School District of Holmen
Employee Benefits

JULY 1, 2026- JUNE 30, 2027



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

Employee Navigator

1 1ST TIME USERS: SETTING UP YOUR ACCOUNT

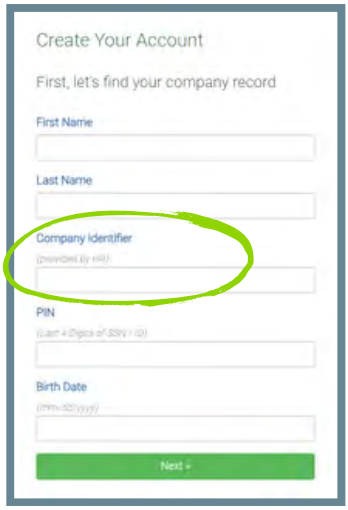
New Hires - Creating Your Account For the First Time

Scan the QR Code to navigate to the registration page:

https://www.employeenavigator.com/benefits/account/register

Find your company record by entering the following on the Create Your Account page:

a. First & Last Name
b. Company Identifier: **SDHV**
c. PIN (last 4 of SSN)
d. Birth Date
e. Click NEXT



Create your Username & Password

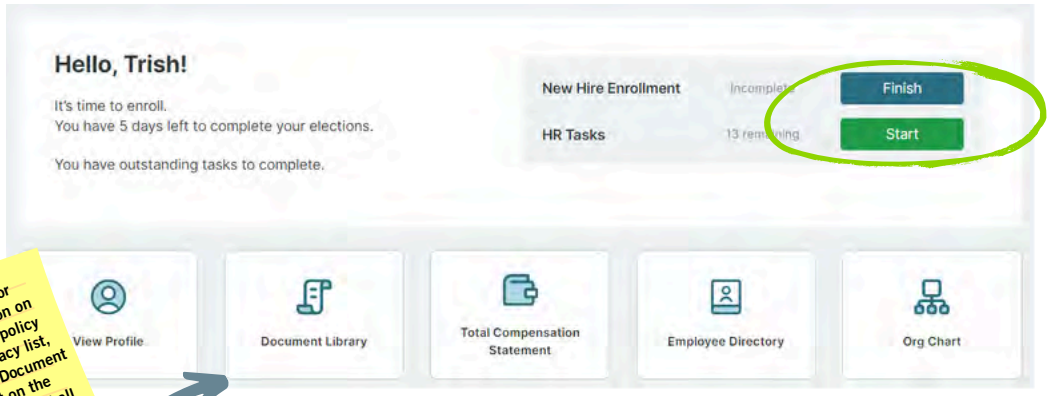
- Enter company email for username (personal email also works)

2 RETURNING USERS: AFTER YOUR ACCOUNT IS SET UP

Enroll In Your Benefits, Open Enrollment Elections, Add Life Events, Check Current Coverage or View Benefit Summaries

Scan the QR Code to navigate to your Home page or visit:
https://www.employeenavigator.com/benefits/Account/login

- Click on the Start Enrollment button to start your enrollment process.



If you are looking for additional information on coverage, benefits, policy documents, Pharmacy list, etc., check out the Document Library shortcut on the homepage. You can find all of your benefit summaries stored here.

IMPORTANT: You must complete every step of the enrollment window & Click to Sign on the last step or you will not be enrolled in benefits. You will see the below confirmation once you have completed the Click to Sign.



What I Need to Know?

Who is eligible?

Employees with the School District of Holmen are eligible to enroll in the benefits outlined in this guide based on the individual contract or the number of hours worked per week per benefit plan. In addition, your dependents (spouse, domestic partner, natural or adopted child, grandchild or child for whom you have legal guardianship) are eligible for these benefits, if applicable.

How to enroll?

Are you ready to enroll? The first step is to review your current benefits. Did you move recently or get married? Verify all of your personal information and make any necessary changes. Once all your information is up to date, it's time to make your benefit elections. The decisions you make during open enrollment can have a significant impact on your life and finances, so it is important to weigh your options carefully.

When to enroll?

The benefit choices you make now will cover you and your dependents, if applicable, from July 1 through June 30.

New employees are eligible for benefits on the first day of employment.

How to make changes?

Unless you experience a HIPAA Special Enrollment event, you cannot make changes to the benefits you elect until the next open enrollment period. A Special Enrollment event would include: A loss of eligibility for other health coverage, termination of eligibility for Medicaid or a state Children's Health Insurance Program (CHIP), the acquisition of a new spouse or dependent by marriage, birth, adoption or placement for adoption, or becoming eligible for a premium assistance subsidy under Medicaid or a state CHIP. In the case of a HIPAA Special Enrollment, you have 30 days to make changes to your benefit plans.

Your Benefits

BENEFITS	PROVIDER	WHO CONTRIBUTES	PREMIUM TAX TREATMENT
Health Insurance	Allegiance	Both SDH & Employee	Pre-tax
Health Savings Account (HSA)	Altra	Both SDH & Employee	Pre-tax
Flexible Spending Account (FSA): **Standard Health Care FSA, Limited Health Care FSA, & Dependent Care FSA**	Employee Benefits Corporation (EBC)	Employee	Pre-tax
Dental Insurance	Delta Dental	Both SDH & Employee	Pre-tax
Voluntary Dental Insurance	Delta Dental	Employee	Pre-tax
Voluntary Vision Insurance	Delta Vision	Employee	Pre-tax
Employer Paid Life Insurance and AD&D	Kansas City Life	SDH	N/A
Voluntary Life Insurance	Kansas City Life	Employee	Post-tax
Voluntary Short-Term Disability Insurance	Kansas City Life	Employee	Post-tax
Employer Paid Long-Term Disability Insurance	Kansas City Life	SDH	N/A
Voluntary Accident Insurance	Allstate	Employee	Pre-tax
Voluntary Cancer Insurance	Allstate	Employee	Pre-tax
Voluntary Critical Illness Insurance	Allstate	Employee	Pre-tax
Alternative Benefit Plan	N/A	SDH	N/A

Pre-tax vs. Post-tax Deductions

Pre-tax Deductions:
Costs of benefit elections are taken from your paycheck before any applicable taxes are deducted.

Post-tax Deductions:
Taken from your paycheck after any applicable taxes are deducted.

Health Insurance
Allegiance

The School District of Holmen offers employees a comprehensive health insurance plan for the plan year July 1, 2026 - June 30, 2027. Please refer to your insurance contract and Summary of Benefits and Coverage (SBC) for additional information and specific details. The benefits below will take effect July 1, 2026. *This plan falls under the category of a Qualified High Deductible Health Plan, indicating that all expenses must be applied towards meeting the deductible before any copayments are applicable.

OPTIONS	IN-NETWORK	OUT-OF-NETWORK
DEDUCTIBLE *Non-Embedded	$3,000 Single $6,000 Family	$6,000 Single $12,000 Family
COINSURANCE	80% Insurance 20% Member	60% Insurance 40% Member
MAXIMUM OUT-OF-POCKET	$5,000 Single $10,000 Family	$10,000 Single $20,000 Family
CHIROPRACTIC VISITS* Limit of 20 visits	$20 Copay, then 80% Coinsurance	$40 Copay, then 60% Coinsurance
PRIMARY OFFICE VISIT*	$40 Copay, then 80% Coinsurance	$80 Copay, then 60% Coinsurance
SPECIALTY OFFICE VISIT*	$80 Copay, then 80% Coinsurance	$160 Copay, then 60% Coinsurance
URGENT CARE*	$100 Copay, then 80% Coinsurance	$150 Copay, then 60% Coinsurance
EMERGENCY ROOM*	$250 Copay, then 80% Coinsurance $500 Penalty for Non-Emergent	$250 Copay, then 80% Coinsurance $500 Penalty for Non-Emergent
PRESCRIPTION DRUG BENEFIT	Deductible then 80% Coinsurance	Deductible then 80% Coinsurance

*Non-embedded deductible plans, also known as aggregate deductibles, do not begin to pay for medical expenses until the entire family deductible has been met

HealthCARE at No Cost to You

Services covered on behalf of your employer

All Services Covered at NO COST to all employees & their dependents who are on the health plan

Not on the Health Plan?

Employees not on the District Health Plan are still eligible for services at NFC and will be allowed up to $50 of services annually paid for by the District.

NEIGHBORHOOD - Family Clinics - Affordable ~ Accessible

www.mynfclinics.com

La Crosse	Onalaska	West Salem	Sparta	Viroqua
1526 Rose Street La Crosse, WI 54603 608-781-9880	N5560 CTH ZM Onalaska, WI 54650 608-779-5323	1580 Heritage Blvd West Salem, WI 54669 608-518-3410	128 S Water, Suite B Sparta, WI 54656 608-351-2820	1316 Bad Axe Court Viroqua, WI 54665 608-518-3745

Office hours may vary by location. Please contact your preferred location to confirm hours and schedule an appointment. If no openings are available, the receptionist can check other locations for availability. Website: https://www.mynfclinics.com/

Service

- Office Visit
- Extended/Specialty Office Visit
- School, Camp, Sports Physicals
- DOT Exam
- Health Coaching & Nutritional Counseling

Procedures

- Laceration Repairs
- Ear Wax Removal (impacted)
- Incision & Drainage
- Nebulizer Treatment
- X-Rays with Interpretation
- EKG with Interpretation
- Endometrial Biopsy
- Mole/Tissue Biopsy
- Liquid Nitrogen
- Wound Surface Culture Technique
- Injection of Joints/Cortisone/Multiple
- Foot Care

Additional Testing

- Audiometer
- Spirometry
- Tympanogram
- FIT (Colorectal Screening)

Injections

- Toradol Injections
- Vitamin B12/Testosterone
- Dep Medrol-Methylprednisolone

Immunizations

- Varivax (Chickenpox)
- Meningitis
- Hepatitis
- Tdap (11+)
- DTap (6 wks- 6)
- Tetanus (7+)
- TB Test-PPD
- Flu Shot
- Shingrix
- MMR
- Prevnar 20
- Polio

Miscellaneous

- Oral Antibiotics 3-10 days
- Liquid Antibiotics/Eye Drops/Triamcinolone
- Casting
- Splinting
- Orthotics
- Supplies

Lab Work

- Cortisol
- D-Dimer
- Estradiol
- Estrogen
- Progesterone
- Testosterone M/F
- Folic Acid

Lab Work Continued.....

- Lyme Test
- C-Reactive Protein-CRP
- Hemoglobin A1C
- Glucose/Sugar
- Urinalysis
- Rapid Strep Test
- Pregnancy Urine Lab
- Lipid Panel Cholesterol
- Thyroid/TSH/T3/T4
- Prostate-PSA
- Pap Smear/HPV
- Complete Blood Count/CBC
- Chlamydia/Gonorrhea
- HIV
- VDRL
- Amylase
- ANA Screen
- B-12 Levels
- Iron
- Metabolic Panel
- Hep A/B/C
- Mono
- Rapid Strep Throat
- RSV
- Vitamin D
- FSH
- H.Pylori Antibody
- Ova/Parasite

This does not encompass all Venipuncture

This is a basic overview of services—consult your provider for details on coverage.
Please note that NFC does not offer Chiropractic, Physical Therapy, or Massage Therapy.

Important Health Plan Information

Medical Networks

The Alliance/Trilogy Networks
(Gundersen/Emplify Access)
www.the-alliance.org

Mayo Direct Contract
(no directory necessary as any Mayo provider will be in network)

CIGNA
Network utilized outside the state of Wisconsin, Winona, Houston,MN
www.Cigna.com
(Choose: OAP/Open Access Plus, OA Plus, Choice Fund OA Plus)

*Medical providers and in-network coverage may vary based on your medical plan.

TPA
Third Party Administrator

Allegiance by Cigna Healthcare

Medical Claims Processor

In coordination with Rightway, the Allegiance team assists with navigating your healthcare needs:

- Locating in-network providers
- Claims questions or concerns
- Requesting a copy of your medical ID card
- Obtaining a copy of your Explanation of Benefits (EOB)
- Pre-authorization requirements
- Case management

Call: 833-419-9980
www.askallegiance.com

Pharmacy & Care Navigation

Rightway

One Team For Both Pharmacy and Care Navigation:
1-833-419-9980 | joinrightway.com/rx

Download the Rightway Mobile App

Let Rightway assist with any benefit questions, EOB explanation, billing questions, verifying in-network providers and most importantly, navigating to find the highest quality, lowest cost providers for services such as:

- MRI
- CT Scan
- Colonoscopy
- At Home Sleep Studies
- Breast Biopsy
- Hysterectomy
- Orthopedic Procedures
- Out-Patient Surgeries

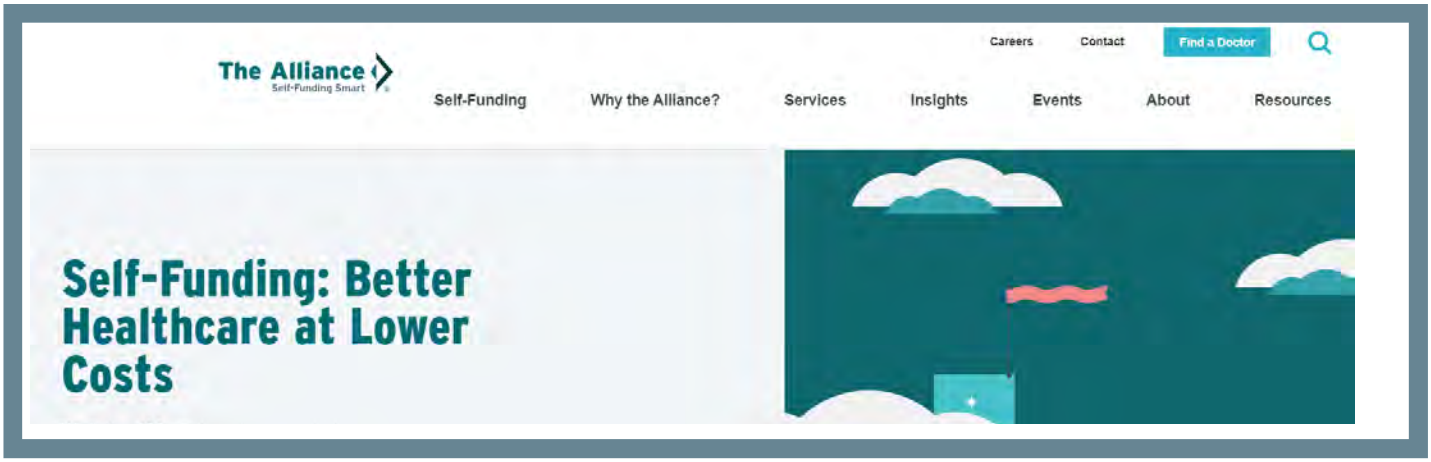
Pharmacy Mail Order: 888-273-6100
www.WalgreensMailService.com

Any Specialty Drugs must be purchased through Walgreens Specialty Pharmacy: 866-249-5367

How To Find A Provider

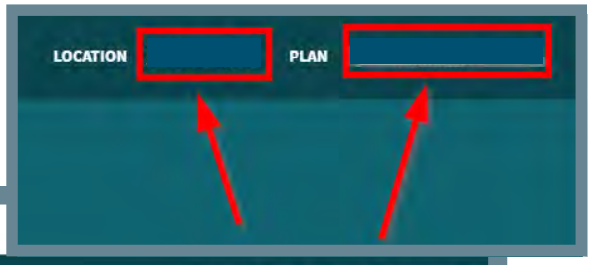
Alliance Trilogy Network

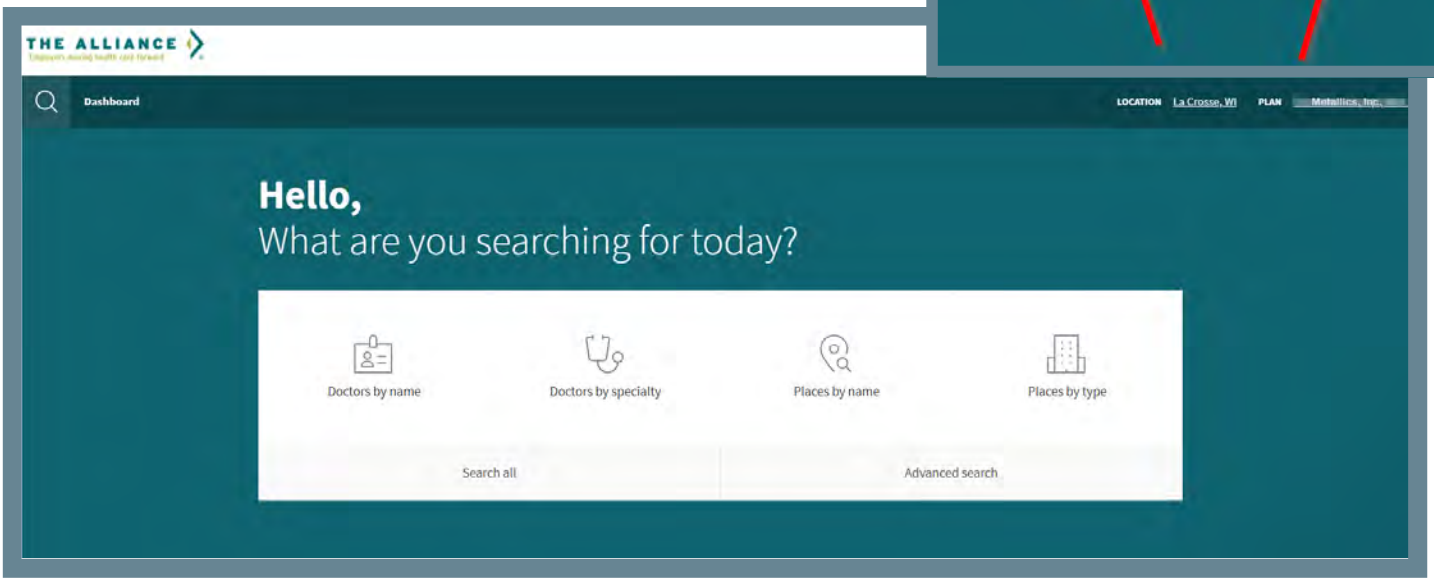
The Alliance/Trilogy Network: www.the-alliance.org



City Employer

It will prompt you to input the city in which you are searching and then your employer group name





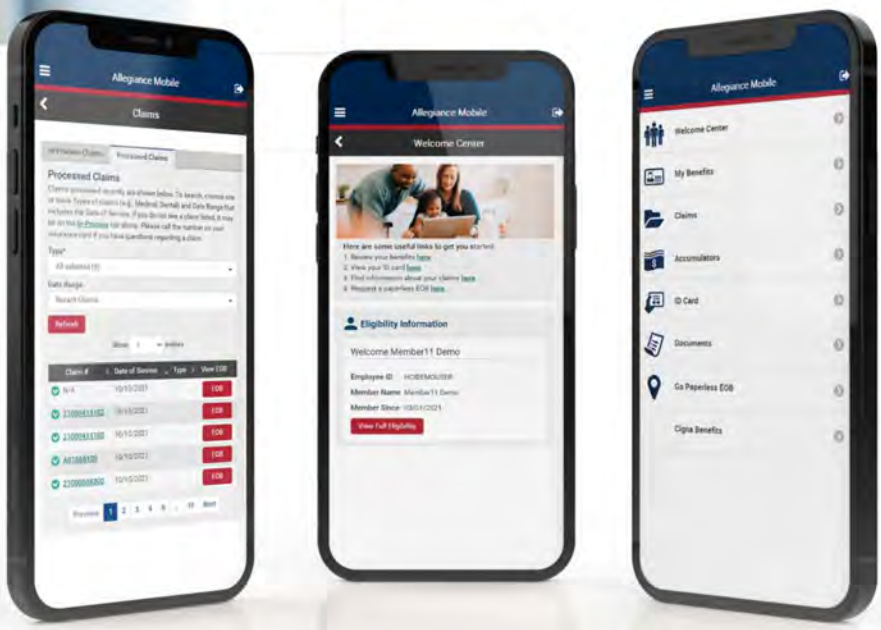
Allegiance®
a Cigna Company



ALLEGIANCE Mobile App

HEALTH

Access your health plan 24/7 with the Allegiance Mobile App! Simply download the app and login with your participant ID. New users should first create a login at www.AskAllegiance.com.



The app makes it easy and convenient to:

- View claims and EOBs
- Verify benefits and eligibility
- Access an electronic version of your ID Card
- Search for a provider

Available on the App Store

ANDROID APP ON Google Play

Start managing your account in seconds straight from your device!

Download the Allegiance Mobile App for free from the Apple App Store or Google Play today.

2806 S. Garfield St. P.O. Box 3018 | Missoula, MT 59806-3018 | www.askallegiance.com

Rightway Healthcare

Your Pharmacy Benefit + Care Navigation

We provide you with expert guidance.
The Rightway team is your front door to your healthcare! Use the app to connect with your Health Guide, view your benefits, find a top doctor in your area and which ones offer incentives!

You have unlimited access to healthcare experts who have your specific benefits information and will tailor their recommendations to your needs.

Contact the pharmacy team for help with prior authorizations, specialty medications, mail delivery, and other prescription needs.

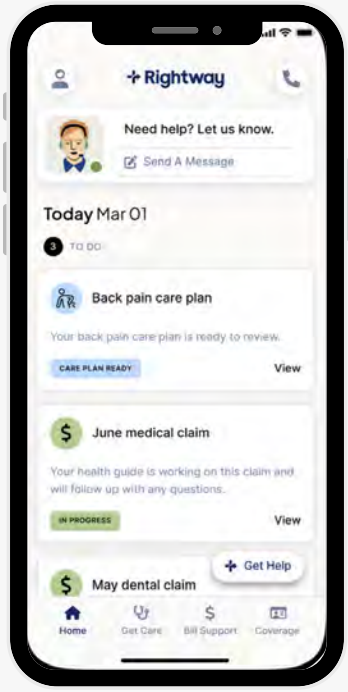
Pharmacy

1. Connect with the pharmacy team
Tap the "Send A Message" button or the phone icon to connect with a member of the pharmacy team.

2. View prescriptions and find a pharmacy
Find active and pending prescriptions in your medicine cabinet, medication history, and recommendations for the best pharmacy with the lowest price.

3. Set alerts for reminders on med refills
You can set alerts to remind yourself that you are getting close to needing to refill a prescription

4. "Chat with a Pharmacy Guide" feature
If you find a more cost effective pharamcy, use the chat feature to have a Rightway team member transfer your medication on your behalf. They can also connect with your medical provider to assit with initiating a prior authorization



Care Navigation

1. Connect with your health guide
Tap the "Send A Message" button, phone icon, or the "Get Help" button to connect with a health guide.

2. Get A Care Plan
A health guide can put together a plan option for high quality, in-network providers, associated with your incentive list.

3. Check your deductible/OPM accumulation
View a breakdown of your benefits, including coverage, copays, deductible accumulation, etc. You can also search for in-network providers.

4. Request bill support
Review or dispute a bill. Take a photo of your bill and send it to the health guides. They will answer your billing questions and explain your charges. if something looks incorrect, they will dispute on your behalf.

View coverage and your digital ID card
View a breakdown of your pharmacy and medical benefits and your digital Allegiance ID card.

Additional resources available to you

Rightway Team
joinrightway.com
1-833-419-9980
learn more

Mail Order Set Up
Walgreensmailservice.com
1-888-273-6100
learn more

Walgreens Specialty Pharmacy
1-866-249-5367

Mark Cuban Cost Plus
costplusdrugs.com
learn more

HealthCARE Consumer Incentives

Your Employer will offer the incentive listed in the Standard Incentive column if you and/or your dependents on the health plan are using your Care Navigator/Health guides.

Mayo Complex Care Program for Complex Diagnosis Procedures
Medical Review and 2nd Option for Cancer, Neck, Back & Spine, Transplants, etc. is 100% Covered

	Procedures	Your Cash Incentive	Estimated Cost Range High Value Providers $	Estimated Cost Range Overpriced $$$
Infusions	- Smart Infusion	**$750**	$6,500	$13,000+
	- OSMS Green Bay	**$750**	$6,500	$13,000+
	- GI Associates and other Centers of Excellence	**$750**	$6,500	$13,000+
Women's Health	- Breast Biopsy	**$250**	$1,500	$8,500
	- Hysterectomy	**$1,000**	$11,500	$34,855
Gastro-Intestinal	- Colonoscopy (screening and/or Polyp Removal)	**$350**	$2,000	$20,000+
	- Cologuard Screening	**$500**	$1,500	$10,000+
	- Upper GI (endoscopy with or w/o biopsy)	**$350**	$1,500	$10,000+
Diagnostic Imaging/Radiology	Services administered within our High-Value Locations (Sensible MRI, SmartScan, MH Imaging, etc.)			
	- CT Scans	**$350**	$600	$4,600
	- MRI	**$600**	$450	$5,400
	- Ultrasound	**$50**	$250	$800
	- X-Ray	**$50**	$70	$250
Ear, Nose, & Throat	- Nasal/Sinus Septoplasty	**$500**	$4,400	$17,381
	- Sleep Study (at home)	**$250**	$250	$800
	- Sleep Study (in clinic)	**$250**	$1,400	$4,100
	- Tonsillectomy/Adenoids	**$500**	$4,200	$9,850
	- Tympanostomy / Myringotomy (ear tubes)	**$500**	$2,850	$12,891
Allergy/Asthma	- Allergy/Asthma Complete Workup	**$150**	$1,900	$4,550
Cardiology	- ECG, ECG with tracing and report	**$300**	$900	$3,500
	- Doppler ECG	**$300**	$900	$3,800
	- Cardiovascular Stress Test	**$250**	$950	$2,680
General Surgery	- Gallbladder Removal	**$1,000**	$9,500	$24,972
	- Groin-Hernia Repair> 5 years and older	**$1,000**	$3,900	$19,827
Orthopedics	- Hand Surgery (Carpal Tunnel)	**$500**	$3,500	$12,300
	- Knee Shaving and Debridement (Arthroscopy)	**$500**	$6,250	$18,430
	- Knee Meniscus/Cartilage Repair	**$500**	$6,500	$18,430
	- Knee Ligament Repair	**$1,000**	$12,500	$29,000
	- Shoulder Rotator Cuff	**$1,000**	$16,500	$39,309
	- Total Hip Replacement	**$3,000**	$27,500	$80,000+
	- Total Knee Replacement	**$3,000**	$27,500	$80,000+
	- Spine / Level 1 or 2 Cervical Fusion or Disc Arthroplasty	**$3,000**	$26,500	$80,000+
	- (2nd option) Shoulder/Hip/Knee/Spine with Center of Excellence	**$500**	$26,500	$80,000+
	- Spine Lumbar Fusion	**$3,000**	$26,500	$80,000+
Urology	- Kidney Stones – Lithotripsy	**$1,000**	$9,950	$24,375
	- Vasectomy	**$250**	$1,600	$10,000

THE Insurance CENTER AN ALERA GROUP COMPANY

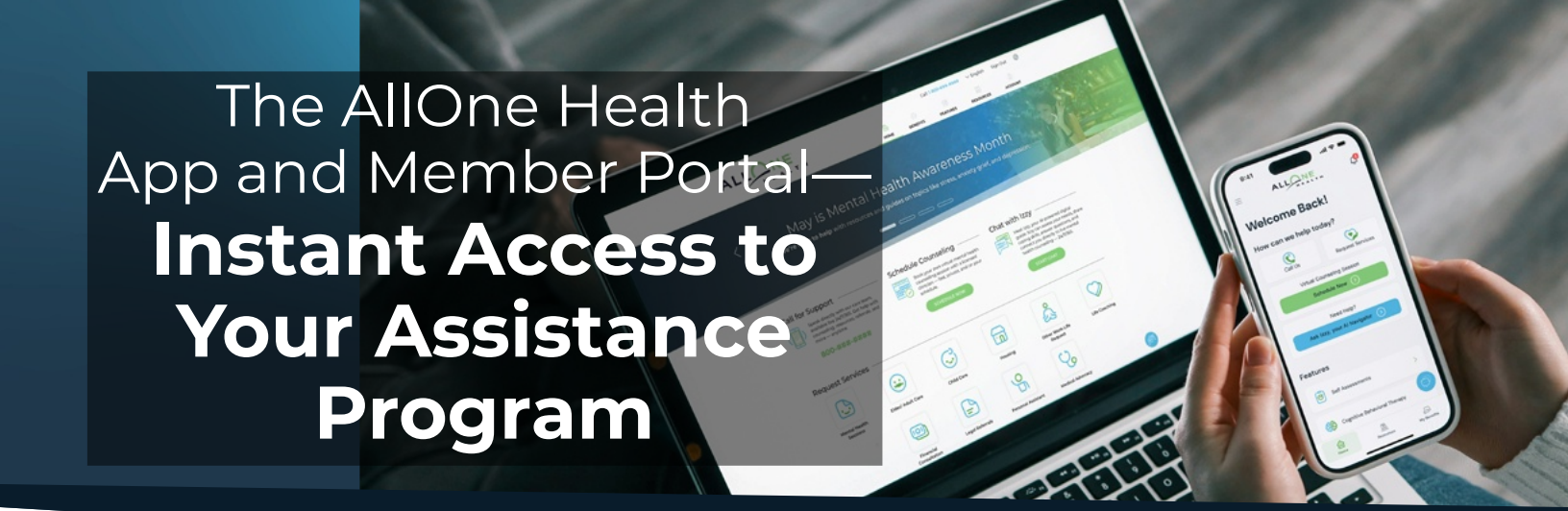
Rightway®

****This is not an all-inclusive list of incentive offerings. If the high value option(s) being offered provides a nominal savings opportunity, additional incentives may be offered. Approval of such, required by employer.**

The Top 10 Reasons Employees & Their Families Use the Employee Assistance Program



ALLONE HEALTH



The AllOne Health App and Member Portal— **Instant Access to Your Assistance Program**

Taking care of your mental health should be simple, supportive, and always within reach. That's why we created the AllOne Health app and member portal—to make it easier than ever for you to access the care you need, when you need it.

Whether you're navigating life's challenges, looking for resources, or just need someone to talk to, we're here to help.

WHAT YOU'LL FIND

Virtual Counseling Made Easy
Self-schedule virtual counseling sessions directly through the app.

Izzy, Your AI Mental Health Navigator
Receive guidance and personalized support in real time.

On-Demand Self-Help Resources
Explore self-guided therapy (iCBT), articles, videos, assessments, and tools.

Family Care and Lifestyle Support Referrals
Request referrals for childcare, eldercare, legal, financial consultation, personal assistant and medical advocacy.

Real Human Support
24/7 live assistance is always just a tap away when you want to speak to someone.

HOW IT WORKS

1. **Download the AllOne Health App** from the Apple App Store or Google Play Store or visit allonehealth.com/portal.
2. **Sign Up** using your member portal and app code. The email address and password used to create your account will work for both the app and the member portal.
3. **Start Exploring** – Book sessions, chat with Izzy, and discover resources that support your whole health.



Download the App and Take the First Step
No matter where you are in your journey, support is here—because your mental health deserves care that's easy to access, always available, and built around you.

Download on the App Store | GET IT ON Google Play

Contact AllOne Health
Call: 800-451-1834
Visit: allonehealth.com/portal
Member Portal and App Code: EAP681

ALLONE HEALTH

THE Insurance CENTER

Welcome To Wire!

Wire HEALTH

We are here for you during your toughest moments. Some examples include:

- Caregiver support
- Coping with the effects of illness
- Postpartum depression
- Eating disorders & disordered eating
- Self-harm
- Suicidal ideation

How to start?
It's easy.

Call Care Navigators
855.270.2850

Text Wire Health
414.626.0120

Scan our QR code

https://wire.health



Mayo Clinic Complex Care Program

Mayo Clinic Complex Care Program

MAYO CLINIC



If you are facing complex health challenges, you may be eligible for care at Mayo Clinic with travel and lodging paid for by your employer.

The Mayo Clinic Complex Care Program is an enhanced health care benefit for:

- Cancer
- Spine health
- Transplant (solid organ and bone marrow transplant)
- Undiagnosed/diagnostic odyssey – conditions for which you've been unable to find answers from other medical providers

[Step 1. Get Started]

Call your Care Navigation / Health Guides for full details, help with collecting your medical records, and to get connected with Mayo Clinic.

[Step 2. Medical Review]

A Mayo Clinic specialist will review your medical records and determine if you would benefit from care at Mayo Clinic.

[Step 3. Travel to Mayo Clinic for care]

Mayo clinic will call you to coordinate your travel, lodging, and appointment itinerary for you and a caregiver.

[Step 4. Return Home]

After you return home, your local medical provider and Mayo Clinic will work closely to coordinate your ongoing care.

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MC4432-48

Personal Support for a Smooth & Health Pregnancy

Allegiance® Care Management

The Allegiance Maternity Management Program offers assistance and support for members who are pregnant at no additional cost. The program provides you with ongoing one-on-one care and expertise throughout your pregnancy.

When you sign up, your personal maternity nurse will be available to share education and resources to ensure a healthy and low-stress pregnancy. After baby is born, your nurse will continue to be a resource for you during those crucial first few weeks as a new parent.

Everyone's pregnancy, delivery, and postpartum needs and challenges are different. With the Allegiance Maternity Management Program, you can feel secure knowing we're with you every step of the way.



This program is available at no cost to you - in fact, your employer has set up a bonus for participating!

INCENTIVE

Register within the trimester listed below to receive a cash incentive upon completion of the program.

- Within first trimester: **$50**
- Within second trimester: **$50**
  (Maximum Reimbursement $100)

TO PARTICIPATE, YOU MUST:

- Register as early in your pregnancy as possible
- Check in with your nurse regularly throughout your pregnancy
- Complete the Post Pregnancy Assessment

Sign up online by completing the enrollment form at secure.AskAllegiance.com/MaternityManagement

For question, more information, or to enroll by phone, call the Allegiance Care Management Nurse at 1-877-792-7827, ext. 1.

Care Services

Virtual Urgent Care



Getting Started

Select a dedicated, board-certified physician who you will see for your annual check-up and any follow-up visits. Depending on your needs, at-home lab testing kits can be conveniently delivered to your doorstep to personalize your treatment with a tailored care plan. Video and telephone-based visits are available.

Activate Now

Sign up through the app by scanning the QR Code here, or simply visit:

member.recurohealth.com

Call 1.855.6RECURO

Visit member.recurohealth.com

Example Conditions Treated

Acne/Rash	Insect Bites
Allergies	Nausea
Cold/Flu	Pink Eye
GI Issues	Respiratory
Ear Problems	UTI's
Fever	And More...



- All-Ages Episodic and Well Care Visits
- Routine Immunizations or Vaccinations
- Annual Wellness Exams
- Onsite Laboratory Services
- Diagnostic Imaging
- Well Child, Sports Physicals & ImPACT Testing
- Skin Tissue Biopsy and Mole & Wart Removal
- Behavioral Health
- Electrocardiogram (EKG)
- Wellness Coaching
- Minor Wound Care
- Contraceptive Counseling
- Physical Therapy
- Referral to Specialty Care
- Patient Portal

and more.....

Contact us for a full list of plan services

VIAROCARE
PRIMARY HEALTH

230 Pine Street | La Crosse, WI 54601

ViaroCare Primary Clinic

ViaroCare is a state-of-the-art clinic which provides a range of health services including episodic care when you are not feeling well, minor urgent needs, vaccinations, laboratory services, contraceptive counseling and general wellness exams for all ages.

Primary Care Appointments

Behavioral Health Appointments

Physical Therapy Appointments

Chiropractic Appointments

Acupuncture Appointments

About ViaroHealth

ViaroHealth is a La Crosse, WI-based health service provider serving local and regional business clients and their communities.

Questions? Contact our team!

contact us at www.viarohealth.com

First time Patients, please call:
Phone: 608-668-2103

Scheduling an appointment in advance is recommended, however drop-ins are welcome if scheduling accommodates.

Once you are an established patient, ongoing appointments can be scheduled via the AthenaPortal app or by using the QR code.

Hours of Operation

M, Tu, Th: 8–5 p.m. , W: 9–6 p.m., F: 7–4 p.m.

HealthCARE at Lower Cost for you

Coulee Diagnostic Radiology, Inc.
- Xray
- CT Scan
- Ultrasound
- 3D Mammography

1580 Heritage Blvd Ste 200
West Salem WI 54669
608-518-3406
www.couleediagnosticradiology.com

Quality Imaging Services at an Affordable Cost

Breast Imaging

Breast Imaging services include 3D Digital Breast Tomosynthesis Mammography, 2D Digital Mammography, Breast Biopsy (Ultrasound guided, Stereotactic guided) and Breast Ultrasound.

Digital X-ray

X-Ray is the most frequently used form of medical imaging worldwide. It is used to diagnose disease, monitor therapy and identify potential problems, and can be performed anywhere from head to toe.

Ultrasound

Ultrasound used sound waves and a computer to create images of internal organs and blood vessels and to monitor health conditions. It has a variety of applications for almost all the organs in your body.

CT Scans

A CT (computed tomography) scan is an advanced type of X-ray exam. Multiple X-rays are taken rapidly from a number of different angles around the body and then arranged by a high-speed computer to produce a cross-sectional view.









See the Care Navigation Page for Details on How to Use this Service and Receive an Incentive

Sensible MRI





High-quality Imaging

High-field 1.5T GE Explorer MRI Scanner

Convenience

Swift Scheduling – often same day or next business day appointments

Patient-friendly location (ground level & easy access)

Results to your healthcare provider within 1–2 business days

Focus on patient comfort and satisfaction

Personal, professional care

Contact Care Navigation to determine if you are eligible for an incentive by using Sensible MRI

smartinfusion
THERAPY SERVICES



NOW SEEING PATIENTS IN ONALASKA

YOUR BEST OPTION FOR INFUSION THERAPY

Smart Infusion Therapy offers exceptional outpatient services for patients of all ages.

- Fully Accredited by the ACHC.
- Experienced Advanced Practice Nurses and RNs
- Safe and Convenient and Comfortable Clinics
- Accepting Medicare and Most Insurance

ACHC ACCREDITED

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Contact Us (608) 690-7210 www.mysmartinfusiontherapy.com

Health Savings Account (HSA)
Altra Federal Credit Union

THE BENEFIT

2026 Maximum Contribution:
$4,400 Single
$8,750 Family

Catch Up Contribution:
Age 55 and older can contribute an additional $1,000

Single District Contribution:
Base HSA $750
Wellness Benefit:
$750 Employee

(Eligibility for the wellness benefit requires participation in the Wellness Program)

Family District Contribution:
Base HSA $1,500
Wellness Benefit:
$750 Employee
$750 Spouse

(Eligibility for the wellness benefit requires participation in the Wellness Program)

Financial Institution:
The District will deposit into your own personal Altra Federal Credit Union HSA account.

Contribution Schedule:
1st payroll in September
1st payroll in January
1st payroll in March
1st payroll in June

HSAs are a great way to save money and budget for qualified medical expenses. HSAs are tax-advantaged savings accounts that accompany high deductible health plans (HDHPs). HDHPs offer lower monthly premiums in exchange for a higher deductible (the amount you pay before the insurance kicks in).

Employees electing the School District of Holmen's qualified Health Plan, will receive the district contribution of $750 for single coverage and $1500 for family coverage. Employees who elect to participate in the district wellness program can earn a wellness benefit. Eligible employees who successfully complete the district wellness program will receive an additional $750 as a qualified employee and $750 as a qualified spouse. In order for the full family benefit, both the employee and the spouse must successfully complete the district wellness program to receive the contribution on the schedule outlined below. The employee must be enrolled in the district's health plan at the time of the contribution to be eligible.

What are the benefits of an HSA?

It saves you money.

HDHPs have lower monthly premiums, meaning less money is being taken out of your paycheck.

It is a tax-saver.

HSA contributions are made with pre-tax dollars. Since your taxable income is decreased by your contributions, you'll pay less in taxes.

It is portable.

The money in your HSA is carried over from year to year and is yours to keep, even if you leave.

Am I eligible to contribute to an HSA?

- I am not a dependent on someone else's tax return
- I am not receiving Medicare, VEBA, or TRICARE benefits
- I am covered by a high deductible health plan (HDHP)
- I am not covered under any other type of health insurance plan other than a HDHP (except for insurances specific to injuries, accidents, disability, dental, vision, or long-term care).
- The only FSAs I have, if any, are limited purpose, after-tax, or dependent care.

The health savings account (HSA) must be established with Altra and direct deposit provided to Business Services within 30 days of the effective date of the district health insurance plan enrollment to be eligible for the corresponding employer contribution. Missed employer contributions due to incomplete account information will be forfeited.

e.g.: Enroll in district health insurance on August 25, 2024. HSA must be opened and direct deposit provided no later than September 25, 2024, to be eligible for the September 2024 and subsequent employer contributions.

e.g.: Enroll in district health insurance on August 25, 2024. HSA direct deposit form not received until February 1, 2025. Employee would be eligible for the March 2025 (and subsequent) employer contribution, but would forfeit both the September 2024 and January 2025 employer contributions.

FLEXIBLE SPENDING ACCOUNT (FSA)

Employee Benefits Corporation (EBC)

The School District of Holmen provides you the opportunity to pay for out-of-pocket medical, dental, vision & dependent care expenses with PRE-TAX dollars. You must enroll, re-enroll or waive for the plan year July 1, 2026 through June 30, 2027. This plan is administered by Employee Benefits Corporation (EBC).

THE BENEFIT

2026 General Purpose FSA Plan Year Limit: $3,400

Eligible Expenses:
Medical, Dental, and Vision

2026 Limited Purpose FSA Plan Year Limit: $3,400

Eligible Expenses:
Dental and Vision

Maximum Carryover Limit for General Purpose and Limited Purpose FSA: $680

Dependent Care FSA Maximum Contribution:

Married & filing separately = $3,750
Single/Married filing jointly = $7,500

EXAMPLE

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

	Without FSAs	With FSAs
Gross Income	$30,000	$30,000
FSA Contributions	$0	-$5,000
Gross Income	$30,000	$25,000
Estimated Taxes		
Federal	-$2,550	-$1,776
State	-$900**	-$750
FICA	-$2,295	-$1,913
After-tax Earnings	$24,255	$20,561
Eligible out-of-pocket		
Medical & Dependent Care Expenses	-$5,000	$0
Remaining Spendable Income	$19,255	$20,561
Spendable Income Increase		$1,306

*Assumes standard deductions and four exemptions.
**Varies, assume 3%. The example above is for illustrative purposes only. Every situation varies and we recommend that you consult a tax advisor for all tax advice.

You may submit your FSA claims to EBC by using one of the following options:

- Fax to (608) 831-4790
- Mail to Employee Benefits Corporation, PO Box 44347, Madison WI 53744-4347
- Online portal www.ebcflex.com
- Download the Mobile App "My Mobile Account Assistant"

You can save approximately 25% of each dollar spent on these expenses when you participate in an FSA.

Alternative Benefit Plan

Section 15 – Benefits - General

Alternate Benefit Plan [ABP] in Lieu of Health Insurance

A. In order for this provision to remain in effect, a sufficient number of employees must opt out of their health insurance coverage so as not to cause an added expense for the District. Such determination of the additional expense is made by the District in its sole discretion.

B. The Board may, at its discretion, discontinue the cash compensation in lieu of health insurance benefit by providing the participating employees with written notice of not less than six (6) months and an "open enrollment" opportunity to enroll in the group health insurance plan.

C. Any employee who qualifies for participation in the District group health insurance plan where the District pays 85% or more of the lowest cost plan's full monthly family health insurance premium may waive such participation and elect to receive cash compensation in lieu of the health insurance benefit. Eligibility for, and payment toward health insurance coverage for individual employment groups are set forth in the applicable part of the *Handbook* covering such employees. Where the District employs both spouses and both qualify for group health insurance, only one spouse will be eligible for participation in the ABP.

D. Employees who qualify for group health insurance may choose, consistent with the terms of the "Cafeteria Plan" Section of this *Handbook* between:

1. Participation in the District's health plan, with the premium payment specified in the applicable part of the *Handbook* covering such employees, or
2. A cash compensation payment equal to the amount listed below.
3. An employee shall not receive ABP payments and Health Insurance benefits in the same month.

E. Cash Compensation: The cash compensation annual amount shall be equal to:

Effective through 6/30/18

School Year	ABP Annual Amount for Employees Participating prior to 7/1/2012	ABP Annual Amount for Employees Starting Participation on or after 7/1/2012
2012-2013	$7,200.00	$4,200.00

Effective 7/1/18

	ABP Annual Amount for Employees Participating prior to 7/1/2012	ABP Annual Amount for Employees Starting Participation on or after 7/1/2012
Base Level	$3,600.00	$2,100.00
Maximum Level*	$7,200.00	$4,200.00

*Contact the School District of Holmen Business Office for details on how to annually qualify Maximum Level wellness program status.

Alternative Benefit Plan

The per pay date cash compensation dollar amount shall be calculated by dividing the cash compensation annual amount (stated above) by the number of employee regularly scheduled pay dates per contract year. The resulting per pay date amount shall be paid each regularly scheduled pay date.

F. The cash compensation amount shall be paid to the employee as additional taxable earnings which are not subject to Wisconsin Retirement System (WRS) contributions to the extent permitted by WRS rule or law, with the appropriate employee F.I.C.A., state and federal taxes deducted from the employee's payroll check.

G. Beginning Alternative Benefit Plan Payments:

1. Default Election - If an eligible employee fails to make a health insurance election, the employee is deemed to have selected the ABP cash compensation.
2. New Employees - The first payment for a new employee shall occur on the employee's first regularly scheduled pay date.
3. Current Employees

   Gained Eligibility - The first payment, for employees gaining eligibility during employment, shall occur on the first regularly scheduled pay date immediately following the acquired eligibility.

   Newly Elected - The first payment, for employees previously eligible but first electing participation during employment, shall occur on the first regularly scheduled pay date of the month immediately following the first full month the ABP is elected.

H. Discontinued Alternative Benefit Plan Participation Payments:

1. Separation of Employment - The final payment for an employee separating employment shall occur on the employees last regularly scheduled pay date.
2. Participation Ended During Continued Employment - The final payment for an employee discontinuing ABP participation shall occur on the last regularly scheduled pay date of the month immediately prior to the first full month the ABP benefit is discontinued.

I. Grandpersoning Provision:

1. Annual Amount - An employee who ends their participation in the ABP at the "ABP Annual Amount for Employees Participating prior to 7/1/2012" may only return to the ABP at the "ABP Annual Amount for Employees Starting Participation on or after 7/1/2012."

   Example (based on ABP amounts as of July 1, 2012): During the 2011-2012 school year, an employee participated in the ABP and continued that participation into the 2012-2013 at the ABP amount of $7,200 per year. In 2013-2014 the employee elected health insurance rather than the ABP. In 2014-2015 the employee elected the ABP and will return at the lower amount of $4,200 per year.

2. Eligibility - Those employees who do not meet the ABP eligibility criteria above, but who were receiving the option benefit as of June 30, 2012, will be eligible to participate at the annual amount received July 1, 2011 to June 30, 2012, up to the "ABP Annual Amount Participating prior to 7/1/2012." If the employee subsequently elects health insurance after July 1, 2013, the provisions of this ABP paragraph will no longer apply.

   Should a grandpersoned employee initiate a decrease in hours or FTE, their grandpersoning provision shall no longer apply and normal ABP eligibility rules will be applied. This provision shall not apply for staff reduction or involuntary increase in hours or FTE which are imposed by the District.

Dental Insurance
Delta Dental

The School District of Holmen offers employees working 1520 annual hours or more a Dental Insurance Plan through Delta Dental.

SERVICES	COVERAGE LEVEL
Type 1- Preventive Services	• Exams = 100% • Cleanings = 100% • X-rays = 100%
Type 2- Basic Services	• Fillings = 80% • Simple Extractions = 80%
Type 3- Major Services	• Inlays/Onlays= 50% • Crowns = 50%
Orthodontic Services (No age restriction on orthodontic services)	• 50%

Deductible= $50/3 per Family*
Individual Annual Maximum = $1,000
Orthodontic Individual Lifetime Maximum = $1,500

***Deductible applies to all services.**

FIND A PROVIDER

Website: www.deltadentalwi.com
Customer Service: (800) 236-3712

Voluntary Dental Insurance
Delta Dental

The School District of Holmen offers employees working 750-1519 annual hours a voluntary Dental Insurance Plan through Delta Dental. The Dental Insurance Plan is voluntary, meaning you pay 100% of the premium cost.

SERVICES	COVERAGE LEVEL
Type 1- Preventive Services	• Exams = 100% • Cleanings = 100% • X-rays = 100%
Type 2- Basic Services	• Fillings = 80% • Simple Extractions = 80%
Type 3- Major Services	• Inlays/Onlays= 50% • Crowns = 50%
Orthodontic Services (No age restriction on orthodontic services)	• 50%

Deductible= $50/3 per Family*
Individual Annual Maximum = $1,000
Orthodontic Individual Lifetime Maximum = $1,500

***Deductible applies to all services.**

FIND A PROVIDER

Website: www.deltadentalwi.com
Customer Service: (800) 236-3712

Dental Insurance Value Adds

Delta Dental



Smarter Dental Plans

Enhanced dental benefits for those who need them most.

Your dental coverage includes Delta Dental of Wisconsin's Evidence-Based Integrated Care Plan (EBICP), which provides **additional cleaning(s) and/or fluoride treatments to individuals with specific medical conditions** that have oral health implications. Enhanced benefits can play an important role in the management of certain medical conditions.

If you or an individual on your plan have one or more of these conditions you can enroll online. Once you enroll, you are immediately eligible for EBICP benefits.

Condition	Additional cleaning(s)	Topical fluoride
Cancer-related treatments	✓	✓
Suppressed immune systems	✓	✓
Periodontal disease*	✓	✓
High-risk cardiac conditions	✓	
Kidney failure or dialysis	✓	
Diabetes	✓	
Pregnancy	✓	

Vision Care Discount

Your dental plan from Delta Dental comes with a **free** Vision Discount Program.

eyeMed | INDEPENDENT PROVIDER NETWORK + LensCrafters | sears optical | OPTICAL SHOPKO | PEARLE VISION

This is a discount plan. It is not insurance. This discount plan may not be combined with any other discounts, promotional offers, or insurance coverage, and does not apply to EyeMed provider's professional services, or contact lenses.

Vision Care Discount Program Enrollee Cards

(Please detach cards for use)

DELTA DENTAL | eyeMed

EyeMed Group Number: 9231093
Group Name: Delta Dental Vision Discount Program
Member Name: .....

For provider information, go to www.deltadentalwi.com/provider-search/vision, or call EyeMed Vision Care at 866-246-9041.

This is a discount plan. It is NOT insurance.

DELTA DENTAL | eyeMed

EyeMed Group Number: 9231093
Group Name: Delta Dental Vision Discount Program
Member Name: .....

For provider information, go to www.deltadentalwi.com/provider-search/vision, or call EyeMed Vision Care at 866-246-9041.

This is a discount plan. It is NOT insurance.

Amplifon Hearing Health Care Overview

Brought to you by Delta Dental of Wisconsin

amplifon Hearing Health Care

Discount Card

- Discounted hearing testing
- Low price guarantee
- 60-day risk-free device trial period
- 2 years batteries with purchase

To activate your discount, call **1-888-901-0132** today.

VISION INSURANCE

Delta Vision/EyeMed - Materials and Exam

School District of Holmen provides the opportunity for full time (30 or more hours per week) employees to enroll in Vision coverage through Delta Vision.

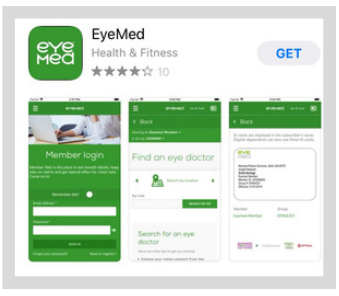
COVERED BENEFITS	IN-NETWORK (Insight Network)	NON-NETWORK REIMBURSEMENT
Vision Exam	$10 Copay	$35
Retinal Imaging	Member pays up to $39	Not Covered
Lenses (Glass or Plastic) Single Vision/Bifocal/Trifocal	$10 Copay	$25 Single $40 Bifocal $55 Trifocal
Frames	$150 Allowance (20% discount on remaining balance)	50% of the In-Network allowance
Contact Lenses: • Conventional • Disposable	• $150 Allowance (15% off balance) • $150 Allowance	80% of the In-Network allowance
Laser Vision Correction Lasik or PRK	15% off retail price OR 5% off promotional price	Not Covered
Frequency of Services Based on Calendar Year	Every 12 months: Exam and Lenses OR Contacts Every 24 months: Frames	

This plan offers many additional lens upgrade options. See full benefit summary for additional benefits offered. **Additional In-Network Discounts:** 40% off a second purchase of eyeglasses after benefit has been exhausted, including prescription sunglasses. 15% off second purchase of conventional contact lenses after benefit has been exhausted. Your vision benefits can also be used at Glasses.com, Lenscrafters.com, Targetoptical.com, Rayban.com, Oakley.com, Contactsdirect.com, Sam's Club and Walmart Vision Centers as well.

FIND A PROVIDER

Website: www.deltadentalwi.com
Network: "Insight" Network
Eye Med Customer Service: 1-844-848-7090
Mobile App: EyeMedMembers

Or scan the QR Code to find a provider!



VISION INSURANCE

Delta Vision/EyeMed - Materials Only

School District of Holmen provides the opportunity for full time (30 or more hours per week) employees to enroll in Vision coverage through Delta Vision.

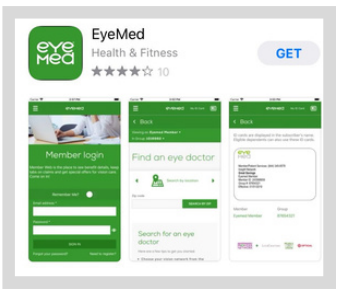
COVERED BENEFITS	IN-NETWORK (Access Network)	NON-NETWORK REIMBURSEMENT
Vision Exam	N/A	N/A
Retinal Imaging	Member pays up to $39	Not Covered
Lenses (Glass or Plastic) Single Vision/Bifocal/Trifocal	$150 Allowance (20% discount on remaining balance)	50% of the In-Network allowance
Frames	$150 Allowance (20% discount on remaining balance)	50% of the In-Network allowance
Contact Lenses: • Conventional • Disposable	• $150 Allowance (15% off balance) • $150 Allowance	80% of the In-Network allowance
Laser Vision Correction Lasik or PRK	15% off retail price OR 5% off promotional price	Not Covered
Frequency of Services Based on Calendar Year	Every 12 months: Lenses OR Contacts Every 12 months: Frames	

This plan offers many additional lens upgrade options. See full benefit summary for additional benefits offered. **Additional In-Network Discounts:** 40% off a second purchase of eyeglasses after benefit has been exhausted, including prescription sunglasses. 15% off second purchase of conventional contact lenses after benefit has been exhausted. Your vision benefits can also be used at Glasses.com, Lenscrafters.com, Targetoptical.com, Rayban.com, Oakley.com, Contactsdirect.com, Sam's Club and Walmart Vision Centers as well.

FIND A PROVIDER

Website: **www.deltadentalwi.com**
Network: "Access" **Network**
Eye Med Customer Service: 1-844-848-7090
Mobile App: EyeMedMembers

Or scan the QR Code to find a provider!





DELTA DENTAL® DeltaVision®

How to Access and Use Your DeltaVision® Benefits

We make getting the eyewear you love easy.

KNOW YOUR BENEFITS

Your welcome letter spells out everything for you: all the vision care and services that are covered, the savings opportunities, and the choices you have.

CHOOSE AN EYE DOCTOR

The EyeMed Access, Select, and Insight networks supporting our members are among the nation's largest provider networks, featuring popular retail chains and many small independent doctors as well. Search for an in-network eye doctor when you're logged in at **deltavisionwi.com** – listed on the front of your ID card – and click "Find an eye doctor."

SET A DATE

Call your eye doctor to schedule an appointment. Some even let you schedule online with our Provider Locator. If you need weekend or evening hours, you'll find plenty of those, too.

GET TO SHOPPING

Have fun picking out your favorite frames or contacts. Browse countless designer brands* (both in-store and online) and decide which price point and style works best for you.

DON'T FORGET: all of this information is available on our Member Web portal at **deltavisionwi.com**. This URL is also listed on your ID card. Access your benefits, claims information, in-network eye doctors, special offers, and more.

*At select in-network providers.

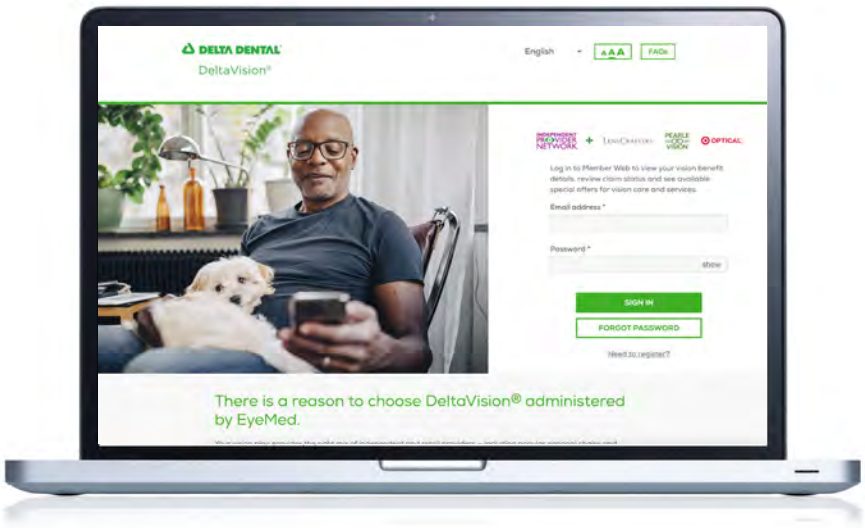
DeltaVision® is Underwritten by Wyssta Insurance Company

SS332G-2101

DELTA DENTAL®

DeltaVision®

Finding a Network Vision Provider



We're proud to work with EyeMed® Vision Care as the network provider for Delta Dental members who are enrolled in a DeltaVision® plan.

The EyeMed networks supporting our members are among the nation's largest provider networks, featuring popular retail chains and many small independent doctors as well.

By Phone

You can receive provider information by calling EyeMed's dedicated line for DeltaVision members at **844-848-7090**.

Mobile App

EyeMed has a free mobile app – search for "EyeMed Members." The secure app gives you access to ID cards, current in-network benefits and eligibility, FAQs, and more.

On the Web

- Go to **deltadentalwi.com/vision**.
- Select your network, which can be found on your ID card.
- Enter your ZIP code then click the "Search by ZIP" button.
- Providers in your network will appear sorted by distance from your ZIP code. You can further narrow your search by using the filter options.
- Or, visit our online member portal at **deltavisionwi.com**. (To register for an account, you'll need your member ID or last four digits of your social security number.)
- Once signed in, choose "Find an Eye Doctor." The provider network will be listed on your ID card.
- Your online member account provides access to view your benefits and claims, estimate costs, securely message with EyeMed customer service, and more.

DeltaVision is underwritten by Wyssta Insurance Company.
Delta Dental is a registered mark of Delta Dental Plans Association.

Employer Paid Life Insurance and AD&D
Kansas City Life

The School District of Holmen provides employees working a minimum of 10 hours or more per week an Employer Paid Life Insurance and Accidental Death & Dismemberment benefit.

THE BENEFIT

Benefit Amount:
1x Your Annual Salary

Maximum Benefit Amount:
$500,000

Eligibility:
Actively working a minimum of 10 hours or more per week.

To Learn More Customer Service at Kansas City Life: 800-821-6164



Features

Living Benefit Provision:
In the event of terminal illness, insureds may elect payment of up to 50% of the life benefit, not to exceed $50,000.

Benefit Reduction:
35%@ age 70
55%@ age 75
70%@ age 80

Voluntary Life Insurance
Kansas City Life

The School District of Holmen offers employees working a minimum of 10 hours per week the opportunity to enroll in a Voluntary Life Insurance Plan. This plan is voluntary, meaning you pay 100% of the premium cost. The benefit is offered on a group basis which offers a lower premium for employees who are interested in purchasing additional Life Insurance.

THE BENEFIT

Benefit Amount for You:
$10,000-$500,000
Not to exceed 5x annual earnings. Max amount includes a combination of Group and Supplemental Life.

Benefit Amount for Spouse:
50% of employee amount
$5,000-$100,000

Benefit Amount for Child(ren):
$10,000
Note: Employee must elect a minimum benefit of $10,000 on self to elect coverage on children.

Employee Guarantee Issue:
$150,000
Spouse Guarantee Issue:
$25,000
Child(ren) Guarantee Issue:
$10,000

Features

Living Benefit Provision:

In the event of terminal illness, insureds may elect payment of up to 50% of the life benefit, not to exceed $50,000.

How much is enough?

Things to consider:
Final Expenses & Other Debt
- Funeral costs, medical expenses, mortgage, credit card debt.

Ongoing Expenses
- Food, clothing, housing, utilities, transportation, health care, insurance.

Future Expenses
- College, retirement

Note: See monthly premium rate charts on the following pages.

Voluntary Short-Term Disability Insurance

Kansas City Life

The School District of Holmen offers employees working 10 hours or more per week with the opportunity to enroll in a voluntary Short-Term Disability Insurance Plan. The Short-Term Disability Plan is voluntary, meaning you pay 100% of the premium cost.

THE BENEFIT

Benefit Begins:
1st day following an accident
4th day following an illness

Benefits Payable:
66.67% of weekly earnings

Guarantee Issue:
$500 week

Maximum Benefit:
$500 week

Benefit Duration:
9 weeks

Pre-existing Condition:
6/12

Rate:
$0.71 per $10 of weekly benefit

Rate chart reflected on next page.

How can you benefit from Short-Term Disability?

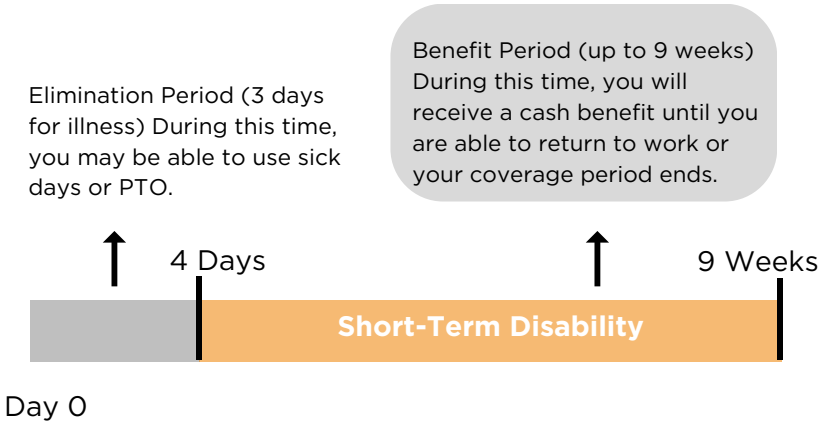
Advantages:

- Tax-free benefit since the premium is paid with after-tax dollars through payroll deductions.
- Provides cash benefit when you are out of work.
- Provides partial cash benefit if you can only do part of your job or work part-time.

For Example:

If you are laid up for a few weeks following a surgery:

- You have a certain number of days before your short-term disability insurance kicks in (called an elimination period). During this time, you may be able to use sick days or PTO.
- After this period, you receive a weekly cash benefit until you're able to return to work or your coverage period ends.



Employer Paid Long-Term Disability Insurance

Kansas City Life

The School District of Holmen provides employees working 10 hours or more per week with an Employer Paid Long-Term Disability Insurance Plan at no cost to you.

If you get sick or hurt and can't work, you still need to provide for yourself and your loved ones. Sick leave and Short-Term Disability will help but they only last so long. Long-Term Disability extends the benefit period helping you make ends meet during this difficult time.

THE BENEFIT

Benefit Begins:
61st Day

Monthly Benefit Amount:
90% of monthly earnings

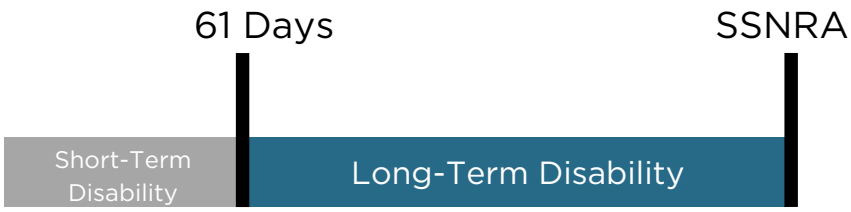
Monthly Maximum Benefit:
$9,450

Benefit Duration:
Social Security Normal Retirement Age (SSNRA)

Own Occupation Duration:
2 years

Your Paycheck Protection

Keep Up With Expenses
You receive a cash benefit each month to help you keep up with your expenses, such as:
- Rent (or mortgage)
- Child care
- Medical bills
- Car payments or repairs
- Groceries
- Utilities & more



For those enrolled in the Long-Term Disability

EMPLOYEE ASSISTANCE PROGAM

KEPRO
INTELLIGENT VALUE

Summary of Services

COUNSELING SERVICES Up to five (5) counseling sessions are available for issues affecting employees and their dependents. Individuals may speak with a professional counselor by phone, and the Employee Assistance Program will provide a referral to see a local counselor at no cost for issues such as:	• Anxiety and stress • Depression • Grief • Parenting • Drug or alcohol abuse	• Transition and change • Relationships – individual, marital, and family
FAMILY CAREGIVING SERVICES Confirmed referrals and information are available on a variety of family matters, including:	*CHILD CARE AND PARENTING* • Prenatal care • Daycare/summer camps • Special needs services • Preparing students for college	*ELDERCARE* • Assisted living • In-home care • Transportation services • Adult daycare
LEGAL SERVICES Up to 30 minute phone or in-person consultation is available to help answer basic legal questions and simplify the process of obtaining legal help. Some common legal concerns include:	• Adoption • Bankruptcy • Child custody • Criminal issues • Divorce	• Estate Planning • Immigration • Real estate • Tenant's rights • Mediation
FINANCIAL SERVICES A telephonic consultation with a qualified financial consultant is available to assist with a variety of financial concerns such as:	• Bankruptcy alternatives • Budgeting and cash flow • Credit issues • Identity theft	• Education funding • Income taxes • Mortgages • Retirement planning
CONVENIENCE SERVICES The Employee Assistance Program includes complimentary referrals to convenience services to help members make the most of their money and free time.	• Repairs • Moving and relocation services • Cleaning services • Car and hotel reservations • Sightseeing tours	• Destination guides • Dining • Personal shopping • Gift Recommendations
ONLINE TOOLS AND INFORMATION EAPHelplink.com is an interactive web-based self-service solution. The site provides a wide array of life management tools to help members with a variety of personal and/or work related issues in a private and convenient manner.	• Research articles • Savings Center • Online trainings • Monthly webinars	• Self-search locators for child, academic and adult care resources • And much more!

For more information about our Employee Assistance Program contact Kansas City Life Group Sales.

Phone: 877-266-6767 Email GROUPBENEFITS@KCLife.com

Kepro's Employee Assistance Program assists organizations and their workforce in managing the personal challenges that impact employee well-being, performance and effectiveness. APS' Life Management Consultants employ a comprehensive approach that identifies issues impacting the employee and assists them in developing meaningful solutions.

KANSAS CITY LIFE
GROUP BENEFITS

Value Added Services from Generali Global Assistance

The benefits of doing business with Kansas City Life Insurance Company go beyond our exceptional Group coverage. By selecting Kansas City Life to provide your coverage, employees will have access to outstanding services from our partner, Generali Global Assistance, formerly Europ Assistance. Value Added Services – just one of many benefits of choosing Kansas City Life.

Beneficiary Companion

Available to those employees enrolled in any life, short-term or long-term disability plan with Kansas City Life.

Travel Assistance

Identity Theft

GENERALI
GLOBAL ASSISTANCE

You can count on Generali Global Assistance 24/7/365. Take a look at the benefits.

Available 24 hours a day
866-409-4690
+1-240-330-1462 (Collect outside the U.S.)
ops@us.generaliglobalassistance.com



Beneficiary Companion

A helping hand after a loss

If you were to pass away, your loved ones may be overcome with emotion, but your forethought can help ease the burden as much as possible. Canceling credit cards, securing assets, notifying third parties – it can be overwhelming.

With Beneficiary Companion from Generali Global Assistance (GGA) we'll take care of the administrative details, notify third parties and conduct proactive measures to protect a deceased individual's identity from theft – relieving the stress of paperwork for your beneficiaries so they can focus on the healing process.

24/7 Guidance

GGA's team of Beneficiary Assistance Coordinators are available 24/7 to provide guidance on how to obtain death certificate copies (necessary for performing final notifications) and the process for third-party notification and account closure.

Beneficiary Companion Guidebook

Your beneficiary will receive a *Beneficiary Companion Guidebook*, which outlines the steps to take in the first week and the first month. The guidebook also provides an overview of actions required during the first three months and reminders of the specific information we'll need to provide services on behalf of your beneficiary.

Beneficiary Companion Services include:

- 24/7/365 live guidance from assigned Beneficiary Assistant Coordinators
- Fraud resolution services
- Notification to various entities, including:
  - Social Security Administration
  - State and local welfare and social services agencies
  - Department of Motor Vehicles
  - Credit reporting agencies
  - Credit card companies, banks and other financial institutions
  - Third-party vendors (electricity companies, telephone companies, cable and internet companies, etc.)



Travel Assistance

Safe Travels with Travel Assistance Services

With Generali Global Assistance (GGA), one quick phone call can take the hassle out of a traveling emergency. When you travel 100 miles or more away from home on trips of 90 days or less, you have access to travel medical and personal assistance services.

With a local presence in 200 countries and territories worldwide and 24/7/365 assistance centers staffed with multilingual assistance coordinators and case managers as well as medical staff, GGA is here to help you obtain the care and attention you need in case of an emergency while traveling.

In the event of a life-threatening emergency, call the local emergency authorities first to receive immediate assistance, and then contact GGA.

Available Travel Assistance services

Emergency Medical Payment

GGA will advance on-site emergency inpatient medical payments to you, up to $10,000 USD upon receipt of satisfactory guarantee of reimbursement from you. The cost of medical services is your responsibility.

Medical Search and Referral

GGA will assist you in finding physicians, dentists and medical facilities.

Replacement of Medication and Eyeglasses

GGA will arrange to fill a prescription that has been lost, forgotten or requires a refill, subject to local law, whenever possible. GGA will also arrange for shipment of replacement eyeglasses. Costs for shipping of medication or eyeglasses, or a prescription refill, etc. are your responsibility.

Medical Monitoring

During the course of a medical emergency resulting from an accident or sickness, professional case managers, including physicians and nurses, GGA will monitor your case to determine whether the care is appropriate.

Visit by Family Member/Friend

If you are traveling alone and must be or are likely to be hospitalized for seven or more days or are in life-threatening condition, GGA will arrange and coordinate payment for the round-trip transportation for one family member or friend, designated by you from his or her home to the place where you are hospitalized. Transportation costs are the responsibility of you, your family member or friend.

Dependent Children Assistance

If any dependent children under the age of 19 traveling with you are left unattended because you are hospitalized, GGA will coordinate and arrange payment for their economy class transportation home. Should transportation with an attendant be necessary, GGA will arrange for a qualified escort to accompany the child(ren). Transportation cost is your responsibility.

Traveling Companion Assistance

If a travel companion loses previously made travel arrangements due to your medical emergency, GGA will arrange for your traveling companion's return home. Transportation costs are the responsibility of you or your traveling companion.

Emergency Evacuation/Medically Necessary Repatriation

In the event of a medical emergency, when a physician designated by GGA determines that it is medically necessary for you to be transported under medical supervision to the nearest hospital or treatment facility or be returned to your place of residence for treatment, GGA will coordinate and arrange payment for the transport under proper medical supervision.

Repatriation of Mortal Remains

In the event of your death while traveling, GGA will coordinate and arrange payment for all necessary government authorizations, including a container appropriate for transportation and for the return of the remains to place of residence for burial.

Trip Interruption

If you or an immediate family member is critically injured, sick or dies while traveling, GGA shall arrange for you or your immediate family member's return to the preferred place of hospitalization or burial via the most direct route on economy class airfare. Transportation cost is your responsibility.

Additional Travel Assistance Services

Pre-Trip Information – Know what you need from currency exchange to consulate referrals before heading out.

Language Translation – Get assistance from an interpreter on the phone or on site.

Lost/Stolen Items – Retrieve lost or stolen luggage, ticket documentation or personal items.

Emergency Cash – Emergency advances of up to $500 USD are available in a time of need. (Transfer/deliver fees are your responsibility.)

Emergency Travel – Airline, hotel and/or car rental reservations are made during an emergency.

Legal Assistance – Legal assistance and bail are available if you're arrested. (Service costs are your responsibilities.)

Emergency Messaging – Urgent messages will be sent to your family, friends or associates during an emergency.

Vehicle Return – If you're unable, GGA will arrange payment and return of your rental during an emergency. (Service costs are your responsibility.)

Pet Return – Hospitalized? GGA will arrange to return your pets home. (Service costs are your responsibility.)

Identity Theft

Protect yourself against identity theft

While the means to detect and prevent identity theft continue to evolve, the crime continues to impact millions of Americans every single year. As criminals continue to search for new ways to commit identity theft, with social networks and healthcare records becoming growing areas to exploit, identity theft is an ever-increasing problem.

Comprehensive Protection

Generali Global Assistance (GGA) basic identity theft protection program provides consumers with the information to protect themselves and guidance to help them resolve identity theft. This cost-effective solution offers:

Prevention

- Identity Theft Prevention Kit
- Expertise available 24/7 (support available immediately upon enrollment)

Detection

- Three Bureau Fraud Alert placement assistance

Resolution

- Credit information review
- ID theft affidavit assistance
- Wallet protection
- Translation service
- Emergency cash advance



OFF-THE-JOB
ACCIDENT INSURANCE

THE Insurance CENTER

GVAP6 Benefit Amounts
Benefits are paid once per accident unless otherwise noted here or in the brochure

Base Policy Benefit		Low Plan	High Plan
Initial Hospital Confinement (pays once/year)		$1,500	$2,000
Daily Hospital Confinement (pays daily)		$300	$400
Intensive Care (pays daily)		$600	$800
Rider Benefit			
Accident Treatment & Urgent Care Rider			
Ambulance	Ground	$300	$400
	Air	$900	$1,200
Accident Physician's Treatment		$150	$200
X-ray		$300	$400
Urgent Care		$150	$200
Dislocation/Fracture Rider*		$6,000	$8,000
Emergency Room Services Rider		$300	$400
Outpatient Physician's Treatment for Accident and Preventative Care Benefit Rider		$50	$50
Accidental Death, Dismemberment, and Functional Loss Rider		$60,000	$80,000
Common Carrier (fare-paying passenger)		$150,000	$200,000
Benefit Enhancement Rider			
Accident Follow-Up Treatment (pays daily)		$150	$200
Lacerations		$150	$200
Burns	<15% body surface	$300	$400
	15% or more	$1,500	$2,000
Skin Graft (% of Burns Benefit)		50%	50%
Brain Injury Diagnosis		$900	$1,200
Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI) (pays once/year)		$150	$200
Paralysis (pays once)	Paraplegia	$22,500	$30,000
	Quadriplegia	$45,000	$60,000
Coma with Respiratory Assistance		$30,000	$40,000
Open Abdominal or Thoracic Surgery		$3,000	$4,000
Tendon, Ligament, Rotator Cuff, or Knee Cartilage Surgery	Surgery	$1,500	$2,000
	Exploratory	$450	$600
Ruptured Spinal Disc Surgery		$1,500	$2,000
Eye Surgery		$300	$400
General Anesthesia		$300	$400
Blood and Plasma		$900	$1,200
Appliance		$375	$500
Medical Supplies		$15	$20
Medicine		$15	$20
Prosthesis	1 device	$1,500	$2,000
	2 or more devices	$3,000	$4,000
Physical, Occupational, or Speech Therapy (pays daily)		$90	$120
Rehabilitation Unit (pays daily)		$300	$400
Non-Local Transportation		$750	$1,000
Family Member Lodging (pays daily)		$300	$400
Post-Accident Transportation (pays once/year)		$600	$800
Broken Tooth		$300	$400
Residence/Vehicle Modification		$1,500	$2,000
Pain Management (Epidural Injection)		$150	$200
Miscellaneous Outpatient Surgery		$300	$400

*Each benefit pays the amount shown. *Up to amount shown; see Injury Benefit Schedule on reverse. Multiple losses from same injury pay only up to amount shown above.

ALLSTATE ACCIDENT INSURANCE

An accident can wreak havoc on your savings if you are not prepared. That's why there is accident insurance. It gives you a cushion to help cover medical expenses and living costs when you get hurt unexpectedly.

Because it's a supplemental plan, it works in addition to other insurance you may have in place. You can use this policy on its own or to fill a gap left by other coverage such as deductibles and coinsurance. Benefits are paid directly to you as CASH!

Injury Benefit Schedule
Benefit amounts for coverage and one occurrence are shown below.

Complete Dislocation	Low Plan	High Plan
Hip joint	$6,000	$8,000
Knee or ankle joint, bone or bones of the foot	$2,400	$3,200
Wrist joint	$2,100	$2,800
Elbow joint	$1,800	$2,400
Shoulder joint	$1,200	$1,600
Bone or bones of the hand, collarbone	$900	$1,200
Two or more fingers or toes	$420	$560
One finger or toe	$180	$240
Complete, Simple or Closed Fracture		
Hip, thigh (femur), pelvis**	$6,000	$8,000
Skull**	$5,700	$7,600
Arm, between shoulder and elbow (shaft), shoulder blade (scapula), leg (tibia or fibula)	$3,300	$4,400
Ankle, knee cap (patella), forearm (radius or ulna), collarbone (clavicle)	$2,400	$3,200
Foot**, hand or wrist**	$2,100	$2,800
Lower jaw**	$1,200	$1,600
Two or more ribs, fingers or toes, bones of face or nose	$900	$1,200
One rib, finger or toe, coccyx	$420	$560
Loss		
Life, hearing, speech, or both eyes, hands, arms, feet, or legs, or one hand or arm and one foot or leg	$60,000	$80,000
One eye, hand, arm, foot, or leg	$30,000	$40,000
One or more entire toes or fingers	$6,000	$8,000

*Knee join (except patella). Bone or bones of the foot (except toes). Bone or bones of the hand (except fingers). **Pelvis (except coccyx). Skull (except bones of the face or nose). Foot (except toes). Hand or wrist (except fingers). Lower jaw (except alveolar process).

OFF-THE-JOB
ACCIDENT INSURANCE

THE Insurance CENTER

DON'T FORGET!

OUTPATIENT PHYSICIAN'S TREATMENT

$50 benefit will be paid per visit if a covered person has a doctor office visit for any preventative cause.

Reimbursements Pay Out Every Calendar Year

2 visits per person
4 visits per family

Please refer to "How To File A Claim" in the back of your benefit booklet.

Example
High Plan

Susie's daughter Ella is playing outside and falls off a swing resulting in a broken arm. How would the Accident plan help Susie?

Occurrence/Service	Benefit Payment
Ambulance	$400
ER Visit	$400
Accident Physician's Treatment	$200
X-Ray	$400
Appliance Benefit	$500
Fractured Forearm	$3,200
Medicine Benefit	$20
Medical Supplies Benefit	$20
Accident Follow Up Visit	$200
Physical Therapy Benefit	$120
TOTAL BENEFIT =	**$5,460**

HIGH PLAN	Gross Cost	Semi-Monthly *Net Cost	Annual *Net Cost	Outpatient Physician** Reimbursement	Annual Cost After Outpatient Reimbursement	Per Paycheck Cost After Reimbursements
Member Only	$10.16	$7.32	$175.68	**($100)**	$75.68	$3.15
Member/Spouse	$17.57	$12.65	$303.60	**($200)**	$103.60	$4.32
Member/Child(ren)	$26.38	$18.99	$455.76	**($200)**	$255.76	$10.66
Family	$34.08	$24.54	$588.96	**($200)**	$388.96	$16.21

***Approximately 28% savings due to Pre-Tax premium**

****OUTPATIENT PHYSICIAN'S TREATMENT & PREVENTIVE CARE BENEFIT:**

(Office Visits, Dental Office Visits, Vision exams, etc)

Member only: 2 at $50 = $100

Member/Spouse/Children: 4 at $50 = $200

See Allstate Accident Brochure for Rates. Additional level of coverage available.

Outpatient Physicians
Treatment Annually



The Need For
CANCER INSURANCE

THE Insurance CENTER

Cancer Insurance: Protection for the treatment of cancer and 29 specified diseases.
Because Cancer Insurance is supplemental, it works in addition to other insurance you may have. You can use the policy on its own or to fill a gap left by your other coverage such as deductibles and coinsurance. Benefits are paid directly to you as CASH!

Benefit Amounts:

Hospital Confinement and Related Benefit	Low	Medium	High
Continuous Hospital Confinement (daily)	$200	$200	$300
Government or Charity Hospital (daily)	$200	$200	$300
Private Duty Nursing Services (daily)	$200	$200	$300
Extended Care Facility (daily)	$200	$200	$300
At Home Nursing (daily)	$200	$200	$300
Hospice Care Center (daily) or Hospice Care Team (per visit)	$200 $200	$200 $200	$300 $300
Radiation/Chemotherapy & Related Benefits			
Radiation/Chemotherapy for Cancer* (every 12 months)	$5,000	$10,000	$15,000
Blood, Plasma, and Platelets* (every 12 months)	$5,000	$10,000	$15,000
Medical Imaging*	$250	$500	$750
Hematological Drugs*	$100	$200	$300
Surgery and Related Benefits			
Surgery**	$1,500	$3,000	$3,000
Anesthesia (% of surgery)	25%	25%	25%
Ambulatory Surgical Center (daily)	$250	$500	$500
Second Opinion	$200	$400	$400
Bone Marrow and Stem Cell Transplant 1. Autologous 2. Non-autologous (cancer or specified disease treatment) 3. Non-autologous (Leukemia)	 1. $500 2. $1,250 3. $2,500	 1. $1,000 2. $2,500 3. $5,000	 1. $1,000 2. $2,500 3. $5,000

	Low	Medium	High
Ambulance (per confinement)	$100	$100	$100
Inpatient Drug and Medicine (daily)	$25	$25	$25
Physician's Attendance (daily)	$50	$50	$50
Non-Local Transportation* (per trip or mile)	Coach Fare or $0.40/mi	Coach Fare or $0.40/mi	Coach Fare or $0.40/mi
Outpatient Lodging (daily)	$50	$50	$50
Family Member Lodging (daily) and Transportation* (per trip or mile)	$50 Coach Fare or $0.40/mi	$50 Coach Fare or $0.40/mi	$50 Coach Fare or $0.40/mi
Physical or Speech Therapy (daily)	$50	$50	$50
New or Experimental Treatment** (every 12 months)	$5,000	$5,000	$5,000
Prosthesis***	$2,000	$2,000	$2,000
Hair Prosthesis (every 2 years)	$25	$25	$25
Nonsurgical External Breast Prosthesis*	$50	$50	$50
Anti-Nausea Benefit*	$200	$200	$200
Waiver or Premium (employee only)	Yes	Yes	Yes
Cancer Initial Diagnosis	$2,000	$2,000	$5,000
Wellness Benefit	$100	$100	$100
Intensive Care 1. Intensive Care Confinement (daily) 2. Step-down Confinement (daily) 3. Air/Surface Ambulance	 1. $200 2. $100 3. Charges	 1. $200 2. $100 3. Charges	 1. $600 2. $300 3. Charges

It is estimated that:

1 in 2 men will be diagnosed with Cancer at some point in their life

Male

Prostate - 220,800 (26%)
Lung & Bronchus - 115,610 (14%)
Colon & Rectum - 69,090 (8%)
Urinary Bladder - 56,320 (7%)
Melanoma of the Skin - 42,670 (5%)
Non-Hodgkin Lymphoma - 39,850 (5%)
Kidney & Renal Pelvis - 38,270 (5%)
Oral Cavity & Pharynx - 32,670 (4%)
Leukemia - 30,900 (4%)
Liver & Intrahepatic Bile Duct - 25,510 (3%)

1 in 3 women will be diagnosed with Cancer at some point in their life

Female

Breast - 231,840 (29%)
Lung & Bronchus - 105,590 (13%)
Colon & Rectum - 63,610 (8%)
Uterine Corpus - 54,870 (7%)
Thyroid - 47,230 (6%)
Non-Hodgkin Lymphoma - 32,000 (4%)
Melanoma of the Skin - 31,200 (4%)
Pancreas - 24,120 (3%)
Leukemia - 23,370 (3%)
Kidney & Renal Pelvis - 23,290 (3%)

©2015, American Cancer Society, Inc., Surveillance Research

Your Options For
CANCER INSURANCE

THE Insurance CENTER

Example: Medium Plan

Kelly is diagnosed with cancer. She undergoes pre-op medical imaging and is admitted to the hospital for surgery. She has a 3 day stay in the hospital. Every 2 weeks Kelly has chemo treatments. How would the Cancer plan help Kelly?

Occurrence/Service	Benefit Payment
Cancer Initial Diagnosis	$2,000
Surgery	$3,000
Anesthesia	$750
Radiation/Chemo	$10,000
Medical Imaging	$500
Physicians Visits	$50
Anti-Nausea	$200
TOTAL BENEFIT =	**$16,500**

ADDITIONAL COVERAGE-SPECIFIED DISEASES

29 Specified Diseases Covered under this plan: Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease), Muscular Dystrophy, Poliomyelitis, Multiple Sclerosis, Encephalitis, Rabies, Tetanus, Tuberculosis, Osteomyelitis, Diphtheria, Scarlet Fever, Cerebrospinal Meningitis, Brucellosis, Sickle Cell Anemia, Thalassemia, Rocky Mountain Spotted Fever, Legionnaires' Disease, Addison's Disease, Hansen's Disease, Tularemia, Hepatitis (Chronic B or CI), Typhoid Fever, Myasthenia Gravis, Reye's Syndrome, Primary Sclerosing Cholangitis (Walter Payton's Disease), Lyme Disease, Systemic Lupus Erythematosus, Cystic Fibrosis, and Primary Biliary Cirrhosis

DON'T FORGET!

Annual Wellness Benefit

$100 Benefit will be paid per person, per calendar year, per person for a specified wellness screening/test.

ELIGIBLE WELLNESS SCREENINGS/TEST

- **Lipid Panel**
- **Blood test for Triglycerides**
- **Biopsy for Skin Cancer**
- **Cholesterol**
- **Mammogram**
- **Blood test for Breast Cancer**
- **Blood test for Ovarian Cancer**
- **Blood test for Colon Cancer**
- **Blood test for Prostate Cancer (PSA)**
- **Bone Marrow Testing**
- **Chest X-Ray**
- **Colonoscopy**
- **EKG**
- **HPV Vaccination**
- **Pap Smear**
- **Stress Test**
- **Echocardiogram**
- **Serum Protein (Myeloma)**
- **Thermography**

Cancer Insurance Semi-Monthly Cost

Low Plan	Gross Cost	*Net Cost	*Net Annual	Wellness Benefit	Annual Net After Wellness	Semi-Monthly *Net Cost After Wellness
Member Only	$8.47	$6.10	$146.36	($100)	$46.36	$1.93
Member/Spouse	$13.44	$9.68	$232.24	($200)	$32.24	$1.34
Member/Child(ren)	$11.69	$8.42	$202.00	($100) ($200) ($300)**	$102.00 $2.00 -$98.00	$4.25 $0.08 -$4.08
Family	$16.65	$11.99	$287.71	($200) ($300)**	$87.71 -$12.29	$3.65 -$0.51

*Approximate 28% Savings due to Pre-Taxing the premium
**Payable once/covered person/calendar year
Additional levels of coverage available. See Allstate Cancer Brochure for rates.

The Need for CRITICAL ILLNESS INSURANCE

ALLSTATE CRITICAL ILLNESS INSURANCE

- **$10,000** or **$20,000** basic benefit coverage for employees
- $5,000 or $10,000 basic benefit for spouse and each insured dependent
- Reoccurrence benefits
- Benefits paid directly to you regardless of other coverage
- Supplements your existing medical benefits
- Coverage is portable

INITIAL BENEFIT

- Heart Attack
- Stroke
- Major Organ Transplant (heart, lung, liver, pancreas or kidney)
- End Stage Renal Failure
- Coronary Artery By-Pass Surgery (25%)

SUPPLEMENTAL BENEFITS

- Advanced Alzheimer's Disease (25%)
- Advanced Parkinson's Disease (25%)
- Benign Brain Tumor (100%)
- Coma (100%)
- Complete Blindness (100%)
- Complete Loss of Hearing (100%
- Paralysis (100%)

Second Event Initial Critical Illness Benefit - pays for a second time when you are diagnosed for the second time with a previously paid Initial Critical Illness

$10,000 BENEFIT

SEMI-MONTHLY COST

Non-Tobacco				
	Emp	Emp+Sp	Emp+Ch	Family
18-35	$1.80	$2.45	$1.80	$2.45
36-50	$4.95	$7.18	$4.95	$7.18
51-60	$10.70	$15.80	$10.70	$15.80
61-63	$17.90	$26.60	$17.90	$26.60
64+	$28.60	$42.65	$28.60	$42.65

Tobacco				
	Emp	Emp+Sp	Emp+Ch	Family
18-35	$2.75	$3.88	$2.75	$3.88
36-50	$8.00	$11.75	$8.00	$11.75
51-60	$17.45	$25.93	$17.45	$25.93
61-63	$27.10	$40.40	$27.10	$40.40
64+	$43.50	$65.00	$43.50	$65.00

$20,000 BENEFIT

SEMI-MONTHLY COST

Non-Tobacco				
	Emp	Emp+Sp	Emp+Ch	Family
18-35	$3.10	$4.40	$3.10	$4.40
36-50	$9.40	$13.85	$9.40	$13.85
51-60	$20.91	$31.11	$20.91	$31.11
61-63	$35.31	$52.71	$35.31	$52.71
64+	$56.70	$84.80	$56.70	$84.80

Tobacco				
	Emp	Emp+Sp	Emp+Ch	Family
18-35	$4.99	$7.24	$4.99	$7.24
36-50	$15.50	$23.00	$15.50	$23.00
51-60	$34.41	$51.36	$34.41	$51.36
61-63	$53.71	$80.31	$53.71	$80.31
64+	$86.50	$129.50	$86.50	$129.50

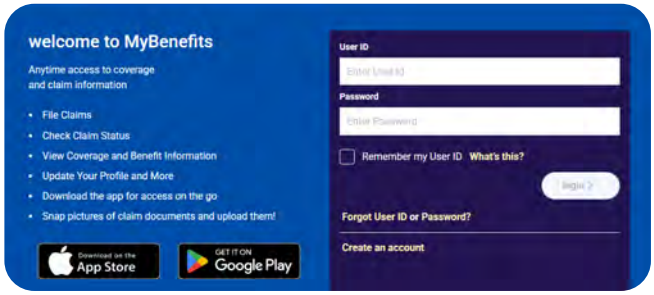
How to File a Claim

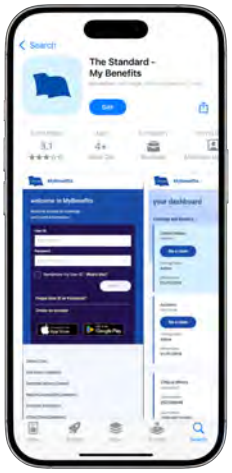
with The Standard (formerly Allstate)

1.

Scan the QR code below to access MYBenefits on your computer, mobile device, or download the MyBenefits App.

Sign up for access using the secure online registration process and create a user ID and password, then Log in.



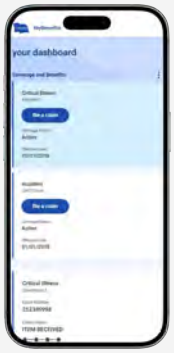


2. Select the type of claim you want to file:

- **Cancer/Critical Illness with Cancer** offers the Wellness screening reimbursement.

- **Accident Plan** offers the Outpatient Physician's Treatment/Preventative reimbursement.





3. Elect which type of claim you are filing

Eligible Wellness Screenings (Tests)

- Lipid Panel
- Cholesterol
- Pap
- Mammogram
- Colonoscopy
- Prostate Exam
- HPV Vaccination
- Many More

Outpatient Physician's Treatment (Preventative Exams)

- Dental Exams
- Preventative Exam (Well Adult, Well Child Visits)
- Annual Preventative Eye Exam

4. Need more guidance?

Scan the QR code to watch a short video on how to file a claim by using the Allstate App.

For claims tips and instructions, please visit https://www.standard.com/ahl/claims. If you prefer to file a paper claim or have any other questions, contact HR, The Insurance Center, or The Standard (800) 348-4489. Additional claim forms can be found on The Standard's portal as well.

If you are filing an Accident claim yourself via the portal, you will need to download, complete, and submit the Accident Claim Form along with your submission.

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AN ALERA GROUP COMPANY

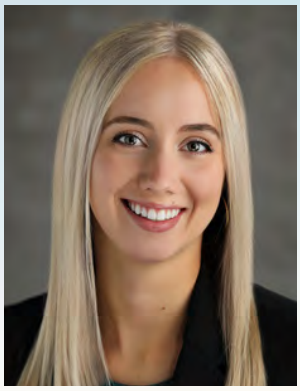
Your Service Team



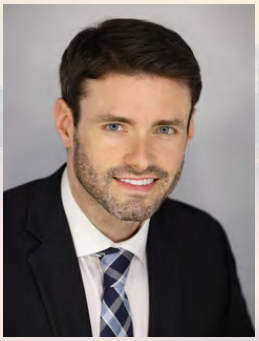
Janice Wavra
Corporate Benefits Consultant
P: 800.944.1367 ext. 30172
F: 608.783.6431
E: jwavra@ticinsurance.com



Kim Beckman
Client Success Specialist II
P: 800.944.1367 ext. 30235
F: 608.783.6431
E: kbeckman@ticinsurance.com



Tia Olson
Account Support Representative
P: 800.944.1367 ext. 30128
F: 608.783.6431
E: tolson@ticinsurance.com



Taylor Steele
Health Care Financing Data Analyst
P: 800.944.1367 ext. 30136
F: 608.783.6431
E: tsteele@ticinsurance.com



Jack Leistner
Associate Stop Loss Underwriter
P: 800.944.1367 ext. 61120
F: 608.783.6431
E: jleistner@ticinsurance.com



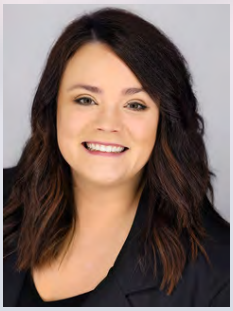
Trish Miller
Software Project Manager
P: 800.944.1367 ext. 30163
F: 608.783.6431
E: tmiller@ticinsurance.com



Amanda Running
Client Success Specialist II
P: 800.944.1367 ext. 30125
F: 608.783.6431
E: arunning@ticinsurance.com



Heather Gerken
Client Success Specialist
P: 800.944.1367 ext. 30123
F: 608.783.6431
E: hgerken@ticinsurance.com



Jennifer Capaul
Support Leader
P: 800.944.1367 ext. 30137
F: 608.783.6431
E: jcapaul@ticinsurance.com



Shannon Loveless
Account Support Representative
D: 800.944.1367 ext. 30161
F: 608.783.6431
E: sloveless@ticinsurance.com



Patsy LaBarbara
Account Support Rep
D: 800.944.1367 ext. 30158
F: 608.783.6431
E: plabarbara@ticinsurance.com



Laura Grana
Account Support Representative
D: 800.944.1367 ext. 30236
F: 608.783.6431
E: lgrana@ticinsurance.com

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