



# Open Enrollment & Insurance Announcements

*September 3 - 10, 2021*

## Value Beyond Benefits

Diving Deeper to Minimize Cost and Maximize Value



## Overview

Northern Local Schools is proud to provide a comprehensive and competitive benefits package to all of its qualified employees. This website contains summaries and links to the various components of these coverages and should be used as a portal to your benefit needs.

For a high level summary you can view our 2-page [Benefits Overview](#) which highlights the various benefits detailed below.

In most cases, you have up to 31 days from your date of hire or eligibility date to complete all of the necessary applications and forms to be retroactively enrolled in the benefits as outlined below. Failure to complete these materials in the allotted time will result in you forfeiting your eligibility for these benefits until the next open enrollment period unless you have a qualifying event.

### All completed forms should be sent to:

Northern Local Schools  
Attn: Joan Elliott  
8700 Sheridan Road  
Thornville, Ohio 43076

Click [here](#) to download the **Benefit Notices and Privacy Policy** of the Northern Local School District Health Plan.

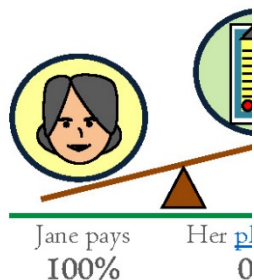
Click [here](#) to download the **Premium Conversion Summary Plan Description (SPD)** which allows for pre-tax premium deductions.

## Medical and Prescription Drug Insurance (UnitedHealthcare – Group #706004)

Plan Details	Applications and Forms	Contacts, Links and Information
<p>United Healthcare Website: <a href="http://www.uhc.com">www.uhc.com</a></p> <p>Medical Questions: 866.844.4864 Retail and Mailorder Rx Questions: 855.842.6337 Specialty Rx Questions: 888-739-5820</p> <p><a href="#">Real Appeal</a> – Free weight loss program for you and your enrolled spouse.</p> <p><b>Medical Plan Information:</b></p> <p><a href="#">Online Provider Lookup</a> – (Select the "UnitedHealthcare Choice Plus" as the health plan or call UHC directly)</p> <p><a href="#">Treatment Cost Estimator</a> – Information about UHC's treatment cost estimator tool which allows you to check the cost of procedures at numerous providers to insure you're saving money where you can.</p> <p><a href="#">myuhc.com [Instructions for Registering]</a> – UHC's member and consumer self-service web site that provides a single source for online benefits, health related information and viewing the medical and prescription drug claims processed by UHC. Here you can also access your personalized health care and benefits information. You may also take advantage of UHC's online pharmacy for convenient services such as home delivery of prescriptions, over-the-counter medications and other health</p>		<p><a href="#">"Where should I go for care"</a> – A summary guide of when it's appropriate to go to your doctor's office, virtual doctor, convenience care clinic, urgent care or emergency room.</p> <p><a href="#">Health4Me</a> – UHC's mobile Smart Phone app. Find a network provider, view your ID card and other features on the go.</p> <p><a href="#">UHCHealth Discount Programs</a> – Information about discount programs for alternative care medicines and other services not covered by your medical plan.</p> <p><a href="#">Healthy Pregnancy</a> – Designed for expectant mothers to keep themselves and their babies healthy. The program helps determine if there are any high-risk factors and provides general health guidelines on child development.</p> <p><a href="#">UHC Annual Rights &amp; Resource Disclosure Notice</a> – Information about your plan with UHC, your rights, how they use of your financial information, where to receive care other other generalities.</p> <p><b>Prescription Drug Information:</b></p> <p><a href="#">Prescription Drug Formulary</a> – Assists you and your physician in selecting prescriptions based upon your copay tier with UHC's Advantage Drug Plan.</p>

## How You and Jane's Plan Deductible

**January 1<sup>st</sup>**  
Beginning of Coverage Period



Jane hasn't reached her **\$1,500 deductible** yet.

Her plan doesn't pay any  
Office visit costs: \$125  
Jane pays: \$125  
Her plan pays: \$0

## DECLINATION OF HEALTH CARE COVERAGE DURING OPEN ENROLLMENT

I am an employee of Northern Local School District ("Employer").

I understand that I am eligible to elect health care coverage for myself and my eligible family members under the Northern Local School District Health Plan during the Open Enrollment Period which begins on September 3, 2021 and ends on September 10, 2021, the last day you may enroll.

I understand that if I elect health care coverage for myself and my eligible family members during the Open Enrollment Period, the health care coverage would begin on September 1, 2021.

If I decline health care coverage during this Open Enrollment Period for the upcoming Plan Year, I understand that I will not be eligible to elect health care coverage until the next Open Enrollment Period, unless I have a change in status event which permits a mid-year election of health care coverage. The Open Enrollment Period is generally held from August 1 to August 31 each year. The terms of the Northern Local School District Health and my Employer's section 125 plan govern if a mid-year election is permissible.

If I am eligible for the Employee Opt-Out payment I understand I must also complete and return the Coverage Opt-Out Election form by December 31, 2021.

By signing below I acknowledge I have been offered coverage but have chosen to **DECLINE** health care coverage for myself and/or my eligible family members for the upcoming plan year. I understand it is my responsibility to notify the district within 31 days of a qualifying event should I choose to elect coverage in the future.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Printed Name of Employee

\_\_\_\_\_  
Date

**December 31<sup>st</sup>**  
End of Coverage Period



She has reached her **\$5,000 limit**.

Her plan often and paid  
Her plan pays the full  
ed health care services  
e year.  
costs: \$125  
Jane pays: \$0  
Her plan pays: \$125



# Summary of Dental Plan Benefits

For Group# 1100-0013

Northern Local Schools

This Summary of Dental Plan Benefits should be read along with your Certificate. Your Certificate provides additional information about your Delta Dental plan, including information about plan exclusions and limitations. If a statement in this Summary conflicts with a statement in the Certificate, the statement in this Summary applies to you and you should ignore the conflicting statement in the Certificate. The percentages below are applied to Delta Dental's allowance for each service and it may vary due to the dentist's network participation.\*

**Control Plan** – Delta Dental of Ohio

**Benefit Year** – July 1 through June 30

**Covered Services** –

	PPO Dentist	Premier Dentist	Non-participating Dentist
	Plan Pays	Plan Pays	Plan Pays*
<b>Diagnostic &amp; Preventive</b>			
<b>Diagnostic and Preventive Services</b> – exams, cleanings, and fluoride	100%	100%	100%
<b>Sealants</b> – to prevent decay of permanent teeth	100%	100%	100%
<b>Brush Biopsy</b> – to detect oral cancer	100%	100%	100%
<b>Radiographs</b> – X-rays	100%	100%	100%
<b>Basic Services</b>			
<b>Space Maintainers</b> – appliances to prevent tooth movement	80%	80%	80%
<b>Emergency Palliative Treatment</b> – to temporarily relieve pain	80%	80%	80%
<b>Minor Restorative Services</b> – fillings and crown repair	80%	80%	80%
<b>Endodontic Services</b> – root canals	80%	80%	80%
<b>Periodontic Services</b> – to treat gum disease	80%	80%	80%
<b>Oral Surgery Services</b> – extractions and dental surgery	80%	80%	80%
<b>Other Basic Services</b> – misc. services	80%	80%	80%
<b>Major Services</b>			
<b>Major Restorative Services</b> – crowns	50%	50%	50%
<b>Relines and Repairs</b> – to bridges, implants, and dentures	50%	50%	50%
<b>Prosthetic Services</b> – bridges, implants, and dentures	50%	50%	50%
<b>Orthodontic Services</b>			
<b>Orthodontic Services</b> – braces	60%	60%	60%
<b>Orthodontic Age Limit</b> –	No Age Limit	No Age Limit	No Age Limit

\* When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. The Nonparticipating Dentist Fee may be less than what your dentist charges and you are responsible for that difference.

- Oral exams (including evaluations by a specialist) are payable twice per benefit year.
- Prophylaxes (cleanings) are payable twice per benefit year.

- People with specific at-risk health conditions may be eligible for additional prophylaxes (cleanings) or fluoride treatment. The patient should talk with his or her dentist about treatment.
- Fluoride treatments are payable twice per benefit year for people up to age 16.
- Space maintainers are payable once per area per lifetime for people up to age 16.
- Bitewing X-rays are payable once per benefit year and full mouth X-rays (which include bitewing X-rays) are payable once in any three-year period.
- Sealants are payable once per tooth per five-year period for the occlusal surface of first and second permanent molars up to age 16. The surface must be free from decay and restorations.
- Composite resin (white) restorations are Covered Services on posterior teeth.
- Porcelain and resin facings on crowns are optional treatment on posterior teeth.
- Implants and implant related services are payable once per tooth in any five-year period.

Having Delta Dental coverage makes it easy for you to get dental care almost everywhere in the world! You can now receive expert dental care when you are outside of the United States through our Passport Dental program. This program gives you access to a worldwide network of dentists and dental clinics. English-speaking operators are available around the clock to answer questions and help you schedule care. For more information, check our Web site or contact your benefits representative to get a copy of our Passport Dental information sheet.

**Maximum Payment** – \$1,250 per person total per Benefit Year on all services except orthodontics. \$1,000 per person total per lifetime on orthodontic services.

**Deductible** – \$25 Deductible per person total per Benefit Year limited to a maximum Deductible of \$50 per family per Benefit Year. The Deductible does not apply to oral exams, prophylaxes (cleanings), fluoride, X-rays, sealants, brush biopsy and orthodontic services.

**Waiting Period** – Employees who are eligible for dental benefits are covered on the date of hire.

**Eligible People** – All employees of the Contractor working a minimum of 20 hours per week who choose the dental plan and COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985) enrollees, if applicable. The Contractor and Subscriber share the cost of this plan.

Also eligible are your legal spouse and your children under age 26, including your children who are married, who no longer live with you, who are not your dependents for Federal income tax purposes, and/or who are not permanently disabled. You and your eligible dependents must enroll for a minimum of 12 months. If coverage is terminated after 12 months, you may not re-enroll prior to the open enrollment that occurs at least 12 months from the date of termination. Your dependents may only enroll if you are enrolled (except under COBRA) and must be enrolled in the same plan as you. Plan changes are only allowed during open enrollment periods, except that an election may be revoked or changed at any time if the change is the result of a qualifying event as defined under Internal Revenue Code Section 125.

If you and your spouse are both eligible under this Contract, you may be enrolled as both a Subscriber on your own application and as a dependent on your spouse's application. Your dependent children may be enrolled on both applications as well. Delta Dental will coordinate benefits.

Benefits will cease on the last day of the month in which the employee is terminated.



## > Voluntary



Don't let an accident finances with Accident Insurance Company.

An accident insurance provides a cash benefit sustain from an accident pocket medical expenses and cover unpaid time

As an active employee purchase this coverage premiums can be deductible way for you Coverage guidelines:

This insurance offers financial accident. Unless otherwise

### ELIGIBILITY - ALL ELIGIBILITY REQUIREMENTS

#### Dependent Eligibility Requirement

#### Premium Payment

### PLAN INFORMATION

#### Coverage Type

#### Express Benefit

#### Annual Benefit Maximum (ABM)

#### Portability

### BENEFITS

**Initial Care & Emergency<sup>1</sup>** - Insured person

**Emergency Room**

**Urgent Care Center**

**Initial Physician Office Visit**

**Ambulance**

**Specified Injuries<sup>1,2</sup>**

**Fractures (Surgical / Non-surgical)**

**Dislocations (Surgical / Non-surgical)**

**Lacerations**

**Burns**

**Dental**

**Hospital, Surgical & Diagnostic**

**Admission**

**Daily Confinement (Up to 3 ICU Confinement (Up to 15**

**Rehab. Facility Confinement accident)**

**Surgical**

**Diagnostic**

**Follow-Up Care<sup>1</sup>** - Treatment insured person

**Physician Follow-Up Office**

**Therapy Services**

**Medical Device**

**Prosthetic Device(s)**

**Additional Benefits<sup>1</sup>** - Benefit

**Transportation (Up to 3 trip)**

**Lodging (Up to 30 nights p**

**Childcare (Up to 30 days p**

**Catastrophic Benefits<sup>1,4</sup>** - E

**Principal Sum (PS)**

**Common Carrier Accident**

**Transportation of Remains**

**Dismemberment & Paralysis**

**Reasonable Modifications**

**Coma**

### SERVICES

**Hearing Discount Program**

<sup>1</sup>Additional limitations apply as described

<sup>2</sup>Fractures and dislocations require within 30 days. If an insured person to 200% of the amount payable for

<sup>3</sup>Daily confinement must begin with diagnostic services must be received insured person. If any surgery occurs same accident, only the highest applicable

<sup>4</sup>The principal sum for you and your

## > How Acc Insurance

(For Illustration Purposes)

### Accident Coverage

This insurance pays a benefit policy that occurs as the

For example, Jeff's son tripped and falls hard, in the ER due to concerns for any facial or head injury

Jake was diagnosed with in a sling, and he was with his pediatrician at two weeks healing well.

In the meantime, Jeff's ambulance bill alone was deductible of \$1,500, which covering Jake's care, and

Accident benefits pay in cover gaps in health insurance

### Voluntary Accident Insurance

The amounts shown below for your family. Premium process. Premiums must

### COVERAGE TIER

**Employee/Member**

**Employee/Member +**

**Employee/Member +**

**Employee/Member +**

Note: The amount(s) above

## > Frequently Asked Questions

### Who is eligible for this insurance?

- You must be actively working (performing all normal duties of your job) at least 30 hours per week and be under age 80
- Your dependent(s) must be performing normal activities and not be confined (at home or in a hospital / care facility) and any child(ren) must be under age 26

### What is the "Express Benefit"?

This benefit is payable upon notification of an accident in which an insured person is injured. It can be paid in a short time frame with minimal information (compared to a typical claim).

### Can I take this insurance with me if I change jobs / am no longer a member of this group?

In the event this insurance ends due to a change in your employment / membership status with the group, or for certain other reasons, you or your insured spouse have the right to continue this insurance under the Portability provision, subject to certain conditions.

### When does this insurance end?

Insurance will end on the last day of the month in which an insured person no longer satisfies the applicable eligibility conditions, or when you reach the age of 80. Additional circumstances under which insurance will end are described in the certificate.

### Are there any exclusions or limitations?

The benefits payable are based on the insurance in effect on the date of the covered accident, subject to the definitions, limitations, exclusions and other provisions of the policy. The exclusions and limitations are summarized in the outline of coverage and detailed in the certificate. Please contact your benefits administrator for a copy of the outline of coverage or if you have questions prior to enrolling.

This information describes some of the features of the benefits plan. Benefits may not be available in all states. Please refer to the certificate booklet for a full explanation of the plan's benefits, exclusions, limitations and reductions. Should there be any discrepancy between the certificate booklet and this summary, the certificate booklet will prevail. Availability of benefits is subject to final acceptance and approval of the group application by the underwriting company. Accident insurance is underwritten by United of Omaha Life Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175, 1-800-769-7159. United of Omaha Life Insurance Company is licensed nationwide, except in New York. Policy form number 7000GM-U-EZ 2010. This policy provides accident insurance only. It does not provide basic hospital, basic medical or major medical insurance. It is not a Medicare supplement policy. The insurance is designed to pay you a fixed dollar amount regardless of the amount any provider charges.



## > Voluntary



Any

As an active employee, you can give your family the financial impact of a critical illness insurance through the United of Omaha Life Insurance Company.

A critical illness insurance benefit is payable upon diagnosis of stroke or cancer. The benefit can be used to pay for medical expenses or to supplement your income.

### How much insurance?

Even if you have the 100 percent of medical expenses associated with your work, travel to treatment, or other expenses associated with your illness, the benefit can quickly deplete your savings. Coverage guidelines are available below.

### ELIGIBILITY - ALL EMPLOYEES

#### Eligibility Requirements

#### Dependent Eligibility Requirements

#### Premium Payment

#### BENEFIT CATEGORY

#### Heart/Circulatory/Mental Function

1 Pay

2 The

3 Sul

not

## Enrollment Form

Underwritten by: United of Omaha Life Insurance Company

Group Name: Northern Local School District

Group ID: G000 ATDC

\* Full Name:

\* Date of Birth:

### Voluntary Critical Illness Coverage Election

Employee Coverage	Spouse Coverage	Amount	Cost Per Month
<input type="checkbox"/>	<input type="checkbox"/>	\$ 5,000	Find where your age intersects with the benefit amount on the table at the bottom of this page.
<input type="checkbox"/>	<input type="checkbox"/>	\$ 10,000	
<input type="checkbox"/>	<input type="checkbox"/>	\$ 15,000	
<input type="checkbox"/>	<input type="checkbox"/>	\$ 20,000	
<input type="checkbox"/>	<input type="checkbox"/>	DECLINE/WAIVE	<b>Note: A spouse election cannot exceed your own elected amount.</b>

**Note: Child "critical illness" coverage is automatically included (no charge or election needed) at 25% of the employee elected volume. You cannot elect spouse coverage without electing employee coverage.**

### Voluntary Accident Coverage Election

Select One Option	Cost Per Month
<input type="checkbox"/> Employee Only	\$ 8.08
<input type="checkbox"/> Employee + Spouse	\$ 13.05
<input type="checkbox"/> Employee + Child(ren)	\$ 18.58
<input type="checkbox"/> Employee + Family	\$ 24.55
<input type="checkbox"/> Decline Coverage	

### Enrollment Information

Enrollment must occur within 31 days from the date the employee becomes eligible (or as otherwise stated in the policy). If you are required to pay premiums for any coverage, the enrollment form **MUST** be signed and dated to authorize payroll deductions. The premium amounts indicated on this form are estimates, and are subject to change based on the final terms and conditions of the policy as well as your salary and age on the effective date of the policy.

### Agreement and Signature

I represent that the information I have provided in this enrollment form is complete, true and accurate to the best of my knowledge. I understand that payment of premium does not ensure my eligibility for coverage. I understand and agree that I must satisfy all active work and/or active employment requirements that pertain to the policy to be eligible for coverage. I understand and agree that life insurance coverage for my eligible dependent(s) may be delayed if they are confined (at home, in a hospital, or in any other institution or facility) or disabled on the date insurance would otherwise begin, in accordance with the terms of the policy. Should I agree to waive coverage in the future, I understand that evidence of insurability may be required, acceptable to the insurance company, at my own expense. I understand that if coverage is applied for in the future, it must be during an enrollment period or due to a life change event as defined by the policy, and that a waiting period may apply.

By signing below, I acknowledge that I understand and agree to the above statements, and that I have read and understand the benefit summaries provided to me for each line of coverage. The above requirements will apply unless otherwise stated in the policy, or unless prohibited by any applicable state or federal law.

### SIGNATURE OF EMPLOYEE

DATE / /

### Additional Information

**Fraud Warning:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

United of Omaha Life Insurance Company ■ Mutual of Omaha Plaza ■ Omaha, NE 68175

Employee Age	Monthly Cost Shown Below			
	\$5,000 of Coverage	\$10,000 of coverage	\$15,000 of coverage	\$20,000 of coverage
0-29	\$1.80	\$3.60	\$5.40	\$7.20
30-39	\$3.20	\$6.40	\$9.60	\$12.80
40-49	\$7.00	\$14.00	\$21.00	\$28.00
50-59	\$14.50	\$29.00	\$43.50	\$58.00
60-69	\$29.85	\$59.70	\$89.55	\$119.40
70-79	\$27.95	\$55.90	\$83.85	\$111.80
(benefit reduced 50%)	(\$2,500 benefit)	(\$5,000 benefit)	(\$7,500 benefit)	(\$10,000 benefit)
80-99	\$39.60	\$79.20	\$118.80	\$158.40
(benefit reduced 50%)	(\$2,500 benefit)	(\$5,000 benefit)	(\$7,500 benefit)	(\$10,000 benefit)

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at least 30 hours per week

ined (at home or in a hospital / care facility) and any

e payable for that same Critical Illness for each same benefit category, for each insured person.

payable one time for a subsequent diagnosis of the : is equal to 100% of the Critical Illness principal

os / am no longer a member of

bership status with the group, or for certain other : under the Portability provision, subject to certain

condition is one for which you have received medical r if you were prescribed or took prescription of coverage. The pre-existing condition under this on for in the 12 months prior to your effective date of : , would not be covered.

the Insured Person  
illegally self-inflicted injury or illness, suicide, or

Armed Forces, National Guard or Reserves of any  
> liable  
ration

re intentional misuse of over the counter medication  
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ite regulations.

it be available in all states. Please refer to the certificate  
tions. Should there be any discrepancy between the  
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cidental death & dismemberment insurance are  
maha, NE 68175, 1-800-769-7159. United of Omaha Life  
-U-EZ 2010.

DLUNTARY CRITICAL ILLNESS INSURANCE





# July 1 Renewal (September 1 Changes)

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- Group Life/AD&D (Mutual of Omaha)
  - \$50,000 Life/AD&D benefit (was \$30,000)
- Voluntary Life/AD&D (Mutual of Omaha)
  - No benefit or rate changes
    - ✦ Currently enrolled employees can increase their coverage one \$10,000 increment up to the \$100,000 GI without E of I
    - ✦ New enrollments (excludes new hires) are subject to Evidence of Insurability
    - ✦ Attained age calculated each year on September 1<sup>st</sup>
- Long-Term Disability (Lincoln Financial Group)
  - No benefit or rate changes
    - ✦ New enrollments (excludes new hires) subject to E of I

# July 1

## HEALTH FSA GUIDE

*Flexibility:* You can withdraw health FSA funds at any time (for qualified medical expenses), even if the amount has not yet been deposited into the account, as long as the amount is no more than your elected annual deferral amount less any amount already used.

### Is a Health FSA Right for You?

FSAs can save you money because you don't have to pay taxes on the amount deferred to the account. However, using an FSA does require careful planning in order to reap the financial benefits.

When you participate in an FSA, you have to decide at the beginning of the plan year how much to contribute for the year. Because you will generally lose what you don't use by the end of the year, determining how much to defer into an FSA can be challenging. While correctly estimating your health care expenses and using an FSA to pay for those expenses will save you money, incorrectly gauging your health costs could cause you to lose money.

How your employer manages the FSA may also affect how much you will benefit from using an FSA. The largest downside to using an FSA is that if you overfund your FSA and don't use the amount in there, you will lose what you've saved if that remaining fund balance exceeds the \$550 carryover amount. See the Carry-overs section on page 5.

### How Do Health FSAs Work?

At the beginning of the year, you elect the total amount you want to have withdrawn from your paychecks to put into your FSA, and your employer will deposit the money into the account in equal allotments throughout the year. The IRS has outlined rules guiding eligibility, contributions and reimbursements.

#### FSA Eligibility

FSAs are employer-sponsored benefit plans, and the employer can choose what other type of group health plan coverage to offer with the FSA. FSAs can be offered with any type of health plan—FSAs are not tied to a high deductible health plan (HDHP) like health savings accounts (HSAs) are. Self-employed individuals are not eligible for an FSA, and restrictions may apply for highly compensated individuals or key employees.

#### Opening Your FSA

The FSA is sponsored by your employer as one of your employee benefits. You will need to choose how much you want to contribute to your FSA. The amount you elect will be for the entire plan year, and your employer will then deduct the corresponding amount from your paycheck with each pay cycle. This is sometimes referred to as a salary reduction arrangement.

#### Contributions

After your initial contribution election, you ordinarily cannot change your election\* for a plan year during the year. Your elected contribution amount can only be changed if you experience a permitted election change event, such as a change in family status and your FSA permits you to change your election.

The amount you choose to transfer into your FSA should be based on the amount of qualifying medical expenses you anticipate your family incurring during the plan year. Start by looking at your family's medical expenses for the past year and then determine whether your family will likely have those same expenses again and whether there will likely be any

- Flexible
  - Plan Year
  - Maximum
  - Carryover
  - Debit card
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## Summary

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## Benefits

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**If you don't want to make any changes to your current medical, dental, vision, Life or LTD enrollments, no action is required.** However, please review the Accident, Critical Illness and FSA information to determine if you want to sign up for any of these benefits. If you do, please complete the enrollment forms and return them to the Treasurer's office by September 10<sup>th</sup>. *If you're eligible but waiving medical coverage you must complete a Declination of Coverage form (and Opt-Out Form if applicable) which is available on the benefits website or in the Payroll Office.*

# Miscellaneous

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- When do benefits reset?
  - Medical & Dental
    - ✦ “Policy Year” basis from July 1<sup>st</sup> to June 30<sup>th</sup>
  - Vision
    - ✦ 12 months from the last date of service
  - Flexible Spending Account (FSA)
    - ✦ “Policy Year” is September 1<sup>st</sup> – August 31<sup>st</sup>



# New Hires

11

- New hires
  - Benefits are effective on your date of hire
  - 30 days to enroll in voluntary life, LTD and Critical Illness with Guarantee Issue
  - Contact Joan Elliott in the Treasurer's office for all your forms.

# Questions?



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**Have a wonderful  
2021-22 School Year**

**MILESTONE BENEFITS AGENCY**