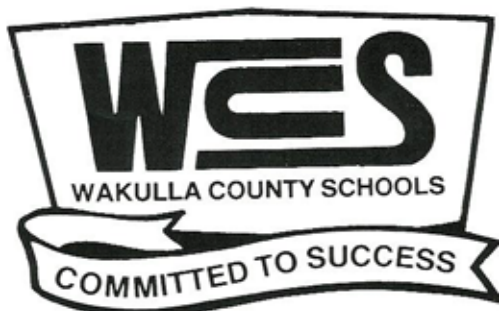




***2020-2021***

Wakulla County  
School Board





# WAKULLA COUNTY SCHOOL BOARD

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



ROBERT PEARCE  
SUPERINTENDENT

VERNA BROCK  
DISTRICT I

MELISA TAYLOR  
DISTRICT II

CALE LANGSTON  
DISTRICT III

GREG THOMAS  
DISTRICT IV

JO ANN DANIELS  
DISTRICT V

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, 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 2020, 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,

Bobby Pearce,  
Superintendent of Schools

---

**Crawfordville Elementary ~ Medart Elementary ~ Riversink Elementary ~ Shadeville Elementary  
Riversprings Middle School ~ Wakulla Middle School ~ Wakulla High School  
Wakulla Education Center ~ Wakulla Institute**

# Table of Contents

## 2020-2021 Benefits Enrollment

|                              |   |
|------------------------------|---|
| Annual Enrollment .....      | 5 |
| Section 125 .....            | 5 |
| How to Enroll .....          | 6 |
| Enrollment Schedule .....    | 6 |
| Enrollment Made Simple ..... | 7 |

## Insurance Plans

|                                   |    |
|-----------------------------------|----|
| Medical Plan .....                | 10 |
| Amwell .....                      | 27 |
| Dental Plan .....                 | 28 |
| Vision Plan .....                 | 37 |
| Group Life Insurance .....        | 42 |
| Disability Income Insurance ..... | 44 |
| Individual Life Insurance .....   | 45 |
| Accident Only Insurance .....     | 46 |
| Cancer Insurance .....            | 47 |
| Critical Illness Insurance .....  | 48 |

## Healthcare Flexible Spending Accounts (Healthcare FSA)

|   |    |
|---|----|
| Healthcare Flexible Spending Account (Healthcare FSA) ..... | 50 |
| Benefits Debit Card .....                                   | 51 |
| Dependent Care Account (DCA) .....                          | 52 |
| Managing Your Account .....                                 | 53 |

## Other Information

|  |    |
|--|----|
| HCR Notice .....                                 | 54 |
| Health Benefit Measurement Period Policy .....   | 57 |
| Payroll Deduction Directory .....                | 58 |
| Direct Deposit/Twelve (12) check .....           | 59 |
| Salary Schedule .....                            | 60 |
| 2020-2021 Benefits Enrollment Contact Page ..... | 61 |
| Benefits Directory .....                         | 62 |





# **2020 - 2021 BENEFITS ENROLLMENT**

**Annual Enrollment  
Section 125  
How to Enroll  
Enrollment Schedule**



# Your Annual Enrollment

## Important Dates to Remember

Your Open Enrollment Dates are:

July 27, 2020 - August 21, 2020

Your Plan Year is:

October 1, 2020- September 30, 2021

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, 2020 - September 30, 2021) 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         |
| <b>\$940.55</b> | <b>Take-Home Pay</b>           | <b>\$885.25</b>   |

\* 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 2020 benefits. Employees can enroll through a virtual appointment with your American Fidelity representative.

## Enroll Virtually

Set up a virtual appointment by contacting your American Fidelity representative or by visiting <https://americanfidelity.com/wakullasd>. During your enrollment, you will 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.
- If adding a dependent for Medical, Dental or Vision please bring one of the following: marriage license, birth cert, college transcripts, state certs, guardianship papers, current tax forms.

- **Please turn in any of these required documents to the District's Payroll Office by the end of enrollment 8/21/20- in order for the changes to be valid**

## 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.

### 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

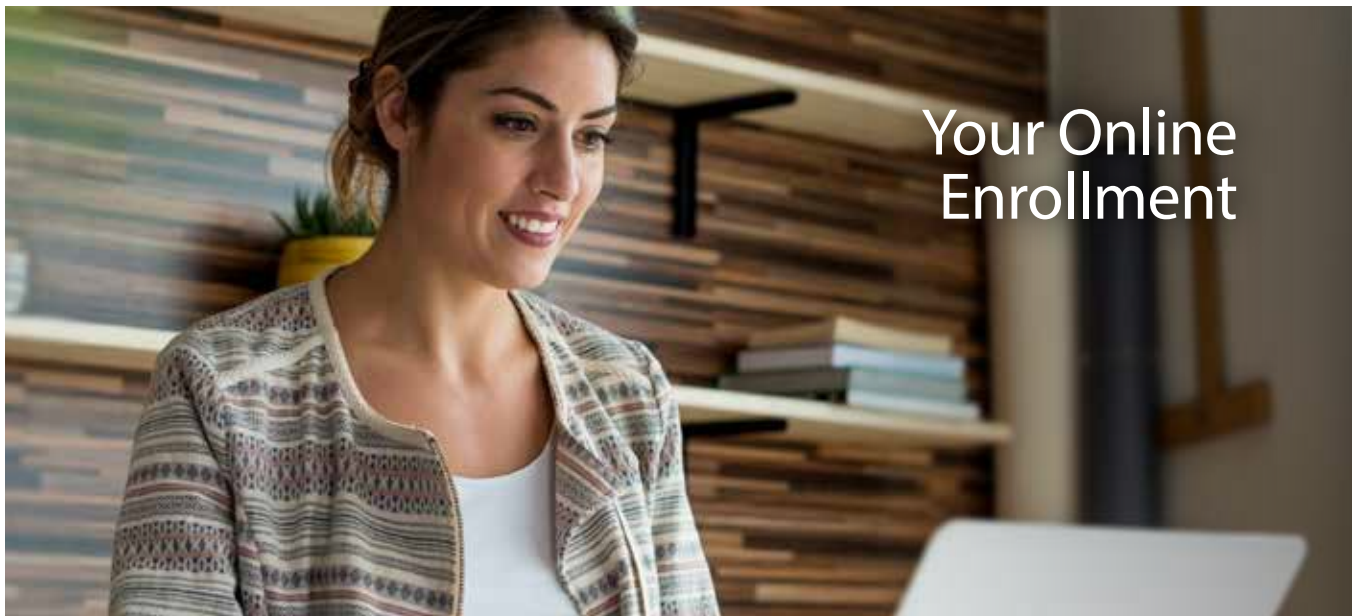
An American Fidelity account manager will be available virtually during the following dates:

## Wakulla County School District Enrollment Schedule

|   |                   |                 |
|---|-------------------|-----------------|
| Summer Appointment Times                  | 7/27/20 - 7/31/20 | 8:00 AM-4:00 PM |
| Wakulla MS                                | 8/03/20 - 8/07/20 | 8:00 AM-4:00 PM |
| Wakulla HS                                | 8/03/20 - 8/07/20 | 8:00 AM-4:00 PM |
| Transportation                            | 8/10/20 - 8/12/20 | 8:00 AM-4:00 PM |
| Riversink                                 | 8/10/20 - 8/14/20 | 8:00 AM-4:00 PM |
| Riversprings                              | 8/10/20 - 8/14/20 | 8:00 AM-4:00 PM |
| Medart                                    | 8/13/20-8/14/20   | 8:00 AM-4:00 PM |
| Crawfordville                             | 8/17/20-8/21/20   | 8:00 AM-4:00 PM |
| Shadeville                                | 8/17/20-8/21/20   | 8:00 AM-4:00 PM |
| Wakulla Institute & Adult<br>& Wakulla ED | 8/17/20 -8/18/20  | 8:00 AM-4:00 PM |
| District Office                           | 8/19/20-8/21/20   | 8:00 AM-4:00 PM |

### For after hour availability please contact:

877-425-1104  
American Fidelity Florida Branch



# Your Online Enrollment

## Wakulla County BOE

July 27 - August 21, 2020

### How to Login

1. To access the online enrollment site, go to **www.afenroll.com/enroll**  
Compatible with Safari, Edge, and Chrome.
2. At the login screen, you will enter the site using the following information:
  - **Type in your user ID:**  
Your Social Security Number (SSN)
  - **Type in your PIN:**  
The last four digits of your SSN and last two of your birth year. (For example, for SSN 123-45-6789 and birth year 1974, you would type in 678974).
3. Click the 'Log On' button.

### Changing Your PIN

You will be asked to change your PIN and complete the security questions, after your initial login to the system. Enter a new PIN and confirm it on the next line. You may choose any combination of letters and numbers. Entering your PIN is the equivalent of your digital signature. Before you can complete your PIN change, you must select a security question, answer it, and provide your email address. This will allow you to reset your PIN if you forget it. Click the 'Save New PIN' button.

### Helpful Tips

- **Log Out:** If you leave the site in the middle of the process, click the 'Log Out' button to save your selections.
- **Print Confirmation:** Be sure to print your confirmation. Once you confirm your enrollment, you may click on the confirmation link at the bottom of the 'Sign/Submit Complete' to print your confirmation statement.
- **Re-Enter/Make Changes:** You may re-enter the enrollment site (including to 'View Only' your original selections) to make changes at any time during your enrollment period. Please note: Before you exit the system, you must re-confirm with your PIN or your enrollment will not be valid.
- **Opting Out:** If you choose not to select benefits, you must enter each product module and make that choice.
- **Required:** Social Security Numbers and Dates of Birth are required for all employees and their dependents.
- **Adding Dependent:** If you are adding a dependent as a beneficiary, their Social Security Number is required.
- **Physician Codes:** Have your Primary Care Physician (PCP) codes available.
- **Signature:** You will use your PIN to confirm applications and your enrollment confirmation.

# Preparation Is Key

You have a busy schedule, and we know your time is important. That's why we offer several ways to educate you on the benefit options for you and your family.

- Watch for group meetings which may be available to update you on changes.
- Reach out to your American Fidelity account manager for any questions you may have.

## Important Items to Consider

- Review your beneficiaries/dependents.
- Review all available benefit options, including portable insurance plans that you may keep, even if you change jobs.

## What You Need

- Driver's license
- Bank account information (if signing up for direct deposit)
- Spouse and children's dates of birth and Social Security Numbers
- Beneficiary information (and, if a trust, the full name and date of trust)

To view a step-by-step video on how to enroll using AFenroll®, please visit [americanfidelity.com/howtoenroll](https://americanfidelity.com/howtoenroll).

**If you have questions or need help at any time during the online enrollment process, contact your benefits department.**

### **Dan Borrero**

#### **Account Manager**

American Fidelity  
4625 East Bay Drive., #213  
Clearwater, FL 33764  
405-212-2406  
[Dan.Borrero@americanfidelity.com](mailto:Dan.Borrero@americanfidelity.com)



A seagull with dark wings and a white body is shown in flight over a body of water. The bird's wings are spread wide, and its head is turned towards the right. The background is a soft, out-of-focus view of the water and sky.

# **INSURANCE PLANS**

**Medical Plan  
Dental Plan  
Vision Plan  
Group Life Insurance  
Disability Income Insurance**

**TX Life Insurance  
Accident Insurance  
Cancer Insurance  
Critical Illness Insurance**

## 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) |
| <b>Family</b>      | <b>\$2,031.72</b>    | <b>\$1,031.96</b>         | <b>\$999.76</b>             | <b>Family</b>       | <b>\$1,735.69</b>    | <b>\$1,031.96</b>         | <b>\$703.73</b>             |
| <b>Single</b>      | <b>\$846.74</b>      | <b>\$553.07</b>           | <b>\$293.67</b>             | <b>Single</b>       | <b>\$723.37</b>      | <b>\$553.07</b>           | <b>\$170.30</b>             |

### Rates

The Wakulla County School Board contributes \$5530.70 per year for single coverage and \$10,319.60 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.

An Individual may be added upon becoming an Eligible Dependent of a Subscriber.

Newborn Child -- To enroll a newborn child who is an Eligible Dependent, submit a Member Status Change from to Capital Health Plan prior to or during the 60-day period immediately following the date of birth. The Effective Date of coverage for a newborn child shall be the date of birth.

If the newborn child is enrolled within 30 days of the date of birth, Premium will not be charged for the first 30 days of coverage. If the newborn child is enrolled after this 30-day period, Premium will be charged from the moment of birth. Coverage will be denied if notice is not given within 60 days of the date of birth of the newborn child; however such newborn child may be enrolled during the next Annual Open Enrollment Period.



Quality Choice \$15/\$50/\$100


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](http://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 <a href="#">deductible</a> ?                                | \$0  | See the Common Medical Events chart below for your costs for services this <a href="#">plan</a> covers.   |
| Are there services covered before you meet your <a href="#">deductible</a> ?    | Yes.   | This <a href="#">plan</a> covers some items and services even if you haven't yet met the deductible amount. But a <a href="#">copayment</a> or <a href="#">coinsurance</a> may apply. For example, this <a href="#">plan</a> covers certain <a href="#">preventive services</a> without <a href="#">cost sharing</a> and before you meet your <a href="#">deductible</a> . See a list of covered <a href="#">preventive services</a> at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a> . |
| Are there other <a href="#">deductibles</a> for specific services?              | No.  | You don't have to meet <a href="#">deductibles</a> for specific services.   |
| What is the <a href="#">out-of-pocket limit</a> for this <a href="#">plan</a> ? | Medical: \$2,000 single coverage / \$4,500 family coverage.<br>Pharmacy: \$4,850 single coverage \$9,200 family coverage.  | The <a href="#">out-of-pocket limit</a> is the most you could pay in a year for covered services. If you have other family members in this <a href="#">plan</a> , they have to meet their own <a href="#">out-of-pocket limits</a> until the overall family <a href="#">out-of-pocket limit</a> has been met.   |
| What is not included in the <a href="#">out-of-pocket limit</a> ?               | <a href="#">Premiums</a> and health care this <a href="#">plan</a> doesn't cover.  | Even though you pay these expenses, they don't count toward the <a href="#">out-of-pocket limit</a> .   |
| Will you pay less if you use a <a href="#">network provider</a> ?               | Yes. See <a href="http://www.capitalhealth.com">www.capitalhealth.com</a> or call 850-383-3311 for a list of <a href="#">network providers</a> .   | Be aware, your network provider might use an <a href="#">out-of-network provider</a> for some services (such as lab work). Check with your provider before you get services.  |
| Do you need a <a href="#">referral</a> to see a <a href="#">specialist</a> ?    | Yes. Some specialists require a referral. For a list of specialists that require a referral go to <a href="http://capitalhealth.com/ReferralAndAuth">capitalhealth.com/ReferralAndAuth</a> | This <a href="#">plan</a> will pay some or all of the costs to see a <a href="#">specialist</a> for covered services but only if you have a <a href="#">referral</a> before you see the <a href="#">specialist</a> .  |



|  All <b>copayment</b> and <b>coinsurance</b> costs shown in this chart are after your <b>deductible</b> has been met, if a <b>deductible</b> applies. |  |  |  |  |
|--|--|--|--|--|
| Common Medical Event   | Services You May Need                            | What You Will Pay  |  | Limitations, Exceptions, & Other Important Information   |
|  |  | Network Provider<br>(You will pay the least)   | Out-of-Network Provider<br>(You will pay the most) |  |
| <b>If you visit a health care provider's office or clinic</b>  | Primary care visit to treat an injury or illness | Office: \$15 / visit<br>Telehealth: \$15 / visit   | Not Covered  | Telehealth – Services are provided by <u>network providers</u> through remote access technology including the web and mobile devices.  |
|  | <u>Specialist</u> visit                          | Office: \$75 / visit<br>Telehealth: \$75 / visit   | Not Covered  | Prior authorization required for certain specialist visits. Your benefits/services may be <u>denied</u> . Telehealth – Services are provided by <u>network providers</u> through the web and mobile devices. |
|  | <u>Preventive care/screening/immunization</u>    | No Charge for covered services   | Not Covered  | You may have to pay for services that aren't <u>preventive</u> . Ask your <u>provider</u> if the services you need are <u>preventive</u> . Then check what your <u>plan</u> will pay for.                    |
|  | <u>Diagnostic test</u> (x-ray, blood work)       | No Charge  | Not Covered  | Diagnostic tests other than x-ray or blood work may incur a cost share.  |
| <b>If you have a test</b>  | Imaging (CT/PET scans, MRIs)                     | \$250 / visit  | Not Covered  | Prior authorization required for certain imaging services. Your benefits/services may be denied.   |
|  | Tier 1 drugs                                     | \$15/30-day supply<br>\$30/60-day supply<br>\$45/90-day supply<br>(retail & mail order)    | Not Covered  | The formulary is a closed formulary. This means that all available covered medications are shown. Prior authorization and/or quantity limits may apply. Your benefits/services may be denied.                |
| <b>If you need drugs to treat your illness or condition</b><br>More information about <b>prescription drug coverage</b> is available at <a href="http://www.capitalhealth.com/MedCenter">www.capitalhealth.com/MedCenter</a>             | Tier 2 drugs                                     | \$50/30-day supply<br>\$100/60-day supply<br>\$150/90-day supply<br>(retail & mail order)  | Not Covered  |  |
|  | Tier 3 drugs                                     | \$100/30-day supply<br>\$200/60-day supply<br>\$300/90-day supply<br>(retail & mail order) | Not Covered  |  |

|   |  |  |  |   |
|---|--|--|--|---|
|   | <a href="#">Specialty drugs</a>                  | \$100 /30-day supply   | Not Covered  | Limited to 30-day supply and may be limited to certain pharmacies. Prior authorization and/or quantity limits 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  |   |
|   | <a href="#">Emergency room care</a>              | \$750 / visit<br>\$500 / observation   | \$750 / visit<br>\$500 / observation   | <u>Copayment</u> is waived if inpatient admission occurs; however, if moved to observation status an additional copayment may apply based on services rendered. |
| If you need immediate medical attention                                   | <a href="#">Emergency medical transportation</a> | \$250 / transport  | \$250 / transport  | Covered if medically necessary.   |
|   | <a href="#">Urgent care</a>                      | Urgent care center: \$50 / visit<br>Telehealth: \$50 / visit<br>Amwell: \$15 / visit | Urgent care center: \$50 / visit<br>Telehealth: \$50 / visit<br>Amwell: \$15 / visit | Telehealth – Services are provided by <u>network providers</u> through remote access technology including the web and mobile devices.                           |
|   | Facility fee (e.g., hospital room)               | \$500 / admission<br>\$500 / observation   | Not Covered  | Prior authorization required. Your benefits /services may be denied.  |
| If you have a hospital stay   | Physician/surgeon fees                           | No Charge if admitted<br>\$75 /provider for observation                              | Not Covered  | _____none_____  |
|   | Outpatient services                              | \$75 / visit   | Not Covered  | _____none_____  |
|   | Inpatient services                               | \$500 / admission  | Not Covered  | Prior authorization required. Your benefits /services may be denied.  |
| If you need mental health, behavioral health, or substance abuse services | Office visits                                    | \$75 / visit   | Not Covered  | _____none_____  |
|   | Childbirth/delivery professional services        | No Charge  | Not Covered  | _____none_____  |

2020.012.Quality.15/50/100.SBC For more information about limitations and exceptions, see the [plan](#) or policy document at [www.capitalhealth.com/sbc](http://www.capitalhealth.com/sbc) **Page 3 of 6**

|   | Childbirth/delivery facility services     | \$500 / admission | Not Covered | Prior authorization required. Your benefits /services may be denied.   |
|---|---|-------------------|-------------|--|
| <b>If you need help recovering or have other special health needs</b> | <a href="#">Home health care</a>          | No Charge         | Not Covered | Prior authorization required. Your benefits/ services may be denied.   |
|   | <a href="#">Rehabilitation services</a>   | \$75 / visit      | Not Covered | Limited to the consecutive 62-day period immediately following the first service date.                                     |
|   | <a href="#">Habilitation services</a>     | Not Covered       | Not Covered | _____none_____   |
|   | <a href="#">Skilled nursing care</a>      | No Charge         | Not Covered | Covers up to 60 days per admission with subsequent admission following 180 days from discharge date of previous admission. |
|   | <a href="#">Durable medical equipment</a> | No Charge         | Not Covered | Prior authorization required for certain devices. Your benefits/services may be denied.                                    |
| <b>If your child needs dental or eye care</b>                         | <a href="#">Hospice services</a>          | No Charge         | Not Covered | Prior authorization required for inpatient services. Your benefits/services may be denied.                                 |
|   | 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](#).)

- |  |   |   |
|--|---|---|
| <ul style="list-style-type: none"> <li>• Acupuncture</li> <li>• Bariatric Surgery</li> <li>• Cosmetic Surgery</li> <li>• Dental care (Adult)</li> <li>• Dental care (Child)</li> </ul> | <ul style="list-style-type: none"> <li>• Glasses</li> <li>• Habilitation services</li> <li>• Hearing aids</li> <li>• Infertility treatment</li> <li>• Long-term care</li> </ul> | <ul style="list-style-type: none"> <li>• Non-emergency care when traveling outside the US</li> <li>• Private-duty nursing</li> <li>• Routine foot care</li> <li>• Weight loss programs</li> </ul> |
|--|---|---|

##### 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: [insert State, HHS, DOL, and/or other applicable agency contact information]. 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](http://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 on how 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: 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](http://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](http://www.dol.gov/ebsa/consumer_info_health.html) and <http://www.cms.gov/CCIIO/Resources/Consumer-Assistance-Grants/>.

**Does this plan provide Minimum Essential Coverage? Yes**

[Minimum Essential Coverage](#) generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the [premium tax credit](#).

**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): Dine'ehgo shika at'ohwol ninisingo, kwijigo 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.*

**PRA Disclosure Statement:** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-1146**. The time required to complete this information collection is estimated to average **0.08** hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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              | \$12,700 |
|---------------------------------|----------|
| In this example, Peg would pay: |          |
| Cost Sharing                    |          |
| <a href="#">Deductibles</a>     | \$0      |
| <a href="#">Copayments</a>      | \$900    |
| <a href="#">Coinsurance</a>     | \$0      |
| What isn't covered              |          |
| Limits or exclusions            | \$60     |
| The total Peg would pay is      | \$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](#) \$100

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              | \$5,600 |
|---------------------------------|---------|
| In this example, Joe would pay: |         |
| Cost Sharing                    |         |
| <a href="#">Deductibles</a>     | \$0     |
| <a href="#">Copayments</a>      | \$1,700 |
| <a href="#">Coinsurance</a>     | \$0     |
| What isn't covered              |         |
| Limits or exclusions            | \$20    |
| The total Joe would pay is      | \$1,720 |

**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              | \$2,800 |
|---------------------------------|---------|
| In this example, Mia would pay: |         |
| Cost Sharing                    |         |
| <a href="#">Deductibles</a>     | \$0     |
| <a href="#">Copayments</a>      | \$1,400 |
| <a href="#">Coinsurance</a>     | \$0     |
| What isn't covered              |         |
| Limits or exclusions            | \$0     |
| The total Mia would pay is      | \$1,400 |

The [plan](#) would be responsible for the other costs of these **EXAMPLE** covered services.

# 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 at one of the numbers listed below.

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 850-383-3534 or 1-877-870-8943, Fax: 850-523-7419, Email: [memberservices@chp.org](mailto:memberservices@chp.org). Medicare members or prospective members call 850-523-7441 or 1-877-247-6512 (TTY 850-383-3534 or 1-877-870-8943) 8:00 a.m. - 8:00 p.m., seven days a week, October 1 - February 14; 8:00 a.m. - 8:00 p.m., Monday - Friday, February 15 - September 30. State of Florida members call 1-877-392-1532, 7:00 a.m. - 8:00 p.m.

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

Washington, DC 20001  
800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/office/office/file/index.html>.

Have a disability? Speak a language other than English? Call to get help for free.

1-877-247-6512, TTY/TDD 850-383-3534 or 1-877-870-8943

Vous souffrez d'un handicap ? Vous parlez une autre langue que l'anglais ? Appelez pour obtenir une aide gratuite. 1 877 247 6512, Téléscripneur/ATME 850 383 3534 ou 1 877 870 8943

Hai una disabilità? Non parli inglese? Chiama uno di questi numeri per chiedere assistenza gratuita: 1-877-247-6512, TTY/TDD 850-383-3534 o 1-877-870-8943

[illegible]



Haben Sie eine Behinderung? Möchten Sie mit uns in einer anderen Sprache als Englisch kommunizieren? Rufen Sie an, um kostenlos Unterstützung zu erhalten. 1-877-247-6512, TTY/TDD 850-383-3534 oder 1-877-870-8943

¿Tiene una discapacidad? ¿Habla algún otro idioma que no sea inglés? Llame para obtener ayuda gratis. 1-877-247-6512, TTY/TDD 850-383-3534 o al 1-877-870-8943

دیکری گب سامت اه هرامش نیاب ناگیار کمک تفایرد یارب ؟ دیکنک کم تب حص کس یل گنا زجب کتابز هب ؟ دیکراد کصاخ کتابوات  
1-877-247-6512. TTY/TDD 850-383-3534 اسی 1-877-870-8943

ਅਪਹਾਇਏ ਉ? ਓਹਾਏਏਏਿ ਕਰਾਨੀ ਅਨੁਯ ਐਏਏ ਯੋਏਏਏਏ ਓਹਾ ਕਹੇ. 1-877-247-6512, TTY/TDD 850-383-3534 ਅਏਏਏ 1-877-870-8943 ਅਏ

Ou gen yon andikap? Ou pale yon lang ki pa Anglè? Rele pou jwenn èd pou gratis?  
1-877-247-6512, TTY/TDD 850-383-3534 oswa 1-877-870-8943

장애가 있으십니까? 영어가 아닌 다른 언어를 사용하십니까? 전화하십시오. 무료로 도와드립니다. 1-877-247-6512, TTY/TDD 850-383-3534 또는 1-877-870-8943

Jesteś osobą niepełnosprawną? Mówisz w języku innym niż j. angielski? Zadzwoń, aby uzyskać bezpłatną pomoc. 1-877-247-6512, TTY/TDD 850-383-3534 lub 1-877-870-8943

Tem algum tipo de incapacidade? Fala outra língua que não o inglês? Ligue para obter ajuda gratuitamente. 1-877-247-6512, TTY/TDD 850-383-3534 ou 1-877-870-8943

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

您是殘障人士嗎？您不會說英語嗎？請撥打電話以免費獲取幫助。 電話號碼： 1-877-247-6512； TTY/TDD（听障人士）： 850-383-3534 或 1-877-870-8943

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

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

เพื่อการหรือเปล่า? พูดภาษาอื่นที่ไม่ใช่ภาษาอังกฤษหรือเปล่า? โทรเพื่อขอความช่วยเหลือฟรี  
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. 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. Medicare members or prospective members call 850-523-7441 or 1-877-247-6512 (TTY 850-383-3534 or 1-877-870-8943) 8:00 a.m. - 8:00 p.m., seven days a week, October 1 - February 14; 8:00 a.m. - 8:00 p.m., Monday - Friday, February 15 - September 30. State of Florida members call 1-877-392-1532, 7:00 a.m. - 8:00 p.m.

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

Approved by Compliance Committee: 8/23/2016; Revised 5/3/17



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](http://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 <u>deductible</u> ?                             | \$2,500 single coverage<br>\$5,000 family coverage  | Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the policy, they have to meet their own individual deductible until the overall family <u>deductible</u> amount has been met.   |
| Are there services covered before you meet your <u>deductible</u> ? | Yes. <u>Preventive care</u> services are covered before you meet your <u>deductible</u> . Amwell services and Retail pharmacy prescription drugs are not subject to the <u>deductible</u> . | This <u>plan</u> covers some items and services even if you haven't yet met the annual <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain preventive services without <u>cost-sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a> . |
| Are there other <u>deductibles</u> for specific services?           | No.   | You don't have to meet <u>deductibles</u> for specific services.   |
| What is the <u>out-of-pocket limit</u> for this <u>plan</u> ?       | 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 <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.   |
| What is not included in the <u>out-of-pocket limit</u> ?            | Premiums and health care this plan doesn't cover.   | Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .   |
| Will you pay less if you use a <u>network provider</u> ?            | Yes. See <a href="http://www.capitalhealth.com">www.capitalhealth.com</a> or call 850-383-3311 for a list of <u>network providers</u> .   | Be aware, your network provider might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.   |
| Do you need a <u>referral</u> to see a <u>specialist</u> ?          | Yes. Some specialists require a referral. For a list of specialists that require a referral go to <a href="http://capitalhealth.com/ReferralAndAuth">capitalhealth.com/ReferralAndAuth</a>  | This plan will pay some or all of the costs to see a <u>specialist</u> for covered services but only if you have a <u>referral</u> before you see the <u>specialist</u> .  |

| All <a href="#">copayment</a> and <a href="#">coinsurance</a> costs shown in this chart are after your <a href="#">deductible</a> has been met, if a <a href="#">deductible</a> applies.                                       |  |  |  |   |
|--|--|--|--|---|
| Common Medical Event   | Services You May Need                                  | What You Will Pay  |  | Limitations, Exceptions, & Other Important Information  |
|  |  | Network Provider<br>(You will pay the least)   | Out-of-Network Provider<br>(You will pay the most) |   |
| If you visit a health care <a href="#">provider's office</a> or clinic   | Primary care visit to treat an injury or illness       | Office: \$15 / visit<br>Telehealth: \$15 / visit   | Not Covered  | Telehealth – Services are provided by <u>network providers</u> through remote access technology including the web and mobile devices.   |
|  | <a href="#">Specialist</a> visit                       | Office: \$75 / visit<br>Telehealth: \$75 / visit   | Not Covered  | Prior authorization required for certain specialist visits. Your benefits/services may be denied. Telehealth – Services are provided by <u>network providers</u> through remote access technology including the web and mobile devices. |
|  | <a href="#">Preventive care/screening/immunization</a> | No Charge for covered services   | Not Covered  | You may have to pay for services that aren't <u>preventive</u> . Ask your <u>provider</u> if the services you need are <u>preventive</u> . Then check what your <u>plan</u> will pay for.   |
| If you have a test   | <a href="#">Diagnostic test</a> (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<br>More information about <a href="#">prescription drug coverage</a> is available at <a href="http://www.capitalhealth.com/MedCenter">www.capitalhealth.com/MedCenter</a> | Tier 1 drugs   | \$15/30-day supply<br>\$30/60-day supply<br>\$45/90-day supply<br>(retail & mail order)    | Not Covered  | The formulary is a closed formulary. This means that all available covered medications are shown. Prior authorization and/or quantity limits 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  |   |
|  | Tier 3 drugs   | \$100/30-day supply<br>\$200/60-day supply<br>\$300/90-day supply<br>(retail & mail order) | Not Covered  |   |



|   |  |   |   |  |
|---|--|---|---|--|
|   | <a href="#">Specialty drugs</a>                  | \$100 /30-day supply  | Not Covered   | Limited to 30-day supply and may be limited to certain pharmacies. Prior authorization and/or quantity limits 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                                   | <a href="#">Emergency room care</a>              | \$500 / visit<br>\$500 / observation  | \$500 / visit<br>\$500 / observation  | <u>Copayment</u> is waived if inpatient admission occurs; however if moved to observation status an additional copayment may apply based on services rendered. . . |
|   | <a href="#">Emergency medical transportation</a> | \$250 / transport   | \$250 / transport   | Covered if medically necessary.  |
|   | <a href="#">Urgent care</a>                      | Urgent care center:<br>\$50 / visit<br>Telehealth: \$50 / visit<br>Amwell: \$15 / visit | Urgent care center:<br>\$50 / visit<br>Telehealth: \$50 / visit<br>Amwell: \$15 / visit | Telehealth – Services are provided by network providers through remote access technology including the web and mobile devices.                                     |
| 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.   |
|---|---|-------------------|-------------|--|
| <b>If you need help recovering or have other special health needs</b> | <a href="#">Home health care</a>          | No Charge         | Not Covered | Prior authorization required. Your benefits/ services may be denied.   |
|   | <a href="#">Rehabilitation services</a>   | \$75 / visit      | Not Covered | Limited to the consecutive 62-day period immediately following the first service date.                                     |
|   | <a href="#">Habilitation services</a>     | Not Covered       | Not Covered | _____none_____   |
|   | <a href="#">Skilled nursing care</a>      | No Charge         | Not Covered | Covers up to 60 days per admission with subsequent admission following 180 days from discharge date of previous admission. |
|   | <a href="#">Durable medical equipment</a> | No Charge         | Not Covered | Prior authorization required for certain devices. Your benefits/services may be denied.                                    |
| <b>If your child needs dental or eye care</b>                         | <a href="#">Hospice services</a>          | No Charge         | Not Covered | Prior authorization required for inpatient services. Your benefits/services may be denied.                                 |
|   | 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 <a href="#">Plan</a> Generally Does NOT Cover (Check your policy or <a href="#">plan</a> document for more information and a list of any other <a href="#">excluded services</a> .) |  |
|---|--|
| <ul style="list-style-type: none"> <li>Acupuncture</li> <li>Bariatric Surgery</li> <li>Cosmetic Surgery</li> <li>Dental care (Adult)</li> <li>Dental care (Child)</li> </ul>                      | <ul style="list-style-type: none"> <li>Glasses</li> <li>Habilitation services</li> <li>Hearing aids</li> <li>Infertility treatment</li> <li>Long-term care</li> <li>Non-emergency care when traveling outside the US</li> <li>Private-duty nursing</li> <li>Routine foot care</li> <li>Weight loss programs</li> </ul> |

| Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your <a href="#">plan</a> document.) |   |
|--|---|
| <ul style="list-style-type: none"> <li>Chiropractic care</li> </ul>  | <ul style="list-style-type: none"> <li>Routine eye care (Adult )</li> </ul> |

**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: [insert State, HHS, DOL, and/or other applicable agency contact information]. 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](http://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 on how 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: 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](http://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](http://www.dol.gov/ebsa/consumer_info_health.html) and <http://www.cms.gov/CCIIO/Resources/Consumer-Assistance-Grants/>.

#### **Does this plan provide Minimum Essential Coverage? Yes**

[Minimum Essential Coverage](#) generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the [premium tax credit](#).

#### **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): Dine'ek'ehgo shika a'ohwol ninisingo, kwijigo 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.*

**PRA Disclosure Statement:** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-1146**. The time required to complete this information collection is estimated to average **0.08** hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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](#) \$2,500
- [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              | \$12,700 |
|---------------------------------|----------|
| In this example, Peg would pay: |          |
| Cost Sharing                    |          |
| <a href="#">Deductibles</a>     | \$2,500  |
| <a href="#">Copayments</a>      | \$900    |
| <a href="#">Coinsurance</a>     | \$0      |
| What isn't covered              |          |
| Limits or exclusions            | \$60     |
| The total Peg would pay is      | \$3,460  |

**Managing Joe's Type 2 Diabetes**

(a year of routine in-network care of a well-controlled condition)

- The [plan's overall deductible](#) \$2,500
- [Specialist copayment](#) \$75
- Hospital (facility) [copayment](#) \$500
- Other [copayment](#) \$100

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              | \$5,600 |
|---------------------------------|---------|
| In this example, Joe would pay: |         |
| Cost Sharing                    |         |
| <a href="#">Deductibles</a>     | \$2,500 |
| <a href="#">Copayments</a>      | \$800   |
| <a href="#">Coinsurance</a>     | \$0     |
| What isn't covered              |         |
| Limits or exclusions            | \$20    |
| The total Joe would pay is      | \$3,320 |

**Mia's Simple Fracture**

(in-network emergency room visit and follow up care)

- The [plan's overall deductible](#) \$2,500
- [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              | \$2,800 |
|---------------------------------|---------|
| In this example, Mia would pay: |         |
| Cost Sharing                    |         |
| <a href="#">Deductibles</a>     | \$2,500 |
| <a href="#">Copayments</a>      | \$300   |
| <a href="#">Coinsurance</a>     | \$0     |
| What isn't covered              |         |
| Limits or exclusions            | \$0     |
| The total Mia would pay is      | \$2,800 |

The [plan](#) would be responsible for the other costs of these EXAMPLE covered services.



## 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 at one of the numbers listed below.

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 850-383-3534 or 1-877-870-8943, Fax: 850-523-7419, Email:

[memberservices@chp.org](mailto:memberservices@chp.org). Medicare members or prospective members call 850-523-7441 or 1-877-247-6512 (TTY 850-383-3534

or 1-877-870-8943) 8:00 a.m. - 8:00 p.m., seven days a week, October 1 - February 14; 8:00 a.m. - 8:00 p.m., Monday - Friday,

February 15 - September 30. State of Florida members call 1-877-392-1532, 7:00 a.m. - 8:00 p.m.

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

800-368-1019, 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.**

1-877-247-6512, TTY/TDD 850-383-3534 or 1-877-870-8943

**Vous souffrez d'un handicap ? Vous parlez une autre langue que l'anglais ? Appelez pour obtenir une aide gratuite. 1 877 247 6512, Télécopieur/ATME 850 383 3534 ou 1 877 870 8943**

**Hai una disabilità? Non parli inglese? Chiama uno di questi numeri per chiedere assistenza gratuita: 1-877-247-6512, TTY/TDD 850-383-3534 o 1-877-870-8943**

ة.اناجملا ةدعاسملا لىلغ لوصح لل لصتا ؟ةيزلي نجال ةغللا ريغ ةغل ثدحتت له ؟ةقاعا نم يتاعات له  
1-877-247-6512 و 1-877-870-8943 مصلال يف اهل لاصتالا زاهج TDD/يصلال فتل اهلا TTY و 1-877-247-6512

Haben Sie eine Behinderung? Möchten Sie mit uns in einer anderen Sprache als Englisch kommunizieren? Rufen Sie an, um kostenlos Unterstützung zu erhalten. 1-877-247-6512, TTY/TDD 850-383-3534 oder 1-877-870-8943

¿Tiene una discapacidad? ¿Habla algún otro idioma que no sea inglés? Llame para obtener ayuda gratis. 1-877-247-6512, TTY/TDD 850-383-3534 o al 1-877-870-8943

دیری سبب اه هرامش نیاب ناگیار کمک تفایرد یارب ؟ دینک یم تب حص کیسی لگنا دعب کی نابز هب ؟ ددراد کی صاخ کی ناوتات  
1-877-247-6512, TTY/TDD 850-383-3534 ای 1-877-870-8943

અનુભવ છે? ઇંગ્લિશ કરતાં અન્ય ભાષા બોલી છે? નશ્ચિલક મદદ મેળવવા ફોન કરો. 1-877-247-6512, TTY/TDD 850-383-3534 અથવા 1-877-870-8943 પર

Ou gen yon andikap? Ou pale yon lang ki pa Anglè? Rele pou jwenn èd pou gratis?  
1-877-247-6512, TTY/TDD 850-383-3534 oswa 1-877-870-8943

장애가 있으십니까? 영어가 아닌 다른 언어를 사용하십니까? 전화하십시오. 무료로 도와드립니다. 1-877-247-6512, TTY/TDD 850-383-3534 또는 1-877-870-8943

Jesteś osobą niepełnosprawną? Mówisz w języku innym niż j. angielski? Zadzwoń, aby uzyskać bezpłatną pomoc. 1-877-247-6512, TTY/TDD 850-383-3534 lub 1-877-870-8943

Tem algum tipo de incapacidade? Fala outra língua que não o inglês? Ligue para obter ajuda gratuitamente. 1-877-247-6512, TTY/TDD 850-383-3534 ou 1-877-870-8943

Ваши возможности ограничены по состоянию здоровья? Вы не говорите по-английски? Обратитесь за бесплатной помощью по телефону: 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？请拨打电话以免免费获取帮助。电话号码：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. 1-877-247-6512, TTY/TDD 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。  
1-877-247-6512，聽障者請使用 TTY/TDD 850-383-3534 或 1-877-870-8943

พิจารณาหรือไม่ใช้ภาษาอังกฤษหรือเปล่า? โปรดข้อความช่วยเหลือฟรี  
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. 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. Medicare members or prospective members call 850-523-7441 or 1-877-247-6512 (TTY 850-383-3534 or 1-877-870-8943) 8:00 a.m. - 8:00 p.m., seven days a week, October 1 - February 14; 8:00 a.m. - 8:00 p.m., Monday - Friday, February 15 - September 30. State of Florida members call 1-877-392-1532, 7:00 a.m. - 8:00 p.m.

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

Approved by Compliance Committee: 8/23/2016; Revised 5/3/17



A faster, easier way to see a doctor  
with mobile or web access **24/7/365**.



### DOWNLOAD NOW!

Search the App store or Google Play  
for **Amwell**

**Step 1:** Enroll to create your account

**Step 2:** Enter Service Key **CHP**

**Step 3:** Select the doctor you'd like to see



[capitalhealth.com/amwell](https://capitalhealth.com/amwell)



The doctor is always in - midnight or midday - we're  
available **24/7/365**, using your phone, tablet or computer.

#### You can use Amwell when:

- You need to see a doctor, but they are not available
- Your doctor's office is closed
- You feel too sick to leave the house
- You need care for your child(ren)
- You're traveling and need a doctor

For only **\$15\***, you can use Amwell for common health issues, such as:

- |              |                 |             |                |
|--------------|-----------------|-------------|----------------|
| • Cold/Flu   | • Ear Infection | • Sinusitis | • UTI          |
| • Fever/Rash | • Bronchitis    | • Pink Eye  | • Strep Throat |

\*The \$15.00 copayment may vary depending on your plan type. Not a covered benefit for State of Florida members.



2018.03.003

# Health Plan Benefits

## Health Plans Contact Directory

| Vendor                      | Member Services | Website               |
|-----------------------------|-----------------|-----------------------|
| Capital Health Plan         | 850-383-3311    | www.capitalhealth.com |
| Sun Life Financial - Vision | 1-800-877-7195  | www.vsp.com           |
| Sun Life Financial - Dental | 800-247-6875    | www.sunlife.com       |
| USABLE Life                 | 800-333-3256    | —                     |

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

## Dental Plan

*Sun Life Employee Benefits*

### Wakulla County School Board Dental/Vision Rates 2020-2021

**Rates**  
(10 pay/year)

|                     | <u>Dental High Plan</u> | <u>Dental Low Plan</u> | <u>Vision plan</u> |
|---------------------|-------------------------|------------------------|--------------------|
| Employee            | \$36.97                 | \$25.78                | \$8.54             |
| Employee/Spouse     | \$72.91                 | \$50.77                | \$17.10            |
| Employee/Child(ren) | \$74.62                 | \$58.27                | \$18.82            |
| Family              | \$110.63                | \$84.13                | \$27.36            |

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



## Dental Insurance



### COMMONLY COVERED

- ✓ Exams and cleanings
- ✓ X-rays
- ✓ Fillings
- ✓ Tooth extractions
- ✓ Root canals

### ► PROTECTS YOUR SMILE.

You can feel more confident with dental insurance that encourages routine cleanings and checkups. Dental insurance helps protect your teeth for a lifetime.

### ► PREVENTS OTHER HEALTH ISSUES.

Just annual preventive care alone can help prevent other health issues such as heart disease and diabetes. Many plans cover preventive services at or near 100% to make it easy for you to use your dental benefits.

### ► LOWERS OUT-OF-POCKET EXPENSES.

Seeing an in-network dentist can reduce your fees approximately 30% from their standard fees. Add the benefits of your coinsurance to that and things are looking good for your wallet.

Your employer is offering you a choice of two dental plans. Please review the information for both the basic and enhanced plans. Then, choose the one plan that best fits your needs.

### DENTAL FAST FACTS

*Periodontal disease can lead to receding gums, bone damage, loss of teeth, and can increase the risk of other health problems such as heart disease and diabetes.<sup>1</sup>*

*Treatment of gum disease in people with type 2 diabetes can lower blood sugar over time.<sup>2</sup>*

WAKULLA COUNTY SCHOOL BOARD  
All Eligible Employees  
POLICY # 914053

Sun Life Assurance Company of Canada

1478288 DEN5 CL1 07/16/2020 14:07:31

800-247-6875 • [sunlife.com/us](http://sunlife.com/us)

Dental Insurance

## What's covered (basic plan)

| CALENDAR YEAR MAXIMUM                   | IN-NETWORK       | OUT-OF-NETWORK   |
|---|------------------|------------------|
| Type II, III (Basic and Major Services) | \$750 per person | \$750 per person |

Type I Preventive Services do not count toward your Calendar Year maximum

### CALENDAR YEAR DEDUCTIBLE

| PROCEDURE                               | IN-NETWORK      | OUT-OF-NETWORK  |
|---|-----------------|-----------------|
| Type I Preventive Services              | N/A             | N/A             |
| Type II, III (Basic and Major Services) | \$50 individual | \$50 individual |

### THE PLAN PAYS THE FOLLOWING PERCENTAGE FOR PROCEDURES

| PROCEDURE                  | IN-NETWORK | OUT-OF-NETWORK |
|----------------------------|------------|----------------|
| Type I Preventive Services | 100%       | 70%            |
| Type II Basic Services     | 80%        | 40%            |
| Type III Major Services    | 50%        | 30%            |

## SERVICES

### Type I Preventive Dental Services, including:

- Oral evaluations – 1 in any 6 month period
- Routine dental cleanings – 1 in any 6 month period
- Fluoride treatment – 1 in any 6 month period. *Only for children under age 14*
- Sealants – no more than 1 per tooth in any 36 month period, only for permanent molar teeth. *Only for children under age 14*
- Bitewing x-rays – 1 in any 12 month period
- Genetic test for susceptibility to oral diseases

### Type II Basic Dental Services, including:

- New fillings
- Space maintainers – *only for children under age 19*
- Intraoral complete series x-rays – 1 in any 60 month period
- Localized delivery of antimicrobial agents

### Type III Major Dental Services, including:

- Dentures and bridges – subject to 10 year replacement limit
- Stainless steel crowns – *only for children under age 19*
- Inlay, onlay, and crown restorations – 1 per tooth in any 10 year period
- Surgical extractions of erupted teeth, impacted teeth, or exposed root
- Biopsy (including brush biopsy)
- Endodontics (includes root canal therapy) – 1 per tooth

in any 24 month period

- Complex oral surgery
- General anesthesia/IV sedation – medically required
- Minor gum disease (non-surgical periodontics)
- Scaling and root planing – 1 in any 24 month period per area
- Periodontal maintenance – 1 in any 6 consecutive months
- Major gum disease (surgical periodontics)

### Waiting Periods

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

- No waiting period for preventive, basic or major services

## What's covered (enhanced plan)

| CALENDAR YEAR MAXIMUM                   | IN-NETWORK         | OUT-OF-NETWORK     |
|---|--------------------|--------------------|
| Type II, III (Basic and Major Services) | \$1,000 per person | \$1,000 per person |

Type I Preventive Services do not count toward your Calendar Year maximum

### CALENDAR YEAR DEDUCTIBLE

| PROCEDURE                               | IN-NETWORK      | OUT-OF-NETWORK  |
|---|-----------------|-----------------|
| Type I Preventive Services              | N/A             | N/A             |
| Type II, III (Basic and Major Services) | \$50 individual | \$50 individual |

### THE PLAN PAYS THE FOLLOWING PERCENTAGE FOR PROCEDURES

| PROCEDURE                  | IN-NETWORK | OUT-OF-NETWORK |
|----------------------------|------------|----------------|
| Type I Preventive Services | 100%       | 80%            |
| Type II Basic Services     | 80%        | 60%            |
| Type III Major Services    | 50%        | 40%            |

## SERVICES

### Type I Preventive Dental Services, including:

- Oral evaluations – 1 in any 6 month period
- Routine dental cleanings – 1 in any 6 month period
- Fluoride treatment – 1 in any 6 month period. *Only for children under age 14*
- Sealants – no more than 1 per tooth in any 36 month period, only for permanent molar teeth. *Only for children under age 14*
- Bitewing x-rays – 1 in any 12 month period
- Genetic test for susceptibility to oral diseases

### Type II Basic Dental Services, including:

- New fillings
- Space maintainers – *only for children under age 19*
- Endodontics (includes root canal therapy) – 1 per tooth in any 24 month period
- Intraoral complete series x-rays – 1 in any 60 month period
- Minor gum disease (non-surgical periodontics)
- Scaling and root planing – 1 in any 24 month period per area
- Periodontal maintenance – 1 in any 6 consecutive months
- Localized delivery of antimicrobial agents

### Type III Major Dental Services, including:

- Dentures and bridges – subject to 10 year replacement limit

- Stainless steel crowns– *only for children under age 19*
- Inlay, onlay, and crown restorations – 1 per tooth in any 10 year period
- Surgical extractions of erupted teeth, impacted teeth, or exposed root
- Biopsy (including brush biopsy)
- Complex oral surgery
- General anesthesia/IV sedation – medically required
- Major gum disease (surgical periodontics)

### Waiting Periods

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

- No waiting period for preventive, basic or major services

## Frequently asked questions (basic plan)

### How does a PPO work?

PPO stands for Participating Provider Organization. With a dental PPO plan, dental providers agree to participate in a dental network by offering discounted fees on most dental procedures. When you visit a provider in the network, you could see lower out-of-pocket costs because providers in the network agree to these pre-negotiated discounted fees on eligible claims.

### How do I find a dentist?

Simply visit [www.sunlife.com/findadentist](http://www.sunlife.com/findadentist). Follow the prompts to find a dentist in your area who participates in the PPO network. You do not need to select a dentist in advance. The PPO network for your plan is the Sun Life Dental Network® with 130,000+ unique dentists.

### Do I have to choose a dentist in the PPO network?

No. You can visit any licensed dentist for services. However, you could see lower out-of-pocket costs when you visit a dentist in the network.

### Are my dependents eligible for coverage?

Yes. Your plan offers coverage for your spouse<sup>3</sup> and dependent children. An eligible child is defined as a child to age 26.<sup>4</sup>

### What if I have already started dental work, like a root canal or braces, that requires several visits?

Your coverage with us may handle these procedures differently than your prior plan. To ensure a smooth transition for work in progress, call our dental claims experts before your next visit at 800-442-7742.

### Do I have to file the claim?

Many dentists will file claims for you. If a dentist will not file your claim, simply ask your dentist to complete a standard American Dental Association (ADA) claim form and mail it to:

Sun Life  
P.O. Box 2940  
Clinton, IA 52733

### How can I get more information about my coverage or find my dental ID card?

After the effective date of your coverage, you can view benefit information online at your convenience through your Sun Life account. To create an account go to [www.sunlife.com/account](http://www.sunlife.com/account) and register. You can also access this information from our mobile app—Benefit Tools, which is available for Apple and Android devices. Or you can call Sun Life's Dental Customer Service at 800-442-7742. You can also call any time, day or night, to access our automated system and get answers to

common questions when it's convenient for you.

### What value added benefits does my plan include?

Your plan includes our Lifetime of Smiles® program, with benefits many people prefer, such as brush biopsies for the early detection of oral cancer.

Your plan also includes Preventive Max Waiver® which allows covered dental expenses for preventive services to not apply to the annual maximum.

### CONSIDER A PRE-DETERMINATION OF BENEFITS

They allow us to review your provider's treatment plan to let you know before treatment is started how much of the work should be covered by the plan, and how much you may need to cover. We recommend them for any dental treatment expected to exceed \$300.



## Frequently asked questions (enhanced plan)

### How does a PPO work?

PPO stands for Participating Provider Organization. With a dental PPO plan, dental providers agree to participate in a dental network by offering discounted fees on most dental procedures. When you visit a provider in the network, you could see lower out-of-pocket costs because providers in the network agree to these pre-negotiated discounted fees on eligible claims.

### How do I find a dentist?

Simply visit [www.sunlife.com/findadentist](http://www.sunlife.com/findadentist). Follow the prompts to find a dentist in your area who participates in the PPO network. You do not need to select a dentist in advance. The PPO network for your plan is the Sun Life Dental Network® with 130,000+ unique dentists.

### Do I have to choose a dentist in the PPO network?

No. You can visit any licensed dentist for services. However, you could see lower out-of-pocket costs when you visit a dentist in the network.

### Are my dependents eligible for coverage?

Yes. Your plan offers coverage for your spouse<sup>3</sup> and dependent children. An eligible child is defined as a child to age 26.<sup>4</sup>

### What if I have already started dental work, like a root canal or braces, that requires several visits?

Your coverage with us may handle these procedures differently than your prior plan. To ensure a smooth transition for work in progress, call our dental claims experts before your next visit at 800-442-7742.

### Do I have to file the claim?

Many dentists will file claims for you. If a dentist will not file your claim, simply ask your dentist to complete a standard American Dental Association (ADA) claim form and mail it to:

Sun Life  
P.O. Box 2940  
Clinton, IA 52733

### How can I get more information about my coverage or find my dental ID card?

After the effective date of your coverage, you can view benefit information online at your convenience through your Sun Life account. To create an account go to [www.sunlife.com/account](http://www.sunlife.com/account) and register. You can also access this information from our mobile app—*Benefit Tools*, which is available for Apple and Android devices. Or you can call Sun Life's Dental Customer Service at 800-442-7742. You can also call any time, day or night, to access our automated system and get answers to

common questions when it's convenient for you.

### What value added benefits does my plan include?

Your plan includes our Lifetime of Smiles® program, with benefits many people prefer, such as brush biopsies for the early detection of oral cancer.

Your plan also includes Preventive Max Waiver® which allows covered dental expenses for preventive services to not apply to the annual maximum.

### CONSIDER A PRE-DETERMINATION OF BENEFITS

They allow us to review your provider's treatment plan to let you know before treatment is started how much of the work should be covered by the plan, and how much you may need to cover. We recommend them for any dental treatment expected to exceed \$300.

1. American Academy of Periodontology [http://www.perio.org/consumer/love\\_the\\_gums\\_you%27re\\_with](http://www.perio.org/consumer/love_the_gums_you%27re_with). (accessed on 06/06/19)

2. <https://www.cdc.gov/diabetes/ndep/pdfs/150-Healthy-teeth-matter.pdf> (accessed 06/06/19)

3. If permitted by the Employer's employee benefit plan and not prohibited by state law, the term "spouse" in this benefit includes any individual who is either recognized as a spouse, a registered domestic partner, or a partner in a civil union, or otherwise accorded the same rights as a spouse.

4. Please see your employer for more specific information.

Read the **Important information** section for more details including limitations and exclusions

## Important information

### 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.

### Late entrant

If you or a dependent apply for dental insurance more than 31 days after you become eligible, you or your dependent are a late entrant. The benefits for the first 12 months 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 Services                                   |
| At least 6 months but less than 12 months  | Preventive Services and fillings under Basic Services |
| At least 12 months                         | Preventive, Basic and Major Services                  |

We will not pay for treatments subject to the late entrant limitation, and started or completed during the late entrant limitation period.

To become insured, you must meet the eligibility requirements set forth by your employer. Your coverage effective date will be determined by the Policy and may be delayed if you are not actively at work on the date your coverage would otherwise go into effect. Similarly, dependent coverage, if offered, may be delayed if your dependents are in the hospital (except for newborns) on the date coverage would otherwise become effective. Refer to your Certificate for details.

### Limitations and exclusions

The below exclusions and limitations may vary by state law and regulations. This list may not be comprehensive. Please see your Certificate or ask your benefits administrator for details.

### Dental

We will not pay a benefit for any Dental procedure, which is not listed as a covered dental expense. Any dental service incurred prior to the Effective date or after the termination date is not covered, unless specifically listed in the certificate. A member must be a covered dental member under the Plan to receive dental benefits. The Plan has frequency limitations on certain preventive and diagnostic services, restorations (fillings), periodontal services, endodontic services, and replacement of dentures, bridges and crowns. All services must be necessary and provided according to acceptable dental treatment standards. Treatment performed outside the United States is not covered, except for emergency dental treatment, subject to a maximum benefit. Dental procedures for Orthodontics; TMJ; replacing a tooth missing prior the effective date; implants and implant related services; or occlusal guards for bruxism are not covered unless coverage is elected or mandated by the state.

This Overview is preliminary to the issuance of the Policy. Refer to your Certificate for details. Receipt of this Overview does not constitute approval of coverage under the Policy. In the event of a discrepancy between this Overview, the Certificate and the Policy, the terms of the Policy will govern. Product offerings may not be available in all states and may vary depending on state laws and regulations.

## Rate Sheet

Coverage and **10 pay** rate for Dental Insurance.

Dental coverage is contributory, meaning that you are responsible for paying for all or a portion of the cost through payroll deduction.

### Basic Plan:

| Coverage             | 10 Pay Cost* |
|----------------------|--------------|
| Employee             | \$25.78      |
| Employee+ Spouse     | \$50.77      |
| Employee+ Child(ren) | \$58.27      |
| Employee+ Family     | \$84.13      |

### Enhanced Plan:

| Coverage             | 10 Pay Cost* |
|----------------------|--------------|
| Employee             | \$36.97      |
| Employee+ Spouse     | \$72.91      |
| Employee+ Child(ren) | \$74.62      |
| Employee+ Family     | \$110.63     |

\*The rate is in effect for October 1, 2020. Contact your employer to confirm the portion of the cost for which you will be responsible.



Thank you for selecting Sun Life Financial\* for your dental product. We are pleased to provide you with the attached dental identification cards. If you have previously received cards, please replace your current ID cards with the attached cards.

Register for Online Advantage for Members on our website at [www.sunlife.com/onlineadvantage](http://www.sunlife.com/onlineadvantage). Online Advantage for Members provides you the ability to:

- Download your ID card
- View benefit and claims information
- Find a dentist

### Go Mobile!

Scan the code on the right (or go to [www.sunlife.com/mobileapps](http://www.sunlife.com/mobileapps)) to download our mobile app, **Benefit Tools**, to enjoy some of the same benefits as Online Advantage for Members.



If you have any questions, please call the toll-free number listed on your ID card.

You always have the freedom to choose any dentists with your dental plan. When using an in-network dentist, you may save on out-of-pocket costs.

\*Group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA).

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Sun Life's dental networks include dentists contracted with Dental Health Alliance, L.L.C.® (D.H.A.®) and dentists under access arrangements with other dental networks.

GDOT-6749

## Membership Cards



**Group ID Number**  
914053

**Issued to** Wakulla County School Board

PRINT MEMBER NAME

Insurance products are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA).

### Sun Life Dental Network®

(Includes Aetna Dental® Administrators)

To locate a dentist in your area – visit [www.sunlife.com/findadentist](http://www.sunlife.com/findadentist). Input your Group ID and hit search.

**Dental Coverage:** Benefits are subject to group provisions including deductibles, coinsurance and coordination of benefits. This card is NOT a guarantee of payment. Please call to verify benefits. If services are to exceed \$300, please submit a pre-determination.

### For Benefit and Claim Information:

Sun Life Financial  
P.O. Box 2940, Clinton, IA 52733

**Electronic Claims:** Payor 70408  
(800) 442-7742



**Group ID Number**  
914053

**Issued to** Wakulla County School Board

PRINT MEMBER NAME

Insurance products are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA).

### Sun Life Dental Network®

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To locate a dentist in your area – visit [www.sunlife.com/findadentist](http://www.sunlife.com/findadentist). Input your Group ID and hit search.

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### For Benefit and Claim Information:

Sun Life Financial  
P.O. Box 2940, Clinton, IA 52733

**Electronic Claims:** Payor 70408  
(800) 442-7742



## Vision Insurance



### COMMONLY COVERED

- ✓ Annual exams
- ✓ Lenses
- ✓ Frames
- ✓ Contact lenses
- ✓ Laser vision correction discount

### ► PROTECTS YOUR EYES.

You can help protect your eyesight by visiting an eye doctor regularly. Vision insurance includes an annual comprehensive eye exam with an eye care doctor. Taking care of your eyes today can lead to a better quality of life later.

### ► PREVENTS OTHER HEALTH ISSUES.

Just annual preventive care alone can help detect signs of chronic health conditions such as high blood pressure and diabetes. Early detection can be key before costly symptoms arise.<sup>1</sup>

### ► LOWERS OUT-OF-POCKET EXPENSES.

Seeing an in-network eye care provider can reduce your expenses with savings on frames, lenses, contacts, eye exams and more.

### VISION INSURANCE FAST FACTS

*Roughly, 90% of diabetes-related blindness can be avoided by getting an annual eye exam.<sup>2</sup>*

*59% of adults report experiencing symptoms of digital eye strain, such as blurred vision or headaches.<sup>3</sup>*

WAKULLA COUNTY SCHOOL BOARD  
All Eligible Employees  
POLICY # 914053

## What's covered

| BENEFIT   | FREQUENCY   | IN-NETWORK BENEFIT   | OUT-OF-NETWORK BENEFIT |
|---|---|--|------------------------|
| <b>Exam services</b>  |   |  |                        |
| WellVision exam®  | 1 per 12 months   | \$10 for exam  | Up to \$52             |
| Routine retinal screening   |   | No more than a \$39 copay  | N/A                    |
| <b>Laser vision correction discount</b>   | Once per eye per lifetime.  | Average 15% off the regular price or 5% off the promotional price.<br><br>Discounts only available from contracted facilities. | N/A                    |
| <b>Lenses</b>   |   |  |                        |
| Single lined  | 1 per 12 months   | \$25 (lenses and frame)  | Up to \$55             |
| Bifocal lined   |   |  | Up to \$75             |
| Trifocal  |   |  | Up to \$95             |
| Lenticular  |   |  | Up to \$125            |
| Necessary contacts  |   |  | Up to \$210            |
| <b>Lens enhancements</b>  |   |  |                        |
| Standard  |   | \$50 copay   | N/A                    |
| Premium progressive   |   | \$80-\$90 copay  | N/A                    |
| Custom progressive  |   | \$120-\$160 copay  | N/A                    |
| Other   |   | Average savings of 35-40%  | N/A                    |
| <b>Frames</b>   | 1 per 12 months   | \$130 for the frame of your choice and 20% off the amount over your allowance  | Up to \$57             |
| <b>Elective contact lenses</b><br><i>Contact lenses are in place of lenses and frame.</i> | 1 per 12 months   | 15% savings for your contact lens exam (fitting and evaluation)<br><br>\$130 for contact lenses                                | Up to \$105            |
| <b>Additional glasses and sunglasses discount</b>   | 30% off complete pairs of prescription and non-prescription glasses, including sunglasses for same-day purchases. 20% off all lens options for any other day. Discounts are unlimited for 12 months following exam. |  | N/A                    |

This chart outlines services for Plan 3.

Administrative services for the vision insurance plan are provided by Vision Service Plan (VSP).

## Frequently asked questions

### How do I use my vision benefit?

Once enrolled, simply tell your VSP doctor you're a member and they will handle the rest. If you visit an in-network doctor for services and materials, you don't need an ID card or have forms to complete.

### How do I locate an in-network VSP doctor?

You will have access to the largest national network<sup>4</sup> of private-practice eye care doctors in the industry through Vision Service Plan (VSP). There are three ways to find an in-network doctor:

1. Visit [vsp.com](http://vsp.com) and select the Signature network.
2. Call VSP at 800-877-7195.
3. Download our mobile app, Benefit Tools, and search for a doctor near you.

### What happens if I use an out-of-network doctor?

You will be required to pay the full amount to the doctor at time of service. You can then submit a claim for reimbursement, which is a lesser benefit when compared to visiting a VSP doctor.

### When will my coverage become effective?

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

### Can I enroll as a late entrant?

If you elect coverage more than 31 days after your eligibility date, your effective date will be delayed to the next plan anniversary date.

### Are my dependents eligible for coverage?

Yes. Your plan offers coverage for your spouse<sup>5</sup> and dependent children. An eligible child is defined as a child to age 26.<sup>6</sup>

### How can I get more information about my coverage?

After the effective date of your coverage, you can visit [www.sunlife.com/account](http://www.sunlife.com/account) to create a Sun Life account. Once you're logged in, you'll be able to see your plan details and more. Or you can call VSP Customer Service at 800-877-7195.

### Can I use my benefits to buy glasses or contacts online?

Absolutely. Just visit [www.eyeconic.com](http://www.eyeconic.com). Once you have linked your benefits you will be able to see how your coverage will be applied to different options that you are reviewing. Eyeconic features a virtual try-on tool so you can see how the glasses will look on you before you make your purchase.

1. <https://vsp.com/eye-symptoms.html> accessed 03/13/19.

2. <https://www.vsp.com/diabetes.html> accessed 03/13/19.

3. The Vision Council <https://www.thevisioncouncil.org/content/digital-eye-strain> accessed on 02/21/19.

4. Netminder as of December 2018.

5. If permitted by the Employer's benefit plan and not prohibited by state law, the term "spouse" in this benefit includes any individual who is either recognized as a spouse, a registered domestic partner, or a partner in a civil union, or otherwise accorded the same rights as a spouse.

## Important information

To become insured, you must meet the eligibility requirements set forth by your employer. Your coverage effective date will be determined by the Policy and may be delayed if you are not actively at work on the date your coverage would otherwise go into effect. Similarly, dependent coverage, if offered, may be delayed if your dependents are in the hospital (except for newborns) on the date coverage would otherwise become effective. Refer to your Certificate for details.

### Limitations and exclusions

The below conditions and limitations may vary by state law and regulations. This list may not be comprehensive. Please see your Certificate or ask your benefits administrator for details.

### Vision

We will not pay a benefit for any vision materials, services or options that are not shown in the Benefit Highlights section of the certificate. Any vision service incurred prior to the Effective date or after the termination date is not covered. A member must be a covered vision member under the Plan to receive vision benefits. In no event will benefits exceed the lesser of the actual cost of the examination or materials or the limits of coverage shown in the Benefit Highlights section of the certificate. The plan is designed to cover visually necessary materials rather than cosmetic materials; the member will be responsible for any additional costs above the basic cost.

**This Overview is preliminary to the issuance of the Policy. Refer to your Certificate for details. Receipt of this Overview does not constitute approval of coverage under the Policy. In the event of a discrepancy between this Overview, the Certificate and the Policy, the terms of the Policy will govern. Product offerings may not be available in all states and may vary depending on state laws and regulations.**

This vision plan does not provide coverage for pediatric vision health services that satisfies the requirement for "minimum essential coverage" as defined by The Patient Protection and Affordable Care Act ("PPACA").

Sun Life companies include Sun Life and Health Insurance Company (U.S.) and Sun Life Assurance Company of Canada (collectively, "Sun Life").

Group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 15-GP-01 and 16-VIS-C-01.

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## Rate Sheet

Coverage and **10 pay** rate for Vision Insurance.

Vision coverage is contributory, meaning that you are responsible for paying for all or a portion of the cost through payroll deduction.

| Coverage              | 10 Pay Cost* |
|-----------------------|--------------|
| Employee              | \$8.54       |
| Employee + Spouse     | \$17.10      |
| Employee + Child(ren) | \$18.82      |
| Employee + Family     | \$27.36      |

\*The rate is in effect for October 1, 2020. Contact your employer to confirm the portion of the cost for which you will be responsible.

# Group Term Life Insurance

USABLE Life



## EMPLOYEE BENEFITS SUMMARY | 50035919 WAKULLA COUNTY SCHOOLS

FOR ALL ACTIVE FULL TIME EMPLOYEES

### GROUP TERM LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT

EMPLOYER CONTRIBUTION: 100%

**AMOUNT OF COVERAGE:** Pays a benefit of \$50,000 without evidence of insurability.

*Benefits reduce, based on your age, to 65% at age 70, to 45% at age 75, and to 30% at age 80, and then terminate when you are no longer eligible or your retirement, whichever occurs first.*

**GROUP TERM LIFE** insurance is designed to provide benefits to your designated beneficiary for loss of life.

**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.

**GROUP TERM LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT ALSO INCLUDES THE FOLLOWING:**

- Accelerated Benefit
- Extended Life Insurance Benefit (Waiver of Premium)
- Coma Benefit
- Exposure & Disappearance Benefit
- Repatriation Benefit
- Common Carrier Benefit
- Safety Equipment Benefit
- Total Loss of Use Benefit
- Dignity Planner
- \*Online Employee Assistance Program (EAP) - Go to: NDBH.COM, Login: USAL903.
- \*Offered through our partnership with New Directions Behavioral Health

### DEPENDENT LIFE

EMPLOYER CONTRIBUTION: 0%

**Spouse:** You may purchase coverage for your eligible spouse in the amount of \$10,000.

**Children:** You may purchase coverage for your eligible children between the ages of 6 months and 26 years in the amount of \$2,500. Benefits are reduced to \$1,000 for children from 14 days to 6 months.

*Benefits terminate when you are no longer eligible or your retirement, whichever occurs first.*

### Important Note

If you are not actively at work on the date your insurance or any increase in insurance is scheduled to take effect, the coverage or increase in coverage will take effect on the day you return to active work. This benefit summary provides a very brief description of USABLE Life's insurance products. This is not an insurance policy and only the actual provisions of an issued policy control. USABLE Life's policies set forth the rights and obligations of covered persons and USABLE Life. Please be aware that certain limitations and exclusions may apply, and certain coverage may reduce or terminate due to age or lack of eligibility. If you enroll and are approved for coverage, you will be furnished with a certificate of insurance. Please read your insurance documents carefully.

This benefit summary was generated by USABLE Life on 10/7/2019 at 2:17 PM and may not reflect changes recently

# Group Term Life Insurance

USABLE Life



## EMPLOYEE BENEFITS SUMMARY | 50035919 WAKULLA COUNTY SCHOOLS

FOR ALL RETIREES

### GROUP TERM LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT

EMPLOYER CONTRIBUTION: 0%

**AMOUNT OF COVERAGE:** Pays a benefit of \$10,000 without evidence of insurability.

*Benefit does not reduce, and terminates when you are no longer eligible or your retirement, whichever occurs first.*

**GROUP TERM LIFE** insurance is designed to provide benefits to your designated beneficiary for loss of life.

**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.

**GROUP TERM LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT ALSO INCLUDES THE FOLLOWING:**

- Accelerated Benefit
- Extended Life Insurance Benefit (Waiver of Premium)
- Coma Benefit
- Exposure & Disappearance Benefit
- Repatriation Benefit
- Common Carrier Benefit
- Safety Equipment Benefit
- Total Loss of Use Benefit
- Dignity Planner
- \*Online Employee Assistance Program (EAP) - Go to: NDBH.COM, Login: USAL903.
- \*Offered through our partnership with New Directions Behavioral Health

### DEPENDENT LIFE

EMPLOYER CONTRIBUTION: 0%

**Spouse:** You may purchase coverage for your eligible spouse in the amount of \$5,000.

**Children:** You may purchase coverage for your eligible children between the ages of 6 months and 26 years in the amount of \$2,500. Benefits are reduced to \$1,000 for children from 14 days to 6 months.

*Benefits terminate when you are no longer eligible or your retirement, whichever occurs first.*

### Important Note

If you are not actively at work on the date your insurance or any increase in insurance is scheduled to take effect, the coverage or increase in coverage will take effect on the day you return to active work. This benefit summary provides a very brief description of USABLE Life's insurance products. This is not an insurance policy and only the actual provisions of an issued policy control. USABLE Life's policies set forth the rights and obligations of covered persons and USABLE Life. Please be aware that certain limitations and exclusions may apply, and certain coverage may reduce or terminate due to age or lack of eligibility. If you enroll and are approved for coverage, you will be furnished with a certificate of insurance. Please read your insurance documents carefully.

This benefit summary was generated by USABLE Life on 10/7/2019 at 2:17 PM and may not reflect changes recently

# Long-Term 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 Assurance Company's AF™ **Long-Term 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, Long-Term 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.   |
| Age at Entry   | Your premiums will be based on the date your policy becomes effective.   |
| 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. |
| Competitive 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.



# Universal 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. Individual life insurance products can help.

## Universal Life Insurance

### (PureLife-Plus)

A voluntary permanent<sup>7</sup> life insurance product that guarantees life insurance to age 121. *(Underwritten by Texas Life Insurance Company)*

### Did You Know?

More Americans were relying on employer-sponsored life insurance coverage than individual coverage.<sup>1</sup>

Ask your employer or your AFES representative can provide you with the opportunity for Group Life Insurance — but, do you have individual life insurance you can take with you after your employment ends? Life insurance at retirement can be very costly.

## Consider a PureLife-Plus Policy!

Ask Employer or American Fidelity Representative how you can secure your permanent<sup>7</sup> life insurance with a product that provides:

- Guaranteed death benefit to age 121.<sup>7</sup>
- Minimal cash value – premiums dedicated primarily to the purchase of life insurance.
- Long premium guarantees.<sup>2</sup>
- Limited right to partial refund of premium if future premium required to continue coverage increases.<sup>2</sup>  
(Conditions apply)
- Take it with you when you leave employment.
- Coverage available for employee, spouse, children and grandchildren.<sup>3</sup>

<sup>1</sup>LIMRA: Life Ownership Focus, 2016.

<sup>2</sup>After the guaranteed period, premiums may go down, stay the same or go up.

<sup>3</sup>Coverage not available in WA on children or on grandchildren in WA or MD. In MD, child must reside with the applicant to be eligible for coverage.

<sup>4</sup>Some limitations apply. See brochure for details.

<sup>5</sup>Conditions apply. In Kansas, Temporary Insurance applies. Form 16M050.

<sup>6</sup>Issuance of this policy may depend on the answer to these questions.

<sup>7</sup>Provided required premiums are timely paid.

| Coverage Feature                      | What It Means To You  |
|---------------------------------------|---|
| Several Product Options               | Choose the coverage to meet your financial needs.   |
| Guaranteed Premium <sup>2</sup>       | Your premiums are guaranteed for each applicable period.  |
| Guaranteed Death Benefit <sup>4</sup> | Your death benefit is guaranteed for the life of the policy provided premiums are paid when due.  |
| Interim Coverage <sup>5</sup>         | Coverage normally begins when you complete the application and the authorization for your employer to deduct premiums from your paycheck. Two year suicide and contestability provisions apply. (one year in ND). |
| Enhance Your Coverage                 | Additional riders may be available on certain products to expand your policy.   |
| Easy Application                      | No medical exams and minimal health questions. <sup>6</sup>   |
| 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.   |

This product may not be available in all states and may contain limitations. Not generally qualified benefits under Section 125 Plans. Underwritten by Texas Life Insurance Company. Not affiliated with American Fidelity Assurance Company.

Flexible Premium Adjustable Life Insurance to age 121. PureLife-plus is underwritten and issued by Texas Life Insurance Company, 900 Washington Avenue, Waco, Texas 76701. Texas Life is licensed to do business in the District of Columbia and every state but NY. See the PureLife-plus brochure for details. Policy Form ICC18-PRFNG-NI-18 or Form Series PRFNG-NI-18. 19M010-C 1009 (exp0121)

# Accident Only Insurance

Limited Benefit Accident Only Insurance

Whether a weekend warrior with an active lifestyle or just a busy family, accidents can happen anytime, anywhere, without warning. Being prepared for the unexpected can make all the difference.

American Fidelity Assurance Company's AF™ **Limited Benefit Accident Only Insurance** policy can provide you with 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.

## American Fidelity Assurance Company

| 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 many types of covered injuries.  |
| Wellness Benefit   | The plan pays an annual Wellness Benefit for one Covered Person to receive a routine physical exam, including immunizations and preventative testing. |
| 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, AO-03 series with AMDI258 rider. **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. Availability of riders may vary by state.

# Cancer Insurance

Limited Benefit Cancer Insurance Policy

**American Fidelity Assurance Company**

A cancer diagnosis may be overwhelming. Even with a good major 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 Assurance Company's AF™ **Limited Benefit Individual Cancer Insurance** offers a solution to help you 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 Plans Work

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

## Optional Riders

Enhance your base plan with the following riders:

- **Critical Illness Rider**  
Includes a cancer benefit and a heart attack/stroke benefit
- **Hospital Intensive Care Unit Rider**

| Coverage Feature   | What It Means For You   |
|--|---|
| Plan Options: Basic, Enhanced and Enhanced Plus                        | Choose the plan option 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   | Policy is guaranteed renewable 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. Availability of riders may vary by state.

# 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 major medical insurance, the out-of-pocket expenses associated with a critical illness can affect anyone’s finances.

American Fidelity Assurance Company’s AF™ **Limited Benefit 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 major 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. The insurer has the right to increase premium rates if the policy so provides.

| 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.** Group Critical Illness is only offered on an after-tax basis.





# **FLEXIBLE SPENDING ACCOUNTS**

**Healthcare Flexible Spending Accounts (Healthcare FSA)  
Benefits Debit Card  
Dependent Care Account (DCA)  
Managing Your Account**

# Flexible Spending Accounts

**American Fidelity Assurance Company**

Flexible Spending Accounts are great cost savings tools to help with common medical expenses not covered by your major medical insurance and/or dependent care expenses. You can elect a portion of your pay to be deducted, on a pre-tax basis, from each paycheck to use for reimbursement 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   | Healthcare FSA Election         | \$0             |
| - \$2,500   | Dependent Care Account Election | \$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 Medical Expenses        | - \$2,400       |
| \$0   | Cost of Dependent Care Expenses | - \$2,500       |
| <b>\$18,159.85</b>  | <b>Spendable Income</b>         | <b>\$16,805</b> |
| <b>With an FSA, potential annual savings in this example is: \$1,354.85</b>       |                                 |                 |
| By using an FSA to pay for eligible expenses, you can reduce your taxable income. |                                 |                 |

\* Estimated state 5% and federal 15%.

## Healthcare Flexible Spending Account (Healthcare FSA)

A Healthcare 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: \$2,700

### Examples of Eligible Expenses for Healthcare 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 more complete list of eligible expenses,  
please visit [www.americanfidelity.com](http://www.americanfidelity.com)**

# Flexible Spending Accounts

## Benefits Debit Card

### Benefits Debit Card

American Fidelity will provide a Benefits Debit Card to all employees who elect to participate in a Healthcare FSA (where offered by your employer.) The debit card gives immediate, convenient access to Healthcare FSA funds at the point of sale for prescriptions, copays, and other common qualified medical expenses. The card can only be used for the Healthcare FSA and is not available for the DCA.



### Using Your Benefits Debit Card

Simply swipe your card like you would with any other credit card. Whether at the doctor's office or the dentist, the amount of your eligible expenses will be automatically deducted from your Healthcare FSA. Save ALL receipts!

Cards for Healthcare FSAs can be used at:

- Health care related facilities which include: hospitals, physician offices, dental offices, vision offices; and,
- Merchants participating in the Inventory Information Approval System (IIAS).
- The card is for medical expenses only; dependent day care expenses are not eligible.
- The card cannot be used for over-the-counter drugs filled with a prescription. You will need to file a manual claim for these types of expenses.

### Snap. Submit. And Go!

When using your Benefits Debit Card to pay for an eligible expense, you may need to retain documentation to verify the expense. The AFmobile® app makes this easy.

- **Snap** a photo of the itemized receipt\* with your phone.
- **Submit** the photo of the itemized receipts within the app when you receive notification that a receipt is needed to verify your expense.
- **Go!** After submitting your verification and its review, you will be able to view the status of your reimbursement within the app.

\*The Internal Revenue Code (IRC) requires proof of the eligible expenses using itemized receipts or other documentation showing the date of service, person for whom service was provided and description of the expense. Depending on the type of expense, documentation may come in the form of third party itemized statements or Explanation of Benefits.

### Activating Your Card

You will receive your card at your home address and may begin using your card on the first day of your plan year. Your card will be automatically activated when you use it for the first time for an eligible expense.

# Flexible Spending Accounts

**American Fidelity Assurance Company**

## Dependent Care Account (DCA)

A Dependent Care Account 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. Reimbursement is permitted only after the services have been provided and the expense has been paid. As dependent care contributions are withheld from your paycheck and placed into the account, these funds become available for reimbursement requests. Submit the entire amount of your dependent care expense after the care is provided, even if it exceeds your monthly contribution amount, to maximize reimbursement opportunities. This allows you to build up a "pool" of submitted expenses, with pending amounts ready for reimbursement as soon as your next contribution is received and deposited into your account.

Minimum Annual Election: \$250

Maximum Annual Election: \$5,000

### Examples of Eligible Dependent Care 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 more complete list of eligible expenses, please visit [www.americanfidelity.com](http://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 Care Account under the Section 125 Plan or claim the Dependent Care credit on your income tax return, you must provide the Internal Revenue Service 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

### Healthcare FSA

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

### Dependent Care Account

Unlike the Healthcare 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 generally allowed a 90-day run-off period after the plan year ends to submit claims for expenses that occurred during the plan year but were not yet submitted.
- If you are a new employee entering the FSA during a plan year, reimbursement is only available for expenses and services provided after you begin your participation in the FSA.
- If you are enrolled in the Healthcare FSA and take a leave of absence during the plan year, you may (subject to your employer's plan):
  1. Prepay the contributions on a pre-tax basis, or
  2. Continue the contributions by remitting them to your employer. Pre-tax contributions may continue if you continue to receive enough pay, 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.
- Healthcare FSAs must comply with COBRA and generally must offer COBRA continuation rights to qualified beneficiaries who lose Healthcare FSA coverage due to certain qualifying events. For most Healthcare FSAs, COBRA may be offered upon a qualifying event only if you have a balance remaining in your Healthcare FSA. The balance is generally calculated by subtracting the reimbursements made prior to the qualifying event from the annual election. If eligible, 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 make a pre-tax contribution for your remaining elections for the plan year from your final pay or severance pay. Expenses incurred while contributions are being made are eligible for reimbursement. Coverage generally may not continue beyond the current plan year. If you do not elect COBRA, only expenses incurred during the period of employment are reimbursable. Coverage under the Healthcare FSA ceases when the contributions cease.

SB-23290-0419

# Flexible Spending Accounts

## Managing Your Account

### File a Claim

Three Easy Ways

#### 1. On your mobile device using AFmobile®

Use AFmobile to manage your reimbursement accounts and insurance benefits.

#### 2. Online at americanfidelity.com

#### 3. By mail or fax

Insurance Claim

American Fidelity Assurance Company, Attn: Benefits Department  
P.O. Box 268898, Oklahoma City, OK 73125  
Fax: 800-818-3453

FSA and HRA Claim

American Fidelity Assurance Company  
Attn: Flex Account Administration  
P.O. Box 161968, Altamonte Springs, FL 32716  
Fax # 844-319-3668

\*Obtain a claim form for your insurance claim at [www.americanfidelity.com/fileclaim](http://www.americanfidelity.com/fileclaim).

### Manage Your Reimbursement Account With AFmobile®

AFmobile® allows FSA and HRA participants to submit reimbursement account claims while on the go.

- Access accounts - check balances, view transaction history, and more.
- Manage claims - submit new claims, upload receipts, and check claims status.
- Receive account alerts - choose to receive account updates by text and push notifications.
- Submit documentation - tie receipts and other documentation to a pending card swipe to expedite adjudication.

### Getting Started:

Download AFmobile. To register, you will need:

- Your email address - this should be the same email address provided at time of enrollment.
- Your Social Security Number.

### Using Our Online Portal

Our online portal provides all the same great features as mobile, plus powerful self-service account access and education resources to help put you in the driver's seat.

Getting started:

- Register at [americanfidelity.com](http://americanfidelity.com)
- Register using your email address and Social Security Number
- Once completed, access your reimbursement accounts and insurance benefits.

### Direct Deposit

By enrolling in direct deposit, you can ensure a timely reimbursement! You will no longer need to worry about having to wait on checks or make any more trips to the bank.

#### Three ways to sign up for direct deposit:

1. Through your mobile app.
2. Online through your account at [americanfidelity.com](http://americanfidelity.com)
3. By downloading a direct deposit request form



# 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.<sup>1</sup>

**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](http://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

<sup>1</sup> 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](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.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 begins 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, 2015 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 |
| Sun Life Financial Employee Benefits – Dental | 888-901-6377 |
| Sun Life Financial Employee Benefits – Vision | 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*                                  | 855-329-0097 |
| Oppenheimer Funds*                            | 800-835-7305 |
| Plan Member Services*                         | 800-874-6910 |
| Pre-Paid Legal Services                       | 850-576-7243 |
| 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 |
| USABLE Life                                   | 800-333-3256 |
| Wakulla Senior Citizens Center                | 850-926-7145 |
| Security Financial Resources*                 | 800-747-5164 |
| National Life Group*                          | 877-603-4032 |

\*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](http://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 2020-2021 PAYROLL REPORTING PERIODS

### OPEN ENROLLMENT ENDS AUGUST 21, 2020

| <u>PAYROLL BEGINS</u>     | <u>PAYROLL ENDS</u> | <u>DAYS IN<br/>PERIOD</u> | <u>DUE IN<br/>COUNTY OFFICE</u> | <u>DATE EMPLOYEES<br/>RECEIVE CHECKS</u> |
|---------------------------|---------------------|---------------------------|---------------------------------|--|
| <u>10 MONTH EMPLOYEES</u> |                     |                           |                                 |  |
| 08-06-20                  | 08-31-20            | 18                        | 08-17-20                        | 08-31-20                                 |
| 09-01-20                  | 09-25-20            | 19                        | 09-15-20                        | 09-30-20                                 |
| 09-28-20                  | 10-22-20            | 19                        | 10-15-20                        | 10-30-20                                 |
| 10-23-20                  | 11-18-20            | 19                        | 11-09-20                        | 11-30-20                                 |
| 11-19-20                  | 12-25-20            | 19                        | 12-07-20                        | 12-18-20                                 |
| 01-01-21                  | 01-27-21            | 19                        | 01-14-21                        | 01-29-21                                 |
| 01-28-21                  | 02-24-21            | 19                        | 02-11-21                        | 02-26-21                                 |
| 02-25-21                  | 03-30-21            | 19                        | 03-11-21                        | 03-31-21                                 |
| 03-31-21                  | 04-26-21            | 19                        | 04-13-21                        | 04-30-21                                 |
| 04-27-21                  | 05-21-21            | 19                        | 05-11-21                        | 05-28-21                                 |
| 05-24-21                  | 06-02-21            | 7                         | 06-07-21                        | 06-28-21                                 |

10 month employees will receive their July check on June 30, 2021.

|                              |          |    |          |          |
|------------------------------|----------|----|----------|----------|
| <u>9 1/2 MONTH EMPLOYEES</u> |          |    |          |          |
| *Advance Request             |          |    | 08-24-20 | 08-31-20 |
| 08-06-20                     | 08-28-20 | 17 | 08-31-20 | 09-15-20 |
| 08-31-20                     | 09-24-20 | 18 | 09-30-20 | 10-15-20 |
| 09-25-20                     | 10-20-20 | 18 | 10-26-20 | 11-13-20 |
| 10-21-20                     | 11-16-20 | 18 | 11-18-20 | 12-11-20 |
| 11-17-20                     | 12-18-20 | 19 | 12-17-20 | 01-15-21 |
| 01-04-21                     | 02-01-21 | 20 | 01-29-21 | 02-12-21 |
| 02-02-21                     | 03-02-21 | 20 | 02-26-21 | 03-12-21 |
| 03-03-21                     | 04-06-21 | 20 | 04-02-21 | 04-15-21 |
| 04-07-21                     | 05-04-21 | 20 | 04-30-21 | 05-14-21 |
| 05-05-21                     | 06-02-21 | 20 | 05-17-21 | 06-02-21 |

All absentees of 9 1/2 month employees during May 17 thru June 2, 2021, will be reported by telephone.

Any remaining substitute hours will be due June 3, 2021.

Employees requesting 12 checks will have their July and August checks direct deposited on June 14 and June 15, 2021.

|                          |          |    |          |          |
|--------------------------|----------|----|----------|----------|
| <u>9 MONTH EMPLOYEES</u> |          |    |          |          |
| *Advance Request         |          |    | 08-24-20 | 08-31-20 |
| 08-11-20                 | 09-01-20 | 16 | 08-31-20 | 09-15-20 |
| 09-02-20                 | 09-28-20 | 17 | 10-01-20 | 10-15-20 |
| 09-29-20                 | 10-23-20 | 18 | 10-27-20 | 11-13-20 |
| 10-26-20                 | 11-18-20 | 17 | 11-18-20 | 12-11-20 |
| 11-19-20                 | 12-18-20 | 17 | 12-17-20 | 01-15-21 |
| 01-05-21                 | 02-01-21 | 18 | 01-29-21 | 02-12-21 |
| 02-02-21                 | 02-26-21 | 18 | 02-26-21 | 03-12-21 |
| 03-01-21                 | 04-02-21 | 19 | 03-31-21 | 04-15-21 |
| 04-05-21                 | 04-30-21 | 20 | 04-28-21 | 05-14-21 |
| 05-03-21                 | 05-28-21 | 20 | 05-17-21 | 06-02-21 |

All absentees of 9 month employees during May 17 thru May 28, 2021, will be reported by telephone.

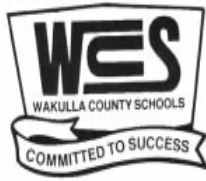
Any remaining substitute hours will be due June 3, 2021.

Employees requesting 12 checks will have their July and August checks direct deposited on June 14 and June 15, 2021.

|                           |          |    |          |          |
|---------------------------|----------|----|----------|----------|
| <u>12 MONTH EMPLOYEES</u> |          |    |          |          |
| 07-01-20                  | 07-31-20 | 23 | 07-20-20 | 07-30-20 |
| 08-03-20                  | 08-31-20 | 21 | 08-17-20 | 08-31-20 |
| 09-01-20                  | 09-30-20 | 22 | 09-17-20 | 09-30-20 |
| 10-01-20                  | 10-30-20 | 22 | 10-19-20 | 10-30-20 |
| 11-02-20                  | 11-30-20 | 21 | 11-12-20 | 11-30-20 |
| 12-01-20                  | 12-31-20 | 23 | 12-08-20 | 12-18-20 |
| 01-01-21                  | 01-29-21 | 21 | 01-19-21 | 01-29-21 |
| 02-01-21                  | 02-26-21 | 20 | 02-16-21 | 02-26-21 |
| 03-01-21                  | 03-31-21 | 23 | 03-17-21 | 03-31-21 |
| 04-01-21                  | 04-30-21 | 22 | 04-15-21 | 04-30-21 |
| 05-03-21                  | 05-31-21 | 21 | 05-13-21 | 05-28-21 |
| 06-01-21                  | 06-30-21 | 22 | 06-15-21 | 06-30-21 |

\*The Superintendent is authorized to issue salary payments on August 31, 2020 as requested, not to exceed 1/2 the first monthly payroll.

# Other Information



## Wakulla County Schools Employee 2020-2021 Benefits Enrollment

Wakulla Insurance Agency HUB Florida 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 &<br>General Questions | Kevin Vaughn   | (850) 545-7021<br><a href="mailto:kevin.vaughn@hubinternational.com">kevin.vaughn@hubinternational.com</a>     |
| New Hires &<br>General Questions | Shara Falstrom | (850) 205-0553<br><a href="mailto:shara.falstrom@hubinternational.com">shara.falstrom@hubinternational.com</a> |
| Retirees & Medicare<br>Questions | Walker Cutts   | (850) 205-0497<br><a href="mailto:walker.cutts@hubinternational.com">walker.cutts@hubinternational.com</a>     |



### Wakulla Insurance Agency

68-C Feli Way  
Crawfordville, Florida 32327  
(850) 926-7900



**HUB**

Division of HUB FLORIDA.

# Benefits Directory

## Medical Benefits

**Capital Health Plan**

850-383-3311

[www.capitalhealth.com](http://www.capitalhealth.com)

## Dental Insurance

**Sun Life Financial**

800-247-6875

[www.sunlife.com](http://www.sunlife.com)

## Vision Insurance

**Sun Life Financial**

1-800-877-7195

[www.vsp.com](http://www.vsp.com)

## Voluntary Insurance Benefits

**American Fidelity**

**Assurance Company**

***Disability Income, Cancer,***

***and Accident***

9000 Cameron Parkway

Oklahoma City, Oklahoma 73114

800-662-1113

[www.americanfidelity.com](http://www.americanfidelity.com)

**TexasLife Insurance Company**

800-283-9233

[www.texaslife.com](http://www.texaslife.com)

## Section 125 Services &

## Flexible Spending Accounts

**American Fidelity**

**Assurance Company**

9000 Cameron Parkway

Oklahoma City, Oklahoma 73114

800-662-1113

[www.americanfidelity.com](http://www.americanfidelity.com)

This Enrollment Benefits booklet is not a contract, is not legally binding, and does not alter any original plan documents. Rather, it is intended to be a summary of available benefits provided through your employer. Every effort has been made to ensure the accuracy of this information. However, the actual determination of your benefits is based solely on the plan documents and if statements in this description differ from the applicable plan documents, coverage documents or Summary Plan Descriptions, then the terms and conditions of those documents will prevail. Please check with your employer's Benefit's Office for further guidance.