

# Benefits Guide

## Plan Year

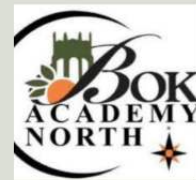
### 7/1/2025-6/30/2026



Please see the QR code or link below to view the Benefits Presentation:

<https://www.brainshark.com/usi/vu?pi=zITz13PBSLzajtaz0>

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## What Benefits does Lake Wales Charter Schools offer?

Lake Wales Charter Schools offers a variety of benefits, some require an employee contribution, and others are provided entirely by the company. Choose any combination of voluntary benefits for you and your eligible dependents from the list below:

- Medical
- Teladoc (included in medical plan)
- Dental
- Vision
- Basic Life and AD&D
- Supplemental Term Life
- Short Term Disability
- Long Term Disability
- **NEW:** Employee Assistance Program (EAP)
- Travel Assistance Program
- Accident
- Critical Illness
- **NEW:** Hospital Indemnity
- Prepaid Legal
- Identity Theft



We are happy to provide you with this Benefit Guide which summarizes your employee benefits for the 2025-2026 plan year. Lake Wales Charter Schools, Inc. recognizes that benefits are an important part of your total compensation package. Our benefit program provides competitive and valuable benefits for you and your dependents.

This document is not just an enrollment guide. It is a resource for you and your family to use throughout the year. In this guide you will find a summary of each of the benefit plans offered to eligible employees and their dependents. Our benefits program is designed to allow you to choose what works best for your needs and your budget. This information will allow you to make informed decisions regarding the selection and continued management of the services and benefits provided to you as an employee of Lake Wales Charter Schools, Inc.

**If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage.**

**Please see page 38 for more details.**

## Who is eligible?

All regular full-time employees are eligible to enroll in the benefit plans on the first of the month following 30 days of employment. To be considered a full-time employee, you must be regularly scheduled to work 30 per week.

Eligible dependents, including legal spouse, children, and step-children may also be enrolled as long as they meet the corresponding requirements for each plan.

Note: Proof of dependent eligibility is required and may be requested when you first enroll and/or if you change coverage mid-year due to a qualifying event.

## When Can I Enroll?

- During new hire eligibility period
- During the annual enrollment period
- Within 30 days of a qualifying event

*Note: If you do not enroll at one of the above times, you must wait for the next annual open enrollment period.*

## What is a Qualifying Event?

- Marriage
- Divorce or legal separation
- Birth or adoption of an eligible child
- Death of spouse or covered child
- Change in a spouse's work status that affects your benefits
- Change in your child's eligibility for benefits
- Receipt of Qualified Medical Child Support Order

## When do my Benefits Start?

As a new hire, your benefits become effective on the first of the month following 30 days of full-time employment. During annual open enrollment, benefit changes are effective on July 1, except for changes that require Evidence of Insurability approval (i.e., Voluntary Life, Short & Long-Term Disability or Critical Illness).

## When Will You Start Taking Deductions from my Paycheck?

Deductions will begin the first paycheck in which your benefits become effective.

## When Will My Coverage End?

For medical, dental, and vision, coverage will stop on the last day of the month in which employment with the company ends. All other benefits end on the last day of employment.

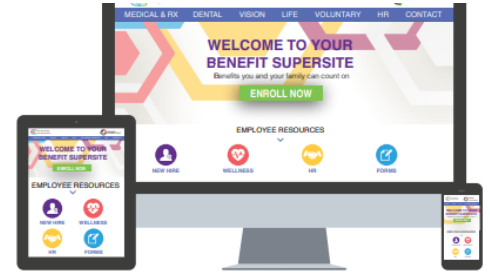
### Why are some benefits deducted pre-tax?

Lake Wales Charter Schools has an IRS Section-125 plan. That means certain eligible benefit premiums are deducted from your paycheck before tax. This lowers the amount of your taxable pay which saves you money.

You must notify Human Resources **within 30 days of a family status change or** wait until the next annual enrollment period to make benefit changes.

**important**

You will be required to make your elections online in the MyBenSite portal by the due date specified by Human Resources. You can access the portal from any internet connection or mobile web browser (i.e., Google, Safari, etc.) 24 hours a day, 7 days a week.



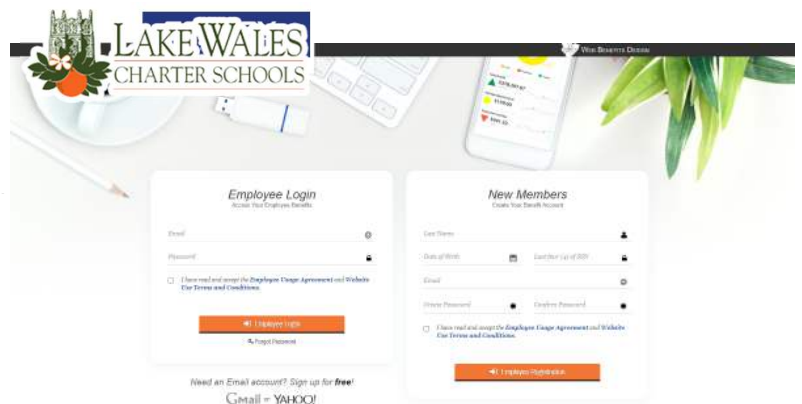
**Good news! There will be no paper forms to complete. To begin your enrollment, follow these easy steps:**

- ❑ Enter the following address into your internet browser:

<https://www.mybensite.com/lwcharterschools/>

- ❑ Your user name is your Lake Wales Charter Schools email address (or your email address on file).
- ❑ If you forgot your password just click on the [forgot password link](#).
- ❑ Once logged in, select the **Enroll Now** tab. You will be guided through a series of screens, each taking only a few moments to complete:
  - ✓ **Personal Information** – Please verify that all information is accurate.
  - ✓ **Dependent Information** – Please be sure that all dependents you wish to cover are listed in this section. You must include SSN and dates of birth.
  - ✓ **Benefit Selections** – each page will show you the benefits you are eligible for and the cost “per paycheck”. Please either elect or decline each benefit.
  - ✓ **Review and Submit** – this is the final step. Please review your benefit selections and costs. If you wish to make changes to your selections, click the “edit” button to update your information. Once you have completed your review, agree to the terms and hit “Continue”. You will then be given the opportunity to print and/or email a Benefits Confirmation Statement for your personal records.

**Important:** Please have your spouse and/or children social security numbers and dates of birth with you when enrolling in the site. You must list dependents first, otherwise they won't be shown coverage options to include them.





There are limited opportunities to enroll and/or make changes to your benefit elections. Make your selections carefully! The choices you make now will be effective through the end of the plan year, as long as you remain eligible.



## When you're first hired

The benefits you elect as a newly eligible employee begin on the first day of the month following 30 days of full-time employment.

**You are required to make your elections using the MyBenSite portal by the due date specified by Human Resources (also to decline coverage in benefits).**

**If "DECLINING" benefits, you must decline benefits in the MyBenSite portal.**

**Refer to the prior page of this guide for instructions to login (or first-time register) in the portal.**

Once registered, be sure to keep your Username and Password. **You will need it each year for Open Enrollment.**

## At Open Enrollment

Open Enrollment is your annual opportunity to enroll or make changes to your elections. Benefits selected during Open Enrollment are effective annually each July 1<sup>st</sup> unless Evidence of Insurability (EOI) is required.

**For 7/25 open enrollment:**  
**If you are not making any changes, your current enrollment / declines will ROLLOVER for 7/1/25 (except FSA, you must re-elect, and the NEW voluntary benefit: Hospital Indemnity**

**If you are newly enrolling or making changes/declines at Open Enrollment: This must be done in the online portal (MyBenSite) by the due date specified by Human Resources.**

**Refer to the prior page of this guide for instructions to login in the MyBenSite portal.** If you registered as a new employee simply log in with the same Username and Password. Be sure to keep your Username and Password, you will need it each year for Open Enrollment.

## If you have a life event

Some life events allow you to change your coverage during the year. If you experience a life event, **you have 30 days from the date of the event to request changes** and provide any required documentation. Some IRS approved qualifying events are:

- Birth or adoption
- Marriage or Divorce
- Change in employment status or change in coverage under another employer sponsored plan
- Loss or gain of eligibility under Medicare or Medicaid

Log in to MyBenSite to submit your change request following a life event. These requests are subject to verification and approval.

**Please note:** the IRS does not consider financial hardship a qualifying event to drop coverage.

# Medical Insurance – UMR / UHC

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Our medical plan is through UMR using the UMR national Choice network. The chart below provides a brief summary of some common services.

UMR (United “National” Network)		Choice Plan (EPO)
<b><u>Office Visits (PCP/Specialist):</u></b>		Open Access PCP(+Virtual): \$25 copay; Specialist(+Virtual): \$50 Teladoc (General/Derm): \$5
	In-Network	
	Out-of-Network	No Benefit
<b><u>Prescription Drugs:</u></b>		
	In-Network	\$10/\$35/\$70
	Out-of-Network	No Benefit
<b><u>Mail Order Drug Copay</u></b>		2.5x copay
<b><u>Emergency Room/Urgent Care</u></b>		
	In-Network	ER: \$300 copay UC: \$50 copay
	Out-of-Network	ER: Same as IN network UC: No Benefit
<b><u>Lab / Xray /Major Diagnostics (Non-Preventative in Independent Facility)</u></b>		Preventative covered 100% in network, must be coded as preventative
	In-Network	LAB: \$0 copay X-Ray/Diag: \$0 copay Complex: \$300 copay
	Out-of-Network	No Benefit
<b><u>Outpatient Surgery/Services</u></b>		
	In-Network	20% after DED
	Out-of-Network	No Benefit
<b><u>In Patient Hospital &amp; Services</u></b>		
	In-Network	20% after DED
	Out-of-Network	No Benefit
<b><u>Deductible: Individual / Family</u></b>		Accrued Jan-Dec
	In-Network	\$2000/\$4000
	Out-of-Network	No Benefit
<b><u>Co-Insurance after DEDUCTIBLE:</u></b>		
	In-Network	20% after DED
	Out-of-Network	No Benefit
<b><u>Out-of-Pocket Maximum:</u></b>		Accrued Jan-Dec
<i>Individual / Family</i>		INCLUDES All: DED/Coin/Copays/RX
	In-Network	\$5000/\$10,000
	Out-of-Network	No Benefit
<b><u>Lifetime Maximum Benefit</u></b>		
	In-Network	Unlimited
	Out-of-Network	No Benefit

This chart is intended to be an illustration of benefits only. If it conflicts with the Summary Plan Description (SPD), the SPD shall prevail.

Teladoc is the on-demand healthcare solution that gives you access to medical care 24/7 by phone, online video or mobile app. Your spouse and children can also use Teladoc, even if they are not enrolled in the medical plan! Use Teladoc for medical advice and care when:

- ✓ **Your primary care doctor is not open.**
- ✓ **You are at home, traveling or do not want to take time off work to see a doctor.**
- ✓ **You need a prescription or refills.**

## Common Conditions Treated

Allergies	Headaches / migraines	Sinus infections	Urinary tract infections
Bronchitis	Eye/ear infections	Stomach ache or diarrhea	Cold/flu

### By phone

Just call **1-800-Teladoc**  
(1-800-835-2362)

### Online

Simply request a video consultation online at **www.teladoc.com**.



### On the go

You can download the Teladoc mobile app by visiting the **App Store** or **Google Play**.

## Highly qualified, experienced doctors

When you use Teladoc, your medical questions will be answered by a highly qualified doctor. Teladoc doctors are:

- **Experienced**—with an average of over 10–15 years in practice.
- **Progressive**—using the latest technology to provide excellent care.
- **U.S. board certified** and **state licensed**.
- **Specially trained** in telemedicine.

## Benefits of Teladoc



Saves time and money



Quicker recovery from illness



Convenient prescriptions



Choice of consultation method



Great health means peace of mind

**Cost = Less than going to ER, or Urgent Care or your PCP!**

**Only a \$5 copay for a General Medicine (PCP) or Dermatology Consultation!**



## Next Steps? How to Use?

First “set up” your account online ([www.Teladoc.com](http://www.Teladoc.com)) or via the mobile app and follow the prompts. Once completed, you can then contact a Teladoc physician at 1.800.835.2362, or by visiting [www.teladoc.com](http://www.teladoc.com)



## UMR's Provider Networks

Tip: Verify that your provider is 'in-network' BEFORE each visit. Ask the provider: do you participate in the UMR/United "choice" network? (Do not ask: do you "take" UMR insurance?)

### To Register as a Member

- Go to the UMR website [www.umar.com](http://www.umar.com)
- Click on "login/register" (blue button, upper right) and follow the prompts

### To Find an In-Network Provider:

- Click on 'find a provider'
- Enter "UMR Choice Plus Network", then enter
- Click on "view providers" (green button, bottom left)
- Click on any of the following: people, places, etc
- Follow prompts to add your zip code and what kind of provider you are looking for



## Pharmacy Tips

Use generics when possible for lower costs out of pocket. Always asks your doctor to write DAW on any prescription UNLESS your prescription is a generic drug. By writing "DAW" (dispense as written) or "medically necessary" on your brand or non-formulary drug prescription, it won't be substituted with a generic version at the pharmacy. Get your generic drugs filled at Walmart (\$4 each) or \$7.50 for 90 days (certain meds) at Publix also check out [www.goodrx.com](http://www.goodrx.com) to compare prices! Finally...if it's a new prescription, ask your doctor for samples (especially if the RX is brand or non-formulary tiers)! Remember, you don't get a refund if the RX doesn't work for you!

### Important on RX:

Check the UMR drug list (called "formulary list) frequently. The Drug List can change throughout the year but is posted each January and July. Changes to drug list or copay "can" happen during the year when:

- An RX becomes "over the counter,"
- If/when a generic becomes available or
- If an RX is excluded from the RX list entirely
- Some drugs have step therapy, quantity limitations or require pre-authorization...your doctor may need to contact UMR/Optum to submit info on your medical necessity prior to a prescription being filled.
- Specialty or Injectable drugs have additional steps like pre-authorization to receive...check with UMR/Optum for further details.

### Questions? Contact UMR:

- Via the UMR website [www.umar.com](http://www.umar.com)
- Using your smartphone at the mobile website [m.optumrx.com](http://m.optumrx.com)
- Via [www.optumrx.com](http://www.optumrx.com)
- By phone:
  - Customer Service, Mail Order Pharmacy: 877-559-2955
  - Medical Supplies Pharmacy: 866-208-7707
  - Prior Authorization (Physicians): 800-498-5428 opt 2
  - Pharmacists (Mail Service Customers): 800-788-4863



Half of US consumers report wellness as a top priority in their daily lives. One Pass Select is designed to help make it easier for your employees to prioritize their health and wellness through a low-cost, extensive nationwide gym network, digital fitness and grocery delivery service. Best of all, employees have the freedom to choose the option that fits their needs and lifestyle.

## See the benefits of One Pass Select:



### Potential increased productivity

Studies show that healthier employees are typically more productive.<sup>2</sup>



### Low cost to you and your employees\*

Allows you to offer various fitness pricing options and competitive, flexible health options so employees can choose what's best for them.



### Convenient digital access

Convenience to browse participating gyms nationwide, a personalized dashboard and more.

## 20%

average retail gym membership savings with One Pass Select<sup>3</sup>

## 76%

of employees who signed up for One Pass Select were actively engaged in the program<sup>4</sup>

\*Option to reward employees for utilizing One Pass Select through UMR's Health & Fitness Reward\$.  
<sup>3</sup>Based on a survey of retail gym memberships.  
<sup>4</sup>Based on a survey of employees who signed up for One Pass Select.

## More Advantages for Employees

One Pass Select offers employees various membership tiers to choose from based on their unique fitness goals – along with additional benefits, including:

- No long-term contracts or annual gym registration fees
- Flexible fitness options with the ability to change tiers monthly
- Multi-location access with no waiting period
- The ability to add family members (ages 18+) at a 10% monthly discount
- A convenient grocery delivery subscription

## Membership options for employees

Category	Digital	Classic	Standard	Premium	Elite
Monthly fee	\$10	\$34	\$69	\$109	\$159
One-time enrollment fee	\$10	\$29	\$29	\$29	\$29
Gym network size		12K+	14K+	16K+	20K+
Premium network			✓	✓	✓
Multi-location access		✓	✓	✓	✓
Digital classes	10K+	10K+	10K+	10K+	10K+
On-demand	✓		✓	✓	✓
Livestreaming	✓	✓	✓	✓	✓
Workout builder	✓	✓	✓	✓	✓
Grocery delivery		✓	✓	✓	✓
Family membership (10% discount)*	✓	✓	✓	✓	✓
Upgrade/downgrade monthly	✓	✓	✓	✓	✓
Cancel within 30 days	✓	✓	✓	✓	✓
Pay with sponsor rewards	✓	✓	✓	✓	✓

\*10% discount off the tier selected for each person added.



Lake Wales Charter Schools offers a two PPO dental plans through Mutual of Omaha. Both plans allow you to use in-network or out-of-network benefits. Go to [www.dentistsforme.com/mutualofomaha/](http://www.dentistsforme.com/mutualofomaha/) to check if your dentist is in the network (choose PPO network) and REGISTER to print a member ID card and to access your dental claims.

Dental PPO	Low Plan	High Plan
<b>Preventive Services:</b>	You'll Pay:	You'll Pay:
<b>In Network</b>	Covered @ 100%	Covered @100%
<b>Out of Network</b>	100%*	100%*
<b>Basic Services:</b>		
<b>In Network</b>	20% after DED	20% after DED
<b>Out of Network</b>	20% after DED*	20% after DED*
<b>Major Services:</b>		
<b>In Network</b>	50% after DED	50% after DED
<b>Out of Network</b>	50% after DED*	50% after DED*
<b>Orthodontia</b> (Child & Adults)		\$1500 lifetime Benefit
<b>In Network</b>	No Benefit	50% (no DED)
<b>Out of Network</b>	No Benefit	50% (No DED)*
<b>DEDUCTIBLE</b>	Individual/Family	Individual/Family
<b>In Network</b>	\$50/\$150	\$50/\$150
<b>Out of Network</b>	\$50/\$150	\$50/\$150
<b>MAXIMUM ANNUAL BENEFIT:</b>		
<b>In Network</b>	\$1,000.00 (Includes Preventative Max)	<b>\$1,500.00</b>
<b>Out of Network</b>	Same as above	Same as above
<b>Wait Periods</b>	NONE when first eligible or if added at open enrollment	
<b>Perks</b>	Rollover Benefit, see note	

Please review the benefit summary/certificate for further details.

If **Out-of-Network Dentists** are used, you will be responsible to pay the difference between Mutual of Omaha's allowed amount and what the dentist may charge.

**ROLLOVER Benefit:** Both plans have the 'rollover' benefit included. If you have LESS than \$500 in claims in the year, Mutual of Omaha will add \$350 to your annual benefit the following year if using an in-network provider (\$250 if using an out of network provider).

**Preventative Max (on Low plan only):** All preventative care services do "not" accrue toward your annual benefit.

**TIP:** If needing "higher cost" services like root canals, perio care, crowns, bridges or dentures: always ask your provider for a "pre-determination" to be done PRIOR to having the service completed.

Although it may mean another visit to the dentist, it will give you an idea of what will be covered by the carrier and no surprises when you receive the bill!





Lake Wales Charter Schools offers a voluntary vision plan through Mutual of Omaha using the EyeMed national network. This vision plan provides coverage both in and out of network, the chart below provides a brief overview. Please review the benefit summary/cert for further details.

Go to [www.mutualofomaha.com/vision](http://www.mutualofomaha.com/vision) for a list of in-network vision providers, also register to see your claims, print out an ID card, etc. **Note that no ID cards are issued (or needed), but you can print one only by registering in the member portal.** Just advise the provider that you have Mutual of Omaha coverage (EyeMed network), and the provider will call the provider line to verify your eligibility and coverage.

	In-Network	Out-Network
<b>Lenses</b>		
Single Vision	\$10 copay	\$40 allowance
Lined Bifocal	\$10 copay	\$60 allowance
Lined Trifocal	\$10 copay	\$80 allowance
Lenticular	\$10 copay	\$80 allowance
Standard Progressive	\$70 copay	NA
Other Progressive	\$110-\$250 copay	NA
<b>Contact Lenses (in lieu of frames/glasses)</b>		
Medically Necessary	\$25 copay	\$210 allowance
Elective	\$150 allowance	\$105 allowance
<b>Frames</b>		
	Up to \$150 after \$25 Copay 15% off the balance	\$45 allowance
<b>Exams</b>	\$10 copay	\$40 allowance
<b>Frequency</b>		
Exam	Once every 12 months	
Lenses or contact lenses	Once every 12 months	
Frame	Once every 12 months	



Check out the vision discount list for other copay discounts offered by the Vision plan to include lens options, extra glasses, sunglasses and Lasik surgery!

Lake Wales Charter Schools provides all full-time eligible employees an employer paid life insurance benefit. The chart below provides an overview. Please review the benefit summary/cert for further details.

	Basic Life and AD&D Insurance
<b>BENEFIT OUTLINE:</b>	
<b>Employee Life Benefit</b>	\$20,000
<b>Employee AD&amp;D Benefit</b>	\$20,000
<b>Age Reduction Schedule</b>	Initial benefit reduces to: To 65% at age 65, To 50% at age 70 Coverage terminates at retirement
<b>Conversion</b>	Yes

In addition, eligible employees are offered the option to purchase supplemental term life insurance coverage for self, spouse and child(ren). Spouses and unmarried dependent children may be enrolled as long as the employee also elects coverage. The chart below provides an overview. Please review the benefit summary/cert for further details.

	Supplemental (Voluntary) Life Insurance
<b>BENEFIT OUTLINE:</b>	
<b>Employee Life</b>	Increments of \$10,000, 5x salary, max \$100,000
<b>Employee Guarantee Issue*</b>	Lesser of 5x salary or \$100,000
<b>Spouse Life</b>	Increments of \$5,000 up to 100% of employee election, max \$50,000
<b>Spouse Guarantee Issue*</b>	\$20,000
<b>Child Life</b>	100% of employee election, max to \$25,000
<b>Child Guarantee Issue*</b>	Increments of \$5k, to max \$25,000 (max=25% of EE election)
<b>Benefit Reduction Schedule</b>	Initial benefit reduces to: 65% at Age 65; 50% at Age 70
<b>Conversion</b>	Yes. If your employment ends, you may convert this policy to an individual policy without evidence of insurability. You'll need to contact Mutual of Omaha within 30 days of termination to enroll and pay for your individual policy (directly with Mutual of Omaha)
<b>Portable</b>	Yes. If your employment ends, you may continue this policy for you and dependents without evidence of insurability. You'll need to contact Mutual of Omaha within 30 days of termination to enroll and pay for your individual policy (directly with Mutual of Omaha)

**IMPORTANT:** Your enrollment in voluntary life insurance has **guaranteed approval** (no medical questionnaire/EOI to complete) **when you first become eligible to enroll in benefits** (after your wait period).

**If you decide to enroll later**, it is no longer guarantee issue and you will be required to complete a medical questionnaire (also known as an "Evidence of Insurability" or EOI form). The insurance carrier reserves the right to decline coverage based on medical information obtained on the EOI. **If EOI is submitted, your paycheck contributions for the EOI amount will not be collected until if/when you receive notification that the benefit election is approved. Premium deductions begin on approval date and going forward.**

**EMPLOYEE CONTRIBUTIONS:** Rates vary based on age and the amount of coverage you elect. Your semi-monthly will be shown in the Web Benefits portal. (Note: spouse age is based on employee age)



## Disability Income Benefits

In the event you become disabled from a non-work-related injury or sickness, disability benefits are provided as a source of income. You are not eligible to receive short-term disability benefits if you are receiving workers' compensation benefits.

**Short Term Disability:** Employees may purchase Short Term Disability (STD) through payroll deductions, coverage is offered by Mutual of Omaha. You must be actively at work on this day coverage begins. Rates vary based on your salary. Your semi-monthly payroll deductions will be shown in the MyBenSite portal.

important

This is 'guarantee issue' when you are newly eligible for benefits. If you waive or have previously waived STD and would like to apply at a later date, you will need to complete an Evidence of Insurability (EOI) form before coverage is approved. Premium deductions begin on approval date and going forward

**Long Term Disability:** LWCS provides an employer paid Long Term Disability benefit for full time eligible. The summary below provides an overview.

	Short Term Disability
<b>BENEFIT OUTLINE:</b>	
<b>Employee Definition</b>	All Eligible FT employees working 40+ hours/week
<b>Benefit Percentage</b>	60%
<b>Minimum Weekly Benefit</b>	\$15
<b>Maximum Weekly Benefit</b>	\$1200
<b>Elimination Period</b>	14 days for both Accident & Sickness
<b>Duration of Benefit</b>	Up to 26 weeks (including elimination period)
<b>Pre-Existing Condition Limitation</b>	3 months lookback / 12 month wait (if applicable)

	Long Term Disability
<b>BENEFIT OUTLINE:</b>	
<b>Employee Definition</b>	All Eligible FT employees working 40/week
<b>Benefit Percentage</b>	60%
<b>Maximum Monthly Benefit</b>	\$6000
<b>Definition of Disability</b>	Loss of Duties and Earnings
<b>Own Occupation Period</b>	24 months
<b>Elimination Period</b>	180 days
<b>Duration of Benefit</b>	Later of age 65 or SSNRA
<b>Pre-Existing Condition Limitation</b>	3 months lookback / 12 month wait (if applicable)

### \*What are pre-existing conditions?

A pre-existing condition is a condition, regardless of cause, for which medical advice, diagnosis, care or treatment was recommended or received in the 3 months prior to your effective date. The plan will not pay benefits for any pre-existing conditions that result in disability during your first 12 months of coverage.



Employees can enroll in Accident and/or Critical Illness plans offered by Mutual of Omaha. The plans pay “you” directly when a covered accident or condition occurs (see benefit summaries in MyBenSite for what is covered).

Accident Insurance: You can enroll in this when newly eligible **or can add at a later open enrollment without EOI** (evidence of insurability).

Critical Illness: This benefit is ‘guarantee issue’ if you enroll in when you are newly eligible for benefits.



**If you add at a later date, then an EOI form (evidence of insurability) is needed and you are subject to carrier approval.** Your paycheck deduction will not begin until you are approved for this benefit.

## Accident Insurance

If you and your family are active, chances are, you're no stranger to a hospital emergency room. Even with medical insurance, a fall while bicycle riding or your child's sprained ankle at soccer practice can cost you a bundle in out-of-pocket expenses!

Are you financially prepared for all of the medical and non-medical costs of treatment and recovery from a serious injury? No matter what kind of medical coverage you have, you will have out-of-pocket costs that could really set you back financially.

Mutual of Omaha pays you cash benefits based on your covered injuries, treatments and services. Payments go directly to you, and you can pay for other expenses, such as traveling to the hospital, childcare and lost income from missed work.

Wellness Benefit – if you get an annual wellness screening for tests that can prevent critical illnesses, Mutual of Omaha will pay out \$50 per year, per covered individual.



## Critical Illness Insurance

Health care costs are on the rise. Even with medical insurance, you're still responsible for co-payments, deductibles and other out-of-pocket costs, so a serious illness could really set you back financially.

If you or a family member was diagnosed with a serious illness, could you handle the extra expenses?

**Mutual of Omaha helps protect your savings:**

- Critical Illness Insurance supplements your medical plan— **no matter what type of other coverage you have**
- Pays you cash benefits based on each eligible diagnosis
- The cash benefits are paid directly to you — you decide how to use them
- Wellness Benefit – if you get an annual wellness screening for tests that can prevent critical illnesses, Mutual of Omaha will pay out \$50 per year, per covered individual

Employees and spouse coverage can choose to elect benefits in \$5000 increments, to a max of \$20,000. (Spouse coverage can match employee election or less.) Children are included at no charge in the employee coverage, their benefit is 25% of the employee election up to \$5000.

**Please review the benefit summaries for details and exclusions, it includes payable benefits to you and family members based on illness and/or conditions.**

**NEW** this year. Lake Wales Charter Schools is excited to share that we will be offering a Hospital Indemnity program through Mutual of Omaha!

Hospital Insurance helps covered employees and their families cope with the financial impacts of a hospitalization.

You can receive benefits when you're admitted to the hospital for a covered accident, illness or childbirth.

## Why Is This Coverage So Valuable?

The money is paid directly to you-not to a hospital or care provider. It can also help you pay the out-of-pocket expenses your medical plan may not cover, like coinsurance, copays and deductibles.

- You get affordable rates when you buy this coverage at work.
- The cost is conveniently deducted from your paycheck.
- The benefits in this plan are compatible with spending accounts.
- You may take the coverage with you if you leave the company or retire without having to answer new health questions. You'll be billed directly.



Hospital Indemnity	Mutual of Omaha
Coverage Level	Semi-Monthly (24 Pay Periods)
Employee	\$9.22
Employee & Spouse	\$20.28
Employee & Child(ren)	\$12.45
Employee & Family	\$24.90

BENEFITS	AMOUNTS
<b>Hospital Admission &amp; Confinement</b> - Admission benefits are payable up to a combined total of 2 days per policy year and are not payable on the same day; Confinement benefits are payable up to a combined total of 30 days per policy year unless otherwise noted and are not payable on the same day as Hospital/ICU admission benefits.	
<b>Hospital Admission</b>	\$1,000 per admission
<b>Daily Hospital Confinement</b>	\$100 per day
<b>ICU Admission</b>	\$2,000 per admission
<b>Daily ICU Confinement</b>	\$200 per day
<b>Daily Newborn Nursery Care Confinement</b> (Up to 2 days per policy year)	\$75 per day
<b>Additional Benefits</b>	
<b>Health Screening Benefit</b> (1 time per insured per calendar year; up to 6 per family per calendar year)	\$50
<b>Express Benefits</b> (1 benefit per hospital admission)	\$100
<b>SERVICES</b>	
<b>Hearing Discount Program</b>	The Hearing Discount program provides you and your family discounted hearing products, including hearing aids and batteries. Call 1-888-534-1747 or visit <a href="http://www.amplifonusa.com/mutualofomaha">www.amplifonusa.com/mutualofomaha</a> to learn more.



## **IMPORTANT NOTICE: The Accident Insurance, Critical Illness and Hospital Indemnity policies are fixed indemnity policies, NOT health insurance**

These fixed indemnity policies may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since these policies are not health insurance, they don't have to include most Federal consumer protections that apply to health insurance.

### **Looking for comprehensive health insurance?**

- To find out if you are eligible to enroll in health insurance through your job, or through a spouse's job, contact the employer – OR –
- **Visit [HealthCare.gov](https://www.healthcare.gov)** or call **1-800-318-2596** (TTY: 1-855-889-4325) to find health coverage options.

### **Questions about this policy?**

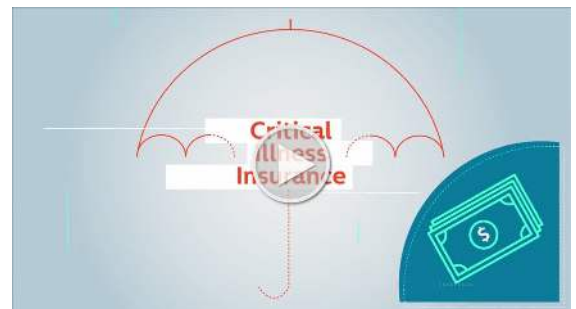
- For questions or complaints about these policies, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website ([naic.org](https://www.naic.org)) under "Insurance Departments."
- If you have these policies through your job, or a family member's job, contact the employer.



Click here to learn more about Hospital Indemnity!



Click here to learn more about Accident Insurance!



Click here to learn more about Critical Illness!





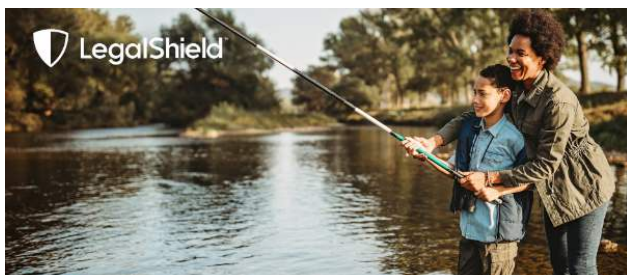
LWCS offers group Legal and Identity Theft plans (payroll deducted). See below for a brief summary on what is coverage on each plan but refer to the brochure in MyBenSite for further details.

## Legal

People need legal coverage without the complexity because life can be unpredictable and the law can be complicated. LegalShield created a model for legal coverage in which you know exactly what you are getting and how much you're paying for it. Once you sign up, you can sit back, relax and know you're covered by an entire law firm.

### A LegalShield® Membership Includes:

- 24/7 legal access for covered situations
- Mobile App for easy access
- Unlimited Legal advice on personal legal issues
- Letters/calls made on your behalf
- Contracts/documents reviewed
- Preparation of wills/trusts
- Assistance with traffic violations
- Trial defense (if named defendant/respondent in a covered civil lawsuit)
- Speeding ticket Assistance
- IRS audit assistance
- Uncontested Divorce, Separation, Adoption or Name Change (90 days after enrollment)
- 25% Preferred Member Discount (Bankruptcy, criminal charges, DUI, personal injury, etc.)
- And more!

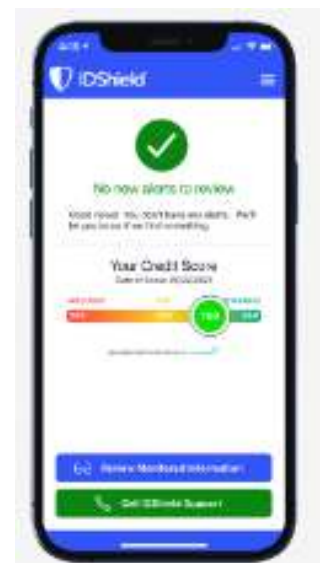


## Identity Theft

Protect you and family members against cybercrimes! Consider the IDShield protection plan which offers these benefits:

- Social Media Monitoring
- Dedicated U.S. Licensed Private Investigators
- IDShield Plus Mobile App
- Full-Service Restoration
- \$1 million fraud reimbursement
- Continuous Credit Monitoring with one credit bureaus
- Security Monitoring of SSN, credit cards, bank accounts, credit score tracking
- Consultation Services with 24/7 live support for covered emergencies
- \$1 Million Service Guarantee. We'll do whatever it takes for as long as it takes to help recover and restore your identity
- And more!

**Always connected.  
Always protected.**





## Flexible Spending Account

A flexible spending account (FSA) is your personal account funded with your pre-tax dollars to help you save for future healthcare expenses including the copays, deductibles, coinsurance and even vision and dental expenses. **For 2025, the IRS limits your healthcare FSA contributions to \$3,300.**

## How does the FSA work?

As an employee, you agree to set aside a portion of your pre-tax salary in an account, and that money is deducted from your paycheck over the course of the year. The amount you contribute to the FSA is not subject to Social Security (FICA), federal, state, or local income taxes — effectively adjusting your annual taxable salary. The taxes you pay each paycheck and collectively each plan year can be reduced significantly, depending on your tax bracket. And, as a result of the personal tax savings you realize, your spendable income will increase. See the example:

## FSA Carryover

This feature allows you to carry forward up to \$640 in unused healthcare/FSA funds to the next plan year (2026-2027) which can be used for eligible healthcare expenses. Please remember: *any unused amounts in excess of \$640 will be forfeited at the end of the plan year and not carried forward.*

- **You must enroll/re-enroll each year to participate.**
- **You must still retain all receipts as you may be asked to substantiate any expenses**

### For further information:

Call or check out the following link for more information and a list of items and services that are eligible: **888-862-6272 or visit:**  
<https://asuresoftware.wealthcareportal.com/Authentication/Handshake>

## Is the FSA Program Right for Me?

It's easy to determine if an FSA will save you money. Prior to enrollment, you will need to determine your annual election amount. Estimate the expenses that you know will occur during the year. These include out-of-pocket expenses for yourself, and anyone claimed as a dependent on your taxes. If you had \$100 or more in recurring or predictable expenses, the accounts could help you stretch your dollars.

Estimated Annual Expenses & Tax Savings Calculator	
Total Medical+Vision+Dental Expenses	\$
Total Dependent Care Expenses	+
Total Expenses	\$
Tax Bracket Percentage (see right)	x
Annual Tax Savings	\$
Number of Pay Periods	/
Estimated Savings Amount Per Paycheck	\$

Pre-Tax Savings Estimate Table	
Annual Household Earnings	Estimated Tax Rate
< \$30,000	25%
\$30,000—\$40,000	29%
\$40,000—\$70,000	31%
> \$70,000	33%
* Based on Social Security, federal, and state income taxes. Rates are estimates based on national averages and may not reflect your actual tax rate.	

## Healthcare FSA Debit Card

We are pleased to offer employees the Healthcare FSA debit card that allows you to pay for most qualified expenses without having to worry about paying out of pocket at the time of service.

Examples of reimbursable expenses included (but not limited to): hearing exams and aids, vision expenses and Lasik surgery, orthodontia, chiropractic services, acupuncture, physical therapy, diabetic supplies, AND MORE! Note: Under ACA, over the counter medications are no longer eligible for FSA reimbursement unless you have a doctor's prescription.

## **Dependent Care FSA**

Dependent Care Spending Accounts are pre-tax, payroll deduction accounts established to reimburse employees for out-of-pocket dependent care expenses. To be considered eligible, dependent care expenses must be incurred by an employee who must arrange for care of an eligible dependent in order to work. For married employees, dependent care must be necessary so that both spouses can work.

### Qualifying Dependent

A qualifying dependent is:

- A tax dependent of yours who is under age 13, or
- Any other tax dependent of yours, such as an elderly parent, who is physically or mentally incapable of self-care and has the same principal residence as you
- A spouse who is physically or mentally incapable of self-care and has the same principal residence as you

### Your Contribution

The Internal Revenue Service limits the amount you can contribute to a dependent care FSA, up to:

- \$5,000 per year, if you are married and filing a joint federal tax return, or if you are a single parent
- \$2,500 per year, if married and filing separate federal tax returns
- Estimate what your daycare expenses will be for the year, and allocate enough from your pay, up to the allowable contribution, to cover those expenses.

If you elect to contribute to the Dependent Care FSA, you may be reimbursed for:

- The cost of child or adult dependent care
- The cost for an individual to provide care either in or out of your house
- Nursery schools and preschools (excluding kindergarten)
- Summer Camp

## **Just remember this:**

Dependent Care Accounts are “use-it-or-lose-it” funds. Any balance remaining in Dependent Care Accounts at the end of the plan year will be forfeited. That is an IRS requirement. Estimate the amount you want to contribute to your FSA carefully.

## **For further information:**

Call or check out the following link for more information and a list of items and services that are eligible:

**888-862-6272 or visit:**

**<https://asuresoftware.wealthcareportal.com/Authentication/Handshake>**

## **Additional resources:**

Check out this site, it's a one stop shop stocked exclusively with FSA-eligible products and services...so there are no guessing games as to what “is and isn't” reimbursable:

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



The EAP is a personal counseling service provided as an employee benefit. Charles Nechtem Associates (CNA) has been contracted to provide your EAP services to help you manage work/life problems and achieve a healthy work/life balance. Think of EAP as your professional support systems. Whatever your concern or worry might be, CNA counselors are here to help. Your EAP program is completely **confidential** and is a benefit for you and your eligible household members. CNA is a preferred vendor and **fully paid** for by Lake Wales Charter Schools.

- Phone counseling services are available 24 hours a day, 7 days a week, 365 days a year with immediate access to master's and Ph.D level clinicians without using hold or transfer services. Access to English, Spanish and French-speaking therapists with other language upon request.
- Text via the CNA app and website
- Unlimited phone and e-counseling for all employees and household members
- 1-5 Face-to-Face counseling sessions for all employees and household members per issue
- Provider network of over 100,000 social workers, psychologists and psychiatrists
- Wellness Library is an interactive resource. You and your family members can access over 25,000 trustworthy self-help resources to help resolve personal problems or improve your personal and professional lives. Please login to the member site to see all resources that offer your assistance and answers.

- To Access the Wellness Library

- Go to [www.charlesnechtem.com](http://www.charlesnechtem.com) – Self Help Library Tab – Library
- Login to CNA Mobile App

- Access the special features (webinars, training, courses, etc.) Please register as a new user
- Enter your company name (**Lake Wales Charter Schools**) then search
- Once registered, write down your username and password to easily access special features in the future

- **EAP can help with many covers, such as:**

- Anger Management
- Anxiety/Panic/Stress
- Depression
- Grief
- Marital/Relationship/Family
- Phobias
- PTSD
- Substance Abuse
- Suicidal Ideation
- Workplace Violence

- **Work/Life assistance on a variety of topics including:**

- Smoking Cessation
- Stress Management
- Creative Visualization
- Alcohol/Substance Abuse
- Meditation and Relaxation
- Time Management

- **Financial Referral Services**

- Budgeting
- Foreclosure
- Bankruptcy
- Credit Counsel

- **Legal Referral Services**

- Divorce
- Child Support
- Family Law
- Will and Probate

- **Child and Elder Care Referral Services**

- Adoption
- Parenting and Childcare
- Education and School-Age Programs



Employee Assistance Program

1-800-531-0200

[Inquiries@charlesnechtem.com](mailto:Inquiries@charlesnechtem.com)

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

**NEW!**

Lake Wales Charter Schools provides an employer paid life Travel Assistance benefit for full time eligible employees and their dependents. The summary below provides an overview.



**Experiencing an emergency while traveling can be especially difficult.** Knowing who to call for medical problems, currency exchanges issues or lost luggage is critical. Take comfort in knowing that the Travel Assistance program travels with you worldwide (100+ miles from your home), offering access to a network of professionals who can help you with local medical referrals or provide other emergency assistance services in foreign locations. Example of what this program can help with is listed below:

## Pre-Trip Assistance

Minimize travel hassles by calling us pre-departure for:

- Information regarding passport, visa or other required documentation for foreign travel
- Travel, health advisories and inoculation requirements for foreign countries
- Domestic and international weather forecasts
- Daily foreign exchange rates
- Consulate and embassy locations

## Emergency Travel Support Services

- Telephone translation and interpreter services, 24/7 access
- Locating legal services, referrals for local attorney or consular offices and help maintain business and family communications until legal counsel is retained (includes coordination of financial assistance & bail)
- Baggage: assistance with lost, stolen or delayed baggage while traveling with a common carrier
- Emergency payment and cash: assistance with advance of funds for medical expenses or travel emergencies by coordinating with your credit card company, bank, employer or other sources
- Emergency messages: assistance with recording and retrieving messages between you, family or others at any time
- Document replacement: coordination of credit card, airline ticket or other documentation
- Vehicle return: if evacuation or repatriation is needed, help to return vehicle to company
- And more!



### WORLDWIDE TRAVEL ASSISTANCE

Services available for business and personal travel.

For inquiries within the  
U.S. call toll free:

**1-800-856-9947**

Outside the U.S.  
call collect:

**(312) 935-3658**



### WORLDWIDE TRAVEL ASSISTANCE

Services available for business and personal travel.

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Outside the U.S.  
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Lake Wales Charter Schools is pleased to be a new participant in Grand Canyon University's Canyon Educational Participant (or CEP) program. This program provides members of our school community with a variety of benefits as listed. Check with Human Resources for additional details.

## CANYON EDUCATIONAL PARTICIPANT

Canyon Educational Participant (CEP) is a Grand Canyon University program that is designed to benefit teachers, students, parents and leadership of charter and private schools through alliance scholarships, university program scholarships, professional development and more.

### CEP OUT-OF-STATE STUDENTS RECEIVE:

**SCHOLARSHIPS:** Out-of-state high school students graduating from a CEP participant high school, who are fully admissible to GCU, will receive a minimum institutional award package of \$2,250 per academic year. The total GCU award package could increase based upon a student's level of academic merit, program of study, registration date and other offers for incoming students, including those related to participation in athletics, pep band, theatre, debate and more.

**VIRTUAL LIVE LESSONS:** Access to complimentary lessons intended for 11th and 12th-grade high school students, led by a programmatic expert teaching GCU curriculum through a web-hosted presentation.

**DUAL ENROLLMENT:** CEP high school students have an opportunity to potentially reduce the time to complete a bachelor's degree by taking dual enrollment courses during high school. These courses are offered at \$52.50 per credit hour.

### CEP STAFF AND SPOUSES RECEIVE:

#### SCHOLARSHIPS:

- A 15% off tuition scholarship is available to eligible CEP employees employed as paraprofessionals entering an online bachelor's program through the College of Education, a secondary education emphasis degree, a Bachelor of Science in Behavioral Health Science or a bachelor's degree program in applied management, applied human resources management, applied marketing and advertising, applied technology, applied business analytics, applied business information systems or applied entrepreneurship.<sup>1</sup>
- Eligible staff can receive a 10% off tuition scholarship providing savings toward tuition and fees for online undergraduate, graduate or doctoral degree programs along with non-degree single courses and continuing teacher education courses.<sup>2</sup>
- Eligible spouses can receive a 5% off tuition scholarship.<sup>3</sup>

**PROFESSIONAL DEVELOPMENT:** Get access to GCU's Canyon Professional Development services and applicable discounts, including expert-led professional development, coaching, mentoring, consultation and strategic planning. All fee-based services are specifically customized to meet the needs and goals of our CEP participants.

#### ADDITIONAL BENEFITS:

**JOB BOARD:** Access to GCU's online job board to post employment opportunities and search for applicants.

**TEST PREPARATION WORKSHOP:** Complimentary certification and licensure test preparation workshops for those pursuing careers where state and national testing are required. State-specific test prep options vary by location and availability.

Benefits and services may change and are frequently developed or updated to serve the needs of our participant schools and districts.

**TO LEARN MORE ABOUT OTHER SERVICES  
AND BENEFITS. EMAIL [K12ED@GCU.EDU](mailto:k12ed@gcu.edu).**



### If you are interested in learning more about online degree programs, please contact:

- GCU's local University Development Counselor, Jarvis Mays, [Jarvis.Mays@gcu.edu](mailto:Jarvis.Mays@gcu.edu). The local University Development Manager is Carolina Burdier and can be contacted at [Carolina.Burdier@gcu.edu](mailto:Carolina.Burdier@gcu.edu).
- Please note that if you are a current GCU student, the scholarship will apply to all your future classes as long as you are continuously enrolled in the program. The 15% scholarship for paraprofessionals and classified staff is available to new students only.

To learn more about GCU, please visit [www.gcu.edu](http://www.gcu.edu)



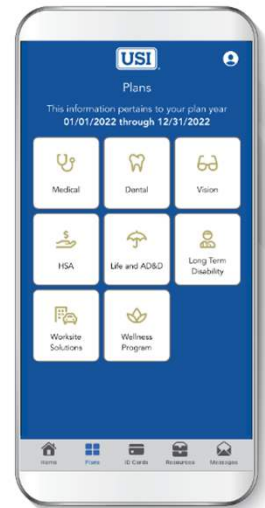
**The “MyBenefits2Go app gives you on-the-go access to all the Lake Wales Charter Schools benefit and insurance plan details, HR contact information and more!**

The mobile benefits app provides a quick and simple way for you and your enrolled dependents to access benefit summaries and other important information about our group plans. The app also offers the ability to take photos of ID cards to store on the phone, as well as a way to easily locate carrier and HR contact information—all in one place—24/7 and on the go. The USleb app is free and available for iPhone and Android platforms. App benefits include:

- **Staying Organized:** The app gives you access to benefit plan information and ID cards—all in one place.
- **Keeping Up-to-Date:** The app automatically connects you with the most updated plan information.
- **Lightening Wallets:** The app allows you to take and access images of your ID cards. Images are stored on the phone itself; no personal health information is transmitted or saved.
- **Getting In Touch:** The app provides you with a single location to find contact information for the Human Resources team and the Benefit Resource Center, as well as insurance carriers.

### Check Out the App

Download the mobile app to your smartphone. Scroll through the intro pages and, when prompted, enter the code **K52687** to see your plan information.



## Call the Benefit Resource Center (“BRC”), We’re Here To Help!

**We speak insurance. Our Benefits Specialists can help you with:**

- Deciding which plan is the best for you
- Benefit plan & policy questions
- Eligibility & claim problems with carriers
- Information about claim appeals & process
- Allowable family status election changes
- Transition of care when changing carriers
- Claim escalation, appeal & resolution
- Medicare basics with your employer plan
- Coordination of benefits
- Finding in-network providers
- Access to care issues
- Obtaining case management services
- Group disability claims
- Filing claims for out-of-network services



## Benefit Resource Center

BRCSouth@usi.com | Toll Free: 855-874-0835

# Semi-Monthly Payroll Deductions (24 Pay-Periods)

25

	Medical	Dental Low	Dental High	Vision	Accident	Legal	ID Theft	Beyond Med
EE Only	\$0	\$0	<b>\$8.66</b>	\$3.90	\$6.48	\$10.98	\$6.48	\$5.00
EE + SP	\$383.02	\$17.46	<b>\$37.05</b>	\$7.06	\$10.42	\$10.98	\$11.48	\$10.00
EE + Child(ren)	\$234.38	\$17.82	<b>\$37.65</b>	\$7.32	\$12.77	\$10.98	\$11.48	\$10.00
EE + Family	\$593.77	\$30.24	<b>\$57.85</b>	\$11.29	\$17.43	\$10.98	\$11.48	\$10.00

**Voluntary Life:** approx. deductions are shown below, MyBenSite will calculate your paycheck deduction based on your age and election.

EMPLOYEE SEMI-MONTHLY PAYROLL DEDUCTION (DEDUCTION MAY VARY DUE TO ROUNDING)									
Coverage Amounts	<24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64*
\$10,000	\$0.22	\$0.25	\$0.28	\$0.33	\$0.39	\$0.72	\$1.05	\$2.11	\$2.99
\$20,000	\$0.44	\$0.50	\$0.55	\$0.66	\$0.78	\$1.44	\$2.10	\$4.21	\$5.98
\$30,000	\$0.66	\$0.75	\$0.83	\$0.99	\$1.17	\$2.16	\$3.15	\$6.32	\$8.97
\$40,000	\$0.88	\$1.00	\$1.10	\$1.32	\$1.56	\$2.88	\$4.20	\$8.42	\$11.96
\$50,000	\$1.10	\$1.25	\$1.38	\$1.65	\$1.95	\$3.60	\$5.25	\$10.53	\$14.95
\$60,000	\$1.32	\$1.50	\$1.65	\$1.98	\$2.34	\$4.32	\$6.30	\$12.63	\$17.94
\$70,000	\$1.54	\$1.75	\$1.93	\$2.31	\$2.73	\$5.04	\$7.35	\$14.74	\$20.93
\$80,000	\$1.76	\$2.00	\$2.20	\$2.64	\$3.12	\$5.76	\$8.40	\$16.84	\$23.92
\$90,000	\$1.98	\$2.25	\$2.48	\$2.97	\$3.51	\$6.48	\$9.45	\$18.95	\$26.91
\$100,000	\$2.20	\$2.50	\$2.75	\$3.30	\$3.90	\$7.20	\$10.50	\$21.05	\$29.90
SPOUSE SEMI-MONTHLY PAYROLL DEDUCTION (DEDUCTION MAY VARY DUE TO ROUNDING)									
Coverage Amounts	<24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64*
\$5,000	\$0.11	\$0.13	\$0.14	\$0.17	\$0.20	\$0.36	\$0.53	\$1.05	\$1.50
\$10,000	\$0.22	\$0.25	\$0.28	\$0.33	\$0.39	\$0.72	\$1.05	\$2.11	\$2.99
\$15,000	\$0.33	\$0.38	\$0.41	\$0.50	\$0.59	\$1.08	\$1.58	\$3.16	\$4.49
\$20,000	\$0.44	\$0.50	\$0.55	\$0.66	\$0.78	\$1.44	\$2.10	\$4.21	\$5.98
CHILD(REN) SEMI-MONTHLY PAYROLL DEDUCTION					*Check with HR for age 65+ rates				
\$5000=	\$0.28		\$10,000=	\$0.55					

**Critical Illness:** Employee in 5k increments; Spouse in \$5k increments up to 100% of employee election:

Critical Illness	Semi-Monthly (24) Payroll Deductions			
Age	\$5,000	\$10,000	\$15,000	\$20,000
Under Age 30	\$1.03	\$2.05	\$3.08	\$4.10
30-39	\$1.73	\$3.45	\$5.18	\$6.90
40-49	\$3.45	\$6.90	\$10.35	\$13.80
50-59	\$6.40	\$12.80	\$19.20	\$25.60
60-69	\$12.58	\$25.15	\$37.73	\$50.30
70-79	\$22.90	\$45.80	\$68.70	\$91.60

**Short Term Disability:** approx. Payroll Calculation for STD:

**Annual Salary x Premium Factor = PP Deduction**

Note: if your salary is more than \$104,00, use \$104,00 to calculation your premium.

**Age and STD Premium Factor Updated)**

<24 = .02250

25-29=.02487

30-34=.02352

35-39=.01983

40-44=.01713

45-49=.01848

50-54=.02118

55-59=.02553

60-64=.03090

65-69=.03795

70+ =.03795



Benefit	Carrier	Phone Number	Website
Medical	UMR Group 76-415456	800-826-9781	<a href="http://www.umar.com">www.umar.com</a> Network: United "Choice"
Pharmacy/RX	UMR/Optum Group 76-415456	800-826-9781	<a href="http://www.umar.com">www.umar.com</a>
Telehealth	Teladoc	800-835-2362	<a href="http://www.teladoc.com">www.teladoc.com</a>
Dental (PPO)	Mutual of Omaha Group #G000BWCR	877-999-2330	<a href="http://www.mutualofomaha.com/dental">www.mutualofomaha.com/dental</a>
Vision	Mutual of Omaha Group #G000BWCR	833-279-4358	<a href="http://www.mutualofomaha.com/vision">www.mutualofomaha.com/vision</a>
Life & Voluntary Life	Mutual of Omaha Group #G000BWCR	800-775-8805	<a href="http://www.mutualofomaha.com">www.mutualofomaha.com</a>
Short & Long Term Disability	Mutual of Omaha Group #G000BWCR	800-877-5176	<a href="http://www.mutualofomaha.com">www.mutualofomaha.com</a>
Accident, Critical Illness & Hospital Indemnity	Mutual of Omaha Group #G000BWCR	888-600-1600	<a href="http://www.mutualofomaha.com">www.mutualofomaha.com</a>
Travel Assistance	Mutual of Omaha	800-856-9947	Email: <a href="mailto:medservices@assistamerica.com">medservices@assistamerica.com</a>
Legal & Identity Theft	LegalShield	630-479-7043	John Djonlich <a href="mailto:jdjonlich@legalshieldassociate.com">jdjonlich@legalshieldassociate.com</a>
Employee Assistance Program (EAP)	Charles Nechtem Associates	800-531-0200	<a href="mailto:Inquiries@charlesnechtem.com">Inquiries@charlesnechtem.com</a>
Flexible Spending Accounts	Asure Software	888-862-6272	<a href="https://asuresoftware.wealthcareportal.com/Authentication/Handshake">https://asuresoftware.wealthcareportal.com/Authentication/Handshake</a>
HR and Payroll		863-679-6560	
Enrollment Portal	MyBenSite		<a href="https://www.mybensite.com/lwcharterschools/">https://www.mybensite.com/lwcharterschools/</a>
COBRA	Web Benefits	888-600-3440	<a href="https://cobra.mybensite.com/enrollee/login">https://cobra.mybensite.com/enrollee/login</a>



## Questions about Benefit Plans? Please contact:

Human Resources  
863-679-6560

OR

USI Benefit Resource Center  
855-874-0835  
[BRCsouth@usi.com](mailto:BRCsouth@usi.com)

## The Women's Health Cancer Rights Act of 1998 (WHCRA)

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

## Newborns Act Disclosure - Federal

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

## Notice of Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Further, if you decline enrollment for yourself or eligible dependents (including your spouse) while Medicaid coverage or coverage under a State CHIP program is in effect, you may be able to enroll yourself and your dependents in this plan if:

- coverage is lost under Medicaid or a State CHIP program; or
- you or your dependents become eligible for a premium assistance subsidy from the State.

In either case, you must request enrollment within 30 days from the loss of coverage or the date you become eligible for premium assistance.

To request special enrollment or obtain more information, contact the person listed at the end of this summary.

## Statement of ERISA Rights

As a participant in the Plan you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 ("ERISA"). ERISA provides that all participants shall be entitled to:

### Receive Information about Your Plan and Benefits

- Examine, without charge, at the Plan Administrator's office and at other specified locations, the Plan and Plan documents, including the insurance contract and copies of all documents filed by the Plan with the U.S. Department of Labor, if any, such as annual reports and Plan descriptions.
- Obtain copies of the Plan documents and other Plan information upon written request to the Plan Administrator. The Plan Administrator may make a reasonable charge for the copies.
- Receive a summary of the Plan's annual financial report, if required to be furnished under ERISA. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report, if any.

### Continue Group Health Plan Coverage

If applicable, you may continue health care coverage for yourself, spouse, or dependents if there is a loss of coverage under the plan as a result of a qualifying event. You and your dependents may have to pay for such coverage. Review the summary plan description and the documents governing the Plan for the rules on COBRA continuation of coverage rights.

### Prudent Actions by Plan Fiduciaries

In addition to creating rights for participants, ERISA imposes duties upon the people who are responsible for the operation of the Plan. These people, called "fiduciaries" of the Plan, have a duty to operate the Plan prudently and in the interest of you and other Plan participants.

No one, including the Company or any other person, may fire you or discriminate against you in any way to prevent you from obtaining welfare benefits or exercising your rights under ERISA.

### Enforce your Rights

If your claim for a welfare benefit is denied in whole or in part, you must receive a written explanation of the reason for the denial. You have a right to have the Plan reviewed and reconsider your claim.

Under ERISA, there are steps you can take to enforce these rights. For instance, if you request materials from the Plan Administrator and do not receive them within 30 days, you may file suit in federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to \$110 per day, until you receive the materials, unless the materials were not sent due to reasons beyond the control of the Plan Administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, and you have exhausted the available claims procedures under the Plan, you may file suit in a state or federal court. If it should happen that Plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose (for example, if the court finds your claim is frivolous) the court may order you to pay these costs and fees.

### Assistance with your Questions

If you have any questions about your Plan, this statement, or your rights under ERISA, you should contact the nearest office of the Employee Benefits and Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits and Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210.

### Contact Information

Questions regarding any of this information can be directed to:

Human Resources Dept  
407-788-6700 ext 27003



## Your Information. Your Rights. Our Responsibilities.

*This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.*

*Contact information for questions or complaints is available at the end of the notice.*

### Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

### Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

### Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

### Your Rights

When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

#### Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

#### Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing, usually within 60 days.

#### Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say "yes" if you tell us you would be in danger if we do not.

#### Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request.

## Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for up to six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

## Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

## Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

## File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information at the end of this notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/hipaa/filing-a-complaint/index.html](http://www.hhs.gov/hipaa/filing-a-complaint/index.html).
- We will not retaliate against you for filing a complaint.

## **Your Choices**

### For certain health information, you can tell us your choices about what we share.

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation  
*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*
- In these cases, we never share your information unless you give us written permission:
  - Marketing purposes
  - Sale of your information

## **Our Uses and Disclosures**

### How do we typically use or share your health information?

We typically use or share your health information in the following ways.

### Help manage the health care treatment you receive

We can use your health information and share it with professionals who are treating you.

*Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.*

### Pay for your health services

We can use and disclose your health information as we pay for your health services.

*Example: We share information about you with your dental plan to coordinate payment for your dental work.*

### Administer your plan

We may disclose your health information to your health plan sponsor for plan administration.

*Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.*

### Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long-term care plans.

*Example: We use health information about you to develop better services for you.*

## How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html](http://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html).

## Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

## Do research

We can use or share your information for health research.

## Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

## Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

## Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

## Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

## **Address workers' compensation, law enforcement, and other government requests**

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

## **Respond to lawsuits and legal actions**

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

## **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

## **Changes to the Terms of this Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site (if applicable), and we will mail a copy to you.

## **Other Instructions for Notice**

Effective Date of Notice: 7/1/2025

Human Resources Dept

407-788-6700 ext 27003

## Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call **1-866-444-EBSA (3272)**.

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of March 17, 2025. Contact your State for more information on eligibility –**

ALABAMA – Medicaid	ALASKA – Medicaid
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a>
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a> Phone: 916-445-8322 Fax: 916-440-5676 Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: <a href="https://hcpf.colorado.gov/child-health-plan-plus">https://hcpf.colorado.gov/child-health-plan-plus</a> CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): <a href="https://www.mycohibi.com/">https://www.mycohibi.com/</a> HIBI Customer Service: 1-855-692-6442	Website: <a href="https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html">https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html</a> Phone: 1-877-357-3268
GEORGIA – Medicaid	INDIANA – Medicaid
GA HIPP Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a> Phone: 678-564-1162, Press 1 GA CHIPRA Website: <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a> Phone: 678-564-1162, Press 2	Health Insurance Premium Payment Program All other Medicaid Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a> <a href="http://www.in.gov/fssa/dfr/">http://www.in.gov/fssa/dfr/</a> Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
Medicaid Website: <a href="#">Iowa Medicaid   Health &amp; Human Services</a> Medicaid Phone: 1-800-338-8366 Hawki Website: <a href="#">Hawki - Healthy and Well Kids in Iowa   Health &amp; Human Services</a> Hawki Phone: 1-800-257-8563 HIPP Website: <a href="#">Health Insurance Premium Payment (HIPP)   Health &amp; Human Services (iowa.gov)</a> HIPP Phone: 1-888-346-9562	Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a> Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660



# Required Annual Employee Disclosure Notices

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## Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

KENTUCKY – Medicaid	LOUISIANA – Medicaid
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a></p> <p>Phone: 1-855-459-6328</p> <p>Email: <a href="mailto:KIHIPPPROGRAM@ky.gov">KIHIPPPROGRAM@ky.gov</a></p> <p>KCHIP Website: <a href="https://kynect.ky.gov">https://kynect.ky.gov</a></p> <p>Phone: 1-877-524-4718</p> <p>Kentucky Medicaid Website: <a href="https://chfs.ky.gov/agencies/dms">https://chfs.ky.gov/agencies/dms</a></p>	<p>Website: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/la hipp">www.ldh.la.gov/la hipp</a></p> <p>Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>
MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
<p>Enrollment Website: <a href="https://www.mymaineconnection.gov/benefits/s/?language=en_US">https://www.mymaineconnection.gov/benefits/s/?language=en_US</a></p> <p>Phone: 1-800-442-6003</p> <p>TTY: Maine relay 711</p> <p>Private Health Insurance Premium Webpage: <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a></p> <p>Phone: 1-800-977-6740</p> <p>TTY: Maine relay 711</p>	<p>Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a></p> <p>Phone: 1-800-862-4840</p> <p>TTY: 711</p> <p>Email: <a href="mailto:masspremassistance@accenture.com">masspremassistance@accenture.com</a></p>
MINNESOTA – Medicaid	MISSOURI – Medicaid
<p>Website: <a href="https://mn.gov/dhs/health-care-coverage/">https://mn.gov/dhs/health-care-coverage/</a></p> <p>Phone: 1-800-657-3672</p>	<p>Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a></p> <p>Phone: 573-751-2005</p>
MONTANA – Medicaid	NEBRASKA – Medicaid
<p>Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a></p> <p>Phone: 1-800-694-3084</p> <p>Email: <a href="mailto:HSHIPPPProgram@mt.gov">HSHIPPPProgram@mt.gov</a></p>	<p>Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a></p> <p>Phone: 1-855-632-7633</p> <p>Lincoln: 402-473-7000</p> <p>Omaha: 402-595-1178</p>
NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
<p>Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a></p> <p>Medicaid Phone: 1-800-992-0900</p>	<p>Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a></p> <p>Phone: 603-271-5218</p> <p>Toll free number for the HIPP program: 1-800-852-3345, ext. 15218</p> <p>Email: <a href="mailto:DHHS.ThirdPartyLiabi@dhhs.nh.gov">DHHS.ThirdPartyLiabi@dhhs.nh.gov</a></p>
NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
<p>Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a></p> <p>Phone: 1-800-356-1561</p> <p>CHIP Premium Assistance Phone: 609-631-2392</p> <p>CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a></p> <p>CHIP Phone: 1-800-701-0710 (TTY: 711)</p>	<p>Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a></p> <p>Phone: 1-800-541-2831</p>
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
<p>Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a></p> <p>Phone: 919-855-4100</p>	<p>Website: <a href="https://www.hhs.nd.gov/healthcare">https://www.hhs.nd.gov/healthcare</a></p> <p>Phone: 1-844-854-4825</p>
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid and CHIP
<p>Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a></p> <p>Phone: 1-888-365-3742</p>	<p>Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a></p> <p>Phone: 1-800-699-9075</p>
PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
<p>Website: <a href="https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html">https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html</a></p> <p>Phone: 1-800-692-7462</p> <p>CHIP Website: <a href="http://Children's Health Insurance Program (CHIP) (pa.gov)">Children's Health Insurance Program (CHIP) (pa.gov)</a></p> <p>CHIP Phone: 1-800-986-KIDS (5437)</p>	<p>Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a></p> <p>Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line)</p>

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## Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820	Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059
TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: <a href="#">Health Insurance Premium Payment (HIPP) Program   Texas Health and Human Services</a> Phone: 1-800-440-0493	Utah's Premium Partnership for Health Insurance (UPP) Website: <a href="https://medicaid.utah.gov/upp/">https://medicaid.utah.gov/upp/</a> Email: <a href="mailto:upp@utah.gov">upp@utah.gov</a> Phone: 1-888-222-2542 Adult Expansion Website: <a href="https://medicaid.utah.gov/expansion/">https://medicaid.utah.gov/expansion/</a> Utah Medicaid Buyout Program Website: <a href="https://medicaid.utah.gov/buyout-program/">https://medicaid.utah.gov/buyout-program/</a> CHIP Website: <a href="https://chip.utah.gov/">https://chip.utah.gov/</a>
VERMONT– Medicaid	VIRGINIA – Medicaid and CHIP
Website: <a href="#">Health Insurance Premium Payment (HIPP) Program   Department of Vermont Health Access</a> Phone: 1-800-250-8427	Website: <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select">https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select</a> <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs">https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs</a> Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022	Website: <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a> <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a> Phone: 1-800-362-3002	Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a> Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since March 17, 2025, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

**Paperwork Reduction Act Statement** According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email [ebsa.opr@dol.gov](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)



## Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved  
OMB No. 1210-  
0149  
(expires 12-31-  
2026)

### PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

#### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in your geographic area.

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

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

#### Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12% of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income.

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution – as well as your employee contribution to employment-based coverage – is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all these factors in determining whether to purchase a health plan through the Marketplace.

#### When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

## Health Insurance Marketplace CONT.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.

Marketplace-eligible individuals who live in states served by HealthCare.gov and either- submit a new application or update an existing application on HealthCare.gov between March 31, 2023, and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage. In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

## What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023, and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit <https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/> for more details.

## How Can I Get More Information?

For more information about your coverage offered through your employment, please check your health plan's summary plan description or contact:

Name of Entity/Sender:	Lake Wales Charter Schools
Contact--Position/Office:	Human Resources Dept
Address:	130 East Central Ave, Lake Wales, FL 33853
Phone Number:	863-679-6560

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



## Health Insurance Marketplace CONT.

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

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

3. Employer Name Lake Wales Charter Schools		4. Employer Identification Number (EIN) 59-1625937	
5. Employer address 130 East Central Ave		6. Employer phone number 863-679-6560	
7. City Lake Wales	8. State FL	9. ZIP code 33853	
10. Who can we contact about employee health coverage at this job? Human Resources, LaQuanda Burroughs			
11. Phone number (if different from above)		12. Email address <a href="mailto:Laquanda.burroughs@lwcharterschools.com">Laquanda.burroughs@lwcharterschools.com</a>	

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

- As your employer, we offer a health plan to:
  - ☒ All employees. Eligible employees are:
    - Full-time working at least 30 hours per week
- With respect to dependents:
  - ☒ We do offer coverage. Eligible dependents are:
    - Legal Spouse
    - Children up to age 26

- ☒ This coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

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

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



## Medicare Part D

This notice applies to employees and covered dependents who are eligible for Medicare Part D.

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with UMR/United Healthcare and about your options under Medicare's prescription drug Plan. If you are considering joining, you should compare your current coverage including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare through Medicare prescription drug plans and Medicare Advantage Plan (like an HMO or PPO) that offer prescription drug coverage. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. UMR/United Healthcare has determined that the prescription drug coverage offered by t Sentry Management under the UMR/United Healthcare options are, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

You should also know that if you drop or lose your coverage with UMR/United Healthcare and don't enroll in Medicare prescription drug coverage after your current coverage ends, you may pay more (a penalty) to enroll in Medicare prescription drug coverage later.

### When can you join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15<sup>th</sup> to December 7<sup>th</sup>.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

### What happens to your current coverage if you decide to join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current UMR/United Healthcare coverage will not be affected. You can keep this coverage if you elect part D and this plan will coordinate with Part D coverage.

If you decide to join a Medicare drug plan and drop your current UMR/United Healthcare coverage, be aware that you and your dependents will be able to get this coverage back.

### When will you pay a higher premium (penalty) to join a Medicare drug Plan?

You should also know that if you drop or lose your current coverage with UMR/United Healthcare and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

### For more information about this notice or your current prescription drug coverage...

Contact our office for further information (see contact information below). NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through UMR/United Healthcare changes. You also may request a copy of this notice at any time.

### For more information about your options under Medicare prescription drug coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans. For more information about Medicare prescription drug coverage:

- > Visit [www.medicare.gov](http://www.medicare.gov)
- > Call your State Health Insurance Assistance Program (see your copy of the Medicare & You handbook for their telephone number) for personalized help,
- > Call **1-800-MEDICARE (1-800-633-4227)**. TTY users should call **1-877-486-2048**.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at **1-800-772-1213** (TTY **1-800-325-0778**).

**Remember: Keep this notice. If you enroll in one of the new plans approved by Medicare which offer prescription drug coverage, you may be required to provide a copy of this notice when you join to show that you are not required to pay a higher premium amount.**

Date: July 1, 2025  
Name of Entity/Sender: **Lake Wales Charter Schools**  
Contact--Position/Office: Human Resources  
Address: 130 East Central Ave.  
Lake Wales, FL 33853  
Phone Number: **863-679-6560**