2027 ANNUAL ENROLLMENT BENEFITS OVERVIEW (OCTOBER 14 - NOVEMBER 2, 2026)

ELECT YOUR BENEFITS AT EMPLOYEE SELF-SERVICE (ESS)

Visit https://ess.pcsb.org/empss/ between October 14 and November 2 to review existing coverage, make changes, and/or enroll in new coverage.

Medical Plan	Hospital Indemnity Plan	Disability Plan
Vision Plan	Life and AD&D Coverage	Dental Plan (PCS is currently reviewing 2027 rates with providers)
MetLife Voluntary Benefits	Beneficiary Verification	

NO CHANGES NEEDED?

If no changes are made by November 2, your current coverage(s) will continue, including Healthcare Flexible Spending Account (FSA) and/or Dependent Care FSA elections, effective January 1, 2027. Deductions for 2027 will begin with December paychecks.

NEXT STEPS

1. Visit ESS to review your current benefits: https://ess.pcsb.org/empss/
2. Review the full BeneFlex Guide *(2027 guide will be available in mid-September)*
3. Attend one of the Zoom meeting information sessions

October 13, 2026 11:30 a.m.	October 15, 2026 4:30 p.m.	October 20, 2026 5:30 p.m.	October 22, 2026 8:00 a.m.	October 27, 2026 4:00 p.m.
Zoom Link	Zoom Link	Zoom Link	Zoom Link	Zoom Link

4. Reach out with questions:

General Information	Aetna Concierge	Aetna Health Care	PCS Benefit Team	Risk Management Office Hours
PCS Annual Enrollment	Call: (866) 253-0599 Use PCS Group # 109718	Contact: Catherine Jackson, On-Site Claims Advisor (727) 588-6367 pcs.jacksonc@pcsb.org	Contact: Lori Beining, Monica LaRocco, or Tracy Urello (727) 588-6197 risk-benefits@pcsb.org	Visit: Monday through Friday from 8:00 a.m. to 4:30 p.m.

5. Elect your Benefits at Employee Self-Service (ESS)

2027 Medical Payroll Deductions: Per to Pay Period (20 pays annually)
Deductions are subject to PCSB approval

Coverage Group	Basic Essential	CDHP + HRA	Select Choice
Employee	$41.84	$84.72	$111.18
Employee + Child(ren)	$139.78	$210.10	$261.88
Two Board Family[1]	$145.16	$223.22	$281.70
Employee + Spouse	$205.19	$318.70	$373.67
Family	$234.60	$393.95	$475.77

[1] To be eligible for Two Board Family, three or more individuals must be covered under the plan, and your legal spouse must be a benefits-eligible employee of the School Board.

PREVENTATIVE CARE WITH NO COST SHARING

Get annual physical exams, routine pap smear screenings, mammograms and many other services at no out-of-pocket expense. (Aetna Preventative Care)

PCS NAVIGATE WELLNESS PROGRAM

Eligible employees can also earn a $100 incentive upon completing their annual physical. Learn more about PCS Navigate by visiting https://www.pcsb.org/wellness.

HEALTHCARE FLEXIBLE SPENDING ACCOUNT (FSA) CHANGES

The healthcare flexible spending maximum will increase to $3,400, subject to IRS limits. Unused FSA Healthcare funds up to $680 can now roll over from 2026 to 2027. You must be enrolled in a 2027 FSA for this rollover to occur automatically.

DON'T NEED MEDICAL COVERAGE AND WANT TO TAKE ADVANTAGE OF THE $75 PER-PAY BOARD CREDIT?

The full $75 per pay Board credit can be deposited into a Healthcare FSA or a Dependent Care FSA. That's $1,500 per year in tax-free funds to reimburse for eligible medical, dental, and vision expenses in the Healthcare FSA or $1,500 toward eligible dependent care expenses. Other supplemental benefits such as dental, vision, AD&D, disability, and hospital indemnity are available for purchase with the $75 per-pay Board credit.

2027 Medical Plans Overview – Medical plans are subject to PCSB approval
For additional information and full comparison chart, visit PCS Annual Enrollment

	Basic Essential	CDHP + HRA	Select Choice
Deductible (Single/Family)	$2,500 / $7,000	$1,750 / $3,500	$1,000 / $2,500
Coinsurance	30%	25%	25%
Out-of-Pocket Maximum Medical (Single/Family)	$9,000 / $17,500	$5,500 / $11,000	$5,000 / $10,000
Primary Care Physician (PCP) Copay/Deductible	$60 Copay	25% Coinsurance after Deductible	$30 Copay
Specialist Copay/Deductible	30% Coinsurance after Deductible	25% Coinsurance after Deductible	$60 Copay
CVS 24/7 Virtual Care	$40 Copay	$25 Copay	$25 Copay
Inpatient Copay/Deductible	30% Coinsurance after Deductible	25% Coinsurance after Deductible	$600/day Copay (max 6 days)
Outpatient Copay/Deductible	30% Coinsurance after Deductible	25% Coinsurance after Deductible	25% Coinsurance after Deductible
Emergency Room Copay/ Deductible	30% Coinsurance after Deductible	25% Coinsurance after Deductible	30% Coinsurance after Deductible
Urgent Care Copay/Deductible	30% Coinsurance after Deductible	25% Coinsurance after Deductible	$100 Copay
Out-of-Pocket Maximum Pharmacy (Rx) (Single/Family)	Combined with Medical	$2,500 / $5000	$2,000 / $4,000
Rx Copays (30 days/90 days) **Generic Brand** **Preferred Brand** **Non-preferred Brand**	 $25/$50 $60/$120 $120/$240	 $15/$30 $60/$120 $120/$240*	 $15/$30 $60/$120 $120/$240*
Specialty Copays	30% Coinsurance; $0 if enrolled in Prudent Rx (30 days only)	30% Coinsurance; $0 if enrolled in Prudent Rx (30 days only)	30% Coinsurance; $0 if enrolled in Prudent Rx (30 days only)
Health Reimbursement Accounts (HRA) Contributions	NA	$500 – Employee $750 – Employee + Child(ren) $750- Employee + Spouse $1,000- Family	NA

*Non-preferred brand prescriptions are subject to the applicable deductible. Once the deductible is met, the copay is $120 for a 30-day supply or $240 for a 90-day supply.

DEFINITIONS

- Deductible: The amount you pay out of pocket before your insurance plan begins to pay.
- Coinsurance: The percentage of costs you pay after meeting your deductible.
- Out-of-Pocket Maximum: The most you will pay during a calendar year, including deductibles, copays, and coinsurance before the plan starts to pay 100% of the costs.
- Copay: A fixed amount you pay, at the time of service, not subject to a deductible. Copays do not count towards the deductible.