# 2017-2018

# Wakulla County School Board

WAKULLA COUNTY SCHOOLS

COMMITTED TO SUCCESS

# WAKULLA COUNTY SCHOOL BOARD

69 ARRAN ROAD
POST OFFICE BOX 100
CRAWFORDVILLE, FLORIDA 32326
TELEPHONE: (850)926-0065
FAX: (850) 926-0123



Dear Employee,

It's benefit enrollment time once again and we are excited about the coming year. We recognize the importance of benefits for you and your family and that is why we are expanding available resources to assist you when considering benefit options. In addition to continuing our partnership with American Fidelity Assurance Company for open enrollment, the District has contracted with Rogers, Gunter, Vaughn Insurance Company to provide assistance during the year following open enrollment regarding any issues or concerns you may have with your health, dental, vision, or life insurance benefits. Also, the Finance and Human Resources Departments developed the following benefit guide to provide you with information about your benefit options for the new plan year, explain the enrollment and change process, and serve as a valuable resource for information about all the benefits available to you. It's a good idea to take some time to read this guide before attending open enrollment and/or completing your enrollment forms.

Your open enrollment will be for all core (Medical/Dental/Vision) plus supplementary benefits. For 2017, we are proud to continue our partnership with American Fidelity and other existing companies for the following supplementary benefits:

**Disability Income Insurance, Term Life Insurance, Accident Insurance, Cancer Insurance, and Critical Illness Insurance**

Enrollment counselors will be available throughout the open enrollment process to assist you in enrolling in all of your benefits and to answer any questions you may have. To see a complete schedule of this year's open enrollment sessions, please see page 6.

Thank you in advance for taking the time to review this benefit guide and we look forward to seeing you during open enrollment.

Sincerely,

Robert R. Pearce

Bobby Pearce,
Superintendent of Schools

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# 2017-2018 BENEFITS ENROLLMENT

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# Your Annual Enrollment

**Important Dates to Remember**

Your Open Enrollment Dates are:

August 7, 2017 - August 23, 2017

Your Plan Year is:

October 1, 2017 - September 30, 2018

Note: Changes to insurance plans will go into effect October 1st.

## Annual Open Enrollment

Each year Open Enrollment provides you an opportunity to change plans and modify dependent coverage. Your election deductions begin in September and will remain in effect through the plan year (October 1, 2017 - September 30, 2018) for your Voluntary benefits.

NOTE: If eligibility changes during the year you must notify Payroll Department within 31 days of the qualifying event.

Before you meet with your American Fidelity Representative, take time to evaluate your current coverage and decide how well it serves the needs of you and your family.

## Important Points To Consider

- Figure an estimate of out-of-pocket medical expenses. Remember that over-the-counter drugs and medicines now require a prescription to be reimbursed.
- Figure an estimate of child care expenses.
- Review your beneficiaries.
- Review American Fidelity's options of portable insurance plans that you can keep if your employment changes.
- Evaluate your need for life insurance.
- Consider increasing your Disability Income Insurance policy amount to match your current salary.

# Your Section 125 Plan

## Save Money With Section 125

If there was a program available that could dramatically save money on your taxes, would you take advantage of it? That's exactly what the Section 125 Plan does—reduces your taxes and increases your spendable income! Plus, the Plan is available to you at no cost* and you're already eligible, all you have to do is enroll.

The Plan works like this: You are allowed to deduct needed benefits from gross earnings before taxes are computed. This means that current after-tax expenses, such as insurance products and benefits, can be paid for with pre-tax dollars.

The advantage of this Plan is simple: The eligible premiums you pay under the Plan are paid on a pre-tax basis. You could be on your way to increased savings, just by signing up and taking advantage of this Plan!

## Benefits Eligible For The Section 125

Group Medical and Dental Insurance

- Accident Insurance
- Cancer Insurance
- Flexible Spending Accounts

## How Can This Plan Help Me?

The sample paycheck below shows the benefits under the Section 125 Plan compared to benefits outside of the Plan. In this example, the employee gained $55 more spendable income per month!

| Pre-Tax Example | | After-Tax Example |
|---|---|---|
| $1,500.00 | Monthly Gross Salary | $1,500.00 |
| - $150.00 | Pre-Tax Medical Insurance | $0.00 |
| - $25.00 | Pre-Tax Disability Insurance | $0.00 |
| - $25.00 | Pre-Tax Accident Insurance | $0.00 |
| $1,300.00 | Adjusted Monthly Gross Salary | $1,500.00 |
| - $260.00 | Estimated Federal Tax (20%) | - $300.00 |
| - $99.45 | Estimated FICA (7.65%) | - $114.75 |
| $0.00 | After-Tax Medical Insurance | - $150.00 |
| $0.00 | After-Tax Disability Insurance | - $25.00 |
| $0.00 | After-Tax Accident Insurance | - $25.00 |
| **$940.55** | **Take-Home Pay** | **$885.25** |

** Taxes are a sample average of State, Federal and FICA taxes. Your own average tax rate may vary.*

# How to Enroll

Wakulla County School Board makes it easy for you to enroll in your 2017 benefits. Employees can enroll on-site with your American Fidelity representative.

## Enroll On-site

See your American Fidelity's Representative during your enrollment to complete your benefit election form and discuss the options that are available to you.

## What To Bring To Your Appointment

- Driver's license.
- Bank account information (to sign up for direct deposit)
- Spouse and children's DOB and Social Security number if considering coverage for them.
- Beneficiary information, including (if a trust) full name and date of trust.

## Don't Miss It!

- Have you recently received a pay increase?
- Have you or are you planning on getting married, having children, or buying a home?
- What would happen if you were suddenly ill or disabled?

These questions and others will be addressed during your benefit consultation to make sure you are properly covered. It takes just a few moments to review your coverage and protect the welfare of you and your family.

**By enrolling on-site you can enroll in:**

- Dental Insurance
- Vision Insurance
- Group Life Insurance
- Disability Income Insurance
- Cancer Insurance
- Accident Only Insurance
- Life Insurance
- Health Flex Spending Account
- Dependent Care FSA

# Enrollment Schedule

It's time to meet with your American Fidelity Assurance Company Representative and enroll in the Section 125! You can meet with them while they visit your District. They will be happy to assist you with any questions you may have regarding your Section 125 plan and available benefits.

## Wakulla County School District Enrollment Schedule

| Site Name (if different than employer name) | Date(s) | Start time | end time | # reps for day |
|---|---|---|---|---|
| Transportation | 8/8/2017 | 7:30 AM | 4:00 PM | 2 |
| Transportation | 8/9/2017 | 7:30 AM | 4:00 PM | 2 |
| Wakulla High School | 8/7/2017 | 7:30 AM | 4:00 PM | 2 |
| Wakulla High School | 8/9/2017 | 7:30 AM | 4:00 PM | 2 |
| Wakulla High School | 8/10/2017 | 7:30 AM | 4:00 PM | 2 |
| Wakulla High School | 8/11/2017 | 7:30 AM | 4:00 PM | 2 |
| Wakulla Middle School | 8/14/2017 | 7:30 AM | 4:00 PM | 2 |
| Wakulla Middle School | 8/15/2017 | 7:30 AM | 4:00 PM | 2 |
| Riversink Elementary School | 8/16/2017 | 7:30 AM | 4:00 PM | 2 |
| Riversink Elementary School | 8/17/2017 | 7:30 AM | 4:00 PM | 2 |
| Riversprings Middle School | 8/14/2017 | 7:30 AM | 4:00 PM | 2 |
| Riversprings Middle School | 8/15/2017 | 7:30 AM | 4:00 PM | 2 |
| Crawfordville Elementary School | 8/16/2017 | 7:30 AM | 4:00 PM | 2 |
| Crawfordville Elementary School | 8/17/2017 | 7:30 AM | 4:00 PM | 2 |
| Medart Elementary School | 8/18/2017 | 7:30 AM | 4:00 PM | 2 |
| Medart Elementary School | 8/21/2017 | 7:30 AM | 4:00 PM | 2 |
| Shadeville Elementary School | 8/18/2017 | 7:30 AM | 4:00 PM | 2 |
| Shadeville Elementary School | 8/21/2017 | 7:30 AM | 4:00 PM | 2 |
| Wakulla Education Center | 8/22/2017 | 7:30 AM | 4:00 PM | 4 |
| Maintenance & Board Office | 8/10/2017 | 7:30 AM | 3:00 PM | 2 |
| Maintenance & Board Office | 8/11/2017 | 7:30 AM | 3:00 PM | 2 |
| Board Members | 8/21/2017 | 5:00 PM | | 2 |
| Food Service at Wakulla Education Center | 8/8/2017 | 7:30 AM | 4:00 PM | 2 |
| Clean Up Day | 8/23/2017 | 7:30 AM | 4:00 PM | 3 |

Any concerns or conflicts
with schedule, please contact
877-425-1104
American Fidelity Florida Branch

# INSURANCE PLANS

**Medical Plan**
**Dental Plan**
**Vision Plan**
**Group Life Insurance**
**Disability Income Insurance**
**TX Life Insurance**
**Accident Insurance**
**Cancer Insurance**
**Critical Illness Insurance**

# Medical Insurance

***Capital Health Plan***

## Wakulla County School Board
## Medical Rates

| CHP Quality Choice | | | | CHP Value Selection | | | |
|---|---|---|---|---|---|---|---|
| Plan Type | Total Cost Per Month | School Board Contribution | Employee Cost (10 pay/year) | Plan Type | Total Cost Per Month | School Board Contribution | Employee Cost (10 pay/year) |
| **Family** | **$1,774.43** | **$941.96** | **$832.47** | **Family** | **$1,516.01** | **$941.96** | **$574.05** |
| **Single** | **$739.52** | **$523.07** | **$216.45** | **Single** | **$631.81** | **$523.07** | **$108.74** |

### Rates

The Wakulla County School Board contributes $5230.70 per year for single coverage and $9419.60 per year for family coverage to our health care plan for each regular employee working twenty (20) or more hours per week. (Exception: Based on our Health Benefit Measurement Period Policy found on page 32 a temporary employee working more than 30 hours/week may become eligible for such contributions.) If an employee works less than twenty (20) hours a week (part-time employees), he/she has the option to enroll in the health care plan provided they pay the total premium.

### Cancelling a Pre-Tax Deduction

All payroll deductions which are made for Capital Health Plan medical coverage and Assurant/Sun Life Dental and Vision Insurance programs are automatically pre-taxed unless a waiver form is completed. After open enrollment, employees will not be able to cancel or change any pre-taxed payroll deductions unless certain Internal Revenue Code Requirements are met.

All changes or cancellations must be in the Payroll Office by the date listed in the "Due in County Office" section of the Payroll Reporting Salary Schedule (see page 55) for that particular paycheck date. If a change or cancellation is made after the pre-taxed deduction is deducted from your paycheck, the school board will not refund your deduction. It will be your responsibility to seek a refund from the appropriate company.

All deductions are withheld from your pay September through June. These deductions are listed on each paycheck. It is the employee's responsibility to check all paycheck deductions on a monthly basis. The School Board will not refund deduction errors after the next month's payroll has been processed.

If you are enrolled in ANY PRE-TAXED payroll insurance deduction, you WILL NOT BE ABLE TO CANCEL OR CHANGE THE DEDUCTION during the plan year, unless they meet one of the following qualifications and inform the Payroll Department within 31 days of the qualification:

marriage or divorce, the death of your spouse or a dependent, the birth or adoption of one of your children, the termination or commencement of the employment of your spouse, a change in your or your spouse's employment status from part-time to full-time, or vice-versa, the taking of an unpaid leave of absence by yourself or your spouse, a significant increase in the cost of coverage, or a significant change in health coverage of employee or spouse attributable to spouse's employment.

# Health Plan Benefits

### Health Plans Contact Directory

| Vendor | Member Services | Website |
|---|---|---|
| **Capital Health Plan** | 850-383-3311 | www.capitalhealth.com |
| **Assurant Employee Benefits - Vision** | 1-800-877-7195 | www.vsp.com |
| **Assurant Employee Benefits (Dental)** | 1-888-901-6377 | www.assurantemployeebenefits.com |
| **Florida Combined Life** | 800-333-3256 | _ |

Information will be communicated and included in this benefits guide when it is available.

# Dental Plan

***Assurant Employee Benefits***

## Wakulla County School Board
## Dental/Vision Rates
2017-18

**Rates**
**(10 pay/year)**

| | Dental High Plan | Dental Low Plan | Vision plan |
|---|---|---|---|
| Employee | $30.62 | $25.49 | $8.03 |
| Employee/Spouse | $60.41 | $50.38 | $16.06 |
| Employee/Child(ren) | $61.82 | $50.70 | $17.66 |
| Family | $91.66 | $75.59 | $25.69 |

No Board contribution is provided for the dental/vision plans.

# Quality Choice $15/$50/$100 Rx

Coverage Period: Plans beginning on or after 10/1/2017

**Summary of Benefits and Coverage:** What this Plan Covers & What You Pay For Covered Services **Coverage for:** Employee or Family | **Plan Type:** HMO

**The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately.**
**This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, at www.capitalhealth.com/sbc. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at https://www.healthcare.gov/sbc-glossary/ or call 1-850-383-3311 to request a copy.

| Important Questions | Answers | Why This Matters: |
|---|---|---|
| **What is the overall deductible?** | $ 0 | See the Common Medical Events chart below for your costs for services this plan covers. |
| **Are there services covered before you meet your deductible?** | Not Applicable | See the Common Medical Events chart below for your costs for services this plan covers. |
| **Are there other deductibles for specific services?** | No | You don't have to meet deductibles for specific services. |
| **What is the out-of-pocket limit for this plan?** | Medical : $2,000 single coverage / $4,500 family coverage<br>Pharmacy: $4,850 single coverage / $9,200 family coverage | The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met. |
| **What is not included in the out-of-pocket limit?** | Premiums, prescription drug brand additional charges, and health care this plan doesn't cover. | Even though you pay these expenses, they don't count toward the out-of-pocket limit. |
| **Will you pay less if you use a network provider?** | Yes. See www.capitalhealth.com or call 850-383-3311 for a list of network providers. | Be aware your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services. |
| **Do you need a referral to see a specialist?** | Yes. Some specialists require a referral. For a list of specialists that require a referral go to capitalhealth.com/ReferralAndAuth. | This plan will pay some or all of the costs to see a specialist for covered services but only if you have a referral before you see the specialist. |

All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

| Common Medical Event | Services You May Need | What You Will Pay | | Limitations, Exceptions, & Other Important Information |
|---|---|---|---|---|
| | | Network Provider (You will pay the least) | Out-of-Network Provider (You will pay the most) | |
| **If you visit a health care provider's office or clinic** | Primary care visit to treat an injury or illness | $15 / visit | Not Covered | ————none———— |
| | Specialist visit | $75 / visit | Not Covered | Prior authorization required for certain specialist visits. Your benefits/services may be denied. |
| | Preventive care/screening/ immunization | No Charge for covered services | Not Covered | You may have to pay for services that aren't preventive. Ask your provider if the services you need are preventive. Then check what your plan will pay for. |
| **If you have a test** | Diagnostic test (x-ray, blood work) | No Charge | Not Covered | Diagnostic tests other than x-ray or blood work may incur a cost share. |
| | Imaging (CT/PET scans, MRIs) | $250 / visit | Not Covered | Prior authorization required for certain imaging services. Your benefits/services may be denied. |
| **If you need drugs to treat your illness or condition** More information about **prescription drug coverage** is available at www.capitalhealth.com/MedCenter | Tier 1 drugs | $15/30-day supply<br>$30/60-day supply<br>$45/90-day supply<br>(retail & mail order) | Not Covered | If a generic drug is available, and a more expensive brand name drug is dispensed at the request of the member or the prescriber, the member must pay the copayment amount for the brand name drug plus pay the pharmacist 100% of the additional cost for the more expensive brand name prescription drug. This additional cost does not count towards your out-of-pocket limit. Prior authorization and or quantity limit may apply. Your benefits/services may be denied. |
| | Tier 2 drugs | $50/30-day supply<br>$100/60-day supply<br>$150/90-day supply<br>(retail & mail order) | Not Covered | Prior authorization and or quantity limit may apply. Your benefits/services may be denied. |
| | Tier 3 drugs | $100/30-day supply<br>$200/60-day supply<br>$300/90-day supply<br>(retail & mail order) | Not Covered | Prior authorization and or quantity limit may apply. Your benefits/services may be denied. |

| | | | | |
|---|---|---|---|---|
| | Specialty drugs | $100 /30-day supply | Not Covered | Limited to 30 day supply and may be limited to certain pharmacies. Prior authorization and or quantity limit may apply. Your benefits/services may be denied. |
| **If you have outpatient surgery** | Facility fee (e.g., ambulatory surgery center) | Ambulatory Surgical Center:$250 / visit<br>Hospital: $500 / visit | Not Covered | Prior authorization may be required. Your benefits/services may be denied. Cost share applies to all outpatient services. |
| | Physician/surgeon fees | $75 / provider | Not Covered | |
| **If you need immediate medical attention** | Emergency room care | $500 / visit | $500 / visit | Copayment is waived if inpatient admission occurs; however if moved to observation status an additional copayment may apply based on services rendered. |
| | Emergency medical transportation | $250 / transport | $250 / transport | Covered if medically necessary. |
| | Urgent care | Urgent care:$50 / visit<br>Telehealth :$15 / visit | Urgent care:$50 / visit<br>Telehealth :$15 / visit | Telehealth services are available through our contracted vendor in all states where telehealth services are permitted. |
| **If you have a hospital stay** | Facility fee (e.g., hospital room) | $500 / admission<br>$500 / observation | Not Covered | Prior authorization required. Your benefits/services may be denied. |
| | Physician/surgeon fees | No Charge if admitted.<br>$75 /provider for observation | Not Covered | ————none———— |
| **If you need mental health, behavioral health, or substance abuse services** | Outpatient services | $75 / visit | Not Covered | ————none———— |
| | Inpatient services | $500 / admission | Not Covered | Prior authorization required. Your benefits/services may be denied. |
| **If you are pregnant** | Office visits | $75 / visit | Not Covered | ————none———— |
| | Childbirth/delivery professional services | No Charge | Not Covered | ————none———— |
| | Childbirth/delivery facility services | $500 / admission | Not Covered | Prior authorization required. Your benefits/services may be denied. |
| **If you need help recovering or have other special health needs** | Home health care | No Charge | Not Covered | Prior authorization required. Your benefits/services may be denied. |
| | Rehabilitation services | $75 / visit | Not Covered | Limited to the consecutive 62-day period immediately following the first service date. |
| | Habilitation services | Not Covered | Not Covered | ————none———— |

| | | | | |
|---|---|---|---|---|
| | Skilled nursing care | No Charge | Not Covered | Covers up to 60 days per admission with subsequent admission following 180 days from discharge date of previous admission. |
| | Durable medical equipment | No Charge | Not Covered | Prior authorization required for certain devices. Your benefits/services may be denied. |
| | Hospice services | No Charge | Not Covered | Prior authorization required for inpatient services. Your benefits/services may be denied. |
| **If your child needs dental or eye care** | Children's eye exam | $15 / visit | Not Covered | ————none———— |
| | Children's glasses | Not Covered | Not Covered | ————none———— |
| | Children's dental check-up | Not Covered | Not Covered | ————none———— |

## Excluded Services & Other Covered Services:

**Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)**

- Acupuncture
- Bariatric Surgery
- Cosmetic surgery
- Dental care (Adult)
- Dental care (Child)
- Glasses
- Habilitation services
- Hearing aids
- Infertility treatment
- Long-term care
- Non-emergency care when traveling outside the US
- Private-duty nursing
- Routine foot care
- Weight loss programs

**Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)**

- Chiropractic care
- Routine eye care (Adult)

**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: State Department of Insurance at 1-877-693-5236, the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform or the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.cciio.cms.gov. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact the Capital Health Plan at 1-850-383-3311. You may also contact your State Department of Insurance at 1-877-693-5236 or the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform. Additionally, a consumer assistance program can help you file your appeal. Contact U.S. Department of Labor Employee Benefits Security Administration at 1-866-4-USA-DOL (866-487-2365) or www.dol.gov/ebsa/consumer_info_health.html.

**Does this plan provide Minimum Essential Coverage?** **Yes**
If you don't have Minimum Essential Coverage for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

**Does this plan meet the Minimum Value Standards?** **Yes**
If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

**Language Access Services:**
Spanish (Español): Para obtener asistencia en Español, llame al 850-383-3311, 1-877-247-6512
Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 850-383-3311, 1-877-247-6512.
Chinese (中文): 如果需要中文的帮助， 请拨打这个号码 850-383-3311, 1-877-247-6512.
Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwiijigo holne' 850-383-3311, 1-877-247-6512.

———————————*To see examples of how this plan might cover costs for a sample medical situation, see the next section.*———————————

## About these Coverage Examples:

**This is not a cost estimator.** Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

### Peg is Having a Baby
(9 months of in-network pre-natal care and a hospital delivery)

- **The plan's overall deductible** **$0**
- **Specialist *copayment*** **$75**
- **Hospital (facility) *copayment*** **$500**
- **Other *copayment*** **$0**

**This EXAMPLE event includes services like:**
Specialist office visits (*prenatal care*)
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests (*ultrasounds and blood work*)
Specialist visit (*anesthesia*)

| **Total Example Cost** | **$14,000** |
|---|---|

**In this example, Peg would pay:**

| *Cost Sharing* | |
|---|---|
| Deductibles | $0 |
| Copayments | $1,900 |
| Coinsurance | $0 |
| *What isn't covered* | |
| Limits or exclusions | $60 |
| **The total Peg would pay is** | **$1,960** |

### Managing Joe's type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)

- **The plan's overall deductible** **$0**
- **Specialist *copayment*** **$75**
- **Hospital (facility) *copayment*** **$500**
- **Other *copayment*** **$15**

**This EXAMPLE event includes services like:**
Primary care physician office visits (*including disease education*)
Diagnostic tests (*blood work*)
Prescription drugs
Durable medical equipment (*glucose meter*)

| **Total Example Cost** | **$7,500** |
|---|---|

**In this example, Joe would pay:**

| *Cost Sharing* | |
|---|---|
| Deductibles | $0 |
| Copayments | $1,400 |
| Coinsurance | $0 |
| *What isn't covered* | |
| Limits or exclusions | $55 |
| **The total Joe would pay is** | **$1,455** |

### Mia's Simple Fracture
(in-network emergency room visit and follow up care)

- **The plan's overall deductible** **$0**
- **Specialist *copayment*** **$75**
- **Hospital (facility) *copayment*** **$500**
- **Other *copayment*** **$0**

**This EXAMPLE event includes services like:**
Emergency room care (*including medical supplies*)
Diagnostic test (*x-ray*)
Durable medical equipment (*crutches*)
Rehabilitation services (*physical therapy*)

| **Total Example Cost** | **$3,100** |
|---|---|

**In this example, Mia would pay:**

| *Cost Sharing* | |
|---|---|
| Deductibles | $0 |
| Copayments | $2,000 |
| Coinsurance | $0 |
| *What isn't covered* | |
| Limits or exclusions | $0 |
| **The total Mia would pay is** | **$2,000** |

**The plan would be responsible for the other costs of these EXAMPLE covered services.**

Capital Health Plan
An Independent Licensee of the Blue Cross and Blue Shield Association

# Nondiscrimination and Accessibility Notice (ACA §1557)

Capital Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Capital Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability or sex. Capital Health Plan provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact: Member Services 1-850-383-3311 or 1-877-247-6512, TTY/TDD- 850-383-3534 or 1-877-870-8943.

If you believe that Capital Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with:

Capital Health Plan's Compliance and Privacy Officer:
2140 Centerville Place
Tallahassee, Fl 32308
Phone: Member Services 850-383-3311, 1-877-247-6512, TTY/TDD 850-383-3534 or 1-877-870-8943, Fax 850-523-7419, Email memberservices@chp.org

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, our Member Services Department is available to help you.
You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at *https://ocrportal.hhs.gov/ocr/portal/lobby.jsf*, or by mail or phone at:

U.S. Department of Health and Human
Services, 200 Independence Avenue SW
Room 509F, HHH Building
Washington, DC 20201
800–868–1019, 800–537–7697 (TDD)
Complaint forms are available at *http://www.hhs.gov/ocr/office/file/index.html*.

Have a disability? Speak a language other than English? Call to get help for free.
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Ou gen yon andikap? Ou pale yon lang ki pa Anglè? Rele pou jwenn èd pou gratis?
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Ikaw ba ay may kapansanan? Ikaw ba ay nakakapagsalita ng ibang wika maliban sa Ingles? Tumawag upang makakuha ng libreng tulong. 850-383-3311, 1-877-247-6512, TTY/TTD 850-383-3534 o sa 1-877-870-8943.

您是否是障礙人士? 您是否不會講英語? 請撥打電話以取得免費協助。 850-383-3311、
1-877-247-6512，聽障者請使用 TTY/TDD 850-383-3534 或 1-877-870-8943

**พิการหรือเปล่า? พูดภาษาอื่นที่ไม่ใช่ภาษาอังกฤษหรือเปล่า? โทรเพื่อขอความช่วยเหลือฟรี**
850-383-3311, 1-877-247-6512, TTY/TDD 850-383-3534 **หรือ** 1-877-870-8943

Quý vị có khuyết tật? Quý vị nói ngôn ngữ khác mà không phải tiếng Anh? Vui lòng gọi để được trợ giúp miễn phí.850-383-3311, 1-877-247-6512, TTY/TDD 850-383-3534 hoặc 1-877-870-8943

If you have any questions or concerns related to this, please call our Member Services Department, Monday through Friday 8 am – 5 pm at 850-383-3311 or 1-877-247-6512. State of Florida members can reach Member Services at 1-877-392-1532 from 7 am – 7 pm Monday-Friday. Medicare members please call Capital Health Plan Member Services Department at 850-523-7441 or 1-877-247-6512; October 1 – February 14: 8:00 a.m. – 8:00 p.m., seven days a week; February 15 – September 30: 8:00 a.m. – 8:00 p.m., Monday – Friday. TTY/TDD (Telecommunication Device for the Deaf) users should call 850-383-3534 or 1-877-870-8943.

Capital Health Plan contact information is located on our website: http://www.capitalhealth.com/Capital-Health-Plan/Contact-Us

Approved by Compliance Committee: 8/23/16

# Value Selection HDHP $15/$50/$100 Rx Coverage Period: Plans beginning on or after 10/1/2017
(this plan not an HSA qualifies plan)

**Summary of Benefits and Coverage:** What this Plan Covers & What You Pay For Covered Services **Coverage for:** Employee or Family | **Plan Type:** HMO

**The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately.**
**This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, at www.capitalhealth.com/sbc. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at https://www.healthcare.gov/sbc-glossary/ or call 1-850-383-3311 to request a copy.

| Important Questions | Answers | Why This Matters: |
|---|---|---|
| **What is the overall deductible?** | $2,500 single coverage<br>$5,000 family coverage | Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the policy, they have to meet their own individual deductible until the overall family deductible amount has been met. |
| **Are there services covered before you meet your deductible?** | Yes. Preventive care services are covered before you meet your deductible. Retail pharmacy prescription drugs are not subject to the deductible. | This plan covers some items and services even if you haven't yet met the annual deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible. See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/. |
| **Are there other deductibles for specific services?** | No | You don't have to meet deductibles for specific services. |
| **What is the out-of-pocket limit for this plan?** | Medical: $4,000 single coverage / $8,500 family coverage<br>Pharmacy: $2,850 single coverage / $5,200 family coverage | The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met. |
| **What is not included in the out-of-pocket limit?** | Premiums, prescription drug brand additional charges, and health care this plan doesn't cover. | Even though you pay these expenses, they don't count toward the out-of-pocket limit. |
| **Will you pay less if you use a network provider?** | Yes. See www.capitalhealth.com or call 850-383-3311 for a list of network providers. | Be aware your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services. |

| | | |
|---|---|---|
| **Do you need a referral to see a specialist?** | Yes. Some specialists require a referral. For a list of specialists that require a referral go to capitalhealth.com/ReferralAndAuth. | This plan will pay some or all of the costs to see a specialist for covered services but only if you have a referral before you see the specialist. |

All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

| Common Medical Event | Services You May Need | What You Will Pay | | Limitations, Exceptions, & Other Important Information |
|---|---|---|---|---|
| | | Network Provider (You will pay the least) | Out-of-Network Provider (You will pay the most) | |
| **If you visit a health care provider's office or clinic** | Primary care visit to treat an injury or illness | $15 / visit | Not Covered | ————none———— |
| | Specialist visit | $75 / visit | Not Covered | Prior authorization required for certain specialist visits. Your benefits/services may be denied. |
| | Preventive care/screening/ immunization | No Charge for covered services | Not Covered | You may have to pay for services that aren't preventive. Ask your provider if the services you need are preventive. Then check what your plan will pay for. |
| **If you have a test** | Diagnostic test (x-ray, blood work) | No Charge | Not Covered | Diagnostic tests other than x-ray or blood work may incur a cost share. |
| | Imaging (CT/PET scans, MRIs) | $250 / visit | Not Covered | Prior authorization required for certain imaging services. Your benefits/services may be denied. |
| **If you need drugs to treat your illness or condition** More information about **prescription drug coverage** is available at www.capitalhealth.com/MedCenter | Tier 1 drugs | $15/30-day supply<br>$30/60-day supply<br>$45/90-day supply<br>(retail & mail order) | Not Covered | If a generic drug is available, and a more expensive brand name drug is dispensed at the request of the member or the prescriber, the member must pay the copayment amount for the brand name drug plus pay the pharmacist 100% of the additional cost for the more expensive brand name prescription drug. This additional cost does not count towards your out-of-pocket limit. Prior authorization and or quantity limit may apply. Your benefits/services may be denied. |
| | Tier 2 drugs | $50/30-day supply<br>$100/60-day supply<br>$150/90-day supply<br>(retail & mail order) | Not Covered | Prior authorization and or quantity limit may apply. Your benefits/services may be denied. |

| | | | | |
|---|---|---|---|---|
| | Tier 3 drugs | $100/30-day supply<br>$200/60-day supply<br>$300/90-day supply<br>(retail & mail order) | Not Covered | Prior authorization and or quantity limit may apply. Your benefits/services may be denied. |
| | Specialty drugs | $100 /30-day supply | Not Covered | Limited to 30 day supply and may be limited to certain pharmacies. Prior authorization and or quantity limit may apply. Your benefits/services may be denied. |
| **If you have outpatient surgery** | Facility fee (e.g., ambulatory surgery center) | Ambulatory Surgical Center: $250 / visit<br>Hospital: $500 / visit | Not Covered | Prior authorization may be required. Your benefits/services may be denied. Cost share applies to all outpatient services. |
| | Physician/surgeon fees | $75 / provider | Not Covered | |
| **If you need immediate medical attention** | Emergency room care | $500 / visit | $500 / visit | Copayment is waived if inpatient admission occurs; however if moved to observation status an additional copayment may apply based on services rendered. |
| | Emergency medical transportation | $250 / transport | $250 / transport | Covered if medically necessary. |
| | Urgent care | Urgent care: $50 / visit<br>Telehealth :$15 / visit | Urgent care:$50 / visit<br>Telehealth :$15 / visit | Telehealth services are available through our contracted vendor in all states where telehealth services are permitted. |
| **If you have a hospital stay** | Facility fee (e.g., hospital room) | $500 / admission<br>$500 / observation | Not Covered | Prior authorization required. Your benefits/services may be denied. |
| | Physician/surgeon fees | No Charge if admitted.<br>$75 /provider for observation | Not Covered | ————none———— |
| **If you need mental health, behavioral health, or substance abuse services** | Outpatient services | $75 / visit | Not Covered | ————none———— |
| | Inpatient services | $500 / admission | Not Covered | Prior authorization required. Your benefits/services may be denied. |
| **If you are pregnant** | Office visits | $75 / visit | Not Covered | ————none———— |
| | Childbirth/delivery professional services | No Charge | Not Covered | ————none———— |
| | Childbirth/delivery facility services | $500 / admission | Not Covered | Prior authorization required. Your benefits/services may be denied. |

| | | | | |
|---|---|---|---|---|
| **If you need help recovering or have other special health needs** | Home health care | No Charge | Not Covered | Prior authorization required. Your benefits/services may be denied. |
| | Rehabilitation services | $75 / visit | Not Covered | Limited to the consecutive 62-day period immediately following the first service date. |
| | Habilitation services | Not Covered | Not Covered | ————none———— |
| | Skilled nursing care | No Charge | Not Covered | Covers up to 60 days per admission with subsequent admission following 180 days from discharge date of previous admission. |
| | Durable medical equipment | No Charge | Not Covered | Prior authorization required for certain devices. Your benefits/services may be denied. |
| | Hospice services | No Charge | Not Covered | Prior authorization required for inpatient services. Your benefits/services may be denied. |
| **If your child needs dental or eye care** | Children's eye exam | $15 / visit | Not Covered | ————none———— |
| | Children's glasses | Not Covered | Not Covered | ————none———— |
| | Children's dental check-up | Not Covered | Not Covered | ————none———— |

## Excluded Services & Other Covered Services:

**Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)**

- Acupuncture
- Bariatric Surgery
- Cosmetic surgery
- Dental care (Adult)
- Dental care (Child)
- Glasses
- Habilitation services
- Hearing aids
- Infertility treatment
- Long-term care
- Non-emergency care when traveling outside the US
- Private-duty nursing
- Routine foot care
- Weight loss programs

**Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)**

- Chiropractic care
- Routine eye care (Adult)

**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: State Department of Insurance at 1-877-693-5236, the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform or the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.cciio.cms.gov. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact the Capital Health Plan at 1-850-383-3311. You may also contact your State Department of Insurance at 1-877-693-5236 or the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform. Additionally, a consumer assistance program can help you file your appeal. Contact U.S. Department of Labor Employee Benefits Security Administration at 1-866-4-USA-DOL (866-487-2365) or www.dol.gov/ebsa/consumer_info_health.html.

**Does this plan provide Minimum Essential Coverage?** **Yes**
If you don't have Minimum Essential Coverage for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

**Does this plan meet the Minimum Value Standards?** **Yes**
If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

**Language Access Services:**
Spanish (Español): Para obtener asistencia en Español, llame al 850-383-3311, 1-877-247-6512
Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 850-383-3311, 1-877-247-6512.
Chinese (中文): 如果需要中文的帮助，请拨打这个号码 850-383-3311, 1-877-247-6512.
Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwiijigo holne' 850-383-3311, 1-877-247-6512.

———————————*To see examples of how this plan might cover costs for a sample medical situation, see the next section.*———————————

## About these Coverage Examples:

**This is not a cost estimator.** Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

### Peg is Having a Baby
(9 months of in-network pre-natal care and a hospital delivery)

- **The plan's overall deductible** $0
- **Specialist *copayment*** $75
- **Hospital (facility) *copayment*** $500
- **Other *copayment*** $0

**This EXAMPLE event includes services like:**
Specialist office visits (*prenatal care*)
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests (*ultrasounds and blood work*)
Specialist visit (*anesthesia*)

| **Total Example Cost** | **$14,000** |
|---|---|

**In this example, Peg would pay:**

| *Cost Sharing* | |
|---|---|
| Deductibles | $0 |
| Copayments | $1,900 |
| Coinsurance | $0 |
| *What isn't covered* | |
| Limits or exclusions | $60 |
| **The total Peg would pay is** | **$1,960** |

### Managing Joe's type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)

- **The plan's overall deductible** $0
- **Specialist *copayment*** $75
- **Hospital (facility) *copayment*** $500
- **Other *copayment*** $15

**This EXAMPLE event includes services like:**
Primary care physician office visits (*including disease education*)
Diagnostic tests *(blood work)*
Prescription drugs
Durable medical equipment *(glucose meter)*

| **Total Example Cost** | **$7,500** |
|---|---|

**In this example, Joe would pay:**

| *Cost Sharing* | |
|---|---|
| Deductibles | $0 |
| Copayments | $1,400 |
| Coinsurance | $0 |
| *What isn't covered* | |
| Limits or exclusions | $55 |
| **The total Joe would pay is** | **$1,455** |

### Mia's Simple Fracture
(in-network emergency room visit and follow up care)

- **The plan's overall deductible** $0
- **Specialist *copayment*** $75
- **Hospital (facility) *copayment*** $500
- **Other *copayment*** $0

**This EXAMPLE event includes services like:**
Emergency room care *(including medical supplies)*
Diagnostic test *(x-ray)*
Durable medical equipment *(crutches)*
Rehabilitation services *(physical therapy)*

| **Total Example Cost** | **$3,200** |
|---|---|

**In this example, Mia would pay:**

| *Cost Sharing* | |
|---|---|
| Deductibles | $0 |
| Copayments | $2,300 |
| Coinsurance | $0 |
| *What isn't covered* | |
| Limits or exclusions | $0 |
| **The total Mia would pay is** | **$2,300** |

**The plan would be responsible for the other costs of these EXAMPLE covered services.**

Capital Health Plan
An Independent Licensee of the Blue Cross and Blue Shield Association

# Nondiscrimination and Accessibility Notice (ACA §1557)

Capital Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Capital Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability or sex. Capital Health Plan provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact: Member Services 1-850-383-3311 or 1-877-247-6512, TTY/TDD- 850-383-3534 or 1-877-870-8943.

If you believe that Capital Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with:

Capital Health Plan's Compliance and Privacy Officer:
2140 Centerville Place
Tallahassee, Fl 32308
Phone: Member Services 850-383-3311, 1-877-247-6512, TTY/TDD 850-383-3534 or 1-877-870-8943, Fax 850-523-7419, Email memberservices@chp.org

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, our Member Services Department is available to help you.
You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at *https://ocrportal.hhs.gov/ocr/portal/lobby.jsf*, or by mail or phone at:

U.S. Department of Health and Human
Services, 200 Independence Avenue SW
Room 509F, HHH Building
Washington, DC 20201
800–868–1019, 800–537–7697 (TDD)
Complaint forms are available at *http://www.hhs.gov/ocr/office/file/index.html*.

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Ваши возможности ограничены по состоянию здоровья? Вы не говорите по-английски? Обратитесь за бесплатной помощью по телефону: 850-383-3311, 1-877-247-6512, TTY/TDD 850-383-3534 or 1-877-870-8943

您是残障人士吗？您不会说英语吗？请拨打电话以免费获取帮助。电话号码：850-383-3311、 1-877-247-6512；TTY/TDD（听障人士）：850-383-3534 或 1-877-870-8943

Ikaw ba ay may kapansanan? Ikaw ba ay nakakapagsalita ng ibang wika maliban sa Ingles? Tumawag upang makakuha ng libreng tulong. 850-383-3311, 1-877-247-6512, TTY/TTD 850-383-3534 o sa 1-877-870-8943.

您是否是障礙人士? 您是否不會講英語? 請撥打電話以取得免費協助。 850-383-3311、
1-877-247-6512，聽障者請使用 TTY/TDD 850-383-3534 或 1-877-870-8943

**พิการหรือเปล่า? พูดภาษาอื่นที่ไม่ใช่ภาษาอังกฤษหรือเปล่า? โทรเพื่อขอความช่วยเหลือฟรี**
850-383-3311, 1-877-247-6512, TTY/TDD 850-383-3534 **หรือ** 1-877-870-8943

Quý vị có khuyết tật? Quý vị nói ngôn ngữ khác mà không phải tiếng Anh? Vui lòng gọi để được trợ giúp miễn phí.850-383-3311, 1-877-247-6512, TTY/TDD 850-383-3534 hoặc 1-877-870-8943

If you have any questions or concerns related to this, please call our Member Services Department, Monday through Friday 8 am – 5 pm at 850-383-3311 or 1-877-247-6512. State of Florida members can reach Member Services at 1-877-392-1532 from 7 am – 7 pm Monday-Friday. Medicare members please call Capital Health Plan Member Services Department at 850-523-7441 or 1-877-247-6512; October 1 – February 14: 8:00 a.m. – 8:00 p.m., seven days a week; February 15 – September 30: 8:00 a.m. – 8:00 p.m., Monday – Friday. TTY/TDD (Telecommunication Device for the Deaf) users should call 850-383-3534 or 1-877-870-8943.

Capital Health Plan contact information is located on our website: http://www.capitalhealth.com/Capital-Health-Plan/Contact-Us

Approved by Compliance Committee: 8/23/16

# Dental Plan

*Assurant Employee Benefits*

## Wakulla County Schools

ASSURANT Employee Benefits®

## Benefit Summary

### What can these benefits do for me?

The products in this benefit plan were selected with your and your family's well-being in mind. They're an important part of your compensation package. Please take the time to review the benefits carefully to be sure you select the ones that best fit your needs.

You can learn more about these benefits and how to choose the coverage that's right for you on the following pages. Because these products are offered through your employer, premium rates may be more competitive than similar products you could buy as an individual.

### What benefits are available to me?

- **Online Advantage** to help manage your benefits.
- **Dental insurance** that offers a range of services.
- **Vision insurance** can provide access to a comprehensive eye exam that can detect other health conditions.

### How do I enroll?

1. Review the information in this booklet to see which benefits suit your needs.
2. Attend your benefits enrollment meeting.
3. Complete your enrollment form.
4. Sign and give your form to the program administrator.

*Manage your benefits with*

# Online Advantage

To help you make the most of your benefits, Assurant Employee Benefits offers you many online services at no additional charge. With a click of a mouse you have immediate access to your plan information with Online Advantage for Members.

## The information you need at your fingertips:

- View and/or print your personalized Dental ID card
- View and/or print benefit information pages (all benefits)
- View most recent dental visits and procedures
- View and/or print plan booklets
- View status of submitted claims
- Find a vision or dental network provider and/or specialist
- Access our Dental Health Center where you can ask a question, estimate the cost of service, or learn about dental issues

### How do I get started?

1. Go to www.assurantemployeebenefits.com.
2. Under Resources, go to "Login to Online Advantage".
3. Click "Register for Online Advantage"
4. All you will need is your Member ID* and date of birth.

*Your member ID may be your social security number

For more information about how Online Advantage can work for you, please visit the online demo at www.assurantemployeebenefits.com/onlineadvantage, call our Online Advantage team at 800.733.7879 extension 7600 or email onlineadvantage@assurant.com.

Online Advantage...Quick. Smart. Convenient.

# Dental Plan

**Assurant Employee Benefits**

*Choosing a healthier smile for you and your family*

ASSURANT Employee Benefits®

## Dental Insurance

### Why is dental health so important?

Regular dental care does more than just improve smiles. Along with good hygiene, it can help you and your family lower your chances of serious health problems.

- Maintaining healthy teeth and gums reduces the risk for pneumonia and chronic obstructive pulmonary disease.[1]
- Gum disease has been linked to a 50 percent rise in pancreatic and kidney cancer risk and a 30 percent increase in blood cell cancers.[1]
- Research has shown, and experts agree, that there is an association between periodontal diseases and other chronic inflammatory conditions, such as diabetes, cardiovascular disease and Alzheimer's disease.[2]

### How can I get the coverage I need?

Dental insurance offers you a convenient way to get regular dental care and can possibly prevent life-threatening health problems. And through your employer, you can get this protection at an affordable group rate.

### How do I know I'm eligible to participate in this plan?

You can participate in this plan if you are a full-time employee of the policyholder or an associated company, and work in the United States. Full-time means working 20.0 hours or more per week. Temporary or seasonal workers are not eligible.

### Key Advantages of This Plan

- **Your coverage includes our Lifetime of Smiles® program, with benefits many people prefer such as brush biopsies for the early detection of oral cancer.**
- **Your plan includes Preventive Max Waiver® which allows covered dental expenses for preventive service to not apply to the annual maximum.**
- **Assurant® Dental Network, the PPO network for your plan, includes 100,000+ unique dentists, offers you more options to help save on fees and can make your annual maximum go even further.[3]**

[1]Journal of Periodontology, January 2011. [2]American Academy of Periodontology - Website accessed June 3, 2011 http://www.perio.org/consumer/mbc.top2.htm. [3]The PPO network for your plan includes dentists contracted with Dental Health Alliance, L.L.C.® (DHA®) and dentists under access arrangements with other dental networks.

# Dental Plan

***Assurant Employee Benefits***

## How does my plan work?

Your plan covers a range of services for you and your family. Highlights of your benefits can be found below. Benefits are paid after any applicable deductible has been met, up to the annual maximum. For more specific information, please ask to see the certificate of insurance.

## Why is Dental insurance a smart choice?

Compare the annual cost of your Dental insurance with paying your dental expenses yourself:

Average charge[1] for dental procedures in TALLAHASSEE:

| | |
|---|---|
| Adult cleaning | $77 twice yearly =$154 |
| Oral examination | $40 twice yearly =$80 |
| Bitewing x-rays | $53 |
| Total annual cost for preventive care | $287 |

Other services you or a dependent may need:

| | |
|---|---|
| Fluoride treatment | $29 |
| One surface filling | $138 |
| Root canal | $964 |
| Crown | $953 |
| Gum scaling | $219 |

**10 Pay Cost for Dental Insurance***

| | High Plan | Low Plan |
|---|---|---|
| For you | $30.62 | $25.49 |
| For you and your spouse | $60.41 | $50.38 |
| For you and your child(ren) | $61.82 | $50.70 |
| For you and your family | $91.66 | $75.59 |

* Your actual cost may vary depending upon your employer's contribution toward the cost of the plan.

## How can using a network dentist help lower my costs?

You are free to use the dentist or specialist of your choice. However, when you choose a dentist in the Assurant® Dental Network, your plan's PPO network, you may save money. Using a network dentist may lower your out-of-pocket costs and can make your annual maximum go further.

The dental network for your plan includes 100,000+ unique dentists contracted with Dental Health Alliance, L.L.C.® (DHA®) and dentists under access arrangements with other dental networks. To find a dentist in your area, or to nominate your dentist to participate in our network, go to www.assurantemployeebenefits.com, select ***For Members***, then ***Find a dentist***, or call Customer Service at 888.901.6377.

## What are my plan options?

Your employer is offering you a choice of two plans. Please review the information on the next page and choose the **one plan** that best fits your needs.

# Dental Plan

***Assurant Employee Benefits***

## The High Plan

### Deductibles and maximums

- $50 annual deductible per person for in-network and $50 for out-of-network. The deductible is waived for preventive services.
- Annual maximum of $1,000 per person for in-network and $1,000 for out-of-network for you and your dependents.

### Coinsurance[1]

**In-network**

- 100% for preventive services, such as oral exams, bitewing x-rays and cleanings.
- 80% for basic services such as palliative (emergency) treatment of pain , root canals, minor periodontics and fillings.
- 50% for major services such as fixed bridges, simple extractions, complex extractions, major periodontics, oral surgery, crowns and dentures.

**Out-of-network**

- 80% for preventive services, such as oral exams, bitewing x-rays and cleanings.
- 60% for basic services such as palliative (emergency) treatment of pain, root canals, minor periodontics and fillings.
- 40% for major services such as fixed bridges, simple extractions, complex extractions, major periodontics, oral surgery, crowns and dentures.

### Waiting Periods

For a complete description of services and waiting periods please review the certificate of insurance. If you were covered under your employer's prior plan, the wait will be waived for any class of service covered under the prior plan and this plan.

- No waiting period for preventive or basic services.
- No waiting period for major services.

OR

## The Low Plan

### Deductibles and maximums

- $50 annual deductible per person for in-network and $50 for out-of-network. The deductible is waived for preventive services.
- Annual maximum of $1,000 per person for in-network and $1,000 for out-of-network for you and your dependents.

### Coinsurance[1]

**In-network**

- 90% for preventive services, such as oral exams, bitewing x-rays and cleanings.
- 70% for basic services such as palliative (emergency) treatment of pain , root canals, minor periodontics and fillings.
- 50% for major services such as fixed bridges, simple extractions, complex extractions, major periodontics, oral surgery, crowns and dentures.

**Out-of-network**

- 70% for preventive services, such as oral exams, bitewing x-rays and cleanings.
- 40% for basic services such as palliative (emergency) treatment of pain, root canals, minor periodontics and fillings.
- 30% for major services such as fixed bridges, simple extractions, complex extractions, major periodontics, oral surgery, crowns and dentures.

### Waiting Periods

For a complete description of services and waiting periods please review the certificate of insurance. If you were covered under your employer's prior plan, the wait will be waived for any class of service covered under the prior plan and this plan.

- No waiting period for preventive or basic services.
- No waiting period for major services.

## Who are eligible dependents?

Those qualified to be covered under your dental plan include your spouse and children less than age 30. See your certificate or group insurance policy for additional eligibility details.

## Get benefits information on the go! Download the app for quick access:

- My Benefits[1] – An overview of all your coverage details
- ID Card[1] – Your electronic dental ID card
- Find A Dentist – Uses your location to find a dentist nearby

This secure app is available for iPhone, iPod Touch and Android

Apple download

Android download

[1]You will need to register for Online Advantage to access these features

## Dental plan provisions, limitations and exclusions

**Benefit Adjustments**

Benefits will be coordinated with any other dental coverage. Under the Alternative Treatment provision, benefits will be payable for the most economical services or supplies meeting broadly accepted standards of dental care. If the charge for any dental treatment is expected to exceed $300, it is recommended that a dental treatment plan be submitted to Assurant Employee Benefits for review before treatment begins.

**Late Entrant**

If you apply for dental insurance more than 31 days after a covered person first becomes eligible, the person is a late entrant. The benefits for the first 12 months of coverage for late entrants will be limited as follows:

| Time Insured Continuously Under the Policy | Benefits Provided for Only These Services |
|---|---|
| Less than 6 months | Preventive Dental Services |
| At least 6 months but less than 12 months | Preventive and all Basic Dental Services |
| At least 12 months | Preventive, Basic and Major Dental Services |

We will not pay for any treatment that is started or completed during the late entrant limitation period.

For additional limitations and exclusions, as well as other details about your coverage, please see the Other Important Plan Provisions section.

**This notice only applies to small employers as defined by your state.**

This coverage does not include and is not required to include the pediatric dental essential health benefit as required under the federal Patient Protection and Affordable Care Act.

ASSURANT
Employee
Benefits®

# Other Important Plan Provisions

## Dental

Benefits are not payable for the following, unless such insurance is provided under the list of covered dental services:

Treatment or an appliance which is not dentally necessary, is experimental or temporary in nature, or does not have uniform professional endorsement, treatment related to procedures that are part of a service but are not reported as separate services, reported in a treatment sequence that is not appropriate or misreported or that represent a procedure other than the one reported, appliances, inlays, cast restorations, crowns, or other laboratory prepared restorations used primarily for the purpose of splinting, any treatment or appliance, the sole or primary purpose of which relates to the change or maintenance of vertical dimension, the alteration or restoration of occlusion, except for occlusal adjustment in conjunction with periodontal surgery or temporomandibular joint disorder provided under the adult plan, bite registration, bite analysis, attrition or abrasion, replacement of a lost or stolen appliance or prosthesis, educational procedures, including but not limited to oral hygiene, plaque control or dietary instructions, completion of claim forms or missed dental appointments, personal supplies or equipment, including but not limited to water piks, toothbrushes, floss holders, or athletic mouthguards, administration of nitrous oxide or any other agent to control anxiety, treatment for a jaw fracture, treatment provided by a dentist, dental hygienist, or denturist who is an immediate family member or a person who ordinarily resides with a covered person, an employee of the policyholder, or a policyholder, hospital or facility charges for room, supplies or emergency room expenses or routine chest x-rays and medical exams prior to oral surgery, treatment provided primarily for cosmetic purposes, treatment which may not reasonably be expected to successfully correct the person's dental condition for a period of at least 3 years, crowns, inlays, cast restorations, or other laboratory prepared restorations on teeth which do not have extensive decay or fracture and can be restored with an amalgam or composite resin filling, any treatment required directly or indirectly to diagnose or treat a muscular, neural, or skeletal disorder, dysfunction, or disease of the temporomandibular joint or its associated structures except as provided under the adult benefits, treatment for implants, implant abutments, implant supported prosthetics (crown, fixed partial denture, dentures) or any other services related to the care and treatment of the implant except as provided under the pediatric benefits, treatment for the prevention of bruxism (grinding of teeth) except as provided under the pediatric benefits, orthodontic treatment. Treatment performed outside the United States, except for emergency dental treatment (the maximum benefit payable to any person during a benefit year for covered dental expenses related to emergency dental treatment performed outside the United States is $100), treatment or appliances at which are covered under any Workers' Compensation Law, Employer's Liability Law or similar law (a person must promptly claim and notify us of all such benefits), treatment for which a charge would not have been made in the absence of insurance, treatment for which a covered person does not have to pay, except when payment of such benefits is required by law and only to the extent required by law.

**State variations can exist; please contact Assurant Employee Benefits for additional information.**

*Choosing better eyesight for you and your family*

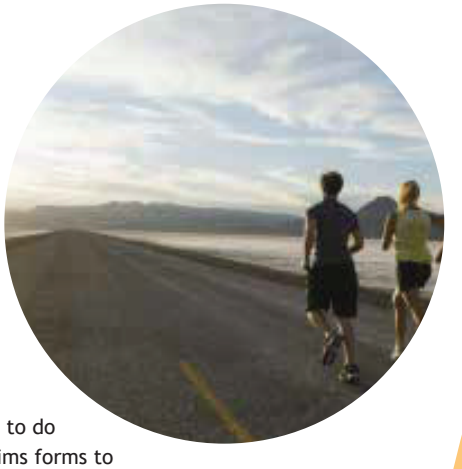
# Vision Insurance

ASSURANT Employee Benefits®

## Why is vision health important?

A good eye exam can help you improve your eyesight and your health.

- 50% of the U.S. population requires corrective lenses.[1]
- 90% of those who spend three hours or more per day working at a computer suffer from vision problems associated with eyestrain.[2]
- An eye exam can help provide early detection of major health issues[3], such as diabetes.



## How does my plan work?

You will get the most from your vision benefits by visiting a VSP doctor. VSP's Signature Network offers a wide choice of private practice optometrists, ophthalmologists and opticians. A VSP provider can be located by visiting **vsp.com** or calling VSP's Member Services department at 800.877.7195.

If you visit an in-network provider for services and materials, all you have to do is identify yourself as a VSP member to receive services. There are no claims forms to complete.

If you visit an out-of-network provider for services and materials, you'll be required to pay the full amount by that provider at that time. You can then submit a claim for reimbursement, which is a lesser benefit when compared to visiting a VSP doctor.

## How do I know if I'm eligible to participate in this plan?

You can participate in this plan if you are a full-time employee of the policyholder or an associated company. Full-time means working 20.0 hours or more per week. Temporary or seasonal workers are not eligible.

### Key Advantages of This Plan

- **Doctors who offer flexible hours and office settings.**
- **Eyewear choices we believe you'll love.**
- **Access to the largest national network[4] of private-practice eye care doctors in the industry through Vision Service Plan (VSP).**
- **No ID cards are needed.**

Sources:
1. Transitions Optical, Inc. 2009
2. American Optometric Association. Computer Vision Syndrome. Available at: HTTP://www.aoa.org/x5374.xml. Accessed March 31, 2009
3. Human Capital Management Services, Inc. May, 2005 – June, 2009
4. Netminder as of March 29, 2010

The issued policy provides vision insurance only. It does not provide basic hospital, accident or major medical coverage. Plans contain limitations, exclusions and restrictions. Plan frequencies and limitations apply. We can cancel the policy after giving the policyholder advance written notice.

# Vision Plan



## Vision Q&A

**Q. What about coverage for my family?**

A. If you elect coverage for yourself, you can elect coverage for your eligible family members. Eligible family members include your spouse and children less than age 30. See your certificate or group insurance policy for additional eligibility details.

**Q. How do I use my Vision benefit?**

A. Once enrolled, simply tell your VSP doctor you're a member and they will handle the rest.

**Q. How do I locate an In-Network VSP doctor?**

A. You get the most from your vision benefits when you visit a VSP doctor. You'll find a listing of doctors in the Signature Network at vsp.com or by calling 800.877.7195. VSP doctors offer flexible hours, a variety of office settings, and eyewear choices.

**Q. What happens if I use an Out-Of-Network provider?**

A. If you see a non-VSP provider, you'll receive a lesser benefit. Before seeing a non-VSP provider call VSP at 800.877.7195 for more details.

**Q. When will my coverage become effective?**

A. Your coverage starts on the entry date specified in the group policy, provided you are at active work on that date. Otherwise, your coverage will become effective on the day you return to full-time duties.

**You must sign up by the initial enrollment deadline, or forfeit the opportunity until the next plan anniversary date.**

## How much does Vision insurance cost?

The financial assistance that Vision insurance provides doesn't have to take a big bite out of your wallet. Review the costs below and the benefits to determine if Vision insurance is right for you.

| 10 Pay Cost for Vision Insurance* | |
|---|---|
| For you | $8.03 |
| For you and your spouse | $16.06 |
| For you and your child(ren) | $17.66 |
| For you and your family | $25.69 |

* Your actual cost may vary depending upon your employer's contribution toward the cost of the plan.

# Vision Plan

***Assurant Employee Benefits***

## What benefits does the plan offer?

| Vision Insurance Schedule | | | |
|---|---|---|---|
| Benefit | Frequency | In-Network Member Cost | Out-of-Network Benefit |
| Vision Exam - focuses on your eye health and overall wellness | Every 12 months | $10 copay | Up to $52 |
| Laser Vision Correction Discount | Once per eye per lifetime | Average 15% off the regular price or 5% off the promotional price. Available from contracted facilities. | N/A |
| Lenses<br>Single<br>Lined Bifocal<br>Lined Trifocal<br>Lenticular | Every 12 months | $25 copay<br>(lenses and frame) | Up to $55<br>Up to $75<br>Up to $95<br>Up to $125 |
| Frames | Every 12 months | $130 allowance for the frame of your choice and 20% off the amount over your allowance. | $57 |
| Elective Contact Lenses<br><br>*Contact lenses are in place of lenses and frame.* | Every 12 months | $130 allowance for a contact lens exam (fitting and evaluation) and materials. If you choose contact lenses you will be eligible for frames 12 months from the date the contact lenses were obtained. | Up to $105 |
| Visually Necessary Contact Lenses<br><br>*Available one time each benefit period.* | Visually necessary contact lenses are covered in full when specific benefit criteria are satisfied and when prescribed by a network provider.<br>$25 copay. | | Up to $210 |
| Additional Glasses and Sunglasses Discount | 30% off additional glasses and sunglasses, including lens options, from the same VSP doctor on the same day as your exam. Or get 20% off from any VSP doctor within 12 months of your last exam. | | N/A |

## Limitations, exclusions, restrictions and reductions

### Limitations

In no event will coverage exceed the lesser of:

- the actual cost of the examination or materials, or
- the limits of coverage shown in the Vision benefit details.

The allowance for lenses shown in the Vision benefit details is for two lenses. If only one lens is needed, coverage will be 50% of the allowance shown for two lenses.

Benefits will not be payable for replacement of lost or broken materials until the next eligible benefit period.

The plan is designed to cover visually necessary materials rather than cosmetic materials. When you or a covered dependent select any of the following extras, the plan will pay the basic cost of the allowed lenses, and you or the covered dependent will pay the additional costs for the options.

- Optional cosmetic processes
- Anti-reflective coating
- Color coating
- Mirror coating
- Scratch coating
- Blended lenses
- Cosmetic lenses
- Laminated lenses
- Oversize lenses
- Progressive multifocal lenses
- Photochromic lenses; tinted lenses except Pink #1 and Pink #2
- UV (ultraviolet) protected lenses
- Certain limitations may apply to low vision care benefits
- A frame that costs more than the plan allowance
- Contact lenses (except as noted in the Vision benefit details)

### General Exclusions

Covered vision expenses do not include, and we will not pay benefits for, the following:

- Orthoptic or vision training and any associated supplemental testing
- Plano lenses
- Two or more pairs of glasses (lenses and frames), in lieu of bifocals or trifocals
- Medical or surgical treatment of the eye, eyes, or supporting structures, except for laser surgery as shown under the Vision benefit details
- Materials, services or options not shown in the Vision benefit details
- Treatment or materials of an experimental nature

**State variations can exist; please contact Assurant Employee Benefits for additional information.**

**This notice only applies to small employers as defined by your state.**

This coverage does not include and is not required to include the pediatric vision essential health benefit as required under the federal Patient Protection and Affordable Care Act.

# Group Term Life Insurance



**Group Term Life and AD&D Insurance**

| | |
|---|---|
| **Eligibility:** | Active, Full-time Employees |
| **Benefit Amount GTL:** | $**50,000** |
| **Benefit Amount AD&D:** | $**50,000** |
| **Guarantee Issue:** | **$50,000** |
| **Benefit Reductions Due to Age:** | **To 65% @ 70, 45% @ 75 and 30% @ 80** and terminates when you are no longer eligible or your retirement whichever occurs first. |
| **Contribution Requirement:** | Coverage is 100% employer paid |

**Group Term Life Insurance** is designed to provide benefits to your designated beneficiary for loss of life.

**Group Term Life coverage also includes the following benefits:**

- Accelerated Benefit
- Extended Life Insurance Benefit (Waiver of Premium)

**Accidental Death and Dismemberment (AD&D)** is payable, if within 365 days of a covered accident, you suffer loss of life or dismemberment. AD&D provides protection for losses occurring on or off the job.

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

**Dependent Life Benefit:**

| | |
|---|---|
| **Spouse:** | $10,000 |
| **Child(ren):** | |
| 6 months to 30 Years: | $2,500 |
| 14 Days to 6 Months: | $1,000 |
| | *(Dependent coverage cannot exceed 50% of employee's Group Term Life coverage)* |
| Dependent | $6.12 |

# Disability Income Insurance

***American Fidelity Assurance Company***

How do you pay for your mortgage, bills, food and other monthly expenses? If your paycheck stopped today, could you maintain your current lifestyle?

American Fidelity's Disability Income Insurance is designed to help protect you if you become disabled and cannot work due to a covered Accidental Injury or Sickness.

## How the Plan Works

If you become disabled due to a covered accident or sickness, disability income insurance will pay the disability benefit once you have satisfied the elimination period. Your benefit amount is dependent on your salary and the amount you select at the time of application. Disability benefits will be payable up to the benefit period stated in your policy.

| Coverage Feature | What It Means To You |
|---|---|
| Accidental Injury and Sickness Coverage | You are covered in the case of a covered accident that occurs away from work or a covered sickness that causes you to be disabled. |
| Benefit Paid Directly to You, Regardless of Other Coverage | Use the money however best fits your financial needs, regardless of other insurance. |
| Waiver of Premium | Premiums are not required while you are disabled based on the length of your disability. |
| Accidental Death Benefit | Receive a benefit if you die as the direct result of an Accidental Injury and death occurs within 90 days after the date of the Accidental Injury. |
| Affordable Premiums | Your monthly premiums could be paid with only one hour of a week's paycheck. |
| Payroll Deducted | Enjoy the convenience of having your premiums deducted straight from your paycheck. |

Limitations, exclusions and waiting periods apply. Refer to your policy for complete details.

# Permanent Life Insurance

***Texas Life Insurance Company***

It is impossible for life insurance to emotionally compensate for a loss, but it may help ease the financial obligations placed on your loved ones. Portable individual life insurance products can help.

## Permanent, Portable Life Insurance

**Permanent, Portable Life Insurance (PureLife-Plus)**
A permanent, portable product that guarantees life insurance to age 121. *(Underwritten by Texas Life Insurance Company)*

## Did You Know?

More and more adults are relying solely on employer-sponsored life insurance — and they have the lowest average amount of coverage.[1]

We can provide you with the opportunity for Group Life Insurance — but, do you have permanent, portable, individual life insurance you can take with you after your employment ends? Life insurance at retirement can be very costly.

## Consider a PureLife Plus[2] Policy!

Ask your American Fidelity Representative how you can secure your life insurance premium today at a younger issue age with a permanent and portable product.

- Permanent life insurance to age 121.
- Minimal cash value - premiums dedicated primarily to the purchase of life insurance.
- Long premium guarantees.[3]
- Unique limited right to partial refund of premium if future premium required to continue coverage increases.[3] (Conditions apply)
- Portable when you leave employment.
- Coverage available for employee, spouse, child(ren) and grandchild(ren).[4]

[1] *LIMRA, Facts About Life 2011*
[2] *Life insurance is not available for purchase under the Section 125 plan.*
[3] *After the Guaranteed Period, premiums can be lower, the same or higher than the Table Premium. See the PureLife Plus brochure for details.*
[4] *Coverage not available in WA on children and grandchildren.*

| Coverage Feature | What It Means To You |
|---|---|
| Several Product Options | Choose the coverage to meet your financial needs. |
| Guaranteed Premium | Your premiums are guaranteed for each applicable period. |
| Guaranteed Death Benefit | Your death benefit is guaranteed for the life of the policy provided premiums are paid. |
| Interim Coverage | You will be covered from the date of your application if you are insurable for the requested coverage on the date the policy takes effect. This Interim Coverage will remain in force until the policy has been issued or declined. |
| Enhance Your Coverage | Additional riders may be available on certain products to expand your policy. |
| Easy Application | No medical exams and minimal health questions.[2] |
| Portable | You own the policy. Take the coverage with you if you choose to leave your current job. |
| Payroll Deducted | Enjoy the convenience of having your premiums deducted straight from your paycheck. |

All products may not be available in all states and may contain limitations, exclusions and/or waiting periods. These are brief descriptions of the actual policies. Not eligible under Section 125.

*[1]Premiums are adjusted upon renewal. [2]Issuance of this policy may depend on the answer to these questions. [3]You will be covered from the date of your application if you are insurable for the requested coverage on the date the application is signed. This Interim Coverage will remain in force until the policy has been issued or declined.*

15M055-C 1055 (expires 03/17)
Policy Form: PRFNG-NI-10
PureLife-plus is not available in NJ, NY or PA

# Accident Only Insurance

*Limited Benefit Accident Only Insurance*

***American Fidelity Assurance Company***

Whether a weekend warrior with an active lifestyle or the stay at-home type, accidents can happen anytime, anywhere, without warning. Being prepared for the unexpected can make all the difference.

American Fidelity's Accident Only Insurance policy provides you a solution for those unforeseen accidents that life sometimes delivers. Our Limited Benefit Accident Only Insurance is designed to help pay for the unexpected medical expenses an individual may incur for the treatment of covered injuries received in an accident.

## How the Plan Works

Our Accident Only Insurance policy pays according to a wide-ranging schedule of benefits. In addition, the policy provides 24-hour coverage for accidents that occur both on and off the job.

All benefits are only paid as a result of Injuries received in an Accident that occurs while coverage is in force. All treatment, procedures, and medical equipment must be diagnosed, recommended and treated by a Physician. All benefits are paid once per Covered Person per Covered Accident unless otherwise specified in the Limitations and Exclusions section.

| Coverage Feature | What It Means For You |
|---|---|
| Plan Options: Basic, Enhanced, and Enhanced Plus | Choose the plan to meet your financial needs. |
| Four Choices of Coverage: Individual, Individual and Spouse, Individual and Child, or Family | Choose the coverage that fits your lifestyle. |
| Wide-Ranging Schedule of Benefits | Covers all types of covered injuries. |
| Wellness Benefit | After the policy has been in force for 12 months, you receive a benefit for an annual routine exam, including immunizations and preventive testing once per policy per calendar year. |
| Accident Emergency Treatment Benefit | Receive a benefit when emergency treatment in a Physician's office or emergency room occurs within 72 hours of a covered accident. |
| Benefit Paid Directly to You, to use as you see fit | Use the benefit however best fits your financial needs. |
| Guaranteed Renewable | Keep your coverage as long as premiums are paid as required. |
| 24-Hour Coverage | You are covered on or off the job. |
| Portable | You own the policy. Take the coverage with you if you choose to leave your current job. Your premiums will remain the same. |
| Payroll Deducted | Enjoy the convenience of having your premiums deducted straight from your paycheck. |

Limitations, exclusions and waiting periods apply. Refer to your policy for complete details. **This product is inappropriate for people who are eligible for Medicaid coverage**. The premium and amount of benefits provided vary dependent upon the plan selected. The company has the right to change premiums by class (AO-03 Series).

# Cancer Insurance

*Limited Benefit Cancer Expense Insurance Policy*

***American Fidelity Assurance Company***

A cancer diagnosis may be overwhelming. Even with a good medical plan, the out-of-pocket costs of cancer treatment, such as travel, childcare, and loss of income, are considerable and may not be covered.

American Fidelity's Cancer Insurance can help offer financial protection so you can focus your attention on fighting cancer. We offer plans that can help assist with out-of-pocket costs often associated with a cancer diagnosis.

## How the Plan Works

Our plan is designed to help cover expenses if you are diagnosed with a covered Cancer. With over 20 benefits available to you, this plan provides benefits for the treatment of cancer, transportation, hospitalization and more. We provide the money directly to you, to be used however you see fit.

## Optional Riders

Enhance your base plan with the following riders:

- **Hospital Intensive Care Unit Rider**
- **Heart attack and Stroke**
- **Lump-Sum First Occurrence**

| Coverage Feature | What It Means For You |
|---|---|
| Plan Options: Basic and Enhanced | Choose the plan to meet your financial needs. |
| Three Choices of Coverage: Individual, Single Parent Family, or Family | Choose the coverage that fits your lifestyle. |
| Wide-Ranging Schedule of Benefits | Covers a wide range of treatments. |
| Benefit Paid Directly to You | Use the money however best fits your financial needs. |
| Guaranteed Renewable | Keep your coverage as long as premiums are paid as required. |
| Diagnostic and Prevention Benefit | Receive a benefit for visiting your doctor for a cancer screening test, which helps with early detection. |
| Transportation and Lodging | Receive benefits if you travel more than 50 miles from your home using the most direct route for covered treatment. |
| Portable | You own the policy. Take the coverage with you if you choose to leave your current job. Your premiums will remain the same. |
| Additional Coverage Options | Enhance the base plan by choosing from a selection of optional riders. |
| Payroll Deducted | Enjoy the convenience of having your premiums deducted straight from your paycheck. |

Limitations, exclusions and waiting periods apply. Please refer to your policy for complete details. **This product is inappropriate for people who are eligible for Medicaid coverage**. The company has the right to change premiums by class. The premium and amount of benefits provided vary dependent upon the plan selected.

# Group Critical Illness Insurance

*Limited Benefit Group critical Illness Insurance Policy*

***American Fidelity Assurance Company***

Surviving a critical illness, such as a heart attack or stroke, can come at a high price. With advances in technology to treat these diseases, the cost of treatment rises more and more every year. Even with medical insurance, the out-of-pocket expenses associated with a critical illness can affect anyone's finances.

American Fidelity Assurance Company's Limited Benefit Group Critical Illness Insurance can be the solution that helps you and your family focus on recovery, and may help you with paying bills. Our plan can assist with the expenses that may not be covered by standard medical insurance.

## How the Plan Works

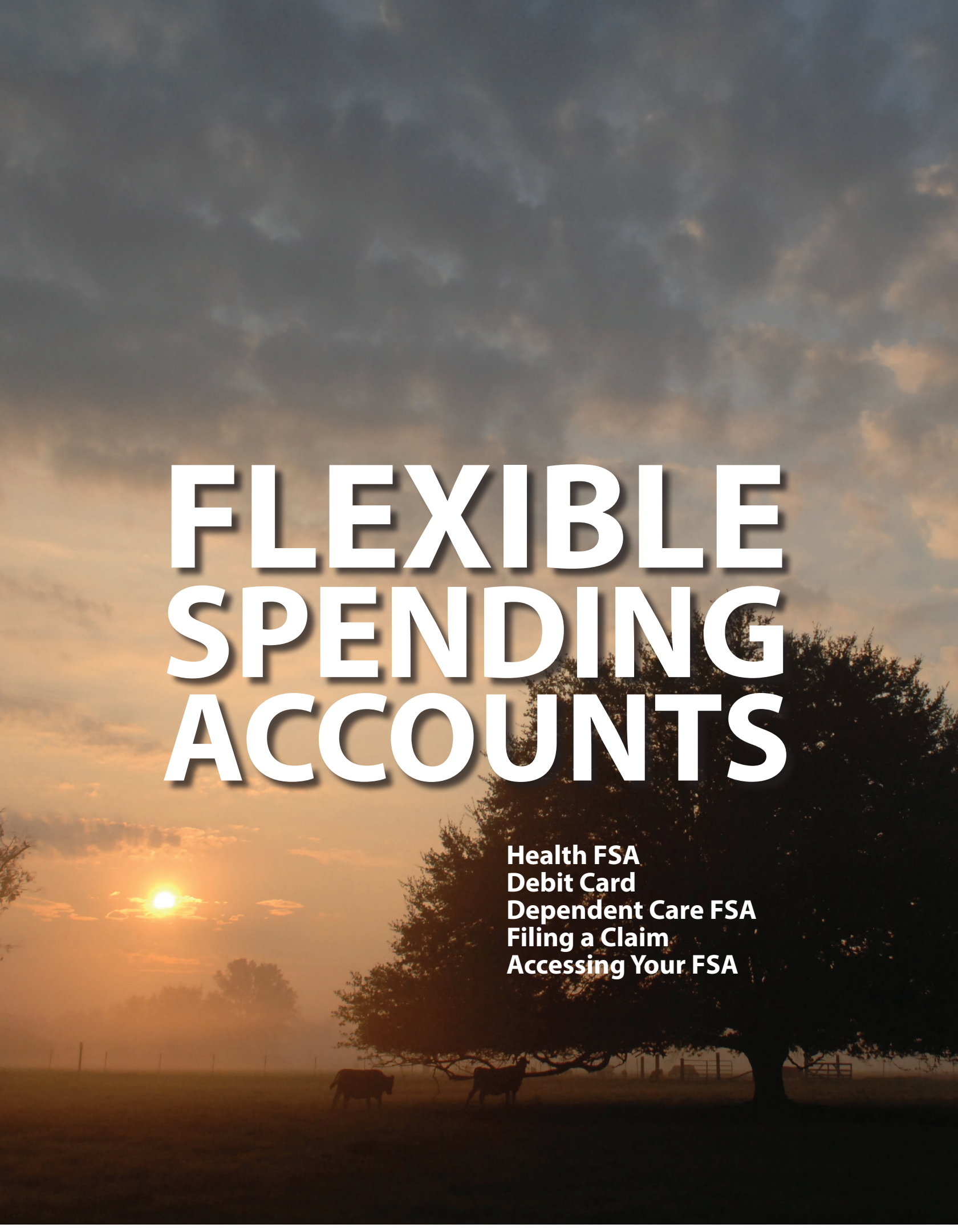
If you are diagnosed with a covered Critical Illness, such as a heart attack or stroke, this plan is designed to pay a lump sum benefit amount to help cover expenses. Also, this plan offers a Recurrent Diagnosis Benefit for certain specified Critical Illnesses that provides an additional 50% of the Critical Illness benefit amount after the second occurrence date. Covered Critical Illness events include Heart Attack, Permanent Damage Due to a Stroke, and Major Organ Failure.

## Guaranteed Renewable

You are guaranteed the right to renew your base policy until age 75 as long as you pay premiums when due or within the premium grace period.

| Coverage Feature | What It Means For You |
|---|---|
| Plan Options | Choose from three lump sum benefit amounts: $10,000, $20,000 or $30,000. |
| Coverage Option | Children are automatically covered under the Employee base plan. If elected, Spousal Benefit Amounts will be 50% of the Employee Benefit Amount. |
| Wellness Benefit | Receive a benefit for your annual health screening test. |
| Benefit Paid Directly to You | Use the benefit however best fits your financial needs. |
| Portable | You own the policy. Take the coverage with you if you choose to leave your current job. Your premiums will remain the same. |
| Additional Coverage Options | Enhance the base plan by adding an optional rider. |
| Payroll Deducted | Enjoy the convenience of having your premiums deducted straight from your paycheck. |

Limitations, exclusions and waiting periods apply. Please refer to your policy for complete details. **This product is inappropriate for people who are eligible for Medicaid coverage**.



# FLEXIBLE SPENDING ACCOUNTS

Health FSA
Debit Card
Dependent Care FSA
Filing a Claim
Accessing Your FSA

# Flexible Spending Accounts

***American Fidelity Assurance Company***

Flexible Spending Accounts are a great cost savings tool to help with common medical and/or dependent care expenses not covered by your major medical insurance. You can elect a portion of your pay to be deducted, on a pre-tax basis, from each paycheck to use for reimbursements of qualified out-of-pocket expenses throughout the plan year.

## Flexible Spending Account Savings Example

| With FSA | | Without FSA |
|---|---|---|
| $30,000 | Annual Gross Income | $30,000 |
| - $2,400 | Health FSA Deposit | $0 |
| - $2,500 | Dependent Care Account Deposit | $0 |
| $25,100 | Taxable Gross Income | $30,000 |
| - $5,020 | Estimated Federal Tax (20%) | - 6,000 |
| - $1,920.15 | Estimated FICA (7.65%) | - 2,295 |
| $18,159.85 | Annual Net Income | $21,705 |
| $0 | Cost of Recurring Medical Expenses | - $2,400 |
| $0 | Cost of Recurring Dependent Care Expenses | - $2,500 |
| **$18,159.85** | **Spendable Income** | **$16,805** |
| **With an FSA you have a potential annual savings of: $1,354.85** | | |

By using an FSA to pay for eligible recurring expenses, you can cut down on your taxable income which will result in additional spendable income.

## Health Flexible Spending Account (FSA)

A Health FSA allows you to allocate money on a pre-tax basis to reimburse yourself for qualified medical expenses for you and your family. Qualified expenses include anything from co-payments, medical deductibles, prescriptions and much more.

Minimum Annual Election: $150
Maximum Annual Election: $2,550

### Partial List of Eligible Expenses for Health FSA

Copays/coinsurance

Deductibles

Dental treatments

Diabetic supplies

Prescription drugs and medicines

Eye exams, eyeglasses, contact lenses, contact lens solution and enzyme

Flu shots

Immunizations

Lab fees

Laser/Lasik/RK surgery

Medical exams

Orthodontia

Psychiatric care

Wheelchair

X-rays

**For a complete list of eligible expenses, please visit www.americanfidelity.com**

# Flexible Spending Accounts



## Health FSA Card

American Fidelity offers a Health FSA card to all employees who elect to participate in a Health FSA. The Health FSA card gives immediate, convenient access to Health FSA funds at the point of sale for prescriptions, copays, and other common qualified medical expenses. The card may only be used for the Health FSA and is not available for the Dependent Day Care Flexible Spending Account (Dependent Day Care FSA).


## Using Your FSA Health Card

Simply swipe your Health FSA card like you would with any other card. Whether at the doctor's office or the dentist, the amount of your expenses will be automatically deducted from your Health FSA account. Usually you will need to submit documentation after your swipe, so consider taking a photograph of any receipt (although the receipt alone may not be enough).

## Cards for Health FSAs may be used at:

- Healthcare related facilities which include: hospitals, physician offices, dental offices, vision offices; and,
- Merchants participating in the Inventory Information Approval System (IIAS).

There are a few charges that don't require you to provide documentation after your swipe. You can maximize your Health FSA card experience by using it only for expenses that can be automatically approved. Your Health FSA card claim will be automatically approved without further documentation requested for:

- Copay Amounts – If your employer provides the necessary information for your medical carrier, the copay amounts can be automatically approved if your copay is stated as a flat dollar amount. If your medical coverage is stated as a coinsurance percentage, additional documentation will be necessary after the swipe to approve the expenses.
- Recurring expenses – You will need to submit documentation after your first swipe and state this will be a recurring claim from the same provider at the same dollar amount. It will be noted on your account that this will be a recurring expense, and additional substantiation will not be required for future swipes for that plan year.
- Items purchased at merchants participating in the IIAS. Please note that not all service providers or retailers who provide medical services or goods participate in the IIAS. For a list of IIAS merchants, you may visit www.sig-is.org.

## Activating Your Card

You will receive your card at your home address and may begin using your card on January 1, 2017. Your card will be automatically activated when you use it for the first time for an expense.

## Guidelines for Your Health FSA Health Card

- **Keep your receipts and related EOBs.** Swipes not automatically approved will require you to submit additional documentation manually. While the transaction may be approved because you have a Health FSA account, the expense will need to be verified as an eligible expense which including that the service is incurred during the current plan year and for an eligible dependent.
- If a provider does not accept the Health FSA card, you can request reimbursement after payment by completing the Health FSA Expense Reimbursement Voucher and submitting the voucher with the required documentation. Health FSA reimbursement vouchers can be found online at www.americanfidelity.com.
- If a Health FSA card "swipe" is not automatically approved, manual claims documentation will be requested.
- If you cannot provide the documentation requested, the expense will be deemed ineligible and funds for that claim must be reimbursed back to the Health FSA for that plan year. Acceptable documentation includes: (1) a professional bill or receipt that includes the provider of service, type of service rendered, charges for the service, patient information, and original date of service; (2) insurance company explanation of benefits; (3) pharmacy statement that includes Prescription number, name of prescription and patient information.

# Flexible Spending Accounts

*American Fidelity Assurance Company*

## Dependent Day Care Flexible Spending Account (Dependent Day Care FSA)

A Dependent Day Care FSA allows you to allocate money on a pre-tax basis to reimburse yourself for dependent care expenses that allow you (and your spouse) to work such as after school care and daycare centers. Reimbursement is permitted only after the services have been provided and the expense has been paid.

Minimum Annual Election: $250
Maximum Annual Election: $5,000

### Common Examples of Eligible Dependent Day Care FSA Expenses

After-school care or extended day programs

Nanny expenses

Baby-sitter inside or outside participant's household

Custodial or elder care expenses if the qualifying individual still spends at least 8 hours each day in the employee's household

Dependent Day Care center* expenses/pre-kindergarten/nursery school expense

Expenses paid to a non-dependent relative of participant to care for the child

Summer day camp if the primary purpose of the expense is custodial in nature and not educational

**For a complete list of eligible expenses, please visit www.americanfidelity.com.**

**A Dependent Care Center is a place that provides care for more than six persons (other than persons who live there) and receives a fee, payment or grant for providing services for any of those persons, regardless of whether the center is run for profit.*

Regardless of whether you participate in the Dependent Day Care FSA under the Section 125 Plan or claim the Dependent Care credit on your income tax return, you must provide the IRS with the name, address and taxpayer identification number (TIN) or Social Security number of your dependent care provider(s) by completing either Schedule 2 of Form 1040A or Form 2441 and attaching it to your annual income tax return. Be sure that you follow the current instructions given by the IRS for preparing your annual income tax return. Failure to provide this information to the IRS could result in loss of the pre-tax treatment of your Dependent Day Care FSA contributions or loss of the Dependent Care Tax Credit.

## FSA Fund Availability

**Health FSA Account**

Your full annual election is available to you on the first day of the plan year.

**Dependent Day Care FSA Account**

Unlike the Health FSA, the entire elected amount is not available on the first day of the plan year, but rather as contributions are received.

## Important FSA Notes:

- Participants are allowed a 90-day run-off period after the plan year ends in which to submit claims for expenses that occurred during the plan year but were not yet submitted.
- If you are a new employee entering the 125 plan during a plan year, reimbursement is only available for services provided after you begin your participation in the 125 plan.
- If you are enrolled in the Health FSA and take a leave of absence during the plan year, you may:
  1. Prepay the contributions pre-tax, or
  2. Continue the contributions on an after-tax basis (pre-tax contributions may continue when you return to work), or
  3. Prorate the unpaid contributions over the remaining pay periods when you return to work.
- Failure to make all elected contributions will result in termination of your account as of the date contributions ceased.
- Health FSAs must comply with COBRA and offer COBRA continuation rights to qualified beneficiaries who lose Health FSA coverage as a result of termination of employment. This may only be offered upon termination of employment if you have a balance remaining in your Health FSA. The balance is calculated by subtracting the reimbursements made from the contributions received. You may choose to continue your contributions by either sending your contributions to your employer on an after-tax basis each pay period, or, you may choose to pre-tax the remaining contributions for the plan year from your severance pay. Expenses incurred while contributions are being made are eligible for reimbursement. The coverage may not continue beyond the current plan year. If you do not elect to continue the contributions on an after-tax basis, only expenses incurred during the period of employment are reimbursable. Coverage under the Health FSA ceases when the contributions cease.

# Flexible Spending Accounts



## Filing a Claim

American Fidelity gives you the convenience of submitting your claim in various ways!

1. Download AFmobile™ from the App Store℠ or from the Google Play™ store to submit claims while on-the-go.

2. Use our secured Online Service Center to submit claims at www.americanfidelity.com/MyAccount.

3. Mail the completed Expense Reimbursement Voucher and documentation to the address located on the bottom of the voucher.

4. Fax your completed Expense Reimbursement Voucher and documentation toll-free to 888-243-2638.

The Dependent Day Care expense reimbursement will be for the qualified expenses provided limited to the amount you have in your account. If the Dependent Day Care qualified expense claim is in excess of your account balance, the balance of the claim will be paid to you as additional contributions are received.

## Direct Deposit

By selecting to have your reimbursements deposited directly into to your bank account you can get your reimbursements faster without having to wait for the check to arrive in the mail. Each time a reimbursement is deposited into your bank account, you will be mailed an Explanation of Benefits that shows the deposit as well as a summary of your account.

## Accessing Your FSA

By visiting American Fidelity's web site **www.americanfidelity.com** you will have a wealth of information available to you without the use of any customer IDs or passwords. Through the public site you have access to:

- Claim forms
- Section 125 Flex Reimbursement Forms
- Customer FAQs
- Contact information

**Secure Account Management Tools**

American Fidelity's Online Service Center is a convenient, secure web site that gives you access to information regarding your American Fidelity account. Available any time of day from home, work or any computer with Internet access, the Online Service Center provides valuable options.

- Check claim status
- Review detailed insurance policy information
- Access Health FSA information and balances
- Submit address changes
- Submit reimbursement claims or documentation for Health FSA cards

**American Fidelity's Flex Department for AFES**

American Fidelity believes in making it easy for you. You can call our Flex Department Colleagues to speak with a live representative for claim questions or status. Our customer service representatives are ready to assist you from 7:00 a.m. – 6:00 p.m. CST with any questions you may have. Call us today at 1-800-325-0654.

# Other Information

## New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 11-30-2013)

## PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

### Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.[1]

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

### How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Randy Beach or Sharon Lewis at 850-926-0065.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

[1] An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

# Other Information

## PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

| | | |
|---|---|---|
| 3. Employer name<br>Wakulla County School Board | | 4. Employer Identification Number (EIN)<br>59-6000892 |
| 5. Employer address<br>69 Arran Road | | 6. Employer phone number<br>850-926-0065 |
| 7. City<br>Crawfordville | 8. State<br>Florida | 9. ZIP code<br>32326 |
| 10. Who can we contact about employee health coverage at this job?<br>Sharon Lewis | | |
| 11. Phone number (if different from above) | 12. Email address<br>sharon.lewis@wcsb.us | |

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
  - ☐ All employees.
  - ☑ Some employees. Eligible employees are:

    All employees employed in a regular established position. Additionally, temporary employees filling a regular established position for an employee on leave of absence beyond 6 months.

- With respect to dependents:
  - ☑ We do offer coverage. Eligible dependents are:

    The Covered Employee's spouse; natural newborn, adopted, foster, or step child(ren) (or a child for whom the Covered Employee has been court appointed as legal guardian or legal custodian) who has not reached the end of the Calendar Year in which he or she reaches age 26. The newborn child of a Covered Dependent child.
  - ☐ We do not offer coverage.

☑ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.

# Other Information

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

13. **Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?**

☐ **Yes** (Continue)

13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? _____ (mm/dd/yyyy) (Continue)

☐ **No** (STOP and return this form to employee)

14. Does the employer offer a health plan that meets the minimum value standard*?
☐ Yes (Go to question 15) ☐ No (STOP and return form to employee)

15. For the lowest-cost plan that meets the minimum value standard* offered **only to the employee** (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.
a. How much would the employee have to pay in premiums for this plan? $
b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

16. What change will the employer make for the new plan year?
☐ Employer won't offer health coverage
☐ Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.* (Premium should reflect the discount for wellness programs. See question 15.)
a. How much will the employee have to pay in premiums for that plan? $
b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

Date of change (mm/dd/yyyy):

• An employer–sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)

# Other Information

## Health Benefit Measurement Period Policy

A. **Measurement Period**

a. Initial Measurement Period

The school board has established an initial Measurement Period of 12 months for all new employees hired into non-regular positions where the work schedule of the individual is either variable or unknown (e.g. substitute instructors). The average number of hours worked per week will be reviewed from the date of hire to the end of the first twelve months of employment to determine eligibility for the school board provided health benefits.

b. Standard Measurement Period

Our Standard Measurement Period will be for a 12-month period beginning on July 15 of each year and ending on July 14 of the following year. The average number of hours worked per week for each part time employee will be reviewed during this time to determine eligibility for school board provided health benefits.

B. **Administrative Period**

a. Initial Administrative Period

Our Initial Administrative Period begins immediately following the Initial Measurement Period and extends until the last day of the first month following the employee's twelve month anniversary. During this Initial Administrative Period, those part-time employees having completed the Initial Measurement Period will be notified of their eligibility for school board provided health benefits. An opportunity to enroll in the school board provided health benefits and additional information will be provided to eligible employees, including:

- Coverage options available to them under the school board's plan
- Coverage cost
- Term of such coverage or the "Initial Stability Period"
- Enrollment Documents

b. Standard Administrative Period

Our Standard Administrative Period begins on July 15 and ends on September 30 of each year. Part time employees will be notified of their new or continued eligibility for school board provided health benefits during this time. Additionally, those employees who are newly eligible for school board provided health benefits will be provided the opportunity to enroll and given additional information, including:

- Coverage options available to them under the school board's plan
- Coverage cost
- Term of such coverage of the "Standard Stability Period"
- Enrollment documents

C. **Stability Period**

If an employee chooses to enroll in the school board provide health plan, coverage is guaranteed during the Stability Period no matter how many hours are worked as long as the individual remains an employee.

a. Initial Stability Period

Our Initial Stability Period begins on the first day following the end of the Initial Administration Period and extends for the twelve consecutive calendar months. An employee whose Initial Measurement Period overlaps with the Standard Measurement Period for ongoing employees will be included in the Standard Measurement Period as well.

b. Standard Stability Period

Our Standard Stability Period is one year in length and begins on October 1 and ends on September 30

***Example:***

An employee beings work on December 3, 2013. The Initial Measurement Period begins on December 3, 2013 and ends on December 2, 2014. The Initial Administrative Period begins on December 3, 2014 and ends on January 31, 2015. If eligible, coverage begins on February 1, 2014 and is guaranteed through January 31, 2015.

The Standard Measurement Period begins on July 15, 2013 and ends on July 14, 2014. The new hire above whose hire date is December 3, 2013 is included in the Standard Measurement Period for the time of their employment during the Standard Measurement Period (December 3, 2013 through July 14, 2014). The Standard Measurement Period begins on July 15, 2014 and ends on September 30, 2014. If eligible, the new hire would be extended the opportunity to continue coverage on October 1, 2014 under the Standard Stability Period guaranteeing coverage through September 30, 2105 no matter how many hours are worked so long as the individual remains employed.

# Other Information

## Payroll Deduction Directory

| | |
|---|---|
| American Century Investment* | 800-345-3533 |
| American Fidelity Assurance Co. | 800-323-3748 |
| AXA Equitable* | 800-628-6673 |
| Assurant Employee Benefits – Dental | 1-888-901-6377 |
| Assurant Employee Benefits – Vision | 1-800-877-7195 |
| Capital Health Plan | 850-383-3311 |
| Envision Credit Union | 850-942-9000 |
| Florida Education Association (WCTA) | 850-942-0671 |
| Florida Retirement System | 850-488-6491 |
| ING* | 877-884-5050 |
| Mid-America* | 800-872-0640 |
| Oppenheimer Funds* | 800-835-7305 |
| Plan Member Services* | 800-874-6910 |
| Pre-Paid Legal Services | 850-576-7243 |
| Professional Educators Network (PEN) | 800-311-7770 |
| Rogers, Gunter, Vaughn Insurance Co. | 850-926-7900 |
| Texas Life Insurance | 800-283-9233 |
| United Way | 850-414-0844 |
| Valery Insurance Agency | 800-330-8445 |
| Valic/AIG* | 800-633-8960 |
| Waddell & Reed/Nationwide* | 800-548-6436 |
| Washington National Insurance | 800-541-2254 |
| Florida Combined Life | 800-333-3256 |
| Wakulla Senior Citizens Center | 850-926-7145 |
| Security Financial Resources* | 785-438-3000 |

*403(b) Tax Sheltered Annuities (TSA)

# Other Information

## Direct Deposit

All employees will receive pay through direct deposit as a condition of employment. The Direct Deposit Agreement form is available at www.wakullaschooldistrict.org, the Payroll Department and at each school center. Please remember a **VOIDED** check **MUST** accompany the Direct Deposit Agreement or it will not be processed. If you have a savings account, please attach a deposit slip with your information on it. All completed forms must be turned into the Payroll Department.

A test run is required before your funds will be direct deposited. This may take several payroll periods before the process is complete. **Please check each payroll for verification that your check was direct deposited.**

All bank changes must be in writing. If your bank account is closed after Payroll has processed paychecks, it will take 3 to 5 business days for the funds to be returned to the School Board account and a check to be issued to you. Please make all changes by the date listed in the "Due in County Office" section of the Payroll Reporting Salary Schedule for that particular paycheck date.

## Twelve (12) Check Proration

Salaried employees who work 9 or 9 ½ months may request, **BEFORE THEIR FIRST DAY OF WORK**, that their annual salary be divided into twelve (12) equal payments (hourly employees are NOT ELIGIBLE). This request continues from year-to-year and CAN NOT be terminated within a school year once the employee has started working. If an employee takes an unpaid leave of absence, they will receive all salary owed in their last paycheck. Upon their return to work, they must continue their 12 check status for the remainder of the school year.

The two (2) "summer checks" do not contain salary supplements that may have been received during the School Year. Additionally, no payroll deductions are made from these checks other than required taxes and court orders. These checks are usually ready by mid-June. Please see the Payroll Reporting Salary Schedule in your handbook for those exact dates.

Certified personnel and all 12 month personnel automatically receive twelve (12) checks. These checks are paid on the last working day of each month. Please see the Payroll Reporting Salary Schedule in your handbook for the exact dates.

If you have any questions about your payroll deductions, call the Payroll Department at 926-0065 Monday through Friday between the hours of 8:00 a.m. and 4:30 p.m.

# Other Information

WAKULLA COUNTY SCHOOL BOARD
SALARY SCHEDULE
2017-2018 PAYROLL REPORTING PERIODS

**OPEN ENROLLMENT ENDS AUGUST 23, 2017**

| PAYROLL BEGINS | PAYROLL ENDS | DAYS IN PERIOD | DUE IN COUNTY OFFICE | DATE EMPLOYEES RECEIVE CHECKS |
|---|---|---|---|---|
| | | 10 MONTH EMPLOYEES | | |
| 08-02-17 | 08-25-17 | 18 | N/A | 08-31-17 |
| 08-28-17 | 09-22-17 | 20 | 09-14-17 | 09-29-17 |
| 09-25-17 | 10-20-17 | 20 | 10-13-17 | 10-31-17 |
| 10-23-17 | 11-23-17 | 21 | 11-07-17 | 11-30-17 |
| 11-27-17 | 12-25-17 | 19 | 12-05-17 | 12-20-17 |
| 01-01-18 | 01-26-18 | 19 | 01-16-18 | 01-31-18 |
| 01-29-18 | 02-23-18 | 19 | 02-12-18 | 02-28-18 |
| 02-26-18 | 03-30-18 | 20 | 03-09-18 | 03-30-18 |
| 04-02-18 | 04-27-18 | 20 | 04-12-18 | 04-30-18 |
| 04-30-18 | 05-25-18 | 20 | 05-07-18 | 05-25-18 |

All absentees of 10 month employees during May 7 thru May 25, 2018, will be reported in June 2018.
10 month employees shall receive their June check June 27, 2018 and their July check on June 29, 2018.

| | | 9 1/2 MONTH EMPLOYEES | | |
|---|---|---|---|---|
| *Advance Request | | | 08-24-17 | 08-31-17 |
| 08-02-17 | 08-28-17 | 19 | 08-31-17 | 09-15-17 |
| 08-29-17 | 09-25-17 | 19 | 09-27-17 | 10-13-17 |
| 09-26-17 | 10-20-17 | 19 | 10-24-17 | 11-15-17 |
| 10-23-17 | 11-17-17 | 19 | 11-16-17 | 12-13-17 |
| 11-27-17 | 12-20-17 | 18 | 12-14-17 | 01-12-18 |
| 01-03-18 | 01-30-18 | 19 | 02-01-18 | 02-15-18 |
| 01-31-18 | 02-27-18 | 19 | 02-27-18 | 03-15-18 |
| 02-28-18 | 03-30-18 | 18 | 04-02-18 | 04-13-18 |
| 04-02-18 | 04-27-18 | 20 | 04-26-18 | 05-15-18 |
| 04-30-18 | 05-25-18 | 20 | 05-10-18 | 05-23-18 |

All absentees of 9 1/2 month employees during May 10 thru May 25, 2018, will be reported by telephone.
Employees requesting 12 checks will have their July and August checks direct deposited on June 14 and June 15, 2018
and the stubs will be mailed prior to June 14th.

| | | 9 MONTH EMPLOYEES | | |
|---|---|---|---|---|
| *Advance Request | | | 08-24-17 | 08-31-17 |
| 08-08-17 | 08-29-17 | 16 | 08-29-17 | 09-15-17 |
| 08-30-17 | 09-26-17 | 18 | 09-29-17 | 10-13-17 |
| 09-27-17 | 10-23-17 | 18 | 10-26-17 | 11-15-17 |
| 10-24-17 | 11-17-17 | 18 | 11-17-17 | 12-13-17 |
| 11-27-17 | 12-20-17 | 18 | 12-14-17 | 01-12-18 |
| 01-04-18 | 01-30-18 | 18 | 01-31-18 | 02-15-18 |
| 01-31-18 | 02-26-18 | 18 | 02-26-18 | 03-15-18 |
| 02-27-18 | 03-30-18 | 18 | 03-30-18 | 04-13-18 |
| 04-02-18 | 04-26-18 | 19 | 04-24-18 | 05-15-18 |
| 04-27-18 | 05-23-18 | 19 | 05-09-18 | 05-23-18 |

All absentees of 9 month employees during May 9 thru May 23, 2018, will be reported by telephone.
Employees requesting 12 checks will have their July and August checks direct deposited on June 14 and June 15, 2018.
and the stubs will be mailed prior to June 14th.

| | | 12 MONTH EMPLOYEES | | |
|---|---|---|---|---|
| 07-03-17 | 07-31-17 | 21 | 07-17-17 | 07-31-17 |
| 08-01-17 | 08-31-17 | 23 | 08-16-17 | 08-31-17 |
| 09-01-17 | 09-29-17 | 21 | 09-18-17 | 09-29-17 |
| 10-02-17 | 10-31-17 | 22 | 10-17-17 | 10-31-17 |
| 11-01-17 | 11-30-17 | 22 | 11-09-17 | 11-30-17 |
| 12-01-17 | 12-29-17 | 21 | 12-07-17 | 12-20-17 |
| 01-01-18 | 01-31-18 | 23 | 01-18-18 | 01-31-18 |
| 02-01-18 | 02-28-18 | 20 | 02-15-18 | 02-28-18 |
| 03-01-18 | 03-30-18 | 22 | 03-14-18 | 03-30-18 |
| 04-02-18 | 04-30-18 | 21 | 04-16-18 | 04-30-18 |
| 05-01-18 | 05-31-18 | 23 | 05-16-18 | 05-31-18 |
| 06-01-18 | 06-29-18 | 21 | 06-13-18 | 06-29-18 |

*The Superintendent is authorized to issue salary payments on August 31, 2017 as requested, not to exceed 1/2 the first monthly payroll.

NOTE: ALL PAYROLL REPORTS MUST BE IN THE COUNTY OFFICE NO LATER THAN NOON ON THE DATE DUE.

# Other Information

## Wakulla County Schools Employee 2017-2018 Benefits Enrollment

***Wakulla Insurance Agency*** is proud to be part of **The Wakulla County School District's** employee benefits**.** We are here to assist you with your insurance needs year-round. If you have any questions regarding your benefits or the Affordable Care Act, please contact our office at: 850-926-7900.

| | | |
|---|---|---|
| **New Hires & General Questions** | **Kevin Vaughn** | **(850) 545-7021 kvaughn@rgvi.com** |
| **New Hires & General Questions** | **Shara Falstrom** | **(850) 205-0553 sfalstrom@rgvi.com** |
| **Retirees & Medicare Questions** | **Walker Cutts** | **(850) 205-0497 wcutts@rgvi.com** |

**Wakulla Insurance Agency**
**2190 Crawfordville Hwy.**
**Crawfordville, Florida 32327**
**(850)926-7900**
**Division of Rogers, Gunter, Vaughn Insurance, Inc.**
**www.rgvi.com**

## We're All About You !

| **Personal Insurance** | **Employee Benefits** | **Personal Lines** | **Commercial Lines** |
|---|---|---|---|
| Life | Life | Automobile, Motorcycle | Commercial Automobile |
| Health | Health | Home, Renters | General Business |
| Long Term Care | Long Term Care | Recreational Vehicle | Employee Practice Liability |
| Disability | Disability | Watercraft | Workers Compensation |

# Benefits Directory

## Medical Benefits

**Capital Health Plan**
850-383-3311
www.capitalhealth.com

## Dental Insurance

**Assurant Employee Benefits (Dental)**
1-888-901-6377
www.assurantemployeebenefits.com

## Vision Insurance

**Assurant Employee Benefits**
1-800-877-7195
www.vsp.com

## Voluntary Insurance Benefits

**American Fidelity Assurance Company**
***Disability Income, Cancer, and Accident***
9000 Cameron Parkway
Oklahoma City, Oklahoma 73114
800-654-8489
www.americanfidelity.com

**TexasLife Insurance Company**
800-283-9233
www.texaslife.com

## Section 125 Services & Flexible Spending Accounts

**American Fidelity Assurance Company**
9000 Cameron Parkway
Oklahoma City, Oklahoma 73114
800-654-8489
www.americanfidelity.com