

Benefits Guide

2027



Table of contents

A Message to Our Employees	3
Getting Started: Making the Most of Your Benefits	4
Eligibility	5
Open Enrollment will be Passive	6
Medical Insurance	7
Health Savings Account (HSA)	9
Eligible HSA Expenses	10
Dental Insurance	11
Vision Insurance	13
Flexible Spending Accounts	14
Life and AD&D Insurance	15
Voluntary Life/AD&D Insurance	16
Disability Income Benefits	17
Group Term and Supplemental Life Flyer	18
STD Flyer	21
LTD Flyer	24
Supplemental Health Insurance	27
Accident Flyer	28
Critical Illness Flyer	32
Hospital Indemnity Flyer	34
Contacts	38
Disclosures	39

A Message to Our Employees

We're glad you're here—and even more excited to help you make the most of your employee benefits.

At Paulding, we believe our greatest asset is in our staff. Your dedication, talent, and passion are the driving force behind the success of our school district, and we remain committed to supporting you in meaningful ways. As part of that commitment, we're proud to offer a comprehensive benefits package designed to support your health, financial security, and overall wellbeing.

Please note a slight adjustment to the HDHP deductible plan for 2027. The minimum deductible for an embedded plan will increase to \$3,500 for single coverage and \$7,000 for family coverage, up from the current \$3,400/\$6,800. In alignment with the school's agreement that the out-of-pocket maximum will remain \$1,000/\$2,000 above the deductible, the out-of-pocket maximum will also increase—from \$4,400/\$8,800 to \$4,500/\$9,000. Humira and Stelara will no longer be covered under the prescription drug plan. Members currently using these medications will be transitioned to their clinically equivalent biosimilar alternatives. Biosimilars are highly similar to their reference medications and can provide significant cost savings, often costing 75% to 90% less while maintaining comparable safety and effectiveness.

This adjustment reflects our ongoing support to prioritize your needs and provide stability in an ever-changing landscape. We understand the importance of accessible, high-quality benefits, and we're proud to continue offering a package that reflects the value we place on each of you. Thank you for all that you do. We're excited about what we can accomplish together.



Your benefits are a valuable part of your total compensation and reflect our commitment to investing in you—not just as an employee, but as a whole person.

Along with your paycheck, they help provide the protection, support, and flexibility you need at every stage of life.

Whether you're just getting started or exploring new options this year, we encourage you to take a few moments to review your choices and select the benefits that best fit your needs—and those of your family.

Your wellbeing matters, and we are happy to support you every step of the way

Getting Started: Making the Most of Your Benefits

Understanding the benefits basics

Understanding your benefits starts with knowing the basics. Whether you're reviewing options during open enrollment or navigating a life event, having a clear understanding of common insurance terms can help you feel more confident in your choices. This glossary is here to break down some of the most frequently used terms so you can make informed decisions for yourself and your family.

Glossary of Key Insurance Terms

Premium -

The amount you pay for your insurance coverage, usually deducted from your paycheck. This is paid regardless of whether you use the benefits or not.

Deductible -

The amount you must pay out-of-pocket for covered healthcare services before your insurance starts to pay.

Covered Services -

Medical care, treatments, or procedures your plan agrees to pay for, fully or partially, as outlined in your plan documents (e.g., doctor visits, hospital stays, preventive care, prescriptions). Services not listed may be your full financial responsibility.

Copay -

A fixed amount you pay for a covered service, such as a doctor's visit or prescription, typically at the time of service.

Coinsurance -

The percentage of costs you pay for covered services after you've met your deductible. For example, if your coinsurance is 20%, you pay 20%, and your insurance pays 80%.

Out-of-Pocket Maximum -

The most you'll have to pay for covered services in a plan year. Once you reach this limit, the plan pays 100% of covered services for the rest of the plan year.

In-Network Provider -

A doctor, hospital, or other healthcare provider that has a contract with your insurance plan. You'll usually pay less when you use in-network providers.

Out-of-Network Provider -

A provider that doesn't have a contract with your insurance plan. Costs are typically higher if you choose an out-of-network provider.

Pre-certification -

Approval from your insurance plan that must be obtained before receiving certain services or treatments. Confirms the care is medically necessary and covered. Skipping it may result in reduced benefits or a denied claim.

Eligibility

Let's get you and your family covered

Who is Eligible?

You are eligible to enroll in benefits if you are full-time regularly scheduled to work at least 15 hours per week.

You may also cover your eligible dependents, which include:

- Your legal spouse
- Your children up to age 26, including biological, stepchildren, adopted children, and children for whom you are the legal guardian
- Children over age 26 who are mentally or physically disabled and dependent on you for support

When Coverage Begins

- *New Hires:* Benefits begin on your date of hire
- *Open Enrollment:* Coverage elected during Open Enrollment will be effective 1/1/2027.

Enroll within 30 days of your hire date by logging into the Benelogic self-service portal.

Open Enrollment

**Paulding Exempted
Village Schools's
Open Enrollment is
from 11/2/2026 to
11/15/2026.**

Making Changes to Your Benefits

Once enrolled, you can only make changes during Open Enrollment unless you experience a qualifying life event, such as:

- Marriage or divorce
- Birth or adoption of a child
- Death of a dependent
- Loss or gain of other coverage

You must submit your Qualifying Life Event (QLE) change within 30 days of the event date. Requests submitted after this deadline may not be approved until the next Open Enrollment period.

To make changes, log in to the Benelogic self-service portal. Documentation of the event will be required.

Coverage changes typically become effective the date of the event (example: childbirth coverage begins on the date of birth).

Open Enrollment will be Passive

Making Sure You And Your Loved Ones Are Covered

What does passive enrollment mean?

This means that if you do not log into Benelogic self-service portal to make changes, the benefits you are currently enrolled in will carry forward for the 2027 plan year (except for FSA elections and FSA and HSA contributions).

You must take action in Benelogic:

- To select your Health Savings Account (HSA) contribution (for those enrolled in the Blue Access HDHP HSA plan)
- To select your Flexible Spending Account (FSA) contribution
- To add, change or waive coverage for yourself
- To add, change or waive coverage for any dependent
- To add, change or waive your medical plan, dental and/or vision plan

How to Enroll

Open enrollment begins during your new hire orientation and occurs annually in November for the following calendar year. Are you ready to enroll? Verify all your personal information. You will enroll via our Benelogic self-service portal at

<https://pauldingschools.benelogic.com/>

The employee's username will be the portion of their email address that appears before the @ symbol. For example, **John Doe** would have the username **j_doe**.

Single Sign-On (SSO) is enabled through the District's Google account. If an employee is already logged in with their school email account, they will be able to access Benelogic automatically without needing to enter additional login credentials.

Once all your information is entered, 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.

Medical Insurance

Choose the Coverage That Fits Your Health and Budget

Taking care of your health starts with having the right coverage. We're proud to offer medical insurance that helps you access the care you need while balancing costs and flexibility. Your medical insurance is made available through Anthem Blue Cross and Blue Shield, and selected to support your needs.



Medical Plan Overview

	Anthem Blue Access HDHP HSA \$3,400 In-Network	Anthem Blue Access PPO \$1,000 In-Network
Annual Deductible	\$3,500 Individual \$7,000 Family	\$1,000 Individual \$2,000 Family
Out-of-Pocket Max	\$4,500 Individual \$9,000 Family	\$3,000 Individual \$6,000 Family
Physicians Services		
Primary Care	No charge after deductible is met	\$20 copay per visit, medical deductible does not apply
Specialist Visit	No charge after deductible is met	\$20 copay per visit, medical deductible does not apply
Preventive Care	No charge; deductible does not apply	No charge, deductible does not apply
Virtual Care -Only Providers	No charge after deductible is met (primary care, mental health, specialist via mobile app/website)	No charge, medical deductible does not apply (Primary Care and urgent/acute care)
Hospital Services		
Inpatient Hospitalization	No charge after deductible is met (Hospital Facility Fees including Maternity, Mental Health and Substance Use Disorder Services)	20% coinsurance after medical deductible is met (facility fees)
Outpatient Surgery	No charge after deductible is met (Outpatient Surgery Facility Fees - Hospital)	20% coinsurance after medical deductible is met (outpatient surgery facility fees, hospital)
Diagnostic Testing		
Advanced Imaging	No charge after deductible is met (MRI, PET, CAT scans; office and outpatient hospital)	20% coinsurance after medical deductible is met (office and outpatient hospital)
Diagnostic X-ray/Lab	No charge after deductible is met (lab and x-ray, office and outpatient hospital)	No charge (office); 20% coinsurance after deductible (outpatient hospital)
Urgent / Emergency Care Visits		
Urgent Care	No charge after deductible is met	\$75 copay per visit, medical deductible does not apply
Emergency Room (Waived if admitted)	No charge after deductible is met (Emergency Room Facility Services)	\$150 copay per visit, medical deductible does not apply; copay waived if admitted
Prescriptions (Retail 30-day supply)		
Generic	Tier 1 - Typically Generic: \$10 copay per prescription after deductible is met (retail and home delivery)	\$15 copay per prescription (retail); deductible not applicable
Preferred Brand	Tier 2 - Typically Preferred Brand: \$35 copay per prescription after deductible is met (retail)	\$40 copay per prescription (retail); deductible not applicable
Non-Preferred Brand	Tier 3 - Typically Non-Preferred Brand: \$70 copay per prescription after deductible is met (retail)	\$80 copay per prescription (retail); deductible not applicable
Specialty Drugs	Tier 4 - Typically Specialty (brand and generic): \$70 copay per prescription after deductible is met (retail and home delivery)	\$160 copay per prescription (retail and home delivery); deductible not applicable

The above illustrates a summary of your in network benefits. For detailed benefit information, please review the plan documents.

Health Savings Account (HSA)

Save Smart for Healthcare Now and Later

A Health Savings Account, commonly known as an “HSA,” is an individual account you can open, add money to, and spend on eligible health care expenses. If you elected the high deductible health plan, you are eligible for an HSA.

	If you cover yourself only	If you cover dependents
2026 IRS maximum contribution	\$4,400	\$8,750
2027 IRS maximum contribution	\$4,500	\$9,000
Age 55 or older catch up contribution	\$1,000	\$1,000

Why an HSA is a Great Option

- **Tax-Free Savings:** Use your HSA for qualified medical, dental, vision, and prescription expenses—tax free
- **It’s Yours to Keep:** The account is yours, even if you leave the company.
- **Money Rolls Over:** Unused funds stay in your account each year—you don’t lose them.
- **Funds grow and can be invested:** Not only can your HSA funds grow tax-free, they can also be invested.

IRS eligibility requirements

In order to make- or receive- contributions to a Health Savings Account (HSA), you must:

- **Be enrolled** in a qualified High Deductible Health Plan (HDHP)
- **Not** be covered under any other non-HDHP health coverage, including a full health care FSA through your spouse.
- **Not** be anyone else's tax dependent, and
- **Not** be enrolled in Medicare A or B, Tricare, or certain VA benefits.

An HSA gives you control, savings, and peace of mind when it comes to managing healthcare costs—today and in the future.

Eligible HSA Expenses

Use your HSA tax-free for qualified medical expenses for you, your spouse, and eligible dependents.

Common Eligible Expenses

Medical Care

- Deductibles, copays and coinsurance
- Doctor, specialist and hospital care
- Lab work, X-rays and diagnostic testing

Prescriptions & Supplies

- Prescription medications
- Many over-the-counter medicines
- Bandages, first-aid and diabetes supplies

Dental & Vision

- Cleanings, fillings and orthodontia
- Eye exams, glasses and contacts
- Certain corrective eye procedures

Other Qualified Care

- Mental health and substance-use care
- Hearing aids and mobility equipment
- Certain medical travel expenses

Usually not eligible

Most insurance premiums, cosmetic procedures, general wellness items, and expenses already reimbursed by insurance.

Premium exceptions: Long-term care insurance (age-based limits apply); COBRA or other continuation coverage; health coverage while receiving unemployment compensation; and Medicare or other health coverage after age 65. Medigap premiums do not qualify.

Keep itemized receipts and confirm questionable expenses before using HSA funds.

Dental Insurance

Support for Your Smile and Your Budget

We're excited to offer a comprehensive dental package designed to support your oral health and help you manage dental care costs. Preventive care is covered at 100% in-network, and coverage is offered for a wide range of basic and major services.

You are encouraged to use in-network dentists to save the most, as Delta Dental of Ohio has pre-negotiated rates. Your dental coverage is here to help you and your family maintain a healthy smile—while keeping out-of-pocket costs manageable.

Tip: Always ask your dental provider to submit a pre-treatment plan to Delta Dental of Ohio. This way you know your out-of-pocket costs before your services are completed!



Dental Plan Overview

Delta Dental PPO (Point-of-Service)		
	In-Network	*Out-of-Network
Annual Deductible Calendar year	\$25 Individual \$50 Family	\$25 Individual \$50 Family
Is the deductible waived for preventive services?	YES	YES
Annual Plan Maximum (per individual)	\$2,500	\$2,500
Oral exams, X-rays, cleanings, fluoride, space maintainers, sealants	Plan pays 100%; deductible does not apply to diagnostic and preventive services	Plan pays 100% of nonparticipating dentist fee; deductible does not apply to diagnostic and preventive services
Basic		
Oral surgery, fillings, endodontic treatment, periodontic treatment, repairs of dentures and crowns	Plan pays 80% for minor restorative services (fillings and crown repair); deductible applies	Plan pays 80% of nonparticipating dentist fee for minor restorative services (fillings and crown repair); deductible applies
Major		
Crowns, jackets, dentures, bridge implants	Plan pays 80% for major restorative services (crowns); deductible applies	Plan pays 80% of nonparticipating dentist fee for major restorative services (crowns); deductible applies
Orthodontia		
Adults and dependent children	Plan pays 60% for orthodontic services; deductible does not apply; \$1,000 lifetime maximum per member; no age limit	Plan pays 60% of nonparticipating dentist fee for orthodontic services; deductible does not apply; \$1,000 lifetime maximum per member; no age limit
Lifetime orthodontia plan maximum (per individual)	\$1,000	\$1,000

***NOTE:** If you see an out-of-network dentist they may bill you any difference between what they charge for the service and what Delta Dental allows, this is called balance billing. If you see an in-network dentist, you will not be balance billed.

To find an in-network dentist visit [Find a Dentist | Delta Dental](#).



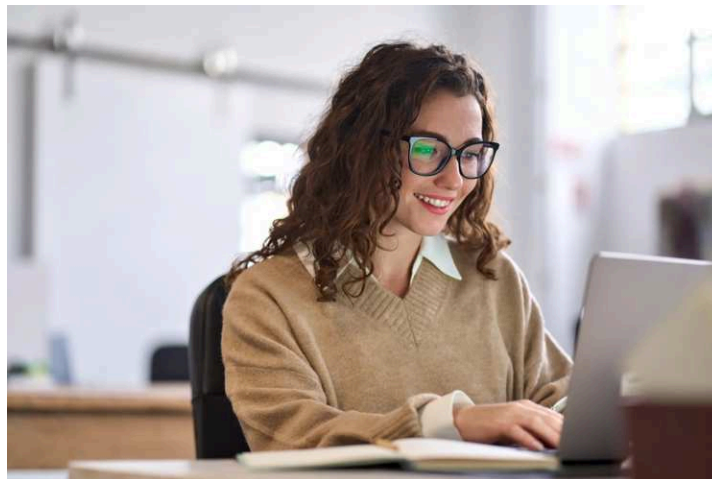
Vision Insurance

See Clearly, Spend Wisely: Vision Coverage That Works for You

Paulding's vision insurance with VSP entitles you to specific eye care benefits. Our policy covers routine eye exams, other procedures, and provides specified dollar amounts or discounts for the purchase of eyeglasses and contact lenses. Vision Benefits are through the VSP Network. To find an In Network Provider visit www.vsp.com/eye-doctor. If you seek the services of an In Network provider, your benefits are outlined in the grid below.

Vision Plan Overview

	VSP Signature Plan	
	In-Network	Out-of-Network
Eye exam with dilation as necessary (Once every 12 months)	\$10 Copay	Reimbursed up to \$50
Frames (Once every 24 months)	Covered-in-full after \$20 copay, up to frame allowance; 20% off any amount above the allowance; Extra \$20 allowance on Featured Frame Brands	Reimbursed up to \$70
Standard lenses (Once every 12 months)		
Single vision	Covered-in-full after copay	Reimbursed up to \$75
Lined Trifocal	Covered-in-full after copay	Reimbursed up to \$100
Lenticular	Covered-in-full after copay	Reimbursed up to \$125
Contact lenses (in lieu of glasses)		
Medically necessary	Covered-in-full after copay	Reimbursed up to \$210
Elective	Covered-in-full, up to Contact Lens Allowance	Reimbursed up to \$105



Flexible Spending Accounts

What is a Health Care FSA?

A health care FSA lets you use pre-tax dollars for certain IRS-approved medical care expenses not covered by your insurance plan. For example, cash that you now spend on deductibles, copayments or other out-of-pocket medical expenses can instead be placed in the health care FSA on a pre-tax basis.

Healthcare Flexible Spending Account (FSA) contribution limits are expected to increase modestly in 2027. The annual Healthcare FSA contribution limit is projected to rise from **\$3,400 in 2026 to \$3,500 in 2027**, while the maximum carryover amount is expected to increase from **\$680 to \$700**. These limits include both employee contributions and any employer contributions made to the account, if applicable.

Why Can't You Have a Traditional FSA and an HSA?

The IRS does not allow someone to contribute to an HSA if they are covered by another health plan that provides first-dollar medical coverage before the HDHP deductible is met.

A traditional Health Care FSA reimburses most medical, prescription drug, dental, and vision expenses immediately, even before an employee satisfies the HDHP deductible. As a result, the FSA is considered additional health coverage, making the individual ineligible to contribute to an HSA.

What is a Limited Purpose Health Care FSA?

A Limited Purpose Flexible Spending Account (LPFSA) is a special type of Flexible Spending Account designed for individuals who are enrolled in a High Deductible Health Plan (HDHP) and contribute to a Health Savings Account (HSA).

Unlike a traditional FSA, a Limited Purpose FSA can only be used for certain eligible expenses, typically:

- Dental expenses (cleanings, fillings, orthodontics, etc.)
- Vision expenses (eye exams, glasses, contacts, LASIK, etc.)

Because the account is restricted to dental and vision expenses, it allows employees to maintain their eligibility to contribute to an HSA.

What Is a Dependent Care FSA?

Similar to health FSAs, dependent care FSAs allow you to contribute pre-tax dollars to qualified dependent care such as daycare, preschool, before and after school care and summer camp expenses. The maximum amount you may contribute each year is \$7,500 (or \$3,750 if married and filing separately).

Life and AD&D Insurance

Peace of Mind at No Cost to You

To help protect you and your loved ones, all eligible employees are automatically enrolled in employer-paid Basic Life and Accidental Death & Dismemberment (AD&D) insurance. This coverage offers financial support in the event of your death or a covered accident—***and it's provided at no cost to you.***

It is important to keep your beneficiary information up to date.

Basic Life/AD&D Insurance Plan Overview

	Basic Group Term Life and Accidental Death & Dismemberment Insurance
Yourself only	\$50,000



Voluntary Life/AD&D Insurance

Your Safety Net for Life's "What Ifs"

In addition to the employer-paid Basic Life/AD&D coverage, you have the option to purchase extra Life and AD&D insurance for yourself and your family. Are you the sole provider for your household? What other expenses do you expect in the future (for example, college tuition for your child)? Depending on your needs, you may want to consider buying supplemental coverage.

- You pay the full cost of this coverage through post-tax payroll deductions.
- If you elect coverage for yourself, you can also add coverage for your spouse and children

Voluntary Life/AD&D Insurance Plan Overview

Voluntary Life/AD&D	Employee	Spouse	Dependent Child(ren)
Increments	\$10,000 increments	\$5,000 increments not to exceed 50% of employee's benefit amount	Choice of \$1,000, \$2,000, \$4,000, \$5,000, or \$10,000
Guarantee Issue Amount	\$150,000	\$25,000	Any amount less than or equal to the maximum
Maximum Benefit	Lesser of 5 x salary or \$500,000	\$100,000 not to exceed 50% of employee's benefit amount	\$10,000

**Please note: Age reductions may apply. Please see the plan document for details.*



Disability Income Benefits

Income Protection When You Need It Most

Disability insurance provides income protection if you're unable to work due to illness or injury — helping you cover part of your paycheck while you recover.

Short-Term Disability (STD) Insurance

The Voluntary Short-Term Disability (VSTD) plan provides income protection if you are unable to work due to a covered illness, injury, or maternity. The benefit lasts for up to 13 weeks and coverage is paid by you through post-tax payroll deductions. **Important Note:** you are **NOT ELIGIBLE** to receive short-term disability benefits if you are receiving workers' compensation for a work-related injury or illness.

This coverage is voluntary and paid by you, if you choose to elect it.

Short-Term Disability	Short Term Disability Income Insurance
Benefits Begin	15th day of disability
Benefit Duration	13 weeks
Percentage of Income replaced	\$100-\$1,000 in \$50 increments, not to exceed 60% of your basic weekly earnings
Maximum Benefit	\$1,000 Weekly

Long-Term Disability (LTD) Insurance

Offers extended income protection if your disability lasts beyond the short-term period. LTD benefits typically begin after STD benefits are exhausted and may continue for several months or even years, depending on the severity of the condition and the policy terms..

This coverage is voluntary and paid by you, if you choose to elect it.

Long-Term Disability	Long Term Disability Income Insurance
Benefits Begin	After 90 days of disability
Benefit Duration	Age 65 or SSNRA
Percentage of Income replaced	60% of your monthly earnings
Maximum Benefit	\$6,000 monthly

Help minimize the financial impact on your loved ones when the unexpected happens



What is Group Term Life Insurance?

It's difficult to think about loss, but important to be prepared for the unexpected. With **Group Term Life Insurance**, your beneficiaries will be paid proceeds if you pass away during the term of the coverage. The term is generally one year, renewing annually with other employer-offered benefits.

Accidental Death & Dismemberment Insurance is included with your coverage, which provides you or your beneficiary a separate payment if you die or are severely injured in a covered accident.



How much coverage do I get?

Your employer offers basic Group Term Life Insurance and Accidental Death & Dismemberment at no cost to you in the amount of a flat \$50,000.

Can I add more coverage to meet my needs?

Yes, you can. With **Supplemental Group Term Life Insurance**, you can buy coverage for yourself, your spouse, and your kids that goes beyond the basic coverage you get from your employer.

Beneficiaries will get an additional benefit payment if you or the insured person passes away.

You can also choose **Supplemental Accidental Death & Dismemberment Insurance**, which provides an additional benefit payment separate from your basic coverage.

Why should I consider supplemental coverage?



It can help fill the gaps in the basic coverage you get from your employer.



It can increase your coverage amount and provide additional protection to help pay for things like bills, tuition, and more.



It offers an opportunity to cover your spouse and children, as well.



You can enroll up to \$150,000 without answering any medical questions. This guaranteed-issue amount is only available to new hires during their initial enrollment period.

How much supplemental coverage can I get?

	Supplemental Life & Supplemental Accidental Death & Dismemberment	Guaranteed Issue Limit
You	\$10,000 to a maximum of \$500,000 in \$10,000 increments, not to exceed 5 times basic annual earnings.	You may elect up to \$150,000 without providing evidence of insurability during your initial enrollment opportunity.
Your Spouse*	\$5,000 to a maximum of \$100,000 in \$5,000 increments, not to exceed 50% of the employee's Supplemental Life insurance amount.	You may elect up to \$25,000 without providing evidence of insurability during your initial enrollment opportunity.
Your Children*	Choice of \$1,000, \$2,000, \$4,000, \$5,000, or \$10,000	Evidence is not required for any amount less than or equal to the plan maximum

When evidence of insurability is required, the insurance company will need to approve it before coverage becomes effective.

*Coverage is available only if employee coverage is elected.

*The use of "spouse" in this document means a person insured as a spouse as described in the certificate of insurance or rider. Please contact your employer for more information.

**Children birth to age 26 and as defined by your employer's plan. Coverage is available only if employee coverage is elected. Extended disabled dependent coverage is available in Washington for ages 26 years old and older if the dependent meets the criteria defined in the Certificate of Coverage.

How much does it cost?

The cost of Group Term Life and Accidental Death & Dismemberment Insurance varies depending on the coverage amount you select. "Age" refers to the employee age as of January 1st, 2025 .

Rates shown are guaranteed until January 1st, 2028.

The employee cost shown below includes both insurance premium and a non-insurance fee for Bereavement Support, including Funeral Planning & Will Preparation.

Supplemental Life Insurance monthly rates per \$1,000 of coverage		
Employee Age	Employee & Spouse	Child
Under 20	\$0.090	\$0.24
20-24	\$0.090	
25-29	\$0.090	
30-34	\$0.120	
35-39	\$0.135	
40-44	\$0.189	
45-49	\$0.282	
50-54	\$0.452	
55-59	\$0.696	
60-64	\$1.004	
65-69	\$1.905	
70 +	\$3.090	
The rates are per individual.		

Supplemental Accidental Death and Dismemberment (AD&D) Insurance Rates	
	Monthly rate per \$1,000 of coverage
Employee Supplemental AD&D	\$0.017
Spouse Supplemental AD&D	\$0.017
Children Supplemental AD&D	\$0.051

What else is included?

Accelerated Death Benefit If you have a medical condition that requires permanent, continuous confinement in an institution or are diagnosed with a terminal illness with limited life expectancy, this living benefit may pay you a portion of the benefit while you are still living. Receipt of this living benefit may be taxable or may adversely affect your eligibility for Medicaid or other government benefits. You should consult with your personal tax advisor before using the Accelerated Death Benefit.

Waiver of Premium benefit allows you to keep your Group Term Life Basic and Supplemental coverage for a period of time without paying premiums if you aren't working because you are totally disabled.

Continue (Port) or convert coverage If your employment ends or you no longer meet your employer's eligibility criteria, you may have the option to continue coverage by paying premiums directly to the insurance company. You may also have the option to convert coverage into an individual Whole Life Insurance policy. Coverage for your spouse or children is also available.

Non-insurance services

Bereavement Support, including Funeral Planning & Will Preparation We work with Empathy to offer you Bereavement Support, including Funeral Planning & Will Preparation services. Combining technology and human care, Empathy helps families prepare for the future and navigate the emotional and practical challenges associated with loss.

Bereavement Support, including Funeral Planning & Will Preparation services are provided by The Empathy Project, Inc., New York, NY.

Employee Assistance resources are available to support you and your family with counseling, legal support and financial guidance. Licensed clinicians and care managers help you navigate life's challenges, providing personalized solutions and connecting you to optimal resources anytime, anywhere.

Employee Assistance Program services are provided by TELUS and its affiliates.

Voya Travel Assistance Being in an unfamiliar place can cause stress, especially if something goes wrong. Voya Travel Assistance offers you and your dependents services when traveling 100 miles or more from home, including: medical assistance services, emergency medical transport services, travel assistance services such as pre-trip and cultural information, security services and accessible technology.

Voya Travel Assistance services are provided by International Medical Group, Inc., Indianapolis, IN.

Exclusions and limitations

Supplemental Life Insurance coverages have a two-year suicide exclusion from the effective date of coverage or an increase in coverage.

There are no exclusions for Basic Life Insurance.

AD&D Accidental Death Insurance has exclusions that are described in the certificate of insurance or rider.

This offer is contingent upon participation requirements being met.

If you or your spouse or children were previously declined for Supplemental Life Insurance by the insurance company, you are not eligible for this one-time offer.

Questions?

Enrollment instructions will be provided by your employer. If you have additional questions before you enroll, please call:

- Voya Employee Benefits Customer Service at (877) 236-7564

Scan the QR code to visit your Employee Benefits Resource Center to learn more about this benefit and review instructions on how to file a claim after your coverage effective date.

<https://presents.voya.com/EBRC/PEVS>



This is a summary of benefits only. A complete description of benefits, limitations, exclusions and termination of coverage will be provided in the certificate of insurance and riders. All coverage is subject to the terms and conditions of the group policy. If there is any discrepancy between this document and the group policy documents, the policy documents will govern. To keep coverage in force, premiums are payable up to the date of coverage termination. Group Term Life Insurance is underwritten by ReliaStar Life Insurance Company (Minneapolis, MN), a member of the Voya® family of companies. Policy form ICC LP14GP or LP00GP (may vary by state).

For employees of Paulding Exempted Village School

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Short Term Disability Income Insurance

Help minimize the financial impact of leave or unexpected illness



What is Short Term Disability Insurance?

There may come a time when you're unable to work due to a disability – maybe due to maternity leave, or planned surgery, or even an unexpected illness or injury. If you find yourself in a situation like this, **Short Term Disability Income Insurance** could help replace part of your income while you're not working for a short period of time.



How much coverage do I get?

Your employer believes in the importance of Short-Term Disability Income Insurance and is giving you the option to elect coverage in the following amounts:

Coverage amounts

\$100-\$1,000 in \$50 increments, not to exceed 60% of your basic weekly earnings

When you become disabled, you must complete the waiting period indicated below before benefits are payable:

14 days if your disability is caused by an accidental injury.

14 days if your disability is caused by a sickness.

A waiting period is the amount of time that must pass before your weekly benefits will begin.

How long do my benefit payments last?

You can receive weekly benefit payments for a maximum of 13 weeks.

Why should I consider Short Term Disability insurance?

-  You can use the weekly benefit to help pay for things like medical bills, rent or mortgage, and groceries while you are disabled.
-  A dedicated claims analyst will guide you throughout your leave.
-  No medical questions if you enroll during annual enrollment.

How much does it cost?

Rates shown are guaranteed until: 01/01/2028. Your premiums are deducted on a post-tax basis. It does not include bonuses, commissions, or overtime pay.

Short Term Disability rates	
Age*	Monthly rate per \$10 of benefit payroll
Under 50	\$0.73
51-59	\$0.63
60+	\$0.89

*Age as of January 1

Exclusions and limitations

We won't pay benefits if your disability is caused by, contributed to by, or results from any of the following:

- Subject to the applicable law in the state where the Policy is delivered or issued for delivery, commission or attempt to commit a felony or illegal activity.
- Engaging in any illegal occupation, work or employment.
- Operating a motorized vehicle while under the influence of alcohol as evidenced by a blood alcohol level at or in excess of the state legal intoxication limit as defined by the state law where the disability occurs.
- Intentionally self-inflicted harm.
- Attempted suicide, regardless of mental capacity.
- Participation in a war, declared or undeclared, or any act of war. An act of war is military activity by one or more national governments and does not include terrorist acts, other random acts of violence not perpetrated by you, or civil war or community faction.
- Active duty as a member of the armed forces of any nation. However, we will refund, upon written notice of such service, any Premium which has been accepted for any period not covered as a result of this exclusion.
- Active participation in a riot, insurrection or terrorist activity, but not including civil commotion, disorder, injury as an innocent bystander, or injury because of self-defense.
- Subject to the applicable law in the state where the Policy is delivered or issued for delivery, voluntary intake of any narcotic or other controlled substance, unless the narcotic or controlled substance is taken under the direction of and as directed by a doctor.

- Voluntary intake of poison, drugs or fumes, unless a direct result of an occupational accident.
- Cosmetic surgery except when required for your appropriate care as a result of your injury or sickness; cosmetic surgery shall not include (1) reconstructive surgery when the surgery is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part, (2) reconstructive surgery because of congenital disease or anomaly resulting in a functional defect and (3) surgery necessitated by gender dysphoria.
- Traveling in any aircraft other than as a fare-paying passenger on a scheduled or charter flight operated by a scheduled airline.
- Traveling in any aircraft (or device) used for testing or an experimental purpose, used by or for any military authority, or used for travel beyond the earth's atmosphere.
- Hang-gliding, skydiving, parachuting, ultralight, soaring, ballooning and parasailing.
- Participation in recreational motor sports events, racing, speed or endurance contest (auto, truck, cycle or boat), rock or mountain climbing, skin or scuba diving, or bungee jumping.
- Participation in any sport for wage, compensation or profit.

If your employer's plan covers only non-occupational injuries, then the following exclusion also applies:

- Occupational sickness or injury

We will not pay a benefit for any period of Disability during which you are incarcerated.

Pre-existing conditions: We won't pay benefits if your disability is due to a pre-existing condition, and you became disabled during the first 12 months** following the effective date of your coverage. A pre-existing condition is any condition for which you have done any of the following at any time during the 12 months** just prior to your effective date of coverage, whether or not that condition is diagnosed, undiagnosed or misdiagnosed:

- Received medical treatment or consultation.
- Taken or were prescribed drugs or medicine.
- Received care or services, including diagnostic measures.

Your benefits may be reduced by other income you are eligible to receive while disabled.

*Limitations and exclusions will vary by state and by your employer's benefit plan.

**The length of the pre-existing condition "limitation" period and "look-back" period may vary for your employer's plan. Contact your employer for details.

If you were previously declined for coverage by the insurance company, you are not eligible for this one-time offer.



Questions?

Enrollment instructions will be provided by your employer. If you have additional questions before you enroll, please call:

- Voya Employee Benefits Customer Service at (877) 236-7564

Scan the QR code to visit your Employee Benefits Resource Center to learn more about this benefit and review instructions on how to file a claim after your effective date.

<https://presents.voya.com/EBRC/PEVS>



This is a summary of benefits only. A complete description of benefits limitations exclusions and termination of coverage will be provided in the certificate of insurance and riders. All coverage is subject to the terms and conditions of the group policy. If there is any discrepancy between this document and the group policy documents the policy documents will govern. To keep coverage in force premiums are payable up to the date of coverage termination. Short Term Disability Income Insurance is underwritten by ReliaStar Life Insurance Company (Minneapolis MN) a member of the Voya® family of companies. Policy form ICC19 RL-STD-POL-19; RL-STD-POL-20.

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For the employees of Paulding Exempted Village School

Date Prepared: 07/23/2024

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Long Term Disability Income Insurance

Help minimize the financial impact of a disabling illness or injury



What is Long Term Disability Income Insurance?

While hard to imagine, now is the right time to think about how to replace part of your paycheck when you're injured or ill and can't work. If your recovery time lasts longer than just a few short weeks or months, **Long Term Disability Income Insurance** can help replace part of your income for the duration of your disability or to normal retirement age.



How much coverage do I get?

Your employer believes in the importance of Long-Term Disability Income Insurance and is giving you the option to elect coverage in the following amount[s]:

Coverage amounts
60% of your monthly earnings, up to \$6,000 per month
Coverage Minimum: > \$100 or 10% of your monthly earnings
Coverage Maximum: \$6,000 of your monthly earnings

Your policy has a waiting period of 90 consecutive days within 180 calendar days.

A waiting period is the amount of time that must pass before your benefits will begin. Any days that you are able to work after the start of your disability will not count towards your waiting (elimination) period.

Why should I consider supplemental coverage?



You can use the weekly benefit to help pay for things like medical bills, rent or mortgage, and groceries while you are disabled.



Payroll deduction means you don't have to worry about another bill.



Keep your coverage even if you leave your employer and pay the insurance company directly.

Do I have to answer health questions to enroll?

If you enroll in Long Term Disability Insurance the first time that it is offered to you (typically when you are a new employee), you will be guaranteed coverage up to \$6,000 or 60%. Pre-existing condition limitations may apply. If you wait to enroll at a later time, Evidence of Insurability may be required where you will need to answer questions about your current and past health in order to be considered for coverage.

How much does it cost?

Rates shown are guaranteed until: 01/01/2028. Your contributions are deducted on a post-tax basis.

The cost is calculated based on your age as of 01/01/2025.

Long Term Disability monthly rates	
Age	60% benefit percentage rates per \$100 of monthly covered payroll
Under 25	\$.122
25-29	\$.122
30-34	\$.122
35-39	\$.261
40-44	\$.358
45-49	\$.487
50-54	\$.652
55-59	\$.745
60-64	\$.582
65-69	\$.219
70-99	\$.219

How long do benefit payments last?

Long Term Disability Income benefits are available until you recover from your disability, or until you reach the maximum period of payment listed below.

If you are disabled **before you reach age 60**, the maximum period of payment will be until SSNRA, as shown in the following table:

Year of birth	Social Security retirement age (SSNRA)*
Before 1938	65 years
1938	65 years and 2 months
1939	65 years and 4 months
1940	65 years and 6 months
1941	65 years and 8 months
1942	65 years and 10 months
1943-1954	66 years
1955	66 years and 2 months
1956	66 years and 4 months
1957	66 years and 6 months
1958	66 years and 8 months
1959	66 years and 10 months
After 1959	67 years

If you are disabled **on or after you reach age 60**, the maximum period of payment will be determined according to the following table:

Age when disability begins	Maximum period of payment
60	60 months or to SSNRA*, whichever is greater
61	48 months or to SSNRA*, whichever is greater
62	42 months or to SSNRA*, whichever is greater
63	36 months or to SSNRA*, whichever is greater
64	30 months or to SSNRA*, whichever is greater
65	24 months
66	21 months
67	18 months
68	15 months
69 and over	12 months

*Age at which you are entitled to unreduced Social Security benefits based on the Social Security Amendments of 1983.

What else is included?

When you enroll in the Long-Term Disability Income Insurance your employer is offering, you'll also have access to these additional benefits to bring you added support when you need it. For a complete description of your available benefits, along with applicable provisions, exclusions and limitations, see your certificate of insurance and any riders.

Waiver of Premium maintains your coverage with no premium due while you're receiving Long Term Disability benefits from us.

Social Security Disability Income (SSDI) filing assistance when you are ready to file.

Survivor Benefit pays an eligible loved one a lump-sum benefit if you pass while receiving disability benefits - 3 times your monthly benefit.

Cost of Living Adjustment increases your benefit to correspond with normal cost of living increases after you receive one full year of monthly benefit payments.

Vocational rehabilitation services assist you in returning to work when possible.

Workplace modifications may be made to your workplace in order to help you return to work.

Family Member Care Expense Benefit may provide a benefit for incurring expenses to care for an eligible family member if you are receiving monthly Disability benefits and participating in a vocational rehabilitation plan.

Child Care Expense Benefit may provide a benefit for incurring expenses to care for an eligible child if you are receiving monthly Disability benefits and participating in a vocational rehabilitation plan.

Exclusions and limitations

Benefits are not payable if your disability is caused by, contributed to or resulting from:

- Commission of or attempt to commit a felony
- Intentionally self-inflicted injuries
- Attempted suicide, regardless of mental capacity
- Being legally intoxicated or being under the influence of any narcotic, unless taken under the direction of and as directed by a doctor
- Participation in a war, declared or undeclared, or any act of war
- Active military duty
- Active participation in a riot
- Engaging in any illegal or fraudulent occupation, work or employment
- Traveling or flying on an aircraft operated by or under the authority of military or any aircraft being used for experimental purposes

Pre-existing conditions: A pre-existing condition is a sickness, injury or physical condition that led to medical treatment, consultation, care or services (including diagnostic measures) during the 12-month period before your coverage effective date. Benefits are not payable if your disability begins in the first 12 months after your coverage effective date, and your disability is caused by, contributed by, or the result of a pre-existing condition. • No monthly benefit is payable for disability caused in whole or directly by any work for pay, profit or gain.

Your benefits may be limited to a shorter time period, such as 24 months during your lifetime, if:

- The disability is due to a mental illness, alcoholism or drug abuse.

Your benefits will be reduced by other income (deductible sources of income) you are eligible to receive while disabled. These include but aren't limited to:

- Income received from any form of employment
- Unemployment benefits and any type of income replacement provided by your employer
- Workers' Compensation benefits or benefits from similar programs
- Judgments or settlements you receive related to disability
- Disability or retirement payments under Social Security or other federal and state plans
- Disability income payments under automobile liability insurance benefits
- Disability income payments payable under any other group insurance policy and certain retirement payments provided under your employer's retirement plan

*Limitations and exclusions will vary by state and by your employer's benefit plan.

This offer is contingent upon participation requirements being met.

If you were previously declined for coverage by the insurance company, you are not eligible for this one-time offer.



Questions?

Enrollment instructions will be provided by your employer. If you have additional questions before you enroll, please call:

- Voya Employee Benefits Customer Service at (877) 236-7564

Scan the QR code to visit your Employee Benefits Resource Center to learn more about this benefit and review instructions on how to file a claim after your effective date:

<https://presents.voya.com/EBRC/PEVS>



This is a summary of benefits only. A complete description of benefits, limitations, exclusions and termination of coverage will be provided in the certificate of insurance and riders. All coverage is subject to the terms and conditions of the group policy. If there is any discrepancy between this document and the group policy documents, the policy documents will govern. To keep coverage in force, premiums are payable up to the date of coverage termination. Disability Income Insurance is underwritten by ReliaStar Life Insurance Company (Minneapolis, MN), a member of the Voya® family of companies. Policy form HP08GP and/or HP13GP (may vary by state).

For the employees of Paulding Exempted Village School

Acct # 746126, Date Prepared: 07/18/2024

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Supplemental Health Insurance

Helping Cover the Costs Medical Insurance Doesn't

Accident Insurance

Accident insurance helps cover unexpected costs associated with injuries from an accident. This voluntary coverage provides a cash benefit directly to you to help pay for expenses like medical treatment, transportation, and hospital stays. Coverage is available for you and your family, with rates based on coverage tier. Benefits include payments for common injuries, emergency care, hospital stays, and accidental death & dismemberment.

An included wellness rider pays a yearly benefit when you or a covered family member completes a qualifying preventive care visit.

Hospital Indemnity

The Hospital Indemnity plan provides financial protection by paying a lump sum benefit when you or your covered family members are admitted to the hospital, a critical care unit, or rehabilitation facility.

This coverage helps offset out-of-pocket expenses like deductibles, co-pays, and other costs related to a hospital stay. Benefits are paid directly to you, regardless of other insurance, and can be used however you choose.

Coverage under the Hospital Indemnity plan includes a Wellness Benefit, which will pay you and covered dependents an annual benefit if you complete an eligible health screening test. The annual benefit for each covered member is \$50.

Critical Illness

Critical Illness plans provide you with a lump sum cash payment if you have a heart attack, stroke, kidney failure, organ transplant, or cancer diagnosis. Cash is paid directly to you to help with medical and non-medical expenses such as deductibles, copays, coinsurance, lost time from work, transportation, personal bills, and medication expenses. You use the cash to help you and your family.

Some covered conditions are: Heart Attack, Stroke, Cancer, Major Organ Failure, Kidney Disease (End-Stage Renal Failure), Advanced Alzheimer's Disease

An included wellness rider pays a yearly benefit when you or a covered family member completes a qualifying preventive care visit.

See summary plan description for a full list of conditions.

Accident Insurance

Help minimize the financial impact that can come with an accidental injury



What is it?

Accident Insurance pays you benefits for specific injuries and events resulting from a covered accident. Accident Insurance is a limited benefit policy. It is not health insurance, and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

Who can be covered?

You have the option to enroll yourself as well as your spouse and children in Accident Insurance coverage to meet your needs.

*The use of "spouse" in this document means a person insured as a spouse as described in the certificate of insurance or rider.

**The definition of "child" may vary by state. Please contact your employer for more information.



Wellness Benefit

Your coverage includes a Wellness Benefit, which will pay you and covered family members an annual benefit if they complete an eligible health screening test. These screenings may include a mental health screening, flu immunization, a mammogram and a routine eye or dental exam.

- Employees receive an annual benefit of \$50.
- Spouses receive an annual benefit of \$50.
- Children receive an annual benefit of \$50 per child.

Why should I consider it?



Benefits will be paid directly to you to use for any purpose, such as paying out-of-pocket medical expenses, copays, deductibles, groceries, gas, utilities and more – it's up to you.



Coverage is always guaranteed issue.



Your coverage can go with you if you leave your employer or retire, and you'll be billed directly.

How much does it cost?

This table shows your rates for Accident Insurance. The cost provided below includes Accident Insurance premium and a fee for Voya Travel Assistance.

Semi-Monthly Rates			
Low Plan			
Employee	Employee and Spouse	Employee and Children	Family
\$3.78	\$7.47	\$7.48	\$11.17
Semi-Monthly Rates			
High Plan			
Employee	Employee and Spouse	Employee and Children	Family
\$4.94	\$9.72	\$9.69	\$14.46

What kinds of injuries and treatments does it cover?

Your Accident Insurance coverage is always guaranteed issue, and it provides a benefit payment after a covered accident that results in specific injuries and treatments. The following list presents a sample of the benefits provided by Accident Insurance. State variations may apply. For a complete description of your available benefits, see your certificate of insurance and any riders.

Accident hospital care which includes:

	Low option	High option
Hospital admission	\$1,250	\$1,750
Hospital Confinement (per day, up to 365 days)	\$250	\$325
Blood, plasma, platelets	\$500	\$625
Critical Care unit confinement (per day, up to 15 days)	\$400	\$600

Accident care which includes:

	Low option	High option
Initial Doctor Visit	\$75	\$125
Emergency Room Treatment	\$200	\$325
Ground Ambulance	\$300	\$550
X-ray	\$60	\$90
Mental Health Therapy (per treatment up to 10)	\$40	\$60

Common injuries which include:

	Low option	High option
Burns (2nd degree, at least 36% of body)	\$1,125	\$1,500
Emergency Dental Work (Extraction)	\$100	\$150
Torn Hip, Knee or Shoulder Cartilage (surgical repair)	\$650	\$900
Laceration ¹ (sutures over 6")	\$400	\$750
Concussion	\$250	\$500

Dislocations which include:

Complete ² /Complete Requiring Surgical Repair ³	Low option	High option
Shoulder	\$1,600/\$3,200	\$2,200/\$4,400
Elbow	\$1,100/\$2,200	\$1,500/\$3,000
Knee	\$2,400/\$4,800	\$3,000/\$6,000
Hip Joint	\$4,000/\$8,000	\$5,000/\$10,000
Wrist	\$1,100/\$2,200	\$1,500/\$3,000

Fractures which include:

Non-Surgical Repair ⁴ /Surgical Repair ⁵	Low option	High option
Collarbone	\$1,440/\$2,880	\$2,000/\$4,000
Ankle	\$1,800/\$3,600	\$2,500/\$5,000
Forearm, hand, wrist except fingers	\$1,800/\$3,600	\$2,500/\$5,000
Hip	\$4,000/\$8,000	\$6,000/\$12,000
Rib or ribs	\$750/\$1,500	\$1,000/\$2,000

¹ Laceration benefits are a total of all lacerations per accident. Payable once per covered accident. If your injury qualifies as both a laceration and puncture wound, only one benefit in the higher amount will be payable.

² Complete separated joint that does not require a surgical repair. If you receive more than one dislocation in the same covered accident, a benefit is payable for all dislocations. However, the benefit amount will be no more than two times the benefit amount for the joint involved which pays the highest benefit amount. Other limitations and maximums may apply.

³ Completely separated joint that requires surgical repair. If you receive more than one dislocation in the same covered accident, a benefit is payable for all dislocations. However, the benefit amount will be no more than two times the benefit amount for the joint involved which pays the highest benefit amount. Other limitations and maximums may apply.

⁴ Fracture that does not require a surgical repair. If you receive more than one fracture in a covered accident, a benefit is payable for all fractures. However, the benefit will be no more than two times the benefit amount listed for the bone which pays the highest benefit amount.

⁵ Fracture that does require surgical repair. If the doctor diagnoses the fracture as a chip fracture, the benefit will be reduced to a percentage of what would have been paid for a Non-Surgical Repair Fracture of the same bone. If you receive more than one fracture in a covered accident, a benefit is payable for all fractures. However, the benefit will be no more than two times the benefit amount listed for the bone which pays the highest benefit amount.

What else is included?

The benefits below are also included with your coverage. For a complete description of your benefits, along with applicable provisions, conditions on benefit determination, exclusions and limitations, see your certificate of insurance and any riders.

Sports Accident Benefit increases the benefit amounts listed in the accident hospital care, accident care or common injuries sections by the percentage indicated in the Certificate of Coverage (and up to a maximum additional benefit amount) if your accident occurs while participating in an organized sporting activity (as defined in the certificate of coverage).

Accidental Death and Dismemberment (AD&D)

If you are severely injured or die as a result of a covered accident, an AD&D benefit may be payable to you or your beneficiary.

Additional Non-Insurance Services

Voya Travel Assistance offers you and your dependents services when traveling 100 miles or more from home, including: medical assistance services, emergency medical transport services, pre-trip and cultural information, security services and accessible technology.

Voya Travel Assistance services are provided by International Medical Group, Inc., Indianapolis, IN.

Exclusions and limitations

Standard exclusions for the Certificate, Spouse Accident Insurance, and Children's Accident Insurance and AD&D are listed below. (These may vary by state.) For a complete description of your available benefits, exclusions and limitations, see your certificate of insurance and any riders.

Your Benefits are not payable for any loss caused in whole or directly by any of the following*:

- Any Sickness of declining process caused by Sickness.
- Participation or attempt to participate in a felony or illegal activity.
- An accident while the covered person is operating a motorized vehicle while intoxicated. Intoxication means the covered person's blood alcohol content meets or exceeds the legal presumption of intoxication under the laws of the state where the accident occurred.
- Suicide, attempted suicide or any intentionally self-inflicted injury, while sane or insane.
- War or any act of war, whether declared or undeclared, other than acts of terrorism.
- Loss sustained while on active duty as a member of the armed forces of any nation. We will refund, upon written notice of such service, any premium which has been accepted for any period not covered as a result of this exclusion.
- Alcoholism, drug abuse, or misuse of alcohol or taking of drugs, other than under the direction of a doctor.
- Riding in or driving any motor-driven vehicle in a race, stunt show or speed test.
- Operating, or training to operate, or service as a crew member of, or jumping, parachuting or falling from, any aircraft or hot air balloon, including those which are not motor-driven. Flying as a fare-paying passenger is not excluded.
- Engaging in hang-gliding, bungee jumping, parachuting, sail gliding, parasailing, parakiting, kite surfing or any similar activities.
- Practicing for, or participating in, any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received.

Exclusions and limitations for Off Job Accident Disability Income coverage (may vary by state) are the same as the exclusions in the Certificate, plus:

- No monthly benefit is payable for disability caused in whole or directly by any work for pay, profit or gain.
- If the employee becomes disabled outside the United States or territories of the United States, the monthly benefit will be limited to a maximum of two months while the employee is outside the country. To continue to receive any additional benefit payments due, the employee must reside in the United States or a territory of the United States for the duration of that benefit period.

A pre-existing condition means a sickness which, within a designated period prior to the Sickness Hospital Confinement coverage effective date or any increase in coverage for each covered person, resulted in the covered person receiving medical treatment, consultation, care or services (including diagnostic measures). There are no pre-existing condition limitations on this coverage.

*Definition and limitations/exclusions may vary by state.

Questions?

Enrollment instructions will be provided by your employer. If you have additional questions before you enroll, please call:

- Voya Employee Benefits Customer Service at (877) 236-7564

Scan the QR code to visit your Employee Benefits Resource Center to learn more about this benefit and review instructions on how to file a claim after your effective date.

<https://presents.voya.com/EBRC/PEVS>



This is a summary of benefits only. A complete description of benefits, limitations, exclusions and termination of coverage will be provided in the certificate of insurance and riders. All coverage is subject to the terms and conditions of the group policy. If there is any discrepancy between this document and the group policy documents, the policy documents will govern. To keep coverage in force, premiums are payable up to the date of coverage termination. Accident Insurance is underwritten by ReliaStar Life Insurance Company (Minneapolis, MN), a member of the Voya® family of companies. Policy Form #RL-ACC3-POL-16; Certificate Form #RL-ACC3-CERT-2-23; and Rider Forms: Spouse Accident Rider Form #RL-ACC3-SPR2-23, Children's Accident Rider Form #RL-ACC3-CHR2-23, Wellness Benefit Rider Form #RL-ACC3-WELL2-23, Accidental Death & Dismemberment (AD&D) Rider Form #RL-ACC3-ADR2-23, Catastrophic Accident Rider Form #RL-ACC3-CAR2-23, Off Job Accident Disability Income Rider form #RL-ACC3-DIR-16, Sickness Hospital Confinement Rider Form #RL-ACC3-HCR-16, Waiver of Premium Rider form #RL-ACC3-WOP-16, Absence from Employment Premium Waiver Rider form #RL-ACC3-AEPW-23; Continuation of Insurance Rider form #RL-ACC3-CNT2-23. Form numbers, provisions and availability may vary by state and employer's plan.

Accident 2.3 only

For the employees of Paulding Exempted Village School

Date Prepared: 07/22/2024

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Critical Illness Insurance

Help minimize the financial stress that may follow the diagnosis of a serious illness



What is it?

Critical Illness Insurance pays a lump-sum benefit if you are diagnosed with a covered illness or condition. Critical Illness Insurance is a limited benefit policy. It is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.



What conditions does it cover?

Unless noted, your payment will be at 100% of your benefit amount.

- Heart attack*
- Cancer
- Stroke
- Sudden cardiac arrest
- Major organ transplant**
- Coronary artery bypass (50%)
- Carcinoma in situ (25%)
- Type 1 Diabetes
- Transient ischemic attacks (10%)
- Ruptured or dissecting aneurysm (10%)
- Severe burns
- Pacemaker placement (10%)
- Benign brain tumor
- Skin cancer (10%)
- Bone marrow and stem cell transplant (25%)
- Permanent paralysis
- Loss of sight, speech or hearing
- Coma
- Amyotrophic lateral sclerosis (ALS)
- Parkinson's Disease
- Advanced Dementia
- Muscular dystrophy
- Infectious disease (hospitalization requirement) (25%)***



Wellness Benefit

Your coverage includes a Wellness Benefit, which will pay you and covered family members an annual benefit if you complete an eligible health screening test. These screenings may include a mental health screening, flu immunization, a mammogram and a routine eye or dental exam.

- Employees receive an annual benefit of \$50.
- Spouses receive an annual benefit of \$50.
- Children receive an annual benefit of \$50 per child

For a list of standard exclusions and limitations, please refer to the limitations and exclusions section later in this document. For a complete description of your benefits, along with applicable provisions, conditions on benefit determination, exclusions and limitations, see your certificate of insurance and any riders.

Why should I consider it?



Use your paid benefit for any purpose, such as paying out-of-pocket medical expenses, copays, deductibles, groceries, gas, utilities and more – it's up to you.



Coverage is always guaranteed issue.



Your coverage goes with you if you leave your employer or retire, and you'll be billed at the same rates via direct billing by the insurance company.

Covered conditions for your insured children:

Cerebral Palsy, Congenital Birth Defects, Cystic Fibrosis, Down Syndrome, Gaucher Disease - Type II or III, Infantile Tay Sachs, Niemann-Pick Disease, Pompe Disease, Type IV Glycogen Storage Disease

* A sudden cardiac arrest is not in itself considered a heart attack.

** Major organ transplant means the irreversible failure of your heart, lung, pancreas, entire kidney or liver, or any combination thereof, determined by a physician specialized in care of the involved organ.

*** Diagnosis of a severe infectious disease by a Doctor, when a diagnosis occurs on or after the group's coverage effective date; AND Confinement to a Hospital or a transitional facility for 5 or more consecutive days.

Who can be covered?

You have the option to enroll in additional supplemental coverage in the amount(s) below.

You	Choice of \$10,000 or \$20,000
Your spouse*	Choice of \$5,000 or \$10,000
Your children*	Choice of \$5,000 or \$10,000

* Coverage is available only if employee coverage is elected.

* The use of "spouse" in this document means a person insured as a spouse as described in the certificate of insurance or rider.

** Children birth to age 26 and as defined by your employer's plan. Coverage is available only if employee coverage is elected.

How many times can I receive this benefit?

You may receive a benefit payment for each different diagnosis of a covered condition shown on your Schedule of Benefits. (A definition of "different diagnosis" is provided in the certificate of coverage).

There is no total maximum benefit amount or limit to the number of payments you may receive for each covered condition under your plan, except for skin cancer.

For skin cancer, the benefit is payable up to 1 time per calendar year with a total benefit amount of 10 times the benefit amount you're enrolled in. Once the maximum for skin cancer has been reached, no further benefits are payable.

How much does it cost?

The table below shows how much you'll pay for Critical Illness Insurance. The premium is deducted directly from your paycheck. Your rates will depend on your age and how much coverage you select. If your rates are "attained age" that means that the rates will go up based on your age each policy year.

4-Tier Rating Semi-Monthly Rates				
Employee: \$10,000 Spouse: \$5,000 Child(ren): \$5,000 Includes Wellness Benefit Rider				
Attained Age	EE Only	EE+SP	EE+CH	Family
Under 25	\$1.80	\$2.70	\$1.80	\$2.70
25-29	\$2.10	\$3.15	\$2.10	\$3.15
30-34	\$2.50	\$3.75	\$2.50	\$3.75
35-39	\$3.10	\$4.65	\$3.10	\$4.65
40-44	\$4.10	\$6.15	\$4.10	\$6.15
45-49	\$5.50	\$8.25	\$5.50	\$8.25
50-54	\$6.90	\$10.35	\$6.90	\$10.35
55-59	\$9.15	\$13.73	\$9.15	\$13.73
60-64	\$11.75	\$17.63	\$11.75	\$17.63
65-69	\$15.90	\$23.85	\$15.90	\$23.85
70+	\$21.00	\$31.50	\$21.00	\$31.50

4-Tier Rating Semi-Monthly Rates				
Employee: \$20,000 Spouse: \$10,000 Child(ren): \$10,000 Includes Wellness Benefit Rider				
Attained Age	EE Only	EE+SP	EE+CH	Family
Under 25	\$3.60	\$5.40	\$3.60	\$5.40
25-29	\$4.20	\$6.30	\$4.20	\$6.30
30-34	\$5.00	\$7.50	\$5.00	\$7.50
35-39	\$6.20	\$9.30	\$6.20	\$9.30
40-44	\$8.20	\$12.30	\$8.20	\$12.30
45-49	\$11.00	\$16.50	\$11.00	\$16.50
50-54	\$13.80	\$20.70	\$13.80	\$20.70
55-59	\$18.30	\$27.45	\$18.30	\$27.45
60-64	\$23.50	\$35.25	\$23.50	\$35.25
65-69	\$31.80	\$47.70	\$31.80	\$47.70
70+	\$42.00	\$63.00	\$42.00	\$63.00

What else is included? The benefits below are also included with your coverage. For a complete description of your benefits, along with applicable provisions, conditions on benefit determination, exclusions and limitations, see your certificate of insurance and any riders.

Portability If you are in a situation where your eligibility for benefits is changing, such as reduced hours, termination from employment, or a life event such as divorce, you may want to continue your insurance coverage. Portability allows you to continue your coverage under the same group policy by paying your premiums directly to the insurance company.

IMPORTANT: This is a fixed indemnity policy, NOT health insurance

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- Visit **HealthCare.gov** or call **1-800-318-2596** (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website (naic.org) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.

Hospital Indemnity Insurance

Help minimize the financial impact that can come with a stay in a hospital or medical facility



What is it?

Hospital Indemnity Insurance pays a fixed daily benefit if you have a covered stay in a hospital, critical care unit or rehabilitation facility. Hospital Indemnity Insurance is a limited benefit policy. It is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

Who can be covered?

You have the option to enroll yourself as well as your spouse* and children** in Hospital Indemnity Insurance coverage to meet your needs.

* The use of "spouse" in this document means a person insured as a spouse as described in the certificate of insurance or rider.

** The definition of "child" may vary by state. Please contact your employer for more information.

Why should I consider it?



Use your paid benefit for any purpose, such as paying out-of-pocket medical expenses, copays, deductibles, groceries, gas, utilities and more – it's up to you.



Coverage is always guaranteed issue.



Your coverage can go with you if you leave your employer or retire, and you'll be billed directly.



Wellness Benefit

Your coverage includes a Wellness Benefit, which will pay you and covered family members an annual benefit if you complete an eligible health screening test. These screenings may include a mental health screening, flu immunization, a mammogram and a routine eye or dental exam.

- Employees receive an annual benefit of \$50.
- Spouses receive an annual benefit of \$50.
- Children receive an annual benefit of \$50 per child.

For a complete description of your available benefits, exclusions and limitations, see your certificate of insurance and any riders

How much does it cost?

This table shows how much you'll pay for Hospital Indemnity Insurance. The premium is deducted from your paycheck.

Coverage Type	Daily Benefit	Per 24 Pay period
Employee	\$100	\$6.29
Employee + Spouse	\$100	\$11.31
Employee + Children	\$100	\$9.49
Employee + Family	\$100	\$14.51

What does it cover?

Your Hospital Indemnity Insurance coverage provides a benefit payable upon a stay in a covered medical facility or other covered loss. The following is a summary of the benefits provided by this insurance. For a list of standard exclusions and limitations, go to the end of this document. For a complete description of your available benefits, exclusions and limitations, see your certificate of insurance and any riders. The coverage amounts are listed below.

The admission and daily confinement benefit amounts depend on the type of facility and number of days of confinement. Any combination of confinement and admission benefits payable will not exceed a total of 76 days during a period of confinement.

First day of confinement (Admission Benefit)

Type of admission	Admission Benefit amount
Hospital admission	\$500
Critical Care Unit (CCU) admission	\$1,500

This benefit is payable once per confinement, up to 8 admission(s) per calendar year.

Starting day two (Daily Confinement Benefit)

Type of facility	Daily benefit amount is \$100
Hospital confinement, up to 30 days per confinement	\$100 (1 x the daily benefit amount)
CCU confinement, up to 15 days per confinement	\$200 (2 x the daily benefit amount)
Rehabilitation facility confinement, up to 30 days per confinement	\$50 (½ of the daily benefit amount)

If you add a child to your family

If child coverage is effective before your child is born OR child coverage is elected within 31 days of the birth:

Your newborn may receive benefits just as any other covered child.

If child coverage IS NOT effective before your child is born:

Benefits for your newborn will be the same as for any other child for the first 90 days from their birth.

Other daily benefits	Benefit amount
Non-confinement daily benefits Only one type of non-confinement daily benefit is payable per day. Follow-up Maternity Care visit (per day up to a maximum of 3 days per confinement)	\$5

Exclusions and limitations

The standard exclusions and limitations are listed below. For a complete description of your available benefits, exclusions, and limitations, see your certificate of insurance and any riders. (These may vary by state and/or your employer's plan.) Benefits are not payable for any loss caused in whole or directly by any of the following:

- Participation or attempt to participate in a felony or illegal activity.
- Operation of a motorized vehicle while intoxicated. Intoxication means the covered person's blood alcohol content meets or exceeds the legal presumption of intoxication under the laws of the state where the accident occurred.
- Suicide, attempted suicide or any intentionally self-inflicted injury, while sane or insane.
- War or any act of war, whether declared or undeclared, undeclared (excluding acts of terrorism).
- Loss that occurs while on active duty as a member of the armed forces of any nation. We will refund, upon written notice of such service, any premium which has been accepted for any period not covered as a result of this exclusion.

- Misuse of alcohol or taking of drugs, other than under the direction of a doctor.
- Elective surgery, except when required for appropriate care as determined by a doctor as a result of the covered person's injury or sickness.
- Riding in or driving any motor-driven vehicle in a race, stunt show or speed test.
- Operating, or training to operate, or service as a crew member of, or jumping, parachuting, or falling from, any aircraft or hot air balloon, including those which are not motor-driven. Flying as a fare-paying passenger is not excluded.
- Engaging in hang-gliding, bungee jumping, parachuting, sailgliding, parasailing, parakiting, kitesurfing or any similar activities.
- Practicing for, or participating in, any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received.

The definition of "hospital" does not include an institution or any part of an institution used as: a hospice unit, including any bed designated as a hospice or swing bed; a convalescent home; a rest or nursing facility; a freestanding surgical center; an extended care facility; a skilled nursing facility; or a facility primarily affording custodial, educational care, or care for the aged; or care or treatment for persons suffering from mental diseases or disorders or drug or alcohol addiction. "Critical care unit" and "rehabilitation facility" are also defined in the certificate.

*See the certificate and any riders for a complete description of benefits, exclusions, and limitations.

Questions?

Enrollment instructions will be provided by your employer. If you have additional questions before you enroll, please call:

- Voya Employee Benefits Customer Service at (877) 236-7564

Scan the QR code to visit your Employee Benefits Resource Center to learn more about this benefit and review instructions on how to file a claim after your effective date.

<https://presents.voya.com/EBRC/PEVS>



This is a summary of benefits only. A complete description of benefits, limitations, exclusions and termination of coverage will be provided in the certificate of insurance and riders. All coverage is subject to the terms and conditions of the group policy. If there is any discrepancy between this document and the group policy documents, the policy documents will govern. To keep coverage in force, premiums are payable up to the date of coverage termination. Hospital Confinement Indemnity Insurance is underwritten by ReliaStar Life Insurance Company (Minneapolis, MN), a member of the Voya® family of companies. Policy form RL-HI2-POL-18; Certificate form RL-HI2-CERT-20; Spouse Hospital Confinement Indemnity Rider form RL-HI2-SPR-18; Children's Hospital Confinement Indemnity Rider form RL-HI2-CHR-18; Continuation of Insurance Rider form RL-HI2-CNT-18; Wellness Benefit Rider form RL-HI2-WELL-18; Accident Benefit Rider form RL-HI2-ACD-18; Critical Illness Rider form RL-HI2-CIR-18; Waiver of Premium Rider form RL-HI2-WOP-18; and Absence from Employment Premium Waiver form: RL-HI2-AEPW-2. Form numbers, provisions and availability may vary by state and by your employer's plan.

HI2 only

For the employees of Paulding Exempted Village School

Group # 746126, Date Prepared: 07/22/2024

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Contacts

	Website	Phone Number
Medical Insurance Anthem Blue Cross and Blue Shield-L11824	anthem.com	(800) 331-1476
Dental Insurance Delta Dental of Ohio 2527-0001, 0099	DeltaDentalOH.com	(800) 524-0149
Vision Insurance VSP Vision Care 30092920	vsp.com	(800) 877-7195
Basic Life/AD&D, Voluntary Life/AD&D, Disability (STD and LTD), Accident, Critical Illness, and Hospital Indemnity Insurance Voya Financial 0074612-6	See QR Code Below	(877) 236-7564



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Huntington Insurance has a dedicated service unit to support you when you need it. We will help you understand your explanation of benefits, walk you through any necessary appeals and help you to get your claim paid correctly. We serve as your advocate throughout the claims process and support you until a resolution to your inquiry is obtained.



EBClientServiceTeam@huntington.com

Monday – Friday
844-847-4757

8:00am to 5:00pm
Eastern Time



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This guide is only intended to highlight some of the major benefit provisions of the Company plan and should not be relied upon as a complete detailed representation of the plan. Please refer to the plan's Summary Plan Descriptions for further detail. Should this guide differ from the Summary Plan Descriptions, the Summary Plan Descriptions prevail.

