

WASHINGTON COUNTY

SCHOOL DISTRICT | FLORIDA

2027

EMPLOYEE BENEFITS GUIDE

OPEN ENROLLMENT | NOVEMBER 1-30, 2026

Review your choices. Select your coverage. Complete your enrollment.



Benefits made brighter.

OE

Open Enrollment at a Glance

Use the option that works best for you.

ENROLLMENT MONTH NOVEMBER Virtual and phone appointments: Nov. 1-30	ON-SITE DATES NOV. 2-16 See the district schedule below	PLAN YEAR FEB. 1, 2027 Renewal effective date
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Three ways to enroll

- Meet with an enrollment counselor at your worksite on the scheduled date.
- Request a virtual or phone appointment by emailing fienrollment@usebsg.com. Appointments are available 7:00 a.m.-9:00 p.m. during November.
- Use online self-service through [Employee Navigator](#) during the enrollment window.

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FSA annual election required. Flexible Spending Account elections do not automatically roll over. Re-elect your amount for the new plan year.

2026 on-site enrollment schedule

DATE	LOCATION	TIME
Mon., Nov. 2	PAEC	9:00 a.m.-3:30 p.m.
Tue., Nov. 3	WAVE	8:00-11:00 a.m.
Tue., Nov. 3	WVPK	12:00-3:30 p.m.
Wed., Nov. 4	Technical College	8:00 a.m.-3:30 p.m.
Thu., Nov. 5	CHS & Roulhac	8:00 a.m.-3:30 p.m.
Mon., Nov. 9	VHS	8:00 a.m.-3:30 p.m.
Tue., Nov. 10	VES	8:00 a.m.-3:30 p.m.
Wed., Nov. 11	KSES	8:00 a.m.-3:30 p.m.
Thu., Nov. 12	District Office	11:00 a.m.-3:30 p.m.
Mon., Nov. 16	VMS	8:00 a.m.-3:30 p.m.

Transportation and Maintenance employees may visit the most convenient enrollment site.

DN

Dental Coverage

The Standard | Two plan choices

<p>LOW PLAN</p> <p>PREVENTIVE + BASIC</p> <p>Major services are not covered</p>	<p>HIGH PLAN</p> <p>BROADER COVERAGE</p> <p>Includes major services</p>	<p>NETWORK</p> <p>PPO DENTAL</p> <p>Use network providers for best value</p>
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Plan highlights

FEATURE	LOW PLAN	HIGH PLAN
Type 1 - preventive	100% in / 100% out	100% in / 100% out
Type 2 - basic	80% in / 50% out	90% in / 80% out
Type 3 - major	Not covered	60% in / 50% out
Calendar-year deductible	\$50 Type 2; waived Type 1	\$50 Type 2 & 3; waived Type 1
Annual maximum	\$1,000 in or out	\$1,500 in / \$1,000 out
Waiting period	None	None
Routine exam / cleaning	Once every 6 months	Once every 6 months
Orthodontia	Not listed as covered	Not listed as covered

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Know the difference. The Low Plan does not cover Type 3 major services. Review expected dental needs before choosing.

RATES | Effective Feb. 1, 2027 | Monthly rates; semi-monthly estimate shown for 24 pay periods

COVERAGE	LOW MONTHLY	LOW SEMI-MO.	HIGH MONTHLY	HIGH SEMI-MO.
Employee only	\$24.29	\$12.15	\$38.65	\$19.33
Employee + spouse	\$50.91	\$25.46	\$88.65	\$44.33
Employee + child(ren)	\$65.97	\$32.99	\$100.01	\$50.01
Employee + family	\$90.27	\$45.14	\$129.55	\$64.78

Semi-monthly amounts are monthly premiums divided by two and rounded to cents. Rates are guaranteed through Jan. 31, 2028.

VS

Vision Coverage

The Standard | VSP network

EYE EXAM EVERY 12 MONTHS \$10 network exam deductible	LENSES / CONTACTS EVERY 12 MONTHS \$25 eyeglass lenses or frames deductible	FRAMES EVERY 24 MONTHS \$120 network allowance
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High points

SERVICE	VSP NETWORK	OUT OF NETWORK
Annual eye exam	Covered in full after \$10 exam deductible	Up to \$52
Single / bifocal / trifocal lenses	Covered in full after applicable deductible	Up to \$55 / \$75 / \$95
Frames	\$120 allowance	Up to \$45
Elective contacts	Up to \$120	Up to \$105
Medically necessary contacts	Covered in full	Up to \$210
Contact fitting / follow-up	Participant cost up to \$60	No benefit
Frequency - exam / lenses / frames	12 / 12 / 24 months	12 / 12 / 24 months

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Network value. Use a VSP provider to receive the highest allowances and network pricing on lens options.

RATES | Effective Feb. 1, 2027 | Rates unchanged

COVERAGE	MONTHLY PREMIUM	EST. SEMI-MONTHLY
Employee only	\$9.48	\$4.74
Employee + spouse	\$17.84	\$8.92
Employee + child(ren)	\$17.28	\$8.64
Employee + family	\$27.28	\$13.64

STD

Short-Term Disability

Lincoln Financial | Voluntary, employee-paid

INCOME REPLACEMENT 60% Up to \$1,200 per week	BENEFITS BEGIN 15TH DAY Accident or illness	MAXIMUM DURATION 24 WEEKS Subject to policy provisions
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High points

- Pre-existing condition: treatment received within 3 months before the effective date may be excluded until you have been covered for 6 months.
- Benefits integrate with workers' compensation, state disability, and employer sick pay; total benefits may not exceed 100% of pre-disability income.
- Premium is waived during an approved total or partial disability.
- Additional features include portability, rehabilitation assistance (5%), survivor income (3 weeks), and an 8-week C-section benefit, subject to the certificate.

RATES | Estimated semi-monthly premium = weekly earnings (maximum \$2,000) x age factor

AGE	FACTOR	AGE	FACTOR
0-24	0.01260	50-54	0.01200
25-29	0.01260	55-59	0.01410
30-34	0.01140	60-64	0.01650
35-39	0.01050	65-69	0.01890
40-44	0.01020	70-74	0.02250
45-49	0.01110	75-99	0.02250

\$

Example. Age 35 with \$610 in weekly earnings:
 $\$610 \times 0.01050 = \6.41 estimated semi-monthly premium. Actual deductions may vary slightly.

LTD

Long-Term Disability

Lincoln Financial | Voluntary, employee-paid

INCOME REPLACEMENT 60% Up to \$5,000 per month	ELIMINATION PERIOD 180 DAYS Before benefits begin	MAXIMUM DURATION AGE 65 / SSNRA Later of age 65 or normal retirement age
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High points

- Own-occupation definition applies for 24 months; the definition changes after that period as described in the certificate.
- Pre-existing condition: treatment received within 3 months before the effective date may be excluded until you have been covered for 12 months.
- Mental illness, substance abuse, and specified illness benefits are generally limited to 24 months, subject to policy terms.
- Premium is waived during an approved total or partial disability. Coverage may also include rehabilitation and employee-assistance resources.

RATES | Estimated semi-monthly premium = monthly earnings (maximum \$8,333) x age factor

AGE	FACTOR	AGE	FACTOR
0-29	0.00035	50-54	0.00285
30-34	0.00065	55-59	0.00365
35-39	0.00105	60-64	0.00305
40-44	0.00155	65-69	0.00240
45-49	0.00220	70-74	0.00205
		75-99	0.00205

\$

Example. Age 35 with \$2,643 in monthly earnings:
 $\$2,643 \times 0.00105 = \2.78 estimated semi-monthly premium. Actual deductions may vary slightly.

AC

24-Hour Accident Insurance

Allstate Benefits | Voluntary coverage

COVERAGE 24-HOUR Covered accidents on or off the job	PLAN CHOICES OPTION 1 / 2 Option 2 pays higher scheduled benefits	BENEFIT TYPE FIXED CASH Pays scheduled amounts for covered events
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Selected scheduled benefits

BENEFIT	OPTION 1	OPTION 2
Accidental death - employee	\$100,000	\$150,000
Initial hospital confinement	\$2,000	\$3,000
Hospital confinement - per day	\$800	\$1,200
Intensive care - per day	\$1,600	\$2,400
Ambulance - ground / air	\$800 / \$2,400	\$1,200 / \$3,600
Medical expenses	Up to \$600	Up to \$900
Outpatient physician treatment	\$50	\$75

Other scheduled benefits include dismemberment, fractures/dislocations, surgery, therapy, rehabilitation, transportation, lodging, follow-up care, and more.

RATES | Monthly premiums shown in the supplied rate sheet

PLAN	EMPLOYEE	EMP. + SPOUSE	EMP. + CHILD(REN)	FAMILY
Option 1	\$14.52	\$26.88	\$24.60	\$36.96
Option 2	\$20.70	\$39.24	\$35.82	\$54.36

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Rate verification required. The supplied accident quote states that it expired September 28, 2016. Confirm current premiums and availability with the enrollment counselor before publishing or electing coverage.

LI

Voluntary Life & AD&D

The Standard | Employee-paid

EMPLOYEE LIFE UP TO \$150,000 \$25,000 increments	SPOUSE LIFE UP TO \$75,000 \$12,500 increments	CHILD LIFE UP TO \$20,000 \$10,000 increments
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Coverage choices and high points

WHO	MINIMUM	INCREMENT	GUARANTEE ISSUE	MAXIMUM
Employee	\$25,000	\$25,000	\$150,000	\$150,000
Spouse	\$12,500	\$12,500	\$50,000	\$75,000
Child	\$10,000	\$10,000	Not stated	\$20,000

- Employee eligibility: actively working at least 20 hours per week and insured for Basic Life through The Standard.
- Coverage above the guarantee-issue amount, late applications, and later increases may require medical underwriting.
- Employee and spouse coverage reduces 50% at age 70. Features may include waiver of premium, accelerated benefit, portability, and conversion.

RATES | Monthly rate per \$1,000 of coverage | Employee and spouse use the employee's age as of Feb. 1

AGE	LIFE ONLY	LIFE + AD&D
0-24	\$0.060	\$0.080
25-29	\$0.070	\$0.090
30-34	\$0.080	\$0.100
35-39	\$0.100	\$0.120
40-44	\$0.140	\$0.160
45-49	\$0.210	\$0.230
50-54	\$0.330	\$0.350
55-59	\$0.510	\$0.530
60-64	\$0.680	\$0.700
65-69	\$1.190	\$1.210
70-74	\$2.890	\$2.910
75+	\$2.890	\$2.910

Child monthly rate per \$1,000: \$0.200 life only or \$0.240 life + AD&D. Example: \$50,000 employee life at age 40 = 50 x \$0.140 = \$7.00 monthly. Rates shown are unchanged for the Feb. 1, 2027 renewal.

FSA

Flexible Spending Account

Flores | Pre-tax reimbursement account

TAX TREATMENT PRE-TAX Eligible health care expenses	ELECTION EVERY YEAR FSA elections do not roll over	ACCESS FLORES CARD Plus web, mobile, mail, or fax claims
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Annual action required. You must make a new FSA election during open enrollment if you want to participate in the 2027 plan year.

Common eligible expenses

CATEGORY	EXAMPLES
Medical	Copayments, deductibles, eligible medical supplies, and certain over-the-counter items
Prescription	Prescription copayments and other eligible pharmacy expenses
Dental	Out-of-pocket, non-cosmetic dental fees and orthodontia
Vision	Eye exams, eyeglasses, contact lenses, and eligible laser eye surgery

Using the Flores Benefits Card

- The card may pay eligible expenses directly at participating providers when funds are available.
- Keep itemized receipts. If Flores requests substantiation, documentation should show the provider, patient, date of service, description, and out-of-pocket amount.
- Submit claims or documentation through the Flores web portal or mobile app, or by mail or fax.

Web: www.flores247.com | Customer service: 800-532-3327 | Fax: 800-726-9982 or 704-335-0818

RATES | No fixed premium

ITEM	WHAT IT MEANS
Your cost	You choose an annual pre-tax election; payroll divides the election across the plan-year pay periods.
Plan limits	Confirm the district's 2027 election limits, eligible expenses, and carryover/grace-period rules with HR or the enrollment counselor.

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Enrollment Help & Contacts

Keep this page for quick reference.

Enrollment support

RESOURCE	CONTACT	USE FOR
Virtual / phone appointments	flenrollment@usebsg.com	7:00 a.m.-9:00 p.m., Nov. 1-30
Online enrollment	www.employeeenavigator.com	Self-service during open enrollment
The Standard - dental / vision	800-547-9515	Plan and provider questions
Lincoln Financial - disability	800-423-2765	Reference ID: WASHSCHOOL
Flores - FSA	800-532-3327 flores247.com	Card, account, and claim questions

Other providers scheduled during enrollment

PROVIDER	REPRESENTATIVE	CONTACT
Bencor - retirement planning	Matt Mendenhall	850-459-5060
ValuTeachers - 403(b)	Tim Myers	334-714-8793 tmyers@valuteachers.com
LegalShield	Carole Worley	850-638-4369 cwor952@gmail.com
Liberty National - life	Jonathan Brooks	334-671-1996 jbrooks82858@yahoo.com
AFLAC	Tammy Johnson	850-784-9388 T11_Johnson@us.aflac.com
AFLAC	Daniel Adams	850-849-5594 daniel_adams@us.aflac.com
AXA Advisors	Grant McMahon	352-547-5266 grant.mcmahon@axa-advisors.com

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Before you finalize. Review beneficiaries, dependent information, payroll deductions, and your FSA election. Save or print your confirmation.

Important information

This booklet is a brief summary of the materials provided for open enrollment. It is not a contract or certificate of coverage. Eligibility, covered services, exclusions, limitations, evidence-of-insurability requirements, and claim determinations are governed by the applicable policy, certificate, plan document, and carrier rules. If this booklet differs from an official plan document, the official document controls.

