AGENDA

SPECIAL SCHOOL BOARD MEETING

GADSDEN COUNTY SCHOOL BOARD MAX D. WALKER ADMINISTRATION BUILDING 35 MARTIN LUTHER KING, JR. BLVD. QUINCY, FLORIDA

August 3, 2021

6:00 P.M.

THIS MEETING IS OPEN TO THE PUBLIC

- 1. CALL TO ORDER
- 2. OPENING PRAYER
- 3. PLEDGE OF ALLEGIANCE
- 4. HEALTH INSURANCE SELECTION FOR THE 2021 2022 PLAN YEAR
 - a. Capital Health Plan / FloridaBlue **SEE PAGE #3**
 - b. BXS Insurance **SEE PAGE #27**

ACTION REQUESTED: The Superintendent recommends approval.

5. TSSSA PLAN 2021- 2022 – WEST GADSDEN MIDDLE SCHOOL SEE PAGE #35

Fund Source: TSSSA

Amount: \$168,550.00

ACTION REQUESTED: The Superintendent recommends approval.

- 6. EDUCATIONAL ITEMS BY THE SUPERINTENDENT
- 7. SCHOOL BOARD REQUESTS AND CONCERNS
- 8. ADJOURNMENT

SUMMARY SHEET

RECOMMENDATION TO SUPERINTENDENT FOR SCHOOL BOARD AGENDA
AGENDA ITEM NO4
DATE OF SCHOOL BOARD MEETING: August 3, 2021
TITLE OF AGENDA ITEMS: Health Insurance Selection for 2021-2022 plan year.
DIVISION: Finance Department
PURPOSE AND SUMMARY OF ITEMS: For the School Board to select a health care provide for the 2021-2022 Plan Year.
FUND SOURCE: All Funds
AMOUNT: Varies
PREPARED BY: LaClarence Mays and Shekinah Dawkins
POSITION: Interim Director of Finance/CFO and Benefits Coordinator
INTERNAL INSTRUCTIONS TO BE COMPLETED BY PREPARER
Number of ORIGINAL SIGNATURES NEEDED by preparer.
SUPERINTENDENT'S SIGNATURE: page(s) numbered
CHAIRMAN'S SIGNATURE: page(s) numbered Be sure that the Comptroller has signed the budget page.

Memo of Board Meeting

Date: August 3, 2021

Time: 6:00 pm

Location: GCSB Board Room

Type: RPF Bids

Capital Health Plan

- Rates for
 - o Capital Selection 15/30/50 RX
 - o Value Selection 15/50/100 RX
 - o Retiree Advantage 15/30/50 RX
- Summary of Benefits and Coverage

FloridaBlue

FloridaBlue has provided a joint offer under Capital Health plan responding to the request for group benefit offerings to the Gadsden County School District.

- BlueMedicare Advantage Renewal
- BlueMedicare Benefits and Coverage

Please see attached exhibits.

Section 2: Vendor Requirements / Information

3. Fully insured Proposals:

Proposers are expected to provide proposals on a fully insured basis.

Rates include agent commissions.

The rates effective October 1, 2021 for the Capital Selection \$15/\$30/\$50 RX are:

Capital Selection 15/30/50 RX	Rates
Employee	\$694.12
Employee + Spouse	\$1,388.79
Employee + Child(ren)	\$1,180.12
Family	\$2,013.16

The rates effective October 1, 2021 for Value Selection \$15/\$50/\$100 are:

Value Selection 15/50/100 RX	Rates
Employee	\$512.29
Employee + Spouse	\$1,024.98
Employee + Child(ren)	\$870.98
Family	\$1,485.80

The rates effective October 1, 2021 for Retiree Advantage \$15/\$30/\$50 are:

Retiree Advantage 15/30/50 RX	Rates
One Medicare	\$260.74
Two Medicare	\$521.48
Medicare + Spouse	\$954.86
Medicare + Family	\$1,579.78

Capital Health

Capital Selection \$15/\$30/\$50

Coverage for: Employee or Family | Plan Type: HMO

would share the cost for covered health care services. NOTE: Information about the cost of this <u>plan</u> (called the <u>premium)</u> will be provided The Summary of Benefits and Coverage (SBC) document will help you choose a health <u>plan</u>. The SBC shows you how you and the <u>plan</u>

other underlined terms, see the Glossary. You can view the Glossary at https://www.healthcare.gov/sbc-glossary or call 1-850-383-3311 to request a copy. www.capitalhealth.com/sbc. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, at

Important Questions	Answers	Why This Matters:
deductible?	\$0	See the Common Medical Events chart below for your costs for services this plan covers
Are there services covered before you meet your deductible?	Yes.	This <u>plan</u> covers some items and services even if you haven't yet met the deductible amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive</u> <u>services</u> without <u>cost sharing</u> and before you meet your <u>deductible</u> . See a list of covered
Are there other deductibles for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services.
What is the <u>out-of-pocket</u> <u>limit</u> for this <u>plan?</u>	Medical: \$2,000 single coverage / \$4,500 family coverage. Pharmacy: \$4,600 single coverage \$8,700 family coverage	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family out-of-pocket limits until the
What is not included in the out-of-pocket limit?	Premiums and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-nocket limit
Will you pay less if you use a network provider?	Yes. See www.capitalhealth.com or call 850-383-3311 for a list of network providers.	Be aware, your network provider might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your provider hefore you get somions
Do you need a <u>referral</u> to see a <u>specialist?</u>	lists require a of specialists that o to Referral And Auth	This <u>plan</u> will pay some or all of the costs to see a <u>specialist</u> for covered services but only if you have a <u>referral</u> before you see the <u>specialist</u> .

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prescription drug coverage is available at https://cap.talhealth.com/	If you need drugs to treat your illness or condition More information about	ii you ilay a a taat			If you visit a health care provider's office or clinic		Common Medical Event
Tier 2 drugs	Tier 1 drugs	Imaging (CT/PET scans, MRIs)	<u>Diagnostic test</u> (x-ray, blood work)	Preventive care/screening/ immunization	Specialist visit	Primary care visit to treat an injury or illness	Services You May Need
\$30/30-day supply \$60/60-day supply \$90/90-day supply (refail & mail order)	\$15/30-day supply \$30/60-day supply \$45/90-day supply (retail & mail order)	\$100 / visit	No Charge	No Charge for covered services	Office: \$40 / visit	Office: \$15 / visit	What You will pay the least)
Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	What You Will Pay ider Out-of-Network Provider e least) (You will pay the most)
quantity limits may apply. Your benefits/services may be denied.	The formulary is a closed formulary. This means that all available covered medications are shown. Prior authorization and/or	Prior authorization required for certain imaging services. Your benefits/services may be denied.	Diagnostic tests other than x-ray or blood work may incur a cost share.	You may have to pay for services that aren't preventive. Ask your provider if the services you need are preventive. Then check what your plan will pay for.	Cost share applies regardless of place of service, including office, telehealth, school, etc. Prior authorization required for certain specialist visits. Your benefits/services may be denied. Telehealth—Services provided by network providers through remote access technology including web and mobile devices.	Cost share applies regardless of place of service, including office, telehealth, school, etc. Telehealth–Services provided by network providers through remote access technology including web and mobile devices.	Limitations, Exceptions, & Other Important Information

2021.45.Capital.15/30/50.SBC For more information about limitations and exceptions, see the plan or policy document at www.capitaihealth.com/sbc

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and district the second				
lieuraions	Tier 3 drugs	\$50/30-day supply \$100/60-day supply \$150/90-day supply (retail & mail order)	Not Covered	Prior authorization and/or quantity limits may apply. Your benefits/services may be denied.
	Specialty drugs	\$50 /30-day supply	Not Covered	Limited to 30-day supply and may be limited to certain pharmacies. Prior authorization and/or quantity limits may apply. Your benefits/services may be denied
If you have outpatient	Facility fee (e.g., ambulatory surgery center)	Ambulatory Surgical Center: \$100 / visit Hospital: \$250 / visit	Not Covered	Prior authorization may be required. Your
surgery	Physician/surgeon fees	\$40 / provider	Not Covered	benefits/services may be denied. Cost share applies to all outpatient services.
	Emergency room care	\$300 / visit \$250 / observation	\$300 / visit \$250 / observation	<u>Copayment</u> is waived if inpatient admission occurs; however, if moved to observation status, an additional <u>copayment</u> may apply based on services rendered.
medical attention	transportation	\$100 / transport	\$100 / transport	Covered if medically necessary.
	<u>Urgent care</u>	Urgent care center: \$25 / visit Telehealth: \$25 / visit Amwell: \$15 / visit	Urgent care center: \$25 / visit Telehealth: \$25 / visit Amwell: \$15 / visit	Telehealth – Services are provided by network providers through remote access technology including the web and mobile devices.
If you have a hospital	Facility fee (e.g., hospital room)	\$250 / admission \$250 / observation	Not Covered	Prior authorization required. Your benefits /services may be denied.
stay	Physician/surgeon fees	No Charge if admitted \$40 /provider for observation	Not Covered	none
If you need mental	Outpatient services	\$40 / visit	Not Covered	Cost share applies regardless of place of service, including office, telehealth, school, etc.
health, or substance abuse services	Inpatient services	\$250 / admission	Not Covered	or authorization required. Your benefits
2021.45.Capital.15/30/50.SBC	For more information about li	mitations and exceptions so	>> 4E> > 10 = 10 = 10 = 10 = 10 = 10 = 10 = 1	For more information about limitations and exceptions con the plan or relieved to the plan of the plan

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Children's dental check-up Not Covered	dental or eye care Children's glasses Not Covered	Children's eye exam \$15 / visit		Durable medical equipment No Charge	other special health needs Skilled nursing care No Charge	If you need help Habilitation services Not Covered		Home health care No Charge	Childbirth/delivery facility \$250 / admission	If you are pregnant Childbirth/delivery No Charge	Office visits \$40 / visit
Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	on Not Covered	Not Covered	Not Covered
none	none	none	Prior authorization required for inpatient services. Your benefits/services may be denied.	Prior authorization required for certain devices. Your benefits/services may be denied.	Covers up to 60 days per admission with subsequent admission following 180 days from discharge date of previous admission.	none	Limited to the consecutive 62-day period immediately following the first service date. Cost share applies regardless of place of service, including office, telehealth, etc.	Prior authorization required. Your benefits/ services may be denied.	Prior authorization required. Your benefits /services may be denied.	none	service, including office, telehealth, etc.

Excluded Services & Other Covered Services:

0	Tylces I out Fight Generally Does No	Cervices I cut Figure Generally Does NOT Cover (Check your policy or plan document for more in	ore information and a list of any other excluded services.)
•	Acupuncture	 Glasses 	 Non-emergency care when traveling outside
•	Bariatric Surgery	 Habilitation services 	the US
•	Cosmetic Surgery	 Hearing aids 	 Private-duty nursing
•	Dental care (Adult)	 Infertility treatment 	 Routine foot care
•	Dental care (Child)	 Long-term care 	 Weight loss programs

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

Chiropractic care

Routine eye care (Adult)

agencies is: State Department of Insurance at 1-877-693-5236, the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those x61565 or www.cciio.cms.gov. Other coverage options may be available to you, too, including buying individual insurance coverage through the Health Insurance www.dol.gov/ebsa/healthreform or the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318- 2596.

provide complete information on how to submit a <u>claim, appeal,</u> or a <u>grievance</u> for any reason to your <u>plan</u>. For more information about your rights, this notice, or assistance, contact: Capital Health Plan at 1-850-383-3311. You may also contact your State Department of Insurance at 1-877-693-5236 or the Department of Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a www.dol.gov/ebsa/consumer_info_health.html and http://www.cms.gov/CCIIO/Resources/Consumer-Assistance-Grants/ Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform. Additionally, a consumer assistance program can help you file your appeal. Contact U.S. Department of Labor Employee Benefits Security Administration at 1-866-4-USA-DOL (866-487-2365) or grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also

Does this plan provide Minimum Essential Coverage? Yes

CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid,

Does this plan meet the Minimum Value Standards? Yes

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace

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Language Access Services:

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwiijigo holne' 850-383-3311, 1-877-247-6512 Spanish (Español): Para obtener asistencia en Español, llame al 850-383-3311, 1-877-247-6512 Chinese (中文): 如果需要中文的帮助, Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 850-383-3311, 1-877-247-6512 请拨打这个号码 850-383-3311, 1-877-247-6512.

To see examples of how this plan might cover costs for a sample medical situation, see the next section.

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depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost-sharing amounts pay under different health <u>plans</u>. Please note these coverage examples are based on self-only coverage. This is not a cost estimator. Treatments shown are just examples of how this <u>plan</u> might cover medical care. Your actual costs will be different (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might

(9 mo hths of in-network pre-natal care and a Peg is Having a Baby

The plan's overall deductible

Other copayment Hospital (facility) copayment Specialist copayment \$40 \$250 \$0

(a year of routine in-network care of a well-Managing Joe's Type 2 Diabetes controlled condition)

100	1	
Hospital (facility) <u>copayment</u> Other <u>copayment</u>	Specialist copayment	The plan's overall deductible
\$250 \$50	\$40	\$0

(in-network emergency room visit and follow up Hospital (facility) copayment Specialist copayment The plan's overall deductible Mia's Simple Fracture care) \$250 \$0 \$40

Specialist office visits (prenatal care) Childbirth/Delivery Facility Services Childbirth/Delivery Professional Services This EXAMPLE event includes services like: Specialist visit (anesthesia) Diagnostic tests (ultrasounds and blood work)

Total Example Cost

\$12,700

Total Example Cost

\$5,600

\$560	The total Peg would pay is
\$60	Limits or exclusions
of experience of the state of t	What isn't covered
\$0	Coinsurance
\$500	Copayments
\$0	Deductibles
	Cost Sharing
	In this example, Peg would pay:

disease education, Primary care physician office visits (including This EXAMPLE event includes services like:

Prescription drugs lagnostic tests (blood work)

Durable medical equipment (glucose meter)

In this example, Joe would pay:	
Cost Sharing	
Deductibles	\$0
Copayments	\$1,000
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$20
The total Joe would pay is	\$1,020

This EXAMPLE event includes services like:

Other copayment

Emergency room care (including medical supplies

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Rehabilitation services (physical therapy) Durable medical equipment (crutches) Diagnostic test (x-ray)

\$900	The total Mia would pay is
\$0	Limits or exclusions
	What isn't covered
\$0	Coinsurance
\$900	Copayments
\$0	Deductibles
	Cost Sharing
	In this example, Mia would pay:
\$2,800	Iotal Example Cost

Value Selection HDHP \$15/\$50/\$100 (this plan is not an HSA plan)

Coverage for: Employee or Family | Plan Type: HMO

would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan

other underlined terms, see the Glossary. You can view the Glossary at https://www.healthcare.gov/sbc-glossary or call 1-850-383-3311 to request a copy. www.capitalhealth.com/sbc. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, at

Do you need a referral to	Will you pay less if you use a network provider?	What is not included in the <u>out-of-pocket limit?</u>	What is the <u>out-of-pocket</u> limit for this <u>plan?</u>	Are there other deductibles for specific services?	Are there services covered before you meet your deductible?	What is the overall deductible?	Important Questions
Yes. Some <u>specialists</u> require a referral. For a list of <u>specialists</u>	Yes. See www.capitalhealth.com or call 850-383-3311 for a list of network providers.	Premiums and health care this plan doesn't cover.	Medical: \$4,000 single coverage / \$8,500 family coverage. Pharmacy: \$2,850 single coverage \$5,200 family coverage.	No.	Yes. Preventive care services are covered before you meet your deductible. Amwell services and Retail pharmacy prescription drugs are not subject to the deductible.	\$2,500 single coverage. \$5,000 family coverage.	Answers
This <u>plan</u> will pay some or all of the costs to see a <u>specialist</u> for covered services but only if you have a <u>referral</u> before you see the <u>specialist</u> .	Be aware, your network provider might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.	You don't have to meet <u>deductibles</u> for specific services.	This <u>plan</u> covers some items and services even if you haven't yet met the annual <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain preventive services without <u>cost-sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at https://www.healthcare.gov/coverage/preventive-care-benefits/ .	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the policy, they have to meet their own individual deductible until the overall family <u>deductible</u> amount has been met.	Why This Matters:

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see a specialist?	Important Questions
that require a referral go to capitalhealth.com/ReferralAndAuth	Answers
	Why This Matters:

If you need drugs to treat your illness or condition More information about	If you have a test			If you visit a health care provider's office or clinic		Common Medical Event	All copayment and		see a specialist?	Important Questions
Tier 1 drugs	Imaging (CT/PET scans, MRIs)	Diagnostic test (x-ray, blood work)	Preventive care/screening/ immunization	Specialist visit	Primary care visit to treat an injury or illness	Services You May Need	All copayment and coinsurance costs shown in this chart are after your deductible has been met,	capitalinealul.com/neienalAlidAum	that require a referral go to	Answers
\$15/30-day supply \$30/60-day supply \$45/90-day supply (retail & mail order)	\$250 / visit	No Charge	No Charge for covered services	Office: \$75 / visit	Office: \$15 / visit	What You will pay the least)	chart are after your deduc	<u>aAuin</u>		Why This Matters:
Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	What You Will Pay vider Out-of-Network Provider e least) (You will pay the most)	tible has been met, if a dedu			
The formulary is a closed formulary. This means that all available covered medications are shown. Prior authorization and/or quantity limits may apply. Your	Prior authorization required for certain imaging services. Your benefits/services may be denied.	Diagnostic tests other than x-ray or blood work may incur a cost share.	You may have to pay for services that aren't preventive. Ask your provider if the services you need are preventive. Then check what your plan will pay for.	Cost share applies regardless of place of service, including office, telehealth, school, etc. Prior authorization required for certain specialist visits. Your benefits/services may be denied. Telehealth—Services provided by network providers through remote access technology including web and mobile devices.	Cost share applies regardless of place of service, including office, telehealth, school, etc. Telehealth—Services provided by network providers through remote access technology including web and mobile devices.	Limitations, Exceptions, & Other Important Information	if a <u>deductible</u> applies.			

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	If you have a hospital stay		medical attention		Aiafine	If you have outpatient			coverage is available at https://capitalhealth.com/members/about-your-medications
Physician/surgeon fees	Facility fee (e.g., hospital room)	<u>Urgent care</u>	transportation	Emergency room care	Physician/surgeon fees	Facility fee (e.g., ambulatory surgery center)	Specialty drugs	Tier 3 drugs	Tier 2 drugs
No Charge if admitted \$75 /provider for observation	\$500 / admission \$500 / observation	Urgent care center: \$50 / visit Telehealth: \$50 / visit Amwell: \$15 / visit	\$250 / transport	\$500 / visit \$500 / observation	\$75 / provider	Ambulatory Surgical Center: \$250 / visit Hospital: \$500 / visit	\$100 /30-day supply	\$100/30-day supply \$200/60-day supply \$300/90-day supply (retail & mail order)	\$50/30-day supp \$100/60-day supply \$150/90-day supply (retail & mail order)
Not Covered	Not Covered	Urgent care center: \$50 / visit Telehealth: \$50 / visit Amwell: \$15 / visit	\$250 / transport	\$500 / visit \$500 / observation	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
none	Prior authorization required. Your benefits /services may be denied.	Telehealth – Services are provided by network providers through remote access technology including the web and mobile devices.	Covered if medically necessary.	Copayment is waived if inpatient admission occurs; however if moved to observation status an additional copayment may apply based on services rendered.	share applies to all outpatient services.	Prior authorization may be required. Your	Limited to 30-day supply and may be limited to certain pharmacies. Prior authorization and/or quantity limits may apply. Your benefits/services may be denied.	Prior authorization and/or quantity limits may apply. Your benefits/services may be denied.	benefits/services may be denied.

2021.47. ValueHDHP.15/50/100.SBC For more information about limitations and exceptions, see the plan or policy document at www.capitalhealth.com/sbc Page 3 of 6

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	dental or eye care	If your child needs			other special health needs	recovering or have	If you need help		2711	If you are pregnant		health, or substance abuse services	If you need mental health, behavioral
Children's dental check-up	Children's glasses	Children's eye exam	Hospice services	Durable medical equipment	Skilled nursing care	Habilitation services	Rehabilitation services	Home health care	Childbirth/delivery facility services	Childbirth/delivery professional services	Office visits	Inpatient services	Outpatient services
Not Covered	Not Covered	\$15 / visit	No Charge	No Charge	No Charge	Not Covered	\$75 / visit	No Charge	\$500 / admission	No Charge	\$75 / visit	\$500 / admission	\$75 / visit
Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
none	none	none	Prior authorization required for inpatient services. Your benefits/services may be denied.	Prior authorization required for certain devices. Your benefits/services may be denied.	Covers up to 60 days per admission with subsequent admission following 180 days from discharge date of previous admission.	none	Limited to the consecutive 62-day period immediately following the first service date. Cost share applies regardless of place of service, including office, telehealth, school, etc.	Prior authorization required. Your benefits/ services may be denied.	Prior authorization required. Your benefits /services may be denied.	none	Cost share applies regardless of place of service, including office, telehealth, etc.	Prior authorization required. Your benefits /services may be denied.	Cost share applies regardless of place of service, including office, telehealth, school, etc.

ervices & Other Covered Services

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.) Acupuncture Non-emergency care when traveling outside

- Bariatric Surgery
- Cosmetic Surgery
- Dental care (Adult)
- Dental care (Child)

- Habilitation services
- Hearing aids
- Long-term care Infertility treatment
- Private-duty nursing
- Routine foot care
- Weight loss programs

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

Chiropractic care

Routine eye care (Adult)

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: State Department of Insurance at 1-877-693-5236, the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or x61565 or www.cciio.cms.gov. Other coverage options may be available to you, too, including buying individual insurance coverage through the Health Insurance www.dol.gov/ebsa/healthreform or the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318- 2596

assistance, contact: Capital Health Plan at 1-850-383-3311. You may also contact your State Department of Insurance at 1-877-693-5236 or the Department of Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called www.dol.gov/ebsa/consumer_info_health.html and http://www.cms.gov/CCIIO/Resources/Consumer-Assistance-Grants/ Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform. Additionally, a consumer assistance program can provide complete information on how to submit a <u>claim, appeal,</u> or a <u>grievance</u> for any reason to your <u>plan</u>. For more information about your rights, this notice, or grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also help you file your appeal. Contact U.S. Department of Labor Employee Benefits Security Administration at 1-866-4-USA-DOL (866-487-2365) or

Does this plan provide Minimum Essential Coverage? Yes

CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid,

Does this plan meet the Minimum Value Standards? Yes

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 850-383-3311, 1-877-247-6512

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 850-383-3311, 1-877-247-6512.

Chinese (中文): 如果需要中文的帮助,请拨打这个号码 850-383-3311, 1-877-247-6512

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwiijigo holne' 850-383-3311, 1-877-247-6512

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To see examples of how this <u>plan</u> might cover costs for a sample medical situation, see the next section.



pay under different health <u>plans</u>. Please note these coverage examples are based on self-only coverage. depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost-sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might This is not a cost estimator. Treatments shown are just examples of how this <u>plan</u> might cover medical care. Your actual costs will be different

(9 mo hs of in-network pre-natal care and a Peg is Having a Baby hospital delivery)

			1
Other copayment	Hospital (facility) copayment	Specialist copayment	The plan's overall deductible
\$0	\$500	\$75	\$2,500

(a year of routine in-network care of a well Managing Joe's Type 2 Diabetes controlled condition)

Other <u>copayment</u>	Hospital (facility) copayment	Specialist copayment	■ The plan's overall deductible
\$100	\$500	\$75	\$2,500

(in-network emergency room visit and follow up Hospital (facility) copayment Other copayment Specialist copayment The plan's overall deductible care) \$2,500 \$500 \$75

Mia's Simple Fracture

disease education) Primary care physician office visits (including This EXAMPLE event includes services like:

Specialist office visits (prenatal care)

This EXAMPLE event includes services like:

Childbirth/Delivery Facility Services Childbirth/Delivery Professional Services

Diagnostic tests (ultrasounds and blood work)

Prescription drugs Diagnostic tests (blood work)

Durable medical equipment (glucose meter)

\$3,320	The total Joe would pay is
\$20	Limits or exclusions
	What isn't covered
\$0	Coinsurance
\$800	Copayments
\$2,500	Deductibles
	Cost Sharing

\$0

 cumpline)	Emergency room care (including medical	This EXAMPLE event includes services like:

Diagnostic test (x-ray)

Page 16 of

Rehabilitation services (physical therapy)

Durable medical equipment (crutches)

\$2,800	The total Mia would pay is
\$0	Limits or exclusions
	What isn't covered
\$0	Coinsurance
\$300	Copayments
\$2,500	Deductibles
	Cost Sharing
	In this example, Mia would pay:
\$2,800	Total Example Cost

The plan would be responsible for the other costs of these EXAMPLE covered services.

2021.4

The total Peg would pay is

\$3,460

\$60

Limits or exclusions

What isn't covered

Coinsurance Copayments Deductibles

In this example, Peg would pay:

Cost Sharing

\$2,500 \$900

Specialist visit (anesthesia)

Total Example Cost

\$12,700

Total Example Cost

\$5,600

2021 BlueMedicare EGWP Renewal - Gadsden County School District #91070

EGWP Medicare Advantage

Below is the BlueMedicare Medicare Advantage EGWP group renewal quote for Gadsden County School District #91070, effective 10/1/2021 for Elite PPO and Elite Rx.

Please remember all 2021 PPO plans have SilverSneakers® Fitness benefits embedded. Groups may add a supplemental Dental/Vision/Hearing package to an MAPD plan for an additional premium of \$8.00 pmpm.

Breakdown Info for GSS:

Elite PPO

Medical:

\$101.29

Rx:

\$227.15

Fitness:

\$4.00

TOTAL: \$332.44 pmpm

Previous Rate: \$341.70

Percent Change: -2.71%

Breakdown Info for GSS:

Elite Rx

Rx:

\$220.55

TOTAL: \$220.55 pmpm

Previous Rate: \$193.10

Percent Change: 14.22%

For 2021 Renewals, we have a new electronic signature process. If your group requests use of electronic signature for the EGWP Agreement, you must do all of the following:

Medicare-Covered		Individual Sessions - All Locations	Mental Health Spacialty - Non Physician Level Group Sessions - All Locations	Outpatient Hospital	Freestanding or Office	Occupational Therapy Rehab	Chropraello	Hospice - Medicars-Covered initial Consultation	Horma Haselin Sary loag	Partial Hospitalization (Care for Mental Health)	Worldwide Transportation	Urgent Care	Worldwide Emergency/Urgent Benefit Maximum Emergency Care	Worldwide Emergency/ürgent Services	Convenient Care Center (e.g. Minute Clinice)	Urgant Cara Cantar	Emargancy Services	Pulmonary Rehabilitation - All Locations	Cardiac/Intensive C	Cardiac Rehabilitation	Skilled Hursing Facility (SAF)	Inpatient Mental Health (limited to 190 days per Historial	Inguillent Hospital Acute (Includes Itlental Health and Substance	Physician Specialist	Premium Rebate Deductible Indiana Control (INN only) Maximum Out Of Pocket (INN only) Maximum Out Of Pocket (INN only) Combined Maximum Out Of Pocket Primary Care Physician (PCP)	Plan Name Plan Type Contract Plan Benefit Package Service Area Counties Ver Service Area Counties Plan Plannolate Plan Plannolate Plan Plannolate
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	\$40 Copay DED & 40% Coinsurance	\$40 Copay DED & 40% Coinsurance	DED & 40% Coinsurance	DED & 40% Coinsurance	\$40 Consu	\$20 Copay DED & 40% Coinsurance	\$0 Copay \$0 Copay	\$0 Copay DED & 40% Coinsurance	\$40 Copay DED & 40% Coinsurance	Nat Covered Nat Covered	\$90 Copay	\$90 Copay \$90 Copay	\$25,000	\$50 Copay \$50 Copay	\$50 Copay \$50 Copay	\$90 Copsy	DED & 40% Coinsurance	\$20 Conor.	\$40 Copay DED & 40% Coinsurance	\$0 Copay Per Days 1-20 \$160 Copay Each Day for Days 21-100 DED & 40% Coinsurance	\$250 Copay Each Day for Days 1-7 \$0 Copay Per Days 8-90 DED 8-40% Coinsurance	\$0 Copay Each Day 7 \$0 Copay After Day 7 DED & 40% Coinsurance	S45 Copay DED & 40% Coinsurance	\$30 Copay DED & 40% Coinsurance	Varies by Group (A) \$0 \$2,000 \$2,000 \$4,000 \$4,000	BitteMedicisse Group PPO Value (Employee PPO) Enaboye PPO HSS2-enaboz Automotion 2021
	\$40 Copayment DED & 40% Coinsurance	\$40 Copayment DED & 40% Coinsurance	DED & 40% Coinsurance	DED & 40% Coinsurance	SAO Consumpor	\$20 Copayment DED & 40% Coinsurance	\$0 Copayment \$0 Copayment	\$0 Copayment DED & 40% Coinsurance	\$40 Copayment DED & 40% Coinsurance	Not Covered Not Covered	\$75 Copayment \$75 Copayment	\$75 Copayment \$75 Copayment	\$25,000	\$50 Copayment \$50 Copayment	\$50 Copayment \$50 Copayment	\$75 Copayment \$75 Copayment	\$30 Copayment DED & 40% Coinsurance	200	\$40 Copayment DED & 40% Coinsurance	\$0 Copayment Per Days 1-20 \$100 Copay Each Day for Days 21-100 DED & 40% Coinsurance	\$250 Copay Each Day for Days 1-7 \$0 Copayment Per Days 8-90 DED & 40% Coinsurance	\$0 Copayment After Day 7 DED & 40% Coinsurance	\$50 Copayment DED & 40% Coinsurance	\$35 Copayment DED & 40% Coinsurance	Varies by Group NA 80 82,000 \$2,000 \$4,000 \$4,000	EG 1 02 Employer PPO H5434-90,1692 Nationalds
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	\$35 Copay	\$35 Copay DED & 20% Coinsurance	\$30 Copay DED & 20% Coinsurance	DED & 20% Coinsurance		\$20 Copay DED & 20% Coinsurance	\$0 Copay \$0 Copay	\$0 Copay DED & 20% Coinsurance	\$35 Copay DED & 20% Coinsurance	Not Covered Not Covered	\$75 Copay \$75 Copay	\$75 Copay \$75 Copay	\$25,000	\$30 Copay \$30 Copay	\$30 Copay \$30 Copay	\$75 Copay \$75 Copay	\$30 Copay DED & 20% Coinsurance		\$30 Copay DED & 20% Consurance	\$0 Copay Per Days 1-20 \$100 Copay Each Day for Days 21-100 DED & 20% Coinsurance	\$250 Copay Each Day for Days 1-7 \$0 Copay Per Days 8-90 CAED & 20% Coinsurance	\$200 Copay Each Day for Days 1-7 \$0 Copay After Day 7 DED & 20% Coinsurance	\$40 Copay DED & 20% Coinsurance	\$20 Copay DED & 20% Coinsurance	Varies by Group N/A \$2,000 \$1,000 \$1,000 \$3,000 \$3,000	BlueMedicare Group PPO Platinum (Employer PPO) Employer PPO Historiaga Automates 2031
AND A TALE CAMBINATION	S35 Copayment	\$35 Copayment DED & 20% Coinsurance	\$30 Copayment DED & 20% Coinsurance	DED & 20% Coinsurance		\$20 Copayment DED & 20% Coinsurance	\$0 Copay \$0 Copay	\$0 Copayment DED & 20% Coinsurance	\$35 Copayment DED & 20% Coinsurance	Not Covered Not Covered	\$75 Copayment \$75 Copayment	\$75 Copayment \$75 Copayment	\$25,000	\$30 Copayment \$30 Copayment	\$30 Copayment \$30 Copayment	\$75 Copayment \$75 Copayment	\$30 Copayment DED & 20% Coinsurance		\$30 Copayment DED & 20% Consurance	\$0 Copayment Per Days 3-20 \$75 Cupny English Day for Pays 21-100 DED & 20% Coinsurance	\$200 Copay Each Day for Days 1-7 \$0 Copayment Per Days 8-90 DED & 20% Coinsurance	\$150 Copay Each Day for Days 1-7 \$0 Copayment After Day 7 DED & 20% Coinsurance	\$30 Copayment DED & 20% Colinsurance	\$10 Copayment DED & 20% Coinsurance	Verles by Group N/A \$1,000 \$1,000 \$3,0000 \$3,0000	EGWP PPO1 Employar PPO H543-801802 Nationwide 2000
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\$0 Copay		NA NA		WA	NA	NIA See Other Professional Services category for Medicare-covered Part B Acupuncture		20% Coinsurance		\$0 Copay DED & 50% Coinsurance	DED & 50% Coinsurance		20% Coinsurance	DED & 50% Coinsurance	0% Coinsurance	20% Coinsurance DED & 50% Coinsurance	DED & 50% Coinsurance	20% Coinsurance		N/A		\$250 Copay \$250 Copay	\$250 Copay	\$250 Copay		\$0 Copay DED & 50% Coinsurance	DED & 50% Coinsurance		\$40 Copay DED & 50% Coinsurance		\$200 Copay DED & 50% Coinsurance	DED & 50% Coinsurance	SOED GOOGLE CONSUMINCE	\$90 Copay	DED & 50% Coinsurance		DEI	20	HS434-801/802 Nationwide	(Employer PPO)	Essential
\$0 Copay		N/A	N/A	N/A	N/A	NIA See Other Professional Services category for Medicare-covered Part B Acupuncture	EO A CALIBORATION	20% Coinsurance		\$0 Copay DED & 40% Coinsurance	DED & 40% Coinsurance	\$0 Capar	20% Coinsurance DED & 40% Coinsurance	DED & 40% Coinsurance	0% Coinsurance	20% Coinsurance DED & 40% Coinsurance	DED & 40% Coinsurance	20% Coinsurance		N/A		\$200 Copay	\$200 Copay	\$200 Copay	CHE A TO COMBUIDING	\$0 Copay	DED & 40% Coinsurance	GAO CON SUI GILLOR	\$40 Copay		\$175 Copay DED & 40% Coinsurance	DED & 40% Coinsurance	DED & 40% Coinsurance	\$90 Copay	DED & 40% Coinsurance	\$250 Coday	DED & 40% Coinsurance	20% Coinsurance	HS434-801/802 Nationwide	(Employer PPO) Employer PPO	Value Value
\$0 Copayment		N/A	N/A	N/A	NA	NIA See Other Professional Services category for Medicare-covered Part B Acupuncture	eduRinging %,02	20% Coinsurance		\$0 Copayment DED & 40% Coinsurance	DED & 40% Coinsurance		\$0 Copayment	DED & 40% Coinsurance	0% Coinsurance	20% Coinsurance DED & 40% Coinsurance	DED & 40% Coinsurance	20% Coinsurance		N/A N/A	STOP CKIDAYINESI	\$150 Copayment	\$150 Copayment	\$150 Copayment	DED & 40% Chilshanda	\$0 Copayment	DED & 40% Coinsurance	DED & 40% Coinsurance	\$40 Copayment	or or to a constitution	8175 Capayment	\$250 Copayment DED & 40% Coinsurance	DED & 40% Coinsurance	\$75 Copayment	DED & 40% Coinsurance	COSO CONSUMANT	DED & 40% Coinsurance	2020 \$50 Copayment	H5434-801/802 Nationwide	ıployar PPC	EG)2
\$0 Сорау		N/A	NA	NA	NA	NA See Other Professional Services category for Medicare-covered Part B Acupuncture	20% Coinsurance	20% Coinsurance	Annual Manager	\$0 Copay	DED & 40% Coinsurance	A TO A COLLECTION OF	20% Coinsurance	DED & 40% Coinsurance	0% Coinsurance	20% Coinsurance DED & 40% Coinsurance	DED & 40% Coinsurance	20% Coinsurance	The second secon	N/A	SZOO Gopay	\$200 Copay	\$200 Copay	\$200 Copay	DED & 40% Coinsurance	\$0 Copay	DED & 40% Coinsurance	DED & 40% Coinsurance	\$40 Copay	DED & 40% CONSULANCE	\$200 Copay	\$250 Copay DED & 40% Coinsurance	DED & 40% Coinsurance	\$75 Copay	DED & 40% Coinsurance	AOFO Canali	DED & 40% Coinsurance	2021	H5434-801/802 Haltonwide	(Employer PPO) Employer PPO	Advanced
\$0 Copay	Print	N/A N/A	N/A	N/A		N/A See Other Professional Services category for Medicare-covered Part B Acupuncture	20% Coinsurance	20% Coinsurance	OLD & 50% COURTING	\$0 Copay	\$0 Copay DED & 20% Coinsurance	DED & 50% Coursuiding	\$0 Copay	DED & 20% Coinsurance	0% Coinsurance	20% Coinsurance DED & 20% Coinsurance	DED & 20% Coinsurance	20% Coinsurance		N/A	\$150 Copay	\$150 Copay	\$150 Copay	\$150 Copay	DED & 20% Coinsurance	\$0 Copay	\$35 Copay DED & 20% Coinsurance	DED & 20% Coinsurance	\$35 Copay	DED & 20% Coinsurance	\$175 Copay	\$200 Copay DED & 20% Coinsurance	DED & 20% Coinsurance	\$75 Copay	DED & 20% Coinsurance		DED & 20% Coinsurance	2021	H5434-801/802	(Employer PPO) Employer PPO	Platinum
\$0 Copayment	7	N/A	N/A	NA	1	NA See Other Professional Services category for Medicare-covered Part B Acupuncture	20% Coinsurance	20% Coinsurance	DED & 20% Consurance	\$0 Copayment	\$0 Copayment DED & 20% Coinsurance	DED & 20% Comsurance	\$0 Copayment	DED & 20% Coinsurance	0% Coinsurance	20% Coinsurance DED & 20% Coinsurance	DED & 20% Coinsurance	20% Coinsurance		N/A	\$150 Copayment	\$150 Copayment	\$150 Copayment	\$150 Consument	DED & 20% Coinsurance	\$0 Copayment	\$35 Copayment DED & 20% Coinsurance	DED & 20% Coinsurance	\$35 Copayment	DED & 20% Coinsurance	St00 Copayment	S150 Capayinani, DED & 20% Coinsurance	DED & 20% Coinsurance	\$75 Copayment	\$150 Copayment DED & 20% Coinsurance		\$50 Copayment DED & 20% Coinsurance	2020	H5434-801/802	Employer PPO	EGWP PPO1
\$0 Copay	PUA	NA	NA	N/A	-	NA See Other Professional Services category for Medicare-covered Part B Acupuncture	20% Coinsurance	20% Coinsurance	DED & 20% Coinsurance	\$0 Copay	\$0 Copay DED & 20% Coinsurance	DED & 20% Comsurance	\$0 Copay	DED & 20% Coinsurance	0% Colneirance	20% Coinsurance DED & 20% Coinsurance	DED & 20% Coinsurance	20% Coinsurance		N/A	\$150 Copay	\$150 Copay	\$150 Copay	\$150 Oppor	DED & 20% Coinsurance	\$0 Copay	S30 Copay DED & 20% Coinsurance	DED & 20% Coinsurance	\$30 Copay	DED & 20% Colesurance	\$150 Copay	\$200 Copay DED & 20% Coinsurance	DED & 20% Coinsurance	\$75 Copay	S200 Copey DED & 20% Coinsurance		20% Coinsurance DED & 20% Coinsurance	2021	H5434-901/902	Émployer PPO)	Elike

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Standard In-Network			Preferred in-Network	For 2 - Geometra	Long Term Care	Out-of-Network		Mail Order in-Network		The state of the s	Standard In Natural		Preferred In-Network	Tier 1 - Preferred Generics	Coverage Gap	Long Term Care	Out-of-Network	Mail Order In-Network		Standard In-Network	Preferred In-Network	Test 9 - Specially Drugs	Long Term Care	Orton	Mail Order In-Network	Control of the Control of	Standard In-Network	Preferred in-Network	Fier 4 - Non-Priorsed Drugs	Out-of-Network		Mail Order In-Network	Suital in-Network	Ottoplant in National	Preferred in-Network	Long Term Care	Out-of-Network	man Order in-Network		Standard in-Network	Preferred in-Network	Tier 2 - Generic Drugs	Long Term Care	Out-of-Network	Mail Order In-Network		Standard In-Network	Preferred In-Network	Tips 1 - Preferred Generic Drugs	Initial Coverage Stage	Excluded Drug Tiers	True Out-of-Pocket (Catastrophic Begins)	Initial Coverage Limit (Gap Begins)	Plan Premium	Year	Service Area/Counties	Contract-Plan Benefit Package	Plan Tune	Plan Name
31 day supply	And and Among	90 downstant	31 day supply	A selection of the sele	31 dev amply	31 day supply	90 day supply	31 day supply	90 day supply	or day suppry	and day outpliy	90 day august	31 day supply			31 day supply	90 day supply	31 day supply	90 day supply	31 day supply	31 day supply		31 day supply	90 day supply	31 day supply	90 day supply	90 day supply	31 day supply	Aiddns Am Ic	31 day supply	90 day supply	31 day supply	31 day supply	90 day supply	31 day supply	31 day supply	31 day supply	31 day supply	90 day supply	31 day supply	31 day supply		31 day supply	90 day supply	31 day supply	90 day supply	31 day supply	31 day supply								ALCOHOLD SAND			
Plan: 75%	Plan: 75%	Member: 25%	Member: 25%	Plan: 75%	Member: 25%	Member: 25%	Member: 25%	Member: 25% Plan: 75%	Plan: 75%	Plan: 75%	Plan: 75% Member: 25%	Plan: 75% Member: 25%	Member: 25%	No Gap Coverage		28%	N/A	28%	N/A	284	28%		\$100	\$279	\$93	\$300	\$279	\$93	\$40	\$47	\$120	\$40	\$47	\$120	\$40	\$20	\$35	\$20	\$105	\$35	\$20		\$10	\$30	\$10	\$60	\$30	\$10		waigieens, wallmart, PIFFBCK	WA	\$6,550	\$250 Applies to Tiers 3, 4, 5 Only	Varies by Group	经国际的现在分词的	Nationwide	Part D Ssq04-801/802	(Employer PDP)	Essential
\$20	\$45		\$15	00		\$15	\$24	\$8	\$45	910	00 00 00 00 00 00 00 00 00 00 00 00 00	200	S. 20	T1, T2		30%	AN	30%	NA S	300	36%	404	\$100	\$279	\$93	\$300	\$279	\$93	\$40	\$45	\$120	\$40	\$45	\$120	\$40	\$15	\$40	\$15	\$60	\$20	\$15		\$500 D	\$24	88	\$45	\$24	\$8	The state of the s	Walgreens, Walmart, PiliPack	WA	\$6,550	\$150 Applies to Tiers 3, 4, 5 Only	Varies by Group	STATEMENT OF THE PERSON	Nationwide	Part D	(Employer PDP)	BlueMedicare Group Hx
\$10	N/A		N/A	310	830	610	\$10	\$10	\$30	\$10	N/A		NIA	All Generics in Tiers 1, 2	40.0	33%	N/A	33%	WA %	NA A	NA	680	\$95	\$285	\$95	\$285	N/A	NIA	\$45	\$45	\$135	\$135	\$45	N/A	N/A	\$10	245	\$10	\$30	S10	NA		\$10	0.05	\$10	510	N/A	N/A		NA	NA	\$6,350	\$75 Brand Only	Varies by Group	920%	Spirion-souce	Dani D	Option 3	EGWP Rx
\$15	\$30	410	\$10	\$8	970		\$24	58	\$45	\$15	\$24	38	20	11,12	31.0	2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	N/A	31%	31° ₀	N/A	310,	\$78	\$35	\$234	\$78	282	\$234	\$78	\$35	\$45	\$105	\$135 \$35	\$45	\$105	363	\$10	\$30	\$10	945	\$30	\$10	90	\$15	\$24	SB	\$15	\$24	88	The state of the s	Walgreens, Walmart, PiliPack	NA	\$6,550	\$100 Applies to Tiers 3, 4, 5 Only	Varies by Group	2021	S5904-801/802	Part D	Advanced (Employer PDP)	BlueMedicare Group Rx
\$15	N/A	NA	NIA CHARLES AND	\$15	970	d	20	88	\$45	\$15	N/A	NA		All Tiers (No Gap)	20%	255	N/A	25%	25%	N/A	NA	485	\$85	\$255	\$85 P	\$85	N/A	N/A	\$45	\$45	\$135	\$135	\$45	N/A	AVIA	\$15	\$15	\$8	\$45	NA	NA	6.0	\$15	88	\$8	\$15	N/A	N/A	The printer of the pr	AW	AW	\$4,020	\$75 Brand Only	Varies by 0	2020	S5904-801	Part	Option 2	EGWP
\$15	\$24	600		\$3	\$10	30	60	90	\$30	\$10	89	1/2		All Tiers (No Gap)	33%	33%	WA	33 2	33%	NA	33%	\$65	\$85	\$195	2882	\$85	\$195	585	\$35	\$40	\$35	\$120	\$40	\$105		58	\$8	\$8	\$15	\$24	88	93	\$10	\$0	\$30	\$10	\$9	SS		Walgreens, Walmart, PiliPack	NA	\$4,130	\$0	Varies by Group	2021	\$5904-801/802	Part D	Platinum (Employer PDP)	BlueMedicare Group Rx
018	N/A	NA		\$10	\$10	\$0		SO	\$30	\$10	N/A	N/A		All Tiers (No Gap)	25%	25%	N/A	NA NA	25%	N/A	N/A	\$70	\$70	\$140	\$210	\$70	N/A	A/N	\$40	\$40	\$40	\$120	\$40	N/A		\$10	\$0	\$0	OLS	N/A	NA	\$10	\$10	\$0	50	\$10	N/A	WA		N/A	N/A A/A	84,026	\$0	Varies by Group	2020	S		Option 1	
\$15	98	S3		So	\$8	\$0	. 60	3	\$24	SB	SO	SO		All Tiers (No Gap)	33%	33%	N/A	N/A	33%	N/A	33%	\$60	\$70	\$120	\$210	\$70	\$180	093	\$30	\$40	\$30	\$120	\$40	065		83	\$9	\$3	\$15	\$9	\$3	\$0	88	\$0	\$24	\$8	\$0	50	Section of the latest	Walgreens, Walmart, PillPack	WA .550	\$4,130	\$0	Varior by Cours	Nationwide 2021	S5904-801/802	Part D	Elite	BlueMedicare Group Rx
\$15	\$0	SO		SO	\$10	\$0	ě	3 1	\$30	\$10	\$0	SO		T1, T2	33%	33%	WA.	WA	33%	NA	33%	\$50	\$70	\$100	\$210	\$70	\$150	0.00	\$20	\$40	\$20	\$120	\$40	\$20		\$0	\$0	\$0	\$15	\$0	\$0	30	\$10	\$0	\$30	\$10	\$0	08		Walgreens, Walmart, PillPac	WA WA	\$4,130	\$0		Nationwide 2021	S5904-801/802	(citiployer POP)	- 1	BlueMedicare Group Rx

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Out-of-testwork		Mail Order in-Network		Standard in-Network		Preferred in-Network	Ties 5 - Specially Drugs	Tom Tom Con-	Dischart	Mail Order in-Network		Standard in-Network		Preferred in-Network	Tiur 4 - Non-Proterred Brunds	Long Term Care	Out-of-Network		Mail Order In-Network		Standard in-Network		Preferred in-Network	Tier 3 - Proterred Brands	Long Term Care		Mail Order In-Network		Year	Contract-Plan Benefit Package	Pian Name Pian Type
31 day supply	90 day supply	31 day supply	90 day supply	31 day supply	90 day supply	31 day supply	31 day supply	or way supply	80 day supply	31 day supply	90 day supply	31 day supply	90 day supply	31 day supply		31 day supply	31 day supply	90 day supply	31 day supply	90 day supply	31 day supply	90 day supply	31 day supply	fielding from 10	31 day supply	90 day supply	31 day supply	90 day supply			
Member 25% Plan: 75% Plan: 75% Brands Member: 25% Member: 25% Member: 25% Member: 25% Member: 27%	N/A	Member 28% Plan: 75% Plan: 75% Brands Member 25% Plan: 5% Plan: 5% Plan: 5% Member 25% Plan: 9%			Generics	Member: 25% Plan: 75% Biands Member: 25% Plan: 5% Plan: 5% Plan: 5% Manväscturer: 70%								Manufacturer: 70% Member: 25%	Member: 25%								Member: 25% Manufacturer: 70% Member: 25%		Plan: 75% Member: 25%				Nationwide	S5904-801/802	BlueMedicare Group Rx Essential (Employer PDP)
Genetics Member: 25% Plan: 75% Plan: 75% Brands Member: 25% Plan: 5% Member: 25% Menutacturer: 70%	NA	Member: 25% Plan: 75% Plan: 75% Brands Member: 25% Plan: 5% Manufacturer: 70%	WA	Member: 25% Plan: 75% Brands Member: 25% Plan: 5% Manufacturer, 70%	N/A Generics	Member: 25% Plan: 75% Plan: 75% Brands Member: 25% Plan: 5% Manufacturer: 70%	Plan: 5% Manufacturer: 70%	Manufacturer: 70% Member: 25%	Plan: 5% Manufacturer: 70% Member: 25%	Plan: 5% Manufacturer: 70% Member: 25%	Plan: 5% Manufacturer: 70% Member: 25%	Plan: 5% Manufacturer: 70% Member: 25%	Plan: 5% Manufacturer: 70% Member: 25%	Manufacturer: 70% Member: 25%	manufacturer: 70%	Member: 25% Plan: 5%	Member: 25% Plan: 5% Manufacturer: 70%	Member: 25% Plan: 5% Manufacturer: 70%	Manufacturer: 70%	Plan: 5% Manufacturer: 70%	Manufacturer: 70%	Plan: 5% Manufacturer: 70%	Member: 25% Plan: 5% Manufacturer: 70% Member: 25%	90	\$20	\$45	\$15	\$60	Nationwide	\$5904-801/802	BlueMedicare Group Rx Value (Employer PDP)
Member: 25% Plan: 5% Menufacturer: 70%	N/A	Member: 25% Plan: 5% Manufacturer: 70%	WA	Member: 25% Plan: 5% Manufacturer: 70%	N/A	NJA	Plan: 5% Manufacturer: 70%	Plan: 5% Manufacturer: 70% Member: 25%	Mambar 25%	N/A	Manutacturer: 70%	Member: 25% Plan: 5%	Member: 25% Plan: 5% Manufacturer: 70%	Member: 25% Plan: 5% Manufacturer: 70%	Member: 25% Plan: 5% Manufacturer: 70%	Plan: 5% Manufacturer: 70%	Manufacturer: 70%	N/A	N/A	\$10	\$10	URS	\$10	06.5	Austorwise 2020	55904-891/302	EGWP Rx Option 3				
Generics Member: 25% Plant: 75% Plant: 75% Plant: 5% Plant: 5% Manufacturer: 70%	Manuacurer: 70%	Generica Member: 25% Plan: 75% Brands Member: 25% Plan: 5% Manufacturer: 77%	Manuracturer: 70%	Member: 25% Plen: 75% Brends Member: 25% Member: 25% Member: 25% Member: 70%	N/A Generics	Genetics Member: 25% Plan: 75% Plan: 75% Brands Member: 25% Plan: 5% Manufacturer: 70%	Plan: 5% Manufacturer: 70%	Manufacturer: 70% Member: 25%	Plan: 5% Manufacturer: 70% Member: 25%	Plan: 5% Manufacturer: ₹9% Member: 25%	Plan: 5% Manufacturer: 70% Member: 25%	Plan: 5% Menufacturer: 70%	Manufacturer: 70%	Member: 25% Plan: 55% Manufacturer: 70% Member: 25%	Manufacturer: 70%	Member: 25% Plan: 5%	Member: 25% Plan: 5% Manufacturer: 70%	Member: 25% Plan: 5% Manufacturer: 70%	Member: 25% Plan: 5% Manufacturer: 70%	Manufacturer: 70%	Member: 25% Plan: 5% Manufacturer: 70%	Plan: 5% Manufacturer: 70%	Member: 25% Plan: 5% Manufacturer: 70%	\$10	\$15	\$30	\$10	\$45	Nationwide 2021	Part D \$5904-801/802	BlueMedicare Group Rx Advanced (Employer PDP)
265%	NA	25.	N/A		N/A	AN	\$85	\$85	\$255	\$85	\$255	\$85	N/A	N/A		\$45	\$45	\$135	\$45	\$135	\$45	N/A	N/A	\$15	\$15	\$8	\$8	\$45	Nationwide	Fort D \$5904-801/802	EGWP Rx Option 2
70 A	NA	33%	NA	33%	AW	33%	\$65	\$85	\$195	36 Gr. S	\$255	\$85	\$195	\$65		69 60 50	\$40	\$70	\$35	\$120	\$40	\$105	\$35	88	\$15	\$8	88	\$45	Nationwide	Part D	BlueMedicare Group Rx Platinum (Employer PDP)
N/A	200	28	N/A	281.	N/A	N/A	\$70	\$70	\$140	\$70	\$210	\$70	N/A	WA		\$40	\$40	\$80	\$40	\$120	\$40	N/A	N/A	\$10	018	\$0	SO	\$30	Nationwide	Part D	EGWP fix Option 1
33%		33%	N/A	33%	N/A	33%	\$60	\$70	\$120	\$60	\$210	\$70	\$180	\$60	8000	\$30	\$40	0.65	\$30	\$120	\$40	\$90	\$30	\$3	\$15	6.5	S3	\$45	S5904-801/802 Nationwide	Part D	BlueMedicare Group Rx Elite (Employer PDP)
Manual Manual Member: 25% Member: 25% Plan: 75% Brands Brands Member: 25% Plan: 5% Manufacturer: 70%	Manufacturer: 70%	Generics Member: 25% Plan: 75% - Brands Member: 25% Plan: 5%	Manufacturer: 70%	Generics Member: 23% Plan: 75% Plan: 75% Brands Member: 23% Plan: 5%	WA NA	Generics Member: 25% Plan: 75% Brands Member: 25% Plan: 5%	Member: 25% Plan: 5% Manufacturer: 70%	Member: 25% Plan: 5% Menufacturer: 70%	Member: 25% Plan: 5% Manufacturer: 70%	Member: 25% Plan: 5% Manufacturer: 70%	Member: 25% Plan: 5% Manufacturer: 70%	Member: 25% Plan: 5% Manufacturer: 70%	Member: 25% Plan: 5% Manufacturer: 70%	Member: 25% Plan: 5% Manufacturer: 70%	Manufacturer: 70%	Manufacturer: 70% Member: 25%	Manufacturer: 70% Member: 25% Plan: 5%	Manufacturer: 70% Member: 25% Plan: 5%	Member: 25% Plan: 5%	Member: 25% Plan: 5%	Member: 25% Plan: 5% Manufacturer: 70%	Member: 25% Plan: 5% Manufacturer: 70%	Member: 25% Plan: 5% Manufacturer: 70%	08	\$15	\$0	\$0	2021	S5904-801/802 Nationwide	Part D	BlueMedicare Group Rx Ultra

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Pan Name	なる 一般ないは は	Essential	Value	EGWPRX	BlueMedicare Group Rx	EGWP Rx	BlueMedicare Group Rx	EGW/D By	BlueMedicare Group Rx	BlueMedicare Group Rx
		(Employer PDP)	(Employer PDP)	Option 3	Advanced	Option 2	Platinum	Option 1	Elite	
Plan Type		Part D	Part D	Part 27	(Employer FUF)		(Employer PDP)	Operation 1	(Employer PDP)	(Employer PDP)
Contract-Plan Benefit Package		\$5904-801/802	\$5004-801/802		Laur D	Part D	Part 0	Part D	Part D	Part D
Service Area/Counties		Nationwide	Nationwilds	ZDG/tria-space	55904-801/802	\$5904-801/802	S5904-801/802	S4904-801/802	S5904-801/802	\$5904-801/802
Year			Manonwide	Nattoneride	Nationwide	Mationwide	Nationwide	Nationwide	Nationwide	Nationwide
	COLUMN STREET,	Camprice	The same of the sa	3020	2021	2020	2021	2020	2021	2021
		Member: 25%	Member: 25%		Member: 25%					Generics
Long Term Care	31 day supply	Plan: 75% Brands	Plan: 75%	Member: 25%	Plan: 75%					_ %
		Member: 25%	Member: 25%	Manufacturer: 70%	Member 25%		33%		33%	
		Plan: 5%	Plan: 5%		Plan: 5%					Member: 25%
Catastrophic Stage		ALTO DE MANAGEMENTO	Manufactures: 70%		Manufacturer: 70%					Manufacturer: 70%
Flor 1 - Stylerrad Garages	THE RESIDENCE IN COLUMN 2 IN C	STATE OF STREET, STREE	Section of the Party of the Par	The second second	にはなり 日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日					
All I ocations	34 /00 day amanda	C	一日本の一日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日							
Fig. 2 - Generica	Author And Author	Criment or 65 to 01 276	OF EAST OF \$3,70 OF 5%	Greater of \$3.50 or 5%	Greater of \$3.70 or 5%	\$3.60	Greater of \$3.70 or 5%	\$3.60	Greater of \$3.70 or 5%	Greater of \$3.70 or 5%
All Locations	When you had not be	Grander of 62 70 or 50	No. of Concession, Name of Street, or other Persons and Name of Street, or other Pers				THE RESERVE AND ADDRESS OF THE PARTY OF THE			
Der 3 - Preterred Brands			C. C. 10 C.	C 0.0 00 00 00 00 00 00 00 00 00 00 00 00	Greeter of 83.79 of 5%	\$3.60	Greater of \$3.70 or 5%	\$3.60	Greater of \$3.70 or 5%	Greater of \$3.70 or 5%
All Locations	31/90 day supply	Cardesser of \$9.20 or 5%	Consider at 80, 70 as 80		The same of the sa		日本 大学 日本			
Tiar 4 - Ron-Preferred Druge			Of the Address of the	C. C	OLC TO DZ'GE 3D ISBRAID	\$8.95	Greater of \$9.20 or 5%	\$8.95	Greater of \$9.20 or 5%	Greater of \$9.20 or 5%
All Locations	39 /OC when a property	Character of the no as to	というなんから はないという							
Ties 5 - Specially Consider	Sudden for our outside	Ste In orrace to talease	targeter of \$6.20 or 5%	Greater of \$8.95 or 5%	Greater of \$9.20 or 5%	\$8.95	Greater of \$9.20 or 5%	\$8.95	Greater of \$9.20 or 5%	Greater of \$9.20 or 5%
Marchaelle Barrier of		THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAME	THE REAL PROPERTY AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO PERSONS AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO PERSON NAME							
All Locations	31 day supply	Greater of \$3,70 or 5%	Greater of \$3.70 or 5%	Greater of \$3.80 or 5%	Greater of \$3,70 or 5%	\$3.60	Greater of \$3.70 or 5%	23.60	Granter of \$3.70 or 5%	
1101 3 - Specially Brands								40.00	Circumot or 40.10 of 0.70	Greater or source or one
All Locations	31 day supply	Constant of the control of					THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED I			

1 ⊒ 5	of the annual maximum plan benefit allowance.	=======================================	of the annual maximum plan benefit allowance.	excess of the annual maximum plan benefit allowance.	
oay aximum plan bene ice.	\$0 Copay Subject to the annual maximum plan benefit allowance.	\$0 Copay Subject to the annual maximum plan benefit allowance. Member responsible for any amounts in	\$0 Copay Subject to the annual maximum plan benefit allowance. Member responsible for any amounts in avcess	Subject to the annual maximum plan benefit allowance. Member responsible for any amounts in	In-Network
owards the purch	\$100 Allowance per year towards the purchase of lenses, frames or contacts.	\$100 Allowance per year towards the purchase of lenses, frames or contacts.	\$100 Allowance per year towards the purchase of lenses, frames or contacts.	\$100 Allowance per year towards the purchase of lenses, frames or contacts.	Benefit Maximum
unt.	allowed amount	allowed amount.	anowed anibulit.	MINANA MINANA	Eyewear (Lenses, Frames, Contacts)
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		3000	\$0 Copey	\$0 Copav	In-Network
	一年 日本の日本日本			· · · · · · · · · · · · · · · · · · ·	Routine Eye Exams (1 Every 12 Months)
reimbursed 5. grates	Member pays up front and is reimbursed 50% of non-participating rates	Member pays up front and is reimbursed 50% of non-participating rates	Member pays up front and is reimbursed 50% of non-participating rates	Member pays up front and is reimbursed 50% of non-participating rates	Additional Vision Sandon
	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	in-Network
	9 per Veer	Up To 2 Per Year	2 per Year	Up To 2 Per Year	Benefit Limit
					Denture Adjustment - Complete or Partial (D5410, D5411, D5421, or D5422)
eimbursed 50 rates	Member pays up front and is reimbursed 50% of non-participating rates	d is reimbursed ating rates	Member pays up front and is reimbursed 50% of non-participating rates	Member pays up front and is reimbursed 50% of non-participating rates	Out-of-Network
	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	in-Network
	2 per Year	Up To 2 Per Year	2 per Year	Up To 2 Per Year	Benefit Limit
					Endodontics/Periodontics/Extractions (Extraction (D7140)
mbursed 50	Member pays up front and is reimbursed 50% of non-participating rates	d is reimbursed ating rates	Member pays up front and is reimbursed 50% of non-participating rates	Member pays up front and is reimbursed 50% of non-participating rates	Out-of-Network
	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	In-Network
	1 From 10 Months	1 Every 12 Months	1 Every 12 Months	1 Every 12 Months	Benefit Limit
bursed 50	Member pays up front and is reimbursed 50% of non-participating rates	d is reimbursed iting rates	Member pays up front and is reimbursed 50% of non-participating rates	Member pays up front and is reimbursed 50% of non-participating rates	Out-of-Network
	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	In-Network
		1	1 Even 36 Months	1 Every 36 Months	Benefit Limit
bursed 50	Member pays up front and is reimbursed 50% of non-participating rates	Member pays up front and is reimbursed 50% of non-participating rates	Member pays up front and is reimbursed 50% of non-participating rates	Member pays up front and is reimbursed 50% of non-participating rates	Full Mouth Books X (Doors Doors)
	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	In-Network
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00	of non-participating rate	ou% or non-participating rates	or non-bannohamily rates	S. S	Cleaning (D1110)
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ist	1 Per Lifetime, Per Dentist	1 Per Lifetime, Per Dentist	1 Per Lifetime, Per Dentist Counts against exams limit	1 Per Lifetime, Per Dentist Counts against exams limit	Benefit Limit
8	or non-barnopaning ran				Comprehensive Oral Exam (D0150)
bursed 50	Member pays up front and is reimbursed 50%	d is reimbursed	Member pays up front and is reimbursed 50% of non-participating rates	Member pays up front and is reimbursed 50% of non-participating rates	Out-of-Network
	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	In-Network
	S per year	2 per vear	2 per year	2 per year	Benefit Limit
	N/A	N/A	NA	N/A	Periodic Oral Exam (D0120)
10	FCL Dental Plan PPO 10	FCL Dental Plan PPO 10	FCL Dental Plan PPO 10	FCL Dental Plan PPO 10	Total Preventive/Comprehensive Benefit Maximum
	N/A	N/A	N/A	NA	Additional Dental Services
	\$0 Copav	\$0 Copay	\$0 Copay	\$0 Copay	SilverSnea
No.	2021	2021	2021	2021	Filness Gym Membership
	Nationwide	Nation West Control	Nationwide	N Hon vide	Service Area/Countles Year
	Employer PPO	Employer PPO	H5454-801/802	H54	Contract-Plan Benefit Package
	(Employer PPO	A (Employer PPO)	E. A. Employer PPO)	(Employed Block)	Plan Type
) PPO	BlueMedicare Group PPO Platinum	BlueMedicare Group PPO Advanced	Value oup PPO	Essential	Plan Name
		casp		Physical Comp BBO	

Plan Name		BlueMedicare Group PPO Essential (Employer PPO)	BlueMedicare Group PPO Value (Employer PPO)	BlueMedicare Group PPO Advanced ැ ැලිනාඉioyer PPO)	BlueMedicare Group PPO Platinum (Employer PPO)
Contract-Plan Benefit Package		Employer PRO	Employer PPO	Julyloyer PPO	Employer PPO
Service Area/Counties		M54.14 P37/802	H5434-801/802	15 54 801/802	H5434-801/802
Year		2021	Nationwide 2021	Nationwide 2021	Nationwide 2021
		Member must pay 100% of the charges and submit the itemized receipt(s) for reimbursement of 50% of the in-network allowed amount.	Member must pay 100% of the charges and submit the itemized receipt(s) for reimbursement of 50% of the in-network allowed amount.	Member must pay 100% of the charges and submit the itemized receipt(s) for reimbursement of 50% of the in-network allowed amount.	Member must pay 100% of the charges and submit the itemized receipt(s) for reimbursement of 50% of the in-network allowed amount.
	Out-of-Network	Member is responsible for all amounts in excess of the 50% in-network allowed amount and/or any amounts in excess of the annual maximum plan benefit allowance.	Member is responsible for all amounts in excess of the 50% in-network allowed amount and/or any amounts in excess of the annual maximum plan benefit allowance.	Member is responsible for all amounts in excess of the 50% in-network allowed amount and/or any amounts in excess of the annual maximum plan benefit allowance.	Member is responsible for all amounts in excess of the 50% in-network allowed amount and/or any amounts in excess of the annual maximum plan benefit allowance.
		Total reimbursement is subject to the annual maximum plan benefit allowance.	Total reimbursement is subject to the annual maximum plan benefit allowance.	Total reimbursement is subject to the annual maximum plan benefit allowance.	Total reimbursement is subject to the annual maximum plan benefit allowance.
Additional Hearing Services	The state of the s				
Routine Hearing Exams (1 every year)					
	Benefit Maximum	1 every 12 months	1 every 12 months	1 every 12 months	1 every 12 months
	in-Network	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
	Out-of-Network	Member must submit receipts for reimbursement at 50% of maximum allowed.	Member mu reimbursement at	Member must submit receipts for reimbursement at 50% of maximum allowed.	Member must submit receipts for reimbursement at 50% of maximum allowed
Hearing Aid Evaluation and Fitting					
	in-Network	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
	Out-of-Network	Member must submit receipts for reimbursement at 50% of maximum allowed.	Member mu reimbursement at	Member must submit receipts for reimbursement at 50% of maximum allowed.	Member must submit receipts for reimbursement at 50% of maximum allowed.
Hearing Aids					
	Benefit Maximum	\$350 maximum allowance for each hearing aid. Up to 2 hearing aids every year. Hearing aids must be purchased through	\$350 maximum allowance for each hearing aid Up to 2 hearing aids every year. Hearing aids must be purchased through	\$350 maximum allowance for each hearing aid. Up to 2 hearing aids every year. Hearing aids must be purchased through	\$350 maximum allowance for each hearing aid Up to 2 hearing aids every year. Hearing aids must be purchased though
		benefits.		benefits.	Q
	In-Network	S0 Copay Subject to Benefit Maximum. Member is responsible for any amount after the benefit allowance has been applied.	\$0 Copay Subject to Benefit Maximum. Member is responsible for any amount after the benefit allowance has been applied.	\$0 Copay Subject to Benefit Maximum. Member is responsible for any amount after the benefit allowance has been applied. Subject to Benefit Maximum. Member is responsible for any amount after the benefit allowance has been applied. Subject to Benefit Maximum. Subject to Benefit Maximum. Subject to Benefit Maximum. Subject to Benefit Maximum. Subject to Benefit Maximum. Subject to Benefit Maximum. Subject to Benefit Maximum. Subject to Benefit Maximum. Subject to Benefit Maximum. Subject to Benefit Maximum. Subject to Benefit Maximum. Subject to Benefit Maximum. Subject to Benefit Maximum. Subject to Benefit Maximum. Subject to Benefit Maximum. Subject to Benefit Maximum. Subject to Benefit Maximum. Subject to Benefit Maximum.	\$0 Copay Subject to Benefit Maximum. Member is responsible for any amount after the benefit allowance has been applied.
	Out-of-Network	Member must submit receipts for reimbursement at 50% of maximum allowed. Subject to Benefit Maximum. Member is responsible for any amount after the benefit allowance has been applied.	Member must submit receipts for reimbursement at 50% of maximum allowed. Subject to Benefit Maximum. Member is responsible for any amount after the benefit allowance has been applied.	Member must submit receipts for reimbursement at 50% of maximum allowed. Subject to Benefit Maximum. Member is responsible for any amount after the benefit allowance has been applied.	Member must submit receipts for reimbursennent at 50% of maximum allowed. Subject to Benefit Maximum. Member is responsible for any amount after the benefit allowance has been applied.

Memo of Board Meeting

Date: August 3, 2021

Time: 6:00 pm

Location: GCSB Board Room

Type: RPF Bids

BXS Insurance

- Medical Insurance- Carrier Name not provided
 - o Plan A & B (PPO))
 - Plan C (High Deductible health plan)
- Medical Rates:
 - Plan A Cost not provided
 - Plan B Cost not Provided
 - Plan C Cost not Provided
- Pharmacy Cost Savings Program
- Employer Health Clinic
- Telemedicine/Virtual Visits

RFP #2021-0006 Gadsden County School District Request for Proposals for Group Health Insurance



Presented By:







MEDICAL INSURANCE

CARRIER: CARRIER NAME

Plan Options: Two PPO plans (Plans A and B) or a high-deductible health plan (Plan C)

Please refer to the official plan documents for additional information on coverage and exclusions.

COVERED BENEFITS	PL/	ANA	PL	AN B	PL	AN C
Year Deductible Individual/Family	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
· · · · · · · · · · · · · · · · · · ·	\$1,000/\$3,000	\$2,000/\$6,000	\$4,000/\$12,000	\$8,000/\$24,000	\$3,300/\$6,600	\$6,600/\$13,200
Out of Pocket Maximum Individual/Family (includes deductible, copays, and coinsurance	\$3,250/\$6,500	\$6,500/\$13,000	\$6,350/\$12,700	\$12,700/\$25,400	\$6,350/\$12,700	\$12,700/\$25,400
Preventive Care	Plan pays 100%	40% coinsurance	Plan pays 100%	40% coinsurance	Plan pays 100%	50% coinsurance
Physician Services Primary Care	\$40 copay	\$40% after deductible	\$40 copay	40% after deductible	30% after deductible	50% after deductible
Quality Blue Primary Care	\$25 copay	\$40% after deductible	\$25 copay	\$40% after deductible	30% after deductible	50% after deductible
Specialist	\$55 copay	\$40% after deductible	\$55 copay	\$40% after deductible	30% after deductible	50% after deductible
Urgent Care	\$55 copay	\$40% after deductible	\$55 copay	\$40% after deductible	30% after deductible	50% after deductible

Emergency Room

20% coinsurance after in-network deductible

Deductible

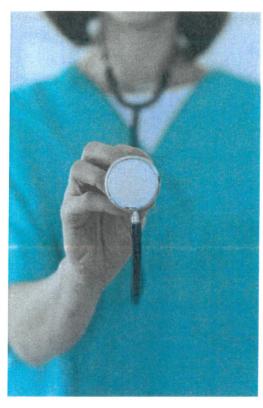
COVERED BENEFITS	PL	AN A	PL	AN B	PL.	AN C
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Lab / X-Ray Diagnostic Lab/X-Ray	20% after deductible	40% after deductible	20% after deductible	40% after deductible	30% after deductible	50% after deductible
High-Tech Services (MAI, CT, PET)	20% after deductible	40% after deductible	20% after deductible	40% after deductible	30% after deductible	50% after deductible
Hospital Services Inpatient	20% after deductible	40% after deductible	20% after deductible	40% after deductible	30% after deductible	50% after deductible
Outpatient	20% after deductible	40% after deductible	20% after deductible	40% after deductible	30% after deductible	50% after deductible
Prescription Drugs Generic	\$7.	copay	\$15	copay	30% afte	r deductible
Preferred Brand	\$30	copay	\$40	copay	50% afte	r deductible
Non-Preferred Brand	\$70	copay	\$70	copay	50% afte	r deductible
Specialty	10%	to \$150	10%	to \$150	50% afte	r deductible
Mail Order (90-day supply)	3x ret	ail copay	3x ret	ail copay	50% afte	r deductible

WHICH MEDICAL INSURANCE PLAN IS RIGHT FOR YOU?

Choosing the right medical plan is an important decision. Take the time to learn about your options to ensure you select the right plan for you and your family.

THINGS TO CONSIDER

- 1. Do you prefer to pay more for medical insurance out of your paycheck, but less when you need care?
- 2. Or, do you prefer to pay less out of your paycheck, but more when you need care?
- 3. What planned medical services do you expect to need in the upcoming year?
- 4. Are you able to budget for your deductible by setting aside pre-tax dollars from your paycheck in an HSA or FSA?
- 5. Do you or any of your covered family members take prescription medications on a regular basis?



MEDICAL RATES		PLAN A		PLAN B		PLAN C
COVERAGE LEVEL	Monthly	Per Pay Period	Monthly	Per Pay Period	Monthly	Per Pay Period
Employee Only	\$	s	\$	\$	\$	\$
EE & Spouse	\$	\$	\$	\$	\$	\$
EE & Child(ren)	\$	\$	\$	\$	\$	\$
EE & (Family)	\$	\$	\$	\$	\$	\$

COMPARING YOUR MEDICAL PLAN OPTIONS

- Higher cost per paycheck
- Lower deductible
- Can fund a Health Care Flexible Spending Account (FSA)
- Lower cost per paycheck
- · Higher deductible
- Can fund a health savings account (HSA)

PHARMACY COST SAVINGS PROGRAM

You can significantly save on your prescription cost by utilizing this benefit.

	REGULAR RETAIL PHARMACY (CVS, Walgreens, Walmart)	ENHANCED PHARMACY COPAY
GENERIC	\$	\$
FORMULARY BRAND	\$	\$
NON-FORMULARY BRAND	\$	\$
SPECIALTY / INJECTABLE	\$	\$



	MAIL ORDER COPAY (90-day supply)	ENHANCED PHARMACY COPAY
GENERIC	\$	\$
FORMULARY BRAND	\$	\$
NON-FORMULARY BRAND	\$	\$

EMPLOYER HEALTH CLINIC

(COMPANY NAME) provides all employees with access to an employer-paid clinic. Employees (part-time and full-time), their spouses and children; which must be 2 or older, can visit this convenient clinic at no charge.

CONDITIONS TREATED / SERVICES OFFERED

- Blood pressure screening, monitoring and education
- Women's health needs (including yearly Pap smears and breast exams)
- Men's health needs (prostate exam)
- Diabetes screening, monitoring, and education
- Basic vision screening
- Basic hearing screening
- Pulmonary lung function screening
- Skin cancer education
- Pharmaceutical information
- Variety of free medicine samples and over the counter drugs
- Lab capabilities (calendar labs free)
- Annual physicals, school & sports physicals, pre-employment and DOT physicals
- Minor suturing & suture removal
- Wound care
- Wart, mole and skin tag removals
- Simple splinting
- Simple eye care (including simple debris removal)
- Asthma & allergy treatment (breathing treatments)
- Colon cancer screening
- Patient referrals (mammogram, specialists, etc.)
- Health care counseling, prevention, and education
- And much more

HOURS OF OPERATION

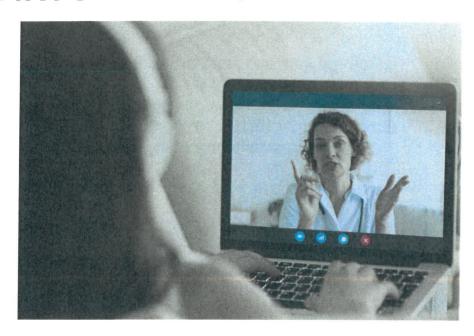
Text here

COST

Text here

TELEMEDICINE / VIRTUAL VISITS

When it comes to healthcare, access is important. You want care that is convenient, high-quality and low-cost. But depending on your condition, going to your personal physician or an urgent care clinic might not be your best option. We are proud to offer telemedicine / virtual visits.



TREATED THROUGH TELEMEDICINE

NOT TREATED THROUGH TELEMEDICINE

Allergies
Cold & Flu Symptoms
Cough
Ear Infection
Pink Eye
Prescription Refills
Respiratory Infection
Sinus Problems / Nasal Congestion
Urinary Tract Infection
And more!

Sprains, broken bones or injuries requiring bandaging
Anything that needs a hands-on exam
Anything that needs a lab test or X-ray
Chronic conditions

HOW TO REGISTER

- **Step 1:** Visit www.CARRIERNAME.com/virtualvisitpagename or download the CARRIER NAME app.
- Step 2: Click "NAME OF BUTTON" to sign in to (or create) your account.
- Step 3: Click "Request a Visit" to schedule a virtual visit through your phone or computer.

COST

Text here

SUMMARY SHEET

RECOMMENDATION TO SUPERINTENDENT FOR SCHOOL BOARD AGENDA

AGENDA ITEM NO. 5

DATE OF SCHOOL BOARD MEETING: August 3, 2021

TITLE OF AGENDA ITEM: TSSSA Plan 2021-2022 - West Gadsden Middle School

DIVISION: Secondary

____This is a CONTINUATION of a current project, grant, etc.

PURPOSE AND SUMMARY OF ITEM:

(Type and Double Space)

Schools that are implementing a district-managed turnaround option are eligible to receive funds under the Turnaround Schools Supplemental Services Allocation (TSSSA). West Gadsden Middle School is eligible for this funding and a school board approved plan is required so that funds are released on September 10, 2021.

FUND SOURCE: TSSSA

AMOUNT: \$168,550.00

PREPARED BY: Tammy McGriff, Eds

POSITION: Assistant Superintendent for Academic Services

INTERNAL INSTRUCTIONS TO BE COMPLETED BY PREPARER

Number of ORIGINAL SIGNATURES NEEDED by preparer.

SUPERINTENDENT'S SIGNATURE: page(s) numbered_______CHAIRMAN'S SIGNATURE: page(s) numbered

Gadsden County Schools

West Gadsden Middle School



2021-22 TSSSA Plan

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Plan Assurances	C
Plan Items	C
Budget	7

Eligibility and Allocation

Eligibility

Eligibility for 2021-22 TSSSA will be based on 2019 school grades and meeting one of the following criteria: a school implementing a turnaround plan or a turnaround school that has improved to a C or higher and has exited turnaround status within the last two years.

The preliminary allocation is based on a per-FTE funding amount of \$500 or as provided by the General Appropriations Act. Districts are required to complete a district-level plan. In addition, school-level plans are also required. The district and school level plans must be submitted to your school board for approval by August 1. The school board approved plan is due to the Bureau of School Improvement no later than September 1.

Allocation

School ID	School Name	Implementing Exited Exited Year 1 Year 2	Preliminary Allocation	Updated Allocation
0052 We	st Gadsden Middle		\$168,550.00	

Plan Assurances

Family and Community Partnerships

Assure that the school will implement strategies to establish comprehensive support services that develop family and community partnerships.

YES

Academic and Character Standards

Assure that the school will implement strategies to establish clearly defined and measurable high academic and character standards.

YES

Parental Involvement

Assure that the school will implement strategies to increase parental involvement and engagement in the child's education.

YES

Incentives for Instructional Personnel

Assure that the school will implement strategies to identify, recruit, retain, and reward instructional personnel.

YES

Professional Development

Assure that the school will implement strategies to provide professional development that focuses on academic rigor, direct instruction, and creating high academic and character standards.

YES

Focused Instruction

Assure that the school will implement strategies to provide focused instruction to improve student academic proficiency, which may include additional instruction time beyond the normal school day or school year.

YES

Plan Items

Family and Community Partnerships

Explain how the school will establish comprehensive support services that develop family and community partnerships.

The school administration at West Gadsden Middle School has established strong relationships with local organizations, the neighboring elementary school, community members and the elected school board member serving the community.

- (1) West Gadsden Middle School will maintain the established School Advisory Committee. The school has School Advisory Council comprised of family and community members. The council, which is representative of the school population, is encouraged to visit the school, attend meetings and make recommendations regarding various aspects of the school.
- (2) The school will continue to seek information from family and community partners through surveys. Surveys will address the overall climate of the school. Surveys will also serve as a means to evaluate the effectiveness of the established partnerships.
- (3) West Gadsden Middle School will provide opportunities for community members to support school activities through opportunities such as College/Career Day.

WGMS acknowledges that it is critical to employ a designated person to lead the coordination of school-community partnerships. The individual will maintain partnerships with community agencies and facilitate effective

communication and collaboration among the leadership team to ensure that specialized instructional support personnel, service providers, school personnel, parents, families, and members of the community are active partners in the wrap-around services process. This individual will communicate with parents and families regarding various aspects of the school.

Academic and Character Standards

Explain the strategies the school will implement to establish clearly defined and measurable high academic and character standards.

West Gadsden Middle School (WGMS) will implement the academic standards established by the Florida Department of Education. The school, in alignment with the district and FDOE, will:

- (a) Provide instruction aligned with the state-approved standards in all core academic areas;
- (b) Prepare all students for success in college and career; (c) Provide prevention and intervention support in areas of need; and (d) Monitor student progress; (e) Hold teachers accountable for student outcomes. To ensure that standards-aligned instruction occurs, high

quality, tailored professional learning opportunities will be provided to all teachers so that they are able to meet the needs specific to the school with fragile learners with adverse childhood experiences. The support is designed to cultivate teacher leaders who are prepared to facilitate improvement in and learning at their school from within their classroom.

Administrators and teachers at WGMS will participate in intensive, ongoing professional learning, based on the needs of the students as identified by student performance data. Additionally, personnel will receive professional development in educating and supporting fragile learners. Training specific to new ELA and Math standards, the newly adopted curricular

materials will occur during the summer and throughout the school year.

Character standards are critical to a learning environment. There are many strategies to address character and behavior of children in school but most are derived from a Multi-tiered System of Supports (MTSS) and Mental Health plans. WGMS has taken a close look at the options available and where we can make the most improvement. WGMS has decided to use Restorative practices as the approach to deal with Character Standards. It is a social science that studies how to improve and repair relationships between people and communities. The purpose is to build healthy communities, increase social capital, decrease crime and anti-social behavior, repair harm, and restore relationships. Restorative thinking is a significant shift from punishment-oriented thinking. Restorative practices cultivate a culture where everyone feels like they belong. Goals for students at turnaround schools will be to learn to value and regularly use proactive positive ways to build and maintain a peaceful classroom. The district will install kiosks at the school as a means for students and faculty to seek and obtain support to address mental health concerns.

Chronic absenteeism has been identified as a key early warning system indicator of students most likely to drop out of high school and is included in state and local early warning systems (EWS). Prior to the COVID-19 pandemic, chronic absenteeism was an issue at the local high school. As a direct result of the pandemic, WGMS has experienced an increase in the number of absences of both teachers and students. The findings of research indicate that one of the most effective strategies for closing the achievement gap will be a concerted effort to enable and ensure that high-poverty students attend school regularly. WGMS is proposing to employ attendance interventionist who will work with teachers, school leaders, students, and parents to identify the root causes of attendance issues and link the families with the appropriate support services necessary for them to attend school regularly and come to school ready to learn.

Parental Involvement

Explain the strategies the school will implement to increase parental involvement and engagement in the child's education.

WGMS will encourage parent involvement by (1) hosting activities during times that are convenient to parents; (2) providing translators to support parents of ESOL to reduce the language barrier; (3) hosting informational activities to offer more personalized support to parents; and (4) incentivizing parent participation in students' educational process.

The school will establish a calendar of activities that will be hosted to increase parental involvement and engagement, working collaboratively with the District's Family And Community Engagement department. Services to children and families in transition will be provided to address the needs of all students.

Incentives for Instructional Personnel

Explain the strategies the school will implement to identify, recruit, retain, and reward instructional personnel.

As referenced in the **K-12 ESEA Common Program Guidance**, Recruitment, retention and reward incentives must be based on a three-year aggregate state value-added model (VAM) score. If state VAM is not available, another student growth model may be proposed. The student growth model must be fair and reliable. The LEA must submit the model demonstrating the classification and distribution of non-state VAM teacher scores for approval. Incentives can be part of a structured pay system or a Memorandum of Understanding (MOU); however, the above criteria shall apply. Incentives for attendance and non-instructional personnel are not allowable. Recruitment incentives for teachers with less than one year of experience or for hard to staff positions will be considered on a case by case basis.

The Gadsden County School District has been building a compensation model to make the district more comparable to surrounding districts. The goal is to be able to recruit and retain the most qualified staff. Additionally, the district has committed to utilizing available funds to provide incentives to teachers whose VAM scores demonstrate student growth. The goals of the District's approved plan include:

- Goal 1: Improve the Image and Status of Gadsden County School District
- Goal 2: Improve Teaching Salary Competitiveness
- Goal 3: Expand the pool of potential teachers
- Goal 4: Improve Hiring Practices
- Goal 5: Ensure that evaluation systems allow for differentiation between effective and less effective teachers, as well as ways for teachers to share their expertise and experience more systematically
- Goal 6: Strengthen Teacher Retention Efforts
- Goal 7: Make Reward Mechanisms More Flexible

Professional Development

Explain the strategies the school will implement to provide professional development that focuses on academic rigor, direct instruction, and creating high academic and character standards.

Instructional Design and Lesson Planning training for WGMS applies concepts from human development and learning theories. Leaders and teachers are taught to maintain student-centered, safe, organized, flexible, and collaborative learning environments. They are taught to engage and challenge instructional delivery and facilitate to support identified student needs. They learn how to use data from assessments to make instructional decisions to match learning objectives with mastery. They collaborate with home and community to support student learning and continuous improvement. Maintaining professional responsibility and ethical conduct is stressed.

WGMS seeks to provide a science and math coach who will coach, model and provide professional development to teachers. Professional development will include the new state-adopted academic standards, the newly adopted curriculum and the MTSS process. The trainings will be held throughout the school year. Additionally, administrators and instructors will travel to professional learning opportunities provided by the Florida Department of Education and other professional learning opportunities that will improve student proficiency.

This TSSSA plan is designed to continue to build the capacity of pre-service personnel,

parents, and professionals with specialized knowledge to enhance literacy outcomes. In order to improve supports and services for children from culturally and linguistically diverse backgrounds, the projects support teacher trainees each year to complete coursework toward certification and/or degree to serve at WGMS. They provide all teachers at WGMS with jobembedded professional learning each year and provide parents with literacy and standards professional learning. Professional Learning builds capacity to implement, evaluate, and disseminate highly effective evidence-based practices to continue to develop the professional capacity of our teachers.

Focused Instruction

Explain the strategies the school will implement to provide focused instruction to improve student academic proficiency, which may include additional instruction time beyond the normal school day or school year.

WGMS began providing additional instruction beyond the school day during the second semester of the school year, in preparation for the EOCs and FSA. To address the needs of the students and prevent the need for interventions, the school will provide prevention support by offering support through an after school program.

- (1) WGMS will utilize baseline data to determine which students will benefit from extended instructional time.
- (2) Additional instruction time beyond the normal school day will be planned and students will be given the opportunity to attend.
- (3) Progress monitoring will be utilized to determine the effectiveness of the instruction.

Part V: Budget

This section will assist in generating a school TSSSA budget for submission based upon each budget item tied to a Plan Item identified in the Part III: Plan Items.

Access the budget by clicking the blue Manage Budget button. This will direct you to the Budget page. This page includes the breakdown of funds by Plan Item.

1	III.1.	Family and Community Partnerships				\$17,500.00
	Function	Object	Budget Focus	Funding Source	FTE	2021-22
	6100	160-Other Support Personnel	0052 - West Gadsden Middle School	TSSSA	0.45	\$15,000.00
			Notes: 1 community and parent with parents to better facilitate assistance), and align parent an goals @ \$1,500 per month for \$	issues with remote i ad student support v	learning (ho	me and phone
	6150	510-Supplies	0052 - West Gadsden Middle School	TSSSA		\$2,500.00
			Notes: Materials and supplies to cartridges, flyers	include pens, mark	ers, posters	s, paper,
2	III.2.	Academic and Chara	cter Standards			\$25,839.00
	Function	Object	Budget Focus	Funding Source	FTE	2021-22

	5100	310-Professional and Technical Services	0052 - West Gadsden Middle School	TSSSA	2.0	\$14,440.00
			Notes: Certified or adjunct instru the school day in the areas of re x 8 hrs/wk x 12 wks = 14,400	uctors to support stu eading, math and or	idents and t science. (3	teachers during experts x \$50/hr
	5100	240-Workers Compensation	0052 - West Gadsden Middle School	TSSSA		\$634.00
			Notes: Workers comp @ 3%			
	5100	510-Supplies	0052 - West Gadsden Middle School	TSSSA		\$10,765.00
			Notes: Supplemental instruction \$3390; (2) National Geographic at Home SEL - \$5375			
3	III.3.	Parental Involvement				\$36,222.00
	Function	Object	Budget Focus	Funding Source	FTE	2021-22
	5100	150-Aides	0052 - West Gadsden Middle School	TSSSA	1.0	\$25,000.00
			Notes: ESOL para to assist parer push-in/pull-outs for individual E	nts with EL learning EL learning	and meetin	gs and assist with
	5100	210-Retirement	0052 - West Gadsden Middle School	TSSSA		\$2,500.00
			Notes: Retirement @ 10%			
	5100	220-Social Security	0052 - West Gadsden Middle School	TSSSA		\$1,922.00
			Notes: FICA @ 7.65% (rounded)			
	5100	230-Group Insurance	0052 - West Gadsden Middle School	TSSSA		\$5,700.00
			Notes: Group health @ \$5,700 a	nnually		
	5100	232-Life Insurance	0052 - West Gadsden Middle School	TSSSA		\$350.00
			Notes: Life insurance @ \$350 an	nually		
	5100	240-Workers Compensation	0052 - West Gadsden Middle School	TSSSA		\$750.00
			Notes: Workers comp @ 3%			
4	111.4.	Incentives for Instruc	tional Personnel			\$0.00
5	III.5.	Professional Develop	ment			\$61,395.00
	Function	Object	Budget Focus	Funding Source	FTE	2021-22
	6400	160-Other Support Personnel	0052 - West Gadsden Middle School	TSSSA	1.0	\$30,000.00
			Notes: Salary for part time math each	coach and part tim	e science co	oach @ \$15,000
	6400	210-Retirement	0052 - West Gadsden Middle School	TSSSA		\$3,000.00

			Notes: Retirement @ 10%			
	6400	220-Social Security	0052 - West Gadsden Middle School	TSSSA		\$2,295.00
			Notes: Social Security @ 7.65%x	\$30000 = \$2295		
	6400	230-Group Insurance	0052 - West Gadsden Middle School	TSSSA		\$11,400.00
			Notes: Group life insurance 2 x \$	55700 = \$11,400		
	6400	240-Workers Compensation	0052 - West Gadsden Middle School	TSSSA		\$1,500.00
			Notes: Workers Comp @ 3% = \$	1500		
	6400	120-Classroom Teachers	0052 - West Gadsden Middle School	TSSSA		\$13,200.00
			Notes: Stipends for teachers to p the students. 30 teachers x 20 h			to the needs of
6	III.6.	Focused Instruction				\$27,594.00
i,	Function	Object	Budget Focus	Funding Source	FTE	2021-22
	5900	120-Classroom Teachers	0052 - West Gadsden Middle School	TSSSA		\$21,120.00
			Notes: Additional tutoring suppo 120 days (30 days each teacher children ready for FSA and EOC) x 2 hours per day	in second s	semester to get
	5900	210-Retirement	0052 - West Gadsden Middle School	TSSSA		\$2,112.00
			Notes: Retirement @10%			
	5900	220-Social Security	0052 - West Gadsden Middle School	TSSSA		\$1,616.00
			Notes: Social Security @ 7.65%			
	1	240-Workers Compensation	0052 - West Gadsden Middle School	TSSSA		\$634.00
	5900	Compensation		•		
	5900	Compensation	Notes: Workers Comp @ 3%			
	5900	510-Supplies	Notes: Workers Comp @ 3% 0052 - West Gadsden Middle School	TSSSA		\$2,112.00
			0052 - West Gadsden	uch as paper, pens,	markers, ci	\$2,112.00