

Education Support Professionals NEW HIRE ORIENTATION October 23, 2023

BENEFITS DEPARTMENT

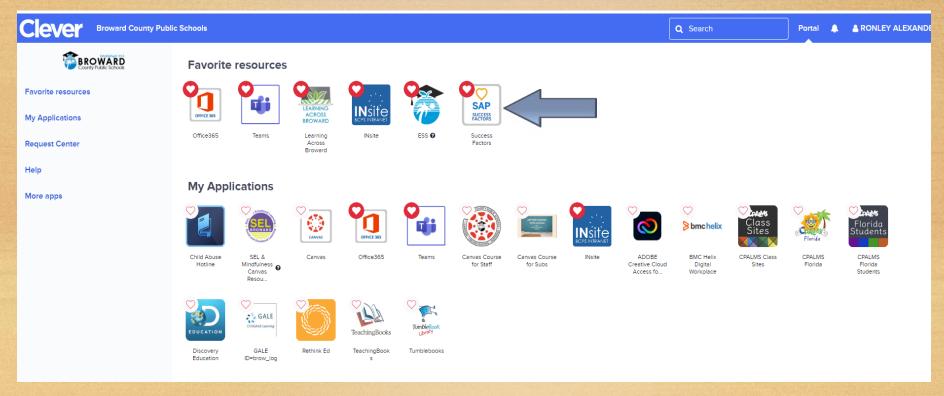
YOUR CHOICES. • YOUR BENEFITS. • YOUR HEALTH.

Welcome to Broward County Public Schools

Congratulations on being selected as a new employee. You are joining a great team. We take pride in offering excellent, cost-effective benefits for you and your eligible dependent(s). This information will help you select the benefits best suited for you and your family. Your Benefits Department is here to assist you. If you have any questions, please give us a call at 754-321-3100.

> Online Enrollment Process:

New Hires will go to the Cloud Benefits Module once they have reviewed this PowerPoint. Please use the New Hire Enrollment User Guide for assistance with Cloud Benefits.



Benefits Department

7770 W. Oakland Park Blvd. Sunrise, FL 33351

Main Phone Number: 754-321-3100

Hours: 8:30 a.m. - 5:00 p.m.

Website: www.browardschools.com/benefits

New Hire Email: newhire@browardschools.com

General Email: benefits@browardschools.com

Dr. Dildra Martin-Ogburn, Director, Benefits & Employment Services

Important Dates to Remember

Selection of benefit plans <u>must</u> be made within the <u>timeframe specified</u> in the <u>Benefits Notification Email</u>.

▶ Benefits Effective Date − the 1st of the month following up-to-90 days after your start date.



Open Enrollment occurs in the month of October and is completed online through the Cloud Benefits Portal.

Broward County Public Schools Your Choices, Your Benefits, Your Health,

January 1 - January 30

January 31 - March 2

March 3 - April 1

April 2 - May 2

May 3 - June 2

June 3- July 2

July 3 - August 2

August 3 - September 1

September 2 - October 2

October 3 - November 2

November 3 - November 30

December 1 - December 31

Tour Choices, Tour Belieffes, Tour Hearth,		
BENEFITS START DATES		
NEW HIRES		
Start Date On/Between (first date in classroom/office)	Benefits Start Date	

April 1st

May 1st

June 1st

July 1st

August 1st

September 1st

October 1st

November 1st

December 1st

January 1st

February 1st

March 1st

Open Enrollment

- Open Enrollment (OE) occurs in October.
- All changes are completed online through Cloud Benefits.
- Any benefit changes made during OE will take effect January 1st of the following year.
- Note... please make sure you read all OE Communications.
- > No exceptions are made once OE has ended!



Change in Status

(Outside of Annual Open Enrollment)

The School Board intends to provide you with the broadest ability to make mid-year election changes permitted in accordance with Internal Revenue Service (IRS) Section 125 rules. To summarize those IRS rules, you cannot change your level of participation unless you experience a Change in Status and notify the Benefits Department within 30-days of such event. A Change in Status is defined as one of the following events:

- > Marital Status
- **Change in the number of Tax Dependents (birth, death or adoptions)**
- **Change in Status of Employment**
- Gain or Loss of Dependent's Eligibility
- **Change in Residence (Outside of Aetna's National Network)**
- Entitlement to Medicare, Medicaid or other government-sponsored health coverages (Ex: Florida Kidcare, Florida Healthy Kids, or HealthCare.gov and Military)
- **Judgment, Decree or Court Order**
- Open Enrollment Under Other Employer's Plan

You may modify your election for the remainder of the plan year if the Change in Status affects the eligibility for coverage under the Plan for you, your spouse and/or dependents and as long as your change is "consistent with" the Change in Status

The <u>Change in Status</u> document can be located on the Benefits Department's website at browardschools.com/benefits or by clicking on the following link: https://www.browardschools.com/Page/32016

Cafeteria Fringe

- The District provides all eligible employees with \$300 annually, which is deposited into your biweekly paycheck.
- The purpose of the Cafeteria Fringe is to assist with any premiums you may incur from your insurance plans.



EMPLOYEE BENEFITS – Menu of Options

MEDICAL

- Premier Plus HMO
- Premier HMO
- Premier Choice HSA
- Basic & Enhanced Kids Plan

DENTAL

- CompBenefits (Humana) DHMO/PPO
- Aetna DHMO/PPO

VISION

- CompBenefits (Humana) Basic/Enhanced
- > Aetna Basic/Enhanced

LONG-TERM DISABILITY

Basic and Enhanced

LIFE INSURANCE

- Basic Life & Accidental and Dismemberment (AD&D)
- Enhanced Life & Accidental and Dismemberment (AD&D)

RETIREMENT

- > Florida Retirement System (FRS)
- Tax Shelter Annuities 403(B) or 457(B)

SUPPLEMENTAL INSURANCE

- Cancer Policy
- Accident Policy
- Voluntary Permanent Life
- Short-Term Disability Policy
- Hospital Indemnity
- **BMG** Loan Program
- Life Insurance
- Legal Services

Dependent Verification Requirements

In order to add dependents to any of the insurance plans the Benefit's Department must verify them.

- **Eligible dependents are defined as:**
- > Spouse (Marriage Certificate or 3 most recent Tax-Returns)
- Domestic Partner (please download and complete the Domestic Partner Packet located on the Documents Section of the website)
- Child(ren) enrollment until the end of the month the child(ren) turns age 26 (Birth Certificate)
 - Biological Child
 - > Stepchild
 - > Foster Child
 - Domestic Partner's Child
 - **Child for whom the Employee is a Legal Guardian**
 - Adopted Child
 - Child placed with the Employee for adoption or Foster Care
 - Totally disabled Adult Child (documentation from Social Security required)
 - Unmarried Dependent's Child (a child/dependent of an unmarried dependent may be enrolled up to eighteen (18) months from the date of birth or until the end of the month the unmarried dependent turns age 26; whichever comes first)

Please refer to the Dependent Verification FAQ including in your email notification for further details on this process.

Email the required documents, along with the completed Dependent Verification Form to: newhire@browardschools.com

MEDICAL OPT-OUT

PLEASE NOTE:

- You may opt-out of all insurance coverages and receive *\$750 dollars annually for the health coverage only, with proof of other medical insurance.
- * The \$750 dollars is prorated over the course of the year and will not be paid out in a lump-sum.
- ➤ If you will be electing to opt-out of Medical benefits, please email a copy of your insurance ID card or proof of insurance to newhire@browardschools.com.
- ➤ If you do not submit your proof of other medical insurance within 30 days of selecting your benefits, you will be placed into a Non-Payment Medical Opt-Out Plan.
- > You have the option of selecting dental and/or vision coverage.

Medical Insurance

Carrier: Aetna Insurance Company

Website: www.aetna.com

> SBBC Onsite Aetna Representatives: 954-858-3262



Open Access HMO Plans

- Open Access HMO's allow you to select a network specialist without a PCP referral.
- Our Kids Plans (offer for ages 5-26 only) are Open Access HMO plans
- All of the Aetna plans and pharmacy network are on a national provider network
- The participating laboratory network is Quest Diagnostics and LabCorp
- *Please see Employee Monthly Rates for premiums, if applicable. https://www.browardschools.com/P age/32023

Authorizations

- ➤ The Aetna plans <u>DO</u> require prior authorizations for certain procedures, e.g., MRI, Pet Scan, CAT Scan
- Your treating physician must contact Aetna for prior authorization.



Medical Plan Summary

HMO PLANS:	PREMIER PLUS (Open Access)	PREMIER (Open Access)
PCP/Spec. copays: Urgent Care Facilities: Teledoc:	Deductible: Individual/Family\$250/\$500 Co-insurance: 10% \$25/\$45 \$40 \$25	Deductible: Individual/Family\$500/\$1000 Co-insurance: 20% \$25/\$45 \$45 \$25
Emergency Room:	\$300 (if not admitted)	\$350 (if not admitted)
Hospital Admission:	\$250 (per admission)	20% coinsurance after deductible
Rx copays: Pharmacy Network: CVS Maintenance Choice (90-day	\$6/\$10/\$50/\$75 \$6/\$10/\$100/\$150	\$10/\$50/\$75 \$10/\$100/\$150

DREWIED CHOICE (CHOICE DOS II)

	TREMIER CHOICE (CHOICE 103 II)
Deductible:	\$2,500 (in-network)/\$5,000 (out of no

network) Individual

\$5,000 (in-network)/\$10,000(out of network) Family

30%/50%

supply at retail

Co-insurance:

30% coinsurance after deductible

PCP/Specialist Copay:

Medical Plans (Cont.)

PREMIER CHOICE (CHOICE POS II)

- The Premier Choice plan is a High-Deductible Health Plan
- This plan comes with a Health Savings Account (HSA) that is a taxadvantaged fund that helps you save and pay for health care expenses

Premier Choice HSA Enrollment

Individual – SBBC will contribute \$500.00 Family – SBBC will contribute \$1,000.00 SBBC sets up the account and contributes to it each year, but you may add to it through payroll deductions, up to IRS maximum.

Kids Medical Plans Summary

	Basic	Enhanced
Deductible:	\$300	\$0
Co-insurance:	20%	None
PCP/Specialist Copay:	\$15/\$30	\$15/\$15
Hospital Admission:	20% after deductible	\$100/day for the 1st 5 days

REMINDER:

The Kids Plans are Open Access, and <u>do not</u> require a Referral from a Primary Care Physician (PCP)

Please see Employee Monthly Rates for Premiums https://www.browardschools.com/Page/32023

Dental Plan Summary

Two (2) Dental Carriers:

<u>Carrier</u> <u>Plan Type</u>

CompBenefits (Humana) DHMO & PPO

Aetna DHMO & PPO

DHMO Basic (General Services)** PPO Basic

No annual maximum. Annual Max. \$1,250 Per Person

Specialty care at a 25% discount. Deductible & Percentage.

Orthodontic covered at 25% discount. No Orthodontic Benefits.

DHMO Enhanced** PPO Enhanced

No annual maximum. Annual Max. \$2,000 Per Person

Specialty care at the listed copay. Deductible & co-ins.

Orthodontic covered at listed copay. Orthodontic Benefits.

**DHMO plans can only be used in the tri-county area (Miami-Dade, West Palm, and Broward County)

**DHMO plans MUST be assigned to a primary dental location in order for you to receive a dental insurance card

Please see Employee Monthly Rates for Premiumshttps://www.browardschools.com/Page/32023



How to Assign a Primary Provider for DHMO

Compbenefits - (Tri-County area Only- Broward, Miami-Dade, and West Palm Beach)

- CompBenefits website: https://our.humana.com/sbbc/
- Under Quick Links select Dental Provider search
- Plan type options (DHMO plans)
- **Follow the steps**
- The list of providers all have facility ID #'s
- All of the dentist that accept the plan will populate. Once you find the location, please write down the facility number. Call CompBenefits Customer Service 866-890-4464. Follow prompts and assign the dental office. Once you have assigned your primary location through the automated system an insurance card can be requested and mailed to you.

Aetna – (Tri-County area Only- Broward, Miami-Dade, and West Palm Beach)

https://www.aetna.com/indivduals-families/find-a-doctor.html

- 1.Guests: Plan from an employer
- 2.Continue as a guest: Enter location in the box that read "Enter location here"
- 3.Click on Search
- 4.Under Select a Plan: scroll down to DMO/DNO/Managed Dental
- 5.Select DMO® /DNO
- 6.Click on continue
- 7.Scroll down and select Dental Care
- 8. Select Dentists (Primary Care)
- 9. Choose a Primary Care and enter the Primary Care ID into the SBBC enrollment system



Vision Plan Summary

Two (2) Vision Carriers:

Carrier

CompBenefits(Humana)

Aetna

Plan Type

Basic & Enhanced

Basic & Enhanced

BASIC:

CompBenefits (Humana):

Eye Exam: \$4

Lenses (Materials): \$10

Second Pair of Glasses: 20% discount

ENHANCED:

CompBenefits (Humana):

Eye Exam: \$4

Lenses (Materials): \$10

Second Pair of Glasses: 20% discount

BASIC:

Aetna:

Eye Exam: \$0

Lenses (Materials): \$10

Second Pair of Glasses:

40% discount

ENHANCED:

Aetna:

Eye Exam: \$0

Lenses (Materials): \$0

Second Pair of Glasses:

40% discount

ENHANCED:

CompBenefits (Humana):

\$130 Allowance

Aetna:

\$130 Allowance (additional 20% off)

Complenatita (Humana)

CompBenefits (Humana):

\$80Allowance

Aetna:

Frames:

BASIC:

\$80 Allowance (additional 20% off)

Please see Employee Monthly Rates for Premiums https://www.browardschools.co m/Page/32023

Life Insurance Summary

Carrier: Mutual of Omaha Life Insurance:

Basic Term Life Insurance and AD&D - Automatically provided and paid for by the School Board. You will need to designate your beneficiaries in Cloud Benefits.

- For all employees (other than Paraprofessionals "Teacher Assistants"), Group Term Life Insurance and AD&D amount is 125% of their basic salary, rounded to the next higher \$1,000, if not an exact multiple of \$1,000. The minimum amount is \$7,000 and the maximum amount is \$50,000. In the event of accidental death, the insurance is doubled.
- For Paraprofessionals, Group Term Life Insurance is 125% of their earnings, rounded to the next higher \$1,000, subject to a minimum of \$20,000 and a maximum of \$50,000. The Life Insurance plan includes the following features:
 - waiver of premium if disabled prior to age 60
 - a living benefit rider (for the terminally ill), up to 75% of the face value
 - a limited portability provision
 - a conversion plan available upon separation

Voluntary Term Life Insurance and AD&D – Employee Paid

Choose additional coverage for yourself, up to a maximum of \$500,000 (Optional)

Accidental Death & Dismemberment Insurance (AD&D) -

Pays beneficiary an additional benefit if your death results from an accident. Also pays a benefit for certain injuries resulting from an accident.

Life Insurance – Enhanced Summary

The Enhanced Life Insurance and AD&D benefit is in addition to the Basic Life Insurance benefit and AD&D. The coverage is affordable and convenient; premiums are remitted through payroll deductions. You are able to purchase additional group term life insurance at competitive rates.

Option1:

➤ 1.25 times of basic annual salary, rounded to the next highest \$1,000 to a maximum of \$50,000. (Paraprofessionals earning \$16,000 or less receive a minimum election of \$20,000 for Option 1.) The monthly cost is \$0.255 cents per \$1,000 of coverage.

Option 2:

➤ 2.50 times of basic annual salary, rounded to the next highest \$1,000 to a maximum of \$100,000. (Paraprofessionals earning \$16,000 or less receive a minimum election of \$40,000 for Option 2). The monthly cost is \$0.29 cents per \$1,000 of coverage.

Option 3:

≥ 3 times of basic annual salary, rounded to the next highest \$1,000. The monthly cost is \$0.29 cents per \$1,000 of coverage.

Option 4:

➤ 4 times of basic annual salary, rounded to the next highest \$1,000. The monthly cost is \$0.29 cents per \$1,000 of coverage.

Option 5:

- > 5 times of basic annual salary, rounded to the next highest \$1,000. The monthly cost is \$0.29 cents per \$1,000 of coverage.
- **Evidence of Insurability (EOI) Newly Hired employees are <u>not required</u> to completed an EOI form for enhancing life insurance.** The EOI form is required is life insurance is enhanced during Open Enrollment.**

Enhanced Examples

VALUE OF CORE COVERAGE	VALUE OF ENHANCED (X1)	PREMIUM (X1)	VALUE OF X5 BASIC ANNUAL SALARY	PREMIUM (X5)
\$20,000	\$20,000	\$4.60/MONTH	\$20,000/100,000	\$17.50/MONTH
\$40,000	\$40,000	\$9.20/MONTH	\$45,000/\$225,000	\$39.38/MONTH
\$50,000	\$50,000	\$11.50/MONTH	\$95,000/\$475,000	\$83.13/MONTH

Long-Term Disability Insurance Summary

Carrier: MetLife

Basic Long-Term Disability Comparison:

The Basic Disability Plan if offered at "No Cost" to the employee

Enhanced Disability Comparison:

The Enhanced Disability plan rate is **\$0.23** per \$100 dollars (Employee Paid)

The Basic and Enhanced Disability Income Plan contains the following guidelines:

- disability must be caused by an illness or accidental injury
- complications of pregnancy are covered
- continuous physician care is required
- benefit payments begin after 90 consecutive days of disability
- benefit payments may continue for up to two years
- monthly calculation of base salary will not include overtime or other extra pay



Basic & Enhanced Disability Comparison

Benefit	Basic	Enhancement
Monthly Benefit	60% of Salary	66.67% of Salary
Maximum Monthly Benefit	\$1,500	\$3,000
Elimination Period	90 Days	90 Days
Maximum Benefit Period	2 Years	To Age 65 or 5 Years if Age 60 or Older

Enhanced Disability Premium Examples

Premium Examples

	Example 1	Example 2	Example 3
Annual Earnings	\$25,000	\$54,000	\$60,000
Monthly Earnings (\$25,000/12 months) = \$2,083	\$2,083	\$4,500	\$5,000
Number of \$100 Units (\$2,083/100) = 21	21	45	50 (Max of 45)
Rates Per Unit	\$0.23	\$0.23	\$0.23
Monthly Cost (\$0.231 x 21 = \$4.85)	\$4.85	\$10.40	\$10.40
Monthly Basic Benefit (\$2,083 x .60) = \$1,250	\$1,250	\$1,500	\$1,500
Monthly Enhanced Benefit (\$2,083 x .667) = \$1,389	\$1,389	\$3,000	\$3,000

Flexible Spending Accounts (FSA)

> Pre-Tax Basis calendar program with two types of plans (Coverage Jan. 1 – Dec. 31st)

- Medical Reimbursement Plan: Minimum Annually \$100/Maximum Annually \$3,050. The Medical Reimbursement Spending Account reimburses you for many medical expenses that are not covered by insurance. These expenses include deductibles, co-insurance, and co-payments, services, and supplies that may not be covered by your health plan including:
- routine physical exams
- vaccinations
- > medically necessary supplies
- eyeglasses and contact lenses
- chiropractic care and acupuncture treatments
- birth control pills
- hearing aids; communications equipment for the hearing impaired
- care for the handicapped, including special education elective surgery (except cosmetic surgery that is not reconstructive)
- dental exposures that are not covered by the dental insurance company (cosmetic procedures/products are not included)
- certain categories of Over-The-Counter (OTC) items, i.e. medicines, drugs and medical supplies
- Dependent Care Reimbursement Plan: Minimum Annually \$100/Maximum Annually \$5,000 per household. The Dependent Care Spending Account covers most of the expenses related to the care of an eligible dependent so that you can work full time. If you are married, both you and your spouse must be gainfully employed (or your spouse must be disabled or a full-time student) to qualify for this account. The FSA will reimburse you for the cost of care provided by someone other than your spouse or a dependent under age 13 for eligible dependents who need:
- pre-school care
- before and after school care for children under age 13
- care for a child of any age who is physically or mentally disabled
- > care for elderly parents

Dollars are deposited "tax free" and then withdrawn to pay for eligible medical, dental, vision and dependent care expenses. The FSA funds MUST be used by December 31st.

Please Note: If you are enrolled in the Premier Choice HSA you cannot be enrolled in the FSA (Medical plan)

For further information, please log-on to the Benefits website at https://www.browardschools.com/Page/32072



FSA Quick Example

	No FSA	FSA
Paycheck	\$1,000	\$1,000
Deposit to FSA		<u>- 100</u>
Taxable pay	\$1,000	\$900
Taxes (18%)	<u>- \$180</u>	<u>-\$162</u>
Take Home Pay	\$ 820	\$738



FSA Contribution \$ + \$100

Take Home Pay + Reimbursement: \$838

That's an additional \$18 per check or \$360/yr.

Supplemental Insurances

Available plans:

- Cancer Policy
- **Accident Policy**
- **Voluntary Permanent Life**
- Disability Policy
- **BMG Loan Program**
- Hospital Indemnity
- Life Insurance
- Legal Services
- All Supplemental Insurance plans are funded entirely by the employee through payroll deductions.

Please visit the Benefits website at https://www.browardschools.com/Page/32187 for additional information and a complete listing of Supplemental Plans.













Retirement

Florida Retirement System (FRS)

- **Employees will fund 3%**
- New employees are automatically enrolled into the FRS Investment Plan, if a selection is not made by the FRS deadline. FRS will send you information either by mail or e-mail within the 1st 8 months of employment about both plan options.
- Please review the FRS slides for additional information
- You can also log-on to www.myfrs.com or call 844-377-1888 for further information
 - **Defined Benefit (Pension Plan) vs. Defined Contribution (Investment Plan) comparison**
 - New Hire Video: https://choosemyfrsplan.com/nh/
 - First-Time Login
- Tax Sheltered Annuities (TSA) 403(b) or 457(b):
 - Funded entirely by employee.

Information on TSA's is available on the Benefits website: https://www.browardschools.com/Page/32061







You Have an Important Choice to Make!









Comparing the Plans – Plan Type and Vesting

- FRS Investment Plan
 - More mobile
 - 1-year vesting
 - Takes time to grow

- FRS Pension Plan
 - Traditional
 - 8-year vesting*

Vesting = Ownership of your benefit or account

* 6 years with service prior to July 1, 2011





Comparing the Plans – Contributions

- FRS Investment Plan
 - Employer and employee
 - Individual, portable account
 - You control investments

- FRS Pension Plan
 - Employer and employee
 - Single pension trust fund
 - Plan controls investments





Comparing the Plans – Your Benefit

- FRS Investment Plan
 - Contributions + investment earnings
 - You choose your distribution options
 - No DROP

- FRS Pension Plan
 - Fixed formula
 - Guaranteed for life
 - DROP



Register on MyFRS.com

- Register on MyFRS.com with your PIN
- Create a personal login to access
 - Choice Service
 - New hire video
 - Summary plan descriptions
 - Decision-making information
- Enroll online







MyFRS Financial Guidance Line

- Toll-free
- Free financial planning assistance
 - Choose a plan
 - Personal financial planning
 - Unbiased guidance
 - Help you with MyFRS.com
- Ongoing assistance



1-866-446-9377

Important Reminders

Deadline for Plan Changes:

Employees will have 30 days from the notification email to select their benefits. No changes can be made after the 30th day, unless you have a qualifying event to add or delete a dependent or opt-out or opt-into the District coverages.

Open Enrollment (OE):

Open Enrollment occurs every October and is completed through the Cloud Benefits Portal. Any insurance changes made during OE will become effective January 1st of the following year.



Premium Deductions:

- If you have selected any plans which have "Employee Deductions", please remember the monthly deductions start from your <u>first eligible paycheck</u>.
- Formula: Monthly Premium x Number of Months Coverage = Total Due/ by Remaining Number of Deduction Checks = Per Paycheck Deductions

Please see Employee Monthly Rates for Premiums https://www.browardschools.com/Page/32023

Employee Assistance Program



Employee Assistance Program

(754) 322-9900 **9am-5pm**

- EAP is designed to help employees solve personal problems that may or may not affect job performance.
- Works towards total wellness of BCPS employees and their families;
- Services are Free & Confidential

Individual, Couples, & Family therapy

Psychiatry (Medication Mang.)

Substance Abuse Treatment

Work Related Stress

Virtual Appointments Referrals to Resources

- Presentations
- Crisis Response/
 Grief Support









Employee Assistance Program

BCPS Employee Assistance Program believes, when we take **good** care of our **employees** we are taking even **better** care of our **students**.



Call us for information about our services! 754-322-9900.

SERVICES

connecting individual employees to services that support personal and professional needs

SERVICES

Support for your team in a time of crisis

SERVICES

Promote better understanding of mental health and well-being for all employees

TIER

Congratulations!

Welcome to Broward County Public Schools.

Enjoy your year!





Lori Alhadeff, Chair Debra Hixon, Vice Chair

Torey Alston
Brenda Fam, Esq.
Daniel P. Foganholi
Dr. Jeff Holness
Sarah Leonardi
Nora Rupert
Dr. Allen Zeman

Dr. Peter B. Licata Superintendent of Schools

The School Board of Broward County, Florida, prohibits any policy or procedure which results in discrimination on the basis of age, color, disability, gender identity, gender expression, genetic information, marital status, national origin, race, religion, sex or sexual orientation. The School Board also provides equal access to the Boy Scouts and other designated youth groups. Individuals who wish to file a discrimination and/or harassment complaint may call the Director, Equal Educational Opportunities/ADA Compliance Department & District's Equity Coordinator/Title IX Coordinator at 754-321-2150 or email eeo@browardschools.com.

Individuals with disabilities requesting accommodations under the Americans with Disabilities Act Amendments Act of 2008, (ADAAA) may call Equal Educational Opportunities/ADA Compliance Department at 754-321-2150 or email eeo@browardschools.com.

browardschools.com

