



# Benefit Guide

Effective July 1, 2021



# Welcome to your 2021 Benefit Guide

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Your benefits are important and we are committed to providing you a choice of affordable, comprehensive plans. This Benefit Guide was created to help you understand our plans. Please take time to learn about each plan and choose the plans that are best for you and your family.

If you have any questions regarding our employee benefit plans, please contact the district office.

*Ron Wilson*  
Superintendent



*The District provides a wide range of employee benefits for you and your dependents and encourage you to thoroughly evaluate your needs and the needs of your family before enrolling or declining to participate in any of the benefit plans. This Benefit Guide contains a overview of some elements of the employee benefit plans sponsored by USD 489 Hays.*

*This Guide is intended to provide a summary of the main features of our benefits package. It is much shorter and less technical than the legal documents and contracts that govern our benefits. We have made every effort to make sure the information in this Guide is accurate; however, in the case of any discrepancy, the provisions of the legal plan documents and insurance certificates will govern.*

*Each plan may be amended or terminated at the sole discretion of the District. Nothing in this guide is intended to guarantee employment of any employee with the USD 489 Hays.*

*If you do not enroll at your first opportunity, you may only be able to enroll during an annual open enrollment period or during a special enrollment period. Since your premiums are paid through a Section 125 Plan, you will not be able to terminate coverage until the next open enrollment period, unless you terminate employment or have a qualified Election Change Event. If you have questions, contact the your HR Department.*

# Important Information

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## Open Enrollment

Open Enrollment is the one time per year you may start, stop or change who is insured on your insurance plans. Any requests after Open Enrollment to start, stop or change who is insured must be due to a Qualifying Life Event.

## Qualifying Life Events

After your initial eligibility date and other than the annual open enrollment period, you may only change your benefit election and covered dependents within 31 days following a Qualifying Life Event including:

- Birth or adoption of a dependent child;
- Marriage, legal separation, annulment, or divorce;
- Death of spouse and/or dependent;
- Dependent's loss of eligibility;
- Termination or commencement of spouse's employment with health care coverage offered or open enrollment;

## Healthcare Reform

Due to Healthcare Reform:

- The individual mandate became effective on 01/01/2014
- For tax year 2021, if you don't have coverage the fee/penalty no longer applies. This is subject to change if different legislation is passed.

Healthcare Reform Exchanges:

- Full Time Employees: If you are eligible for benefits at USD 489 Hays, and buy coverage through a Federal or State Exchange- you and your family will not qualify for a subsidy through the Exchange.
- Part Time Employees: If you are eligible for benefits at USD 489 Hays, and buy coverage through a Federal or State Exchange- you and your family may qualify for a subsidy through the Exchange. Contact a State Exchange navigator for additional information.
- Federal and State Medicaid programs offer low cost or free medical coverage to individuals and families with limited incomes. Your eligibility will depend on your state, income, and family size. For more info visit: [www.healthcare.gov](http://www.healthcare.gov).

## Who is Eligible?

### Employee

All active employees meeting the eligibility criteria.

### Dependents

As an employee eligible to enroll in the group insurance plans, you may elect certain options for your dependents. Eligible dependents include:

- Your legal spouse;
- Your dependent child or step child up to age 26 for the medical plan and for dental;
- Any child placed with you for adoption or for whom you have legal guardianship;
- Any unmarried, disabled child of any age who resides with you, medically certified as disabled prior to his/her 26th birthday and primarily dependent upon you for support;
- Any eligible child for whom health care coverage is required through a Qualified Medical Child Support Order (QMCSO) or other court or administrative order.

## Employee Benefit Information Website

You can access the benefit website 24/7 from any computer. Open your internet browser and enter:

<https://usd489benefits.benefithub.com/>



# Eligibility Information

Benefit	Eligibility Requirements	Additional Information
Medical/Prescription/Dental Plans (District Contribution)	30+ hours per week OR .8- 1.0 FTE Contracts	Beginning of the month after 30 days of employment
Medical/Prescription/Dental Plans (District Contribution)	18.75-30 hours per week OR .5-.8 FTE Contracts	Beginning of the month after 30 days of employment
Health Savings Account	18.75+ hours per week OR .5+ FTE Contracts; Must enroll in HDHP	Beginning of the month after 30 days of employment
Vision Plan	18.75+ hours per week OR .5+ Contracts	Beginning of the month after 30 days of employment
District Paid Life Insurance/ Voluntary Life Insurance	20+ hours per week OR .6 FTE Contracts	Beginning of the month after 30 days of employment
District Paid Long Term Disability	18.75+ hours per week (or .5+ Contracts), must be eligible for KPERS	Beginning of the month after one year of service
Health Flexible Spending Account	18.75+ hours per week; all certified contract employees	Beginning of the month after 30 days of employment OR open enrollment
Dependent Care Spending Account	18.75+ hours per week; all certified contract employees	Beginning of the month after 30 days of employment OR open enrollment
3-1 Supplemental Plan	18.75+ hours per week; all certified contract employees	Beginning of the month after 30 days of employment
Legal Shield	18.75+ hours per week; all certified contract employees	Beginning of the month after 30 days of employment
403b, 457, Roth 403b	18.75+ hours per week; all certified contract employees	Payroll period following enrollment
KPERS	18.75+ hours per week OR .5+ Contracts	Beginning first day of employment
KPERS Group Life Insurance	18.75+ hours per week (or .5+ Contracts), must be eligible for KPERS	Through KPERS, beginning first day of employment (1 1/2 x salary)
Sick Leave & Personal Leave	18.75+ hours per week; all certified contract employees	Beginning first day of employment (adjusted for budgeted hours)
Vacation Leave	12 month staff	Beginning first day of employment (adjusted for budgeted hours)



# Open Enrollment Online Instructions

**\*All employees are required to complete the online enrollment even if you waive all of the benefits.**

ARCORO

## 1 Login

- Go to [www.infinityhr.com](http://www.infinityhr.com)
- Enter User ID and Password.
- Your UserID is your last name + last 4 digits of your Social Security number
- If you don't remember it, click "Forgot your password/username"

Username

Password

[SHOW](#)

[SIGN IN](#)

☐ Remember Me [Forgot your password?](#) [Forgot your username?](#)

\*To access this system you must have a valid account created for you. If you have forgotten your login information, and you have a valid email address on file, you can click the appropriate link below the login button, and your information will be sent to you.

## 2 Click "Begin Event" on Homepage

- Review Homepage
- The Drop Down should say "Open Enrollment"
- Then click "Begin Event"

### CHANGE EVENTS

You may either choose to complete the Open Enrollment Event to elect next year's benefits, or complete an event to change this year's benefits. The Open Enrollment Event must be completed between 04/16/2021 and 04/16/2021. After 04/16/2021 the Open Enrollment Event will no longer be available.

Events Available:

Open Enrollment [Begin Event](#) [Cancel Event](#)

Statements	Start	End	View
Benefit Statement	06/01/2021	05/31/2022	<a href="#">View</a>
Benefit Statement	06/01/2020	05/31/2021	<a href="#">View</a>

## 3 Authorization Pages

- Click "Continue"
- Click "I Accept..."

Instructions Acceptance Personal Dependents Benefits Beneficiaries Review Confirmation

[Continue](#)

Now that you have selected an Event from your homepage, you will be required to complete a series of steps. These steps are identified as Tabs above. As you move through each step, the Tab will become enabled for each step that you have. You can revisit any previously visited step by clicking on the Tab associated with that step. You must complete all steps before your changes will be confirmed.

The Steps that appear above may vary depending upon the Event selected.

Upon the Completion of this Event, further instructions may be provided to you on the Confirmation Tab.

Instructions Acceptance Personal Dependents Benefits Beneficiaries Review Confirmation

[I Accept and wish to Continue](#)

This web site serves only as a medium through which Annual Enrollment and/or Benefit Changes are conducted.

Infinity Software Solutions Inc., the provider of this site is not responsible for technical difficulties that result in the loss of a user's Internet connection with this web site, slowness in transmission of information or other technical problems. Solutions Inc. is not responsible for individual computer failures.

Wichita Collegiate Schools strongly recommends that you do NOT set your web browser to save your user ID or password. Wichita Collegiate Schools and Infinity Software Solutions Inc. accept no responsibility for how individual web browser.

Click above to indicate your agreement to these terms and conditions.

## 4 Confirm Personal Info

- Review personal information.
- To make a change, click "Edit" and enter your information.
- When finished, click "Save and Continue".

Instructions Acceptance Personal Dependents Benefits Beneficiaries Review Confirmation

[Save & Continue](#)

Please review the informational section(s) below. If any of the information displayed is incorrect, please correct it before proceeding.

[Edit](#)

Name: Alicia Test  
Address: 123 Any Street  
City/State/Zip: Anytown, Kansas 12345  
SSN: 555-44-4333  
Birth Date: 07/07/1980  
Primary Phone:  
Work Phone:  
Ext:  
Email:

# Open Enrollment Online Instructions

**\*Please note that spouse/dependent's Social Security Numbers are required.**

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## Confirm Spouse and/or Dependent Info

- Review information.
- To make a change, click “Edit” on the far right and enter your information.
- In order to add a spouse and/or dependents to a benefit, they must be entered here. To do this click “Add Dependent”.
- When finished, click “Save and Continue”.

Instructions Acceptance Personal **Dependents** Benefits Beneficiaries Review Confirmation

**Save & Continue**

Please review the Informational section(s) below. If any of the information displayed is incorrect, please correct it before proceeding. To add a dependent, select the "add dependent" link.

Note: It is important that the Dependents section below reflects your actual dependents, as coverage eligibility depends upon this.

Dependents

**Add Dependent**

Name	SSN	Gender	Birth Date	Relationship	
Alan Test	513445555	Male	05/15/1975	Spouse	<a href="#">Edit</a>
Alex Test	567667777	Male	11/22/2011	Child	<a href="#">Edit</a>

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## Benefit Selections

- Make an election or select “Waive” for each benefit.
- Click “Save and Continue” to complete each benefit screen and you will automatically be moved to the next benefit.

**Save & Continue**

**Medical**

- Health Savings Account (HSA)
- Dental
- Vision
- Basic Life
- Basic AD&D
- Voluntary Life
- Voluntary AD&D
- Voluntary Spouse Life
- Voluntary Spouse AD&D
- Voluntary Child Life
- Short Term Disability
- Health Care Account (FSA)
- Dependent Care Spending Account (DFSA)
- Aflac Group Accident
- Aflac Group Hospital Indemnity
- Aflac Group Critical Illness - Employee
- Aflac Group Critical Illness - Spouse
- Aflac Group Critical Illness - Child

Pay Period Cost: \$326.27  
Pre Tax: \$0.00  
Post Tax: \$0.00  
**Total: \$326.27**

**Plan F1 Option 1 - \$1000 Deductible Plan**

Coverage

- ☐ Employee Only \$04.89
- ☐ Employee + Spouse \$283.97
- ☐ Employee + Child(ren) \$162.06
- ☐ Employee + Family \$631.52

**Plan F1 Option 2 - \$1500 Deductible Plan**

Coverage

- ☐ Employee Only \$0.00
- ☐ Employee + Spouse \$270.58
- ☐ Employee + Child(ren) \$166.54
- ☐ Employee + Family \$544.30

**Plan F1 Option 3 - \$1000 Deductible Plan**

Coverage

- ☐ Employee Only \$35.34
- ☐ Employee + Spouse \$89.48
- ☐ Employee + Child(ren) \$16.85
- ☐ Employee + Family \$400.56

**Plan F1 Option 4 - \$1750 Deductible Plan**

Coverage

- ☐ Employee Only \$0.00
- ☐ Employee + Spouse \$189.43
- ☐ Employee + Child(ren) \$122.73
- ☒ Employee + Family \$326.27

**Plan Waive**

Coverage

- ☐ Waive \$0.00

**Covered Dependents: (check the box next to each dependent to be covered)**

Name	Birth Date	Age*	Relationship
<input checked="" type="checkbox"/> Alan Test	12/12/1982	34	Spouse
<input checked="" type="checkbox"/> Alex Test	10/10/2010	7	Child

\*Age displayed as of 12/1/2017

**If you elect Option 4, the High Deductible Health Plan, you will also need to PRINT and COMPLETE the HSA Packet.**  
**If you have previously completed this packet and the information is still correct, you don't need to complete it again.**  
**The form is located on the top of the HSA election page and needs to be returned to the District Office.**

# Open Enrollment Online Instructions

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## Enter Beneficiaries

- Select a Primary Beneficiary for each benefit. If you need to add a beneficiary, click “Add Beneficiary” and complete the information. You can add multiple beneficiaries, however the total percentage must equal 100%.
- Repeat if you choose to enter a Contingent Beneficiary. If not, leave “Primary” clicked and enter 0.
- When finished, click “Save and Continue”.

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## Review

- Review information on Review Step.
- Click “Save & Confirm” to confirm your enrollment.
- It will tell you if you selected a benefit that requires Evidence of Insurability (EOI). You will need to complete this form and return to HR. The EOI form is located on the employee benefit website.

**Evidence of Insurability Required**  
You have elected coverage that requires Evidence of Insurability (EOI). Please download and complete this form.

**Notes and Required Documentation**  
The table below lists additional notes and documentation that may be required before your changes become active. Please read the instructions listed below for more information. If a link is available in the Download column, you may be able to download an applicable form.

Download	Evidence of Insurability (EOI) Form
Download	Evidence of Insurability (EOI) Form

**My Elected Coverages**

Start Date	End Date	Benefit	Plan Coverage	Coverage Amount	Employee Cost	Pre Tax Deduction	Post Tax Deduction	Covered Dependents
01/01/2018	12/31/2018	Medical	FF Option A - \$2700 (Individual Plan - Employee + Family)	\$0.00	\$600.00	\$200.00	\$0.00	Alan Test, Alan Test
01/01/2018	12/31/2018	Medical	Worshiping for HSA - Worshipping for HSA	\$0.00	\$0.00	\$0.00	\$0.00	
01/01/2018	12/31/2018	Dental	Worship - Worship	\$0.00	\$0.00	\$0.00	\$0.00	
01/01/2018	12/31/2018	Vision	Worship - Worship	\$0.00	\$0.00	\$0.00	\$0.00	
01/01/2018	12/31/2018	Basic Life	Basic Life - Employee Only	\$10000.00	\$0.00	\$0.00	\$0.00	
01/01/2018	12/31/2018	Basic AD&D	Basic AD&D - Employee Only	\$10000.00	\$0.00	\$0.00	\$0.00	
01/01/2018	12/31/2018	Voluntary Life	Voluntary Life - \$200,000 (EOI Required)	\$200000.00	\$4.75	\$0.00	\$4.75	
01/01/2018	12/31/2018	Voluntary AD&D	Voluntary AD&D - \$200,000 (EOI Required)	\$200000.00	\$4.25	\$0.00	\$4.25	

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## Confirm

- A popup will appear asking if you are sure, click “Save and Confirm”.
- Then click “Return to my Homepage” and Log Out.
- On the your Homepage, you can view and print your “Benefit Statement”.

**Your enrollment is complete! You can log in and make changes until the close of open enrollment, just make sure to go through to the end and confirm!**



# Medical Insurance Information

## Insurance Terms

**Copay or Copayment** is an amount you pay for a covered medical service. Copays are usually paid at the time you receive the service.

**Deductible** is the amount you pay 100% before the insurance company begins to pay.

**Out-of-Pocket Limit** is the total amount you pay for covered services during a benefit year. These are the amounts you pay for copays, deductibles and coinsurance.

**In-Network Providers** contract with the insurance company and charge discounted fees. In-network providers or contracting providers apply to HMO, POS and PPO organizations.

**Out-of-Network Providers** do not contract with the insurance company. Non-contracting providers will probably bill you for the difference between the out-of-network provider's charge and the insurance company's "allowed" amount. You are responsible for the difference and this amount can be significant.

**Primary Care Provider (PCP)** are usually family practice physicians or pediatricians who are responsible for monitoring and coordinating all your medical care. If you are insured on a POS plan, you must coordinate all care through your PCP. If you need to see a Specialist, the PCP will provide you with a written referral before seeing the Specialist.

**Specialists** are physicians who have additional education and training for a specific condition. Examples of specialists are dermatologist, urologist, cardiologist, orthopedic surgeon, endocrinologist, ophthalmologist, thoracic surgeon, pulmonologist and obstetrician, to name a few.

## Generic Prescriptions

**What are generic drugs?** Generic drugs are identical to brand-name prescription drugs in dosage, safety, strength, quality and performance. Generics have the same active ingredients. In-active ingredients such as color or flavor may be different. This means you can save money without sacrificing quality.



**What are brand-name drugs?** Name-brand drugs are medications protected by a patent. This means the manufacturer who created the drug, has the sole right to sell it for a period of time. When the patent expires, other manufacturers can then apply to the FDA to sell generic versions of the drug.

**What's the difference?** The cost of Generic drugs are usually much less than brand-name drugs. Generic drugs cost less for one reason: drug manufacturers spend a lot of money on researching, developing, marketing and advertising brand-name drugs. Manufacturers of generic equivalents do not have these expenses and the savings are passed on to you.

**Generic Drug Programs** Several stores offer discount prescription programs offering a variety of generic drugs at a low price. The prescriptions included on each store's list may vary. Check it out. You may be able you to save some money.



*This is not an endorsement of any store's discount prescription program. Additional stores have similar plans.*

## Tips to Saving Money

**Be Smart** - If your employer offers two or more medical plans, learn what your out of pocket cost will be for each plan and how much each plan will cost you. Then choose the plan best meeting your needs. You might be throwing money away by choosing the wrong medical plan.

**Prevention** - An annual routine physical might save your life and a bunch of money. An annual checkup allows your doctor to run lab tests to see if you have any health issues.

**Over There** - If medical coverage is available where your spouse works, you might save money by splitting your coverage between both employers. Many employers pay a higher percentage of the premium for single coverage.

**Free Advice** - Pharmacists know a lot about prescription drugs, so talk to yours about the drugs you take. Your pharmacist might be able to suggest a less expensive alternative you can ask your physician about and save money.

**Urgent vs Emergency** - Consider going to an Urgent Care Center instead of the Emergency Room. Urgent Care Centers are similar to doctors offices and are much less expensive.



# Medical Plans—Aetna

As of July 1, 2020, we changed the deductible accumulators from Calendar Year to Plan Year so it aligns with the renewal date. Deductible accumulators reset as of July 1, 2021 for a 12 month period.

**Plan year: 07/1/2021 - 06/30/2022**

**Deductible Period: 07/01/2021 - 06/30/2022**

	<b>Option 1 - OAMC \$2,000 Deductible Plan</b>	<b>Option 2 - OAMC \$3,500 Deductible Plan</b>
<b>PCP Office Visits</b>	\$20 Copay	\$20 Copay
<b>Walk-in Clinics</b>	\$20 Copay	\$20 Copay
<b>Routine Eye Exams (1 exam per 12 months)</b>	100% Covered	100% Covered
<b>Specialist Office Visits</b>	\$40 Copay after deductible	\$40 Copay after deductible
<b>Teladoc (Page 15)</b>	\$20 Copay	\$20 Copay
<b>Preventive Services</b>	100% of the allowed amount as specified by Health Care Reform	100% of the allowed amount as specified by Health Care Reform
<b>Diagnostic Laboratory Diagnostic X-ray/Complex Imaging</b>	Covered 100% Deductible then 100% coverage	Covered 100% Deductible then 100% coverage
<b>Emergency Services</b> Urgent Care Center Hospital Emergency Room	\$40 Copay after deductible \$200 Copay after deductible	\$40 Copay after deductible \$200 Copay after deductible
<b>Deductible - per plan year</b>	\$2,000 Individual \$4,000 Family	\$3,500 Individual \$7,000 Family
<b>Coinsurance</b>	None	None
<b>Out of Pocket Maximum - Includes Deductible and Copays</b>	\$3,500 Individual \$7,000 Family	\$4,000 Individual \$8,000 Family
<b>Lifetime Benefit</b>	Unlimited	Unlimited
<b>Benefit Period</b>	Plan Year	Plan Year
<b>Inpatient Hospital</b>	\$250 Copay after deductible	\$250 Copay after deductible
<b>Outpatient Hospital</b>	Deductible then 100% coverage	Deductible then 100% coverage
<b>Mental Health Services</b> Inpatient Outpatient	\$250 Copay after deductible Office visits which does apply the copay	\$250 Copay after deductible Office visits which does apply the copay
<b>Retail Prescription Drugs</b> Tier 1 Tier 2 Tier 3 Preferred Specialty Non-Preferred Specialty	20% Coinsurance up to \$50 40% Coinsurance up to \$55 60% Coinsurance 40% Coinsurance to a Max of \$100 40% Coinsurance to a Max of \$100	20% Coinsurance up to \$50 40% Coinsurance up to \$55 60% Coinsurance 40% Coinsurance to a Max of \$100 40% Coinsurance to a Max of \$100

*This summary assumes eligible medical services are provided by contracting providers.*

*The benefits shown in this guide are only a summary of the benefits and do not include all the plan's limitations, exclusions, preauthorization requirements and conditions of coverage. Not all services are covered by your health plan. Refer to your plan's summary plan description, insurance company's master policy or certificate of insurance for a complete description of covered benefits.*

<https://www.usd489.com/o/usd-489/browse/121284>

# Medical Plans—Aetna

As of July 1, 2020, we changed the deductible accumulators from Calendar Year to Plan Year so it aligns with the renewal date.  
Deductible accumulators reset as of July 1, 2021 for a 12 month period.

**Plan year: 07/1/2021 - 06/30/2022**

**Deductible Period: 07/01/2021 - 06/30/2022**

	<b>Option 3 - OAMC \$5,000 Deductible Plan</b>	<b>Option 4- OAMC \$2,800 High Deductible Plan</b>
<b>PCP Office Visits</b>	\$20 Copay	20% after deductible
<b>Walk-in Clinics</b>	\$20 Copay	20% after deductible
<b>Routine Eye Exams (1 exam per 12 months)</b>	100% Covered	100% Covered
<b>Specialist Office Visits</b>	\$40 Copay after deductible	20% after deductible
<b>Teladoc (Page 15)</b>	\$20 Copay	\$47 Copay
<b>Preventive Services</b>	100% of the allowed amount as specified by Health Care Reform	100% of the allowed amount as specified by Health Care Reform
<b>Diagnostic Laboratory Diagnostic X-ray/Complex Imaging</b>	Covered 100% Deductible then 100% coverage	20% after deductible 20% after deductible
<b>Emergency Services</b> Urgent Care Center Hospital Emergency Room	\$40 Copay after deductible \$200 Copay after deductible	20% after deductible 20% after deductible
<b>Deductible - per plan year</b>	\$5,000 Individual \$10,000 Family	\$2,800 Individual \$5,600 Family
<b>Coinsurance</b>	None	20%
<b>Out of Pocket Maximum - Includes Deductible and Copays</b>	\$6,000 Individual \$12,000 Family	\$5,000 Individual \$10,000 Family
<b>Lifetime Benefit</b>	Unlimited	Unlimited
<b>Benefit Period</b>	Plan Year	Plan Year
<b>Inpatient Hospital</b>	\$250 Copay after deductible	20% after deductible
<b>Outpatient Hospital</b>	Deductible then 100% coverage	20% after deductible
<b>Mental Health Services</b> Inpatient Outpatient	\$250 Copay after deductible Office visits which does apply the copay	20% after deductible 20% after deductible
<b>Retail Prescription Drugs</b> Tier 1 Tier 2 Tier 3 Preferred Specialty Non-Preferred Specialty	20% Coinsurance up to \$50 40% Coinsurance up to \$55 60% Coinsurance 40% Coinsurance to a Max of \$100 40% Coinsurance to a Max of \$100	20% Coinsurance after deductible 40% Coinsurance after deductible 60% Coinsurance after deductible 40% Coinsurance after deductible to a Max of \$100 40% Coinsurance after deductible to a Max of \$100

*This summary assumes eligible medical services are provided by contracting providers.*

*The benefits shown in this guide are only a summary of the benefits and do not include all the plan's limitations, exclusions, preauthorization requirements and conditions of coverage. Not all services are covered by your health plan. Refer to your plan's summary plan description, insurance company's master policy or certificate of insurance for a complete description of covered benefits.*

<https://www.usd489.com/o/usd-489/browse/121284>

# Medical Deductions

Aetna Option 1 - \$2000 Deductible Plan					
Plan Tier	Total Monthly Premium	District Contribution for FT Emp	Full Time Employee Deduction	District Contribution for PT Emp	Part Time Employee Deduction
Employee Only	\$814.91	\$748.65	\$66.26	\$539.03	\$275.88
Emp + Spouse	\$1,584.39	\$1,050.00	\$534.39	\$840.00	\$744.39
Emp + Child(ren)	\$1,457.46	\$1,050.00	\$407.46	\$840.00	\$617.46
Family	\$1,881.61	\$1,050.00	\$831.61	\$840.00	\$1,041.61

Aetna Option 2 - \$3500 Deductible Plan					
Plan Tier	Total Monthly Premium	District Contribution for FT Emp	Full Time Employee Deduction	District Contribution for PT Emp	Part Time Employee Deduction
Employee Only	\$748.65	\$748.65	\$0.00	\$539.03	\$209.62
Emp + Spouse	\$1,572.72	\$1,050.00	\$522.72	\$840.00	\$732.72
Emp + Child(ren)	\$1,451.39	\$1,050.00	\$401.39	\$840.00	\$611.39
Family	\$1,792.28	\$1,050.00	\$742.28	\$840.00	\$952.28

Aetna Option 3 - \$5000 Deductible Plan					
Plan Tier	Total Monthly Premium	District Contribution for FT Emp	Full Time Employee Deduction	District Contribution for PT Emp	Part Time Employee Deduction
Employee Only	\$712.46	\$712.46	\$0.00	\$539.03	\$173.43
Emp + Spouse	\$1,385.21	\$1,050.00	\$335.21	\$840.00	\$545.21
Emp + Child(ren)	\$1,274.22	\$1,050.00	\$224.22	\$840.00	\$434.22
Family	\$1,645.07	\$1,050.00	\$595.07	\$840.00	\$805.07

\*\* For the **Full Time Employee Only** Plan Tier, the District contributes an additional **\$36.19** for use towards other insurance products.

Aetna Option 4 - \$2800 HDHP - Health Savings Account							
Plan Tier	Total Monthly Premium	District Contribution for FT Emp	Full Time Employee Deduction	Full Time District Contribution to HSA	District Contribution for PT Emp	Part Time Employee Deduction	Part Time District Contribution to HSA
Employee Only	\$721.08	\$721.08	\$0.00	<b>\$84.00</b>	\$539.03	\$182.05	<b>\$53.00</b>
Emp + Spouse	\$1,401.80	\$1,050.00	\$351.80	<b>\$105.00</b>	\$840.00	\$561.80	<b>\$58.00</b>
Emp + Child(ren)	\$1,289.31	\$1,050.00	\$239.31	<b>\$105.00</b>	\$840.00	\$449.31	<b>\$58.00</b>
Family	\$1,665.00	\$1,050.00	\$615.00	<b>\$105.00</b>	\$840.00	\$825.00	<b>\$58.00</b>

\*\* Employees are required to make a **minimum monthly** contribution of **\$50** to a Health Savings Account. The District also contributes to the account as outlined above.

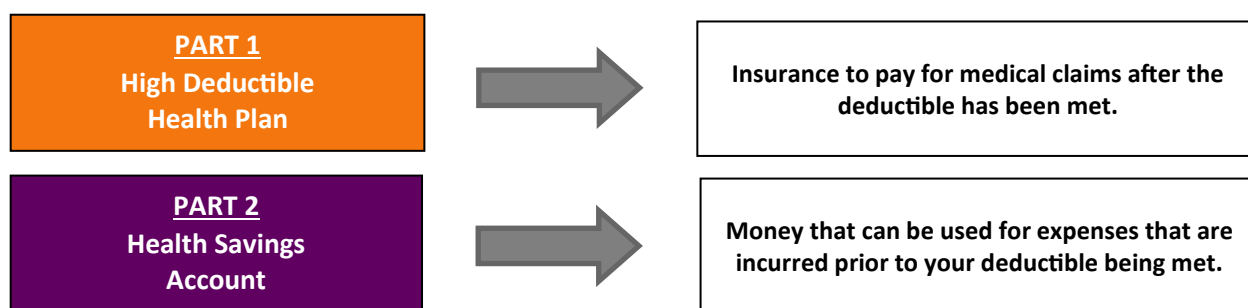
# Health Savings Account Info

## High Deductible Health Plan & Health Savings Account

If you enroll in Option 4, the Qualified High Deductible Plan, you will need to open an HSA account at Astra Bank which is the district's designated financial institution. **You will also need to complete the HSA Packet** and return it to the district office so that they can make payroll contributions on your behalf. You will be required to contribute a minimum monthly contribution of \$50 to your HSA and the district will contribute:

Full Time Employee	Part Time Employee
Employee Only: \$84 per month	Employee Only: \$53 per month
Two or more persons: \$105 per month	Two or more persons: \$58 per month

*\* The total annual contribution of USD 489 and the employee combined, can not exceed the Federal Maximum.*



## HSA Advantages:

- You own the account and use a bank of your choice.
- All contributions and earnings on the account are tax free.
- You are fully vested in the account immediately.
- If you retire or leave employment the account stays with you.
- Balances in the account roll-over from year to year with no aggregate

## You can use money in your HSA to pay for eligible expenses including:

Deductibles	Prescriptions	Orthodontics	Breast Pumps & Accessories
Copays	Dental Expenses	Glasses/Contacts	Chiropractic Care
Coinsurance	Vision Expenses	Ambulance/ER Services	Long Term Care Services
<b>OTC Medications:</b> Written prescriptions will <u>no longer be required</u> for Over the Counter (OTC) drugs, including items like Tylenol, Claritin, Tamiflu, etc. when purchased with an FSA or HSA.			
<b>Menstrual Care Products :</b> Menstrual care products, including items like tampons, pads, cup, etc. are now eligible expenses under an FSA or HSA.			

For more information, refer to IRS Publication 969: <https://www.irs.gov/pub/irs-pdf/p969.pdf>

For a complete list of eligible expenses referred to in publication 969, you can visit: <https://www.irs.gov/taxtopics/tc502>

# Health Savings Account Q & A

- 1. Who can have an HSA?** The individual must be:
  - 1) covered by a HDHP (only Option #4);
  - 2) not covered under other health insurance;
  - 3) not enrolled in Medicare; and
  - 4) not another person's dependent.
- 2. Where can I open an HSA?** Astra Bank is the district's designated financial institution.
- 3. When do I see the tax savings?** When you do your taxes at the end of the year, it will be an above the line deduction, therefore your taxable income is reduced by the amount you contributed to your HSA.
- 4. If I switch jobs, do I lose my money?** No. The money in your HSA is yours. Whatever money you contribute to your HSA is yours, just like if you had a bank savings account. If you do not use all your HSA money during the year, it will roll over to the next year.
- 5. How much can I contribute to my HSA account?** In 2021, with single coverage, you can contribute up to \$3,600 per year and if two or more are insured, you can contribute up to \$7,200 per year. Age 55+ can contribute an additional \$1,000. Limits apply.
- 6. What are some examples of HSA qualifying expenses?** HSA qualifying expenses include doctor office visits, prescription drugs, eye exams, glasses, contact lenses, chiropractors, laser eye surgery and birth-control prescriptions, to name a few. There are many more eligible items you can pay for with HSA money. You can get a list of covered expenses at [www.irs.gov](http://www.irs.gov).
- 7. What happens if I lose my health insurance?** You may continue to use your HSA money to pay for eligible expenses, even if you do not have a qualifying health insurance plan, but you cannot keep contributing money to your HSA.
- 8. Can I use my HSA money to pay for my premiums?** HSA money can pay for health insurance premiums if you are collecting Federal or State unemployment benefits or are paying COBRA premiums.
- 9. What if I need medical care in another country?** You can use your HSA money for the same medical expenses anywhere in the world.
- 10. Can I withdraw my HSA money if I need to?** Yes, but the withdrawal is taxable and you will pay a 20% penalty for non-qualifying withdrawals.
- 11. When I die, do I lose my HSA money?** No. You can name a beneficiary to receive your HSA money.
- 12. How much does it cost to set up an HSA?** This depends on the bank or credit union you choose. Most usually have a one time set up fee, monthly fee, debit card fees, printed check fees, and overdraft fees. Shop around for the lowest fees.
- 13. Can my HSA be used for dependents not covered by the health insurance?** Generally, yes. Qualified medical expenses include unreimbursed medical expenses of the account holder, his or her spouse, or dependents, even if they are not insured by a qualified HDHP.
- 14. Do I need to keep any records when I use my HSA?** Although some financial institutions track the use of the HSA for you, it is a good idea to keep your own records. It is your responsibility to track the use of your HSA account and you may be required to show proof of your expenditures to the IRS. We recommend you designate a place to store all your receipts so they are available when you need them.
- 15. What if I do not use all of the money in my HSA account by the end of the year?** All the money deposited in your HSA, but not spent during the year, rolls over to the next year. HSA's do not have a "use or lose it" provision. You have the option of accumulating money in your HSA to pay for future eligible expenses and never pay taxes on the money.
- 16. Can I deposit additional money into my HSA account without going through payroll?** Yes, you can make deposits directly to your HSA, but you will not have the advantage of a pre-tax deposit until you file your income taxes. It is your responsibility to remember to claim these direct deposits on your income tax return.
- 17. Will my bank notify me if I have exceeded my allowable contribution amount?** No, it is your sole responsibility to keep track of the amounts deposited and spent from your account.

## **IMPORTANT**

You should open your HSA account prior to the effective date of your Qualified High Deductible Health Plan (QHDHP). Medical

costs incurred after your HDHP is effective, but before your HSA account is established, cannot be paid with money deposited in your HSA account.





# Aetna Medication Information

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## Medication Search

You and your doctor can search for a drug, find out if it's covered and see what tier it falls under. You can also see if there are alternatives that cost less. **Make sure your doctor knows that you pay more for 2-4 tier drugs.**

### Take these steps:

1. Visit **[www.aetna.com/formulary](http://www.aetna.com/formulary)**.
2. Scroll down to **"Choose your plan"**; Select **"2021"** as the plan year;  
For **Medical Plan Options 1-3**: Select **"Advanced Control Plans - Aetna"**  
For **Medical Plan Option 4 (HDHP)**: Select **"Standard Opt Out Plans - Aetna"**
3. Click **"Search to see if drug is covered"** and search prescription drug name or open the **Aetna Drug Guide**.
4. This is where you can see what tier your drug falls under and where you can learn more about the types of drug coverage reviews your drug requires such as precertification, step therapy or quantity limits.



## CVS Caremark Home Delivery (Mail Order)

Maintenance medications may be filled and refilled using CVS Caremark Home Delivery. You can get up to a 90-day supply sent to your home or any location you choose. Shipping is quick, confidential and standard shipping is free!

### Step 1 - Ask your doctor to write TWO prescriptions.

Prescription #1: Is for a one-month supply. Fill it at a local retail pharmacy. With this short-term supply, you will have enough of your medicine on hand to see you through until your first Aetna CVS Caremark Home Delivery order arrives.

Prescription #2: Is typically for a 90-day supply (with three refills). Send this one to Aetna Rx Home Delivery.

### Step 2 - Choose one of these ways to submit your order:

- Online—Log in to your secure member website. There you can add or remove prescriptions.
- Phone—Call us 24/7 at 1-888-792-3862
- Mail— Mail your Rx to us with a completed order form. You can find the form on your secure member website. The mailing address is on the form.

Your doctor can send an electronic prescription (e-prescribe) to CVS Caremark Mail Service Pharmacy. Give your doctor this number, (NPI: 1881952851), to send your prescription to us.

### Things to keep in mind!

- We'll need to hear from you before we ship you refills. This is called Ship Consent and is a required step for Medicare prescriptions.
- Let us know your preferred method of payment. We'll need this information to process your order in a timely manner.
- You can only get the amount of medication that your doctor prescribes. Ask your doctor to write a 90-day prescription. Your plan may have quantity limits on your medication that may determine how much you get per month.
- We may substitute a generic version for a brand name medicine, unless your doctor writes "dispense as written." Generic drugs are clinically equivalent to brand-name medication but often cost you less.

# Aetna Physician Search

It is important for you to verify each of your medical providers are “contracting providers” prior to each service. Your out of pocket cost will be substantially lower if you receive services from contracting providers.

## Find A Doctor, Facility or Urgent Care

### How to find:

1. Go to [www.aetna.com/docfind](http://www.aetna.com/docfind)
2. “Continue as a Guest” (right side of page) or if you are already registered, log in (left side of page)
3. Under “Select a Plan” enter plan name to narrow list or scroll down until you see the desired network. Plans are sub-categorized with different like headers.

Under: “Aetna Open Access Plans”

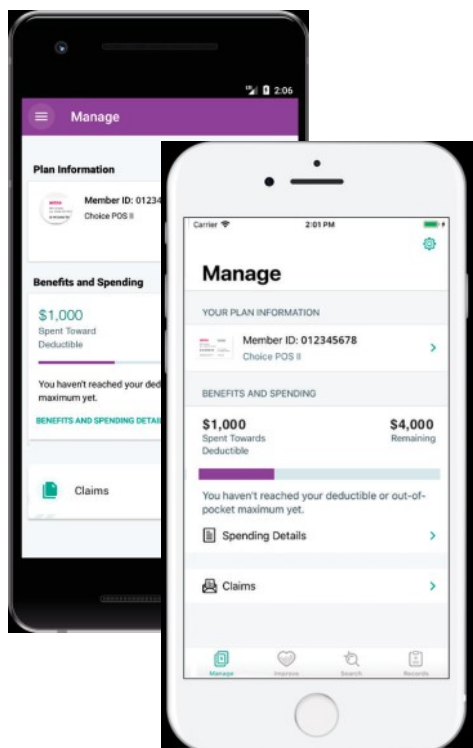
Choose: “Managed Choice POS (Open Access)”

6. Search or select a category (ex. Primary Care Physician or Urgent Care)

## Aetna Health App

Staying healthy is important. So is keeping track of your benefits. But with everything else you have going on, managing it all can be a challenge.

The Aetna Health app can help. From finding a doctor and estimating costs to tracking progress on your personal health goals, the app is your all-in-one resource for information and inspiration.



View benefits & pay claims for your whole family



Search for providers, procedures & medications



Get cost estimates before you get care



Access your ID card whenever you need it



Get recommended health actions on your profile



Text “AETNA” to 90156  
to receive a link to download the Aetna Health<sup>SM</sup> app.

(Message and data rates may apply. \*)



# Aetna Tools and Programs

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## Concierge Service

A concierge is here to help. Simply call the number on your Aetna ID card or log in to your secure member website at [www.aetna.com](http://www.aetna.com).

A concierge can assist you with:

- Asking a question about a diagnosis
- Learning about your coverage
- Selecting a doctor
- Planning for upcoming treatment

Think of the concierge as your personal assistant for healthcare. Your concierge will:

- Find solutions that fit your needs
- Show you how to use the online tools to make the decisions that are right for you.
- Assist you in scheduling appointments
- Find network providers based on your needs

Your concierge can show you how to estimate your costs before you make an appointment. You can find out what it would cost to see a network doctor versus an out-of-network doctor. You can also learn the difference between inpatient and outpatient care as well as the difference in cost.

**Call 800-501-9837 to speak with a concierge • Monday - Friday 8 a.m. - 6 p.m.**

## Aetna Member Website

Aetna's Member Website gives you access to tools and resources to help you manage your benefits. All of your plan information and cost-saving tools are in one place. After you receive your Aetna ID Card, you can register at [www.aetna.com](http://www.aetna.com) and then log in anytime. You can use the site for the following:

- Search for providers & walk-in clinics
- Change your Primary Care Physician
- View & sort claims
- Get coverage details
- Compare costs
- Get treatment options
- Find pharmacies & Order medicine
- Start a wellness program
- View discounts & perks

## Member Payment Estimator

### MEDICAL COST SAVING

Get real-time personalized cost estimates based on providers negotiated rates, members plan and generated using claims adjudication.

- Compares cost and quality for up to 10 in-network providers at once using real time data
- Includes 650 medical services, tests & procedures.
- Allows you to plan ahead & decide where to go for care

### **Using the Estimator:**

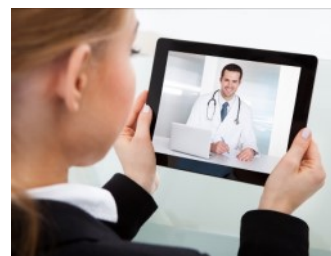
1. Log in to the Aetna member website and select **"Find Care and Pricing"** (towards the center of the page)
2. Enter the type of service that you would like an estimate for.

# Aetna Tools and Programs

## Teladoc (Virtual Services)

Telemedicine is an alternative to in-person doctor visits. You can see a doctor anytime, anywhere, virtually!

- Available 24/7
- Less time away from work
- The cost is a copay which is billed to you! You pay with a credit card, debit card, FSA card or PayPal just like you would normally.
- Board-certified physicians treat many conditions by phone or video
- Consultation includes diagnosis and recommended treatment, including prescriptions (if appropriate)



### WHEN TO USE TELEMEDICINE?

#### Everyday Care

- Cold/Flu
- Sinus Infection
- Pink Eye
- Fever
- Allergies
- Ear Infection
- Migraine
- Stomach Pain
- Sore Throat

#### Dermatology

Upload images of a skin issue & get a custom treatment plan within 2 days for things like Eczema, Acne, Rashes and more!

#### Mental Health Care

Talk to a therapist 7 days a week -  
(7am - 9pm local time)

#### TO GET STARTED:

- 1) Set up your account
- 2) Request a Consult
- 3) Provide Medical History

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

 [Facebook.com/Teladoc](https://www.facebook.com/Teladoc)

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

**1-855-Teladoc (835-2362)**



## Informed Health Line

With the Informed Health Line, you can speak to a registered nurse about health issues that are on your mind — whenever you need to. While only your doctor can diagnose, prescribe or give medical advice, the Informed Health Line nurses can provide information on more than 5,000 health topics. Contact your doctor first with any questions or concerns regarding your health care needs.

Call a registered nurse 24/7 as many times as you need and there is no cost: 1-800-556-1555

## Aetna Maternity Program

This program helps members give their babies a healthy start. When you join the program:

- Receive materials on prenatal care, labor and delivery, newborn care, and more.
- Get information for Dad or partner.
- Take our pregnancy risk survey and find out if you have any issues or risk factors that could affect your pregnancy. You'll also get a small gift if you complete the survey and enroll in the program by your 16th week of pregnancy.
- If you smoke, you can join our nicotine-free Smoke-Free Mom-to-Be® program. You'll get educational materials and support from one of our nurses to help you quit smoking for good.

If you have questions, call toll-free 1-800-272-3531

# Dental Plan

## Included in your Dental Plan:

1

### Right Start 4 Kids (RS4K)

The Right Start 4 Kids program removes the cost barriers for dental care by providing children 12 and under 100% coverage, with no deductible, for all services covered under the plan, excluding orthodontics, when an in-network dentist is seen.



2

### Unlimited Cleanings

Your plan allows for unlimited cleanings. This includes regular/prophylaxis cleanings and periodontal maintenance cleanings. Cleanings are not subject to your deductible but they count toward your maximum benefit.

	Enhanced (PPO)	Basic (Premier)	
<b>Diagnostic &amp; Preventive</b>	<b>100%</b>	<b>100%</b>	<b>No Deductible – 100% Payment</b> Oral examinations - 2 times per calendar year Diagnostic x-rays - bitewings once each 12 months/ full mouth once each 5 years Prophylaxis - Unlimited Fluoride applications - up to age 19, 2 times per calendar year Space Maintainers - dependent children under age 14 Sealants - one per lifetime per tooth for dependents under age 16
<b>Basic Services</b>	<b>80%</b>	<b>60%</b>	<b>After Deductible – 80% /60% Payment</b> Emergency exam - 1 per plan year for treatment of pain Oral surgery – including extractions and oral surgery Fillings Endodontic – root canals Periodontics – treatment of diseases of the gums
<b>Major Services</b>	<b>50%</b>	<b>40%</b>	<b>After Deductible – 50%/40% Payment</b> Special Restorative – crowns Prosthodontics – includes bridges and dentures
<b>Deductible</b>			\$50.00 per person per calendar year \$150.00 maximum per family per calendar year Basic & Majors Services are combined to meet the deductible
<b>Maximum</b>			\$1,700.00 per person per <u>calendar year</u> (For all covered services, excluding Diagnostic & Preventive )
<b>Orthodontics</b>	<b>50%</b>	<b>50%</b>	Includes Ortho appliances & treatment, interceptive and corrective, for dependent children under age 19
<b>Orthodontics Maximum</b>			\$1,000.00 per dependent, per lifetime

Your Coinsurance will increase for services when you have not had a routine prophylaxis (cleaning) and/or preventive oral exam in the preceding twelve (12) month period. Ninety (90) days following receipt of a qualifying prophylaxis or preventive oral exam, you will qualify for the Enhanced Benefit Level. The plan reserves the right to determine what services will qualify as meeting the definition of a routine prophylaxis & preventive oral exam. Routine prophylaxes and preventive exams shall not include any services provided on an emergency basis or for treatment of an injury to the teeth.

*The dental summary assumes eligible dental services are provided by contracting providers. See the plan document for more information.*

# Dental Plan

Monthly Dental Premiums for Employees Enrolled in District Medical					
Plan Tier	Total Monthly Premium	District Contribution for FT Emp	Full Time Employee Deduction	District Contribution for PT Emp	Part Time Employee Deduction
Employee Only	\$ 36.80	\$ 36.80	\$ -	\$ 25.22	\$ 11.58
Emp + Spouse	\$ 72.82	\$ 51.63	\$ 21.19	\$ 38.31	\$ 34.51
Emp + Child(ren)	\$ 91.71	\$ 72.57	\$ 19.14	\$ 60.08	\$ 31.63
Family	\$ 142.07	\$ 103.30	\$ 38.77	\$ 86.47	\$ 55.60

Monthly Dental Premiums for Employees <u>NOT</u> Enrolled in District Medical					
Plan Tier	Total Monthly Premium	District Contribution for FT Emp	Full Time Employee Deduction	District Contribution for PT Emp	Part Time Employee Deduction
Employee Only	\$ 36.80	\$ 36.80	\$ -	\$ -	\$ 36.80
Emp + Spouse	\$ 72.82	\$ -	\$ 72.82	\$ -	\$ 72.82
Emp + Child(ren)	\$ 91.71	\$ -	\$ 91.71	\$ -	\$ 91.71
Family	\$ 142.07	\$ -	\$ 142.07	\$ -	\$ 142.07

## Find a Dentist

To find contracting Delta Dental providers:

1. On the internet, go to: [www.deltadentalks.com](http://www.deltadentalks.com) and click on "Find a Dentist"
2. Select the "Specialty" and under "Your Plan" select:
  - Enhanced Benefits: "Delta Dental PPO"
  - Basic Benefits: "Delta Dental Premier"
3. Click "Find Dentists"

*\*If you receive dental services from a non-contracting provider, the benefits will be substantially less.*

## Delta Dental Tools

To access or set up your online account, go to [www.deltadentalks.com](http://www.deltadentalks.com) and click "member". From here you can log in or register.

You can:

- View your benefits and print an ID card
- Use the Delta Cost Estimator to estimate procedure costs
- Review your claims
- Access Member Perks

## Ways to Save

- Use Delta Premier contracting dentists to receive the most benefit from your dental plan.
- Protect your teeth – brush and floss at least once per day.
- Ask your dentist for a Pre-Treatment Estimate prior to treatments and/or procedures. A treatment plan is usually submitted by a dentist for Delta Dental to review and provide an estimate of benefits before treatment starts. This can help a member budget for dental procedures and predict their out-of-pocket costs.

 **DELTA DENTAL®**



# Voluntary Vision Plans

	Plan 1: Exam + Materials	Plan 2: Materials Only
Annual Eye Exam	Subject to \$200 maximum	Not Covered
Lenses (per pair) Single Vision Bifocal Trifocal Lenticular Progressive	Subject to \$200 maximum	Subject to \$200 maximum
Frames	Subject to \$200 maximum	Subject to \$200 maximum
Deductibles	\$0	\$0
Benefit Maximum	\$200 per Calendar Year	\$200 per Calendar Year
Contact Lenses		
Fit & Follow Up Exams	Subject to \$200 maximum	Subject to maximum
Elective	Subject to \$200 maximum	Subject to \$200 maximum
Medically Necessary	Subject to \$200 maximum	Subject to \$200 maximum

## Monthly Premium:

Employee Only	\$15.00	\$10.88
Employee + Spouse	\$26.88	\$21.40
Employee + Child(ren)	\$24.72	\$19.12
Family	\$37.92	\$29.48

## How to use your Vision Plan:

1. Select an eye doctor of your choice - No network requirement!
2. Pay the doctor for all services
3. Submit a claim to Reliance Standard for reimbursement **within 60 days of the date of service.**

\*Dependents are covered up to age 26



## Extra Eyewear Savings at Walmart Vision Centers:

Plan members may receive up to 15% off eyewear frames and lenses purchased at any Walmart Vision . To receive the eyewear savings identification card, plan members can visit [reliancestandard.com/dental-vision](http://reliancestandard.com/dental-vision) and sign-in (or create) a secure member account. Members must present the Eyewear Savings Card at time of purchase to receive the discount.

**RELIANCE STANDARD**

# Basic Life Insurance

The Basic Employee Life Insurance program is provided at no cost to ensure all our employees have some level of financial protection. This plan includes Accidental Death and Dismemberment benefits equal to the Basic Life Insurance amount.

You designate a beneficiary, the person who will receive your insurance money in the event of your death. You should review your beneficiary designation to make sure it is up to date.

**Life Insurance Benefit** \$10,000

**AD&D Benefit** \$10,000

## Features:

- Air Bag Benefit
- Seat Belt Benefit
- Waiver of Premium

## Benefit Reduction Due to Age

Age 65 original benefit reduces to 65%  
Age 70 original benefit reduces to 40%  
Age 75 original benefit reduces to 20%



## Value Added Services:

### Bereavement Counseling Service

- No cost to you
- 100% Confidential
- Available 24/7 365 days a year

Toll-Free number: 1-800-961-3007

Administered by Health Management Systems of America

### Travel Assistance Service

Through your group coverage with Reliance Standard, you automatically receive travel assistance services provided by On Call International (On Call) when traveling more than 100 miles from home.

#### Pre-Trip Assistance

- Passport/visa requirements, currency exchange rates, health hazard advisory, etc...

#### Emergency Medical Transportation

- Emergency evacuation, return of vehicle, return of mortal remains, etc...

#### Emergency Personal Services

- Urgent message relay, Legal assistance, translation services, etc...

#### Medical Services Include:

- Medical referrals, Case monitoring, Rx assistance and eyeglasses replacement

Toll-Free number: 1-800-456-3893

**RELIANCE STANDARD**

# Voluntary Life Insurance

If you need additional Life Insurance coverage, you may purchase Term Life and Accidental Death & Dismemberment insurance for yourself, spouse and children. The AD&D amount will be the same as the Life amount you elect.

You may elect coverage up to the **Guaranteed Issue amounts** when you are first eligible to enroll. Late enrollees will have to complete a medical questionnaire (EOI), unless it's the approved open enrollment amount.

	Benefit Amount	Guaranteed Issue Amount
Employee	Minimum of \$10,000 to a Maximum of \$300,000 (Increments of \$10,000) <i>Not to exceed 5 times salary</i>	<b>\$200,000</b>
Spouse	Minimum of \$5,000 to a Maximum of \$150,000 (Increments of \$5,000) <i>Not to exceed 50% of employee amount</i>	<b>\$50,000</b>
Child(ren)	\$10,000	<b>\$10,000</b>

## Features:

- Accidental Death & Dismemberment is included equal to the Life amount at no additional cost;
- Coverage is Portable if notification is made within 31 days.
- Air Bag & Seat Belt Benefit

## Benefit Reduction Due to Age

(applicable to employee & Spouse coverage)

Age 65 original benefit reduces to 65%

Age 70 original benefit reduces to 40%

Age 75 original benefit reduces to 20%



## During Open Enrollment:

- Employees can increase their existing coverage by \$50,000 up to the **Guarantee Issue amount** without answering medical questions.
- Employees can enroll for \$50,000 without answering any medical questions (if they haven't been previously declined).

## Medical Questionnaire/EVIDENCE OF INSURABILITY (EOI) IS REQUIRED FOR:

- Newly Eligible Employees or Spouses requesting coverage over the Guaranteed Issue Amount
- Employees that have previously waived coverage and enroll for more than \$50,000 during Open Enrollment
- Spouses that have previously waived coverage and enroll during open enrollment (any amount)
- Open Enrollment Employee coverage increases over \$50,000
- Open Enrollment Spouse coverage increases (any amount)

\*You can print the EOI form on the "Review" section of the online enrollment. Forms will be submitted to the District Office.

**RELIANCE STANDARD**

See Benefit Summary for Exclusions.

# Voluntary Life Insurance

## Employee Benefit Amount:

- Amounts exceeding the Guarantee Issue Amount (\$200,000) will require Evidence of Insurability
- Open Enrollment: Enrollments or Increases in excess of \$50,000 will require Evidence of Insurability

## Employee Monthly Premiums

Benefit Amount	Age 18-24	Age 25-29	Age 30-34	Age 35-39	Age 40-44	Age 45-49	Age 50-54	Age 55-59	Age 60-64	Age 65-69	Age 70+
\$10,000	\$0.60	\$0.60	\$0.70	\$0.90	\$1.20	\$1.80	\$3.00	\$4.80	\$6.20	\$10.20	\$22.20
\$20,000	\$1.20	\$1.20	\$1.40	\$1.80	\$2.40	\$3.60	\$6.00	\$9.60	\$12.40	\$20.40	\$44.40
\$30,000	\$1.80	\$1.80	\$2.10	\$2.70	\$3.60	\$5.40	\$9.00	\$14.40	\$18.60	\$30.60	\$66.60
\$40,000	\$2.40	\$2.40	\$2.80	\$3.60	\$4.80	\$7.20	\$12.00	\$19.20	\$24.80	\$40.80	\$88.80
\$50,000	\$3.00	\$3.00	\$3.50	\$4.50	\$6.00	\$9.00	\$15.00	\$24.00	\$31.00	\$51.00	\$111.00
\$60,000	\$3.60	\$3.60	\$4.20	\$5.40	\$7.20	\$10.80	\$18.00	\$28.80	\$37.20	\$61.20	\$133.20
\$70,000	\$4.20	\$4.20	\$4.90	\$6.30	\$8.40	\$12.60	\$21.00	\$33.60	\$43.40	\$71.40	\$155.40
\$80,000	\$4.80	\$4.80	\$5.60	\$7.20	\$9.60	\$14.40	\$24.00	\$38.40	\$49.60	\$81.60	\$177.60
\$90,000	\$5.40	\$5.40	\$6.30	\$8.10	\$10.80	\$16.20	\$27.00	\$43.20	\$55.80	\$91.80	\$199.80
\$100,000	\$6.00	\$6.00	\$7.00	\$9.00	\$12.00	\$18.00	\$30.00	\$48.00	\$62.00	\$102.00	\$222.00
\$110,000	\$6.60	\$6.60	\$7.70	\$9.90	\$13.20	\$19.80	\$33.00	\$52.80	\$68.20	\$112.20	\$244.20
\$120,000	\$7.20	\$7.20	\$8.40	\$10.80	\$14.40	\$21.60	\$36.00	\$57.60	\$74.40	\$122.40	\$266.40
\$130,000	\$7.80	\$7.80	\$9.10	\$11.70	\$15.60	\$23.40	\$39.00	\$62.40	\$80.60	\$132.60	\$288.60
\$140,000	\$8.40	\$8.40	\$9.80	\$12.60	\$16.80	\$25.20	\$42.00	\$67.20	\$86.80	\$142.80	\$310.80
\$150,000	\$9.00	\$9.00	\$10.50	\$13.50	\$18.00	\$27.00	\$45.00	\$72.00	\$93.00	\$153.00	\$333.00
\$160,000	\$9.60	\$9.60	\$11.20	\$14.40	\$19.20	\$28.80	\$48.00	\$76.80	\$99.20	\$163.20	\$355.20
\$170,000	\$10.20	\$10.20	\$11.90	\$15.30	\$20.40	\$30.60	\$51.00	\$81.60	\$105.40	\$173.40	\$377.40
\$180,000	\$10.80	\$10.80	\$12.60	\$16.20	\$21.60	\$32.40	\$54.00	\$86.40	\$111.60	\$183.60	\$399.60
\$190,000	\$11.40	\$11.40	\$13.30	\$17.10	\$22.80	\$34.20	\$57.00	\$91.20	\$117.80	\$193.80	\$421.80
\$200,000	\$12.00	\$12.00	\$14.00	\$18.00	\$24.00	\$36.00	\$60.00	\$96.00	\$124.00	\$204.00	\$444.00
\$210,000	\$12.60	\$12.60	\$14.70	\$18.90	\$25.20	\$37.80	\$63.00	\$100.80	\$130.20	\$214.20	\$466.20
\$220,000	\$13.20	\$13.20	\$15.40	\$19.80	\$26.40	\$39.60	\$66.00	\$105.60	\$136.40	\$224.40	\$488.40
\$230,000	\$13.80	\$13.80	\$16.10	\$20.70	\$27.60	\$41.40	\$69.00	\$110.40	\$142.60	\$234.60	\$510.60
\$240,000	\$14.40	\$14.40	\$16.80	\$21.60	\$28.80	\$43.20	\$72.00	\$115.20	\$148.80	\$244.80	\$532.80
\$250,000	\$15.00	\$15.00	\$17.50	\$22.50	\$30.00	\$45.00	\$75.00	\$120.00	\$155.00	\$255.00	\$555.00
\$260,000	\$15.60	\$15.60	\$18.20	\$23.40	\$31.20	\$46.80	\$78.00	\$124.80	\$161.20	\$265.20	\$577.20
\$270,000	\$16.20	\$16.20	\$18.90	\$24.30	\$32.40	\$48.60	\$81.00	\$129.60	\$167.40	\$275.40	\$599.40
\$280,000	\$16.80	\$16.80	\$19.60	\$25.20	\$33.60	\$50.40	\$84.00	\$134.40	\$173.60	\$285.60	\$621.60
\$290,000	\$17.40	\$17.40	\$20.30	\$26.10	\$34.80	\$52.20	\$87.00	\$139.20	\$179.80	\$295.80	\$643.80
\$300,000	\$18.00	\$18.00	\$21.00	\$27.00	\$36.00	\$54.00	\$90.00	\$144.00	\$186.00	\$306.00	\$666.00

# Voluntary Life Insurance

## Spouse:

- Amounts exceeding the Guarantee Issue Amount (\$50,000) will require Evidence of Insurability
- Open Enrollment: Enrollments or Increases will require Evidence of Insurability

## Spouse Monthly Premiums (Use Employee's Age)

Benefit Amount	Age 18-24	Age 25-29	Age 30-34	Age 35-39	Age 40-44	Age 45-49	Age 50-54	Age 55-59	Age 60-64	Age 65-69	Age 70+
\$5,000	\$0.30	\$0.30	\$0.35	\$0.45	\$0.60	\$0.90	\$1.50	\$2.40	\$3.10	\$5.10	\$11.10
\$10,000	\$0.60	\$0.60	\$0.70	\$0.90	\$1.20	\$1.80	\$3.00	\$4.80	\$6.20	\$10.20	\$22.20
\$15,000	\$0.90	\$0.90	\$1.05	\$1.35	\$1.80	\$2.70	\$4.50	\$7.20	\$9.30	\$15.30	\$33.30
\$20,000	\$1.20	\$1.20	\$1.40	\$1.80	\$2.40	\$3.60	\$6.00	\$9.60	\$12.40	\$20.40	\$44.40
\$25,000	\$1.50	\$1.50	\$1.75	\$2.25	\$3.00	\$4.50	\$7.50	\$12.00	\$15.50	\$25.50	\$55.50
\$30,000	\$1.80	\$1.80	\$2.10	\$2.70	\$3.60	\$5.40	\$9.00	\$14.40	\$18.60	\$30.60	\$66.60
\$35,000	\$2.10	\$2.10	\$2.45	\$3.15	\$4.20	\$6.30	\$10.50	\$16.80	\$21.70	\$35.70	\$77.70
\$40,000	\$2.40	\$2.40	\$2.80	\$3.60	\$4.80	\$7.20	\$12.00	\$19.20	\$24.80	\$40.80	\$88.80
\$45,000	\$2.70	\$2.70	\$3.15	\$4.05	\$5.40	\$8.10	\$13.50	\$21.60	\$27.90	\$45.90	\$99.90
\$50,000	\$3.00	\$3.00	\$3.50	\$4.50	\$6.00	\$9.00	\$15.00	\$24.00	\$31.00	\$51.00	\$111.00
\$55,000	\$3.30	\$3.30	\$3.85	\$4.95	\$6.60	\$9.90	\$16.50	\$26.40	\$34.10	\$56.10	\$122.10
\$60,000	\$3.60	\$3.60	\$4.20	\$5.40	\$7.20	\$10.80	\$18.00	\$28.80	\$37.20	\$61.20	\$133.20
\$65,000	\$3.90	\$3.90	\$4.55	\$5.85	\$7.80	\$11.70	\$19.50	\$31.20	\$40.30	\$66.30	\$144.30
\$70,000	\$4.20	\$4.20	\$4.90	\$6.30	\$8.40	\$12.60	\$21.00	\$33.60	\$43.40	\$71.40	\$155.40
\$75,000	\$4.50	\$4.50	\$5.25	\$6.75	\$9.00	\$13.50	\$22.50	\$36.00	\$46.50	\$76.50	\$166.50
\$80,000	\$4.80	\$4.80	\$5.60	\$7.20	\$9.60	\$14.40	\$24.00	\$38.40	\$49.60	\$81.60	\$177.60
\$85,000	\$5.10	\$5.10	\$5.95	\$7.65	\$10.20	\$15.30	\$25.50	\$40.80	\$52.70	\$86.70	\$188.70
\$90,000	\$5.40	\$5.40	\$6.30	\$8.10	\$10.80	\$16.20	\$27.00	\$43.20	\$55.80	\$91.80	\$199.80
\$95,000	\$5.70	\$5.70	\$6.65	\$8.55	\$11.40	\$17.10	\$28.50	\$45.60	\$58.90	\$96.90	\$210.90
\$100,000	\$6.00	\$6.00	\$7.00	\$9.00	\$12.00	\$18.00	\$30.00	\$48.00	\$62.00	\$102.00	\$222.00
\$105,000	\$6.30	\$6.30	\$7.35	\$9.45	\$12.60	\$18.90	\$31.50	\$50.40	\$65.10	\$107.10	\$233.10
\$110,000	\$6.60	\$6.60	\$7.70	\$9.90	\$13.20	\$19.80	\$33.00	\$52.80	\$68.20	\$112.20	\$244.20
\$115,000	\$6.90	\$6.90	\$8.05	\$10.35	\$13.80	\$20.70	\$34.50	\$55.20	\$71.30	\$117.30	\$255.30
\$120,000	\$7.20	\$7.20	\$8.40	\$10.80	\$14.40	\$21.60	\$36.00	\$57.60	\$74.40	\$122.40	\$266.40
\$125,000	\$7.50	\$7.50	\$8.75	\$11.25	\$15.00	\$22.50	\$37.50	\$60.00	\$77.50	\$127.50	\$277.50
\$130,000	\$7.80	\$7.80	\$9.10	\$11.70	\$15.60	\$23.40	\$39.00	\$62.40	\$80.60	\$132.60	\$288.60
\$135,000	\$8.10	\$8.10	\$9.45	\$12.15	\$16.20	\$24.30	\$40.50	\$64.80	\$83.70	\$137.70	\$299.70
\$140,000	\$8.40	\$8.40	\$9.80	\$12.60	\$16.80	\$25.20	\$42.00	\$67.20	\$86.80	\$142.80	\$310.80
\$145,000	\$8.70	\$8.70	\$10.15	\$13.05	\$17.40	\$26.10	\$43.50	\$69.60	\$89.90	\$147.90	\$321.90
\$150,000	\$9.00	\$9.00	\$10.50	\$13.50	\$18.00	\$27.00	\$45.00	\$72.00	\$93.00	\$153.00	\$333.00

## Eligible Dependent Child(ren):

- Age 6 months to 20 years of age (26, if full-time student): \$10,000
- *Birth to 6 months: \$500*
- One rate & benefit amount for all eligible children in family
- Employee or spouse must be insured, in order to elect coverage for children; Only one insured spouse may cover children.

## Child Monthly Premium

Benefit Amount	Premium
\$10,000	\$1.80

# Short Term Disability Plans

## How long can you go without a paycheck?

What are your chances of becoming disabled and unable to work? One in four 20 year-olds today will become disabled before they retire.

Freak accidents are NOT usually the culprit. Back injuries, cancer, heart disease and other illnesses cause the majority of long-term absences.

Are you prepared if it happens to you? If you are like most employees, you do not have disability insurance or enough emergency savings. The average long-term disability claim lasts 31 months.

Reliance Standard is offering voluntary disability plans to take away the worry of not being able to work and bring home a paycheck.

### Benefit Amount:

- 66.67% of your income replaced - tax free
- Maximum Weekly Benefit of \$1,600
- Two options to choose from:
  - ◆ **OPTION 1** 14 day waiting period - benefits payable for 24 weeks
  - ◆ **OPTION 2** 30 day waiting period - benefits payable for 22 weeks



### Features:

- **Maternity covered as any other illness**
- **Partial Disability Benefit Included**

### Limitations:

- Pre-existing Limitation: Any sickness or injury for which the insured person received treatment within 3 months prior to the effective date won't be covered for the first 6 months of the policy. Pre-Ex also applies to benefit increases.
- Benefits are not payable while receiving sick pay or workers compensation

**New Enrollments are not required to complete a medical questionnaire (EOI); however, the benefit is subject to the pre-existing limitation.**

	Rate per \$10 benefit
Option 1	\$0.48
Option 2	\$0.28

To calculate your monthly payroll deduction, use the formula indicated below:

*(Round all numbers to the nearest whole number)*

1. Enter your **Weekly Earnings**, not to exceed \$2,400 1. \_\_\_\_\_
2. **Multiply** your weekly earnings (Line 1) by **0.667** 2. \_\_\_\_\_
3. **Multiply** the amount on Line 2 by **\$0.48** for Option 1 or **\$0.28** for Option 2. 3. \_\_\_\_\_
4. **Divide** the amount on Line 3 by 10 and enter the amount on Line 4 to get your monthly payroll deduction. 4. \_\_\_\_\_



*Actual deductions may vary slightly due to rounding.*

**RELIANCE STANDARD**



# 3-1 Supplemental Plan

## The Supplemental Health Plan is three plans rolled into one – Hospital Indemnity, Critical Illness and Accident!

This plan provides benefits to help cover additional or unexpected medical costs. The benefits pay directly to you and are not tied to the medical plans. Coverage is Guaranteed Issue which means there are no medical questions!



### Accident Plan

The Accident Plan provides benefits to help cover the costs associated with unexpected medical bills. When you have an accident – the costs add up quickly! The plan pays you the benefit regardless of any other insurance and it is 24 Hour Coverage, on or off the job!

Emergency Care Benefits	
Ambulance Transportation	\$100 Ground; \$500 Air
Emergency Treatment	\$150
Diagnostic Examination	\$100 per CT/MRI scan
Initial Physician Office Visit	\$50
General Treatment Benefits	
Initial Hospital Admission	\$500
Initial ICU Hospital Admission	\$1,000
Hospital Confinement/ICU Confinement	\$200 per day, 365 days maximum/\$400 per day, 30 days maximum
Rehabilitation Facility Confinement	\$50 per day, 30 days maximum
Follow-Up Physician Office Visit	\$50
Transportation	\$300, if more than 100 miles from residence
Lodging	\$100 per day up to 30 days, if more than 100 miles from residence
Specified Injury & Treatment Benefits	
Fractures	To \$2,500 Non-Surgical; To \$5,000 Surgical repair
Dislocations	To \$1,600 Non-Surgical; To \$3,200 Surgical
Burns	To \$800 for 2 <sup>nd</sup> degree burns; To \$6,400 for 3 <sup>rd</sup> degree burns; Skin Graft – 25% of benefit payable for burns
Blood/Plasma/Platelets	\$200
Coma/Concussion	\$5,000/\$100
Dental Injury	\$150 for Crown; \$50 for Extraction
Eye Injury	\$100 for removal of foreign object; \$200 for surgical repair
Lacerations	To \$400
Transitional Benefits	
Medical Appliances/Prosthesis	\$100/\$1000 for two or more, \$500 for one
Physical Therapy	\$25 per session, 6 sessions maximum
Paralysis Benefits	
	\$10,000 quadriplegia; \$5,000 paraplegia/hemiplegia
Surgery Benefits	
	\$100 for Exploratory; \$300 for Knee Cartilage; \$1,000 for Abdominal or Thoracic; \$500 for Ruptured Disc; To \$600 Tendon, Ligament, Rotator Cuff

# 3-1 Supplemental Plan



## Critical Illness Plan

A group Critical Illness Plan helps prepare you for the added costs of battling a specific critical illness. As the recovery process begins, most people begin to worry about the bills that have piled up. Our goal is to help you and your family cope with and recover from the financial stress of surviving a critical illness.

Employee:	\$5,000	<b>Guaranteed Issue:</b> Coverage is guaranteed issue which means you don't have to qualify or answer medical questions to get coverage!
Spouse:	\$5,000	
Children:	\$1,250	

<b>Basic: 100% of Amount of Insurance</b>	Coma Alzheimer's Heart Attack Major Organ Failure Motor Neuron Diseases: (ALS, Lou Gehrig's)	Stroke Parkinson's Multiple Sclerosis Ruptured Cerebral Life Threatening Cancer Aortic/Aortic Aneurism
<b>Partial: 25% of Amount of Insurance</b> <b>Partial: 5% of Amount of Insurance</b>	Coronary Disease, Carcinoma in situ Skin Cancer	
<b>Benefit Waiting Period</b>	30 Days	
<b>Lifetime Maximum Benefit</b>	1000% of the Amount of Insurance	
<b>Subsequent Occurrence Benefit (Different Category*)</b>	100% of Benefit (6 months apart)	
<b>Recurrence Benefit (Same Category*)</b>	50% of Benefit (12 months apart)	
<b>Pre-Ex Limitation</b>	Any sickness or injury for which the insured person received treatment, consultation, care or services, in the <u>12 months</u> just prior to the effective date won't be covered for the <u>first 12 months</u> of the policy.	
<b>Family Medical Leave/Portability</b>	Included/Included	
<b>Age Reduction</b>	50% at age 70	
<b>Wellness (Health Screening) Benefit</b>	\$50 per person per calendar year (Up to 4 benefits per family)	

### Tests Eligible for Wellness Benefit:

ALT / AST (liver function test)	Bone density testing (DEXA scan)	CA 125 (blood test for ovarian cancer)	CEA (blood test for colon cancer)	CA 15-3 (blood test for breast cancer)
Biopsy for cancer	Bone marrow testing	Fasting blood glucose test	Echocardiogram	Flexible sigmoidoscopy
Blood test for triglycerides	Colonoscopy	Chest X-ray	Electrocardiogram	Genetic tests
Hemoccult stool analysis	Hepatitis/HIV screening	Stress test	Mammography	Pap test
PSA (blood test for prostate cancer)	Serum cholesterol test (HDL and LDL)	Serum Protein Electrophoresis (blood test for myeloma)	Skin cancer screening	Ultrasound screening

If you cancel the existing Aflac Group Critical Illness and enroll in the 3-1 plan, the Pre-ex Limitation is waived.

# 3-1 Supplemental Plan



## Hospital Indemnity Plan

The Hospital Indemnity Plan Provides benefits to help cover the costs associated with a hospital stay.

Hospital Room & Board Benefits	
Room & Board Benefit per Day (180 Daily Benefits per Coverage Year)	\$100
Hospital Admission Benefit	
One Daily Benefit per Coverage Year (Admission/Observation must be 23 hours or more)	\$1,000
Non-Insurance Services	
On-Call Travel Assistance	Included

**NO PRE-EXISTING CONDITION EXCLUSIONS ON HOSPITAL INDEMNITY!**

## 3-1 PLAN FEATURES & ELIGIBILITY:

- Maternity Feature:  
When a covered member is admitted to the hospital and delivers a baby, the admission/daily benefit is paid for the newborn as well as the mother.
- Benefits are paid regardless of any other insurance
- **24 Hour Coverage**
- Includes On Call Travel Assistance
- Employee and Spouse must be under age 70 to enroll
- Children are eligible up to age 26
- HSA Compliant

3-1 Supplemental Plan Monthly Premiums	
Employee	\$27.62
Employee + Spouse	\$54.06
Employee + Child(ren)	\$44.86
Family	\$71.42

**RELIANCE STANDARD**

# Flex Spending Accounts

The Flexible Spending Account Plan allows you to convert a portion of your taxable income into a non-taxable employee benefit. Since you pay for these items before taxes, your take-home pay increases because federal and state income tax, FICA and Medicare tax are not deducted from your paycheck.

A **Premiums Savings Plan** allows you to pay your share of eligible insurance premiums on a pre-tax basis from your payroll. Since these are pre-tax from your payroll they are not eligible to be reimbursed under the Flex Spending Account. You may not stop the deductions or change how you enroll in these plans unless you have one of the below status changes.

- Termination of employment
- Spouse changes jobs
- Birth or adoption of a child
- Child no longer eligible
- Change of marital status
- Death of a dependent

## FLEXIBLE SPENDING ACCOUNT

Each year you must elect to participate in the Flexible Spending Account. You estimate the amount of eligible expenses you and your dependents will likely incur, and from this amount, determine how much you would like to set aside in the Flexible Spending Account. Eligible health expenses must be incurred during the plan year, from July 1, 2021- June 30, 2022.

## LIMITED PURPOSE FLEXIBLE SPENDING ACCOUNT

For employees that will be contributing to a Health Savings Account, you will have the option to participate in a Limited Purpose Flexible Spending Account. It works the same, except that you can contribute pre-tax dollars to pay for **Dental and Vision expenses only**.

**Maximum: \$2,750 per year pre-tax**

## CARRY OVER

For the 2021 –2022 Plan Year, up to \$550 of unused amounts in a current plan year's health flexible spending account (FSA) can be "carried over" to be paid or reimbursed to plan participants for qualified medical expenses incurred during the following plan year. *\*For the 2020-2021 Plan Year, the Carry Over is \$500.*

For example, if an employee has \$550 of unspent funds at the end of the plan year, this amount would carry over and be available for the next plan year. The carry over amount doesn't count toward the annual maximum limit. Also, you can carry over \$550 for more than one year, according to the IRS. **Any balance over \$550 will be forfeited.**

### Example:

FSA unspent money as of <b>06/30/21</b> that will carry over:	Amount elected for <b>07/01/21—06/30/22:</b>	Total available balance as of <b>07/01/21:</b>
\$500	\$2750	\$3250

FSA unspent money as of <b>06/30/22</b> that will carry over:	Amount elected for <b>07/01/22—06/30/23:</b>	Total available balance as of <b>07/01/22:</b>
\$550	\$2750	\$3300

## RUN-OUT PERIOD:

Plan participants also have an extended time after the end of the plan year to submit receipts for reimbursement. You can only get reimbursed for claims with a date of service during the previous plan year. The run-out period goes for 75 days after the plan year ends so all claims must be submitted by 09/15/2021.

07/01/21—06/30/22 FSA Plan Year	07/01/21—09/15/21 Run Out Period (Reimbursements for claims that occurred during the plan year)
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# Flex Spending Accounts

## QUICK FACTS:



- You **do not** have to be enrolled in a medical plan to participate in a FSA!
- In most cases, you can use your FSA money to pay for expenses incurred by your spouse and dependents (up to age 26).
- You can only use your FSA money to pay for expenses with a date of service within the plan year.
- The amount you contribute from your paycheck cannot be changed up or down during the year unless you have a qualified election change event.

**SURENCY FLEX BENEFITS CARD** is a special-purpose Visa® Card that gives you an easy, automatic way to pay for eligible expenses. The Benefits Card lets you electronically access the pre-tax amounts set aside in your **Surency FSA accounts**. Use it when paying for eligible expenses at a provider or merchant that accepts Visa Cards and uses an inventory control system. These transactions may be automatically substantiated, meaning you don't have to file a claim and may not have to submit a receipt. However, always keep all documentation for tax purposes or in case Surency requests further documentation.



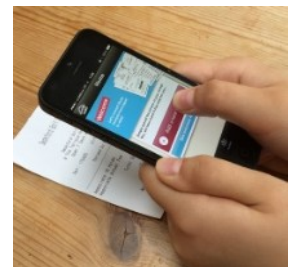
Keep your receipts in the event that further validation is needed. Make sure receipts include the following information:

- **Patient's Name.** The name of the person who received the service or for whom the item was purchased. For retail store purchases, this information may be excluded.
- **Provider's Name.** The provider that delivered the service or the merchant where the item was purchased.
- **Date of Service.** The date when services were provided or the item was purchased.
- **Type of Service.** A detailed description of the service provided or item purchased. A bag tag is sufficient for prescriptions.
- **Cost.** The amount paid for the service or product and/or the portion that is not reimbursed through your insurance carrier.

## DID YOU PAY OUT-OF-POCKET FOR AN ELIGIBLE EXPENSE?

Submit a claim to get paid back using money from your account. There are three ways to submit a claim:

1. SURENCY FLEX APP	2. MEMBER ACCOUNT	3. PAPER CLAIM FORM
Download the Surency Flex mobile app and submit the claim by taking a photo of your receipt.	Log into your Member Account at Surency.com to upload your receipt.	Visit Surency.com to download a paper claim form. Complete and return to Surency.



## EMPLOYMENT TERMINATION:

If an employee terminates employment, the FSA debit card will become inactive as of the date of termination. The employee then has 75 days to file claims for reimbursement. The claims must have a date of service on or before their termination date.

# Flex Spending Accounts

Most expenses applied to the deductible, coinsurance or copay of your health benefit plan can be submitted for reimbursement. Consider depositing money in the Flexible Spending Account so you can pay those expenses with tax-free dollars. Questions? Call **866-818-8805** or visit **Surency.com** to view a complete list of eligible expenses.

## COMMON FSA ELIGIBLE EXPENSES

Abortion	Contraceptives	Lead-Based Paint Removal	Prosthesis
Acupuncture	Crutches	Learning Disability	Psychiatric Care
Adult Diapers	Dental Treatment	Lifetime Care Payments	Psychoanalysis
Alcohol/Drug Treatment	Denture Adhesives/Repair	Long-Term Care	Smoking Deterrents
Ambulance	Denture Pain Relief/Cleansers	Medical Conferences	Splints & Casts
Artificial Limb/Teeth	Diabetes Testing/Supplies	Medical Information Plan	Sterilization
Athletic Care	Diagnostic Devices	Mileage for medical trips	Sunscreen (SPF 15 or over)
Bandages	Eyeglasses (Prescription & Reading)	Nursing Home	Surgery
Birth Control Pills	Fertility Enhancement	Nursing Services	Telephone (Hearing Impaired)
Blood Pressure Monitors	Guide Dog	Optometrist	Therapy
Body Scan	Hearing Aids (& Batteries)	Organ Donors	Thermometers
Braille Books & Magazines	Home Care	Orthodontic Fees (braces)	Transplants
Breast Pumps & Supplies	Home Improvements	Orthopedic Supports	Transportation (Medical)
Breast Reconstruction	Hospital Services	Osteopath	Vasectomy
Capital Expenses	Hot/Cold Therapy Packs	Ovulation Kits	Vision Exams
Car (Special Hand Controls)	Infertility Treatments	Oxygen	Weight Loss (Program Fees)
Catheters	Laboratory Fees	Physical Therapy	Wheelchair
Chiropractor	Lactation Expenses	Pregnancy Test Kit	Wig (Hair Lost Due to Disease)
Contact Lenses/Solutions	Lasik Eye Surgery	Prescription Medicines	X-rays/Diagnostic Testing

## OVER THE COUNTER (OTC) MEDICATIONS & PRODUCTS

**Over the Counter Rx Revoked:** Written prescriptions will no longer be required for Over the Counter (OTC) drugs, including items like Tylenol, Claritin, Tamiflu, etc. when purchased with an FSA or HSA.

**Menstrual Care Products Included:** The addition of menstrual care products, including items like tampons, pads, cup, etc. are now eligible expenses under an FSA or HSA.

## INELIGIBLE FSA EXPENSES

Burial/Funeral Expenses	Fitness Programs	Maternity Clothes	Tanning
Cosmetic Procedures	Future Medical Services	Medicine (from Outside U.S.)	Teeth Whitening
Dance Lessons	Health Club Dues	Nutritional Supplements/ Vitamins (Over-the-Counter)	Toiletries (Toothbrush, Tooth- paste, etc.)
Diapers/Diaper Service	Household Help	Piercings	Veterinary Fees
Electrolysis/Hair Removal	Illegal Treatments	Sunglasses (non-prescription)	Warranties (for Eyeglasses or Hearing Aids)
Exercise Equipment (unless prescribed)	Insurance Premiums	Swimming Lessons	Weight-Loss Programs (unless prescribed)



# Flex Spending Accounts

## DEPENDENT CARE ACCOUNT

A Dependent Care Account reimburses you for eligible dependent care expenses with tax-free dollars. This is a valuable plan for employees with children or dependent parents. **The maximum amount you may set aside is \$5,000 per plan year and the deductions are pre-tax.**

Expenses you may claim and be reimbursed with tax-free dollars include:

- Wages paid to a babysitter, whether the care is provided in or outside of your home. However, the babysitter may not be someone you claim as a dependent on your tax return and must be over 18 years of age. Expenses for a babysitter can only be used for services provided during regular working hours. Babysitting costs for social events are not eligible.
- Services of a day care center or nursery school, providing the center complies with state and local laws.
- Cost for care at facilities away from home, such as family day care or adult day care centers, as long as the dependent returns home for at least 8 hours of a 24-hour day.
- Wages paid to a caregiver or home aide for providing eligible care.
- Any other qualified dependent care expenses as defined by the IRS.

Eligible dependents must be under the age of 13, and/or physically or mentally unable to care for themselves and claimed as an exemption on your tax return.

If you participate in a Dependent Care Account, you can elect to have your reimbursements **Direct Deposited**. This is the fastest and easy way to be reimbursed!

## RUN-OUT PERIOD:

Plan participants also have an extended time after the end of the plan year to submit receipts for reimbursement. You can only get reimbursed for claims with a date of service during the previous plan year. The run-out period goes for 75 days after the plan year ends so all claims must be submitted by 09/15/2021.

## TIPS:

If you participate in a Dependent Care Account, you may contact Surency to complete a **Reoccurring Reimbursement Form**. The completed form will serve as an ongoing receipt for the entire plan year and you won't have to submit a receipt each time you pay the care provider!

The Visa card can only be used with a Dependent Care provider with a properly registered credit card processing system including the four digit Merchant Category Code of 8351 "Child Care Services" or 8299 "Schools and Educational Services". If the merchant's credit card terminal is not setup in this way, the card will not be accepted.

## ONLINE ACCOUNT ACCESS

**Create a Member Account at [Surency.com](https://www.surency.com) or download the mobile app!**

- Check balances on your Health Care Flexible Spending Account (FSA) & Dependent Care Flexible Spending Account (DC FSA)
- View account activity, payment history and tax statements
- Submit claims for expenses.
- Add or update a bank account to receive direct deposit reimbursements - this is the quickest way to receive reimbursement
- Access account funds to pay yourself back or to pay your doctor
- Report a Surency Flex Benefits Card as lost or stolen



# Flex Spending Account Worksheet

## Estimate your out-of-pocket medical costs per year

Health insurance deductibles (not paid by insurance) \$ \_\_\_\_\_

Co-pays (Office Visits and Rx not paid by insurance) \$ \_\_\_\_\_

Over - the -Counter medications \$ \_\_\_\_\_

Wheelchair, crutches, medical appliances \$ \_\_\_\_\_

Medical supplies \$ \_\_\_\_\_

Mileage related to medical care \$ \_\_\_\_\_

Other items \$ \_\_\_\_\_



**Total out-of-pocket medical expenses per year:**

\$ \_\_\_\_\_

## Estimate your out-of-pocket dental costs per year:

Examinations and cleanings, x-rays, etc. \$ \_\_\_\_\_

Braces and retainers, fillings, etc. \$ \_\_\_\_\_

Orthodontic, implants, inlays, other \$ \_\_\_\_\_

**Total out-of-pocket dental expenses per year:**

\$ \_\_\_\_\_

## Estimate your out-of-pocket vision costs per year:

Lenses, frames \$ \_\_\_\_\_

Contact lenses & saline solution \$ \_\_\_\_\_

Prescription sunglasses \$ \_\_\_\_\_

**Total out-of-pocket vision costs per year:**

\$ \_\_\_\_\_

**Total Health Care Expenses** (maximum of \$2,750 per plan year)

\$ \_\_\_\_\_

**Total Daycare Expenses** (\$5,000 maximum per plan year)

\$ \_\_\_\_\_



**The amount you contribute from your paycheck cannot be changed up or down during the year unless you have a qualified election change event!**

# Aetna Wellness Information

## Simple Steps - Online Health Coaching

Included with your medical plan, is a line of digital coaching programs. All online - all personalized to your health goals - whether you're managing a health risk, overcoming an old habit, or just eating better.

- You choose the goals to work on
- You choose when your coach contacts you
- You choose the pace

To get started, you take a short health assessment which is confidential. Within each coaching program, you'll find realistic recommendations to help you meet your goals.

Log in at [aetna.com](http://aetna.com) and look for the "Stay Healthy" icon.



As part of Aetna's wellness packages, Aetna plan members can earn a **\$50 gift certificate** for doing something simple and smart for their health.

### STEP 1: COMPLETE YOUR HEALTH ASSESSMENT

- » **Login to your secure member website at [www.aetna.com](http://www.aetna.com).** You will need to register by creating a user name and password, if you have not already.
- » Select **"Complete a Health Assessment"** and got to **"Launch my Health Assessment"**

### STEP 2: COMPLETE YOUR JOURNEY

- » Upon completion of the **Health Assessment**, complete the recommended **Journey**.
- » Once in your Journey, continue completing the Steps until you unlock the Challenge Step & progress to the next stage.
- » Your Journey is complete once you finish all of your Stages!

### STEP 3: REWARD

Once you complete all of these steps, you will receive an email from Aetna Rewards with your gift card information! You can spend your gift card at over 200 different retailers.

- If you do not receive an email within 45 days of completing your Journey, you can contact WorkStride at **1-877-922-4483** or [support@aetnarewards.com](mailto:support@aetnarewards.com)
- Program's include topics such as blood pressure, smoking cessation, weight loss and diabetes!
- Available once per Plan Year for covered employees and spouses.

## NEW - Attain by Aetna

The Attain by Aetna app is a health experience designed in collaboration with Apple. It combines your health history with your Apple Watch activity to offer personalized goals, achievable actions and big rewards!

### TO ENROLL, YOU MUST:

Be at least 18 years old » Be an Aetna medical member » Have an iPhone

### EARN AN APPLE WATCH & GIFT CARDS

Don't own an Apple Watch? Order the Apple Watch Series 3, 38mm, GPS in Attain and earn it with points over 24 months. All you'll pay initially is a one-time activation fee of \$7 plus sales tax. Or upgrade to a different model for an additional up-front cost. You'll also be able to earn up to \$80 in gift cards.\*

Already own an Apple Watch? Start using it today with Attain and earn up to \$280 in gift cards over 24 months.

### EARN REWARDS

Meet your weekly activity goals to earn enough points to cover all or part of your monthly Apple Watch payment. Or use your activity and healthy action points to earn gift cards from popular retailers.



**DOWNLOAD + ENROLL TODAY**  
Just text "ATTAINAPP" to 37046  
for a link to download

# Legal Services

LegalShield covers families nationwide for any legal situation. The exception is that it cannot be used against USD 489 Hays. They have attorneys that are experts in every field of law and members can be assured their attorney will know the laws in the city and state where they have the issue.

Identify theft, according to the Federal Trade Commission, is the fastest growing white-collar crime in America and has now surpassed drug trafficking as the number one crime.

For more information, you can watch a short video at [player.vimeo.com/video/402593265](https://player.vimeo.com/video/402593265)

## THE LEGALSHIELD MEMBERSHIP INCLUDES:

- **Dedicated Law Firm**
- **Legal Advice/Consultation** on unlimited personal issues\*
- **Letters/Calls** made on your behalf\*
- **Contracts/Documents Reviewed** up to 10 pages
- **Residential Loan Document Assistance**
- **Lawyers prepare your Will/Living Will/Health Care Power of Attorney**
- **Speeding Ticket Assistance** (available 15 days after enrollment)
- **IRS Audit Assistance**
- **Trial Defense** (if named defendant/respondent in a covered civil action suit)
- **Uncontested Divorce, Separation, Adoption and/or Name Change Representation** (available 90 days after enrollment)
- **25% Preferred Member Discount** (bankruptcy, criminal charges, DUI, personal injury, etc.)
- **24/7 Emergency Access** for covered situations



## THE IDSHIELD MEMBERSHIP INCLUDES:

- **High Risk Application & Transaction Monitoring** - Fraud detection 90 days earlier than traditional monitoring services; We monitor your accounts, reorders, loans, and if a new account is opened, you will receive an alert
- **Social Media Monitoring** - We monitor social media accounts for privacy concerns and reputational risks.
- **Credit Monitoring** - Continuous credit monitoring through TransUnion; Instant hard credit inquiry alerts
- **Monthly Score Tracker** - watches your credit score and maps your current trends
- **Consultation** - on any cyber security question
- **Full Identity Restoration** - Complete identity recovery services to its pre-theft status
- **\$1 Million Service Insurance** - Coverage for lost wages, legal defense fees, stolen funds and more

## Dependent Coverage:

LegalShield legal plans cover the member; member's spouse; never married dependent children under 21 living at home; dependent children under the age of 18 for whom the member is the legal guardian; never married dependent children up to age 23 if a full-time college student; or physically or mentally disabled dependent children.

IDShield family coverage includes: the member, member's spouse, an up to 8 minor children under the age of 18. Dependents age 18-26 receive consultation and restoration only.

MONTHLY RATES	INDIVIDUAL	FAMILY
LegalShield	\$18.95	\$18.95
IDShield	\$8.95	\$18.95
Combined	\$27.90	\$33.90



# Legal Shield Gun Owner Supplement

**LegalShield is here to protect your gun rights.**

**Gun Owners Supplement offers the following benefits of protection:**

## Advice and Consultation

- Gun owner rights
- Carry and license requirements
- Advice on where carrying your concealed firearm is allowed
- Advice on where carrying your firearm is openly allowed
- Recent changes in gun laws

## Emergency Access for a Firearm Incident

- 24/7 toll-free access to a provider lawyer for consultation in the event of a covered firearm incident

**\*\*Does not include assistance in making, posting, or obtaining bond, bail, or other security required for release.**

## NFA Gun Trust Services

- One (1) NFA Gun Trust prepared by your provider law firm per membership year for a flat fee of \$250

## Trial Defense for Gun Related Matters

- Defense of covered civil and criminal lawsuits filed in state or federal court
- 60 total hours for covered lawsuits (20 hours pre-trial and 40 hours trial per plan year)

## 25% Discount

- As a member, you are entitled to a 25% discount off the provider lawyer's standard hourly rate for additional trial defense services and/or grand jury investigations, related to a covered firearm incident.

**In order to enroll in this plan you must have the Legal Plan or the Combo Plan to add this as a supplement.**

MONTHLY RATES	INDIVIDUAL
Gun Owner Supplement	\$12.95



\*\*\* Covered lawsuit is a criminal or civil lawsuit arising from a firearm incident involving a covered person in a place where the covered person is legally permitted to possess and carry (concealed or open) his/her firearm. Appeals and trial court decisions are not included. This is a general overview of your legal plan coverage for illustration purposes only. See a plan contract for complete terms, coverage, amounts, conditions, and exclusions.

# Notices

## SUMMARY OF COBRA BENEFITS

A temporary extension of health benefits may be available in certain instances where coverage under the plan would otherwise end. Please refer to the COBRA Notice previously provided to review your rights and obligations under the continuation of coverage provisions of the law. Covered individuals experiencing a qualifying event may continue coverage as outlined in the chart below. Your coverage will be billed directly from the insurance company at the group rate plus a 2% administrative fee. The health, dental and vision may be continued under COBRA.

Qualifying Event	Qualified Beneficiary	Number of Months
Employee terminates employment or hours reduced.	Employee and all covered dependents.	18
Employee loses coverage because the employer files for Chapter 11 bankruptcy.	Employee and all covered dependents.	18
The employee becomes disabled.	Employee and all covered dependents.	29
The employee becomes eligible for Medicare due to age while on COBRA.	All covered dependents.	36
The employee's death.	All covered dependents.	36
Divorce or legal separation.	All covered dependents.	36
Dependent child no longer qualifies as a dependent (e.g., reaches the maximum dependent age).	Dependent child upon reaching the maximum dependent age.	36

## Special Enrollment Period

**New Dependent as a Result of Marriage, Birth, Adoption or Placement for Adoption:** 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/or your dependent (s). To be eligible for this special enrollment opportunity you must request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

**Termination of Medicaid or Children's Health Insurance Program (CHIP) Coverage:** If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

**Eligibility for Employment Assistance under Medicare or CHIP:** If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.



# Notices

## Basic Leave Entitlement

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for the following reasons:

- For the birth of a child and to care of the newborn child within one year of birth;
- For placement with the employee of a child for adoption or foster care and to care for the newly placed child within one year of placement ;
- To care for employee's spouse, child, or parent who has a serious health condition; or
- For a serious health condition that makes the employee unable to perform the essential functions of his or her job;
- Any qualifying exigency arising out of the fact that the employee's spouse, son, daughter, or parent is a covered military member on "active duty."

## Military Family Leave Entitlements

Eligible employees with a spouse, son, daughter or parent on active duty or call to active duty status in the National Guard or Reserves in support of a contingency operation may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered service member during a single 12-month period. A covered service member is a current member of the Armed Forces, including a member of the National Guard or Reserves, who has a serious injury or illness incurred in the line of duty on active duty that may render the service member medically unfit to perform his or her duties for which the service member is undergoing medical treatment, recuperation, or therapy; or is in outpatient status; or is on the temporary disability list.

## Benefits and Protections

During FMLA leave, the employer must maintain the employee's health coverage under any "group health plan" on the same terms as if the employee had continued to work. Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits and other employment terms.

Use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

## Eligibility Requirements

Employees are eligible if they have worked for a covered employer at least one year, for 1,250 hours over the

## Eligibility Requirements (con't)

previous 12 months, and if at least 50 employees are employed by the employer within 75 miles.

## Definition of Serious Health Condition

A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee's job, or prevents the qualified family member from participating in school or other daily activities.

Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

## Use of Leave

An employee does not need to use this leave entitlement in one block. Leave can be taken intermittently or on a reduced leave schedule when medically necessary. Employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the employer's operations. Leave due to qualifying exigencies may be also taken on an intermittent basis.

## Substitution of Paid Leave for Unpaid Leave

Employees may choose or employers may require use of accrued paid leave while taking FMLA leave. In order to use paid leave for FMLA leave, employees must comply with the employer's normal paid leave policies.

## Employee Responsibilities

Employees must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days notice is not possible, the employee must provide notice as soon as practicable and generally must comply with an employer's normal call-in procedures.

Employees must provide sufficient information for the employer to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of leave. Sufficient information may include that the employee is unable to perform job functions, the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider, or circumstances supporting the need for military family leave. Employees also must inform the employer if the requested leave is for a reason for which FMLA leave was previously taken or certified. Employees also may be required to provide a certification and periodic recertification supporting the need for leave.

# Notices

## FMLA

### Employer Responsibilities

Covered employers must inform employees requesting leave whether they are eligible under FMLA. If they are, the notice must specify any additional information required as well as the employees' rights and responsibilities. If they are not eligible, the employer must provide a reason for the ineligibility.

Covered employers must inform employees if leave will be designated as FMLA-protected and the amount of leave counted against the employee's leave entitlement. If the employer determines that the leave is not FMLA-protected, the employer must notify the employee.

### Unlawful Acts by Employers

FMLA makes it unlawful for any employer to:

- Interfere with, restrain, or deny the exercise of any right provided under FMLA;
- Discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for the involvement in any proceeding under or relating to FMLA.

### Enforcement

An employee may file a complaint with the U.S. Department of Labor or may bring a private lawsuit against an employer.

FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement which provides greater family or medical leave rights.

## Newborn's Act Notice

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).

## HIPAA - Privacy

Your employer provides health care benefits and related benefits to its eligible employees and their eligible dependents.

Gallagher Benefit Services, its staff, and related service providers or vendors will employ in complying with the Privacy regulations surrounding Personal Health Information (PHI) set forth by the Health Insurance Portability and Accountability Act. (HIPAA) PHI is both the medical information and individually identifiable information of the clients and employees we serve. In the provision of our business services we will receive, create, and accumulate PHI. The purpose of these Privacy Practices, as defined and set forth by HIPAA, is to "safeguard" and properly maintain an individual's PHI.

## Women's Health & Cancer Rights

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 vided under this plan.

By so doing, it creates, receives, uses, and maintains health information about plan participants which is protected by federal law (PHI).

## Special Enrollment Period

**Loss of Other Coverage:** If you are declining enrollment for yourself and/or your dependents (including your spouse) because of other health insurance coverage or group health plan coverage, you may be able to enroll yourself and/or your dependents in this plan if you or your dependents lose eligibility for that other coverage or if the employer stops contributing towards your or your dependent's coverage. To be eligible for this special enrollment opportunity you must request enrollment within 30 days after your other coverage ends or after the employer stops contributing towards the other coverage.

# Notices

## 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](http://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 1-877-KIDS NOW or [www.insurekidsnow.gov](http://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](http://www.askebsa.dol.gov) or call 1-866-444-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 1, 2021 Contact your State for more information on eligibility –

<b>ALABAMA – Medicaid</b> Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	<b>LOUISIANA – Medicaid</b> Website: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a> Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618- 5488 (LaHIPP)
<b>ALASKA – Medicaid</b> The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a>	<b>MAINE – Medicaid</b> Website: <a href="http://www.maine.gov/dhhs/ofi/public-assistance/index.html">http://www.maine.gov/dhhs/ofi/public-assistance/index.html</a> Phone: 1-800-442-6003 TTY: Maine relay 711
<b>ARKANSAS – Medicaid</b> Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	<b>MASSACHUSETTS – Medicaid and CHIP</b> Website: <a href="http://www.mass.gov/eohhs/gov/departments/masshealth/">http://www.mass.gov/eohhs/gov/departments/masshealth/</a> Phone: 1-800-862-4840
<b>CALIFORNIA – Medicaid</b> Website: <a href="https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_co_nt.aspx">https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_co_nt.aspx</a> Phone: 1-800-541-5555	<b>MINNESOTA – Medicaid</b> Website: <a href="http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp">http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp</a> Phone: 1-800-657-3739
<b>COLORADO – Health First Colorado (Colorado's Medicaid Program) &amp; Child Health Plan Plus (CHP+)</b> Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: <a href="http://Colorado.gov/HCPF/Child-Health-Plan-Plus">Colorado.gov/HCPF/Child-Health-Plan-Plus</a> CHP+ Customer Service: 1-800-359-1991/ State Relay 711	<b>MISSOURI – Medicaid</b> Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005
<b>FLORIDA – Medicaid</b> Website: <a href="http://flmedicaidprecovery.com/hipp/">http://flmedicaidprecovery.com/hipp/</a> Phone: 1-877-357-3268	<b>MONTANA – Medicaid</b> Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084
<b>GEORGIA – Medicaid</b> Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a> Phone: 404-656-4507	<b>NEBRASKA – Medicaid</b> Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a> Phone: 1-855-632-7633 Lincoln: 402.473.7000 Omaha: 402.595.1178
<b>INDIANA – Medicaid</b> Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a> Phone: 1-877-438-4479 All other Medicaid Website: <a href="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a> Phone 1-800-403-0864	<b>NEVADA – Medicaid</b> Medicaid Website: <a href="https://dhcfp.nv.gov">https://dhcfp.nv.gov</a> Medicaid Phone: 1-800-992-0900

# Notices

IOWA – Medicaid	NEW HAMPSHIRE – Medicaid
Medicaid Website: <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a> Medicaid Phone: 1-800-338-8366 Hawki Website: <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a> Hawki Phone: 1-800-257-8563	Website: <a href="https://www.dhhs.nh.gov/oii/hipp.htm">https://www.dhhs.nh.gov/oii/hipp.htm</a> Phone: 603-271-5218 Toll free number for the HIPPI program: 1-800-852-3345, ext 5218
KANSAS – Medicaid	NEW JERSEY – Medicaid and CHIP
Website: <a href="http://www.kdheks.gov/hcf/default.htm">http://www.kdheks.gov/hcf/default.htm</a> Phone: 1-800-792-4884	Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710
NORTH CAROLINA – Medicaid	TEXAS – Medicaid
Website: <a href="https://dma.ncdhs.gov/">https://dma.ncdhs.gov/</a> Phone: 919-855-4100	Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a> Phone: 1-800-440-0493
NORTH DAKOTA – Medicaid	UTAH – Medicaid and CHIP
Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-844-854-4825	Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669
OKLAHOMA – Medicaid and CHIP	VERMONT– Medicaid
Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742	Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427
OREGON – Medicaid	VIRGINIA - Medicaid and CHIP
Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a> Phone: 1-800-699-9075	Website: <a href="https://www.coverva.org/hipp/">https://www.coverva.org/hipp/</a> Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282
PENNSYLVANIA – Medicaid	WASHINGTON – Medicaid
Website: <a href="https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx">https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx</a> Phone: 1-800-692-7462	Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022
RHODE ISLAND – Medicaid	WEST VIRGINIA – Medicaid
Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 855-697-4347, or 401-462-0311 (Direct Rlts Share Line)	Website: <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Phone: 1-855-MyWVHIPPI (855.699.8447)
SOUTH CAROLINA – Medicaid	WISCONSIN – Medicaid and CHIP
Website: <a href="https://www.scdhs.gov">https://www.scdhs.gov</a> Phone: 1-888-549-0820	Website: <a href="https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf">https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf</a> Phone: 1-800-362-3002
SOUTH DAKOTA - Medicaid	WYOMING – Medicaid
Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059	Website: <a href="https://wyequalitycare.acs-inc.com/">https://wyequalitycare.acs-inc.com/</a> Phone: 307-777-7531

To see if any other states have added a premium assistance program since January 1, 2020, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
1-866-444-EBSA (3272)











U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

## Paperwork Reduction Act Statement



According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email [ebsa.opr@dol.gov](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

# Contacts

<b>Aetna</b>  Concierge Phone: 1-800-501-9837 Rx Phone: 1-888-792-3862 Website: <a href="http://www.aetna.com">www.aetna.com</a>	<b>Download the Aetna Mobile App!</b>  <ul style="list-style-type: none"> <li>· Find in-network doctors &amp; facilities</li> <li>· Access your ID card</li> <li>· Review claims &amp; coverage</li> </ul>
<b>Delta Dental of Kansas</b>  Local: 316-264-4511 Member Services: 1-800-234-3375 Website: <a href="http://www.deltadentalks.com/Subscribers">www.deltadentalks.com/Subscribers</a>	<b>Download the Delta Dental App!</b>  <ul style="list-style-type: none"> <li>· Find in-network dentists</li> <li>· Access your ID card</li> <li>· Review claims &amp; coverage</li> </ul>
<b>Surency FLEX—FSA</b>  Member Services: 1-866-818-8805 Website: <a href="http://www.myflexaccount.com">www.myflexaccount.com</a> Email: <a href="mailto:flex@surency.com">flex@surency.com</a>	<b>Download the Surency Mobile App!</b>  <ul style="list-style-type: none"> <li>· Check account balance</li> <li>· View &amp; submit claims</li> <li>· Submit receipts</li> </ul>
<b>Reliance Standard</b>  Customer Service: 1-800-351-7500 Website: <a href="http://www.reliancestandard.com">www.reliancestandard.com</a>	<b>LegalShield</b>   Contact: Bob Pilcher 316-215-5100 Website: <a href="http://www.bobpilcher.com">www.bobpilcher.com</a> Email: <a href="mailto:Bobpilcher58@gmail.com">Bobpilcher58@gmail.com</a>
<b>Gallagher Benefit Services</b>  Phone: 316-977-9779 Fax: 316-685-5520 Website: <a href="http://www.ajg.com">www.ajg.com</a> Email: <a href="mailto:Wichita.GBS.Info@ajg.com">Wichita.GBS.Info@ajg.com</a>	

## Helpful Tools:

<b>GoodRx</b> Good Rx collects & compares prices from over 70,000 pharmacies. You can also find discounts and print free coupons. Website: <a href="http://www.goodrx.com">www.goodrx.com</a>	<b>Download the GoodRx Mobile App!</b> 
<b>FSastore</b>  FSastore is the largest online marketplace for guaranteed FSA-eligible products along with educational resources. You can search eligible items and shop on the website. Website: <a href="http://www.fsastore.com">www.fsastore.com</a>	



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