

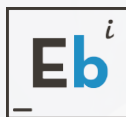
2023

EMPLOYEE BENEFITS GUIDE

BENTON SCHOOL DISTRICT



Educational
BENEFITS



Educational
BENEFITS

Phone: 1 (844) 559.3521

Fax: 1 (888) 971.3684

Email: service@ebiteam.com

Business Hours: Monday-Thursday, 8:00-5:00
Friday, 8:00-4:00

TABLE OF

CONTENTS

OVERVIEW

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

BENEFITS

DENTAL INSURANCE.....	8
VISION INSURANCE.....	9
SHORT TERM DISABILITY INSURANCE.....	10
LONG TERM DISABILITY INSURANCE.....	11
TERM LIFE AND AD&D INSURANCE.....	12
VOLUNTARY TERM LIFE AND AD&D INSURANCE.....	13
UNIVERSAL LIFE EVENTS INSURANCE.....	14
UNIVERSAL LIFE INSURANCE.....	15
CANCER INSURANCE.....	16-17
ACCIDENT INSURANCE.....	18-19
CRITICAL ILLNESS INSURANCE.....	20
HOSPITAL CARE.....	21
FLEXIBLE SPENDING ACCOUNT.....	22
ANNUAL WELLNESS BENEFITS.....	23

WHAT YOU NEED TO KNOW

- ▶ Employees under contract who work a minimum of 30 hours per week are eligible to enroll themselves and their qualified dependents in applicable Benton School District employee benefits. Employees must be actively at work to enroll in benefits.

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

- Social Security Number
- Address
- Date of Birth

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

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

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

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

EC **Employer Contribution** - *your employer contributes a percentage to your product premiums*

ER **Employer Paid** - *your employer covers 100% of the cost of your product*

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



WELCOME TO

OPEN

ENROLLMENT

GLOSSARY

OF INSURANCE TERMS

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

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

Benefits - Items or services covered under an insurance plan.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

EMPLOYER CONTRIBUTION



DENTAL INSURANCE

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

DENTAL SERVICES		In-Network
PREVENTATIVE SERVICES (No Deductible) 100%	<ul style="list-style-type: none"> • Exams • Cleaning • Fluoride • Sealants • Full Mouth Series or Panoramic X-rays (covered 1x within any 60 consecutive month period) 	
BASIC SERVICES (Deductible Applies) 80%	<ul style="list-style-type: none"> • Space Maintainers • Emergency Palliative Treatment • Brush Biopsy • Fillings • Oral Surgery 	
MAJOR SERVICES (Deductible Applies) 50%	<ul style="list-style-type: none"> • Crown Repair • Root Canals • Periodontic Services • Crowns • Bridges • Implants • Dentures 	
CHILD ORTHODONTIA RIDER (Deductible Applies) 50%	\$1,000 Lifetime Maximum	
MAXIMUM CARRYOVER	If at least one Covered Service is applied toward your Maximum Payment in a Benefit Year, and the total Benefit paid does not exceed \$499 in that Benefit Year, up to \$250 will carry over to the next Benefit Year Maximum Payment. This carry-over amount will accumulate from one Benefit Year to the next, but will not exceed \$1,000.	
ANNUAL MAXIMUM	\$1,000 per person	
DEDUCTIBLE	\$50 per person	

COVERAGE TIER	MONTHLY RATES
Employee	Paid for by BSD
Employee + Spouse	\$33.80
Employee + Child(ren)	\$30.43
Family	\$77.30



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

VISION SERVICES	In-Network
Exam Copay	10
Frames Copay	\$20
CONTACTS	
Elective Allowance	\$130 allowance
Contact Lens Evaluation, Fitting, & Follow-Up Care	Up to \$60 copay
LENSES	
Frames	\$130 allowance; \$150 allowance for featured brands
Single Vision Allowance	Covered in full after \$20 copay
Bifocal Allowance	Covered in full after \$20 copay
Trifocal Allowance	Covered in full after \$20 copay
Standard Progressive Lenses	\$50 copay

SERVICES	FREQUENCY
Exam	12 months
Frames	24 months
Spectacle Lenses	12 months
Contact Lenses	12 months

COVERAGE TIER	MONTHLY RATES
Employee	\$11.18
Employee + Spouse	\$17.89
Employee + Child(ren)	\$18.26
Family	\$29.44



SHORT TERM DISABILITY

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

SHORT TERM DISABILITY BENEFITS

BENEFIT AMOUNT	Choice of \$10 increments up to \$1,500, not to exceed 70% of weekly earnings
GUARANTEED ISSUE	\$1,500
MINIMUM WEEKLY BENEFIT	\$100
MAXIMUM WEEKLY BENEFIT	\$1,500
ELIMINATION PERIOD	<u>BENEFITS BEGIN ON:</u> 1st day for Accident 8th day for Illness
PRE-EXISTING CONDITION EXCLUSION LIMITATION	<u>12/12:</u> Any condition you receive medical treatment for in the 12 months prior to the effective date will not be covered in the first 12 months of the policy.
MAXIMUM BENEFIT DURATION	13 weeks
OFFSET	These policy benefits do not offset with PTO or sick time, but may offset with other sources of income, including but not limited to retirement. Please review your contract closely for more details.
REDUCTIONS & TERMINATIONS	Benefits reduce to 66.67% at age 65. Benefits terminate at retirement or age 70, whichever occurs first.

PLEASE NOTE: This policy does not cover any disability caused by, contributing to, or resulting from any injury or sickness due to employment.



LONG TERM DISABILITY

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

LONG TERM DISABILITY BENEFITS

BENEFIT AMOUNT	Choice of \$100 increments, up to a maximum of \$6,000, not to exceed 60% of monthly earnings
GUARANTEED ISSUE	Up to \$6,000 for New Hires
MINIMUM MONTHLY BENEFIT	\$100
MAXIMUM MONTHLY BENEFIT	\$6,000
ELIMINATION PERIOD	<u>BENEFITS BEGIN ON:</u> 91st day
PRE-EXISTING CONDITION EXCLUSION LIMITATION	<u>12/12:</u> Any condition you receive medical treatment for in the 12 months prior to the effective date will not be covered in the first 12 months of the policy.
MAXIMUM BENEFIT DURATION	Social Security Normal Retirement Age
OFFSET	These policy benefits do not offset with PTO or sick time, but may offset with other sources of income, including but not limited to retirement. Please review your contract closely for more details.
REDUCTIONS & TERMINATIONS	Benefits terminate at retirement.

PLEASE NOTE: This policy does not cover any disability caused by, contributing to, or resulting from any injury or sickness due to employment.

EMPLOYER PAID

US^{Able} Life

TERM LIFE AND AD&D

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

TERM LIFE AND AD&D BENEFITS

FLAT BENEFIT AMOUNT	\$10,000
GUARANTEED ISSUE	\$10,000
AD&D BENEFIT	\$10,000



VOLUNTARY TERM LIFE/AD&D

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

VOLUNTARY TERM LIFE	EMPLOYEE	SPOUSE	DEPENDENT
AMOUNT	\$10,000 increments up to a maximum of \$300,000	\$10,000 increments up to a maximum of \$300,000	<ul style="list-style-type: none"> • 15 days - 6 mo.: \$1,000 • 6 mo.+ : \$5,000 or \$10,000
MINIMUM AMOUNT	\$10,000	\$10,000	\$5,000
MAXIMUM AMOUNT	\$300,000	\$300,000	\$10,000
GUARANTEED ISSUE	Age 0-69: \$130,000 Age 70+: \$0	Age 0-69: \$30,000 Age 70+: \$0	\$10,000
REDUCTIONS & TERMINATIONS	Benefits reduce to 65% at age 65, to 50% at age 70. Benefits terminate at employee's retirement.		Dependent benefits terminate at age 26.

VOLUNTARY AD&D	EMPLOYEE	SPOUSE	DEPENDENT
AMOUNT	\$10,000 increments up to a maximum of \$300,000	\$10,000 increments up to a maximum of \$300,000	<ul style="list-style-type: none"> • 15 days - 6 mo.: \$1,000 • 6 mo.+ : \$5,000 or \$10,000
MINIMUM AMOUNT	\$10,000	\$10,000	\$5,000
MAXIMUM AMOUNT	\$300,000	\$300,000	\$10,000
REDUCTIONS & TERMINATIONS	Benefits reduce to 65% at age 65, to 50% at age 70. Benefits terminate at employee's retirement.		Dependent benefits terminate at age 26.



Trustmark
benefits beyond benefits

UNIVERSAL LIFE EVENTS

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

PLAN FEATURES

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

BENEFIT AMOUNTS

Employee (Age 18-64)	
Guarantee Issue	Up to \$120,000
*Simplified Issue	Up to \$300,000
Spouse (Age 18-64)	
Guarantee Issue	The greater of \$25,000 or \$3 per week
Children (Up to 23 years old)	
Guarantee Issue	See Benefit Counselor
Simplified Issue	See Benefit Counselor

***SIMPLIFIED ISSUE QUESTIONS**

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

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

PLAN FEATURES

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

BENEFIT AMOUNTS

Employee (Age 18-75)

Guarantee Issue (Age 18-64)	Up to \$120,000
*Simplified Issue (Age 65-75)	Up to \$300,000

Spouse (Age 18-70)

Guarantee Issue (Age 18-64)	The greater of \$25,000 or \$3 per week
*Simplified Issue (Age 65-70)	Up to \$300,000

Children (Up to 23 years old)

Guarantee Issue	See Benefit Counselor
Simplified Issue	See Benefit Counselor

Grandchildren

Simplified Issue	See Benefit Counselor
------------------	-----------------------

MODIFIED ISSUE QUESTIONS

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

*SIMPLIFIED ISSUE QUESTIONS

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

CANCER INSURANCE

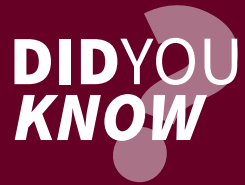
Cancer insurance helps those diagnosed with cancer to stay focused on recovery by alleviating some of the financial burden associated with the cost of cancer treatment.

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

BENEFITS	LOW PLAN	HIGH PLAN	POLICY PAYS
SURGERY BENEFITS			
Surgery <i>Inpatient Outpatient</i>	\$1,000 \$1,500	\$5,000 \$7,500	maximum benefit; actual benefit is determined by the surgery schedule in the contract; for multiple procedures in same incision only the highest benefit is paid for multiple procedures in separate incisions will pay highest benefit and then 50% for each lesser procedure
Anesthesia	25%	25%	of covered surgery benefit as scheduled in the certificate
Reconstructive Surgery <i>Breast Cancer (Total Mastectomy) Breast Cancer (Radical Mastectomy) Cancer of the male/female genitalia Cancer of the head, neck or oral cancer</i>	\$120 \$170 \$170 \$250	\$600 \$850 \$850 \$1,250	for reconstructive surgery within 2 years of the initial cancer removal; excluded skin cancer and malignant melanoma; benefit not payable if paid under any other provision of the policy.
Skin Cancer <i>One Removal Per Additional Removal</i>	\$75 \$35	\$375 \$175	up to selected amount per diagnosis
FIRST OCCURRENCE RIDER			
Initial Diagnosis Benefit	\$2,000	\$5,000	pays a one-time, lump sum benefit when an insured person is initially diagnosed with cancer for the first time ever after the effective date of insurance (except skin cancer), based on a microscopic examination of fixed tissue or preparations from the hemic system. Clinical diagnosis is accepted under certain conditions.

MONTHLY RATES	LOW PLAN	HIGH PLAN
Employee	\$18.47	\$35.33
Employee + Child(ren)	\$21.37	\$39.92
Family	\$34.07	\$63.62

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



**DID YOU
KNOW**

1.7 MILLION
new cases of cancer are
diagnosed annually.

(American Cancer Society, 2017)

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

(American Cancer Society, 2017)



ACCIDENT INSURANCE

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

LOSS OR TREATMENT	BASIC	SELECT	ULTRA
ACCIDENT TREATMENT			
Physician Office Visit	\$125/2 visits	\$150/2 visits	\$225/2 visits
Emergency Treatment	\$125	\$150	\$225
Emergency Dental (<i>crown/extraction</i>)	\$250/\$100	\$300/\$120	\$450/\$180
Major Diagnostic Exam	\$200	\$240	\$360
Lacerations	\$450	\$540	\$810
Burns (<i>based on severity</i>)	\$500 - \$2,500	\$600 - \$3,000	\$900 - \$4,500
Eye Injury (<i>surgical/ non-surgical repair</i>)	\$200/\$35	\$240/\$42	\$360/\$63
Brain Injury	\$500	\$600	\$900
Dislocation Hip (<i>open/closed</i>) Knee (<i>open/closed</i>) Toe or Finger (<i>open/closed</i>)	\$2,750/\$750 \$600/\$250 \$125/\$60	\$3,300/\$900 \$720/\$300 \$150/\$72	\$4,950/\$1,350 \$1,080/\$450 \$225/\$108
Fractures Hip (<i>open/closed</i>) Knee (<i>open/closed</i>) Nose, Heel, or Finger(s) (<i>open/closed</i>)	\$2,750/\$1,375 \$1,200/\$625 \$600/\$150	\$3,300/\$1,650 \$1,440/\$750 \$720/\$180	\$4,950/\$2,475 \$2,160/\$1,125 \$1,080/\$270
HOSPITAL CARE			
Initial Hospitalization	\$1,000	\$1,200	\$1,600
Hospital Confinement (<i>per day up to 365 days</i>)	\$250	\$250	\$250
Hospital ICU (<i>per day up to 15 days</i>)	\$500	\$500	\$500
Surgery (<i>reparation of internal injuries/exploratory</i>)	\$1,250/\$250	\$1,500/\$300	\$2,000/\$400
Ambulance (<i>air/ground</i>)	\$1,250/\$200	\$1,500/\$240	\$2,000/\$320
Blood, Plasma, Platelets	\$200	\$240	\$320
FOLLOW-UP			
Physician Follow-Up	\$50/6 visits	\$70/6 visits	\$80/6 visits
Rehabilitation Unit	\$125/30 days	\$175/30 days	\$200/30 days
Physical Therapy	\$100/6 visits	\$140/6 visits	\$160/6 visits
Appliance (<i>for Locomotion</i>)	\$100	\$140	\$160
Prosthetic Device (<i>one device/two or more</i>)	\$375/\$750	\$525/\$1,050	\$600/\$1,200

LOSS OR TREATMENT	BASIC	SELECT	ULTRA
FOLLOW-UP (CONT.)			
Family Lodging <i>(for non-local Hospital Confinement)</i>	\$100/30 days	\$150/30 days	\$175/30 days
Transportation <i>(for non-local Treatment)</i>	\$400/3 days	\$600/3 trips	\$700/3 trips
Post Transportation	\$200	\$300	\$350
SURGERY			
Tendon/Ligament	\$500	\$600	\$800
Torn Knee <i>(surgical repair/exploratory)</i>	\$500/\$375	\$600/\$450	\$800/\$600
Ruptured Disc	\$500	\$600	\$800
Torn Rotator Cuff	\$500	\$600	\$800
Wellness <i>(payable once per calendar year for each covered person)</i>	\$60	\$75	\$105

MONTHLY RATES	BASIC	SELECT	ULTRA
Employee	\$11.74	\$13.85	\$17.39
Employee + Spouse	\$22.40	\$26.42	\$33.23
Employee + Child(ren)	\$24.70	\$29.56	\$37.45
Family	\$35.36	\$42.13	\$53.29



**DID YOU
KNOW**

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

The other 95% are not,
meaning

**WORKERS'
COMPENSATION
DOESN'T COVER
THEM.**

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



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

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

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

WELLNESS BENEFIT

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

<ul style="list-style-type: none"> • Mammography • Flexible Sigmoidoscopy • Chest X-Ray • EKG • Pap Smear • Cholesterol & Diabetes Screening • Colonoscopy • PSA (Blood Test for Prostate Cancer) • Breast Ultrasound 	<ul style="list-style-type: none"> • CA 15-3 for Breast Cancer • CA 125 for Ovarian Cancer • CEA Blood Test for Colon Cancer • Thermography • Bone Marrow Testing • Serum Protein Electrophoresis • Fasting Blood Glucose Test • Hemocult Stool Analysis • Blood Test for Triglycerides
--	--



HOSPITAL CARE

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

BENEFITS	BASIC	SELECT	ULTRA
First Day Hospital Confinement <i>Up to 10 per year</i>	\$750	\$1,000	\$1,500
Daily Hospital Confinement <i>Amount per day</i>	\$150/day	\$200/day	\$300/day
Intensive Care Confinement <i>Amount per day, up to 15 days</i>	\$225/day, up to 15 days	\$300/day, up to 15 days	\$450/day, up to 15 days
Ground Ambulance <i>Up to 3 per year</i>	\$120	\$160	\$240
Air Ambulance <i>Up to 3 per year</i>	\$750	\$1,000	\$1,500
Surgery	N/A	Example: Coronary Bypass: \$2,000 Appendix Removal: \$440 Gallbladder Removal: \$568 Based on surgical schedule.	Example: Coronary Bypass: \$2,000 Appendix Removal: \$440 Gallbladder Removal: \$568 Based on surgical schedule.
Anesthesia	N/A	10% of surgical benefit	10% of surgical benefit
Preoperative Visit Benefit	N/A	3% of surgical benefit	3% of surgical benefit
Second Surgical Opinion	N/A	3% of surgical benefit	3% of surgical benefit
Diagnostic Procedure <i>Up to 3 per year</i>	N/A	\$100 per procedure	\$100 per procedure
Emergency Treatment <i>By physician in ER or urgent care facility. Up to 3 per year</i>	N/A	N/A	\$100
Physician Office Visit <i>Up to 5 per year</i>	N/A	N/A	\$50
Wellness <i>Payable once per person per calendar year</i>	\$30	\$60	\$90

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



FLEXIBLE SPENDING ACCOUNT

Features of an FSA

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



MAXIMUM CONTRIBUTION AMOUNTS


- \$3,050 - Medical Reimbursement
- \$5,000 - Dependent Care (to age 12)
- \$570 - Rollover Amount
- 90 Days - Runout Period
- \$3,050 - LP FSA


FOR EMPLOYEES/PARTICIPANTS


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


ANNUAL WELLNESS BENEFITS

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

Accident Policy 		
Basic Plan: \$60 Wellness Select Plan: \$75 Wellness Ultra Plan: \$105 Wellness		
To File:	By Mail	By Fax
	Attn: Claims Department USABLE Life P.O. Box 1650 Little Rock, AR 72203-1650	(501) 235-8400
Information Needed	Include USABLE Wellness Form with the following information included: <ul style="list-style-type: none"> • Full Name • Name and address of the facility where the test/procedure was performed • The specific test/procedure performed 	
Covered Tests	Biopsy, blood test for triglycerides, bone marrow testing, breast ultrasound, CA125 blood test, CA 15-3 blood test, CEA blood test, chest x-ray, colonoscopy, fasting blood glucose test, flexible sigmoidoscopy, hemocult stool analysis, mammography, pap test, prostate specific antigen test, serum cholesterol test, serum protein electrophoresis, stress test on bike or treadmill, thermography	

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

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

Hospital Care Policy 		
Basic Plan: \$30 Wellness Select Plan: \$60 Wellness Ultra Plan: \$90 Wellness		
To File:	By Mail	By Fax
	Attn: Claims Department USABLE Life P.O. Box 1650 Little Rock, AR 72203-1650	(501) 235-8400
Information Needed	Include USABLE Wellness Form with the following information included: <ul style="list-style-type: none"> • Full Name • Name and address of the facility where the test/procedure was performed • The specific test/procedure performed 	
Covered Tests	Biopsy, blood test for triglycerides, bone marrow testing, breast ultrasound, CA 125 test, CA15-3 test, CEA test, chest x-ray, colonoscopy, fasting blood glucose test, flexible sigmoidoscopy, hemocult stool analysis, mammography, pap test, prostate specific antigen test, serum cholesterol test, serum protein electrophoresis, stress test on bicycle or treadmill, thermography	



Educational
BENEFITS

CUSTOMER SERVICE

1 (844) 559-3521 (phone)
1 (888) 971.3684 (fax)
service@ebiteam.com