

Your Quincy Public Schools Benefits

For coverage effective:
9/1/21 – 8/31/22

Open Enrollment: 7/27/21 – 8/6/21

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 21-22 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 21/22 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.

VENDOR CHANGES FOR 21/22 PLAN YEAR:

The vendors for dental and vision will be changing as of 9/1/21. Both dental and vision will be through MetLife. Details of these coverages are within this Benefits Packet.

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 2021-2022 benefits plan year, employees will have two enrollment options: Online self-enrollment or Assisted enrollment.

- Option 1 – Self-Enrollment: July 27 – August 6

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 2 – August 4

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.

Table of Contents

Online Enrollment Instructions.....	5
Your Benefits.....	6
Questions.....	8
Medical Plans.....	9
Medical Premiums.....	10
Teladoc Program.....	11
Dental Plan.....	12
Vision Plan.....	16
Supplementary Benefits.....	18
Life and AD&D Insurance.....	24
Flexible Spending Accounts (FSAs).....	26
Health Savings Accounts (HSAs).....	28
Horace Mann Auto, Home & Life Insurance.....	31
Employee Assistance Program (EAP).....	32
403b Program.....	33
Blessing Diabetes Management.....	34

Online Self-Enroll: 7/27/21 – 8/6/21

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

Effective Date for Coverage

- For Open Enrollment –All Coverage begins 9/1/21
- 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"> • Health plan questions • Claims questions/status • Request Medical ID card • Find a network provider 	855-686-8517	www.egtrust.org or www.bcbsil.com
Teladoc – Telephonic doctor visit	800-362-2667	www.mydrconsult.com
Prime Therapeutics – RX	800-423-1973	www.egtrust.org or www.bcbsil.com
MetLife Dental	800-275-4638	www.metlife.com/dental
MetLife Vision	855-638-3931	www.metlife.com/vision
American Fidelity – supplementary products.	800-654-8489	www.americanfidelity.com
One America – life insurance	800-553-5318	www.employeebenefits.aul.com
Flexible Spending	800-654-8489	www.americanfidelity.com
HSA Contributions	866-662-1113	www.afhsa.com
ComPsych – Employee Assistance Program	855-387-9727	www.guidanceresources.com Company Web ID: ONEAMERICA3
Blessing Diabetes Mgmt 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 – 2020 Medical Plans

9

	Plan M7			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	Network	Non-Network
Deductible*													
Individual	\$600		\$1,200	\$1,100		\$2,200	\$2,500		\$5,000	\$2,100	\$4,200	\$3,600	\$7,200
Family	\$1,800		\$3,600	\$3,300		\$6,600	\$5,000		\$10,000	\$4,200	\$8,400	\$7,200	\$14,400
Out of Pocket Maximum*													
Individual	\$1,300		\$4,100	\$2,300		\$6,900	\$3,500		\$10,500	\$2,100	\$6,300	\$3,600	\$10,800
Family	\$3,900		\$12,300	\$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	Unlimited	Unlimited
Reimbursement	85%		65%	80%		60%	85%		65%	100%	70%	100%	70%
Inpatient Hospital (Illness or Injury)	\$250 then 85%		\$550 then 65%	\$250 then 80%		\$550 then 60%	85%		65%	100%	70%	100%	70%
Outpatient Surgery	\$250 then 85%		\$550 then 65%	\$250 then 80%		\$550 then 60%	85%		65%	100%	70%	100%	70%
Primary Doctor (PCP) Office Visit	\$25 copay then 100% no deductible		65%	\$25 copay then 100% no deductible		60%	\$25 copay then 100% no deductible		65%	100%	70%	100%	70%
Specialist Office Visit	\$30 copay then 100% no deductible		65%	\$30 copay then 100% no deductible		60%	\$30 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	\$300 copay then 85% no deductible		\$300 copay then 85% no deductible	100%	70%	100%	70%
Urgent Care Facility Facility Charges	\$40 copay then 90% no deductible		\$40 copay then 90% no deductible	\$40 copay then 90% no deductible		\$40 copay then 90% no deductible	\$40 copay then 90% no deductible		\$40 copay then 90% no deductible	100%	70%	100%	70%
Physician Charges	90%		90%	90%		90%	90%		90%				
Drug Card	Retail 30 days	Retail 90 day Maintenance Drug after first 2 fills	Home Delivery Up to 90 days	Retail 30 days	Retail 90 day Maintenance Drug after first 2 fills	Home Delivery Up to 90 days	Retail 30 days	Retail 90 day Maintenance Drug after first 2 fills	Home Delivery Up to 90 days	Participating	Non- Participating (Non- Network)	Participating	Non- Participating (Non-Network)
Generic	\$12	\$36	\$30	\$12	\$36	\$30	\$12	\$36	\$30	100%	70%	100%	70%
Formulary	\$25	\$85	\$55	\$25	\$85	\$55	\$25	\$85	\$55	100%	70%	100%	70%
Non-Formulary	\$40	\$130	\$100	\$40	\$130	\$100	\$40	\$130	\$100	100%	70%	100%	70%

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. After you satisfy the applicable Calendar Year Deductible, you will pay the copayments/coinsurance shown in the above table until your out of pocket expenses satisfy the appropriate Calendar Year Out of Pocket Maximum. 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			M7 PPO \$600	M8 PPO \$1100	M3 PPO \$2500	H1 HDHP \$2100	H4 HDHP \$3600
Single Coverage							
Hours	Daily	Weekly					
	6.0	30.0	\$171.90	\$135.75	\$103.44	\$48.78	\$36.80
	5.5	27.5	\$234.55	\$197.29	\$164.12	\$109.92	\$92.74
	5.0	25.0	\$305.03	\$266.52	\$232.40	\$178.70	\$155.66
	4.5	22.5	\$367.67	\$328.06	\$293.08	\$239.83	\$211.60
	4.0	20.0	\$430.32	\$389.60	\$353.76	\$300.97	\$267.54
Employee + Spouse Coverage							
Hours	Daily	Weekly					
	6.0	30.0	\$722.16	\$541.52	\$415.84	\$306.72	\$200.85
	5.5	27.5	\$824.87	\$652.92	\$527.21	\$418.50	\$308.38
	5.0	25.0	\$940.41	\$778.24	\$652.51	\$544.26	\$429.36
	4.5	22.5	\$1,043.12	\$889.64	\$763.88	\$656.04	\$536.89
	4.0	20.0	\$1,145.83	\$1,001.04	\$875.25	\$767.82	\$644.42
Employee + Child(ren) Coverage							
Hours	Daily	Weekly					
	6.0	30.0	\$558.96	\$412.36	\$311.01	\$224.00	\$139.48
	5.5	27.5	\$645.76	\$506.25	\$404.61	\$318.08	\$229.76
	5.0	25.0	\$743.42	\$611.88	\$509.91	\$423.92	\$331.33
	4.5	22.5	\$830.22	\$705.77	\$603.51	\$518.00	\$421.61
	4.0	20.0	\$917.02	\$799.66	\$697.11	\$612.08	\$511.89
Employee + Family Coverage							
Hours	Daily	Weekly					
	6.0	30.0	\$969.84	\$741.44	\$558.21	\$412.74	\$270.14
	5.5	27.5	\$1,107.77	\$893.96	\$707.71	\$563.16	\$414.77
	5.0	25.0	\$1,262.95	\$1,065.56	\$875.90	\$732.38	\$577.48
	4.5	22.5	\$1,400.88	\$1,218.08	\$1,025.41	\$882.80	\$722.10
	4.0	20.0	\$1,538.81	\$1,370.60	\$1,174.91	\$1,033.23	\$866.73

Your Teladoc⁺ Program

The Teladoc program is free of charge and available to you and your family members enrolled in one of the Egyptian Trust Health Plans. Or, if you are not enrolled in one of the health plans, but wish to participate in the Teladoc program, employees may enroll for a small monthly fee.

Get the medical advice you need, when you need it.

Sometimes you need to speak with a doctor when it's not possible to attend an office visit. That's why the Teladoc program is available to you and your family, and can be used in a variety of ways:

- During weekends, holidays, or after business hours, when general practitioners don't typically schedule appointments.
- When you can't attend a medical appointment, such as when traveling or at work.
- If you need a prescription medication or refill for a common condition.

The Teladoc program provides more than just on-demand medical support.

This convenient program is available, free of charge, and can help you to:

- **Save time.** Avoid waiting for an appointment or sitting in a doctor's office.
- **Save money.** You'll realize dramatic savings compared with an office or ER visit.
- **Get healthier.** Our network of U.S. based, board-certified doctors are on-hand to provide you with the best medical care and advice available.
- **Gain peace of mind.** Get medical support, when you need it, as often as you need it.

There's more than one way to contact a physician.

Doctors can be reached by phone at 1-800-362-2667. If you prefer, you can also email a doctor or request a video consultation through the online health portal, My Personal Health Manager. Simply login at www.mydrconsult.com to set up your personal account.

In addition, you can access online health tools such as:

- **Health Library.** Research the latest health articles, then click to consult with a doctor.
- **Personal Health Record.** Store your consultation and medical history within a single, secure location. Share it with your primary care physician.
- **Symptom Checker.** User interactive tools, designed to help you get well.
- **Health Centers.** Comprehensive resource guides for every medical condition, with medical tests, drug reference libraries, and corresponding links to community reference forums.

Contact a Teladoc physician at 1-800-362-2667, or by visiting www.mydrconsult.com

Common conditions treated

- Cold/flu
- Allergies
- Sinus infections
- Bronchitis
- Headaches/migraines
- Stomach ache/diarrhea
- Respiratory infections
- Urinary tract infections
- Prescription refills*
- Many other conditions

**Teladoc makes no warranty as to the content of any treatment response. You and your physician are solely responsible for all information and/or communication sent during a teleconsultation or other communication. Teladoc is not health insurance. Its services do not replace your primary care doctor or regular office visits. You agree to contact your Primary Care Physician should your condition change or your symptoms worsen. Priority and By Appointment Tele-Consults do not guarantee prescriptions as requested. Teladoc is not a prescription distribution center. Teladoc's physicians do not prescribe DEA-controlled medications or lifestyle drugs. If you require urgent care, you should contact your local emergency services immediately or dial 911. Teladoc, at its sole discretion, reserves the right to cancel your membership at any time.*





Dental - High Plan Summary*

Metropolitan Life Insurance Company

Plan Design for: Egyptian Area Schools Employee Benefit Trust Coverage Effective: September 1, 2021

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 affordable protection for a healthier smile and a healthier you.

Coverage Type:	In-Network ¹ % of PDP 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%
Deductible³		
Individual	\$50	\$50
Family	\$150	\$150
Annual Maximum Benefit:		
Per Individual	\$1500	\$1500
Orthodontia Lifetime Maximum - Ortho applies to Child Only		
	Up to dependent age limit	
	\$1000 per Person	\$1000 per Person
<p>¹ "In-Network Benefits" refers to benefits provided under this plan for covered dental services that are provided by a participating dentist. "Out-of-Network Benefits" refers to benefits provided under this plan for covered dental services that are not provided by a participating dentist.</p> <p>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.</p> <p>³ Applies to Type B and C services only.</p> <p>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:</p> <ul style="list-style-type: none"> 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. 		

We're here to help

Find a Dental provider at
www.metlife.com/dental

For general questions go to
www.metlife.com/mybenefits or
call 1-800-275-4638

Monthly Premium Payment	
Employee	\$35.56
Employee + 1 Dependent	\$67.12
Employee + 2 or more Dependents	\$98.46

Note: The monthly rates above have been adjusted by the Egyptian Trust as approved by the Board of Managers. These rates will remain in effect for dental participants through August 31, 2023.

*This information provides highlights of this dental program only. Full benefit details are available at:
<http://www.egtrust.org/voluntary-benefits/dental/>

Selected Covered Services and Frequency Limitations*

Type A - Preventive

How Many/How Often:

Oral Examinations	2 in a year
Full Mouth X-rays	1 in 36 months
Bitewing X-rays (Adult/Child)	2 in a year
Prophylaxis - Cleanings	2 in a year
Topical Fluoride Applications	1 in a year - Children to age 19

Type B - Basic Restorative

How Many/How Often:

Sealants	1 in 60 months - Children to age 19
Space Maintainers	1 per lifetime per tooth area - Children up to age 19
Amalgam and Composite Fillings	1 in 24 months. Anterior teeth only
Prefabricated Crowns	1 per tooth in 60 months
Endodontics Root Canal	1 per tooth per lifetime
Periodontal Surgery	1 in 12 months per quadrant
Periodontal Scaling & Root Planing	1 in 12 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	
Consultations	1 in 12 months

Type C - Major Restorative

How Many/How Often:

Crowns/Inlays/Onlays	1 per tooth in 60 months
Repairs	1 in 12 months
Bridges	1 in 60 months
Dentures	1 in 60 months
Implant Services	1 service per tooth in 60 months - 1 repair per 12 months

Type D - Orthodontia

- Dependent children up to age 26. 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.



Dental - Low Plan Summary*

Metropolitan Life Insurance Company

Plan Design for: Egyptian Area Schools Employee Benefit Trust Coverage Effective: September 1, 2021

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 affordable protection for a healthier smile and a healthier you.

Coverage Type:	In-Network ¹ % of PDP 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	Not Covered	Not Covered
Deductible³		
Individual	\$50	\$50
Family	\$150	\$150
Annual Maximum Benefit:		
Per Individual	\$750	\$750
<p>1. "In-Network Benefits" refers to benefits provided under this plan for covered dental services that are provided by a participating dentist. "Out-of-Network Benefits" refers to benefits provided under this plan for covered dental services that are not provided by a participating dentist.</p> <p>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.</p> <p>3. Applies to Type B and C services only.</p> <p>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:</p> <ul style="list-style-type: none"> 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. 		

We're here to help

Find a Dental provider at
www.metlife.com/dental

For general questions go to
www.metlife.com/mybenefits or
call 1-800-275-4638

Monthly Premium Payment	
Employee	\$14.60
Employee + 1 Dependent	\$28.50
Employee + 2 or more Dependents	\$54.88

Note: The monthly rates above have been adjusted by the Egyptian Trust as approved by the Board of Managers. These rates will remain in effect for dental participants through August 31, 2023.

*This information provides highlights of this dental program only. Full benefit details are available at:
<http://www.egtrust.org/voluntary-benefits/dental/>

Selected Covered Services and Frequency Limitations*

Type A - Preventive

How Many/How Often:

Oral Examinations	2 in a year
Full Mouth X-rays	1 in 36 months
Bitewing X-rays (Adult/Child)	2 in a year
Prophylaxis - Cleanings	2 in a year
Topical Fluoride Applications	1 in a year - Children to age 19

Type B - Basic Restorative

How Many/How Often:

Sealants	1 in 60 months - Children to age 19
Space Maintainers	1 per lifetime per tooth area - Children up to age 19
Amalgam and Composite Fillings	1 in 24 months. Anterior teeth only
Prefabricated Crowns	1 per tooth in 60 months
Endodontics Root Canal	1 per tooth per lifetime
Periodontal Surgery	1 in 12 months per quadrant
Periodontal Scaling & Root Planing	1 in 12 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	
Consultations	1 in 12 months

Type C - Major Restorative

How Many/How Often:

Crowns/Inlays/Onlays	TYPE C SERVICES ARE <u>NOT COVERED</u> WITH THIS COVERAGE TYPE.
Repairs	
Bridges	
Dentures	
Implant Services	

*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 effective September 1, 2021*

Metropolitan Life Insurance Company

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 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 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.

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)

In-network benefits

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

Eye exam

Frequency: Once every 12 months

- Eye health exam, dilation, prescription and refraction for glasses: Covered in full after a \$15 copay.
- Retinal imaging: Up to a \$39 copay on routine retinal screening when performed by a private practice provider.

Frame

Frequency: 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

Frequency: Once every 12 months

- Single vision, lined bifocal, lined trifocal, lenticular: Covered in full after \$15 eyewear copay.

Standard lens enhancements*

Frequency: Once every 12 months

- Polycarbonate (child up to age 18), Ultraviolet (UV) coating, Progressive Standard and Scratch-resistant coatings: Covered in full after \$15 eyewear copay.
- Progressive Premium/Custom, Polycarbonate (adult), Photochromic, Anti-reflective 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

Frequency: Once every 12 months

- Contact fitting and evaluation: Covered in full with a maximum copay of \$40.
- Elective lenses: \$130 allowance.
- Necessary lenses: Covered in full after eyewear copay.

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 |
| • 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 | • Progressive lenses: up to \$50 |

Monthly Premium Payment	
Employee	\$ 8.02
Employee + 1 Dependent	\$11.54
Employee + 2 or more Dependents	\$20.84

*This information provides highlights of this vision program only. Full benefit details are available at: <http://www.eitrust.org/voluntary-benefits/vision/>

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-C/E

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.

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, provided through One America, 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 a 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 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 Premiums

Age	Employee Rate / \$1000	Spouse Rate / \$1000
Under 29	\$0.05	\$0.05
30 – 34	\$0.07	\$0.07
34 – 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 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

AMERICAN FIDELITY
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
2021	\$3,600	\$7,200
2022	\$3,650	\$7,300

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



Call Your ComPsych® GuidanceResources® program anytime for confidential assistance.

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TDD: 800.697.0353
Your company Web ID: **ONEAMERICA3**

Personal issues, planning for life events or simply managing daily life can affect your work, health and family. Your GuidanceResources program provides support, resources and information for personal and work-life issues. The program is company-sponsored, confidential and provided at no charge to you and your dependents. This flyer explains how GuidanceResources can help you and your family deal with everyday challenges.

Confidential Counseling

3 Session Plan

This no-cost counseling service helps you address stress, relationship and other personal issues you and your family may face. It is staffed by GuidanceConsultants™—highly trained master's and doctoral level clinicians who will listen to your concerns and quickly refer you to in-person counseling (up to 3 sessions per issue per year) and other resources for:

- › Stress, anxiety and depression
- › Relationship/marital conflicts
- › Problems with children
- › Job pressures
- › Grief and loss
- › Substance abuse

Financial Information and Resources

Discover your best options.

Speak by phone with our Certified Public Accountants and Certified Financial Planners on a wide range of financial issues, including:

- › Getting out of debt
- › Credit card or loan problems
- › Tax questions
- › Retirement planning
- › Estate planning
- › Saving for college

Legal Support and Resources

Expert info when you need it.

Talk to our attorneys by phone. If you require representation, we'll refer you to a qualified attorney in your area for a free 30-minute consultation with a 25% reduction in customary legal fees thereafter. Call about:

- › Divorce and family law
- › Debt and bankruptcy
- › Landlord/tenant issues
- › Real estate transactions
- › Civil and criminal actions
- › Contracts

Work-Life Solutions

Delegate your "to-do" list.

Our Work-Life specialists will do the research for you, providing qualified referrals and customized resources for:

- › Child and elder care
- › Moving and relocation
- › Making major purchases
- › College planning
- › Pet care
- › Home repair

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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.

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