

* 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**
☐ **Medicare** (circle all that apply) **Part A** **Part B** **Part D**
☐ **State Funded Policy**
☐ **Retiree Policy**
☐ **Individual Policy**
☐ **Medicaid**
☐ **Other**

Effective date of coverage: _____
Effective date of coverage: _____
Effective date of coverage: _____
Effective date of coverage: _____
Effective date of coverage: _____
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.

w/ 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	\$9,540.00	\$7,086.00	\$2,454.00	\$795.00	Employee	\$9,540.00	\$7,086.00	\$2,454.00
Employee + Spouse	\$19,961.16	\$7,086.00	\$12,875.16	\$1,663.43	Employee + Spouse	\$19,961.16	\$7,086.00	\$12,875.16
Employee + Child(ren)	\$17,639.64	\$7,086.00	\$10,553.64	\$1,469.97	Employee + Child(ren)	\$17,639.64	\$7,086.00	\$10,553.64
Family	\$28,698.48	\$7,086.00	\$21,612.48	\$2,391.54	Family	\$28,698.48	\$7,086.00	\$21,612.48
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	\$433.64	\$322.09	\$1.00		Employee	\$366.92	\$272.54	\$94.38
Employee + Spouse	\$907.33	\$322.09	\$585.24		Employee + Spouse	\$767.74	\$272.54	\$495.20
Employee + Child(ren)	\$801.80	\$322.09	\$479.71		Employee + Child(ren)	\$678.45	\$272.54	\$405.91
Family	\$1,304.48	\$322.09	\$982.39		Family	\$1,103.79	\$272.54	\$831.25
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	\$9,540.00	\$7,086.00	\$2,454.00	\$795.00	Employee	\$9,540.00	\$7,086.00	\$2,454.00
Employee + Spouse	\$19,061.64	\$7,086.00	\$11,975.64	\$1,588.47	Employee + Spouse	\$19,061.64	\$7,086.00	\$11,975.64
Employee + Child(ren)	\$17,481.00	\$7,086.00	\$10,395.00	\$1,456.75	Employee + Child(ren)	\$17,481.00	\$7,086.00	\$10,395.00
Family	\$27,650.76	\$7,086.00	\$20,564.76	\$2,304.23	Family	\$27,650.76	\$7,086.00	\$20,564.76
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	\$433.64	\$322.09	\$111.55		Employee	\$366.92	\$272.54	\$94.38
Employee + Spouse	\$866.44	\$322.09	\$544.35		Employee + Spouse	\$733.14	\$272.54	\$460.60
Employee + Child(ren)	\$794.59	\$322.09	\$472.50		Employee + Child(ren)	\$672.35	\$272.54	\$399.81
Family	\$1,256.85	\$322.09	\$934.76		Family	\$1,063.49	\$272.54	\$790.95

w/out 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	\$9,540.00	\$8,586.00	\$954.00	\$795.00	Employee	\$9,540.00	\$8,586.00	\$954.00
Employee + Spouse	\$19,961.16	\$8,586.00	\$11,375.16	\$1,663.43	Employee + Spouse	\$19,961.16	\$8,586.00	\$11,375.16
Employee + Child(ren)	\$17,639.64	\$8,586.00	\$9,053.64	\$1,469.97	Employee + Child(ren)	\$17,639.64	\$8,586.00	\$9,053.64
Family	\$28,698.48	\$8,586.00	\$20,112.48	\$2,391.54	Family	\$28,698.48	\$8,586.00	\$20,112.48
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	\$433.64	\$390.28	\$43.36		Employee	\$366.92	\$330.23	\$36.69
Employee + Spouse	\$907.33	\$390.28	\$517.05		Employee + Spouse	\$767.74	\$330.23	\$437.51
Employee + Child(ren)	\$801.80	\$390.28	\$411.52		Employee + Child(ren)	\$678.45	\$330.23	\$348.22
Family	\$1,304.48	\$390.28	\$914.20		Family	\$1,103.79	\$330.23	\$773.56
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	\$9,540.00	\$8,586.00	\$954.00	\$795.00	Employee	\$9,540.00	\$8,586.00	\$954.00
Employee + Spouse	\$19,061.64	\$8,586.00	\$10,475.64	\$1,588.47	Employee + Spouse	\$19,061.64	\$8,586.00	\$10,475.64
Employee + Child(ren)	\$17,481.00	\$8,586.00	\$8,895.00	\$1,456.75	Employee + Child(ren)	\$17,481.00	\$8,586.00	\$8,895.00
Family	\$27,650.76	\$8,586.00	\$19,064.76	\$2,304.23	Family	\$27,650.76	\$8,586.00	\$19,064.76
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	\$433.64	\$390.28	\$43.36		Employee	\$366.92	\$330.23	\$36.69
Employee + Spouse	\$866.44	\$390.28	\$476.16		Employee + Spouse	\$733.14	\$330.23	\$402.91
Employee + Child(ren)	\$794.59	\$390.28	\$404.31		Employee + Child(ren)	\$672.35	\$330.23	\$342.12
Family	\$1,256.85	\$390.28	\$866.57		Family	\$1,063.49	\$330.23	\$733.26

2026 PREMIUMS for 22 Pay Scale					2026 PREMIUMS for 26 Pay Scale			
Dental Insurance DPPO					Dental Insurance DPPO			
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	\$519.24	\$519.24	\$0.00	\$43.27	Employee	\$519.24	\$519.24	\$0.00
Employee +1	\$1,042.68	\$573.72	\$468.96	\$86.89	Employee +1	\$1,042.68	\$573.72	\$468.96
Employee + Children	\$1,427.04	\$573.72	\$853.32	\$118.92	Employee + Child(ren)	\$1,427.04	\$573.72	\$853.32
Family	\$1,427.04	\$573.72	\$853.32	\$118.92	Family	\$1,427.04	\$573.72	\$853.32
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	\$23.61	\$23.61	\$0.00		Employee	\$19.97	\$19.97	\$0.00
Employee +1	\$47.39	\$23.61	\$23.78		Employee +1	\$40.10	\$19.97	\$20.13
Employee + Children	\$64.87	\$23.61	\$41.26		Employee + Child(ren)	\$54.89	\$19.97	\$34.92
Family	\$64.87	\$23.61	\$41.26		Family	\$54.89	\$19.97	\$34.92
Vision Insurance					Vision Insurance			
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	\$153.84	\$0.00	\$153.84	\$12.82	Employee	\$153.84	\$0.00	\$153.84
Employee + Spouse	\$259.44	\$0.00	\$259.44	\$21.62	Employee + Spouse	\$259.44	\$0.00	\$259.44
Employee + Child(ren)	\$264.60	\$0.00	\$264.60	\$22.05	Employee + Child(ren)	\$264.60	\$0.00	\$264.60
Family	\$418.56	\$0.00	\$418.56	\$34.88	Family	\$418.56	\$0.00	\$418.56
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	\$6.99	\$0.00	\$6.99		Employee	\$5.92	\$0.00	\$5.92
Employee + Spouse	\$11.79	\$0.00	\$11.79		Employee + Spouse	\$9.98	\$0.00	\$9.98
Employee + Child(ren)	\$12.03	\$0.00	\$12.03		Employee + Child(ren)	\$10.18	\$0.00	\$10.18
Family	\$19.03	\$0.00	\$19.03		Family	\$16.10	\$0.00	\$16.10
Life and AD&D Insurance					Life and AD&D Insurance			
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	\$27.00	\$27.00	\$0.00	\$2.25	Employee	\$27.00	\$27.00	\$0.00
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	\$1.23	\$1.23	\$0.00		Employee	\$1.04	\$1.04	\$0.00



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 District

Voluntary-term life/AD&D - employee

Estimated employee bi-weekly 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	Reduced benefit	65-69	Reduced benefit	70 & over
\$10,000	\$0.42	\$0.51	\$0.56	\$0.79	\$1.11	\$1.62	\$2.49	\$3.97	\$6,500	\$4.38	\$5,000	\$5.47
\$20,000	\$0.84	\$1.02	\$1.12	\$1.58	\$2.22	\$3.24	\$4.98	\$7.94	\$13,000	\$8.76	\$10,000	\$10.94
\$30,000	\$1.26	\$1.53	\$1.68	\$2.37	\$3.33	\$4.86	\$7.47	\$11.91	\$19,500	\$13.14	\$15,000	\$16.41
\$40,000	\$1.68	\$2.03	\$2.23	\$3.15	\$4.43	\$6.48	\$9.95	\$15.87	\$26,000	\$17.52	\$20,000	\$21.88
\$50,000	\$2.10	\$2.54	\$2.79	\$3.94	\$5.54	\$8.10	\$12.44	\$19.84	\$32,500	\$21.90	\$25,000	\$27.35
\$60,000	\$2.52	\$3.05	\$3.35	\$4.73	\$6.65	\$9.72	\$14.93	\$23.81	\$39,000	\$26.28	\$30,000	\$32.82
\$70,000	\$2.94	\$3.55	\$3.91	\$5.53	\$7.75	\$11.34	\$17.41	\$27.79	\$45,500	\$30.66	\$35,000	\$38.28
\$80,000	\$3.36	\$4.06	\$4.47	\$6.32	\$8.86	\$12.96	\$19.90	\$31.76	\$52,000	\$35.04	\$40,000	\$43.75
\$90,000	\$3.78	\$4.57	\$5.03	\$7.11	\$9.97	\$14.58	\$22.39	\$35.73	\$58,500	\$39.42	\$45,000	\$49.22
\$100,000	\$4.20	\$5.07	\$5.58	\$7.89	\$11.07	\$16.20	\$24.87	\$39.69	\$65,000	\$43.80	\$50,000	\$54.69
\$110,000	\$4.62	\$5.58	\$6.14	\$8.68	\$12.18	\$17.82	\$27.36	\$43.66	\$71,500	\$48.18	\$55,000	\$60.16
\$120,000	\$5.04	\$6.09	\$6.70	\$9.47	\$13.29	\$19.44	\$29.85	\$47.63	\$78,000	\$52.56	\$60,000	\$65.63
\$130,000	\$5.46	\$6.60	\$7.26	\$10.26	\$14.40	\$21.06	\$32.34	\$51.60	\$84,500	\$56.94	\$65,000	\$71.10
\$140,000	\$5.88	\$7.11	\$7.82	\$11.05	\$15.51	\$22.68	\$34.83	\$55.57	\$91,000	\$61.32	\$70,000	\$76.57
\$150,000	\$6.30	\$7.62	\$8.38	\$11.84	\$16.62	\$24.30	\$37.32	\$59.54	\$97,500	\$65.70	\$75,000	\$82.04
\$160,000	\$6.72	\$8.13	\$8.94	\$12.63	\$17.73	\$25.92	\$39.81	\$63.51	\$104,000	\$70.08	\$80,000	\$87.51
\$170,000	\$7.14	\$8.63	\$9.49	\$13.41	\$18.83	\$27.54	\$42.29	\$67.47	\$110,500	\$74.46	\$85,000	\$92.98
\$180,000	\$7.56	\$9.14	\$10.05	\$14.20	\$19.94	\$29.16	\$44.78	\$71.44	\$117,000	\$78.84	\$90,000	\$98.45
\$190,000	\$7.98	\$9.65	\$10.61	\$14.99	\$21.05	\$30.78	\$47.27	\$75.41	\$123,500	\$83.22	\$95,000	\$103.92
\$200,000	\$8.40	\$10.15	\$11.17	\$15.79	\$22.15	\$32.40	\$49.75	\$79.39	\$130,000	\$87.60	\$100,000	\$109.38
\$210,000	\$8.82	\$10.66	\$11.73	\$16.58	\$23.26	\$34.02	\$52.24	\$83.36	\$136,500	\$91.98	\$105,000	\$114.85
\$220,000	\$9.24	\$11.17	\$12.29	\$17.37	\$24.37	\$35.64	\$54.73	\$87.33	\$143,000	\$96.36	\$110,000	\$120.32
\$230,000	\$9.66	\$11.67	\$12.84	\$18.15	\$25.47	\$37.26	\$57.21	\$91.29	\$149,500	\$100.74	\$115,000	\$125.79
\$240,000	\$10.08	\$12.18	\$13.40	\$18.94	\$26.58	\$38.88	\$59.70	\$95.26	\$156,000	\$105.12	\$120,000	\$131.26
\$250,000	\$10.50	\$12.69	\$13.96	\$19.73	\$27.69	\$40.50	\$62.19	\$99.23	\$162,500	\$109.50	\$125,000	\$136.73
\$260,000	\$10.92	\$13.20	\$14.52	\$20.52	\$28.80	\$42.12	\$64.68	\$103.20	\$169,000	\$113.88	\$130,000	\$142.20
\$270,000	\$11.34	\$13.71	\$15.08	\$21.31	\$29.91	\$43.74	\$67.17	\$107.17	\$175,500	\$118.26	\$135,000	\$147.67
\$280,000	\$11.76	\$14.22	\$15.64	\$22.10	\$31.02	\$45.36	\$69.66	\$111.14	\$182,000	\$122.64	\$140,000	\$153.14
\$290,000	\$12.18	\$14.73	\$16.20	\$22.89	\$32.13	\$46.98	\$72.15	\$115.11	\$188,500	\$127.02	\$145,000	\$158.61
\$300,000	\$12.60	\$15.23	\$16.75	\$23.67	\$33.23	\$48.60	\$74.63	\$119.07	\$195,000	\$131.40	\$150,000	\$164.08
\$310,000	\$13.02	\$15.74	\$17.31	\$24.46	\$34.34	\$50.22	\$77.12	\$123.04	\$201,500	\$135.78	\$155,000	\$169.55
\$320,000	\$13.44	\$16.25	\$17.87	\$25.25	\$35.45	\$51.84	\$79.61	\$127.01	\$208,000	\$140.16	\$160,000	\$175.02
\$330,000	\$13.86	\$16.75	\$18.43	\$26.05	\$36.55	\$53.46	\$82.09	\$130.99	\$214,500	\$144.54	\$165,000	\$180.48
\$340,000	\$14.28	\$17.26	\$18.99	\$26.84	\$37.66	\$55.08	\$84.58	\$134.96	\$221,000	\$148.92	\$170,000	\$185.95
\$350,000	\$14.70	\$17.77	\$19.55	\$27.63	\$38.77	\$56.70	\$87.07	\$138.93	\$227,500	\$153.30	\$175,000	\$191.42
\$360,000	\$15.12	\$18.27	\$20.10	\$28.41	\$39.87	\$58.32	\$89.55	\$142.89	\$234,000	\$157.68	\$180,000	\$196.89

Voluntary Term Life insurance from Principal® is issued by Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392.

This summary is not a complete statement of the rights, benefits, limitations and exclusions of the coverage described here. For cost and coverage details, contact your Principal® representative.

Principal, Principal and symbol design and Principal Financial Group are trademarks and service marks of Principal Financial Services, Inc., a member of the Principal Financial Group.



Henry Stark Counties Special Education District

Voluntary-term life/AD&D - employee

Estimated employee bi-weekly 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	Reduced benefit	65-69	Reduced benefit	70 & over
\$370,000	\$15.54	\$18.78	\$20.66	\$29.20	\$40.98	\$59.94	\$92.04	\$146.86	\$240,500	\$162.06	\$185,000	\$202.36
\$380,000	\$15.96	\$19.29	\$21.22	\$29.99	\$42.09	\$61.56	\$94.53	\$150.83	\$247,000	\$166.44	\$190,000	\$207.83
\$390,000	\$16.38	\$19.80	\$21.78	\$30.78	\$43.20	\$63.18	\$97.02	\$154.80	\$253,500	\$170.82	\$195,000	\$213.30
\$400,000	\$16.80	\$20.31	\$22.34	\$31.57	\$44.31	\$64.80	\$99.51	\$158.77	\$260,000	\$175.20	\$200,000	\$218.77
\$410,000	\$17.22	\$20.82	\$22.90	\$32.36	\$45.42	\$66.42	\$102.00	\$162.74	\$266,500	\$179.58	\$205,000	\$224.24
\$420,000	\$17.64	\$21.33	\$23.46	\$33.15	\$46.53	\$68.04	\$104.49	\$166.71	\$273,000	\$183.96	\$210,000	\$229.71
\$430,000	\$18.06	\$21.83	\$24.01	\$33.93	\$47.63	\$69.66	\$106.97	\$170.67	\$279,500	\$188.34	\$215,000	\$235.18
\$440,000	\$18.48	\$22.34	\$24.57	\$34.72	\$48.74	\$71.28	\$109.46	\$174.64	\$286,000	\$192.72	\$220,000	\$240.65
\$450,000	\$18.90	\$22.85	\$25.13	\$35.51	\$49.85	\$72.90	\$111.95	\$178.61	\$292,500	\$197.10	\$225,000	\$246.12
\$460,000	\$19.32	\$23.35	\$25.69	\$36.31	\$50.95	\$74.52	\$114.43	\$182.59	\$299,000	\$201.48	\$230,000	\$251.58
\$470,000	\$19.74	\$23.86	\$26.25	\$37.10	\$52.06	\$76.14	\$116.92	\$186.56	\$305,500	\$205.86	\$235,000	\$257.05
\$480,000	\$20.16	\$24.37	\$26.81	\$37.89	\$53.17	\$77.76	\$119.41	\$190.53	\$312,000	\$210.24	\$240,000	\$262.52
\$490,000	\$20.58	\$24.87	\$27.36	\$38.67	\$54.27	\$79.38	\$121.89	\$194.49	\$318,500	\$214.62	\$245,000	\$267.99
\$500,000	\$21.00	\$25.38	\$27.92	\$39.46	\$55.38	\$81.00	\$124.38	\$198.46	\$325,000	\$219.00	\$250,000	\$273.46

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.

Voluntary Term Life insurance from Principal® is issued by Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392.

This summary is not a complete statement of the rights, benefits, limitations and exclusions of the coverage described here. For cost and coverage details, contact your Principal® representative.

Principal, Principal and symbol design and Principal Financial Group are trademarks and service marks of Principal Financial Services, Inc., a member of the Principal Financial Group.



Henry Stark Counties Special Education District

Voluntary-term life/AD&D - spouse

Estimated spouse bi-weekly 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	Reduced benefit	65-69	Reduced benefit	70 & over
\$5,000	\$0.21	\$0.25	\$0.28	\$0.40	\$0.55	\$0.81	\$1.24	\$1.99	\$3,250	\$2.20	\$2,500	\$2.73
\$10,000	\$0.42	\$0.51	\$0.56	\$0.79	\$1.11	\$1.62	\$2.49	\$3.97	\$6,500	\$4.38	\$5,000	\$5.47
\$15,000	\$0.63	\$0.76	\$0.84	\$1.19	\$1.66	\$2.43	\$3.73	\$5.96	\$9,750	\$6.58	\$7,500	\$8.20
\$20,000	\$0.84	\$1.02	\$1.12	\$1.58	\$2.22	\$3.24	\$4.98	\$7.94	\$13,000	\$8.76	\$10,000	\$10.94
\$25,000	\$1.05	\$1.27	\$1.40	\$1.98	\$2.77	\$4.05	\$6.22	\$9.93	\$16,250	\$10.96	\$12,500	\$13.67
\$30,000	\$1.26	\$1.53	\$1.68	\$2.37	\$3.33	\$4.86	\$7.47	\$11.91	\$19,500	\$13.14	\$15,000	\$16.41
\$35,000	\$1.47	\$1.77	\$1.95	\$2.76	\$3.87	\$5.67	\$8.70	\$13.89	\$22,750	\$15.34	\$17,500	\$19.14
\$40,000	\$1.68	\$2.03	\$2.23	\$3.15	\$4.43	\$6.48	\$9.95	\$15.87	\$26,000	\$17.52	\$20,000	\$21.88
\$45,000	\$1.89	\$2.28	\$2.51	\$3.55	\$4.98	\$7.29	\$11.19	\$17.86	\$29,250	\$19.72	\$22,500	\$24.61
\$50,000	\$2.10	\$2.54	\$2.79	\$3.94	\$5.54	\$8.10	\$12.44	\$19.84	\$32,500	\$21.90	\$25,000	\$27.35
\$55,000	\$2.31	\$2.79	\$3.07	\$4.34	\$6.09	\$8.91	\$13.68	\$21.83	\$35,750	\$24.10	\$27,500	\$30.08
\$60,000	\$2.52	\$3.05	\$3.35	\$4.73	\$6.65	\$9.72	\$14.93	\$23.81	\$39,000	\$26.28	\$30,000	\$32.82
\$65,000	\$2.73	\$3.30	\$3.63	\$5.13	\$7.20	\$10.53	\$16.17	\$25.80	\$42,250	\$28.48	\$32,500	\$35.55
\$70,000	\$2.94	\$3.55	\$3.91	\$5.53	\$7.75	\$11.34	\$17.41	\$27.79	\$45,500	\$30.66	\$35,000	\$38.28
\$75,000	\$3.15	\$3.81	\$4.19	\$5.92	\$8.31	\$12.15	\$18.66	\$29.77	\$48,750	\$32.86	\$37,500	\$41.02
\$80,000	\$3.36	\$4.06	\$4.47	\$6.32	\$8.86	\$12.96	\$19.90	\$31.76	\$52,000	\$35.04	\$40,000	\$43.75
\$85,000	\$3.57	\$4.32	\$4.75	\$6.71	\$9.42	\$13.77	\$21.15	\$33.74	\$55,250	\$37.24	\$42,500	\$46.49
\$90,000	\$3.78	\$4.57	\$5.03	\$7.11	\$9.97	\$14.58	\$22.39	\$35.73	\$58,500	\$39.42	\$45,000	\$49.22
\$95,000	\$3.99	\$4.83	\$5.31	\$7.50	\$10.53	\$15.39	\$23.64	\$37.71	\$61,750	\$41.62	\$47,500	\$51.96
\$100,000	\$4.20	\$5.07	\$5.58	\$7.89	\$11.07	\$16.20	\$24.87	\$39.69	\$65,000	\$43.80	\$50,000	\$54.69
\$105,000	\$4.41	\$5.33	\$5.86	\$8.28	\$11.63	\$17.01	\$26.12	\$41.67	\$68,250	\$46.00	\$52,500	\$57.43
\$110,000	\$4.62	\$5.58	\$6.14	\$8.68	\$12.18	\$17.82	\$27.36	\$43.66	\$71,500	\$48.18	\$55,000	\$60.16
\$115,000	\$4.83	\$5.84	\$6.42	\$9.07	\$12.74	\$18.63	\$28.61	\$45.64	\$74,750	\$50.38	\$57,500	\$62.90
\$120,000	\$5.04	\$6.09	\$6.70	\$9.47	\$13.29	\$19.44	\$29.85	\$47.63	\$78,000	\$52.56	\$60,000	\$65.63
\$125,000	\$5.25	\$6.35	\$6.98	\$9.86	\$13.85	\$20.25	\$31.10	\$49.61	\$81,250	\$54.76	\$62,500	\$68.37
\$130,000	\$5.46	\$6.60	\$7.26	\$10.26	\$14.40	\$21.06	\$32.34	\$51.60	\$84,500	\$56.94	\$65,000	\$71.10
\$135,000	\$5.67	\$6.85	\$7.54	\$10.66	\$14.95	\$21.87	\$33.58	\$53.59	\$87,750	\$59.14	\$67,500	\$73.83
\$140,000	\$5.88	\$7.11	\$7.82	\$11.05	\$15.51	\$22.68	\$34.83	\$55.57	\$91,000	\$61.32	\$70,000	\$76.57
\$145,000	\$6.09	\$7.36	\$8.10	\$11.45	\$16.06	\$23.49	\$36.07	\$57.56	\$94,250	\$63.52	\$72,500	\$79.30
\$150,000	\$6.30	\$7.62	\$8.38	\$11.84	\$16.62	\$24.30	\$37.32	\$59.54	\$97,500	\$65.70	\$75,000	\$82.04
\$155,000	\$6.51	\$7.87	\$8.66	\$12.24	\$17.17	\$25.11	\$38.56	\$61.53	\$100,750	\$67.90	\$77,500	\$84.77
\$160,000	\$6.72	\$8.13	\$8.94	\$12.63	\$17.73	\$25.92	\$39.81	\$63.51	\$104,000	\$70.08	\$80,000	\$87.51
\$165,000	\$6.93	\$8.37	\$9.21	\$13.02	\$18.27	\$26.73	\$41.04	\$65.49	\$107,250	\$72.28	\$82,500	\$90.24
\$170,000	\$7.14	\$8.63	\$9.49	\$13.41	\$18.83	\$27.54	\$42.29	\$67.47	\$110,500	\$74.46	\$85,000	\$92.98
\$175,000	\$7.35	\$8.88	\$9.77	\$13.81	\$19.38	\$28.35	\$43.53	\$69.46	\$113,750	\$76.66	\$87,500	\$95.71
\$180,000	\$7.56	\$9.14	\$10.05	\$14.20	\$19.94	\$29.16	\$44.78	\$71.44	\$117,000	\$78.84	\$90,000	\$98.45

Voluntary Term Life insurance from Principal® is issued by Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392.

This summary is not a complete statement of the rights, benefits, limitations and exclusions of the coverage described here. For cost and coverage details, contact your Principal® representative.

Principal, Principal and symbol design and Principal Financial Group are trademarks and service marks of Principal Financial Services, Inc., a member of the Principal Financial Group.



Henry Stark Counties Special Education District

Voluntary-term life/AD&D - spouse

Estimated spouse bi-weekly 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	Reduced benefit	65-69	Reduced benefit	70 & over
\$185,000	\$7.77	\$9.39	\$10.33	\$14.60	\$20.49	\$29.97	\$46.02	\$73.43	\$120,250	\$81.04	\$92,500	\$101.18
\$190,000	\$7.98	\$9.65	\$10.61	\$14.99	\$21.05	\$30.78	\$47.27	\$75.41	\$123,500	\$83.22	\$95,000	\$103.92
\$195,000	\$8.19	\$9.90	\$10.89	\$15.39	\$21.60	\$31.59	\$48.51	\$77.40	\$126,750	\$85.42	\$97,500	\$106.65
\$200,000	\$8.40	\$10.15	\$11.17	\$15.79	\$22.15	\$32.40	\$49.75	\$79.39	\$130,000	\$87.60	\$100,000	\$109.38
\$205,000	\$8.61	\$10.41	\$11.45	\$16.18	\$22.71	\$33.21	\$51.00	\$81.37	\$133,250	\$89.80	\$102,500	\$112.12
\$210,000	\$8.82	\$10.66	\$11.73	\$16.58	\$23.26	\$34.02	\$52.24	\$83.36	\$136,500	\$91.98	\$105,000	\$114.85
\$215,000	\$9.03	\$10.92	\$12.01	\$16.97	\$23.82	\$34.83	\$53.49	\$85.34	\$139,750	\$94.18	\$107,500	\$117.59
\$220,000	\$9.24	\$11.17	\$12.29	\$17.37	\$24.37	\$35.64	\$54.73	\$87.33	\$143,000	\$96.36	\$110,000	\$120.32
\$225,000	\$9.45	\$11.43	\$12.57	\$17.76	\$24.93	\$36.45	\$55.98	\$89.31	\$146,250	\$98.56	\$112,500	\$123.06
\$230,000	\$9.66	\$11.67	\$12.84	\$18.15	\$25.47	\$37.26	\$57.21	\$91.29	\$149,500	\$100.74	\$115,000	\$125.79
\$235,000	\$9.87	\$11.93	\$13.12	\$18.54	\$26.03	\$38.07	\$58.46	\$93.27	\$152,750	\$102.94	\$117,500	\$128.53
\$240,000	\$10.08	\$12.18	\$13.40	\$18.94	\$26.58	\$38.88	\$59.70	\$95.26	\$156,000	\$105.12	\$120,000	\$131.26
\$245,000	\$10.29	\$12.44	\$13.68	\$19.33	\$27.14	\$39.69	\$60.95	\$97.24	\$159,250	\$107.32	\$122,500	\$134.00
\$250,000	\$10.50	\$12.69	\$13.96	\$19.73	\$27.69	\$40.50	\$62.19	\$99.23	\$162,500	\$109.50	\$125,000	\$136.73

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	\$0.18
\$4,000	\$0.37
\$5,000	\$0.46
\$7,500	\$0.69
\$10,000	\$0.92

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.

Voluntary Term Life insurance from Principal® is issued by Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392.

This summary is not a complete statement of the rights, benefits, limitations and exclusions of the coverage described here. For cost and coverage details, contact your Principal® representative.

Principal, Principal and symbol design and Principal Financial Group are trademarks and service marks of Principal Financial Services, Inc., a member of the Principal Financial Group.



2026 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

☎ 309-275-7685

Plan Choices & General Advice

Greg Wertheim

✉ Email: Greg@miaminier

☎ 309-825-8487

Policyholder: Henry Stark Counties Special Education District

Group term life insurance

Benefit summary for all members

Effective date: 01/01/2026

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 If you're 70 or older: The lesser of \$25,000 or the amount with the prior carrier	35% reduction at age 65, with an additional 15% reduction at age 70

¹Amount of coverage you may buy within 31 days of initial eligibility for coverage without providing health information.

²As you get older, your life insurance benefit amount decreases. Age reductions apply to the benefit amount after providing health information.

Who receives coverage?

- You'll receive coverage if you're an active, full-time employee. Seasonal, temporary, or contract employees aren't eligible.
 - o 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%

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

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 you terminate employment, 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.



principal.com

This is a summary of group term life 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.

© 2025 Principal Financial Services, Inc., Principal, Principal and symbol design and Principal Financial Group are trademarks and service marks of Principal Financial Services, Inc., a member of the Principal Financial Group.

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

Policyholder: Henry Stark Counties Special Education District

Group voluntary term life insurance

Benefit summary for all members

Effective date: 01/01/2026

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 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 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 : • \$2,000, or • \$4,000, or • \$5,000, or • \$7,500, or • \$10,000				

¹Amount of coverage you may buy within 31 days of initial eligibility for coverage without providing health information.

²As you get older, your life insurance benefit amount decreases.

³Amount of coverage may not exceed 50% of your benefit.

⁴Dependent 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.
 - o 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.
 - o 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.
 - o 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%

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

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 you terminate employment, 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.



principal.com

This is a summary of voluntary term life 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.

© 2025 Principal Financial Services, Inc., Principal®, Principal Financial Group®, and Principal and the logomark design are registered trademarks of Principal Financial Services, Inc., a Principal Financial Group company, in the United States and are trademarks and service marks of Principal Financial Services, Inc., in various countries around the world.

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

Effective date: 01/01/2026

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 Lenses - 1 pair covered every 12 months Frames - covered up to \$250 every 24 months; 20% off amount over allowance ¹	\$10 copay • Single lenses • Lined bifocal lenses • Lined trifocal lenses • Lenticular lenses • Polycarbonate lenses for dependent children under age 18
Lens enhancements	Standard progressive lenses covered once every 12 months with a \$0 copay ¹ Most other popular lens enhancements are covered after a copay, saving our members an average of 30% ¹
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 Contact lenses can be chosen instead of glasses.

¹This 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:
 - o Non-prescription glasses
 - o Medical or surgical treatment of the eyes
 - o 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.

Policyholder: Henry Stark Counties Special Education District

Group dental insurance Benefit summary for all members

Effective date: 01/01/2026

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 deductibles for basic and major services are combined. Your out-of-network deductibles for basic and major are combined. 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. 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. 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 aren't eligible.
 - 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, or qualifying event.

Additional eligibility requirements may apply.

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 per tooth 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

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

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 or have diabetes or heart disease, 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: 1) The lifetime maximum under any prior group coverage has not been exceeded, 2) Ortho treatment was started and bands or appliances were inserted while insured under any prior group coverage, and 3) Ortho treatment has been continued while insured under this policy. Principal Life will credit payments made by the prior carrier toward the Principal Life lifetime ortho payment limit. 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.

Ease some of the worries of traveling

Travel assistance program offers reassurance. Anytime. Anywhere.

Whether you're traveling within the United States or leaving the country, you can rely on AXA Assistance USA (AXA) to help your travel experience go off without a hitch. And because you're covered by group term life insurance from Principal®, you have access to many travel assistance services for free—no matter if you're traveling for business or pleasure.

Near or far, you're covered

No matter where you're going—on a cross-country flight, a short road trip, or a destination requiring a passport—consider AXA your trusted travel companion. This program helps address the challenges of travel, like:

Lost or stolen items

We all hope it won't happen to us, but it could. Lost items can be a travel reality. AXA can help you recover or replace lost or stolen items (including cash and credit cards), so you don't miss a beat.

Medical assistance

Getting sick or hurt while traveling is no picnic. AXA is there when you need it most to assist with finding medical and dental care when you're away from home.

Connecting easily

Sometimes, you need more than the phone book. And when you do, AXA is there to help with message delivery, overcoming language barriers, or legal concerns.

Traveling farther away from home

The more miles you're away from home, the more you may need to do additional planning. AXA helps you get ready to head out with pre-trip research, including travel requirements, cultural differences, and precautions you should be aware of.



TRAVEL ASSISTANCE PROGRAM

Call us when you're traveling and need assistance.
888-647-2611 in the U.S.
630-766-7696 call collect outside the U.S.

Learn more and plan for your trip with our website.
principal.com/travelassistance



Who's eligible? You, your spouse, and your dependent children can access this service when traveling 100+ miles away from home for up to 120 consecutive days. And your spouse and dependent children are covered whether or not they're traveling with you.



Emergency medical transportation

Unfortunately, medical emergencies sometimes interrupt a trip, and you just need to get to a hospital—or get home. This service is per member or qualifying dependent per trip for emergency situations, including:

- Emergency medical transportation to a different facility if medically necessary
- Medically supervised return to your home country (known as repatriation)
- Transportation for a family member to join you
- Transportation for a traveling companion to join you in a different hospital or treatment facility
- Transportation home for dependent child(ren)
- Return of vehicle
- Return of mortal remains

To be eligible for services under this program, your treatment must be authorized and arranged by designated staff from AXA. Claims for reimbursement won’t be accepted. Please contact AXA for further benefit details.

How to use this service

With two convenient ways to connect, you’ll be ready for anything that comes your way:

- 1 | **Website.** Plan your trip with helpful resources at **principal.com/travelassistance**. Learn how to create an account giving you access to travel information online. You can get medical and security information about a country, search for a local medical provider, and view practical information, like business culture and currency descriptions.
- 2 | **Phone.** When you’re traveling and need assistance, call **888-647-2611 in the U.S.** Or call collect when **outside the U.S. at 630-766-7696**. Help is available 24/7—365 days a year.

This program is not insurance.

Travel assistance services will be provided as permitted under applicable law.

Group life insurance from Principal® is issued by Principal Life Insurance Company®, Des Moines, IA 50392. Services won’t be provided or available for any loss or injury that’s caused by, or results from: normal childbirth, normal pregnancy (except complications of pregnancy), voluntary induced abortion, mental or nervous conditions (unless hospitalized), traveling against the advice of a physician, traveling for medical treatment, or traveling to a destination country that is at a Level 4 Travel Advisory.

Participants are responsible for any incurred fees or expenses, including medical. When traveling 100 miles or more away from home for up to 120 consecutive days, medical emergency transportation services include the arrangement and payment for any reasonable and customary charges determined by AXA Assistance USA, Inc. **No reimbursements for out-of-pocket expenses will be accepted.** This service is not a part of any Principal Life insurance contract and may be changed or discontinued at any time. Not available to group policies issued in New York. Although Principal® has arranged to make this program available to you, the third-party provider is solely responsible for its products and services. AXA is not a member of the Principal Financial Group®.

Principal®, Principal Financial Group®, and Principal and the logomark design are registered trademarks of Principal Financial Services, Inc., a Principal Financial Group company, in the United States and are trademarks and service marks of Principal Financial Services, Inc., in various countries around the world.

Name

Company

Contract number

The participant is entitled to AXA Assistance USA, Inc. medical and travel services.

El portador de esta tarjeta es miembro de AXA Assistance USA, Inc. y tiene derecho a los servicios personales y de asistencia médica de AXA Assistance USA, Inc.

This program is not insurance.
All services must be provided by AXA Assistance USA, Inc.

No claims for reimbursement will be accepted.

Travel assistance services will be provided as permitted under applicable law.



GROUP LIFE INSURANCE

Help protect your family, your finances—and your future

Create and store your important documents using your Will & Legal Document Center



If you're like most of us, you want to be in the driver's seat when it comes to your wishes for the future, like who will inherit your assets or make medical decisions for you if you're not able to. Especially since life can be so unpredictable.

That's why it's important to be proactive and make a plan to help protect your family and finances. With your group term or voluntary term life insurance through Principal®, you can do just that with access to resources from the **Will & Legal Document Center** provided by ARAG®.

Resources for help with legal documents

Having the proper documents in place can help ensure you're still in control in case something happens to you. With ARAG's online resources, you and/or your spouse can prepare these documents:

Standard Will. Specify what happens to your property and assets after you die, and appoint the person who will carry out your wishes. You can also name a guardian for your minor children.

Health care power of attorney. Grant someone permission to make medical decisions on your behalf in case you're no longer able to make them yourself.

Durable power of attorney. Grant someone permission to make financial decisions in case you're no longer able to make them yourself.

Living will. Let your family and health care providers know your wishes for medical treatment if you're unable to speak for yourself.

Authorization for a Minor's Medical Treatment. Grant consent for medical personnel to treat your child(ren) if you're away and can't be reached.

HIPAA authorization. Designate person/s to access your protected medical records and health information.

Plus, you can also access:

Personal Information Organizer. Record your personal and financial information—as well as funeral arrangements—in one convenient spot.

Estate planning education, tools, and resources. Get access to a variety of articles and legal resources.

Protect your identity

It's not just inconvenient to have your identity stolen. It can have a direct impact on your credit rating and your financial security. The good news is you can help protect your identity with online resources from ARAG, including:

An Identity Theft Victim Action Kit to help speed your recovery if you experience identity theft. Guidebooks and articles that outline how you can prevent identity theft- and what steps to take if it happens.

Guidebooks and articles that outline how you can prevent identity theft- and what steps to take if it happens.

It's easy to get started

Follow these simple steps to start using these resources today:

- 1 | Visit aragwills.com/principal.
- 2 | Register by completing the required fields.
- 3 | You're in! Complete the forms or download the materials you need.



Need help with registration? Call ARAG Customer Care at **800.546.3718**.
Or, if you have questions about the services, call Principal at **866.539.1728**.



Insurance products and plan administrative services provided through Principal Life Insurance Company®, a member of the Principal Financial Group®, Des Moines, IA 50392..

The value-added resources provided through ARAG Services, LLC (ARAG®) are not a part of any insurance products and plan administrative services provided through Principal Life Insurance Company® or affiliated with any company of the Principal Financial Group®. All resources may be changed or canceled at any time. Not available to group policies issued in New York.

The use of resources provided by ARAG should not be considered a substitute for consultation with an attorney or advisor. Principal® is not responsible for any loss, injury, claim, liability, or damages related to the use of the ARAG Will & Legal Document Center resources.

Please remember that the ARAG legal documents are accurate and useful in many situations. Due to possible changes by a state, it is a good idea to periodically review a template used to be sure it is the most current template. Whether or not the document is right for you and your situation depends on your circumstances. If you want specific advice regarding your situation, consult an attorney.

This information is intended to be educational in nature and is not intended to be taken as a recommendation.

Principal®, Principal Financial Group®, and Principal and the logomark design are registered trademarks of Principal Financial Services, Inc., a Principal Financial Group company, in the United States and are trademarks and service marks of Principal Financial Services, Inc., in various countries around the world.



Group benefits

Emotional health support line available for your benefit



Life can be unpredictable. And it's not always easy. So it's a big deal to know there's help available when you need it.

Get help when you're feeling overwhelmed or need support.

You, your spouse, and your dependent children can call this free, confidential support line 24 hours a day, 7 days a week to reach licensed behavioral health clinicians who will provide emotional support, tips for healthy coping, and referrals to local resources. If your employer offers an Employee Assistance Program (EAP), use those resources instead.

You can call the emotional health support line at 800-424-4612 for situations like:

- Getting connected to a licensed mental health professional for yourself or loved ones
- Needing resources for a child struggling with loneliness or difficult situations
- Gaining access to resources to promote healthy coping
- Needing resources for burnout, stress, grief/loss, or parenting

Principal.com

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

Principal® has arranged with Magellan Healthcare to make the emotional health support line available to employees with select coverage insured by Principal Life. Not available with critical illness, specified disease, accident, and/or hospital indemnity coverage. This service is not part of any insurance contract and may be changed or canceled at any time. Not available to group policies issued in New York. Magellan is responsible for all services they provide through this service. Magellan is not a member of the Principal Financial Group®.

Principal®, Principal Financial Group® and the Principal logo design are registered trademarks of Principal Financial Services, Inc., a Principal Financial Group company, in the United States and are trademarks and service marks of Principal Financial Services, Inc., in various countries around the world.



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.

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.

www.starhearing.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.

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.

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.

myzsonic.com/principal and use coupon code PRINCIPAL

2026

PLAN COMPARISON

HENRY-STARK COUNTIES S.E.D.

<u>COVERED ITEM</u>	<u>PARETO SCA PPO</u>	<u>PARETO AETNA PPO</u>	<u>PARETO OUT OF PPO</u>	<u>COVERED ITEM</u>
PPO PLAN				
PPO Network	Springfield Clinic Renewal Tier 1	Aetna Network Renewal Tier 2	Out Of Network Out Of Network	PPO 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
	Includes Deductible	Includes Deductible	Includes Deductible	
Out of Pocket	Rx & Dr. CoPay	Rx & Dr. CoPay	Rx & Dr. CoPay	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
Quest Labs	Included	Included	Included	Quest Labs
Physician CoPay	\$0 CoPay	\$30 CoPay	Deductible – 60%	Physician CoPay
Virtual Visits	Included	Included	Included	Virtual Visits
Specialist CoPay	\$0 CoPay	\$50 CoPay	Deductible – 60%	Specialist CoPay
Urgent Copay	\$25 CoPay	\$75 CoPay	Deductible – 60%	Urgent Copay
SmithRx	Included	Included	Included	SmithRx
Mark Cuban Cost Plus Plan	Included	Included	Included	Mark Cuban Cost Plus Plan
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

2026

PLAN COMPARISON

HENRY-STARK COUNTIES S.E.D.

<u>COVERED ITEM</u>	<u>PARETO SCA PPO</u>	<u>PARETO AETNA PPO</u>	<u>PARETO OUT OF PPO</u>	<u>COVERED ITEM</u>
HSA PLAN				
PPO Network	Springfield Clinic Renewal Tier 1	Aetna Network Renewal Tier 2	Out Of Network Out Of Network	PPO Network
Ind. Deductible	\$3,400	\$3,840	\$5,400	Ind. Deductible
Family Deductible	\$6,800	\$7,680	\$10,800	Family Deductible
Coinsurance Reimbursement	100% N/A	80% \$800	80% \$26,000	Coinsurance Reimbursement
Out of Pocket	Includes Deductible	Includes Deductible	Includes Deductible	Out of Pocket
Individual	\$3,400	\$4,000	\$10,600	Individual
Family	\$6,800	\$8,000	\$21,200	Family
Emergency	Deductible – 100%	Deductible – 100%	Deductible – 80%	Emergency
Wellness Care	100% No Deductible	100% No Deductible	Deductible – 80%	Wellness Care
Quest Labs	Included	Included	Included	Quest Labs
Physician CoPay	Deductible – 100%	Deductible – 80%	Deductible – 80%	Physician CoPay
Virtual Visits	Included	Included	Included	Virtual Visits
Specialist CoPay	Deductible – 100%	Deductible – 80%	Deductible – 80%	Specialist CoPay
Urgent Copay	Deductible – 100%	Deductible – 80%	Deductible – 80%	Urgent Copay
SmithRx	Included	Included	Included	SmithRx
Mark Cuban Cost Plus Plan	Included	Included	Included	Mark Cuban Cost Plus Plan
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



The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, see your Human Resources Department. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms, see the Glossary. You can view the Glossary at www.consociatehealth.com or call 1-800-798-2422 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible ?	Tier 1 - Springfield Clinic Advantage, BJC COE: \$750 Person / \$1,500 Family Tier 2 - Aetna: \$1,500 Person / \$3,000 Family Tier 3 - Out-of-Network : \$7,000 Person / \$21,000 Family	Generally, you must pay all of the costs from providers up to the calendar year deductible amount before this plan begins to pay. If you have other family members on the plan , each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible .
Are there services covered before you meet your deductible ?	Yes. Preventive care and primary care services are covered before you meet your deductible .	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible . See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No	You must pay all of the costs for these services up to the specific deductible amount before this plan begins to pay for these services.
What is the out-of-pocket limit for this plan ?	Tier 1 - Springfield Clinic Advantage, BJC COE: \$1,750 Person / \$3,500 Family Tier 2 - Aetna: \$3,500 Person / \$7,000 Family Tier 3 - Out-of-Network : \$11,800 Person / \$23,600 Family	The out-of-pocket limit is the most you could pay in a calendar year for covered services. If you have other family members in this plan , they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit ?	Premiums , balance-billed charges, out-of-network copayments , penalties for failure to obtain preauthorization, ineligible charges and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit .
Will you pay less if you use a network provider ?	Yes. See www.consociatehealth.com or call 1-800-798-2422 for a list of network providers	This plan uses a provider network . You will pay less if you use a provider in the plan's network . You will pay the most if you use an out-of-network provider , and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist ?	No. You do not need a referral to see a specialist.	A referral is not required to see a specialist for covered services.

All [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Tier 1: SCA, BJC COE (You will pay the least)	Tier 2: Aetna	Tier 3: Out of Network (You will pay the most)	
Prior authorization requirements shown below do NOT apply to Springfield Clinic Advantage Providers. However, prenotification is requested.					
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$0 copayment	\$30 copayment	40% coinsurance	Virtual visit covered as any other office visit. Telehealth available for \$0 copayment at wmthealth.com/patient .
	Specialist visit	\$0 copayment	\$50 copayment	40% coinsurance	
	Preventive care/screening/immunization	Covered 100%, deductible does not apply	Covered 100%, deductible does not apply	40% coinsurance	You may have to pay for services that aren't preventive . Ask your provider if the services you need are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	10% coinsurance	20% coinsurance	40% coinsurance	In-office surgery, lab and x-ray are covered under the Office Visit copayment . Enhanced benefits are available through LabCard providers.
	Imaging (CT/PET scans, MRIs)	10% coinsurance	20% coinsurance	40% coinsurance	Preauthorization is required for some high-tech imaging.
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.smithrx.com , or call 1-844-454-5201		Participating Pharmacies		Non-Participating Pharmacies	Deductible does not apply. Prescription Drug copayments accumulate to the Tier 2 out-of-pocket limit . 30-day supply (retail) 90-day supply (retail or mail order)
	Generic drugs	30-day: \$10 copayment 90-day: \$20 copayment		Not Covered	
	Preferred brand drugs	30-day: \$40 copayment 90-day: \$80 copayment			
	Non-preferred brand drugs	30-day: \$60 copayment 90-day: \$120 copayment			
	Specialty drugs	\$150 copayment			Members must contact SmithRx for assistance. Specialty limited to a 30-day supply.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	10% coinsurance	20% coinsurance	40% coinsurance	None
	Physician/surgeon fees	10% coinsurance	20% coinsurance	40% coinsurance	None
If you need immediate medical attention	Emergency room care	\$500 copayment per visit			Preauthorization is required if admitted to Hospital from ER. Copay is NOT waived if admitted.
	Emergency medical transportation	10% coinsurance after Tier 1 deductible			Preauthorization is required for inter-facility air ambulance transports. Contact Sentinel Air Medical Alliance: 1-877-542-8828.
	Urgent care	\$25 copayment	\$75 copayment	40% coinsurance	None

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Tier 1: SCA, BJC COE (You will pay the least)	Tier 2: Aetna	Tier 3: Out of Network (You will pay the most)	
If you have a hospital stay	Facility fee (e.g., hospital room)	10% coinsurance	20% coinsurance	\$300 copayment per visit, then 40% coinsurance	Preauthorization is required.
	Physician/surgeon fees	10% coinsurance	20% coinsurance	40% coinsurance	
If you need mental health, behavioral health, or substance abuse services	Office Visit	\$0 copayment	\$30 copayment	40% coinsurance	Virtual visit covered as any other office visit.
	Outpatient services	10% coinsurance	20% coinsurance	40% coinsurance	
	Inpatient services	10% coinsurance	20% coinsurance	\$300 copayment per visit, then 40% coinsurance	Preauthorization is required.
If you are pregnant	Office visits	\$0 copayment	\$30 copayment	40% coinsurance	Cost sharing does not apply to certain preventive services . Depending on the type of services, coinsurance may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e., ultrasound) for employee or spouse only. Preauthorization is required for some maternity hospital stays.
	Childbirth/delivery professional services	10% coinsurance	20% coinsurance	40% coinsurance	
	Childbirth/delivery facility services	10% coinsurance	20% coinsurance	\$300 copayment per visit, then 40% coinsurance	
If you need help recovering or have other special health needs	Home health care	10% coinsurance	20% coinsurance	40% coinsurance	Preauthorization is required.
	Rehabilitation services	10% coinsurance	20% coinsurance	40% coinsurance	None
	Habilitation services	10% coinsurance	20% coinsurance	40% coinsurance	None
	Skilled nursing care	10% coinsurance	20% coinsurance	\$300 copayment per visit, then 40% coinsurance	Preauthorization is required.
	Durable medical equipment	10% coinsurance	20% coinsurance	40% coinsurance	Benefits are limited to items that serve a medical purpose. DME benefits are provided for both purchase and rental equipment (up to the purchase price).
	Hospice services	10% coinsurance	20% coinsurance	40% coinsurance	Preauthorization is required for inpatient services. Additional \$300 copayment per visit applies for Tier 3 inpatient services.
If your child needs dental or eye care	Children's eye exam	Not Covered			None
	Children's glasses	Not Covered			None
	Children's dental check-up	Not Covered			None

Excluded Services & Other Covered Services:

Services Your [Plan](#) Generally Does NOT Cover (Check your policy or [plan](#) document for more information and a list of any other [excluded services](#).)

- Acupuncture
- Cosmetic surgery
- Dental care (Adult)
- Long-term care
- Routine foot care, except for diabetes
- Routine eye care (Adult)
- Non-emergency care when outside the U.S.

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your [plan](#) document.)

- Bariatric Surgery (subject to medical management criteria)
- Chiropractic Care (limited to 30 visits per calendar year). Naprapathic Services (limited to 15 visits per calendar year).
- Hearing Aids (No limit if under age 18. For 18 and above, limited to one hearing aid per ear every 36 months up to \$2,500 per ear).
- Infertility treatment (limited to \$10,000 per lifetime for prescriptions, and an additional \$25,000 for infertility treatment).
- Private-duty nursing (with the exception of inpatient private-duty nursing).

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Consociate Health: 1-800-798-2422. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa or the U.S. Department of Health and Human Services at 1-877-267-2323 x 61565 or www.cciio.cms.gov. Other coverage options may be available to you, too, including buying individual insurance coverage through the [Health Insurance Marketplace](#). For more information about the [Marketplace](#), visit www.HealthCare.gov or call 1-800-318- 2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information on how to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact: Consociate Health: 1-800-798-2422. You can also contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform.

Does this plan provide Minimum Essential Coverage? Yes

[Minimum Essential Coverage](#) generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the [premium tax credit](#).

Does this plan meet the Minimum Value Standards? Yes

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

Language Access Services:

[Spanish (Español): Para obtener asistencia en Español, llame al 1-800-798-2422

[Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-798-2422

[Chinese (中文): 如果需要中文的帮助, 请拨打这个号码1-800-798-2422

[Navajo (Dine): Dinekehgo shika at'ohwol ninisingo, kwijigo holne' 1-800-798-2422

To see examples of how this [plan](#) might cover costs for a sample medical situation, see the next section.

PRA Disclosure Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-1146**. The time required to complete this information collection is estimated to average **0.08** hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost-sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of Aetna-network pre-natal care and a hospital delivery)

■ The plan's overall deductible	\$1,500
■ Specialist copayment	\$50
■ Hospital (facility) coinsurance	20%
■ Other coinsurance	20%

This EXAMPLE event includes services like:

[Specialist](#) office visits (*prenatal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
[Diagnostic tests](#) (*ultrasounds and blood work*)
[Specialist](#) visit (*anesthesia*)

Total Example Cost	\$12,700
In this example, Peg would pay:	
<i>Cost Sharing</i>	
Deductibles	\$1,500
Copayments	\$50
Coinsurance	\$1,950
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Peg would pay is	\$3,500

Managing Joe's Type 2 Diabetes

(a year of routine Tier 1-network care of a well-controlled condition)

■ The plan's overall deductible	\$750
■ Specialist copayment	\$0
■ Hospital (facility) coinsurance	10%
■ Other coinsurance	10%

This EXAMPLE event includes services like:

[Primary care physician](#) office visits (*including disease education*)
[Diagnostic tests](#) (*blood work*)
[Prescription drugs](#)
[Durable medical equipment](#) (*glucose meter*)

Total Example Cost	\$5,600
In this example, Joe would pay:	
<i>Cost Sharing</i>	
Deductibles	\$750
Copayments	\$500
Coinsurance	\$435
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Joe would pay is	\$1,685

Mia's Simple Fracture

emergency room visit and follow up care at Aetna-network)

■ The plan's overall deductible	\$1,500
■ Specialist & ER copayment	\$550
■ Hospital (facility) coinsurance	20%
■ Other coinsurance	20%

This EXAMPLE event includes services like:

[Emergency room care](#) (*including medical supplies*)
[Diagnostic test](#) (*x-ray*)
[Durable medical equipment](#) (*crutches*)
[Rehabilitation services](#) (*physical therapy*)

Total Example Cost	\$2,800
In this example, Mia would pay:	
<i>Cost Sharing</i>	
Deductibles	\$1,500
Copayments	\$550
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$2,030

The [plan](#) would be responsible for the other costs of these EXAMPLE covered services.



The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately.

This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, see your Human Resources Department. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms, see the Glossary. You can view the Glossary at www.consociatehealth.com or call 1-800-798-2422 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible ?	Tier 1 - Springfield Clinic Advantage, BJC COE: \$3,400 Person / \$6,800 Family Tier 2 - Aetna: \$3,840 Person / \$7,680 Family Tier 3 - Out-of-Network : \$5,400 Person / \$10,800 Family	Generally, you must pay all of the costs from providers up to the calendar year deductible amount before this plan begins to pay. If you have other family members on the plan , each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible .
Are there services covered before you meet your deductible ?	Yes. Preventive care services are covered before you meet your deductible .	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible . See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No	You must pay all of the costs for these services up to the specific deductible amount before this plan begins to pay for these services.
What is the out-of-pocket limit for this plan ?	Tier 1 - Springfield Clinic Advantage, BJC COE: \$3,400 Person / \$6,800 Family Tier 2 - Aetna: \$4,000 Person / \$8,000 Family Tier 3 - Out-of-Network : \$10,600 Person / \$21,200 Family	The out-of-pocket limit is the most you could pay in a calendar year for covered services. If you have other family members in this plan , they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit ?	Premiums , balance-billed charges, out-of-network copayments , penalties for failure to obtain preauthorization, ineligible charges and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit .
Will you pay less if you use a network provider ?	Yes. See www.consociatehealth.com or call 1-800-798-2422 for a list of network providers	This plan uses a provider network . You will pay less if you use a provider in the plan's network . You will pay the most if you use an out-of-network provider , and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist ?	No. You do not need a referral to see a specialist.	A referral is not required to see a specialist for covered services.

All [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Tier 1: SCA, BJC COE (You will pay the least)	Tier 2: Aetna	Tier 3: Out of Network (You will pay the most)	
Prior authorization requirements shown below do NOT apply to Springfield Clinic Advantage Providers. However, prenotification is requested.					
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	0% coinsurance	20% coinsurance	20% coinsurance	Virtual visit covered as any other office visit. Telehealth available at mthealth.com/patient .
	Specialist visit	0% coinsurance	20% coinsurance	20% coinsurance	
	Preventive care/screening/immunization	Covered 100%, deductible does not apply	Covered 100%, deductible does not apply	20% coinsurance	You may have to pay for services that aren't preventive . Ask your provider if the services you need are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	0% coinsurance	20% coinsurance	20% coinsurance	Enhanced benefits are available through LabCard providers.
	Imaging (CT/PET scans, MRIs)	0% coinsurance	20% coinsurance	20% coinsurance	Preauthorization is required for some high-tech imaging.
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.smithrx.com , or call 1-844-454-5201		Participating Pharmacies		Non-Participating Pharmacies	Coinurance applies after Tier 2 Deductible has been met. Limited to 30-day supply (retail), and 90-day supply (retail or mail order)
	Generic drugs	0% coinsurance		Not Covered	
	Preferred brand drugs	0% coinsurance			
	Non-preferred brand drugs	0% coinsurance			
	Specialty drugs	0% coinsurance			
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	0% coinsurance	20% coinsurance	20% coinsurance	None
	Physician/surgeon fees	0% coinsurance	20% coinsurance	20% coinsurance	None
If you need immediate medical attention	Emergency room care	0% coinsurance	0% coinsurance after Tier 2 deductible .		Preauthorization is required if admitted to Hospital from ER.
	Emergency medical transportation	0% coinsurance after Tier 1 deductible			Preauthorization is required for inter-facility air ambulance transports. Contact Sentinel Air Medical Alliance: 1-877-542-8828.
	Urgent care	0% coinsurance	20% coinsurance	20% coinsurance	None

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Tier 1: SCA, BJC COE (You will pay the least)	Tier 2: Aetna	Tier 3: Out of Network (You will pay the most)	
If you have a hospital stay	Facility fee (e.g., hospital room)	0% coinsurance :	20% coinsurance	\$300 copayment per visit, then 20% coinsurance	Preauthorization is required.
	Physician/surgeon fees	0% coinsurance	20% coinsurance	20% coinsurance	None
If you need mental health, behavioral health, or substance abuse services	Office Visit	0% coinsurance	20% coinsurance	20% coinsurance	Virtual visit covered as any other office visit.
	Outpatient services	0% coinsurance	20% coinsurance	20% coinsurance	
	Inpatient services	0% coinsurance	20% coinsurance	\$300 copayment per visit, then 20% coinsurance	Preauthorization is required.
If you are pregnant	Office visits	0% coinsurance	20% coinsurance	20% coinsurance	Cost sharing does not apply to certain preventive services . Depending on the type of services, coinsurance may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound) employee or spouse only. Preauthorization is required for some maternity hospital stays. Plan allows out-of-network/over the counter breast pumps up to \$300 per pregnancy at 100%.
	Childbirth/delivery professional services	0% coinsurance	20% coinsurance	20% coinsurance	
	Childbirth/delivery facility services	0% coinsurance	20% coinsurance	\$300 copayment per visit, then 20% coinsurance	
If you need help recovering or have other special health needs	Home health care	0% coinsurance	20% coinsurance	20% coinsurance	Preauthorization is required.
	Rehabilitation services	0% coinsurance	20% coinsurance	20% coinsurance	None
	Habilitation services	0% coinsurance	20% coinsurance	20% coinsurance	None
	Skilled nursing care	0% coinsurance	20% coinsurance	\$300 copayment per visit, then 20% coinsurance	Preauthorization is required.
	Durable medical equipment	0% coinsurance	20% coinsurance	20% coinsurance	Benefits limited to items that serve a medical purpose. DME benefits are provided for both purchase and rental equipment (up to the purchase price).
	Hospice services	0% coinsurance	20% coinsurance	20% coinsurance	Preauthorization is required for inpatient services. Additional \$300 copayment per visit applies for Tier 3 inpatient services.
If your child needs dental or eye care	Children's eye exam	Not Covered			None
	Children's glasses	Not Covered			None
	Children's dental check-up	Not Covered			None

Excluded Services & Other Covered Services:

Services Your [Plan](#) Generally Does NOT Cover (Check your policy or [plan](#) document for more information and a list of any other [excluded services](#).)

- Acupuncture
- Cosmetic surgery
- Dental care (Adult)
- Long-term care
- Routine foot care, except for diabetes
- Routine eye care (Adult)
- Non-emergency care when outside the U.S.

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your [plan](#) document.)

- Bariatric Surgery (subject to medical management criteria)
- Chiropractic Care (limited to 30 visits per calendar year). Naprapathic Services (limited to 15 visits per calendar year).
- Hearing Aids (No limit if under age 18. For 18 and above, limited to one hearing aid per ear every 36 months up to \$2,500 per ear).
- Infertility treatment (limited to \$10,000 per lifetime for prescriptions, and an additional \$25,000 for infertility treatment).
- Private-duty nursing (with the exception of inpatient private-duty nursing).

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Consociate Health: 1-800-798-2422. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa or the U.S. Department of Health and Human Services at 1-877-267-2323 x 61565 or www.cciio.cms.gov. Other coverage options may be available to you, too, including buying individual insurance coverage through the [Health Insurance Marketplace](#). For more information about the [Marketplace](#), visit www.HealthCare.gov or call 1-800-318- 2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information on how to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact: Consociate Health: 1-800-798-2422. You can also contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform.

Does this plan provide Minimum Essential Coverage? Yes

[Minimum Essential Coverage](#) generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the [premium tax credit](#).

Does this plan meet the Minimum Value Standards? Yes

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

Language Access Services:

[Spanish (Español): Para obtener asistencia en Español, llame al 1-800-798-2422

[Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-798-2422

[Chinese (中文): 如果需要中文的帮助, 请拨打这个号码1-800-798-2422

[Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-800-798-2422

To see examples of how this [plan](#) might cover costs for a sample medical situation, see the next section.

PRA Disclosure Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-1146**. The time required to complete this information collection is estimated to average **0.08** hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

[* For more information about limitations and exceptions, see the [plan](#) or policy document at www.consociatehealth.com

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost-sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of Aetna-network pre-natal care and a hospital delivery)

■ The plan's overall deductible	\$3,840
■ Specialist coinsurance	20%
■ Hospital (facility) coinsurance	20%
■ Other coinsurance	20%

This EXAMPLE event includes services like:

[Specialist](#) office visits (*prenatal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
[Diagnostic tests](#) (*ultrasounds and blood work*)
[Specialist](#) visit (*anesthesia*)

Total Example Cost	\$12,700
In this example, Peg would pay:	
<i>Cost Sharing</i>	
Deductibles	\$3,840
Copayments	\$0
Coinsurance	\$160
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Peg would pay is	\$4,000

Managing Joe's Type 2 Diabetes

(a year of routine Tier 1-network care of a well- controlled condition)

■ The plan's overall deductible	\$3,400
■ Specialist coinsurance	0%
■ Hospital (facility) coinsurance	0%
■ Other coinsurance	0%

This EXAMPLE event includes services like:

[Primary care physician](#) office visits (*including disease education*)
[Diagnostic tests](#) (*blood work*)
[Prescription drugs](#)
[Durable medical equipment](#) (*glucose meter*)

Total Example Cost	\$5,600
In this example, Joe would pay:	
<i>Cost Sharing</i>	
Deductibles	\$3,400
Copayments	\$0
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Joe would pay is	\$3,400

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

■ The plan's overall deductible	\$3,840
■ Specialist coinsurance	20%
■ Hospital (facility) coinsurance	20%
■ Other coinsurance	20%

This EXAMPLE event includes services like:

[Emergency room care](#) (*including medical supplies*)
[Diagnostic test](#) (*x-ray*)
[Durable medical equipment](#) (*crutches*)
[Rehabilitation services](#) (*physical therapy*)

Total Example Cost	\$2,800
In this example, Mia would pay:	
<i>Cost Sharing</i>	
Deductibles	\$2,800
Copayments	\$0
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$2,800

The [plan](#) would be responsible for the other costs of these EXAMPLE covered services.



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.



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 laboratory 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](https://questselect.com).

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

Quest, Quest Diagnostics, any associated logos, and all associated Quest Diagnostics registered or unregistered trademarks are the property of Quest Diagnostics. All third-party marks—® and ™—are the property of their respective owners. © 2022 Quest Diagnostics Incorporated. All rights reserved. QS0001 06/22

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

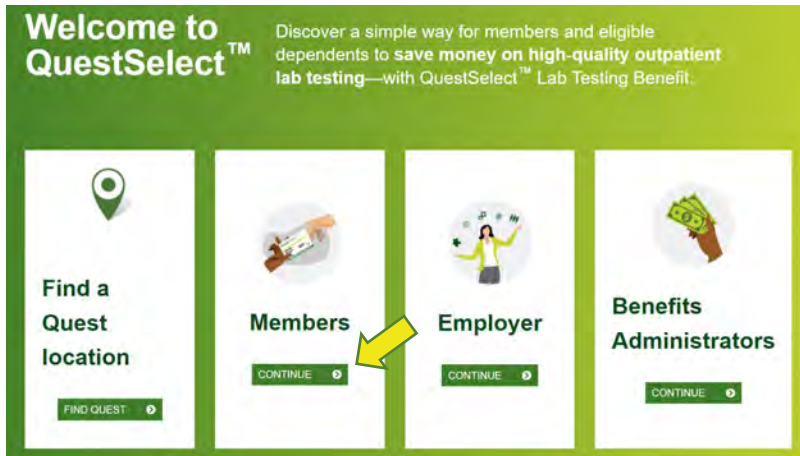
Q. Is there a charge for specimen collection?

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.

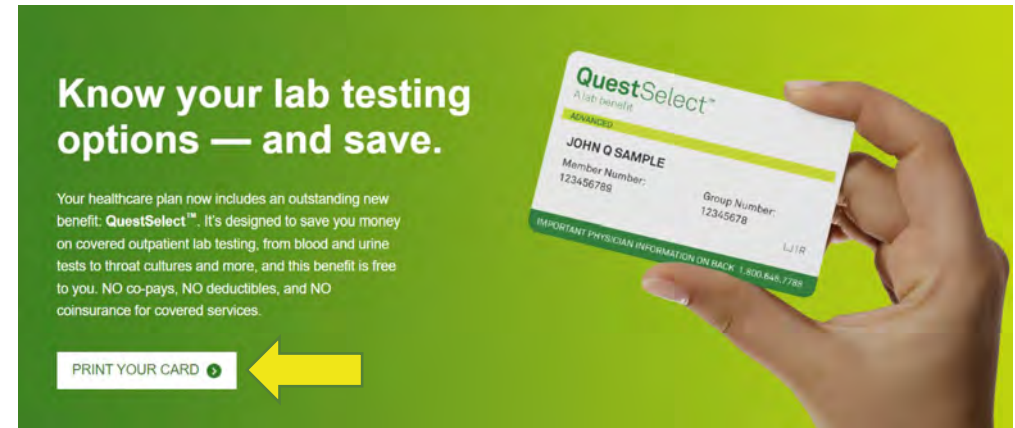
For a complete list of Frequently Asked Questions, please visit [QuestSelect.com](https://questselect.com).

Go to our new website [QuestSelect™](#)

(1) Click on the Members tab



(3) Click Print Card



(2) Member enters info in the format shown and click "Submit"

Your lab test benefit is ready when you are.

Print your QuestSelect™ card and start saving today.

If you're unable to print your QuestSelect™ card and would like to have one mailed to you, call the QuestSelect™ Lab Line at 1.800.646.7788

Complete any three of the four following fields.

First Name

Last Name

Date of Birth (MM/DD/YYYY)

Member ID/Medical ID

Member ID is located on your insurance card and must be typed exactly as printed on the card.

SUBMIT CLEAR

(4) Click on Download for copy of card below

QuestSelect™ Formerly Lab Card®

Employer Name

ADVANCED

ADV FIRST NAME ADV LAST NAME

Member Number: ADV001

Group Number: 12479

EV3D

IMPORTANT PHYSICIAN INFORMATION ON BACK 1.800.646.7788

QuestDiagnostics

IMPORTANT PHYSICIAN INFORMATION

- Authorized users of QuestSelect™ have additional cost-saving benefits for laboratory tests covered by their medical plan and processed at a participating Quest Diagnostics lab under the QuestSelect™ Program.
- Collect your patient's specimens in your office (you may be reimbursed for the collection service by submitting a claim with your office charge).
- Quest Diagnostics will bill the payer directly for lab testing services.
- Call QuestSelect™ Lab Line at 1.800.646.7788 for:
 - a faxed copy of the necessary paperwork for your immediate use
 - personalized test order pads for requisitions
 - courier service
 - patient results
- If it is not your practice to collect patient specimens, have your patient call 1.800.646.7788 or have them visit QuestSelect.com to find a Patient Service Center.

KISxCard is Vālenz® Health



If you believe you need any procedure,
call us first!

(877) 438-5479

Talk to a Vālenz KISx Nurse

About a Procedure:

Call - (877) 438-5479

Email - kisx@valenzhealth.com

Providers To Verify Benefits:

Patient Is *NOT* to Provide
Insurance Information
for procedure.

Send Claims to kisx@valenzhealth.com

Imaging & Surgery Simplified

Your procedure will be free* by scheduling with Valenz.



(877) 438-5479



SCHEDULE



SAVE

**Our program directly rewards YOU
for taking action!**

**Covers over 400
different procedures**

- ✓ Orthopedic Surgery
- ✓ General Surgery
- ✓ Colonoscopies
- ✓ MRIs, CT Scans



**Just call, text, or email
your personal nurse
concierge who is
waiting to schedule
your procedure today!**



getkisx.com

*HSA Plans require first dollar coverage from patient before procedure up to IRS Minimum, before program incentives are received.

KIS^x Card is Vālenz[®] Health

Imaging & Surgery Simplified: Simply call (877) 438-5479

Get common imaging and surgical procedures at no cost* with our benefits. Take advantage today!

Before seeking in-network providers through your health plan, call us! By choosing one of our providers, you will always pay \$0*.

Common Procedures:

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

*HSA Plans require first dollar coverage from patient before procedure up to IRS Minimum, before program incentives are received.



KIS Card is Vālenz[®] Health

Learn More About This
No Cost Surgery and
Imaging Benefit!

Scan this QR code



or text **“kisx”**

to **(866) 773-9354** to subscribe to
our reminders!

Consent is not a condition of purchase. Message frequency varies.
Reply STOP to opt out or HELP for help. Message & data rates apply.
Terms & Privacy: slktxt.io/5s8c



M-022025

KISxCard is Vālenz[®] Health

SAVE MONEY ON CERTAIN PROCEDURES!

If you are enrolled in our health plan, we have a fantastic cost savings option called KISx Card (part of Vālenz Health) where you pay **\$0 out of pocket*** for over 400 non-emergent procedures including, but not limited to:

- Orthopedic Surgery
- General Surgery
- Colonoscopies
- MRI, CT & PET Scans

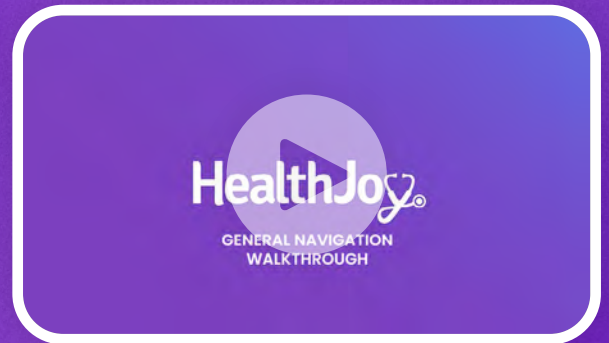
If you have any questions on how this program can help you **SAVE MONEY** on upcoming surgeries, imaging, or other procedures, please reach out to KISx Card at **877.438.5479** or talk with your Human Resources Department.

**HSA Plans require first dollar coverage from the patient before procedure up to IRS Minimum, before program incentives are received.*



Welcome to HealthJoy

HealthJoy helps make your healthcare & wellness easier



✓ Easier to Access

Simplifying your healthcare experience

HealthJoy gives you one place to go for any healthcare question, challenge or need. Our mobile app personalizes benefits – saving you money and helping you lead a happier, healthier life.

✓ Easier to Navigate

Personalized to your goals and needs

HealthJoy helps you find the right care option or benefit based on your unique health goals and needs. When you activate your HealthJoy app and share your specific health goals, you receive an even more tailored experience.

✓ Easier to Afford

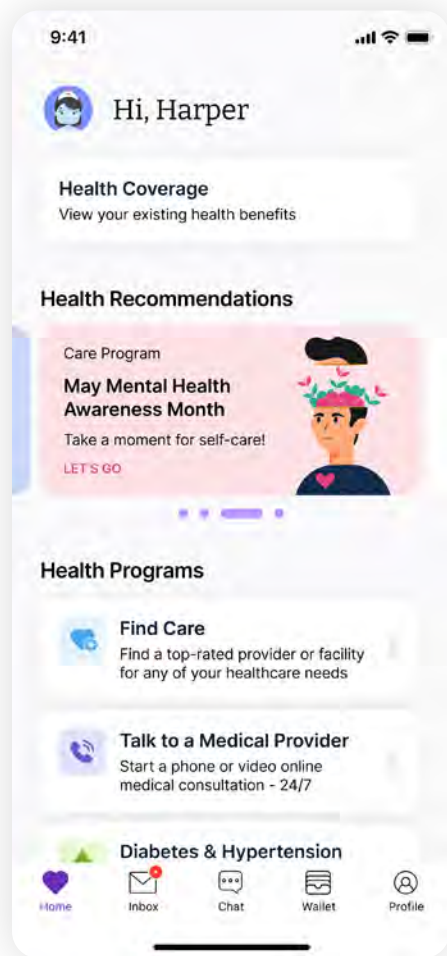
Saving you time and money

We surface the highest-quality, most affordable options to save you money and ensure you receive the best care – from connecting you to best in class providers to saving you money on your prescriptions through our Rx Savings tool.



24/7 support from benefits experts

Connect with a member of our healthcare concierge team for human-guided support. Our concierges can help you find in-network providers that meet your preferences, book appointments, answer benefits questions and even help you identify savings on scheduled procedures.



Activate HealthJoy for instant access to:



Benefits Wallet



Healthcare Concierge



Rx Savings Review



Appointment Booking



Provider Recommendations



HSA/FSA Support

Scan the QR code to
download HealthJoy today!



How to Download and Activate HealthJoy

HealthJoy is the first stop for all your healthcare and employee benefits needs. We've created an easy and seamless process to help you get started today! Below are some of the methods you can use to activate your HealthJoy account:



Download



Scan



Webinars

1 Download the HealthJoy App

Use one of the above methods to download the HealthJoy app. You can scan the QR code on this flyer or go directly to your app store. The HealthJoy mobile app can be downloaded from both the Apple App Store or the Google Play Store, and is available for Android, iPhone and iPad.

2 Add your email address and phone number

Open the HealthJoy app and enter the email address of your choosing. To activate, you will need to verify your email address. You can do this by adding a phone number to your account.

3 Sign Up

Next, you will be asked to answer a few personal information questions. We use these questions to verify your identity. This should take no longer than three minutes to complete.

4 Activation

Once we have verified your information, find the activation link sent to the email address you provided. After you click on this link you will be prompted to create a password of at least eight characters to secure your HealthJoy account.

9:41

Activate

Step 1

Personal Information

To start the activation process, please enter your information as it appears on your healthcare insurance card or pay stub.

Legal First Name

Legal Last Name

Date of Birth Aug 31, 2005

Last 4 digits of SSN (primary member's SSN)

Zip Code

Street Address

9:41

Activate

Step 2

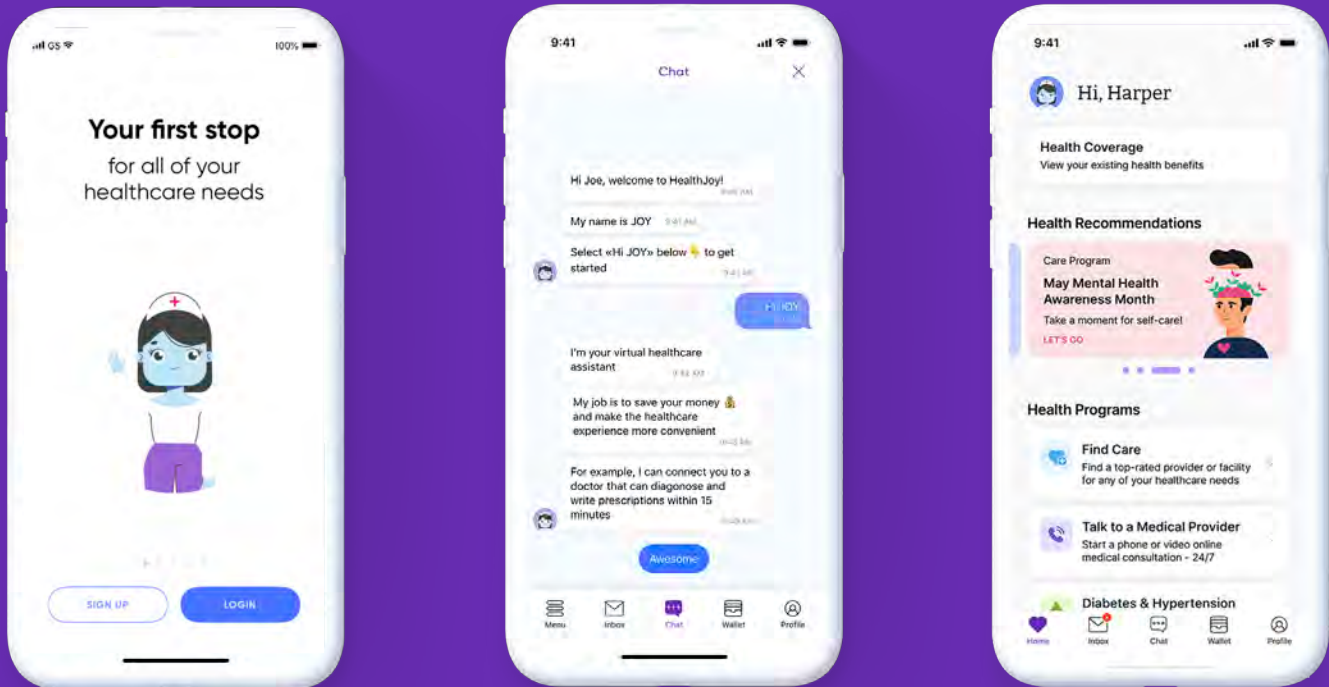
Find Your Activation Link

We've successfully verified your information. You will receive the link to activate your account to Brown@gmail.com and (406) 555-0120. You can activate your account using either one. It can take up to 10 minutes to deliver it.

5

Success!

You now have full access to your HealthJoy account. JOY, your virtual healthcare assistant, will welcome you and provide tips on how to make the most of your HealthJoy experience.



Did you forget your password?

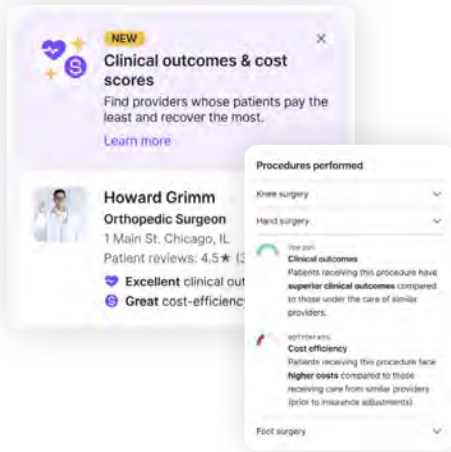
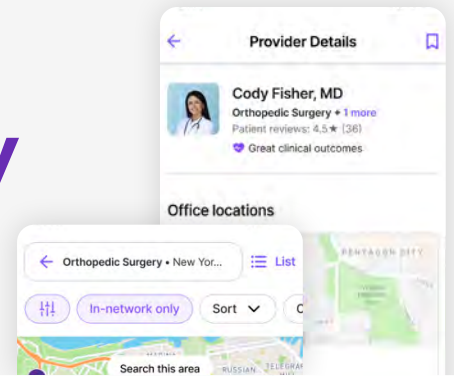
You can still log in! Enter your email address on the login screen. You can choose to update your password or we can send a "magic link" to your phone or email address for you to log in.

If you have any issues with activation or logging into our system, please call or email us at:

(877) 500-3212
support@healthjoy.com



Healthcare Cost & Quality Anytime, Anywhere



Powered by **Ribbon**

Make the most out of your healthcare experience with the latest Find Care update

The next time you need to search for a local provider or facility, log in to your HealthJoy account and use Find Care to discover low-cost, high-quality options. Now, you can easily plan ahead to make sure your next visit meets all your specific care needs.

Our Find Care experience takes the guesswork out of healthcare decisions—keeping you healthy while saving you money!

Helpful Cost + Quality Data from Previous Patients

| Data from 99.9% of providers and facilities in the United States

HealthJoy incorporates cost and quality data into all Find Care searches. We help simplify your search for care by providing upfront cost, quality and rating data for providers and facilities. We also save you time by reducing the steps needed to locate the right provider and facility for your specific needs.

Support Tailored to Your Needs

You can choose whatever experience works best for you, our self-service search tools or 1:1 support from our helpful healthcare concierge team. Our concierges can also help book follow-up appointments, identify prescription savings and review medical bills for savings.

Ready to simplify your search for doctors and specialists while saving money? Scan the QR Code to Download HealthJoy today!



2026 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 2026 as compared to 2025. 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		2025	2026	Change
HSA Contribution Limit	Self-only	\$4,300	\$4,400	Up \$100
	Family	\$8,550	\$8,750	Up \$200
HSA Catch-up Contributions <i>(not subject to adjustment for inflation)</i>	Age 55 or older	\$1,000	\$1,000	No change
HDHP Minimum Deductible	Self-only	\$1,650	\$1,700	Up \$50
	Family	\$3,300	\$3,400	Up \$100
HDHP Maximum Out-of-Pocket Expense Limit <i>(deductibles, copayments and other amounts, but not premiums)</i>	Self-only	\$8,300	\$8,500	Up \$200
	Family	\$16,600	\$17,000	Up \$400



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

SmithRx Connect 360

SmithRx can help lower your drug costs.

SmithRx's Connect 360 programs identify and help you navigate various cost savings programs. Many of these programs can help patients obtain medications for little or no co-payment. Connect 360 is constantly evolving and adding programs to ensure members are always getting their medications at the best possible price.

The SmithRx Member Support Team is here to help members navigate these programs. Our goal is to simplify your pharmacy benefits and connect you to savings on your prescriptions.

Access

Capture manufacturer coupon savings on traditional and specialty medications. Members have a low or \$0 copay on prescriptions while also helping employers save on pharmacy benefit costs.

Access Plus

Leverages advocacy foundations and grant programs to reduce cost when a high-cost specialty medication is not covered under the pharmacy benefit. We assist members in navigating and applying to these different programs.

Assist

No more pre-shopping for the best price or printing coupons! Your member ID has all the information that your pharmacy needs to find the best deals for you at the point of sale.

Low Cost Insulin

This program helps lower the cost of insulin at the pharmacy and applies a savings card to reduce members' copays.

Mark Cuban Cost Plus Drugs

Mark Cuban Cost Plus Drugs is building an innovative pharmacy model that delivers medications at cost, plus a straightforward 15% markup, along with a \$3 dispensing fee and shipping. Mark Cuban Cost Plus Drugs carries over 1,000 medications and are continuing to expand their drug list weekly.

Humira Biosimilars

Yusimry, a biosimilar for Humira, is now available to SmithRx members at Mark Cuban Cost Plus Drugs. Yusimry offers a more affordable option for members with autoimmune diseases.

International Sourcing

SmithRx offers the option to connect members with an independent international sourcing vendor to obtain select drugs at lower cost (if requested by the plan).

SmithRx Connect - Low Cost Insulin

SmithRx is lowering insulin costs for plans by preferring generic and biosimilar products, and lowering member cost share.

What is the Low Cost Insulin program?

The SmithRx Low Cost Insulin Program reduces drug costs for employer groups and applies a savings card to reduce member cost share to \$35 or less for a 30 day supply for Lilly insulin products, when applicable. Lilly is the maker of Humalog and now offers lower cost alternatives (i.e. Insulin Lispro), that are interchangeable with the brand products and are available at a lower cost.

How much will insulin cost members?

Members will pay the lesser of their standard copay or \$35 for a month's supply, when using the Lilly Savings Card. For members on high deductible plans, the Lilly Savings Card reduces the member cost share to \$35 per month.

How do members get the lower cost insulin and Lilly savings card?

Members can download a Lilly Diabetes Savings Card at www.insulinaffordability.com then present the Lilly savings card, Lilly insulin prescription, and SmithRx card to their pharmacist.

What will employer groups pay for insulin and what are the savings?

Lilly is reducing the cost of Insulin Lispro (Humaloggeneric) to \$25 per vial. Rezvoglar (Lantus Biosimilar), will cost \$96 for a box of 5 pens. Employer groups no longer need to wait for rebate payments - the net price of the drug will be reduced at the time of purchase.

Insulin Type	Current Insulin	New Insulin	Interchangeable by Pharmacist	Average Monthly Savings
Mealttime	Humalog	Insulin Lispro	Yes	\$615
	Novolog Admelog Apidra Lyumjev Insulin Aspart Fiasp	Insulin Lispro	Yes Connect outreach for new prescription (\$25 fee applies)	\$549
Long-Acting (once daily)	Lantus	Rezvoglar	Yes	\$342
	Semglee Toujeo Tresiba Basaglar	Rezvoglar	No Connect outreach for new prescription (\$25 fee applies)	\$549

Do members need a new prescription for insulin?

This depends on which insulin product the member is currently on. In most states, the pharmacist can substitute Insulin Lispro for Humalog and Rezvoglar for Lantus without a new prescription.

Where can members fill their insulin?

Insulin can be filled at any pharmacy within the SmithRx network. Members must ask the pharmacist to run their insulin claim through their SmithRx card and their Lilly Savings Card.

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

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: 12/01/2025

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)**.

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 January 31, 2024. 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 Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 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/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtplecovery.com/flmedicaidtplecovery.com/hipp/index.html 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	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone: 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp 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/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739	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: HHSHIPPPProgram@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 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218
NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Website: https://www.health.ny.gov/health_care/medicaid/ 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 Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ 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 Phone: 1-800-440-0493	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
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
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2024, 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

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.

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 ebssa.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 period¹ 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

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

(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



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.

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](https://www.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.

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

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

☒

- With respect to dependents:

☒ We do offer coverage. Eligible dependents are:

Spouse and children under the age of 26 years old.

- ☒ 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](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.