2026-27

Willard Benefits



HPMG TREND BENDERS

SHOW-ME BENEFIT CONSORTIUM

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SHOW-ME BENEFIT CONSORTIUM

Show-Me Benefit Consortium

Contact Us

Show-Me Health Administrators (SMHA)

- Medical claims payment and customer service for network and claims
- Local service number is located on the back of your Medical ID card
- **(844) 682-1545** or customerservice@showmeadmin.com

Health Plan Management Group (HPMG)

- Customer Service for benefits: medical plans, pharmacy, dental, vision, life, etc.
- Local service number
- **(417) 893-8437** or info@hpmg-llc.com

Sav-RX

- Pharmacy Benefit Manager - prescription coverage
- Number also located on the front of your Medical ID card under “Pharmacy Plan”
- **(800) 228-3108**

MedVed Inc.

- Specialty and high-cost medication program manager
- Local service number
- **(417) 201-6047** or info@medvedinc.com

Ameritas

- Dental PDP Plus and Vision VSP (no ID card required)
- **(800) 487-5553**

zConnect Mobile App

- Free, all-inclusive mobile application providing 24/7 access to your health plan information and much more
- List of all contact us phone numbers in the app under “Services”

First Stop Health

- Free virtual care by board-certified doctors available 24/7 via phone or video
- Number also located on the back of your Medical ID card under “Virtual Care”
- **(888) 691-7867** or visit www.firststophealth.com, click “Get Care Now”

Encompass EAP

- Employee assistance program includes 5 free sessions per year, per issue
- **(800) 788-8630**

What You Need to Know

This is a partial description of the benefits offered. It does not include all the terms, coverage, exclusions, limitations and conditions of the actual policy. See the policies and contracts for the actual language. The Summary of Benefits (SB) and Plan Documents will supersede this illustration. This illustration is not a contract and offers no contractual obligation on behalf of HPMG, NEP, or SMHA.

Checklist of What to Bring for Open Enrollment

For each dependent that you are enrolling in eligible benefits:

- Social Security Number
- Address
- Date of Birth

Having these items will expedite the completion of all enrollment forms, beneficiary cards, etc.

If You Are a Current Employee (Not a New Hire)

You cannot make any changes until the annual "open enrollment period," which allows employees who may have previously declined to enroll the opportunity to enroll in new coverage. (Certain restrictions and limitations may apply to employees who initially declined coverage when they first became eligible to enroll.)

However, there are certain qualifying events that allow current employees to make benefit changes. These include, but are not limited to:

- Marriage, divorce, adoption or birth of child, death of a spouse or other eligible dependent.

Disclaimer: This benefit summary is provided for illustrative purposes only and is simply an overview of your benefits. For a detailed explanation for each policy you should review a copy of the actual policy on file with the Human Resources Department or you may specifically request a copy of each policy from Health Plan Management Group.

Plan Contributions
2026-27

$3,000 Mercy PPO	Monthly Costs
Employee	$20.00
Employee + Spouse	$700.00
Employee + Child(ren)	$492.00
Family	$1,119.00

$3,400 Mercy HDHP	Monthly Costs
Employee	$0.00*
Employee + Spouse	$614.00
Employee + Child(ren)	$424.00
Family	$998.00
**HSA Contribution*	

$6,000 Mercy HDHP	Monthly Costs
Employee	$0.00*
Employee + Spouse	$528.00
Employee + Child(ren)	$365.00
Family	$859.00
**HSA Contribution*	

$3,000 Cox PPO	Monthly Costs
Employee	$31.00
Employee + Spouse	$724.00
Employee + Child(ren)	$514.00
Family	$1,153.00

$3,400 Cox HDHP	Monthly Costs
Employee	$0.00*
Employee + Spouse	$627.00
Employee + Child(ren)	$433.00
Family	$1,020.00
**HSA Contribution*	

$6,000 Cox HDHP	Monthly Costs
Employee	$0.00*
Employee + Spouse	$540.00
Employee + Child(ren)	$373.00
Family	$878.00
**HSA Contribution*	

$1,800 Cigna PPO	Monthly Costs
Employee	$139.00
Employee + Spouse	$926.00
Employee + Child(ren)	$682.00
Family	$1,420.00

$3,500 Cigna HDHP	Monthly Costs
Employee	$9.00
Employee + Spouse	$654.00
Employee + Child(ren)	$454.00
Family	$1,059.00

Dental Plan 1	Monthly Costs
Employee	$28.68
Employee + Spouse	$56.44
Employee + Child(ren)	$73.48
Family	$110.88

Dental Plan 3	Monthly Costs
Employee	$39.84
Employee + Spouse	$78.80
Employee + Child(ren)	$99.20
Family	$148.64

Vision Plan 2	Monthly Costs
Employee	$8.88
Employee + Spouse	$17.80
Employee + Child(ren)	$19.84
Family	$30.20

3000 Mercy PPO

Deductible	Out of Pocket Max	Co-Insurance
Individual: $3,000 Family: $6,000	Individual: $7,500 Family: $15,000	80/20

Copays/Coinsurance

Service	Cost
First Stop Health Telemedicine	$0
Preventive Care	$0
PCP Copay	$20
Specialist Co-pay	$40
Urgent Care	$75
Emergency Room	$350
Non-Preventive Labs	Ded/Coins
Inpatient Services	Ded/Coins
Outpatient Services	Ded/Coins
In and out of office Surgeries	Ded/Coins

Pharmacy

Tier	Cost
Generic	$10
Formulary Brand	$35
Non-Formulary Brand	$75
International	$0

Contact Show-Me Health Administrators:
844-682-1545 or
customerservice@showmeadmin.com

SHOW-ME HEALTH ADMINISTRATORS

FAQ

Who pays my claims?

- Show-Me Health Administrators

What services are free on my health plan?

- Preventive care
- First Stop Health Telemedicine
- International medications

Who manages my pharmacy benefit?

- Sav-RX (800) 228-3108

Who do I contact to find out if my physician is in network or if I have any questions on my benefits?

- zConnect App
- Show-Me Health Administrators Customer Service
- www.mercyoptions.net, choose SMBC under the employer group

3400 Mercy HDHP

Deductible	Out of Pocket Max	Co-Insurance
Individual: $3,400 Family: $6,800	Individual: $5,000 Family: $10,000	80/20

Copays/Coinsurance

Service	Cost
First Stop Health Telemedicine	$0
Preventive Care	$0
PCP Copay	Ded/Coins
Specialist Co-pay	Ded/Coins
Urgent Care	Ded/Coins
Emergency Room	Ded/Coins
Non-Preventive Labs	Ded/Coins
Inpatient Services	Ded/Coins
Outpatient Services	Ded/Coins
In and out of office Surgeries	Ded/Coins

Pharmacy

Tier	Cost
Generic	$10 AD*
Formulary Brand	$35 AD*
Non-Formulary Brand	$75 AD*
International	$0 AD*

**AD - After Deductible*

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6000 Mercy HDHP

Deductible	Out of Pocket Max	Co-Insurance
Individual: $6,000 Family: $12,000	Individual: $8,000 Family: $16,000	80/20

Copays/Coinsurance

Service	Cost
First Stop Health Telemedicine	$0
Preventive Care	$0
PCP Copay	Ded/Coins
Specialist Co-pay	Ded/Coins
Urgent Care	Ded/Coins
Emergency Room	Ded/Coins
Non-Preventive Labs	Ded/Coins
Inpatient Services	Ded/Coins
Outpatient Services	Ded/Coins
In and out of office Surgeries	Ded/Coins

Pharmacy

Tier	Cost
Generic	$10 AD*
Formulary Brand	$35 AD*
Non-Formulary Brand	$75 AD*
International	$0 AD*

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3000 Cox PPO

Deductible	Out of Pocket Max	Co-Insurance
Individual: $3,000 Family: $6,000	Individual: $7,500 Family: $15,000	80/20

Copays/Coinsurance

Service	Cost
First Stop Health Telemedicine	$0
Preventive Care	$0
PCP Copay	$25
Specialist Co-pay	$50
Urgent Care	$75
Emergency Room	$350
Non-Preventive Labs	Ded/Coins
Inpatient Services	Ded/Coins
Outpatient Services	Ded/Coins
In and out of office Surgeries	Ded/Coins

Pharmacy

Tier	Cost
Generic	$15
Formulary Brand	$35
Non-Formulary Brand	$75
International	$0

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Individual: $3,400 Family: $6,800	Individual: $5,000 Family: $10,000	80/20

Copays/Coinsurance

Service	Cost
First Stop Health Telemedicine	$0
Preventive Care	$0
PCP Copay	Ded/Coins
Specialist Co-pay	Ded/Coins
Urgent Care	Ded/Coins
Emergency Room	Ded/Coins
Non-Preventive Labs	Ded/Coins
Inpatient Services	Ded/Coins
Outpatient Services	Ded/Coins
In and out of office Surgeries	Ded/Coins

Pharmacy

Tier	Cost
Generic	$10 AD*
Formulary Brand	$35 AD*
Non-Formulary Brand	$75 AD*
International	$0 AD*

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6000 Cox HDHP

Deductible	Out of Pocket Max	Co-Insurance
Individual: $6,000 Family: $12,000	Individual: $8,000 Family: $16,000	80/20

Copays/Coinsurance

Service	Cost
First Stop Health Telemedicine	$0
Preventive Care	$0
PCP Copay	Ded/Coins
Specialist Co-pay	Ded/Coins
Urgent Care	Ded/Coins
Emergency Room	Ded/Coins
Non-Preventive Labs	Ded/Coins
Inpatient Services	Ded/Coins
Outpatient Services	Ded/Coins
In and out of office Surgeries	Ded/Coins

Pharmacy

Tier	Cost
Generic	$10 AD*
Formulary Brand	$35 AD*
Non-Formulary Brand	$75 AD*
International	$0 AD*

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1800 Cigna PPO

Deductible	Out of Pocket Max	Co-Insurance
Individual: $1,800 Family: $3,000	Individual: $6,000 Family: $12,000	70/30

Copays/Coinsurance

Service	Cost
First Stop Health Telemedicine	$0
Preventive Care	$0
PCP Copay	$25
Specialist Co-pay	$50
Urgent Care	$50
Emergency Room	$200 + 30%
Non-Preventive Labs	$0
Inpatient Services	Ded/Coins
Outpatient Services	Ded/Coins
In and out of office Surgeries	Ded/Coins

Pharmacy

Tier	Cost
Generic	$15
Formulary Brand	$35
Non-Formulary Brand	$75
International	$0

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What services are free on my health plan?

- Preventive care
- First Stop Health Telemedicine
- International medications

Who manages my pharmacy benefit?

- Sav-RX (800) 228-3108

Who do I contact to find out if my physician is in network or if I have any questions on my benefits?

- zConnect App
- Show-Me Health Administrators Customer Service
- https://sarhcpdir.cigna.com and choose “find a doctor”

3500 Cigna HDHP

Deductible	Out of Pocket Max	Co-Insurance
Individual: $3,500 Family: $7,000	Individual: $7,000 Family: $14,000	80/20

Copays/Coinsurance

Service	Cost
First Stop Health Telemedicine	$0
Preventive Care	$0
PCP Copay	Ded/Coins
Specialist Co-pay	Ded/Coins
Urgent Care	Ded/Coins
Emergency Room	Ded/Coins
Non-Preventive Labs	Ded/Coins
Inpatient Services	Ded/Coins
Outpatient Services	Ded/Coins
In and out of office Surgeries	Ded/Coins

Pharmacy

Tier	Cost
Generic	$10 AD*
Formulary Brand	$35 AD*
Non-Formulary Brand	$75 AD*
International	$0 AD*

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FAQ

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What services are free on my health plan?

- Preventive care
- First Stop Health Telemedicine
- International medications

Who manages my pharmacy benefit?

- Sav-RX (800) 228-3108

Who do I contact to find out if my physician is in network or if I have any questions on my benefits?

- zConnect App
- Show-Me Health Administrators Customer Service
- https://sarhcpdir.cigna.com and choose “find a doctor”

Dental Plan 1
Ameritas

800-487-5553 | group@ameritas.com | www.ameritas.com

Plan Benefit

Type	Coverage
Type 1	100%
Type 2	80%
Type 3	NA

Summary

Deductible	$50/Calendar Year (Waived Type 1); $150/family
Maximum (per person)	$1,250/Calendar year
PPO	Classic PPO & Plus
Waiting Period	None

Monthly Cost

	Monthly Cost
Employee	$28.68
Employee + Spouse	$56.44
Employee + Child(ren)	$73.48
Family	$110.88

Features & Benefits

- **Dental Network:** Ameritas offers coverage at any dentist. Find an in-network provider at dentalnetwork.ameritas.com under “Classic (PPO) & Plus”.
- **Deductibles:** After $150 in deductibles, the rest are waived for the year. No family member can exceed the selected deductible amount.
- **Cost Estimator:** Members can use the estimator for procedure charges and request a pretreatment estimate from their dentist.
- **Worldwide Support:** AXA Assistance provides provider referrals and appointment help for dental emergencies. Contact info is in the member account.
- **Health Scorecard:** View your Dental Health Report Card in your member account for your health score and improvement tips. Log in at ameritas.com!

Dental Plan 3
Ameritas

800-487-5553 | group@ameritas.com | www.ameritas.com

Plan Benefit

Type	Coverage
Type 1	100%
Type 2	100%
Type 3	80%

Monthly Cost

	Monthly Cost
Employee	$39.84
Employee + Spouse	$78.80
Employee + Child(ren)	$99.20
Family	$148.64

Orthodontia

Plan Benefit	50%
Coverage	Children under 19 only
Lifetime Maximum	$1,000
Waiting Period None	None
Takeover Benefit	Initial Insureds

Summary

Deductible	$25/Calendar Year (Waived Type 1)
Maximum (per person)	$1,250/ Calendar year
PPO	Classic PPO & Plus
Waiting Period	None
Annual Open Enrollment	Included

Features & Benefits

- **Dental Network:** Ameritas offers coverage at any dentist. Find an in-network provider at dentalnetwork.ameritas.com under “Classic (PPO) & Plus”.
- **Cost Estimator:** Members can use the estimator for procedure charges and request a pretreatment estimate from their dentist.
- **Worldwide Support:** AXA Assistance provides provider referrals and appointment help for dental emergencies. Contact info is in the member account.
- **Health Scorecard:** View your Dental Health Report Card in your member account for your health score and improvement tips. Log in at ameritas.com!

Ameritas

Vision Plan 2
Ameritas / VSP

800-877-7195 | www.vsp.com

Lenses

Type	Coverage
Single Vision	Covered in Full
Bifocal	Covered in Full
Trifocal	Covered in Full
Lenticular	Covered in Full
Progressive	See lens options

Details

Frame Allowance	$150
Deductibles	$10 Exam
Maximum	None

Monthly Cost

	Monthly Cost
Employee	$8.88
Employee + Spouse	$17.80
Employee + Child(ren)	$19.84
Family	$30.20

Features & Benefits

- **Additional Glasses:** 20% off additional complete pairs of prescription glasses and/or prescription sunglasses.
- **Laser VisionCare:** VSP offers 15% off LASIK, Custom LASIK, and PRK, with max costs of $1,800, $2,300, and $1,500, respectively. A VSP provider must coordinate.
- **VSP Network:** VSP has the largest network of independent doctors, including Costco, Sam's Club, Visionworks, and Walmart. Find providers at vsp.com.
- **Online Eyewear Store:** Eyeconic.com is VSP's in-network online eyewear store. Vision benefits are applied directly to the online order.
- **VSP Savings:** VSP providers offer 20% off remaining frame balances, extra glasses, non-covered lenses, and discounts on LASIK or PRK.
- **Contact Elective:** Allowance covers a 3- or 6-month supply of disposables. Fitting & evaluation costs are deducted if not separate.

Ameritas Dental/Vision App

Ameritas provides comprehensive dental and vision coverage designed to help you maintain your health. With a wide network of providers, Ameritas makes it easy to access routine dental care, including cleanings, exams, and treatments, as well as vision care like eye exams, glasses, and contact lenses, through VSP.

Ameritas Benefits App – Features

- View recent visits and EOBs
- Savings and plan usage
- Review patient details
- Access and send ID cards
- Find a provider
- Vision and LASIK

Find a Dental Provider

- dentalnetwork.ameritas.com
- Enter City/County, State, or Zip
- Select “Classic PPO & Plus”
- Apply additional filters if you prefer
- Hit Search
- Browse your provider options

Find a Vision Provider

- vsp.com
- Under “Find a Doctor”, select “Search Now”
- Search by location, office, or doctor
- Put in your information
- Hit Search
- Browse your provider options

Sav-RX Prescription Benefits

About Sav-RX

- Pharmacy Benefit Manager (PBM) that administers prescription benefits for self-funded plans
- Founded in 1968
- Independently owned and operated
- Committed to providing the lowest net cost, clinical excellence, and exceptional service
- National company with great resources
- High-touch, personalized member service
- Providing services for Show-Me Consortium

Customer Service

- Live Sav-RX customer service representatives available 24/7
- Open and operational all days of the year including weekends and holidays
- No dial-around system — LIVE customer service representatives each time you call
- Patient portal with email messaging also available
- Customer service phone number: 800-228-3108

Member Portal – Great Features

- Secure portal
- Responsive design that adjusts to any browser size
- Quick refills without logging in
- Easy account creation to access dashboard
- Push notifications for refills
- NEW Drug Price Comparison Tool

Streamlined Access

Sav-RX Mail Order Tab

- See prescriptions in progress
- Find tracking information
- Request refills

Claim History Tab

- Search claims by date range
- Download claim history as a .pdf file

My Account Tab

- Edit all account information
- View Sav-RX ID card
- Download or print a CAA-compliant soft card
- Add a payment method for mail order prescriptions

Drug Price Comparison Tool

Easily compare prescription medication prices at pharmacies near you with our online tool. Just enter your address, the medication you are looking for, and the quantity to quickly find the best deals and save on your prescription.

Sav-RX Customer Service is available at 800-228-3108. Open 24/7/365.

MedVed

Significantly Reducing the Price of High-Cost Medications

What We Do

As your pharmacy overlay partner, we help your self-funded health plan source specialty and brand name medications at reduced pricing through our international sourcing for both the member and the plan. We assist with program enrollment and coordinate directly with international partner pharmacies to source your medications at greatly reduced prices. Participating members have ZERO co-pays when utilizing MedVed and the health plan receives discounts on its portion of the medication cost, too!

- Medications sourced from Tier 1 countries (meet or exceed the FDA standards) – currently source from Canada, Great Britain, Australia, and New Zealand
- Pharmacies are accredited and inspected
- Medications arrive in original manufacturer sealed packaging directly to your home, office, etc.
- Only source brand name medications with the same formulary you receive locally – no substitutions
- Comply with U.S. personal importation guidelines and are HIPAA compliant
- Many Americans do not know that 78% of active pharmaceutical ingredient manufacturers are located outside of the U.S., and imports account for about 49% of medical devices used in the U.S. and 96% of biologics (FDA.gov, 1/29/2026).

To see if your medication qualifies for our program, call Courtney at 417-408-8352.

Next Steps in Order to Support You, the Member

- A MedVed advocate will call, text, or email (member preference) members currently receiving specialty or brand name medications to explain the voluntary international process, check on eligible medications, and answer all questions.
- MedVed advocates will then assist each member with the completion of his/her enrollment paperwork and will obtain a health care authorization allowing the advocate to request prescriptions directly from the member's doctor.
- For international sourcing, MedVed will submit each member's documentation and request the member's prescription from his/her doctor for a 3-month supply with 3 refills (some high-cost medications will remain monthly fills).
- Once enrolled in the international sourcing program, a pharmacy representative will call the member to verify information on the order prior to mailing the medication directly to the member's home.

Assures complete confidentiality of all information utilized in our process and is 100% HIPAA compliant.

Contact: (417) 201-6047 | MedVedInc.com

zConnect
Your Health Is In Your Hands

zConnect is a mobile app that provides a simple and convenient way to access your personal health plan.

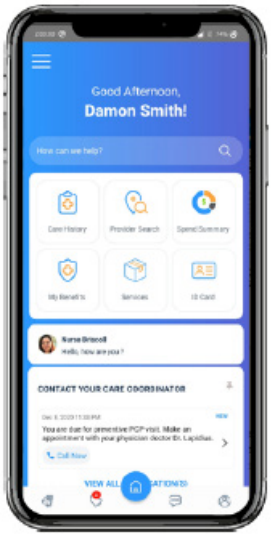
- Find a Doctor: It's easy to search for doctors and specialists in your area. The app even gives turn-by-turn directions to get there.
- View Claim Status: Want a faster, easier way to view claims? Access claims status and EOB's in just a few swipes!
- Virtual ID Card: Never misplace your ID card again! With zConnect, your ID card is a click away to view, download, or print!
- Track Your Spending: Knowing deductible and expense progress is important. The app shows where you are satisfying your plan year out-of-pocket spending and more!
- AI Chatbot: Don't feel like calling and waiting for a response? Use the live chat to get answers from your support teams on YOUR time!
- Estimate Your Costs: See what nearby doctors and facilities charge for a procedure. You can cost-compare providers, just like shopping online.

Download zConnect Health TODAY! You will receive an email or text from zconnect@zakipoint.com with your unique group code for registration!

By downloading the zConnect app, you may receive communications and updates about the app leading up to the new plan year. In the new plan year you have the ability to opt out from future notifications.

DOWNLOAD THE APP

Android iPhone



First Stop Health
24/7 Care When You Need It

First Stop Health

Get convenient care for your health via phone or video. Show-Me Benefit Consortium provides First Stop Health to medical-enrolled employees and their immediate family members for FREE.

On-Demand Doctor Visits

Getting the care you need shouldn't be a pain. Our board-certified doctors are available 24/7 via phone or video!

Diagnosis & Treatment

Get immediate support, including prescriptions when appropriate*, for:

- Sore Throat
- Pink Eye
- Cough
- Fever
- Sinus Issues
- Earache
- Skin Rash
- Cold & Flu
- UTI
- Medical Questions
- Rx Refill*
- And more!

Activate your account: use the last 4 digits of your SSN to claim your account!

Don't Let a Small Health Concern Become a Big Problem

Sinus infection while traveling? Sudden UTI? A stomachache in the middle of the night? Getting care is simple with First Stop Health Urgent Care:

- 24/7 care via phone or video: any time of day, anywhere you are. Simply request a visit on the app or website to talk to a doctor.
- Quick response time: once you request a visit, doctors call back within 7 minutes, on average.
- Ask your doctor anything: get answers to your medical questions.

*First Stop Health services are not intended to constitute a health plan. *Providers at First Stop Health do not prescribe controlled substances. Costs according to your medical plan may apply for prescriptions.*

firststophealth.com | 888-691-7867

Encompass
Employee Assistance Program

ENCOMPASS EAP
An AllOne Health Company

Your Assistance Program can help you reduce stress, improve mental health, and make life easier by connecting you to the right information, resources, and referrals.

All services are free, confidential, and available to you and your family members. This includes access to short-term counseling and the wide range of services listed below:

Mental Health Sessions

Manage stress, anxiety, and depression, resolve conflict, improve relationships, and address any personal issues. Choose from in-person sessions, video counseling, or telephonic counseling.

Life Coaching

Reach personal and professional goals, manage life transitions, overcome obstacles, strengthen relationships, and build balance.

Financial Consultation

Build financial wellness related to budgeting, buying a home, paying off debt, managing taxes, preventing identity theft, and saving for retirement or tuition.

Legal Consultation

Get help with personal legal matters including estate planning, wills, real estate, bankruptcy, divorce, custody, and more.

Work-Life Resources and Referrals

Obtain information and referrals when seeking childcare, adoption, special needs support, eldercare, housing, transportation, education, and pet care.

Personal Assistant

Save time with referrals for travel and entertainment, seeking professional services, cleaning services, home food delivery, and managing everyday tasks.

Medical Advocacy

Get help navigating insurance, obtaining doctor referrals, securing medical equipment, and planning for transitional care and discharge.

Member Portal

Access your benefits 24/7/365 through your member portal with online requests and chat options.
Explore thousands of self-help tools and resources including articles, assessments, podcasts, and resource locators.

Contact Encompass EAP
800-788-8630 | encompass.us.com | Company Code: showme

2026-27
SMBC Network Guide

Mercy Plans Network Guide	Cox Plans Network Guide	Cigna Plans Network Guide
Mercy (All 33 Locations) Citizens Memorial Lake Regional Ozarks Health Baxter Regional Golden Valley Memorial University Hospital MU Orthopedic MU Women's and Children's	Cox Health (All Locations) Burrell Health Citizens Memorial Ozarks Health Baxter Regional Golden Valley Memorial Wash U Barnes Jewish University Hospital MU Orthopedic MU Women's and Children's	Mercy (All Locations) Cox Health (All Locations) Burrell Health Citizens Memorial Lake Regional Ozarks Health Baxter Regional Golden Valley Memorial Wash U Barnes Jewish University Hospital MU Orthopedic MU Women's and Children's Call for other National Options

All Plans

If you are in an Emergency Situation you can go to **ANY** In or Out of network Hospital and it will be considered an In-Network benefit.

Contact the SMBC Team **844-682-1545 | customerservice@showmeadmin.com**

Reliance Standard

Company Paid Group Basic Life and AD&D

RELIANCE STANDARD
LIFE INSURANCE COMPANY
A MEMBER OF THE TOKIO MARINE GROUP

Eligibility
Employees: You are eligible when actively-at-work on a full-time basis as defined by your employer, except if you are working on a temporary or seasonal basis.

BENEFIT AMOUNT	GUARANTEED ISSUE	CONTRIBUTION REQUIREMENTS
Basic Life and AD&D: $15,000 **Dependent Life** **Spouse:** $2,000 **Dependent Child(ren):** $1,000	**Initial eligibility period only** **Employee:** $15,000 **Spouse:** $2,000 **Child:** All amounts are guaranteed issue	**Basic Life and AD&D** Coverage is 100% employer paid **Dependent Life** **Spouse:** Coverage 100% employee paid **Dependent Child(ren):** Coverage 100% employee paid

BENEFIT REDUCTION DUE TO AGE
(Applicable to employee / spouse coverage)

AGE	ORIGINAL BENEFIT REDUCED TO
65	65%
70	50%

Reliance Standard

Voluntary Supplemental Life and AD&D Insurance

RELIANCE STANDARD
LIFE INSURANCE COMPANY
A MEMBER OF THE TOKIO MARINE GROUP

Eligibility
Employees: You are eligible when actively-at-work on a full-time basis as defined by your employer, except if you are working on a temporary or seasonal basis.

Dependents: You must be insured for your Dependents to be covered.

BENEFIT AMOUNT	GUARANTEED ISSUE	CONTRIBUTION REQUIREMENTS
Supplemental Life Choose from a min. of $10,000 to max. of $500,000 in $10,000 increments. Amounts of life insurance equal to 500% or more may be subject to an earnings cap. **Dependent Life** **Spouse**: Choose from a min. of $5,000, a max. of $250,000 in $5,000 increments. (spouse amount may not exceed 50% of employee amount) **Dependent Child(ren):** Birth to age 26 years: $10,000	**Initial eligibility period only** **Employee:** $200,000 **Spouse:** $50,000 **Child:** All amounts are guaranteed issue	**Supplemental Life** Coverage is 100% employee paid **Dependent Life** **Spouse:** Coverage 100% employee paid **Dependent Child(ren):** Coverage 100% employee paid

BENEFIT REDUCTION DUE TO AGE
(Applicable to employee / spouse coverage)

AGE	ORIGINAL BENEFIT REDUCED TO
65	65%
70	50%

One America Financial
Short-Term Disability Insurance

Disability insurance provides income protection in the event that you miss work due to an accident or illness. Disability insurance will also provide coverage for female employees who miss work due to maternity leave. 30 hours weekly minimum requirement to be eligible.

Short Term Disability Benefits	Option 1	Option 2
Weekly Benefit Amount	Increments of $100 with a minimum of $100 and a maximum of $1,300, not to exceed 60% of Covered Weekly Earnings	Increments of $100 with a minimum of $100 and a maximum of $1,300, not to exceed 60% of Covered Weekly Earnings
Elimination Period	Injury: 14 Days Sickness: 14 Days	Injury: 30 Days Sickness: 30 Days
Maximum Benefit Duration	13 Weeks	9 Weeks
Evidence of Insurability	Guaranteed Issue	Guaranteed Issue
Pre-Existing Conditions	If an insured becomes disabled within the first 12 months from their individual effective date of coverage, the insurance company will look back 3 months before the policy took effect to see if the disability was caused by a pre-existing condition.	Same as Option 1

One America Financial
Long-Term Disability Insurance

Disability insurance provides income protection in the event that you miss work due to an accident or illness. Disability insurance will also provide coverage for female employees who miss work due to maternity leave. 30 hours weekly minimum requirement to be eligible.

Long Term Disability Benefits	Option 1	Option 2
Maximum Benefit Duration	SSNRA	SSNRA
Monthly Benefit Amount	Increments of $100 with a minimum of $100 and a maximum of $6,000, not to exceed 60% of Covered Monthly Earnings	Increments of $100 with a minimum of $100 and a maximum of $6,000, not to exceed 60% of Covered Monthly Earnings
Elimination Period	90 Days	180 Days
Evidence of Insurability	Guaranteed Issue	Guaranteed Issue
Pre-Existing Conditions	If an insured becomes disabled within the first 12 months from their individual effective date of coverage, the insurance company will look back 3 months before the policy took effect to see if the disability was caused by a pre-existing condition.	Same as Option 1

Symetra
Accident Insurance

Accidents can happen to anyone, at any time. To be better prepared for unexpected medical bills that may follow, consider enrolling in Symetra Accident Insurance. This supplemental health insurance pays fixed cash benefits for covered injuries and related services to help you manage out-of-pocket costs after an accident.

Initial Treatment & Related Benefits

Benefits	Base	Classic	Premier
EMERGENCY CARE & DIAGNOSTICS			
Ambulance – Ground	$200	$300	$400
Ambulance – Air	$1,000	$2,000	$3,000
Emergency Room	$200	$300	$400
Major Diagnostic Testing (MRI, CT Scan, CAT, MRI, EEG) 1 exam(s) per covered accident	$200	$300	$400
X-Ray – 1 test(s) per covered accident	$50	$75	$100
Pain Management/Epidural – 1 visit(s) per covered accident	$100	$150	$200
Initial Doctor's Visit	$200	$300	$400
Observation Unit – 24 hrs between accident and use	$100	$150	$250
Second Opinion – 180 days between accident and use	$100	$300	$500
ACCIDENT HOSPITALIZATION & SURGICAL BENEFITS			
Initial Accident Benefit	$50	$70	$100
Hospital Admission	$1,000	$1,500	$2,000
ICU Admission	$2,000	$3,000	$4,000
Hospital Confinement – Up to 365 day(s) per accident	$200	$300	$400
ICU – Up to 30 day(s) per accident	$400	$600	$800
Rehab/Skilled Nursing Facility – Up to 90 day(s) per accident	$100	$150	$200
Blood/Plasma/Platelets	$300	$400	$500

Symetra
Accident Insurance

SYMETRA
RETIREMENT | BENEFITS | LIFE

Initial Treatment & Related Benefits (continued)

Benefits	Base	Classic	Premier
ACCIDENT HOSPITALIZATION & SURGICAL BENEFITS			
Surgery – Open Abdominal, Thoracic	$2,000	$3,000	$4,000
Surgery – Cranial	$2,000	$3,000	$4,000
Surgery – Hernia	$1,000	$1,500	$2,000
Surgery – Exploratory or Without Repair	$200	$300	$400
Anesthesiology Services – 180 days between accident and use	$50	$200	$400
Joint Replacement – 365 days between accident and use	$500	$1,000	$2,000
Outpatient/Miscellaneous Surgery	$200	$300	$400
Transportation – Up to 3 trip(s) per accident	$300 per trip	$400 per trip	$500 per trip
Family Lodging – Up to 30 nights	$100	$150	$200
Coma – After 7-day duration	$5,000	$10,000	$15,000
FOLLOW UP CARE			
Follow Up Doctor's Visit – 6 visit(s) per covered accident	$100	$150	$200
Add Telemedicine to Follow-up Doctor Visit	$25	$40	$50
Physical Therapy – Up to 10 visits per accident	$30	$50	$75
Outpatient Therapy	$30	$50	$75
Chiropractic Visit – Up to 10 visits per accident	$30	$50	$75
Acupuncture Therapy	$30	$50	$75
Home Health Care	$100	$150	$200
Medical Equipment – 1 appliance(s) per covered accident	$150	$250	$400
Prosthetic Device – 1 device per covered accident	$1,500	$2,000	$2,500

Symetra
Accident Insurance

SYMETRA
RETIREMENT | BENEFITS | LIFE

Initial Treatment & Related Benefits (continued)

Benefits	Base	Classic	Premier
COMMON INJURIES			
Burns - Second Degree			
20 - 100 square centimeters	$100	$150	$200
101 - 225 square centimeters	$250	$400	$600
More than 225 square centimeters	$1,000	$1,500	$2,000
Burns - Third Degree			
20 - 100 square centimeters	$1,000	$1,500	$2,000
101 - 225 square centimeters	$2,500	$4,000	$6,000
More than 225 square centimeters	$10,000	$15,000	$20,000
Skin Grafts	50%	50%	50%
Paralysis			
Quadriplegia	$10,000	$25,000	$50,000
Paraplegia	$5,000	$12,500	$25,000
Hemiplegia	$5,000	$12,500	$25,000
Uniplegia	$2,500	$6,250	$12,500
Lacerations			
Puncture Wound	$20	$30	$50
Not requiring sutures	$50	$75	$100
Under 3 inches, required sutures	$100	$150	$200
3 to 6 inches, requires sutures	$200	$300	$400
Over 6 inches, requires sutures	$400	$600	$800

Symetra
Accident Insurance

SYMETRA
RETIREMENT | BENEFITS | LIFE

Initial Treatment & Related Benefits (continued)

Benefits	Base	Classic	Premier
COMMON INJURIES			
Emergency Dental Work			
Crown Repair	$300	$450	$600
Extraction	$100	$150	$200
Eye Injuries			
Removal of Foreign Object	$200	$300	$400
Surgical Repair	$300	$400	$600
Specific Injuries			
Ruptured Disc	$850	$1,250	$1,675
Tendons/Ligaments – 1 tear with surgical repair	$500	$750	$1,000
Tendons/Ligaments – 2 or more tears with surgical repair	$1,000	$1,500	$2,000
Tendons/Ligaments – Arthroscopic surgery with no repair	$200	$300	$400
Torn Knee Cartilage – Exploratory surgery with no repair	$200	$300	$400
Torn Knee Cartilage – Surgical repair	$500	$750	$1,000
Concussion	$250	$375	$500
Sprain	$100	$200	$300
PTSD	$500	$750	$1,000
Electric Shock/Electrocution	$300	$500	$750
Brain Injuries			
Moderate	$500	$750	$1,000
Severe Traumatic	$700	$1,000	$1,500
Intracranial Hemorrhage	$1,000	$1,500	$2,000

Symetra
Accident Insurance

SYMETRA
RETIREMENT | BENEFITS | LIFE

Initial Treatment & Related Benefits (continued)

Benefits	Base	Classic	Premier
COMMON INJURIES			
Accidental Poisoning			
Carbon Monoxide	$500	$750	$1,000
Lead/Hazardous Chemical	$500	$750	$1,000
Crime Victim			
Carjacking	$200	$300	$500
Robbery/Felonious Assault	$300	$400	$500
Gunshot Wound	$500	$1,500	$2,000
Assistive Modifications			
Home or Vehicle Modification	$1,000	$2,000	$3,000
Animal Bite			
Animal Bite Wound	$100	$200	$300
Animal Bite Treatment (Tetanus/Rabies/Anti-Venom) – Up to 3 treatment(s)	$100	$200	$300
Dislocations			
Closed Reduction	Up to $3,000	Up to $4,000	Up to $5,000
Open Reduction	200%	200%	200%
Partial Dislocation	25%	25%	25%
Fractures			
Closed Reduction	Up to $4,000	Up to $6,000	Up to $8,000
Open Reduction	200%	200%	200%
Bone Chip	25%	25%	25%

Symetra
Accident Insurance

Initial Treatment & Related Benefits (continued)

Benefits	Base	Classic	Premier
CATASTROPHIC ACCIDENT			
Accidental Death[1]	$20,000	$30,000	$50,000
Common Carrier Accidental Death[1]	$40,000	$60,000	$100,000
AD&D Benefits[1]	Up to $20,000	Up to $30,000	Up to $50,000
OPTIONAL			
Wellness Screening Benefit	$50	$50	$50
Occupational Coverage	Included	Included	Included
Portability	Included	Included	Included
Child Organized Sports	All Insureds - 25%	All Insureds - 25%	All Insureds - 25%
Family Care Benefit Rider – Child Care	$1,200	$1,600	$2,000
Family Care Benefit Rider – Pet Care	$600	$800	$1,000

Accident Insurance — Monthly Premiums

Coverage Tier	Base	Classic	Premier
Single Employee	$7.58	$10.84	$14.87
Employee + Spouse	$12.05	$17.25	$23.66
Employee + Child(ren)	$12.12	$17.62	$24.25
Family	$19.37	$27.99	$38.50

Symetra
Critical Illness Insurance

Critical Illness insurance pays a lump sum benefit directly to you and your covered dependents upon diagnosis of a covered critical illness.

Benefits	Symetra Quote
COVERAGE DETAILS	
Tobacco Usage	Tob/Non-Tob
Guaranteed Issue Employee	$5k increments up to $30k
Guaranteed Issue Spouse	$5k increments up to $30k
Guaranteed Issue Child	50% of EE
Wellness Benefit	$100
Recurrence	100%
Frequency per occurrence	Unlimited
(Separation Period)	6-months
Policy Maximum	Unlimited
Benefit Reductions due to Age	None
Benefit Waiting Period	None
Pre-existing Condition Limitation	None
Portability	Include
CORE CONDITIONS	
Invasive Cancer	100%
Non-invasive Cancer	50%
Skin Cancer	$1,000, full recurrence
Heart Attack	100%
Stroke	100%
Coronary Artery Bypass caused by heart disease	25%

Symetra
Critical Illness Insurance

SYMETRA
RETIREMENT | BENEFITS | LIFE

Coverage Details (continued)

Benefits	Symetra Quote
Sudden Cardiac Arrest	100%
Occupational HIV Infection	100%
Major Organ Failure	100%
End Stage Renal Failure	100%
Loss of Sight	100%
Loss of Speech	100%
Loss of Hearing	100%
Paralysis due to Sickness/Accident	100%
Severe Burns	100%
Stem Cell Transplant	100%
NEUROLOGICAL	
Advanced Alzheimer's	100%
Multiple Sclerosis	100%
Parkinson's	100%
ALS	100%
Coma	100%
Other Motor Neuron Diseases	100%
Dementia	100%
Brain Aneurysm	100%
Benign Brain Tumor	100%

Symetra
Critical Illness Insurance

SYMETRA
RETIREMENT | BENEFITS | LIFE

Coverage Details (continued)

Benefits	Symetra Quote
CHILDHOOD CONDITIONS	
Major Congenital Structural Abnormality (including, but not limited to:)	100%
Anencephaly	100%
Cleft Lip/Palate	100%
Club Foot	100%
Complex Congenital Heart Disease	100%
Omphalocele	100%
Spina Bifida (excluding Occulta)	100%
Congenital Metabolic Disorder (including, but not limited to:)	100%
Cystic Fibrosis (CF)	100%
Gaucher's Disease	100%
Niemann-Pick	100%
Phenylalanine Hydroxylase Deficiency	100%
Phenylketonuria	100%
Tay Sachs	100%
Congenital Chromosomal Abnormality (including, but not limited to:)	100%
Achondroplasia	100%
Down Syndrome	100%
DiGeorge Syndrome	100%
Fragile X	100%
Glucose-6-Phosphate Dehydrogenase Deficiency (G6PD)	100%
Hemophilia	100%

Symetra
Critical Illness Insurance

SYMETRA
RETIREMENT | BENEFITS | LIFE

Coverage Details (continued)

Benefits	Symetra Quote
Muscular Dystrophy	100%
Neurofibromatosis	100%
Prader Willi	100%
Sickle Cell Disease	100%
Turner Syndrome	100%
Chronic Medical Condition Commonly Diagnosed in Childhood (including, but not limited to:)	100%
Asthma	100%
Bronchopulmonary Dysplasia	100%
Cerebral Palsy (CP)	100%
Epilepsy	100%
Human Growth Hormone Deficiency (HGHD)	100%
Scoliosis	100%
Type I Diabetes	100%
Type II Diabetes	20%
Complications of Type II Diabetes	50%
INFECTIOUS DISEASE	25%
Min. Length Hospital Stay:	5 days
Infectious Disease Benefit (requires hospitalization) including but not limited to, all of the following:	
Anaerobic Bacteria	25%
Anthrax	25%
Aspergillus	25%

Symetra
Critical Illness Insurance

SYMETRA
RETIREMENT | BENEFITS | LIFE

Coverage Details (continued)

Benefits	Symetra Quote
Bacterial Pneumonia	25%
Candida	25%
Cholera	25%
Clostridium Difficile (C. Diff)	25%
Covid-19/Pandemic Type Illness	25%
Diphtheria	25%
Ebola	25%
Encephalitis	25%
Enterococcus	25%
Escherichia Coli (E-coli)	25%
Flesh-eating Bacteria	25%
Hepatitis (Occ or non-Occ)	25%
HIV (Occ or non-Occ)	25%
Influenza	25%
Legionnaire's Disease	25%
Malaria	25%
Necrotizing Fasciitis	25%
Plasmodium	25%
Rabies	25%
Rocky Mountain Spotted Fever	25%
Sepsis	25%
Meningitis	25%

Symetra
Critical Illness Insurance

SYMETRA
RETIREMENT | BENEFITS | LIFE

Coverage Details (continued)

Benefits	Symetra Quote
MRSA (Methicillin Resistant Staphylococcus Aureus)	25%
MSSA (Methicillin Susceptible Staphylococcus Aureus)	25%
Osteomyelitis	25%
Streptococcus	25%
Tetanus	25%
SARS	25%
Tuberculosis (Occ or non-Occ)	25%
Typhoid	25%

Symetra
Hospital Indemnity Insurance

The hospital indemnity policy helps offer you financial protection in the event that you or your dependents are admitted to the hospital. Benefits provide you with assistance in paying your deductible and co-payments associated with inpatient expenses.

Benefits	Classic	Premier
Inpatient Hospital First Day	$1,000, no limit per yr	$2,000, no limit per yr
Intensive Care Unit First Day	$1,000, no limit per yr	$2,000, no limit per yr
Inpatient Hospital Day 2+	$150/day up to 365 days	$300/day up to 365 days
Intensive Care Unit Subsequent Day 2+	$450/day up to 30 days	$900/day up to 30 days
Substance Abuse Facility Confinement	$100/day up to 30 days	$200/day up to 30 days
Mental Health Facility Confinement	$100/day up to 30 days	$200/day up to 30 days
Nursing Facility Confinement	$100/day up to 30 days	$200/day up to 30 days
Observation Unit	$150/day, up to 2x per year	$300/day, up to 2x per year
Wellness Screening	$50	$50
Newborn Nursery	$1,000 Day 1, $150 Day 2+	$2,000 Day 1, $300 Day 2+
Pregnancy Limitations	None	None
Pre-existing Exclusion	None	None
Age Reductions or Limitations	None	None

Hospital Indemnity — Monthly Premiums

Coverage Tier	Classic	Premier
Single Employee	$17.19	$30.15
Employee + Spouse	$35.53	$65.22
Employee + Child(ren)	$32.15	$47.18
Family	$52.75	$75.80

Note: This is not major medical insurance and is not a substitute for major medical insurance. It does not qualify as minimum essential health coverage under the Federal Affordable Care Act.

Symetra
Wellness Benefit

The Wellness Benefit will pay you the amount shown on the Schedule of Benefits for one health screening test performed during a twelve-month period for you and your dependents, if applicable, provided you and your dependents were covered under the policy at the time the test was performed and it was not already performed at any time during the same twelve-month period.

To File a Claim:

Call
1-800-497-3699
Monday through Friday 8 a.m. to 8 p.m. ET
Fax: (715) 682-5919

Email
sbclaims@symetra.com

Visit
symetra.com/MyGO

Mailing address:
P.O. Box 674419 Houston, TX 77267-4419



Your Policy Information

Policy #:
13445000

Policyholder:
Willard R-II School District

Eligible Wellness Screenings

- Abdominal aortic aneurysm ultrasonography
- Annual physical exam
- Baseline testing for concussion
- Biometric screening
- Blood test for lipids, including total cholesterol, LDL, HDL and triglycerides
- Bone density screening
- Bone marrow testing
- Breast MRI
- Breast ultrasound
- CA 125 (blood test for ovarian cancer)
- CA 15-3 (blood test for breast cancer)
- Carotid Doppler
- CEA (blood test for colon cancer)
- Chest X-ray
- Child sports physical
- Colonoscopy or virtual colonoscopy
- COVID-19 (physician-administered)
- CT angiography
- Dental exam/cleaning
- Electrocardiogram
- Eye exam
- Fasting blood glucose test
- Flexible sigmoidoscopy
- Immunization
- Mammogram
- Pap test
- Prostate-specific antigen (PSA) test
- Serum cholesterol test to determine level of HDL and LDL
- Stress test on a bicycle or treadmill
- Testicular ultrasound
- Thermography
- Thin Prep Pap test
- Well-child visit

MASA
Medical Transport Solutions

The high cost of emergent and non-emergent transportation results in unexpected out-of-pocket expenses. MASA protects members from these expenses related to emergency air transportation and ground ambulance charges. “Any Ground. Any Air. Anywhere.”

Benefits	Platinum	Emergent Plus
Cost	$39/month	$14/month
Family Included	Yes	Yes
Emergent Ground Transportation (U.S. & Canada)	Yes	Yes
Emergent Air Transportation (U.S. & Canada)	Yes	Yes
Repatriation (Worldwide)	Yes	Yes
Non-Emergent Interfacility Transportation (Worldwide)	Yes	Yes
Return Transportation (Worldwide)	Yes	No
Vehicle Return (Basic Coverage Area)	Yes	No
Organ Transplant Transportation (U.S. & Canada)	Yes	No
Pet Return (Basic Coverage Area)	Yes	No
Minor Children/Grandchildren Return (Basic Coverage Area)	Yes	No
Mortal Remains Transportation (Worldwide)	Yes	No

- Global Reach Emergent Plus (US 50/Canada); Platinum (up to worldwide)
- MASA steps in where insurance falls short by helping protect families against uncovered costs
- Simply contact 911 for emergency transport
- Covers any of the 1,500+ air ambulances in the US with 300 different provider companies
- Covers any of the 21,000 ground ambulance providers in the US
- US based support, local reps, simple enrollment, easy claims, and online access

Lively
Flexible Spending Account (FSA)

	Details
Why an FSA?	An FSA is an employer-sponsored benefit that covers a broad range of medical, dental, and vision expenses your health insurance plan may not cover, such as co-payments and deductibles.
Employee Benefits	**Tax-free contributions** Contributions to a GPFSA are made through pre-tax payroll deductions, effectively reducing your gross taxable income. **Access funds from Day 1** GPFSA funds are available on the first day of the plan year, regardless of the accrued balance on the account. **Savings up to 35% for you and your family** Use tax-advantaged funds to pay for qualified medical expenses for you, your spouse, and dependents claimed on your tax return. **Flexibility when choosing health insurance plans** GPFSAs are not tied to your health insurance plan, allowing you to choose a health plan that fits your needs.
How It Works	**Employer-owned** As an employer-owned account, your employer must offer a FSA benefit for you to enroll. **HSA compatibility** Unlike a Limited Purpose FSA and Dependent Care FSA, you cannot enroll in an FSA and a Health Savings Account (HSA) in the same plan year. You also cannot continue contributing to your HSA if you are enrolled in a FSA. **"Use it or lose it" rule** FSA funds do not rollover year-to-year, and unused funds revert to your employer – hence why they are "use it or lose it." To ensure you get the most out of your FSA without forfeiting funds, calculate your contributions by estimating how much you expect to spend that plan year.
What Expenses are Eligible?	You can use FSA funds on qualified healthcare expenses as defined by the IRS. The standard 213(d) list of eligible healthcare expenses has a comprehensive list of what qualifies, what does not, and what could potentially qualify based on certain circumstances. Access the list of qualified expenses by visiting https://livelyme.com/whats-eligible Our comprehensive lists are always up to date with information from the IRS.

Maximum 2026 Contribution Amounts

- $3,400 – Medical Reimbursement
- $7,500 – Dependent Care

Have Questions?

Email or call Lively for responsive assistance.

Reach a team of experts Monday-Friday, 6:00 am - 6:00 pm PT by emailing support@livelyme.com or calling 1-888-576-4837.

Lively
Dependent Care FSA (DCFSA)

	Details
Why a Dependent Care Account?	A Dependent Care FSA (DCFSA) is an employer-sponsored account that allows employees to set aside pre-tax dollars for eligible expenses. Enrolling in a DCFSA means you can offset some of the high costs of dependent care services while also reducing your tax burdens. Many working partners and caregivers take advantage of these savings each year.
How Does It Work?	• Once you make your annual election, equal parts of the elected amount will be deducted from each paycheck throughout the year. • Unlike funds of other types of FSAs which are fully available at the start of the plan year, DCFSA funds are made available as they are deducted from your paycheck. You will only have access to the funds currently in your account at any given time. • You will only be allowed to change the election amount during the year if you have a qualifying life event, such as change in marital status, change in number of dependents, or change in employment status.
Who is Eligible to Enroll?	If you are eligible to participate in your employer's benefits program, you are eligible to enroll in the DCFSA offered. • Enrollment and election only take place during the open enrollment period, unless you have a qualifying life event during the year. • You can be simultaneously enrolled in a DCFSA and an HSA or another type of FSA • You do not need to enroll in your employer's health plan to enroll in a DCFSA
Who is an Eligible Dependent?	Qualifying individuals must be claimed as dependents on your federal tax return, such as: • Child under age 13 • Disabled spouse • Elderly parent These individuals generally need to have the same primary residence as you to qualify and other requirements may apply. Check IRS Publication 503 for complete and updated details
What Expenses are Eligible?	Knowing what expenses qualify will help you make the most of your DCFSA. Here are some examples of eligible and ineligible expenses, and you can always refer to a complete list at https://livelyme.com/whats-eligible • Day care • Afterschool programs • In-home care • Preschool • Transportation • Physical Care

Maximum 2026 Contribution Amounts

- $7,500 – If you are filing single, or are married and filing jointly
- $3,750 – If married but filing separately

Have Questions?

Email or call Lively for responsive assistance.

Reach a team of experts Monday-Friday, 6:00 am - 6:00 pm PT by emailing support@livelyme.com or calling 1-888-576-4837.

Lively
Health Savings Account (HSA)

It's your money – why not keep more of it? With a Health Savings Account (HSA), you'll pay less in taxes and increase your take-home pay. You must be enrolled in an HSA-eligible High-Deductible Health Plan or an Affordable Care Act exchange Bronze or Catastrophic Plan.

How It Works

You can deposit money in your HSA account, up to an annual per-person or family limit set by the IRS. You'll be given access to a secure web portal and a convenient debit card to make it easy to access the money in your HSA.

Benefits to You

- An HSA is yours. Funds stay with you, even if you change jobs.
- Contribute tax free – reduces your taxable income.
- Grow funds tax free through interest earnings.
- Spend tax free on eligible expenses.
- After you turn 65, or if you become disabled, your HSA becomes similar to a regular IRA.

You Can Use Your HSA Dollars For

- Routine health care: office visits, X-rays
- Lab work, hospital expenses, medications
- Dental care: cleanings, fillings, crowns
- Vision care: eye exams, glasses, contacts
- Deductibles and coinsurance
- Eligible over-the-counter (OTC) items

Maximum 2026 Contribution Amounts

Contribution Limit	Amount
Single Employee	$4,400
Family	$8,750
Age 55+ (catch up)	$1,000

Have Questions?

For any questions, please contact Lively at livelyme.com, 1.888.576.4837 or support@livelyme.com

Lively

Lively Mobile App

Easily manage your Lively benefits on the go

The Lively Benefits app brings the simplicity and signature user experience of the Lively platform to the palm of your hands.

Easily manage your Lively benefits from anywhere through an easy-to-use interface, even for the least tech savvy among us.

Benefits Accessible via the App:

- Lively Health Savings Account (HSA)
- Lively Flexible Spending Account (FSA)
- Lively Health Reimbursement Arrangements (HRA)
- Lively Lifestyle Spending Account (LSA)
- Lively Medical Travel Account (MTA)

**Only benefits you are enrolled in will appear in the app.*



Access Your Lively Accounts on-the-go to:
View what's most important on a single dashboard
Designed to tell you exactly what you need to know to make the most out of your Lively benefits and take timely action.

Manage your account on the move
Track account balance, access transactions history, manage your Lively debit cards, and more.

Initiate claims and verify purchases
A paperless, easy claims verification process that guides you with clear instructions at every step.

Learn actionable information
Take the guesswork out of managing your benefits with helpful reminders about plan year periods, open claims, and more.

Check what qualifies as eligible
Access the list of qualified expenses directly through your app or ask the Lively AI Agent. Our list is always up-to-date and easy to access on-the-go.

Trust that your data is safe and secure

Login security measures such as Two-Factor Authentication (2FA) and biometric credentials help keep your account safe from unauthorized users.

Download the '**Lively Benefits**' mobile app today. Available on iOS and Google Play app stores.

Download on the App Store | GET IT ON Google Play

★★★★★

Claims Documentation Checklist

Do you have what you need to file a claim? Use this checklist to gather the right documentation for each type of claim.

Claim Type	Documentation Needed
Wellness	Date wellness services were provided; care provider's contact information; list of services provided.
Critical Illness	Completed claim form; positive pathology report from doctor for initial claim; discharge summary (if hospitalized).
Supplemental Medical Expense	Completed claim form or itemized statements from care providers showing diagnosis and procedure codes; primary healthcare plan provider's Explanation of Benefits.
Accident	Completed claim form; proof of accident treatment with diagnosis; police report (if applicable); proof of follow-up treatment with diagnosis.
Hospital Indemnity Insurance Policy	Completed claim form; itemized statements; police report (if applicable).
Disability	Completed claim form; police report (if applicable); discharge summary from hospital (if ER involved); employer's first report of injury (if on-the-job).
Notification of Death – Death Claim	Completed claim form; original certified death certificate.
Notification of Death – Accelerated Death Benefits for Critical Care Claim	Completed claim form; pathology report (if involving cancer).
Notification of Death – Terminal Illness Claim	Completed claim form.

Questions?

Contact the SMBC Team

(417) 893-8437

info@hpmg-llc.com