



School District of Holmen Employee Benefits

JULY 1, 2023 - JUNE 30, 2024



The information in this enrollment guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancies between this guide and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your guide, contact the Benefits Specialist.

What I Need to Know?



Who is eligible?

Employees with the School District of Holmen are eligible to enroll in the benefits outlined in this guide based on the individual contract or the number of hours worked per week per benefit plan. In addition, your dependents (spouse, domestic partner, natural or adopted child, grandchild or child for whom you have legal guardianship) are eligible for these benefits.

How to enroll?

Are you ready to enroll? The first step is to review your current benefits. Did you move recently or get married? Verify all of your personal information and make any necessary changes. Once all your information is up to date, it's time to make your benefit elections. The decisions you make during open enrollment can have a significant impact on your life and finances, so it is important to weigh your options carefully.

When to enroll?

The benefit choices you make now will cover you and your dependents effective July 1, 2023 through June 30, 2024.

New employees are eligible for benefits on the first day of employment.

How to make changes?

Unless you experience a HIPAA Special Enrollment event, you cannot make changes to the benefits you elect until the next open enrollment period. A Special Enrollment event would include: A loss of eligibility for other health coverage, termination of eligibility for Medicaid or a state Children's Health Insurance Program (CHIP), the acquisition of a new spouse or dependent by marriage, birth, adoption or placement for adoption, or becoming eligible for a premium assistance subsidy under Medicaid or a state CHIP. In the case of a HIPAA Special Enrollment, you have 30 days to make changes to your benefit plans.

Please Note: The Open Enrollment of your Spouse's Health Plan through their employer does not constitute a Qualifying Event for you unless there are significant changes to plan designs or rates. Please contact the Benefits Specialist or The Insurance Center if you have questions.

Your Benefits

BENEFITS	PROVIDER	WHO CONTRIBUTES	PREMIUM TAX TREATMENT
Health Insurance	WCA Group Health Trust	Both SDH & Employee	Pre-tax
Health Savings Account (HSA)	Altra	Both SDH & Employee	Pre-tax
Flexible Spending Account (FSA): Standard Health Care FSA, Limited Health Care FSA, & Dependent Care FSA	Employee Benefits Corporation (EBC)	Employee	Pre-tax
Dental Insurance	Delta Dental	Both SDH & Employee	Pre-tax
Voluntary Dental Insurance	Delta Dental	Employee	Pre-tax
Employer Paid Life Insurance and AD&D	Kansas City Life	SDH	N/A
Voluntary Life Insurance	Kansas City Life	Employee	Post-tax
Voluntary Short-Term Disability Insurance	Kansas City Life	Employee	Post-tax
Employer Paid Long-Term Disability Insurance	Kansas City Life	SDH	N/A
Voluntary Accident Insurance	Allstate	Employee	Pre-tax
Voluntary Cancer Insurance	Allstate	Employee	Pre-tax
Voluntary Critical Illness Insurance	Allstate	Employee	Pre-tax
Alternative Benefit Plan	N/A	SDH	N/A

Pre-tax vs. Post-tax Deductions

Pre-tax Deductions:

Costs of benefit elections are taken from your paycheck before any applicable taxes are deducted.

Post-tax Deductions:

Taken from your paycheck after any applicable taxes are deducted.

Health Insurance

WCA Group Health Trust

The School District of Holmen offers employees a comprehensive health insurance plan for the plan year July 1, 2023 - June 30, 2024. Please refer to your insurance contract and Summary of Benefits and Coverage (SBC) for additional information. The benefits below will take effect July 1, 2023.

OPTIONS	IN-NETWORK	OUT-OF-NETWORK
DEDUCTIBLE *Non-Embedded	\$2,000 Single \$4,000 Family	\$5,000 Single \$10,000 Family
COINSURANCE	80% WCA / 20% Member	60% WCA / 40% Member
MAXIMUM OUT-OF-POCKET	\$4,000 Single \$8,000 Family (<small>\$7,500 single limit for family coverage</small>)	\$8,000 Single \$16,000 Family
PRIMARY OFFICE VISIT	\$20 Copay, then 80% Coinsurance	\$40 Copay, then 60% Coinsurance
SPECIALTY OFFICE VISIT	\$40 Copay, then 80% Coinsurance	\$80 Copay, then 60% Coinsurance
URGENT CARE	\$50 Copay, then 80% Coinsurance	\$100 Copay, then 60% Coinsurance
EMERGENCY ROOM	\$100 Copay, then 80% Coinsurance	\$100 Copay, then 80% Coinsurance
PRESCRIPTION DRUG BENEFIT	Deductible then 80% Coinsurance	Deductible then 80% Coinsurance

*Non-embedded deductible plans, also known as aggregate deductibles, do not begin to pay for medical expenses until the entire family deductible has been met

Networks: Alliance and PHCS

Alliance: www.the-alliance.org or (800) 223-4319
 Providers: Gundersen | Choose the Alliance Standard Network

PHCS: www.multiplan.com or (800) 546-3887
 Providers: Mayo, Statewide, or Nationwide

CVS Caremark 1-866-818-6911 | www.caremark.com

FIND A PROVIDER

Refer to the Employee Navigator for details on:

- Preventive Therapy Drug List
- Prior Authorization Requirements
- UMR as the health plan claims processor

Value Added Benefits

WCA Group Health Trust

Preventive Care Services Covered at 100% (In-Network Providers):

- Preventive Care Exams
- Well-Child Care
- Well-Woman Gynecological Exams
- Mammograms
- Labs
- Adult and Child Immunizations
- Hearing Exam (1 per plan year)
- Vision Exam (1 per plan year)

Reward for Annual Preventive Care Exam Sponsored by WCA Group Health Trust:

- \$50 gift card for completing your annual preventive care exam for you and your spouse.

New in 2023: UMR will automatically issue the \$50 gift card for annual exams. Expect it to take up to 13 weeks.

Reimbursement for Gym Memberships and/or Fitness Classes:

- \$120 for single coverage
- \$240 for family coverage

Note: You must submit the WCA reimbursement form and show proof of gym membership and/or fitness class.



Teladoc: Virtual Health



General Health Services



Use Teladoc to:

- Talk to a doctor by phone or video—24/7
- Get care for non-urgent conditions like the flu, bronchitis, and more
- Avoid the high costs and long wait times of the ER or urgent care clinic
- Save money—visits are more affordable than other care alternatives

Visit an urgent care center or ER for:

- Major medical concerns like broken bones, cuts, and burns
- Other in-person care needs



HDHP Members only pay \$45 or less for a Teladoc visit

Teladoc.com | 1-800-TELADOC (835-2362) | Download the app

Don't wait to get the support you need. In addition to your Teladoc General Medical services, you now have Behavioral Health. Get confidential counseling seven days a week for conditions like depression, anxiety, stress, marital or family issues, and much more by phone or video.

Schedule your appointment today.

Therapist \$85 or less/session
Psychiatrist \$200 or less/evaluation
\$95 or less/ongoing session

The benefits of using Behavioral Health

- ✓ Choose the therapist you think would best fit your needs
- ✓ Speak with a therapist from any location
- ✓ Schedule an initial or ongoing appointment on your time
- ✓ Confidential treatment



Behavioral Health Services

Teladoc doesn't offer a crisis hotline. Appointments must be scheduled.

Confidential therapy on your terms

Teladoc.com | Download the app

Dermatology Services



Get a diagnosis and treatment of your skin condition in just two business days or less

Welcome to the new way to get dermatology care that's easier than ever before. You no longer have to wait weeks for an appointment. Simply use your Teladoc account to upload images of your skin condition and one of our U.S. board-certified dermatologists will provide a diagnosis and treatment plan customized to fit your specific needs.

Please note

- Our Dermatology service uses images only. Communication with the dermatologist takes place through the message center.
- Although call center reps cannot schedule dermatology appointments, they can answer questions at 1-800-TELADOC (835-2362).

Here's how it works:

- 1 Request a consult**
Log in to your Teladoc account online or through the mobile app anytime, anywhere.
- 2 Upload images**
Take pictures of your skin condition and upload them to your account to share with the dermatologist.
- 3 Choose your pharmacy**
If medically necessary, a prescription can be sent to your local pharmacy.
- 4 View results online**
Within two business days, you'll receive a response online from a licensed dermatologist.

Get healthier skin for \$75 or less

Teladoc.com | Download the app

WCA Members

At these facilities, all medical services are covered at 100% for WCA Group Health Trust members!

**This does NOT include chiropractic care at the NFC or the CCC.
(Deductibles and co-insurance do not apply at cash clinics)**



LA CROSSE	SPARTA	VIROQUA	ONALASKA	WEST SALEM
1526 Rose Street La Crosse, WI 54603 608-781-9880	128 S Water, Suite B Sparta, WI 54656 608-351-2820	1316 Bad Axe Court Viroqua, WI 54665 608-518-3745	N5560 CTH ZM Onalaska, WI 54650 608-779-5323	1580 Heritage Blvd West Salem, WI 54669 608-518-3410
Hours				
Mon-Fri: 7am - 6pm Sat: 7am - 1pm	Mon, Wed & Fri: 8am - 2pm Tues & Thurs: 8am - 6pm	Mon & Tues: 8am - 4pm Wed & Thurs: 8am - 3pm Fri: 8am - 1pm	Mon-Fri: 8am - 4pm	Mon, Wed & Fri: 8am - 1pm



LA CROSSE	ONALASKA
525 Lang Dr La Crosse, WI 54603 608-782-2225	1202 County Rd PH Onalaska, WI 54650 608-781-2225
Hours	
Mon: 10am-6pm, Tues: 9am-2pm, Wed: 8am-5pm, Thurs: 9am-1pm, Fri: 9am-5pm	

Prescription Drug Savings Tips



Why We Pay Too Much for Our Prescriptions

Prices for prescription drugs vary widely between pharmacies. U.S. drug prices are neither fixed nor regulated.

How GoodRx can help me?



Every week GoodRx collects millions of prices and discounts from pharmacies, drug manufacturers and other sources to help you find the lowest cost for your prescription.

How does it work?

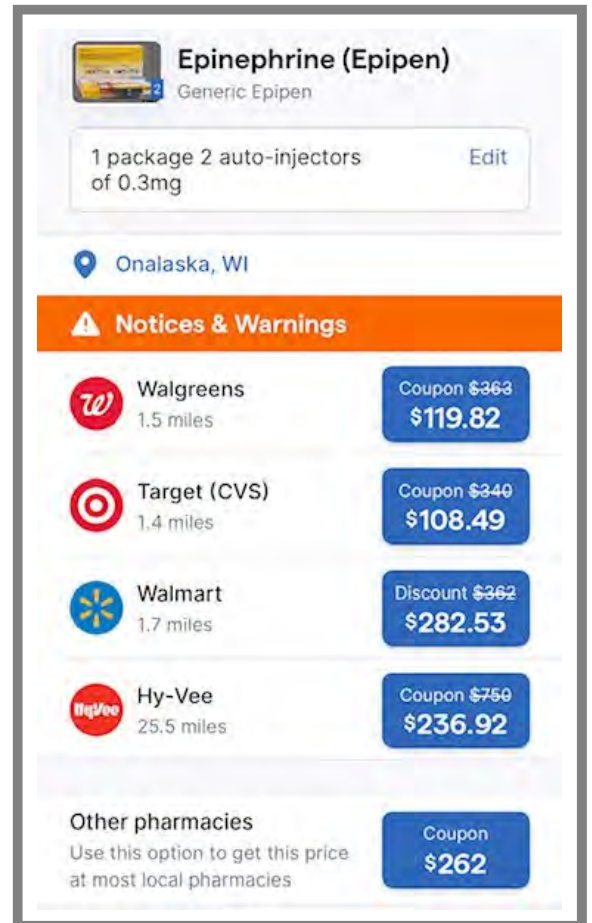


Free website allows you to search to compare prices for your prescription at pharmacies near you. Just simply show the app to your pharmacist when picking up your prescription.

No Cost!



GoodRx is 100% free. Get discounts for every family member, even pets! No quantity limits.



Epinephrine (Epipen)
Generic Epipen

1 package 2 auto-injectors of 0.3mg Edit

Onalaska, WI

Notices & Warnings

Pharmacy	Distance	Price
Walgreens	1.5 miles	Coupon \$363 \$119.82
Target (CVS)	1.4 miles	Coupon \$340 \$108.49
Walmart	1.7 miles	Discount \$362 \$282.53
Hy-Vee	25.5 miles	Coupon \$750 \$236.92
Other pharmacies		Coupon Use this option to get this price at most local pharmacies \$262

www.GoodRx.com



***Note! If you use the GoodRx coupon you are bypassing your insurance and what you spend does not apply to your deductible or out-of-pocket maximum.**

Health Savings Account (HSA)

Altra Federal Credit Union

THE BENEFIT

2023 Maximum Contribution:

\$3,850 Single
\$7,750 Family

Catch Up Contribution:

Age 55 and older can contribute an additional \$1,000

Single District Contribution:

Base HSA \$750

Wellness Benefit:

\$750 Employee

(Eligibility for the wellness benefit requires participation in the health assessment as well as overall health scores)

Family District Contribution:

Base HSA \$1,500

Wellness Benefit:

\$750 Employee

\$750 Spouse

(Eligibility for the wellness benefit requires participation in the health assessments as well as overall health scores)

Financial Institution:

The District will deposit into your own personal Altra Federal Credit Union HSA account.

Contribution Schedule:

1st payroll in September

1st payroll in January

1st payroll in March

1st payroll in June

The School District of Holmen contributes to your Health Savings Account (HSA) if you are enrolled in the District's Group Health Insurance Plan. HSAs are a great way to save money and budget for qualified medical expenses. HSAs are tax-advantaged savings accounts that accompany high deductible health plans (HDHPs). HDHPs offer lower monthly premiums in exchange for a higher deductible (the amount you pay before the insurance kicks in).

What are the benefits of an HSA?

It saves you money.

HDHPs have lower monthly premiums, meaning less money is being taken out of your paycheck.

It is a tax-saver.

HSA contributions are made with pre-tax dollars. Since your taxable income is decreased by your contributions, you'll pay less in taxes.

It is portable.

The money in your HSA is carried over from year to year and is yours to keep, even if you leave.

Am I eligible to contribute to an HSA?

- I am not a dependent on someone else's tax return
- I am not receiving Medicare, VEBA, or TRICARE benefits
- I am covered by a high deductible health plan (HDHP)
- I am not covered under any other type of health insurance plan other than a HDHP (except for insurances specific to injuries, accidents, disability, dental, vision, or long-term care).
- The only FSAs I have, if any, are limited purpose, after-tax, or dependent care.

The health savings account (HSA) must be established with Altra and direct deposit provided to Business Services within 30 days of the effective date of the district health insurance plan enrollment to be eligible for the corresponding employer contribution. Missed employer contributions due to incomplete account information will be forfeited.

e.g.: Enroll in district health insurance on August 25, 2022. HSA must be opened and direct deposit provided no later than September 25, 2022, to be eligible for the September 2022 and subsequent employer contributions.

e.g.: Enroll in district health insurance on August 25, 2022. HSA direct deposit not received until February 1, 2023. Employee would be eligible for the March 2023 (and subsequent) employer contribution, but would forfeit both the September 2022 and January 2023 employer contributions.

FLEXIBLE SPENDING ACCOUNT (FSA)

Employee Benefits Corporation (EBC)

THE BENEFIT

**2023 General Purpose FSA Plan
Year Limit: \$3,050**

**Eligible Expenses:
Medical, Dental, and Vision**

**2023 Limited Purpose FSA Plan
Year Limit: \$3,050**

**Eligible Expenses:
Dental and Vision**

**Maximum Rollover for General
Purpose and Limited Purpose
FSA: \$610**

**Dependent Care FSA Maximum
Contribution:
Married & filing separately = \$2,500
Single/Married filing jointly = \$5,000**

**You may submit your FSA claims to EBC
by using one of the following options:**

- Fax to (608) 831-4790
- Mail to Employee Benefits Corporation,
PO Box 44347, Madison WI 53744-4347
- Online portal www.ebcflex.com
- Download the Mobile App "My Mobile
Account Assistant"

You can save approximately
25% of each dollar spent on
these expenses when you
participate in an FSA.

The School District of Holmen provides you the opportunity to pay for out-of-pocket medical, dental, vision & dependent care expenses with PRE-TAX dollars. You must enroll, re-enroll or waive for the plan year **July 1, 2023 through June 30, 2024**. This plan is administered by Employee Benefits Corporation (EBC).

EXAMPLE

Bob & Jane combined gross income is \$30,000. They have two children & file their income taxes jointly. Since Bob & Jane expect to spend \$2,000 in adult orthodontia & \$3,000 for day care next plan year, they decide to direct a total of \$5,000 into their FSAs.

	Without FSAs	With FSAs
Gross Income	\$30,000	\$30,000
FSA Contributions	\$0	-\$5,000
Gross Income	\$30,000	\$25,000
Estimated Taxes		
Federal	-\$2,550	-\$1,776
State	-\$900**	-\$750
FICA	-\$2,295	-\$1,913
After-tax Earnings	\$24,255	\$20,561
Eligible out-of-pocket		
Medical & Dependent Care Expenses	-\$5,000	\$0
Remaining Spendable Income	\$19,255	\$20,561
Spendable Income Increase		\$1,306

*Assumes standard deductions and four exemptions.

**Varies, assume 3%. The example above is for illustrative purposes only. Every situation varies and we recommend that you consult a tax advisor for all tax advice.

Alternative Benefit Plan

Section 15 – Benefits - General

Alternate Benefit Plan [ABP] in Lieu of Health Insurance

- A. In order for this provision to remain in effect, a sufficient number of employees must opt out of their health insurance coverage so as not to cause an added expense for the District. Such determination of the additional expense is made by the District in its sole discretion.
- B. The Board may, at its discretion, discontinue the cash compensation in lieu of health insurance benefit by providing the participating employees with written notice of not less than six (6) months and an “open enrollment” opportunity to enroll in the group health insurance plan.
- C. Any employee who qualifies for participation in the District group health insurance plan where the District pays 85% or more of the lowest cost plan’s full monthly family health insurance premium may waive such participation and elect to receive cash compensation in lieu of the health insurance benefit. Eligibility for, and payment toward health insurance coverage for individual employment groups are set forth in the applicable part of the *Handbook* covering such employees. Where the District employs both spouses and both qualify for group health insurance, only one spouse will be eligible for participation in the ABP.
- D. Employees who qualify for group health insurance may choose, consistent with the terms of the “Cafeteria Plan” Section of this *Handbook* between:
 - 1. Participation in the District’s health plan, with the premium payment specified in the applicable part of the *Handbook* covering such employees, or
 - 2. A cash compensation payment equal to the amount listed below.
 - 3. An employee shall not receive ABP payments and Health Insurance benefits in the same month.
- E. Cash Compensation: The cash compensation annual amount shall be equal to:

Effective through 6/30/18		
School Year	ABP Annual Amount for Employees Participating prior to 7/1/2012	ABP Annual Amount for Employees Starting Participation on or after 7/1/2012
<u>2012-2013</u>	\$7,200.00	\$4,200.00

Effective 7/1/18

	ABP Annual Amount for Employees Participating prior to 7/1/2012	ABP Annual Amount for Employees Starting Participation on or after 7/1/2012
<u>Base Level</u>	\$3,600.00	\$2,100.00
<u>Maximum Level*</u>	\$7,200.00	\$4,200.00

*Contact the School District of Holmen Business Office for details on how to annually qualify Maximum Level wellness program status.

Alternative Benefit Plan

The per pay date cash compensation dollar amount shall be calculated by dividing the cash compensation annual amount (stated above) by the number of employee regularly scheduled pay dates per contract year. The resulting per pay date amount shall be paid each regularly scheduled pay date.

- F. The cash compensation amount shall be paid to the employee as additional taxable earnings which are not subject to Wisconsin Retirement System (WRS) contributions to the extent permitted by WRS rule or law, with the appropriate employee F.I.C.A., state and federal taxes deducted from the employee's payroll check.
- G. Beginning Alternative Benefit Plan Payments:
1. Default Election - If an eligible employee fails to make a health insurance election, the employee is deemed to have selected the ABP cash compensation.
 2. New Employees - The first payment for a new employee shall occur on the employee's first regularly scheduled pay date.
 3. Current Employees
 - Gained Eligibility - The first payment, for employees gaining eligibility during employment, shall occur on the first regularly scheduled pay date immediately following the acquired eligibility.
 - Newly Elected - The first payment, for employees previously eligible but first electing participation during employment, shall occur on the first regularly scheduled pay date of the month immediately following the first full month the ABP is elected.
- H. Discontinued Alternative Benefit Plan Participation Payments:
1. Separation of Employment - The final payment for an employee separating employment shall occur on the employee's last regularly scheduled pay date.
 2. Participation Ended During Continued Employment - The final payment for an employee discontinuing ABP participation shall occur on the last regularly scheduled pay date of the month immediately prior to the first full month the ABP benefit is discontinued.
- I. Grandparenting Provision:
1. Annual Amount - An employee who ends their participation in the ABP at the "ABP Annual Amount for Employees Participating prior to 7/1/2012" may only return to the ABP at the "ABP Annual Amount for Employees Starting Participation on or after 7/1/2012."

Example (based on ABP amounts as of July 1, 2012): During the 2011-2012 school year, an employee participated in the ABP and continued that participation into the 2012-2013 at the ABP amount of \$7,200 per year. In 2013-2014 the employee elected health insurance rather than the ABP. In 2014-2015 the employee elected the ABP and will return at the lower amount of \$4,200 per year.

2. Eligibility - Those employees who do not meet the ABP eligibility criteria above, but who were receiving the option benefit as of June 30, 2012, will be eligible to participate at the annual amount received July 1, 2011 to June 30, 2012, up to the "ABP Annual Amount Participating prior to 7/1/2012." If the employee subsequently elects health insurance after July 1, 2013, the provisions of this ABP paragraph will no longer apply.

Should a grandparented employee initiate a decrease in hours or FTE, their grandparenting provision shall no longer apply and normal ABP eligibility rules will be applied. This provision shall not apply for staff reduction or involuntary increase in hours or FTE which are imposed by the District.

Dental Insurance

Delta Dental

The School District of Holmen offers employees working 1520 annual hours or more a Dental Insurance Plan through Delta Dental.

SERVICES	COVERAGE LEVEL
Type 1- Preventive Services	<ul style="list-style-type: none">• Exams = 100%• Cleanings = 100%• X-rays = 100%
Type 2- Basic Services	<ul style="list-style-type: none">• Fillings = 80%• Simple Extractions = 80%
Type 3- Major Services	<ul style="list-style-type: none">• Inlays/Onlays= 50%• Crowns = 50%
Orthodontic Services (No age restriction on orthodontic services)	<ul style="list-style-type: none">• 50%

Deductible= \$25/3 per Family*

Individual Annual Maximum = \$1,000

Orthodontic Individual Lifetime Maximum = \$1,500

***Deductible applies to all services.**



Website: www.deltadentalwi.com
Customer Service: (800) 236-3712

Voluntary Dental Insurance

Delta Dental

The School District of Holmen offers employees working 750-1519 annual hours a voluntary Dental Insurance Plan through Delta Dental. The Dental Insurance Plan is voluntary, meaning you pay 100% of the premium cost.

SERVICES	COVERAGE LEVEL
Type 1- Preventive Services	<ul style="list-style-type: none"> Exams = 100% Cleanings = 100% X-rays = 100%
Type 2- Basic Services	<ul style="list-style-type: none"> Fillings = 80% Simple Extractions = 80%
Type 3- Major Services	<ul style="list-style-type: none"> Inlays/Onlays= 50% Crowns = 50%
Orthodontic Services (No age restriction on orthodontic services)	<ul style="list-style-type: none"> 50%

Deductible= \$25/3 per Family*

Individual Annual Maximum = \$1,000

Orthodontic Individual Lifetime Maximum = \$1,500

***Deductible applies to all services.**



Website: www.deltadentalwi.com
 Customer Service: (800) 236-3712

Dental Insurance Value Adds

Delta Dental



Smarter Dental Plans

Enhanced dental benefits for those who need them most.

Your dental coverage includes Delta Dental of Wisconsin's Evidence-Based Integrated Care Plan (EBICP), which provides **additional cleaning(s) and/or fluoride treatments to individuals with specific medical conditions** that have oral health implications. Enhanced benefits can play an important role in the management of certain medical conditions.

If you or an individual on your plan have one or more of these conditions you can enroll online. Once you enroll, you are immediately eligible for EBICP benefits.

Condition	Additional cleaning(s)	Topical fluoride
Cancer-related treatments	✓	✓
Suppressed immune systems	✓	✓
Periodontal disease*	✓	✓
High-risk cardiac conditions	✓	
Kidney failure or dialysis	✓	
Diabetes	✓	
Pregnancy	✓	

Vision Care Discount

Your dental plan from Delta Dental comes with a **free** Vision Discount Program.



This is a discount plan. It is not insurance. This discount plan may not be combined with any other discounts, promotional offers, or insurance coverage, and does not apply to EyeMed provider's professional services, or contact lenses.

Vision Care Discount Program Enrollee Cards

(Please detach cards for use)

DELTA DENTAL eye med

EyeMed Group Number: 9231093
Group Name: Delta Dental Vision Discount Program
Member Name: _____

For provider information, go to www.deltadentalwi.com/provider-search/vision, or call EyeMed Vision Care at 866-246-9041.

This is a discount plan. It is NOT insurance.

DELTA DENTAL eye med

EyeMed Group Number: 9231093
Group Name: Delta Dental Vision Discount Program
Member Name: _____

For provider information, go to www.deltadentalwi.com/provider-search/vision, or call EyeMed Vision Care at 866-246-9041.

This is a discount plan. It is NOT insurance.

Amplifon Hearing Health Care Overview

Brought to you by Delta Dental of Wisconsin

Amplifon Hearing Health Care
Discount Card

- Discounted hearing testing
- Low price guarantee
- 60-day risk-free device trial period
- 2 years batteries with purchase

To activate your discount,
call 1-888-901-0132 today.

Employer Paid Life Insurance and AD&D

Kansas City Life

The School District of Holmen provides employees working a minimum of 10 hours or more per week an Employer Paid Life Insurance and Accidental Death & Dismemberment benefit.

THE BENEFIT

Benefit Amount:

1x Your Annual Salary

Maximum Benefit Amount:

\$500,000

Eligibility:

Actively working a minimum of 10 hours or more per week.

To Learn More
Customer Service
at Kansas City Life:
800-821-6164

Features

Living Benefit Provision:

In the event of terminal illness, insureds may elect payment of up to 50% of the life benefit, not to exceed \$50,000.

Benefit Reduction:

35% @ age 70

55% @ age 75

70% @ age 80



Voluntary Life Insurance

Kansas City Life

The School District of Holmen offers employees working a minimum of 10 hours per week the opportunity to enroll in a Voluntary Life Insurance Plan. This plan is voluntary, meaning you pay 100% of the premium cost. The benefit is offered on a group basis which offers a lower premium for employees who are interested in purchasing additional Life Insurance.

THE BENEFIT

Benefit Amount for You:

\$10,000-\$500,000

Not to exceed 5x annual earnings. Max amount includes a combination of Group and Supplemental Life.

Benefit Amount for Spouse:

50% of employee amount
\$5,000-\$100,000

Benefit Amount for Child(ren):

\$10,000

Note: Employee must elect a minimum benefit of \$10,000 on self to elect coverage on children.

Employee Guarantee Issue:

\$150,000

Spouse Guarantee Issue:

\$25,000

Child(ren) Guarantee Issue:

\$10,000

Features

Living Benefit Provision:

In the event of terminal illness, insureds may elect payment of up to 50% of the life benefit, not to exceed \$50,000.

How much is enough?

Things to consider:

Final Expenses & Other Debt

- Funeral costs, medical expenses, mortgage, credit card debt.

Ongoing Expenses

- Food, clothing, housing, utilities, transportation, health care, insurance.

Future Expenses

- College, retirement

Note: See monthly premium rate charts on the following pages.

Voluntary Life Insurance

Kansas City Life

	Minimum Amount	Guarantee Issue (No medical questions asked during initial eligibility)	Maximum Amount (Will have to answer medical questions)
For You	\$10,000	5 times annual salary, up to \$150,000	5 times annual salary, up to \$500,000
Spouse	\$5,000	50% of employee's benefit, up to \$25,000	50% of employee's benefit, up to \$100,000
Children	\$10,000	\$10,000	\$10,000

You are eligible to enroll for Voluntary Life in increments of \$10,000 with a minimum of \$10,000 and a maximum of \$500,000, not to exceed 5 times annual earnings, whichever is less.

Age	Rate per \$1,000:	Benefit 10,000	20,000	30,000	40,000	50,000	60,000	70,000	80,000	90,000	100,000
0 - 29	\$0.060	\$0.60	\$1.20	\$1.80	\$2.40	\$3.00	\$3.60	\$4.20	\$4.80	\$5.40	\$6.00
30 - 34	\$0.060	\$0.60	\$1.20	\$1.80	\$2.40	\$3.00	\$3.60	\$4.20	\$4.80	\$5.40	\$6.00
35 - 39	\$0.090	\$0.90	\$1.80	\$2.70	\$3.60	\$4.50	\$5.40	\$6.30	\$7.20	\$8.10	\$9.00
40 - 44	\$0.140	\$1.40	\$2.80	\$4.20	\$5.60	\$7.00	\$8.40	\$9.80	\$11.20	\$12.60	\$14.00
45 - 49	\$0.240	\$2.40	\$4.80	\$7.20	\$9.60	\$12.00	\$14.40	\$16.80	\$19.20	\$21.60	\$24.00
50 - 54	\$0.390	\$3.90	\$7.80	\$11.70	\$15.60	\$19.50	\$23.40	\$27.30	\$31.20	\$35.10	\$39.00
55 - 59	\$0.610	\$6.10	\$12.20	\$18.30	\$24.40	\$30.50	\$36.60	\$42.70	\$48.80	\$54.90	\$61.00
60 - 64	\$0.940	\$9.40	\$18.80	\$28.20	\$37.60	\$47.00	\$56.40	\$65.80	\$75.20	\$84.60	\$94.00
65 - 69	\$1.250	\$12.50	\$25.00	\$37.50	\$50.00	\$62.50	\$75.00	\$87.50	\$100.00	\$112.50	\$125.00
70 - 74	\$3.180	\$31.80	\$63.60	\$95.40	\$127.20	\$159.00	\$190.80	\$222.60	\$254.40	\$286.20	\$318.00
75 +	\$3.180	\$31.80	\$63.60	\$95.40	\$127.20	\$159.00	\$190.80	\$222.60	\$254.40	\$286.20	\$318.00

Age	Rate per \$1,000:	Benefit 110,000	120,000	130,000	140,000	150,000	160,000	170,000	180,000	190,000	200,000
0 - 29	\$0.060	\$6.60	\$7.20	\$7.80	\$8.40	\$9.00	\$9.60	\$10.20	\$10.80	\$11.40	\$12.00
30 - 34	\$0.060	\$6.60	\$7.20	\$7.80	\$8.40	\$9.00	\$9.60	\$10.20	\$10.80	\$11.40	\$12.00
35 - 39	\$0.090	\$9.90	\$10.80	\$11.70	\$12.60	\$13.50	\$14.40	\$15.30	\$16.20	\$17.10	\$18.00
40 - 44	\$0.140	\$15.40	\$16.80	\$18.20	\$19.60	\$21.00	\$22.40	\$23.80	\$25.20	\$26.60	\$28.00
45 - 49	\$0.240	\$26.40	\$28.80	\$31.20	\$33.60	\$36.00	\$38.40	\$40.80	\$43.20	\$45.60	\$48.00
50 - 54	\$0.390	\$42.90	\$46.80	\$50.70	\$54.60	\$58.50	\$62.40	\$66.30	\$70.20	\$74.10	\$78.00
55 - 59	\$0.610	\$67.10	\$73.20	\$79.30	\$85.40	\$91.50	\$97.60	\$103.70	\$109.80	\$115.90	\$122.00
60 - 64	\$0.940	\$103.40	\$112.80	\$122.20	\$131.60	\$141.00	\$150.40	\$159.80	\$169.20	\$178.60	\$188.00
65 - 69	\$1.250	\$137.50	\$150.00	\$162.50	\$175.00	\$187.50	\$200.00	\$212.50	\$225.00	\$237.50	\$250.00
70 - 74	\$3.180	\$349.80	\$381.60	\$413.40	\$445.20	\$477.00	\$508.80	\$540.60	\$572.40	\$604.20	\$636.00
75 +	\$3.180	\$349.80	\$381.60	\$413.40	\$445.20	\$477.00	\$508.80	\$540.60	\$572.40	\$604.20	\$636.00

Age	Rate per \$1,000:	Benefit 210,000	220,000	230,000	240,000	250,000	260,000	270,000	280,000	290,000	300,000
0 - 29	\$0.060	\$12.60	\$13.20	\$13.80	\$14.40	\$15.00	\$15.60	\$16.20	\$16.80	\$17.40	\$18.00
30 - 34	\$0.060	\$12.60	\$13.20	\$13.80	\$14.40	\$15.00	\$15.60	\$16.20	\$16.80	\$17.40	\$18.00
35 - 39	\$0.090	\$18.90	\$19.80	\$20.70	\$21.60	\$22.50	\$23.40	\$24.30	\$25.20	\$26.10	\$27.00
40 - 44	\$0.140	\$29.40	\$30.80	\$32.20	\$33.60	\$35.00	\$36.40	\$37.80	\$39.20	\$40.60	\$42.00
45 - 49	\$0.240	\$50.40	\$52.80	\$55.20	\$57.60	\$60.00	\$62.40	\$64.80	\$67.20	\$69.60	\$72.00
50 - 54	\$0.390	\$81.90	\$85.80	\$89.70	\$93.60	\$97.50	\$101.40	\$105.30	\$109.20	\$113.10	\$117.00
55 - 59	\$0.610	\$128.10	\$134.20	\$140.30	\$146.40	\$152.50	\$158.60	\$164.70	\$170.80	\$176.90	\$183.00
60 - 64	\$0.940	\$197.40	\$206.80	\$216.20	\$225.60	\$235.00	\$244.40	\$253.80	\$263.20	\$272.60	\$282.00
65 - 69	\$1.250	\$262.50	\$275.00	\$287.50	\$300.00	\$312.50	\$325.00	\$337.50	\$350.00	\$362.50	\$375.00
70 - 74	\$3.180	\$667.80	\$699.60	\$731.40	\$763.20	\$795.00	\$826.80	\$858.60	\$890.40	\$922.20	\$954.00
75 +	\$3.180	\$667.80	\$699.60	\$731.40	\$763.20	\$795.00	\$826.80	\$858.60	\$890.40	\$922.20	\$954.00

Age	Rate per \$1,000:	Benefit 310,000	320,000	330,000	340,000	350,000	360,000	370,000	380,000	390,000	400,000
0 - 29	\$0.060	\$18.60	\$19.20	\$19.80	\$20.40	\$21.00	\$21.60	\$22.20	\$22.80	\$23.40	\$24.00
30 - 34	\$0.060	\$18.60	\$19.20	\$19.80	\$20.40	\$21.00	\$21.60	\$22.20	\$22.80	\$23.40	\$24.00
35 - 39	\$0.090	\$27.90	\$28.80	\$29.70	\$30.60	\$31.50	\$32.40	\$33.30	\$34.20	\$35.10	\$36.00
40 - 44	\$0.140	\$43.40	\$44.80	\$46.20	\$47.60	\$49.00	\$50.40	\$51.80	\$53.20	\$54.60	\$56.00
45 - 49	\$0.240	\$74.40	\$76.80	\$79.20	\$81.60	\$84.00	\$86.40	\$88.80	\$91.20	\$93.60	\$96.00
50 - 54	\$0.390	\$120.90	\$124.80	\$128.70	\$132.60	\$136.50	\$140.40	\$144.30	\$148.20	\$152.10	\$156.00
55 - 59	\$0.610	\$189.10	\$195.20	\$201.30	\$207.40	\$213.50	\$219.60	\$225.70	\$231.80	\$237.90	\$244.00
60 - 64	\$0.940	\$291.40	\$300.80	\$310.20	\$319.60	\$329.00	\$338.40	\$347.80	\$357.20	\$366.60	\$376.00
65 - 69	\$1.250	\$387.50	\$400.00	\$412.50	\$425.00	\$437.50	\$450.00	\$462.50	\$475.00	\$487.50	\$500.00
70 - 74	\$3.180	\$985.80	\$1017.60	\$1049.40	\$1081.20	\$1113.00	\$1144.80	\$1176.60	\$1208.40	\$1240.20	\$1272.00
75 +	\$3.180	\$985.80	\$1017.60	\$1049.40	\$1081.20	\$1113.00	\$1144.80	\$1176.60	\$1208.40	\$1240.20	\$1272.00

Rates in these tables are reflected as monthly rates.
Additional options on next page

Voluntary Life Insurance

Kansas City Life

	Minimum Amount	Guarantee Issue (No medical questions asked during initial eligibility)	Maximum Amount (Will have to answer medical questions)
For You	\$10,000	5 times annual salary, up to \$150,000	5 times annual salary, up to \$500,000
Spouse	\$5,000	50% of employee's benefit, up to \$25,000	50% of employee's benefit, up to \$100,000
Children	\$10,000	\$10,000	\$10,000

Age	Rate per \$1,000:	Benefit	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
0 - 29	\$0.060		\$24.60	\$25.20	\$25.80	\$26.40	\$27.00	\$27.60	\$28.20	\$28.80	\$29.40	\$30.00
30 - 34	\$0.060		\$24.60	\$25.20	\$25.80	\$26.40	\$27.00	\$27.60	\$28.20	\$28.80	\$29.40	\$30.00
35 - 39	\$0.090		\$36.90	\$37.80	\$38.70	\$39.60	\$40.50	\$41.40	\$42.30	\$43.20	\$44.10	\$45.00
40 - 44	\$0.140		\$57.40	\$58.80	\$60.20	\$61.60	\$63.00	\$64.40	\$65.80	\$67.20	\$68.60	\$70.00
45 - 49	\$0.240		\$98.40	\$100.80	\$103.20	\$105.60	\$108.00	\$110.40	\$112.80	\$115.20	\$117.60	\$120.00
50 - 54	\$0.390		\$159.90	\$163.80	\$167.70	\$171.60	\$175.50	\$179.40	\$183.30	\$187.20	\$191.10	\$195.00
55 - 59	\$0.610		\$250.10	\$256.20	\$262.30	\$268.40	\$274.50	\$280.60	\$286.70	\$292.80	\$298.90	\$305.00
60 - 64	\$0.940		\$385.40	\$394.80	\$404.20	\$413.60	\$423.00	\$432.40	\$441.80	\$451.20	\$460.60	\$470.00
65 - 69	\$1.250		\$512.50	\$525.00	\$537.50	\$550.00	\$562.50	\$575.00	\$587.50	\$600.00	\$612.50	\$625.00
70 - 74	\$3.180		\$1303.80	\$1335.60	\$1367.40	\$1399.20	\$1431.00	\$1462.80	\$1494.60	\$1526.40	\$1558.20	\$1590.00
75 +	\$3.180		\$1303.80	\$1335.60	\$1367.40	\$1399.20	\$1431.00	\$1462.80	\$1494.60	\$1526.40	\$1558.20	\$1590.00

Spouse and Child Life Rate Chart

You are eligible to enroll your spouse for Voluntary Life in increments of \$5,000 with a minimum of \$5,000 and a maximum of \$100,000, not to exceed 50% of the employee amount.

Age	Rate per \$1,000:	Benefit	5,000	10,000	15,000	20,000	25,000	30,000	35,000	40,000	45,000	50,000
0 - 29	\$0.060		\$0.30	\$0.60	\$0.90	\$1.20	\$1.50	\$1.80	\$2.10	\$2.40	\$2.70	\$3.00
30 - 34	\$0.060		\$0.30	\$0.60	\$0.90	\$1.20	\$1.50	\$1.80	\$2.10	\$2.40	\$2.70	\$3.00
35 - 39	\$0.090		\$0.45	\$0.90	\$1.35	\$1.80	\$2.25	\$2.70	\$3.15	\$3.60	\$4.05	\$4.50
40 - 44	\$0.140		\$0.70	\$1.40	\$2.10	\$2.80	\$3.50	\$4.20	\$4.90	\$5.60	\$6.30	\$7.00
45 - 49	\$0.240		\$1.20	\$2.40	\$3.60	\$4.80	\$6.00	\$7.20	\$8.40	\$9.60	\$10.80	\$12.00
50 - 54	\$0.390		\$1.95	\$3.90	\$5.85	\$7.80	\$9.75	\$11.70	\$13.65	\$15.60	\$17.55	\$19.50
55 - 59	\$0.610		\$3.05	\$6.10	\$9.15	\$12.20	\$15.25	\$18.30	\$21.35	\$24.40	\$27.45	\$30.50
60 - 64	\$0.940		\$4.70	\$9.40	\$14.10	\$18.80	\$23.50	\$28.20	\$32.90	\$37.60	\$42.30	\$47.00
65 - 69	\$1.250		\$6.25	\$12.50	\$18.75	\$25.00	\$31.25	\$37.50	\$43.75	\$50.00	\$56.25	\$62.50
70 - 74	\$3.180		\$15.90	\$31.80	\$47.70	\$63.60	\$79.50	\$95.40	\$111.30	\$127.20	\$143.10	\$159.00
75 +	\$3.180		\$15.90	\$31.80	\$47.70	\$63.60	\$79.50	\$95.40	\$111.30	\$127.20	\$143.10	\$159.00

Age	Rate per \$1,000:	Benefit	\$5,000	\$6,000	\$7,000	\$8,000	\$9,000	\$10,000	\$11,000	\$12,000	\$13,000	\$14,000	\$15,000
0 - 29	\$0.060		\$3.30	\$3.60	\$3.90	\$4.20	\$4.50	\$4.80	\$5.10	\$5.40	\$5.70	\$6.00	\$6.30
30 - 34	\$0.060		\$3.30	\$3.60	\$3.90	\$4.20	\$4.50	\$4.80	\$5.10	\$5.40	\$5.70	\$6.00	\$6.30
35 - 39	\$0.090		\$4.95	\$5.40	\$5.85	\$6.30	\$6.75	\$7.20	\$7.65	\$8.10	\$8.55	\$9.00	\$9.45
40 - 44	\$0.140		\$7.70	\$8.40	\$9.10	\$9.80	\$10.50	\$11.20	\$11.90	\$12.60	\$13.30	\$14.00	\$14.70
45 - 49	\$0.240		\$13.20	\$14.40	\$15.60	\$16.80	\$18.00	\$19.20	\$20.40	\$21.60	\$22.80	\$24.00	\$25.20
50 - 54	\$0.390		\$21.45	\$23.40	\$25.35	\$27.30	\$29.25	\$31.20	\$33.15	\$35.10	\$37.05	\$39.00	\$40.95
55 - 59	\$0.610		\$33.55	\$36.60	\$39.65	\$42.70	\$45.75	\$48.80	\$51.85	\$54.90	\$57.95	\$61.00	\$64.05
60 - 64	\$0.940		\$51.70	\$56.40	\$61.10	\$65.80	\$70.50	\$75.20	\$79.90	\$84.60	\$89.30	\$94.00	\$98.70
65 - 69	\$1.250		\$68.75	\$75.00	\$81.25	\$87.50	\$93.75	\$100.00	\$106.25	\$112.50	\$118.75	\$125.00	\$131.25
70 - 74	\$3.180		\$174.90	\$190.80	\$206.70	\$222.60	\$238.50	\$254.40	\$270.30	\$286.20	\$302.10	\$318.00	\$333.90
75 +	\$3.180		\$174.90	\$190.80	\$206.70	\$222.60	\$238.50	\$254.40	\$270.30	\$286.20	\$302.10	\$318.00	\$333.90

You are eligible to enroll your eligible dependents for Voluntary Life in increments of \$2,500 to a maximum of \$10,000. Infants aged 14 days to 6 months will be covered for a flat \$1,500.

Rate per increment:	Benefit	2,500	5,000	7,500	10,000
\$0.375		\$0.38	\$0.75	\$1.13	\$1.50

Payroll deductions are an approximation. Please see your paystub for actual deductions.

Voluntary Short-Term Disability Insurance

Kansas City Life

The School District of Holmen offers employees working 10 hours or more per week with the opportunity to enroll in a voluntary Short-Term Disability Insurance Plan. The Short-Term Disability Plan is voluntary, meaning you pay 100% of the premium cost.

THE BENEFIT

Benefit Begins:

1st day following an accident
4th day following an illness

Benefits Payable:

66.67% of weekly earnings

Guarantee Issue:

\$300 week

Maximum Benefit:

\$500 week

Benefit Duration:

9 weeks

Pre-existing Condition:

6/12

Rate:

\$0.71 per \$10 of weekly benefit

Rate chart reflected on next page.

How can you benefit from Short-Term Disability?

Advantages:

- Tax-free benefit since the premium is paid with after-tax dollars through payroll deductions.
- Provides cash benefit when you are out of work.
- Provides partial cash benefit if you can only do part of your job or work part-time.

For Example:

If you are laid up for a few weeks following a surgery:

- You have a certain number of days before your short-term disability insurance kicks in (called an elimination period). During this time, you may be able to use sick days or PTO.
- After this period, you receive a weekly cash benefit until you're able to return to work or your coverage period ends.

Elimination Period (3 days for illness) During this time, you may be able to use sick days or PTO.

Benefit Period (up to 9 weeks) During this time, you will receive a cash benefit until you are able to return to work or your coverage period ends.



Voluntary Short-Term Disability Insurance

Kansas City Life

Employee Monthly Deduction Amounts

School District of Holman Employee Voluntary Short Term Disability Cost per month 1st day sickness/ 4th day accident/ 9 week benefit duration										
Minimum amount of employee coverage is \$30 per week. Maximum is \$500 per week. Can not exceed 66 2/3% of your income.										
All coverage is guaranteed issue. No health questions or medical underwriting.										
	Weekly Benefit		\$30	\$40	\$50	\$60	\$70	\$80	\$90	\$100
Age	Rate per \$10									
All ages	0.710		\$2.13	\$2.84	\$3.55	\$4.26	\$4.97	\$5.68	\$6.39	\$7.10
Benefit	\$110	\$120	\$130	\$140	\$150	\$160	\$170	\$180	\$190	\$200
	\$7.81	\$8.52	\$9.23	\$9.94	\$10.65	\$11.36	\$12.07	\$12.78	\$13.49	\$14.20
Benefit	\$210	\$220	\$230	\$240	\$250	\$260	\$270	\$280	\$290	\$300
	\$14.91	\$15.62	\$16.33	\$17.04	\$17.75	\$18.46	\$19.17	\$19.88	\$20.59	\$21.30
Benefit	\$310	\$320	\$330	\$340	\$350	\$360	\$370	\$380	\$390	\$400
	\$22.01	\$22.72	\$23.43	\$24.14	\$24.85	\$25.56	\$26.27	\$26.98	\$27.69	\$28.40
Benefit	\$410	\$420	\$430	\$440	\$450	\$460	\$470	\$480	\$490	\$500
	\$29.11	\$29.82	\$30.53	\$31.24	\$31.95	\$32.66	\$33.37	\$34.08	\$34.79	\$35.50
<i>This chart is for illustrative purposes only</i>										
<i>The payroll deductions are an approximate. Please refer to your paycheck for actual deductions.</i>										

<p>Example</p> <p>Employee Earning \$40,000 Anually</p> <p>Elects \$40,000 / 52 weeks x .6667%</p> <p>\$40,000 / 52 = \$769</p> <p>769*.6667 = \$512.84</p> <p>Maximum Allowed \$500</p> <p>Rate \$35.50 Per Month</p>

Protect your paycheck & so much more

Employer Paid Long-Term Disability Insurance

Kansas City Life

The School District of Holmen provides employees working 10 hours or more per week with an Employer Paid Long-Term Disability Insurance Plan at no cost to you.

If you get sick or hurt and can't work, you still need to provide for yourself and your loved ones. Sick leave and Short-Term Disability will help but they only last so long. Long-Term Disability extends the benefit period helping you make ends meet during this difficult time.

THE BENEFIT

Benefit Begins:

61st Day

Monthly Benefit Amount:

90% of monthly earnings

Monthly Maximum Benefit:

\$9,450

Benefit Duration:

Social Security Normal Retirement Age (SSNRA)

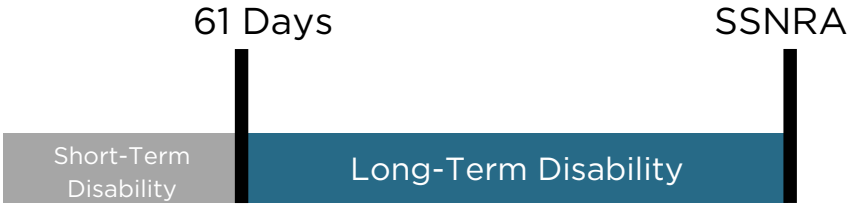
Own Occupation Duration:

2 years

Your Paycheck Protection

Keep Up With Expenses
You receive a cash benefit each month to help you keep up with your expenses, such as:

- Rent (or mortgage)
- Child care
- Medical bills
- Car payments or repairs
- Groceries
- Utilities & more





Summary of Services

<p>COUNSELING SERVICES</p> <p>Up to five (5) counseling sessions are available for issues affecting employees and their dependents. Individuals may speak with a professional counselor by phone, and the Employee Assistance Program will provide a referral to see a local counselor at no cost for issues such as:</p>	<ul style="list-style-type: none"> • Anxiety and stress • Depression • Grief • Parenting • Drug or alcohol abuse • Transition and change • Relationships – individual, marital, and family 		
<p>FAMILY CAREGIVING SERVICES</p> <p>Confirmed referrals and information are available on a variety of family matters, including:</p>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> <p><i>CHILD CARE AND PARENTING</i></p> <ul style="list-style-type: none"> • Prenatal care • Daycare/summer camps • Special needs services • Preparing students for college </td> <td style="width: 50%; border: none; vertical-align: top;"> <p><i>ELDERCARE</i></p> <ul style="list-style-type: none"> • Assisted living • In-home care • Transportation services • Adult daycare </td> </tr> </table>	<p><i>CHILD CARE AND PARENTING</i></p> <ul style="list-style-type: none"> • Prenatal care • Daycare/summer camps • Special needs services • Preparing students for college 	<p><i>ELDERCARE</i></p> <ul style="list-style-type: none"> • Assisted living • In-home care • Transportation services • Adult daycare
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<p>LEGAL SERVICES</p> <p>Up to 30 minute phone or in-person consultation is available to help answer basic legal questions and simplify the process of obtaining legal help. Some common legal concerns include:</p>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> <ul style="list-style-type: none"> • Adoption • Bankruptcy • Child custody • Criminal issues • Divorce </td> <td style="width: 50%; border: none; vertical-align: top;"> <ul style="list-style-type: none"> • Estate Planning • Immigration • Real estate • Tenant’s rights • Mediation </td> </tr> </table>	<ul style="list-style-type: none"> • Adoption • Bankruptcy • Child custody • Criminal issues • Divorce 	<ul style="list-style-type: none"> • Estate Planning • Immigration • Real estate • Tenant’s rights • Mediation
<ul style="list-style-type: none"> • Adoption • Bankruptcy • Child custody • Criminal issues • Divorce 	<ul style="list-style-type: none"> • Estate Planning • Immigration • Real estate • Tenant’s rights • Mediation 		
<p>FINANCIAL SERVICES</p> <p>A telephonic consultation with a qualified financial consultant is available to assist with a variety of financial concerns such as:</p>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> <ul style="list-style-type: none"> • Bankruptcy alternatives • Budgeting and cash flow • Credit issues • Identity theft </td> <td style="width: 50%; border: none; vertical-align: top;"> <ul style="list-style-type: none"> • Education funding • Income taxes • Mortgages • Retirement planning </td> </tr> </table>	<ul style="list-style-type: none"> • Bankruptcy alternatives • Budgeting and cash flow • Credit issues • Identity theft 	<ul style="list-style-type: none"> • Education funding • Income taxes • Mortgages • Retirement planning
<ul style="list-style-type: none"> • Bankruptcy alternatives • Budgeting and cash flow • Credit issues • Identity theft 	<ul style="list-style-type: none"> • Education funding • Income taxes • Mortgages • Retirement planning 		
<p>CONVENIENCE SERVICES</p> <p>The Employee Assistance Program includes complimentary referrals to convenience services to help members make the most of their money and free time.</p>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> <ul style="list-style-type: none"> • Repairs • Moving and relocation services • Cleaning services • Car and hotel reservations • Sightseeing tours </td> <td style="width: 50%; border: none; vertical-align: top;"> <ul style="list-style-type: none"> • Destination guides • Dining • Personal shopping • Gift Recommendations </td> </tr> </table>	<ul style="list-style-type: none"> • Repairs • Moving and relocation services • Cleaning services • Car and hotel reservations • Sightseeing tours 	<ul style="list-style-type: none"> • Destination guides • Dining • Personal shopping • Gift Recommendations
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<p>ONLINE TOOLS AND INFORMATION</p> <p>EAPHelplink.com is an interactive web-based self-service solution. The site provides a wide array of life management tools to help members with a variety of personal and/or work related issues in a private and convenient manner.</p>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> <ul style="list-style-type: none"> • Research articles • Savings Center • Online trainings • Monthly webinars </td> <td style="width: 50%; border: none; vertical-align: top;"> <ul style="list-style-type: none"> • Self-search locators for child, academic and adult care resources • And much more! </td> </tr> </table>	<ul style="list-style-type: none"> • Research articles • Savings Center • Online trainings • Monthly webinars 	<ul style="list-style-type: none"> • Self-search locators for child, academic and adult care resources • And much more!
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For more information about our Employee Assistance Program contact Kansas City Life Group Sales.

Phone: 877-266-6767 Email GROUPBENEFITS@KCLife.com

Kepro’s Employee Assistance Program assists organizations and their workforce in managing the personal challenges that impact employee well-being, performance and effectiveness. APS’ Life Management Consultants employ a comprehensive approach that identifies issues impacting the employee and assists them in developing meaningful solutions.



Value Added Services from Generali Global Assistance

The benefits of doing business with Kansas City Life Insurance Company go beyond our exceptional Group coverage. By selecting Kansas City Life to provide your coverage, employees will have access to outstanding services from our partner, Generali Global Assistance, formerly Europ Assistance. Value Added Services – just one of many benefits of choosing Kansas City Life.



Beneficiary Companion

Available to those employees enrolled in any life, short-term or long-term disability plan with Kansas City Life.



Travel Assistance



Identity Theft



**You can count on
Generali Global Assistance
24/7/365.
Take a look at the benefits.**

Available 24 hours a day

866-409-4690

+1-240-330-1462 (Collect outside the U.S.)

ops@us.generaliglobalassistance.com





Beneficiary Companion

A helping hand after a loss

If you were to pass away, your loved ones may be overcome with emotion, but your forethought can help ease the burden as much as possible. Canceling credit cards, securing assets, notifying third parties – it can be overwhelming.

With Beneficiary Companion from Generali Global Assistance (GGA) we'll take care of the administrative details, notify third parties and conduct proactive measures to protect a deceased individual's identity from theft – relieving the stress of paperwork for your beneficiaries so they can focus on the healing process.

24/7 Guidance

GGA's team of Beneficiary Assistance Coordinators are available 24/7 to provide guidance on how to obtain death certificate copies (necessary for performing final notifications) and the process for third-party notification and account closure.

Beneficiary Companion Guidebook

Your beneficiary will receive a *Beneficiary Companion Guidebook*, which outlines the steps to take in the first week and the first month. The guidebook also provides an overview of actions required during the first three months and reminders of the specific information we'll need to provide services on behalf of your beneficiary.

Beneficiary Companion Services include:

- 24/7/365 live guidance from assigned Beneficiary Assistant Coordinators
- Fraud resolution services
- Notification to various entities, including:
 - Social Security Administration
 - State and local welfare and social services agencies
 - Department of Motor Vehicles
 - Credit reporting agencies
 - Credit card companies, banks and other financial institutions
 - Third-party vendors (electricity companies, telephone companies, cable and internet companies, etc.)





Safe Travels with Travel Assistance Services

With Generali Global Assistance (GGA), one quick phone call can take the hassle out of a traveling emergency. When you travel 100 miles or more away from home on trips of 90 days or less, you have access to travel medical and personal assistance services.

With a local presence in 200 countries and territories worldwide and 24/7/365 assistance centers staffed with multilingual assistance coordinators and case managers as well as medical staff, GGA is here to help you obtain the care and attention you need in case of an emergency while traveling.

In the event of a life-threatening emergency, call the local emergency authorities first to receive immediate assistance, and then contact GGA.

Available Travel Assistance services

Emergency Medical Payment

GGA will advance on-site emergency inpatient medical payments to you, up to \$10,000 USD upon receipt of satisfactory guarantee of reimbursement from you. The cost of medical services is your responsibility.

Medical Search and Referral

GGA will assist you in finding physicians, dentists and medical facilities.

Replacement of Medication and Eyeglasses

GGA will arrange to fill a prescription that has been lost, forgotten or requires a refill, subject to local law, whenever possible. GGA will also arrange for shipment of replacement eyeglasses. Costs for shipping of medication or eyeglasses, or a prescription refill, etc. are your responsibility.

Medical Monitoring

During the course of a medical emergency resulting from an accident or sickness, professional case managers, including physicians and nurses, GGA will monitor your case to determine whether the care is appropriate.

Visit by Family Member/Friend

If you are traveling alone and must be or are likely to be hospitalized for seven or more days or are in life-threatening condition, GGA will arrange and coordinate payment for the round-trip transportation for one family member or friend, designated by you from his or her home to the place where you are hospitalized. Transportation costs are the responsibility of you, your family member or friend.

Dependent Children Assistance

If any dependent children under the age of 19 traveling with you are left unattended because you are hospitalized, GGA will coordinate and arrange payment for their economy class transportation home. Should transportation with an attendant be necessary, GGA will arrange for a qualified escort to accompany the child(ren). Transportation cost is your responsibility.

Traveling Companion Assistance

If a travel companion loses previously made travel arrangements due to your medical emergency, GGA will arrange for your traveling companion's return home. Transportation costs are the responsibility of you or your traveling companion.

Emergency Evacuation/Medically Necessary Repatriation

In the event of a medical emergency, when a physician designated by GGA determines that it is medically necessary for you to be transported under medical supervision to the nearest hospital or treatment facility or be returned to your place of residence for treatment, GGA will coordinate and arrange payment for the transport under proper medical supervision.

Repatriation of Mortal Remains

In the event of your death while traveling, GGA will coordinate and arrange payment for all necessary government authorizations, including a container appropriate for transportation and for the return of the remains to place of residence for burial.

Trip Interruption

If you or an immediate family member is critically injured, sick or dies while traveling, GGA shall arrange for you or your immediate family member's return to the preferred place of hospitalization or burial via the most direct route on economy class airfare. Transportation cost is your responsibility.

Additional Travel Assistance Services

Pre-Trip Information – Know what you need from currency exchange to consulate referrals before heading out.

Language Translation – Get assistance from an interpreter on the phone or on site.

Lost/Stolen Items – Retrieve lost or stolen luggage, ticket documentation or personal items.

Emergency Cash – Emergency advances of up to \$500 USD are available in a time of need. (Transfer/deliver fees are your responsibility.)

Emergency Travel – Airline, hotel and/or car rental reservations are made during an emergency.

Legal Assistance – Legal assistance and bail are available if you're arrested. (Service costs are your responsibilities.)

Emergency Messaging – Urgent messages will be sent to your family, friends or associates during an emergency.

Vehicle Return – If you're unable, GGA will arrange payment and return of your rental during an emergency. (Service costs are your responsibility.)

Pet Return – Hospitalized? GGA will arrange to return your pets home. (Service costs are your responsibility.)



Identity Theft

Protect yourself against identity theft

While the means to detect and prevent identity theft continue to evolve, the crime continues to impact millions of Americans every single year. As criminals continue to search for new ways to commit identity theft, with social networks and healthcare records becoming growing areas to exploit, identity theft is an ever-increasing problem.

Comprehensive Protection

Generali Global Assistance (GGA) basic identity theft protection program provides consumers with the information to protect themselves and guidance to help them resolve identity theft. This cost-effective solution offers:



Prevention

- Identity Theft Prevention Kit
- Expertise available 24/7 (support available immediately upon enrollment)



Detection

- Three Bureau Fraud Alert placement assistance



Resolution

- Credit information review
- ID theft affidavit assistance
- Wallet protection
- Translation service
- Emergency cash advance



ACCIDENT INSURANCE

GVAP6 Benefit Amounts

Benefits are paid once per accident unless otherwise noted here or in the brochure

Base Policy Benefit	Low Plan	High Plan
Initial Hospital Confinement (pays once/year)	\$1,500	\$2,000
Daily Hospital Confinement (pays daily)	\$300	\$400
Intensive Care (pays daily)	\$600	\$800
Rider Benefit		
Accident Treatment & Urgent Care Rider		
Ambulance	Ground	\$300
	Air	\$900
Accident Physician's Treatment	\$150	\$200
X-ray	\$300	\$400
Urgent Care	\$150	\$200
Dislocation/Fracture Rider*	\$6,000	\$8,000
Emergency Room Services Rider	\$300	\$400
Outpatient Physician's Treatment for Accident and Preventative Care Benefit Rider	\$50	\$50
Accidental Death, Dismemberment, and Functional Loss Rider	\$60,000	\$80,000
Common Carrier (fare-paying passenger)	\$150,000	\$200,000
Benefit Enhancement Rider		
Accident Follow-Up Treatment (pays daily)	\$150	\$200
Lacerations	\$150	\$200
Burns	<15% body surface	\$300
	15% or more	\$1,500
Skin Graft (% of Burns Benefit)	50%	50%
Brain Injury Diagnosis	\$900	\$1,200
Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI) (pays once/year)	\$150	\$200
Paralysis (pays once)	Paraplegia	\$22,500
	Quadriplegia	\$45,000
Coma with Respiratory Assistance	\$30,000	\$40,000
Open Abdominal or Thoracic Surgery	\$3,000	\$4,000
Tendon, Ligament, Rotator Cuff, or Knee Cartilage Surgery	Surgery	\$1,500
	Exploratory	\$450
Ruptured Spinal Disc Surgery	\$1,500	\$2,000
Eye Surgery	\$300	\$400
General Anesthesia	\$300	\$400
Blood and Plasma	\$900	\$1,200
Appliance	\$375	\$500
Medical Supplies	\$15	\$20
Medicine	\$15	\$20
Prosthesis	1 device	\$1,500
	2 or more devices	\$3,000
Physical, Occupational, or Speech Therapy (pays daily)	\$90	\$120
Rehabilitation Unit (pays daily)	\$300	\$400
Non-Local Transportation	\$750	\$1,000
Family Member Lodging (pays daily)	\$300	\$400
Post-Accident Transportation (pays once/year)	\$600	\$800
Broken Tooth	\$300	\$400
Residence/Vehicle Modification	\$1,500	\$2,000
Pain Management (Epidural Injection)	\$150	\$200
Miscellaneous Outpatient Surgery	\$300	\$400

*Each benefit pays the amount shown. *Up to amount shown; see Injury Benefit Schedule on reverse. Multiple losses from same injury pay only up to amount shown above.

ALLSTATE ACCIDENT INSURANCE

An accident can wreak havoc on your savings if you are not prepared. That's why there is accident insurance. It gives you a cushion to help cover medical expenses and living costs when you get hurt unexpectedly.

Because it's a supplemental plan, it works in addition to other insurance you may have in place. You can use this policy on its own or to fill a gap left by other coverage such as deductibles and coinsurance. Benefits are paid directly to you as CASH!

Injury Benefit Schedule

Benefit amounts for coverage and one occurrence are shown below.

Complete Dislocation	Low Plan	High Plan
Hip joint	\$6,000	\$8,000
Knee or ankle joint, bone or bones of the foot	\$2,400	\$3,200
Wrist joint	\$2,100	\$2,800
Elbow joint	\$1,800	\$2,400
Shoulder joint	\$1,200	\$1,600
Bone or bones of the hand, collarbone	\$900	\$1,200
Two or more fingers or toes	\$420	\$560
One finger or toe	\$180	\$240
Complete, Simple or Closed Fracture		
Hip, thigh (femur), pelvis**	\$6,000	\$8,000
Skull**	\$5,700	\$7,600
Arm, between shoulder and elbow (shaft), shoulder blade (scapula), leg (tibia or fibula)	\$3,300	\$4,400
Ankle, knee cap (patella), forearm (radius or ulna), collarbone (clavicle)	\$2,400	\$3,200
Foot**, hand or wrist**	\$2,100	\$2,800
Lower jaw**	\$1,200	\$1,600
Two or more ribs, fingers or toes, bones of face or nose	\$900	\$1,200
One rib, finger or toe, coccyx	\$420	\$560
Loss		
Life, hearing, speech, or both eyes, hands, arms, feet, or legs, or one hand or arm and one foot or leg	\$60,000	\$80,000
One eye, hand, arm, foot, or leg	\$30,000	\$40,000
One or more entire toes or fingers	\$6,000	\$8,000

*Knee joint (except patella). Bone or bones of the foot (except toes). Bone or bones of the hand (except fingers). **Pelvis (except coccyx). Skull (except bones of the face or nose). Foot (except toes). Hand or wrist (except fingers). Lower jaw (except alveolar process).

ACCIDENT INSURANCE

DON'T FORGET!

OUTPATIENT PHYSICIAN'S TREATMENT

\$50 benefit will be paid per visit if a covered person has a doctor office visit for any preventative cause.

Reimbursements Pay Out Every Calendar Year

2 visits per person
4 visits per family

Please refer to "How To File A Claim" in the back of your benefit booklet.

Example High Plan

Susie's daughter Ella is playing outside and falls off a swing resulting in a broken arm. How would the Accident plan help Susie?

Occurrence/Service	Benefit Payment
Ambulance.....	\$400
ER Visit.....	\$400
Accident Physician's Treatment.....	\$200
X-Ray.....	\$400
Appliance Benefit.....	\$500
Fractured Forearm.....	\$3,200
Medicine Benefit.....	\$20
Medical Supplies Benefit.....	\$20
Accident Follow Up Visit.....	\$200
Physical Therapy Benefit.....	\$120
TOTAL BENEFIT =	\$5,460

HIGH PLAN	Gross Cost	Semi-Monthly *Net Cost	Annual *Net Cost	Outpatient Physician** Reimbursement	Annual Cost After Outpatient Reimbursement	Per Paycheck Cost After Reimbursements
Member Only	\$10.16	\$7.32	\$175.68	(\$100)	\$75.68	\$3.15
Member/Spouse	\$17.57	\$12.65	\$303.60	(\$200)	\$103.60	\$4.32
Member/Child(ren)	\$26.38	\$18.99	\$455.76	(\$200)	\$255.76	\$10.66
Family	\$34.08	\$24.54	\$588.96	(\$200)	\$388.96	\$16.21

*Approximately 28% savings due to Pre-Tax premium

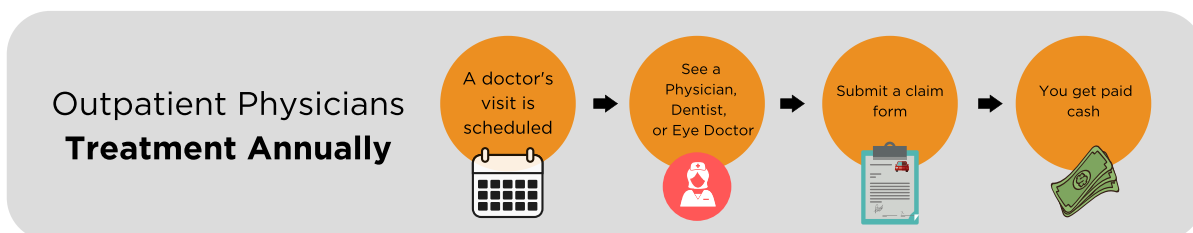
**OUTPATIENT PHYSICIAN'S TREATMENT & PREVENTIVE CARE BENEFIT:

(Office Visits, Dental Office Visits, Vision exams, etc)

Member only: 2 at \$50 = \$100

Member/Spouse/Children: 4 at \$50 = \$200

See Allstate Accident Brochure for Rates. Additional level of coverage available.



CANCER INSURANCE

Cancer Insurance: Protection for the treatment of cancer and 29 specified diseases.

Because Cancer Insurance is supplemental, it works in addition to other insurance you may have. You can use the policy on its own or to fill a gap left by your other coverage such as deductibles and coinsurance. Benefits are paid directly to you as CASH!

Benefit Amounts:

Hospital Confinement and Related Benefit	Low	Medium	High
Continuous Hospital Confinement (daily)	\$200	\$200	\$300
Government or Charity Hospital (daily)	\$200	\$200	\$300
Private Duty Nursing Services (daily)	\$200	\$200	\$300
Extended Care Facility (daily)	\$200	\$200	\$300
At Home Nursing (daily)	\$200	\$200	\$300
Hospice Care Center (daily) or Hospice Care Team (per visit)	\$200	\$200	\$300
Radiation/Chemotherapy & Related Benefits			
Radiation/Chemotherapy for Cancer* (every 12 months)	\$5,000	\$10,000	\$15,000
Blood, Plasma, and Platelets* (every 12 months)	\$5,000	\$10,000	\$15,000
Medical Imaging*	\$250	\$500	\$750
Hematological Drugs*	\$100	\$200	\$300
Surgery and Related Benefits			
Surgery**	\$1,500	\$3,000	\$3,000
Anesthesia (% of surgery)	25%	25%	25%
Ambulatory Surgical Center (daily)	\$250	\$500	\$500
Second Opinion	\$200	\$400	\$400
Bone Marrow and Stem Cell Transplant			
1. Autologous	1. \$500	1. \$1,000	1. \$1,000
2. Non-autologous (cancer or specified disease treatment)	2. \$1,250	2. \$2,500	2. \$2,500
3. Non-autologous (Leukemia)	3. \$2,500	3. \$5,000	3. \$5,000

	Low	Medium	High
Ambulance (per confinement)	\$100	\$100	\$100
Inpatient Drug and Medicine (daily)	\$25	\$25	\$25
Physician's Attendance (daily)	\$50	\$50	\$50
Non-Local Transportation* (per trip or mile)	Coach Fare or \$0.40/mi	Coach Fare or \$0.40/mi	Coach Fare or \$0.40/mi
Outpatient Lodging (daily)	\$50	\$50	\$50
Family Member Lodging (daily) and Transportation* (per trip or mile)	Coach Fare or \$0.40/mi	Coach Fare or \$0.40/mi	Coach Fare or \$0.40/mi
Physical or Speech Therapy (daily)	\$50	\$50	\$50
New or Experimental Treatment** (every 12 months)	\$5,000	\$5,000	\$5,000
Prosthesis***	\$2,000	\$2,000	\$2,000
Hair Prosthesis (every 2 years)	\$25	\$25	\$25
Nonsurgical External Breast Prosthesis*	\$50	\$50	\$50
Anti-Nausea Benefit*	\$200	\$200	\$200
Waiver or Premium (employee only)	Yes	Yes	Yes
Cancer Initial Diagnosis			
Cancer Initial Diagnosis	\$2,000	\$2,000	\$5,000
Wellness Benefit	\$100	\$100	\$100
Intensive Care			
1. Intensive Care Confinement (daily)	1. \$200	1. \$200	1. \$600
2. Step-down Confinement (daily)	2. \$100	2. \$100	2. \$300
3. Air/Surface Ambulance	3. Charges	3. Charges	3. Charges

It is estimated that:

1 in 2 men will be diagnosed with Cancer at some point in their life

Male

Prostate - 220,800 (26%)
 Lung & Bronchus - 115,610 (14%)
 Colon & Rectum - 69,090 (8%)
 Urinary Bladder - 56,320 (7%)
 Melanoma of the Skin - 42,670 (5%)
 Non-Hodgkin Lymphoma - 39,850 (5%)
 Kidney & Renal Pelvis - 38,270 (5%)
 Oral Cavity & Pharynx - 32,670 (4%)
 Leukemia - 30,900 (4%)
 Liver & Intrahepatic Bile Duct - 25,510 (3%)

1 in 3 women will be diagnosed with Cancer at some point in their life

Female

Breast - 231,840 (29%)
 Lung & Bronchus - 105,590 (13%)
 Colon & Rectum - 63,610 (8%)
 Uterine Corpus - 54,870 (7%)
 Thyroid - 47,230 (6%)
 Non-Hodgkin Lymphoma - 32,000 (4%)
 Melanoma of the Skin - 31,200 (4%)
 Pancreas - 24,120 (3%)
 Leukemia - 23,370 (3%)
 Kidney & Renal Pelvis - 23,290 (3%)

Your Options For CANCER INSURANCE

**Example:
Medium Plan**

Kelly is diagnosed with cancer. She undergoes pre-op medical imaging and is admitted to the hospital for surgery. She has a 3 day stay in the hospital. Every 2 weeks Kelly has chemo treatments. How would the Cancer plan help Kelly?

Occurrence/Service	Benefit Payment
Cancer Initial Diagnosis.....	\$2,000
Surgery.....	\$3,000
Anesthesia.....	\$750
Radiation/Chemo.....	\$10,000
Medical Imaging.....	\$500
Physicians Visits.....	\$50
Anti-Nausea.....	\$200
TOTAL BENEFIT =	\$16,500

ADDITIONAL COVERAGE-SPECIFIED DISEASES

29 Specified Diseases Covered under this plan: Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease), Muscular Dystrophy, Poliomyelitis, Multiple Sclerosis, Encephalitis, Rabies, Tetanus, Tuberculosis, Osteomyelitis, Diphtheria, Scarlet Fever, Cerebrospinal Meningitis, Brucellosis, Sickle Cell Anemia, Thalassemia, Rocky Mountain Spotted Fever, Legionnaires' Disease, Addison's Disease, Hansen's Disease, Tularemia, Hepatitis (Chronic B or C), Typhoid Fever, Myasthenia Gravis, Reye's Syndrome, Primary Sclerosing Cholangitis (Walter Payton's Disease), Lyme Disease, Systemic Lupus Erythematosus, Cystic Fibrosis, and Primary Biliary Cirrhosis

DON'T FORGET!

Annual Wellness Benefit

\$100 Benefit will be paid per person, per calendar year, per person for a specified wellness screening/test.



ELIGIBLE WELLNESS SCREENINGS/TEST

- Lipid Panel
- Blood test for Triglycerides
- Biopsy for Skin Cancer
- Cholesterol
- Mammogram
- Blood test for Breast Cancer
- Blood test for Ovarian Cancer
- Blood test for Colon Cancer
- Blood test for Prostate Cancer (PSA)
- Bone Marrow Testing
- Chest X-Ray
- Colonoscopy
- EKG
- HPV Vaccination
- Pap Smear
- Stress Test
- Echocardiogram
- Serum Protein (Myeloma)
- Thermography

Cancer Insurance Semi-Monthly Cost

Low Plan	Gross Cost	*Net Cost	*Net Annual	Wellness Benefit	Annual Net After Wellness	Semi-Monthly *Net Cost After Wellness
Member Only	\$8.47	\$6.10	\$146.36	(\$100)	\$46.36	\$1.93
Member/Spouse	\$13.44	\$9.68	\$232.24	(\$200)	\$32.24	\$1.34
Member/Child(ren)	\$11.69	\$8.42	\$202.00	(\$100)	\$102.00	\$4.25
				(\$200)	\$2.00	\$0.08
				(\$300)**	-\$98.00	-\$4.08
Family	\$16.65	\$11.99	\$287.71	(\$200)	\$87.71	\$3.65
				(\$300)**	-\$12.29	-\$0.51

*Approximate 28% Savings due to Pre-Taxing the premium

**Payable once/covered person/calendar year

Additional levels of coverage available. See Allstate Cancer Brochure for rates.

The Need for CRITICAL ILLNESS INSURANCE

ALLSTATE CRITICAL ILLNESS INSURANCE

- \$10,000 or \$20,000 basic benefit coverage for employees
- \$5,000 or \$10,000 basic benefit for spouse and each insured dependent
- Reoccurrence benefits
- Benefits paid directly to you regardless of other coverage
- Supplements your existing medical benefits
- Coverage is portable

INITIAL BENEFIT

- Heart Attack
- Stroke
- Major Organ Transplant (heart, lung, liver, pancreas or kidney)
- End Stage Renal Failure
- Coronary Artery By-Pass Surgery (25%)

SUPPLEMENTAL BENEFITS

- Advanced Alzheimer's Disease (25%)
- Advanced Parkinson's Disease (25%)
- Benign Brain Tumor (100%)
- Coma (100%)
- Complete Blindness (100%)
- Complete Loss of Hearing (100%)
- Paralysis (100%)

\$10,000 BENEFIT

SEMI-MONTHLY COST

Non-Tobacco				
	Emp	Emp+Sp	Emp+Ch	Family
18-35	\$1.80	\$2.45	\$1.80	\$2.45
36-50	\$4.95	\$7.18	\$4.95	\$7.18
51-60	\$10.70	\$15.80	\$10.70	\$15.80
61-63	\$17.90	\$26.60	\$17.90	\$26.60
64+	\$28.60	\$42.65	\$28.60	\$42.65

Tobacco				
	Emp	Emp+Sp	Emp+Ch	Family
18-35	\$2.75	\$3.88	\$2.75	\$3.88
36-50	\$8.00	\$11.75	\$8.00	\$11.75
51-60	\$17.45	\$25.93	\$17.45	\$25.93
61-63	\$27.10	\$40.40	\$27.10	\$40.40
64+	\$43.50	\$65.00	\$43.50	\$65.00

\$20,000 BENEFIT

SEMI-MONTHLY COST

Non-Tobacco				
	Emp	Emp+Sp	Emp+Ch	Family
18-35	\$3.10	\$4.40	\$3.10	\$4.40
36-50	\$9.40	\$13.85	\$9.40	\$13.85
51-60	\$20.91	\$31.11	\$20.91	\$31.11
61-63	\$35.31	\$52.71	\$35.31	\$52.71
64+	\$56.70	\$84.80	\$56.70	\$84.80

Tobacco				
	Emp	Emp+Sp	Emp+Ch	Family
18-35	\$4.99	\$7.24	\$4.99	\$7.24
36-50	\$15.50	\$23.00	\$15.50	\$23.00
51-60	\$34.41	\$51.36	\$34.41	\$51.36
61-63	\$53.71	\$80.31	\$53.71	\$80.31
64+	\$86.50	\$129.50	\$86.50	\$129.50

Allstate How to File a Claim

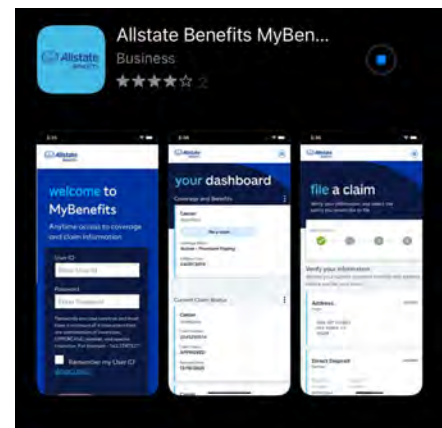
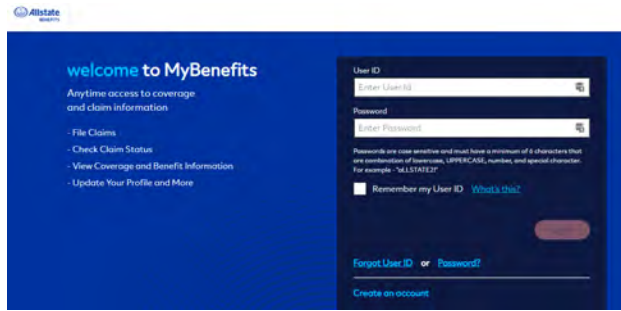
Accident Preventative & Cancer Wellness



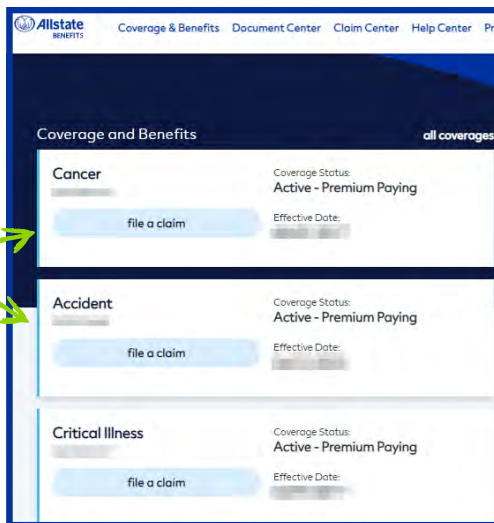
Manage Your Account and File Claims through your MyBenefits portal

<p>E-Signature Upload, review and sign your claim electronically</p>	<p>Direct Deposit Available for faster processing</p>	<p>View Full policies, certificates and claim history</p>	<p>Download Explanation of Benefits (EOB)</p>
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1 Go to www.allstatebenefits.com/mybenefits via your computer, mobile device or mobile app. Sign up for access using the secure online registration process and create a user ID and password, then Log in.



2 Select the type of claim you want to file: Cancer offers the Wellness screening reimbursement. The Accident plan offers the Outpatient Physician's Treatment/Preventative reimbursement.



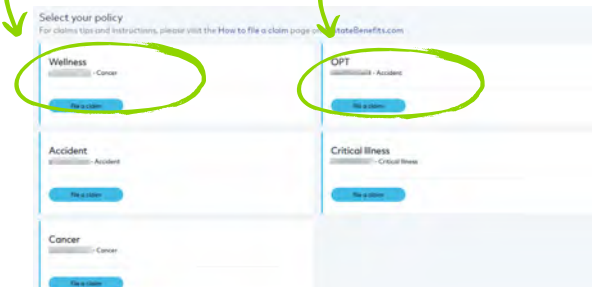
3 Elect which type of claim you are filing

Eligible Wellness Screenings (Tests)

- Lipid Panel
- Cholesterol
- Pap
- Mammogram
- Colonoscopy
- Prostate Exam
- HPV Vaccination
-and many more

Outpatient Physician's Treatment (Preventative Exams)

- Teeth cleaning
- Preventative Exam (Well Adult, Well Child Visits)
- Annual Preventative Eye Exam



For claims tips and instructions, please visit www.allstatebenefits.com/Individuals/HowToFileClaim. If you prefer to file a paper claim or have any other questions, contact HR, The Insurance Center, or Allstate (800) 348-4489. Additional claim forms can be found on Allstate's portal as well.

2023 Government Notices

GENERAL NOTICE OF COBRA CONTINUATION COVERAGE RIGHTS ** CONTINUATION COVERAGE RIGHTS UNDER COBRA**

Note: Federal COBRA applies to group health plans maintained by private-sector, state, and local government employer with 20 or more employees. Group health plans sponsored by federal government or churches are exempt from COBRA. For Wisconsin employers, State Continuation applies to insured group health plans providing medical/hospital coverage. Dental, vision, and prescription drug benefits are not subject to state continuation if they are offered as separate policies. Employer self-funded plans are not subject to these requirements. Outside of Wisconsin -refer to your state specific laws or carrier for further information.

INTRODUCTION

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage may be required to pay for COBRA continuation coverage. Your employer will provide you with the information should you experience a qualifying event.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.
- Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:
 - The parent-employee dies;
 - The parent-employee's hours of employment are reduced;
 - The parent-employee's employment ends for any reason other than his or her gross misconduct;
 - The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
 - The parents become divorced or legally separated; or
 - The child stops being eligible for coverage under the Plan as a "dependent child."

When is COBRA Continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- Commencement of a proceeding in bankruptcy with respect to the employer; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs.

How is COBRA Continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability Extension of 18-month period of COBRA Continuation coverage:

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

Second Qualifying Event extension of 18-month period of continuation:

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, [Children's Health Insurance Program \(CHIP\)](#), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

Can I enroll in Medicare instead of COBRA Continuation coverage after my group health plan coverage ends?

In general, if you do not enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period to sign up for Medicare Part A or B, beginning on the earlier of:

- The month after your employment ends; or
- The month after group plan health coverage based on current employment ends

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare. For more information visit <https://www.medicare.gov/medicare-and-you>.

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.HealthCare.gov.

Keep your Plan informed of Address Changes: To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan Contact Information: Your employer's Human Resource Department or individual in charge of Benefits Administration within your organization.

Women's Health and Cancer Rights Act of 1998

Enrollment Notice

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call your plan administrator for more information.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance.** If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2022. Contact your State for more information on eligibility –

IOWA – Medicaid Website: <http://dhs.iowa.gov/ime/members> Phone: 1-800-338-8366 **CHIP (Hawki):** <http://dhs.iowa.gov/Hawki> Phone: 1-800-257-8563. HPP Website <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp> HIPP Phone: 1-888-346-9562

WISCONSIN – Medicaid and CHIP Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>
Phone: 1-800-362-3002

MINNESOTA – Medicaid Website: <https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp> Phone: 1-800-657-3739

To see if any other states have added a premium assistance program since July 31, 2022 or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137. Expires 01/31/2023

Health Insurance Marketplace Coverage Options and Your Health Coverage:

When key parts of the health care law took effect in 2014, there is a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. The open enrollment period each year for health insurance coverage through the Marketplace runs from Nov. 1 through Dec. 15 of the preceding year. After the open enrollment period ends, you can get coverage through the Marketplace only if you qualify for a special enrollment period or are applying for Medicaid or the Children's Health Insurance Program (CHIP).

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.61% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

HIPAA Privacy Information. Your Rights. Our Responsibilities.

This *simplified notice* describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

Your Rights:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated
- You can complain if you feel we have violated your rights by contacting your HR Department
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Our Uses and Disclosures:

Help manage the health care treatment you receive:

We can use your health information and share it with professionals who are treating you. *Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.*

Run our organization:

We can use and disclose your information to run our organization and contact you when necessary. We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. *Example: We use health information about you to develop better services and plan design for our company.*

Pay for your health services:

We can use and disclose your health information as we pay for your health services. *Example: We share information about you with your dental plan to coordinate payment for your dental work.*

Administer your plan:

We may disclose your health information to your health plan sponsor for plan administration. *Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.*

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Our Responsibilities:

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, or you can request we mail a copy to you. This is a summary of information only.

CONSOLIDATED APPROPRIATIONS ACT DISCLOSURE FOR PLAN MEMBERS

The Consolidated Appropriations Act (CAA) is a comprehensive set of laws that include the No Surprises Act (NSA) and transparency provisions. Plan Sponsors are required to post an NSA Notice in a prominent location in the workplace and/or post a link to the NSA Notice on the searchable home page of their websites. The Department of Labor (DOL) has provided a model notice, which should be used for plan years beginning on or after January 1, 2022.

Your Rights and Protections Against Surprise Medical Bills

When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing.

What is “balance billing” (sometimes called “surprise billing”)?

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance, and/or a deductible. You may have other costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network.

“Out-of-network” describes providers and facilities that haven't signed a contract with your health plan. Out-of-network providers may be permitted to bill you for the difference between what your plan agreed to pay and the full amount charged for a service. This is called “**balance billing**.” This amount is likely more than in-network costs for the same service and might not count toward your annual out-of-pocket limit.

“Surprise billing” is an unexpected balance bill. This can happen when you can't control who is involved in your care—like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider.

You are protected from balance billing for:

Emergency services

If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most the provider or facility may bill you is your plan's in-network cost-sharing amount (such as copayments and coinsurance). You **can't** be balance billed for these emergency services. This includes services you may get after you're in stable condition, unless you give written consent and give up your protections not to be balance billed for these post-stabilization services.

Certain services at an in-network hospital or ambulatory surgical center

When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers may bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers **can't** balance bill you and may **not** ask you to give up your protections not to be balance billed.

If you get other services at these in-network facilities, out-of-network providers **can't** balance bill you, unless you give written consent and give up your protections.

You're never required to give up your protections from balance billing. You also aren't required to get care out-of-network. You can choose a provider or facility in your plan's network.

When balance billing isn't allowed, you also have the following protections:

- You are only responsible for paying your share of the cost (like the copayments, coinsurance, and deductibles that you would pay if the provider or facility was in-network). Your health plan will pay out-of-network providers and facilities directly.
- Your health plan generally must:
 - Cover emergency services without requiring you to get approval for services in advance (prior authorization).
 - Cover emergency services by out-of-network providers.
 - Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.
 - Count any amount you pay for emergency services or out-of-network services toward your deductible and out-of-pocket limit.

If you believe you've been wrongly billed, you may contact the Department of Health and Human Services to reach the entity responsible for enforcing the federal balance or surprise billing protection laws at 1-800-985-3059.

Visit <https://www.cms.gov/nosurprises> for more information about your rights under federal law.

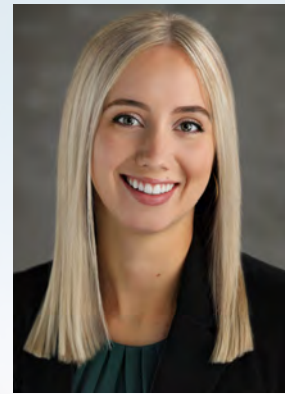
NOTES



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THE Insurance CENTER

