



Benefit Summary 2020

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 certain 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 payroll deductions.

Benefits Offered

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

Summary Plan Descriptions may be found at [www.explainmybenefits.com/dublin under Summaries](http://www.explainmybenefits.com/dublin_under_Summaries).

Eligibility & Qualifying Events

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. 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.



*Part-time employees who are contracted for less than twenty (20) hours per week and 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.

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

Medical Benefits

Administered by Anthem Blue Cross and Blue Shield

Dublin City Schools provides you with a medical plan that uses the Anthem Blue Access PPO Network and their National Drug List or Formulary. Comprehensive healthcare 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, when you use in-network providers your costs will be less. Out-of-network providers may balance bill you for the difference between their billed charges and what Anthem allows (the in-network contractual amount). Your cost share is illustrated below:

	In-Network Benefits	Out-of-Network Benefits
Deductible		
Single	\$1,400	\$2,800
Family*	\$2,800	\$5,600
Out-of-Pocket Maximum		
Single	\$2,600	\$5,200
Family	\$5,200	\$10,400
Coinsurance	10%	30%
Doctor's Office		
Office Visits	10% after deductible	30% after deductible
Preventive Care Services (routine exams, x-rays/tests, immunizations, well baby care, mammograms)	No Cost Share - the plan pays 100%	30% after deductible
Hospital Services		
Emergency Room - True Emergency	10% after deductible	10% after deductible
Emergency Room - Non-Emergency	10% after deductible	30% after deductible
Urgent Care Center	10% after deductible	10% after deductible
Inpatient	10% after deductible	30% after deductible
Outpatient Surgery	10% after deductible	30% after deductible
Ambulance Services	10% after deductible	10% after deductible
Other Services		
Maternity Services	10% after deductible	30% after deductible
Diagnostic Lab and X-ray	10% after deductible	30% after deductible
Diagnostic Scans (MRI, CT Scans, Nuclear Medicine)	10% after deductible	30% after deductible
Prescription Drugs		
Retail - Generic Drugs		
31-day supply	10% after deductible	30% after deductible
Mail Order		
90-day supply	10% 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 Accounts (HSA)

Administered by CME Federal Credit Union

A HSA is a savings account owned by the employee designed to help them save for future, qualified medical expenses (QME) and retiree health expenses. Funds are contributed to the account 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 a Qualified High Deductible Health Plan (HDHP)
- Is not enrolled in other disqualifying coverage such as Medicare, Tricare, PPO, HRA, your or your spouse's *general purpose* FSA
- Cannot be claimed as a tax dependent on another person's tax return

Any contribution by the employee to his/her HSA up to the maximum limits provided by law may, at the members 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.

Distribution of funds may be made at any time at the discretion of the employee. The employee is responsible for substantiating the distributions for qualified medical expenses.

2020 Contribution Limits

Single Coverage	\$3,550
Family Coverage	\$7,100
Catch-up Contributions (age 55 or older)	\$1,000

Excess contributions to the HSA are subject to a tax penalty and must be reported on the individual's tax return as regular income.

Non-Qualified Expenses

In general, distributions for non-qualified medical expenses are subject to federal income tax and a 20% penalty if the individual is under age 65. If the individual is over age 65, non-qualified distributions are taxed as regular income.

Definition of Dependent for Health Savings Accounts is Different than Group Health Plan

A Health Savings Account owner can use the funds to cover qualified medical expenses for themselves, their legal spouse and tax dependents. Under Healthcare Reform, an employee can cover his or her adult children up to age 26 regardless of student or marital status, financial dependence or residency. **However, medical expenses incurred by the adult child will not be a qualified expense under the HSA unless the child can be claimed as a tax dependent.** If the adult child is not a tax dependent, any distributions for them must be declared as regular income tax and will be subject to an additional 20% penalty.

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

1. **First step to establishing a Health Savings Account is to open your CME account.** 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. 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 the process, please contact the CME Call Center at 1.888.224.3108, ext. 6.**

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

CME Federal Credit Union HSA Benefits:

- Competitively tiered interest rates
- Investment Options
- No set up or annual HSA fee
- Online statements
- Free Visa Debit Card
- Free Online bill pay
- Checks available upon request, at cost
- LOCAL, personal, friendly customer service

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 lallison@cmefcu.org (Loraine Allison at CME Federal Credit Union) using "Dublin City Schools Health Savings Account Rollover" in the subject line. CME will send the appropriate application 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 the 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 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 crowns are Covered Services on posterior teeth.
- Implants and implant related services are payable once per tooth in any five-year period.

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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.

Payment for Orthodontic Service – When orthodontic treatment begins, your Dentist will submit a payment plan to Delta Dental based upon your projected course of treatment. In accordance with the agreed upon payment plan, Delta Dental will make an initial payment to you or your Participating Dentist equal to Delta Dental's stated Copayment on 30% of the Maximum Payment for Orthodontic Services as set forth in this Summary of Dental Plan Benefits. Delta Dental will make additional payments as follows: Delta Dental will pay 60% of the per monthly fee charged by your Dentist based upon the agreed upon payment plan provided by your Dentist to Delta Dental.

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 – Enrollees who are eligible for 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).

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.

Coordination of Benefits – If you and your Spouse are both eligible to enroll in This Plan as Enrollees, 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.



Your Vision Benefits Summary

Get the best in eye care and eyewear with Dublin School District and VSP® Vision Care.

Using your VSP benefit is easy.

- **Create an account at vsp.com.** Once your plan is effective, review your benefit information.
- **Find an eye care provider who's right for you.** The decision is yours to make—choose a VSP provider or any out-of-network provider. To find a VSP provider, visit vsp.com or call **800.877.7195**.
- **At your appointment, tell them you have VSP.** There's no ID card necessary. If you'd like a card as a reference, you can print one on vsp.com.

That's it! We'll handle the rest—there are no claim forms to complete when you see a VSP provider.

Best Eye Care

You'll get the highest level of care, including a WellVision Exam®—the most comprehensive exam designed to detect eye and health conditions. Plus, when you see a VSP provider, you'll get the most out of your benefit, have lower out-of-pocket costs, and your satisfaction is guaranteed.

Choice in Eyewear

From classic styles to the latest designer frames, you'll find hundreds of options. Choose from featured frame brands like bebe®, Calvin Klein, Cole Haan, Flexon®, Lacoste, Nike, Nine West, and more¹. Visit vsp.com to find a Premier Program location who carries these brands.

Plan Information

VSP Provider Network: VSP Signature

Automatically get an extra \$20 to spend when you choose a featured frame brand like Anne Klein, bebe®, Calvin Klein, Flexon®, Lacoste, Nike, Nine West, and more. Visit vsp.com to find a provider who carries these brands.

Visit vsp.com or call **800.877.7195** for more details on your vision coverage and exclusive savings and promotions for VSP members.

¹Brands/Promotion subject to change.

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Benefit	Description	Copay	
Your Coverage with a VSP Provider			
WellVision Exam	<ul style="list-style-type: none"> • Focuses on your eyes and overall wellness • Unlimited 	\$10	
Prescription Glasses			
Frame	<ul style="list-style-type: none"> • \$130 allowance for a wide selection of frames • \$150 allowance for featured frame brands • 20% savings on the amount over your allowance • Every calendar year 	\$0	
Lenses	<ul style="list-style-type: none"> • Single vision, lined bifocal, and lined trifocal lenses • Polycarbonate lenses for dependent children • Every calendar year 	\$0	
Lens Enhancements	<ul style="list-style-type: none"> • Tints/Photochromic adaptive lenses • Standard progressive lenses • Premium progressive lenses • Custom progressive lenses • Average savings of 35-40% on other lens enhancements • Every calendar year 	\$0 \$50 \$80 - \$90 \$120 - \$160	
Contacts (instead of glasses)	<ul style="list-style-type: none"> • \$130 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation) • Every calendar year 	Up to \$60	
Diabetic Eyecare Plus Program	<ul style="list-style-type: none"> • Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details. • As needed 	\$20	
Extra Savings	<p>Glasses and Sunglasses</p> <ul style="list-style-type: none"> • Extra \$20 to spend on featured frame brands. Go to vsp.com/specialoffers for details. • 30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% from any VSP provider within 12 months of your last WellVision Exam. <p>Retinal Screening</p> <ul style="list-style-type: none"> • No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam <p>Laser Vision Correction</p> <ul style="list-style-type: none"> • Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities • After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor 		
Your Coverage with Out-of-Network Providers			
Visit vsp.com for details, if you plan to see a provider other than a VSP network provider.			
Exam	up to \$35	Lined Trifocal Lenses	up to \$55
Frame	up to \$45	Progressive Lenses	up to \$55
Single Vision Lenses	up to \$25	Contacts	up to \$105
Lined Bifocal Lenses	up to \$40	Tints	up to \$5
VSP guarantees coverage from VSP network providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location.			

Life and Accidental Death & Dismemberment (AD&D) Optional Employee & Dependent Life and AD&D

Administered by Prudential Insurance Company of America

Dublin City Schools cares about your financial well-being and provides you with \$50,000 of Basic Life and AD&D Insurance, at no cost to you. For full coverage details, please find the Certificate of Coverage on www.explainmybenefits.com/dublin under the Summaries link.

You may purchase additional Optional Life & ADD insurance on yourself and your dependents as well. Some highlights of the plan are listed below.

Dublin City School District All Full Time and Part Time Active Employees

All coverages are issued by The Prudential Insurance Company of America.
Optional Term Life, Optional Dependent Term Life and Optional Accidental Death & Dismemberment

Optional Term Life - 100% Employee Paid

- Purchase coverage in increments of \$10,000 up to a maximum of \$500,000, not to exceed 5.0 times your covered annual earnings. **Please refer to your plan certificate(s) to review the required minimum and maximum coverage amounts allowed.**
- If enrolling when first eligible within the specified period of your date of hire, you can elect up to the guaranteed issue amount of the lesser of 3.0 times your covered annual earnings or \$350,000, without providing proof of good health to Prudential.
- All other elections or enrolling after the enrollment period will require proof of good health satisfactory to Prudential for all coverage amounts.
- If you have been previously denied coverage in the past, proof of good health satisfactory to Prudential 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 (if eligible to port) may choose to continue a coverage amount equal to or lower than your current benefit amount. Coverage amounts will be subject to maximum of five times your annual earnings or \$1 million, whichever is less.

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.

*Accelerated Death Benefit option is a feature that is made available to group life insurance participants. It is not a health, nursing home, or long-term care insurance benefit and is not designed to eliminate the need for those types of insurance coverage. The death benefit is reduced by the amount of the accelerated death benefit paid. There is no administrative fee to accelerate benefits. Receipt of accelerated death benefits may affect eligibility for public assistance and may be taxable. The federal income tax treatment of payments made under this rider depends upon whether the insured is the recipient of the benefits and is considered "terminally ill" or "chronically ill." You may wish to seek professional tax advice before exercising this option.

Spouse - Optional Dependent Term Life - 100% Employee Paid

- Purchase coverage for your spouse in increments of \$5,000 up to a maximum of \$100,000. **Please note:** The Dependent Term Life Insurance coverage amount on your spouse may not exceed 100% of your Optional Term Life coverage amount.
 - If enrolling your spouse when first eligible, you can elect up to the guaranteed issue amount of \$20,000, on your spouse, without providing proof of good health to Prudential.
 - All other elections or enrolling after the enrollment period will require proof of good health satisfactory to Prudential for all coverage amounts.
 - If your spouse has been previously denied coverage in the past, proof of good health satisfactory to Prudential 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.

Child Optional Dependent Term Life - 100% Employee Paid

- Purchase coverage for \$5,000 or \$10,000. **Please note:** The Optional Dependent Term Life Insurance coverage amount on your children may not exceed 100% of your Optional Term Life coverage amount. 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.

Employee Optional AD&D - 100% Employee Paid

- 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.

Spouse Optional AD&D - 100% Employee Paid

- Purchase an Optional AD&D Insurance coverage amount for your spouse equal to your spouse's Optional Dependent Term Life Insurance coverage amount.
- Coverage will be reduced as you age - by 50% at age 70.

Child Optional AD&D - 100% Employee Paid

- Purchase an Optional AD&D Insurance coverage amount for your child(ren) equal to your child(ren)'s Optional Dependent Term Life Insurance coverage amount.
- 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.

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 directly to you** regardless of any other coverage you may have
- ⇒ You customize the benefit based on your needs and affordability
- ⇒ Premiums are payroll deducted

Optional Life & ADD Insurance (Prudential)

Supplemental Life & ADD insurance for yourself, spouse and dependent children at special group rates.

Accident Insurance (Trustmark)

Helps pay for unexpected expenses that result from accidents. 24/7 Coverage.

Cancer Insurance (Allstate)

Pays benefits if you are diagnosed with certain types of cancer and other specified diseases.

Critical Life Events (Trustmark)

Pays a lump-sum benefit if you experience a heart attack or stroke.

Short-Term Disability (One America)

Replaces a portion of your income for up to 6 months if you become ill or injured and your claim is approved.

Long-Term Disability (One America)

Replaces a portion of your income after you have exhausted short term disability benefits.

Flexible Spending (FSA) and Dependent Care Accounts (Chard Snyder)

Pretax accounts that allows you to save and pay for certain healthcare expenses under the FSA, or certain child and eldercare expenses under the Dependent Care account.

If you contribute to an HSA your FSA will be limited to Dental and Vision care expense reimbursement.

Life Lock Identity Theft Protection

Universal Life with Long-Term Care (Trustmark)

Permanent Life Insurance that provides a death benefit and a living benefit if you have a terminal diagnosis.

For additional information about these products please review the Plan Brochures at www.explainmybenefits.com/dublin under Summaries.

Accident Insurance

Administered by Trustmark

Trustmark Accident insurance is designed to cover unexpected expenses that result from all kinds of accidents, even sports-related and household ones. It provides a cash benefit per covered accident payable directly to you.

A brief description is provided below. Please refer to the brochure, FAQ, and Accident Plan—Health Screening Claim Form posted at www.explainmybenefits.com/dublin under the Summaries link. A Health Screening Benefit is payable every year and helps offset the affordable premium you pay for this benefit. Please refer to the Accident Plan—Health Screening Claim Form for a list of specific screenings that are covered.

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	\$1,000
	\$200
Health Screening Benefit	
One per person per year	\$100
Routine health screening tests	

Type of Coverage	Weekly Rate (52 per year)
Employee	\$4.40
Employee and Spouse ²	\$6.71
Employee and Child(ren)	\$8.15
Family	\$10.47

¹ Benefits 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. ² In some states, spouse, domestic partner or civil union partner.

Cancer Insurance

Administered by Allstate Benefits

Coverage is available to you and your dependents to help offset the costs associated with cancer treatment or daily living expenses. This benefit is paid directly to you.

A brief description is provided below. Certain cancers and specified diseases are covered; pre-existing condition exclusion may apply. For complete details, please refer to the Cancer Brochure posted at www.explainmybenefits.com/dublin under the Summaries link.

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

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.



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

Critical Illness Insurance

Administered by Trustmark

If a critical illness strikes, how would recovery and living with critical illness affect you and your family? With earlier diagnosis and advancements in treatment protocols, heart attack and stroke are showing higher survival rates.

A brief description is provided below. Pre-existing condition exclusion may apply. For complete details, please refer to the Critical Life Events brochure posted at www.explainmybenefits.com/dublin under the Summaries link.

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
 Coronary artery disease - initial diagnosis after assessment and recommended treatment	 Coronary artery disease - • Coronary artery obstruction • Heart attack when clinically diagnosed	 Coronary artery disease - heart attack
 Cerebral vascular disease "mini-stroke" - Transient Ischemic Attack (TIA) including Reversible Ischemic Neurologic Deficit (RIND)	 Cerebral vascular disease - • Stroke with less than 30 days impairment • Stroke when clinically diagnosed	 Cerebral vascular disease - Stroke with at least 30 days impairment

*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.

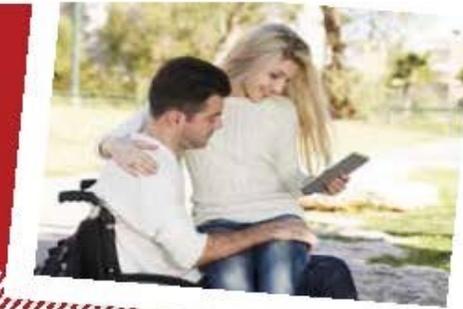
Heart From 2000 to 2010, death rates attributed to cardiovascular disease **declined 31%**. Source: American Heart Association, 2012.

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.

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.

Short -Term Disability Insurance

Administered by One America

Your most important asset is your ability to earn a paycheck! Disability insurance is paycheck insurance. Disability insurance replaces a portion of your weekly income for 22 or 26 weeks, should you become sick or injured and unable to work. You can choose the right benefit option for you and your family.

The elimination period is the time you must wait from the start of your disability for benefits to start paying, if you are approved for claim. You will want to consider the Benefit Percentage, or Income Replacement amount, as well as the benefit duration.

A brief description is provided below. For complete details, please refer to the One America Short-Term Disability Plan Description under Summary Plan Description and Notices posted at www.explainmybenefits.com/dublin under the Summaries link.

Group Worksite Disability Insurance Options- Short Term				
Class Description	All Eligible Full-Time Employees			
Required Minimum Number of Work Hours	17 hours weekly			
Employee Premium Contribution	100%			
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 Occupation			
Partial Disability Definition	Proportionate Loss			
Residual Benefit	Yes			

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.

Long -Term Disability Insurance

Administered by One America

Your most important asset is your ability to earn a paycheck! Disability insurance is paycheck insurance! Should you become sick or injured and unable to work, Long Term Disability will replace a portion of your monthly income. If your claim is approved, the benefit will continue until you are able to return to your regular occupation or you reach your full Social Security Full Retirement Age, whichever occurs first.

The elimination period is the time you must wait from the onset of your disability for benefits to start paying. You will want to consider the Benefit Percentage, or Income Replacement amount, described below.

A brief description is provided below. For complete details, please refer to the One America Long-Term Disability Plan Description under Summary Plan Description and Notices posted at www.explainmybenefits.com/dublin under the Summaries link.

Group Worksite Disability Insurance Options- LongTerm			
Class Description	All Eligible Full-Time Employees		
Required Minimum Number of Work Hours	17 hours weekly		
Employee Premium Contribution	100%		
Features	LTD Option 1	LTD Option 2	LTD Option 3
Elimination Period	180 Days	180 Days	180 Days
Maximum Benefit Duration	Social Security Full Retirement Age		
Benefit Percentage	40%	30%	20%
Maximum Weekly Benefit	\$5,000		
Pre-Existing Condition Exclusion	3/12		
Total Disability Definition	Regular Occupation - 2 years		
Partial Disability Definition	Proportionate Loss		
Residual Benefit	Yes		

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.

Flexible Spending Accounts (FSA)

Administered by Chard Snyder

FSA's allow you to have pre-tax money deducted from your paycheck to pay for certain healthcare expenses. Since contributions are made through payroll deductions with pre-tax dollars, you decrease your taxable income and thereby increase your take-home pay.

There are two types of FSAs available:

- Health Care
- Dependent Care

Health Care FSA

If you are enrolled in the HSA Plan *and* have a Health Savings Account, your FSA will be a limited purpose health care spending account. Under a limited purpose FSA account, you can receive tax-free reimbursement for dental and vision expenses only.

If you waive medical coverage or are not eligible to have a Health Savings Account, the FSA will reimburse qualified medical, prescription, dental and vision expenses.

NOTE: This is a “Use It or Lose it” account. The maximum annual amount that you can contribute to the health care FSA is \$2,700. You may rollover up to \$500 of unused funds at the end of the year.

Dependent Care Account

You can also set aside pre-tax money for daycare for eligible dependents through the Dependent Care FSA. You decide how much to contribute, up to \$5,000 per year, **per household.**

Eligible dependents are children under the age of 13 or a dependent spouse or child who is physically or mentally incapable of caring for himself/herself and has the same principal residence as the Participant for more than one-half such taxable year.

Did You Know?

- ⇒ The Chard Snyder debit card helps you stay within IRS rules by allowing purchases only at locations that provide eligible services or merchandise. You'll receive two cards, one for you and one for another family member.
- ⇒ Use the Chard Snyder Mobile App and stay up-to-date wherever you are! Access your account balance anywhere, see specific transaction details, submit healthcare claims and receipt images for substantiation, plus choose text alerts you want to receive. You'll know when claims are confirmed or denied and when receipts are needed to support your reimbursement request.

Substantiation Requirements

For medical expenses, the IRS requires you to substantiate:

- Date service was received or purchase made
- Description of service or item purchased
- Dollar amount
- Provider or store name
- In some cases, a Medical Necessity Form or physician letter may be required

NOTE: In some cases, the plan's design requires that your health insurer's Explanation Of Benefits (EOB) is provided as substantiation for your expense. If you receive a receipt from your provider for a copay amount, make sure the receipt says “copay.” If not, ask your provider to write “copay” on your receipt before leaving the office. Vague or missing information causes your reimbursements to be held up or become ineligible. Keep your receipts and documentation.

For dependent care expenses, the IRS requires you to substantiate:

- Dates of service
- Dollar amount incurred
- Daycare provider name and Tax ID
- Daycare provider signature

NOTE: Daycare expenses must be incurred (not just paid) in order to receive reimbursement. Registration fees cannot be reimbursed until the services are actually incurred. You will be required to report your dependent care provider's Tax ID (TIN) or SSN on IRS Form 2441 when you file your federal income tax return. Vague or missing information causes your reimbursements to be held up or become ineligible. Keep your receipts and documentation.

Visit www.chard-snyder.com and click on the **Support Center link for A-to-Z FSA resources.**

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

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.

No one can prevent all identity theft.
*LifeLock does not monitor all transactions at all businesses.
†Phone alerts made during normal local business hours.
‡2017 Identity Fraud Study, Javelin Strategy & Research
§Based on a monthly online consumer survey (n=2,237) conducted for LifeLock by MSI International, Oct 2016 – Mar 2017.
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Symantec, the Symantec Logo, the Checkmark Logo, LifeLock and the LockMan Logo are trademarks or registered trademarks of Symantec Corporation or its affiliates in the U.S. and other countries. Other names may be trademarks of their respective owners.

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

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 ¹²		✓
Three-Bureau Annual Credit Reports and Credit Scores ¹ <small>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.</small>		✓
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.
^{††} This 2017 complimentary feature requires you to create and access your LifeLock online portal to take advantage of this feature.
[‡] Credit reports, scores and credit monitoring may require an additional verification process and credit services will be withheld until such process is complete.
¹ For LifeLock Ultimate Plus™ Three-bureau Credit monitoring, credit monitoring from Experian and TransUnion will take several days to begin.
² 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.
^{***} LifeLock Junior® membership is available as an added membership to an adult LifeLock plan.
^{†††} 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.
 Copyright © 2017 Symantec Corp. All rights reserved.
 Symantec, the Symantec Logo, the Checkmark Logo, LifeLock, the LockMan Logo, LifeLock Ultimate Plus, LifeLock Junior, LifeLock Privacy Monitor, LifeLock Identity Alert and Million Dollar Protection are trademarks or registered trademarks of Symantec Corporation or its affiliates in the U.S. and other countries. Other names may be trademarks of their respective owners. MEB1568_BE_UP_BWIK

Universal Life Insurance with Long Term Care

Administered by Trustmark

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

- Universal Life with Long Term Care is permanent life insurance that is designed to match your needs throughout your lifetime.
- This policy is priced to remain the same cost to you until age 100.
- The Living Benefit, or Long Term Care, is 4% of the death benefit per month for up to 25 months if confined in a nursing or assisted living facility or 2% of the death benefit per month of up to 50 months if receiving home health or day care.
- Monthly premiums are waived while using the Long Term Care benefit, and will reduce your death benefit.
- Coverage is available for spouse and children.

Special Underwriting for Initial Offering

Guaranteed Issue

Up to \$100,000 employee / up to \$15,000 spouse

\$25,000 children



Rates

This benefit is customized by each employee so rates vary, but can start as little as a few dollars a week. Your specific rate will be calculated for you in the electronic enrollment system.

Importance of Selecting a Beneficiary

Selecting a beneficiary is a very personal decision. Some people want to use a death benefit to provide for their family and other people look at it as more of a financial transaction. When you designate beneficiaries, you have the final say over who receives the proceeds. If you do not choose one, your state's laws determine who received the benefit.

Employee Assistance Program (EAP)

Administered by Matrix

Everyone encounters personal problems in life. Left unattended, these personal problems can become overwhelming to the point that they distract individuals from doing their best on and off the job. Career goals, family, and personal relationships can suffer as a result. By providing an Employee Assistance Program (EAP), employers can encourage associates and their families to seek help, at no cost.

Matrix EAP providers are doctorally trained (Ph.D./Psy.D.) and highly qualified to ensure that your employees receive the absolute best treatment possible for an array of difficulties including:

- Stress or anxiety Family or marital problems Substance abuse
- Grief and loss Any other personal problems

Privacy and Policy

Matrix understands that privacy is important to you. To guarantee absolute confidentiality, no information about an employee's care is ever provided to an employer without written consent.

EAP sessions are also never billed to an employee's health plan. We are deeply committed to improving the mental health of our patients and will exhaust all free EAP sessions before involving their health insurance.

Legal and Financial Assistance

For individuals dealing with legal or financial issues, our EAP offers expert legal and financial advice and resources over the phone at no cost. **Call 800.886.1171 for Legal or Financial Consultations.**

For legal advice, members are entitled to a free phone or face-to-face consultation with a 25% discount of attorney's hourly rate on continued legal assistance. Members are also entitled to a free phone consultation with a financial counselor. These experts can assist with issues that include any of the following:

- Family law Housing Criminal problems Accidents and injuries
- Wills Estate planning Traffic violations Consumer problems
- Credit problems Debt and bankruptcy

Wellness Assistance

My Life Values is a Matrix online resource center that helps to connect employees with important family, health and leisure resources to enhance life quality. Some of the wellness offerings include:

- Childcare resources Eldercare resources Over one million work-life providers
- Research and information Caretaker resources Online mortgage assistance
- Shopping rewards and discounts via a national network of vendors

Schedule with Matrix

Matrix makes scheduling a seamless process. To speak with an experienced EAP intake coordinator, who will assist in placing employees and family members with a qualified psychologist at a convenient location, call **1-800.886.1171**.

- Routine appointments will be scheduled within 72 hours.
- Urgent requests are evaluated on a case-by-case basis and seen immediately.
- 24/7 crisis counseling services are available by phone.

Individual needs are taken into consideration. Trained intake coordinators find provider referrals based on your needs, preferences and proximity.

www.matrixpsych.com

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	Administrator	Phone	Website/Email
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
Health Savings Account	CME Federal Credit Union, Sallie Cerrie	888.224.3108	Email: scerrie@cmefcu.org
Flexible Spending Account	Chard-Snyder	800.982.7715	Email: askpenny@chard-snyder.com
Basic & Supplemental Life, ADD	Prudential	800.524.0542	prudential.com
For assistance with products administered by Allstate, LifeLock, OneAmerica or Trustmark, please contact Explain My Benefits at 888.734.6937, Option 3			
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	800.918.8877	trustmarksolutions.com
Critical Life Events Insurance	Trustmark	800.918.8877	trustmarksolutions.com
Universal Life with Long Term Care	Trustmark	800.918.8877	trustmarksolutions.com
Identity Theft Protection	LifeLock	800.543.3562	lifelock.com
Employee Assistance Program	Matrix	800.886.1171	matrixpsych.com
Explain My Benefits	Explain My Benefits	888.734.6937	service@explainmybenefits.com
School District Insurance Broker	Gallagher Benefit Services	614.761.2901	

Your benefit resource website:

www.explainmybenefits.com/dublin

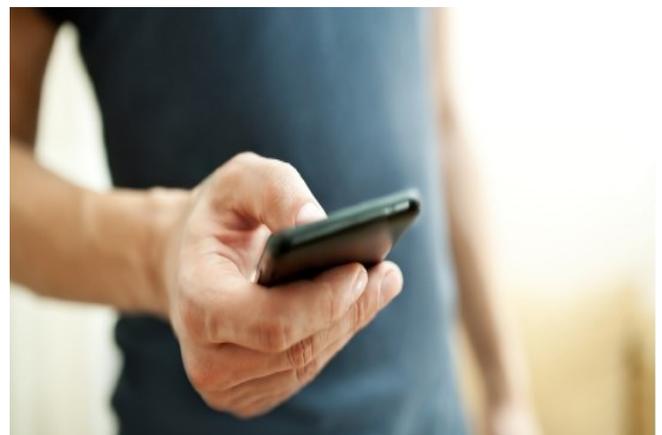
TIP: Use the carriers Mobile App to make managing your benefits a breeze.

View

- ◆ Current benefit elections
- ◆ Benefit Guide
- ◆ Forms download
- ◆ Benefit videos
- ◆ Certificates of Coverage and plan information

See Instructions on

- ◆ New hire benefit enrollment
- ◆ Qualifying Event rules & process
- ◆ Update your personal information
- ◆ Beneficiary changes



Insurance Rates & Contributions

Dublin City Schools

Insurance Rates and Contributions (Per Pay)

Effective 1/1/2020

Benefit	Employee Cost		BOE Cost		Employee Cost		BOE Cost	
	10%	90%	15%	85%	15%	85%		
	Single	Single	Single + 1	Single + 1	Family	Family		
Medical	\$28.40	\$255.60	\$85.05	\$481.95	\$134.70	\$763.30		
Dental	\$2.15	\$19.37	\$8.89	\$50.40	\$8.89	\$50.40		
Vision	\$0.44	\$4.02	\$1.89	\$10.71	\$1.89	\$10.71		
Total Per Pay	\$30.99	\$278.99	\$95.83	\$543.06	\$145.48	\$824.41		

Total Cost Per Month (Board + Employee Contribution)			
	Single	Single + 1	Family
Health	\$568.00	\$1,134.00	\$1,796.00
Dental	\$43.04	N/A	\$118.58
Vision	\$8.93	N/A	\$25.20

Dublin City Schools

Medical Insurance Rates and Contributions (Per Month)

Effective 1/1/2020

	SINGLE			SINGLE + 1			FAMILY		
	Board	Employee	Total	Board	Employee	Total	Board	Employee	Total
Medical									
Full-time	\$511.20	\$56.80	\$568.00	\$963.90	\$170.10	\$1,134.00	\$1,526.60	\$269.40	\$1,796.00
9 Tenths	\$460.08	\$107.92	\$568.00	\$867.51	\$266.49	\$1,134.00	\$1,373.94	\$422.06	\$1,796.00
8 Tenths	\$408.96	\$159.04	\$568.00	\$771.12	\$362.88	\$1,134.00	\$1,221.28	\$574.72	\$1,796.00
7 Tenths	\$357.84	\$210.16	\$568.00	\$674.73	\$459.27	\$1,134.00	\$1,068.62	\$727.38	\$1,796.00
6 Tenths	\$306.72	\$261.28	\$568.00	\$578.34	\$555.66	\$1,134.00	\$915.96	\$880.04	\$1,796.00
5 Tenths	\$255.60	\$312.40	\$568.00	\$481.95	\$652.05	\$1,134.00	\$763.30	\$1,032.70	\$1,796.00
4 Tenths	\$204.48	\$363.52	\$568.00	\$385.56	\$748.44	\$1,134.00	\$610.64	\$1,185.36	\$1,796.00
3 Tenths	\$153.36	\$414.64	\$568.00	\$289.17	\$844.83	\$1,134.00	\$457.98	\$1,338.02	\$1,796.00
2 Tenths	\$102.24	\$465.76	\$568.00	\$192.78	\$941.22	\$1,134.00	\$305.32	\$1,490.68	\$1,796.00
1 Tenth	\$51.12	\$516.88	\$568.00	\$96.39	\$1,037.61	\$1,134.00	\$152.66	\$1,643.34	\$1,796.00



This benefit summary prepared by



Insurance | Risk Management | Consulting