Welcome

Dear District Retirees,

We welcome you to view the benefits information included in this reference guide. We’ve compiled all the information about benefits available to you as a retiree of The School District of Palm Beach County.

MEDICAL
We offer several options for retirees and are confident you will find a plan that meets your needs and budget.

DENTAL AND VISION COVERAGE
Dental and Vision Insurance are important optional benefits that are not part of most medical plans.

OPTIONAL LIFE
Optional Retiree Life Insurance of $1,000 is available only to those who continue enrollment in a medical plan at the time of retirement.

MEDICARE PART D
Your existing prescription coverage with the School District of Palm Beach County is on average as good as standard Medicare prescription drug coverage. You can keep this coverage and not pay extra if you later decide to enroll in Medicare prescription drug coverage. You should also know that if you drop or lose your coverage with the School District of Palm Beach County and don’t enroll in Medicare prescription drug coverage when your current coverage ends, you may pay more (a penalty) to enroll in Medicare prescription drug coverage later.

Sincerely,
Dr. Donald E. Fennoy II

UnitedHealthcare Coordination of Benefits (COB) with Medicare Plans

This coverage plan reduces its benefits as described below for covered persons who are eligible for Medicare when Medicare would be the primary coverage plan. Medicare benefits are determined as if the full amount that would have been payable under Medicare was actually paid under Medicare, even if:

- The person is entitled but not enrolled for Medicare. Medicare benefits are determined as if the person were covered under Medicare Parts A and B.
- The person is enrolled in a Medicare+Choice (Medicare Part C) plan and receives non-covered services because the person did not follow all rules of that plan. Medicare benefits are determined as if the services were covered under Medicare Parts A and B.
- The person receives services from a provider who has elected to opt-out of Medicare. Medicare benefits are determined as if the services were covered under Medicare Parts A and B and the provider had agreed to limit charges to the amount of charges allowed under Medicare rules.
- The services are provided in any facility that is not eligible for Medicare reimbursements, including a Veterans Administration facility, facility of the Uniformed Services, or other facility of the federal government. Medicare benefits are determined as if the services were provided by a facility that is eligible for reimbursement under Medicare.
- The person is enrolled under a plan with a Medicare Medical Savings Account. Medicare benefits are determined as if the person were covered under Medicare Parts A and B.
If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see page 24 for more details.
## Benefits Directory

### Risk & Benefits Management
https://www.palmbeachschools.org/careers/benefits/retiree_health_benefits

**Retiree Benefits Desk:**
1-561-434-8673
3370 Forest Hill Blvd, Suite A-103
West Palm Beach, FL 33406-5870

**Fax Number for Retiree Benefits:**
1-561-434-8103

### Dental Insurance (Effective 01/01/2020)
**Humana Dental®**
Group #: 830206
800-233-4013 DHMO & PPO Plans
myhumana.com (as of 01/01/2020)

**Dental Provider Search**
- DHMO - http://l.sdpbc.net/me0w5
- PPO - http://l.sdpbc.net/rcb7o

**Open Enrollment Humana Support Line**
1-855-811-0409
Hours: 8:00 a.m. - 8:00 p.m. Eastern
humana.com (prior to 01/01/20)

### Florida Retirement System (FRS)
www.myfrs.com

**Payroll (pension checks):**
1-850-488-4742 or 1-844-377-1888

**Disability:**
1-850-488-2968

**Calculations:**
1-850-488-6491 or 1-888-738-2252

**Survivor Benefits:**
1-850-488-5207

### Medical Plans
**UnitedHealthcare®**
Group Number All Plans: 704471
www.myuhc.com

**Member Service Numbers:**
Low Option HMO (EPO):
1-888-380-0389

High Option HMO:
1-888-380-0389

CDHP (High Deductible):
1-888-380-0389

### Term Life and Accident
**Metropolitan Life Insurance Company (MetLife)**
Group Number: 106456
www.MetLife.com/MyBenefits.com
800-638-6420

### Special Retirement Plan Administrator
**BENCOR Administrative Services**
Group Number: 100260
www.bencorplans.com
866-296-9712
Email: questions@bencorplans.com

### U.S. Social Security Administration
www.ssa.gov
1-800-772-1213

### Vision Plan
**EyeMed Vision Care:**
1-866-723-0514

**Medicare**
www.medicare.gov
1-800-MEDICARE (1-800-633-2273)
Important Enrollment Information

New Retirees
As a new retiree, you have the opportunity to continue your current plan coverage for medical, dental and vision. Each year following your retirement, you will have the opportunity to make plan changes. Life insurance choices are limited to a maximum of $1,000 as a retiree.

Current Retirees
All retirees have a choice of any of the District’s medical plans as offered to active employees:
1. Low Option HMO
2. High Option HMO or
3. Consumer Driven Health Plan (CDHP)
Retirees who are enrolled in Medicare will still be responsible for all UnitedHealthcare’s copayments and deductibles.

Tobacco Use Surcharge
The School District of Palm Beach County will add a tobacco surcharge to medical plan premiums for retirees who use any tobacco products and elect medical coverage. The same surcharge will apply if a tobacco status was not declared. The School District of Palm Beach County encourages you to take steps to quit the use of all tobacco products. This tobacco premium surcharge will be strictly enforced for all retirees covered under the group medical plan.

Special Rules for Those Retirees Eligible for Medicare
All plans reduce benefits for covered persons who are eligible for Medicare when Medicare would be the primary coverage plan. Medicare benefits are determined as if the full amount that would have been payable under Medicare was actually paid under Medicare, even if the person is entitled to, but not enrolled in Medicare.

Other Plan Options for Retirees Eligible for Medicare
You may be able to find Medicare Supplement Plans or Medicare Advantage Plans at better premiums than continuing under the District’s plan. We encourage you to review your options by looking at the Medicare website: www.medicare.gov.
You may also want to take advantage of discussing your options with one of the insurance agents listed in the advertisement section of this book. All of the agents are well versed in Medicare plans and have a good understanding of the District’s plans.
# 2020 Monthly Rates

## 2020 Medical Plans - UnitedHealthcare

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Cost</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Low Option HMO (EPO)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retiree Only</td>
<td>$540</td>
<td>$590</td>
</tr>
<tr>
<td>Retiree + Child(ren)</td>
<td>$896</td>
<td>$946</td>
</tr>
<tr>
<td>Retiree + Spouse/DP*</td>
<td>$1,013</td>
<td>$1,063</td>
</tr>
<tr>
<td>Retiree + Full Family</td>
<td>$1,283</td>
<td>$1,333</td>
</tr>
<tr>
<td><strong>High Option HMO</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retiree Only</td>
<td>$630</td>
<td>$680</td>
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<tr>
<td>Retiree + Child(ren)</td>
<td>$1,080</td>
<td>$1,130</td>
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<tr>
<td>Retiree + Spouse/DP*</td>
<td>$1,200</td>
<td>$1,250</td>
</tr>
<tr>
<td>Retiree + Full Family</td>
<td>$1,540</td>
<td>$1,590</td>
</tr>
<tr>
<td><strong>CDHP Medical Plan</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(High Deductible Plan)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retiree Only</td>
<td>$430</td>
<td>$480</td>
</tr>
<tr>
<td>Retiree + Child(ren)</td>
<td>$786</td>
<td>$836</td>
</tr>
<tr>
<td>Retiree + Spouse/DP*</td>
<td>$868</td>
<td>$918</td>
</tr>
<tr>
<td>Retiree + Full Family</td>
<td>$1,142</td>
<td>$1,192</td>
</tr>
</tbody>
</table>

* DP = domestic partner

## 2020 Dental Plans - Humana

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Cost</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DHMO Enhanced</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Florida Dentist)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retiree Only</td>
<td>$14.40</td>
<td></td>
</tr>
<tr>
<td>Retiree + Child(ren)</td>
<td>$30.60</td>
<td></td>
</tr>
<tr>
<td>Retiree + Spouse/DP*</td>
<td>$25.20</td>
<td></td>
</tr>
<tr>
<td>Retiree + Full Family</td>
<td>$39.60</td>
<td></td>
</tr>
<tr>
<td><strong>DHMO Basic</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Florida Dentist)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retiree Only</td>
<td>$10.94</td>
<td></td>
</tr>
<tr>
<td>Retiree + Child(ren)</td>
<td>$23.40</td>
<td></td>
</tr>
<tr>
<td>Retiree + Spouse/DP*</td>
<td>$19.03</td>
<td></td>
</tr>
<tr>
<td>Retiree + Full Family</td>
<td>$29.96</td>
<td></td>
</tr>
<tr>
<td><strong>PPO High</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Orthodontia)</td>
<td></td>
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</tr>
<tr>
<td>Retiree Only</td>
<td>$31.96</td>
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</tr>
<tr>
<td>Retiree + Child(ren)</td>
<td>$87.89</td>
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<tr>
<td>Retiree + Spouse/DP*</td>
<td>$78.31</td>
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</tr>
<tr>
<td>Retiree + Full Family</td>
<td>$118.27</td>
<td></td>
</tr>
<tr>
<td><strong>PPO Low</strong></td>
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<td></td>
</tr>
<tr>
<td>(NO Orthodontia)</td>
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<td></td>
</tr>
<tr>
<td>Retiree Only</td>
<td>$25.20</td>
<td></td>
</tr>
<tr>
<td>Retiree + Child(ren)</td>
<td>$69.30</td>
<td></td>
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<tr>
<td>Retiree + Spouse/DP*</td>
<td>$61.74</td>
<td></td>
</tr>
<tr>
<td>Retiree + Full Family</td>
<td>$93.25</td>
<td></td>
</tr>
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</table>

* DP = domestic partner

## 2020 Vision Plans - Eyemede

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Retiree Only</strong></td>
<td>$5.45</td>
</tr>
<tr>
<td><strong>Retiree + Full Family</strong></td>
<td>$14.00</td>
</tr>
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## 2020 Basic Life Insurance - Metlife

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Optional Life ($1,000)</strong></td>
<td>$0.22</td>
</tr>
</tbody>
</table>
New Retirees

Benefits Available for New Retirees
Your benefits as an active employee will end on the last day of the month in which you retire. For example, if an employee retires on June 5, Medicare will become the primary payer of coverage starting July 1. However, for all employees (with the exception of 12-month employees) who retire at the end of a school year and work through their contract period — coverage will end on July 31 of that year.

As a retiree of the School District of Palm Beach County, you are eligible to continue your health, dental and vision coverage if you pay the monthly premium in full. For more information regarding benefits, policies and premiums, please refer to the school district’s website at: http://l.sdpbc.net/t72rt

Note: Your retirement date must be in a month in which you are covered under the district’s benefits plan in order to continue benefits as a retiree. For less than 12-month employees, the same rules apply except that at the end of the school year, if you complete your contract, most benefits will remain in place through the end of July. If you do not physically return to work in August, your benefits ended in July, so your retirement date must be in July. Continuing with this example, if you choose an August retirement date, you will not be eligible to continue benefits as a retiree.

If you are eligible for Medicare upon retirement, Medicare will become the primary payer on the first of the month following your retirement date, regardless of your coverage through the district.

In order to be eligible to continue health insurance benefits, you have to be retired and receiving monthly payments from FRS. Enrollment in the FRS investment plan may limit your eligibility to continue health benefits upon retirement. Please refer to School Board Policy 6Gx50-3.79 for more information.

Term Life Plans
MetLife is the district’s provider for Term Life Insurance. You may continue the Term Life insurance as follows:

Optional Life - Face Amount: $1,000. You must continue your health insurance in order to continue this Basic Life Insurance. You must be enrolled in a medical plan to continue the Basic Life Insurance.

In order to continue your current life insurance coverage with MetLife upon retirement, you must convert your coverages to individual plans within 31 days of the date your coverage terminated. Proof of insurability is not required in order to convert. Premiums are paid directly to the carrier.

The carrier must receive the completed application and payment within 31 days after your life insurance ends.

IMPORTANT
For example, for 12-month employees, benefits are provided for active employees until the end of the month in which you retire, provided you have actually worked the majority of duty days during that month.
Retirees

Annual Enrollment Benefits Available
Every year, we have an annual enrollment period during which retirees have the opportunity to switch from one health or dental plan to another. Retirees may also add or drop dependent coverage. Retirees who wish to add a dependent to the medical, dental and/or vision plan must provide documentation; Social Security information is required for all enrolled dependents.

Please note that once you drop an area of coverage, you will not be eligible to enroll in that area of coverage at any time in the future. Refer to this booklet for information on the health, dental and vision plans.

Plan Premium Payments
Premium payments are due by the first day of the month. Monthly premiums can be taken from your Florida Retirement System (FRS) check. We are also pleased to offer ACH (debit from other accounts) to retirees as an alternative method of payment for retiree health insurance premiums.
UnitedHealthcare is pleased that the School District of Palm Beach County has chosen us as the health plan provider for you and your family.

Welcome - We’re Glad You’re Here
While no one can predict the future, you can prepare for it. Your UnitedHealthcare benefits provide you with access to people, resources and tools to help you when you aren’t feeling your best. We have also created unique programs to help you improve your health and wellness. We believe knowledge is the heart of your healthcare, so we want to give you resources to help you:
• Be active with your healthcare
• Make healthy choices
• Find answers
• Save money
• Take charge of your health

Benefits You’ll Appreciate
Your doctor is likely already in our network. Whether you are at home, traveling or you have a covered child going to school out-of-state, a network doctor or hospital is likely close by. In addition, there are no referrals. You can see the specialist you want. Emergencies are covered anywhere in the world, and you usually don’t have to worry about claim paperwork for network care.

Find a Network Doctor or Hospital
Search by facility, location, gender, and languages spoken.
1. www.myUHC.com
2. Click “Find Medical and Mental Health Providers”
3. Choose “Medical Directory” or “Mental Health Directory”
4. Click the “All UnitedHealthcare Plans icon”
5. For the Low or High HMO plan, select the “Choice” plan
6. For the CDHP plan, select UnitedHealthcare “Choice Plus”

Your Coverage Plan
Your benefit plan is an important part of your daily life, even if you don’t need services every day. It protects you and helps you better manage your health. Right now is the perfect time to find out all you can about your coverage before you need it, especially how it works and where to go for care.

Always Carry your ID Card
Your ID card has key information about you and your coverage. Put your card in your wallet or your pocketbook so you won’t forget it. When you’re at doctors’ offices, drugstores and hospitals, show it to make sure you are not billed unnecessarily. You may also be asked to show a picture ID, such as your driver’s license or another government ID card with a picture on it, so be sure to bring this with you, too.
Additional Features of Each Plan

When you enroll in a UnitedHealthcare health plan, you’ll not only have the freedom to use any doctor or hospital in our nationwide network, including specialists, but you’ll also be able to take advantage of many valuable programs and services to make your healthcare experience easier.

24-hour nurse services lets you speak with a registered nurse by phone anytime. Nurses can even help schedule doctor appointments.

Health coaches offer telephonic and online support to help you lose weight, stop smoking, manage diabetes and more. Health and wellness programs can help you eat right, stop smoking and relax. You can participate online, or by phone, in the comfort of your own home.

Other helpful tools include:
- Healthcare cost estimator
- Physician match
- Hospital comparison

UnitedHealth Premium® Care Physician - Find Recognized Doctors and Hospitals in the Network

With the UnitedHealth Premium Tier 1 designation program*, we help you:
- Find doctors and hospitals in your area that meet quality and cost-efficiency criteria
- Find doctors you can call directly, without prior approval
- Get names quickly online
- Access 27 specialties, including primary care, cardiology and orthopedics, as well as facilities in specialties, including:
  - congenital heart disease
  - cardiac care
  - total joint replacement
  - spine surgery

Finding a UnitedHealth Premium® Care Physician

Visit your member website, myuhc.com, to search the directory and look for this symbol next to your results.

UnitedHealthcare Medical Plans
myuhc.com

Tips to Make Your Doctor’s Visit Worthwhile

Before your appointment:
1. Make a list of all the questions you have for your doctor, nurse or pharmacist.
2. Write down medications you are currently taking, including prescriptions, over-the-counter medicines, and herbal supplements.
3. Plan to bring a family member or friend to your visit if you have a hard time remembering what your doctor tells you.

During your appointment:
1. Tell your doctor if a family member has been diagnosed with a serious disease or condition. Also mention if you have or will be traveling outside the country.
2. Ask your doctor at every visit to send any laboratory test to a network facility.
3. Before you leave, make sure you can read and/or understand your doctor’s or pharmacist’s instructions. If you don’t, it’s okay to ask them to explain until you understand.

*UnitedHealth Premium Tier 1 is not available in all geographic locations. For a complete description of the UnitedHealth Premium Tier 1 designation program, including details on the methodology used, geographic availability and program limitation, please visit myuhc.com®.

Criteria for designation come from nationally recognized quality standards and market-based cost efficiency standards. For our members with special medical concerns, we also provide information from the National Committee for Quality Assurance (NCQA) Doctor Recognition Program.
Medical Benefits At-A-Glance

Low Option HMO
UnitedHealthcare Medical Benefits-at-a-Glance

Our medical plan is provided by UnitedHealthcare. The pharmacy benefits are provided directly through Optum Rx. This plan gives you the freedom to see any physician or other healthcare professional from our national network, including specialists, without a referral. In addition, you do not have to worry about any claim forms or bills. The premiums are less than the High Option HMO plan. However, the out-of-pocket expenses are slightly higher than the High HMO plan.

<table>
<thead>
<tr>
<th>MEMBER PAYMENTS</th>
<th>IN-NETWORK ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Medical Expense Deductible</td>
<td>$500 for individual / $1,000 for family</td>
</tr>
<tr>
<td>Annual Out-of-Pocket Maximum</td>
<td>$6,000 for individual / $12,000 for family</td>
</tr>
<tr>
<td>Coinsurance Rate / In-Patient Hospital</td>
<td>20% of eligible expenses after deductible</td>
</tr>
<tr>
<td>Primary Care Physician: Check United's provider directory before making your decision regarding your health care provider</td>
<td>Choose any physician from the United Open Access directory. You may access any participating specialist without a referral.</td>
</tr>
<tr>
<td>Preventive Care</td>
<td>No charge</td>
</tr>
<tr>
<td>Physician Office Visit (Primary Care)</td>
<td>$40 copayment / $30 copayment for UHC Premium Care Physician / Deductible does not apply</td>
</tr>
<tr>
<td>Specialist Office Visit</td>
<td>$60 copayment / $55 copayment for Premium Care Physician / Deductible does not apply</td>
</tr>
<tr>
<td>Outpatient Hospital and Surgical Services: X-Ray, Other Diagnostic Services (MRI, CT scan, etc.), Laboratory</td>
<td>20% of eligible expenses after deductible</td>
</tr>
<tr>
<td>Outpatient Rehabilitation Therapy</td>
<td>$35 copayment per visit / Deductible does not apply</td>
</tr>
<tr>
<td>Approved Durable Medical Equipment</td>
<td>20% of eligible expenses after deductible</td>
</tr>
<tr>
<td>Emergency Ambulance Trip</td>
<td>$150 copayment per trip</td>
</tr>
<tr>
<td>Hospital Pre-Admission Requirement</td>
<td>Your physician will take care of all pre-notification requirements. $250 copayment (waived if admitted)</td>
</tr>
<tr>
<td>Emergency Room Care</td>
<td>$75 copayment / Deductible does not apply</td>
</tr>
<tr>
<td>Urgent Care Copayment</td>
<td>$40 copayment / Deductible does not apply</td>
</tr>
<tr>
<td>Convenience Care Clinic</td>
<td>$25 copayment / Deductible does not apply</td>
</tr>
<tr>
<td>• Virtual Office Visits</td>
<td>$35 individual, $25 group / Deductible does not apply</td>
</tr>
<tr>
<td>Outpatient Mental Health &amp; Substance Abuse Services</td>
<td>Annual Rx deductible $100 individual (retail) / $200 family (retail)</td>
</tr>
<tr>
<td>Prescription Drugs Pharmacy Provider - Optum Rx</td>
<td>$10 Tier 1, $30 Tier 2, $60 Tier 3, $100 Tier 4</td>
</tr>
<tr>
<td>• 30-day supply per prescription at participating pharmacists Prescription benefits provided by Optum Rx</td>
<td>No deductible for mail order – $25 Tier 1, $75 Tier 2, $150 Tier 3, $250 Tier 4</td>
</tr>
<tr>
<td>• Mail order for a 90-day supply of formulary maintenance medication per prescription</td>
<td></td>
</tr>
</tbody>
</table>

Medical Network: <a href="www.myuhc.com">www.myuhc.com</a>. Network name “UnitedHealthcare Choice.” This network is for both the Low/High Option HMO.

1. 20 visits of physical, occupational, pulmonary and speech therapy per calendar year, per therapeutic type. 36 visits per year for cardiac therapy.
# Medical Benefits At-A-Glance

## High Option HMO

**UnitedHealthcare Medical Benefits-at-a-Glance**

Our medical plan is provided by UnitedHealthcare. The pharmacy benefits are provided directly through Optum Rx. This plan gives you the freedom to see any physician or other healthcare professional from our national network, including specialists, without a referral. In addition, you do not have to worry about any claim forms or bills.

## MEMBER PAYMENTS

<table>
<thead>
<tr>
<th>Member Payments</th>
<th>In-Network Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Medical Expense Deductible</td>
<td>$400 for individual/ $800 for family</td>
</tr>
<tr>
<td>Annual Out-of-Pocket Maximum</td>
<td>$4,000 for individual/ $8,000 for family</td>
</tr>
<tr>
<td>Coinsurance Rate / In-Patient Hospital</td>
<td>10% of eligible expenses after deductible</td>
</tr>
<tr>
<td>Primary Care Physician: Check United's provider directory before making your decision regarding your health care provider</td>
<td>Choose any physician from the United Open Access directory. You may access any participating specialist without a referral.</td>
</tr>
<tr>
<td>Preventive Care</td>
<td>No charge</td>
</tr>
<tr>
<td>Physician Office Visit (Primary Care)</td>
<td>$40 copayment / $30 copayment for UnitedHealth Premium Care Physician/ Deductible does not apply</td>
</tr>
<tr>
<td>Specialist Office Visit</td>
<td>$50 copayment / $40 copayment for UnitedHealth Premium Care Physician/ Deductible does not apply</td>
</tr>
<tr>
<td>Outpatient Hospital and Surgical Services: X-Ray, Other Diagnostic Services (MRI, CT scan, etc.), Laboratory</td>
<td>10% of eligible expenses after deductible</td>
</tr>
<tr>
<td>Outpatient Rehabilitation Therapy</td>
<td>$20 copayment per visit / Deductible does not apply</td>
</tr>
<tr>
<td>Approved Durable Medical Equipment</td>
<td>10% of eligible expenses after deductible</td>
</tr>
<tr>
<td>Emergency Ambulance Trip</td>
<td>10% of eligible expenses after deductible</td>
</tr>
<tr>
<td>Hospital Pre-Admission Requirement</td>
<td>Your physician will take care of all pre-notification requirements.</td>
</tr>
<tr>
<td>Emergency Room Care</td>
<td>15% of eligible expenses after deductible</td>
</tr>
<tr>
<td>Urgent Care Copayment</td>
<td>$50 copayment / Deductible does not apply</td>
</tr>
<tr>
<td>Convenience Care Clinic</td>
<td>$25 copayment / Deductible does not apply</td>
</tr>
<tr>
<td>• Virtual Office Visits</td>
<td>$25 copayment / Deductible does not apply</td>
</tr>
<tr>
<td>Outpatient Mental Health &amp; Substance Abuse Services</td>
<td>$20 individual, $15 group / Deductible does not apply</td>
</tr>
<tr>
<td>Prescription Drugs Pharmacy Provider - Optum Rx</td>
<td>Annual Rx deductible $100 individual (retail) / $200 family (retail)</td>
</tr>
<tr>
<td>• 30-day supply per prescription at participating pharmacists</td>
<td>$10 Tier 1, $30 Tier 2, $60 Tier 3, $100 Tier 4</td>
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<tr>
<td>Prescription benefits provided by Optum Rx</td>
<td>No deductible for mail order – $25 Tier 1, $75 Tier 2, $150 Tier 3, $250 Tier 4</td>
</tr>
<tr>
<td>• Mail order for a 90-day supply of formulary maintenance medication per prescription</td>
<td></td>
</tr>
</tbody>
</table>

---

Medical Network: [www.myuhc.com](http://www.myuhc.com). Network name "UnitedHealthcare Choice." This network is for both the Low/High Option HMO.

1. 20 visits of physical, occupational, pulmonary and speech therapy per calendar year, per therapeutic type. 36 visits per year for cardiac therapy.
# Medical Benefits At-A-Glance

## Consumer Driven Health Plan (CDHP)

**UnitedHealthcare Medical Benefits-at-a-Glance**

Our medical plan is provided by UnitedHealthcare. The pharmacy benefits are provided directly through OptumRx. The Consumer Driven Health Plan (CDHP) puts you in control of your medical spending and gives you the ability to save money through a Health Savings Account (HSA) for future healthcare needs. Eligibility requirements for a HSA and how to open an HSA account are discussed on subsequent pages. This plan gives you the freedom to see any doctor or other health professional from our national network, including specialists, without a referral. With this plan, you will receive the highest level of benefits when you seek care from a network doctor, facility, or healthcare professional. You may also choose to see care outside the network without a referral. However, you should know that care received from a non-network doctor, facility, or healthcare professional means a higher deductible and copayment. Federal guidelines limit who can have an HSA account so please verify that you qualify prior to enrolling.

## MEMBER PAYMENTS

<table>
<thead>
<tr>
<th></th>
<th>IN-NETWORK ONLY</th>
<th>OUT-OF-NETWORK ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Medical Expense Deductible</td>
<td>$3,000 for individual / $6,000 for family</td>
<td>$4,500 for individual / $9,000 for family</td>
</tr>
<tr>
<td>Annual Out-of-Pocket Maximum</td>
<td>$6,350 for individual / $12,700 for family</td>
<td>$10,000 for individual / $20,000 for family</td>
</tr>
<tr>
<td>Coinsurance Rate / In-Patient Hospital</td>
<td>30% of contracted fee</td>
<td>40% of eligible expenses</td>
</tr>
<tr>
<td>Primary Care Physician: Check United's provider directory before making your decision regarding your health care provider</td>
<td>Choose any physician from the United Open Access directory and access any participating specialist without a referral.</td>
<td>Choose any licensed physician.</td>
</tr>
<tr>
<td>Preventive Care</td>
<td>No charge</td>
<td>40% of eligible expenses after deductible</td>
</tr>
<tr>
<td>Physician Office Visit (Primary Care)</td>
<td>30% of contracted fee after deductible</td>
<td>40% of eligible expenses after deductible</td>
</tr>
<tr>
<td>Specialist Office Visit</td>
<td>30% of contracted fee after deductible</td>
<td>40% of eligible expenses after deductible</td>
</tr>
<tr>
<td>Outpatient Hospital and Surgical Services: X-Ray, Other Diagnostic Services (MRI, CT scan, etc.), Laboratory</td>
<td>30% of contracted fee after deductible</td>
<td>40% of eligible expenses after deductible</td>
</tr>
<tr>
<td>Outpatient Rehabilitation Therapy</td>
<td>30% of contracted fee after deductible</td>
<td>40% of eligible expenses after deductible</td>
</tr>
<tr>
<td>Approved Durable Medical Equipment</td>
<td>30% of contracted fee after deductible</td>
<td>40% of eligible expenses after deductible</td>
</tr>
<tr>
<td>Emergency Ambulance Trip</td>
<td>30% of contracted fee after deductible</td>
<td>30% of eligible expenses after deductible</td>
</tr>
<tr>
<td>Hospital Pre-Admission Requirement</td>
<td>Your physician will take care of all pre-notification requirements.</td>
<td>It is your responsibility to see that your physician takes care of pre-notification.</td>
</tr>
<tr>
<td>Emergency Room Care</td>
<td>30% of contracted fee after deductible</td>
<td>30% of eligible expenses after deductible</td>
</tr>
<tr>
<td>Urgent Care Copayment</td>
<td>30% of contracted fee after deductible</td>
<td>40% of eligible expenses after deductible</td>
</tr>
<tr>
<td>Convenience Care Clinic</td>
<td>30% of contracted fee after deductible</td>
<td>Select any non-network physician, specialist or hospital.</td>
</tr>
<tr>
<td>• Virtual Office Visits</td>
<td>$25 copayment after deductible</td>
<td>n/a</td>
</tr>
<tr>
<td>Outpatient Mental Health &amp; Substance Abuse Services</td>
<td>30% of contracted fee after deductible</td>
<td>40% of eligible expenses after deductible</td>
</tr>
<tr>
<td>Prescription Drugs Pharmacy Provider - Optum Rx</td>
<td>30% of contracted fee after deductible</td>
<td>40% of eligible expenses after deductible</td>
</tr>
</tbody>
</table>

Medical Network: [www.myuhc.com](http://www.myuhc.com). Network name: “UnitedHealthcare Choice.” This network is for both the Low/High Option HMO. 1. 20 visits of physical, occupational, pulmonary and speech therapy per calendar year, per therapeutic type. 36 visits per year for cardiac therapy.
A health savings account (HSA) allows you to save money for qualified medical expenses that you’re expecting, such as contact lenses or monthly prescriptions, as well as unexpected ones — for this year and the future.

Why have an HSA?

You own it

The money is yours until you spend it, even deposits made by others, such as an employer or family member. You keep it, even if you change jobs, health plans or retire.

Tax savings

HSAs help you plan, save and pay for health care, all while saving on taxes.

- The money you deposit is federal income tax-free.
- Savings grow income tax-free.
- Withdrawals for qualified medical expenses are also income tax-free.

It’s not just for doctor visits

Once you’ve contributed to your account, you can use the funds in your HSA to pay for qualified medical expenses such as:

- Dental care, including extractions and braces
- Vision care, including contact lenses, prescription sunglasses and LASIK surgery
- Prescription medications
- Chiropractic services
- Acupuncture

Save for the future

Your HSA rolls over from year to year, so you can continue to grow your savings and use it in the future - even into retirement.

Contribution limits

There are contribution limits, set by the Internal Revenue Service (IRS) and adjusted annually. These limits are:

- $3,500 for individual coverage in 2019; $3,550 in 2020
- $7,000 for family coverage in 2019; $7,100 in 2020
- $1,000 extra if you’re 55 or older, also known as catch-up contributions
Health Savings Account (HSA)

Who can open an HSA?

To be an eligible individual and qualify for an HSA, you must have a high-deductible health plan (HDHP) that meets IRS guidelines for the annual deductible and out-of-pocket maximum.

In addition, you must:

• Be covered under a qualifying HDHP on the first day of a given month.
• Not be covered by any other health coverage except what is permitted (dental, vision, disability and some other types of additional coverage are permissible).
• Not be enrolled in Medicare, TRICARE or TRICARE for Life.
• Have not received Department of Veterans Affairs (VA) benefits within the past three months, except for preventive care. If you are a veteran with a disability rating from the VA, this exclusion does not apply.
• Not be claimed as a dependent on someone else’s tax return.
• Not have a health care flexible spending account (FSA) or health reimbursement account (HRA). Alternative plan designs, such as a limited-purpose FSA or HRA, might be permitted.

Other restrictions and exceptions also apply. Consult a tax, legal or financial advisor to discuss your personal circumstances.

Open your account

Check with your employer or benefits specialist to learn about your company’s application process. You may be able to sign up through your employer or enroll at optumbank.com or through myuhc.com®. You cannot use your HSA to pay for medical expenses you had before you opened your account — so be sure to open your HSA as soon as you are eligible.

And be sure to save your receipts! For a full list of qualified medical expenses, visit optumbank.com/qualifiedexpenses.

Have questions?

Visit optumbank.com or download the mobile app.

Contributions add up quickly.

When Marcus started his new job, he decided to open an HSA and contribute $100 per month. Because he hasn’t had many medical expenses, he decided not to touch the balance during his first year. Here’s how his contributions added up:

Monthly contribution: $100
Annual contribution: $1,200
Annual income tax savings: $452

1 25% federal | 5% state | 7.65% FICA

Use the HSA Calculator on optumbank.com to help determine your contributions and see how much you can save on taxes.

Open your HSA today.

The Optum Bank App is here!

Enjoy an easier way to manage your health savings account. You can pay bills, view transactions, upload receipts and more! Download today on your Apple or Android device.

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When & Where to Get Care

Check. Choose. Go.℠

When you need care, call your primary care physician or family doctor first.

Your physician has easy access to your records, knows the bigger picture of your health and may even offer same-day appointments to meet your needs. When seeing your physician is not possible, however, it’s important to know your quick care options to find the place that’s right for you and help avoid financial surprises. Compare your choices today at uhc.com/checkchoosego.

Quick Care Options  Needs or Symptoms  Average Cost*

24/7 Nurse Line  Call the number on your health plan ID card for expert advice.

- Choosing where to get medical care
- Finding a doctor or hospital
- Health and wellness help
- Answers to questions about medicines

Virtual Visits  Anywhere, anytime online doctor visits.

- Cold
- Flu
- Fever
- Pinkeye
- Sinus problems

Convenience Care Clinic  Treatment that’s nearby.

- Skin rash
- Flu shot
- Minor injuries
- Earache

Urgent Care Center  Quicker after-hours care.

- Low back pain
- Respiratory (cough, pneumonia, asthma)
- Stomach (pain, vomiting, diarrhea)
- Infections (skin, eye, ear/nose/throat, genital-urinary)
- Minor injuries (bURNS, stitches, sprains, small fractures)

Emergency Room (ER)  For serious immediate needs.

- Chest pain
- Shortness of breath
- Severe asthMa attack
- Major burns
- Severe injuries
- Kidney stones

Freestanding ERs

Many people have been surprised by their bill after visiting a freestanding emergency room (FSER). FSERs, sometimes referred to as urgency centers, bill at ER rates (or higher) and can be $1,500 more than an Urgent Care Center. Neither located in nor attached to a hospital, FSERs are able to treat similar conditions as an ER but do not have an ER’s ability to admit patients.

Ask before you enter:

- Is this a freestanding emergency room?
- Is this an urgent care center or an ER?
- Is this facility a network provider?

Learn more at uhc.com/checkchoosego.

Average allowed amounts charged by UnitedHealthcare Network Providers (some are not tied to a specific condition or treatment). Actual payments may vary depending upon benefit coverage. UnitedHealthcare 2015. (Estimated $1,500.00 difference between the average emergency room visit and the average urgent care visit.) The information and estimates provided are for general informational and illustrative purposes only and is not intended to be nor should be construed as medical advice or a substitute for your doctor’s care. You should consult with an appropriate health care professional to determine what may be right for you. In an emergency, call 911 or go to the nearest emergency room.

Check your official health plan documents to see what services and providers are covered by your health plan.

Virtual Visits is not an insurance product, health care provider or a health plan. Unless otherwise required, benefits are available only when services are delivered through a Designated Virtual Network Provider. Virtual Visits and urgent care are not intended to address emergency or life-threatening medical conditions and should not be used in those circumstances. Services may not be available at all times or in all locations.

Urgent care facility names, addresses, phone numbers and network statuses are subject to change without notice. Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates.

MT-1145579. 8/17 ©2017 UnitedHealthCare Services, Inc. 17-5438
Getting started with Humana dental

We’ve given you a reason to smile with a selection of four flexible dental plans, paid through a voluntary, pretax benefit.

Register at Humana.com

As a Humana member, you have a secure website on Humana.com called MyHumana. With MyHumana, you have fast, easy access to your personalized benefits information.

Some of what you can do on MyHumana:
- Claims – Check if a claim has been paid along with your estimated cost, if any
- ID cards – View, print and email up-to-date dental Humana member ID cards
- Coverage details – Review deductibles, coverage levels and limits
- Provider search – Use “Find a doctor” to find in-network dentists near you
- Manage access – Give other adults on your policy permission to access your health information
- Update your communications preferences – Select which communications you want to receive from Humana and how you want to receive them — via paper or email

Registering is easy
- Have your Humana member ID or Social Security number available
- Go to Humana.com
- Select “Register” at the top of the page
- Choose “Member all other plan types”
- Fill in some basic information — like your Humana member ID number or Social Security number, date of birth, ZIP code, and email and click “next”
- Create a username, password and security prompt and click “next” to finish

Also, you can download the MyHumana mobile app from the app store on your smartphone to access plan information.

Access your digital ID Card and keep it with you

You will have access to view and print your dental ID cards via the Humana website or the Humana mobile app within 10 working days of enrollment. Here’s how:

Via the website:
- Go to Humana.com and sign in/register for MyHumana (Have your Humana member ID or Social Security number available)
- Click “Access your ID Card” under “Tools & forms” in the lower right of your MyHumana home page or in the page’s footer under “Tools & Resources”
- A new window will appear with links to the ID card or proof of coverage
- Print if desired.

Via the mobile app:
- Download the MyHumana App for iOS or Android
- Sign in using your MyHumana username and password
- Click “ID Cards” on the dashboard
- Your dental ID card information and an image of the front and back of the ID card will be visible

Humana Customer Care

For assistance or more information on the Humana Dental benefits simply call 1-800-233-4013 (TTY: 711), Monday through Friday, 8 a.m. to 6 p.m. Eastern Time (TDD: 1-800-325-2025) to speak with a friendly, knowledgeable Customer Care specialist, or visit HumanaDental.com.
Dental Benefits

The Four Dental Options Offered Are:

Managed Care Plans

Option 1 (DHMO Enhanced) & Option 2 (DHMO Basic) provide a wide variety of benefits through your participating dentist. At the time of service, you pay the dentist for any applicable copayments according to your schedule of benefits.

Both plans feature:
- No primary dentist selection required
- No maximums
- No waiting periods
- No claims to file
- A large panel of providers to choose from
- Same copayment to participating general dentist or specialist
- No referrals required to see a participating specialist
- Pediatric specialist care for age 16 and under

Orthodontics

Both the DHMO Enhanced and DHMO Basic cover orthodontia services for both adults and children. Copayments under the DHMO Enhanced are set at $1,600 for children and adolescents; $1,950 for adults. Copayments under the DHMO Basic are set at $2,200 for children, $2,250 for adolescents and $2,350 for adults.

PPO Plans

Option 3 (PPO High) allows you and each covered family member to use the dentist of your choice; however, you’ll receive a higher level of coverage when you choose a participating dentist. There is a deductible of $50 per person ($150 per family). There is no deductible for preventive and diagnostic services. This plan has an annual maximum benefit of $1,000, plus an extended annual maximum benefit. This plan covers orthodontia for adults and children up to the age of 18. The lifetime orthodontic maximum benefit is $1,000 for adults and $2,000 for children.

Option 4 (PPO Low) allows you and each covered family member to use the dentist of your choice; however, you’ll receive a higher level of coverage when you choose a participating dentist. There is a deductible of $50 per person ($150 per family). There is no deductible for preventive and diagnostic services. This plan has an annual maximum benefit of $1,000, plus an extended annual maximum benefit. This plan does not cover orthodontic services.

Finding an in-network dentist

Go to https://www.humana.com/dental-insurance/find-a-dentist anytime to find an in-network dentist.

Under the Network drop down box, search for a provider by selecting one of the following networks:
- Palm Beach Schools DHMO
- Palm Beach Schools PPO

You can also access the list of in-network providers on your MyHumana mobile app or by calling the customer care number on this page.

How to refer a dentist

You can help us get your dentist on our participation list. Simply complete the form at https://www.humana.com/provider/dentist-resources/refer-a-dentist. We’ll invite your dentist to participate in the Humana Dental network.

Transition of care

Orthodontic transition allows patients who are under an orthodontist’s care through the prior carrier to continue seeing the same orthodontist that was treating their case prior to becoming a member of Humana.

PPO*

For members enrolling in the PPO High, if your dependent is in active orthodontia treatment without having experienced a lapse in coverage, Humana will subtract the amount the prior carrier covered from the orthodontic total case fee and orthodontic lifetime maximum. Humana will prorate the remaining charges over the remaining treatment period and systematically issue monthly payments, which are applied toward the lifetime orthodontic maximum.

Humana will work with your prior dental carrier to obtain information regarding the orthodontia treatment in progress.

*Prior DHMO plan moving to a PPO plan with orthodontic coverage: Humana will not apply the payment information that was rendered while under the DHMO plan to the participant’s PPO plan. Humana will prorate the charges prior to the Humana effective date and issue benefits from the effective date forward under the Humana PPO plan.

DHMO

For members enrolling in the DHMO plan, Humana works with the prior carrier and member to obtain reports of the orthodontia treatment in progress covered under the contract holder’s prior plan. To be eligible and covered under the Humana plan, the treatment must be shown on the member’s schedule of benefits and they must have the subsequent treatment performed by a participating provider.
Dental Benefits

Extended Annual Maximum*
As part of Humana’s dental PPO Plans, the Extended Annual Maximum helps you save money by ensuring you have access to network discounts and 30% coinsurance, even after you have reached your annual maximum. You can achieve and maintain your best health by getting dental care when it’s needed, before oral health issues may affect your overall health and well-being.

With Humana’s extended annual maximum, you won’t have to put off important dental care procedures for yourself or your covered dependents.

*Excludes orthodontia

Increased Preventive Coverage
Early detection is the key to preventing more serious health conditions including diabetes, heart disease and stroke. Humana’s enhanced preventive care benefits cover many services to help you achieve and maintain your best oral health and save on out-of-pocket expenses.

Our enhanced preventive care benefit covers four periodontal maintenance cleanings, as well as three routine cleanings every year, whichever is needed, helping you prevent oral health issues from becoming chronic conditions. Under enhanced preventive coverage, periodontal maintenance cleanings are covered under preventive services.

- Three routine cleanings per year
- Four periodontal maintenance cleaning procedures per year—covered as a preventive service
- Oral cancer screenings for members aged 40 plus

<table>
<thead>
<tr>
<th>2020 DENTAL PLANS - HUMANA</th>
</tr>
</thead>
<tbody>
<tr>
<td>DHMO Enhanced (Florida Dentist)</td>
</tr>
<tr>
<td>Retiree Only</td>
</tr>
<tr>
<td>Retiree + Child(ren)</td>
</tr>
<tr>
<td>Retiree + Spouse/DP*</td>
</tr>
<tr>
<td>Retiree + Full Family</td>
</tr>
<tr>
<td>DHMO Basic (Florida Dentist)</td>
</tr>
<tr>
<td>Retiree Only</td>
</tr>
<tr>
<td>Retiree + Child(ren)</td>
</tr>
<tr>
<td>Retiree + Spouse/DP*</td>
</tr>
<tr>
<td>Retiree + Full Family</td>
</tr>
<tr>
<td>PPO High (Orthodontia)</td>
</tr>
<tr>
<td>Retiree Only</td>
</tr>
<tr>
<td>Retiree + Child(ren)</td>
</tr>
<tr>
<td>Retiree + Spouse/DP*</td>
</tr>
<tr>
<td>Retiree + Full Family</td>
</tr>
<tr>
<td>PPO Low (NO Orthodontia)</td>
</tr>
<tr>
<td>Retiree Only</td>
</tr>
<tr>
<td>Retiree + Child(ren)</td>
</tr>
<tr>
<td>Retiree + Spouse/DP*</td>
</tr>
<tr>
<td>Retiree + Full Family</td>
</tr>
</tbody>
</table>

* DP = domestic partner

Humana Cost Comparison
There are copayment differences between the prior Solstice DHMO benefits and the new Humana DHMO benefits. Exclusions and limitations applied to certain Solstice benefits and the listed copayments did not include the cost of material and laboratory fees. Unexpected additional costs were applied to those benefits at the time of service. Humana’s DHMO plans have set copayments that include the cost of material and laboratory fees so there are no hidden additional charges. Below is an example:

<table>
<thead>
<tr>
<th>MAJOR PROCEDURES</th>
<th>CURRENT PLAN</th>
<th>PREVIOUS PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>HUMANA - DHMO ENHANCED</td>
<td>SOLSTICE - DHMO S500PB</td>
<td></td>
</tr>
<tr>
<td>Copayment</td>
<td>Material &amp; Laboratory Fees</td>
<td>Member Total Copayment</td>
</tr>
<tr>
<td>Crowns – porcelain, high noble metal</td>
<td>$495</td>
<td>$0</td>
</tr>
</tbody>
</table>
### BENEFIT OPTION 1 - DHMO ENHANCED | OPTION 2 - DHMO BASIC
---|---
**DEDUCTIBLE** | | |
Annual Deductible | None | None |
Calendar Year Maximum | None | None |
Claim Forms | None | None |
Primary Dentist Required | None | None |
**PREVENTIVE & DIAGNOSTIC** | YOU PAY | YOU PAY |
Office visit | No charge | No charge |
Routine exams (2 per 12 Months) | No charge | No charge |
Prophylaxis (cleaning) - basic (3 per 12 months) | No charge | No charge |
Emergency treatment (palliative) | No charge | No charge |
X-ray - complete series including bitewings (1 per 24 months) | No charge | No charge |
Fluoride application (1 per 12 months) | $10 | $15 |
**BASIC/RESTORATIVE PROCEDURES** | | |
Simple extractions | $10 | $20 |
Amalgam fillings - 1 surface permanent | No charge | No charge |
Anterior Root canals (1 canal) | $100 | $110 |
Endodontic Therapy, Premolar Tooth | $185 | $185 |
Endodontic Therapy, Molar Tooth | $225 | $245 |
Composite resin fillings - 1 surface, anterior | $0 | $0 |
Sealants (up to age 15) | No charge | No charge |
**MAJOR SERVICES** | | |
Crowns - porcelain, high noble metal | $495 | $500 |
Dentures - upper/lower | $460 each | $525 each |
Bridges - porcelain, base metal | $420 | $425 |
**PERIODONTICS** | | |
Periodontal Maintenance (limit 4 per year) | $0 | $0 |
**ORTHODONTICS** | | |
Pre-orthodontic treatment visit | $0 | $35 |
Comprehensive treatment of transitional dentition | $1,600 | $2,200 |
Comprehensive treatment of adolescent transitional dentition | $1,600 | $2,250 |
Comprehensive treatment of adult dentition | $1,950 | $2,350 |

Network: Palm Beach Schools DHMO

Commonly Covered Procedures:
Sample procedure codes, see full schedule for complete listing: [www.myhumana.com](http://www.myhumana.com)
## Dental Benefits

### PPO Plans

Sample procedure codes, see full schedule for complete listing: [www.myhumana.com](http://www.myhumana.com)

<table>
<thead>
<tr>
<th>BENEFIT</th>
<th>OPTION 3 - PPO HIGH</th>
<th>OPTION 4 - PPO LOW</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>IN-NETWORK</td>
<td>OUT-OF-NETWORK*</td>
</tr>
<tr>
<td><strong>DEDUCTIBLE (MAXIMUM 3 PER FAMILY) - CALENDAR YEAR IS JANUARY 1 - DECEMBER 31</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Class I</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Class II, III, IV</td>
<td>$50 per year, individual</td>
<td>$50 per year, individual</td>
</tr>
<tr>
<td>Calendar Year Maximum</td>
<td>$1,000 + Extended Annual Maximum</td>
<td>$1,000 + Extended Annual Maximum</td>
</tr>
<tr>
<td>Lifetime Orthodontic Maximum</td>
<td>$1,000 Adults / $2,000 Children</td>
<td>Not covered</td>
</tr>
<tr>
<td><strong>CLASS I - PREVENTIVE &amp; DIAGNOSTIC</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Routine Oral Exam</td>
<td>100%</td>
<td>90%</td>
</tr>
<tr>
<td>X-rays (diagnostic)</td>
<td>100%</td>
<td>90%</td>
</tr>
<tr>
<td>Routine Cleanings</td>
<td>100%</td>
<td>90%</td>
</tr>
<tr>
<td>Periodontal cleanings</td>
<td>100%</td>
<td>90%</td>
</tr>
<tr>
<td>Fluoride treatment</td>
<td>100%</td>
<td>90%</td>
</tr>
<tr>
<td>Sealants</td>
<td>100%</td>
<td>90%</td>
</tr>
<tr>
<td>Space maintainers</td>
<td>100%</td>
<td>90%</td>
</tr>
<tr>
<td>Oral Cancer Screening (ages 40+)</td>
<td>100%</td>
<td>90%</td>
</tr>
<tr>
<td>Panoramic x-rays</td>
<td>100%</td>
<td>90%</td>
</tr>
<tr>
<td><strong>CLASS II - BASIC SERVICES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency care for pain relief</td>
<td>80%</td>
<td>70%</td>
</tr>
<tr>
<td>Amalgam / Composite fillings</td>
<td>80%</td>
<td>70%</td>
</tr>
<tr>
<td>Oral Surgery (includes extractions)</td>
<td>80%</td>
<td>70%</td>
</tr>
<tr>
<td>Harmful habit appliances</td>
<td>80%</td>
<td>70%</td>
</tr>
<tr>
<td>Periodontics</td>
<td>80%</td>
<td>70%</td>
</tr>
<tr>
<td>Endodontics</td>
<td>80%</td>
<td>70%</td>
</tr>
<tr>
<td><strong>CLASS III - MAJOR SERVICES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inlays/onlays/crowns &amp; bridges</td>
<td>50%</td>
<td>40%</td>
</tr>
<tr>
<td>Dentures and other removable prosthetics</td>
<td>50%</td>
<td>40%</td>
</tr>
<tr>
<td>Implants</td>
<td>50%</td>
<td>40%</td>
</tr>
<tr>
<td><strong>CLASS IV - ORTHODONTIC SERVICES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orthodontia (Adult &amp; child up to age 18)</td>
<td>50%</td>
<td>50%</td>
</tr>
</tbody>
</table>

Network: Palm Beach Schools PPO
Vision Benefits

Provider: EyeMed Vision Care  
eyemed.com
An eye examination means more than getting a prescription – it evaluates your eye health and is critical in the early detection of several vision and health-related conditions, including:
- glaucoma
- cataract
- diabetes
- hypertension

Plan Features
You may choose independent ophthalmologists, optometrists, opticians or the convenience of a retail facility including LensCrafters®, most Pearle Vision locations, Sears Optical and Target Optical locations in your area or throughout the country for:
- eye examinations
- contact lenses
- glasses
- Rx sunglasses
- lens options and accessories
- LASIK and PRK laser vision correction procedures

Lens Options
You can choose from many different lenses and lens options for your frames at participating eye provider locations. Here are just a few of the lens options you may find at participating provider locations:
- Ultra Violet (UV) protection - UV ray exposure can be generated from the sun or other light sources. With enough exposure to these light rays, there could be an increased risk of cataracts and macular degeneration.
- Anti-reflective (AR) coating - This coating reduces the amount of light that reflects off the lenses. These lenses can be particularly helpful for driving at night, when reflections on your lenses may be greater than daylight driving conditions. AR coating also enables people to see your eyes more clearly as opposed to seeing the reflection off your lenses.
- Scratch-resistant coating - When scratches are present on your lenses, they may distort or interfere with your vision. This protective coating is added to the lens surface to protect it from normal scratches as a result of everyday mishaps. It’s a great way to extend the life of your eyewear.

Claim Forms
You do not need to obtain a claim form for the in-network services. Simply inform your provider that you are an EyeMed member when you make your appointment or visit a participating provider location.

To Locate An EyeMed Provider Near You
Visit the EyeMed website at www.eyemed.com and choose “Select” network and enter your ZIP code to find a provider or simply use the newly featured EyeMed member App.

Know Before you Go- a tool now available to all members on their portal which will give members estimates of their purchase total before visiting their provider.

Call EyeMed customer call center at 1-866-723-0514 and choose the “provider locator” automated option, or speak to a customer service representative during normal operating hours (Monday-Friday, 7:30 a.m. - 11 p.m. ET; Sunday, 11 a.m. - 8 p.m. ET).
## Vision Benefits

### EyeMed Plan Services - www.eyemed.com

<table>
<thead>
<tr>
<th>IN-NETWORK</th>
<th>MEMBER COST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exam with dilation as necessary</td>
<td>$10 copayment</td>
</tr>
<tr>
<td>Retinal imaging benefit</td>
<td>up to $39</td>
</tr>
</tbody>
</table>

### EXAM OPTIONS

| Standard contact lens fit and follow-up*        | Up to $40                                        |
| Premium contact lens fit and follow-up**       | 10% of retail                                    |

### FRAMES

| Standard plastic lenses                        | $0 copayment; $130 allowance; 20% of balance over $130 |
| Single vision                                  | $15 copayment                                     |
| Bifocal                                        | $15 copayment                                     |
| Trifocal                                       | $15 copayment                                     |
| Standard progressive                           | $60 copayment                                     |
| Premium progressive                            | $60, 80% of charge less $120 allowance             |

### STANDARD PLASTIC LENSES

<table>
<thead>
<tr>
<th>Lens Options (Paid by the Member and Added to the Base Price of Lens)</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>UV coating</td>
<td>$12</td>
</tr>
<tr>
<td>Tint (solid and gradient)</td>
<td>$12</td>
</tr>
<tr>
<td>Standard scratch coating</td>
<td>$15</td>
</tr>
<tr>
<td>Standard polycarbonate - adult</td>
<td>$35</td>
</tr>
<tr>
<td>Standard polycarbonate - child under 19</td>
<td>$35</td>
</tr>
<tr>
<td>Standard anti-reflective</td>
<td>$45</td>
</tr>
<tr>
<td>Polarized</td>
<td>20% of retail price</td>
</tr>
<tr>
<td>Other add-ons and services</td>
<td>20% of retail price</td>
</tr>
</tbody>
</table>

### CONTACT LENSES (INCLUDES MATERIALS, ONLY IN LIEU OF LENSES)

<table>
<thead>
<tr>
<th>Contact Lenses (Includes Materials, Only in Lieu of Lenses)</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conventional</td>
<td>$0 copayment; $125 allowance plus 15% of balance over $125</td>
</tr>
<tr>
<td>Disposables</td>
<td>$0 copayment; $145 allowance when purchased through contactsdirect.com</td>
</tr>
<tr>
<td>Medically necessary</td>
<td>$0 copayment; paid in full</td>
</tr>
</tbody>
</table>

### LASIK & PRK VISION CORRECTION SERVICES†

| LASIK & PRK Vision Correction Services†                     | 15% off retail price OR 5% off promotional pricing |

### FREQUENCY

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exams</td>
<td>once every 12 months</td>
</tr>
<tr>
<td>Frames</td>
<td>once every 24 months</td>
</tr>
<tr>
<td>Standard plastic lenses or contact lenses</td>
<td>once every 12 months</td>
</tr>
</tbody>
</table>

---

*Standard contact lens fitting - spherical clear contact lenses in conventional wear and planned replacement (examples include but not limited to disposable, frequent replacement, etc.).

**Premium contact lens fitting - all lens designs, materials and specialty fittings other than standard contact lenses (examples include toric, multifocal, etc.).

†LASIK and PRK correction procedures are provided by the U.S. Laser Network, owned by LCA-Vision. You must first call 1-877-5LASER6 for the nearest facility and to receive authorization for the discount.
Certificate of Credible Coverage

Important Notice from the School District of Palm Beach County About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the School District of Palm Beach County and prescription drug coverage available for people with Medicare.

It also explains the options you have under Medicare prescription drug coverage and can help you decide whether or not you want to enroll. At the end of this notice is information about where you can get help to make decisions about your prescription drug coverage.

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare through Medicare prescription drug plans and Medicare Advantage Plans that offer prescription drug coverage. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. The School District of Palm Beach County has determined that the prescription drug coverage offered by UnitedHealthcare is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage will pay and is considered credible coverage.

Because your existing coverage is on average at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay extra if you later decide to enroll in Medicare prescription drug coverage.

Individuals can enroll in a Medicare prescription drug plan each year from October 15 through December 7 and when they first become eligible for Medicare. However, if you lose your current credible prescription drug coverage through no fault of your own, you will also be eligible for a two-month special enrollment period (SEP) to join a Medicare drug plan.

If you do decide to enroll in a Medicare prescription drug plan and drop your UnitedHealthcare prescription drug coverage, be aware that you will not be able to get this coverage back. Prescription drug coverage is a part of the total health insurance plan offered by UnitedHealthcare and cannot be purchased separately.

Please contact us for more information about what happens to your coverage if you enroll in a Medicare prescription drug plan.

If you drop your coverage with The School District of Palm Beach County and enroll in a Medicare prescription drug plan, you will not be able to get this coverage back later. You should compare your current coverage, including which drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area.

Your current coverage pays for other health expenses, in addition to prescription drugs, and you will still be eligible to receive all of your current health and prescription drug benefits if you choose to enroll in a Medicare prescription drug plan.

You should also know that if you drop or lose your coverage with the School District of Palm Beach County and don’t enroll in Medicare prescription drug coverage after your current coverage ends, you may pay more (a penalty) to enroll in Medicare prescription drug coverage later.

If you go 63 days or longer without prescription drug coverage that’s at least as good as Medicare’s prescription drug coverage, your monthly premium will go up at least 1 percent per month for every month that you did not have that coverage. For example, if you go 19 months without coverage, your premium will always be at least 19 percent higher than what many other people pay. You’ll have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to enroll.

For more information about this notice or your current prescription drug coverage: contact our office at: 1-561-434-8580.

Note: You will receive this notice at other times in the future, such as before the next period you can enroll in Medicare prescription drug coverage, or if this coverage changes. You also may request a copy of this notice at any time.

For more information about your options under Medicare prescription drug coverage:

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

- Visit www.medicare.gov
- Call your state health insurance assistance program or personalized help (see your copy of the “Medicare & You” handbook for their telephone number).
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

For people with limited income and resources, extra help paying for Medicare prescription drug coverage is available. Information about this extra help is available from the Social Security Administration (SSA) online at www.socialsecurity.gov or by phone at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this notice. If you enroll in one of the new plans approved by Medicare that offer prescription drug coverage, you may be required to provide a copy of this notice when you join to show that you are not required to pay a higher premium amount.

Date: October 1, 2019
Name of Entity: School District of Palm Beach County
Contact: Retiree Benefits Technician
Address: 3370 Forest Hill Boulevard, Suite A-103
West Palm Beach, FL  33406-5870
Phone: 1-561-434-8673
Important Notices

Opportunity to Enroll in Connection with Extension of Dependent Coverage to Age 26

Individuals whose coverage ended, or who were denied coverage (or were not eligible for coverage), because the availability of dependent coverage of children ended before attainment of age 26 are eligible to enroll in health plans offered by the School District of Palm Beach County. Individuals may request enrollment for such children during the annual enrollment period of October 7, 2019, through October 25, 2019. Enrollment will be effective January 1, 2020. For more information contact Risk & Benefits Management at 1-561-434-8580.

Patient Protection

The medical plans offered by the School District of Palm Beach County do not require you or your family to designate a primary care provider. However, you have the right to select any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact UnitedHealthcare at www.myuhc.com or call the customer service phone number shown on your UHC ID card.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from UnitedHealthcare or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a healthcare professional in our network who specializes in obstetrics or gynecology. The healthcare professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating healthcare professionals who specialize in obstetrics or gynecology, contact UnitedHealthcare at www.myuhc.com or call the customer service phone number shown on your UHC ID card.

Insurance Coverage after Retirement

Under section 112.0801, Florida Statutes, your FRS employer is required to offer you or your eligible dependents the option of continued participation in any employer-sponsored group insurance plans in which you were participating at your retirement or at your DROP termination date.

As a retiree, your premium cost for health and hospitalization insurance coverage may not exceed the total employee and employer premium cost applicable to active employees. You may lose your eligibility to participate if you choose not to continue participating in your employer’s group plan at retirement, initially choose to continue but subsequently stop participating, defer your retirement to a future date, or otherwise do not meet your employer’s group plan requirements. Before you terminate employment, contact your FRS employer about continuing your employer-sponsored group insurance coverage. The division has no authority over or responsibility for employer group health and hospitalization plans.

Flexible Spending Accounts (FSAs)

Your Flexible Spending Account (FSA) will terminate on the last day of the month in which you retire unless you elect to continue contributing to your Health Care FSA account after retirement. You will have until March 31, 2021 to submit any claims for eligible expenses incurred before your retirement. For more information, please contact the WageWorks (flexible spending accounts administrator) customer service at 1-855-428-0446.

You may continue contributing to your Health Care FSA account through December 31 of your initial retirement year. You will have until March 31, 2021 to submit any eligible claims for expenses incurred while you were actively contributing and enrolled in an FSA plan. This will allow you to keep your Health Care FSA active and receive reimbursement for expenses incurred after your retirement date. If you do not wish to continue your Health Care FSA, it will terminate on the last day of the month in which you retire.

Please send payments directly to:

WageWorks
P.O. Box 14357
Lexington, KY
40512-4357

Income Taxes on Your Retirement Benefit

Each year at the end of January, the division provides you an IRS Form 1099-R. Your annual taxable income is shown in the taxable amount box (Box 2a). You should use this form when you file your income tax return.
Insurance Planning For Retirement Can Be As Easy As A-B-C

The Assurance Group is an “A” rated company representing over 30 insurance carriers.

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Medicare Supplements
Part D Prescription Plans

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Dr. Francine Rush
(561) 373-2444
fmrush@assuregrp.com

1665 Palm Beach Lakes Blvd. #620
West Palm Beach, FL 33401

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Lake Worth, FL 33460
561-547-7866

Christopher Graham, CLU
chris@insuranceforeducators.org
DIRECT: 561-714-5678

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AD-849
Help Finding the Right Medicare Supplement Insurance Plan Is Just Down the Street

Finding the right standardized Medicare supplement insurance plan may be confusing. That’s where I come in. I’m a licensed, local insurance agent based right here in Florida. I’ll listen to your needs and personal situation, and together we’ll find a plan that’s a fit for you.

Personal Attention Where It Counts

I’m authorized to offer AARP® Medicare Supplement Insurance Plans, insured by UnitedHealthcare Insurance Company (UnitedHealthcare), and I’ll be sure to review important highlights including:

» Competitive rates that may help you manage your out-of-pocket costs.
» Variety of plans available.
» That these plans carry the AARP name and have been carefully evaluated and selected as meeting the high service and quality standards of AARP.

Because I’m right here in Florida, I’m able to meet with you face-to-face to review your plan options. If it’s more convenient, I’m also just a local phone call away. Either way, you’ll have someone right here in your community who is able to help you with your plan choice, from start to finish.

Contact me today!
I’ll get you on your way to reliable coverage right here in Florida.

David Gluckman
Licensed insurance agent contracted with UnitedHealthcare
1-888-868-9770
davidgluckman@comcast.net
9156D SW 23rd Street, Davie, FL 33324

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AARP does not employ or endorse agents, brokers or producers.

Insured by UnitedHealthcare Insurance Company, Horsham, PA (UnitedHealthcare Insurance Company of New York, Islandia, NY for New York residents). Policy Form No. GRP 79171 GPS-1 (G-36000-4). In some states, plans may be available to persons under age 65 who are eligible for Medicare by reason of disability or End-Stage Renal Disease.

Not connected with or endorsed by the U.S. government or the federal Medicare program.

This is a solicitation of insurance. A licensed insurance agent/producer may contact you.

Call the licensed insurance agent at the telephone number in this advertisement to receive complete information including benefits, costs, eligibility requirements, exclusions and limitations.

AS2747FL
To meet your specific needs there are more services we provide which will help your transition from your group coverage.

NO waiting in line
NO waiting on the phone
NO waiting for a stranger to visit your home

Arrange a face-to-face meeting in our local office in West Palm Beach located a few miles from the School District office. There is no consultation fee required or charge for an office visit.

CALL OR TEXT FOR IMMEDIATE HELP
561-727-6200
OR EMAIL KENNETH.SESSION@BANKERSLIFE.COM

Set up your office appointment today
1601 Belvedere Rd., Suite 301 South
West Palm Beach, FL 33406

Kenneth J. Session, CLTC
Florida Licensed Insurance Agent

Team Partner
Laura A. Grier
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