



"Putting Children First"



2018

Gadsden County School District Employee Benefit Guide

Gadsden County School District



"Putting Children First"

THE SCHOOL BOARD OF GADSDEN COUNTY

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Roger P. Milton
Superintendent
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Dear Employee,

Employee compensation and the related **benefits** and **deductions** are priorities of this administration. The purpose of this booklet is to provide an educational tool regarding **benefits** and **deductions**.

Benefits are payments made by the School Board that are in addition to your salary. Provided below is a list of Board-paid **benefits**. The amount of Board-paid **benefits** amounts to between 33% and 45% of salaries for employees.

<u>BENEFIT NAME</u>	<u>AMOUNT</u>	<u>DESCRIPTION/VENDOR</u>
FICA and Medicare Retirement	7.65% of salary	Matching employee's contribution
Health Insurance	8.26% of salary	FRS Pension or Investment Plan
Dental Insurance	75% of single premium	Capital Health Plan - HMO
Life Insurance	100% low option	The Standard Insurance Company
Workers Compensation	1 times salary	The Standard Insurance Company
Unemployment Compensation	% of salary	Florida Municipal League
	Based on eligibility	State of Florida

Deductions are withheld from an employee's gross salary due to required taxes or to pay the cost of your voluntary selections. This booklet lists the array of options available to meet your individual needs.

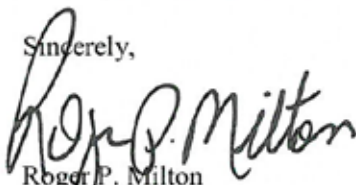
All employees need to participate in the Open Enrollment period for **benefits/deductions** this year. The Pat Thomas & Associates Insurance agency will be guiding the Open Enrollment process. Their contact information is listed on the Directory.

As you make your selections from the variety of coverages, please consult trained professionals if you need help in making the decisions that address your individual insurance needs.

Our goal is to ensure full transparency in providing essential information regarding **benefits** and **deductions**. Your feedback is welcomed.

Thank you in advance for taking time to review this important information.

Sincerely,


Roger P. Milton
Superintendent of Schools

Audrey Lewis
DISTRICT NO. 1
HAVANA, FL 32333
MIDWAY, FL 32343

Steve Scott
DISTRICT NO. 2
QUINCY, FL 32351
HAVANA, FL 32333

Isaac Simmons, Jr.
DISTRICT NO. 3
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DISTRICT NO. 4
GME TNA, FL 32332
QUINCY, FL 32352

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Table of Contents

2018 Benefits Enrollment

Annual Enrollment.....	6
Section 125 Cafeteria Plan	6
How to Enroll	7
Enrollment Schedule	7
Health and Dental Employee Cost.....	9

Insurance Plans

Medical Plan	12
Dental Plan	26
Group Life Insurance.....	29
Voluntary Benefits.....	36
Disability Income Insurance	39
Accident Only Insurance	41
Cancer Insurance	42
Group Critical Illness Insurance	43
Individual Life Insurance	44

Flexible Spending Accounts (FSA)

Healthcare Flexible Spending Account (HealthCare FSA).....	48
Benefits Debit Card.....	49
Dependent Care Account (DCA).....	50
Managing Your Account.....	51

Other Information

Other Information.....	52
Benefits Resource Directory	Back Cover

About this Guide

This benefit guide is a compilation guide of employee benefits. It is intended for informational purposes only. The actual benefits available and the full descriptions of these benefits are governed in all cases by the relevant plan document, insurance contracts, and Ordinances and Resolutions of Gadsden County School District, and where applicable, collective bargaining agreements. If there are discrepancies between the benefit guide and the actual plan documents, insurance contracts, and Ordinances and Resolutions, the documents, contracts, and Ordinances and Resolutions will govern.

HIPAA Compliance

The Health Insurance Portability and Accountability Act (HIPAA) requires that your health insurance plan limit the release of your health information to the minimum necessary required for your care. If you have questions about your claims, contact your insurance carrier first. If, after contacting the Plan administrator, you need a representative of the Employee Benefits Division to assist you with any claim issues, you may be required to provide written authorization to release information related to your claim. If you would like a copy of the HIPAA Notice of Privacy Practices or if you have any questions, please contact Melanie King of the Finance Department at 850-662-2186.





2018 BENEFITS ENROLLMENT

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

Your Annual Enrollment

Important Dates to Remember

Your Open Enrollment Dates are:

August 2, 2018 - August 21, 2018

Your Plan Year is:

October 1, 2018 - September 30, 2019

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 June and will remain in effect through the plan year October 1, 2018 - September 30, 2019 for your Voluntary benefits.

NOTE: If eligibility changes during the year you must notify Human Resources within 30 days of the qualifying event.

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 Cafeteria Plan

- Group Medical and Dental Insurance
- Accident Insurance
- Cancer Insurance
- Flexible Spending Accounts

Before you meet with your insurance 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.

How Can This Plan Help Me?

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

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

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

How to Enroll

Gadsden County School District makes it easy for you to enroll in your 2018 benefits. Employees can enroll on-site with your insurance representative.

Enroll On-site

See your insurance representative during your enrollment to complete your benefit election form and discuss the options that are available to you.

What To Bring To Your Appointment

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

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.

During your One-on-one Benefit Review, you can learn more about or enroll in the following:

- Medical Insurance
- Group Life Insurance
- Dental Insurance
- Cancer Insurance
- Disability Income Insurance
- Term Life Insurance
- Accident Only Insurance
- Group Critical Illness Insurance
- Flexible Spending Accounts

Enrollment Schedule

Each year Open Enrollment provides you an opportunity to change plans and modify dependent coverage. Please plan on attending both group meetings as well as your one-on-one enrollment appointment.

Gadsden County School District Enrollment Schedule (August 2nd to August 21st)

ATTENDANCE AT THIS MEETING IS MANDATORY FOR ALL EMPLOYEES			
DATE	TIME	AUDIENCE	LOCATION
8/2/2018	8:30 AM	District Office, Maintenance, Warehouse, Parent Service, ETO Diagnostics	Board Room
8/3/2018	9:00 AM	Retirees	Board Room
	2:00 PM	Retirees	Board Room
8/6/2018	10:00 AM	George W. Munroe	George W. Munroe
	1:00 PM	Stewart Street Elementary	Stewart Street Elementary
8/7/2018	8:30 AM	WGMS	WGMS
		Greensboro Elementary	WGMS
	1:00 PM	Chattahoochee Elementary	Chattahoochee Elementary
8/8/2018		Florida State Hospital	Chattahoochee Elementary
	8:30 AM	James A. Shanks, GEMS, PreK ESOL	James A. Shanks
	1:00 PM	Havana Magnet	Havana Magnet
8/9/2018	8:30 AM	GCHS	GCHS
	1:00 PM	CPA, GTI, Gadsden Central Academy	CPA
8/10/2018	9:30 AM	Transportation	Transportation
	11:00 AM	School Food Service	GCHS
8/21/2018	3:00-5:00	Enrollment Make-Up Day	District Office/ Boardroom

Enrollment Schedule

Each year Open Enrollment provides you an opportunity to change plans and modify dependent coverage. Please plan on attending both group meetings as well as your one-on-one enrollment appointment.

Gadsden County School District Follow Up Dates

ATTENDANCE AT THIS MEETING IS MANDATORY FOR ALL EMPLOYEES		
DATE	TIME	LOCATION
8/2/2018 - 8/3/2018	8:00 AM - 5:00 PM	District Office
8/6/2018 - 8/7/2018	10:00 AM - 4:00 PM	George Munroe
8/6/2018	1:00 PM - 4:00 PM	Stewart Street Elementary
8/7/2018	7:45 AM - 4:00 PM	Stewart Street Elementary
8/8/2018	7:45 AM - 4:00 PM	Chattahoochee Elementary
8/8/2018	7:45 AM - 4:00 PM	Florida St Hosp
8/8/2018 - 08/9/2018	7:45 AM - 4:00 PM	Greensboro Elementary
8/9/2018 - 8/10/2018	7:30 AM - 3:00 PM	West Gadsden MS
8/10/2018	4:00 PM	GEMS
8/13/2018 - 8/14/2018	7:30 AM - 3:00 PM	Gadsden HS
8/13/2018 - 8/14/2018	7:30 AM - 3:00 PM	James A. Shanks
8/15/2018	7:30 AM - 3:00 PM	Gadsden Tech
8/15/2018	7:45 AM - 4:00 PM	Head Start PK
8/15/2018	7:30 AM - 3:00 PM	CPA,
8/16/2018 - 8/17/2018	7:45 AM - 4:00 PM	Havana Magnet
8/16/2018 - 8/17/2018	8:00 AM - 5:00 PM	Transportation
8/21/2018	8:00 AM - 5:00 PM	Make-Up Day - Administration Bldg

Health and Dental Employee Cost

2018-2019 Health and Dental Employee Cost

CHP Capital Selection Plan			
	Rate	Employer Cost	Employee Cost
Employee	\$623.78	\$467.83	\$155.95
Employee and Spouse	\$1,248.05	\$467.83	\$780.22
Employee and Children	\$1,060.53	\$467.83	\$592.70
Employee and Family	\$1,809.15	\$467.83	\$1,341.32
CHP Value Selection Plan			
	Rate	Employer Cost	Employee Cost
Employee	\$460.38	\$345.28	\$115.10
Employee and Spouse	\$921.12	\$345.28	\$575.84
Employee and Children	\$782.72	\$345.28	\$437.44
Employee and Family	\$1,335.24	\$345.28	\$989.96
Dental Insurance - Low Option			
	Low Option	Employer Cost	Employee Cost
Employee	18.20	18.20	0.00
Employee and Spouse	45.36	18.20	27.16
Employee and Children	44.80	18.20	26.60
Employee and Family	78.12	18.20	59.92
Dental Insurance - High Option			
	Rate	Employer Cost	Employee Cost
Employee	26.16	18.20	7.96
Employee and Spouse	54.88	18.20	36.68
Employee and Children	54.28	18.20	36.08
Employee and Family	89.16	18.20	70.96
Life Insurance			
	Rate	Employer Cost	Employee Cost
	0.17/ \$1,000	0.17/ \$1,000	0.00





INSURANCE PLANS

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

Medical Plan

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

Important Questions	Answers	Why This Matters:
What is the overall deductible?	\$ 0	See the Common Medical Events chart below for your costs for services this plan covers.
Are there services covered before you meet your deductible?	Yes	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible. See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	Medical: \$2,000 single coverage / \$4,500 family coverage Pharmacy: \$4,600 single coverage / \$8,700 family coverage	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	Premiums, prescription drug brand additional charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Will you pay less if you use a network provider?	Yes. See www.capitalhealth.com or call 850-383-3311 for a list of network providers.	Be aware your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	Yes. Some specialists require a referral. For a list of specialists that require a referral go to capitalhealth.com/ReferralAndAuth .	This plan will pay some or all of the costs to see a specialist for covered services but only if you have a referral before you see the specialist.

Medical Plan

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

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$15 / visit	Not Covered	none
	Specialist visit	\$40 / visit	Not Covered	Prior authorization required for certain specialist visits. Your benefits/services may be denied.
	Preventive care/screening/immunization	No Charge for covered services	Not Covered	You may have to pay for services that aren't preventive . Ask your provider if the services you need are preventive . Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	No Charge	Not Covered	Diagnostic tests other than x-ray or blood work may incur a cost share.
	Imaging (CT/PET scans, MRIs)	\$100 / visit	Not Covered	Prior authorization required for certain imaging services. Your benefits/services may be denied.
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.capitalhealth.com/MedCenter	Tier 1 drugs	\$15/30-day supply \$30/60-day supply \$45/90-day supply (retail & mail order)	Not Covered	If a generic drug is available, and a more expensive brand name drug is dispensed at the request of the member or the prescriber, the member must pay the copayment amount for the brand name drug plus pay the pharmacist 100% of the additional cost for the more expensive brand name prescription drug. This additional cost does not count towards your out-of-pocket limit. Prior authorization and or quantity limit may apply. Your benefits/services may be denied.
	Tier 2 drugs	\$30/30-day supply \$60/60-day supply \$90/90-day supply (retail & mail order)	Not Covered	Prior authorization and or quantity limit may apply. Your benefits/services may be denied.
	Tier 3 drugs	\$50/30-day supply \$100/60-day supply \$150/90-day supply (retail & mail order)	Not Covered	Prior authorization and or quantity limit may apply. Your benefits/services may be denied.

Medical Plan

Capital Health - Capital Selection CHP

	Specialty drugs	\$50 /30-day supply	Not Covered	Limited to 30 day supply and may be limited to certain pharmacies. Prior authorization and or quantity limit may apply. Your benefits/services may be denied.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	Ambulatory Surgical Center: \$100 / visit Hospital: \$250 / visit	Not Covered	Prior authorization may be required. Your benefits/services may be denied. Cost share applies to all outpatient services.
	Physician/surgeon fees	\$40 / provider	Not Covered	
If you need immediate medical attention	Emergency room care	\$300 / visit \$250 / observation	\$300 / visit \$250 / 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.
	Emergency medical transportation	\$100 / transport	\$100 / transport	Covered if medically necessary.
	Urgent care	Urgent care: \$25 / visit Telehealth :\$15 / visit	Urgent care: \$25 / visit Telehealth :\$15 / visit	Telehealth services are available through our contracted vendor in all states where telehealth services are permitted.
	Facility fee (e.g., hospital room)	\$250 / admission \$250 / 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. \$40 /provider for observation	Not Covered	_____none_____
	Outpatient services	\$40 / visit	Not Covered	_____none_____
If you need mental health, behavioral health, or substance abuse services	Inpatient services	\$250 / admission	Not Covered	Prior authorization required. Your benefits/services may be denied.
	Office visits	\$40 / visit	Not Covered	_____none_____
	Childbirth/delivery professional services	No Charge	Not Covered	_____none_____
If you are pregnant	Childbirth/delivery facility services	\$250 / admission	Not Covered	Prior authorization required. Your benefits/services may be denied.
	Home health care	No Charge	Not Covered	Prior authorization required. Your benefits/services may be denied.
If you need help recovering or have other special health needs	Rehabilitation services	\$40 / visit	Not Covered	Limited to the consecutive 62-day period immediately following the first service date.
	Habilitation services	Not Covered	Not Covered	_____none_____

Medical Plan

Skilled nursing care	No Charge	Not Covered	Covers up to 60 days per admission with subsequent admission following 180 days from discharge date of previous admission.
Durable medical equipment	No Charge	Not Covered	Prior authorization required for certain devices. Your benefits/services may be denied.
Hospice services	No Charge	Not Covered	Prior authorization required for inpatient services. Your benefits/services may be denied.
If your child needs dental or eye care	Children's eye exam	Not Covered	_____none_____
	Children's glasses	Not Covered	_____none_____
	Children's dental check-up	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"> • Acupuncture • Bariatric Surgery • Cosmetic surgery • Dental care (Adult) • Dental care (Child) 	<ul style="list-style-type: none"> • Glasses • Habilitation services • Hearing aids • Infertility treatment • Long-term care 	<ul style="list-style-type: none"> • Non-emergency care when traveling outside the US • Private-duty nursing • Routine foot care • Weight loss programs
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Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your [plan document](#).)

<ul style="list-style-type: none"> • Chiropractic care 	<ul style="list-style-type: none"> • Routine eye care (Adult)
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Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: State Department of Insurance at 1-877-693-5236, the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform or the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.cicio.cms.gov. Other coverage options may be available to you too, including buying individual insurance coverage through the [Health Insurance Marketplace](http://www.healthcare.gov). For more information about the [Marketplace](http://www.healthcare.gov), visit www.healthcare.gov or call 1-800-318-2596.

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

Does this plan provide Minimum Essential Coverage? Yes

If you don't have [Minimum Essential Coverage](#) for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

Does this plan meet the Minimum Value Standards? Yes

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

Language Access Services:

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

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 \$40
- Hospital (facility) copayment \$250
- 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 \$13,400

In this example, Peg would pay:

Cost Sharing	
Deductibles	\$0
Copayments	\$1,000
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$60
The total Peg would pay is	\$1,060

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 \$40
- Hospital (facility) copayment \$250
- Other copayment \$15

This EXAMPLE event includes services like:

Primary care physician office visits (including disease education)
 Diagnostic tests (blood work)
 Prescription drugs
 Durable medical equipment (glucose meter)

Total Example Cost \$7,500

In this example, Joe would pay:

Cost Sharing	
Deductibles	\$0
Copayments	\$1,100
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$55
The total Joe would pay is	\$1,155

Mia's Simple Fracture

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

- The plan's overall deductible \$0
- Specialist copayment \$40
- Hospital (facility) copayment \$250
- 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 \$2,200

In this example, Mia would pay:

Cost Sharing	
Deductibles	\$0
Copayments	\$1,100
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$0
The total Mia would pay is	\$1,100

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



Value Selection HDHP \$15/\$50/\$100 Rx Coverage Period: Plans beginning on or after 10/1/2018 (this plan not an HSA qualifies plan)

Coverage for: Employee or Family | Plan Type: HMO

Summary of Benefits and Coverage: What this Plan Covers & What You Pay For Covered Services

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



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

Medical Plan

Capital Health - Value Selection HDHP

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$15 / visit	Not Covered	_____none_____
	Specialist visit	\$75 / visit	Not Covered	Prior authorization required for certain specialist visits. Your benefits/services may be denied.
	Preventive care/screening/immunization	No Charge for covered services	Not Covered	You may have to pay for services that aren't preventive. Ask your provider if the services you need are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	No Charge	Not Covered	Diagnostic tests other than x-ray or blood work may incur a cost share.
	Imaging (CT/PET scans, MRI(s))	\$250 / visit	Not Covered	Prior authorization required for certain imaging services. Your benefits/services may be denied.
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.capitalhealth.com/MedCenter	Tier 1 drugs	\$15/30-day supply \$30/60-day supply \$45/90-day supply (retail & mail order)	Not Covered	If a generic drug is available, and a more expensive brand name drug is dispensed at the request of the member or the prescriber, the member must pay the copayment amount for the brand name drug plus pay the pharmacist 100% of the additional cost for the more expensive brand name prescription drug. This additional cost does not count towards your out-of-pocket limit. Prior authorization and or quantity limit may apply. Your benefits/services may be denied.
	Tier 2 drugs	\$50/30-day supply \$100/60-day supply \$150/90-day supply (retail & mail order)	Not Covered	Prior authorization and or quantity limit may apply. Your benefits/services may be denied.

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

Medical Plan

Capital Health - Value Selection HDHP

	Tier 3 drugs	\$100/30-day supply \$200/60-day supply \$300/90-day supply (retail & mail order)	Not Covered	Prior authorization and or quantity limit may apply. Your benefits/services may be denied.
	Specialty drugs	\$100 /30-day supply	Not Covered	Limited to 30 day supply and may be limited to certain pharmacies. Prior authorization and or quantity limit may apply. Your benefits/services may be denied.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	Ambulatory Surgical Center: \$250 / visit Hospital: \$500 / visit	Not Covered	Prior authorization may be required. Your benefits/services may be denied. Cost share applies to all outpatient services.
	Physician/surgeon fees	\$75 / provider	Not Covered	
If you need immediate medical attention	Emergency room care	\$500 / visit \$500 / observation	\$500 / visit \$500 / observation	Copayment is waived if inpatient admission occurs; however if moved to observation status an additional copayment may apply based on services rendered.
	Emergency medical transportation	\$250 / transport	\$250 / transport	Covered if medically necessary.
	Urgent care	Urgent care: \$50 / visit Telehealth: \$15 / visit	Urgent care:\$50 / visit Telehealth: \$15 / visit	Telehealth services are available through our contracted vendor in all states where telehealth services are permitted.
	Facility fee (e.g., hospital room)	\$500 / admission \$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. \$75 /provider for observation	Not Covered	_____none_____
	Outpatient services	\$75 / visit	Not Covered	_____none_____
If you need mental health, behavioral health, or substance abuse services	Inpatient services	\$500 / admission	Not Covered	Prior authorization required. Your benefits/services may be denied.
	Office visits	\$75 / visit	Not Covered	_____none_____
If you are pregnant	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.

Medical Plan

If you need help recovering or have other special health needs	Home health care	No Charge	Not Covered	Prior authorization required. Your benefits/services may be denied.
	Rehabilitation services	\$75 / visit	Not Covered	Limited to the consecutive 62-day period immediately following the first service date. _____none_____
	Habilitation services	Not Covered	Not Covered	Covers up to 60 days per admission with subsequent admission following 180 days from discharge date of previous admission.
	Skilled nursing care	No Charge	Not Covered	Prior authorization required for certain devices. Your benefits/services may be denied.
	Durable medical equipment	No Charge	Not Covered	Prior authorization required for inpatient services. Your benefits/services may be denied.
	Hospice services	No Charge	Not Covered	_____none_____
If your child needs dental or eye care	Children's eye exam	\$15 / visit	Not Covered	_____none_____
	Children's glasses	Not Covered	Not Covered	_____none_____
	Children's dental check-up	Not Covered	Not Covered	_____none_____

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)	
<ul style="list-style-type: none"> • Acupuncture • Bariatric Surgery • Cosmetic surgery • Dental care (Adult) • Dental care (Child) 	<ul style="list-style-type: none"> • Glasses • Habilitation services • Hearing aids • Infertility treatment • Long-term care
<ul style="list-style-type: none"> • Non-emergency care when traveling outside the US • Private-duty nursing • Routine foot care • Weight loss programs 	

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

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

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

Does this plan provide Minimum Essential Coverage? Yes

If you don't have [Minimum Essential Coverage](#) for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

Does this plan meet the Minimum Value Standards? Yes

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 850-383-3311, 1-877-247-6512

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 850-383-3311, 1-877-247-6512.

Chinese (中文): 如果需要中文的帮助, 850-383-3311, 1-877-247-6512.

Navajo (Dine): Dinek'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.*

About these Coverage Examples:



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

Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

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

This EXAMPLE event includes services like:

Specialist office visits (prenatal care)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
 Diagnostic tests (ultrasounds and blood work)
 Specialist visit (anesthesia)

Total Example Cost \$14,000

In this example, Peg would pay:

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

Managing Joe's type 2 Diabetes

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

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

This EXAMPLE event includes services like:

Primary care physician office visits (including disease education)
 Diagnostic tests (blood work)
 Prescription drugs
 Durable medical equipment (glucose meter)

Total Example Cost \$7,500

In this example, Joe would pay:

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

Mia's Simple Fracture

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

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

This EXAMPLE event includes services like:

Emergency room care (including medical supplies)
 Diagnostic test (x-ray)
 Durable medical equipment (crutches)
 Rehabilitation services (physical therapy)

Total Example Cost \$3,200

In this example, Mia would pay:

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

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

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. 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

آه ناعمال دةعاسملا كىلغ لوصول لاصلا لصلتا ؟ ةيرى لجالالة غرلا رىغ ةغل شحتت له ؟ ةقاع نام يناعت له
1-877-247-6512 و 1-877-870-8943 و 850-383-3534 مصلل يفتلا لاصتالا زاغ TDD/يصلتالا فتالما تTY 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

دکوری سہارم ت اہ ہر امیش ای اب ناگ یار کمہ ک تفایرد یارب ؟ کدی ک کم تب حص کس کی لگنا رجب کنا ب ز ہب ؟ کدراد کصاخ کنا وناون
1-877-247-6512, TTY/TDD 850-383-3534 یا 1-877-870-8943

အသံကွဲ ဖြစ်သလား? နားထောင်ရေး ဖြစ်သလား? အခြားဘာသာစကားကို အသုံးပြုရန် အခမဲ့ အကူအညီ ရယူပါ။ 1-877-247-6512, TTY/TDD 850-383-3534 သို့မဟုတ် 1-877-870-8943

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? 전화하십니까? 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 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.

您是否為障礙人士？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

พิการหรือไม่? พูดภาษาอื่นที่ไม่ใช่ภาษาอังกฤษหรือไม่? 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 SCHOOL BOARD OF GADSDEN COUNTY
Dental Highlight Sheet



Plan 1: Dental Low Plan

Effective Date: 10/1/2018

Plan Benefit	
Type 1	100%
Type 2	80%
Type 3	50%
Deductible	\$50/Calendar Year Type 2 & 3 Waived Type 1 \$150/family
Maximum (per person) Allowance	\$1,000 per calendar year 80th U&C
Waiting Period	None
Annual Open Enrollment	None

Sample Procedure Listing (Current Dental Terminology © American Dental Association.)

Type 1	Type 2	Type 3
<ul style="list-style-type: none"> • Routine Exam (2 per benefit period) • Bitewing X-rays (1 per benefit period) • Cleaning (2 per benefit period) • Fluoride for Children 13 and under (2 per benefit period) 	<ul style="list-style-type: none"> • Full Mouth/Panoramic X-rays (1 in 3 years) • Periapical X-rays • Sealants (age 16 and under) • Space Maintainers • Restorative Amalgams • Restorative Composites (anterior and posterior teeth) • Crown Repair • Endodontics (nonsurgical) • Endodontics (surgical) • Periodontics (nonsurgical) • Denture Repair • Simple Extractions • Complex Extractions • Anesthesia 	<ul style="list-style-type: none"> • Onlays • Crowns (1 in 5 years per tooth) • Periodontics (surgical) • Implants • Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years)

THE SCHOOL BOARD OF GADSDEN COUNTY
Dental Highlight Sheet



Plan 2: Dental High Plan

Effective Date: 10/1/2018

Plan Benefit	
Type 1	100%
Type 2	80%
Type 3	50%
Deductible	\$50/Calendar Year Type 2 & 3 Waived Type 1 \$150/family
Maximum (per person) Allowance	\$2,000 per calendar year 80th U&C
Waiting Period	None
Annual Open Enrollment	Yes

Sample Procedure Listing (Current Dental Terminology © American Dental Association.)

Type 1	Type 2	Type 3
<ul style="list-style-type: none"> • Routine Exam (2 per benefit period) • Bitewing X-rays (1 per benefit period) • Cleaning (2 per benefit period) • Fluoride for Children 13 and under (2 per benefit period) 	<ul style="list-style-type: none"> • Full Mouth/Panoramic X-rays (1 in 3 years) • Periapical X-rays • Sealants (age 16 and under) • Space Maintainers • Restorative Amalgams • Restorative Composites (anterior and posterior teeth) • Crown Repair • Endodontics (nonsurgical) • Endodontics (surgical) • Periodontics (nonsurgical) • Denture Repair • Simple Extractions • Complex Extractions • Anesthesia 	<ul style="list-style-type: none"> • Onlays • Crowns (1 in 5 years per tooth) • Periodontics (surgical) • Implants • Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years)

THE SCHOOL BOARD OF GADSDEN COUNTY Dental Highlight Sheet



About The Standard

As a leading provider of employee benefits products and services, Standard Insurance Company is dedicated to meeting the unique insurance needs of each customer. More than 27,100 groups trust The Standard for group insurance products and services, and the company covers nearly 7 million employees.

Customer Service

Your local Standard Insurance Company Employee Benefits Sales and Service Office will provide most of the ongoing service for your plan and can be reached at 800.633.8575 during normal business hours. We will assign your company a service representative who will provide regular contact and address questions and concerns related to the plan or the services we provide.

We also make it easy for covered employees and dentists to contact us to confirm eligibility or request claims information by calling **1-800-547-9515**. Our customer service representatives are available Monday through Thursday from 5:00 a.m. until 10:00 p.m. Pacific Time and until 4:30 p.m. Pacific Time on Friday. For plan information any time, access our automated voice response system or go online to standard.com.

Dental Network Information

Employees and dependents have access to an extensive nationwide network of member dentists. The cost-saving benefits of visiting a network member dentist are automatically available to all employees and dependents who are covered by any of The Standard's dental plans and who live in areas where the nationwide network is available. To find member dentists in your area, visit: <http://www.standard.com/dental> and click on "Find a Dentist."

Pretreatment

While we don't require a pretreatment authorization form for any procedure, we recommend them for any dental work you consider expensive. As a smart consumer, it's best for you to know your share of the cost up front. Simply ask your dentist to submit the information for a pretreatment estimate to our customer relations department. We'll inform both you and your dentist of the exact amount your insurance will cover and the amount that you will be responsible for. That way, there won't be any surprises once the work has been completed.

Late Entrant Provision

We strongly encourage you to sign up for coverage when you are initially eligible. If you choose not to sign up during this initial enrollment period, you will become a late entrant. Late entrants will be eligible for only exams, cleanings, and fluoride applications for the first 12 months they are covered.

Section 125

This plan is provided as part of the Policyholder's Section 125 Plan. Each employee has the option under the Section 125 Plan of participating or not participating in this plan. If an employee does not elect to participate when initially eligible, he/she may elect to participate at the Policyholder's next Annual Election Period.

This form is a benefit highlight, not a certificate of insurance. This policy has exclusions, limitations, reductions of benefits, and terms under which the policy may be continued in force or terminated. Please contact The Standard [or your employer] for additional information, including costs and complete details of coverage.

Group Basic Life Insurance and AD&D

The Standard Life



Standard Insurance Company
The School Board of Gadsden County
Group Policy #163382
Effective Date October 1, 2017

Group Basic Life and Accidental Death and Dismemberment Insurance

Group Basic Life insurance from Standard Insurance Company helps provide financial protection by promising to pay a benefit in the event of an eligible member's covered death. Basic Accidental Death and Dismemberment (AD&D) insurance may provide an additional amount in the event of a covered death or dismemberment as a result of an accident.

The cost of this insurance is paid by The School Board of Gadsden County.

Eligibility

Definition of a Member	You are a member if you are an active full-time employee of The School Board of Gadsden County and regularly working at least 30 hours each week OR ; an active school bus drivers and aids employee that are determined to be full-time by school board policy of The School Board of Gadsden County OR ; an active food services employees that are determined to be full-time by school board policy of The School Board of Gadsden Count. You are not a member if you are a temporary or seasonal employee, a full-time member of the armed forces, a leased employee or an independent contractor.
Eligibility Waiting Period	The eligibility waiting period varies; contact your human resources representative for details.

Benefits

Basic Life Coverage Amount	1 times your annual earnings to a maximum of \$100,000.
Basic AD&D Coverage Amount	For a covered accidental loss of life, your Basic AD&D coverage amount is equal to your Basic Life coverage amount. For other covered losses, a percentage of this benefit will be payable.
Life and AD&D Age Reductions	Basic Life and AD&D insurance coverage amount reduces to 50 percent at age 70.

Group Basic Life and Accidental Death and Dismemberment Insurance

Other Basic Life Features and Services

- Accelerated Benefit
- Life Services Toolkit
- Portability of Insurance Provision
- Repatriation Benefit
- Right to Convert Provision
- Standard Secure Access account payment option
- Travel Assistance
- Waiver of Premium

Other Basic AD&D Features

- Air Bag Benefit
- Family Benefits Package
- Seat Belt Benefit

This information is only a brief description of the group Basic Life/AD&D insurance policy sponsored by The School Board of Gadsden County. The controlling provisions will be in the group policy issued by The Standard. The group policy contains a detailed description of the limitations, reductions in benefits, exclusions and when The Standard and The School Board of Gadsden County may increase the cost of coverage, amend or cancel the policy. A group certificate of insurance that describes the terms and conditions of the group policy is available for those who become insured according to its terms. For more complete details of coverage, contact your human resources representative.

Standard Insurance Company
1100 SW Sixth Avenue
Portland OR 97204

www.standard.com

SI 13279-D-FL-163382 (7/17)

5321422-96186

Group Term Life Insurance and AD&D

The Standard Life

Standard Insurance Company
The School Board of Gadsden County
Group Policy #163382



Group Additional Life and AD&D Insurance

Help protect your loved ones from financial hardship.

Life insurance coverage is designed to help provide financial support and stability to your family should you pass away. Accidental Death & Dismemberment (AD&D) insurance provides an extra layer of protection if you die or become dismembered in an accident. You can also cover your eligible spouse and child(ren).



This plan offers:

- Competitive group rates
- The convenience of payroll deduction
- Benefits if you are dismembered, become terminally ill or die
- An annual enrollment opportunity. See Annual Enrollment section for additional details.

? About This Coverage

If you take no action you'll be covered under Basic Life insurance provided you meet the eligibility requirements. Consider whether that would be enough to help your family meet daily expenses, maintain their standard of living, pay off debt and fund your children's education. If not, you may want to apply for additional coverage now.

Life Insurance		
How Much Can I Apply For? The coverage amount for your spouse cannot exceed 100 percent of your combined Basic and Additional Life coverage. The coverage amount for your child(ren) cannot exceed 100 percent of your combined Basic and Additional Life coverage.	For You:	\$10,000, \$25,000, \$50,000, \$75,000 or \$100,000
	For Your Spouse:	\$10,000
	For Your Child(ren):	\$5,000

AD&D Insurance

The benefit is paid if you are seriously injured or pass away as a result of a covered accident.

What Does My AD&D Benefit Provide?	For You:	The AD&D insurance coverage amount matches what you elect for Additional Life insurance.
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Keep in mind that the amount payable for certain losses is less than 100 percent of the AD&D insurance benefit.

See the Important Details section for more information, including requirements, exclusions, age reductions and definitions.

Group Additional Life and AD&D Insurance

☰ Annual Enrollment

During The School Board of Gadsden County's Annual Enrollment Period

For You. If you are currently enrolled in Additional Life insurance for an amount less than \$100,000, you may elect to increase your coverage, up to, but not to exceed, the guarantee issue amount of \$100,000 without having to secure medical underwriting approval. If you are not currently enrolled in Additional Life insurance, you may elect coverage, up to, but not to exceed, the guarantee issue amount of \$100,000 without having to secure medical underwriting approval.

During The School Board of Gadsden County's Annual Enrollment period: If you are enrolled in Additional Life insurance for an amount less than the \$100,000, you may elect to increase your coverage, up to, but not to exceed the guarantee issue amount of \$100,000 without having to secure medical underwriting approval.

☰ Additional Feature

Life Insurance

Accelerated Benefit

If you become terminally ill, you may be eligible to receive up to 75 percent of your combined Basic and Additional Life benefit to a maximum of \$500,000.

How Much Life Insurance Do You Need?

After a serious accident or death in the family, there are many unexpected expenses. Your benefits could help your family pay for:

- Outstanding debt
- Burial expenses
- Medical bills
- Your children's education
- Daily expenses

To estimate your insurance needs, you'll need to consider your unique circumstances. Use our online calculator at www.standard.com/life/needs.

💰 How Much Your Coverage Costs

Your Basic Life insurance is paid for by The School Board of Gadsden County. If you choose to purchase Additional Life coverage, you'll have access to competitive group rates, which may be more affordable than those available through individual insurance. You'll also have the convenience of having your premium deducted directly from your paycheck. How much your premium costs depends on a number of factors, such as your age and the benefit amount.

Group Term Life Insurance and AD&D

The Standard Life

Group Additional Life and AD&D Insurance

Employee Life with AD&D Monthly Premiums

Coverage Amount	Employee's Age as of October 1										
	< 25	25-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74*	75+*
\$10,000	0.60	0.70	1.00	1.50	1.90	3.30	5.90	7.90	12.20	8.45	15.70
\$25,000	1.50	1.75	2.50	3.75	4.75	8.25	14.75	19.75	30.50	21.13	39.25
\$50,000	3.00	3.50	5.00	7.50	9.50	16.50	29.50	39.50	61.00	42.25	78.50
\$75,000	4.50	5.25	7.50	11.25	14.25	24.75	44.25	59.25	91.50	63.38	117.75
\$100,000	6.00	7.00	10.00	15.00	19.00	33.00	59.00	79.00	122.00	84.50	157.00

* Coverage amounts for ages 70 and over reduce due to age reduction (see Life Insurance Age Reductions section).

Spouse Life Monthly Premium

Coverage Amount	Premium
\$10,000	3.95

Child Life Monthly Premium

Coverage Amount	Premium
\$5,000	0.68

Group Additional Life and AD&D Insurance

Important Details

Here's where you'll find the nitty-gritty details about the plan.

Life and AD&D Insurance Eligibility Requirements

To be eligible for coverage, you must be:

- An active employee of The School Board of Gadsden County
- Regularly working at least 30 hours per week **OR**;
- An active school bus drivers and aids employee that are determined to be full-time by school board policy of The School Board of Gadsden County **OR**;
- An active food services employees that are determined to be full-time by school board policy of The School Board of Gadsden Count.
- Insured for Basic Life insurance through The Standard

Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible.

You can choose to cover your spouse, meaning a person to whom you are legally married, or your domestic partner as recognized by law. You may also choose to cover your child. Child means your child from live birth through age 25. Your child cannot be insured by more than one employee. Your spouse or child(ren) must not be full-time member(s) of the armed forces. You cannot be insured as both an individual and a dependent.

Medical Underwriting Approval for Life Coverage

Required for:

- All late applications (applying 31 days after becoming eligible)
- Requests for coverage increases
- Reinstatements
- Eligible but not insured under the prior life insurance plan

Visit www.standard.com/mhs to submit a medical history statement online.

Coverage Effective Date for Life Coverage

To become insured, you must

- Meet the eligibility requirements listed in the previous sections,
- Serve an eligibility waiting period*,
- Receive medical underwriting approval (if applicable),

- Apply for coverage and agree to pay premium, and
- Be actively at work (able to perform all normal duties of your job) on the day before the insurance is scheduled to be effective.

If you are not actively at work on the day before the scheduled effective date of your insurance, including any optional coverages, your insurance will not become effective until the day after you complete one full day of active work as an eligible employee. Contact your human resources representative or plan administrator for further information about the applicable coverage effective date for your coverage, including any optional coverages.

*The eligibility waiting period varies; contact your human resources representative for details.

Life and AD&D Age Reductions

Under this plan, your coverage amount reduces to 50 percent at age 70. If you are age 70 or over, ask your human resources representative or plan administrator for the amount of coverage available.

Life Insurance Waiver of Premium

Your Life premiums may be waived if you:

- Become totally disabled while insured under this plan,
- Are under age 60, and
- Complete a waiting period of 180 days.

If these conditions are met, your Life insurance coverage may continue without cost until age 65, provided you give us satisfactory proof that you remain totally disabled.

Life and AD&D Insurance Portability

If your insurance ends because your employment terminates, you may be eligible to buy portable group insurance coverage from The Standard.

Life Insurance Conversion

If your insurance reduces or ends, you may be eligible to convert your existing Life Insurance to an individual life insurance policy without submitting proof of good health.

Life Insurance Exclusions

Subject to state variations, you and your dependents are not covered for death resulting from suicide or other intentionally self-inflicted injury, while sane or insane. The amount payable will exclude amounts that have not been continuously in effect for at least two years on the date of death.

Group Term Life Insurance and AD&D

The Standard Life

Group Additional Life and AD&D Insurance

AD&D Benefits

The amount of the AD&D benefit is equal to the amount payable for your Life benefit on the date of the accident. For all other covered losses, the amount is shown as a percentage of the amount payable for the benefit on the date of the accident. No more than 100 percent of the AD&D benefit will be paid for all losses resulting from one accident.

Any loss must be caused solely and directly by an accident within 365 days of the accident. A certified copy of the death certificate is needed to prove loss of life.

All other losses must be certified by a physician in the appropriate specialty determined by The Standard.

Covered loss:	Percentage of AD&D benefit payable:
Life	100%
One hand or one foot	50%
Sight in one eye	50%
Two or more of the losses listed above	100%

AD&D Insurance Exclusions

You are not covered for death or dismemberment caused or contributed to by any of the following:

- Committing or attempting to commit an assault or felony, or actively participating in a violent disorder or riot
- Suicide or other intentionally self-inflicted injury, while sane or insane
- War or any act of war (declared or undeclared), and any substantial armed conflict between organized forces of a military nature
- Voluntary consumption of any poison, chemical compound, alcohol or drug, unless used or consumed according to the directions of a physician
- Sickness or pregnancy existing at the time of the accident
- Heart attack or stroke
- Medical or surgical treatment for any of the above

When Your Insurance Ends

Your insurance ends automatically when any of the following occur:

- The date the last period ends for which a premium was paid
- The date your employment terminates
- The date you cease to meet the eligibility requirements (insurance may continue for limited periods under

certain circumstances)

- The date the group policy, or your employer's coverage under the group policy, terminates
- For each elective insurance coverage, the date that coverage terminates under the group policy
- The date your Life coverage ends, your AD&D coverage will end as well

In addition to the above requirements, your Dependents Life coverage ends automatically on the date your dependent ceases to meet the eligibility requirements for a dependent.

For more details on when your insurance ends, contact your human resources representative or plan administrator.

Group Insurance Certificate

If coverage becomes effective and you become insured, you will receive a group insurance certificate containing a detailed description of the insurance coverage, including the definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be in the group policy. The information present in this summary does not modify the group policy, certificate or the insurance coverage in any way.

About Standard Insurance Company

For more than 100 years, we have been dedicated to our core purpose: to help people achieve financial well-being and peace of mind. Headquartered in Portland, Oregon, The Standard is a nationally recognized provider of group employee benefits. To learn more about products from The Standard, visit us at www.standard.com.

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon, in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

GP190-LIFE/S399, GP399-LIFE/TRUST, GP899-LIFE, GP190-LIFE/A997/S399, GP411-LIFE

Standard Insurance Company
1100 SW Sixth Avenue
Portland OR 97204
www.standard.com

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5683952-212748

Gadsden County School

Gadsden County School is now making the following Aflac insurance policies available to its employees:



Aflac SmartClaim®
One Day Pay™

Gadsden County School:

- Aflac is different from major medical insurance; it's insurance for daily living.
- Aflac pays cash benefits to the policyholder, unless otherwise assigned, to use as they see fit.

Short Term Disability

How would you pay your bills if you're disabled and can't work? An Aflac short-term disability insurance policy can help provide you with a source of income while you concentrate on getting better.

Accident

Accidents happen. When a covered accident happens to you, our accident insurance policy pays you cash benefits to help with the unexpected medical and everyday expenses that begin to add up almost immediately.

Hospital Confinement Indemnity

Hospital stays are expensive. An Aflac hospital confinement indemnity insurance policy can help ease the financial burden of hospital stays by providing cash benefits.

Cancer/Specified-Disease

Aflac's cancer/specified-disease insurance policy can help you and your family better cope financially if a positive diagnosis of cancer ever occurs.

Critical Illness (Specified Health Event)

An Aflac specified health event insurance policy is designed to help with the costs of treatment if you experience a covered health event.

Vision

Don't take your vision for granted. An Aflac vision insurance policy can help with the costs of vision treatment.

For more information about applying, policy benefits, limitations and exclusions please meet with an Aflac Agent or

Robert J. Springer
1344 Vickers Rd. Tallahassee, FL 32303
O: 850.531.9908 C: 850.545.6644 F: 850.553.9332
or robert_springer@us.aflac.com

- Aflac benefits can help with unexpected expenses.
- Aflac offers competitive rates.
- Aflac processes claims quickly - usually within four days.¹

The full Aflac policy can be found at www.aflac.com. Benefits are paid to the policyholder, unless otherwise assigned. Aflac is not a health insurance company. Aflac is not a health insurance company. Aflac is not a health insurance company.

1. Aflac processes most claims within four days. Processing time is based on the type of claim and the amount of the claim. Aflac processes claims quickly - usually within four days.¹

Individual coverage is underwritten by American Family Life Assurance Company of Columbus. Wellness products are provided by Aflac Health Services.

Voluntary Benefits

Aflac Insurance Company

CLICK.

SUBMIT.

SMILE.

Use Aflac SmartClaim[®] to take advantage of One Day PaySM.



1 REGISTER OR LOG IN:

- Go to aflac.com/myaflac or download the **Aflac SmartClaim Mobile** app from the **App Store** or **Google Play Store**.



2 ENROLL IN CLAIMS DIRECT DEPOSIT:

- Direct Deposit allows you to take full advantage of the speed of **One Day Pay**SM.
- Click **Direct Deposit** and follow the instructions for registration.
- Please allow one business day for Direct Deposit enrollment to take effect.

3 FILE YOUR CLAIM WITH AFLAC SMARTCLAIM

- Access **Aflac SmartClaim** from **MyAflac** or the **Aflac SmartClaim Mobile** app.
- Aflac SmartClaim** guides you every step of the way.
- Upload required documents.¹
- Submit your claim before 3 p.m. ET, Monday-Friday.

INFORMATION YOU MAY NEED TO FILE YOUR CLAIM

- Policy number
- Description of service
- Patient's name and date of birth
- Date(s) of service
- Diagnosis
- Name and address of service provider

TRACK THE STATUS OF YOUR CLAIM:

View your message center on the **Aflac SmartClaim Mobile** app or in **MyAflac** for updates on your **Aflac SmartClaim** submission.

For additional information, go to aflac.com/myresources.



¹ All documents for a claim are not available upon initial claim filing; you may upload the documents later by clicking "Upload Documents" on the mobile app or "MyClaims" on desktop.

SM "One Day Pay" is available for certain individual claims submitted online through the Aflac SmartClaim process. Claims may be eligible for One Day Pay processing if submitted online through Aflac SmartClaim, including all required documentation, by 3 p.m. ET. Documentation requirements vary by type of claim; please review requirements for your claims carefully. Aflac SmartClaim is available for claims on most individual Accident, Sudden Hospital, Specified Health, and Intensive Care policies. Processing time is based on business days after all required documentation is received to complete a decision is rendered and no further action and investigation is required. Individual Company Statement, 2018.

Coverage is underwritten by American Family Life Assurance Company of Columbus, 111 New York, coverage is underwritten by American Family Life Assurance Company of New York, 1990 Wynton Road, Columbus, GA 31909. 21R025 Exp 3/19

It can be difficult to budget for life's unexpected emergencies.

That's why Gadsden County School District is giving you the opportunity to purchase this important coverage from Unum. It can help protect your finances from a variety of common situations — and can give you the assurance that you've made a smart decision for yourself and your family.

Valuable Insurance available from UNUM

During Open Enrollment, you cannot be turned down due to medical reasons as this plan is offered on a **Guaranteed Issue Basis** up to plan maximums.

Voluntary Short Term Disability (STD) Insurance



- Also known as **Paycheck Insurance**; STD can replace a portion of your weekly income if you are unable to work due to an illness or injury, including childbirth.
- STD can replace **60%** of your monthly salary to a max of **\$1,200** per week.
- STD may begin 14 days or 60 days after a covered illness or injury depending on the option you choose.
- Benefits are payable up to 18 or 24 weeks, depending on the option you choose.
- No pre-existing condition clause

Voluntary Long Term Disability (LTD) Insurance



- Provides a monthly benefit if you can't work — for an extended period of time — due to a covered injury or illness after 90 days or 180 days of a disability.
- LTD can replace **60%** of your monthly salary to a max of **\$5,000** per month.
- Includes Work-life balance Employee Assistance Programs and Worldwide Emergency Travel Assistance services at no additional cost.

Individual Whole Life Insurance



- UNUM's Whole Life Insurance policy is a **permanent** Life Insurance Policy, available to you, your spouse and your children under the age of 26.
- Whole Life Insurance **builds Cash Value** and provides a Life Insurance Death Benefit.
- UNUM's Whole Life Policy is **Portable**. Once purchased, rates stay the same and never increase as you get older. This policy belongs to you and you can take it with you should you leave or retire from Gadsden County Schools.

Group products are underwritten by: Unum Life Insurance Company of America, Portland, Maine and Unum Insurance Company, Portland, Maine
Individual products are underwritten by: Provident Life and Accident Insurance Company, Chattanooga, Tennessee
These policies or their provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. See the actual Unum representative for specific provisions and details of availability.
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unum.com

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's 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.

Optional Riders

Enhance your base plan with the following riders:

- **Critical Illness Rider**
- **Accident Only Spousal Rider**
- **Hospital Indemnity Benefit Rider**
- **COBRA Premium Rider**
- **Survivor Benefit Rider**

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. **This product is inappropriate for people who are eligible for Medicaid coverage.**

Short-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's Short-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, Short-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.

Benefits Begin (Elimination Period)

For the Short-Term Disability Income plan, benefits can begin on the eighth day - 181st day, depending on the plan selected at the time of application. Benefits are payable for a covered Injury or Sickness up to 90 days or 180 days, based on the plan your employer has selected. Refer to your employer's plan and your Certificate for details regarding benefit amounts and more.

Eligibility

All full-time employees and employees of members on active service working 25 hours or more per week. Applicant's eligibility for this program may be subject to insurability. It is your responsibility to see the American Fidelity representative once you have satisfied your employer's waiting period.

Coverage Feature	What It Means To You
Benefit Paid Directly to You, Regardless of Other Coverage	Use the money however best fits your financial needs, regardless of other insurance.
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.
Physician Benefit	Receive a benefit if you receive treatment by a Physician due to a covered Injury.
Accidental Death Benefit	Receive a benefit if death occurs as a direct result of an Injury within 90 days after the Injury.
Guaranteed Issue	First-time eligible employees may be able to receive coverage without being subject to insurability.
Age at Entry Premiums	Premiums will be based on the date your policy becomes effective.

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

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

How the Plan Works

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

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

Optional Rider

Enhance your base plan with the following rider:

- **Accident Benefit Enhancement Rider**

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 all 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.
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. 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 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 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 Plan Works

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

Group Critical Illness Insurance

Limited Benefit Group Critical Illness Insurance Policy

American Fidelity Assurance Company

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

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

Individual Term Life Insurance

American Fidelity Assurance Company

Life insurance is an important factor to any family. It serves as a foundation to help in the case of a loved one's premature death. Plan today to make the right move for your loved ones.

American Fidelity offers an Individual Term Life Insurance policy to help with your financial needs for your short-term and long-term goals.

How the Plan Works

Individual Term Life Insurance has a death benefit with no cash accumulation feature. The policy is initially written for a 10, 20 or 30-year term period, but may be renewed at the insured's option for the same level renewal period depending upon the term chosen.

The last level renewal period is no later than age 70 for the 10-year term policy and age 60 for the 20-year term policy. Thereafter, premiums are renewable annually up to age 90. The 30-year term policy is renewable annually after the initial 30-year term period up to age 90. Renewal rates will be based on the insured's age at the time of renewal.¹

Optional Riders

Enhance your base plan with the following riders:

- **Spouse Term**
- **Children's Term**
- **Waiver of Premium**
- **Accidental Death & Dismemberment**
- **Accelerated Benefit for Long Term Illness (30 Year Term Only)**

Interim coverage for death will be in force from the date your application is signed if on such date the proposed insured is insurable per our underwriting guidelines for the requested coverage in accordance with the terms of the policy. This interim coverage for death will remain in force until the earlier of: 1) the date a policy becomes effective; 2) the date we decline the application; or 3) the date we notify the proposed insured that they are ineligible for interim coverage. The employee and/or spouse must remain actively at work during the interim coverage period. If the death of the proposed insured occurs during the interim coverage period, the first month's premium will be subtracted from the policy proceeds. Interim coverage is only for death benefits under the base policy, Children's Term Rider and Spouse Term Rider. No interim coverage benefits are available under any Waiver of Premium Rider, Accidental Death and Dismemberment Rider, or Accelerated Benefit Rider for Long Term Illness.

Coverage Feature	What It Means To You
Three Plan Options: 10, 20 and 30-Year Level Term Coverage	Choose the coverage period to meet your financial needs.
Guaranteed Death Benefit	Your death benefit is guaranteed during the initial term period you choose.
Accelerated Death Benefit for Terminal Condition	Receive a portion of the chosen death benefit if you are diagnosed with a covered terminal condition. Limitations and exclusions may apply.
Conversion Benefit	Turn your policy into a permanent plan any time up to age 70. The rate for your new plan will be based on your attained age.
Guaranteed Renewable	Renew your policy up to age 90 regardless of your health. ¹
Interim Coverage for Death	Death benefit coverage starts when the life insurance application has been signed and underwriting guidelines have been met.
Enhance Your Coverage	Add optional Spouse Term, Children's Term, Waiver of Premium, Accidental Death & Dismemberment, Accelerated Benefit for Long Term Illness (30 Year Term Only) Riders to expand your policy.
Express Issue Application	Only 3 express issue health questions are required to issue coverage. ²
Portable	You own the policy. Take the coverage with you if you choose to leave your current job.
Payroll Deducted	Enjoy the convenience of having your premiums deducted straight from your paycheck.

¹Premiums are subject to increase upon renewal. ²Issuance of the policy may depend on the answer to these questions.

Limitations, exclusions and waiting periods apply. Please refer to your policy for complete details, Policy Form Series RCTL14. **This product is inappropriate for people who are eligible for Medicaid coverage.** Individual Life plans do not qualify under Section 125.

Permanent 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. Portable individual life insurance products can help.

Permanent, Portable Life Insurance

(PureLife-Plus)

A voluntary permanent, portable 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.¹

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

Consider a PureLife-Plus Policy!

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

- Permanent life insurance to age 121.
- Minimal cash value - premiums dedicated primarily to the purchase of life insurance.
- Long premium guarantees.²
- Unique limited right to partial refund of premium if future premium required to continue coverage increases.² (Conditions apply)
- Portable when you leave employment.
- Coverage available for employee, spouse, domestic partner, child(ren) and grandchild(ren).³

¹LIMRA: Employers Pessimistic About Benefit Costs Under PPACA February 12, 2013

²After the Guaranteed Period, premiums may go down, stay the same or go up.

³Coverage not available in WA on children and grandchildren. Texas Life complies with all state laws regarding marriages, domestic and civil union partnerships, and legally recognized familial relationships. Coverage and spouse/domestic partner eligibility may vary by state.

17M072-C1022 (expires 03/19)

Policy Form: PRFNG-NI-10

PureLife-plus is not available in NJ, NY or PA

SB-22482-0317

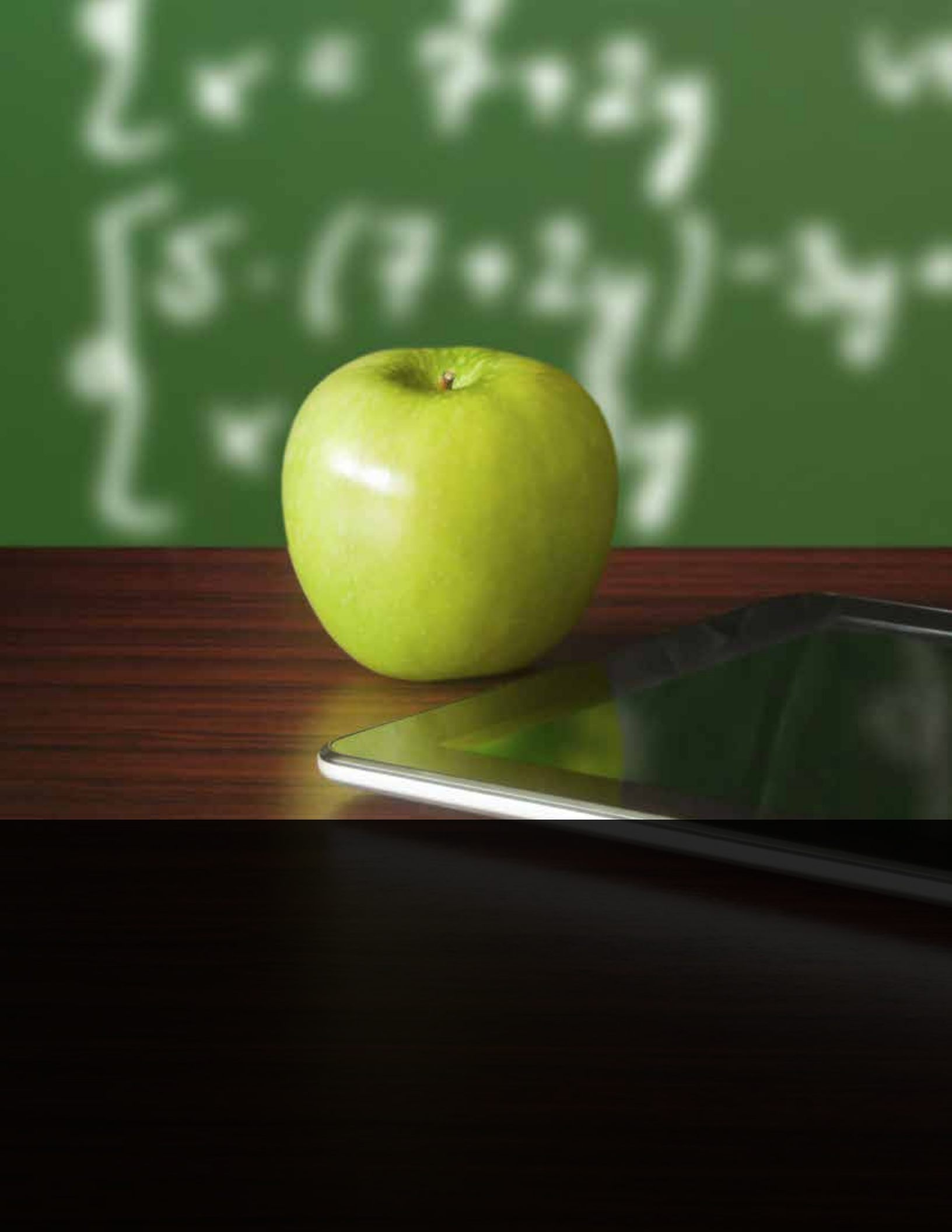
Coverage Feature	What It Means To You
Several Product Options	Choose the coverage to meet your financial needs.
Guaranteed Premium ²	Your premiums are guaranteed for each applicable period.
Guaranteed Death Benefit ⁴	Your death benefit is guaranteed for the life of the policy provided premiums are paid when due.
Interim Coverage ⁵	You will be covered from the date of your application if you are insurable for the requested coverage on the date the policy takes effect. Your coverage will remain in force until the policy has been issued or declined.
Enhance Your Coverage	Additional riders may be available on certain products to expand your policy.
Easy Application	No medical exams and minimal health questions. ⁶
Portable	You own the policy. Take the coverage with you if you choose to leave your current job.
Payroll Deducted	Enjoy the convenience of having your premiums deducted straight from your paycheck.

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

⁴Guarantees are subject to product terms, exclusions and limitations and the insurer's claims-paying ability and financial strength.

⁵Conditions apply. In Kansas, Temporary Insurance applies. Form 16M050.

⁶Issuance of this policy may depend on the answer to these questions. PureLife-plus is underwritten and issued by Texas Life Insurance Company, 900 Washington Avenue, Waco, Texas 76701. See the PureLife-plus brochure for details.



FLEXIBLE SPENDING ACCOUNTS

**Healthcare Flexible Spending Account (Healthcare FSA)
Benefits Debit Card
Dependent Care FSA
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
\$18,159.85	Spendable Income	\$16,805
With an FSA, potential annual savings in this example is: \$1,354.85		
By using an FSA to pay for eligible expenses, you can reduce your taxable income which will result in additional spendable income.		

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: Determined by your employer

Maximum Annual Election: Internal Revenue Code allows up to \$2,650 per plan year, but your employer will determine amount.

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

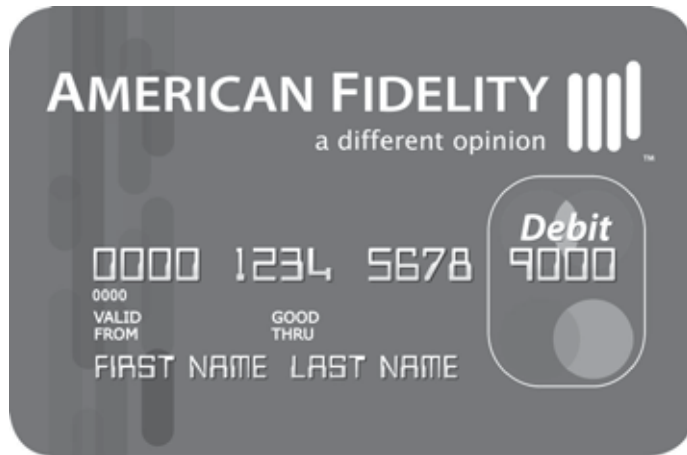
For a more complete list of eligible expenses, please visit www.americanfidelity.com

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: Determined by your employer.

Maximum Annual Election: While the IRC allows a maximum of \$5,000 per year, the employer may set the maximum equal to or lower than this amount.

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.

**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-23290-0917

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.

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
- 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
3. By downloading a direct deposit request form



1821 W. Jefferson St.
P.O. Box 1919
Quincy, FL 32353-1919
Telephone (850) 875-1776
Fax (850) 875-2776

Gadsden County Schools Employee 2018-2019 Benefits Enrollment

Pat Thomas & Associates Insurance Inc. would like to welcome you to the open enrollment for all your employee benefits. We are available to assist you year-round with your insurance needs and questions. All inquiries should be directed to our office at **850-875-1776**. We are also here to assist you at our office located at **1821 W. Jefferson Street, Quincy, FL 32351**.

Craig McMillan -850-627-5050 - cmcmillan@patthomas.com

John Pat Thomas – 850-627-5051 – jthomas@patthomas.com

Bradley Joyner – 850-627-5052 – bjoyner@patthomas.com

Alisha Smith – 850-627-5056 - asmith@patthomas.com

Angie Pitts – 850-627-5057 – apitts@patthomas.com

Becky Gonzalez – 850-627-5060 – bgonzalez@patthomas.com

**Enjoy your new school year and feel free
to call us at any time.**

Gadsden County Schools

Authorized Investment Providers

For specific investment provider information, please click on the investment provider name of your choice to visit the company's website.

403(b)

ASpire Financial Services	(866) 634-6673
AXA Equitable Life Insurance Company	(800) 628-6673
Lincoln National Life Insurance Company	(800) 454-6255
National Life Group	(800) 579-2876
ReliaStar Life - Subsidiary of VOYA Financial	(877) 882-5030
VOYA Financial	(800) 584-8001

457(b)

AXA Equitable Life Insurance Company	(800) 628-6673
Lincoln National Life Insurance Company	(800) 454-6255
Mass Mutual Life Insurance Company	(800) 228-2479
National Life Group	(800) 579-2876
ReliaStar Life - Subsidiary of VOYA Financial	(877) 882-5030
VOYA Financial	(800) 584-8001

Forms

For employer specific forms and information, please click on the corresponding PDF listed below.

 [403\(b\) Salary Reduction Agreement](#)

 [457\(b\) Enrollment Form](#)

 [Meaningful Notice](#)

Forms

For employer specific forms and information, please click on the corresponding PDF listed below.

 [403\(b\) Salary Reduction Agreement](#)

 [457\(b\) Enrollment Form](#)

 [Meaningful Notice](#)

Employer Point Of Contact

Gadsden County Schools

35 Martin Luther King Jr. Blvd.
Quincy, FL 32351

<http://www.gcps.k12.fl.us/>



Helpful Links

[Employers](#)

[Plan Transactions](#)

[Educational Videos](#)

[MAC Calculator](#)

[Contribution Guidelines](#)

[Retirement Research](#)

[Retirement System Links](#)

[What is ART?](#)

[ART Assistance](#)

[ART Login](#)

Most Popular Forms

Click on the appropriate link below to download PDF.

 [Transaction Information Form](#)

 [403\(b\) Hardship Disclosure Form](#)

 [457\(b\) Unforeseen Emergency Disclosure](#)

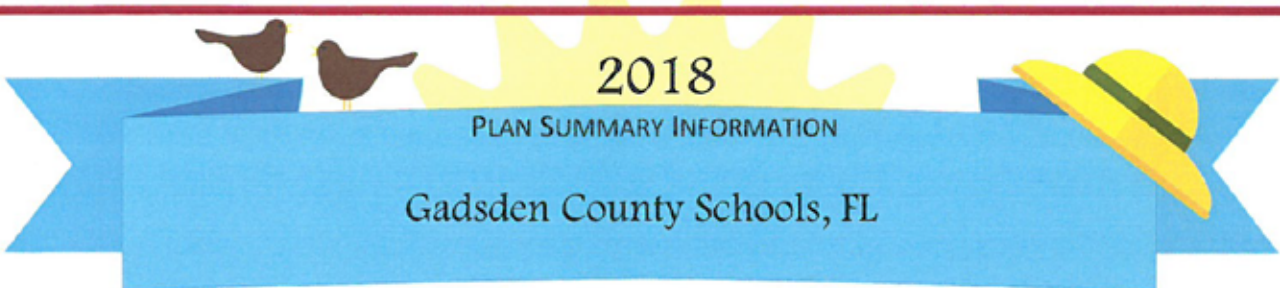
Most Popular Forms

Click on the appropriate link below to download PDF.

 [Transaction Information Form](#)

 [403\(b\) Hardship Disclosure Form](#)

 [457\(b\) Unforeseen Emergency Disclosure](#)



2018
PLAN SUMMARY INFORMATION

Gadsden County Schools, FL

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

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

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

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

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

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

The 2018 Basic Contribution Limit for each plan is \$18,500.


Additional provisions allowed:

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

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

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

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



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Investment Provider Information

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

Plan Distribution Transactions

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

403(b) and 457(b) Plan Loans

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

Plan-to-Plan Transfers

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

Rollovers

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

Distributions

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

Exchanges

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

Hardship Withdrawals

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

Unforeseen Financial Emergency Withdrawal

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

Employee Information Statement

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

Plan Administrator Contact Information

TSA CONSULTING GROUP
website:
www.tsacg.com

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

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

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Benefits Directory

Medical Benefits

CAPITAL HEALTH PLAN

850-383-3311

www.capitalhealth.com

Dental Insurance

STANDARD INSURANCE COMPANY

800-547-9515

www.standard.com

Group Life Insurance

STANDARD INSURANCE COMPANY

800-547-9515

www.standard.com

Voluntary Insurance Benefits

AMERICAN FIDELITY

ASSURANCE COMPANY

Disability Income, Cancer,

Accident, and Life

Mon - Fri, 7 a.m. - 6 p.m. CST

800-437-1011

www.americanfidelity.com

AFLAC

800-992-3522

www.aflac.com

TEXASLIFE INSURANCE COMPANY

800-283-9233

www.texaslife.com

UNUM GROUP

866-679-3054

www.unum.com

Section 125 Services & Flexible Spending Accounts

American Fidelity

Assurance Company

Mon - Fri, 7 a.m. - 6 p.m. CST

800-437-1011

www.americanfidelity.com

403 (b) Contacts

ASPIRE FINANCIAL AND

LINCOLN FINANCIAL

Kate Clark, Managing Partner

403 E Park Ave

Tallahassee, FL 32301

850-583-5377

www.cypress.capital

AXA / EQUITABLE

Jean M Christie

Cell: 229-403-1623

Office: 229-247-1010

jean.chistie@axa-advisors.com

VALUTEACHERS

Natalie Wyrick

334-798-0178

nwyrick@valuteachers.com

VOYA FINANCIAL

Karen L Wells

373 East Jefferson St.

Quincy, FL 32351

Office: 850-875-3579

Cell: 850-251-7336

Other Contact Information

Gadsden County School District

Finance Department

Melanie King

850-662-2186

AMERICAN FIDELITY

ASSURANCE COMPANY

Mark Cisneros, State Manager

Florida Branch Office

4625 East Bay Drive #213

Clearwater, FL 33764

850-425-1100

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.