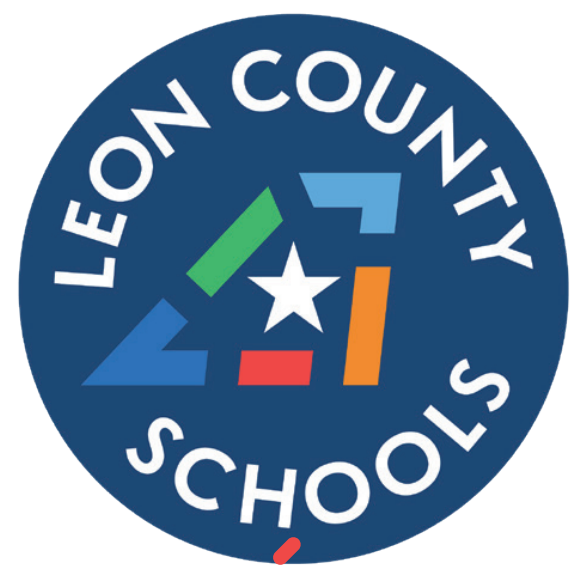


2024-25

BENEFITS GUIDE



HEALTH • FINANCIAL • WORK-LIFE

October 1, 2024 - September 30, 2025

Welcome

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

Eligibility

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

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

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

Eligible family members include:

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

When Coverage Begins

- ▶ **New Hires:** You must complete the enrollment process within 30 days of your date of hire. Benefits are effective the 1st day of the month following your first paycheck that must include at least 5 working days in the pay period from date of hire.
- ▶ If you fail to enroll on time, you will **NOT** have benefits coverage (except for Board paid life) until you enroll during our next annual Open Enrollment period.
- ▶ **Open Enrollment:** Changes made during Open Enrollment are effective: October 1, 2024 - September 30, 2025.

Choose Carefully!

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

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

Making Changes

To change your benefit elections, you must contact HUB Enrollment Services @ leonschools.benefits@hubinternational.com or call 850-205-0234 within 30 days of the qualifying life event. Be prepared to show documentation of the event, such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to change your elections.

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

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2024 Open Enrollment

July 22- -August 16

Go to <https://www.cyclonebenefits.com/lcs>.

There, you will find detailed information about the plans available to you and instructions for enrolling.

Medical

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

Capital Health Plan HMO

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

Florida Blue PPO

These plans gives you the freedom to seek care from any provider of your choice. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a provider who participates in the network.

- ▶ The plan pays the full cost of qualified in-network preventive health care services.
- ▶ You pay the full cost of non-preventive health care services until you meet the **annual deductible**. You may also have to pay a fixed dollar amount (**copay**) for certain services.
- ▶ Once you meet the deductible, you pay a percentage of certain health care expenses (**coinsurance**) and the plan pays the rest.
- ▶ Once your deductible, copays and coinsurance add up to the **out-of-pocket maximum**, the plan pays the full cost of all qualified health care services for the rest of the year.



The following is a high-level overview of the coverage available. For complete coverage details, please refer to the Summary Plan Description (SPD).

Key Medical Benefits	Capital Health Plan Capital Selection Plan HMO \$15/ \$30/\$50	Capital Health Plan Value Selection Plan HMO \$15/\$50/\$100
	In-Network Only	In-Network Only
Deductible (per calendar year)		
Individual / Family	none / none	\$2,500 / \$5,000
Out-of-Pocket Maximum (per calendar year)		
Individual / Family	\$2,000 / \$4,500	\$4,000 / \$8,500
Covered Services		
Office Visits (physician/specialist)	\$15 / \$40 copay	\$15/ \$75 copay
Virtual Visits	\$15/ \$15 copay	\$15/ \$15 copay
Routine Preventive Care	No charge	No charge
Outpatient Diagnostic (lab/X-ray)	No charge	Preventive screening / Immunization, No charge
Complex Imaging	\$100 copay	\$250 copay*
Chiropractic Services	\$40 copay	\$75 copay*
Ambulance	\$100 copay	\$250 copay*
Emergency Room	\$300 copay / \$250 observation	\$500 copay / \$500 observation*
Urgent Care Facility	\$25 copay	\$50 copay*
Inpatient Hospital Stay	\$250 copay	\$500/admission
Outpatient Surgery	\$250 copay	Ambulatory Surgical Center : \$250 copay* ospital: \$500 copay *
RX Out-of-Pocket Maximum (per calendar year)		
Individual / Family	\$4,600 / \$8,700	\$2,850 / \$5,200
Prescription Drugs (Tier 1 / Tier 2 / Tier 3 / Tier 4)		
Retail Pharmacy (30-day supply)	\$15 / \$30 / \$50 / \$50 / \$50	\$15 / \$50 / \$100 / \$100
Mail Order (90-day supply)	\$45 / \$90 / \$150	\$45 / \$150 / \$300

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

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

1 Dependent children covered until end of year they turn 26

Medical (Continued)

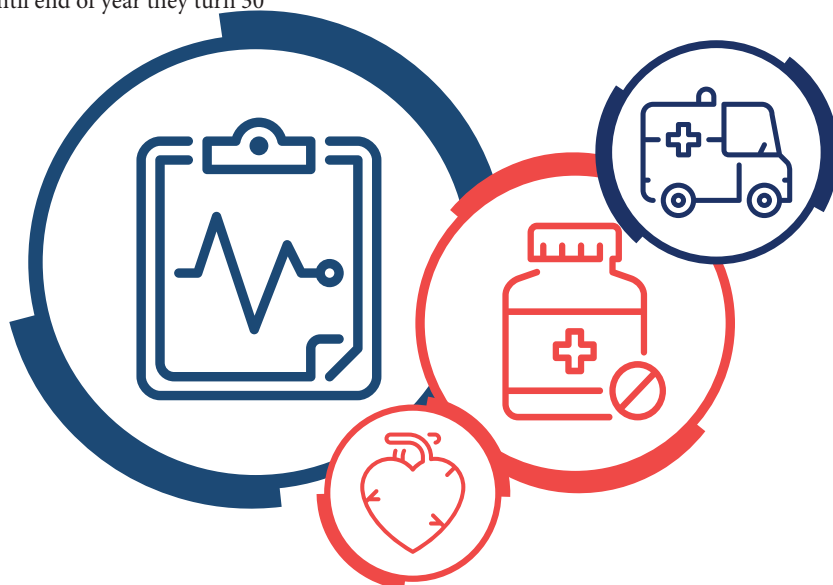
The following is a high-level overview of the coverage available. For complete coverage details, please refer to the Summary Plan Description (SPD).

Key Medical Benefits	Florida Blue Blue Options Plan 03559 PPO		Florida Blue Blue Options Plan 05172 ² PPO		Florida Blue Blue Options 05173 ³ PPO	
	In-Network	Out-of-Network ¹	In-Network	Out-of-Network ¹	In-Network	Out-of-Network ¹
Deductible (per calendar year)						
Individual / Family	\$500 / \$1,500		\$3,000 / N/A	\$10,000 / N/A	\$5,000 / \$10,000	\$20,000 / \$20,000
Out-of-Pocket Maximum (per calendar year)						
Individual / Family	\$2,500 / \$7,500		\$6,550 / N/A	\$10,000 / N/A	\$6,850 / \$13,100	\$20,000 / \$20,000
Covered Services						
Office Visits (physician/specialist)	\$15 / \$30 copay	40%*	10%*	20%*	10%*	20%*
Virtual Visits	\$0 PCP/ \$30 SPEC copay	N/A	10%*	N/A	10%*	N/A
Routine Preventive Care	No charge	No charge	No charge	20%*	No charge	20%*
Outpatient Diagnostic (lab/X-ray)	No charge	40%*	10%*	20%*	10%*	20%*
Complex Imaging	\$75 copay	40%*	10%*	20%*	10%*	20%*
Chiropractic Services	\$30 copay	40%*	10%*	20%*	10%*	20%*
Ambulance	10%*	10%*	10%*	20%*	10%*	20%*
Emergency Room	\$100 copay + 10%	\$100 copay per visit + 10%	10%*	20%*	10%*	20%*
Urgent Care Facility	\$30 copay	\$30 copay*	10%*	20%*	10%*	20%*
Inpatient Hospital Stay	\$400 copay	40%*	10%*	20%*	10%*	20%*
Outpatient Surgery	10%*	40%*	10%*	20%*	10%*	20%*
Prescription Drugs (Tier 1 / Tier 2 / Tier 3 / Tier 4)						
Retail Pharmacy (30-day supply)	\$15 / \$30 / \$50	50%*	\$10* / \$50* / \$80*	In-Network Deductible + 50%	\$10* / \$50* / \$80*	In-Network Deductible + 50%
Mail Order (90-day supply)	\$30 / \$60 / \$100	50%*	\$25* / \$125* / \$200*	In-Network Deductible + 50%	\$25* / \$125* / \$200*	In-Network Deductible + 50%

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

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

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.
2. Plan 5172 is for eligible employees only
3. Plan 5173 is for eligible employee's families
4. Dependent children covered until end of year they turn 30



Voluntary Benefits

Our benefit plans are here to help you and your family live well—and stay well. But did you know that you can strengthen your coverage even further? It's true! Our voluntary benefits through The Standard Company are designed to complement your health care coverage and allow you to customize our benefits to you and your family's needs. The best part? Benefits from these plans are paid directly to you! Coverage is also available for your spouse and dependents (until the end of the year they turn 30). You can enroll in these plans during Open Enrollment—they're completely voluntary, which means you are responsible for paying for coverage at affordable group rates.

Accident Insurance

Accident insurance can soften the financial impact of an accidental injury by paying a benefit to you to help cover the unexpected out-of-pocket costs related to treating your injuries. Some accidents, like breaking your leg, may seem straightforward: You visit the doctor, take an X-ray, put on a cast and rest up until you're healed. But in reality, treating a broken leg can cost up to \$7,500¹. And it's not only broken limbs—an average non-fatal injury could cost you \$6,620 in medical bills². When your medical bill arrives, you'll be relieved you have accident insurance on your side.

Critical Illness

Most of us don't have an extra \$7,000 ready to spend—and even if we do, we don't want to spend it on medical expenses. Unfortunately, the average cost to treat a critical illness is just that: \$7,000³. But with critical illness insurance, you'll receive a lump-sum benefit if you are diagnosed with a covered condition. You can use this benefit however you like, including to help pay for: treatments, prescriptions, travel, increased living expenses and more.

Hospital Indemnity Insurance

When you or a dependent need to be hospitalized, your family deserves to focus on their well-being, not the stress of the average three-day hospital stay, which can cost you \$30,000¹. Hospital indemnity insurance can help reduce costs by paying you or a covered dependent a benefit to help cover your deductible, coinsurance and other out-of-pocket costs due to a covered hospitalization.

1. Why health insurance is important: Protection from high medical costs. HealthCare.gov
2. Average medical cost of fatal and non-fatal injuries by type in the USA, December 2019. National Library of Medicine.
3. MetLife Accident and Critical Illness Impact Study.

Dental

We are proud to offer you a choice of dental plans.

The Standard DPPO

These plans offer you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a dentist who participates in the The Standard network.

The following is a high-level overview of the coverage available.

Key Dental Benefits	Option 1 Low Plan		Option 2 Medium Plan		Option 3 High Plan	
	In-Network	Out-of-Network ¹	In-Network	Out-of-Network ¹	In-Network	Out-of-Network ¹
Deductible (per calendar year)						
Individual / Family	\$50 / \$150	\$50 / \$150	\$50 / \$150	\$50 / \$150	\$50 / \$150	\$50 / \$150
Benefit Maximum (per calendar year; preventive, basic and major services combined)						
Per Individual	\$750	\$750	\$1,000	\$1,000	\$1,500	\$1,500
Covered Services						
Preventive Services	20%	20%	No charge	No charge	No charge	No charge
Basic Services	30%	30%	20%	20%	10%	10%
Major Services	70%	30%	50%	50%	40%	40%
Orthodontia (Child & Adult)	N/A	None	\$1,000	\$1,000	\$1,000	\$1,000

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

1. Dependent children are covered until the end of the year they turn 30

Vision

We are proud to offer you a choice of vision plans.

Avesis Vision Plan

These plans give you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a provider who participates in the Avesis Vision Plan network.

The following is a high-level overview of the coverage available.

Key Vision Benefits	Avesis Base Plan		Avesis Plus Plan	
	In-Network	Out-of-Network Reimbursement	In-Network	Out-of-Network Reimbursement
Exam (once every 12 months)	\$10	Up to \$35	\$10	Up to \$35
Materials Copay	\$15 (Materials copay applies to frame or spectacle lenses, if applicable)	N/A	\$15 (Materials copay applies to frame or spectacle lenses, if applicable)	N/A
Lenses (once every 12 months)				
Single Vision	Covered in full after \$15 copay	Up to \$25	Covered in full after \$15 copay	Up to \$25
Bifocal		Up to \$40		Up to \$40
Trifocal		Up to \$50		Up to \$50
Frames (once every 12 months)	Up to \$150	Up to \$50	Up to \$150	Up to \$50
Contact Lenses (once every 12 months; in lieu of glasses)	Up to \$150	Up to \$128	Up to \$200	Up to \$170

1. Dependent children are covered until the end of the year they turn 30

Flexible Spending Accounts

We provide you with an opportunity to participate in our flexible spending accounts (FSAs) administered by Murfee Meadows. FSAs allow you to set aside a portion of your income, before taxes, to pay for qualified health care and/or dependent care expenses. Because that portion of your income is not taxed, you pay less in federal income, Social Security and Medicare taxes.

Health Care FSA

You may contribute up to \$3,200 (subject to change)¹ to cover qualified health care expenses incurred by you, your spouse and your children up to age 26. Some qualified expenses include:

- ▶ Coinsurance
- ▶ Copayments
- ▶ Deductibles
- ▶ Prescriptions and Over-the-Counter Drugs
- ▶ Menstrual Care Products
- ▶ Dental Treatment
- ▶ Orthodontia
- ▶ Eye Exams, Materials, LASIK

Child / Dependent Care FSA

You may contribute up to \$5,000 per family (subject to change)¹ to cover eligible dependent care expenses (\$2,500 if you and your spouse file separate tax returns). Some eligible expenses include:

- ▶ Care of a dependent child under the age of 13 by babysitters, nursery schools, pre-school or daycare centers
- ▶ Care of a household member who is physically or mentally incapable of caring for themselves and qualifies as your federal tax dependent

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

FSA Rules

YOU MUST ENROLL EACH YEAR TO PARTICIPATE.

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

Health Care FSA: A participant in the Health Flexible Spending Account may roll over up to \$500 of unused amounts remaining at the end of Plan Year.

Dependent Care FSA: Unused funds will **NOT** be returned to you or carried over to the following year. Funds can only be used for child/ adult care.

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

1. The IRS and your employer establish the maximum amount you may contribute. This amount is subject to change each year. See the plan documents for details.

Disability

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

Voluntary Short-Term Disability	
Provided at an affordable group rate through The Standard Company	
Benefit Percentage	60%
Weekly Benefit Maximum	\$2,000
When Benefits Begin	Option 1: 7 days Accident / Illness, Option 2: 14 days Accident / Illness
Maximum Benefit Duration	Option 1: 84 days, Option 2: 77 days
Voluntary Long-Term Disability	
Provided at an affordable group rate through The Standard Company	
Benefit Percentage	60%
Monthly Benefit Maximum	\$6,000
When Benefits Begin	After 90th day of disability
Maximum Benefit Duration	Social Security Retirement age

Life and AD&D

Life insurance provides your benefit after your death. named beneficiary(ies) with a

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

Basic Life/AD&D (Company-paid)

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

Benefit Amount	
Employee	\$30,000 Benefits reduce by 35% at age 70, by 50% at age 75, and terminate when the employee is no longer eligible or retirement (whichever occurs first)

Supplemental Life/AD&D (Employee-paid)

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

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

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

Employee Assistance Program (EAP)

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

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

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

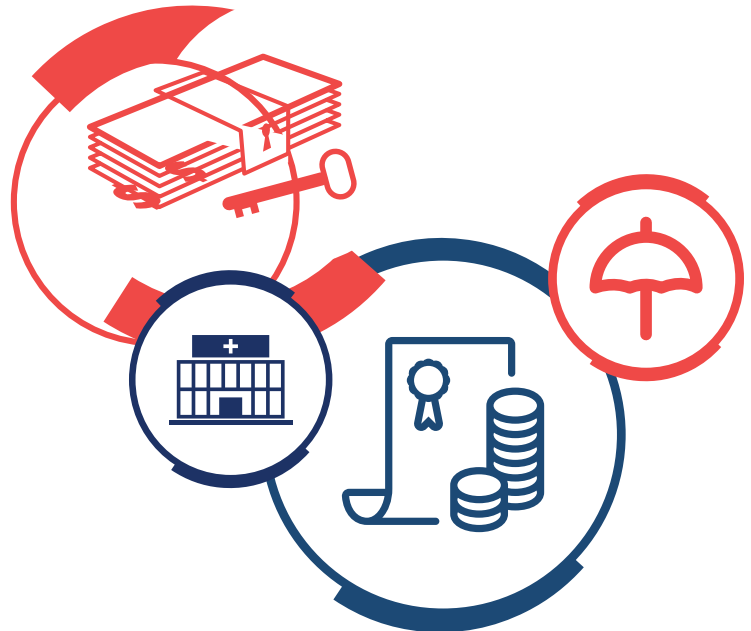
EAP Benefits

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

Valuable Extras

We also offer the following additional benefits:

- ▶ Accident
- ▶ Critical Illness
- ▶ Hospital Indemnity
- ▶ Life Benefit Term offered by CHUBB
- ▶ Life Lock



Cost of Benefits

October 1, 2024 - September 30, 2025

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

Medical

Coverage Tier	Monthly Employee Contribution			
	Capital Health Plan			
	Capital Selection Plan - 10 months	Capital Selection Plan - 12 months	Value Selection Plan \$15/\$50/\$100 10 months	Value Selection Plan \$15/\$50/\$100 12 months
Single	\$193.62	\$161.35	\$34.26	\$28.55
2 Person	\$464.70	\$387.25	\$274.06	\$228.38
Family	\$735.78	\$613.15	\$369.99	\$308.33
Family / 2 Employees	\$387.24	\$322.70	\$68.52	\$57.10
Overage Dependents	\$1,064.93	\$887.44	\$753.68	\$628.07

Coverage Tier	Monthly Employee Contribution			
	Florida Blue			
	Blue Options Plan 03559 10 Months	Blue Options Plan 03559 12 Months	Blue Options Plan 05172 /05173 10 Months	Blue Options Plan 05172 /05173 12 Months
Single	\$221.42	\$184.52	\$133.89	\$111.57
2 Person	\$669.70	\$583.08	\$409.94	\$341.62
Family	\$1,027.38	\$856.15	\$608.08	\$506.73
Family / 2 Employees	\$442.84	\$369.04	\$267.78	\$223.14

Dental

Coverage Tier	Monthly Employee Contribution					
	The Standard					
	Option 1 Low Plan 10 Months	Option 1 Low Plan 12 Months	Option 2 Medium Plan 10 Months	Option 2 Medium Plan 12 Months	Option 3 High Plan 10 Months	Option 3 High Plan 12 Months
Single	\$16.90	\$14.08	\$30.62	\$25.52	\$43.20	\$36.00
2 Person	\$33.14	\$27.62	\$60.72	\$50.60	\$84.86	\$70.72
Family	\$65.62	\$54.68	\$118.82	\$99.02	\$163.30	\$136.08

Vision

Coverage Tier	Monthly Employee Contribution			
	Avesis			
	Avesis Base Plan 10 Months	Avesis Base Plan 12 Months	Avesis Plus Plan 10 Months	Avesis Plus Plan 12 Months
Single	\$7.84	\$6.53	\$10.96	\$9.13
Employee + 1	\$15.24	\$12.70	\$21.13	\$17.61
Employee + Family	\$22.38	\$18.65	\$31.30	\$26.08

Supplemental Life/AD&D

Deductions for supplemental Life/AD&D are taken from your paycheck after taxes. Rates are available during enrollment.

Contact Information

Coverage	Carrier	Phone #	Website/Email
Medical	Capital Health Plan Member Services	850-383-3311	Memberservices@chp.org
	Florida Blue	877-352-2583	http://www.floridablue.com/
Voluntary Benefits	The Standard Company	866-851-2429	www.standard.com
Dental	The Standard	800-547-9515	http://www.standard.com/service
Vision	Avesis Vision Customer Service	800-828-9341	www.avesis.com
Flexible Spending Accounts (FSAs)	Murfee Meadows	800-600-0947	www.murfeemeadows.com
Life/AD&D	The Standard Company	888-937-4783	www.standard.com
Disability	The Standard Company	888-937-4783	www.standard.com
Employee Assistance Program (EAP)	Tallahassee Memorial EAP	850-431-5190	https://www.tmh.org/services/eap
Telehealth	Teledoc-Florida Blue Option members	800-Teladoc (800-835-2362)	www.teladoc.com
	Amwell-CHP members	855-818-3627	www.capitalhealth.com/amwell

Benefits Website

Our benefits website can be accessed anytime at :

<https://www.leonschools.net/Page/31129>

During **Open Enrollment** (July 22- August 16) for assistance with enrollment or questions about your benefits please visit <https://www.benselect.com/lcs> or contact LCS Enrollment Call Center 888-576-3721

Questions?

If you have additional questions, you may also contact: **HUB Enrollment Services** @ 850-205-0234 or email us at: leonschools.benefits@hubinternational.com



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

