# 2027
# HENRY-STARK COUNTIES SPECIAL EDUCATION DISTRICT
# HEALTH, DENTAL, AND VISION

## OPEN ENROLLMENT ANNOUNCEMENT

January 1, 2027, is the renewal date and open enrollment period for our employee benefit program.
Open enrollment is the period of time offered on an annual basis, allowing you to elect to enroll in our programs or make changes to your current coverage.
You are able to add dependents that are not currently covered or switch from one health plan to the other.
Eligible dependent children to age 26 (30 military) will be covered regardless of marital, student or employment status.
If you do not enroll now, you will not be able to enroll until next year's open enrollment period, unless you would experience a qualifying event.
Steve or Lance Leesman would be glad to assist you with any decisions or questions. Their contact information is enclosed.
Members or dependents eligible or participating in Medicare should check with Steve or Human Resources to determine any positive or negative impact to your health plan.
**All eligible employees must confirm your health, dental, and vision elections for the coming year, even if making no changes or waiving coverage.**
**Sign this form and return to Jennifer Harker immediately.**

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## EMPLOYEE INFORMATION

| Social Security Number | Last Name | First Name | MI |
|---|---|---|---|
| | | | |

| Street Address | City | State | Zip Code | Male or Female |
|---|---|---|---|---|
| | | | | |

| Date of Birth | ____Single ____Married ____Widowed ____Divorced | Job Title | Date of Full Time Employment |
|---|---|---|---|
| | | | |

| Phone Number | Email Address | Hours Worked Per Week |
|---|---|---|
| | | |

## BENEFIT COVERAGE (CHECK ELIGIBLE COVERAGE APPLIED FOR)

**IN THE OPTIONS BELOW, THE FIRST COLUMN RELFECTS USING THE $1,500 STIPEND TO OFFSET THE COST OF YOUR HEALTH INSURANCE. IF YOU OPT OUT OF USING IT TOWARD THE COST OF YOUR HEALTH INSURANCE, IT WILL BE PUT INTO AN FSA ACCOUNT (TASC- DEBIT CARD), AND YOUR PER PAY COST WILL BE THE AMOUNT IN THE SECOND COLUMN.**

| CONSOCIATE $1,500 SCA - 22 PAYS | Without Flex Account | With Flex Account |
|---|---|---|
| ____Employee Only | _____$69.58 | _____$137.76 |
| ____Emp + Spouse | _____$647.06 | _____$715.24 |
| ____Emp + Child(ren) | _____$526.38 | _____$594.56 |
| ____Emp + Family | _____$1,062.26 | _____$1,130.44 |
| ____Waive Coverage | | |

| CONSOCIATE $1,500 SCA - 26 PAYS | Without Flex Account | With Flex Account |
|---|---|---|
| ____Employee Only | _____$58.87 | _____$116.56 |
| ____Emp + Spouse | _____$547.51 | _____$605.20 |
| ____Emp + Child(ren) | _____$445.39 | _____$503.08 |
| ____Emp + Family | _____$898.83 | _____$956.52 |
| ____Waive Coverage | | |

| PRINCIPAL DENTAL | 22 PAY PERIODS | 26 PAY PERIODS |
|---|---|---|
| ____Employee Only | $0.00 | $0.00 |
| ____Emp + Spouse | $34.86 | $29.49 |
| ____Emp + Child(ren) | $56.24 | $47.59 |
| ____Emp + Family | $56.24 | $47.59 |
| ____Waive Coverage | | |

| CONSOCIATE HSA PLAN SCA - 22 PAYS | Without Flex Account | With Flex Account |
|---|---|---|
| ____Employee Only | _____$69.58 | _____$137.76 |
| ____Emp + Spouse | _____$589.37 | _____$657.55 |
| ____Emp + Child(ren) | _____$516.07 | _____$584.25 |
| ____Emp + Family | _____$1,000.63 | _____$1,068.81 |
| ____Waive Coverage | | |

| CONSOCIATE HSA PLAN SCA - 26 PAYS | Without Flex Account | With Flex Account |
|---|---|---|
| ____Employee Only | _____$58.87 | _____$116.56 |
| ____Emp + Spouse | _____$498.69 | _____$556.38 |
| ____Emp + Child(ren) | _____$436.67 | _____$494.36 |
| ____Emp + Family | _____$846.68 | _____$904.37 |
| ____Waive Coverage | | |

| PRINCIPAL VISION | 22 PAY PERIODS | 26 PAY PERIODS |
|---|---|---|
| ____Employee Only | $6.99 | $5.92 |
| ____Emp + Spouse | $11.79 | $9.98 |
| ____Emp + Child(ren) | $12.03 | $10.18 |
| ____Emp + Family | $19.03 | $16.10 |
| ____Waive Coverage | | |

| CONSOCIATE VALUE PLAN SCA - 22 PAYS | Without Flex Account | With Flex Account |
|---|---|---|
| ____Employee Only | _____$18.00 | _____$86.18 |
| ____Emp + Spouse | _____$323.53 | _____$391.71 |
| ____Emp + Child(ren) | _____$292.05 | _____$360.23 |
| ____Emp + Family | _____$516.81 | _____$584.99 |
| ____Waive Coverage | | |

| CONSOCIATE VALUE PLAN - 26 PAYS | Without Flex Account | With Flex Account |
|---|---|---|
| ____Employee Only | _____$15.23 | _____$72.92 |
| ____Emp + Spouse | _____$273.75 | _____$331.44 |
| ____Emp + Child(ren) | _____$247.11 | _____$304.80 |
| ____Emp + Family | _____$437.30 | _____$494.99 |
| ____Waive Coverage | | |

## NAME OF COVERED DEPENDENT(S)

| First Name | Last Name | Soc. Sec. Number | Relationship | Gender | Date of Birth |
|---|---|---|---|---|---|
| | | | | | |
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## EMPLOYEE SIGNATURE

I hereby represent that my answers and statements as completed on this form are correct, to the best of my knowledge. I certify that each dependent named as covered under the Medical Benefits plan is considered a "dependent" as defined in the plan.

**Signed by:** X _____ **Date:** _____

CONSOCIATE HEALTH

# Coordination of Benefits (COB)

* YOUR RESPONSE IS REQUIRED *

In order for us to process claims correctly for you and your family, we are required to obtain information regarding other insurance for you and your dependents. Please take a few moments to answer the following questions and return this form to us via fax (217) 422-9224, or mail to the address bellow.

Employee's Name (please print): _____

Employee Identification Number or Social Security Number: : _____

Address: _____ Phone Number: _____

1. Do you, or any dependent covered under this plan, have coverage with another plan, including union welfare plans, Medicare, or school insurance? ○ **Yes** ○ **No** (please choose one)

   If "yes," please provide the following information. If "no," please proceed to #7.

Type of coverage: (choose all that apply)

- ○ **Employer Sponsored Policy** — Effective date of coverage: _____
- ○ **Medicare** (circle all that apply) **Part A Part B Part D** — Effective date of coverage: _____
- ○ **State Funded Policy** — Effective date of coverage: _____
- ○ **Retiree Policy** — Effective date of coverage: _____
- ○ **Individual Policy** — Effective date of coverage: _____
- ○ **Medicaid** — Effective date of coverage: _____
- ○ **Other** — Effective date of coverage: _____

2. Policy holder's Name & Relationship to the Insured: _____
   Policy holder's Date of Birth: _____
   Dependents covered by this policy: _____
   Type of Coverage: Medical _____ Dental _____ Vision _____ Rx _____
   Name of other insurance company: _____

3. Is there any other information you feel we should know about the other insurance?
   _____

4. **If you are a Divorcee -** Do you have custody of your children? If Not divorced proceed to #7 _____

5. **If no to #4,** is there a court decree stating who is required to carry Primary Coverage? _____

6. **If yes to #5,** who is required to carry the coverage and what is their relationship to the dependent covered by their policy? _____

7. Form completed by: _____ _____ _____
   Please Print Signature Date

If you have any questions, please contact our Customer Service Department at (800) 798-2422. Our hours are Monday through Friday, 8:00 a.m. – 5:00 p.m. (CST). Thank you for your prompt attention to this matter.

Without Flex

| Consociate- Health Insurance - Bronze Plan NPPE3K36 | | | | | Consociate- Health Insurance - Bronze Plan NPPE3K36 | | | |
|---|---|---|---|---|---|---|---|---|
| ANNUALLY | | | | MONTHLY | ANNUALLY | | | |
| Type of Coverage | Annual Premium | Board Paid Amount | Net Employee Cost | | Type of Coverage | Annual Premium | Board Paid Amount | Net Employee Cost |
| Employee | $15,308.04 | $13,777.24 | $1,530.80 | $1,275.67 | Employee | $15,308.04 | $13,777.24 | $1,530.80 |
| Employee + Spouse | $28,012.68 | $13,777.24 | $14,235.44 | $2,334.39 | Employee + Spouse | $28,012.68 | $13,777.24 | $14,235.44 |
| Employee + Child(ren) | $25,357.56 | $13,777.24 | $11,580.32 | $2,113.13 | Employee + Child(ren) | $25,357.56 | $13,777.24 | $11,580.32 |
| Family | $37,147.08 | $13,777.24 | $23,369.84 | $3,095.59 | Family | $37,147.08 | $13,777.24 | $23,369.84 |
| PER PAY | | | 22 PAYS | | PER PAY | | | 26 PAYS |
| Type of Coverage | Per Pay Premium | Board Paid Amount | Net Employee Cost | | Type of Coverage | Per Pay Premium | Board Paid Amount | Net Employee Cost |
| Employee | $695.82 | $626.24 | $69.58 | | Employee | $588.77 | $529.90 | $58.87 |
| Employee + Spouse | $1,273.30 | $626.24 | $647.06 | | Employee + Spouse | $1,077.41 | $529.90 | $547.51 |
| Employee + Child(ren) | $1,152.62 | $626.24 | $526.38 | | Employee + Child(ren) | $975.29 | $529.90 | $445.39 |
| Family | $1,688.50 | $626.24 | $1,062.26 | | Family | $1,428.73 | $529.90 | $898.83 |
| Consociate - Health Insurance - Silver Plan - MPET1V07 | | | | | Consociate - Health Insurance - Silver Plan - MPET1V07 | | | |
| ANNUALLY | | | | MONTHLY | ANNUALLY | | | |
| Type of Coverage | Annual Premium | Board Paid Amount | Net Employee Cost | | Type of Coverage | Annual Premium | Board Paid Amount | Net Employee Cost |
| Employee | $15,308.04 | $13,777.24 | $1,530.80 | $1,275.67 | Employee | $15,308.04 | $13,777.24 | $1,530.80 |
| Employee + Spouse | $26,743.44 | $13,777.24 | $12,966.20 | $2,228.62 | Employee + Spouse | $26,743.44 | $13,777.24 | $12,966.20 |
| Employee + Child(ren) | $25,130.76 | $13,777.24 | $11,353.52 | $2,094.23 | Employee + Child(ren) | $25,130.76 | $13,777.24 | $11,353.52 |
| Family | $35,791.20 | $13,777.24 | $22,013.96 | $2,982.60 | Family | $35,791.20 | $13,777.24 | $22,013.96 |
| PER PAY | | | 22 PAYS | | PER PAY | | | 26 PAYS |
| Type of Coverage | Per Pay Premium | Board Paid Amount | Net Employee Cost | | Type of Coverage | Per Pay Premium | Board Paid Amount | Net Employee Cost |
| Employee | $695.82 | $626.24 | $69.58 | | Employee | $588.77 | $529.90 | $58.87 |
| Employee + Spouse | $1,215.61 | $626.24 | $589.37 | | Employee + Spouse | $1,028.59 | $529.90 | $498.69 |
| Employee + Child(ren) | $1,142.31 | $626.24 | $516.07 | | Employee + Child(ren) | $966.57 | $529.90 | $436.67 |
| Family | $1,626.87 | $626.24 | $1,000.63 | | Family | $1,376.58 | $529.90 | $846.68 |
| Consociate - Health Insurance - Value Plan | | | | | Consociate - Health Insurance - Value Plan | | | |
| ANNUALLY | | | | MONTHLY | ANNUALLY | | | |
| Type of Coverage | Annual Premium | Board Paid Amount | Net Employee Cost | | Type of Coverage | Annual Premium | Board Paid Amount | Net Employee Cost |
| Employee | $14,173.32 | $13,777.24 | $396.08 | $1,181.11 | Employee | $14,173.32 | $13,777.24 | $396.08 |
| Employee + Spouse | $20,895.00 | $13,777.24 | $7,117.76 | $1,741.25 | Employee + Spouse | $20,895.00 | $13,777.24 | $7,117.76 |
| Employee + Child(ren) | $20,202.36 | $13,777.24 | $6,425.12 | $1,683.53 | Employee + Child(ren) | $20,202.36 | $13,777.24 | $6,425.12 |
| Family | $25,147.08 | $13,777.24 | $11,369.84 | $2,095.59 | Family | $25,147.08 | $13,777.24 | $11,369.84 |
| PER PAY | | | 22 PAYS | | PER PAY | | | 26 PAYS |
| Type of Coverage | Per Pay Premium | Board Paid Amount | Net Employee Cost | | Type of Coverage | Per Pay Premium | Board Paid Amount | Net Employee Cost |
| Employee | $644.24 | $626.24 | $18.00 | | Employee | $545.13 | $529.90 | $15.23 |
| Employee + Spouse | $949.77 | $626.24 | $323.53 | | Employee + Spouse | $803.65 | $529.90 | $273.75 |
| Employee + Child(ren) | $918.29 | $626.24 | $292.05 | | Employee + Child(ren) | $777.01 | $529.90 | $247.11 |
| Family | $1,143.05 | $626.24 | $516.81 | | Family | $967.20 | $529.90 | $437.30 |

With Flex

| Consociate- Health Insurance - Bronze Plan NPPE3K36 | | | | | Consociate- Health Insurance - Bronze Plan NPPE3K36 | | | |
|---|---|---|---|---|---|---|---|---|
| ANNUALLY | | | | MONTHLY | ANNUALLY | | | |
| Type of Coverage | Annual Premium | Board Paid Amount | Net Employee Cost | | Type of Coverage | Annual Premium | Board Paid Amount | Net Employee Cost |
| Employee | $15,308.04 | $12,277.24 | $3,030.80 | $1,275.67 | Employee | $15,308.04 | $12,277.24 | $3,030.80 |
| Employee + Spouse | $28,012.68 | $12,277.24 | $15,735.44 | $2,334.39 | Employee + Spouse | $28,012.68 | $12,277.24 | $15,735.44 |
| Employee + Child(ren) | $25,357.56 | $12,277.24 | $13,080.32 | $2,113.13 | Employee + Child(ren) | $25,357.56 | $12,277.24 | $13,080.32 |
| Family | $37,147.08 | $12,277.24 | $24,869.84 | $3,095.59 | Family | $37,147.08 | $12,277.24 | $24,869.84 |
| PER PAY | | | 22 PAYS | | PER PAY | | | 26 PAYS |
| Type of Coverage | Per Pay Premium | Board Paid Amount | Net Employee Cost | | Type of Coverage | Per Pay Premium | Board Paid Amount | Net Employee Cost |
| Employee | $695.82 | $558.06 | $137.76 | | Employee | $588.77 | $472.21 | $116.56 |
| Employee + Spouse | $1,273.30 | $558.06 | $715.24 | | Employee + Spouse | $1,077.41 | $472.21 | $605.20 |
| Employee + Child(ren) | $1,152.62 | $558.06 | $594.56 | | Employee + Child(ren) | $975.29 | $472.21 | $503.08 |
| Family | $1,688.50 | $558.06 | $1,130.44 | | Family | $1,428.73 | $472.21 | $956.52 |
| Consociate - Health Insurance - Silver Plan - MPET1V07 | | | | | Consociate - Health Insurance - Silver Plan - MPET1V07 | | | |
| ANNUALLY | | | | MONTHLY | ANNUALLY | | | |
| Type of Coverage | Annual Premium | Board Paid Amount | Net Employee Cost | | Type of Coverage | Annual Premium | Board Paid Amount | Net Employee Cost |
| Employee | $15,308.04 | $12,277.24 | $3,030.80 | $1,275.67 | Employee | $15,308.04 | $12,277.24 | $3,030.80 |
| Employee + Spouse | $26,743.44 | $12,277.24 | $14,466.20 | $2,228.62 | Employee + Spouse | $26,743.44 | $12,277.24 | $14,466.20 |
| Employee + Child(ren) | $25,130.76 | $12,277.24 | $12,853.52 | $2,094.23 | Employee + Child(ren) | $25,130.76 | $12,277.24 | $12,853.52 |
| Family | $35,791.20 | $12,277.24 | $23,513.96 | $2,982.60 | Family | $35,791.20 | $12,277.24 | $23,513.96 |
| PER PAY | | | 22 PAYS | | PER PAY | | | 26 PAYS |
| Type of Coverage | Per Pay Premium | Board Paid Amount | Net Employee Cost | | Type of Coverage | Per Pay Premium | Board Paid Amount | Net Employee Cost |
| Employee | $695.82 | $558.06 | $137.76 | | Employee | $588.77 | $472.21 | $116.56 |
| Employee + Spouse | $1,215.61 | $558.06 | $657.55 | | Employee + Spouse | $1,028.59 | $472.21 | $556.38 |
| Employee + Child(ren) | $1,142.31 | $558.06 | $584.25 | | Employee + Child(ren) | $966.57 | $472.21 | $494.36 |
| Family | $1,626.87 | $558.06 | $1,068.81 | | Family | $1,376.58 | $472.21 | $904.37 |
| Consociate - Health Insurance - Value Plan | | | | | Consociate - Health Insurance - Value Plan | | | |
| ANNUALLY | | | | MONTHLY | ANNUALLY | | | |
| Type of Coverage | Annual Premium | Board Paid Amount | Net Employee Cost | | Type of Coverage | Annual Premium | Board Paid Amount | Net Employee Cost |
| Employee | $14,173.32 | $12,277.24 | $1,896.08 | $1,181.11 | Employee | $14,173.32 | $12,277.24 | $1,896.08 |
| Employee + Spouse | $20,895.00 | $12,277.24 | $8,617.76 | $1,741.25 | Employee + Spouse | $20,895.00 | $12,277.24 | $8,617.76 |
| Employee + Child(ren) | $20,202.36 | $12,277.24 | $7,925.12 | $1,683.53 | Employee + Child(ren) | $20,202.36 | $12,277.24 | $7,925.12 |
| Family | $25,147.08 | $12,277.24 | $12,869.84 | $2,095.59 | Family | $25,147.08 | $12,277.24 | $12,869.84 |
| PER PAY | | | 22 PAYS | | PER PAY | | | 26 PAYS |
| Type of Coverage | Per Pay Premium | Board Paid Amount | Net Employee Cost | | Type of Coverage | Per Pay Premium | Board Paid Amount | Net Employee Cost |
| Employee | $644.24 | $558.06 | $86.18 | | Employee | $545.13 | $472.21 | $72.92 |
| Employee + Spouse | $949.77 | $558.06 | $391.71 | | Employee + Spouse | $803.65 | $472.21 | $331.44 |
| Employee + Child(ren) | $918.29 | $558.06 | $360.23 | | Employee + Child(ren) | $777.01 | $472.21 | $304.80 |
| Family | $1,143.05 | $558.06 | $584.99 | | Family | $967.20 | $472.21 | $494.99 |

## 2027 PREMIUMS for 22 Pay Scale

### Dental Insurance DPPO

| ANNUALLY | | | | MONTHLY |
|---|---|---|---|---|
| Type of Coverage | Annual Premium | Board Paid Amount | Net Employee Cost | |
| Employee | $561.00 | $561.00 | $0.00 | $46.75 |
| Employee +1 | $1,327.80 | $561.00 | $766.80 | $110.65 |
| Employee + Children | $1,798.20 | $561.00 | $1,237.20 | $149.85 |
| Family | $1,798.20 | $561.00 | $1,237.20 | $149.85 |
| **PER PAY** | | | **22 PAYS** | |
| Type of Coverage | Per Pay Premium | Board Paid Amount | Net Employee Cost | |
| Employee | $25.50 | $25.50 | $0.00 | |
| Employee +1 | $60.36 | $25.50 | $34.86 | |
| Employee + Children | $81.74 | $25.50 | $56.24 | |
| Family | $81.74 | $25.50 | $56.24 | |

### Vision Insurance

| ANNUALLY | | | | MONTHLY |
|---|---|---|---|---|
| Type of Coverage | Annual Premium | Board Paid Amount | Net Employee Cost | |
| Employee | $153.84 | $0.00 | $153.84 | $12.82 |
| Employee + Spouse | $259.44 | $0.00 | $259.44 | $21.62 |
| Employee + Child(ren) | $264.60 | $0.00 | $264.60 | $22.05 |
| Family | $418.56 | $0.00 | $418.56 | $34.88 |
| **PER PAY** | | | **22 PAYS** | |
| Type of Coverage | Per Pay Premium | Board Paid Amount | Net Employee Cost | |
| Employee | $6.99 | $0.00 | $6.99 | |
| Employee + Spouse | $11.79 | $0.00 | $11.79 | |
| Employee + Child(ren) | $12.03 | $0.00 | $12.03 | |
| Family | $19.03 | $0.00 | $19.03 | |

### Life and AD&D Insurance

| ANNUALLY | | | | MONTHLY |
|---|---|---|---|---|
| Type of Coverage | Annual Premium | Board Paid Amount | Net Employee Cost | |
| Employee | $27.00 | $27.00 | $0.00 | $2.25 |
| **PER PAY** | | | **22 PAYS** | |
| Type of Coverage | Per Pay Premium | Board Paid Amount | Net Employee Cost | |
| Employee | $1.23 | $1.23 | $0.00 | |

## 2027 PREMIUMS for 26 Pay Scale

### Dental Insurance DPPO

| ANNUALLY | | | |
|---|---|---|---|
| Type of Coverage | Annual Premium | Board Paid Amount | Net Employee Cost |
| Employee | $561.00 | $561.00 | $0.00 |
| Employee +1 | $1,327.80 | $561.00 | $766.80 |
| Employee + Child(ren) | $1,798.20 | $561.00 | $1,237.20 |
| Family | $1,798.20 | $561.00 | $1,237.20 |
| **PER PAY** | | | **26 PAYS** |
| Type of Coverage | Per Pay Premium | Board Paid Amount | Net Employee Cost |
| Employee | $21.58 | $21.58 | $0.00 |
| Employee +1 | $51.07 | $21.58 | $29.49 |
| Employee + Child(ren) | $69.17 | $21.58 | $47.59 |
| Family | $69.17 | $21.58 | $47.59 |

### Vision Insurance

| ANNUALLY | | | |
|---|---|---|---|
| Type of Coverage | Annual Premium | Board Paid Amount | Net Employee Cost |
| Employee | $153.84 | $0.00 | $153.84 |
| Employee + Spouse | $259.44 | $0.00 | $259.44 |
| Employee + Child(ren) | $264.60 | $0.00 | $264.60 |
| Family | $418.56 | $0.00 | $418.56 |
| **PER PAY** | | | **26 PAYS** |
| Type of Coverage | Per Pay Premium | Board Paid Amount | Net Employee Cost |
| Employee | $5.92 | $0.00 | $5.92 |
| Employee + Spouse | $9.98 | $0.00 | $9.98 |
| Employee + Child(ren) | $10.18 | $0.00 | $10.18 |
| Family | $16.10 | $0.00 | $16.10 |

### Life and AD&D Insurance

| ANNUALLY | | | |
|---|---|---|---|
| Type of Coverage | Annual Premium | Board Paid Amount | Net Employee Cost |
| Employee | $27.00 | $27.00 | $0.00 |
| **PER PAY** | | | **26 PAYS** |
| Type of Coverage | Per Pay Premium | Board Paid Amount | Net Employee Cost |
| Employee | $1.04 | $1.04 | $0.00 |

Principal®

Mailing Address:
Des Moines, IA 50392-0002

**Principal Life Insurance Company**

***Beneficiary Designation/ Change - Life***

**Company Name** | **Account/Unit Number**

## Employee Information

Your name (last, first, middle initial) | Social security number

## Group Term Life Beneficiary Designation (Complete if covered for group term life coverage.)

**All primary and contingent beneficiaries, whether adults or minors, should be included in the beneficiary designation below. If designating a minor, please check the applicable box and complete the Minor Beneficiary – UTMA section on Page 2.**

### Primary Beneficiaries:

| Name | Check here if a minor ☐ | Percentage | Relationship |
|---|---|---|---|
| Address | | | Social security number |
| Name | Check here if a minor ☐ | Percentage | Relationship |
| Address | | | Social security number |
| Name | Check here if a minor ☐ | Percentage | Relationship |
| Address | | | Social security number |
| Name | Check here if a minor ☐ | Percentage | Relationship |
| Address | | | Social security number |
| Name | Check here if a minor ☐ | Percentage | Relationship |
| Address | | | Social security number |

### Contingent Beneficiaries:

| Name | Check here if a minor ☐ | Percentage | Relationship |
|---|---|---|---|
| Address | | | Social security number |
| Name | Check here if a minor ☐ | Percentage | Relationship |
| Address | | | Social security number |
| Name | Check here if a minor ☐ | Percentage | Relationship |
| Address | | | Social security number |
| Name | Check here if a minor ☐ | Percentage | Relationship |
| Address | | | Social security number |
| Name | Check here if a minor ☐ | Percentage | Relationship |
| Address | | | Social security number |

The right to make future changes is reserved. If two or more beneficiaries are named, the proceeds shall be paid to the named beneficiaries, or to the survivor or survivors, in equal shares, unless specified otherwise.

If any beneficiary is designated as trustee, it is understood and agreed that Principal Life Insurance Company shall not be a party to nor bound by the conditions of any trust and payment of the net proceeds of said policy on the death of the insured to the then designated beneficiary shall be a complete discharge as to said company.

**Minor Beneficiary - UTMA: ONLY COMPLETE IF THE BENEFICIARY LISTED ABOVE IS A MINOR.**

If any proceeds become payable to a beneficiary who is then a "minor" as defined in the applicable Uniform Transfers to Minors Act, as specified herein, such proceeds shall be paid to _____
(Name)

_____
(Address)

as custodian for such beneficiary:

**(Check One Only) See instructions on Page 3.**

☐ under the Iowa Uniform Transfers to Minor Act.

☐ under the Uniform Transfers to Minor Act of the state where the beneficiary shall reside at the time of payment. In the event the beneficiary resides in California or Ohio at the time of payment, the custodianship is to continue until the beneficiary reaches the age of ___ for California (insert 18, 19, 20, 21, 22, 23, 24 or 25) or ___for Ohio (insert 18, 19, 20 or 21).

In the event a substitute custodian is needed, the following is/are nominated, in the order named:

| Name | Address |
|---|---|
| | |
| Name | Address |
| | |

If no state is specified (by name or description) above, or if the state so specified has not enacted the Uniform Transfers to Minors Act, or if the law of the state so specified does not provide for such payment to a custodian, the custodianship shall be established under the Iowa Uniform Transfers to Minors Act. If the specified Uniform Transfers to Minors Act would require the beneficiary's custodianship to terminate at or before the time of payment, the proceeds payable to that beneficiary shall be paid to the beneficiary rather than to a custodian.

**Signature**

**Read important instructions on Page 3 before signing.**

_____ _____
Signature of employee Date signed

**Note: make a copy of Page 1 and 2 for your records and distribute copy to employee.**

# HENRY-STARK COUNTIES SPECIAL EDUCATION

## Voluntary-term life/AD&D - employee

Estimated employee monthly premium amounts
End of the rate guarantee period: 12/31/2027

| Benefit amount | 29 & under | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 |
|---|---|---|---|---|---|---|---|---|
| **$10,000** | $0.91 | $1.10 | $1.21 | $1.71 | $2.40 | $3.51 | $5.39 | $8.60 |
| **$20,000** | $1.82 | $2.20 | $2.42 | $3.42 | $4.80 | $7.02 | $10.78 | $17.20 |
| **$30,000** | $2.73 | $3.30 | $3.63 | $5.13 | $7.20 | $10.53 | $16.17 | $25.80 |
| **$40,000** | $3.64 | $4.40 | $4.84 | $6.84 | $9.60 | $14.04 | $21.56 | $34.40 |
| **$50,000** | $4.55 | $5.50 | $6.05 | $8.55 | $12.00 | $17.55 | $26.95 | $43.00 |
| **$60,000** | $5.46 | $6.60 | $7.26 | $10.26 | $14.40 | $21.06 | $32.34 | $51.60 |
| **$70,000** | $6.37 | $7.70 | $8.47 | $11.97 | $16.80 | $24.57 | $37.73 | $60.20 |
| **$80,000** | $7.28 | $8.80 | $9.68 | $13.68 | $19.20 | $28.08 | $43.12 | $68.80 |
| **$90,000** | $8.19 | $9.90 | $10.89 | $15.39 | $21.60 | $31.59 | $48.51 | $77.40 |
| **$100,000** | $9.10 | $11.00 | $12.10 | $17.10 | $24.00 | $35.10 | $53.90 | $86.00 |
| **$110,000** | $10.01 | $12.10 | $13.31 | $18.81 | $26.40 | $38.61 | $59.29 | $94.60 |
| **$120,000** | $10.92 | $13.20 | $14.52 | $20.52 | $28.80 | $42.12 | $64.68 | $103.20 |
| **$130,000** | $11.83 | $14.30 | $15.73 | $22.23 | $31.20 | $45.63 | $70.07 | $111.80 |
| **$140,000** | $12.74 | $15.40 | $16.94 | $23.94 | $33.60 | $49.14 | $75.46 | $120.40 |
| **$150,000** | $13.65 | $16.50 | $18.15 | $25.65 | $36.00 | $52.65 | $80.85 | $129.00 |
| **$160,000** | $14.56 | $17.60 | $19.36 | $27.36 | $38.40 | $56.16 | $86.24 | $137.60 |
| **$170,000** | $15.47 | $18.70 | $20.57 | $29.07 | $40.80 | $59.67 | $91.63 | $146.20 |
| **$180,000** | $16.38 | $19.80 | $21.78 | $30.78 | $43.20 | $63.18 | $97.02 | $154.80 |
| **$190,000** | $17.29 | $20.90 | $22.99 | $32.49 | $45.60 | $66.69 | $102.41 | $163.40 |
| **$200,000** | $18.20 | $22.00 | $24.20 | $34.20 | $48.00 | $70.20 | $107.80 | $172.00 |
| **$210,000** | $19.11 | $23.10 | $25.41 | $35.91 | $50.40 | $73.71 | $113.19 | $180.60 |
| **$220,000** | $20.02 | $24.20 | $26.62 | $37.62 | $52.80 | $77.22 | $118.58 | $189.20 |
| **$230,000** | $20.93 | $25.30 | $27.83 | $39.33 | $55.20 | $80.73 | $123.97 | $197.80 |
| **$240,000** | $21.84 | $26.40 | $29.04 | $41.04 | $57.60 | $84.24 | $129.36 | $206.40 |
| **$250,000** | $22.75 | $27.50 | $30.25 | $42.75 | $60.00 | $87.75 | $134.75 | $215.00 |
| **$260,000** | $23.66 | $28.60 | $31.46 | $44.46 | $62.40 | $91.26 | $140.14 | $223.60 |
| **$270,000** | $24.57 | $29.70 | $32.67 | $46.17 | $64.80 | $94.77 | $145.53 | $232.20 |
| **$280,000** | $25.48 | $30.80 | $33.88 | $47.88 | $67.20 | $98.28 | $150.92 | $240.80 |
| **$290,000** | $26.39 | $31.90 | $35.09 | $49.59 | $69.60 | $101.79 | $156.31 | $249.40 |
| **$300,000** | $27.30 | $33.00 | $36.30 | $51.30 | $72.00 | $105.30 | $161.70 | $258.00 |
| **$310,000** | $28.21 | $34.10 | $37.51 | $53.01 | $74.40 | $108.81 | $167.09 | $266.60 |
| **$320,000** | $29.12 | $35.20 | $38.72 | $54.72 | $76.80 | $112.32 | $172.48 | $275.20 |
| **$330,000** | $30.03 | $36.30 | $39.93 | $56.43 | $79.20 | $115.83 | $177.87 | $283.80 |
| **$340,000** | $30.94 | $37.40 | $41.14 | $58.14 | $81.60 | $119.34 | $183.26 | $292.40 |
| **$350,000** | $31.85 | $38.50 | $42.35 | $59.85 | $84.00 | $122.85 | $188.65 | $301.00 |
| **$360,000** | $32.76 | $39.60 | $43.56 | $61.56 | $86.40 | $126.36 | $194.04 | $309.60 |

| Reduced benefit | 65-69 |
|---|---|
| **$6,500** | $9.50 |
| **$13,000** | $18.98 |
| **$19,500** | $28.48 |
| **$26,000** | $37.96 |
| **$32,500** | $47.46 |
| **$39,000** | $56.94 |
| **$45,500** | $66.44 |
| **$52,000** | $75.92 |
| **$58,500** | $85.42 |
| **$65,000** | $94.90 |
| **$71,500** | $104.40 |
| **$78,000** | $113.88 |
| **$84,500** | $123.38 |
| **$91,000** | $132.86 |
| **$97,500** | $142.36 |
| **$104,000** | $151.84 |
| **$110,500** | $161.34 |
| **$117,000** | $170.82 |
| **$123,500** | $180.32 |
| **$130,000** | $189.80 |
| **$136,500** | $199.30 |
| **$143,000** | $208.78 |
| **$149,500** | $218.28 |
| **$156,000** | $227.76 |
| **$162,500** | $237.26 |
| **$169,000** | $246.74 |
| **$175,500** | $256.24 |
| **$182,000** | $265.72 |
| **$188,500** | $275.22 |
| **$195,000** | $284.70 |
| **$201,500** | $294.20 |
| **$208,000** | $303.68 |
| **$214,500** | $313.18 |
| **$221,000** | $322.66 |
| **$227,500** | $332.16 |
| **$234,000** | $341.64 |

| Reduced benefit | 70 & over |
|---|---|
| **$5,000** | $11.85 |
| **$10,000** | $23.70 |
| **$15,000** | $35.55 |
| **$20,000** | $47.40 |
| **$25,000** | $59.25 |
| **$30,000** | $71.10 |
| **$35,000** | $82.95 |
| **$40,000** | $94.80 |
| **$45,000** | $106.65 |
| **$50,000** | $118.50 |
| **$55,000** | $130.35 |
| **$60,000** | $142.20 |
| **$65,000** | $154.05 |
| **$70,000** | $165.90 |
| **$75,000** | $177.75 |
| **$80,000** | $189.60 |
| **$85,000** | $201.45 |
| **$90,000** | $213.30 |
| **$95,000** | $225.15 |
| **$100,000** | $237.00 |
| **$105,000** | $248.85 |
| **$110,000** | $260.70 |
| **$115,000** | $272.55 |
| **$120,000** | $284.40 |
| **$125,000** | $296.25 |
| **$130,000** | $308.10 |
| **$135,000** | $319.95 |
| **$140,000** | $331.80 |
| **$145,000** | $343.65 |
| **$150,000** | $355.50 |
| **$155,000** | $367.35 |
| **$160,000** | $379.20 |
| **$165,000** | $391.05 |
| **$170,000** | $402.90 |
| **$175,000** | $414.75 |
| **$180,000** | $426.60 |

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# HENRY-STARK COUNTIES SPECIAL EDUCATION

## Voluntary-term life/AD&D - employee

Estimated employee monthly premium amounts
End of the rate guarantee period: 12/31/2027

| Benefit amount | 29 & under | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 |
|---|---|---|---|---|---|---|---|---|
| **$370,000** | $33.67 | $40.70 | $44.77 | $63.27 | $88.80 | $129.87 | $199.43 | $318.20 |
| **$380,000** | $34.58 | $41.80 | $45.98 | $64.98 | $91.20 | $133.38 | $204.82 | $326.80 |
| **$390,000** | $35.49 | $42.90 | $47.19 | $66.69 | $93.60 | $136.89 | $210.21 | $335.40 |
| **$400,000** | $36.40 | $44.00 | $48.40 | $68.40 | $96.00 | $140.40 | $215.60 | $344.00 |
| **$410,000** | $37.31 | $45.10 | $49.61 | $70.11 | $98.40 | $143.91 | $220.99 | $352.60 |
| **$420,000** | $38.22 | $46.20 | $50.82 | $71.82 | $100.80 | $147.42 | $226.38 | $361.20 |
| **$430,000** | $39.13 | $47.30 | $52.03 | $73.53 | $103.20 | $150.93 | $231.77 | $369.80 |
| **$440,000** | $40.04 | $48.40 | $53.24 | $75.24 | $105.60 | $154.44 | $237.16 | $378.40 |
| **$450,000** | $40.95 | $49.50 | $54.45 | $76.95 | $108.00 | $157.95 | $242.55 | $387.00 |
| **$460,000** | $41.86 | $50.60 | $55.66 | $78.66 | $110.40 | $161.46 | $247.94 | $395.60 |
| **$470,000** | $42.77 | $51.70 | $56.87 | $80.37 | $112.80 | $164.97 | $253.33 | $404.20 |
| **$480,000** | $43.68 | $52.80 | $58.08 | $82.08 | $115.20 | $168.48 | $258.72 | $412.80 |
| **$490,000** | $44.59 | $53.90 | $59.29 | $83.79 | $117.60 | $171.99 | $264.11 | $421.40 |
| **$500,000** | $45.50 | $55.00 | $60.50 | $85.50 | $120.00 | $175.50 | $269.50 | $430.00 |

| Reduced benefit | 65-69 |
|---|---|
| **$240,500** | $351.14 |
| **$247,000** | $360.62 |
| **$253,500** | $370.12 |
| **$260,000** | $379.60 |
| **$266,500** | $389.10 |
| **$273,000** | $398.58 |
| **$279,500** | $408.08 |
| **$286,000** | $417.56 |
| **$292,500** | $427.06 |
| **$299,000** | $436.54 |
| **$305,500** | $446.04 |
| **$312,000** | $455.52 |
| **$318,500** | $465.02 |
| **$325,000** | $474.50 |

| Reduced benefit | 70 & over |
|---|---|
| **$185,000** | $438.45 |
| **$190,000** | $450.30 |
| **$195,000** | $462.15 |
| **$200,000** | $474.00 |
| **$205,000** | $485.85 |
| **$210,000** | $497.70 |
| **$215,000** | $509.55 |
| **$220,000** | $521.40 |
| **$225,000** | $533.25 |
| **$230,000** | $545.10 |
| **$235,000** | $556.95 |
| **$240,000** | $568.80 |
| **$245,000** | $580.65 |
| **$250,000** | $592.50 |

Note: Proof of good health/evidence of insurability is required to apply for benefit amounts greater than those highlighted above.

If your age changes to a different rate band during the guarantee period, your premium will change to reflect the new rate band effective on the next policy anniversary date.

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# HENRY-STARK COUNTIES SPECIAL EDUCATION

## Voluntary-term life/AD&D - spouse

Estimated spouse monthly premium amounts
End of the rate guarantee period: 12/31/2027

| Benefit amount | 29 & under | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 |
|---|---|---|---|---|---|---|---|---|
| **$5,000** | $0.46 | $0.55 | $0.61 | $0.86 | $1.20 | $1.76 | $2.70 | $4.30 |
| **$10,000** | $0.91 | $1.10 | $1.21 | $1.71 | $2.40 | $3.51 | $5.39 | $8.60 |
| **$15,000** | $1.37 | $1.65 | $1.82 | $2.57 | $3.60 | $5.27 | $8.09 | $12.90 |
| **$20,000** | $1.82 | $2.20 | $2.42 | $3.42 | $4.80 | $7.02 | $10.78 | $17.20 |
| **$25,000** | $2.28 | $2.75 | $3.03 | $4.28 | $6.00 | $8.78 | $13.48 | $21.50 |
| **$30,000** | $2.73 | $3.30 | $3.63 | $5.13 | $7.20 | $10.53 | $16.17 | $25.80 |
| **$35,000** | $3.19 | $3.85 | $4.24 | $5.99 | $8.40 | $12.29 | $18.87 | $30.10 |
| **$40,000** | $3.64 | $4.40 | $4.84 | $6.84 | $9.60 | $14.04 | $21.56 | $34.40 |
| **$45,000** | $4.10 | $4.95 | $5.45 | $7.70 | $10.80 | $15.80 | $24.26 | $38.70 |
| **$50,000** | $4.55 | $5.50 | $6.05 | $8.55 | $12.00 | $17.55 | $26.95 | $43.00 |
| **$55,000** | $5.01 | $6.05 | $6.66 | $9.41 | $13.20 | $19.31 | $29.65 | $47.30 |
| **$60,000** | $5.46 | $6.60 | $7.26 | $10.26 | $14.40 | $21.06 | $32.34 | $51.60 |
| **$65,000** | $5.92 | $7.15 | $7.87 | $11.12 | $15.60 | $22.82 | $35.04 | $55.90 |
| **$70,000** | $6.37 | $7.70 | $8.47 | $11.97 | $16.80 | $24.57 | $37.73 | $60.20 |
| **$75,000** | $6.83 | $8.25 | $9.08 | $12.83 | $18.00 | $26.33 | $40.43 | $64.50 |
| **$80,000** | $7.28 | $8.80 | $9.68 | $13.68 | $19.20 | $28.08 | $43.12 | $68.80 |
| **$85,000** | $7.74 | $9.35 | $10.29 | $14.54 | $20.40 | $29.84 | $45.82 | $73.10 |
| **$90,000** | $8.19 | $9.90 | $10.89 | $15.39 | $21.60 | $31.59 | $48.51 | $77.40 |
| **$95,000** | $8.65 | $10.45 | $11.50 | $16.25 | $22.80 | $33.35 | $51.21 | $81.70 |
| **$100,000** | $9.10 | $11.00 | $12.10 | $17.10 | $24.00 | $35.10 | $53.90 | $86.00 |
| **$105,000** | $9.56 | $11.55 | $12.71 | $17.96 | $25.20 | $36.86 | $56.60 | $90.30 |
| **$110,000** | $10.01 | $12.10 | $13.31 | $18.81 | $26.40 | $38.61 | $59.29 | $94.60 |
| **$115,000** | $10.47 | $12.65 | $13.92 | $19.67 | $27.60 | $40.37 | $61.99 | $98.90 |
| **$120,000** | $10.92 | $13.20 | $14.52 | $20.52 | $28.80 | $42.12 | $64.68 | $103.20 |
| **$125,000** | $11.38 | $13.75 | $15.13 | $21.38 | $30.00 | $43.88 | $67.38 | $107.50 |
| **$130,000** | $11.83 | $14.30 | $15.73 | $22.23 | $31.20 | $45.63 | $70.07 | $111.80 |
| **$135,000** | $12.29 | $14.85 | $16.34 | $23.09 | $32.40 | $47.39 | $72.77 | $116.10 |
| **$140,000** | $12.74 | $15.40 | $16.94 | $23.94 | $33.60 | $49.14 | $75.46 | $120.40 |
| **$145,000** | $13.20 | $15.95 | $17.55 | $24.80 | $34.80 | $50.90 | $78.16 | $124.70 |
| **$150,000** | $13.65 | $16.50 | $18.15 | $25.65 | $36.00 | $52.65 | $80.85 | $129.00 |
| **$155,000** | $14.11 | $17.05 | $18.76 | $26.51 | $37.20 | $54.41 | $83.55 | $133.30 |
| **$160,000** | $14.56 | $17.60 | $19.36 | $27.36 | $38.40 | $56.16 | $86.24 | $137.60 |
| **$165,000** | $15.02 | $18.15 | $19.97 | $28.22 | $39.60 | $57.92 | $88.94 | $141.90 |
| **$170,000** | $15.47 | $18.70 | $20.57 | $29.07 | $40.80 | $59.67 | $91.63 | $146.20 |
| **$175,000** | $15.93 | $19.25 | $21.18 | $29.93 | $42.00 | $61.43 | $94.33 | $150.50 |
| **$180,000** | $16.38 | $19.80 | $21.78 | $30.78 | $43.20 | $63.18 | $97.02 | $154.80 |

| Reduced benefit | 65-69 |
|---|---|
| **$3,250** | $4.75 |
| **$6,500** | $9.50 |
| **$9,750** | $14.23 |
| **$13,000** | $18.98 |
| **$16,250** | $23.73 |
| **$19,500** | $28.48 |
| **$22,750** | $33.21 |
| **$26,000** | $37.96 |
| **$29,250** | $42.71 |
| **$32,500** | $47.46 |
| **$35,750** | $52.19 |
| **$39,000** | $56.94 |
| **$42,250** | $61.69 |
| **$45,500** | $66.44 |
| **$48,750** | $71.17 |
| **$52,000** | $75.92 |
| **$55,250** | $80.67 |
| **$58,500** | $85.42 |
| **$61,750** | $90.15 |
| **$65,000** | $94.90 |
| **$68,250** | $99.65 |
| **$71,500** | $104.40 |
| **$74,750** | $109.13 |
| **$78,000** | $113.88 |
| **$81,250** | $118.63 |
| **$84,500** | $123.38 |
| **$87,750** | $128.11 |
| **$91,000** | $132.86 |
| **$94,250** | $137.61 |
| **$97,500** | $142.36 |
| **$100,750** | $147.09 |
| **$104,000** | $151.84 |
| **$107,250** | $156.59 |
| **$110,500** | $161.34 |
| **$113,750** | $166.07 |
| **$117,000** | $170.82 |

| Reduced benefit | 70 & over |
|---|---|
| **$2,500** | $5.93 |
| **$5,000** | $11.85 |
| **$7,500** | $17.78 |
| **$10,000** | $23.70 |
| **$12,500** | $29.63 |
| **$15,000** | $35.55 |
| **$17,500** | $41.48 |
| **$20,000** | $47.40 |
| **$22,500** | $53.33 |
| **$25,000** | $59.25 |
| **$27,500** | $65.18 |
| **$30,000** | $71.10 |
| **$32,500** | $77.03 |
| **$35,000** | $82.95 |
| **$37,500** | $88.88 |
| **$40,000** | $94.80 |
| **$42,500** | $100.73 |
| **$45,000** | $106.65 |
| **$47,500** | $112.58 |
| **$50,000** | $118.50 |
| **$52,500** | $124.43 |
| **$55,000** | $130.35 |
| **$57,500** | $136.28 |
| **$60,000** | $142.20 |
| **$62,500** | $148.13 |
| **$65,000** | $154.05 |
| **$67,500** | $159.98 |
| **$70,000** | $165.90 |
| **$72,500** | $171.83 |
| **$75,000** | $177.75 |
| **$77,500** | $183.68 |
| **$80,000** | $189.60 |
| **$82,500** | $195.53 |
| **$85,000** | $201.45 |
| **$87,500** | $207.38 |
| **$90,000** | $213.30 |

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# HENRY-STARK COUNTIES SPECIAL EDUCATION

## Voluntary-term life/AD&D - spouse

Estimated spouse monthly premium amounts
End of the rate guarantee period: 12/31/2027

| Benefit amount | 29 & under | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 |
|---|---|---|---|---|---|---|---|---|
| **$185,000** | $16.84 | $20.35 | $22.39 | $31.64 | $44.40 | $64.94 | $99.72 | $159.10 |
| **$190,000** | $17.29 | $20.90 | $22.99 | $32.49 | $45.60 | $66.69 | $102.41 | $163.40 |
| **$195,000** | $17.75 | $21.45 | $23.60 | $33.35 | $46.80 | $68.45 | $105.11 | $167.70 |
| **$200,000** | $18.20 | $22.00 | $24.20 | $34.20 | $48.00 | $70.20 | $107.80 | $172.00 |
| **$205,000** | $18.66 | $22.55 | $24.81 | $35.06 | $49.20 | $71.96 | $110.50 | $176.30 |
| **$210,000** | $19.11 | $23.10 | $25.41 | $35.91 | $50.40 | $73.71 | $113.19 | $180.60 |
| **$215,000** | $19.57 | $23.65 | $26.02 | $36.77 | $51.60 | $75.47 | $115.89 | $184.90 |
| **$220,000** | $20.02 | $24.20 | $26.62 | $37.62 | $52.80 | $77.22 | $118.58 | $189.20 |
| **$225,000** | $20.48 | $24.75 | $27.23 | $38.48 | $54.00 | $78.98 | $121.28 | $193.50 |
| **$230,000** | $20.93 | $25.30 | $27.83 | $39.33 | $55.20 | $80.73 | $123.97 | $197.80 |
| **$235,000** | $21.39 | $25.85 | $28.44 | $40.19 | $56.40 | $82.49 | $126.67 | $202.10 |
| **$240,000** | $21.84 | $26.40 | $29.04 | $41.04 | $57.60 | $84.24 | $129.36 | $206.40 |
| **$245,000** | $22.30 | $26.95 | $29.65 | $41.90 | $58.80 | $86.00 | $132.06 | $210.70 |
| **$250,000** | $22.75 | $27.50 | $30.25 | $42.75 | $60.00 | $87.75 | $134.75 | $215.00 |

| Reduced benefit | 65-69 |
|---|---|
| **$120,250** | $175.57 |
| **$123,500** | $180.32 |
| **$126,750** | $185.05 |
| **$130,000** | $189.80 |
| **$133,250** | $194.55 |
| **$136,500** | $199.30 |
| **$139,750** | $204.03 |
| **$143,000** | $208.78 |
| **$146,250** | $213.53 |
| **$149,500** | $218.28 |
| **$152,750** | $223.01 |
| **$156,000** | $227.76 |
| **$159,250** | $232.51 |
| **$162,500** | $237.26 |

| Reduced benefit | 70 & over |
|---|---|
| **$92,500** | $219.23 |
| **$95,000** | $225.15 |
| **$97,500** | $231.08 |
| **$100,000** | $237.00 |
| **$102,500** | $242.93 |
| **$105,000** | $248.85 |
| **$107,500** | $254.78 |
| **$110,000** | $260.70 |
| **$112,500** | $266.63 |
| **$115,000** | $272.55 |
| **$117,500** | $278.48 |
| **$120,000** | $284.40 |
| **$122,500** | $290.33 |
| **$125,000** | $296.25 |

Note: Proof of good health/evidence of insurability is required to apply for benefit amounts greater than those highlighted above.

**Child(ren) premium amounts (per family)** *--Child(ren) are covered until age 26*

| | |
|---|---|
| **$2,000** | $0.40 |
| **$4,000** | $0.80 |
| **$5,000** | $1.00 |
| **$7,500** | $1.50 |
| **$10,000** | $2.00 |

If your age changes to a different rate band during the guarantee period, your premium will change to reflect the new rate band effective on the next policy anniversary date.

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# 2027
# HENRY STARK
# PLAN BENEFIT CONTACTS

## General Questions and Support

Contact for finding a doctor, insurance cards, claim issues, etc.

- Phone: 309-392-2018
- Fax: 309-392-2250
- Email: Support@miaminier.com

## Consociate

Health Insurance

- Phone: 800-798-2422
- Website: www.consociatehealth.com

## Key Contacts

Local Midwestern Insurance Contacts

- Enrollments & Changes: Jessica Deterding
- Billing/Claims: Kenzi Foley
- Life & Disability Claims: Emily Beehn

## Principal

Dental, Vision, Basic Life, Voluntary Life

- Phone: 800-843-1371
- Website: www.principal.com

## Plan Choices & General Advice

Steve Leeman

- Email: Steve@miaminier.com
- 309-275-7685

## Plan Choices & General Advice

Greg Wertheim

- Email: Greg@miaminier.com
- 309-825-8487

To: **Henry Stark Counties District Employees**

# Important Information About Your New Insurance ID Card

We want to share an update regarding your new insurance ID card and address some issues that a few members have experienced when visiting their healthcare providers.

Over the past few weeks, some providers have had difficulty verifying eligibility and benefits after receiving their new ID card. We understand how frustrating this can be and appreciate your patience as we worked to resolve these issues.

## What Caused the Problem?

One of the primary causes was an issue involving the vendor that manages electronic eligibility verification. We are pleased to report that this issue was completely resolved as of Monday of this week.

In addition, we have identified several other reasons from the calls we have received contributing to some of the difficulties with verification:

- The provider was using information from an old ID card rather than the new card.
- Incorrect patient information was entered during the verification process (such as an incorrect date of birth).
- The provider attempted to verify benefits through the wrong payer, such as Aetna, instead of **Consociate Health**.

## What Should You Do If Your Provider Cannot Verify Coverage?

If your provider has trouble verifying your eligibility or benefits during an office visit or other healthcare services, please ask them to:

1. Verify that they are using the information shown on your **new ID card**.
2. Confirm that they are using **Consociate Health** as the payer, not Aetna or another administrator.
3. If they are still unable to verify coverage, have them:
    - Visit the Provider Portal at **ConsociateHealth.com**, or
    - Contact **Consociate Health** Concierge Services at **866-996-3366** for assistance.

## We're Here to Help

Our team is committed to making your healthcare experience as smooth as possible. If your provider encounters any difficulty verifying your coverage, please know that assistance is readily available.

Providers can obtain eligibility and benefit information directly through our website or by calling our Concierge Services team at **866-996-3366**.

Thank you for your patience and understanding as we complete this transition. We are happy to help and remain committed to providing you with excellent service.

**Consociate Health**

**Employee Benefit Administration**
2828 N. Monroe Street, PO Box 1068 • Decatur, Illinois 62526
217.423.7788 • www.ConsociateHealth.com

# Policyholder: Henry-Stark Counties Special Education District

## Group term life insurance
## Benefit summary for all members

Your coverage renews every January 1
This summary was created on 11/09/2026 and shows benefits available at that time.

### What's available to me?

Protect what means the most to you – the people you love. If something were to happen to you, your life insurance proceeds would go to the people you've designated as your beneficiaries.

| | Benefit | Guaranteed issue[1] | Benefit reduction[2] |
|---|---|---|---|
| You | $25,000 | If you're under 70: $25,000<br><br>If you're 70 or older: The lesser of $25,000 or the amount with the prior carrier. | 35% reduction at age 65, and an additional 15% at age 70. |

[1]Amount of coverage you may buy within 31 days of initial eligibility for coverage without providing health information.
[2]As you get older, your life insurance benefit amount decreases.

### Who receives coverage?

- You'll receive coverage if you're an active, full-time employee. Seasonal, temporary, or contract employees aren't eligible.
  - If you're on a regularly scheduled day off, holiday, vacation day, jury duty, funeral leave, or personal time off, you're still considered actively at work, as long as you're fulfilling your regular duties and were working the day immediately prior to your time off.

Additional eligibility requirements may apply.

### Do I need to provide health information?

Benefit amounts up to the guaranteed issue shown in the table above won't require health information.

### What benefits does Accidental Death and Dismemberment (AD&D) provide?

If you're accidentally injured on or off the job, you may receive a benefit equal to your life benefit.

| Loss | AD&D Benefit |
|---|---|
| Loss of life, loss of both hands or both feet or one hand and one foot, or loss of sight of both eyes | 100% |

| | |
|---|---|
| Loss of one hand, or one foot, or sight of one eye | 50% |
| Loss of thumb and index finger on the same hand | 25% |
| Seatbelt / airbag - If you die in a car accident while wearing a seat belt or protected by an airbag | $10,000 |
| Repatriation - If you die at least 100 miles from your home | Up to $2,000 |
| Education - If your children are enrolled in an accredited post-secondary school at the time of your death | $3,000/year for up to 4 years |
| **Loss of use or paralysis - total loss of movement for 12 consecutive months or permanent paralysis** | |
| Quadriplegia | 100% |
| Paraplegia, hemiplegia, or loss of use of both hands or both feet or one hand and one foot. | 50% |
| Loss of use of one arm, one leg, one hand or one foot | 25% |
| **Loss of speech and/or hearing - total loss for 12 consecutive months** | |
| Loss of speech and hearing in both ears | 100% |
| Loss of speech or hearing in both ears | 50% |
| Loss of hearing in one ear | 25% |

## Additional benefits:

| | |
|---|---|
| **Accelerated death benefit** | If you're terminally ill, you may be able to receive a portion of your life benefit. |
| **Coverage during disability** | If you're disabled, you may be able to continue your coverage and not pay premium. |
| **Conversion of terminated coverage** | If coverage terminates, you may be able to convert coverage to an individual policy. |

The benefit summary is a summary only. For a complete list of benefit restrictions, please refer to your booklet.

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# Policyholder: Henry-Stark Counties Special Education District

## Group voluntary term life insurance
## Benefit summary for all members

Your coverage renews every January 1.
This summary was created on 11/09/2026 and shows benefits available at that time.

### What's available to me?

Protect what means the most to you – the people you love. If you passed away, your life insurance proceeds would go to the people you've designated as your beneficiaries.

| | Benefit | Minimum | Guaranteed issue[1] | Maximum | Benefit reduction[2] |
|---|---|---|---|---|---|
| You | Select a benefit in increments of $10,000 | $10,000 | If you're under 70: $200,000<br><br>If you're 70 or older: $10,000 | $500,000 | 35% reduction at age 65, with an additional 15% reduction at age 70 |
| Your spouse[3] | Select a benefit in increments of $5,000 | $5,000 | If your spouse is under 70: $30,000<br><br>If your spouse is 70 or older: $10,000 | $250,000 | 35% reduction at age 65, with an additional 15% reduction at age 70 |
| Your child(ren)[3] | Options[4]:<br>• $2,000, or<br>• $4,000, or<br>• $5,000, or<br>• $7,500, or<br>• $10,000 | | | | |

[1]Amount of coverage you may buy within 31 days of initial eligibility for coverage without providing health information.
[2]As you get older, your life insurance benefit amount decreases.
[3]Amount of coverage may not exceed 50% of your benefit.
[4]Dependent children under 14 days old receive a $1,000 benefit.

## Who can buy coverage?

- You may buy coverage if you're an active, full-time employee working 30 hours a week. Seasonal, temporary, or contract employees can't purchase.
  - If you're on a regularly scheduled day off, holiday, vacation day, jury duty, funeral leave, or personal time off, you're still considered actively at work, as long as you're fulfilling your regular duties and were working the day immediately prior to your time off.
  - You must enroll within 31 days of being eligible. If you don't, you may need to provide health information for review, or if you have a qualifying event.
  - If you and your spouse are both employed at Henry-Stark Counties Special Education District and are eligible for benefits, you're not eligible to have benefits as both an employee and a spouse.
- If you're covered, you may buy coverage for your dependents, if they're not confined at home, in a hospital or skilled nursing facility (this is referred to as Period of Limited Activity).

Additional eligibility requirements may apply.

## Do I need to provide health information?

Benefit amounts over the guaranteed issue shown in the table above for you and your spouse may require you to provide health information.

## May I increase my benefit later?

- You may be able to enroll for or increase your benefit and your dependent's benefit two increments per year during your open enrollment period without providing health information.
- If you have a qualifying life event (marriage, birth of a child, etc.), you may enroll or increase your benefit up to the guaranteed issue amount within 31 days without having to provide health information.

## What benefits does Accidental Death and Dismemberment (AD&D) provide?

If you or your spouse are accidentally injured on or off the job, you may receive a benefit equal to your life benefit.

| Loss | AD&D Benefit |
|---|---|
| Loss of life, loss of both hands or both feet or one hand and one foot, or loss of sight of both eyes | 100% |
| Loss of one hand, or one foot, or sight of one eye | 50% |
| Loss of thumb and index finger on the same hand | 25% |
| Seatbelt / airbag - If you die in a car accident while wearing a seat belt or protected by an airbag | $10,000 |
| Repatriation - If you die at least 100 miles from your home | Up to $2,000 |
| Education - If your children are enrolled in an accredited post-secondary school at the time of your death | $3,000/year for up to 4 years |
| **Loss of use or paralysis - total loss of movement for 12 consecutive months or permanent paralysis** | |
| Quadriplegia | 100% |
| Paraplegia, hemiplegia, or loss of use of both hands or both feet or one hand and one foot. | 50% |

| | |
|---|---|
| Loss of use of one arm, one leg, one hand or one foot | 25% |
| **Loss of speech and/or hearing - total loss for 12 consecutive months** | |
| Loss of speech and hearing in both ears | 100% |
| Loss of speech or hearing in both ears | 50% |
| Loss of hearing in one ear | 25% |

## Additional benefits:

| | |
|---|---|
| **Accelerated death benefit** | If you're terminally ill, you may be able to receive a portion of your life benefit. |
| **Coverage during disability** | If you're disabled, you may be able to continue your coverage and not pay premium. |
| **Portability** | If you no longer qualify for coverage, you may be able to continue coverage for yourself and your covered dependents. |
| **Conversion of terminated coverage** | If coverage terminates, you may be able to convert coverage to an individual policy. |

## What are the limitations and exclusions of my coverage?

This benefit summary is a summary only. For a complete list of benefit restrictions, please refer to your booklet.

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Insurance issued by Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392

# Policyholder: Henry-Stark Counties Special Education District

## Group voluntary vision
## Benefit summary for all members

Your coverage renews every January 1
This summary was created on 11/09/2026 and shows benefits available at that time.

### What's available to me?

Vision insurance is offered through Principal® and VSP® Vision Care. It provides choice, flexibility and savings through a VSP doctor.

If you buy this coverage, an established network of VSP doctors will provide quality care for you and your dependents.

| VSP choice network | |
|---|---|
| **Exams** | Every 12 months, one exam is covered in full after $0 copay |
| **Prescription glasses**<br>Lenses - 1 pair covered every 12 months<br><br>Frames - covered up to $250 every 24 months; 20% off amount over allowance[1] | $10 copay<br><br>• Single lenses<br>• Lined bifocal lenses<br>• Lined trifocal lenses<br>• Lenticular lenses<br>• Polycarbonate lenses for dependent children under age 18 |
| **Lens enhancements** | Standard progressive lenses covered once every 12 months with a $0 copay[1]<br><br>Most other popular lens enhancements are covered after a copay, saving our members an average of 30%[1] |
| **LightCare enhancement** | In network and retail chains: non-prescription ready-made sunglasses or blue light filtering glasses are covered instead of Rx glasses or contacts. After the materials copay $10, covered up to $250, 1 set per 24 months. The frame allowance may be lower at retail chains and will not be available at all locations. |
| **Elective contacts** | Covered up to $250 every 12 months. Contact lenses can be chosen instead of glasses. |
| **Contact fitting and evaluation** | Up to $60 copay |
| **Necessary contacts** | Covered in full after $10 copay every 12 months<br><br>Contact lenses can be chosen instead of glasses. |

[1]This can vary based on state laws and provider location Savings may not apply at participating retail chains.

## Who can buy coverage?

- You may buy coverage if you're an active, full-time employee. Seasonal, temporary, or contract employees can't purchase.
  - If you're on regularly scheduled day off, holiday, vacation day, jury duty, funeral leave, or personal time off, you're still considered actively at work, as long as you're fulfilling your regular duties and were working the day immediately prior to your time off.
  - You must enroll within 31 days of being eligible. If you don't, you'll have to wait until the next open enrollment period.
- If you're covered, you may buy coverage for your dependents.

Additional eligibility requirements may apply.

## What's the difference between elective and necessary contacts?

- Elective - when vision can be corrected by glasses, but contacts are worn.
- Necessary - when vision can't be corrected with glasses due to extreme vision problems.

## Why am I charged an additional copay for contact fitting and evaluation?

- Contact lens wearers require an additional evaluation of the eyes' measurements, and possible follow-up appointments, for fitting and training on proper use of contact lenses.
- For these additional services, you won't pay more than $60 at in-network providers.

## Are benefits the same for all VSP doctors?

- Yes, with the exception of Costco®, Walmart®, and Sam's Club®. The frame allowance at these locations is $135 which is equivalent to a $250 allowance at other VSP doctor locations. Not all providers at participating retail chains are in-network for exam services.
- Benefits may also vary by location due to state law.

## How do I find a VSP doctor?

- Visit vsp.com to locate VSP doctors close to you -- or to see if your current eye care professional is in the VSP network.
  - You'll need to choose the "Choice" doctor network to view the VSP doctors for your coverage.
- Call 800-877-7195.

## Will I get an ID card?

- Yes, your card will have a unique member ID that your doctor will use to verify benefits.

## Will my doctor submit my claim?

- If you're seeing a VSP doctor, they'll submit the claim for you.
- If you're seeing someone outside the VSP network, you're responsible for submitting your own claim. You can get that form from vsp.com after logging in as a member using your member ID.  Or call 800-877-7195.

## Are there any additional savings with VSP?

- Glasses and sunglasses - you can save an average of 20-25% off glasses or sunglasses from any VSP doctor within 12 months of your last covered vision exam.
- Laser vision correction - you pay an average of 15% off the regular price and 5% off the promotional price. You'll only receive these discounts from contracted clinics. Go to VSP.com and register using your member ID to see the laser vision promotions and find a contracted clinic.

These savings can vary based on state laws and provider location.

## What benefits do I receive if my doctor is outside VSP's network?

| Covered charges | Benefit | Frequency |
|---|---|---|
| **Exams** | Up to $45 | Once every 12 months |
| **Single lenses** | Up to $30 | One pair every 12 months |
| **Lined bifocal lenses** | Up to $50 | One pair every 12 months |
| **Lined trifocal lenses** | Up to $65 | One pair every 12 months |
| **Lenticular lenses** | Up to $100 | One pair every 12 months |
| **Frames** | Up to $70 | One set every 24 months |
| **Elective contacts** | Up to $105 | Contacts are instead of frames and lenses |
| **Necessary contacts** | Up to $210 | Contacts are instead of frames and lenses |

## What are the limitations of my benefits?

- Visual analysis or vision aids that aren't medically necessary aren't covered.
- No benefits will be paid for:
  - Non-prescription glasses
  - Medical or surgical treatment of the eyes
  - Claims submitted by a doctor who is part of your family

This benefit summary is a summary only. For a complete list of benefit information and limitations, please refer to your booklet.





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# Policyholder: Henry-Stark Counties Special Education District

**Group dental insurance**
**Benefit summary for**
**all members**

Your coverage renews every January 1
This summary was created on 11/09/2026 and shows benefits available at that time.

| | |
|---|---|
| Network | Dental Preferred Provider Organization (PPO) |
| Network service area | Includes the Illinois counties of Adams, Alexander, Bond, Boone, Carroll, Champaign, Clark, Clinton, Coles, Cook, Cumberland, DeKalb, DeWitt, DuPage, Edgar, Effingham, Fayette, Ford, Franklin, Fulton, Greene, Grundy, Hardin, Henderson, Henry, Iroquois, Jackson, Jefferson, Jersey, Kane, Kankakee, Kendall, Lake, LaSalle, Lee, Livingston, Logan, Macon, Macoupin, Madison, McDonough, McHenry, McLean, Monroe, Montgomery, Morgan, Moultrie, Ogle, Peoria, Perry, Putnam, Randolph, Rock Island, St. Clair, Saline, Sangamon, Shelby, Stephenson, Tazewell, Union, Vermillion, Washington, Wayne, White, Whiteside, Will, Williamson, Winneabgo, Woodford. |

## What's available to me?

Dental insurance helps pay for all, or a portion, of the costs associated with dental care, from routine cleanings to root canals.

| Eligibility | | | | |
|---|---|---|---|---|
| Eligible employees | All active, full-time employees | | | |
| | Calendar-year deductible | | Coinsurance your policy pays | |
| | In-network | Out-of-network | In-network | Out-of-network |
| Preventive | $0 | $0 | 100% | 90% |
| Basic | $50 | $50 | 80% | 80% |
| Major | $50 | $50 | 50% | 50% |
| Orthodontia | $0 | $0 | 50% | 50% |
| **Additional provisions** | | | | |
| Family deductible | 3 times the per person deductible amount | | | |
| Combined deductible | Your in-network deductiblesfor basic and major services are combined.<br>Your out-of-network deductibles for basic and major are combined.<br>Your services applied to the in-network deductible will apply to the out-of-network deductible and vice versa. | | | |

| | |
|---|---|
| Combined maximum | Your calendar year maximum for preventive, basic, and major in-network services are combined.<br>Your calendar year maximum for preventive, basic, and major out-of-network services are combined. In-network calendar year maximums are $5,000 per person or out-of-network calendar year maximums are $5,000 per person.<br>Your services applied to the in-network maximum will apply to the out-of-network maximum and vice versa. |
| Orthodontia lifetime maximum | $2,000 PPO in-network maximum / $2,000 PPO out-of-network maximum |
| Plan type | Unscheduled |

## Who can buy coverage?

- You may buy coverage if you're an active, full-time employee. Seasonal, temporary, or contract employees can't purchase.
  - o If you're on regularly scheduled day off, holiday, vacation day, jury duty, funeral leave, or personal time off, you're still considered actively at work, as long as you're fulfilling your regular duties and were working the day immediately prior to your time off.
  - o You must enroll within 31 days of being eligible. If you don't, you'll have to wait until the next open enrollment period, or qualifying event.
- If you were covered as an employee, you're eligible as a retiree.

## Which procedures are covered, and how often?

| Preventive | |
|---|---|
| Routine exams | Twice per calendar year |
| Routine cleanings | Twice per calendar year |
| Bitewing X-rays | Once per calendar year |
| Full mouth X-rays | Once every 36 months |
| Fluoride | Twice per calendar year (covered only for dependent children under age 16) |
| Sealants | Covered only for dependent children under age 16 once on first and second permanent molars (1 per each 36 months) |
| Harmful habit appliance | Covered only for dependent children under age 16 |

| Basic | |
|---|---|
| Emergency exams | Subject to routine exam frequency limit |
| Periodontal maintenance | If three months have passed since active surgical periodontal treatment; twice per calendar year |
| Fillings | Replacement fillings every 24 months |
| Composite (tooth colored) | Covered on posterior teeth |
| Oral surgery | Simple and complex |

| | |
|---|---|
| General anesthesia / IV sedation | Covered only for specific procedures |
| Simple endodontics | Root canal therapy for anterior teeth |
| Complex endodontics | Root canal therapy for molar teeth |
| Non-surgical periodontics, including scaling and root planing | Once per quadrant per 24 months |
| Periodontal surgical procedures | Once per quadrant per 36 months |
| Occlusal guards (night guards) | One guard per 36 months |

| Major | |
|---|---|
| Crowns | Each 60 months per tooth if tooth cannot be restored by a filling |
| Core buildup | Each 60 months per tooth |
| Implants | Each 60 months per tooth |
| Bridges | 60 months old (initial placement / replacement) |
| Dentures | 60 months old (initial placement / replacement) |
| Repairs | Partial denture, bridge, crown, relines, rebasing, tissue conditioning and adjustment to bridge/denture, within policy limitations |

| Orthodontia | |
|---|---|
| Coverage | For your dependent children. Bands that are placed on a dependent child's teeth before age 19 may be covered. |

## Additional benefits

| | |
|---|---|
| Prevailing charge | When you receive care from an out-of-network-provider, benefits will be based on the 99$^{th}$ percentile of the usual and customary charges. |
| Emergency services | If you have a dental emergency and you can't see an in-network provider in a reasonable amount of time, your claim may be paid if you see an out-of-network provider. You must provide information either with the claim or during an appeal that identifies the situation as an emergency. |
| Participating provider services | If you require treatment and you can’t see an in-network provider in a reasonable amount of time, your claim may be paid if you see an out-of-network provider. You must provide information either with the claim or during an appeal that informs Principal Life if there was no participating provider reasonably available. |

| | |
|---|---|
| Periodontal program | If you're pregnant, have diabetes or heart disease, or are menopausal, you may receive scaling and root planing covered at 100% (if dentally necessary), or one additional cleaning (routine or periodontal) subject to deductible and coinsurance. |
| Second opinion program | You may be eligible for second opinions from dental providers at 100%. This program makes sure you get the best advice to make an informed decision about your care. |
| Cancer treatment oral health program | If you have cancer and are undergoing chemotherapy or head/neck radiation therapy, you may receive up to three fluoride treatments every 12 months covered at 100% plus one additional routine cleaning. |
| General anesthesia program | If you have autism, Down syndrome, cerebral palsy, muscular dystrophy, or spina bifida you may receive general anesthesia or intravenous sedation coverage. Services must be administered in a dental office. All other contractual limitations apply. |

## How do I find a network dentist?

When you receive services from a dentist in our network, your cost may be lower. Network dentists agree to lower their fees for dental services and not charge you the difference. You'll have access to the Principal Plan Dental network, with more than 117,000 dentists nationwide. Visit principal.com/dentist to find a dentist or call 800-247-4695.

## What if my dentist isn't in the network?

You can refer your dentist to our network. Please submit the dentist's name and information by calling 800-247-4695, or submitting a form at principal.com/refer-dental-provider.

## What are the limitations and exclusions of my coverage?

- Frequency limitations for services are calculated to the month and exact date from the last date of service or placement date.

There are additional limitations to your coverage. Please review your booklet for more information. We strongly recommend submitting a predetermination to determine benefits.

## What are the restrictions of my coverage?

| | |
|---|---|
| Orthodontia | If there is orthodontia (ortho) treatment in progress on the coverage effective date and you are covered under any prior group coverage for ortho, there will be immediate coverage for treatment if proof is submitted that shows:<br>1) The lifetime maximum under any prior group coverage has not been exceeded,<br>2) Ortho treatment was started and bands or appliances were inserted while insured under any prior group coverage, and<br>3) Ortho treatment has been continued while insured under this policy.<br><br>Principal Life will credit payments made by the prior carrier toward the Principal Life lifetime ortho payment limit.<br><br>You will not be covered if ortho treatment is in progress prior to the effective date with Principal Life and you are not covered under any prior group coverage for ortho. |

There are additional limitations to your coverage. A complete list is included in your booklet.

## How are complaints handled?

You, your provider, or your representatives can send a complaint in writing to us or to the Illinois Insurance Department.

When you send the complaint to us, we will let you know that we received your complaint and immediately start an investigation. A response will be sent to you within 15 working days from the receipt of the complaint.

When we receive a complaint from the Illinois Department of Insurance, we will send a response within 21 calendar days of the department's letter (unless specified earlier by the Insurance Department).

Our response will include a description of how and when you were covered with Principal Life, the policy provisions that we relied on, what has happened with your claim, and an explanation of the final decision.

We maintain a complaint register that allows individual reconstruction of complaints as well as summary data.

Principal®

principal.com

This is a summary of dental coverage insured by or with administrative services provided by Principal Life Insurance Company. This outline is a brief description of your coverage. It is not an insurance contract or a complete statement of the rights, benefits, limitations and exclusions of the coverage. If there is a discrepancy between the policy and this document, the actual policy provision prevails. For complete coverage details, refer to the booklet.

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Insurance issued by Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392

# Save money. Improve your life.

Use discounts and services available through your group benefits. **These discounts are not insurance**.

| | |
|---|---|
| **Laser vision correction** | **Imagine your life free from glasses and contacts.** You, your spouse, and dependent children save $800 with featured providers LasikPlus, TLC Laser Eye Centers, or The LASIK Vision Institute. Or receive 15% off standard pricing or 5% off promotional pricing on LASIK through the National Lasik Network's 600 locations. Administered by LCA Vision.<br><br>principallasik.com \| 888-647-3937 |
| **Hearing aid program** | **Protect your hearing health to improve your quality of life.** You, your spouse, children, parents, and grandparents can get discounts up to 48% off hearing aids, including rechargeable and Bluetooth options, with a 60-day trial to ensure full satisfaction. You can also receive a free hearing consultation at any of the 3,000+ locations nationwide. Administered by Start Hearing.<br><br>www.starthearing.com/partners/principallife \| 877-890-4694 |
| **Emotional health support line** | **Get help when you're feeling overwhelmed or need support.** You, your spouse, and dependent children can call this free, confidential support line 24/7 to reach licensed behavioral health clinicians who can provide emotional support, tips for coping, and referrals to local resources. If your employer offers an employee assistance program (EAP), use it instead.<br><br>800-424-4612 |

Available with your dental insurance

| | |
|---|---|
| **Teeth whitening** | **Share a smile you can be proud of.** You, your spouse, and dependents can save 20% on a dentist-invented teeth whitening technology from GLO Science. Available for home use, it's fast and sensitivity-free so you can smile with confidence.<br><br>gloscience.com/principal and use discount code PRINCIPAL |
| **Oral care products** | **Help your smile be as healthy as possible.** Buy one and get one free--choose from the Z Dental sonic pulse toothbrush or the Z Dental water flosser.<br><br>myzsonic.com/principal and use coupon code PRINCIPAL |

**principal.com**

Insurance products issued by Principal Life Insurance Company®, a member of the Principal Financial Group®, Des Moines, IA 50392.

The discounts and services listed here are available to members, and/or their dependents or beneficiaries, with group coverage underwritten by or with administrative services provided by Principal Life Insurance Company. The discounts and services are not a part of the policy or contract and may be changed or discontinued at any time.

For group life and dental policies issued in New York: travel assistance, Will & Legal Document Center, identity theft kit, emotional health support line, beneficiary support, teeth whitening , and oral care products are not available; laser vision correction and hearing aid program are only available with dental or vision insurance. ARAG Services, LLC, AXA Assistance USA, Inc., Empathy, LCA Vision, Magellan Healthcare, Magellan Health Services of California, Inc.— Employer Services, Start Hearing, and VSP are not affiliated with any company of the Principal Financial Group®. Third party providers are solely responsible for their products and services.

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Principal®

VISION INSURANCE

# Set your sights on healthy eyes.

Vision coverage that gives you choice of provider options for exams and eyewear

Everyone likes choices—especially when it comes to choosing your eye doctor and eyewear. Managed care vision insurance through Principal® and VSP® Vision Care puts you in the driver's seat.

Whether you're looking to visit an eye doctor or want to enjoy the convenience of online shopping, we've got you covered. Through an established network of providers, you'll get access to a high level of care and low out-of-pocket costs.(1)

## VSP

Full-service locations with satisfaction guaranteed, offering a WellVision Exam® that can help detect signs of eye and overall health conditions, such as diabetes. Plus, a wide selection of eyewear and 24-hour access to emergency care.

- Early morning, evening, and weekend appointments offered by 91% of providers
- Extra savings and offers on preferred frame brands, contact lens services, and sunglasses
- Integrated medical management with VSP's Health-Focused Care
- Extra $20 to spend on featured frame brands, like bebe®, Calvin Klein®, Flexon®, Lacoste®, Nike®, Nine West,® and more(2)
- 20% off any amount over the allowance for frames

## Online shopping

With Eyeconic®, you get the convenience of shopping online plus the personal touch from a VSP network doctor. Visit eyeconic.com®.

- Free shipping and returns
- Virtual try on tool
- Free frame adjustment or contact lens consultation
- All-inclusive pricing
- Average savings of $220 (compared to out-of-pocket expenses without VSP insurance)

## Retail chains

5,500+ retail partner chain locations, plus 4,700+ independent chain locations nationwide

- No required forms—you pay only copays, costs over coverage amounts, and/or for non-covered option
- Retail partners include Walmart, Sam's Club, Costco® Optical, Visionworks®, Wisconsin Vision, Heartland Vision, RxOptical®, Cohen's Fashion Optical®, Pearle Vision, and Shopko.

## Out-of-network

Coverage includes a reimbursement schedule for any out-of-network provider.

Visit **vsp.com** or call **800-877-7195** to submit claims.

# How to access your vision benefits

It's as easy as 1-2-3 to look up your benefits, locate VSP in-network eye care providers near you, and use your benefits.

**1 Access your benefits.**

- Visit **vsp.com** and click on "Create an account."
- Follow the online Member Registration form using your member ID found on your vision ID card.

**2 Search for providers.**

- Visit **vsp.com** or **principal.com/vsp.**
- Enter your ZIP code or address and click Search.

**3 Use your benefits.**

- Schedule your appointment with your provider of choice.
- At your appointment, present your vision ID card and remind the provider to look up your benefits using the member ID on your card (not your Social Security number).

**Prefer to access your vision ID card on your mobile device? It's simple.**

1. Set up your username and password at **principal.com**.
2. Download the Principal® app from the App Store® or Google Play™.
3. Log in to the app using your principal.com username and password.

## Let's connect

Contact your employer or call the VSP member services line at **800-877-7195**.

(1) Based on your coverage options and national averages for eye exams and most commonly purchased brands.

(2) Only available to VSP members with applicable policy benefits. Frame brands and promotions are subject to change. Savings based on doctor's retail price and vary by policy and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details.

Coverage with a retail chain may be different or not apply. Log in to vsp.com to check your benefits for eligibility and to confirm in-network locations based on your policy type. VSP guarantees coverage from VSP network providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.

Principal®

vsp vision care

**principal.com**

Managed care vision insurance is provided through **Principal Life Insurance Company®,** Des Moines, IA 50392, and is administered by VSP. Principal Life is a member of the Principal Financial Group®.

This policy has limitations and exclusions. For costs and complete details coverage details, ask your employer.

This flyer is not approved for use in Arizona. Oregon policy form GC 9000 (1013).

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# 2027
# $1,500 PPO Plan
# HENRY-STARK COUNTIES SED

| COVERED ITEM | PARETO SCA-CARLE PPO | PARETO AETNA PPO | PARETO OUT OF PPO | COVERED ITEM |
|---|---|---|---|---|
| | | | | |
| PPO | Carle-SCA | Aetna Network | Out Of Network | PPO |
| Network | Renewal Tier 1 | Renewal Tier 2 | Out Of Network | Network |
| | | | | |
| **Ind. Deductible** | $750 | $1,500 | $7,000 | **Ind. Deductible** |
| **Family Deductible** | $1,500 | $3,000 | $21,000 | **Family Deductible** |
| | | | | |
| **Coinsurance Reimbursement** | 90% $10,000 | 80% $10,000 | 60% $12,000 | **Coinsurance Reimbursement** |
| | | | | |
| | Now Includes | Now Includes | Now Includes | |
| **Out of Pocket** | Deductible-Rx-Dr. | Deductible-Rx-Dr. | Deductible-Rx-Dr. | **Out of Pocket** |
| **Individual** | $1,750 | $3,500 | $11,800 | **Individual** |
| **Family** | $3,500 | $7,000 | $23,600 | **Family** |
| | | | | |
| **Emergency** | $500 CoPay | $500 CoPay | $500 CoPay | **Emergency** |
| | | | | |
| **Wellness Care** | 100% No Deductible | 100% No Deductible | Deductible-60% | **Wellness Care** |
| | | | | |
| **Physician CoPay** | $0 CoPay | $30 CoPay | Deductible-60% | **Physician CoPay** |
| | | | | |
| **Specialist CoPay** | $0 CoPay | $50 CoPay | Deductible-60% | **Specialist CoPay** |
| | | | | |
| **Teledoc** | Included | Included | Included | **Teledoc** |
| | | | | |
| **Urgent Copay** | $25 CoPay | $75 CoPay | Deductible-60% | **Urgent Copay** |
| | | | | |
| **SmithRx** | Included | Included | Included | **SmithRx** |
| **Cost Plus Plan** | Included | Included | Included | **Cost Plus Plan** |
| | | | | |
| **Quest Labs** | Included | Included | Included | **Quest Labs** |
| | | | | |
| **Includes Valenz** | Surgery-Imaging | Surgery-Imaging | Surgery-Imaging | **Includes Valenz** |
| | | | | |
| **Rx Card** | | | | **Rx Card** |
| **Generic Drugs** | $10-$20 CoPay | $10-$20 CoPay | Not Covered | **Generic Drugs** |
| **Preferred Brand** | $40-$80 CoPay | $40-80 CoPay | Not Covered | **Preferred Brand** |
| **Non-Preferred Brand** | $60-$120 CoPay | $60-$120 CoPay | Not Covered | **Non-Preferred Brand** |
| **Specialty** | $150 CoPay | $150 CoPay | Not Covered | **Specialty** |
| | | | | |

# 2027
# $5,000 PPO Plan
# HENRY-STARK Counties SED

| COVERED ITEM | PARETO SCA-CARLE PPO | PARETO AETNA PPO | PARETO OUT OF PPO | COVERED ITEM |
|---|---|---|---|---|
| | | | | |
| PPO | Carle-SCA | Aetna Network | Out Of Network | PPO |
| Network | Renewal Tier 1 | Renewal Tier 2 | Out Of Network | Network |
| | | | | |
| **Ind. Deductible** | $4,000 | $5,000 | $14,000 | **Ind. Deductible** |
| **Family Deductible** | $8,000 | $15,000 | $28,000 | **Family Deductible** |
| | | | | |
| **Coinsurance Reimbursement** | 100% Not Applicable | 80% Not Applicable | 60% Not Applicable | **Coinsurance Reimbursement** |
| | | | | |
| | Now Includes | Now Includes | Now Includes | |
| **Out of Pocket** | Deductible-Rx-Dr. | Deductible-Rx-Dr. | Deductible-Rx-Dr. | **Out of Pocket** |
| **Individual** | $4,000 | $5,000 | $14,000 | **Individual** |
| **Family** | $8,000 | $15,000 | $28,000 | **Family** |
| | | | | |
| **Emergency** | $500 CoPay | $500 CoPay | $500 CoPay | **Emergency** |
| | | | | |
| **Wellness Care** | 100% No Deductible | 100% No Deductible | Deductible-100% | **Wellness Care** |
| | | | | |
| **Physician CoPay** | $10 CoPay | $20 CoPay | Deductible-100% | **Physician CoPay** |
| | | | | |
| **Specialist CoPay** | $30 CoPay | $40 CoPay | Deductible-100% | **Specialist CoPay** |
| | | | | |
| **Teledoc** | Included | Included | Included | **Teledoc** |
| | | | | |
| **Urgent Copay** | $75 CoPay | $75 CoPay | Deductible-100% | **Urgent Copay** |
| | | | | |
| **SmithRx** | Included | Included | Included | **SmithRx** |
| **Cost Plus Plan** | Included | Included | Included | **Cost Plus Plan** |
| | | | | |
| **Quest Labs** | Included | Included | Included | **Quest Labs** |
| | | | | |
| **Includes Valenz** | Surgery-Imaging | Surgery-Imaging | Surgery-Imaging | **Includes Valenz** |
| | | | | |
| **Rx Card** | | | | **Rx Card** |
| **Generic Drugs** | $0 CoPay | $0 CoPay | $0 CoPay | **Generic Drugs** |
| **Preferred Brand** | $10 CoPay | $10 CoPay | $10 CoPay | **Preferred Brand** |
| **Non-Preferred Brand** | $50 CoPay | $50 CoPay | $50 CoPay | **Non-Preferred Brand** |
| **Specialty** | $100 CoPay | $100 CoPay | $100 CoPay | **Specialty** |
| | | | | |

# 2027
# HSA Plan
# HENRY-STARK COUNTIES SED

| COVERED ITEM | PARETO SCA-CARLE PPO | PARETO AETNA PPO | PARETO OUT OF PPO | COVERED ITEM |
|---|---|---|---|---|
| | | | | |
| PPO | Carle-SCA | Aetna Network | Out Of Network | PPO |
| Network | Renewal Tier 1 | Renewal Tier 2 | Out Of Network | Network |
| | | | | |
| **Ind. Deductible** | $3,500 | $3,840 | $5,400 | **Ind. Deductible** |
| **Family Deductible** | $6,800 | $7,680 | $10,800 | **Family Deductible** |
| | | | | |
| **Coinsurance** | 100% | 80% | 60% | **Coinsurance** |
| **Reimbursement** | N/A | $800 | $26,000 | **Reimbursement** |
| | | | | |
| **Out of Pocket** | Included Deductible | Included Deductible | Included Deductible | **Out of Pocket** |
| **Individual** | $3,500 | $4,000 | $10,600 | **Individual** |
| **Family** | $6,800 | $8,000 | $21,200 | **Family** |
| | | | | |
| **Emergency** | Deductible – 100% | Deductible – 100% | $500 CoPay | **Emergency** |
| | | | | |
| **Wellness Care** | 100% No Deductible | 100% No Deductible | Deductible-80% | **Wellness Care** |
| | | | | |
| **Physician CoPay** | Deductible – 100% | Deductible – 80% | Deductible-80% | **Physician CoPay** |
| | | | | |
| **Specialist CoPay** | Deductible – 100% | Deductible – 80% | Deductible-80% | **Specialist CoPay** |
| | | | | |
| **Teledoc** | Included | Included | Included | **Teledoc** |
| | | | | |
| **Urgent Copay** | Deductible – 100% | Deductible – 80% | Deductible-80% | **Urgent Copay** |
| | | | | |
| **SmithRx** | Included | Included | Included | **SmithRx** |
| **Cost Plus Plan** | Included | Included | Included | **Cost Plus Plan** |
| | | | | |
| **Quest Labs** | Included | Included | Included | **Quest Labs** |
| | | | | |
| **Includes Valenz** | Surgery-Imaging | Surgery-Imaging | Surgery-Imaging | **Includes Valenz** |
| | | | | |
| **Rx Card** | | | | **Rx Card** |
| **Generic Drugs** | Deductible – 100% | Deductible – 100% | Not Covered | **Generic Drugs** |
| **Preferred Brand** | Deductible – 100% | Deductible – 100% | Not Covered | **Preferred Brand** |
| **Non-Preferred Brand** | Deductible – 100% | Deductible – 100% | Not Covered | **Non-Preferred Brand** |
| **Specialty** | Deductible – 100% | Deductible – 100% | Not Covered | **Specialty** |
| | | | | |



# Employee Health Plan Members

## We are here to serve you.

The customer service representatives who staff our best-in-class call center are happy to assist with any need or concern, and our online portal is also an easy way to access information.

***Reach our live call center***
800.798.2422

***Hours of operation***
Monday-Thursday 7am-6pm CST
Friday 7am-5pm CST

***Email***
customerservice@consociate.com

***Call or email us with any questions, including:***

- Finding a PPO network provider
- Benefit questions
- Claim questions

***Access the online portal***
consociatehealth.com

- Click on Members, then click on VIVO Claims Access.

***Online portal available 24/7:***

- PPO providers list – consociatehealth.com/ppo-search
- Online image of your ID card
- Claims history
- Benefits at a Glance (summary)
- Verification of Benefits (detailed)
- Explanation of Benefits
- Resources including forms and plan information
- Important announcements

**We are proud to be part of your employer sponsored health plan, and look forward to serving you.**

CONSOCIATE HEALTH

# QuestSelect™ Advanced lab benefit



## Control the cost of your healthcare

QuestSelect™ Advanced is a value-added health benefit that can help save you money on outpatient laboratory testing. When you show your healthcare provider your QuestSelect card to obtain outpatient testing, there is no cost to you—testing will be covered by your employer or medical plan. There are no copays, no deductibles, and no coinsurance.*

For a current listing of collection sites visit QuestSelect.com. On the website you can also:

- Print a QuestSelect card
- Read instructions on how to use your QuestSelect benefit
- Find resources you can share with your healthcare provider

To receive the benefits of the QuestSelect Advanced program, you must present your QuestSelect card or healthcare ID card with the QuestSelect logo on it at the time of each service, and request your provider send your laboratory testing order to Quest Diagnostics.

The QuestSelect labortory benefit covers routine outpatient testing. It does NOT cover:

- Testing ordered during hospitalization
- Lab work needed on an emergency or (STAT) basis
- Testing done at another laboratory
- Time-sensitive esoteric testing such as fertility testing, bone marrow studies and spinal fluid tests

The QuestSelect program is completely voluntary and provides you with 100% coverage for your covered outpatient laboratory testing. If you and/or your healthcare provider choose to send testing to any laboratory other than Quest Diagnostics, the QuestSelect benefit will not apply.

## Saving with QuestSelect™ is simple

1. At your appointment, show your QuestSelect card and ask for your lab work to be sent to Quest.

2. If the office doesn't use Quest for testing, you can ask your provider to call the QuestSelect Lab Line to request a pickup. Or you can ask your provider for a written order to have your lab work collected at an approved Quest Patient Service Center (PSC) location.

3. The sample is collected at the healthcare provider's office or PSC and is sent to Quest Diagnostics for processing.

4. Testing is completed by Quest and results are sent to your provider. You can also access your results through MyQuest™ online.

**For more information about your QuestSelect Advanced laboratory benefit, visit QuestSelect.com or call 1.800.646.7788 today.**

# Frequently asked questions

## Q. What is QuestSelect?

A - QuestSelect™ is a voluntary program that allows you to obtain outpatient laboratory testing* at low or no cost to you. When your doctor orders lab testing, you can reduce or eliminate co-pays and/or deductibles by showing your QuestSelect™ card and asking to use your QuestSelect™ benefit. The testing must be covered and approved by your health benefit plan and your physician or phlebotomist must indicate that you have QuestSelect™ coverage on a Quest Diagnostics requisition which accompanies your specimens to Quest Diagnostics.

## Q. Is use of QuestSelect mandatory?

A - No. This is a voluntary, member-driven program. However, if you choose not to use QuestSelect™, your normal benefits will apply.

## Q. Does QuestSelect replace current healthcare benefits?

A - No. It simply provides you the option to receive covered outpatient laboratory testing at low or no out-of-pocket cost to you* when you present your QuestSelect™ card and ask to use QuestSelect™.

## Q. Who pays for the laboratory testing when I use QuestSelect?

A - When you use QuestSelect™, your health benefit plan pays some or all of the cost of covered outpatient lab tests - which means deep discounts of up to 100% for you.

## Q. What tests are covered under QuestSelect?

A - The program covers diagnostic outpatient laboratory testing provided the tests have been ordered by your physician, are covered and approved by your health benefit plan and you have requested to use QuestSelect™. Outpatient lab work includes:

- Blood testing (e.g., cholesterol, CBC).
- Urine testing (e.g., urinalysis).
- Cytology and pathology (e.g., pap smears, biopsies).
- Cultures (e.g., throat culture)

## Q. What tests are NOT covered under QuestSelect?

A - QuestSelect™ does not cover:

- Lab work ordered during hospitalization.
- Lab work needed on an emergency (STAT) basis and time-sensitive, esoteric outpatient laboratory testing such as fertility testing, bone marrow studies and spinal fluid tests.
- Non-laboratory work such as mammography, x-ray, imaging and dental work.
- Lab work performed without the use of your QuestSelect™ benefit.
- Testing that is not approved and/or covered by your current health benefit plan

## Q. Is there a charge for specimen collection?

A - When your specimen is collected at your physician's office, any charges from the physician's office for this service are billed to your health benefit plan. Provider collection and handling fees may apply and are subject to health benefit plan provisions. Members will not be asked to pay for specimen collection out of pocket.

**For a complete list of Frequently Asked Questions, please visit QuestSelect.com.**

*Provider collection and handling fees may apply and are subject to health benefit plan provisions.

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# QuestSelect™ Plus lab benefit



## Control the cost of your healthcare

QuestSelect™ Plus is a value-added health benefit that can help save you money on outpatient laboratory testing. Show your healthcare provider your QuestSelect card to obtain outpatient testing at a reduced out-of-pocket cost.

For a current listing of collection sites visit QuestSelect.com. On the website you can also:

- Print a QuestSelect card
- Read instructions on how to use your QuestSelect benefit
- Find resources you can share with your healthcare provider

To receive the benefits of the QuestSelect Plus program, you must present your QuestSelect card or healthcare ID card with the QuestSelect logo on it at the time of each service, and request your provider send your laboratory testing order to Quest Diagnostics.

The QuestSelect Plus laboratory benefit covers routine outpatient testing. It does NOT cover:

- Testing ordered during hospitalization
- Lab work needed on an emergency basis
- Testing done at another laboratory
- Time-sensitive esoteric testing such as fertility testing, bone marrow studies, and spinal fluid tests

The QuestSelect program is completely voluntary and provides you with significant savings for your covered outpatient laboratory testing. If you and/or your healthcare provider choose to send testing to any laboratory other than Quest Diagnostics, the QuestSelect benefit will not apply.

## Saving with QuestSelect™ is simple

1. At your appointment, show your QuestSelect card and ask for your lab work to be sent to Quest.

2. If the office doesn't use Quest for testing, you can ask your provider to call the QuestSelect Lab Line to request a pickup. Or you can ask your provider for a written order to have your lab work collected at an approved Quest Patient Service Center (PSC) location.

3. The sample is collected at the healthcare provider's office or PSC and is sent to Quest Diagnostics for processing.

4. Testing is completed by Quest and results are sent to your provider. You can also access your results through MyQuest™ online.

**For more information about your QuestSelect Plus laboratory benefit, visit QuestSelect.com or call 1.800.646.7788 today.**

# Frequently asked questions

## Q. What is QuestSelect?

A - QuestSelect™ is a voluntary program that allows you to obtain outpatient laboratory testing* at low or no cost to you. When your doctor orders lab testing, you can reduce or eliminate co-pays and/or deductibles by showing your QuestSelect™ card and asking to use your QuestSelect™ benefit. The testing must be covered and approved by your health benefit plan and your physician or phlebotomist must indicate that you have QuestSelect™ coverage on a Quest Diagnostics requisition which accompanies your specimens to Quest Diagnostics.

## Q. Is use of QuestSelect mandatory?

A - No. This is a voluntary, member-driven program. However, if you choose not to use QuestSelect™, your normal benefits will apply.

## Q. Does QuestSelect replace current healthcare benefits?

A - No. It simply provides you the option to receive covered outpatient laboratory testing at low or no out-of-pocket cost to you* when you present your QuestSelect™ card and ask to use QuestSelect™.

## Q. Who pays for the laboratory testing when I use QuestSelect?

A - When you use QuestSelect™, your health benefit plan pays some or all of the cost of covered outpatient lab tests - which means deep discounts of up to 100% for you.

## Q. What tests are covered under QuestSelect?

A - The program covers diagnostic outpatient laboratory testing provided the tests have been ordered by your physician, are covered and approved by your health benefit plan and you have requested to use QuestSelect™. Outpatient lab work includes:

- Blood testing (e.g., cholesterol, CBC).
- Urine testing (e.g., urinalysis).
- Cytology and pathology (e.g., pap smears, biopsies).
- Cultures (e.g., throat culture)

## Q. What tests are NOT covered under QuestSelect?

A - QuestSelect™ does not cover:

- Lab work ordered during hospitalization.
- Lab work needed on an emergency (STAT) basis and time-sensitive, esoteric outpatient laboratory testing such as fertility testing, bone marrow studies and spinal fluid tests.
- Non-laboratory work such as mammography, x-ray, imaging and dental work.
- Lab work performed without the use of your QuestSelect™ benefit.
- Testing that is not approved and/or covered by your current health benefit plan

## Q. Is there a charge for specimen collection?

A - When your specimen is collected at your physician's office, any charges from the physician's office for this service are billed to your health benefit plan. Provider collection and handling fees may apply and are subject to health benefit plan provisions. Members will not be asked to pay for specimen collection out of pocket.

**For a complete list of Frequently Asked Questions, please visit QuestSelect.com.**

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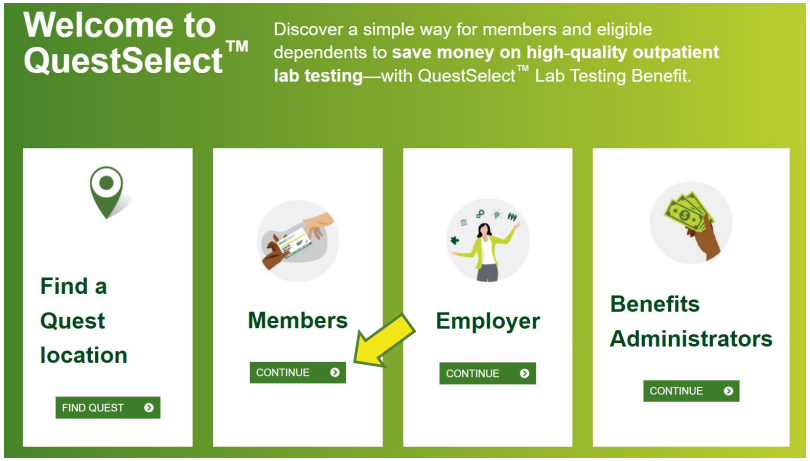
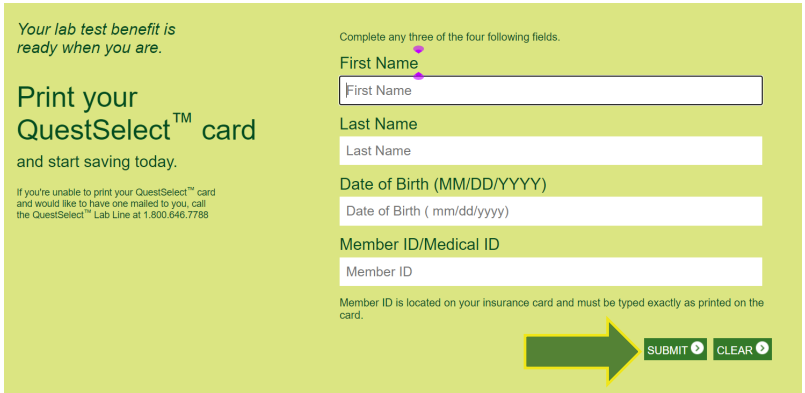
# Go to our new website [QuestSelect™]

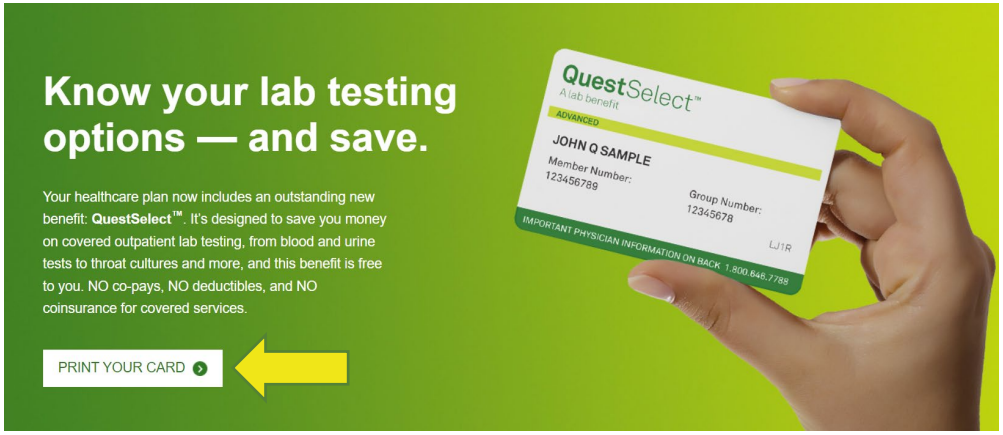
## (1) Click on the Members tab



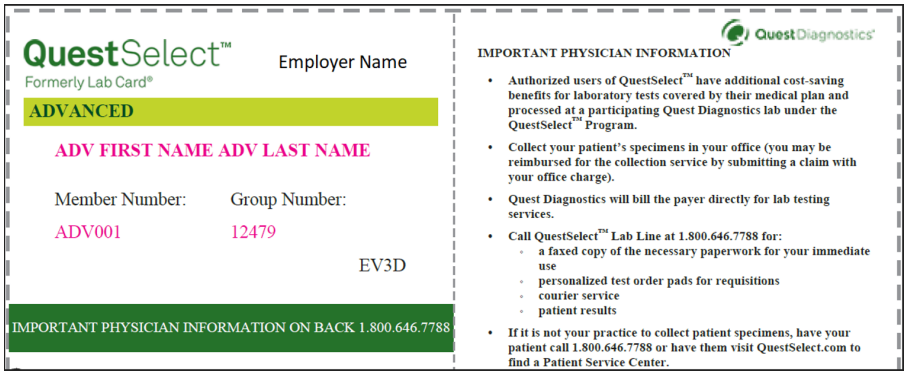

## (2)Member enters info in the format shown and click “Submit”




## (3) Click Print Card




## (4) Click on Download for copy of card below



# Vālenz Surgical & Imaging:

## Quality Care, Close to Home at $0 Cost*

## Call (877) 438-5479 to get started

As part of your employer benefits, you can schedule your surgical and imaging services at no cost.

Our Care Navigation team will help you book your non-emergent surgery and imaging. With a nationwide network of 2,000+ locations, we'll help you choose a high-quality provider that best fits your needs and guide you through the process from referral to appointment.

### Getting Started is Easy:

**01** **Call:** Contact (877) 438-5479 before scheduling with an outside provider.

**02** **Referral Received:** Valenz receives your provider's order for review.

**03** **Confirm eligibility:** We'll verify your benefits and confirm order details with your provider.

**04** **Scheduling:** We'll suggest nearby options close to your home or work and assist in scheduling your appointment.

**05** **Receive your voucher:** We'll email you a voucher to show the facility instead of your insurance card on the day of your procedure.




### We're here to support you every step of the way!

*$0 Out-of-Pocket is subject to plan coverage requirements. To receive these benefits, members must schedule at the number provided; HSA Plans require first dollar coverage from patient before procedure up to IRS Minimum, before program incentives are received.

### Common Procedures:

- Ankle & Foot
- Arthroscopy
- Colonoscopy
- ENT
- Elbow
- Gastroenterology
- General Surgery
- Hernia Repair
- Hip
- Imaging
- Knee
- Shoulder
- Spine
- Urology
- Wrist & Hand
- And More

**To learn more or schedule a procedure, contact us at:**

**Phone:** (877) 438-5479

**Email:** nocostcare@valenzhealth.com

**URL:** surgicalimaging.valenzhealth.com

Vālenz® HEALTH

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**Ear, Nose & Throat**

Inner Ear – Stapedectomy; Mastoidectomy (Simple); Tympanoplasty and Mastoidectomy; Myringoplasty; Ossiculoplasty; Bilateral Submucosal Resection of Turbinates; Septoplasty; Sinus / Turbinates; Bilateral Parotidectomy; Thyroidectomy – Total or Partial, Complex; Adenoidectomy; Adenoidectomy and BMT; Tonsillectomy; Frenulectomy; Esophagoscopy – With or Without Dilatation / Biopsy

**Elbow**

Arthroscopy; Bursectomy; Distal Biceps Re-attachment; Ulnar Nerve Transposition / Epicondylectomy

**Foot & Ankle**

Ankle Arthroscopy; Achilles Repair; Tarsal Tunnel Release; Brostrom Repair of Ankle / Reconstruction; Bilateral Bunionectomy; Unilateral Bunionectomy; Hammertoe Reconstruction; Arthrodesis of Great Toe / Metatarsophalangeal Joint; Plantar Fasciotomy; Tarsal Tunnel Osteotomy; Partial Excision of Gastrocnemius Recession; Morton's Neuroma Excision

**General Surgery**

Hemorrhoidectomy; Non-Urgent Laparoscopic or Open Cholecystectomy/Gall Bladder Removal; All Hernia Repairs; Pilonidal Cyst Removal; Non-Urgent Laparoscopic Appendectomy

**GI**

Colonoscopy; EGD

**GU**

Anterior Repair; Epididymectomy / Partial Epididymectomy; Total Hydrocelectomy; Transurethral Resection of Prostate; Mini-Arc Urethral Suspension; Posterior Repair

**Hardware Removal**

Complex; Simple

**Hip**

Hip Arthroscopy (Simple or Complex) With / Without Labral Repair; Total or Partial Hip Arthroplasty (Repair) – Includes Implants

**Imaging**

MRI; CT Scans; PET Scans; Arthrograms; X-ray in conjunction with MRI / CT

**Knee**

Arthroscopy; Anterior Cruciate Ligament Repair with Allograft or Autograft; Posterior Cruciate Ligament Repair; Medial Collateral Ligament; Tibial Tubercle Osteotomy; Complete Synovectomy; Chondroplasty; Medial & Lateral Meniscectomy; Total or Partial Knee Arthroplasty (Knee Replacement)

**Shoulder**

Rotator Cuff Repair – Arthroscopic and Open; Shoulder Manipulation (with/without anesthesia); Repair Pectoralis Muscle Rupture; Bankart Stabilization/Labral Repair; Distal Clavicle Excision; Extensive Debridement; Subacromial Decompression – Arthroscopic; Total Shoulder Arthroplasty / Replacement

**Spine**

Microdiscectomy; Lumbar Laminectomy; Anterior Cervical Discectomy with Fusion, 1 level (includes hardware); Anterior Cervical Discectomy with Fusion, 2 level (includes hardware)

**Women's Health Surgery**

Hysterectomy; Hysteroscopy

**Wrist & Hand**

Carpal Tunnel Release (Open or Laparoscopic); Dupuytren's Contracture; Trigger Finger; Excision of lesion of tendon sheath or joint capsule (e.g., cyst, mucous cyst, or ganglion); Ganglion Excision; Synovectomy / Tenosynovectomy

**Other Specialties Offered***

Bariatric Surgery; Regenexx (non-surgical treatment for orthopedic issues)

(*if covered under the employer-sponsored health plan)

*This list provides a summary of elective procedures currently available through our Surgical & Imaging program. Surgery is available for all members age 18+ enrolled in group's medical plan.*

*Because we work with contracted facilities across the country, procedure availability may vary based on location. We are continually expanding access by adding new providers nationwide.*

*Please note: the program is designed for elective procedures and does not include urgent surgery/procedures requiring an acute hospital setting.*

Get the Surgical Procedure You Need—

# Without the Hospital Price Tag



If your doctor has recommended a non-emergent surgery, you may have more options than you think. As part of your employer's benefits, you have access to **Valenz Surgical and Imaging**. You can get your eligible, non-emergent surgery at no cost.*

With Valenz, you have access to our nationwide network of 2,000+ locations. We'll help you choose a high-quality provider close to your home or work that best fits your needs and guide you through the process from referral to appointment.

## Here's How it Works:

- **Contact Us:** Click the contact us link to learn more or schedule an appointment to review your options.
- **Meet Your Nurse:** You'll be paired with a dedicated Registered Nurse who will assist you every step of the way, from understanding your options to coordinating your care.
- **Get Expert Advice:** Your nurse will connect you with a top-tier surgical provider and schedule your consultation.
- **Have Your Surgery:** Receive care at one of our recommended facilities at no cost to you.*
- **Post-Surgery Follow-Up:** Your nurse will check in on you after surgery to ensure a smooth recovery and help schedule any necessary follow-up visits.

The next time you need to schedule a procedure, connect with the Valenz Surgical & Imaging team and speak with one of our knowledgeable, caring nurses!

*$0 Out-of-Pocket is subject to plan coverage requirements. To receive these benefits, members must schedule at the number provided; HSA Plans require first dollar coverage from patient before procedure up to IRS Minimum, before program incentives are received.

## To learn more or schedule a procedure, contact us at:

**URL:** surgicalimaging.valenzhealth.com
**Phone:** (877) 438-5479

Vālenz® HEALTH

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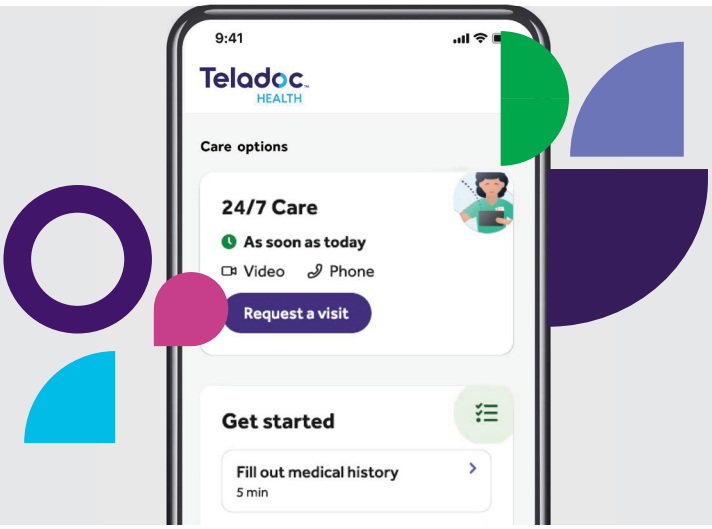
Teladoc HEALTH

# 24/7 Care: What to know about this benefit




**Did you know 60% of patients have to wait 2 weeks to see their primary physician and only 10% are able to get in to see their regular doctor the same day they need care?**[1]

Our Teladoc Health benefit gives you access to compassionate care from U.S. board certified clinicians, anytime, anywhere. Providers are available in all 50 states and you can meet with them 24/7 by phone or video.

**The average Emergency Room care costs 10 times more than an urgent care visit for the same diagnosis.**[2]

Teladoc Health can help you skip the trip to the ER or urgent care for non-emergency problems, avoid long wait times and save money since you can see a clinician within minutes by phone or video. Teladoc Health is here to listen, answer your questions and help you feel better faster.

- **What services does Teladoc Health provide?** Teladoc Health provides healthcare for the whole you and can help you with everyday, non-emergency health needs like prescription refills, coughs, colds, UTIs, sinus, allergies and much more. Teladoc Health helps you get healthy and live healthy.

- **How much does Teladoc Health cost?** Your out of pocket cost varies based on your plan. If you do have to pay, you will see your cost before you finish requesting your visit. You can pay with a credit card, prepaid debit card, HSA (health savings account), or by PayPal.

- **How do I sign up?** To sign up for Teladoc Health, scan the QR code below to download the app, call 1-800-835-2362, or visit the website. Visits can be by phone or video and there is no time limit on how long the visit is.

- **How does it work if I am traveling and not in the state I live in when I need help?** Teladoc Health is available in all 50 U.S. states, so the service can be used even if you are traveling. Some restrictions may apply.

- **Can Teladoc Health providers prescribe medicine?** Yes they can when it makes sense medically. But, Teladoc Health providers do not prescribe controlled substances, drugs like Viagra and Cialis, and/or other drugs that have a higher risk of abuse. If a prescription is not needed, the Teladoc Health provider may give you instructions for managing symptoms.

## Call 1-800-835-2362

Visit TeladocHealth.com/care-anytime | Download the app

[1] https://plus.credit-suisse.com/rpc4/ravDocView?docid=V7r1Oh2AN-ZqC1

[2] https://www.ucaoa.org/LinkClick.aspx?fileticket=Q4TP7cypW94%3D&portalid=80

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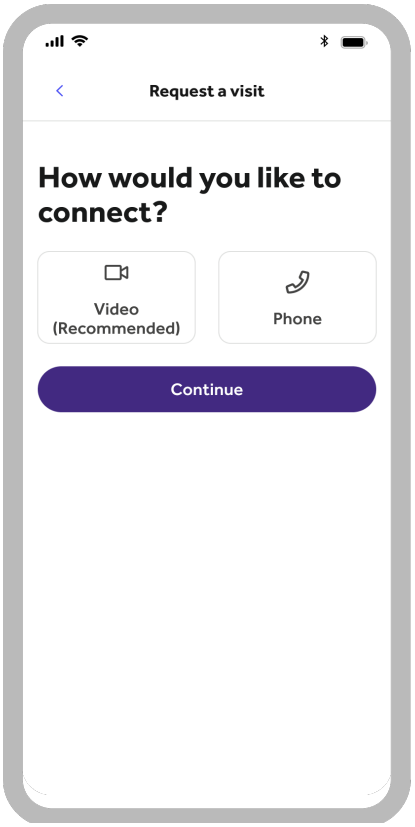
# Get personalized nutrition support —designed for you



Teladoc® HEALTH

Talk to a registered dietitian for help with staying healthy, eating right or managing a health condition.




### This service can help with:

- Weight management
- Diabetes
- High blood pressure
- Prenatal nutrition
- Oncology nutrition
- and more

### Get support in three easy steps:

1. Download the app, go online or call Teladoc Health to get started
2. Complete or update a brief medical history
3. Request an appointment with a dietitian for a time that's convenient for you

## Learn more

Visit TeladocHealth.com/healthy-eating
Call 1-800-835-2362

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# Have your skin concerns evaluated by a licensed dermatologist

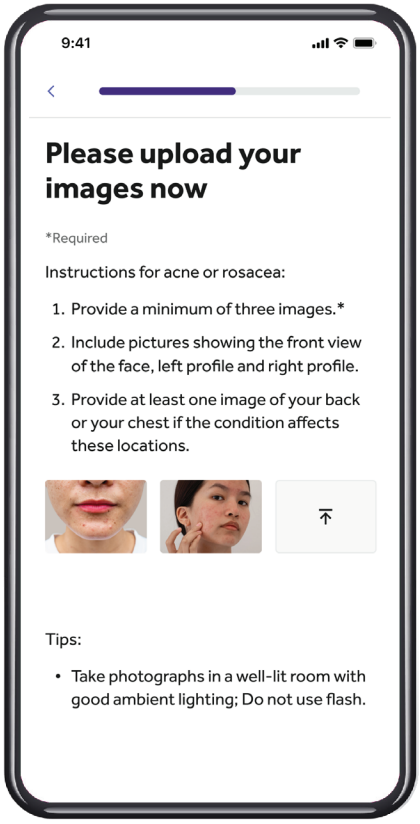


Teladoc® HEALTH

Clear, healthy skin is the goal, but sometimes you need help with:

- Acne
- Rashes
- Eczema
- Rosacea
- And more

Teladoc Health Dermatology is available to you in a snap. Upload images of your skin issue online or on the app. You'll receive a custom treatment plan within 24 hours.




### How it works:

1. Download the app or go online to register or log in
2. Complete or update a brief medical history
3. Upload images of your skin issue online or on the app. You'll receive a treatment plan within 24 hours. You may ask questions for up to 7 days after you receive your plan.

## Learn more today

Visit TeladocHealth.com/skin-care

Call 1-800-835-2362 | Download the app

Phone and video visits are not required or part of the dermatology visit.

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SmithRx

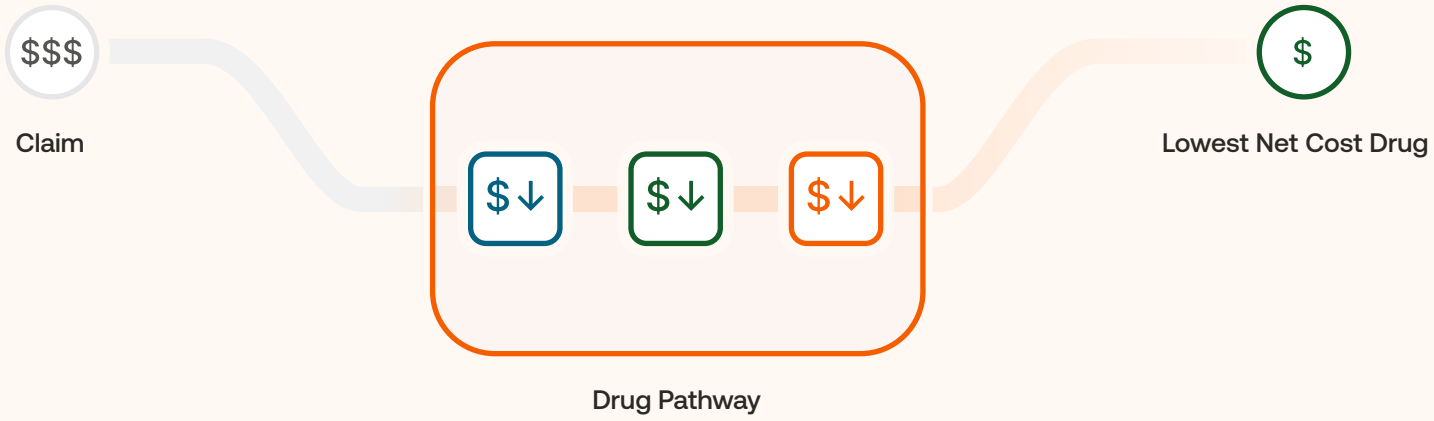
# Drug Pathways

Every Claim. Its Lowest Net Cost. Every Time.



## What is a Drug Pathway?

A Drug Pathway (or Pathway for short) is the optimal route for a claim to achieve the lowest net cost on the drug.




## Drug Pathway Components

Every pathway is built from one or more of these components:

### Drug Selection

Is there a lower-cost, clinically appropriate alternative available?

### Drug Source

Which pharmacy or channel offers the lowest cost for the drug?

### Cost Modifiers

Are there additional ways to lower the cost of the drug, such as savings programs?

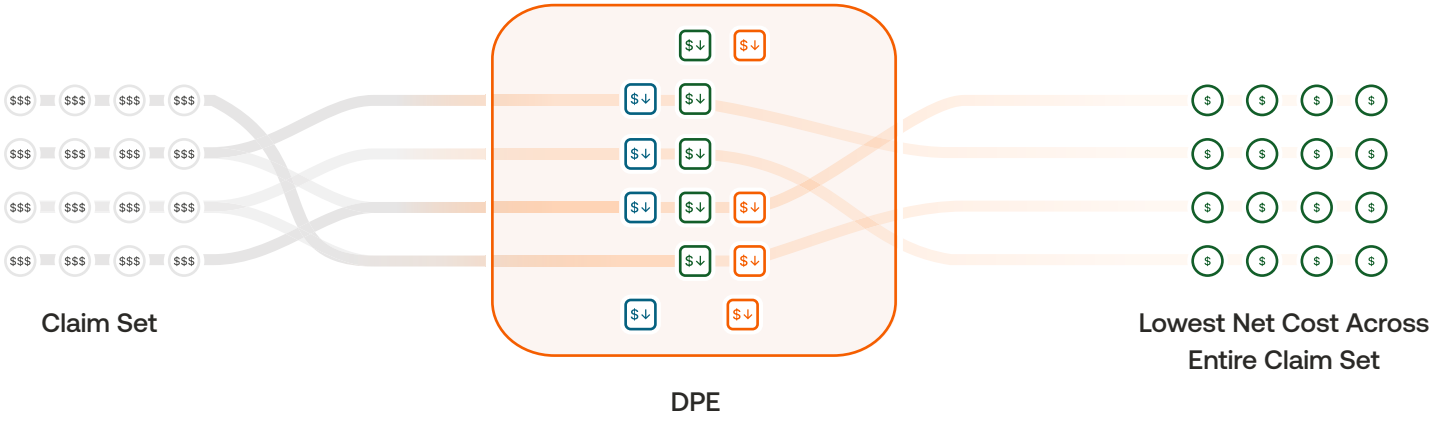
Drug Pathways integrate with and complement your formulary, which SmithRx continuously optimizes as new savings opportunities come to market. That ongoing work is what drives drug costs down year over year.

SmithRx

HOW IT WORKS

## The Drug Pathways Engine

One system brings it all together. The Drug Pathways Engine (DPE) evaluates every claim to discover, route, and execute the optimal pathway automatically and at scale.




HOW IT SHOWS UP

## The Member Experience

The Drug Pathways Engine runs on more than technology. It runs on people too. Our solution spans every level of need, from self-serve to white-glove, resulting in measurable member satisfaction.

**4.5/5**
**Member Satisfaction Score**
2025

**4.6/5**
**Member Effort Score**
2025

**98%**
**Service Level**[1]
Q2 2026

1 98% of calls are being answered within 30 seconds the member call

HOW IT PERFORMS

## Client Results

In 2025, Drug Pathways turned individual claim decisions into real, measurable savings across every client we serve.

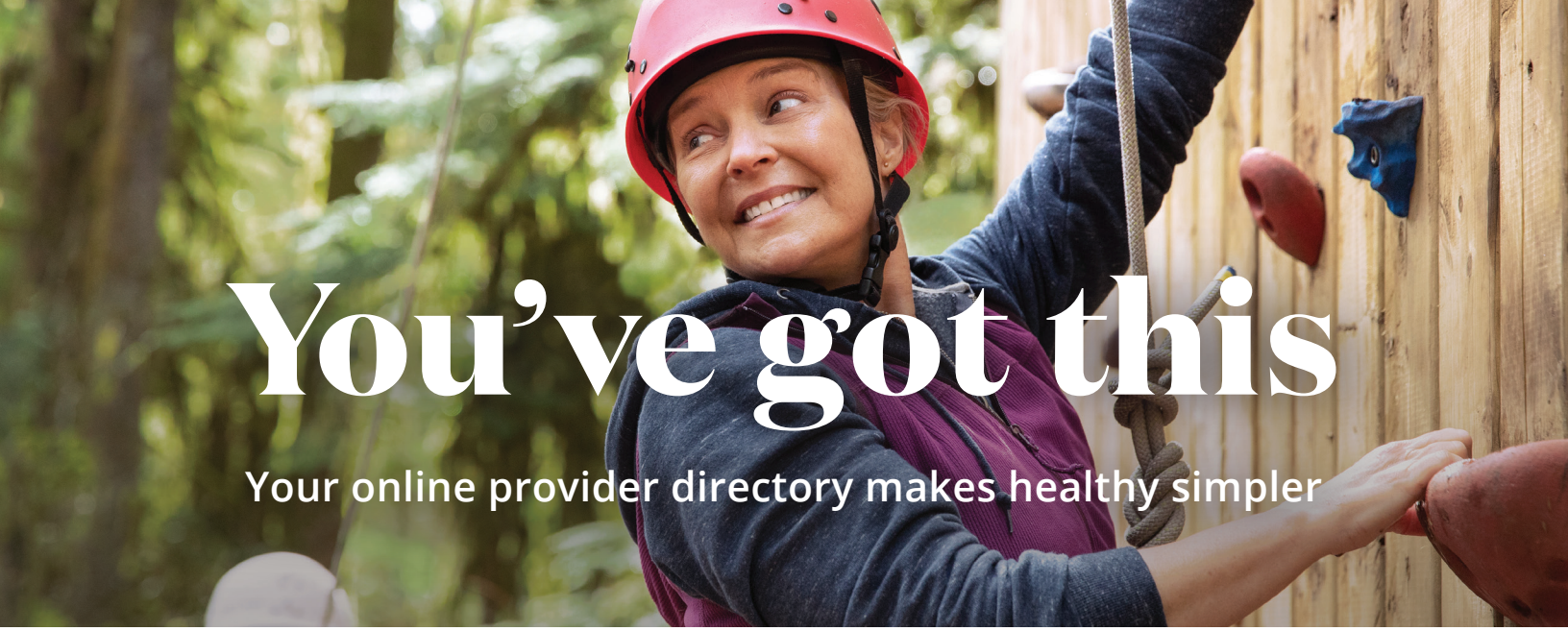
**20%+**
**Per Member Per Month Savings**
Lower PMPM than industry benchmark

**10.8x**
**Return on Investment**

**$37**
**Average PMPM Pathway Savings**

### Questions about how Drug Pathways applies to your plan?

Contact your Account Manager



# You've got this

## Your online provider directory makes healthy simpler

Finding a doctor or other health care professional is an important part of staying healthy. Our online directory helps make it simpler. It offers you up-to-date information about providers — and it's available online, anytime.

### Provider details

To visit our online directory, simply go to **aetna.com/asa**. Begin searching for a doctor using your location — ZIP, city, county or state. You can use either the general or category search to see provider details that typically include:

- Board certification
- Hospital affiliation
- Medical school/year of graduation
- Gender
- Website address (if available)
- Specialties
- Languages spoken

You can also see additional provider information that can include: participation information*, other office locations, whether they're accepting new patients, maps, driving directions and more.

### Additional features

You'll be able to find specialty care, too. Like a list of transplant facilities or pediatric congenital heart surgery facilities that are part of our Institutes of Excellence™ network.

### Narrowing your search

Want to refine your search even further? Multiple options are available. You can easily:

- Filter by provider characteristics — such as:
  - Specialty
  - Languages spoken
  - Gender
  - Board certification
  - Hospital affiliation
  - Accepting new patients
  - Performance — such as Aexcel** providers or Institutes of Excellence and Institutes of Quality® facilities
- Expand or reduce the geographic radius of your results
- Sort by best matched or distance
- View a map to see the locations of results and get driving directions
- Print results

If you wish to view additional information about providers, detail pages are available (on selected providers).

**Aetna Signature Administrators®**

aetna.com/asa

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*Although listed, Sutter Health facilities and providers in Northern California may not be in network for all plans. Be sure to check with your human resources representative or call the number on the back of your ID card before making an appointment or being treated.

**Aetna's Aexcel program-designated high-performance specialists in 12 specialties: cardiology, cardiothoracic surgery, gastroenterology, general surgery, neurology, neurosurgery, obstetrics and gynecology, orthopedics, otolaryngology, plastic surgery, urology and vascular surgery.

**Aetna Signature Administrators is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company and its affiliates (Aetna).** Information is believed to be accurate as of the production date; however, it is subject to change. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health services.

**Aetna Signature Administrators®**

aetna.com/asa

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# 2027 HSA and HDHP Limits

Each year, the IRS announces inflation-adjusted limits for health savings accounts (HSAs) and high deductible health plans (HDHPs).

The following chart shows the HSA and HDHP limits for 2027 compared to 2026. It also includes the catch-up contribution limit that applies to HSA-eligible individuals who are age 55 or older, which is not adjusted for inflation and stays the same from year to year.

| Type of Limit | | 2026 | 2027 | Change |
|---|---|---|---|---|
| **HSA Contribution Limit** | Self-only | $4,400 | $4,500 | **Up $100** |
| | Family | $8,750 | $9,000 | **Up $250** |
| **HSA Catch-up Contributions** *(not subject to adjustment for inflation)* | Age 55 or older | $1,000 | $1,000 | No change |
| **HDHP Minimum Deductible** | Self-only | $1,700 | $1,750 | **Up $50** |
| | Family | $3,400 | $3,500 | **Up $100** |
| **HDHP Maximum Out-of-Pocket Expense Limit** *(deductibles, copayments and other amounts, but not premiums)* | Self-only | $8,500 | $8,700 | **Up $200** |
| | Family | $17,000 | $17,400 | **Up $400** |

# IMPORTANT NOTICES:
# REGARDING OUR CONSOCIATE BENEFIT PLAN FOR
# HENRY STARK COUNTIES SPECIAL EDUCATION DISTRICT

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The following notices provide important information about the group health plan provided by your employer. Please read the attached notices carefully and keep a copy for your records.

**If you have any questions regarding any of these notices, please contact:**

General Contact: Jennifer Harker
Phone: 309-852-5696
Email: jharker@hscsed.org
Mailing Address: 1318 W 6th Street, Kewanee, IL 61443

Plan Administrator: Jennifer Harker
Phone: 309-852-5696
Email: jharker@hscsed.org
Mailing Address: 1318 W 6th Street, Kewanee, IL 61443

**Distribution Date:** 12/01/2026

***These notices are available free of charge, upon request to the Plan Administrator.***

*Please note this is not a legal document and should not be construed as legal advice.*

## Women's Health and Cancer Rights Act Notice

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema?
Call your Plan Administrator at 309-852-5696

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.
If you would like more information on WHCRA benefits, call your Plan Administrator 309-852-5696

## Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours.) Refer to your plan document for specific information about childbirth coverage or contact your Plan Administrator at 309-852-5696

## Mental Health Parity and Addition Equity Act (MHPA/MHPAEA)

Mental Health Parity and Addition Equity Act (MHPA/MHPAEA) requires that group health plans not unfairly restrict treatment with regards to benefits/services applicable to mental health or substance use disorders. Additional information and details can be found by visiting the Department of Labor's Mental Health Parity webpage located at http://www.dol/gov/ebsa/newsroom/fsmhpaea.html.

## Family Medical Leave Act (FMLA)

Family Medical Leave Act (FMLA) entitles eligible employees of covered employers to take unpaid, job-protected leave for specific family and medical reasons if the employee has been with the company for one year, has worked at least 1250 hours during the prior 12 months and works in an area where there are at least 50 employees within 75 miles. For additional details, visit the Department of Labor FMLA page. Notify the organization when you have a qualifying leave such as birth or adoption of a child, a serious health condition, to care for a spouse, child or parent with a serious medical condition or for reservist or National Guard provisions related to you or an immediate family member leaving for military duty or being injured in active duty.

# Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit **www.healthcare.gov**.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at **www.askebsa.dol.gov** or call **1-866-444-EBSA (3272)**.

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**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2025. Contact your State for more information on eligibility –**

| ALABAMA – Medicaid | ALASKA – Medicaid |
|---|---|
| Website: http://myalhipp.com/ Phone: 1-855-692-5447 | The AK Health Insurance Premium Payment Program<br>Website: http://myakhipp.com/<br>Phone: 1-866-251-4861<br>Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx |
| **ARKANSAS – Medicaid** | **CALIFORNIA – Medicaid** |
| Website: http://myarhipp.com/<br>Phone: 1-855-MyARHIPP (855-692-7447) | Health Insurance Premium Payment (HIPP) Program<br>Website: http://dhcs.ca.gov/hipp<br>Phone: 916-445-8322<br>Fax: 916-440-5676<br>Email: hipp@dhcs.ca.gov |
| **COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)** | **FLORIDA – Medicaid** |
| Health First Colorado Website: https://www.healthfirstcolorado.com/<br>Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711<br>CHP+: https://hcpf.colorado.gov/child-health-plan-plus<br>CHP+ Customer Service: 1-800-359-1991/State Relay 711<br>Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/<br>HIBI Customer Service: 1-855-692-6442 | Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html<br>Phone: 1-877-357-3268 |

| GEORGIA – Medicaid | INDIANA – Medicaid |
|---|---|
| GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2 | Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584 |
| **IOWA – Medicaid and CHIP (Hawki)** | **KANSAS – Medicaid** |
| Medicaid Website: Iowa Medicaid \| Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa \| Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) \| Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562 | Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660 |
| **KENTUCKY – Medicaid** | **LOUISIANA – Medicaid** |
| Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms | Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP) |
| **MAINE – Medicaid** | **MASSACHUSETTS – Medicaid and CHIP** |
| Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711 | Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com |
| **MINNESOTA – Medicaid** | **MISSOURI – Medicaid** |
| Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672 | Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005 |

| MONTANA – Medicaid | NEBRASKA – Medicaid |
|---|---|
| Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov | Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178 |

| NEVADA – Medicaid | NEW HAMPSHIRE – Medicaid |
|---|---|
| Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900 | Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218<br>Toll free number for the HIPP program: 1-800-852-3345, ext. 15218<br>Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov |
| **NEW JERSEY – Medicaid and CHIP** | **NEW YORK – Medicaid** |
| Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/<br>Phone: 1-800-356-1561<br>CHIP Premium Assistance Phone: 609-631-2392<br>CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711) | Website: https://www.health.ny.gov/health_care/medicaid/<br>Phone: 1-800-541-2831 |
| **NORTH CAROLINA – Medicaid** | **NORTH DAKOTA – Medicaid** |
| Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100 | Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825 |
| **OKLAHOMA – Medicaid and CHIP** | **OREGON – Medicaid and CHIP** |
| Website: http://www.insureoklahoma.org Phone: 1-888-365-3742 | Website: http://healthcare.oregon.gov/Pages/index.aspx<br>Phone: 1-800-699-9075 |
| **PENNSYLVANIA – Medicaid and CHIP** | **RHODE ISLAND – Medicaid and CHIP** |
| Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html<br>Phone: 1-800-692-7462<br>CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov)<br>CHIP Phone: 1-800-986-KIDS (5437) | Website: http://www.eohhs.ri.gov/<br>Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line) |
| **SOUTH CAROLINA – Medicaid** | **SOUTH DAKOTA - Medicaid** |
| Website: https://www.scdhhs.gov Phone: 1-888-549-0820 | Website: http://dss.sd.gov Phone: 1-888-828-0059 |
| **TEXAS – Medicaid** | **UTAH – Medicaid and CHIP** |
| Website: Health Insurance Premium Payment (HIPP) Program \| Texas Health and Human Services<br>Phone: 1-800-440-0493 | Utah's Premium Partnership for Health Insurance (UPP)<br>Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov<br>Phone: 1-888-222-2542<br>Adult Expansion Website: https://medicaid.utah.gov/expansion/<br>Utah Medicaid Buyout Program<br>Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/ |
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| VERMONT– Medicaid | VIRGINIA – Medicaid and CHIP |
|---|---|
| Website: Health Insurance Premium Payment (HIPP) Program \| Department of Vermont Health Access Phone: 1-800-250-8427 | Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924 |
| **WASHINGTON – Medicaid** | **WEST VIRGINIA – Medicaid and CHIP** |
| Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711) | Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831 |

To see if any other states have added a premium assistance program since July 31, 2025, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
**www.dol.gov/agencies/ebsa**

1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
**www.cms.hhs.gov**

1-877-267-2323, Menu Option 4, Ext. 61565

## Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)

## Your Rights and Protections Against Surprise Medical Bills

When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing.

What is "balance billing" (sometimes called "surprise billing")?

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance, and/or a deductible. You may have other costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network.

"Out-of-network" describes providers and facilities that haven't signed a contract with your health plan. Out-of-network providers may be permitted to bill you for the difference between what your plan agreed to pay and the full amount charged for a service. This is called "**balance billing**." This amount is likely more than in-network costs for the same service and might not count toward your annual out-of-pocket limit.

"Surprise billing" is an unexpected balance bill. This can happen when you can't control who is involved in your care—like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider.

You are protected from balance billing for:

*Emergency services*
If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most the provider or facility may bill you is your plan's in-network cost-sharing amount (such as copayments and coinsurance). You **can't** be balance billed for these emergency services. This includes services you may get after you're in stable condition, unless you give written consent and give up your protections not to be balanced billed for these post-stabilization services.

*Certain services at an in-network hospital or ambulatory surgical center*
When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers may bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers can't balance bill you and may not ask you to give up your protections not to be balance billed.

If you get other services at these in-network facilities, out-of-network providers can't balance bill you, unless you give written consent and give up your protections.

**You're never required to give up your protections from balance billing. You also aren't required to get care out-of-network. You can choose a provider or facility in your plan's network.**

When balance billing isn't allowed, you also have the following protections:

- You are only responsible for paying your share of the cost (like the copayments, coinsurance, and deductibles that you would pay if the provider or facility was in-network). Your health plan will pay out-of-network providers and facilities directly.
- Your health plan generally must:

- Cover emergency services without requiring you to get approval for services in advance (prior authorization).
- Cover emergency services by out-of-network providers.
- Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.
- Count any amount you pay for emergency services or out-of-network services toward your deductible and out-of-pocket limit.

**If you believe you've been wrongly billed**, you may contact https://www.cms.gov/nosurprises/help-resolve-payment-disputes/payment-disputes-between-providers-and-health-plans

## Transparency In Coverage Shopping Tools

Under the No Surprises Act, health plans will be required to disclose personalized price and cost-sharing information to plan participants, beneficiaries and enrollees. Specifically, plans must provide personalized out-of-pocket cost information and underlying negotiated rates for all covered health care items and services, including prescription drugs, through an internet-based self-service tool and in paper form upon request.

An initial list of 500 shoppable services is required to be available on the self-service tool, for plan years that begin on or after January 1, 2023. A list of the remainder of all items and services will be required for these self-service tools for plan years that begin on or after January 1, 2024.

Your Insurance Company has posted the initial listing on the member login page. You are able to access this information by visiting the home page.

## The Genetic Information Nondiscrimination Act (GINA)

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits discrimination in group health plan coverage based on genetic information.

**Builds on HIPAA's protections.** GINA expands the genetic information protections included in the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Before the Affordable Care Act, HIPAA prevented a plan or issuer from imposing a preexisting condition exclusion based solely on genetic information. Under the Affordable Care Act, plans are prohibited from excluding coverage or benefits due to any preexisting condition. HIPAA continues to prohibit discrimination in eligibility, benefits, or premiums based on a health factor (including genetic information).

**Additional underwriting protections.** GINA provides that group health plans cannot adjust premiums or contribution amounts for a plan, or a group of similarly situated individuals under the plan, based on genetic information of one or more individuals in the group. (However, premiums may be increased for the group based upon the manifestation of a disease or disorder of an individual enrolled in the plan.)

**Prohibits requiring genetic testing.** GINA generally prohibits plans and issuers from requesting or requiring an individual to undergo a genetic test. However, a health care professional providing health care services to an individual is permitted to request a genetic test. A plan or issuer may request the results

of a genetic test to determine payment of a claim for benefits, but only the minimum amount of information necessary in order to determine payment. There is also a research exception that permits a plan or issuer under certain conditions to request (but not require) that a participant or beneficiary undergo a genetic test.

**Restricts collection of genetic information.** GINA prohibits plans from collecting genetic information (including family medical history) from an individual prior to or in connection with enrollment in the plan, or at any time for underwriting purposes. Thus, under GINA, plans and issuers are generally prohibited from offering rewards in return for the provision of genetic information, including family medical history information collected as part of a Health Risk Assessment (HRA).

GINA includes an exception for incidental collection of genetic information, provided the information is not used for underwriting purposes. However, the GINA regulations make clear that the incidental collection exception is not available if it is reasonable for the plan or issuer to anticipate that health information will be received in response to a collection, unless the collection explicitly states that genetic information should not be provided.

**Other protections.** GINA also contains individual insurance market provisions, administered by the Department of Health and Human Services' Centers for Medicare & Medicaid Services, privacy and confidentiality provisions, administered by the Department of Health and Human Services' Office for Civil Rights, and employment-related provisions, administered by the Equal Employment Opportunity Commission (EEOC).

For more information, see the **Frequently Asked Questions Regarding the Genetic Information Nondiscrimination Act** on the EBSA Website.

## Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately four minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0123.

## Wellness Program – Notice of Reasonable Alternatives

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact Human Resources and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.''

## Patient Protection Notice

Consociate generally does not require the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members.

## HIPAA Notice of Privacy Practices

The Health Insurance Portability and Accountability Act of 1996 ("HIPAA") requires that we maintain the privacy of protected health information, give notice of our legal duties and privacy practices regarding health information about you and follow the terms of our notice currently in effect.

If not attached to this document, you may request a copy of the current Privacy Practices, explaining how medical information about you may be used and disclosed and how you can get access to this information.
***As Required by Law***. We will disclose Health Information when required to do so by international, federal, state or local law.

You have the right to inspect and copy, right to an electronic copy of electronic medical records, right to get notice of a breach, right to amend, right to an accounting of disclosures, right to request restrictions, right to request confidential communications, right to a paper copy of this notice and the right to file a complaint if you believe your privacy rights have been violated.

## Notice of Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

If you are declining enrollment for yourself or your dependents (including your spouse) while coverage under Medicaid or a state Children's Health Insurance Program (CHIP) is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' Medicaid or CHIP coverage ends. If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or a CHIP program with respect to coverage under this plan, you may be able to enroll yourself and your dependents (including your spouse) in this plan. However, you must request enrollment within 60 days after you or your dependents become eligible for the premium assistance.

To request special enrollment or obtain more information, contact the plan's General Contact.

# Model General Notice of COBRA Continuation Coverage Rights
# ** Continuation Coverage Rights Under COBRA **

**Introduction**

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under Federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

**You may have other options available to you when you lose group health coverage.** For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

**What is COBRA continuation coverage?**

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage [*choose and enter appropriate information:* must pay *or* aren't required to pay] for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);

- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

**When is COBRA continuation available?**
The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

**For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs.**

**How is COBRA continuation coverage provided?**
Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.
COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage. There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

***Disability extension of 18-month period of COBRA continuation coverage***
If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

***Second qualifying event extension of 18-month period of continuation coverage***
If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

**Are there other coverage options besides COBRA Continuation Coverage?**
Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, Children's Health Insurance Program (CHIP), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some

of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at **www.healthcare.gov**.

**Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?**

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period[1] to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit https://www.medicare.gov/medicare-and-you.

**If you have questions**

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit **www.dol.gov/ebsa**. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit **www.HealthCare.gov**.

**Keep your Plan informed of address changes**

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

**Plan contact information:**

General Contact: Jennifer Harker
Phone: 309-852-5696
Email: jharker@hscsed.org
Mailing Address: 1318 W 6th Street, Kewanee, IL 61443

[1] https://www.medicare.gov/sign-up-change-plans/how-do-i-get-parts-a-b/part-a-part-b-sign-up-periods.

# Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 12-31-2026)

## PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in your geographic area.

### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

### Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12%[2] of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income.[13]

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution -as well as your employee contribution to employment-based coverage- is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

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[2] Indexed annually; see https://www.irs.gov/pub/irs-drop/rp-22-34.pdf for 2023.

[3] An employer-sponsored or other employment-based health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

## When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services **is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.**

Marketplace-eligible individuals who live in states served by HealthCare.gov and either- submit a new application or update an existing application on HealthCare.gov between March 31, 2023 and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. **That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage.** In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

## What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/ for more details.

## How Can I Get More Information?

For more information about your coverage offered through your employment, please check your health plan's summary plan description or contact _____Jennifer Harker_____

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit **HealthCare.gov** for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

## PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

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|---|---|---|
| 3. Employer name:<br>**Henry Stark County Special Education District** | | 4. Employer Identification Number (EIN)<br>**36-3052325** |
| 5. Employer address:<br>**1318 W 6th Street** | | 6. Employer phone number:<br>**309-852-5696** |
| 7. City:<br>**Kewanee** | 8. State:<br>**Illinois** | 9. Zip Code:<br>**61443** |
| 10. Who can we contact about employee health coverage at this job?<br>**Jennifer Harker** | | 11. Email address<br>**jharker@hscsed.org** |

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

  Some employees. Eligible employees are:

  [x] All eligible employees who are full time and work on average of at least 30 hours per week.

- With respect to dependents:

  [x] We do offer coverage. Eligible dependents are:

  Spouse and children under the age of 26 years old.

[x] If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, **HealthCare.gov** will guide you through the process. Here's the employer information you'll enter when you visit **HealthCare.gov** to find out if you can get a tax credit to lower your monthly premiums.