



Lewis Central Community School District

Part-Time School-Year and Part-Time Full-Year Benefit Summary 2023-2024 Plan Year



CHIP NOTICE

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed on the following page, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office, dial **1-877-KIDS NOW**, or visit www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in a state listed below, you may be eligible for assistance paying your employer health plan premiums. The list of states is current as of July 31, 2022. Contact your State for further information on eligibility.

To see if any other states have added a premium assistance program since July 31, 2022, or for more information on special enrollment rights, contact either:

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

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, ext. 61565

State	Website/E-mail	Phone
Alabama (Medicaid)	http://www.myalhipp.com/	1-855-692-5447
Alaska (Medicaid)	Premium Payment Program: http://myakhipp.com/ Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx E-mail: CustomerService@MyAKHIP.com	1-866-251-4861
Arkansas (Medicaid)	http://myarhipp.com/	1-855-692-7447
California (Medicaid)	http://dhcs.ca.gov/hipp hipp@dhcs.ca.gov	916-445-8322 916-440-5676 (fax)
Colorado (Medicaid and CHIP)	Medicaid: https://www.healthfirstcolorado.com/ CHIP: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus HIBI: https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program	1-800-221-3943 1-800-359-1991 1-855-692-6442 State relay 711

State	Website/E-mail	Phone
Florida (Medicaid)	https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html	1-877-357-3268
Georgia (Medicaid)	HIPP: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp CHIPRA: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra	678-564-1162, press 1 678-564-1162, press 2
Indiana (Medicaid)	Healthy Indiana Plan for low-income adults 19-64: http://www.in.gov/fssa/hip/ All other Medicaid: https://www.in.gov/medicaid	1-877-438-4479 1-800-457-4584
Iowa (Medicaid and CHIP)	Medicaid: https://dhs.iowa.gov/ime/members CHIP: http://dhs.iowa.gov/Hawki HIPP: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp	1-800-338-8366 1-800-257-8563 1-888-346-9562
Kansas (Medicaid)	https://www.kancare.ks.gov/	1-800-792-4884
Kentucky (Medicaid and CHIP)	Medicaid: https://chfs.ky.gov KI-HIPP: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx KI-HIPP E-mail: KIHIP.PPROGRAM@ky.gov KCHIP: https://kidshealth.ky.gov/Pages/index.aspx	1-855-459-6328 1-877-524-4718
Louisiana (Medicaid)	www.medicaid.la.gov www.ldh.la.gov/lahipp	1-888-342-6207 1-855-618-5488
Maine (Medicaid)	https://www.maine.gov/dhhs/ofi/applications-forms	Enroll: 1-800-442-6003 Private HIP: 1-800-977-6740 TTY: Maine relay 711
Massachusetts (Medicaid and CHIP)	https://www.mass.gov/masshealth/pa	1-800-862-4840 TTY: 617-886-8102
Minnesota (Medicaid)	https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp	1-800-657-3739
Missouri (Medicaid)	http://www.dss.mo.gov/mhd/participants/pages/hipp.htm	573-751-2005
Montana (Medicaid)	http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP HHSHIPPPProgram@mt.gov	1-800-694-3084
Nebraska (Medicaid)	http://www.ACCESSNebraska.ne.gov	1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
Nevada (Medicaid)	http://dhcfp.nv.gov/	1-800-992-0900
New Hampshire (Medicaid)	https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program	603-271-5218 or 1-800-852-3345, ext. 5218
New Jersey (Medicaid and CHIP)	Medicaid: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ CHIP: http://www.njfamilycare.org/index.html	Medicaid: 609-631-2392 CHIP: 1-800-701-0710
New York (Medicaid)	https://www.health.ny.gov/health_care/medicaid/	1-800-541-2831
North Carolina (Medicaid)	https://medicaid.ncdhhs.gov/	919-855-4100
North Dakota (Medicaid)	http://www.nd.gov/dhs/services/medicalserv/medicaid/	1-844-854-4825
Oklahoma (Medicaid and CHIP)	http://www.insureoklahoma.org	1-888-365-3742
Oregon (Medicaid)	http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html	1-800-699-9075
Pennsylvania (Medicaid)	https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx	1-800-692-7462
Rhode Island (Medicaid and CHIP)	http://www.eohhs.ri.gov/	1-855-697-4347 or 401-462-0311 (Direct Rlte)
South Carolina (Medicaid)	https://www.scdhhs.gov	1-888-549-0820
South Dakota (Medicaid)	http://dss.sd.gov	1-888-828-0059
Texas (Medicaid)	http://gethipptexas.com/	1-800-440-0493
Utah (Medicaid and CHIP)	Medicaid: https://medicaid.utah.gov/ CHIP: http://health.utah.gov/chip	1-877-543-7669
Vermont (Medicaid)	http://www.greenmountaincare.org/	1-800-250-8427
Virginia (Medicaid and CHIP)	https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp	1-800-432-5924
Washington (Medicaid)	https://www.hca.wa.gov/	1-800-562-3022
West Virginia (Medicaid)	https://dhhr.wv.gov/bms/ http://mywvhipp.com/	Medicaid: 304-558-1700 CHIP: 1-855-699-8447
Wisconsin (Medicaid and CHIP)	https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm	1-800-362-3002
Wyoming (Medicaid)	https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/	1-800-251-1269

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?

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.

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.

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
Life and AD&D (Employee only)	N/A	0%	100%
Voluntary Products	Monthly Premium	Employee Pays Monthly	District Pays Monthly
Voluntary Vision			
Single:	\$11.24	100%	0%
Employee/Spouse:	\$17.98	100%	0%
Employee/Children:	\$18.35	100%	0%
Family:	\$29.59	100%	0%
Voluntary Life:	See VTL Rate Page	100%	0%
Individual Products:	Varies	100%	0%

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).

**EXCLUSIVE
MEMBER
EXTRAS**

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.



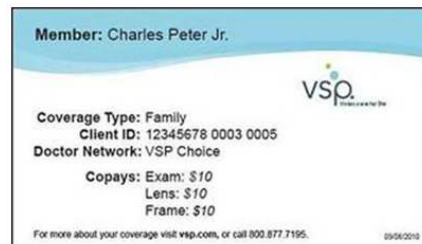
Just follow these steps:

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

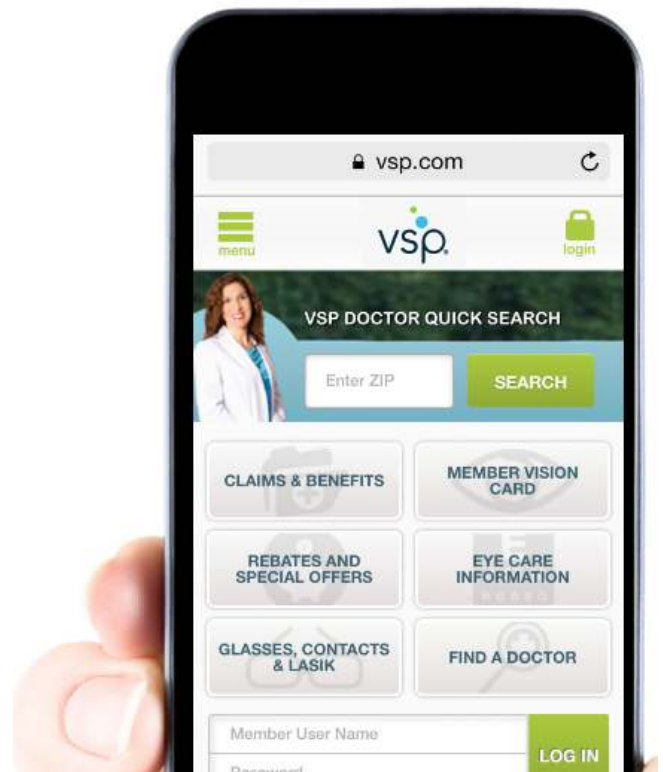
Once you create an account, you can review your benefit information, access personalized eligibility and plan coverage details, and print a Member Vision Card.

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.



BASIC LIFE / ACCIDENTAL DEATH & DISMEMBERMENT

Madison National

Plan Overview

Basic Benefit Amount

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	

CORE EAP BENEFIT SUMMARY

Lewis Central Community School District

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



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 -

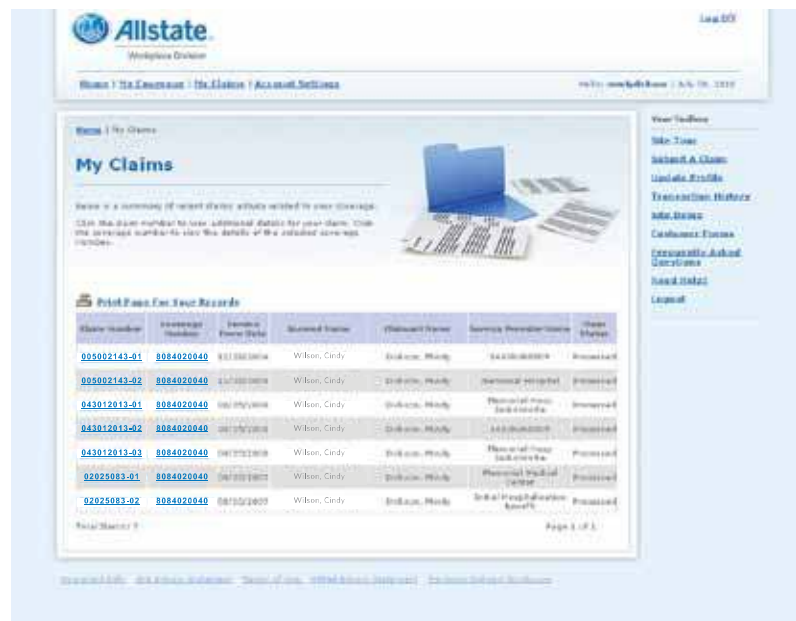
Print or view policy information, coverage details or certificates on existing coverage.

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.

HIPAA SPECIAL ENROLLMENT NOTICE

This notice is being provided to ensure that you understand your right to apply for group health insurance coverage. You should read this notice even if you plan to waive coverage at this time.

Loss of Other Coverage (including Medicaid and State Child Health Coverage)

If you are declining coverage for yourself or your dependents (including spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). Some plans may allow longer than 30 days, so please refer to your plan documents for your specific plan details.

Example: You waived coverage because you were covered under a plan offered by your spouse's employer. Your spouse terminates employment. If you notify your employer within 30 days of the date coverage ends, you and your eligible dependents may apply for coverage under this health plan.

Marriage, Birth, or Adoption

If you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, or placement for adoption. Some plans may allow longer than 30 days, so please refer to your plan documents for your specific plan details.

Example: When you were hired, you were single and chose not to elect health insurance benefits. One year later, you marry. You and your eligible dependents are entitled to enroll in this group health plan. However, you must apply within 30 days from the date of your marriage.

Medicaid or State Child Health Coverage

If you or your dependents lose eligibility for coverage under Medicaid or State Child Health Coverage Program (CHIP) or become eligible for a premium assistance subsidy under Medicaid or CHIP, you may be able to enroll yourself and your dependents. You must request enrollment within 60 days of the loss of Medicaid or CHIP or the determination of eligibility for a premium assistance subsidy.

Example: When you were hired, your children received health coverage under CHIP and you did not enroll them in this health plan. Because of changes in your income, your children are no longer eligible for CHIP coverage. You may enroll them in this group health plan if you apply within 60 days of the date of their loss of CHIP coverage.

WOMEN'S HEALTH & CANCER RIGHTS ACT OF 1998

In October 1998, Congress enacted the Women's Health and Cancer Rights Act of 1998. This notice explains some important provisions of the Act. Please review this information carefully.

As specified in the Women's Health and Cancer Rights Act, a plan participant or beneficiary who elects breast reconstruction in connection with a mastectomy is also entitled to the following benefits:

- Reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prosthesis and treatment of physical complications at all stages of the mastectomy, including lymph edemas.

Health plans must determine the manner of coverage in consultation with the attending physician and the patient. Coverage for breast reconstruction and related services may be subject to deductibles and coinsurance amounts that are consistent with those that apply to other benefits under this plan.

NEWBORNS' AND MOTHER'S HEALTH PROTECTION ACT

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

NEW HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS AND YOUR HEALTH COVERAGE

Beginning in 2014, there is a new way to buy health insurance: the **Health Insurance Marketplace**. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away.

Each year, the open enrollment period for health insurance coverage through the Marketplace runs from Nov. 1 through Dec. 15 of the previous year. After Dec. 15, you can get coverage through the Marketplace only if you qualify for a special enrollment period or are applying for Medicaid or the Children's Health Insurance Program (CHIP).

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards.

If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5 percent (as adjusted each year after 2014) of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit. (An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.)

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution—as well as your employee contribution to employer-offered coverage—is often excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Lewis Central Community School District's Administrative Office.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit **HealthCare.gov** for more information, as well as an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

YOUR CHOICES

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we *never* share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

OUR USES AND DISCLOSURES

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Help manage the health care treatment you receive

We can use your health information and share it with professionals who are treating you.

Example: A doctor sends us information about your diagnosis and treatment plan, so we can arrange additional services.

Run our organization

We can use and disclose your information to run our organization and contact you when necessary.

We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

Example: We use health information about you to develop better services for you.

Pay for your health services

We can use and disclose your health information as we pay for your health services.

Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan

We may disclose your health information to your health plan sponsor for plan administration.

Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

We can share health information about you with organ procurement organizations.

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

We are required by law to maintain the privacy and security of your protected health information.

We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

We must follow the duties and privacy practices described in this notice and give you a copy of it.

We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you.

The new notice will be available upon request, on our web site, and we will mail a copy to you.

Questions or Complaints

July 1, 2023

Jennifer Wright, HR Generalist

Lewis Central Community School District

4121 Harry Langdon Blvd

Council Bluffs, IA 51503

712-366-8204

Jennifer.Wright@lewiscentral.org

CUSTOMER SERVICE CONTACT INFORMATION

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

VOLUNTARY VISION:

Company Name: Vision Service Plan (VSP)

Phone Number: 800-877-7195

Website: www.vsp.com

LIFE/AD&D:

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">Voluntary VisionLife/AD&DEmployee 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.