



MAMARONECK SCHOOLS



2019 Benefits Enrollment Guide



What's Inside

WELCOME

Welcome to Open Enrollment	3
----------------------------	---

WHAT I NEED TO KNOW

Who's Eligible for Benefits?	4
How Do I Enroll?	6
Making Changes During the Plan Year	7
Health Care Reform	7

MY BENEFITS: HEALTH PROTECTION

Medical	8
Prescription Drugs	10
Dental and Vision	10
Flexible Spending Accounts	11

MY BENEFITS: WEALTH PROTECTION

Life Insurance	12
Disability Insurance	14
Universal Life Insurance	15
Critical Illness Insurance	15
Accident Insurance	16
403(b) Retirement Savings Plan	17

MY BENEFITS: WORK/LIFE

Life Assistance Program	18
-------------------------	----

CONTACT INFORMATION

19





Welcome to Open Enrollment

Dear Colleague,

As you know, Mamaroneck Union Free School District is a cornerstone of our community. We are committed to increasing student engagement, and we strive to create an educational environment in which every student is well-known and feels a sense of connection. Our success depends on you – our teachers, administrators and staff – who are dedicated to helping our students develop to their full potential.

To support you and your family, we are proud to offer a comprehensive benefits program designed to promote and protect your health and financial well-being.

This year, Open Enrollment takes place November 5-16, 2018. Keep in mind that this is your once-a-year opportunity to enroll in benefits for 2019, unless you experience a qualified life event.

Get Ready to Enroll

So that you are prepared to make educated choices during Open Enrollment, we're pleased to present this enrollment guide. It details what's new this year, provides an overview of your benefits, and outlines important steps you need to take to enroll in your benefits. We encourage you to carefully read this guide and take advantage of the tools and resources provided so that you can make smart choices for you and your family beginning November 5, 2018.

In the meantime, if you have questions about your benefits or the enrollment process, please call 1-855-562-7821 ext. 111 or ext. 128, Monday – Friday, from 8:00 a.m. to 4:30 p.m. Eastern time.

Sincerely,

Sylvia Wallach
Assistant Superintendent for Business Operations



Who's Eligible for Benefits?

You are eligible to enroll in benefits **30 days after your date of hire** if you are:

- A Teacher, Teaching Assistant, Nurse
- A Clerical Employee or CSEA Non Teaching employee
- An Administrator or Certain Unaffiliated employees

You are also able to enroll your eligible dependents, which include your spouse (same sex or opposite sex), children and children of employees who are legal guardians as decided by a court.

Children are eligible for health care coverage until the end of the year in which they attain age 26.

If you are covering an eligible dependent for the first time, you will need to provide documentation to prove dependency. Once you enroll, you will receive dependent verification information along with your enrollment confirmation statement. You must submit the required dependent verification documentation by November 30, 2018. Failure to provide documentation may result in the inability to cover your dependent(s).



There are three easy ways to submit your documentation:



Email: kmurray@usebsg.com



Fax: 1-585-546-8315



Upload: <https://inrollplus.com>



What I Need to Know

Benefit Eligibility Requirements

Eligibility Category	Required Documentation
Spouse Individual to whom you are legally married or in a common-law relationship. <i>Both opposite-sex and same-sex marriages are included.</i>	Most recent (2017) 1040 Tax Return (the page that lists filing status and exemptions). If the 2017 1040 has not been filed, provide the current year's extension and the prior year's 1040 (2016).
Children Dependent child under the age of 26, including:	
Biological Child	Biological Child – Copy of the child's state issue birth certificate showing the employee's name as parent, or the first page of your most recent tax return. If your child is under six months old, you may provide the proof of birth provided by the hospital.
Adopted/Foster Child	Legal Guardian, Adopted or Foster Child – Final Court Order with presiding judge's signature and seal, or Adoption Final Decree with presiding judge's signature and seal.
Stepchild	Stepchild – Copy of the child's state issued birth certificate showing the employee's spouse's name as a parent or the first page of your most recent tax return. AND A copy of the marriage certificate showing the employee and parent's name.





What I Need to Know

How Do I Enroll?

Open Enrollment is your once-a-year opportunity to review your coverage and make changes to your benefits for the upcoming year, unless you experience a Qualified Life Event during the year. You can enroll in benefits November 5-16, 2018. Before you enroll, be sure to review this guide so that you can make the right choices for you and your family.

Your 2019 coverage will be effective January 1 - December 31, 2019 provided that your employment status does not change.

We offer you two easy ways to enroll in your benefits:

Online	By Phone
 https://inrollplus.com	 1-855-562-7821 ext. 111 or 128 Monday – Friday 8:00 a.m. to 4:30 p.m. Eastern time





Making Changes During the Plan Year

During the plan year, you can change your benefit coverage if you, your spouse or your eligible dependents experience a Qualified Life Event such as:

- A change in your legal marital status, including marriage, divorce, death of your spouse or annulment.
- A change in the number of your tax dependents through birth, death, adoption or placement for adoption.
- Termination or commencement of employment by you, your spouse or your dependent.
- A change in your work schedule, such as a reduction or increase in hours by you, your spouse or your dependent that would make you eligible or ineligible for benefits.
- Your dependents' ability or inability to satisfy dependent eligibility requirements.
- Your receipt of a qualified medical child support order or letter from the Attorney General ordering you to provide — or allowing you to drop — medical coverage for a child.
- Changes made by a spouse or dependent child during an Open Enrollment period with another employer.
- If you, your spouse or dependent child becomes eligible or ineligible for Medicare or Medicaid.



Important: If you have a Life Event during the year, you have 30 days from the date of the event to make changes to your benefits. If you miss the 30-day deadline, you will not be able to make a change until the next Open Enrollment period. If you were not affected by any of the changes above, you will not be able to change your elections until the next Open Enrollment period.

To change your benefit elections log in to <https://inrollplus.com> or call 1-855-562-7821 ext. 111 or 128 .



My Benefits: Health Protection

Medical

Medical coverage is one of the most effective ways to protect yourself and your family while promoting good health through preventive care. Once again, we are offering you medical coverage administered by UnitedHealthcare. This plan meets ACA requirements.

Plan Details



Benefit		In-Network	Out-of-Network
Financial			
Deductible	Single	None	\$750
	Family	None	\$1,500
Coinsurance		None	20%
Maximum Out-of-Pocket (Including Deductible)	Single	\$2,500	\$1,750
	Family	\$5,000	\$3,500
Financial Accumulation Period		Calendar Year	Calendar Year
Out-of-Network Reimbursement		Not Applicable	Very High UCR ¹
Preventive Care			
Adult Preventive Care		No Charge	In-Network Benefit Only
Infant and Pediatric Preventive Care		No Charge	Deductible & 20% Coinsurance
Outpatient Care			
Primary Care Physician Office Visits		\$25 copay per visit	Deductible & 20% Coinsurance
Specialist Office Visits		\$25 copay per visit	Deductible & 20% Coinsurance
Outpatient Facility Surgery **		No Charge	Deductible & 20% Coinsurance
Laboratory Services Participating** (See your Certificate of Coverage for additional Lab details)		No Charge	Deductible & 20% Coinsurance
MRIs, MRAs, PET Scan, CT Scan, Ultrasound**		No Charge	Deductible & 20% Coinsurance
Radiology Services**		No Charge	Deductible & 20% Coinsurance
Hospital Care			
Physician's and Surgeon's Services**		No Charge	Deductible & 20% Coinsurance
Semi-Private Room and Board **		\$250 copay per continuous confinement	Deductible & 20% Coinsurance
All Drugs and Medication		No Charge	Deductible & 20% Coinsurance
Emergency Care			
Ambulance Service when Medically Necessary**		No Charge	No Charge
At Hospital Emergency Room (If member is admitted to the hospital, notification is required)		\$100 copay, waived if admitted	\$100 copay, waived if admitted
Emergency Care in Urgi-Center		\$25 copay per visit	Deductible & 20% Coinsurance
Maternity Care			
Routine Prenatal and Post-Natal Care**		No Charge	Deductible & 20% Coinsurance
Hospital Services for Mother and Child**		\$250 copay per continuous confinement	Deductible & 20% Coinsurance
Skilled Nursing Facility			
30 Days per Calendar Year**		\$250 copay per continuous confinement	Deductible & 20% Coinsurance
Hospice Care (210 days combined per Calendar Year for Inpatient & Home)			
Inpatient Care**		\$250 copay per continuous confinement	Deductible & 20% Coinsurance
Home Hospice Care**		\$25 copay per visit	Subject to 20% Coinsurance
Home Health Care			
Home Care Visits - 60 Visits per Calendar Year**		\$25 copay per visit	Subject to 20% Coinsurance
Physician House Calls**		\$25 copay per visit	Deductible & 20% Coinsurance



My Benefits: Health Protection



Plan Details (continued)

Benefit	In-Network	Out-Of-Network
Substance Use Disorder Services		
Inpatient Rehabilitation**	\$250 copay per continuous confinement	Deductible & 20% Coinsurance
Outpatient Rehabilitation	\$25 copay per visit	Deductible & 20% Coinsurance
Office Visits	\$25 copay per visit	Deductible & 20% Coinsurance
Mental Health Care		
Inpatient Care**	\$250 copay per continuous confinement	Deductible & 20% Coinsurance
Outpatient Care	\$25 copay per visit	Deductible & 20% Coinsurance
Office Visits	\$25 copay per visit	Deductible & 20% Coinsurance
Allergy Care		
Testing and Treatment**	\$25 copay per visit	Deductible & 20% Coinsurance
Chiropractic Care		
Chiropractic Care**	\$25 copay per visit	Deductible & 20% Coinsurance
Short Term Rehab & Habilitative Services		
Inpatient – Unlimited**	\$250 copay per continuous confinement	Deductible & 20% Coinsurance
Outpatient limited to 90 combined Visits per Calendar Year**	\$25 copay per visit	Deductible & 20% Coinsurance
Durable Medical Equipment		
Unlimited**(Precert required for items over \$500**)	No Charge when ordered by an Oxford Participating Physician	Deductible & 20% Coinsurance
Hearing Aids		
Limited to a single purchase (including repair/replacement) every 3 Years.	No Charge	Deductible & 20% Coinsurance
Medical Supplies		
Medical Supplies when Medically Necessary**	Out-of-Network Benefit Only	Deductible & 20% Coinsurance
Exercise Facility		
Subscriber	\$200 reimbursement per 6-month period	\$200 reimbursement per 6-month period
Spouse	\$100 reimbursement per 6-month period	\$100 reimbursement per 6-month period
Advanced Infertility Treatment (\$10,000 per lifetime)		
Specialist Office Visits**	\$25 copay per visit	In-Network Benefit Only
Inpatient Facility Services**	\$250 copay per continuous confinement	In-Network Benefit Only
Outpatient Facility Services**	No Charge	In-Network Benefit Only

**These services require precertification through Oxford. Members must call Oxford at 1-800-444-6222 at least 14 days in advance of treatment to request precertification. Mental health and substance use disorder services can be precertified through Oxford's Behavioral Health Department by calling 1-800-201-6991.

¹The Very High UCR fee schedule contains the maximum allowable fees and is set using data from the FH Benchmarks database, from FAIR Health, Inc., and the Centers for Medicare and Medicaid Services (CMS) and sources recognized by the federal government and insurance industry as a basis for evaluating and establishing fees. Physician fees are generally set using 90th percentile data from the FH Benchmarks database, from FAIR Health, Inc. The fee schedule for physician-administered pharmaceutical products is based upon a percentage of Average Wholesale Price. If a data source is no longer available, we will use a comparable data source to establish fees. Additional information about how we set the UCR fee schedule and reimburse Out-of-Network Covered Services is available in the Certificate of Coverage and Member Handbook.

Please Note: All Copayments, Deductibles, and Coinsurance paid for In-Network Covered Services contribute to the In-Network, Out-of-Pocket Maximum.

Dependent Eligibility

Eligible dependents include the employee's spouse (same sex or opposite sex) and dependent children until the child reaches age 26. Benefits discontinue at the end of the calendar year that dependent children turn 26. Teaching Assistants, who do not work in a computer or science lab, do not have coverage for their spouse.

Domestic Partners are not covered.



My Benefits: Health Protection

Prescription Drugs

When you elect Mamaroneck Medical coverage, you will automatically have prescription drug coverage with Express Scripts. You'll receive materials from Express Scripts with information about the tools and resources available to you as an Express Scripts member.

Common Medical Event	Services You May Need	Your Cost if You Use a Participating Provider	Your Cost if You Use a Non-Participating Provider	Limitations & Expectations
If you need drugs to treat your illness or condition	Tier 1: Generic Drugs	\$15 Retail copay (30-day supply)* \$30 Mail Order copay (90-day supply)	No benefit 100% of cost	*Only 30-day supply allowed at retail. After 2 refills of maintenance drugs, you must use mail order.
	Tier 2: Preferred Brand Name Drugs	\$25 Retail copay \$50 Mail Order copay	No benefit 100% of cost	*Only 30-day supply allowed at retail. After 2 refills of maintenance drugs you must use mail order.
	Tier 3: Non-Preferred Brand Name Drugs	\$40 Retail copay (30-day supply)* \$80 Mail Order copay (90-day supply)	No benefit 100% of cost	*Only 30-day supply allowed at retail. After 2 refills of maintenance drugs, you must use mail order.
Is there a deductible for prescription drugs?	Yes, there is a separate \$75 individual/\$150 family annual prescription deductible	N/A	N/A	This deductible is administered by Express Scripts and does not count toward any other medical out-of-pocket maximums.

*If you need to fill a prescription that is more than a 30-day supply, you must use the Mail Order feature.

Can I Waive My Medical Benefits?

Yes. If you do not wish to enroll in Medical benefits, you can waive your election with proof of other insurance. Please refer to your collective bargaining agreement, contract or benefits statement for further clarification.

Do I Have a Health Care Buyout Option?

If you have other health insurance and do not want to enroll in the Mamaroneck medical plan, you are entitled to a \$1,200 health care buyout. The buyout is per calendar year. In order to take the buyout, you must complete and submit the buyout form with a copy of your current insurance card to the Mamaroneck payroll department by November 16, 2018. To access the form, go to <https://inrollplus.com>.

Dental and Vision

If you are a Superintendent, Administration Staff, Unaffiliated Staff, Teacher, Teaching Assistant, Nurse or Clerical, your Dental and Vision enrollment is with Mamaroneck Teachers' Association, and you can enroll in October.

Teachers and Teaching Assistants will be given an enrollment packet at the New Teachers Meeting. The other groups will be sent the enrollment packets by interschool mail.

If you have any questions regarding your Dental and Vision coverage, call The Mamaroneck Teachers' Association at 1-914-834-2823.

CSEA Non-Teaching Unit

Your Dental and Vision is with the CSEA Employee Benefit Fund. Download the enrollment form from the CSEA portal, complete and return it to the CSEA Employee Benefit Fund.



Voluntary Dental Insurance

Benefit eligible employees are able to enroll in Voluntary Dental coverage through AFLAC. There are six plans from which to choose, with varying levels of coverage, including three plans with orthodontia coverage.



My Benefits: Health Protection



Flexible Spending Accounts (FSAs)

Flexible Spending Accounts (FSAs) allow you to set aside a portion of your salary, before taxes, to reimburse yourself for certain amounts spent for eligible medical or dependent day care expenses that are necessary for you to work.

You do not need to be enrolled in the Mamaroneck medical plan to participate in the Health Care or Dependent Care FSAs.

Examples of Eligible Expenses	
Health Care FSA	Dependent Care FSA
Plan deductibles, copays and coinsurance	Expenses are reimbursable for dependent children to age 13 and eligible dependent adults
Amounts above reasonable and customary limits	Fees for day care provided by individuals or day care centers
Non-covered vision expenses and supplies	Cost for in-home dependent care
Over-the-counter drugs prescribed by a physician	Cost for a nursery or summer day camp
	Cost for home health care for an elderly dependent while you are at work

*Caregivers are required to provide tax ID numbers in order for expenses to be qualified.

**Visit www.benefitresource.com for a current list of eligible expenses.

How Much You Can Contribute to Your Flexible Spending Account in 2019	
Health Care FSA	\$2,600
Dependent Care FSA	\$5,000

Beniversal Card for Medical FSA

- Participants will receive a Beniversal Card for Medical FSA
- The Beniversal Card allows you to pay for eligible medical services at qualified merchants.

Use It or Lose It

The plan year begins on January 1 and ends on December 31. Keep in mind that you should contribute only as much as you expect to spend on qualified reimbursable expenses during the year.

Claims must be received by Benefit Resource, Inc. before the 90-day run-out after the plan year ends or funds will be forfeited.

You may use Health Care and Dependent Care FSA funds remaining at the end of the year to pay for claims incurred from January 1st through December 31st, to be paid the following March 31st.

You can access a claim form by going to www.benefitresource.com/forms. You must submit a claim form, along with all related documentation, by using one of the following four options:

- Use the BRIMobile app on your smartphone
- Log in to www.BenefitResource.com
- Mail to the address listed on the claim form
- Fax to the number listed on the claim form



My Benefits: Financial Protection

Life Insurance

Mamaroneck offers Basic Life and Accidental Death & Dismemberment (AD&D) coverage at no cost to eligible employees classified as Clerical, Teachers and CSEA Non-Teaching Unit Members, and Administrators, Unaffiliated and Nurses.

- This coverage is offered to you regardless of your medical plan elections.
- You must name a beneficiary for this coverage.
- Your beneficiary for this coverage is not automatically your beneficiary for the 403(b) plan.

Clerical, Teachers, and CSEA Non-Teaching Members

Basic Life and AD&D for Employee

You are eligible for Basic Life Insurance and AD&D coverage, at no cost to you, if you are an active, full-time employee, classified as Teacher; Clerical (25 hours or more); or CSEA Non-Teaching (20 hours or more). Mamaroneck offers Basic Life and Accidental Death & Dismemberment (AD&D) coverage because we understand how important it is to have financial protection.

Benefit	Plan Features
Basic Life Benefit	1x your annual compensation
Guaranteed Issue Amount	\$150,000
Maximum Benefit	The lesser of 1x your annual compensation or \$175,000
AD&D Benefit	1x your annual compensation rounded up to the nearest \$1,000 if not already a multiple thereof, subject to a maximum of \$175,000

Voluntary Term Life Insurance for Employee

In addition to the Basic Life and AD&D coverage, you have the option of purchasing additional Life Insurance coverage. You pay the cost of the coverage and receive the benefit of a group rate.

Benefit	Plan Features
Guaranteed Issue Amount	\$120,000 if you are a newly eligible employee All other employees' new elections or increases will pend for evidence of insurability
Maximum Benefit Amount	The lesser of 5x your annual compensation or \$500,000
Age-Based Reductions	When you are age 65 or older, your Life Insurance benefit will reduce to the percentage shown below: <ul style="list-style-type: none"> • 65% of the Life Insurance benefit at age 65 • 50% of the Life Insurance benefit at age 70
Additional Benefit Features	<ul style="list-style-type: none"> • Accelerated Death Benefit - Terminal Illness • Extended Death Benefit with Waiver of Premium

Voluntary Term Life for Spouses and Dependent Children

You may purchase term life coverage for your spouse and eligible dependent children, as described below.

Spouse	Dependent Children
<ul style="list-style-type: none"> • Basic Benefit – \$5,000 • Guaranteed Issue Amount – \$5,000 • Maximum Benefit – 5,000 • Terminal Illness Benefit – 75% of the Maximum Benefit applicable to Spouse Life Insurance Benefits 	<ul style="list-style-type: none"> • Basic Benefit – \$2,000 • Guaranteed Issue Amount – \$2,000



My Benefits: Financial Protection

Administrators, Unaffiliated, or Nurses

Basic Life and AD&D for Employee

You are eligible for Basic Life Insurance and AD&D coverage, at no cost to you, if you are an active, full-time employee, classified as Administrators, Unaffiliated, or Nurses. Mamaroneck offers Basic Life and Accidental Death & Dismemberment (AD&D) coverage because we understand how important it is to have financial protection.*

Benefit	Plan Features
Basic Life Benefit	1.5x your annual compensation
Guaranteed Issue Amount	\$240,000
Maximum Benefit	The lesser of 1.5x your annual compensation or \$600,000
AD&D Benefit	1.5x your annual compensation rounded up to the nearest \$1,000 if not already a multiple thereof, subject to a Maximum of \$600,000

Voluntary Term Life Insurance for Employee

In addition to the Basic Life and AD&D coverage, you have the option of purchasing additional Life Insurance coverage. You pay the cost of the coverage and receive the benefit of a group rate.

Benefit	Plan Features
Guaranteed Issue Amount	\$120,000 if you are a newly eligible employee All other employees' new elections or increases will pend for evidence of insurability
Maximum Benefit Amount	The lesser of 5x your annual compensation or \$500,000
Age-Based Reductions	When you are age 65 or older, your Life Insurance benefit will reduce to the percentage shown below: <ul style="list-style-type: none"> 65% of the Life Insurance benefit at age 65 50% of the Life Insurance benefit at age 70
Additional Benefit Features	<ul style="list-style-type: none"> Accelerated Death Benefit - Terminal Illness Extended Death Benefit with Waiver of Premium

Voluntary Term Life for Spouses and Dependent Children

You may purchase term life coverage for your spouse and eligible dependent children, as described below.

Spouse	Dependent Children
<ul style="list-style-type: none"> Basic Benefit – \$5,000 Guaranteed Issue Amount – \$5,000 Maximum Benefit – 5,000 Terminal Illness Benefit – 75% of the Maximum Benefit applicable to Spouse Life Insurance Benefits 	<ul style="list-style-type: none"> Basic Benefit – \$2,000 Guaranteed Issue Amount – \$2,000

*Life Insurance coverage may vary based on individual contractual agreements. Please refer to your contract for specific details.



My Benefits: Financial Protection



Basic Long Term Disability

As an additional means of financial protection, Mamaroneck provides eligible employees with Long Term Disability insurance, at no cost to you. This coverage helps provide a monthly source of income if you are unable to work due to a disability or extended illness.

Who is eligible for coverage?

You are eligible for Long Term Disability coverage if you are part of one of the following groups:

- All active, full-time employees classified as Administrators, Director of School Facilities, Treasurer, Unaffiliated Secretary, Superintendents and Unaffiliated Administrators.
- All active, full-time employees classified as Clerical Staff employees regularly working a minimum of 25 hours per week.

How does Long Term Disability coverage work?

If you are classified as Administrators, Director of School Facilities, Treasurer, Unaffiliated Secretary, Superintendents and Unaffiliated Administration, you'll receive the lesser of 60% of your monthly Covered Earnings rounded to the nearest dollar or Maximum Disability Benefit, reduced by any other income benefits if you are unable to work due to a disability or extended illness that continues beyond 180 days. The maximum monthly benefit you can receive is \$5,000.

If you are classified as a Clerical Staff, you'll receive the lesser of 50% of your monthly Covered Earnings rounded to the nearest dollar or Maximum Disability Benefit, reduced by any other income if you are unable to work due to a disability or extended illness that continues beyond 90 days. The maximum monthly benefit you can receive is \$3,000.

How do I enroll?

Mamaroneck provides this benefit at no cost. Eligible employees are automatically enrolled.

Short Term Disability



Short Term Disability insurance helps ensure a continued income if you become ill or injured and unable to work on a temporary basis. Common examples include recovery after the birth of a child or recuperation after surgery.

Who is eligible for coverage?

You are eligible for Short Term Disability coverage if you are part of one of the following groups:

- All active, full-time employees classified as Administrators, Director of School Facilities, Treasurer, Unaffiliated Secretary, Superintendents and Unaffiliated Administrators.
- All active, full-time employees classified as Clerical Staff employees regularly working a minimum of 25 hours per week.

How does this coverage work?

You can enroll in Short Term Disability Insurance to help you provide a weekly source of income for up to six months if you are unable to work due to a medical condition that lasts more than seven consecutive days.

Your policy provides disability income for off-the-job accidental injuries and illness, and you can select either a 7-day or 14-day elimination period before benefits begin.

Other plan features include:

- Guaranteed Issue
- Terminal illness rider

How do I enroll?

During Open Enrollment, you can enroll online or by phone. See the How Do I Enroll section for details.





My Benefits: Financial Protection



Universal Life Insurance

Seventy percent of U.S. households with children under age 18 would have trouble meeting everyday living expenses within a few months if a primary wage earner were to die today. To help protect the people who depend on you, you can enroll in Universal Life Insurance, which offers financial protection at a fixed interest rate.

Who can I cover with this plan?

Coverage is available for you, your spouse, and children under the age of 26.

What are the available coverage amounts?

Guaranteed issue amounts up to \$150,000 for employee, the lesser of \$50,000 or 50% of employee benefit amount for spouse, and up to \$25,000 for child.

Other plan features include:

- It's portable – you can keep the coverage if you leave your job
- Premiums paid through convenient payroll deduction
- Accumulates a cash value as long as premiums are paid
- Includes Long Term Care and Automatic Increase Option
- Includes Child Term Rider

How do I enroll?

During Open Enrollment, you can enroll online or by phone. See the How Do I Enroll section for details.



Critical Illness Insurance

Did you know that roughly 76% of Americans are living paycheck-to-paycheck, with little to no emergency savings? If you or a loved one were diagnosed with cancer or a critical illness, would you be financially prepared?

How does Critical Illness insurance work?

Critical Illness Insurance helps you cover out-of-pocket costs related to the care and treatment of a covered critical illness or cancer by paying a lump sum benefit in the event of a diagnosis.

Who can I cover under this plan?

You and your dependents will qualify for coverage regardless of your health history, and you'll be able to choose from a \$10,000 to \$50,000 benefit amount (Spouse/Child will receive 50% of that benefit). You can purchase coverage in increments of \$10,000, up to a maximum of \$50,000. Guaranteed Issue amount is \$30,000.

Other features include:

- Coverage is immediate – claim benefits as soon as coverage takes effect
- You'll receive payment in addition to any other insurance you may have
- Plan pays once for each covered critical illness, including heart attack, stroke, cancer, organ failure, and Alzheimer's disease
- It's portable – you can keep the coverage if you leave your job
- \$75 annual wellness rider pays for one annual health screening test for covered employee and spouse

How do I enroll?

During Open Enrollment, enroll online or by phone. See the How Do I Enroll section for details.



My Benefits: Financial Protection



Personal Accident Insurance

Accidents happen every two seconds at home and every nine seconds on the road. Those accidents are expensive as each trip to the emergency room costs an average of \$1,350. Even with medical coverage, additional expenses can quickly add up.

To help you cover the cost of unforeseen events, Mamaroneck is offering you the opportunity to enroll in a Personal Accident Insurance program through Transamerica.

How does Personal Accident insurance work?

This policy pays an after-tax lump-sum benefit directly to you within five to seven days of submitting a claim for a covered accident or injury. The plan covers more than 150 forms of medical services, treatments and care for common accidents and injuries, including fractures, hospital admissions or confinements, emergency room treatment, and X-rays.

Who can I cover under this plan?

All eligible employees are able to enroll in coverage for themselves, their spouses and dependent children under the age of 26.

Other features include:

- Coverage is issued on a Guaranteed Issue basis
- It's portable – you can keep the coverage if you leave your job
- Coverage is guaranteed renewable as long as premiums are paid
- \$50 annual wellness rider pays for one annual health screening test for covered employee and spouse
- Premiums paid through convenient payroll deduction

How do I enroll?

During Open Enrollment, enroll online or by phone. See the How Do I Enroll section for details.





403(b) Retirement Savings Plan

The Opportunity.

You have the opportunity to save for retirement by participating in your Employer's 403(b) retirement plan. If there are any questions, you may contact the Plan's administrator, The OMNI Group at 1-877-544-6664.

We recommend that all employees view a brief, three-minute video presentation called, "403(b). Why me?" explaining a 403(b) plan, and how to contribute. The video can be viewed on OMNI's website at www.omni403b.com.

How Can I Participate?

You can participate in the Plan with pre-tax contributions by submitting a Salary Reduction Agreement ("SRA") online via OMNI's website or by submitting a completed SRA form, found on the same website, to OMNI either by facsimile to 1-585-672-6194 or by mail to 1099 Jay St., Bldg F, Rochester, NY, 14611. Additionally, prior to contributing, you must open an account with an investment provider participating in the Plan. A list of the Plan's participating investment providers may be viewed on OMNI's website after submitting your Employer's name and state.

How Much Can I Contribute Annually?

You may contribute up to \$19,000 in 2019; this amount is subject to change annually. If you are age 50 or over, the catch-up contribution limit will stay the same at \$6,000 in 2019. For appropriate limits for your particular circumstances, please contact OMNI's Customer Care Center at 1-877-544-6664.

What If I Already Have An Account?

If you are already contributing to the Plan, and you want to change your contribution amount or investment provider, simply complete and submit a new SRA. See directions above for online and paper submission options.

What If I Do Not Want To Contribute?

If you do not want to take advantage of this program, simply submit an SRA with the option "I do not wish to participate at this time" selected. See directions above for online and paper submission options.

How Can I Get More Information?

You can access further information at www.omni403b.com.



Life Assistance Program

The Life Assistance & Work/Life Support Program, provided by Cigna, offers free, confidential help for individual and/or work-related issues – whenever you need it, 24/7. Whether you're trying to balance work and family life, looking for care for a child or an older relative, or coping with a personal issue, Cigna can help.

Who is eligible?

You are eligible for the Life Assistance Program if you are part of one of the following groups:

- All active, full-time employees classified as Administrators, Director of School Facilities, Treasurer, Unaffiliated Secretary, Superintendents and Unaffiliated Administrators.
- All active, full-time employees classified as Clerical Staff employees regularly working a minimum of 25 hours per week.

Services include:

- 24-hour/365-day live phone access, crisis intervention and phone consultation with licensed behavioral health clinicians
- Referrals for up to three face-to-face counseling visits for you and your household members
- Referrals to community resources
- Healthy Rewards® amenities program for discounts on a range of health and wellness services and products from participant providers.
- Legal consultation. Receive a 30-minute free consultation and up to a 25% discount on select fees.

To learn more about the Life Assistance Program, call 1-800-538-3543 or visit CignaBehavioral.com/CGI.





Contacts

Plan	Carrier	Phone	Website
Medical	UnitedHealthcare/Oxford	1-800-444-6222	www.oxfordhealth.com
Prescription Drugs	Express Scripts	1-800-467-2006	Express-Scripts.com
Flexible Spending Accounts	Benefit Resource, Inc. (BRI)	1-800-473-9595	www.benefitresource.com
Life & AD&D	Cigna	1-800-732-1603	
Short Term Disability	Transamerica	1-844-459-8617	
Long Term Disability	Cigna	1-800-732-1603	
Universal Life	Transamerica	1-844-459-8617	
Critical Illness	Allstate	1-844-459-8617	
Personal Accident	Transamerica	1-844-459-8617	
403(b) Retirement Savings	Omni Group	1-877-544-6664	www.omni403b.com
Life Assistance Plan	Cigna	1-800-538-3543	CignaBehavioral.com/CGI

This guide provides a brief overview of the employee benefit programs available by Mamaroneck Union Free School District. It is not a legal document and shall not be construed as a guarantee of benefits nor of continued employment at Mamaroneck Union Free School District. All benefit plans are governed by master policies, contracts and plan documents. In the event of any discrepancy between this document and the policy, the terms of the policy apply. Mamaroneck Union Free School District reserves the right to amend, suspend or terminate any benefit plan, in whole or in part, at any time.

Refer to your collective bargaining agreement, contract or benefits statement for further clarification.