

2021-2022

# Benefits Guide

Open Enrollment  
July 19 - August 13, 2021



LEON COUNTY SCHOOLS  
**LECS**

# Welcome

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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, 2021- September 30, 2022.

## 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.

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**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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# Enrollment

Copy and paste this link <https://www.cyclonebenefits.com/lcs> here, you will find detailed information about the plans available to you and instructions for enrolling.

# 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 High Deductible Plan	Florida Blue PPO Plan 03559		Florida Blue PPO Plan 05172/05173 High Deductible Plan	
	In-Network Only	In-Network Only	In-Network	Out-of-Network <sup>1</sup>	In-Network	Out-of-Network <sup>1</sup>
<b>Deductible (per calendar year)</b>						
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
<b>Out-of-Pocket Maximum (per calendar year)</b>						
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
<b>Covered Services</b>						
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%
<b>RX Out-of-Pocket Maximum (per calendar year)</b>						
Individual / Family	\$4,600 / \$8,700	\$2,850 / \$5,200	N/A		N/A	
<b>Prescription Drugs (Tier 1 / Tier 2 / Tier 3)</b>						
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

Telehealth



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in Capital Health Plan

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

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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 <sup>1</sup>	In-Network Only	Out-of-Network <sup>1</sup>	In-Network Only	Out-of-Network <sup>1</sup>
<b>Annual Deductible</b> (per calendar year)						
Individual / Family	\$50 / \$150	\$50 / \$150	\$50 / \$150	\$50 / \$150	\$50 / \$150	\$50 / \$150
<b>Benefit Maximum</b> (per calendar year; preventive, basic, and major services combined)						
Per Individual	\$750	\$750	\$1,000	\$1,000	\$1,250	\$1,250
<b>Covered Services</b>						
<b>Preventive Services</b>	20%	20%	No charge	10%	No charge	10%
<b>Basic Services</b>	30%	30%	20%	30%	10%	30%
<b>Major Services</b>	30%	30%	50%	40%	40%	40%
<b>Orthodontia</b>	None	None	<b>Child &amp; Adult</b>		<b>Child &amp; Adult</b>	
			\$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	
<b>Exam</b> (once every 12 months)	\$10	Up to \$35	
<b>Materials Copay</b>	\$15 (Materials copay applies to frame or spectacle lenses, if applicable)	N/A	
<b>Lenses</b> (once every 12 months)	Covered in full after \$15 copay	Single Vision	Up to \$25
		Bifocal	Up to \$40
		Trifocal	Up to \$50
<b>Frames</b> (once every 12 months)	Up to \$150	Up to \$50	
<b>Contact Lenses</b> (once every 12 months; in lieu of glasses)	Up to \$150	Up to \$128	

# 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 carry over to the following year. Carryover funds will not count against or offset the amount that you can contribute annually.

**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.*

# 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. A worksheet that will help you decide how much you may want to contribute, is found on the next page.

## Health Care FSA

For 2021, 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](http://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 found on LCS website..

## Dependent Care FSA

For 2021, 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](http://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. Claim forms can be found on LCS Benefits website.

# 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.

<b>Benefit Amount</b>	\$30,000 Benefits reduce by 35% at age 70, by 50% at age 75, and terminate when the employee is no 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*
<b>Employee</b>	\$10,000 increments; minimum of \$10,000 up to \$250,000		\$150,000
<b>Spouse</b>	\$5,000 increments; minimum of \$5,000 and maximum of \$125,000 (not to exceed 50% of employee's life coverage)		\$50,000
<b>Child(ren)</b>	<b>Option 1</b>	<b>Option 2</b>	\$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.

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

## Voluntary Long-Term Disability

Provided at an affordable group rate through The Standard Company.

<b>Benefit Percentage</b>	60%
<b>Monthly Benefit Maximum</b>	\$6,000
<b>When Benefits Begin</b>	After 90th day of disability
<b>Maximum Benefit Duration</b>	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. You can call 850-431-5190.

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 \$7,000<sup>1</sup>? 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 \$10,000<sup>2</sup>—and the average length of a stay is 4.8 days<sup>3</sup>. 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.

## 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.



ACCESS YOUR  
BENEFITS  
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**Benefit  
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BIG NEWS...

# WE'VE GONE MOBILE!

To help you access your benefits and HR information—even when you're away from work and need it most—we've launched Benefit Spot!

## DOWNLOADING THE APP IS EASY! SIMPLY:



**Search** "Benefit Spot" on the Apple App Store or Google Play or scan this QR code.



**Download** the app to your smartphone or other mobile device.



Whenever you launch the app, **enter company code: LCSD** to access our plan information.

NOTE: The company code is case sensitive.



That's it—you're ready to go!

## WITH BENEFIT SPOT, YOU'LL BE ABLE TO:

- Call HR directly
- Access your Benefits Guide and basic plan information
- Watch educational videos
- Look up carrier contact information
- Learn who is eligible and how to enroll
- And more!



PLEASE BE AWARE THIS APP IS FOR INFORMATION ONLY. YOU CANNOT ENROLL WITH IT.

# Cost of Benefits (10-month)

October 1, 2021 - September 30, 2022

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 2021 and benefits effective October 1, 2021. The last deduction will be June 2022 with benefits ending September 30, 2022.

## Medical

Coverage Tier	Monthly Employee Contribution			
	Capital Health Plan		Florida Blue	
	Capital Selection Plan \$15/\$30/\$50	Value Plan High Deductible	Blue Options 03559 Plan	Blue Options 5172/5173 Plan
Employee Only	\$161.93	\$ 30.23	\$ 235.02	\$142.11
Employee + Dependent	\$388.63	\$241.80	\$ 742.66	\$449.08
Family	\$615.33	\$326.44	\$1,090.47	\$659.40
Med 2- Family	\$323.86	\$ 60.45	\$ 470.03	\$284.22

## Dental

Coverage Tier	Monthly Employee Contribution		
	Florida Combined Life		
	Blue Choice Plus Plan	Blue Choice High Plan	Blue Choice Standard Plan
Employee Only	\$ 48.27	\$ 34.25	\$18.89
Employee + Dependent	\$ 94.80	\$ 67.84	\$37.07
Family	\$182.38	\$132.71	\$73.29

## Vision

Coverage Tier	Monthly Employee Contribution
	Aveis 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

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

October 1, 2021 - September 30, 2022

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 2021 and benefits effective October 1, 2021. The last deduction will be June 2022 with benefits ending September 30, 2022

## 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	\$134.94	\$25.19	\$195.85	\$118.42
Employee + Dependent	\$323.86	\$201.50	\$618.89	\$374.23
Family	\$512.77	\$272.03	\$908.73	\$549.50
Med 2- Family	\$269.88	\$50.38	\$391.69	\$236.85

## Dental

Coverage Tier	Monthly Employee Contribution		
	Florida Combined Life		
	Blue Choice Plus Plan	Blue Choice High Plan	Blue Choice Standard Plan
Employee Only	\$40.23	\$28.54	\$15.74
Employee + Dependent	\$79.00	\$56.53	\$30.89
Family	\$151.98	\$110.59	\$61.08

## 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

## Critical Illness

Employee Monthly 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](mailto:rodgersk@leonschools.net)

Deana McAllister, Assistant Superintendent  
Labor and Relations  
Equity Coordinator (Employees)  
(850) 487-7193  
[mcallisterd@leonschools.net](mailto: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](mailto: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	<a href="https://www.floridablue.com/members/group/home">https://www.floridablue.com/members/group/home</a>
Telehealth	Teledoc-Florida Blue Option members	800-Teladoc (800-835-2362)	<a href="http://www.teladoc.com">www.teladoc.com</a>
	Amwell-CHP members	855-818-3627	<a href="http://www.capitalhealth.com/amwell">www.capitalhealth.com/amwell</a>
Dental	Florida Combined Life	1-888-223-4892	<a href="https://www.floridabluedental.com/members/my-account/">https://www.floridabluedental.com/members/my-account/</a>
Vision	Avesis Vision Customer Service	800-828-9341	<a href="http://www.avesis.com">www.avesis.com</a>
Flexible Spending Accounts (FSAs)	Murfee Meadows	800-600-0947	<a href="http://www.murfeemeadows.com">www.murfeemeadows.com</a>
Life/AD&D	The Standard Company	888-937-4783	<a href="http://www.standard.com">www.standard.com</a>
Disability	The Standard Company	888-937-4783	<a href="http://www.standard.com">www.standard.com</a>
Employee Assistance Program (EAP)	Tallahassee Memorial EAP	850-431-5190	<a href="https://www.tmh.org/services/eap">https://www.tmh.org/services/eap</a>
Voluntary Benefits	The Standard Company	888-937-4783	<a href="http://www.standard.com">www.standard.com</a>
Identity Theft	LifeLock	800-607-9174	<a href="https://memberportal.lifelock.com/support">https://memberportal.lifelock.com/support</a>

## Benefits Website

Our benefits website <https://www.leonschools.net/Page/31129> can be accessed anytime you want additional information on our benefits programs.

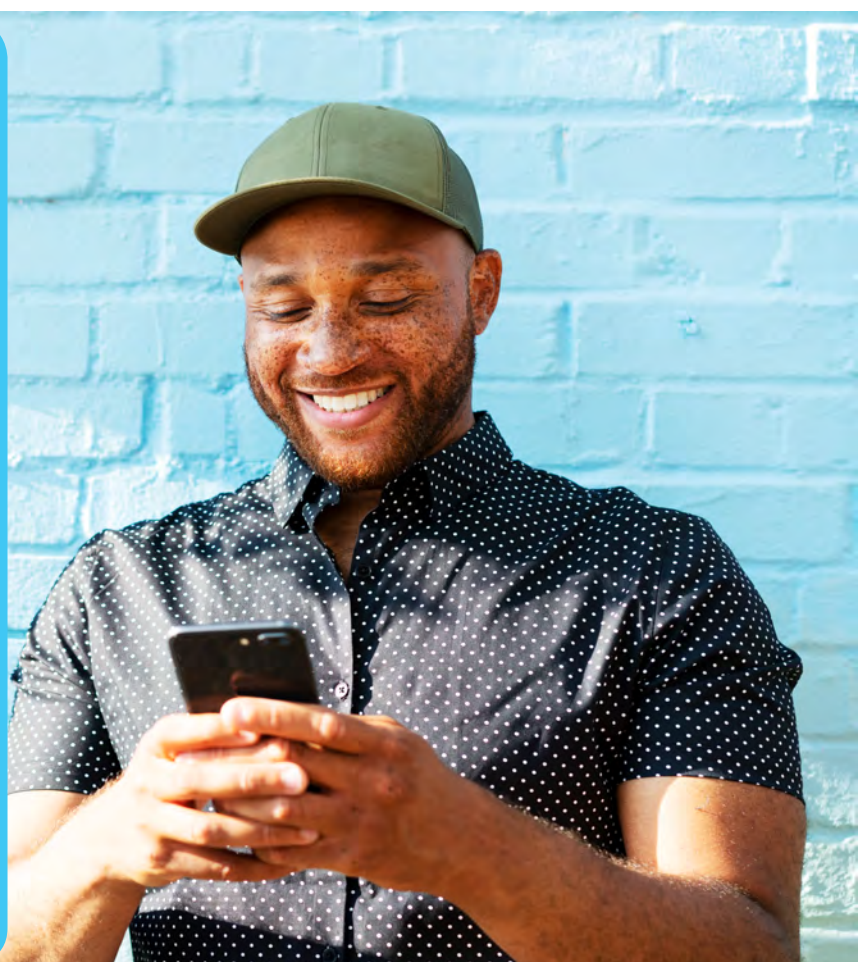
Our enrollment website <https://www.cyclonebenefits.com/lcs> can be accessed anytime you want additional information regarding enrollment.

## Questions?

If you have additional questions, you may also contact:

LCS Enrollment Call Center  
888-783-9653  
[fla.ta.lcdshelp@hubinternational.com](mailto: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.

