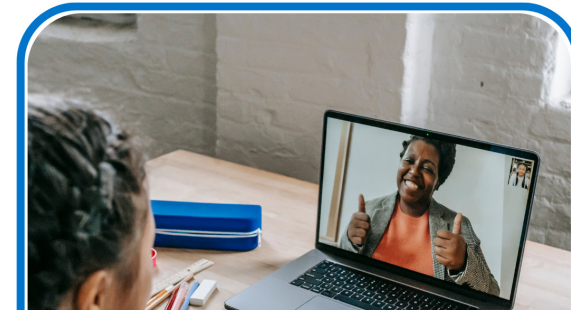


2026-2027 BENEFITS GUIDE



YOU ARE FLVS.

At Florida Virtual School, benefits are designed to support the whole person, at work and beyond.

Whether you are caring for your health, protecting your family, or planning for the future, your benefits are here to support you through every stage of life.



Open Enrollment is your opportunity to review your options and make sure your coverage continues to meet your needs.

Medical, dental, vision, and financial protection benefits work together to help you stay healthy, prepared, and confident, both physically and financially.



Eligibility and Enrollment

- ✓ Benefits coverage begins on the first day of the month following 30 days of full-time employment.
- ✓ Benefit elections made during enrollment remain in effect until the next open enrollment period, unless you or a covered family member experience a qualifying life event. If a qualifying event occurs, you must contact the Benefits Department within 30 days to make changes.

Your Benefits at a Glance

Florida Virtual School offers a comprehensive benefits package to eligible, full-time employees. These benefits are designed to provide flexibility, protection, and support where it matters most, both at work and in daily life.

Plan summaries, coverage details, and additional benefit resources are available in Workday and SharePoint, so you can easily review your options and understand how your benefits work together.

Your benefits include:



Medical Coverage

Medical coverage is shared-cost, with employee contributions deducted through payroll. Coverage includes preventive care, office visits, prescriptions, and other eligible services.



Dental Coverage

Dental coverage is also shared-cost and supports routine and other eligible dental care.



Vision Coverage

Vision coverage is employee paid and helps cover eye exams, lenses, and frames.



Life and AD&D Insurance

Florida Virtual School provides basic life insurance and Accidental Death and Dismemberment coverage at no cost to you.



Short- and Long-Term Disability

Disability coverage is provided at no cost to you and helps replace a portion of your income if you are unable to work due to illness or injury.



Voluntary Benefits

Optional benefits, including voluntary life insurance and legal and identity theft protection, are employee paid and available through payroll deductions.



Flexible Spending Account (FSA)

The FSA is employee funded and allows you to set aside pre-tax dollars for eligible health care expenses.



Find text, tools, or help in Workday and SharePoint.



WHAT'S INSIDE

Understanding Your Benefit Enrollment Options	4	Value-Added Life Insurance Benefits	24
<i>How and When You Can Enroll</i>	4	Disability Insurance	25
<i>Enrolling/Making Your Benefits Elections</i>	5	<i>Short-Term Disability Insurance</i>	25
Medical Insurance	6	<i>Long-Term Disability Insurance</i>	26
<i>Your Florida Blue Medical Plans</i>	6	Accident Insurance	27
<i>Choosing Your Medical Plan</i>	7	Critical Illness Insurance	28
<i>Teladoc®</i>	8	Hospital Indemnity Insurance	29
<i>Jellyvision</i>	9	Legal and Identity Theft Protection	30
<i>Your Cost For Coverage</i>	10	FLVS Wellness Program	31
<i>Get the Right Care—</i>		Financial Wellbeing Workshops	32
<i>At the Lowest Cost</i>	11	Employee Assistance Program	33
<i>When You Need Care Quickly</i>	11	Important Contacts	34
<i>Health Reimbursement Arrangement (HRA)</i>	12	Annual Rights and Notices	35
Flexible Spending Accounts (FSA)	13		
<i>Health Care FSA</i>	13		
<i>Dependent Care FSA</i>	14		
Dental Insurance	15		
Vision Insurance	19		
Life and AD&D Insurance	22		
<i>Basic Coverage</i>	22		
<i>Additional Coverage</i>	23		



If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see page 41 for more details.

Understanding Your Benefit Enrollment Options

How and When You Can Enroll

There are only certain times during the year when you can enroll in benefits or make changes to your coverage. Because these opportunities are limited, it is important to review your options carefully and make informed decisions. The benefit elections you choose will remain in effect for the full plan year, from July 1, 2026 through June 30, 2027, unless you experience an approved life event.



When you're first hired

Your coverage begins on your benefit eligibility date, which is the first day of the month following 30 days of full-time employment.

You may elect your benefits starting **7 days** after your date of hire; check your Workday Inbox for your enrollment task.

Details about your benefit offerings are in this guide and online. Please be sure to select and submit your benefits by the deadline noted in your welcome email.



At Open Enrollment

Open Enrollment is your opportunity once each year to evaluate your benefit options and make selections for the following plan year.

Benefits selected at Open Enrollment are effective July through June.

Open Enrollment is May 18th - June 3rd, with benefits effective July 1, 2026.

All full-time, benefit-eligible employees must log in and submit benefit elections during this time period in order to have coverage on July 1.



If you have a life event

Certain life events may allow you to change your coverage during the year.

You have 30 days from the date of the event to request applicable changes to your benefits and provide required documentation.

Some common life events and required documentation:

Birth or Adoption	A copy of your child's birth certificate or adoption papers
Marriage	A copy of the marriage certificate or front page of taxes. Step children require birth certificates.
Divorce	A copy of the final divorce decree
Benefit Eligibility Change	A statement on the company's letterhead stating the changes with a beginning and end date.

Enrolling/Making Your Benefits Elections

Open Enrollment will be completed by using Workday.

Announcements

1 of 2 < >

**2026-2027
BENEFITS GUIDE**

Florida Virtual
SCHOOL

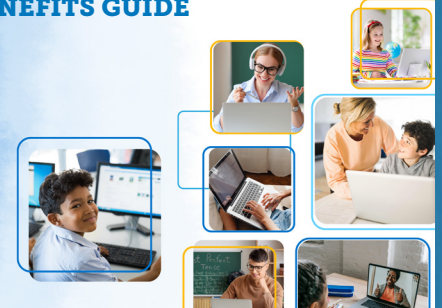


Open Enrollment Has Started!

Open enrollment has started and
will run through Wednesday.

**2026-2027
BENEFITS GUIDE**

Florida Virtual
SCHOOL



Medical Insurance

Your Florida Blue Medical Plans

Your **deductible** and **out-of-pocket maximum** runs January through December.

Labs done at a hospital will cost the same as **Outpatient Hospital Services**.

Teladoc offers virtual health care (including mental health) 24 / 7. See page 8 for details.

Convenience clinics are usually located in drugstores like Walgreens or CVS.

Your **deductible** and **out-of-pocket maximum** runs January through December.

	HRA Blue Options		Blue Options	
IN-NETWORK COVERAGE				
Your deductible (CYD)	\$2,000 per person \$6,000 family max		\$500 / \$1,000	
Coinsurance (your share)	20% after CYD		20% after CYD	
Out-of-Pocket Maximum	\$5,000 per person \$10,000 family max		\$4,000 per person \$8,000 family max	
Preventive Care	Covered 100% in-network		Covered 100% in-network	
Primary Doctor Visit	\$25 copay		\$25 copay	
Specialist Doctor Visit	\$50 copay		\$50 copay	
Labwork (independent lab)	100% covered		100% covered	
Imaging: X-Ray	Imaging Center: \$50 copay Outpatient Hospital: CYD then 20%		Imaging Center: \$50 copay Outpatient Hospital (opt. 1): \$500 copay	
Imaging: MRI / CT / PET	Imaging Center: \$450 copay Outpatient Hospital: CYD then 20%		Imaging Center: \$150 copay Outpatient Hospital: CYD then 20%	
Teladoc Visit	\$25 copay		\$25 copay	
Convenience Clinic	\$25 copay		\$25 copay	
Urgent Care Center	\$50 copay		\$50 copay	
Emergency Room	CYD then 20%		\$300 copay	
Inpatient Hospitalization	CYD then 20%		CYD then 20%	
Outpatient Hospital Services	CYD then 20%		CYD then 20%	
Ambulatory Surgical Center	CYD then 20%		\$150 copay	
Pharmacy coverage	30-day supply (Retail)	2x copay (90-day supply) with Mail Order	30-day supply (Retail)	2x copay (90-day supply) with Mail Order
Generic	\$10 copay	\$20 copay	\$10 copay	\$20 copay
Brand Name	\$50 copay	\$100 copay	\$50 copay	\$100 copay
Non-Preferred	\$80 copay	\$160 copay	\$80 copay	\$160 copay
Specialty	\$150 copay	Retail Only	\$150 copay	Retail Only
OUT-OF-NETWORK COVERAGE (plus balance billing charges by the provider)				
Your deductible (CYD)	\$4,000 per person \$12,000 family max		\$1,000 per person \$3,000 family max	
Coinsurance (your share)	40% after CYD		40% after CYD	
Out-of-Pocket Maximum	\$8,000 per person \$16,000 family max		\$7,500 per person \$23,500 family max	

CYD (Calendar Year Deductible)

Helpful insurance terms

Copay – a flat fee you pay whenever you use certain medical services, like a doctor visit.

Coinsurance – The percentage of covered medical expenses you continue to pay after you've met your deductible and before you reach your out-of-pocket maximum for the calendar year.

Copay vs coinsurance – A copay is a flat dollar amount. Coinsurance is a percentage of the cost.

Deductible – The amount you pay in a calendar year before your medical insurance begins paying deductible-eligible claims.

In-network vs out-of-network – Doctors and facilities that have a contract with the plan cost you less than those that do not.

Preventive care – Services like annual checkups and screenings that are covered at no cost when you use in-network providers.

Balance billing – The amount you are billed by out-of-network providers to make up the difference between the amount they charge and what insurance reimburses. ***This amount is in addition to and does not count toward your out-of-pocket maximum.***

Out-of-pocket maximum – The most you will pay during the calendar year for covered expenses. This includes copays, deductibles, coinsurance and prescription drugs.

Formulary – The list of prescription drugs covered by the plan and how they are priced.

Choosing Your Medical Plan

There is more to choosing a medical plan than just what you pay each paycheck. When comparing plans, think about which services are covered before you meet your deductible, how you pay for care such as copays versus coinsurance, and the most you would pay in a calendar year if you have higher medical needs (your out-of-pocket maximum). It is also important to consider how often you expect to use medical services, whether you take ongoing prescriptions, and how employer funding of expenses, such as FLVS' contributions under the HRA BlueOptions plan, can help offset your costs.

Medical Plan Features at-a-glance

This table highlights the key differences between plans to help you compare costs and coverage.

	HRA BLUE OPTIONS	BLUE OPTIONS
Your cost each paycheck		
Deductible		
Maximum cost of care		
How you pay when you get care	Some copays, some deductible then coinsurance	Mostly copays
Network Name	BlueOptions	BlueOptions
Health Account Eligibility	HRA (FLVS-funded) Health FSA	Health FSA
Best for	Employees who want lower paycheck deductions and are comfortable with a higher deductible	Employees who want more predictable copays

FLORIDA BLUE

Group: 63490

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





Teladoc®

Connecting with a doctor within minutes is easy

Teladoc provides 24/7 virtual access to U.S. board certified doctors by phone or video for many non-emergency illnesses and avoid long wait times and added costs of Urgent Care or the Emergency Room:



Cold / Flu
Nausea



Sinus Issues
Sore Throat



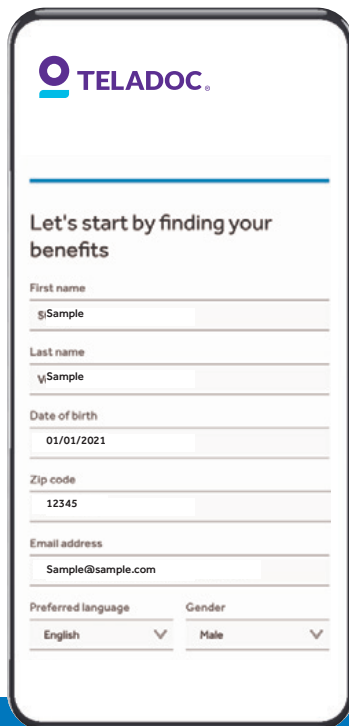
Rash
Seasonal Allergies,
and more



Mental Health

If medically appropriate, Teladoc doctors can prescribe medications and send them to your local pharmacy.

Whenever you feel unwell, you can receive convenient, quality care from a variety of licensed health care professionals.



What does it cost?

\$25 copay

when you are enrolled in an FLVS medical plan.

Reach out to get care:



[Teladoc.com](https://www.teladoc.com)



800-Teladoc (835.2362)



Three simple steps to care:

1 Create an account

Setting up your Teladoc® account through the mobile app only takes a few minutes. After downloading the app, you'll provide medical history to give doctors the information they need to provide you with quality medical care. You can also add family members to give them around-the-clock care.

You can pay for care with your FSA card, credit card, prepaid debit card, or by PayPal.

2 Talk with a doctor now – available 24 / 7 / 365

Log in to your account online or via the app and click **Request a Consult**. You can also request a visit by calling the number below.

Speak with the first available Teladoc doctor or schedule an appointment. Within minutes, a doctor will call ready to listen, diagnose and prescribe medication, if medically necessary. After your consult, you can choose to share the results with your primary care physician .



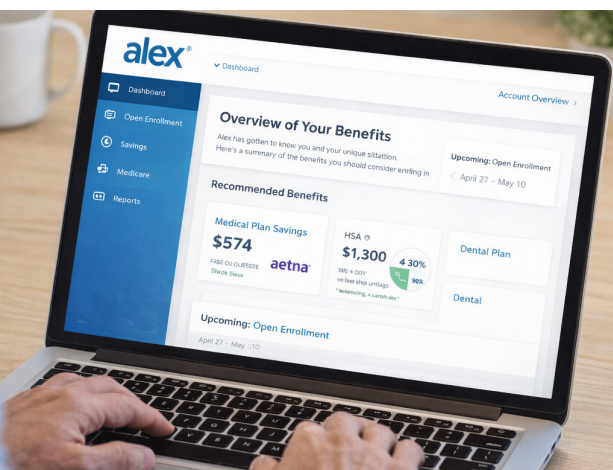
YOU'RE IN GOOD HANDS

Teladoc doctors are licensed internists, family doctors, pediatricians, and mental health providers. They average 20 years of experience and are licensed to practice in your state.

3 Pick up your prescription

If medically necessary, a prescription can be sent to your local pharmacy. Search for nearby pharmacies or use one of your favorites.

Jellyvision



MEET ALEX, YOUR PERSONAL ENROLLMENT GUIDE

Choosing benefits doesn't have to be confusing or time-consuming. ALEX is an interactive, online tool designed to guide you through your benefit options and help fit your needs and budget.



Sort through plan details on your own or with your family.



Walks you step by step through the process.



Explains your options along the way.

Think of ALEX as a friendly guide during enrollment. You answer a few simple questions about yourself and your family, and ALEX uses those responses to tailor the information you see. The experience is designed to be supportive, not overwhelming.



How ALEX helps you

- Answers questions about your health needs and what matters most to you.
- Highlights plans that may be a good fit for your situation.
- Explains coverage in plain language—no insurance jargon.



What using ALEX looks like

- Answer a few quick questions.
- Review side-by-side plan comparisons.
- See estimated costs before making your selections.



You stay in control

- ALEX offers guidance, but all benefit decisions are yours.
- You can edit, adjust, or start over anytime.



Your privacy matters

- Your responses are confidential and never shared with your employer.
- Used only to personalize your experience.



Why employees like ALEX

- Reduces enrollment stress.
- Helps you understand and compare benefits easier.
- Saves time—most people complete ALEX in 10–15 minutes.



How to get started

Use the link or QR code to launch ALEX.

Your HR or benefits team is available if you need help.



Start ALEX: <https://start.myalex.com/flvs>

Your Cost For Coverage

12 MONTH EMPLOYEES *(24 deductions per year)*

Per Paycheck Cost	HRA Blue Options	Blue Options
Employee Only	\$36.23	\$61.66
Employee + Spouse	\$143.75	\$208.62
Employee + Child(ren)	\$130.57	\$195.46
Employee + Family	\$220.49	\$292.98

The HRA BlueOptions plan includes a contribution from FLVS to help you pay for eligible health expenses. See page 12 for more information.

10 MONTH EMPLOYEES *(21 deductions per year)*

Per Paycheck Cost	HRA Blue Options	Blue Options
Employee Only	\$41.41	\$70.47
Employee + Spouse	\$164.29	\$238.42
Employee + Child(ren)	\$149.22	\$223.38
Employee + Family	\$251.98	\$334.83



As a new hire and during each Open Enrollment period, you must confirm your tobacco use status.

If you use tobacco, support is available through a tobacco cessation program. Please notify the Benefits Department if you would like to participate. Employees who use tobacco and choose not to enroll in the program will be subject to a medical plan surcharge. Surcharge amounts are displayed in Workday at enrollment.

Get the Right Care— At the Lowest Cost

Smart choices can help you save money and still get high-quality care through your FLVS Medical Plan.



STAY IN THE NETWORK

The easiest way to save!

Visit floridablue.com to find an in-network provider. (Outside Florida: search provider.bcbs.com)



USE IN-NETWORK LABS

Stay in-network to receive the same quality service as a smaller lab with big savings.

Visit floridablue.com to locate an in-network lab.



CHECK COSTS BEFORE YOU GO

Prices can vary widely for MRIs, CT scans, and elective procedures – even within the same network, research your provider and cost options first at floridablue.com.

Tip: One facility may cost significantly less than another for the same service.



USE OUTPATIENT FACILITIES

Freestanding outpatient facilities are often your lowest-cost choice for a variety of imaging services such as MRIs and CT scans, and outpatient procedures like a colonoscopy or GI endoscopy.



MAIL ORDER PRESCRIPTIONS

Mail Order Drugs – 90 Day supply for the price of 2 Copays.

<https://pharmacy.amazon.com/myw>

When You Need Care Quickly



CONSIDER TELADOC FOR:

- Cold or flu
- Sinus / allergies
- Ear infection
- Pinkeye
- Mental Health

\$25

COPAY ALL PLANS



15 minutes or less



your smartphone (app) or computer (Teladoc.com)



available 24 / 7 / 365



CONSIDER A **CONVENIENCE CLINIC** FOR:

- Cold, flu, allergies
- Sinus or ear infection
- Minor injuries
- Pinkeye
- UTI

\$25



30 minutes



usually inside grocery stores or drugstores



most have evening and weekend hours



CONSIDER URGENT CARE FOR:

- Sprains
- Broken bones
- Severe cough
- Stitches
- Vomiting or diarrhea

\$50

COPAY ALL PLANS



60 minutes



freestanding building



most have evening and weekend hours



SAVE THE **EMERGENCY ROOM** FOR **EMERGENCIES**

If it's life-threatening:
stroke, heart attack, head or spinal injuries, trauma, asthma attack, allergic reactions, etc.

\$300

TO WELL OVER

\$1,000



depends on severity



red EMERGENCY lettering on the building



available 24 / 7 / 365

Health Reimbursement Arrangement (HRA)

The HRA is an employer-funded benefit that FLVS provides to help offset your out-of-pocket health care costs. It is designed to help with larger or unexpected expenses, such as meeting your deductible or paying medical copays, and to reduce the financial impact of health care expenses throughout the year.

If you also participate in a Health Care Flexible Spending Account (FSA), your HRA works alongside your FSA. FSA funds are used first. Once your FSA balance is exhausted, HRA funds become available to reimburse eligible expenses. This allows you to use your pre-tax FSA dollars first, while the HRA provides additional employer-funded support when needed.

When you have an eligible expense, you may either:

- Use your Ameriflex debit card, or
- Pay for your care out-of-pocket and submit for reimbursement

Regardless of the method used, please keep your receipts and supporting documentation, such as an Explanation of Benefits, as required by the IRS and Ameriflex.

Key Details



FLVS funds **\$1,200**
(prorated for new hires)



Use your funds
for eligible medical,
pharmacy, dental, and
vision expenses



Claims must occur
between **July 1, 2026**
– **June 30, 2027** and
be submitted for
reimbursement by
September 30, 2027



Unused funds do not roll
over to the next plan year



AMERIFLEX

Download the Ameriflex mobile app for real-time access to your HRA and FSAs wherever you are.



Flexible Spending Accounts (FSA)

Health Care FSA

A Health Care Flexible Spending Account (FSA) lets you set aside money from your paycheck on a pre-tax basis to pay for eligible health care expenses. This helps lower your taxable income while covering everyday out-of-pocket costs.



Medical

Deductibles, copays, coinsurance



Pharmacy

Prescription drug copays



Dental

Dental & orthodontic expenses



Vision

Glasses options, contact lenses, copays

Numbers and Dates

- New Contribution Maximum up to **\$3,400** for the 2026 plan year.
- **Estimate carefully.** Any unused funds at the end of the plan year will be forfeited per IRS requirements.
- Claims must occur between **July 1, 2026 – June 30, 2027** and be submitted for reimbursement by **September 30, 2027**
- Your entire contribution election will be available on **July 1, 2026**.

If enrolled in both a Health Care FSA and the HRA, FSA funds are used first for eligible expenses. Once FSA funds are exhausted, HRA funds may be applied. This allows employees to use pre-tax FSA dollars first, with additional employer-funded HRA support available later in the plan year.

The IRS requires substantiation (proof) of all FSA claims. Please **keep your receipts** for all FSA expenses and submit them to Ameriflex upon request to prevent debit card deactivation.

Contact Ameriflex at 888-868-3539 with questions or receipt submission issues.



AMERIFLEX

Download the Ameriflex mobile app for real-time access to your HRA and FSAs wherever you are.





Dependent Care FSA

A Dependent Care Flexible Spending Account lets you set aside pre-tax money from your paycheck to pay for eligible dependent care expenses. These are care costs that allow you (and your spouse, if applicable) to work, look for work, or attend school. Using pre-tax dollars lowers your taxable income, which can help you save money overall.

ELIGIBLE EXPENSE EXAMPLES

- Before or after school care (not tuition expenses)
- Daycare / nursery school / preschool
- Summer day camp (not overnight)
- Adult day care
- Other expenses specified by the IRS

WHO CAN BE COVERED?

You can use a DCFSA for care provided to:

- A dependent child under age 13
- A child age 13 or older who cannot care for themselves
- An adult tax dependent, such as a dependent parent or spouse, who cannot care for themselves

NUMBERS AND DATES:

- Contribute up to **\$7,500** per year (\$3,750 if you're married filing separately)
- Claims must occur between **July 1, 2026 – June 30, 2027** and be submitted for reimbursement by **September 30, 2027**
- Any leftover funds at the end of the year are forfeited per IRS requirements

IMPORTANT RULES TO KNOW

- Only money that has already been contributed is available for reimbursement
- Funds must be used for care received during the plan year
- Any unused funds at the end of the plan year are forfeited under IRS rules
- Claims must be submitted by the deadline listed below

AMERIFLEX

Download the Ameriflex mobile app for real-time access to your HRA and FSAs wherever you are.



Dental Insurance

Your Humana Dental Plans

Your Dental Plan Options

	Low Plan		High Plan
Calendar Year Annual Deductible (CYD)	\$50 per person; \$150 family maximum		\$50 per person; \$150 family maximum
Calendar Year Annual Benefit	\$1,500 per person		\$2,000 per person
	In-Network	Out-of-Network	In- and Out-of-Network
Basic Care Fillings, Endodontics	CYD then 20%	CYD then 40% plus balance billing	CYD then 20% of reasonable and customary
Preventive Care X-rays (12 months) Exams & cleanings (2 per year)	100% Covered (no deductible)	CYD then 20% plus balance billing	100% of reasonable and customary covered (deductible waived)
Major Care Crowns, Dentures , Bridges, Implants and TMJ	CYD then 75%	CYD then 75% plus balance billing	CYD then 50% of reasonable and customary
Child & Adult Orthodontia	Not covered		65% of reasonable and customary \$1,500 lifetime benefit per person Benefit payable on a quarterly basis.

Balance Billing applies to dental insurance too! If you use an out-of-network provider, you may be billed for the difference between the provider's charge and what Humana pays.

The Humana dental plans includes an **Extended Annual Maximum** to provide extra coverage when you need it most. The annual maximum is the amount the plan pays each year for dental care. If you reach that limit, coverage does not stop. Humana continues to pay **30 percent of covered dental services** for the rest of the year. This benefit does not apply to orthodontia services.

The Extended Annual Maximum benefit does not apply to orthodontia services.

Your Cost For Coverage

	Low Plan		High Plan	
Per Paycheck Cost	12-month (24 deductions)	10-month (21 deductions)	12-month (24 deductions)	10-month (21 deductions)
Employee Only	\$0.00	\$0.00	\$10.33	\$11.80
Employee + Spouse	\$10.92	\$12.48	\$31.42	\$35.91
Employee + Child(ren)	\$14.30	\$16.34	\$39.89	\$45.58
Employee + Family	\$25.09	\$28.67	\$60.99	\$69.70



Dental Insurance

Your Humana Dental Plans



Our dental plans are designed to give you choice and savings. You may visit any licensed dentist, but when you choose a Humana PPO or Traditional Preferred dentist, you get the most out of your plan by enjoying:



QUALITY YOU CAN TRUST

Humana PPO/Traditional Preferred dentists are monitored for proper licensing, cleanliness and safety.



NO UPFRONT PAYMENTS

You only pay your portion of the cost. Humana pays the dentist directly.



NO BALANCE BILLING

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



LOWER COSTS

Discounted fees help keep your dental care affordable.

FIND AN IN-NETWORK DENTIST STEPS:

Step 1: Scan the QR code or go to finder.humana.com and select the "Dentist" tab.

Step 2: Enter your search information based on plan

- For the PPO/Traditional Preferred plans:
 - » Enter your ZIP code
 - » In "Select a lookup method" choose "PPO" coverage type
 - » Select the network: PPO/Traditional Preferred
 - » Click "Search" button



<https://finder.humana.com/finder/dental?customerId=1004>

HUMANA

Group: #861934

Download the MyHumana mobile app for access to your claims, ID card, to find a provider, and more!



Dental Coverage FAQs

Answers to common questions about your FLVS dental benefits.



How often can I get my teeth cleaned?

Two routine cleanings are covered each calendar year. They do not need to be six months apart.



How do I estimate my costs before getting dental care?

If you or your dentist is anticipating a costly procedure, you may always request a pretreatment estimate. This is a standard request that your dentist (general or specialist) can send to Humana with a treatment plan to estimate your cost for care.



I also have dental coverage through my spouse or Tricare, how does that work with my FLVS dental insurance?

When you have more than one insurance plan to cover the same thing (i.e. two dental plans), the plans coordinate to ensure that all benefits are properly paid. The actual amount that Humana pays will depend on a few factors such as whether they're the primary coverage or secondary plan, the coverage level of your other dental plan, and the service that's being covered. In many cases, your final dental benefit will be the richer of your two plans for the services you received. A pretreatment estimate can generally help you estimate your costs when you have two dental plans.

Do I need an ID card?

If this is your first time enrolling in dental coverage, you will receive a dental ID card. If you already have Humana dental coverage, you will not receive a new card. You can view or print your ID card at [Humana.com](https://www.humana.com) or request a replacement by calling Humana at 800-233-4013.

MyHumana

Your Dental Plan at Your Fingertips

MyHumana gives you quick access to your dental benefits anytime.

With MyHumana, you can:

- View, print, or email your ID card
- Check claim status
- Review deductibles, coverage levels, and limits
- Find an in-network dentist near you



REGISTERING IS EASY

- Go to [Humana.com/Register](https://www.humana.com/Register) and select **Start activation now**
- Choose Something else under plan type
- Select **Member ID** or **Social Security number**
- Enter your information and create a username and password

You can also download the MyHumana mobile app to access your benefits on the go.

VIRTUAL DENTAL CARE, AVAILABLE 24/7

When care cannot wait, you can see a dentist virtually from your computer, tablet, or smartphone.

Virtual dental visits can help with:

- Tooth, mouth, or jaw pain
- Swelling or signs of infection
- Guidance on whether you need urgent or in-person care
- Prescriptions when appropriate, based on plan rules

You can get started at dental.com/humana. Once your coverage begins, create an account so you are ready when you need care.

SMART SCAN TOOLS

Your dental plan also includes Smart Scan tools to help you stay on top of your dental health between visits.

- Upload pictures of your mouth
- Receive personalized oral health feedback
- Review results with a licensed dentist
- Included with your dental plan at no extra cost

Vision Insurance

Your Humana Vision Plan

Your Plan Summary

	In-Network (you pay)	Out-of-Network (reimbursement)
Eye Exam	\$10 copay	Up to \$30
Frequency Examination Lenses and Contact lenses Frame	Once every 12 months Once every 12 months Once every 12 months	Once every 12 months Once every 12 months Once every 12 months
Lenses Single / Bifocal / Trifocal	\$15 copay	Up to: \$25 / \$40 / \$60
Frames	\$200 retail allowance after copay 20% off balance over \$200	\$50 allowance
Elective Contact Lenses	\$105 - 15% off balance over \$105 allowance	\$100 allowance
Medically Necessary Contact Lenses	100% covered	\$200 allowance

Your Cost For Coverage

Per Paycheck Cost	12-month (24 deductions)	10-month (21 deductions)
Employee Only	\$3.77	\$4.31
Employee + Spouse	\$7.50	\$8.57
Employee + Child(ren)	\$7.13	\$8.14
Employee + Family	\$11.18	\$12.78

Vision Insurance

Your Humana Vision Plan

Good vision care helps support your overall health and everyday comfort. Your Humana vision plan includes coverage for eye exams, glasses, and contact lenses, along with access to a wide network of providers and convenient online tools.

This section explains how to find a vision doctor, use your benefits, and manage your coverage so you can get the most value from your vision plan.



HUMANA

Download the MyHumana mobile app for access to your claims, ID card, to find a provider, and more!



How to find a vision doctor in the network

Using a vision provider in the Humana network helps you get the most value from your vision benefits. Follow the steps below to find an in-network provider.

STEP 1

Scan the QR code or visit [Humana.com](https://www.humana.com) and select **Find a Doctor** to search the Humana Vision network.



STEP 2

Search by your location to find a provider near you, or search by a doctor's name if you already have one in mind.

Online vision options

You may also use online, in-network vision providers, including [Glasses.com](https://www.glasses.com), [ContactsDirect.com](https://www.contactsdirect.com), and **1.800.Contacts**.

You can find vision providers near home, work, or while traveling, with access to independent, retail, and online options.

MyHumana mobile app

Download the MyHumana mobile app to access your ID card, find a provider, review claims, and manage your vision benefits.



Easily find an eye doctor near home, work or away with independent, retail and online options.



LENSCRAFTERS



GLASSES.com

contactsdirect



Extra Vision Benefits and Helpful Tips

VISION COVERAGE WHEN TRAVELING OUTSIDE THE UNITED STATES

Your Humana vision plan includes support if you need vision care while traveling internationally.

- Emergency vision care is available if you lose or break your glasses or need eye care while abroad.
- Emergency glasses can be delivered within 24 hours in many locations.
- Access to trusted international vision providers in multiple countries.
- 24/7 support is available, including translation assistance.
- Online claims submission makes it easy to request reimbursement for eligible out-of-network expenses.
- You are responsible only for the eye exam and any eyewear materials you choose to purchase.

Once your vision coverage begins, international vision benefits are available through [MyHumana.com](https://myhumana.com). After signing in, look for the International section on your vision benefits page.

Helpful tip

Save the international support phone number before traveling so you have it available if you need assistance.

CHOOSING THE RIGHT LENS OPTIONS

Different lens options are available to help improve comfort and clarity.

Blue light blocking lenses

- Help reduce eye strain from screens.
- May support better sleep by limiting blue light exposure.

Anti-reflective lenses

- Reduce glare and reflections from light sources.
- Improve visual clarity and comfort, especially in bright conditions or when driving at night.

Some lenses combine both features for added comfort. Your eye care provider can help you decide which option best fits your needs and lifestyle.



When traveling, keep this number handy:
+1.513.765.2870 to order emergency glasses, find a provider, or request translation.

Tip for calling the US from another country:
Dial the plus sign (+), then 1, then the area code, and the number.

Life and AD&D Insurance

Basic Coverage

LIFE INSURANCE

As a benefit-eligible employee, you are automatically provided with **\$40,000** in life insurance at no cost to you.

Life insurance helps support your loved ones financially if something happens to you. This benefit can help with everyday expenses, outstanding bills, or future needs.

Your coverage begins when you become eligible and remains in place as long as you are employed and benefit-eligible.

Coverage reduces beginning at age 65 and reduces to \$10,000 at retirement. Upon termination of employment, you may have the option to convert your coverage to an individual policy. Contact **The Standard** as soon as your employment ends if you are interested in this option.

A beneficiary is the person or people who would receive your life insurance benefit if you pass away. You must name a beneficiary to ensure benefits are paid according to your wishes.



Beneficiary information is managed in Workday and should be reviewed each year during Open Enrollment. Consider updating your beneficiary after major life events such as marriage, divorce, or the birth of a child.

AD&D INSURANCE

FLVS also provides all benefit-eligible employees with \$40,000 in Accidental Death & Dismemberment (AD&D) coverage at no cost to you. AD&D coverage can pay a benefit in one of two ways:

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



THE STANDARD

Please access Workday or contact the benefits department for coverage or claim questions

Additional Coverage

While FLVS provides basic life insurance at no cost, you may choose to purchase additional coverage to better protect your family and plan for future expenses. Additional life insurance is available through **The Standard** and can be elected in Workday.

Your cost depends on your age and the amount of coverage you select. Premiums are automatically deducted from your paycheck.

	Employee Coverage	Spouse* Coverage	Child** Coverage
Available increments	\$10,000	\$5,000	\$5,000 or \$10,000
Coverage maximum	Up to \$500,000	\$250,000 not to exceed 100% of employee amount	
Guarantee Issue Amount ⓘ	\$300,000	\$50,000	
Age Reduction Schedule	To 65% at age 65 To 40% at age 70 To 25% at age 75		



*If your spouse also works for FLVS, you cannot cover each other on spouse life insurance.

**If both parents work for FLVS, only one parent can elect child coverage. A dependent child can only be covered under one policy.

NOT SURE HOW MUCH COVERAGE YOU NEED?

The Standard offers a Life Insurance Needs Calculator to help you estimate how much coverage may make sense for you.

The calculator considers:

- Income your family may need to replace
- Major expenses such as housing, debt, or education costs
- Savings, investments, and existing life insurance

This tool provides a general estimate to help guide your decision. It is not financial advice. Access the calculator using the flyer included with your enrollment materials or by scanning the QR code.



As a **newly eligible employee**, you may elect up to the Guarantee Issue Amount with no medical questions required. Requests to increase coverage or enroll at a later date will be subject to medical questions and insurance company approval.

If underwriting is required for your coverage election, visit <http://myeoi.standard.com/175408>. Select **"Start the Statement"** and follow the prompts to answer all required questions. Please note, your information won't be saved if you navigate away from the site. If further medical information is necessary you'll receive a letter by mail. The acceptance or denial of the additional coverage will be provided to you in writing.

Note: Payroll deductions for the amount subject to underwriting will not begin until you have been approved for coverage.

Value-Added Life Insurance Benefits

Your Basic Life Insurance coverage includes additional services designed to support you and your family both now and in the future. These services are provided at no additional cost and are automatically included.

TRAVEL ASSISTANCE

Unexpected events can occur when you are traveling, such as lost travel documents, medical emergencies, or sudden travel disruptions. Travel Assistance is available to help navigate these situations at any time of day or night.

Travel Assistance coverage applies when you are more than 100 miles from home or traveling internationally, for up to 180 days, whether travel is for business or personal reasons. Coverage includes employees, spouses, and dependent children up to age 25.

Travel Assistance services include:

- Connecting you with appropriate medical providers and coordinating medical care while away from home
- Emergency medical evacuation to the nearest suitable medical facility and, when medically necessary, transportation home
- Emergency prescription replacement and assistance replacing corrective lenses
- Help with lost or stolen passports, travel documents, or credit cards
- Emergency cash coordination in urgent situations
- Assistance if travel is interrupted due to a medical emergency or hospitalization
- Support during natural disasters, political unrest, or other travel emergencies
- Interpreter services and help navigating local resources
- Travel guidance including visa requirements, currency exchange information, weather updates, and travel advisories

Contact Travel Assistance

United States, Canada, Puerto Rico, U.S. Virgin Islands, and Bermuda:

800-872-1414

Outside the U.S.: +1-609-986-1234

Email: medservices@assistamerica.com

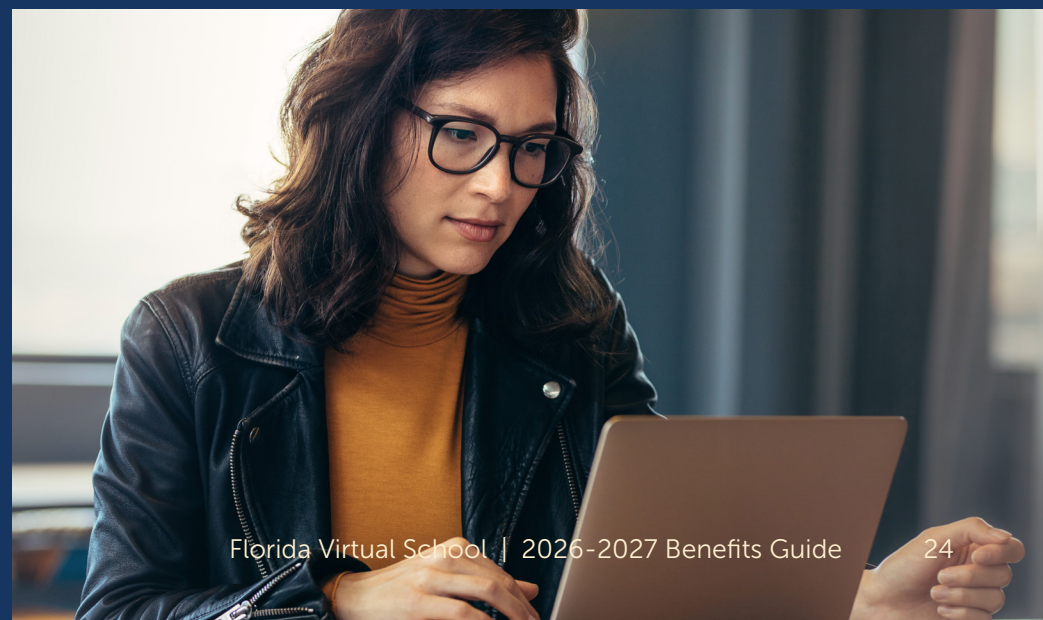
A mobile app is also available, providing access to emergency support, travel alerts, and important travel resources.

LIFE SERVICES TOOLKIT

The Life Services Toolkit provides practical tools, education, and expert support to help you make informed decisions related to financial planning, legal matters, wellness, and end-of-life planning.

These services are available online and are designed to support you before a loss occurs. In the event of a loss, beneficiaries can also access resources and guidance as needed.

- Estate planning assistance with step-by-step tools to help create wills and advance planning documents
- Financial planning guidance to help manage debt, calculate loan payments, and make informed financial decisions
- Health and wellness resources covering nutrition, stress management, and overall well-being
- Identity theft prevention education and guidance for responding to identity theft if it occurs
- Funeral planning resources to help understand costs, compare options, and make arrangements in advance



Disability Insurance

Short-Term Disability Insurance

Short-Term Disability insurance provides income protection if you are unable to work due to a covered illness, injury, or medical condition. This benefit helps replace a portion of your paycheck so you can focus on your health and recovery without the added stress of lost income.

FLVS provides base Short-Term Disability coverage at no cost to you. You also have the option to purchase additional buy-up coverage to further supplement your income if a disability occurs.

This coverage is important because most medical situations that keep you out of work are temporary, and STD helps bridge the gap between your last day worked and your return to work. Please note that you must use all available paid time off before Short-Term Disability benefits begin.

BASE COVERAGE (PROVIDED BY FLVS)

Benefits begin: Injury/accident Illness	On the first day of inability to work On the 8 th day of inability to work
Benefit amount	66 2/3% of your income to \$250 per week
Payments last	Up to 26 weeks if you remain unable to work

ADDITIONAL / BUY-UP STD COVERAGE OPTION

In addition to the base Short-Term Disability benefit provided by FLVS, you also have the option to purchase buy-up coverage to increase your benefit amount. The buy-up option allows you to replace more of your income if you are unable to work due to a longer illness or injury, helping reduce the financial impact during your recovery. Your cost for coverage is based on your salary and is available when you enroll in Workday.

Benefit amount:

66 2/3% of your income to a maximum of \$1,000 per week



Pregnancy is covered under the STD with an 8 day Elimination Period. The standard pregnancy benefits are 8 weeks (less the 8 day elimination period) for a c-section and 6 weeks (less the 8 day elimination period) for regular birth.

THE STANDARD

Please access Workday or contact the benefits department for coverage or claim questions



Long-Term Disability Insurance

Long-Term Disability insurance provides ongoing income protection if you are unable to return to work due to a serious illness or injury. This coverage is designed to help replace a portion of your income after Short-Term Disability ends, offering financial stability during an extended recovery period.

FLVS provides Long-Term Disability coverage through The Standard at no cost to you.

How the Benefit Works

Long-Term Disability benefits begin after Short-Term Disability benefits are exhausted, typically after 180 days of continuous disability. The plan pays 60 percent of your monthly income, up to a monthly maximum of \$6,000.

How Long Benefits May Be Paid

Benefits may continue as long as you remain disabled and meet the plan's definition of disability, up to Social Security Normal Retirement Age or the plan's maximum benefit period, whichever occurs later. This approach ensures support is available when long-term income protection is most needed, without requiring you to navigate complex age-based schedules.

Why Long-Term Disability Matters

Most people rely on their paycheck to cover essential expenses such as housing, food, and healthcare. If a serious medical condition prevents you from working for an extended period, Long-Term Disability coverage helps protect your financial well-being by providing continued income replacement when other benefits have ended.

This plan includes a pre-existing condition limitation. Conditions for which you received treatment or services during the three months prior to your coverage effective date may be excluded for the first 12 months of coverage. For coverage details or claim questions, please access Workday or contact the Benefits Department.

THE STANDARD

Please access Workday or contact the benefits department for coverage or claim questions

Accident Insurance

Accident coverage through Lincoln pays you a benefit if you are injured in a covered accident on- or off-the-job. Benefits are paid for:

INJURIES

Fractures or dislocations Second and third degree
burns Concussion
Cuts / lacerations
Eye injuries

MEDICAL SERVICES & TREATMENT

Ambulance
Emergency and non-emergency care
Physician follow-up
Therapy services (including physical therapy)
Major Diagnostic
Surgical Benefits

HOSPITALIZATION

Admission ICU Admission
Confinement ICU Confinement

ACCIDENTAL DEATH / DISMEMBERMENT

Accidental Death
Dismemberment, Loss & Paralysis

HEALTH ASSESSMENT / WELLNESS BENEFIT

Health Assessment / Wellness Benefit: receive a \$50 benefit every year you and any of your covered family members complete a single covered assessment test Including: Annual Physical, Child Immunizations, Dental Preventative exams and many more.

Child Sports Injury Benefit: Additional 25% benefit for children (through the end of the calendar year they turn 26) who experience an accident during an organized sports activity.

Your cost for coverage

Per Paycheck Cost	12-month (24 deductions)	10-month (21 deductions)
Employee Only	\$5.42	\$6.19
Employee + Spouse	\$8.21	\$9.38
Employee + Child(ren)	\$10.42	\$11.91
Employee + Family	\$13.59	\$15.53

LINCOLN FINANCIAL GROUP

Critical Illness Insurance INCLUDING CANCER

Critical Illness coverage through **Lincoln** is available for purchase. Critical illness coverage helps provide financial support if you are diagnosed with a covered critical illness.

You choose either a **\$15,000** or **\$30,000** benefit to protect yourself and any family members upon diagnosis of a covered critical illness. The plan pays a cash benefit based on the percentage payable for the diagnosed condition. A \$50 per person annual **wellness benefit** is also payable when you receive a covered preventive test

Covered diagnoses include:

- Heart Attack
- Sudden Cardiac Arrest
- Stroke
- Cancer
- Cancer-Non Invasive (25%)
- Major Organ Transplant
- Paralysis
- End Stage Renal Failure
- Alzheimer's Disease
- Additional Childhood Conditions

Family coverage is available when you make your coverage elections in Workday. Your **cost for coverage** varies by age, your coverage amount, and who you choose to cover. Cost information will be available when you enroll in Workday. Eligible dependents will receive 50% of the benefit amount you elect.

This coverage is available with no medical underwriting required.



LINCOLN FINANCIAL GROUP

Hospital Indemnity Insurance

Supplemental Health coverage through **Lincoln** is available for purchase.

This coverage pays you a cash benefit for hospital confinements that are due to an accident or sickness which can help keep you from withdrawing money from your personal bank account for hospital-related expenses. New Benefits included. Family coverage is available.

BENEFITS INCLUDE

ICU hospital Confinement (once per calendar year)	\$2,000
Initial hospital confinement (once per year)	\$1,000
Daily hospital confinement (30 days per year)	\$200 per day
Hospital Intensive Care	\$400 per day
Newborn Care (2 days per calendar year)	\$100 per Day
Hospital NICU Admission Additional Benefit	25%
Hospital NICU Confinement Additional Benefit	25%
Wellness Benefit once per year	\$50

Your cost for coverage

Per Paycheck Cost	12-month (24 deductions)	10-month (21 deductions)
Employee Only	\$6.28	\$7.18
Employee + Spouse	\$11.78	\$13.46
Employee + Child(ren)	\$12.02	\$13.74
Employee + Family	\$17.52	\$20.02

This coverage is available with no medical underwriting required.



LINCOLN FINANCIAL GROUP

Legal and Identity Theft Protection

Legal and Identity Theft Protection through US Legal helps employees and their families handle everyday issues and major life events with confidence. This voluntary benefit provides access to legal guidance, identity protection, and recovery services to help protect your personal and financial well-being.

Employees commonly use this benefit when dealing with situations like losing a wallet, buying or selling a home, managing debt, filing taxes, drafting a will, caring for aging family members, correcting credit report issues, or handling traffic-related matters.

Family and Identity Defender Coverage

The Family and Identity Defender plan combines legal protection with identity theft monitoring and recovery services. Coverage extends to the employee, their spouse, and eligible dependent children up to age 26.

Identity Theft Protection and Recovery

Identity protection services monitor your personal information and alert you to potential threats. If identity theft occurs, certified specialists manage the recovery process for you.

Identity protection includes:

- Monitoring of personal information such as Social Security numbers, financial accounts, credit activity, medical ID, email, and addresses
- Dark web, fraud, and identity threat alerts
- Credit monitoring with score tracking and reports
- Social media and mobile security monitoring
- Fully managed identity restoration and credit freeze support
- Lost wallet protection, ransomware resolution, and identity theft insurance
- 24/7 U.S.-based customer support and online tools

Legal Services for Life's Milestones

Legal coverage helps reduce out-of-pocket legal costs by providing access to experienced attorneys and support for a broad range of personal and family legal needs.

Legal services include support for:

- Legal consultations and attorney guidance
- Document preparation and review, including wills, powers of attorney, and contracts
- Estate planning and estate administration
- Family law matters such as divorce, custody, and support
- Financial matters including debt issues, bankruptcy, and IRS audits
- Real estate transactions, including buying, selling, or refinancing a primary residence
- Traffic violations, civil matters, and certain criminal defense services
- Discounted services for some non-covered matters

Additional Tools and Wellness Resources

- Enrollment also includes online tools and resources to support overall legal and financial well-being.
- State-specific legal document library and DIY forms
- Financial wellness tools and expert support
- Tax coaching and discounted tax preparation
- Perks and discounts program
- Confidential identity theft restoration services

Your Cost for Coverage

Coverage is offered through convenient payroll deductions.

Per Paycheck Cost	Family Defender (Legal Only)	Family and Identity Defender
12-month employees (24 deductions)	\$9.31 per paycheck	\$14.35 per paycheck
10-month employees (21 deductions)	\$10.71 per paycheck	\$16.40 per paycheck

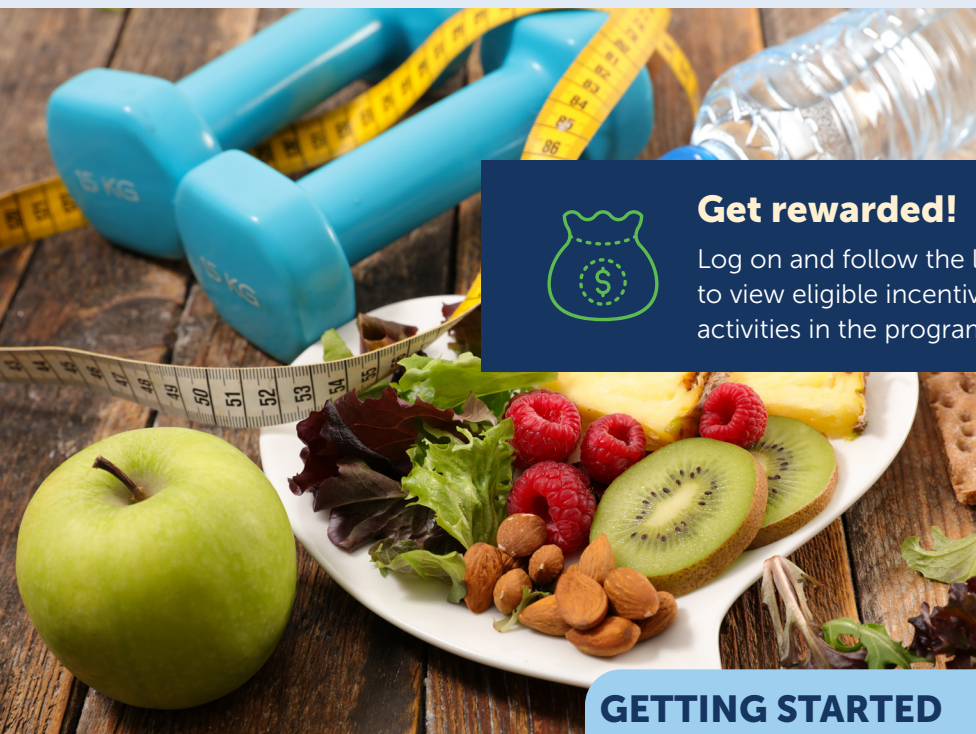
For more information, call [800-356-LAWS](tel:800-356-LAWS) or visit www.uslegalservices.net/individuals-families. Coverage is subject to policy terms and exclusions.

FLVS WELLNESS PROGRAM

WITH INCENTIVES FOR PARTICIPATION!

Starting August 1, 2026

All employees are eligible to earn rewards, even if you are not enrolled in FLVS medical coverage.



Get rewarded!

Log on and follow the link to view eligible incentivized activities in the program.

LOGIN

FLORIDA BLUE MEMBER

Online

1. Log in to your Florida Blue online account at floridablue.com.
2. Click Health & Wellness, then BetterYou Strides. If this is your first time, you will be prompted to create a username and password. Follow the directions on the screen to create your BetterYou Strides account.
3. Read and accept the terms of service. Choose your communications preferences

Mobile App

1. Download the AlwaysOn mobile app from the Apple App store or Google Play.
2. Log in with your username and password, or follow the directions on the screen to create your BetterYou Strides account.

NON-FLORIDA BLUE MEMBER

Online

Visit login.onlifehealth.com/Home/Login Then click Get Started.

Mobile App

1. Download the AlwaysOn mobile app from the Apple App store or Google Play.
2. Click Register now and enter 63490.
3. Follow the directions on the screen to create your BetterYou Strides account.

GETTING STARTED

Complete your online Health Assessment and participate in wellness activities to earn wellness points. Earn **250 points** between August 1, 2026 and June 30, 2027, and receive a **\$25 gift card**. Earn **500 points** between August 1, 2026 and June 30, 2027, and receive a **\$50 gift card**. Earn **1,000 points** or more between August 1, 2026 and June 30, 2027, and receive a **\$100 gift card**. Visit the allowable activities page to see which activities are worth points. All gift cards earned will be distributed between July and August of 2027. Please note, you may only earn one of the three possible gift card amounts and you must be an active employee at time it is awarded.

Need Help? Have Questions?

Members Call: 800-352-2583

Non-Members Call: 866-560-9355

Email: hrbenefits@flvs.net

Financial Wellbeing Workshops

DID YOU KNOW THAT FLVS PARTNERS WITH METLIFE TO OFFER YOU FINANCIAL EDUCATION WORKSHOPS?

FLVS offers Financial Wellness Workshops throughout the year in partnership with MetLife. The Workshop offerings are announced in the Weekly Download and on the Benefits SharePoint.

- Workshop Topics include:
- Smart Money Moves in Your 20s and 30s
- Investing 101
- Understanding Life and Disability Income Insurance
- Estate Planning
- Investing 201
- Planning for College
- Tax Strategies: The Basics and Beyond
- Preparing to Care for an Aging Parent
- Smart Money Moves in Your 40s, 50s, 60s, and Beyond
- A Parent's Guide to Kids and Money: Toddlers to Teens
- Women and Investing

Be on the lookout for more information on upcoming workshops for employees of all ages and career stages.



Employee Assistance Program

The Employee Assistance Program through The Standard offers confidential support, professional counseling, and practical resources to help you and your household manage personal, emotional, financial, and work-life challenges.

EAP services are available to employees and their household members at no cost and can be accessed 24 hours a day, seven days a week. Assistance is confidential and available whenever support is needed.



Confidential Counseling Services

You and eligible household members have access to up to six confidential counseling sessions per issue. Counseling sessions may be conducted in person, by phone, or through secure video.

Counseling support is available for a wide range of concerns, including:

- Stress, anxiety, and emotional well-being
- Depression, grief, and loss
- Marriage, family, and relationship issues
- Work-related stress and life transitions
- Alcohol or substance-related concerns

Work-Life Support and Resources

Work-Life Services help you balance personal responsibilities by connecting you with trusted resources and referrals for everyday needs.

- Child care and elder care support and referrals
- Education and adoption resource assistance
- Pet care and daily living support
- Assistance locating community resources

Legal and Financial Guidance

EAP also provides guidance and educational resources to help you address common legal and financial concerns.

- Financial education, budgeting tools, and debt management support
- Legal consultations for common issues
- Online preparation of legal documents such as wills and directives
- Identity theft education and fraud resolution assistance

Online Tools and Self-Service Resources

Online resources are available anytime and include articles, videos, self-assessments, calculators, and educational materials to support overall well-being.

How to Access EAP

Phone: 877-851-1631 or TTY 711

Available 24 hours a day, 7 days a week

Website: healthadvocate.com/standard6

Registration Code: **LERK9BR**

All EAP services are confidential and support is available whenever you need it.

IMPORTANT CONTACTS

Medical & Pharmacy

Florida Blue

www.floridablue.com

Customer Service – 1-800-664-5295

Health Dialog: 1-877-789-2583

Care Consultants: 1-888-476-2227

Mail Order Prescription: 1-855-965-7539

TELADOC

TELADOC

www.teladoc.com

1-800-Teladoc (835-2362)

Dental Coverage

Humana

www.humana.com

1-800-233-4013

Vision Coverage

Humana

www.humanavisioncare.com

1-800-865-3676

HRA & Spending Accounts

Ameriflex

www.myameriflex.com

1-888-868-3539

Life & Disability Insurance Accident/Critical Illness/ Hospital Indemnity

The Standard

standard.com/mytoolkit

User name: **support**

EAP: EmployeeConnect

The Standard

healthadvocate.com/standard6

24/7 Care: 1-877-851-1631 or TTY 711

Registration Code: **LERK9BR**



FLORIDA VIRTUAL SCHOOL

Benefits Department

407-513-3587 x5341

hrbenefits@flvs.net

Missy Schneider, Senior Benefits Specialist

407-513-3690

aschneider@flvs.net

Christina Elders, Senior Manager, Benefits and Compensation

407-513-3374

celders@flvs.net

WORKDAY (ONLINE ENROLLMENT)

<https://www.myworkday.com/flvs/d/home.html>



ANNUAL RIGHTS AND NOTICES

This section contains important information about your benefits and rights. Please read the following pages carefully and contact your Benefits Department at HRBenefits@flvs.net with any questions you have.

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

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

To request special enrollment or obtain more information, contact your Benefits or HR Administrator.

Section 111 – Effective January 1, 2009 Group Health Plans are required by the Federal government to comply with Section 111 of the Medicare, Medicaid, and SCHIP Extension of 2007's new Medicare Secondary Payer regulations. This mandate is designed to assist in establishing financial liability of claim assignments. In other words, it will help to establish who pays first. The mandate requires Group Health Plans to collect additional information such as social security numbers for all enrollees, including dependents aged six months or older. Please be prepared to provide this information on your Benefit Enrollment Form when enrolling into benefits.

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

Women's Health and Cancer Rights Act of 1998 – If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for all stages of reconstruction of the breast on which the mastectomy was performed, surgery and reconstruction of the other breast to produce a symmetrical appearance, prostheses; and treatment of physical complications of the mastectomy, including lymphedema.

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

Continued

Patient Protection – If your group health plan requires or allows the designation of a primary care provider, you have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. If the plan or health insurance coverage designates a primary care provider automatically, until you make this designation, the group health plan will make one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the health plan. For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from the group health plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals.

For a list of participating health care professionals who specialize in obstetrics or gynecology, or for information on how to select a primary care provider, and for a list of the participating primary care providers, contact the Plan Administrator or refer to the carrier website.

It is your responsibility to ensure that the information provided on your application for coverage is accurate and complete. Any omissions or incorrect statements made by you on your application may invalidate your coverage. The carrier has the right to rescind coverage on the basis of fraud or misrepresentation.

Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP) –

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2026. Contact your state for more information on eligibility.

CHIP STATE CONTACT INFORMATION

ALABAMA – Medicaid

<http://myalhipp.com>
855-692-5447

ALASKA – Medicaid

The AK Health Insurance Premium Payment Program
<http://myakhipp.com/> | 866-251-4861
CustomerService@MyAKHIPP.com
Medicaid Eligibility: <https://health.alaska.gov/dpa/Pages/default.aspx>

ARKANSAS – Medicaid

<http://myarhipp.com>
855.MyARHIPP 855-692-7447

CALIFORNIA – Medicaid

Health Insurance Premium Payment (HIPP) Program
<http://dhcs.ca.gov/hipp>
916-445-8322 | Fax: 916-440-5676 | Email: hipp@dhcs.ca.gov

COLORADO – Medicaid and CHIP

Health First Colorado (Colorado's Medicaid Program)
<https://www.healthfirstcolorado.com>
Member Contact Center: 800-221-3943 | State Relay 711
Child Health Plan Plus (CHP+)
<https://hcpf.colorado.gov/child-health-plan-plus>
Customer Service: 800-359-1991 | State Relay 711
Health Insurance Buy-In Program (HIBI)
<https://www.mycohibi.com/>
HIBI Customer Service: 855-692-6442

FLORIDA – Medicaid

www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html
877-357-3268

GEORGIA – Medicaid

GA HIPP: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>
678-564-1162, Press 1
GA CHIPRA: <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>
678-564-1162, Press 2

INDIANA – Medicaid

Health Insurance Premium Payment Program
All other Medicaid
<https://www.in.gov/medicaid/> | 800-457-4584
Family and Social Services Administration
<http://www.in.gov/fssa/dfr/> | 800-403-0864

IOWA – Medicaid and CHIP (Hawki)

Medicaid: <https://hhs.iowa.gov/programs/welcome-iowa-medicaid>
800-338-8366
Hawki: <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki>
800-257-8563
HIPP: <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp>
888-346-9562

KANSAS – Medicaid

<https://www.kancare.ks.gov/>
800-792-4884 | HIPP Phone: 800-967-4660

KENTUCKY – Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP):
<https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>
855-459-6328 | KIHIPPPROGRAM@ky.gov
KCHIP: <https://kynect.ky.gov> | 877-524-4718
Medicaid: <https://chfs.ky.gov/agencies/dms>

LOUISIANA – Medicaid

Medicaid: www.ldh.la.gov/healthy-louisiana
Customer Service Line: 888-342-6207
Medicaid Email: healthy@la.gov
Louisiana Health Insurance Premium Program (LaHIPP):
<https://www.ldh.la.gov/lahipp>
LaHIPP Phone: 877-697-6703 | LaHIPP Email: La.HIPP@la.gov
LaHIPP Fax: 888-716-9787
LaHIPP Mailing Address: 100 Crescent Centre Parkway, Suite 1000 Tucker, GA 30084

MAINE – Medicaid

Enrollment: https://www.mymaineconnection.gov/benefits/s/?language=en_US
800-442-6003 | TTY: Maine relay 711
Private Health Insurance Premium:
<https://www.maine.gov/dhhs/ofl/applications-forms>
800-977-6740 | TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

<https://www.mass.gov/masshealth/pa>
800-862-4840 | TTY: 711 | Email: masspremassistance@accenture.com

MINNESOTA – Medicaid

<https://mn.gov/dhs/health-care-coverage/>
800-657-3672

CHIP STATE CONTACT INFORMATION, CONTINUED

MISSOURI – Medicaid

<http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>
573-751-2005

MONTANA – Medicaid

<http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>
800-694-3084 | Email: HSHIPPProgram@mt.gov

NEBRASKA – Medicaid

<http://www.ACCESSNebraska.ne.gov>
Phone: 855-632-7633 | Lincoln: 402-473-7000 | Omaha: 402-595-1178

NEVADA – Medicaid

<http://dhcfp.nv.gov>
800-992-0900

NEW HAMPSHIRE – Medicaid

<https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>
603-271-5218 | Toll free number for the HIPP program: 800-852-3345, ext. 15218 | Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov

NEW JERSEY – Medicaid and CHIP

Medicaid: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid>
800-356-1561
CHIP: <http://www.njfamilycare.org/index.html>
800-701-0710 (TTY: 711) | Premium Assistance: 609-631-2392

NEW YORK – Medicaid

https://www.health.ny.gov/health_care/medicaid/
800-541-2831

NORTH CAROLINA – Medicaid

<https://medicaid.ncdhhs.gov/>
919-855-4100

NORTH DAKOTA – Medicaid

<https://www.hhs.nd.gov/healthcare>
844-854-4825

OKLAHOMA – Medicaid and CHIP

<http://www.insureoklahoma.org>
888-365-3742

OREGON – Medicaid and CHIP

<http://healthcare.oregon.gov/Pages/index.aspx>
800-699-9075

PENNSYLVANIA – Medicaid and CHIP

<https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html>
800-692-7462
CHIP Website: <https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx>
CHIP Phone: 800.986.KIDS (5437)

RHODE ISLAND – Medicaid and CHIP

<http://www.eohhs.ri.gov>
855-697-4347 or 401-462-0311 (Direct Rlte Share Line)

SOUTH CAROLINA – Medicaid

<http://www.scdhhs.gov>
888-549-0820

SOUTH DAKOTA – Medicaid

<http://dss.sd.gov>
888-828-0059

TEXAS – Medicaid

<https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program>
800-440-0493

UTAH – Medicaid and CHIP

Utah's Premium Partnership for Health Insurance (UPP)
<https://medicaid.utah.gov/upp/> | Email: upp@utah.gov | 888-222-2542
Adult Expansion: <https://medicaid.utah.gov/expansion/>
Utah Medicaid Buyout Program: <https://medicaid.utah.gov/buyout-program/>
CHIP: <https://chip.utah.gov/>

VERMONT – Medicaid

<https://dvha.vermont.gov/members/medicaid/hipp-program>
800-250-8427

CHIP STATE CONTACT INFORMATION, CONTINUED

VIRGINIA – Medicaid and CHIP

<https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select>
<https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs>
 Medicaid and Chip: 800-432-5924

WASHINGTON – Medicaid

<https://www.hca.wa.gov/>
 800-562-3022

WEST VIRGINIA – Medicaid and CHIP

<https://dhhr.wv.gov/bms/> or <http://mywvhipp.com/>
 Medicaid: 304-558-1700
 CHIP Toll-free: 855.MyWVHIPP 855-699-8447

WISCONSIN – Medicaid and CHIP

<https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>
 800-362-3002

WYOMING – Medicaid

<https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>
 800-251-1269

To see if any other states have added a premium assistance program since January 31, 2026, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
 Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
 866.444.EBSA (3272)

U.S. Department of Health and Human Services
 Centers for Medicare & Medicaid Services
www.cms.hhs.gov
 877-267-2323, Menu Option 4, Ext. 61565

OMB Control Number 1210-0137 (expires 5/31/2029)

Health Insurance Marketplace

PART A: General Information

When key parts of the health care law took effect 2014, there became a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers “one-stop shopping” to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly insurance premium right away.

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

You may qualify to save money or lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that does not meet certain standards. The savings on your premium that you are eligible for depends on your household income.

Does Employer Health Coverage Affect Premium Savings through the Marketplace?

Yes. If the health coverage from your employer meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer’s health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the “minimum value” standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, you will lose the employer contribution to the employer-offered coverage. Also, this employer contribution, as well as your employee contribution to employer-offered coverage, is often excluded from income for Federal and State income tax

purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about the coverage offered by your employer, please check your Summary Plan Description or contact your Benefits Administrator. The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit healthcare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

PART B: Information about Health Coverage Offered by Your Employer

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

3. Employer Name: Florida Virtual School	4. Employer Identification Number: 59-3721320	
5. Employer Address: 5422 Carrier Drive, Suite 201	6. Employer Phone Number: 407-513-3374	
7. City: Orlando	8. State FL	9. Zip Code 32819
10. Who can we contact about associate health coverage at this job? Christina Elders, Senior Manager, Benefits and Compensation		
11. Phone Number: 407-513-3374	12. Email Address: celders@flvs.net	

As your employer, we offer a health plan to some employees. Eligible Employees are full-time, active employees normally scheduled to work a minimum of 30 hours per week, on the regular payroll of the Company, and in a class of employees eligible for coverage.

With respect to dependents, we do offer coverage. Eligible dependents are defined as the Covered Employee’s spouse under a legally valid existing marriage as defined by Florida Law, dependent child(ren) up to age 26 and the newborn child of a covered dependent child up to 18 months.

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

¹ An employer-sponsored health plan meets the “minimum value standard” if the plan’s share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

Medicare Part D notice of creditable coverage

Important Notice About Your Prescription Drug Coverage & Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Florida Virtual School and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

- Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
- Florida Virtual School has determined that the prescription drug coverage offered by the group medical plans is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Florida Virtual School coverage will be affected. You cannot keep your coverage with the Florida Virtual School plan if you elect Part D coverage. If you decide to join a Medicare drug plan and drop your current coverage under the Florida Virtual School Medical Plan, be aware that you and your dependents will not be able to get this coverage back. See pages 7-9 of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at <http://www.cms.hhs.gov/CreditableCoverage/>), which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.

This Notice should be shared with your Medicare eligible dependents and spouse as this information could impact your decision to enroll in Medicare part D.

MEDICARE PART D NOTICE OF CREDITABLE COVERAGE, CONTINUED

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Florida Virtual School and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later. If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage:

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Florida Virtual School changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage:

- Visit www.medicare.gov.
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	July 1, 2026
Name of Entity / Sender:	Florida Virtual School
Address:	5422 Carrier Drive, Suite 20, Orlando, FL 32819
Phone Number:	407-513-3374

Notice of Privacy Practices

Understanding Your Health Record/Information

Each time you visit a hospital, physician, dentist, or other health care provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a basis for planning your care and treatment and serves as a means of communication among the many health professionals who contribute to your care. Understanding what is in your record and how your health information is used helps you to ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and helps you make more informed decisions when authorizing disclosure to others.

Your Health Information Rights

Unless otherwise required by law, your health record is the physical property of the health plan that compiled it. However, you have certain rights with respect to the information. You have the right to:

- Receive a copy of this Notice of Privacy Practices from us upon enrollment or upon request.
- Request restrictions on our uses and disclosures of your protected health information for treatment, payment and health care operations. We reserve the right not to agree to a given requested restriction.
- Request to receive communications of protected health information in confidence.
- Inspect and obtain a copy of the protected health information contained in your medical or billing records and in any other of the organization's health records used by us to make decisions about you.
- Request an amendment to your protected health information. However, we may deny your request for an amendment if we determine that the protected health information or record that is the subject of the request: was not created by us, unless you provide a reasonable basis to believe that the originator of the protected health information is no longer available to act on the requested amendment; is not part of your medical or billing records; is not available for inspection as set forth above; or is accurate and complete. In any event, any agreed upon amendment will be included as an addition to, and not a replacement of, already existing records.

- Receive an accounting of disclosures of protected health information made by us to individuals or entities other than to you, except for disclosures: to carry out treatment, payment and health care operations as provided above; to persons involved in your care or for other notification purposes as provided by law; to correctional institutions or law enforcement officials as provided by law; for national security or intelligence purposes; that occurred prior to the date of compliance with privacy standards (April 14, 2003 or April 14, 2004 for small health plans); incidental to other permissible uses or disclosures; that are part of a limited data set (does not contain protected health information that directly identifies individuals); made to plan participant or covered person or their personal representatives; for which a written authorization form from the plan participant or covered person has been received.
- Revoke your authorization to use or disclose health information except to the extent that we have already taken action in reliance on your authorization, or if the authorization was obtained as a condition of obtaining insurance coverage and other applicable law provides the insurer that obtained the authorization with the right to contest a claim under the policy.
- Receive notification if affected by a breach of unsecured PHI.

How Medical Information About You May Be Used and Disclosed

This organization may use and/or disclose your medical information for the following purposes:

Treatment: We may use or disclose your health information without your permission for health care providers to provide you with treatment.

Payment: We may use or disclose your health information without your permission to carry out activities relating to reimbursing you for the provision of health care, obtaining premiums, determining coverage, and providing benefits under the policy of insurance that you are purchasing. Such functions may include reviewing health care services with respect to medical necessity, coverage under the policy, appropriateness of care, or justification of charges.

NOTICE OF PRIVACY PRACTICES, CONTINUED

To Carry Out Certain Operations Relating to Your Benefit Plan: We may use or disclose your protected health information without your permission to carry out certain limited activities relating to your health insurance benefits, including reviewing the competence or qualifications of health care professionals, placing contracts for stop-loss insurance and conducting quality assessment activities.

To Plan Sponsor: Your protected health information may be disclosed to the plan sponsor as necessary for the administration of this health benefit plan pursuant to the restrictions imposed on plan sponsors in the plan documents. These restrictions prevent the misuse of your information for other purposes.

Health-Related Benefits and Services: We may contact you to provide information about other health-related products and services that may be of interest to you. For example, we may use and disclose your protected health information for the purpose of communicating to you about our health insurance products that could enhance or substitute for existing health plan coverage, and about health-related products and services that may add value to your existing health plan.

Individuals Involved in Your Care or Payment for Your Care: Unless you object, we may disclose your protected health information to your family or friends or any other individual identified by you when they are involved in your care or the payment for your care. We will only disclose the protected health information directly relevant to their involvement in your care or payment. We may also disclose your protected health information to notify a person responsible for your care (or to identify such person) of your location, general condition or death.

Business Associates: There may be some services provided in our organization through contracts with Business Associates. An example might include a copy service we use when making copies of your health record. When these services are contracted, we may disclose some or all of your health information to our Business Associate so that they can perform the job we have asked them to do. To protect your health information, however, we require the Business Associate to appropriately safeguard your information.

Limited Data Sets: We may use or disclose, under certain circumstances, limited amounts of your protected health information that is contained in limited data sets. These circumstances include public health, research, and health care operations purposes.

Organ and Tissue Donation: If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Worker's Compensation: We may release protected health information about you for programs that provide benefits for work related injuries or illness.

Communicable Diseases: We may disclose protected health information to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

Health Oversight Activities: We may disclose protected health information to federal or state agencies that oversee our activities.

Law Enforcement: We may disclose protected health information as required by law or in response to a valid judge ordered subpoena. For example: in cases of victims of abuse or domestic violence; to identify or locate a suspect, fugitive, material witness, or missing person; related to judicial or administrative proceedings; or related to other law enforcement purposes.

Military and Veterans: If you are a member of the armed forces, we may release protected health information about you as required by military command authorities.

Lawsuits and Disputes: We may disclose protected health information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process.

NOTICE OF PRIVACY PRACTICES, CONTINUED

Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release protected health information about you to the correctional institution or law enforcement official. An inmate does not have the right to the Notice of Privacy Practices.

Abuse or Neglect: We may disclose protected health information to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Coroners, Medical Examiners, and Funeral Directors: We may release protected health information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death. We may also release protected health information about patients to funeral directors as necessary to carry out their duties.

Public Health Risks: We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purposes such as controlling disease, injury or disability.

Serious Threats: As permitted by applicable law and standards of ethical conduct, we may use and disclose protected health information if we, in good faith, believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

Food and Drug Administration (FDA): As required by law, we may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

For Purposes For Which We Have Obtained Your Written Permission: All other uses or disclosures of your protected health information will be made only with your written permission, and any permission that you give us may be revoked by you at any time.

Information We Collect About You

We collect the following categories of information about you from the following sources:

- Information that we obtain directly from you, in conversations or on applications or other forms that you fill out.
- Information that we obtain as a result of our transactions with you.
- Information that we obtain from your medical records or from medical professionals.
- Information that we obtain from other entities, such as health care providers or other insurance companies, in order to service your policy or carry out other insurance-related needs.

Genetic Information

We will not use or disclose genetic information or results from genetic services for underwriting purposes, such as:

- Rules for eligibility or benefits under the health plan.
- The determination of premium or contribution amounts under the health plan.
- The application of any pre-existing condition exclusion under the health plan.
- Other activities related to the creation, renewal or replacement of a contract of health insurance or health benefits.

Our Responsibilities

We are required to maintain the privacy of your health information. In addition, we are required to provide you with a notice of our legal duties and privacy practices with respect to information we collect and maintain about you. We must abide by the terms of this notice. We reserve the right to change our practices and to make the new provisions effective for all the protected health information we maintain. If our information practices change, a revised notice will be mailed upon request to the address on record. If we maintain a website that provides information about our services or benefits, the new notice will be posted on that website. Your health information will not be used or disclosed without your written authorization,

NOTICE OF PRIVACY PRACTICES, CONTINUED

except as described in this notice. The following uses and disclosures will be made only with explicit authorization from you: (i) uses and disclosures of your health information for marketing purposes, including subsidized treatment communications; (ii) disclosures that constitute a sale of your health information; and (iii) other uses and disclosures not described in the notice. Except as noted above, you may revoke your authorization in writing at anytime.

Our Practice Regarding Confidentiality And Security

We restrict access to nonpublic personal information about you to those employees who need to know that information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

Our Practice Regarding Confidentiality And Security For E-Mail Communication

If you choose to communicate with us via e-mail, please be aware of the following due to the nature of e-mail communication: (i) privacy and security of e-mail messages are not guaranteed (ii) we are not responsible for loss due to technical failures and (iii) e-mail communication should not be used for emergencies or time and content sensitive issues.

Potential Impact Of State Law

In some circumstances, the privacy laws of a particular state, or other federal laws, provide individuals with greater privacy protections than those provided for in the HIPAA Privacy Regulations. In those instances, we are required to follow the more stringent state or federal laws as they afford the individual greater privacy protections. For example, where such laws have been enacted, we will follow more stringent state privacy laws that relate to uses and disclosures of Protected Health Information concerning HIV or AIDS, mental health, substance abuse/chemical dependency, genetic testing and reproductive rights.

Notice Of Privacy Practices Availability

You will be provided a hard copy for review at the time of enrollment (or by the Privacy compliance date for this health plan). Thereafter, you may obtain a copy upon request, and the notice will be maintained on the organization's website (if applicable website exists) for downloading.

For More Information Or To Report A Problem

If you have questions about this notice or would like additional information, you may contact our HIPAA Privacy Officer at the telephone number or address below. If you believe that your privacy rights have been violated, you have the right to file a complaint with the Privacy Officer or with the Secretary of the Department of Health and Human Services at the telephone number or address listed below. We will take no retaliatory action against you if you make such complaints.

U.S. Department of Health and Human Services

Office of the Secretary
200 Independence Avenue, S.W.
Washington, D.C. 20201
Tel: 202-619-0257
Toll Free: 1-877-696-6775
<http://www.hhs.gov/contacts>

Florida Virtual School Self-Funded Medical Plan

Christina Elders
Privacy Officer
5422 Carrier Drive, Suite 201
Orlando, FL 32819
407-513-3374



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.

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