WALTON COUNTY
SCHOOL DISTRICT



2026-2027
Benefits Guide

Table of Contents

Benefits Overview 3

Eligibility 3

Welcome to Your
Employee Benefits Destination! 4

Open Enrollment Schedule 2026-2027 5

Medical Benefits 10

Hospital Indemnity Plan (HIP) 18

Life and Accidental Death & Dismemberment
Insurance 19

Dental Benefits 23

Vision Benefits 26

Flexible Spending Account (FSA) 28

Voluntary Life Insurance 35

Voluntary AD&D Insurance 35

Voluntary Short-Term Disability Insurance 38

Voluntary Long-Term Disability Insurance 39

Voluntary Benefits 42

Contact Information 56

Additional Elective Benefits That Are Available ... 57



This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.

Enroll For 2026-2027 Benefits

Benefits Overview

Walton County School District is proud to offer a comprehensive benefits package to eligible, full-time employees. The complete benefits package is briefly summarized in this booklet.

Benefits provided by Walton County School District at no cost to eligible, full-time employees include the employee only medical insurance (BlueChoice Plan 328) OR the hospital indemnity plan (HIP), a life insurance policy and a telemedicine policy. In addition, there are voluntary benefits with reasonable group rates that you can purchase through payroll deductions.

Benefits Offered

- Medical
- Telemedicine
- Dental
- Vision
- Flexible Spending Account (FSA)
- Dependent Care Account (DCA)
- Accidental Death & Dismemberment (AD&D)
- Voluntary Life
- Voluntary AD&D
- Voluntary Short-Term Disability
- Voluntary Long-Term Disability
- Accident Insurance
- Medical Bridge Coverage
- Hospital Indemnity Insurance
- Whole Life Insurance
- Voluntary Cancer Plan



Eligibility

You and your dependents are eligible for Walton County School District benefits on the first of the month following 30 days of employment.

Eligible dependents are your spouse, children under age 30, disabled dependents of any age, or Walton County School District eligible dependents.

- Dependents can be covered up to the age of 30 for health, dental, & vision.
- Grandchildren can be covered for the first 18 months of their life from the date of birth on the medical plan, if born to an already covered dependent.

Elections made now will remain until the next open enrollment unless you or your family members experience a qualifying event, which includes birth, death, adoption, marriage, divorce and gain/loss of coverage. If you experience a qualifying event, you must log on to the benefits enrollment system to submit the qualifying event, update your elections, and upload supporting documents within 30 days of the event. You may contact HR at any time you have questions or need assistance.

WALTON COUNTY
SCHOOL DISTRICT

Welcome to Your Employee Benefits Destination!

Benefit Administration Tool: http://waltoncsd.bswift.com

Know Your Benefit Options

We believe that employees are our greatest resource. We offer a competitive benefit package for you and your family, and the support system to help you make great decisions.

Review the Benefits Destination site to learn about the plan options offered to you:

- Benefit summaries
- Side-by-side comparisons
- Insurance carrier information
- Member service information
- Provider search directories
- Forms and plan documents

Benefit Selection

Click Enroll Now to begin shopping your benefits:

- Step-by-step enrollment guidance
- Cost per paycheck is displayed for each benefit elected.
- Add and manage covered dependents.
- Update beneficiaries.
- Review and submit final elections.
- Print your Benefit Confirmation Statement (BCS) for your records.

Employee Login

- Bswift will be accessible in two different ways. You can access it through your ClassLink Dashboard using single sign-on (SSO), or directly at **http://waltoncsd.bswift.com**.
- For direct access via **http://waltoncsd.bswift.com**, your username will be firstname.lastname (e.g., mickey.hudson), and your temporary password will be the last four digits of your Social Security number. You will be prompted to change your password upon initial login. These changes to your password will not affect your ability to access the system using the ClassLink Dashboard.
- If multiple employees share the same first initial and last name, Bswift will automatically add a number to the username (e.g., mickey.hudson1). If you are in this situation and have any issues logging in, please contact us at **HRbenefits@walton.k12.fl.us** and we will assist.

bswift



Open Enrollment Schedule 2026-2027

Date	Center	Time
Wednesday, August 19, 2026	Emerald Coast Technical College	12:00 – 3:00
Thursday, August 20, 2026	Paxton School	8:00 – 3:00
Friday, August 21, 2026	Mossy Head Elementary	8:00 – 3:00
Monday, August 24, 2026	Bay School	8:00 – 11:30
Monday, August 24, 2026	Magnet Innovation Center (MIC Steam)	12:30 – 3:00
Tuesday, August 25, 2026	Van. R Butler Elementary	8:00 – 3:00
Wednesday, August 26, 2026	Emerald Coast Middle School	8:00 – 3:00
Thursday, August 27, 2026	South Walton High School	8:00 – 3:00
Friday, August 28, 2026	Dune Lakes Elementary	8:00 – 3:00
Monday, August 31, 2026	District Office & Maintenance in Board Room	8:00 – 4:00
Tuesday, September 1, 2026	Freeport Elementary School	8:00 – 3:00
Wednesday, September 2, 2026	Freeport Middle School	8:00 – 3:00
Thursday, September 3, 2026	Freeport High School/Freeport Transportation	8:00 – 3:00
Friday, September 4, 2026	Freeport Learning Center	8:00 – 12:00
Tuesday, September 8, 2026	West DeFuniak Elementary/DeFuniak Learning Center	8:00 – 3:00
Wednesday, September 9, 2026	Walton Middle School	8:00 – 3:00
Thursday, September 10, 2026	Walton High School	8:00 – 3:00
Friday, September 11, 2026	Maude Saunders Elementary	8:00 – 3:00
Monday, September 14, 2026	WISE Center & Transportation in CHAT Room	8:00 – 3:00
Tuesday, September 15, 2026	Last Day for Open Enrollment in CHAT Room Open to All Participants	8:00 - 4:00

ALL ELECTIONS or CHANGES DUE TO BE COMPLETE IN THE ENROLLMENT PLATFORM **NO LATER THAN TUESDAY, SEPTEMBER 15, 2026 @ 4:00 PM**

ALL ENROLLED PLANS WILL BE FOR THE ENTIRE PLAN YEAR OF 10/1/26 – 9/30/27
UNLESS YOU ENCOUNTER A QUALIFYING LIFE EVENT



When Can I Enroll?

New Hires

You must enroll during your new hire eligibility window.

- Benefits are effective **1st of the month following 30 days** of active employment.
- You can begin enrolling as of your **date of hire through your benefit start date** to complete your enrollment.

If you fail to enroll on time, you will be auto enrolled in the Hospital Indemnity Plan (which is NOT medical insurance), and you must either experience a qualifying event or wait until your annual open enrollment to make any changes.

Qualifying Events

If you experience a “Qualifying Event,” such as marriage, birth, adoption, loss of other coverage, etc., you must request the appropriate changes online in the benefits portal and supply the required documentation within **30 days** of the event.

If you are unable to meet this requirement, you may need to wait until open enrollment to make changes.

Open Enrollment

You may enroll and make changes online during the annual open enrollment window.

Once open enrollment has closed, you may not make any changes to your benefit elections unless you experience a qualifying event.

IMPORTANT INFORMATION TO KNOW

- Grandchildren can be covered for the first 18 months of their life from the date of birth, if born to an already covered dependent for health.
- Changes MUST be made within 30 DAYS from the date of the event.
- No pre-taxed deductions can be cancelled except during Open Enrollment.

REQUIRED DOCUMENTS FOR FAMILY COVERAGE

If you elect family coverage in health, dental, or vision, the following documents must be submitted to the HR department within 30 days of enrollment. You can upload your dependent documentation at the time of enrollment or return to the system after open enrollment ends, select enroll now and choose upload documents to submit.

- Copy of Marriage License
- Copy of Birth Certificate for EACH child (Court documents for adoption)
- Copy of Social Security Card for each person being added to a policy.

These are required by the companies**
WARNING!! **DO NOT** SEND ANY OF THESE DOCUMENTS VIA EMAIL. To protect your private information, send documents securely via courier, fax or upload them directly to the benefits enrollment system.

Multi-Employee Dependent Medical Family Plans

Do you have a family member that is also a full-time WCSD employee?

If so, see important information below.

- If your spouse or child is also a benefit eligible WCSD employee AND is on the same family plan, that plan is eligible to receive a district benefit contribution for each WCSD employee on that plan. See example below.
  - » John Doe, Jane Doe and Julie Doe (husband, wife, and daughter) and are all benefit eligible WCSD employees, and Julie Doe is under 30.
  - » They are on the John Doe's family medical plan. John Doe is considered the "member".
  - » John Doe's Family medical plan qualifies to receive the district benefit contribution for all three employees (John, Jane and Julie), but they each must make the proper election when they enroll.
  - » John must select that he is covering 2 WCSD adult dependents when he enrolls.
  - » Jane and Julie must select that they are covered under another WCSD employee medical plan.
  - » Any monthly premium owed will be payroll deducted from John's monthly paycheck.
- Below is a chart that provides multi-employee dependent premiums for each of the family medical plans.

Family Medical Plan	Member + 1 Employee Dependent Payroll Deduction	Member + 2 Or More Employee Dependents Payroll Deduction
BlueChoice Plan 328	$42.73	$0.00
BlueOptions Plan 3769	$456.39	$0.00

Dependent Age-Out

Dependents are eligible for coverage up to a specified age limit based on plan and carrier rules. Termination is based on both age and carrier timing.

Scope

Applies to all employees enrolled in benefit plans that include dependent coverage.

Dependent Age-Out Matrix

Plan Type Carrier	Dependent Age Out	Coverage Termination Timing
Medical Florida Blue	Age 30	End of Calendar Year of 30th Birthday
Dental Florida Combined Life	Age 30	End of Calendar Year of 30th Birthday
Vision Eye Med	Age 30	End of Calendar Year of 30th Birthday
Life (Basic – District Provided) Florida Combined Life	Age 30	End of Calendar Year of 30th Birthday
Term Life (Voluntary) USAble	Age 30	End of Month of 30th Birthday
Accident Colonial	Age 26	End of Month of 26th Birthday
Cancer Colonial	Age 26	End of Month of 26th Birthday
Medical Bridge (GAP) Colonial	Age 26	End of Month of 26th Birthday
Flexible Spending Account Ameriflex	Age 26	End of Plan Year
Dependent Care Ameriflex	Age 13	End of Plan Year

WALTON COUNTY
SCHOOL DISTRICT

Insurance & Benefits Information

Walton County School District offers a wide variety of insurance and benefits options to full-time Board hired employees. Information can be found on our website at **https://www.walton.k12.fl.us/page/insurance-and-benefits.** Please review the facts listed below.

- Benefits paid by Walton County School District include a health insurance policy or hospital indemnity plan (HIP), a life insurance policy, and a telemedicine policy.
- All full-time employees must be enrolled in either the health insurance policy or the hospital indemnity plan. If you currently have health insurance elsewhere that you wish to keep, select the HIP plan.
- You will receive an email from **HRBenefits@walton.k12.fl.us** providing instructions, notification of the required timeline to complete the initial enrollment (within 2 weeks), and an online link to the enrollment platform.
- Enrollment must be completed regardless of whether you want insurance or not. If you do not complete the enrollment through the provided enrollment platform within (30) days of your hire date, you will automatically be enrolled into the HIP plan (an email will be sent with 1st time login information). The HIP plan is not medical insurance, so make sure to complete your enrollment if you want a medical insurance plan.
- When completing the enrollment system, you will need copies of the following for any members you wish to cover. The documents must be scanned and uploaded into the system as a single PDF file.
  - » Social security cards
  - » Birth certificates
  - » Marriage license (if adding a spouse)
- Coverage for the benefits will begin on the first (1st) day of the month following thirty (30) calendar days from your Board approved hire date.
- You must be paid eleven (11) days per calendar month for the District to contribute toward these benefits. This policy also applies to resignation, termination, or retirement. If you have less than eleven (11) paid days per calendar month, you will not receive the district benefit contribution and will be responsible for all premiums.
- Our employees may also take advantage of optional plans for heath, dental, vision, disability and more!



Medical Benefits

Administered by Florida Blue

Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. A little prevention usually goes a long way—especially in healthcare. Routine exams and regular preventive care provide an inexpensive review of your health. Small problems can potentially develop into large expenses. By identifying the problems early, often they can be treated at little cost.

	Bluechoice 328		Blueoptions 03769	
	In-Network	**Out-of-Network**	**In-Network**	**Out-of-Network**
Lifetime Benefit Maximum	Unlimited		Unlimited	
Calendar Year Deductible	$1,500 single $4,500 family	Combined with In-Network	$500 single $1,500 family	$1,500 single $4,500 family
Calendar Year Out-of-Pocket Maximum	$5,000 single $15,000 family *Out-of-pocket maximum applies to coinsurance only - deductibles and copays continue	Combined with In-Network *Out-of-pocket maximum applies to coinsurance only - deductibles and copays continue	$3,000 single $6,000 family *Out-of-pocket maximum includes coinsurance, deductible and copays	$6,000 single $12,000 family *Out-of-pocket maximum includes coinsurance, deductible and copays
Coinsurance	30%	50%	20%	50%
DOCTOR'S OFFICE				
Primary Care Office Visit	$20 copay	50% after deductible	$25 copay	50% after deductible
Specialist Office Visit	30% after deductible	50% after deductible	$60 copay	50% after deductible
Preventive Services Adult Wellness and Well Child Services	$0 copay*; Independent clinical laboratory: 30%	50%**; Mammograms	$0 copay	50%**; Mammograms & colonoscopies
Diagnostic Testing (e.g., lab, x-ray)	Physician office: Family physician— $20 copay, Specialist— 30% after deductible; Independent clinical laboratory: 30%; Independent diagnostic testing center and outpatient hospital facility: 30% after deductible	50% after deductible***; Independent clinical laboratory: 50%	Physician office: Family physician— $25 copay, Specialist— $60 copay; Independent clinical laboratory: $0 copay; Independent diagnostic testing center: 20% after deductible; Outpatient hospital facility: option 1 and 2— 20% after deductible	50% after deductible
Advanced Imaging (AIS) (MRI, MRA, PET, CT & nuclear medicine)	Physician office: Family physician— $20 copay, Specialist— 30% after deductible; Independent diagnostic testing center and outpatient hospital facility: 30% after deductible	50% after deductible	20% after deductible	50% after deductible

	Bluechoice 328		Blueoptions 03769	
	In-Network	Out-of-Network	In-Network	Out-of-Network
PRESCRIPTION DRUGS				
Retail—Generic (30-day supply)	$15 copay	50%[1]	$15 copay	50% of the non-participating pharmacy allowance[1] Note: Pharmacy Deductible Per (BP) $0
Retail—Brand (30-day supply)	$50 copay	50%	$30 copay	50% of the non-participating pharmacy allowance
Retail—Non-Preferred (30-day supply)	$80 copay	50%	$50 copay	50% of the non-participating pharmacy allowance
Mail Order—Generic (90-day supply)	$30 copay	50%	$30 copay	50% of the non-participating pharmacy allowance
Mail Order—Brand (90-day supply)	$100 copay	50%	$60 copay	50% of the non-participating pharmacy allowance
Mail Order—Non-Preferred (90-day supply)	$160 copay	50%	$100 copay	50% of the non-participating pharmacy allowance
HOSPITAL SERVICES				
Emergency Room (per visit)	$50 PVD plus 30% after deductible		$300 copay	
Inpatient (per admit)	$150 PAD plus 30% after deductible	$300 PAD plus 50% after deductible	20% after deductible	50% after deductible
Outpatient Surgery (per visit)	30% after deductible	50% after deductible	20% after deductible	50% after deductible
Ambulance Service	30% after deductible		20% after deductible	
MENTAL HEALTH SERVICES				
Inpatient Services	$0 copay	50%	$0 copay	50%
Outpatient Services	$0 copay	50%	$0 copay	50%
SUBSTANCE ABUSE SERVICES				
Inpatient Services	$0 copay	50%	$0 copay	50%
Outpatient Services	$0 copay	50%	$0 copay	50%

	Bluechoice 328		Blueoptions 03769	
	In-Network	Out-of-Network	In-Network	Out-of-Network
OTHER SERVICES				
Maternity Services	30% after deductible	50% after deductible	$60 copay for initial visit****	50% after deductible
All other maternity hospital/physician services	30% after deductible	50% after deductible	20% after deductible	50% after deductible
Muscle Manipulation Services	30% after deductible	50% after deductible	20% after deductible	50% after deductible
Physical, Occupational and Speech Therapy Services	30% after deductible	50% after deductible	$60 copay	50%
Skilled Nursing 60-day calendar year maximum	30% after deductible	50% after deductible	20% after deductible	50% after deductible

*applies for Office Services, Convenient Care Center and Mammograms & Colonoscopies.

**applies for Office Services, Convenient Care Center, Colonoscopies and Independent Clinical Laboratory.

***applies for Physician Office, Independent Diagnostic Testing Center and Outpatient Hospital Facility.

****Physician or Midwife Services provided to you for routine pregnancy, delivery, miscarriage or pregnancy complications. If your plan includes a Copayment for office Services, you will usually only have one Copayment, due on the first visit, for all prenatal care, the delivery and your follow-up visits to your obstetrician or Midwife. This Copayment applies only to Physician or Midwife Services relating to the pregnancy; any visits you have due to illness not related to the pregnancy may require a separate per-visit Copayment.

Employee Contributions For Benefits

Benefit Plan	Monthly
MEDICAL/RX BLUECHOICE 328	
Employee	$0.00
Family	$885.79
MEDICAL/RX BLUEOPTIONS 03769	
Employee	$200.68
Family	$1,297.45



Florida Blue

Florida Blue Group #78831
800.352.2583
www.floridablue.com

Making the Most of Your Medical Plan

Healthcare can be expensive, but there are steps you can take to keep your costs in check while ensuring quality healthcare for you and your family.



Try E-Office Visits

Getting sick at work, at night, or on weekends can be disruptive and plain uncomfortable. An E-Office Visit allows you to see a doctor from your couch, the parking lot at work, or even vacation 24 hours a day, 7 days a week from your computer or smartphone. Call the number on the back of your ID card or log into **www.floridablue.com** for more information.



Stay In-Network

BlueChoice plans: Coverage is available both in- and out-of-network, though your costs will be significantly lower if you use **BlueChoice** network provider.

BlueOptions plan: Coverage is available both in- and out-of-network, though your costs will be significantly lower if you use **BlueOptions** network provider.



Use Outpatient Testing Centers

The larger the building, the larger the bill. When possible, have your lab work and scans (MRI, CT, x-ray, etc.) at smaller outpatient diagnostic facilities instead of the hospital. Smaller centers have the same – or better – quality treatment for less money.



Save the Emergency Room for Emergencies

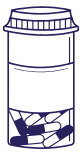
Emergency rooms are loud, stressful, full of germs, and very expensive. Emergencies are life threatening and include chest pain, head injuries, traumatic injuries, severe burns, asthma attacks, severe allergic reactions, etc. For less urgent medical needs, an E-Visit or Urgent Care might offer you better care at a lower cost.

Consider An E-Visit For:		Consider Urgent Care For:		Use The Emergency Room For:	
Cold or flu Sinus or ear infection Pinkeye UTI / bladder infection	Less than **$30** cost of a typical E-Visit	Sprains, broken bones Stitches Vomiting or diarrhea Animal bites	**$150** cost of a typical Urgent Care Visit	Life threatening conditions or symptoms	**$1,000+** cost of a typical Emergency Room Visit



Shop Around

If you need surgery, an expensive scan (like an MRI or CT), or just aren't sure about how much something costs, check the cost estimator available on **www.floridablue.com**. This tool can help you locate an in-network provider in your area as well as help you identify providers who offer great care at a great cost.



Switch to Mail Order Medication

HOW TO GET STARTED:

To learn more about Amazon Pharmacy's home delivery services, call the number on the back of your member ID card and say, "Pharmacy" or log on to your Florida Blue Member Account and see the **Pharmacy section** under **My Plan.** Click on Home Delivery Pharmacy Services, SEE SIGN-UP DETAILS. (Member will need phone # and payment information. If payment information is not provided, it will be required upon check out on Amazon Home Delivery.)

Don't pay more than you should.

Compare costs and save money.

- The quality and price of medical services can vary depending on where you go for office visits, imaging services and surgery, including inpatient and outpatient care.
- Compare quality and cost before you go, and then decide what's best for your care.
- Cost estimates for office visits and procedures are based on where you stand with your deductible.[1] Your costs are lower after your deductible is met—pay only coinsurance or a copay for in-network services.
- To get cost estimates, simply log in at **floridablue.com**. Depending on your view, select **Find Care** or **Tools**, then **Compare Medical Costs**.

Check doctor ratings.

- See patient reviews on important factors like trust, communication, availability and environment.
- To read reviews, log in at **floridablue.com**. Once you find a doctor using the search tool, click **See Patient Reviews.**

We're here to help:

Click
Log in at **floridablue.com**.

Call
a Care Consultant at **888-476-2227.**

Visit
floridabluecenters.com or call **877-353-5830** to talk with a member of your local Florida Blue Center team.

Surgery Cost Example	
Inpatient or Outpatient Select back, leg, pelvis & more.	**Cost Range** Your actual cost can be estimated by a Care Consultant.
Health Care Facility A	$21,710 - $24,423
Health Care Facility B	$17,752 - $19,970
Health Care Facility C	$13,197 - $15,395

Imaging Cost Example	
MRI, Scan or X-ray Select ankle, back, foot & more.	**Your cost** Before your deductible is met.
Imaging Facility A	$797
Imaging Facility B	$689
Imaging Facility C	$1,569

Office Visit Cost Example	
Primary or Specialist Select allergy, cardiology, dermatology & more.	**Your cost** Before your deductible is met.
Health Care Provider A	$181
Health Care Provider B	$326
Health Care Provider C	$177

On floridablue.com, you'll also see a detailed cost break down, plus the health care provider or facility name, phone number, address, credentials, quality programs, approvals if needed, and patient ratings when available.

Florida Blue
Your local Blue Cross Blue Shield

Not all medications are alike—know before you go to the pharmacy.

Find out...

- **Is my prescription drug covered?** If not, discounts may be available through Florida Blue Prescription Drug Savings Card.
- **Is this a generic drug?** Great! You're saving money.
- **Is preapproval required?** Some drugs require prior authorization from your doctor. To find out more, visit **floridablue.com/checkfirst**.
- **Is a limited quantity covered per prescription?** If so, your plan will cover up to the one month maximum and you can pay for more.
- **Is this a brand-name drug?** Ask your doctor or pharmacist if there is a generic version available that's right for you.
- **Is this drug in the Step Therapy program?** If so, ask your doctor about other drugs that you need to try first.
- **Is this an oral or injectable specialty drug?** You'll get these through a specialty pharmacy in your network, either CVS Caremark at **866-278-5108** or Accredo Specialty at **888-425-5970**.
- **Is this a diabetic supply?** Supplies such as blood glucose testing strips and tablets, lancets, glucometers, and acetone test tablets and/or syringes require a prescription that you can fill at your local pharmacy.
- **Is this a drug that you take on an ongoing basis?** If your plan has a home delivery option, order up to a three-month supply and pay less than you would for monthly refills at your local pharmacy.

Find participating pharmacies at **floridablue.com.**

Cost Comparison Of Cholesterol Drugs

Costs before deductible is met.	**Brand:** Vytorin	**Generic:** Ezetimbe-simvastatin
Pharmacy A	$342	$114
Pharmacy B	$336	$126
Pharmacy C	$340	$114
Home Delivery (90-day)	$956	$340

Call
a Care Consultant at **888-476-2227.**

Click
Log in at **floridablue.com.** Select **Find Care** or **Tools**, then **Compare Drug Prices**.

Step 1: Enter the drug name (or search by alphabet).

Step 2: Select pharmacies based on zip code.

Step 3: Compare prices and lower-cost options when available. Plus, see when Step Therapy, Prior Authorization or other requirements apply.

Visit
floridabluecenters.com or call **877-353-5830** to talk with a member of your local Florida Blue Center team.

[1]The Compare Medical Cost tool provides a cost estimation only. Estimates are not intended to be an exact calculation of claim payment and do not contain all health plan terms, conditions, limitations and exclusions that may apply to your coverage.

Florida Blue contracts with Prime Therapeutics, LLC to provide pharmacy benefit management, and with Express Scripts Inc., to provide home delivery pharmacy services.

Florida Blue is a trade name of Blue Cross and Blue Shield of Florida, Inc., an Independent Licensee of the Blue Cross and Blue Shield Association. We comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-352-2583 (TTY: 1-877-955-8773).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-352-2583 (TTY: 1-800-955-8770)

As a courtesy, Florida Blue has entered into an arrangement with Health Dialog® to provide decision support services. Florida Blue has not certified or credentialed, and cannot guarantee or be held responsible for, the quality of services provided by this vendor. Please remember that all decisions pertaining to medical/clinical judgment should be made with your physician or other health care provider. Florida Blue and Health Dialog do not provide medical care or advice.

94147.1220R

amazon pharmacy

Florida Blue

Home Delivery from Amazon Pharmacy

A new way to save on medications

Amazon Pharmacy offers a home delivery service that lets you easily order and quickly get your non-specialty prescription medication[1] delivered at home.

And as a Florida Blue member, you get access to MedsYourWay™ prescription drug discount card pricing. The prescription discount card[2] gives you up to 80% savings[3] on brand and generic medicines and is seamlessly built into the Amazon Pharmacy experience. You can get the lowest cost available while saving time and money. Using the MedsYourWay discount card is not insurance; however, using it for covered medications[4] will also count toward your out-of-pocket maximum.

SHOP Easy to use

Amazon Pharmacy makes ordering your medications easier because it's like shopping on Amazon:

- Easy sign up, which includes the option to have your account auto-populated with your prescription history.
- Option for 90+ day supply.
- Pharmacists on call 24/7.
- Ability to manage your medication and order history.

SAVE Built-in drug discount card

Some drugs may be available at lower prices with a discount card. MedsYourWay discount pricing is built right into the Amazon Pharmacy experience.

- At check out, you'll see the lowest cost available for your medication. That's the price you'll pay.
- MedsYourWay discount card pricing is not insurance; however, all prescribed and covered purchases, whether paying a copay or using the discount card pricing, automatically count toward your annual out-of-pocket maximum.

SHIP Convenient home delivery

Skip the pharmacy line with home delivery.

- Fast delivery: Amazon Prime members get 2-day no-cost shipping on most orders; standard no-cost shipping for non-Amazon Prime members is 5-day but can be expedited to 2-day delivery for an additional fee.
- Real-time package tracking from order to delivery.

To learn more about Amazon Pharmacy's home delivery services, call the number on the back of your member ID card and say, "Pharmacy."

Or log on to your Florida Blue Member Account and see the **Pharmacy section** under **My Plan.**

1 Amazon Pharmacy does not dispense Schedule 2 controlled substance drugs.

2 MedsYourWay prescription drug discount card, administered by Inside Rx LLC, is not insurance. You are responsible for the cost of prescription(s) when using the card. Limitations apply. The discount pricing card is automatically available to all members with no additional sign up needed. The card is electronic only, a physical card will not be mailed.

3 Average savings based on usage and Inside Rx data as compared to cash prices; average savings are up to 80% for all generics and 37% for select brand medicines. Restrictions apply.

4 If your medicine has an unfulfilled requirement, the cost may not count towards your (accumulator) out-of-pocket maximum. Typical requirements include prior authorization (PA) needed, quantity limit exceeded or step therapy needed.

Amazon Pharmacy is an independent company contracted to provide Pharmacy Home Delivery services for both Florida Blue and Florida Blue HMO. Health insurance is offered by Florida Blue. HMO coverage is offered by Florida Blue HMO, an affiliate of Florida Blue. These companies are Independent Licensees of the Blue Cross Blue Shield Association. 109130 0322

7149-F1 FL 03/22 © 2021 Prime Therapeutics LLC 10014866



PROGRAM FOR EXPECTING PARENTS

Every expectant mother wants the best for her baby. Florida Blue has found some great ways to help you give your baby the best health care available, even before he or she is born. Our Healthy Addition Prenatal Program works with you and your health care provider to help you have a healthy pregnancy.

FREE FOR MOMS-TO-BE

The Healthy Addition Prenatal Program and its staff are dedicated to the good health of all mothers and their babies. As a member of Healthy Addition, you will receive the following to encourage good health practices during pregnancy:

- Pregnancy risk screening and monitoring
- Education on healthy lifestyle, nutrition and adequate hydration
- Prenatal education and information
- Emotional support and answers to questions and concerns

WARNING SIGNS OF PRETERM LABOR

Notify Ob/Gyn if you have:

1. Uterine contractions
2. Menstrual-like cramps
3. Low dull backaches
4. Pelvic pressure
5. Unusual discharge or bleeding

Contact us today to find out more.

Email
healthyaddition@floridablue.com

Call
1-800-955-7635, Option 6
Monday - Friday,
8 a.m. - 5:30 p.m. EST

Florida Blue is a trade name of Blue Cross and Blue Shield of Florida Inc., an Independent Licensee of the Blue Cross and Blue Shield Association.

85286 1015

Hospital Indemnity Plan (HIP)

Employees that have access to other Medical coverage and choose to waive, i.e. do NOT enroll in one of Walton County School District's group Medical plans, will be enrolled in the following package of benefits at no cost.

Hospital Indemnity Plan	$50 a day
Intensive Care	$100 a day
Convalescent Care	$25.00 a day
Life and AD&D Insurance	$20,000
Dependent Life Insurance	$2,500
Short-Term Disability	60% of weekly salary up to $350.00 per week, begins on the 30th day and pays up to a maximum of 52 weeks

Forms to file claims can be obtained from the HR page on the District website at **www.walton.k12.fl.us** under the Insurance & Benefit section or you can contact the HR Department at **HRBenefits@walton.k12.fl.us**.

A Hospital Indemnity Plan (HIP) is provided to employees **waiving our medical coverage**. Employee coverage is 100% paid for by Walton County School District.

Hospital Indemnity Plan: pays you $50 per day of inpatient hospitalization (at least 24 hours), and $100 per day for ICU. Benefits begin on the first night and pay up to 365 days.

Group Term Life, Accidental Death and Dismemberment Insurance, Dependent Life, Supplemental Term Life, Supplemental Accidental Death and Dismemberment, & Short-Term Disability

Life and Accidental Death & Dismemberment Insurance

Administered by Florida Combined Life

All Active Full-Time Employees of Walton County School District Enrolled in the Medical Coverage Life Insurance

Life insurance provides financial security for the people who depend on you. Your beneficiaries will receive a lump sum payment if you die while employed by Walton County School District. The company provides basic life insurance of $10,000 at no cost to you if you participate in the medical plans offered by Walton County School District.

Accidental Death and Dismemberment (AD&D) Insurance

Accidental Death and Dismemberment (AD&D) insurance provides payment to you or your beneficiaries if you lose a limb or die in an accident. Walton County School District provides AD&D coverage of $10,000 at no cost to you. This coverage is in addition to your company-paid life insurance described above if you participate in the medical plans offered by Walton County School District.

Dependent Life

Dependent Life is provided by Walton if they participate in the medical plans offered, administered by Florida Combined Life:

- Spouse Amount $2,500
- $2,500 – age 6 months and over
- Child(ren) $100 – age live birth to 6 months

Life and AD&D—Florida Combined Life
Group #76031 Florida Combined Life
888.223.4892

Life and Accidental Death & Dismemberment Insurance (continued)

Administered by Florida Combined Life

All Active Full-Time Employees of Walton County School District Not Enrolled in the Medical Coverage Life Insurance

Life insurance provides financial security for the people who depend on you. Your beneficiaries will receive a lump sum payment if you die while employed by Walton County School District. The company provides basic life insurance of $20,000 at no cost to you if you participate in the medical plans offered by Walton County School District.

Accidental Death and Dismemberment (AD&D) Insurance

Accidental Death and Dismemberment (AD&D) insurance provides payment to you or your beneficiaries if you lose a limb or die in an accident. Walton County School District provides AD&D coverage of $20,000 at no cost to you. This coverage is in addition to your company-paid life insurance described above if you participate in the medical plans offered by Walton County School District.

Dependent Life

Dependent Life is provided by Walton if they participate in the medical plans offered, administered by Florida Combined Life:

- Spouse Amount $2,500
- $2,500 – age 6 months and over
- Child(ren) $100 – age live birth to 6 months

Life and AD&D—Florida Combined Life
Group #76031 Florida Combined Life
888.223.4892

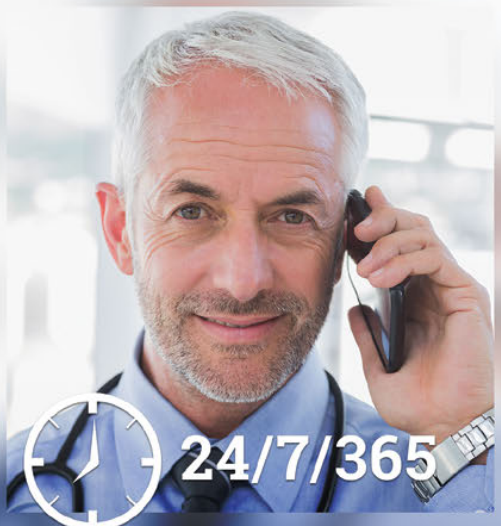
CONVENIENT CARE ANYWHERE

1.800MD™

MEMBER INFORMATION

Providing Fast And Convenient Care For Your Medical Needs...





COMMONLY TREATED CONDITIONS

- Allergies
- Arthritic Pain
- Cold & Flu
- Tonsillitis
- Laryngitis
- Pharyngitis
- Skin Infections
- Gastroenteritis
- Ear Infection
- Pink Eye
- Insect Bites
- Minor Burns
- Respiratory Infections
- Sinusitis
- Sprains and Strains
- Urinary tract Infection
- Consulting for International and Domestic Travel
- AND MUCH MORE!

- **Access to licensed, board-certified physicians**
- **Little or no time missed from work**
- **No crowded waiting rooms or appointment times**



HOW IT WORKS

1 Activate

Activate your account online at **www.1800MD.com** or by calling member services at **1.800.530.8666.** Once activated, you will need to setup your member profile and complete your electronic health record. **Health and pharmacy information must be completed before requesting a consultation.**

2 Request a Consult

Login to your account online or call member services at **1.800.530.8666** to request a consult anytime 24/7.

3 Receive Care

Receive diagnosis and treatment. 1.800MD provides quality care and peace of mind wherever you are.



FAQ's

What is 1.800MD?

1.800MD is a national telehealth company specializing in convenient, quality medical care. With board-certified physicians in all 50 states*, those in need can obtain diagnosis, treatment and a prescription, when necessary, through the convenience of a telephone and digital communications.

**Subject to state regulations.*

I have a pre-existing condition. Will 1.800MD still accept me?

Absolutely! 1.800MD is not insurance. We do not deny access to quality care because of pre-existing conditions.

Can I get a consultation after hours or on weekends?

Yes. 1.800MD is available 24 hours a day, seven days a week and 365 days a year.



BENEFITS TO YOU

CONVENIENCE
Talk to a doctor any time, day or night, on the weekend or when traveling away from home. No inconvenience or hassle of traveling to the doctor's office, urgent care or ER and waiting to be seen.

SAVES MONEY
1.800MD reduces unnecessary doctor's office and emergency room visits. Up to 70 percent of all urgent care and emergency room visits are unneeded, costly and can be handled with a 1.800MD telephone or video consultation.

QUALITY CARE
With an average of 15 years of internal medicine, family practice or pediatrics experience, you can rest assured each physician is properly licensed in your state, board-certified and verified by the National Physician Data Base and the American Medical Association.

CONTINUITY OF CARE
Real-time access to medical records, and the ability to send them to your primary care physi-cian or other providers.

WELLNESS AND PREVENTATIVE HEALTH TOOLS
The 1.800MD member portal contains information and tools to help you make informed health care decisions.

E-PRESCRIPTIONS
If a 1.800MD physician recommends medication as part of your treatment plan, the prescription will be digitally sent to the local pharmacy of your choice.



CONVENIENT CARE ANYWHERE
1.800MD™

CALL 1.800.530.8666

1.800MD does not replace the primary care physician. 1.800MD does not guarantee that a prescription will be written. 1.800MD operates subject to State regulations and may not be available in certain States. 1.800MD does not prescribe DEA controlled substances, non-therapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. 1.800MD physicians reserve the right to deny care for potential misuse of services.

2

Dental Benefits

Administered by Florida Combined Life

Good oral care enhances overall physical health, appearance and mental well-being. Problems with the teeth and gums are common and easily treated health problems. Keep your teeth healthy and your smile bright with the Walton County School District dental benefit plan.



Services	Low Plan	
	IN-NETWORK PPO	OUT-OF-NETWORK PPO
Calendar Year Deductible	$50 per person $150 family limit	$50 per person $150 family limit
Calendar Year Benefit Maximum	$1,000	$1,000
Preventive Dental Services (periodic oral evaluation, comprehensive oral evaluation, bitewing x-rays, two films, cleanings – adult/child, fluoride treatment – child, office visits)	0%*	20%*
Basic Dental Services (space maintainers – fixed – unilateral, x-rays – intraoral/complete series, sealant – per tooth, amalgam restorations (silver fillings), resin-based restorations – anterior, extractions – routine and surgical, root canal molar, periodontal scaling & root planing – per quad)	40% after deductible*	40% after deductible*
Major Dental Services (osseous surgery-4 or more contiguous teeth, crowns – porcelain fused to noble metal, complete dentures, pontic – porcelain fused to noble metal, partial dentures, surgical placement of implant body – endosteal implant, implant supported porcelain fused to metal crown (titanium, high noble metal))	70% after deductible*	70% after deductible*
Orthodontia Services	N/A	N/A

* Percentage of allowable charge.

Note 1: The majority of dentists' fees are within our allowed charges, however, you will be responsible for any fees in excess of the allowed amount.
Note 2: Non-Participating Dentists may charge fees in excess of our Fee Schedule and may bill you for the difference.

Florida Blue

Dental Insurance – Florida Combined Life Group #76031
Florida Combined Life
888.223.4892
www.floridabluedental.com

Dental Benefits (continued)

Administered by Florida Combined Life

Services	High Plan	
	IN-NETWORK PPO	OUT-OF-NETWORK PPO
Calendar Year Deductible	$50 per person $150 family limit	$50 per person $150 family limit
Calendar Year Benefit Maximum (Per Plan Year Per Person)	$2,000	$2,000
Preventive Dental Services (periodic oral evaluation, comprehensive oral evaluation, bitewing x-rays, two films, cleanings – adult/child, fluoride treatment – child, office visits)	0%*	0%*
Basic Dental Services (space maintainers – fixed – unilateral, x-rays – intraoral/complete series, sealant – per tooth, amalgam restorations (silver fillings), resin-based restorations – anterior, extractions – routine and surgical, root canal molar, periodontal scaling & root planing – per quad)	20% after deductible*	20% after deductible*
Major Dental Services (osseous surgery-4 or more contiguous teeth, crowns – porcelain fused to noble metal, complete dentures, pontic – porcelain fused to noble metal, partial dentures, surgical placement of implant body – endosteal implant, implant supported porcelain fused to metal crown (titanium, high noble metal))	50% after deductible*	50% after deductible*
Orthodontia Services	50% to $1,000 lifetime maximum (Child(ren) to age 19)	50% to $1,000 lifetime maximum (Child(ren) to age 19)

* Percentage of allowable charge.

Note 1: The majority of dentists' fees are within our allowed charges, however, you will be responsible for any fees in excess of the allowed amount.
Note 2: Non-Participating Dentists may charge fees in excess of our Fee Schedule and may bill you for the difference.

Dental Employee Contributions

Benefit Plan	Monthly	
Dental Rates	Low Plan	High Plan
Employee	$27.60	$54.38
Employee + Spouse	$54.12	$106.70
Employee + Child(ren)	$61.92	$122.12
Family	$88.48	$174.42

Florida Blue

Dental Insurance – Florida
Combined Life Group #76031
Florida Combined Life
888.223.4892
www.floridabluedental.com

Florida Combined Life
An Independent Licensee of the Blue Cross and Blue Shield Association

Benefit Summary

BlueDental Choice℠ Plus

A healthy mouth can have a positive impact on your overall health, especially if you've been diagnosed with certain medical conditions. Gum disease and tooth decay can even make some health conditions worse. Taking care of your teeth and gums now can save you time, pain and money later on. A BlueDental Choice plan can help improve the health of you and your family.

Go ahead and smile—you can afford to

Our low cost, flexible BlueDental Choice Plus plan stresses preventive care and offers many valuable benefits, including major restorative services. You can choose any dentist, in or out of network; however, using a dentist in our network offers you richer benefits.

Choice Plus plan benefits

- Access to a large PPO dental network[1] in Florida and nationwide
- Discounts on braces and cosmetic dental work[2]
- No claim forms to file when visiting a participating dentist
- No referrals or authorizations when you need to see a specialist

Oral Health for Overall Health℠

When you have medical and dental coverage with Florida Blue, you are automatically enrolled in our Oral Health for Overall Health program, if you have a qualifying medical condition.[3]

- There is no extra cost to participate
- Benefits are covered 100%, with no deductibles or coinsurance when visiting a participating provider
- Benefits don't apply to your calendar-year maximum
- There are no waiting periods

Maximum Rollover

Your benefits go further with Maximum Rollover, which lets you save a portion of unused benefit dollars for use in future years.[4]



Your dental benefit dollars can add up

- Can help you plan for major services in the future
- Have additional benefit dollars available if you have an unexpected or emergency dental procedure
- There are no fees or paperwork to complete

To find a dentist in our BlueDental Choice network, visit **floridabluedental.com/find-a-dentist** and select BlueDental Choice from the Plan Type list.

Questions?

Our Customer Service Associates can help! Just call 1-888-223-4892, Monday through Friday, 8:00 a.m. to 8:00 p.m., or visit **floridabluedental.com**.

Vision Benefits

Administered by MetLife - Davis Vision

Regular eye examinations can not only determine your need for corrective eyewear but also may detect general health problems in their earliest stages. Protection for the eyes should be a major concern to everyone.

Service	Low Plan	
	IN-NETWORK (any insight network (Walmart provider)	**OUT-OF-NETWORK** (Reimbursement) (any qualified non-network provider of your choice)
Eye Exam once every 12 months	$20 copay	Up to $45
LENSES — ONCE EVERY 12 MONTHS		
Single Vision Lenses	$20 copay	Up to $30
Lined Bifocal Lenses	$20 copay	Up to $50
Lined Trifocal Lenses	$20 copay	Up to $65
Frames once every 24 months	$0 copay; 20% off balance over $100 allowance	Up to $55
CONTACT LENSES — ONCE EVERY 12 MONTHS IF YOU ELECT CONTACTS INSTEAD OF LENSES/FRAMES		
Contact Lenses Exam / Fitting	Contacts – conventional: $0 copay, 15% off balance over $100 allowance; Contacts – disposable: $0 copay, 100% of balance over $100 allowance	Up to $70
Contact Lenses Benefit (Elective)	$100 allowance	Up to $80
Contact Lenses Benefit (Medically Necessary)	Covered in full	Up to $210



MetLife

Vision
833.EYE.LIFE
mybenefits.metlife.com

Vision Benefits (continued)

Administered by MetLife - Davis Vision

Service	High Plan	
	IN-NETWORK (any insight network (Walmart provider)	**OUT-OF-NETWORK** (Reimbursement) (any qualified non-network provider of your choice)
Eye Exam once every 12 months	$10 copay	Up to $26
LENSES — ONCE EVERY 12 MONTHS		
Single Vision Lenses	$25 copay	Up to $30
Lined Bifocal Lenses	$25 copay	Up to $50
Lined Trifocal Lenses	$25 copay	Up to $65
Frames once every 24 months	$0 copay; 20% off balance over $130 allowance	Up to $70
CONTACT LENSES — ONCE EVERY 12 MONTHS IF YOU ELECT CONTACTS INSTEAD OF LENSES/FRAMES		
Contact Lenses Exam / Fitting	Contacts – conventional: $0 copay, 15% off balance over $130 allowance; Contacts – disposable: $0 copay, 100% of balance over $130 allowance	Up to $91
Contact Lenses Benefit (Elective)	$130 allowance	Up to $105
Contact Lenses Benefit (Medically Necessary)	$0 copay	Up to $210

Vision Employee Contributions

Benefit Plan	Monthly
VISION RATES LOW PLAN	
Employee	$5.32
Employee + Spouse	$7.62
Employee + Child(ren)	$10.65
Family	$11.41
VISION RATES HIGH PLAN	
Employee	$7.53
Employee + Spouse	$14.19
Employee + Child(ren)	$14.91
Family	$21.82

MetLife

Vision
833.EYE.LIFE
mybenefits.metlife.com

Flexible Spending Account (FSA)

Administered by Ameriflex

You can save money on your healthcare and/or dependent day care expenses with an FSA. You set aside funds each pay period on a pretax basis and use them tax-free for qualified expenses. You pay no federal income or Social Security taxes on your contributions to an FSA. (That's where the savings comes in.) Your FSA contributions are deducted from your paycheck before taxes are withheld, so you save on income taxes and have more disposable income.

Healthcare Spending Plan Limit	$3,400
Dependent Care Spending Plan Limit	$7,500 ($3,750 for married filing separately)

Paying For Healthcare

Walton County School District offers several ways to set aside pre-tax dollars to pay for medical, prescription drug, dental and vision care expenses. The healthcare accounts available to you depend on the medical plan you choose.

	FSA
What medical plan can I choose?	PPO plan
What expenses are eligible?	Medical, prescription, dental & vision care (See **IRS publication 502** for the types of expenses that may be eligible)
When can I use the funds?	All of the funds you elect for the year are available on October 1
Can I roll over funds each year?	Yes, $680.00 can be rolled over from one year to the next. Any roll over funds must be used in the following year.
How do I pay for eligible expenses?	With your **Ameriflex** debit card (You can also submit claims for reimbursement online at **www.myameriflex.com/participants**)
How much can I contribute each year?	You can contribute $3,750 for the Healthcare Spending Plan or $7,500 for the Dependent Care Plan in 2026.
Can I change my contributions throughout the year?	No, unless you have a qualifying life event

Ameriflex®

Flexible Spending Account Ameriflex
888.868.3539
www.myameriflex.com/participants
Email: **service@myameriflex.com**

Flexible Spending Account

Why You'll Love It

- Can be used to pay for thousands of eligible medical expenses.
- You can use your entire yearly contribution starting day one.
- A Grace Period or Rollover may be available to you. Check with your employer for more information.

▸ **myameriflex.com/participants**

An FSA can help you prepare for everyday healthcare needs

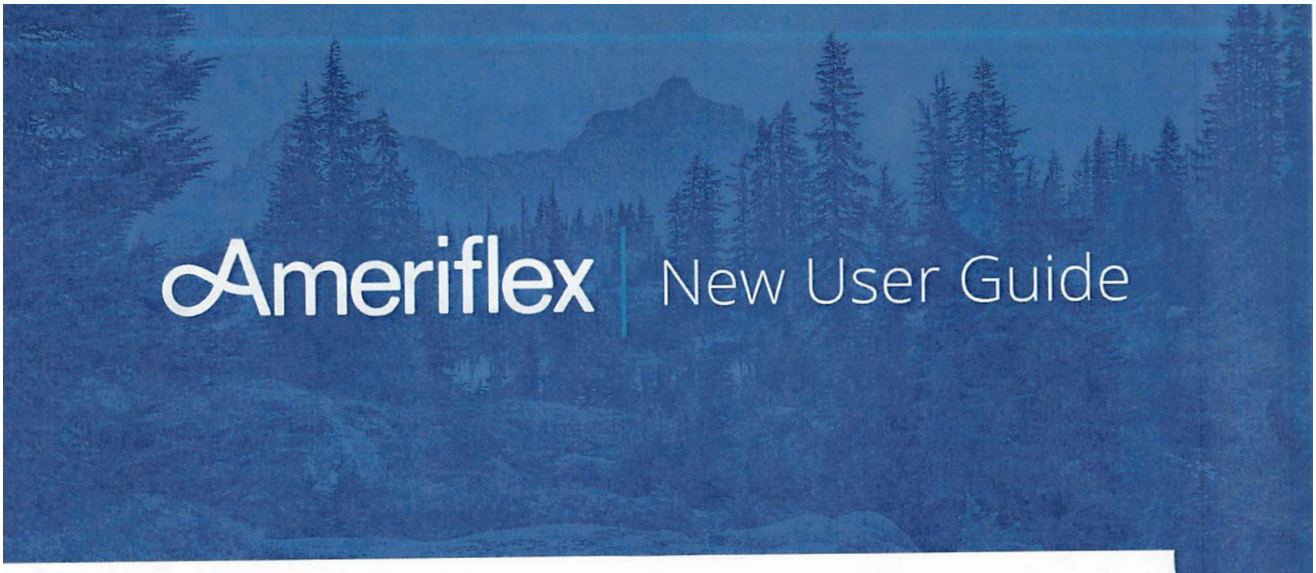
Use your FSA to pay for expenses such as:

- Deductibles
- Copays
- Prescriptions
- Orthodontia
- Teeth cleaning
- LASIK
- Glasses and contact lenses
- Band-aids
- Sunscreen
- Over-the-counter medicine
- Feminine menstrual care

2026 Contribution Limit	
Healthcare Spending Plan Limit	$3,750
Dependent Care Spending Plan Limit	$7,500

For a full list of eligible expenses, go to

▸ **myameriflex.com/eligibleexpenses**



Welcome to Ameriflex

We're excited to be your partner in health savings. We designed this guide to help you get the most out of your benefits and show you where to go if you need help or have questions. From tracking your account balance and spending, to using your card and understanding eligible expenses, you'll find everything you need to manage your account with ease.

Register Your Account

If you haven't registered your account, go to myameriflex.com/login and select New User Registration.[24] After registering, you can log into your account to:

- Check your balance
- Order replacement cards
- Submit claims for reimbursement
- Update your reimbursement method, and more...



Mobile App

If you have an Apple or Android device, be sure to download the Ameriflex mobile app. This is the quickest and easiest way to access your account on the go. The mobile app offers the same functionality as your online account.

GET IT ON Google Play

Download on the App Store

Using Your Ameriflex Card

You'll receive a Mastercard debit card linked to your Ameriflex account that can be used to pay for eligible expenses. If you have more than one account, such as a flexible spending account and dependent care account, your card is linked to both accounts and knows which funds to pull from when you make a purchase. If you lose your card, you can request a complimentary replacement by logging into your Ameriflex account or the Ameriflex mobile app.



Eligible Expenses

Before you make a purchase, it's important to verify that the expense is eligible under the rules of your plan. Flexible spending accounts (FSA) and health savings accounts (HSA) reimburse a wide variety of expenses such as copays, dental and vision, prescriptions, etc. Health reimbursement arrangements (HRA) and dependent care accounts (DCA) reimburse specific expenses unique to those accounts. Visit our Help Center for more information about eligible expenses.

Dependent Care Account

Why You'll Love It

- Makes daycare, nursery school, and elder care more affordable.
- Reduces your taxable income, saving you hundreds of dollars in tax savings each year.
- Submit one claim for a recurring expense (such as daycare) at the beginning of the year and get reimbursed every pay period.

▸ **myameriflex.com/participants**

A DCA allows you to set aside pre-tax money to help pay costs associated with the care of dependents.

You can use it to pay for services like:

- Daycare or elder care
- Before-school and after-school care
- Preschool and nursery school
- Private sitter
- Summer day camp
- Nanny service

2026 **Contribution Limits**

$2,500 - Married couples filing separately
$5,000 - Single taxpayer OR married couples filing jointly

Account Management and ID Theft Protection

ID Theft Protection

Ameriflex cardholders get complimentary access to Mastercard's leading Identity Theft Protection service.

Benefits include:

- 24/7 ID theft resolution service
- Online identity monitoring dashboard
- Credit monitoring, report, and score
- Suspicious activity alerts

Learn more and register at:
▸ **myameriflex.com/idtheftprotection**

Manage Your Ameriflex Account

Account Features

View your balance, track your spending, submit documentation, get reimbursed for out-of-pocket expenses, access FAQs, order replacement cards, and more.

Mobile App

All of the same features you get with your account, on the go. Available on iPhone and Android.

Ameriflex Card

Pay for eligible expenses with ease. One card works for all Ameriflex accounts. Complimentary replacement cards for you and your dependents.

Support

Chat with a representative at myameriflex.com or call 888.868.3539, Monday - Friday: 7:00 AM to 8:00 PM CST and Saturday: 9:00 AM to 1:00 PM CST

▸ **myameriflex.com/participants**

Help Center and Support

Your satisfaction is our top priority, and our team of experts are ready to help whenever you need it. The Help Center is the best place to go for quick answers to your questions and more information about your account.

You can access the Help Center at myameriflex.com/HelpCenter.

The Ameriflex Participant Services team is available Monday - Friday: 7:00 AM to 8:00 PM CST and Saturday: 9:00 AM to 1:00 PM CST.

Call: 888.868.3539
Email: service@myameriflex.com
Live Chat: myameriflex.com

Ameriflex

Voluntary Life Insurance

Administered by USAble Life

You may purchase life insurance in addition to the company-provided coverage. You may also purchase life insurance for your dependents if you purchase additional coverage for yourself.

Employee	If you are age 69 or younger, you may purchase coverage in units of $10,000 to a maximum of $200,000 through age 69, and $0 after reaching age 70 without evidence of insurability. Coverage over these amounts to a maximum of $500,000 is available with evidence of insurability. Coverage cannot exceed 5 times your Basic Annual Earnings.
Spouse	If you have purchased Voluntary GTL for yourself, you may purchase coverage for your eligible spouse, age 69 or younger, in units of $5,000 to a maximum of $30,000 through age 69, and $0 after reaching age 70 without evidence of insurability. Coverage over these amounts to a maximum of $250,000 is available with evidence of insurability. Coverage cannot exceed 50% of your benefit.
Child(ren)	If you have purchased Voluntary GTL for yourself, you may purchase coverage for your eligible children between the ages of 6 months and 26 years from $10,000 to $10,000 in increments of $10,000. Benefits are reduced to $1,000 for children from birth to 6 months.

Voluntary AD&D Insurance

Administered by USAble Life

You may purchase AD&D insurance in addition to the company-provided coverage. You may also purchase AD&D insurance for your dependents if you purchase additional coverage for yourself.

Employee	You may purchase coverage in units of $10,000 to a maximum of $500,000. Coverage cannot exceed 5 times your Basic Annual Earnings.
Spouse	If you have purchased Voluntary AD&D for yourself, you may purchase coverage for your eligible spouse in units of $5,000 to a maximum of $250,000. Coverage cannot exceed 50% of your Benefit.
Child(ren)	If you have purchased Voluntary AD&D for yourself, you may purchase coverage for your eligible children between the ages of 6 months and 26 years from $10,000 to $10,000 in increments of $10,000. Benefits are reduced to $1,000 for children from birth to 6 months.

USAble Life

Voluntary Life and AD&D USAble Life
800.370.5856
www.usablelife.com
Email: **custserv@usablelife.com**

Voluntary Life Premiums

Premiums Based On 12 Payroll Deductions Per Year		
Applying for coverage over Guaranteed Issue will require evidence of medical insurability		
Employee's Guaranteed Issue is $200,000 through age 69.		
Spouse's Guaranteed Issue is $30,000 through age 69. Spouse Premiums are determined by Employee's age		
Increments highlighted in grey are for spouse only, and the maximum benefit for the spouse is $250,000		
VGTL + VADD PREMIUMS FOR CHILD	$10,000	$1.00

Benefit Units	VGTL + VADD										
	UNDER 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
$5,000	$0.37	$0.42	$0.52	$0.64	$0.87	$1.31	$1.94	$2.81	$3.57	$6.77	$14.54
$10,000	$0.73	$0.83	$1.04	$1.27	$1.74	$2.62	$3.88	$5.61	$7.13	$13.54	$29.08
$15,000	$1.10	$1.25	$1.56	$1.91	$2.61	$3.93	$5.82	$8.42	$10.70	$20.31	$43.62
$20,000	$1.46	$1.66	$2.08	$2.54	$3.48	$5.24	$7.76	$11.22	$14.26	$27.08	$58.16
$25,000	$1.83	$2.08	$2.60	$3.18	$4.35	$6.55	$9.70	$14.03	$17.83	$33.85	$72.70
$30,000	$2.19	$2.49	$3.12	$3.81	$5.22	$7.86	$11.64	$16.83	$21.39	$40.62	$87.24
$35,000	$2.56	$2.91	$3.64	$4.45	$6.09	$9.17	$13.58	$19.64	$24.96	$47.39	$101.78
$40,000	$2.92	$3.32	$4.16	$5.08	$6.96	$10.48	$15.52	$22.44	$28.52	$54.16	$116.32
$45,000	$3.29	$3.74	$4.68	$5.72	$7.83	$11.79	$17.46	$25.25	$32.09	$60.93	$130.86
$50,000	$3.65	$4.15	$5.20	$6.35	$8.70	$13.10	$19.40	$28.05	$35.65	$67.70	$145.40
$55,000	$4.02	$4.57	$5.72	$6.99	$9.57	$14.41	$21.34	$30.86	$39.22	$74.47	$159.94
$60,000	$4.38	$4.98	$6.24	$7.62	$10.44	$15.72	$23.28	$33.66	$42.78	$81.24	$174.48
$65,000	$4.75	$5.40	$6.76	$8.26	$11.31	$17.03	$25.22	$36.47	$46.35	$88.01	$189.02
$70,000	$5.11	$5.81	$7.28	$8.89	$12.18	$18.34	$27.16	$39.27	$49.91	$94.78	$203.56
$75,000	$5.48	$6.23	$7.80	$9.53	$13.05	$19.65	$29.10	$42.08	$53.48	$101.55	$218.10
$80,000	$5.84	$6.64	$8.32	$10.16	$13.92	$20.96	$31.04	$44.88	$57.04	$108.32	$232.64
$85,000	$6.21	$7.06	$8.84	$10.80	$14.79	$22.27	$32.98	$47.69	$60.61	$115.09	$247.18
$90,000	$6.57	$7.47	$9.36	$11.43	$15.66	$23.58	$34.92	$50.49	$64.17	$121.86	$261.72
$95,000	$6.94	$7.89	$9.88	$12.07	$16.53	$24.89	$36.86	$53.30	$67.74	$128.63	$276.26
$100,000	$7.30	$8.30	$10.40	$12.70	$17.40	$26.20	$38.80	$56.10	$71.30	$135.40	$290.80
$105,000	$7.67	$8.72	$10.92	$13.34	$18.27	$27.51	$40.74	$58.91	$74.87	$142.17	$305.34
$110,000	$8.03	$9.13	$11.44	$13.97	$19.14	$28.82	$42.68	$61.71	$78.43	$148.94	$319.88
$115,000	$8.40	$9.55	$11.96	$14.61	$20.01	$30.13	$44.62	$64.52	$82.00	$155.71	$334.42
$120,000	$8.76	$9.96	$12.48	$15.24	$20.88	$31.44	$46.56	$67.32	$85.56	$162.48	$348.96
$125,000	$9.13	$10.38	$13.00	$15.88	$21.75	$32.75	$48.50	$70.13	$89.13	$169.25	$363.50
$130,000	$9.49	$10.79	$13.52	$16.51	$22.62	$34.06	$50.44	$72.93	$92.69	$176.02	$378.04
$135,000	$9.86	$11.21	$14.04	$17.15	$23.49	$35.37	$52.38	$75.74	$96.26	$182.79	$392.58
$140,000	$10.22	$11.62	$14.56	$17.78	$24.36	$36.68	$54.32	$78.54	$99.82	$189.56	$407.12
$145,000	$10.59	$12.04	$15.08	$18.42	$25.23	$37.99	$56.26	$81.35	$103.39	$196.33	$421.66
$150,000	$10.95	$12.45	$15.60	$19.05	$26.10	$39.30	$58.20	$84.15	$106.95	$203.10	$436.20
$155,000	$11.32	$12.87	$16.12	$19.69	$26.97	$40.61	$60.14	$86.96	$110.52	$209.87	$450.74
$160,000	$11.68	$13.28	$16.64	$20.32	$27.84	$41.92	$62.08	$89.76	$114.08	$216.64	$465.28
$165,000	$12.05	$13.70	$17.16	$20.96	$28.71	$43.23	$64.02	$92.57	$117.65	$223.41	$479.82
$170,000	$12.41	$14.11	$17.68	$21.59	$29.58	$44.54	$65.96	$95.37	$121.21	$230.18	$494.36
$175,000	$12.78	$14.53	$18.20	$22.23	$30.45	$45.85	$67.90	$98.18	$124.78	$236.95	$508.90
$180,000	$13.14	$14.94	$18.72	$22.86	$31.32	$47.16	$69.84	$100.98	$128.34	$243.72	$523.44

Voluntary Life Premiums (continued)

Benefit Units	VGTL + VADD										
	UNDER 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
$185,000	$13.51	$15.36	$19.24	$23.50	$32.19	$48.47	$71.78	$103.79	$131.91	$250.49	$537.98
$190,000	$13.87	$15.77	$19.76	$24.13	$33.06	$49.78	$73.72	$106.59	$135.47	$257.26	$552.52
$195,000	$14.24	$16.19	$20.28	$24.77	$33.93	$51.09	$75.66	$109.40	$139.04	$264.03	$567.06
$200,000	$14.60	$16.60	$20.80	$25.40	$34.80	$52.40	$77.60	$112.20	$142.60	$270.80	$581.60
$205,000	$14.97	$17.02	$21.32	$26.04	$35.67	$53.71	$79.54	$115.01	$146.17	$277.57	$596.14
$210,000	$15.33	$17.43	$21.84	$26.67	$36.54	$55.02	$81.48	$117.81	$149.73	$284.34	$610.68
$215,000	$15.70	$17.85	$22.36	$27.31	$37.41	$56.33	$83.42	$120.62	$153.30	$291.11	$625.22
$220,000	$16.06	$18.26	$22.88	$27.94	$38.28	$57.64	$85.36	$123.42	$156.86	$297.88	$639.76
$225,000	$16.43	$18.68	$23.40	$28.58	$39.15	$58.95	$87.30	$126.23	$160.43	$304.65	$654.30
$230,000	$16.79	$19.09	$23.92	$29.21	$40.02	$60.26	$89.24	$129.03	$163.99	$311.42	$668.84
$235,000	$17.16	$19.51	$24.44	$29.85	$40.89	$61.57	$91.18	$131.84	$167.56	$318.19	$683.38
$240,000	$17.52	$19.92	$24.96	$30.48	$41.76	$62.88	$93.12	$134.64	$171.12	$324.96	$697.92
$245,000	$17.89	$20.34	$25.48	$31.12	$42.63	$64.19	$95.06	$137.45	$174.69	$331.73	$712.46
$250,000	$18.25	$20.75	$26.00	$31.75	$43.50	$65.50	$97.00	$140.25	$178.25	$338.50	$727.00
$260,000	$18.98	$21.58	$27.04	$33.02	$45.24	$68.12	$100.88	$145.86	$185.38	$352.04	$756.08
$270,000	$19.71	$22.41	$28.08	$34.29	$46.98	$70.74	$104.76	$151.47	$192.51	$365.58	$785.16
$280,000	$20.44	$23.24	$29.12	$35.56	$48.72	$73.36	$108.64	$157.08	$199.64	$379.12	$814.24
$290,000	$21.17	$24.07	$30.16	$36.83	$50.46	$75.98	$112.52	$162.69	$206.77	$392.66	$843.32
$300,000	$21.90	$24.90	$31.20	$38.10	$52.20	$78.60	$116.40	$168.30	$213.90	$406.20	$872.40
$310,000	$22.63	$25.73	$32.24	$39.37	$53.94	$81.22	$120.28	$173.91	$221.03	$419.74	$901.48
$320,000	$23.36	$26.56	$33.28	$40.64	$55.68	$83.84	$124.16	$179.52	$228.16	$433.28	$930.56
$330,000	$24.09	$27.39	$34.32	$41.91	$57.42	$86.46	$128.04	$185.13	$235.29	$446.82	$959.64
$340,000	$24.82	$28.22	$35.36	$43.18	$59.16	$89.08	$131.92	$190.74	$242.42	$460.36	$988.72
$350,000	$25.55	$29.05	$36.40	$44.45	$60.90	$91.70	$135.80	$196.35	$249.55	$473.90	$1,017.80
$360,000	$26.28	$29.88	$37.44	$45.72	$62.64	$94.32	$139.68	$201.96	$256.68	$487.44	$1,046.88
$370,000	$27.01	$30.71	$38.48	$46.99	$64.38	$96.94	$143.56	$207.57	$263.81	$500.98	$1,075.96
$380,000	$27.74	$31.54	$39.52	$48.26	$66.12	$99.56	$147.44	$213.18	$270.94	$514.52	$1,105.04
$390,000	$28.47	$32.37	$40.56	$49.53	$67.86	$102.18	$151.32	$218.79	$278.07	$528.06	$1,134.12
$400,000	$29.20	$33.20	$41.60	$50.80	$69.60	$104.80	$155.20	$224.40	$285.20	$541.60	$1,163.20
$410,000	$29.93	$34.03	$42.64	$52.07	$71.34	$107.42	$159.08	$230.01	$292.33	$555.14	$1,192.28
$420,000	$30.66	$34.86	$43.68	$53.34	$73.08	$110.04	$162.96	$235.62	$299.46	$568.68	$1,221.36
$430,000	$31.39	$35.69	$44.72	$54.61	$74.82	$112.66	$166.84	$241.23	$306.59	$582.22	$1,250.44
$440,000	$32.12	$36.52	$45.76	$55.88	$76.56	$115.28	$170.72	$246.84	$313.72	$595.76	$1,279.52
$450,000	$32.85	$37.35	$46.80	$57.15	$78.30	$117.90	$174.60	$252.45	$320.85	$609.30	$1,308.60
$460,000	$33.58	$38.18	$47.84	$58.42	$80.04	$120.52	$178.48	$258.06	$327.98	$622.84	$1,337.68
$470,000	$34.31	$39.01	$48.88	$59.69	$81.78	$123.14	$182.36	$263.67	$335.11	$636.38	$1,366.76
$480,000	$35.04	$39.84	$49.92	$60.96	$83.52	$125.76	$186.24	$269.28	$342.24	$649.92	$1,395.84
$490,000	$35.77	$40.67	$50.96	$62.23	$85.26	$128.38	$190.12	$274.89	$349.37	$663.46	$1,424.92
$500,000	$36.50	$41.50	$52.00	$63.50	$87.00	$131.00	$194.00	$280.50	$356.50	$677.00	$1,454.00

Voluntary Short-Term Disability Insurance

Walton County School District also provides disability insurance through Standard Insurance Company. This benefit replaces a portion of your income if you become disabled and are unable to work.

	How It Works	Who Pays For The Benefit
Short-Term Disability	You receive 60% of your income up to $1,500 per week. Benefits begin after 14 calendar days for injury and physical disease of absence from work and commencing at the end of the Elimination Period and continuing for the lesser of 11 weeks, or until LTD Benefits commence. No STD Benefits will be paid for periods of time for which LTD Benefits are payable.	Employee

Rates	
< 25	.432
25 – 29	.472
30 – 34	.384
35 – 39	.272
40 – 44	.232
45 – 49	.264
50 – 54	.304
55 – 59	.384
60 – 64	.464
65+	.560

Filing a claim? Do it online.

You can file a claim online at any time, using a laptop, desktop, tablet or mobile device.

And you'll be able to save drafts, upload forms and track your claim status.

1. Gather Information You Need To File Your Claim.

- Your Group Short Term Disability insurance policy number: 764098
- First date you were unable to work.
- Medical provider's name and contact information.

2. Go To Standard.com/individual/file-claim.

- Follow the steps to create an account, set up identity verification and connect it to claim filing.
- Answer the questions to complete your Employee Statement.
- If you need to leave before finishing the process, save a draft. When you're ready, you can log back in to complete it.

3. Follow Up And Track Your Claim.

- After you submit your claim, you'll receive a claim number immediately.
- Upload other completed required forms if you have them - such as the Employer's Statement or Attending Physician's Statement.
- Log in anytime to check your claim status.

TheStandard®

Voluntary Short-Term Disability
Standard Insurance Company
Policy #764098
800.368.2859

Voluntary Long-Term Disability Insurance

Walton County School District also provides disability insurance through Standard Insurance Company. This benefit replaces a portion of your income if you become disabled and are unable to work.

	How It Works	Who Pays For The Benefit
Long-Term Disability	You receive 60% of your income up to $6,250 per month. Benefits begin after 90 consecutive calendar days of absence from work end and continue until you reach to the later of: 1) the specified length of time as stated below*, or 2) the day before attaining the Social Security Normal Retirement Age under the United States Social Security Act, as revised.	Employee

Maximum Benefit Period

Age At Disablement	Benefit Duration*
61 or younger	to age 65 or to the SSNRA, or 3 years 6 months, whichever is longer
62	to SSNRA or 3-1/2 years, whichever is longer
63	to SSNRA or 3 years, whichever is longer
64	to SSNRA or 2-1/2 years, whichever is longer
65	2 years
66	1-3/4 years
67	1-1/2 years
68	1-1/4 years
69 or older	1 year

Rates	
< 25	0.086
25 – 29	0.107
30 – 34	0.138
35 – 39	0.189
40 – 44	0.257
45 – 49	0.367
50 – 54	0.449
55 – 59	0.549
60 – 64	0.500
65+	0.304
	Monthly Volume
	(Covered Payroll)



TheStandard®

Voluntary Long-Term Disability
Standard Insurance Company
Policy #764098
800.368.2859

Frequently Asked Questions About Filing A Long-Term Disability Claim

The following questions and answers will help you file a Long Term Disability (LTD) claim with Standard Insurance Company (The Standard). The steps outlined below will enable you to access our efficient claims services quickly and easily.

When Should I Report A Claim?

Report a claim as soon as you believe you will be absent from work beyond the benefit waiting period as definedin your policy. If you are uncertain about how long you will be absent or whether you should file a claim or not, we suggest that you file your claim. This offers you some peace of mind and allows for The Standard to begin its review and issue a timely payment if appropriate.

How Do I File A Claim?

To file a claim online, go to **www.standard.com** and scroll to the bottom of the page and click on “File a Claim or Request a Leave” to begin. Instructions will be provided through the entire claim submission process.

To file a paper claim, go to **www.standard.com**, and scroll to the bottom of the page and click on “Find a Form” and select Long Term Disability Claim Packet (All States Except NY). The form can be downloaded, completed and printed. Completed forms can be mailed or faxed to The Standard using the contact information at the top of the claim packet.

A typical application for disability benefits contains the following documents:

- Employee’s Statement
- Employer’s Statement
- Attending Physician’s Statement (APS)
- Authorization to Obtain and Release Information

When I Report My Claim, What Information Will I Need To Provide?

You will be asked to provide the following information — in addition to other questions about your absence:

- Employer name
- Group Policy number
- Name and Social Security number
- Last day you were at work
- Nature of claim/medical information

What Can I Expect After I Submit The Completed Forms?

Once The Standard receives the required paperwork, which includes the Employee’s Statement, Employer’s Statement, Attending Physician’s Statement and Authorization to Obtain and Release Information, your benefits analyst will contact you to discuss any additional information that may be necessary to complete the processing of your claim and to answer any of your questions.

How Will I Be Notified When There Is A Decision On My Claim?

Detailed claim communications will be sent to you by mail. You will also have the option to sign up to receive text message alerts. If you sign up, you will receive one-way text messages when The Standard receives key documents and when there are certain changes to your claim status.

How Do I Sign Up To Receive Text Messages?

Text STATUS to 53284 and you will be enrolled. Frequency and number of messages will vary based on the claim. Message and data rates may apply. Please visit **www.standard.com/SMS** for our terms and conditions and to review our Privacy Notice. You can text STOP to 53284 at any time to unsubscribe.

If My Claim For Benefits Is Approved, How Long Will It Take To Receive My First Check?

After the Benefit Waiting Period as outlined in your group policy is served, LTD benefit payments are paid in arrears on a monthly basis based on the date of disability and are mailed directly to your residence. LTD benefit payments that are payable for retroactive claims will be paid immediately following claim approval.

Who Should I Call With Questions About My Claim?

If you have any questions about your claim, you can call or text **800.368.1135** and a live agent will answer your questions during normal hours of operation. Message and data rates may apply.

If you are looking for general information, please contact your benefits department.

Who Is Responsible For Notifying My Employer Of My Absence?

It is your responsibility to follow your employer's absence reporting procedures by notifying your manager or supervisor of your absence.

What If I Have Deductible Income?

Deductible Income is other income you receive while you are receiving your LTD benefits from The Standard (i.e. state disability benefits, social security benefits, work earnings or other salary continuation benefits). To help avoid overpayment of your LTD benefit, please be sure to notify The Standard of any other income you are receiving.

If you work in a state with a state disability plan, that benefit might be your principal source of income during your disability. Please attach your state disability benefit award letter with your claim submission. This will help your claim's examiner adjudicate your claim correctly and avoid overpayments that must be returned to The Standard.

Voluntary Benefits



If diagnosed with cancer, how will you pay for what your health insurance won't?

The risk of developing cancer, unfortunately, is very real.

Nearly everyone has experienced or knows somebody who has experienced a cancer diagnosis in their family. The good news is that cancer screenings and cancer-fighting technologies have gotten a lot better in recent years. However, with advanced technology come high costs. Major medical health insurance is a great start, but even with this essential safety net, cancer sufferers can still be hit with unexpected medical and non-medical expenses.

Cancer coverage from Colonial Life offers the protection you need to concentrate on what is most important – your care.

Features of Colonial Life's Cancer Insurance:

1. Pays benefits to help with the cost of cancer screening and cancer treatment.
2. Provides benefits to help pay for the indirect costs associated with cancer, such as:
   - Loss of wages or salary
   - Deductibles and coinsurance
   - Travel expenses to and from treatment centers
   - Lodging and meals
   - Child care
3. Pays regardless of any other insurance you have with other insurance companies.
4. Provides a cancer screening benefit that you can use even if you are never diagnosed with cancer.
5. Benefits paid directly to you unless you specify otherwise.
6. Flexible coverage options for employees and their families.

Group Cancer 1000 With Additional Benefits

Voluntary Benefits (continued)

This is a brief description of some available benefits.

We will pay benefits if one of the following routine cancer screening tests is performed or if cancer is diagnosed while your coverage is in force.

Cancer Screening Benefit Tests

This benefit is payable once per calendar year per covered person.

- Pap Smear
- ThinPrep Pap Test[1]
- CA125 (Blood test for ovarian cancer)
- Mammography
- Breast Ultrasound
- CA 15-3 (Blood test for breast cancer)
- PSA (Blood test for prostate cancer)
- Chest X-ray
- Biopsy of Skin Lesion
- Colonoscopy
- Virtual Colonoscopy
- Hemoccult Stool Analysis
- Flexible Sigmoidoscopy
- CEA (Blood test for colon cancer)
- Bone Marrow Aspiration/Biopsy
- Thermography
- Serum Protein Electrophoresis (Blood test for Myeloma)

Inpatient Benefits

- Hospital and Hospital Intensive Care Unit Confinement
- Ambulance
- Private Full-Time Nursing Services
- Attending Physician

Treatment Benefits (In-or Outpatient)

- Radiation/Chemotherapy
- Antinausea Medication
- Blood/Plasma/Platelets/Immunoglobulins
- Experimental Treatment
- Hair Prosthesis/External Breast/Voice Box Prosthesis
- Supportive/Protective Care Drugs and Colony Stimulating Factors
- Bone Marrow Stem Cell Transplant
- Peripheral Stem Cell Transplant

Surgery Benefits

- Surgery Procedures (including skin cancer)
- Anesthesia (including skin cancer)
- Second Medical Opinion
- Reconstructive Surgery
- Prosthesis/Artificial Limb
- Outpatient Surgical Center

Transportation/Lodging Benefits

- Transportation
- Transportation for Companion
- Lodging

Extended Care Benefits

- Nursing Care Facility
- Hospice
- Home Health Care Service

Waiver of Premium

THIS IS A CANCER ONLY POLICY.

This policy has exclusions and limitations. For cost and complete details of the coverage, see your Colonial Life benefits counselor. Coverage may vary by state and may not be available in all states. Applicable to policy form GCAN-MP and certificate form GCAN-C (including state abbreviations where used).

[1]ThinPrep is a registered trademark of Cytyc Corporation.

Group Cancer 1000 With Additional Benefits

Colonial Life
1200 Colonial Life Boulevard
Columbia, South Carolina 29210
colonialife.com

5/11

©2011 Colonial Life & Accident Insurance Company.
Colonial Life products are underwritten by Colonial Life & Accident Insurance Company, for which Colonial Life is the marketing brand.
Colonial Life and *Making benefits count* are registered service marks of Colonial Life & Accident Insurance Company.

62603-3

Voluntary Benefits (continued)

Colonial Life
The benefits of good hard work.

Group Hospital Confinement Indemnity Insurance
Plan 2



For more information, talk with your benefits counselor.

Group Medical Bridge℠ insurance can help with medical costs that your health insurance may not cover. These benefits are available for you, your spouse and eligible dependent children.

Employee Choice: $500 or $1500

Hospital confinement benefit ..... $_____ per day
Maximum of one day per covered person per calendar year

Outpatient surgical procedure benefit

- **Tier 1** ..... $____500 per day
- **Tier 2** ..... $____1,000 per day

Maximum of $_1,500_per covered person per calendar year for Tier 1 and 2 combined Maximum of one day per outpatient surgical procedure

The surgeries listed below are only a sampling of the surgeries that may be covered. Surgeries must be performed by a doctor in a hospital or ambulatory surgical center. For complete details and definitions, please refer to your certificate.

Tier 1 outpatient surgical procedures

- **Breast**
  - Axillary node dissection
  - Breast capsulotomy
  - Breast reconstruction
  - Lumpectomy
- **Cardiac**
  - Pacemaker insertion
- **Digestive**
  - Colonoscopy
  - Fistulotomy
  - Hemorrhoidectomy (external)
  - Lysis of adhesions
- **Skin**
  - Laparoscopic hernia repair
  - Skin grafting
- **Ear, nose, throat, mouth**
  - Adenoidectomy
  - Removal of oral lesions
  - Myringotomy
  - Tonsillectomy
  - Tracheostomy
- **Gynecological**
  - Dilation and curettage (D&C)
  - Endometrial ablation
  - Lysis of adhesions
- **Liver**
  - Paracentesis
- **Musculoskeletal system**
  - Carpal/cubital repair or release
  - Dislocation (closed reduction treatment) other than a finger or toe
  - Foot surgery (bunionectomy, exostectomy, arthroplasty, hammertoe repair)
  - Fracture (closed reduction treatment) other than a rib, finger or toe
  - Removal of orthopedic hardware
  - Removal of tendon lesion

Voluntary Benefits (continued)

Tier 2 outpatient surgical procedures

- **Breast**
  - Breast reduction
- **Cardiac**
  - Angioplasty
  - Cardiac catheterization
- **Digestive**
  - Exploratory laparoscopy
  - Laparoscopic appendectomy
  - Laparoscopic cholecystectomy
- **Ear, nose, throat, mouth**
  - Ethmoidectomy
  - Mastoidectomy
  - Septoplasty
  - Stapedectomy
  - Tympanoplasty
  - Tympanotomy
- **Eye**
  - Cataract surgery
  - Corneal surgery (penetrating keratoplasty)
  - Glaucoma surgery (trabeculectomy)
  - Vitrectomy
- **Gynecological**
  - Myomectomy
- **Musculoskeletal system**
  - Arthroscopic knee surgery with meniscectomy (knee cartilage repair)
  - Arthroscopic shoulder surgery
  - Clavicle resection
  - Dislocations (open reduction with internal fixation)
  - Fracture (open reduction with internal fixation)
  - Removal or implantation of cartilage
  - Tendon/ligament repair
- **Thyroid**
  - Excision of a mass

Agent
Rob Neale
Steadfast Employee Benefits
Rob@steadfast-eb.com
(850) 892-5423

Colonial Life
The benefits of good hard work.

ColonialLife.com

Hc

EXCLUSIONS

We will not pay benefits for losses which are caused by: alcoholism, drug addiction, dental procedures, elective procedures, cosmetic surgery, felonies or illegal occupations, pregnancy of a dependent child, psychiatric or psychological conditions, suicide, intentional injuries, war, armed conflict, armed forces service or giving birth within the first nine months after the certificate effective date. We will not pay benefits for hospital confinement of a newborn who is neither injured nor sick. We will not pay benefits for loss during the first 12 months after the effective date due to a pre-existing condition, which means a sickness or physical condition for which a covered person was treated, had medical testing, received medical advice or had taken medication within the six months before the certificate effective date.

For cost and complete details, see your Colonial Life benefits counselor. Applicable to certificate number GMB1.0-C-FL-R. This is not an insurance contract and only the actual certificate provisions will control.

©2015 Colonial Life & Accident Insurance Company, Columbia, SC | Colonial Life insurance products are underwritten by Colonial Life & Accident Insurance Company, for which Colonial Life is the marketing brand.

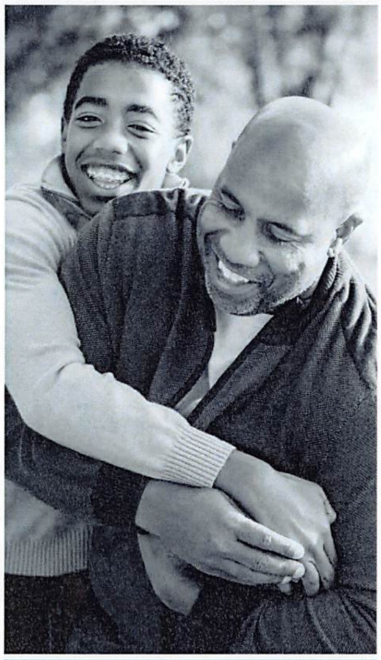
1-15 | 100025-2-FL

Voluntary Benefits (continued)

Colonial Life

Group Hospital Indemnity Insurance

Wellbeing Assistance Standard Benefit



The Group Medical Bridge™ wellbeing assistance standard benefit can help pay for routine preventive tests you have each year.

Wellbeing assistance standard ..... $___50____ per day

Maximum of one day per covered person per calendar year; subject to a 30-day waiting period

- Blood test for triglycerides
- Bone marrow testing
- Breast ultrasound
- CA 15-3 (blood test for breast cancer)
- CA 125 (blood test for ovarian cancer)
- Carotid Doppler
- CEA (blood test for colon cancer)
- Chest X-ray
- Colonoscopy
- Echocardiogram (ECHO)
- Electrocardiogram (EKG, ECG)
- Fasting blood glucose test
- Flexible sigmoidoscopy
- Hemoccult stool analysis
- Mammography
- Pap smear
- PSA (blood test for prostate cancer)
- Serum cholesterol test for HDL and LDL levels
- Serum protein electrophoresis (blood test for myeloma)
- Skin cancer biopsy
- Stress test on a bicycle or treadmill
- Thermography
- ThinPrep pap test
- Virtual colonoscopy

For more information, talk with your benefits counselor.

ColonialLife.com

CA: Includes any generally accepted cancer screening test not listed, cervical cancer screening tests (approved by the federal FDA, upon the referral of the insured's health care provider), and human papillomavirus screening test
ID, MD, MO, ND: Waiting period does not apply
WV: Includes human papillomavirus screening test

THIS INSURANCE PROVIDES LIMITED BENEFITS.
This coverage is a supplement to health insurance. It is not a substitute for essential health benefits or minimum essential coverage as defined in federal law. Insureds in some states must be covered by comprehensive health insurance before applying for this insurance.

WAITING PERIOD

Waiting period means the first 30 days following any covered person's coverage effective date, during which no benefits are payable.

This information is not intended to be a complete description of the insurance coverage available. The insurance or its provisions may vary or be unavailable in some states. The insurance has exclusions and limitations which may affect any benefits payable. Applicable to policy form GMB7000-P and certificate form GMB7000-C (including state abbreviations where used, for example: GMB7000-P-AU-TX and GMB7000-P-EE-TX, and certificate forms GMB7000-C-AU-TX and GMB7000-C-EE-TX). For cost and complete details of coverage, call or write your Colonial Life benefits counselor or the company.

Underwritten by Colonial Life & Accident Insurance Company, Columbia, SC.
©2023 Colonial Life & Accident Insurance Company. All rights reserved. Colonial Life is a registered trademark and marketing brand of Colonial Life & Accident Insurance Company.

GMB7000 – WELLBEING ASSISTANCE STANDARD BENEFIT | 2-23 | 101730-5

Hc

Voluntary Benefits (continued)



You can't predict your family's future, but you can be prepared for it.

Give your family peace of mind and coverage for final expenses with Whole Life Plus insurance from Colonial Life.

BENEFITS AND FEATURES

- Choose the age when your premium payments end – Paid-Up at Age 70 or Paid Up at Age 100
- Stand-alone spouse policy available even without buying a policy for yourself
- Ability to keep the policy if you change jobs or retire
- Built-in terminal illness accelerated death benefit that provides up to 75% of the policy's death benefit (up to $150,000) if you're diagnosed with a terminal illness[1]
- Immediate $3,000 claim payment that can help your designated beneficiary pay for funeral costs or other expenses
- Provides cash surrender value at age 100 (when the policy endows)

ADDITIONAL COVERAGE OPTIONS

Chronic care accelerated death benefit rider

If a licensed health care practitioner certifies that you have a chronic illness, you may receive an advance on all or a portion of the death benefit, available in a one-time lump sum or monthly payments.[1] A chronic illness means you require substantial supervision due to a severe cognitive impairment or you may be unable to perform at least two of the six Activities of Daily Living (bathing, continence, dressing, eating, toileting and transferring). Premiums are waived during the benefit period.

Waiver of premium benefit rider

Premiums are waived (for the policy and riders) if you become totally disabled before the policy anniversary following your 65th birthday and you satisfy the six-month elimination period. Once you are no longer disabled, premium payments will resume.

ADVANTAGES OF WHOLE LIFE PLUS INSURANCE

- Permanent coverage that stays the same through the life of the policy
- Premiums will not increase due to changes in health or age
- Accumulates cash value based on a nonforfeiture interest rate of 3.75%[2]
- Policy loans available, which can be used for emergencies
- Benefit for the beneficiary that is typically tax-free



Your cost will vary based on the amount of coverage you select.

WHOLE LIFE PLUS (IWL5000)

Voluntary Benefits (continued)

Benefits worksheet

For use with your benefits counselor

How much coverage do you need?

☐ YOU $_____

Select the option:

☐ Paid-Up at Age 70

☐ Paid-Up at Age 100

☐ SPOUSE $ _____

Select the option:

☐ Paid-Up at Age 70

☐ Paid-Up at Age 100

☐ DEPENDENT STUDENT

$ _____

Select the option:

☐ Paid-Up at Age 70

☐ Paid-Up at Age 100

Select any optional riders:

☐ Chronic care accelerated death benefit rider

☐ Waiver of premium benefit rider



To learn more, talk with your benefits counselor.

Colonial Life

ColonialLife.com

Agent
Rob Neale
Steadfast Employee Benefits
Rob@steadfast-eb.com
(850) 892-5423

1. Any payout would reduce the death benefit. Benefits may be taxable as income. Individuals should consult with their legal or tax counsel when deciding to apply for accelerated benefits.
2. Accessing the accumulated cash value reduces the death benefit by the amount accessed, unless the loan is repaid. Cash value will be reduced by any outstanding loans against the policy.

EXCLUSIONS AND LIMITATIONS: If the insured dies by suicide, whether sane or insane, within two years (one year in ND) from the coverage effective date or the date of reinstatement, we will not pay the death benefit. We will terminate this policy and return the premiums paid without interest, minus any loans and loan interest to you.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. Applicable to policy forms ICC19-IWL5000-70/IWL5000-70, ICC19-IWL5000-100/IWL5000-100, ICC19-IWL5000J/IWL5000J and rider forms ICC19-R-IWL5000-STR/R-IWL5000-STR, ICC19-R-IWL5000-CTR/R-IWL5000-CTR, ICC19-R-IWL5000-WP/R-IWL5000-WP, ICC19-R-IWL5000-ACCD/R-IWL5000-ACCD, ICC19-R-IWL5000-CI/R-IWL5000-CI, ICC19-R-IWL5000-CC/R-IWL5000-CC, ICC19-R-IWL5000-GPO/R-IWL5000-GPO. For cost and complete details of the coverage, call or write your Colonial Life benefits counselor or the company.

Underwritten by Colonial Life & Accident Insurance Company, Columbia, SC.

© 2021 Colonial Life & Accident Insurance Company. All rights reserved. Colonial Life is a registered trademark and marketing brand of Colonial Life & Accident Insurance Company.

FOR EMPLOYEES 10-21 | 642298-1

Voluntary Benefits (continued)

Deductions per year: 12

These rates were prepared on 8/7/2023 and are valid for 90 days.

Whole Life Plus (IWL5000) for FL

Applicable to policy forms ICC19-IWL5000-70/IWL5000-70, ICC19-IWL5000-100/IWL5000-100, ICC19-IWL5000J/IWL5000J and rider forms ICC19-R-IWL5000-STR/R-IWL5000-STR, ICC19-R-IWL5000-CTR/R-IWL5000-CTR, ICC19-R-IWL5000-WP/R-IWL5000-WP, ICC19-R-IWL5000-ACCD/R-IWL5000-ACCD, ICC19-R-IWL5000-CI/R-IWL5000-CI, ICC19-R-IWL5000-CC/R-IWL5000-CC, ICC19-R-IWL5000-GPO/R-IWL5000-GPO

- Adult Base Plan Paid-Up at Age 100

Non-Tobacco Rates

ISSUE AGE	$25,000	$50,000	$75,000	$100,000	$200,000
25	$23.00	$46.00	$69.00	$92.00	$183.99
35	$31.29	$62.58	$93.87	$125.16	$250.32
45	$49.71	$99.41	$149.12	$198.83	$397.65
55	$81.12	$162.24	$243.37	$324.49	$648.97
65	$144.37	$288.74	$433.11	$577.48	$1,154.95

Tobacco Rates

ISSUE AGE	$25,000	$50,000	$75,000	$100,000	$200,000
25	$40.17	$80.33	$120.50	$160.66	$321.32
35	$48.87	$97.75	$146.62	$195.49	$390.98
45	$72.77	$145.54	$218.30	$291.07	$582.14
55	$122.66	$245.32	$367.99	$490.65	$981.29
65	$209.78	$419.57	$629.35	$839.13	$1,678.27

Important Notice

Insurance coverage has exclusions and limitations that may affect benefits payable. For a complete description of benefits, limitations and exclusions, please refer to an outline of coverage, sample policy/certificate, proposal description or see your Colonial Life benefits counselor. Coverage type, benefits and rates vary by state. Coverage may not be available in all states. Rates provided are illustrative and your actual premium may be different depending on your particular situation and plan choices.

Colonial Life products are underwritten by Colonial Life & Accident Insurance Company, for which Colonial Life is the marketing brand.

© 2023 Colonial Life & Accident Insurance Company
"Colonial Life," and the Colonial Life logo, separately and in combination, are service marks of Colonial Life & Accident Insurance Company. All rights reserved.

Kristy Lynn Hunt | Kristy.Hunt@ColonialLifeSales.com | (850) 567-9016

Voluntary Benefits (continued)

Accident Coverage Benefits

The following benefits are payable once per covered person for each covered accident unless otherwise noted.

	BASIC	PREFERRED	PREMIER
Injury Benefits			
2nd Degree Burns - At least 5%, but less than 20% of skin surface	$375	$500	$750
2nd Degree Burns - 20% or greater of skin surface	$750	$1,000	$1,500
3rd Degree Burns - Less than 5% of skin surface	$1,500	$2,000	$3,000
3rd Degree Burns - At least 5%, but less than 20% of skin surface	$6,000	$7,000	$10,000
3rd Degree Burns - 20% or greater of skin surface	$12,000	$15,000	$21,000
Concussion	$275	$375	$500
Connective Tissue Damage - One Connective Tissue	$100	$100	$100
Connective Tissue Damage - Two or more Connective Tissues	$200	$200	$200
Eye Injury	$200	$300	$400
Hearing Loss Injuries Once per lifetime per year per Insured	$120	$120	$120
Injury due to Auto Accident	$250	$250	$250
Internal Injuries	$200	$200	$200
Knee Cartilage (Meniscus) Injury	$100	$150	$200
Lacerations - No Repair	$50	$50	$75
Lacerations - Repair: Less than 2 inches	$75	$150	$150
Lacerations - Repair: At least 2 inches but less than 6 inches	$300	$300	$600
Lacerations - Repair: 6 inches or greater	$600	$600	$1,200
Loss of a Digit – Partial - Partial Dismemberment of one finger or toe	$200	$300	$400
Loss of a Digit – Partial - Partial Dismemberment of two or more fingers or toes	$400	$600	$800
Loss of a Digit - One Digit (except a Thumb or Big Toe)	$500	$750	$1,000
Loss of a Digit - One Digit (a Thumb or Big Toe)	$750	$1,000	$1,500
Loss of a Digit - Two or more Digits	$1,500	$2,000	$3,000
Ruptured or Herniated Disc - One Disc	$125	$150	$200
Ruptured or Herniated Disc - Two or more Discs	$250	$300	$400
Fractures and Dislocation Benefits Maximum of two times the combined total amount for the bone with the highest benefit amount across Fractures and Dislocation and corresponding Surgical Repair benefits.			
Fractures - Ankle (including malleus and lower tibia or fibula)	$1,020	$1,200	$1,200
Fractures - Bones of the Face or Nose (except mandible or maxilla)	$700	$910	$1,295
Fractures - Coccyx, Sacrum	$240	$320	$420
Fractures - Collarbone (clavicle, sternum)	$810	$1,200	$1,200

Voluntary Benefits (continued)

	BASIC	PREFERRED	PREMIER
Fractures - Finger	$200	$200	$200
Fractures - Foot or Heel (except toes)	$1,020	$1,200	$1,200
Fractures - Forearm (radius or ulna)	$1,020	$1,200	$1,200
Fractures - Hand (except fingers)	$1,020	$1,200	$1,200
Fractures - Hip	$2,100	$3,150	$4,200
Fractures - Kneecap (patella)	$1,020	$1,200	$1,200
Fractures - Leg (mid to upper tibia and/or fibula)	$1,200	$1,800	$2,400
Fractures - Lower Jaw, mandible (except alveolar process)	$720	$1,200	$1,200
Fractures - Pelvis (includes ilium, ischium, pubis, acetabulum except coccyx)	$1,650	$2,400	$3,225
Fractures - Rib	$225	$375	$500
Fractures - Shoulder Blade (scapula)	$810	$1,200	$1,200
Fractures - Skull, Depressed Skull fracture (except bones of face or nose)	$2,250	$3,750	$5,000
Fractures - Skull, Non-depressed Skull fracture (except bones of face or nose)	$1,200	$1,800	$2,400
Fractures - Thigh (femur)	$2,100	$3,150	$4,200
Fractures - Toe	$200	$200	$200
Fractures - Upper Arm between Elbow and Shoulder (humerus)	$700	$1,050	$1,400
Fractures - Upper Jaw, maxilla (except alveolar process)	$700	$1,050	$1,400
Fractures - Vertebrae, body of (except vertebral processes)	$1,800	$2,700	$3,600
Fractures - Vertebral Processes	$450	$630	$810
Fractures - Wrist (except fingers)	$1,020	$1,200	$1,200
Fractures - Chip fracture Payable as a % of the applicable Fractures benefit	25%	25%	25%
Dislocations - Ankle	$960	$1,200	$1,600
Dislocations - Bone or Bones of the Foot (except toes)	$960	$1,200	$1,600
Dislocations - Bone or Bones of the Hand (except fingers)	$540	$810	$1,050
Dislocations - Collarbone (acromioclavicular and separation)	$140	$200	$280
Dislocations - Collarbone (sternoclavicular)	$50	$800	$1,100
Dislocations - Elbow	$330	$450	$600
Dislocations - Finger	$140	$200	$260
Dislocations - Hip	$2,000	$3,000	$4,000
Dislocations - Knee (except patella)	$1,000	$1,500	$2,000
Dislocations - Lower Jaw	$450	$720	$990
Dislocations - Shoulder (glenohumeral)	$750	$1,200	$1,200
Dislocations - Toe	$140	$200	$260
Dislocations - Wrist	$390	$600	$750

NS-2006057

Voluntary Benefits (continued)

	BASIC	PREFERRED	PREMIER
Dislocations - Incomplete dislocation Payable as a % of the applicable Dislocations benefit	25%	25%	25%
Treatment Benefits			
Air Ambulance	$1,000	$1,500	$2,000
Ambulance (Ground or Water)	$200	$300	$400
Durable Medical Equipment - Tier 1	$35	$50	$65
Durable Medical Equipment - Tier 2	$75	$100	$125
Durable Medical Equipment - Tier 3	$150	$200	$250
Emergency Dental Repair - Dental Crown, Denture or Implant	$150	$300	$600
Emergency Dental Repair - Dental Extraction, Filling or Chip Repair	$50	$100	$200
Emergency Department (Calendar Year Maximum)	$150 4	$200 4	$250 4
Family Care One benefit per day for all Insureds combined, regardless of the number of Children, up to a maximum of three days per Covered Accident	$25	$50	$50
Injections to Prevent or Limit Infection	$50	$50	$50
Lodging 30 days per Covered Accident	$150	$200	$250
Medical Imaging	$150	$200	$400
Pain Management Injections	$50	$100	$150
Pet Boarding One benefit per day for all Insureds combined, regardless of the number of pets, up to a maximum of three days per Covered Accident	$20	$20	$20
Prosthetic Device or Artificial Limb - One Device or Limb	$750	$1,250	$1,750
Prosthetic Device or Artificial Limb - Two or more Devices or Limbs	$1,500	$2,500	$3,500
Skin Grafts - Due to Burns Payable as a % of the applicable Burn benefit	50%	50%	50%
Skin Grafts - Not due to Burns - Less than 20% of skin surface	$125	$250	$375
Skin Grafts - Not due to Burns - 20% or greater of skin surface	$250	$500	$750
Transfusions	$300	$400	$500
Transportation	$100	$150	$200
Treatment in a Physician's Office or Urgent Care Facility (Calendar Year Maxium)	$75 4	$100 4	$150 4
X-Rays or Ultrasound	$50	$60	$60
Surgery Benefits			
Anesthesia - Epidural or Regional Anesthesia	$50	$150	$150

Voluntary Benefits (continued)

	BASIC	PREFERRED	PREMIER
Dislocations - Incomplete dislocation Payable as a % of the applicable Dislocations benefit	25%	25%	25%
Treatment Benefits			
Air Ambulance	$1,000	$1,500	$2,000
Ambulance (Ground or Water)	$200	$300	$400
Durable Medical Equipment - Tier 1	$35	$50	$65
Durable Medical Equipment - Tier 2	$75	$100	$125
Durable Medical Equipment - Tier 3	$150	$200	$250
Emergency Dental Repair - Dental Crown, Denture or Implant	$150	$300	$600
Emergency Dental Repair - Dental Extraction, Filling or Chip Repair	$50	$100	$200
Emergency Department (Calendar Year Maximum)	$150 4	$200 4	$250 4
Family Care One benefit per day for all Insureds combined, regardless of the number of Children, up to a maximum of three days per Covered Accident	$25	$50	$50
Injections to Prevent or Limit Infection	$50	$50	$50
Lodging 30 days per Covered Accident	$150	$200	$250
Medical Imaging	$150	$200	$400
Pain Management Injections	$50	$100	$150
Pet Boarding One benefit per day for all Insureds combined, regardless of the number of pets, up to a maximum of three days per Covered Accident	$20	$20	$20
Prosthetic Device or Artificial Limb - One Device or Limb	$750	$1,250	$1,750
Prosthetic Device or Artificial Limb - Two or more Devices or Limbs	$1,500	$2,500	$3,500
Skin Grafts - Due to Burns Payable as a % of the applicable Burn benefit	50%	50%	50%
Skin Grafts - Not due to Burns - Less than 20% of skin surface	$125	$250	$375
Skin Grafts - Not due to Burns - 20% or greater of skin surface	$250	$500	$750
Transfusions	$300	$400	$500
Transportation	$100	$150	$200
Treatment in a Physician's Office or Urgent Care Facility (Calendar Year Maxium)	$75 4	$100 4	$150 4
X-Rays or Ultrasound	$50	$60	$60
Surgery Benefits			
Anesthesia - Epidural or Regional Anesthesia	$50	$150	$150

Voluntary Benefits (continued)

	BASIC	PREFERRED	PREMIER
Anesthesia - General Anesthesia	$150	$250	$300
Connective Tissue - Exploratory without Repair	$100	$125	$150
Connective Tissue - Repair for One Connective Tissue	$500	$800	$1,100
Connective Tissue - Repair for Two or more Connective Tissues	$1,000	$1,600	$2,200
Eye Surgery	$200	$300	$400
Surgical Repair - Dislocations Payable as a % of the applicable Injury benefit	$100%	$100%	$100%
Surgical Repair - Fractures Payable as a % of the applicable Injury benefit	$100%	$100%	$100%
General Surgery - Abdominal, Thoracic, or Cranial	$1,000	$1,500	$2,000
General Surgery - Exploratory	$150	$225	$275
Hernia Surgery	$250	$300	$400
Knee Cartilage (Meniscus) Surgery - Exploratory without Repair	$75	$100	$150
Knee Cartilage (Meniscus) Surgery - Knee Cartilage (Meniscus) with Repair	$400	$600	$1,050
Outpatient Surgical Facility	$200	$300	$400
Ruptured or Herniated Disc Surgery - Exploratory without Repair	$100	$125	$150
Ruptured or Herniated Disc Surgery - Repair for One Disc	$475	$750	$1,000
Ruptured or Herniated Disc Surgery - Repair for Two or more Discs	$900	$1,500	$2,000
Recovery Care Benefit			
At-Home Care Five days per Covered Accident	$75	$100	$125
Physician Follow-Up Visits (Max Per Covered Accident) (Max Per Calendar Year)	$50 3 12	$50 4 16	$50 4 24
Rehabilitation or Sub-Acute Rehabilitation Unit Confinement 15 days per Covered Accident	$100	$150	$200
Therapy Services (Speech, Physical Therapy, Occupational, Respiratory, and Vestibular Therapy) 15 days per Covered Accident	$35	$45	$55
Additional Benefits			
Benefit Booster $5,000 in Payable Claims	$500	$500	$500

Accidental Death and Dismemberment (AD&D) Benefits

If AD&D Benefits are included, the On/Off-Job selection will be the same as the base plan.

Voluntary Benefits (continued)

Deductions per year: 12

These rates were prepared on 6/14/2024 and are valid for 90 days.

Group Accident (GAC4100) for FL

Applicable to policy forms GAC4100-P,GAC4100-C

- Additional Benefits: Accident Hospital Benefits Preferred, Wellbeing Assistance Standard - $75

On/Off-Job Accident Coverage

BENEFIT LEVEL	AD&D BENEFIT LEVEL	ISSUE AGE	EMPLOYEE	EMPLOYEE AND SPOUSE	EMPLOYEE AND DEPENDENT CHILD(REN)	EMPLOYEE, SPOUSE AND DEPENDENT CHILD(REN)
Basic	Preferred	17-99	$12.09	$19.14	$22.76	$30.00
Preferred	Preferred	17-99	$14.80	$23.63	$30.21	$39.26
Premier	Preferred	17-99	$18.75	$30.21	$40.94	$52.62

Important Notice

Insurance coverage has exclusions and limitations that may affect benefits payable. For a complete description of benefits, limitations and exclusions, please refer to an outline of coverage, sample policy/certificate, proposal description or see your Colonial Life benefits counselor. Coverage type, benefits and rates vary by state. Coverage may not be available in all states. Rates provided are illustrative and your actual premium may be different depending on your particular situation and plan choices.

Colonial Life products are underwritten by Colonial Life & Accident Insurance Company, for which Colonial Life is the marketing brand.

© 2024 Colonial Life & Accident Insurance Company
"Colonial Life," and the Colonial Life logo, separately and in combination, are service marks of Colonial Life & Accident Insurance Company. All rights reserved.

Kristy Lynn Hunt | Kristy.Hunt@ColonialLifeSales.com | (850) 567-9016



Contact Information

If you have specific questions about a benefit plan, please contact the administrator listed below, or your local Human Resources department.

Benefit	Administrator	Phone	Website/Email
Medical Insurance/ HIP	Florida Blue	800.352.2583	**www.floridablue.com**
Florida Blue Group #78831 **TeleMedicine**	1.800MD	800.530.8666 Member and employee support: 888.223.4892	**www.1800MD.com**
Dental Insurance	Florida Combined Life	Monday - Friday: 8 a.m. - 8 p.m. ET	**www.floridabluedental.com**
Vision	MetLife - Davis Vision	833.EYE.LIFE	**mybenefits.metlife.com**
Flexible Spending Account	Ameriflex	888.868.3539	**www.myameriflex.com/participants** Email: **service@myameriflex.com**
Life and AD&D	Florida Combined Life	888.223.4892	
Voluntary Life	USAble Life	800.370.5856	**www.usablelife.com** Email: **custserv@usablelife.com**
Voluntary AD&D	USAble Life	800.370.5856	**www.usablelife.com**
Voluntary Short-Term Disability Policy#: 764098	Standard Insurance Company	800.368.2859	**www.standard.com**
Voluntary Long-Term Disability Policy#: 764098	Standard Insurance Company	800.368.2859	**www.standard.com**
Accident	Colonial Life	800.256.7004	**www.ColonialLife.com**
Medical Bridge	Colonial Life	800.256.7004	**www.ColonialLife.com**
Steadfast Employee Benefits	Rob Neale	850.892.5423	**rob@steadfast-eb.com**
Equitable Model Plan 403(b), and Life Insurance	Rob Neale Bethany Joyner	850.892.5423	**robert.neale@equitable.com** **bethany.joyner@equitable.com**
Model Plan 403(b) Roth 403(b) Security Benefits	Steve Smitten Conor Swanson	813.373.8883 813.777.5743	**steven.smitten@abmmfinancial.com** **conor.swanson@abmmfinancial.com**
Insurance & Benefits Specialist	Sarah Senterfitt	850.892.1100 ext. 1353	**sarah.senterfitt@walton.k12.fl.us**

Additional Elective Benefits That Are Available

Equitable Model Plan 403(b), Roth 403(b), and Life Insurance	**Rob Neale – Bethany Joyner** **850.892.5423**
Colonial Accident, Cancer, Hospital Gap, Flex Spending (AmeriFlex)	**Rob Neale 850.892.5423**
USAble Life Term Life Insurance Policy	**Rob Neale 850.892.5423**
Florida Combined Life Dental	**Rob Neale 850.892.5423**
MetLife – Davis Vision Vision	**Rob Neale 850.892.5423**
Standard Insurance Company Short-Term and Long-Term Disability	**Steve Beumer 407.808.0790** **The Standard 800.368.2859**
Security Benefit Model Plan 403(b) & Roth 403(b)	**Steve Smitten** **813.373.8883** **Conor Swanson** **813.777.5743**

Notes

Notes

This benefits guide prepared by



Gallagher

Insurance | Risk Management | Consulting

DCN26BGWC