

2022

# EMPLOYEE BENEFITS GUIDE

**BERGMAN PUBLIC SCHOOLS**



*Educational*  
**BENEFITS**





*Educational*  
**BENEFITS**

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# WHAT YOU NEED TO KNOW

- ▶ Employees under contract who work a minimum of 20 hours per week are eligible to enroll themselves and their qualified dependents in applicable Bergman Public Schools employee benefits. Employees must be actively at work to enroll in benefits.

## Checklist of what to bring for open enrollment for each dependent that you are enrolling in eligible benefits:

- ☑ Social Security Number
- ☑ Address
- ☑ Date of Birth

Having these items will expedite the completion of all enrollment forms, beneficiary cards, etc.

## If you are a current employee (not a new hire), please keep the following information in mind:

- You cannot make any changes until the annual “open enrollment period”, which allows employees, who may have previously declined to enroll, the opportunity to enroll in new coverage. (Certain restrictions and limitations may apply to employees who initially declined coverage when they first became eligible to enroll.)
  - However, there are certain qualifying events that allow current employees to make benefit changes. These include, but are not limited to:
    - » *marriage, divorce, adoption or birth of child, death of a spouse or other eligible dependent.*

## You might see these boxes on certain pages. Here’s what they mean:

- EC** **Employer Contribution** - *your employer contributes a percentage to your product premiums*
- ER** **Employer Paid** - *your employer covers 100% of the cost of your product*
- NH** **New Hire Eligible** - *if you are a new hire for the district, you are eligible for this benefit*
- NB** **New Benefit** - *this benefit is a brand new benefit for your district*

DISCLAIMER: This benefit summary is provided for illustrative purposes only and is simply an overview of your benefits. For a detailed explanation for each policy you should review a copy of the actual policy on file with the Human Resources Department or you may specifically request a copy of each policy from Educational Benefits, Inc.





WELCOME TO

**OPEN**

**ENROLLMENT**





# GLOSSARY

## OF INSURANCE TERMS

**Annual Maximum** - The total dollar amount that a plan will pay for care incurred by an individual enrollee or family (under a family plan) in a specified benefit period.

**Benefit Year** - A period in which covered expenses are accrued and are counted toward the annual maximums, deductibles, and/or out-of-pocket limits.

**Benefits** - Items or services covered under an insurance plan.

**Beneficiary** - A person or entity entitled to receive the claim amount and other benefits upon the death of the benefactor or on the maturity of the policy.

**Broker** - An individual agent or agency who represents the buyer, rather than the insurance company, and tries to find the buyer the best policy. The broker can make specific recommendations about which plans best suit you and your family's needs.

**COBRA** - A federal law that may allow the insured to temporarily keep insurance coverages after employment ends.

**Claim** - A request for payment under an insurance plan. A claim will list the services rendered, the date of service, and an itemization of cost.

**Coinurance** - Insurance in which the insured is required to pay a fixed percentage of the cost of expenses after the deductible has been paid.

**Copayment (Copay)** - A fixed amount that the insured is required to pay before receiving the service.

**Deductible** - An out-of-pocket amount that an insured must pay prior to an insurance plan paying a claim.

**Dependent** - A child or other individual for whom a parent, relative, or other person may claim a personal exemption tax deduction.

**Elimination Period** - A period of continuous disability which must be satisfied before you are eligible to receive benefits.



**Evidence of Insurability (EOI)** - Part of the application process for an insurance policy during which an applicant provides health information. Coverage does not become effective until approval of the EOI.

**Flexible Spending Account (FSA)** - A type of account that provides the account holder with specific tax advantages on qualified medical and/or dependent care expenses (ex. Medical Reimbursement, Dependent Care, and/or Limited Purpose FSA).

**Guaranteed Issue** - A predetermined benefit amount allowed by an insurance plan without requiring Evidence of Insurability (EOI). GI allows you to enroll regardless of health status, age, gender, or other factors that might predict the use of health services. This does not, however, preclude the application of the pre-existing condition exclusions.

**Limited Purpose FSA** - A type of account to be used with an HSA. It is reserved for the payment of dental and vision expenses only.

**Long-Term Care** - A range of services and supports you may need to meet your personal care needs in the event of a chronic illness or disability.

**Medically Necessary** - A covered health service or treatment that is mandatory to protect and enhance the health status of a patient, and could adversely affect the patient's condition if omitted, in accordance with accepted standards of medical practice.

**Network** - The facilities, providers and suppliers your insurance plan has contracted with to provide health care services (i.e. "in-network").

**Non-Preferred Provider** - A provider who does not have a contract with your insurance carrier or plan to provide services to you. You'll pay more to see a non-preferred provider. (i.e. "out-of-network").

**Out-of-Pocket Maximum** - The maximum amount of money you may pay for services in a benefit year.

**Pre-Existing Condition** - A medical condition that is excluded from coverage by an insurance company because the condition was believed to exist prior to the individual obtaining a policy from the insurance company.

**Premium/Rate** - The amount you pay for your insurance premiums each month.

**Qualifying Life Event (QLE)** - A change in your situation that can make you eligible for a special enrollment period, allowing you to enroll in an insurance plan outside the yearly open enrollment period. (ex. Loss of coverage, getting married or divorced, having a baby/adopting a child, or a death in the family).



**EMPLOYER CONTRIBUTION**

**NEW HIRE**



# DENTAL INSURANCE



Having dental insurance contributes to your over all well-being. Dental insurance provides coverage for preventative, basic, and major services.

## DENTAL SERVICES

<b>PREVENTATIVE SERVICES (No Deductible)</b>  <b>100%</b>	<ul style="list-style-type: none"><li>• Exams</li><li>• Cleanings</li><li>• Fluoride Treatment</li><li>• Space Maintainers</li><li>• Sealants</li><li>• Brush Biopsy</li><li>• X-rays (<i>Panoramic x-ray is a covered service 1 time every 60 months</i>)</li></ul>
<b>BASIC SERVICES (Deductible Applies)</b>  <b>80%</b>	<ul style="list-style-type: none"><li>• Emergency Palliative Treatment</li><li>• Fillings</li><li>• Root Canals</li><li>• Non-Surgical Periodontics</li><li>• Oral Surgery</li></ul>
<b>MAJOR SERVICES (Deductible Applies)</b>  <b>50%</b>	<ul style="list-style-type: none"><li>• Surgical Periodontics</li><li>• Crowns</li><li>• Bridges</li><li>• Implants</li><li>• Dentures</li></ul>
<b>CHILD ORTHODONTIA RIDER (Deductible Applies)</b>  <b>50%</b>	\$1,500 Lifetime Maximum
<b>ANNUAL MAXIMUM</b>	<u>\$1,500 per person</u>
<b>DEDUCTIBLE</b>	\$50 per person / \$150 per family

COVERAGE TIER	MONTHLY RATES
Employee	Paid for by BPS
Employee + Spouse	\$38.02
Employee + Child(ren)	\$35.24
Family	\$64.90



NEW HIRE



# VISION INSURANCE

▶ Vision insurance is offered to help people see by providing affordable access to high-quality eye care and eyewear. An individual or family vision insurance plan saves you money on frames, lenses, contacts, eye exams and more.

## VISION SERVICES

Exam Copay	\$10
Frames and/or Lenses	\$10
Contact Lens Fitting Exam	\$10
CONTACTS	
Elective Allowance	\$150 retail allowance
Medically Necessary	Covered in full
Contact Lens Fitting - Standard	Covered in full
Contact Lens Fitting - Specialty	\$50 retail allowance
LENSES	
Frames	\$150 retail allowance
Single Vision Allowance	Covered in full
Bifocal Allowance	Covered in full
Trifocal Allowance	Covered in full
Lenticular Allowance	Covered in full

SERVICES	FREQUENCY
Exam	12 months
Frames	12 months
Lenses	12 months
Contact Lenses	12 months
Contact Lens Fitting Exam	12 months

COVERAGE TIER	MONTHLY RATES
Employee	\$10.28
Employee + Spouse	\$18.99
Employee + Child(ren)	\$20.55
Family	\$28.80



# SHORT TERM DISABILITY

▶ Short term disability insurance provides income protection in the event that you miss work due to an accident or illness.

## SHORT TERM DISABILITY BENEFITS

<b>BENEFIT AMOUNT</b>	Choice of \$10 increments up to \$750 per week, not to exceed 70% of earnings
<b>GUARANTEED ISSUE</b>	Up to \$750
<b>MINIMUM WEEKLY BENEFIT</b>	\$100
<b>MAXIMUM WEEKLY BENEFIT</b>	\$750
<b>ELIMINATION PERIOD</b>	<u><b>BENEFITS BEGIN ON:</b></u> 1st day for an Accident 8th day for an Illness
<b>PRE-EXISTING CONDITION EXCLUSION LIMITATION</b>	<u><b>12/12:</b></u> Any condition you have received medical treatment for in the 12 months prior to the effective date will not be covered for the first 12 months of the policy.
<b>MAXIMUM BENEFIT DURATION</b>	26 weeks
<b>REDUCTIONS &amp; TERMINATIONS</b>	Benefits reduce to 66.67% at age 65. Benefits terminate at retirement or age 70, whichever comes first.
<b>OFFSET</b>	These policy benefits do not offset with PTO or sick time, but may offset with other sources of income, including but not limited to retirement. Please review your contract closely for more details.



EMPLOYER PAID


NEW HIRE





LONG TERM

DISABILITY



Long term disability insurance provides income protection in the event that you miss work due to an accident or illness.

LONG TERM DISABILITY BENEFITS	
BENEFIT AMOUNT	60% of salary, not to exceed \$5,000
GUARANTEED ISSUE	Up to \$5,000
MINIMUM MONTHLY BENEFIT	\$50
MAXIMUM MONTHLY BENEFIT	\$5,000
ELIMINATION PERIOD	BENEFITS BEGIN ON: 181st day
PRE-EXISTING CONDITION EXCLUSION LIMITATION	<p>3/6/12: Any condition you have received medical treatment for in the 3 months prior to the effective date will not be covered for the first 12 months of the policy. However, if you have gone 6 months without treatment* before the 12 months is over, you'll be covered for the pre-existing condition.</p> <p><i>*Treatment in this case means consultation, care or services provided by a physician including diagnostic measures and taking prescribed drugs and medicines.</i></p>
MAXIMUM BENEFIT DURATION	Social Security Normal Retirement Age
REDUCTIONS & TERMINATIONS	Benefits terminate at retirement.
OFFSET	These policy benefits offset with other sources of income, including but not limited to PTO and sick time. Please review your contract closely for more details.



EMPLOYER PAID

NEW HIRE

US<sup>==</sup>Able Life

TERM LIFE  
AND AD&D

▶ This coverage provides financial protection for you and your loved ones. Your needs vary greatly upon age, number of dependents, dependents ages and your financial situation. Term Life is designed to provide benefits to your designated beneficiary for loss of life. AD&D coverage provides payment for the loss of life or limbs sustained as a result of accidental bodily injury.

TERM LIFE AND AD&D BENEFITS ARE <b>EMPLOYER PAID</b>	
FLAT BENEFIT AMOUNT	\$25,000
GUARANTEED ISSUE	\$25,000
REDUCTIONS & TERMINATIONS	Benefits reduce to 66.67% at age 65 and to 33.33% at age 70. Benefits terminate at retirement.

You also have the option to purchase additional term life insurance, but this is **not employer paid** and will be covered by you if you elect. Amounts are below.

EMPLOYEE LIFE BUY-UP <b>(EMPLOYEE PAID)</b>	
GUARANTEED ISSUE	\$25,000
MONTHLY RATE	\$5.00/month
REDUCTIONS & TERMINATIONS	Benefits reduce to 66.67% at age 65 and to 33.33% at age 70. Benefits terminate at retirement.

DEPENDENT LIFE BUY-UP <b>(EMPLOYEE PAID)</b>	
BENEFIT AMOUNT	Spouse: \$10,000 / Child: \$5,000 / Infant: \$1,000
GUARANTEED ISSUE	Spouse \$10,000 / Child \$5,000
MONTHLY RATE	\$0.96/month





▶ Your needs vary greatly upon age, number of dependents, dependents ages and your financial situation. AD&D insurance covers you and your beneficiaries in the event of an accidental loss of life.

	Employee	Spouse	Dependent
Amount	Choice of \$10,000 increments up to \$300,000	Choice of \$10,000 increments up to \$300,000	Choice of \$5,000 or \$10,000 <i>(Benefits terminate at age 25)</i>
Minimum Amount	\$10,000	\$10,000	\$1,000 <i>(Age 15 days - 6 mo.)</i>
Maximum Amount	\$300,000	\$300,000	\$10,000
Guaranteed Issue <i>(New Hires)</i>	\$300,000	\$300,000	\$10,000
Benefit Reduction	Benefits reduce to 65% at age 65 and to 50% at age 70. Benefits terminate at retirement.		



# UNIVERSAL LIFE EVENTS

Universal Life Events insurance addresses differing employee needs for permanent life insurance and peace of mind for a lifetime. This policy is available for employees and their spouses in face amounts from \$5,000 up to \$300,000, and pays a higher death benefit during working years when expenses are high.

## PLAN FEATURES

- **Fully Portable** - You can keep this policy should you change jobs or retire.
- Maximum benefit protection during working years, when expenses are typically higher
- **Guarantee Renewable** - Guarantee coverage, as long as your premiums are paid
- **Accelerated Death Benefit for Terminal Illness** - Pays 75% of death benefit when life expectancy is 24 months or less
- Spouse coverage available without purchase of employee policy
- **Long Term Care Benefit** - Pays a monthly benefit equal to 4% of your death benefit for up to 50 months. The LTC benefit accelerates the death benefit and proportionately reduces it
- **Benefit Restoration** - Restores the death benefit that is reduced to pay for Long Term Care, so your family receives the full death benefit amount when they need it most
- Death benefit reduces to one-third at the latter of age 70 or the 15th policy anniversary. Issue age is 64 and under.
- Employees up to 65 years of age can apply for voluntary Universal LifeEvents insurance for permanent protection.

## BENEFIT AMOUNTS

### Employee (Age 18-64)

Guarantee Issue	<ul style="list-style-type: none"> <li>- Up to \$100,000 (<i>New Hires Only</i>)</li> <li>- Up to \$25,000 (<i>Current employees with no coverage</i>)</li> <li>- Increase by \$10,000 (<i>Current employees with coverage, not to exceed \$100,000</i>)</li> </ul>
*Simplified Issue	Up to \$300,000

### Spouse (Age 18-64)

Guarantee Issue ( <i>New Hires Only</i> )	The greater of \$25,000* or \$3 per week ( <i>Employee Coverage Required</i> ) *MGI if employee does not elect coverage
Modified Guaranteed Issue	The greater of \$25,000 or \$3 per week ( <i>current employees with no coverage</i> )
*Simplified Issue	Up to \$300,000

### Children (Up to 23 years old)

Guarantee Issue	See Benefit Counselor
Simplified Issue	See Benefit Counselor

#### \*SIMPLIFIED ISSUE QUESTIONS

- 1) Major Medical Impairments (5 years)
- 2) History of drug/alcohol treatment (10 years)
- 3) Reason for seeing a medical practitioner in the past 12 months (other than for routine physical exams, including school, employment, aviation, sports, etc).

#### MODIFIED ISSUE QUESTIONS

- 1) Is any person to be insured now disabled, been seen by a physician or been treated in a medical facility, including doctor's office, within the last six months for illness or disease (other than flu, colds)?
- 2) Has any person to be insured been treated for, or diagnosed by a member of the medical profession as having acquired immune deficiency syndrome (AIDS) or tested positive on an AIDS or HIV test?



# UNIVERSAL LIFE

Universal Life insurance coverage provides permanent life insurance protection with a premium that never increases due to age or a specified term. Life Insurance is a promise to your family to help protect their future. The death benefit can be used any way you or your family sees fit.

## PLAN FEATURES

- Policy builds cash value & accrues interest
- Rate stability and benefit stability
- **Fully Portable** - You can keep this policy should you change jobs or retire
- **Guarantee Renewable** - Guarantee coverage to age 100 as long as your premiums are paid.
- **Accelerated Death Benefit for Terminal Illness** - Pays 75% of death benefit when life expectancy is 24 months or less
- Spouse and dependent coverage available without purchase of employee policy
- Employees up to 75 years of age can apply for voluntary Universal Life Insurance for permanent protection.

## BENEFIT AMOUNTS

### Employee

Guarantee Issue (Age 18-64)	<ul style="list-style-type: none"> <li>- Up to \$100,000 (New Hires Only)</li> <li>- Up to \$25,000 (Current employees with no coverage)</li> <li>- Increase by \$10,000 (Current employees with coverage, not to exceed \$100,000)</li> </ul>
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*Simplified Issue (Age 18-75)	Up to \$300,000
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### Spouse

Guarantee Issue (Age 18-64) (New Hires Only)	The greater of \$25,000* or \$3 per week (Employee Coverage Required) *MGI if employee does not elect coverage
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Modified Guaranteed Issue (Ages 18-64)	The greater of \$25,000 or \$3 per week (current employees with no coverage)
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*Simplified Issue (Age 18-70)	Up to \$300,000
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### Children

Guarantee Issue	See Benefit Counselor
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Simplified Issue	See Benefit Counselor
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## MODIFIED ISSUE QUESTIONS

- 1) Is any person to be insured now disabled, been seen by a physician or been treated in a medical facility, including doctor's office, within the last six months for illness or disease (other than flu, colds)?
- 2) Has any person to be insured been treated for, or diagnosed by a member of the medical profession as having acquired immune deficiency syndrome (AIDS) or tested positive on an AIDS or HIV test?

## \*SIMPLIFIED ISSUE QUESTIONS

- 1) Major Medical Impairments (5 years)
- 2) History of drug/alcohol treatment (10 years)
- 3) Reason for seeing a medical practitioner in the past 12 months (other than for routine physical exams, including school, employment, aviation, sports, etc).





▶ Accident insurance helps pay for unexpected healthcare expenses due to injuries that occur every day – from the soccer field to the ski slope and the highway in-between. Accident insurance provides benefits due to covered accidents for initial care, injuries, and follow-up care.

LOSS OR TREATMENT	BASIC	SELECT	ULTRA
Emergency Treatment	charges up to: \$105 insured \$105 spouse \$60 child	charges up to: \$140 insured \$140 spouse \$80 child	charges up to: \$210 insured \$210 spouse \$120 child
Major Diagnostic Exam	\$150	\$200	\$300
Medical Appliance	\$105	\$140	\$140
Emergency Dental Work Broken tooth repaired with crown Broken tooth resulting in extraction	\$150 \$45	\$200 \$60	\$200 \$60
Specified Loss Burn Tendon/Ligament Dislocation (separated joint) Eye Injury Fractures Torn Knee Cartilage and Ruptured Disc Torn Rotator Cuff Internal Injuries Concussion Lacerations	\$1,125 \$450 up to \$1,875 up to \$225 up to \$1,875 up to \$465 \$465 \$945 \$45 up to \$375	\$1,500 \$600 up to \$2,500 up to \$300 up to \$2,500 up to \$620 \$620 \$1,260 \$1,260 up to \$500	\$2,250 \$900 up to \$3,750 up to \$450 up to \$3,750 up to \$930 \$930 \$1,890 \$90 up to \$750
Follow-Up Physician	charges up to: \$30/visit	charges up to: \$40/visit	charges up to: \$60/visit
Physical Therapy	\$30/visit	\$40/visit	\$60/visit
Ground Ambulance Air Ambulance	\$150 \$1,125	\$200 \$1,500	\$200 \$1,500
Hospital Admission Hospital Confinement Hospital Confinement - ICU	\$1,000 \$195/day \$400/day	\$1,000 \$260/day \$400/day	\$1,500 \$390/day \$600/day
Coma	\$9,750	\$13,000	\$19,500
Paralysis Quadriplegia Paraplegia	\$9,750 \$4,875	\$13,000 \$6,500	\$19,500 \$9,750
Prosthetic Device/Artificial Limb One Device or Limb More than One Device or Limb	\$525 \$1,050	\$700 \$1,400	\$700 \$1,400



Blood/Plasma	\$150	\$200	\$200
Transportation	\$450	\$600	\$600
Family Lodging	charges up to: \$105/night	charges up to: \$140/night	charges up to: \$140/night
Wellness	\$60	\$60	\$75

MONTHLY RATES	BASIC	SELECT	ULTRA
Employee	\$15.80	\$19.36	\$27.88
Employee & Spouse	\$22.48	\$27.52	\$39.68
Employee & Child(ren)	\$26.28	\$32.16	\$46.40
Family	\$32.96	\$40.32	\$58.20

**DID YOU  
KNOW**

**LESS THAN 5%**  
of disabling accidents  
and illnesses are work  
related.

The other 95% are not,  
meaning  
**WORKERS’  
COMPENSATION  
DOESN’T COVER  
THEM.**

(Council for Disability Awareness, Long-Term Disability  
Claims Review. 2012.)





▶ Cancer insurance helps those diagnosed with cancer to stay focused on recovery by alleviating some of the financial burden associated with the cost of cancer treatment.

BENEFITS AND AMOUNTS	ADVANTAGE PLAN	PREMIER PLAN 1	PREMIER PLAN 2
Cancer Screening Benefit <i>(per insured per year)</i>	\$100	\$100	\$100
Initial Diagnosis Benefit			
Employee	\$3,000	\$5,000	\$5,000
Spouse	\$3,000	\$5,000	\$5,000
Child	\$3,000	\$5,000	\$5,000
TREATMENT BENEFITS			
Radiation/Chemotherapy <i>(per 12 month period)</i>	Actual charges up to \$5,000	Actual charges up to \$15,000	Actual charges up to \$20,000
Blood Plasma, and Platelets <i>(per 12 month period)</i>	Actual charges up to \$5,000	Actual charges up to \$15,000	Actual charges up to \$20,000
Experimental Treatment <i>(per 12 month period)</i>	Actual charges up to \$5,000	Actual charges up to \$15,000	Actual charges up to \$20,000
Inpatient Surgery	Actual charges up to \$3,000	Actual charges up to \$3,000	Actual charges up to \$3,000
Outpatient Surgery	Actual charges up to \$3,000	Actual charges up to \$3,000	Actual charges up to \$3,000
Anesthesia <i>(actual charges)</i>	Up to 25% of surgery benefit	Up to 25% of surgery benefit	Up to 25% of surgery benefit
HOSPITAL CONFINEMENT BENEFITS			
Hospital Confinement	\$100/day	\$200/day	\$200/day
Extended Confinement	\$200/day	\$400/day	\$400/day
Hospital Intensive Care	\$200/day	\$400/day	\$400/day
Government or Charity Hospital	\$100/day	\$200/day	\$200/day
Inpatient Special Nursing	Actual charges up to \$100/day	Actual charges up to \$200/day	Actual charges up to \$200/day
Inpatient Drugs and Medicine	\$25/day	\$25/day	\$25/day
Attending Physician	Actual charges up to \$50/day	Actual charges up to \$50/day	Actual charges up to \$50/day



LODGING AND TRANSPORTATION BENEFITS			
Ambulance	Actual charges up to \$100/day	Actual charges up to \$100/day	Actual charges up to \$100/day
Transportation/ Companion Transportation	\$0.40/mile or Coach Fare	\$0.40/mile or Coach Fare	\$0.40/mile or Coach Fare
MISCELLANEOUS BENEFITS			
Physical or Speech Therapy	Actual charges up to \$50/day	Actual charges up to \$50/day	Actual charges up to \$50/day
Prosthesis (per amputation)	Actual charges up to \$2,000	Actual charges up to \$3,000	Actual charges up to \$3,000
Skin Cancer  First Removal Each Additional Removal	Actual charges up to: \$120 \$60	Actual charges up to: \$120 \$60	Actual charges up to: \$120 \$60

MONTHLY RATES	ADVANTAGE PLAN	PREMIER PLAN 1	PREMIER PLAN 2
Employee	\$17.46	\$29.86	\$32.59
Employee & Spouse	\$28.26	\$47.92	\$52.61
Employee & Child	\$21.52	\$36.70	\$39.63
Family	\$32.32	\$54.76	\$59.65

### CANCER SCREENING BENEFIT

We will pay a total of **\$100 per calendar year** per person to undergo one of the covered tests or exams listed below.

- Biopsy for skin cancer
  - Blood test for triglycerides
  - Bone marrow testing
  - CA15-3 blood test for breast cancer
  - CA125 blood test for ovarian cancer
  - CAE blood test for colon cancer
  - Chest x-ray
  - Colonoscopy
  - Doppler screening for cartoids
  - Doppler screening for peripheral vascular disease
  - Echocardiogram
  - EKG (Electrocardiogram)
  - Flexible sigmoidoscopy
- Hemocult stool analysis
  - HPV vaccination
  - Lipid panel
  - Mammography, including breast ultrasound
  - Pap Smear, including Thin Prep Pap Test
  - PSA (Prostate Specific Antigen) blood test for prostate cancer
  - Serum Protein Electrophoresis
  - Stress test on bike or treadmill
  - Thermography
  - Ultrasound screening of the abdomen for abdominal aortic aneurysms

DID YOU  
KNOW

1.7 MILLION  
new cases of cancer are  
diagnosed annually.

(American Cancer Society, 2017)

13%  
of all new cancer  
diagnoses are for  
“RARE FORMS”

(American Cancer Society, 2017)





► This plan pays a lump sum benefit directly to you and your covered dependents upon diagnosis of a covered critical illness.

BENEFIT DESCRIPTION	WITH CANCER	WITHOUT CANCER
Cancer	100%	n/a
Heart Attack	100%	100%
Stroke	100%	100%
End Stage Renal Disease	100%	100%
Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease)	100%	100%
Quadriplegia	100%	100%
Major Organ Transplant Surgery	100%	100%
Coronary Artery Bypass Surgery*	25%	25%
Balloon Angioplasty, Stent, or Laser Relief Procedure*	10%	10%
Carcinoma in Situ*	10%	n/a

\*These benefits are each payable only once per covered person. If one or more of these benefits are paid, the remaining amount payable will be the original face amount reduced by all prior benefit payments.

WELLNESS BENEFIT

We will pay a total of **\$75 per calendar year** for a covered person (maximum 2 people per year) to undergo one of the covered tests or exams listed below.

- Mammography
- Flexible Sigmoidoscopy
- Chest X-Ray
- EKG
- Pap Smear
- Cholesterol & Diabetes Screening
- Colonoscopy
- PSA (Blood Test for Prostate Cancer)
- Breast Ultrasound

- CA 15-3 for Breast Cancer
- CA 125 for Ovarian Cancer
- CEA Blood Test for Colon Cancer
- Thermography
- Bone Marrow Testing
- Serum Protein Electrophoresis
- Fasting Blood Glucose Test
- Hemocult Stool Analysis
- Blood Test for Triglycerides





## EMPLOYER CONTRIBUTION

### NEW HIRE

US<sup>ABLE</sup> Life

# HOSPITAL CONFINEMENT

► This policy helps offer you financial protection in the event that you or your dependents are admitted to the hospital. Benefits provide you with assistance in paying your deductible and co-payments associated with inpatient expenses.

## PLAN FEATURES

**Amounts will be paid for each day an insured person is a resident inpatient in a hospital because of either:**

- Accidental bodily injury, directly and with no other cause, while this benefit is in force; or
- Sickness or disease; or
- Newborn child care, including a maximum of 5 days routine nursery care.

**We will pay this amount only if all conditions below are met:**

- the insured person must be under a physician's care;
- the hospital stay must be for at least a 12-hour period in the same facility; and
- the hospital stay must begin while the insured person is covered by this benefit.

BENEFIT DETAILS	BASIC PLAN	SUPPLEMENTAL PLAN
Daily Hospital Confinement	\$100/day, first day \$62/day, days 2-10 \$31/day, days 11-365  <i>*Not to exceed 365 days</i>	\$200/day, first day \$124/day, days 2-10 \$62/day, days 11-365  <i>*Not to exceed 365 days</i>
Intensive Care Confinement	Double benefits described above, beginning with first day of ICU and payable up to 30 days during any one period of confinement.	
Daily Cancer, Heart and Stroke Benefit	Maximum basic benefit will be increased up to 730 days during any one period of confinement (Not applicable if insured is hospitalized after reaching age 65).	

MONTHLY RATES	BASIC PLAN	SUPPLEMENTAL PLAN
Employee	Paid for by BPS	\$5.96
Employee + 1	\$5.32	\$15.94
Family	\$8.08	\$21.45

**NOTE:** THIS IS NOT MAJOR MEDICAL INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL INSURANCE. IT DOES NOT QUALIFY AS MINIMUM ESSENTIAL HEALTH COVERAGE UNDER THE FEDERAL AFFORDABLE CARE ACT.





## Features of an FSA

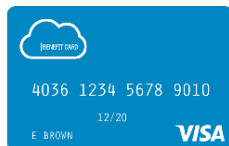
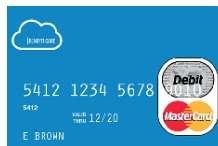
<b>Why an FSA?</b>	Using a Flexible Spending Account (FSA) is great way to stretch your benefit dollars. You use before-tax dollars in your FSA to reimburse yourself for eligible out-of-pocket medical and dependent care expenses. That means you can enjoy tax savings and increased take-home pay—all with the convenience of a prepaid debit card.
<b>Employee Benefits</b>	<ul style="list-style-type: none"> <li>• <u><a href="#">Reduces your income taxes</a></u> (Federal, state, and FICA) because setting aside pre-tax FSA dollars results in a lower taxable salary.</li> <li>• Using pre-tax dollars to pay for eligible medical and/or dependent care expenses translates into <u><a href="#">savings of as much as 30%</a></u>.</li> <li>• Offers <u><a href="#">immediate access to elected healthcare FSA funds</a></u> via an FSA debit card.</li> <li>• Most common expenses such as <u><a href="#">medical, dental, orthodontic, vision, prescription drug, and daycare expenses are eligible</a></u> for reimbursement with supporting documentation.</li> </ul>
<b>How it Works</b>	<ul style="list-style-type: none"> <li>• <u><a href="#">Decide how much you will contribute to their FSA each year</a></u>, up to the maximum allowed by their employer's FSA plan. This election amount (divided equally by the number of payroll periods) is automatically deducted from the participant's paycheck by your employer. From a tax perspective, the more you elect to put into your FSA, the more you save!</li> <li>• <u><a href="#">You can choose to be reimbursed for eligible medical expenses up to the amount of your annual election</a></u> by submitting a request to Acuity Group via your online FSA portal, by email/fax, or on your Acuity FSA phone app. Or you may choose to use your convenient FSA debit card to pay for the eligible expense at the point of purchase, eliminating the need to request reimbursement (<i>per IRS requirements, note that additional substantiating documentation may be requested by Acuity Group for debit card purchases</i>).</li> </ul>

### MAXIMUM CONTRIBUTION AMOUNTS

- \$2,750 - Medical Reimbursement
- \$5,000 - Dependent Care (to age 12)
- \$500 Rollover

### FOR EMPLOYEES/PARTICIPANTS

- Convenient Acuity Group Mobile Technology (mobile app and text messaging)
- Multiple account management tools (web, phone, and fax)
- Fast reimbursements
- Toll-free Customer Care Center
- Easy online enrollment or re-enrollment
- Tax Savings Calculator



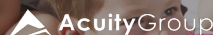




NEW HIRE

# DEPENDENT

# CARE REIMBURSEMENT



## PLAN FEATURES

A section 125 Cafeteria Plan (FlexSystem FSA) allows for the inclusion of Dependent Care (Section 129 of the Internal Revenue Code) benefits. Eligibility for the dependent care benefit requires that certain criteria be met with respect to the expense, the provider, etc.

A) The dependent care expenses must be work related. The care must be necessary for the employee and the employee's spouse to work, to look for work, to attend school full-time or are physically unable to care for their children.

B) The dependent care expenses provided during a calendar year cannot exceed \$5,000. In the case of a separate return by a married individual, the limit is \$2,500.

**The dependent care expenses must be for the care of one or more qualifying persons. A qualifying person is one of the following:**

A) A dependent who was under age 13 when the care was provided and for whom an exemption can be claimed.

B) A spouse who was physically or mentally not able to care for himself or herself, and lived with you for more than half the year.

C) A dependent who was physically or mentally not able to care for himself or herself and for whom an exemption can be claimed, and lived with you for more than half the year.

## ELIGIBLE AND INELIGIBLE EXPENSES FOR FSA DEPENDENT CARE (PARTIAL LIST):

- FICA/FUTA taxes of dependent care provider
- Nanny expenses attributed to dependent care
- Nursery school (pre-school)
- Late pick up fees
- Day Camp—primary purpose must be custodial care and not educational in nature
- Day care when one parent is working and the other is sleeping during daytime hours

## INELIGIBLE EXPENSES


- Kindergarten
- Activity fees/supplies
- Late payment/charges
- Overnight camp
- Transportation
- Fees paid to a provider not reporting the income of the IRS





# ANNUAL

# WELLNESS BENEFITS

Below is your annual wellness information. Please see a benefit counselor for a wellness form from each carrier.

Accident Policy 		
Basic Plan: \$60 Wellness Select Plan: \$60 Wellness Ultra Plan: \$75 Wellness		
To File:	By Mail	By Fax
	Attn: Claims Department USABLE Life P.O. Box 1650 Little Rock, AR 72203-1650	(501) 235-8400
Information Needed	Include USABLE Wellness Form with the following information included: <ul style="list-style-type: none"> <li>Full Name</li> <li>Name and address of the facility where the test/procedure was performed</li> <li>The specific test/procedure performed</li> </ul>	
Covered Tests	Mammography, flexible sigmoidoscopy, chest x-ray, EKG, pap smear, cholesterol and diabetes screening, colonoscopy, PSA (blood test for prostate cancer), breast ultrasound, CA 15-3 for breast cancer, CA 125 for ovarian cancer, CEA blood test for colon cancer, thermography, bone marrow testing, serum protein electrophoresis, fasting blood glucose test, hemocult stool analysis, blood test for triglycerides	

Cancer Policy 		
Advantage Plan: \$100 Wellness Premier Plan 1: \$100 Wellness Premier Plan 2: \$100 Wellness		
To File:	By Mail	By Fax
	Guardian Life Insurance PO Box 14315 Lexington, KY 40512	(920) 749-6299
Information Needed	<ul style="list-style-type: none"> <li>Insured's name and Social Security Number</li> <li>Covered person's name, date of birth, Social Security Number and relationship to insured</li> <li>Documentation showing provider, patient's name, date of test, and test performed</li> </ul>	
Covered Tests	Biopsy for skin cancer, blood test for triglycerides, bone marrow testing, CA15-3 blood test for breast cancer, CA125 blood test for ovarian cancer, CEA blood test for colon cancer, chest x-ray, colonoscopy, doppler screening for carotids, doppler screening for peripheral vascular disease, echocardiogram, EKG, flexible sigmoidoscopy, hemocult stool analysis, HPV vaccination, lipid panel, mammography, pap smear, prostate specific antigen blood test for prostate cancer, serum protein electrophoresis, stress test on bike or treadmill, thermography, ultrasound screening of the abdominal aorta for abdominal aortic aneurysms	

Critical Illness Policy 		
\$75 Wellness		
To File:	By Mail	By Fax
	Attn: Claims Department USABLE Life P.O. Box 1650 Little Rock, AR 72203-1650	(501) 235-8400
Information Needed	Include USABLE Wellness Form with the following information included: <ul style="list-style-type: none"> <li>Full Name</li> <li>Name and address of the facility where the test/procedure was performed</li> <li>The specific test/procedure performed</li> </ul>	
Covered Tests	Mammography, flexible sigmoidoscopy, chest x-ray, EKG, pap smear, cholesterol and diabetes screening, colonoscopy, PSA (blood test for prostate cancer), breast ultrasound, CA 15-3 for breast cancer, CA 125 for ovarian cancer, CEA blood test for colon cancer, thermography, bone marrow testing, serum protein electrophoresis, fasting blood glucose test, hemocult stool analysis, blood test for triglycerides	





## GET IN TOUCH WITH EBI:

1 (844) 559-3521  
service@ebiteam.com

## We know you're busy - let us work for you!

Please contact EBI directly with any questions  
regarding the following:

*General Policy Information*

*Claim Forms*

*Dental & Vision Cards*

*Name/Address/Phone Number Changes*

*Qualifying Life Event Changes (marriage, birth, divorce,  
death, etc.)*

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## Did you know?

You can use your catapult **results** to claim your wellness  
benefit on the following:

*USAbile Accident*

*USAbile Critical Illness*

*\*Guardian Cancer policy requires a cancer screener to claim on wellness*

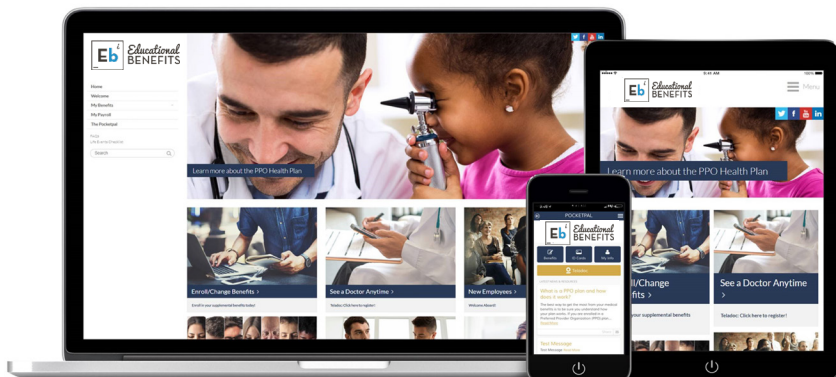


*Educational*  
**BENEFITS**



# ONLINE BENEFIT PORTAL

- The NEW online benefit portal is ready! You can view it from anywhere you have internet access - your computer, iPhone, iPad, Android or tablet.



Visit the VSSD benefits portal at  
[www.bergmansdbenefits.com](http://www.bergmansdbenefits.com)

- 24/7 benefit access - On your app or web portal
- Push Notifications - Stay up-to-date on what's happening in your district
- Store ID Cards for you and your dependents
- Need to file a claim? Visit your benefit portal to download and complete claim forms
- Store your preferred pharmacies and medication information
- Personal Doctor Information

## Download the Mobile App!

Download on the App Store or Google Play Store,  
search for "The Pocketpal"



**After you download the app, you will need the following information:**

- Name and Email Address
- District ID :Bergman





# NOTES





**CUSTOMER SERVICE**

1 (844) 559.3521 (phone)  
1 (888) 971.3684 (fax)  
[service@ebiteam.com](mailto:service@ebiteam.com)