

2024

EMPLOYEE BENEFITS GUIDE

FAYETTEVILLE PUBLIC SCHOOLS



Educational
BENEFITS



Educational
BENEFITS

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WHAT YOU NEED TO KNOW

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

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

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

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

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

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

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

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

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



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.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

EMPLOYER CONTRIBUTION



DENTAL INSURANCE

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

DENTAL SERVICES	LOW PLAN	HIGH PLAN
PREVENTATIVE SERVICES	<p>80%</p> <ul style="list-style-type: none"> • Routine Periodic Exams • X-rays - <i>One (1) in any thirty-six (36) consecutive month period</i> • Cleanings • Sealants • Minor Emergency Treatment • Space Maintainers 	<p>100%</p> <ul style="list-style-type: none"> • Routine Periodic Exams • X-rays - <i>One (1) in any thirty-six (36) consecutive month period</i> • Cleanings • Sealants • Minor Emergency Treatment • Space Maintainers
BASIC SERVICES (Deductible Applies)	<p>50%</p> <ul style="list-style-type: none"> • Fillings • Simple Extractions • Oral Surgery, except TMJ Surgery • Stainless Steel Crowns 	<p>80%</p> <ul style="list-style-type: none"> • Fillings • Endodontics • Root Canals • Simple Extractions • Periodontics • Oral Surgery, except TMJ Surgery • Stainless Steel Crowns
MAJOR SERVICES (Deductible Applies)	<p>50%</p> <ul style="list-style-type: none"> • Crowns • Inlays, Onlays • Veneers • Bridges • Dentures • Endodontics • Root Canals • Periodontics 	<p>50%</p> <ul style="list-style-type: none"> • Crowns • Inlays, Onlays • Veneers • Bridges • Dentures
CHILD AND ADULT ORTHODONTIA RIDER (Deductible Applies)	<p>50%</p> <p>\$500 Lifetime Maximum</p>	<p>50%</p> <p>\$1,000 Lifetime Maximum</p>
MAXIMUM CARRYOVER	<p>Carryover Benefit: \$125 Claims Threshold: \$249 Maximum: \$500</p>	<p>Carryover Benefit: \$250 Claims Threshold: \$499 Maximum: \$1,000</p>
ANNUAL MAXIMUM	\$500 per person	\$1,000 per person
DEDUCTIBLE	\$50 per person/\$150 per family	\$35 per person/\$105 per family

MONTHLY RATES	LOW PLAN	HIGH PLAN
Employee	Paid for by FPS	\$12.10
Employee + Spouse	\$17.16	\$45.00
Employee + Child(ren)	\$28.76	\$55.82
Family	\$37.92	\$76.48



▶ 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

Exam Copay	\$10
CONTACTS	
Conventional	\$175 allowance; 15% off balance over \$175
Disposable	\$175 allowance, plus balance over \$175
Medically Necessary	\$0 copay; covered in full
Contact Lens Fit and Follow-Up Standard	\$40
Contact Lens Fit and Follow-Up Specialty	10% off retail price
LENSES	
Frames	\$175 allowance; 20% off balance over \$175
Single Vision	\$20 copay
Bifocal	\$20 copay
Trifocal	\$20 copay
Lenticular	\$20 copay
Standard Progressive	\$85 copay

SERVICES	FREQUENCY
Exam	12 months
Frames	12 months
Lenses or Contact Lenses	12 months

COVERAGE TIER	MONTHLY RATES
Employee	\$8.78
Employee + Spouse	\$16.68
Employee + Child(ren)	\$17.56
Family	\$25.81

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	Increments of \$10, up to \$1,250 per week, not to exceed 70% of covered weekly earnings
GUARANTEED ISSUE	Up to \$1,250
MINIMUM WEEKLY BENEFIT	\$100
MAXIMUM WEEKLY BENEFIT	\$1,250
ELIMINATION PERIOD	<u>BENEFITS BEGIN ON:</u> 14th day for an Accident 14th day for an Illness
PRE-EXISTING CONDITION EXCLUSION LIMITATION	<u>3/6</u> : Any condition you receive medical treatment for in the 3 months prior to the effective date will not be covered in the first 6 months of the policy.
MAXIMUM BENEFIT DURATION	11 weeks

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

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	60% of salary, not to exceed \$6,000 per month
MINIMUM MONTHLY BENEFIT	\$100
MAXIMUM MONTHLY BENEFIT	\$6,000
ELIMINATION PERIOD	<u>BENEFITS BEGIN ON:</u> 91st day
PRE-EXISTING CONDITION EXCLUSION LIMITATION	<u>3/12:</u> Any condition you receive medical treatment for in the 3 months prior to the effective date will not be covered in the first 12 months of the policy.
MAXIMUM BENEFIT DURATION	Social Security Normal Retirement Age
REDUCTIONS & TERMINATIONS	Benefit terminates at retirement
OFFSET	These policy benefits offset with other sources of income, including but not limited to PTO and sick time. Please review your contract closely for more details.

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

USAble Life

TERM LIFE AND AD&D

▶ Term Life Insurance coverage provides financial protection for you and your loved ones. Your needs vary greatly upon age, number of dependents, dependents ages and your financial situation. Term Life is designed to provide benefits to your designated beneficiary for loss of life. 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 ARE **EMPLOYER PAID**

FLAT BENEFIT AMOUNT	\$30,000
AD&D AMOUNT	\$30,000
SUPPLEMENTAL LIFE	\$10,000
GUARANTEE ISSUE	Up to \$30,000 Group Life and AD&D Up to \$10,000 Supplemental Life
REDUCTIONS & TERMINATIONS	Benefits reduce to 65% at age 65, to 40% at age 70, to 25% at age 75, to 15% at age 80. Benefits terminate at retirement.

NEW OPTIONAL SUPPLEMENTAL LIFE	MONTHLY PREMIUM
\$10,000	\$2.00

Employees age 65+ receive reduced benefits with reduced premium per the reduction schedule above.

VOLUNTARY

TERM LIFE/AD&D

▶ Voluntary Term Life/AD&D Insurance coverage provides financial protection for you and your loved ones. Your needs vary greatly upon age, number of dependents, dependents ages and your financial situation. Term Life is designed to provide benefits to your designated beneficiary for loss of life. AD&D covers you and your beneficiaries in the event of an accidental loss of life or limb.

VOLUNTARY TERM LIFE	Employee	Spouse	Dependent
Amount	Choice of \$10,000 increments up to \$500,000, not to exceed 5x salary	Choice of \$10,000 increments up to \$150,000, not to exceed employee's benefit amount	<ul style="list-style-type: none"> • Live Birth - 6 mo.: \$1,000 • 6 months+: Choice of \$5,000 or \$10,000
Minimum Amount	\$10,000	\$10,000	\$5,000
Maximum Amount	\$500,000, or 5x salary	\$150,000	\$10,000
Guaranteed Issue <i>(New Hires)</i>	Age 0-69: \$200,000 Age 70+: \$0	Age 0-69: \$30,000 Age 70+: \$0	\$10,000
Benefit Reduction	Benefit reduces to 65% at age 65, to 40% at age 70, to 25% at age 75, to 15% at age 80. Terminates at employee's retirement.		Child terms at age 26

VOLUNTARY AD&D	Employee	Spouse	Dependent
Amount	Choice of \$10,000 increments up to \$500,000, not to exceed 5x salary	Choice of \$10,000 increments up to \$150,000, not to exceed employee's benefit amount	<ul style="list-style-type: none"> • Live Birth - 6 mo.: \$1,000 • 6 months+: Choice of \$5,000 or \$10,000
Minimum Amount	\$10,000	\$10,000	\$5,000
Maximum Amount	\$500,000, or 5x salary	\$150,000	\$10,000
Benefit Reduction	Benefit reduces to 65% at age 65, to 40% at age 70, to 25% at age 75, to 15% at age 80. Terminates at employee's retirement.		Child terms at age 26

UNIVERSAL

LIFE

Trustmark
benefits beyond benefits

This 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
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*Simplified Issue (Age 65-75)	Up to \$300,000
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Spouse (Age 18-70)

Guarantee Issue (Age 18-64)	The greater of \$25,000 or \$3 per week
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*Simplified Issue (Age 65-70)	Up to \$300,000
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Children (Up to 23 years old)

Guarantee Issue	See Benefit Counselor
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Simplified Issue	See Benefit Counselor
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Grandchildren

Simplified Issue	See Benefit Counselor
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*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).

UNIVERSAL LIFE EVENTS

► Universal Life Events insurance addresses differing employee needs for permanent life insurance and peace of mind for a lifetime, and is available for employees and their spouses in face amounts from \$5,000 up to \$300,000. This policy 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)

Guaranteed Issue	Up to \$120,000
*Simplified Issue	Up to \$300,000

Spouse (Age 18-64)

Guaranteed Issue	The greater of \$25,000 or \$3 per week
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Children (Up to 23 years old)

Guaranteed 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).



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.

	LOW PLAN	HIGH PLAN
HOSPITAL AND RELATED BENEFITS		
Continuous Hospital Confinement (daily)	\$100	\$200
Government or Charity Hospital (daily)	\$100	\$200
Private Duty Nursing Services (daily)	\$100	\$200
Extended Care Facility (daily)	\$100	\$200
At Home Nursing (daily)	\$100	\$200
Hospice Care Center (daily), or Hospice Care Team (per visit)	\$100 \$100	\$200 \$200
RADIATION, CHEMOTHERAPY AND RELATED BENEFITS		
Radiation/Chemotherapy for Cancer (every 12 months)	\$5,000	\$15,000
Blood, Plasma, and Platelets (every 12 months)	\$5,000	\$15,000
Medical Imaging	\$250	\$750
Hematological Drugs	\$100	\$300
SURGERY AND RELATED BENEFITS		
Surgery	\$1,500	\$3,000
Anesthesia (% of Surgery Benefit)	25%	25%
Ambulatory Surgical Center (daily)	\$250	\$500
Second Opinion	\$200	\$400
Bone Marrow or Stem Cell Transplant		
Autologous	\$500	\$1,000
Non-autologous	\$1,250	\$2,500
Non-autologous for Leukemia	\$2,500	\$5,000
MISCELLANEOUS BENEFITS		
Inpatient Drugs & Medicines (daily)	\$25	\$25
Physician's Attendance (daily)	\$50	\$50
Ambulance (per confinement)	\$100	\$100
Non-Local Transportation (per trip or mile)	Coach Fare or \$0.40/mile	Coach Fare or \$0.40/mile
Outpatient Lodging (daily)	\$50	\$50
Family Member Lodging (daily), and Transportation (per trip or mile)	\$50; Coach Fare or \$0.40/mile	\$50; Coach Fare or \$0.40/mile

MISCELLANEOUS BENEFITS (CONT.)		
Physical or Speech Therapy (daily)	\$50	\$50
New or Experimental Treatment (every 12 months)	\$5,000	\$5,000
Prosthesis	\$2,000	\$2,000
Hair Prosthesis (every 2 years)	\$25	\$25
Nonsurgical External Breast Prosthesis	\$50	\$50
Anti-Nausea Benefit (yearly)	\$200	\$200
Waiver of Premium (Employee Only)	Yes	Yes
OPTIONAL BENEFITS		
Wellness (yearly)	\$75	\$75

MONTHLY RATES	LOW PLAN	HIGH PLAN
Employee	\$11.90	\$26.16
Employee + Spouse	\$18.48	\$39.91
Employee & Child(ren)	\$16.24	\$36.85
Family	\$22.79	\$50.58

WELLNESS BENEFIT	
<i>We will pay a total of \$75 per calendar year per person to undergo one of the covered tests or exams listed below.</i>	
<ul style="list-style-type: none"> • Biopsy for Skin Cancer • Blood Test for Triglycerides • Bone Marrow Testing • Chest X-ray • Colonoscopy • Echocardiogram • Pap Smear • Thermography 	<ul style="list-style-type: none"> • EKG • Flexible Sigmoidoscopy • Hemocult Stool Analysis • HPV Vaccination • Lipid Panel • Mammography (including breast ultrasound) • Ultrasound



**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>)	\$2,750/\$750	\$3,300/\$900	\$4,950/\$1,350
Knee (<i>open/closed</i>)	\$600/\$250	\$720/\$300	\$1,080/\$450
Toe or Finger (<i>open/closed</i>)	\$125/\$60	\$150/\$72	\$225/\$108
Fractures			
Hip (<i>open/closed</i>)	\$2,750/\$1,375	\$3,300/\$1,650	\$4,950/\$2,475
Knee (<i>open/closed</i>)	\$1,200/\$625	\$1,440/\$750	\$2,160/\$1,125
Nose, Heel, or Finger(s) (<i>open/closed</i>)	\$600/\$150	\$720/\$180	\$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 trips	\$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

▶ This plan pays a lump sum benefit directly to you and your covered dependents upon diagnosis of a covered critical illness.

BENEFIT DETAILS

	EMPLOYEE	SPOUSE	CHILD
BENEFIT AMOUNT	Choice of \$5,000 increments up to \$100,000	Choice of \$5,000 increments up to \$100,000	Choice of \$5,000 or \$10,000
MINIMUM AMOUNT	\$5,000	\$5,000	\$5,000
MAXIMUM AMOUNT	\$100,000	\$100,000	\$10,000
REDUCTIONS	Benefits reduce to 50% at age 75		

BENEFIT DESCRIPTION

Heart Attack*	100% of selected benefit amount
Stroke	100% of selected benefit amount
Major Organ Transplant	100% of selected benefit amount
End Stage Renal Disease	100% of selected benefit amount
Burns (third degree, over at least 50% of body)	100% of selected benefit amount
Miscellaneous Diseases**	100% of selected benefit amount
Coronary Artery Bypass Surgery	30% of selected benefit amount
Alzheimer's Disease	30% of selected benefit amount
Angioplasty/Stent	10% of selected benefit amount

*Heart Attack or Myocardial Infarction means the ischemic death of a portion of the heart muscle as a result of obstruction of one or more of the coronary arteries.

**ALS (Lou Gehrig's Disease); Anthrax, Cholera, Encephalitis; Meningitis; Rocky Mountain Spotted and Typhoid Fevers; Tuberculosis, Primary Sclerosing Cholangitis (Walter Payton's Disease)

HEALTH SCREENING 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.

- Mammography
- Flexible Sigmoidoscopy
- Chest X-Ray
- EKG
- Pap Smear
- Cholesterol & 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

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	5% of surgical benefit	5% of surgical benefit
Preoperative Visit Benefit	N/A	1.5% of surgical benefit	1.5% of surgical benefit
Second Surgical Opinion	N/A	1.5% of surgical benefit	1.5% 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.



Features of an FSA

Why an FSA?	Using a Flexible Spending Account (FSA) is great way to stretch your benefit dollars. You use before-tax dollars in your FSA to reimburse yourself for eligible out-of-pocket medical and dependent care expenses. That means you can enjoy tax savings and increased take-home pay—all with the convenience of a prepaid debit card.
Employee Benefits	<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.
How it Works	<ul style="list-style-type: none"> • Decide how much you will contribute to their FSA each year, up to the maximum allowed by their employer's FSA plan. This election amount (divided equally by the number of payroll periods) is automatically deducted from the participant's paycheck by your employer. From a tax perspective, the more you elect to put into your FSA, the more you save! • You can choose to be reimbursed for eligible medical expenses up to the amount of your annual election by submitting a request to Consolidated Admin Services via your online FSA portal, by email/fax, or on your Consolidated Admin Services 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 Consolidated Admin Services for debit card purchases).</i>

MAXIMUM CONTRIBUTION AMOUNTS
<ul style="list-style-type: none"> • \$3,050 - Medical Reimbursement • \$5,000 - Dependent Care • \$610 Rollover

FOR EMPLOYEES/PARTICIPANTS
<ul style="list-style-type: none"> • Convenient Consolidated Admin Services 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

US^{ABLE} Life

Basic Plan: \$60 Wellness
 Select Plan: \$75 Wellness
 Ultra Plan: \$105 Wellness

To File:	By Mail	By Fax
	Attn: Claims Department US ^{ABLE} Life P.O. Box 1650 Little Rock, AR 72203-1650	(501) 235-8400
<i>Information Needed</i>	Include US ^{ABLE} 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 	
<i>Covered Tests</i>	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, hemoccult stool analysis, mammography, pap test, prostate specific antigen test, serum cholesterol test, serum protein electrophoresis, stress test on bike or treadmill, thermography	

Cancer Health Screening

Allstate

Low Plan: \$75 Health Screening
 High Plan: \$75 Health Screening

To File:	By Mail	By Fax
	American Heritage Life Insurance 1776 American Heritage Life Dr. Jacksonville, FL 32224	(800) 430-4188
<i>Information Needed</i>	<ul style="list-style-type: none"> • Insured's full name • Covered's name & date of birth • Policy Number(s) • Insured's social security number • Phone number & email address 	
<i>Covered Tests</i>	Biopsy for skin cancer, blood test for triglycerides, bone marrow testing, chest x-ray, colonoscopy, echocardiogram, EKG, flexible sigmoidoscopy, hemoccult stool analysis, HPV vaccination, lipid panel, mammography (including breast ultrasound), pap smear, thermography, ultrasound	

Critical Illness Policy

US^{ABLE} Life

\$75 Wellness

To File:	By Mail	By Fax
	Attn: Claims Department US ^{ABLE} Life P.O. Box 1650 Little Rock, AR 72203-1650	(501) 235-8400
<i>Information Needed</i>	Include US ^{ABLE} 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 	
<i>Covered Tests</i>	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, hemoccult stool analysis, blood test for triglycerides	

Hospital Care Policy

US^{ABLE} Life

Basic Plan: \$30 Wellness
 Select Plan: \$60 Wellness
 Ultra Plan: \$90 Wellness

To File:	By Mail	By Fax
	Attn: Claims Department US ^{ABLE} Life P.O. Box 1650 Little Rock, AR 72203-1650	(501) 235-8400
<i>Information Needed</i>	Include US ^{ABLE} 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 	
<i>Covered Tests</i>	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, hemoccult stool analysis, mammography, pap test, prostate specific antigen test, serum cholesterol test, serum protein electrophoresis, stress test on bicycle or treadmill, thermography	

NO PAYROLL DEDUCTION



IDENTITY PROTECTION

Get identity protection for real life. Sign up during open enrollment.

It's easy to get started.

1. Sign Up

You're protected from your effective date.

2. Activate Key Features

Explore additional features in our easy-to-use portal and apps.

3. Live your best life online.

We've got you covered with 24/7 alerts.

Protect what makes you, you.

Identity fraud can happen to anyone — 40 million individuals in the United States were hit in 2022 alone. Unfortunately, even someone who knows how to minimize their exposure may still be at risk.

For over 90 years, Allstate has been protecting what matters most. Now get comprehensive identity monitoring and fraud resolution designed to help you protect yourself and your family against today's digital threats.

Prepare for what's next with:

- Identity, financial account, and credit monitoring
- Family digital safety tools to help keep kids safe
- Up to \$1 million in identity theft expense reimbursement

MONTHLY RATES	
Employee	\$9.95
Family	\$17.95

The background of the page features a dark, artistic photograph of several pieces of paper and sketches. One prominent sketch shows a diagram of a person's head and neck with various lines and labels, suggesting a technical or medical drawing. Other papers are scattered around, some with faint text and diagrams. The overall aesthetic is that of a workspace or laboratory.

NOTES

A background image showing several pieces of paper, some with diagrams or text, scattered on a dark surface. A white rectangular box is overlaid in the upper center, containing the word 'NOTES' in bold black capital letters.

NOTES



Educational
BENEFITS

CUSTOMER SERVICE

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1 (888) 971.3684 (fax)
service@ebiteam.com