



# Festus R-VI School District

## 2021 Benefits Guide



---

# Benefit Basics

---



## Who is Eligible and When?

If you are a Festus R-VI School District employee (working 30 or more hours per week) you and your eligible dependents may enroll in the benefits described in this guide. An eligible dependent is a lawful spouse and children to the age of 26. New Hires are eligible for benefits the first day of employment.



## How to Enroll

In order to confirm your elections for the 2021-22 plan years, everyone must review current elections via your online enrollment system, Benefit Express. Login instructions are included in this guide. Please take a moment to review your current benefit elections for you and your covered dependents. This is also a good time for you to review your current demographic information to make sure we have your most recent address on file as well as update your beneficiary information.



## When to Enroll

**In order to secure or continue coverage, you must complete the online enrollment process between May 10, 2021 and May 21, 2021.** Once the system is closed, you will not be able to make any changes unless you experience a qualifying event. **The benefits you elect now will be effective July 1, 2021 through June 30, 2022.** Our annual Open Enrollment is done in the Spring each year.



## Qualifying Events

Unless you have a valid qualifying event, you cannot make changes to the benefits you elect until the next open enrollment period. Qualifying events include: marriage, divorce, legal separation, birth or adoption of a child, change in child's dependent status, death of spouse, child or other qualified dependent, commencement or termination of adoption proceedings, or change in spouse's benefits or employment status. Forms must be returned within 30 days of the qualifying event and your effective date will be the event date.

# What's New for 2021



## Medical Insurance

We are pleased to announce that all benefits and rates will remain the same for the 2021-2022 school year.

- Our Medical Insurance will remain with UnitedHealthcare (UHC) and you will have three Medical plan options, including two Health Savings Accounts (HSA) to choose from. The Plan 4 and Plan 8 (HSA Options) do qualify as a high deductible health plan (HDHP).
- If you want to make contributions to your health savings account via payroll deduction, **you will need to re-enroll and elect your new contribution amount for the 2021-2022 plan year.**
- For employee's electing the HSA plan option 4, the District will contribute \$222.35 a month to the HSA and for Plan 8, the District will contribute \$256.49 a month.
- You are eligible to sign up for a HSA if:
  - You are enrolled in a high deductible health plan (HDHP).
  - You are not enrolled in Medicare.
  - You are not eligible and actively utilizing VA medical or pharmacy benefits.
  - You are not a dependent on someone else's tax return.
  - You have no other health care coverage (such as being covered under your spouse's plan or other individual coverage). That also means you cannot be covered under a separate prescription drug plan.
- The PPO plan (Plan 6) can be selected with a HRA reimbursement account option. The account is managed by Benefit Express.
- **SCEC Wellness Program for 2021-2022 Plan Year**
  - The program is applicable to all eligible retirees, employees, and spouses covered under the UHC medical plan with an effective date prior to January 1, 2021.
  - Participants had from May 1, 2020 - April 30, 2021 to complete and return registration, consent and physical forms to WellWorks to avoid the \$50 surcharge per person effective July 1, 2021. However, in light of the COVID-19 pandemic, we understand there were challenges with getting appointments with doctors, and therefore, the \$50 a month premium penalty surcharge will be suspended for the 2021-2022 plan year.
- **New UHC Medical ID Cards will only be issued this year if you make a plan change or add dependent(s).** *If there are no changes, you may continue using your current card.*
- **Please note the group name on ID card reflects South Central Education Consortium.**
- **UHC Programs & Mobile Apps Include:**
  - The UnitedHealthcare Maternity Support Program - Helps facilitate needed support and care throughout your pregnancy. Go to [myuhc.phs.com/maternitysupport](https://myuhc.phs.com/maternitysupport) or call 1-877-201-5328 for more information.
  - UnitedHealthcare app - You can easily access your health care information, view and share your health plan ID card, estimate costs, view and manage claims, etc. The UnitedHealthcare app is available for download for iPhone® or Android®.
  - Virtual Visits- Easy and affordable way that allows you to see and talk to a doctor from your mobile device or computer. Great for when you don't feel well, or you have a sick child and don't want to leave the comfort of your home. You can see and talk to a doctor online, anytime! *Please log in to myuhc.com for more information and to get registered.* We suggest you go online ahead of time to register and fill out necessary information, i.e., credit card information. That way you won't have to do all that when you are not feeling well; it will already be in there for you!

## Dental, Vision, Basic Life, Voluntary Term Life Insurance, Voluntary AD&D & LTD Insurances and all Voluntary Worksite Benefits

- All will be renewing with Guardian, with no change to benefits or rate charts for the 2021-2022 school year.

## 2021 Online Employee Login Instructions for Benefit Express

### How to Login My Benefit Express Enrollment Portal and Complete Your Enrollment

Please follow the instructions below to login to the new benefits administration portal and create a new password.

Go to: [www.mySCECbenefits.com](http://www.mySCECbenefits.com) and enter your username and password. For security purposes, you will be asked to change your password after your initial login.

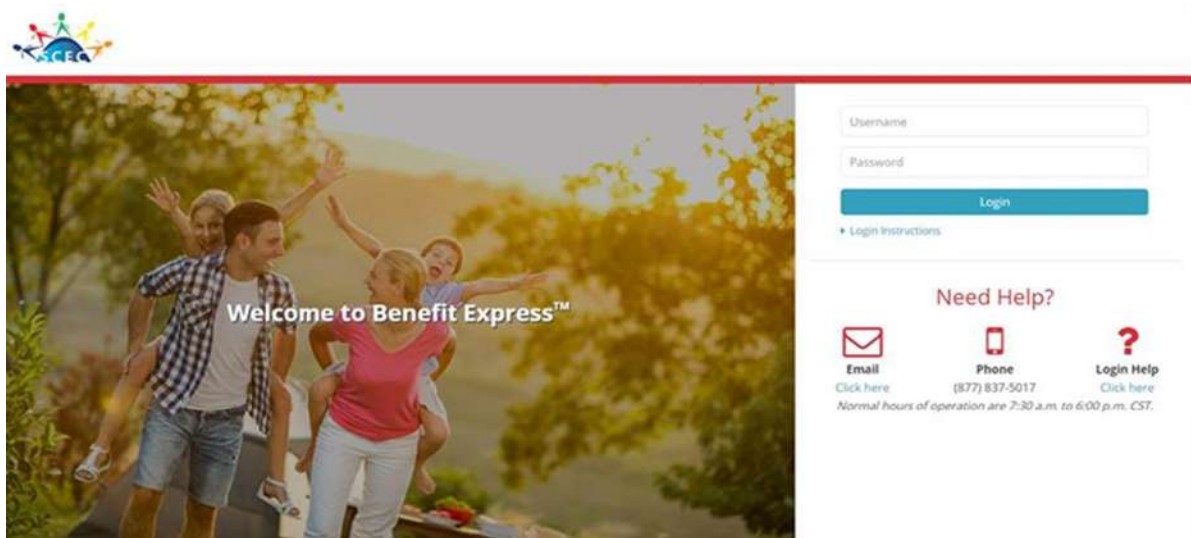
**Step 1:** Your username is SCECxxxxxx (the x's are the last 6 digits of your social security number – no dashes or slashes). *Please note the username **is not** case sensitive.*

Example: If your last 6 digits of your Social Security number are **023456**, then your username would be **SCEC023456**.

**Step 2:** Your initial password is the **last 4 digits of your SSN + your full Date of Birth in MMDDYYYY format, followed by your Zip Code.** *Please note that passwords **are** case sensitive.*

For security purposes, you will be asked to change your password after your initial login.

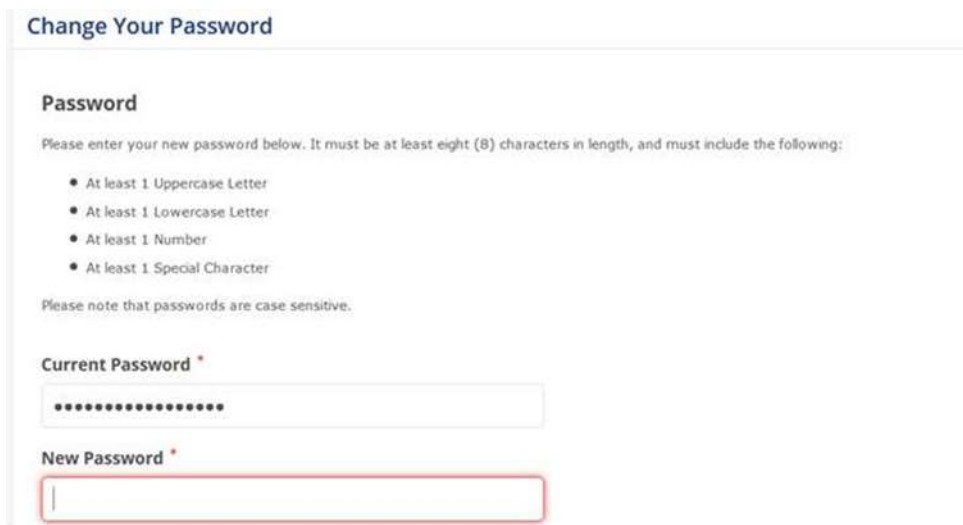
Example: If your SSN is 111-22-2233, your Date of Birth is May 16, 1975 and your zip code is 02369, then your password would be **22330516197502369**.



You will have to accept the terms and conditions

Click next

Create a new password – Once you create a custom password, you will use your new password to access the website. Please save your new password in a safe place for future use.



**Change Your Password**

**Password**

Please enter your new password below. It must be at least eight (8) characters in length, and must include the following:

- At least 1 Uppercase Letter
- At least 1 Lowercase Letter
- At least 1 Number
- At least 1 Special Character

Please note that passwords are case sensitive.

**Current Password \***

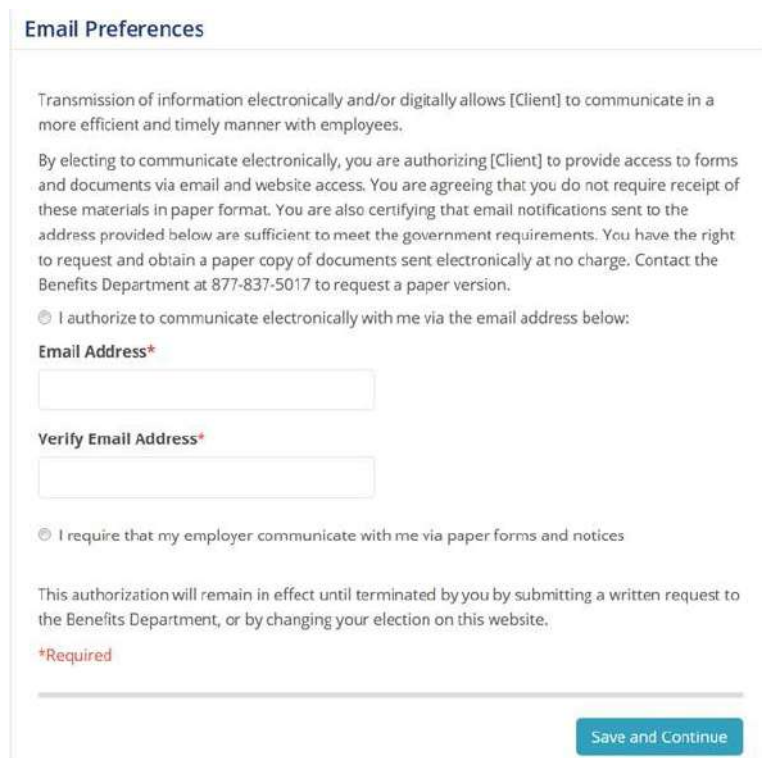
.....

**New Password \***

|

Setup 3 security questions

Provide the email address that you would prefer to use for communication or select preference for paper forms for notices.



**Email Preferences**

Transmission of information electronically and/or digitally allows [Client] to communicate in a more efficient and timely manner with employees.

By electing to communicate electronically, you are authorizing [Client] to provide access to forms and documents via email and website access. You are agreeing that you do not require receipt of these materials in paper format. You are also certifying that email notifications sent to the address provided below are sufficient to meet the government requirements. You have the right to request and obtain a paper copy of documents sent electronically at no charge. Contact the Benefits Department at 877-837-5017 to request a paper version.

☒ I authorize to communicate electronically with me via the email address below:

**Email Address\***

**Verify Email Address\***

☐ I require that my employer communicate with me via paper forms and notices

This authorization will remain in effect until terminated by you by submitting a written request to the Benefits Department, or by changing your election on this website.

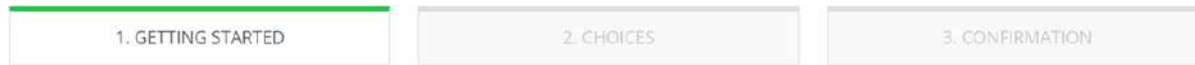
\*Required

Save and Continue

**Step 3:** Click on the **LOGIN** button to log in.

**Step 4:** Once you log in, you will be taken to the Home page where you can click the orange **Enroll Now** button for open enrollment or the white **Enroll / Life Events** checkmark icon to begin your enrollment.

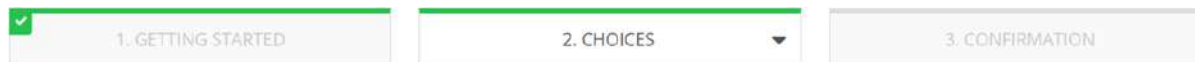
## Step 5: Getting Started & Updating Dependents:



Before you make your benefit changes, you will be required to **Answer/Respond** to a few simple questions that will determine your eligibility.

**Add/Review Your Dependents:** You will also be able to **add new dependents** or **update dependent information**. As you proceed through the enrollment, the coverage levels you are offered are based on the number and type of dependents you elect to cover. Please be sure to read the pages carefully as you may be required to certify your dependents by sending in certain documents before they become eligible for benefits.

## Step 6: Updating Your Choices & Updating Your Beneficiaries



**Make Your Choices:** From the **Choices** section of the enrollment, you will make your benefit elections. Each page will display your plan choices and will prompt you for additional information where needed. All deductions are shown on a per pay basis.

You may navigate through this section by using the **Previous** and **Save and Continue** buttons. You can also jump between plans by clicking anywhere in the **Choices** step/button and selecting your desired plan from the drop-down.

**Add/Review Beneficiaries:** You will also be able to **add new beneficiaries**, **update beneficiary information**, and **assign beneficiary percentages**. Any plans requiring a beneficiary designation will be listed on this page.

## Step 7: Enrollment Confirmation



**Confirm Your Choices:** The last page/section in the enrollment is your confirmation statement, which you can print or email. The site will automatically save a copy for your future reference. If you need to change any of the plan selections you have made, you can go back into the enrollment and make any additional changes through the end of your enrollment period.

For login assistance or site navigation questions, please contact Benefit Express at 877-837-5017. For all other inquiries, please contact your HR Representative.



## Healthcare FSA / Dependent Care FSA –

Employees who enroll in the PPO (Medical Plan 6) are also eligible to enroll in a flexible spending account (FSA). Open enrollment for the flexible spending account happens in May of each year for a July 1<sup>st</sup> effective date. This account is managed by Benefit Express.

Employees who enroll in the HSA (Plan 4 and Plan 8) are not eligible for the medical portion of the FSA but could still elect to have a Dependent Care Reimbursement Account (DCRA).

For 2021, the annual maximum contribution for the healthcare FSA is \$2,750 and the annual maximum contribution for the dependent care FSA is \$5,000.

If you want to make a contribution to a Flex Spending Account, you will need to re-enroll and elect your new contribution amount for the 2021-2022 plan year. **Your previous year's election WILL NOT carry forward.**

## Health Savings Account (HSA) -

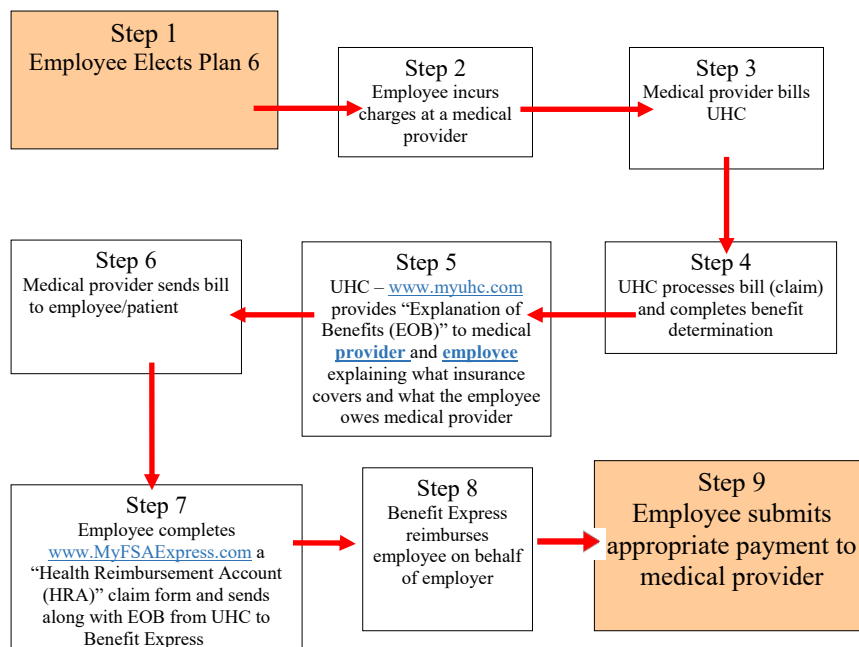


When selecting Plan 4 or 8, the District will contribute \$222.35 a month to the HSA for Plan 4 and will contribute \$256.49 a month for Plan 8.

If you want to make contributions to your health savings account via payroll deduction, you will need to re-enroll and elect your new contribution amount for the 2021-2022 plan year. **Your previous year's election will not carry forward.**

For 2021, the contribution limit between employer (if any) and employee is a maximum amount of \$3,600 for an individual account and \$7,200 for a family account.

**Health Reimbursement Arrangement (HRA)** – The district does provide a HRA for employees choosing the PPO (medical Plan 6). The district reimburses up to maximum of \$5,750 for employee only and \$11,500 for employee plus one or more covered members. You are responsible for \$250 for each of the first three family member deductibles and coinsurance. This account is also managed by Benefit Express for the school district. Here is an example of how to get reimbursed:



## Medical Insurance – UnitedHealthcare

Below is a comparison of our UHC plans along with employee contribution rates. All services shown are In-Network. Please refer to benefit summaries on the online enrollment system for detailed plan descriptions. Visit [www.myuhc.com](http://www.myuhc.com) to locate medical providers.

Coverage	Plan 6 PPO – HRA Eligible	Plan 4 (HSA)	Plan 8 (HSA)
<b>Calendar Year Deductible</b> - Individual / Family	\$2,500/\$5,000	\$3,000/\$6,000	\$5,000/\$10,000
<b>Out-of-Pocket Max (includes Deductibles)</b> - Individual / Family	\$6,000/\$12,000	\$4,500/\$9,000	\$6,500/\$13,000
<b>Coinsurance – The Plan Pays</b>	70% After Deductible	70% After Deductible	100% After Deductible
<b>Lifetime Maximum</b>	Unlimited	Unlimited	Unlimited
<b>Physician Visit</b> Primary Care / Specialist	\$30/\$60 Copay	70% After Deductible	100% After Deductible
<b>Preventive Care (No Deductible)</b>	100%	100%	100%
<b>Hospital Inpatient/Outpatient</b>	70% After Deductible	70% After Deductible	100% After Deductible
<b>Inpatient/Outpatient Services</b>	70% After Deductible	70% After Deductible	100% After Deductible
<b>Urgent Care</b>	\$50 Copay	70% After Deductible	100% After Deductible
<b>Emergency Room</b>	\$250 Copay	70% After Deductible	100% After Deductible
<b>Prescription Drug Benefit (30-day supply)</b>	\$15/\$40/\$75/ 20% to \$150	\$15/\$40/\$75/ 20% to \$150 * (Copay After Deductible)	\$15/\$40/\$75/ 20% to \$150 * (Copay After Deductible)
<b>Mail Order Drug Benefit (90-day supply)</b>	2.5 X copays above	2.5 X copays above	2.5 X copays above
*HSA Plans 4 & 8 - For a listing of preventive medications covered with no deductible applying, please refer to the Library section of the online enrollment portal. Click on “Benefits – Medical” to find the 2021 Preventive Core Drug List for Consumer Driven Health Plans (HSA).			
<b>NOTE: The wellness premium penalty surcharge is being suspended and not applicable for 2021-22 plan year.</b>			
Total Monthly Cost	Plan 6 PPO – HRA Eligible	Plan 4 (HSA)	Plan 8 (HSA)
<b>Employee Only:</b>	\$ 0.00	\$0.00	\$0.00
<b>Employee + Spouse:</b>	\$ 629.48	\$478.00	\$440.54
<b>Employee + Child(ren)</b>	\$ 449.80	\$342.18	\$315.21
<b>Family:</b>	\$1,034.32	\$784.68	\$723.37

# Guardian Dental Plan Option

- ✓ If you do not elect Dental during the annual open enrollment period or when you first become eligible, you will have to wait until the next annual open enrollment period to enroll, which is every July 1<sup>st</sup>.
- ✓ Waiting Period Penalty for Late Entrants:
  - If coverage is elected during open enrollment for a 7/1 effective date, there are no waiting periods.
  - If coverage is elected outside of open enrollment but due to a qualifying event, there are no waiting periods.
- ✓ Includes Dental Maximum Rollover
- ✓ Dependent Age Limit is to Age 26
- ✓ Visit [www.GuardianAnytime.com](http://www.GuardianAnytime.com) to locate Dental providers in the DentalGuard Preferred network and view more detailed benefit information.

## HIGH PLAN

Carrier: Guardian			
COVERAGE HIGHLIGHTS	High Plan Coverage	In-Network (Negotiated Fee Schedule)	Out-of-Network (UCR 90 <sup>th</sup> Percentile)
	Individual/Family Deductible	\$50/\$150	\$50/\$150
	Preventive Care (cleanings, x-rays, etc.)	100%	100%
	Basic Care (fillings, etc.)	90% After Deductible	80% After Deductible
	Major Care (crowns, etc.)	60% After Deductible	50% After Deductible
	Calendar Year Maximum	\$2,000 plus Maximum Rollover	\$2,000 plus Maximum Rollover
	Child (to age 19) Orthodontic Benefit	50% After Deductible to \$2,000 Lifetime Maximum	50% After Deductible to \$2,000 Lifetime Maximum

HIGH PLAN - Employee Cost	
Employee	\$0.00
EE + Spouse	\$45.99
EE + Child(ren)	\$68.25
Family	\$119.54

# Guardian Vision Plan Options

- ✓ If you do not elect Vision during the annual open enrollment period or when you first become eligible, you will have to wait until the next annual open enrollment period to enroll, which is every July 1<sup>st</sup>.
- ✓ Visit [www.GuardianAnytime.com](http://www.GuardianAnytime.com) to **locate Vision providers** and view more detailed benefit information
- ✓ Dependent Age Limit is to Age 26

## OPTION 1 - VSP CHOICE NETWORK

Carrier: Guardian			
COVERAGE HIGHLIGHTS	VSP Choice Network Coverage	In-Network	Out-of-Network (Before Copay)
	Annual Eye Exam	\$10 Copay	\$39 Max
	Vision Lens (Single, Bifocal, Trifocal, Lenticular)	\$25 Copay	Single Lenses - \$23 Max Bifocal Lenses - \$37 Max Trifocal Lenses - \$49 Max Lenticular Lenses- \$64Max
	Contact Lenses (Elective)	\$0 Copay / \$130 Allowance	\$0 Copay/ \$120 Allowance
	Contact Lenses (Medically Necessary)	Covered after Copay	\$210 Allowance
	Frames	\$130 Retail Max + 20% off balance	\$46 Allowance

VSP CHOICE NETWORK - Employee Cost	
Employee	\$9.71
EE + Spouse	\$17.88
EE + Child(ren)	\$18.74
Family	\$28.06



## OPTION 2- DAVIS VISION NETWORK

Carrier: Guardian			
COVERAGE HIGHLIGHTS	Davis Vision Network Coverage	In-Network	Out-of-Network (Before Copay)
	Annual Eye Exam	\$10 Copay	\$50 Max
	Vision Lens (Single, Bifocal, Trifocal, Lenticular)	\$25 Copay	Single Lenses - \$48 Max Bifocal Lenses - \$67 Max Trifocal Lenses - \$86 Max Lenticular Lenses- \$126 Max
	Contact Lenses (Elective)	\$0 Copay / \$130 Allowance + 15% off balance	\$0 Copay/ \$108 Allowance
	Contact Lenses (Medically Necessary)	Covered (Copay Waived)	\$0 Copay / \$210 Allowance
	Frames	\$130 Retail Max + 20% off balance	\$108 Allowance

DAVIS VISION NETWORK - Employee Cost	
Employee	\$8.29
EE + Spouse	\$15.28
EE + Child(ren)	\$16.02
Family	\$23.98

## BASIC TERM LIFE AND AD&D

Plan Highlights		Carrier: Guardian
<b>Premiums</b> Employer Paid	<b>Coverage</b> Class 1 - \$50,000 Class 2 - \$25,000  <b>Benefit Reduction</b> Age 65 - 35% Age 70- 50%  (Employer Paid Benefits Terminate when employee leaves employment)	<b>Enrollment</b> No enrollment needed. Please review and make updates to your beneficiary designation within the online enrollment system each year.

## VOLUNTARY TERM LIFE AND AD&D

You may purchase additional life insurance for you and your family. Coverage is paid for by you thru payroll deduction. Accidental Death and Dismemberment (AD&D) is included in this coverage.

*Evidence of Insurability (EOI) will be required if you did not enroll when first eligible and coverage may be denied. If EOI is approved, effective date will be first of the month following approval.*

Plan Highlights		Carrier: Guardian
Coverage		
<b>Premiums</b> (Note: The enrollment portal will calculate your premiums at the time of enrollment and will be based on age. Premium for spouse is based on age of employee. Premiums increase every five years).	<ul style="list-style-type: none"> <li>Employee Paid</li> </ul>	
<b>Employee Benefit</b>	<ul style="list-style-type: none"> <li>\$10,000 to \$500,000 in \$10,000 increments (Benefit Reduction of 35% at Age 65 and 50% at Age 70)</li> </ul>	
<b>Spouse Benefit</b>	<ul style="list-style-type: none"> <li>\$5,000 to \$100,000 in \$5,000 increments, not to exceed 50% of Employee's amount. (Benefit Reduction of 35% at Age 65 / Benefit terminates at Age 70)</li> </ul>	
<b>Child Benefit</b>	<ul style="list-style-type: none"> <li>\$5,000, \$10,000, not to exceed 50% of Employee's amount</li> </ul>	
<b>Annual Election</b>	<ul style="list-style-type: none"> <li>Allows an employee to annually enroll for an increase of coverage, by an electable amount up to \$50,000 not to exceed the guarantee issue.</li> </ul>	

## VOLUNTARY LONG-TERM DISABILITY

You may purchase voluntary long-term disability coverage for yourself again this year. The elimination period (number of days you must be disabled prior to collecting disability benefits) is 90 days. Please refer to the benefit summary on the online enrollment system for a more detailed plan description and rates. This benefit is a very inexpensive way to "insure" your paycheck in the event of extended sick time away from your job. *EOI will be required if you did not enroll when first eligible and coverage may be denied. If EOI is approved, effective date will be first of the month following approval.*

Plan Highlights		Carrier: Guardian
Coverage		
<b>Premiums</b>	<ul style="list-style-type: none"> <li>Employee Paid</li> </ul>	
<b>Coverage</b>	<ul style="list-style-type: none"> <li>60% of Salary up to \$6,000 per month</li> </ul>	

## EMPLOYEE ASSISTANCE PROGRAM

Carrier: Guardian – Administered by IBH (No cost to Employees)

Guardian has a comprehensive Employee Assistance Plan (EAP). Their WorkLifeMatters program is administered by Integrated Behavioral Health (IBH) and available to you at no additional cost. Employees can receive expert support services to assist them and their families with a variety of issues from family care, stress, depression, or addiction. Employee services include:

- Unlimited telephonic counseling through a convenient toll-free number
- Resources to assist with locating childcare, providing elder care, planning for adoption
- Online database accessible 24 hours a day, seven days a week
- Financial consultation
- Unlimited legal advice by telephone

Please visit [www.ibhworklife.com](http://www.ibhworklife.com) or call 1-800-386-7055 for more information.

## TRAVEL AID SERVICES

Carrier: Guardian (No cost to Employees)

As part of your employee benefits package, Guardian's insurance coverage includes TravelAid services. TravelAid provides an emergency response network around-the-clock and around-the-world (domestic and international) to ensure business travelers are not left on their own when they need help the most, whether for a medical emergency or to replace travel documents.

- Travel Planning
- Specialized Security Resources
- Medical Transportation Services
- Worldwide Physician and Hospital Referrals
- Emergency Response

For more information, contact Guardian at 1-800-541-7846.

TravelAid services are provided by Integrated Behavioral Health, Inc., and Medex. The Guardian Life Insurance Company of America (Guardian) does not provide any part of TravelAid Services. Guardian is not responsible or liable for care or advice given by any provider or resource under the program. This information is for illustrative purposes only. It is not a contract. Only the policy can provide the actual terms, services, limitations, and exclusions. Guardian and IBH reserve the right to discontinue TravelAid at any time. Legal services provided through WorkLife Matters will not be provided in connection with or preparation for any action against Guardian, IBH, or your employer.

# VOLUNTARY WORKSITE BENEFITS



Carrier: Guardian

Your voluntary worksite benefit offerings effective July 1, 2021 for the 2021-2022 school years are being offered thru Guardian. Please note if you did not apply when first eligible, you will be considered a late enrollee and Evidence of Insurability (EOI) will be required and will have to be approved by the Guardian underwriter. If approved, effective date will be first of the month following approval. The online enrollment portal will prompt you when EOI is required. You will need to complete and forward directly to Guardian or turn form in to your bookkeeper/HR representative.

The benefit plans are highlighted below:

**Cancer Plans:** There are two options to choose from. Both have a pre-existing condition limitation, which means there is a 3-month look back period (anything that has been treated or diagnosed 3 months prior to effective date) and would not be covered for the first 12 months of the plan. Benefits include: Cancer screening (\$50; \$50 for follow-up screening), Radiation Therapy, Chemotherapy, Blood/Plasma/Platelets, Second Surgical Opinion, Hospital Confinement, ICU Confinement, and Hospice.

Cancer Plan - Monthly Rates (Employee Paid):		
	Value Plan	Premier Plan
Employee	\$15.88	\$42.74
EE + Spouse	\$33.46	\$94.70
EE + Child(ren)	\$19.18	\$49.00
Family	\$36.77	\$100.97

**Short-term Disability Insurance:** Provides benefits to help address daily living expenses if you are unable to work due to a covered injury or illness. This benefit is payable beginning on the 15th calendar day of a disability. Maternity is covered as any other illness. There is a pre-existing condition limitation, which means there is a 3-month look back period (anything that has been treated or diagnosed 3 months prior to effective date) and would not be covered for the first 12 months of the plan.

Highlight of Benefits Include:

- Weekly benefit is 50% to \$1,250
- Duration of benefits is 11 weeks
- Maternity: If new enrollee that does not currently have short term disability coverage in place and already pregnant, the benefit would be limited to two weeks. If you are a new enrollee and NOT pregnant on July 1<sup>st</sup>, you would be limited by the definition of disability, not to exceed the benefit duration of 11 weeks.

Monthly Rates (Employee Paid):
Varies by age & salary-level

**Accident Insurance:** There is no pre-existing limitation (guaranteed acceptance). Helps with out-of-pocket costs that arise when you have a covered accident including: Hospital Admission, Hospital Confinement, Physical Therapy, Lacerations, Major Injuries (Fractures and Dislocations)

Monthly Rates (Employee Paid):	
Employee	\$20.63
EE + Spouse	\$30.92
EE + Child(ren)	\$36.16
Family	\$46.45

**Hospital Indemnity:** Group Hospital Indemnity Insurance from Guardian helps with the out-of-pocket costs associated with a covered hospital stay, including benefits for hospital admission, confinement, and intensive care. Guaranteed acceptance, however, there is a 12/12 pre-existing limitation, which means there would be a 12-month look back period (anything that has been treated or diagnosed 12 months prior to effective date) and would not be covered for the first 12 months of the plan.

**Plan 1:** \$1,500 per insured per calendar year (max of 2 payments per family per year)

**Plan 2:** \$2,500 per insured per calendar year (max of 2 payments per family per year)

**Both plans will pay \$200 per day for hospital confinement and \$400 per day for ICU (combined max of 30 days per year, per insured)**

Monthly Rates (Employee Paid):		
	Plan 1	Plan 2
Employee	\$25.57	\$33.65
EE + Spouse	\$50.24	\$66.10
EE + Child(ren)	\$36.44	\$47.99
Family	\$61.11	\$80.43

**Critical Illness Insurance:** Will pay lump sum on first and second occurrence of any qualified Critical Illnesses listed under covered conditions.

Employee may choose lump sum benefit of \$10,000; \$20,000; or \$30,000. Spouse's benefit would be up to 50% of employee's benefit and dependent child benefit amount 50% of employee's benefit.

The plan includes a \$100 per year benefit for completing certain wellness screenings for the covered employee, spouse and child.

Monthly Rates (Employee Paid):	
Tobacco & Non-Tobacco Rates	Varies by issue age

	Employee - Per \$10,000 of Benefit		Spouse - Per \$5,000 of Benefit	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<b>Under 29</b>	\$7.60	\$10.40	\$5.55	\$6.95
<b>30-39</b>	\$11.10	\$16.50	\$7.30	\$10.00
<b>40-49</b>	\$18.80	\$35.80	\$11.15	\$19.65
<b>50-59</b>	\$32.90	\$62.50	\$18.20	\$33.00
<b>60-69</b>	\$58.10	\$112.70	\$30.80	\$58.10
<b>70+</b>	\$100.60	\$183.30	\$52.05	\$93.40
Child cost is included with employee election				
Health Screening Benefit Rider Monthly Premium: INCLUDED (Employee, Spouse, or Child)				

# Employee Benefits Contact Information

Refer to this list when you have questions about your Medical, FSA, HRA, Life, Dental, Vision, Voluntary Life, Voluntary LTD, or any of the Voluntary Worksite Benefit Offerings thru Guardian.

CARRIER	GROUP #	COVERAGE	CUSTOMER SERVICE CONTACT #
<b>Guardian</b>	526636	Life/AD&D, Dental, Vision, Voluntary Life, LTD, and all Voluntary Worksite Benefits	1-800-541-7846 or www.guardiananytime.com
<b>UnitedHealthcare</b>	#911283 (South Central Education Consortium)	Medical & Pharmacy Myuhc.com Customer Support	1-844-333-2598 1-877-844-4999 www.myuhc.com
<b>Benefit Express</b>	SCEC Festus	Administers FSA & HRA	1-877-837-5017 www.MyFSAExpress.com

All employees also have access to the USI Benefits Resource Center to answer benefit/policy questions, assist you with eligibility and claim problems, provide claim appeals information, and explain allowable family status election changes (adding newborns, marriage, divorce, etc.).



**Toll Free: 855-874-0829**

**BRCMidwest@usi.com**

Our Benefits Specialists can assist you Monday through Friday,  
8am to 5pm EST & CST



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