



Open Enrollment 2021



To: Dixie District School Employees

Re: Annual Open Enrollment

US Employee Benefit Services Group will be conducting your open enrollment starting November 1st through November 30th, 2021. All employees will have the opportunity to meet privately with an enrollment representative, enroll online or schedule a virtual open enrollment meeting. No changes can be made after November 30th 2021. All Changes are effective 01/01/2022. Employees that wish to have a voluntary Flexible Spending Account must complete the enrollment process.

#### On Site Schedule

8-Nov	Anderson	7:30
9-Nov	Ruth Rains	7:30
10-Nov	DCHS	7:30
15-Nov	OTE	7:30
16-Nov	Transportation	7:30
16-Nov	District Office	10:00
16-Nov	Finance Office	1:00

Please visit the School District's benefit portal <https://dixie.mybenefitsinfo.com/> to review all current benefits. To enroll online and to review your personal benefits please click

**Enroll Online**

From November 17<sup>th</sup> through November 30<sup>th</sup> individual appointments can be scheduled by request. To schedule a virtual meeting during the open enrollment period please email your requested time to [flenrollment@usebsg.com](mailto:flenrollment@usebsg.com) and you will receive a meeting invite.

Virtual meetings can be scheduled between 7:00 AM and 8:00 PM.

If you would like to meet after hours at the Cross City Nature Coast Insurance you are welcome to contact Andrew Rains to schedule. If you have any questions prior to the enrollment, contact Brad Hoard at 1-800-599-5552. I look forward seeing you during the open enrollment.

Thank you,

*Us Employee Benefits Services Group*

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Benefits		Blue Options PPO Plan 5180/5181 H S A	Blue Care HMO Plan 130/131 HSA	Blue Care HMO Plan 54	Blue Care HMO Plan 70
		Out of Network Benefits			
OFFICE SERVICES					
PCP/Specialist In-Network		DED + Coinsurance	DED + Coinsurance	\$40/\$65 copay	\$50/\$75
PCP/Specialist Out of Network		DED + Coinsurance	N/A	N/A	N/A
Preventive Care <b>In Network</b>		DED + Coinsurance	100% covered	100% covered	100% covered
HOSPITAL SERVICES					
Inpatient In-Network		DED + Coinsurance	DED + Coinsurance	DED + Coinsurance	DED + 30%
Inpatient Out-of-Network		DED +INN Coinsurance	N/A	N/A	N/A
ER Services		DED + Coinsurance	DED + Coinsurance	\$300 copay	\$500 copay
OUTPATIENT SERVICES					
Surgery In-Network		DED + Coinsurance	DED + Coinsurance	DED + Coinsurance	DED + 30%
Surgery Out-of-Network		DED + Coinsurance	N/A	N/A	N/A
Simple Diagnostic Services In-Network		DED + Coinsurance	DED + Coinsurance	\$65	\$75
Simple Diagnostic Services Out-of-Network		DED + Coinsurance	N/A	N/A	N/A
Complex Diagnostic Services In-Network		DED + Coinsurance	DED + Coinsurance	\$200	DED + 30%
Complex Diagnostic Services Out-of-Network		DED + Coinsurance	N/A	N/A	N/A
Urgent Care Services		DED + 10%	DED + Coinsurance	\$85	\$80
Rx					
Rx					
CY DEDUCTIBLE (CYD)		\$10/\$50/\$80 after Ded	\$10/\$50/\$80 After Ded	\$10/\$50/\$80 Retail Only	\$10/\$50/\$80 Retail Only
Individual/Family In-Network		\$1,500 / NA	\$1,500 / NA(130) \$3,000/\$3,000 (131)	\$5,000/\$10,000	\$5,500/\$11,000
Individual/Family Out-of-Network		\$3,000 / NA	N/A (130 +131)	N/A	N/A
OUT-OF-POCKET MAXIMUM					
Individual/Family In-Network			\$4,500 / NA (130) \$6,850 / \$9,000 (131)	\$6,350 / \$12,700	\$7,350 / \$14,500
Individual/Family Out-of-Network		\$3,000 / NA \$6,000 / NA	N/A	N/A	N/A
COINSURANCE					
In Network		90% / 10%	80% / 20%	70% / 30%	70% / 30%
Out-of-Network		60%/40%	N/A	N/A	N/A
Employee Only 18 Pay		\$ 153.71	\$ 6.24	\$ 22.11	\$ 3.42
Employee & Spouse 18 Pay		\$ 874.97	\$ 588.08	\$ 604.62	\$ 560.13
Employee & Children 18 Pay		\$ 585.70	\$ 363.89	\$ 376.96	\$ 342.29
Family 18 Pay		\$ 1271.39	\$ 895.29	\$ 916.99	\$ 858.66
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# Group Basic Life and Accidental Death and Dismemberment Insurance

Group Basic Life insurance from Standard Insurance Company helps provide financial protection by promising to pay a benefit in the event of an eligible member's covered death. Basic Accidental Death and Dismemberment (AD&D) insurance may provide an additional amount in the event of a covered death or dismemberment as a result of an accident.

The cost of this insurance is paid by Dixie District Schools.

## Eligibility

<b>Definition of a Member</b>	You are a member if you are an active employee of Dixie District Schools and regularly working at least 20 hours each week. You are not a member if you are a temporary or seasonal employee, a full-time member of the armed forces, a leased employee or an independent contractor.
<b>Class Definition</b>	Class 1 - Active Members
<b>Eligibility Waiting Period</b>	You are eligible on the first of the month that follows 60 consecutive days as a member.

## Benefits

<b>Basic Life Coverage Amount</b>	Your Basic Life coverage amount is \$25,000.
<b>Basic AD&amp;D Coverage Amount</b>	For a covered accidental loss of life, your Basic AD&D coverage amount is equal to your Basic Life coverage amount. For other covered losses, a percentage of this benefit will be payable.
<b>Life and AD&amp;D Age Reductions</b>	Basic Life and AD&D insurance coverage amount reduces to 50 percent at age 70.

## Other Basic Life Features and Services

- Accelerated Benefit
- Life Services Toolkit
- Portability of Insurance Provision
- Repatriation Benefit
- Right to Convert Provision
- Standard Secure Access account payment option
- Travel Assistance
- Waiver of Premium

## Other Basic AD&D Features

- Air Bag Benefit
- Family Benefits Package
- Seat Belt Benefit

This information is only a brief description of the group Basic Life/AD&D insurance policy sponsored by Dixie District Schools. The controlling provisions will be in the group policy issued by The Standard. The group policy contains a detailed description of the limitations, reductions in benefits, exclusions and when The Standard and Dixie District Schools may increase the cost of coverage, amend or cancel the policy. A group certificate of insurance that describes the terms and conditions of the group policy is available for those who become insured according to its terms. For more complete details of coverage, contact your human resources representative.

Standard Insurance Company  
1100 SW Sixth Avenue  
Portland OR 97204

**[www.standard.com](http://www.standard.com)**

SI 13279-D-FL-147568-C1 (10/17)  
5391884-116239

# Dixie District Schools - #758583

## Dental Highlight Sheet



### Low Plan: Dental Plan Summary

Effective Date: 1/1/2020

<b>Plan Benefit</b>	
Type 1	100%
Type 2	80%
Type 3	50%
<b>Deductible</b>	\$50/Calendar Year Type 2 & 3
	Waived Type 1
	\$150/family
<b>Maximum (per person)</b>	\$1,000 per calendar year
<b>Allowance</b>	Discounted Fee
<b>Max Builder<sup>SM</sup></b>	Included
<b>Waiting Period</b>	None
<b>Annual Eye Exam</b>	None
<b>Annual Open Enrollment</b>	Included

### Orthodontia Summary - Child Only Coverage

<b>Allowance</b>	U&C
<b>Plan Benefit</b>	50%
<b>Lifetime Maximum (per person)</b>	\$1,000
<b>Waiting Period</b>	None

### Sample Procedure Listing (Current Dental Terminology © American Dental Association.)

Type 1	Type 2	Type 3
<ul style="list-style-type: none"> <li>Routine Exam (2 per benefit period)</li> <li>Bitewing X-rays (1 per benefit period)</li> <li>Cleaning (2 per benefit period)</li> <li>Fluoride for Children 18 and under (1 per benefit period)</li> <li>Space Maintainers</li> </ul>	<ul style="list-style-type: none"> <li>Full Mouth/Panoramic X-rays (1 in 3 years)</li> <li>Periapical X-rays</li> <li>Sealants (age 16 and under)</li> <li>Restorative Amalgams</li> <li>Restorative Composites</li> <li>Simple Extractions</li> <li>Complex Extractions</li> <li>Anesthesia</li> </ul>	<ul style="list-style-type: none"> <li>Onlays</li> <li>Crowns (1 in 5 years per tooth)</li> <li>Crown Repair</li> <li>Endodontics (nonsurgical)</li> <li>Endodontics (surgical)</li> <li>Periodontics (nonsurgical)</li> <li>Periodontics (surgical)</li> <li>Denture Repair</li> <li>Implants</li> <li>Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years)</li> </ul>

### About The Standard

As a leading provider of employee benefits products and services, Standard Insurance Company is dedicated to meeting the unique insurance needs of each customer. More than 26,167 groups trust The Standard for group insurance products and services, and the company covers nearly 7 million employees.

Founded in Portland, Oregon, in 1906, The Standard has built a national reputation for delivering quality insurance products, personalized service and strong financial performance. The Standard wrote its first group insurance policy in 1951, and it remains in force today as a testament to the company's commitment to building successful long-term relationships.

### Customer Service

We make it easy for covered employees and dentists to contact us to confirm eligibility or request claims information by calling **1-800-547-9515**. Our customer service representatives are available Monday through Thursday from 5:00 a.m. until 10:00 p.m. Pacific Time and until 4:30 p.m. Pacific Time on Friday. For plan information any time, access our automated voice response system or go online to [standard.com](http://standard.com).



## Max Builder<sup>SM</sup>

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This dental plan includes a valuable feature that allows qualifying plan participants to carryover part of their unused annual maximum. A participant earns dental rewards by submitting at least one claim for dental expenses incurred during the benefit year, while staying at or under the threshold amount for benefits received for that year. In addition, a person earning dental rewards who submits a claim for services received through the dental network earns an extra reward, called the PPO Bonus. Employees and their covered dependents may accumulate rewards up to the stated maximum carryover amount, and then use those rewards for any covered dental procedures subject to applicable coinsurance and plan provisions. If a plan participant doesn't submit a dental claim during a benefit year, all accumulated rewards are lost. But he or she can begin earning rewards again the very next year.

Benefit Threshold	\$500	Dental benefits received for the year cannot exceed this amount
Annual Carryover Amount	\$250	Max Builder amount is added to the following year's maximum
Annual PPO Bonus	\$100	Additional bonus is earned if the participant sees a network provider
Maximum Carryover	\$1,000	Maximum possible accumulation for Max Builder and PPO Bonus combined

Groups with a program similar to Max Builder on their previous plan are eligible for Max Builder Credits. To qualify for Max Builder Credits, the employer must request a list of carryover amounts from the previous carrier, to be sent to The Standard.

The Standard will credit each account based on amounts identified by the previous carrier. The credit is available only to initial insureds. The credit, and any amounts earned under our plan, will not exceed the maximum carryover proposed for the plan selected.

Enrollment data must include information for all dependents enrolling in the plan.

## Dental Network Information

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Employees and dependents have access to an extensive nationwide network of member dentists. The cost-saving benefits of visiting a network member dentist are automatically available to all employees and dependents who are covered by any of The Standard's dental plans and who live in areas where the nationwide network is available. To find member dentists in your area, visit: <http://www.standard.com/dental> and click on "Find a Dentist."

## Pretreatment

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While we don't require a pretreatment authorization form for any procedure, we recommend them for any dental work you consider expensive. As a smart consumer, it's best for you to know your share of the cost up front. Simply ask your dentist to submit the information for a pretreatment estimate to our customer relations department. We'll inform both you and your dentist of the exact amount your insurance will cover and the amount that you will be responsible for. That way, there won't be any surprises once the work has been completed.

## Open Enrollment

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If a member does not elect to participate when initially eligible, the member may elect to participate at the policyholder's next enrollment period. This enrollment period will be held each year and those who elect to participate in this policy at that time will have their insurance become effective on October 1.



## **Late Entrant Provision**

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We strongly encourage you to sign up for coverage when you are initially eligible. If you choose not to sign up during this initial enrollment period, you will become a late entrant. Late entrants will be eligible for only exams, cleanings, and fluoride applications for the first 12 months they are covered.

## **Section 125**

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This plan is provided as part of the Policyholder's Section 125 Plan. Each employee has the option under the Section 125 Plan of participating or not participating in this plan. If an employee does not elect to participate when initially eligible, he/she may elect to participate at the Policyholder's next Annual Election Period.

**This form is a benefit highlight, not a certificate of insurance. This policy has exclusions, limitations, reductions of benefits, and terms under which the policy may be continued in force or terminated. Please contact The Standard [or your employer] for additional information, including costs and complete details of coverage.**

# Dixie District Schools - #758583

## Dental Highlight Sheet



### High Plan: Dental Plan Summary

Effective Date: 1/1/2020

<b>Plan Benefit</b>	
Type 1	100%
Type 2	80%
Type 3	50%
<b>Deductible</b>	\$50/Calendar Year Type 2 & 3
	Waived Type 1
	\$150/family
<b>Maximum (per person)</b>	\$1,500 per calendar year
<b>Allowance</b>	90th U&C
<b>Max Builder<sup>SM</sup></b>	Included
<b>Waiting Period</b>	None
<b>Annual Eye Exam</b>	None
<b>Annual Open Enrollment</b>	Included

### Orthodontia Summary - Child Only Coverage

<b>Allowance</b>	U&C
<b>Plan Benefit</b>	50%
<b>Lifetime Maximum (per person)</b>	\$1,500
<b>Waiting Period</b>	None

### Sample Procedure Listing (Current Dental Terminology © American Dental Association.)

Type 1	Type 2	Type 3
<ul style="list-style-type: none"> <li>• Routine Exam (2 per benefit period)</li> <li>• Bitewing X-rays (1 per benefit period)</li> <li>• Cleaning (2 per benefit period)</li> <li>• Fluoride for Children 18 and under (1 per benefit period)</li> <li>• Space Maintainers</li> </ul>	<ul style="list-style-type: none"> <li>• Full Mouth/Panoramic X-rays (1 in 3 years)</li> <li>• Periapical X-rays</li> <li>• Sealants (age 16 and under)</li> <li>• Restorative Amalgams</li> <li>• Restorative Composites</li> <li>• Simple Extractions</li> <li>• Complex Extractions</li> <li>• Anesthesia</li> </ul>	<ul style="list-style-type: none"> <li>• Onlays</li> <li>• Crowns (1 in 5 years per tooth)</li> <li>• Crown Repair</li> <li>• Endodontics (nonsurgical)</li> <li>• Endodontics (surgical)</li> <li>• Periodontics (nonsurgical)</li> <li>• Periodontics (surgical)</li> <li>• Denture Repair</li> <li>• Implants</li> <li>• Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years)</li> </ul>

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Benefit Threshold	\$500	Dental benefits received for the year cannot exceed this amount
Annual Carryover Amount	\$250	Max Builder amount is added to the following year's maximum
Annual PPO Bonus	\$100	Additional bonus is earned if the participant sees a network provider
Maximum Carryover	\$1,000	Maximum possible accumulation for Max Builder and PPO Bonus combined

## Dental Network Information

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## Late Entrant Provision

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Dixie District Schools - #758583  
Dental Highlight Sheet



## Section 125

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# Dixie School District

Voluntary Accidental Death & Dismemberment Insurance • GTU 5091143

The following is a brief description of the Voluntary Accidental Death and Dismemberment Plan. The benefits described are subject to certain limitations and exclusions as described in the policy. For specific definitions of terms used below as well as further details and information about this plan, please see the policy.

## Eligibility

**Class I:** All active full-time employees of the policyholder domiciled in the United States.

You may elect to include coverage for your eligible dependents under the Family Plan. Eligible dependents include your legally married spouse under age 70 and your unmarried dependent children from birth to 19 years of age, or to age 25 if attending an accredited school or college on a full-time basis, and are primarily dependent upon you for their support and maintenance.

No individual may be covered more than once under this plan. You cannot be covered as a spouse or dependent child of another employee.

## Benefit Amount

**Class I:** You may purchase a benefit from a minimum of \$10,000 to a maximum of \$250,000 in increments of \$10,000. [However, amounts applied for in excess of \$150,000 must not exceed ten (10) times your base annual pay excluding overtime, bonuses, commissions and special compensation.

The benefit amount for your covered dependents will be a percentage of your benefit amount, as follows:

Plan Selected	% Spouse	% Child(ren)
Spouse only:	50%	0
Dependent Child(ren) only:	0	15%
Spouse and Dependent Child(ren)	40%	10%

Maximum benefit amount of \$25,000 for dependent child(ren).

At age 70, for the insured employee only, your benefit amount will be reduced based on your previous benefit amount per the following schedule:

Age at Date of Loss	Percent of Principal Sum
70-74	65%
75-79	45%
80-84	30%
85 & Over	15%

## Description of Coverage

This plan offers protection on a worldwide basis, 24 hours a day, 365 days a year against certain injuries resulting from a covered accident in the course of business or pleasure, including accidents on or off the job, in or away from the home, commuting, traveling by train, airplane, automobile, or other public and private conveyances, subject to certain limitations (see exclusions/limitations). The benefits provided are payable in addition to any other insurance which may be in effect at the time of the accident.

### Exposure and Disappearance Coverage

If the conveyance in which you are riding disappears, is wrecked, or sinks, and you are not found within 365 days of the event, we will presume that you lost your life as a result of injury. If travel in such conveyance was covered under the terms of the policy, we will pay your benefit amount, subject to all policy terms.

If you are exposed to weather because of an accident and this results in a loss of life, we will pay your benefit amount, subject to all policy terms and conditions.

## Benefits Provided

If you have an accident that results in any of the following losses, we will pay the benefit shown within 365 days of the date of the accident, Zurich American Insurance Company, may pay certain benefit amounts to you or your designated beneficiary. If the accident results in more than one of these losses, only the loss with the largest benefit will be payable. The amounts are based on the benefit amount shown in the schedule.

Loss of:	Benefit Amount
(1) Life	100% of benefit amount
(2) Both hands or both feet	100% of benefit amount
(3) One hand and one foot	100% of benefit amount
(4) One hand or one foot plus the sight of one eye	100% of benefit amount
(5) Sight of both eyes	100% of benefit amount
(6) Speech and Hearing	100% of benefit amount
(7) Speech or Hearing	50% of benefit amount
(8) One hand, one foot, or sight of one eye	50% of benefit amount
(9) Thumb and index finger of the same hand	25% of benefit amount

Plegia	Benefit Amount
(1) Quadriplegia (total paralysis of all four Limbs)	100% of benefit amount
(2) Paraplegia (total paralysis of both lower Limbs)	75% of benefit amount
(3) Hemiplegia (total paralysis of upper and lower Limbs on one side of the body)	50% of benefit amount

## Additional Benefits

### Higher Education Benefit

If you elect Family Plan coverage and suffer a covered loss of life, and have an eligible covered child(ren), who on the date of the accident, is enrolled as a full-time student in an institution of higher learning or is at the 12<sup>th</sup> grade level and enrolls in an institution of higher learning within one year from the date of the accident, an additional benefit of 5% of your benefit amount to \$5,000 per year may be paid for each such covered child for up to four (4) consecutive years. If at the time of accident you have no dependent children who qualify for this benefit, we will pay an additional benefit of \$2,000 to the designated beneficiary..

### **Seat Belt Benefit**

If you suffer a loss of life in a covered automobile accident while wearing a factory installed or manufactured authorized seat belt, an additional benefit equal to 10% of your principal sum to a maximum of \$10,000 may be paid.

### **Spouse Retraining Benefit**

If you elect Family Plan coverage and suffer a covered loss of life, your covered spouse may receive the lesser of \$3,000 or the actual cost incurred within 30 months of any professional or trade-training program in which your covered spouse enrolls to obtain an independent source of support and maintenance.

### **Beneficiary Designation**

Benefits for your loss of life will be payable to the beneficiary or beneficiaries designated in writing by you and on file with the policyholder; otherwise, we will pay the benefit to the insured's survivors in the following order:

Your spouse;

Your children, equally;

Your parents, equally or to the survivor;

Your brothers or sisters equally or to the survivor or survivors;

Your estate.

### **Loss of Life of a Covered Person other than You:**

Covered losses for the death of a covered person other than you will be paid to you. If you pre-decease or die at the same time as the covered person other than you, the benefit will be paid to your beneficiary unless your beneficiary designation has not been made or your beneficiary is no longer living at the time of death. In such case, the benefits will be paid to your estate.

All other indemnities shall be payable to you.

### **Exclusions**

This plan does not cover any loss caused by, contributed to or resulting from: suicide or attempted suicide; a purposefully self-inflicted wound; war or any, act of war, declared or undeclared; a covered person's involvement in any type of active military service; illness, disease or infection; pregnancy, including childbirth, but not complications thereof; travel or flight in any aircraft except to the extent stated in the Hazards; skydiving, parasailing, hang gliding, bungee-jumping, or any similar activity; or the insured's participation in the commission or attempted commission of any felony or assault; being intoxicated; being under the influence of any controlled substance, unless such controlled substance was prescribed by a physician and taken in accordance with the prescribed dosage; flying as a pilot or crew member of any aircraft; any aircraft being used for aerial photography, test or experimental purposes; any aircraft that requires a special permit or waiver even if granted; any aircraft owned or controlled by, or under lease to the policyholder, an insured, or a member of a covered person's family or household; any aircraft which is operated by the policyholder, or one of its employees including members of an employee's family or household; any conveyance used in a race or speed test or being used for tests or experimental purposes.

## Cost and Method of Payment

The monthly cost for **Employee Only** coverage is \$.024 for each \$1,000 of benefit amount. The monthly cost for the **Family Plan** is \$.043 for each \$1,000 of benefit amount. Premium payments will be deducted automatically from your pay. For example, if you had selected one of the benefit amounts below, your monthly cost would be:

Benefit Amount*	PLAN I	PLAN II
	Monthly Cost Employee Only	Monthly Cost Family Plan
\$10,000	\$0.24	\$0.43
20,000	0.48	0.86
30,000	0.72	1.29
40,000	0.96	1.72
50,000	1.20	2.15
60,000	1.44	2.58
70,000	1.68	3.01
80,000	1.92	3.44
90,000	2.16	3.87
100,000	2.40	4.30
110,000	2.64	4.73
120,000	2.88	5.16
130,000	3.12	5.59
140,000	3.36	6.02
150,000	3.60	6.45
160,000*	3.84	6.88
170,000*	4.08	7.31
180,000*	4.32	7.74
190,000*	4.56	8.17
200,000*	4.80	8.60
210,000*	5.04	9.03
220,000*	5.28	9.46
230,000*	5.52	9.89
240,000*	5.76	10.32
250,000*	6.00	10.75

\* Benefit amounts in excess of \$150,000 may not exceed ten (10) times your base annual pay excluding overtime, bonuses, commissions and special compensation.

Premium payments will be deducted automatically from your pay.

## To File a Claim

Contact Zurich American Insurance Company at 1-866-841-4771 for a claim form. Complete the form and send it to the Claims Department, Zurich American Insurance Company, P.O. Box 968041, Schaumburg, IL 60196-8041 within 90 days of the loss. Refer to Plan Number GTU 5091143.

## Important

This is a brief description of the coverage provided through the Voluntary Accidental Death & Dismemberment plan. If any conflict should arise between the contents of this handout and the Master Policy or if any point is not covered herein, the terms of the Master Policy shall govern in all cases.

Zurich

1400 American Lane, Schaumburg, Illinois 60196-1056  
800-382-2150 [www.zurichna.com](http://www.zurichna.com)

The terms and conditions of the Plan described in this brief summary are governed by the individual Plan document that contains the complete terms. In the event of any discrepancy between the information in this brief summary and the Plan document, the Plan document shall govern.

Insurance coverages underwritten by member companies of Zurich in North America, including Zurich American Insurance Company. Certain coverages not available in all states. Some coverages may be written on a nonadmitted basis through licensed surplus lines brokers.

©2010 Zurich American Insurance Company

**Zurich HelpPoint**  
Here to help your world.





## Group Vision Insurance

Help protect your eye health with coverage for exams, glasses and contacts.

This summary of benefits and coverage shows how you and The Standard would share the cost for covered vision care services. NOTE: This is only a summary; for detailed information on coverage, please consult your certificate of coverage.

### Plan 1: Balanced Care Vision I Plan Summary

Effective Date: 1/1/2021

	VSP Choice Network + Affiliates	Out of Network
Deductibles		
	\$10 Exam	\$10 Exam
	\$10 Eye Glass Lenses or Frames*	\$10 Eye Glass Lenses or Frames
Annual Eye Exam	Covered in full	Up to \$45
Lenses (per pair)		
Single Vision	Covered in full	Up to \$30
Bifocal	Covered in full	Up to \$50
Trifocal	Covered in full	Up to \$65
Lenticular	Covered in full	Up to \$100
Progressive	See lens options	NA
Contacts		
Fit & Follow Up Exams	Participant cost up to \$60	Not covered
Elective	Up to \$130	Up to \$105
Medically Necessary	Covered in full	Up to \$210
Frame Allowance	\$130**	Up to \$70
Frequencies (months)		
Exam/Lens/Frame	12/12/24	12/12/24
	Based on date of service	Based on date of service

\*Deductible applies to a complete pair of glasses or to frames, whichever is selected.

\*\*The Costco and Walmart allowance will be the wholesale equivalent.

### Lens Options (participant cost)\*

	VSP Choice Network + Affiliates	Out of Network
	(Other than Costco)	
Progressive Lenses	Up to provider's contracted fee for Lined Bifocal Lenses. The patient is responsible for the difference between the base lens and the Progressive Lens charge.	Up to Lined Bifocal allowance.
Std. Polycarbonate	Covered in full for dependent children \$33 adults	Not covered
Solid Plastic Dye	\$15 (except Pink I & II)	Not covered
Plastic Gradient Dye	\$17	Not covered
Photochromatic Lenses (Glass & Plastic)	\$31-\$82	Not covered
Scratch Resistant Coating	\$17-\$33	Not covered
Anti-Reflective Coating	\$43-\$85	Not covered
Ultraviolet Coating	\$16	Not covered

\*Lens Option participant costs vary by prescription, option chosen and retail locations.

Additional Balanced Care Vision I Choice Network Features	
Contact Lenses Elective	Allowance can be applied to disposables, but the dollar amount must be used all at once (provider will order 3 or 6 month supply). Applies when contacts are chosen in lieu of glasses. For plans without a separate contact fitting & evaluation (which includes follow up contact lens exams), the cost of the fitting and evaluation is deducted from the allowance.
Additional Glasses	20% off additional complete pairs of prescription glasses and/or prescription sunglasses.*
Frame Discount	VSP offers 20% off any amount above the retail allowance.*
Laser VisionCare	VSP offers an average discount of 15% off or 5% off a promotional offer for LASIK Custom LASIK and PRK. The maximum out-of-pocket per eye for participants is \$1,800 for LASIK and \$2,300 for custom LASIK using Wavefront technology, and \$1,500 for PRK. In order to receive the benefit, a VSP provider must coordinate the procedure.
Low Vision	With prior authorization, 75% of approved amount (up to \$1,000 is covered every two years).

*Based on applicable laws, reduced costs may vary by doctor location.*

## eCard

Once you are enrolled in the plan, your plan participant ID card is provided electronically. Access your eCard online by creating a Secure Member Account – it's fast, easy and secure. Go to [standard.com](http://standard.com), click on log in (at top right). Enrolled participants may receive care without the card just by giving the provider their name, date of birth, and social security number/member identification number.

## Retail Chain Affiliate Providers Available With Balanced Care Vision I Plans

Retail chain affiliate providers, which include Costco® Optical and Visionworks, give participants added convenience and additional retail choices. Costco Optical has 400 locations across the country, while Visionworks manages nearly 400 optical stores in 37 states and DC, including well-known stores such as EyeMasters, Visionworks, Dr. Bizer's VisionWorld, Eye DRx, and Hour Eyes, to name a few. Participants enjoy a covered-in-full benefit experience with equivalent frame benefit at any of these retail chain locations.

## Section 125

This plan is provided as part of the Policyholder's Section 125 Plan. Each employee has the option under the Section 125 Plan of participating or not participating in this plan. If an employee does not elect to participate when initially eligible, he/she may elect to participate at the Policyholder's next Annual Election Period.

## Vision Plan Participant Service

Balanced Care Vision I from The Standard features the money-saving eye care network of VSP. Customer service is available to plan participants through VSP's well-trained and helpful service representatives. Call or go online to locate the nearest VSP network provider, view plan benefit information and more.

### VSP Call Center: 800.877.7195

- Service representative hours: 5 a.m. to 7 p.m. Pacific Monday through Friday, 6 a.m. to 2:30 p.m. Pacific Saturday
- Interactive Voice Response available 24/7

### Locate a VSP provider at:

[www.standard.com/services](http://www.standard.com/services)

# Dixie District Schools - #758583



## About The Standard

For more than 100 years, we have been dedicated to our core purpose: to help people achieve financial well-being and peace of mind. Headquartered in Portland, Oregon, The Standard is a nationally recognized provider of group employee benefits. To learn more about products from The Standard, visit us at **[www.standard.com](http://www.standard.com)**.

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon, in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

**This form is a benefit highlight, not a certificate of insurance. This policy has exclusions, limitations, reductions of benefits, and terms under which the policy may be continued in force or terminated. Please contact The Standard or your employer for additional information, including costs and complete details of coverage.**

# QUALITY CARE WHEN YOU NEED IT MOST

Looking for care that fits your schedule? 1.800MD offers reliable, quality health care at your fingertips with a remarkable reputation.

1.800MD is a fast, convenient alternative to waiting days for an appointment or spending hours sitting in the doctor's office, urgent care or ER. Whether it is 2 a.m. from your toddler's room or 7 p.m. from your business trip destination, our telehealth solutions save you time and money while providing peace of mind.

## WHY CHOOSE 1.800MD?

### SAVES MONEY

Visits to the emergency room or urgent care are costly prices to pay when many visits can be handled by calling 1.800MD. As a low-cost alternative 1.800MD physicians treat many common conditions via phone or video consultations, reducing unnecessary doctor's visits and saving you money.

### CONVENIENCE AND QUALITY CARE

With more than a decade of experience, 1.800MD provides individuals, families, employers and groups with best of class medical care 24/7/365. Available any time day or night, our board-certified physicians are equipped to diagnose, recommend treatment and prescribe medications while in the comfort of your home, office or business trip destination.

### SUPPORT

Independently owned, 1.800MD focuses on customer satisfaction. Our member service representatives are available any time to assist you or answer any questions you may have.

### CUTTING EDGE TECHNOLOGY

1.800MD's website and mobile app are extensions of our customer service commitment. They provide consumers with access to fast, convenient access to health care. Individual secure member portals contain information and tools to help make informed health care decisions.

## HOW DOES IT WORK?

### 1. ACTIVATE ACCOUNT

Activate your account online at [www.1800md.com](http://www.1800md.com) or by calling 1.800.530.8666. Once activated, you will need to setup your member profile and complete your electronic health record.

### 2. REQUEST A CONSULT

Login to your account online or call member services at 1.800.530.8666 to request a consult anytime 24/7.

### 3. RECEIVE CARE

Receive diagnosis and treatment, giving you quality care and peace of mind where ever you are.



Call **1.800.530.8666** or visit **[www.1800MD.com](http://www.1800MD.com)**  
to secure convenient care anywhere.

**1.800.530.8666**

**[www.1800MD.com](http://www.1800MD.com)**

CONVENIENT  
CARE ANYWHERE™

**1.800MD™**

America's Most **Reliable**  
Telemedicine Network™



## How To: Activate Your Account

To ensure that you receive the best and quickest care possible, call and activate you and your dependent's accounts today. **It's as easy as 1, 2, 3!**

*Translation service is available for this process.*

### STEP 1 Call

**Activate your account** by calling member services at 1.800.530.8666.

Activating your account gives you access to board certified physicians **anywhere, at anytime!**

### STEP 2 Verify Account

In order to verify your account, please provide the member service representative with either your **member number** OR **name, DOB and address information.**



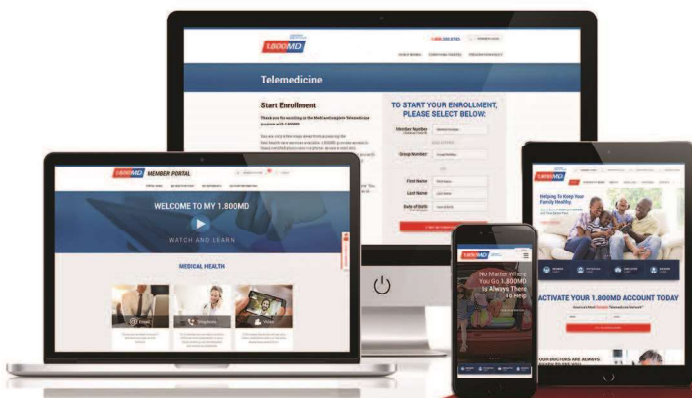
### STEP 3 Complete Health History

Our representative will then ask a few questions to complete a brief **Health History**. This information helps our doctors give you the best care possible.

**If you need to activate a dependent's account please follow the same 3 simple steps!**

What makes 1.800MD even better...  
it's absolutely **FREE!\***

\*You may have a cost at the pharmacy for the prescription.



**1.800.530.8666**  
**www.1800MD.com**



# Group Long Term Disability Insurance

Protect your income when you're coping with a long-lasting disability.

This coverage is designed to replace a portion of your income when you're disabled for an extended period of time due to a qualifying disability and help you get back to work when you're ready. Long Term Disability insurance benefits can help you pay your bills and safeguard your savings when you're unable to work. Whether you're out for a few months or several years, this benefit can help you protect your income — and those who depend on it.



## This plan offers:

- Competitive group rates
- The convenience of payroll deduction
- Benefits for a qualifying disability that occurs on or off the job

## ② About This Coverage

See the **Important Details** section for more information, including requirements, exclusions and definitions.

### What Your Benefit Provides

This is the amount per month you would receive if you were to suffer a qualifying disability. Eligible earnings are your monthly insured predisability earnings, as defined by the group policy. Your monthly benefit will be reduced by deductible income. Please see the Important Details section for a list of deductible income sources.

**60%** of your eligible earnings, up to a maximum benefit of **\$5,000** per month.

Plan minimum per month: **\$100**.

### Benefit Waiting Period

If you suffer a qualifying disability, your benefit waiting period is the length of time you must be continuously disabled before you can begin receiving your monthly benefit.

180 days

### How Long Your Benefits Last

This is the maximum length of time you could be eligible to receive disability benefits for a continuous disability.

Until age 65

Depending on your age at the time of disability, your benefits may be subject to a different schedule. Refer to the table in the Important Details section for specifics.

# ≡ Additional Features

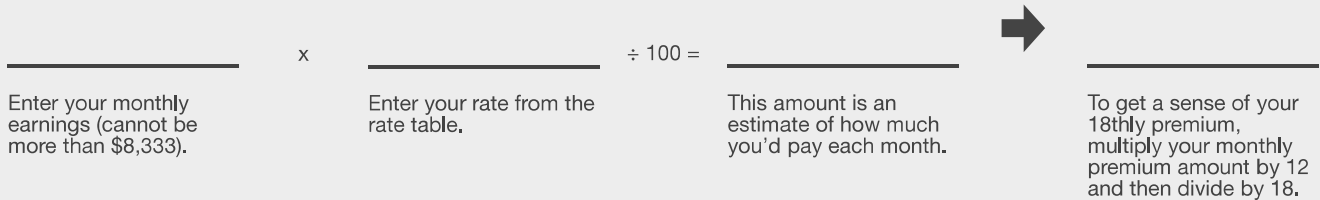
Your coverage comes with some added features:

<b>Help with Returning to Work</b>	<p>This plan provides incentives to help you get back to work. For instance, you'll get help paying for some of the expenses associated with participating in an approved rehabilitation plan.</p> <p>If a worksite modification would enable you to return to work, the coverage can help your employer make approved modifications.</p>
<b>Survivors Benefit</b>	<p>If you die while receiving benefits, your survivor may be eligible to receive a one-time additional payment.</p>
<b>Support When You Need It</b>	<p>You'll have access to an Employee Assistance Program, a valuable confidential counseling resource if you're experiencing personal or work-related issues. This service is provided through an arrangement with a service provider who is not affiliated with The Standard.</p>
<b>Lifetime Security Benefit</b>	<p>Additional benefits may be payable to you if your Long Term Disability benefits end due to the maximum benefit period, you remain disabled and you are unable to perform two or more activities of daily living or are suffering severe cognitive impairment.</p>
<b>Assisted Living Benefit</b>	<p>Your benefit will be increased by 20 percent of your predisability earnings when you are unable to perform two or more activities of daily living or suffering severe cognitive impairment. The maximum benefit amount cannot exceed \$5,000 in addition to the Long Term Disability benefit.</p>

## 💰How Much Your Coverage Costs

Because this insurance is offered through Dixie District Schools, you'll have access to competitive group rates that may be more affordable than those available through individual insurance. You'll also have the convenience of having your premium deducted directly from your paycheck. How much your premium costs depends on a number of factors, such as your age and benefit amount.

**Use this formula to calculate your premium payment:**



Your Age (as of last July 1)	Rate %
<25	0.08
25–29	0.10
30–34	0.14
35–39	0.17
40–44	0.27
45–49	0.42
50–54	0.62
55+	0.82

**As you consider Long Term Disability insurance, evaluate what makes sense for you.**

Getting by without a paycheck isn't easy, especially for an extended period of time. Make sure you have enough financial protection to help you cover your housing costs, utilities and other bills.

To estimate your insurance needs, you'll need to consider your unique circumstances.

Use our online calculator at [www.standard.com/disability/needs](http://www.standard.com/disability/needs).

## Important Details

Here's where you'll find the nitty-gritty details about the plan.

### Eligibility Requirements

To be eligible for coverage, you must be:

- A regular employee of Dixie District Schools
- Actively working at least 20 hours per week
- A citizen or resident of the United States or Canada

Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible.

### Employee Coverage Effective Date

To become insured, you must:

- Meet the eligibility requirements listed above
- Serve an eligibility waiting period\*
- Apply for coverage and agree to pay premiums
- Receive medical underwriting approval (if applicable)
- Be actively at work (able to perform all normal duties of your job) on the day before the scheduled effective date of insurance

If you are not actively at work on the day before the scheduled effective date of insurance, your insurance will not become effective until the day after you complete one full day of active work as an eligible employee.

All late applications (applying 31 days after becoming eligible), requests for coverage increases and reinstatements are subject to medical underwriting approval. Employees eligible but not insured under the prior long term disability insurance plan are also subject to medical underwriting approval. Please contact your human resources representative or plan administrator for more information regarding the requirements that must be satisfied for your insurance to become effective.

\*Defined as first of the month that follows 60 consecutive days as a member

### Definition of Disability

For the benefit waiting period and the first 24 months that Long Term Disability benefits are payable, you will be considered disabled if, as a result of physical disease, injury, pregnancy or mental disorder:

- You are unable to perform with reasonable continuity the material duties of your own occupation, or
- You suffer a loss of at least 20 percent of your predisability earnings when working in your own occupation.

You are not considered disabled merely because your right to perform your own occupation is restricted, including a

restriction or loss of license.

After the own occupation period of disability, you will be considered disabled if, as a result of a physical disease, injury, pregnancy or mental disorder, you are unable to perform with reasonable continuity the material duties of any occupation.

### Maximum Benefit Period

If you become disabled before age 62, Long Term Disability benefits may continue during disability until you reach age 65. If you become disabled at age 62 or older, the benefit duration is determined by your age when disability begins:

Age	Maximum Benefit Period
62	3 years 6 months
63	3 years
64	2 years 6 months
65	2 years
66	1 year 9 months
67	1 year 6 months
68	1 year 3 months
69+	1 year

### Exclusions

Subject to state variations, you are not covered for a disability caused or contributed to by any of the following:

- Your committing or attempting to commit an assault or felony, or your active participation in a violent disorder or riot
- An intentionally self-inflicted injury, while sane or insane
- War or any act of war (declared or undeclared, and any substantial armed conflict between organized forces of a military nature)
- A preexisting condition or the medical or surgical treatment of a preexisting condition unless on the date you become disabled, you have been continuously insured under the group policy for the exclusion period and you have been actively at work for at least one full day after the end of the exclusion period

### Preexisting Condition Provision

A preexisting condition is a mental or physical condition whether or not diagnosed or misdiagnosed during the 90-day period just before your insurance becomes effective:

- For which you would have consulted a physician or other licensed medical professional; received medical treatment, services or advice; undergone diagnostic procedures, including self-administered procedures; or

taken prescribed drugs or medications

- Which, as a result of any medical examination, including routine examination, was discovered or suspected

Exclusion Period: 12 months

### Limitations

Long Term Disability benefits are not payable for any period when you are:

- Not under the ongoing care of a physician in the appropriate specialty, as determined by The Standard
- Confined for any reason in a penal or correctional institution

In addition, the length of time you can receive Long Term Disability payments will be limited if:

- You reside outside of the United States or Canada
- Your disability is caused or contributed to by mental disorders or substance abuse.

### When Your Benefits End

Your Long Term Disability benefits end automatically on the date any of the following occur:

- You are no longer disabled
- Your maximum benefit period ends
- Benefits become payable under any other disability insurance plan under which you become insured through employment during a period of temporary recovery
- You fail to provide proof of continued disability and entitlement to benefits
- You pass away

### Deductible Income

Your benefits will be reduced if you have deductible income, which is income you receive or are eligible to receive while receiving Long Term Disability benefits. Deductible income includes:

- Sick pay, annual or personal leave pay, severance pay or other forms of salary continuation (including donated amounts) paid
- Benefits under any workers' compensation law or similar law
- Amounts under unemployment compensation law
- Social Security disability or retirement benefits, including benefits for your spouse and children
- Amounts because of your disability from any other group insurance
- Any disability or retirement benefits you received or are eligible to receive from your employer's retirement plan.

- Benefits under any state disability income benefit law or similar law
- Earnings from work activity while you are disabled, plus the earnings you could receive if you work as much as your disability allows
- Earnings or compensation included in your predisability earnings which you receive or are eligible to receive while Long Term Disability benefits are payable
- Amounts due from or on behalf of a third party because of your disability, whether by judgment, settlement or other method
- Any amount you receive by compromise, settlement or other method as a result of a claim for any of the above

### When Your Insurance Ends

Your insurance ends automatically when any of the following occur:

- The date the last period ends for which a premium was paid
- The date your employment terminates
- The date the group policy terminates
- The date you cease to meet the eligibility requirements (insurance may continue for limited periods under certain circumstances)
- The date Dixie District Schools ends participation in the group policy

### Group Insurance Certificate

If coverage becomes effective and you become insured, you will receive a group insurance certificate containing a detailed description of the insurance coverage, including the definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be in the group policy. The information present in this summary does not modify the group policy, certificate or the insurance coverage in any way.

### **About Standard Insurance Company**

For more than 100 years, we have been dedicated to our core purpose: to help people achieve financial well-being and peace of mind. Headquartered in Portland, Oregon, The Standard is a nationally recognized provider of group employee benefits. To learn more about products from The Standard, visit us at **[www.standard.com](http://www.standard.com)**.

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon, in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

GP190-LTD/S399, GP399-LTD/TRUST, GP899-LTD,  
GP209-LTD, GP608-LTD, GP190-LTD/ASSOC/S399,  
GP190-LTD/TRUST/S399, GP491-LTD/TRUST/S399

Standard Insurance Company  
1100 SW Sixth Avenue  
Portland OR 97204

**[www.standard.com](http://www.standard.com)**

SI 12501-D-FL-147568 (10/17)

5391884-116244



# Group Additional Life Insurance

Help protect your loved ones from financial hardship.

This coverage is designed to help provide financial support and stability to your family should you pass away. You can also cover your eligible spouse and child(ren). Life insurance is an easy, responsible way to help protect your family from financial hardship during a difficult time — and into the future.



## This plan offers:

- Competitive group rates
- The convenience of payroll deduction
- Benefits if you become terminally ill or die

## Ⓢ About This Coverage

If you take no action you'll be covered under Basic Life insurance provided you meet the eligibility requirements. Consider whether that would be enough to help your family meet daily expenses, maintain their standard of living, pay off debt and fund your children's education. If not, you may want to apply for additional coverage now.

<b>How Much Can I Apply For?</b>  Your Additional Life amount cannot exceed a maximum of 5 times your annual earnings. The coverage amount for your spouse cannot exceed 50 percent of your Additional Life coverage. The coverage amount for your child(ren) cannot exceed 50 percent of your Additional Life coverage.	For You:	<b>\$10,000 – \$300,000</b> in increments of <b>\$10,000</b>
	For Your Spouse:	<b>\$5,000 – \$150,000</b> in increments of <b>\$5,000</b>
	For Your Child(ren):	<b>\$5,000</b> or <b>\$10,000</b>
<b>What is the Guarantee Issue Maximum?</b>  Depending on your eligibility, this is the maximum amount of coverage you may apply for during initial enrollment without answering health questions.	For You:	Up to <b>\$100,000</b>
	For Your Spouse:	Up to <b>\$25,000</b>

See the Important Details section for more information, including requirements, exclusions, age reductions and definitions.

## ☰ Additional Feature

### Accelerated Benefit

If you become terminally ill, you may be eligible to receive up to 75 percent of your combined Basic and Additional Life benefit to a maximum of \$500,000.

### How much Life insurance do you need?

After a death in the family, there are many unexpected expenses. Your benefits could help your family pay for:

- Outstanding debt
- Burial expenses
- Medical bills
- Your children's education
- Daily expenses

To estimate your insurance needs, you'll need to consider your unique circumstances. Use our online calculator at **[www.standard.com/life/needs](http://www.standard.com/life/needs)**.

# \$How Much Your Coverage Costs

Your Basic Life insurance is paid for by Dixie District Schools. If you choose to purchase Additional Life coverage, you'll have access to competitive group rates, which may be more affordable than those available through individual insurance. You'll also have the convenience of having your premium deducted directly from your paycheck. How much your premium costs depends on a number of factors, such as your age and the benefit amount.

Use this formula to calculate your premium payment:



If you buy coverage for your spouse, your monthly rate is shown in the table below. Use the same formula to calculate the premium that you used for yourself, but use your age and your spouse's rate.

If you buy Dependents Life coverage for your child(ren), your monthly rate is \$0.10 per \$1,000, no matter how many children you're covering.

Age (as of last July 1)	Your Rate (Per \$1,000 of Total Coverage)	Your Spouse's Rate (Per \$1,000 of Total Coverage)
<30	\$0.050	\$0.050
30–34	\$0.060	\$0.060
35–39	\$0.080	\$0.080
40–44	\$0.120	\$0.120
45–49	\$0.200	\$0.200
50–54	\$0.320	\$0.320
55–59	\$0.550	\$0.550
60–64	\$0.800	\$0.800
65+	\$0.865	\$0.865

# Group Additional Life Insurance

## Employee Life Premiums for 18 Pay Periods per Year

Coverage Amount	Employee's Age as of last July 1									
	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+*
\$10,000	0.33	0.40	0.53	0.80	1.33	2.13	3.67	5.33	5.77	2.88
\$20,000	0.67	0.80	1.07	1.60	2.67	4.27	7.33	10.67	11.53	5.77
\$30,000	1.00	1.20	1.60	2.40	4.00	6.40	11.00	16.00	17.30	8.65
\$40,000	1.33	1.60	2.13	3.20	5.33	8.53	14.67	21.33	23.07	11.53
\$50,000	1.67	2.00	2.67	4.00	6.67	10.67	18.33	26.67	28.83	14.42
\$60,000	2.00	2.40	3.20	4.80	8.00	12.80	22.00	32.00	34.60	17.30
\$70,000	2.33	2.80	3.73	5.60	9.33	14.93	25.67	37.33	40.37	20.18
\$80,000	2.67	3.20	4.27	6.40	10.67	17.07	29.33	42.67	46.13	23.07
\$90,000	3.00	3.60	4.80	7.20	12.00	19.20	33.00	48.00	51.90	25.95
<b>\$100,000**</b>	<b>3.33</b>	<b>4.00</b>	<b>5.33</b>	<b>8.00</b>	<b>13.33</b>	<b>21.33</b>	<b>36.67</b>	<b>53.33</b>	<b>57.67</b>	<b>28.83</b>
\$110,000	3.67	4.40	5.87	8.80	14.67	23.47	40.33	58.67	63.43	31.72
\$120,000	4.00	4.80	6.40	9.60	16.00	25.60	44.00	64.00	69.20	34.60
\$130,000	4.33	5.20	6.93	10.40	17.33	27.73	47.67	69.33	74.97	37.48
\$140,000	4.67	5.60	7.47	11.20	18.67	29.87	51.33	74.67	80.73	40.37
\$150,000	5.00	6.00	8.00	12.00	20.00	32.00	55.00	80.00	86.50	43.25
\$160,000	5.33	6.40	8.53	12.80	21.33	34.13	58.67	85.33	92.27	46.13
\$170,000	5.67	6.80	9.07	13.60	22.67	36.27	62.33	90.67	98.03	49.02
\$180,000	6.00	7.20	9.60	14.40	24.00	38.40	66.00	96.00	103.80	51.90
\$190,000	6.33	7.60	10.13	15.20	25.33	40.53	69.67	101.33	109.57	54.78
\$200,000	6.67	8.00	10.67	16.00	26.67	42.67	73.33	106.67	115.33	57.67
\$210,000	7.00	8.40	11.20	16.80	28.00	44.80	77.00	112.00	121.10	60.55
\$220,000	7.33	8.80	11.73	17.60	29.33	46.93	80.67	117.33	126.87	63.43
\$230,000	7.67	9.20	12.27	18.40	30.67	49.07	84.33	122.67	132.63	66.32
\$240,000	8.00	9.60	12.80	19.20	32.00	51.20	88.00	128.00	138.40	69.20
\$250,000	8.33	10.00	13.33	20.00	33.33	53.33	91.67	133.33	144.17	72.08
\$260,000	8.67	10.40	13.87	20.80	34.67	55.47	95.33	138.67	149.93	74.97
\$270,000	9.00	10.80	14.40	21.60	36.00	57.60	99.00	144.00	155.70	77.85
\$280,000	9.33	11.20	14.93	22.40	37.33	59.73	102.67	149.33	161.47	80.73
\$290,000	9.67	11.60	15.47	23.20	38.67	61.87	106.33	154.67	167.23	83.62
\$300,000	10.00	12.00	16.00	24.00	40.00	64.00	110.00	160.00	173.00	86.50

\* Coverage amounts for ages 70 and over reduce due to age reduction (see Life Insurance Age Reductions section).

\*\* Elected amounts over the Guarantee Issue amount of \$100,000 are subject to Evidence of Insurability.

## Group Additional Life Insurance

### Spouse Life Premiums for 18 Pay Periods per Year

Coverage Amount	Employee's Age as of last July 1									
	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+*
\$5,000	0.17	0.20	0.27	0.40	0.67	1.07	1.83	2.67	2.88	1.44
\$10,000	0.33	0.40	0.53	0.80	1.33	2.13	3.67	5.33	5.77	2.88
\$15,000	0.50	0.60	0.80	1.20	2.00	3.20	5.50	8.00	8.65	4.33
\$20,000	0.67	0.80	1.07	1.60	2.67	4.27	7.33	10.67	11.53	5.77
<b>\$25,000**</b>	<b>0.83</b>	<b>1.00</b>	<b>1.33</b>	<b>2.00</b>	<b>3.33</b>	<b>5.33</b>	<b>9.17</b>	<b>13.33</b>	<b>14.42</b>	<b>7.21</b>
\$30,000	1.00	1.20	1.60	2.40	4.00	6.40	11.00	16.00	17.30	8.65
\$35,000	1.17	1.40	1.87	2.80	4.67	7.47	12.83	18.67	20.18	10.09
\$40,000	1.33	1.60	2.13	3.20	5.33	8.53	14.67	21.33	23.07	11.53
\$45,000	1.50	1.80	2.40	3.60	6.00	9.60	16.50	24.00	25.95	12.98
\$50,000	1.67	2.00	2.67	4.00	6.67	10.67	18.33	26.67	28.83	14.42
\$55,000	1.83	2.20	2.93	4.40	7.33	11.73	20.17	29.33	31.72	15.86
\$60,000	2.00	2.40	3.20	4.80	8.00	12.80	22.00	32.00	34.60	17.30
\$65,000	2.17	2.60	3.47	5.20	8.67	13.87	23.83	34.67	37.48	18.74
\$70,000	2.33	2.80	3.73	5.60	9.33	14.93	25.67	37.33	40.37	20.18
\$75,000	2.50	3.00	4.00	6.00	10.00	16.00	27.50	40.00	43.25	21.63
\$80,000	2.67	3.20	4.27	6.40	10.67	17.07	29.33	42.67	46.13	23.07
\$85,000	2.83	3.40	4.53	6.80	11.33	18.13	31.17	45.33	49.02	24.51
\$90,000	3.00	3.60	4.80	7.20	12.00	19.20	33.00	48.00	51.90	25.95
\$95,000	3.17	3.80	5.07	7.60	12.67	20.27	34.83	50.67	54.78	27.39
\$100,000	3.33	4.00	5.33	8.00	13.33	21.33	36.67	53.33	57.67	28.83
\$105,000	3.50	4.20	5.60	8.40	14.00	22.40	38.50	56.00	60.55	30.28
\$110,000	3.67	4.40	5.87	8.80	14.67	23.47	40.33	58.67	63.43	31.72
\$115,000	3.83	4.60	6.13	9.20	15.33	24.53	42.17	61.33	66.32	33.16
\$120,000	4.00	4.80	6.40	9.60	16.00	25.60	44.00	64.00	69.20	34.60
\$125,000	4.17	5.00	6.67	10.00	16.67	26.67	45.83	66.67	72.08	36.04
\$130,000	4.33	5.20	6.93	10.40	17.33	27.73	47.67	69.33	74.97	37.48
\$135,000	4.50	5.40	7.20	10.80	18.00	28.80	49.50	72.00	77.85	38.93
\$140,000	4.67	5.60	7.47	11.20	18.67	29.87	51.33	74.67	80.73	40.37
\$145,000	4.83	5.80	7.73	11.60	19.33	30.93	53.17	77.33	83.62	41.81
\$150,000	5.00	6.00	8.00	12.00	20.00	32.00	55.00	80.00	86.50	43.25

\* Coverage amounts for ages 70 and over reduce due to age reduction (see Life Insurance Age Reductions section).

\*\* Elected amounts over the Guarantee Issue amount of \$25,000 are subject to Evidence of Insurability.

### Child Life Premiums for 18 Pay Periods per Year

Coverage Amount	Premium
\$5,000	0.33
\$10,000	0.67

# Important Details

Here's where you'll find the nitty-gritty details about the plan.

## Eligibility Requirements

To be eligible for basic and additional coverage, you must be:

- An active employee of Dixie District Schools
- Regularly working at least 20 hours per week
- Insured for Basic Life insurance through The Standard to qualify for Additional Life insurance

Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible.

If you buy Additional Life insurance for yourself, you may also buy additional coverage for your eligible children and/or spouse. This is called Dependents Life insurance. You can choose to cover your spouse, meaning a person to whom you are legally married. Child means your child from live birth through age 20 (through age 24 if a registered student in full-time attendance at an accredited educational institution). Your child cannot be insured by more than one employee. Your spouse or child(ren) must not be full-time member(s) of the armed forces. You cannot be insured as both an individual and a dependent.

## Medical Underwriting Approval

Required for:

- Coverage amounts higher than the guarantee issue maximum amount
- All late applications (applying 31 days after becoming eligible)
- Requests for coverage increases
- Reinstatements
- Eligible but not insured under the prior life insurance plan

Visit [www.standard.com/mhs](http://www.standard.com/mhs) to submit a medical history statement online.

## Coverage Effective Date

To become insured, you must

- Meet the eligibility requirements listed in the previous sections,
- Serve an eligibility waiting period\*,
- Receive medical underwriting approval (if applicable),
- Apply for coverage and agree to pay premium, and
- Be actively at work (able to perform all normal duties of your job) on the day before the insurance is scheduled

to be effective.

If you are not actively at work on the day before the scheduled effective date of your insurance, your insurance will not become effective until the day after you complete one full day of active work as an eligible employee. Contact your human resources representative or plan administrator for further information about the applicable coverage effective date for your coverage.

\*Defined as first of the month that follows 60 consecutive days as a member

## Life Insurance Age Reductions

Under this plan, your coverage amount reduces to 50 percent at age 70. Your spouse's coverage amount reduces by your age as follows: to 50 percent at age 70. If you are age or over, ask your human resources representative or plan administrator for the amount of coverage available.

## Waiver of Premium

Your premiums may be waived if you:

- Become totally disabled while insured under this plan,
- Are under age 60, and
- Complete a waiting period of 180 days.

If these conditions are met, your Life insurance coverage may continue without cost until age 65, provided you give us satisfactory proof that you remain totally disabled.

## Portability

If your insurance ends because your employment terminates, you may be eligible to buy portable group insurance coverage from The Standard.

## Conversion

If your insurance reduces or ends, you may be eligible to convert your existing Life insurance to an individual life insurance policy without submitting proof of good health.

## Exclusions

Subject to state variations, you and your dependents are not covered for death resulting from suicide or other intentionally self-inflicted injury, while sane or insane. The amount payable will exclude amounts that have not been continuously in effect for at least two years on the date of death.

### When Your Insurance Ends

Your insurance ends automatically when any of the following occur:

- The date the last period ends for which a premium was paid
- The date your employment terminates
- The date you cease to meet the eligibility requirements (insurance may continue for limited periods under certain circumstances)
- The date the group policy, or your employer's coverage under the group policy, terminates
- For each elective insurance coverage, the date that coverage terminates under the group policy

In addition to the above requirements, your Dependents Life coverage ends automatically on the date your dependent ceases to meet the eligibility requirements for a dependent.

For more details on when your insurance ends, contact your human resources representative or plan administrator.

### Group Insurance Certificate

If coverage becomes effective and you become insured, you will receive a group insurance certificate containing a detailed description of the insurance coverage, including the definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be in the group policy. The information present in this summary does not modify the group policy, certificate or the insurance coverage in any way.

### About Standard Insurance Company

For more than 100 years, we have been dedicated to our core purpose: to help people achieve financial well-being and peace of mind. Headquartered in Portland, Oregon, The Standard is a nationally recognized provider of group employee benefits. To learn more about products from The Standard, visit us at **[www.standard.com](http://www.standard.com)**.

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon, in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

GP190-LIFE/S399, GP399-LIFE/TRUST, GP899-LIFE, GP190-LIFE/A997/S399, GP411-LIFE

Standard Insurance Company  
1100 SW Sixth Avenue  
Portland OR 97204

**[www.standard.com](http://www.standard.com)**

SI 12506-D-AL-FL-147568 (10/17)  
5391884-116243

# FSA

## Flexible Spending Accounts



# DID YOU **KNOW?**



When asked how employees decide contribution amounts to their tax-advantaged accounts

# 56%

found it valuable to review their previous spending habits.



Source: CDH Account Trends: Tax-Advantaged Account Usage, Outlook and Perceptions

# WE MAKE SAVING EASY

ConnectYourCare is your health care account administrator, offering the most advanced and user-friendly solutions.



Online and mobile  
account access



Easy access  
to funds



Payment card



24x7 live  
customer support

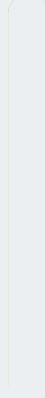


# ENROLLMENT TIPS

Check your  
enrollment dates

Select FSA for  
year-round savings  
and benefits

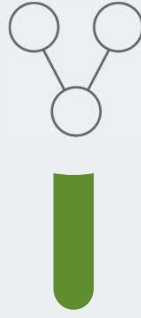
Use your account  
throughout the year



# WHAT IS AN FSA?

A **Health Care Flexible Spending Account (FSA)** is an account that allows you to use pre-tax dollars to pay for qualified health care expenses.

A **Dependent Care FSA** is a welcome money saver for today's working parents, allowing you to set aside pre-tax money for eligible dependent day care expenses so you can work.



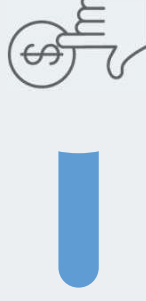
## USE

Multiple uses



## SAVE

Pre-tax savings



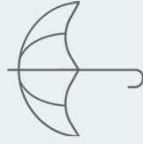
## ACCESS

Easy mobile and online access



# WHY DOES AN FSA **ROCK**?

Cha ching!



Expenses covered



Pre-taxed



Bigger paycheck

# HOW MUCH CAN YOU **SAVE**?

How it works: Assume Mike earns \$45,000 a year and contributes \$2,000 to his FSA.

	With FSA	No FSA
Annual Pay	\$45,000	\$45,000
Pre-tax FSA Contribution	\$2,000	\$0
Taxable Income	\$43,000	\$45,000
Federal income and Social Security Taxes	\$12,750	\$13,343
After-tax dollars spent on eligible expenses	\$0	\$2,000
Spendable income	\$30,251	\$29,658
Mike's Tax Savings	\$593	\$0



*Sample tax savings, actual savings will vary based on your individual tax situation.*

# WHAT MAKES AN FSA DIFFERENT



Peace of mind



Confidence



Cash flow

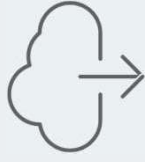


# MAKING IT BETTER FOR YOU

How does an FSA through ConnectYourCare work?



Secure mobile  
technology



Information



Communication



Accessibility



# HOW CAN I USE MY FSA?



**Fund your account** — Decide how much to contribute during enrollment. Pre-tax funds are deducted from your paycheck.



**Online and mobile app** — When you don't use your card, easily submit payment requests online or on your mobile app. Snap a picture of your documents and quickly upload.



**Payment card** — You will get a payment card to pay for health care expenses.



**Help is here** — Questions? We're available 24/7.

# WHAT'S COVERED UNDER AN FSA?

- Acupuncture
- Ambulance
- Artificial limb
- Birth control pills
- Blood pressure monitoring
- Breast pumps
- Chiropractic care
- Contact lenses
- Dental treatment
- Dentures
- Diagnostic services
- Drug addiction treatment
- Eye exam
- Eye glasses
- Family planning items
- Feminine care products
- Fertility treatment
- Flu shot
- Hearing aids
- Hospital services
- Immunization
- Insulin and diabetic supplies
- Laboratory fees
- Laser eye surgery
- Medical testing devices
- Nursing services
- Orthodontia (not for cosmetic reasons)
- Over-the-counter (OTC) treatments
- Physical exam
- Physical therapy
- Prescription drugs
- Psychiatric care
- Surgery
- Sunscreen
- Wheelchair, walkers, crutches and canes

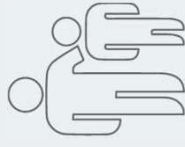


# WHAT IS A DEPENDENT CARE FSA?

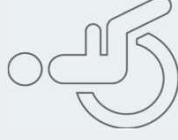
A **Dependent Care FSA** is a tax-advantaged account that allows you to use pre-tax dollars to pay for eligible child and elder care while you work.



Before or after  
school care



Care of a child under  
age 13 at day camp,  
preschool, or by a  
private sitter who lives  
in your home eight  
hours a day



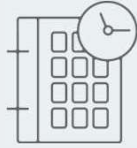
Care of an incapacitated  
adult who lives with you  
eight hours a day



Expenses for an  
in-home employee  
whose duties  
include caring for a  
dependent

# MAKING THE MOST OF YOUR FSA

Throughout the year



Know your plan  
deadlines



Spend your funds,  
don't lose them



Use the marketplace

# ONLINE PARTICIPANT **PORTAL**



## Online access to:

- Account balances
- Transaction history
- Reimbursement requests
- Pay your provider
- Update personal information
- Health education and wellness tools
- FAQs, guides and tips

# MOBILE SOLUTIONS

## myCYC® Mobile app

- Available for Android and iOS devices
- Account balance, alerts and transaction history
- New payment requests
- Tap to call Customer Service
- Upload claim documentation with your device's camera

## Mobile alerts

- Request and receive account information and alerts via text message
- Sign up for this feature through your online account



# PAYMENT CARD FOR HEALTH FSA



## Easiest way to pay!

- Accepted at qualified care locations
- Pay for qualified health care expenses, deducts from your FSA
- No need to pay upfront and wait for reimbursement
- Multiple CYC accounts are accessible with the same card (if offered by your employer)

# BEST-IN-CLASS CUSTOMER SERVICE

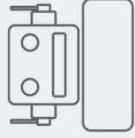
Available 24/7, 365 days a year



Live customer  
service



Chat



Automated phone  
assistance



Online & Mobile  
Alerts



# COMMON QUESTIONS



When can I request reimbursement?



How will I be able to access my account funds?



Will I have to submit documentation for card payments?

GET STARTED NOW  
WITH YOUR  
CONNECTYOURCARE FSA!

