

**Monticello  
Community  
School District**

**2018-2019  
Employee  
Benefits  
Handbook**

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# INTRODUCTION

This employee benefit handbook has been designed as a reference tool for you to become familiar with the benefits offered to you through your employment with the Monticello Community School District. We suggest you keep this handbook in a convenient location as it can be a very valuable tool throughout the year.

Please review your options carefully, as the enrollment decisions you make will be locked in until the 2019 open enrollment, unless you experience a qualifying event, as outlined on page 3.

If you have questions, you may reach us by phone at (866)496-3102, or by email at [slangreck@gbp-ins.com](mailto:slangreck@gbp-ins.com), [brandall@gbp-ins.com](mailto:brandall@gbp-ins.com), or [jwillis@gbp-ins.com](mailto:jwillis@gbp-ins.com).

## IMPORTANT INFORMATION

In general, the benefits outlined in this handbook will become effective July 1, 2018, and unless notified, will terminate June 30, 2019. Newly hired employees will be subject to the new hire eligibility waiting period, as outlined on page 2. This is a custom handbook that is intended to provide a highlight of the plans offered to you and in no way serves as the actual plan description or plan documents for the benefits. If there are inconsistencies between this handbook and the plan documents, the plan documents govern. The school district reserves the right to change or end the plans at any time. Please call Group Benefit Partners with questions.

## **ELIGIBILITY**

To be eligible to receive the benefits contained in this handbook, you must meet the eligibility guidelines defined in your Monticello Community School District handbook. As an eligible employee, your benefits will become effective after completing the initial eligibility waiting period.

Dependents eligible for the medical, dental, vision, and life insurance plans include:

- Legal spouses and domestic partners
- Dependent children under the age of 26, in general
- Dependent children over the age of 26 who are full-time students, or are mentally or physically unable to care for themselves

## **OPEN ENROLLMENT**

Your open enrollment period occurs only one time each year, during the late spring, for changes effective July 1<sup>st</sup>, and is your opportunity to change plans, or add and remove dependents. Please review all plan materials carefully with your family, and make your annual elections accordingly, as your open enrollment period is the only chance you will have to make changes to the benefits you have elected. Any other changes will require proof of a qualifying event.

# QUALIFYING EVENTS

Outside of your annual open enrollment period, you must experience a qualifying event in order to make changes to your benefit elections. **All changes must be made within 31 days of the qualifying event.** Qualifying events include the following:

- Employee marriage, legal separation, or divorce
- Birth or adoption of a child or dependent
- Change in employment status for you or your spouse
- Change in dependent benefit eligibility status
- Change in residence that causes loss of eligibility
- Loss of dependent
- Change in cost of dependent care (only pertains to flexible dependent care spending account)

# ENROLLMENT

Group Benefit Partners uses an online enrollment system to assist you in your plan choices. The system is called Employee Navigator, and instructions for your first login, and your enrollment are on page 14. If you need assistance, please call us at (866)496-3102, or email us at [slangreck@gbp-ins.com](mailto:slangreck@gbp-ins.com), [brandall@gbp-ins.com](mailto:brandall@gbp-ins.com), or [jwillis@gbp-ins.com](mailto:jwillis@gbp-ins.com).

# HEALTHCARE REFORM

In March of 2010, our nation's legislative leaders passed into law what is known as The Affordable Care Act. As we continue into 2018, it will remain **very important** for you to understand how the health insurance benefits offered to you as a full-time employee of Monticello Community School District relate to the various aspects of this law. Starting January 1, 2014, all United States citizens have been mandated to carry adequate health insurance coverage.

Governmental agencies will continue to be very aggressive in their marketing campaign to push citizens to the government-created health insurance "marketplace," also known as the "exchange." The "marketplace" is where employees who are not offered adequate, affordable coverage through their employer can access income-based governmental subsidies to purchase insurance coverage. Employers are now faced with the decision of whether or not to continue to offer health insurance benefits to their employees, or to discontinue the offerings and send employees to the government's marketplace.

Monticello Community School District is very proud to continue to offer you the competitive, affordable medical insurance benefits. This coverage will satisfy your obligation to carry health insurance, and because your employer has chosen to continue to offer you these affordable benefits, you will want to disregard the media frenzy surrounding the insurance marketplace, as you will likely be ineligible to purchase government-subsidized coverage. Starting in 2016, each January you will receive two documents, a 1095-B from Wellmark and a 1095-C from Monticello Community School District, to prove when you do your taxes, that you have adequate, affordable health insurance.

If you have any questions related to the Affordable Care Act, please call your consultants at Group Benefit Partners.

# MEDICAL

Monticello Community School District continues to offer you a comprehensive medical insurance policy for the 2017 plan year. The plans will provide the basic benefits as outlined on page 6. Plans 2 and 3 will be offered on a partially self-funded basis, through the combination of Wellmark Blue Cross Blue Shield(BCBS) and Midwest Group Benefits (MGB). Pages 7 and 8 will give you basic information regarding how partially self-funded plans (Plans 2 and 3) work. Plan 1 is not partially self-funded and will not receive the second EOB from Midwest Group Benefits. As always, please call Group Benefit Partners with any questions you have as you access your benefits.

As you use care throughout the year, please remember that you have access to BeWell 24/7 as noted on your BCBS ID card. This is a service available to you 24 hours-a-day 7-days-a-week, and you will be connected to a real person who may be able to help you:

- Locate healthcare providers and facilities – whether you're at home or traveling.
- Help decide if a trip to the emergency room is truly necessary.
- Estimate your costs for common medical procedures and services.
- Coordinate healthcare appointments, in-home health help and record retrieval.
- Discuss treatment options and answer your health and wellness questions.
- Make arrangements for community-based services you or a family member needs like in-home safety modifications, meals, medical equipment, transportation and more.

Also remember, if care is needed, Urgent Care and Walk-In Clinic facilities are far less expensive than receiving care at the Emergency Room.

Many retail pharmacies have access to \$4-5 generic drugs. These prescriptions are less expensive than even the lowest copay on your medical insurance plan, therefore saving you, and the plan, money.

# Monticello Community School District Employee Benefits July 1, 2018

| Health Insurance - Wellmark Blue Cross Blue Shield - 3 Plan Options          |  |   |  | www.wellmark.com  |  |
|--|--|---|--|---|--|
| Plan 1 - Alliance Select Network Nationwide BC/BS                            |  | Plan 2 - Alliance Select Network Nationwide BC/BS                                 |  | Plan 3 - Alliance Select Network Nationwide BC/BS                                 |  |
| Monthly Premium  |  | Monthly Premium   |  | Monthly Premium   |  |
| Single   |  | Single  |  | Single  |  |
| Family   |  | Family  |  | Family  |  |
| \$5000 Single/\$10,000 Family Deductible                                     |  | \$1000 Single/\$2000 Family Deductible  |  | \$500 Single/\$1000 Family Deductible   |  |
| \$6350 Single/\$12,700 Family Out-of-Pocket Max                              |  | \$2000 Single/\$4000 Family Out-of-Pocket Max                                     |  | \$1000 Single/\$2000 Family Out-of-Pocket Max                                     |  |
| 20% In-Network/40% Out-of-Network Coinsurance                                |  | 20% In-Network/40% Out-of-Network Coinsurance                                     |  | 20% In-Network/40% Out-of-Network Coinsurance                                     |  |
| Office Visit: \$10   |  | Office Visit: \$10  |  | Office Visit: \$10  |  |
| Preventive Care: No Member Cost  |  | Preventive Care: No Member Cost   |  | Preventive Care: No Member Cost   |  |
| Rt: Ded: \$50 Single/\$100 Family; Copay: \$10/\$20                          |  | Rt: Ded: \$50 Single/\$100 Family; Copay: \$10/\$20                               |  | Rt: Ded: \$50 Single/\$100 Family; Copay: \$10/\$20                               |  |
| One routine vision exam (including refraction) per benefit period is covered |  | One routine vision exam (including refraction) per benefit period is covered      |  | One routine vision exam (including refraction) per benefit period is covered      |  |
| Note* this plan will NOT receive two EOBs                                    |  | Note* this plan includes a Partial Self-Fund with Midwest Group Benefits (2 EOBs) |  | Note* this plan includes a Partial Self-Fund with Midwest Group Benefits (2 EOBs) |  |

| Long-Term Disability Insurance - Reliance Standard Life                         |  | Voluntary Life Insurance - Reliance Standard Life |  |
|---|--|---|--|
| Monthly Premium   |  | Monthly Premium                                   |  |
| Single  |  | Single  |  |
| Family  |  | Family  |  |
| Monthly benefit of 60% of earnings (up to \$4000 per month)                     |  | Guarantee Issue (GI) Employee: \$100,000          |  |
| Elimination period: 90 consecutive days of total disability                     |  | Guarantee Issue (GI) Spouse: \$20,000             |  |
| Benefits end at Social Security Normal Retirement Age (see chart for more)      |  | Guarantee Issue (GI) Dependent: up to \$10,000*   |  |
| Limitations for Mental/Nervous Illness, Pre-existing Condition, Substance Abuse |  | * see plan document for age specific GR           |  |
| NOT AN OPEN ENROLLMENT FOR VOLUNTARY LIFE                                       |  | Annual Vision Exam: Not covered                   |  |
|   |  | Frames - \$50-\$150; \$15 Copay                   |  |
|   |  | Standard Lenses: Covered in Full                  |  |
|   |  | Contacts in lieu of frames & lenses: up to \$130  |  |
|   |  | Lenses/Contacts every 12 months                   |  |
|   |  | Frames every 24 months                            |  |

| Dental Insurance - Delta Dental of Iowa |  | Legal Assistance and ID Theft Protection - LEGAL SHIELD/ID SHIELD |  |
|---|--|---|--|
| Employee Choice Plan                    |  | Monthly Premium   |  |
| PPO / Premier / Out-of-Network          |  | LegalShield   |  |
| Deductible Per Person                   |  | Single  |  |
| Diagnostic & Preventive Care            |  | Family  |  |
| Routine & Restorative                   |  | IDShield  |  |
| Posterior Composites                    |  | Single  |  |
| Root Canals, Periodontal                |  | Family  |  |
| Crowns, Dentures, Bridges               |  | Combined  |  |
| 60%                                     |  | Single  |  |
| Implants                                |  | Family  |  |
| 60%                                     |  | Privacy and Security Monitoring                                   |  |
| Orthodontics (up to age 19)             |  | Social Media Monitoring   |  |
| Annual Benefit Max Per Person           |  | Full Identity Restoration   |  |
|   |  | \$1250  |  |

| Dental Insurance - Delta Dental of Iowa |  | Legal Assistance and ID Theft Protection - LEGAL SHIELD/ID SHIELD |  |
|---|--|---|--|
| Employee Choice Plan                    |  | Monthly Premium   |  |
| PPO / Premier / Out-of-Network          |  | LegalShield   |  |
| Deductible Per Person                   |  | Single  |  |
| Diagnostic & Preventive Care            |  | Family  |  |
| Routine & Restorative                   |  | IDShield  |  |
| Posterior Composites                    |  | Single  |  |
| Root Canals, Periodontal                |  | Family  |  |
| Crowns, Dentures, Bridges               |  | Combined  |  |
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| Dental Insurance - Delta Dental of Iowa |  | Legal Assistance and ID Theft Protection - LEGAL SHIELD/ID SHIELD |  |
|---|--|---|--|
| Employee Choice Plan                    |  | Monthly Premium   |  |
| PPO / Premier / Out-of-Network          |  | LegalShield   |  |
| Deductible Per Person                   |  | Single  |  |
| Diagnostic & Preventive Care            |  | Family  |  |
| Routine & Restorative                   |  | IDShield  |  |
| Posterior Composites                    |  | Single  |  |
| Root Canals, Periodontal                |  | Family  |  |
| Crowns, Dentures, Bridges               |  | Combined  |  |
| 60%                                     |  | Single  |  |
| Implants                                |  | Family  |  |
| 60%                                     |  | Privacy and Security Monitoring                                   |  |
| Orthodontics (up to age 19)             |  | Social Media Monitoring   |  |
| Annual Benefit Max Per Person           |  | Full Identity Restoration   |  |
|   |  | \$1250  |  |

For illustration purposes only. For specific information, please see official plan documents.



Monticello Community School District Employee Benefits July 1, 2018

| Questions?    |                                      |
|---------------|--------------------------------------|
| Sara Longreck | 319-382-9922 or slongred@gbp-ins.com |
| Jim Willis    | 319-596-6028 or jwillis@gbp-ins.com  |
| Barb Randall  | 319-854-0500 or brandall@gbp-ins.com |

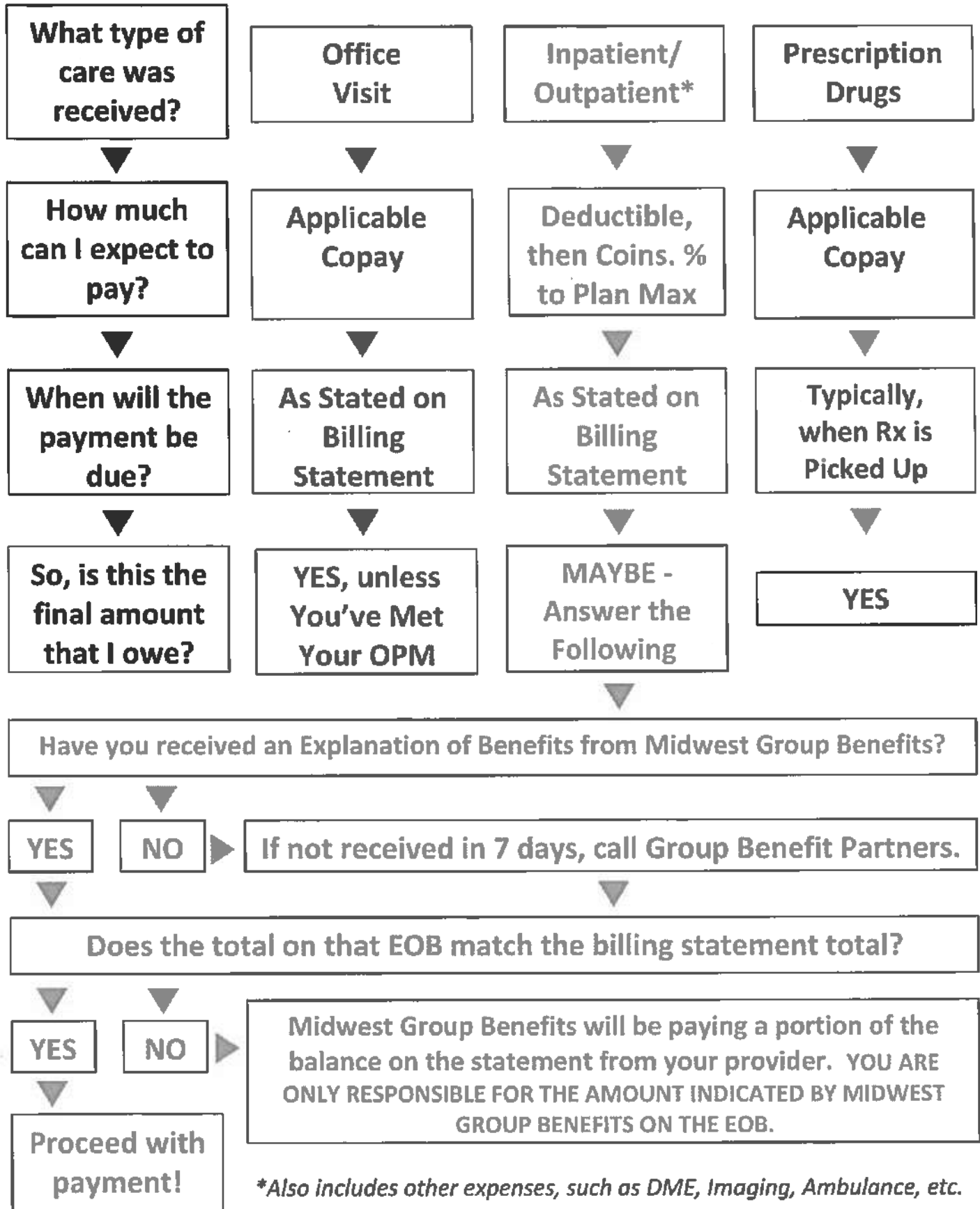
## Partially Self-Funded (PSF) Claim Reimbursement Details

The following information will help you understand how the partially self-funded medical plans (Plans 2 and 3) will reimburse your claims.

**Prescription Drugs:** Prescription drugs will continue to be the simplest payments for you, the pharmacy, and the insurance company. You will only be responsible for the applicable copay, and Wellmark BCBS will reimburse the pharmacy directly for the remaining costs of the service. Copays are typically collected directly from the pharmacy when picking up your prescription.

**Office Visits, Inpatient and Outpatient Services:** This is where your partially self-funded medical plan changes how reimbursements occur. Any time you incur medical expenses that are subject to your deductible and/or your out-of-pocket maximum, you will begin to receive two Explanations of Benefits (EOB). One will be from Wellmark BCBS and one will be from Midwest Group Benefits (MGB). **The EOB from MGB will reflect your final financial responsibility to the provider, therefore it is the notice you will want to focus on when arranging payment for services.** (Plan 1 enrollees will not receive a second EOB, and will use the Wellmark EOB for their payments.) The Wellmark BCBS EOB will calculate your responsibility based on a higher \$5,000 deductible and \$10,000 out-of-pocket maximum, which is the insurance plan the Monticello Community School District has purchased for you. However, Midwest Group Benefits will be reimbursing your provider directly for claims that fall between your chosen deductible and out-of-pocket maximum and the higher deductible plan purchased from Wellmark BCBS. The plan document that governs your partially self-funded benefits can be found in your online account. If you ever have questions regarding how a claim was processed, please call Group Benefit Partners at (866)496-3102.

# Partial Self-Fund Process



# DENTAL

The Monticello Community School District has made it easy for you to get the dental coverage you need by providing convenient, pre-tax premium deductions from your paycheck. The plan offers three networks you may choose from. Coverage details are listed on the next page. The plan covers a scheduled portion of your dental expenses based upon the services being performed. Coverage is available regardless of which dentist you visit, however, out-of-pocket savings will be highest when visiting a Delta Dental PPO or Premier Dentist. To locate a list of network providers, visit Delta's website at [www.deltadentalia.com](http://www.deltadentalia.com). More details regarding your dental plan can be found by registering as a member on the Delta Dental website.



**Monticello Community School District Dental Benefits - July 1, 2018**

| <b>Employee Choice Plan - Delta Dental</b>                  | <b>PPO</b>                               | <b>Premier</b> | <b>Out-of-Network</b> |
|---|--|----------------|-----------------------|
| Deductible (per person per calendar year)                   | \$50                                     | \$75           | \$100                 |
| Deductible (family)   | \$150                                    | \$225          | \$300                 |
| Deductible Applies to Check-ups and Teeth Cleanings?        | No                                       | No             | No                    |
| Orthodontia   | 50%                                      | 50%            | 50%                   |
| Orthodontics: Eligible Children to Age                      | 19                                       | 19             | 19                    |
| Orthodontics Lifetime Maximum                               | \$1,000                                  | \$1,000        | \$1,000               |
| Does Individual Deductible Apply to Orthodontics            | No                                       | No             | No                    |
| Adult Orthodontics  | No                                       | No             | No                    |
| Check-ups and Teeth Cleaning (Diagnostic & Preventive Care) | 0%                                       | 10%            | 30%                   |
| Dental Cleaning (aggregate with periodontal maint. therapy) | 2 in a benefit period                    |                |                       |
| Oral Evaluations  | 2 in a benefit period                    |                |                       |
| Fluoride Applications                                       | 1 every 12 mos to age 19                 |                |                       |
| X-rays  | Bitewings - 12 mos; Full - 1 every 5 yrs |                |                       |
| Sealant Applications  | 1 in a lifetime                          |                |                       |
| Space Maintainers   | To age 15                                |                |                       |
| Periodontal Maintenance Therapy (aggregate with cleaning)   | 2 in a benefit period                    |                |                       |
| Cavity Repair and Tooth Extractions (Routine & Restorative) | 20%                                      | 30%            | 50%                   |
| Emergency Treatment   |  |                |                       |
| General Anesthesia/Sedation                                 |  |                |                       |
| Restoration of Decayed or Fractured Teeth                   |  |                |                       |
| Limited Occlusal Adjustments                                |  |                |                       |
| Routine Oral Surgery  |  |                |                       |
| Posterior Composites w/ Alternate Processing                |  |                |                       |
| Gum and Bone Diseases (Periodontal)                         | 50%                                      | 50%            | 60%                   |
| Conservative Procedures (non-surgical)                      | 1 every 24 mos per quadrant              |                |                       |
| Complex Procedures (surgical)                               | 1 every 36 mos per quadrant              |                |                       |
| Root Canals (Endodontic Services)                           | 50%                                      | 50%            | 60%                   |
| Apicoectomy   |  |                |                       |
| Direct Pulp Cap   |  |                |                       |
| Pulpotomy   |  |                |                       |
| Retrograde Fillings   |  |                |                       |
| Root Canal Therapy  |  |                |                       |
| High Cost Restorations (Cast Restorations)                  | 50%                                      | 50%            | 60%                   |
| Crowns  | 1 every 5 years                          |                |                       |
| Inlays  | 1 every 5 years                          |                |                       |
| Onlays  | 1 every 5 years                          |                |                       |
| Post and Cores  |  |                |                       |
| Recementing Crowns/Inlays/Onlays                            |  |                |                       |
| Dentures and Bridges  | 50%                                      | 50%            | 60%                   |
| Bridges   | 1 every 5 years                          |                |                       |
| Dentures and Bridges  | 1 every 5 years                          |                |                       |
| Repairs and Adjustments                                     |  |                |                       |
| Recementing of Bridges                                      |  |                |                       |
| Implants  | 1 every 5 years                          |                |                       |
| Annual Benefit Max Per Person                               | \$1,250                                  |                |                       |

For illustration purposes only. For specific information, please see official plan documents.



## VISION

Your Monticello Community School District vision benefits are provided through Avesis. Your benefits will be greatest when using a network provider. For a list of providers in your area, you can call (800) 828-9341, or you can visit the Avesis website at <http://www.Avesis.com>. The general details of your plan are provided below.

| Summary of Covered Benefits   | In-Network  | Out-of-Network   |
|---|-------------|------------------|
| Eye Exam (every 12 mos.)  | \$10 copay  | \$35 allowance   |
| Lenses (every 12 mos.)  | \$15 copay* | Varies by type** |
| Frames (every 24 mos.)  | up to \$100 | \$45 allowance   |
| Contact Lenses (every 12 mos.) in lieu of frames and spectacle lenses | up to \$130 | up to \$130      |

*\*Progressive and Specialty lenses could carry an additional charge.*

*\*\* Out-of-network reimbursements range from \$25 to \$80 depending on type.*

## IDSHIELD/LEGALSHIELD

You are able to purchase identity theft protection through IDShield. IDShield monitors the internet for personal information, tracks credit scores, allows you to watch social media for privacy risks, and offers counseling and breach notifications. Upon theft of identity, IDShield completes recovery of identity to pre-theft status.

LegalShield offers legal assistance in a variety of situations. Some of the services include legal advice, will preparation and updates, IRS audits, contract reviews, and adoption or name change representation.

As an employee of the Monticello Community School District, you can enroll in either one of these protections as an individual or a family, or you can choose to be covered by both services. More details about provided assistance are given in the Employee Navigator online system.

# FLEXIBLE SPENDING ACCOUNTS

You are eligible to participate in health care and dependent care flexible spending accounts (F.S.A.) sponsored by your employer. The accounts are administered by Midwest Group Benefits, and reimbursements are requested by submitting a paper claim form (included at the back of this packet). These accounts are funded by automatic pre-tax payroll deductions in an amount of your choice, not to exceed \$2,650 for healthcare, and \$5,000 for dependent care. By participating in these plans, you are able to pay for known health and dependent care expenses with pre-tax dollars. Healthcare F.S.A. participants will be able to roll over up to \$500 of unused F.S.A. balance to the next plan year, anything over \$500 that is unspent will be lost. The worksheet below will help you determine your funding needs.

| <b>Paycheck without FSA**</b> |                | <b>Paycheck with</b>          |                |
|-------------------------------|----------------|-------------------------------|----------------|
| <b>FSA**</b>                  |                |                               |                |
| Wage                          | \$1,500        | Wage                          |                |
| \$1,500                       |                |                               |                |
| FSA Election                  | \$0            | FSA Election                  | \$50           |
| Insurance Benefits            | \$65           | Insurance Benefits            | \$65           |
| FICA Payroll Taxes            | \$110          | <b>FICA Payroll Taxes</b>     |                |
| <b>\$105</b>                  |                |                               |                |
| Income Tax Withholding        | <u>\$170</u>   | <b>Income Tax Withholding</b> |                |
| <b>\$165</b>                  |                |                               |                |
| <b>Net Paycheck</b>           | <b>\$1,155</b> | <b>Net Paycheck</b>           | <b>\$1,115</b> |

**\*\*Example uses a taxpayer filing as a single with 1 withholding allowance, and figures are rounded to the nearest \$5**

## Health Care FSA Worksheet

| EXPENSE  | FOR YOU | DEPENDENTS | TOTALS |
|--|---------|------------|--------|
| Medical deductibles and copays   |         |            |        |
| Dental deductibles and coinsur.  |         |            |        |
| Vision and/or hearing expenses   |         |            |        |
| Other eligible health expenses **  |         |            |        |
| Total  |         |            |        |
| Divide by 12 months (or # of months left in the yr) = Monthly Contribution |         |            |        |



## **VOLUNTARY LIFE**

You are able to purchase voluntary life insurance for you and your dependents through convenient payroll deductions.

Each employee receives a single opportunity upon joining the Monticello Community School District to sign up for life insurance without having to answer health questions. If you do not enroll as a new hire and would like to enroll at the renewal period, you will need to complete an application, including health questions, which will be underwritten, and coverage is not guaranteed to be issued.

## **DISABILITY INSURANCE**

Monticello Community School District is providing long-term disability insurance for qualified employees. This coverage provides 60% of covered earnings (up to \$4000 per month) for a long-term disability resulting from a covered injury or sickness.

Long-term disability coverage begins after 90 consecutive days of total disability and can last until the age of 65 (depending on age at disablement). Some limitations to this length of coverage exist.

# Employee Navigator Instructions

1. Visit the website: <https://employeenavigator.com/benefits/Account/login>

Username

Password

Login

Reset a forgotten password

Register as a new user

2. You will see the login section in the center of the page.
  - During your first visit, you will need to Register as a new user with your Name, Last 4 Digits of SSN, Birthdate, and your Company Identifier, which is **Midland**.
  - Create your unique user name and password
3. Remember to write down your new login information and keep it in a safe spot.
4. You can begin the enrollment process by clicking the white "Start Benefits" button.
5. You'll start by confirming your basic demographic information. Please update any necessary changes, and click the **Save & Continue** button.
6. The next step will be adding all dependents (spouse and children) that you will be covering on any of the benefit plans. You will do this by clicking the **add dependent +** link at the top of the screen, once for each dependent.
7. You are now ready to begin enrolling or waiving your benefit. On each screen, you will select who you are enrolling at the top, and which plan you want below, or waive by clicking the **Don't want the benefit?** button. If you are enrolling, you will move from plan to plan by clicking the **Save & Continue** button. You will name your life insurance beneficiary during this process, and finish by clicking **Agree**.

BENEFITS ▾

→ Medical

✓ Consumer Directed Health

○ Accident

✓ Critical Illness

✓ Dental

✓ Vision

✓ Life

✓ Voluntary Life

✓ Voluntary Short-Term Disability

✓ Voluntary Long-Term Disability

Which plan do I want?

2015 MED 2500

\$5.95  
Cost per pay period  
selected

Effective on 09/01/2016  
Employee

2015 MED 1000

\$12.83  
Cost per pay period  
selected

Effective on 09/01/2016  
Employee

Enrollment Summary

Below is a summary of your elections and cost. If you would like to make changes, please contact HR.

Please review the acknowledgment below  
Please confirm your benefit elections below  
benefits will remain in effect until the next Open Enrollment

Agree

8. Click the "Logout" button by clicking your name in the top right corner!

## NOTES

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

***Availability of Summary of Benefits and Coverage (SBC)***

*As an employee, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury.*

*A Summary of Benefits and Coverage (SBC), which summarizes important information about the health coverage in a standard format, is available to help you understand your health plan.*

*An electronic copy is also available, by calling Group Benefit Partners at the telephone number listed below.*

**Group Benefit Partners  
1300 10<sup>th</sup> Ave SW, Ste. B  
Waverly, IA 50677  
Telephone: (866)496-3102**

*This is a custom booklet that is intended to provide only a highlight of the plans offered to you by your employer and in no way serves as the actual plan description or plan documents for the plans. If there are inconsistencies between this booklet and the plan documents, the plan documents will govern. The company reserves the right to change*