



2024 Benefits Guide



Contents

How to Enroll.....	3
Eligibility and Making Changes	4
Adding or Terminating Dependents	5
Medical Insurance.....	6
Health Savings Account (HSA).....	7
Flexible Spending Account (FSA).....	9
Dental Coverage Aetna.....	10
Vision (Voluntary).....	11
Basic Life and AD&D One America	12
Short-Term Disability (Voluntary)	13
Long-Term Disability (Voluntary)	14
Accident Coverage (Voluntary)	15
Critical Illness (Voluntary)	16
Hospital Indemnity Insurance (Voluntary).....	17
Trustmark Universal Life	18
Identity Theft Protection (Voluntary).....	19
Employee Assistance (EAP) ComPsych®.....	20
Contacts.....	21



Open Enrollment for 2024 is 11/6 – 11/17/23

This year, open enrollment is not mandatory, but we encourage you to participate to review your current benefit elections and costs for 2024. There is also a **special enrollment opportunity for the voluntary insurance** products, including short and long-term disability, hospital, critical illness, accident, vision, and identity protection. The Trustmark Universal life insurance can be elected, but you will need to provide Evidence of Insurability and are subject to approval by Trustmark.

You have two ways to participate in open enrollment this year.

Self-Enroll Using our Employee Benefits Portal, Employee Navigator site November 6 – November 17

This method will allow you to login to your portal, walk through your benefit options and make your new elections or choose to continue with what you have currently elected. <https://ssultd.com/Char/>

Onsite Benefit Counsellors: We will have benefit counselors onsite **November 8 and 9** from 7:30 a.m. to 4:00 p.m. during which you can meet one on one with a counselor to help you understand your options for benefits, and assist in your enrollment. There will be 30 minute time slots, with advance sign-up required. An online scheduler will be provided to sign-up for an appointment.

Employee Benefits Portal:

The Benefits Portal is available all year long for new employee enrollments and existing employees who need to make a benefit change due to a life event. Our self-serve site places the control of your benefits in your hands and is accessible from any device with an internet connection, all year long, 24/7 – 365. Access our Benefits Site, Employee Navigator, at: <https://www.ssultd.com/CHAR/>

If you have not previously registered on Employee Navigator, use the ‘[New User Registration](#)’ link on the login page. Enter your information as prompted and our **Company Identifier: CHAR**

Annual Open Enrollment/Newly Eligible?

During your open enrollment window, you can make changes to your elections *as frequently as you wish*. Your online home page tells you how long you have to take action. To complete a new hire or open enrollment event – please select ‘**Start (or Finish) Enrollment**’ found in the **main section of your home page**. And be sure to complete any ‘*required tasks*’ listed on your homepage. **Once you have begun your event**, the ‘menu tree’ on the right-hand side indicates the steps that must be completed to finalize your election.

Because we use a Benefit Portal system, you may need to provide information for dependents you enroll for coverage. This may include dates of birth and social security numbers.

Eligibility and Making Changes

Eligibility

The eligibility period for enrollment is the first day of your employment and elections must be completed within 30 days. Eligible employees may elect to cover a spouse and dependents. Dependent children can be covered until the age of 26 for medical and dental. The minimum hour requirement varies and is lower for the voluntary products.

How to Make Changes

Changes to your elections may not be made outside of Open Enrollment unless you have a Qualifying Life Event. Qualifying Events include marriage, divorce, legal separation, birth, or adoption of a child, change in a child's dependent status, death of a spouse, child or other qualified dependent, commencement or termination of adoption proceedings, or an involuntary change in a spouse's benefits. If you need to make a change outside of Open Enrollment due to a Qualifying Life Event, please contact your Payroll & Benefits Specialist within 30 days of that event. If the request is not received within 30 days of the event, then all changes must wait until the next annual Open Enrollment.

Medical Summary of Benefits and Coverage

If you add a dependent to your medical coverage you will be required to verify his/her eligibility by providing documentation such as a birth certificate, marriage certificate, tax return, etc. Your benefits may be affected if there is a delay verifying the eligibility of your dependents. If you do not provide all the required documentation by the deadline, he/she will be dropped from your medical insurance coverage.

You will be able to access an SBC on your home page in the Employee Navigator Portal, or you may obtain a copy of the SBC by contacting your Payroll & Benefits Specialist.

When Coverage Ends

If your employment terminates for any reason, all benefits end on the last day of the month. Under certain circumstances, you may continue your health coverage. This is called COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985). Under COBRA you may continue your medical and dental insurance. Various voluntary benefits may be eligible to transfer to you for bill-at-home.

The following information included in this booklet is a brief overview of the benefit plans currently offered and is not to be interpreted as a complete disclosure of plan entitlement to any of the benefits described. The company reserves the right to adjust, amend and revise benefit plans. In all cases of specific plan interpretations, receipt of benefits or entitlements, the actual plan documents shall rule. You can contact your Treasurers department for actual plan documents.

Adding or Terminating Dependents

DOCUMENTATION IS REQUIRED when adding or terminating a dependent from your insurance coverage(s). Required documentation must be received and approved by the Treasurer's office before your dependent(s) will be added to, or terminated from, your plan.

REQUIRED DOCUMENTS NEEDED TO VERIFY ELIGIBILITY OF DEPENDENTS

<p>To verify a legal spouse</p>	<p>A photocopy of a marriage certificate or an acceptably executed marriage license that identifies the couple, date of marriage, legal jurisdiction and has a signature or seal showing it has been <u>properly recorded with the County and/or State</u>. A church ceremony document will not be acceptable if it does not meet these requirements.</p>
<p>To verify a natural or adopted child, or stepchild who is eligible to age 26</p>	<p>Provide a <u>legible</u> photocopy of an acceptable birth certificate or hospital birth record that shows your name or the name of your enrolled spouse as the parent of the child and is signed by a hospital administrator or physician on staff. If you do not have the birth certificate you may send a copy of the pages of any court document that shows the parents and child's names, identifies the court, county or state, date of the action and the filing record or a court signature that have been signed and/or stamped by a member of the court or you may provide a paternity test.</p> <p>If your spouse is not enrolled and his/her name is on the birth certificate and your name is not listed, you must also provide a copy of your marriage certificate.</p>
<p>Medical/Rx and Dental Insurance: Dependent children may be covered up to the end of the month when they age 26 regardless of financial independence, student status, residence, or marital status.</p>	
<p>To verify PERMANENT Legal Guardianship or Legal Custodian for children under age 18.</p> <p>NOTE: Children placed in temporary custody are not eligible</p>	<p>Language states: any child for whom either the Card Holder or Card Holder's spouse is the legal Guardian or Custodian.</p> <p>**Definition of Custodian = a person who, by court order, has permanent custody of a child.</p> <p>**Definition of Legal Guardian = an individual who is either the natural guardian of a child or who was appointed a guardian of a child in a legal proceeding by a court having the appropriate jurisdiction.</p> <p>Standard document: court document that is signed and/or stamped by a member of the court assigning minor child to employee or the employee's spouse.</p>
<p>To verify eligibility of a grandchild</p>	<p>This relationship is only allowed if the employee has either legal guardianship over the dependent or court-ordered custody. See above for required documentation.</p>

REQUIRED DOCUMENTS NEEDED TO TERMINATE DEPENDENTS

<p>To remove a spouse from your coverage</p>	<p>If divorced, a photocopy of the first/last page of your divorce decree with a signature or seal showing it has been properly recorded with the County and/or State.</p> <p>**If legally separated, proof that your spouse is enrolled in other coverage.</p>
<p>To remove a minor child Under the age of 19</p>	<p>Provide proof of other coverage.</p>

Medical Insurance



	Medical PPO		HDHP/HSA Plan		Certified Bronze	
	In Network		In Network		In Network	
Dependent Child Age Limit	Dependent Children are covered to the end of the month in which they turn 26, regardless of financial dependence, student status, residence, or marital status.					
Benefit Period	Calendar year					
Deductible (Individual/Family)	\$200 / \$400		\$2,000 / \$4,000		\$6,000 / \$12,000	
Max Out-of-Pocket (includes deductibles, coinsurance, medical and RX copays)	\$6,350 / \$12,700		\$2,500 / \$5,000		\$6,000 / \$12,000	
Inpatient/Outpatient Facility	100% after deductible		100% After Deductible		100% After Deductible	
Emergency Room (Emergency Use)	\$100 Copay		\$100 Copay After Deductible		100% After Deductible	
Urgent Care	\$50 Copay		100% After Deductible		100% After Deductible	
Office Visits – Diagnostic	\$25 Copay		100% After Deductible		100% After Deductible	
Express Care-On Line “Telehealth”	\$ 0 Copay		100% After Deductible		100% After Deductible	
Routine Preventative and Wellness Services in accordance with State and Federal Law	Covered 100% Not subject to Deductible		Covered 100% Not subject to Deductible		Covered 100% Not subject to Deductible	
Diagnostic Lab/X-Ray	100% After Deductible		100% After Deductible		100 % After Deductible	
CT Scan MRI/NMR and Nuclear Medicine: Coverage based on place of service	100% After Deductible		100% After Deductible		100% After Deductible	
Prescription Drug Retail Copays - 30 Day Supply	\$10 - Generic \$25 - Preferred Brand \$60 - Non-Preferred Brand		Copay <u>After</u> Deductible: \$10 - Generic \$25 - Preferred Brand \$60 – Non-Preferred		100% After Deductible	
Mail Order - 90 Day Supply	\$25 - Generic \$62.50 - Preferred Brand \$150 - Non-Preferred		Copay After Deductible: \$25 – Generic \$62.50 - Preferred Brand \$150 – Non-Preferred		100% After Deductible	
Lifetime Max	Unlimited					
Cost Per Pay	PPO*		HDHP/HSA		Bronze	
	Single	Family	Single	Family	Single	Family
18 Deduction	\$100.69	\$385.24	\$19.32	\$73.93	\$0	\$0
24 Deductions	\$75.52	\$288.93	\$14.49	\$55.45	\$0	\$0

*Employee contributions for the PPO plan will be \$100 less per year for single or \$200 less per year for family if you participated in a biometric screening. If your spouse is covered on the PPO plan, he/she must also have participated in the biometric screening.

Health Savings Account (HSA)

If you enrolled in the HDHP / HSA plan, you are eligible to enroll in a Health Savings Account (HSA). A health savings account (HSA) is a tax-advantaged savings account that gives you the ability to save for future medical expenses or pay current ones.

Does the district contribute funds to my HSA ?

Yes, for 2024 plan year, for employees that **participated in a biometric screening**, the district will fund your HSA account with \$800 for single coverage and \$1,600 for family coverage. If your spouse is enrolled in the plan, your spouse must have also completed a biometric screening. For employees that did not participate in a screening, the district will fund \$700 for single coverage and \$1,400 for family coverage. HSA funds from the district are deposited as soon as is practicable after the first of the year. All employees new to the HSA plan will be enrolled in an HSA account with Payflex.

May I contribute more to my HSA beyond the district contribution?

Yes. Health Savings Account (HSA) are subject to IRS regulations and annual maximums are set each year. In 2024, the maximum amount a single person household can contribute to an HSA is \$4,150 and the maximum for family is \$8,300. Because the district will fund \$800 for an individual and \$1,600 for a family, this reduces the amount an employee can contribute. Therefore, employees enrolled in the HSA plan for tax year 2024 may contribute up to an additional \$3,350 for a single individual or \$6,700 for Family coverage. Employees who are age 55+ may contribute an additional \$1,000 to their savings account under the IRS "Catch Up" provision. Employees may elect any dollar amount they are comfortable contributing without exceeding the allowable IRS limits.

Advantages of an HSA

Portability – You can take 100% of the deposited funds with you when you retire or leave the district. You are the account owner.

Flexibility – You can choose whether to spend the money on current medical expenses or you can save your money for future use. Unused funds remain in the account from year to year and there is no "use-it-or-lose-it" provision.

Tax Savings – Contributions are tax free (pre-tax through payroll deduction). Earnings are tax free. Funds withdrawn are eligible for medical expenses and are tax free.

Premium Savings – The HSA qualified insurance plan is less expensive than a traditional insurance plan.

What can I use my HSA dollars for?

Health Savings Account money may be used for medical, dental and vision services, equipment, pharmaceuticals, braces, contacts, etc. Should an employee use the funds to pay for other services unrelated to medical, dental and vision needs, those amounts will be subject to tax and penalty from the IRS.

Will my medical bills automatically be paid by my HSA? No. You will decide how your bills are paid, either through your HSA by using the debit card or some other source.

How do I access the funds in my HSA? There are multiple ways to access the funds in the account. You will be provided a debit card you are able to use at your provider's office or the pharmacy. If you do not have your card, you may pay out-of-pocket and then reimburse yourself from your account.

If you use your HSA funds for non-qualified expenses – you will pay ordinary income tax + a 20% (or greater) penalty prior to age 65. At age 65, you only pay ordinary income tax on any non-qualified withdrawals.

Nearly every claim submitted to our Healthcare FSA vendor results in a request for proof, such as an Explanation of Benefits. Will the HSA require the same level of documentation? No, the bank does not require documentation or support for distributions from an HSA. However, you may want to retain your records in case of an IRS audit.

Will I be able to take my HSA money when I leave the district? Yes, employees who participate in the HDHP with a Health Savings Account are owners of the funds deposited to their HSA account. Regardless of who contributes - district or employee, the allocated contributions belong to the employee. This makes saving easy knowing you can take your account with you wherever you may go. Please be advised, once you leave the district, all future contributions to the HSA will end.

How much will I be taxed if the money will be used for non-medical expense? If you are under the age of 65 and choose to take the funds out to pay for a non-medical expense, you will pay income tax on the distribution plus a 20% penalty. If you are age 65 and older and choose to take the funds out to pay for a non-medical expense, you will pay income tax but will not be assessed the 20% penalty.

Could you use the HSA for long-term care after you retire (such as a nursing home)? Yes, long-term care expenses are eligible to be paid from the HSA.

If I enroll in the HSA, can I contribute to the Flexible Spending Account? Employees who elect the HDHP with HSA are ineligible to participate in the regular Flexible Spending Account. However, they may participate in the limited purpose FSA. The limited purpose FSA may only be used to pay for eligible dental and vision services only.

My spouse is going to sign up for a Healthcare FSA (Flexible Spending Account) to cover the out-of-pocket costs they incur themselves and our dependent children. How does this impact me? If your spouse signs up for a Healthcare FSA, then you will not be eligible for an HSA, since your spouse *could* reimburse your out-of-pocket expenses out of the FSA, even though you are not a dependent on his healthcare plan.

I have secondary insurance with my wife's employer. Do I have to drop that coverage to be eligible for the Chardon Local Schools HSA? Yes, you cannot be covered under any other coverage that is not HSA compatible to contribute to the HSA or receive employer contributions to the HSA.

My child, age 23, is covered under my insurance; however, he is not a taxable dependent. Am I able to use my HSA to pay for his qualified expenses? No, you may only use your HSA money for yourself, your spouse, or dependents you can claim as a taxable dependent.

Per my divorce decree, my child is claimed by me or my ex-spouse every other year. Am I still able to use the HSA money on my dependent child in the years that I cannot claim her on my tax return? Yes, if your child is considered an eligible tax dependent, then you may use the funds for her out-of-pocket healthcare costs.

Will I still be able to participate in Medical Mutual's disease and maternity programs, such as their diabetes program? Yes, you are still eligible to participate in these programs.

If 2024 is my first year participating in the HSA plan and I incurred a medical expense in 2023 and set up a monthly payment plan that will continue into 2024, may I make the payments out of the HSA in 2024, even though the date of service was in 2023? No, because the date of service is prior to the effective start date of the HSA, you cannot use the funds in the HSA.

Flexible Spending Account (FSA)

A Flexible Spending Account is a tax-advantaged account that gives you the ability to save for future medical expenses or pay current ones. It is a special account you put money into that you use to pay for certain out-of-pocket healthcare costs. You do not pay taxes on the money that you put into the account. This means you will save an amount of money equal to the taxes you would have paid FSAs help to fill coverage gaps between health plans and out-of-pocket expenses. The district offers a Healthcare FSA, and Dependent Care FSA.

The Healthcare FSA allows immediate access to the full amount of money from the year. That means that if you choose to put \$1,000 into an FSA for the year, the full \$1,000 will be available after your first payroll contribution. You will continue to make your per pay contributions into the account for the year. You do not need to wait for the funds to accrue.

Generally, FSA's have a "use-it-or lose it" rule, which means that if you don't use up your FSA contributions during a plan year, you will forfeit that money as it cannot be carried into the next plan year. However, the Healthcare FSA has a carryover provision that allows you to carryover up to \$610 to the next plan year. Any amount remaining in excess of the \$610 would be forfeited,

Healthcare Flexible Spending Account (FSA) – *Not enrolled in the HSA*

If you chose the PPO or Bronze Medical Plan, then you were not eligible to participate in the HSA. The district has provided an alternate pre-tax spending account that allows you to contribute money, pre-tax from your paycheck to pay for eligible health, dental and vision out of pocket expenses. The maximum amount you can contribute to a Healthcare FSA is determined by the IRS. The annual maximum deferral limit is **\$3,050**. Your Spouse can also contribute to their employer sponsored FSA to the annual maximum.

Advantages of an FSA

Tax Savings – Contributions are tax-free (pre-tax through payroll deduction). Funds withdrawn are eligible for medical expenses and are tax-free.

Funds are Immediately Available – The Healthcare FSA Account will be fully funded for the entire year after your first contribution in January and you will have access to the full year of funds immediately, while you continue to make your per pay contributions throughout the year.

Over the Counter Savings – You can use FSA dollars to purchase some over the counter items, such as Band-Aids, Allergy Tablets and Tylenol to name a few - stipulations apply.

Limited Purpose Flexible Spending Account (LFSA) – *Enrolled in the HSA*

A Limited Purpose FSA is a great compliment for someone who defers monies into the HSA. Use your pre-tax Limited Purpose FSA funds to pay for qualified out-of-pocket **dental and vision** related expenses for you and your qualified dependents. To defer monies into a pre-tax Limited Purpose FSA, you must be enrolled in the HDHP / HSA Medical Plan. The maximum amount you can contribute to a Limited Purpose FSA is determined by the IRS. The annual maximum deferral limit is **\$3,050**.

Dependent Care Flexible Spending Account (DCFSA) – *Everyone Eligible*

With a Dependent Care FSA, you can take advantage of childcare tax savings now, instead of waiting to file your tax returns.

Use your Dependent Care FSA funds to pay for out-of-pocket, qualified expenses incurred from a **licensed** childcare provider for your qualified dependents (generally, legal children under 13 years old). The contribution limit is determined by your IRS Federal Tax Return Filing Status as follows: **\$5,000** per household.

Dental Coverage



Dental benefits provide you and your family with comprehensive coverage to keep your smile shining bright! The chart below provides you with a brief summary of the key benefits of the dental insurance available.

	Deductible & Benefit Maximum	
	In Network	Out-of-Network
Deductibles: Individual / Family	\$25 / \$50	\$25 / \$50
Benefit Max Per Year	\$1,500 per person	\$1,500 per person
	Diagnostic & Preventative	
Diagnostic & Preventative - exams, cleanings, fluoride	100% Covered	100% Covered
Radiographs - x-rays	100% Covered	100% Covered
	Basic Services	
Minor Restorative Services - Fillings and crown repair	80% Covered	80% Covered
Endodontic Services - Root canals	80% Covered	80% Covered
Periodontic services - treat gum disease	80% Covered	80% Covered
Other basic services	80% Covered	80% Covered
Realign and Repairs - bridges, dentures, implants	80% Covered	80% Covered
	Major Services	
Major Restorative Services - Crowns	50% Covered	50% Covered
Prosthodontic Services - Bridges, Implants	50% Covered	50% Covered
	Orthodontic Services	
Braces	50% Covered	50% Covered
Age Limit	No Age Limit	No Age Limit
Orthodontia Lifetime Max	\$850	\$850

Important Benefit Change: effective 1/1/24, the frequency limit for preventive exams/cleanings is changing from once per 6 months to twice per calendar year, and bitewing x-rays from one set every 6 months to 2 sets per calendar year.

REMINDER: effective last year 1/1/23, your dependent children are eligible for dental coverage to age 26. There is no student requirement.

This dental coverage is a valuable benefit being offered that only costs a minimal amount. If you choose to select dental coverage, the total annual cost is a single deduction of \$.50 for single coverage and \$1.00 for family coverage the first payroll run of May.

Visit www.Aetna.com to locate a Dentist. The out-of-network dentist fee allowed by Aetna Dental may be less than what your dentist charges and you may be responsible for the difference.

This is an outline of coverage and does not contain all benefits and provisions of the plans. Refer to the Certificate of Coverage for complete details.



Vision (Voluntary)

Our vision plan can help reduce the cost of routine eye exams, eyeglasses, and contact lenses. Regular eye exams not only determine your need for corrective eyewear, but also may detect general health problems in their earliest stages. To find a local provider, visit: vsp.com and select the Choice Network

Benefit	Frequency	In-Network Member	Out-of-Network
Exam Services Well Vision Exam	1 per 12 months	\$20	up to \$45
Laser Vision Correction Discount	Once per eye per lifetime	<ul style="list-style-type: none"> • Average 15 % off the regular price or 5% off the promotional price. • Discounts only available from contracted facilities. 	N/A
Lenses	1 per 12 months	\$25 (Lenses and Frame)	
Single Lined			up to \$ 30
Bifocal Lined			up to \$ 50
Trifocal			up to \$ 60
Lenticular			up to \$100
Necessary Contacts			up to \$210
Lens Enhancements			
Standard Progressive		\$55	
Premium Progressive		\$95 - \$105	
Custom Progressive		\$150 - \$175	
Frames	1 per 12 months	<ul style="list-style-type: none"> • \$130 for the frame of your choice and 20% off the amount over your allowance. • \$70 Allowance at Costco and Walmart 	up to \$70
Elective Contact Lenses Contact lenses are in place of lenses and frame.	1 per 12 months	<ul style="list-style-type: none"> • Up to \$60 / 15% savings for your contact lens exam (fitting and evaluation). • \$130 for contact lenses. 	up to \$105
Additional Glasses and Sunglasses Discount	20% off additional glasses and sunglasses, including lens options, from the same VSP doctor on the same day as your exam. Or get 20% off from any VSP doctor within 12 months of your last exam.		
Coverage with Retail Providers	*Coverage with retail providers may be different. Check with Costco and Walmart for VSP member pricing. The Costco and Walmart allowance are equivalent to the allowance at preferred providers and other retail providers.		

Note: dependent children are eligible for vision up to age 26

Cost Per Pay	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
(18) Deductions	\$5.16	\$10.33	\$11.36	\$16.51
(24) Deductions	\$3.87	\$7.75	\$8.52	\$12.39

Basic Life and AD&D



Life Insurance is an important part of your financial security, especially if others are depending on you for financial support. Life Insurance protects your family from sudden loss of income in the event of your death, and even if you are single, your beneficiary can use your life insurance to pay off debts and other final expenses. That is why we provide you with a Basic Life and Accidental Death & Dismemberment insurance benefit. See your Payroll & Benefits Specialist for more information.

Life Benefit - AD&D Benefit

Basic life insurance pays a death benefit to named beneficiary

Additional protection for loss due to Accidental Death and Dismemberment including Speech/Hearing loss, Loss of Limb, Loss of Thumb and Index Finger, and Loss of use of a limb due to Quadriplegia, Paraplegia, or Hemiplegia – all with a standard 365-day loss period.

Additional Benefits

Living Benefit

You can request up to 75% of your group term life benefit to be paid while you are living, if you are terminally ill with less than 12 months to live. If you take a Living Benefit payment, the amount your beneficiary gets after your death will be reduced by the amount you were paid.

Additional AD&D Benefits

Additional Accidental Death Benefits include: Seat Belt Benefit, Air Bag Benefit, Repatriation Benefit, Child Higher Education Expenses and Child Care Benefit. See your certificate of coverage for details.



Short-Term Disability (Voluntary)

Short-Term Disability insurance pays you a portion of your salary during an unexpected injury or illness that occurs outside of work and leaves you unable to perform your job. This benefit replaces lost wages when you are not able to work and earn an income due to an accident, illness, or the birth of a child. This Short-Term Disability policy will pay residual benefits and a partial disability benefit based on your limited ability to return to work.

Income from other sources may reduce your benefit amount, including salary continuance or sick leave, return-to-work earnings, Social Security benefits, disability benefits from retirement, government plans, state disability income, etc.

Short-Term Disability Benefit	Choice 1	Choice 2
Minimum Weekly Benefit	\$100	\$100
Maximum Weekly Benefit	60% of income up to \$1,600 (Increments of \$50)	60% of income up to \$1,600 (Increments of \$50)
Guarantee Issue Maximum	\$1,600	\$1,600
Elimination Period	14 Days	7 Days
Maximum Benefit Duration	11 weeks	12 weeks
Pre-Existing Condition	If you have been treated for a condition in the 3 months prior to your effective date, it will not be covered 12 months.	

Cost by age group per \$10 of weekly benefit											
Cost per Pay	< 24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Choice 1 (18)	\$0.55	\$0.57	\$0.54	\$0.41	\$0.26	\$0.26	\$0.31	\$0.40	\$0.48	\$0.66	\$0.77
Choice 1 (24)	\$0.41	\$0.43	\$0.40	\$0.31	\$0.19	\$0.20	\$0.23	\$0.30	\$0.36	\$0.49	\$0.58
Choice 2 (18)	\$0.70	\$0.72	\$0.67	\$0.51	\$0.34	\$0.34	\$0.40	\$0.52	\$0.61	\$0.75	\$0.81
Choice 2 (24)	\$0.52	\$0.54	\$0.50	\$0.38	\$0.25	\$0.25	\$0.30	\$0.39	\$0.46	\$0.56	\$0.61

Regular maternity leave is covered under this benefit for income replacement.¹



¹ This is not a guarantee of coverage for claim. All claims are subject to a claims process with the insurance company and require specific stipulations be met for claim to be approved and benefits paid. Limitations and exclusions apply. Refer to the policy, certificate and riders for complete details.

Long-Term Disability (Voluntary)

Long-Term Disability insurance provides you with a monthly cash benefit to help pay for everyday expenses such as mortgage/rent, utilities, childcare, and groceries, if a covered disability such as a back injury or a chronic illness takes you away from work for an extended period of time. If you suffer a long-term disability, this could provide you with a monthly check to replace a portion of your income, which can help lessen the financial impact of a covered disability. This allows you the financial freedom to manage your expenses even when you cannot work, due to a covered disability, so that you do not have to rely solely on savings, friends, or family.

This policy is a Long-Term Disability policy, and it has a longer elimination period, the amount of time you must be disabled before the policy will pay. It pairs well with a short-term disability policy to cover this elimination period. However, this policy will provide a benefit for qualified disability claims up until normal social security retirement age.²

Long-Term Disability	
Minimum Monthly Benefit	\$100
Monthly Benefit	60% of Income
Maximum Monthly Benefit	\$7,000
Elimination Period	90 days (12 weeks)
Benefit Duration	Social Security Normal Retirement Age or longer depending on your age at disability.
Own Occupation Provision	24 months
Pre-Existing Condition	If you have been treated for a condition in the 3 months prior to your effective date, it will not be covered for the next 12 months.

Cost by age group per \$100 Covered Payroll											
Cost Per Pay	< 24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
(18) Deductions	\$0.07	\$0.09	\$0.17	\$0.26	\$0.35	\$0.43	\$0.57	\$0.71	\$0.74	\$0.46	\$0.50
(24) Deductions	\$0.06	\$0.07	\$0.13	\$0.19	\$0.27	\$0.32	\$0.43	\$0.53	\$0.55	\$0.34	\$0.37

The rates shown in this grid are for illustrative purposes and will vary based on multiplication due to rounding.



Disability Insurance Benefits paid are based on your earnings as reported by your employer, including deductions made for deferred compensation plans and contributions made to HSA/FSA. The premiums are paid after tax and therefore, taxes are not withheld from benefits paid.

How much do you need? Add up all your monthly expenses.

Monthly Income x Percentage Amount = Potential Benefit

² This is not a guarantee of coverage for claim. All claims are subject to a claims process with the insurance company and require specific stipulations be met for claim to be approved and benefits paid. Limitations and exclusions apply. Refer to the policy, certificate and riders for complete details.

Accident Coverage (Voluntary)



Accidents happen at any time, to anyone. When a serious injury unexpectedly occurs, a lump sum benefit from Sun Life provides protection for a wide range of covered benefits. Injured employees and their dependents may use the cash benefits however they want to satisfy deductibles, pay out-of-pocket medical expenses, or pay household bills. Coverage for accidents off the job only.

		High 24 Hour		
Wellness Benefit		\$50 Once per year, per insured		
Accidental Death		\$50,000		
Accidental Death Common Carrier		\$100,000		
Dismemberment		\$750 - \$15,000		
Loss of Fingers, Toes, Eye, Hand, Foot, Arm, Leg, etc.)		\$750 - \$15,000		
Dislocation		Open	Closed	
Fingers/Toes, Wrist, Elbow, Ankle, Hip, Knee, etc.		\$200 - \$6,000	\$100 - \$3,000	
Fractures		Open	Closed	
Nose, Ribs, Fingers/Toes, Sternum, Kneecap, etc.		\$350 - 10,000	\$175 - \$5,000	
Burns		2nd Degree	3rd Degree	
20-40 Sq cm		\$400	\$1,000	
40-65 Sq cm		\$800	\$2,000	
65-160 Sq cm		\$1,200	\$6,000	
160 -225 Sq cm		\$1,600	\$14,000	
More than 225 Sq cm		\$2,000	\$20,000	
Skin Graft		50% of the applicable Burn Benefit		
Laceration				
No sutures & treated by doctor		\$35		
Lacerations with Sutures		\$65 - \$500		
Additional Injuries				
Eye Injury/Object removal		\$250		
Gunshot wound		\$500		
Paralysis		\$25,000 - \$50,000		
Coma		\$10,000		
Concussion		\$100		
Medical services				
Diagnostic exams- Xray, MRI, EKG, EEG, etc.		\$100 - \$200		
Emergency Treatment		\$150		
Follow-up Physician		\$150 (6x per accident)		
Physical Therapy		\$50 (10 per accident)		
Medical Devices		\$500		
Blood, Plasma, Platelet		\$200		
Admission		\$1,500		
Confinement (365 days max)		\$300		
Intensive Care Admission		\$3,000		
Intensive Care (14 days max)		\$750		
Ambulance		\$400 - \$2,000		
Surgery		\$300 - \$2,000		
Emergency Dental		\$65 - \$200		
Cost per Pay	Employee Only	Employee & Spouse	Employee & Child(ren)	Family
(18) Deductions	\$11.35	\$18.48	\$19.99	\$27.12
(24) Deductions	\$8.52	\$13.86	\$15.00	\$20.34

Critical Illness (Voluntary)



Cancer, heart attack, stroke, and the like, may be covered by medical insurance. What about other expenses that come along with those? Coinsurance and deductibles to name a few. Critical Illness offers an affordable way to pay expenses when the unexpected happens, by providing a single lump sum cash benefit that goes directly to you and can be used for any purpose – from paying rent to buying groceries to covering your deductible. You do not need to be enrolled in medical insurance or any other coverage to enroll in Critical Illness Insurance.

	Employee	Spouse	Child(ren)
Benefit Amount - GI Amount	\$5,000 - \$40,000	\$5,000 - \$40,000	\$5,000 - \$20,000
Wellness Benefit	\$100 Once per Year	\$100 Once per Year	\$100 Once per Year
Core Conditions	Initial Diagnosis		Recurrence
Heart Attack	100%		100% of Face Amount
Stroke	100%		100% of Face Amount
Major Organ Failure	100%		100% of Face Amount
End-Stage Kidney Disease	100%		100% of Face Amount
Occupational HIV/Hepatitis B, C, D	100%		N/A
Coronary Artery bypass Graft	25%		25% of Face Amount
Angioplasty	5%		5% of Face Amount
Cancer Conditions			
Invasive Cancer	100%		100% of Face Amount
Non-invasive Cancer	25%		25% of Face Amount
Skin Cancer	5%		5% of Face Amount
Supplemental Conditions			
Complete Blindness	100%		N/A
Loss of Speech	100%		N/A
Complete Loss of Hearing	100%		N/A
Benign Brain Tumor	100%		N/A
Paralysis / Coma	100%		N/A
Severe Burns	100%		N/A
Advanced ALS or Lou Gehrig's	100%		N/A
Advanced Alzheimer's/Parkinson's	25%		N/A
Child Coverage Only			
Down Syndrome	100%		N/A
Cerebral Palsy	100%		N/A
Cystic Fibrosis	100%		N/A
Cleft Lip/Palate	100%		N/A
Type 1 Diabetes Mellitus	100%		N/A
Muscular Dystrophy	100%		N/A
Complex Congenital Heart Disease	100%		N/A
Spina Bifida	100%		N/A

Rates are based on employee attained age for their coverage election. Spousal rates are based on their own attained age. Spouse cannot exceed 100% of the employee amount and child cannot exceed 50% of the employee amount.

Per Pay	Cost by age group per \$1,000 coverage						
	Child(ren)	<-29	30-39	40-49	50-59	60-69	70+
18 Deductions	\$0.07	\$0.47	\$0.59	\$0.97	\$1.74	\$2.96	\$5.41
24 Deductions	\$0.06	\$0.35	\$0.45	\$0.73	\$1.31	\$2.22	\$4.06

Hospital Indemnity Insurance (Voluntary)



Help you with out-of-pocket medical costs incurred with a hospital stay. Sun Life's Hospital Indemnity plan provides flexible options that make it easy to meet cost and coverage goals. Employees with hospital stays of 10 days or more may receive additional Extended Hospitalization benefits.

First Day Benefits Payable per benefit year	Low Plan	High Plan
First Day Hospital	\$500 per day 1 day	\$1,000 per day 1 day
First Day ICU	\$500 per day 1 day Payable with First day hospital	\$1,000 per day 1 day Payable with First day hospital
Hospital Confinement – Per year	\$100 per day 15 days Payable with First Day Hospital	\$200 per day 15 days Payable with First Day Hospital
Maternity Confinement This benefit is payable when an insured person: · has used up their normal Hospital Confinement days, and then · has an inpatient confinement for normal pregnancy and childbirth.	\$50 per day Normal delivery – 2 days Caesarean delivery – 4 days	\$50 per day Normal delivery – 2 days Caesarean delivery – 4 days
Newborn Nursery Confinement	\$50 per day Normal delivery – 2 days Caesarean delivery – 4 days Not payable with any other confinement	\$50 per day Normal delivery – 2 days Caesarean delivery – 4 days Not payable with any other confinement
ICU Confinement	\$100 per day 15 days Payable with First Day Hospital Payable with Hospital Confinement	\$200 per day 15 days Payable with First Day Hospital Payable with Hospital Confinement
Extended Hospitalization	\$100 per day The additional benefit pays after 10 total days in a row of confinement beginning with your first day in: · a regular hospital rooms · the ICU	\$200 per day The additional benefit pays after 10 total days in a row of confinement beginning with your first day in: · a regular hospital rooms · the ICU
Newborn Care	Routine care covered under newborn nursery confinement	

- **Covered conditions:** Plans can include coverage for hospital confinements due to accident and sickness, mental and nervous disorders, substance abuse, routine pregnancy, and newborn routine care.
- **First Day benefits:** Benefits can include a First Day Hospital &/or First Day ICU.
- **Benefits can add up:** Add additional value to your plan by including the option for benefits, such as First Day, Hospital Confinement, or ICU benefits, to be paid on the same day.
- **Extended Hospitalization benefit:** Covered employees and dependents with hospital/ICU confinements of 10 consecutive days or more can receive additional benefits for the duration of their confinement.
- **Complements other plans:** Hospital Indemnity complements Critical Illness and Accident coverage in their goal to help protect employees from out-of-pocket medical expenses. Benefits are paid regardless of what other coverages employees may have.

	Employee only	Employee & spouse	Employee & Children	Employee & Family
Low (18) deductions	\$8.19	\$17.30	\$14.21	\$23.33
(24) deductions	\$6.15	\$12.98	\$10.66	\$17.50
High (18) deductions	\$14.35	\$29.99	\$24.83	\$40.47
(24) deductions	\$10.77	\$22.49	\$18.63	\$30.35

Hospital Indemnity Insurance is a limited benefit policy. It does NOT provide basic hospital, basic medical, or major medical insurance. It is not a Medicare Supplement policy. The certificate has exclusions, limitations, and benefit waiting periods for certain conditions that may affect any benefits payable. Benefits payable are subject to all terms and conditions of the certificate. The policy, certificate and any rider, if applicable, may not be available in all states and may vary based on state laws and regulations.

Trustmark Universal Life

Universal Life Insurance is designed to provide peace of mind that lasts a lifetime. It offers flexible benefits that combines life insurance protection with the ability to grow cash value over time. Your Universal life policy will include Long-Term Care coverage built-in, and an accelerated benefit for terminal illness. If your policy has earned sufficient cash value, you may borrow from it for any reason at a modest interest rate. You can use the loan for things such as college tuition or mortgage cost. Or you can elect to have a paid-up policy and leave the benefit to pay for final expenses.

Policy Highlights	Benefits
Guarantee Issue Limits	Employee (Ages 18-75): \$75,000
Spouse and Child Coverage is Modified Guarantee to Issue	Spouse (Ages 18-70): the face amount purchased by \$3 per week or \$5,000 whichever is greater
	Child (15 days – 18, or to 22 full-time student): the face amount purchased by \$3.02 - \$4.31 per week
Maximum Benefit Levels - Requires evidence of Insurability	Employee: \$300,000
	Spouse: \$300,000
Additional Features	
Terminal Illness Rider	If a covered person is diagnosed with a terminal illness, when life expectancy is 24 months or less, up to 75% (\$150,000 max) of the policy benefit will be paid.
Long-Term Care (LTC)	Accelerates at 4% monthly as needed, up to 25 months to pay for long-term care at home or in a facility. This benefit does reduce the death benefit.
Death Benefit Restoration	This built-in benefit restores the total amount of death benefit reduced by the LTC each time a benefit is paid. Allows beneficiary to receive the full death benefit.
Fully Portable	This is an individual policy, which belongs to you and when you leave, will simply convert to bill at home.

Rates will vary based on your age, whether you use tobacco, and which benefit amount you select. Spousal rates are based on spouse age, tobacco use and benefit amount.

Age at Purchase	\$25,000 Universal Life Policy
30	from \$5.06 - \$6.27
40	from \$7.42 - \$9.44
50	from \$11.92 - \$15.44

Sample rates are shown for illustrative purposes only. Rates may vary by age, smoking status, state, and features included in this policy. An application for insurance must be completed to obtain coverage. Your rate is “locked in” at your age at purchase! Once you have a policy, your rate will never increase due to age.

This summary of benefits is intended only to be a highlight of some of the most elected benefits. Please refer to your certificate of coverage for an exact description of coverage, exclusions, and limitations.

Identity Theft Protection (Voluntary)



A shocking amount of information can be found online. From Social Security numbers, bank account numbers and social media profiles. A savvy thief potentially has access to all the data they need to assume someone else's identity, top open credit cards, take out loans, receive medical treatment they do not pay for, collect tax refunds or otherwise cause financial and reputational damage.

Did you know identity theft claims more than 15 million victims a year, which is a new victim every 2 seconds? With identity theft taking months to resolve, it is as important as ever to get the protection you and your family deserve. You can count on IdentityForce for services that help you minimize threats, monitor personal information, and manage recovery if you are ever the victim of identity theft or fraud.

CREDIT PROTECTION SERVICES

Daily Credit Bureau Monitoring — Daily monitoring of your personal records from three credit bureaus.

Credit Report and Score — Provided annually by three credit bureaus.

Score Tracker — Ongoing tracking of your credit score. Downward trends may tell you that new accounts are being opened in your name.

PROACTIVE AND IDENTITY MONITORING SERVICES

Dark Web — Continuous monitoring of the internet – places such as black-market websites, underground chat rooms and forums – to detect suspicious activities before your personally identifiable information (PII) is stolen. You will receive alerts when your SSN, credit card numbers, financial account numbers, medical ID, email, phone number and more are detected.

Social Security Number Monitoring — Reviews names, aliases and addresses associated with your number for signs of fraud.

Credit and Debit Card Monitoring — Be notified when changes, such as your name, address, or a new account holder, are made to your credit or bank accounts.

Sex Offender Notification — Monitors registered sex offenders living near you to ensure an offender has not registered using your name and address.

Comprehensive Identity Monitoring — Additional sources are also monitored, including court records, payday loans, change-of-address and more.

ADVANCED MONITORING SERVICES

High-Risk Financial Monitoring — Receive alerts when new accounts are opened, or changes are made to an existing credit or bank account.

Child Monitoring — Monitors your child's PII to detect changes associated with your child's identity.

Social Monitoring — Proactively protecting your family's reputation and online activity by monitoring popular social media services for information that could be dangerous or damaging.

Password Protector — An easy way to track your account credentials and reduce hacking risks. Also offers a password generator and secure password storage.

Resolving identity theft or fraud can be time-consuming and can sometimes involve expenses, including lawyer fees, loss of wages and more. So, at IdentityForce, we are pleased to offer expense reimbursement insurance to pay covered costs associated with the resolution process.

Plus, as an IdentityForce subscriber, you'll have access to our 24/7, world-class Resolution Center Support Team. Our trusted, experienced fraud resolution team will work with you until your issues are completely resolved.

Cost Per Pay	UltraSecure Premium	
	Employee Only	Family
(18) Deductions	\$6.33	11.67
(24) Deductions	\$4.75	\$8.75

This is just a brief summary of IdentityForce services. Limitations and exclusions apply. Refer to the policy, certificate and riders for complete details.

Employee Assistance (EAP)



Personal issues, planning for life events or simply managing daily life can affect your work, health, and family. Your GuidanceResources program provides support, resources, and information for personal and work-life issues. The program is company-sponsored, confidential, and provided at no charge to you and your dependents. This summary explains how GuidanceResources can help you and your family deal with everyday challenges.

Confidential Counseling - 3 Session Plan

This no-cost counseling service helps you address stress, relationship, and other personal issues you and your family may face. It is staffed by GuidanceConsultants®—highly trained master's and doctoral level clinicians who will listen to your concerns and quickly refer you to in-person counseling (up to 3 sessions per issue per year) and other resources for:

- › Stress, anxiety and depression
- › Job pressures
- › Relationship/marital conflicts
- › Grief and loss
- › Problems with children
- › Substance abuse

Financial Information and Resources - Discover your best options.

Speak by phone with our Certified Public Accountants and Certified Financial Planners on a wide range of financial issues, including:

- › Getting out of debt
- › Retirement planning
- › Credit card or loan problems
- › Estate planning
- › Tax questions
- › Saving for college

Legal Support and Resources - Expert info when you need it.

Talk to our attorneys by phone. If you require representation, we'll refer you to a qualified attorney in your area for a free 30-minute consultation with a 25% reduction in customary legal fees thereafter. Call about:

- › Divorce and family law
- › Real estate transactions
- › Debt and bankruptcy
- › Civil and criminal actions
- › Landlord/tenant issues
- › Contracts

Work-Life Solutions - Delegate your "to-do" list.

Our Work-Life specialists will do the research for you, providing qualified referrals and customized resources for:

- › Child and elder care
- › College planning
- › Home repair
- › Moving and relocation
- › Pet care
- › Making major purchases

GuidanceResources® Online - Knowledge at your fingertips.

GuidanceResources Online is your one stop for expert information on the issues that matter most to you... relationships, work, school, children, wellness, legal, financial, free time and more.

- » Timely articles, HelpSheetsSM, tutorials, streaming videos and self-assessments
- » "Ask the Expert" personal responses to your questions
- » Childcare, elder care, attorney, and financial planner searches

Free Online Will Preparation - Get peace of mind.

EstateGuidance® lets you quickly and easily write a will on your computer. Just go to www.guidanceresources.com and click on the EstateGuidance link. Follow the prompts to create and download your will at no cost. Online support and instructions for executing and filing your will are included. You can:

- › Name an executor to manage your estate
- › Choose a guardian for your children
- › Specify your wishes for your property
- › Provide funeral and burial instructions

ComPsych® GuidanceResources® CALL ANYTIME

Call: **855.387.9727**

Online: **guidanceresources.com**

Your company Web ID: **ONEAMERICA3**

Contacts

Vendor	Phone Number	Website
Medical Medical Mutual OH	(800) 523-8558	www.medmutual.com
FSA Payflex	(844) 729-3539	www.payflex.com
Dental Aetna Dental	(877) 238-6200	www.aetna.com
Vision Sun Life	(800) 877-7195	www.sunlife.com
Short-Term Disability Sun Life	(800) 247-6875	www.sunlife.com
Long-Term Disability Sun Life	(800) 247-6875	www.sunlife.com
Accident Sun Life	(800) 247-6875	www.sunlife.com
Critical Illness Hospital Indemnity Sun Life	(800) 247-6875	www.sunlife.com
Basic Life & Voluntary Life One America	(800) 553-5318	www.oneamerica.com
Universal Life Trustmark	(888) 763-7474	www.trustmark.com
Identity Theft Sontiq Identity Force	(855) 441-0270	www.identityforce.com
EAP ComPsych	(855) 387-9727	www.guidanceresources.com ID: ONEAMERICA3

