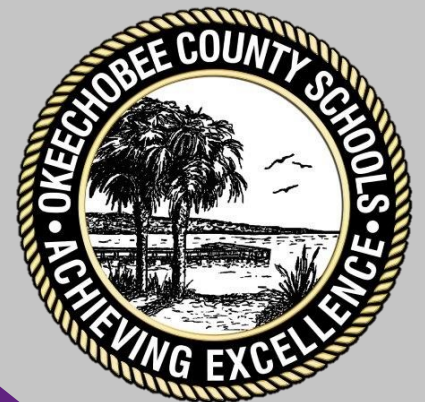


2020-2021  
PLAN YEAR



# OKEECHOBEE COUNTY SCHOOL BOARD

## EMPLOYEE BENEFITS GUIDE



*Insuring your Family  
Insuring our Future*

# INTRODUCTION

Okeechobee County School Board offers a comprehensive selection of benefits to promote health and financial security for you and your family. This guide provides you with a summary of benefits offered. Please review this guide carefully so you can choose the coverage that's right for you and your family.

## Your Benefit Options

The District offers a full range of benefits that will help protect the health and well-being of you and your family. The charts below outline the benefits offered and how the funding is administered for each benefit. All benefits are paid with pre-tax dollars. Once you select your benefits, coverage may only be changed within 31 days of a qualifying event. (see the list of Qualifying Life Events below).

### Available Medical Plans

Select from these Florida Blue plans:	Who Pays the Premium?
BlueOptions 5302 with RX	Shared Cost District and Employee
BlueOptions 3769 with RX	Shared Cost District and Employee
BlueOptions 3768 with RX	Shared Cost District and Employee

**Employee Health Center\***  
 Located at Urgent Care of Okeechobee  
 305 NE Park Street

The District provides the Employee Health Center to employees and covered dependents that enroll in one of the above Medical Plans. A doctor is on site five days a week and open seven days a week for routine care. Other locations in Sebring and Stuart are available. This provides covered employees and dependents with routine care seven days a week.

\* Only routine care services will be fully covered by Urgent Care of Okeechobee. A copay will be incurred for the following, but not limited to; a controlled substance RX, X Ray, EKG, etc. If unsure, verify with Urgent Care of Okeechobee before services are provided.

## Qualifying Life Events

- Change in status such as birth, marriage, employment, adoption, divorce or death
- Entitlement to Medicare or Medicaid
- FMLA special requirements; HIPAA special enrollment rights
- Change due to a judgement, decree or court order
- Gain or loss of other qualifying coverage

### About this Guide

This guide describes the benefit plans available to you as an employee of OCSB, and its participating subsidiaries. The details of these plans are contained in the official plan documents, including some insurance contracts. This guide is meant only to cover the major points of each plan. It does not contain all of the details that are included in your Summary Plan Description (SPD) (as described by the Employee Retirement Income Security Act). If there is ever a question about one of these plans, or if there is a conflict between the information in this guide and the formal language of the Plan documents, the formal wording in the Plan documents will govern. OCSB reserves the right to modify, amend, suspend, or terminate the plan, in whole or in part, at any time, as allowed by law. This guide does not constitute a contract and participation in any of the benefit plans does not guarantee employment.

### Available Fringe Benefits

Dental Insurance	The District contributes up to \$12.50 per pay check, to each employee, to help offset the cost of any combination of these Fringe Benefits.
Vision Insurance	
Life and AD&D Insurance	
Short Term Disability Insurance	
Long Term Disability Insurance	
Accident Insurance	
Critical Illness Insurance	
Flexible Spending Account Health Care	
Flexible Spending Account Dependent Care	
Employee Assistance Program	

## Who is Eligible for Coverage

**Employees:** Regular, full-time employees working four or more hours per day and at least 20 hours per week.

### Dependents:

- Legal Spouse
- Child(ren), up to age 26
- Child(ren), over age 26, who are not able to support themselves due to a physical or mental disability

### New Hires:

Regular, full-time employees working four or more hours per day and at least 20 hours per week are eligible for medical benefits on the first day of the month following 31 days from the date of hire.

### Required Documentation:

The following items are required for enrollment. All information is confidential and for Benefits purposes only.

- Birth Dates
- Dependent Birth Certificates
- Marriage Licenses
- Social Security Numbers

# HOW TO ENROLL

With multiple benefits options available, we believe it's important that you have the support necessary to navigate through the choices and make educated decisions. The District is pleased to offer you two easy ways to enroll:

1. **Online Enrollment** : Online enrollment is easy to navigate and takes only moments to complete.
2. **Enroll by Phone** : Over the phone enrollment allows for the peace of mind of speaking to a licensed benefit counselor.

## Online Enrollment

The online enrollment system is user friendly and easy to navigate and will walk you through the process from start to finish.

[www.benselect.com](http://www.benselect.com)

How to login:

Employee ID or SSN:  
Social Security Number (No Spaces or Dashes)

PIN:

Last four (4) digits of your SSN plus the last two (2) digits of your birth year

For assistance, contact Continuum Services at (866) 209-2949

## Completing your Enrollment

1. Click on the Next button to navigate through each of the benefits offered. Select or decline coverage until you have completed the enrollment process.
2. For details on each of the products offered, click on the forms icon at the top right hand corner of the page.
3. If you enroll in a benefit and decide to make a change, you must click on the benefit name from the My Benefits dropdown and then click on the Unlock button to make the change.
4. If you have to stop your enrollment at any point, use the Logout button at the top right. The system will store your selections and information until you return.
5. Review the Sign and Submit section to make sure you have successfully selected the benefits that you desire.
6. Review and sign your Confirmation Statement. Enter your PIN number (see grey box above) and click on Sign Form. You may need to scroll down to locate the area to enter your PIN.
7. Congratulations! You have completed your enrollment!
8. Click Logout to exit the enrollment system.



# MEDICAL INSURANCE

The District offers a choice of three medical plan options; choose the plan that meets your needs and those of your family. Each plan includes comprehensive health care benefits, including free preventive care services and coverage for prescription drugs.

Benefit Overview	Blue Options 3768		Blue Options 3769		Blue Options 5302	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
<b>Deductible (DED)</b>						
Individual	\$500	\$1,000	\$500	\$1,500	\$2,500	\$5,000
Family (aggregate)	\$1,500	\$3,000	\$1,500	\$4,500	\$7,500	\$15,000
Coinsurance	10%	50%	20%	50%	30%	50%
<b>Out-of-Pocket Maximum (Includes DED, coins., copay, Rx)</b>						
Individual	\$4,000	\$6,000	\$3,000	\$6,000	\$6,350	\$13,000
Family (aggregate)	\$8,000	\$12,000	\$6,000	\$12,000	\$12,700	\$26,000
<b>Office Visits</b>						
Family Physician	\$50 copay	50%*	\$40 copay	50%*	\$40 copay	50%*
Specialist Care	\$100 copay	50%*	\$80 copay	50%*	\$80 copay	50%*
Teladoc	\$10 copay	50%*	\$10 copay	50%*	\$10 copay	50%*
<b>Hospital Services (per admit)</b>						
Inpatient (option 1 - 2)	\$1,000 - \$1,500	50%*	20%* - 20%*	\$3,000	30%* - 30%*	50%*
Outpatient (option 1 - 2)	\$350 - \$700	50%*	20%* - 20%*	50%*	30%* - 30%*	50%*
<b>Preventive Care**</b>						
Routine Adult /Well Woman Exam	Covered 100%	50%	Covered 100%	50%	Covered 100%	50%
Routine Mammograms	Covered 100%		Covered 100%		Covered 100%	
Routine Well Child Exams	Covered 100%	50%	Covered 100%	50%	Covered 100%	50%
Independent Clinical Lab	Covered 100%	50%*	Covered 100%	50%*	Covered 100%	50%*
<b>Provider Services at Hospital</b>						
Family Physician	\$50		\$100		Deductible + 30%	
Specialist	\$50		\$100		Deductible + 30%	
<b>Emergency Medical Care</b>						
Ambulance	\$5,000 max. per day		\$5,000 max. per day		\$5,000 max. per day	
Emergency Room (waived if admit)	\$500 copay		\$500 copay		\$500 copay then 30%*	
Urgent Care Clinic	\$100 copay		\$100 copay		\$100 copay	
<b>Mental Health/Substance Abuse</b>						
Inpatient Services	\$1,000	50%	20%*	50%	30%*	50%
Outpatient Services	\$0	50%	\$0	50%	\$0	50%
Physician Visit	\$0	50%	\$0	50%	\$0	50%
<b>Prescription Drugs</b>					(\$800 Brand Deductible)	
Retail (30 day supply) Generic/Preferred Brand/ Non-Preferred	\$10 / \$50 / \$80	50%	\$10 / \$50 / \$80	50%	\$10 / \$60 / \$100	50%
Mail Order (90 day supply) Generic/Preferred Brand/ Non-Preferred	\$25 / \$125 / \$200	50%	\$25 / \$125 / \$200	50%	\$25 / \$150 / \$250	50%

\*After you pay the deductible.

\*\*Preventive care services are provided as specified by the Patient Protection and Affordable Care Act (ACA), with no cost-sharing to you. If a diagnosis is made, any services provided as part of that diagnosis may require a copay, coinsurance or deductible.

# FLEXIBLE SPENDING ACCOUNTS

Flexible Spending Accounts (FSAs) are designed to save you money on your taxes. They work in a similar way to a savings account. Each pay period, funds are deducted from your pay on a pre - tax basis and are deposited to your Health Care and/or Dependent Care FSA. You then use your funds to pay for eligible health care or dependent care expenses. For a complete list of eligible expenses, please visit [www.irs.gov](http://www.irs.gov).

**REMINDER:**  
Up to \$500, of unused funds, will carry over to the next plan year.

Account Type	Eligible Expenses	Annual Limits	When are funds available?
Health Care FSA	Most medical, dental and vision care expenses that are not covered by your health plan (such as copayments, coinsurance, deductibles, eyeglasses and doctor-prescribed over the counter medications).	Maximum contribution is \$2,750 per year; minimum contribution is \$51 per year	Funds are available immediately. Usually on the first day of the plan year although this should be verified with your plan administrator.
Dependent Care FSA	Dependent care expenses (such as day care, after school programs or elder care programs) so you and your spouse can work or attend school full-time.	Maximum contribution is \$5,000 per year (\$2,500 if married and filing separate tax returns); minimum contribution is \$250 per year	Dependent care funds are not preloaded and are available as the funds are deposited into your account.

**Note:** You may not participate in both the Health Care FSA and an HSA/HDHP even if through a separate entity.

## FSA made easy with the Continuum Debit Card!

As you incur eligible expenses, you simply present your Continuum Debit Card for payment. The system will then validate that your coverage is active and that you have available funds to cover the transaction. You may view a list of your Continuum Debit Card transactions at [www.csfsa.com](http://www.csfsa.com). Using the Continuum Debit Card is a great way to help relieve the stress of filing claims; however it's important that you remember to keep all itemized receipts in the event that you are asked by Continuum Services to provide details of your purchases to comply with IRS regulations.

### Tax Savings Example

Possible savings if you use an FSA to pay for eligible health care or dependent care expenses:

	Annual Amount	Pay Periods	Per Pay Period
Health Care Spending (Example)	\$2,750	÷ 24	= \$114.58
Health Care Spending	\$ _____	÷ 24	= _____
Dependent Care Spending	\$ _____	÷ 24	= \$ _____

Example:	With FSA	Without FSA
Your Taxable Income	\$35,000	\$35,000
Pretax contribution to FSA	\$2,000	\$0
<b>Your Taxable Income</b>	<b>\$33,000</b>	<b>\$35,000</b>
After-tax dollars spent on eligible expenses	\$0	\$2,000
Estimated Tax Withholding*	\$6,353	\$6,766
<b>Net Pay</b>	<b>\$26,647</b>	<b>\$26,234</b>
<b>Estimated Tax Savings</b>	<b>\$413</b>	<b>\$0</b>

\*This example assumes a 25% Federal income tax rate marginal rate and a 7.7% FICA marginal rate. State and local taxes vary, and are not included in this example. However, you will also save on any state and local taxes.

### Information About FSA's and the Rollover Option

Our Health Care FSA allows you to carry over up to \$500 in unused funds to the next plan year. Any money remaining in your Health Care FSA over the rollover amount as of August 31 will be forfeited.

Your FSA elections are effective from September 1 through August 31. Please plan your contributions carefully. The FSA rules are governed by the IRS.

**Please Note: FSA elections do not automatically continue from year to year; you must actively enroll each year.**

### What Are the Advantages of an FSA?

With an FSA, the money you contribute is never taxed - not when you put it in the account, not when you are reimbursed with the funds from the account, and not

# DENTAL INSURANCE

Taking care of your teeth is as important as taking care of the rest of your body. That's why the District offers three Dental Plans that cover routine check ups and additional services needed for your dental health. All Dental Plans offer choices that cover four types of expenses: Preventive and diagnostic care, basic and major procedures, and orthodontia for children.



## Dental High and Low Option Plans

With these two options members can visit any licensed dentist. If you choose an in-network dentist, the rates charged for services will be lower and there are no claim forms to be completed. Employees may continue to use the dentist of your choice. Remember deductible, coinsurance, and annual maximums may apply.

## Prepaid Option Plans

This dental plan requires the member to select a network dentist and the services listed in the schedule will only be covered when provided by a network dentist. You can find a dentist in the network at [www.floridabluedental.com/members](http://www.floridabluedental.com/members), click on the "Find a Dentist" button. When you enroll for benefits, treatments that you receive from your selected plan dentist will be provided at reduced fees as outlined in the schedule of benefits. (The schedule of benefits is available through the Continuum enrollment site.) With this plan employees have no deductible, no waiting periods, coverage for pre-existing conditions, no claim forms to file for plan dentist, no referral required for specialist services, and no annual maximum for plan dentist and plan specialist services.

	High Option*	Low Option*	Prepaid Option
Yearly Maximum	\$1,000	\$1,000	None
<b>Annual Deductible (Deductible does not apply to Preventive Services)</b>			
Individual	\$50	\$50	See Schedule for further details
Family per Person	\$50	\$50	
<b>Preventive/Diagnostic</b>	<b>Plan Pays:</b>	<b>Plan Pays:</b>	See Schedule for further details
Oral Exams	100%	50%	
Routine Cleanings, adult/child	100%	50%	
X-rays, bitewings - 4 films	100%	50%	
X-ray/Complete Series	100%	50%	
Fluoride Treatment	100%	50%	
Sealant, per Molar	100%	50%	
<b>Basic Procedures</b>	<b>Plan Pays:</b>	<b>Plan Pays:</b>	See Schedule for further details
Simple Extractions	80%	30%	
Fillings, one surface	80%	30%	
Endodontics - root canal, molar	50%	30%	
Periodontics scaling/root planing	50%	30%	
<b>Major Procedures</b>	<b>Plan Pays:</b>	<b>Plan Pays:</b>	See Schedule for further details
Major Restorations - Crowns	50%	25%	
Pontics	50%	25%	
Partials	50%	25%	
Complete Dentures	50%	25%	
Implants	50%	25%	
<b>Orthodontia (Child only)</b>	<b>Plan Pays:</b>	<b>Plan Pays:</b>	Not Covered
Orthodontic Treatment Coinsurance	50%	50%	
Lifetime Maximum	\$1,000	\$1,000	

\*You'll automatically receive the maximum rollover benefit that rewards you just for visiting the dentist whenever you use less than the yearly threshold amount and meet certain criteria. Please consult your certificate of insurance or group policy for a complete description.



# VISION INSURANCE

Properly caring for your eyesight is of the utmost importance. As part of keeping up with maintaining your overall health, routine eye exams should be scheduled on a regular basis. Without coverage, an exam and prescription glasses can cost \$300 or more. With VSP coverage, you'll save!

As always, In-Network providers have the best prices and offer discount incentives. If you decide not to see a VSP doctor, copays still apply. You'll also receive a lesser benefit and typically pay more out-of-pocket. You are required to pay the provider in full at the time of your appointment and submit a claim to VSP for partial reimbursement.

Plan Highlights	Frequency	In-Network	Out-of-Network
Examination Copayment	n/a	\$10	Up to \$45
Materials Copay	every 12 months	\$25	Varies, see below
<b>Plan Provisions</b>			
Single Vision Lenses	every 12 months	Covered in full	Up to \$30
Bifocal Lenses	every 12 months	Covered in full	Up to \$50
Trifocal Lenses	every 12 months	Covered in full	Up to \$65
Frames	every 24 months	\$150 Allowance	Up to \$70
<b>Contacts</b> (every 12 months, in lieu of lens and frame benefits)			
Medically Necessary	every 12 months	Covered in full minus	Up to \$210
Elective Fitting follow up and lenses	every 12 months	\$120 allowance	Up to \$105
Contact Fitting Fee		Not to exceed \$60 copay	Not covered

## Using Your VSP Benefit is Easy

- ✧ Create an account at [www.vsp.com](http://www.vsp.com). Once your plan is effective, review your benefit information.
- ✧ Find an eye care provider who's right for you. To find a VSP provider, visit [www.vsp.com](http://www.vsp.com) or call (800) 877-7195.
- ✧ At your appointment, tell them you have VSP. There's no ID card necessary. If you'd like a card as a reference, you can print one on [www.vsp.com](http://www.vsp.com).



# LIFE INSURANCE

Life insurance is an important part of your financial security, especially if others depend on you for support. Accidental Death & Dismemberment (AD&D) insurance is designed to provide an additional benefit in the event of accidental death or dismemberment.

## Employee Voluntary Life and AD&D Insurance

You may purchase this coverage in \$10,000 increments to the benefit maximum of the lesser of 5 times your annual earnings or \$250,000. Newly hired employees are guaranteed Voluntary Life Insurance when first eligible at \$150,000 or five times your annual salary (whichever is less). Coverage above this amount or late enrollments may require EOI. Age reductions will apply at age 65 and 70.

## Dependent Voluntary Life and AD&D Insurance

In order to purchase life insurance for your spouse and/or child, you must purchase Voluntary Life coverage for yourself.

**Spouse:** The spouse value can be purchased up to 50% of employee amount in increments of \$5,000, not to exceed \$100,000. Newly eligible spouses/new hires are guaranteed \$50,000 of Spouse Life Insurance. Above this amount or late enrollments may require EOI.

**Child:** Child life insurance can be purchased at \$10,000 per child. Age limitations apply. This rate will cover all children for which you elect coverage.

Voluntary + AD&D Employee and Spouse Life Rates per \$1,000 and based on age	
Age	Monthly Rate per \$1,000
- 25	\$0.048
25-29	\$0.048
30-34	\$0.056
35-39	\$0.091
40-44	\$0.127
45-49	\$0.155
50-54	\$0.269
55-59	\$0.390
60-64	\$0.567
65-69	\$0.994
70-74	\$1.719
75 +	\$2.850
Dependent Child Life - \$10,000	
Child(ren)	\$2.00 (covers all children)



# DISABILITY INSURANCE

## Group Short Term Disability

Disability can be expensive - especially if you are unable to work. Having an income can help you cover bills, pay for your home and provide for your family. But if you got sick or injured and couldn't work, how long could you afford life without a paycheck? Would your finances become disabled if you lost your paycheck? Voluntary Short Term Disability coverage from Allstate Benefits pays a monthly cash benefit to employees only for disabilities due to non-occupational sickness or injury. The monthly cash benefit can range from \$400 up to 60% of the employees monthly income, at the time of enrollment. This benefit election is a fixed-rate. To increase the benefit to stay in line with salary increases, employees must apply for the additional coverage at the next open enrollment. Coverage is available for total and partial disability and more. The Allstate Benefits disability coverage helps offer peace of mind when an unexpected sickness or injury leads to a covered Partial or Total Disability, and includes provisions for Concurrent and Recurrent Disability, Pregnancy and more! Premium options and customizations are available through the Continuum enrollment site.

This benefit has a 7 or 14 day elimination period option.



## Long Term Disability

Voluntary Long Term Disability coverage through The Hartford provides a monthly benefit up to 60% of your monthly salary to a \$6,000 maximum in the event you cannot work because of a long-term illness or injury. There is a 90-day elimination period before benefits begin. Pre-existing condition limitations apply.



Voluntary Long Term Disability Rates per \$100 and based on age	
Age	Monthly Rate per \$100
- 25	\$0.13
25-29	\$0.18
30-34	\$0.24
35-39	\$0.33
40-44	\$0.44
45-49	\$0.58
50-54	\$0.74
55-59	\$0.80
60-64	\$0.85
65 +	\$0.89

### Evidence of Insurability: May be required for Life and Disability Benefits

If you make changes to your life or disability coverage for yourself or your spouse, you may need to complete an Evidence of Insurability (EOI) form. The web-based EOI form will be provided for you and asks a series of health-related questions. The form must be completed and approved by The Hartford before coverage is effective.

# GROUP ACCIDENT INSURANCE

Group Voluntary Accident Insurance pays benefits for on and off -the -job accidents, plus some benefits that correspond with medical care. Because accident insurance is supplemental, it pays in addition to other coverage the insured may already have in place. This coverage pays a benefit up to a specified amount for accidental death, dismemberment, dislocation/fracture, initial hospitalization confinement, hospitalization confinement, intensive care, ambulance service, medical expenses and outpatient physician 's treatment. Benefits can also help with hospitalization deductibles and copays; doctor visit copays; visits to the emergency department; physical therapy; transportation and lodging; and much more! The chart below is a partial list of the benefits included. Please refer to the product brochure for full details.

Incident	Payable
Initial Accidental Hospital Confinement	\$2,000
Accidental Hospital Confinement	\$800 per day
ICU Confinement	\$1,600 per day
Dislocation & Fracture Benefits	Up to \$8,000 Employee; Up to \$4,000 Spouse; Up to \$2,000 Children
Medical Expense Benefit	Up to \$600
Ambulance Benefit	\$800 Regular; \$2,400 Air
Common Carrier Accidental Death	Up to \$500,000 Employee; Up to \$250,000 Spouse; Up to \$125,000 Child
Accidental Death	Up to \$100,000 Employee; Up to \$50,000 Spouse; Up to \$25,000 Child
Dismemberment	Up to \$200,000 Employee; Up to \$100,000 Spouse; Up to \$50,000 Child

## Wellness Benefit

The Allstate Benefits Accident Plan includes an Out -Patient Physician's Benefit that covers wellness, sickness or accident related visits to a doctor so that the plan can be used each and every year regardless of injury: \$50 per visit; 2 visits per individual / 4 visits per family; includes wellness visits or any doctor 's office visit; and no waiting period. Covers Employee and Spouse over the age of 18. Employee must be actively at work for a minimum of 20 hours per week to be eligible. Children up to 26 years are eligible.



# GROUP CRITICAL ILLNESS

If you suffer a critical illness like a heart attack, chances are you'll recover.

However, your bank account might not spring back as quickly. It's true that your medical insurance can help cover the cost of care and treatment. But there are other expenses you may face beyond those resulting from a loss of income. These costs may include deductibles, copays or prescriptions; rehabilitation, alternative treatments; and/or transportation to health facilities, and family travel for visits.

Group Voluntary Critical Illness Insurance pays you a lump sum benefit at first diagnosis of a covered critical illness, and can be used however you choose. So you can focus on getting better - not on your bills!

## Employee Coverage

- All eligible employees age 18+ who are actively at work for a minimum of 20 hours per week are eligible to apply
- You can select a benefit amount of \$10,000 or \$20,000

## Dependent Coverage

- Covered dependents receive 50% of your basic benefit amount
- Available to children, stepchildren and legally adopted children to age 26

## Maximum Benefit by Category

After 100% of the Basic Benefit Amount has been paid within a category, no more benefits for any illness associated with that category are payable. Once a covered person has received 100% of the Basic Benefit Amount in a category, coverage ends for that person in that category.

## Wellness Benefit

Allstate Benefits pays \$50 when you have one of the following preventive tests performed while not hospital confined. This benefit is limited to 1 test per calendar year, per person.

- |                                |                                    |   |
|--------------------------------|------------------------------------|---|
| • Bone Marrow Testing          | • Mammography/Breast Ultrasound    | • Electrocardiogram (EKG)               |
| • CA15-3 / CA125 and CEA Tests | • Pap Smear/ThinPrep Pap Test      | • Carotid Doppler                       |
| • Chest X-ray; Colonoscopy     | • PSA Test                         | • Echocardiogram                        |
| • Flexible sigmoidoscopy       | • Serum Protein Electrophoresis    | • Lipid panel (total cholesterol count) |
| • Hemocult stool analysis      | • Stress test on bike or treadmill | • Blood test for triglycerides          |



Critical Illness and Accident coverage is provided by Limited Benefit Supplemental Insurance. For costs and complete details of coverage, contact your insurance agent. Allstate Benefits is the marketing name for American Heritage Life Insurance Company, (Home Office, Jacksonville, FL), the underwriting company of the Critical Illness, Accident and Group Short Term Disability coverage, and a subsidiary of The Allstate Corporation. The coverage does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

# ABILITY ASSIST COUNSELING SERVICES



The employee assistance program administered through The Hartford's Ability Assist Counseling Services Program is a confidential resource that can help you deal with family problems, stress -related issues, depression, eating disorders, problems at work, and financial crises. You can also contact EAP for guidance about other situations in your life, such as moving, retirement planning, adopting a child, finding childcare or eldercare, legal questions, training a new pet, and much more as detailed below. No issue is too large or too small.

## Counselors can assist you with following and more:

- |                                  |                       |                    |
|----------------------------------|-----------------------|--------------------|
| • Marital/Relationship conflicts | • Financial Resources | • Legal Assistance |
| • Family/Parenting problems      | • Managing a budget   | • Buying a home    |
| • Stress, anxiety and depression | • Saving for college  | • Guardianship     |
| • Substance abuse                | • Retirement          | • Debt/Bankruptcy  |
| • Work/school disagreements      | • Tax questions       | • Divorce          |

Call or visit them online - 24 hours a day, seven days a week!

(800) 96-HELPS or (800) 964-3577

[www.GuidanceResources.com](http://www.GuidanceResources.com)

If you're a firsttime user , you'll be asked to provide the following information when creating your personal username:

1. In the Company/Organization field, use: **HLF902**
2. Then, create your own confidential user name and password.
3. Finally, in the Company Name field at the bottom of personalization page, use: **abili**

## Company Contacts:

Is your question about:	Company	Website
Medical Insurance	Florida Blue	<a href="http://www.floridablue.com">www.floridablue.com</a>
Flexible Spending Accounts	Continuon Services	<a href="https://www.benselect.com/Enroll/Login.aspx">https://www.benselect.com/Enroll/Login.aspx</a>
Dental Insurance	Florida Combined Life	<a href="http://www.floridabluedental.com">www.floridabluedental.com</a>
Vision Insurance	VSP	<a href="http://www.vsp.com">www.vsp.com</a>
Life or Long Term Disability	The Hartford	<a href="http://www.thehartford.com">www.thehartford.com</a>
Group Short Term Disability, Accident or Critical Illness	Allstate Benefits	<a href="http://www.allstatebenefits.com">www.allstatebenefits.com</a>
Ability Assist Counseling Services	The Hartford	<a href="http://www.guidanceresources.com">www.guidanceresources.com</a>