

Benefit Summary 2019

Helping you make informed choices about your employee benefits.



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This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.

The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.

Benefits Overview

Dublin City Schools is proud to offer a comprehensive benefits package to eligible, full-time and part-time employees. The complete benefits package is briefly summarized in this booklet.

You share the costs of some benefits (medical, dental and vision), and Dublin City Schools provides other benefits at no cost to you (basic life, accidental death & dismemberment).

In addition, there are voluntary benefits with reasonable group rates that you can purchase through Dublin City Schools' payroll deductions.

Benefits Offered

- » Medical ¹
- » Dental
- » Vision
- » Health Savings Account (HSA)
- » Flexible Spending Account (FSA)
- » Life Insurance & Accidental Death & Dismemberment (AD&D) Insurance (Basic & Optional)
- » Short-Term Disability
- » Long-Term Disability
- » Cancer
- » Accident
- » Critical Life Events
- » Universal Life with Long Term Care
- » LifeLock Identify Theft Protection
- » Employee Assistance Program (EAP)

Eligibility

You and your dependents are eligible for Dublin City Schools' benefits on the first of the month following your first day of work or Board approval of your hire, whichever is later.

Please reference each specific Plan Document to verify the Dependent Eligibility rules.

Elections made now will remain until the end of the benefit year unless you or a dependent experience a qualifying event.² If you experience a qualifying event and wish to change your benefit elections, you must contact your Benefits Office **within 30 days of the event**. You will have an opportunity to change elections for the next benefit year during the open enrollment period.



¹ Part-time employees (defined as employees who are contracted for less than twenty (20) hours per week) who are hired on or after July 1, 2014 are not eligible to participate in health insurance coverage under the Negotiated Agreement between the Dublin Support Association/OEA/NEA and the Dublin Board of Education.

² Qualifying events for insurance changes include: marriage, divorce, annulment, birth or adoption, death, change in employment status, legal court orders, decrees or judgments, change in dependent eligibility status, change in spousal or adult dependent employer coverage, FMLA, COBRA, HIPAA, Medicaid or Medicare qualification, etc.

Medical Benefits

Administered by Anthem Blue Cross and Blue Shield

Dublin City Schools provides you with a medical plan through Anthem’s Blue Access PPO Plan with National Rx Formulary Network. Comprehensive healthcare also provides peace of mind. In case of an illness or injury, you and your family are covered with an excellent medical plan through Dublin City Schools.

The plan allows you to select where you receive your medical services; however, if you use in-network providers, your costs will be less.

	In-Network PPO	Out-of-Network PPO
Deductible		
Single	\$1,350	\$2,700
Family*	\$2,700	\$5,400
Out-of-Pocket Maximum		
Single	\$2,600	\$5,200
Family	\$5,200	\$10,400
Coinsurance	90%	70%
Doctor’s Office		
Office Visits	90% after deductible	70% after deductible
Preventive Care Services (routine exams, x-rays/tests, immunizations, well baby care and mammograms)	100% covered	70% after deductible
Hospital Services		
Emergency Room	90% after deductible	90% after deductible – Emergency 70% after deductible – Non-Emergency
Urgent Care Center Services	90% after deductible	90% after deductible
Inpatient	90% after deductible	70% after deductible
Outpatient Surgery	90% after deductible	70% after deductible
Ambulance Service	90% after deductible	90% after deductible
Other Services		
Maternity Services	90% after deductible	70% after deductible
Diagnostic Lab/X-ray	90% after deductible	70% after deductible
Diagnostic (MRI, CT Scans, Nuclear Medicine)	90% after deductible	70% after deductible
Prescriptions		
Retail—Generic Drug 31-day supply	90% after deductible	70% after deductible
Direct Mail 90-day supply	90% after deductible	Not covered

*Dependent children **up to age 26** regardless of financial dependence, student status, residence or marital status. Dependents are automatically dropped from health insurance coverage at the end of the month in which the dependent turns 26.

Health Savings Account (HSA)

Administered by CME Federal Credit Union

An HSA is a medical savings account owned by an individual/employee and designed to help them save for future qualified medical expenses (QME) and retiree health expenses. Funds are contributed to an HSA on a pretax basis, and any unused funds roll over from year to year. Only “HSA Eligible” employees may contribute to an HSA. An individual is HSA eligible if he or she:

- » Is covered by an HSA-qualified High Deductible Health Plan (HDHP)
- » Has no other disqualifying coverage (HRA, FSA, Spouse coverage, etc.)
- » Is not enrolled in Medicare
- » Cannot be claimed as a tax dependent of another person; and
- » Is not covered by any non-HDHP coverage

Any contribution by the employee to his/her HSA up to the maximum limits provided by law may, at the member’s discretion, be made either by payroll deduction or in a lump-sum payment. The HSA shall be maintained by the employee for his/her exclusive benefit and that of his/her dependents.

Distributions of funds from the HSA may be made at any time at the discretion of the employee. The employee is responsible for substantiating the distribution for qualified medical expenses (QME).

2019 HSA Contribution Limits

Single Plan	\$3,500
Family Plan	\$7,000
Catch-up Contributions (age 55 or older)	\$1,000

If an individual overcontributes to the HSA, he or she will be subject to a tax penalty on the excessive funds. Any excessive amounts must also be reported on the individual’s tax return as regular income.

Increased Tax Penalty for Non-Eligible Expenses

If HSA funds are used for *ineligible* medical expenses, such as the purchase of a new television, those amounts are taxed as normal income on the individual’s tax return. If the individual is under age 65 at the time of the distribution, he or she is also subject to a *substantial* “early withdrawal” tax penalty.

Definition of Dependent for HSA is Different than Group Health Plan

An HSA owner can use the funds to cover qualified medical expenses of the account owner, his or her legal spouse and tax dependents. Under Health Care Reform, an employee can cover his or her adult children up to age 26 regardless of student or marital status, financial dependence or where they reside. However, medical expenses incurred by the adult child will not

be a qualified expense under the HSA unless the employee’s adult child is a tax dependent. If the adult child is not a tax dependent, any HSA dollars used must be declared as regular income and will be subject to penalty (~20%).

For a list of Qualified Medical Expenses and additional HSA information, please see IRS Publication 969 Health Savings Accounts and Other Tax-Favored Health Plans, and IRS Publication 502 Medical and Dental Expenses at www.IRS.gov.

Dublin City Schools partners with CME Federal Credit Union to administer their Health Savings Account.*

1. First step to establishing an HSA account is to open your CME account.
 - a. Visit www.cmefcu.org and click on Open an Account to begin the registration process. Complete all screens selecting HSA on the Available Products screen.
 - b. You will receive a response back from CME within 1–2 days.
2. Second step is to respond back to CME providing an electronic signature via email.
3. If you have any questions about this process, please don’t hesitate to contact:

CME Call Center @ 1.888.224.3108, ext. 6

Following acceptance of your electronic signature, your HSA will be active and debit cards will be sent out. Payroll deductions will not start until the above steps are completed.

CME Federal Credit Union HSA Benefits:

- » Competitively tiered interest rate
- » No set up or annual HSA fee
- » FREE Electronic Statements
- » FREE Visa Debit Card
- » FREE online bill pay
- » Checks available upon request. Cost of checks will apply
- » LOCAL, personal, friendly customer service
- » Take advantage of the great rates and products available only to Credit Union members
- » CME will fund the \$5 deposit to your Advantage Share account. This amount is required to maintain your membership stake in the credit union.

*If you currently have an HSA through another facility or bank, you can easily rollover your existing account to CME Federal Credit Union, if you choose. To begin the rollover process, please email scerrie@cmefcu.org (Sallie Cerrie at CME Federal Credit Union) using “Dublin City Schools Health Savings Account Rollover” in the subject line. CME will send the appropriate application form and rollover request form back to you to initiate the rollover process. CME will notify Dublin City Schools when the rollover is complete. At that point in time, Dublin City Schools will initiate requested payroll deductions to CME.



**Delta Dental PPO (Point-of-Service)
Summary of Dental Plan Benefits
For Group# 7486-0001, 0099
Dublin City Schools**

This Summary of Dental Plan Benefits should be read along with your Certificate. Your Certificate provides additional information about your Delta Dental plan, including information about plan exclusions and limitations. If a statement in this Summary conflicts with a statement in the Certificate, the statement in this Summary applies to you and you should ignore the conflicting statement in the Certificate. The percentages below are applied to Delta Dental's allowance for each service and it may vary due to the dentist's network participation.*

Control Plan – Delta Dental of Ohio

Benefit Year – January 1 through December 31

Covered Services –

	Delta Dental PPO Dentist Plan Pays	Delta Dental Premier Dentist Plan Pays	Nonparticipating Dentist Plan Pays*
Diagnostic & Preventive			
Diagnostic and Preventive Services – exams, cleanings, fluoride, and space maintainers	100%	100%	100%
Emergency Palliative Treatment – to temporarily relieve pain	100%	100%	100%
Bitewing Radiographs – bitewing X-rays	100%	100%	100%
Basic Services			
Sealants – to prevent decay of permanent teeth	85%	85%	85%
All Other Radiographs – other X-rays	85%	85%	85%
Minor Restorative Services – fillings and crown repair	85%	85%	85%
Endodontic Services – root canals	85%	85%	85%
Periodontic Services – to treat gum disease	85%	85%	85%
Oral Surgery Services – extractions and dental surgery	85%	85%	85%
Other Basic Services – misc. services	85%	85%	85%
Relines and Repairs – to bridges, implants, and dentures	85%	85%	85%
Major Services			
Major Restorative Services – crowns	60%	60%	60%
Prosthodontic Services – bridges, implants, and dentures	60%	60%	60%
Orthodontic Services			
Orthodontic Services – braces	60%	60%	60%
Orthodontic Age Limit –	No Age Limit	No Age Limit	No Age Limit

* When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. The Nonparticipating Dentist Fee may be less than what your dentist charges and you are responsible for that difference.

- Oral exams (including evaluations by a specialist) are payable twice per calendar year.
- Prophylaxes (cleanings) are payable twice per calendar year. Periodontal maintenance procedures are also payable twice per calendar year.
- People with specific at-risk health conditions may be eligible for additional prophylaxes (cleanings) or fluoride treatment. The patient should talk with his or her dentist about treatment.
- Fluoride treatments are payable twice per calendar year with no age limit.
- Bitewing X-rays are payable twice per calendar year and full mouth X-rays (which include bitewing X-rays) are payable once in any three-year period.

- Sealants are payable once per tooth per lifetime for the occlusal surface of first and second permanent molars up to age 15. The surface must be free from decay and restorations.
- Composite resin (white) restorations are Covered Services on posterior teeth.
- Porcelain and resin facings on bridges and crowns are Covered Services on posterior teeth.
- Implants and implant related services are payable once per tooth in any five-year period.

Having Delta Dental coverage makes it easy for you to get dental care almost everywhere in the world! You can now receive expert dental care when you are outside of the United States through our Passport Dental program. This program gives you access to a worldwide network of dentists and dental clinics. English-speaking operators are available around the clock to answer questions and help you schedule care. For more information, check our Web site or contact your benefits representative to get a copy of our Passport Dental information sheet.

Maximum Payment – \$1,500 per person total per Benefit Year on all services except orthodontic services. \$1,000 per person total per lifetime on orthodontic services.

Deductible – \$25 Deductible per person total per Benefit Year limited to a maximum Deductible of \$75 per family per Benefit Year. The Deductible does not apply to diagnostic and preventive services, emergency palliative treatment, bitewing X-rays, and orthodontic services.

Waiting Period – Employees who are eligible for dental benefits are covered on the first of the month following the date of hire.

Eligible People – All full-time and part-time employees of the Contractor who choose the dental plan (0001) and COBRA (Consolidated Omnibus Reconciliation Act of 1985) enrollees (0099). The Contractor and Subscriber share the cost of this plan.

Also eligible at your option are your legal spouse and your dependent children to the end of the calendar year in which they turn 19 and your dependent unmarried children to the end of the calendar year in which they turn 23 who are eligible to be claimed by you as a dependent under the U.S. Internal Revenue code during the current calendar year. You and your eligible dependents must enroll for a minimum of 12 months. If coverage is terminated after 12 months, you may not re-enroll prior to the open enrollment that occurs at least 12 months from the date of termination. Your dependents may only enroll if you are enrolled (except under COBRA) and must be enrolled in the same plan as you. Plan changes are only allowed during open enrollment periods, except that an election may be revoked or changed at any time if the change is the result of a qualifying event as defined under Internal Revenue Code Section 125.

If you and your Spouse are both eligible to enroll in This Plan as Subscribers, you may be enrolled together on one application or separately on individual applications, but not both. Your Dependent Children may only be enrolled on one application. Delta Dental will not coordinate benefits between your coverage and your Spouse's coverage if you and your Spouse are both covered as Subscribers under This Plan.

Benefits will cease on the last day of the month in which the employee is terminated.

Customer Service Toll-Free Number: 800-524-0149 (TTY users call 711)

www.DeltaDentalOH.com

January 1, 2018



VSP Vision Care Renewal
 Dublin School District – 12024876
 January 1, 2019

		Current Plan	Out of Network Benefits
		Signature – Self-Funded	Reimbursements (Copays Apply)
		Member Cost	
<p>Up to 40% savings on sunsync® light-reflective lenses</p> <p>Mail-in rebates on Bauch + Lomb® and CooperVision contact lenses</p> <p>Health and lifestyle discounts and services with VSP® Simple Values</p> <p>Save up to 60% on digital hearing aids through TruHearing®</p> <p>Extra \$20 to spend on featured frame brands:</p>	WellVision® Exam Copay	\$10	\$10, Up to \$50
	Materials Copay	\$0	\$0
	WellVision® Exam Frequency	Unlimited	Unlimited
	Eyeglass Lenses –or– Contact Lenses Frequency	Once every 12 months	Once every 12 months
	Frame Frequency	Once every 12 months	Once every 12 months
	Retinal Imaging	Not to exceed \$39	Not available
	Diabetic EyeCare Plus Exam	\$20 per visit	Not available
	Eyeglass Lens Coverage		
	Single Vision	Covered in Full After Copay	Up to \$50
	Bifocal	Covered in Full After Copay	Up to \$75
Trifocal	Covered in Full After Copay	Up to \$100	
Lenticular	Covered in Full After Copay	Up to \$125	
Progressives	Covered in Full After Copay	Up to \$75	
<i>All Lens Enhancement are based on lens type (single vision or multifocal); members should expect to pay no more than the following copays:</i>			
	Polycarbonate Lenses for Children	Covered in Full	Not available
	Polycarbonate Lenses for Adults	\$23 – \$30	Not available
	Anti-Reflective Coating	\$37	Not available
	Photochromic Lenses	Covered in Full	Not available
	Scratch-resistant coating	\$15	Not available
	UV Coating	\$14	Not available
	Tints	Covered in Full	Not available
	Other Lens Enhancements	Average Savings 35% – 40%	Not available
	Frame Coverage		
	Retail Frame Allowance	\$130 + 20% off any balance	Up to \$70
	Featured Frame Brand Allowance (Extra \$20)	\$150	Not available
	Contact Lenses (in lieu of eyeglasses) with VSP Provider*		
	Elective Contact Lens Allowance	\$130	Up to \$105
	Medically Necessary Contact Lenses	Covered in Full After Materials Copay	Up to \$210
	Contact Lens Exam (Fitting & Evaluation):		
	Standard or Premium Fit Patients	Not to Exceed \$60	Not available
	Administrative Service Fee	Employee / Employee + Family	
	Current ASO Rates – (Projected PEPM Claims)	\$1.36 / \$3.20 (\$16.82)	
	Renewal ASO Rates – (Projected PEPM Claims)	\$1.36 / \$3.20 (\$17.74)	
	Contract Term	36 Months	



Additional Pairs of Glasses *Within 12 months of exam: 20% off unlimited additional pairs of prescription glasses and/or non-prescription sunglasses from any VSP doctor

VSP Laser VisionCareSM Program *Discounts average 15% – 20% off or 5% off a promotional offer for laser surgery, including PRK, LASIK, Custom LASIK, and IntraLase. Discounts are only available from VSP contracted facilities. Also custom LASIK coverage only available using wavefront technology with the microkeratome surgical devise, other LASIK procedures may be performed at an additional cost to the member.

Low Vision Pre approved low vision supplemental testing covered every two years. 75% coverage for approved low vision aids, up to \$1,000 (less any amount paid for supplemental testing) every two years.

Disclaimers & Exclusions *Covered in full materials and services are less any applicable copay. Based on applicable laws, benefits and savings may vary by doctor location. Benefits may also vary at participating retail chains. Promotions like rebates and the featured frame brands promotion are continually evaluated and subject to change without notice. Promotions also do not apply at Costco Optical. The following items are excluded under this plan: two pairs of glasses instead of bifocals; replacement of lenses, frames, or contacts; medical or surgical treatment; orthoptics; vision training or supplemental testing. Items not covered under the contact lens coverage: insurance policies or service agreements; artistically painted or non-prescription lenses; additional office visits for contact lens pathology; contact lens ...

****Effective January 1, 2019, the Out of Network schedule will be updated to reflect VSP's current schedule. The new reimbursements are shown in the illustration.**

*Please note current and renewal age limits for children and students is 23 end of year

Signed _____ Title _____ Date _____

Frequently Asked Questions

VSP Member Services

At VSP, we're dedicated to offering a benefit that's simple to use and worry-free. Here are some answers to our most frequently asked questions.

Q:	How can I obtain a list of VSP network doctors?
A:	Members can find VSP network doctor locations from VSP's Web site at vsp.com or by contacting VSP at (800) 877-7195
Q:	If I have questions about plan coverage, eligibility or need eyecare wellness information, where do I go?
A:	VSP.com provides members and dependents with instant access to check coverage and eligibility information, find a VSP network doctor and learn more about eyecare wellness. Members can also contact VSP's Member Services anytime at (800) 877-7195 and access our automated benefits information system to check eligibility or find a doctor. And, our fully-trained member service representatives are available Monday through Friday from 8:00 a.m. to 10:00 p.m. Eastern.
Q:	What if I am dissatisfied with a VSP network doctor or the materials received through the VSP benefit?
A:	VSP's member promise guarantees complete member satisfaction with services received from a VSP network doctor. If a member isn't happy with the services or product received from a VSP network doctor when using their VSP benefit, please have them contact VSP's Member Services at (800) 877-7195 .
Q:	What if I suspect fraud?
A:	If you suspect fraud, please contact VSP's Fraud Hotline at (800) 877-7236 .
Q:	May I visit a non-VSP provider?
A:	Yes. If out-of-network coverage is included in your plan, members may obtain services from non-VSP providers. (Refer to the enclosed Client Benefit Summary for details of your coverage.) Reimbursement for services from a non-VSP provider is according to a schedule with the same copays and limitations as services through VSP network doctors. However, VSP cannot guarantee satisfaction or extend discounts when using a non-VSP provider.
Q:	How do I collect reimbursement after visiting a non-VSP provider?
A:	When services and/or materials are obtained from a non-VSP provider, members should use the following procedure to receive the allowed reimbursement: Pay the non-VSP provider the full amount of the bill and request an itemized copy of the bill. The bill should separately detail the charges for the eye exam and materials, including lens type. Include the following information with the bill: <ul style="list-style-type: none"> • The name, address and phone number of the non-VSP provider • The covered member's Social Security or other member ID number • The covered member's name, address and phone number • The name of the group • The patient's name, date of birth, address and phone number • The patient's relationship to the covered member (such as self, spouse, child, student, etc). Members can simply write the information on the bill or use the printable form available when members sign on to view benefits information at vsp.com . Send a copy of the itemized bill(s) with the above information to VSP at: <p style="text-align: center;">VSP P.O. Box 997105 Sacramento, CA 95899-7105</p> Please note that claims for reimbursement must be filed within six months of the date of service. Members will be reimbursed according to the out-of-network reimbursement schedule.



DUBLIN CITY SCHOOL DISTRICT

All Full Time and Part Time Active Classified and Certified Employees

All coverages are issued by The Prudential Insurance Company of America.

Basic Term Life, Basic Accidental Death & Dismemberment, Optional Term Life, Optional Dependent Life and Optional Accidental Death & Dismemberment

Coverage Options	
<p>Basic Term Life - 100% Employer Paid</p>	<ul style="list-style-type: none"> ■ Basic Term Life: You are automatically enrolled for \$50,000. ■ If you are terminally ill, you can get a partial payment of your group life insurance benefit. You can use this payment as you see fit. The payment to your beneficiary will be reduced by the amount you receive with the Accelerated Benefit Option. Refer to the plan booklet for details. ■ Payment of premium can be waived if you are totally disabled for 6 months, you are less than 60 years old when the disability begins, and you continue to be totally disabled. This waiver terminates at age 70. This provision may vary by state. ■ The amount of insurance reduces by 50% at age 70. ■ Coverage will end on your termination of employment or as specified in the plan booklet. You may convert your insurance to an individual life insurance policy issued by the Prudential Insurance Company of America.
<p>Basic Accidental Death & Dismemberment - 100% Employer Paid</p>	<ul style="list-style-type: none"> ■ Basic AD&D pays you and your beneficiary a benefit for the loss of life or other injuries resulting from a covered accident -- 100% for loss of life and a lesser percentage for other injuries. Injuries covered may include loss of sight or speech, paralysis, and dismemberment of hands or feet. Basic AD&D benefits are paid regardless of other coverages you may have. ■ Basic AD&D: You are automatically enrolled for an amount equal to your Basic Term Life coverage amount.
<p>Optional Term Life - 100% Employee Paid</p>	<ul style="list-style-type: none"> ■ Purchase coverage in increments of \$10,000 up to a maximum of \$500,000, not to exceed 5.0 times your covered annual earnings. <ul style="list-style-type: none"> ■ New Hires: Get the lesser of 3.0 times your covered annual earnings not to exceed \$350,000 - no medical questions asked - when enrolling when first eligible in Optional Group Term Life. ■ Current Participants: Your current coverage amount will be continued. Evidence of insurability satisfactory to The Prudential Insurance Company of America is required for all increases in coverage amounts ■ Current Employees who were denied coverage in the past, Current Employees who waived coverage in the past or Late Entrants (did not enroll when first eligible): Evidence of insurability satisfactory to The Prudential Insurance Company of America is required for all coverage amounts. ■ If terminally ill, you can get a partial payment of your group term life insurance benefit. You can use this payment as you see fit. In the event of your death, your beneficiary will receive a benefit payout which has been reduced by the amount you receive. ■ Payment of premium can be waived if you are totally disabled for 6 months, you are less than 60 years old when the disability begins, and you continue to be totally disabled. This waiver terminates at age 70. This provision may vary by state. Refer to the plan booklet for details. ■ Coverage will be reduced as you age - by 50% at age 70. ■ Upon termination of employment, you may continue at a certain level of your coverage, without having to provide evidence of good health.

Coverage Options

<p>Spouse - Optional Dependent Life - 100% Employee Paid</p>	<ul style="list-style-type: none"> ■ Purchase coverage for your spouse in increments of \$5,000 up to a maximum of \$100,000, not to exceed 100% of your Optional Term Life coverage amount. <ul style="list-style-type: none"> ■ New Hires: Get up to \$20,000 for your spouse- no medical questions asked - when enrolling when first eligible in Optional Dependent Group Term Life. ■ Current Spouse Participants: Your spouse's current coverage amount will be continued. Evidence of insurability satisfactory to the Prudential Insurance Company of America is required for all increases in coverage amounts. ■ Current Employees whose spouse has been denied coverage in the past, Current Employees who waived spouse coverage in the past or Late Entrants (did not enroll when first eligible): Evidence of insurability satisfactory to The Prudential Insurance Company of America is required for all coverage amounts. ■ Coverage will be reduced as you age - by 50% at age 70. ■ Upon termination of employment, your spouse (if eligible to port) may choose to continue a coverage amount equal to or lower than your current benefit amount. Coverage amounts for you and your spouse will be subject to a maximum of five times your annual earnings or \$1 million, whichever is less.
<p>Child Optional Dependent Life - 100% Employee Paid</p>	<ul style="list-style-type: none"> ■ Purchase coverage for \$5,000 or \$10,000. There are no health requirements for this coverage. ■ Coverage begins from 14 days, and continues to age 19, if unmarried. If unmarried, dependent on you and a full-time student, coverage continues to age 23. ■ Upon termination of employment, you (if eligible to port) may choose to continue a dependent child coverage amount equal to or lower than your current benefit amount.
<p>Optional AD&D Employee - 100% Employee Paid</p>	<ul style="list-style-type: none"> ■ Purchase coverage in increments of \$10,000 up to a maximum of \$500,000, not to exceed 5.0 times your covered annual earnings. ■ Purchase an Optional AD&D Insurance coverage amount equal to your Optional Term Life Insurance coverage amount. ■ Coverage will be reduced as you age - by 50% at age 70.
<p>Optional AD&D Spouse - 100% Employee Paid</p>	<ul style="list-style-type: none"> ■ Purchase coverage for your spouse in increments of \$5,000 up to a maximum of \$100,000. ■ Coverage will be reduced as you age - by 50% at age 70.
<p>Optional AD&D Child - 100% Employee Paid</p>	<ul style="list-style-type: none"> ■ Purchase coverage for \$5,000 or \$10,000.

Benefits, exclusions and provisions may vary by state. Refer to the plan booklet for details.

For your coverage to become effective, you must be actively at work on the effective date of the plan. If you apply for an amount that requires satisfactory evidence of insurability to The Prudential Insurance Company of America, you must be actively at work on the date of approval for the amount requiring satisfactory evidence of insurability.

Voluntary Benefits

Voluntary Benefits are offered to strengthen your overall benefits package and are designed to provide additional cash flow to assist with your out-of-pocket medical costs and other bills.

- » Benefits are paid regardless of any other coverage you may have
- » You customize the benefit based on need and affordability
- » Premiums are payroll deducted

Accident Insurance (Trustmark)

A plan that helps pay for the unexpected expenses that result from an accident. 24/7 Coverage.

Cancer Insurance (Allstate)

The Group Cancer Plan will pay benefits to you if you are diagnosed with certain types of cancer.

Critical Life Events Insurance (Trustmark)

Critical Illness is a benefit that will pay you a lump sum of money if you experience a heart attack or stroke.

Flexible Spending Account/FSA (Chard-Snyder)

An FSA allows you to pay for certain health and dependent care expenses with pretax dollars.

Identity Theft Protection (LifeLock)

LifeLock provides identity theft protection.

Life & AD&D Insurance/Optional (Prudential)

You may purchase supplemental coverage for yourself, spouse and dependent children at special group rates.

Short-Term Disability (One America)

Short-Term Disability protects your income for a short duration in case you become ill or injured.

Long-Term Disability (One American)

Long-Term Disability protects your income for a long duration after you have depleted short-term disability.

Universal Life with Long-Term Care (Trustmark)

Universal Life with Long Term Care includes both a death benefit and a living benefit.

Voluntary Accident Insurance

Insured by **Trustmark**

Accident Insurance

You do everything you can to keep your family safe, but accidents do happen. When they do, it's good to know you have help to manage the medical costs associated with accidental injuries. Trustmark's Accident insurance helps take care of medical bills, so you can take care of your family. Wellness benefits are payable every year and help offset the affordable premium you pay for coverage.

Accident Insurance Provides 24-Hour Coverage and benefits for:

Hospital Admission	Hospital Confinement**
Hospital Intensive Care Unit**	Emergency Room Treatment

Initial Care Benefits: Physician visit, ambulance, emergency room treatment, hospital benefits, lodging, blood, surgery, emergency dental

Injury Benefits: Burn; concussion; dislocation; eye injury; fracture; herniated disc; laceration; loss of finger, toe, hand, foot, sight; tendon, ligament, rotator cuff injury; torn knee cartilage

Follow-up Care Benefits: Physical therapy, appliances, prosthetic device, artificial limb, skin graft, transportation

Accidental Death Benefit

Health Screen Benefit: Includes health screening tests. The \$100 benefit is payable for one visit per person, per year

** Hospital Confinement and ICU Benefits cannot be paid at the same time.

- » Benefits are payable only as the result of a covered accident
- » Most benefits are paid once per person per covered accident

This provides a brief description of available benefits. Please refer to Schedule of Benefits for benefit amounts and covered conditions. Please consult your policy for complete details, limitations and exclusions.

Underwritten by: **Trustmark Insurance Company**

Schedule of Benefits¹

Accident Insurance Provides 24-Hour Coverage

Benefit	Amount
Initial Care	
Hospital Benefits	
Admission Benefit (per admission)	\$2,000
Confinement Benefit (per day up to 365 days)	\$400
ICU Benefit (per day up to 15 days)	\$600
Emergency Room Treatment	\$200
Ambulance	
Ground	\$200
Air	\$1,000
Initial Doctor's Office Visit	\$100
Lodging (per night up to 30 days per accident)	\$100
Surgery Benefit	
Open, abdominal, thoracic	\$2,000
Exploratory	\$200
Blood, Plasma and Platelets	\$600
Emergency Dental Benefit	
Extraction	\$100
Crown	\$300
Follow-Up Care	
Accident Follow-Up Treatment	\$100
Physical Therapy	
Up to six visits per person per accident	\$50
Appliance	\$200
Transportation	
100+ miles, up to three trips	\$475
Prosthetic Device or Artificial Limb	
More than one	\$2,000
One	\$1,000
Skin Grafts	25% of applicable burn benefit
Accidental Death	
Employee	\$50,000
Spouse ²	\$20,000
Child	\$10,000
Accidental Death – Common Carrier	
Employee	\$100,000
Spouse ²	\$40,000
Child	\$20,000
Catastrophic Accident	
Employee	\$100,000
Spouse ²	\$50,000
Child	\$50,000

Benefit	Amount
Injuries	
Fractures	
Open reduction	up to \$10,000
Closed reduction	up to \$5,000
Chips	25% of applicable closed reduction
Dislocations	
Open reduction	up to \$8,000
Closed reduction	up to \$4,000
Laceration	up to \$800
Burns	
Flat amount for:	
Third-degree 35 or more sq. in.	\$15,000
Third-degree 9-34 sq. in.	\$2,250
Second-degree for 36% or more of body	\$1,125
Concussion	\$200
Eye Injury	
Requires surgery or removal of foreign body	\$400
Herniated Disc	\$800
Loss of Finger, Toe, Hand, Foot or Sight	
Loss of both hands, feet, sight of both eyes or any combination of two or more losses	\$15,000
Loss of one hand, foot or sight of one eye	\$7,500
Loss of two or more fingers, toes or any combination of two or more losses	\$1,500
Loss of one finger or one toe	\$750
Tendon/Ligament/Rotator Cuff Injury	
Repair of more than one	\$1,200
Repair of one	\$800
Exploratory surgery without repair	\$200
Torn Knee Cartilage	
Exploratory surgery	\$200
Health Screening Benefit	
One per person per year	\$100
Routine health screening tests	

¹Benefits are payable only as the result of a covered accident. Benefits may vary by state and additional benefits may be available in some states. Most benefits are paid once per person per covered accident unless otherwise noted. ²In some states, spouse, domestic partner or civil union partner.



Cancer Insurance

Receiving a cancer diagnosis can be one of life's most frightening events. Unfortunately, statistics show you probably know someone who has been in this situation.

With Cancer insurance from Allstate Benefits, you can rest a little easier. Our coverage pays you a cash benefit to help with the costs associated with treatments, to pay for daily living expenses – and more importantly – to empower you to seek the care you need.

Factors that influence cancer survival¹

- Early Detection
- Improved Treatments
- Access To Care

The number of cancer survivors in the United States is increasing, and is expected to jump to nearly 19 million by 2024²

Here's How it Works

You choose the coverage that's right for you and your family. Our Cancer insurance pays cash benefits for cancer and 29 specified diseases to help with the cost of treatments and expenses as they happen. Benefits are paid directly to you unless otherwise assigned. With the cash benefits you can receive from this coverage, you may not need to use the funds from your Health Savings Account (HSA) for cancer or specified disease treatments and expenses.

With Allstate Benefits, you can protect your finances if faced with an unexpected cancer or specified disease diagnosis.

Are you in Good Hands? You can be.

Key Features

- Benefits are paid directly to you unless otherwise assigned
- Coverage available for you or your dependents
- Waiver of premium after 90 days of disability due to cancer for as long as your disability lasts (Employee only)
- Coverage may be continued; refer to your certificate for more details
- Additional benefits may be added to your coverage, if your employer has chosen to make them available to you

See reverse for plan details

Offered to the employees of:

Dublin Schools

¹www.cancer.org/research/infographicgallery/survivorship-life-after-cancer?_ga=1.252987849.1528396581.1424877086 ²Cancer Treatment & Survivorship Facts & Figures, 2014-2015

YOU DECIDE how to use the cash benefits

Our cash benefits provide you with greater coverage options because you get to determine how to use them.



Finances

Can help protect your HSAs, savings, retirement plans and 401ks from being depleted



Travel

You can use your cash benefits to help pay for expenses while receiving treatment in another city



Home

You can use your cash benefits to help pay the mortgage, continue rental payments, or perform needed home repairs for your after care



Expenses

The lump-sum cash benefit can be used to help pay your family's living expenses such as bills, electricity and gas



Allstate Benefits is the marketing name used by American Heritage Life Insurance Company, a subsidiary of The Allstate Corporation. ©2017 Allstate Insurance Company. www.allstate.com or allstatebenefits.com

Benefits

Hospital Confinement and Related Benefits

Continuous Hospital Confinement	Extended Care Facility
Government or Charity Hospital	At Home Nursing
Private Duty Nursing Services	Hospice Care

Radiation/Chemotherapy and Related Benefits

Radiation/Chemotherapy for Cancer	Blood, Plasma, and Platelets
Medical Imaging	Hematological Drugs

Surgery and Related Benefits

Surgery	Second Opinion	Anesthesia
Ambulatory Surgical Center	Bone Marrow or Stem Cell Transplant	

Miscellaneous Benefits

Inpatient Drugs and Medicine	Family Member Lodging/Transportation	
Ambulance	Prosthesis	Non-Local Transportation
Outpatient Lodging	Hair Prosthesis	Physician's Attendance
Physical or Speech Therapy	New or Experimental Treatment	
Nonsurgical External Breast Prosthesis	Anti-Nausea Benefit	
Waiver of Premium*		

Optional/Additional Wellness Benefit

Biopsy for skin cancer	Chest X-ray	Bone Marrow Testing
Echocardiogram	EKG	Colonoscopy
Flexible sigmoidoscopy	Hemoccult stool analysis	
HPV Vaccination (Human Papillomavirus)	Lipid panel (total cholesterol count)	
Mammography, including Breast Ultrasound	Pap Smear, including ThinPrep Pap Test	
Stress test on bike or treadmill	Thermography	
Serum Protein Electrophoresis (test for myeloma)		
Doppler screening for carotids or peripheral vascular disease		
Ultrasound screening for abdominal aortic aneurysms		
Blood tests for triglycerides, CA15-3 (breast cancer), CA125 (ovarian cancer), CEA (colon cancer) and PSA (prostate cancer)		

Optional/Additional Benefits

Cancer Initial Diagnosis Benefit	
----------------------------------	--

*Employee only

Access Your Benefits and Claim Filings

Accessing your benefit information using **MyBenefits** has never been easier.

MyBenefits is an easy-to-use website that offers you 24/7 access to important information about your benefits. Plus, you can submit and check your claims (including claim history), request your cash benefit to be direct deposited, make changes to personal information, and more.

For use in enrollments situated in: OH

This material is valid as long as information remains current, but in no event later than September 13, 2020. Group Cancer and Specified Disease benefits are provided by policy form GVCP3, or variations thereof.

Coverage is provided by Limited Benefit Supplemental Cancer and Specified Disease Insurance. The policy is not a Medicare Supplement Policy. If eligible for Medicare, review Medicare Supplement Buyer's Guide available from Allstate Benefits. This information highlights some features of the policy but is not the insurance contract. For complete details, contact your Allstate Benefits Agent. This is a brief overview of the benefits available under the Group Voluntary Policy underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL). Details of the insurance, including exclusions, restrictions and other provisions are included in the certificates issued.

The coverage does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

BENEFIT AMOUNTS

HOSPITAL AND RELATED BENEFITS

	PLAN 1
Continuous Hospital Confinement (daily)	\$300
Government or Charity Hospital (daily)	\$300
Private Duty Nursing Services (daily)	\$300
Extended Care Facility (daily)	\$300
At Home Nursing (daily)	\$300
Hospice Care Center (daily) or Hospice Care Team (per visit)	\$300

RADIATION/CHEMOTHERAPY AND RELATED BENEFITS

	PLAN 1
Radiation/Chemotherapy for Cancer* (every 12 months)	\$12,800
Blood, Plasma, and Platelets* (every 12 months)	\$10,000
Medical Imaging*	\$500
Hematological Drugs*	\$200

SURGERY AND RELATED BENEFITS

	PLAN 1
Surgery**	\$3,000
Anesthesia (% of surgery)	25%
Ambulatory Surgical Center (daily)	\$500
Second Opinion	\$400
Bone Marrow or Stem Cell Transplant	
1. Autologous	\$1,000
2. Non-autologous (cancer or specified disease treatment)	\$2,500
3. Non-autologous (Leukemia)	\$5,000

MISCELLANEOUS BENEFITS

	PLAN 1
Inpatient Drugs and Medicine (daily)	\$25
Physician's Attendance (daily)	\$50
Ambulance (per confinement)	\$100
Non-Local Transportation* (per trip or mile)	Coach Fare or \$0.40/Mile
Outpatient Lodging	\$50
Family Member Lodging (daily) and Transportation* (per trip or mile)	\$50 Coach Fare or \$0.40/Mile
Physical or Speech Therapy (daily)	\$50
New or Experimental Treatment*** (every 12 months)	\$5,000
Prosthesis***	\$2,000
Hair Prosthesis (every 2 years)	\$25
Nonsurgical External Breast Prosthesis*	\$50
Anti-Nausea Benefit*	\$200
Waiver of Premium (Employee only)	Yes

ADDITIONAL BENEFITS

	PLAN 1
Cancer Initial Diagnosis (one-time benefit)	\$4,000
Wellness Benefit	\$100

For Internal Home Office use only

3Hosp; 4Rad; 2Surg; 1Misc; 4Init; 0ICU; 4Well; 0Prog

Date Generated: 9/13/2017

*Pays actual cost up to amount listed. **Pays actual charges up to amount listed in certificate Schedule of Surgical Procedures. Amount paid depends on surgery.

***Pays actual charges up to amount listed.

"NAMED ONE OF THE
MOST INNOVATIVE
PRODUCTS OF 2015."

Source: Lifehealthpro.com, May 15, 2015. http://www.lifehealthpro.com/2015/05/15/the-6-most-innovative-industry-products-of-2015?page_all=1

Let's talk life.®



Trustmark
Critical LifeEventsSM
Insurance

When critical illness touches your life

(Lump-Sum Critical Illness/Specified Disease Insurance)
CIO

Trustmark
Voluntary Benefit Solutions[®]

Underwritten by Trustmark Insurance Company

Every life has a story.

You have a picture of the way you want your life to go.

Now imagine if something happens that not only changes your picture, it changes your life story.

Trustmark Critical LifeEventsSM insurance can help. It can help you live your story, your way – even when your health gets in the way.



A revolutionary concept in Critical Illness insurance built by people like you.

Life goes on.

You have responsibilities – to yourself and to your family. If you get sick you need to rely on others for help, and your family still needs attention. If a family member gets sick, you attend to their needs. And the demands of life still go on.

Trustmark talked to patients and to those giving care when developing the new Critical LifeEvents insurance. This coverage is designed to focus on critical illness the way it is experienced by those closest to it.

I should hope that a benefit would be payable at the first signs of coronary disease and cerebral vascular disease (stroke).

Critical LifeEvents insurance – a lifetime of benefits.

Due to earlier diagnoses, improvements in treatment and changes in lifestyle risk factors, heart attack and stroke are showing higher survival rates.¹ Early diagnosis can be a lifesaver, yet successful treatment may be expensive, and a critical illness can sometimes come back again.

Trustmark's Critical LifeEvents focuses on more aspects of the ways critical illness touches your life.

- The base policy focuses on the conditions that are most likely to occur.² This helps keep coverage affordable because you aren't paying premiums for a list of unlikely conditions.
- Benefits are payable for early identification as well as for later-stage diagnosis.
- Earlier benefits help provide funds as quickly as possible to help ensure that treatment or preventive measures may stave off late-stage illness.
- A replenishing annual benefit helps you deal with a new or recurring covered condition.
- Events that trigger a benefit are simple and easy to understand.

You are not alone when you have Trustmark protection. Life goes on. And so does your Trustmark Critical LifeEvents insurance.

90% of Critical Illness insurance claims are for cancer, heart attack or stroke.²

"As a medical doctor, I can heal (someone) physically. But only insurers can repair (a person's) finances."

Marius Barnard, M.D. South African physician, was on the medical team that did the first successful human transplant in 1967. In 1983, Dr. Barnard created Critical Illness insurance.

¹ Cancer Facts & Figures 2015; AHA Statistical Update, Heart Disease and Stroke Statistics – 2014 Update.







² U.S. Critical Illness Insurance Market Survey, 2012/2013 Results, conducted by Gen Re, A Berkshire Hathaway Company

How does Trustmark Critical LifeEventsSM work?

Your selected base benefit amount becomes your annual maximum that is available each and every calendar year when there's a new diagnosis of a covered critical illness*. Depending on the diagnosis you receive, your benefit payment may be 100%, 50% or 10% of your selected benefit amount, not to exceed the annual maximum available. There is no lifetime maximum on the number of payouts.



How is the benefit paid?

10% benefit	50% benefit	100% benefit
 <p>Coronary artery disease - initial diagnosis after assessment and recommended treatment</p>	 <p>Coronary artery disease -</p> <ul style="list-style-type: none"> • Coronary artery obstruction • Heart attack when clinically diagnosed 	 <p>Coronary artery disease - heart attack</p>
 <p>Cerebral vascular disease "mini-stroke" - Transient Ischemic Attack (TIA) including Reversible Ischemic Neurologic Deficit (RIND)</p>	 <p>Cerebral vascular disease -</p> <ul style="list-style-type: none"> • Stroke with less than 30 days impairment • Stroke when clinically diagnosed 	 <p>Cerebral vascular disease - Stroke with at least 30 days impairment</p>

* Cancer is not a covered condition. A 30-day waiting period may apply before benefits are payable. Please consult your policy/group certificate for specific covered illnesses and details.

Why do you need it?

If critical illness strikes, how would recovery, and living with critical illness, affect you and your family?

- Who will care for you, your children; how will you manage your daily matters?
- Did your diagnosis catch it early enough, and what are your treatment options? Do you have access to experts to verify your diagnosis and treatment plan?
- If your illness were to progress to later stages, are additional funds available?

Facts about surviving critical illness

More people are surviving and living with critical illness. Trustmark Critical LifeEvents benefits help provide more continuity to get on with your life.

Heart From 2000 to 2010, death rates attributed to cardiovascular disease **declined 31%**. Source: American Heart Association, 2012.

Stroke The average cost for outpatient stroke rehab and medications the **1st year** after inpatient discharge was **\$11,145**. Source: American Heart Association, 2014, reporting on the time period 2001-2005.

Access to medical experts, provided by:



Expert medical review complements the care you receive from your own physician. Receive one-on-one support from Best Doctors, a leader in connecting you to medical information you may need for a wide range of medical conditions.

Best Doctors can provide case review through a network of more than 50,000 world-class medical specialists. Whether you need help resolving conflicting diagnoses, finding a specialist or getting assistance for medical appointments or hospital admittance, Best Doctors can help when you need it most.

Features you'll appreciate

- **Base benefit amount/annual maximum** – Choose a benefit which creates your calendar year annual maximum amount available for benefit payouts. Benefit amounts may vary by underwriting conditions. Please consult your policy/group certificate for details.
- **Guaranteed renewable** – Guaranteed active coverage for life, as long as premiums are paid. Your premium may change if the premium for all policies in your class changes.
- **Level premiums & coverage** – Enjoy rates that don't increase and benefits that don't decrease because of age.
- **Family coverage** – Apply for your spouse, children and dependent grandchildren.
- **Portability** – Take your coverage with you and pay the same premium even if you change jobs or retire.
- **Convenient payroll deduction** – No checks to write. A direct bill option is available when you change jobs or retire.

Use this chart to take notes when you meet with a benefits counselor.

Coverage for me:	<input type="text"/>
Coverage for my spouse:	<input type="text"/>
Coverage for my children:	<input type="text"/>
Deductions: \$ <input type="text"/>	Start Date: <input type="text"/>

Pre-Existing Condition Limitation

In most states, no benefit will be paid for any condition caused by or resulting from a pre-existing condition, which varies by state.

Trustmark Voluntary Benefit Solutions®

Underwritten by Trustmark Insurance Company

Rated A- (EXCELLENT) A.M. Best

400 Field Drive • Lake Forest, IL 60045 • trustmarksolutions.com   

Most insurance policies contain exclusions, limitations and terms for keeping them in force. Your representative will be glad to provide you with costs and complete details. Your policy and applicable riders CII 214, SIR 214, ASR 214, HLR 214, CGR 214, WPD 214, WPC 214, MAR 214, and EZV 214 for your state will contain exact terms and provisions.

This critical illness/specified disease insurance policy/group certificate provides supplemental health insurance coverage, which pays a limited, lump-sum benefit for specified diseases only. It is not a substitute for medical expense insurance, major medical expense insurance or a health benefit plan alternative. It does not provide comprehensive medical coverage. It is not intended to pay all medical costs associated with the specified diseases and is not designed to provide coverage for other medical conditions or illnesses. It is also not a Medicare Supplement policy, nor is it a policy of worker's compensation. Please refer to your policy/group certificate and outline of coverage, if applicable, for complete information. Limitations on pre-existing conditions may apply. In CA, NH and NY, this is a specified disease policy. In MA, you must have a health benefit plan to purchase this insurance.

¹ An A.M. Best rating is an independent opinion of an insurer's financial strength and ability to meet its ongoing insurance policy and contract obligations. Trustmark is rated A- (4th out of 16 possible ratings ranging from A++ to Suspended).

Healthy Living rider

Annual screenings, preventive services

Prevention and early detection can be key to maintaining good health and wellness. Healthy Living insurance benefits offset the cost of going to the doctor for screenings and tests.



What's covered*:

Routine services for early detection and prevention help you stay well. One \$50 routine service benefit per calendar year after the effective date and waiting period, if applicable. The covered screenings include:

- Mammography
- Pap smear
- Flexible sigmoidoscopy
- Hemocult stool analysis
- Colonoscopy
- Prostate specific antigen (PSA) test for prostate cancer
- Doppler screening of carotid arteries
- EKG/ECG
- CT colonography
- Human Papillomavirus vaccination (HPV)
- CA 125 blood test
- Whole body skin cancer screening exam

Follow-up diagnostic tests, within 12 months following a routine service test to investigate possible cancer, coronary artery disease or cerebral vascular disease. One \$50 diagnostic benefit per calendar year.

Multiple benefits payable throughout the year:

ROUTINE TESTS

\$

FOLLOW-UP TEST

\$

Fill in the benefit amounts you find in the descriptions above to determine your potential annual benefit under the Healthy Living rider.

\$

*Calendar-year benefits are payable after the effective date and waiting period, if applicable.

This limited benefit rider is part of Plan Form CII 214, underwritten by Trustmark Insurance Company, Lake Forest, Illinois, and is subject to policy terms and conditions. Please refer to the contract for a complete description of benefit provisions, exclusions and limitations.

Specified Illness rider

Expands the list of covered conditions

Prepare for the unexpected. The Specified Illness insurance rider provides tiered benefits for additional illnesses. It rounds out your protection by adding the types of critical illnesses named in more conventional specified illness policies, to provide affordable coverage that includes those conditions.



How is the benefit paid?

Depending on the type of diagnosis you receive, your benefit payment may be 100%, 50% or 10% of your benefit amount, subject to the annual maximum when diagnosed. Each illness is eligible for a benefit once per lifetime.

100% benefit

- Permanent blindness
- Complications of diabetes – lower limb amputation
- Irreversible loss of hearing*
- Occupational HIV
- Paralysis due to sickness
- Renal failure
- Organ failure – liver, lungs, pancreas, heart

*Person must be older than 3 years at diagnosis, benefit not payable if device or surgery could restore hearing.

50% benefit

- Central nervous condition*
 - Lupus
 - Sarcoid
 - Central nervous infection of the brain

*Neurological impairment was not previously present and has persisted for 30 days or longer.

10% benefit

- Complications of diabetes – hospitalization for hyperglycemia, dehydration
- Stem cell/bone marrow transplant



Think about it

Incidence and cost of critical illness

Kidney

Every month, the number of Americans waiting for kidney transplants increases. A new name is added to the waiting list every **12 minutes**.
Source: National Kidney Foundation, 2012.

Transplant

More than **113,000** Americans are currently on the waiting list for a lifesaving organ transplant.
Source: American Transplant Foundation, 2012 Myths and Facts.

Cost

Unpaid medical bills is the number one cause for filing for bankruptcy, overtaking credit card bills or unpaid mortgages.
Source: "Medical Bills are the Biggest Cause of U.S. Bankruptcies: Study." June 25, 2013. CNBC. <http://www.cnbc.com/id/100840148>

This limited benefit rider is part of Plan Form CII 214, underwritten by Trustmark Insurance Company, Lake Forest, Illinois, and is subject to policy terms and conditions. Please refer to the contract for a complete description of benefit provisions, exclusions and limitations.

Products and financial services provided by
 American United Life Insurance Company®
 a ONEAMERICA® company
 One American Square, P.O. Box 6123
 Indianapolis, IN 46206-6123
 (800) 553-5318



Proposed Effective Date: 01/01/2018

Group Worksite Disability Insurance Options – Short Term

Class Description:	All Eligible Full-Time Employees ¹			
Required Minimum Number of Hours Worked:	17 hours weekly			
Employer Contribution Percentage:	0%			
Participation Requirement:	Greater of 10 insured employees or 25% of all eligible employees			
Features	STD Option 1	STD Option 2	STD Option 3	STD Option 4
Injury Elimination Period:	30 Days	7 Days	30 Days	7 Days
Sickness Elimination Period:	30 Days	7 Days	30 Days	7 Days
Maximum Benefit Duration:	22 Weeks	26 Weeks	22 Weeks	26 Weeks
Benefit Percentage:	60%	60%	40%	40%
Maximum Weekly Benefit:	\$2,500			
Pre-Existing Condition Exclusion:	3/6			
Total Disability Definition:	Regular Job			
Partial Disability Benefit:	Proportionate Loss			
Residual Benefit:	Yes			

¹ Use of the term “Employee” includes employees, owners, members, partners, shareholders, or participants eligible to apply for coverage under American United Life Insurance Company® (AUL) contract.

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Benefit Features Offered for Group Worksite Disability Insurance – Short Term:

Continuation of Personal Insurance under Family Medical Leave Act (FMLA)
Continuation of Personal Insurance during Leave of Absence, including Active Military Service and a
Temporary Layoff
Coverage Type - Non-Occupational
Individual Reinstatement – 30 days
Minimum Weekly Benefit – \$25
Normal pregnancy and certain complications included in definition of Sickness
Portability Privilege
Recurrent Disability – 30 days
Social Security Integration Method – Family
Tax Reporting Services - pertaining to Employee FICA, Employer FICA w/No Billback, W2 & Form 941
Waiver of Premium
Workplace Modification Benefit

An eligible employee is a full-time employee authorized to work and reside in the United States. Eligible employees must work the required minimum number of hours and cannot be considered a part-time, temporary or seasonal employee. If any eligible employee is not actively at work on the contract effective date, group insurance coverage for that employee will not exist until he/she returns to full-time active work.

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 (800) 553-5318



Proposed Effective Date: 01/01/2018

Group Worksite Disability Insurance Options – Long Term

Class Description:	All Eligible Full-Time Employees ²		
Employer Contribution Percentage:	17 hours weekly		
Participation Requirement:	Greater of 10 insured employees or 25% of all eligible employees		
Features	LTD Option 1	LTD Option 2	LTD Option 3
Elimination Period:	180 days	180 days	180 days
Maximum Benefit Duration:	SSFRA	SSFRA	SSFRA
Benefit Percentage:	40%	30%	20%
Maximum Monthly Benefit:	\$5,000		
Pre-Existing Condition Exclusion:	3/12		
Total Disability Definition:	Regular Occupation – 2 years		
Partial Disability Benefit:	Proportionate Loss		
Residual Benefit:	Yes		

² Use of the term “Employee” includes employees, owners, members, partners, shareholders, or participants eligible to apply for coverage under American United Life Insurance Company® (AUL) contract.

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(800) 553-5318



Benefit Features Offered for Group Worksite Disability Insurance – Long Term:

Accumulation of Elimination Period – 2 times the Elimination Period
Continuation of Personal Insurance under Family Medical Leave Act (FMLA)
Continuation of Personal Insurance during Leave of Absence, including Active Military Service and a
Temporary Layoff
Family Care Benefit
Gainful Occupation - 80% if working / 60% if not working
Individual Reinstatement – 30 days
Mandatory Rehabilitation Program
Minimum Monthly Benefit – \$50
Normal pregnancy and certain complications included in definition of Sickness
Portability Privilege
Recurrent Disability – 6 months
Return to Work Benefit - 12 months
Social Security Integration Method – Family
Supplemental Disability Benefit - 10% not to exceed \$0 per month
Survivor Benefit - 3 times last Gross Monthly Benefit
Tax Reporting Services - pertaining to Employee FICA, Employer FICA w/No Billback, W2 & Form 941
Vocational Rehabilitation Program
Waiver of Premium
Workplace Modification Benefit

Limitations:

Mental Illness - 24 months lifetime cumulative
Drug & Alcohol Abuse - 24 months lifetime cumulative
Special Conditions - 24 months lifetime cumulative

An eligible employee is a full-time employee authorized to work and reside in the United States. Eligible employees must work the required minimum number of hours and cannot be considered a part-time, temporary or seasonal employee. If any eligible employee is not actively at work on the contract effective date, group insurance coverage for that employee will not exist until he/she returns to full-time active work.



Universal Life Insurance with Long Term Care

Universal Life with Long Term Care includes both a death benefit and a living benefit

How does it work?

With voluntary life insurance, benefits can be paid as a Death Benefit, as Living Benefits, or as a combination of both. Many use it for the Death Benefit, as it puts money in their family's hands quickly when they need it most.

Trustmark Universal LifeEvents insurance is permanent life insurance that helps shield your family from financial hardship if you or your spouse is suddenly out of the picture. It:

- Helps provide permanent financial protection
- Is a financial tool that helps you manage life at every state - from supporting a family to sending your children to college to the need for long-term care
- Builds cash value over time that you can access for life's challenges and life's opportunities

Trustmark's LifeEvents Plan is designed to match your needs throughout your lifetime. It pays a higher death benefit during your working years when expenses are high and you need maximum protection. Then at age 70 when financial needs are typically lower, the death benefit reduces to one-third.¹

Living Benefits:

Long-Term Care Benefit (LTC)²

The Long-Term Care Benefit pays a monthly benefit equal to 4 percent of your death benefit for up to 25 months. The LTC benefit accelerates the death benefit and proportionately reduces it.

Benefit Restoration

Restores the death benefit² that is reduced to pay for LTC, so your family receives the full death benefit amount when they need it most.

Additional Benefits:

- Children's Term Life Insurance - Covers newborns to age 23 and is convertible to Universal Life Insurance Optional benefit

¹ Death benefit reduces to one-third at the latter of age 70 or the 15th policy anniversary. Issue age is 18-64.

² The LTC Benefit is an acceleration of the death benefit and is not Long-Term Care Insurance. It begins to pay after 90 days of confinement or services, and to qualify you must meet conditions of eligibility for benefits. Pre-existing condition limitation may apply. Please consult your policy for complete details.

Please refer to the policy/certificate for exact terms, conditions, exclusions, limitations and reductions.



Flexible Spending Account (FSA) and Dependent Care (DCA)

You can save money on your healthcare and/or dependent day care expenses with a Flexible Spending Account (FSA). You set aside funds each pay period on a pretax basis and use them tax-free for qualified expenses. You pay no federal income or Social Security taxes on your contributions to an FSA. (That's where the savings comes in.) Your FSA contributions are deducted from your paycheck before taxes are withheld, so you save on income taxes and have more disposable income.

Limited Healthcare* Spending Limit Amount \$2,650

Dependent Care Spending Limit Amount \$5,000

YOU MAY ELECT THE FSA ACCOUNT BELOW ONLY IF YOU ARE NOT ENROLLED IN DUBLIN'S HSA MEDICAL PLAN:

Full Medical** Spending Limit Amount \$2,650

Chard-Snyder is the Administrator of the Flexible Spending Accounts. You can enroll in the healthcare account and/or the dependent care account. You use each account separately, but they work similarly.

Here's How an FSA Works:

1. You decide the annual amount that you want to contribute to the FSA account(s) based on your expected healthcare and/or dependent childcare/elder care expenses.
2. Your contributions are deducted from each paycheck before income and Social Security taxes, and deposited into your FSA.
3. You can pay with the Healthcare FSA **debit card** for eligible healthcare expenses. For dependent care, you pay for eligible expenses when incurred, and then submit a reimbursement claim form or file the claim online.
4. You are reimbursed from your FSA. So, you actually pay your expenses with tax-free dollars.
5. Unlike an HSA account, your FSA is a "**Use It or Lose It**" account. Please take care in determining the amount of funds you elect to contribute to your FSA.

***Limited FSA** – This is for HSA enrollees and only pays for out-of-pocket dental and vision care expenses incurred during the year.

****Full Medical FSA** – This pays for out-of-pocket qualified medical expenses incurred during the year for NON-HSA enrollees **only**.

NOTE: Over-the-Counter (OTC) Medications must be accompanied by a doctor's prescription and a reimbursement request to be covered under your FSA.



Your Healthcare Flexible Spending Account

Save on out-of-pocket healthcare expenses for you and your family. Use your healthcare account to pay for expenses not covered by your medical, dental and vision insurance plans such as deductibles, co-payment amounts and eligible services and merchandise for which you have no coverage.

Use your plan like an interest-free loan for expenses such as glasses, contact lenses, dentures, orthodontia, oral surgery, tooth implants or LASIK surgery. The tax-free money withheld from your check helps you pay for big expenses painlessly.

The IRS does not allow us to pay claims for doctor's retainer fees (VIP fees), medical services before they are provided (such as your expected costs as shown on dental estimates) or cosmetic merchandise or procedures such as tummy-tucks or teeth-whitening.

Over-the-counter drugs and medicines such as ibuprofen, acetaminophen or cough syrup are eligible expenses with a prescription from your doctor. Chard Snyder will need a copy of the prescription to keep in our files for one year in order to pay claims for these items.

Examples of Eligible Healthcare Account Expenses

Acupuncture	Fluoridation treatments	Physical therapy
Alcoholism / drug addiction treatment	Guide dog	Pre-existing conditions
Artificial limbs	Hearing aid / batteries	Prescriptions
Artificial teeth	Hospital services	Private hospital room
Braille books / magazines	Insulin	Psychiatric care (prescribed)
Childbirth classes	Laboratory fees	Reading glasses
Chiropractors	LASIK surgery	Sales tax (on eligible expenses)
Co-insurance / co-pays	Learning disability	Smoking cessation (prescribed)
Contact lenses / solution	Medical monitoring devices	Speech training
Crutches	Medical services	Transplants
Deductibles	Operations / surgery	Vaccines
Dental treatment	Optometrist	Weight-loss (prescribed)
Denture adhesives	Orthodontia*	Wheelchair
Eye exams / eyeglasses	Osteopath	X-ray fees
Fitness classes (prescribed)	Physical exams (non-employment)	

* Find our brochure titled *Save on Orthodontia With a Flexible Spending Account* on our website for a complete explanation of how orthodontia claims are paid.



Find the
Using Your
Flexible Spending
Account
brochure at
www.chard-snyder.com
for complete details



Use our Mobile
App to Stay
Up-to-Date
Wherever You Are

Complement your HSA with a Limited or Dependent Daycare FSA



You are not eligible for a Healthcare Flexible Spending Account if you are enrolled in a Health Savings Account, but you **can** enroll in a Limited and/or Dependent Daycare Flexible Spending Account to maximize your savings.



Limited Healthcare FSA - Save on Vision and Dental

The Limited Flexible Spending Account is a great way to reduce your vision and dental expenses when you have a Health Savings Account. Just like the HSA, the Limited FSA allows you to contribute tax-free dollars from your pay to save money on your out-of-pocket vision and dental expenses. With the Limited FSA, the entire balance is available to you at the beginning of the plan year.

Dependent Daycare FSA - Save Money While You Work

Save about one-third on dependent daycare while you work. The Dependent Daycare FSA account pays for care of children 12 years of age or younger or anyone you claim on your tax return who is not capable of self-care. Non-worktime care is not eligible. Money is deducted from each paycheck and added to your account. You may not be reimbursed more than the current balance.

What is a Health Savings Account (HSA)?

An HSA allows you to put away money tax-free for medical expenses. The account stays with you and is available for medical expenses even after you retire.

To be eligible for an HSA, you must be enrolled in a High Deductible Health Plan that meets requirements set by the IRS. See the HSA enrollment brochure for further requirements.

After you reach a certain balance in your HSA you may invest your savings for extra growth.

Adding a Limited or Dependent Daycare FSA can help you reach your savings goals - and the money is always tax free.

Keep Good Records Save Your Receipts

The IRS may require you to prove that all money taken from your Limited FSA or Dependent Daycare FSA was used for eligible expenses.

Your Dependent Daycare Flexible Spending Account Can Save You Hundreds of Dollars

Are you paying for the care of dependent children under the age of 13 or dependents of any age who are unable to care for themselves? Now you can pay for your dependents' daycare while you are at work or school and save 25-40% in taxes on every dollar.

Just enroll in the plan during your benefits open enrollment period and choose the amount you want to put aside for daycare. The annual maximum a household may set aside is \$5,000. Married couples filing singly may each set aside up to \$2,500. Divorced couples should check the FAQs on our website for special rules.

Tax-free money from your paycheck will be added to your dependent daycare account balance. You pay your daycare provider and then submit a claim for reimbursement. The plan works like a checking account in that you may only be reimbursed for the amount you have in your account at the time of your claim. If your claim is for more than the balance in your account, the rest of your claim will be paid when more money is added.

Examples of Eligible Dependent Daycare Expenses

Choose the care that best suits your situation:

- In-home babysitter
- Nursery school
- Daycare center
- Summer day camp
- Outside babysitter
- Elder custodial care
- Latchkey program
- Elder daycare



Important Points

You save 25-40% because you don't pay federal, social security or most states' taxes on the money you spend for daycare.

Choose your amount carefully. Once you are enrolled you cannot change it unless you change daycare providers, you have or adopt a child, or your child turns 13.

Services must be provided while you and your spouse are at work or attending classes as a full-time student.

Services must be provided during the current plan year. Your plan year is explained in your enrollment materials.

You should contact your tax advisor to discuss how you might use this benefit with the child care tax credit.



800.982.7715 www.chard-snyder.com



Documenting Your Eligible Expenses

You must always prove to the IRS' satisfaction that your expense was eligible. Send us a copy of the paperwork from doctors' and dentists' offices, hospitals, and stores that do not electronically confirm expenses.

Take a picture of your receipt, itemized statement or EOB with your mobile device. You can submit it through the app, upload it through our website, or attach it to an email...or, just fax or mail a paper copy.



IRS Regulations

Limited FSA

Dependent Daycare FSA

- No matter how you use your FSA funds, the IRS requires proof it was for an eligible expense. You may be asked to send us a copy of your receipt, itemized statement, or Explanation of Benefits (EOB) for substantiation for your claim
- You cannot change your mind after you enroll unless you experience specific work/life events. (See FAQs on our website)
- Money cannot be transferred from one plan to the other
- You must spend your money within your plan's filing deadlines
- Only eligible healthcare and daycare expenses can be reimbursed (no cosmetic healthcare expenses)
- The Dependent Daycare Plan may not be used for dependent healthcare expenses
- Once you claim an expense you may not claim it again on your annual taxes

Help Yourself...

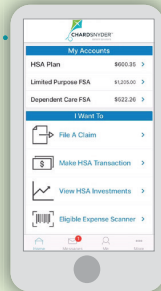
Chard Snyder Website

Our website is loaded with information and tools to help you get the most out of your plan. Access your account by logging in at www.chard-snyder.com.



Mobile App

Our mobile app is simple to use and easy to get from Google Play or the App Store.



- View account balances and transaction details
- Submit and review claims
- Upload paperwork
- Scan products for eligibility
(Plan restrictions may apply)

Customer Service

Contact us through Live Chat from the Chard Snyder website, give us a call, or send us an email for quick, convenient, personal service.

800.982.7715 | askpenny@chard-snyder.com



800.982.7715 | www.chard-snyder.com



Savings will vary based on your tax bracket. Divorced parents should check our website for special rules regarding the dependent daycare account. Your tax advisor can discuss how you might use this benefit with the child tax credit. Federal regulations may change plan features without notice at any time (see IRS Publication 503). Check your Summary Plan Description (SPD) for your plan's specifics. The information contained in this publication is not, nor is it intended to be, legal or tax advice. © 2018 Chard, Snyder & Associates, Inc. All rights reserved.

LMTDCA v8.18



Enroll in LifeLock Identity Theft Protection

In today's world of online shopping, using public Wi-Fi and giving out Social Security numbers as a form of ID, our personal information can be exposed. Unfortunately, free credit monitoring simply alerts you to credit issues. LifeLock not only has proprietary technology to detect a variety of identity theft threats, if you do have an identity theft problem, our U.S.-based team of specialists can help fix it. It pays to have the comprehensive protection of LifeLock.



Every 2 seconds someone's identity is stolen.¹



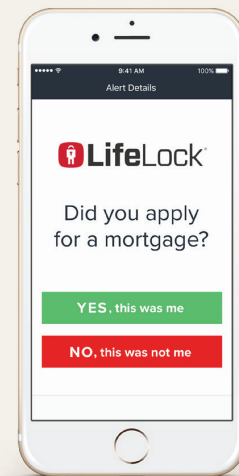
Identity fraud cost Americans \$16 billion in 2016.¹



1 in 4 have experienced identity theft.²

HOW TO ENROLL

- Enroll through your employer during benefits enrollment.
- Provide the name, Social Security number, date of birth, address, email and phone number for you and each dependent you wish to enroll.
- Your LifeLock coverage will begin upon your benefit effective date.
- You will receive a welcome email from LifeLock with instructions on how to take full advantage of your LifeLock membership.



Alert modified for demonstration purposes.

When a threat is detected[†], LifeLock notifies members by phone[§], text or email.

No one can prevent all identity theft.

[†] LifeLock does not monitor all transactions at all businesses.

[§] Phone alerts made during normal local business hours.

¹ 2017 Identity Fraud Study, Javelin Strategy & Research

² Based on a monthly online consumer survey (n=2,237) conducted for LifeLock by MSI International, Oct 2016 – Mar 2017.

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The Essential Employee Benefit

CHOOSE THE LIFELOCK SERVICE THAT'S RIGHT FOR YOU.

LIFELOCK BENEFIT ELITE (only available as a payroll deducted employee benefit) includes searching millions of transactions per second every day for potential threats to your identity and to financial assets – your 401(k) and investment accounts.[†]

Also includes scanning for misuse of your Social Security number, change of address and court records scanning for use of your identity to commit crimes.

LIFELOCK ULTIMATE PLUS™ membership provides some peace of mind knowing you have LifeLock's most comprehensive identity theft protection available. Enhanced services include bank account application and takeover alerts, online credit reports and credit scores.[‡]

LIFELOCK JUNIOR® (if dependents under age 18 are enrolled) protection helps safeguard your child's Social Security number and good name with proactive identity theft protection designed specifically for children.^{††} To learn more about LifeLock Junior® service, please visit LifeLock.com/products/lifelock-junior.

Special
employee benefit rate
starting as low as

\$4.25 SEMI-MONTHLY

Based on semi-monthly
deductions for LifeLock Benefit
Elite service, employee only.

SEMI-MONTHLY PLAN OPTIONS		LifeLock Benefit Elite	LifeLock Ultimate Plus™
	Employee Only [18 and over]	\$4.25	\$12.75
	Employee + Spouse/Domestic Partner	\$8.49	\$25.49
	Employee + Children**	\$7.43	\$18.06
	Employee + Family**	\$11.68	\$30.81

FEATURES	LifeLock Benefit Elite	LifeLock Ultimate Plus™
LifeLock Identity Alert® System [†]	✓	✓
Lost Wallet Protection	✓	✓
Address Change Verification	✓	✓
Black Market Website Surveillance	✓	✓
LifeLock Privacy Monitor™ Tool	✓ [‡]	✓
Reduced Pre-Approved Credit Card Offers	✓	✓
Fictitious Identity Monitoring	✓	✓
Arrest and Court Records Alerts	✓	✓
Data Breach Notifications	✓	✓
Credit Card, Checking & Savings Account Activity Alerts [†]	✓ [‡]	✓
Investment Account Activity Alerts [†]	✓	✓
Live Member Support	✓	✓
Identity Restoration Specialists	✓	✓
Stolen Funds Reimbursement up to \$1 Million*	✓	✓
Service Guarantee for lawyers and experts*	✓	✓
Personal Expense Compensation up to \$1 Million*	✓	✓
Checking and Savings Account Application Alerts [†]		✓
Bank Account Takeover Alerts [†]		✓
Three-Bureau Credit Monitoring ^{1,2}		✓
Three-Bureau Annual Credit Reports and Credit Scores ¹ The credit scores provided are VantageScore 3.0 credit scores based on data from Equifax, Experian and TransUnion respectively. Third parties use many different types of credit scores and are likely to use a different type of credit score to assess your creditworthiness.		✓
One-Bureau Monthly Credit Score Tracking ¹		✓
File-Sharing Network Searches		✓
Sex Offender Registry Reports		✓
Priority Live Member Support		✓

*Indicates features included within the Million Dollar Protection™ Package***



No one can prevent all identity theft.

[†] LifeLock does not monitor all transactions at all businesses.

[‡] Must agree to terms and conditions at LifeLock.com/terms.

¹ This 2017 complimentary feature requires you to create and access your LifeLock online portal to take advantage of this feature.

² Credit reports, scores and credit monitoring may require an additional verification process and credit services will be withheld until such process is complete.

³ For LifeLock Ultimate Plus™ Three-bureau credit monitoring, credit monitoring from Experian and TransUnion will take several days to begin.

⁴ Children under the age of 18 will receive a product designed specifically for minors, LifeLock Junior service. Enrollment in LifeLock service is limited to employees and their eligible dependents.

⁵ LifeLock Junior™ membership is available as an added membership to an adult LifeLock plan.

⁶ Million Dollar Protection™ Package benefits are provided by a Master Policy issued by United Specialty Insurance Company, Inc. (State National Insurance Company, Inc. for NY State members). The Master Policy provides coverage for Stolen Funds Reimbursement and Personal Expense Compensation, each with limits of up to \$1 Million for Benefit Elite members, and up to \$1 Million for Ultimate Plus members. If needed, LifeLock will provide lawyers and experts under the Service Guarantee.

Please see the policy terms, conditions and exclusions at LifeLock.com/legal.

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EVERYONE EXPERIENCES

personal problems from time to time, but sometimes these problems can be overwhelming. Employers everywhere know that associates who are distracted by personal problems cannot do their best on the job. By establishing an Employee Assistance Program (EAP), your employer is encouraging you and your family to seek help when a problem first appears and can most easily be resolved, at no cost to you.

All Matrix EAP services are strictly confidential. No information about your case can be released without your written consent. Under no circumstances will any information about personal problems become part of personnel records without your permission.

The Matrix EAP has a number of services available to help you and your family:

CONFIDENTIAL COUNSELING

Your employer has contracted with Matrix to provide counseling sessions with a psychologist for you, your spouse, and/or your dependent children at no expense to you. Most cases referred to the EAP will conclude within the sessions provided, but if you need more sessions than the EAP provides, you may continue to see your psychologist under the terms of your health insurance or you may be referred to another therapist. In either case, your insurance will be billed and you will be responsible for any co-payments and deductibles.

You and your family can contact the EAP personally and privately. To schedule an appointment, simply call Matrix at 614/475-9500 or 800/886-1171 and our experienced staff will help you schedule an appointment with a psychologist at a time and place that is convenient for you. Telephone coverage is provided 24 hours a day. If you are experiencing an emergency after hours, please call 800/886-1171 and immediately speak with a trained crisis counselor.

LEGAL AND FINANCIAL RESOURCES AND REFERRALS

In the case of legal or financial concerns, you can call Matrix at 614/475-9500 or 800/886-1171 to arrange for a free telephone consultation with an attorney or financial counselor, or you can decide to see an attorney at his/her office for a free half-hour session. You may not use the Matrix EAP for any legal actions against your employer.

HELP WITH ELDER CARE ISSUES

Employees and their spouses faced with more involved elder care issues can access free elder care resources and referrals through the EAP. Specially trained geriatric professionals are available via telephone to listen to your concerns, answer your questions, and put you in touch with community resources best suited to your needs, anywhere in the country. Employees may access this service by calling Matrix in at 614/475-9500 or 800/886-1171.

WEBSITE RESOURCES

Our website, www.matrixpsych.com, has special pages for all employees of our EAP clients. These pages offer all employees and their families a number of helpful resources, including:

- Customized answers to frequently asked questions about the EAP
- A library of links to other helpful mental health resources, such as articles on depression and anxiety
- Access to free work and family resources and referrals, including child care, elder care, pet care and fitness locators; adoption resources; and college planning tools
- Space to email a Matrix psychologist with confidential questions or concerns. A psychologist reviews each of these emails, and then recommends a "next step" for the individual, which may include setting up an appointment with a psychologist. This exchange does not in any way take the place of face to face counseling; it merely provides individuals another way to access the system in a way that might be more comfortable as a first step

YOUR EAP



INTEGRATED PSYCHOLOGICAL SERVICES
EMPLOYEE ASSISTANCE PROGRAM INC.

National Headquarters
2 Easton Oval, Ste. 450
Columbus, OH 43219

614/475-9500
800/886-1171

www.matrixpsych.com

**CONTACT MATRIX FOR
ASSISTANCE WITH:**

- Abuse survivors
- Alcoholism
- Anger management
- Anxiety
- Attention deficit/learning disabilities
- Caregiver issues
- Children issues
- Coping with medical conditions
- Crisis Intervention
- Depression
- Domestic/family violence
- Drug abuse
- Eating disorders and obesity
- Eldercare
- Employment stress
- Family issues
- Grief and loss
- Interpersonal difficulties
- Marital issues
- Management issues
- Mental or emotional illness
- Multicultural issues
- Parenting issues
- Sexual orientation issues
- Stress
- Work performance issues
- Any other concern

www.matrixpsych.com



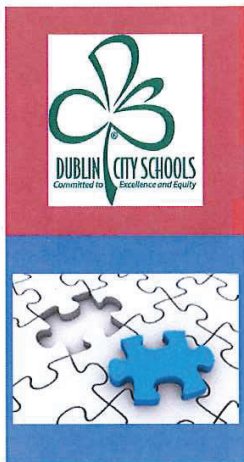
INTEGRATED PSYCHOLOGICAL SERVICES
EMPLOYEE ASSISTANCE PROGRAMS INC.

YOUR
EAP

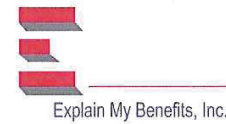
Contact Information

If you have specific questions about any of the benefit plans, please contact the Carrier listed below, your Benefits Department at 614.760.4307 or Gallagher Benefit Services.

Benefit	Carrier	Phone	Website
Medical	Anthem BCBS	833.234.0653	anthem.com
Dental	Delta Dental	800.524.0149	deltadentaloh.com
Vision	Vision Service Plan (VSP)	800.877.7195	vsp.com
HSA (Health Savings Account)	CME Federal Credit Union (Alvin Holloman)	888.224.3108	aholloman@cmefcu.org
FSA (Flexible Spending Account)	Chard-Snyder	800.982.7715	email: askpenny@chard-snyder.com
Basic Life and AD&D Insurance Supplemental Life & AD&D	Prudential	800.524.0542	prudential.com
Short-Term Disability	One America	800.553.5318	oneamerica.com
Long-Term Disability	One America	800.553.5318	oneamerica.com
Cancer Insurance	Allstate	800.521.3535	allstateatwork.com
Accident Insurance	Trustmark Voluntary Benefits	800.918.8877	trustmarksolutions.com
Critical Life Events Insurance	Trustmark Voluntary Benefits	800.918.8877	trustmarksolutions.com
Universal Life / Long-Term Care Benefit	Trustmark Voluntary Benefits	800.918.8877	trustmarksolutions.com
Identity Theft Protection	LifeLock	800.543.3562	lifelock.com
EAP (Employee Assistance Program)	Matrix	800.886.1171	www.matrixpsych.com
Explain My Benefits – Allstate & Trustmark claims help	Explain My Benefits	888.734.6937 Option 3	service@explainmybenefits.biz
School District Insurance Brokers	Arthur J. Gallagher & Co. / Gallagher Benefit Services, Inc.	614.761.2901 800.435.1552	ajg.com/dublin



BENEFIT RESOURCE WEBSITE



Go To: www.explainmybenefits.biz/dublin

VIEW ...

- Current benefit elections
- Benefit Guide
- Forms available for download
- Voluntary Benefit Videos/Brochures

INSTRUCTIONS ON ...

- Newly Eligible Benefit Enrollment
- Qualifying Event rules and process
- Personal Information update for you and your dependents
- Beneficiary Changes

Insurance Rates and Contributions

Dublin City Schools Insurance Rates And Contributions (Per Pay) Effective 1/1/19

Benefit	Employee Cost (10%)	BOE Cost (90%)	Employee Cost (15%)	BOE Cost (85%)	Employee Cost (15%)	BOE Cost (85%)
	Single	Single	Single + 1	Single + 1	Family	Family
Health	\$26.40	\$237.60	\$79.20	\$448.80	\$125.40	\$710.60
Dental	\$2.01	\$18.08	\$8.63	\$48.90	\$8.63	\$48.90
Vision	\$0.44	\$4.02	\$1.89	\$10.71	\$1.89	\$10.71
Total Per Pay	\$28.85	\$259.70	\$89.72	\$508.41	\$135.92	\$770.21

Total Cost Per Month (Board Plus Employee Contributions)			
	Single	Single + 1	Family
Health-PPO	\$528.00	\$1,056.00	\$1,672.00
Dental	\$40.18	N/A	\$115.06
Vision	\$8.93	N/A	\$25.20

Dublin City Schools Health Insurance Costs (Per Month) Effective 1/1/19

	SINGLE			SINGLE+1			FAMILY		
	BOARD	EMPLOYEE	TOTAL	BOARD	EMPLOYEE	TOTAL	BOARD	EMPLOYEE	TOTAL
HEALTH									
Full-time	\$475.20	\$52.80	\$528.00	\$897.60	\$158.40	\$1,056.00	\$1,421.20	\$250.80	\$1,672.00
9 Tenths	\$427.68	\$100.32	\$528.00	\$807.84	\$248.16	\$1,056.00	\$1,279.08	\$392.92	\$1,672.00
8 Tenths	\$380.16	\$147.84	\$528.00	\$718.08	\$337.92	\$1,056.00	\$1,136.96	\$535.04	\$1,672.00
7 Tenths	\$332.64	\$195.36	\$528.00	\$628.32	\$427.68	\$1,056.00	\$994.84	\$677.16	\$1,672.00
6 Tenths	\$285.12	\$242.88	\$528.00	\$538.56	\$517.44	\$1,056.00	\$852.72	\$819.28	\$1,672.00
5 Tenths	\$237.60	\$290.40	\$528.00	\$448.80	\$607.20	\$1,056.00	\$710.62	\$961.40	\$1,672.00
4 Tenths	\$190.08	\$337.92	\$528.00	\$359.04	\$696.96	\$1,056.00	\$568.48	\$1,103.52	\$1,672.00
3 Tenths	\$142.56	\$385.44	\$528.00	\$269.28	\$786.72	\$1,056.00	\$426.36	\$1,245.64	\$1,672.00
2 Tenths	\$95.04	\$432.96	\$528.00	\$179.52	\$876.48	\$1,056.00	\$284.24	\$1,387.76	\$1,672.00
1 Tenth	\$47.52	\$480.48	\$528.00	\$89.76	\$966.24	\$1,056.00	\$142.12	\$1,529.88	\$1,672.00

Dublin City Schools
 Dental Insurance Costs (Per Month)
 Effective 1/1/19

DENTAL	SINGLE			FAMILY		
	BOARD	EMPLOYEE	TOTAL	BOARD	EMPLOYEE	TOTAL
Full-time	\$36.16	\$4.02	\$40.18	\$97.79	\$17.27	\$115.06
9 Tenths	\$32.54	\$7.64	\$40.18	\$88.01	\$27.05	\$115.06
8 Tenths	\$28.92	\$11.26	\$40.18	\$78.23	\$36.83	\$115.06
7 Tenths	\$25.30	\$14.88	\$40.18	\$68.45	\$46.61	\$115.06
6 Tenths	\$21.68	\$18.50	\$40.18	\$58.67	\$56.39	\$115.06
5 Tenths	\$18.06	\$22.12	\$40.18	\$48.89	\$66.17	\$115.06
4 Tenths	\$14.44	\$25.74	\$40.18	\$39.11	\$75.95	\$115.06
3 Tenths	\$10.82	\$29.36	\$40.18	\$29.33	\$85.73	\$115.06
2 Tenths	\$7.20	\$32.98	\$40.18	\$19.55	\$95.51	\$115.06
1 Tenth	\$3.58	\$36.60	\$40.18	\$9.77	\$105.29	\$115.06

Dublin City Schools
 Vision Insurance Costs (Per Month)
 Effective 1/1/19

VISION	SINGLE			FAMILY		
	BOARD	EMPLOYEE	TOTAL	BOARD	EMPLOYEE	TOTAL
Full-time	\$8.05	\$0.88	\$8.93	\$21.42	\$3.78	\$25.20
9 Tenths	\$7.23	\$1.70	\$8.93	\$19.28	\$5.92	\$25.20
8 Tenths	\$6.41	\$2.52	\$8.93	\$17.14	\$8.06	\$25.20
7 Tenths	\$5.59	\$3.34	\$8.93	\$15.00	\$10.20	\$25.20
6 Tenths	\$4.77	\$4.16	\$8.93	\$12.86	\$12.34	\$25.20
5 Tenths	\$3.95	\$4.98	\$8.93	\$10.72	\$14.48	\$25.20
4 Tenths	\$3.13	\$5.80	\$8.93	\$8.58	\$16.62	\$25.20
3 Tenths	\$2.31	\$6.62	\$8.93	\$6.44	\$18.76	\$25.20
2 Tenths	\$1.49	\$7.44	\$8.93	\$4.30	\$20.90	\$25.20
1 Tenth	\$0.67	\$8.26	\$8.93	\$2.16	\$23.04	\$25.20

COBRA Rates (Per Month)			
	Single	Single + 1	Family
Health-PPO	\$538.56	\$1,077.12	\$1,705.44
Dental	\$40.98	N/A	\$117.36
Vision	\$9.11	N/A	\$25.70

Prudential Supplemental Term Life**Costs For Prudential Supplemental Life And Accidental Death & Dismemberment (per month)**

Age Band	Employee & Spouse Life Monthly Rate per \$1,000	Age Band	Employee & Spouse Life Monthly Rate per \$1,000
00-24	\$0.066	50-54	\$0.246
25-29	\$0.076	55-59	\$0.446
30-34	\$0.096	60-64	\$0.686
35-39	\$0.106	65-69	\$1.286
40-44	\$0.116	70+	\$2.076
45-49	\$0.166		

Child Life Monthly Rates

\$5,000	\$0.48
\$10,000	\$0.96

Example: A 36-year-old female, Sally, wants to purchase \$50,000 of term life insurance.

$$\begin{array}{rclcl}
 .106 & & \times & & 50 & & = & & \$5.30 \\
 \text{Monthly rate per } \$1,000 & & & & \text{\# of units per } \$1,000 & & & & \text{monthly}
 \end{array}$$

Allstate Benefits Group Cancer Plan**Premium Deductions (per pay)**

Employee	Employee & Spouse	Employee & Children	Family
\$13.30	\$20.69	\$18.66	\$26.04

Trustmark Accident Plan**Premium Deductions (per pay)**

Employee	Employee & Spouse	Employee & Children*	Family*
\$9.53	\$14.54	\$17.68	\$22.69

*Dependents up to age 26 can be covered regardless of student status.

Trustmark Critical Life Events Plan

Rates: This benefit customized by each employee so rates vary, but can start as little as a few dollars a week. Please speak to a Explain My Benefits Counselor to customize your plan and rates. See brochure for more details.

Trustmark Universal Life with Long-Term Care

Rates: This benefit customized by each employee so rates vary, but can start as little as a few dollars a week. Please speak to a Explain My Benefits Counselor to customize your plan and rates. See brochure for more details.

LifeLock Identity Theft Protection (Premium Deductions per pay)

SEMI-MONTHLY PAYROLL DEDUCTIONS		
	Standard Plan	Ultimate Plus
Employee Only	\$4.25	\$12.75
Employee & Spouse	\$8.49	\$25.49
Employee & Children*	\$7.43	\$18.06
Family*	\$11.68	\$30.81

*Employee & Children and Family Tiers: You may enroll up to 8 children with 4 of those children between the ages of 18 and 26.

Notes

Notes

For:

Dublin City Schools



This benefit summary prepared by



Gallagher

Insurance | Risk Management | Consulting