

INSURANCE BENEFITS

For Plan Year

October 1, 2017 through September 30, 2018

Health
Dental
Vision
Term Life
Whole Life
Short Term Disability
Long Term Disability
Critical Illness
Accident
AD&D
Cancer
Identity Theft Protection
Flexible Spending Accounts
Tax Sheltered Annuities
Employee Assistance Program



TABLE OF CONTENTS

I.	WHO TO CONTACT	1
II.	BENEFITS CONTACTS	2
III.	INTRODUCTION.....	3
IV.	HEALTH	4
A.	CAPITAL HEALTH PLAN	
B.	FLORIDA BLUE	
V.	DENTAL	18
VI.	VISION.....	23
VII.	COLONIAL LIFE	26
A.	SHORT TERM DISABILITY	
B.	CANCER	
C.	CRITICAL CARE	
D.	ACCIDENT	
E.	WHOLE LIFE	
VIII.	FLEXIBLE SPENDING ACCOUNTS.....	30
A.	DEPENDENT CARE REIMBURSEMENT	
B.	MEDICAL EXPENSE REIMBURSEMENT	
IX.	FLORIDA COMBINED LIFE	42
A.	GROUP TERM LIFE/ACCIDENTAL DEATH & DISMEMBERMENT	
B.	VOLUNTARY TERM LIFE	
C.	VOLUNTARY ACCIDENTAL DEATH AND DISMEMBERMENT	
D.	VOLUNTARY LONG TERM DISABILITY	
X.	LIFELOCK	46
XI.	TAX SHELTERED ANNUITIES AND DEFERRED COMPENSATION PLANS.....	49
XII.	EMPLOYEE ASSISTANCE PROGRAM	54
XIII.	FREQUENTLY ASKED QUESTIONS.....	57

WHO TO CONTACT

BENEFIT CHANGES, ADDITIONS & DELETIONS
LEON COUNTY SCHOOL BOARD – BENEFITS DEPARTMENT
PAM FAULKNER - COORDINATOR

2757 West Pensacola Street
Tallahassee, Florida 32304
Phone: (850) 487-7150
Fax: (850) 414-5132

Web: <http://leonschools.schoolwires.net/Page/31129>

Lissa Letchworth
Analyst

letchworthl@leonschools.net

Cheryl Keaton
Analyst

keatonc@leonschools.net

New Employee Enrollment & Insurance Questions

Rogers, Gunter, Vaughn Insurance (RGVI)

1117 Thomasville Road
Tallahassee, Florida 32303
Phone: (850) 386-1111

Deborah Hunt
ACSRL, GBA
Manager
Life Health and Benefits
(850) 205-0241

Allen Hattaway
ACSRL
Account Manager
Life Health and Benefits
(850) 205-0339

Benefits Contacts

Bencor (888) 258-3422

Capital Health Plan

(850) 383-3311

Group #00009

Memberservices@chp.org

www.capitalhealth.com

Davis Vision (customer service)

(800) 999-5431

Group #504894

www.davisvision.com

Employee Assistance Program (EAP)

(850) 431-5190

Toll Free (877) 501-0956

TTY (850) 431-5157

Florida Combined Life

(Life and Long Term Disability)

(800) 333-3256

Group #78116

Florida Blue (877) 352-2583

Group #78116

www.floridablue.com

Life Lock (800) 543-3562

Group #E000

www.lifelock.com

BMG Money (800) 316-8507

www.loansatwork.com

Password: 2757Leon

Colonial (800) 325-4368

Group #E4428298

Group Cancer

Group Voluntary Critical Care

Voluntary Accident

Voluntary Whole Life

Short Term Disability

Florida Combined Life (Dental)

(888) 223-4892

Group #25-E0680-00 (standard)

#25-E0679-00 (high)

#25-Y0173-00 (plus)

www.floridabluedental.com

First Financial (888) 847-8422

Murfee Meadows (800) 600-0947

Dependent Care

Medical Reimbursement

www.murfeemeadows.com

Tax Sheltered Annuities

(TSA) Consulting

(888) 777-5827

www.tsacg.com

INTRODUCTION

The purpose of this booklet is to provide a brief description of benefits available to you through the Leon County School Board (LCSB) Section 125 Flexible Benefit Plan.

The LCSB Flexible Benefits Plan (FlexPlan) allows you to pay for benefits which you choose on a pre-tax basis. These benefits are deducted from your gross salary before taxes are calculated. The benefits eligible under the FlexPlan are:

- Health Insurance - Capital Health Plan, Florida Blue
- Dental Insurance – Florida Combined Life
- Cancer Insurance – Colonial Life
- Medical & Dependent Care Reimbursement Accounts
- Accident Insurance – Colonial Life
- Critical Illness Insurance – Colonial Life
- Vision – Davis Vision

Although Leon County School Board currently intends to continue all of the benefits described in this booklet, LCSB reserves the right to amend, reduce, or terminate any of these benefits at any time.

Neither this booklet nor the official plan documents confer any contractual right to any person to either become or remain an employee of LCSB.

If there is a conflict between the official plan documents and any statement made in this booklet, the plan documents will control policy and procedures.

Due to the Affordable Health Care Act, some of the information contained within this publication may be changed as the law requires.

If you have questions regarding any portion of this publication including benefits or policy statements, please contact the Benefits Department.

HEALTH

HEALTH INSURANCE OPTIONS



An Independent Licensee of the
Blue Cross and Blue Shield Association

Leon County School Board provides employees with a choice of four health plans. Capital Health Plan, an HMO and a CHP Value Selection Plan; and Florida Blue, a PPO, and a Florida Blue Value Plan. Benefits summaries of each of these plans can be found on the Leon County Schools website at www.leonschools.net. Click on Departments, then Benefits. Summaries for each plan are located under the "Insurance Resources" heading. You can compare the co-payments, deductibles, etc. by reviewing these documents.

***Please note:** The bold category on each chart applies only to family coverage (3 persons or more). Two employees must work for the district that are related, living in the same household and being reported as such on income tax reports. Should one employee terminate employment, the other employee should contact the Benefits Department immediately.

Monthly Health Plan Premiums Rates are based on 10 deductions, on a year-to-year basis, with the first deduction beginning September 2017 and benefits effective October 1, 2017. The last deduction will be June 2018 with benefits ending September 30, 2018.

CAPITAL HEALTH PLAN CAPITAL SELECTION PLAN

Types of Coverage	Employee Contribution	Board Contribution
Individual	\$140.14	\$560.56
Two Person	\$574.62	\$861.92
Family	\$812.88	\$1,219.33
Family/ 2 LCSB employees*	\$280.28 <i>Deducted from primary</i>	\$1,751.93
Overage Dependent Coverage	\$770.77	

- Copays are usually a fixed \$15 when visiting your (in-network) primary care physician (PCP).
- No deductible to meet.
- You are covered for routine, preventive, specialty, and emergency services.
- Your primary care physician provides or coordinates your care.
- No copay for preventative care services such as annual checkups, wellness services, immunizations, mammograms and diagnostic tests.
- Many services and specialists don't require a referral.
- There is little or no paperwork once you join.
- Amwell (see pages 7-9 for details).
- You are covered when traveling away from home for emergency services only.



Please refer to the Benefits Website at <http://leonschools.schoolwires.net/Page/31129>. Under "Insurance Resources", click CHP Benefits Summary 2017-18.

CAPITAL HEALTH PLAN VALUE SELECTION PLAN

Types of Coverage	Employee Contribution	Board Contribution
Individual	\$30.00	\$493.08
Two Person	\$210.47	\$861.92
Family	\$297.73	\$1,219.33
Family/ 2 LCSB employees*	\$60.00 <i>Deducted from primary</i>	\$1,457.06
Overage Dependent Coverage	\$575.39	

The CHP Value Selection Plan offers many of the same benefits as the Capital Selection Plan with a few differences:

- Specialists and hospital visits, and some prescription medicines may cost a little more with this plan.
- There is a \$2,500 deductible for single coverage and \$5,000 deductible for family coverage.
- You must pay all the costs up to the deductible before this plan begins to pay for covered services.
- Amwell (see pages 7-9 for details).
- **A signed disclaimer form, by the employee, will be required. The disclaimer acknowledges that the employee understands deductibles and how they work.**
- You don't have to meet deductibles for specific services. .



Please refer to the Benefits Website at <http://leonschools.schoolwires.net/Page/31129>. Under “Insurance Resources”, click CHP Value Selection Plan Benefits Summary 2017-18.



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

2016.06.001

What is Amwell?

Amwell is a faster, easier way to see a doctor. You can have video visits with a doctor anytime. It's easy to use, private, and secure. It's free to enroll and the cost per visit is \$15.00*.

Amwell offers:

- Your choice of trusted, U.S. board-certified doctors
- Video visits using the web or mobile app
- Consultation, diagnosis – even prescriptions (when appropriate)

Amwell can be used any time, day or night. It's perfect when your doctor's office is closed, you're too sick or busy to see someone in person, or even when you're traveling.

How do I sign up?

There are 3 easy ways to sign up:

1. Download the iOS or Android App by searching "Amwell"
2. Sign-up on the web at www.amwell.com
3. Sign-up by phone: call 1-844-SEE-DOCS

What can doctors treat on Amwell?

On Amwell, you can take care of the most common issues like:

- Colds
- Flu
- Fever
- Rash
- abdominal pain
- sinusitis
- pinkeye
- ear infection
- migraines

What is the cost?

Doctor visits on Amwell are just \$15.00*.

* Cost may vary depending on your plan or level of coverage.

When Would I Use Amwell?

- I should probably see a doctor, but can't fit it into my schedule
- My doctor's office is closed
- I feel too sick to drive
- I have children at home and don't want to bring them with me
- It's difficult for me to get a doctor's appointment
- I'm on business travel and stuck in a hotel room

Can I Use Amwell When I'm Traveling?

Amwell is great when you're on the road for vacation or work. Telehealth is available in most states, but some states do not allow telehealth or prescriptions. For a full list, visit: <http://info.americanwell.com/where-can-i-see-a-doctor-online>

Who Are the Doctors?

Clinical services on Amwell are provided by Online Care Group – the nation's first and largest primary care group devoted to telehealth. Doctors on Amwell:

- Average 15 years experience in primary and urgent care
- Are U.S. Board Certified, licensed and credentialed
- Have profiles, so you can see their education and practice experience
- Are rated by other patients, so you can review and select the doctor that meets your needs

How Do I Add My Spouse?

Your spouse should create a separate account to enroll.

How Do I Add a Child To My Account?

Parents and guardians can add their children who are under age 18 to their account and have doctor visits on their behalf. Enroll yourself first and then add your child or dependent to your account.

What Do I Do If I Have a Child Over 18 Who Is Still on My Health Insurance?

They should enroll as an adult and create their own separate account.

Questions & Assistance

If you have any other questions, please call or email our support team at 1-855-818-DOCS (1-855-818-3627) or support@americanwell.com.

** Cost may vary depending on your plan or level of coverage. 2016.06.002*

FLORIDA BLUE 03559 PLAN

Types of Coverage	Employee Contribution	Board Contribution
Individual	\$410.47	\$560.56
Two Person	\$1,449.13	\$861.92
Family	\$1,810.26	\$1,219.33
<i>Family/ 2 LCSB employees*</i>	<i>\$820.94</i> <i>Deducted from primary</i>	<i>\$2,208.65</i>

- There is a \$500 deductible for single coverage and \$1,500 deductible for family coverage.
- You must pay all the costs up to the deductible before this plan begins to pay for covered services.
- \$15 copay for in-network primary care physician (PCP). For out-of-network providers, the amount owed will be the deductible plus 40% coinsurance. (By definition, coinsurance is ***your*** share of the costs of a covered service). If your deductible has been met, your cost will only be 40% for out-of-network services.
- Specialists and practitioners visits are \$30 in-network and deductible plus 40% out-of-network.
- No charge for preventative care, screenings, and immunizations.
- Blue365 (members only) discount program on a variety of healthy products and services such as footwear from Reebok, Fitness and wellness centers, weight loss centers, and personal and eldercare. (See pages 12-14).
- ***A signed disclaimer form, by the employee, will be required. The disclaimer acknowledges that the employee understands deductibles and how they work.***



Please refer to the Benefits Website at <http://leonschools.schoolwires.net/Page/31129>. Under “Insurance Resources”, click Florida Blue Benefits Summary 2017-18.

FLORIDA BLUE 5172/5173 PLAN

Types of Coverage	Employee Contribution	Board Contribution
Individual (Plan #5172)	\$30.00	\$557.16
Two Person (Plan #5173)	\$535.54	\$861.92
Family (Plan #5173)	\$612.61	\$1,219.33
Family/ 2 LCSB employees*	\$60.00 <i>Deducted from primary</i>	\$1,771.94

- Individual plan (5172) deductible is \$3,000, with a maximum out of pocket (MOOP) of \$6,550 for **in-network** services.
- Family plan (5173) deductible is \$3,000 per person/\$10,000 per family, with a maximum out of pocket (MOOP) of \$6,850 per person/\$13,000 per family for **in-network** services.
- Individual plan (5172) deductible is \$10,000 with a maximum **out-of-pocket** (MOOP) of \$10,000 for **out-of-network** services.
- Family plan (5173) deductible is \$10,000 per person/\$20,000 per family with a maximum **out-of-pocket** (MOOP) of \$20,000 per person/\$20,000 per family for **out-of-network** services.
- Physician services (Primary care) will be 10% after deductible in-network and 20% after deductible **out-of-network**.
- ***A signed disclaimer form, by the employee, will be required. The disclaimer acknowledges that the employee understands deductibles and how they work.***
- Blue365 (members only) discount program on a variety of healthy products and services such as footwear from Reebok, Fitness and wellness centers, weight loss centers, and personal and eldercare.



Staying healthy just got less expensive



Great discounts and valuable information you can use all year long—Blue365

You can save BIG on a wide variety of healthy products and services through our members-only discount program—Blue365[®]. Take advantage of exclusive discounts at select local companies and leading, national brands for your everyday health and wellness or family care—even healthy vacation destinations! Save up to 60% on fitness clubs, exercise equipment, contact lenses or glasses, nutrition and weight management programs, massages, vitamins and so much more! Even financial information on health-related issues such as Medicare and long-term care insurance or advice on caregiver services for elderly family members—all included as part of your Blue membership.

Exercise and Weight Management

Curves International[™]

- ✓ With a commitment to help women around the world become strong and healthy, Curves 30-minute fitness work-out sessions feature strength training and sustained cardiovascular activity.
- ✓ You'll get an exclusive discount of 15% off monthly dues for one year, a 60% discount off the sign-up fee, and a coupon for Curves food products when you enroll.

Nutrisystem[®] Weight Management Discounts

Save an extra 12% on any 28-day program order and get an extra week of food. Get 10% discount on the advance line program if a member purchases two consecutive auto-ship orders.

eDiets[®]

- ✓ Get \$25 off membership in customized, online diet and fitness programs, with no enrollment fee.
- ✓ 25% off a fresh meal delivery program, \$50 off fresh meals.

Jenny Craig[®] Weight Management Discount

- ✓ You and your eligible dependents can enjoy a FREE 30-day trial program[†], 50% off of the 6-month Program[†] and 25% off the 1-year Premium Success Program[†].

- ✓ Plus a FREE welcome kit, dining out guide, cookbook, water bottle, pedometer, snacks, reusable grocery bag, and freezer bag.

[†]Plus the cost of food and shipping, when applicable. Discounts apply to membership fee only. Offer good at participating Centers and Jenny Direct[®] in the U.S., Canada and Puerto Rico.

Snap Fitness[®]

Get 50% off the current enrollment fee, a 7-day free equipment trial for new members, a complimentary 1-month online nutrition and meal planning membership, and more.

Gold's Gym[®]

Take advantage of a 14-day free trial, a 10% discount off all training packages, Gold's Gym products, and monthly dues with one-year term.

It's easy to find out all the details for these exclusive savings—the information is available online 24/7 for your convenience.

Simply visit bcbsfl.com and log on to MyBlueServiceSM. From there, go to "Member Resources," and then "Member Discounts." Click on the category that interests you to learn how to take advantage of specific offers. New products and services are being added to the member discount program all the time—so check back often for new savings opportunities.

Staying healthy just got less expensive



Apparel and Gear

Polar

Save up to 25% on a selection of heart rate monitors that will allow you to track your progress, plus get recommendations on choosing a type of exercise, access training programs tailored to individual level and goals, and much more.

Reebok

- Make a purchase of footwear and apparel from the online Reebok store and receive a 20% discount and free shipping on the entire order (enter Promo Code REEBOK365 at checkout on reebok.com).
- At Reebok outlet stores when you use one of the online coupons you'll receive 15% off the entire purchase.
- Plus each quarter there are additional specials just for our members, including Reebok Friends and Family events at 30% off and free shipping at Reebok.com, and 40% off at Reebok Outlets.

Everlast

Your employees can enjoy a 20% discount on fitness-related sporting goods equipment, apparel, footwear, and accessories.

Men's Health/Women's Health

Members will receive a 10% discount on fitness kits designed by the editors of *Men's Health* and *Women's Health* magazines. These total body program-based work outs have everything they need to get back in shape!

Sportline

Your employees can receive up to a 30% discount on pedometers, heart monitors, and other products designed to help them achieve their fitness goals and live a healthier lifestyle.

Health and Wellness

Chiropractors, acupuncturists, massage therapists, and dieticians

Members have an opportunity to access a national network of over 20,000 chiropractors, acupuncturists, massage therapists, and dieticians at discounts of up to 25%, after an annual fee of \$25.

Support for a healthy, active lifestyle

- Discounts of up to 60% at the FitnessCoach.com online store, including exercise planners, meal planners, e-coaching, a wellness library and more.
- A FREE one-year subscription to FitnessCoach.com with purchase of \$25 or more from the online store.

Vitamins and supplements

Big discounts on thousands of health and wellness products, such as vitamins, minerals and herbal supplements.

Vision and Hearing Services

Lasik

You have a choice of companies to go to for great discounts on laser vision correction services for traditional and custom LASIK. Check out QualSight® and LasikPlus for all of your options.

Eye exams, glasses and contact lenses

You can enjoy significant savings on eye exams, contact lenses, frames and eyeglass lenses at premier retail centers across the country including Sears Optical, Walmart Vision Center, JCPenney Optical, and Pearle Vision with a 30-day member satisfaction guarantee. Enjoy typical savings of 10%-60% off of average retail prices.

Hearing Care and Products

You have a choice of companies for your hearing needs. TruHearing and Beltone™ offer big discounts on eligible products and services, including

Staying healthy just got less expensive



Information and support for employees,
their family

Eldercare

- Through Seniorlink™, an eldercare Management and advisory service, you'll receive discounts on 3- or 12-month memberships that include unlimited personalized telephone and internet-based assistance, advice and support when caring for a family member.
- They can help you understand your options, create a comprehensive plan of care that promotes independence and quality of life for seniors, and help you find the perfect local eldercare services in your community or across the country.

Plan for Their Financial Future

- It's important to protect your nest egg by planning now for future medical costs. We've rounded up useful resources and experts from leading financial firms to help you successfully manage your health care costs while maintaining a healthy financial future.
- Includes information to help plan for health care in retirement and help you learn about Medicare and long-term care insurance.

Healthy Travel and Family Fun

We even have discounts for you on vacation destinations. If you are looking for a spa vacation,

- **Fairmont Hotels®** offers a 10% discount off Best Available Rate room pricing at time of booking, plus other specials like a members-only "Blue365 massage" at Fairmont's Willow Stream spas.
- And **Westin Hotels®** offers you a \$30 credit with

*Blue365® offers access to savings on items that members may purchase directly from independent vendors. Blue365 does not include items covered under your policies with Blue Cross and Blue Shield of Florida or any applicable federal health care program. To find out what is covered under your policies, call Blue Cross and Blue Shield of Florida. Blue Cross and Blue Shield Association (BCBSA) and local Blue companies may receive payments from Blue365 vendors. Neither BCBSA nor any local Blue company recommends, endorses, warrants or guarantees any specific Blue365 vendor or item. For more information about Blue365, go to bcbsfl.com.

Blue Cross and Blue Shield of Florida, Inc. is an Independent Licensee of the Blue Cross and Blue Shield Association.

A number of factors should be considered before selecting a health plan. One plan is not necessarily “better” than another. Each plan has different characteristics that should be taken into consideration to determine which plan meets an individual need. Review the material provided in this publication to help you determine which plan best meets your needs. You may change from one carrier to the other at open enrollment. This is the time to consider any changes to your health care coverage.

Capital Health Plan is a Health Maintenance Organization (HMO). With an HMO plan, you pick one primary care physician. That means all of your healthcare services go through that doctor except in the event of an emergency. Non-network physicians or providers out of your network are typically not covered by your insurance.

Florida Blue is a Preferred Provider Organization (PPO). Florida Blue uses a statewide network of physicians and providers, but has arranged for out-of-state coverage through the Florida Blue BlueCard Program. The enrollee may use out-of-network providers as long as the enrollee is willing to pay the additional costs incurred when services are received from non-network providers. Questions regarding the BlueCard Program should be directed to Florida Blue Customer Services Representatives at 1-800-825-BLUE (2583). Enrollees may also visit the web site at www.bluecares.com.

Note: The Board Contributions and Employee Costs are based on negotiated contracts and School Board Policy in effect as of October 1 and are subject to change. Any changes to information will be provided as soon as it is available.

If you join the group after October 1, you will have a premium due for the summer months. This amount will be calculated by the Benefits Coordinator and deducted from your paycheck monthly or you may opt to pay the entire amount up front. Any amount due and not paid by September 5 will result in cancellation of your health care plan.

***If both spouses work for Leon County Schools and need family coverage, there is a significant reduction in the premium. There are requirements to receive this reduction.**

- **Both employees must complete the enrollment process.**
- **One employee will accept the responsibility of becoming the primary subscriber and will have the deduction for the insurance made from his/her check.**
- **Both spouses must agree to notify the Benefits Department within 30 days if one or both employees become ineligible for the spouse program due to one of the following reasons:**

- 1) one or both terminate employment.
- 2) in the event of a divorce.
- 3) one or both retire.
- 4) one employee dies.
- 5) one is on a leave of absence.

Documentation for all married couples will be required. Documentation for all children being added will also be required.

Change in coverage during the Plan Year will also result in forfeiture of any pre-paid premium if the change is not made within the 30-day window.



For continuing current employees, enrollment in the Healthcare Program occurs once each year in August for an October 1 effective date.

NOTE: Capital Health Plan suggests you notify the Benefits Department and pre-enroll your baby prior to the child's expected date of birth, but you are **required to do so within 30 days of the birth.** Failure to meet these time lines will result in the newborn not having health care coverage. If you wait until after the birth, you will most likely have money that must be paid to catch up your premium.

Florida Blue – You must notify the Benefits Department **within 30 calendar days** of the child's date of birth. Failure to do so will result in the newborn not having healthcare coverage.

Any other family status change must be reported to the Benefits Department within thirty 30 calendar days of occurrence and appropriate paperwork must be completed. Your LCSB Benefits FlexPlan WILL NOT be changed if there is no notification or if notification of family status change is untimely.

Employees returning from a leave of absence must notify the Benefits Department within 30 days of their return in order to continue benefit deductions and so there are no interruptions in service.

DENTAL

Dental Options

Florida Combined Life has been selected as the dental plan carrier for Leon County Schools. Dental benefits information are listed below.

FLORIDA COMBINED LIFE/FLORIDA BLUE

	Employee	Employee +1	Family
Dental Choice Standard	\$18.16	\$35.64	\$70.47
Dental Choice High	\$32.93	\$65.23	\$127.61
Dental Choice Plus	\$44.69	\$87.78	\$168.87

Please be sure to review the next couple of pages for important information on what the different plans (standard, high, and plus) will pay, how much each plan pays, and any limitations and exclusions.



Please refer to the Benefits Website at <http://leonschools.schoolwires.net/Page/31129>. Under “Insurance Resources”, click Find A Dentist to see if your dentist is on the list of providers or call your dental office to see if they accept Florida Blue.

Financial Features	Plus Option****				High Option***				Standard Option***			
	In-Network		Out-of-Network		In-Network		Out-of-Network		In-Network		Out-of-Network	
Deductible (Basic & Major Services Only)												
Per Person Per Calendar Year	\$50		\$50		\$50		\$50		\$50		\$50	
Per Family Per Calendar Year	\$150		\$150		\$150		\$150		\$150		\$150	
<i>In-Network deductible credits apply to Out-of-Network deductible and Out-of-Network deductible credits apply to In-Network deductible.</i>												
Coinsurance *	<u>We Pay</u>	<u>You Pay</u>	<u>We Pay</u>	<u>You Pay</u>	<u>We Pay</u>	<u>You Pay</u>	<u>We Pay</u>	<u>You Pay</u>	<u>We Pay</u>	<u>You Pay</u>	<u>We Pay</u>	<u>You Pay</u>
PREVENTIVE **	100%	0%	90%	10%	100%	0%	90%	10%	80%	20%	80%	20%
BASIC **	90%	10%	70%	30%	80%	20%	70%	30%	70%	30%	70%	30%
MAJOR **	60%	40%	40%	60%	50%	50%	40%	60%	30%	70%	30%	70%
Service Highlights												
Oral Evaluations (Exams)	Preventative				Preventative				Preventative			
Bitewing X-ray	Preventative				Preventative				Preventative			
Prophylaxis (Cleanings) – Adult/Child	Preventative				Preventative				Preventative			
Fluoride Treatment (Child Only)	Preventative				Preventative				Preventative			
Office Visits	Preventative				Preventative				Preventative			
X-rays – Intraoral/Complete Series / Panoramic	Preventative				Preventative				Preventative			
Sealants	Basic				Basic				Basic			
Amalgam Restorations (Silver Fillings)	Basic				Basic				Basic			
Resin-Based Restorations (Anterior and Posterior)	Basic				Basic				Basic			
Extractions (Routine & Surgical)	Basic				Basic				Basic			
Root Canal Therapy	Basic				Basic				Basic			
Periodontal Treatment	Basic				Basic				Basic			
Crowns	Basic				Basic				Basic			
Osseous Surgery	Basic				Basic				Basic			
Complete Dentures	Major				Major				Major			
Partial Dentures	Major				Major				Major			
Fixed Partial Dentures (Bridges)	Major				Major				Major			
Surgical Placement of Implant Body/ Endosteal Implant	Major				Major				Major			
Implant Supported Porcelain Fused to Metal Crown (Titanium, High Noble Metal)	Major				Major				Major			
Orthodontia Services	All Insureds				All Insureds				None			
Orthodontia Lifetime Maximum	\$1,000				\$1,000							
BlueDental Pays	50%				50%							
Benefit Waiting Period	None				None							
Waiting Period: (Major Services)	None				None				None			
Calendar Year Maximum Per Person	\$1,250				\$1,000				\$750			
Rollover Benefits Included	Yes				Yes				Yes			
Procedures Performed By Specialist	Yes				Yes				Yes			

The information provided above is a summary of benefits for the group Choice certificate. It is intended to highlight key points of the Dental Plan and is provided to the employee as an aid in deciding whether to enroll in the Plan. This summary should in no way be construed as a part of the contract. Possession of this summary in no way implies coverage nor does it guarantee benefits under the plan.

* Percentage of fee schedule

** Some limitations may apply

*** Percentage of fee schedule + balance of any charges; non-par dentists may charge fees in excess of our Fee Schedule and may bill you the difference.

****Based on Market Average Charge

Limitations and Exclusions

Limitations

- Any retreatment of root canals are payable one (1) year after completion date of root canal therapy.
- Restorations made of amalgam, silicate, acrylic, and composite materials to restore diseased teeth are only payable on the same tooth surface once every twelve (12) consecutive months.
- The gingivectomy or gingivoplasty per quadrant allowance will be paid when two or more teeth are billed on the same date of service, same quadrant.
- Sealants are limited to the first and second molars for primary teeth and the bicuspid and molars for the permanent teeth of dependent children.
- General anesthesia and intravenous sedation is payable only if given in connection with covered surgical procedures.
- Periodontal prophylaxis is limited to two (2) times per plan year. Periodontal prophylaxis will be considered as the same benefit and subject to the same limits as a routine prophylaxis. The total benefit for prophylaxis is limited to two (2) times per plan year.
- Periodontal services are limited to insureds age eighteen (18) and older.
- Services performed outside the United States, its territories and possessions are not covered, except for palliative emergency treatment.
- Multiple amalgam or composite restorations on one surface will be considered one restoration. The allowance includes insulating base and local anesthesia.

Exclusions

The following are excluded under this plan:

- Coverage for installation of an initial prosthodontic appliance that replaces any teeth missing prior to an insured's effective date of coverage, (until the insured has been covered under the contract for twelve [12] consecutive months), unless otherwise specified.
- Services or supplies which are not medically necessary according to accepted standards of dental practice, as determined by our consulting dentists, or which are not recommended or approved by the attending dentist.
- Charges for services or supplies when billed by other than a dentist.
- Benefits for services rendered by a member of an employee's family, (his spouse and the children, brothers, sisters and parents of either the employee or his spouse).
- Services rendered primarily for cosmetic purposes.
- Charges incurred for failure to keep a dental appointment.
- Services rendered through a medical department, clinic or similar facility provided or maintained by, or on the behalf of, an employer, mutual benefit association, labor union, trustee or similar persons or groups.

- Medical services related to the treatment of temporomandibular joint (TMJ) (temporal bone—lower jaw) dysfunctions (craniomandibular disorders, craniofacial disorders).
- Experimental or investigational treatment.
- Dental services received or rendered:
 - through or in a veteran's hospital or government facility due to a service connected disability
 - which are covered and paid under Worker's Compensation or similar law
 - which are coordinated with another insurance policy providing dental benefits for the same charges, to the extent that the total amount payable under both plans exceeds 100% of the total expenses that are incurred
- Services for which the insured incurs no charge.
- Procedures, appliances, or restorations necessary to alter vertical dimension and/or restore or maintain the occlusion. Such procedures include, but are not limited to, equilibration, periodontal splinting, full mouth rehabilitation, restoration of tooth structure lost from attrition and restoration for malalignment of teeth.
- Local anesthesia when billed separately by a dentist.
- Any services paid or payable under the insured's health insurance contract.
- Services not listed in the Benefits section of this plan.
- Charges for a more expensive service, procedure, or course of treatment than is customarily provided by the dental profession, consistent with sound professional standards of dental practice for the dental condition concerned. Payment for such charges under this certificate will be based on the allowance for the least costly service, procedure, or course of treatment.
- Any additional treatment required due to the insured's failure to follow instructions, or lack of cooperation with the dentist.
- Treatment for any illness, injury, or medical conditions arising out of: war or act of war (whether declared or undeclared), participation in a felony, riot or insurrection, service in the armed forces or auxiliary units, and attempted suicide or intentionally self-inflicted injury, whether sane or insane.
- Services rendered before the effective date of coverage.
- Services rendered after termination of coverage, except as provided under the plan's "Extension of Benefits upon Contract Termination."
- Charges for services or supplies for sterilization. Charges for sterilization are included in the allowance for other covered dental procedures.
- Any denture or bridge replacement made necessary by reason of loss, theft, or alteration by an insured.
- Services in connection with any crown, inlay or onlay restoration, or for any denture or bridge if treatment began prior to the insured's coverage under this certificate.
- Duplicate or temporary denture, crown, or bridge.
- Labial veneer restorations.
- General anesthesia and intravenous sedation administered exclusively for patient management or comfort.
- Charges for nitrous oxide.
- Services with respect to congenital (hereditary) or developmental malformations or cosmetic reasons, including but not limited to cleft palate, maxillary or mandibular (upper or lower) malformations, enamel hypoplasia (lack of development), fluorosis (a type of discoloration of the teeth), and anodontia (congenitally missing teeth).
- Prescribed drugs, premedication or analgesia.
- Extra oral grafts (grafting of tissues from outside the mouth to oral tissues).
- Charges for oral hygiene, plaque control, or diet instruction.
- Charges for orthodontia services, unless shown on the Group Dental Benefit Summary page.

VISION

Designer Vision Plan

Healthy eyes and clear vision are an important part of your overall health and quality of life. Your vision plan helps you care for your eyes while saving you money by offering:

Paid-in-full eye examinations, eyeglasses and contacts!

Frame Collection: Your plan includes a selection of designer, name brand frames that are completely covered in full.¹

Contact Lens Collection: Select from the most popular contact lenses on the market today with Davis Vision's Contact Lens Collection.¹

One-year eyeglass breakage warranty included on plan eyewear at no additional cost!

How to locate a Network Provider...

Just log on to the Open Enrollment section of our Member site at davisvision.com and click "Find a Provider" to locate a provider near you including:



Contact LCS Benefits Department today to enroll.

For more information and details regarding this plan, contact LCS Benefits Department at 850.487.7150 or see a Benefits Enrollment Specialist during open enrollment.

¹ The Davis Vision Collection is available at most participating independent provider locations. Collection is subject to change. Collection is inclusive of select **toric** and multifocal contacts.
² Additional discounts not applicable at Walmart, Sam's Club or Costco locations.
³ **toric**, but not limited to **toric**, multifocal and gas permeable contact lenses.
⁴ **toric** dependent children, monocular patients and patients with prescriptions of 6.00 diopters or greater.
⁵ Transitions® is a registered trademark of Transitions Optical Inc.
⁶ Enhanced frame allowance available at all **VISIONWORKS** Locations nationwide.
 Davis Vision has made every effort to **correctly** describe your vision plan features. In the event of a conflict between this information and your organization's contract with Davis Vision, the terms of the contract or insurance policy will prevail.

IN-NETWORK BENEFITS

Eye Examination	Every October 1, Covered in full after \$10 copayment
Eyeglasses	
Spectacle Lenses	Every October 1, Covered in full For standard single-vision, lined bifocal, or trifocal lenses after \$15 copayment
Frames	Every other October 1, Covered in full Any Fashion or Designer frame from Davis Vision's Collection ¹ (value up to \$160) OR \$150 retail allowance toward any frame from provider, plus 20% off balance ² OR \$200 allowance, plus 20% off balance to go toward any frame from a VISIONWORKS family of store locations. ³
Contact Lenses	
Contact Lens Evaluation, Fitting & Follow Up Care	Every October 1, Collection Contacts: Covered in full OR Non Collection Contacts: Standard Contacts: Covered in full Specialty Contacts ⁴ : \$60 allowance with 15% off balance ²
Contact Lenses (in lieu of eyeglasses)	Every October 1, Covered in full Any contact lenses from Davis Vision's Contact Lens Collection ¹ OR \$150 retail allowance toward provider supplied contact lenses, plus 15% off balance ²

ADDITIONAL DISCOUNTED LENS OPTIONS & COATINGS

MOST POPULAR OPTIONS <small>Savings based on in-network usage and average retail values.</small>	Without Davis Vision	With Davis Vision
Scratch-Resistant Coating	\$25	\$0
Polycarbonate Lenses	\$66	\$0 ⁴ -\$30
Standard Anti-Reflective (AR) Coating	\$83	\$35
Standard Progressives (no-line bifocal)	\$198	\$50
Photochromic Lenses (i.e. Transitions®, etc.) ⁵	\$110	\$65

Lower costs and more benefits! See the savings!

Service	Without Davis Vision	With Davis Vision
Eye Examination	\$103	\$10
Lenses		
Bifocals	\$116	\$15
Scratch-Resistant Coating	\$25	\$0
Transitions ⁶	\$110	\$65
Frame	\$160	\$0
Total	\$514	\$90

Savings up to:
\$424

Employee Contributions	10 Month	Annually
Employee	\$8.17	\$81.70
Employee plus Spouse	\$15.49	\$154.90
Employee plus Family	\$22.51	\$225.10

Davis Vision plans offer...

Value for our Members

A comprehensive benefit ensuring low out-of-pocket cost to members and their families. Our goal is 100% member satisfaction.

Convenient Network Locations

A national network of credentialed preferred providers throughout the 50 states.

Freedom of Choice

Access to care through either our network of independent, private practice doctors (optometrists and ophthalmologists) or select retail partners.

Value-Added Features:

- Mail Order Contact Lenses Replacement contacts (after initial benefit) through DavisVisionContacts.com mail-order service ensures easy, convenient, purchasing online and quick, direct shipping to your door. Log on to our member Web site for details.
- Laser Vision Correction discounts of up to 25% off the provider's Usual & Customary fees, or 5% off advertised specials, whichever is lower.

Contact Info

For more information and details regarding this plan, contact LCS Benefits Department at 850.487.7250 or see a Benefits Enrollment Specialist during open enrollment.

ADDITIONAL OPTIONS	WITHOUT DAVIS VISION	WITH DAVIS VISION
FRAMES		
Fashion Frame (from the Davis Vision Collection)	\$100	\$0
Designer Frame (from the Davis Vision Collection)	\$160	\$0
Premier Frame (from the Davis Vision Collection)	\$195	\$25
LENSES		
All Ranges of Prescriptions and Sizes	\$90	\$0
Plastic Lenses	\$78	\$0
Oversized Lenses	\$20	\$0
Tinting of Plastic Lenses	\$25	\$0
Scratch-Resistant Coating	\$25	\$0
Polycarbonate Lenses	\$66	\$0 ¹ or \$30
Ultraviolet Coating	\$25	\$12
Standard Anti-Reflective (AR) Coating	\$83	\$35
Premium AR Coating	\$104	\$48
Ultra AR Coating	\$121	\$60
Intermediate-Vision Lenses	\$150	\$30
Standard Progressive Addition Lenses	\$198	\$50
Premium Progressive Addition Lenses	\$247	\$90
Ultra Progressive Addition Lenses	\$369	\$140
High-Index Lenses	\$120	\$55
Polarized Lenses	\$103	\$75
Photochromic Lenses (i.e. Transitions®, etc.) ²	\$110	\$65
Scratch Protection Plan (Single vision Multifocal lenses)		\$20 \$40

¹ Polycarbonate lenses are covered in full for dependent children, monocular patients and patients with prescriptions 6.00 diopters or greater.

² Varilux® is a registered trademark of Societe Essilor International

³ Transitions® is a registered trademark of Transitions Optical, Inc.

Out-of-Network Benefits

You may receive services from an out-of-network provider, although you will receive the greatest value and maximize your benefit dollars if you select a provider who participates in the network. If you choose an out-of-network provider, you must pay the provider directly for all charges and then submit a claim for reimbursement to:

Vision Care Processing Unit
P.O. Box 1525
Latham, NY 12110

OUT-OF-NETWORK REIMBURSEMENT SCHEDULE
Eye Examination up to \$40, Frame up to \$50 Spectacle Lenses (per pair) up to: Single Vision \$40, Bifocal \$60, Trifocal \$80, Lenticular \$100 Elective Contacts up to \$105, Medically Necessary Contacts up to \$225

COLONIAL LIFE

COLONIAL LIFE PRODUCTS

Short-Term Disability Insurance

Help protect your most valuable asset – your income – the financial security that helps protect your family and lifestyle if you can't work due to an accident or illness.

Disability insurance from Colonial Life & Accident Insurance Company can help you pay for the everyday living expenses and keep you focused on taking care of your recovery and family. Coverage includes pregnancy, partial disabilities and your disability benefits are not affected by a leave of absence program, FMLA, sick leave or paid time off.

Plan Features:

- Benefits cover up to 60% of your income.
- Monthly benefits are paid directly to you if you become disabled.
- **Varying benefit periods (how long you will receive benefits): 3 months, 6 months, 12 months, and 24 months.**

Group Cancer Insurance

If diagnosed with cancer, would you have the money to cover any of the following?

- Loss of wages or salary
- Deductibles and coinsurance
- Experimental treatments
- Travel expenses
- Home health care needs
- Child care expenses

Colonial Life & Accident Insurance Company's Cancer insurance helps guard against financial difficulties if you or a loved one is diagnosed with cancer.

Plan Features:

- Pays benefits to help with the cost of cancer screening and cancer treatment.
- Pays regardless of any other insurance you have with other companies.
- Benefits paid directly to you unless you specify otherwise.
- Varying coverage levels, optional riders and spouse and eligible dependent coverage are available.

Group Cancer Insurance Sample Rates			
	Level 2	Specified Disease Rider	Initial Diagnosis Rider per \$1,000
NAMED INSURED	\$12.84	\$0.84	\$1.26
FAMILY	\$21.42	\$1.32	\$2.10

The rates provided are for illustration purposes only and may vary based on plan design. This is a Cancer policy only. This policy has exclusions and limitations. For cost and complete details of the coverage, see your Colonial Life benefits counselor. Coverage may vary by state and may not be available in all states. Applicable to policy form GCAN-MP and certificate GCAN-C (including state abbreviations where used).

Group Critical Care Insurance

How will you pay for what your health insurance won't?

Limited benefit group specified disease coverage from Colonial Life & Accident Insurance Company offers the protection you need to concentrate on what is most important – your treatment, care and recovery.

Plan Features:

- A lump sum payment allows you the flexibility to better plan your treatment and care.
- You may adjust the face amount to best meet your personal needs.
- May pay multiple times for a covered critical illness.
- Coverage options for you and your spouse and eligible dependents.

Group Critical Care Sample Rates Full CI Benefit, with Subsequent Diagnosis, \$50 Health Screening Benefit				Applicable to policy forms GCC1.0-P & GCC1.0-C	
Non-Tobacco Rates					
COVERAGE	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
\$10,000	16-29	\$6.12	\$9.36	\$6.48	\$9.60
	30-39	\$8.04	\$12.24	\$8.40	\$12.48
	40-49	\$12.48	\$18.84	\$12.72	\$19.08
	50-59	\$19.44	\$30.24	\$19.68	\$30.48
	60-74	\$29.40	\$45.60	\$29.76	\$45.84
Tobacco Rates					
\$10,000	16-29	\$8.76	\$13.32	\$9.12	\$13.56
	30-39	\$12.72	\$19.08	\$12.96	\$19.32
	40-49	\$21.48	\$32.28	\$21.72	\$32.52
	50-59	\$35.40	\$55.08	\$35.64	\$55.32
	60-74	\$55.32	\$85.80	\$55.68	\$86.04

The rates provided are for illustration purposes only and may vary based on plan design. This policy has exclusions and limitations. For cost and complete details of the coverage, see your Colonial Life benefits counselor. Coverage may vary by state and may not be available in all states. Applicable to certificate form GCC 1.0C -FL.

Accident Insurance

Accidents happen in places where you and your family spend the most time – at work, in the home and on the playground – and they are unexpected. How you care for them shouldn't be.

Colonial Life & Accident Insurance Company's Accident Insurance is designed to help you fill some of the gaps caused by increasing deductibles, co-payments and out-of-pocket costs related to a covered accidental injury. The benefit to you is that you may not need to use your savings or secure a loan to pay expenses. Many levels and options are available for you and your spouse and eligible dependents. Plus you'll feel better knowing you can have greater financial security.

Plan Features Include Benefits for:

- Initial Care and Common Accidental Injuries
- Surgical Care
- Transportation Assistance

- Accident Hospital Care

Accident 1.0 Insurance Sample Rates On/Off-Job Accident Coverage			Applicable to policy forms ACCIDENT 1.0-HS	
Preferred with Health Screening				
ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMI- LY	TWO-PARENT FAMI- LY
17-80	\$20.69	\$33.19	\$37.91	\$50.28

The rates provided are for illustration purposes only and may vary based on plan design. This policy has exclusions and limitations. For cost and complete details of the coverage, see your Colonial Life benefits counselor. Coverage may vary by state and may not be available in all states. Applicable to policy form Accident 1.0-HS – FL. This is not an insurance contract only actual policy provisions will control.

Whole Life Insurance

You can't predict your family's future, but you can be prepared for it. Whole life insurance can help provide protection for you and those who depend on you. With whole life insurance, you receive a guaranteed death benefit and you can access its cash value through a policy loan, and use the money for emergencies.

What are some of the advantages of Colonial Life & Accident Insurance Company's Whole Life Insurance?

- Your premiums will never increase because of changes in your health or age.
- You can take the policy with you even if you change jobs or retire, with no increase in premium.
- Eligible dependent child coverage is available.

Whole Life 1000 Sample Rates		Applicable to policy forms ICC07-WL-NGPO-65, ICC07-WL-NGPO-95, ICC08-WL-GPO-65, ICC08-WL-GPO-95, WL-NGPO-65, WL-NGPO-95, WL-GPO-65 and WL-GPO-95	
Paid-Up at Age 65		Paid-Up at Age 95	
Non-Tobacco Rates			
ISSUE AGE	\$20,000	ISSUE AGE	\$20,000
25	\$23.50	25	\$20.46
35	\$34.78	35	\$29.54
45	\$62.84	45	\$44.96
		55	\$75.20
Paid-Up at Age 65		Paid-Up at Age 95	
Tobacco Rates			
ISSUE AGE	\$20,000	ISSUE AGE	\$20,000
25	\$30.24	25	\$27.58
35	\$48.14	35	\$41.74
45	\$80.88	45	\$61.57
		55	\$112.32

The rates provided are for illustration purposes only and may vary based on plan design. This policy has exclusions and limitations. For cost and complete details of the coverage, see your Colonial Life benefits counselor. Coverage may vary by state and may not be available in all states.

FLEXIBLE SPENDING ACCOUNTS (FSA)

FLEXIBLE SPENDING ACCOUNTS

There is a great tax break available to you through LCSB! There are two accounts included in the LCSB Benefits Flex Plan which allow you to pay your dependent care expenses and out-of-pocket medical expenses with “tax-free” dollars. These two accounts are Dependent Care Reimbursement and Medical Expense

Reimbursement. These two accounts can save you hundreds of dollars in taxes each year. A reimbursement account is a fund established by you to pay predictable out-of-pocket medical or dependent care expenses. A reimbursement account works somewhat like a checking account. You make deposits to your account tax free

through the Flex Plan for 10 pay periods (September through June). You can then withdraw from your medical

reimbursement account by using the **new Flex (Debit) Convenience MasterCard**. You may withdraw from your dependent care account by submitting a reimbursement request form along with your receipts to the Plan

Administrator, Murfee Meadows. You save money and reduce your cost by using this tax-free benefit. The Dependent Care and Medical Expense Accounts cannot be co-mingled. Not only do you save payroll taxes, but your gross income that is reported to the Internal Revenue Service is also reduced by the amount of participation.





What is a Healthcare Flexible Spending Account (FSA)?

A Flexible Spending Account is an employer-sponsored benefit that allows you to pay for eligible medical expenses on a pre-tax basis. If you expect to incur medical expenses that won't be reimbursed by an insurance company or another plan, FSAs are a great way to save money while covering those costs.

How does it benefit me?

A FSA saves you money. The contributions you make to a FSA are deducted from your pay before your Federal, State and FICA taxes are calculated and are never reported to the IRS. The end result is that you decrease your taxable income and increase your spendable income. You can potentially save hundreds of dollars.

Estimated Eligible Expenses	Without Plan	WITH Plan
Annual Salary	\$30,000	\$30,000
Annual before-tax contribution	0	-\$2,400
Taxable Income	\$30,000	\$27,600
Estimated taxes (30.65%)*	-\$9,195	-\$8,460
Annual after-tax contribution	-\$2,400	0
Net take-home pay	\$18,405	\$19,140
Increase in Spendable Income		\$735

**For illustrative purposes only. Based on a monthly premium of \$200 and average tax rates of 20% Federal, 3% State and 7.65% FICA. Your tax situation may be different. Consult your tax advisor for actual savings.*

How does a Healthcare FSA work?

For 2017-2018 you can contribute up to \$2,600 annually to your Flexible Spending Account. This annual election amount will be deducted evenly from each pay check on a pre-tax basis and put into your FSA. You can then use the funds to pay for eligible expenses. Changes to your annual election amount are only permitted due to a Qualifying Life Event such as marriage, divorce, death, disability, adoption of a child or birth of a child.

A big perk to a FSA is that it is pre-funded, meaning that you will have access to your full annual election amount at the very beginning of the plan year, regardless of the amount deducted from your paycheck. That is like having a tax-free, interest-free loan to help you pay for healthcare expenses.

How do I get 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.

What is the Benefits Card®?

The Benefits Card® is a MasterCard® that can be used for qualified healthcare expenses. When you use the card for purchasing healthcare related items, your healthcare account is automatically debited to pay for eligible expenses. You can use the card at qualifying merchant locations that accept MasterCard®.

Can I change my election during the plan year?

Since these plans are regulated by the IRS, there are specific rules that apply. The IRS requires that you make your election decision before the new plan year begins each year; or before your effective date if you are newly eligible. The election decision remains in effect for the plan year, unless you have a Qualifying Life Event. Call Murfee Meadows for more details on the rules.

Are there any Special Plan Rules?

- You may only enroll in the FSA during open enrollment or when you first become eligible.
- Once you establish your plan year contribution, you can only change it if you experience a Qualifying Life Event.
- Any funds left in your account at the end of the plan year can be rolled over to the next plan year (up to \$500).
- You may file paper claims through the **30 day run out** date following the plan year as long as the claims were incurred during the plan year.
- If you or your family members are covered by health insurance elsewhere, you can still claim the qualifying out-of-pocket healthcare expenses under your employer's FSA.
- Remember that your expenses must be incurred during your period of coverage. Expenses are considered as having been incurred when you are provided healthcare or dependent day care services, not when you are formally billed.
- Always keep your receipts. You may be asked to submit proof of purchase. New IRS and DOL rules may require a doctor's prescription when purchasing certain Over-The-Counter (OTC) items and/or submitting a claim for reimbursement.

Do I have access to my account information?

Yes! To check the balance in your account, view transactions or your claim history, go to <https://www.mywealthcareonline.com/murfeemeadows/>. Please refer to the page regarding "Online Access" for details on how to set up your online account.

IMPORTANT INFORMATION REGARDING



OVER-THE-COUNTER MEDICATIONS

Over-the-counter (OTC) drugs, medicines and biological will no longer be eligible without a directive from a provider (a Doctor's note) effective January 1, 2011. The participant may still be able to purchase some over-the-counter items without a Doctor's note. However, in order to be reimbursed for OTC items, the following must be completed:

- Obtain a letter of medical necessity from the provider.
- Obtain receipts for the items purchased.

Complete the reimbursement request form and submit to Murfee Meadows, Inc.

NOTE: NOT ALL ITEMS ON THE ELIGIBLE ITEMS LIST WILL BE AFFECTED. ONLY THOSE ITEMS THAT REPRESENT DRUGS, MEDICINES AND BIOLOGICALS ARE EXPECTED TO BE PRECLUDED FROM TAX-FREE REIMBURSEMENT WITHOUT A DOCTOR'S NOTE.

A list of the eligible items are posted on the Benefits website under "Department Resources".





What is a Dependent Care FSA?

A Dependent Care FSA (DCA) is a Flexible Spending Account that allows you to set aside pre-tax dollars for Dependent Care expenses. Since DCA contributions are deducted from your paycheck on a pre-tax basis, your taxable income is reduced. Participants enjoy a 30.65% average tax savings on their annual DCA contributions.

Which Dependents qualify under DCA rules?

- Your qualifying child under the age of 13, who shares the same residence with you, or
- Your spouse or qualifying child or relative who is physically or mentally unable to care for him/herself who shares the same residence with you and has income less than the federal exemption amount.

What are the annual contribution limits?

The IRS DCA annual contribution limits are \$5,000 if you file your income taxes as single or married filing jointly; and \$2,500 if you are married filing separately.

Why should I enroll in a Dependent Care FSA?

Child and dependent care is a large expense for many American families. Millions of people rely on child care to be able to work, while others are responsible for older parents or disabled family members. If you pay for care of dependents in order to work, you'll want to take advantage of the tax savings this plan offers. Money contributed to a DCA is free from Federal, State and FICA taxes and remains tax-free when you pay your expenses.

Tax Status	DCA Contribution	Annual Tax Savings*
Single	\$2,500	\$766
Married	\$3,500	\$1,073
Married	\$5,000	\$1,532

*For Illustrative purposes only. Based on estimated 20% Federal, 3% State and 7.65% FICA tax rates.



What expenses are DCA eligible?

Dependent Care FSA funds cover costs for your eligible dependents while you are at work:

- Before school or after school care (other than tuition)
- Custodial care for dependent adults
- Licensed day care centers or individuals
- Nursery schools or pre-schools
- Placement fees for a provider, such as an au pair
- Day camp, nursery school, or a private sitter
- Late pick-up fees
- Summer or holiday day camps

What DCA expenses are not eligible for reimbursement?

These items are not eligible for tax-free purchase with dependent care FSA funds:

- Expenses for children 13 and older, unless the child is disabled
- Care provided by a relative that lives in your household or your dependent under age 19
- Educational expenses including kindergarten or private school tuition fees
- Amounts paid for food, clothing, sports lessons, field trips, and entertainment
- Care for dependent while sick employee stays home
- Overnight camp expenses
- Registration fees
- Transportation expenses
- Late payment fees
- Advanced payments

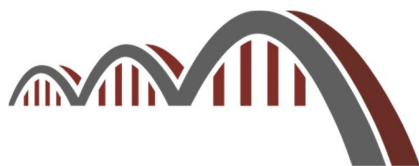


How does the DCA FSA work?

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.

Do I have access to my account information?

Yes! To check the balance in your account, view transactions or view your claims history, go to <https://www.mywealthcareonline.com/murfeemeadows/>. Please refer to the page regarding "Online Access" for details on how to set up your account online.



Your healthcare Flexible Spending Account (FSA) dollars can be used to pay for co-payments, co-insurance, and deductibles. But that's not all! You can also use your FSA to pay for many other expenses in the following categories: Medical, Dental Care, Eye Care, and Over-the-Counter (OTC) medications and products. For a complete list of eligible expenses go to <https://www.irs.gov/pub/irs-pdf/p502.pdf>.

ELIGIBLE MEDICAL EXPENSES

- Acupuncture
- Alcoholism treatment
- Ambulance
- Artificial limb
- Autoette / Wheelchair
- Bandages
- Birth control pills
- Braille books and magazines
- Breast reconstruction surgery
- Chiropractor
- Christian Science Practitioner
- Crutches
- Diagnostic services
- Disabled dependent medical care
- Drug addiction treatment
- Drugs and medicines
- Fertility treatment
- Guide dog or other service animal
- Hearing aids
- Home care
- Hospital services
- Laboratory fees
- Lead-based paint removal
- Lodging essential to medical care
- Maternity care & related services
- Meals for inpatients
- Medical information plan (fees to maintain medical info in databank for your care)
- Medical services (e.g., physician, surgeon, specialist)
- Mentally disabled (special home)
- Nursing home
- Nursing services
- Operations
- Organ donor's medical expenses & transportation
- Osteopath
- Oxygen
- Prosthesis
- Psychiatric care
- Psychoanalysis
- Psychologist
- Special education
- Sterilization
- Stop-smoking program
- Surgery
- Telephone for hearing impaired
- Television adapted for hearing impaired
- Therapy
- Transplants
- Transportation essential to medical care

- Vasectomy
- Weight-loss program
- Wig to replace hair lost to disease
- X-Ray

ELIGIBLE PRESCRIPTION MEDICATION EXPENSES

You can use your Flexible Spending Account (FSA) dollars to pay out-of-pocket expenses for prescription drug co-payments and co-insurance.

ELIGIBLE EYE CARE EXPENSES

- Contact Lenses
- Optometrist
- Eye Examinations
- Eyeglasses
- Prescription Sunglasses
- Eye Surgery (e.g. LASIK)

ELIGIBLE DENTAL CARE EXPENSES

- Artificial teeth
- Dental treatment

ELIGIBLE OTC MEDICATION WITHOUT PRESCRIPTION

- Band Aids
- Birth Control
- Braces & Support
- Contact Lens Supplies
- Denture Adhesives
- Diagnostic Tests & Monitors
- Elastic Bandages & Wraps
- First Aid Supplies
- Insulin & Diabetic Supplies
- Ostomy Products
- Reading Glasses
- Wheelchairs, Walkers, Canes

ELIGIBLE OTC MEDICATION WITH PRESCRIPTION

- Acid Controllers
- Allergy & Sinus
- Antibiotic Product
- Anti-diarrhea
- Baby Rash Ointment
- Cold Sore Medicines
- Cough, Cold & Flu Medicine
- Digestive Aids
- Laxatives
- Motion Sickness
- Pain Relief
- Respiratory Treatments

Employee User Guide for Online Access

The Murfee Meadows portal can be accessed by navigating to the following URL:

<https://www.mywealthcareonline.com/murfeemeadows/>

Registration

Step 1. If this is your first time accessing the Murfee Meadows flex portal, simply **click the register button** atop the right corner of the home screen (as shown to the right).

Step 2. After clicking the register button, complete the registration form (as shown in the lower right below).

Choose a username and password. Enter the required demographic information. Your **employee ID** is your **social security number** and your **employer ID** is **MMILCS**

If you already have a Benefit Card®, the card number can be used in place of the employer ID in the registration ID field.

Before clicking register, be sure to view and accept the terms of use.

Step 3. After successfully completing the registration form, **click register**. The process may take several seconds. Do not click your browser's back button or refresh the page.



User Name: *

Password: *

Confirm Password: *

First Name: *

Last Name: *

Email Address: *

Employee ID *

Registration ID * Employer ID

Accept Terms of Use * View Terms of Use

Secure authentication

The next part of the registration process involves setting up your secure authentication. This important step helps ensure your account is secure and private.

After the registration form is successfully completed, you will be prompted to complete the secure authentication setup process. After reading the secure authentication setup instructions, simply **click the *begin step now button***, as shown below.

Step 1. Select security questions.

You must select four security questions and provide your secret answers. These questions are asked at random while you attempt to login to the Murfee Meadows Portal. The questions help provide an additional layer of security and help ensure only you are able access your account.

Question:	<input type="text" value="Please Select a Question"/>
Answer:	<input type="text"/>
Question:	<input type="text" value="Please Select a Question"/>
Answer:	<input type="text"/>
Question:	<input type="text" value="Please Select a Question"/>
Answer:	<input type="text"/>
Question:	<input type="text" value="Please Select a Question"/>
Answer:	<input type="text"/>

Step 2. Verify your email address.

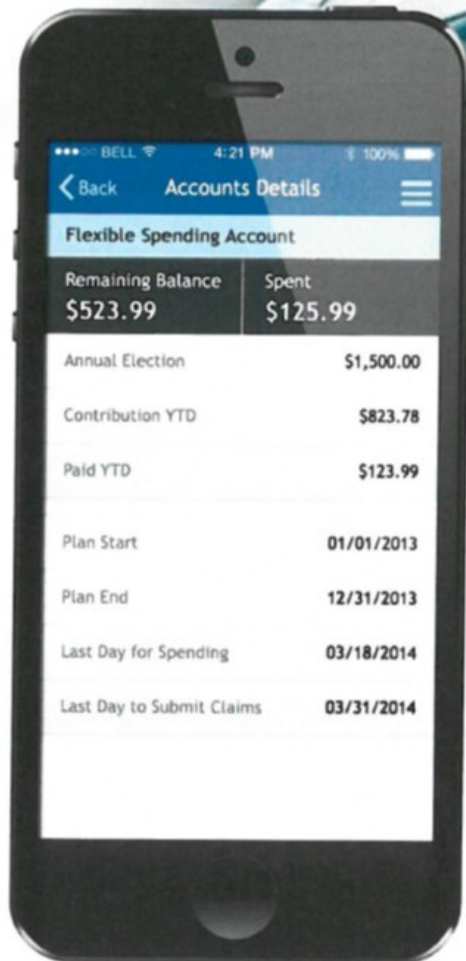
In the next page, you will be prompted to verify your email address. Enter your email address, and **click *continue setup***.

On the next page, you will be asked to verify all of the information you've entered during the secure authentication process. After you've reviewed and confirmed the accuracy of the information, please **click *submit setup information***. A confirmation page will display showing the registration process has been completed. At this point, you can either 1) sign off, or 2) proceed to your account.

Your first login

After registering, for all subsequent logins you can click the *login* link in the upper right corner of the home page. You will be prompted to enter your username, two of your four security questions, and finally your password.

Flex account management tools that are as mobile as you are.



Download the app today.

Have the account information you need, right when you need it most. Our mobile app provides a single access point for you to manage all of your tax-advantaged benefit accounts from any iOS or Android mobile device. You can also configure account alerts via text message.

Go to your Appstore and search for Murfee Meadows, Inc.





**TEXT MESSAGE
ENROLLMENT**

Obtain your Flexible Spending Account (FSA) FlexCard balance on demand via text message

Provide us with the information requested below and we will link your mobile phone to your account and start the registration process.

Once we enter your cell phone number into our system you will receive the following text message:

WealthCare Alert: Msg frequency based on use, Reply Y to complete registration.
Reply HELP for help, Msg&Data Rates May Apply.

Reply Y to this message to complete the registration.

You will subsequently receive the following text message:

WealthCare Alert: You're registered! Msg frequency based on use, Txt BAL for balance, Reply HELP to get help, STOP to end, Msg&Data Rates May Apply.

You are now ready to obtain your account balance at any time simply by texting BAL to

PERSONAL INFORMATION
Employer's Name: LEON COUNTY SCHOOLS
Employee's Name:
Mobile Number:

FLORIDA COMBINED LIFE

GROUP TERM LIFE INSURANCE

The Board provides \$30,000 of life insurance for each employee at no charge. Florida Combined Life provides this Basic Group Coverage. Refer to the Certificate of Coverage for information regarding this policy. This certificate can be found on the LCSB enrollment site.

Employees may purchase additional term life insurance for themselves, their spouse and their children through Florida Combined Life. New employees may purchase up to \$130,000 with no underwriting. An employee can purchase up to \$30,000 for a spouse with no underwriting. \$10,000 of child life can be purchased for \$2.40 per month, \$5,000 for \$1.20 per month.

Continuing employees who have already purchased life insurance can purchase additional life insurance up \$10,000 each year with no underwriting, and \$5,000 for the spouse with no underwriting.



Group Term Life/ \$30,000

Accidental Death & Dismemberment *Benefits reduce by 35% at your age 70, and by 50% at your age 75, and terminate when you are no longer eligible or your retirement whichever occurs first.*

Employee: If you are age 69 or younger, you may purchase coverage in units of \$10,000 to a maximum of \$130,000 without medical evidence of insurability. Coverage over these amounts to a maximum of \$250,000 is available with medical evidence of insurability.

Voluntary Group Term Life (VGTL)

Spouse: You may purchase coverage for your eligible spouse, through the spouse's age 69, in units of \$5,000 to a maximum of \$30,000 without evidence of medical insurability. Coverage over these amounts to \$125,000 is available with medical evidence of insurability. Spouse coverage amount may not exceed 50% of the employee amount.

Children: You may purchase coverage for your eligible children between the ages of 6 months but less than 30 years in the amount of \$5,000 or \$10,000.

Benefits reduce 35% at your and your spouse's age 70 by 50% at your and your spouse's age 75 and terminate when you or your spouse are no longer eligible or your retirement, whichever occurs first. Children's coverage terminates when they are no longer eligible or the termination of your eligibility, whichever occurs first.

**Voluntary
Accidental**

Employee: If you are age 69 or younger, you may purchase coverage in units of \$10,000 to a maximum of \$250,000.

**Death &
Dismemberment
(VAD&D)**

Spouse: You may purchase coverage for your eligible spouse, through the spouse's age 69, in units of \$5,000 to a maximum of \$125,000.

Spouse coverage amount may not exceed 50% of the employee elected amount.

Children: You may purchase coverage for your eligible children between the ages of 6 months but less than 30 years in the amount of \$5,000 or \$10,000.

Benefits reduce 35% at your and your spouse's age 70 by 50% at your and your spouse's age 75 and terminate when you or your spouse are no longer eligible or your retirement, whichever occurs first. Children's coverage terminates when they are no longer eligible or the termination of your eligibility, whichever occurs first.

Important Note: If you are not actively at work on the date your insurance or any increase in insurance is scheduled to take effect, the coverage or increase in coverage will take effect on the day you return to active work.

This benefit summary provides a very brief description of Florida Combined Life's insurance products. This is not an insurance policy and only the actual provisions of an issued policy control. Florida Combined Life's policies set forth the rights and obligations of covered persons and Florida Combined Life. Please be aware that certain limitations and exclusions may apply, and certain coverage may reduce or terminate due to age or lack of eligibility. If you enroll and are approved for coverage, you will be furnished with a policy or certificate of insurance. Please read your insurance documents carefully.

<p>Voluntary Long Term Disability (VLTD)</p>	<p>Pays a benefit up to 60% of your Basic Monthly Earnings to a maximum of \$6,000 per month [less offsets for other income]. Benefits begin on the 91st day of a covered disability and are payable for two (2) years if you are disabled from your own occupation or to your Social Security Normal Retirement (SSNR) age for any occupation.</p>
<p>Important Note:</p> <p><i>If you are not actively at work on the date your insurance or any increase in insurance is scheduled to take effect, the coverage or increase in coverage will take effect on the day you return to active work. This benefit summary provides a very brief description of Florida Combined Life's insurance products. This is not an insurance policy and only the actual provisions of an issued policy control. Florida Combined Life's policies set forth the rights and obligations of covered persons and Florida Combined Life. Please be aware that certain limitations and exclusions may apply, and certain coverage may reduce or terminate due to age or lack of eligibility. If you enroll and are approved for coverage, you will be furnished with a policy or certificate of insurance. Please read your insurance documents carefully.</i></p>	

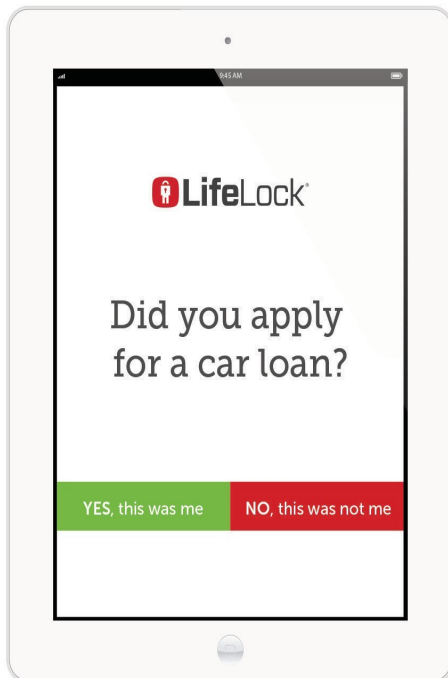
Voluntary Long Term Disability (VLTD) is designed to provide partial income replacement for you should you become disabled as a result of a covered sickness or injury. Benefits are paid to you monthly as long as you are injured under the plan; remain disabled and under the regular care of a physician.

LIFELOCK

Protecting Your Personal Information is Our Top Priority

LifeLock helps safeguard your finances, credit & good name.

ENROLL IN PROACTIVE IDENTITY THEFT PROTECTION.



LifeLock Identity Theft Protection® detects your personal information in applications for credit and services within our extensive network.† We monitor over a trillion data points, including those for new credit cards, wireless services, retail credit, mortgages, auto and payday loans. You can respond immediately to confirm if the activity is fraudulent with our proprietary Not Me® verification technology. If identity fraud does occur, our Certified Resolution Specialists are available to personally manage your case from beginning to end.





Enroll through your Leon County Schools employee benefits site to take advantage of special pricing!


†Network does not cover all transactions.


‡ Service Guarantee benefits for State of New York members are provided under a Master Insurance Policy issued by State National Insurance Company. Benefits for all other members are provided under a Master Insurance Policy underwritten by United Specialty Insurance Company. Under the Service Guar-


BENEFIT OPTIONS & SPECIAL PRICING DETAILS

LifeLock service payroll deduction pricing - Monthly (10 pay periods)

	LifeLock Standard	LifeLock Ultimate
 Employee Only (18 and over)	\$10.20	\$25.50
 Employee + Spouse	\$20.40	\$51.00
 Employee + Children**	\$17.86	\$36.97
 Employee + Family**	\$28.06	\$62.47

 **DETECT**
We're searching over a trillion data points every day looking for potential threats to your identity.

 **ALERT**
Our patented LifeLock Identity Alert® System lets you know about suspicious activity by text, phone, or email.

 **RESTORE**
If you do become a victim, our U.S. based Resolution Specialists are available to handle your case every step of the way.

Service Features	LifeLock Standard	LifeLock Ultimate
LifeLock Identity Alert® System†	✓	✓
Lost Wallet Protection	✓	✓
Address Change Verify	✓	✓
Black Market Website Surveillance	✓	✓
Reduced Pre-Approved Credit Card Offers	✓	✓
Live Member Support 24/7/365	✓	✓
Certified Resolution Support	✓	✓
\$1 Million Total Service Guarantee‡	✓	✓
Fictitious Identity Monitoring		✓
Court Records Scanning		✓
Online Annual Credit Report		✓
Online Annual Credit Score		✓
Checking & Savings Account Application Alerts†		3 Credit Bureau
Bank Account Takeover Alerts†		✓
Credit Inquiry Alerts		✓
Monthly Credit Score Tracking		✓
File-Sharing Network Searches		✓
Sex Offender Registry Reports		✓
Priority Live Member Support 24/7/365		✓

LifeLock Standard™ identity theft protection uses innovative monitoring technology and alert tools to help proactively safeguard your credit and finances. †

LifeLock Ultimate™ service provides peace of mind knowing you have comprehensive identity theft protection that includes bank account application and takeover alerts, online credit reports and credit scores. †

*As LifeLock Standard, LifeLock Advantage and LifeLock Ultimate Plus are available for adults 18 years of age and older, children under the age of 18 will be enrolled with LifeLock Junior.

Enrollment in LifeLock service is limited to employees and their eligible dependents.

† Network does not cover all transactions. †† Must be enrolled with an adult member.

‡ Service Guarantee benefits for State of New York members are provided under a Master Insurance Policy issued by State National Insurance Company.

Benefits for all other members are provided under a Master Insurance Policy underwritten by United Specialty Insurance Company. Under the Service Guarantee LifeLock will spend up to \$1 million to hire experts to help your recovery. Please see the policy for terms, conditions and exclusions at LifeLock.com/legal.



**TAX SHELTERED
ANNUITIES (403(B) AND
DEFERRED
COMPENSATION
PLANS (457(B))**

TAX SHELTERED ANNUITIES (403(B) AND DEFERRED COMPENSATION PLANS (457(B))

Tax sheltered annuities (TSA) and deferred compensation plans provide opportunities to save additional money for retirement. Contributions made through payroll deduction reduce your taxable income and are not taxed until withdrawn from the plan.

If you wish to take advantage of this retirement planning opportunity, please review our list of approved providers or visit TSA Consulting's Website @ <http://www.tsacg.com/> for additional information.

2017 Information

Leon County Schools, FL

403(b) Plan and 457(b) Deferred Compensation Plan

The 403(b) and 457(b) Plans are valuable retirement savings options available through Leon County Schools, FL. This notice provides a brief explanation of the provisions, policies and rules that govern the 403(b) and 457(b) Plans.

Plan administration services for the 403(b) and 457(b) plans are provided by TSA Consulting Group, Inc. (TSACG). Visit the TSACG website (tsacg.com) for information about enrollment in the plan, investment product providers available, distributions, exchanges or transfers, 403(b) and/or 457(b) loans, and rollovers.

Eligibility

All employees are eligible to participate in the 403(b) and 457(b) plans immediately upon employment, however, private contractors, appointed/elected trustees and/or school board members and student workers are not eligible to participate in the 403(b) Plan. Employees may make voluntary elective deferrals to both the 403(b) and 457(b) plans. Participants are fully vested in their contributions and earnings at all times.

Employee Contributions

Upon enrollment, participants designate a portion of their salary that they wish to contribute to their traditional 403(b) and/or 457(b) account(s) up to their maximum annual contribution amount on a pre-tax basis, thus reducing the participant's taxable income. Contributions to the participant's 403(b) or 457(b) accounts are made from income paid through the employer's payroll system. Taxes on contributions and any earnings are deferred until the participant withdraws their funds.

The Internal Revenue Service regulations limit the amount participants may contribute annually to tax-advantaged retirement plans and imposes substantial penalties for violating contribution limits. TSACG monitors 403(b) and 457(b) plan contributions and notifies the employer in the event of an excess contribution.

The 2017 Basic Contribution Limit for each plan is \$18,000.

Additional provisions allowed:

The Service-Based Catch Up Amount

The 403(b) special catch-up provision allows participants to make additional contributions of up to \$3,000 to the 403(b) account if, as of the preceding calendar year, the participant has completed 15 or more full years of employment with the current employer, not averaged over \$5,000 per year in annual contributions, and has not utilized catch-up contributions in excess of the aggregate of \$15,000. For a detailed explanation of this provision, please visit <https://www.tsacg.com>.

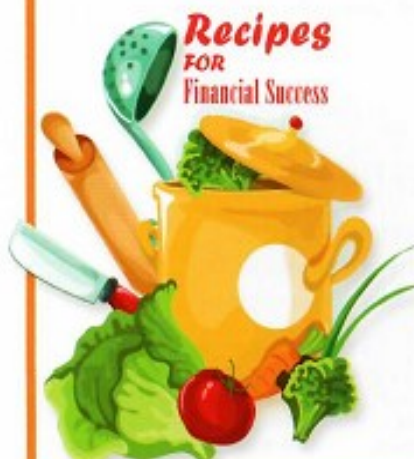
Age-Based Additional Amount

Participants who are age 50 or older any time during the year qualify to make an additional contribution of up to \$6,000 to the 403(b) and/or 457(b) accounts.

Enrollment

Employees who wish to enroll in the 403(b) and/or 457(b) plan must first select the provider and investment product best suited for their account. Upon establishment of the account with the selected provider, a "Salary Reduction Agreement" (SRA) form and/or a deferred compensation enrollment form and any disclosure forms must be completed and submitted to the employer. These forms authorize the employer to withhold 403(b) and/or 457(b) contributions from the employee's pay and send those funds to the Investment Provider on their behalf. A SRA form and/or a deferred compensation enrollment form must be completed to start, stop or modify contributions to 403(b) and/or 457(b) accounts. Unless otherwise notified by your employer, you may enroll and/or make changes to your current contributions anytime throughout the year.

Please note: The total annual amount of a participant's contributions must not exceed the Maximum Allowable Contribution (MAC) calculation. For convenience, a MAC calculator is available on the Internet at www.tsacg.com.



© 2017 TSA Consulting Group, Inc. All rights reserved.

Investment Provider Information

A current list of authorized 403(b) and 457(b) Investment Providers and current employer forms are available on the employer's specific Web page at www.tsacg.com.

Plan Distribution Transactions

Distribution transactions may include any of the following depending on the employer's Plan Document: loans, transfers, rollovers, exchanges, hardships, unforeseen financial emergency withdrawals or distributions. Participants may request these distributions by completing the necessary forms obtained from the provider and plan administrator as required. All completed forms should be submitted to the plan administrator for processing.

403(b) and 457(b) Plan Loans

Participants may be eligible to borrow their 403(b) and/or 457(b) plan accumulations depending on the provisions of their 403(b) and/or 457(b) account contract and provisions of the employer plan. If loans are available, they are generally granted for a term of five years or less (general-purpose loans). Loans taken to purchase a principal residence can extend the term beyond five years depending on the provisions of their 403(b) and/or 457(b) account contract and provisions of the employer. Details and terms of the loan are established by the provider. Participants must repay their loans through monthly payments as directed by the provider. Prior to taking a loan, participants should consult a tax advisor.

Plan-to-Plan Transfers

A plan-to-plan transfer is defined as the movement of a 403(b) and/or 457(b) account from a previous plan sponsor's plan and retaining the same account with the authorized investment provider under the new plan sponsor's plan.

Rollovers

Participants may move funds from one qualified plan account, i.e. 403(b) account, 401(k) account or an IRA, to another qualified plan account at age 59½ or when separated from service. Rollovers do not create a taxable event.

Distributions

Retirement plan distributions are restricted by IRS regulations. A participant may not take a distribution of 403(b) plan accumulations without penalty unless they have attained age 59½ or separated from service in the year in which they turn 55 or older. Generally, a distribution cannot be made from a 457(b) account until you have a severance from employment, reach age 70½, or are deceased. In most cases, any withdrawals made from a 403(b) or 457(b) account are taxable in full as ordinary income.

Exchanges

Within each plan, participants may exchange account accumulations from one investment provider to another investment provider that is authorized under the same plan; however, there may be limitations affecting exchanges, and participants should be aware of any charges or penalties that may exist in individual investment contracts prior to exchange. Exchanges can only be made from one 457(b) plan to another 457(b) plan, or from one 403(b) plan to another 403(b) plan.

Hardship Withdrawals

Participants may be able to take a hardship withdrawal in the event of an immediate and heavy financial need. According to IRS Safe Harbor regulations, to be eligible for a hardship withdrawal, a participant must have exhausted all other available financial resources. The eligibility requirements to receive a Hardship withdrawal are provided on the Hardship Withdrawal Disclosure form at www.tsacg.com. After receiving a hardship withdrawal, the participant may not make voluntary contributions to any employer sponsored retirement plan for a period of six months.

Unforeseen Financial Emergency Withdrawal

You may be able to take a withdrawal from your 457(b) account in the event of an unforeseen financial emergency. An unforeseeable emergency is defined as a severe financial hardship of the participant or beneficiary. The eligibility requirements to receive a Unforeseen Financial Emergency Withdrawal are provided on the Unforeseen Financial Emergency Withdrawal Disclosure form at www.tsacg.com.

Employee Information Statement

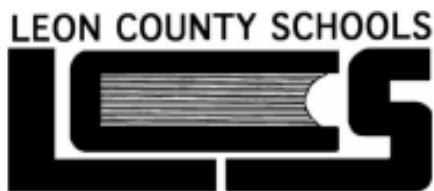
Participants in defined contribution plans are responsible for determining which, if any, investment vehicles best serve their retirement objectives. The 403(b) and 457(b) plan assets are invested solely in accordance with the participant's instructions. The participant should periodically review whether his/her objectives are being met, and if the objectives have changed, the participant should make the appropriate changes. Careful planning with a tax advisor or financial planner may help to ensure that the supplemental retirement savings plan meets the participant's objectives.



TSA Consulting Group
website:
www.tsacg.com
Plan Administrator
Contact Information

Transactions
P.O. Box 4037
Ft. Walton Beach, FL 32549
Toll-free: 1-888-796-3786
Toll-free fax: 1-866-741-0645

For overnight deliveries
73 Eglin Parkway NE, Suite 302
Ft. Walton Beach, FL 32548
Toll-free: 1-888-796-3786
Toll-free fax: 1-866-741-0645



TAX-SHELTERED ACCOUNTS

The following companies have been approved to solicit Leon County Schools' employees to participate in their various tax-sheltered annuity (TSA) plans. Contact by the companies must be made outside your scheduled work day.

<p>Susan Fristoe MetLife 259 John Knox Road Tallahassee, FL 32303 sfristoe@financialguide.com</p>	<p>Phone: 850-320-6245</p>	<p>Greg Parsons VOYA 259 E. 7th Avenue Tallahassee, Florida 32303 tsa4ugp@gmail.com</p>	<p>Phone: 850-298-4322</p>
<p>Crowyns Thervil VALIC 825 Thomasville Road Tallahassee, FL 32308 Crowyns.thervil@VALIC.com</p>	<p>Phone: 850-297-0780</p>	<p>Jerry Walberg Oppenheimer Mutual Funds 1546 Metropolitan Blvd., Suite 3 Tallahassee, FL 32312 jerrywalberg@aol.com</p>	<p>Phone: 850-386-5457(H) 850-893-9057(O)</p>
<p>Scott Olson Pacific Life Insurance Company Olson Insurance & Financial Services 249 John Knox Road Tallahassee, Florida 32303 solson@olsonfinancial.com</p>	<p>Phone: 850-385-7159</p>	<p>Kathryn (Susie) Bunker National Life Group ValuTeachers 5340 W. Crème Court Dummellon, FL 34433 sbunker@ValuTeachers.com</p>	<p>Phone: 229-560-1234</p>
<p>Karen Burnett American Century 4500 Main Street Kansas City, MO 64141 Web: www.americancentury.com/florida</p>	<p>Phone: 816-340-4473 or 1-800-345-3533</p>	<p>Richard Rush VP, Business Development Officer Plan Member Services 6187 Carpinteria Ave. Carpinteria, CA 93013 rrush@planmembersec.com</p>	<p>Phone: 800-874-6910 x2332 or 404-307-2565</p>
<p>Morgan "Trey" Laffitte, III, CFP®, RICP® Prudential 281 Pinewood Drive Tallahassee, Florida 32303 Trey.Laffitte@Prudential.com</p>	<p>Phone: 850-553-3389</p>	<p>Greg Majors Plan Member Services 1299 US Hwy 90 W Defuniak Springs, Florida 32433 gregmajors@planmembersec.com</p>	<p>Phone: 850-830-5139</p>
<p>Brandie Hosford-Hunter MetLife 259 John Knox Road Tallahassee, Florida 32303 brandie.hunter@financialguide.com</p>	<p>Phone: 850-320-6245</p>	<p>Grant McMahon AXA/Equitable 1925 Buford Blvd. Tallahassee, Florida 32308 Grant.mcmahon@axa-advisors.com</p>	<p>Phone: 850-893-9535</p>
<p>Travis Payne Plan Member Services travis@rpaeducator.com</p>	<p>Phone: 407-415-2022</p>	<p>Joseph Lauro VALIC joseph.lauro@valic.com</p>	<p>Phone: 850-297-0780 850-597-6395</p>
<p>Buddy Roberts Security Benefit 2933 Kerry Forest Parkway Tallahassee, Florida 32309 buddy@winchesterfinancial.com</p>	<p>Phone: 850-459-2363</p>	<p>David Van Leuven National Life Group 1615 Village Square Blvd., Suite 5 Tallahassee, Florida 32309 benefitplanning@wmdallc.com</p>	<p>Phone: 850-385-3578 or 1-800-396-3420</p>
<p>Steven Belvin VOYA 125 South Burwell Avenue Adel, Georgia 31620 sbelvin@retirecn.com</p>	<p>Phone: 229-896-3436</p>	<p>Jean Christie AXA /Equitable 1925 Buford Blvd. Tallahassee, Florida 32308 jean.christie@axa-advisors.com</p>	<p>Phone: 850-893-9535</p>
<p>Granville Knowles Security Benefit 113 E. College Avenue Tallahassee, Florida 32301-7703 Knowles.granville@comcast.net</p>	<p>Phone: 1-888-616-5333 850-528-4693</p>		

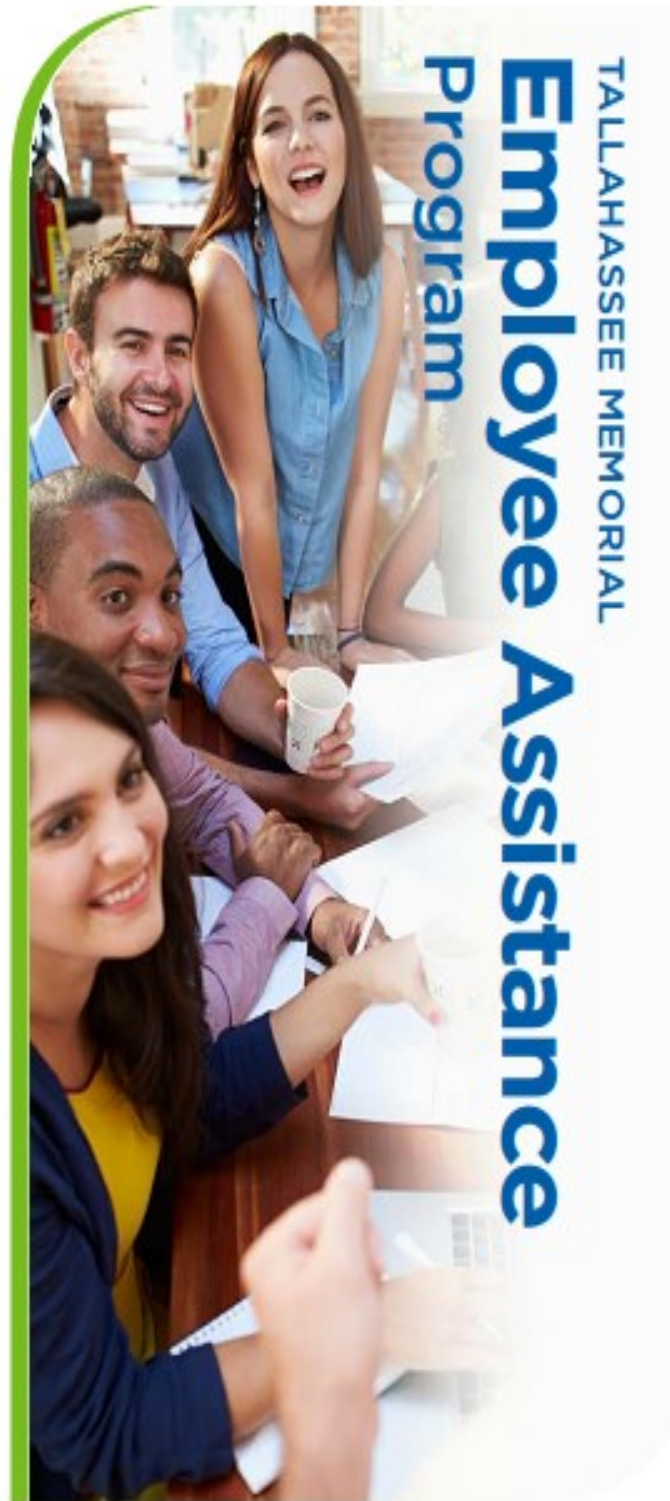
**EMPLOYEE
ASSISTANCE
PROGRAM (EAP)**



CONTACT US
Tallahassee Memorial
Employee Assistance Program
1613 Physicians Drive
Tallahassee, FL 32308
850-431-5190 (p)
877-501-0956 (toll free)
850-431-5157 (TTY)

TMH.ORG/EAP

YOUR HOSPITAL FOR *life*



TALLAHASSEE MEMORIAL
Employee Assistance Program



The Employee Assistance Program (EAP) is a confidential support service offered free of charge to employees and their loved ones.

It offers:

- **Assessment and solution focused counseling**
- **Guidance regarding available resources and referrals**
- **Consultation/education**

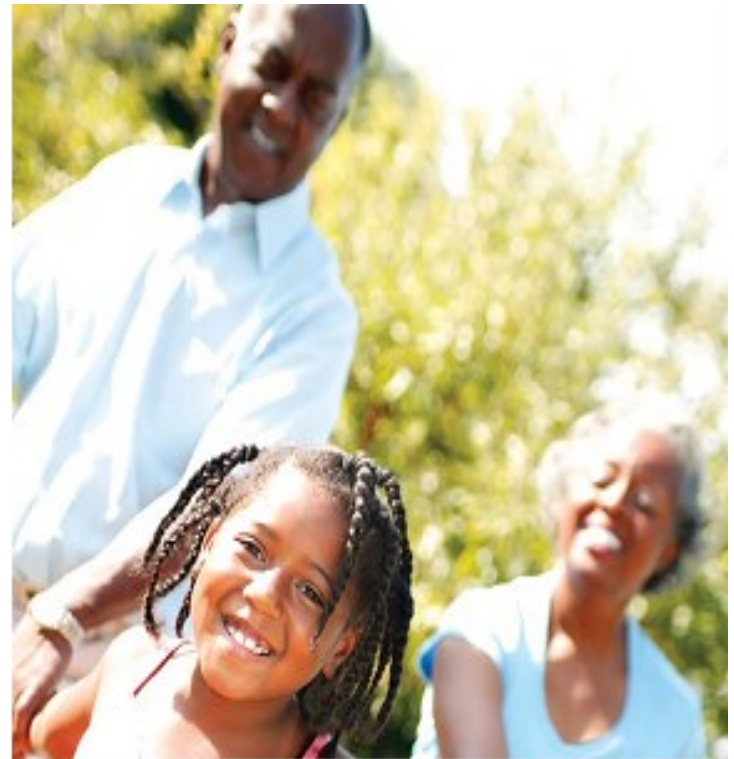
It is designed to help empower employees coping with personal and work issues. Everyone, at some point, experiences personal problems – that is a part of life! Most of the time, those problems are handled before they impact job performance. But just incase they aren't, we are here to provide employees the outside resources they need.

EAP strives to help you create solutions for your personal concerns, reduce stress and successfully balance your work and home life. It can help you discover the assets to resolve issues with:

- **Alcohol and other drug abuse**
- **Family**
- **Kids**
- **Depression**
- **Time and stress management**
- **Relationships**
- **Conflict management**
- **Anxiety**
- **Finances**
- **Health**
- **Work performance**

A licensed team of professional counselors provide EAP services. Psychiatric and psychological evaluations are not covered.

Alternative format of this information is available upon request.



What about confidentiality?

Confidentiality is an essential component to the success of the program. Employee requests for information and attendance are held in strict confidence, and are so important to us. Your confidentiality is protected within confines of applicable state and federal laws. Employee job security and advancement are not impacted by seeking help.

What about costs?

EAP services are provided at no cost to you. If a referral outside EAP is recommended, you would be responsible for those costs. Whenever possible, referral options will be coordinated with your health insurance benefits.

How do I get involved?

To learn more or schedule an appointment, call 850-431-5190 or 877-501-0956 (toll free).

What if I have a problem that really isn't affecting my work, but I still need help?

Please call. This could be the best way to prevent your concern from affecting your job. It certainly may help you find a quicker solution and to be proactive instead of reactive.

FREQUENTLY ASKED QUESTIONS

FREQUENTLY ASKED QUESTIONS



Q. *As a new employee, when do I sign up for benefits?*

A. New employees **must** enroll in the program within the first 30 calendar days of employment. New employees need to make an appointment with a qualified enrollment counselor at Rogers, Gunter, Vaughn Insurance Agency. A “benefit start date” will be given by the enrollment counselor at the end of your enrollment session. ***Failure to keep the appointment could result in the loss of benefits coverage until the next open enrollment period.***

Q. *What is Open Enrollment?*

A. Open enrollment is a period of time when employees are given the opportunity to make changes to benefits which have been elected the prior plan year. Open enrollment only happens once a year, usually late July to mid August, for an October 1st effective date, and is mandatory or non-mandatory. **MANDATORY ENROLLMENT** requires all employees (except hourly and OPS) to see an enrollment counselor to enroll in benefits for the upcoming fiscal year. *Annual Program Based Teachers may enroll in the benefits program.* **NON-MANDATORY ENROLLMENT** is at the discretion of the employee to self-enroll, see an enrollment counselor to update the elections they selected for the previous plan year, or do nothing. If no changes are made during open enrollment, benefits from the previous plan year will roll over to the new plan year. If you have medical and/or dependent care reimbursement and it is a non-mandatory enrollment year, you must update your reimbursement information. It will not roll over to the new fiscal year!

Q. *What happens if I miss the Open Enrollment period?*

A. Failure to see an enroller during mandatory enrollment will result in the employee not having coverage. If a new employee fails to enroll during the first 30 days of employment, they will not have coverage and will not be able to enroll until the next open enrollment. The only time a change can be made is within 30 days of a “qualifying status change”. Contact the Benefits Office with any questions regarding qualifying status changes.

Q. *What is a Section 125 Flexible Benefits Plan?*

A. It is a benefit plan, sometimes called a cafeteria plan, which allows you to choose tax-free benefits from a “menu” of items. The premiums for the benefits you choose are paid through a salary reduction agreement. Salary reduction means that you are able to pay for benefits with “pre-tax” dollars. This means you do not pay FICA or withholding taxes on the dollars used to “purchase” benefits.

Q. *What benefits are available under the Flex Plan?*

A. You may chose from the benefits listed below which best fit you and your family's needs:

Premium Accounts

- I. Medical
- II. Dental
- III. Cancer/Intensive Care
- IV. Accident Insurance
- V. Critical Illness
- VI. Vision
- VII. Medical and/or Dependent Care Reimbursement

Q. *Who is eligible for benefits?*

A. Employees working at least 20 hours per week per LESPA contract, and 17.5 hours per week per LCTA and Local 1010 contracts, **in a regularly established position**, are eligible for all benefits listed above. Those employed as "hourly-as-needed" teacher, teaching at least 18.5 hours per week in a program that is continuing from year to year, are eligible for benefits.

Q. *Are employees automatically covered under the Flex Plan?*

A. **No.** An employee must enroll in the Flex Plan to participate. All eligible employees must contact a benefits counselor at Rogers, Gunter, Vaughn to enroll. If an employee does not want any benefits, they are still required to see a benefits counselor to complete the form to designate a beneficiary for the \$30,000 life insurance provided by Leon County School Board.

Q. *After enrolling, when will benefits be effective?*

A. Benefits are effective the first day of the month following your first payroll deduction. In some cases, the employee may have a double deduction to catch up benefits premiums. That deduction will depend on the employee's pay type and the timing of the paycheck received. If you are not sure of your pay type, your site contact, in most cases the Executive Secretary or School Financial Accountant, can assist you.

Q. *Can benefit elections be changed during the year?*

A. An employee cannot change their election during the plan year unless the change is the result of one of the qualifying events described below. An employee will have 30 calendar days from the date of the change to notify the Benefits Office. **It is the employee's responsibility to provide documentation for any status change!** Benefit changes will not be made if notification of a qualifying events is received after the 30 days. The employee will have to wait until the next Open Enrollment to make changes.

Q. *What are considered Qualifying Events?*

A. Marriage or Divorce of an employee.

- Death of an employee's spouse or dependent.
- Birth or adoption of a child by the employee.
- A change in employment status of the employee, spouse, or covered dependent (i.e. termination, beginning new employment, change from full-time to part-time or part-time to full time, or taking an unpaid leave of absence).
- The cost of insurance changes, or health insurance coverages changes or stops during the Plan Year.

Q. *What happens to my benefits if I am on an unpaid leave of absence?*

A. If you are on Family Medical Leave, the Board will continue to pay its portion of the health insurance for up to 12 weeks. You will be required to pay your portion.

- Other unpaid leaves require that you pay the entire portion (the Board and employee's portion) of the premium for the duration of your leave.
- You are responsible for the entire premium for all other benefits (life, dental, cancer, etc.).

Failure to pay for any insurance benefit will result in termination of your benefits!

Employees are responsible for contacting the Benefits Office to make arrangements to pay premiums while on a leave of absence. It is also the employee's responsibility to notify the Benefits Office when they return from a leave of absence. Failure to notify the Benefits Office of the return to work may result in the continued deactivation of payroll deductions.

Q. *Can benefits be terminated?*

A. Benefits under the plan that are described in this booklet can terminate if:

- An employee terminates.
- The policy terminates.
- The provider goes out of business.
- The appropriate contribution is not made for any reason (i.e. on leave).
- Leon County School Board amends or terminates the Plan.

Q. *Who qualifies as a dependent?*

A. An employee's natural child, step-child, or legally adopted child.

- Employee's legal spouse.
- A child for whom the employee has established legal guardianship.

Eligibility for a dependent child ceases at the end of the calendar year the child turns 26 years old for Capital Health Plan and 30 years old for Florida Blue. It is the employee's responsibility to notify the Benefits Office, within calendar 30 days, that their child no longer qualifies as a dependent. Failure to do so could result in paying a higher premium for the remainder of the calendar year.

Capital Health Plan has an option for dependents to continue coverage until age 30 by completing an application and paying an extra premium. The requirements for an overage dependent differs for dependents over the age of 26. The child must be:

- Unmarried and have no dependents of their own.
- A resident of Florida.
- Have no other coverage.
- Ineligible for Medicare.

For more information on dependents over 26, please contact the Benefits Office.

Q. *What impact does tax-free benefits have on my Social Security and Florida Retirement System (FRS)?*

A. Over time, paying less Social Security could slightly reduce your Social Security retirement or disability benefits. However, the impact is very minimal and the taxes you save over the years more than offset the slight reduction you might see at retirement. Your benefits from FRS are not affected in any way by your participation in the Flex Plan because these benefits are calculated on "gross" salary.

Important information is distributed through the U.S. mail, both from the School Board, and from the providers. It is the employee's responsibility to update their personal information with Leon County Schools Human Resources Department and with the benefit providers.



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
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) 487-7207
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

LEON COUNTY SCHOOL BOARD

2017-2018



Rocky Hanna
Superintendent



Georgia "Joy" Bowen
Chair
District 5



Alva Striplin
Vice Chair
District 1



Roseanne Wood
District 2



Maggie Lewis-Butler
District 3



DeeDee Rasmussen
District 4