ALEX®

What is ALEX®?
ALEX is an online tool that will help you select the best benefit plan for you and your family. When you interact with ALEX he will ask you a few questions about your health care needs and point out what makes the most sense for you.

How does ALEX know what plan is best for me?
ALEX takes the amount each plan would cost you out of your paycheck (your premium) and adds that to the amount it would cost for the services you might use. Then he will recommend the least expensive plan for your needs.

ALEX and Privacy
Your ALEX experience is completely private and anonymous.

Meet ALEX today!
www.myalex.com/ccps/2018

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WHAT ARE YOUR BENEFITS?

COLLIER COUNTY PUBLIC SCHOOLS - OFFICE OF BENEFITS AND WELLNESS

address: Dr. Martin Luther King, Jr. Administrative Center  
5775 Osceola Trail  
Naples, Florida 34109  
phone: (239) 377-0340  
fax: (239) 377-0384  
e-mail: benefits@collierschools.com  
web: www.collierschools.com/benefits

ACCIDENT  
Trustmark - (800) 918-8877  
Group #BG00004329  
www.trustmarksolutions.com

BENCOR  
(888) 258-3422 (option 1)  
(239) 689-3554 (local office)  
rkemp@bencorrep.com  
www.bencorplans.com

CRITICAL ILLNESS  
Combined Insurance - (800) 544-9382  
Group #BKRC00501  
www.combinedinsurance.com/policyholder-center

DENTAL (DHO and PPO)  
MetLife - (800) 942-0854  
Group #150401-1-G  
www.metlife.com/mybenefits

DISABILITY  
Reliance Standard - (800) 351-7500  
Short Term Group #VPS326186  
Long Term (90 day) Group #VPL301225  
Long Term (180 day) Group #VPL301224  
www.reliancestandard.com

EMPLOYEE ASSISTANCE PROGRAM  
Humana - (800) 448-4358  
www.humana.com/eap

HOSPITAL INDEMNITY  
Allstate - (800) 521-3535  
Group #V8982  
www.allstatebenefits.com/mybenefits

LEGAL SHIELD / IDENTITY SHIELD  
Legal Shield - (800) 654-7757  
Group #110765  
www.prepaidlegal.com

LIFE (DISTRICT-PAID AND SUPPLEMENTAL)  
Reliance Standard - (800) 351-7500  
Basic Group #GL150915  
$20,000 Group #GL150907 - Supplemental  
Group #VG183516 - Voluntary  
www.reliancestandard.com

LIFE (UNIVERSAL AND LONG-TERM CARE)  
Trustmark - (800) 918-8877  
Group #BG00004329  
www.trustmarksolutions.com

MEDICAL / FLEXIBLE SPENDING  
Allegiance Benefit Plan Mngmt - (855) 333-1012  
Group #2003022  
www.askallegiance.com/dsbcc

MEDICAL NETWORK (LOCAL) - Tier 1  
Community Health Partners - (239) 659-7700  
www.chealthpartners.com

MEDICAL NETWORK (NATIONAL) - Tiers 2 & 3  
Tier 2 Cigna - (855) 333-1012  
www.askallegiance.com/dsbcc

Tier 3 Multiplan - (800) 523-3669  
www.multiplan.com

PET DISCOUNT PROGRAMS  
Pet Assure / PETplus - (800) 891-2565  
www.petassure.com

PRESCRIPTION DRUG PLAN  
Envision Rx - (800) 361-4542  
www.envisionrx.com

RETIREMENT  
Florida Retirement System (FRS)  
Investment Plan - (866) 446-9377  
Pension Plan - (844) 377-1888  
www.myfrs.com

VISION  
EyeMed - (800) 521-3605  
Group #9855495  
www.eyemedvisioncare.com
This Employee Benefits Guide has been designed for you! Collier County Public Schools (CCPS) offers benefits to all full-time employees. These benefits may include paid vacation and sick leave, holidays, medical, life insurance, and retirement, as well as an array of voluntary plans including dental and vision.

Our goal is to provide you and your family with a competitive benefits package. Here are some important considerations when reviewing your CCPS benefits:

• Medical, prescription drug, and life insurance coverage are paid for you by the District. This is a cost-savings to you of $7,850.

• In fact, your total fringe benefits package (including medical, life, retirement, Medicare, and worker’s compensation) is equal to 16.07% of your salary. For example, if you earn a salary of $30,000, this equates to $12,671 in benefits paid for you by the District.

• In addition, as a benefit-eligible CCPS employee, you have all of the following programs available to you at NO cost:
  » Blood draws and biometric screenings
  » On-site health coaches
  » Food for Life classes
  » SmartChoice and SmartDollar
  » Preventative screenings
  » On-site flu shot program
  » Complete Health Improvement Plan (CHIP)
  » HealthyWage
  » Employee Assistance/Work-Life Program

You also have an impressive selection of voluntary benefits to choose from. We encourage you to review the information in this guide and carefully consider your personal needs.

To assist in the decision-making process during your open enrollment period, visit our New Hire Benefit Enrollment website (click here). Our website includes a comprehensive review of benefit plan information and resources.

Thank you and, once again, welcome to Collier County Public Schools. We are CCPS Proud!

Valerie Wenrich
Executive Director, Human Resources

IMPORTANT DISCLAIMER
This Guide summarizes the key features of Collier County Public Schools’ benefit programs and does not include all details of all plans. The terms of the benefit plans are governed by legal documents, including insurance contracts, plan documents, and policy guides. If there are any errors, omissions, or discrepancies between this Guide and the legal plan documents, the plan documents are the final authority. Plan documents can be found online on the CCPS Benefits and Wellness website at collierschools.com/benefits or by clicking on the links within this Guide.
New employees have only the first 45 calendar days to enroll in the insurance plans of their choice. After the first 45 days, employees may only enroll during the annual Open Enrollment period, which takes place each year in the fall, for coverage effective January 1st of the following year. You may be allowed to make certain changes to your coverage mid-year if you experience a qualifying event (for example, marriage, divorce, birth or adoption of a child, etc.). You must notify the Benefits and Wellness Office within 30 days of the qualifying event.

Full-time employees are eligible for medical coverage on the first day of the month following 30 calendar days after their start date. Life insurance is effective on your first day of employment.

**STEP 1**  
Call BenTec Workplace Solutions to schedule an appointment  
(800) 282-0732 and press 0 for the receptionist  
Refer to your new hire packet for appointment dates and times

**STEP 2**  
Prepare for your appointment  
• Review and select the plans you wish to enroll  
• Gather Social Security numbers and dates of birth for you and your dependents and beneficiaries

**STEP 3**  
On the date of your appointment, call BenTec Workplace Solutions to complete your enrollment
YOUR MEDICAL BENEFITS
The District’s medical plan is a Preferred Provider Organization (PPO). You may use a provider (physician, hospital, etc.) of your choice; however, deductibles, out-of-pocket expenses, co-insurance and co-payments are higher when an out-of-network provider is used.

The “benefit year” is January 1 to December 31. Coverage begins on the first day of the month following 30 days of consecutive employment. Coverage ends on the last day of the month of employment.

MEDICAL CLAIMS ADMINISTRATOR
Allegiance is the District’s Third Party Administrator (TPA) who processes all medical claims. To submit a claim, mail your itemized statement to the address listed on the back of your medical ID card. No claim forms are required.

HEALTH RATES
Premiums for employees are paid at 100% by the District. Premiums for dependent coverage are paid by the employee. Deductions are based on 20 pay periods per year.

<table>
<thead>
<tr>
<th>COVERAGE</th>
<th>ANNUAL</th>
<th>MONTHLY</th>
<th>PER CHECK (20 checks)</th>
<th>DAILY</th>
</tr>
</thead>
<tbody>
<tr>
<td>SINGLE (Full-time employees - 100% paid by District)</td>
<td>$7,780.00</td>
<td>$648.33</td>
<td>$389.00</td>
<td>$21.32</td>
</tr>
<tr>
<td>(Part-time eligible employees - 100% paid by employee)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 CHILD ONLY (Employee paid)</td>
<td>$1,909.00</td>
<td>$159.08</td>
<td>$95.45</td>
<td>$5.23</td>
</tr>
<tr>
<td>2 CHILDREN ONLY (Employee paid)</td>
<td>$3,818.00</td>
<td>$318.17</td>
<td>$190.90</td>
<td>$10.46</td>
</tr>
<tr>
<td>3 CHILDREN ONLY (Employee paid)</td>
<td>$5,727.00</td>
<td>$477.25</td>
<td>$286.35</td>
<td>$15.69</td>
</tr>
<tr>
<td>DUAL SPOUSE (Two employees with two or more children - Employee paid)</td>
<td>$3,010.00</td>
<td>$250.83</td>
<td>$150.50</td>
<td>$8.25</td>
</tr>
<tr>
<td>SPOUSE ONLY (Employee paid)</td>
<td>$5,842.00</td>
<td>$486.83</td>
<td>$292.10</td>
<td>$16.01</td>
</tr>
<tr>
<td>FAMILY (Employee paid)</td>
<td>$8,852.00</td>
<td>$737.67</td>
<td>$442.60</td>
<td>$24.25</td>
</tr>
</tbody>
</table>

Note: To calculate the total cost for single and dependent coverage, add the two rates together. Example the annual single rate is $7,780 and the annual spouse rate is $5,842. The total single and spouse rate is $13,622.
PATHWAYS TO ENHANCED HEALTH INCENTIVE PROGRAM
Pathways is a voluntary incentive-based wellness program which allows a covered employee to qualify for lower out-of-pocket costs (incentives) by participating in a variety of research-based wellness activities. These activities are designed to improve health awareness, support and maintain good health and address chronic disease or serious medical conditions. Covered employees who choose not to participate in wellness activities will remain in the Basic Pathway for the subsequent plan year. Covered dependents will be enrolled in the same Pathway as the employee.

The three Pathways are: Basic Pathway (no incentives), Custom Pathway (partial incentives), and Enhanced Pathway (full incentives).

<table>
<thead>
<tr>
<th></th>
<th>BASIC PATHWAY (no incentives)</th>
<th>CUSTOM PATHWAY (partial incentives)</th>
<th>ENHANCED PATHWAY (full incentives)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Individual Deductible</strong>&lt;sup&gt;1&lt;/sup&gt;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In-network</td>
<td>$3,000</td>
<td>$1,000</td>
<td>$400</td>
</tr>
<tr>
<td>Out-of-network</td>
<td>$6,000</td>
<td>$1,300</td>
<td>$800</td>
</tr>
<tr>
<td><strong>Annual Family Deductible</strong>&lt;sup&gt;2&lt;/sup&gt;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In-network</td>
<td>$6,000</td>
<td>$2,000</td>
<td>$800</td>
</tr>
<tr>
<td>Out-of-network</td>
<td>$12,000</td>
<td>$2,600</td>
<td>$1,600</td>
</tr>
<tr>
<td><strong>After Deductible, Member Pays</strong>&lt;sup&gt;3&lt;/sup&gt;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In-network</td>
<td>40%</td>
<td>30%</td>
<td>20%</td>
</tr>
<tr>
<td>Out-of-network</td>
<td>50%</td>
<td>45%</td>
<td>40%</td>
</tr>
<tr>
<td><strong>Annual Individual Maximum Out-of-Pocket</strong>&lt;sup&gt;4&lt;/sup&gt;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In-network</td>
<td>$4,700</td>
<td>$4,450</td>
<td>$2,400</td>
</tr>
<tr>
<td>Out-of-network</td>
<td>$16,000</td>
<td>$8,500</td>
<td>$4,800</td>
</tr>
<tr>
<td><strong>Annual Family Maximum Out-of-Pocket</strong>&lt;sup&gt;4&lt;/sup&gt;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In-network</td>
<td>$9,400</td>
<td>$8,900</td>
<td>$4,800</td>
</tr>
<tr>
<td>Out-of-network</td>
<td>$32,000</td>
<td>$17,000</td>
<td>$9,600</td>
</tr>
<tr>
<td><strong>Office Visit - Primary Care</strong>&lt;sup&gt;5&lt;/sup&gt;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In-network</td>
<td>40%&lt;sup&gt;3&lt;/sup&gt;</td>
<td>$50 Co-pay&lt;sup&gt;5&lt;/sup&gt;</td>
<td>$30 Co-pay&lt;sup&gt;5&lt;/sup&gt;</td>
</tr>
<tr>
<td>Out-of-network</td>
<td>55%&lt;sup&gt;3&lt;/sup&gt;</td>
<td>$45%&lt;sup&gt;3&lt;/sup&gt;</td>
<td>40%&lt;sup&gt;3&lt;/sup&gt;</td>
</tr>
<tr>
<td><strong>Office Visit - Specialist</strong>&lt;sup&gt;5&lt;/sup&gt;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In-network</td>
<td>40%&lt;sup&gt;3&lt;/sup&gt;</td>
<td>$75 Co-pay&lt;sup&gt;6&lt;/sup&gt;</td>
<td>$50 Co-pay&lt;sup&gt;6&lt;/sup&gt;</td>
</tr>
<tr>
<td>Out-of-network</td>
<td>50%&lt;sup&gt;3&lt;/sup&gt;</td>
<td>$45%&lt;sup&gt;3&lt;/sup&gt;</td>
<td>40%&lt;sup&gt;3&lt;/sup&gt;</td>
</tr>
</tbody>
</table>

1 Annual individual deductible is the dollar amount the covered person must pay during the calendar year before covered expenses are payable under the health insurance plan. The out-of-network deductible is separate from the in-network deductible.

2 Annual family deductible is the accumulative deductible which can be met by one or multiple family members. There is no limit on the number of covered dependents.

3 The annual maximum out-of-pocket is the maximum amount of covered expenses a covered person must pay during the calendar year. The Out-of-Pocket Maximum includes amounts applied towards the Deductible and any applicable Medical Copayments. After the Out-of-Pocket Maximum is satisfied, no further Deductible is required and Copayments are waived for the remainder of the Benefit Period.

4 Co-insurance is the percentage paid by the Plan after the annual deductible is met.

5 Co-pay/co-payment is the flat dollar amount paid for medical services by a covered person per office visit. Services for which co-payments apply are covered at 100% after the covered person pays the co-payment. Applies to in-office services not to exceed $500 per visit.
ABOUT YOUR PRESCRIPTION DRUG PLAN
The District’s prescription drug plan goes into effect the first day of the month following 30 days of consecutive employment. The plan includes:

- 24-hour / 365-days-a-year customer service call center
- National network of more than 53,000 retail pharmacies
- Convenient shipment of your medications through home delivery
- Website offering valuable claim and plan cost information

PRESCRIPTION BENEFIT MANAGER
Envision Rx Options is the District’s prescription benefit manager.

MAIL ORDER SERVICES
Envision Pharmacies

SPECIALTY MEDICATION SERVICES
Envision Pharmacies

PRESCRIPTION PLAN COST COMPARISON
Prescription plan coinsurance does not serve to satisfy the Medical Benefits Annual Deductible or Out-of-Pocket Maximum. However, pharmacy deductible and coinsurance does apply toward the applicable Pharmacy Benefit Out-of-Pocket Maximum.

<table>
<thead>
<tr>
<th></th>
<th>BASIC PATHWAY (no incentives)</th>
<th>CUSTOM PATHWAY (partial incentives)</th>
<th>ENHANCED PATHWAY (full incentives)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Prescription Plan Deductible</strong></td>
<td>Per Covered Person</td>
<td>$400</td>
<td>$250</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum</strong></td>
<td>Individual</td>
<td>$2,150</td>
<td>$2,150</td>
</tr>
<tr>
<td></td>
<td>Family</td>
<td>$4,800</td>
<td>$4,300</td>
</tr>
<tr>
<td><strong>Medication Option</strong></td>
<td>Generic</td>
<td>40%</td>
<td>30%</td>
</tr>
<tr>
<td></td>
<td>Preferred</td>
<td>40%</td>
<td>30%</td>
</tr>
<tr>
<td></td>
<td>Non-Preferred</td>
<td>60%</td>
<td>50%</td>
</tr>
</tbody>
</table>

*Click here for more details about your Prescription Plan*
ABOUT YOUR LIFE INSURANCE COVERAGE
The District pays 100% of the premium for basic life insurance. The insurance is equal to:

1 x base salary (minimum $30,000 / maximum $100,000)

This coverage includes accidental death and dismemberment and double indemnity for accidental death. Coverage begins on the first contract day of employment and ends on the last day of the month of employment.

Click here for details on additional voluntary life insurance that is available for employees and dependents during new hire enrollment and annual open enrollment.
VISION INSURANCE PROVIDER
EyeMed Vision Care is the District’s vision insurance provider.

VISION INSURANCE PLANS
Two vision insurance plans are available for District employees.

- Regular Plan (schedule of benefits)
- High Plan (schedule of benefits)

(800) 521-3605
http://www.eyemedvisioncare.com
Click here to download Coverage Information and Rates

DENTAL INSURANCE PROVIDER
MetLife is the District’s dental insurance provider.

DENTAL INSURANCE PLANS
Three dental insurance plans are available for District employees.

- DHMO MET185A (schedule of benefits)
- PPO Dental Plan High Option (schedule of benefits)
- PPO Dental Plan Low Option (schedule of benefits)

(800) 942-0854
http://www.metlife.com/mybenefits
Click here to view Coverage Information and Rates
Click here to download Dental Plan Overview
ACCIDENT INSURANCE

Click here to view Coverage Information and Rates

HOSPITAL INDEMNITY INSURANCE

Click here to view Coverage Information and Rates

CRITICAL ILLNESS INSURANCE

Click here to view Coverage Information and Rates

LEGAL SHIELD & IDENTITY THEFT

Click here to view Coverage Information and Rates

DISABILITY INSURANCE

Click here to view Coverage Information and Rates

FLEXIBLE SPENDING ACCOUNT

Click here to view Coverage Information and Rates

PET DISCOUNT PROGRAMS

Click here to view Coverage Information and Rates

SUPPLEMENTAL LIFE INSURANCE

Click here to view Coverage Information and Rates

UNIVERSAL LIFE INSURANCE AND LONG-TERM CARE

Click here to view Coverage Information and Rates

CCPS Benefits & Wellness Online
Click here for additional brochures and rate sheets on all voluntary benefit options
ABOUT THE FLORIDA RETIREMENT SYSTEM (FRS)
Florida Retirement System (FRS) members must contribute 3% of their salary as retirement contributions, on a pre-tax basis for all employees in regular full-time and part-time positions. FRS offers two options for employees to choose from:

PENSION PLAN
- Defined benefit plan, in which you are promised a benefit at retirement if you meet the criteria
- The amount of your future benefit is determined by a formula, based on your earnings, length of service, and membership class
- Primarily designed to serve longer-service employees who will be with the FRS for most of their career
- Older employees and those employees who do not want to control their retirement plan may also prefer the Pension Plan
- Benefits are generally back-loaded, which means that you accumulate benefits slowly at first and then at a faster rate the longer you stay
- You will be eligible for a Pension Plan benefit (i.e. be vested) when you complete six years of service if you enrolled in the FRS prior to July 1, 2011 or eight years of service if you enrolled on or after July 1, 2011

INVESTMENT PLAN
- Defined contribution plan, in which employer and employee contributions are defined by law
- Your ultimate benefit depends in part on the performance of your investment funds
- Funded by employer and employee contributions that are based on your salary and your FRS membership class (Regular Class, Special Risk Class, etc.)
- Directs contributions to individual member accounts and you allocate your contributions and account balance among various investment funds
- Retirement benefit is the value of your account at termination
- Unlike the Pension Plan, there is no fixed benefit level at retirement

Approximately 60 days from the date of employment, new employees will receive an information packet on your “choice” for retirement. Employees have five (5) months from the date of hire to make a decision. If an employee does not make a choice within five (5) months, FRS will automatically enroll him/her in the Pension Plan. Employees are, however, allowed to change their selection ONE time in their life. Employees initially enrolled in the FRS on or after January 1, 2018, will have eight (8) months from the date of hire to make a retirement plan choice. If an employee does not make a choice within eight (8) months, the default retirement plan will be the Investment Plan.

TAX SHELTERED ANNUITIES

AVAILABLE TAX SHELTERED ANNUITIES
District employees are eligible to contribute to 403(b), 457(b), and Roth 403(b) tax sheltered annuities. Employees may choose from several types of investment products for retirement savings. All employees, with the exception of private contractors, school board members, and student workers, are eligible to participate in a tax sheltered annuities plan. Approved companies, which meet certain standards, are allowed to provide tax sheltered annuities to employees.

@ Click here to visit the MyFRS website

@ Click here to learn more about CCPS tax sheltered annuity options

@ Click here for a list of authorized tax sheltered annuity vendors
EMPLOYEE ASSISTANCE PROGRAM

EMPLOYEE ASSISTANCE PROGRAM (EAP) AND WORK-LIFE SERVICES
Your Employee Assistance Program and Work-Life Services help you and those living in your household manage everyday life issues that can affect you at home and at work. Experienced counselors are available anytime during the day or night to help you find solutions. The EAP is confidential and initial counseling sessions are paid by the District. The toll-free number is (800) 448-4358.

SICK LEAVE
Employees receive one (1) sick day per contractual month each year. For example, employees who work a 186, 196, or 198 day contract receive ten (10) days per year. All employees receive four (4) sick leave days on the first day of employment of each contract year, then one day per month until the maximum is reached for the contract year. Unused sick leave is carried over from year to year.

SICK LEAVE POOL
To become a member of the Sick Leave Pool, employees must enroll within the first thirty (30) days of employment. There is a one year waiting period before this benefit can be used. Beginning with the second contract year, all employees are eligible to be members of the Sick Leave Pool. If you decline enrollment, drop out, or forget to sign up, Florida Statutes states you may never join or rejoin unless you terminate your position, are rehired, and wait the one year waiting period.

Each employee who enrolls as a member will donate one (1) sick leave day after the one year waiting period. Additional days may automatically be donated if the pool's balance falls below the required limit.

PERSONAL LEAVE
Employees are entitled to six (6) days of personal leave per contract year. These are not additional days, but days that are charged against accrued sick leave.

VACATION LEAVE
Employees who work a 250 day contract (12 months) will receive one (1) vacation day per contractual month each year. An employee will receive one additional day of vacation for each year they are employed with the District up to a maximum of six (6) days.

Vacation days are accumulative and rollover from one year to the next. Sixty (60) days is the maximum carried forward for employees.
Human Resources Department
Valerie Wenrich, Executive Director

Office of Benefits and Wellness
Jane Knobie-Manalich, Director
Marie Irwin, Coordinator
Cynthia Cave, Manager
Teresa Cowley, Elementary Staff
Jenna Sims, Secondary Staff/Maintenance/Transportation
Dan Davidson, Family Medical Leaves
Joanna Ciani, Maternity Leaves/Pathways
Natasha Bucher, Receptionist

p: (239) 377-0340 | f: (239) 377-0384
e: benefits@collierschools.com

5775 Osceola Trail | Naples, Florida 34109