Gadsden County School District

2026-27 Employee Benefit and Deductions Guide

Gadsden County School District

WELCOME

The goal of this benefit guide is to assist you with making the right decision about benefits that are important parts of your compensation. This guide provides you with many options that will meet the needs of you and your family. As you make decisions, please consult with a trained professional should you have any questions about the coverages offered. Thank you for taking the time to research information about your coverages and we look forward to a prosperous new school year.

Who is eligible for benefits?
Participants that work as full-time employees with the Gadsden County School District and their dependents are eligible for benefits.

Beginning of Coverage
New Hires: All new hires must complete their enrollment within 30 days of their date of hire.
Current Employees: Any additions or removal of policies to your coverage will take effect October 1, 2025.

Make the right decision
Due to regulations of Section 125, no changes are to be made to any policies until the next open enrollment, unless you have a qualifying life event:

- Marriage/Divorce
- Birth or adoption of a child
- Child reached maximum age limit
- Death of a spouse or child
- Loss of coverage under spouse's plan
- Gained access to state coverage Medicare

Making Changes
To make changes to your benefits you must contact Melvin Collins at 850-627-9651 ext. 1305 within 30 calendar days of a qualifying life event. Documentation of the event, such as a marriage license, birth certificate, or divorce decree, must be provided. If changes are not submitted during that timeframe, you will have to wait until the next Open Enrollment period to make changes.

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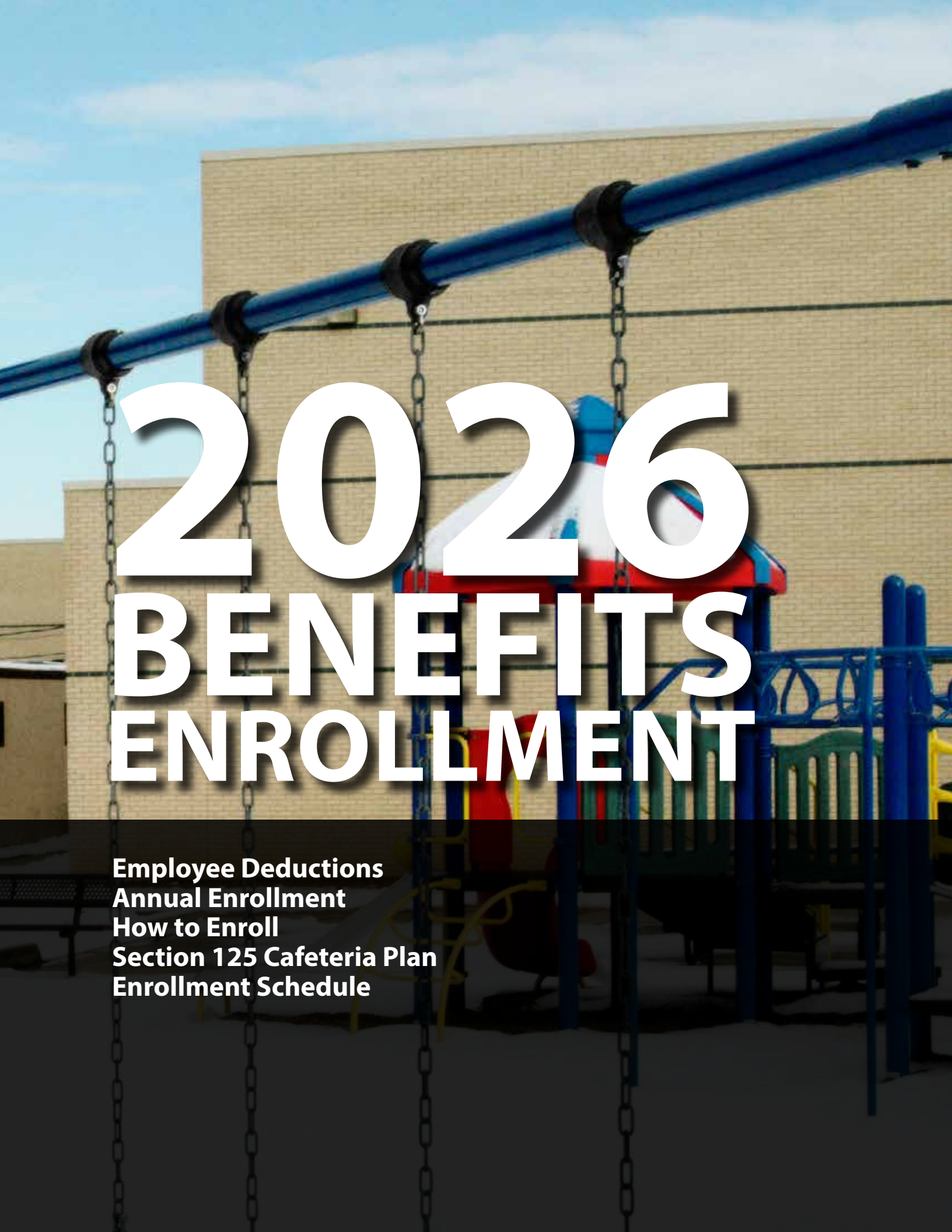
About this Guide

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

HIPAA Compliance

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



2026 BENEFITS ENROLLMENT

Employee Deductions
Annual Enrollment
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Section 125 Cafeteria Plan
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GADSDEN COUNTY SCHOOL DISTRICT
EE DEDUCTIONS
2026-2027

MANDATORY DEDUCTIONS

Description	Amount	Payee
Federal Income Taxes	Individual W-4	Internal Revenue Service
Social Security and Medicare	7.65% of salary	Internal Revenue Service
Florida Retirement	3% of salary	State of Florida

DROP, Retirement, Leave Payouts

Vendor	Amount	Links and Booklet Page #
MidAmerica - Special Pay Plan	Payout without Taxes	Page 58 www.MyMidAmerica.com

VOLUNTARY DEDUCTION OPTIONS

A. HEALTH or MEDICAL INSURANCE

Vendor	Amount	Links and Booklet Page #
Capital Health Plan	$165.42/month - Employee Only	Capital Selection Page 11 www.capitalhealth.com
Capital Health Plan	$122.09/month - Employee Only	Value Selection Page 17 www.capitalhealth.com

B. DENTAL INSURANCE

Vendor	Amount	Links and Booklet Page #
The Standard Insurance Company	0.00/month - Employee Only	Low Option Page 25 www.standard.com
The Standard Insurance Company	7.96/month-Employee Only	High Option Page 26 www.standard.com

C. LIFE INSURANCE

Vendor	Amount	Links and Booklet Page #
Texas Life	Based on age and coverage	Page 48 www.texaslife.com
The Standard Insurance Company	No Cost for 1 times contract	Page 47 www.standard.com
UNUM	Based on age and coverage	www.unum.com

D. VISION INSURANCE

Vendor	Amount	Links and Booklet Page #
AFLAC	Based on age and coverage	Page 39 www.aflac.com
The Standard Life Insurance Company	7.43/month- Employee Only	Page 28 www.standard.com

E. DISABILITY INSURANCE

Vendor	Amount	Links and Booklet Page #
AFLAC	Based on age and coverage	Page 39 www.aflac.com
American Fidelity	Based on age and coverage	Page 42 - 43 www.americanfidelity.com
UNUM	Based on age and coverage	www.unum.com

F. CANCER INSURANCE

Vendor	Amount	Links and Booklet Page #
AFLAC	Based on age and coverage	Page 39 www.aflac.com
American Fidelity	Based on age and coverage	Page 45 www.americanfidelity.com

G. CRITICAL ILLNESS INSURANCE

Vendor	Amount	Links and Booklet Page #
AFLAC	Based on age and coverage	Page 39 www.aflac.com
American Fidelity	Based on age and coverage	Page 46 www.americanfidelity.com
Unum	Based on age and coverage	

H. HOSPITAL INDEMNITY INSURANCE

Vendor	Amount	Links and Booklet Page #
AFLAC	Based on age and coverage	Page 39 www.aflac.com
American Fidelity	Based on age and coverage	www.americanfidelity.com

I. ACCIDENT INSURANCE

Vendor	Amount	Links and Booklet Page #
AFLAC	Based on age and coverage	Page 39 www.aflac.com
American Fidelity	Based on age and coverage	Page 44 www.americanfidelity.com
UNUM	Based on age and coverage	www.unum.com

Unreimbursed Medical Expenses

Vendor	Amount	Links and Booklet Page #
American Fidelity	Employee's needs for co-pay, etc.	www.americanfidelity.com

SUPPLEMENTAL RETIREMENT - PRETAX SAVINGS PLANS

Vendor	Amount	Links and Booklet Page #
ASPIRE	Determined by Employee	Page 61
ASPIRE ROTH	Determined by Employee	Page 61
AXA EQUITABLE	Determined by Employee	Page 61
LIFE INSURANCE OF THE SOUTHWEST	Determined by Employee	Page 61
LINCOLN NATIONAL ANNUITY	Determined by Employee	Page 61
VOYA 403B	Determined by Employee	Page 61

Your Annual Enrollment

Important Dates to Remember

Your Open Enrollment Dates are:

August 19, 2026 - September 4, 2026

Your Plan Year is:

October 1, 2026 - September 30, 2027

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

Annual Open Enrollment

Each year Open Enrollment provides you an opportunity to change plans and modify dependent coverage. Your election deductions begin in June and will remain in effect through the plan year October 1, 2026-September 30, 2027 for your Voluntary benefits.

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

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

Important Points To Consider

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

Your Section 125 Plan

American Fidelity Assurance Company

Save Money With Section 125

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

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

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

Benefits Eligible For The Section 125 Cafeteria Plan

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

AF-5216-1025

How Can This Plan Help Me?

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

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

A reduced earnings record from lower FICA taxes may result in a slightly smaller monthly benefit in retirement. Estimated FICA is 7.65% which is 6.2% to Social Security and 1.45% to Medicare. Example is for illustrative purposes only Please consult your tax advisor for actual tax savings.

** Unless otherwise prohibited by law.*

How to Enroll

Gadsden County School District makes it easy for you to enroll in your 2026 benefits. Employees can enroll on-site with your insurance representative.

Just point your smart phone camera at the QR code to schedule your appointment or copy in your browser enroll.americanfidelity.com/DB5ADB44:

What To Bring To Your Appointment

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

Please turn in any of these required documents by either scanning and emailing your Account Manager the documents before enrollment ends – or turn them into Pat Thomas & Associates located at 1821 West Jefferson St., Quincy FL 32351 – by the end of enrollment 9-8-2023.

Don't Miss It!

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

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

You can enroll in the following:

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

Enrollment Schedule

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

Location	Date
Staff Meetings	Aug 3- Aug 10
Chattahoochee Elementary	Aug 20 - Aug 21
District Office	Sep 3 - Sep 4
Florida State Hospital	21-Aug
Gadsden Elementary School (GEMS)	27-Aug
Gadsden County High School	Aug 17 - Aug 18
Gadsden Technical	1-Sep
George W Munroe Elementary	Aug 31 - Sep 1
Greensboro Elementary	Aug 27 - Aug 28
Havana Magnet	19-Aug
Maintenance	10-Aug
Stewart Street Elementary	Aug 13- Aug 14
Transportation	Aug 11- Aug 12
West Gadsden Middle	Aug 24 - Aug 26
NEW HIRE DAY	2-Sep

Health and Dental Employee Cost

2026-2027 Health and Dental Employee Cost

CHP Capital Selection Plan			
	Rate	Employer Cost	Employee Cost
Employee	$904.63	$712.34	$192.29
Employee and Spouse	$1,809.99	$874.49	$935.50
Employee and Children	$1,538.04	$825.94	$712.10
Employee and Family	$2,623.71	$1,023.74	$1,599.97
CHP Value Selection Plan			
	Rate	Employer Cost	Employee Cost
Employee	$667.66	$525.74	$141.92
Employee and Spouse	$1,335.85	$646.15	$689.70
Employee and Children	$1,135.14	$609.58	$525.56
Employee and Family	$1,936.42	$755.56	$1,180.86
Dental Insurance - Low Option			
	Low Option	Employer Cost	Employee Cost
Employee	$21.28	$21.28	$0.00
Employee and Spouse	$53.04	$21.28	$31.76
Employee and Children	$52.40	$21.28	$31.12
Employee and Family	$91.40	$21.28	$70.12
Dental Insurance - High Option			
	Rate	Employer Cost	Employee Cost
Employee	$30.60	$21.28	$9.32
Employee and Spouse	$64.20	$21.28	$42.92
Employee and Children	$63.48	$21.28	$42.20
Employee and Family	$104.32	$21.28	$83.04
Life Insurance			
	Rate	Employer Cost	Employee Cost
	.275 per $1,000	7.275 per $1,000	0.00

INSURANCE PLANS

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

Summary of Benefits and Coverage: What this Plan Covers & What You Pay for Covered Services — **Coverage Period: on or after 10/01/2026**

Capital Health Plan — **Capital Selection $15/$30/$50** — **Coverage for: Employee or Family | Plan Type: HMO**

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

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

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

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	Office: $15 / visit	Not Covered	Cost share applies regardless of place of service, including office, telehealth, school, etc. Exception: Amwell telehealth is a $15 copay.
	Specialist visit	Office: $40 / visit	Not Covered	Cost share applies regardless of place of service, including office, telehealth, school, etc. Exception: Amwell telehealth is a $15 copay. Prior authorization required for certain specialist visits. Your benefits/services may be denied.
	Preventive care/screening/ immunization	No Charge for covered services	Not Covered	You may have to pay for services that aren't preventive. Ask your provider if the services you need are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	No Charge	Not Covered	Diagnostic tests other than x-ray or blood work may incur a cost share.
	Imaging (CT/PET scans, MRIs)	$100 / visit	Not Covered	Prior authorization required for certain imaging services. Your benefits/services may be denied.
If you need drugs to treat your illness or condition More information about **prescription drug coverage** is available at https://capitalhealth.com/members/about-your-medications	Tier 1-Preferred Generic Tier 2-Non-Preferred Generic	$15 / 30 day supply	Not Covered	The formulary is a closed formulary. This means that all available covered medications are shown. Prior authorization and/or quantity limits may apply. Your benefits/services may be denied.
	Tier 3- Preferred Brand	$30 / 30 day supply	Not Covered	
	Tier 4-Non-Preferred Brand drugs	$50 / 30 day Supply	Not Covered	Prior authorization and/or quantity limits may apply. Your benefits/services may be denied.
	Specialty drugs Tier 5-Preferred Specialty Tier 6-Non-Preferred Specialty	$50 /30-day supply	Not Covered	Limited to 30-day supply and may be limited to certain pharmacies. Prior authorization and/or quantity limits may apply. Your benefits/services may be denied.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	Ambulatory Surgical Center: $100 / visit Hospital: $250 / visit	Not Covered	Prior authorization may be required. Your benefits/services may be denied. Cost share applies to all outpatient services.
	Physician/surgeon fees	$40 / provider	Not Covered	
If you need immediate medical attention	Emergency room care	$300 / visit $250 / observation	$300 / visit $250 / observation	Copayment is waived if inpatient admission occurs; however, if moved to observation status, an additional copayment may apply based on services rendered.
	Emergency medical transportation	$100 / transport	$100 / transport	Covered if medically necessary.
	Urgent care	Urgent care center: $25 / visit Telehealth: $25 / visit Amwell: $15 / visit	Urgent care center: $25 / visit Telehealth: $25 / visit Amwell: $15 / visit	Telehealth – Services are provided by network providers through remote access technology including the web and mobile devices.
If you have a hospital stay	Facility fee (e.g., hospital room)	$250 / admission $250 / observation	Not Covered	Prior authorization required. Your benefits /services may be denied.
	Physician/surgeon fees	No Charge if admitted $40 /provider for observation	Not Covered	————none————
If you need mental health, behavioral health, or substance abuse services	Outpatient services	$40 / visit	Not Covered	Cost share applies regardless of place of service, including office, telehealth, school, etc.
	Inpatient services	$250 / admission	Not Covered	Prior authorization required. Your benefits /services may be denied.
If you are pregnant	Office visits	$40 / visit	Not Covered	Cost share applies regardless of place of service, including telehealth, office, school, etc. Exception: Amwell telehealth is a $15 copay.
	Childbirth/delivery professional services	No Charge	Not Covered	————none————
	Childbirth/delivery facility services	$250 / admission	Not Covered	Prior authorization required. Your benefits /services may be denied.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need help recovering or have other special health needs	Home health care	No Charge	Not Covered	Prior authorization required. Your benefits/ services may be denied.
	Rehabilitation services	$40 / visit	Not Covered	Limited to the consecutive 62-day period immediately following the first service date. Cost share applies regardless of place of service, including office, telehealth, school, etc.
	Habilitation services	Not Covered	Not Covered	——none——
	Skilled nursing care	No Charge	Not Covered	Covers up to 60 days per admission with subsequent admission following 180 days from discharge date of previous admission.
	Durable medical equipment	No Charge	Not Covered	Prior authorization required for certain devices. Your benefits/services may be denied.
	Hospice services	No Charge	Not Covered	Prior authorization required for inpatient services. Your benefits/services may be denied.
If your child needs dental or eye care	Children's eye exam	$15 / visit	Not Covered	——none——
	Children's glasses	Not Covered	Not Covered	——none——
	Children's dental check-up	Not Covered	Not Covered	——none——

Excluded Services & Other Covered Services:

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

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

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

- Chiropractic care
- Annual routine eye exam (adult) $15 copay at CHP Eye Care Centers
- Routine foot care (when associated with the treatment of diabetes)

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

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

Does this plan provide Minimum Essential Coverage? Yes.
Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

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

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

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

About these Coverage Examples:

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

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

The plan's overall deductible	$0
Specialist copayment	$40
Hospital (facility) copayment	$250
Other copayment	$0

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

Total Example Cost	**$12,700**
In this example, Peg would pay:	
Cost Sharing	
Deductibles	$0
Copayments	$500
Coinsurance	$0
What isn't covered	
Limits or exclusions	$60
The total Peg would pay is	**$560**

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

The plan's overall deductible	$0
Specialist copayment	$40
Hospital (facility) copayment	$250
Other copayment	$50

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

Total Example Cost	**$5,600**
In this example, Joe would pay:	
Cost Sharing	
Deductibles	$0
Copayments	$1,000
Coinsurance	$0
What isn't covered	
Limits or exclusions	$20
The total Joe would pay is	**$1,020**

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

The plan's overall deductible	$0
Specialist copayment	$40
Hospital (facility) copayment	$250
Other copayment	$0

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

Total Example Cost	**$2,800**
In this example, Mia would pay:	
Cost Sharing	
Deductibles	$0
Copayments	$900
Coinsurance	$0
What isn't covered	
Limits or exclusions	$0
The total Mia would pay is	**$900**

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

About these Coverage Examples:

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

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

The plan's overall deductible	$2,500
Specialist copayment	$75
Hospital (facility) copayment	$500
Other copayment	$0

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

Total Example Cost	**$12,700**
In this example, Peg would pay:	
Cost Sharing	
Deductibles	$2,500
Copayments	$900
Coinsurance	$0
What isn't covered	
Limits or exclusions	$60
The total Peg would pay is	**$3,460**

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

The plan's overall deductible	$2,500
Specialist copayment	$75
Hospital (facility) copayment	$500
Other copayment	$100

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

Total Example Cost	**$5,600**
In this example, Joe would pay:	
Cost Sharing	
Deductibles	$2,500
Copayments	$800
Coinsurance	$0
What isn't covered	
Limits or exclusions	$20
The total Joe would pay is	**$3,320**

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

The plan's overall deductible	$2,500
Specialist copayment	$75
Hospital (facility) copayment	$500
Other copayment	$0

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

Total Example Cost	**$2,800**
In this example, Mia would pay:	
Cost Sharing	
Deductibles	$2,500
Copayments	$300
Coinsurance	$0
What isn't covered	
Limits or exclusions	$0
The total Mia would pay is	**$2,800**

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

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)		
• Chiropractic care • Annual routine eye exam (adult) $15 copay at CHP Eye Care Centers	• Routine foot care (when associated with the treatment of diabetes)	• Annual routine eye exam (adult) $15 copay at CHP Eye Care Centers

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

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

Does this plan provide Minimum Essential Coverage? Yes
Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

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

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

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

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need help recovering or have other special health needs	Home health care	No Charge	Not Covered	Prior authorization required. Your benefits/ services may be denied.
	Rehabilitation services	$75 / visit	Not Covered	Limited to the consecutive 62-day period immediately following the first service date. Cost share applies regardless of place of service, including office, telehealth, school, etc.
	Habilitation services	Not Covered	Not Covered	——none——
	Skilled nursing care	No Charge	Not Covered	Covers up to 60 days per admission with subsequent admission following 180 days from discharge date of previous admission.
	Durable medical equipment	No Charge	Not Covered	Prior authorization required for certain devices. Your benefits/services may be denied.
	Hospice services	No Charge	Not Covered	Prior authorization required for inpatient services. Your benefits/services may be denied.
	Annual Routine Eye Exam	$15 / visit	Not Covered	Annual routine eye exam at CHP Eye Care Centers.
If your child needs dental or eye care	Children's eye exam	$15 / visit	Not Covered	——none——
	Children's glasses	Not Covered	Not Covered	——none——
	Children's dental check-up	Not Covered	Not Covered	——none——

Excluded Services & Other Covered Services:

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

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

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

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	Ambulatory Surgical Center: $250 / visit Hospital: $500 / visit	Not Covered	Prior authorization may be required. Your benefits/services may be denied. Cost share applies to all outpatient services.
	Physician/surgeon fees	$75 / provider	Not Covered	
If you need immediate medical attention	Emergency room care	$500 / visit $500 / observation	$500 / visit $500 / observation	Copayment is waived if inpatient admission occurs; however if moved to observation status an additional copayment may apply based on services rendered. .
	Emergency medical transportation	$250 / transport	$250 / transport	Covered if medically necessary.
	Urgent care	Urgent care center: $50 / visit Telehealth: $50 / visit Amwell: $15 / visit	Urgent care center: $50 / visit Telehealth: $50 / visit Amwell: $15 / visit	Telehealth – Services are provided by network providers through remote access technology including the web and mobile devices.
If you have a hospital stay	Facility fee (e.g., hospital room)	$500 / admission $500 / observation	Not Covered	Prior authorization required. Your benefits /services may be denied.
	Physician/surgeon fees	No Charge if admitted $75 /provider for observation	Not Covered	————none————
If you need mental health, behavioral health, or substance abuse services	Outpatient services	$75 / visit	Not Covered	Cost share applies regardless of place of service, including office, telehealth, school, etc.
	Inpatient services	$500 / admission	Not Covered	Prior authorization required. Your benefits /services may be denied.
If you are pregnant	Office visits	$75 / visit	Not Covered	Cost share applies regardless of place of service, including telehealth, office, school, etc. Exception: Amwell telehealth is a $15 copay.
	Childbirth/delivery professional services	No Charge	Not Covered	————none————
	Childbirth/delivery facility services	$500 / admission	Not Covered	Prior authorization required. Your benefits /services may be denied.

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

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	Office: $15 / visit	Not Covered	Cost share applies regardless of place of service, including office, telehealth, school, etc. Exception: Amwell telehealth is a $15 copay.
	Specialist visit	Office: $75 / visit	Not Covered	Cost share applies regardless of place of service, including office, telehealth, school, etc. Exception: Amwell telehealth is a $15 copay. Prior authorization required for certain specialist visits. Your benefits/services may be denied.
	Preventive care/screening/ immunization	No Charge for covered services	Not Covered	You may have to pay for services that aren't preventive. Ask your provider if the services you need are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	No Charge	Not Covered	Diagnostic tests other than x-ray or blood work may incur a cost share.
	Imaging (CT/PET scans, MRIs)	$250 / visit	Not Covered	Prior authorization required for certain imaging services. Your benefits/services may be denied.
If you need drugs to treat your illness or condition More information about **prescription drug coverage** is available at https://capitalhealth.com/members/about-your-medications	Tier 1-Preferred Generic Tier 2-Non-Preferred Generic	$15/30-day supply	Not Covered	The formulary is a closed formulary. This means that all available covered medications are shown. Prior authorization and/or quantity limits may apply. Your benefits/services may be denied.
	Tier 3- Preferred Brand	$50/30-day supply	Not Covered	
	Tier 4-Non-Preferred Brand drugs	$100/30-day supply	Not Covered	Prior authorization and/or quantity limits may apply. Your benefits/services may be denied.
	Specialty drugs Tier 5-Preferred Specialty Tier 6-Non-Preferred Specialty	$100 /30-day supply	Not Covered	Limited to 30-day supply and may be limited to certain pharmacies. Prior authorization and/or quantity limits may apply. Your benefits/services may be denied.

Summary of Benefits and Coverage: What this Plan Covers & What You Pay for Covered Services **Coverage Period: on or after 10/01/2026**

Capital Health PLAN **Value Selection HDHP $15/$50/$100 (this plan is not an HSA plan)** **Coverage for:** Employee or Family | **Plan Type:** HMO

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

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

Nondiscrimination and Accessibility Notice (ACA §1557)

Capital Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Capital Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Capital Health Plan provides free aids and services to people with disabilities to communicate effectively with us, such as:

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

If you need these services, contact Member Services at one of the numbers listed below.

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

Capital Health Plan's Compliance and Privacy Officer:
2140 Centerville Place
Tallahassee, Fl 32308
Phone: Member Services 850-383-3311, 1-877-247-6512, TTY 850-383-3534 or 1-877-870-8943, Fax: 850-523-7419, Email: memberservices@chp.org. Medicare members or prospective members call 850-523-7441 or 1-877-247-6512 (TTY 850-383-3534 or 1-877-870-8943) 8:00 a.m. - 8:00 p.m., seven days a week, October 1 - February 14; 8:00 a.m. - 8:00 p.m., Monday - Friday, February 15 - September 30. State of Florida members call 1-877-392-1532, 7:00 a.m. - 8:00 p.m.

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

U.S. Department of Health and Human
Services, 200 Independence Avenue SW
Room 509F, HHH Building
Washington, DC 20201
800–368–1019, 800–537–7697 (TDD)
Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

Have a disability? Speak a language other than English? Call to get help for free.
1-877-247-6512, TTY/TDD 850-383-3534 or 1-877-870-8943

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

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

هل تعاني من إعاقة؟ هل تتحدث لغة غير اللغة الإنجليزية؟ اتصل للحصول على المساعدة المجانية.
1-877-247-6512 أو TTY الهاتف النصي/TDD جهاز الاتصال الهاتفي للصم850-383-3534أو 1-877-870-8943

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

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

અપંગતા છે? ઇંગલિશ કરતાં અન્ય ભાષા બોલો છો? નિશુલ્ક મદદ મેળવવા કૉલ કરો. 1-877-247-6512, TTY/TDD 850-383-3534 અથવા 1-877-870-8943 પર

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

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

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

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

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

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

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

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

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

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

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

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

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

The School Board of Gadsden County

Group Dental Insurance

Help protect your oral health with regular dental exams and procedures.

This summary of benefits and coverage shows how you and The Standard would share the cost for covered dental care services.
NOTE: This is only a summary; for detailed information on coverage, please consult your certificate of coverage.

Plan 1: Dental Plan Summary **Effective Date: 10/1/2026**

Plan Benefit	
Type 1 (Preventive)	100%
Type 2 (Basic)	80%
Type 3 (Major)	50%
Waiting Period	None
Deductible	$50/Calendar Year Type 2 & 3
	Waived Type 1
	$150/family
Maximum *(per person)*	$1,000 per calendar year
Allowance	80% usual and customary
Annual Eye Exam	None
Annual Open Enrollment	None

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

Type 1	Type 2	Type 3
• Routine Exam (2 per benefit period) • Bitewing X-rays (1 per benefit period) • Cleaning (2 per benefit period) • Fluoride for Children 13 and under (2 per benefit period)	• Full Mouth/Panoramic X-rays (1 in 3 years) • Periapical X-rays • Sealants (age 16 and under) • Space Maintainers • Fillings for Cavities • Restorative Composites (anterior and posterior teeth) • Crown Repair • Endodontics (nonsurgical) • Endodontics (surgical) • Periodontics (nonsurgical) • Denture Repair • Simple Extractions • Complex Extractions • Anesthesia	• Onlays • Crowns (1 in 5 years per tooth) • Periodontics (surgical) • Implants • Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years)

Monthly Rates	
Employee Only (EE)	$21.28
EE + Spouse	$53.04
EE + Children	$52.40
EE + Spouse & Children	$91.40

The School Board of Gadsden County

Group Dental Insurance

Help protect your oral health with regular dental exams and procedures.

This summary of benefits and coverage shows how you and The Standard would share the cost for covered dental care services.
NOTE: This is only a summary; for detailed information on coverage, please consult your certificate of coverage.

Plan 2: Dental Plan Summary **Effective Date: 10/1/2026**

Plan Benefit	
Type 1 (Preventive)	100%
Type 2 (Basic)	80%
Type 3 (Major)	50%
Waiting Period	None
Deductible	$50/Calendar Year Type 2 & 3
	Waived Type 1
	$150/family
Maximum *(per person)*	$2,000 per calendar year
Allowance	80% usual and customary
Annual Eye Exam	None
Annual Open Enrollment	None

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

Type 1	Type 2	Type 3
• Routine Exam (2 per benefit period) • Bitewing X-rays (1 per benefit period) • Cleaning (2 per benefit period) • Fluoride for Children 13 and under (2 per benefit period)	• Full Mouth/Panoramic X-rays (1 in 3 years) • Periapical X-rays • Sealants (age 16 and under) • Space Maintainers • Fillings for Cavities • Restorative Composites (anterior and posterior teeth) • Crown Repair • Endodontics (nonsurgical) • Endodontics (surgical) • Periodontics (nonsurgical) • Denture Repair • Simple Extractions • Complex Extractions • Anesthesia	• Onlays • Crowns (1 in 5 years per tooth) • Periodontics (surgical) • Implants • Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years)

Monthly Rates	
Employee Only (EE)	$30.60
EE + Spouse	$64.20
EE + Children	$63.48
EE + Spouse & Children	$104.32

The School Board of Gadsden County

Dental Network Information

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

Your provider network is Classic Network.

Pretreatment

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

Submitting a claim

Your policy requires all claims be received by The Standard within 90 days of the date of service. You may submit a claim, or your Dentist can file your claim on your behalf and you can assign payment to your Dentist. If the 90 day deadline is missed, you will be responsible for covering the cost of the service. *Requirements for claims submission vary by state, please consult your group certificate for details.

Prior Extraction Limitation

Your policy has a prior extraction limitation, also known as the "missing tooth clause". This means that if you had a tooth extracted prior to enrolling in your plan with The Standard, we may or may not pay for any benefits towards replacing that tooth. Please review your policy or contact Customer Service for details.

Late Entrant Provision

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

Section 125

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

Customer Service

Customer service is available to plan participants through our well-trained and helpful service representatives. Call or go online to locate the nearest network provider, view plan benefit information and more.

Call Center: 800.547.9515

- Service representative hours:
  5 a.m. to 10 p.m. Pacific Monday through Thursday
  5 a.m. to 4:30 p.m. Pacific Friday
- Interactive Voice Response available 24/7

View plan benefit information at:
www.standard.com/services.

Standard Insurance Company

The School Board of Gadsden County

About The Standard

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

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

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

The School Board of Gadsden County

Group Vision Insurance

Help protect your eye health with coverage for exams, glasses and contacts.

This summary of benefits and coverage shows how you and The Standard would share the cost for covered vision care services.
NOTE: This is only a summary; for detailed information on coverage, please consult your certificate of coverage.

Plan 2: Balanced Care Vision I Plan Summary **Effective Date: 10/1/2026**

	VSP Choice Network + Affiliates	Out of Network
Deductibles		
	$10 Exam	$10 Exam
	$20 Eye Glass Lenses or Frames*	$20 Eye Glass Lenses or Frames
Annual Eye Exam	Covered in full	Up to $45
Lenses (per pair)		
Single Vision	Covered in full	Up to $30
Bifocal	Covered in full	Up to $50
Trifocal	Covered in full	Up to $65
Lenticular	Covered in full	Up to $100
Progressive	See lens options	NA
Contacts		
Fit & Follow Up Exams	Participant cost up to $60	Not covered
Elective	Up to $150	Up to $120
Medically Necessary	Covered in full	Up to $210
Frame Allowance	$150**	Up to $75
Frequencies (months)		
Exam/Lens/Frame	12/12/24	12/12/24
	Based on date of service	Based on date of service

**Deductible applies to a complete pair of glasses or to frames, whichever is selected.*
***The Costco and Walmart allowance will be the wholesale equivalent.*

Lens Options (participant cost)*

	VSP Choice Network + Affiliates	Out of Network
	(Other than Costco)	
Progressive Lenses		
Standard	$55	Up to Lined Bifocal allowance.
Premium	Up to provider's contracted fee for Lined Bifocal Lenses. The patient is responsible for the difference between the base lens and the Progressive Lens charge.	Up to Lined Bifocal allowance.
Std. Polycarbonate	Covered in full for dependent children $33 adults	Not covered
Solid Plastic Dye	$15 (except Pink I & II)	Not covered
Plastic Gradient Dye	$17	Not covered
Photochromatic Lenses (Glass & Plastic)	$31-$82	Not covered
Scratch Resistant Coating	$17-$33	Not covered
Anti-Reflective Coating	$43-$85	Not covered
Ultraviolet Coating	$16	Not covered

**Lens Option participant costs vary by prescription, option chosen and retail locations.*

Vision Plan

The Standard Vision

The School Board of Gadsden County

Monthly Rates	
Employee Only (EE)	$7.43
EE + Spouse	$14.75
EE + Children	$13.80
EE + Spouse & Children	$21.12

Additional Balanced Care Vision I Choice Network Features	
Contact Lenses Elective	Allowance can be applied to disposables, but the dollar amount must be used all at once (provider will order 3 or 6 month supply). Applies when contacts are chosen in lieu of glasses. For plans without a separate contact fitting & evaluation (which includes follow up contact lens exams), the cost of the fitting and evaluation is deducted from the allowance.
Additional Glasses	20% off additional complete pairs of prescription glasses and/or prescription sunglasses.*
Frame Discount	VSP offers 20% off any amount above the retail allowance.*
Laser VisionCare	VSP offers an average discount of 15% off or 5% off a promotional offer for LASIK Custom LASIK and PRK. The maximum out-of-pocket per eye for participants is $1,800 for LASIK and $2,300 for custom LASIK using Wavefront technology, and $1,500 for PRK. In order to receive the benefit, a VSP provider must coordinate the procedure.
Low Vision	With prior authorization, 75% of approved amount (up to $1,000 is covered every two years).

Based on applicable laws, reduced costs may vary by doctor location.

Section 125

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

Vision Plan Participant Service

Balanced Care Vision I from The Standard features the money-saving eye care network of VSP. Customer service is available to plan participants through VSP's well-trained and helpful service representatives. Call or go online to locate the nearest VSP network provider, view plan benefit information and more.

VSP Call Center: 800.877.7195

- Service representative hours: 5 a.m. to 7 p.m. Pacific Monday through Friday, 6 a.m. to 2:30 p.m. Pacific Saturday
- Interactive Voice Response available 24/7

Locate a VSP provider at:
www.standard.com/services

Vision Plan

The Standard Vision

The School Board of Gadsden County

Group Vision Insurance

Help protect your eye health with coverage for exams, glasses and contacts.

This summary of benefits and coverage shows how you and The Standard would share the cost for covered vision care services.
NOTE: This is only a summary; for detailed information on coverage, please consult your certificate of coverage.

Plan 1: Balanced Care Vision I Plan Summary **Effective Date: 10/1/2026**

	VSP Choice Network + Affiliates	Out of Network
Deductibles		
	$20 Eye Glass Lenses or Frames*	$20 Eye Glass Lenses or Frames
Lenses (per pair)		
Single Vision	Covered in full	Up to $30
Bifocal	Covered in full	Up to $50
Trifocal	Covered in full	Up to $65
Lenticular	Covered in full	Up to $100
Progressive	See lens options	NA
Contacts		
Fit & Follow Up Exams	15% discount See Additional Balanced Care Vision I Features.	Not covered
Elective	Up to $150	Up to $120
Medically Necessary	Covered in full	Up to $210
Frame Allowance	$150**	Up to $75
Frequencies (months)		
Exam/Lens/Frame	0/12/24 Based on date of service	0/12/24 Based on date of service

**Deductible applies to a complete pair of glasses or to frames, whichever is selected.*
***The Costco and Walmart allowance will be the wholesale equivalent.*

Lens Options (participant cost)*

	VSP Choice Network + Affiliates (Other than Costco)	Out of Network
Progressive Lenses		
Standard	$55	Up to Lined Bifocal allowance.
Premium	Up to provider's contracted fee for Lined Bifocal Lenses. The patient is responsible for the difference between the base lens and the Progressive Lens charge.	Up to Lined Bifocal allowance.
Std. Polycarbonate	Covered in full for dependent children $33 adults	Not covered
Solid Plastic Dye	$15 (except Pink I & II)	Not covered
Plastic Gradient Dye	$17	Not covered
Photochromatic Lenses (Glass & Plastic)	$31-$82	Not covered
Scratch Resistant Coating	$17-$33	Not covered
Anti-Reflective Coating	$43-$85	Not covered
Ultraviolet Coating	$16	Not covered

**Lens Option participant costs vary by prescription, option chosen and retail locations.*

Vision Plan

The Standard Vision

The School Board of Gadsden County

Monthly Rates	
Employee Only (EE)	$5.13
EE + Spouse	$10.11
EE + Children	$9.39
EE + Spouse & Children	$14.37

Additional Balanced Care Vision I Choice Network Features	
Contact Lenses Elective	Allowance can be applied to disposables, but the dollar amount must be used all at once (provider will order 3 or 6 month supply). Applies when contacts are chosen in lieu of glasses. For plans without a separate contact fitting & evaluation (which includes follow up contact lens exams), the cost of the fitting and evaluation is deducted from the allowance.
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- Interactive Voice Response available 24/7

Locate a VSP provider at:
www.standard.com/services

The School Board of Gadsden County

About The Standard

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

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

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

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

Group Basic Life and Accidental Death and Dismemberment Insurance

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

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

Eligibility

Definition of a Member	You are a member if you are an active employee of The School Board of Gadsden County (other than a bus driver, aid, or food service employee) and regularly working at least 30 hours each week **OR** an active sbus driver, aid, or food service employee of The School Board of Gadsden County who is determined to be full time by school board policy. You are not a member if you are a temporary or seasonal employee, a full-time member of the armed forces, a leased employee or an independent contractor.
Class Definition	Class 1 - Active Members
Eligibility Waiting Period	You are eligible on the first of the month coinciding with or next following the date you receive your first paycheck from your employer.

Benefits

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

Group Basic Life Insurance and AD&D

The Standard Life

Group Basic Life and Accidental Death and Dismemberment Insurance

Other Basic Life Features and Services

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

Other Basic AD&D Features

- Family Benefits Package
- Seat Belt and Air Bag Benefits

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

Standard Insurance Company
1100 SW Sixth Avenue
Portland OR 97204

www.standard.com

SI 13279-D-FL-163382-C1 (7/26)
8210363-1446538

Group Term Life Insurance and AD&D

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

Group Additional Life and AD&D Insurance

Help protect your loved ones from financial hardship.

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

This plan offers:

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

About This Coverage

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

Life Insurance		
How Much Can I Apply For?	For You:	$10,000, $25,000, $50,000, $75,000 or $100,000
	For Your Spouse:	$10,000
	For Your Child(ren):	$5,000
AD&D Insurance The benefit is paid if you are seriously injured or pass away as a result of a covered accident.		
What Does My AD&D Benefit Provide?	For You:	The AD&D insurance coverage amount matches what you elect for Additional Life insurance.
Keep in mind that the amount payable for certain losses is less than 100 percent of the AD&D insurance benefit.		

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

Group Term Life Insurance and AD&D

The Standard Life

Annual Enrollment

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

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

If you choose to apply for an amount over the guarantee issue amount, visit **https://myeoi.standard.com/163382** to complete and submit a medical history statement online.

If you were previously declined coverage by The Standard, you will need to submit a medical history statement in order to apply for any amount of coverage during the Annual Enrollment period. Visit **https://myeoi.standard.com/163382** to complete and submit a medical history statement online.

Additional Feature

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

How Much Life Insurance Do You Need?

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

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

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

How Much Your Coverage Costs

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

Group Term Life Insurance and AD&D

The Standard Life

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

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

Spouse Life Monthly Premium	
Coverage Amount	Premium
$10,000	3.95

Child Life Monthly Premium	
Coverage Amount	Premium
$5,000	0.68

Group Term Life Insurance and AD&D

The Standard Life

Important Details

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

Life and AD&D Insurance Eligibility Requirements

To be eligible for coverage, you must be insured for Basic Life insurance through The Standard, an active employee of The School Board of Gadsden County (other than a bus driver, aid, or food service employee), and regularly working at least 30 hours per week **OR** an active school bus driver, aid, or food service employee that is determined to be full time by school board policy.

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

If you buy Additional Life and AD&D insurance for yourself, you may also buy Life coverage for your eligible children and/or spouse. This is called Dependents Life insurance.

You can choose to cover your spouse, meaning a person to whom you are legally married, or your domestic partner as recognized by law.

You may also choose to cover your child. Child means your child from live birth through age 26. Please note:

- Your child cannot be insured by more than one employee.
- Your spouse and/or child(ren) must not be full-time member(s) of the armed forces.
- You cannot be insured as both an individual and a spouse.

Medical Underwriting Approval for Life Coverage

Required for:

- All late applications (applying 31 days after becoming eligible)
- Reinstatements, if required
- Eligible but not insured under the prior life insurance plan

Visit **https://myeoi.standard.com/163382** to complete and submit a medical history statement online.

Coverage Effective Date for Life Coverage

To become insured, you must:

- Meet the eligibility requirements listed in the previous sections,
- Serve an eligibility waiting period*,
- Receive medical underwriting approval (if applicable),
- Apply for coverage and agree to pay premium, and
- Be actively at work (able to perform all normal duties of your job) on the day before the insurance is scheduled to be effective.

If you are not actively at work on the day before the scheduled effective date of insurance, your insurance, including any Dependents Life insurance, will not become effective until the day after you complete one full day of active work as an eligible employee.

Contact your human resources representative or plan administrator for further information about the applicable coverage effective date for your insurance, including any Dependents Life insurance.

*You are eligible on the first of the month coinciding with or next following the date you receive your first paycheck from your employer.

Life and AD&D Age Reductions

Under this plan, your coverage amount reduces to 50% at age 70. Your spouse's coverage amount does not reduce due to age. If you are age 70 or over, ask your human resources representative or plan administrator for the amount of coverage available.

Life Insurance Waiver of Premium

Your Life premiums may be waived if you:

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

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

Life and AD&D Insurance Portability

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

Life Insurance Conversion

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

Life Insurance Exclusions

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

Group Term Life Insurance and AD&D

AD&D Benefits

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

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

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

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

AD&D Insurance Exclusions

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

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

When Your Insurance Ends

Your insurance ends automatically when any of the following occur:

- The date the last period ends for which a premium was paid
- The date your employment terminates
- The date you cease to meet the eligibility requirements (insurance may continue for limited periods under certain circumstances)
- The date the group policy, or your employer's coverage under the group policy, terminates
- For each elective insurance coverage, the date that coverage terminates under the group policy
- The date your Life coverage ends, your AD&D coverage will end as well

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

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

Group Insurance Certificate

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

About Standard Insurance Company

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

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

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

SI 12506-D-ALAA-FL-163382 (7/26)
8210363-1446537

Voluntary Benefits

Aflac Insurance Company

Gadsden County School

Aflac™

Gadsden County School has selected Aflac to offer a variety of supplemental insurance benefits solutions – and more – as part of an enhanced employee benefits experience.

Accident insurance
Reduces the financial impact of a covered accident by providing cash benefits.

Critical Illness insurance*
Assists with the costs of treatment in the event of a covered critical illness such as a heart attack, stroke or paralysis. **treatment-based and lump sum*

Short-Term Disability insurance
Provides a source of income in the event of a disability due to a covered accident or illness

Vision insurance
Helps with the costs of eye exams, treatments and vision-correction materials. Pays additional cash benefits for vision care to help with out-of-pocket costs that may not be covered by group plans.

Cancer insurance
Helps with the cost of cancer treatment in the event of a covered cancer diagnosis

Hospital Indemnity insurance
Helps ease the financial burden of covered hospital stays due to an accident or illness by providing cash benefits.

Aflac SmartClaim
One Day Pay

Download on the App Store | GET IT ON Google Play

For more information about applying, policy benefits, limitations and exclusions please contact an AFLAC agent or
RJSW & Associates
1344 Vickers Road – Tallahassee, FL 32303
Phone. 850.531.9908 Fax. 850.553.9332

Aflac Insurance Company

Click, submit and smile

Use Aflac SmartClaim® to take advantage of One Day Pay℠

1. **Register or log in:** Go to **aflac.com/myaflac** or download the **MyAflac mobile** app from the **App Store** or **Google Play Store.**
2. **Enroll in claims direct deposit[1]:** Direct deposit allows you to take full advantage of the speed of **One Day Pay.**[2] Click on **direct deposit** and follow the instructions for registration. Please allow one business day for direct deposit enrollment to take effect.
3. **File your claim with Aflac SmartClaim:** Access **Aflac SmartClaim** from **MyAflac** or the **MyAflac mobile app.** Aflac SmartClaim guides you every step of the way. Upload required documents.[3] Submit your claim before 3 p.m. ET, Monday-Friday.

INFORMATION YOU MAY NEED TO FILE YOUR CLAIM

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

TRACK THE STATUS OF YOUR CLAIM:

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

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

Aflac SmartClaim

One Day Pay℠

Download on the App Store | GET IT ON Google Play

[1]Please allow one business day from enrollment before filing a claim for funds to be to be direct deposited.

[2]"One Day Pay℠" is available for certain individual claims submitted online through the Aflac SmartClaim® process. Claims may be eligible for One Day Pay℠ processing if submitted online through Aflac SmartClaim including all required documentation, by 3 p.m. ET. Documentation requirements vary by type of claim; please review requirements for your claim(s) carefully. Aflac SmartClaim® is available for claims on most Individual Accident, Cancer, Hospital, Specified Health, and Intensive Care policies. Processing time is based on business days after all required documentation needed to render a decision is received and no further validation and/or research is required. Individual Company Statistic, 2019.

[3]If all documentation is not available upon initial claim filing, you may upload the documents later by clicking "Upload Documents" on the mobile app's "MyClaims" on desktop.

Coverage is underwritten by American Family Life Assurance Company of Columbus, in New York, coverage is underwritten by American Family Life Assurance Company of New York. WWHQ | 1932 Wynnton Road | Columbus, GA 31999.

Voluntary Benefits

UNUM Life Insurance Company

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

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

Valuable Insurance Benefits available from UNUM

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

Accident Insurance (New)

- If you are accidentally injured **on or off the job**, this coverage will pay a benefit **from $50 up to $150,000** directly to you. There are more than 50 different types of injuries, services and treatments that are covered.
- Use this benefit to help cover expenses your health insurance plan doesn't, like co-pays, deductibles and other out of pocket expenses.

Critical Illness Insurance (New)

- Severe illnesses like **Heart Attack, Stroke, Kidney failure** and many other Critical Illnesses, often leave you with out-of-pocket expenses that medical insurance doesn't cover. This coverage pays a **lump sum benefit directly to you**, if you are diagnosed with a covered condition.
- Benefits are payable **up to $30,000 for Employees** and up to **$10,000 for Spouse and Children.**

Individual Whole Life Insurance

- UNUM's Whole Life Insurance policy is **a Permanent Life Insurance Policy**, available to you, your spouse and your dependent children under the age of 26. **Guaranteed Issue** coverage is available up to **$100,000 for Employees, $25,000 for Children. Coverage up to $25,000** for your spouse is available on a conditional guaranteed issue basis.
- Whole Life Insurance policies build **Cash Values** and provide a **Life Insurance Death Benefit.**
- UNUM's Whole Life Policy is **Portable**. Once purchased, rates remain the same and never increase as you get older. This policy belongs to you and you can take it with you should you leave or retire from Gadsden County Schools.

Short and Long Term Disability Insurance

- STD can replace **60%** of your monthly salary to a max of **$1,200** per week.
- Benefits are payable up to 24 weeks.
- LTD can replace **60%** of your monthly salary to a max of **$5,000** per month.
- Benefits are payable until you retire.

If unable to meet with a counselor today, call **Lawson and Associates at 850-222-1286** or email **efalco@thefalcocompanies.com** to schedule an appointment.

Long-Term Disability Income Insurance

American Fidelity Assurance Company

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

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

How the Plan Works

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

Optional Riders

Enhance your base plan with the following riders:

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

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

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

Short-Term Disability Income Insurance

American Fidelity Assurance Company

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

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

How the Plan Works

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

Benefits Begin (Elimination Period)

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

Eligibility

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

Coverage Feature	What It Means To You
Benefit Paid Directly to You, Regardless of Other Coverage	Use the money however best fits your financial needs, regardless of other insurance.
Age at Entry	Your premiums will be based on the date your policy becomes effective.
Accidental Death Benefit	Receive a benefit if you die as the direct result of an Accidental Injury and death occurs within 90 days after the date of the Accidental Injury.
Competitive Premiums	Your monthly premiums could be paid with only one hour of a week's paycheck.
Payroll Deducted	Enjoy the convenience of having your premiums deducted straight from your paycheck.
Physician Benefit	Receive a benefit if you receive treatment by a Physician due to a covered Injury.
Guaranteed Issue	First-time eligible employees may be able to receive coverage without being subject to insurability.

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

Accident Only Insurance

Limited Benefit Accident Only Insurance

American Fidelity Assurance Company

From weekend warriors to active families and those of us just living everyday life, accidents can happen without warning anytime, anywhere. As healthcare expenses continue to rise, are you financially prepared for the unexpected costs resulting from an injury?

Limited Benefit Accident Only Insurance may help manage out-of-pocket expenses to treat injuries resulting from a covered accident. This plan pays benefits directly to you, and may help you with unplanned accident medical expenses. And, for some policies, the Accident Screening Benefit pays annually for routine physical exams, preventive testing and more.

How the Plan Works

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

All benefits are only paid as a result of Injuries received in an Accident that occurs while coverage is in force. All treatment, procedures, and medical equipment must be diagnosed, recommended and treated by a Physician. All benefits are paid once per Covered Person per Covered Accident unless otherwise specified in the Limitations and Exclusions section. Twenty-four-hour (24-hour) coverage not applicable on Non-Occupational policies. Refer to your brochure and/or policy for details.

Features

- **Benefits paid directly to you**
- **A policy you own—take the policy with you if you leave your employer or retire**
- **Coverage for you, your spouse and children under age 26**

Coverage Feature	What It Means For You
Plan Options: Levels 1, 2, 3, 4	Choose the plan to meet your financial needs.
Four Choices of Coverage: Individual, Individual and Spouse, Individual and Child, or Family	Choose the coverage that fits your lifestyle.
Wide-Ranging Schedule of Benefits	Benefits for many types of covered injuries.
Accident Screening Benefit	The plan pays an annual Accident Screening Benefit for one Covered Person to receive a covered screening including routine physical exams, preventive testing, and more.
Initial Treatment Benefit	Receive a benefit when treatment is received by a Physician or Medical Professional within 30 days of a covered accident.
Benefit Paid Directly to You, to use as you see fit	Use the benefit however best fits your financial needs.
Guaranteed Renewable	Keep your coverage as long as premiums are paid as required.
24-Hour Coverage	You are covered on or off the job. Twenty-four-hour (24-hour) coverage not applicable on Non-Occupational policies. Refer to your brochure and/or policy for details.
Portable	You own the policy. Take the coverage with you if you choose to leave your current job. Your premiums will remain the same.
Payroll Deducted	Enjoy the convenience of having your premiums deducted straight from your paycheck.

Limitations, exclusions and waiting periods apply. Refer to your policy for complete details, AO22. **This product is inappropriate for people who are eligible for Medicaid coverage.** The premium and amount of benefits provided vary dependent upon the plan selected. The company has the right to change premiums by class. The Accident Screening Benefit is not available in all states.

AF-1196-0722

Cancer Insurance

Limited Benefit Cancer Insurance Policy

American Fidelity Assurance Company

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

American Fidelity Assurance Company's Limited Benefit Individual Cancer Insurance offers a solution to help you focus your attention on fighting cancer. We offer plans that can help assist with out-of-pocket costs often associated with a cancer diagnosis.

How the Plans Work

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

Optional Riders

Enhance your base plan with the following riders:

- **Critical Illness Rider**
  May include option to choose lump sum benefit for diagnosis of internal cancer only, heart attack/stroke (first to occur) only or both.
- **Hospital Intensive Care Unit Rider**

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

Limitations, exclusions and waiting periods apply. Please refer to your policy for complete details. **This product is inappropriate for people who are eligible for Medicaid coverage**. The company has the right to change premiums by class. The premium and amount of benefits provided vary dependent upon the plan selected. Availability of riders may vary by state. Diagnostic and Prevention Benefit is not available in all states.

AF-1768-0123

Group Critical Illness Insurance

Limited Benefit Group Critical Illness Insurance Policy

American Fidelity Assurance Company

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

American Fidelity Assurance Company's Limited Benefit Critical Illness Insurance can be the solution that helps you and your family focus on recovery, and may help you with paying bills. Our plan can assist with the expenses that may not be covered by major medical insurance. You may also have the option to add an infectious disease rider to this policy in select states.

How the Plan Works

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

Guaranteed Renewable

You are guaranteed the right to renew your base policy until age 75 as long as you pay premiums when due or within the premium grace period. The insurer has the right to increase premium rates if the policy so provides.

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

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

AF-1772-0123

Individual Term Life Insurance

American Fidelity Assurance Company

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

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

How the Plan Works

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

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

Optional Riders

Enhance your base plan with the following riders:

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

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

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

Limitations, exclusions and waiting periods apply. Please refer to your policy for complete details, Policy Form Series ICC14 RCTL14. Not generally qualified benefits under Section 125 Plans.

AF-1769-0123

Universal Life Insurance

Texas Life Insurance Company

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

Universal Life Insurance

(PureLife-Plus)

A voluntary permanent life insurance product that guarantees life insurance to age 121.[1] *(Underwritten by Texas Life Insurance Company)*

Did You Know?

More than 100 million individuals in the United States don't have sufficient coverage to provide their families with financial security in case of a tragedy.[2]

Voluntary permanent life insurance can be an ideal complement to the Group Life Insurance coverage provided by your employer. Ask your AFES or AWD representative about the benefits of owning voluntary permanent life, the coverage you can keep after your employment ends.

Consider a PureLife-Plus Contract!

Ask your Employer or American Fidelity Representative how you can secure your permanent[7] life insurance with a product that provides:

- Guaranteed death benefit to age 121.[1]
- Minimal cash value – premiums dedicated primarily to the purchase of life insurance.
- Long premium guarantees.[3]
- Limited right to partial refund of premium if future premium required to continue coverage increases. (Conditions apply)
- Take it with you when you leave employment.
- Coverage available for employee, spouse, children and grandchildren.[4]

Coverage Feature	What It Means To You
Several Product Options	Choose the coverage to meet your financial needs.
Guaranteed Premium[3]	Your premiums are guaranteed for each applicable period.
Guaranteed Death Benefit[5]	Your death benefit is guaranteed for the life of the contract provided premiums are paid when due.
Interim Coverage[6]	Coverage normally begins when you complete the application and the authorization for your employer to deduct premiums from your paycheck. Two year suicide and contestability provisions apply. (one year in CO, MO, MN & ND).
Enhance Your Coverage	Additional riders may be available on certain products to expand your policy.
Easy Application	No medical exams and minimal health questions.[7]
Portable	You own the policy. Take the coverage with you if you choose to leave your current job.
Payroll Deducted	Enjoy the convenience of having your premiums deducted straight from your paycheck.

This product may contain limitations, exclusions, and waiting periods. After the guaranteed period the premiums may change. Underwritten by Texas Life Insurance Company. Not affiliated with American Fidelity Assurance Company.

[1]Provided required premiums are paid timely.
[2]LIMRA: 2023 Insurance Barometer Study; May 5, 2023; P7.
[3]After the guaranteed period, premiums may go down, stay the same or go up.
[4]Coverage not available in WA on children or on grandchildren in WA or MD. In MD, child must reside with the applicant to be eligible for coverage.
[5]Some limitations apply. See brochure for details.
[6]Conditions apply. In Kansas, Temporary Insurance applies. Form 16M050.
[7]Issuance of this policy will depend on the answer to these questions.

Please see product summaries for costs and complete details. Flexible Premium Adjustable Life Insurance to age 121. PureLife-plus is underwritten and issued by Texas Life Insurance Company, 900 Washington Avenue, Waco, Texas 76701. Texas Life is licensed to do business in the District of Columbia and every state but NY. See the PureLife-plus brochure for details. Form Series PRFNG-NI-18 or PRFNG-NI-20-OHIO. Not available in New York.

FLEXIBLE SPENDING ACCOUNTS

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

Flexible Spending Accounts

American Fidelity Assurance Company

Healthcare Flexible Spending Account (Healthcare FSA)

Flexible Spending Accounts (FSAs) are great cost savings tools to help with common medical expenses not covered by your major medical insurance and/or dependent care expenses. With a Healthcare FSA, you can elect a portion of your pay to be deducted, on a pre-tax basis, from each paycheck to use for reimbursement of eligible out-of-pocket medical expenses throughout the plan year. While Healthcare FSAs must adhere to the "use-or-lose" rule, employers may offer one of two options to help you avoid having to forfeit your unused funds:

A grace period of up to 2.5 months (ex. January 1 to March 15) to spend the remaining funds or carrying over a maximum of $680 of unused funds at the end of the year (as of 2027). However, employers cannot offer both, and some plans may not allow either option. This is why it's important to plan carefully and not put more money in your FSA than you think you'll spend within a year.

Flexible Spending Account Savings Example

With FSA		Without FSA
$30,000	Annual Gross Income	$30,000
- $2,400	Healthcare FSA Election	$0
- $2,500	Dependent Care Account Election	$0
$25,100	Taxable Gross Income	$30,000
- $5,020	Estimated Federal and State Tax (20%)*	- 6,000
- $1,920.15	Estimated FICA (7.65%)	- 2,295
$18,159.85	Annual Net Income	$21,705
$0	Cost of Medical Expenses	- $2,400
$0	Cost of Dependent Care Expenses	- $2,500
$18,159.85	**Spendable Income**	**$16,805**
With an FSA, potential annual savings in this example is: $1,354.85		
By using an FSA to pay for eligible expenses, you can reduce your taxable income.		

*A reduced earnings record from lower FICA taxes may result in a slightly smaller monthly benefit in retirement. Estimated FICA is 7.65% which is 6.2% to Social Security and 1.45% to Medicare. Example is for illustrative purposes only.

Please consult your tax advisor for actual tax savings.

For a list of eligible expenses, please visit:
https://americanfidelity.com/claims/fsa-hsa-eligibility-list/

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

Minimum Annual Election: Determined by your employer.

Maximum Annual Election: The Internal Revenue Service (IRS) allows up to $3,400 (for 2026, indexed annually) per plan year, and the employer may set the maximum equal to or lower than this amount.

FSA Funds Availability

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

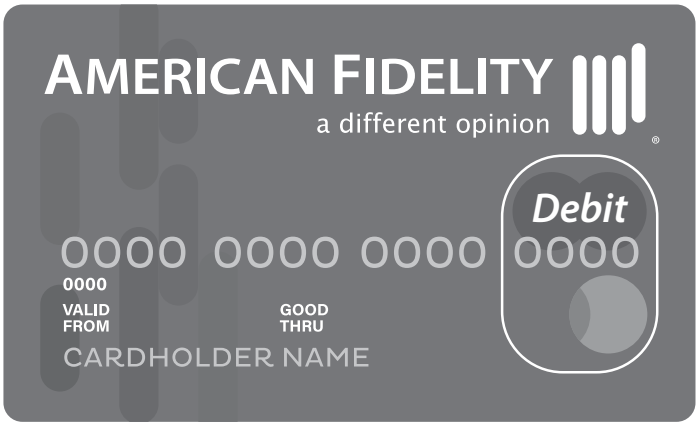
Important FSA Notes:

- Participants are generally allowed a 90-day run-off period after the plan year ends to submit claims for expenses that occurred during the plan year but were not yet submitted.
- If you are a new employee entering the FSA during a plan year, reimbursement is only available for expenses and services provided after you begin your participation in the FSA.
- FSAs are "use or lose" meaning any unused amounts will be forfeited at the end of the plan year and run-off period.
- If you are enrolled in the Healthcare FSA and take a leave of absence during the plan year, you may (subject to your employer's plan):
  1. Prepay the contributions on a pre-tax basis; or
  2. Continue the contributions by remitting them to your employer. Pre-tax contributions may continue if you continue to receive enough pay, or
  3. Prorate the unpaid contributions over the remaining pay periods when you return to work.
- Failure to make all elected contributions will result in termination of your account as of the date contributions ceased.
- Healthcare FSAs must comply with COBRA and generally must offer COBRA continuation rights to qualified beneficiaries who lose Healthcare FSA coverage due to certain qualifying events. For most Healthcare FSAs, COBRA may be offered upon a qualifying event only if you have a balance remaining in your Healthcare FSA. The balance is generally calculated by subtracting the reimbursements made prior to the qualifying event from the annual election. If eligible, you may choose to continue your contributions by either sending your contributions to your employer on an after-tax basis each pay period, or, you may choose to make a pre-tax contribution for your remaining elections for the plan year from your final pay or severance pay. Expenses incurred while contributions are being made are eligible for reimbursement. You can keep contributing to the HCFSA through COBRA and access the full plan year amount, through the end of the current plan year, or if a carryover applies, the maximum period of COBRA continuation coverage. If you do not elect COBRA, only expenses incurred during the period of employment are reimbursable. Coverage under the Healthcare FSA ceases when the contributions cease.

Flexible Spending Accounts

Benefits Debit Card

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



Using Your Benefits Debit Card

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

Cards for Healthcare FSAs can be used at:

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

Note: The card is for medical expenses only; dependent day care expenses are not eligible.

Snap. Submit. And Go!

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

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

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

Activating Your Card

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

Flexible Spending Accounts

American Fidelity Assurance Company

Dependent Care Account (DCA)

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

Minimum Annual Election: Determined by your employer.

Maximum Annual Election: While the IRC allows a maximum of $7500 per year if married filing jointly or single/head of household or $3750 per year if married filing separately (for 2026), the employer may set the maximum equal to or lower than this amount.

Examples of Eligible Dependent Care Expenses

After-school care or extended day programs

Nanny expenses

Baby-sitter inside or outside participant's household

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

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

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

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

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

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

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

FSA Funds Availability

Dependent Care Account

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

Important FSA Notes:

- Participants are generally allowed a three month run-off period after the plan year ends to submit claims for expenses that occurred during the plan year but were not yet submitted.
- If you are a new employee entering the FSA during a plan year, reimbursement is only available for expenses and services provided after you begin your participation in the FSA.
- FSAs are "use or lose" meaning any unused amounts will be forfeited at the end of the plan year and run-off period.
- Failure to make all elected contributions will result in termination of your account as of the date contributions ceased.

Flexible Spending Accounts

Managing Your Account

File a Claim

Three Easy Ways

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

Use AFmobile to manage your reimbursement accounts and insurance benefits.

2. **Online at americanfidelity.com**

3. **By mail or fax**

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

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

*Obtain a claim form for your insurance claim at www.americanfidelity.com/fileaclaim.

Manage Your Reimbursement Account With AFmobile®

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

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

Getting Started:

Download AFmobile. To register, you will need:

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

Using Our Online Portal

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

Getting started:

- Register at americanfidelity.com
- Register using your email address and Social Security Number
- Once completed, access your reimbursement accounts and insurance benefits.

Direct Deposit

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

Three ways to sign up for direct deposit:

1. Through your mobile app.
2. Online through your account at americanfidelity.com
3. By downloading a direct deposit request form

Other Information

PAT THOMAS & ASSOCIATES INSURANCE, INC
www.patthomas.com

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

Gadsden County

Schools Employee

2025-2026 Benefits Enrollment

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

John Pat Thomas - 850-627-5051 - jthomas@patthomas.com
Bradley Joyner- 850-627-5052 - bjoyner@patthomas.com
Angie Pitts- 850-627-5057- apitts@patthomas.com

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

TSA Consulting Group

https://www.tsacg.com/individual/plan-sponsor/florida/gadsden-county-schools/

Gadsden County Schools

Authorized Investment Providers

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

403(b)

Aspire Financial Services	(866) 634-5873
Equitable	(800) 628-6673
Lincoln National Life Insurance Company	(800) 454-6265
National Life Group	(800) 579-2878
ReliaStar Life - Subsidiary of VOYA Financial	(813) 541-1213
VOYA Financial	(813) 541-1213

457(b)

Equitable	(800) 628-6673
Equitable	(800) 628-6673
National Life Group	(800) 579-2878

Roth 457(b)

Equitable	(800) 628-6673
Lincoln National Life Insurance Company	(800) 454-6265
National Life Group	(800) 579-2878
VOYA Financial	(813) 541-1213

Gadsden County Schools

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

Employer Website

Forms

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

403(b) Roth Salary Reduction Agreement

403(b) Salary Reduction Agreement

US

73 Eglin Parkway, NE, STE. 202
Fort Walton Beach, FL 32548 Privacy Policy

Phone. (850) 362-6840
Toll free. (888) 796-3786

https://www.tsacg.com/individual/plan-sponsor/florida/gadsden-county-schools/

PLAN SUMMARY INFORMATION

Gadsden County Schools, FL

2023

403(b) PLAN AND 457(b) DEFERRED COMPENSATION PLAN

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

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

ELIGIBILITY

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

EMPLOYEE CONTRIBUTIONS

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

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

THE BASIC CONTRIBUTION LIMIT FOR 2019 IS $19,000.

Additional provisions allowed:

AGE-BASED ADDITIONAL AMOUNT

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

THE SERVICE-BASED CATCH UP AMOUNT

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

ENROLLMENT

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

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

TSA Consulting Group

https://www.tsacg.com/individual/plan-sponsor/florida/gadsden-county-schools/

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

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

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

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

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

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

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

HARDSHIP WITHDRAWALS
Participants may be able to take a hardship withdrawal in the event of an immediate and heavy financial need. To be eligible for a hardship withdrawal according to IRS Safe Harbor regulations, you must verify and provide evidence that the distribution is being taken for specific reasons. These eligibility requirements to receive a Hardship withdrawal are provided on the Hardship Withdrawal Disclosure form at www.tsacg.com.

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

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

PLAN ADMINISTRATOR CONTACT INFORMATION

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

For overnight deliveries
73 Eglin Parkway NE, Suite 202
Fort Walton Beach, FL 32548
Toll-free: 1-888-796-3786
Toll-free fax: 1-866-741-0645
www.tsacg.com

MidAmerica

Gadsden County School District

Special Pay Plan

Frequently Asked Questions

What is a Special Pay Plan?

A Special Pay Plan is a 403(b) retirement plan funded by your employer using special forms of compensation such as your unused sick leave and vacation pay. Payments may also be based on your years of service, severance and other retirement incentives.

Am I eligible to participate in the plan?

To be considered an eligible plan participant, you must be at least age 55, have an accumulated leave of $500 and be employed as an Administrator or other Eligible Employee Class.

What are the benefits of a Special Pay Plan?

- Your contributions are 100% vested upon retirement and made on a pre-tax basis
- You permanently save 7.65% on FICA taxes (Social Security and Medicare)
- Funds are invested in a Fixed Interest account with a competitive rate of return
- Funds are not subject to market risk

How often will my employer contribute to my account?

Your employer will contribute to your account on a annually basis. For detailed information regarding contribution amounts and timing, please contact your employer.

Are there contribution limits?

Yes. There are maximum allowable limits on contributions to your 403(b). Your employer is aware of the annual contribution limit and makes deposits accordingly. To view the current maximum allowable limits, visit https://www.MyMidAmerica.com/participants/retirement/403b-tpa-services/.

Can I make contributions into my Special Pay Plan?

Only your employer can make deposits into your Special Pay Plan. You cannot contribute.

Where are funds invested?

Funds are invested in a fixed annuity with a guaranteed rate of return. Investments are provided by American United Life Insurance Company®, a OneAmerica® Company (AUL). For more information on your investments, please visit www.oneamerica.com.

How often will I receive account statements?

You will receive paper statements on an annual basis. However, you may access your account activity anytime by logging in to your account on our secure website, www.MyMidAmerica.com. Your temporary login is your Social Security number and your temporary password is the last four digits of your Social Security number. You will then be asked to change your user name and password.

MidAmerica

Can I name a beneficiary?

Yes. The Beneficiary Form can be obtained online by logging into your account on our secure website, www.MyMidAmerica.com. Your temporary login is you Social Security number and your temporary password is the last four digits of your Social Security number. You will then be asked to change your username and password.

You can also obtain the form by calling or emailing our Customer Service department at (855) 329-0097 or accountservices@MyMidAmerica.com.

Can I roll another retirement account into my Special Pay Plan?

Yes, you can roll over an eligible retirement account into your Special Pay Plan.

Requesting Distributions

When can I take a distribution?

You are eligible to take a distribution from your account upon retirement or separation of service.

There is an IRS 10% penalty for distributions taken prior to age 59½ for plans such as this. However, if you are at least age 55 upon separation and remain separated, the penalty does not apply. If you return to work prior to age 59½ for the same employer for more than 20% of your preretirement schedule, to avoid the penalty, you should suspend distributions until you reach age 59½.

Am I required to take a distribution?

You are required to begin receiving Required Minimum Distributions (RMDs) by April 1 of the year following (a) attainment of age 70½ or (b) retirement, whichever is later, per IRS tax regulations. If you do not begin receiving your RMD, the IRS applies an excise penalty tax equal to 50% of your total RMD not distributed during the taxable year. Beginning in the year you turn 70½, MidAmerica will send you an annual statement each fall noting the amount of your RMD. If you have more than one 403(b) plan, you have the option to take your total aggregated RMD amount from only one plan.

How do I request a distribution?

You can request a distribution by completing a Distribution Election Form, which can be obtained by logging into your account on our secure website, www.MyMidAmerica.com. Your temporary login is you Social Security number and your temporary password is the last four digits of your Social Security number. You will then be asked to change your username and password.

You can also obtain the form by calling or emailing our Customer Service department at (855) 329-0097 or accountservices@MyMidAmerica.com.

What are my distribution options?

You can choose to take your distribution:

- Monthly
- Quarterly
- Annually
- One time
- Lump sum

If you choose an installment option, the installment must be a minimum of $500. If the funds are less than $500, then you will receive a lump-sum payment in the amount of the available funds.

MidAmerica

What is the loan policy?

Loans are permitted. The maximum loan amount cannot exceed 50% of your vested account balance.

Are there any fees?

No, there are no fees associated with your Special Pay Plan.

Questions?

If you have questions regarding your plan, please contact MidAmerica Administrative & Retirement Solutions (MidAmerica), the plan administrator, at (855) 329-0097 or email us at accountservices@MyMidAmerica.com.

If submitting paper forms, send to:

MidAmerica Administrative & Retirement Solutions
Attn: SP Admin
P.O. Box 149
Lakeland, FL 33802-0149
Fax: (863) 688-4200
distributions@MyMidAmerica.com

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*LIMRA, Not-for-Profit Survey, Q2 2020 results based on 403(b) assets, participants and contributions.

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Let's get started. Contact me today to schedule a call or virtual meeting.

Jean Christie
Financial Professional
Jean.Christie@equitable.com
Tel: (229) 247-1010 | Cell: (229) 403-1623

Equitable Advisors, LLC | 3338 COUNTRY CLUB, VALDOSTA, GA 31605

ValuTeachers™
Secures RETIREMENT Dreams

National Life Group®

Dear Educators and School Employee,

I specialize in helping employees in K–12 schools, like you, secure their retirement dreams and would like to schedule a brief conversation to guide you through your FRS benefits, especially if you are new to your school. Suppose you are intersted in or already participating in D.R.O.P. or BENCOR. In that case, I have crucial information to help you make the right decisions for your future, and I would be happy to review your existing IRA, 403b, or other retirement accounts to ensure you are on track to meet your retirement goals.

Click Here, or scan the QR code to select a day and time that best works for you.

Sincerely,
Natalie Wyrick
Your Retirement Specialist

SCHEDULE TIME
WITH ME

Natalie Wyrick
T: 334-798-0178
E: Nwyrick@ValuTeachers.com
W: www.ValuTeachers.com

Benefits Directory

Medical Benefits

CAPITAL HEALTH PLAN
850-383-3311
www.capitalhealth.com

Dental Insurance

STANDARD INSURANCE COMPANY
800-547-9515
www.standard.com

Group Life Insurance

STANDARD INSURANCE COMPANY
800-547-9515
www.standard.com

Voluntary Insurance Benefits

AMERICAN FIDELITY
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www.americanfidelity.com

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Local 850-531-9908
Headquarters 800-992-3522
1344 Vickers Rd.
Tallahassee FL
www.aflac.com

TEXASLIFE INSURANCE COMPANY
800-283-9233
www.texaslife.com

UNUM GROUP
866-679-3054
www.unum.com

Section 125 Services & Flexible Spending Accounts

American Fidelity
Assurance Company
Mon - Fri, 7 a.m. - 6 p.m. CST
800-662-1113
www.americanfidelity.com

403 (b) Contacts

ASPIRE FINANCIAL AND
LINCOLN FINANCIAL
Kate Clark, Managing Partner
403 E Park Ave
Tallahassee, FL 32301
850-583-5377
www.cypress.capital

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Jean M. Christie
Cell: 229-403-1623
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jean.christie@axa-advisors.com

VALUTEACHERS
Natalie Wyrick
334-798-0178
nwyrick@valuteachers.com

VOYA FINANCIAL
Karen L. Wells
373 East Jefferson St.
Quincy, FL 32351
Office: 850-875-3579
Cell: 850-251-7336

MidAmerica
Attn: SP Admin
P.O. Box 149
Lakeland FL 33802-0149
Fax: (863) 688-4200
distributions@MyMidAmerica.com

Other Contact Information

Gadsden County School District
Finance Department
Shekinah Dawkins
850 627-9651 Ext. 1227

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ASSURANCE COMPANY
Thomas Bell, State Manager
Florida Branch Office
4625 East Bay Drive #213
Clearwater, FL 33764
850-425-1100