

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



## Memo of Board Meeting

Date: August 3, 2021

Time: 6:00 pm

Location: GCSB Board Room

Type: RPF Bids

### Capital Health Plan

- Rates for
  - Capital Selection 15/30/50 RX
  - Value Selection 15/50/100 RX
  - 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:

<b>Capital Selection 15/30/50 RX</b>	<b>Rates</b>
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:

<b>Value Selection 15/50/100 RX</b>	<b>Rates</b>
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:

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



 The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, at [www.capitalhealth.com/sbc](http://www.capitalhealth.com/sbc). For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or 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.

Important Questions	Answers	Why This Matters:
What is the overall 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 plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible. See a list of covered preventive services at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a> .
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	Medical: \$2,000 single coverage / \$4,500 family coverage. Pharmacy: \$4,600 single coverage \$8,700 family coverage.	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
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-pocket limit.
Will you pay less if you use a network provider?	Yes. See <a href="http://www.capitalhealth.com">www.capitalhealth.com</a> or call 850-383-3311 for a list of network providers.	Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	Yes. Some specialists require a referral. For a list of specialists that require a referral go to <a href="http://capitalhealth.com/ReferralAndAuth">capitalhealth.com/ReferralAndAuth</a>	This plan will pay some or all of the costs to see a specialist for covered services but only if you have a referral before you see the specialist.

**A All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.**

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
<p><b>If you visit a health care provider's office or clinic</b></p>	Primary care visit to treat an injury or illness	Office: \$15 / visit	Not Covered	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.
	Specialist visit	Office: \$40 / visit	Not Covered	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.
	Preventive care/screening/immunization	No Charge for covered services	Not Covered	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.
	Diagnostic test (x-ray, blood work)	No Charge	Not Covered	Diagnostic tests other than x-ray or blood work may incur a cost share.
<p><b>If you have a test</b></p>	Imaging (CT/PET scans, MRIs)	\$100 / visit	Not Covered	Prior authorization required for certain imaging services. Your benefits/services may be denied.
	<p><b>If you need drugs to treat your illness or condition</b></p> <p>More information about <a href="#">prescription drug coverage</a> is available at <a href="https://calc.talhealth.com/members/about-your-">https://calc.talhealth.com/members/about-your-</a></p>	Tier 1 drugs	\$15/30-day supply \$30/60-day supply \$45/90-day supply (retail & mail order)	Not Covered
Tier 2 drugs		\$30/30-day supply \$60/60-day supply \$90/90-day supply (retail & mail order)	Not Covered	

<u>medications</u>	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.
	<u>Specialty drugs</u>	\$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.
<b>If you have outpatient surgery</b>	Facility fee (e.g., ambulatory surgery center)	Ambulatory Surgical Center: \$100 / visit Hospital: \$250 / visit	Not Covered	Prior authorization may be required. Your benefits/services may be denied. Cost share applies to all outpatient services.
	Physician/surgeon fees	\$40 / provider	Not Covered	
<b>If you need immediate medical attention</b>	<u>Emergency room care</u>	\$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.
	<u>Emergency medical transportation</u>	\$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.
	Facility fee (e.g., hospital room)	\$250 / admission \$250 / observation	Not Covered	Prior authorization required. Your benefits /services may be denied.
<b>If you have a hospital stay</b>	Physician/surgeon fees	No Charge if admitted \$40 /provider for observation	Not Covered	_____none_____
	Outpatient services	\$40 / visit	Not Covered	Cost share applies regardless of place of service, including office, telehealth, school, etc.
<b>If you need mental health, behavioral health, or substance abuse services</b>	Inpatient services	\$250 / admission	Not Covered	Prior authorization required. Your benefits /services may be denied.

If you are pregnant	Office visits	\$40 / visit	Not Covered	Cost share applies regardless of place of service, including office, telehealth, etc.
	Childbirth/delivery professional services	No Charge	Not Covered	_____none_____
	Childbirth/delivery facility services	\$250 / admission	Not Covered	Prior authorization required. Your benefits /services may be denied.
	Home health care	No Charge	Not Covered	Prior authorization required. Your benefits/ services may be denied.
	Rehabilitation services	\$40 / visit	Not Covered	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.
	Habilitation services	Not Covered	Not Covered	_____none_____
If you need help recovering or have other special health needs	Skilled nursing care	No Charge	Not Covered	Covers up to 60 days per admission with subsequent admission following 180 days from discharge date of previous admission.
	Durable medical equipment	No Charge	Not Covered	Prior authorization required for certain devices. Your benefits/services may be denied.
	Hospice services	No Charge	Not Covered	Prior authorization required for inpatient services. Your benefits/services may be denied.
	Children's eye exam	\$15 / visit	Not Covered	_____none_____
If your child needs dental or eye care	Children's glasses	Not Covered	Not Covered	_____none_____
	Children's dental check-up	Not Covered	Not Covered	_____none_____

**Excluded Services & 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.)**

- |  |   |   |
|--|---|---|
| <ul style="list-style-type: none"> <li>• Acupuncture</li> <li>• Bariatric Surgery</li> <li>• Cosmetic Surgery</li> <li>• Dental care (Adult)</li> <li>• Dental care (Child)</li> </ul> | <ul style="list-style-type: none"> <li>• Glasses</li> <li>• Habilitation services</li> <li>• Hearing aids</li> <li>• Infertility treatment</li> <li>• Long-term care</li> </ul> | <ul style="list-style-type: none"> <li>• Non-emergency care when traveling outside the US</li> <li>• Private-duty nursing</li> <li>• Routine foot care</li> <li>• Weight loss programs</li> </ul> |
|--|---|---|

**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 [www.dol.gov/ebsa/healthreform](http://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 x61565 or [www.cchio.cms.gov](http://www.cchio.cms.gov). Other coverage options may be available to you, too, including buying individual insurance coverage through the [Health Insurance Marketplace](#). For more information about the [Marketplace](#), visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596.

**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 [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 provide complete information on how to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). 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 Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://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 [www.dol.gov/ebsa/consumer\\_info\\_health.html](http://www.dol.gov/ebsa/consumer_info_health.html) and <http://www.cms.gov/CCIIO/Resources/Consumer-Assistance-Grants/>.

**Does this plan provide Minimum Essential Coverage? Yes**

[Minimum Essential Coverage](#) generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, 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](#).

**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, kwijigo holne' 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.*

**About these Coverage Examples:**



**This is not a cost estimator.** Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different 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 pay under different health plans. Please note these coverage examples are based on self-only coverage.

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

- **The plan's overall deductible** \$0
- **Specialist copayment** \$40
- **Hospital (facility) copayment** \$250
- **Other copayment** \$0

**This EXAMPLE event includes services like:**

- Specialist office visits (*prenatal care*)
- Childbirth/Delivery Professional Services
- Childbirth/Delivery Facility Services
- Diagnostic tests (*ultrasounds and blood work*)
- Specialist visit (*anesthesia*)

**Total Example Cost** \$12,700

**In this example, Peg would pay:**

Cost Sharing	
Deductibles	\$0
Copayments	\$500
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$60
<b>The total Peg would pay is</b>	<b>\$560</b>

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

- **The plan's overall deductible** \$0
- **Specialist copayment** \$40
- **Hospital (facility) copayment** \$250
- **Other copayment** \$50

**This EXAMPLE event includes services like:**

- Primary care physician office visits (*including disease education*)
- Diagnostic tests (*blood work*)
- Prescription drugs
- Durable medical equipment (*glucose meter*)

**Total Example Cost** \$5,600

**In this example, Joe would pay:**

Cost Sharing	
Deductibles	\$0
Copayments	\$1,000
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$20
<b>The total Joe would pay is</b>	<b>\$1,020</b>

**Mia's Simple Fracture**  
(in-network emergency room visit and follow up care)

- **The plan's overall deductible** \$0
- **Specialist copayment** \$40
- **Hospital (facility) copayment** \$250
- **Other copayment** \$50

**This EXAMPLE event includes services like:**

- Emergency room care (*including medical supplies*)
- Diagnostic test (*x-ray*)
- Durable medical equipment (*crutches*)
- Rehabilitation services (*physical therapy*)

**Total Example Cost** \$2,800

**In this example, Mia would pay:**

Cost Sharing	
Deductibles	\$0
Copayments	\$900
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$900</b>

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

 The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, at [www.capitalhealth.com/sbc](http://www.capitalhealth.com/sbc). For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or 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.

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

Important Questions	Answers	Why This Matters:
see a <u>specialist</u> ?	that require a <u>referral</u> go to <a href="http://capitalhealth.com/ReferralAndAuth">capitalhealth.com/ReferralAndAuth</a>	

 All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	Office: \$15 / visit	Not Covered	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.
	Specialist visit	Office: \$75 / visit	Not Covered	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.
	Preventive care/screening/immunization	No Charge for covered services	Not Covered	You may have to pay for services that aren't <u>preventive</u> . Ask your <u>provider</u> if the services you need are <u>preventive</u> . Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	No Charge	Not Covered	<u>Diagnostic tests</u> other than x-ray or blood work may incur a cost share.
	Imaging (CT/PET scans, MRIs)	\$250 / visit	Not Covered	Prior authorization required for certain imaging services. Your benefits/services may be denied.
If you need drugs to treat your illness or condition	Tier 1 drugs	\$15/30-day supply	Not Covered	The formulary is a closed formulary. This means that all available covered medications are shown. Prior authorization and/or quantity limits may apply. Your
		\$30/60-day supply		
More information about		\$45/90-day supply (retail & mail order)		

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

If you need mental health, or substance abuse services	Outpatient services	\$75 / visit	Not Covered	Cost share applies regardless of place of service, including office, telehealth, school, etc.
	Inpatient services	\$500 / admission	Not Covered	Prior authorization required. Your benefits /services may be denied.
If you are pregnant	Office visits	\$75 / visit	Not Covered	Cost share applies regardless of place of service, including office, telehealth, etc.
	Childbirth/delivery professional services	No Charge	Not Covered	_____none_____
	Childbirth/delivery facility services	\$500 / admission	Not Covered	Prior authorization required. Your benefits /services may be denied.
	Home health care	No Charge	Not Covered	Prior authorization required. Your benefits/ services may be denied.
	Rehabilitation services	\$75 / visit	Not Covered	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.
If you need help recovering or have other special health needs	Habilitation services	Not Covered	Not Covered	_____none_____
	Skilled nursing care	No Charge	Not Covered	Covers up to 60 days per admission with subsequent admission following 180 days from discharge date of previous admission.
	Durable medical equipment	No Charge	Not Covered	Prior authorization required for certain devices. Your benefits/services may be denied.
	Hospice services	No Charge	Not Covered	Prior authorization required for inpatient services. Your benefits/services may be denied.
	Children's eye exam	\$15 / visit	Not Covered	_____none_____
If your child needs dental or eye care	Children's glasses	Not Covered	Not Covered	_____none_____
	Children's dental check-up	Not Covered	Not Covered	_____none_____

**Excluded Services & 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.)**

- |  |   |  |
|--|---|--|
| <ul style="list-style-type: none"><li>• Acupuncture</li><li>• Bariatric Surgery</li><li>• Cosmetic Surgery</li><li>• Dental care (Adult)</li><li>• Dental care (Child)</li></ul> | <ul style="list-style-type: none"><li>• Glasses</li><li>• Habilitation services</li><li>• Hearing aids</li><li>• Infertility treatment</li><li>• Long-term care</li></ul> | <ul style="list-style-type: none"><li>• Non-emergency care when traveling outside the US</li><li>• Private-duty nursing</li><li>• Routine foot care</li><li>• Weight loss programs</li></ul> |
|--|---|--|

**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 [www.dol.gov/ebsa/healthreform](http://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 x61565 or [www.cclio.cms.gov](http://www.cclio.cms.gov). Other coverage options may be available to you, too, including buying individual insurance coverage through the [Health Insurance Marketplace](#). For more information about the [Marketplace](#), visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596.

**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 [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 provide complete information on how to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). 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 Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://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 [www.dol.gov/ebsa/consumer\\_info\\_health.html](http://www.dol.gov/ebsa/consumer_info_health.html) and <http://www.cms.gov/CILIO/Resources/Consumer-Assistance-Grants/>.

**Does this plan provide Minimum Essential Coverage? Yes**

[Minimum Essential Coverage](#) generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, 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](#).

**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): Dinekeho shika at'ohwol ninisingo, kwijijigo holne' 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.**

**About these Coverage Examples:**



**This is not a cost estimator.** Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different 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 pay under different health plans. Please note these coverage examples are based on self-only coverage.

**Peg is Having a Baby**

(9 months of in-network pre-natal care and a hospital delivery)

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

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

**Total Example Cost** \$12,700

**In this example, Peg would pay:**

Cost Sharing	
Deductibles	\$2,500
Copayments	\$900
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$60
<b>The total Peg would pay is</b>	<b>\$3,460</b>

**Managing Joe's Type 2 Diabetes**

(a year of routine in-network care of a well-controlled condition)

- The plan's overall deductible \$2,500
- Specialist copayment \$75
- Hospital (facility) copayment \$500
- Other copayment \$100

**This EXAMPLE event includes services like:**  
 Primary care physician office visits (*including disease education*)  
 Diagnostic tests (*blood work*)  
 Prescription drugs  
 Durable medical equipment (*glucose meter*)

**Total Example Cost** \$5,600

**In this example, Joe would pay:**

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

**Mia's Simple Fracture**

(in-network emergency room visit and follow up care)

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

**This EXAMPLE event includes services like:**  
 Emergency room care (*including medical supplies*)  
 Diagnostic test (*x-ray*)  
 Durable medical equipment (*crutches*)  
 Rehabilitation services (*physical therapy*)

**Total Example Cost** \$2,800

**In this example, Mia would pay:**

Cost Sharing	
Deductibles	\$2,500
Copayments	\$300
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$2,800</b>

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

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:**









Plan Name	Plan Type	Contract/Benefit Package	Service Area/Geography	Year	Plan Features	Plan Premium	Annual Deductible	Initial Coverage Limit (Plan Day Begins)	Out-of-Pocket (Calendar Year)	Excluded Drug Tiers	Preferred Pharmacies	Initial Coverage Stage	Plan Name	Plan Type	Contract/Benefit Package	Service Area/Geography	Year	Plan Features	Plan Premium	Annual Deductible	Initial Coverage Limit (Plan Day Begins)	Out-of-Pocket (Calendar Year)	Excluded Drug Tiers	Preferred Pharmacies	Initial Coverage Stage	
BlueMedicare Group Rx	Essential (Employer PDP)	Part D	5594-801/802	Nationwide	2021	Values by Group	\$230	Applies to Tiers 3, 4, 5 Only	\$3,120	N/A	Walgreens, Walmart, PillPack	Preferred In-Network	BlueMedicare Group Rx	Value (Employer PDP)	Part D	5594-801/802	Nationwide	2021	Values by Group	\$150	Applies to Tiers 3, 4, 5 Only	\$4,120	N/A	Walgreens, Walmart, PillPack	Preferred In-Network	
EGWP Rx	Option 3	Part D	5594-801/802	Nationwide	2021	Values by Group	\$4,020	\$75 Brand Only	\$5,300	N/A	Walgreens, Walmart, PillPack	Preferred In-Network	BlueMedicare Group Rx	Advanced (Employer PDP)	Part D	5594-801/802	Nationwide	2021	Values by Group	\$100	Applies to Tiers 3, 4, 5 Only	\$4,120	\$5,300	N/A	Walgreens, Walmart, PillPack	Preferred In-Network
BlueMedicare Group Rx	Advanced (Employer PDP)	Part D	5594-801/802	Nationwide	2021	Values by Group	\$100	Applies to Tiers 3, 4, 5 Only	\$4,120	\$5,300	N/A	Walgreens, Walmart, PillPack	EGWP Rx	Option 2	Part D	5594-801/802	Nationwide	2021	Values by Group	\$75	Brand Only	\$3,020	\$5,300	N/A	Walgreens, Walmart, PillPack	Preferred In-Network
BlueMedicare Group Rx	Platinum (Employer PDP)	Part D	5594-801/802	Nationwide	2021	Values by Group	\$0	N/A	\$4,120	\$5,300	N/A	Walgreens, Walmart, PillPack	BlueMedicare Group Rx	Platinum (Employer PDP)	Part D	5594-801/802	Nationwide	2021	Values by Group	\$0	N/A	\$4,120	\$5,300	N/A	Walgreens, Walmart, PillPack	Preferred In-Network
BlueMedicare Group Rx	Elite (Employer PDP)	Part D	5594-801/802	Nationwide	2021	Values by Group	\$0	N/A	\$4,120	\$5,300	N/A	Walgreens, Walmart, PillPack	BlueMedicare Group Rx	Elite (Employer PDP)	Part D	5594-801/802	Nationwide	2021	Values by Group	\$0	N/A	\$4,120	\$5,300	N/A	Walgreens, Walmart, PillPack	Preferred In-Network
BlueMedicare Group Rx	Ultra (Employer PDP)	Part D	5594-801/802	Nationwide	2021	Values by Group	\$0	N/A	\$4,120	\$5,300	N/A	Walgreens, Walmart, PillPack	BlueMedicare Group Rx	Ultra (Employer PDP)	Part D	5594-801/802	Nationwide	2021	Values by Group	\$0	N/A	\$4,120	\$5,300	N/A	Walgreens, Walmart, PillPack	Preferred In-Network
BlueMedicare Group Rx	Essential (Employer PDP)	Part D	5594-801/802	Nationwide	2021	Values by Group	\$230	Applies to Tiers 3, 4, 5 Only	\$3,120	N/A	Walgreens, Walmart, PillPack	Preferred In-Network	BlueMedicare Group Rx	Essential (Employer PDP)	Part D	5594-801/802	Nationwide	2021	Values by Group	\$230	Applies to Tiers 3, 4, 5 Only	\$3,120	N/A	Walgreens, Walmart, PillPack	Preferred In-Network	
BlueMedicare Group Rx	Value (Employer PDP)	Part D	5594-801/802	Nationwide	2021	Values by Group	\$150	Applies to Tiers 3, 4, 5 Only	\$4,120	N/A	Walgreens, Walmart, PillPack	Preferred In-Network	BlueMedicare Group Rx	Value (Employer PDP)	Part D	5594-801/802	Nationwide	2021	Values by Group	\$150	Applies to Tiers 3, 4, 5 Only	\$4,120	N/A	Walgreens, Walmart, PillPack	Preferred In-Network	
BlueMedicare Group Rx	Advanced (Employer PDP)	Part D	5594-801/802	Nationwide	2021	Values by Group	\$100	Applies to Tiers 3, 4, 5 Only	\$4,120	\$5,300	N/A	Walgreens, Walmart, PillPack	BlueMedicare Group Rx	Advanced (Employer PDP)	Part D	5594-801/802	Nationwide	2021	Values by Group	\$100	Applies to Tiers 3, 4, 5 Only	\$4,120	\$5,300	N/A	Walgreens, Walmart, PillPack	Preferred In-Network
BlueMedicare Group Rx	Platinum (Employer PDP)	Part D	5594-801/802	Nationwide	2021	Values by Group	\$0	N/A	\$4,120	\$5,300	N/A	Walgreens, Walmart, PillPack	BlueMedicare Group Rx	Platinum (Employer PDP)	Part D	5594-801/802	Nationwide	2021	Values by Group	\$0	N/A	\$4,120	\$5,300	N/A	Walgreens, Walmart, PillPack	Preferred In-Network
BlueMedicare Group Rx	Elite (Employer PDP)	Part D	5594-801/802	Nationwide	2021	Values by Group	\$0	N/A	\$4,120	\$5,300	N/A	Walgreens, Walmart, PillPack	BlueMedicare Group Rx	Elite (Employer PDP)	Part D	5594-801/802	Nationwide	2021	Values by Group	\$0	N/A	\$4,120	\$5,300	N/A	Walgreens, Walmart, PillPack	Preferred In-Network
BlueMedicare Group Rx	Ultra (Employer PDP)	Part D	5594-801/802	Nationwide	2021	Values by Group	\$0	N/A	\$4,120	\$5,300	N/A	Walgreens, Walmart, PillPack	BlueMedicare Group Rx	Ultra (Employer PDP)	Part D	5594-801/802	Nationwide	2021	Values by Group	\$0	N/A	\$4,120	\$5,300	N/A	Walgreens, Walmart, PillPack	Preferred In-Network



Plan Name	Plan Type	Service Area/Counties	Year	BlueMedicare Group Rx Essential (Employer PDP)	BlueMedicare Group Rx Value (Employer PDP)	EGWP Rx Option 3	BlueMedicare Group Rx Advanced (Employer PDP)	EGWP Rx Option 2	BlueMedicare Group Rx Platinum (Employer PDP)	EGWP Rx Option 1	BlueMedicare Group Rx Elite (Employer PDP)	BlueMedicare Group Rx Ultra (Employer PDP)
Contract Plan Benefit Package	Contract Plan Benefit Package	Service Area/Counties	Year	Part D \$5904-801/802 Nationwide	Part D \$5904-801/802 Nationwide	Part D \$5904-801/802 Nationwide	Part D \$5904-801/802 Nationwide	Part D \$5904-801/802 Nationwide	Part D \$5904-801/802 Nationwide	Part D \$5904-801/802 Nationwide	Part D \$5904-801/802 Nationwide	Part D \$5904-801/802 Nationwide
Long Term Care	Long Term Care	31 day supply		Generic Member: 25% Plan: 75% Brand Member: 25% Plan: 5% Manufacturer: 70%	Generic Member: 25% Plan: 75% Brand Member: 25% Plan: 5% Manufacturer: 70%	Member: 25% Plan: 5% Manufacturer: 70%	Generic Member: 25% Plan: 75% Brand Member: 25% Plan: 5% Manufacturer: 70%	2%	33%	5%	33%	Generic Member: 25% Plan: 75% Brand Member: 25% Plan: 5% Manufacturer: 70%
<b>Catastrophic Stage</b>												
Part 2 - Preferred Pharmacy	Part 2 - Preferred Pharmacy	All Locations	31/90 day supply	Greater of \$8.70 or 5%	Greater of \$3.70 or 5%	Greater of \$3.50 or 5%	Greater of \$3.20 or 5%	\$3.50	Greater of \$3.70 or 5%	\$3.60	Greater of \$3.70 or 5%	Greater of \$3.70 or 5%
Part 2 - Preferred Pharmacy	Part 2 - Preferred Pharmacy	All Locations	31/90 day supply	Greater of \$8.70 or 5%	Greater of \$3.70 or 5%	Greater of \$3.50 or 5%	Greater of \$3.20 or 5%	\$3.50	Greater of \$3.70 or 5%	\$3.60	Greater of \$3.70 or 5%	Greater of \$3.70 or 5%
Part 4 - Non-Preferred Drugs	Part 4 - Non-Preferred Drugs	All Locations	31/90 day supply	Greater of \$9.20 or 5%	Greater of \$3.20 or 5%	Greater of \$3.00 or 5%	Greater of \$2.20 or 5%	\$3.95	Greater of \$3.20 or 5%	\$3.95	Greater of \$3.20 or 5%	Greater of \$3.20 or 5%
Part 4 - Non-Preferred Drugs	Part 4 - Non-Preferred Drugs	All Locations	31/90 day supply	Greater of \$9.20 or 5%	Greater of \$3.20 or 5%	Greater of \$3.00 or 5%	Greater of \$2.20 or 5%	\$3.95	Greater of \$3.20 or 5%	\$3.95	Greater of \$3.20 or 5%	Greater of \$3.20 or 5%
Part 3 - Specialty Generics	Part 3 - Specialty Generics	All Locations	31 day supply	Greater of \$3.70 or 5%	Greater of \$3.70 or 5%	Greater of \$3.50 or 5%	Greater of \$3.20 or 5%	\$3.50	Greater of \$3.70 or 5%	\$3.60	Greater of \$3.70 or 5%	Greater of \$3.70 or 5%
Part 3 - Specialty Generics	Part 3 - Specialty Generics	All Locations	31 day supply	Greater of \$8.20 or 5%	Greater of \$3.20 or 5%	Greater of \$3.00 or 5%	Greater of \$2.20 or 5%	\$3.95	Greater of \$3.20 or 5%	\$3.95	Greater of \$3.20 or 5%	Greater of \$3.20 or 5%



Plan Name	BlueMedicare Group PPO Essential (Employer PPO)	BlueMedicare Group PPO Value (Employer PPO)	BlueMedicare Group PPO Advanced (Employer PPO)	BlueMedicare Group PPO Platinum (Employer PPO)	BlueMedicare Group PPO Elite (Employer PPO)
Plan Type	Employer PPO				
Contract-Plan Benefit Package	HS43-4017802	HS43-4017802	HS43-4017802	HS43-4017802	HS43-4017802
Service Areas/Countries	Nationwide	Nationwide	Nationwide	Nationwide	Nationwide
Year	2021	2021	2021	2021	2021
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.	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.
Additional Hearing Services	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.	Total reimbursement is subject to the annual maximum plan benefit allowance.
Benefit Maximum	1 every 12 months				
In-Network	\$0 Copay				
Out-of-Network	Member must submit receipts for reimbursement at 50% of maximum allowed.	Member must submit receipts for reimbursement at 50% of maximum allowed.	Member must submit receipts for reimbursement at 50% of maximum allowed.	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				
Out-of-Network	Member must submit receipts for reimbursement at 50% of maximum allowed.	Member must submit receipts for reimbursement at 50% of maximum allowed.	Member must submit receipts for reimbursement at 50% of maximum allowed.	Member must submit receipts for reimbursement at 50% of maximum allowed.	Member must submit receipts for reimbursement at 50% of maximum allowed.
Hearing Aids	\$350 maximum allowance for each hearing aid. Up to 2 hearing aids every year. Hearing aids must be purchased through NationsHearing to receive In-network benefits.	\$350 maximum allowance for each hearing aid. Up to 2 hearing aids every year. Hearing aids must be purchased through NationsHearing to receive In-network benefits.	\$350 maximum allowance for each hearing aid. Up to 2 hearing aids every year. Hearing aids must be purchased through NationsHearing to receive In-network benefits.	\$350 maximum allowance for each hearing aid. Up to 2 hearing aids every year. Hearing aids must be purchased through NationsHearing to receive In-network benefits.	\$350 maximum allowance for each hearing aid. Up to 2 hearing aids every year. Hearing aids must be purchased through NationsHearing to receive In-network benefits.
In-Network	\$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.	\$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.	\$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. Member is responsible for any amount after the benefit allowance has been applied.	Member must submit receipts for reimbursement at 50% of maximum allowed. Member is responsible for any amount after the benefit allowance has been applied.	Member must submit receipts for reimbursement at 50% of maximum allowed. Member is responsible for any amount after the benefit allowance has been applied.	Member must submit receipts for reimbursement at 50% of maximum allowed. Member is responsible for any amount after the benefit allowance has been applied.	Member must submit receipts for reimbursement at 50% of maximum allowed. 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
  - 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	PLAN A		PLAN B		PLAN C	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Year Deductible Individual/Family</b>	\$1,000/\$3,000	\$2,000/\$6,000	\$4,000/\$12,000	\$8,000/\$24,000	\$3,300/\$6,600	\$6,600/\$13,200
<b>Out of Pocket Maximum Individual/Family</b> (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
<b>Preventive Care</b>	Plan pays 100%	40% coinsurance	Plan pays 100%	40% coinsurance	Plan pays 100%	50% coinsurance
<b>Physician Services</b>						
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

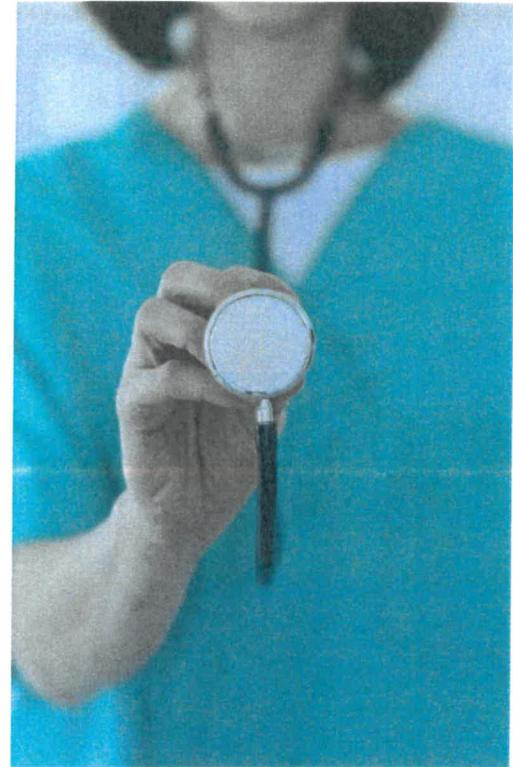
COVERED BENEFITS	PLAN A		PLAN B		PLAN C	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Lab / X-Ray</b> Diagnostic Lab/X-Ray	20% after deductible	40% after deductible	20% after deductible	40% after deductible	30% after deductible	50% after deductible
High-Tech Services (MAI, CT, PET)	20% after deductible	40% after deductible	20% after deductible	40% after deductible	30% after deductible	50% after deductible
<b>Hospital Services</b> 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
<b>Prescription Drugs</b> Generic	\$7 copay		\$15 copay		30% after deductible	
Preferred Brand	\$30 copay		\$40 copay		50% after deductible	
Non-Preferred Brand	\$70 copay		\$70 copay		50% after deductible	
Specialty	10% to \$150		10% to \$150		50% after deductible	
Mail Order (90-day supply)	3x retail copay		3x retail copay		50% after 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	
	Monthly	Per Pay Period	Monthly	Per Pay Period	Monthly	Per Pay Period
Employee Only	\$	\$	\$	\$	\$	\$
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

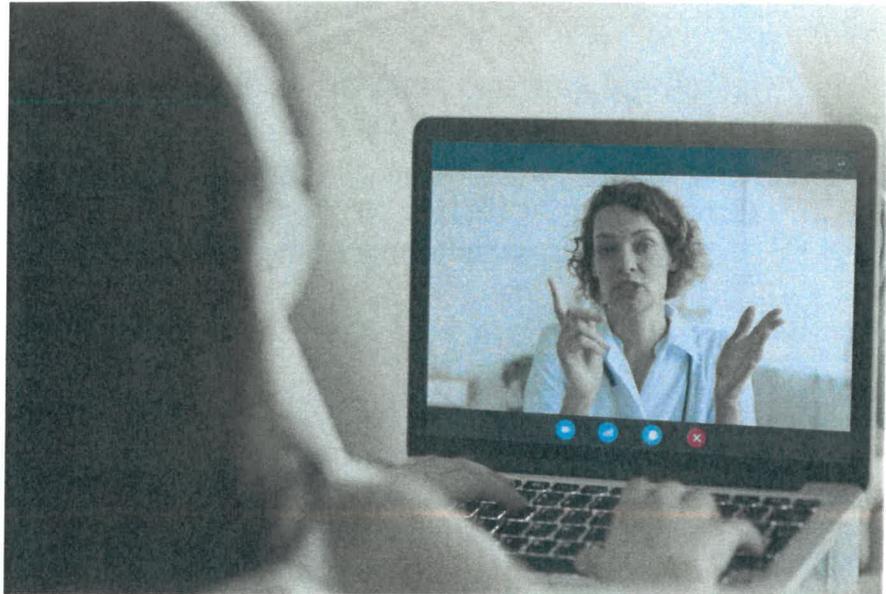
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## COST

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# 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](http://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

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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

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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 \_\_\_\_\_



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<b>Plan Assurances</b>	<b>0</b>
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## 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 Year 1	Exited Year 2	Preliminary Allocation	Updated Allocation
0052	West Gadsden Middle School				\$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 job-embedded 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
			<i>Notes: 1 community and parent liaison to provide additional home visits, work with parents to better facilitate issues with remote learning (home and phone assistance), and align parent and student support with school improvement goals @ \$1,500 per month for \$15,000</i>			
	6150	510-Supplies	0052 - West Gadsden Middle School	TSSSA		\$2,500.00
			<i>Notes: Materials and supplies to include pens, markers, posters, paper, cartridges, flyers</i>			
2	III.2.	Academic and Character 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
			<i>Notes: Certified or adjunct instructors to support students and teachers during the school day in the areas of reading, math and or science. (3 experts x \$50/hr x 8 hrs/wk x 12 wks = 14,400</i>			
	5100	240-Workers Compensation	0052 - West Gadsden Middle School	TSSSA		\$634.00
			<i>Notes: Workers comp @ 3%</i>			
	5100	510-Supplies	0052 - West Gadsden Middle School	TSSSA		\$10,765.00
			<i>Notes: Supplemental instructional materials to include (1) Forward Mathematics - \$3390; (2) National Geographic Science Kits - \$2000; (3) Managing Our Emotions at Home SEL - \$5375</i>			
<b>3</b>	<b>III.3.</b>	<b>Parental Involvement</b>				<b>\$36,222.00</b>
	Function	Object	Budget Focus	Funding Source	FTE	2021-22
	5100	150-Aides	0052 - West Gadsden Middle School	TSSSA	1.0	\$25,000.00
			<i>Notes: ESOL para to assist parents with EL learning and meetings and assist with push-in/pull-outs for individual EL learning</i>			
	5100	210-Retirement	0052 - West Gadsden Middle School	TSSSA		\$2,500.00
			<i>Notes: Retirement @ 10%</i>			
	5100	220-Social Security	0052 - West Gadsden Middle School	TSSSA		\$1,922.00
			<i>Notes: FICA @ 7.65% (rounded)</i>			
	5100	230-Group Insurance	0052 - West Gadsden Middle School	TSSSA		\$5,700.00
			<i>Notes: Group health @ \$5,700 annually</i>			
	5100	232-Life Insurance	0052 - West Gadsden Middle School	TSSSA		\$350.00
			<i>Notes: Life insurance @ \$350 annually</i>			
	5100	240-Workers Compensation	0052 - West Gadsden Middle School	TSSSA		\$750.00
			<i>Notes: Workers comp @ 3%</i>			
<b>4</b>	<b>III.4.</b>	<b>Incentives for Instructional Personnel</b>				<b>\$0.00</b>
<b>5</b>	<b>III.5.</b>	<b>Professional Development</b>				<b>\$61,395.00</b>
	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
			<i>Notes: Salary for part time math coach and part time science coach @ \$15,000 each</i>			
	6400	210-Retirement	0052 - West Gadsden Middle School	TSSSA		\$3,000.00

**Gadsden - 0052 - West Gadsden Middle School - FDOE TSSSA 2021-22**  
*West Gadsden Middle School*

			<i>Notes: Retirement @ 10%</i>		
6400	220-Social Security	0052 - West Gadsden Middle School	TSSSA		\$2,295.00
			<i>Notes: Social Security @ 7.65%x \$30000 = \$2295</i>		
6400	230-Group Insurance	0052 - West Gadsden Middle School	TSSSA		\$11,400.00
			<i>Notes: Group life insurance 2 x \$5700 = \$11,400</i>		
6400	240-Workers Compensation	0052 - West Gadsden Middle School	TSSSA		\$1,500.00
			<i>Notes: Workers Comp @ 3% = \$1500</i>		
6400	120-Classroom Teachers	0052 - West Gadsden Middle School	TSSSA		\$13,200.00
			<i>Notes: Stipends for teachers to participate in trainings specific to the needs of the students. 30 teachers x 20 hours x \$22.00/hr = \$13,200</i>		
<b>6</b>	<b>III.6.</b>	<b>Focused Instruction</b>			<b>\$27,594.00</b>
Function	Object	Budget Focus	Funding Source	FTE	2021-22
5900	120-Classroom Teachers	0052 - West Gadsden Middle School	TSSSA		\$21,120.00
			<i>Notes: Additional tutoring support for after school 4 teachers @ \$22 per hour x 120 days (30 days each teacher) x 2 hours per day in second semester to get children ready for FSA and EOC exams - principal selects teachers; students</i>		
5900	210-Retirement	0052 - West Gadsden Middle School	TSSSA		\$2,112.00
			<i>Notes: Retirement @10%</i>		
5900	220-Social Security	0052 - West Gadsden Middle School	TSSSA		\$1,616.00
			<i>Notes: Social Security @ 7.65%</i>		
5900	240-Workers Compensation	0052 - West Gadsden Middle School	TSSSA		\$634.00
			<i>Notes: Workers Comp @ 3%</i>		
5900	510-Supplies	0052 - West Gadsden Middle School	TSSSA		\$2,112.00
			<i>Notes: materials and supplies such as paper, pens, markers, charts, binders, folders, paper clips, highlighters, tape,</i>		
<b>Total:</b>					<b>\$168,550.00</b>