

Your Quincy Public Schools Benefits

For coverage effective:
1/1/23 – 12/31/23

Open Enrollment: 7/25/22 – 8/5/22

New Employee Enrollment: 30 days from start date

Online Self-Enroll will be available during the entire Open Enrollment Period. You may also meet with an Account Manager to enroll.

To Self-Enroll for your 22-23 benefits, go to
www.afenroll.com/enroll

Username = social security number (SSN)

Pin = last 4 digits of SSN + 2 digit year of birth

Example: SSN 123-45-6789 and date of birth 1/31/1958

Username = 123456789, PIN = 678958

At Quincy Public Schools, we know our success depends on our people. One of the ways we reward you for your contributions is by offering comprehensive, high-quality benefits at a reasonable cost. These benefits are designed to protect your health, your family, and your wealth and they are a valuable part of the total income package Quincy Public Schools offers.

Please read these materials carefully and refer to them throughout the year when you have questions about your Quincy Public Schools benefits program. For more detailed information about your benefit options, please see the Summary Plan Descriptions and other plan documents located on the QPS website at www.qps.org, Human Resources, Benefits or benefits.americanfidelity.com/Quincy-Public-Schools.

AGAIN THIS YEAR, employees are NOT required to go through this online enrollment process to elect or maintain current benefits. If you do not choose to log in and review your benefits, all current benefits will continue for the 22/23 plan year, with the exception of flexible spending. We are not legally allowed to roll over medical flexible plan or dependent care flexible spending plan. If you are a new hire, you MUST enroll within 30 days of your start date. As a new hire, if you fail to enroll by your deadline, you will only have the employer paid basic life insurance of \$10,000.

MEDICAL PLAN CHANGES FOR 22/23 PLAN YEAR:

Effective 9/1/22, the M7 medical plan is being eliminated. All employees that currently have M7 medical will need to enroll in a different medical plan.

SPOUSE MEDICAL COVERAGE INFORMATION:

The spousal carveout, which began September 1, 2018, continues for medical coverage only. If the spouse of a staff member is not an employee of the District, and is eligible for group health insurance coverage through his/her employer's medical/health insurance plan, then he/she is ***not eligible to participate*** in the group medical/health insurance plan offered by the District to Staff Members. Children and/or qualified dependents of the Staff Member are eligible to participate in the group medical/health insurance plan offered by the District to Staff Members.

ENROLLMENT SUPPORT & TIME PERIODS

For the 2022-2023 benefits plan year, employees will have two enrollment options: Online self-enrollment or Assisted enrollment.

- Option 1 – Self-Enrollment: July 25 – August 5

During the self-enrollment time period, you may enroll online in your selected medical, dental, vision and supplementary employee benefits. You can do this by using our online enrollment system to walk you through the process.

- Option 2 – Assisted Enrollment: August 1 – August 5

If you did not enroll in your benefits using option 1, you can take advantage of a one-on-one meeting to review core and supplementary benefits options. Both face to face and virtual meetings will be offered. To schedule a meeting, please go to <https://benefits.americanfidelity.com/quincy-public-schools> and click “schedule an appointment” or call Teresa Kemp at 228-7158 ext. 2244. All meetings will be held at the Board of Education.

Please take some time to read this guide before attending an assisted enrollment meeting and/or completing your online enrollment forms. A little preparation will go a long way in helping you make the most of your benefits package selection.

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Online Self-Enroll: 7/25/22 – 8/5/22

How to Login

1. To access the online enrollment site, go to www.afenroll.com/enroll
2. At the login screen, you will enter the site using the following information:
 - **Type in your user ID:**
Type in your Social Security Number (SSN)
 - **Type in your PIN:**
Your PIN is the last four digits of your SSN and the last two digits of your birth year.
3. Click the “Log On” button

Helpful Tips

- **Log Out:** If you leave the site in the middle of the process, click the “Log Out” button to save your selections. When you return, you can scroll your mouse over the menus at the top of the screen to easily navigate throughout the site.
- **Print Confirmation:** Be sure to print your confirmation. Once you confirm your enrollment, you may click on the confirmation link at the bottom of the “Sign/Submit Complete” to print your confirmation statement.
- **Changes:** You may re-enter the enrollment site to make changes at any time during your enrollment period. Please note: Before you exit the system, you must re-confirm with your PIN or your enrollment will not be valid.
- **Opting Out:** If you choose not to select benefits, you must enter each product module and make that choice.
- **Required:** Social Security Number and Date of Birth are required for all employees and their dependents.
- **PIN:** Your PIN is your electronic signature. You will use your PIN to confirm applications and your enrollment confirmation.

Your Benefits

Your Benefits Package

As a Quincy Public Schools employee, you're eligible for a number of great benefits, including:

- Medical and prescription coverage through BCBS
- Dental coverage through BCBS
- Vision coverage through BCBS
- American Fidelity supplementary benefits
- BCBS supplementary benefits – beginning 3/1/23
- Life and Accidental Death & Dismemberment Insurance through One America (changing to BCBS 3/1/23)
- Health Care and Dependent Care Flexible Spending Accounts (FSAs) and Health Savings Accounts (HSAs) through American Fidelity
- Employee Assistance program through BCBS
- 403b program
- Diabetes management program through Blessing

Effective Date for Coverage

- For Open Enrollment –All Coverage begins 9/1/22
- For New Hires –Medical coverage begins on your start date, Flexible spending begins on your start date, Dental, Vision, Voluntary Life and American Fidelity products begin the first of the month following your start date.

Participating in the Plans

Some of these benefits are provided automatically to you at no cost as a QPS employee. Others you'll need to enroll when you first become eligible or during the annual Open Enrollment period. To get the most value from your benefits, we encourage you to take the time to make thoughtful decisions about the needs of you and your family. This guide, along with our web-based enrollment system and the QPS website, are the tools provided to help you make informed benefit choices.

Your Benefits

If you do not elect coverage when you are first eligible or during Open Enrollment, you will not have an opportunity to enroll or make changes again until the next annual Open Enrollment period unless you have a Qualified Status Event such as:

- Marriage, divorce, legal separation
- Birth, adoption or placement for adoption
- Death of a dependent
- Change in full-time or part-time employment status for employee or spouse.
- Loss of other group health plan coverage
- Qualification or loss of Medical Assistance (Medicaid) or Children's Health Insurance Program (CHIP) coverage

Important Notice –Qualifying Status Event / Mid-year Changes

You are required to report a qualifying status event to the Benefits Coordinator within 31 days of the event for changes to take effect.

Use the “Benefits Change Form” on the QPS website for this notification. If you fail to notify the Benefits Coordinator of the change within 31 days, you will not be able to make the change until the next annual Open Enrollment.

Questions?

You may contact the carriers listed below with questions about the coverage offered.

Provider	Phone	Website / Email
Blue Cross Blue Shield: <ul style="list-style-type: none"> Request Medical ID card Find a network provider 	800-458-6024	www.bcbsil.com
TCOH <ul style="list-style-type: none"> Request Mastercard Claims questions/status 	217-275-2468	Health Plan Help Desk healthplanhelpdesk@coalitionexchange.org
Teladoc – Telephonic doctor visit	800-835-2362	www.teladoc.com
Prime Therapeutics – RX	800-423-1973	www.bcbsil.com
BCBS Dental (PDP+ network)	800-367-6401	www.bcbsil.com
BCBS Vision (EyeMed)	855-362-5539	www.eyemedvisioncare.com/bcbsil
American Fidelity – supplementary products.	800-654-8489	www.americanfidelity.com
One America – life ins. BCBS – life ins. (eff. 3/1/23)	800-553-5318	www.employeebenefits.aul.com
American Fidelity Flexible Spending	800-654-8489	www.americanfidelity.com
American Fidelity HSA Contributions	800-662-1113	www.afhsa.com
Employee Assistance Program One America 1/1/23 – 2/28/23 BCBS 3/1/23	855-387-9727 866-899-1363	www.guidanceresources.com Company Web ID: ONEAMERICA3 Company Web ID: DISRES
Blessing Diabetes Management Program	217-223-1200 ext. 5900	
QPS Benefits Coor – Teresa Kemp	217-228-7158 ext 2244	Email – kempte@qps.org
QPS Website	www.qps.org , Human Resources, Benefits	

Quincy Public Schools – Medical Plans

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Deductible Resets January 1 each year.

(Spouse is only allowed on medical if spouse's employer does not offer medical coverage.)

	Plan M8		Plan M3		Plan H1 (HSA Qualified Plan) **		Plan H4 (HSA Qualified Plan) ***	
	Network	Non-Network	Network	Non-Network	Network	Non-Network	Network	Non-Network
Deductible*								
Individual	\$1,100	\$2,200	\$2,500	\$5,000	\$2,100	\$4,200	\$3,600	\$7,200
Family	\$3,300	\$6,600	\$5,000	\$10,000	\$4,200	\$8,400	\$7,200	\$14,400
Out of Pocket Maximum*								
Individual	\$2,300	\$6,900	\$3,500	\$10,500	\$2,100	\$6,300	\$3,600	\$10,800
Family	\$6,900	\$20,700	\$7,000	\$21,000	\$4,200	\$12,600	\$7,200	\$21,600
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Reimbursement	80%	60%	85%	65%	100%	70%	100%	70%
Inpatient Hospital (Illness or Injury)	\$250 then 80%	\$550 then 60%	85%	65%	100%	70%	100%	70%
Outpatient Surgery	\$250 then 80%	\$550 then 60%	85%	65%	100%	70%	100%	70%
Primary Doctor (PCP) Office Visit	\$35 copay then 100% no deductible	60%	\$35 copay then 100% no deductible	65%	100%	70%	100%	70%
Specialist Office Visit	\$60 copay then 100% no deductible	60%	\$60 copay then 100% no deductible	65%	100%	70%	100%	70%
Emergency Room	\$300 copay then 85% no deductible	\$300 copay then 85% no deductible	\$300 copay then 85% no deductible	\$300 copay then 85% no deductible	100%	70%	100%	70%
Urgent Care Facility Facility Charges	\$75 copay then 90% no deductible	\$75 copay then 90% no deductible	\$75 copay then 90% no deductible	\$75 copay then 90% no deductible	100%	70%	100%	70%
Physician Charges	90%	90%	90%	90%				
Prescription Benefits	Preferred Pharmacy	Non-Preferred Pharmacy	Preferred Pharmacy	Non-Preferred Pharmacy	Network	Non- Network	Network	Non- Network
Preferred Generic	\$0	\$10	\$0	\$10	Generic: 100%	Generic: 70%	Generic: 100%	Generic: 70%
Non-Preferred Generic	\$10	\$20	\$10	\$20	Formulary: 100%	Formulary: 70%	Formulary: 100%	Formulary: 70%
Preferred Brand	\$50	\$70	\$50	\$70	Non-Formulary: 100%	Non-Formulary: 70%	Non-Formulary: 100%	Non-Formulary: 70%
Non-Preferred Brand	\$100	\$120	\$100	\$120				
Preferred Specialty	\$150	\$150	\$150	\$150				
Non-Preferred Specialty	\$250	\$250	\$250	\$250				

Note:

*Network and Non-Network deductibles and out of pockets will accumulate separately.

**H1 is a High Deductible Health Plan, designed to qualify for use with a Health Savings Account (HSA). All benefits except benefits for preventive care (as defined under IRS rules) are subject to the Calendar Year Deductible. If you enrolled for Employee Only health coverage, you must pay 100% of the discounted charge for each covered service until you satisfy the Individual Calendar Year Deductible. If you are enrolled for Employee + Spouse, Employee + Child(ren) or Family health coverage you must pay 100% of the discounted charge until your covered family members satisfy the Family Calendar Year Deductible. The Plan will then pay 100% of the cost of your covered charges for the remainder of the year.

***H4 is a High Deductible Health Plan, designed to qualify for use with a Health Savings Account (HSA). All benefits except benefits for preventive care (as defined under IRS rules) are subject to the Calendar Year Deductible. If you enrolled for Employee Only health coverage, you must pay 100% of the discounted charge for each covered service until you satisfy the Individual Calendar Year Deductible. If you are enrolled for Employee + Spouse, Employee + Child(ren) or Family health coverage each individual in a family is not required to contribute more than the single Deductible/Out of Pocket Maximum before the Plan will pay 100% of covered expenses for that individual.

Medial Plan Premiums

Premiums are determined by the number of hours worked per day or per week.

Coverage Type			M8 PPO \$1100	M3 PPO \$2500	H1 HDHP \$2100	H4 HDHP \$3600
Single Coverage						
Hours	Daily	Weekly				
	6.0	30.0	\$158.83	\$121.02	\$57.07	\$43.06
	5.5	27.5	\$230.83	\$192.02	\$128.61	\$108.51
	5.0	25.0	\$311.83	\$271.91	\$209.08	\$182.12
	4.5	22.5	\$383.83	\$342.90	\$280.60	\$247.57
	4.0	20.0	\$455.83	\$413.90	\$352.13	\$313.02
Employee + Spouse Coverage						
Hours	Daily	Weekly				
	6.0	30.0	\$601.64	\$449.82	\$318.06	\$192.20
	5.5	27.5	\$746.03	\$593.76	\$462.26	\$330.57
	5.0	25.0	\$908.46	\$755.70	\$624.46	\$486.25
	4.5	22.5	\$1,040.88	\$893.74	\$767.57	\$624.63
	4.0	20.0	\$1,171.22	\$1,024.04	\$898.35	\$753.97
Employee + Child(ren) Coverage						
Hours	Daily	Weekly				
	6.0	30.0	\$482.46	\$363.88	\$261.19	\$157.69
	5.5	27.5	\$592.31	\$473.39	\$372.15	\$268.82
	5.0	25.0	\$715.90	\$596.59	\$495.99	\$387.66
	4.5	22.5	\$825.75	\$706.11	\$606.06	\$493.28
	4.0	20.0	\$935.60	\$815.62	\$716.13	\$598.91
Employee + Family Coverage						
Hours	Daily	Weekly				
	6.0	30.0	\$823.74	\$603.95	\$427.92	\$258.58
	5.5	27.5	\$1,021.43	\$797.21	\$621.90	\$444.76
	5.0	25.0	\$1,243.84	\$1,014.66	\$840.15	\$654.23
	4.5	22.5	\$1,425.15	\$1,199.73	\$1,032.88	\$840.40
	4.0	20.0	\$1,603.60	\$1,374.64	\$1,208.88	\$1,014.07



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BlueCare® Dental

PPO - High Plan



BlueCross BlueShield of
Illinois

Quincy Public School District #172

Effective: 1/1/2023

The following is a listing of common services available through your BlueCare Dental PPO network. The member's share of the cost is determined by whether care is received from a contracting or non-contracting provider.

This information only provides highlights of this program. Please refer to the BlueCare Dental Certificate for additional benefit information.

Monthly Premium Rates

- Employee Only **\$38.45**
- Employee + 1 Dependent **\$72.57**
- Employee + 2 or More Dependents **\$106.46**

DENTAL BENEFIT HIGHLIGHTS

Program Basics	Contracting Provider	Non-Contracting Provider* UCR 90th
Benefit Period Maximum: Calendar Year	\$1,500.00	\$1,500.00
Deductible: Calendar Year	\$50.00 Individual \$150.00 Family	\$50.00 Individual \$150.00 Family
Services		
Diagnostic Services (Deductible does not apply)		
Periodic oral evaluations		
Problem focused oral evaluations	100%	100%
Comprehensive oral evaluations		
Preventive Services (Deductible does not apply)		
Prophylaxis (cleanings)	100%	100%
Topical fluoride applications		
Diagnostic Radiographs (Deductible does not apply)		
Full-mouth and panoramic films		
Bitewing films	100%	100%
Periapical films		
Miscellaneous Preventive Services (Deductible applies)		
Sealants	80%	80%
Space maintainers		
Basic Restorative Dental Services		
Amalgams	80%	80%
Resin-based composite restorations		
Non-Surgical Extractions		
Removal of retained coronal remnants	80%	80%
Removal of erupted tooth or exposed root		
Non-Surgical Periodontic Services		
Periodontal scaling and root planing	80%	80%
Full-mouth debridement		
Periodontal maintenance procedures		

BlueCare[®] Dental

PPO - High Plan



BlueCross BlueShield of
Illinois

Adjunctive Services

Palliative treatment (emergency)	80%	80%
Deep sedation / general anesthesia		

Endodontic Services

Therapeutic pulpotomy and pulpal debridement	80%	80%
Root canal therapy		
Apexification/recalcification		

Oral Surgery Services

Surgical tooth extractions	80%	80%
Alveoloplasty and vestibuloplasty		
Excision of benign odontogenic tumor/cyst		
Excision of bone tissue		
Incision and drainage of an intraoral abscess		
(Bony impactions typically covered under medical plan)		

Surgical Periodontal Services

Gingivectomy or gingivoplasty and gingival flap procedures		
Clinical crown lengthening		
Osseous surgery	80%	80%
Osseous grafts		
Soft tissue grafts/allografts		
Distal or proximal wedge procedure		

Major Restorative Services

Single crown restorations		
Inlay/onlay restorations	50%	50%
Labial veneer restorations		
Crowns placed over implants		

Prosthodontic Services

Complete and removable partial dentures		
Denture reline/rebase procedures		
Fixed bridgework	50%	50%
Prosthetics placed over implants		
Implants Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		

Misc. Restorative & Prosthodontic Services

Prefabricated crowns		
Recementations	50%	50%
Post and core, pin retention and crown/bridge repairs		
Adjustments		

Orthodontics (Deductible Waived)

Orthodontic Diagnostic Procedures and Treatment:	50%	50%
Adults eligible Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Dependent Children eligible Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Age Limitation 19		

Lifetime Maximum Benefit per Participant	\$1,000.00	\$1,000.00
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BlueCare® Dental

PPO - Low Plan



BlueCross BlueShield of
Illinois

Quincy Public School District #172

Effective: 1/1/2023

The following is a listing of common services available through your BlueCare Dental PPO network. The member's share of the cost is determined by whether care is received from a contracting or non-contracting provider.

This information only provides highlights of this program. Please refer to the BlueCare Dental Certificate for additional benefit information.

Monthly Premium Rates

- Employee Only **\$15.78**
- Employee + 1 Dependent **\$30.82**
- Employee + 2 or More Dependents **\$59.34**

DENTAL BENEFIT HIGHLIGHTS

Program Basics	Contracting Provider	Non-Contracting Provider* UCR 90th
Benefit Period Maximum: Calendar Year	\$750.00	\$750.00
Deductible: Calendar Year	\$50.00 Individual \$150.00 Family	\$50.00 Individual \$150.00 Family
Services		
Diagnostic Services (Deductible does not apply)		
Periodic oral evaluations		
Problem focused oral evaluations	80%	80%
Comprehensive oral evaluations		
Preventive Services (Deductible does not apply)		
Prophylaxis (cleanings)	80%	80%
Topical fluoride applications		
Diagnostic Radiographs (Deductible does not apply)		
Full-mouth and panoramic films		
Bitewing films	80%	80%
Periapical films		
Miscellaneous Preventive Services (Deductible applies)		
Sealants	70%	70%
Space maintainers		
Basic Restorative Dental Services		
Amalgams	70%	70%
Resin-based composite restorations		
Non-Surgical Extractions		
Removal of retained coronal remnants	70%	70%
Removal of erupted tooth or exposed root		
Non-Surgical Periodontic Services		
Periodontal scaling and root planing	70%	70%
Full-mouth debridement		
Periodontal maintenance procedures		

BlueCare® Dental

PPO - Low Plan



BlueCross BlueShield of
Illinois

Adjunctive Services

Palliative treatment (emergency)	70%	70%
Deep sedation / general anesthesia		

Endodontic Services

Therapeutic pulpotomy and pulpal debridement	70%	70%
Root canal therapy		
Apexification/recalcification		

Oral Surgery Services

Surgical tooth extractions	70%	70%
Alveoloplasty and vestibuloplasty		
Excision of benign odontogenic tumor/cyst		
Excision of bone tissue		
Incision and drainage of an intraoral abscess		
(Bony impactions typically covered under medical plan)		

Surgical Periodontal Services

Gingivectomy or gingivoplasty and gingival flap procedures		
Clinical crown lengthening		
Osseous surgery	70%	70%
Osseous grafts		
Soft tissue grafts/allografts		
Distal or proximal wedge procedure		

Major Restorative Services

Single crown restorations		
Inlay/onlay restorations	Not Covered	Not Covered
Labial veneer restorations		
Crowns placed over implants		

Prosthetic Services

Complete and removable partial dentures		
Denture relining/rebase procedures		
Fixed bridgework	Not Covered	Not Covered
Prosthetics placed over implants		
Implants Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		

Misc. Restorative & Prosthetic Services

Prefabricated crowns		
Recementations	Not Covered	Not Covered
Post and core, pin retention and crown/bridge repairs		
Adjustments		

Orthodontics (Deductible Waived)

Orthodontic Diagnostic Procedures and Treatment:	Not Covered	Not Covered
Adults eligible Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Dependent Children eligible Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Age Limitation		

Lifetime Maximum Benefit per Participant

Summary of Vision Benefits

Quincy Public Schools

Effective: 1/1/2023

Frequency

Examination	Once every 12 months
Lenses or contact lenses	Once every 12 months
Frame	Once every 24 months
Contact lens eval/fitting	N/A

Vision Care Services	In-Network Member Cost	Out-of-Network Reimbursement
Exam with dilation as necessary	\$15 copay	Up to \$45
Contact lens fit and follow-up	Up to \$40 for standard; 10% off retail price for premium	N/A

Frames

Any available frame at provider location	\$0 copay, \$130 allowance, 20% off balance over \$130	Up to \$70
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Standard Lenses

Single vision	\$15 copay	Up to \$30
Bifocal	\$15 copay	Up to \$50
Trifocal	\$15 copay	Up to \$65
Lenticular	\$15 copay	Up to \$100
Standard progressive lens	\$80 copay	Up to \$50
Premium progressive lens	See table on page 2.	Up to \$50

Lens Options

Tint (solid and gradient)	\$15	N/A
Scratch resistant coating	\$0	Up to \$8
Polycarbonate lenses	\$0 kids; \$40 adults	Up to \$20 kids
Ultraviolet coating	\$15	Up to \$8
Anti-reflective coating	See table on page 2.	N/A
High index lenses	20% off retail	N/A
Polarized lenses	20% off retail	N/A
Photochromic/transition plastic	\$75	N/A

Contact Lenses (in lieu of spectacle lenses)

Conventional	\$0 copay, \$130 allowance, 15% off balance over \$130	Up to \$105
Disposable	\$0 copay, \$130 allowance, plus balance over \$130	Up to \$105
Medically necessary	\$0 copay, paid-in-full	Up to \$210

Other

Laser vision correction	15% off retail price of 5% off promotional price	N/A
Additional pairs benefit	40% off purchase of complete pair of eyeglasses and a 15% off conventional contact lenses once the funded benefit has been used	N/A
Amplifon hearing discount	40% off hearing exams and low price guarantee on discounted hearing aids	N/A
Additional discounts	20% off non-covered items with limitations	N/A

Monthly Rates

Employee	\$6.97
Employee + one dependent	\$10.02
Employee + family	\$18.11

Eligibility: All active full-time employees as defined by your employer.
Dependent coverage is available to age 26.



Additional discounts

40% OFF

Complete pair of prescription eyeglasses

20% OFF

Non-prescription sunglasses

20% OFF

Remaining balance beyond plan coverage

These discounts are not insured benefits and are for in-network providers only.

Take a sneak peek before enrolling

- For a complete list of in-network providers near you, visit eyemedvisioncare.com/bcbsilvis or call 1.855.362.5539.
- For LASIK providers, call 1.877.5LASER6.



BlueCross BlueShield of Illinois

Vision Care

Insurance products issued by Dearborn Life Insurance Company,
701 E. 22nd St. Suite 300, Lombard, IL 60148.

Summary of Benefits Continued

Progressive Price List ²	Member Cost In-Network
Standard progressive	\$80 copay

Premium Progressives³ as follows:

Tier 1	\$100 copay
Tier 2	\$110 copay
Tier 3	\$125 copay
Tier 4	\$80 copay 80% of charge less \$120 allowance

Anti-Reflective Coating Price List ²	Member Cost In-Network
Standard anti reflective coating	\$45

Premium anti-reflective³ coatings as follows:

Tier 1	\$57
Tier 2	\$68
Tier 3	80% of charge

Other Add-ons Price List	Member Cost In-Network
Photochromic	\$75
Polarized	80% of charge

Plan Exclusions

1. Orthoptic or vision training, subnormal vision aids and any associated supplemental testing, aniseikonic lenses
2. Medical and/or surgical treatment of the eye, eyes or supporting structures
3. Any eye or vision examination, or any corrective eyewear required by a Policyholder as a condition of employment, safety eyewear
4. Services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof
5. Plano (non-prescription) lenses and/or contact lenses
6. Non-prescription sunglasses
7. Two pair of glasses in lieu of bifocals
8. Services rendered after the date an insured person ceases to be covered under the policy, except when vision materials ordered before coverage ended are delivered, and the services rendered to the insured person are within 31 days from the date of such order
9. Services or materials provided by any other group benefit plan providing vision care
10. Lost or broken lenses, frames, glasses or contact lenses will not be replaced except in the next benefit frequency when vision materials would next become available



¹Member Reimbursement Out of Network will be the lesser of the listed amount or the member's actual cost from the out of network provider. In certain states, members may be required to pay the full retail rate. ²Blue Cross and Blue Shield of Illinois Vision Care reserves the right to make changes to the products on each tier and the member out-of-pocket costs. Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. ³Premium progressives and premium anti reflective designations are subject to annual review by EyeMed's Medical Director and are subject to change based on market conditions. Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. Not available in all states. Some provisions, benefits, exclusions or limitations listed herein may vary.

For employee use. This piece is for illustrative purposes only and is not a contract. It is intended to provide only a brief summary of the type of policy and insurance coverage advertised. The policy provides the actual terms of coverage, including any exclusions, conditions and limitations to coverage.

All plans are based on a 48-month contract term and 48-month rate guarantee. Premium is subject to adjustment even during a rate guarantee period in the event of any of the following events: changes in benefits, employee contributions, the number of eligible employees, or the imposition of any new taxes, fees or assessments by Federal or State regulatory agencies. Benefits may not be combined with any discount, promotional offering or other group benefit plans. Benefit allowance provides no remaining balance for future use with the same benefits year. Fees charged for a non-insured benefit must be paid in full to the Provider. Such fees or materials are not covered. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer.

Vision Insurance offered by Dearborn Life Insurance Company located at 701 E. 22nd Street, Lombard, IL 60148. Blue Cross and Blue Shield of Illinois, an Independent Licensee of the Blue Cross and Blue Shield Association. EyeMed Vision Care, LLC and First American Administrators, Inc. are independent companies that offer provider network and administration services on behalf of Dearborn Life Insurance Company. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

SecureID 2™

Marketed by

American Fidelity General Agency



a different opinion

Life's unexpected problems can have a serious influence on your peace of mind. SecureID 2™ helps you face those unexpected problems with a sense of confidence – providing identity theft, and optional legal, roadside, and global travel assistance for you and your immediate family.

THIS BENEFIT PROGRAM CAN HELP.



ID SANCTUARY™ ENHANCED

Thieves want to steal your identity. Don't let them get away with it! ID Sanctuary™ provides the proactive tools and recovery assistance you need to quickly respond to an identity or fraud crisis. With ID Sanctuary, you can rely on immediate, personalized attention from a fraud specialist whenever you need it. Fraud specialists are armed with the knowledge to help reduce the risk of identity theft and provide unlimited resolution assistance should you fall victim—giving you emotional support and peace of mind.

- Unlimited 24/7 resolution assistance whenever your identity has been compromised
- Credit card, Checking and Savings Account Activity Alerts
- Document replacement assistance when identification documents such as Social Security cards, birth certificates, passports and driver's licenses are lost, stolen or destroyed
- Credit inquiry activity alerts
- One bureau credit report, credit score and monitoring
- Family plan includes you and up to four legal dependents over the age of 18

UPGRADE YOUR MEMBERSHIP!

Add Legal Services, Roadside Assistance, and Global Travel Assistance for just a few dollars more.



LEGAL SERVICES

Have legal questions? Get legal answers from experienced lawyers at discounted rates. Attorneys help with traffic tickets, bankruptcy, divorce, and spousal and child support. Additional services are also available at no cost to you!



ROADSIDE ASSISTANCE

Stranded? Car trouble is no trouble. Roadside Assistance is there for you and your immediate family to help with a flat tire, lock-out, battery, collision and even towing—with coverage up to \$80. They will even bring you fuel, oil, fluid and water 24/7!



GLOBAL TRAVEL ASSISTANCE

Got a trip planned? Protect yourself and your loved ones. When traveling 100 miles or more from home, you can rest easy knowing you have a global network of doctors, assistance personnel and emergency benefits. Get medical help around the world with emergency medical evacuation, monitoring of treatment, replacement of lost or stolen travel documents and more.

SecureID 2™	INDIVIDUAL	FAMILY
ID Sanctuary™ Enhanced	\$7.00*	\$13.00*
ID Sanctuary™ Enhanced, plus Legal Services, Roadside Assistance, & Global Travel Assistance	\$12.00*	\$18.00*

*Price is per employee per month

ID Sanctuary™ Enhanced

FEATURES	ID Sanctuary™ Enhanced
Resolution Services	Y
Actionable Identity Alerts	Y
Lost Wallet Protection / Document Recovery Assistance	Y
Address Change Verification	Y
Black Market Website/Cyber Surveillance	Y
Live Member Support 24/7/365	Y
Reimbursement Coverage	\$25,000
Lost Wages	\$1,000/wk for 4 weeks max
Travel Expenses	\$1,000
Elder and/or child care	\$1,000
Initial Legal Consultation	\$1,000
Credit Card, Checking and Savings Account Activity Alerts†	Y
Online Annual Credit Report(s)	1 Credit Bureau
Online Annual Credit Score(s)	1 Credit Bureau
Credit Inquiry Activity	Y
Discovery Based (pre-existing covered if reported within 90 days of discovery)	Y
Medical/Insurance ID Theft	Y
Social Security Number Monitoring	Y
Family Plan Available	Maximum of 4 adult (≥18 yrs) dependents

Disclosures: **This plan is NOT insurance.** This discount card program contains a 30-day cancellation period. Member shall receive a full refund of membership fees if membership is cancelled within the first 30 days after the effective date. Administrator: New Benefits, Ltd., Dallas, TX. Not available to VT residents. Global Travel Assistance is not available to NY, OR, FL, and WA residents.

Term Life Insurance



Life Insurance is an important piece of a strong financial plan. While there is no complete replacement for the loss of a loved one, American Fidelity's Term Life Insurance can help protect your family in your absence.

It provides short-term coverage at a competitive price. For those on a limited budget, Term Life Insurance can help fill temporary needs.

Here's How It Works

A Term Life Insurance policy may help supplement your existing coverage and may assist in meeting financial demands, should you need it. Plus, this is an individual policy, which means you own it and can take it with you to a different job or in retirement.

Features

- Choose from a 10, 20, or 30 year term period, based on your specific needs.
- Coverage starts as soon as you sign the application.
- You own the policy, so you can take it with you to a different job or in retirement.
- The death benefit amount is generally paid tax free.

Rates are adjusted upon renewal. Please consult your tax advisor for your specific situation. Limitations, exclusions, and waiting periods may apply. Not generally qualified benefits under Section 125 Plans.

SB-30439-0716

Whole Life Insurance



It's important to prepare for the unexpected and help ensure your loved ones will be financially protected in the event of a tragedy. Your life insurance benefit can help replace your income and help your family meet important financial needs like funeral expenses, everyday living costs, and college.

Here's How It Works

American Fidelity's Whole Life Insurance provides protection for your entire life. It's an individual policy, which means you own it and can take it with you when you leave employment or when you retire.

Features

- You own the policy, so you can take it with you to a different job or in retirement.
- Rates based on issue age and guaranteed not to increase during the life of the policy.
- Multiple coverage options available for you, your spouse, children, and grandchildren.

Provided premiums are paid as defined in the policy. Limitations, exclusions, and waiting periods may apply. Not generally qualified benefits under Section 125 Plans.

SB-30510-0716

Group Critical Illness Insurance



Although your traditional medical insurance may help pay for expenses directly associated with a critical illness, how will you cover indirect expenses?

American Fidelity's **Limited Benefit Group Critical Illness Insurance** can assist with the expenses that may not be covered by major medical insurance, allowing you and your family to focus on what matters the most – your recovery.

Here's How It Works

If you experience an event such as a heart attack or stroke, Critical Illness Insurance may help. It pays a lump sum amount to help with expenses that may not be covered by major medical insurance – house payments, everyday expenses, lost income, and more.

Features

- Receive an annual benefit for one covered health screening test per year, such as a stress test, echo cardiogram, blood glucose testing, or up to five other routine tests.
- Choose from three coverage amount options, \$10,000, \$20,000, or \$30,000, at the time of application.
- Benefits are paid directly to you, so you can use your benefit for any expense you wish.

Only offered on an after tax-basis. Limitations, exclusions, and waiting periods may apply. This product is not available under Section 125 Plans. This product is inappropriate for people who are eligible for Medicaid coverage.

SB-30431-0716

Disability Income Insurance



If you were suddenly faced without a paycheck, would you be fully prepared? Could you afford your expenses while maintaining your current lifestyle?

One of the most important assets a person possesses is the ability to earn an income. Disability Income Insurance from American Fidelity is a cost-effective solution designed to help protect you if you become disabled and cannot work due to a covered injury or sickness.

Here's How It Works

In the simplest of terms, this plan is insurance that pays a cash benefit and is designed to help protect you if you can't work due to a covered injury or sickness. It pays a monthly benefit amount based on a percentage of your gross income, so you may continue to afford everyday living expenses.

Features

- Benefits are paid directly to you, so you can use your benefit for any expense you wish.
- Payments made year-round.
- Several elimination periods to choose from.
- Premiums are not required while you are disabled, based on the length of your disability.

These products may contain limitations, exclusions, and waiting periods. Applicant's eligibility for this program may be subject to insurability.

SB-30432-0716

Accident Only Insurance



Accidents are inevitable. Even though you can't always prepare for unforeseen events, you can plan ahead. A **Limited Benefit Accident Only Insurance** plan may help ease the impact on your finances.

American Fidelity's Accident Only Insurance is designed to help cover some of the expenses that can result from a covered accident, and benefit payments are made directly to you.

Here's How It Works

This plan provides 24-hour coverage for accidents that occur both on and off the job and can help offset your medical expenses. There are over 30 plan benefits available, and coverage may also extend to your family.

Features

- Choose the coverage option that best fits your lifestyle and financial needs.
- Apply with no medical questions asked.
- The plan pays an annual Wellness Benefit for one Covered Person to receive a routine physical exam, including immunizations and preventive testing.
- The plan pays a benefit when an Accidental Death or Dismemberment occurs within 90 days of a covered accident.
- Policy is guaranteed renewable for as long as premiums are paid as required.
- You own the policy, so you can take it with you if you change jobs.

Limitations, exclusions, and waiting periods may apply. Not all products and benefits may be available in all states. This product is inappropriate for people who are eligible for Medicaid coverage.

SB-30426-0716

Cancer Insurance



If you were unexpectedly faced with a cancer diagnosis, will your major medical insurance be enough? Even with a good plan, the out-of-pocket costs of treatment, such as travel, child care, and loss of income, can be expensive. American Fidelity's **Limited Benefit Cancer Insurance** may help.

Here's How It Works

If cancer touches someone in your family, this plan may help ease the impact on your finances. Benefit payments are made directly to you, allowing you to pay for expenses like copayments, hospital stays, and house and car payments.

Features

- Benefit payments made directly to you, so you can use your benefit for any expense you wish.
- Choose the coverage option that best fits your lifestyle and financial needs.
- More than 25 plan benefits available for cancer treatment, including wellness and early detection.
- Radiation, chemo, and hormone therapy.
- Covers transportation and lodging.
- You own the policy, so you can take it with you if you change jobs.

Not all riders may be available in every state. Limitations, exclusions, and waiting periods may apply. This product is inappropriate for people who are eligible for Medicaid coverage.

SB-30430-0716

AF™ Limited Benefit Hospital Indemnity Insurance



Hospital Benefit
Help pay for your stay



Accident Benefit
Prepare for the unexpected

Features

- Benefits paid directly to you
- No health questions
- A policy you own—take the policy with you if you leave your employer or retire
- Coverage for you, your spouse, and your children



**Cover your costs.
Protect your savings.**

Help offset your high deductible, let your HSA savings grow, and give yourself protection from the unexpected.

This product may contain limitations, exclusions and waiting periods. This product is inappropriate for people who are eligible for Medicaid coverage.

Are you financially prepared for a medical emergency?



If an unexpected medical event were to happen, could you cover the out-of-pocket medical expenses and everything else that adds up, like bills, groceries, and housing?

Major medical insurance plans are designed to pay a large portion of your medical costs. But with a high deductible plan, you must pay out of your own pocket until you meet your deductible and plan maximum.

AF™ **Limited Benefit Hospital Indemnity Insurance**, or AF Hospital Assist, is designed to help pay for out-of-pocket expenses, like an inpatient stay, while also allowing the tax benefit and potential savings from a Health Savings Account (HSA).



Learn more at

americanfidelity.com/info/hospital-indemnity

Life & Accidental Death & Dismemberment Insurance (AD&D)

Should something unexpected happen to you, Life and Accidental Death & Dismemberment (AD&D) Insurance provides benefits your family can use to pay the mortgage, cover funeral expenses, or help with everyday bills.

Protecting Your Family

Quincy Public Schools provides you with a \$10,000 Basic Employee Life and AD&D policy – at no cost to you. If you want added protection for you and your family, you can also purchase Voluntary Term Life Insurance.

Summary of Life/AD&D Benefits

- You are automatically enrolled with \$10,000 Basic Life and AD&D at no cost to you.

You can elect additional coverage:

- Employee Voluntary Life** in \$1,000 increments with minimum of \$10,000 up to a max of \$250,000 (not to exceed 10x base salary).
- Spouse Voluntary Life** in \$500 increments with a minimum of \$5,000 up to a max of \$125,000 not to exceed 50% of the amount elected for Employee.
- Voluntary Child Life** \$5,000 or \$10,000

You pay the full cost of any Voluntary Life insurance you elect.

What is Life Insurance?

Life insurance provides income to keep your family financially secure.

What is AD&D Insurance?

Should you lose your life, sight, hearing, speech or use of your limb(s) in an accident, AD&D provides additional benefits to help keep your family financially secure. AD&D benefits are paid as a percentage of your coverage amount – from 25% to 100% - depending on the type of loss.

Voluntary Life Monthly Premium		
Age	Employee Rate / \$1000	Spouse Rate / \$1000
Under 29	\$0.05	\$0.05
30 – 34	\$0.07	\$0.07
35 – 39	\$0.09	\$0.09
40 – 44	\$0.15	\$0.15
45 – 49	\$0.24	\$0.24
50 – 54	\$0.37	\$0.37
55 – 59	\$0.58	\$0.58
60 – 64	\$0.67	\$0.67
65 – 69	\$1.32	\$1.32
70 – 74	\$2.27	\$2.27
75+	\$2.27	\$2.27
Cost for your Child(ren) = \$0.11 / \$1000		

Life & Accidental Death & Dismemberment Insurance (AD&D) *continued*

Open Enrollment – Step-Up Guaranteed Issue

Employees who are currently enrolled in the voluntary life insurance may increase their coverage during the Open Enrollment period by \$10,000 without a Statement of Health (SOH) form.

If you are not currently enrolled in the voluntary life insurance, you may still apply for coverage, but you must complete a SOH form and be approved before the coverage will begin.

New Employees – Guaranteed Issue

If you enroll in Voluntary Life Insurance for yourself and/or your spouse as a new employee, you may elect up to \$200,000 for yourself (under age 70) and \$50,000 for your spouse without having to submit a Statement of Health (SOH) form. This means you are **GUARANTEED** up to \$200,000 for you and \$50,000 for spouse without answering any medical questions. Any new employee under age 70 can get this insurance – no questions asked.

If you elect more than the \$200,000 or \$50,000, we will begin your coverage at the Guaranteed Issue amount and you will need to complete the SOH form, and be approved, for the amount above the Guaranteed Issue. SOH is not required for child coverage.

Name your Beneficiaries

It's important to remember to name a beneficiary for both your Basic and Voluntary Life and AD&D Insurance. If you do not have a beneficiary on file, your benefit will be paid according to insurance company guidelines. You, the employee, are automatically listed as the beneficiary for any Dependent Life Insurance you may select. If you need to change your beneficiary, please go to the QPS website for this form or contact the Benefits Coordinator.

Flexible Spending Accounts

An Easy Way to Pay for Expenses

A Section 125 Plan provides a tax-saving way to pay for eligible medical or dependent care expenses. The funds are automatically deducted from your paycheck before income tax is applied. Simply choose the amount to be deducted, and the funds are set aside to be used for eligible expenses throughout the year.

Here's How It Works

A Section 125 Plan reduces your tax and increases your spendable income by allowing you to deduct the cost of eligible benefits from your earnings before tax. Plus, the plan is available to you at no cost, and you're already eligible. All you have to do is enroll.

Is It Right for Me?

The savings you may experience with a Section 125 Plan are outlined below. By utilizing the Section 125 Plan, Jane would have \$70 more every month to apply toward her insurance benefits or other needs. That's a savings of \$840 a year.

Ready to Enroll?

To enroll in the Section 125 Plan, just complete an election form. You'll receive plenty of advance notice when it's time to enroll. And, in most cases, you must re-enroll each year to keep participating in the plan.

How to Make Election Changes

You're able to change your election each year during your annual benefits enrollment, but the only time Internal Revenue Code regulations allow you to make a change during the plan year itself is if you experience a qualified event. Some examples include:

- Change in legal married status
- Change in number of dependents
- Termination or commencement of employment
- Dependent satisfies or ceases to satisfy dependent eligibility requirements
- Change in residence or worksite that affects eligibility for coverage

These examples may not be all-inclusive. Please contact your employer for guidance with your specific situation.

Employee Name: Smith, Jane

SSN: 123-45-XXXX

Employee Number: 0515

Payment Date: 1/1/17

Period Begin Date: 1/30/17

Earnings & Hours

Without S125

Monthly Salary	\$2,000
Medical Expenses	N/A
Taxable Gross	\$2,000
Taxes (Federal & State @ 20%)	-\$400
Less Estimated FICA (7.65%)	-\$153
Medical Deductions	-\$250
Take Home Pay	\$1,197

With S125

Monthly Salary	\$2,000
Medical Expenses	-\$250
Taxable Gross	\$1,750
Taxes (Federal & State @ 20%)	-\$350
Less Estimated FICA (7.65%)	-\$133
Medical Deductions	N/A
Take Home Pay	\$1,267

That's a
difference
of \$70!

Where allowable by law. If you are subject to FICA taxes, there might be a reduction in your social security benefit due to the reduction of FICA contributions. Example is hypothetical for illustrative purposes only. Please consult your tax advisor for actual tax savings.

Flexible Spending Accounts

Help Save for Medical Expenses



Are you looking for a way to reduce your taxable income and help pay for medical and dependent care expenses? Reimbursement accounts can do just that.

With these accounts, you'll enjoy a money-saving way to pay for eligible medical or dependent care expenses with pre-tax dollars from your paycheck.

Just choose the amount to be deducted, and the funds are set aside to be used for expenses throughout the year. It's that easy.

Here's How They Work

A **Dependent Day Care Flexible Spending Account (Dependent Day Care FSA)** allows you to set aside pre-tax dollars to reimburse yourself for eligible dependent care expenses. Because your money goes into the account before income tax is withheld, you pay less in tax and have more disposable income. You may allocate up to \$5,000 per tax year for reimbursement of eligible dependent care services (or \$2,500 if you are married and file a separate tax return).

A **Health Flexible Spending Account (Health FSA)** can save you money by allowing you to set aside part of your pay, on a pre-tax basis, to reimburse yourself for eligible medical expenses such as copayments, deductibles, prescriptions, and more. The maximum amount allowed to contribute into this account is \$2,600 per calendar year. (Please see your employer for the maximum amount allowed by your plan.)

Fast, Easy Reimbursements

If you're interested in either of these accounts, we're happy to set up your account for direct deposit. You can either have your reimbursements deposited straight into your bank account or receive a check by mail – it's entirely up to you.

If you don't file sufficient claims for reimbursement, you could lose the unused amount remaining in your account at the end of the plan year. This is often referred to as the "use-or-lose" rule.

Your employer may offer a carryover of up to \$500 each plan year or a grace period, which is a period of time after the plan year ends where you may incur expenses and be reimbursed from the remaining balance in your previous year's account.

Examples of Eligible Expenses

Acupuncture	Invitro fertilization	Physical therapy provided by licensed therapist
Alcohol/drug rehab	Laser eye surgery	Practical nurse
Anesthetist	Midwife	Psychiatrist
Artificial limbs/teeth	Optometrist	Psychologist
Chiropractor	Orthodontia*	Stop-smoking program
Dental care	Out-patient care	Transportation expenses relative to medical care based on IRS standard mileage allowance
Eye exam/eyeglasses/contact lenses	OTC drugs and medicines for treatment of a medical condition**	Weight loss program for obesity***
Hearing aids/batteries	Pediatrician	
Insulin		

*Service must have been incurred or already paid.

**Will require a medical practitioner's prescription.

***May need doctor's statement for medical necessity.

Examples of Ineligible Expenses

Capital expenditures
Cosmetic procedures
Exercise equipment
Insurance premiums
Mattresses/pillows
Personal use items
Teeth whitening

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a different opinion

Why a Health Savings Account?

Healthcare is constantly changing. With rising deductibles and larger gaps in coverage, you need a solution. A Health Savings Account (HSA) may be the answer. Combined with a High-Deductible Health Plan (HDHP), an HSA provides the security of knowing you have the funds needed to help cover healthcare costs before you satisfy your deductible.

How it Works

An HSA allows you to set aside money pre-tax to help pay for eligible medical expenses. Your contributions can build year over year and any interest you earn will grow tax free.

To participate in an HSA, **you must first be enrolled in a qualified HDHP**. You may be enrolled in the plan either through your employer or spouse's plan. Combining a qualified HDHP with an HSA helps you control your healthcare costs and expenses.

The Value of an HSA

An Account You Own

Like a personal savings account, the money in an HSA rolls over annually, the funds never expire, and you can take it with you wherever you go, even if you leave your current employer.

Retirement and Healthcare Savings

The money in your HSA earns interest, so the more you save, the more you earn. The account offers significant advantages and provides opportunities to invest in mutual funds. Account holders can choose to invest any funds over \$2,500 into a variety of investment options. At age 65, you can use your HSA dollars for any purpose without penalty, not just healthcare. This is a great way to potentially grow your savings for future healthcare costs or retirement.

Triple Tax Advantage

- The money you put in to the account is deducted from your paycheck tax free,
- The interest and earnings you make on the account grow tax free, with the opportunity to invest in mutual funds, and
- When you take money out for eligible medical expenses, it is generally tax free.



Eligibility Requirements

Once you're covered by a qualified HDHP, you can contribute to an HSA if you:

- Are not covered by any non-HSA eligible health plan including a general purpose Health Flexible Spending Account (Health FSA) or a Health Reimbursement Arrangement (HRA). *If your spouse has a General Purpose Health FSA that allows reimbursements for your expenses, you may not participate.*
- Are not enrolled in Medicare or Tricare. *If you are over 65, as long as you have not enrolled in Medicare or Tricare, you can continue to make contributions and use your funds. Once you are enrolled in Medicare or Tricare, you can no longer make contributions but you may still continue to use your funds.*
- Are not being claimed as a dependent on someone else's tax return.

If you become no longer covered by a qualified HDHP, you may still use your HSA funds, however, you may not continue to contribute to your account.

Contributing to Your HSA

The easiest way to contribute to your HSA is through payroll deduction. Through payroll deduction, your contribution amount is automatically deducted from your paycheck, pre-tax. If you decide to contribute directly to your account, you will need to take the appropriate steps on your annual tax return to receive the tax savings benefit.

The IRS sets an annual maximum contribution amount:

Year	Self-Only Coverage	Family Coverage
2022	\$3,650	\$7,300
2023	\$3,850	\$7,750

Individuals 55 and over may contribute an extra \$1,000 catch-up contribution.

Accessing Your Funds

We offer four ways for you to access your money for healthcare expenses for you, your spouse, and your dependents, regardless of their health plan.

Debit Card

Use your debit card to pay for eligible medical expenses; the amount comes directly out of your account.

Distribution Request Form

Fax or mail a Distribution Request Form to receive your funds by check or direct deposit.

Online Reimbursement

Request funds online and receive a check or a direct deposit into your selected account.

Online Bill Pay

Request funds online to pay your provider directly from your HSA account.

Eligible Expenses

The Internal Revenue Service (IRS) determines which expenses are eligible for reimbursement. The following are examples of common types of eligible and ineligible expenses. For a complete list, visit afhsa.com.

Examples of Eligible Expenses

- Medical expenses, including medical bills to cover deductibles and copayment
- Prescription drugs and over-the-counter medications prescribed by your doctor
- Vision expenses (including prescription glasses, contacts and Lasik).
- Dental treatment (including orthodontia)
- Chiropractor
- Immunizations, Flu shots
- Medical exams, X-rays

Examples of Ineligible Expenses

- Late fees on medical bills
- Cosmetics
- Dependent care expenses
- Toothbrushes or toothpaste
- Lodging while attending medical conference
- Vitamins for general well-being
- Over-the-counter medicines (unless prescribed by a licensed medical practitioner)
- Cosmetic procedures (including face lifts or teeth whitening/bleaching)

Pairing Your HSA with a Limited Purpose Health FSA

If you know you'll have extra expenses, you may want to pair your HSA with a Limited Purpose Health Flexible Spending Account (LPHFSA). Participating in both plans allows you to maximize tax savings and tax benefits. With this account, eligible expenses are limited to qualifying dental and vision expenses for you, your spouse and your eligible dependents.

Differences in FSAs and HSAs

Health Flexible Spending Accounts (Health FSAs) and HSAs are both common types of reimbursement accounts. They both allow you to set aside money for medical expenses, while reducing your overall tax burden.

There are significant differences between a Health FSA and an HSA:

- With an HSA, you own the account, the funds are never forfeited at the end of the plan year, and you can take it with you wherever you go.
- Also, unlike a Health FSA, your funds are available in your account as contributions are made, instead of at the beginning of the plan year.

HSA	Health FSA
Eligibility Requirements	
Must have a qualified HDHP and no other disqualified health plan.	No Health FSA specific eligibility requirements.
Availability of Funds	
Funds are available as contributions are made.	The full election amount is available up front at the beginning of the plan year.
Changing Contribution Amounts	
May change at any point during the year subject to plan provisions.	May be adjusted at open enrollment or with a qualifying change in employment or family status.
Rollover	
Always! Any unused balance rolls over in to the next plan year.	With a few exceptions, FSAs are "use or lose" and you forfeit any unused balance at the end of the plan year.
Connection to Employer	
It's your account. You can take it with you wherever you go.	In most cases, you'll lose your Health FSA with a change in employer.
Effect on Taxes	
Contributions may be taken out of your paycheck pre-tax. Growth and distributions for qualified expenses are tax free.	Contributions are taken out of your paycheck pre-tax. Distributions are tax free for qualified expenses.

Consider signing up for an HSA today to take control of your healthcare expenses.

American Fidelity
Health Services Administration
 a different opinion



9000 Cameron Parkway
 Oklahoma City, Oklahoma 73114
 800-654-8489
americanfidelity.com

Horace Mann

Educators get added value with Horace Mann

With our auto policy:

- You'll be reimbursed the cost of a replacement car if your new car is declared a "total loss."
- You'll pay no deductible for covered vandalism losses on or near school property, or while at a school-sponsored event.
- You'll get additional coverage if you purchase our Emergency Road Service coverage.
- You'll receive up to \$1,000 for veterinary bills or related expenses if your pet is injured or dies as a result of injuries sustained in a covered accident.
- You'll receive up to \$1,000 in personal property coverage if items you use during your work as an educator are stolen or damaged while in your car.
- You'll pay no deductible for a collision claim on or near school property, while at a school sponsored event, or with another vehicle insured by Horace Mann.
- You'll get liability coverage in writing, giving you peace of mind if you transport students in a vehicle we insure.

Auto Payroll Deduction Program delivers convenience, savings

As part of our commitment to helping educators, Horace Mann proudly partners with school districts to provide our Auto Payroll Deduction Program. It's a convenient payment option that allows school employees to pay their Horace Mann auto insurance premiums directly from their paycheck. School employees receive a discount just for using this payment option!

Horace Mann also offers life insurance plans that can be payroll deducted.

With our home policy:

- You're covered if money or goods for a school-sponsored event are stolen while they're in your possession.
- You'll be reimbursed for the replacement of keys or rekeying of locks for your home and auto if your keys are stolen.
- You'll be reimbursed for your monthly mortgage or rent payment if your residence is uninhabitable due to a covered loss.
- You'll pay no deductible if your property is stolen from a vehicle that is parked on or near school property, or at a school-sponsored event.

To learn more, call Colin Ash @ 217-224-5755
colin.ash@horacemann.com

Employee Assistance Program (Eff. 6/1/23)



BlueCross BlueShield of Illinois

EAP Resource Services

Employee Assistance Program (EAP) Resource Services™

Extra Help When It's Needed Most

When personal problems arise, many people may choose to cope alone, resulting in negative consequences at home and the workplace. This is why we have teamed with ComPsych® Corporation to offer EAP Resource Services to employees. EAP Resource Services provides convenient resources to help address emotional, legal and financial issues.

Face-to-Face Sessions

EAP Resource Services provides three face-to-face sessions per issue in a geographically accessible location to address behavioral issues.

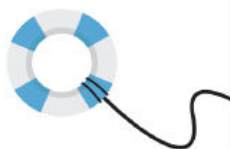
Unlimited Telephonic Support

EAP Resource Services also provides unlimited telephonic support (24 hours a day, 7 days a week) to help address behavioral issues. Master's degree level clinicians use a conversational approach to identify issues, assess needs and refer participants to specialists to help resolve their issues.

Web-Based Services

GuidanceResources® Online (guidanceresources.com) is a secure, password-protected website that contains self-assessments, extensive content on personal health and powerful tools to help with personal, relational, legal, health, and financial concerns. This service is free of charge to all employees and their immediate family. It covers many topics and personal concerns, such as:

- Alcohol and drug abuse
- Depression
- Divorce and family law
- Estate planning
- Getting out of debt
- Grief and loss
- Job pressures
- Managing debt obligations
- Marital and family conflicts
- Retirement planning
- Saving for college
- Stress and anxiety
- Tax questions
- Real estate buying and selling



Employee Assistance Program (EAP) Resource Services™

In the U.S. and Canada call

866-899-1363

TDD: 800-697-0353

guidanceresources.com

Enter Your Company ID: DISRES



BlueCross BlueShield
of Illinois

To Access Your Services



Call: 866-899-1363

- You will be asked what type of insurance policy you have: life insurance. If you are unsure, consult with your HR representative.



Online: [GuidanceResources.com](https://guidanceresources.com)

- Click "Register" to create a new account.
- Enter Your Company ID: DISRES

Employee Assistance Program Cont. (Eff. 6/1/23)

Your Guide to GuidanceResources® Online

GuidanceResources.com

What about financial concerns?

Financial issues can arise at any time, from dealing with debt to saving for college. GuidanceResources® Online is available to provide you with the tools and information you need to help solve your personal money management concerns.

How can I manage all of my life's little details and the issues my family may face?

Whether you are a new parent, giving care to an elder, sending a child off to college, buying a car or doing home repairs, you're bound to come across concerns that need to be addressed. Let GuidanceResources® Online help you explore your options.

Where can I get answers to my legal questions?

GuidanceResources® Online provides access to practical, understandable information and tools to help address your concerns about divorce, bankruptcy, buying real estate and other issues.

Guide to using GuidanceResources.com

1. On the **GuidanceResources.com** home page, click on the tab at the top labeled **"Register."**
2. Enter your **company ID: DISRES**. Create a **username and password**. The username has to be at least six characters long and should have no spaces (for example: joesmith). Make sure that you **complete all required fields, noted with red asterisks**.
3. Read the Terms of Use and click inside the checkbox to indicate your agreement to those terms.
4. When you've finished, **click on the "Submit" button** at the bottom of the page.

GuidanceResources® Online offers web-based services designed to help address the personal concerns and life issues you may be facing.

Whether it's depression, alcohol and drug abuse, or grief and loss, these services are available to you and members of your family at no cost—24 hours a day, 7 days a week.



ONLINE ACCESS: GuidanceResources.com

- Click "Register" to create a new account.
- Enter Your Company ID: DISRES
- FOR FUTURE LOGINS, just go to the member login section and enter your username and password. This will take you directly to **GuidanceResources.com**.

If you have any problems logging in, you can contact: **memberservices@guidanceresources.com** or **877-595-5289**.

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**BlueCross BlueShield
of Illinois**

Blue Cross and Blue Shield of Illinois is the trade name of Dearborn Life Insurance Company, an independent licensee of the Blue Cross and Blue Shield Association.

For illustrative purposes only. May not be available in all jurisdictions. Coverage may be subject to limitations, exclusions and other coverage conditions contained in the issued policy. Please consult the policy for the actual terms of coverage.

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403(b) Retirement Plan

Quincy Public Schools provides the opportunity to enroll in a 403(b) plan. A 403(b) can start, stop or be changed at any time. Please contact your investor or financial planner to discuss the option of a 403(b). Your financial planner will guide you on your investment decisions. The 403(b) contract is available on the QPS website at www.qps.org, Human Resources, Benefits, 403(b). Also, available through VALIC is a 457(b) and ROTH 403(b). Please contact a VALIC representative to learn more about these programs.

What is a 403(b)?

A 403(b) plan is a tax-deferred retirement plan available to employees of public educational institutions. A 403(b) plan allows you to make pre-tax contributions by payroll deduction and save that money for your retirement.

403(b) plans were created to encourage long term savings, so distributions generally are available only when you reach age 59½ or leave your job or upon death or disability. However, distributions can also be available in the event of a financial hardship. Keep in mind that distributions before age 59½ might be subject to federal restrictions and a 10% federal tax penalty.

The following companies are available for 403(b) contracts	
Ameriprise Financial Service	Lincoln National Pension Insurance
American Fidelity	Putnam Investors
AXA Equitable Life	VALIC – 403(b), 457(b), or ROTH
Horace Mann – 403(b), 457(b), or ROTH	

Be Well *with* Diabetes Program

Quincy Public Schools provides a FREE Diabetes Management Program through the Blessing Diabetes Center. Be Well *with* Diabetes encourages participants with diabetes to take control of their health while decreasing costs. Healthy habits and attitudes are promoted through coaching and education.

Participant Incentives

- 100% reimbursement of co-pays for diabetic medication.
(M3 & M8 plans only.) (H1 and H4 medical plans do not have co-pays for prescriptions. No reimbursements are available with the H plans.)

Education

- Diabetes education classes on topics such as disease process & monitoring, managing blood glucose, nutrition, medications and diabetes care, stress & coping, goal setting, cooking demo, recipe modification, supermarket “tour”, risk of long term complications, exercise & prevention.
- Unlimited one-on-one personalized diabetes coaching from pharmacists, registered nurses, dieticians, & diabetic educators.
- Additional benefits: weight checks and diabetes support groups

Participant Eligibility

1. Be covered under the QPS health plan as an employee or dependent.
2. Have a diagnosis of Diabetes.
3. Complete enrollment paperwork and Initial Assessment
4. Attend a minimum of one coaching session or class per quarter at Blessing

To enroll call the Blessing Diabetes Center @
 217-223-1200 ext. 5900