

EMPLOYEE Benefits Guide

2026/2027 Plan Year Franklin
County School District



Employee Benefits
Services Group.

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WELCOME

Franklin County School District's goal is to provide you and your family with the most effective, cost-efficient and comprehensive benefits package.

These programs are **reviewed annually** to ensure they are in-line with the current trends and remain in compliance with government regulations such as the Health Care Reform legislation. Each plan year, you'll see a continued dedication to offering a wide array of benefit choices so you can make the best decisions to suit your needs and those of your family. Please read this guide carefully so that you may make informed enrollment decisions.

This guide is designed to highlight your benefit options. It is not a complete Summary Plan Description. For more details including covered expenses, exclusions, and limitations, please refer to individual Summary Plan Descriptions or request information directly from the insurance carrier. If any discrepancy exists between this guide and the official documents, the Summary Plan Description will prevail.



OPEN ENROLLMENT

OPEN ENROLLMENT FOR THE 2026 PLAN YEAR

Open Enrollment is the window of opportunity to review your benefit enrollments and determine if you want to make any changes for the following plan year. It is important to remind you that decisions made during Open Enrollment are generally binding for the entire plan year and cannot be changed until next year's Open Enrollment unless there is a qualified change in status (see Eligibility page for details).

Open Enrollment Dates

Wednesday, May 1st – Friday, May 31st

Employees can enroll online, In person on their scheduled enrollment day or by scheduling a virtual Meeting

WHAT'S NEW IN 2026

1. Capital Health Plan has an 8.2% rate increase.
2. The Board paid life insurance, voluntary life, retiree life, short-term disability, and long-term disability will remain with The Standard with no increase in rates. (unless you enter a new age bracket)
3. Dental and Vision insurance will continue with The Standard with no increase in rates.
4. New this year! All employees that waive coverage and receive the annual supplement must complete the enrollment and at the end of the online enrollment you must upload your existing coverage.
5. New this year! All employees that enroll or are currently enrolled in medical coverage and cover dependents must complete the enrollment and at the end upload proof of dependent status (for dependent children a birth certificate and for spouse a most recent tax return with personal data redacted)

HOW TO ENROLL

You must complete your elections prior to May 31st.

1 - Online

Go to: [Home - Employee Navigator](#) For your 1st login your employer id is **59-1830622**

2 – Virtual Appointment

Contact flenrollment@daybright.com to schedule between the hours of 7:00 AM – 8:00 PM.

3 – On Site Enrollment

Main Campus May 12th and 13th from 8:00 AM – 3:00 PM

District Office May 14th 9:00 AM –12:00 PM

ELIGIBILITY

INITIAL ELIGIBILITY PERIOD

The initial eligibility period begins the day you become benefit eligible (per your employer's eligibility guidelines) and ends 30 days from that date. If your enrollment is not completed on or before the end of your initial eligibility period, you will have to wait until the next Open Enrollment period to change your benefit elections (unless there is a qualifying event outlined below).

DEPENDENTS

You can enroll your eligible dependents for medical, dental, vision, voluntary life insurance. For benefit purposes, your eligible dependents are defined as: All employees adding dependents to your coverage must supply HR with documentation of dependent status.

- Your spouse
- Your children, including:
 - Your naturally born children;
 - Your legally adopted child. An adopted child is considered a dependent from the moment the child is placed in the custody of the adoptive parents.
 - A stepchild, foster child, or any child of whom you have legal custody, who resides in your household in a regular parent-child relationship. Any child whom you are required to provide health care coverage for under a Qualified Medical Child Support Order.

Eligible children (as defined above) are covered for medical, dental, and vision purposes until the end of the year following their 26th birthday.

QUALIFIED CHANGE IN STATUS:

Unless you experience a life-changing qualifying event, you cannot make changes to your benefits until the next open enrollment period. Qualifying events include things like:

- Marriage, divorce or legal separation
- Birth or adoption of a child
- Change in child's dependent status
- Death of a spouse, child or other qualified dependent
- Change in service area
- Change in employment status or a change in coverage under another employer-sponsored plan

Requests for a qualifying event must be received within 30 days of the event date. The change will be added to your coverage as of the date of the event.

MEDICAL PLAN: INSTRUCTIONAL

Capital Health Plan

Carrier	Option 1: At-a-Glance In-Network Only	
General Plan Information		
Deductible	Single \$0 Family \$0	
Coinsurance	0%	
Out-of-pocket Maximum Medical Out-of-pocket Maximum Pharmacy	Single \$2,000 Family \$4,500 Single \$4,600 Family \$8,700	
Prescription Coverage		
Prescription Drugs	\$15 / \$30 / \$50	
Mail Order	90 Day Supply \$45 / \$90 / \$150	
Covered Medical Highlights		
Preventive Routine Care	Covered in Full	
Primary Office Visit	\$15	
Specialist Office Visit	\$40	
Inpatient Hospital	\$250	
Outpatient Surgical Procedure (facility)	\$100	
Emergency Room	\$300	
Urgent Care Center	\$25	
Employee Cost Per Pay Period		
Single		\$95.42
Family		\$811.09
Employees Enrolling in dependent coverage will see both employee and family deductions		

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

MEDICAL PLAN: NON- INSTRUCTIONAL

Capital Health Plan

Carrier	Option 1: At-a-Glance In-Network Only	
General Plan Information		
Deductible	Single \$0	Family \$0
Coinsurance	0%	
Out-of-pocket Maximum Medical Out-of-pocket Maximum Pharmacy	Single \$2,000 Single \$4,600	Family \$4,500 Family \$8,700
Prescription Coverage		
Prescription Drugs	\$15 / \$30 / \$50	
Mail Order	90 Day Supply \$45 / \$90 / \$150	
Covered Medical Highlights		
Preventive Routine Care	Covered in Full	
Primary Office Visit	\$15	
Specialist Office Visit	\$40	
Inpatient Hospital	\$250	
Outpatient Surgical Procedure (facility)	\$100	
Emergency Room	\$300	
Urgent Care Center	\$25	
Employee Cost Per Pay Period		
Single	\$71.57	
Family	\$787.24	
Employees Enrolling in dependent coverage will see both employee and family deductions		

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

TELEMEDICINE

Amwell

With telemedicine services, you get the health care you need anytime, anywhere, through a nationwide network of U.S. Board Certified Doctors & Pediatricians.

Telemedicine services make it fast and easy to visit a doctor – average wait time is only 20 minutes. Telemedicine is not a replacement for your primary care physician or specialist, but it's great for non-emergency care, especially when the doctor's office is closed, or you can't get to an urgent care center.

Common Conditions Treated

Acne	Bronchitis	Nausea
Allergies	Fever	Pinkeye
Asthma	Cold & Flu	Earache

BEHAVIORAL HEALTH MEDICINE

Behavioral health telemedicine helps break barriers and allows patients to receive treatment they need from the privacy of their own home.

Employees have phone and video chat access to licensed psychiatrists and therapists for conditions that include:

- Addiction
- Bipolar Disorder
- Depression
- Eating Disorders
- Postpartum Depression
- Relationship Issues
- Stress
- Trauma and PTSD
- Grief and Loss
- LGBTQ Support
- Life Changes
- Panic Disorders

CONTACT

Carrier	AMWELL
Phone	1-844-733-3627
Email	
Website	http://www.chp.amwell.com/

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

DENTAL PLAN

Standard High Plan

Carrier	Plan Name	
	In-Network	Out-of-Network
General Plan Information		
Eligibility	All Eligible Employees	
Who Pays For Coverage	Employee	
Dependent Coverage		
Dependent Age Limit	To Age 26	
Dental Services		
Preventive Services	100% Covered	100% Covered
Basic Services	80% Covered	80% Covered
Major Services	50% Covered	50% Covered
Orthodontia Services	Covered	Covered
Cost Sharing Highlights		
Deductible (Preventative Waived)	Single \$50 Family \$150	
Calendar Year Maximum	\$1,500	
Allowance	90% U&C	
Orthodontia	50% - \$1,000 Max	
Employee Cost Per Pay Period		
Single	\$19.01	
Family	\$35.41	
Employees Enrolling in dependent coverage will see both employee and family deductions		

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

DENTAL PLAN

Standard Low Plan

Carrier	Plan Name	
	In-Network	Out-of-Network
General Plan Information		
Eligibility	All Eligible Employees	
Who Pays For Coverage	Employee	
Dependent Coverage		
Dependent Age Limit	To Age 26	
Dental Services		
Preventive Services	100% Covered	100% Covered
Basic Services	80% Covered	80% Covered
Major Services	50% Covered	50% Covered
Orthodontia Services	Not Covered	Not Covered
Cost Sharing Highlights		
Deductible (Preventative Waived)	Single \$50	Family \$150
Calendar Year Maximum	\$1,000	
Allowance	90% U&C	
Employee Cost Per Pay Period		
Single	\$15.17	
Family	\$31.48	
Employees Enrolling in dependent coverage will see both employee and family deductions		

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

VISION PLAN

Standard VSP

Carrier	VSP Vision Plan
General Plan Information	
Eligibility	All Eligible Employees
Who Pays For Coverage	Employee
Dependent Coverage	
Dependent Age Limit	To Age 26
Vision Services	
Eye Exam	\$10 Copay
Provider Frames	Up to \$130
Standard Plastic Lenses	\$25 Copay
Elective Contact Lenses	Up to \$130 + 15% off Balance
Medically Necessary Contact Lenses	Covered in Full
Vision Service Frequency	
Eye Exam	Once Every 12 Months
Frames	Once Every 24 Months
Contacts	Once Every 12 Months
Employee Cost Per Pay Period	
Single	\$3.74
EE + Spouse	\$7.40
Employee + Children	\$8.32
Family	\$11.96

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

LIFE & AD&D

Standard

BASIC LIFE & ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

Basic Life/AD&D Insurance Plan



Basic Life Insurance provides your family with crucial financial protection along with a variety of support services designed to help them cope with both emotional and financial issues. It can help you preserve your dream of a secure lifestyle for your family, even if you cannot be there.

As an eligible employee Franklin County School District pays the full cost of the coverage. In addition, you may designate anyone as your beneficiary.

Carrier	Basic Life / AD&D Plan
General Plan Information	
Eligibility	All Eligible Employees
Who Pays For Coverage	Employer
Basic Life Benefit	
Life Benefit Amount	\$25,000
Benefit Age Reduction	
At Age 70	50%

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

LIFE & AD&D

The Standard

LIFE & ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

Voluntary Life/AD&D Insurance Plan

While **Franklin County School District** offers basic life insurance, some employees may want to purchase additional coverage. Think about your personal circumstances. Are you the sole provider for your household? What other expenses do you expect in the future (for example, college tuition for your child)? Depending on your needs, you may want to consider buying supplemental coverage.

With voluntary life insurance, you are responsible for paying the full cost of coverage through a post-tax payroll deduction. You can purchase coverage for yourself in increments of \$10,000. If you purchase coverage for yourself, you can also purchase coverage for your spouse in increments of \$5,000. You can elect coverage for your child(ren) at a flat amount of \$10,000 (you only pay premium for one, no matter the number of children). The dependent eligibility is reported by the employee. The chart below outlines the monthly costs of purchasing additional coverage.

Voluntary Life Insurance	Rates Per \$1,000	
	Employee	Spouse
Age 25-29	\$.0627	\$.0627
Age 30-34	\$.097	\$.097
Age 35-39	\$.097	\$.097
Age 40-44	\$.127	\$.127
Age 45-49	\$.207	\$.207
Age 50-54	\$.307	\$.307
Age 55-59	\$.417	\$.417
Age 60+	\$.567	\$.567
Dependent Child	\$10,000 Benefit	

IMPORTANT NOTE: You have a one-time true open enrollment during your new hire period to elect up to the Guaranteed Issue (GI) Amounts without submitting any Evidence of Insurability (EOI). If you waive coverage during your new hire enrollment window, and would like to elect coverage during a future open enrollment window, any amount elected at that time would be subject to EOI submission.

Guaranteed Issue (GI) Amounts for New Hires: \$150,000 (Employee) and \$30,000 (Spouse)

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

SHORT TERM DISABILITY

The Standard

Short Term Disability (STD) Insurance can help replace a portion of your income during the initial weeks of a disability to help you pay your bills and maintain your current lifestyle. It helps by protecting you and your income if a sickness or accidental injury limits you from working.

Carrier	Short Term Disability Plan
General Plan Information	
Eligibility	All Eligible Employees
Who Pays For Coverage	Employee
Short Term Disability Benefit	
Weekly Benefit Percentage	60%
Weekly Benefit Amount Max	\$500
Elimination Period	14 days Accident / 14 days Illness
Maximum Benefit Duration	90 Days

Cost for Short Term Disability:

Short Term Disability Insurance	Rates Per \$10 Benefit
Age	Employee
Under Age 25	\$.18
Age 25-29	\$.60
Age 30-34	\$.53
Age 35-39	\$.440
Age 40-44	\$.40
Age 45-49	\$.44
Age 50-54	\$.54
Age 55-59	\$.66
Age 60 - 64	\$.75

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

LONG TERM DISABILITY

Standard

Long Term Disability (LTD) insurance protects one of your most valuable assets, your paycheck. This insurance will replace a portion of your income if you become physically unable to work due to an illness or injury.

Carrier	Long Term Disability Plan
General Plan Information	
Eligibility	All Eligible Employees
Who Pays For Coverage	Employee
Short Term Disability Benefit	
Monthly Benefit Percentage	60%
Monthly Benefit Amount Max	\$5000
Elimination Period	90 Days
Maximum Benefit Duration	Social Security Normal Retirement Age

Long Term Disability Insurance	Rates Per \$100 Benefit
Age	Employee
Under Age 25	\$.090
Age 25-29	\$.14
Age 30-34	\$.21
Age 35-39	\$.27
Age 40-44	\$.39
Age 45-49	\$.57
Age 50-54	\$.82
Age 55-59	\$.98
Age 60 - 64	\$1.03

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

The information in this guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this guide was taken from various summary plan descriptions and benefit summaries. While every effort was taken to accurately summarize your benefits, discrepancies, or errors are always possible. In case of discrepancy between this guide and the official plan documents, the official plan documents will prevail. All information is confidential, pursuant to the Health insurance Portability and Accountability Act of 1996. If you have any questions about this summary, contact Human Resources. For a more detailed benefit summary and plan certificated please see the District's benefit website at [Franklin County Schools | Benefit Information from MyBenefitsInfo](#)

HUMAN RESOURCES		
Name	Phone	Email
Jennifer Leach	850-670-2840	jleach@fcsdfl.org