INSURANCE BENEFITS

For Plan Year

October 1, 2018 through September 30, 2019

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



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WHO TO CONTACT

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Deborah Hunt ACSRL, GBA

Employee Benefits Service Leader (850) 386-1111

Allen Hattaway
ACSRL

Account Manager (850) 386-1111

Benefits Contacts

Bencor (888) 258-3422

Capital Health Plan

(850) 383-3311 Group #00009

Memberservices@chp.org

www.capitalhealth.com

Avesis Vision (customer service)

800-828-9341

7 a.m.—8 p.m. EST

Group #30790-1886

www.avesis.com

Florida Combined Life (Dental)

(888) 223-4892

Group #25-E0680-00 (standard)

#25-E0679-00 (high)

#25-Y0173-00 (plus)

www.floridabluedental.com

Standard Life

(Life, AD&D, and Long Term Disability)

888-937-4783

Group #164520

www.standard.com

Florida Blue (877) 352-2583

Group #78116

www.floridablue.com

Colonial (800) 325-4368

Group #E4428298

Group Cancer

Group Voluntary Critical Care

Voluntary Accident

Voluntary Whole Life

Short Term Disability

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

Life Lock (800) 543-3562

Group #E000

www.lifelock.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 - Avesis 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 2018 and benefits effective October 1, 2018. The last deduction will be June 2019 with benefits ending September 30, 2019.

CAPITAL HEALTH PLAN CAPITAL SELECTION PLAN

Types of Coverage	Employee Contribution	Board Contribution
Individual	\$146.29	\$585.17
Two Person	\$599.84	\$899.77
Family	\$848.58	\$1,272.86
Family/ 2 LCSB employees*	\$292.58	\$1,828.86
	Deducted from primary	
Overage Dependent Coverage	\$804.61	

- 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 8-10 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 Capital Selection Benefits Summary 2018-19.

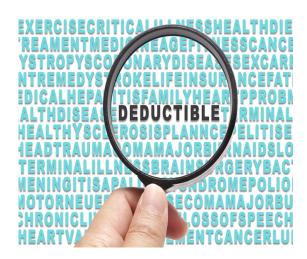
CAPITAL HEALTH PLAN VALUE SELECTION PLAN

Types of Coverage	Employee	Board
Individual	\$30.00	\$516.12
Two Person	\$219.86	\$899.77
Family	\$311.03	\$1,272.86
Family/ 2 LCSB employees*	\$60.00 Deducted from primary	\$1,523.89
Overage Dependent Coverage	\$600.73	

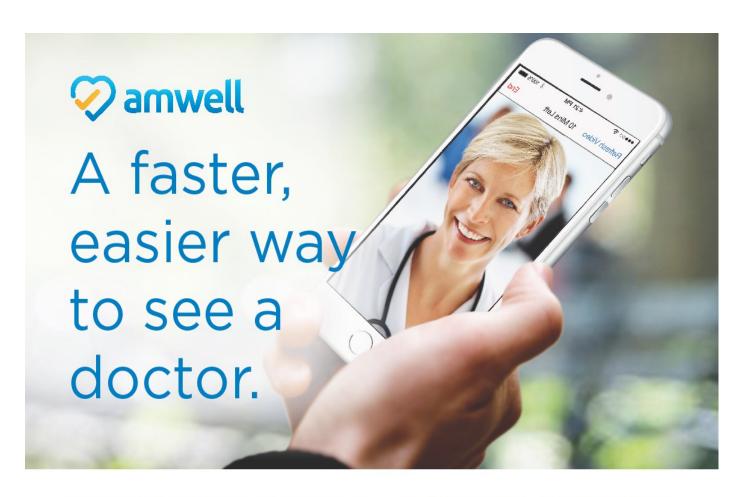
The CHP Value Selection Plan offers many of the same benefits as the Capital Selection Plan with a few differences:

- 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 8-10 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 2018-19.



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



2016.06.00

FAQs



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 Andriod 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*.

2016.06.002

^{*} 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	\$378.21	\$585.17
Two Person	\$1,393.08	\$899.77
Family	\$1,732.86	\$1,272.86
Family/ 2 LCSB employees*	\$756.42 Deducted from primary	\$2,249.30

- 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 13-15).
- 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 Options Plan 3559 Benefits Summary 2018-19.

FLORIDA BLUE 5172/5173 PLAN

Types of Coverage	Employee Contribution	Board Contribution
Individual (Plan #5172)	\$30.00	\$552.53
Two Person (Plan #5173)	\$486.68	\$899.77
Family (Plan #5173)	\$548.65	\$1,268.86
Family/ 2 LCSB employees*	\$60.00 Deducted from primary	\$1,757.51

- 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 <u>out-of-pocket</u> (MOOP) of \$10,000 for <u>out-of-network</u> 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. (See pages 13-15)





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.

Member 63490-0210R E

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 FinessCoach.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 BeltoneTM offer big discounts on eligible products and services, including

Staying healthy just got less expensive



Information and support for employees, their family

Eldercare

- Through SeniorlinkTM, 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.

<u>Documentation for all married couples will be required.</u> <u>Documentation for all children being</u> <u>added will also be required.</u>

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 <u>Healthcare Program</u> occurs once each year in August for an October 1 effective date.

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

<u>Florida Blue</u> – 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. <u>Your LCSB Benefits FlexPlan WILL NOT be changed if there is no notification or if notification of family status change is untimely.</u>

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

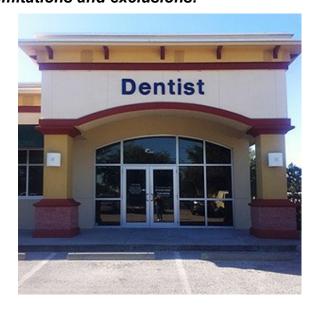
Dental Options

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 Combined Life.

	Plu		Option**	**		High	Option	***		Standa	rd Op	tion***
Financial Features	In-No	etwork	Out-of-Ne	etwork	In-Network Out-o		ut-of-Netwo			Out-of- Network		
Deductible (Basic & Major Services Only)												
Per Person Per Calendar Year	\$	50	\$50)	\$5	0	\$5	50	\$5	50		\$50
Per Family Per Calendar Year	\$^	150	\$150	0	\$15	50	\$1	50	\$1	50	:	\$150
In-Network deductible credits apply to Out- of-Network deductible and Out-of-Network deductible credits apply to In-Network deductible.												
Coinsurance *	<u>We</u> Pay	You Pay	<u>We</u> Pay	You Pay	<u>We</u> Pay	You Pay	<u>We</u> Pay	You Pay	<u>We</u> Pay	You Pay	<u>We</u> Pay	<u>You</u> <u>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)		Pre	ventative			Prevent	ative			Preve	ntative	
Bitewing X-ray		Preventative		Preventative			Preventative					
Prophylaxis (Cleanings) – Adult/Child Fluoride Treatment (Child Only)			Preventative Preventative		Preventative Preventative			Preventative Preventative				
Office Visits		Preventative		Preventative			Preventative					
X-rays – Intraoral/Complete Series / Panoramic		Pre	ventative		Preventative			Preventative				
Sealants Amalgam Restorations (Silver Fillings)			Basic Basic		Basic Basic			Basic Basic				
Resin-Based Restorations (Anterior and Posterior)			Basic		Basic			Basic				
Extractions (Routine & Surgical)			Basic					Basic				
Root Canal Therapy Periodontal Treatment			Basic Basic		Basic Basic					asic asic		
Crowns			Basic			Basi	c		Basic			
Osseous Surgery Complete Dentures			Basic Major		Basic Major			Basic Major				
Partial Dentures			Major		Major			Major				
Fixed Partial Dentures (Bridges) Surgical Placement of Implant Body/			Major Major		Major Major			Major Major				
Endosteal Implant Implant Supported Porcelain Fused to Metal Crown (Titanum, High Noble			Major		Major			Major				
Metal)			Major			Majo					ajor	
Orthodontia Services Orthodontia Lifetime Maximum			Insureds 1,000			All Insu \$1,00				No	one	
BlueDental Pays Benefit Waiting Period			50% None		50% None							
Waiting Period: (Major Services)			None		None				None			
vioca)												
Calendar Year Maximum Per Person	\$1,250		\$1,000				\$750					
Rollover Benefits Included			Yes		Yes				Yes			
			Ves									
Procedures Performed By Specialist			Yes			Yes				Υ	es	

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 bicuspids 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 tower) 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

Avesis Vision

Effective Date: 10/1/2018 Group Number: 30790-1886 Plan Number: 150150FY1

Vision Care Services	In-Network Member Cost	Out-of-Network Reimbursement
Vision Examination (Includes Refraction) Contact Lens Fit and Follow-up	Covered in full after \$10 copay	Up to \$35
Standard Contact Lens Fitting Custom Cor Fitting	ntact Lens Up to \$50 member out-of-pocket maximum Up to \$75 member out-of-pocket maximum	N/A N/A
Materials*	\$15 copay (Materials copay applies to frame or spectacle lenses, if applicable	e.)
Frame Allowance (Up to 20% discount above frame allowance.)	\$150 allowance	Up to \$50
Standard Spectacle Lenses		
Single Vision	Covered in full after \$15 copay	Up to \$25
Bifocal	Covered in full after \$15 copay	Up to \$40
Trifocal	Covered in full after \$15 copay	Up to \$50
Lenticular	Covered in full after \$15 copay	Up to \$80
Preferred Pricing Options		
Level 1 Option Package		
Polycarbonate (Single Vision/Multi-Focal)	\$40/\$44 (Covered in full up to age 19)	N/A (Up to \$10 for ages up to 19)
Standard Scratch-Resistant Coating	\$17	N/A
Ultra-Violet Screening	\$15	N/A
Solid or Gradient Tint	\$17	N/A
Standard Anti-Reflective Coating	\$45	N/A
Level 1 Progressives	\$75	Up to \$40
Level 2 Progressives	\$110	Up to \$40
All Other Progressives	\$50 allowance + 20% discount	Up to \$40
Transitions ® (Single Vision/Multi-Focal)	\$70/\$80	N/A
Polarized	\$75	N/A
PGX/PBX	\$40	N/A
Other Lens Options	Up to 20% discount	N/A
Contact Lenses†		
(in lieu of frame and spectacle lenses) Elective (10% discount on amount exceeding allowance) Medically Necessary	\$150 allowance Covered in full	Up to \$128 Up to \$250
· · · · · · · · · · · · · · · · · · ·		Onatima lifatima \$150
Refractive Laser Surgery (LASIK)	Onetime/lifetime \$150 allowance Provider discount up to 25%	Onetime/lifetime \$150 allowance

Frequency

Eye ExaminationOnce every 12 monthsRates (Based on 10 Months)Lenses or contact lensesOnce every 12 monthsFrameOnce every 12 months

*Discounts are not insured benefits.

Employee Only \$7.84

Employee + Dependent \$15.24

†Prior authorization is required for medically necessary contacts. Employee + Family \$22.38

www.avesis.com Customer Service: 800-828-9341 7 a.m.-8 p.m. EST LASIK Provider 877-712-2010

<u>Using Out-of-Network Providers</u>

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

Limitations and Exclusions

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

Limitations:

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

Exclusions:

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

Orthoptics or vision training;

Subnormal vision aids and any supplemental testing, aniseikonic lenses;

Plano (non-prescription) lenses, sunglasses;

Two pair of glasses in lieu of bifocal lenses;

Any medical or surgical treatment of eye or supporting structures;

Replacement of lost or broken lenses, contact lenses or frames, except when the member is normally eligible for services;

Any eye examination or corrective eyewear required by an employer as a condition of employment and safety eyewear;

<u>Services or materials provided as a result of Workers' Compensation Law, or similar legislation, required by any governmental agency whether</u>

Federal, State, or subdivision thereof.

Services or materials provided by any other group benefit plan providing vision care.

Refractive Surgery Vision Benefit Exclu-

sions: Benefits are not payable for any of

the following:

1) Routine vision examinations or corrective vision materials, including corrective eyeglasses, fittings, lenses, frames, or contact lenses; or

Medical or surgical procedures, services, or treatments:

not specifically covered under this Rider;

provided free of charge in the absence of insurance

payable under any Workers' Compensation law or similar statutory authority

payable under governmental plan or program, whether Federal, state, or subdivisions thereof.

Refractive Surgery Vision Benefit Exclu-

sions: Benefits are not payable for any

of the following:

Routine vision examinations or corrective vision materials, including corrective eyeglasses, fittings, lenses, frames, or contact lenses; or

Medical or surgical procedures, services, or treatments:

not specifically covered under this Rider;

provided free of charge in the absence of insurance

payable under any Workers' Compensation law or similar statutory authority

payable under governmental plan or program, whether Federal, state, or subdivisions thereof.

Termination Provisions

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

Notes and Disclaimers

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

Download Our Mobile App









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.

•	Care Sample Rate with Subsequent eening Benefit		Appli	cable to policy forms C	GCC1.0-P & GCC1.0-	
Non-Tobacco R	ates					
COVERAGE	ISSUE AGE	SUE AGE NAMED INSURED EMPLOYE SPOUS			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 On/Off-Job Accident (Applicable	e to policy forms ACCIDE	NT 1.0-HS
	Prefe	erred with Health Scree	ening	
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 Rate	25	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	t Age 65	Paid-Up a	it 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 a	t 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	45 \$80.88		\$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 comingled. 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 FSAwork?

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.

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.

DCA Contribu- tion	Annual Tax Sav- ings*
\$2,500	\$766
\$3,500	\$1,073
\$5,000	\$1,532
	\$2,500 \$3,500

^{*}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.

STANDARD LIFE

GROUP TERM LIFE INSURANCE

The Board provides \$30,000 of life insurance for each employee at no charge. Standard Life provides this Basic Group Coverage.

Employees may purchase additional term life insurance for themselves, their spouse and their children through Standard Life. New employees may purchase up to \$150,000 with no underwriting. An employee can purchase up to \$50,000 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

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

occurs first.

Employee: You may purchase coverage in units of \$10,000 to a maximum of \$150,000 without medical evidence of insurability for this year only or within 30 calendar days of your date of hire. 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 in units of \$5,000 to a maximum of \$50,000 without evidence of medical insurability for this year only or within 30 calendar days of your date of hire. 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

Death &

Employee: You may purchase coverage in units of \$10,000 to a

maximum of \$250,000.

(VAD&D)

Spouse: You may purchase coverage for your eligible spouse in units of **Dismemberment** \$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 Standard Life's insurance products. This is not an insurance policy and only the actual provisions of an issued policy control. Standard Life's policies set forth the rights and obligations of covered persons and Standard 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.

Voluntary Long Term Disability (VLTD)

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.

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 Standard Life's insurance products. This is not an insurance policy and only the actual provisions of an issued policy control. Standard Life's policies set forth the rights and obligations of covered persons and Standard 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.

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





LifeLock | 1-800-607-9174

Enroll in LifeLock Identity Theft Protection

In today's world of online shopping, using public Wi-Fi and giving out Social Security numbers as a form of ID, our personal information can be exposed. Unfortunately, free credit monitoring simply alerts you to credit issues. LifeLock not only has proprietary technology to detect a range of identity threats, if you do have an identity theft problem, our U.S.-based team of Identity Restoration Specialists can help fix it. It pays to have the comprehensive protection of LifeLock.







HOW TO ENROLL

- Enroll through your employer during benefits enrollment.
- Provide the name, Social Security number, date of birth, address, email and phone number for you and each dependent you wish to enroll.
- Your LifeLock coverage will begin upon your benefit effective date.
- · You will receive a welcome email from LifeLock with instructions on how to take full advantage of your LifeLock membership.



No one can prevent all identity theft.

**LifeLock does not monitor all transactions at all businesses.

**Phone alerts made during normal local business hours.

**Based on an online survey of 5,389 U.S. adults conducted for Symantec by The Harris Poll, January 2018.

**Based on an online survey of 540 U.S. adults who experienced ID theft in 2017, conducted for Symantec by The Harris Poll, January 2018.

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When a threat is detected[†], LifeLock notifies members by phone[§], text or email.

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.tsacq.com/ for additional information.



TAX-SHELTERED ACCOUNTS

850-893-9057(O)

or 404-307-2565

850-597-6395

or 1-800-396-3420

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.

Susan Fristoe Phone: 850-320-6245 Greg Parsons Phone: 850-298-4322

MetLife VOYA

259 John Knox Road 1106 Thomasville Road
Tallahassee, FL 32303 Tallahassee, Florida 32303
sfristoe@financialguide.com tsa4ugp@gmail.com

Monique H. Kabitzke Phone: 850-297-0781 Jerry Walberg Phone: 850-386-5457(H)

VALIC Oppenheimer Mutual Funds

825 Thomasville Road 325 John Knox Rd, C116
Tallahassee, FL 32303 Tallahassee, FL 32303
monique.kabitzke@valic.com jerrywalberg@aol.com

Scott Olson Phone: 850-385-7159 Kathryn (Susie) Bunker Phone: 229-560-1234

Pacific Life Insurance Company National Life Group

Olson Insurance & Financial Services

249 John Knox Road

Tallahassee, Florida 32303

ValuTeachers

5340 W. Crème Court

Dunnellon, FL 34433

solson@olsonfinancial.com <u>sbunker@ValuTeachers.com</u>

Karen Burnett Phone: 816-340-4473 Richard Rush Phone: 800-874-6910 x2332

American Century or 1-800-345-3533 VP, Business Development Officer 4500 Main Street Plan Member Services

Kansas City, MO 64141 6187 Carpinteria Ave.
Web:www.americancentury.com/florida Carpinteria, CA 93013
rrush@planmembersec.com

Morgan "Trey" Laffitte, III, CFP®, RICP® Phone: 850-553-3389 Greg Majors Phone: 850-830-5139

Prudential Plan Member Services

281 Pinewood Drive 1299 US Hwy 90 W
Tallahassee, Florida 32303 Defuniak Springs, Florida 32433 gregma-

diamasses, rorida 5255

Trey.Laffitte@Prudential.com jors@planmembersec.com

Brandie Hosford-Hunter Phone: 850-320-6245 Grant McMahon Phone: 850-893-9535

MetLifeAXA/Equitable259 John Knox Road1925 Buford Blvd.

Tallahassee, Florida 32303 Tallahassee, Florida 32308

brandie.hunter@financialguide.com Grant.mcmahon@axa-advisors.com

Travis Payne Phone: 407-415-2022 Joseph Lauro Phone: 850-297-0780

Plan Member Services VALIC

travis@rpaeducator.com <u>joseph.lauro@valic.com</u>

Steven Smitten Phone: 813-373-8883 David Van Leuven Phone: 850-385-3578

Security Benefit National Life Group

6936 W. Linebaugh Ave., Suite 101 1615 Village Square Blvd., Suite 5
Tampa, Florida 33625 Tallahassee, Florida 32309
Steven.smitten@abmmfinancial.com benefitplanning@wmdallc.com

Phone: 229-896-3436 Jean Christie Terry Moore Phone: 229-403-1623

AXA /Equitable

VOYA 125 South Burwell Avenue

1925 Buford Blvd. Adel, Georgia 31620 Tallahassee, Florida 32308 t.moore@rcnadvisors.com jean.christie@axa-advisors.com

Granville Knowles Phone: 1-888-616-5333 George "Buddy" Roberts Phone: 850-668-0266 ext. 103 850-528-4693 Security Benefit

Security Benefit

113 E. College Ave., Suite 210 2933 Kerry Forest Parkway Tallahassee, Florida 32301-7703 Tallahassee, Florida 32309 gknowles@radiantwealthllc.com buddy@winchesterfinancial.com

Ryan Ewart Phone: 386 402 7811 Junior Dees Phone: 229-896-3436

VOYA

VOYA

Anders & Anders Financial Group, Inc. 125 South Burwell Avenue 505 Canal St. New Smyrna Beach, Fl 32168 Adel, Georgia 31620 ryane@andersfinancialgroup.com j.dees@rcnadvisors.com

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 <u>within the first 30</u> <u>calendar days of employment.</u> 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:

<u>Premium Accounts</u>

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

Deana McAllister, Labor and Relations Equity Coordinator (Employees) (850) 487-7207 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 2018-2019



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