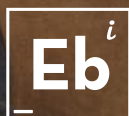


2019

# EMPLOYEE BENEFITS GUIDE

**JACKSONVILLE NORTH PULASKI  
SCHOOL DISTRICT**



*Educational*  
**BENEFITS**



*Educational*  
**BENEFITS**

*A JTS Financial Company*

**Phone:** 1 (844) 559.3521

**Fax:** (888) 971.3684

**Email:** [service@ebiteam.com](mailto:service@ebiteam.com)

**Business Hours:** Monday-Friday, 8:00-5:00

# TABLE OF CONTENTS

## OVERVIEW

WHAT YOU NEED TO KNOW.....	4
GLOSSARY OF INSURANCE TERMS.....	6

## BENEFITS

DENTAL INSURANCE.....	8
VISION INSURANCE.....	9
TERM LIFE AND AD&D INSURANCE.....	10
VOLUNTARY DISABILITY INSURANCE.....	11
VOLUNTARY TERM LIFE AND AD&D INSURANCE.....	12
CRITICAL ILLNESS INSURANCE.....	13
UNIVERSAL LIFE EVENTS INSURANCE.....	14
UNIVERSAL LIFE INSURANCE.....	15
CANCER INSURANCE.....	16-17
ACCIDENT INSURANCE.....	18-19
HOSPITAL CARE.....	20
FLEXIBLE SPENDING ACCOUNT.....	21
457(B) RETIREMENT PLAN.....	22
IDENTITY THEFT PROTECTION.....	23
ANNUAL WELLNESS BENEFITS.....	24

# WHAT YOU NEED TO KNOW

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

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

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

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

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

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

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

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

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



# GLOSSARY

## OF INSURANCE TERMS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## EMPLOYER CONTRIBUTION



# DENTAL INSURANCE

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

## DENTAL SERVICES

<b>PREVENTATIVE SERVICES (No Deductible)</b>  <i>100%</i>	<ul style="list-style-type: none"><li>• Exams</li><li>• Cleanings</li><li>• Fluoride Treatment</li><li>• Space Maintainers</li><li>• Sealants</li><li>• Brush Biopsy</li><li>• X-rays</li></ul>
<b>BASIC SERVICES (Deductible Applies)</b>  <i>80%</i>	<ul style="list-style-type: none"><li>• Emergency Palliative Treatment</li><li>• Fillings</li><li>• Root Canals</li><li>• Non-Surgical Periodontic Services</li><li>• Oral Surgery Services</li></ul>
<b>MAJOR SERVICES (Deductible Applies)</b>  <i>50%</i>	<ul style="list-style-type: none"><li>• Surgical Periodontic Services</li><li>• Major Restorative Services</li><li>• Relines and Repairs</li><li>• Prosthodontic Services</li></ul>
<b>CHILD ORTHODONTIA RIDER (Deductible Applies)</b>  <i>50%</i>	\$1,000 Lifetime Maximum Dependents to age 19
<b>MAXIMUM CARRYOVER</b>	If at least one covered service is applied toward your maximum payment in a benefit year and the total benefit paid does not exceed \$749 in that benefit year, up to \$375 will carry over to the next benefit year maximum payment. This carryover amount will accumulate from one benefit year to the next, but will not exceed \$1,500.
<b>ANNUAL MAXIMUM</b>	<u>\$1,500 per person</u>
<b>DEDUCTIBLE</b>	\$50 per person / \$150 per family

### COVERAGE TIER

### MONTHLY RATES

Employee

Paid for by JNPSD

Employee + Spouse

\$25.00

Employee + Child(ren)

\$36.18

Family

\$65.90

## EMPLOYER CONTRIBUTION



SUPERIOR VISION

# VISION INSURANCE

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

VISION CARE SERVICES	In-Network	Out-of-Network Cost Reimbursement
<b>FRAMES</b>		
	\$130 Retail Allowance	Up to \$61
<b>EXAMS</b>		
<b>Exam (ophthalmologist)</b>	Covered in Full after \$10 Co-Pay	Up to \$42
<b>Exam (optometrist)</b>	Covered in Full after \$10 Co-Pay	Up to \$36
<b>CONTACT LENSES Fitting</b>		
<b>Standard</b>	Covered in Full after \$30 Co-Pay	Not Covered
<b>Specialty</b>	\$50 Retail Allowance	Not Covered
<b>CONTACTS</b>		
<b>Lenses</b>	\$150 Retail Allowance	Up to \$100
<b>Medically Necessary</b>	Covered in Full	Up to \$210
<b>LENSES</b>		
<b>Single Vision</b>	Covered in Full after \$15 copay	Up to \$28
<b>Bifocal</b>	Covered in Full after \$15 copay	Up to \$42
<b>Trifocal</b>	Covered in Full after \$15 copay	Up to \$56
<b>Progressive lens upgrade</b>	Member pays difference between progressive and standard retail lined trifocal, plus applicable co-pay.	Up to \$56
<b>DISCOUNT FEATURES</b>		
<b>Frames</b>	20% off amount over allowance	<i>Please verify discounts prior to service. Some providers do not accept discounts.</i>
<b>Lens Options</b>	20% off retail	
<b>Progressives</b>	20% off amount over retail lined trifocal	

SERVICES	FREQUENCY
<b>Exam</b>	12 months
<b>Frames</b>	24 months
<b>Lenses</b>	12 months
<b>Contact Lenses</b>	12 months
<b>Contact Lens Fitting</b>	12 months

COVERAGE TIER	MONTHLY RATES
<b>Employee</b>	Paid for by JNPSD
<b>Employee + Spouse</b>	\$5.91
<b>Employee + Child(ren)</b>	\$7.48
<b>Family</b>	\$14.26





**EMPLOYER PAID**



# TERM LIFE AND AD&D

▶ Term Life insurance provides permanent life insurance protection. Life insurance is a promise to your family to help protect their future. AD&D coverage provides payment for the loss of life or limbs sustained as a result of accidental bodily injury.

LIFE BENEFIT		EMPLOYEE
Amount		\$10,000
Maximum Amount		\$10,000
Guaranteed Issue		Up to \$10,000
Benefit Reduction		Benefit reduces by 33% at age 65 and reduces an additional 15% at age 70.
AD&D BENEFIT		EMPLOYEE
Amount		\$10,000
Maximum Amount		\$10,000
Guaranteed Issue		Up to \$10,000
Benefit Reduction		Benefit reduces by 33% at age 65 and reduces an additional 15% at age 70.
ADDITIONAL BENEFITS		
Accelerated Death Benefit		Accelerated Death Benefit provides an option to withdraw a percentage of your life insurance coverage when diagnosed as terminally ill.

# VOLUNTARY DISABILITY

► Disability insurance provides income protection in the event that you miss work due to an accident or illness.

## VOLUNTARY DISABILITY BENEFITS

<b>MAXIMUM MONTHLY BENEFIT</b>	60% of salary up to \$6,000 per month	
<b>MAXIMUM BENEFIT DURATION</b>	Later of age 65, or Social Security Normal Retirement Age	
<b>OWN OCCUPATION PERIOD</b>	24 months	
<b>ELIMINATION PERIOD</b>	<u>STD BENEFITS BEGIN ON:</u> 1st day for an Accident 4th day for an Illness	<u>LTD BENEFITS BEGIN ON:</u> 91st day
<b>PRE-EXISTING CONDITION EXCLUSION LIMITATION</b>	3/12: Any condition you receive medical treatment for in the 3 months prior to the effective date will not be covered in the first 12 months of the policy.	
<b>WAIVER OF PREMIUM</b>	You will not be required to pay premiums during any time of approved total or partial disability	
<b>SURVIVOR INCOME BENEFIT</b>	A survivor benefit may be paid to your beneficiary if you should die while receiving qualifying disability payments	
<b>EMPLOYEE CONNECT</b>	Access to an employee assistance program for the employee or an immediate household family member who may be experiencing personal disability	
<b>BENEFIT LIMITATIONS</b>	<ul style="list-style-type: none"> <li>• Mental Illness: 24 months</li> <li>• Substance Abuse: 24 months</li> <li>• Specified Illness: 24 months</li> <li>• Family Care Expense - If you have a qualified disability and incur Family Care Expenses, you will be reimbursed for expenses up to \$250 for a maximum of 12 months</li> <li>• C-Section: 8 week(s)</li> </ul>	

# VOLUNTARY TERM LIFE/AD&D

▶ Voluntary term life insurance provides financial protection for you and your loved ones. Your needs vary greatly upon age, number of dependents, dependents ages and your financial situation. AD&D coverage provides payment for the loss of life or limbs sustained as a result of accidental bodily injury.

	Employee	Spouse	Dependent
<b>Amount</b>	Choice of \$10,000 increments up to \$500,000, not to exceed 5x annual salary  <i>If age 70 and up, maximum amount is \$50,000</i>	Choice of \$5,000 increments up to \$250,000, not to exceed 50% of employee elected amount.  <i>Employees must elect coverage for spouse to be eligible.</i>	\$10,000 (to age 19 or 25 if full-time student)  <i>Employees must elect coverage for dependents to be eligible</i>
<b>Minimum Amount</b>	\$10,000	\$5,000	\$10,000
<b>Maximum Amount</b>	\$500,000, not to exceed 5x annual salary	\$250,000	\$10,000
<b>Guaranteed Issue (New Hires)</b>	\$200,000	\$30,000	\$10,000
<b>AD&amp;D Benefit</b>	Benefit amount is equal to the life amount elected by you. Cost included in the schedule.		-
<b>Reductions &amp; Terminations</b>	Benefit reduces by 33% at age 65 and reduces an additional 15% at age 70.		

# CRITICAL ILLNESS

► Critical Illness insurance pays a lump sum benefit directly to you and your covered dependents upon diagnosis of a covered critical illness.

	Option 1 - <i>With Cancer</i>	Option 2 - <i>Without Cancer</i>
Benefit Description	Benefit Amount	Benefit Amount
<b>MAXIMUM PRINCIPAL SUM</b> Employee Spouse Child	\$5,000 increments to \$30,000 \$5,000 increments to \$15,000 25% of employee principal sum	\$5,000 increments to \$30,000 \$5,000 increments to \$15,000 25% of employee principal sum
<b>GUARANTEE ISSUE</b> Employee Spouse Child	Up to \$30,000 Up to \$15,000 25% of employee principal sum	Up to \$30,000 Up to \$15,000 25% of employee principal sum
<b>LINCOLN CARECOMPASS CATEGORY</b> Critical Illness Assessment Benefit Family Care Benefit (per insured dependent)	\$100 \$25	\$100 \$25
<b>HEART CATEGORY</b> Heart Attack, Heart Transplant, Stroke Arteriosclerosis, Aneurysm	<i>Percent of Principal Sum</i> 100% 10%	<i>Percent of Principal Sum</i> 100% 10%
<b>CANCER CATEGORY</b> Invasive Cancer Cancer In Situ, Benign Brain Tumor, Bone Marrow Transplant	<i>Percent of Principal Sum</i> 100% 25%	NONE
<b>ORGAN CATEGORY</b> End Stage Renal Failure, Major Organ Transplant Acute Respiratory Distress Syndrome	<i>Percent of Principal Sum</i> 100% 25%	<i>Percent of Principal Sum</i> 100% 25%
<b>QUALITY OF LIFE CATEGORY</b> ALS/Lou Gehrig's, Advanced Alzheimers, Advanced Parkinsons Advanced MS, Loss of Sight, Hearing, or Speech	<i>Percent of Principal Sum</i> 100% 100% 25%	<i>Percent of Principal Sum</i> 100% 100% 25%
<b>ACCIDENT</b> Coma, Severe Burn, Paralysis	<i>Percent of Principal Sum</i> 100%	<i>Percent of Principal Sum</i> 100%
Additional Category Occurrence	100% payable benefit	100% payable benefit
Benefit Waiting Period	None	None
Pre-existing Period	12/12	12/12
Benefit Reduction	None	None



**Trustmark**  
benefits beyond benefits

# UNIVERSAL LIFE EVENTS

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

## PLAN FEATURES

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

## BENEFIT AMOUNTS

### Employee (Age 18-64)

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

### Spouse (Age 18-64)

Guarantee Issue ( <i>New Hires Only</i> )	The greater of \$15,000, or \$3 per week
---	--

### Children (Up to 23 years old)

Guarantee Issue	See Benefit Counselor
Simplified Issue	See Benefit Counselor

### \*SIMPLIFIED ISSUE QUESTIONS

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





# UNIVERSAL LIFE

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

## PLAN FEATURES

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

## BENEFIT AMOUNTS

Employee (Age 18-64)	
Guarantee Issue	<ul style="list-style-type: none"> <li>- Up to \$100,000 (<i>New Hires Only</i>)</li> <li>- Up to \$25,000 (<i>Current employees with no coverage</i>)</li> <li>- Increase by \$10,000 (<i>Current employees with coverage, not to exceed \$100,000</i>)</li> </ul>
*Simplified Issue	Up to \$300,000
Spouse (Age 18-70)	
Guarantee Issue (Age 18-64) ( <i>New Hires Only</i> )	The greater of \$15,000 or \$3 per week
*Simplified Issue (Age 65-70)	Up to \$300,000
Children (Up to 23 years old)	
Guarantee Issue	See Benefit Counselor
Simplified Issue	See Benefit Counselor

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

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



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

Radiation & Chemotherapy	Low Plan	High Plan	Policy Says
Radiation & Chemotherapy	\$10,000	\$20,000	maximum benefit per 12-month period; pays actual charges
Blood, Plasma, Blood Components, Bone Marrow & Stem Cell Transplant	\$10,000	\$20,000	maximum benefit per 12-month period; pays actual charges
New or Experimental Treatment	\$10,000	\$20,000	actual charges,* up to selected amount, for experimental or investigational treatment defined as drugs or chemicals approved by the FDA or surgery or therapy approved by either the NCI or ACS for experimental studies
Wellness & Non-Medical Benefits	Low Plan	High Plan	Policy Pays
Wellness	\$100	\$100	per calendar year for cancer screening tests
Cancer Initial Diagnosis	\$2,000	\$5,000	pays a one-time,lump sum benefit when a covered person is initially diagnosed with cancer (except skin cancer)
Magnetic Resonance Imaging (MRI) Scans	\$100	\$100	per calendar year for MRI scan used as diagnostic tool for breast cancer, in addition to Wellness Benefit
Non-Local Transportation	√	√	Actual round-trip charges or private allowance, up to 750 miles at \$.40 per mile when required non-local hospital confinement is more than 50 miles from residence for covered person and an adult, immediate family member during confinement
Physical Therapy & Speech Therapy	\$50	\$50	per treatment; limit one per day
At Home Nursing	\$100	\$100	per day, up to the number of days of the prior hospital stay when admitted within 14 days of hospital discharge
Hospital Benefits	Low Plan	High Plan	Policy Pays
Hospital Confinement	\$100	\$100	per day; up to 90 days of covered confinement
Extended Benefits	\$200	\$200	per day of hospital confinement in lieu of all other benefits (except surgery & anesthesia); begins on day 91 of continuous confinement
Private Duty Nurse	\$100	\$100	per day during hospital confinement
Ambulance	\$100	\$100	for service by a licensed professional ambulance service for transportation to a hospital to which the covered person is admitted
Hospice Care	\$100	\$100	per day when confined in a hospice center or hospice home care by a hospice team; 100-day lifetime maximum

Surgery Benefits	Low Plan	High Plan	Policy Says
<b>Surgery</b> <i>Inpatient</i> <i>Outpatient</i>	\$1,000 \$1,500	\$5,000 \$7,500	maximum benefit; actual benefit is determined by the surgery schedule in the contract; for multiple procedures in same incision only the highest benefit is paid for multiple procedures in separate incisions will pay highest benefit and then 50% for each lesser procedure
Anesthesia	25%	25%	of covered surgery benefit as scheduled in the certificate
<b>Reconstructive Surgery</b> <i>Breast Cancer (Total Mastectomy)</i> <i>Breast Cancer (Radical Mastectomy)</i> <i>Cancer of the male/female genitalia</i> <i>Cancer of the head, neck or oral cancer</i>	\$120 \$170 \$170 \$250	\$600 \$850 \$850 \$1,250	for reconstructive surgery within 2 years of the initial cancer removal; excluded skin cancer and malignant melanoma; benefit not payable if paid under any other provision of the policy.
<b>Skin Cancer</b> <i>One Removal</i> <i>Per Additional Removal</i>	\$75 \$35	\$375 \$175	up to selected amount per diagnosis

MONTHLY RATES	LOW PLAN	HIGH PLAN
<b>Employee</b>	\$18.47	\$30.53
<b>Employee + Child(ren)</b>	\$21.37	\$34.64
<b>Family</b>	\$34.07	\$55.46

*This is a brief summary of CancerSelect® Plus, Cancer Insurance underwritten by Transamerica Life Insurance Company, Cedar Rapids, Iowa. Policy form series CPCAN200 and CCCAN200. Forms and form numbers may vary. Coverage may not be available in all jurisdictions. Limitations and exclusions apply. Refer to the policy, certificate and riders for complete details.*

# DID YOU KNOW

**1.7 MILLION**  
new cases of cancer are  
diagnosed annually.

(American Cancer Society, 2017)

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

(American Cancer Society, 2017)



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

BENEFITS	PAYOUT AMOUNT
Emergency Room Treatment	\$200
Initial Doctor's Office Visit	\$100
Accident Follow-up Treatment	\$100
<b>Burns - Flat amount for:</b> Third-degree 35 or more sq in. Third-degree 9 to 34 sq. in. Second-degree for 36% or more of body	\$15,000 \$2,250 \$1,125
<b>Dislocations</b> Open reduction Closed reduction	Up to \$8,000 Up to \$4,000
<b>Fractures</b> Open reduction Closed reduction Chips	Up to \$10,000 Up to \$5,000 25% of closed reduction amount
Laceration	Up To \$800
<b>Tendon/Ligament/Rotator Cuff</b> Repair of more than one Repair of one Exploratory without repair	\$1,200 \$800 \$200
Concussion	\$200
Eye Injury	\$400
<b>Emergency Dental Benefit</b> Extraction Crown	\$100 \$300
Appliance	\$200
Ground Ambulance Air Ambulance	\$200 \$1,000
Hospital Admission	\$2,000 - once per year/per covered person
Hospital Confinement Hospital Confinement - ICU	\$400 per day \$600 per day
<b>Surgery</b> Open, abdominal, thoracic Exploratory	\$2,000 \$200

BENEFITS	PAYOUT AMOUNT
Blood, Plasma, and Platelets	\$600
Loss of Finger, Toe, Hand, Foot, or Sight of an Eye	\$750 to \$15,000
Catastrophic Accident Benefit	Employee \$100,000 Spouse \$50,000 Children \$50,000
Accidental Death Benefit	Employee \$50,000 Spouse \$20,000 Children \$10,000
Accidental Death Benefit Common Carrier	Employee \$100,000 Spouse \$40,000 Children \$20,000
Health Screening Benefit <i>Routine health screening tests/one per person per year</i>	\$100

COVERAGE TIER	MONTHLY RATES
Employee	\$17.92
Employee + Spouse	\$26.78
Employee + Child(ren)	\$33.74
Family	\$42.60

DID YOU  
KNOW

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

The other 95% are not,  
meaning

WORKERS’  
COMPENSATION  
DOESN’T COVER  
THEM.

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





▶ The hospital care policy helps offer you financial protection in the event that you or your dependents are admitted to the hospital. Benefits provide you with assistance in paying your deductible and co-payments associated with inpatient expenses. *Carrier requires employees to work a minimum of 20 hours/week to be eligible to enroll in coverage.*

PLAN FEATURES

- **Maternity Benefits Included** - To add a newborn child, you must contact US Able Life withing 30 days of birth
- **12/12 Pre-existing condition exclusion**
- Plan pays hospitalization benefit for injuries or sickenss regardless of length of stay (minimum of 18 hours of confinement at inpatient hospital facility)
- **Guaranteed Issue** (New Hires Only)

LOW PLAN - BENEFIT DETAILS

First Day Hospital Admission	\$750 up to 10 confinements per year
Daily Hospital Confinement	\$150 per day
Intensive Care Confinement	\$225 per day, up to 15 days
Ground Ambulance (3 per year)	\$120
Air Ambulance (3 per year)	\$750
Wellness (Once per person per calendar year)	\$30

HIGH PLAN - BENEFIT DETAILS

First Day Hospital Admission	\$1,500 up to 10 confinements per year
Daily Hospital Confinement	\$300 per day
Intensive Care Confinement	\$450 per day, up to 15 days
Ground Ambulance (3 per year)	\$240
Air Ambulance (3 per year)	\$1,500
Wellness (Once per person per calendar year)	\$30



## Features of an FSA

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

MAXIMUM CONTRIBUTION AMOUNTS
<ul style="list-style-type: none"> <li>• \$2,650 - Medical Reimbursement</li> <li>• \$5,000 - Dependent Care</li> <li>• \$500 - Annual Rollover Amount</li> </ul>

FOR EMPLOYEES/PARTICIPANTS
<ul style="list-style-type: none"> <li>• Convenient CAS Group Mobile Technology (mobile app and text messaging)</li> <li>• Multiple account management tools (web, phone, and fax)</li> <li>• Fast reimbursements</li> <li>• Toll-free Customer Care Center</li> <li>• Easy online enrollment or re-enrollment</li> <li>• Tax Savings Calculator</li> </ul>



[www.consolidatedadmin.com](http://www.consolidatedadmin.com)  
 (877) 941-5956



Saving for retirement is crucial in securing your future financial well-being. Make sure you take the right steps to provide the income you will need once you are no longer working.

A majority of pre-retirees don't expect to earn enough from Social Security and employer pensions alone to cover their basic living expenses. Factors that contribute to this are: **longer life spans, inflation, medical costs, possible decrease or elimination of social security benefits.**

As an employee of the Valley Springs School District, you have the opportunity to enroll in a personal 457(b) Retirement Plan to help provide the income needed after you stop working.

### What is a 457(b) plan?

A 457(b) plan is offered through your employer and contributions are taken from your paycheck on a pre-tax basis, which lowers your taxable income (a good thing come tax time). The contributions are invested in target-date mutual funds based on your personal retirement time horizon. The money grows tax-deferred and will not be taxed until distributions are taken during retirement as ordinary income. That means the money has the opportunity to accumulate more quickly in the meantime.

*If you are leaving a job or retiring before age 70<sup>1/2</sup> and need to withdraw your retirement funds from a 457(b), you won't pay a 10% penalty fee that the IRS requires with other retirement plans. All contributions to 457 plans grow tax-deferred until retirement, when they are either rolled over or withdrawn. All withdrawals are taxable, regardless of the participant's age.*

*Employees can elect to contribute a percentage of salary or a flat dollar amount on a monthly basis.*

457(b)	
Basic Employee Contribution Limit	\$18,000 annual max - in addition to any 403(b) contributions \$25 min. contribution per pay period
Age 50 Catch-up Contributions	\$6,000 In addition to any 403(b) contributions
Taxability	Contributions are made pre-tax. Contributions and earnings are tax-deferred until withdrawn
Taking Distribution	Distributions can be taken if a distributable event occurs: <ul style="list-style-type: none"> <li>• Due to Death</li> <li>• Retirement</li> <li>• Separation from service</li> <li>• Attainment of age 70 1/2</li> </ul>
Early Withdrawal Penalties	None, if retired or no longer employed with the district. The 10% premature distribution penalty is waived, which can be a major advantage of a 457(b) plan. The ability to receive in-service distributions is more restrictive than a 403(b).
Loans	Loans may be available subject to Plan Document and IRS limitations

Derek Owens and Scott Tatom are Registered Representatives of and securities offered through Institutional Securities Corporation, Member FINRA/SIPC. Educational Benefits is not affiliated with Institutional Securities Corporation

ISC Group Inc. does not provide tax, legal or accounting advice. This material has been prepared for informational purposes only, and is not intended to provide, and not be relied on for tax, legal or accounting advice. You should consult your own tax, legal and accounting advisors before engaging in any transaction.



► With IDShield, you can have peace of mind with identity theft protection for as little as \$20/month.

## Millions of people lose their identities every year. Don't be one of them.

Identity theft has been one of the top consumer complaint filed with the FTC for 16 years straight. Victims are spending an exorbitant amount of time and money dealing with it. The criminals are getting smarter. That's why you need identity theft protection that's more than a website. Our Licensed Private Investigators will do whatever it takes for as long as it takes to restore your identity to its pre-theft status. You have our \$5 million service guarantee.

### IDShield

ID theft continues to be the number one consumer complaint in America. Members receive 24/7/365 monitoring, as well as consultation. And if you do become a victim of ID theft, our investigators will do all the work to completely restore you back to pre-theft status.

• **MONITOR MORE OF WHAT MATTERS**

We monitor your identity from every angle, not just your Social Security number, credit cards, and bank accounts. If any change in your status occurs, you receive an email update immediately.

• **COUNSEL WHEN YOU NEED IT**

Our identity specialists are focused on protecting you. They are available to provide you with a complete picture of identity theft, walk you through all the steps you can take to protect yourself and answer any questions. Plus, they are available 24 hours a day, every day, in the event of an identity theft emergency. We're always here to help, no matter what.

• **RESTORE YOUR IDENTITY COMPLETELY**

IDShield is the only company with an exclusive partnership with Kroll, the worldwide leader in theft investigative services. If a compromise occurs, contact your Licensed Private Investigator who will immediately begin restoring your identity to pre-theft status.

MONTHLY RATES	EMPLOYEE PLAN	FAMILY PLAN
IDShield	\$8.95	\$18.95





*\*Plans cover you, spouse, or significant other, and children to age 18*


# ANNUAL


# WELLNESS BENEFITS

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

Accident Policy 		
\$100 Wellness		
To File:	By Mail	By Fax
	Attn: MAWORKSITE Trustmark Insurance Co. 100 N. Parkway, Ste. 200 Worcester, MA 01605	<u>(508) 471-3208</u>
Information Needed	Include Bill or Statement as proof of test. Bill/statement should include the following: <ul style="list-style-type: none"> <li>• Full Name</li> <li>• Name and address of the facility where the test/procedure was performed</li> <li>• The specific test/procedure performed</li> </ul>	

Cancer Policy 		
Low Plan: \$100 Wellness High Plan: \$100 Wellness		
To File:	By Phone	By Fax
	<u>(800) 251-7254</u>	<u>(866) 586-6528</u>
Information Needed	<ul style="list-style-type: none"> <li>• Insured's name and Social Security Number</li> <li>• Covered person's name, date of birth, and relationship to insured</li> <li>• Name of test/procedure</li> <li>• Date of test/procedure</li> <li>• Provider's name, address, and phone number</li> <li>• Bill or statement as proof of test (fax only)</li> </ul>	
Covered Tests	Mammogram, pap smear, flexible sigmoidoscopy, prostate-specific antigen tests, chest X-ray, hemocult stool specimen, ultrasound, CEA, CA125, biopsy, thermography, colonoscopy, serum protein electrophoresis, bone marrow testing, and blood screening for cancer	

Critical Illness Policy 		
\$100 Wellness		
To File:	By Mail	By Fax
	P.O. Box 82087 Lincoln, NE 68501-2087	<u>(877) 668-5331</u>
Information Needed	Include USABLE Wellness Form with the following information included: <ul style="list-style-type: none"> <li>• Full Name</li> <li>• Name and address of the facility where the test/procedure was performed</li> <li>• The specific test/procedure performed</li> </ul>	

Hospital Care Policy 		
Low Plan: \$30 Wellness High Plan: \$30 Wellness		
To File:	By Mail	By Fax
	Attn: Claims Department USABLE Life P.O. Box 1650 Little Rock, AR 72203-1650	<u>(501) 235-8400</u>
Information Needed	Include USABLE Wellness Form with the following information included: <ul style="list-style-type: none"> <li>• Full Name</li> <li>• Name and address of the facility where the test/procedure was performed</li> <li>• The specific test/procedure performed</li> </ul>	