

2020-2021

Benefits Guide



**For Plan Year
October 1, 2020 - September 30, 2021**



Medical Plans

We are proud to offer you a choice among four different medical plans that provide comprehensive medical and prescription drug coverage. The plans also offer many resources and tools to help you maintain a healthy lifestyle. Following is a brief description of each plan.

Capital Health Plan HMO

With this plan, you select a primary care physician (PCP) from the participating network of providers who will coordinate your health care needs, refer you to specialists (if needed) and approve further medical treatment. Services received outside of the HMO's network are not covered, except in the case of emergency medical care.

Florida Blue PPO

These plans give you the freedom to seek care from the provider of your choice. The calendar-year deductible must be met before certain services are covered.

For complete details on Medical Plans and RX Tiers, please see Summary of Benefits on LCS website

Key Medical Benefits	Capital Health Plan HMO Capital Selection Plan	Capital Health Plan HMO Value Selection	Florida Blue PPO Plan 03559		Florida Blue PPO Plan 05172/05173	
	In-Network Only	In-Network Only	In-Network	Out-of-Network ¹	In-Network	Out-of-Network ¹
Deductible (per calendar year)						
Individual / Family Per Person/Family Aggregate	none / none	\$2,500 / \$5,000	\$500 / \$1,500	Combined with In-Network / Combined with In-Network	Individual \$3,000 / NA \$10,000/NA	Family \$10,000 /NA \$20,000/\$20,000
Out-of-Pocket Maximum (per calendar year)						
Individual / Family Per Person/Family Aggregate	\$2,000 / \$4,500	\$4,000 / \$8,500	\$2,500 / \$7,500	Combined with In-Network / Combined with In-Network	\$6,500 / N/A	\$10,000 / N/A
Covered Services						
Office Visits (physician/specialist)	\$15/\$40	\$15/\$75 copay*	\$15 / \$30 copay	40%*	DED + 10%	DED + 20%
Routine Preventive Care	No charge	No charge	No charge	No charge	No charge	DED + 20%
Outpatient Diagnostic (lab/X-ray)	No charge	Preventive screening/ Immunization no charge	No charge	40%*	DED + 10%	DED + 20%
Complex Imaging	\$100	\$250 copay*	\$75 copay	40%*	DED + 10%	DED + 20%
Chiropractic	\$40 copay	\$75 copay*	\$30 copay	40%*	DED + 10%	DED + 20%
Ambulance	\$100 copay	\$250 copay*	DED + 10%	In-Network Deductible + 10%	DED + 10%	DED + 20%
Emergency Room	\$300/visit \$250/ observation	\$500 copay; \$500 observation*	\$100 copay + 10%	\$100 Copay per visit + 10%	DED + 10%	DED + 20%
Urgent Care Facility	\$25 visit/ \$15 Amwell	\$50 copay*	\$30 copay	Deductible + \$30 copay	DED + 10%	DED + 20%
Inpatient Hospital Stay	\$250 copay	\$500/admission; \$500 observation*	Option 1: \$400	40%*	DED + 10%	DED + 20%
RX Out-of-Pocket Maximum (per calendar year)						
Individual / Family	\$4,600 / \$8,700	\$2,850 / \$5,200	N/A		N/A	
Prescription Drugs (Tier 1 / Tier 2 / Tier 3)						
Retail Pharmacy (30-day supply)	\$15/\$30/\$50	\$15 / \$50 / \$100 /	\$15 / \$30 / \$50	50%	DED + \$10 copay	In-Network Deductible + 50%
Mail Order (90-day supply)	\$45/\$90/\$150	\$45 / \$150 / \$300	\$30 / \$60 / \$100	50%	DED + \$25 copay	In-Network Deductible + 50%

Coinurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

*Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount. 2. Limited 30 day supply on Tier 4

Welcome

Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, your family and your way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

Eligibility

To be eligible for participation in LCS benefits you must be:

- ▶ Working at least 18.75 hours per week in a regularly established position for employees in the LCTA bargaining unit
- ▶ Working at least 17.5 hours per week for employees in the Local 1010 bargaining unit (International Union of Painters & Allied Trades)
- ▶ Working at least 20 hours per week for employees in the LESPA bargaining unit
- ▶ Hired as an hourly-as-needed teacher teaching at least 18.75 hours per week in a program that is continuing from year to year

You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- ▶ Your legally married spouse
- ▶ Your children who are your biological children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

When Coverage Begins

- ▶ **New Hires:** You must complete the enrollment process within 30 calendar days of your date of hire. If you enroll on time, coverage is effective on the first day of the month following your first paycheck. If you fail to enroll on time, you will **NOT** have benefits coverage (except for board paid life).
- ▶ **Open Enrollment:** Changes made during Open Enrollment are effective October 1, 2020 - September 30, 2021.

Choose Carefully!

Due to IRS regulations, you cannot change your pre-tax elections until the next annual Open Enrollment period, unless you have a qualified life event during the year. Following are examples of the most common qualified life events:

- ▶ Marriage or divorce
- ▶ Birth or adoption of a child
- ▶ Child reaching the maximum age limit
- ▶ Death of a spouse or child
- ▶ You lose coverage under your spouse's plan
- ▶ You gain access to state coverage under Medicaid or CHIP

Making Changes

To make changes to your benefit elections, you must contact your Benefits Office at 850-487-7150 within 30 calendar days of a qualifying event to make changes to your coverage. Be prepared to provide documentation of the event such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

Required Information—When you enroll, you will be required to enter a Social Security number (SSN) for all covered dependents. The Affordable Care Act (ACA), otherwise known as health care reform, requires the company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.

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Go to <https://www.cyclonebenefits.com/lcs>. There, you will find detailed information about the plans available to you and instructions for enrolling.

Telehealth



For employees enrolled
in Capital Health Plan

A faster, easier way
to see a doctor.



The doctor is always in - midnight or midday, we're available. **Sign up for free today!**

Consult with a top-rated doctor by mobile, web or phone:

- Affordable, easy, and convenient for a \$15 copayment
- Your choice of U.S. board-certified doctors and therapists
- No appointment, no waiting
- 24/7/365 mobile or web access
- Consults and diagnoses, prescriptions as appropriate



Download the app and enroll
now using the Service Key **CHP**

Visit capitalhealth.com/amwell or call 855-818-DOCS

Capital Health



An Independent Licensee of the Blue Cross and Blue Shield Association

Dental Plans

We are proud to offer you a choice among three different dental plans.

Florida Combined Life DPPO: These plans offer you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a dentist who participates in the Florida Combined Life network.

Following is a high-level overview of the coverage available.

Key Dental Benefits	Florida Combined Life Blue Choice Standard Plan DPPO		Florida Combined Life Blue Choice High Plan DPPO		Florida Combined Life Blue Choice Plus Plan DPPO	
	In-Network Only	Out-of-Network ¹	In-Network Only	Out-of-Network ¹	In-Network Only	Out-of-Network ¹
Deductible (per calendar year)						
Individual / Family	\$50 / \$150	\$50 / \$150	\$50 / \$150	\$50 / \$150	\$50 / \$150	\$50 / \$150
Benefit Maximum (per calendar year; preventive, basic, and major services combined)						
Per Individual	\$750	\$750	\$1,000	\$1,000	\$1,250	\$1,250
Covered Services						
Preventive Services	20%	20%	No charge	10%	No charge	10%
Basic Services	30%	30%	20%	30%	10%	30%
Major Services	30%	30%	50%	40%	40%	40%
Orthodontia	None	None	Child & Adult		Child & Adult	
			\$1,000	\$1,000	\$1,000	\$1,000

Coinurance percentages shown in the above chart represent what the member is responsible for paying.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

Vision Plan

We are proud to offer you a vision plan.

The **Avesis** vision plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the Avesis network.

Following is a high-level overview of the coverage available.

Key Vision Benefits	In-Network	Out-of-Network Reimbursement	
Exam (once every 12 months)	\$10	Up to \$35	
Materials Copay	\$15 (Materials copay applies to frame or spectacle lenses, if applicable)	N/A	
Lenses (once every 12 months)	Covered in full after \$15 copay	Single Vision	Up to \$25
		Bifocal	Up to \$40
		Trifocal	Up to \$50
Frames (once every 12 months)	Up to \$150	Up to \$50	
Contact Lenses (once every 12 months; in lieu of glasses)	Up to \$150	Up to \$128	

Flexible Spending Accounts

We provide you with an opportunity to participate in two different flexible spending accounts (FSAs) administered through Murfee Meadows. FSAs allow you to set aside a portion of your income, before taxes, to pay for qualified health care and/or dependent care expenses. Because that portion of your income is not taxed, you pay less in federal income, Social Security and Medicare taxes. To see how much you may want to contribute, complete the FSA Expense Estimate worksheet on the LCS website/Benefits.

Health Care FSA

For 2020, you may contribute up to \$2,750 to cover qualified health care expenses incurred by you, your spouse and your children up to age 26. Some qualified expenses include:

- ▶ Coinsurance
- ▶ Copayments
- ▶ Deductibles
- ▶ Prescriptions
- ▶ Dental treatment
- ▶ Orthodontia
- ▶ Eye exams/eyeglasses
- ▶ Lasik eye surgery

For a complete list of eligible expenses, visit www.irs.gov/pub/irs-pdf/p502.pdf.

Getting Reimbursed

As you incur healthcare expenses throughout the year, you can access your funds by using your Benefits Card® for eligible expenses or get reimbursed for your out-of-pocket expenses by submitting a claim form. Claims should be sent to Murfee Meadows via fax, email or regular mail.

Dependent Care FSA

For 2020, you may contribute up to \$5,000 (per family) to cover eligible dependent care expenses (\$2,500 if you and your spouse file separate tax returns). Some eligible expenses include: ▶ Care of a dependent child under the age of 13 by babysitters, nursery schools, pre-school or daycare centers.

- ▶ Care of a household member who is physically or mentally incapable of caring for him/herself and qualifies as your federal tax dependent

For a complete list of eligible expenses, visit www.irs.gov/pub/irs-pdf/p503.pdf.

Getting Reimbursed

With a Dependent Care FSA, you can only be reimbursed up to the amount that has been deducted from your paycheck. You can submit claims for reimbursement to Murfee Meadows.

FSA Rules

YOU MUST ENROLL EACH YEAR TO PARTICIPATE.

Because FSAs can give you a significant tax advantage, they must be administered according to specific IRS rules:

Health Care FSA: Unused funds of up to \$500 from one year can carry over to the following year. Carryover funds will not count against or offset the amount that you can contribute annually. Unused funds over \$500 will **NOT** be returned to you or carried over to the following year.

Dependent Care FSA: Unused funds will **NOT** be returned to you or carried over to the following year.

You can incur expenses through August 31st each year, and must file claims by September 30th.

Maximum contribution amount is established by the IRS and your employer each year. See plan document for details.

Life and AD&D Insurance

Life insurance provides your named beneficiary(ies) with a benefit in the event of your death.

Accidental Death and Dismemberment (AD&D) insurance provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot or eye). In the event that your death occurs due to a covered accident, both the life and the AD&D benefit would be payable.

Basic Life/AD&D (Company-paid)

This benefit is provided at **NO COST** to you through The Standard Company.

Benefit Amount	\$30,000 Benefits reduce by 35% at age 70, by 50% at age 75, and terminate when the employee is not longer eligible or retirement (whichever occurs first)
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Supplemental Life/AD&D (Employee-paid)

If you determine you need more than the basic coverage, you may purchase additional coverage through The Standard Company for yourself and your eligible family members.

	Benefit Option		Guaranteed Issue*
Employee	\$10,000 increments; minimum of \$10,000 up to \$250,000		\$150,000
Spouse	\$5,000 increments; minimum of \$5,000 and maximum of \$125,000 (not to exceed 50% of employees life coverage)		\$50,000
Child(ren)	Option 1	Option 2	\$10,000
	\$5,000	\$10,000	

*During your initial eligibility period only, you can receive coverage up to the Guaranteed Issue amounts without having to provide Evidence of Insurability (EOI, or information about your health). Coverage amounts that require EOI will not be effective unless approved by the insurance carrier.

Disability Insurance

Disability insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness.

Voluntary Short-Term Disability

Provided at an affordable group rate through The Standard Company.

Benefit Percentage	60%	
Weekly Benefit Maximum	\$2,000	
When Benefits Begin	Option 1	Option 2
	After 7th day of disability	After 14th day of disability
Maximum Benefit Duration	90 Days	

Voluntary Long-Term Disability

Provided at an affordable group rate through The Standard Company.

Benefit Percentage	60%
Monthly Benefit Maximum	\$6,000
When Benefits Begin	After 90th day of disability
Maximum Benefit Duration	Social Security Retirement age

Employee Assistance Program (EAP)

Life is full of challenges, and sometimes balancing it is difficult. We are proud to provide a confidential program dedicated to supporting the emotional health and well-being of our employees and their families. The employee assistance program (EAP) is provided at **NO COST** to you through Tallahassee Memorial Hospital.

The EAP can help with the following issues, among others:

- ▶ Mental health
- ▶ Relationships or marital conflicts
- ▶ Child and eldercare
- ▶ Substance abuse
- ▶ Grief and loss
- ▶ Legal or financial issues

EAP Benefits

- ▶ Assistance for you and your household members
- ▶ Up to five (5) in-person sessions with a counselor per issue, per year, per individual
- ▶ Unlimited toll-free phone access and online resources



Voluntary Benefits

Our benefit plans are here to help you and your family live well—and stay well. But did you know that you can strengthen your coverage even further? It's true! Our voluntary benefits through The Standard Company are designed to complement your health care coverage and allow you to customize our benefits to you and your family's needs. The best part? Benefits from these plans are paid directly to you! Coverage is also available for your spouse and dependents.

You can enroll in these plans during Open Enrollment—they're completely voluntary, which means you are responsible for paying for coverage at affordable group rates.

Accident Insurance

Accident insurance can soften the financial impact of an accidental injury by paying a benefit to you to help cover the unexpected out-of-pocket costs related to treating your injuries. If you have an accident and seek medical treatment, the policy pays a benefit following treatment for a wide range of accidents – from minor to catastrophic. If an accident causes multiple injuries, we pay a benefit for each one. Follow-up visits, chiropractic care and diagnostic tests are included, as are more than 100 other benefits. Depending on your needs, you have two different Accident plans to choose from – Enhanced and Premier. A complete list of benefits covered under each plan will be provided.

Critical Illness (includes Cancer Coverage)

Did you know that the average total out-of-pocket cost related to treating a critical illness is over \$7,000¹? With critical illness insurance, you'll receive a lump-sum benefit if you are diagnosed with a covered condition that you can use however you would like, including to help pay for: treatment (e.g. experimental), prescriptions, travel, increased living expenses and more. Under this plan, you, your spouse, and children are covered – your children are covered at no additional cost. Depending on your needs, you have two different Critical Illness plans to choose from, Enhanced and Premier.

Hospital Indemnity Insurance

The average cost of a hospital stay is \$10,000²—and the average length of a stay is 4.8 days³. Hospital indemnity insurance can help reduce costs by paying you or a covered dependent a benefit to help cover your deductible, coinsurance and other out-of-pocket costs due to a covered sickness or injury related hospitalization. Coverage is designed to pay you benefits for Hospital Admission, Daily Hospital Confinement, Critical Care Unit Admission, and Critical Care Unit Daily Confinement. Coverage is available for you, your spouse, and children and depending on your needs, there are two plans to choose from, Plan 1 and Plan 2.

1. MetLife Accident and Critical Illness Impact Study, October 2013

2. Costs for Hospital Stays in the United States, 2011. HCUP Statistical Brief #168. December 2013. Agency for Healthcare Research and Quality, Rockville, MD.

3. National Hospital Discharge Survey: 2010

We also offer the following additional voluntary benefits:

Life Benefit Term offered by CHUBB

Term Life Insurance provides you and your family with additional financial protection and peace of mind in the event of a death. Plan features include:

- ▶ Guaranteed acceptance for Life Insurance & Long Term Care Insurance
- ▶ Life Insurance premiums guaranteed for life
- ▶ Long Term Care coverage worth 3x your death benefit amount That's up to 75 months of care for nursing home, assisted living and home care!
- ▶ Plan is portable with locked in rates
- ▶ Guaranteed future increase option

You choose the coverage level that meets your family's financial needs. You pay 100% of the premiums through the convenience of payroll deduction.

Pet Insurance offered by Nationwide

Pet parents, chew on this: We've been working hard to sniff out the best benefits for you and your four-legged family members. And doggone it, we've found it: My Pet Protection® plans from Nationwide® offer best-in-show coverage for vet bills.

If pet healthcare costs are making your wallet growl, you'll love getting back 90% on vet bills for accidents, illnesses, hereditary conditions and much more.*

You're free to use any vet and get additional benefits for stuff like emergency boarding, lost pet advertising and more. Plus, our 24/7 vet helpline® is available to all pet insurance members (\$150 value).

*Some exclusions may apply. Certain coverages may be subject to pre-existing exclusion. See policy documents for a complete list of exclusions.

LifeLock

You have the option to enroll for identity theft protection. This benefit may save you time and money – and restore your name and credit for you if your identity is stolen. Trained experts provide you with fraud alert notifications, perform proactive database searches, and continuously monitor your credit.



Discover the greatest pet insurance plans ever offered.

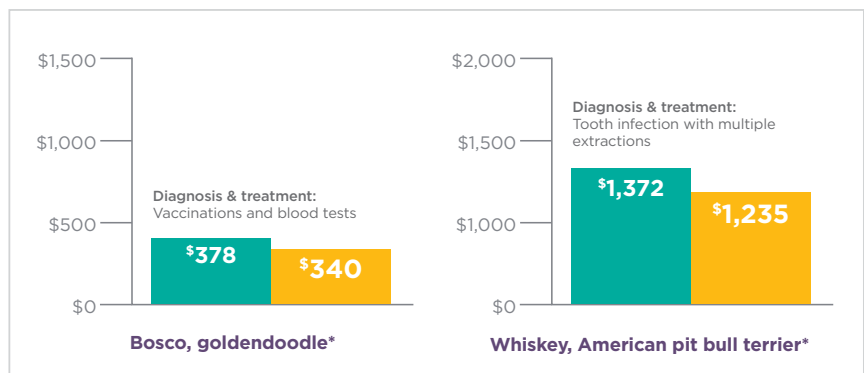
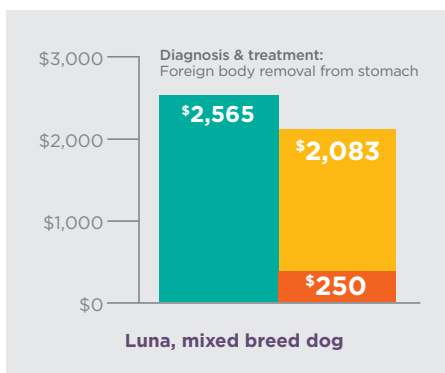
My Pet Protection[®] is offered exclusively to employees and gives your pet superior protection at an unbeatable price.



- ✓ 90% back on vet bills¹
- ✓ Exclusive to employees, not available to the general public
- ✓ Same price for pets of all ages
- ✓ Best deal: average savings of 30% over similar plans from other pet insurers²
- ✓ Wellness plan option that includes spay/neuter, vaccinations and more

Here's how My Pet Protection helped Nationwide[®] pet parents

Between big-ticket emergency vet bills and basic preventive care, My Pet Protection coverage helped keep these pet parents' bank accounts in the black.



*Annual deductible met on previous claim

Legend: Claim amount (teal), Reimbursement by Nationwide (yellow), Annual deductible (orange)

Sample reimbursements are based on actual claims but have been edited for clarity. Coverage for wellness services only available on My Pet Protection with Wellness[®].

Sign up multiple pets with individual plans and receive a discount³ for even more savings.

Get a free, no-obligation quote today at





Choose a plan that's as unique as your pet.

Get back 90% of the vet bill for these items **and more!**

Visit any vet, anywhere



Accidents, including poisonings and allergic reactions	✓	✓
Injuries, including cuts, sprains and broken bones	✓	✓
Common illnesses, including ear infections, vomiting and diarrhea	✓	✓
Serious/chronic illnesses, including cancer and diabetes	✓	✓
Hereditary and congenital conditions	✓	✓
Surgeries and hospitalization	✓	✓
X-rays, MRIs and CT scans	✓	✓
Prescription medications and therapeutic diets	✓	✓
Wellness exams	✓	
Vaccinations	✓	
Spay/neuter	✓	
Flea and tick prevention	✓	
Heartworm testing and prevention	✓	
Routine blood tests	✓	

Just like all other pet insurers, we don't cover **pre-existing conditions**.^{*} However, we go above and beyond with extra features such as **emergency boarding, lost pet advertising and more**. Plus, both plans have a low \$250 annual deductible and a generous \$7,500 maximum annual benefit.

^{*}Any illness or injury that your pet had prior to the start of your policy will be considered a pre-existing condition.

Easy enrollment

1 Select the species (dog or cat)**

2 Provide your zip code

3 Pick your plan

**To enroll your bird, rabbit, reptile or other exotic pet, please call 888-899-4874.



Available to all pet insurance members. Unlimited, 24/7 access to a veterinary professional (\$150 value). Only from Nationwide®.



Get your pet insurance reimbursements deposited directly to your bank.

Submit claims right from your smartphone with the free VitusVet app.



Download from the App Store



Download from Google Play

Email, fax and snail mail claim submissions also available.

Learn more today.

¹Some exclusions may apply. Certain coverages may be subject to pre-existing exclusion. See policy documents for a complete list of exclusions. ²Average based on similar plans from top competitors' websites for a 4-year-old Labrador retriever in Calif., 90631. Data provided using information available as of December 2017. ³Pet owners receive a 5% multiple-pet discount by insuring two to three pets or a 10% discount on each policy for four or more pets.

Insurance terms, definitions and explanations are intended for informational purposes only and do not in any way replace or modify the definitions and information contained in individual insurance contracts, policies or declaration pages, which are controlling. Such terms and availability may vary by state and exclusions may apply. Underwritten by Veterinary Pet Insurance Company (CA), Columbus, OH, an A.M. Best A+ rated company (2018); National Casualty Company (all other states), Columbus, OH, an A.M. Best A+ rated company (2018). Agency of Record: DVM Insurance Agency. Nationwide, the Nationwide N and Eagle, and Nationwide is on your side are service marks of Nationwide Mutual Insurance Company. ©2019 Nationwide. 19GRP5832 2-19

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Cost of Benefits (10-month)

October 1, 2020 - September 30, 2021

Your contributions toward the cost of benefits are automatically deducted from your paycheck before taxes. The amount will depend upon the plan you select and if you choose to cover eligible family members.

Monthly Health Plan Premiums Rates are based on 10 deductions, on a year-to-year basis, with the first deduction beginning September 2020 and benefits effective October 1, 2020. The last deduction will be June 2021 with benefits ending September 30, 2021.

Medical

Coverage Tier	Monthly Employee Contribution			
	Capital Health Plan		Florida Blue	
	Capital Selection Plan \$15/\$30/\$50	Value Plan	Blue Options 03559 Plan	Blue Options 5172/5173 Plan
Employee Only	\$158.01	\$30	\$235.02	\$30.00
Employee + Dependent	\$632.04	\$231.69	\$1,118.69	\$676.45
Family	\$853.25	\$312.78	\$1,466.50	\$886.77
Med 2- Family	\$316.02	\$60.00	\$470.04	\$60.00

Dental

Coverage Tier	Monthly Employee Contribution		
	Florida Combined Life		
	Blue Choice Plus Plan	Blue Choice High Plan	Blue Choice Standard Plan
Employee Only	\$44.69	\$32.93	\$18.16
Employee + Dependent	\$87.78	\$65.23	\$35.64
Family	\$168.87	\$127.61	\$70.47

Vision

Coverage Tier	Monthly Employee Contribution
	Avesis Plan #150150FY1
Employee Only	\$7.84
Employee + Dependent	\$15.24
Family	\$22.38

Accident

Coverage Tier	Monthly Employee Contribution	
	The Standard	
	Enhanced	Premier
Employee Only	\$14.70	\$22.49
Employee + Spouse	\$23.24	\$35.12
Employee + Children	\$27.86	\$42.64
Family	\$43.60	\$66.58

Hospital Indemnity

Coverage Tier	Monthly Employee Contribution	
	The Standard	
	Plan 1	Plan 2
Employee Only	\$13.68	\$23.28
Employee + Spouse	\$28.80	\$49.26
Employee + Children	\$26.32	\$45.12
Family	\$44.10	\$75.90

Critical Illness

Monthly Employee Contribution
The Standard

Visit LCS website/Benefits for rates

Pet Insurance

Coverage Tier	Monthly Employee Contribution
	Nationwide
Canine (each)	\$52.71
with Wellness	\$84.39
Feline (each)	\$31.62
with Wellness	\$50.63

Cost of Benefits (Pay type 9 Administrators and Exempt Employees only)

October 1, 2020 - September 30, 2021

Your contributions toward the cost of benefits are automatically deducted from your paycheck before taxes. The amount will depend upon the plan you select and if you choose to cover eligible family members.

Monthly Health Plan Premiums Rates are based on 12 deductions, on a year-to-year basis, with the first deduction beginning September 2020 and benefits effective October 1, 2020. The last deduction will be September 2021 with benefits ending September 30, 2021

Medical

Coverage Tier	Monthly Employee Contribution			
	Capital Health Plan		Florida Blue	
	Capital Selection Plan \$15/\$30/\$50	Value Selection Plan \$15/\$50/\$100	Blue Options 03559 Plan	Blue Options 5172/5173 Plan
Employee Only	\$131.67	\$25.00	\$195.85	\$25.00
Employee + Dependent	\$526.70	\$193.08	\$932.24	\$563.71
Family	\$711.04	\$260.65	\$1,222.08	\$738.97
Med 2- Family	\$263.34	\$50.00	\$391.70	\$50.00

Dental

Coverage Tier	Monthly Employee Contribution		
	Florida Combined Life		
	Blue Choice Plus Plan	Blue Choice High Plan	Blue Choice Standard Plan
Employee Only	\$37.24	\$27.44	\$15.13
Employee + Dependent	\$73.15	\$54.36	\$29.70
Family	\$140.73	\$106.34	\$58.73

Vision

Coverage Tier	Monthly Employee Contribution
	Avesis Plan #150150FY1
Employee Only	\$6.53
Employee + Dependent	\$12.70
Family	\$18.65

Identity Theft

Coverage Tier	Monthly Employee Contribution	
	LifeLock	
	Benefit Elite	Ultimate Plus
Employee Only	\$7.98	\$13.91
Family	\$15.98	\$27.83

Hospital Indemnity

Coverage Tier	Monthly Employee Contribution	
	The Standard	
	Low Plan	High Plan
Employee Only	\$11.40	\$19.40
Employee + Spouse	\$24.00	\$41.05
Employee + Children	\$21.93	\$37.60
Family	\$36.75	\$63.25

Accident

Coverage Tier	Monthly Employee Contribution	
	The Standard	
	Enhanced	Premier
Employee Only	\$12.25	\$18.74
Employee + Spouse	\$19.37	\$29.27
Employee + Children	\$23.22	\$35.53
Family	\$36.33	\$55.48

Pet Insurance

Coverage Tier	Monthly Employee Contribution
	Nationwide
Canine (each)	\$43.93
with Wellness	\$70.33
Feline (each)	\$26.35
with Wellness	\$42.19

Critical Illness

Monthly Employee Contribution
The Standard

Visit LCS website/Benefits for rates



Nondiscrimination Notification and Contact Information

“No person shall on the basis of sex (including transgender, gender nonconforming and gender identity), marital status, sexual orientation, race, religion, ethnicity, national origin, age, color, pregnancy, disability or genetic information be denied employment, receipt of services, access to or participation in school activities or programs if qualified to receive such services, or otherwise be discriminated against or placed in a hostile environment in any educational program or activity including those receiving federal financial assistance, except as provided by law.” No person shall deny equal access or a fair opportunity to meet to, or discriminate against, any group officially affiliated with the Boy Scouts of America, or any other youth group listed in Title 36 of the United States Code as a patriotic society.

An employee, student, parent or applicant alleging discrimination with respect to employment, or any educational program or activity may contact:

Dr. Kathleen L. Rodgers, Assistant Superintendent
Equity Coordinator (Students) and
Title IX Compliance Officer
Leon County School District
2757 West Pensacola Street
Tallahassee, Florida 32304
(850) 487-7306
rodgersk@leonschools.net

Deana McAllister, Labor and Relations
Equity Coordinator (Employees)
(850) 487-7193
mcallisterd@leonschools.net

A student or parent alleging discrimination as it relates to Section 504 of the Rehabilitation Act may contact:

Karin Gerold, 504 Specialist
(850) 487-7160
geroldk@leonschools.net

Contact Information

Coverage	Carrier	Phone #	Website/Email
Medical	Capital Health Plan Member Services	850-383-3311	Memberservices@chp.org
	Florida Blue	877-352-2583	http://www.floridablue.com/
Telehealth	Teledoc-Florida Blue Option members	800-Teladoc (800-835-2362)	www.teladoc.com
	Amwell-CHP members	855-818-3627	www.capitalhealth.com/amwell
Dental	Florida Combined Life	888-223-4892 Please choose option 2	www.floridabluedental.com
Vision	Avesis Vision Customer Service	800-828-9341	www.avesis.com
Flexible Spending Accounts (FSAs)	Murfee Meadows	800-600-0947	www.murfeemeadows.com
Life/AD&D	The Standard Company	888-937-4783	www.standard.com
Disability	The Standard Company	888-937-4783	www.standard.com
Employee Assistance Program (EAP)	Tallahassee Memorial EAP	850-431-5190	https://www.tmh.org/services/eap
Voluntary Benefits	The Standard Company	888-937-4783	www.standard.com
Pet Insurance	Nationwide	800-540-2016	www.petinsurance.com/PUGvideos
Identity Theft	LifeLock	800-607-9174	www.lifelock.com

Benefits Website

Our benefits website [lcsleonschools.net/Page/31129](https://www.lcsleonschools.net/Page/31129) can be accessed anytime you want additional information on our benefits programs.

Our enrollment website <https://www.cyclonebenefits.com/lcs> can be accessed anytime you want additional information regarding enrollment.

Questions?

If you have additional questions, you may also contact:

LCS Enrollment Call Center
888-783-9653
fla.ta.lcdshelp@hubinternational.com

Benefits Department
850-487-7150



DISCLAIMER: The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern. **Annual Notices:** ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The company will distribute all required notices annually.

