

2026

EMPLOYEE BENEFITS GUIDE

MONROE CITY SCHOOLS



Educational
BENEFITS



Educational
BENEFITS

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WHAT YOU NEED TO KNOW

- ▶ Eligible employees can enroll themselves and their qualified dependents in applicable Monroe City Schools benefits. Employees must be actively at work to enroll in benefits.

Checklist of what to bring for open enrollment for each dependent that you are enrolling in eligible benefits:

Social Security Number
Address
Date of Birth

Having these items will expedite the completion of all enrollment forms, beneficiary cards, etc.

If you are a current employee (not a new hire), please keep the following information in mind:

- You cannot make any changes until the annual “open enrollment period”, which allows employees, who may have previously declined to enroll, the opportunity to enroll in new coverage. (Certain restrictions and limitations may apply to employees who initially declined coverage when they first became eligible to enroll.)

However, there are certain qualifying events that allow current employees to make benefit changes. These include, but are not limited to:

- » marriage, divorce, adoption or birth of child, death of a spouse or other eligible dependent.

You might see these boxes on certain pages. Here’s what they mean:

EC	Employer Contribution - your employer contributes a percentage to your product premiums
ER	Employer Paid - your employer covers 100% of the cost of your product
NH	New Hire Eligible - if you are a new hire for the district, you are eligible for this benefit

DISCLAIMER: This benefit summary is provided for illustrative purposes only and is simply an overview of your benefits. For a detailed explanation for each policy you should review a copy of the actual policy on file with the Human Resources Department or you may specifically request a copy of each policy from Educational Benefits, Inc.



WELCOME TO OPEN ENROLLMENT



GLOSSARY OF INSURANCE TERMS



Annual Maximum - The total dollar amount that a plan will pay for care incurred by an individual enrollee or family (under a family plan) in a specified benefit period.

Benefit Year - A period in which covered expenses are accrued and are counted toward the annual maximums, deductibles, and/or out-of-pocket limits.

Benefits - Items or services covered under an insurance plan.

Beneficiary - A person or entity entitled to receive the claim amount and other benefits upon the death of the benefactor or on the maturity of the policy.

Broker - An individual agent or agency who represents the buyer, rather than the insurance company, and tries to find the buyer the best policy. The broker can make specific recommendations about which plans best suit you and your family's needs.

COBRA - A federal law that may allow the insured to temporarily keep insurance coverages after employment ends.

Claim - A request for payment under an insurance plan. A claim will list the services rendered, the date of service, and an itemization of cost.

Coinurance - Insurance in which the insured is required to pay a fixed percentage of the cost of expenses after the deductible has been paid.

Copayment (Copay) - A fixed amount that the insured is required to pay before receiving the service.

Deductible - An out-of-pocket amount that an insured must pay prior to an insurance plan paying a claim.

Dependent - A child or other individual for whom a parent, relative, or other person may claim a personal exemption tax deduction.

Elimination Period - A period of continuous disability which must be satisfied before you are eligible to receive benefits.

Evidence of Insurability (EOI) - Part of the application process for an insurance policy during which an applicant provides health information. Coverage does not become effective until approval of the EOI.

Flexible Spending Account (FSA) - A type of account that provides the account holder with specific tax advantages on qualified medical and/or dependent care expenses (ex. Medical Reimbursement, Dependent Care, and/or Limited Purpose FSA).

Guaranteed Issue - A predetermined benefit amount allowed by an insurance plan without requiring Evidence of Insurability (EOI). GI allows you to enroll regardless of health status, age, gender, or other factors that might predict the use of health services. This does not, however, preclude the application of the pre-existing condition exclusions.

Limited Purpose FSA - A type of account to be used with an HSA. It is reserved for the payment of dental and vision expenses only.

Long-Term Care - A range of services and supports you may need to meet your personal care needs in the event of a chronic illness or disability.

Medically Necessary - A covered health service or treatment that is mandatory to protect and enhance the health status of a patient, and could adversely affect the patient's condition if omitted, in accordance with accepted standards of medical practice.

Network - The facilities, providers and suppliers your insurance plan has contracted with to provide health care services (i.e. "in-network").

Non-Preferred Provider - A provider who does not have a contract with your insurance carrier or plan to provide services to you. You'll pay more to see a non-preferred provider. (i.e. "out-of-network").

Out-of-Pocket Maximum - The maximum amount of money you may pay for services in a benefit year.

Pre-Existing Condition - A medical condition that is excluded from coverage by an insurance company because the condition was believed to exist prior to the individual obtaining a policy from the insurance company.

Premium/Rate - The amount you pay for your insurance premiums each month.

Qualifying Life Event (QLE) - A change in your situation that can make you eligible for a special enrollment period, allowing you to enroll in an insurance plan outside the yearly open enrollment period. (ex. Loss of coverage, getting married or divorced, having a baby/adopting a child, or a death in the family).



▶ Having dental insurance contributes to your over all well-being. Dental insurance provides coverage for preventative, basic, and major services.

DENTAL SERVICES	
PREVENTATIVE SERVICES (No Deductible) In Network: 100% Waiting Period - None	• Routine Exams (2 per 12 Months) • Cleanings (2 per 12 Months) • Fluoride(Up to age 16 - 1 per 12 Months) • Space Maintainers (Up to age 16 - 1 per 24 months) • Sealants (Up to age 16 - Permanent Molars - 1 per 36 Months) • Bitewing X-Rays (Maximum of 4 films - 1 per 12 Months) • Full Mouth/Panoramic X-Rays (1 per 24 Months) • Adjunctive Pre-Diagnostic Oral Cancer Screening (1 per 12 Months for age 40+)
BASIC SERVICES (Deductible Applies) In Network: 80% Waiting Period - None	• Emergency Treatment (1 per 12 months) • Endodontics (Root Canals) • Fillings • Simple Extractions • Anesthesia (Covered with Complex Oral Surgery-Subject to review) • Oral Surgery (Extractions and Impacted Teeth) • Repair of Crown, Denture, or Bridge
MAJOR SERVICES (Deductible Applies) In Network: 50% Waiting Period - 6 Months	• Inlays and Onlays • Non-Surgical Periodontics • Surgical Periodontics • Crowns, Bridges, Dentures, and Endosteal Implants (in lieu of a 2 or 3 unit bridge)
CHILD ORTHODONTIA RIDER (Deductible Applies) In Network: 50% Waiting Period - 6 Months	• \$500 Lifetime Maximum - Dependent Child • \$1,000 Lifetime Maximum - Adult
MAXIMUM CARRYOVER	If one cleaning, one regular exam, and the total Benefit paid does not exceed \$700 in that Benefit Year, up to \$350 will carry over to the next Benefit Year Maximum Payment. This carryover amount will accumulate from one Benefit Year to the next but will not exceed \$1,250.
ANNUAL MAXIMUM	<u>\$1,500 per person</u>
DEDUCTIBLE	\$50 per year -Max 3 per family

DENTAL COVERAGE	PASSIVE PPO
	MONTHLY COST
Employee	\$31.22
Employee + Spouse	\$62.86
Employee + Child(ren)	\$62.86
Family	\$114.91

You can find in-network providers at unumdentalcare.com.



► Vision insurance is offered to help people see by providing affordable access to high-quality eye care and eyewear. An individual or family vision insurance plan saves you money on frames, lenses, contacts, eye exams and more.

VISION SERVICES	WAL-MART VISION CENTERS	OTHER IN-NETWORK PROVIDERS	OUT-OF-NET- WORK
Exam	\$10 Co-Pay	\$10 Co-Pay	Up to \$30
Materials	\$0 Co-Pay	\$15 Co-Pay	See Allowances Below
CONTACTS (in lieu of Frames & Lenses)			
Co-Pay	\$0 Co-Pay	\$15 Co-Pay	See Allowances Below
Elective	Up to \$130	Up to \$130	Up to \$130
Medically Necessary	Up to \$210	Up to \$210	Up to \$210
LENSES (in lieu of Contacts)			
Frames	Up to \$74	Up to \$100	Up to \$40
Single Vision Allowance	Covered	Covered	Up to \$25
Bifocal Allowance	Covered	Covered	Up to \$40
Trifocal Allowance	Covered	Covered	Up to \$50
Lenticular Allowance	\$80	\$80	Up to \$50
Standard Progressive	\$70	\$70	Up to \$40
LENS OPTIONS			
Scratch Resistant Coating	Covered-Wal-Mart Only	Not Covered	Not Covered
Polycarbonate Lenses (For Children to Age 19)	Covered	Not Covered	Not Covered

COVERAGE TIER	MONTHLY RATES
Employee	\$6.60
Employee + Spouse	\$11.54
Employee + Child(ren)	\$11.54
Family	\$17.52

SERVICES	FREQUENCY
Exam	12 months
Frames	12 months
Lenses	12 months
Contact Lenses	12 months

Search for providers and manage your benefits
online at unumvisioncare.com.



▶ The Standard is our carrier for voluntary disability insurance. If you miss work due to an injury or illness, disability insurance will help replace a portion of your lost wages.

DISABILITY BENEFITS	
Guaranteed Issue	up to \$7,500
Maximum Monthly Benefit	The Maximum Monthly Benefit of \$7,500, as elected in increments of \$100, not to exceed 66 2/3% of the Monthly Earnings.
Benefit Duration	If you become disabled before age 62, LTD benefits may continue during disability until you reach age 65. If you become disabled at age 62 or older, the benefit duration is determined by your age when disability begins: Age Maximum Benefit Period 62 3 years 6 months 63 3 years 64 2 years 6 months 65 2 years 66 1 year 9 months 67 1 year 6 months 68 1 year 3 months 69+ 1 year
Elimination period	0/7 14/14 30/30 60/60 1st day hospitalization only applies to 0/7, 14/14, and 30/30 plans
Pre-Existing Condition	For the first 90 days of disability, we will pay benefits even if you have a condition subject to the preexisting condition limitation. After 90 days, we will continue benefits only for conditions for which the preexisting condition exclusion or limitation does not apply. Benefit amounts subject to the preexisting condition exclusion will be excluded from payment.
After you have been Disabled for 12 months:	Sick pay, annual or personal leave pay, severance pay, or other salary continuation, including donated amounts (but not vacation pay) paid to you by your Employer, if it exceeds the amount found in a., b., and c. a. Determine the amount of your LTDBenefit as if there were no Deductible income add your sick pay or other salary continuation to that amount. b. Determine 100% of your Index Pre-disability earnings. C. If a. is greater than b., the difference will be Deductible Income.
Claims	(855) 757-4717 MCS Policy #169473; call to receive a claim form

DISABILITY DEDUCTION TABLE

IF YOUR ANNUAL SALARY IS AT LEAST:	YOU MAY SELECT A MONTHLY BENEFIT OF:	ELIMINATION PERIOD			
		OPT 1	OPT 2	OPT 3	OPT 4
		0/7	14/14	30/30	60/60
\$3,600	\$200	\$10.70	\$8.54	\$7.06	\$4.80
\$5,400	\$300	\$16.05	\$12.81	\$10.59	\$7.20
\$7,200	\$400	\$21.40	\$17.08	\$14.12	\$9.60
\$9,000	\$500	\$26.75	\$21.35	\$17.65	\$12.00
\$10,800	\$600	\$32.10	\$25.62	\$21.18	\$14.40
\$12,600	\$700	\$37.45	\$29.89	\$24.71	\$16.80
\$14,400	\$800	\$42.80	\$34.16	\$28.24	\$19.20
\$16,200	\$900	\$48.15	\$38.43	\$31.77	\$21.60
\$18,000	\$1,000	\$53.50	\$42.70	\$35.30	\$24.00
\$19,800	\$1,100	\$58.85	\$46.97	\$38.83	\$26.40
\$21,600	\$1,200	\$64.20	\$51.24	\$42.36	\$28.80
\$23,400	\$1,300	\$69.55	\$55.51	\$45.89	\$31.20
\$25,200	\$1,400	\$74.90	\$59.78	\$49.42	\$33.60
\$27,000	\$1,500	\$80.25	\$64.05	\$52.95	\$36.00
\$28,800	\$1,600	\$85.60	\$68.32	\$56.48	\$38.40
\$30,600	\$1,700	\$90.95	\$72.59	\$60.01	\$40.80
\$32,400	\$1,800	\$96.30	\$76.86	\$63.54	\$43.20
\$34,200	\$1,900	\$101.65	\$81.13	\$67.07	\$45.60
\$36,000	\$2,000	\$107.00	\$85.40	\$70.60	\$48.00
\$37,800	\$2,100	\$112.35	\$89.67	\$74.13	\$50.40
\$39,600	\$2,200	\$117.70	\$93.94	\$77.66	\$52.80
\$41,400	\$2,300	\$123.05	\$98.21	\$81.19	\$55.20
\$43,200	\$2,400	\$128.40	\$102.48	\$84.72	\$57.60
\$45,000	\$2,500	\$133.75	\$106.75	\$88.25	\$60.00
\$46,800	\$2,600	\$139.10	\$111.02	\$91.78	\$62.40
\$48,600	\$2,700	\$144.45	\$115.29	\$95.31	\$64.80
\$50,400	\$2,800	\$149.80	\$119.56	\$98.84	\$67.20
\$52,200	\$2,900	\$155.15	\$123.83	\$102.37	\$69.60
\$54,000	\$3,000	\$160.50	\$128.10	\$105.90	\$72.00
\$55,800	\$3,100	\$165.85	\$132.37	\$109.43	\$74.40
\$57,600	\$3,200	\$171.20	\$136.64	\$112.96	\$76.80

IF YOUR ANNUAL SALARY IS AT LEAST:	YOU MAY SELECT A MONTHLY BENEFIT OF:	ELIMINATION PERIOD			
		OPT 1 0/7	OPT 2 14/14	OPT 3 30/30	OPT 4 60/60
\$59,400	\$3,300	\$176.55	\$140.91	\$116.49	\$79.20
\$61,200	\$3,400	\$181.90	\$145.18	\$120.02	\$81.60
\$63,000	\$3,500	\$187.25	\$149.45	\$123.55	\$84.00
\$64,800	\$3,600	\$192.60	\$153.72	\$127.08	\$86.40
\$66,600	\$3,700	\$197.95	\$157.99	\$130.61	\$88.80
\$68,400	\$3,800	\$203.30	\$162.26	\$134.14	\$91.20
\$70,200	\$3,900	\$208.65	\$166.53	\$137.67	\$93.60
\$72,000	\$4,000	\$214.00	\$170.80	\$141.20	\$96.00
\$73,800	\$4,100	\$219.35	\$175.07	\$144.73	\$98.40
\$75,600	\$4,200	\$224.70	\$179.34	\$148.26	\$100.80
\$77,400	\$4,300	\$230.05	\$183.61	\$151.79	\$103.20
\$79,200	\$4,400	\$235.40	\$187.88	\$155.32	\$105.60
\$81,000	\$4,500	\$240.75	\$192.15	\$158.85	\$108.00
\$82,800	\$4,600	\$246.10	\$196.42	\$162.38	\$110.40
\$84,600	\$4,700	\$251.45	\$200.69	\$165.91	\$112.80
\$86,400	\$4,800	\$256.80	\$204.96	\$169.44	\$115.20
\$88,200	\$4,900	\$262.15	\$209.23	\$172.97	\$117.60
\$90,000	\$5,000	\$267.50	\$213.50	\$176.50	\$120.00
\$91,800	\$5,100	\$272.85	\$217.77	\$180.03	\$122.40
\$93,600	\$5,200	\$278.20	\$222.04	\$183.56	\$124.80
\$95,400	\$5,300	\$283.55	\$226.31	\$187.09	\$127.20
\$97,200	\$5,400	\$288.90	\$230.58	\$190.62	\$129.60
\$99,000	\$5,500	\$294.25	\$234.85	\$194.15	\$132.00
\$100,800	\$5,600	\$299.60	\$239.12	\$197.68	\$134.40
\$102,600	\$5,700	\$304.95	\$243.39	\$201.21	\$136.80
\$104,400	\$5,800	\$310.30	\$247.66	\$204.74	\$139.20
\$106,200	\$5,900	\$315.65	\$251.93	\$208.27	\$141.60
\$108,000	\$6,000	\$321.00	\$256.20	\$211.80	\$144.00
\$109,800	\$6,100	\$326.35	\$260.47	\$215.33	\$146.40
\$111,600	\$6,200	\$331.70	\$264.74	\$218.86	\$148.80
\$113,400	\$6,300	\$337.05	\$269.01	\$222.39	\$151.20
\$115,200	\$6,400	\$342.40	\$273.28	\$225.92	\$153.60
\$117,000	\$6,500	\$347.75	\$277.55	\$229.45	\$156.00

IF YOUR ANNUAL SALARY IS AT LEAST:	YOU MAY SELECT A MONTHLY BENEFIT OF:	ELIMINATION PERIOD			
		OPT 1 0/7	OPT 2 14/14	OPT 3 30/30	OPT 4 60/60
\$118,800	\$6,600	\$353.10	\$281.82	\$232.98	\$158.40
\$120,600	\$6,700	\$358.45	\$286.09	\$236.51	\$160.80
\$122,400	\$6,800	\$363.80	\$290.36	\$240.04	\$163.20
\$124,200	\$6,900	\$369.15	\$294.63	\$243.57	\$165.60
\$126,000	\$7,000	\$374.50	\$298.90	\$247.10	\$168.00
\$127,800	\$7,100	\$379.85	\$303.17	\$250.63	\$170.40
\$129,600	\$7,200	\$385.20	\$307.44	\$254.16	\$172.80
\$131,400	\$7,300	\$390.55	\$311.71	\$257.69	\$175.20
\$133,200	\$7,400	\$395.90	\$315.98	\$261.22	\$177.60
\$135,000	\$7,500	\$401.25	\$320.25	\$264.75	\$180.00

After you have been Disabled for 12 months:

- Disability payment may be reduced by other sources of income.

Deductible sources of income such as, but not limited to, earnings received from the LA Extended Sick Leave Plan will directly offset elected benefit amount - regardless of deductible sources of income, Guaranteed to receive at least 25% of the gross disability payment.

**MetLife**

VOLUNTARY TERM LIFE/AD&D

▶ Your needs vary greatly upon age, number of dependents, dependents ages and your financial situation. Voluntary term life is designed to provide benefits to your designated beneficiary for loss of life. Employees must work a minimum of 20 hours/ week to be eligible for coverage based on the carrier's requirement.

	EMPLOYEE	SPOUSE	DEPENDENT*
BENEFIT AMOUNT	Choice of \$10,000 increments up to \$500,000, not to exceed 5x employee's annual salary	Choice of \$5,000 increments up to \$100,000, not to exceed 50% of the Employee's amount	Flat Amount: \$1,000, \$2,000, \$4,000, \$5,000 or \$10,000
MINIMUM BENEFIT AMOUNT	\$10,000	\$5,000	\$1,000
MAXIMUM BENEFIT AMOUNT	\$500,000, not to exceed 5 times employee's annual salary in increments of \$10,000	\$100,000 not to exceed 50% of employee benefit amount	\$10,000, not to exceed spouse amount
GUARANTEED ISSUE (*for new hires if within 60 days of new hire date)	Up to \$100,000	Up to \$25,000	Up to \$10,000
GUARANTEED ISSUE (Currently Insured)	May increase by \$10,000 up to \$100,000 with no health questions-not to exceed 5 times employee's annual salary	May increase by \$5,000 up to \$25,000 with no health questions - not to exceed 50% of the employee's amount	Up to \$10,000
BENEFIT REDUCTION	Terminates when your employment ceases. Employee may port or convert upon retirement, must have at least \$20,000.	Spouse coverage terminates at spouse's age 70.	-

*Children: 15 days to 18 years with a student extension to age 24.

*GI for new hires if within 60 days of new hire dates.



Employee Monthly Rate – Group Term Life with AD&D:

Employee Age	10,000	20,000	30,000	40,000	50,000	60,000	70,000	80,000	90,000	100,000
Under 25	\$ 0.86	\$ 1.72	\$ 2.58	\$ 3.44	\$ 4.30	\$ 5.16	\$ 6.02	\$ 6.88	\$ 7.74	\$ 8.60
25-29	\$ 0.97	\$ 1.94	\$ 2.91	\$ 3.88	\$ 4.85	\$ 5.82	\$ 6.79	\$ 7.76	\$ 8.73	\$ 9.70
30-34	\$ 1.19	\$ 2.38	\$ 3.57	\$ 4.76	\$ 5.95	\$ 7.14	\$ 8.33	\$ 9.52	\$ 10.71	\$ 11.90
35-39	\$ 1.41	\$ 2.82	\$ 4.23	\$ 5.64	\$ 7.05	\$ 8.46	\$ 9.87	\$ 11.28	\$ 12.69	\$ 14.10
40-44	\$ 1.63	\$ 3.26	\$ 4.89	\$ 6.52	\$ 8.15	\$ 9.78	\$ 11.41	\$ 13.04	\$ 14.67	\$ 16.30
45-49	\$ 2.41	\$ 4.82	\$ 7.23	\$ 9.64	\$ 12.05	\$ 14.46	\$ 16.87	\$ 19.28	\$ 21.69	\$ 24.10
50-54	\$ 4.30	\$ 8.60	\$ 12.90	\$ 17.20	\$ 21.50	\$ 25.80	\$ 30.10	\$ 34.40	\$ 38.70	\$ 43.00
55-59	\$ 6.75	\$ 13.50	\$ 20.25	\$ 27.00	\$ 33.75	\$ 40.50	\$ 47.25	\$ 54.00	\$ 60.75	\$ 67.50
60-64	\$ 12.20	\$ 24.40	\$ 36.60	\$ 48.80	\$ 61.00	\$ 73.20	\$ 85.40	\$ 97.60	\$ 109.80	\$ 122.00
65-69	\$ 20.87	\$ 41.74	\$ 62.61	\$ 83.48	\$ 104.35	\$ 125.22	\$ 146.09	\$ 166.96	\$ 187.83	\$ 208.70
70+	\$ 23.99	\$ 47.98	\$ 71.97	\$ 95.96	\$ 119.95	\$ 143.94	\$ 167.93	\$ 191.92	\$ 215.91	\$ 239.90

Spouse Monthly Rate – Group Term Life with AD&D:

Spouse Age	5,000	10,000	15,000	20,000	25,000
Under 25	\$ 0.43	\$ 0.86	\$ 1.29	\$ 1.72	\$ 2.15
25-29	\$ 0.49	\$ 0.97	\$ 1.46	\$ 1.94	\$ 2.43
30-34	\$ 0.60	\$ 1.19	\$ 1.79	\$ 2.38	\$ 2.98
35-39	\$ 0.71	\$ 1.41	\$ 2.12	\$ 2.82	\$ 3.53
40-44	\$ 0.82	\$ 1.63	\$ 2.45	\$ 3.26	\$ 4.08
45-49	\$ 1.21	\$ 2.41	\$ 3.62	\$ 4.82	\$ 6.03
50-54	\$ 2.15	\$ 4.30	\$ 6.45	\$ 8.60	\$ 10.75
55-59	\$ 3.38	\$ 6.75	\$ 10.13	\$ 13.50	\$ 16.88
60-64	\$ 6.10	\$ 12.20	\$ 18.30	\$ 24.40	\$ 30.50
65-69	\$ 10.44	\$ 20.87	\$ 31.31	\$ 41.74	\$ 52.18
70+	\$ 12.00	\$ 23.99	\$ 35.99	\$ 47.98	\$ 59.98

Child(ren) Monthly Cost – Group Term Life with AD&D:

1,000	2,000	4,000	5,000	10,000
\$ 0.16	\$ 0.33	\$ 0.66	\$ 0.83	\$ 1.66

FULLY PORTABLE



TransamericaSM

UNIVERSAL LIFE

▶ Universal Life insurance coverage provides permanent life insurance protection with a premium that never increases due to age or a specified term. Life Insurance is a promise to your family to help protect their future. The death benefit can be used any way you or your family sees fit.

PLAN FEATURES

- Policy builds cash value & accrues interest
- Rate stability and benefit stability
- Fully Portable - You can keep this policy should you change jobs or retire
- Guarantee Renewable - Guarantee coverage to age 100 as long as your premiums are paid.
- Accelerated Death Benefit for Chronic Condition Rider - Accelerates either 4% of the death benefit amount for a monthly benefit or 20% of the death benefit amount as a one-time lump sum payment
- Extension of Benefits Rider - Extends benefits after 100% of death benefit has been accelerated under the Accelerated Death Benefit for Chronic Condition Rider by increasing the benefit amount (5% for one time lump sum; 4% for monthly benefit). This rider will include a 25% paid-up benefit when the Benefit Restoration Rider is not included on the same plan.
- Waiver of Monthly Deductions for Layoff or Strike Rider

UNIVERSAL LIFE BENEFITS

FIRST TIME ELIGIBLE GUARANTEED ISSUE	Employee (age 16-80)	\$200,000
	Spouse (age 16-65)	\$25,000
	Child including Grand Child (age 0-25)	\$25,000
	Child Term Rider* (15 days old-no older than 25)- This rider is only available during the initial enrollment.	\$20,000
2ND YEAR GUARANTEED ISSUE	Employee - Late Entrants	\$25,000
	Spouse	Simplified Issue
LATE ENTRANT SIMPLIFIED ISSUE	Child including Grand Child	N/A
	Employee	\$500,000 Not to exceed 5 times the employee's annual salary
	Spouse	\$100,000
	Child	N/A

*Child term rider can be added for an additional premium of \$2.50 Monthly per \$10,000 (for all children)

Late Entrants and any amount above Guaranteed Issue require answering specific medical questions.
For more information, please contact EBI.



CANCER INSURANCE

► Cancer insurance helps those diagnosed with cancer to stay focused on recovery by alleviating some of the financial burden associated with the cost of cancer treatment.

Radiation & Chemotherapy	Option 1	Option 2	Option 3	Policy Says
Radiation & Chemotherapy	\$10,000	\$15,000	\$20,000	maximum benefit per 12-month period; pays actual charges
Blood, Plasma, Blood Components, Bone Marrow & Stem Cell Transplant	\$10,000	\$15,000	\$20,000	maximum benefit per 12-month period; pays actual charges
New or Experimental Treatment	\$10,000	\$15,000	\$20,000	actual charges up to 12 months,* up to selected amount, for experimental or investigational treatment defined as drugs or chemicals approved by the FDA or surgery or therapy approved by either the NCI or ACS for experimental studies
Wellness & Non-Medical Benefits	Option 1	Option 2	Option 3	Policy Pays
Wellness	\$50	\$100	\$100	per calendar year for cancer screening tests
Magnetic Resonance Imaging (MRI) Scans	\$50	\$100	\$100	per calendar year for MRI scan used as diagnostic tool for breast cancer, in addition to Wellness Benefit
Non-Local Transportation	√	√	√	Actual round-trip charges or private allowance, up to 750 miles at \$.40 per mile when required non-local hospital confinement is more than 50 miles from residence for covered person and an adult, immediate family member during confinement
Physical Therapy & Speech Therapy	\$25	\$50	\$50	per treatment; limit one per day
At Home Nursing	\$50	\$100	\$100	per day, up to the number of days of the prior hospital stay when admitted within 14 days of hospital discharge
First Occurrence Rider				
Initial Diagnosis Benefit	\$2,000	\$5,000	\$10,000	pays a one-time, lump-sum benefit when an insured person is initially diagnosed with cancer for the first time ever after the date of insurance (except skin cancer), based on a microscopic examination or fixed tissue or preparations from the hemic system. Clinical diagnosis is accepted under certain conditions.
ICU Care Rider				
ICU	\$100	\$200	\$300	Per day of confinement in an ICU such as a cardiac care unit, burn unit, or neonatal unit
Step Down Unit	\$50	\$100	\$150	per day of confinement in a step-down unit for progressive, sub-acute or intermediate care

CANCER INSURANCE Continued

Hospital Benefits	Option 1	Option 2	Option 3	Policy Pays
Hospital Confinement	\$100	\$200	\$300	per day; up to 90 days of covered confinement
Extended Benefits	\$200	\$400	\$600	per day of hospital confinement in lieu of all other benefits (except surgery & anesthesia); begins on day 91 of continuous confinement
Private Duty Nurse	\$100	\$200	\$300	per day during hospital confinement
Ambulance	\$100	\$200	\$300	for service by a licensed professional ambulance service for transportation to a hospital to which the covered person is admitted
Hospice Care	\$100	\$200	\$300	per day when confined in a hospice center or hospice home care by a hospice team; 100-day lifetime maximum

Surgery Benefits	Option 1	Option 2	Option 3	Policy Says
Surgery Inpatient Outpatient	\$1,000 \$1,500	\$2,000 \$3,000	\$3,000 \$4,500	maximum benefit; actual benefit is determined by the surgery schedule in the contract; for multiple procedures in same incision only the highest benefit is paid for multiple procedures in separate incisions will pay highest benefit and then 50% for each lesser procedure
Anesthesia	25%	25%	25%	of covered surgery benefit as scheduled in the certificate
Reconstructive Surgery Breast Cancer (Total Mastectomy) Breast Cancer (Radical Mastectomy) Cancer of the male/female genitalia Cancer of the head, neck or oral cancer	\$120 \$170 \$170 \$250	\$240 \$340 \$340 \$500	\$360 \$510 \$510 \$750	for reconstructive surgery within 2 years of the initial cancer removal; excluded skin cancer and malignant melanoma; benefit not payable if paid under any other provision of the policy.
Skin Cancer One Removal Per Additional Removal	\$75 \$35	\$150 \$70	\$225 \$105	for removal of skin cancer (skin cancer does not include malignant melanoma or mycosis fungoides)

MONTHLY RATES	OPTION 1	OPTION 2	OPTION 3
Employee	\$17.24	\$30.59	\$44.11
Employee + Child(ren)	\$19.49	\$34.69	\$49.55
Family	\$31.03	\$54.95	\$78.31

Transamerica Cancer is portable. After termination, you will receive a bill for 3 months premium with the option to continue on direct bill or ACH Bank Draft.

FULLY PORTABLE
ALWAYS GUARANTEE ISSUE

Affac®

ACCIDENT INSURANCE

- Accident insurance helps pay for unexpected healthcare expenses due to injuries that occur every day – from the soccer field to the ski slope and the highway in-between. Accident insurance provides benefits due to covered accidents for initial care, injuries, and follow-up care. Employees must work a minimum of 16 hours / week to be eligible for coverage based on the carrier's requirement.

BENEFITS*	PAYOUT AMOUNT
Initial Treatment (once/accident) ER/Urgent Care ER/Urgent Care with X-ray Doctor's Office Doctor's Office with X-ray	 \$200 \$250 \$100 \$150
Accident Follow-Up Treatment	\$50
Major Diagnostic Testing	\$200
Ambulance (once/day) Ground Air	 \$400 \$1,200
Emergency Room Observation Short Observation Period (4-24 hrs) Long Observation Period (24+ hrs)	 \$50 \$100
Paralysis Paraplegia Quadriplegia	 \$2,500 \$5,000
Burns <u>Second Degree Burns</u> Less than 10% At least 10%, but less than 25% At least 25%, but less than 35% 35% or more <u>Third Degree Burns</u> Less than 10% At least 10%, but less than 25% At least 25%, but less than 35% 35% or more	 \$100 \$200 \$500 \$1,000 \$1,000 \$5,000 \$10,000 \$20,000
Lacerations <u>Lacerations requiring stitches</u> Under 5 cm 5 to 15 cm Over 15 cm <u>Lacerations not requiring stitches</u>	 \$100 \$400 \$800 \$50
Prosthesis	\$1,500
Concussion (once/accident)	\$500
Traumatic Brain Injury (once/accident)	\$5,000
Coma (once/accident)	\$10,000
Eye Injury	\$400

ACCIDENT INSURANCE Continued

BENEFITS*	PAYOUT AMOUNT
Emergency Dental Work Repair with Crown Extraction	\$200 \$50
Outpatient Surgery and Anesthesia (per day) Performed in a Hospital or Surgical Center	\$400
Performed in a Doctor's Office, Urgent Care Facility, or Emergency Room	\$50
Dislocations (once/accident-within 90 days of accident) Open Reduction Closed Reduction	Up to \$6,000 Up to \$3,000
Fractures (once/accident-within 90 days of accident) Open Reduction Closed Reduction	Up to \$8,000 Up to \$4,000
Facilities Fee for Outpatient Surgery	\$100
Inpatient Surgery and Anesthesia (per day)	\$1,000
Hospital Admission (per confinement)	\$1,250
Hospital Confinement (per day)	\$300
Hospital Intensive Care (per day)	\$400
Transportation Plane Any Ground	\$500 \$200
Family Member Lodging (per day)	\$200
Health Screening Benefit	\$100/yr
Pre-Existing Condition Exclusion	None
Waiting Periods	None
Reductions and Terminations	None
Portable	Yes


**DID YOU
KNOW**

LESS THAN 5%
of disabling accidents
and illnesses are work
related.

The other 95% are not,
meaning

**WORKERS'
COMPENSATION
DOESN'T COVER
THEM.**

(Council for Disability Awareness, Long-Term Disability
Claims Review, 2012.)

COVERAGE TIER	MONTHLY RATES
Employee	\$18.31
Employee & Spouse	\$32.49
Employee & Child(ren)	\$45.36
Family	\$59.54

**FULLY PORTABLE
ALWAYS GUARANTEE ISSUE**

Aflac

**CRITICAL
ILLNESS**

Critical Illness insurance pays a lump sum benefit directly to you (unless otherwise assigned) and your covered dependents upon diagnosis of a covered critical illness.

BENEFIT DETAILS

	EMPLOYEE	SPOUSE	CHILD
BENEFIT AMOUNT	Choice of \$5,000 increments up to \$50,000	Up to 50% of the face amount elected by the employee	Up to 50% of the face amount elected by the employee
GUARANTEE ISSUE	Up to \$35,000	Up to \$17,500	N/A

BASE BENEFITS

Human Corona Virus (single highest benefit applicable)	
Hospitalization: 4+ days	10%
Hospitalization: 10+ days	25%
Hospitalization: ICU	40%
Heart Attack	100%
Sudden Cardiac Arrest	100%
Coronary Artery Bypass Surgery	25%
Major Organ Transplant (25% of this benefit is payable for insureds placed on a transplant list for a major organ transplant)	100%
Bone Marrow Transplant (Stem Cell Transplant)	100%
Kidney Failure (End Stage Renal Failure)	100%
Stroke (Ischemic or Hemorrhagic)	100%

ADDITIONAL BENEFITS

Coma **	100%
Severe Burns*	100%
Paralysis**	100%
Loss of Sight, Speech, or Hearing**	100%
Advanced Alzheimer's Disease	100%
Advance Parkinson's Disease	100%
Benign Brain Tumor	100%
Amyotrophic Lateral Sclerosis (ALS)	100%
Multiple Sclerosis (MS)	100%
Health Screening Benefit (payable for employee & spouse only)	\$100 per calendar year

CHILDHOOD CONDITION BENEFITS

Cystic Fibrosis, Cerebral Palsy, Cleft Lip or Cleft Palate, Down Syndrome, Phenylalanine Hydroxylase Deficiency Disease (PKU), Spina Bifida, Type 1 Diabetes	
Autism Spectrum Disorder	\$3,000

*This benefit is only payable for a burn due to, caused by, and attributed to, a covered accident.
**These benefits are payable for loss due to a covered underlying disease or a covered accident.

Critical Illness Insurance are underwritten by Continental American Insurance Company (CAIC), a proud member of the Aflac family. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands. This is a brief description of coverage and is not a contract. Read your certificate carefully for exact terms and conditions. In Arkansas, Policy Forms C21100Arz. AGC2100188 EXP 5/22

CRITICAL ILLNESS Continued

Employee Non-Tobacco Monthly Premiums										
Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$4.14	\$5.29	\$6.43	\$7.58	\$8.72	\$9.86	\$11.01	\$12.15	\$13.30	\$14.44
30-39	\$4.78	\$6.56	\$8.34	\$10.12	\$11.90	\$13.68	\$15.46	\$17.24	\$19.02	\$20.80
40-49	\$6.16	\$9.32	\$12.48	\$15.63	\$18.79	\$21.95	\$25.11	\$28.27	\$31.43	\$34.59
50-59	\$8.63	\$14.27	\$19.90	\$25.54	\$31.17	\$36.80	\$42.44	\$48.07	\$53.71	\$59.34
60+	\$12.46	\$21.92	\$31.38	\$40.83	\$50.29	\$59.75	\$69.21	\$78.67	\$88.13	\$97.58

Spouse Non-Tobacco Monthly Premiums									
Age	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000
18-29	\$3.81	\$4.22	\$4.63	\$5.04	\$5.44	\$5.85	\$6.26	\$6.66	\$7.07
30-39	\$4.45	\$5.18	\$5.90	\$6.63	\$7.35	\$8.08	\$8.80	\$9.53	\$10.25
40-49	\$5.83	\$7.24	\$8.66	\$10.07	\$11.49	\$12.90	\$14.32	\$15.73	\$17.15
50-59	\$8.30	\$10.96	\$13.61	\$16.26	\$18.91	\$21.57	\$24.22	\$26.87	\$29.52
60+	\$12.13	\$16.69	\$21.26	\$25.82	\$30.39	\$34.95	\$39.51	\$44.08	\$48.64

Employee Tobacco Monthly Premiums										
Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$4.88	\$6.76	\$8.64	\$10.52	\$12.40	\$14.28	\$16.16	\$18.05	\$19.93	\$21.81
30-39	\$6.56	\$10.13	\$13.69	\$17.25	\$20.82	\$24.38	\$27.94	\$31.50	\$35.07	\$38.63
40-49	\$9.16	\$15.32	\$21.49	\$27.65	\$33.81	\$39.97	\$46.13	\$52.30	\$58.46	\$64.62
50-59	\$13.06	\$23.12	\$33.18	\$43.25	\$53.31	\$63.37	\$73.43	\$83.49	\$93.55	\$103.61
60+	\$19.39	\$35.77	\$52.16	\$68.55	\$84.93	\$101.32	\$117.70	\$134.09	\$150.48	\$166.86

Spouse Tobacco Monthly Premiums									
Age	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000
18-29	\$4.55	\$5.33	\$6.10	\$6.88	\$7.65	\$8.43	\$9.20	\$9.98	\$10.76
30-39	\$6.23	\$7.85	\$9.47	\$11.08	\$12.70	\$14.32	\$15.93	\$17.55	\$19.17
40-49	\$8.83	\$11.75	\$14.66	\$17.58	\$20.50	\$23.41	\$26.33	\$29.25	\$32.16
50-59	\$12.73	\$17.60	\$22.46	\$27.33	\$32.19	\$37.06	\$41.93	\$46.79	\$51.66
60+	\$19.06	\$27.08	\$35.11	\$43.14	\$51.17	\$59.20	\$67.23	\$75.25	\$83.28

FULLY PORTABLE
ALWAYS GUARANTEE ISSUE



HOSPITAL INDEMNITY

The hospital care policy helps offer you financial protection in the event that you or your dependents are admitted to the hospital. Benefits provide you with assistance in paying your deductible and co-payments associated with inpatient expenses.

BENEFITS	LOW PLAN	HIGH PLAN
Hospital Admission (per inpatient confinement) Once per covered sickness or accident per calendar year	\$750	\$1,500
Hospital Confinement (per day) Maximum confinement period: 31 days per covered sickness or covered accident	\$150	\$300
Hospital Intensive Care (per day) Day 1 Day 2 -10 Maximum confinement period: 10 days per covered sickness or covered accident	\$500 \$100	\$1,000 \$150
Intermediate Intensive Care Step-Down Unit (per day) Maximum confinement period: 10 days per covered sickness or covered accident	\$75	\$100
Health Screening Benefit Payable once per calendar year per insured	\$25	\$75
Portability/Continuation	yes	
Pre-Existing Condition Exclusion	None	
Waiting Period	None	
Reductions and Terminations	None	

COVERAGE TIER	Low Plan	High Plan
Employee	\$16.15	\$31.06
Employee + Spouse	\$32.45	\$62.44
Employee + Child(ren)	\$26.16	\$50.36
Family	\$42.46	\$81.74

NOTE: THIS IS NOT MAJOR MEDICAL INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL INSURANCE. IT DOES NOT QUALIFY AS MINIMUM ESSENTIAL HEALTH COVERAGE UNDER THE FEDERAL AFFORDABLE CARE ACT.

PREMIUM SAVER GAP PLAN

F A Q

What is a Gap Plan?

This is an EMPLOYER-PAID plan, designed to reduce the cost of out-of-pocket expenses associated with your major medical/health insurance. The GAP Plan removes the out-of-pocket deductible obligation from the employee. It will also remove most all out of pocket expenses after the deductible and up to the total out of pocket maximum.

What is an HRA?

An HRA (Health Reimbursement Arrangement) is a plan set up and funded by your employer. The funds are used to pay for medical expenses you incur.

Who pays for the Premium Saver Gap Plan?

Your school district will pay the monthly premium.

Is the Premium Saver Gap Plan an HMO or PPO?

The Premium Saver Plan is neither a PPO or HMO. It is a supplemental benefit that works in conjunction with the school funded HRA to cover out of pocket expenses using the same Blue Cross Blue Shield network you use today.

What is a deductible?

The amount you pay for covered health care services before your insurance plan starts to pay. The combination of the HRA and the Premium Saver Plan will cover your deductible.

What is a co-payment (Copay)?

This is a fixed amount that is required before receiving health care services. As a participant in the Pelican HRA 1000 Plan, you will have the same co-payment amounts due for prescription medications as you have on the Magnolia Local Plus Plan.

What is coinsurance?

The fixed percentage cost of expenses after the deductible is met. The Premium Saver Plan will pay for coinsurance amounts up to the max out of pocket amount.

What is Max Out-of-Pocket?

Once you reach this amount of charged health care expenses, no other payment is expected by your provider or insurance company.

What is my network?

Your network is the exact same as it was with Magnolia Local Plus.

What is a Doctor's Fee?

In some cases, a doctor may include a code in his/her billing that is a fee for their services. This is different than the code for the actual treatment. As it relates to the Premium Saver Gap Plan, Treatment is covered at 100%. The doctor's fee (if included) could be an out-of-pocket expense.

Are there any doctors who will not accept the Premium Gap plan?

All doctors will accept the gap plan as a supplemental payment source.

What happens if I do not use all of my HRA funds each year?

Unused HRA funds will carry over each year, up to the out-of-pocket maximum.



2025 RATES

COVERAGE TIER	MONTHLY RATES
Employee	\$0.00
Employee & Spouse	\$85.54
Employee & Child(ren)	\$60.60
Family	\$146.14

Employer Pays
\$71.32



PREMIUM SAVER GAP PLAN

F A Q

Can my family use the Gap Plan?

Definitely. You, your spouse, and your covered dependents can all be covered under the GAP plan at no cost to you.

What do I need to do if my doctor's office forgets to file my Gap plan claim?

Call your provider and ask them to file or you can always file on your own.

Is this still with Blue Cross Blue Shield?

The Pelican HRA 1000 is a Blue Cross Blue Shield plan. The Premium Saver Gap Plan is a supplement to that coverage.

Will pre-existing be an issue when switching plans?

No issue at all. No pre-existing.

Is there an option to change to another plan when retiring?

Every open enrollment period (once a year) you will be given the opportunity to change to another plan, regardless if you are retiring or not.

Does this insurance work out of state?

The same rules apply to the Pelican HRA 1000 as it does with Magnolia Local Plus. While the Pelican HRA has an out-of-network benefit, you will still want to utilize Blue Cross providers whenever possible to avoid paying an out-of-network penalty

Is there a maximum amount that the Premium Saver Plan will pay?

Yes. The benefit is \$4,000. It will pay up to the maximum out-of-pocket allowed under the Pelican HRA 1000 plan, when utilizing network providers.

Will the funds be available at the beginning of the year like the current FSA? Will it be on a card?

This is not an FSA (flexible spending account). You will receive a member card much like your health insurance card. When you receive health care services, you will give the provider both your Blue Cross Blue Shield care and your Premium Saver Plan card.

Can we still participate in the regular FSA or will there be a need for it?

If your employer offers an FSA, you can participate in both. You would want to reduce your annual pretax FSA deduction to the amount you expect to spend on prescription medication copays and other allowable dental and vision expenses.

Is there any change in prescription benefits between the 2 plans? Will the mail order pharmacies remain the same?

No change in prescription coverage. All services and copays will remain the same.

Will the school district/board continue to pay towards the deductible every year?

It is the goal of the school district/board to continue funding the HRA along with the monthly premium of the Premium Saver Gap Plan. If any changes are made, those will be communicated and you will have time to consider your options prior to open enrollment.



FLEXIBLE SPENDING ACCOUNT

Features of an FSA

Why an FSA?	Using a Flexible Spending Account (FSA) is a great way to stretch your benefit dollars. You use before-tax dollars in your FSA to reimburse yourself for eligible out-of-pocket medical and dependent care expenses. That means you can enjoy tax savings and increased take-home pay—all with the convenience of a prepaid debit card.
Employee Benefits	• Reduces your income taxes (Federal, state, and FICA) because setting aside pre-tax FSA dollars results in a lower taxable salary. • Using pre-tax dollars to pay for eligible medical and/or dependent care expenses translates into savings of as much as 30%. • Offers immediate access to elected healthcare FSA funds via an FSA debit card. • Most common expenses such as medical, dental, orthodontic, vision, prescription drug, and daycare expenses are eligible for reimbursement with supporting documentation.
How it Works	• Decide how much you will contribute to their FSA each year, up to the maximum allowed by their employer's FSA plan. This election amount (divided equally by the number of payroll periods) is automatically deducted from the participant's paycheck by your employer. From a tax perspective, the more you elect to put into your FSA, the more you save! • You can choose to be reimbursed for eligible medical expenses up to the amount of your annual election. Or you may choose to use your convenient FSA debit card to pay for the eligible expense at the point of purchase, eliminating the need to request reimbursement.

MAXIMUM CONTRIBUTION AMOUNTS

\$3,300 - Medical Reimbursement
\$5,000 - Dependent Care Assistance Program

FOR EMPLOYEES/PARTICIPANTS

- Convenient JTS Mobile Technology (mobile app and text messaging)
- Multiple account management tools (web, phone, and fax)
- Fast reimbursements
- Toll-free Customer Care Center
- Easy online enrollment or re-enrollment
- Tax Savings Calculator



Expect cards to arrive no later than February



▶ All employees enrolled in the Aflac Accident or Critical Illness insurance plans receive a FREE** Telemedicine Benefit from Aflac! **Subject to a \$25 co-pay.

Now, when an illness strikes, you can get care right where you are — from your phone, app or online.

That's because your Aflac Accident and Critical Illness Insurance plans now comes with telemedicine service from MeMD that allows you to reach a health provider, day or night, using your phone or computer. And it's available as soon as your Aflac coverage starts.



Activate and log-in to your account at www.MeMD.me/Aflac



Consult a physician, pediatrician, a nurse practitioner physician assistant, or licensed behavioral health provider.

On demand visits when you need them most - nights, weekends, and holidays for a service fee.



When a prescription is medically necessary, you can have it sent electronically to your pharmacy of choice.

Start using Telemedicine from MeMD as soon as your Aflac coverage begins. Call [855.636.3669](tel:855.636.3669) to get started, or visit www.MeMD.me/Aflac



▶ Below is your annual wellness information. Please see a benefit counselor for a wellness form from each carrier.

Critical Illness Policy		Aflac
\$100 Wellness		
To File:	By Email	By Fax
	groupclaimfiling@aflac.com	(866) 849-2970
Information Needed	- Policy holder's name and patient's name - Policy holder's date of birth and social security number - Patient's date of birth and social security number	
Covered Tests	physical exam, biopsies for cancer, blood test to determine total cholesterol, blood test to determine triglycerides, bone marrow testing, breast MRI, breast ultrasound, breast sonogram, cancer antigen 15-3 blood test for breast cancer (CA 15-3), cancer antigen 125 blood test for ovarian cancer (CA 125), carcinoembryonic antigen blood test for colon cancer (CEA), carotid Doppler, chest x-rays, clinical testicular exam, colonoscopy, digital rectal exam (DRE), Doppler screening for cancer, Doppler screening for peripheral vascular disease, Echocardiogram, electrocardiogram (EKG), endoscopy, fasting blood glucose test, fasting plasma glucose test, flexible sigmoidoscopy, hemocult stool specimen, hemoglobin A1C, human papillomavirus (HPV) vaccination, lipid panel, mammogram, oral cancer screening, pap smears or thin prep pap test, prostate-specific antigen (PSA) test, serum cholesterol test to determine LDL and HDL levels, serum protein electrophoresis, skin cancer biopsy, skin cancer screening, skin exam, stress test on bicycle or treadmill, successful completion of smoking cessation program, tests for sexually transmitted infections (STIs), thermography, two hour post-load plasma glucose test, ultrasounds for cancer detection, ultrasound screening of the abdominal aorta for abdominal aortic aneurysms, and virtual colonoscopy.	

Hospital Indemnity Policy		Aflac
Low Plan \$25		High Plan \$75
To File:	By Email	By Fax
	groupclaimfiling@aflac.com	1 (866) 849-2970
Information Needed	- Policy holder's name and patient's name - Policy holder's date of birth and social security number - Patient's date of birth and social security number - Copy of any and all reports from covered test to include with AFLAC claim form	
Covered Tests	Annual physical exam, biometric testing, blood screening, blood test for triglycerides, bone marrow testing, breast ultrasound, CA 125 blood test, CA 15-3 blood test, CEA blood test, chest x-ray, colonoscopy, eye exam, fasting blood glucose test, flexible sigmoidoscopy, hemocult stool analysis, immunization, mammography, non-diagnostic vascular screening, pap smear, PSA blood test, serum cholesterol test, serum protein electrophoresis, skin cancer screening, stress test on a bike/treadmill, thermography, ultrasound, urinalysis, vision screening	

Accident Policy		Aflac
\$100 Wellness		
To File:	By Email	By Fax
	groupclaimfiling@aflac.com	1(866) 849-2970
Information Needed	- Policy holder's name and patient's name - Policy holder's date of birth and social security number - Patient's date of birth and social security number - Copy of any and all reports from covered test to include with AFLAC claim form	
Covered Tests	Annual physical exams, flexible sigmoidoscopy, mammograms, PSA tests, pap smears, ultrasounds, eye exams, blood screening, immunizations	

Cancer Policy		Transamerica
Option 1: \$50 Option 2: \$100 Option 3: \$100		
To File:	By Phone	By Fax
	(888) 763-7474	(866) 586-6528
Information Needed	- Insured's name and Social Security Number - Covered person's name, date of birth, and relationship to insured - Name of test/procedure - Date of test/procedure - Provider's name, address, and phone number - Bill or statement as proof of test (fax only)	
Covered Tests	Mammogram, pap smear, flexible sigmoidoscopy, prostate-specific antigen tests, chest X-ray, hemocult stool specimen, ultrasound, CEA, CA125, biopsy, thermography, colonoscopy, serum protein electrophoresis, bone marrow testing, and blood screening for cancer	



NOTES

[illegible]



NOTES

[illegible]



NOTES

This image shows a single page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page, typical of notebook paper. There is no handwriting or other markings on the page.



Educational
BENEFITS

CUSTOMER SERVICE

1 (844) 559.3521 (phone)

1 (888) 971.3684 (fax)

service@ebiteam.com