

Your Quincy Public Schools Benefits

For coverage effective:
1/1/26 – 12/31/26

Open Enrollment: 10/27/25 – 11/7/25

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 2026 benefits, go to
www.afenroll.com/enroll

Username = social security number (SSN)

Pin = last 4 digits of SSN + 8 digit date of birth

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

Username = 123456789, PIN = 678901311958

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.

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 2026 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.

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 2026 benefits plan year, employees will have two enrollment options: Online self-enrollment or Assisted enrollment.

- Option 1 – Self-Enrollment: October 27 – November 7

During the self-enrollment time period, you may enroll online in your selected medical, dental, vision and supplementary employee benefits. Go to www.afenroll.com/enroll to access our enrollment system to walk you through the process.

- Option 2 – Assisted Enrollment – by appointment November 3-7

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. Face to face meetings will be offered this year throughout the district. To schedule a meeting, please go to [Benefit Site | American Fidelity](#) and click “schedule an appointment” or call Teresa Knuffman at 228-7158 ext. 2244. Meetings will be held at multiple locations across the district.

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: 10/27/25 – 11/7/25

1 Visit www.afenroll.com/enroll
Compatible browsers: Safari, Edge, and Chrome.

2 Enter your User ID:
This is your Social Security Number (SSN).

Enter your Temporary PIN:
Last four digits of your SSN and 8-digit date of birth:
3 XXXXMMDDYYYY. For example: 123401012000. **Click Log In.**

Two-Factor Authentication:

4 You will be prompted to select either an email address or a mobile phone number to receive a verification code. **Click Request Code.** Once that code is received, you will input it into the prompt in AFenroll and **Click Validate Code.**

Changing Your Pin:

5 Create a new PIN that meets the requirements: **at least twelve characters, one uppercase letter, one lower case letter, and one special character.** Re-enter your new PIN to validate. Select a security question, provide an answer, and enter/confirm your email address. **Click Save New PIN.** You will be **logged out and must log in again using your new PIN.**

Log In:

6 Enter your User ID and new PIN. **Click Log in.** You will be asked to complete two-factor authentication each time you log in. **Select Validate Code.** **NOTE: It is important to remember your new PIN as this will be how you will log into the site during this enrollment period.**

Tips



Things to Know:

Social Security numbers and dates of birth are required for all employees and their dependents.



Choose Benefits:

Review your benefits options to help ensure you have the proper coverage and opt out of those you do not need.



Make Changes:

Log in to AFenroll to make changes at any time during your enrollment period. **Before you log out, you must re-confirm with your signature or your enrollment will not be valid.**



Print/Save Benefit Confirmation:

Sign your Benefit Confirmation/ Deduction Authorization Form using your signature.



Forgot PIN:

Please reach out to your [Employer, HR Dept, Sales Enrollment Coordinator] to have your PIN reset.

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 HOPE Trust
- Dental coverage through MetLife
- Vision coverage through MetLife
- American Fidelity supplementary benefits
- Life and Accidental Death & Dismemberment Insurance through MetLife
- Health Care and Dependent Care Flexible Spending Accounts (FSAs) and Health Savings Accounts (HSAs) through American Fidelity
- Employee Assistance program through TELUS Health
- 403b program
- Diabetes management program through Blessing

Effective Date for Coverage

- For Open Enrollment –All Coverage begins 1/1/26
- For New Hires –Medical coverage can begin on EITHER your start date or the first of the month following 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.

Qualifying Status Event

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 30 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 30 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
HOPE Trust - Request Medical ID card - Find a network provider - Coverage questions - RX questions	1-800-331-0546	Email - Hopememberservices@clientsadvocate.com www.srm.vbagateway.com
MDLive – Telephonic doctor visit	1-888-714-4574	www.mdlive.com/srmhopetrust
Dental – MetLife	MetLife Cust. Service 1-800-438-6388 or Winters Ins (Rachel or Angie) 217-223-4080	www.metlife.com/mybenefits
Vision – MetLife		
Life Ins. - MetLife		
American Fidelity – supplementary products.	1-800-654-8489	www.americanfidelity.com
American Fidelity Flexible Spending	1-800-654-8489	www.americanfidelity.com
American Fidelity HSA Contributions	1-800-662-1113	www.afhsa.com
Employee Assistance Program TELUS Health	1-888-319-7819	www.one.telushealth.com User name: metlifeeap Password: eap
Blessing Diabetes Management Program	217-223-1200 ext. 5900	
QPS Benefits Coord – Teresa Knuffman	217-228-7158 Ext. 2244	Email – knuffmte@qps.org
QPS Website	www.qps.org , Human Resources, Benefits	

HOPE TRUST[®]

Health Options for Public Entities
Health Care Plan

HOPE 2500 OPTION

Effective January 1, 2026

BENEFIT HIGHLIGHTS

Basic Group Term Life and AD&D Insurance	\$20,000 for each covered active employee/official Reductions in benefit for those age 65 and up
Provider Access <i>Map directory available via online participant account (paper directory also available)</i>	HOPE Trust Direct Contract Network with Patient Advocacy Team (PAT)

MAJOR MEDICAL PLAN	Provider Type		
	Preferred	Standard	Out-of-Contract
Lifetime Benefit Maximum	Unlimited		
Individual Deductible	\$0	\$2,500	
Family Deductible	\$0	\$7,500	
Individual Out-of-Pocket (OOP) Limit (includes medical deductible & medical co-insurance)	\$0	\$4,500	Unlimited
Family Out-of-Pocket (OOP) Limit (includes medical deductible & medical co-insurance)	\$0	\$12,700	Unlimited
<i>After deductible (if applicable), you pay:</i>			
Physician Office Visit (OV)	\$0 (deductible n/a)	20%	50% (OOP n/a)
Preventive Services	0% (deductible n/a)		50% (OOP n/a)
Chiropractic Services (40 visits maximum per year)	0%	20%	50% (OOP n/a)
Physician/Surgeon/Practitioner & Non-Facility Ancillary Provider Services	0%	20%	50% (OOP n/a)
Facility Services (Hospital, Lab, Surgery Center)	0%	20%	50% (OOP n/a)

Prescription Drug Program		Prescription drugs not subject to deductible.	
Preventive Drugs	\$0	Member Reimbursed at Discounted Cost (Less Penalty of 25% of Cost for Out-of- Network Pharmacies)	
Generic Drugs	\$7		
Formulary Brand Drugs	\$30		
Non-Formulary Brand Drugs	\$45		
Specialty Drugs	20%		
90-Day Supply of Maintenance Drugs	\$14/\$60/\$90		
Prescription Drug Out-of-Pocket (OOP) Limit (includes drug co-pays & drug co-insurance)	\$2,750 per person		

HEALTH REIMBURSEMENT PLAN (HRP) (Alternative Benefit)

Reimbursement for In-Network Deductible, Co-insurance, & Co-pay Expenses Incurred Under Other Group Medical or Prescription Drug Plan <i>(HRP also available on an optional basis for individuals enrolled in Medicare Parts A, B, & D)</i>	100% reimbursement (no dollar limit)	Out-of-Network Expenses Not Reimbursable
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This document contains benefit highlights only. You should review the Summary Plan Description (SPD) for complete benefits, limitations, and exclusions.

The HOPE Trust Health Care Plan is Sponsored by the HOPE Joint Self-Insurance Risk Pool Association

Printed 7-28-2025

HOPE TRUST[®]

Health Options for Public Entities

Health Care Plan

HOPE 4000 QHDHP OPTION

Effective January 1, 2026

BENEFIT HIGHLIGHTS

Basic Group Term Life and AD&D Insurance	\$20,000 for each covered active employee/official Reductions in benefit for those age 65 and up
Provider Access <i>Map directory available via online participant account (paper directory also available)</i>	HOPE Trust Direct Contract Network with Patient Advocacy Team (PAT)

	Provider Type		
MAJOR MEDICAL PLAN (QHDHP/HSA-Compatible)	Preferred	Standard	Out-of-Contract
Lifetime Benefit Maximum	Unlimited		
Individual Deductible	\$1,700	\$4,000	
Family Deductible	\$3,400 (aggregate*)	\$8,000	
Individual Out-of-Pocket (OOP) Limit (includes medical deductible & medical co-insurance)	\$1,700	\$4,000	Unlimited
Family Out-of-Pocket (OOP) Limit (includes medical deductible & medical co-insurance)	\$3,400 (aggregate*)	\$8,000	Unlimited

*Preferred, Standard, & Out-of-Contract expenses will be applied equally to the satisfaction of Preferred and Standard/Out-of-Contract Deductibles.
Preferred & Standard expenses will be applied equally to the satisfaction of Preferred and Standard OOP Limits.*

After deductible (if applicable), you pay:

Physician Office Visit (OV)	0%	50% (OOP n/a)
Preventive Services	0% (deductible n/a)	50% (OOP n/a)
Chiropractic Services (40 visits maximum per year)	0%	50% (OOP n/a)
Physician/Surgeon/Practitioner & Non-Facility Ancillary Provider Services	0%	50% (OOP n/a)
Facility Services (Hospital, Lab, Surgery Center)	0%	50% (OOP n/a)

Prescription Drug Program	Prescription drugs subject to shared Standard medical/Rx OOP.		
Preventive Drugs	0% (deductible n/a)		Member Reimbursed at Discounted Cost (Less Penalty of 25% of Cost for Out-of-Network Pharmacies)
Generic Drugs	n/a	0%	
Formulary Brand Drugs	n/a	0%	
Non-Formulary Brand Drugs	n/a	0%	
Specialty Drugs	n/a	0%	
90-Day Supply of Maintenance Drugs	n/a	0%	
Prescription Drug Out-of-Pocket (OOP) Limit	Included in Standard Medical OOP		

HEALTH REIMBURSEMENT PLAN (HRP) (Alternative Benefit)

Reimbursement for In-Network Deductible, Co-insurance, & Co-pay Expenses Incurred Under Other Group Medical or Prescription Drug Plan <i>(HRP also available on an optional basis for individuals enrolled in Medicare Parts A, B, & D)</i>	100% reimbursement (no dollar limit)	Out-of-Network Expenses Not Reimbursable
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* Note for Preferred tier only: When enrolled with more than individual coverage, the entire Family Deductible and OOP Limit must be met before any benefits are payable for any covered individual in the family unit (except certain preventive services).

This document contains benefit highlights only. You should review the Summary Plan Description (SPD) for complete benefits, limitations, and exclusions.

The HOPE Trust Health Care Plan is Sponsored by the HOPE Joint Self-Insurance Risk Pool Association

Printed 7-28-2025



SAVE MONEY & MAXIMIZE YOUR BENEFITS with the Health Reimbursement Plan (HRP)!

Do you have other group health insurance (or Medicare Parts A, B, & D) or can you enroll in other coverage (such as through a spouse's employer)?

If you answered yes, you may be able to have medical and prescription drug deductibles, co-insurance, and co-pays reimbursed to you at 100% with no annual dollar limit.

Not only can you be reimbursed on claims for *you*, but you can add your dependent spouse and/or child(ren) who are covered under your other health insurance coverage to your HRP coverage as well. Verify with your employer the cost of taking the HRP.

Now, the details:

- Employees *already enrolled* in other employer-sponsored group medical coverage should be enrolled in the HRP when covered through the HOPE Trust.
- If you involuntarily lose the other group coverage while enrolled in the HRP, you may immediately switch back to a HOPE Trust major medical plan as long as you make the request within 30 days of losing the other coverage.
- An employee who changes to the HRP may enroll his or her otherwise eligible dependent spouse and/or children in the HRP effective upon such change as long as enrollment of such dependents is requested no later than 30 days after the effective date of your HRP coverage.
- The HRP reimburses expenses classified by your other group health insurance as deductibles, co-insurance, and co-pays incurred under that other plan's in-network medical providers and pharmacies. *(Non-covered or out-of-network expenses, dental and vision plan expenses, etc. are not reimbursable by the HRP.)*
- Reimbursement requires submission to the designated claims administrator a completed HRP Claim Form along with copies of Explanations of Benefits (EOBs) associated with claims processed by your other group health insurance and/or detailed receipts from your pharmacy.
- All HRP reimbursement requests must be filed with the designated claims administrator no later than 365 days following the end of the calendar year in which the claim was incurred.
- The HRP is not considered a Medigap policy (Medicare Supplement Health Insurance) and thus will not serve as creditable coverage in the event you later wish to enroll in a Medigap policy immediately after being covered by the HRP.
- Some individuals may *also* be deemed eligible for the HRP *plus Premiums Program* based on expected future claims, which would provide for the benefits above *plus* reimbursement of premiums associated with the other health insurance coverage.

GET STARTED TODAY
Ask your employer about enrolling in the HRP!

HOPE TRUST®

Health Options for Public Entities

*** HOPE Trust Member Resources***

Contact hopenemberservices@clientsadvocate.com or 800-331-0546 for all general inquiries and member needs including billing questions, replacement ID cards, forms, etc. Other resources are available through the member's portal found at srm.vbgateway.com such as the Provider Directory, Plan Document, and various forms.

Additionally, members of the HOPE Trust Health Care Plan have access to a Clinical Team consisting of licensed professionals with the over-arching goal of connecting our members with quality healthcare at affordable prices. The HOPE Trust Clinical Team is here to support our members with the following:

- Help members evaluate care options to know the impact of their choices on their overall healthcare spend.
 - Example: Using **Preferred Providers** can *eliminate or greatly lower* out-of-pocket spend.
- Support members in locating contracted provider options for the care they need.
- Assist members with their plan selection to ensure their coverage will meet their healthcare needs.
- Build and promote programs which encourage health and wellness among members.
- Secure direct contracts with providers and facilities to ensure members have ample quality options to seek health care.
- Foster strong provider relations to improve both member and provider experience with HOPE Trust Health Care Plan.

Frequently asked questions could include, but not limited to:

- Can my family and I save money on our yearly healthcare spend by utilizing the HOPE Trust network of **Preferred Providers**?
- What are my **Preferred Provider** options for the care I need?
- Is my doctor or facility in our network of contracted providers?
- Is the service my provider recommends covered under my plan?
- Is the medication my provider prescribed covered and are there any special provisions that we need to aware of? (i.e., pre-certification, step therapy, etc.)
- My healthcare needs are very complicated, what plan is going to work best me and/or my family?

If you wish to set up a time for a meeting or conference call to take a deeper look at your specific healthcare needs and goals, please feel free to reach out via phone or email.

HOPE Trust Director of Nursing

Leah Wilson, BSN RN
 (309) 543-6631 x 103
leah@clientsadvocate.com

Medical Plan Premiums

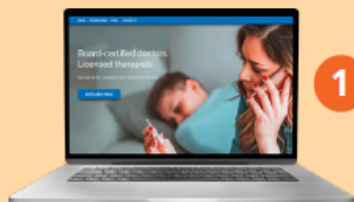
Premiums are determined by the number of hours worked per day or per week.

Coverage Type			HOPE 2500 PPO	HOPE 4000 HDHP	HRP
Single Coverage					
Hours	Daily	Weekly			
	6.0	30.0	\$200.14	\$56.24	\$25.00
	5.5	27.5	\$302.41	\$133.17	\$25.00
	5.0	25.0	\$417.47	\$219.70	\$25.00
	4.5	22.5	\$519.74	\$296.62	\$25.00
	4.0	20.0	\$622.00	\$373.54	\$25.00
Employee + Spouse Coverage					
Hours	Daily	Weekly			
	6.0	30.0	\$746.24	\$321.38	\$25.00
	5.5	27.5	\$950.87	\$499.34	\$25.00
	5.0	25.0	\$1,181.07	\$699.57	\$25.00
	4.5	22.5	\$1,373.03	\$876.85	\$25.00
	4.0	20.0	\$1,558.01	\$1,040.68	\$25.00
Employee + Child(ren) Coverage					
Hours	Daily	Weekly			
	6.0	30.0	\$567.79	\$223.79	\$25.00
	5.5	27.5	\$714.94	\$342.44	\$25.00
	5.0	25.0	\$880.52	\$472.09	\$25.00
	4.5	22.5	\$1,027.68	\$587.33	\$25.00
	4.0	20.0	\$1,174.85	\$702.57	\$25.00
Employee + Family Coverage					
Hours	Daily	Weekly			
	6.0	30.0	\$920.36	\$458.13	\$25.00
	5.5	27.5	\$1,172.38	\$711.82	\$25.00
	5.0	25.0	\$1,455.94	\$997.24	\$25.00
	4.5	22.5	\$1,692.13	\$1,250.11	\$25.00
	4.0	20.0	\$1,919.91	\$1,483.45	\$25.00

Create an account for fast, hassle-free health care. Anytime. Anywhere.

MDLIVE offers reliable 24/7 health care by phone or video for hundreds of medical and mental health needs.

HOW TO CREATE AN ACCOUNT THROUGH THE MDLIVE WEBSITE



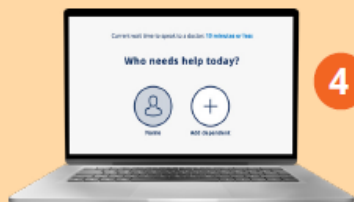
- 1 Visit **mdlive.com/srmhopetrust** and click "Activate Now."



- 2 Enter your insurance member ID information and date of birth. If you're a dependent, enter the **primary policy holder's ID information** and **your date of birth**. Click "Continue."



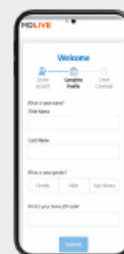
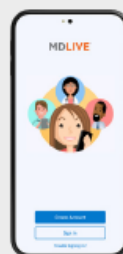
- 3 Create your username and password and then complete your profile. Click "Submit."



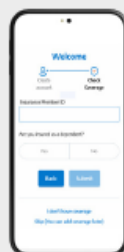
- 4 Your secure MDLIVE account is now created. We'll send you an email; just click "Sign In To Your Account" to load your MDLIVE dashboard.

HOW TO CREATE AN ACCOUNT THROUGH THE MDLIVE APP

- 1 Get the MDLIVE app in the App Store or Google Play Store.

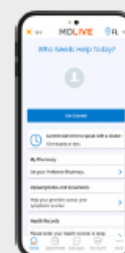


- 2 Click "Create Account." Enter your email address and create a password. Then complete your profile information on the next page. Click "Submit."



- 3 Enter your insurance information and verify your coverage. If you're a dependent, enter the **primary policy holder's information**.

- 4 Your secure MDLIVE account is now created. We'll send you an email; just click "Sign In To Your Account" to load your MDLIVE dashboard.



Meet Sophie, your MDLIVE personal assistant. Sophie can guide you in creating your account. Text Doctor to 635483 to get started.

Create your account today.

mdlive.com/srmhopetrust

888-714-4574

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Dental

Metropolitan Life Insurance Company

Monthly Premiums

	<u>High Plan</u>	<u>Low Plan</u>
Employee Only	\$45.68	\$18.75
Employee + 1 Dependent	\$86.22	\$36.61
Employee + 2 or more Dependents	\$126.48	\$70.50

Network: PDP Plus

The Preferred Dentist Program was designed to help you get the dental care you need and help lower your costs. You get benefits for a wide range of covered services — both in and out of the network. The goal is to deliver cost-effective protection for a healthier smile and a healthier you.

	In-Network ¹	Out-of-Network ¹
HIGH PLAN		
Coverage Type:	In-Network % of Negotiated Fee ²	Out-of-Network ¹ % of R&C Fee ⁴
Type A - Preventive	100%	100%
Type B - Basic Restorative	80%	80%
Type C - Major Restorative	50%	50%
Type D – Orthodontia	50%	50%
Deductible ³		
Individual	\$50	\$50
Family	\$150	\$150
Annual Maximum Benefit:		
Per Individual	\$1500	\$1500
Orthodontia Lifetime Maximum	Ortho applies to Child Only Child to age 19	
	\$1000 per Person	\$1000 per Person
Dependent Age:	Eligible for benefits until the day that he or she turns 26.	
LOW PLAN		
Coverage Type:	In-Network % of Negotiated Fee ²	Out-of-Network ¹ % of R&C Fee ⁴
Type A - Preventive	80%	80%
Type B - Basic Restorative	70%	70%
Type C - Major Restorative	0%	0%
Type D – Orthodontia	NA	NA
Deductible ³		
Individual	\$50	\$50
Family	\$150	\$150
Annual Maximum Benefit:		
Per Individual	\$750	\$750
Dependent Age:	Eligible for benefits until the day that he or she turns 26.	

- ¹ "In-Network Benefits" means benefits provided under this plan for covered dental services that are provided by a MetLife PDP dentist. "Out-of-Network Benefits" means benefits provided under this plan for covered dental services that are not provided by a MetLife PDP dentist. Utilizing an out-of-network dentist for care may cost you more than using an in-network dentist.
- ² Negotiated fees refer to the fees that participating dentists have agreed to accept as payment in full for covered services, subject to any copayments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.

High Plan

- ³ Applies to Type B and C services only.
- ⁴ Out-of-network benefits are payable for services rendered by a dentist who is not a participating provider. The Reasonable and Customary charge is based on the lowest of:
- the dentist's actual charge (the 'Actual Charge'),
 - the dentist's usual charge for the same or similar services (the 'Usual Charge') or
 - the usual charge of most dentists in the same geographic area for the same or similar services as determined by MetLife (the 'Customary Charge'). For your plan, the Customary Charge is based on the 90th percentile. Services must be necessary in terms of generally accepted dental standards.

Low Plan

- ³ Applies to Type B and C services only.
- ⁴ Out-of-network benefits are payable for services rendered by a dentist who is not a participating provider. The Reasonable and Customary charge is based on the lowest of:
- the dentist's actual charge (the 'Actual Charge'),
 - the dentist's usual charge for the same or similar services (the 'Usual Charge') or
 - the usual charge of most dentists in the same geographic area for the same or similar services as determined by MetLife (the 'Customary Charge'). For your plan, the Customary Charge is based on the 90th percentile. Services must be necessary in terms of generally accepted dental standards.

Understanding Your Dental Benefits Plan

The Preferred Dentist Program is designed to provide the dental coverage you need with the features you want. Like the freedom to visit the dentist of your choice – in or out of the network. .

If you receive in-network services, you will be responsible for any applicable deductibles, cost sharing, negotiated charges after benefit maximums are met, and costs for non-covered services. If you receive out-of-network services, you will be responsible for any applicable deductibles, cost sharing, charges in excess of the benefit maximum, charges in excess of the negotiated fee schedule amount or R&C Fee, and charges for non-covered services.

- Plan benefits for in-network covered services are based on a percentage of the Negotiated fee – the Fee that participating dentists have agreed to accept as payment in full for covered services, subject to any deductibles, copayments, cost sharing and benefit maximums. Negotiated fees are subject to change.
- Plan benefits for out-of-network services are based on a percentage of the Reasonable and Customary (R&C) charge. If you choose a dentist who does not participate in the network, your out-of-pocket expenses may be greater.

Once you're enrolled you may take advantage of online self-service capabilities with MyBenefits.

- Check the status of your claims
- Locate a participating dentist
- Access MetLife's Oral Health Library
- Elect to view your Explanation of Benefits online

To register, just go to
www.metlife.com/mybenefits
 and follow the easy registration instructions.

Cancellation/Termination of Benefits:

Coverage is provided under a group insurance policy (Policy form GPN99) issued by Metropolitan Life Insurance Company. Subject to the terms of the group policy, rates are effective for one year from your plan's effective date. Once coverage is issued, the terms of the group policy permit Metropolitan Life Insurance Company to change rates during the year in certain circumstances. Coverage terminates when your full-time employment ceases, when your dental contributions cease or upon termination of the group policy by the Policyholder. The group policy may also terminate if participation requirements are not met, or on the date of the employee's death, if the Policyholder fails to perform any obligations under the policy, or at MetLife's option. The dependent's coverage terminates when a dependent ceases to be a dependent. There is a 30-day limit for the following services that are in progress: Completion of a prosthetic device, crown or root canal therapy after individual termination of coverage.

Selected Covered Services and Frequency Limitations*

High Plan

Type A - Preventive

How Many/How Often:

Oral Examinations	1 in 6 months
Bitewing X-rays (Adult/Child)	1 in 12 months
Prophylaxis - Cleanings	1 in 6 months
Topical Fluoride Applications	1 in 12 months - Children to age 14

Type B - Basic Restorative

How Many/How Often:

Full Mouth X-rays	1 in 60 months
Sealants	1 in 60 months - Children to age 14
Space Maintainers	1 per lifetime per tooth area - Children up to age 14
Amalgam and Composite Fillings	1 in 24 months.
Endodontics Root Canal	1 per tooth per lifetime
Periodontal Surgery	1 in 60 months per quadrant
Periodontal Scaling & Root Planing	1 in 24 months per quadrant
Periodontal Maintenance	2 in 1 year, includes 2 cleanings
Oral Surgery (Simple Extractions)	
Oral Surgery (Surgical Extractions)	
Other Oral Surgery	
Emergency Palliative Treatment	
General Anesthesia	

Type C - Major Restorative

How Many/How Often:

Crowns/Inlays/Onlays	1 per tooth in 10 years
Prefabricated Crowns	1 per tooth in 10 years
Repairs	1 in 12 months
Bridges	1 in 10 years
Dentures	1 in 10 years
Consultations	1 in 12 months
Implant Services	1 service per tooth in 10 years - 1 repair per 10 years

Type D - Orthodontia

- Dependent children up to age 19. Age limitations may vary by state. Please see your Plan description for complete details. In the event of a conflict with this summary, the terms of the certificate will govern.
- All dental procedures performed in connection with orthodontic treatment are payable as Orthodontia.
- Benefits for the initial placement will not exceed 20% of the Lifetime Maximum Benefit Amount for Orthodontia. Periodic follow-up visits will be payable on a monthly basis during the scheduled course of the orthodontic treatment. Allowable expenses for the initial placement, periodic follow-up visits and procedures performed in connection with the orthodontic treatment, are all subject to the Orthodontia coinsurance level and Lifetime Maximum Benefit Amount as defined in the Plan Summary.
- Orthodontic benefits end at cancellation of coverage

***Alternate Benefits:** Where two or more professionally acceptable dental treatments for a dental condition exist, reimbursement is based on the least costly treatment alternative. If you and your dentist have agreed on a treatment that is more costly than the treatment upon which the plan benefit is based, you will be responsible for any additional payment responsibility. To avoid any misunderstandings, we suggest you discuss treatment options with your dentist before services are rendered, and obtain a pretreatment estimate of benefits prior to receiving certain high cost services such as crowns, bridges or dentures. You and your dentist will each receive an Explanation of Benefits (EOB) outlining the services provided, your plan's reimbursement for those services, and your out-of-pocket expense. Actual payments may vary from the pretreatment estimate depending upon annual maximums, plan frequency limits, deductibles and other limits applicable at time of payment.

The service categories and plan limitations shown above represent an overview of your Plan of Benefits. This document presents many services within each category, but is not a complete description of the Plan. Please see your Plan description/Insurance certificate for complete details. In the event of a conflict with this summary, the terms of your insurance certificate will govern.

Selected Covered Services and Frequency Limitations*

Low Plan

Type A - Preventive

How Many/How Often:

Oral Examinations	1 in 6 months
Bitewing X-rays (Adult/Child)	1 in 12 months
Prophylaxis - Cleanings	1 in 6 months
Topical Fluoride Applications	1 in 12 months - Children to age 14

Type B - Basic Restorative

How Many/How Often:

Full Mouth X-rays	1 in 60 months
Sealants	1 in 60 months - Children to age 14
Space Maintainers	1 per lifetime per tooth area - Children up to age 14
Amalgam and Composite Fillings	1 in 24 months.
Endodontics Root Canal	1 per tooth per lifetime
Periodontal Surgery	1 in 60 months per quadrant
Periodontal Scaling & Root Planing	1 in 24 months per quadrant
Periodontal Maintenance	2 in 1 year, includes 2 cleanings
Oral Surgery (Simple Extractions)	
Oral Surgery (Surgical Extractions)	
Other Oral Surgery	
Emergency Palliative Treatment	
General Anesthesia	

Type C - Major Restorative

How Many/How Often:

	TYPE C SERVICES ARE NOT COVERED WITH THIS COVERAGE TYPE.
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*Alternate Benefits: Where two or more professionally acceptable dental treatments for a dental condition exist, reimbursement is based on the least costly treatment alternative. If you and your dentist have agreed on a treatment that is more costly than the treatment upon which the plan benefit is based, you will be responsible for any additional payment responsibility. To avoid any misunderstandings, we suggest you discuss treatment options with your dentist before services are rendered, and obtain a pretreatment estimate of benefits prior to receiving certain high cost services such as crowns, bridges or dentures. You and your dentist will each receive an Explanation of Benefits (EOB) outlining the services provided, your plan's reimbursement for those services, and your out-of-pocket expense. Actual payments may vary from the pretreatment estimate depending upon annual maximums, plan frequency limits, deductibles and other limits applicable at time of payment.

The service categories and plan limitations shown above represent an overview of your Plan of Benefits. This document presents many services within each category, but is not a complete description of the Plan. Please see your Plan description/Insurance certificate for complete details. In the event of a conflict with this summary, the terms of your insurance certificate will govern.



Vision Plan Summary

Metropolitan Life Insurance Company

Monthly Premiums

Employee Only	\$6.16
Employee + 1 Dependent	\$8.86
Employee + 2 or more Dependents	\$16.01

With your Vision Preferred Provider Organization Plan, you can:

- Go to any licensed vision specialist and receive coverage. Just remember your benefit dollars go further when you stay in network.
- Choose from a large network of ophthalmologists, optometrists and opticians, from private practices to retailers like Costco® Optical, Walmart, Sam's Club and Visionworks.

In-network value added features:

Additional lens enhancements: In addition to standard lens enhancements, enjoy an average 20-25% savings on all other lens enhancements.¹

Savings on glasses and sunglasses: Get up to 20% savings on additional pairs of prescription glasses and non-prescription sunglasses, including lens enhancements. At times, other promotional offers may also be available.¹

Laser vision correction:² Potential savings averaging 15% off the regular price or 5% off a promotional offer for laser surgery including PRK, LASIK and Custom LASIK. This offer is only available at MetLife participating locations.

In-network benefits

There are no claims for you to file when you go to a participating vision provider. Simply pay your copay and, if applicable, any amount over your allowance at the time of service.

Frequency

Eye exam

Once every 12 months

- Eye health exam, dilation, prescription and refraction for glasses: At no additional cost after a \$15 copay.
- Retinal imaging: At no additional cost Up to a \$39 copay on routine retinal screening when performed by a private practice provider.

Frame

Once every 24 months

- Allowance: \$130 after \$15 eyewear copay.
- Costco, Walmart and Sam's Club: \$70 allowance after \$15 eyewear copay. You will receive an additional 20% savings on the amount that you pay over your allowance. This offer is available from all participating locations except Costco, Walmart and Sam's Club.

Standard corrective lenses

Once every 12 months

- Single vision, lined bifocal, lined trifocal, lenticular: At no additional cost after \$15 eyewear copay.

Standard lens enhancements¹

Once every 12 months

- Polycarbonate (child up to age 18) and Ultraviolet (UV) coating: At no additional cost after \$15 eyewear copay.
- Progressive Standard, Progressive Premium/Custom, Polycarbonate (adult), Photochromic, Anti-reflective, Scratch-resistant coatings and Tints: Your cost will be limited to a copay that MetLife has negotiated for you. These copays can be viewed after enrollment at www.metlife.com/mybenefits.

Contact lenses instead of eye glasses

Once every 12 months

- Contact fitting and evaluation: At no additional cost with a maximum copay of \$60.
- Elective lenses: \$130 allowance.
- Necessary lenses: At no additional cost after eyewear copay.

We're here to help

Find a Vision provider at www.metlife.com/vision

Download a claim form at www.metlife.com/mybenefits

For general questions go to www.metlife.com/mybenefits or call 1-855-MET-EYE1 (1-855-638-3931)

Out-of-network reimbursement*

You pay for services and then submit a claim for reimbursement. The same benefit frequencies for **In-network benefits** apply. Once you enroll, visit www.metlife.com/mybenefits for detailed out-of-network benefits information.

• Eye exam: up to \$45	• Single vision lenses: up to \$30	• Progressive lenses: up to \$50
• Frames: up to \$70	• Lined bifocal lenses: up to \$50	
• Contact lenses:	• Lined trifocal lenses: up to \$65	
• Elective up to \$105	• Lenticular lenses: up to \$100	
• Necessary up to \$210		
• *If you choose an out-of-network provider, you will have increased out-of-pocket expenses, pay in full at time of service, and file a claim for reimbursement.		

Exclusions and Limitations of Benefits

This plan does not cover the following services, materials and treatments:

Services and Eyewear

- Services and/or materials not specifically included in the Vision Plan Benefits Overview (Schedule of Benefits).
- Any portion of a charge above the Maximum Benefit Allowance or reimbursement indicated in the Schedule of Benefits.
- Any eye examination or corrective eyewear required as a condition of employment.
- Services and supplies received by you or your Dependent before the Vision Insurance starts.
- Missed appointments.
- Services or materials resulting from or in the course of a Covered Person's regular occupation for pay or profit for which the Covered Person is entitled to benefits under any Workers' Compensation Law, Employer's Liability Law or similar law. You must promptly claim and notify the Company of all such benefits.
- Local, state and/or federal taxes, except where MetLife is required by law to pay.
- Services or materials received as a result of disease, defect, or injury due to war or an act of war (declared or undeclared), taking part in a riot or insurrection, or committing or attempting to commit a felony.

- Services and materials obtained while outside the United States, except for emergency vision care.
- Services, procedures, or materials for which a charge would not have been made in the absence of insurance.
- Services: (a) for which the employer of the person receiving such services is not required to pay; or (b) received at a facility maintained by the Employer, labor union, mutual benefit association, or VA hospital.
- Services, to the extent such services, or benefits for such services, are available under a Government Plan. This exclusion will apply whether or not the person receiving the services is enrolled for the Government Plan. We will not exclude payment of benefits for such services if the Government Plan requires that Vision Insurance under the Group Policy be paid first. Government Plan means any plan, program, or coverage which is established under the laws or regulations of any government. The term does not include any plan, program, or coverage provided by a government as an employer or Medicare.
- Plano lenses (lenses with refractive correction of less than $\pm .50$ diopter).
- Two pairs of glasses instead of bifocals.
- Replacement of lenses, frames and/or contact lenses, furnished under this Plan which are lost, stolen, or damaged, except at the normal intervals when Plan Benefits are otherwise available.

- Contact lens insurance policies and service agreements.
- Refitting of contact lenses after the initial (90 day) fitting period.
- Contact lens modification, polishing, and cleaning.

Treatments

- Orthoptics or vision training and any associated supplemental testing.
- Medical and surgical treatment of the eye(s).

Medications

- Prescription and non-prescription medication

¹ All lens enhancements are available at participating private practices. Maximum copays and pricing are subject to change without notice. Please check with your provider for details and copays applicable to your lens choice. Please contact your local Costco, Walmart and Sam's Club to confirm availability of lens enhancements and pricing prior to receiving services. Additional discounts may not be available in certain states.

² Custom LASIK coverage only available using wavefront technology with the microkeratome surgical device. Other LASIK procedures may be performed at an additional cost to the member. Additional savings on laser vision care is only available at participating locations.

Important: If you or your family members are covered by more than one health care plan, you may not be able to collect benefits from both plans. Each plan may require you to follow its rules or use specific doctors and hospitals, and it may be impossible to comply with both plans at the same time. Before you enroll in this plan, read all of the rules very carefully and compare them with the rules of any other plan that covers you or your family.

M130D-15/15

MetLife Vision benefits are underwritten by Metropolitan Life Insurance Company, New York, NY. Certain claims and network administration services are provided through Vision Service Plan (VSP), Rancho Cordova, CA. VSP is not affiliated with Metropolitan Life Insurance Company or its affiliates.

Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, reductions, limitations, waiting periods, and terms for keeping them in force. Please contact MetLife or your plan administrator for costs and complete details.

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

Term 100 Life Insurance

Are you planning ahead?

In today's unpredictable world, having a solid plan to protect your family's future is more important than ever. In the event of your passing, would your loved ones be financially secure without your paycheck? Help protect your family with a life insurance plan that works best for your situation.

Term 100 Life Insurance provides coverage until age 100 and budget-friendly premiums. This policy is an excellent choice if you need long-term coverage while staying within your budget. Term 100 Life Insurance may help ease your family's financial burdens when you're gone, helping pay for expenses like mortgage, tuition, funeral, daily living costs, and more. Premiums are guaranteed for 30 years or to age 85, whichever comes first. After that, premiums may increase, decrease, or stay the same but will never exceed the guaranteed maximum premium shown in your policy.

Features:

- Long-term coverage to age 100
- No required medical exams — minimal health questions asked
- Enhanced benefit options for your spouse and children
- Take the policy with you if you change jobs or retire

AF™ Limited Benefit Hospital Indemnity Insurance

Are you financially prepared for a medical emergency?



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.



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

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

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 \$10,000 increments with minimum of \$10,000 up to a max of \$250,000 (not to exceed 10x base salary).
- Spouse Voluntary Life** in \$5,000 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 – 1 Increment Guaranteed Issue

Employees who are currently enrolled in the voluntary life insurance may increase their coverage during the Open Enrollment period by 1 increment without a Statement of Health (SOH) form. One increment equals \$10,000 for Employee and \$5,000 for Spouse.

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 Payment Date: 1/1/17
Employee Number: 0515 Period Begin Date: 1/30/17

Earnings & Hours	Without S125	With S125
Monthly Salary	\$2,000	\$2,000
Medical Expenses	N/A	-\$250
Taxable Gross	\$2,000	\$1,750
Taxes (Federal & State @ 20%)	-\$400	-\$350
Less Estimated FICA (7.65%)	-\$153	-\$133
Medical Deductions	-\$250	N/A
Take Home Pay	\$1,197	\$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
2025	\$4,300	\$8,550
2026	\$4,400	\$8,550

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.

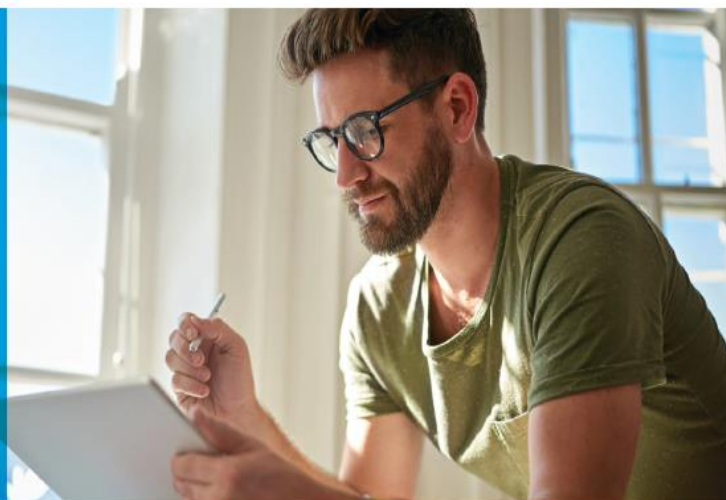
To learn more, call Colin Ash @ 217-224-5755
colin.ash@horacemann.com

Employee Assistance Program

Professional support and guidance for everyday life

Life doesn't always go as planned. And while you can't always avoid the twists and turns, you can get help to keep moving forward.

We can help you and your family, those living at home, get professional support and guidance to make life a little easier. Our Employee Assistance Program (EAP) is available to you in addition to the benefits provided with your MetLife insurance coverage. This program provides you with easy-to-use services to help with the everyday challenges of life — at no additional cost to you.



Help is always at your fingertips.

Our mobile app makes it easy for you to access and personalize educational content important to you.

Search "TELUS Health" on iTunes App Store or Google Play. Log in with the user name: **metlifeeap** and password: **eap**

Expert advice for work, life, and your well-being

The program's experienced counselors provided through TELUS Health — one of the nation's premier providers of Employee Assistance Program services — can talk to you about anything going on in your life, including:

- **Family:** Going through a divorce, caring for an elderly family member, returning to work after having a baby
- **Work:** Job relocation, building relationships with co-workers and managers, navigating through reorganization
- **Money:** Budgeting, financial guidance, retirement planning, buying or selling a home, tax issues
- **Legal Services:** Issues relating to civil, personal and family law, financial matters, real estate and estate planning
- **Identity Theft Recovery:** ID theft prevention tips and help from a financial counselor if you are victimized
- **Health:** Coping with anxiety or depression, getting the proper amount of sleep, how to kick a bad habit like smoking
- **Everyday Life:** Moving and adjusting to a new community, grieving over the loss of a loved one, military family matters, training a new pet

Convenient and confidential help when you want it, how you want it

Your program includes up to 5 phone or video consultations with licensed counselors for you and your eligible household members per year. You can call **1-888-319-7819** to speak with a counselor or schedule an appointment, 24/7/365.

When you call, just select "Employee Assistance Program" when prompted. You'll be connected to a counselor.

If you're simply looking for information, the program offers easy to use educational tools and resources, online and through a mobile app. There is a chat feature so you can talk with a consultant to guide you to the information you are looking for or help you schedule an appointment with a counselor.

Log on to one.telushealth.com, user name: **metlifeeap** and password: **eap**



Navigating life together

Employee Assistance Program Cont.

Answers to important questions

Are Employee Assistance Program services confidential?

Yes. Any personal information provided to TELUS Health stays completely confidential.*

How do I get help?

Getting professional help is just a phone call away. Simply call 1-888-319-7819 to speak with a counselor or to schedule a phone or video conference appointment. These services are available 24 hours a day, 7 days a week.

When is the right time to call?

That's up to you. Counselors are here whenever you need them — whether you simply need to talk or want guidance on something you are going through.

Does the program have any limitations?

While we offer a broad range of services, we may not cover all services you may need. Your Employee Assistance Program does not provide:

- Inpatient or outpatient treatment for any medically treated illness
- Prescription drugs
- Treatment or services for intellectual disability or autism
- Counseling services beyond the number of sessions covered or requiring longer term intervention
- Services by counselors who are not TELUS Health providers
- Counseling required by law or a court, or paid for by Workers' Compensation

Does the program offer Cognitive Behavioral Therapy (CBT)?

Many TELUS Health EAP providers are trained in this type of counseling and the foundation of TELUS Health' CareNow digital programs, available through the programs website and mobile app, are built upon Cognitive Behavioral Therapy (CBT) techniques. CareNow provides instant access to a range of self-service programs developed by world leading experts, focused on behavior change in the areas of anxiety, stress, depression, and more.

When you need some support,
we're here to help.



Phone
1-888-319-7819



Web
one.telushealth.com
user name: **metlifeeap**
and password: **eap**



Mobile App
user name: **metlifeeap**
and password: **eap**

*MetLife and TELUS Health abide by federal and state regulations regarding duty to warn of harm to self or others. In these instances, the consultant may have a duty to intervene and report a situation to the appropriate authority.

Some restrictions may apply to all of the above-mentioned services. Please contact your employer or MetLife for details. EAP services provided through an agreement with TELUS Health. TELUS Health is not a subsidiary or affiliate of MetLife. Information disclosed directly to TELUS Health is not disclosed to MetLife, and therefore is not subject to MetLife's privacy policy.

Like most group benefit programs, benefit programs offered by MetLife contain certain exclusions, exceptions, waiting periods, reductions, limitations, and terms for keeping them in force. Ask your MetLife group representative for costs and complete details



Metropolitan Life Insurance Company | 200 Park Avenue | New York, NY 10166

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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) Salary Reduction Agreement form is available on the QPS website at www.qps.org, Human Resources, Benefits, 403(b). Also, available through Horace Mann and VALIC is a 457(b) and ROTH 403(b). Please contact a Horace Mann or 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.
(**HOPE 2500 plan only.**) (HOPE 4000 medical plans do not have co-pays for prescriptions. No reimbursements are available with the HOPE 4000 plan.)

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