



2025-26 Benefits Guide

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.



Table of Contents

3	How to Enroll
4	Advocate for State / Federal Benefits
5-6	Medical
7	Health Savings Account / Health Reimbursement Account
8	Dental
9	Vision / LiveHealth Online / Anthem Mobile App
10	Life Insurance
11	Flexible Spending Accounts
12	Voluntary Accident
13	Voluntary Critical Illness
14	Voluntary Whole Life
15	Legal Resources
16-18	Notices
19	Definitions / Contacts

This booklet was designed to guide you through your benefits choices and contains the highlights of your 2025-26 benefits program. The contents of this booklet are meant to be a guide, but in the case of questions, the written plan documents will govern. Please refer to your Personal Benefits Summary (PBS) for important information about your benefits.

HOW TO ENROLL

Enroll anytime from home or work, online at benefitfirst.com or on your mobile device.

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

Enroll in 5 easy steps.

1 Log on at www.benefitfirst.com or our mobile app.*

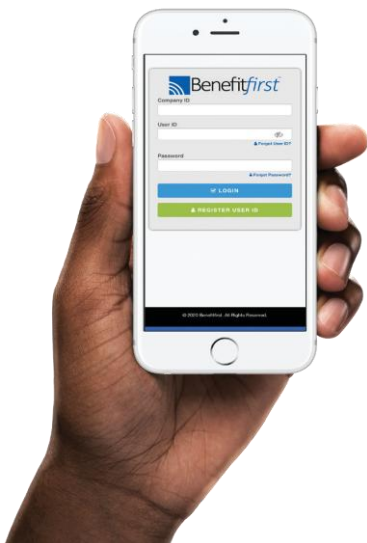
2 Enter company ID.

3 Create a user ID.

4 Create your own Password.

5 Log in and follow instructions.

*Available on iOS and Android. Visit your device appstore.



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 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 Ctrlkey when you click on the Continue button on the Enrollment Wizard start-up page.

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

Administered by Anthem

Plan Year: July 1, 2025 through June 30, 2026
Phone: 866.461.3585 / Website: www.anthem.com

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.

Dependent Child Eligibility: Coverage will end at the end of the month in which the dependent turns 26. Remember to notify Human Resources and request changes through www.Benefitfirst.com within 30 days.

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 Copay – Primary care physician \$50 Copay - 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

Contributions (pretax) *Per Pay Period by Wellness Level – 24 per year*

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

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



MEDICAL

Administered by Anthem

Plan Year: July 1, 2025 through June 30, 2026
Phone: 866.461.3585 / Website: www.anthem.com

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.

Dependent Child Eligibility: Coverage will end at the end of the month in which the dependent turns 26. Remember to notify Human Resources and request changes through www.Benefitfirst.com within 30 days.

HealthKeepers HDHP-HSA

	In Network (Member Pays)	Out of Network (Member Pays)
Deductible	\$3,300 Individual / \$6,600 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 Specialty: Deductible, then 20% coinsurance up to \$250	Tier 1: Deductible, then 30% Tier 2: Deductible, then 30% Tier 3: Deductible, then 30% Tier 4: Deductible, then 30%
Rx Cost – Mail Order 90-Day Supply	Tier 1: Deductible, then \$20 Tier 2: Deductible, then \$100 Tier 3/4: Deductible, then \$150 Specialty: Deductible, then 20% coinsurance up to \$250	Tier 1, 2, 3, & 4: Not Covered

Contributions (pretax) *Per Pay Period by Wellness Level – 24 per year*

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

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



Health Savings Account

Administered by Flores

Plan Year: July 1, 2025 through June 30, 2026
Phone: 800.532.3327 / Website: www.Flores247.com

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.

For participants enrolled in the HealthKeepers HDHP-HSA or KeyCare HDHP-HSA medical plans only.

Annual Maximum HSA (only available if HDHP elected)	
Individual	\$ 4,300
Family	\$ 8,550
Ages 55 or older can contribute an additional \$1,000 annually	

**New Kent County Public Schools will contribute \$1,000 as of July 1, 2025 for participants.
The contribution for employees hired after July 1st will be prorated based on the remaining months of the contract year.**



HEALTH REIMBURSEMENT ACCOUNT

Administered by Flores

Plan Year: July 1, 2025 through June 30, 2026
Phone: 800.532.3327 / Website: www.Flores247.com

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 11 for claims reimbursement deadlines.

Employee Only: Eligible for \$500 after the employee meets \$500 of \$2,000 deductible. New Kent County Public Schools will reimburse you \$500 of the \$2,000 deductible.

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

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



DENTAL

Administered by Delta Dental

Plan Year: July 1, 2025 through June 30, 2026

Phone: 800.237.6060 / Website: www.deltadentalva.com

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.

Dependent Child Eligibility: Coverage will end at the end of the month in which the dependent turns 26. Remember to notify Human Resources and request changes through www.Benefitfirst.com within 30 days.

In Network (Member Pays)	PPO-EPO Plan	Premier Plan	Premier Plus Plan
Deductible	See Schedule A located on your Benefitfirst homepage	\$37.50 Individual \$112.50 Family	\$37.50 Individual \$112.50 Family
Preventive Care (Oral Exams, Cleanings 1 per 6 month period)	See Schedule A located on your Benefitfirst homepage	Plan pays 100%	Plan pays 100%
Basic Care (Extractions, Fillings, Endodontics)	See Schedule A located on your Benefitfirst homepage	Plan pays 70%	Plan pays 70%
Major Care (Dentures, Bridges, Crowns)	See Schedule A located on your Benefitfirst homepage (Orthodontic services for children under age 19 – costs vary due to co-payment 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	\$1,000 per insured	Plan pays 50% up to \$1,000 lifetime benefit maximum

Contributions (pretax) *Per Pay Period– 24 per year*

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



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



VISION

Administered by Anthem

Plan Year: July 1, 2025 through June 30, 2026
Phone: 866.461.3585 Website: www.anthem.com

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

Dependent Child Eligibility: Coverage will end at the end of the month in which the dependent turns 26. Remember to notify Human Resources and request changes through www.Benefitfirst.com within 30 days.

	In Network	Out of Network
Exam (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 (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)

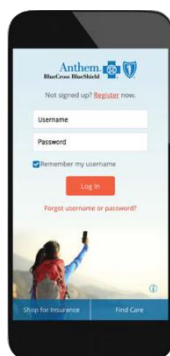
Contributions (pretax) Per Pay Period – 24 per year

Employee Only	\$1.34
Employee + One	\$2.02
Employee + Family	\$3.34



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!

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



LIFE INSURANCE

Administered by Securian

Plan Year: July 1, 2025 through June 30, 2026
Phone: 800.441.2258 / Website: www.lifebenefits.com

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.

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.

	Employee	Spouse	Child(ren)
Option	Benefit Amount	Benefit Amount	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+
Monthly Rate Per \$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

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

Proof of good health (evidence of insurability)

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

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



SECTION 125

Administered by Flores

Plan Year: July 1, 2025 through June 30, 2026
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 election(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, FSA, and HSA): Qualified insurance premiums are deducted from your salary before taxes. This process is called pretaxing. By pretaxing premiums, you lower your gross taxable income. As a result, you pay fewer taxes and keep more of what you earn.

EXAMPLE:				<u>Without Pretaxing</u>	<u>With Pretaxing</u>
Employee Status: Married, 1 Fed. exemption					
Weekly Salary: \$500					
Qualified Benefits: Medical Premium \$80 Dental Premium \$25 TOTAL: \$105					
Gross Pay:				\$500.00	\$500.00
Pretax Reduction:				-0-	-\$105.00
Taxable Gross:				\$500.00	\$395.00
FICA, FED. & State Taxes:				-\$100.00	-\$79.00
Payroll Deduction:				-\$105.00	-0-
Spendable Income:				\$295.00	\$316.00

FSA and HRA Claim and Reimbursement Deadlines:

- Employees completing their contractual obligations and renewing their contract have sixty days to file reimbursement after June 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

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 July 15th and will be deducted over (22) pays. Employees can access Medical Care FSA funds on July 1st.

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	\$ _____

Maximum contribution per calendar year is \$3,300.

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 July 15th and will be deducted over (22) pays

Maximum contribution per calendar year is \$5,000.

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



ACCIDENT

Administered by The Standard

Plan Year: July 1, 2025 through June 30, 2026
Phone: 888.937.4783 / Website: www.thestandard.com

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.

Dependent Child Eligibility: Coverage will end at the end of the month in which the dependent turns 26. Remember to notify Human Resources and request changes through www.Benefitfirst.com within 30 days.

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)

- **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 the employee.
- Coverage is portable from day one should you leave employment.
- Wellness reimbursement available.

Contributions (post tax) Per Pay Period – 24 per year

Employee Only	\$ 7.11
Employee + Spouse	\$11.15
Employee + Child(ren)	\$13.46
Employee + Family	\$21.10

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



CRITICAL ILLNESS

Administered by The Standard

Plan Year: July 1, 2025 through June 30, 2026
Phone: 888.937.4783 / Website: www.thestandard.com

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.

Dependent Child Eligibility: Coverage will end at the end of the month in which the dependent turns 26. Remember to notify Human Resources and request changes through www.Benefitfirst.com within 30 days.

Benefit

- **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

Contributions (pretax) 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



Did you know?

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

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: July 1, 2025 through June 30, 2026 | **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.

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



LEGAL SERVICES

Administered by Legal Resources

Plan Year: July 1, 2025 through June 30, 2026

Phone: 800.728.5768 / Website: www.legalresources.com

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

Dependent Child Eligibility: Coverage will end at the end of the month in which the dependent turns 26. Remember to notify Human Resources and request changes through www.Benefitfirst.com within 30 days.

EXAMPLES OF LEGAL SERVICES	Attorney Fee Savings: Without Legal Resources	Attorney Fee Savings: With Legal Resources
Legal Counsel & Advice for all Covered Benefits	\$250/hr.	-0-
Traffic Court Representation	\$1,500 - \$1,000	-0-
DUI Court Representation (1 st Offenses)	\$1,000 - \$1,500	-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-

Contributions (post tax) Per Pay Period – 24 per year

Employee Only	\$ 9.00
Employee + Family	\$ 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.



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

Important Notice About Your Prescription Drug Coverage and Medicare

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



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 July 1, 2025 through June 30, 2026 . 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 Whole Life Plans, Accident and Critical Illness benefits. Unmarried dependent children can be covered on the Voluntary Child Life 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
Legal Services	Legal Resources	www.LegalResources.com	800.728.5768
Benefitfirst Customer Care Center	Benefitfirst	www.benefitfirst.com	888.322.9374 Company ID: 405

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

2025 - 26 Benefits Guide



*Take the time to review and understand all your options
to make smart benefit choices.*

