plan (Copay only) | \$8.47 | \$13.86 | \$22.95 |
| Freedom Preferred PPO Plan (Low Option) | \$14.23 | \$26.62 | \$45.55 |
| Freedom Preferred PPO Plan (High Option) | \$21.18 | \$39.49 | \$66.89 |

Waiting periods apply outside of new hire initial enrollment window.

Pre-Paid 225 offers in-network coverage only. For a list of covered services and copayments, please see plan document located on www.scps.us/BenefitsAE

VISION BENEFITS

UNITED HEALTHCARE

This plan helps you pay for glasses, contact lenses, and eye exams (routine refractions). The vision care network consists of private practicing optometrists, ophthalmologists, opticians and optical retailers. This plan does not send you a Vision ID card. You may access a list of participating providers and print ID cards by going to www.myuhcvision.com.

| United Healthcare | | |
|---|---|---|
| | In-Network | Out-of-Network |
| Eye Exams Covered Once Every 12 Months | \$10 copay | Up to \$40 reimbursement |
| Frames Covered Once Every 24 Months | \$20 copay; \$150 Allowance & an additional *30% discount for amount over allowance | Up to \$45 reimbursement |
| Lenses Covered Once Every 12 Months | \$20 copay for Single, Bifocal lined, Trifocal lined and Lenticular | Single Vision is up to \$40 / Lined Bifocal is up to \$60 / Lined Trifocal and Lenticular is up to \$80 |
| Contact Lenses in lieu of glasses (Formulary) Covered Once Every 12 Months | Up to 6 boxes, depending on selection at in-network providers. There is a \$20 copay for in-network. The fitting/evaluation fees, contact lenses, and up to two follow up visits are covered in full after copay. | Up to \$150 reimbursement |
| Contact Lenses in lieu of glasses (Non-Formulary) Covered Once Every 12 Months | \$150 allowance will be applied towards the purchase of contacts. The \$20 copay is waived for non-select contacts | Up to \$150 reimbursement will be applied toward the purchase of contacts |

Note: Please see your plan document for medically necessary contacts. Reimbursements can vary.
*30% discount available at most participating in-network provider locations. May exclude certain frame manufacturers. Please verify all discounts with your provider.

| VISION COST OF COVERAGE—20 Pay Periods | Employee Only | Employee + 1 | Employee + 2 or more |
|--|---------------|--------------|----------------------|
| | \$4.63 | \$7.43 | \$10.72 |

HOW TO GET THE MOST OUT OF YOUR VISION INSURANCE

- Please make sure you use your vision benefits. Getting your annual eye exam can assist in detecting issues such as glaucoma, cataracts and other conditions.
- Choose in-network versus out-of-network providers.
- Check to see if your provider offers discounts on additional eye wear.
- Progressive and Anti-Reflective options to your vision plan. See flyer information in the Insider page for additional details.



LIFE & AD&D INSURANCE

THE STANDARD BOARD PAID LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE

Life insurance may provide a monetary benefit to your beneficiary in the event of your death while employed at SCPS. AD&D insurance is equal to your life insurance benefit amount and may be payable to your beneficiary in the event your death is a result of an accident. Some benefits may also be payable for certain injuries. It is important to keep your beneficiary information up to date in order to be certain the benefit is paid to the correct person.

| The Standard Coverage - Board Paid | |
|------------------------------------|---|
| Life Insurance | 1x your annual earnings up to \$150,000, with a minimum of \$25,000 |
| Accidental Death & Dismemberment | Matches Life |
| Benefit Reduction Schedule | None |

THE STANDARD VOLUNTARY LIFE AND AD&D INSURANCE

You have the opportunity to elect additional Voluntary Life Insurance. This may provide an additional life insurance benefit for you, your spouse and/or your dependent child(ren). Contributions for these premiums are 100% employee paid.

Voluntary Life and AD&D Coverage

| | Employee Only | Spouse | Child |
|---|--|--|--|
| Increments | \$1,000 increments to the lesser of four times annual earnings or \$300,000 | \$1,000 increments up to \$150,000; not to exceed 100% of employee's total life amount | \$2,000; \$5,000 or \$10,000, not to exceed 100% of employee's total life amount |
| Guarantee Issue Amount When Initially Eligible* | Lesser of two times your annual earnings or \$100,000 | \$10,000 | \$10,000 |
| Benefit Reduction Schedule | Employee & Spouse: Reduces to 65% of the original amount at employee's attained age 65; to 50% of the original amount at employee's attained age 70; to 35% of the original amount at employee's attained age 75. | | |

*If you waive voluntary life coverage when you are initially eligible, you will be required to provide Evidence of Insurability (EOI) when enrolling at a subsequent annual enrollment for employee coverage requests. If your spouse waives voluntary life coverage when initially eligible, your spouse will be required to provide EOI for all increases in coverage at subsequent enrollments. EOI is the documentation of good health in order to be approved for coverage. The carrier will review and determine approval based on the submitted EOI documentation. If you are required to submit EOI based on your coverage request, please submit your EOI form electronically to The Standard by November 1, 2023. You may access instructions on how to complete and submit this form on the SCPS Insider or on the www.scps.us/BenefitsAE. Benefits may be limited and/or denied based on EOI results. Claims incurred prior to the approval of your coverage will not be covered. It is important to keep your beneficiary information up to date.

LIFE & AD&D INSURANCE RATES

THE STANDARD EMPLOYEE AND SPOUSE LIFE AND AD&D INSURANCE RATES (Based on 20 Payroll Deductions)

| Ages | <30 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 | 65-69 | >70 |
|-----------|--------|--------|---------|---------|---------|---------|----------|----------|----------|----------|
| \$10,000 | \$0.24 | \$0.30 | \$0.50 | \$0.95 | \$1.67 | \$2.64 | \$4.58 | \$5.48 | \$10.62 | \$18.72 |
| \$20,000 | \$0.48 | \$0.60 | \$1.00 | \$1.90 | \$3.34 | \$5.28 | \$9.16 | \$10.96 | \$21.24 | \$37.44 |
| \$30,000 | \$0.72 | \$0.90 | \$1.50 | \$2.85 | \$5.01 | \$7.92 | \$13.74 | \$16.44 | \$31.86 | \$56.16 |
| \$40,000 | \$0.96 | \$1.20 | \$2.00 | \$3.80 | \$6.68 | \$10.56 | \$18.32 | \$21.92 | \$42.48 | \$74.88 |
| \$50,000 | \$1.20 | \$1.50 | \$2.50 | \$4.75 | \$8.35 | \$13.20 | \$22.90 | \$27.40 | \$53.10 | \$93.60 |
| \$60,000 | \$1.44 | \$1.80 | \$3.00 | \$5.70 | \$10.02 | \$15.84 | \$27.48 | \$32.88 | \$63.72 | \$112.32 |
| \$70,000 | \$1.68 | \$2.10 | \$3.50 | \$6.65 | \$11.69 | \$18.48 | \$32.06 | \$38.36 | \$74.34 | \$131.04 |
| \$80,000 | \$1.92 | \$2.40 | \$4.00 | \$7.60 | \$13.36 | \$21.12 | \$36.64 | \$43.84 | \$84.96 | \$149.76 |
| \$90,000 | \$2.16 | \$2.70 | \$4.50 | \$8.55 | \$15.03 | \$23.76 | \$41.22 | \$49.32 | \$95.58 | \$168.48 |
| \$100,000 | \$2.40 | \$3.00 | \$5.00 | \$9.50 | \$16.70 | \$26.40 | \$45.80 | \$54.80 | \$106.20 | \$187.20 |
| \$110,000 | \$2.64 | \$3.30 | \$5.50 | \$10.45 | \$18.37 | \$29.04 | \$50.38 | \$60.28 | \$116.82 | \$205.92 |
| \$120,000 | \$2.88 | \$3.60 | \$6.00 | \$11.40 | \$20.04 | \$31.68 | \$54.96 | \$65.76 | \$127.44 | \$224.64 |
| \$130,000 | \$3.12 | \$3.90 | \$6.50 | \$12.35 | \$21.71 | \$34.32 | \$59.54 | \$71.24 | \$138.06 | \$243.36 |
| \$140,000 | \$3.36 | \$4.20 | \$7.00 | \$13.30 | \$23.38 | \$36.96 | \$64.12 | \$76.72 | \$148.68 | \$262.08 |
| \$150,000 | \$3.60 | \$4.50 | \$7.50 | \$14.25 | \$25.05 | \$36.90 | \$68.70 | \$82.20 | \$159.30 | \$280.80 |
| \$160,000 | \$3.84 | \$4.80 | \$8.00 | \$15.20 | \$26.72 | \$42.24 | \$73.28 | \$87.68 | \$169.92 | \$299.52 |
| \$170,000 | \$4.08 | \$5.10 | \$8.50 | \$16.15 | \$28.39 | \$44.88 | \$77.86 | \$93.16 | \$180.54 | \$318.24 |
| \$180,000 | \$4.32 | \$5.40 | \$9.00 | \$17.10 | \$30.06 | \$47.52 | \$82.44 | \$98.64 | \$191.16 | \$336.96 |
| \$190,000 | \$4.56 | \$5.70 | \$9.50 | \$18.05 | \$31.73 | \$50.16 | \$87.02 | \$104.12 | \$201.78 | \$355.68 |
| \$200,000 | \$4.80 | \$6.00 | \$10.00 | \$19.00 | \$33.40 | \$52.80 | \$91.60 | \$109.60 | \$212.40 | \$374.40 |
| \$210,000 | \$5.04 | \$6.30 | \$10.50 | \$19.95 | \$35.07 | \$55.44 | \$96.18 | \$115.08 | \$223.02 | \$393.12 |
| \$220,000 | \$5.28 | \$6.60 | \$11.00 | \$20.90 | \$36.74 | \$58.08 | \$100.76 | \$120.56 | \$233.64 | \$411.84 |
| \$230,000 | \$5.52 | \$6.90 | \$11.50 | \$21.85 | \$38.41 | \$60.72 | \$105.34 | \$126.04 | \$244.26 | \$430.56 |
| \$240,000 | \$5.76 | \$7.20 | \$12.00 | \$22.80 | \$40.08 | \$63.36 | \$109.92 | \$131.52 | \$254.88 | \$449.28 |
| \$250,000 | \$6.00 | \$7.50 | \$12.50 | \$23.75 | \$41.75 | \$66.00 | \$114.50 | \$137.00 | \$265.50 | \$468.00 |
| \$260,000 | \$6.24 | \$7.80 | \$13.00 | \$24.70 | \$43.42 | \$68.64 | \$119.08 | \$142.48 | \$276.12 | \$486.72 |
| \$270,000 | \$6.48 | \$8.10 | \$13.50 | \$25.65 | \$45.09 | \$71.28 | \$123.66 | \$147.96 | \$286.74 | \$505.44 |
| \$280,000 | \$6.72 | \$8.40 | \$14.00 | \$26.60 | \$46.76 | \$73.92 | \$128.24 | \$153.44 | \$297.36 | \$524.16 |
| \$290,000 | \$6.96 | \$8.70 | \$14.50 | \$27.55 | \$48.43 | \$76.56 | \$132.82 | \$158.92 | \$307.98 | \$542.88 |
| \$300,000 | \$7.20 | \$9.00 | \$15.00 | \$28.50 | \$50.10 | \$79.20 | \$137.40 | \$164.40 | \$318.60 | \$561.60 |

Dependent Child(ren) Life and AD&D Rates - Based on 20 Payroll Deductions

| | | | | | |
|----------------|---------------|----------------|---------------|-----------------|---------------|
| \$2,000 | \$0.48 | \$5,000 | \$1.20 | \$10,000 | \$2.40 |
|----------------|---------------|----------------|---------------|-----------------|---------------|

Note: Rates above are illustrated in \$10,000 increments of coverage. Spouse rates are based upon the Spouse's age.

LONG TERM & SHORT TERM DISABILITY

NEW YORK LIFE LONG TERM DISABILITY

Long Term Disability Insurance provides income protection in the event you become disabled and are unable to work for an extended period of time.* Of all the optional coverage offered, this one is very important.

| Long Term Disability Highlights | |
|---|---|
| Benefit Amount | 60% of your pre-disability monthly earnings |
| Benefit Maximum | \$6,000 monthly |
| Benefits Begin After | 180 days |
| Maximum Benefit Period | To age 65/Graded ADEA |
| Benefit Reductions* | Including, but not limited to sick pay, retirement (Pension), workers compensation, Social Security and other group disability plans like the Mutual of Omaha policy. |
| LONG TERM DISABILITY DEDUCTIONS — 20 Pay Periods | |
| Employee Only | |
| \$6.39 | |

NEW YORK LIFE SHORT TERM DISABILITY INSURANCE

Short Term Disability Insurance provides income protection for a maximum of 26 weeks in the event you become disabled and are unable to work due to sickness or non-occupational injury, including pregnancy, for a short period of time.* You are no longer required to exhaust your sick time before any approved STD benefits are paid.

| Short Term Disability Highlights | |
|----------------------------------|--|
| Benefit Amount | Your maximum benefit amount is determined by your salary (see chart below) |
| Benefit Maximum | Based on chart below |
| Benefits Begin After | 14 calendar days |
| Maximum Benefit Period | 26 weeks |
| Benefit Reductions* | Including, but not limited to sick pay, retirement (Pension), workers compensation, Social Security and other group disability plans like the Mutual of Omaha policy. |

Short Term Disability Deductions - 20 Pay Periods

| Per Pay Earnings | Maximum Weekly Benefit | Per Pay Deduction* |
|-------------------|------------------------|--------------------|
| Less than \$508 | \$160 | \$4.52 |
| \$508 - \$841 | \$260 | \$9.19 |
| \$842 - \$1,175 | \$360 | \$13.58 |
| \$1,176 - \$1,569 | \$460 | \$18.10 |
| \$1,570 - \$1,999 | \$560 | \$22.67 |

| Per Pay Earnings | Maximum Weekly Benefit | Per Pay Deduction* |
|-------------------|------------------------|--------------------|
| \$2,000 - \$2,333 | \$660 | \$27.22 |
| \$2,334 - \$2,687 | \$760 | \$31.76 |
| \$2,688 - \$3,035 | \$860 | \$36.29 |
| \$3,036 or higher | \$960 | \$40.68 |

* There is no Evidence of Insurability (EOI) upon enrollment, however, benefit payment at time of claim is subject to a 6/12 pre-existing condition limitation. Benefits are payable after medical review by New York Life. Claims incurred prior to the approval of your coverage or conditions determined to be pre-existing will not be covered.

LONG TERM CARE

UNUM LONG TERM CARE INSURANCE

Long-Term Care is needed when you or a family member become unable to care for themselves on their own and require help doing everyday things, such as: continence, toileting, transferring, dressing, eating and bathing. Coverage can help cover the cost of care in a variety of places, such as your home, an assisted living facility, a nursing home & adult day care facility. This may happen as a result of an accident, illness, or cognitive impairment.

Through SCPS, you have the opportunity to purchase Long-Term Care coverage with Unum through easy, after-tax, payroll deductions. This group policy offers you and your family the ability to take advantage of group rates. If you did not sign up for this benefit when you were first eligible, you can enroll at annual enrollment or any time during the year. All applicants are required to complete and submit an Evidence of Insurability application to be approved for coverage.

SCPS PROGRAM OFFERS

- Significantly Discounted rates (50%-70% savings)
- Reduced medical underwriting questionnaire
- Covers services other plans don't (i.e. custodial and family care)
- Guaranteed renewable
- Portability – take it with you at the same cost
- New hires are Guarantee Issue
- Please retain a copy of the completed form for your records.

BILLING

- Employees and their Spouses/Domestic Partners will be payroll deducted.
- Extended family will be directly billed monthly through EFT, quarterly, semi-annually or annually by the insurance carrier.

| Unum Long Term Care Benefit Highlights | |
|---|--|
| Monthly Benefit Amount | Available in increments of \$1,000 with \$2,000 as the minimum and \$6,000 as the maximum |
| Elimination Period | 90 Days |
| Benefit Duration | Choose 3 year, 6 year or lifetime |
| Facility Benefit | Receive 100% of the benefit if receiving care at an approved facility such as a nursing home |
| Home Health Benefit | Receive 75% of the benefit if receiving approved home care |
| Additional Plan Features | Inflation protection is available on some plans. ALL plans are indemnity reimbursement which means you do not need to submit receipts. |

TELL YOUR FAMILY THEY'RE ELIGIBLE!

Extended family includes:

- Spouses/Domestic Partners
- Siblings
- Parents, Step-Parents and In-Laws
- Grandparents
- Adult children

Family includes natural/adoptive/step relationships. Medical underwriting required for extended family members.

| Market Monthly Rate Comparison | | | |
|--------------------------------|-------------------------------------|-------------------|------------------------------|
| | Individual Market Monthly Rates* | | SCPS Unum Monthly Rates* |
| Age | Married Male | Married Female | Employees & Family Unisex |
| 40 | \$111.18 | \$169.42 | \$46.80 |
| 50 | \$154.14 | \$234.86 | \$74.40 |
| 60 | \$250.16 | \$381.15 | \$150.00 |

*Above example compares Individual market rates against SCPS group rates and are based on a \$6,000 monthly benefit with a 6-year benefit duration.

APPLY ONLINE

Step 1: Visit www.SCPSSLTC.com and take the LTC Insurance path "Visit Now"

Step 2: Click on "Enroll" or View a Video

Step 3: Apply for Coverage or Speak with a Specialist

Questions? Schedule an appointment caregivingexchange.com/seminole/makeappointment

Call: 877.485.2318 **Email:** ltchelp@agis.com

ACCIDENT & HOSPITAL CARE PLANS

CIGNA ACCIDENT INSURANCE

Cigna’s Accident Insurance is designed to help you with deductibles, copayments and out-of-pocket costs related to a covered accidental injury. Coverage is available for you, your spouse and eligible dependent children. Please see your plan document for additional benefit details.

Rates for Accident Insurance based on 20 payroll deductions

| Employee Only | Employee + Spouse | One-Parent Family | Two-Parent Family |
|---------------|-------------------|-------------------|-------------------|
| \$7.05 | \$10.82 | \$13.76 | \$17.54 |

ACCIDENT PLAN FEATURES INCLUDE BENEFITS FOR:

- Off-Job Accidents
- Initial Care, Including Emergency Room Treatment
- Common Accidental Injuries
- Surgical Care
- Transportation & Lodging Assistance
- Follow-Up Care
- Catastrophic Accident

Accident Plan Highlights:

Emergency Room visit: \$200 | Ambulance: \$400 ground/\$1,600 Air | Hospital Admission due to an accident \$1,000 | Physician Office Visit: \$100 | Diagnostic Exam (X-Ray or Lab): \$50 | Follow-Up Doctor Visit: \$120 (up to 10 visits) | Broken or Fractured Bones: \$200-\$8,000 | Dislocations: \$100-\$6,000 | Burns: \$300-\$10,000 | Broken or Fractured Bones: Non-Surgical \$100-\$4,000 and Surgical \$200-\$8,000 | Dislocations: Non-Surgical \$100-\$3,000 and Surgical \$200-\$6,000

CIGNA HOSPITAL CARE INSURANCE

Hospital Care Insurance with Cigna can help protect you against those out-of-pocket expenses related to a covered accident or covered sickness when you are admitted as a patient to a hospital facility. Please see your plan document for additional benefit details.

Rates for Hospital Care Insurance based on 20 payroll deductions

| Employee Only | Employee + Spouse | Employee + Child(ren) | Two-Parent Family |
|---------------|-------------------|-----------------------|-------------------|
| \$13.10 | \$24.75 | \$21.31 | \$32.96 |

HOSPITAL CARE PLAN FEATURES INCLUDE BENEFITS FOR:

- Hospital admission benefit, including chronic condition admissions.
- Hospital stay benefit, including ICU and observation stays.
- No pre-existing condition exclusions.
- Guarantee issue (no medical underwriting).
- Portable (you can take it with you even if you change jobs or leave your employer).
- Coverage options for you, your spouse and eligible dependent children.

HOSPITAL CARE PLAN HIGHLIGHTS:

Hospital Confinement: \$1,000 | Daily Confinement: \$100 per day | Daily ICU Confinement: \$200 per day
*Outpatient services provided at a hospital are not covered.

CRITICAL ILLNESS PLAN

CIGNA CRITICAL ILLNESS INSURANCE

If diagnosed with cancer, or a covered critical illness, would you have the money to cover any of the following?

- Loss of wages or salary
- Deductibles and coinsurance
- Travel expenses
- Home healthcare needs
- Childcare expenses

This policy includes:

1. Lump sum \$15,000 benefit to help with cancer treatment costs
2. Payment regardless of any other insurance you have with other companies.
3. Benefit payments made directly to you unless you specify otherwise.
4. Portable (you can take it with you)

HOW TO FILE A CLAIM

The preferred way to file your claim is by phone, however, you may also file your claim via fax, email or mail.

Phone: 1-800-754-3207 | Fax: 1-860-730-6460
Email to: SuppHealthClaims@Cigna.com
Mail to: Cigna Supplemental Health Solutions
P.O. Box 188028
Chattanooga, TN 37422

FOR A CLAIM STATUS OR ANSWERS TO QUESTIONS?

Customer Service Representatives are available to provide you with the status of your claim or answer any other questions you may have. Please call 1-800-754-3207 between 7:00am and 7:00pm, CST.

Rates for Critical Illness are based on 20 Payroll Deductions

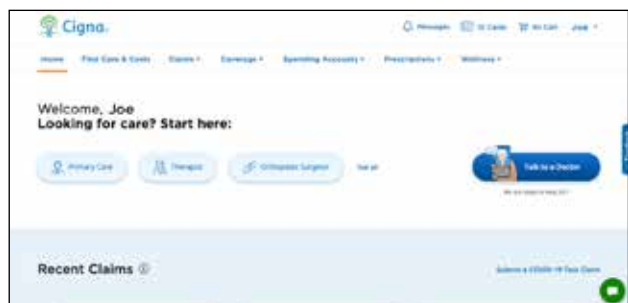
| Non-Tobacco Rates | | | | |
|-------------------|--------------------------|----------|---------|----------|
| Employee's Age | Cigna (\$15,000 benefit) | | | |
| | EE | ESP | ECH | FAM |
| <24 | \$4.76 | \$8.12 | \$7.56 | \$10.92 |
| 25-29 | \$5.15 | \$8.65 | \$7.96 | \$11.44 |
| 30-34 | \$6.22 | \$10.12 | \$9.01 | \$12.92 |
| 35-39 | \$7.89 | \$12.48 | \$10.69 | \$15.28 |
| 40-44 | \$9.44 | \$14.83 | \$12.24 | \$17.63 |
| 45-49 | \$12.34 | \$19.31 | \$15.12 | \$22.10 |
| 50-54 | \$15.70 | \$25.37 | \$18.50 | \$28.17 |
| 55-59 | \$20.21 | \$33.42 | \$23.00 | \$36.23 |
| 60-64 | \$24.65 | \$41.25 | \$27.44 | \$44.05 |
| 65-69 | \$30.40 | \$50.05 | \$33.19 | \$52.86 |
| 70-74 | \$42.72 | \$68.71 | \$45.52 | \$71.51 |
| 75-79 | \$53.16 | \$88.82 | \$55.96 | \$91.62 |
| 80-84 | \$65.62 | \$108.57 | \$68.42 | \$111.38 |
| 85+ | \$88.24 | \$150.79 | \$91.04 | \$153.59 |

| Tobacco Rates | | | | |
|----------------|--------------------------|----------|----------|----------|
| Employee's Age | Cigna (\$15,000 benefit) | | | |
| | EE | ESP | ECH | FAM |
| <24 | \$5.24 | \$8.90 | \$8.04 | \$11.70 |
| 25-29 | \$6.02 | \$10.00 | \$8.82 | \$12.79 |
| 30-34 | \$7.89 | \$12.65 | \$10.69 | \$15.44 |
| 35-39 | \$11.48 | \$17.83 | \$14.27 | \$20.63 |
| 40-44 | \$14.75 | \$22.75 | \$17.55 | \$25.55 |
| 45-49 | \$21.02 | \$32.57 | \$23.83 | \$35.37 |
| 50-54 | \$27.76 | \$44.09 | \$30.56 | \$46.89 |
| 55-59 | \$35.80 | \$58.34 | \$38.60 | \$61.14 |
| 60-64 | \$42.72 | \$70.48 | \$45.52 | \$73.27 |
| 65-69 | \$51.04 | \$81.73 | \$53.84 | \$84.53 |
| 70-74 | \$67.60 | \$107.56 | \$70.41 | \$110.37 |
| 75-79 | \$79.49 | \$128.57 | \$82.30 | \$131.36 |
| 80-84 | \$97.51 | \$156.61 | \$100.31 | \$159.41 |
| 85+ | \$109.97 | \$183.86 | \$112.78 | \$186.67 |

PLAN HIGHLIGHTS

- Annual Health Screening: \$100 (paid per year per covered person)
- Cancer Initial Diagnosis: Initial Diagnosis: Employee \$15,000, Spouse 50% of Employee Amount, Children 25% of Employee Amount.
- Recurrent Benefits: 25%-100% of benefit amount, depending on condition or illness
- Covered illnesses include, but are not limited to, Cancer, Skin Cancer, Heart Attack, Stroke, Coronary Artery Disease, Advanced Alzheimer's Disease, Amyotrophic Lateral Sclerosis (ALS), Parkinson's Disease, Multiple Sclerosis, Bacterial Meningitis, Malaria, Tuberculosis, Cerebral Palsy, Cystic Fibrosis, Muscular Dystrophy, Benign Brain Tumor, Blindness, End-Stage Renal (Kidney) Disease, Loss of Hearing or Speech, and Paralysis.

ONLINE TOOLS & RESOURCES



LOG ON TO WWW.MYCIGNA.COM

- Complete your Health Assessment
- Check claim status and history
- View explanation of benefits and health statements
- View claim documents
- View benefits and eligibility
- Find a network doctor
- Estimate treatment costs
- Use the click-to-chat feature to connect with a live Cigna representative
- Learn about health conditions, symptoms and the latest treatment options
- Search for information in the palm of your hand

MYCIGNA MOBILE APP

- Find physicians near you, check the status of a claim or speak directly with a nurse
- Provides access to you and your family's health information anytime/anywhere
- Available for Apple and Android operating systems

SCPS INSIDER

The SCPS Insider provides detailed information regarding your benefits. **www.scps.us/BenefitsAE**

HOW TO LOG IN

- Log in to the Portal
- Click on the SCPS Insider tile
- Click on Departments
- Click on Employee Benefits and Wellness

ADDITIONAL TOOLS

There are many tools and programs available to help you be a smart consumer of health care. To learn more, go online or call the phone number listed on the back of your ID card. Here are just a few of the programs available:

- Healthy Pregnancies/Healthy Babies
- Health & Wellness Coaching
- Employee Assistance Program
- Treatment Decision Support
- Chronic Condition Coaching
- One Guide

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and your employer may use aggregate information it collects to design a program based on identified health risks in the workplace, Cigna will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment. Please note that individually identifiable genetic information (such as information about family health history, or a child's health conditions) are not collected by this plan.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The personally identifiable health information that is received will only be used in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, and no information you provide as part of the wellness program will be used in making any employment decision. Although no one can prevent all cyber-attacks, Cigna has an information security program consisting of people, process, and technology – including encryption and monitoring tools designed to protect electronic information. We maintain safeguards intended to protect the security of your information. In the event a data breach, as defined by law, occurs involving information you provide in connection with the wellness program, we will notify you as required by law.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns, or need additional information regarding your employer-sponsored wellness program, or about protections against discrimination and retaliation, please contact your Plan Administrator or Employer.

ACTIVITY-BASED PHYSICIAN-RECOMMENDED ALTERNATIVE AND WAIVER (FORM A)



You may be able to earn rewards in different ways for the Cigna Health and Wellness Program. You have taken the first step towards working with your doctor to help achieve your goals. First, complete the Patient Information Section below. Second, ask your doctor (or licensed medical professional) to either provide an alternative goal that is appropriate for you, or a waiver from completing the goal. Finally, please ask your doctor to sign the completed form before returning it to Cigna.

Patient Information Section (Please print all information)

| | | |
|---|---|--|
| First Name | MI | Last Name |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Address | | |
| <input type="text"/> | | |
| City | State | Zip |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Cigna Account Number: | Primary Telephone | |
| <input type="text"/> | Area Code <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> | |
| Social Security (SSN) Last 4 numbers | Customer ID (Note: located on your Cigna ID card; this is an 11 position field) | Patient Date of Birth |
| <input type="text"/> | <input type="text"/> | MM <input type="text"/> <input type="text"/> DD <input type="text"/> <input type="text"/> YYYY <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Patient (or legal guardian of minor) Signature: By signing below you are confirming the information on this forms is true and accurate, and you understand your data will be released to your Cigna health plan. (Required) | | |
| <input type="text"/> | | |
| Today's Date (Required) | | |
| MM <input type="text"/> <input type="text"/> DD <input type="text"/> <input type="text"/> YYYY <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | |

Physician (or Licensed Medical Professional) Information Section (Please print all information)

As an attending physician (or licensed medical professional) for the above mentioned patient,

☐ I recommend the above patient be waived from all activities or activities checked below.

Please note that if this box is checked and no specific activities are checked off from the list below, it will be understood that the patient will be waived from all eligible incentive activities, including biometric screening, due to medical reasons (e.g. pregnancy, serious medical condition, physical disabilities, terminal illness, etc.). This will result in every goal offered to be rewarded, including goals for maternity or complex case management, if offered. If this is not your intent, please check off the applicable activities below to be waived.

OR

☐ I am certifying that the above patient is working with me as an alternative. This alternative applies to the goal/activities checked below.

☐ Telephonic Coaching

- ☐ Make progress or achieve a health goal
- ☐ Manage a chronic condition
- ☐ Get help improving my lifestyle habits (tobacco, stress and weight)
- ☐ Case Management

☐ Get a preventive flu shot

☐ Online Program/Digital Coaching

- ☐ Make smart and delicious food choices
- ☐ Get help improving my lifestyle habits (tobacco, stress and weight)
- ☐ Manage a chronic condition
- ☐ Prediabetes Coaching

☐ Other (Please describe the goal/activity. E.g. exercise programs, tracking on mobile apps, physical challenges, etc.)

| | | |
|--|----------------------|----------------------|
| Physician First Name (or Licensed Medical Professional) | MI | Last Name |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Address | | |
| <input type="text"/> | | |
| City | State | Zip |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Title | <input type="text"/> | |
| Signature of Physician or Licensed Medical Professional (Required) | | |
| <input type="text"/> | | |
| Today's Date (Required) | | |
| MM <input type="text"/> <input type="text"/> / DD <input type="text"/> <input type="text"/> / YYYY <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | |

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AC36762014-0108

ACTIVITY-BASED PHYSICIAN-RECOMMENDED ALTERNATIVE AND WAIVER (FORM A)

Instructions for patients and health care professionals



These instructions may be used by both patients and licensed medical professional for completion of the alternative/waiver request forms. The steps below guide you through determining which form to use, how to complete the forms, and how to submit the forms to Cigna.

Activity-Based Physician-Recommended Alternate and Waiver form (Form A)

- If you wish to receive a physician-recommended alternative or waiver from completing activity based incentive programs, choose this form.
- Examples of activity based programs include but are not limited to:
 - Participating in wellness programs, such as nutrition or exercise programs
 - Achieving activity-related goals, such as a 10,000 step challenge
 - Managing diet or physical activity

Refer to Form A for all activity-based goals

Outcome-Based Physician-Recommended Alternate and Waiver form (Form B)

- If you wish to receive a physician-recommended alternative or waiver from completing health outcomes based incentive programs, choose this form.
- Examples of health outcomes programs include but are not limited to:
 - Achieve a healthy body mass index, cholesterol level, blood sugar level, and blood pressure
 - Manage weight by losing five to 10 percent of your current weight
 - Tobacco cessation

Refer to Form B for all outcome-based goals

Patients

- Print a copy of the correct form and bring it with you to your physician visit, along with any Cigna health plan material you may have that outlines your incentive program.
- Please complete all fields in the top section including your name, address, birthdate, and account information.
- Please sign and date the form. Forms received without signature will not be processed.
- Please write clearly. Forms that are not legible may be returned.

Physicians (or Licensed Medical Professionals)

- Discuss with your patient the options for alternatives or waivers to completing the incentive goal.
- The patient may have Cigna health plan material that will include details of the incentive program for your reference.
- Indicate on the form if you are providing an alternative or a waiver.
- Check the activities for which alternative or waiver should be applied.
- The form must be signed and dated in order for it to be processed for the patient.

Using the "Other" category

If you wish to receive a physician-recommended alternative or waiver for a goal or activity that is not listed on this form, please check the "Other" category on the form and include the detailed goal name as it appears in your incentives program materials.

Please send the forms by mail or fax

- Mail Cigna
PO Box 3026
Scranton, PA 18505
- Fax 888.467.7281
Enter on the fax cover sheet: "CONFIDENTIAL —Attention: Physician-Recommended Alternative and Waiver"
- Upload Electronically upload your form at mycigna.com.

If you have questions about completing this form please call the number on your Cigna ID card.

If you are not enrolled in a Cigna medical plan, please call 1-800-Cigna 24 (244.6224).

Your Privacy is Important: The privacy of your health information is important to you and to Cigna. We are committed to ensuring your personal health information is protected and secure, and that our practices comply with privacy laws, including the Health Insurance Portability and Accountability Act (HIPAA).

"Cigna," and the "Tree of Life" logo are registered service marks of Cigna Intellectual Property, Inc., licensed for use by Cigna Corporation and its operating subsidiaries. All products and services are provided exclusively by such operating subsidiaries and not by Cigna Corporation. Such operating subsidiaries include Cigna Behavioral Health, Inc., Connecticut General Life Insurance Company, Cigna Health and Life Insurance Company, and HMO or service company subsidiaries of Cigna Health Corporation. © 2020 Cigna.

OUTCOME-BASED PHYSICIAN-RECOMMENDED ALTERNATIVE AND WAIVER (FORM B)

You may be able to earn rewards in different ways for the Cigna Health and Wellness Program. You have taken the first step towards working with your doctor to help achieve your goals. First, complete the Patient Information Section below. Second, ask your doctor (or licensed medical professional) to either provide an alternative goal that is appropriate for you, or a waiver from completing the goal. Finally, please ask your doctor to sign the completed form before returning it to Cigna.



Patient Information Section (Please print all information)

| | | |
|--|---|----------------------|
| First Name | MI | Last Name |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Address | | |
| <input type="text"/> | | |
| City | State | Zip |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Cigna Account Number: | Primary Telephone | |
| <input type="text"/> | Area Code <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |
| Social Security (SSN) Last 4 numbers | Customer ID (Note: located on your Cigna ID card; this is an 11 position field) | |
| <input type="text"/> | <input type="text"/> | |
| Note: Please use the last 4 digits of SSN for person being screened. | Patient Date of Birth | |
| | MM | DD YYYY |
| | <input type="text"/> | <input type="text"/> |

Patient (or legal guardian of minor) Signature: By signing below you are confirming the information on this form is true and accurate, and you understand your data will be released to your Cigna health plan. (Required)

Today's Date (Required)

| | | |
|----------------------|----------------------|----------------------|
| MM | DD | YYYY |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Physician (or Licensed Medical Professional) Information Section (Please print all information)

As an attending physician (or other licensed medical professional) for the above-mentioned patient,

Option 1 - Physician Recommended Alternative

☐ I recommend that this patient be waived from the activities checked below:

- | | |
|--|--|
| <input type="checkbox"/> Achieve a healthy body mass index | <input type="checkbox"/> Achieve a healthy cholesterol ratio |
| <input type="checkbox"/> Achieve a healthy body mass index or improve weight | <input type="checkbox"/> Achieve a healthy blood pressure |
| <input type="checkbox"/> Achieve a healthy total cholesterol level | <input type="checkbox"/> Achieve a healthy blood pressure or improve blood pressure |
| <input type="checkbox"/> Achieve a healthy LDL level | <input type="checkbox"/> Get help improving my lifestyle habits (tobacco cessation) |
| <input type="checkbox"/> Achieve a healthy fasting blood sugar | <input type="checkbox"/> Other (For example online programs such as tobacco cessation and weight management) |
| <input type="checkbox"/> Achieve a healthy non-fasting blood sugar | |
| <input type="checkbox"/> Achieve a healthy waist circumference | |

OR

Option 2 - Physician Recommended Waiver

☐ Waive patient from all eligible incentive activities, including biometric screening, due to medical reasons (e.g. pregnancy, serious medical condition, physical disabilities, terminal illness, etc.) Please note that checking this box will mean that every goal offered will be rewarded. If goals like maternity program or complex case management are offered, they will also be waived. If this is not your intent, please use Option 1 above to check off applicable activities.

| | | |
|---|----------------------|----------------------|
| Physician First Name (or Licensed Medical Professional) | MI | Last Name |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Address | | |
| <input type="text"/> | | |
| City | State | Zip |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Title | <input type="text"/> | |

Signature of Physician or Licensed Medical Professional (Required)

Today's Date (Required)

| | | |
|----------------------|----------------------|----------------------|
| MM | DD | YYYY |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

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OU36762014-0108

OUTCOME-BASED PHYSICIAN-RECOMMENDED ALTERNATIVE AND WAIVER (FORM B)

Instructions for patients and health care professionals



These instructions may be used by both patients and licensed medical professional for completion of the alternative/waiver request forms. The steps below guide you through determining which form to use, how to complete the forms, and how to submit the forms to Cigna.

Activity-Based Physician-Recommended Alternate and Waiver form (Form A)

- If you wish to receive a physician-recommended alternative or waiver from completing activity based incentive programs, choose this form.
 - Examples of activity based programs include but are not limited to:
 - Participating in wellness programs, such as nutrition or exercise programs
 - Achieving activity-related goals, such as a 10,000 step challenge
 - Managing diet or physical activity
- Refer to Form A for all activity-based goals

Outcome-Based Physician-Recommended Alternate and Waiver form (Form B)

- If you wish to receive a physician-recommended alternative or waiver from completing health outcomes based incentive programs, choose this form.
 - Examples of health outcomes programs include but are not limited to:
 - Achieve a healthy body mass index, cholesterol level, blood sugar level, and blood pressure
 - Manage weight by losing five to 10 percent of your current weight
 - Tobacco cessation
- Refer to Form B for all outcome-based goals

Patients

- Print a copy of the correct form and bring it with you to your physician visit, along with any Cigna health plan material you may have that outlines your incentive program.
- Please complete all fields in the top section including your name, address, birthdate, and account information.
- Please sign and date the form. Forms received without signature will not be processed.
- Please write clearly. Forms that are not legible may be returned.

Physicians (or Licensed Medical Professionals)

- Discuss with your patient the options for alternatives or waivers to completing the incentive goal.
- The patient may have Cigna health plan material that will include details of the incentive program for your reference.
- Indicate on the form if you are providing an alternative or a waiver.
- Check the activities for which alternative or waiver should be applied.
- The form must be signed and dated in order for it to be processed for the patient.

Using the "Other" category

If you wish to receive a physician-recommended alternative or waiver for a goal or activity that is not listed on this form, please check the "Other" category on the form and include the detailed goal name as it appears in your incentives program materials.

Please send the forms by mail or fax

- Mail Cigna
PO Box 3026
Scranton, PA 18505
- Fax 888.467.7281
Enter on the fax cover sheet: "CONFIDENTIAL —Attention: Physician-Recommended Alternative and Waiver"
- Upload Electronically upload your form at mycigna.com.

If you have questions about completing this form please call the number on your Cigna ID card.
If you are not enrolled in a Cigna medical plan, please call 1-800-Cigna 24 (244.6224).

Your Privacy is Important: The privacy of your health information is important to you and to Cigna. We are committed to ensuring your personal health information is protected and secure, and that our practices comply with privacy laws, including the Health Insurance Portability and Accountability Act (HIPAA).

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CONTACT INFORMATION

| Product Information | Company | Phone Number | Policy Number | Web/Email Address |
|---|---------------------------------|---|-------------------------------------|--|
| Accident/Critical Illness/Hospital Care | Cigna | 1-800-754-3207 | AI 960765 CI 960739 HC 960261 | SuppHealthClaims.com |
| Benefits & Insurance Services | SCPS | 407-320-0095 407-320-0389 fax | | Benefits: benefits@scps.k12.fl.us Wellness: wellness@scps.k12.fl.us |
| Cobra Continuation | Wex Health | 1-866-451-3399 Option 1: Active Employees Option 2: Cobra participants | | customerservice@wexhealth.com |
| | | | | cobralogin.wexhealth.com |
| Dental | Sun Life | 1-800-442-7742 PPO 1-800-443-2995 DHMO | 934322 | www.sunlife.com/us/resources/tools/find+a+dentist/ |
| Direct Billing for Leave of Absence | Wex Health | 1-866-451-3399 Option 1: Active Employees | | customerservice@wexhealth.com |
| Employee Assistance Program | Cigna | 1-877-622-4327 | 3337309 | www.myCigna.com |
| Flexible Spending Account | Navia Benefit Solutions | 1-800-865-6543 | | www.naviabenefits.com |
| Life/AD&D | Standard | 1-800-628-8600 | 161865 | www.standard.com |
| Long Term Care | Unum | 1-800-227-4165 | 067229 | www.unuminfo.com/scps |
| Medical | Cigna | 1-800-244-6224 | 3337309 | www.myCigna.com |
| | Healthcare Bluebook | 1-800-875-9717 | N/A | healthcarebluebook.com/cc/scps |
| Pharmacy | Magellan Rx | 1-833-544-4515 Home Delivery Magellan Rx Pharmacy P.O. Box 620968 Orlando, FL 32862 1-800-424-8274 1-888-282-1349 fax MagellanRx Specialty 1-866-554-2673 | PRXSCP | www.magellanrx.com |
| | PaydHealth | 1-877-422-1776 | N/A | www.paydhealth.com |
| Retiree Pension Plan | FRS (Florida Retirement System) | Alana Wakelyn 407-320-0498 1-850-907-6500 or 1-844-377-1888 | | Enrollment@frs.state.fl.us |
| Retirement Resources | TSA Consulting Group | 1-888-777-5827 SCPS Help Desk: 407-320-0350 | | www.tsacg.com Step 1: Go to plan sponsor pages Step 2: Select your state Step 3: Select your Employer/Plan Sponsor (Seminole County Public Schools) |
| Short Term Disability | Mutual of Omaha | 1-800-877-5176 | GUG-6K71 | www.mutualofomaha.com |
| Short & Long Term Disability | New York Life (formerly Cigna) | 1-800-362-4462 | STD-LK8316 LTD-LK8317 | www.mynylgbs.com |
| Vision | United Healthcare | 1-800-638-3120 | 0712572 | www.myuhcvision.com |

When contacting any of the companies above, it is important to have the insurance card or ID number(s) of the subscriber for the coverage you are calling about as well as any appropriate paperwork, such as an explanation of benefits, a denial letter, receipts, etc.

GENERAL CLAIMS AND BENEFIT INFORMATION

For benefit questions, claim issues, and general inquiries, you and your dependents may contact **407-320-0095**. 39



FOR MORE INFORMATION

SCPS Employee Benefits and Wellness

400 E. Lake Mary Blvd. | Sanford, FL 32773

(407) 320-0095 | benefits@scps.k12.fl.us

www.scps.us/BenefitsAE

Reasonable Accommodation(s):

The School Board prohibits discrimination against any employee or applicant based upon his/her disability. As such, the Board will not engage in employment practices or adopt policies that discriminate on the basis of disability, or otherwise discriminate against qualified individuals with disabilities in regard to job application procedures, the hiring, advancement or discharge of employees, employee compensation, job training, or other terms, conditions and privileges of employment.



Seminole County Public Schools Educational Equity - Notice of Nondiscrimination

Any form of discrimination or harassment can be devastating to an individual's academic progress, social relationship and/or personal sense of self-worth. As such, the School Board will not discriminate nor tolerate harassment in its educational programs or activities on the basis of race, color, national origin, sex (including sexual orientation, gender status, or gender identity), disability (including HIV, AIDS, or sickle cell trait), pregnancy, marital status, age (except as authorized by law), religion, military status, ancestry, or genetic information, which are classes protected by State and/or Federal law (collectively, "protected classes").

The Board also does not discriminate on the basis of protected classes in its employment policies and practices as they relate to students. Equal educational opportunities shall be available to all students, without regard to the protected classes, age (unless age is a factor necessary to the normal operation or the achievement of any legitimate objective of the program/activity), place of residence within the boundaries of the District, or social or economic background, to learn through the curriculum offered in this District. Educational programs shall be designed to meet the varying needs of all students.