

# Benefits Guide

Open Enrollment  
July 18 - August 12, 2022



# 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, 2022- September 30, 2023.

## 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.** 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





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**Capital Health**

P L A N<sup>SM</sup>



An Independent Licensee of the Blue Cross and Blue Shield Association

# Cost of Benefits (10-month)

October 1, 2022 - September 30, 2023

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. **The max age limit for dependent children on CHP is 26 years of age and will automatically terminate at the end of the Calendar Year of their 26th birthday. Florida Blue max age limit for dependent children is 29 years of age and will automatically terminate at the end of the Calendar Year of their 29th birthday.**

Monthly Health Plan Premiums Rates are based on 10 deductions, on a year-to-year basis, with the first deduction beginning September 2022 and benefits effective October 1, 2023. The last deduction will be June 2022 with benefits ending September 30, 2023

## 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	\$172.84	\$ 32.26	\$ 235.02	\$142.11
Employee + Dependent	\$414.82	\$258.10	\$ 742.66	\$449.08
Family	\$656.80	\$348.44	\$1,090.47	\$659.40
Med 2- Family	\$345.68	\$ 64.53	\$ 470.03	\$284.22

## Dental

Coverage Tier	Monthly Employee Contribution		
	The Standard		
	Low Plan	Medium Plan	High Plan
Employee Only	\$ 16.90	\$ 30.62	\$43.20
Employee + Dependent	\$ 33.14	\$ 60.72	\$84.86
Family	\$65.62	\$118.82	\$163.30

## Vision

Coverage Tier	Monthly Employee Contribution	
	Aveis	
	Base Plan	Plus Plan
Employee Only	\$7.84	\$10.96
Employee + Dependent	\$15.24	\$21.13
Family	\$22.38	31.30

## 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 6 Teachers, Paytype 9 Administrators and Exempt Employees only)

October 1, 2022 - September 30, 2023

Your contributions toward the cost of benefits are automatically deducted from your paycheck before taxes (pre-tax benefits only). The amount will depend upon the plan you select and if you choose to cover eligible family members. **The max age limit for dependent children on CHP is 26 years of age and will automatically terminate at the end of the Calendar Year of their 26th birthday. Florida Blue max age limit for dependent children is 29 years of age and will automatically terminate at the end of the Calendar Year of their 29th birthday.**

Monthly Health Plan Premiums Rates are based on 12 deductions, on a year-to-year basis, with the first deduction beginning September 2022 and benefits effective October 1, 2023. The last deduction will be June 2023 with benefits ending September 30, 2023.

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	\$144.03	\$26.89	\$195.85	\$118.42
Employee + Dependent	\$345.68	\$215.08	\$618.89	\$374.23
Family	\$547.33	\$290.36	\$908.73	\$549.50
Med 2- Family	\$288.06	\$53.78	\$391.69	\$236.85

## Dental

Coverage Tier	Monthly Employee Contribution		
	The Standard		
	Low Plan	Medium Plan	High Plan
Employee Only	\$14.08	\$25.52	\$36.00
Employee + Dependent	\$27.62	\$50.60	\$70.72
Family	\$54.68	\$99.02	\$136.08

## Vision

Coverage Tier	Monthly Employee Contribution	
	Avesis	
	Base Plan	Plus Plan
Employee Only	\$6.53	\$9.13
Employee + Dependent	\$12.70	\$17.61
Family	\$18.65	\$26.08

## 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







## Group Dental Insurance

Help protect your oral health with regular dental exams and procedures.

This summary of benefits and coverage shows how you and The Standard would share the cost for covered dental care services. NOTE: This is only a summary; for detailed information on coverage, please consult your certificate of coverage.

### Plan 1: Dental Plan Summary- LOW

Effective Date: 10/1/2022

Plan Benefit	
Type 1 (Preventive)	80%
Type 2 (Basic)	70%
Type 3 (Major)	30%
Waiting Period	None
Deductible	\$50/Calendar Year Type 2 & 3 Waived Type 1 \$150/family
Maximum (per person)	\$750 per calendar year
OON Allowance	Discounted Fee/MAC*
Max Builder <sup>SM</sup>	Included
Annual Open Enrollment	Included

### Sample Procedure Listing (Current Dental Terminology © American Dental Association.)

Type 1	Type 2	Type 3
<ul style="list-style-type: none"> <li>Routine Exam (2 per benefit period)</li> <li>Bitewing X-rays (2 per benefit period)</li> <li>Full Mouth/Panoramic X-rays (1 in 3 years)</li> <li>Cleaning (2 per benefit period)</li> <li>Fluoride for Children 13 and under (2 per benefit period)</li> </ul>	<ul style="list-style-type: none"> <li>Periapical X-rays</li> <li>Sealants (age 16 and under)</li> <li>Space Maintainers</li> <li>Restorative Amalgams</li> <li>Restorative Composites (anterior and posterior teeth)</li> <li>Endodontics (nonsurgical)</li> <li>Endodontics (surgical)</li> <li>Periodontics (nonsurgical)</li> <li>Denture Repair</li> <li>Simple Extractions</li> <li>Complex Extractions</li> <li>Anesthesia</li> </ul>	<ul style="list-style-type: none"> <li>Onlays</li> <li>Crowns (1 in 5 years per tooth)</li> <li>Crown Repair</li> <li>Periodontics (surgical)</li> <li>Implants</li> <li>Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years)</li> </ul>

\*Discounted Fee/MAC: We will base our payment on the amount our in-network dentist charges. The member pays the difference between what their dentist charges and what our in-network dentist would have charged.

The max age limit for dependent children is 29 years of age and will automatically terminate at the end of the Calendar Year of their 29th birthday on all Dental plans.





## Group Dental Insurance

Help protect your oral health with regular dental exams and procedures.

This summary of benefits and coverage shows how you and The Standard would share the cost for covered dental care services. NOTE: This is only a summary; for detailed information on coverage, please consult your certificate of coverage.

### Plan 2: Dental Plan Summary- MEDIUM

Effective Date: 10/1/2022

Plan Benefit	
Type 1 (Preventive)	100%
Type 2 (Basic)	80%
Type 3 (Major)	50%
Waiting Period	None
Deductible	\$50/Calendar Year Type 2 & 3 Waived Type 1 \$150/family
Maximum (per person)	\$1,000 per calendar year
OON Allowance	Discounted Fee/MAC*
Max Builder <sup>SM</sup>	Included
Annual Open Enrollment	Included

### Orthodontia Summary - Adult and Child Coverage

Allowance	Usual and customary
Plan Benefit	50%
Lifetime Maximum (per person)	\$1,000
Waiting Period	None

### Sample Procedure Listing (Current Dental Terminology © American Dental Association.)

Type 1	Type 2	Type 3
<ul style="list-style-type: none"> <li>Routine Exam (2 per benefit period)</li> <li>Bitewing X-rays (1 per benefit period)</li> <li>Full Mouth/Panoramic X-rays (1 in 3 years)</li> <li>Cleaning (2 per benefit period)</li> <li>Fluoride for Children 13 and under (2 per benefit period)</li> </ul>	<ul style="list-style-type: none"> <li>Periapical X-rays</li> <li>Sealants (age 16 and under)</li> <li>Space Maintainers</li> <li>Restorative Amalgams</li> <li>Restorative Composites (anterior and posterior teeth)</li> <li>Endodontics (nonsurgical)</li> <li>Endodontics (surgical)</li> <li>Periodontics (nonsurgical)</li> <li>Denture Repair</li> <li>Simple Extractions</li> <li>Complex Extractions</li> <li>Anesthesia</li> </ul>	<ul style="list-style-type: none"> <li>Onlays</li> <li>Crowns (1 in 5 years per tooth)</li> <li>Crown Repair</li> <li>Periodontics (surgical)</li> <li>Implants</li> <li>Prostodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years)</li> </ul>

\*Discounted Fee/MAC: We will base our payment on the amount our in-network dentist charges. The member pays the difference between what their dentist charges and what our in-network dentist would have charged.

## Group Dental Insurance

Help protect your oral health with regular dental exams and procedures.

This summary of benefits and coverage shows how you and The Standard would share the cost for covered dental care services. NOTE: This is only a summary; for detailed information on coverage, please consult your certificate of coverage.

### Plan 3: Dental Plan Summary- HIGH

Effective Date: 10/1/2022

Plan Benefit	
Type 1 (Preventive)	100%
Type 2 (Basic)	90%
Type 3 (Major)	60%
Waiting Period	None
Deductible	\$50/Calendar Year Type 2 & 3 Waived Type 1 \$150/family
Maximum (per person)	\$1,500 per calendar year
OON Allowance	95% usual and customary**
Max Builder <sup>SM</sup>	Included
Annual Open Enrollment	Included

### Orthodontia Summary - Adult and Child Coverage

Allowance	Usual and customary
Plan Benefit	50%
Lifetime Maximum (per person)	\$1,000
Waiting Period	None

### Sample Procedure Listing (Current Dental Terminology © American Dental Association.)

Type 1	Type 2	Type 3
<ul style="list-style-type: none"> <li>Routine Exam (1 per benefit period)</li> <li>Bitewing X-rays (2 per benefit period)</li> <li>Full Mouth/Panoramic X-rays (1 in 3 years)</li> <li>Cleaning (2 per benefit period)</li> <li>Fluoride for Children 13 and under (2 per benefit period)</li> </ul>	<ul style="list-style-type: none"> <li>Periapical X-rays</li> <li>Sealants (age 16 and under)</li> <li>Space Maintainers</li> <li>Restorative Amalgams</li> <li>Restorative Composites (anterior and posterior teeth)</li> <li>Endodontics (nonsurgical)</li> <li>Endodontics (surgical)</li> <li>Periodontics (nonsurgical)</li> <li>Denture Repair</li> <li>Simple Extractions</li> <li>Complex Extractions</li> <li>Anesthesia</li> </ul>	<ul style="list-style-type: none"> <li>Onlays</li> <li>Crowns (1 in 5 years per tooth)</li> <li>Crown Repair</li> <li>Periodontics (surgical)</li> <li>Implants</li> <li>Prostodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years)</li> </ul>

\*\*95% Usual and Customary: As long as the out of network dentist charges at or below what 95% of what dentists charge in the area, we will allow the full charge. If they charge more than what 95% of local dentist's charge, the member pays the difference.



## Max Builder<sup>SM</sup>

This dental plan includes a valuable feature that allows plan participants to carry over part of their unused annual maximum. A participant must submit at least one claim during the benefit year while staying at or under the plan-specific threshold amount. Earns an extra reward, called the PPO Bonus, by seeing a Network Provider. Employees and their covered dependents may accumulate rewards up to the stated maximum carry-over amount, then use those rewards for any covered dental procedures subject to applicable coinsurance and plan provisions. If a plan participant doesn't submit a dental claim during a benefit year, all accumulated rewards will be lost; but he or she can begin earning rewards again the very next year.

Benefit Threshold	\$500	Dental benefits received for the year cannot exceed this amount
Annual Carryover Amount	\$250	Max Builder amount is added to the following year's maximum
Annual PPO Bonus	\$100	Additional bonus is earned if the participant sees a network provider
Maximum Carryover	\$1,000	Maximum possible accumulation for Max Builder and PPO Bonus combined

Groups with a program similar to Max Builder on their previous plan are eligible for Max Builder Credits. To qualify for Max Builder Credits, the employer must request a list of carryover amounts from the previous carrier, to be sent to The Standard.

The Standard will credit each account based on amounts identified by the previous carrier. The credit is available only to initial insureds. The credit, and any amounts earned under our plan, will not exceed the maximum carryover proposed for the plan selected.

Enrollment data must include information for all dependents enrolling in the plan.

## Dental Network Information

Employees and dependents have access to an extensive nationwide network of member dentists. The cost-saving benefits of visiting a network member provider are automatically available to all employees and dependents who are covered by any of The Standard's dental plans and who live in areas where the nationwide network is available. To find member dentists in your area, visit <http://www.standard.com/services> and click on "Find a Dentist."

Your provider network is Classic Network.

## Pretreatment

While we don't require a pretreatment authorization form for any procedure, we recommend them for any dental work you consider expensive. As a smart consumer, it's best for you to know your share of the cost up front. Simply ask your dentist to submit the information for a pretreatment estimate to our customer relations department. We'll inform both you and your dentist of the exact amount your insurance will cover and the amount that you will be responsible for. That way, there won't be any surprises once the work has been completed.

## Open Enrollment

If a member does not elect to participate when initially eligible, the member may elect to participate at the policyholder's next enrollment period. This enrollment period will be held each year and those who elect to participate in this policy at that time will have their insurance become effective on October 1. If you do not enroll during your company's open enrollment period, then you will be subject to the Late Entrant Provision.



## Submitting a claim

Your policy requires all claims be received by The Standard within 90 days of the date of service. You may submit a claim, or your Dentist can file your claim on your behalf and you can assign payment to your Dentist. If the 90 day deadline is missed, you will be responsible for covering the cost of the service. \*Requirements for claims submission vary by state, please consult your group certificate for details.

## Prior Extraction Limitation

Your policy has a prior extraction limitation, also known as the "missing tooth clause". This means that if you had a tooth extracted prior to enrolling in your plan with The Standard, we may or may not pay for any benefits towards replacing that tooth. Please review your policy or contact Customer Service for details.

## Late Entrant Provision

We strongly encourage you to sign up for coverage when you are initially eligible. If you choose not to sign up during this initial enrollment period, you will become a late entrant. Late entrants will be eligible for only exams, cleanings, and fluoride applications for the first 12 months they are covered.

## Section 125

This plan is provided as part of the Policyholder's Section 125 Plan. Each employee has the option under the Section 125 Plan of participating or not participating in this plan. If an employee does not elect to participate when initially eligible, he/she may elect to participate at the Policyholder's next Annual Election Period.

## Customer Service

Customer service is available to plan participants through our well-trained and helpful service representatives. Call or go online to locate the nearest network provider, view plan benefit information and more.

### Call Center: 800.547.9515

- Service representative hours:
  - 5 a.m. to 10 p.m. Pacific Monday through Thursday
  - 5 a.m. to 4:30 p.m. Pacific Friday
- Interactive Voice Response available 24/7

### View plan benefit information at:

[www.standard.com/services](http://www.standard.com/services).

## About The Standard

For more than 100 years, we have been dedicated to our core purpose: to help people achieve financial well-being and peace of mind. Headquartered in Portland, Oregon, The Standard is a nationally recognized provider of group employee benefits. To learn more about products from The Standard, visit us at [www.standard.com](http://www.standard.com).

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon, in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

**This form is a benefit highlight, not a certificate of insurance. This policy has exclusions, limitations, reductions of benefits, and terms under which the policy may be continued in force or terminated. Please contact The Standard or your employer for additional information, including costs and complete details of coverage.**





## Vision Plan

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**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. **The max age limit for dependent children is 29 years of age and will automatically terminate at the end of the Calendar Year of their 29th birthday.**

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

### How can we help you?

**Avēsis Website:**  
[www.avesis.com](http://www.avesis.com)

**Customer Service:**  
800-828-9341  
7 a.m. - 8 p.m. EST

**LASIK Provider:**  
877-712-2010

For details on difference between Base Plan and Plus Plan please review the following Summary of Benefits



## Leon County Schools- Base Plan

**Group ID:** 30790-1886  
**Effective Date:** 10/01/2022  
**Plan ID:** 150150FY3-L1

VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK REIMBURSEMENT
<b>Vision Examination</b> (includes Refraction)	Covered in full after \$10 copay	Up to \$35
<b>Contact Lens Fit and Follow-up</b>		
Standard Contact Lens Fitting	Covered in full	N/A
Custom Contact Lens Fitting	Covered in full	N/A
<b>MATERIALS*</b>	\$15 copay (Materials copay applies to frame or spectacle lenses, if applicable.)	
<b>Frame Allowance</b> (Up to 20% discount above frame allowance.)	\$150 allowance	Up to \$50
<b>Standard Spectacle Lenses</b>		
Single Vision	Covered in full after \$15 copay	Up to \$25
Bifocal	Covered in full after \$15 copay	Up to \$40
Trifocal	Covered in full after \$15 copay	Up to \$50
Lenticular	Covered in full after \$15 copay	Up to \$80
<b>Preferred Pricing Options</b>		
<b>Level 1 Lens Option Package</b>		
Polycarbonate (Single Vision/Multi-Focal)	\$40/\$44	N/A
Standard Scratch-Resistant Coating	\$17	N/A
Ultra-Violet Screening	\$15	N/A
Solid or Gradient Tint	\$17	N/A
Standard Anti-Reflective Coating	\$45	N/A
Level 1 Progressives	\$75	Up to \$40
Level 2 Progressives	\$110	Up to \$40
All Other Progressives	\$50 allowance + up to 20% discount	Up to \$40
Transitions® (Single Vision/Multi-Focal)	\$70/\$80	N/A
Polarized	\$75	N/A
PGX/PBX	\$40	N/A
Other Lens Options	Up to 20% Discount	N/A
<b>Contact Lenses †</b> (in lieu of frame and spectacle lenses)		
Elective (10% discount on amount exceeding allowance)	\$150 allowance	Up to \$128
Medically Necessary	Covered in full	Up to \$250
<b>Refractive Laser Surgery</b>	Onetime/lifetime \$150 allowance Provider discount up to 25%	Onetime/lifetime \$150 allowance

### PLAN DETAILS

<b>Contribution</b>	Voluntary	
<b>Frequency</b>		<b>Rates</b>
Eye Exam	Once every 12 months	Please see your Benefit's office
Lenses	Once every 12 month	
Frame	Once every 12 month	
Contact Lenses	Once every 12 month	

### RELIABLE & DEPENDABLE

Avēsis is a national leader in providing exceptional vision care benefits for millions of commercial members throughout the country.

The Avēsis vision care products give our members an easy-to-use wellness benefit that provides excellent value and protection.

Policies and rates are guaranteed for 2 years.

Underwritten by: Fidelity Security Life Insurance Company, Kansas City, MO  
 Policy #: VC-16, Form M-9059

EO = Employee Only  
 E1 = Employee + One  
 ES = Employee + Spouse  
 EC = Employee + Child(ren)  
 EF = Employee + FAM

### How can we help you?

**Avēsis Website:**  
[www.avesis.com](http://www.avesis.com)

**Customer Service:**  
 833-282-2441  
 7:00 a.m. to 8:00 p.m. EST

**LASIK Provider:**  
 877-712-2010

Discounts are not insured benefits.

\*At participating Walmart/Sam's locations, retail pricing for your plan is \$82. At participating Costco locations, retail pricing is \$84.99.

†Prior Authorization is required for medically necessary contacts.





## Leon County Schools- Plus Plan

**Group ID:** 30790-1886  
**Effective Date:** 10/01/2022  
**Plan ID:** 150200FY3-L3

VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK REIMBURSEMENT
<b>Vision Examination</b> (includes Refraction)	Covered in full after \$10 copay	Up to \$35
<b>Contact Lens Fit and Follow-up</b>		
Standard Contact Lens Fitting	Covered in Full	N/A
Custom Contact Lens Fitting	Covered in Full	N/A
<b>MATERIALS*</b>	\$15 copay (Materials copay applies to frame or spectacle lenses, if applicable.)	
<b>Frame Allowance</b> (Up to 20% discount above frame allowance.)	\$150 allowance	Up to \$50
<b>Standard Spectacle Lenses</b>		
Single Vision	Covered in full after \$15 copay	Up to \$25
Bifocal	Covered in full after \$15 copay	Up to \$40
Trifocal	Covered in full after \$15 copay	Up to \$50
Lenticular	Covered in full after \$15 copay	Up to \$80
<b>Preferred Pricing Options</b>		
<b>Level 3 Lens Option Package</b>		
Polycarbonate (Single Vision/Multi-Focal)	Covered in Full	Up to \$10
Standard Scratch-Resistant Coating	Covered in Full	Up to \$5
Ultra-Violet Screening	Covered in Full	Up to \$6
Solid or Gradient Tint	Covered in Full	Up to \$4
Standard Anti-Reflective Coating	Covered in Full	Up to \$24
Level 1 Progressives	\$75	Up to \$40
Level 2 Progressives	\$110	Up to \$40
All Other Progressives	\$50 allowance + up to 20% discount	Up to \$40
Transitions® (Single Vision/Multi-Focal)	\$70/\$80	N/A
Polarized	\$75	N/A
PGX/PBX	\$40	N/A
Other Lens Options	Up to 20% Discount	N/A
<b>Contact Lenses †</b> (in lieu of frame and spectacle lenses)		
Elective (10% discount on amount exceeding allowance)	\$200 allowance	Up to \$170
Medically Necessary	Covered in full	Up to \$250
<b>Refractive Laser Surgery</b>	Onetime/lifetime \$150 allowance Provider discount up to 25%	Onetime/lifetime \$150 allowance

### PLAN DETAILS

<b>Contribution</b>	Voluntary	
<b>Frequency</b>		<b>Rates</b>
Eye Exam	Once every 12 month	Please see your Benefit's office
Lenses	Once every 12 month	
Frame	Once every 12 month	
Contact Lenses	Once every 12 month	

### RELIABLE & DEPENDABLE

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**LASIK Provider:**  
 877-712-2010

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†Prior Authorization is required for medically necessary contacts.



## HERE'S HOW IT WORKS

When you need to see an eye care professional, simply visit [www.avesis.com](http://www.avesis.com) or contact Avësis' Customer Service Monday through Friday, 7 a.m. to 8 p.m. (EST) at 800-828-9341 to receive a listing of providers in your area.



## USING OUT-OF-NETWORK PROVIDERS

Members who elect to use an out-of-network provider must pay the provider in full at the time of service and submit a claim to Avësis for reimbursement. Reimbursement levels are in accordance with the out-of-network reimbursement schedule previously listed. Out-of-network benefits are subject to the same eligibility, availability, frequency of benefits, and limitation and exclusion provisions of the plan, and are in lieu of services provided by a participating Avësis provider. Out-of-network claim forms can be obtained by contacting Avësis' Customer Service Center or your group administrator, or by visiting [www.avesis.com](http://www.avesis.com).

## LIMITATIONS AND EXCLUSIONS

Some provisions, benefits, exclusions, or limitations listed herein may vary depending on your state of residence.

### Limitations:

This plan is designed to cover eye examinations and corrective eyewear. It is also designed to cover visual needs rather than cosmetic options. Should the member select options that are not covered under the plan, as shown in the schedule of benefits, the member will pay a discounted fee to the participating Avësis provider. Benefits are payable only for services received while the group and individual member's coverage is in force.

### Exclusions:

There are no benefits under the plan for professional services or materials connected with and arising from:

- 1) Orthoptics or vision training;
- 2) Subnormal vision aids and any supplemental testing, aniseikonic lenses;
- 3) Plano (non-prescription) lenses, sunglasses;
- 4) Two pair of glasses in lieu of bifocal lenses;
- 5) Any medical or surgical treatment of eye or supporting structures;
- 6) Replacement of lost or broken lenses, contact lenses or frames, except when the member is normally eligible for services;
- 7) Any eye examination or corrective eyewear required by an employer as a condition of employment and safety eyewear;
- 8) Services or materials provided as a result of Workers' Compensation Law, or similar legislation, required by any governmental agency whether Federal, State, or subdivision thereof.
- 9) Services or materials provided by any other group benefit plan providing vision care.

### Refractive Surgery Vision Benefit Exclusions:

Benefits are not payable for any of the following:

- 1) Routine vision examinations or corrective vision materials, including corrective eyeglasses, fittings, lenses, frames, or contact lenses; or
- 2) Medical or surgical procedures, services, or treatments: not specifically covered under this Rider;
  - a. provided free of charge in the absence of insurance
  - b. payable under any Workers' Compensation law or similar statutory authority
  - c. payable under governmental plan or program, whether Federal, state, or subdivisions thereof.

## TERMINATION PROVISIONS

Coverage will end on the earliest of: the date the policy ends, the date the employee's employment ends, or the date the employee is no longer eligible.

## NOTES AND DISCLAIMERS

The contact lens allowance may be used all at once or throughout the plan year as needed or may be applied toward contact lenses only. Refractive Laser Surgery is considered an elective procedure, and may involve potential risks to patients. Avësis is not responsible for the outcome of any refractive surgery. Discounts on materials are not available at Walmart locations. Members may not use their contact lens allowance toward fitting fees at Walmart and are responsible for any out-of-pocket fees associated with fittings there. Discounts on materials are not available at Costco locations. ID cards are not required for services.



# 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 2022, you may contribute up to \$2,850 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 2022, 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.

# 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: \$550 of your 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. Effective date for these type of benefits are September 1st, which is the same month of your first payroll deduction.**

*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.

<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. **The max age limit for dependent children is 29 years of age and will automatically terminate at the end of the Calendar Year of their 29th birthday.**

	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.



# 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

The max age limit for dependent children is 29 years of age and will automatically terminate at the end of the Calendar Year of their 29th birthday.

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  
ANYTIME,  
ANYWHERE

—WITH

**Benefit  
Spot** 

POWERED BY HUB INTERNATIONAL



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.**



# 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.

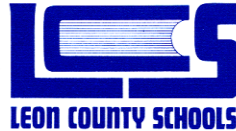
The EAP can help with the following issues, among others:

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



BOARD CHAIRMAN  
H. Fred Varn

BOARD VICE-CHAIR  
Maggie B. Lewis



BOARD MEMBERS  
Georgia "Joy" Bowen  
Dee Crumpler  
J. Scott Dailey

SUPERINTENDENT  
William J. Montford, III

## **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, military status 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:

**Deana McAllister, Assistant Superintendent**

Equity Compliance Officer  
Leon County School District  
2757 West Pensacola Street  
Tallahassee, Florida 32304  
(850) 487-7193  
mcallisterd@leonschools.net

**Tonja Fitzgerald, Director**

Equity Compliance Officer (Students)  
Leon County School District  
2757 West Pensacola Street  
Tallahassee, Florida 32304  
(850) 487-7309  
fitzgeraldt@leonschools.net

2757 West Pensacola Street · Tallahassee, Florida 32304-2998 · Phone (850) 487-7100 · Fax (850) 487-7141 · www.leon.k12.fl.us

**Teaching, Learning, Caring for the Future**

Affirmative Action/Equal Opportunity Employer · (850) 487-7105

**Wallace Knight, Director**

Title IX Compliance Officer  
Leon County School District  
2757 West Pensacola Street  
Tallahassee, Florida 32304  
(850) 487-7193  
knightwa@leonschools.net

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

**Jennifer Benton, 504 Specialist**

(850) 487-7317  
bentonj@leonschools.net

# Contact Information

Coverage	Carrier	Phone #	Website/Email
Medical	Capital Health Plan Member Services	850-383-3311	<a href="mailto:Memberservices@chp.org">Memberservices@chp.org</a>
	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	The Standard	800-547-9515	<a href="http://www.standard.com/services">http://www.standard.com/services</a> and click on "Find a Dentist."
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.

