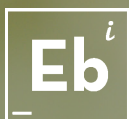


2020

EMPLOYEE BENEFITS GUIDE

CABOT PUBLIC SCHOOLS



Educational
BENEFITS



Educational
BENEFITS

A JTS Financial Company

Phone: 1 (844) 559.3521

Fax: 1 (888) 971.3684

Email: service@ebiteam.com

Business Hours: Monday-Thursday, 8:00-5:00

Friday, 8:00-4:00

TABLE OF CONTENTS

OVERVIEW	
WHAT YOU NEED TO KNOW.....	4
GLOSSARY OF INSURANCE TERMS.....	6
BENEFITS	
DENTAL INSURANCE.....	8
VISION INSURANCE.....	9
LONG TERM DISABILITY INSURANCE.....	10
SHORT TERM DISABILITY INSURANCE.....	11
BASIC LIFE AND AD&D INSURANCE.....	12
VOLUNTARY TERM LIFE AND AD&D INSURANCE.....	13
UNIVERSAL LIFE EVENTS INSURANCE.....	14
UNIVERSAL LIFE INSURANCE.....	15
CANCER INSURANCE.....	16-17
ACCIDENT INSURANCE.....	18-19
CRITICAL ILLNESS INSURANCE.....	20
HOSPITAL CARE.....	21
FLEXIBLE SPENDING ACCOUNT.....	22
ANNUAL WELLNESS BENEFITS.....	23

WHAT YOU NEED TO KNOW

- ▶ Employees under contract who work a minimum of 20 hours per week are eligible to enroll themselves and their qualified dependents in applicable Cabot Public Schools employee benefits. Employees must be actively at work to enroll in benefits.

Checklist of what to bring for open enrollment for each dependent that you are enrolling in eligible benefits:

Social Security Number
Address
Date of Birth

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

If you are a current employee (not a new hire), please keep the following information in mind:

- You cannot make any changes until the annual “open enrollment period”, which allows employees, who may have previously declined to enroll, the opportunity to enroll in new coverage. (Certain restrictions and limitations may apply to employees who initially declined coverage when they first became eligible to enroll.)
 - However, there are certain qualifying events that allow current employees to make benefit changes. These include, but are not limited to:
 - » marriage, divorce, adoption or birth of child, death of a spouse or other eligible dependent.

You might see these boxes on certain pages. Here’s what they mean:

EC Employer Contribution - your employer contributes a percentage to your product premiums

ER Employer Paid - your employer covers 100% of the cost of your product

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



WELCOME TO OPEN ENROLLMENT

GLOSSARY

OF INSURANCE TERMS

Annual Maximum - The total dollar amount that a plan will pay for care incurred by an individual enrollee or family (under a family plan) in a specified benefit period.

Benefit Year - A period in which covered expenses are accrued and are counted toward the annual maximums, deductibles, and/or out-of-pocket limits.

Benefits - Items or services covered under an insurance plan.

Beneficiary - A person or entity entitled to receive the claim amount and other benefits upon the death of the benefactor or on the maturity of the policy.

Broker - An individual agent or agency who represents the buyer, rather than the insurance company, and tries to find the buyer the best policy. The broker can make specific recommendations about which plans best suit you and your family's needs.

COBRA - A federal law that may allow the insured to temporarily keep insurance coverages after employment ends.

Claim - A request for payment under an insurance plan. A claim will list the services rendered, the date of service, and an itemization of cost.

Coinurance - Insurance in which the insured is required to pay a fixed percentage of the cost of expenses after the deductible has been paid.

Copayment (Copay) - A fixed amount that the insured is required to pay before receiving the service.

Deductible - An out-of-pocket amount that an insured must pay prior to an insurance plan paying a claim.

Dependent - A child or other individual for whom a parent, relative, or other person may claim a personal exemption tax deduction.

Elimination Period - A period of continuous disability which must be satisfied before you are eligible to receive benefits.

Evidence of Insurability (EOI) - Part of the application process for an insurance policy during which an applicant provides health information. Coverage does not become effective until approval of the EOI.

Flexible Spending Account (FSA) - A type of account that provides the account holder with specific tax advantages on qualified medical and/or dependent care expenses (ex. Medical Reimbursement, Dependent Care, and/or Limited Purpose FSA).

Guaranteed Issue - A predetermined benefit amount allowed by an insurance plan without requiring Evidence of Insurability (EOI). GI allows you to enroll regardless of health status, age, gender, or other factors that might predict the use of health services. This does not, however, preclude the application of the pre-existing condition exclusions.

Limited Purpose FSA - A type of account to be used with an HSA. It is reserved for the payment of dental and vision expenses only.

Long-Term Care - A range of services and supports you may need to meet your personal care needs in the event of a chronic illness or disability.

Medically Necessary - A covered health service or treatment that is mandatory to protect and enhance the health status of a patient, and could adversely affect the patient's condition if omitted, in accordance with accepted standards of medical practice.

Network - The facilities, providers and suppliers your insurance plan has contracted with to provide health care services (i.e. "in-network").

Non-Preferred Provider - A provider who does not have a contract with your insurance carrier or plan to provide services to you. You'll pay more to see a non-preferred provider. (i.e. "out-of-network").

Out-of-Pocket Maximum - The maximum amount of money you may pay for services in a benefit year.

Pre-Existing Condition - A medical condition that is excluded from coverage by an insurance company because the condition was believed to exist prior to the individual obtaining a policy from the insurance company.

Premium/Rate - The amount you pay for your insurance premiums each month.

Qualifying Life Event (QLE) - A change in your situation that can make you eligible for a special enrollment period, allowing you to enroll in an insurance plan outside the yearly open enrollment period. (ex. Loss of coverage, getting married or divorced, having a baby/adopting a child, or a death in the family).



DENTAL INSURANCE

▶ Having dental insurance contributes to your over all well-being. Dental insurance provides coverage for preventative, basic, and major services.

DENTAL SERVICES	In-Network
PREVENTATIVE SERVICES (No Deductible) 100%	<ul style="list-style-type: none">• Exams• Cleaning• Fluoride (to age 19)• Sealants (to age 19)• Bitewings/Periapical X-rays• Full Mouth Series or Panoramic X-rays (covered 1x within any 36 consecutive month period)
BASIC SERVICES (Deductible Applies) 80%	<ul style="list-style-type: none">• Space Maintainers (to age 16)• Emergency Palliative Treatment• Brush Biopsy• Fillings• Root Canals• Nonsurgical Periodontics• Oral Surgery
MAJOR SERVICES (Deductible Applies) 50%	<ul style="list-style-type: none">• Crown Repair• Surgical Periodontics• Crowns• Bridges• Implants• Dentures• TMJ Treatment
CHILD ORTHODONTIA RIDER (Deductible Applies) 50%	\$750 Lifetime Maximum Dependents to Age 19
MAXIMUM CARRYOVER	If at least one Covered Service is applied toward your Maximum Payment in a Benefit Year, and the total Benefit paid does not exceed \$599 in that Benefit Year, up to \$300 will carry over to the next Benefit Year Maximum Payment. This carry-over amount will accumulate from one Benefit Year to the next, but will not exceed \$1,200.
ANNUAL MAXIMUM	\$1,200 per person
DEDUCTIBLE	\$50 per person / \$150 per family

*Evidence based dentistry is available with this plan

COVERAGE TIER	MONTHLY RATES
Employee	\$34.66
Employee + Spouse	\$69.30
Employee + Child(ren)	\$78.10
Family	\$106.92



► Vision insurance is offered to help people see by providing affordable access to high-quality eye care and eyewear. An individual or family vision insurance plan saves you money on frames, lenses, contacts, eye exams and more.

VISION SERVICES		In-Network
Exam Copay		\$20
Prescription Glasses Copay		\$20
CONTACTS		
Elective Allowance		\$130 allowance (no copay)
Contact Lens Evaluation, Fitting, & Follow-Up Care		Up to \$60 copay
LENSES		
Frames		\$130 allowance after \$20 copay; 20% savings on amount over allowance
Single Vision Allowance		Covered in full after copay
Bifocal Allowance		Covered in full after copay
Trifocal Allowance		Covered in full after copay
Polycarbonate Lenses		Covered in full after copay
Standard Progressive Lenses		\$50 copay
Premium Progressive Lenses		\$80 - \$90 copay

SERVICES	FREQUENCY
Exam	12 months
Frames	24 months
Spectacle Lenses	12 months
Contact Lenses	12 months

COVERAGE TIER	MONTHLY RATES
Employee	\$9.68
Employee + Spouse	\$15.49
Employee + Child(ren)	\$15.81
Family	\$25.49

SHORT TERM DISABILITY

- Short term disability insurance provides income protection in the event that you miss work due to an accident or illness.

SHORT TERM DISABILITY BENEFITS

BENEFIT AMOUNT	\$10 increments up to a maximum of 70% of weekly earnings, or \$1,500 per week, whichever is less
GUARANTEED ISSUE	Up to \$1,500
MINIMUM WEEKLY BENEFIT	\$100
MAXIMUM WEEKLY BENEFIT	\$1,500
ELIMINATION PERIOD	<u>BENEFITS BEGIN ON:</u> 1st day for Accident 8th day for Illness
PRE-EXISTING CONDITION EXCLUSION LIMITATION	12/12: Any condition you receive medical treatment for in the 12 months prior to the effective date will not be covered in the first 12 months of the policy.
MAXIMUM BENEFIT DURATION	26 weeks
REDUCTIONS & TERMINATIONS	Benefits reduce to 66.67% at age 65. Benefits terminate at retirement or age 70, whichever occurs first.
OFFSETS	These policy benefits do not offset with PTO or sick time, but may offset with other sources of income, including but not limited to retirement. Please review your contract closely for more details.

PLEASE NOTE: This policy does not cover any disability caused by, contributing to, or resulting from any injury or sickness due to employment.



EMPLOYER PAID

USAble[®]Life

LONG TERM DISABILITY

▶ Long term disability insurance provides income protection in the event that you miss work due to an accident or illness.

LONG TERM DISABILITY BENEFITS

BENEFIT AMOUNT	60% of monthly salary, not to exceed \$6,000 per month
GUARANTEED ISSUE	Up to \$6,000
MINIMUM MONTHLY BENEFIT	\$100
MAXIMUM MONTHLY BENEFIT	\$6,000
ELIMINATION PERIOD	<u>BENEFITS BEGIN ON:</u> 181st day
PRE-EXISTING CONDITION EXCLUSION LIMITATION	<p>12/3/6: Any condition you have received medical treatment for in the 12 months prior to the effective date will not be covered for the first 3 months of the policy. However, if you have gone 6 months without treatment* before the 24 months is over, you'll be covered for the pre-existing condition.</p> <p>*Treatment in this case means consultation, care or services provided by a physician including diagnostic measures and taking prescribed drugs and medicines.</p>
MAXIMUM BENEFIT DURATION	5 Year, Reducing Benefit Duration
REDUCTIONS & TERMINATIONS	Benefits terminate at retirement.
OFFSETS	These policy benefits offset with other sources of income, including but not limited to PTO and sick time. Please review your contract closely for more details.

PLEASE NOTE: This policy does not cover any disability caused by, contributing to, or resulting from any injury or sickness due to employment.



▶ Basic Life insurance provides permanent life insurance protection. Life insurance is a promise to your family to help protect their future. AD&D coverage provides payment for the loss of life or limbs sustained as a result of accidental bodily injury.

BASIC LIFE AND AD&D BENEFITS

FLAT BENEFIT AMOUNT	1x annual salary rounded to the next higher \$1,000, not to exceed \$250,000
GUARANTEED ISSUE	Up to \$250,000
AD&D BENEFIT	Included
REDUCTIONS & TERMINATIONS	Benefits reduce to 66.67% at age 65, to 33.33% at age 70. Benefits terminate at retirement.

VOLUNTARY TERM LIFE/AD&D

► Voluntary term life insurance provides financial protection for you and your loved ones. Your needs vary greatly upon age, number of dependents, dependents ages and your financial situation. AD&D coverage provides payment for the loss of life or limbs sustained as a result of accidental bodily injury.

VOLUNTARY TERM LIFE	EMPLOYEE	SPOUSE	DEPENDENT
AMOUNT	Choice of \$10,000 increments up to \$500,000, not to exceed 5x annual salary	Choice of \$5,000 increments up to \$250,000, not to exceed 50% of employee elected amount.	<ul style="list-style-type: none"> • Live Birth - 6 mo.: \$1,000 • 6 mo.+ : choice of \$5,000 or \$10,000
MINIMUM AMOUNT	\$10,000	\$5,000	\$5,000
MAXIMUM AMOUNT	\$500,000	\$250,000	\$10,000
GUARANTEED ISSUE (New Hires)	Age 0-69: \$200,000 Age 70+: \$0	Age 0-69: \$30,000 Age 70+: \$0	\$10,000
REDUCTIONS & TERMINATIONS	Benefits reduce to 65% at age 65, to 50% at age 70. Benefits terminate at retirement.		

VOLUNTARY AD&D	EMPLOYEE	SPOUSE	DEPENDENT
AMOUNT	Choice of \$10,000 increments up to \$500,000, not to exceed 5x annual salary	Choice of \$5,000 increments up to \$250,000, not to exceed 50% of employee elected amount.	<ul style="list-style-type: none"> • Live Birth - 6 mo.: \$1,000 • 6 mo.+ : choice of \$5,000 or \$10,000
MINIMUM AMOUNT	\$10,000	\$5,000	\$5,000
MAXIMUM AMOUNT	\$500,000	\$250,000	\$10,000
GUARANTEED ISSUE (New Hires)	Age 0-69: \$200,000 Age 70+: \$0	Age 0-69: \$30,000 Age 70+: \$0	\$10,000
REDUCTIONS & TERMINATIONS	Benefits reduce to 65% at age 65, to 50% at age 70. Benefits terminate at retirement.		

UNIVERSAL LIFE EVENTS

- Universal Life Events insurance addresses differing employee needs for permanent life insurance and peace of mind for a lifetime. This policy is available for employees and their spouses in face amounts from \$5,000 up to \$300,000, and pays a higher death benefit during working years when expenses are high.

PLAN FEATURES

- **Fully Portable** - You can keep this policy should you change jobs or retire.
- Maximum benefit protection during working years, when expenses are typically higher
- **Guarantee Renewable** - Guarantee coverage, as long as your premiums are paid
- **Accelerated Death Benefit for Terminal Illness** - Pays 75% of death benefit when life expectancy is 24 months or less
- Spouse coverage available without purchase of employee policy
- **Long Term Care Benefit** - Pays a monthly benefit equal to 4% of your death benefit for up to 50 months. The LTC benefit accelerates the death benefit and proportionately reduces it
- **Benefit Restoration** - Restores the death benefit that is reduced to pay for Long Term Care, so your family receives the full death benefit amount when they need it most
- Death benefit reduces to one-third at the latter of age 70 or the 15th policy anniversary. Issue age is 64 and under.
- Employees up to 65 years of age can apply for voluntary Universal LifeEvents insurance for permanent protection.

BENEFIT AMOUNTS

Employee (Age 18-64)

Guarantee Issue	Up to \$120,000
*Simplified Issue	Up to \$300,000

Spouse (Age 18-64)

Guarantee Issue	The greater of \$25,000 or \$3 per week
-----------------	---

Children (Up to 23 years old)

Guarantee Issue	See Benefit Counselor for rates
Simplified Issue	See Benefit Counselor for rates

*SIMPLIFIED ISSUE QUESTIONS

- 1) Major Medical Impairments (5 years)
- 2) History of drug/alcohol treatment (10 years)
- 3) Reason for seeing a medical practitioner in the past 12 months (other than for routine physical exams, including school, employment, aviation, sports, etc).



► Universal Life insurance coverage provides permanent life insurance protection with a premium that never increases due to age or a specified term. Life Insurance is a promise to your family to help protect their future. The death benefit can be used any way you or your family sees fit.

PLAN FEATURES

- Policy builds cash value & accrues interest
- Rate stability and benefit stability
- Fully Portable - You can keep this policy should you change jobs or retire
- Guarantee Renewable - Guarantee coverage to age 100 as long as your premiums are paid.
- Accelerated Death Benefit for Terminal Illness - Pays 75% of death benefit when life expectancy is 24 months or less
- Spouse and dependent coverage available without purchase of employee policy
- Employees up to 75 years of age can apply for voluntary Universal Life Insurance for permanent protection.

BENEFIT AMOUNTS

Employee (Age 18-75)	
Guarantee Issue (Age 18-64)	Up to \$120,000
*Simplified Issue (Age 65-75)	Up to \$300,000
Spouse (Age 18-70)	
Guarantee Issue (Age 18-64)	The greater of \$25,000 or \$3 per week
*Simplified Issue (Age 65-70)	Up to \$300,000
Children (Up to 23 years old)	
Guarantee Issue	See Benefit Counselor for rates
Simplified Issue	See Benefit Counselor for rates
Grandchildren	
Simplified Issue	See Benefit Counselor for rates

*MODIFIED ISSUE QUESTIONS
1) Is any person to be insured now disabled, been seen by a physician or been treated in a medical facility, including doctor's office, within the last six months for illness or disease (other than flu, colds)?
2) Has any person to be insured been treated for, or diagnosed by a member of the medical profession as having acquired immune deficiency syndrome (AIDS) or tested positive on an AIDS or HIV test?

*SIMPLIFIED ISSUE QUESTIONS
1) Major Medical Impairments (5 years)
2) History of drug/alcohol treatment (10 years)
3) Reason for seeing a medical practitioner in the past 12 months (other than for routine physical exams, including school, employment, aviation, sports, etc).

▶ Cancer insurance helps those diagnosed with cancer to stay focused on recovery by alleviating some of the financial burden associated with the cost of cancer treatment.

CANCER BENEFITS	OPTION 1	OPTION 2	OPTION 3
INPATIENT HOSPITAL CONFINEMENT	Pays \$100 per day for first 60 days; \$200 for each subsequent day	Pays \$250 per day for first 60 days; \$500 for each subsequent day	Pays \$300 per day for first 60 days; \$600 for each subsequent day
INPATIENT OR OUTPATIENT RADIATION, CHEMOTHERAPY, BLOOD AND PLASMA	\$5,000	\$10,000	\$15,000
INPATIENT OR OUTPATIENT SURGERY AND ANESTHESIA	\$1,000	\$2,000	\$4,000

BENEFIT INFORMATION	
PHYSICIAN VISITS — Pays charges up to \$75 per day for in-hospital visits.	EXTENDED CARE FACILITY — Pays charges up to \$200 per day for confinement beginning within 14 days of a hospital confinement. Limited to the number of days of prior hospital confinement.
PRIVATE DUTY NURSING SERVICES — Pays charges up to \$200 per day; limited to number of days of hospital confinement.	HOSPICE CARE — Pays charges up to \$100 per day for a terminally ill insured. Lifetime maximum of 180 days.
HOME HEALTH CARE SERVICES — Pays charges up to \$200 per day when prescribed by the attending physician. Lifetime maximum benefit of 50 days per insured.	INPATIENT DRUGS & MEDICINES — Pays charges up to \$25 per day for prescribed drugs and medicines while an inpatient during a hospital confinement. \$500 maximum per calendar year per insured.
PROSTHESIS — Pays charges up to \$3,000 per calendar year.	GOVERNMENT OR CHARITY HOSPITAL — Pays \$300 per day, in lieu of all other benefits provided in the policy.
AMBULANCE — Pays charges for ambulance services to and from the hospital per confinement. Maximum of \$500 per confinement for air ambulance benefits.	PHYSICAL, SPEECH, HEARING & OCCUPATIONAL THERAPY — Pays charges up to \$30 per therapy session. \$400 maximum per calendar year.
ANNUAL PHYSICAL — Pays charges up to \$200 per calendar year for annual physicals after the positive diagnosis of internal cancer. \$1,000 lifetime maximum per insured.	NEW OR EXPERIMENTAL TREATMENT —Pays charges up to \$5,000 calendar year for experimental treatment endorsed by the American Cancer Society (ACS) or the NCI. Treatment must be received in the U.S. or its territories.
SECOND SURGICAL OPINION — Pays charges up to \$200 for a second surgical opinion.	WELLNESS — Pays \$75 per calendar year per insured

FAMILY LODGING & TRANSPORTATION

— Pays charges up to \$100 per day for up to 90 days per confinement for motel/ hotel expenses for an adult member of the immediate family to be near an insured confined in a non-local hospital due to cancer. Also pays incurred charges for one round-trip coach fare on a common carrier per confinement. This benefit is payable only when treatment is not available within a 50 mile radius of the insured's residence.

BONE MARROW TRANSPLANT

— Pays charges up to \$10,000 for a bone marrow transplant during a covered hospital confinement for the treatment of cancer. Pays charges up to \$5,000 if the transplant is performed on an outpatient basis. For expenses incurred by the donor as a result of the transplantation procedure, pays the greater of the following: (a) \$1,000 or (b) the amount of any remaining benefits available under the policy after benefits have been paid for the insured.

The benefit is not payable for the same procedure as the stem cell transplantation benefit. Lifetime maximum of \$10,000 per insured.

PATIENT TRANSPORTATION

— Pays charges incurred for round trip coach fare on a common carrier or pays \$.50 per mile for personal automobile expense when non-local treatment is prescribed by the attending physician as medically necessary and requires hospital confinement.

MEDICAL SUPPLIES & EQUIPMENT

— Pays charges as an inpatient for the following: braces, crutches and wheelchairs or other similar durable medical or surgical equipment deemed necessary by the attending physician. When prescribed as an outpatient, we will pay 80% of the incurred charges. \$1,000 maximum per calendar year per insured.

POSITIVE DIAGNOSIS TEST— Pays a one-time benefit of up to \$500 for lab or diagnostic tests involved with the positive diagnosis of cancer.

STEM CELL TRANSPLANT— Pays charges up to \$2,500 for a peripheral stem cell transplantation for the treatment of cancer. The benefit is payable once per insured. The benefit is not payable for the same procedure as the bone marrow transplantation benefit. Lifetime maximum of \$2,500 per insured.

DID YOU KNOW

1.7 MILLION
new cases of cancer are
diagnosed annually.

(American Cancer Society, 2017)

13%
of all new cancer
diagnoses are for
“**RARE FORMS**”

(American Cancer Society, 2017)

MONTHLY RATES	OPTION 1	OPTION 2	OPTION 3
Employee	\$18.32	\$26.16	\$31.34
Employee + Child	\$22.60	\$32.02	\$38.54
Family	\$33.94	\$48.50	\$57.50

ACCIDENT INSURANCE

▶ Accident insurance helps pay for unexpected healthcare expenses due to injuries that occur every day – from the soccer field to the ski slope and the highway in-between. Accident insurance provides benefits due to covered accidents for initial care, injuries, and follow-up care.

BENEFITS	PAYOUT AMOUNT
Emergency Room Treatment	\$200
Initial Doctor's Office Visit	\$100
Accident Follow-up Treatment	\$100
Burns - Flat amount for: Third-degree 35 or more sq in. Third-degree 9 to 34 sq. in. Second-degree for 36% or more of body	\$15,000 \$2,250 \$1,125
Dislocations Open reduction Closed reduction	Up to \$8,000 Up to \$4,000
Fractures Open reduction Closed reduction Chips	Up to \$10,000 Up to \$5,000 25% of closed reduction amount
Laceration	Up To \$800
Tendon/Ligament/Rotator Cuff Repair of more than one Repair of one Exploratory without repair	\$1,200 \$800 \$200
Concussion	\$200
Eye Injury	\$400
Emergency Dental Benefit Extraction Crown	\$100 \$300
Appliance	\$200
Ground Ambulance Air Ambulance	\$200 \$1,000
Hospital Admission	\$2,000 - once per year/per covered person
Hospital Confinement Hospital Confinement - ICU	\$400 per day \$600 per day
Surgery Open, abdominal, thoracic Exploratory	\$2,000 \$200

BENEFITS	PAYOUT AMOUNT
Blood, Plasma, and Platelets	\$600
Loss of Finger, Toe, Hand, Foot, or Sight of an Eye	\$750 to \$15,000
Catastrophic Accident Benefit	Employee \$100,000 Spouse \$50,000 Children \$50,000
Accidental Death Benefit	Employee \$50,000 Spouse \$20,000 Children \$10,000
Accidental Death Benefit Common Carrier	Employee \$100,000 Spouse \$40,000 Children \$20,000
Health Screening Benefit Routine health screening tests/one per person per year	\$100

COVERAGE TIER	MONTHLY RATES
Employee	\$17.92
Employee + Spouse	\$26.78
Employee + Child(ren)	\$33.74
Family	\$42.60

DID YOU
KNOW

LESS THAN 5%
of disabling accidents
and illnesses are work
related.

The other 95% are not,
meaning

**WORKERS’
COMPENSATION
DOESN’T COVER
THEM.**

(Council for Disability Awareness, Long-Term Disability
Claims Review, 2012.)



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

BENEFIT DESCRIPTION	WITH CANCER	WITHOUT CANCER
Cancer	100%	N/A
Heart Attack	100%	100%
Stroke	100%	100%
End Stage Renal Disease	100%	100%
Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease)	100%	100%
Quadriplegia	100%	100%
Major Organ Transplant Surgery	100%	100%
Coronary Artery Bypass Surgery*	25%	25%
Balloon Angioplasty, Stent, or Laser Relief Procedure*	10%	10%
Carcinoma in Situ*	10%	N/A

*These benefits are each payable only once per covered person. If one or more of these benefits are paid, the remaining amount payable will be the original face amount reduced by all prior benefit payments.

WELLNESS BENEFIT
 We will pay a total of ***\$75 per calendar year*** for a covered person (maximum 2 people per year) to undergo one of the covered tests or exams listed below.

- Mammography
- Flexible Sigmoidoscopy
- Chest X-Ray
- EKG
- Pap Smear
- Cholesterol & Diabetes Screening
- Colonoscopy
- PSA (Blood Test for Prostate Cancer)
- Breast Ultrasound

- CA 15-3 for Breast Cancer
- CA 125 for Ovarian Cancer
- CEA Blood Test for Colon Cancer
- Thermography
- Bone Marrow Testing
- Serum Protein Electrophoresis
- Fasting Blood Glucose Test
- Hemocult Stool Analysis
- Blood Test for Triglycerides

The hospital care policy helps offer you financial protection in the event that you or your dependents are admitted to the hospital. Benefits provide you with assistance in paying your deductible and co-payments associated with inpatient expenses. Minimum of 18 hours of continuous, hospital confinement required.

BENEFITS	BASIC	SELECT	ULTRA
First Day Hospital Confinement Up to 10 per year	\$750	\$1,000	\$1,500
Daily Hospital Confinement Amount per day	\$150/day	\$200/day	\$300/day
Intensive Care Confinement Amount per day, up to 15 days	\$225/day, up to 15 days	\$300/day, up to 15 days	\$450/day, up to 15 days
Ground Ambulance Up to 3 per year	\$120	\$160	\$240
Air Ambulance Up to 3 per year	\$750	\$1,000	\$1,500
Surgery	N/A	Example: Coronary Bypass: \$2,000 Appendix Removal: \$440 Gallbladder Removal: \$568 Based on surgical schedule.	Example: Coronary Bypass: \$2,000 Appendix Removal: \$440 Gallbladder Removal: \$568 Based on surgical schedule.
Anesthesia	N/A	5% of surgical benefit	5% of surgical benefit
Preoperative Visit Benefit	N/A	1.5% of surgical benefit	1.5% of surgical benefit
Second Surgical Opinion	N/A	1.5% of surgical benefit	1.5% of surgical benefit
Diagnostic Procedure Up to 3 per year	N/A	\$100 per procedure	\$100 per procedure
Emergency Treatment By physician in ER or urgent care facility. Up to 3 per year	N/A	N/A	\$100
Physician Office Visit Up to 5 per year	N/A	N/A	\$50
Wellness Payable once per person per calendar year	\$30	\$60	\$90

NOTE: THIS IS NOT MAJOR MEDICAL INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL INSURANCE. IT DOES NOT QUALIFY AS MINIMUM ESSENTIAL HEALTH COVERAGE UNDER THE FEDERAL AFFORDABLE CARE ACT.



Features of an FSA


Why an FSA?	Using a Flexible Spending Account (FSA) is great way to stretch your benefit dollars. You use before-tax dollars in your FSA to reimburse yourself for eligible out-of-pocket medical and dependent care expenses. That means you can enjoy tax savings and increased take-home pay—all with the convenience of a prepaid debit card.
Employee Benefits	<ul style="list-style-type: none"> • <u>Reduces your income taxes</u> (Federal, state, and FICA) because setting aside pre-tax FSA dollars results in a lower taxable salary. • Using pre-tax dollars to pay for eligible medical and/or dependent care expenses translates into <u>savings of as much as 30%</u>. • Offers <u>immediate access to elected healthcare FSA funds</u> via an FSA debit card. • Most common expenses such as <u>medical, dental, orthodontic, vision, prescription drug, and daycare expenses are eligible</u> for reimbursement with supporting documentation.
How it Works	<ul style="list-style-type: none"> • <u>Decide how much you will contribute to their FSA each year</u>, up to the maximum allowed by your employer's FSA plan. This election amount (divided equally by the number of payroll periods) is automatically deducted from your paycheck by your employer. From a tax perspective, the more you elect to put into your FSA, the more you save! • <u>You can choose to be reimbursed for eligible medical expenses up to the amount of your annual election</u> by submitting a request to CAS Group via your online FSA portal, by email/fax, or on your CAS FSA phone app. Or you may choose to use your convenient FSA debit card to pay for the eligible expense at the point of purchase, eliminating the need to request reimbursement (per IRS requirements, note that additional substantiating documentation may be requested by CAS for debit card purchases).


MAXIMUM CONTRIBUTION AMOUNTS
<ul style="list-style-type: none"> • \$2,750 - Medical Reimbursement • \$2,750 - Limited FSA (Dental & Vision ONLY) • \$5,000 - Dependent Care (through age 12)


FOR EMPLOYEES/PARTICIPANTS
<ul style="list-style-type: none"> • Convenient CAS Mobile Technology (mobile app and text messaging) • Multiple account management tools (web, phone, and fax) • Fast reimbursements • Toll-free Customer Care Center • Easy online enrollment or re-enrollment • Tax Savings Calculator


ANNUAL WELLNESS BENEFITS

Below is your annual wellness information. Please see a benefit counselor for a wellness form from each carrier.

Accident Policy 		
\$100 Wellness		
To File:	By Mail	By Fax
	Attn: MAWORKSITE Trustmark Insurance Co. 100 N. Parkway, Ste. 200 Worcester, MA 01605	(508) 471-3208
Information Needed	Include Bill or Statement as proof of test. Bill/statement should include the following: <ul style="list-style-type: none"> • Full Name • Name and address of the facility where the test/procedure was performed • The specific test/procedure performed 	
Covered Tests	Low dose mammography, pap smear for women over age 18, flexible sigmoidoscopy, hemoccult stool sample, colonoscopy, prostate specific antigen (for prostate cancer), stress test on a bicycle or treadmill, fasting blood glucose test, blood test for triglycerides, chest x-ray	

Cancer Policy 		
\$75 Wellness		
To File:	By Mail	By Fax
	Attn: Claims Department USABLE Life P.O. Box 1650 Little Rock, AR 72203-1650	(501) 235-8400
Information Needed	Include USABLE Wellness Form with the following information included: <ul style="list-style-type: none"> • Full Name • Name and address of the facility where the test/procedure was performed • The specific test/procedure performed 	
Covered Tests	Mammography, thermography, colonoscopy, hemoccult stool analysis, prostate specific antigen test, CA 125 blood test, CEA blood test, pap smear, flexible sigmoidoscopy, chest x-ray	

Critical Illness Policy 		
\$75 Wellness		
To File:	By Mail	By Fax
	Attn: Claims Department USABLE Life P.O. Box 1650 Little Rock, AR 72203-1650	(501) 235-8400
Information Needed	Include USABLE Wellness Form with the following information included: <ul style="list-style-type: none"> • Full Name • Name and address of the facility where the test/procedure was performed • The specific test/procedure performed 	
Covered Tests	Mammography, flexible sigmoidoscopy, chest x-ray, EKG, pap smear, cholesterol and diabetes screening, colonoscopy, PSA (blood test for prostate cancer), breast ultrasound, CA 15-3 for breast cancer, CA 125 for ovarian cancer, CEA blood test for colon cancer, thermography, bone marrow testing, serum protein electrophoresis, fasting blood glucose test, hemoccult stool analysis, blood test for triglycerides	

Hospital Care Policy 		
Basic Plan: \$30 Wellness Select Plan: \$60 Wellness Ultra Plan: \$90 Wellness		
To File:	By Mail	By Fax
	Attn: Claims Department USABLE Life P.O. Box 1650 Little Rock, AR 72203-1650	(501) 235-8400
Information Needed	Include USABLE Wellness Form with the following information included: <ul style="list-style-type: none"> • Full Name • Name and address of the facility where the test/procedure was performed • The specific test/procedure performed 	
Covered Tests	Biopsy, blood test for triglycerides, bone marrow testing, breast ultrasound, CA 125 test, CA15-3 test, CEA test, chest x-ray, colonoscopy, fasting blood glucose test, flexible sigmoidoscopy, hemoccult stool analysis, mammography, pap test, prostate specific antigen test, serum cholesterol test, serum protein electrophoresis, stress test on bicycle or treadmill, thermography	



CUSTOMER SERVICE

1 (844) 559.3521 (phone)
1 (888) 971.3684 (fax)
service@ebiteam.com