

2025 EMPLOYEE BENEFITS & WELLNESS PROGRAM



NEW HIRE DECISION GUIDE

Enroll

Complete your enrollment forms and submit them to Risk Management & Insurance within 31 days of your hire date. If you don't enroll when you are first eligible, you cannot enroll or change your benefits during the year unless you experience a qualified life event.

Deduction Information

- There are 20 payroll deductions per year.
- You pay for 12 months of coverage during the 10-month school year.
- You pay for 1 month in advance.
- Deductions include a portion for summer coverage.
- You may owe summer premium when you first enroll or if you change benefits during the year.
- If your deductions change during the year, you may owe a premium or you may be due a refund.
- The Risk Management & Insurance Department will notify you of any missed deduction or summer premium owed. You will either be payroll deducted or billed directly for owed amounts.

PCS Board Contribution

- When you enroll in medical insurance, PCS will pay a significant amount towards the cost of your insurance.
- If you do not enroll in a PCS-sponsored medical plan, you are eligible to use up to a \$75 per pay credit toward the cost of eligible supplemental benefits. Look for the "◆" on your Enrollment & Change Form.

Submit your Online Benefit Enrollment Form

- Go to the Newly Hired page on our [website](https://www.pcsb.org)
- Select the "2025 New Hire Benefit Enrollment Link" (electronic version) on that page

Scan here
or visit
[pcsb.org/new-hire](https://www.pcsb.org/new-hire)
for more information



**View Rates and download
your Benefits Guide at
www.pcsb.org/new-hire**



BENEFITS AT A GLANCE



MEDICAL

- Choose from 4 Aetna medical plans: Aetna Select Open Access, Aetna Choice Share Plan, CDHP+HRA, and the Basic Essential. All 4 plans include prescription drug coverage.
- Review the Comparison Charts on [pages 12 & 13](#).
- If you choose the CDHP+HRA, the amount of money deposited to your HRA is based on your benefits effective date. Review page 43 of the 2025 Employee Benefits & Wellness Guide.

Maintenance Choice Program

- With the Maintenance Choice Program, members pay 2 copays for a 90-day supply when obtaining maintenance medication through CVS and Costco.
- To opt out of this program, you will need to contact Aetna.

PrudentRx

- PrudentRx is a copay assistance program for specialty medication when filled through CVS Specialty.
- PrudentRx will contact you once CVS receives a specialty prescription under the plan.

CVS Primary and Immediate Care Network!

Get the care you need, from anywhere, with:

- On-demand Primary Care: [Manage chronic conditions](#) (i.e. Diabetes Management, High Blood Pressure Management, Thyroid Disease Management, etc.), order prescriptions, and more.
- Mental Health Services: Talk to a licensed therapist about stress, anxiety, or other mental health concerns.
- Quick Sick Care: Find relief for common illnesses like coughs, colds, and the flu.

Eligibility

- Full-time, regular employees who work at least 30 hours per week and job-sharing employees.
- Part-time, regular employees in 2 or more authorized positions, totaling 30 hours or more per week.
- Benefits are effective the first day of the month following 60 days of employment in a benefits-eligible position.



How Does It Work?

- Book a Visit Quickly: Often within 5 days or sooner!
- Get a Welcome Kit (Includes vitals monitor)
- Connect with Your Care Team Online
- Need an in-person specialist? Your Care Team will connect you with the right in-person specialist and can help schedule appointments with in-person care for you.
- Virtual Primary Care Hours: Monday-Friday, 7:00 AM to 7:00 PM

What's Next?

- Visit [CVS.com/virtual-care](#) to register and schedule an appointment today!
- [FAQs about Virtual Primary Care](#)
- [FAQs about Virtual Mental Health Care](#)

- Eligible dependents include your legally married spouse and dependent children until the end of the calendar year in which they turn 26.
- If you and your legal spouse are active benefits-eligible School Board employees and are enrolling at least 1 eligible dependent child, you have the option of selecting Two Board Family coverage.
- If your enrolled dependent loses eligibility during the year, you must notify Risk Management & Insurance within 31 days of the event.

BENEFITS AT A GLANCE



Aetna Medical Plans

MEDICAL PLAN	SELECT OPEN ACCESS	AETNA CHOICE SHARE PLAN	CDHP + HRA	BASIC ESSENTIAL
Network	Aetna Open Access	Aetna Open Access	Aetna Open Access	Aetna Open Access
Do I have to stay in-network to receive plan benefits?	Yes	Yes	Yes	Yes
What is the coverage area?	National	National	National	National
Do I have to select a PCP?	Not Required	Not Required	Not Required	Not Required
Do I need a referral to see specialists?	No	No	No	No
What do I pay for medical services?	Copays for all services, no deductible	Deductibles, coinsurance and copays	Deductibles and coinsurance	PCP copay; Deductible and coinsurance on all other services
Is preventative care covered at 100%?	Yes, In-network only	Yes, In-network only	Yes, In-network only	Yes, In-network only
Is there a Health Reimbursement Account (HRA)?	No	No	Yes	No
Is there prescription drug coverage?	All 4 plans offer the Aetna Prescription Drug Program			

Dental Benefits

PCS offers 2 dental plans, the HumanaDental Advantage Plus 2S Plan and the MetLife Preferred Dentist Program. The chart below compares the plan benefits. All services are subject to plan limits, exclusions and other provisions. Below is an overview of your plan benefits, a complete description of the plan can be found on the Certificate of Coverage.

	HUMANA DENTAL (#548085) 800-979-4760 WWW.MYHUMANA.COM	METLIFE PREFERRED DENTAL PROGRAM (#95682G) 1-800-GET-MET8 WWW.METLIFE.COM
	State of Florida Service Area. In-network only. This is an Open Access Dental HMO.	In or out-of-network. Save the most when you choose a participating in-network provider.
Network	Humana Dental Advantage Plus 2S Plan	MetLife Preferred Dentist Program (PDP Plus)
Primary Care Dentist and Specialist Referrals	Not required	Not required
Deductible	None	\$50/individual; \$150/family (Applies to Type B and C Services)
Calendar Year Maximum	None	\$1,250 per person
Preventative Services	No charge	No charge, no deductible (Type A)
Basic Services	No charge	20% coinsurance after deductible (Type B)
Major Services	Scheduled copays	50% coinsurance after deductible (Type C)
Orthodontia	Scheduled copays (Adult and child)	50% (up to age 19)
Lifetime Orthodontia Limit	N/A	\$1,000 individual



BENEFITS AT A GLANCE

DENTAL

- Humana Advantage Plan**
- Florida Service Area. In-Network only.
 - Open Access Dental HMO.
 - No deductible. You pay copays for services.
 - No charge for preventive services, including routine exams and no annual maximum benefit.
- MetLife® Preferred Dentist Program (PDP)**
- In or Out-of-Network.
 - Reduce your out-of-pocket expenses when you choose a participating MetLife provider.
 - Pay annual deductibles of \$50 per individual, \$150 per family maximum, and then coinsurance.
 - No charge for preventive services if you stay In-Network.

VISION

- Employee-only coverage is paid by PCS. You may enroll your eligible dependents in the vision plan for an additional cost.
- Participating optical centers include Lenscrafters, Target Optical, Eyeglass World, America’s Best and several independent doctors of optometry and ophthalmology.
- Receive 1 vision exam and lenses every calendar year and frames every other year for you and your covered dependents for reasonable copayments—with no claims to file.

METLIFE HIP

- The MetLife Hospital Indemnity Plan pays a cash benefit for hospital admission, hospital confinement, and inpatient rehabilitation.
- Pre-existing conditions limitations apply.

FLEXIBLE SPENDING ACCOUNT (FSA)

- Health Care Flexible Spending Account**
- Deposit tax-free dollars: minimum of \$10/pay up to a maximum of \$3,000 per year.
 - Reduce your federal income and Social Security taxes.
 - Get reimbursed from your account for eligible medical, dental, and vision expenses not covered by a health plan.

- Dependent Care Flexible Spending Account**
- Deposit tax-free dollars: minimum of \$10/pay up to a maximum of \$5,000/year (depending on your marital and tax-filing status).
 - Reduce your federal income and Social Security taxes.
 - Get reimbursed from your account for eligible dependent care expenses.

DISABILITY

- Employees only.
- Coverage is based on your salary. You choose the benefits waiting period of 14, 30, or 60 days until benefits begin.
- Two Year Plan.
- Social Security Normal Retirement Age (SSNRA)- your disability benefit could continue beyond your Social Security retirement age if you are unable to perform 2 or more activities of daily living or are suffering from severe cognitive impairment.
- Pre-existing conditions limitations apply.

ACCIDENTAL DEATH AND DISMEMBERMENT

- Board-paid basic AD&D insurance equal to \$2,000.
- You can elect optional AD&D insurance for yourself and your eligible dependents.

BENEFITS AT A GLANCE



BE SMART WELLNESS

- From onsite wellness programs to fitness and weight loss discounts, and much more, our wellness program has something for everyone, regardless of age, health status, and life style.
- Wellness Champion On-Site Program.
- SMART Start Newsletter updates you with the wellness program, recipes, articles, and more. Emailed every month during the school year.
- Diabetes CARE Program: Diabetics who are enrolled and up-to-date on the Diabetes CARE Checklist receive waived copay on supplies.
- An Aetna On-Site Health & Wellness Advocate is available to provide information on ongoing wellness programs.

- Limeade**
- Employees enrolled in Aetna’s health insurance may participate in Limeade, a physical, emotional and financial well-being program.
 - Dependent spouses can also participate.
 - Points can be earned through activities and annual exams. When you reach a new level, you earn rewards, such as Tango gift cards that can be redeemed at a wide variety of retail locations.

LIFE INSURANCE

- Board-paid basic life insurance equal to 1 times (1x) your annual salary rounded up to the next \$1,000 (\$15,000 minimum coverage).
- You can elect optional life insurance for yourself and your eligible dependents.

- Employee Optional Term Life Insurance**
- New Hires are guarantee issued up to \$250,000.
 - Amounts over \$250,000 are subject to medical underwriting.

- Spouse Optional Term Life Insurance**
- Spouse Optional Term Life cannot exceed the employee’s total life insurance coverage (basic plus any optional employee life).
 - Up to \$100,000 maximum (limits apply).
 - Guaranteed coverage available up to \$30,000 for spouse. Amounts over \$30,000 subject to medical underwriting.

- Child Optional Term Life Insurance**
- Up to a \$10,000 maximum.
 - One premium rate that covers all eligible children.

- Family Term Life Insurance**
- One premium covers all eligible dependents.
 - \$5,000/dependent policy.
 - No medical history statement required.

EMPLOYEE ASSISTANCE PLAN (EAP)

- Confidential assistance with a variety of personal issues, including stress, depression, parenting, marital or family problems, child/elder care, legal, or financial issues.
- You, your spouse, dependents, and any person living in your household can receive up to 8 visits per year, per person, and per issue at no charge.
- Effective January 1, 2025, Well-being Coaching will be introduced to the Employee Assistance Plan. Coaching differs from counseling or therapy by focusing on growth in the future rather than recovery from past events/situations. Coaching fosters partnership between a coach and the member designed to help the member explore their options, focus on their goals, and create a personalized action plan while learning ways to address life opportunities. Counseling is performed by a licensed mental health professional with a patient who may be struggling with emotional distress, mental illness, or disability.



BENEFITS AT A GLANCE

RETIREMENT PLANS

- ### Florida Retirement System
- PCS and you contribute to the FRS. You choose from 2 plans, the FRS Investment Plan and the FRS Pension Plan.
 - FRS Investment Plan is a 401(a) plan. After 1 year of service, you are fully vested in your account balance.
 - FRS Pension Plan. After 8 years of service, you are vested and eligible for a pension benefit based on age and years of service.
 - The MyFRS Guidance Program is available to all Florida Retirement System members. As a member, you have free access to unbiased EY financial planners who serve as your personal retirement and financial advocate and answer any retirement and financial questions you have.
 - You have 8 months to choose between the Investment Plan or Pension Plan. If you do not choose, it will default to Investment Plan.

- ### Supplemental Retirement Program
- You choose to deposit pre-tax dollars via payroll deductions into a 403(b) or 457(b) plan.
 - Or you can choose to deposit after-tax dollars into a Roth 403(b) plan.
 - To participate, you select an investment plan from a list of authorized investment providers. Pinellas County Schools does not endorse or recommend any product or vendor and does not offer financial advice.

Please refer to the 2025 Employee Benefits & Wellness Guide (page 126) for all Legal Notices and Disclosures.

OTHER VOLUNTARY BENEFITS

- ### Farmers Insurance™ Auto & Home
- You can save with special discounts, including a group discount, and other money-saving discounts, if you pay your premium through automatic payroll deductions.
 - The program is available to PCS employees and their dependents.
 - Subject to underwriting approval. Some areas of Florida may not be eligible for home insurance.

- ### MetLife Legal Plan
- Access to a nationwide network of participating attorneys who can provide you with a wide range of legal services.
 - No copayments and no deductibles.
 - Your spouse and dependent children have access to the plan benefits.
 - Some pre-existing exclusions may apply.

- ### MetLife Pet Insurance
- Access to a nationwide network. Pet insurance can help you manage the high cost of veterinary services for your pet.
 - May not cover pre-existing conditions.

- ### Horace Mann Auto Payroll Deduction Plan
- When you purchase auto insurance through Horace Mann, you get the advantage of 12-month policy terms and premiums deducted from each paycheck.
 - Discounted coverage.
 - Educator Advantage® benefits and features at no additional cost.
 - Customer services available 24/7, 365 days a year, and online claims service. Licensed agents available 24/7 at 3 local offices.

DON'T NEED MEDICAL COVERAGE? GET \$75 PER-PAY FOR FREE BENEFITS

If you don't enroll in a PCS-sponsored medical plan, you can use your \$75 per-pay-period Board Contribution credit to pay for supplemental benefits.

Here's how it works.

\$75 Per-Pay Board Contribution Credit

You must elect the benefits you want or you will forfeit the \$75 per-pay credit.

Enroll in these supplemental benefits: <ul style="list-style-type: none">◆ Hospital Indemnity Plan (HIP)◆ Dental◆ Accidental Death and Dismemberment (AD&D)◆ Vision◆ Disability (choose from 2 options)	And/or deposit \$10–\$25 in a: <ul style="list-style-type: none">◆ Healthcare FSA That's up to \$500 per year tax-free to pay eligible medical, dental, and vision expenses!
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(◆) Look for the diamonds that designate the benefits that qualify for Board Contribution credits.

Board credits may only be used for the benefits shown above [◆].

Use the payroll deduction rate charts to calculate the per pay cost of the benefits you choose.

If your elections total more than the \$75 per pay period credit, you will have a payroll deduction for the additional amounts over \$75.

You may NOT use Board Contribution credits for:

Employee Optional Term Life, Family Term Life, Spouse Life, or Child Optional Term Life

\$75 Per-Pay Board Contribution Credit Example			
Benefit	Coverage Level	Board Pays	You Pay
◆ Dental (Humana Advantage)	Employee + Spouse	\$14.56	\$0
◆ Vision	Employee + Spouse	\$2.83	\$0
◆ Hospital Indemnity Plan (HIP)	Employee + Family	\$21.00	\$0
◆ Healthcare Flexible Spending Account (FSA)	N/A	\$25.00	\$0
◆ Accidental Death & Dismemberment (AD&D)	\$100,000/family	\$2.10	\$0
◆ Disability	\$600 monthly benefit, up to 2-year benefit duration, and 14-day waiting period	\$8.71	\$0
Total		\$74.20	\$0



PAYROLL DEDUCTION RATE CHART

If you do not enroll in a PCS-sponsored medical plan, you are eligible to use up to a \$75 per-pay-period Board Contribution credit toward the purchase of eligible supplemental benefits. Eligible benefits are marked on the rate sheets and Enrollment & Change form with a diamond (◆). Enrollment in these supplemental benefits is not automatic. You must complete an Enrollment & Change form and elect them. If you do not elect these supplemental benefits, you forfeit the \$75 per-pay-period credit.

◆ DIAMOND = Eligible for the \$75 Per-Pay Board Contribution Credit

Aetna Medical Plans - 2025				
COVERAGE LEVEL	SELECT OPEN ACCESS	CHOICE SHARE PLAN	CDHP + HRA	BASIC ESSENTIAL
Employee	\$101.00	\$112.00	\$79.00	\$39.00
Employee + Spouse	\$264.00	\$287.00	\$218.00	\$140.00
Employee + Child(ren)	\$240.00	\$262.00	\$195.00	\$130.00
Employee + Spouse + Child(ren)	\$353.00	\$397.00	\$290.00	\$173.00
Two Board Employee + Child(ren) ¹	\$254.00	\$298.00	\$191.00	\$74.00

Payroll deduction per-pay-period (20 pays) AFTER the Board Contribution credit has been applied.
¹ To be eligible for Two Board Family, three or more individuals must be covered under the plan and your legal spouse must be a benefits-eligible employee of the School Board.

◆ Humana or MetLife Dental Plans			◆ EyeMed Vision Plan	
COVERAGE LEVEL	HUMANA ADVANTAGE	METLIFE® PDP	COVERAGE LEVEL	EYEMED
Employee	\$7.93	\$14.93	Employee	No Charge
Employee + 1	\$14.56	\$27.36	Employee + 1	\$2.83
Employee + Family	\$21.27	\$39.49	Employee + Family	\$5.92
Two Board Family ²	\$19.27	\$37.49	Two Board Family	\$5.92

Payroll deduction per pay period (20 pays) AFTER the Board Contribution credit has been applied.
² To be eligible for Two Board Family, three or more individuals must be covered under the plan and your legal spouse must be a benefits-eligible employee of the School Board.

◆ MetLife Hospital Indemnity Plan (HIP)		MetLife Legal Plan
COVERAGE LEVEL	HOSPITAL INDEMNITY PLAN (HIP)	CALL METLIFE (800-438-6388) TO ENROLL
Employee Only	\$8.00	\$11.85 (no coverage level selection required)
Employee + Spouse	\$13.00	
Employee + Children up to age 26	\$17.00	
Employee + Family	\$21.00	

Pre-existing conditions apply to The Standard Disability plans, HIP, and the MetLife Legal Plan. See the online Employee Benefits and Wellness Guide for full details.



PAYROLL DEDUCTION RATE CHART

Standard Insurance Company Life Insurance Plans³

Basic Employee Term Life Insurance ¹	Optional Employee and Dependent Term Life		
	Employee ² & Spouse ³		Children ⁴ Family ⁵
	AGE (AS OF EFFECTIVE DATE OF COVERAGE)	RATES (PER \$10,000)	RATES (PER \$2,000) FORMERLY "DEPENDENT LIFE"
			RATES (PER FAMILY UNIT)
	under 30	\$0.34	\$0.24 \$0.90
	30–34	\$0.48	<div><div>1</div>This coverage is "guarantee issue" and no evidence of good health is required.</div> <div><div>2</div>Optional Employee Term Life: \$10,000 minimum, up to \$200,000 in \$10,000 increments or \$250,000, up to \$500,000 maximum in \$50,000 increments; "guarantee issue" (new hire only) to \$250,000 or your current coverage amount; for additional amounts, you must provide evidence of good health; subject to reduction schedules at age 70.</div> <div><div>3</div>Optional Dependent Term Life for Spouse: \$10,000 increments to \$100,000; (Guaranteed coverage available up to \$30,000, if you enroll within 31 days of becoming eligible); coverage terminates at age 70.</div> <div><div>4</div>Optional Dependent Term Life for Child(ren): \$2,000 increments to \$10,000; one premium covers all eligible child(ren).</div> <div><div>5</div>Optional Family Term Life: One premium covers spouse and eligible child(ren).</div>

³At age 70, your coverage will be reduced to 65% of your elected amount. At age 75, your coverage will be reduced to 45% and at age 80, your coverage will be reduced to 30%. Refer to page 98 of the 2025 Employee Benefits and Wellness Guide for more information.

◆ Standard Insurance Company Optional Accidental Death & Dismemberment Insurance

Basic Employee Accidental Death & Dismemberment Insurance is provided for all eligible PCS employees at no cost to you. Coverage Amount: \$2,000					
BENEFIT AMOUNT	EMPLOYEE ONLY	EMPLOYEE + FAMILY	BENEFIT AMOUNT	EMPLOYEE ONLY	EMPLOYEE + FAMILY
\$50,000	\$0.60	\$1.05	\$200,000	\$2.40	\$4.20
\$100,000	\$1.20	\$2.10	\$300,000	\$3.60	\$6.30

◆ Standard Insurance Company Disability

An eligible employee may select one plan and one waiting period, outlined below, provided the Monthly Disability Benefit does not exceed 66^{2/3}% of the person's regular monthly base salary.

IF YOUR ANNUAL BASE SALARY IS AT LEAST:	MONTHLY DISABILITY BENEFIT	TWO YEAR PLAN AND WAITING PERIODS			TO SSNRA ⁴ PLAN AND WAITING PERIODS		
		14 Days	30 Days	60 Days	14 Days	30 Days	60 Days
\$7,200	\$400	\$5.81	\$3.72	\$2.07	\$7.52	\$4.99	\$3.15
\$10,800	\$600	\$8.71	\$5.58	\$3.10	\$11.28	\$7.48	\$4.72
\$14,400	\$800	\$11.61	\$7.44	\$4.14	\$15.03	\$9.97	\$6.29
\$18,000	\$1,000	\$14.51	\$9.31	\$5.17	\$18.79	\$12.47	\$7.87
\$21,600	\$1,200	\$17.42	\$11.17	\$6.21	\$22.55	\$14.96	\$9.44
\$25,200	\$1,400	\$20.32	\$13.03	\$7.24	\$26.31	\$17.46	\$11.01
\$28,800	\$1,600	\$23.22	\$14.89	\$8.28	\$30.07	\$19.95	\$12.59
\$32,400	\$1,800	\$26.13	\$16.75	\$9.31	\$33.83	\$22.44	\$14.16
\$37,800	\$2,100	\$30.48	\$19.54	\$10.86	\$39.46	\$26.18	\$16.52
\$43,200	\$2,400	\$34.83	\$22.33	\$12.41	\$45.10	\$29.92	\$18.88
\$48,600	\$2,700	\$39.19	\$25.13	\$13.96	\$50.74	\$33.66	\$21.24
\$54,000	\$3,000	\$43.54	\$27.92	\$15.52	\$56.38	\$37.40	\$23.60
\$63,000	\$3,500	\$50.80	\$32.57	\$18.10	\$65.77	\$43.64	\$27.53
\$72,000	\$4,000	\$58.06	\$37.22	\$20.69	\$75.17	\$49.87	\$31.46
\$81,000	\$4,500	\$65.31	\$41.88	\$23.27	\$84.56	\$56.11	\$35.40
\$90,000	\$5,000	\$72.57	\$46.53	\$25.86	\$93.96	\$62.34	\$39.33

Pre-existing conditions, including pregnancy, apply during the first year of new or increased coverage. See page 107 and the online Employee Benefits and Wellness Guide for full details.

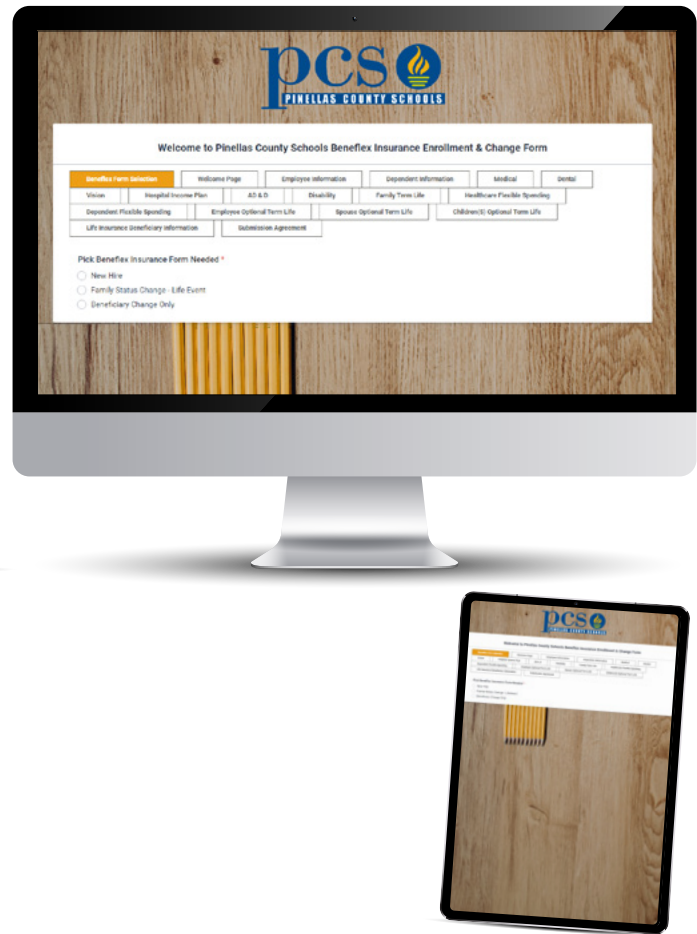
⁴ Social Security Normal Retirement Age (SSNRA)



REQUIRED FORMS

If You Are Enrolling in These Benefits

Benefits Enrollment and Change Form 2025



Electronic Enrollment & Change Form link (preferred method) and Instructions:

- Go to www.pcsb.org/new-hire
- Select the 2025 New Hire Benefit Enrollment Link (electronic version)
- Complete all fields, indicating your selections.

FOR OFFICE USE ONLY

PINELLAS COUNTY SCHOOLS
BENEFITS ENROLLMENT AND CHANGE FORM 2025
EMPLOYEE

Print or Type Clearly. Use Black Ink.

NAME (Last, First, M.I.) _____ SSN LAST FOUR _____

ADDRESS (No. Street) _____ CITY _____ STATE _____ ZIP CODE _____ HOME PH. _____

SEX _____ DATE OF BIRTH _____ EMPLOYMENT DATE _____ POSITION _____ SCHOOL/DEPT. _____ WORK PH. _____

Rates Listed are Per-Pay Deductions for 20 Pay Periods

1. MEDICAL	2. BOARD EMPLOYEES + CHILD(REN)	3. BOARD EMPLOYEES + CHILD(REN)	4. BOARD EMPLOYEES + CHILD(REN)	5. BOARD EMPLOYEES + CHILD(REN)	6. BOARD EMPLOYEES + CHILD(REN)	7. BOARD EMPLOYEES + CHILD(REN)	8. BOARD EMPLOYEES + CHILD(REN)	9. BOARD EMPLOYEES + CHILD(REN)	10. BOARD EMPLOYEES + CHILD(REN)
REFUSAL	EMPLOYEE	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	EMPLOYEE + SPOUSE + CHILD(REN)	2 BOARD EMPLOYEES + CHILD(REN)	3 BOARD EMPLOYEES + CHILD(REN)	4 BOARD EMPLOYEES + CHILD(REN)	5 BOARD EMPLOYEES + CHILD(REN)	6 BOARD EMPLOYEES + CHILD(REN)
101.00	264.00	240.00	353.00	254.00	No Charge				

+AETNA SELECT OPEN ACCESS

PCSO
PINELLAS COUNTY SCHOOLS

Benefits Enrollment and Change Form 2025
Risk Management & Insurance
301 4th St. SW, Largo, FL 33770
(727) 588-6197 Fax (727) 588-6182

NEW HIRE	REQUIRED SUPPORTING DOCUMENTATION (If you are enrolling members in insurance coverage)
Spouse	COPY of marriage certificate or the first page of your most recent tax return with your spouse's name.
Child(ren)	COPY of birth certificate or adoption documentation, Court ordered legal custody documentation.
Disabled Child(ren)	COPY of birth certificate AND COPY of most recent tax return confirming child is your dependent.

If you are a new hire, you must complete this form and submit within 31 days of your hire date. If you are experiencing an IRS recognized family status change, you must complete this form and submit within 31 days of the life event. Changes are effective the first of the month following event date and receipt of application, unless otherwise stated.

FAMILY STATUS CHANGE LIFE EVENT	REQUIRED SUPPORTING DOCUMENTATION – Contact Risk Management if you are unable to provide documentation with application submission. Birth certificates for newborns may be sent after enrollment & change form is received, if unavailable at time of submission.
Marriage	COPY of Marriage certificate
Birth/Adoption	COPY of Birth Certificate(s) or adoption documentation or Court ordered Legal Custody documentation
Divorce	COPY of first and last page of final divorce decree
Loss of Coverage	Documentation from employer or insurance provider indicating WHO lost coverage, WHEN coverage ended and WHY coverage ended. Loss of coverage must be because you are no longer eligible versus voluntary cancellation of coverage or for non payment.
Obtained Coverage	Documentation that you or your dependent has obtained other coverage. Documentation should include WHO has obtained coverage and the effective date of coverage.
Other	Please contact Risk Management for required documentation.

ANNUAL ENROLLMENT	

BENEFICIARY CHANGE ONLY	Complete Top Employee Information section, Life Insurance Beneficiary section, and Signature with Date.

Interactive Form available online at <http://www.pcsb.org> Go to Central Printing Services. PCS Form number 3-2247-C24

PCS Form 3-2247-C25 (Rev. 9/24)
Review Date 10/25

-1-

Category Z
COP 5310

Manual Paper Form:

- Complete the top of the form then mark your elections. Sign and date the bottom.
- If you are enrolling dependents, complete the "Dependent Information" section. We will need documentation for all dependents. Marriage Certificate (or a copy of page 1 of the most recent tax return) for your spouse. Birth certificates for your dependent children.
- Please list at least 1 beneficiary on page 3 of the form. Sign and date.
- If you are not electing medical, sign and date the bottom of page 3.
- If you are enrolling dependents, you will need to complete page 4.

Important Employee Benefits Information

Please read this carefully and if you have any questions or need assistance, please contact Risk Management at **727-588-6197**.

FORMS DUE DATE:

It is the employee's responsibility to read the benefit information provided, complete the required enrollment form and ensure Risk Management has received the form by the Enrollment Due Date (not to exceed 31 days from the date of hire or change of status).

If you fail to complete and/or submit the enrollment forms by the due date, you may not be eligible to enroll in insurance benefits until the next designated annual enrollment period or within 31 days of a qualified family status change.

COVERAGE EFFECTIVE DATE:

- New Hires:**
Your benefits are effective first of the month following 60 days of employment in a benefit eligible status and receipt of your enrollment form by Risk Management.
- Re-Hires:**
If you have been rehired within 6 months, and were previously benefit eligible, your benefits will be effective first of the month following receipt of paperwork and your waiting period may be reduced. However, benefits may not be effective any later than the first of the month following 60 days of employment.

If your coverage is effective after January 1st, you may be responsible for summer premiums that will automatically be withheld from your paycheck in addition to your normal bi-weekly deductions. If payroll deduction is not available, you are agreeing to pay all premiums due for the benefit plans selected.

COVERAGE CHANGES:

Your benefits are on a pre-tax basis for the calendar year and you can only make benefit changes if you experience a qualified life event. Your Enrollment and Change form **must** be submitted within **31 days** of the occurrence of the event. Refer to the **2025 Employee Benefits & Wellness Guide** for a list of qualifying events. Documentation will be required.

COBRA RIGHTS:

Please refer to your rights under the Consolidated Budget Reconciliation Act (COBRA) and if married, please share the information with your spouse and/or dependents.
(www.pcsb.org/cobra)

WORKERS' COMPENSATION:

Your rights and responsibilities:

- it is your responsibility to report a work related accident/injury within 24 hours, whenever possible.
- Unauthorized absences and treatment will not be covered and
- Pinellas County Schools has the right to choose the medical providers that will treat you under Workers' Compensation. Full details are available online: www.pcsb.org/workerscomp.



AETNA MEDICAL PLANS Comparison Chart

Please note: The dollar amounts are copays, deductibles, and maximums, which you pay; the percentages are coinsurance amounts, which you pay after you meet applicable deductibles.

Understanding How Much You Have to Pay

Health Reimbursement Account (HRA) (CDHP only). Use your HRA to pay your deductible, coinsurance, and Rx copays, reducing your out-of-pocket costs. The amount deposited in your HRA is prorated based on your benefits effective date.

See [page 47](#) in the 2025 Employee Benefits & Wellness Guide. Note the IRS requires that 100% of disbursements made from your HRA be substantiated or verified. See [page 48](#) in the 2025 Employee Benefits & Wellness Guide for the HRA rollover maximum, effective January 1, 2025.

- **Medical Plan Deductible** (Choice Share Plan, CDHP + HRA and Basic Essential). The amount you pay for medical expenses before the plan begins paying benefits.
- **Coinsurance** (Choice Share Plan, CDHP + HRA and Basic Essential). The percentage of eligible medical expenses you pay after paying the deductible for most services.
- **Copays** The fixed amount you pay for medical care and prescriptions.
- **Aetna Prescription Drug Program** (all plans). You pay copays for generic and preferred brand drugs. For non-preferred brand and specialty drugs, you pay the Rx deductible before you pay copays. In the Basic Essential plan, the deductible does not apply to the non-preferred brand drugs.

Aetna Concierge Group #109718 866-253-0599 Benefit	Select Open Access In-Network Only	Choice Share Plan In-Network Only	CDHP + HRA In-Network Only	Basic Essential In-Network Only
Service Areas/Networks	Any provider in the Aetna Select Open Access national network	Any provider in the Aetna Select Open Access national network	Any provider in the Aetna Select Open Access national network	Any provider in the Aetna Select Open Access national network
Health Reimbursement Account (HRA)—Individual/Family HRA funds can only be used for medical plan and prescription drug expenses.	N/A	N/A	\$500 Individual; \$750 Employee + Child(ren) or Employee + Spouse; \$1,000 Family. HRA contributions are prorated based on your effective date.	N/A
Deductibles—Individual/Family	N/A	\$500 Individual; \$1,500 Family	\$1,500 Individual; \$3,000 Family	\$2,300 Individual; \$6,900 Family
Medical Out-of-Pocket Maximum—Includes medical deductible, coinsurance, and/or copays	\$5,000 Individual; \$10,000 Family	\$5,000 Individual; \$10,000 Family	\$5,000 Individual; \$10,000 Family	\$8,550 Individual; \$17,100 Family
Rx Out-of-Pocket Maximum—Includes Rx copays and deductible	\$2,000 Individual; \$4,000 Family	\$2,000 Individual; \$4,000 Family	\$2,000 Individual; \$4,000 Family	Combined with medical
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited
Physician Office Visits	You Pay:	You Pay:	You Pay:	You Pay:
Primary Care Physician (PCP)	\$35 copay	20% after deductible	20% after deductible	\$50 copay
Specialist (SPC)	\$60 copay	20% after deductible	20% after deductible	30% after deductible
CVS Virtual Primary Care	\$35 copay	20% after deductible	20% after deductible	\$50 copay
CVS Virtual On-Demand Care	\$25 copay	\$25 copay	\$25 copay	\$40 copay
CVS Virtual Mental Health Care	\$25 copay / \$60 Specialist	20% after deductible	20% after deductible	0% after deductible
Preventive Adult Physical Exams	No copay	0%	0% no deductible	0% no deductible
Preventive GYN Care (including Pap test) (direct access to participating providers)	No copay	0%	0% no deductible	0% no deductible
Mammography Preventive Screening	No copay	0%	0% no deductible	0% no deductible
Preventative Immunizations	No copay	0%	0% no deductible	0% no deductible
Allergy Injections	\$15 copay	20% after deductible	20% after deductible	30% after deductible
Allergy Tests	\$50 copay	20% after deductible	20% after deductible	30% after deductible
Lab	\$25 copay	20% after deductible	20% after deductible	30% after deductible
X-Ray Outpatient	\$50 copay	20% after deductible	20% after deductible	30% after deductible
Advanced Outpatient Radiology Services (MRI, CAT scan, PET scan, etc.)	\$250 copay	20% after deductible	20% after deductible	30% after deductible
Colonoscopy Screenings—Preventive and Diagnostic	No copay	0%	0% no deductible	0% no deductible
Chiropractic Services (limits apply) (direct access to participating providers)	\$60 copay 20 visits per calendar year	20% after deductible 20 visits per calendar year	20% after deductible 20 visits per calendar year	30% after deductible 20 visits per calendar year
Hearing Exam	\$25 copay	20% after deductible	20% after deductible	30% after deductible

This chart provides a brief outline of the medical coverage options available to you through Aetna. Complete details are in the official plan documents. In any conflict between the plan documents and this basic comparison chart, the plan documents will supercede.



AETNA MEDICAL PLANS Comparison Chart

Please note: The dollar amounts are copays, deductibles, and maximums, which you pay; the percentages are coinsurance amounts, which you pay after you meet applicable deductibles.

Important Rx Information

Maintenance Choice Program

Pay 2 copays for a 90-day supply only when you fill your maintenance prescriptions through CVS Caremark mail order delivery or at a CVS and Costco Pharmacy retail location.

Rx Deductible May Apply

For non-preferred brand and specialty drugs, you must pay the \$250 per person or \$500 per family Rx deductible before you begin paying copays.

Weight Loss GLP-1 (NEW)

25% co-insurance (all plans the same) Criteria applies. Does not apply to out-of-pocket max.

Diabetes Care

See [page 71](#) the 2025 Employee Benefits & Wellness Guide for details about the Diabetes CARE Program and free diabetic testing supplies.

This chart provides a brief outline of the medical coverage options available to you through Aetna. Complete details are in the official plan documents. In any conflict between the plan documents and this basic comparison chart, the plan documents will supercede.

* Some drugs may be subject to step-therapy or precertification. ** Not all specialty prescriptions offer assistance. Eligibility for third-party copay assistance program is dependent on the applicable terms and conditions required by that particular program and are subject to change.

Aetna Concierge Group #109718 866-253-0599 Benefit	Select Open Access In-Network Only	Choice Share Plan In-Network Only	CDHP + HRA In-Network Only	Basic Essential In-Network Only
Hospital Inpatient (includes maternity and newborn services)	\$600 copay per day; up to 6-day maximum	\$600 copay per day; up to 6-day maximum	20% after deductible	30% after deductible
Outpatient Surgery (including facility charges)				
Hospital	\$600 copay	20% after deductible	20% after deductible	30% after deductible
Non-Hospital	\$500 copay			
Provider Office	\$250 copay			
Emergency Room Services	\$500 copay	20% after deductible	20% after deductible	30% after deductible
Ambulance	\$100	20% after deductible	20% after deductible	30% after deductible
Urgent Care Facility	\$60 copay	20% after deductible	20% after deductible	30% after deductible
Maternity Care/OB Visits	\$50 copay for initial visit only	20% after deductible	20% after deductible	30% after deductible
Mental Health Services				
Outpatient Mental Health Services	\$25 copay	20% after deductible	20% after deductible	0% no deductible
Inpatient Mental Health Services	\$600 copay per day; up to 6-day maximum	\$600 copay per day; up to 6-day maximum	20% after deductible	30% after deductible
Miscellaneous				
Home Health Care (limits apply)	\$25 copay; 90-visit limit per calendar year	20% after deductible; 90-visit limit per calendar year	20% after deductible; 90-visit limit per calendar year	30% after deductible; 90-visit limit per calendar year
Hospice—Inpatient (limits apply)	\$600 copay per day; up to 6-day maximum ²	\$600 copay per day; up to 6-day maximum ²	20% after deductible	30% after deductible
Skilled Nursing Facility (limits apply)	\$600 copay per day; up to 6-day maximum ² up to 120-visit limit per calendar year	\$600 copay per day; up to 6-day maximum ² 120-visit limit per calendar year	20% after deductible up to 120-visit limit per calendar year	30% after deductible up to 120-visit limit per calendar year
Short-Term Rehabilitation/Outpatient Therapy (speech, physical, occupational)	\$25 copay per visit 60-visit limit per calendar year for all therapies combined	20% after deductible 60-visit limit per calendar year for all therapies combined	20% after deductible 60-visit limit per calendar year for all therapies combined	30% after deductible
Diabetic Supplies (syringes, test strips)	See prescription drugs below	See prescription drugs below	See prescription drugs below	N/A
Durable Medical Equipment (DME)	\$50 copay	20% after deductible	20% after deductible	30% after deductible
Aetna Prescription Drug Program*	Mandatory Generics Unless Dispensed As Written	Mandatory Generics Unless Dispense As Written	Mandatory Generics Unless Dispense As Written	Mandatory Generics Unless Dispense As Written
Up to 30-day supply: Generic Preferred Brand Non-Preferred Brand Weight Loss GLP-1 Specialty—PrudentRx**	\$15 copay, no Rx deductible \$60 copay, no Rx deductible \$90 copay, after Rx deductible 25% coinsurance 30% coinsurance, \$0 if enrolled	\$15 copay, no Rx deductible \$60 copay, no Rx deductible \$90 copay, after Rx deductible 25% coinsurance 30% coinsurance, \$0 if enrolled	\$15 copay, no Rx deductible \$60 copay, no Rx deductible \$90 copay, after Rx deductible 25% coinsurance 30% coinsurance, \$0 if enrolled	\$25 copay, no Rx deductible \$60 copay, no Rx deductible \$90 copay, no Rx deductible 25% coinsurance 30% coinsurance, \$0 if enrolled
90-day Supply (maintenance medications) at CVS and Costco or mail order (mail order must be through CVS Caremark mail order delivery.)	Mandatory Generics Unless Dispensed As Written \$30 copay, no Rx deductible \$120 copay, no Rx deductible \$180 copay, after Rx deductible N/A	Mandatory Generics Unless Dispense As Written \$30 copay; no Rx deductible \$120 copay; no Rx deductible \$180 copay; after Rx deductible N/A	Mandatory Generics Unless Dispense As Written \$30 copay, no Rx deductible \$120 copay, no Rx deductible \$180 copay, after Rx deductible N/A	Mandatory Generics Unless Dispense As Written \$50 copay, no Rx deductible \$120 copay, no Rx deductible \$180 copay, no Rx deductible N/A
Preferred Brand Non-Preferred Brand Specialty—PrudentRx*				

Contact Information

Plans and Providers	Telephone	Website
RISK MANAGEMENT AND INSURANCE		
Main Number	727-588-6195 (Fax) 727-588-6182	www.pcsb.org/benefits
Insurance Benefits and Deductions	727-588-6197	www.pcsb.org/benefits
Retirement (Insurance Benefits/DROP)	727-588-6214	www.pcsb.org/retirement www.myfrs.com
Retirement Savings Program	727-588-6141	www.tsacg.com/individual/plan-sponsor/florida/pinellas-county-schools/
Wellness for Employees	727-588-6031	www.pcsb.org/wellness
Workers' Compensation	727-588-6196	www.pcsb.org/workerscomp
ONSITE REPRESENTATIVES		
Aetna (Claims Advisor)	727-588-6367	www.pcsb.org/healthinsurance
Aetna (Wellness)	727-588-6134	www.pcsb.org/wellness
Standard Insurance Company (Disability Claims)	727-588-6142	www.pcsb.org/disability
INSURANCE CARRIERS		
Aetna Concierge Customer Service	866-253-0599	www.aetnapcsb.com
CVS Virtual Care	866-253-0599	www.cvs.com/virtual-care
EyeMed Vision (#9856857)	866-299-1358	www.eyemedvisioncare.com
Farmers Insurance Auto & Home	800-438-6381	www.myautohome.farmers.com
Healthcare Bluebook	888-316-1824	www.pcsb.org/healthcarebluebook
Humana Advantage Dental (#548085)	800-979-4760	www.myhumana.com
MetLife Dental (#G95682)	800-942-0854	www.metlife.com/dental
MetLife Voluntary Benefits	800-438-6388	www.metlife.com/mybenefits
Inspira Financial (FSA/HRA)	800-258-7878	www.inspirafinancial.com
Resources for Living (RFL) Employee Assistance Program (EAP)	800-848-9392	www.resourcesforliving.com username: pcsb; password: eap
Standard Insurance Company Life Insurance	800-628-8600	www.standard.com
NON-PCS PROGRAMS		
Florida Retirement System (FRS)	866-446-9377	www.myfrs.com
Florida KidCare	888-540-5437	www.floridakidcare.org
Federal Health Insurance Marketplace	800-318-2596	www.healthcare.gov

QUESTIONS?

Call the Benefits Team at 727-588-6197 or visit our website at www.pcsb.org/risk-benefits

This guide describes Pinellas County Schools employee benefit programs that will be effective for the plan year beginning January 1. This is only a summary of the benefit programs. Additional restrictions and/or limitations not included in this guide may apply. In the event of a conflict between this guide and the plan documents, the plan documents will control.