



Lewis Central Community School District

Married Couple

(Benefit eligible spouse also employed by District)

Benefit Summary 2023-2024 Plan Year



DISCLAIMER

The intent of this summary is to briefly highlight your benefits and NOT to replace your insurance contracts or booklets. The information has been compiled into summary form to outline the benefits offered by your company.

If this benefit summary does not address your specific benefit questions, please refer to the Customer Service Contact page of this booklet. This page will provide you with the information you need to contact the specific insurance carriers and/or your Human Resources Department for additional assistance.

The information provided in this summary is for comparative purposes only. Actual claims paid are subject to the specific terms and conditions of each contract. This benefit summary does not constitute a contract.

The information in this booklet is proprietary. Please do not copy or distribute to others.

Contained within this document is your annual Medicare Part D notice as required by the Centers for Medicare & Medicaid. Please see the table of contents for page number.

Created by Holmes Murphy & Associates for Lewis Central CSD.



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2023 BENEFITS OPEN ENROLLMENT



This is your time to review the information provided in the [Employee Benefit Summary](#) and determine which benefit plans you want to enroll in. To make a change in your benefit elections outside of the open enrollment window, you must have a qualifying life event, such as marriage, birth of a baby, loss of coverage, etc. Please contact HR within 30 days if you experience a qualifying life event and need to make a change to your benefit elections.

WHAT BENEFITS AM I ELIGIBLE TO ENROLL IN?

Medical and Prescription Drugs – Gravia / Aetna

- Deductibles and out-of-pocket maximums run on the calendar year, January through December.
- The District will offer two medical plans open for enrollment to all eligible employees; the \$2,000 out-of-pocket maximum plan, and the \$3,500 High Deductible Health Plan (HDHP) that is HSA eligible.

Health Savings Account (HSA) – iSolved

- The HSA maximum contribution amounts for 2023 are \$3,850 for a single plan and \$7,750 for a family plan.
- The District **will contribute a maximum of \$1,200** into each employee's HSA, prorated depending on the date of your benefit eligibility.
- Remember, the HSA maximum contribution amounts include both employee and employer contributions.
- Can only enroll in the HSA if enrolled in the HDHP for medical

Flexible Spending Account (FSA) – iSolved

- The Health Care FSA and Limited Purpose FSA maximum contribution amount for 2023 is \$3,050.
- Any unused *health care* FSA dollars, up to \$610, will roll into the new 2023 plan year (*not available for Dependent Care FSA*). Unused health care FSA dollars over \$610, and any amount of unused Dependent Care FSA dollars, will be forfeited by the employee.

Dental – Delta Dental

- Deductibles and out-of-pocket maximums run on the calendar year, January through December.

Voluntary Vision – VSP

Voluntary Life / Accidental Death & Dismemberment (AD&D) – Madison National

- **Please note**, if your age this year puts you into a new age bracket, you may see an increase in Voluntary Life premium.
- Always remember to review your beneficiary designation each year and update as necessary. If you need to update your beneficiary information, please contact HR.

Voluntary Accident and Critical Illness – Allstate

Voluntary Universal Life – Trustmark

WHAT BENEFITS AM I AUTOMATICALLY ENROLLED IN?

Basic Life / Accidental Death & Dismemberment (AD&D) – Madison National

- Always remember to review your beneficiary designation each year and update as necessary. If you need to update your beneficiary information, please contact HR.

Long Term Disability (LTD) – Madison National

Employee Assistance Program (EAP) – Employee & Family Resources (EFR)

- All employees have access to the EAP as a resource for their personal needs and their family's needs.
- Comprehensive EAP including 3 in-person counseling or telephonic life coaching sessions per year with masters-level clinicians and/or licensed counselors. Unlimited phone-based support is also available.
- 24/7/365 national call center, guidance and resources for everything from life coaching, identity theft resolution services, financial consultations, and childcare referrals for you and your family!
- Completely free and 100% confidential to employees.

2023 ENROLLMENT GUIDELINES



WHEN DOES THE NEW PLAN YEAR GO INTO EFFECT?

The plan year for benefits runs from July 1, 2023, through June 30, 2024. All elections you make (or allow to roll-over) during open enrollment with the exception of the optional accident, critical illness and universal life plans will be effective July 1, 2023 and will continue through June 30, 2024. The optional plans will be effective September 1, 2023 and run through August 31, 2024.

HOW DO I COMPLETE OPEN ENROLLMENT?

IMPORTANT – Lewis Central CSD will have a **passive** enrollment this year. This means the plans you are enrolled in and the dependents you are covering for the current 2022 plan year will roll over to the 2023 plan year. **HOWEVER**, your health savings account (HSA) and flexible spending account (FSA) elections **WILL NOT** roll over – you must elect these contributions through the self-service website or by calling the call center.

Only one spouse should be claiming the family plan for health, dental and vision, the other spouse will need to waive the coverage if wanting to change any individual supplemental plans. Please contact Jenni in Human Resources if you are unsure of which spouse the coverage is currently under.

You may also want to check your profile and dependent information to verify contact information and student status.

Ways to Complete 2023 Benefit Open Enrollment:

Elections will be due no later than May 29, 2023 :

- **Website (Self-Service):** Go to: <https://allstate.benselect.com>
 - Login using your Social Security Number (no dashes) OR your full Employee ID
 - Example: GTMXXXXXX or Y0QXXXXXX
 - You PIN is the last 4 of your Social Security Number followed by the last 2 digits of your birth year, no spaces
 - Example: Last 4 of SSN = 9999, DOB = 1/2/1975 then PIN = 999975
- **Call Center: Call 844-708-5600 (Hours are M-F 8am-5pm CST)**
 - Speak directly to a Benefit Counselor to assist with benefit questions and/or complete your enrollment

Once you have made your elections, you will not be able to change them until the next open enrollment period, unless you have a qualified change in status.

Details on all benefits listed above provided in the Employee Benefit Summary. These summaries and the Annual Notices are available on the District website under lewiscentral.org/hr "Benefit Insurance Information."

2023 Annual Notices and medical plan Summary of Benefits and Coverage (SBC) documents can be accessed during Open Enrollment while logged into the online self-service website under Document Library or anytime at


<https://www.gravie.com/2023sbclewiscentralcsd/>

WHAT IF I NEED TO MAKE CHANGES OUTSIDE OF OPEN ENROLLMENT?

Unless you have a qualified change in status, you cannot make changes to the benefits you elect until the next open enrollment period. Qualified changes in status include: marriage, divorce, legal separation, birth or adoption of a child, change in child's dependent status, death of spouse, child or other qualified dependent, change in residence due to an employment transfer for you or your spouse, commencement or termination of adoption proceedings, or change in spouse's benefits or employment status, reduction in hours, or marketplace open enrollment. See HIPAA Special Enrollment Rights in the Annual Notices packet for notification requirements.

2023 Monthly Premiums

Basic Coverages	Monthly Premium	Employee Pays Monthly	District Pays Monthly
Out-of-Pocket Maximum (OPM) \$1,000 / \$2,000 Medical Plan <i>Must be currently enrolled in this plan to elect in 2022 (grandfathered in)</i> Single: \$1,094.40 Family: \$2,692.20 Out-of-Pocket Maximum (OPM) \$2,000 / \$4,000 Medical Plan Single: \$1,000.00 Family: \$2,460.00 \$3,500 HDHP Single: \$824.50 Family: \$2,028.30 Dental Single: \$30.96 Family: \$78.56			
Life and AD&D (Employee only)	N/A	0%	100%
Long-Term Disability (LTD)	N/A	0%	100%
Flexible Spending Account (Fees only)	N/A	0%	100%
Voluntary Products	Monthly Premium	Employee Pays Monthly	District Pays Monthly
Voluntary Vision Single: \$11.24 Employee/Spouse: \$17.98 Employee/Children: \$18.35 Family: \$29.59			
Voluntary Life and AD&D:	See VTL Rate Page	100%	0%
Individual Products:	Varies	100%	0%

 Lewis Central Community School District July 1, 2023						
BENEFIT OVERVIEW	Comfort \$1,000 OPM CLOSED PLAN		Comfort \$2,000 OPM		\$3,500 HDHP	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible						
Single	\$1,000	\$10,000	\$2,000	\$10,000	\$3,500	\$10,000
Family	\$2,000	\$20,000	\$4,000	\$20,000	\$7,000	\$20,000
Coinsurance	0%	50%	0%	50%	0%	50%
Out-of-Pocket Maximum						
Single	\$1,000	N/A	\$2,000	N/A	\$3,500	N/A
Family	\$2,000	N/A	\$4,000	N/A	\$7,000	N/A
BENEFIT HIGHLIGHTS						
Physician Visit	No Charge	Deductible, 50% Coinsurance	No Charge	Deductible, 50% Coinsurance	No Charge after meeting OPM	Deductible, 50% Coinsurance
Preventive Services	Covered at 100%	Deductible, 50% Coinsurance	Covered at 100%	Deductible, 50% Coinsurance	Covered at 100%	Deductible, 50% Coinsurance
Urgent Care	No Charge	Deductible, 50% Coinsurance	No Charge	Deductible, 50% Coinsurance	No Charge after meeting OPM	Deductible, 50% Coinsurance
Emergency Physician	\$250 Copayment	\$250 Copayment	\$250 Copayment	\$250 Copayment	No charge after meeting Deductible	No Charge after meeting Network Deductible
Hospital Services						
Inpatient	No Charge after meeting OPM	Deductible, 50% Coinsurance	No Charge after meeting OPM	Deductible, 50% Coinsurance	No Charge after meeting OPM	Deductible, 50% Coinsurance
Outpatient	No Charge after meeting OPM	Deductible, 50% Coinsurance	No Charge after meeting OPM	Deductible, 50% Coinsurance	No Charge after meeting OPM	Deductible, 50% Coinsurance
Physician Charges	No Charge after meeting OPM	Deductible, 50% Coinsurance	No Charge after meeting OPM	Deductible, 50% Coinsurance	No Charge after meeting OPM	Deductible, 50% Coinsurance
PRESCRIPTION DRUGS						
Generic Rx	No Charge	Not Covered	No Charge	Not Covered	No Charge after meeting OPM	Not Covered
Preferred Brand Rx	\$75 Copayment	Not Covered	\$75 Copayment	Not Covered	No Charge after meeting OPM	Not Covered
Non-Preferred Brand Rx	No Charge after meeting OPM	Not Covered	No Charge after meeting OPM	Not Covered	No Charge after meeting OPM	Not Covered
Specialty Rx	No Charge after meeting OPM	Not Covered	No Charge after meeting OPM	Not Covered	No Charge after meeting OPM	Not Covered
Mail Order Rx	2 Copayments	Not Covered	2 Copayments	Not Covered	No Charge after meeting OPM	Not Covered

Note: This is a summary of benefits provided by the plans. Refer to the carrier's descriptive material for a full discussion of benefits and rates. This information is proprietary. Please do not copy and distribute to others.

HEALTH SAVINGS ACCOUNT (HSA) ADMINISTRATION

iSolved

HSA Overview

HSA account trustee:	iSolved
Initial enrollment set-up fee:	Paid for by employer
Monthly administrative fee:	Paid for by employer
Employer Contribution:	\$1,200
Debit card provided?	Yes
HSA withdrawal limitations?	Determined by account trustee
Investment options	Yes
Minimum account balance to invest:	\$2,000

Account Provisions

Who is eligible?

- 1) Anyone covered under a qualified High Deductible Health Plan (HDHP) on the first day of the month, but not covered under any other medical plan.
- 2) Anyone not enrolled in Medicare. **Note:** an actively at-work employee who is older than 65 may not enroll in an HSA unless he/she has waived Medicare.

For individuals who delay enrolling in Medicare, Part A coverage may retroactively begin six months prior to their application date. To avoid making excess HSA contributions (and incurring a tax penalty), CMS recommends that individuals stop contributing to their HSAs at least six months before applying for Medicare.

- 3) When enrolled in an HSA, member and spouse (if applicable) may only participate in a "limited-purpose" flexible spending account.
- 4) Anyone not claimed as a dependent on another person's tax return.

Is there a limit on the amount that can be contributed per year?

\$3,850 for an individual plan, \$7,750 for a family plan for 2023. These numbers are indexed annually by the Treasury Department. In addition, individuals age 55 are allowed a \$1,000 catch-up contribution.

What are the advantages of enrolling in a HSA?

- 1) Monies go in tax-free.
- 2) Monies grow tax-free.
- 3) Monies come out tax-free if spent on qualified medical expenses.
- 4) Unspent monies roll over year to year, grow, and earn interest.
- 5) The account owner decides whether to use the HSA dollars for current expenses or to save them for future expenses.
- 6) The account is portable.

What expenses are eligible for reimbursement?

Internal Revenue Code Section 213(d) medical expenses for the employee and qualified dependents (even if the dependents are not on the employee's HDHP); COBRA premiums; qualified long-term care expenses; retiree medical premiums to employer-sponsored medical coverage (if age 65 or older); Medicare Parts B & D premiums, but not Medicare supplement premiums.

What if funds are used for non-qualified expenses?

Distributions for an account owner under age 65 are subject to income tax plus a 20% penalty. Distributions for an account owner 65 and older are subject to income tax only.

For more details:

Check out www.irs.gov for more details.

isolved Benefit Services

isolved Benefit Services HSA

A Better Way to Pay for Health Care - Today and Tomorrow

As health care costs continue to soar, finding ways to offer affordable health benefits to your employees is a persistent challenge. Now you can leave employees with more spending money per paycheck while they save money on out-of-pocket health care expenses with a Health Savings Account (HSA) solution from isolved Benefit Services.

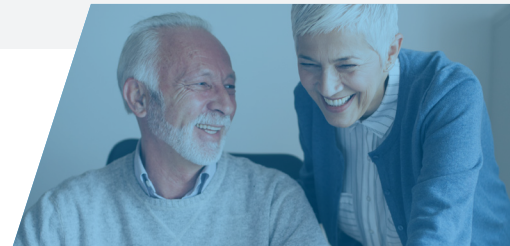
An HSA is a tax-advantaged savings account that is used in combination with a High Deductible Health Plan (HDHP) and gives your employees a simple way to manage health care costs. They can use the HSA funds to cover qualified medical expenses.

How HSAs Work:

With the isolved Benefit Services HSA, any earnings on your contributions are tax-advantaged. The HSA account is funded by pre-tax contributions by the employee. This gives employees a great tax benefit while you, their employer, pay less in FICA and FUTA payroll taxes. When an employee incurs a qualified medical expense, they can pay using the debit card, online bill pay or other methods.

If the employee doesn't have enough money in their HSA to cover a medical expense, they can make a partial payment and pay the difference using another method. There is no "use it or lose it" condition. Any unused funds remain in the account and continue to accrue interest until used.

More information on HSA plans can be found on the U.S. Department of Treasury website at www.treas.gov. (Hint: search on HSA)



isolved Benefit Services HSA helps you:

- ✓ Add depth and flexibility to your employee health benefits and retirement plans
- ✓ Reduce FICA and FUTA payroll taxes
- ✓ Save on health insurance premiums by offering HSAs along with high-deductible health plans
- ✓ Get access to secure and easy-to-use online, self-service portals available 24/7/365
- ✓ Promote healthier lifestyle choices through increased involvement and use of 100% covered preventative care
- ✓ Go Green with paperless online claims, direct deposit reimbursement and electronic statements

isolved Benefit Services HSA helps your employees:

- ✓ Offset rising health care costs with tax-free funds
- ✓ Plan for future health expenses with tax-free investment accounts - no "use it or lose it" annual requirement
- ✓ Easily monitor health spending with convenient debit cards and secure online account access
- ✓ Plan for retirement - after age 65, participants can use HSA funds for non-qualifying expenses



Features and Functionality

By offering isolated Benefit Services HSAs to your employees, you can fight rising health insurance costs, offer greater depth and flexibility in your benefits packages, and promote healthy lifestyles with these powerful features:

Features



isolated HSAs are administered on the same platform as isolated FSAs, HRAs, Transit or Parking plans, creating a single online portal or mobile phone app experience for the user.



Automated scheduling of lump sum, first of the month, or payroll cycle contributions allows for easy mid- year enrollments



Monthly reports generate automatically, with e-mail alerts directing recipients to secure portals for viewing, creating a virtually paper-free administration process



Employees can access funds through online distribution requests, or by using a convenient benefits debit card



An integrated debit card provides seamless, flexible fund access and compliance



Employees may receive manual distributions by direct deposit or check



Employees can view account details, request distributions, update addresses, change payroll deduction elections, view statements, change beneficiaries, or allocate funds into an array of mutual funds using convenient online portals



Easy online enrollment creates an HSA account with direct deposit and investment options

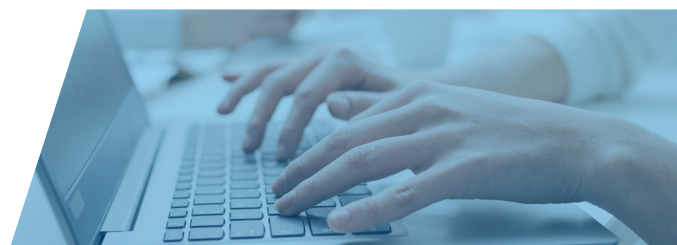


Automated communication and e-mail alerts ensure consistent messaging



FDIC-insured cash and interest bearing account

At isolated, delivering easy-to-use solutions backed by the highest levels of service is our top priority. We offer a cloud-computing solution designed to provide you and your employees with the functionality, reliability, and integration you need.



Health benefits you can actually use

Comfort provides 100% coverage on most common, in-network healthcare services at a cost comparable to most traditional group health plans.

No hidden costs. No surprise bills.

No-Cost Services

- Preventive care
- Primary care
- Specialist visit
- Urgent care visit
- Labs & imaging
- Generic prescriptions
- Online care
- Mental health care
- And more

Other Services

- Emergency room
\$250 copay
- Brand name prescriptions
\$75 copay
- Non-preferred brand name prescriptions
\$100 copay or no cost after out-of-pocket max*
- Specialty prescriptions
\$125 copay or no cost after out-of-pocket max*
- Hospital surgery/procedure
No cost after out-of-pocket max

**Check your benefits summary for specific details*

Get care when you need it



Emma hurts her ankle on a run. She visits her doctor for a check-up and an x-ray.



COMFORT™

\$0

Traditional Plan

~\$450



Sue takes a generic prescription daily.



COMFORT™

\$0

Traditional Plan

~\$120
annually



Roger is feeling under the weather. He heads to the doctor for a check-up, and his doctor orders blood work.



COMFORT™

\$0

Traditional Plan

~\$30 copay &
~\$220 blood work

With the Aetna Signature Administrators PPO network, you'll have access to:

Plan perks

Gravie partners with health and wellness industry leaders to give you access to a suite of digital services that aim to enhance your health and wellness journey.

For many Gravie health plan members, these services are included at no additional cost.



Gravie health plan members have access to virtual care, including general medicine, dermatology and mental health (18+) through Teladoc Health, the world leader in whole-person virtual care. Mental health care includes clinical services such as psychiatry and therapy visits, and non-clinical services such as mental health coaching and digital programs. Now, members can access the care they need whenever and wherever it's convenient for them.

Cost sharing may apply depending on plan type. Check your benefits summary for more information.



Gravie health plan members 18 years of age and over get unlimited access to FitOn's library of 30K+ virtual classes, including cardio, HIIT, yoga, pilates, meditation, dance, and barre, as well as nutrition guides, meal plans, fitness courses and challenges, and more. In-person fitness perks are available to qualifying members through Peerfit. Gravie's fitness partners removes barriers that often prevent members from achieving a healthier lifestyle through diet and exercise.



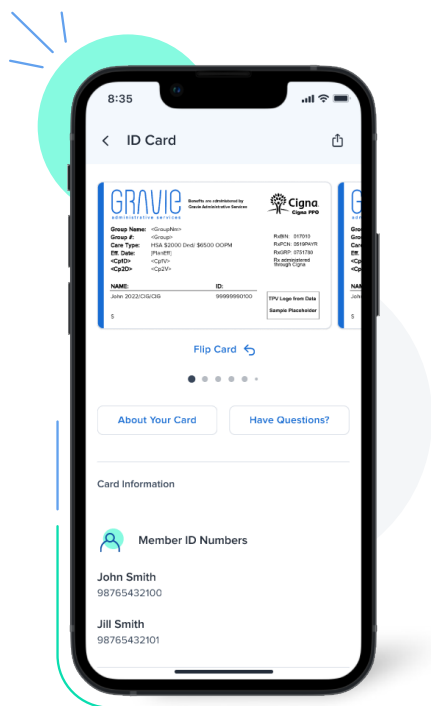
Gravie Health members (13+) have access to Sword - a clinical-grade digital physical therapy program which helps members overcome back, joint, and muscle pain through personalized care from licensed physical therapists and innovative sensor-based technology.

Gravie mobile app



All your favorite Gravie benefits in one simple place.

Use the Gravie app from anywhere to get the care you need, when you need it.



App features:

Access your digital ID card on the spot

See what's covered by your plan

Find in-network providers, clinics, pharmacies, and more near you

Review claims and track expenses throughout the year

Connect with Gravie Care™ — licensed experts available to answer all your health benefits questions

Members enrolled in **Comfort** can view the list of no-cost services — including primary care, mental health care, specialist visits, labs & imaging, generic drugs, and more.

Download the app by visiting the App Store or Google Play



App features may vary based on a variety of eligibility and enrollment factors.

Gravie account



Easily find care

Our search tool makes it easy to find the in-network care you need — you can filter by location, specialty, and more. Need to check if a prescription is covered? You can search for that too!



Access your digital ID card

Forgot your ID card? No problem. All you need to do is log in to your Gravie account to view your digital ID card. If you ever need a replacement, you can easily print out a new copy



Track your out of pocket max

It's important to know where you stand. Log in to your Gravie account to keep track of individual and family progress towards your out of pocket max.



Review your claims

To see what costs are being counted towards your totals, view your medical and pharmacy claims and download EOBs all in one place.



A better experience with experts in your corner

Every member gets Gravie Care, which includes support from a dedicated team of experts available to help you navigate the complexities of health benefits and make the most of your plan year-round.

Need help understanding your coverage options? Finding a new doctor or specialist? Reading claims & EOBs? **Gravie Care has you covered.** Once you've enrolled, access your plan resources at member.gravie.com.



Connect with Gravie Care

Call us at 855.451.8365 or send a secure message at member.gravie.com/contact

GRAVIE

Teladoc
HEALTH

Gravie health plan members have access to **virtual care — including general medical, dermatology, and mental health** — through Teladoc Health, the world leader in whole-person virtual care.

For many Gravie health plan members, these services are included at no additional cost. Check your benefits summary for more information.



General medical

24/7 access to virtual care for a broad range of everyday health issues. With access to board-certified doctors anytime, anywhere, you can avoid unnecessary trips to the doctor's office and costly visits to the ER. Schedule an appointment or choose to talk to a provider right away.

Treatment for a wide range of everyday conditions:

- Flu
- Sinus problems
- Upper respiratory infection
- Pink eye
- Bronchitis
- Nasal congestion
- Sore throat
- Seasonal allergies
- Cold
- Arthritis
- Rash/poison ivy
- And more

How it works



Initiate

Initiate contact through Teladoc's app, website or by phone



Request

Request an immediate visit or schedule a visit at a preferred time



Visit

Visit with the physician via phone or video



Resolve

Physician posts a visit summary to your file and sends RX to your pharmacy if necessary



Dermatology

Convenient access to virtual care for a wide range of acute and ongoing skin conditions, including acne, psoriasis, skin infection, rosacea, and more — without the wait. Dermatology through Teladoc Health makes skin care easy.

2 days

to diagnosis versus 32.3 days (avg. wait time in major metropolitan areas)

Approved medication

can be prescribed right through the app or web

How it works



Initiate

Member provides basic information about skin issue through web or mobile app



Upload images

Member uploads a minimum of 3 pictures of the skin issue for the dermatologist to review



View online results

Within 2 business days, the licensed dermatologist responds through the online message center with a diagnosis, treatment, or prescription if necessary



Follow up

Member follows up with the doctor through the message center within 7 days of the initial visit



Mental health

Convenient access to virtual care 7 days a week for a variety of mental health conditions, without the obstacles of conventional in-office treatment. Speak with board-certified psychiatrists, and licensed psychologists and therapists by phone, video, or in-app messaging, from wherever you feel most comfortable.

Common conditions treated:

- Anxiety
- Depression
- Post-traumatic stress disorder (PTSD)
- Obsessive-compulsive disorder (OCD)
- Grief
- Eating disorders
- Stress
- Trauma
- Attention deficit hyperactivity disorder (ADHD)
- And more

How it works



Initiate

Provide basic information, including eligibility, through Teladoc's website, mobile app, or by phone



Request

Select a preferred mental health provider and schedule a visit.



Consult

Speak with selected provider and build ongoing relationship



Support

Ongoing mental health management support is provided





Get started

Step 1

Activate your Teladoc account

- You can easily activate your Teladoc account by logging in to your Gravie member account at <https://member.gravie.com/login>. (If you have an existing account with Teladoc, create a new account with a different email address.)
- Select “**Get Started**” and fill out the information, then select “**Gravie**” as your health plan

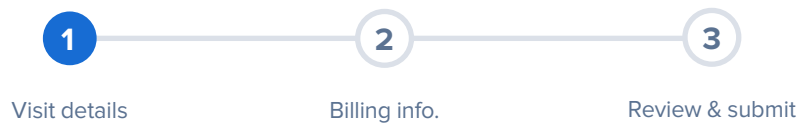
Step 2

Select visit type (General Medical, Dermatology, or Mental Health) and choose a provider

Step 3

Request a visit

- Provide visit details
- If applicable, confirm billing information and pay out-of-pocket costs
- Review and submit request



Step 4

Receive care

- Download the Teladoc Health mobile app at <https://www.teladoc.com/mobile/> to access Teladoc on the go.

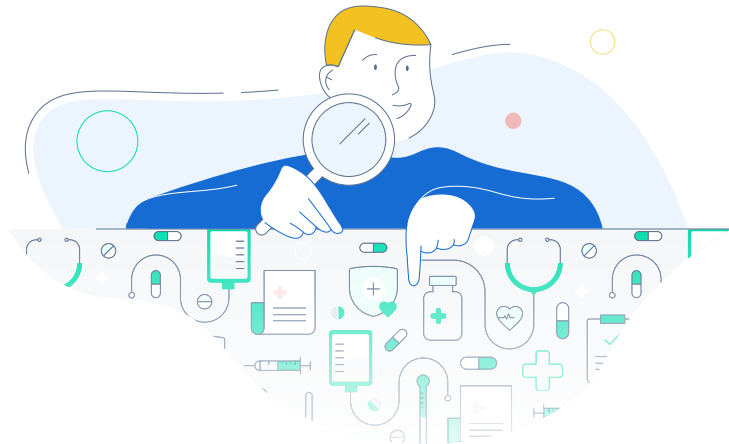


Have questions?

Gravie Care™ has you covered. Give us a call at [855.451.8365](tel:855.451.8365) or send a secure message to member.gravie.com/contact

Preventive Care 101

One of the best ways to stay healthy and save on healthcare costs is to take advantage of the preventive care services that are available to you at no additional charge. With Gravie, you have access to over 80 preventive care services, including annual wellness exams, select health screenings, vaccinations, select counseling services, supplements, preventive care prescriptions, medical devices, and more!



No-cost preventive care services you have access to include:



General Health

- Annual physical exam
- Blood pressure and cholesterol screenings
- Depression screening
- Diabetes screening
- Fall prevention for adults 65 years and over, living in a community setting
- Healthy diet counseling
- Osteoporosis screening
- Sexually transmitted infection (STI) screening and prevention counseling
- Routine eye examination limited to one exam per covered person per calendar year.



Vaccinations

- | | |
|------------------------------|--------------------------|
| • Diphtheria | • Meningococcal |
| • Hepatitis A | • Mumps |
| • Hepatitis B | • Pertussis |
| • Herpes Zoster | • Pneumococcal |
| • Human Papillomavirus (HPV) | • Rubella |
| • Influenza (flu shot) | • Tetanus |
| • Measles | • Varicella (Chickenpox) |



Women's Care

- Annual well-woman exam
- Contraception
- Sexually transmitted infection (STI) screening and prevention counseling



Pregnancy Care

- Anemia screening
- Breastfeeding support and counseling
- Folic acid supplements
- Preeclampsia prevention and screening
- Sexually transmitted infection (STI) screening and prevention counseling
- Urinary tract or other infection screening



Cancer Prevention

- Breast cancer screening
- Colorectal cancer screening
- Cervical cancer screening
- Lung cancer screening
- Skin cancer prevention counseling



Mental Health and Drug Abuse

- Alcohol misuse screening and counseling
- Depression screening
- Tobacco use screening and counseling



Children's Care

- Autism screening
- Behavioral assessments
- Blood pressure screening
- Healthy diet and obesity counseling
- Hearing and vision screenings
- Immunization vaccinations
- Lead screening
- Phenylketonuria (PKU) screening for newborns
- Well-baby and well-child exams

Expanded Preventive Care

All of Gravie's plans have access to an expanded list of preventive care services, including:

- Angiotensin Converting Enzyme (ACE) inhibitors for those with congestive heart failure, diabetes, and/or coronary artery disease
- Anti-resorptive therapy for those with osteoporosis and/or osteopenia
- Beta-blockers for those with congestive heart failure and/or coronary artery disease
- Blood pressure monitor for those with hypertension
- Inhaled corticosteroids for those with asthma
- Insulin and other glucose lowering agents for those with diabetes
- Retinopathy screening for those with diabetes
- Peak flow meter for those with asthma
- Glucometer for those with diabetes
- Hemoglobin A1c testing for those with diabetes
- International Normalized Ratio (INR) testing for those with liver disease and/or bleeding disorders
- Low-density Lipoprotein (LDL) testing for those with heart disease
- Selective Serotonin Reuptake Inhibitors (SSRIs) for those with depression

For a complete list of all preventive care included in your plan, please reference the Summary Plan Description (SPD) found in your Gravie Member Account.

With more than **10+ million** registered users and **3+ million** monthly active users, **FitOn is one of the world's largest health and fitness platforms.** And now, FitOn is included with Gravie health plans!

Gravie health plan members get unlimited access to FitOn's library of 30,000+ virtual classes including cardio, HIIT, yoga, pilates, meditation, dance, barre, and more — all available to Gravie health plan members at no additional cost.



Fitness is more accessible than ever before with FitOn, an industry-leading fitness app that not only brings workouts to you wherever and whenever you choose, but also offers nutrition guides, meal plans, and fitness courses and challenges.

You can even work out with some of your favorite celebrities and fitness brands including Halle Berry, Jonathan Van Ness, Orangetheory Fitness®, Zumba®, and more!

FitOn features:



30,000+ live and on-demand virtual fitness and wellbeing classes



Nutrition recipes and meal plans



Courses and challenges



Ability to invite and work out with friends and co-workers



Get started

1. Go to peerfit.com/register to register and select **'I have an employer sponsor'**.
2. Enter the email address you would like to use and click **'Send verification code'**.
3. Check your email for your verification code and enter it in the space provided. Click **'Verify code'**.
4. Once verified, **create your password**.
5. Enter your **birthday, first name, zip code and last name**. This information must match your employer's records.
6. Click **'Create'**.
7. Subscribe to FitOn under Digital Subscriptions or at peerfit.com/streaming.
8. After creating your Peerfit account, you can login directly at <https://fitonapp.com/> or via the FitOn mobile app using your Peerfit account email.
9. Begin using FitOn!
 - Browse live and on-demand classes, which can be filtered by duration, target area, and intensity
 - Select a multi-week fitness program for consistent support
 - Participate in FitOn fitness challenges for extra motivation
 - Check out FitOn's celebrity workouts
 - Plan meals with recipes, programs, and nutrition expert videos



Have questions?

Contact Peerfit's Client Services team at support@peerfit.com

FitOn + Peerfit is available to Gravie health plan members 18 years of age and over.



When it comes to big purchases, today's consumers expect flexible payment options.

Why should healthcare expenses be any different?

Introducing Gravie Pay

If you have a medical expense, Gravie Pay allows you to split the bill into predictable monthly payments. **No interest, no fees, and no hassle.** Gravie Pay is powered by Paytient, a company that specializes in helping employees pay for care. Paytient is the lender behind Gravie Pay.

How does it work?

Gravie Pay is a virtual card. When paying a bill, either online or over the phone, simply provide your Gravie Pay card information the same way you would any debit or credit card. The provider or pharmacy is paid in full, and you set up repayment through easy payroll deductions, bank account withdrawals, or credit card payments.

Gravie Pay can be used to cover any out-of-pocket medical expense for yourself or dependents enrolled in your Gravie health plan. Merchant codes are used to verify that expenses are healthcare related.

How do I sign up?

Once you're enrolled in a Gravie health plan, activate Gravie Pay by completing a short enrollment process at member.gravie.com. You'll get immediate access to your virtual card, and can start using it as soon as your coverage begins. Easily view transactions and manage your payments at any time from your Gravie account.

What financial considerations should I be aware of?

Your spending limit is equal to the individual out-of-pocket maximum (OOPM) of your Gravie health plan. There are no fees and no interest. Your credit is never checked, impacted, or reported. Your financial health is important to us. When enrolling in Gravie Pay, you may be subject to a couple questions that will assess your ability to repay.

What happens if I miss or can't make a payment?

If you need more time to pay, you can increase the repayment duration to up to 12 months. You can also change your payment method at any time. Gravie Pay is meant to provide you with flexibility.

Still have questions?

Gravie Care™ can help! Call [855.451.8365](tel:855.451.8365) or send a secure message at member.gravie.com/contact

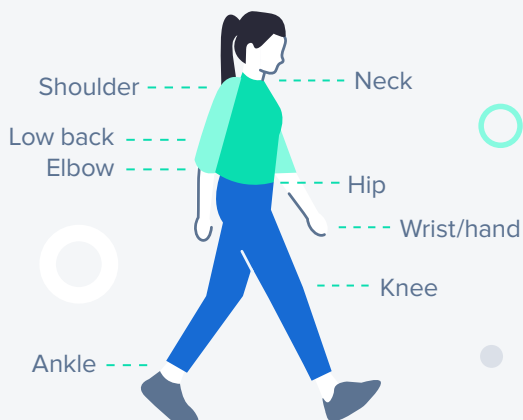
As a Gravie health plan member, you have access to **industry-leading virtual treatment for back, joint, and muscle pain through Sword** at no additional cost.

Combining personalized care from licensed physical therapists with innovative, sensor-based technology, Sword makes it easy to access physical therapy wherever and whenever it's convenient for you.



Sword's clinically validated treatment program **works for all major back, joint and muscle issues, at any point in your journey**: prevention, acute conditions, chronic pain, and post-surgical recovery.

Joints covered include:



Why Sword?



Superior program quality

Receive care from a Doctor of Physical Therapy 100% of the time.



Easy-to-use technology

Receive a tablet and sensors ready to use at home.

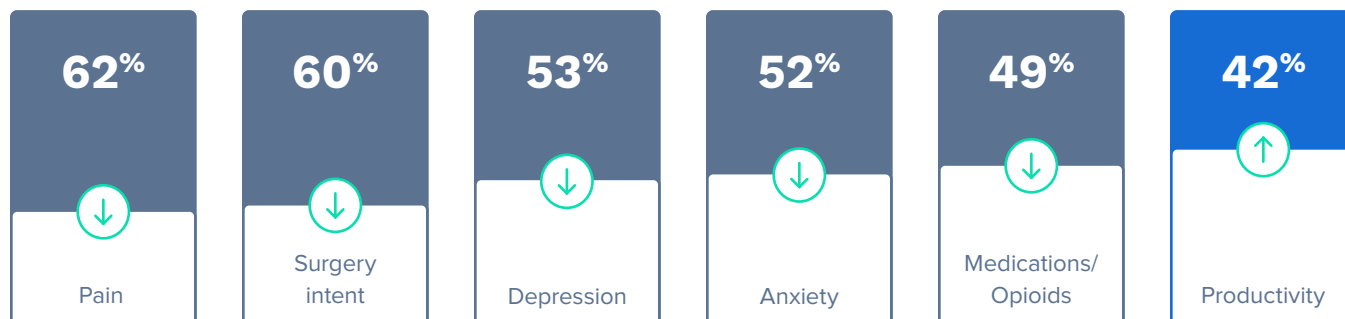


Convenient access to care

Unlike traditional physical therapy, access treatment anytime, anywhere.

Digital Physical Therapy changes lives


On average, Sword patients experience less pain, avoid surgery, reduce medication use, reduce depression and anxiety, and improve productivity.



Whether you are looking to **resolve pain you're currently experiencing, or for tools and resources to prevent future pain and live a healthier lifestyle**, Sword has solutions for you.

You can select and access the following resources depending on your needs:

1




Digital Physical Therapy

Remote care offering

Best-in-class care for acute, chronic, and pre- and post-surgical major back, joint, and muscle issues

2

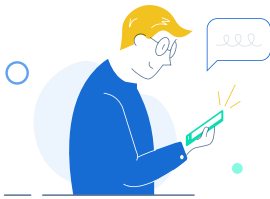


The Academy

Primary prevention

Form healthy habits by developing the skills and techniques needed to avoid major back, joint, and muscle injuries

3



Sword On-Call

On-demand help

Instant, on-demand access to a physical health specialist to guide you when care is needed



Get started

Create your Sword account

You can easily activate your Sword account by logging in to your Gravie member account at <https://member.gravie.com/login> or through the Gravie mobile app.



Digital Physical Therapy

Remote care offering

If you need help recovering from pain, an injury, or a recent surgery, enroll in digital physical therapy through Sword.

Once enrolled, you're ready to begin your journey to a pain-free life.

Enrollment process for Digital Physical Therapy (PT)

Enroll → Receive digital therapy kit → Video call with Sword PT* → Exercise sessions → Ongoing PT support

*In the first PT session, you will be asked to turn on the video to assess your posture and movement, so be prepared.

How it works



Your dedicated physical therapist designs a personalized exercise program.



Sword will ship you a tablet and motion sensors to guide you and provide real-time feedback.



Complete your exercise sessions wherever and whenever it is convenient for you.



Your physical therapist is there to support you virtually and is available to you at any time.

The Academy (prevention tools) and Sword On-Call (on-demand help)

(Enrollment not required)

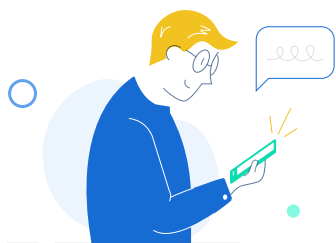
If a full digital physical therapy program is more care than you need, you could benefit from on-demand access to a clinical pain specialist and premium educational content to help prevent future pain and live a healthier lifestyle, by downloading the Sword mobile app.



The Academy

Primary prevention

Form healthy habits to help prevent and manage back, joint and muscle pain by developing skills and techniques through app-based exercise videos and articles, with this program based on clinical research and guidance from doctors of physical therapy.



Sword On-Call

On-demand help

Instant on-demand access to clinically trained Doctors of Physical Therapy via text message, to ask questions and receive instant responses for back, joint and muscle concerns (8:00 a.m. - 10:00 p.m. ET, 7 days/week).

Sword is available to Gravie health plan members 13 years of age and over.



Have questions?

Gravie Care™ has you covered. Give us a call at [855.451.8365](tel:855.451.8365) or send a secure message to member.gravie.com/contact

Magellan's Value Max Specialty Program

The Value Max Specialty program is designed for members who have been prescribed high-cost specialty medications.



Gravie partners with Magellan to help relieve the financial pressure often associated with specialty drugs by locating the highest copay assistance available for eligible medications. Magellan has identified the most common high-cost drugs, and connects members with copay assistance programs to help them access lower monthly copays.

To access the Value Max Specialty program, members must fill their eligible prescriptions through Magellan Rx Pharmacy's mail-order service.

How does Value Max work?



Comprehensive drug list

Magellan's comprehensive drug list includes the top 50 specialty medications that typically account for 95% of specialty claims costs.



Copay assistance program

The member receives a discounted copay, typically \$0 to \$5. Actual member copay amounts will vary based on the specific drug and manufacturer discount program.



Member assistance dollars

The program helps to identify member assistance dollars paid by the drug manufacturer and subtracts that cost from the member's deductible and/or out-of-pocket maximum.



Home delivery

With Magellan Rx Pharmacy's home delivery service, it's easy for members to quickly receive their specialty medications while also getting access to additional support to help them stay on track.

What is the Value Max Specialty Program process?



Frequently asked questions

What is a specialty medication?

Specialty medications are used to treat patients with complex and/or rare diseases. They have specific dosage, storage, handling and administration requirements, and they require an elevated level of patient care and monitoring services.

How does a member enroll in the program?

Members prescribed a medication on the Value Max prescription drug list will be automatically enrolled into the Value Max program. Magellan Specialty Pharmacy will reach out directly to the member to help enroll them in various manufacturer savings programs. Certain programs may require the member to self-enroll; in those cases, Magellan will assist the member by reaching out to the member to explain specific requirements.

What if a member wishes to opt out of the program?

A member may opt out from the Value Max program at any time by reaching out to Gravie Care™. Employers and brokers may also request to opt out of the Value Max program on behalf of members by contacting their Gravie Account Manager.



What happens when a member hits the manufacturer discount program maximum?

In the rare instance where a member meets the manufacturer discount program maximum, Value Max will be deactivated and the claim will be applied towards the patient's benefit. For example, a member on a Gravie Comfort™ plan would expect a \$0 copay for the specialty prescription, assuming they have already satisfied their out-of-pocket maximum. If the member's out-of-pocket maximum has not been satisfied, the member's responsibility would be a 100% copay until the limit is met.

Save time and money with a 90-day supply of your medications by mail

Gravie partners with Magellan Rx Management to provide pharmacy benefits through your health plan. If you take maintenance medications for long-term conditions like arthritis, asthma, diabetes, high blood pressure or high cholesterol, you could save with home delivery through Magellan Rx Pharmacy.

How to get started

Getting started with home delivery is easy! First, ask your doctor to write two prescriptions:

- ① 30-day supply to fill at your local pharmacy
- ② 90-day supply plus refills to fill by mail

Next, you may either ask your doctor to e-prescribe to Magellan Rx Pharmacy, LLC (Mail-ORL) or fax your prescription to [888-282-1349](tel:888-282-1349).

- Faxed prescriptions may only be sent by a doctor's office and must include patient information and diagnosis.
- For prompt delivery, please provide your payment information by mailing in your completed home delivery order form or by calling **800-424-8274**.

Mail your 90-day prescription and completed order form with payment to Magellan Rx Pharmacy, P.O. Box 620968, Orlando, FL 32862.

Home delivery order forms are available at www.magellanrx.com/member/forms



Save Money

Depending on your plan design, you may be able to get a 90-day supply of your medication for less money than three separate fills. And standard shipping is free!



Save Time

Easily refill your medication one time every three months either online or by phone. That means no more drive time or waiting at the pharmacy!



Peace of Mind

Your medication is mailed to you, quickly and securely. Registered pharmacists check all orders and are available to help 24 hours a day, 7 days a week.

When should I use a retail pharmacy?

You should use your local retail pharmacy for the first 30-day prescription of a maintenance medication you get from your doctor as well as prescriptions received for an acute condition, like an infection.

When will I receive my medication?

Your order should arrive 7-10 days after Magellan receives your prescription. They may need to contact your doctor for more info. To avoid delays, be sure to fill out all forms completely and include payment if you know the amount due. Orders with multiple prescriptions may be shipped separately.

Can I set up my prescription to refill automatically?

Yes. You can set up an auto refill to receive eligible home delivery refills automatically. To enroll, call [800-424-8274](tel:800-424-8274).

How much are the shipping charges?

Standard shipping is always free. You can choose expedited shipping for an additional charge if you want to receive your medication sooner. Please note that expedited shipping only reduces the transit time and does not impact prescription processing time.

What happens if I don't receive my order?

Making sure you have the medication you need is Magellan's top priority. If you don't receive your order within 10 days, please call [800-424-8274](tel:800-424-8274).

Do prescriptions expire?

Most prescriptions, including refills, expire within six months to one year from the day they are written. If this happens you'll need a new prescription from your doctor, even if you have refills remaining.

How are controlled substances handled?

A controlled substance, such as a narcotic, has strict guidelines and may be handled differently than a non-controlled medication. We adhere to federal and state laws in the dispensing of all medications and will contact you if additional information is needed to process a controlled substance prescription.

For questions about your pharmacy benefits plan, call the Member Services number on your member ID card.

For home delivery questions, call [800-424-8274](tel:800-424-8274). Representatives can answer questions, check the status of an order, or place a refill order. Pharmacists are also available to help 24 hours a day, 7 days a week.



Delta Dental of Iowa

Employee Summary of Covered Services and Benefits

Lewis Central Community School District

Deductibles, Maximums & Eligibility	Delta Dental PPO SM	Delta Dental Premier [®] / Non Par
- Individual Deductible	\$25	\$50
- Family Deductible	\$50	\$100
- Deductible applies to Check-Ups and Teeth Cleaning?	No	No
- Benefit Period Maximum	\$1,250	\$1,250
- Eligible children through age	25	25
- Full-time (unmarried) students eligible through age	99	99
- Does Individual Deductible apply to Orthodontics?	No	No
- Orthodontic lifetime maximum	\$1,000	\$1,000
- Orthodontics: Eligible children through age	18	18
- Orthodontics: Full-time students eligible through age	18	18
- Adult Orthodontics	No	No
Benefits		
Check-Ups and Teeth Cleaning	10%	20%
(Diagnostic and Preventive Services)		
- Dental Cleaning	<i>2 in a benefit period aggregate with perio maintenance therapy</i>	
- Oral Evaluations	<i>2 in a benefit period</i>	
- Fluoride Applications	<i>1 in a benefit period through age 18</i>	
- X-Rays	<i>Bitewings - 1 every 12 months; Full mouth - 1 every 5 years</i>	
- Sealant Applications	<i>1 in a lifetime per permanent 1st and 2nd molars through age 14</i>	
- Space Maintainers	<i>Through age 14</i>	
- Periodontal Maintenance Therapy	<i>2 in a benefit period aggregate with dental cleaning</i>	
Cavity Repair and Tooth Extractions	20%	20%
(Routine and Restorative Services)		
- Emergency Treatment		
- General Anesthesia/Sedation		
- Restoration of Decayed or Fractured Teeth		
- Limited Occlusal Adjustments		
- Routine Oral Surgery		
- Posterior Composites w/ Alternate Processing		
Root Canals (Endodontic Services)	20%	20%
- Apicoectomy		
- Direct Pulp Cap		
- Pulpotomy		
- Retrograde Fillings		
- Root Canal Therapy		
Gum and Bone Diseases (Periodontal Services)	20%	20%
- Conservative Procedures (Non-surgical)	<i>1 every 24 months per quadrant</i>	
- Complex Procedures (Surgical)	<i>1 every 36 months per quadrant</i>	
High Cost Restorations (Cast Restorations)	50%	50%
- Cast Restorations		
- Crowns	<i>1 every 5 years</i>	
- Inlays	<i>1 every 5 years</i>	
- Onlays	<i>1 every 5 years</i>	
- Post and Cores		
- Recementing Crowns/Inlays/Onlays	20%	20%
Dentures and Bridges (Prosthetic Services)	50%	50%
- Bridges	<i>1 every 5 years</i>	
- Dentures	<i>1 every 5 years</i>	
- Repairs and Adjustments	20%	20%
- Recementing of Bridges	20%	20%
- Implants Not Covered		
Straighter Teeth (Orthodontics)	50%	50%
Additional Options		
-Annual Maximum Carryover - To Go SM	Included	Included

This dental plan includes the Annual Maximum Carryover – To GoSM for carryover of unused Benefit Period Maximums to the next benefit contract year. Please refer to your dental benefits document for details.

The percentage shown is the coinsurance amount that is the responsibility of the Covered Person.

This is a general description of coverage. It is not a statement of your contract. Actual coverage is subject to terms and conditions specified in the benefits document itself and enrollment regulations in force when the benefits become effective. Certain exclusions and limitations apply. Please refer to your dental benefits document for details.

Plan Year 2023

To GoSM

Increase Your Annual Benefit Maximum



To Go allows you to carry over any unused annual maximums from one year to the next. This benefit offers more flexibility and helps you plan for more extensive and costly dental treatments in subsequent years.

How To Go Works

For example, if your plan has an annual maximum of \$1,250, here is how you can use To Go.

Year 1		Year 2		Year 3	
Annual Benefit Maximum	\$1,250	Annual Benefit Maximum	\$1,250	Annual Benefit Maximum	\$1,250
Eligible Benefit Used	\$500	To Go Benefit from Year 1	\$750	To Go Benefit from Year 2	\$1,250
Unused Annual Benefit Maximum	\$750	Year 2 Annual Benefit Maximum	\$2,000	Year 3 Annual Benefit Maximum	\$2,500
To Go - Annual Maximum Carryover (for use in year 2)	\$750	Eligible Benefit Used	\$500	Eligible Benefit Used	\$1,500
		Unused Annual Benefit Maximum	\$1,500	Unused Annual Benefit Maximum	\$1,000
		To Go - Annual Maximum Carryover (for use in year 3)	\$1,250*	To Go - Annual Maximum Carryover (for use in year 4)	\$1,000*

Questions?

If you have any questions about your dental benefits, visit the Delta Dental website at deltadentalia.com and log into the Member Connection or you can call customer service at 800-544-0718.

To Go Guidelines:

1. You must be covered under the plan for the full benefit plan year, with coverage for major services, and not subject to any benefit waiting periods for these services.
2. You must have submitted at least one claim during the benefit plan year that would apply to your annual maximum.
3. The carryover amount may not exceed the amount of the regular annual maximum and the total combined annual maximum may not exceed twice the regular annual maximum.

* The To Go - Annual Maximum Carryover amount cannot exceed the annual benefit maximum.

DeltaVision[®]

Set Your Sights On Discounts

DELTAVISION DISCOUNT PLAN

VISION CARE MATTERS

Eye care goes beyond vision. Your eyes say a lot about you — from your emotions to your overall health. Being proactive about protecting your eyes makes a clear, positive impact. Regular eye exams not only correct vision problems, but they also can reveal early warning signs of more serious health conditions such as hypertension, cardiovascular disease and diabetes.¹ So put yourself on a path to better health by scheduling eye exams annually.

KEEP ON SAVING

You can use your DeltaVision discount as often as you like all year long on nearly all your vision care purchases at participating providers.

¹ www.cdc.gov/features/healthyvision/



LEARN MORE

To find providers near you or for more information about vision wellness, visit deltadentalia.com/deltavision.



LOCATE A PROVIDER

You love choices — and so do we. That's why our network has thousands of independent doctors & retail providers.



SCHEDULE AN APPOINTMENT

Call ahead or stop by one of the many providers that offer walk-ins. Most also have evening and weekend hours to fit any schedule.



SHOW YOUR ID CARD

When you arrive, let the provider know you have a discount through DeltaVision.

Please note your discount cannot be combined with any other discounts, coupons or promotional offers.

DeltaVision[®]

EyeMed Member/Patient Services:

1.866.246.9041

ACCESS DISCOUNT PLAN

DELTAVISION

Discount plan# 9231093

Signature: _____

*This is not insurance.
Dependents are eligible.*

Please detach carefully at perforation and keep card in your wallet.

DeltaVision® DISCOUNT PLAN

Access network

Vision Care Services	Member Cost
Exam and dilation as necessary	\$5 off routine exam \$5 off contact lens exam
Complete pair of glasses purchase*: Frame, lenses and lens options must be purchased in the same transaction to receive full discount.	
Standard plastic lenses: Single Vision Bifocal Trifocal	\$50 \$70 \$105
Frames	35% off retail price
Lens options: UV treatment Tint (solid and gradient) Standard plastic scratch coating Standard polycarbonate Standard progressive lens (Add-on to bifocal) Standard anti-reflective coating Other add-ons and services	\$15 \$15 \$15 \$40 \$65 \$45 20% off retail price
Contact lens materials: (Discount applied to materials only) Disposable Conventional	0% off retail price 15% off retail price
Laser vision correction**: LASIK or PRK	15% off retail price or 5% off promotional price
Frequency: Examination Frame Lenses Contact lenses	Unlimited Unlimited Unlimited Unlimited



THIS IS NOT INSURANCE

*Items purchased separately will be discounted 20% off of the retail price.

**Since LASIK and PRK vision corrections are elective procedures, performed by specially trained providers, this discount may not always be available from a provider in your location. For a location near you and the discount authorization, please call 1.877.5LASER6.


Member will receive a 20% discount on those items purchased at participating providers that are not specifically covered by this discount. The 20% discount does not apply to EyeMed providers' professional services or contact lenses. Retail prices may vary by location. All discounts cannot be combined with any other discounts or promotional offers.


This discount design is offered with the EyeMed Access panel of providers.

**EyeMed Member/
Patient Services:**
Visit eyemed.com or call the number on the front of this card.

**EyeMed Doctors/
Providers Only:**
Visit eyemed.com to receive plan information or authorization online or call 1.800.521.3605.





LIMITATIONS/EXCLUSIONS:

- Orthoptic or vision training, subnormal vision aids and any associated supplemental testing
- Medical and/or surgical treatment of the eye, eyes or supporting structures
- Corrective eyewear required by an employer as a condition of employment and safety eyewear unless specifically covered under plan
- Services provided as a result of any Workers' Compensation law
- Discount is not available on those frames where the manufacturer prohibits a discount

Visit deltadentalia.com/deltavision to learn more or locate a provider near you.

A LOOK AT YOUR VSP VISION COVERAGE

SEE HEALTHY AND LIVE HAPPY WITH HELP FROM LEWIS CENTRAL COMMUNITY SCHOOL DISTRICT AND VSP.



Enroll in VSP® Vision Care to get personalized care from a VSP network doctor at low out-of-pocket costs.

VALUE AND SAVINGS YOU LOVE.

Save on eyewear and eye care when you see a VSP network doctor. Plus, take advantage of Exclusive Member Extras for additional savings.

PROVIDER CHOICES YOU WANT.

It's easy to find a nearby in-network doctor. Maximize your coverage with bonus offers and savings that are exclusive to Premier Program locations—including thousands of private practice doctors and over 700 Visionworks retail locations nationwide.

PREMIER
PROGRAM

Visionworks

QUALITY VISION CARE YOU NEED.

You'll get great care from a VSP network doctor, including a WellVision Exam®—a comprehensive exam designed to detect eye and health conditions.

USING YOUR BENEFIT IS EASY!

Create an account on **vsp.com** to view your in-network coverage, find the VSP network doctor who's right for you, and discover savings with exclusive member extras. At your appointment, just tell them you have VSP.

GET YOUR PERFECT PAIR

EXTRA \$20 + UP TO 40%
TO SPEND ON
FEATURED FRAME BRANDS*
SAVINGS ON LENS
ENHANCEMENTS

bebe CALVIN KLEIN COLE HAAN FLEXON
LACOSTE   NINE WEST

SEE MORE BRANDS AT [VSP.COM/OFFERS](https://vsp.com/offers).



Enroll today.

Contact us: **800.877.7195** or vsp.com

YOUR VSP VISION BENEFITS SUMMARY

Lewis Central Community School District and VSP provide you with an affordable vision plan.

PROVIDER NETWORK:

VSP Choice

EFFECTIVE DATE:

07/01/2022



BENEFIT	DESCRIPTION	COPAY	FREQUENCY
YOUR COVERAGE WITH A VSP PROVIDER			
WELLVISION EXAM	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness 	\$10	Every 12 months
PRESCRIPTION GLASSES			
		\$25	See frame and lenses
FRAME	<ul style="list-style-type: none"> \$130 allowance for a wide selection of frames \$150 allowance for featured frame brands 20% savings on the amount over your allowance \$70 Walmart®/Sams Club®/Costco® frame allowance 	Included in Prescription Glasses	Every 24 months
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children 	Included in Prescription Glasses	Every 12 months
LENS ENHANCEMENTS	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 20-25% on other lens enhancements 	\$0 \$95 - \$105 \$150 - \$175	Every 12 months
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> \$130 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) 	Up to \$60	Every 12 months
PRIMARY EYECARE	<ul style="list-style-type: none"> As a VSP member, you can visit your VSP doctor for medical and urgent eyecare. Your VSP doctor can diagnose, treat, and monitor common eye conditions like pink eye, and more serious conditions like sudden vision loss, glaucoma, diabetic eye disease, and cataracts. Ask your VSP doctor for details. 	\$20	As needed
EXTRA SAVINGS	Glasses and Sunglasses <ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details. 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam. 		
	Retinal Screening <ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam 		
	Laser Vision Correction <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities 		

YOUR COVERAGE WITH OUT-OF-NETWORK PROVIDERS

Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.

Coverage with a retail chain may be different or not apply. Log in to vsp.com to check your benefits for eligibility and to confirm in-network locations based on your plan type. VSP guarantees coverage from VSP network providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.

Log in to **vsp.com** to find an in-network provider based on your plan type.

*Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change. Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details.

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VSP, VSP Vision Care for life, Eyeconic, and WellVision Exam are registered trademarks, VSP Diabetic Eyecare Plus Program is servicemark of Vision Service Plan. Flexon is a registered trademark of Marchon Eyewear, Inc. All other brands or marks are the property of their respective owners.

It's easy to create an account on vsp.com.



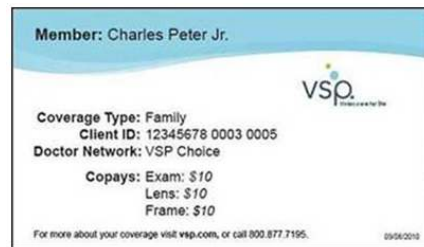
Just follow these steps:

Get Started Today!

1. Visit **vsp.com**
2. Click on CREATE AN ACCOUNT at the top of the page
3. Enter the member's SSN or Member ID Number
4. Enter the member's first and last name
5. Enter the member's date of birth
6. Click CONTINUE
7. Follow the steps to create a user name and password

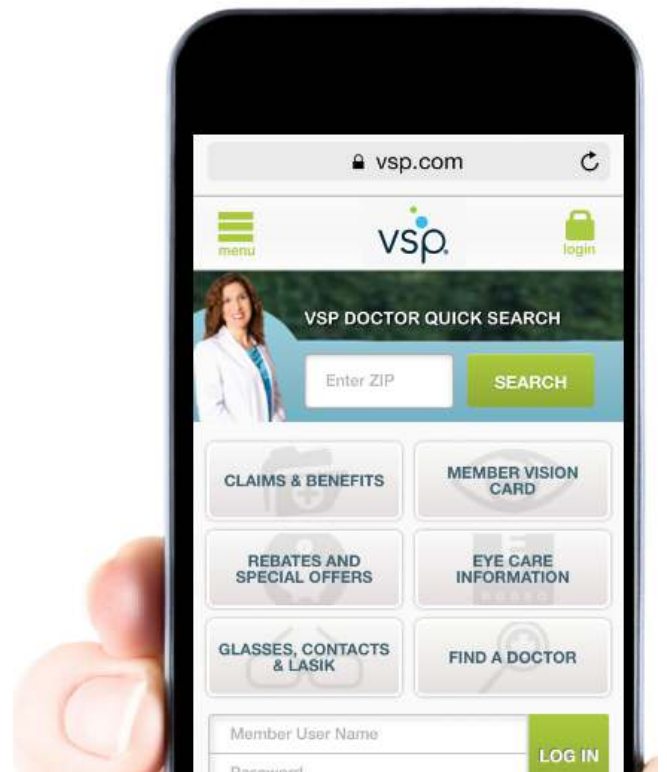
Once you create an account, you can review your benefit information, access personalized eligibility and plan coverage details, and print a Member Vision Card.

Please Note: VSP does not create new ID cards. You can obtain a Print-On-Demand ID card through your VSP account.



vsp.com
at your
fingertips

- Find a **doctor** by name or location, and get directions to your appointment.
- Access your **Member Vision Card** and personal benefit information.
- View **Exclusive Member Extras**, like rebates, special offers, and promotions.
- Get **eye care information** on a variety of topics to maintain optimal eye health.



FLEXIBLE SPENDING ACCOUNTS (FSA) iSolved

Plan Overview

Pre-Tax Premium Benefits

This plan allows you to fund several of your premium contributions with pre-tax dollars and to fund either a Health Care Reimbursement Account and/or Dependent Care Reimbursement Account. Your contributions are deducted from your gross wages before FICA, Federal and State taxes are deducted. You save money because you are taxed at a reduced income level. Your taxes are calculated after your premiums and reimbursement account monies are deducted from your gross wages.

Health Care Reimbursement Accounts

This plan allows you to defer pre-tax dollars into a Health Care Reimbursement Account to pay for certain IRS-approved medical care expenses not covered by your insurance plan with pre-tax dollars. Some examples include:

- Deductible, coinsurance and copayments
- Over the counter medications
- Dental services and orthodontia
- Vision services, including contact lenses, contact lens solution, eye exams and eyeglasses
- Hearing services, including hearing aids and batteries

Health Care Maximum: \$3,050

Limited Purpose Account

If you are enrolled, or planning to enroll in a Health Savings Account (HSA) and wish to enroll in a Flexible Spending Account (FSA), you must enroll in a Limited Purpose FSA to be used for Vision and Dental expenses only.

Limited Purpose Maximum: \$3,050

Dependent Care Reimbursement Accounts

This plan allows you to defer pre-tax dollars into a Dependent Care Reimbursement Account. You may request reimbursement as you incur expenses to provide day care for qualified dependents: children under age 13, or an older disabled dependent child, or a disabled adult.

Dependent Care Maximums: \$5,000 if married filing jointly or head of household;
\$2,500 if married filing single.

Plan Provisions

Please Note: Your election in the Lewis Central CSD Section 125 Flexible Benefit Plan is irrevocable for the entire plan year (July 1st through June 30th) without a qualifying change in status (i.e. birth, adoption, divorce, job status change, etc.). Please be advised that any unused FSA monies over your allowed rollover amount will be forfeited back to the Plan at the end of the plan year.

Rollover Feature

Participants in a Health Care Reimbursement Account are allowed to rollover up to \$610 per year. The maximum election will continue to be \$3,050; rollover funds will be added to the maximum. If you are going to enroll in the high deductible health plan for the first time and you have funds to rollover, you must designate and use the rollover amount for limited purpose only (dental and vision) to be eligible to open a health savings account.

- These funds will rollover into the new plan year once the current plan year's runout period has ended.

Claim Submission

Claims may be filed by mailing, faxing, or online. Please be aware that your plan has a run out period, after the end of the plan, where you may still file claims. Remember that the expense, however, must have been incurred during the plan year.

FSA Debit Card

All enrollees receive an FSA debit card to pay for eligible expenses at the time of claim. You automatically receive 1 card and may request 1 additional card for a dependent. Any additional cards or replacement cards are subject to a fee. Your FSA debit card comes fully loaded with your annual election amount on the effective date. Your debit card will be reloaded each year IF you re-enroll in the FSA. Funds expire annually but your debit card is valid until the expiration date on the card.

Claim Processing

Claims are processed on a daily basis. Reimbursements may be automatically deposited into your checking account.



Flexible Spending Accounts.

Real Savings. Real Simple.

Using a Flexible Spending Account (FSA) is a great way to stretch your benefit dollars. You use pre-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 with the convenience of a prepaid benefits card. And that makes real sense.

What is an FSA?

With an FSA, you elect to have your annual contribution (up to the annual limit set by the IRS) deducted from your paycheck each pay period in equal installments throughout the year. The amount of your pay that goes into an FSA will not count as taxable income, so you will have immediate tax savings. FSA dollars can be used during the plan year to pay for qualified expenses and services. Please check with your employer to see what plans are offered.



A Health FSA allows reimbursement of qualifying out-of-pocket medical expenses.



A Dependent Care FSA allows reimbursement of dependent care expenses, such as day care, incurred by eligible dependents.



A Limited Purpose Health FSA is compatible with a Health Savings Account (HSA). A limited FSA only allows reimbursement for preventive care, vision and dental expenses, keeping the employee eligible to contribute to an HSA.

With all FSA account types, you'll receive access to a secure, easy-to-use web portal where you can track your account balance, view your investment accounts and submit requests for reimbursements.

In addition, your plan might offer a convenient prepaid benefits card to make it easy to pay for eligible services and products. When you use the card, payments are automatically withdrawn from your account, so there are no out-of-pocket costs and you likely won't have to submit receipts to verify the purchase. Just swipe the card and go. **It's that easy!**

Throughout the year, you'll likely incur expenses for yourself and your family that insurance won't cover. By taking advantage of a health care FSA, you can actually reduce your taxable income and reduce your out-of-pocket expenses when you use your FSA to pay for health care services and products you'd purchase anyway.

Is an FSA right for me?

An FSA is a great way to pay for expenses with pre-tax dollars. A Health Care FSA could save you money if you or your dependents:

- Have out-of-pocket expenses like **co-pays, coinsurance, or deductibles** for health, prescription, dental or vision plans
- Have a **health condition that requires the purchase of prescription medications** on an ongoing basis
- Wear **glasses or contact lenses** or are planning LASIK surgery
- Need **orthodontia care, such as braces**, or have dental expenses not covered by your insurance

A Dependent Care FSA provides pre-tax reimbursement of out-of-pocket expenses related to dependent care. This benefit may make sense if you (and your spouse, if married) are working or in school, and:

- Your **dependent children under age 13 attend day care, after-school care or summer day camp**
- You **provide care for a person of any age who you claim as a dependent on your federal income tax return** and who is mentally or physically incapable of caring for himself or herself

An FSA is a great way to pay for expenses with pre-tax dollars.

- Enjoy significant tax savings with pre-tax contributions and tax-free distributions used for qualified plan expenses
- Quickly and easily access funds using the prepaid benefits card at point of sale, or request to have funds directly deposited to your bank account via online or mobile app
- Reduce filing hassles and paperwork by using your prepaid benefits card
- Enjoy secure access to accounts using a convenient Consumer Portal available 24/7/365
- Manage your FSA "on the go" with an easy-to-use mobile app
- File claims easily online (when required) and let the system determine approval based on eligibility and availability of funds
- Stay up to date on balances and action required with automated email alert and convenient portal and mobile home page messages
- Get one-click answers to benefits questions

With the convenience of a mobile device, you can see your available balance anywhere, anytime, as well as file claims and upload receipts.

Plan Ahead

Before you enroll, you must first decide how much you want to contribute to your account(s). You will want to spend some time estimating your anticipated eligible medical and dependent care expenses for the calendar year.

As of **October 31, 2013**, the U.S. Treasury Department modified its Health Flexible Spending Account (FSA) Use-or-Lose rule to allow up to a \$570 carryover of Health FSA funds. The carryover option is based solely on your employer's plan design. Not every company allows a carryover. Some employer plans may establish a lower maximum limit than \$570, but it must be uniformly applied to all eligible participants. The carryover is applicable only to Health FSAs (not to Dependent Care FSAs). Any unused amount above the carryover limit is subject to forfeiture and cannot be cashed out or transferred to other taxable or nontaxable benefits (e.g., HSAs).

For questions, contact us at: **FSA@isolvedhcm.com** or **800-300-3838**

Transforming employee experience for a better today and a better tomorrow.

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isolved[™]



Dependent Care FSA

FAQ's

A Dependent Care FSA provides pre-tax reimbursement of out-of-pocket expenses related to dependent care. It's a great option for employees who have dependent children under the age of 13 who attend day care, after-school care or summer day camp, and/or provide care for a person of any age who is claimed as a dependent on the federal income tax return and who is mentally or physically incapable of caring for himself or herself.

Who is a qualified dependent under the Dependent Care FSA?

- Dependent under the age of 13
- Dependent or spouse of employee who is mentally or physically disabled and whom the employee claims as a dependent on their federal income tax return

Can an adult be a qualified dependent?

Yes, an adult may qualify as a dependent provided that the employee is providing more than half of that individual's support for the year and the dependent lives with the employee.

Do I have to use a day care facility?

No. You can be reimbursed for expenses of an individual providing care for your dependent in your home as long as the expenses are incurred for you and your spouse (if married), to work, look for work or attend school full time.

Does my day care provider have to be licensed?

No. However, you are required to submit their Tax Identification Number or Social Security Number when filing your federal income tax return.

My child attends camp during the summer. Is this eligible?

Generally, no. However, if the camp is a day camp and your dependent attends to allow you and your spouse (if married) to work, look for work or attend school full time, then yes, this would be an eligible expense. Overnight camps are specifically excluded.

Does my day care provider have to be 18?

No, but the individual must claim the money as income on their tax return.

When can I be reimbursed for dependent day care expenses?

Expenses are eligible for reimbursement when they have been incurred, not when you are billed or when you pay for the services.

Example: Your day care provider requires you to pay for the month of September on September 1. You can be reimbursed as the services are incurred, not when you paid for the services. You can submit claims after each week, every week or on October 1.

What support documentation must I file with each Dependent Care claim?

Complete the Dependent Care section of the Request for Reimbursement Form and have your day care provider sign and date. The receipt must include the following information:

- Name and address of provider
- From/through dates of service
- Amount of charge

Can I submit claims for dependent care expenses that are greater than the current balance of my Dependent Care FSA?

Yes. However, you will only receive reimbursement for the amount that you have contributed to your Dependent Care FSA. For example, if you contribute \$150 each month to your Dependent Care FSA, then you will only receive \$150 in reimbursement each month. The excess amount of expenses will be pended and automatically paid to you as contributions are posted to your account.

What happens if a claim exceeds the amount currently available in my Dependent Care FSA?

The claim will be processed and approved. The amount that is currently available will be disbursed and the remaining portion will be pended until you make another contribution.

•isolved Benefit Services

iFlexWDM MOBILE APP

Check account balances, submit claims, and review resources for your Flexible Spending Account (FSA)

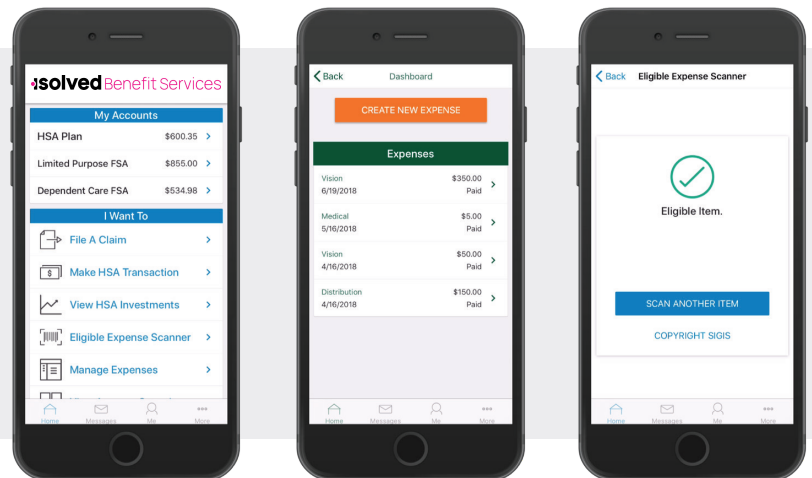
When you enroll in the company-sponsored Flexible Spending Account (FSA), you have a variety of tools and resources available at your fingertips. One of these offerings is the **iFlexWDM** mobile app, which allows you to use your mobile device to check health benefit account balances from anywhere at any time.

Search for **isolved Benefit Services WDM** as soon as you enroll in the FSA and start using your smartphone or tablet to access your account balance. It's easy to see exactly how much money you have available to spend on qualified health or dependent care expenses at the time of purchase. You can also submit claims for reimbursement and upload receipts using the camera on your mobile device.

There is also an option to set up text message alerts for balance updates and other configurable data.

iFlexWDM gives you access from anywhere, simplifying the process of making the most out of your FSA funds.

No sensitive account information is ever stored on your mobile device.



The iFlexWDM mobile app is available for free on Google Play and the App Store.

As soon as you enroll in the company-sponsored FSA, search for **iSolved Benefit Services WDM** in the app store to start enjoying instant access to your FSA account information, along with a variety of resources, from your mobile device.

Know Your Eligible and Ineligible Expenses

Eligible Expenses

Baby/Child to age 13

- Lactation consultant
- Lead-based paint removal*
- Special formula*
- Tuition: special school/teacher for disability or learning disability
- Well baby/well child care

Dental

- Dental x-rays
- Dentures and bridges
- Exams and teeth cleaning
- Extractions and fillings
- Oral surgery
- Orthodontia
- Periodontal services

Eyes

- Eye exams
- Eyeglasses and contact lenses
- Laser eye surgeries
- Prescription sunglasses
- Radial keratotomy

Hearing

- Hearing aids and batteries
- Hearing exams

Lab Exams/Tests

- Blood tests and Metabolism tests
- Body scans
- Cardiograms
- Laboratory fees
- X-rays

Medications

- Insulin
- OTC drugs
- Prescription drugs

Medical Equipment/Supplies

- Air purification equipment*
- Arches and other orthotic inserts
- Contraceptive devices
- Crutches, walkers, wheel chairs
- Exercise equipment*
- Hospital beds*
- Mattresses*
- Medic alert bracelet or necklace
- Nebulizers
- Orthopedic shoes*
- Oxygen
- Post-mastectomy clothing
- Prosthetics
- Syringes
- Wigs*

Obstetrics

- Doula*
- Lamaze class
- OB/GYN exams
- OB/GYN prepaid maternity fees (reimbursable after date of birth)
- Pre- and post-natal treatments

Practitioners

- Allergist
- Chiropractor
- Christian Science Practitioner
- Dermatologist
- Homeopath
- Naturopath*
- Osteopath
- Physician
- Psychiatrist or Psychologist

Therapy

- Alcohol and Drug addiction
- Counseling (must be treating a medical condition)
- Exercise programs*
- Hypnosis*
- Massage*
- Occupational
- Physical
- Smoking cessation programs
- Speech
- Weight loss programs

Medical Procedures/Services

- Acupuncture
- Alcohol and drug/substance abuse (inpatient treatment and outpatient care)
- Ambulance
- Fertility enhancement and treatment
- Hair loss treatment*
- Hospital services
- Immunization
- In vitro fertilization
- Personal trainers*
- Physical examination (not employment-related)
- Reconstructive surgery (due to a congenital defect, accident or medical treatment)
- Service animals
- Sterilization/sterilization reversal
- Transplants (including organ donor)
- Transportation*

This list is not meant to be all-inclusive, as other expenses not specifically mentioned may also qualify. Also, expenses marked with an asterisk (*) are "potentially eligible expenses" that require a note of medical necessity from your health care provider to qualify for reimbursement. For additional information, check your Summary Plan Document or contact isolated Benefit Services.

Over-the-Counter (OTC) Medicines, purchased on or after January 1, 2020, were reinstated with the passage of the CARES Act (COVID-3 Stimulus Bill) for HSAs, FSAs and Archer MSAs (unless your plan excludes OTC items). OTC items can be purchased with funds from eligible accounts without needing a prescription. Additionally, the bill expanded OTC items to include menstrual care products.

Eligible Over-the-Counter Items

Note: Product categories are listed in bold face; common examples of products are listed in regular face.

The following is a high-level list of over-the-counter (OTC) items that are not medicine or drugs and are eligible for purchase with Health Care FSA dollars. You can use your benefits card for these items

Antiseptics, wound cleaners

Alcohol, peroxide, Epsom salt

Baby electrolytes

Pedialyte, Enfalyte

Denture adhesives, repair and cleansers

PoliGrip, Benzodent, Efferdent

Diabetes testing and aids

Insulin, Ascencia, One Touch, Diabetic Tussin, insulin syringes, glucose products

Diagnostic products

Thermometers, blood pressure monitors, cholesterol testing

Elastics/athletic treatments

ACE, Futuro, elastic bandages, braces, hot/cold therapy, orthopedic supports, rib belts

Eye care

Contact lens care

Family planning

Pregnancy and ovulation kits

First aid dressings and supplies

Band Aid, 3M Nexcare, non-sport tapes

Hearing aid/medical batteries

Incontinence products

Attends, Depend, GoodNites for juvenile incontinence

Feminine hygiene products

Sanitary pads, tampons, panty liners

Sunscreen (SPF 15 and over)

Ineligible Expenses

Note: This list is not meant to be all-inclusive

The IRS does not allow the following expenses to be reimbursed the FSA, as they are not prescribed by a physician for a specific ailment.

Contact lens or eyeglass insurance

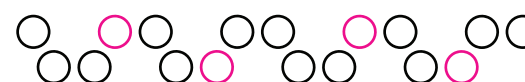
Electrolysis

Swimming lessons

Cosmetic surgery/procedures

Marriage or career counseling

Sunscreen (SPF less than 15 needs RX)



BASIC LIFE / ACCIDENTAL DEATH & DISMEMBERMENT

Madison National

Plan Overview

Basic Benefit Amount

Certified Staff: 1x Annual Salary (max of \$80,000)

Classified Full-time Salaried Employees: 1x Annual Salary (max of \$80,000)

Classified Full-time Hourly Employees: \$30,000

Classified Part-time Employees: \$20,000

Accidental Death Benefit

Amount is the same as the Basic Life amount.

Living Care Benefits

If you have a qualifying medical condition, you may apply for an accelerated benefit to receive a portion of your life insurance once *during your lifetime*. Amount of benefit: 50% of the Life Insurance in force, but not to exceed \$50,000.

Conversion

Must apply for conversion within 31 days of termination of policy.

Age Reduction

Benefit reduces to 65% at age 70

Benefit reduces to 50% at age 75

Benefit terminates at retirement

VOLUNTARY TERM LIFE INSURANCE

Madison National

Employees who want to supplement their group life insurance benefits may purchase additional coverage. When you enroll yourself, you may also elect coverage on your dependents in this benefit, you pay the full cost through payroll deductions.

Voluntary Coverage Amounts

Employee may elect up to \$300,000

Minimum: \$5,000
Maximum: \$300,000
Multiples of: \$5,000

Spouse may be covered for up to 50% of the employee amount

Minimum: \$2,500
Maximum: \$100,000
Multiples of: \$2,500

Child(ren)

Option 1: \$5,000 Child / \$500 Infant
Option 2: \$10,000 Child / \$1,000 Infant
Definitions: Infant – 0 Days to 6 months; Child – 6 months to age 19/23 if full-time student

Accidental Death Benefit

Amount is the same as the Voluntary Coverage Amount

Waiver of Premium

Life insurance continues for totally disabled employees without payment of premium if:

- Disability begins while the employee is insured;
- Disability begins prior to age 60 and terminates at age 70;
- Proof of disability is given to Carrier, prior to the end of the Disability Elimination Period;
- Proof of continued disability is verified periodically, according to the terms of the contract.

Portability

Apply for within 31 days of termination.

Age Reduction

Benefit reduces to 65% at age 70

Benefit reduces to 50% at age 75

Benefit terminates at retirement

*Spouse benefit will terminate at age 70

VOLUNTARY TERM LIFE RATE

Employee and Spouse Age Rates (Life and AD&D)

Age	Rate per \$1,000
to age 29	0.085
30 to 34	0.105
35 to 39	0.125
40 to 44	0.155
45 to 49	0.225
50 to 54	0.335
55 to 59	0.585
60 to 64	0.805
65	1.295
66	1.295
67	1.445
68	1.595
69	1.765
70	2.085
71	2.145
72	2.365
73	2.585
74	2.795
75+	3.205

Dependent Child Rates (Life Only)

Option 1 (\$5,000 child/ \$500 Infant) = \$.90 per family per month*

Option 2 (\$10,000 child/ \$1,000 Infant) = \$1.80 per family per month*

*Covers all children and infants meeting age guidelines.

Coverage Election	Coverage Amount	x	Rate	÷	Units	=	Monthly Premium
Employee		x		÷	\$1,000	=	
Spouse		x		÷	\$1,000	=	
Child	Enter \$0.90 for Option 1, \$1.80 for Option 2 or \$0 to waive.					=	
EXAMPLE: Employee or spouse age 43 elects \$30,000 of coverage \$30,000 (coverage amount) x .155 (rate) ÷ 1,000 = \$4.65/month						Total Monthly Premium	

LONG TERM DISABILITY INSURANCE

Madison National

Lewis Central CSD provides full-time employees with long term disability income benefits and pays the full cost of this coverage. In the event you become disabled, disability income benefits are provided as a source of income.

Plan Overview	
Benefit Amount	60% of monthly salary
Own Occupation Period	2 years
Elimination Period	Accumulated sick leave plus 15 days
Maximum Benefit Period	Social Security Normal Retirement Age (65)
Maximum Benefit Amount	\$6,250
Survivor Benefit	3 months
Zero Day Residual	Zero day residual stipulates that full-time or part-time work in which the employee is performing all of the material duties of his or her regular, or some other occupation, will not interrupt the qualifying (elimination) period, or the period of disability
Pre-Existing Condition Waiting Period	None

Long Term Disability Example for Maximizing Monthly Disability Benefit

Long term disability payments are taxable to the insured to the extent they are paid by the employer. Since the employer pays 100% of the premium for LTD, 100% of the monthly benefit at time of disability is taxable. The following is an option, approved by the IRS, which dramatically increases the benefit at time of disability if you choose to have the employer paid premiums included as taxable income in your W-2.

Example of 100% taxable Benefit - 60%

Employee earning \$40,000 per year becomes disabled. The employer pays 100% of the cost of the long term disability insurance. Assume for this example that Social Security has not yet been approved. Employee actually receives only 42% of their pre-disability earnings, even though the benefit is considered to be 60% of salary.

Salary	\$3,333.33
Benefit %	0.60
Gross Mo. Benefit	\$2,000.00
Less 30% taxes	0.70
Net Mo. Benefit	\$1,400.00
Salary replacement %	0.42

Example of non-taxable benefit - 60%

Employee earning \$40,000 per year becomes disabled. The employer pays 100% of the cost of the long term disability insurance. The employee has chosen to have the amount of the employer paid premiums included as taxable income on his W-2 and he will pay taxes on the annual premium amount. Assume for this example that Social Security has not yet been approved. Employee actually receives 60% of their pre-disability earnings, which is more per year than in the taxable 60% benefit plan.

Salary	\$3,333.33
Benefit %	0.60
Gross Mo. Benefit	\$2,000.00
Less Taxes	0.00
Net Mo. Benefit	\$2,000.00
Salary replacement %	0.60
Annual difference in amount of benefit paid:	\$7,200.00

Your savings

Annual premiums at your current cost:
Employee would pay taxes on the annual premium.
Using this technique, the disabled employee would realize additional annual income of:

\$3,333/Mo. @ .189/\$100 X 12	\$75.60
30% tax = annual cost to employee	\$22.68
Net annual increase in payments to employee	\$7,177.32

This equates to over three additional months of income per year. If you earn more than \$6,000 per month, there is even greater benefit for you to take advantage of this optional technique to **safeguard your financial security. The negative impact of having a taxable disability benefit becomes even greater as the level of income increases.**



CORE EAP BENEFIT SUMMARY

Maintaining work-life balance is more stressful than it's ever been. An Employee Assistance Plan (EAP) provides a variety of counseling, consultations, resources, and coaching benefits for you and your family members to help with small concerns, big problems, and everything in between. **Your EAP benefits are cost free to you, confidential, and available 24/7/365.** Let us help you get the services and resources you need. Here are some issues and concerns we can help with:

- ✓ Managing Stress
- ✓ Relationship Concerns
- ✓ Personal Growth & Development
- ✓ Coping with Anxiety or Depression
- ✓ Personal Family or Legal Issues
- ✓ Caring for Elderly Family Members
- ✓ Credit Concerns and Reports
- ✓ Identity Theft Resolution
- ✓ Substance Use and Addiction
- ✓ Managing Budgets and Debts
- ✓ Legal Questions & Concerns
- ✓ Tax-Related Questions

SERVICE PROVIDED	PER PERSON	SERVICES PROVIDED ARE CONFIDENTIAL AND AT NO COST TO THE COVERED PERSON
Phone-Based Support	Unlimited	Call us any time you have an issue, concern, or question. Calls are answered 24/7 by masters-level clinicians.
In-person Counseling	3 Sessions per circumstance, per year	Confidential, in-person assessment and counseling with a licensed mental health therapist near your home or work location. Each member of your family is eligible for counseling services for each separate incident or set of circumstances within a rolling 12-month period. <i>*incidents involving multiple family members will be assessed based on specific circumstance</i>
Telephonic Life Coaching	3 Sessions per year	Confidential, scheduled telephonic sessions with a life coach for matters such as improving time management skills, work-life integration, goal setting, communication skills, and other areas of personal growth. Sessions renew annually.
Telephonic Financial Consultation	1 session per issue	A 30-minute telephonic consultation for each separate issue with a financial professional with expertise in the area of concern. Access a free financial check-up, financial library, and a large variety of financial tools & calculators at http://efr.clcmembers.com/ .
In-Person or Telephonic Legal Consultation	1 session per issue	A 30-minute telephonic or in-person consultation for each separate issue/concern with a licensed attorney with expertise in the area of need. If the member chooses to retain the attorney for ongoing legal representation, it will be provided at a 25% discount off the attorney's usual rate. Access to more than 5,000 free self-help (& fill-in) legal documents and a variety of other legal information is available at http://efr.clcmembers.com/ . <i>All legal concerns are covered, except employment-related issues, which are specifically excluded.</i>
Eldercare Resources	As needed	Information, referral resources, and support for those caring for an aging parent or other family member, including connections to local resources for in-home care, alternative living arrangements, legal and financial issues, and more.
Childcare Resources	As needed	Childcare resource referrals where locally available. Referrals are only to state licensed/certified childcare providers.
Identity Theft Resolution Services	As needed	Services are provided by a highly-trained FCRA certified fraud resolution specialist (or licensed attorney) to assist with restoring identity and good credit.
Additional Benefits & Resources		<i>Real Life Solutions</i> (monthly newsletter), benefit orientation webinars, blogs, self-assessments, and other EAP information is available via your HR manager, via our online chat at www.efr.org/chat , or on our website, www.efr.org .





EFR EMPLOYEE & FAMILY RESOURCES

Understanding Your EAP Benefits

EFR is dedicated to helping people manage life's challenges so they can reach their full potential.

When should I call the EAP?

Call **800-327-4692** whenever you are experiencing one of life's challenges. We are available 24/7/365.

What happens when I call?

A master's level counselor will answer your call and is available to talk with you about your issues, concerns, or struggles.

The counselor will gather demographic information and help you connect with an EAP counselor.

What happens when I see the EAP counselor?

- The master's level EAP counselor will listen to your concerns.
- The counselor will also help you explore other areas of your life to assess for strengths and supports, or factors contributing to your presenting issue or concern.
- The counselor will meet with you up to **3 sessions** to complete a comprehensive assessment of your current circumstances and work with you to establish a plan.

Options for EAP sessions include:

- Assessment completed and remaining sessions are used for brief counseling and problem resolution.
- Assessment completed and a referral is recommended for services that fall outside the scope of EAP services.

Common Questions

Can I use the EAP more than once a year?

- Yes, but each time you use the EAP, the counselor will be assessing your current life circumstances. You will be eligible for a new set of **3 sessions** if your circumstances have changed, or in 12 months, whichever comes first.

What is a new set of circumstances?

- A new development in your life that has changed since your last EAP assessment, such as death of a loved one, a breakup/divorce, or job loss/layoff.

Why can't I use the EAP more often?

- EAP is an assessment, referral, and brief counseling model to help employees manage a wide variety of personal issues, but is not intended to replace therapy, treatment, or ongoing counseling.

Call EFR today!
800-327-4692



Group Voluntary Accident

Accident coverage can help pick up where major medical insurance leaves off and provide lump sum cash payments depending on condition, due to a covered accident, to help cover out of pocket expenses. Cash benefits are paid directly to you.

BENEFITS:

Benefits	Additional Riders Added to Base Policy
<ul style="list-style-type: none"> Initial Hospital Confinement Daily Hospital Confinement Intensive Care 	<ul style="list-style-type: none"> Accident Treatment and Urgent Care Rider <ul style="list-style-type: none"> Ground or Air Ambulance Accident Physician's Treatment X-ray Urgent Care Dislocation/Fracture Rider Emergency Room Services Rider

Benefit Enhancements

Lacerations Burns Skin Graft Brain Injury Diagnosis Paralysis Coma with Respiratory Assistance (n/a GA) Eye Surgery General Anesthesia Blood and Plasma	Open Abdominal or Thoracic Surgery Ruptured Spinal Disc Surgery Appliance Medical Supplies Medicine Prosthesis Physical, Occupational, or Speech Therapy Rehabilitation Unit Non-Local Transportation Family Member Lodging	Post-Accident Transportation Broken Tooth Residence/Vehicle Modification Pain Management Miscellaneous Outpatient Surgery Accident Follow-up Treatment Tendon, Ligament, Rotator Cuff, or Knee Cartilage Surgery Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI)
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KEY FEATURES:

- Off-the-job coverage
- Guaranteed Issue coverage, no medical questions
- Coverage available for spouse and child(ren)
- Premiums remain the same
- Pays in addition to any other benefits
- Coverage is portable

Monthly Rates

EE Only	EE + SP	EE + CH	FAM
\$8.80	\$20.29	\$24.99	\$33.15



Group Voluntary Critical Illness

How Does Critical Illness Insurance Work:

You select the benefit coverage amount you want based on your individual need of either 10,000 or 20,000. If you have covered family members, our coverage also provides cash benefits for them. Then, if diagnosed with a covered critical illness, you will receive a cash benefit based on the percentage payable for the condition.

100% Payout

- Heart attack
- Stroke
- Invasive Cancer
- Major organ transplant
- End stage renal failure
- Paralysis
- Benign brain tumor
- Coma
- Blindness*
- Loss of hearing*

25% Payout

- Coronary bypass surgery
- Advanced Alzheimer's
- Advanced Parkinson's
- Carcinoma in situ

Waiver of Premium

- Pays employee's premium when disabled

KEY FEATURES:

- Guaranteed Issue during initial enrollment - no health questions
- Wellness Benefit – pays \$50 benefit for any 1 of 22 covered screening tests performed
- Additional occurrence - benefits paid for each covered illness provided 90 days or more separation between diagnoses.
- 2nd event - benefits paid for recurrence of same illness provided 12 months or more separation between diagnoses.
- Covered dependents receive 50% of the employee basic benefit amount and 100% of Wellness
- Benefits paid directly to insured, unless assigned to someone
- Premiums based on your age as of effective date and do not increase as you get older
- Coverage is portable. Once ported, coverage may continue up to age 70 or 3 years if greater



Group Voluntary Critical Illness

\$10,000 Benefit

Monthly Rates: Non-Smoker/Smoker

Non-Smoker Age	EE Only EE+CH	EE+Sp Family		Smoker Age	EE Only EE+CH	EE+Sp Family
18-29	\$5.34	\$8.63		18-29	\$7.82	\$12.35
30-39	\$9.35	\$14.65		30-39	\$14.49	\$22.36
40-49	\$17.07	\$26.22		40-49	\$30.11	\$45.78
50-59	\$30.07	\$45.74		50-59	\$50.67	\$76.63
60-63	\$48.72	\$73.71		60-63	\$83.37	\$125.69
64+	\$63.69	\$96.15		64+	\$110.09	\$165.77

\$20,000 Benefit

Monthly Rates: Non-Smoker/Smoker

Non-Smoker Age	EE Only EE+CH	EE+Sp Family		Smoker Age	EE Only EE+CH	EE+Sp Family
18-29	\$9.43	\$14.77		18-29	\$14.41	\$22.23
30-39	\$17.47	\$26.82		30-39	\$27.73	\$42.22
40-49	\$32.92	\$49.99		40-49	\$58.96	\$89.07
50-59	\$58.93	\$89.00		50-59	\$100.08	\$150.75
60-63	\$96.20	\$144.92		60-63	\$165.50	\$248.87
64+	\$126.13	\$189.82		64+	\$218.93	\$329.02

Welcome to MyBenefits

Benefits at your fingertips



ACCESS ONLINE



VISIT WEBSITE



SUBMIT CLAIMS



CLAIMS PAID



AVAILABLE 24/7

Accessing your benefit information has never been easier

MyBenefits is an easy-to-use website that offers you 24/7 access to important information pertaining to your benefits.



**It only takes a few minutes
to get access**

Go to:

www.allstatebenefits.com/mybenefits

to sign up for access to use our
secure online registration system.

Follow the steps listed to the right.

Need Help Registering?

Once you access the site, click on
"Need Help" in the menu to the
right of the screen.

Benefits

- Express Wellness - Submit your wellness benefit claim in 3 easy steps
- Direct deposit available for faster processing
- Submit/check claim status
- View full policy/certificate and claim history
- Make changes to personal information
- View and download your Explanation of Benefits (EOB)

Registration Steps

- Go to www.allstatebenefits.com/mybenefits
- Sign-up for access using the secure online registration process and create an online user ID and Password
- Be prepared to provide your Social Security number, zip code and birthdate
- It's that simple!

To find out more about what the **MyBenefits** site can offer, see the information on reverse.



MyBenefits

Innovative online capabilities at your fingertips

1. Online Access 24/7 -

Access your claim and benefit information anytime, night or day.

2. Claims Status, Filing and Payments -

Check claims status at your convenience 24/7. Or, file a claim using our online forms submission process and upload all supporting documents.

3. Express Wellness -

Have your wellness claim processed within 48 hours by filing through our Express Wellness option. Elect to have your claim benefit payment directly deposited into your checking account.

4. Policy Information -

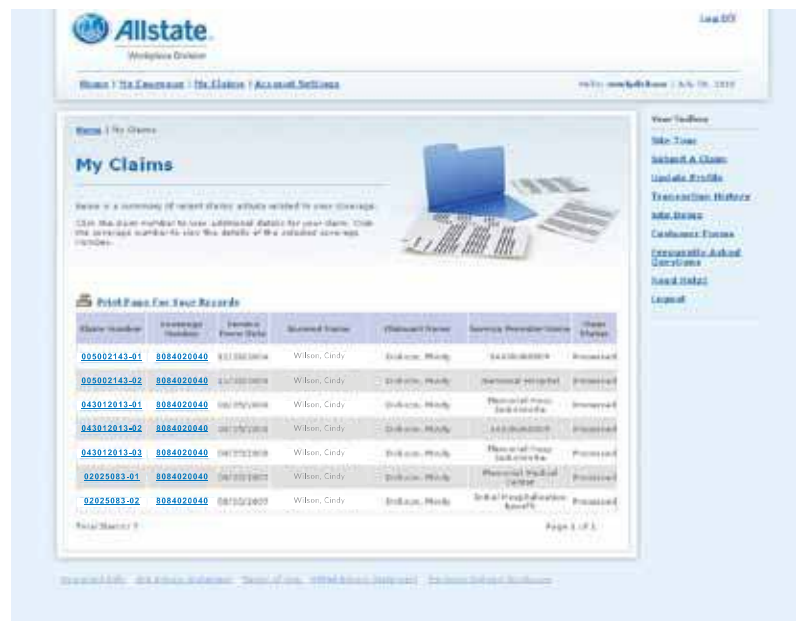
Print or view policy information, coverage details or certificates on existing coverage.

5. Update Information -

Keep your physical address, email address and telephone number up-to-date and accept electronic delivery of documents.

6. Need Help? -

Contact information is available if more help is needed.



For questions, please contact the Allstate Benefits Customer Care Center at 1-800-521-3535

This material is valid as long as information remains current, but in no event later than October 1, 2016.

Allstate Benefits is the marketing name used by American Heritage Life Insurance Company (Home Office, Jacksonville, FL), a subsidiary of The Allstate Corporation. ©2014 Allstate Insurance Company. Visit us at allstatebenefits.com.

Trustmark Universal Life Events

Customer Service: 1-800-918-8877

Email: customercare@trustmarksolutions.com

Website: www.trustmarksolutions.com

Life Events is a permanent life insurance that helps shield your family from financial hardship should something happen to you or your spouse.

How does it work?

The main reason people have life insurance is for the death benefit. A death benefit puts money in your family's hands quickly when they need it most. It is money they can use any way they want to help with expenses such as:

- Funeral costs
- Rent or mortgages
- A college education for your children or grandchildren
- Household debt
- Retirement and more

Features you'll appreciate:

- Guarantee Issue defined benefit amount up to \$50,000
- Lifelong Protection – Provides coverage that will last your lifetime.
- Builds Cash Value – Can access for life's challenges
- Family Coverage – Apply for your spouse even if you choose not to participate. Dependent children and grandchildren may be covered under a Universal Life policy.
- Terminal Illness Benefit – Accelerates up to 75% of your death benefit if your doctor determines your life expectancy is 24 months or less.
- Long Term Care Benefit – Accelerates 4% each month up to 25 months without decreasing death benefit amount
- Portability – Take your coverage with you and pay the same premium if you change jobs or retire.
- Guaranteed Renewable – Guaranteed coverage, as long as your premiums are paid. Your premium may change if the premium for all policies in your class changes.
- Convenient Payroll Deduction – No bills to watch for. No checks to mail.
- Rates based on age, amount, and options elected

Let's talk Life.

CUSTOMER SERVICE CONTACT INFORMATION

Refer to this list when you need to contact one of your benefit vendors. For general information contact Human Resources.

MEDICAL:

Company Name: Gravie
Phone Number: 855-451-8365
Website: www.gravie.com

DENTAL:

Company Name: Delta Dental of Iowa
Phone Number: 800-544-0718
Website: www.deltadentalia.com

VOLUNTARY VISION:

Company Name: Vision Service Plan (VSP)
Phone Number: 800-877-7195
Website: www.vsp.com

FLEXIBLE SPENDING ACCOUNTS (FSA):

Company Name: iSolved
Phone Number: 515-224-9400
Website: www.isolvedbenefitservices.com/kabel

LIFE/AD&D/VTL/LONG-TERM DISABILITY:

Company Name: Madison National
Phone Number: 800-597-2341
Website: www.madisonlife.com

VOLUNTARY ACCIDENT AND CRITICAL ILLNESS:

Company Name: Allstate
Phone Number: 877-810-2920
Website: www.allstate.com

VOLUNTARY UNIVERSAL LIFE:

Company Name: Trustmark
Phone Number: 800-918-8877
Website: www.trustmarksolutions.com

EMPLOYEE ASSISTANCE PROGRAM:

Company Name: Employee & Family Resources (EFR)
Phone Number: 800-327-4692
Website: www.efr.org

HOLMES MURPHY CONTACTS

Group Products: <ul style="list-style-type: none">MedicalDentalVoluntary VisionFlexible Spending AccountLife/DisabilityEmployee Assistance ProgramAccidentCritical IllnessUniversal Life	Please Contact: Contact 1: Name: Rachel Kain Phone: 515-223-6909 Email: rkain@holmesmurphy.com Contact 2: Name: Amanda Bellville Phone: 515-223-6825 Email: abellville@holmesmurphy.com
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Holmes Murphy & Associates has assembled the finest staff of benefits professionals whose expertise is matched by their intelligence and integrity. We further arm them with continuous education, training, and cutting-edge technical resources. These highly specialized consultants have helped us build our reputation for excellence and fuel our growth.



The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies, or errors are always possible. In case of discrepancy between the Guide and the actual plan documents the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, please refer to your Employee Manual for additional information or contact your benefits manager.