

2026-2027

BENEFITS GUIDE

July 1, 2026 - June 30, 2027



*An overview of your
2026-2027 benefits*



TAKE A LOOK INSIDE



Health

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[Vision](#)



Wealth

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WELCOME!

Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, your family and your way of life. This guide answers some of the basic questions you may have about your benefits.

Benefits At-a-Glance

Coverage	Carrier	Plan/Benefit
Medical	Wellmark	• \$3,000/\$6,000 OPM • \$5,000/\$10,000 OPM • \$3,500/\$7,000 HDHP
Dental	Delta Dental of Iowa	• PPO
Vision	VSP	• Basic Plan • Premier Plan
Health Savings Account (HSA)	iSolved	• Must be enrolled in the \$3,500/\$7,000 HDHP
Flexible Spending Accounts (FSAs)	iSolved	• Health Care FSA • Limited-Purpose FSA • Dependent Care FSA
Life Insurance	Madison National	• Basic Life and AD&D • Voluntary Life and AD&D
Disability Insurance	Madison National	• Long-Term Disability
Voluntary Benefits	Symetra	• Accident Insurance • Critical Illness Insurance • Hospital Indemnity
Employee Assistance Program (EAP)	Employee Family Resources	• Free and confidential assessments, short-term counseling, and referrals



BENEFIT ELIGIBILITY

What Am I Eligible For?

The links below will provide you with the benefits you are eligible for along with premium information. If you are unsure of your classification, please refer to your contract, work agreement or reach out to human resources.

The following classifications are eligible for benefits the first of the month following their date of hire:

- [Certified Staff \(Teaching Staff\)](#)
- [Married Staff \(Both employed and benefit eligible as Certified or Professional Staff\)](#)
- [Professional Staff \(Classified & Certified Non-Teaching Staff\)](#)

The following classifications are eligible for benefits the first of the month after completing 60 days of employment:

- [Full-Time Full-Year Staff \(Hourly\)](#)
- [Married Staff \(Both employed and benefit eligible as Full-Time Full-Year Staff\)](#)
- [Full-Time School-Year Staff \(Hourly\)](#)
- [Full-Time Full-Year Grandfathered Staff \(Hourly\)](#)
- [Part-Time School-Year Staff \(Hourly\)](#)
- [Part-Time Full-Year Staff \(Hourly\)](#)

Spouse/Dependent Information for Enrollment

To enroll your eligible dependents in benefits, you must provide their full legal names, Social Security numbers and dates of birth, so keep this information handy when making your benefit elections online.

- Your legally married spouse or domestic partner
- Your dependent children up to age 26
- Your unmarried children aged 26 or older who are mentally or physically disabled and who rely on you for support and care



BENEFIT ENROLLMENT

Enrollment Periods

Annual Open Enrollment

Each calendar year, the Company conducts an Open Enrollment. This is the time for you to re-evaluate your needs and elect benefit options for the new plan year.

New Hire and Newly Eligible Employee Enrollment

Newly hired or newly eligible employees must complete their online enrollment within 30 days of the date they become eligible unless otherwise noted.

Qualified Life Event (QLE)

Generally, once you enroll, you cannot make changes to your enrollment selections until the next Open Enrollment period. You may make changes to your benefit elections outside of the annual Open Enrollment **ONLY** if you experience a Qualifying Life Event (QLE), as defined by the IRS. Benefit changes must also be consistent and made within 30 days of the QLE.

Qualifying life events (QLEs) that may allow you to make benefit changes:

- Change in legal marital status
 - Marriage
 - Divorce, legal separation, annulment
 - Death of your spouse
- Change in your eligibility
 - Taking or returning from a leave of absence
 - Change in work schedule or status that causes a gain or loss of eligibility
 - Change in family member's eligibility
- Change in the number of eligible children
 - Birth, adoption or death of a child
 - Child gains or loses eligibility for coverage under the plan
- They gain a benefit option or lose coverage
 - New coverage choices made during their employer's annual enrollment
 - You or your family member's COBRA coverage from another employer expires
 - You or your family member becomes eligible for or loses Medicare or Medicaid
 - You or your family member loses coverage under a government's or educational institution's plan



[Click here](#) to watch a video about QLEs.

BENEFIT ENROLLMENT

When Coverage Begins

New Hires: You must complete the enrollment process based on your classification eligibility. For additional information on classification eligibility and when coverage begins, refer to page 5 of this document.

If you fail to enroll on time, you will not have benefits coverage (except for company-paid benefits) until you enroll during our next annual Open Enrollment period.

Open Enrollment: Changes made during Open Enrollment are effective July 1 through June 30.

When Coverage Ends

Medical, dental and vision coverage for you and your family will end on the last day of the month in which your employment with Lewis Central ends or you lose full-time eligibility status. The HSA and all other benefits will end on your last day.

When Coverage Ends for Your Children

Your children are eligible for medical, dental and vision coverage until the end of the month in which they turn 26. Life insurance will end when your child reaches age 26 unless the child is disabled and meets certain requirements.

COBRA

If your health care coverage ends, you and your family may have coverage continuation rights under the federal law known as COBRA. If your coverage terminates, you will be notified of your COBRA rights.



HOW TO ENROLL

Enroll Through Benefit Call Center

Enrolling in benefits is easy. Contact the Benefits Call Center and a benefit counselor will enroll you directly over the phone.

Step 1:

Visit www.lewiscentralbenefits.org or scan the QR code below to review your benefit options.



Step 2:

Reach out to the Benefits Call Center at 877-282-0808.
Monday – Friday, 7:00a.m. – 5:00p.m. CST.

After You Enroll

Review final elections thoroughly to ensure that your benefit elections have been recorded correctly.

If there are any errors, contact the HR Department immediately at humanresources@lewiscentral.org so the necessary corrections can be made. Errors that are not reported by the communicated deadline cannot be corrected. Your next opportunity to correct any errors will be during the next annual Open Enrollment or within 30 days of experiencing a Qualifying Life Event.

Benefits Website

Our benefits website www.lewiscentralbenefits.org can be accessed anytime you want additional information on our benefit programs.

QUESTIONS?

For questions about any of your benefits, contact the Benefits Call Center at 877-282-0808.

If you have additional questions, you may also contact HR at humanresources@lewiscentral.org or 712-366-8204.



HEALTH



MEDICAL COVERAGE

\$3,000/\$6,000 OPM & \$5,000/\$10,000 OPM

These plans are considered Preferred Provider Organization (PPO) plans, provided through **Wellmark**. They provide you the freedom to seek care from any provider of your choice. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a provider who participates in the network.

A PPO plan relies on a network of health care clinics, hospitals and professionals who have agreed to provide their services at discounted rates. These preferred providers are considered “in-network.” In general, you will pay less for in-network services than you would were you to seek care outside the network.

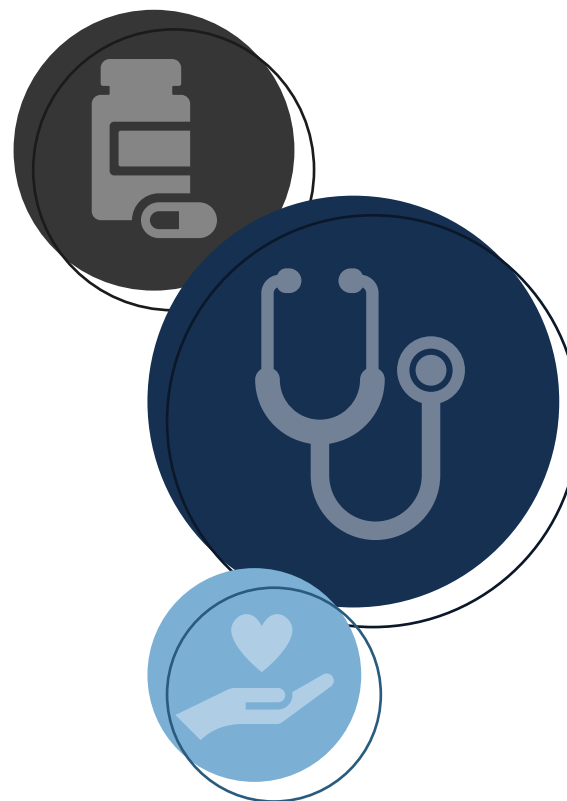
How You Pay for Services

- You pay a flat dollar amount—or copay—for covered health care treatments and services, such as doctor’s office visits and prescription drugs.
- Some services require you to satisfy your annual deductible prior to the plan sharing in the cost. Once the deductible has been met you will pay a percentage—or coinsurance—of the cost of the visit, and the plan will cover the rest.
- Once you hit your annual out-of-pocket maximum, the plan will cover 100% of the cost of covered services for the rest of the year.

To find an in-network provider, [click here](#).



[Click here](#) to watch a video about comparing medical plan types.



MEDICAL COVERAGE

\$3,500/\$7,000 HDHP

The \$3,500/\$7,000 HDHP, provided through **Wellmark**, is an insurance plan that typically offers lower premiums and higher deductibles. The highlight of this plan is that it allows you to open an HSA, which is a tax-advantaged personal savings account that lets you save pre-tax dollars to pay for any qualified health-related expenses (state taxation rules may apply). This includes most medical care and services, prescriptions, dental, vision and expenses related to meeting the plan's deductible. For a complete list of qualified health-related expenses, visit [Publication 502](#).

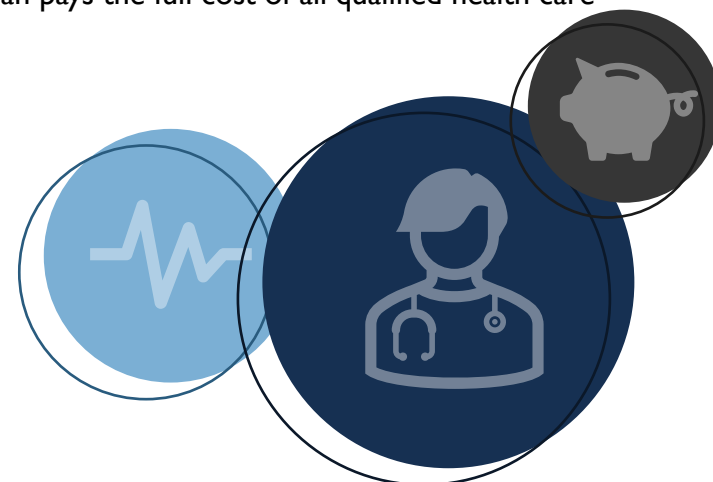
For more information on the HSA, see page 19 in this benefit guide.

Individuals with HDHPs normally pay a lower amount each month but pay more on their yearly medical expenses before their insurance policy begins paying. You can visit any doctor, hospital or other health care provider you want, with greater cost savings in-network.

How You Pay for Services

- You pay the full cost of non-preventive health care services and prescription drugs until you meet the annual deductible. The deductible is waived for in-network routine preventive care services and medications on the preventive drug list.
- The HDHP includes copays for prescription drugs only. You must meet the annual deductible before prescription copays apply.
- Once you meet the annual deductible, you pay a percentage of your health care expenses (coinsurance), and the plan pays the rest.
- Once your deductible and coinsurance add up to the out-of-pocket maximum, this plan pays the full cost of all qualified health care services for the rest of the year.

To find an in-network provider, [click here](#)



MEDICAL COVERAGE

Following is a high-level overview of your medical plan options. For complete coverage details, please refer to the Summary Plan Description (SPD). **Note:** The deductibles and out-of-pocket maximums are per plan year.

Key Benefits	\$3,000/\$6,000 OPM		\$5,000/\$10,000 OPM		\$3,500/\$7,000 HDHP	
	In-Network	Out-of-Network ¹	In-Network	Out-of-Network ¹	In-Network	Out-of-Network ¹
Deductible & OPM (Individual/Family)	\$3,000 / \$6,000	\$10,000 / \$20,00	\$5,000 / \$10,000	\$10,000 / \$20,000	\$3,500 / \$7,000	\$10,000 / \$20,000
Office Visits (physician/specialist)	\$0 copay / \$25 copay	50%*	\$0 copay / \$25 copay	50%*	0%*	50%*
Routine Preventive Care	No charge	50%*	No charge	50%*	No charge	50%*
Telehealth	No charge	50%*	No charge	50%*	No charge	50%*
Mental Health						
Diagnostics (lab/X-ray)- Independent Lab:	\$25 copay	50%*	\$25 copay	50%*	0%*	50%*
Complex Imaging	20%*	50%*	20%*	50%*	0%*	50%*
Chiropractic	PCP: \$0 Non-PCP: \$25 copay	50%*	PCP: \$0 Non-PCP: \$25 copay	50%*	0%*	50%*
Ambulance	20%*		20%*		0%*	
Emergency Room	\$250 copay		20%*		0%*	
Urgent Care Facility	\$25 copay	50%*	\$25 copay	50%*	0%*	50%*
Inpatient Stay/Outpatient Surgery	20%*	50%*	20%*	50%*	0%*	50%*

Coinurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

*Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.
2. The deductible is aggregate. With an aggregate deductible, the full family deductible must be met before coinsurance applies to any individual.
3. The out-of-pocket maximum is aggregate. With an aggregate out-of-pocket maximum, the full family out-of-pocket maximum must be met before an individual's expenses are covered at 100%.

PREVENTIVE CARE

What is Preventive Care?

Regular preventive care can help you stay well, catch problems early on and may be potentially lifesaving. The ACA requires that certain preventive care services are provided for no cost, copayment or coinsurance. All medical plans cover preventive care services like screenings, immunizations and exams. When you visit in-network providers, you don't have to worry about any out-of-pocket costs for preventive care services. If you use an out-of-network provider, a deductible and out-of-network expenses may apply.

Preventive vs. Diagnostic Care

Preventive care is generally precautionary. For example, if your doctor recommends having a colonoscopy because of your age or family history, this would be considered preventive care. But if your doctor recommends a colonoscopy to investigate symptoms you're having, this would be considered diagnostic care, and your plan cost share will apply.



[Click here](#) to watch a video about preventive care.





PRESCRIPTION COVERAGE

Retail Pharmacy

When you fill a prescription at a participating retail pharmacy, you may purchase up to a 30-day supply. At the participating pharmacy, you will need to present your ID card and an applicable payment. Most major pharmacies are in our plan's pharmacy network. To find a participating pharmacy near you, [click here](#) or call 800-524-9242.

Save Money on Medications

Ask for Generic Drugs

You can save money by asking for generic drugs. The FDA requires that generic drugs have the same high quality, strength, purity and stability as brand-name drugs. The next time you need a prescription, ask your doctor to prescribe a generic drug if it is available and appropriate.

Use Mail Order

If you require regular medication for a long-term or chronic condition, such as arthritis or diabetes, you can save money by using your plan's mail-order service.

Key Benefits	\$3,000/\$6,000 OPM		\$5,000/\$10,000 OPM		\$3,500/\$7,000 HDHP	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Retail Pharmacy						
Tier 1	\$10 copay	Not covered	\$10 copay	Not covered	0%*	Not covered
Tier 2	\$75 copay	Not covered	\$75 copay	Not covered	0%*	Not covered
Tier 3	50%*	Not covered	50%*	Not covered	0%*	Not covered
Specialty (PrudentRx drug list)	20%*	Not covered	20%*	Not covered	0%*	Not covered
Mail Order Pharmacy						
Tier 1 (90-day supply)	\$20 copay	Not covered	\$20 copay	Not covered	0%*	Not covered
Tier 2 (90-day supply)	\$150 copay	Not covered	\$150 copay	Not covered	0%*	Not covered
Tier 3 (90-day supply)	50%*	Not covered	50%*	Not covered	0%*	Not covered
Specialty (30-day supply) (PrudentRx drug list)	20%*	Not covered	20%*	Not covered	0%*	Not covered

*Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.



[Click here](#) to watch a video about prescription drug coverage.





DENTAL COVERAGE

PPO

The dental Preferred Provider Organization (PPO) plan, provided through **Delta Dental of Iowa**, offers you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a dentist who participates in the Delta Dental of Iowa network.

Dental Rollover Option

Your dental plan offers a dental rollover option, which lets you carry forward a portion of your unused annual dental plan maximum into the next year. You can continue to carry forward unused funds year to year, up to a fixed limit. See your dental plan summary for more information.

To find an in-network provider, [click here](#),

Following is a high-level overview of your dental plan options. For complete coverage details, please refer to the Summary Plan Description (SPD). **Note:** The deductibles and annual benefit maximums are per calendar year.

Key Benefits	PPO	
	In-Network	Out-of-Network ¹
Deductible (Individual/Family)	\$25 / \$50	\$50 / \$100
Annual Benefit Maximum (per person)	\$1,250	\$1,250
Preventive Services	10%	20%
Basic Services	20%	20%
Major Services	50%	50%
Orthodontic Services (Children up to age 19)	50%	50%

Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

*Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.



VISION COVERAGE

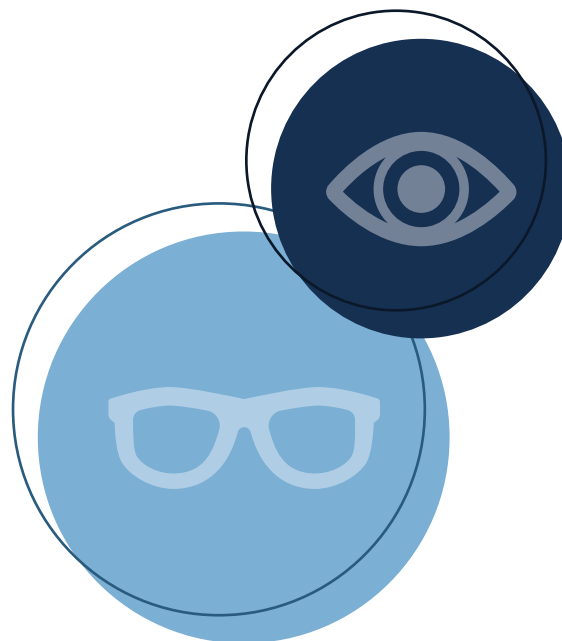
Vision Plan

Your eyesight is an integral part of your overall health and a key component of safety. This plan, provided through **VSP**, gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a provider who participates in the VSP network. If you decide to use an out-of-network provider, you will pay the provider in full at the time of your appointment and submit a claim form for reimbursement up to the amount allowed by the plan.

Receiving benefits from a network provider is as easy as making an appointment with the provider of your choice from the list of providers. The provider will coordinate all necessary authorizations you supply in your membership information.

Special discounts are offered on non-covered services, such as an additional pair of glasses, special lens options and LASIK.

To find an in-network provider, [click here](#).





VISION COVERAGE

Following is a high-level overview of your vision plan options. For complete coverage details, please refer to the VSP Benefit Summary Plan Description (SPD).

Key Benefits	Base Plan		Buy-Up Plan	
	Frequency	In-Network	Frequency	In-Network
Exam	Once every 12 months	\$10	Once every 12 months	\$10
Prescription Glasses Copay		\$30		\$25
Frames	Once every 24 months	\$140 frame allowance \$190 featured frame brands	Once every 12 months	\$200 frame allowance \$250 featured frame Brands
Lenses	Once every 12 months		Once every 12 months	
Single Vision		No charge after prescription glasses copay		No charge after prescription glasses copay
Bifocal				
Trifocal				
Lens Enhancements Standard progressive lenses Premium progressive lenses	Once every 12 months	\$0 \$95 - \$105	Once every 12 months	\$0 \$95 - \$105
Contact Lenses (in lieu of glasses)	Once every 12 months (in lieu of glasses)		Once every 12 months (in lieu of glasses)	
Fitting and Evaluation		Up to \$60		Up to \$60
Elective contacts		\$130 allowance		\$130 allowance





WEALTH



HEALTH SAVINGS ACCOUNT (HSA)

The \$3,500/\$7,000 HDHP features an HSA provided through iSolved. The HSA lets you set aside pre-tax dollars to help offset your annual deductible and pay for qualified health care expenses.

How the HSA Works

- You contribute pre-tax dollars through automatic payroll deductions or make after-tax contributions that are deductible when you file your taxes.
- The District may contribute to your HSA based on your eligibility classification. Please refer to page 5 in this guide for further information.
- You may change your contributions at any time throughout the year by contacting the Human Resources department.
- You can withdraw HSA funds tax free to pay for current qualified health care expenses, or save them for the future, also tax free. Unused funds roll over from year to year and are yours to keep, even if you change medical plans or leave your employer.

Contribution Limits

Coverage Tier	2026
Individual	\$4,400
Family	\$8,750
Catch-up Contributions	\$1,000



[Click here](#) to watch a video about HSA limits.

HEALTH SAVINGS ACCOUNT (HSA)

Key Features of the HSA

Triple-Tax Advantage

- You contribute funds pre-tax through convenient payroll deductions. This means the money comes out of your paycheck before income tax is calculated. So, you get to keep a bigger portion of your paycheck.
- HSA funds grow tax free, and unused funds roll over year to year. So, the more you save, the more your account will grow—just like a bank savings account.
- If you need to use your HSA funds, you can withdraw them tax free to pay for qualified health care expenses now and in the future—even in retirement.

Control

You own and control the money in your HSA. You decide how or whether you want to spend it. You can use it to pay for doctor's visits, prescriptions, braces, glasses—even laser vision correction surgery.

Investment Opportunities

Once you reach and maintain a minimum threshold, you can make investments to help your money grow tax free.

Savings Potential

Your HSA is like a “health care 401(k).” There is no “use it or lose it” rule. Your account grows over time as you continue to roll over unused dollars from year to year.

Portability

Your HSA is yours for life. The money is yours to spend or save, even if you change health plans,¹ retire or leave the organization.

Preventive Medications List

If you are enrolled in an HSA-compatible medical plan, you may be able to access a range of preventive medications for a copay or coinsurance before meeting your deductible. These medications are contained in the HSA Preventive Drug List provided by your employer.

Qualified Health Care Expenses

- Qualified medical, dental and vision expenses not covered by the plans, as defined by the IRS in [Publication 502](#)
- COBRA premiums
- Qualified long-term care insurance and expenses
- Health insurance premiums when receiving unemployment compensation
- Medicare and retiree health insurance premiums (not Medicare Supplement premiums)

Important Notes

- You must meet certain eligibility requirements to have an HSA: You a) must be at least 18 years old, b) must be covered under a qualified HDHP, c) must not be enrolled in Medicare and d) cannot be claimed as a dependent on another person's tax return. For more information, please refer to IRS [Publication 969](#).
- Adult children must be claimed as dependents on your tax return for their medical expenses to qualify for payment or reimbursement from your HSA.

1. You must be enrolled in an IRS-qualified high-deductible health plan to contribute to an HSA.



[Click here](#) to watch a video about how an HSA works.



FLEXIBLE SPENDING ACCOUNTS (FSAs)

The flexible spending accounts (FSAs), provided through iSolved, are tax-advantaged accounts that can help you cover certain qualified out-of-pocket expenses. Each account works in much the same way but has different eligibility requirements, list of qualified expenses and contribution limits. You may choose to enroll in the following accounts.

	Health Care FSA (HCFSA)	Limited-Purpose FSA (LPFSA)	Dependent Care FSA (DCFSA)
Eligibility Requirements	You must be benefits eligible; enrollment in an HCFSA disqualifies you from making or receiving HSA contributions	You must be benefits eligible; most employers also require enrollment in a qualified high-deductible health plan	Available to all eligible employees
Examples of Qualified Expenses	- Coinsurance - Copayments - Deductibles - Dental treatment - Eye exams/eyeglasses - LASIK eye surgery - Orthodontia - Prescriptions	- Dental and vision coinsurance only - Dental and vision deductibles only - Dental treatment - Eye exams/eyeglasses - LASIK eye surgery - Orthodontia	- Care of a dependent child under the age of 13 by babysitters, nursery schools, pre-school or daycare centers - Care of household members who are physically or mentally incapable of caring for themselves and who qualify as your federal tax dependent
Annual Contribution Limit	\$3,400	\$3,400	\$7,500 per family (or \$3,750 each if you are married and file separate tax returns)

Important FSA Rules

Because FSAs can give you a significant tax advantage, they must be administered according to specific IRS rules:

- **You must enroll each year to participate.**
- **HCFSA:** Unused funds of up to \$680 from one year can carry over to the following year. Carryover funds will not count against or offset the amount that you can contribute annually. Unused funds over \$680 will **not** be returned to you or carried over to the following year.
- **LPFSA:** This type of account can be used toward eligible dental and vision expenses only.
- **DCFSA:** Unused funds will NOT be returned to you or carried over to the following year.



[Click here](#) to watch a video about how an FSA works.



[Click here](#) to watch a video comparing an HSA and an FSA.



LIFE INSURANCE

Life insurance, provided through Madison National, provides your named beneficiaries with a benefit following your death, while accidental death and dismemberment (AD&D) insurance provides a benefit to you following a covered accident that leads to dismemberment (such as the loss of a hand, foot or eye). Should your death occur due to a covered accident, both the life benefit and the AD&D benefit would be payable.

Basic Life and AD&D (employer-paid)

Classification	Benefit Amount
Certified/Professional	1x Salary
Full -Time Full -Year	\$30,000
Full -Time School -Year	\$30,000
All Other	\$20,000

*Life insurance

Voluntary Life and AD&D (employee-paid)

If you determine you need more than the basic coverage, you may purchase additional insurance for yourself and your eligible family members.

Coverage Tier	Minimum Amount	Maximum Amount
Employee	\$5,000	300,000
Spouse	\$2,500	100,000
Child(ren)	\$5,000	\$15,000

Note:

Benefit amounts will reduce or term as listed below.

Employee Basic Life and AD&D Insurance: reduces to 65% at age 70, 50% at age 75, and terminates upon the employee's retirement.

Employee Voluntary Life and AD&D Insurance: reduces to 65% at age 70, 50% at age 75, and terminates upon the employee's retirement.

Spouse Voluntary Life and AD&D Insurance: terminate upon the earlier of the Insured Spouse's attainment of age 70 or when the insured Employee's Voluntary Life Insurance coverage terminates.

Dependent Voluntary Life Insurance: terminate upon the earlier of the Insured Child's attainment of 19 or age 23 if a full-time student. or when the insured Employee's Voluntary Life Insurance coverage terminates.



[Click here](#) to watch a video about how life insurance works.



LIFE INSURANCE

Universal Life with Long-term Care Insurance

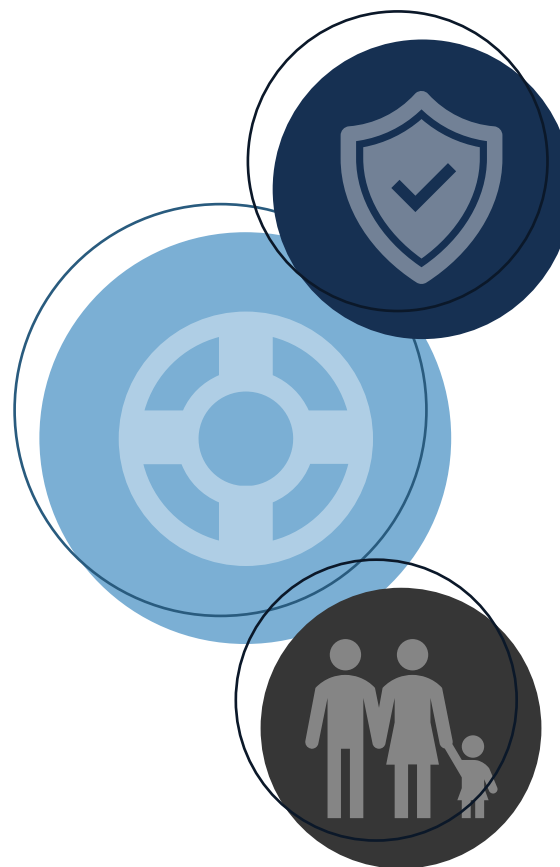
Universal life insurance, provided through Trustmark, can help you meet your long-term financial planning goals. Over the years, your policy will build cash value on a tax-deferred basis. That cash value may act as an emergency fund. The policy pays a death benefit and a built-in long-term care benefit to help pay for home health care, assisted living, nursing home/convalescent care and adult day care services, should you ever need them.

With universal life insurance, your premiums do not increase with age. Physical exams and medical questions are not required to enroll. Your universal life policy is individually owned and is completely portable, allowing you to keep the coverage if you retire or leave your employer. While employed, your premiums will be deducted each pay period on a post-tax basis. A direct bill option is available should you change jobs or retire.

Available Coverage

The maximum benefit is \$300,000.

For amounts over the guaranteed issue of \$50,000, EOI (Evidence of Insurability) will be required.



DISABILITY INSURANCE

Disability insurance, provided through Madison National, provides benefits that replace part of your lost income when you cannot work due to a covered illness or injury.

Long-Term Disability

Provided at NO COST

Benefit	60% of base salary
Maximum monthly benefit	\$6,250
When benefit begins	After 15th day of disability
When benefit ends	24 months

By default, any disability benefit you receive would be subject to income tax, since the premiums were paid with pre-tax employer dollars. However, you have the option to **"gross up" your taxes now** by electing to treat the employer-paid premium as taxable income to you each year.

If you elect the **post-tax** option, you will pay a small amount of tax on the premium today. The monthly benefit, should you become disabled, would be received **completely tax-free** — meaning you keep more of your benefit when you need it most.

If you **elect pre-tax**, you pay no additional taxes now, but any disability benefits you receive in the future will be **taxable as ordinary income** at that time — which can significantly reduce the amount you take home while unable to work.



[Click here](#) to watch a video about how disability insurance works.

VOLUNTARY BENEFITS

Accident Insurance - 24 Hour Coverage

Accident insurance, provided through Symetra can soften the financial impact of an accidental injury by paying a benefit to you to help cover the unexpected out-of-pocket costs related to treating your injuries. Some accidents, like breaking your leg, may seem straightforward: you visit the doctor, take an X-ray, put on a cast and rest up until you're healed. But treating a broken leg can cost thousands of dollars. When your medical bill arrives, you'll be relieved you have accident insurance on your side.

The Accident plan includes a \$50 wellness screening benefit when you have one of the covered wellness screenings performed. This benefit is payable once per covered person per calendar year. Examples include routine annual exams, child sports physicals, dental exams, and more.

Accident insurance pays a fixed cash benefit directly to you when you have a covered accident-related injury, like a sprain or bone fracture. Examples of covered expenses include:

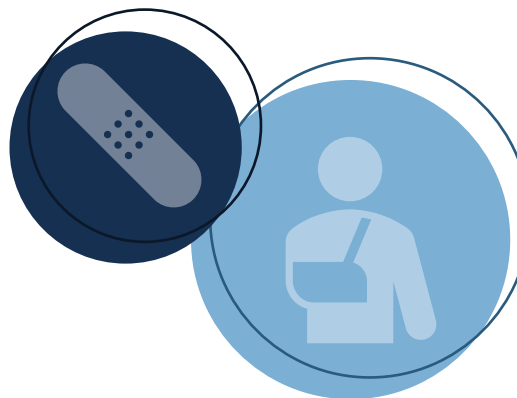
- Doctor's office visits
- Diagnostic exams
- Broken leg rehab treatment
- Physical therapy sessions
- Accident Insurance

Accident Insurance in Practice

Situation	Abed broke his leg in a bike accident.
Covered Benefits	• Doctor's office visits • Diagnostic exams • Broken leg rehab treatment • Physical therapy sessions
Total Benefit Paid Directly to Employee	\$4,250



[Click here](#) to watch a video about how an accident plan works.



VOLUNTARY BENEFITS

Critical Illness with Cancer Insurance

About half of U.S. adults report being unable to pay an unexpected medical bill of \$500 without going into debt.¹ With critical illness insurance provided through Symetra, you won't have to. This benefit provides a fixed, lump-sum cash benefit directly to you when you are diagnosed with a covered health condition such as a heart attack or stroke. You can use this benefit however you like, including to help pay for:

- Increased living expenses
- Prescriptions
- Travel expenses
- Treatments

The Critical Illness plan includes a \$50 wellness screening benefit when you have one of the covered wellness screenings performed. This benefit is payable once per covered person per calendar year. Examples include annual physicals, child vaccinations, mammograms, and more.



Critical Illness Insurance in Practice

Situation	Britta had a heart attack while raking leaves.
Covered Benefits	Heart attack diagnosis
Total Benefit Paid Directly to Employee	\$20,000



[Click here](#) to watch a video about how a critical illness plan works.

1. Kaiser Family Foundation. "Americans' Challenges with Health Care Costs." Kaiser Family Foundation, [kff.org/health-costs/issue-brief/americans-challenges-with-health-care-costs](https://www.kff.org/health-costs/issue-brief/americans-challenges-with-health-care-costs).

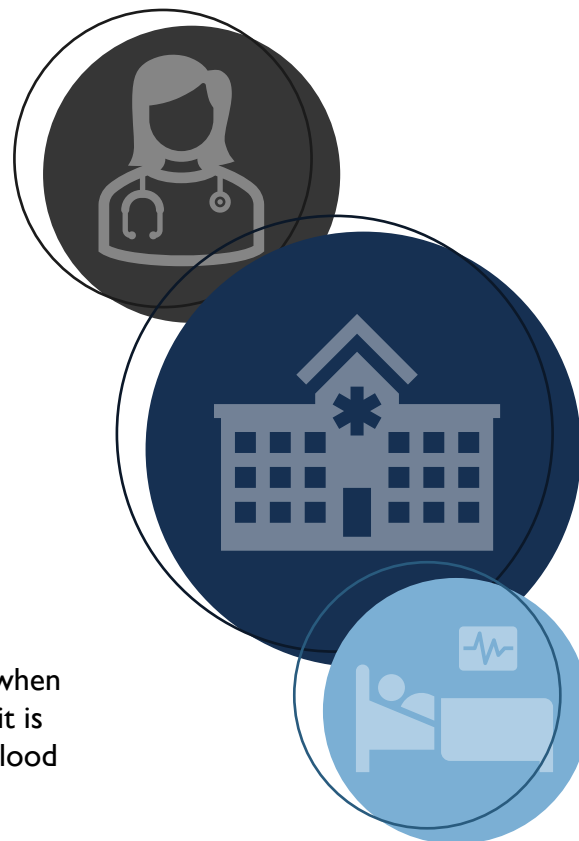
VOLUNTARY BENEFITS

Hospital Indemnity Insurance

When you or a dependent need to be hospitalized, your family deserves to focus on their well-being, not the stress of a stint at the hospital, which can cost an average of \$3,025 per inpatient day.¹ Hospital indemnity, provided through Symetra, pays a fixed cash benefit directly to you when you experience:

- Hospital admissions
- Hospital stays
- Intensive care unit stays

The Hospital Indemnity plan includes a \$50 wellness screening benefit when you have one of the covered wellness screenings performed. This benefit is payable once per covered person per calendar year. Examples include blood test for lipids, child sports physicals, colonoscopy, and more.



Hospital Indemnity Insurance in Practice

Situation	Craig was hospitalized following a car accident.
Covered Benefits	• Hospital admission • Hospital stay • Intensive care unit stay
Total Benefit Paid Directly to Employee	\$2,200



[Click here](#) to watch a video about how a hospital indemnity plan works.

1. Kaiser Family Foundation. "Expenses per Inpatient Day." Kaiser Family Foundation, kff.org/health-costs/state-indicator/expenses-per-inpatient-day.





WELLBEING



EMPLOYEE ASSISTANCE PROGRAM (EAP)

Life is full of challenges and sometimes balancing them all can be difficult. We are proud to provide a confidential program dedicated to supporting the emotional health and well-being of our employees and their families. The Employee Assistance Program (EAP) is provided at NO COST to you through Employee and Family Resources.

The EAP can help with the following issues, among many others:

- Mental health
- Relationships
- Substance use
- Child and eldercare
- Grief and loss
- Legal or financial issues

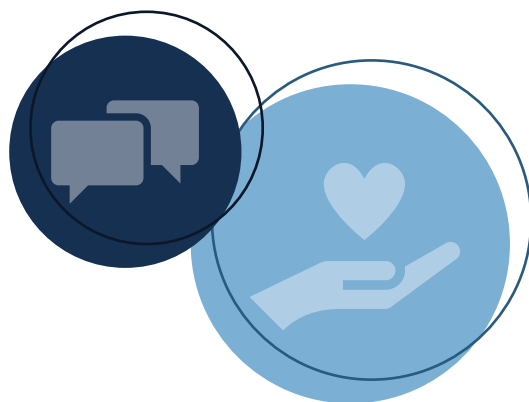
EAP Benefits

- Assistance for you and your household members
- Up to 3 in-person or virtual sessions with a counselor per event, per year, per individual
- Unlimited toll-free phone access and online resources

My EFR Portal

Step 1: visit efr.org/register to create a profile.

Step 2: Download the app.



ACCESS CARE

Call 800-327-4692 to schedule an appointment or visit efr.org/eap-counseling to learn more.



RESOURCES





IMPORTANT CONTACTS

Benefit	Carrier	Phone Number	Website/Email
Medical	Wellmark	800-524-9242	www.wellmark.com
Dental	Delta Dental of Iowa	800-544-0718	www.deltadentalia.com
Vision	VSP	800-877-7195	www.vsp.com
Health Savings Accounts (HSAs)	iSolved	515-224-9400	FSA@isolvedhcm.com
Flexible Spending Accounts (FSAs)	iSolved	515-224-9400	FSA@isolvedhcm.com
Life Insurance	Madison National	800-627-3660	MNLCustomerCare@madisonlife.com
Disability Insurance	Madison National	800-627-3660	MNLCustomerCare@madisonlife.com
Voluntary Benefits	Symetra	800-497-3699	www.Symetra.com/MyGo
Employee Assistance Program (EAP)	Employee and Family Resources	800-327-4692	efr.org/eap-counseling

