SEMINOLE COUNTY PUBLIC SCHOOLS

2024

Retiree 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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CONTACT INFORMATION

Product Information	Company	Phone Number	Policy Number	Web/Email Address
Medical	Cigna	1-800-244-6224	3337309	www.mycigna.com
Pharmacy	Magellan Rx	833-544-4515 Home Delivery Magellan Rx Pharmacy P.O. Box 620968 Orlando, FL 32862 800-424-8274 • 888-282-1349 fax MagellanRx Specialty 1-866-554-2673	PRXSCP	www.magellanrx.com
	PaydHealth	1-877-422-1776	N/A	www.**paydhealth.com**
Medical for Medicare Eligible	UHC Retiree Services	1-888-556-7049		www.uhcretiree.com
Health Insurance Marketplace	Primary Care Access Network	1-877-564-5031		www.coveringcfl.net
Life/AD&D	Standard	1-800-628-8600	161865	www.standard.com
Retiree Pension Plan	FRS (Florida Retirement System)	SCPS Retirement Representative 407-320-0498 1-850-907-6500 or 1-844-377-1888		Enrollment@frs.state.fl.us
Benefits & Insurance Services	SCPS	407-320-0095 407-320-0389 fax		Benefits: benefits@scps.k12.fl.us Wellness: wellness@scps.k12.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)

General Claims and Benefit Information

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. For benefit questions, claim issues, and general inquiries, you maycontact **407-320-0095.**

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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/Retirees for additional details. In all instances, the plan documents will govern.

Annual enrollment election dates will be **October 30, 2023 through November 10, 2023** for the coverage period of **January 1, 2024 through December 31, 2024**.

MEDICAL BENEFIT OPTIONS

- We've teamed up with UnitedHealthcare to offer several Medicare Supplement Plans that offer not only great coverage but a cost effective premium compared to the active plans. In most cases, these plans are more advantageous to the Medicare-eligible retiree. Prescription coverage is also included in these plans with its own formulary and copay/coinsurance.
- If you are Medicare eligible (typically 65 years or older), you may continue the current plans or choose one of the UnitedHealthcare plans.
- If you are not Medicare eligible, you may continue the current plans outlined on **page 14-15.**

ALTERNATIVE MEDICAL COVERAGE

Not yet eligible for Medicare coverage but need help finding alternatives to the District plans? Primary Care Access Network, a 501 (c)(3) non-profit organization, provides Navigators to help guide you through the Health Insurance Marketplace application and inform you if you are eligible for:

- Qualified Health Plans which are private health insurance plans. Some plans include dental coverage. In other cases, separate dental plans are available.
- Financial assistance based on household size and income. Most people who apply will qualify for lower costs.
- Florida Kidcare, CHIP or Medicaid.
- For assistance call: **1-877-564-5031** or visit **www.CoveringCFL.net.**

TOBACCO SURCHARGE

You are required to attest whether or not you are a tobacco user. If you fail to attest, your monthly premium will increase. If you are staying on the SCPS medical plans and you want to avoid this $500 surcharge, you must complete and return the tobacco affidavit included in your enrollment package. Eligible retirees who use tobacco products as defined in the Board Policy below will have an annual surcharge of $500.

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/Retirees.**

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ELIGIBILITY & ENROLLMENT

ELIGIBILITY

We are pleased to offer retirees health and supplemental benefits that are designed to protect you and your family.

For retirees who are not Medicare eligible and would like to make changes to your current coverage, you must complete the 2024 annual enrollment form that includes the Deduction Authorization Form included in your packet.

For retirees that are Medicare eligible, you may access retiree information online at scps.us/Retirees. Here you will find the presentation from UnitedHealthcare which further details their plans, how to enroll, and how to deduct your premiums from the Florida Retirement System (FRS).

DEPENDENT ELIGIBILITY

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

Benefits	Legal Spouse	Legally Dependent Children
Medical/Rx	☑	Up to age 26/30*

*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 provide 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)

It is the retiree's responsibility to notify the Employee Benefits and Wellness Department within 30 days of the qualifying event with your request to change your benefits, or you will be required to wait until the next annual open enrollment period.

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.

NEW RETIREE

IF YOU RETIRE AT THE END OF THE SCHOOL YEAR

If you retire at the end of the school year, and work until the end of your contract, the Board-paid medical insurance for you and/or your dependents will continue until June 30th. Please contact your Benefits Specialist at 407-320-0095 if you have any questions.

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NEW RETIREE

IF YOU RETIRE DURING THE SCHOOL YEAR

Pension Plan Participants

Your Board-paid benefits will continue until the date you retire. Any medical or life insurance premiums continued through SCPS must be deducted from FRS, and are due prior to the month of coverage per contract language. In those instances where funds are not available through FRS, you will receive an invoice from the Employee Benefits and Wellness Department.

Investment Plan Participants

You will have the option to continue coverage through our Cobra Provider. In order to continue coverage for a medical or life plan through SCPS as a retiree, you must take a distribution within 4 months of your termination date to be considered "officially retired." Life insurance will be offered through "Direct Billing" with our provider at the monthly cost outlined in the Cost of Coverage section in this guidebook, with an additional monthly fee of $4.00. You must coordinate your elections upon official retirement with the Employee Benefits and Wellness Department to continue benefits as a retiree. Failure to continue benefits through the provider waives your right to continue benefits as a retiree.

MEDICARE AND YOUR DISTRICT BENEFITS

Retirees who are Medicare eligible (typically 65 years of age and older) must enroll in both Medicare Part A and Part B. Medicare is considered your primary insurance even if you remain enrolled in a District medical plan. This means any medical expenses you incur must first be processed and paid by Medicare. Please be sure to let your doctor's office know you have Medicare and coverage under a District plan so there can be a coordination of benefits. This will also allow claims tracking towards your wellness incentives. If you have any questions regarding the district plans, please call the Employee Benefits and Wellness Department for assistance.

MEDICARE PART A AND B EXPLAINED

Most individuals automatically qualify for Medicare Part A when they turn 65 due to meeting the eligibility requirements of having worked 40 quarters throughout their lifetime.

Medicare Part B, on the other hand, is an optional benefit that you must sign up for. If you fail to elect Part B when first eligible, you will be subject to a penalty in the form of a higher monthly premium when you join later. The penalty can be significant, so it is important that you enroll in Part B as soon as you are eligible.

Part B has a monthly premium, which is required to maintain Medicare Part B status. The monthly premium for Medicare Part B in **2023 was $164.90. The 2024 Part B premiums will be $174.70.**

This monthly Part B premium is in addition to the plan's monthly premium and is typically taken out of your Social Security check automatically.

MEDICARE - ELIGIBLE RETIREE

MEDICARE ELIGIBLE RETIREES

The School Board of Seminole County will continue offering additional health and prescription retirement plans to you. These plans will consist of Medicare Supplement plans as well as a Medicare Part D Drug Plan.

With UnitedHealthcare, as long as your providers accept Medicare, you can continue to see them. Also, the Medicare Part D plan offered does not include the traditional "doughnut hole" that most Medicare Part D plans include. These plans offer a significant savings over the High Deductible Health Plan with HSA, HDHP with HRA, Local Buy-up plan, and the Open Access Buy up plan. UnitedHealthcare plans are outlined on pages 14-15.

Keep in mind, just like the other plans offered, in order to enroll into a Medicare Supplement Plan, you will need to have both Medicare Parts A and B.

Information continues on the next page.

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MEDICARE - ELIGIBLE RETIREE

MEDICARE COORDINATION

Cigna will pay as the Secondary Plan to Medicare Part A and B regardless if the person is actually enrolled in Medicare Part A and/or Part B as permitted by the Social Security Act of 1965 as follows:

(**A**) A former Employee such as a retiree, a former Disabled Employee, a former Employee's Dependent, who is also eligible for Medicare and whose insurance is continued for any reason as provided in this plan (including COBRA continuation);

(**B**) An Employee, a former Employee, an Employee's Dependent, or former Employee's Dependent, who is eligible or Medicare due to End Stage Renal Disease after that person has been eligible for Medicare for 30 months.

It is your responsibility to enroll in Part A & B.

AM I ENROLLED IN PART B?

If you are unsure if you have Medicare Part B, you can look at your Medicare Card and it will have a start date for Part B if you enrolled.

If you need to sign up for Medicare Part B, please contact **Social Security at 1-800-772-1213** or by visiting **www.ssa.gov** and request that your Medicare Part B start January 1, 2024.

SUPPLEMENTAL INSURANCE PLANS

WHAT IS A MEDICARE SUPPLEMENT PLAN?

As you may already know, Medicare is a government medical plan for those individuals that qualify, either by age or due to a disability; however, Medicare does not pay for everything. In fact, Medicare only covers about 80% of your Medicare Part B medical expenses. Medicare also has Part A and Part B deductibles that you may have to pay when you use services.

Medicare supplement plans exist to fill the "gaps" in Original Medicare. Depending on the Medicare supplement plan you choose, the plan may cover the costs not typically paid by Medicare, including deductibles and coinsurance amounts. You may choose to purchase an AARP® Medicare Supplement Insurance Plan, insured by UnitedHealthcare Insurance Company.

PARTS OF MEDICARE

PART A	PART B	PART D
(Hospital Coverage)	**(Medical Coverage)**	**(Prescription Drugs)**
Helps cover inpatient hospital care, including skilled nursing facility stays and hospice care. You are responsible for deductibles and coinsurance.	Helps to cover doctor visits and outpatient care, such as lab tests. You are responsible for paying the Part B premium, coinsurance and yearly deductible.	This separate and optional insurance may help lower your prescription drug costs offered by private insurers that contract with the Centers for Medicare and Medicaid Services.

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SUPPLEMENTAL INSURANCE PLANS

Plan Features

- A choice of plans to meet your needs and budget now and in the future.
- You're able to keep your own doctor without network restrictions, as long as they accept Medicare patients.
- Coverage goes with you when you travel within the U.S.
- You are guaranteed coverage for life. (Rates subject to change).
- You may visit any specialist who accepts Medicare patients. Referrals are not required.

WHAT IS A MEDICARE PART D PLAN?

In 2006, Medicare introduced Medicare Prescription Part D Plans which allowed private companies to offer prescription drug coverage to Medicare retirees.

A Part D plan works very similar to your existing coverage. You can provide your Medicare Part D card to your pharmacy starting January 1, 2024 to process your prescriptions.

In order to sign up for a Medicare Part D Plan you must be enrolled in Medicare Part A and/or Part B. Just remember, if you wish to enroll into a Medicare Supplement plan you must have Parts A and B.

New for 2024, SCPS will have a new Pharmacy Benefit Manager. MagellanRx will take the place of the Cigna pharmacy program. Please see information below.

MagellanRx	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 HDHP with SureFit HSA, 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.

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:

Quest Diagnostics LabCorp Laboratory Corporation of America

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Medicare Supplement Insurance Plans

Because Medicare doesn't cover everything.

Medicare Parts A and B cover a significant amount of health care expenses, but they don't cover everything. There are certain costs, such as deductibles and coinsurance, which may need to be paid out-of-pocket.

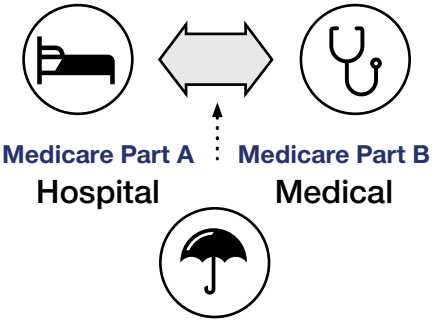
How a Medicare supplement plan may help.

One way to help cover some of these expenses is with a Medicare supplement health insurance plan. These plans are sold by private companies and may help with some of the expenses that you would otherwise have to pay out-of-pocket.

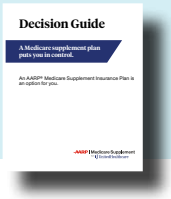
Choose the plan to meet your needs.

You may choose to purchase an AARP® Medicare Supplement Insurance Plan, insured by UnitedHealthcare Insurance Company ("UnitedHealthcare"). There are typically [8] plans in most states (plans vary in MA, MN and WI).

How Medicare supplement insurance works with Medicare Parts A & B.



Help pay some of the out-of-pocket medical expenses not paid by Medicare Parts A and B.



To learn more about the plans available to you, an AARP Medicare Supplement Plan Decision Guide will be mailed to you.

+AARP endorses the AARP Medicare Supplement Insurance Plans, insured by UnitedHealthcare Insurance Company. UnitedHealthcare Insurance Company pays royalty fees to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP. AARP and its affiliates are not insurers. AARP does not employ or endorse agents, brokers or producers.

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MEDICARE SUPPLEMENT PLANS

Your AARP Medicare Supplement Plan options

← most to least comprehensive →

	Plans available to all applicants						Medicare first eligible before 2020 only [1]	
DESCRIPTION OF SERVICE	**G**	**N**	**L**	**K**	**B**	**A**	**F**	**C**
Medicare Part A coinsurance and hospital costs (up to an additional 365 days after Medicare benefits are used)	✓	✓	✓	✓	✓	✓	✓	✓
Medicare Part A deductible	✓	✓	75%	50%	✓		✓	✓
Medicare Part B coinsurance or copay	✓	Copay [3]	75%[2]	50%[2]	✓	✓	✓	✓
Medicare Part B deductible							✓	✓
Medicare Part B excess charges	✓						✓	
Blood (first three pints)	✓	✓	75%	50%	✓	✓	✓	✓
Foreign travel emergency (up to plan limits) [4]	80%	80%					80%	80%
Hospice care coinsurance or copay	✓	✓	75%	50%	✓	✓	✓	✓
Skilled nursing facility coinsurance	✓	✓	75%	50%			✓	✓
2023 out of pocket limit (Plans K and L only) [2]			$3,470	$6,940				

1. Plans C and F are only available to eligible Applicants(a)with a 65th birthday prior to 1/1/2020 or (b) who will be age 65 or older on or after 1/1/2020 with a Medicare Part A effective date prior to1/1/2020.
2. For Plans K and L, after you meet your out-of-pocket yearly limit and your yearly Part B deductible ($226 in 2024), the Medicare supplement plan pays 100% of covered services for the rest of the calendar year.
3. Plan N pays 100% of the Part B coinsurance, except for a copay of up to $20 for some office visits and up to a $50 copay for emergency room visits that don't result in an inpatient admission.
4. Benefit is 80% and beneficiaries are responsible for 20% after the $250 annual deductible with a $50,000 lifetime maximum for medically necessary emergency care received outside the U.S. during the first 60 days of each trip.

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PRESCRIPTION DRUG PLAN COMPARISON

UHC—AARP Medicare RX Plan Comparisons

	2023	2024	2023	2024
	UHC – AARP Medicare Rx Saver Plus	UHC – AARP Medicare Rx Saver Plus	UHC – AARP Medicare Rx Preferred	UHC – AARP Medicare Rx Preferred
Deductible	$505.00	$545.00	$0	$0
Initial Coverage				
Tier 1 – Preferred Generic	$6	$8	$15	$15
Tier 2 – Generic	$14	$20	$20	$20
Tier 3 – Preferred Brand	18%	$47	$47	$47
Tier 4 – Non-Preferred Brand	42%	50%	45%	45%
Tier 5 – Specialty	25%	25%	33%	33%
Gap				
Tier 1 – Preferred Generic	25%	25%	25%	25%
Tier 2 – Generic	25%	25%	25%	25%
Tier 3 – Preferred Brand	25%	25%	25%	25%
Tier 4 – Non-Preferred Brand	25%	25%	25%	25%
Tier 5 – Specialty	25%	25%	25%	25%
Catastrophic				
Tier 1 – Preferred Generic	Greater of $3.95 or 5%	$0	$0	$0
Tier 2 – Generic	Greater of $3.95 or 5%	$0	Greater of $3.95 or 5%	$0
Tier 3 – Preferred Brand	Greater of $9.85 or 5%	$0	Greater of $9.85 or 5%	$0
Tier 4 – Non-Preferred Brand	Greater of $9.85 or 5%	$0	Greater of $9.85 or 5%	$0
Tier 5 – Specialty	Greater of $9.85 or 5%	$0	Greater of $9.85 or 5%	$0
Mail Order				
Tier 1 – Preferred Generic	$3	$6	$0	$0
Tier 2 – Generic	$27	$54	$0	$0
Tier 3 – Preferred Brand	18%	$141	$126	$126
Tier 4 – Non-Preferred Brand	42%	47%	40%	40%
Tier 5 – Specialty	N/A	N/A	N/A	N/A
Premium				
Monthly	$64.40 in FL	$80.60 in FL	$109.60 in FL	$103.50 in FL

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PRESCRIPTION DRUG PLAN COMPARISON

UHC/SCPS Part D Plan Comparison

	2023	2024
	UHC Group Medicare RX PDP Plan	UHC Group Medicare RX PDP Plan
Deductible	$0	$0
Initial Coverage		
Tier 1 – Generic & Some Brands	$10	$10
Tier 2 – Preferred Brands	$30	$30
Tier 3 – Non-Preferred Brand	$45	$45
Tier 4 – Specialty	$60	$60
Gap		
Tier 1 – Generic & Some Brands	$10	$10
Tier 2 – Preferred Brands	$30	$30
Tier 3 – Non-Preferred Brand	$45	$45
Tier 4 – Specialty	$60	$60
Catastrophic		
Tier 1 – Generic & Some Brands	Greater of $4.15 or 5%	$0
Tier 2 – Preferred Brands	Greater of $10.35 or 5%	$0
Tier 3 – Non-Preferred Brand	Greater of $10.35 or 5%	$0
Tier 4 – Specialty	Greater of $10.35 or 5%	$0
Mail Order		
Tier 1 – Generic & Some Brands	$20	$20
Tier 2 – Preferred Brands	$60	$60
Tier 3 – Non-Preferred Brand	$90	$90
Tier 4 – Specialty	$120	$120
Premium		
Monthly	$199.92	$207.92

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COST OF COVERAGE

Total Monthly Cost	Tobacco Surcharge	Single	Retiree + Spouse	Retiree + Child(ren)	Family
HDHP with SureFit HSA Non-Medicare	Non-Tobacco	$783.33	$1,441.94	$1,109.59	$2,048.02
	Tobacco	$825.00	$1,483.60	$1,151.25	$2,089.69
HDHP with SureFit HSA Medicare One Participant	Non-Tobacco	$642.71	$1,301.32	$968.97	$1,907.40
	Tobacco	$684.38	$1,342.98	$1,010.63	$1,949.07
HDHP with SureFit Medicare Both Participants	Non-Tobacco	N/A	$1,160.70	N/A	$1,766.78
	Tobacco	N/A	$1,202.36	N/A	$1,808.45
HDHP HRA Non-Medicare	Non-Tobacco	$791.67	$1,704.37	$1,450.34	$2,454.17
	Tobacco	$833.33	$1,746.03	$1,492.01	$2,495.84
HDHP HRA Medicare One Participant	Non-Tobacco	$651.05	$1,563.75	$1,309.72	$2,313.55
	Tobacco	$692.71	$1,605.41	$1,351.39	$2,355.22
HDHP with HRA Medicare Both Participants	Non-Tobacco	N/A	$1,423.13	N/A	$2,172.93
	Tobacco	N/A	$1,464.79	N/A	$2,214.60
Open Access Buy-Up Non- Medicare	Non-Tobacco - Incentive Not Met	$936.32	$2,073.83	$1,712.66	$3,070.90
	Non-Tobacco - Incentive Met	$873.82	$2,011.33	$1,650.16	$3,008.40
	Tobacco - Incentive Not Met	$977.99	$2,115.49	$1,754.33	$3,112.57
	Tobacco - Incentive Met	$915.49	$2,052.99	$1,691.83	$3,050.07
Open Access Buy-Up One Participant	Non-Tobacco - Incentive Not Met	$795.70	$1,933.21	$1,572.04	$2,930.28
	Non-Tobacco - Incentive Met	$733.20	$1,870.71	$1,509.54	$2,867.78
	Tobacco - Incentive Not Met	$837.37	$1,974.87	$1,613.71	$2,791.95
	Tobacco - Incentive Met	$774.87	$1,912.37	$1,551.21	$2,909.45
Open Access Buy-Up Both Participants	Non-Tobacco - Incentive Not Met	N/A	$1,792.59	N/A	$2,789.66
	Non-Tobacco - Incentive Met	N/A	$1,730.09	N/A	$2,727.16
	Tobacco - Incentive Not Met	N/A	$1,834.25	N/A	$2,831.33
	Tobacco - Incentive Met	N/A	$1,771.75	N/A	$2,768.83
Local Plus Buy-Up Non-Medicare	Non-Tobacco - Incentive Not Met	$922.42	$1,959.34	$1,628.18	$2,803.29
	Non-Tobacco - Incentive Met	$859.92	$1,896.84	$1,565.68	$2,740.79
	Tobacco - Incentive Not Met	$964.09	$2,001.01	$1,669.85	$2,844.96
	Tobacco - Incentive Met	$901.59	$1,938.51	$1,607.35	$2,782.46
Local Plus Buy-Up One Participant	Non-Tobacco - Incentive Not Met	$781.80	$1,818.72	$1,487.56	$2,662.67
	Non-Tobacco - Incentive Met	$719.30	$1,756.22	$1,425.06	$2,600.17
	Tobacco - Incentive Not Met	$823.47	$1,860.39	$1,529.23	$2,704.34
	Tobacco - Incentive Met	$760.97	$1,797.89	$1,466.73	$2,641.84
Local Plus Buy-Up Both Participants	Non-Tobacco - Incentive Not Met	N/A	$1,678.10	N/A	$2,522.05
	Non-Tobacco - Incentive Met	N/A	$1,615.60	N/A	$2,459.55
	Tobacco - Incentive Not Met	N/A	$1,719.77	N/A	$2,563.72
	Tobacco - Incentive Met	N/A	$1,657.27	N/A	$2,501.22

***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 scps.us/Retirees. All retirees can earn up to $750 incentive award by completing the five (5) wellness activities (see pages 19 and 20 for additional information).

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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 High Deductible Health Plan (HDHP) with SureFit will be an Advent Health ONLY network plan.

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

In-Network Only	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 CCD=Cigna Care Designated Provider	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.

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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 in the Local Plus Buy-Up and OAP Buy-Up are the networks and the cost.

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 CCD=Cigna Care Designated Provider	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 • 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 • 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	See Primary Care or Specialist visits above	See Primary Care or Specialist visits above
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	$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.

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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. Telehealth Connection 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 CONNECTION?

- 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 Telehealth Connection is here for you.

VIRTUAL CARE MEMBER COST SHARE

HDHP with SureFit	$55 MDLive (Estimated Cost)**
HDHP with HRA	$10 copay
OAP Buy-Up Plan	$10 copay
Local Plus Buy-Up Plan	$10 copay

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.

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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 HDHP SureFit HSA plan?

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 HDHP SureFit HSA 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 retiree 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 HDHP SureFit HSA 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 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.

The 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.

6. What happens to my HSA if I am currently enrolled in the current HDHP HSA 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 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 manufactures 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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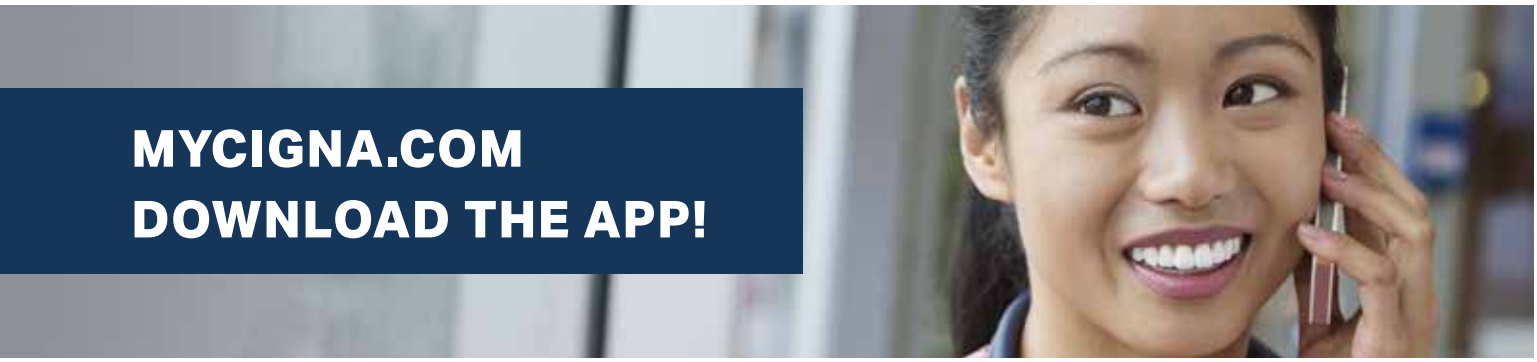
BE A GOOD CONSUMER



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".

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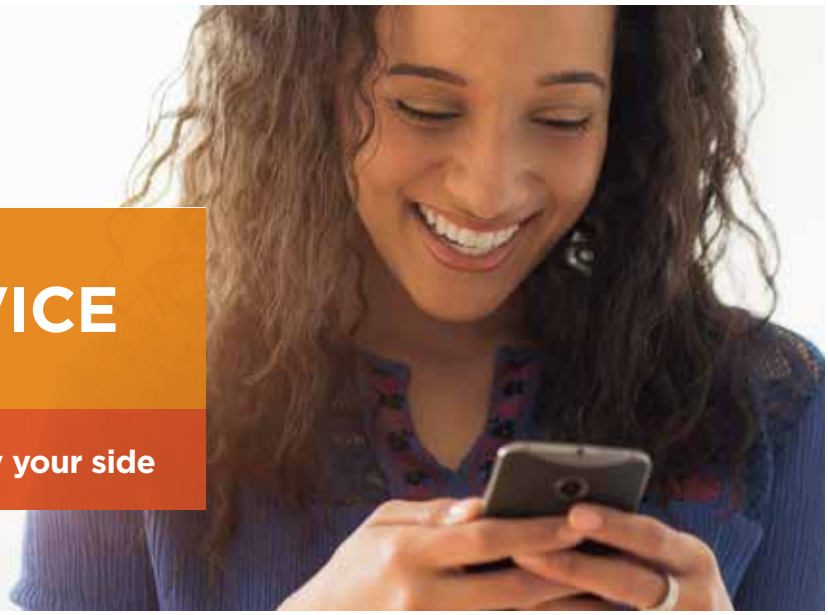
ENJOY EASIER SERVICE

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.

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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 High Deductible Health Plan 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 into your HSA bank account. 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. **Once you turn age 65, you can no longer contribute funds into your HSA.**

HSA Maximum 2024 Contribution Limits	
Retiree Only	$4,150
Retiree + Dependents	$8,300
55 + Catch-Up to age 65	$1,000

CIGNA makes it easy for you to manage and access your HSA plan whenever you need. Simply log in online to **www.myCigna.com** or download the myCigna mobile app.

* **If you are currently enrolled in Medicare, Tricare, or any other non-qualified plan, you are NOT eligible for an HSA.**

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 expense, medical or not, but you will pay income taxes on those non-medical 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

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 $1,000, 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
• 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.	• 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.	• Contributions are tax free (pre-tax through payroll deductions or tax deductible) • Interest and investment earnings are tax free • Funds withdrawn for eligible medical expenses are tax free	• By choosing the HDHP, your payroll premium cost is lower than both Buy-Up plans.

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HEALTH REIMBURSEMENT ARRANGEMENT (HRA)

The HRA is an employer only contribution account available to Retirees who are enrolled in the HDHP with HRA plan. This account is also setup for Retirees who are enrolled in the HDHP with SureFit HSA 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 Retiree	SCPS
Eligible individual?	SCPS Retirees covered by the HDHP with SureFit HSA. 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 Retirees enrolled in the HDHP with HRA.
Who may fund the account?	If a retiree meets the wellness program criteria, SCPS provides $750 into the retiree's HSA account. The retiree may also contribute pre-tax dollars through payroll deductions.	If a retiree meets the wellness program criteria, SCPS provides $750 into the retiree's HRA. **Retirees 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 retiree.	Yes, the employer makes this determination.
What happens to when an retiree leaves SCPS?	This is a bank account owned by the retiree and remains the retiree'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 HDHP with SureFit HSA plan.	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.

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LIFE & AD&D INSURANCE

THE STANDARD BASIC GROUP TERM LIFE INSURANCE

Retirees who retire on or after January 1, 2021 are eligible to continue 1X annual salary, up to $50,000, with a minimum of $25,000.

Retirees who retired on or after November 1, 2007 are eligible to continue their current amount of Basic Life in-force prior to retirement or a lesser amount in $5,000 increments chosen within 31 days of retirement. Amount of insurance does not reduce due to age. However, premiums increase as you move into higher age brackets.

Retirees who retired prior to November 1, 2007 are eligible to continue coverage in the amount of $15,000. The amount of insurance does not reduce due to age. However, premiums increase as you move into higher age brackets.

ADDITIONAL LIFE INSURANCE

Retirees who retire on or after November 1, 2007: No additional Life.

Retirees who retired prior to November 1, 2007 can be covered under one or both the options at the same time and are eligible to continue a choice of $35,000 or an amount equal to your additional life insurance in force on October 31, 2007. Amount of insurance reduces due to age. In addition, premiums increase as you move into higher age brackets.

AT AGE 65	Reduces to 65%
AT AGE 70	Reduces to 50%
AT AGE 75	Reduces to 35%

RETIREE BASIC LIFE INSURANCE RATES:

RETIREE LIFE AGE BANDED RATES	MONTHLY RATES PER $1,000
Under 70	$1.92
70-74	$2.48
75-79	$3.13
80+	$3.81

RETIREE ADDITIONAL LIFE/AD&D INSURANCE RATES:

RETIREE LIFE AGE BANDED RATES	MONTHLY RATES PER $1,000
Under 65	$1.62
65-69	$2.17
70+	$2.72

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WELLNESS PROGRAM

THE 2024 WELLNESS INCENTIVE

As a retiree of SCPS, you are entitled to the same benefits as an active employee regarding incentive opportunities that promote wellness. Each year, the opportunity to earn incentives is based on activities that will help you stay engaged and promote health awareness.

You should have successfully completed the Strive for Five Wellness Incentives between August 1, 2022 and July 31, 2023. If you completed your gatekeeper goal and earned five wellness incentive points, you will receive an incentive that either:

1 Contributes up to $750 into a Health Savings Account or Health Reimbursement Account if you are enrolled in one of the High Deductible Health Plans.

OR

2 Reduces the premiums in the Open Access and Local Plus Buy-Up Plans up to $750 a year.

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 2024 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 and complete your annual lab work. Points toward your annual incentive goal WILL NOT be released until you complete this step AND you complete your health assessment on **myCigna.com**.

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 25-30.

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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 ≤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 8/1/23 through 12/31/23
Participate in the SCPS Employee Fitness Challenge***	1

* Biometric screening must include: Cholesterol Ratio, LDL, 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 8/31/23 through 12/31/23. Completion of this goal must be achieved by 12/31/23.

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

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

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WELLNESS SCREENING FORM

Instructions for patients and health care professionals

- Print a copy of this form and bring it with you to the doctor's office.
- Fill out the Patient Information section. Answer every question. Form cannot be processed if incomplete.
- Your doctor, or other health care professional, should fill out the Wellness Screening Information section.
- Please be sure to write clearly, sign and date the form. Forms without a signature and date are incomplete.
- If you have any questions, call us using the phone number on the back of your Cigna ID card.

Marking instructions

A B C D E 1 2 3 4 5

Shade like this → ●

Not like this → ⊗ ✓

Forms may be sent by:

MAIL: Cigna Customer Service
PO Box 5201-5201
Scranton, PA 18505

FAX: 1.877.916.5406
Enter on the fax cover sheet: "CONFIDENTIAL"

ONLINE: Electronically upload your form at myCigna.com

PATIENT INFORMATION

Relationship: Subscriber ○ Spouse/Domestic Partner ○ Gender: Male ○ Female ○

Patient's First Name | MI | Patient's Last Name

Street Address, Apt Number, PO Box

City | State | Zip

Patient Date of Birth
MM | DD | YYYY

Preferred Telephone Number

Is this a home ○ or cell ○ number?

Social Security (SSN) Last 4 numbers

Note: Please use the last 4 digits of patient's SSN

Patient's Cigna ID Number on ID card

Cigna Group Account Number on ID card

Customer Signature (required). My signature means that the information on this form is correct.

Today's Date MM / DD / YYYY

I understand the Cigna receives this information, and may use it for determining my eligibility for incentives when applicable.
I understand that providing this authorization for Cigna and the employer-sponsored wellness program to collect my health information is voluntary under the employer wellness program.

WELLNESS SCREENING INFORMATION

Date MM DD YYYY

BMI . OR

Height/weight *(required)* Feet Inches Pounds

Waist circumference Inches

Blood pressure Systolic Diastolic

Fasting blood sugar mg/dl OR Non-fasting blood sugar mg/dl

Total cholesterol mg/dl

LDL cholesterol mg/dl

HDL cholesterol mg/dl

Cholesterol ratio .

Health Care Professional/Doctor First Name | MI | Health Care Professional/Doctor Last Name

City | State | Zip

Signature of Health Care Professional/Doctor (required)

Today's Date MM / DD / YYYY

Your Privacy is Important: The privacy of your health information is important to you and to Cigna. We commit to protecting your personal health information. We ensure our practices comply with privacy laws, including the Health Insurance Portability and Accountability Act (HIPAA).

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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.

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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

Address

City | State | Zip

Cigna Account Number:

Primary Telephone
Area Code
( ) -

Social Security (SSN)
Last 4 numbers
Note: Please use the last 4 digits of SSN for person being screened.

Customer ID (Note: located on your Cigna ID card; this is an 11 position field)

Patient Date of Birth
MM DD YYYY

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.

Today's Date
MM DD YYYY

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 this activity or activities _____

OR

___ I, the physician, recommend that the above mentioned patient participate in the following

___ Telephonic Coaching

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

___ Get a preventive flu shot

___ Online Program

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

___ 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

Address

City | State | Zip

Title

Signature of Physician or Licensed Medical Professional (Required)

Today's Date
MM / DD / YYYY

AC36762014-0108

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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 Alternative 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 Alternative 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 achieving 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.
- If you are recommending an alternative, write in the alternative in the space provided.
- Select the goal for which the patient wishes to receive an alternative or waiver.
- Please complete, sign, and date the form.

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 (such as a Zensey goal or a Center of Excellence goal), 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"

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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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

Address

City | State | Zip

Cigna Account Number:

Primary Telephone
Area Code
( ) -

Social Security (SSN) Last 4 numbers
Note: Please use the last 4 digits of SSN for person being screened.

Customer ID (Note: located on your Cigna ID card; this is an 11 position field)

Patient Date of Birth
MM DD YYYY

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)

Today's Date (Required)
MM DD YYYY

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:

____ Achieve a healthy body mass index
____ Achieve a healthy body mass index or improve weight
____ Achieve a healthy total cholesterol level
____ Achieve a healthy LDL level
____ Achieve a healthy fasting blood sugar
____ Achieve a healthy non-fasting blood sugar
____ Achieve a healthy waist circumference

____ Achieve a healthy cholesterol ratio
____ Achieve a healthy blood pressure
____ Achieve a healthy blood pressure or improve blood pressure
____ Get help improving my lifestyle habits (tobacco cessation)
____ Other (For example online programs such as tobacco cessation and weight management)

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

Address

City | State | Zip

Title

Signature of Physician or Licensed Medical Professional (Required)

Today's Date (Required)
MM / DD / YYYY

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

Instructions for patients and health care professionals

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

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- 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).

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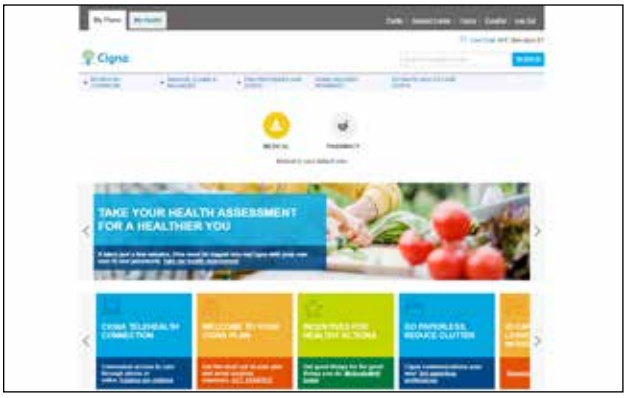
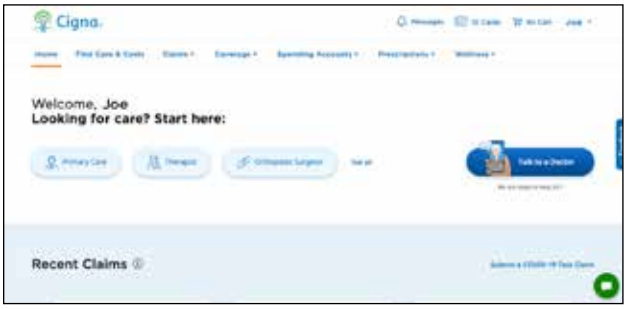
ONLINE TOOLS & RESOURCES



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 WEBSITE

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

HOW TO LOG IN

- Log in to www.scps.us/Retirees

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

This booklet is intended for illustration and informational purposes only. The plan documents, insurance certificates and policies will serve as the governing documents to determine plan eligibility, benefits and payments. In the case of conflict between the information in this booklet and the official plan documents, the plan documents will always govern.

SEMINOLE COUNTY
PUBLIC SCHOOLS

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 protectedby 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 necessaryto the normal operation or the achievement of any legitimate objective of the program/activity), place of residence within the boundaries of theDistrict, 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.

This document is periodically updated throughout the year.
The electronic copy found in the Insider will be the most up to date version.

Revised 9/2023