

PLAN YEAR: October 1, 2024 through June 30, 2025



BENEFITS GUIDE
2024-25

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Dependent Eligibility Status

The age requirement for dependent eligibility can vary from plan to plan. If a dependent's age makes that dependent no longer eligible for coverage under any of the plans in your benefits program, you are responsible for reporting the age change to Human Resources or Benefitfirst within 30 days of the dependent's birthday.

When Can I Enroll or Make Changes?

Newly hired eligible employees may enroll for benefits which become effective on the first of the month following date of hire. All eligible employees may enroll or make changes to their benefits during the annual enrollment period. Once you complete your benefit elections, you cannot make changes until the next annual enrollment period unless you experience a qualifying status change such as:

- Change in employee's legal marital status.
- Birth, adoption or change in custody of an eligible dependent.
- Death of a covered dependent.
- Change in your employment status (i.e., full-time to part-time).
- Change in your spouse's employment status.
- Gain or loss of a dependent's eligibility because of age change or student status change.
- Loss of other coverage (i.e., spouse's health plan coverage ends, or Medicare or Medicaid eligibility ends).
- Legal decree, judgment or order (i.e., Qualified Medical Child Support Order – QMCSO).

Section 125/Cafeteria Plan/Flexible Spending Account pretax elections will remain in effect and cannot be revoked or changed during the plan year, unless the revocation and new election are on account of and consistent with a change in status as defined in Section 125 of the IRS Code or a Special Enrollment under HIPAA regulations. You are responsible for reporting a change in status and must make any changes to elections within 60 days for the loss/gain of Medicaid or State Children's Health Program or 30 days for all other events.

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ENROLL USING THESE 5 EASY STEPS!

You may also enroll by phone. To enroll by phone, call the Benefitfirst Customer Care Center at 888.322.9374.
The Customer Care Center is available Monday - Friday, 8:30 a.m. to 5:00 p.m. EST.



Your Company ID: 405

- Log on at www.benefitfirst.com OR on our mobile app.*
- Enter your company ID.
- Create a user ID.
- Enter the password provided to you from your personal benefit summary.
- Log in and follow the instructions.

*Available on iOS and Android. Visit your device app store.

Once you've logged on, follow these simple instructions:

- Enter your name as it appears on your paycheck and your date of birth in the following format: **MM/DD/YYYY**.
- Choose a unique, confidential password and click **SUBMIT**.
- On the **New Kent County Public Schools** homepage choose **ENROLL NOW!**
- If you are a new hire, choose **ENROLL IN OR DECLINE BENEFITS AS A NEWLY ELIGIBLE EMPLOYEE**.
- If you are an existing employee going through annual enrollment or wanting to make a family status change, choose the appropriate transaction and click **CONTINUE**.
- Check your personal information for accuracy and click **NEXT**.
- Add any eligible dependents to the dependent screen and click **NEXT**.
- Starting with the medical screen, complete your selections. Choose the level of coverage, the plan desired and the dependents to be added.
- At the final enrollment screen, you will be required to review your elections and certify them by re-entering your password.
- The final step is to click the **SUBMIT** button. That's it...the entire process can take as little as 4 minutes to complete.



Need an explanation of insurance terms or help deciding between your benefit options? Visit the Decision Support Center on your Benefitfirst homepage for a library of frequently asked questions.

If your browser warns you that you are entering a secure site, click "yes" to continue. We recommend turning the pop-up blocker off for the Benefitfirst website. To do this, you will need to add "www.benefitfirst.com" as the address of websites allowed in your browser preferences. Alternatively, you can press and hold down the Ctrl key when you click on the Continue button on the Enrollment Wizard start-up page.

DON'T FORGET!

THIS PLAN YEAR RUNS FROM

OCTOBER 1ST, 2024 - JUNE 30TH, 2025

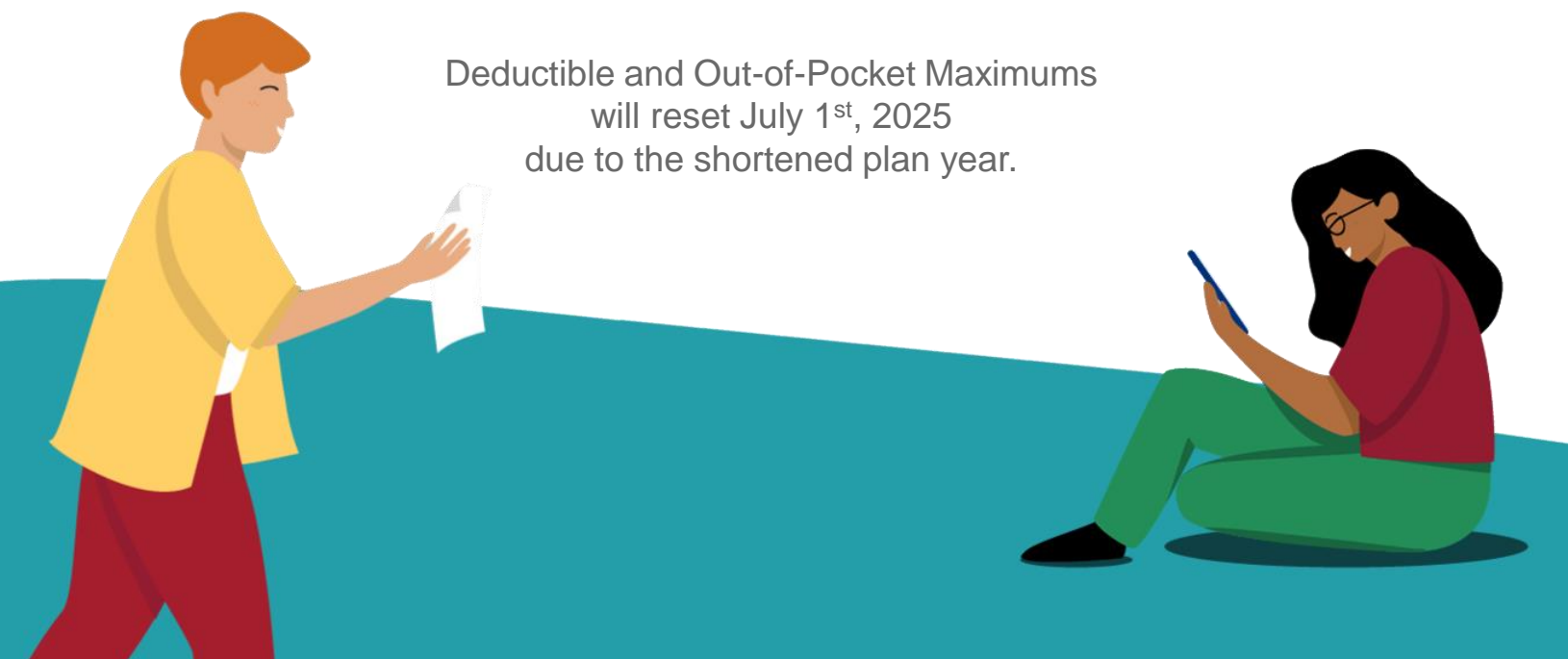
Changes made during annual enrollment will be **effective on October 1st of 2024**. It is highly recommended that all staff complete Annual Enrollment transaction, but if you do not make any changes during this enrollment period, your prior year elections will carry over to the new plan year.

NKCPS is making this change in order to align our benefits with our fiscal year. This change will only affect this enrollment year.

With a Short Plan Year, it will be important to budget appropriately for FSA/HSA. With the shortened year, there are less deduction periods to spread your contributions out over, if you keep your same contribution as last year, the per pay period amount could increase due to less deduction periods.

Re-enrollment is required if you plan to participate in the FSA, as this benefit will not roll over from year to year.

Deductible and Out-of-Pocket Maximums
will reset July 1st, 2025
due to the shortened plan year.





YOUR VERY OWN PERSONAL NAVIGATOR

New Kent County Public Schools has partnered with FEDlogic to provide state and federal benefits information and advocacy to you and your household members.

The service is confidential, unlimited, and free to you as an employee!

Reasons to call FEDLogic

- You've reached or are approaching Medicare age and need to learn more
- You're approaching retirement age and want to learn more about your Social Security Benefits
- You or a household family member have been diagnosed with a major illness
- You have a child with a disability or born prematurely
- You have lost a spouse
- You need assistance navigating Medicaid, Marketplace, or COBRA
- You need help exploring alternative healthcare avenues based on your income
- You are currently on Dialysis (ESRD)

HERE'S HOW IT WORKS

1

Make a phone consultation appointment

Call us at 877-837-4196 to schedule a phone consultation appointment with one of our federal and state benefits experts. Be sure to make the appointment at a time when family members are available to listen and ask questions as well. Calls typically last an hour.

2

Tell us your story, ask questions and learn

You don't have to wade through tons of complex and confusing information to try to figure out what applies to you. We take the time to listen to your story and understand your needs, concerns, and goals. Then we empower you with the unbiased information you need so you can maximize your benefits and make the best decision for your situation.

3

Enroll in your benefits

Once you feel confident you have all the information you need to make the best decision for you and your family, we'll walk you through the application and approval process.

4

Relax and celebrate

Without education and advocacy, many people don't tap into all the Social Security and Medicare benefits they've paid into during a lifetime of employment. You'll have the peace of mind knowing that you're getting all the benefits you deserve. So, sit back, relax and celebrate!

WHEN YOU NEED US

It's all about you

We're passionate about providing highly personalized, easy and practical phone consultation guidance to individuals and families. We never promote, endorse, or sell any type of product or insurance.

(877) 837-4196 | WWW.FEDLOGICGROUP.COM | SERVICES@FEDLOGICGROUP.COM



MEDICAL

Medical insurance is designed to protect you and your family from high or unexpected healthcare expenses and to make medical treatment more affordable. Benefits of the plan are paid directly to doctors and hospitals. Understanding how to access the medical care you need will help save you money and time.

Plan Year: October 1, 2024 through June 30, 2025 | **Phone:** 866.461.3585 | **Website:** www.anthem.com

CONTRIBUTIONS

EMPLOYEE

(Pretax) Per Pay Period – **24 per year**

	Only	+ Spouse	+ Child	+ Children	+ Family	+ Family Dual
Wellness	\$26.00	\$289.50	\$130.00	\$197.00	\$515.00	\$158.50
Non-Wellness	\$64.00	\$374.00	\$209.00	\$342.00	\$638.00	\$280.00

HealthKeepers Value Advantage (POS)

Generic PCP# Code 470636

In Network (Member Pays)

Out of Network (Member Pays)

Deductible

\$2,000 Individual | **\$4,000** Family

\$4,000 Individual | **\$8,000** Family

Out-of-Pocket Maximum

(Includes deductible, copays, coinsurance)

\$5,500 Individual | **\$11,000** Family

\$13,750 Individual | **\$27,500** Family

Coinsurance

20%

30%

Office Visit

\$30 Primary Care Physician | **\$50** Specialist

Deductible, then **30%**

Hospital – Inpatient

Deductible, then **20%**

Deductible, then **30%**

Hospital – Outpatient

Deductible, then **20%**

Deductible, then **30%**

Emergency Room

Deductible, then **20%**

Deductible, then **20%**

Wellness Benefits

(Affordable Care Act)

Covered at **100%**
Refer to www.healthcare.gov

Deductible, then **30%**

Rx Cost – Retail 30-Day Supply

Tier 1: **\$15**

Tier 2: **\$40**

Tier 3/4: **\$75**

Specialty: **\$75**

Tier 1, 2, 3, & 4: Deductible, then **30%**

Rx Cost – Mail Order 90-Day Supply

Tier 1: **\$30**

Tier 2: **\$100**

Tier 3/4: **\$188**

Specialty: **\$188**

Tier 1, 2, 3, & 4: **Not Covered**

*Dependent Child Eligibility: Up to age **26 (end of month)**.*

MEDICAL

Medical insurance is designed to protect you and your family from high or unexpected healthcare expenses and to make medical treatment more affordable. Benefits of the plan are paid directly to doctors and hospitals. Understanding how to access the medical care you need will help save you money and time.

Plan Year: October 1, 2024 through June 30, 2025 | **Phone:** 866.461.3585 | **Website:** www.anthem.com

CONTRIBUTIONS

EMPLOYEE

(Pretax) Per Pay Period – **24 per year**

	Only	+ Spouse	+ Child	+ Children	+ Family	+ Family Dual
Wellness	\$5.00	\$211.00	\$102.00	\$154.00	\$395.00	\$108.00
Non-Wellness	\$46.00	\$288.00	\$156.00	\$234.00	\$484.00	\$206.00

HealthKeepers HDHP - HSA

In Network (Member Pays)

Out of Network (Member Pays)

Deductible

\$3,200 Individual | **\$6,400** Family

\$6,400 Individual | **\$12,800** Family

Out-of-Pocket Maximum

(Includes deductible, copays, coinsurance)

\$4,000 Individual | **\$8,000** Family

\$10,000 Individual | **\$20,000** Family

Coinsurance

0%

30%

Office Visit

Deductible, then **0%**

Deductible, then **30%**

Hospital – Inpatient

Deductible, then **0%**

Deductible, then **30%**

Hospital – Outpatient

Deductible, then **0%**

Deductible, then **30%**

Emergency Room

Deductible, then **0%**

Deductible, then **0%**

Wellness Benefits

(Affordable Care Act)

Covered at **100%**
Refer to www.healthcare.gov

Deductible, then **30%**

Rx Cost – Retail 30-Day Supply

Tier 1:
Deductible,
then **\$10**

Tier 2:
Deductible,
then **\$40**

Tier 3/4:
Deductible,
then **\$60**

Tier 1, 2, 3, & 4: Deductible, then **30%**

Specialty: Deductible, then **20%**
coinsurance up to **\$250**

Rx Cost – Mail Order 90-Day Supply

Tier 1:
Deductible,
then **\$20**

Tier 2:
Deductible,
then **\$100**

Tier 3/4:
Deductible,
then **\$150**

Tier 1, 2, 3, & 4: **Not Covered**

Specialty: Deductible, then **20%**
coinsurance up to **\$250**

*Dependent Child Eligibility: Up to age **26 (end of month)**.*

HEALTH SAVINGS ACCOUNT (HSA)

Plan Year: October 1, 2024 through June 30, 2025 | **Phone:** 800.532.3327 | **Website:** www.Flores247.com

For Participants Enrolled in the HealthKeepers HDHP-HSA or KeyCare HDHP-HSA medical plans only.

Annual Maximum
HSA (only available if HDHP elected)

INDIVIDUAL
\$4,150

FAMILY
\$8,300

Ages **55** or older can contribute an additional **\$1,000** annually

A Health Savings Account is a tax-exempt trust or custodial account created exclusively to pay for medical expenses for you, your spouse and eligible dependents. You may contribute to an HSA if you are enrolled in a HDHP, not enrolled in any other major medical plan including Medicare and not claimed as a dependent on another person's tax return. Contributions to the HSA are pretax, which saves you valuable tax dollars. All funds remaining in the account at the end of the year **do rollover** to the next year and are completely portable should you change jobs, switch health coverage or even retire.

New Kent County Public Schools will contribute \$1,000 as of October 1, 2024 for participants. The contribution for employees hired after October 1st will be prorated based on the 9 remaining months of the contract year.

Administered by Flores

HEALTH REIMBURSEMENT ACCOUNT (HRA)

Plan Year: October 1, 2024 through June 30, 2025
Phone: 800.532.3327 / **Website:** www.flores247.com

Only HealthKeepers Value Advantage (POS) Medical plans are eligible for the HRA.

Employees may only submit Explanation of Benefits received from Anthem for reimbursement.

Employee Only: Eligible for \$500 after the employee meets \$500 of \$1,000 deductible. New Kent County Public Schools will reimburse you \$500 of the \$1,000 deductible.

Family: This plan will reimburse employees and their dependents up to \$500 after meeting \$500 of the \$1,000 individual deductible. If the \$2,000 family deductible is satisfied, the plan will reimburse up to a maximum of \$1,000.

A Health Reimbursement Account (HRA) is a tax-advantaged benefit that allows employees to save on the cost of healthcare. HRA plans are employer-funded medical reimbursement plans. The employer sets aside a specific amount of pretax dollars for employees to pay for health care expenses on an annual basis. All medical expenses that are applicable to the medical plan's **deductible** qualify for reimbursement. **The HRA does not include copay or coinsurance amounts.** Qualified expenses are those incurred by you, your spouse and eligible dependents. Please reference bottom of page 12 for claims reimbursement deadlines.



DENTAL

Dental insurance provides you and your family with access to quality dental care for preventive services as well as reduced out-of-pocket costs for basic and major services.

Plan Year: October 1, 2024 through June 30, 2025 | **Phone:** 800.237.6060 | **Website:** www.deltadentalva.com

CONTRIBUTIONS

EMPLOYEE

(Pretax) Per Pay Period – **24 per year**

	Only	+ One	+ Family
PPO-EPO Plan	\$13.00	\$23.50	\$34.00
Premier Plan	\$18.50	\$34.00	\$44.00
Premier Plus Plan	\$20.00	\$37.00	\$47.50

PPO-EPO Plan

In Network (Member Pays)

Premier Plan

In Network (Member Pays)

Premier Plus Plan

In Network (Member Pays)

Deductible

See Schedule A located on your Benefitfirst homepage

\$37.50 Individual | **\$112.50** Family

\$37.50 Individual | **\$112.50** Family

Preventive Services

(oral exams, cleanings every **6 months**, x-rays)

See Schedule A located on your Benefitfirst homepage

Plan pays **100%**

Plan pays **100%**

Basic Services

(fillings, periodontics, extractions, oral surgery)

See Schedule A located on your Benefitfirst homepage

Plan pays **70%**

Plan pays **70%**

Major Services

(bridge repairs, dentures, crowns)

See Schedule A located on your Benefitfirst homepage (Orthodontic services for children under age 19 – costs vary due to copayment schedule. No Benefit = OON (Out of network))

Not covered

Plan pays **50%**

Annual Maximum Benefit

No annual maximum

\$1,000 per insured

\$1,500 per insured

Orthodontics

(Eligible dependent children under age **19**)

Plan pays **50%** up to **\$2,000** lifetime maximum benefit

Not covered

Plan pays **50%** up to **\$1,500** lifetime maximum benefit

*Dependent Child Eligibility: Up to age **26 (end of month)**.*

VISION

The vision plan is designed to provide coverage for services and materials used to correct vision.

Plan Year: October 1, 2024 through June 30, 2025 | **Phone:** 866.461.3585 | **Website:** www.anthem.com

CONTRIBUTIONS

EMPLOYEE

(Pretax) Per Pay Period – **24 per year**

Only

+ One

+ Family

\$1.34

\$2.02

\$3.34

In Network

Out of Network

Exams
(every **12 months**)

\$10 Copay

Up to **\$42** reimbursement

Lenses
(every **12 months**)

Single

Covered in full (after **\$25** copay)

Up to **\$40** reimbursement

Bifocal

Covered in full

Up to **\$60** reimbursement

Trifocal

Covered in full

Up to **\$80** reimbursement

Frames
(every **12 months**)

Covered in full up to **\$130** retail value
(after **\$25** copay)

Up to **\$45** reimbursement

Contact Lenses (every **12 months**):
(in lieu of lenses and frames benefits)

Medically Necessary

Covered in full (after **\$25** copay)

Up to **\$210** reimbursement

Elective

Up to **\$130**

Up to **\$105** reimbursement

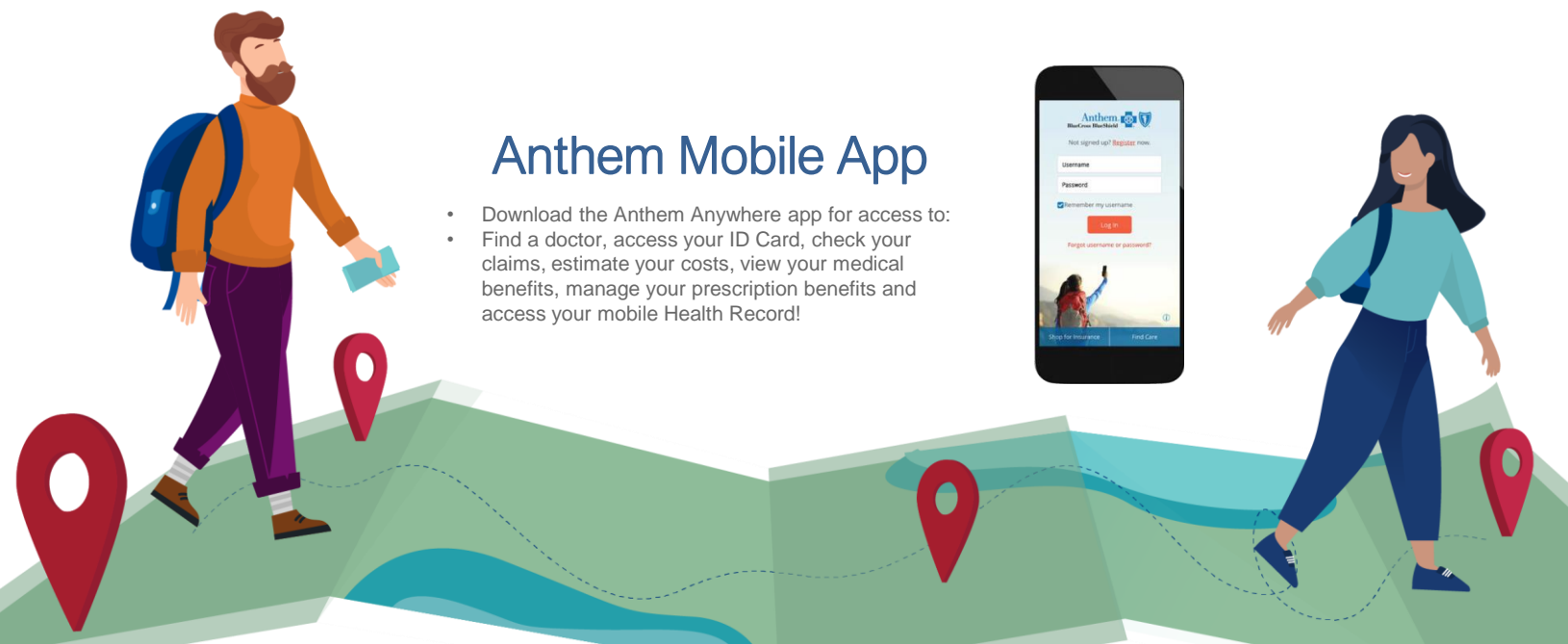
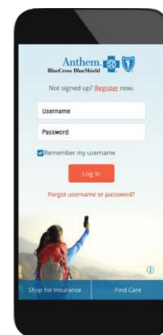
*Dependent Child Eligibility: Up to age **26 (end of month)**.*

LiveHealth[®] ONLINE

- Easy, fast doctor visits. All from the comfort of your own computer or mobile device. Talk to a doctor today, tonight, anytime – 365 days a year.
 - Just enroll for free at livehealthonline.com or on the app, and you're ready to see a doctor.
 - Visits typically cost the same as your primary care doctor copay or \$59 or less depending on your plan.

Anthem Mobile App

- Download the Anthem Anywhere app for access to:
- Find a doctor, access your ID Card, check your claims, estimate your costs, view your medical benefits, manage your prescription benefits and access your mobile Health Record!



LIFE

Life insurance gives you the security of knowing you can provide an income to remaining family members in the event of a fatal illness or accident.

Plan Year: October 1, 2024 through June 30, 2025 | **Phone:** 800.441.2258 | **Website:** www.lifebenefits.com

Basic Life and AD&D

Basic Life and AD&D coverage is in the amount of 2x your annual salary and is provided at no cost to you.

Optional Term Life and AD&D

You have the option to purchase additional life insurance for you and your dependents. Please see below for your options.

Option	Employee Benefit Amount	Spouse Benefit Amount	Child(ren) Benefit Amount
1	1 x your salary	0.5 x EE salary	\$10,000
2	2 x your salary	1 x EE salary	\$10,000
3	3 x your salary	1.5 x EE salary	\$20,000
4	4 x your salary	2 x EE salary	\$30,000
Guaranteed Issue / Benefit Max.	\$400,000 / \$975,000	0.5x EE salary / \$400,000 not to exceed 50% of EE amount	\$30,000

How to Calculate your Optional Term Life and AD&D Rate for Employee and Spouse:

Contributions per pay period –

Benefit Amount / \$1,000 x Rate from Table = Monthly Cost

Monthly Cost x 12 / your contract agreement

(20 for 10-month employees, 22 for 11-month employees, and 24 for 12-month employees)

= Per Pay Period Deduction

Optional Child Term Life and AD&D - Contributions per year

Option	Benefit Amount	Annual Premium
Option 1 / Option 2	\$10,000	\$9.60
Option 3	\$20,000	\$19.20
Option 4	\$30,000	\$28.80

Optional Term Life and AD&D Rates

(Spouse Term Life and AD&D is based on Spouse age)

Age	0-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Rates / \$1,000	\$0.05	\$0.05	\$0.06	\$0.08	\$0.12	\$0.20	\$0.31	\$0.54	\$1.02	\$2.06

Dependent Child Eligibility: 15 days old up to age 21, or up to age 25 if a full-time student (end of month)

Newly eligible employees must complete the VRS Beneficiary Form and return it to Human Resources.



Proof of good health (evidence of insurability)

Required if your election for you or your eligible dependent(s) exceeds the guaranteed issue maximum of if you add or increase coverage for you or your eligible dependent(s) after your initial eligibility period. Coverage will not be effective until approved by the carrier.

SECTION 125

Plan Year: October 1, 2024 through June 30, 2025 | **Phone:** 800.532.3327 | **Website:** www.Flores247.com

Your employer has established a Cafeteria Plan under Section 125 of the IRS Code allowing you to use pretax dollars to purchase eligible benefits. If you elect to purchase benefits under the plan, you are required to maintain your benefit elections(s) until the next annual enrollment unless you have a status change during the year as defined by the IRS. Please refer to the Benefitfirst.com website under the Enrollment Wizard for a listing of qualified status changes.

Premium Conversion (Medical, Dental, Vision, Health Savings Account and Flexible Spending Accounts): Qualified insurance premiums are deducted from your salary before taxes. This process is called pre-taxing. By pre-taxing premiums, you lower your gross taxable income. As a result, you pay fewer taxes and keep more of what you earn.

EXAMPLE

Employee Status:
Married, 1 Fed. Exemption

Weekly Salary: \$500

Qualified Benefits:

Medical Premium \$80

Dental Premium \$25

TOTAL \$105

Gross Pay

Pretax Reduction

Taxable Gross

FICA, FED., & State Taxes

Payroll Deduction

Spendable Income

Without Pre-taxing

\$500^{.00}

- 0 -

\$500^{.00}

- \$100^{.00}

- \$105^{.00}

\$295^{.00}

With Pre-taxing

\$500^{.00}

- \$105^{.00}

\$395^{.00}

- \$79^{.00}

- 0 -

\$316^{.00}

Medical Care FSA

Allows you to pretax out-of-pocket medical expenses not covered by insurance plans. Eligible expenses include dental and vision expenses, health plan deductibles and copays. Also, you have direct access to your medical FSA through the convenience of a debit card, allowing you to pay for eligible expenses instantly for service in plan year. Deductions begin Oct. 15th and will be deducted over (18) pays. Employees can access Medical Care FSA funds on Oct. 1st.

Maximum contribution per calendar year is \$2,400.

Dependent Care FSA

Allows you to pretax expenses for dependent care that enables you (and your spouse, if married) to work. Eligible expenses include daycare or after-school care expenses for a child under age 13 or care for a spouse or adult dependent incapable of self-care. Deductions begin Oct. 15th and will be deducted over (18) pays

Maximum contribution per calendar year is \$3,750.

Employees can only be reimbursed based on the total of their monthly contributions.

FSA and HRA Claim and Reimbursement Deadlines:

- Employees completing their contractual obligations and renewing their contract have sixty days to file reimbursement after September 30th for services incurred during the benefit plan year.
- Employees completing their contractual obligations, but not renewing their contract, have sixty days to file for reimbursement after July 31st for services incurred prior to **July 31st**.
- Employees who terminate before the end of their contractual obligations are eligible to be reimbursed for services up to their **termination date** and have up to sixty days to file for reimbursement.

Worksheet

Insurance Deductibles (medical/dental)	\$ _____
Coinsurance (% not paid by insurance)	\$ _____
Prescription Drugs	\$ _____
Over-the-Counter Drugs (only with prescription)	\$ _____
Routine Exams (physical, OB-GYN, dental, etc.)	\$ _____
Orthodontics	\$ _____
Total Expense per Year	\$ _____

DID YOU KNOW?

The IRS has relaxed the "use it or lose it" rule for medical FSAs. You can now roll over up to \$610 of unused contributions in your medical FSA account to next year and use these rollover funds for medical expenses that you incur during the entire new plan year!

ACCIDENT

You can't always prevent an accident, but you can protect your bank account from the unexpected expense with Accident Insurance. The accident plan pays cash benefits directly to you for covered accidents.

Plan Year: October 1, 2024 through June 30, 2025

Phone: 888.937.4783 | **Website:** www.thestandard.com

CONTRIBUTIONS

(Pretax) Per Pay Period – **24 per year**

EMPLOYEE

Only

+ Spouse

+ Child(ren)

+ Family

\$7.11

\$11.15

\$13.46

\$21.10

Benefit

Dislocation or Fracture

Up to **\$7,000** based on a schedule

Initial Hospital Confinement

\$1,500

Hospital Confinement

\$400 per day

Intensive Care

\$1,000

Follow Up Care Benefit

\$70 per day (up to **3** days)

*Dependent Child Eligibility: Coverage will end on the date your dependent turns **26**. Remember to notify Human Resources and Benefitfirst within **30 days**.*

- ❖ **Guaranteed Issue:** No evidence of insurability (proof of good health) is required, which means you and your family members are not required to answer medical questions and approval is guaranteed.
- ❖ Group Accident provides benefits for off the job accidental injuries including emergency treatment, hospital confinement, dislocation, fractures, dismemberment and accidental death.
- ❖ Coverage pays in addition to any other insurance benefits from other insurance companies, picking up where other insurance leaves off by providing cash benefits to help you pay both medical and nonmedical expenses resulting from an accident.
- ❖ Benefits are paid directly to you, unless you choose otherwise.
- ❖ Coverage is portable from day one should you leave employment or retire.

CRITICAL ILLNESS

Benefits are payable for specified diseases and can help to cover the costs of your treatments and related expenses, regardless of your major medical insurance coverage

Plan Year: October 1, 2024 through June 30, 2025 | **Phone:** 888.937.4783 | **Website:** www.thestandard.com



Rates (post tax) Per Pay Period – **24 per year**

Employee and Spouse Critical Illness / Cancer Rates

Age	0-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Rates / \$1,000	\$0.35	\$0.54	\$0.54	\$1.11	\$1.11	\$2.30	\$2.30	\$4.25	\$4.25	\$10.82

- ❖ **Guaranteed Issue:** (GI) of **\$20,000** benefit for employees and spouses.
- ❖ Coverage options are **\$10,000** or **\$20,000** for Employee and Spouse.
- ❖ Covered dependents receive up to **50%** of your benefit amount (GI).
- ❖ Multiple categories of coverage including: heart attack, stroke, end-stage renal failure.
- ❖ Coverage pays in addition to any other insurance benefits, picking up where other insurance leaves off by providing cash to cover expenses.
- ❖ Benefits are paid directly to the employee.
- ❖ Coverage is portable.
- ❖ If an employee increases or decreases their benefit at any time, the Child Critical Illness will also adjust to **50%** of the employee's new benefit amount.
- ❖ Child Critical Illness is included in Employee Rate

DID YOU KNOW?

A heart attack, stroke or other major illness often comes without warning. And recovery is often prolonged and expensive.

Dependent Child Eligibility: Coverage will end on the date your dependent turns **26**.
Remember to notify Human Resources and Benefitfirst within **30** days.

The contents of this booklet are meant to be a guide, but in the case of questions, the written plan documents will govern.

VOLUNTARY WHOLE LIFE

Hospital Indemnity provides cash benefits for hospital confinements and can help cover them as they happen.

Plan Year: October 1, 2024 through June 30, 2025 | **Phone:** 800.272.2216 | **Website:** www.massmutual.com

For questions regarding Whole Life please call the Benefitfirst Customer Care Center at 888.322.9374.
The Customer Care Center is available Monday - Friday, 8:30 a.m. to 5:00 p.m. EST.

CONSIDER THE ADVANTAGES:

MassMutual Group Whole Life Insurance provides coverage at a set premium, builds cash value over time you can access¹ and pays a death benefit to your loved ones. Group Whole Life Insurance may be easier and more affordable than you think.

GROUP WHOLE LIFE FEATURES



Provides guarantees:

- Guaranteed death benefit
- Guaranteed level premiums
- Guaranteed cash-value accumulation



Dividend eligible²

MassMutual whole life certificate owners are eligible to receive dividends. During enrollment, you'll have the opportunity to select the dividend option that fits you best. Options include:

- Cash
- Dividend accumulations
- Paid-up additional insurance

Read more about these dividend options when you enroll. While dividends are not guaranteed, MassMutual® has paid them to eligible participating policy and certificate owners every year since 1869.

LIVING BENEFITS



Portable, lifelong coverage

You own the certificate along with the accumulated cash values and you can take it with you even if you leave the company. Additionally, if you leave the company and take your certificate with you, you can change your dividend option and choose to have your dividend payments reduce your premiums.



Tax advantages

Whole life insurance policies offer a combination of valuable tax advantages, including:

- Generally income-tax-free death benefit
- Tax-deferred cash-value growth



Accelerated Provisions³

As the certificateowner, you can receive an advance, or acceleration, of a portion of the death benefit under your certificate, if the insured is diagnosed with a terminal illness or if the insured has a chronic illness that has been certified by a Qualified Medical Practitioner.

- **Chronic Illness:** The Accelerated Death Benefit for Chronic Illness is payable when the insured meets the definition of Chronic Illness, generally having a permanent loss of two activities of daily living (eating, toileting, transferring, bathing, dressing, or

continence) due to loss of functional capacity, or requiring substantial supervision due to permanent severe cognitive impairment. In North Carolina and Washington, generally, Chronic Illness is any medical condition that requires continuous confinement in an Eligible Institution, where the Insured is expected to remain there for the rest of their life.

- **Terminal Illness:** In most states, the Accelerated Death Benefit for Terminal Illness is payable when the insured meets the definition of Terminally Ill, generally diagnosed with an illness that will result in death within 12 months (24 months in some states).

These benefits are not long term care insurance and may be used for any purpose. In many cases, these benefits allow access to more funds than would be available through a certificate loan or certificate cash surrender value. There is a fee taken from the Chronic Care Benefit. Consult with your tax advisor regarding a request for accelerated benefits. Certificate owners who have exercised the Accelerated Death Benefit for Terminal Illness benefit cannot use the Chronic Care Benefit. However, the Terminal Illness Benefit will still be available on the remaining face amount after a Chronic Care Benefit payment has been made.

Legal coverage helps protect you and your family from the high cost of legal fees resulting from the most commonly needed legal services.

Plan Year: October 1, 2024 through June 30, 2025 | **Phone:** 800.728.5768 | **Website:** www.LegalResources.com

EXAMPLES OF LEGAL SERVICES	Attorney Fee Savings: Without Legal Resources	Attorney Fee Savings: With Legal Resources
Legal Counsel & Advice for all Covered Benefits	\$250 / hour	-0-
Traffic Court Representation (including 1st Offense DUI)	\$1500 - \$1,000	-0-
Will Preparation \$300-\$500 per person (Includes contingent trust for minors, living will, medical durable power of attorney, and advance directives)	\$500 - \$750 / person	-0-
Reviewing a Financial Contract or Lease	\$400 - \$600 / hour	-0-
Tenant Disputes with Landlords	\$400 - \$600 / hour	-0-
Uncontested Divorce Representation	\$400 - \$600	-0-
Purchasing a Primary Residence	\$400 - \$600	-0-
Selling a Primary Residence (A minimum \$50.00 administrative charge will apply in all real estate closings conducted by the Plan Attorney)	\$200 - \$400	-0-
Defending a Civil Action in District Court	\$250 / hour	-0-
Defending your Child in Juvenile Court	\$750 - \$1,500	-0-

*Dependent Child Eligibility: Up to age **19** (26 if full time student) (DOB)*

Contributions	Employee Only	Employee + Family
(Pretax) Per Pay Period – 24 per year	\$9.00	\$9.00

Please review the Summary of Services or visit our website at www.legalresources.com for a complete description of all services and limitations PRIOR to enrollment. Attorney fees are based on the estimated hourly rate of \$250 per hour. Subscriber responsible for all non-attorney costs (filing fees, fines, court costs, etc.).



NOTICES

WHCRA Annual Notice

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Call your plan administrator at **1.804.966.9650** for more information.



NOTICES

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with your employer 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.

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.

Because your existing coverage is, on average, at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to 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 through December 7th. This may mean that you may have to wait to join a Medicare drug plan and that you may pay a higher premium (a penalty) if you join later. You may pay that higher premium (a penalty) as long as you have Medicare prescription drug coverage. However, if you lose creditable prescription drug coverage, through no fault of your own, you will be eligible for a sixty (60) day Special Enrollment Period (SEP) to join a Part D plan.

If you decide to join a Medicare prescription drug plan, your current employer-sponsored group coverage may or may not be affected, depending on your current plan. With some plans, individuals can keep the coverage and have it coordinate with the Medicare drug coverage. In other cases, the employer-sponsored plan will end for the individual and all covered dependents when the person enrolls in a Medicare drug plan. If you do decide to join a Medicare drug plan and drop your employer-sponsored coverage, be aware that you and your dependents may not be able to get this coverage back. Check with your employer's Benefits Department to determine your options.

You should also know that if you drop or lose your 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 prescription drug coverage that's at least as good as Medicare's prescription drug coverage, your monthly premium may go up by at least 1% of the base beneficiary premium per month for every month that you did not have coverage. For example, if you go nineteen months without coverage, your premium may consistently be at least 19% higher than the 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.

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 through your employer changes. You also may request a copy.

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 by 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 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 800.772.1213 (TTY 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 whether or not you are required to pay a higher premium (a penalty).

IMPORTANT NOTICE

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

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums.
The following list of states is current as of January 31, 2024. Contact your State for more information on eligibility –

ALABAMA – Medicaid http://myalhipp.com/ 1.855.692.5447	KANSAS – Medicaid https://www.kancare.ks.gov/ HIPP Phone: 1.800.792.4884 1.800.967.4660	NORTH CAROLINA – Medicaid https://medicaid.ncdhhs.gov/ 919.855.4100
ALASKA – Medicaid The AK Health Insurance Premium Payment Program http://myakhipp.com/ Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx 1.866.251.4861	KENTUCKY – Medicaid Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP): http://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1.855.459.6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1.877.524.4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	NORTH DAKOTA – Medicaid https://www.hhs.nd.gov/healthcare 1.844.854.4825 OKLAHOMA – Medicaid and CHIP http://www.insureoklahoma.org 1.888.365.3742 OREGON – Medicaid and CHIP http://healthcare.oregon.gov/Pages/index.aspx 1.800.699.9075
ARKANSAS – Medicaid http://myarhipp.com/ 1.855.MyARHIPP (855.692.7447)	LOUISIANA – Medicaid www.medicaid.la.gov or www.ldh.la.gov/lahipp 1.888.342.6207 (Medicaid hotline) or 1.855.618.5488 (LaHIPP)	PENNSYLVANIA – Medicaid and CHIP https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx 1.800.692.7462 CHIP: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1.800.986.KIDS (5347)
CALIFORNIA – Medicaid Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Email: hipp@dhcs.ca.gov 916.445.8322 Fax: 916.440.5676	MAINE – Medicaid https://www.mymaineconnection.gov/benefits/s/?language=en_US 1.800.442.6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms 1.800.977.6740 TTY: Maine relay 711	RHODE ISLAND – Medicaid and CHIP http://www.eohhs.ri.gov/ Direct Rlte Share Line 1.855.697.4347 401.462.0311 SOUTH CAROLINA – Medicaid http://www.scdhhs.gov 1.888.549.0820
COLORADO – Health First Colorado (CO Medicaid Program) & Child Health Plan Plus (CHP+) Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1.800.221.3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1.800.359.1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1.855.692.6442	MASSACHUSETTS – Medicaid and CHIP https://www.mass.gov/masshealth/pa 1.800.862.4840 TTY: 711 Email: masspremassistance@accenture.com MINNESOTA – Medicaid https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp 1.800.657.3739 MISSOURI – Medicaid http://www.dss.mo.gov/mhd/participants/pages/hipp.htm 573.751.2005	SOUTH DAKOTA – Medicaid http://dss.sd.gov 1.888.828.0059 TEXAS – Medicaid Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services/ 1.800.440.0493 UTAH – Medicaid and CHIP Medicaid: https://medicaid.utah.gov/ CHIP: http://health.utah.gov/chip 1.877.543.7669
FLORIDA – Medicaid https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html 1.877.357.3268	MONTANA – Medicaid http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Email: HHSHIPPProram@mt.gov 1.800.694.3084	VERMONT – Medicaid Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access 1.800.250.8427
GEORGIA – Medicaid https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp 678.564.1162, Press 1 GA CHIPRA: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra 678.564.1162, Press 2	NEBRASKA – Medicaid http://www.ACCESSNebraska.ne.gov 1.855.632.7633 Omaha: 402.595.1178 Lincoln: 402.473.7000 NEVADA – Medicaid http://dhcfp.nv.gov 1.800.992.0900	VIRGINIA – Medicaid and CHIP https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicare and CHIP Phone: 1.800.432.5924 WASHINGTON – Medicaid https://www.hca.wa.gov/ 1.800.562.3022
INDIANA – Healthy Indiana Plan for low-income adults 19-64 http://www.in.gov/fssa/hip/ 1.877.438.4479 All other Medicaid: https://www.in.gov/medicaid/ 1.800.457.4584	NEW HAMPSHIRE – Medicaid https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program 603.271.5218 Toll Free/HIPP program 1.800-852-3345 Ext. 5218	WEST VIRGINIA – Medicaid and CHIP https://dhhr.wv.gov/bms/ or http://mywvhipp.com/ Medicaid: 304.558.1700 CHIP toll-free: 1.855-MyWVHIPP (1.855.699.8447)
IOWA – Medicaid and CHIP Hawki https://dhs.iowa.gov/ime/members 1.800.338.8366 Hawki Website http://dhs.iowa.gov/Hawki Hawki Phone 1.800.257.8563 HIPP Website https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1.888-346-9562	NEW JERSEY – Medicaid and CHIP Medicaid: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ 609.631.2392 CHIP: http://www.njfamilycare.org/index.html 1.800.701.0710 NEW YORK – Medicaid https://www.health.ny.gov/health_care/medicaid/ 1.800.541.2831	WISCONSIN – Medicaid and CHIP https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm 1.800.362.3002 WYOMING – Medicaid https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ 1.800.251.1269

To see if any other states have added a premium assistance program since January 31, 2024, or for more information on special enrollment rights, contact either:

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

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1.877.267.2323, Menu Option 4, Ext. 61565

DEFINITIONS & CONTACTS

Benefitfirst™	Benefitfirst is an online benefit management system used by New Kent County Public Schools that allows employees to view benefit information, make changes to personal information (i.e. change of address, adding a dependent, etc) and complete your annual open enrollment through the Benefitfirst website.
Plan Year	Your plan year runs from October 1, 2024 through June 30, 2025 . All deductibles and benefit maximums accumulate during the plan year.
Copay	The amount you pay at the time you receive certain services.
Coinsurance	The percentage of covered expenses that the member pays.
Deductible	The amount you will pay before the plan will consider reimbursement for covered expenses.
Dependent Eligibility Information	Eligible dependents include your spouse or dependent child(ren). Dependent children can be covered on the medical, dental, and vision plans up to age 26 (end of month). Dependent children can be covered up to age 26 on the Accident and Critical Illness benefits. Unmarried dependent children can be covered on the Voluntary Child Life and Whole Life plans up to age 21 or 25 if a full-time student. IMPORTANT NOTE: If a dependent becomes ineligible for coverage (at the end of the month) you are responsible for notifying Human Resources or Benefitfirst within 30 days of the dependent's birthday.
Family Dual Coverage Level	If you and your spouse are employed by New Kent County School District, you may cover your family at a reduced cost.
Out-of-Pocket Maximum	The maximum amount of covered expenses you will pay during a plan year which includes the deductible, copays, coinsurance and prescriptions.

PLAN	ADMINISTRATOR	WEBSITE	PHONE NUMBER
Medical / Vision	Anthem	www.anthem.com	866.461.3585
Dental	Delta Dental	www.deltadentalva.com	800.237.6060
Life	VRS/Minnesota Life	www.lifebenefits.com	800.441.2258
Flexible Spending / HRA / HSA	Flores Associates	www.Flores247.com	800.532.3327
Accident / Critical Illness	The Standard	www.thestandard.com	888.937.4783
Whole Life	Mass Mutual	www.massmutual.com	800.272.2216
Advocate for State / Federal Benefits	FEDLogic	www.FEDlogicgroup.com	877.837.4196
Benefitfirst Customer Care Center	Benefitfirst	www.benefitfirst.com	888.322.9374 Company ID: 405

