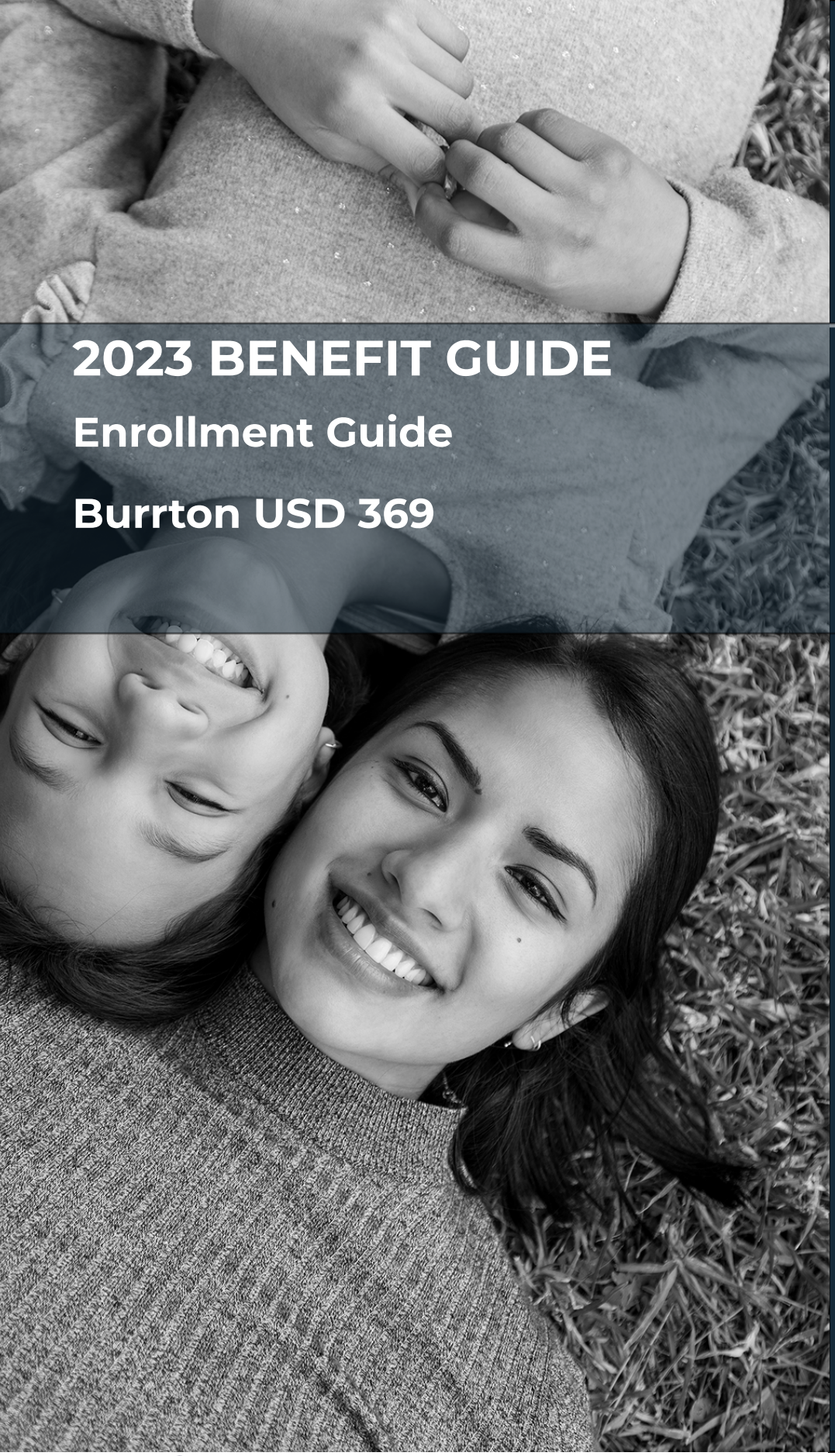

AMERILIFE® BENEFITS | Benefits Direct

2023 BENEFIT GUIDE

Enrollment Guide

Burrton USD 369

BURRTON USD 369
Home of the Chargers

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PICK THE BEST BENEFIT FOR YOU AND YOUR FAMILY

Burrton USD is dedicated to offering a comprehensive and valuable benefits package for you and your family. To ensure you are getting the most out of our benefits, we have created this Open Enrollment Guide. During the Open Enrollment period, you have the opportunity to make changes to your benefits. This guide will provide an overview of the various benefits offered by Burrton USD, allowing you to determine the options that best suit your and your family's needs.

If you have questions about any of the benefits mentioned in this guide, please don't hesitate to reach out to Benefits Direct.

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OUR BENEFITS PARTNER

AMERILIFE® BENEFITS | Benefits Direct

For over 50 years, Benefits Direct has serviced the insurance needs of public school systems, employees, and retirees. The primary focus of the agency is serving the needs of school system employees. The name “Benefits Direct” has become an icon within public school systems across the state. We have built the respect of our clients and the carriers we represent, as well as our competition in our market.

Our objective at Benefits Direct is to be recognized as the best, in each and every area in which we do business, and to provide our best advice, products, and services. We continue to be sensitive to our clients’ needs and make the satisfaction of those needs our most important job. We inform our clients of developments in our constantly changing marketplace. Service is our main priority each and every day. Our administrative office staff and field professionals are well-trained, experienced, competent, and courteous.

Benefits Direct strives to provide cost-effective programs for a diverse group of businesses, professionals, educators, and individuals. Our mission is to effectively meet each client’s financial and insurance goals through our firm’s relationship with major carriers.

For help or assistance, we are always just a phone call or email away!

Telephone: (877) 857-3072

Email: CustomerSupport@AmerilifeBenefits.com

Website: https://benefits-direct.com/essdack/

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

ENROLLMENT FAQ

Who is eligible?

If you are a full-time employee you are eligible to enroll in the benefits outlined in this guide. Full-time employees are those who work 30 or more hours per week. In addition, your legal dependents are eligible for supplemental benefits.

How to Enroll

*This year is a passive enrollment which your benefits will roll forward if you don't make an active election, besides your flexible spending accounts. You will have one method of enrollment this year.

Option 1: Online Self-Enrollment:
Keep an eye on your inbox for future instructions closer to enrollment.

Making Changes

Unless you experience a life-changing qualifying event, you cannot make changes to your benefits until the next open enrollment period. Qualifying events include things such as:

- Marriage, divorce, or legal separation
- Birth or adoption of a child
- Change in child's dependent status
- Death of a spouse, child, or other qualified dependent
- Change in employment status or a change in coverage under another employer-sponsored plan

When to Enroll

Open Enrollment Dates:
August 9 - August 16

- Self-Enroll will be available during Open Enrollment.

QUESTIONS AND ANSWERS

Q.How do the benefits withholding's work for a ten-month employee that is paid over ten-months?

A.All payroll deducted premiums due for the months of July and August will be deducted throughout the year when the employee does receive a paycheck.

Q.What is a Section 125 “Cafeteria” Plan?

A.Section 125 of the Internal Revenue Code (IRC) allows an employer to establish an employee benefit plan whereby employees may make a choice between various benefits that are offered under the plan.These benefits may be purchased by employer contributions or by the employee reducing his or her salary.In either case, the employee saves taxes (FICA) since the benefits are purchased with pre-tax dollars.For certain other benefits, the IRS requires that an employee pay the share of the cost with after-tax dollars deducted from pay after taxes have been withheld.

Q.What are the tax advantages of a Section 125 Plan?

A.Since most Section 125 benefits are purchased by a reduction in an employee’s salary, the employee will reduce his or her taxable income by the cost of the benefit or benefits selected.This means that you will save income taxes on these benefits at your highest federal and state income tax bracket.Also, you do not pay FICA taxes on these benefits.

Q.Can I change my elections mid-year?

A.Due to the pre-tax advantage of select benefits, the IRS sets strict rules about changes outside of annual enrollment.Once the plan year begins, an employee may not change their election unless he/she experiences a qualifying event such as a marriage, divorce, legal separation, domestic partnership status change, birth or adoption of a child, change in dependent’s status, death of a spouse, child, or other qualified dependent, change in commencement or termination of adoption proceedings, or change in a spouse’s or domestic partner’s benefits or employment status.

Q.If I purchase a part of my benefits on an “after-tax” basis, must I follow the election change rules for these benefits?

A.If you purchase a benefit offered through the Section 125 plan on an after-tax basis, then the election change rules will not apply to that benefit.After-tax benefits include Life Insurance, Disability Insurance, Cancer Insurance, Accident Insurance, Critical Illness Insurance, Hospital Indemnity Insurance, Identity Theft Protection, Pre-Paid Legal.

Q.May I purchase a tax-deferred annuity under my Section 125 plan?

A.Tax-deferred annuities are not an eligible benefit under a Section 125 plan.However, you can purchase a tax-deferred annuity under the rules applicable to Section 403(b) of the IRC.

Q.What if I do not wish to purchase any district benefits?

A.If you qualify for district benefits you are required to complete a benefit enrollment form whether or not you participate in any of the offered benefits.

Q.What happens if my spouse or I become eligible for Medicare coverage during the plan year?

A.The IRS has indicated that you are eligible for an election change if you or your spouse becomes eligible for Medicare benefits during the plan year.

Q.What is a formulary/preferred medication listing?

A.The formulary is a regularly updated list of generic and brand prescription medication that have been reviewed and are considered to be cost-effective choices for care.The preferred medication listing will be routinely reviewed and updated.Call the customer service number located on your BCBS card to get the preferred medication list.

CARRIER CONTACT INFORMATION

If you have any questions regarding your benefits, please review your benefit portal here **https://benefits-direct.com/essdack/** or reach out to the appropriate carrier listed below.

Dental
Delta Dental
Website: www.deltadentalks.com
Phone: (800) 234-3375

Vision
MetLife
Website: www.metlife.com/mybenefits
Phone: (855) MET-EYE1

Medical Transport
MASA
Website: www.masamts.com/
Phone: (877) 503-0585

Flexible Spending Account
Flex Made Easy
Website: www.flexmadeeasy.com
Phone: (855) 615-3679

Term Life with AD&D
One America
Website: www.employeebenefits.aul.com
Phone: (800) 533-5318

Short Term Disability
One America
Website: www.employeebenefits.aul.com
Phone: (800) 533-5318

Cancer
Prosperity
Website: www.benefits-direct.com/essdack
Phone: (877) 857-3072

Accident
MetLife
Website: www.metlife.com/
Phone: (800) GET-MET8

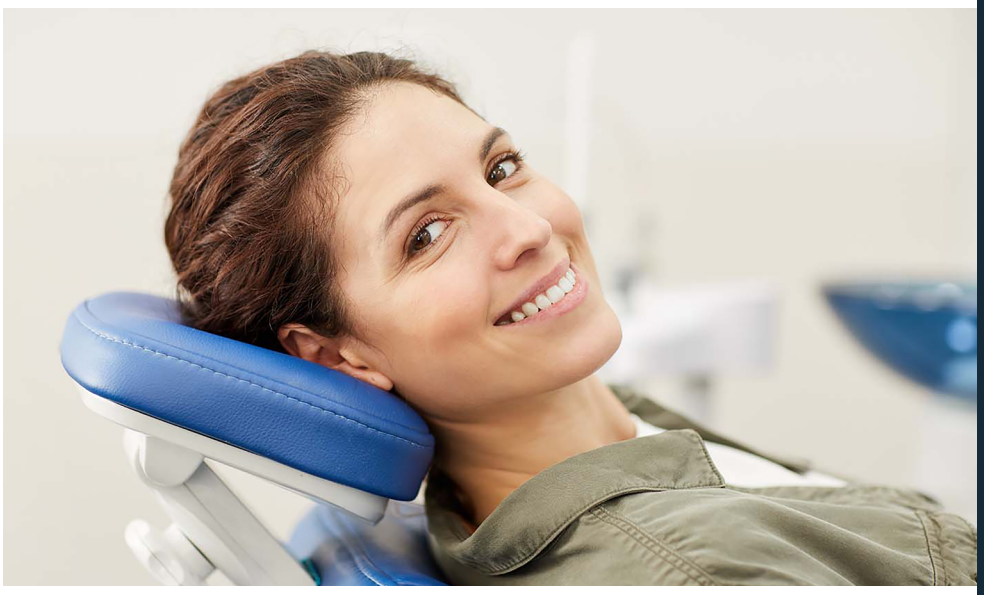
Critical Illness
MetLife
Website: www.metlife.com/
Phone: (800) GET-MET8

Hospital Indemnity
MetLife
Website: www.metlife.com/
Phone: (800) GET-MET8

ID Protection
ID Force
Website: secure.idforce.com
Phone: (800) 295-0136

Legal Protection
MetLaw
Website: info.legalplans.com
Phone: (800) 821-6400

DENTAL INSURANCE



Provider: Delta Dental

Overview:

Dental insurance not only helps preserve your smile, but also covers the cost of dental treatments and typically includes routine checkups, cleanings, and X-rays. Research indicates that oral health issues like gum disease can have an impact on other parts of the body, including the heart. By getting regular dental care, you can safeguard your overall well-being.

Monthly Premiums				
	Employee	**Employee &**	**Employee**	**Employee &**
Dental	$29.55	$58.68	$81.87	$122.79

Eligibility:

All full-time employees, their spouses, and/or children to age 26 are eligible for coverage. ID cards and a benefit brochure will be provided to those who participate in coverage.

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DELTA DENTAL

Summary of Dental Plan Benefits

U S D #369 - BURRTON

Group #52833-000-00001-00000

Effective for October 1, 2023

MAXIMUM BENEFIT(S) PER PERSON:

The Maximum Benefit for all Covered Services for each Enrollee in any one Calendar Year is **One Thousand Five Hundred Dollars ($1,500.00)**.

The Maximum Benefit for covered orthodontics procedures for each Enrollee is **One Thousand Dollars ($1,000.00)** during such Enrollee's lifetime. Payment for Orthodontic Services shall not be included in determining the Maximum Benefit for each Calendar Year.

DEDUCTIBLE LIMITATIONS:

Coverage for Diagnostic and Preventive Services are not subject to the Deductible. For all other Covered Services, the Calendar Year Deductible is: **$50x3**.

RIGHT START 4 KIDS℠ (RS4K):

Children 12 and under receive their Claims paid at 100% for all Covered Services. Deductibles will not apply, but the annual maximum, frequencies, and limitations will apply. Orthodontics Services will not change. If a Child visits an Out-of-Network Dentist, normal waiting periods, Deductibles, and Coinsurance will apply.

ELIGIBLE CHILDREN AGES:

Children are eligible for coverage to age **26**.

Benefit % Paid				
Delta Dental PPO	Delta Dental Premier	Out-of-Network		
DIAGNOSTIC & PREVENTIVE (Not Subject to Deductible)				
100%	**100%**	**100%**	**Diagnostic:**	Includes the following procedures necessary to evaluate existing dental conditions and the dental care required: • Oral evaluations – 2 times each Calendar Year. • Bitewing x-rays – 2 times each Calendar Year for Dependents under age 18 and once each 12 months for adults age 18 and over. • Full mouth or panoramic x-rays – once each 5 years.
100%	**100%**	**100%**	**Preventive:**	Provides for the following: • Routine Cleanings – unlimited. • Topical Fluoride – 2 times each Calendar Year for Dependent Children under age 19. • Space Maintainers – for Dependent Children under age 14 and only for early loss of baby molars. • Sealants – once (1) each tooth per lifetime for Dependent Children under age 16 when applied only to adult molars with no decay or fillings on the chewing surface and intact.
BASIC (Subject to Deductible)				
50%	**50%**	**50%**	**Ancillary:**	Provides for one emergency/limited exam per Calendar Year by the Dentist for the relief of pain.
50%	**50%**	**50%**	**Oral Surgery:**	Provides for removal of teeth including pre and post-operative care, preparation of the mouth for dentures, removal of the vertical band of thin tissue that connects the tongue to the bottom of the mouth, removal of the tissue that attaches the lips to the gum above the top front two teeth, removal of tissue that connects the gums to the insides of the cheeks, and removal of a piece of tissue from a lesion and sent to the lab for testing.
50%	**50%**	**50%**	**Regular Restorative:**	Provides silver fillings; resin (white) fillings on all teeth; and stainless-steel crowns for Dependents under age 12.
50%	**50%**	**50%**	**Endodontics:**	Includes root canal treatments. When covered, payment for the initial root canal therapy is limited to one per lifetime, per tooth; payment for the retreatment of a root canal is limited to once per 24 months, per tooth.
50%	**50%**	**50%**	**Periodontics:**	a. Includes procedures for the treatment of diseases of the gums and bones. Periodontal cleaning is unlimited if diagnosed with periodontal treatment history.
50%	**50%**	**50%**		b. Surgical periodontal procedures.
MAJOR (Subject to Deductible)				
50%	**50%**	**50%**	**Special Restorative:**	When teeth cannot be restored with a filling, provides for individual crowns.
50%	**50%**	**50%**	**Prosthodontics:**	a. Includes bridges, partial and complete dentures.
50%	**50%**	**50%**		b. Repairs and adjustments of bridges and dentures.
ORTHODONTICS (Subject to Deductible)				
50%	**50%**	**50%**	**Orthodontics (Braces):**	Includes orthodontic appliances and treatment, interceptive and corrective, for Dependent Children under age 19.

This is a summary of benefits only and does not bind Delta Dental of Kansas to any coverage. Subscribers are encouraged to familiarize themselves with the details of their individual plan benefits. Subscribers are responsible for any required copayments, deductibles, or fees for services not covered by their plan at the time services are performed. Please refer to the Description of Dental Care Coverage ("Benefits Booklet") for complete coverage information, including but not limited to any applicable exclusions and limitations. Coverage as described in the employer group's dental benefits contract with Delta Dental of Kansas is binding on all parties and supersedes all other written or oral communications.

VISION INSURANCE

Provider: MetLife

OVERVIEW:

Driving to work, reading the news, and watching television are all common daily activities, but your ability to perform them is heavily dependent on the health of your eyes and vision. Vision insurance can assist in preserving your vision and identifying various health issues.

Eligibility:
Employee must work 20 hours of more per week to qualify for enrollment.

MetLife

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MetLife Vision Plans

In-network benefits

There are no claims for you to file when yo go to a participating vision specialist. Simply pay your copay and, if applicable, any amount over your allowance a the time of service.

	Frequency
Eye Exam	Once every 12 months
• Eye health exam, dilation, prescription and refraction for glasses: Covered in full after **$15** copay.	
• Retinal imaging: Up to a **$39** copay on routine retinal screening when performed by a private practice provider.	
Frame	**High Plan** - Once every 12 months **Low Plan** - Once every 24 months
• **High Plan** Allowance: $150 after $15 eyewear copay. • **Low Plan** Allowance: $130 after $15 eyewear copay.	
• Costco: High Plan = $85 Low Plan = $70 allowance after $15 eyewear copay You will receive an additional 20% savings on the amount that you pay over your allowance. This offer is available form all participating locations except Costco.	
Standard corrective lenses	Once every 12 months
• Single vision, lined bifocal, lined trifocal, lenticular: Covered in full after **$15** eyewear copay	
Standard lens enhancements	Once every 12 months
• Polycarbonate (child up to age 18), Ultraviolet (UV) coating and Scratch-resistant coatings: Covered in full after $15 eyewear copay	
• Progressive, Polycarbonate (adult), Photochromic, Anti-reflective and Tints: Your cost will be limited to a copay that MetLife has negotiated for you. These copays can be viewed after enrollment at metlife.com/mybenefits	
Contact lenses	Once every 12 months
• Contact fitting and evaluation: Covered in full with a maximum copay of $60.	
• Elective lenses: **High Plan** = $150 **Low Plan** = $130	
• Necessary lenses: Covered in full after eyewear copay	

With your Vision Preferred Provider Organization Plan, you can:

·Go to any licensed vision specialist and receive coverage. Just remember your benefit dollars go further when you stay in network.

·Choose from a large network of ophthalmologists, optometrists and opticians, from private practices to retailers like Costco®Optical and Visionworks.

·Take advantage of our service agreement with Walmart and Sam's Club—they check your eligibility and process claims even though they are out of network.

In-network value added features:

Additional lens enhancements: In addition to standard lens enhancements, enjoy an average 20-25% savings on all other lens enhancements.

Savings on glasses and sunglasses: Get 20% savings on additional pairs of prescription glasses and non-prescription sunglasses, including lens enhancements. At times, other promotional offers may also be available.

Laser vision correction:

Savings averaging 15% off the regular price or 5% off a promotional offer for laser surgery including PRK, LASIK and Custom LASIK. This offer is only available at MetLife participating locations.

Out-of-network reimbursement

You pay for services and then submit a claim for reimbursement. The same benefit frequencies for In-network benefits apply. Once you enroll, visit www.metlife.com/mybenefits for detailed out-of-network benefits information.

• Eye exam: up to $45	• Single vision lenses: up to $30	• Lined trifocal lenses: up to $65
• Frames: up to $70	• Lined bifocal lenses: up to $50	• Progressive lenses: up to $50
• Contact lenses: ◦ Elective up to $105 ◦ Necessary up to $210	• Lenticular lenses: up to $100	

Important Rate Information

High Plan		Low Plan	
Monthly Premium Payment		Monthly Premium Payment	
Employee	$14.31	Employee	$11.83
Employee + Spouse	$22.90	Employee + Spouse	$18.94
Employee + Child(ren)	$26.41	Employee + Child(ren)	$21.85
Employee + Family	$44.91	Employee + Family	$37.15

Frequency / Exclusions

Class Description: All Active Full Time Employees in High		
Frequencies	**High Plan**	**Low Plan**
• Examinations	• 1 per 12 Months	• 1 per 12 Months
• Standard Corrective Lenses	• 1 per 12 Months	• 1 per 12 Months
• Frames	• 1 per 12 Months	• 1 per 24 Months
• Contact Lenses	• 1 per 12 Months	• 1 per 12 Months
Either glasses or contacts allowed per frequency		

Exclusions

- Services and/or materials not specifically included in the Summary of Benefits as covered Plan Benefits.
- Any portion of a charge in excess of the Maximum Benefit Allowance or reimbursement indicated in the Summary of Benefits
- Plano lenses (lenses with refractive correction of less that +/- 0.50 Diopter)
- Two paids of glasses instead of bifocals.
- Replacement of lenses, frames and/or contact lenses furnished under this Plan which are lost, stolen or damaged, except at the normal intervals when Plan Benefits are otherwise available.
- Orthopics or vision training and any associated supplemental testing.
- medical or surgical treatment of eyes.
- Prescription and non-prescription medications.
- Contact lens insurance policies or service agreements.
- Refitting of contact lenses after the initial (90-day) fitting period.
- Contact lens modification, polishing or cleaning.
- Local, state and/or federal taxes, except where MetLife is required by law to pay.
- Any eye examination or any corrective eyewear requires as a condition of employment.
- Services and supplies received by You or Your Dependent before the Vision Insurance starts for that person.
- Missed appointments.
- Services or materials resulting from or in the course of a Covered Person's regular occupation for pay or profit for which the Covered Person is entitled to benefits under any Worker's Compensation Law, Employer's Liability Law or similar law. You must promptly claim and notify the Company of all such benefits.
- Services: (a) for which the employer of the person receiving such services is not required to pay; or (b) received at a facility maintained by the Employer, labor union, mutual benefit association, or VA hospital.
- Services or materials received as a result of disease, defect, or injury due to war or an act of war (declared or undeclared), taking part in a riot or insurrection, or committing or attempting to commit a felony.
- Services and materials obtained while outside the United States, except for emergency vision care.
- Services, procedures, or materials for which a charge would not have been made in the absence of insurance.

DID YOU KNOW?

25 MILLION PEOPLE

are sent to the emergency room through ground or air ambulance every year*.

Insurance companies **may not** cover all air and ground ambulance expenses which can result in in-network out-of-pocket costs.**

Ground ambulance **out-of-network transportation costs may be even higher than in-network.**

MASA Medical Transport Solutions®

$14/MONTH

EMERGENT PLUS MEMBERSHIP BENEFITS

A MASA MTS Membership provides the ultimate peace of mind at an affordable rate for emergency ground and air transportation assistance expenses within the continental United States, Alaska, Hawaii, and while traveling in Canada, regardless of whether the provider is in or out of your group healthcare benefi ts network. After the group health plan pays its portion, MASA works with providers to make certain our Members have no out-of-pocket expenses~ for emergency ambulance transportation assistance and other related services.

Emergency Air Ambulance Coverage[1]

MASA MTS covers out-of-pocket expenses associated with emergency air transportation to a medical facility for serious medical emergencies deemed medically necessary for you or your dependent family member.

Emergency Ground Ambulance Coverage[1]

MASA MTS covers out-of-pocket expenses associated with emergency ground transportation to a medical facility for serious medical emergencies deemed medically necessary for you or your dependent family member.

Hospital to Hospital Ambulance Coverage[1]

MASA MTS covers out-of-pocket expenses that you or a dependent family member may incur for hospital transfers, due to a serious emergency, to the nearest and most appropriate medical facility when the current medical facility cannot provide the required level of specialized care by air ambulance to include medically equipped helicopter or fixed-wing aircraft.

Repatriation to Hospital Near Home Coverage[1]

MASA MTS provides services and covers out-of-pocket expenses for the coordination of a Member's non-emergency transportation by a medically equipped, air or ground ambulance in the event of hospitalization more than one hundred (100) miles from the Member's home if the treating physician and MASA MTS' Medical Director says it's medically appropriate and possible to transfer the Member to a hospital nearer to home for continued care and recuperation.

Visit your portal to learn more!

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FLEXIBLE SPENDING ACCOUNTS

Provider: Flex Made Easy

OVERVIEW:

Paying for health care can be stressful. That's why your employer offers flexible spending accounts (FSA).

HOW DO I ENROLL?

Even if you signed up last year, you must re-enroll for 2023.

Eligibility:

Employee must work 20 hours of more per week to qualify for enrollment.

FLEX MADE Easy

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FLEXIBLE SPENDING ACCOUNTS

WHAT ARE THE BENEFITS OF AN FSA?

- It saves you money. The plans allow you to put aside money tax-free that can be used for qualified medical expenses.
- It is a tax-saver. Since your taxable income is decreased by your contributions, you will pay less in taxes.
- It is flexible. You can use your FSA funds at any time, even if it is the beginning of the year.

You cannot stockpile money in your FSA. If you do not use it, you lose it. You should only contribute the amount of money you expect to pay out-of-pocket that year.

FSA savings example: *Bob and Jane's combined gross income is $30,000. They have two children and file their income taxes jointly. Since Bob and Jane expect to spend $2,000 in adult orthodontia and $3,300 for day care next plan year, they decide to direct a total of $5,300 into their FSAs.*

	Without FSAs	With FSA
Gross Income	$30,000	$30,000
FSA Contributions	0	-5,000
Gross Income	$30,000	$25,000
Estimated taxes		
Federal tax	-$2,550*	-$1776*
State tax	-$900**	-$750**
FICA tax	-$2,295	-$1913
After-tax earnings	$24,255	$20,314
Eligible out-of-pocket expenses		
Medical and dependent care expenses	-$5,000	$0
Remaning spendable income	$19,255	$20,561
Spendable income increase		$1,306

Flexible Spending Accounts

How do Flexible Spending Accounts Work?

Flexible Spending Accounts (FSAs) are like personal bank accounts. They allow you to set aside money for healthcare and/or dependent care expenses on a pre-tax basis. You can enroll in a Healthcare FSA and/or a Dependent Care FSA. Your election will cover you from your enrollment date through the end of the plan year unless you have a change in family status.

You can elect to have a portion of your salary withheld on a pre-tax basis for health or dependent care expenses you incur during the plan year. The funds will be placed into an account to be used during the year. If you contribute to both FSAs, you cannot use amounts contributed to one account to pay expenses eligible for payment from another account. For example, you cannot pay medical expenses from your Dependent Care FSA.

Health Care FSA

During annual enrollment you may elect to contribute monies into the Health Care FSA during the coming plan year. The amount you elect to set aside will be deducted from your paycheck into equal installments during the plan year. Please note the medical reimbursement FSA contributions are capped at a maximum of $3,050.

Eligible health care expenses include co-payments, deductibles, coinsurance, certain orthodontic procedures and other health-related expenses incurred by you or a family member. In addition, over-the-counter medicines are eligible for reimbursement with a prescription.

Dependent Care FSA

You can contribute up to $5,000 each year to the Dependent Care FSA to pay for dependent care expenses. The amount you elect to set aside will be deducted from your paycheck in equal installments during the comping year. Eligible expenses are only those incurred for the care of a child under 13 years of age (or a disabled child older than age 13) who qualifies as you dependent for tax purposes; or, anyone you can claim as a dependent, such as an elderly parent or disabled spouse.

Use It Or Lose It

It is very important that you estimate accurately when determining how much to contribute to either FSA. FSAs can provide significant tax advantages for employees when he contributions are made on a pre-tax basis. For this reason the IRS requires that you use all of the money in your account(s) during the plan year. Any money remaining in your account(s) at the end of the year will be forfeited.

Debit Card

Participating in the flex plan is even easier with a debit card. If you participate in the flex plan you will receive a debit card. It maybe be used at your pharmacy, the doctor's office or for mail-order prescriptions. You may be asked to substantiate a purchase, so make sure you keep your receipts. Upon request, simply fax your receipt to Flex Made Easy to confirm the purchase was for a qualified expense. Failure to do this may result in your card being suspended.

VOLUNTARY LIFE INSURANCE

Provider: One America

OVERVIEW:

If you are the primary breadwinner for your household, and have future expenses to consider such as your child's college tuition, it may be worth considering purchasing life insurance. This will provide financial security for your loved ones in the event of your unexpected death.

Eligibility:

Employee must work 20 hours of more per week to qualify for enrollment.

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ONEAMERICA®

VOLUNTARY LIFE INSURANCE

Your employer offers voluntary life insurance through One America to protect your family. Think about your personal circumstances. Are you the sole provider for your household? What other expenses do you expect in the future (for example, college tuition for your child)? Depending on your needs, you may want to consider buying life insurance. You can buy voluntary life insurance for both you and your dependents.

Amounts of Coverage Available:

Employee: Employee:
Minimum of $10,000 to
maximum of $500,000
(not to exceed 5x earnings)
$150,000

Spouse: Spouse:
Minimum of $10,000 to
maximum of $500,000
(not to exceed 100% of employee amount)
$30,000

Child:
6 month – 19 or 25 years, if full time student:
$10,000 (up to 26 years if full time student)

Guarantee Issue: (initial eligibility period only)

Employee: Employee:
$150,000

Spouse: Spouse:
$30,000

Child:

The charts below outlines the monthly costs of purchasing life insurance.

Monthly Cost for Every $10,000 of Employee and Spouse Life Insurance Coverage									
Age	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69
Premium	$.70	$.90	$1.10	$1.30	$1.70	$2.30	$4.00	$5.90	$11.00
Dependent Children	$10,000 in coverage for $2.40 a month								

Monthly Cost for Every $4,000 of Employee and Spouse Life Insurance Coverage	
Age	70-74
Premium	$11.08

Monthly Cost for Every $2,500 of Employee and Spouse Life Insurance Coverage	
Age	75+
Premium	$6.93

SHORT-TERM DISABILITY

Provider: One America

OVERVIEW:

It's a fact that bills need to be paid, even when you are unable to work due to an injury, illness or surgery. Disability income benefits are designed to provide a replacement of lost income in the event that you become disabled from a non-work-related injury or sickness. It will help you safeguard your assets and maintain some level of earnings.

ONEAMERICA®

SHORT-TERM DISABILITY

One America Short-Term Disability Monthly Premium

With a short-term disability plan from One America you can elect a benefit amount in increments of $50 per week, not to exceed 70% of your Covered Weekly Earnings to a maximum benefit of $1,750. The pre–existing condition is 12/12 which means benefits will not be paid if the person's disability begins in the first 12 months of coverage; and the disability is caused by, contributed to, or the result of a condition, whether or not that condition is diagnosed at all or is misdiagnosed, for which the Person received medical treatment, consultation, care or services, including diagnostic measures, or was prescribed medicines in the 12 months just prior to the Individual's effective date of insurance.
Your employer offers three short term disability plans through One America.

Min. Annual Salary	Weekly Benefit	Plan 1	Plan 2	Plan 3
$7,429	$100	$9.80	$7.50	$4.50
$11,143	$150	$14.70	$11.25	$6.75
$14,857	$200	$19.60	$15.00	$9.00
$18,571	$250	$24.50	$18.75	$11.25
$22,286	$300	$29.40	$22.50	$13.50
$26,000	$350	$34.30	$26.25	$15.75
$29.714	$400	$39.20	$30.00	$18.00
$33.429	$450	$44.10	$33.75	$20.25
$37,143	$500	$49.00	$37.50	$22.50
$40,857	$550	$53.90	$41.25	$24.75
$44,571	$600	$58.80	$45.00	$27.00
$48,286	$650	$63.70	$48.75	$29.25
$52,000	$700	$68.60	$52.50	$31.50
$55,714	$750	$73.50	$56.25	$33.75
$59,429	$800	$78.40	$60.00	$36.00
$63,143	$850	$83.30	$63.75	$38.25
$66,857	$900	$88.20	$67.50	$40.50
$70,571	$950	$93.10	$71.25	$42.75
$74,286	$1,000	$98.00	$75.00	$45.00
$78,000	$1,050	$102.90	$78.75	$47.25
$81.714	$1,100	$107.80	$82.50	$49.50
$85,429	$1,150	$112.70	$86.25	$51.75
$89,143	$1,200	$117.60	$90.00	$54.00
$92.857	$1,250	$122.50	$93.75	$56.25
$96,571	$1,300	$127.40	$97.50	$58.50
$100,286	$1,350	$132.30	$101.25	$60.75
$104,000	$1,400	$137.20	$105.00	$63.00
$107,714	$1,450	$142.10	$108.75	$65.25
$111,429	$1,500	$147.00	$112.50	$67.50
$115,143	$1,600	$156.80	$120.00	$72.00
$122,571	$1,650	$161.70	$123.75	$74.25
$126,286	$1,700	$166.60	$127.50	$76.50
$130,000	$1,750	$171.50	$131.25	$78.75

Plan Name	Elimination Period	Duration
Plan 1	0 days for injury / 7 days for sickness	26 weeks
Plan 2	14 days for injury / 14 days for sickness	24 weeks
Plan 3	30 days for injury / 30 days for sickness	22 weeks

**Please note this is a brief overview of coverage. It does not list all benefits, nor does it list exclusions and limitations. Please refer to your Evidence of Coverage or Summary Plan Description for list of benefit limitations and exclusions.*

CANCER INSURANCE

Provider: Prosperity

OVERVIEW:

Our cancer voluntary coverage provides cash benefits when it is most needed! When you enroll in the plan, you will be eligible for benefits upon a positive diagnosis of an internal cancer during the coverage term. This can bring peace of mind to you and your loved ones, as you will have protection in place to help avoid financial strain from paying for day-to-day living expenses or incurring debt.

PROSPERITY LIFE GROUP®

CANCER INSURANCE

HERE'S HOW IT WORKS...

In addition to the physical and emotional effects, people who are diagnosed with cancer may see a costly impact on their expenses. You may need additional help to absorb the expense of paying for drugs and other direct and indirect costs associated with cancer.

ACT NOW!

You've probably taken some steps to protect your assets and future financial stability with a health plan, life insurance, savings, etc. Take an additional step to round out your coverage and help you and your loved ones financially in the event of an unexpected cancer occurrence. To see more plan details & compare the plans please visit your benefit portal.

The chart below outlines the monthly costs of purchasing Cancer coverage.

Your Monthly Payroll Deduction				
	Employee Only	**Employee & Spouse**	**Employee & Children**	**Employee & Family**
Level 1	$25.77	$40.24	$28.96	$43.53
Level 2	$27.77	$43.31	$31.20	$46.83

Wellness Benefit!

This plan includes a Health Screening Benefit, meaning you can receive a once per year benefit, by taking a covered screening or test.

Level 1: $100

Level 2: $100

ACCIDENT INSURANCE

Provider: MetLife

OVERVIEW:

Accidents can happen unexpectedly, and the cost of medical expenses and other indirect costs can be overwhelming. That's why your employer offers a voluntary accident insurance plan that can be chosen for an individual or a family.

The plan provides financial assistance by giving cash benefits for initial care, specific injuries, treatment, facility care, and follow-up care visits. These benefits are paid directly to you, which can help cover deductibles, co-insurance, or other expenses incurred.

Eligibility:

Employee must work 20 hours of more per week to qualify for enrollment.

MetLife

AMERILIFE BENEFITS | Benefits Direct

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ACCIDENT INSURANCE

Accident insurance helps you pay for those unexpected costs by providing you cash benefits for things such as:

- **broken bones**
- **dislocated joints**
- **burns**
- **bandages, stitches and cuts**
- **surgery and anesthesia**
- **Emergency room visits, X-rays and imaging**
- **Emergency dental work**
- **Ambulance rides**
- **Wheelchairs, crutches and other medical supplies**

Additionally, the accident coverage includes accidental death and dismemberment benefits.

Any of the benefits you receive from the policy are paid directly to you and can help you cover deductibles, co-insurance, or whatever expenses you may choose to spend it on. Best of all, your benefits will be paid to you regardless of any other insurance coverage you may have. To see more plan details & compare the plans please visit your benefit portal.

The chart below outlines the monthly costs of purchasing accidental coverage.

Your Monthly Payroll Deduction				
	Employee Only	**Employee & Spouse**	**Employee & Children**	**Employee & Family**
Low Plan	$9.59	$18.33	$20.10	$25.15
High Plan	$19.31	$37.06	$40.66	$50.91

Wellness Benefit!

This plan includes a Health Screening Benefit, meaning you can receive a once per year benefit, by taking a covered screening or test.

Low Plan: **$100**

High Plan: **$200**

CRITICAL ILLNESS INSURANCE

Provider: MetLife

OVERVIEW:

With a critical illness plan, you'll receive a benefit after a serious illness or a condition such as cancer, heart attack, stroke, or coronary artery bypass graft.

HOW IT WORKS?

In most cases, benefits payments are made directly to you, giving you more control during a difficult time when options may feel limited. Some or all of the benefits are available to you after your initial diagnosis, so you have access to them when you need it most. Additionally, obtaining coverage through your employer is typically more cost-effective than purchasing it individually, which can help you save on premiums.

Eligibility:

Employee must work 20 hours of more per week to qualify for enrollment.

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CRITICAL ILLNESS INSURANCE

WHY DO I NEED CRITICAL ILLNESS COVERAGE?

A critical illness plan can assist you with a variety of expenses so you can focus on getting better.
You can spend the benefits however you want, on direct or indirect costs associated with the illness:

- Make your mortgage payments
- Hire extra help for around the house, such as in-home caregivers
- Help cover medical bills as well as therapy and training not covered by your primary health insurance
- Pay for travel to treatment facilities away from home - and for family visits

Critical Illness Insurance		
Eligible Individual	**Initial Benefit**	**Requirements**
Employee	**$10,000 or $20,000**	Coverage is guaranteed provided you are actively at work.
Spouse/Domestic Partner	**50% of the employee's Initial Benefit**	Coverage is guaranteed provided the employee is actively at work and the spouse/domestic partner is not subject to a medical restriction as set forth on the enrollment form and in the Certificate.
Dependent Child(ren)	**50% of the employee's Initial Benefit**	Coverage is guaranteed provided the employee is actively at work and the dependent is not subject to a medical restriction as set forth on the enrollment form and in the Certificate.

Benefit Payment:

Your **Initial Benefit** provides a lump-sum payment upon the first diagnosis of a Covered Condition. Your plan pays a Recurrence Benefit for the following Covered Conditions: Heart Attack, Stroke, Coronary Artery Bypass Graft, Full Benefit Cancer and Partial Benefit Cancer. A Recurrence Benefit is only available if an Initial Benefit has been paid for the Covered Condition. There is a Benefit Suspension Period between Recurrences.

The maximum amount that you can receive through your Critical Illness Insurance plan is called the **Total Benefit** and is 3 times the amount of your Initial Benefit. This means that you can receive multiple Initial Benefit and Recurrence Benefit payments until you reach the maximum of 300% or $30,000 or $60,000.

Please note this is a brief overview of coverage. It does not list all benefits, nor does it list exclusions and limitations. Please refer to your Evidence of Coverage or Summary Plan Description for list of benefit limitations and exclusions.

Example of Initial & Recurrence Benefit Payments

The example below illustrates an employee who elected an Initial Benefit of $10,000 and has a Total Benefit of 3 times the Initial Benefit Amount or $30,000.

Illness – Covered Condition	Payment	Total Benefit Remaining
Heart Attack – first diagnosis	Initial Benefit payment of $10,000 or 100%	$20,000
Heart Attack – second diagnosis, two years later	Recurrence Benefit payment of $5,000 or 50%	$15,000
Kidney Failure – first diagnosis, three years later	Initial Benefit payment of $10,000 or 100%	$5,000

Monthly Premium/$10,000 of Coverage

Attained Age	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Spouse + Child(ren)
<25	$9.60	$15.20	$12.70	$18.30
25-29	$9.60	$15.70	$12.70	$18.80
30-34	$12.10	$19.30	$15.20	$22.50
35-39	$13.70	$22.40	$16.80	$25.50
40-44	$18.00	$29.80	$21.00	$32.80
45-49	$24.50	$40.50	$27.60	$43.70
50-54	$32.00	$53.00	$35.10	$56.00
55-59	$40.10	$66.10	$43.20	$69.20
60-64	$48.10	$78.30	$51.30	$81.40
65-69	$53.00	$86.30	$56.20	$89.40
70+	$63.60	$102.40	$66.70	$105.50

Wellness Benefit!

This plan includes a Health Screening Benefit! Meaning you can receive **$50** once per year, by taking one of the screening or prevention measures.

HOSPITAL INDEMNITY

Provider: MetLife

OVERVIEW:

Voluntary hospital indemnity insurance offers a set of fixed, lump-sum daily benefits to help cover expenses related to a hospital stay, such as room and board. Once the policyholder meets the criteria for benefit payment and is hospitalized, the benefits are paid directly to them.

MetLife

HOSPITAL INDEMNITY

Hospital Benefits				
Subcategory	**Benefit Limits (Applies to Subcategory)**	**Benefit**	**Low Plan**	**High Plan**
Admission Benefit	1 time(s) per calendar year	Admission	$500	$1,000
		ICU Supplemental Admission (Benefit paid concurrently wiht the Admission benefit when a Covered Person is admitted to ICU)	$500	$1,000
Confinement Benefit	15 days per year ICU supplemental Confinement will pay an additional benefit for 15 of those days	Confinement	$100	$200
		ICU Supplemental Confinement (Benefit paid concurrently with the Confinement benefit when a Covered Person is admitted to ICU)	$100	$200

Your Monthly Cost		
Coverage Options	Low Plan	High Plan
Employee	$17.75	$32.66
Employee & Spouse	$33.32	$61.31
Employee & Child(ren)	$27.84	$51.23
Employee & Spouse/Child(ren)	$43.42	$79.88

PERMANENT LIFE WITH LTC

Provider: Trustmark ULE

OVERVIEW:

Protection for finances and loved ones can bring peace of mind and allow you to focus on spending time with those you care about. Permanent life insurance can provide financial support for families in the event of an emergency or unexpected death, helping them maintain their standard of living.

Eligibility:

Employee must work 20 hours of more per week to qualify for enrollment.

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Trustmark
benefits beyond benefits

PERMANENT LIFE WITH LTC

Trustmark ULE Insurance provides two important coverage's when you need them most.

1. Financial Security After a loss
Protecting your loved ones is one of life's greatest responsibilities. When a family loses someone, in addition to grief, survivors may suddenly be faced with costly expenses and debts, and even a loss of income. Universal LifeEvents can help.

Universal LifeEvents provides a higher death benefit when your needs and responsibilities are the greatest. You can choose a plan and benefit amount that provides the right protection for you.

Universal LifeEvents insurance can mean those left behind are still able to pursue their own dreams, and help ensure that the ending of one story won't stop the beginning of another.

2. Long Term Care
At any point in your life you may need to long-term care services which could cost hundreds of dollars per day.

Universal LifeEvents includes a long-term care (LTC) benefit that can help pay for these services at any age. This benefit remains at the same level throughout your life, so the full amount is always available when you most need it.

Universal LifeEvents sample rates:

Sample ranges of weekly rates for employee-only, non-smoker coverage with long-term care benefit. Your exact rate may depend on additional features selected by you and/or by your employer.

Age at purchase	$25,000 Universal LifeEvents policy
30	From: $3.49 - $4.59
40	From: $5.05 - $6.71
50	From: $7.84 - $10.71

Sample rates are shown for illustrative purposes only. Rates may vary by age, smoking status, state, employer and features selected by you and/or by your employer. An application for insurance must be completed to obtain coverage.

Long-Term Care, Here's how it works:

4% You can c**ollect 4% of your Universal LifeEvents death benefit per month** for up to 25 months to help pay for long-term care services.

Flexible features available:

2x PLUS: if you collect a benefit for LTC, your **full death benefit** is still available for your beneficiaries, as much as **doubling** your benefit.

IDENTITY PROTECTION

Provider: ID Force

OVERVIEW:

Your identity is important, so make sure you have the protection you need for your privacy and security! With the growing number of fraud and scams, it's more important than ever to take steps to safeguard what you've worked for. Your company understands the increasing risks of having sensitive personal information exposed, which is why it has included IdentityForce as part of its employee benefits. IdentityForce provides top-notch identity theft protection plans that proactively monitor, alert, and assist you in resolving any identity theft issues that may arise.

Eligibility:

Employee must work 20 hours of more per week to qualify for enrollment.

IdentityForce.™

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IDENTITY PROTECTION

WHY NOW

Our identities have become more than just a name, birth date, and social security number. Today it includes voice signatures and fingerprints, personal property records, health records, and even social media data. All of these details can be capitalized on by criminals to commit identity fraud, whether used directly in forms of synthetic identity theft, or used in social engineering attempts to extract money or personal details that provide additional opportunities for identity crimes.

ID THEFT IMPACT

You don't want to deal with a lifetime of damage that could result from identity theft. You most likely even know someone who has already been a victim of identity theft themselves, or you at least know someone who has had their good name compromised. Security incidents, scams, and fraud continue to grow. As our world becomes increasingly digitized, and virtual, it’s even more important to have IdentityForce in your corner.

We not only proactively monitor the Dark Web, credit reports, and real-time fraud issues, but we will help you fix any compromises to your personal information. All without the hassle of making phone calls, completing paperwork, and all the heavy lifting needed to make sure your identity is restored.

Your Monthly Cost	
Employee Only	$9.50
Employee & Family	$17.50

LEGAL PROTECTION

Provider: MetLife Legal

OVERVIEW:

MetLife Legal offers coverage for you, your spouse, and dependents. It includes unlimited telephone and office consultations with an attorney of your choice for various personal legal matters. Additionally, it provides e-Services such as an attorney locator, an e-panel of law firms, a law guide, free downloadable legal documents, financial planning resources, insurance information, and work-life resources.

Eligibility:

Employee must work 20 hours of more per week to qualify for enrollment.

MetLife | Legal Plans

AMERILIFE BENEFITS | Benefits Direct

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LEGAL PROTECTION

Estate Planning Documents
- Simple and Complex Wills
- Trusts (Revocable and Irrevocable)
- Powers of Attorney (Healthcare, Financial, Childcare)
- Healthcare Proxies
- Living Wills
- Codicils

Document Review
- Any Personal Legal Documents Family Law
- Prenuptial Agreement
- Protection from Domestic Violence
- Adoption and Legitimization
- Guardianship or Conservatorship
- Name Change

Immigration Assistance
- Advice and Consultation
- Review of Immigration Documents
- Preparation of Affidavits and Powers of Attorney

Elder Law Matters
- Consultations and Document Review for issues related to your parents including Medicare, Medicaid, Prescription Plans, Nursing Home Agreements, leases, notes, deeds, wills and powers of attorney as these affect the participant

Real Estate Matters
- Sale, Purchase or Refinancing of your Primary, Second or Vacation Home
- Eviction and Tenant Problems (Primary Residence - Tenant only)
- Home Equity Loans for your Primary, Second or Vacation Home
- Zoning Applications
- Boundary or Title Disputes
- Property Tax Assessment
- Security Deposit Assistance (For Tenant)

Document Preparation
- Affidavits
- Deeds
- Demand Letters
- Mortgages
- Promissory Notes

Traffic Offenses*
- Defense of Traffic Tickets (excludes DUI)
- Driving Privileges Restoration (Includes License Suspension due to DUI)

Personal Property Protection
- Consultations and Document Review for Personal Property Issues
- Assistance for disputes over goods and services

Financial Matters
- Negotiations with Creditors
- Debt Collection Defense
- **LifeStages – Identity Management Services
- Identity Theft Defense
- Personal Bankruptcy
- Tax Audit Representation

(Municipal, State or Federal)
- Foreclosure Defense
- Tax Collection Defense

Juvenile Matters
- Juvenile Court Defense, including Criminal Matters
- Parental Responsibility Matters

Defense of Civil Lawsuits
- Administrative Hearings
- Civil Litigation Defense
- Incompetency Defense
- School Hearings
- Pet Liabilities

Consumer Protection

- Disputes over Consumer Goods and Services
- Small Claims Assistance

Family Matters™***

- Available for an additional fee
- Separate plan for parents of participants for Estate Planning Documents
- Easy Enrollment - online or by phone

Smart. Simple. Affordable. $18.75 per month

Farmers Group Select

AUTO AND HOME

INSURANCE THAT FITS

YOUR UNIQUE NEEDS.

Take advantage of special Farmers GroupSelect savings.

Program Description:

As an ESSDACK Employee you have access to auto and home insurance from Farmers GroupSelect. This program provides you with special savings, outstanding customer service and full sit of products to meet your diverse insurance needs. In addition to auto and homeowners insurance, we offer a variety of other policies including:

- Condo/renters
- Personal excess liability
- Boat
- Motorcycle
- RV
- Personal Property

Program Discounts and Features:

Take advantage of special Farmers GroupSelect discounts and benefits that could save you hundreds.

- A group discount of up to 15%
- Automatic payment discount
- Good driving rewards
- A loyalty discount for your years of service
- Multi-policy discounts
- Multi-vehicle savings

24/7 superior service

Switch & Save Today!

You may apply for goup auto and home insurance at any time. Take advantage of these savings today and call 800-438-631 and mention your discount code E9G

Call 800-438-6381

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, 2020. Contact your State for more information on eligibility –

ALABAMA – Medicaid	COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711
ALASKA – Medicaid	**FLORIDA – Medicaid**
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: http://flmedicaidtplrecovery.com/hipp/ Phone: 1-877-357-3268
ARKANSAS – Medicaid	**GEORGIA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131
CALIFORNIA – Medicaid	**INDIANA – Medicaid**
Website: https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx Phone: 1-800-541-5555	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: http://www.indianamedicaid.com Phone 1-800-403-0864

IOWA – Medicaid and CHIP (Hawki)	NEBRASKA – 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	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
KANSAS – Medicaid	**NEVADA – Medicaid**
Website: http://www.kdheks.gov/hcf/default.htm Phone: 1-800-792-4884	Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900
KENTUCKY – Medicaid	**NEW HAMPSHIRE – 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://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218
LOUISIANA – Medicaid	**NEW JERSEY – Medicaid and CHIP**
Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	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
MAINE – Medicaid	**NEW YORK – Medicaid**
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
MASSACHUSETTS – Medicaid and CHIP	**NORTH CAROLINA – Medicaid**
Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840	Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100
MINNESOTA – Medicaid	**NORTH DAKOTA – Medicaid**
Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/medical-assistance.jsp [Under ELIGIBILITY tab, see "what if I have other health insurance?"] Phone: 1-800-657-3739	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
MISSOURI – Medicaid	**OKLAHOMA – Medicaid and CHIP**
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
MONTANA – Medicaid	**OREGON – Medicaid**
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid	RHODE ISLAND – Medicaid and CHIP
Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx Phone: 1-800-692-7462	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
SOUTH CAROLINA – Medicaid	**VIRGINIA – Medicaid and CHIP**
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: https://www.coverva.org/hipp/ Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282
SOUTH DAKOTA - Medicaid	**WASHINGTON – Medicaid**
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
TEXAS – Medicaid	**WEST VIRGINIA – Medicaid**
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
UTAH – Medicaid and CHIP	**WISCONSIN – Medicaid and CHIP**
Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
VERMONT– Medicaid	**WYOMING – Medicaid**
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531

To see if any other states have added a premium assistance program since January 31, 2020, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

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

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

OMB Control Number 1210-0137 (expires 1/31/2023)

CMS model Medicare part D notice of creditable prescription drug coverage

Important Notice from your Employer About

Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Blue Cross Blue Shield of Kansas and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area.Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1.Medicare prescription drug coverage became available in 2006 to everyone with Medicare.You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare.Some plans may also offer more coverage for a higher monthly premium.

2.Your employer has determined that the prescription drug coverage offered by Blue Cross Blue Shield of Kansas is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage.Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Blue Cross Blue Shield of Kansas coverage will be affected. Your current Blue Cross Blue Shield of Kansas drug plan for Option A, B and C has a $15.00 Generic, $30.00 Formulary Brand and a $45.00 Non-Formulary Brand Co-Pay as well as a 2 1/2 times co-pay Mail Order plan. Specialty Drugs 20% co-pay up to $150 maximum per script. For Option D the Qualified High Deductible Health Plan, after the $5,000 deductible is met it has $15.00 Generic, $50.00 Formulary Brand and a $75.00 Non-Formulary Brand Co-Pay as well as a 2 1/2 times co-pay Mail Order plan. **For those individuals who elect Part D coverage, coverage under the entity's plan will end for the individual and all covered dependents, etc.).**

If you do decide to join a Medicare drug plan and drop your current Blue Cross Blue Shield of Kansas coverage, be aware that you and your dependents will be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with your employer and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information or call Blue Cross Blue Shield of Kansas at 1-800-432-3990. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage with Blue Cross Blue Shield of Kansas changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly my medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice.If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	**8/1/2022**
Name of Entity/Sender:	**Reno County Educational Coop #610**
Contact--Position/Office:	**Kristi Rohling, Business Manager**
Address:	**2500 E. 30th Avenue, Hutchinson, KS 67502**
Phone Number:	**(620) 663-7178**

Model COBRA Continuation Coverage General Notice

Instructions

The Department of Labor has developed a model Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) continuation coverage general notice that plans may use to provide the general notice. To use this model general notice properly, the Plan Administrator must fill in the blanks with the appropriate plan information. The Department considers use of the model general notice, to be good faith compliance with the general notice content requirements of COBRA.The use of the model notices isn't required. The model notices are provided to help facilitate compliance with the applicable notice requirements.

Paperwork Reduction Act Statement

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

OMB Control Number 1210-0123

** 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 with your employer must 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 coverage 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;

·Commencement of a proceeding in bankruptcy with respect to the employer;]; 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.You must provide this notice to: your employer.

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, Medicaid, 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**.

If you have questions

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

Keep your Plan informed of address changes

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

Plan contact information

Date: August 1, 2022

RCEC

Kristi Rohling

(620) 663-7178

krohling@rcec610.org

New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 1-31-2017)

PART A:General Information

When key parts of the health care law took effect in 2014, there were new ways to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Market place and employment-based health coverage offered by your employer.

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 Market place offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Market place began in November 2015 for coverage starting as early as January 1, 2017.

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

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your house hold income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax 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 meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution - as well as your employee contribution to employer - offered coverage - is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Market place are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description.

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

An employer-sponsored 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

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 Market place, you will be asked to provide this information. This information is numbered to correspond to the Market place application.

3. Employer Name Reno County Educational Cooperative #610		4. Employer Identification Number (EIN) 48-0855080
5. Employer address 2500 E. 30th Avenue		6. Employer phone number 620-663-7178
7. City Hutchinson	8. State KS	9. ZIP code 67502
10. Who can we contact about employee health coverage a this job Kristi Rohling		
11. Phone number (if different from above)		12. Email address krohling@rcec610.org

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

- As your employer, we offer a health plan to:
  - [X] All employees. Eligible employees are:
  - [X] Full-time employees that work 30 or more hours per week.
  - [ ] Some employees. Eligible employees are:
- With respect to dependents:
  - [X] We do offer coverage. Eligible dependents are:
  - [X] The employee's spouse and dependent children.
  - [ ] We do not offer coverage
- [ ] 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 fora a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

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

HIPAA NOTICE OF SPECIAL ENROLLMENT RIGHTS

This notice is being provided to ensure that you understand your right to apply for the ESSDACK Group Health Care Plan. You should read this notice even if you plan to waive coverage at this time.

Loss of Other Coverage

If you are declining coverage 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).

Example: You waived coverage because you were covered under a plan offered by your spouse's employer. Your spouse terminates his/her employment. If you notify us within 30 days of the date coverage ends, you and your eligible dependents may apply for coverage under our health plan.

Example:

Marriage, Birth, or Adoption

If you have a new dependent as a result of a 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, or placement for adoption.**

Example:When you were hired by us, you were single and chose not to elect health insurance benefits. During the year you get married. You and your eligible dependents are entitled to enroll in this group health plan. However, you must apply within 30 days from the date of your marriage.

For More Information of Assistance

To request special enrollment or obtain more information, please contact your employer.

WOMEN'S HEALTH AND CANCER RIGHTS ACT NOTICE

Your employer is required by law to provide you with the following notice:

The Women's Health and Cancer Rights Act of 1998 ("WHCRA") provides certain protections 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 lymph-edemas.

The ESSDACK Group Health Care Plan provides coverage for mastectomies and the related procedures listed above, subject to the same copay's, deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

If you would like more information on WHCRA benefits, please refer to your Blue Cross Blue Shield of Kansas Group Health Care Plan Summary Document or contact your plan administrator.

YOUR RIGHTS UNDER USERRA

THE UNIFORMED SERVICES EMPLOYMENT AND REEMPLOYMENT RIGHTS ACT

USERRA protects the job rights of individuals who voluntarily or involuntarily leave employment positions to undertake military service or certain types of service in the National Disaster Medical System. USERRA also prohibits employers from discriminating against past and present members of the uniformed services, and applicants to the uniformed services.

REEMPLOYMENT RIGHTS

You have the right to be reemployed in your civilian job if you leave that job to perform service in the uniformed service and:

- ☆ you ensure that your employer receives advance written or verbal notice of your service;
- ☆ you have five years or less of cumulative service in the uniformed services while with that particular employer;
- ☆ you return to work or apply for reemployment in a timely manner after conclusion of service; and
- ☆ you have not been separated from service with a disqualifying discharge or under other than honorable conditions.

If you are eligible to be reemployed, you must be restored to the job and benefits you would have attained if you had not been absent due to military service or, in some cases, a comparable job.

RIGHT TO BE FREE FROM DISCRIMINATION AND RETALIATION

If you:

- ☆ are a past or present member of the uniformed service;
- ☆ have applied for membership in the uniformed service; or
- ☆ are obligated to serve in the uniformed service;

then an employer may not deny you:

- ☆ initial employment;
- ☆ reemployment;
- ☆ retention in employment;
- ☆ promotion; or
- ☆ any benefit of employment

because of this status.

In addition, an employer may not retaliate against anyone assisting in the enforcement of USERRA rights, including testifying or making a statement in connection with a proceeding under USERRA, even if that person has no service connection.

HEALTH INSURANCE PROTECTION

- ☆ If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents for up to 24 months while in the military.
- ☆ Even if you don't elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions (e.g., pre-existing condition exclusions) except for service-connected illnesses or injuries.

ENFORCEMENT

- ☆ The U.S. Department of Labor, Veterans Employment and Training Service (VETS) is authorized to investigate and resolve complaints of USERRA violations.
- ☆ For assistance in filing a complaint, or for any other information on USERRA, contact VETS at **1-866-4-USA-DOL** or visit its website at **http://www.dol.gov/vets**. An interactive online USERRA Advisor can be viewed at **http://www.dol.gov/elaws/userra.htm**.
- ☆ If you file a complaint with VETS and VETS is unable to resolve it, you may request that your case be referred to the Department of Justice or the Office of Special Counsel, as applicable, for representation.
- ☆ You may also bypass the VETS process and bring a civil action against an employer for violations of USERRA.

The rights listed here may vary depending on the circumstances. The text of this notice was prepared by VETS, and may be viewed on the internet at this address: **http://www.dol.gov/vets/programs/userra/poster.htm**. Federal law requires employers to notify employees of their rights under USERRA, and employers may meet this requirement by displaying the text of this notice where they customarily place notices for employees.

U.S. Department of Labor
1-866-487-2365

U.S. Department of Justice

Office of Special Counsel

1-800-336-4590

Publication Date – April 2017