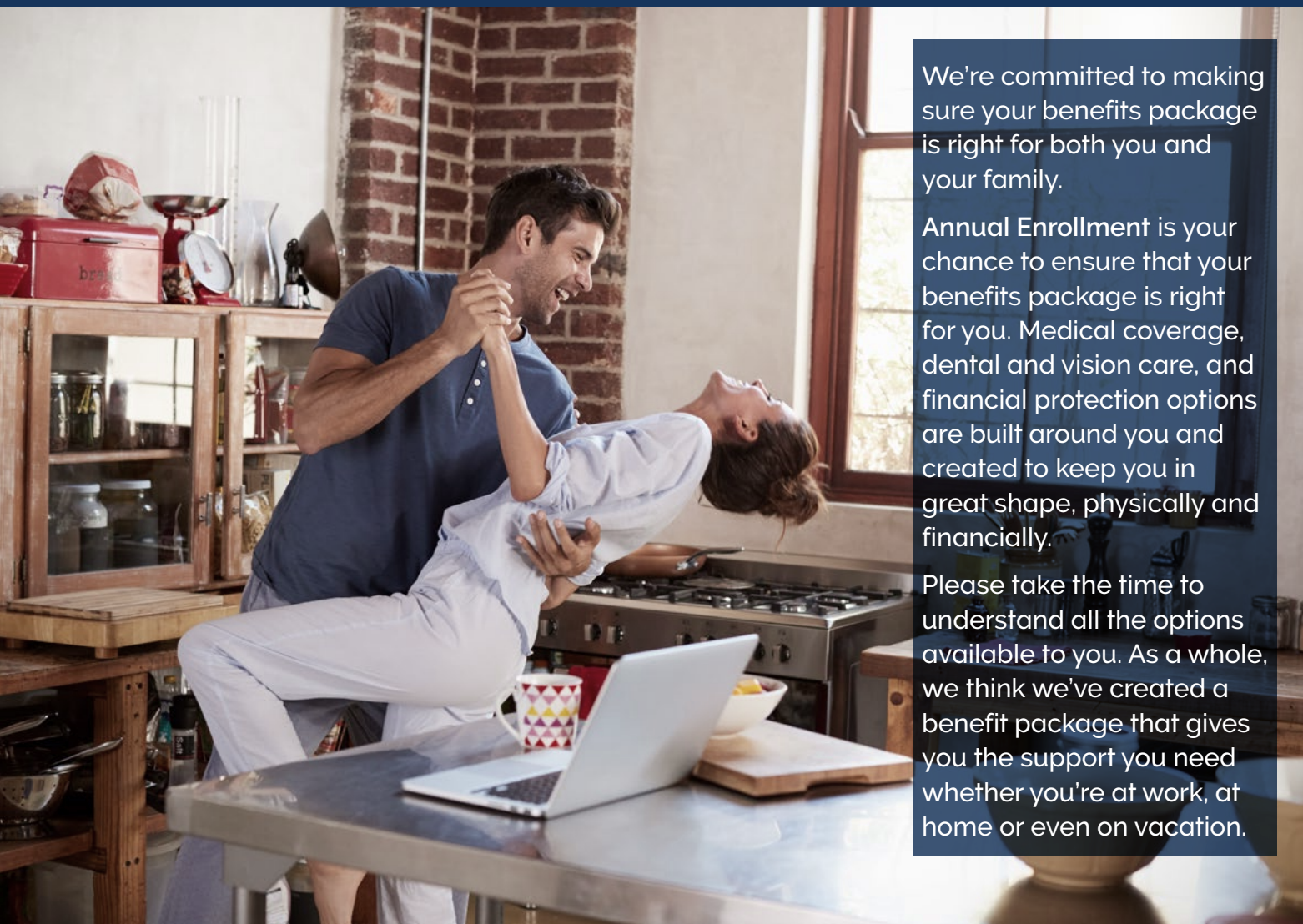




For Your Benefit

September 2018 - August 2019



We're committed to making sure your benefits package is right for both you and your family.

Annual Enrollment is your chance to ensure that your benefits package is right for you. Medical coverage, dental and vision care, and financial protection options are built around you and created to keep you in great shape, physically and financially.

Please take the time to understand all the options available to you. As a whole, we think we've created a benefit package that gives you the support you need whether you're at work, at home or even on vacation.

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Information on the go



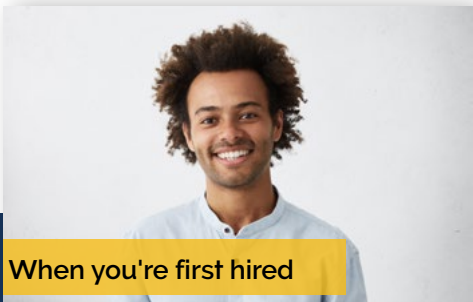
Online benefit information is available wherever you are when you need it. Click the computer to access our benefit site from any internet-connected device!

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all the terms, coverages, exclusions, limitations, and conditions of the actual contract language. The policies themselves must be read for those details. The intent of this document is to provide you with general information about your employee benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be directed to your Benefits Department.

Making your Selections

Choosing your benefits

There are up to **three** times during the year when you'll be able to select your benefits. Make your selections carefully! The choices you make now will be in effect through August 2019.



When you're first hired

Medical coverage begins on the first day of the month following **60 days** of employment.
All other benefits begin on the first day of the month following **30 days** of employment.
You have **15 days** from your date of hire to select your benefits.



At Annual Enrollment

Annual Enrollment, usually held in May, is your opportunity once each year to evaluate your benefit options and make selections for the following plan year.
Benefits selected during the Annual Enrollment are effective **September** through **August**.



If you have a life event

Certain life events such as marriage or divorce, birth or adoption, or a change in benefit eligibility may allow you to make changes to your coverage during the year.
You have **30 days** from the date of the event to request applicable changes to your coverage and provide required documentation.

Covering your family

Your Spouse

You may cover your legal spouse on your benefit plans including medical, dental, vision, life, and AFLAC insurance.

Your Children

Medical	through the end of the calendar year in which they reach age 26 regardless of student or marital status.
Dental & Vision	through the end of the month in which they reach age 26.
Child Life Insurance	through their 19th birthday if unmarried; until age 25 if a full-time student.

Extended child eligibility:

- **Disabled dependents:** children who became disabled before age 26 and rely on you for support are also eligible for health coverage.
- **Extended medical coverage:** children ages 26-30 may be eligible for extended medical coverage if certain criteria are met.

Please contact Benefit Specialist if either of these situations applies to you.















Medical Insurance

Caring for you in sickness and in health

There's more to a medical plan than your per paycheck deductions. Consider which services are covered before you meet your deductible, how you pay for care with each plan, the most you'll pay in a year for health services (your out of pocket maximum), and your eligibility for a tax-free health account.

Understanding your health plan options helps you make smart choices for you and your family.

	Prime PPO <i>BlueOptions 03359</i>	Mid PPO <i>BlueOptions 03559</i>	Select PPO <i>BlueOptions 05771</i>	HDHP + HSA <i>BlueOptions 3166/67</i>
Your cost each paycheck				
Deductible				
Maximum cost of care				
Paying for Care	Some copays, some deductible then coinsurance	Some copays, some deductible then coinsurance	Mostly copays	Deductible applies to all services except preventive care.
Health Account Eligibility	Health FSA	Health FSA	Health FSA	Health Savings Account



Florida Blue

Group: 49466

Website: www.floridablue.com

Phone: 1-800-352-2583



Download Florida Blue's mobile app for claims information, to access your ID card, find a doctor, and more!



Helpful insurance terms

- Copay** – a flat fee you pay whenever you use certain medical services, like a doctor visit.
- Benefit year** – September through August each year.
- Deductible** – the amount you pay in a calendar year (January - December) before your medical insurance begins paying deductible-eligible claims.
- Coinsurance** – the percentage of covered medical expenses you continue to pay after you've met your deductible and before you reach your out of pocket maximum for the benefit year.
- Out of pocket maximum** – the most you will pay during the calendar year for covered expenses. This includes copays, deductibles, coinsurance, and prescription drugs.
- Balance billing** – the amount you are billed by out-of-network providers to make up the difference between the amount they charge and what insurance reimburses. This amount is in addition to, and does not count toward your out of pocket maximum.

Your plan summaries

	Prime PPO <i>BlueOptions 03359</i>	Mid PPO <i>BlueOptions 3559</i>	Select PPO <i>BlueOptions 05771</i>	HDHP + HSA <i>BlueOptions 3166/67</i>
In-Network Coverage				
Your deductible (DED)	\$500 per person \$1,500 family maximum	\$750 per person \$2,250 family maximum	\$1,500 per person \$4,500 family maximum	\$1,500 single coverage \$3,000 family coverage
Coinsurance (you pay)	20% after DED	20% after DED	20% after DED	0% after DED
Out of pocket maximum	\$3,000 per person \$6,000 family maximum	\$3,000 per person \$6,000 family maximum	\$4,500 per person \$9,000 family maximum	\$1,500 single coverage \$3,000 family coverage
Preventive Care 	100% covered	100% covered 	100% covered	100% covered
Primary Doctor Visit	\$20 copay	\$30 copay	\$30 copay	DED
Specialist Doctor Visit	DED then 20%	DED then 20%	\$55 copay	DED
Independent Labs	100% covered	100% covered	100% covered	DED
Independent Imaging Center	X-ray: \$50 copay MRI/CT, etc.: \$125 copay	X-ray: \$50 copay MRI/CT, etc.: \$125 copay	X-ray: \$50 copay MRI/CT, etc.: \$250 copay	DED
Convenience Clinic	\$35 copay	\$20 copay	\$30 copay	DED
Urgent Care Center	\$30 copay	\$30 copay	\$60 copay	DED
Emergency Room	\$100 copay	\$150 copay	\$250 copay	DED
Inpatient Hospitalization	Option 1: \$500 copay Option 2: \$750 copay	Option 1: \$750 copay Option 2: \$1,000 copay	DED then 20%	DED
Outpatient Surgery	Ambulatory: \$100 copay Option 1: \$150 copay Option 2: \$250 copay	Ambulatory: \$100 copay Option 1: \$200 copay Option 2: \$300 copay	Ambulatory: \$200 copay Option 1: DED then 20% Option 2: DED then 20%	DED <i>An Ambulatory Center is generally your least expensive option</i>
Hospital Provider Fees	DED then 20%	DED then 20%	Ambulatory: \$55 copay Hospital: DED then 20%	DED
Pharmacy coverage	30 days 90 days	30 days 90 days	30 days 90 days	30 days 90 days
Generic	\$10 copay \$20 copay	\$10 copay \$20 copay	\$10 copay \$25 copay	DED DED
Brand Name	\$25 copay \$50 copay	\$30 copay \$60 copay	\$60 copay \$150 copay	DED DED
Non-Preferred	\$40 copay \$80 copay	\$50 copay \$100 copay	\$100 copay \$250 copay	DED DED
Out-of-Network Coverage (plus balance billing charges by the provider)				
Your deductible (DED)	Combined with in-network	Combined with in-network	\$4,500 / \$13,500	\$3,000 / \$6,000
Coinsurance (you pay)	40% after DED	40% after DED	50% after DED	20% after DED
Out of pocket max.	Combined with in-network	Combined with in-network	\$9,000 / \$18,000	\$6,000 / \$12,000

To find a participating provider (available nationwide):

- Access www.floridablue.com and choose 'find a doctor'
- Under plan, select "BlueOptions" then enter your search criteria

The **Mid PPO** plan covers preventive mammograms and colonoscopies at 100%. All other well / preventive visits are subject to the office copay.

The **HDHP + HSA** plan allows you to pay for eligible expenses using tax-free funds through a **Health Savings Account (HSA)**. See pages 6-7 for details.



All preventive care is subject to preventive care guidelines. Contact Florida Blue or review the certificate of coverage for details.

Health Savings Account (HSA)

The HSA is a great way to handle any medical expenses not covered by your medical insurance. You make regular contributions to your account through payroll – and the contributions are tax free.

And that's not all:

- You own the account, even if you change plans or jobs;
- Your contributions are tax-free to pay for medical, prescription, dental and vision expenses;
- There are federal, state and FICA tax savings;
- Your funds roll over from year to year;
- Any withdrawal for qualified medical expenses is tax-free.

How your HSA works

When you enroll in our **HDHP + HSA plan**, we'll set an HSA up for you on your behalf with BenefitWallet (formerly Mellon Bank).

Consider your expenses and decide how much to contribute.

Individual Coverage \$3,450 per year (2018 maximum)

Family Coverage \$6,900 per year (2018 maximum)

Age 55 or older? You may contribute an extra **\$1,000** per year in catch-up contributions.

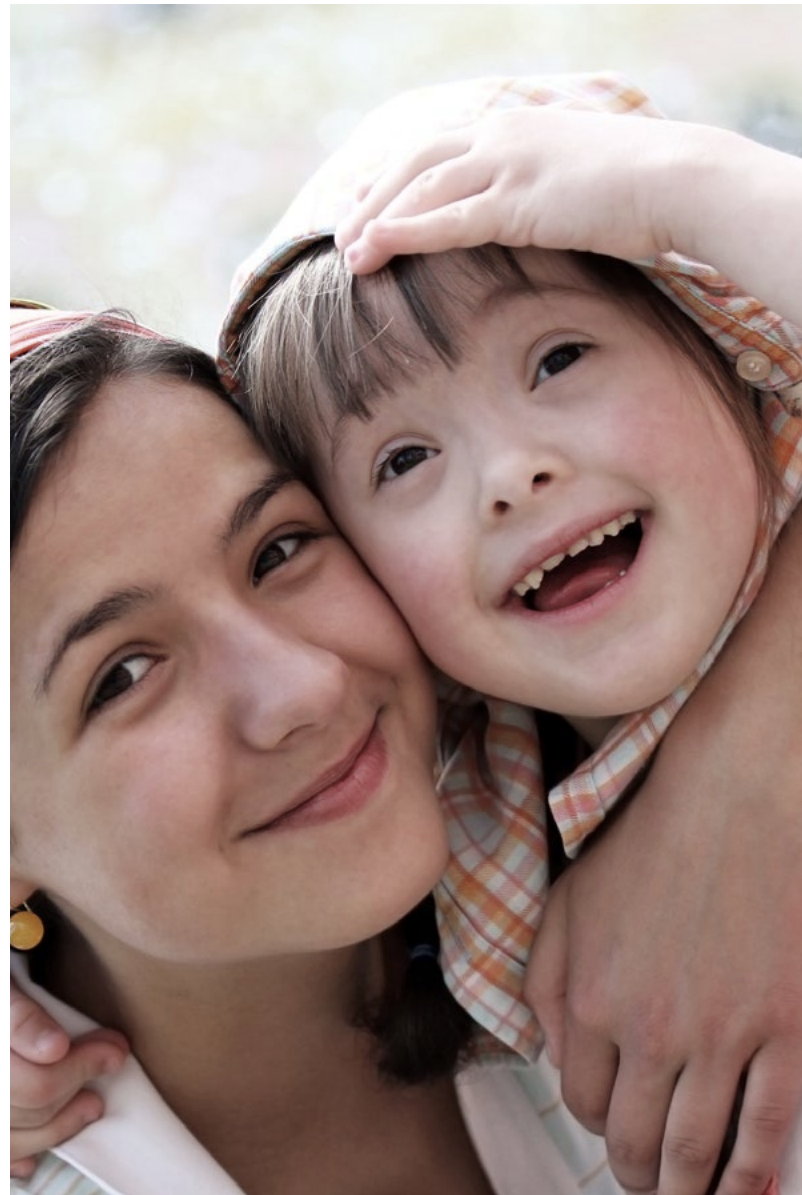
Contribution maximums assume 12 months of coverage in the HDHP + HSA plan, and may be pro-rated on a monthly basis for coverage lasting less than 12 months.

BenefitWallet

Website: www.mybenefitwallet.com

Phone: 1-877-472-4200

Download the Benefit Wallet mobile app to view your account information, add receipts, and more!



The HSA Advantage



Brad has an individual HSA

He saves directly from his paycheck into his HSA

\$900 annual contribution

-\$0 (No income tax is applied)

\$900

Tax-free money to cover medical expenses



Angie does not have an HSA

She saves for medical expenses from her paycheck

\$900 annual contribution

- \$225 (25% federal income tax)

\$675

Post-tax money to cover medical expenses

Due to IRS guidelines, HSA enrollees using our Wellness Center are responsible for a \$25 fee per visit
(that's roughly nine visits to the wellness center per year to cancel out the tax savings of a \$900 annual HSA contribution!)

Good to know:

Your funds are available as soon as they are deposited and you can use your money in two ways:

- | | | | | |
|----------|---|-----------|----------|--|
| 1 | Pay for out-of-pocket costs when you receive medical, prescription, dental, or vision care | OR | 2 | Leave the money in your account so it will carry over from year-to-year and grow tax-free |
|----------|---|-----------|----------|--|

Please remember that you'll need to enroll in our **HDHP + HSA plan** to join our HSA. Also, you can't contribute to an HSA if you're in another medical plan (including Medicare or TRICARE) or are a dependent on someone else's tax return. In these cases, you can still enroll in the HDHP plan, but you'll need to opt out of the HSA.







Any HSA withdrawals that are used for non-qualified expenses will be subject to taxation per IRS regulations.

Questions about your eligibility or how an HSA might affect your taxes? Contact your tax professional for advice.

Dental Insurance

Dental care that makes you smile

Choose between three dental plans to balance the care you need with a price you're comfortable with.

	Dental PPO <i>Dental PPO Plan</i>	Enhanced DHMO <i>DeltaCare 15A</i>	Basic DHMO <i>DeltaCare D70</i>
Your cost each paycheck			
Deductible			
Paying for Care	You pay a portion of the cost after the deductible.	You pay a set copay based on the services you receive	You pay a set copay based on the services you receive
Choice of Provider	Use any licensed provider you choose.	You must designate a primary care dentist and use a network provider	You must designate a primary care dentist and use a network provider

Our **Dental PPO** plan allows you to visit any licensed dentist you like -but choose a **Delta Dental** dentist and you'll make the most of your plan by enjoying:



Quality assurance

PPO Dentists are monitored for proper licensing, cleanliness, and safety.



No balance billing

You won't be charged more than the contracted rate.



No pre-payment

You'll pay only your portion of the bill - Delta Dental pays your dentist directly.



Lower prices

Through reduced fees

Delta Dental

Group: PPO: FL19349 | DeltaCare: FL79013

Website: www.deltadentalins.com

Phone: PPO: 1-800-521-2651

DeltaCare: 1-800-422-4234

Your plan summaries

	Dental PPO <i>Dental PPO Plan</i>	Enhanced DHMO <i>DeltaCare 15A</i>	Basic DHMO <i>DeltaCare D70</i>
Your deductible (DED)	\$50 per person	No deductible	No deductible
Annual Benefit Maximum	\$1,000 per person	No maximum	No maximum
Your Dental Coverage			
Type 1: Preventive Care			
Comprehensive Oral Evaluation	100% covered (no DED)	No Charge	No Charge
Cleaning	100% covered (no DED)	\$5	No Charge
Bitewing X-Rays	100% covered (no DED)	No Charge	No Charge
Type 2: Basic Services			
Resin fillings	DED then 20%	\$26 - \$95	\$26-\$100
Simple extraction	DED then 20%	\$10-\$14	\$50
Panoramic x-rays	Included in preventive care	No Charge	No Charge
Type 3: Major Services			
Endodontic therapy	DED then 50%	\$125 - \$365	\$315 - \$505
Periodontal scaling	DED then 50%	\$50 - \$60	\$61-\$110
Porcelain / ceramic crown	DED then 50%	\$395	\$505
Orthodontia			
Child (to age 19)	50%, \$1,500 lifetime max.	\$1,900 (once per lifetime)	\$2,774 (once per lifetime)
Adult (age 19 or older)	Not covered	\$2,100 (once per lifetime)	\$3,590 (once per lifetime)

Balance billing also applies to dental insurance.

When you use a **non-network** provider, your dentist may charge you the difference between what Delta Dental pays and the amount they charge.

You can avoid these extra charges by using an in-network dentist.




Vision Insurance

Focus on your vision

Keep your eyes healthy and your vision sharp with comprehensive vision coverage offered through Superior Vision. Choose from either our Basic or Enhanced plan to best meet your needs.

When you use a provider who participates in the **Superior National Network**, you will experience a greater benefit and a lower cost for care. Locate a participating provider at www.superiorvision.com.

	Basic Plan		Enhanced Plan	
	In-Network	Out-of-Network (allowance)	In-Network	Out-of-Network (allowance)
Copays				
Eye Examination	\$10 Copay (12 months)	Up to \$33	\$10 Copay (12 months)	Up to \$33
Materials	\$20 Copay (lenses & frames)	Does not apply	\$20 Copay (lenses & frames)	Does not apply
Glasses				
Lenses - Single	Covered after copay (12 months)	Up to \$29	Covered after copay (12 months)	Up to \$29
Lenses - Bifocal	Covered after copay (12 months)	Up to \$43	Covered after copay (12 months)	Up to \$43
Lenses - Trifocal	Covered after copay (12 months)	Up to \$53	Covered after copay (12 months)	Up to \$53
Frames	\$100 allowance (24 months)	Up to \$47	\$175 allowance (12 months)	Up to \$81
Contacts				
Elective 	\$110 allowance (24 months)	Up to \$100	\$175 allowance (12 months)	Up to \$100
Fit & Follow-up	Standard: \$25 copay Specialty: \$50 allowance	Not Covered	Standard: \$25 copay Specialty: \$50 allowance	Not Covered
Medically Necessary	Covered in full	Up to \$210	Covered in full	Up to \$210

Superior Vision

Group: 29384

Website: www.superiorvision.com

Phone: 1-800-507-3800

Paycheck Deductions

Your cost for coverage

Medical Insurance

Employee contributions are subject to collective bargaining.

	Prime PPO	Mid PPO	Select PPO	HDHP + HSA
Full-time employees				
Employee Only	\$38.15	\$19.59	\$0.00	\$0.00
Employee + Child(ren)	\$266.60	\$229.44	\$198.67	\$194.40
Employee + Spouse	\$524.06	\$483.54	\$428.69	\$433.72
Employee + Family	\$728.61	\$678.85	\$611.75	\$617.64
Part-time employees				
Employee Only	\$214.50	\$195.94	\$170.86	\$173.12
Employee + Child(ren)	\$442.94	\$405.78	\$375.02	\$370.74
Employee + Spouse	\$700.40	\$659.88	\$605.03	\$610.07
Employee + Family	\$904.96	\$855.20	\$788.09	\$793.99

Dental Insurance

	Dental PPO	Enhanced DHMO	Basic DHMO
Employee Only	\$15.78	\$9.59	\$8.00
Employee + 1	\$28.23	\$15.76	\$13.50
Employee + 2 or more	\$39.85	\$25.89	\$21.85

Vision Insurance

	Basic Plan	Enhanced Plan
Employee Only	\$3.85	\$5.93
Employee + Family	\$9.67	\$14.89

Flexible Spending Accounts

Health Care FSA

Pay for qualifying medical, pharmacy, dental, and vision expenses using pre-tax funds with a Health Care FSA.



Maximum Contribution	\$2,600 annually
Incur claims	September through August
Submit claims	through October 31, 2019
Annual Rollover	\$500 in leftover funds

Good to know:

If you enroll in the **HDHP plan** and elect to contribute to an HSA, you are **not eligible** for a Health Care FSA. You may use the funds in your HSA to pay for eligible expenses.

Estimate carefully! Funds exceeding the \$500 rollover amount at the end of the year will be forfeited per IRS requirements. Changes cannot be made to your contribution election during the year without a qualifying life change.



Did you know....

For each dollar you contribute to a Flexible Spending Account, you save about **\$0.30** in taxes (your amount varies depending on your tax bracket).

WageWorks

Group: AF01275

Website: www.takecarewageworks.com

Phone: 1-877-353-9487

Dependent Care FSA

Pay for qualifying dependent care on behalf of an eligible individual using pre-tax funds with a Dependent Care FSA.

Maximum Contribution	\$5,000 annually <i>\$2,500 if married filing separately</i>
Incur claims	September through August

Good to know:

- Expenses must be necessary for you and your spouse (if applicable) to work or attend school.
- Only the amount you've contributed year to date is available at any one time.
- Eligible individuals are typically defined as a dependent child under the age of 13 or a spouse who is incapable of self-care.

Estimate carefully! Any leftover funds at the end of the year will be forfeited per IRS requirements. Changes cannot be made to your contribution election during the year without a qualifying life change. **Use it or lose it.**



Did you know....
For each dollar you contribute to a Flexible Spending Account, you save about **\$0.30** in taxes (your amount varies depending on your tax bracket).

WageWorks

Group: AF01275
Website: www.takecarewageworks.com
Phone: 1-877-353-9487

Life and AD&D Insurance

Coverage for the Unexpected

Basic Life and AD&D Insurance

We provide **life insurance** and **accidental death and dismemberment (AD&D)** coverage in the amount of **your salary up to \$250,000** at no cost to you through **SunLife**. Make sure you designate a beneficiary who will receive your life insurance payment if you pass away while covered under this policy.

Introducing AD&D

AD&D, or Accidental Death & Dismemberment insurance, is for the same amount as the life insurance policy it's attached to. AD&D coverage can pay a benefit in one of two ways:

- If your death is caused due to an accident, the AD&D benefit pays in addition to your life insurance. This is sometimes called a "double indemnity" because your beneficiary receives both the life insurance amount and the AD&D amount.
- If, as the result of an accident, you either lose a covered body part (such as a limb) or lose the function of a covered body part, you may receive a percentage of the total AD&D benefit depending on the functions that have been lost.

Additional Supplemental Term Life Insurance

To supplement the life insurance coverage provided by Lake County School Board, you have the option to purchase additional term life insurance for yourself and your dependents through **SunLife**. Your cost depends on your age and coverage level. Rates are reflected in your benefit enrollment system. You may also add **accidental death and dismemberment (AD&D)** coverage equal to your life insurance amount at enrollment for a small additional cost.

You must cover yourself to purchase coverage for your dependents.

Employee Coverage

Available increments	\$10,000 (minimum \$20,000)
Coverage maximum	5 times salary to \$500,000
Annual Enrollment Increase	\$10,000 with no medical questions
Medical question limit	\$150,000 ?

Spouse Coverage

Available increments	\$5,000
Coverage maximum	50% of employee amount up to \$150,000
Medical question limit	\$50,000 ?

Child Coverage

Coverage options	\$1,000, \$5,000, or \$10,000 <i>Covers all eligible children</i>
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Medical Question Limit

As a **newly eligible employee** (if you have never worked for Lake County Schools before), you may elect up to the medical question limit with no medical questions required. Medical questions and approval by SunLife are required for:

- **Initial** requests to purchase coverage over the medical question limit
- **Future** requests to purchase this coverage after your initial opportunity
- **Increase** requests either:
 - in excess of the Annual Enrollment Increase amount, or
 - when the Annual Enrollment increase opportunity would result in your coverage exceeding \$150,000



If your Life Insurance election requires medical questions, your coverage will be effective and paycheck deductions will begin when approval is received from SunLife.

Disability Insurance

Protecting your Income



Disability Insurance Matters

How long can you pay the bills without an income? A few weeks? Maybe a month? What happens if you get sick or pregnant or have an accident and can't work? How will the rent or mortgage get paid? What about groceries, insurance, and shoes for the kids?

Disability happens. Studies estimate that just over **one in four** of today's 20-year olds will become disabled before they retire¹.

Do you have a rainy day fund? More than half of Americans have **less than \$1,000 in savings**². What would you do if your income stopped because you couldn't work?

Our disability insurance options through **SunLife** are designed to fill the financial gap that happens when you are unable to work. Your cost for coverage will be available at enrollment.

¹U.S. Social Security Administration, Fact Sheet 2017

²GoBankingRates Savings Survey, 2017

Coverage Summary

	Option One	Option Two	Option Three	Option Four
When benefits begin	After 14 days of disability	After 60 days of disability	After 14 days of disability	After 60 days of disability
How long benefits pay	Injury: up to 5 years Sickness: up to 2 years	Injury: up to 5 years Sickness: up to 2 years	Up to Social Security Normal Retirement Age	Up to Social Security Normal Retirement Age
Monthly benefit amount	Choose between \$300 and \$7,500 per month in \$100 increments . Your maximum amount may not exceed 66 2/3% of your income. Medical questions may apply ?			
Medical question limit	\$5,000 monthly benefit (maximum 66 2/3% of your income)			
Annual increase	One benefit level increment (\$100 monthly benefit)			
Relative Cost				

? Medical Questions

As a **newly eligible employee**, you may elect up to **\$5,000 monthly benefit** with no medical questions required. Medical questions and approval by SunLife are required for:

- **Initial** requests to purchase coverage over the medical question limit
- **Future** requests to purchase this coverage after your initial opportunity
- **Increase** requests either:
 - in excess of the annual increase amount, or
 - when the annual increase opportunity would result in your monthly benefit exceeding \$5,000

Additional Coverage Options

For your peace of mind

Additional benefits through AFLAC are available for purchase.

Available to all benefits-eligible Lake County Schools employees

Accident Coverage

Accident coverage through **AFLAC** pays you a benefit if you are injured in a covered off-the-job accident. Benefits include:

Emergency Room	\$200
Hospitalization	\$1,000 admission benefit, \$200 per day benefit
Fractures	up to \$4,000
Dislocations	up to \$3,000
Follow-up Treatment	\$30 per visit (<i>up to 6 per accident</i>)
Wellness Benefit	\$50

Family coverage is available, sports-related injuries are covered under this plan.

Your per-paycheck cost: Accident Coverage

Employee Only	\$7.93
Employee + Child(ren)	\$15.63
Employee + Spouse	\$13.02
Employee + Family	\$20.72

Critical Illness with Cancer Plan

Critical Illness + Cancer coverage through **AFLAC** pays you a lump sum of money if you are diagnosed with a critical illness, heart attack, internal cancer or stroke. The cash benefit is provided upon the first diagnosis of a covered condition to help you with associated costs and beyond.

Your Choices

Elect up to \$50,000 for employees, **\$30,000 available with no medical questions required**, and up to \$15,000 for your spouse. This plan pays regardless of any other coverage you have.

When it pays

- **Covered conditions** include: Cancer, Heart Attack, Stroke, Major Organ Transplant, Renal Failure, Carcinoma in Situ (25% benefit), Coronary Artery Bypass Surgery (25% benefit)
- **Health Screening Benefit:** AFLAC pays \$50 when you and/or your spouse receive a covered screening.
- **Additional Occurrence Benefit:** provides an additional cash payment in the event a covered person is diagnosed with another covered condition.

Your **cost for coverage** depends on your age and the coverage amount you select. See the enrollment information for your specific cost.

Available only to Lake County Schools employees not enrolled in our HSA plan

Hospital Indemnity Plan

The Hospital Indemnity Plan through **AFLAC** helps you with hospital-related expenses. Benefits are paid for:

- Hospital Confinement
- Hospital Intensive Care Confinement
- Surgical & Anesthesia Benefit
- Hospital Emergency Room/Physician Benefit

Your per-paycheck cost: Hospital Indemnity Plan

Employee Only	\$33.28
Employee + Child(ren)	\$58.24
Employee + Spouse	\$64.90
Employee + Family	\$89.86