

**2020-2021
INSURANCE & BENEFITS INFORMATION
GUIDE**



The School Board of Nassau County, Florida
1201 Atlantic Avenue
Fernandina Beach, Florida 32034

DISCLAIMER

This Insurance & Benefits Information Guide is intended to serve as a guide to the benefits available to employees of the Nassau County School Board. For a complete description of benefits and exclusions, employees are encouraged to examine the materials provided by each insurance company. Employees are responsible for confirming provider participation before receiving treatment or services as some plans bear zero liability if an out-of-network provider is utilized.

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INTRODUCTION

Welcome to the 2020-2021 Insurance and Benefits Information Guide. This booklet is intended to outline the benefits and insurances that are available to you through the Nassau County School Board (NCSB). It is highly recommended that you keep this guide throughout the year as there are several important topics outlined which may directly impact you and your benefits. Should you have any questions regarding the specifics of the plans offered, please refer to the last pages of this packet for a list of contacts.

During the annual Open Enrollment Fairs, you will have the opportunity to inquire about the specific plans. This is your once-a-year opportunity to elect the insurance coverage(s) that best suit your needs for the upcoming plan year. During Open Enrollment, you can add qualified dependents, remove existing dependents, elect new policies, waive coverage, cancel existing policies, change from one plan to another and implement a variety of other changes to your current insurance(s). Please note that changes to medical, dental, vision and supplemental insurances are only permitted during Open Enrollment unless you experience a lifestyle change. Please see SPECIAL ENROLLMENT NOTICE (Page 7) for additional information.

Hopefully you will find the information contained within to be very useful and informative. Should you have any questions regarding the enrollment process, please contact Leanne Peacock in the Human Resources Department for assistance.

HUMAN RESOURCES DEPARTMENT WEBSITE

www.nassau.k12.fl.us

The Human Resources Department website houses several documents and reference materials intended to make your day-to-day job easier. We have added several items to serve our current and potential employees.

CONTENTS

- Human Resources Department Contacts including areas of responsibility.
- Employment Opportunities for administrative, instructional and non-instructional positions.
- Benefits & Insurance.
- Important Documents.
- NTA and NESPA Contracts.
- Evaluation Plans (School Leadership and Instructional Personnel).
- Insurance Committee.
- Employee Leaves section including instructions and required forms.
- Best & Brightest.
- Out-of-Field.
- Paraprofessionals.
- Substitutes.
- Retirement.
- Teacher Certification.
- Athletic Coaches.

SCHOOL BOARD CONTRIBUTIONS

The Board provides for each regular full-time employee an annual amount of insurance benefits pro-rated to the annual length of employment and applied to the following Board approved group insurance plans. The Board's contribution towards the insurance premiums is subject to the collective bargaining negotiation process.

	Annually	Monthly
Health Insurance	\$7,458.24	\$621.52
Life Insurance	\$88.32	\$7.36

HOSPITAL BENEFIT WITHOUT GROUP HEALTH INSURANCE

If you elect not to participate in a group health insurance plan, the following applies to you: \$150.00 payment by the Board as described below. This benefit is only for Nassau County School Board employees and does not extend to spouses, dependents, etc.

"The Board shall provide a \$150 per night reimbursement for verified in-hospital stays of one night or more, but not to exceed a total of 20 nights, during a fiscal year for those employees not participating in a Board approved health plan. Employees must submit a written request for reimbursement with verification of the in-hospital stay, including discharge, to the Human Resources Department office within 30 days of hospital discharge."

It is the employee's responsibility to submit the request for reimbursement, along with documentation clearly illustrating the admission and discharge dates, within 30 days of discharge. Requests made after the 30-day limit may not be honored.

NTA Contract 2017-2020, Article XVIII Insurance, Item D (Pg. 38)
NESPA Contract 2017-2020, Article VIII Insurance, Item F (Pg. 24)

EMPLOYEE ASSISTANCE PROGRAM

The Nassau County School Board offers the Employee Assistance Program (EAP) to assist employees who are experiencing personal problems that may affect them on or off the job. Stress, conflicts, family worries, financial/legal issues and balancing home and work life are some examples.

HOW DOES AN EAP WORK?

You simply call Health Advocate and receive unlimited, confidential support from a Licensed Professional Counselor and/or a Work/Life Specialist. Services are available 24 hours a day, 7 days a week.

SHORT TERM ASSISTANCE?

Turn to Health Advocate for help with personal issues such as stress, depression, family problems, substance abuse and more.

WHAT IS THE COST?

EAP is a free, confidential service to you. The EAP sessions are prepaid for you by your employer.

WILL I BE REQUIRED TO USE EAP?

The EAP is a voluntary program. However, supervisors are encouraged to refer you to this prepaid resource when it is appropriate to use this service. Regardless of the situation, you will always make the decision when and if you use the EAP.

WHO WILL KNOW THAT I HAVE USED THE EAP?

Health Advocate adheres to the confidentiality guidelines mandated by law and counselors. Your employer will receive a report with only statistical information.

CONTACT INFORMATION

24-Hour Phone

(877) 240-6863

Website

HealthAdvocate.com/members

TRUSTMARK LIFE INSURANCE

BASIC LIFE

A Basic Life Insurance policy in the amount of \$30,000 is provided by the Nassau County School Board to all regular employees at no cost to the employee. New employees will be covered on the first of the month following 25 days of employment. The life insurance coverage is provided only during the period of employment with the School Board with the provision to convert to an individual policy when no longer employed.

OPTIONAL LIFE

All regular employees (excluding substitute and temporary employees) who work 12 or more hours per week may elect Optional Life Insurance in \$1,000 increments not to exceed the employee's maximum contract amount. Current employees wishing to elect Optional Life Insurance, or those who have Optional Life and would like to increase their present coverage, must complete an Evidence of Insurability Form available in the Human Resources Office. Employees are financially responsible for the total premium for Optional Life Insurance.

Accidental Death and Dismemberment is included in both the Basic Life Insurance and the Optional Life Insurance Plans.

MONTHLY RATES PER \$1,000 OF OPTIONAL LIFE INSURANCE COVERAGE				
Employee's Age	\$1,000	\$5,000	\$10,000	\$20,000
Under 30	\$0.085	\$0.42	\$0.85	\$1.70
30-39	\$0.115	\$0.57	\$1.15	\$2.30
40-44	\$0.195	\$0.97	\$1.95	\$3.90
45-49	\$0.305	\$1.52	\$3.05	\$6.10
50-54	\$0.515	\$2.57	\$5.15	\$10.30
55-59	\$0.745	\$3.72	\$7.45	\$14.90
60-64	\$0.855	\$4.27	\$8.55	\$17.10
65-69	\$1.43	\$7.17	\$14.35	\$28.70
70-74	\$2.60			
75-79	\$4.19			

SCHEDULED REDUCTIONS

Basic Life Insurance will reduce to 65% of the scheduled amount at age 70, 45% at age 75, and 30% at age 80. Optional Life Insurance will reduce to 65% of the scheduled amount at age 70, 45% at age 75, and 30% at age 80.

CONVERSION PRIVILEGES

The conversion privilege is available to eligible employees whose life insurance will terminate under the Policy. Proof of good health is not required, but a Conversion Application and the first premium payment are due within 31 days after coverage ends. Conversion requests are handled through the Human Resources Office.

FLORIDA KIDCARE

The Nassau County School Board affords employees the opportunity to cover their qualified dependent children under our group health insurance plan. However, there are alternative options to cover qualified dependent children, Florida KidCare being one of them.

If you are a parent with dependent children from birth through age 18, even if both parents are working, you may want to consider the programs that are offered by Florida KidCare.

There are four different parts to the Florida KidCare program offered by the state of Florida. When you apply for coverage for your dependent child(ren), Florida KidCare will check which part your child(ren) may qualify for based on age and family income.

There are several ways to apply for Florida KidCare:

- If you applied for Florida KidCare before, call **1-888-540-5437** to update your information.
- You can apply online at www.floridakidcare.org.

The Nassau County School Board does not administer the Florida KidCare program. The Florida KidCare information and data contained within this booklet is for informational purposes only and it is being presented here so that employees are aware of this potential, alternate option to our group health insurance plan. It is the sole responsibility of each employee who wishes to apply for Florida KidCare to do their own research and due diligence before submitting an application for coverage.

WELLNESS PROGRAM

Beginning July 1, 2020 start earning entries for this year's **"500 Every 5" Drawings!**

- Five employees will win \$100 each for a total of \$500 every five weeks beginning July 1.
- Drawing Dates: Aug 6, Sept 10, Oct 15, Nov 19, Dec 17, Jan 28, March 4, April 8, May 13 and June 17.
- A log is provided for your convenience to use to document your off-site wellness activities (exercising in gym or at home, doctor visits, dental cleanings, etc.). But print outs from Fitbits, gyms etc. are also accepted for exercise documentation.
- In each drawing, the more activities you do, the more times your name will be entered.
- For on-site activities (exercise, health meetings, screenings, flu shot sessions, etc.), simply sign in for automatic drawing entry.



Please contact Cathy Carter at 904-491-9883, extension 1243, carterca@nassau.k12.fl.us, or First Class email for more information.

SPECIAL ENROLLMENT NOTICE

If you are declining enrollment for yourself or your dependents because you or your dependents have other health insurance or group health plan coverage, you may be eligible to enroll yourself and your dependents in the Nassau County School Board's group plan if you or your dependents lose eligibility for the other coverage, through no fault of your own. However, you must request enrollment within 30 days after your or your dependents' other coverage ends.

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

To request a special enrollment, benefit materials or obtain more information, please contact Leanne Peacock in the Human Resources Department at (904) 491-9876.

PATIENT PROTECTION & AFFORDABLE CARE ACT (HEALTH CARE REFORM)

The Patient Protection and Affordable Care Act ("PPACA"), more commonly referred to as Health Care Reform, was signed into law March 23, 2010. The law contains health insurance coverage and financial assistance options for individuals and families. The IRS administers the tax provisions included in the law. Visit <https://www.HealthCare.gov> for more information on coverage options and financial assistance.

MINIMUM ESSENTIAL COVERAGE

The Florida Blue group health insurance plans offered by the Nassau County School District meet the minimum essential coverage requirements. The Nassau County School District group health insurance coverage is offered to employees who work a minimum of 25 hours or more per week.

DEPENDENT COVERAGE

Employees may cover their legal spouses, dependent children by birth, stepchildren, legally adopted children or children for whom the covered employee has been court-appointed as legal guardian or legal custodian. Please carefully read through the following sections as they apply to Dependent Coverage for specific plan requirements and timelines for application of coverage.

FLORIDA BLUE GROUP HEALTH COVERAGE FOR INFANTS

It is the member's responsibility to notify the Nassau County School District's Benefits Administrator regarding any and all lifestyle changes, which include adding a newborn baby onto an existing policy. Members who add their newborn baby to their policy within the guidelines established by Florida Blue receive the first 30 days of coverage free for their newborn baby. Members who **do not** add their newborn baby within the guidelines established by Florida Blue will forfeit the 30 days of free coverage, and in some instances, may not be permitted to add their newborn baby to their policy until the following Open Enrollment.

In addition to applicable paperwork, employees must provide the infant's social security number along with a copy of the child's birth certificate within 30 days of birth.

To enroll a newborn child who is an Eligible Dependent, the Covered Employee must submit an Enrollment Form* to Florida Blue through the Group (Nassau County School District). The effective date of coverage for a newborn child will be the date of birth. We must be notified, in writing, and the following guidelines will be applied when enrolling a newborn child:

- If we receive written notice* within 30 days after the date of birth, the effective date of coverage will be the date of birth and **no premium will be charged** for the newborn child for the first 30 days of coverage.
- If we receive written notice* 31 to 60 days after the date of birth, the effective date of coverage will be the date of birth and **the appropriate premium will be charged** from the date of birth.
- If we receive written notice* more than 60 days after the date of birth and Annual Open Enrollment has not occurred since the date of birth, the effective date of coverage will be the date of birth and **the appropriate premium will be charged** from the date of birth.
- If we receive written notice* more than 60 days after the date of birth and Annual Open Enrollment has occurred, the newborn child **may not be added** until the next Annual Open Enrollment Period or Special Enrollment Period.



If you have any questions relating to the addition of an infant to your Florida Blue group health insurance coverage, please contact the School District's Benefits Administrator:

Leanne Peacock
 1201 Atlantic Avenue
 Fernandina Beach, FL 32034
 Phone (904) 491-9876
 Email leanne.peacock@nassau.k12.fl.us

* A completed Enrollment Form serves as written notice to Florida Blue. The Nassau County School District's Benefits Administrator will provide members with the Enrollment Form, assistance in completing the Enrollment Form and will also be responsible to file the completed Enrollment Form with Florida Blue upon receipt.

DEFINITION OF ELIGIBLE DEPENDENTS

Under the terms of the Nassau County School District's group insurance plans, an eligible employee may cover the following dependents listed below. The accompanying acceptable form(s) of proof are listed to the right of each dependent classification. In the event that you are not readily able to access the acceptable form(s) of proof as outlined below, you will be required to apply for replacements through the respective state agencies. Any fees associated with application for such documents as outlined below are the sole responsibility of the employee. If you have applied for replacements and do not have your documentation in-hand to submit along with your application for coverage, please contact Leanne Peacock in the Human Resources Department at (904) 491-9876 for assistance.

DEPENDENT	ACCEPTABLE FORM(S) OF PROOF
Legal Spouse	<ul style="list-style-type: none"> • Copy of legal marriage certificate (state or county document will be acceptable, a church certificate will NOT be accepted).
Children By Birth	<ul style="list-style-type: none"> • Copy of county or state issued birth certificate. • Copy of hospital birth certificate if certified and contains names of parents.
Children By Adoption	<ul style="list-style-type: none"> • Copy of legal adoption paperwork.
Children by Legal Guardianship & Other Situations	<ul style="list-style-type: none"> • Qualified Medical Child Support Order (QMCSO). • Copy of legal guardianship paperwork issued by the courts. • Federal tax return papers indicating dependents (can black out financial information) plus documentation from school, daycare, or pediatrician stating the child lives in the employee's home. This does not apply to children by birth or adoption.

FLORIDA BLUE AGE LIMITATIONS FOR DEPENDENT CHILDREN

Employees may insure dependent children through age 30 on their group health insurance policy through the Nassau County School District. All children, regardless of age, must fall into one of the categories listed in DEFINITION OF ELIGIBLE DEPENDENTS (Page 8).

Dependent children: newborn through age 26:

- There are no set criteria to satisfy.

Dependent children ages 26-30:

- The child must not be married.
- The child must not have any dependents of their own.
- The child must not have other health insurance.
- The child must not be entitled to benefits under Title XVIII of the Social Security Act.
- The child must be a resident of the State of Florida OR a full-time OR a part-time student.

HUMANA AGE LIMITATIONS FOR DEPENDENT CHILDREN

Employees may insure dependent children through age 26 on their group dental or vision insurance policy through the Nassau County School District. There are no stipulations with regard to age, the dependent will fail to qualify for coverage on December 31st of the year in which they turn age 26.

REQUIRED PAPERWORK

If you are adding dependents to your existing insurance plan, you will be required to complete the Dependent Enrollment and Requirements Worksheet (located on the Nassau County School District’s website on the Human Resources Department page) and send proof of dependent status along with your change form. If you are electing group insurance coverage, including any dependents, as a new hire or during Open Enrollment, you will also be required to complete the Dependent Enrollment and Requirements Worksheet and send proof of dependent status along with your application.

DEPENDENT ELIGIBILITY AUDITS

A periodic dependent eligibility audit is a recognized tool throughout the healthcare industry. It is your responsibility to ensure that dependents on your plan meet, and continue to meet, the requirements for eligible dependents under the Nassau County School District’s group insurance plans. The Nassau County School District will periodically audit dependent coverage on an ongoing, regular basis.

DEPENDENT ADDRESSES

If you cover a dependent on any of your insurance policies, please be advised that it is your responsibility to notify Leanne Peacock in the Human Resources Department of any address differences between the address that we have on file for you and that of your covered dependent. Insured groups are responsible to notify covered members if there are any material modifications in their insurance coverage. If a covered member bears a different mailing address than you, our main subscriber, we are responsible to mail a separate notice to each covered member’s address. However, we can only notify members if we are aware of a different address.

FLORIDA BLUE GROUP HEALTH INSURANCE

The Nassau County School Board is pleased to offer group health insurance coverage through Florida Blue.

OVERVIEW

There are no changes to the health insurance plan summaries for the 2020-2021 school year. Rates remain the same for the 2020-2021 school year.

PRE-EXISTING CONDITION LIMITATIONS

Employees newly electing group health insurance or existing members adding dependent(s) no longer need to disclose prior health insurance coverage information. Insurance companies can no longer impose restrictions on coverage for health related items which may be deemed to be pre-existing.

PROVIDER NETWORKS & DIRECTORIES

Members receive the greatest benefit from utilizing providers that are in-network. If you do not use a provider that participates in the network specific to your health insurance plan, you may have a reduced benefit or in some cases, no insurance benefit at all. Provider Directories listing the most current participating physicians and facilities for all plans are accessible to participants in one of two fashions. Members can visit www.floridablue.com and click on “Find a Doctor and More”, or by calling Florida Blue Customer Service at (877) 352-2583.

Florida Blue Plan	Network
BlueCare HMO 57 (25) & BlueCare HMO 55 (112)	BlueCare
BlueOptions 3769, BlueOptions 3766 & BlueOptions 5168/5169	BlueOptions

PLAN YEAR & CALENDAR YEAR

There are differences between our plan year and the calendar year which specifically impact employees on plans with deductibles. Florida Blue’s health insurance plans conform to the calendar year, January 1st through December 31st, while our plan year is October 1st through September 30th. If you are on a plan that carries a Calendar Year Deductible (CYD) and you receive services between October 1st and December 31st, which are subject to the CYD, you will be required to satisfy the CYD during that timeframe and then again starting on January 1st at the start of the calendar year. If you are currently covered by one of our plans and have already satisfied your CYD for 2020, then you will not need to meet that financial requirement again until January 1, 2021.

PRIMARY COVERAGE

The health insurance coverage of any employee or dependent is always the employee’s or dependent’s primary coverage regardless of whether that employee is covered under another insurance plan or Medicare.

ONLINE TOOLS

Florida Blue places your personal health information where you need it, at your fingertips. Visit www.floridablue.com. Members can access a wide array of information:

- Find a doctor or hospital in your plan
- See what is covered and what you will pay
- Order ID cards or print a temporary card
- See a monthly statement of what was paid
- Point to where it hurts for health information
- Start a Health Assessment or Lifestyle Program

HMO PRIMARY CARE PROVIDERS

Florida Blue requires the designation of a Primary Care Provider (PCP) for BlueCare HMO Plans. You have the right to designate any PCP who participates in the network and who is available to accept you and/or your covered dependents. If you do not make this designation along with your election for health coverage, a PCP will be designated for you. For a list of participating PCPs please visit www.floridablue.com and click on "Find a Doctor and More". Members may also call Florida Blue Customer Service at (877) 352-2583.

For dependent children you may designate a pediatrician as the PCP.

You do not need prior authorization from Florida Blue or your PCP in order to obtain access to obstetrical or gynecological care in network who specializes in obstetrical or gynecological. The health care provider may be required to comply with certain procedures, including prior authorizations for certain services, following a pre-approved treatment plan or procedure for making referrals.

In general, our BlueCare HMO plans do not require members, who are seeking medical services from a specialist, to obtain referrals from PCPs.

FLORIDA BLUE CENTERS

Florida Blue members have access to Florida Blue Centers, two of which are local. One is located in the St. John's Town Center and the other at River City Marketplace. Florida Blue representatives provide personalized face-to-face service in a way that no other Florida insurer has done before. Representatives have access to our group benefits and can assist members in understanding claims, researching charges and resolving any mistakes or inconsistencies. Florida Blue retail centers play an important role in decreasing health costs by involving consumers more closely in their care decisions. Their most immediate impact will be a more powerful and human one, they will help members access services, manage health conditions and stay healthy.

Visit the Florida Blue Center online today at <http://www.floridabluecenters.com/jacksonville>.

- St. John's Town Center - 4855 Town Center Parkway, Jacksonville, FL 32246
- River City Marketplace - 13141 City Station Drive, #106, Jacksonville, FL 32218

BLUE365® PROGRAM

Blue365® is a program sponsored by participating local Blue Companies that helps you stay healthier, for less. These "Blue365 Deals" (which are different than the healthcare benefits that you have with your Florida Blue plan) can help you maintain a healthy lifestyle, while spending less at some of your favorite Blue365 Vendors nationwide.



To participate, Florida Blue members simply need to register on-line at www.blue365deals.com and they will be all set to enjoy great health and wellness deals. There are no fees to join Blue365.

DIGITAL EDUCATION TOOL

Florida Blue has an exciting service for Nassau County School District employees, the Digital Education Tool. Visit <https://gateway.bcbsfl.com> and if prompted, enter Group Code 46931. You may also text "Blue 896" to 258311 to receive the link directly on your smart phone. There is no registration and you do not need to be an existing Florida Blue member to access this site. This site provides side-by-side benefit comparisons, provider searches, locations of Florida Blue Centers, comparison of medical costs and MUCH, MUCH MORE! Employees will have the convenience of watching video clips detailing the plans, money saving tips and helpful resources.

Enjoy the ease of access of having your health insurance benefits in the palm of your hand.



FLORIDA BLUE GROUP HEALTH INSURANCE – PRESCRIPTION COVERAGE

PRESCRIPTION COSTS

Prescription costs will be maintained at the 15/50/80 co-pay levels and mail order costs will remain steady for 2020-2021. Pharmacy Benefits are listed within this booklet on page 19.

Florida Blue Plan:	Prescription Cost:
BlueCare HMO 57 (25)	\$15, \$50, \$80
BlueCare HMO 55 (112)	\$15, \$50, \$80
BlueOptions 3769	\$15, \$50, \$80
BlueOptions 3766	\$15, \$50, \$80
BlueOptions 5168/5169	Subject to the CYD; \$0 once the CYD is met

MAIL ORDER PHARMACY BENEFITS

The health insurance plans offered to Nassau County School Board employees provide for a mail order pharmacy benefit. The copay for mail order prescriptions are approximately two-and-a-half times the normal monthly copay. **Note:** *Pharmacy benefits under BlueOptions 5168/5169 are subject to the calendar year deductible and then covered at 100% of the allowed amount.*

DIABETIC SUPPLIES

Diabetic supplies such as blood glucose testing strips and tablets, lancets, glucometers, acetone test tablets and/or syringes, and needles are covered under your pharmacy benefit for all insurance plans. Diabetic supplies require a prescription and can be obtained from a participating pharmacy. These supplies are no longer covered under the Durable Medical Equipment (DME) category of the health plan; they are covered under the pharmacy benefit and are subject to the pharmacy copays.

MEDICATION GUIDE

The Preferred Medication List, which is part of the Medication Guide, is available online at www.bcbsfl.com. Changes in the formulary can occur over time and the most up-to-date listing can always be found by viewing the Medication Guide online or by calling the customer service number listed on your identification card. For the hearing impaired, call Florida TTY Relay Service 711. The Medication Guide also identifies specialty drugs, and drugs requiring prior authorization. When reviewing the Preferred Medication List with your doctor, ask your provider to consider a Prescription Drug from the Preferred Medication List, particularly a Preferred Generic Prescription Drug.

PRIOR COVERAGE AUTHORIZATION

Drugs selected for Prior Coverage Authorization (PA) may require that specific clinical criteria be met before the drugs will be covered under your pharmacy benefit. The list of drugs requiring Prior Authorization is located in the Medication Guide and are designated with a "PA" following the product name. Florida Blue reserves the right to change the drugs that require PA at any time and for any reason.

RESPONSIBLE QUANTITY

Drugs included in this program allow a maximum quantity per time period. Quantity limits are typically developed based upon FDA-approved drug labeling and nationally recognized therapeutic clinical guidelines. The list of drugs that have quantity limits are designated in the Formulary List with "QL" following the product name. Florida Blue reserves the right to change the drugs and the quantity limits subject to the Responsible Quantity Program at any time and for any reason. In cases where a larger quantity of a responsible quantity drug is medically required, your doctor or health care provider can request an override. Responsible Quantity override forms are available at www.bcbsfl.com.

RESPONSIBLE STEPS

Drugs included in this program require that you try another designated or prerequisite drug first before a drug listed in the Responsible Steps Medication Chart will be covered. If due to medical reasons you cannot use the prerequisite drug and require the Responsible Steps Medication, your doctor or health care provider may request prior authorization for an override. If the override request is approved, coverage will be provided for the Responsible Steps Medication. These medications are designated in the Formulary List with "RS" following the product name. Medications included in the Responsible Steps Program are listed in the Medication Guide. Florida Blue reserves the right to change the drugs subject to the Responsible Steps program at any time and for any reason.

DRUGS THAT ARE NOT COVERED

Your pharmacy benefit may not cover select medications. The Medication Guide contains a list of non-covered drugs. Some reasons a medication may not be covered because the drug has been shown to have excessive adverse effects and/or safer alternatives are available or the drug has a preferred formulary alternative.

PRESCRIPTION DISCOUNTS

With the BlueSaver® prescription savings card program, you will receive special discounted pricing on non-covered prescription medications when you show your BlueSaver ID card at select participating pharmacies. This card provides savings for you or any of your covered family members on medications that are not covered under your BlueCare pharmacy benefit. The BlueSaver savings program is not an insurance product or part of your health benefit plan.

2020-2021 Insurance Rates

HEALTH INSURANCE

	Plan	Coverage Level	Premium	Board Contribution	Monthly Premium	Semi-Monthly Premium
BlueCare HMO Plans	HMO 57 (25)	Employee	\$ 777.28	\$ 621.52	\$ 155.76	\$ 77.88
		Employee/Spouse	\$ 1,533.30	\$ 621.52	\$ 911.78	\$ 455.89
		Employee/Spouse (both) ¹	\$ 1,533.30	\$ 1,243.04	\$ 290.26	\$ 145.13
		Employee/Child(ren)	\$ 1,330.30	\$ 621.52	\$ 708.78	\$ 354.39
		Employee/Family	\$ 2,104.48	\$ 621.52	\$ 1,482.96	\$ 741.48
		Employee/Family (both) ¹	\$ 2,104.48	\$ 1,243.04	\$ 861.44	\$ 430.72
	HMO 55 (112)	Employee	\$ 872.00	\$ 621.52	\$ 250.48	\$ 125.24
		Employee/Spouse	\$ 1,720.28	\$ 621.52	\$ 1098.76	\$ 549.38
		Employee/Spouse (both) ¹	\$ 1,720.28	\$ 1,243.04	\$ 477.24	\$ 238.62
		Employee/Child(ren)	\$ 1,492.20	\$ 621.52	\$ 870.68	\$ 435.34
		Employee/Family	\$ 2,360.96	\$ 621.52	\$ 1,739.44	\$ 869.72
		Employee/Family (both) ¹	\$ 2,360.96	\$ 1,243.04	\$ 1,117.92	\$ 558.96

BlueOptions (PPO Plans)	BlueOptions 3769	Employee	\$ 732.04	\$ 621.52	\$ 110.52	\$ 55.26
		Employee/Spouse	\$ 1,471.06	\$ 621.52	\$ 849.54	\$ 424.77
		Employee/Spouse (both) ¹	\$ 1,471.06	\$ 1,243.04	\$ 228.02	\$ 114.01
		Employee/Child(ren)	\$ 1,335.88	\$ 621.52	\$ 714.36	\$ 357.18
		Employee/Family	\$ 2,182.18	\$ 621.52	\$ 1,560.66	\$ 780.33
		Employee/Family (both) ¹	\$ 2,182.18	\$ 1,243.04	\$ 939.14	\$ 469.57
	BlueOptions 3766	Employee	\$ 755.08	\$ 621.52	\$ 133.56	\$ 66.78
		Employee/Spouse	\$ 1,563.02	\$ 621.52	\$ 941.50	\$ 470.75
		Employee/Spouse (both) ¹	\$ 1,563.02	\$ 1,243.04	\$ 319.98	\$ 159.99
		Employee/Child(ren)	\$ 1,419.54	\$ 621.52	\$ 798.02	\$ 399.01
		Employee/Family	\$ 2,351.74	\$ 621.52	\$ 1,730.22	\$ 865.11
		Employee/Family (both) ¹	\$ 2,351.74	\$ 1,243.04	\$ 1,108.70	\$ 554.35

High Deductible	BlueOptions 5168/5169	Employee ²	\$ 587.10	\$ 577.10	\$ 10.00	\$ 5.00
		Employee/Spouse	\$ 1,158.14	\$ 621.52	\$ 536.62	\$ 268.31
		Employee/Spouse ² (both) ¹	\$ 1,158.14	\$ 1148.14	\$ 10.00	\$ 5.00
		Employee/Child(ren)	\$ 1,004.84	\$ 621.52	\$ 383.32	\$ 191.66
		Employee/Family	\$ 1,589.60	\$ 621.52	\$ 968.08	\$ 484.04
		Employee/Family (both) ¹	\$ 1,589.60	\$ 1,243.04	\$ 346.56	\$ 173.28

The Board Contribution is subject to the Collective Bargaining Negotiation process.

¹ **BOTH** indicates rates applicable only under circumstances where both spouses work for the NCSD and are eligible for the Board's Contribution.

² Rates reflect \$10 employee monthly minimum as required by the contract.

2020-2021 Insurance Rates

DENTAL INSURANCE

***The CS150 plan will be discontinued effective 10/01/2020. Members will automatically transfer over to the HS205 plan effective 10/01/2020.**

Plan	Coverage Level	Premium	Board Contribution	Monthly Premium	Semi-Monthly Premium	
HMO Plan	HS205	Employee	\$ 17.98	\$ 0	\$ 17.98	\$ 8.99
		Employee/1	\$ 35.58	\$ 0	\$ 35.58	\$ 17.79
		Employee/Family	\$ 63.54	\$ 0	\$ 63.54	\$ 31.77
Members <u>must</u> elect a participating primary dental provider.						

Network Plan	Advantage	Employee	\$ 26.30	\$ 0	\$ 26.30	\$ 13.15
		Employee/1	\$ 49.82	\$ 0	\$ 49.82	\$ 24.91
		Employee/Family	\$ 82.02	\$ 0	\$ 82.02	\$ 41.01
Members <u>must</u> remain In-Network with provider selections.						

PPO Plan	PPO14	Employee	\$ 34.16	\$ 0	\$ 34.16	\$ 17.08
		Employee/1	\$ 64.70	\$ 0	\$ 64.70	\$ 32.35
		Employee/Family	\$ 106.52	\$ 0	\$ 106.52	\$ 53.26
Members may receive services In-Network <u>or</u> Out-of-Network. <i>Benefits for services received In-Network are greater than those received Out-of-Network.</i>						

VISION INSURANCE

Plan	Coverage Level	Premium	Board Contribution	Monthly Premium	Semi-Monthly Premium
HV130 Plan	Employee	\$ 6.84	\$ 0	\$ 6.84	\$ 3.42
	Employee/Spouse	\$ 13.66	\$ 0	\$ 13.66	\$ 6.83
	Employee/Child	\$ 17.08	\$ 0	\$ 17.08	\$ 8.54
	Employee/Family	\$ 23.90	\$ 0	\$ 23.90	\$ 11.95

2020-2021 Benefit Summary

This is not an insurance contract or Benefit Booklet. This Benefit Summary is only a partial description of the many benefits and services covered by Blue Cross and Blue Shield of Florida, Inc., an independent licensee of the Blue Cross and Blue Shield Association. For a complete description of benefits and exclusions, please see Blue Cross and Blue Shield of Florida's Benefit Booklet and Schedule of Benefits; their terms prevail.

2020-2021 Benefit Summary	BlueCare HMO 57 (Formerly HMO 25)	BlueCare HMO 55 (Formerly HMO 112)	BlueOptions 3766	BlueOptions 3769	BlueOptions 5168 HSA-Compatible (Single Coverage)	BlueOptions 5169 HSA-Compatible (Family Coverage)
COST SHARING & FINANCIAL FEATURES <i>Maximums shown are Per Benefit Period (BPM) unless noted</i>						
Deductible (DED) <i>(Per Person/Family Aggregate)</i>						
In-Network	N/A	N/A	\$0 / \$0	\$500 / \$1,500	\$2,500 / N/A	\$5,000 / \$5,000
Out-Of-Network	N/A	N/A	\$500 / \$1,500	\$500 / \$1,500	\$5,000 / N/A	\$10,000 / \$10,000
Coinsurance <i>(Member Responsibility)</i>						
In-Network	N/A	N/A	20%	20%	0%	0%
Out-Of-Network	N/A	N/A	50%	40%	20%	20%
Out-Of-Pocket-Maximum <i>(Per Person/Family Aggregate)</i>						
Includes Deductible (DED), Coinsurance, Copays and Rx						
In-Network	\$2,500 / \$7,500	\$1,500 / \$3,000	\$2,500 / \$5,000	\$3,000 / \$9,000	\$2,500 / N/A	\$5,000 / \$5,000
Out-Of-Network	N/A	N/A	\$5,000 / \$10,000	\$3,000 / \$9,000	\$10,000 / N/A	\$20,000 / \$20,000
Lifetime Maximum						
	No Maximum	No Maximum	No Maximum	No Maximum	No Maximum	No Maximum
PROFESSIONAL PROVIDER SERVICES						
Allergy Injections						
In-Network Family Physician	\$15	\$0	\$10	\$10	DED	DED
In-Network Specialist	\$15	\$0	\$10	DED + 20%	DED	DED
Out-of-Network	Not Covered	Not Covered	DED + 50%	DED + 40%	DED + 20%	DED + 20%
E-Office Visit Services						
In-Network Family Physician	\$25	\$15	\$10	\$10	DED	DED
In-Network Specialist	\$60	\$15	\$10	\$10	DED	DED
Out-of-Network	Not Covered	Not Covered	DED + 50%	DED + 40%	DED + 20%	DED + 20%
Office Services						
In-Network Family Physician	\$25	\$15	\$20	\$20	DED	DED
In-Network Specialist	\$60	\$15	\$40	DED + 20%	DED	DED
Out-of-Network	Not Covered	Not Covered	DED + 50%	DED + 40%	DED + 20%	DED + 20%
Provider Services at Hospital and ER						
In-Network Family Physician	\$0	\$0	\$0	DED + 20%	DED	DED
In-Network Specialist	\$0	\$0	\$0	DED + 20%	DED	DED
Out-of-Network	Not Covered	Not Covered	\$0	In-Network DED + 40%	In-Network DED (No Coins)	In-Network DED (No Coins)
Provider Services at Other Locations						
In-Network Family Physician	\$0	\$0	\$20	DED + 20%	DED	DED
In-Network Specialist	\$0	\$0	\$40	DED + 20%	DED	DED
Out-of-Network	Not Covered	Not Covered	DED + 50%	DED + 40%	DED + 20%	DED + 20%
Radiology, Pathology and Anesthesiology Provider Services at Hospital or Ambulatory Surgical Center						
In-Network Specialist	\$0	\$0	\$40	DED + 20%	DED	DED
Out-of-Network	Not Covered	Not Covered	\$40	DED + 40%	In-Network DED (No Coins)	In-Network DED (No Coins)

2020-2021 Benefit Summary	BlueCare HMO 57 (Formerly HMO 25)	BlueCare HMO 55 (Formerly HMO 112)	BlueOptions 3766	BlueOptions 3769	BlueOptions 5168 HSA-Compatible (Single Coverage)	BlueOptions 5169 HSA-Compatible (Family Coverage)
PREVENTATIVE CARE						
Adult Wellness Office Services						
In-Network Family Physician	\$0	\$0	\$0	\$0	\$0	\$0
In-Network Specialist	\$0	\$0	\$0	\$0	\$0	\$0
Out-of-Network	Not Covered	Not Covered	50% (No DED)	40% (No DED)	20% (No DED)	20% (No DED)
Colonoscopies: Routine						
Schedule	Age 50+ then Frequency Schedule Applies					
In-Network	\$0	\$0	\$0	\$0	\$0	\$0
Out-of-Network	Not Covered	Not Covered	\$0	\$0	\$0	\$0
Mammograms: Routine and Diagnostic (DX)						
In-Network	\$0	\$0	\$0	\$0	\$0	\$0
Out-of-Network	Not Covered	Not Covered	\$0	\$0	\$0	\$0
Well Child Office Visits (No BPM)						
In-Network Family Physician	\$0	\$0	\$0	\$0	\$0	\$0
In-Network Specialist	\$0	\$0	\$0	\$0	\$0	\$0
Out-of-Network	Not Covered	Not Covered	50% (No DED)	40% (No DED)	20% (No DED)	20% (No DED)
EMERGENCY / URGENT / CONVENIENT CARE						
Ambulance						
Maximum Per Day	No Maximum	No Maximum	No Maximum	No Maximum	No Maximum	No Maximum
In-Network	\$100	\$0	20%	DED + 20%	DED	DED
Out-of-Network	\$100	\$0	20% (No DED)	In-Network DED + 20%	In-Network DED (No Coins)	In-Network DED (No Coins)
Convenient Care Centers (CCC)						
In-Network	\$25	\$15	\$20	\$20	DED	DED
Out-of-Network	Not Covered	Not Covered	DED + 50%	DED + 40%	DED + 20%	DED + 20%
Emergency Room Facility Services (also see Professional Provider Services)						
In-Network	\$100	\$100	\$100	20% + \$100	DED	DED
Out-of-Network	\$100	\$100	\$100	20% + \$100	Out-Of-Network DED (No Coins)	Out-Of-Network DED (No Coins)
Urgent Care Centers (UCC)						
In-Network	\$60	\$15	\$45	DED + 20%	DED	DED
Out-of-Network	Not Covered	Not Covered	DED + \$45	INN DED + 20%	DED + 20%	DED + 20%

2020-2021 Benefit Summary	BlueCare HMO 57 (Formerly HMO 25)	BlueCare HMO 55 (Formerly HMO 112)	BlueOptions 3766	BlueOptions 3769	BlueOptions 5168 HSA-Compatible (Single Coverage)	BlueOptions 5169 HSA-Compatible (Family Coverage)
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FACILITY SERVICES – Hospital, Surgical, Independent Clinical Lab & Independent Diagnostic Testing Facility

Unless otherwise noted, physician services are in addition to facility services. See Professional Provider Services.

Ambulatory Surgical Center

In-Network	\$400	\$200	\$100	\$100	DED	DED
Out-of-Network	Not Covered	Not Covered	DED + 50%	DED + 40%	DED + 20%	DED + 20%

Independent Clinical Lab

In-Network	\$0	\$0	\$0	\$0	DED	DED
Out-of-Network	Not Covered	Not Covered	DED + 50%	DED + 40%	DED + 20%	DED + 20%

Independent Diagnostic Testing Facility *X-rays and Advanced Imaging Services (Includes Physician Services)*

In-Network - Advanced Imaging Services (AIS)	\$60	\$0	\$150	DED + 20%	DED	DED
In-Network - Other Diagnostic Services	\$0	\$0	\$50	\$100	DED	DED
Out-of-Network	Not Covered	Not Covered	DED + 50%	DED + 40%	DED + 20%	DED + 20%

Inpatient Hospital *(per admit)*

In-Network	\$350 per Day up to \$1,750	\$450	Opt 1 - \$600 Opt 2 - \$1,000	Opt 1 - \$500 Opt 2 - \$1,000	Opt 1 - DED Opt 2 - DED	Opt 1 - DED Opt 2 - DED
Out-of-Network	Not Covered	Not Covered	DED + 50%	DED + 40%	DED + 20%	DED + 20%

Inpatient Rehab Maximum

No Maximum	No Maximum	30 Days	30 Days	30 Days	30 Days
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Outpatient Hospital *(per visit)*

In-Network	\$400	\$200	Opt 1 - \$200 Opt 2 - \$300	Opt 1 - DED + 20% Opt 2 - DED + 20%	Opt 1 - DED Opt 2 - DED	Opt 1 - DED Opt 2 - DED
Out-of-Network	Not Covered	Not Covered	DED + 50%	DED + 40%	DED + 20%	DED + 20%

Therapy at Outpatient Hospital

In-Network	\$25	\$5	Opt 1 - \$45 Opt 2 - \$60	Opt 1 - \$150 Opt 2 - \$250	Opt 1 - DED Opt 2 - DED	Opt 1 - DED Opt 2 - DED
Out-of-Network	Not Covered	Not Covered	DED + 50%	\$350	DED + 20%	DED + 20%

2020-2021 Benefit Summary	BlueCare HMO 57 (Formerly HMO 25)	BlueCare HMO 55 (Formerly HMO 112)	BlueOptions 3766	BlueOptions 3769	BlueOptions 5168 HSA-Compatible (Single Coverage)	BlueOptions 5169 HSA-Compatible (Family Coverage)
MENTAL HEALTH AND SUBSTANCE ABUSE						
Inpatient Hospitalization						
In-Network	\$0	\$0	Opt 1 - \$0 Opt 2 - \$0	Opt 1 - \$0 Opt 2 - \$0	Opt 1 - DED Opt 2 - DED	Opt 1 - DED Opt 2 - DED
Out-of-Network	Not Covered	Not Covered	50% (No DED)	40% (No DED)	DED + 20%	DED + 20%
Outpatient Hospitalization (per visit)						
In-Network	\$0	\$0	Opt 1 - \$0 Opt 2 - \$0	Opt 1 - \$0 Opt 2 - \$0	Opt 1 - DED Opt 2 - DED	Opt 1 - DED Opt 2 - DED
Out-of-Network	Not Covered	Not Covered	50% (No DED)	40% (No DED)	DED + 20%	DED + 20%
Provider Services at Hospital and ER						
In-Network Family Physician	\$0	\$0	\$0	\$0	DED	DED
In-Network Specialist	\$0	\$0	\$0	\$0	DED	DED
Out-of-Network Provider	Not Covered	Not Covered	\$0	\$0	In-Network DED (No Coins)	In-Network DED (No Coins)
Physician Office Visit						
In-Network Family Physician	\$0	\$0	\$0	\$0	DED	DED
In-Network Specialist	\$0	\$0	\$0	\$0	DED	DED
Out-of-Network Provider	Not Covered	Not Covered	50% (No DED)	40% (No DED)	DED + 20%	DED + 20%
Emergency Room Facility Services (per visit)						
In-Network	\$0	\$0	\$0	\$0	DED	DED
Out-of-Network	\$0	\$0	\$0	\$0	In-Network DED (No Coins)	In-Network DED (No Coins)
Provider Services at Locations other than Hospital and ER						
In-Network Family Physician	\$0	\$0	\$0	\$0	DED	DED
In-Network Specialist	\$0	\$0	\$0	\$0	DED	DED
Out-of-Network Provider	Not Covered	Not Covered	50% (No DED)	40% (No DED)	DED + 20%	DED + 20%

2020-2021 Benefit Summary	BlueCare HMO 57 (Formerly HMO 25)	BlueCare HMO 55 (Formerly HMO 112)	BlueOptions 3766	BlueOptions 3769	BlueOptions 5168 HSA-Compatible (Single Coverage)	BlueOptions 5169 HSA-Compatible (Family Coverage)
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OTHER SPECIAL SERVICES AND LOCATIONS

Advanced Imaging Services in Physician's Office

In-Network Family Physician	\$25	\$15	\$150	\$20	DED	DED
In-Network Specialist	\$60	\$15	\$150	DED + 20%	DED	DED
Out-of-Network	Not Covered	Not Covered	DED + 50%	DED + 40%	DED + 20%	DED + 20%

Birthing Center

In-Network	\$0	\$0	20%	DED + 20%	DED	DED
Out-of-Network	Not Covered	Not Covered	DED + 50%	DED + 40%	DED + 20%	DED + 20%

Diabetic Equipment and Supplies*

In-Network	\$0	\$0	20%	DED + 20%	DED	DED
Out-of-Network	Not Covered	Not Covered	DED + 50%	DED + 40%	DED + 20%	DED + 20%

Durable Medical Equipment, Prosthetics, Orthotics

Benefit Period Maximum (BPM)	No Maximum	No Maximum	No Maximum	No Maximum	No Maximum	No Maximum
In-Network	Motorized Wheelchair: *\$500, All Other: \$0*	\$0	20%	DED + 20%	DED	DED
Out-of-Network	Not Covered	Not Covered	DED + 50%	DED + 40%	DED + 20%	DED + 20%

Home Health Care

Benefit Period Maximum (BPM)	75 Visits	No Maximum	20 Visits	20 Visits	20 Visits	20 Visits
In-Network	\$0	\$0	20%	DED + 20%	DED	DED
Out-of-Network	Not Covered	Not Covered	DED + 50%	DED + 40%	DED + 20%	DED + 20%

Hospice

Life Time Maximum (LTM)	No Maximum	No Maximum	No Maximum	No Maximum	No Maximum	No Maximum
In-Network	\$0	\$0	20%	DED + 20%	DED	DED
Out-of-Network	Not Covered	Not Covered	DED + 50%	DED + 40%	DED + 20%	DED + 20%

Outpatient Therapy and Spinal Manipulations

Benefit Period Maximum (BPM)	No Max. Auth Required for Therapy.	No Max. Auth Required for Therapy.	35 Visits (Includes up to 26 Spinal Manipulations)	35 Visits (Includes up to 26 Spinal Manipulations)	35 Visits (Includes up to 26 Spinal Manipulations)	35 Visits (Includes up to 26 Spinal Manipulations)
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Skilled Nursing Facility

Benefit Period Maximum (BPM)	90 days	90 days	60 days	60 days	60 Days	60 Days
In-Network	\$0	\$0	20%	DED + 20%	DED	DED
Out-of-Network	Not Covered	Not Covered	DED + 50%	DED + 40%	DED + 20%	DED + 20%

*Diabetic Supplies (lancets, strips, etc.) are covered under the Rx benefit except when the group carves out pharmacy. When pharmacy is carved out, they are available through DME. Diabetic Equipment (insulin pumps, tubing) are always covered under the medical benefit.

2020-2021 Benefit Summary	BlueCare HMO 57 (Formerly HMO 25)	BlueCare HMO 55 (Formerly HMO 112)	BlueOptions 3766	BlueOptions 3769	BlueOptions 5168 HSA-Compatible (Single Coverage)	BlueOptions 5169 HSA-Compatible (Family Coverage)
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PRESCRIPTION DRUGS

Deductible	None	None	None	None	In-Network Plan Deductible Applies	In-Network Plan Deductible Applies
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In-Network

Retail (30 days)

Generic	\$15	\$15	\$15	\$15	100%	100%
Preferred Brand	\$50	\$50	\$50	\$50	100%	100%
Non-Preferred	\$80	\$80	\$80	\$80	100%	100%

Mail Order (90 days)

Generic	\$40	\$40	\$40	\$40	100%	100%
Preferred Brand	\$125	\$125	\$125	\$125	100%	100%
Non-Preferred	\$200	\$200	\$200	\$200	100%	100%

Out-Of-Network

Retail (30 days)

Generic	Not Covered	Not Covered	50%	50%	50%	50%
Preferred Brand	Not Covered	Not Covered	50%	50%	50%	50%
Non-Preferred	Not Covered	Not Covered	50%	50%	50%	50%

Mail Order (90 days)

Generic	Not Covered	Not Covered	50%	50%	50%	50%
Preferred Brand	Not Covered	Not Covered	50%	50%	50%	50%
Non-Preferred	Not Covered	Not Covered	50%	50%	50%	50%

Medical Pharmacy (Provider-Administered Rx)**

Maximums			\$200 Monthly OOP Max	\$200 Monthly OOP Max	\$200 Monthly OOP Max Applies after DED	\$200 Monthly OOP Max Applies after DED
In-Network	See Location of Service	See Location of Service	20% (No DED)	20% (No DED)	DED	DED
Out-Of-Network	Not Covered	Not Covered	DED + 50%	DED + 50%	DED + 50%	DED + 50%

** (1) Medical Pharmacy Monthly OOP Max includes the drug cost share and applies to the health plan OOP Max. (2) Physician Services are in addition to drug costs (separate cost share applies). (3) Separate drug cost share does not apply to injections or immunizations; only office cost share applies.

The information contained in this proposal includes benefit changes required as a result of the Patient Protection And Affordable Care Act (PPACA), otherwise known as Health Care Reform (HCR). Please note that plan benefits are subject to change and may be revised based on guidance and regulations issued by the Secretary of Health and Human Services (HHS) or other applicable federal agency. In addition, the rates quoted within this proposal are based on the plan benefits at the time the proposal is issued and may change before the plan effective date if additional plan changes become necessary.

HUMANA

Humana offers Dental and Vision insurance coverage to Nassau County School District employees. Members enjoy online access by visiting www.myhumana.com. Members can manage their plan, understand the benefits, find network providers, check claims history and status, view benefit details and order identification cards. Please refer to Page 13 for coverage level and rates.

HUMANA DENTAL PLAN OPTIONS

There are three different dental plan options available to Nassau County School District employees. Please refer to the Humana Dental and Vision Booklet for more detailed information.

***CS150 plan members only.**

The CS150 plan will be discontinued effective 10/01/2020. Members will automatically transfer over to the HS205 plan effective 10/01/2020. Members wanting to change to a different plan will need to complete the proper change form.

HS205 – Dental HMO Plan

Plan Highlights

- No deductibles, no waiting periods and no annual maximums
- Co-payments for covered procedures
- You are required to elect a participating dentist upon enrollment
- Network: HS205 DHMO/Prepaid Network

AVN2 – Advantage Plan

Plan Highlights

- No deductibles, no waiting periods and no annual maximums
- No office visit co-payments
- No pre-selection of dental office – use any provider in the directory
- Network: HD AdvantagePlus

PPO14 – Dental PPO Plan

Plan Highlights

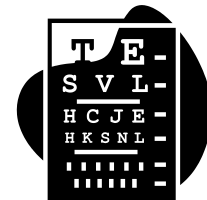
- Coverage for both in and out of network dentists
- Benefits paid at a set percentage based on type of service
- No Calendar Year Deductibles for diagnostic & preventative services
- Network: PPO Traditional Preferred

HUMANA VISION PLAN

The Humana Vision Plan is a network-based vision plan that places a high emphasis on quality and routine eye health care from independent eye care professionals.

Plan Highlights (with In-Network Provider)

- \$10 Examination
- \$130 Retail Frame Allowance
- \$150 Contact Lenses Allowance
- Diabetic Eye Care and Testing for Diabetic Members
- LASIK or PRK Discounts
- Network: Humana Vision (Humana Insight Network)



CONTACT YOUR PROVIDER DIRECTLY

After signing up for the vision plan, you will receive an ID card in the mail. Prior to scheduling your appointment, select a network provider. Schedule an appointment, providing your name, the patient's name, and employer. After your exam, you'll pay any copayments and/or costs of any upgrades at this time and there will be no additional paperwork required.

NETWORK PROVIDERS

Choose from more than 70,000 eye doctors in more than 24,000 locations including LensCrafters®, Pearle Vision®, Target Optical®, Sears® Optical, JCPenney Optical and many more independent private practitioners.

PRE-TAX

The Vision Care Plan is *AUTOMATICALLY* placed under Section 125 (Cafeteria Plan).

You've got Teladoc.
24/7 access to doctors
by phone or video



You already have Teladoc as part of your benefits. Our U.S. board-certified doctors can diagnose, treat, and even prescribe medicine, if needed, for a wide range of medical needs, including the flu, allergies, rash, upset stomach and much more.

Set up your account, it's easy!

1



Create account

Use your phone, the app, or our website to create an account and quickly complete your medical history.

2



Request a visit

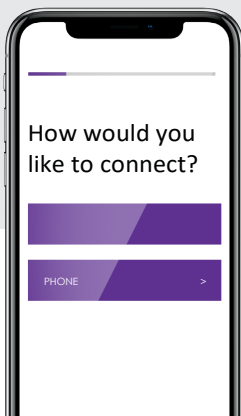
Use your device to request a visit and a Teladoc doctor will contact you at the requested time.

3



Feel better

Your doctor will diagnose your symptoms and even prescribe medicine, if needed.



Talk to a doctor anytime!

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1-800-TELADOC (835-2362)



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FLEXIBLE SPENDING ACCOUNTS (“FSA”)

Employees may elect to participate in a Flexible Spending Account to cover qualified Dependent Day Care (DDC) costs and Unreimbursed Medical Costs (URM).

The Dependent Care FSA allows reimbursement for “qualified expenses” (as defined in IRS Publication 503¹) related to the care of children age 12 and under and/or incapacitated dependents age 13 and over. To be eligible to participate in the Dependent Care FSA, the dependent must actually live with you. There is an annual limit of \$5,000 for the DDC FSA.

The Unreimbursed Medical FSA allows you reimbursement for “qualified medical expenses” (as defined in IRS Publication 502²). There is an annual limit of \$2,750 for the URM FSA.

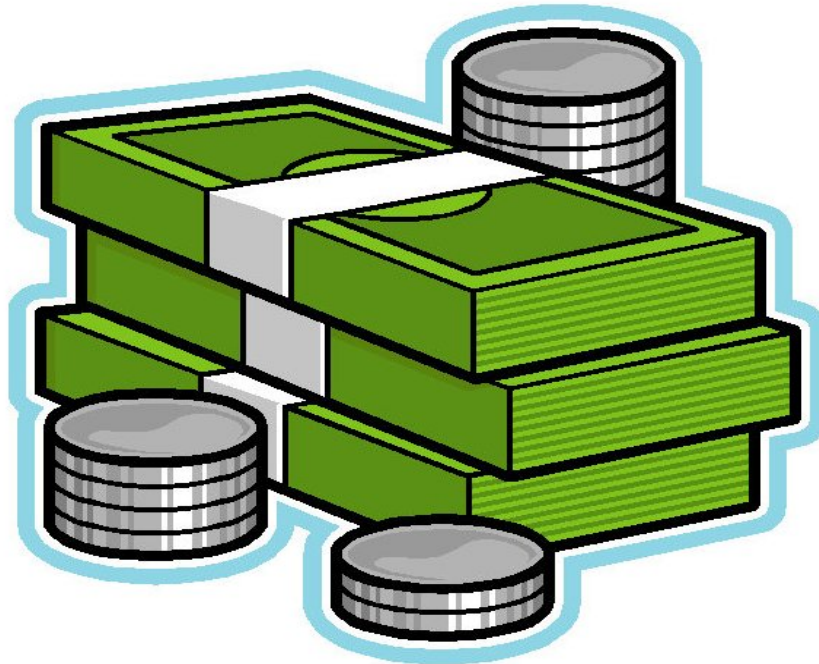
IRS rules do not permit unused salary deduction to be returned to participants at the end of the year. Amounts remaining will be forfeited to the IRS; therefore it is highly important for employees considering enrolling in either FSA to be conservative in their out-of-pocket estimates. It is always better to estimate too low and claim all of your qualified expenses than to estimate too high and have to surrender balances to the government. Additionally, the IRS does not permit transfers between the two types of FSAs.

¹ For additional information please visit www.irs.gov/pub503. It should be noted that not all items listed on the IRS' Publication may be applicable to the plan offered by the Nassau County School Board. Please contact the payroll office for more information

² For additional information please visit www.irs.gov/pub502. It should be noted that not all items listed on the IRS' Publication may be applicable to the plan offered by the Nassau County School Board. Please contact the payroll office for more information.

HEALTH SAVINGS ACCOUNTS (“HSA”)

Employees participating in the Blue Options HSA Compatible Plans 5168 and 5169 are welcome to open a Health Savings Account through their bank or credit union. HSAs are a great way to set aside funds to off-set the high deductible plans. There are certain tax advantages to HSAs, please see your bank or credit union for specific details.



AFLAC has a dedicated website for Nassau County School District employees. Please visit the website at www.aflac.com/nassauk12fi for information about policies, claims and much more!

The following AFLAC insurance policies are available:

- Accident
- Cancer/Specified Disease
- Critical Care and Recovery (Specified Health Event)
- Hospital Confinement Indemnity
- Whole & Term Life
- Short-Term Disability

Please contact Susan V. Knight at (904) 241-2482 or Philip Green at (904) 588-2261 for additional information about policy benefits, limitations and exclusions. Susan V. Knight can also be reached by email at susan_knight_ins_serv_inc@us.aflac.com.

SECTION 125 CAFETERIA PLAN (AFLAC)

AFLAC administers the IRS Section 125 Cafeteria Pre-Tax Plan. Most of the plans contained within this booklet can be pre-taxed and may be changed or cancelled during Open Enrollment, but changes or deletions during the year must meet certain criteria. Once the plan year begins, changes can only be made if you experience a "lifestyle change". These include marriage, divorce, death of spouse, childbirth, adoption, termination and/or commencement of employment of a spouse.

You May Pretax The Following Items Under The Cafeteria Plan:

- Health insurance premiums.
- Dental insurance premiums.
- AFLAC Supplemental Insurance.

For more information, please call Susan Knight at (904) 241-2482 or Philip Green at (904) 588-2261.

AFLAC is providing a free \$7,500.00 Accidental Death & Dismemberment (AD&D) coverage for employees. Please contact Susan Knight, Aflac Representative, at (904) 241-2482 for additional information.



Rate Sheet Prepared by Susan Knight
 Florida Payroll Premium Rates are Semi-Monthly for Industry Class A.

The rates shown on this insert page are for illustration purposes only; they do not imply coverage.
 For more information about policy/plan benefits and limitations, please refer to the accompanying
 product brochure for each insurance policy/plan listed below.

CANCER PROTECTION ASSURANCE PLAN LEVEL 1 – Series B70100

		Premium	IDR* (5 units)	SDR*	Total
18-75	INDIVIDUAL	\$9.05	\$2.98	\$0.46	\$12.48
18-75	INSURED/SPOUSE	\$14.52	\$7.03	\$0.46	\$22.00
18-75	ONE-PARENT FAMILY	\$9.05	\$2.98	\$0.46	\$12.48
18-75	TWO-PARENT FAMILY	\$14.52	\$7.03	\$0.46	\$22.00

IDR = Optional Initial Diagnosis Rider (Series B70050) premium 1-5 units*
SDR = Optional Specified Disease Rider (Series B70052) premium*

CANCER PROTECTION ASSURANCE PLAN LEVEL 2 – Series B70200

		Premium	IDR* (5 units)	SDR*	Total
18-75	INDIVIDUAL	\$19.04	\$2.98	\$0.46	\$22.47
18-75	INSURED/SPOUSE	\$32.94	\$7.03	\$0.46	\$40.42
18-75	ONE-PARENT FAMILY	\$19.04	\$2.98	\$0.46	\$22.47
18-75	TWO-PARENT FAMILY	\$32.94	\$7.03	\$0.46	\$40.42

IDR = Optional Initial Diagnosis Rider (Series B70050) premium 1-5 units*
SDR = Optional Specified Disease Rider (Series B70052) premium*

CANCER PROTECTION ASSURANCE PLAN LEVEL 3 – Series B70300

		Premium	IDR* (5 units)	SDR*	Total
18-75	INDIVIDUAL	\$27.04	\$2.98	\$0.46	\$30.47
18-75	INSURED/SPOUSE	\$46.49	\$7.03	\$0.46	\$53.97
18-75	ONE-PARENT FAMILY	\$27.04	\$2.98	\$0.46	\$30.47
18-75	TWO-PARENT FAMILY	\$46.49	\$7.03	\$0.46	\$53.97

IDR = Optional Initial Diagnosis Rider (Series B70050) premium 1-5 units*
SDR = Optional Specified Disease Rider (Series B70052) premium*

CRITICAL CARE PROTECTION POLICY - Series A74100

Individual				One Parent Family			
Age	Premium	FOBBR	Total	Age	Premium	FOBBR	Total
18-35	\$4.42	\$1.11	\$5.53	18-35	\$4.94	\$1.17	\$6.11
36-45	\$6.89	\$2.02	\$8.91	36-45	\$7.15	\$2.15	\$9.30
46-55	\$9.62	\$2.41	\$12.03	46-55	\$9.95	\$2.47	\$12.42
56-70	\$13.00	\$2.67	\$15.67	56-70	\$13.26	\$2.80	\$16.06

Insured/Spouse				Two Parent Family			
Age	Premium	FOBBR	Total	Age	Premium	FOBBR	Total
18-35	\$6.37	\$2.21	\$8.58	18-35	\$7.34	\$2.28	\$9.62
36-45	\$10.60	\$4.10	\$14.70	36-45	\$11.76	\$4.23	\$15.99
46-55	\$15.92	\$4.81	\$20.74	46-55	\$17.29	\$4.88	\$22.17
56-70	\$23.34	\$5.33	\$28.67	56-70	\$24.96	\$5.46	\$30.42

FOBBR: First Occurrence Building Benefit Rider (Rider Series A71050) (\$500)

PSHERR: Primary Specified Health Event Recovery Rider (Rider Series A71051)

CRITICAL CARE PROTECTION POLICY - Series A74200

Individual				One Parent Family			
Age	Premium	FOBBR	Total	Age	Premium	FOBBR	Total
18-35	\$7.80	\$1.11	\$8.91	18-35	\$13.20	\$1.17	\$14.37
36-45	\$11.05	\$2.02	\$13.07	36-45	\$15.67	\$2.15	\$17.81
46-55	\$15.08	\$2.41	\$17.49	46-55	\$20.15	\$2.47	\$22.62
56-70	\$19.44	\$2.67	\$22.10	56-70	\$26.52	\$2.80	\$29.32

Insured/Spouse				Two Parent Family			
Age	Premium	FOBBR	Total	Age	Premium	FOBBR	Total
18-35	\$14.95	\$2.21	\$17.16	18-35	\$16.97	\$2.28	\$19.24
36-45	\$19.44	\$4.10	\$23.53	36-45	\$21.58	\$4.23	\$25.81
46-55	\$26.20	\$4.81	\$31.01	46-55	\$28.80	\$4.88	\$33.67
56-70	\$36.47	\$5.33	\$41.80	56-70	\$39.59	\$5.46	\$45.05

FOBBR: First Occurrence Building Benefit Rider (Rider Series A71050) (\$500)

PSHERR: Primary Specified Health Event Recovery Rider (Rider Series A71051)

CRITICAL CARE PROTECTION POLICY - Series A74300

Individual				One Parent Family			
Age	Premium	FOBBR	Total	Age	Premium	FOBBR	Total
18-35	\$8.452	\$1.11	\$9.56	18-35	\$14.37	\$1.17	\$15.54
36-45	\$11.96	\$2.02	\$13.98	36-45	\$16.97	\$2.15	\$19.11
46-55	\$17.68	\$2.41	\$20.09	46-55	\$21.84	\$2.47	\$24.31
56-70	\$24.44	\$2.67	\$27.11	56-70	\$30.81	\$2.80	\$33.61

Insured/Spouse				Two Parent Family			
Age	Premium	FOBBR	Total	Age	Premium	FOBBR	Total
18-35	\$16.25	\$2.21	\$18.46	18-35	\$18.40	\$2.28	\$20.67
36-45	\$21.52	\$4.10	\$25.61	36-45	\$23.40	\$4.23	\$27.63
46-55	\$33.09	\$4.81	\$37.90	46-55	\$35.10	\$4.88	\$39.98
56-70	\$47.19	\$5.33	\$52.52	56-70	\$50.51	\$5.46	\$55.97

FOBBR: First Occurrence Building Benefit Rider (Rider Series A71050) (\$500)

PSHERR: Primary Specified Health Event Recovery Rider (Rider Series A71051)

AFLAC HOSPITAL CHOICE – Option1 Series B40100

Age	Individual	One Parent Family	Insured/Spouse	Two Parent Family
18-49	\$13.52	\$17.16	\$19.18	\$20.35
50-59	\$13.78	\$17.42	\$20.28	\$20.54
60-75	\$14.17	\$17.75	\$21.71	\$21.97

ACCIDENT ADVANTAGE -24-HOUR ACCIDENT – Option1 Series A36000

		PREMIUM	ACCIDENTAL DEATH*	TOTAL
18-75	INDIVIDUAL	\$5.27	\$2.15	\$7.42
18-75	NAMED INSURED/SPOUSE	\$8.13	\$2.99	\$11.12
18-75	ONE-PARENT FAMILY	\$8.97	\$2.41	\$11.38
18-75	TWO-PARENT FAMILY	\$11.83	\$3.38	\$15.21

ACCIDENT ADVANTAGE -24-HOUR ACCIDENT – Option2 Series A36000

		PREMIUM	ACCIDENTAL DEATH*	TOTAL
18-75	INDIVIDUAL	\$7.09	\$2.15	\$9.24
18-75	NAMED INSURED/SPOUSE	\$11.25	\$2.99	\$14.24
18-75	ONE-PARENT FAMILY	\$13.85	\$2.41	\$16.26
18-75	TWO-PARENT FAMILY	\$18.66	\$3.38	\$22.04

ACCIDENT ADVANTAGE -24-HOUR ACCIDENT – Option3 Series A36000

		PREMIUM	ACCIDENTAL DEATH*	TOTAL
18-75	INDIVIDUAL	\$9.30	\$2.15	\$11.45
18-75	NAMED INSURED/SPOUSE	\$15.21	\$2.99	\$18.20
18-75	ONE-PARENT FAMILY	\$16.58	\$2.41	\$18.99
18-75	TWO-PARENT FAMILY	\$23.40	\$3.38	\$26.78

ACCIDENT ADVANTAGE -24-HOUR ACCIDENT – Option4 Series A36000

		PREMIUM	ACCIDENTAL DEATH*	TOTAL
18-75	INDIVIDUAL	\$10.66	\$2.15	\$12.81
18-75	NAMED INSURED/SPOUSE	\$17.49	\$2.99	\$20.48
18-75	ONE-PARENT FAMILY	\$19.05	\$2.41	\$21.46
18-75	TWO-PARENT FAMILY	\$27.56	\$3.38	\$30.94

Accidental Death: Accidental Death Benefit Rider (Series A-36050) Premium (Available for ages 18-70)

AFLAC-SHORT TERM DISABILITY - Series A-57600

Elimination Period Accident/Sickness - 0/7 DAYS

Annual Income		\$9,000	\$12,000	\$12,000	\$12,000	\$17,000	\$19,000	\$22,000	\$24,000	\$26,000	\$27,000
Benefit Period	Age	\$500	\$600	\$700	\$800	\$900	\$1,000	\$1,100	\$1,200	\$1,300	\$1,400
3 MONTHS	18-49	\$5.53	\$6.63	\$7.74	\$8.84	\$9.95	\$11.05	\$12.16	\$13.26	\$14.37	\$15.47
	50-64	\$5.85	\$7.02	\$8.19	\$9.36	\$10.53	\$11.70	\$12.87	\$14.04	\$15.21	\$16.38
	65-74	\$7.15	\$8.58	\$10.01	\$11.44	\$12.87	\$14.30	\$15.73	\$17.16	\$18.59	\$20.02
6 MONTHS	18-49	\$7.15	\$8.58	\$10.01	\$11.44	\$12.87	\$14.30	\$15.73	\$17.16	\$18.59	\$20.02
	50-64	\$7.80	\$9.36	\$10.92	\$12.48	\$14.04	\$15.60	\$17.16	\$18.72	\$20.28	\$21.84
	65-74	\$9.75	\$11.70	\$13.65	\$15.60	\$17.55	\$19.50	\$21.45	\$23.40	\$25.35	\$27.30
12 MONTHS	18-49	\$9.43	\$11.31	\$13.20	\$15.08	\$16.97	\$18.85	\$20.74	\$22.62	\$24.51	\$26.39
	50-64	\$10.73	\$12.87	\$15.02	\$17.16	\$19.31	\$21.45	\$23.60	\$25.74	\$27.89	\$30.03
	65-74	\$15.28	\$18.33	\$21.39	\$24.44	\$27.50	\$30.55	\$33.61	\$36.66	\$39.72	\$42.77
18 MONTHS	18-49	\$12.35	\$14.82	\$17.29	\$19.76	\$22.23	\$24.70	\$27.17	\$29.64	\$32.11	\$34.58
	50-64	\$14.95	\$17.94	\$20.93	\$23.92	\$26.91	\$29.90	\$32.89	\$35.88	\$38.87	\$41.86
	65-74	\$22.43	\$26.91	\$31.40	\$35.88	\$40.37	\$44.85	\$49.34	\$53.82	\$58.31	\$62.79
24 MONTHS	18-49	\$13.65	\$16.38	\$19.11	\$21.84	\$24.57	\$27.30	\$30.03	\$32.76	\$35.49	\$38.22
	50-64	\$16.58	\$19.89	\$23.21	\$26.52	\$29.84	\$33.15	\$36.47	\$39.78	\$43.10	\$46.41
	65-74	\$24.70	\$29.64	\$34.58	\$39.52	\$44.46	\$49.40	\$54.34	\$59.28	\$64.22	\$69.16

Annual Income		\$29,000	\$32,000	\$34,000	\$36,000	\$38,000	\$39,000	\$41,000	\$43,000	\$45,000	\$47,000
Benefit Period	Age	\$1,500	\$1,600	\$1,700	\$1,800	\$1,900	\$2,000	\$2,100	\$2,200	\$2,300	\$2,400
3 MONTHS	18-49	\$16.58	\$17.68	\$18.79	\$19.89	\$21.00	\$22.10	\$23.21	\$24.31	\$25.42	\$26.52
	50-64	\$17.55	\$18.72	\$19.89	\$21.06	\$22.23	\$23.40	\$24.57	\$25.74	\$26.91	\$28.08
	65-74	\$21.45	\$22.88	\$24.31	\$25.74	\$27.17	\$28.60	\$30.03	\$31.46	\$32.89	\$34.32
6 MONTHS	18-49	\$21.45	\$22.88	\$24.31	\$25.74	\$27.17	\$28.60	\$30.03	\$31.46	\$32.89	\$34.32
	50-64	\$23.40	\$24.96	\$26.52	\$28.08	\$29.64	\$31.20	\$32.76	\$34.32	\$35.88	\$37.44
	65-74	\$29.25	\$31.20	\$33.15	\$35.10	\$37.05	\$39.00	\$40.95	\$42.90	\$44.85	\$46.80
12 MONTHS	18-49	\$28.28	\$30.16	\$32.05	\$33.93	\$35.82	\$37.70	\$39.59	\$41.47	\$43.36	\$45.24
	50-64	\$32.18	\$34.32	\$36.47	\$38.61	\$40.76	\$42.90	\$45.05	\$47.19	\$49.34	\$51.48
	65-74	\$45.83	\$48.88	\$51.94	\$54.99	\$58.05	\$61.10	\$64.16	\$67.21	\$70.27	\$73.32
18 MONTHS	18-49	\$37.05	\$39.52	\$41.99	\$44.46	\$46.93	\$49.40	\$51.87	\$54.34	\$56.81	\$59.28
	50-64	\$44.85	\$47.84	\$50.83	\$53.82	\$56.81	\$59.80	\$62.79	\$65.78	\$68.77	\$71.76
	65-74	\$67.28	\$71.76	\$76.25	\$80.73	\$85.22	\$89.70	\$94.19	\$98.67	\$103.16	\$107.64
24 MONTHS	18-49	\$40.95	\$43.68	\$46.41	\$49.14	\$51.87	\$54.60	\$57.33	\$60.06	\$62.79	\$65.52
	50-64	\$49.73	\$53.04	\$56.36	\$59.67	\$62.99	\$66.30	\$69.62	\$72.93	\$76.25	\$79.56
	65-74	\$74.10	\$79.04	\$83.98	\$88.92	\$93.86	\$98.80	\$103.74	\$108.68	\$113.62	\$118.56

Annual Income		\$49,000	\$50,000	\$52,000	\$55,000	\$57,000	\$58,000	\$60,000	\$63,000	\$65,000	\$69,000
Benefit Period	Age	\$2,500	\$2,600	\$2,700	\$2,800	\$2,900	\$3,000	\$3,100	\$3,200	\$3,300	\$3,400
3 MONTHS	18-49	\$27.63	\$28.73	\$29.84	\$30.94	\$32.05	\$33.15	\$34.26	\$35.36	\$36.47	\$37.57
	50-64	\$29.25	\$30.42	\$31.59	\$32.76	\$33.93	\$35.10	\$36.27	\$37.44	\$38.61	\$39.78
	65-74	\$35.75	\$37.18	\$38.61	\$40.04	\$41.47	\$42.90	\$44.33	\$45.76	\$47.19	\$48.62
6 MONTHS	18-49	\$35.75	\$37.18	\$38.61	\$40.04	\$41.47	\$42.90	\$44.33	\$45.76	\$47.19	\$48.62
	50-64	\$39.00	\$40.56	\$42.12	\$43.68	\$45.24	\$46.80	\$48.36	\$49.92	\$51.48	\$53.04
	65-74	\$48.75	\$50.70	\$52.65	\$54.60	\$56.55	\$58.50	\$60.45	\$62.40	\$64.35	\$66.30
12 MONTHS	18-49	\$47.13	\$49.01	\$50.90	\$52.78	\$54.67	\$56.55	\$58.44	\$60.32	\$62.21	\$64.09
	50-64	\$53.63	\$55.77	\$57.92	\$60.06	\$62.21	\$64.35	\$66.50	\$68.64	\$70.79	\$72.93
	65-74	\$76.38	\$79.43	\$82.49	\$85.54	\$88.60	\$91.65	\$94.71	\$97.76	\$100.82	\$103.87
18 MONTHS	18-49	\$61.75	\$64.22	\$66.69	\$69.16	\$71.63	\$74.10	N/A	N/A	N/A	N/A
	50-64	\$74.75	\$77.74	\$80.73	\$83.72	\$86.71	\$89.70	N/A	N/A	N/A	N/A
	65-74	\$112.13	\$116.61	\$121.10	\$125.58	\$130.07	\$134.55	N/A	N/A	N/A	N/A
24 MONTHS	18-49	\$68.25	\$70.98	\$73.71	\$76.44	\$79.17	\$81.90	N/A	N/A	N/A	N/A
	50-64	\$82.88	\$86.19	\$89.51	\$92.82	\$96.14	\$99.45	N/A	N/A	N/A	N/A
	65-74	\$123.50	\$128.44	\$133.38	\$138.32	\$143.26	\$148.20	N/A	N/A	N/A	N/A

As an employee of the Nassau County School Board, you are eligible to receive a **NO-COST** accidental death policy for the family* and a **NO-COST** health services discount card. These **FREE** benefits will be made available to **ALL** employees **who meet with the Liberty National Representatives.**

The following additional benefits are available to you and your family at a reduced group rate (semi-monthly rates shown).
(Please check the box indicating your interest):

Group Term Life Insurance to Age 100

- Issue Ages - 0-70
- Guaranteed rates - once you purchase the plan your rates will **never** increase.
- Paid up at age 65 option is available to employees 55 and younger.
- Rates determined by age and face amount. Same rate for tobacco & non-tobacco.
- No medical exam. Qualify with simple yes/no questions.
- Guaranteed coverage to age 100. Coverage will **never** be reduced or cancelled as long as you pay the premiums.
- Coverage for you, your spouse, and dependents.
- Riders available: Accidental Death Benefit up to \$200,000 and Premium Waiver.
- You can continue your coverage after you leave employment with **no increase in rates** and **no reduction in coverage.**

example: 40-year old employee qualifying for \$25,000 Group Term to Age 100 -- \$17.50
Paid up at 65 option -- \$21.56

Accident Protector Max

- Issue Ages - 3-60
 - Coverage available for Individual, Single Parent, or Family.
 - Same rate for all ages 3-60
- Individual - \$5.00 Single Parent - \$8.00 Family - \$12.13
- Covers 24/7 on and off the job protection.
 - Pays in addition to Workers' Compensation.
 - Benefits are paid directly to you unless you assign them to a medical provider.
 - Benefits for initial emergency treatment, initial hospital confinement, daily hospital confinement, intensive care unit, ambulance, transportation, broken bones, dislocations, fractures, blood, plasma, death, and dismemberment.

Accidental Death and Dismemberment

- Issue Ages - 3-65
- Same rate for all ages 3-65 - Individual \$6.00
- Guaranteed Rate - once you purchase the plan, your rates will never increase.
- \$100,000 to \$300,000 Accidental Death and \$25,000 to \$50,000 dismemberment.



Additional benefits and rates for employees of the Nassau County School Board

Liberty National's Cancer Endurance

- Issue Ages - 0-64
- Coverage available as Individual, Single Parent, or Family.
- Benefits for initial diagnosis (\$10,000) and treatment of cancer and do not reduce with age.

	Individual	Single Parent	Family
00-20	\$2.88	\$3.53	\$5.04
21-25	\$3.53	\$4.35	\$6.28
26-30	\$3.91	\$4.95	\$7.06
31-35	\$5.07	\$6.61	\$9.15
36-40	\$6.65	\$8.93	\$11.90
41-45	\$9.15	\$11.42	\$16.35
46-50	\$12.04	\$14.32	\$21.65
51-55	\$13.79	\$16.06	\$25.30
56-60	\$16.38	\$18.65	\$30.90
61-64	\$18.59	\$20.86	\$36.90

Liberty National's Cash Cancer

- Issue Ages - 0-64
- Coverage available as Individual, Single Parent, or Family.
- Lump sum benefit paid for initial diagnosis of cancer.
- Benefit amounts: \$10,000, \$20,000, \$30,000, \$40,000, or \$50,000
- ***\$10,000 benefit available for breast cancer survivors.

Benefit Example is for \$10,000 Lump Sum Benefit

	Individual	Single Parent	Family
00-17	\$2.25	\$2.75	\$3.38
18-25	\$2.50	\$3.00	\$3.75
26-30	\$2.63	\$3.13	\$4.13
31-35	\$2.88	\$3.38	\$4.38
36-40	\$3.38	\$3.88	\$5.00
41-45	\$4.63	\$5.13	\$6.88
46-50	\$6.13	\$6.63	\$9.38
51-55	\$8.38	\$8.88	\$13.00
56-60	\$11.13	\$11.63	\$17.75
61-64	\$14.38	\$14.88	\$23.88

Liberty National's Critical Illness Protector

- Issue Ages - 18-60
- Lump sum benefit for heart attack, stroke, kidney failure, loss of eyesight or hearing.

	\$10,000	\$15,000	\$25,000	\$35,000	\$40,000	\$50,000
18-35	\$1.44	\$1.89	\$2.79	\$3.69	\$4.14	\$5.04
36-50	\$3.42	\$4.86	\$7.74	\$10.62	\$12.06	\$14.94
51-60	\$5.67	\$8.24	\$13.37	\$18.50	\$21.06	\$26.19

Just the facts about New York Life...

Employee's Whole Life Simplified Issue

Issuing company	New York Life Insurance Company	Permanent, portable, participating whole life insurance for you and your family at the workplace through automatic payroll deductions.
Product type	Employee's Whole Life Simplified Issue	
How it works	Voluntary Payroll Deduction ¹ allows you to purchase a permanent whole life insurance policy at your workplace through the convenience of automatic payroll deductions from your paycheck.	
Issue ages	Employee (full-time): 16–70 Spouse: 16–70 Children and Grandchildren: 15 days–25 years	
Eligibility requirements	Eligible employees must have been employed by the same employer for at least six months. During the last three months, the employee must have been actively and continuously at work on a full-time basis (30 hours a week). A completed application is all that's required for approval. Additional policies may be purchased for both you and your family during future reenrollment periods as your insurance needs change.	
Face amounts²	Employee: Minimum: \$5,000; Maximum: \$150,000 Select Paid-up: Lifetime Maximum \$200,000 Spouse: Minimum: \$5,000; Maximum: \$50,000 ³ Children and Grandchildren: Minimum: \$5,000; Maximum: \$25,000	
Policy loans⁴	You can borrow up to the maximum loan value from your policy's cash value through policy loans, generally on a tax-free basis.	
Loan interest rate	Features a variable loan interest rate that may increase or decrease over time. New York Life sets the loan interest rate at least once each year and may set the rate as often as quarterly.	



LegalShield Legal Plan

Expected and unexpected legal issues arise every day. But with a LegalShield Legal Plan, a small monthly fee gets you access to advice and counsel on an unlimited number of personal legal issues from lawyers with an average of 19 years experience.

Advice & Consultation

Advice

Toll-free phone consultations with your Provider Law Firm for any personal legal matter, even on pre-existing conditions

Letters and Phone Calls on Your Behalf

Available at the discretion of your Provider Lawyer

Contract and Document Review

Contract/document review up to 15 pages each

24/7 Emergency Assistance

After-hours legal consultation for covered legal emergencies. Specific coverage depends on plan, such as: if you're arrested or detained, if you're seriously injured, if you're served with a warrant, or if the state tries to take your child(ren).

Family Matters (family plan only)

Uncontested Name Change Assistance*

One (1) uncontested name change prepared per member year by Provider Law Firm

Uncontested Adoption Representation*

Representation by your Provider Law Firm for uncontested adoption proceedings

Uncontested Separation/Divorce Representation*

Representation by your Provider Law Firm for uncontested legal separation, uncontested civil annulment and uncontested divorce proceedings

Representation

Trial Defense Services

Assistance if you or your spouse are named defendant or respondent in a covered civil action filed in court

Year	Pre-Trial Time	Trial Time	Total
1	2.5	57.5	60
2	3	117	120
3	3.5	176.5	180
4	4	236	240
5	4.5	295.5	300

For more information contact your Independent Associate:

Document Preparation

Standard Will Preparation

- Will preparation and annual reviews and updates for covered members
- Other documents available: Living Will, Health Care Power of Attorney

Residential Loan Document Assistance (family plan only)

Mortgage documents (as required of the borrower by the lending institution) prepared by your Provider Law Firm for the purchase of your primary residence

Auto

Motor Vehicle Services

- Non-criminal moving traffic violation assistance
- Motor vehicle-related criminal charge assistance
- Up to 2.5 hours of help with driver's license reinstatement and property damage collection assistance of \$5,000 or less per claim
- Available 15 days after enrollment
- Available only if member has a valid driver's license and is driving a non-commercial motor vehicle

IRS

IRS Audit Legal Services

- One hour of consultation, advice or assistance when you are notified of an audit by the IRS
- An additional 2.5 hours if a settlement is not achieved within 30 days
- If your case goes to court, you'll receive 46.5 hours of your Provider Law Firm's services
- Coverage for this service begins with the tax return due April 15 of the year you enroll

Additional Benefits

25% Preferred Member Discount

You may continue to use your Provider Law Firm for legal situations that extend beyond plan coverage. The additional services are 25% off the law firm's standard hourly rates. Your Provider Law Firm will let you know when the 25% discount applies, and go over these fees with you.

Your Plan Covers:

Family Plan:

- **The member**
- **The member's spouse/ domestic partner**
- **Never-married dependent children under age 26 living at home**
- **Dependent children under age 18 for whom the member is legal guardian**
- **Never married, dependent, children who are full-time college students up to age 26**
- **Physically or mentally disabled children living at home**

\$15.95/mo.

Stand Alone Family Plan

\$25.90/mo.

Family Legal Plan Combined with ID Shield

For more information contact:

Maggie Johnston

margaretjohnston@legalshieldassociate.com

904-314-4744

*These services are available 90 consecutive days from the effective date of your membership. For detailed information about the legal services provided for personal matters by the LegalShield contract, go to <http://www.legalshield.com/info/legalplan>. Business issues are not included; however, plans providing those services are available.



Access
LegalShield
on the go!

At the touch of a finger, connect with your LegalShield Provider Law Firm for legal guidance you can trust. The app includes Snap by LegalShield! Connecting with your law firm when you get a speeding ticket is a "snap."

Download the
free app from
the App Store
or Google Play.





2019



Identity theft hits a new victim every few seconds.

Have You Ever...

- Worried about being a victim of identity theft?
- Been concerned about your child's identity?
- Lost your wallet?
- Worried about entering personal information online?
- Feared the security of your medical information?
- Been pursued by a collection agency?

The IDShield Membership Includes:

Privacy Monitoring

We provide you with a comprehensive identity protection service that leaves nothing to chance by monitoring your name, SSN, date of birth, email address (up to 10), phone numbers (up to 10), driver's license, passport numbers and medical ID numbers (up to 10).

Security Monitoring

NEW! High risk account monitoring. We monitor your financial account numbers such as SSN, credit cards (up to 10) and bank accounts (up to 10). Additionally, we'll give you peace of mind with credit score tracking, financial activity alerts and sex offender searches. And with the family plan, Minor Identity Protection is included and provides monitoring for up to 10 children under the age of 18 for no additional cost.

Social Media Monitoring

Let us help you protect yourself by monitoring multiple social media accounts and content feeds for privacy and reputational risks. You will be alerted to privacy risks, like the exposure of Personally Identifying Information (PII), including street address, date of birth or SSN, as well as reputational risks; like foul language, drug and alcohol references, or discriminatory terms.

Credit Monitoring

Gain access to continuous credit monitoring through TransUnion that you can access immediately via the service portal dashboard on myidshield.com or through the free IDShield mobile app. Credit activity will be reported promptly via an email alert and mobile push notification.

Credit Inquiry Alerts

NEW! Instant hard inquiry alerts. Receive alerts when a creditor requests your TransUnion credit file for the purposes of opening a new credit account or when a creditor requests a credit file for changes that

would result in a new financial obligation; such as a new cell phone account, a lease for a new apartment or a mortgage application. Inquiry alerts can be helpful in determining when an identity thief is opening a new account without your authorization.

Monthly Score Tracker

Get a monthly credit score report from TransUnion that plots your score month-by-month on a graph, giving you the ability to see how your credit score changes over time by indicating the score factors that provide insight into what events may have caused your specific credit score to change.

Consultation

Your identity protection plan includes 24/7/365 live support for covered emergencies, unlimited consultation, identity alerts, data breach notifications and lost wallet protection.

Stay Connected

Download our free mobile app for help with 24/7 covered emergencies at the press of a button.

IDShield Vault

As a member, you have access to a password manager as a part of the IDShield service. You can access a separate IDShield Vault Dashboard to store and manage your passwords as well as generate new, strong passwords. With a browser plugin installed (Chrome, Firefox and Safari), IDShield Vault will also autofill known passwords when browsing on the web. IDShield Vault includes a secure auto backup and syncs across devices to keep you protected no matter where you are.

Full Service Restoration

If your identity is stolen, our complete recovery services from our licensed private investigators will ensure that it will be restored to its pre-theft status.

Get Protected Today!

\$12.95/mo

Family Plan
(ID Shield Stand Alone)

\$9.95/mo

Family Added to Legal Plan **NEW!**
(\$25.90 total)

For more information, contact your Independent Associate:

Maggie Johnston
margaretjohnston@legalshieldassociate.com
904-314-4744

IDShield plans are available at individual or family rates. A family rate covers the member, the member's spouse and 10 dependents. Dependents 18-26 will receive restoration and consultation services only.

Dependents between the ages of 18-26 must have never been married and must either live at home or be a full-time student.

This is a general overview and is for illustrative purposes only. Plans and services vary from state to state. See plan details for your state of residence for complete terms, coverage, amounts, conditions and limitations.

EMPLOYEE LEAVES

During the course of anyone's career, an event may arise that affects their ability to work. On occasion, employees may have earned enough sick/personal and/or vacation time to cover such instances. However, if an employee does not have enough sick/personal or vacation time to cover them, then they must be covered by a leave.

Whether for personal reasons or for medical reasons, the Nassau County School Board offers different types of leaves to cover employees who are going to be out of work for an extended period of time. The Nassau County School Board offers the following leaves:

- Personal Leave of Absence (LOA)
- Family and Medical Leave Act (FMLA)
- FMLA for Military Members and Military Families
- Domestic and Sexual Violence Leave
- Shared Sick Leave (transfer of sick time between parent/child, spouses and siblings)
- Shared Sick Leave (transfer of sick time between employees)
- Bereavement Leave
- Sick Leave Bank (must elect to participate in the Sick Leave Bank)
- Donation of Sick Leave

Leaves that are not covered by sick/personal and/or vacation time are unpaid. These leaves **will reduce your contract amount**. Employees who work less than 12 months (i.e. teachers, paraprofessionals, bus drivers/aides and food service workers) will experience an impact on their summer checks based upon the reduced contract amount. Employees who work the full 12-month year will also experience a reduction in their contract amount; however, checks may be affected at the time of their leave as well as at the end of the fiscal year.

Insurances may be continued through payment to the Nassau County School Board for a period of one year if on leave. After that time, insurances can be maintained through each respective carrier or through COBRA.

Please refer to the NTA and NESPA contracts for contractual requirements for each of the leaves outlined above.

EMPLOYEE RIGHTS AND RESPONSIBILITIES UNDER THE FAMILY AND MEDICAL LEAVE ACT (MODEL NOTICE)

Basic Leave Entitlement

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for the following reasons:

- for incapacity due to pregnancy, prenatal medical care or child birth;
- to care for the employee's child after birth, or placement for adoption or foster care;
- to care for the employee's spouse, son, daughter or parent, who has a serious health condition; or
- for a serious health condition that makes the employee unable to perform the employee's job.

Military Family Leave Entitlements

Eligible employees whose spouse, son, daughter or parent is on covered active duty or called to covered active duty status may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered servicemember during a single 12-month period. A covered servicemember is:

- (1) a current member of the Armed Forces, including a member of the National Guard or Reserves, who is undergoing medical treatment, recuperation or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list, for a serious injury or illness*;
or
- (2) a veteran who was discharged or released under conditions other than dishonorable at any time during the five-year period prior to the first date the eligible employee takes FMLA leave to care for the covered veteran, and who is undergoing medical treatment, recuperation, or therapy for a serious injury or illness.*

***The FMLA definitions of "serious injury or illness" for current servicemembers and veterans are distinct from the FMLA definition of "serious health condition".**

Benefits and Protections

During FMLA leave, the employer must maintain the employee's health coverage under any "group health plan" on the same terms as if the employee had continued to work. Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms. Use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

Eligibility Requirements

Employees are eligible if they have worked for a covered employer for at least 12 months, have 1,250 hours of service in the previous 12 months*, and if at least 50 employees are employed by the employer within 75 miles.

***Special hours of service eligibility requirements apply to airline flight crew employees.**

Definition of Serious Health Condition

A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee's job, or prevents the qualified family member from participating in school or other daily activities.

Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

Use of Leave

An employee does not need to use this leave entitlement in one block. Leave can be taken intermittently or on a reduced leave schedule when medically necessary. Employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the employer's operations. Leave due to qualifying exigencies may also be taken on an intermittent basis.

Substitution of Paid Leave for Unpaid Leave

Employees may choose or employers may require use of accrued paid leave while taking FMLA leave. In order to use paid leave for FMLA leave, employees must comply with the employer's normal paid leave policies.

Employee Responsibilities

Employees must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days notice is not possible, the employee must provide notice as soon as practicable and generally must comply with an employer's normal call-in procedures. Employees must provide sufficient information for the employer to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of the leave. Sufficient information may include that the employee is unable to perform job functions, the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider, or circumstances supporting the need for military family leave. Employees also must inform the employer if the requested leave is for a reason for which FMLA leave was previously taken or certified. Employees also may be required to provide a certification and periodic recertification supporting the need for leave.

Employer Responsibilities

Covered employers must inform employees requesting leave whether they are eligible under FMLA. If they are, the notice must specify any additional information required as well as the employees' rights and responsibilities. If they are not eligible, the employer must provide a reason for the ineligibility. Covered employers must inform employees if leave will be designated as FMLA-protected and the amount of leave counted against the employee's leave entitlement. If the employer determines that the leave is not FMLA-protected, the employer must notify the employee.

Unlawful Acts by Employers

FMLA makes it unlawful for any employer to:

- interfere with, restrain, or deny the exercise of any right provided under FMLA; and
- discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

Enforcement

An employee may file a complaint with the U.S. Department of Labor or may bring a private lawsuit against an employer.

FMLA does not affect any Federal or State law prohibiting discrimination or supersede any State or local law or collective bargaining agreement which provides greater family or medical leave rights.

FMLA section 109 (29 U.S.C. § 2619) requires FMLA covered employers to post the text of this notice.

Regulation 29 C.F.R. § 825.300(a) may require additional disclosures.

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to "eligible" employees for certain family and medical reasons. Employees are eligible if they have worked for a covered employer for at least one year, and for 1,250 hours over the previous 12 months, and if there are at least 50 employees within 75 miles. Nassau County employees work varying numbers of hours dictated by job classification, and some may work less than the required 1,250 hours. To accommodate this, the NSCB has prorated the minimum hour requirement to accommodate the number of hours worked by each employee group in our district.

THE DEFERRED RETIREMENT OPTION PROGRAM (DROP)

DROP is a program, which became effective July 1, 1998, that allows you to retire and begin accumulating your retirement benefits, without terminating employment, for up to 60 months from the date you first become eligible for normal retirement (30 years of service or age 62 for employees hired before July 1, 2011 and age 65 or 33 years of service for employees hired on or after July 1, 2011). Employees must also be vested to enter DROP. Employees hired before July 1, 2011 are vested after 6 years and employees hired on or after July 1, 2011 are vested after 8 years.

Timelines

Instructional personnel (as defined by Florida Statute) including but not limited to classroom teachers, classroom paraprofessionals, guidance counselors, social workers, career specialists and school psychologists are allowed to enter DROP at any time after they first become eligible and shall have the benefit of remaining in DROP for 60 months.

Administrators and non-instructional personnel must enter DROP when they first become eligible or the DROP period will be reduced by each month they've waited to enter DROP. Furthermore, personnel that do not enter DROP within one year of first becoming eligible will lose their eligibility to participate in DROP.

While participating in DROP, your monthly retirement benefits remain in the FRS Trust Fund, earning tax-deferred interest, while you continue to work. During this time, you do not earn additional service credit toward retirement. When the DROP period ends, you must terminate all employment with FRS employers.

At that time, you will receive payment of the accumulated DROP benefits, and you will begin receiving your monthly retirement benefit in the same amount as determined at retirement, plus annual cost-of-living increases. For many this is the "best of both worlds", providing both a guaranteed lifetime benefit and a lump sum.

The annual interest rate for employees entering DROP on or after July 1, 2011 has been reduced from 6.5% to 1.3%.

Please contact Scott Hodges at (904) 491-9874 if you are interested in entering DROP.

THE HEALTH INSURANCE SUBSIDY (HIS)

The Florida Retirement System (FRS) provides to qualified retirees a Health Insurance Subsidy (HIS) in the amount of \$5 for each year of service with a FRS employer (minimum benefit of \$30 and maximum benefit of \$150). The HIS paperwork is sent to new retirees around the time the first retirement check is received. Once the HIS paperwork has been submitted to the FRS and the subsidy begins, the HIS will remain in effect regardless of where health insurance is held. If an employee retires maintaining the NCSB's Florida Blue group health insurance and later changes to another carrier, the HIS will remain in effect. The HIS benefit will remain active until the State of Florida initiates a change in this benefit. Please contact Leanne Peacock at (904) 491-9876 for assistance with the HIS paperwork.

VALERY INSURANCE AGENCY

Employees who retire from the Nassau County School Board are welcome to keep their health, dental, vision and some supplemental insurance benefits upon retirement. However, employees who are not actively working are not eligible for the Board's contribution towards their health insurance benefits, leaving the retiree financially responsible for the full monthly premium. Please refer to the **RATE CHART** (page 12) for the current rates.

Retirees who are age 65 are eligible for Medicare. Medicare is divided into separate parts: Medicare Part A (hospitalization), Part B (physicians) and Part D (prescription coverage.) These three (3) components together will safely replace the School Board's group health insurance plan and in most cases, will cost less on a monthly basis.

Valery Insurance Agency (Valery) is the Board approved company that provides Medicare Supplements to our retirees. Valery can assist retirees, employees considering retirement and spouses in selecting the best Medicare Supplement approved plan to fulfill each person's individual medical needs. Valery works with over fifteen school districts and over 20 counties and municipalities within the State of Florida.

Employees who are actively working are best served with the School Board's approved group health insurance plan, benefiting from the contribution afforded by the Board. Employees who are considering retirement and do not wish to retain the School Board's insurance plan, as a retiree, will want to explore their options for health insurance coverage within ample time to make an informed decision.

For more information regarding the Medicare Supplements available, please contact:

Valery Insurance Agency
2113 Gulf Boulevard
Indian Rocks Beach, FL 33785

Email valeryagency@verizon.net
Web www.valeryagency.com
Phone (727) 517-8888
(800) 330-8445
Fax (727) 517-8887

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP) MODEL NOTICE

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

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

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2020. Contact your State for more information on eligibility.

FLORIDA MEDICAID

Website: <https://www.flmedicaidprecovery.com/hipp/>

Phone: 1-877-357-3268

GEORGIA MEDICAID

Website: <http://dch.georgia.gov/health-insurance-premium-payment-program-hipp>

Phone: 678-564-1162 ext. 2131

To see if any other states have added a premium assistance program since January 31, 2020, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

OMB Control Number 1210-0137 (expires 01/31/2023)

HEALTH INSURANCE MARKETPLACE MODEL NOTICE



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 06/30/2023)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact [Leanne Peacock, Human Resources Department \(904\) 491-9876](#).

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](#) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name NASSAU COUNTY SCHOOL BOARD		4. Employer Identification Number (EIN) 596000756	
5. Employer address 1201 ATLANTIC AVENUE		6. Employer phone number (904) 491-9876	
7. City FERNANDINA BEACH		8. State FLORIDA	9. ZIP code 32034
10. Who can we contact about employee health coverage at this job? Leanne Peacock			
11. Phone number (if different from above) (904) 491-9876		12. Email address PEACOCKLE@NASSAU.K12.FL.US	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
 - All employees. Eligible employees are:
 - Some employees. Eligible employees are:
EMPLOYEES WHO WORK A MINIMUM OF 25 HOURS PER WEEK, AND HAVE SATISFIED THE APPLICABLE WAITING PERIOD, ARE ELIGIBLE TO PARTICIPATE IN THE NASSAU COUNTY SCHOOL DISTRICT'S GROUP HEALTH INSURANCE PLAN.
- With respect to dependents:
 - We do offer coverage. Eligible dependents are:
SPOUSES AND DEPENDENT CHILDREN (UNTIL AGE 30), SUBJECT TO THE APPLICABLE TERMS OF THE HEALTH BENEFIT PLAN COVERING THE EMPLOYEE.
 - We do not offer coverage.
 - If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.
- ** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

13. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?

- Yes** (continue)
13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? _____ (mm/dd/yyyy) (Continue)
- No** (STOP and return this form to employee)

14. Does the employer offer a health plan that meets the minimum value standard*?

- Yes** (Go to question 15) **No** (STOP and return this form to employee)

15. For the lowest-cost plan that meets the minimum value standard* offered only to the employee (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.

- a. How much would the employee have to pay in premiums for this plan? **\$10.00**
- b. How often? Weekly Every 2 weeks Twice a month Monthly Quarterly Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

16. What change will the employer make for the new plan year?

- Employer won't offer health coverage
- Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.* (Premium should reflect the discount for wellness programs. See question 15.)
- a. How much will the employee have to pay in premiums for that plan? **\$10.00**
- b. How often? Weekly Every 2 weeks Twice a month Monthly Quarterly Yearly

*An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986).

WOMEN'S HEALTH & CANCER RIGHTS ACT (ENROLLMENT NOTICE)

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

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Please refer to the Benefit Summary (pages 14-19) for applicable deductibles and coinsurance schedules. If you would like more information on WHCRA benefits, please call Florida Blue at (877) 352-2583.

WOMEN'S HEALTH & CANCER RIGHTS ACT (ANNUAL NOTICE)

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? If you would like more information on WHCRA benefits, please call Florida Blue at (877) 352-2583.

MODEL NEWBORNS' ACT DISCLOSURE

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

CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT (“COBRA”)

Introduction

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

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

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

What is COBRA continuation coverage?

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

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

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.
- If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:
 - Your spouse dies;
 - Your spouse's hours of employment are reduced;
 - Your spouse's employment ends for any reason other than his or her gross misconduct;
 - Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
 - You become divorced or legally separated from your spouse.

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

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

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

When is COBRA continuation coverage available?

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

- The end of employment or reduction of hours of employment;
- Death of the employee;
- Commencement of a proceeding in bankruptcy with respect to the employer; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 30 days after the qualifying event occurs. You must provide this notice to: Human Resources Department, Nassau County School District. Evidence of the loss must be provided along with the completed application for coverage.

How is COBRA continuation coverage provided?

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

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

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

Disability extension of 18-month period of COBRA continuation coverage

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

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

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?

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

If you have questions

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

Keep your Plan informed of address changes

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

Plan contact information:
Nassau County School Board
Human Resources Department
1201 Atlantic Avenue
Fernandina Beach, FL 32034

PERSONNEL WHO RETIRE WILL CONTINUE TO HAVE THE SAME BENEFIT FOR CONTINUING COVERAGE AS PROVIDED BY THE PRESENT INSURANCE PLANS. HOWEVER, THE RETIREE BEARS THE FULL COST OF THE PLAN; NO BOARD CONTRIBUTION IS AFFORDED TO RETIREES.

Nassau County School Board Human Resources Department

Personnel	Phone	Areas of Responsibility
Mr. Scott D. Hodges Director of Human Resources hodgessc@nassau.k12.fl.us	491-9874	<ul style="list-style-type: none"> • Retirement/DROP • Bereavement and Domestic/Sexual Violence Leaves • Bargaining (Instructional & Non-Instructional) • Out-Of-Field Designations • Evaluation Systems • National Board Certification • Public Record Requests • Fingerprinting and Refingerprinting
Mrs. Laurie Robert Instructional Personnel Specialist robertla@nassau.k12.fl.us	491-9877 Ext.1237	<ul style="list-style-type: none"> • Instructional & Administrative Hires • Contractors • Issuance of Teacher Numbers • Instructional Reappointments • Instructional Supplements • Instructional Employee Leaves • Teacher Certifications/Re-certifications & Out-Of-Field Designations • Forms & Templates
Mrs. Garvin Nelson Non-Instructional Personnel Specialist nelsonga@nassau.k12.fl.us	491-9875 Ext. 1235	<ul style="list-style-type: none"> • Non-Instructional Hires • Non-Instructional Reappointments • Non-Instructional Supplements • Non-Instructional Employee Leaves • Non-Instructional Evaluations • Vacation Accrual for 12-Month Employees • Drug Test Results for Transportation Employees
Mrs. Leanne Peacock Benefits Specialist peacockle@nassau.k12.fl.us	491-9876 Ext. 1236	<ul style="list-style-type: none"> • Insurance & Benefits for Active & Retired Employees • Employee Leaves • Worker's Compensation
Mrs. Kimberly Mack Supervisor's Secretary mackki@nassau.k12.fl.us	491-9879 Ext. 1239	<ul style="list-style-type: none"> • Employment Verifications • Loan Forgiveness Programs • Substitutes • Long Term Substitutes • Athletic Coaches • Fingerprinting and Refingerprinting
Ms. Julie McDonald Supervisor's Secretary mcdonaldju1@nassau.k12.fl.us	491-9874 Ext. 1234	<ul style="list-style-type: none"> • General Information • Online Application/Recruiting Program Management • Special Projects • Instructional Evaluations • School Board Human Resources Agendas/Addendums • Job Descriptions & Vacancy Postings • Forms & Templates • Human Resources Website
Mrs. Judith Meredith Supervisor's Secretary meredithju@nassau.k12.fl.us	277-9050 Ext. 1350	<ul style="list-style-type: none"> • Records Management • Public Record Requests

Updated 07/09/2020

INSURANCE & BENEFIT CONTACTS

Florida Blue(877) 352-2583
Website www.floridablue.com

Humana Dental(800) 233-4013
Website www.humana.com

Humana Vision.....(877) 398-2980
Website www.humana.com

AFLAC.....(800) 992-3522
Susan Knight, *Representative*(904) 241-2482
Website www.aflac.com

LegalShield
Margaret Johnston, *Representative*.....(904) 314-4744
Email margaretjohnston@legalshieldassociate.com

Liberty National Life Insurance Company
Johnny Bragg, *Representative*.....(912) 283-2220
Liberty National (toll-free).....(800) 333-0637
Website..... www.libertynational.com

New York Life Insurance Company
Casey Williamson, *Representative*.....(229) 402-3023
Scotty Sanders, *Representative*.....(912) 288-8318
Website..... www.newyorklife.com

Valery Insurance Agency (Group Medicare Supplement)(800) 330-8445
Email valeryagency@verizon.net
Website www.valeryagency.com

Horace Mann.....(866) 779-2078

TAX SHELTER ANNUITIES

- You have the option to save for your retirement through payroll deductions.
 - Representatives will visit the schools or you may contact any of the Tax Shelter Annuity vendors.
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AIG Retirement Solutions		403(b), 457
Cynthia Handmaker	(904) 720-6961	
Christine Shippey	(904) 445-7081	
American Century Investments		403(b)
On-line only	americancentury.com/florida	
Equitable Advisors (formerly AXA)		403(b), 457
Paul Broussard	(904) 753-2839	
Email	paul.broussard@equitable.com	
Brittany Kubala, CFP	(904) 753-3415	
Email	brittany.kubala@equitable.com	
Great American Life Insurance Company ("GALIC")		403(b), 457
*Only excepting new annuity applications until July 31, 2020		
Ann Detlefs	(904) 731-9955	
Shelton King	(904) 438-1687	
Lori Patitz-Moody	(310) 701-6010	
Lincoln National Life		403(b), 457
James Neel	(904) 412-4786	
Plan Member Services		403(b), 457
Maria Regici (cell)	(386) 569-6202	
ValuTeachers/Life of Southwest		403(b)
Linda Morris	(904) 838-4622	
Renee Crane	(904) 206-9925	
Waddell & Reed		403(b)
James C. Docster	(904) 448-2743	
Blake Massey	(904) 448-2743	
Aspire		403(b)
Crystal Henning	(904) 277-6756	

District Office

1201 Atlantic Avenue
Fernandina Beach, FL 32034
Phone (904) 491-9900



NASSAU COUNTY SCHOOL DISTRICT

SCHOOLS

Bryceville Elementary (904) 266-9241

6504 Church Avenue, Bryceville, FL 32209

Callahan Elementary (904) 879-2121

449618 US Highway 301, Callahan, FL 32011

Callahan Intermediate (904) 879-1114

34586 Ballpark Road, Callahan, FL 32011

Callahan Middle (904) 879-3606

450121 Old Dixie Hwy, Callahan, FL 32011

Emma Love Hardee (904) 321-5990

2200 Susan Drive, Fernandina Beach, FL 32034

Fernandina Beach High (904) 261-5713

435 Citrona Drive, Fernandina Beach, FL 32034

Fernandina Beach Middle (904) 321-5867

315 Citrona Drive, Fernandina Beach, FL 32034

Hilliard Elementary (904) 845-4471

27568 Ohio Street, Hilliard, FL 32046

Hilliard Middle Senior High (904) 845-2171

One Flashes Avenue, Hilliard, FL 32046

Southside Elementary (904) 321-5870

1112 Jasmine Street, Fernandina Beach, FL 32034

West Nassau County High (904) 879-3461

1 Warrior Drive, Callahan, FL 32011

Wildlight Elementary (904) 225-3053

550 Curiosity Avenue, Yulee, FL 32097

Yulee Elementary (904) 225-5192

86063 Felmor Road, Yulee, FL 32097

Yulee High (904) 225-8641

85375 Miner Road, Yulee, FL 32097

Yulee Middle (904) 225-5116

85439 Miner Road, Yulee, FL 32097

Yulee Primary (904) 225-9711

86426 Goodbread Road, Yulee, FL 32097

District Office

1201 Atlantic Avenue
Fernandina Beach, FL 32034
Phone (904) 491-9900



NASSAU COUNTY SCHOOL DISTRICT

DEPARTMENTS

District Office (904) 491-9900

1201 Atlantic Avenue, Fernandina Beach, FL 32034

- Assistant Superintendent (904) 491-9906
- Business Services (904) 491-9869
- Elementary Education (904) 491-9885
- Exceptional Student Education (904) 491-9881
- Food & Nutrition Services (904) 491-9924
- Human Resources Department (904) 491-9874
- Instructional Technology & Information Services (904) 491-9941
- Professional & Staff Development (904) 491-9888
- School Safety Specialist (904) 225-3090
- Secondary Education (904) 491-9972
- Student Services (904) 491-9944
- Superintendent’s Office (904) 491-9901
- Technology Systems Department (904) 491-9934

Adult Education & Dropout Prevention (904) 548-1750

76346 William Burgess Boulevard, Yulee, FL 32097

Career & Technical Education (904) 548-4483

76346 William Burgess Boulevard, Yulee, FL 32097

Facilities & Operations (904) 225-5343

86334 Goodbread Road, Yulee, FL 32097

Intervention, Prevention & Safety Services (904) 491-9883

86207 Felmor Road, Yulee, FL 32097

School Climate Transformation Grant (904) 491-9871

1201 Atlantic Avenue, Fernandina Beach, FL 32034

Transportation Department (904) 225-0127

86260 Goodbread Road, Yulee, FL 32097