



Open Enrollment 2022



TO: Dixie District Schools Benefit Eligible Employees

Re: 2022 Renewal and Open Enrollment

US Employee Benefits Services Group is pleased to provide you your 2022 benefits renewal and open enrollment.

Enrollment Schedule

8-Nov	Anderson	7:30
9-Nov	Anderson	7:30
10-Nov	DCHS	7:30
11-Nov	No School	
14-Nov	Ruth Rains	7:30
15-Nov	Ruth Rains	7:30
16-Nov	OTE	7:30
17-Nov	OTE	7:30
17-Nov	Finance	3:00
18-Nov	Transportation	8:00
18-Nov	District Office	11:00
18-Nov	Individual Appointments	12:00

The open enrollment will be from November 1st through November 30th. Employees will have the opportunity to complete their benefit enrollment online, on their scheduled open enrollment day or via a virtual open enrollment meeting. To sign up for a virtual meeting please send a request to flenrollment@usebsg.com.

Please visit <https://dixie.mybenefitsinfo.com/> under the "Enrollment guide" to review all current benefits offered. On November 1st you will be able to log in on the "ENROLL NOW" on the District's online benefit administration system. If you have not set up your account click register as a new user.



Username

Password

Login

[Reset a forgotten password](#)

[Register as a new user](#)

[Privacy Policy](#) | [Terms of Use](#) | [Legal Notice](#)

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The company Identifier to create your account is **59-6000586**.

If you have forgotten your password simple click reset a forgotten password.

Should you have any questions or need to discuss options prior to the enrollment please contact

US Employee Benefits Services Group at 850-906-9099

Brad Hoard at 850-339-2283

Andrew Rains at 352-356-1515

Or email your questions to flenrollment@usebsg.com.

Please see your enrollment Schedule.

Respectfully yours,

J. Brad Hoard

2023 Dixie County School Board Rate Sheet

Benefits	Blue Options PPO Plan 5180/5181 HDHP	Blue Care HMO Plan 130/131 HDHP	Blue Care HMO Plan 54	Blue Care HMO Plan 134/135 HDHP
	Out of Network Benefits			
OFFICE SERVICES				
PCP/Specialist In-Network	DED + Coinsurance	DED + Coinsurance	\$40/\$65 copay	DED then \$30/\$75 Copay
PCP/Specialist Out of Network	DED + Coinsurance	N/A	N/A	N/A
Preventive Care In Network	100% Covered	100% covered	100% covered	100% covered
HOSPITAL SERVICES				
Inpatient In-Network	DED + Coinsurance	DED + Coinsurance	DED + Coinsurance	DED + Coinsurance
Inpatient Out-of-Network	DED +INN Coinsurance	N/A	N/A	N/A
ER Services	DED + Coinsurance	DED + Coinsurance	\$300 copay	DED + Coinsurance
OUTPATIENT SERVICES				
Surgery In-Network	DED + Coinsurance	DED + Coinsurance	DED + Coinsurance	DED + Coinsurance
Surgery Out-of-Network	DED + Coinsurance	N/A	N/A	N/A
Simple Diagnostic Services In-Network	DED + Coinsurance	DED + Coinsurance	\$65	DED + Coinsurance
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 + Coinsurance
Complex Diagnostic Services Out-of-Network	DED + Coinsurance	N/A	N/A	N/A
Urgent Care Services	DED + 10%	DED + Coinsurance	\$85	DED + Coinsurance
Rx				
Rx	\$10/\$50/\$80 after Ded	\$10/\$50/\$80 After Ded	\$10/\$50/\$80 Retail Only	\$10/\$50/\$80 After DED
CY DEDUCTIBLE (CYD)				
Individual/Family In-Network	\$1,500 / NA	\$1,500 \$3,000	\$5,000/\$10,000	\$3,500/\$7,000
Individual/Family Out-of-Network	\$3,000 / NA	N/A (130 +131)	N/A	N/A
OUT-OF-POCKET MAXIMUM				
Individual/Family In-Network	\$3,000 / NA	\$4,500 \$6,850 / \$9,000 (131)	\$6,350 / \$12,700	\$6,500 / \$14,000
Individual/Family Out-of-Network	\$6,000 / NA	N/A	N/A	N/A
COINSURANCE				
In Network	90% / 10%	80% / 20%	70% / 30%	80% / 20%
Out-of-Network	60%/40%	N/A	N/A	N/A
Employee Only 18 Pay	\$ 251.35	\$ 73.53	\$ 92.60	\$ 0.00
Employee & Spouse 18 Pay	\$ 1682.03	\$ 775.41	\$ 795.37	\$ 600.62
Employee & Children 18 Pay	\$ 1121.35	\$ 504.93	\$ 520.37	\$ 369.79
Family 18 Pay	\$ 1599.37	\$ 1146.05	\$ 1172.22	\$ 916.92
		\$ -		

The above is a brief comparison of plans and payroll deductions. For complete details please see the SBC and the plan documents.



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

Definition of a Member	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.
Class Definition	Class 1 - Active Members
Eligibility Waiting Period	You are eligible on the first of the month that follows 60 consecutive days as a member.

Benefits

Basic Life Coverage Amount	Your Basic Life coverage amount is \$25,000.
Basic AD&D Coverage Amount	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.
Life Age Reductions	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
- Repatriation Benefit
- Right to Convert Provision
- Standard Secure Access account payment option
- Travel Assistance
- Waiver of Premium

Other Basic AD&D Features

- Family Benefits Package
- Seat Belt and Air Bag Benefits

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

SI 13279-D-FL-147568-C1 (10/22)

7192088-916767

Dixie District Schools - #758583

Dental Highlight Sheet



Low Plan: Dental Plan Summary

Effective Date: 1/1/2020

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

Orthodontia Summary - Child Only Coverage

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

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

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

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.



Max BuilderSM

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

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

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

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

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

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

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

Orthodontia Summary - Child Only Coverage

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

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

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Dixie District Schools - #758583
Dental Highlight Sheet



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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 12th 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

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, 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

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**.

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 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
to secure convenient care anywhere.

1.800.530.8666
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.**



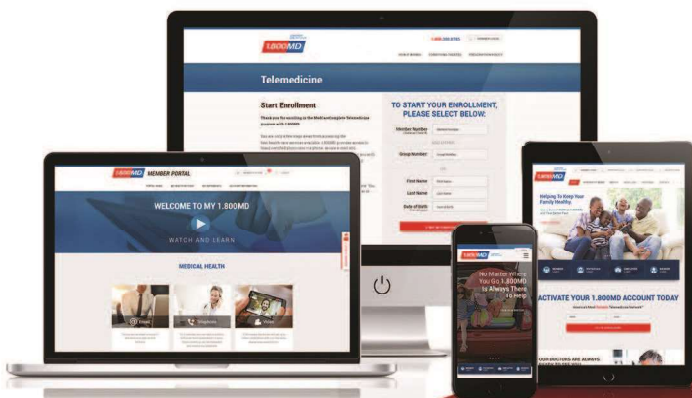
STEP 3 Complete Health History

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 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.

How Much Can I Apply For? 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:	\$10,000 – \$300,000 in increments of \$10,000
	For Your Spouse:	\$5,000 – \$150,000 in increments of \$5,000
	For Your Child(ren):	\$5,000 or \$10,000
What is the Guarantee Issue Maximum? 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 \$100,000
	For Your Spouse:	Up to \$25,000

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

\$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:

Enter the amount of coverage you are requesting (see benefit amounts in the About This Coverage section).

÷ 1000 =

Enter your rate from the rate table.

x

=

This amount is an estimate of how much you would pay each month.

➔

To get a sense of your 18thly premium, multiply your monthly premium amount by 12 and then divide by 18.

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 January 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

Employee Life Premiums for 18 Pay Periods per Year

Coverage Amount	Employee's Age as of January 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
\$100,000**	3.33	4.00	5.33	8.00	13.33	21.33	36.67	53.33	57.67	28.83
\$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 January 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
\$25,000**	0.83	1.00	1.33	2.00	3.33	5.33	9.17	13.33	14.42	7.21
\$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 details about the plan.

Eligibility Requirements

To be eligible for coverage, you must be:

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

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 and/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, if required
- Eligible but not insured under the prior life insurance plan

Visit <https://myeoi.standard.com/147568> to complete and 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 insurance, your insurance, including any Dependents Life insurance, will not become effective until the day after you complete one full day of active work as an eligible employee.

You may have a different effective date for Life coverage below and above the guarantee issue amount.

Contact your human resources representative or plan administrator for further information about the applicable coverage effective date for your insurance, including any Dependents Life insurance.

*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 may 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.

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

SI 12506-D-AL-FL-147568 (10/22)

7192088-916771



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

? 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:

Help with Returning to Work	<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>
Survivors Benefit	<p>If you die while receiving benefits, your survivor may be eligible to receive a one-time additional payment.</p>
Support When You Need It	<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>
Lifetime Security Benefit	<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>
Assisted Living Benefit	<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:

$$\begin{array}{ccccccc}
 \underline{\hspace{2cm}} & & \times & & \underline{\hspace{2cm}} & \div 100 = & \underline{\hspace{2cm}} \\
 \text{Enter your monthly} & & & & \text{Enter your rate from the} & & \text{This amount is an} \\
 \text{earnings (cannot be} & & & & \text{rate table,} & & \text{estimate of how much} \\
 \text{more than \$8,333).} & & & & & & \text{you'd pay each month.}
 \end{array}
 \quad \rightarrow \quad
 \begin{array}{c}
 \underline{\hspace{2cm}} \\
 \text{To get a sense of your} \\
 \text{18thly premium,} \\
 \text{multiply your monthly} \\
 \text{premium amount by 12} \\
 \text{and then divide by 18.}
 \end{array}$$

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.

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**.

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

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

5391884-116244



Group Accident Insurance

Keep your finances on track when an accident happens.

Here's How Accident Insurance Works

1 You have an accident.

Your health insurance covers some costs, after you meet your deductible. But you still may have copays and a lot of out-of-pocket expenses.

2 We send you a check.

The Standard will send a check directly to you — not to your medical providers — upon approval of your claim. You decide how you spend the money.

3 You focus on getting better.

With The Standard helping you handle the unexpected expenses, you get to pay attention to what matters most — your health.

Here's what it does:

- **Pays you directly**, so you can choose how to spend the money.
- **Pays you for what happens**, regardless of your other coverage.
- **Goes with you** if you leave your employer.
- **Provides coverage without answering any medical questions.**
- Gives you the option to **cover your spouse and children.**
- **Pays an additional 25 percent benefit** if your child, 18 or under, is injured playing organized sports.
- **You pay the same premium** for as long as you have your coverage.
- Provides the convenience of having your **premium payments deducted directly from your paycheck.**

This coverage from Standard Insurance Company (The Standard) can help you stress less about unexpected medical bills.

Here's an example of benefits paid for a covered accident:

You're injured during your city league soccer game. An ER visit and scans reveal a concussion, broken leg, torn ACL and meniscus - requiring a 2 day hospital stay and surgery.

Here's what your plan would cover for this example:

Benefits Paid to You	Benefit Amounts
Emergency Room Visit	\$600
X-ray	\$400
Concussion	\$600
Leg Fracture (Surgical)	\$3,400
Knee Cartilage Repair	\$1,000
Hospital Admission	\$2,500
2 Days Hospital Confinement	\$1,400
Medical Appliance	\$600
Physician Follow-Up Appointment	\$450
2 Physical Therapy Appointments	\$900
TOTAL	\$11,850

Here's what it would cost you:

Coverage for...	18thly Premium
You	\$11.78
You and your spouse	\$19.12
You and your children	\$21.80
You, your spouse and your children	\$34.39

Accident Insurance Includes 70+ Benefits for Covered Injuries and Treatment

This is only a partial listing of benefits offered. The specific benefit amounts you'd receive vary. Please consult with your human resources representative or plan administrator for more details.

Injury	Emergency	Surgery
<ul style="list-style-type: none">• Burns• Dislocations• Eye Injuries• Concussion• Loss of Hearing• Lacerations• Fractures• Coma• Paralysis	<ul style="list-style-type: none">• Emergency Dental• Urgent Care• Ambulance• Emergency Room• X-ray• Major Diagnostic Exam	<ul style="list-style-type: none">• Abdominal/Thoracic Surgery• Outpatient Surgical Facility• Skin Grafts• Knee Cartilage/ Ligament/ Tendon Repair• Ruptured Disk• Rotator Cuff
Hospitalization	Follow-Up Care	Value Added Benefits
<ul style="list-style-type: none">• Hospital Admission• Hospital Confinement• CCU Confinement• CCU Admission	<ul style="list-style-type: none">• Chiropractor• Medical Appliance• Hearing Device• Physical Therapy• Physician Care• Prosthesis• Rehab Facility	<ul style="list-style-type: none">• Transportation• Lodging• Youth Organized Sports Benefit

Additional Benefits

24-hour coverage – Includes coverage for accidents that occur on and off the job.

Accidental Death & Dismemberment — Includes a benefit for an accidental death or covered dismemberment for you or your dependents.

Line of Duty Benefit — Provides an additional benefit for public safety officers who suffer an accidental death or covered dismemberment or impairment while on the job.

Health Maintenance Screening Benefit — Pays a \$200 benefit once per calendar year when you or your dependents go to the doctor for a covered wellness screening, which may include a novel infectious disease test (including COVID-19) or a mammogram.

Automobile Accident Benefit — Provides an additional \$500 benefit for injuries you or your dependents sustain while traveling in an automobile involved in a covered accident.

Important Details

Here's where you'll find the details about Accident insurance.

Portability

This coverage is portable. That means that you may be able to continue your coverage through direct bill if your employment ends or your insurance ends because you no longer meet the eligibility requirements.

Eligibility Requirements

To be eligible for this coverage, you must be 18 years old or older, a regular employee of Dixie District Schools, actively working in the United States at least 20 hours per week and a citizen or resident of the United States. Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible.

You can choose to cover your spouse, 18 years old or older, a person to whom you are legally married. You can also cover your children from birth through age 25. Your children cannot be insured by more than one employee. Your spouse or children must not be full-time member(s) of the armed forces. You cannot be insured as both an individual and a dependent.

A minimum number of eligible employees must apply and qualify for the proposed plan before Accident insurance coverage can become effective.

Your Effective Date

You must satisfy the eligibility requirements listed above, serve an eligibility waiting period, agree to pay premium, and 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.

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.

Exclusions

Benefits are not payable if an accident is caused by or contributed to any of the following:

- War or any act of war
- Suicide or other intentionally self-inflicted injury, while sane or insane
- Committing or attempting to commit an assault, felony

or act of terrorism

- Active participation in a violent disorder or riot
- The voluntary use or consumption of any poison, chemical compound, drug or alcohol in excess of the legal limit in the state your accident occurred
- Sickness existing at the time of the accident, including any medical or surgical treatment or diagnostic procedure for a sickness
- Travel or flight in or on any aircraft, except as a fare-paying passenger on a commercial aircraft
- Engaging in mountain climbing, caving, heli-skiing, boxing, full contact martial arts, bungee jumping, parachuting, base jumping, skydiving, hang gliding, sail gliding, parasailing, kitesurfing, kiteboarding or scuba diving
- Practicing for, or participating in, any semiprofessional or professional competitive athletic contests for which any type of compensation or remuneration is received
- Routine eye exams and dental procedures other than a crown or extraction for a tooth or teeth as a result of a covered accident
- Riding in or driving any automobile in a race, stunt show or speed test
- Cosmetic surgery or other procedure to improve appearance, unless it is necessary to correct a deformity or restore bodily function after a covered accident
- An accident that occurs while you or your dependent is incarcerated in a jail or penal or correctional institution

When Your Insurance Ends

Your insurance ends if you notify your employer or policyholder to terminate your coverage, you stop making premium payments, your employment terminates, you cease meeting the member definition or the group policy terminates.

Child and spouse insurance ends when your insurance ends, they cease to meet the definition of child or spouse, you stop making premium payments for child or spouse insurance, spouse or child insurance is no longer offered under the group policy or the group policy terminates.

Group Insurance Certificate

If coverage becomes effective and you become insured, you may 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.

**IMPORTANT NOTICE TO PERSONS ON MEDICARE:
THIS IS NOT MEDICARE SUPPLEMENT INSURANCE**

Some healthcare services paid for by Medicare may also trigger the payment of benefits from this policy.

This insurance pays a fixed dollar amount, regardless of your expenses, for each day you meet the policy conditions. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

Medicare generally pays for most or all of these expenses.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:

- Hospitalization
- Physician services
- Hospice
- Outpatient prescription drugs if you are enrolled in Medicare Part D
- Other approved items and services

This policy must pay benefits without regard to other health benefit coverage to which you may be entitled under Medicare or other insurance.

Before you buy this insurance:

- Check the coverage in all health insurance policies you already have.
- For more information about Medicare and Medicare Supplement insurance, review the Guide to Health Insurance for People with Medicare, available from Standard Insurance Company.
- For help in understanding your health insurance, contact your state insurance department or state health insurance assistance program (SHIP).

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.

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 is a limited benefit policy.

GP0614-ACC

Standard Insurance Company
1100 SW Sixth Avenue
Portland OR 97204

www.standard.com

SI 17615-D-FL-147568 (10/22)
7192088-917341



Group Hospital Indemnity Insurance

Keep your finances on track when you're in the hospital.

1 You're admitted to the hospital.

Your health insurance covers many costs of your stay and treatment. But you still have a lot of expenses, including deductibles, copays, and other costs you couldn't predict.

2 We send you a check.

The Standard will send a check directly to you - not to your medical providers - upon approval of your claim. You decide how you spend the money.

3 You focus on recovering.

With The Standard helping you handle the costs of your hospital stay, you get to concentrate on what matters most - your health.

Here's what it does:

- **Pays you directly**, so you can choose how to spend the money
- **Goes with you** if you leave your employer
- **Provides coverage** without answering any medical questions
- Gives you the option to **cover your spouse and children**
- **Protects your HSA Account**
- Provides the convenience of having your **premium payments deducted directly from your paycheck**

This coverage from Standard Insurance Company (The Standard) can help protect your finances and provides you peace of mind.

Here's how it works:

Ruptured Ulcer: Kim is out of town on a business trip when she experiences abdominal pain and a racing heartbeat. Diagnosis: ruptured gastric ulcer. She is rushed to the hospital, admitted and taken into surgery. She ends up being hospitalized for 10 days, three of which are in a critical care unit. Kim's spouse leaves their two kids with their daycare provider and flies to be at her side. The family now faces additional costs for medical bills, travel, and childcare amounting to \$3,850.

Here's what your plan would cover for this example:

Benefits Paid to You	Benefit Amount
Hospital admission	\$1,000
Hospital confinement (10 days)	\$2,500
Critical care unit admission	\$500
Critical care unit confinement (3 days)	\$750
Total paid to you	\$4,750

Here's what it would cost you:

Coverage for...	18thly Premium
You	\$9.30
You and your spouse	\$15.83
You and your children	\$13.47
You, your spouse and your children	\$23.67

Here's what it covers:

Benefits Paid to You	Benefit Amount
Hospital Admission ¹	\$1,000 Maximum 1 per calendar year
Daily Hospital Confinement ¹	\$250 per day Maximum 31 days per stay
Critical Care Unit Admission ^{1,2}	\$500 Maximum 1 per calendar year
Daily Critical Care Unit Confinement ^{1,2}	\$250 per day Maximum 15 days per stay

1 Defined as a stay for at least 20 consecutive hours in a hospital setting.

2 Payable in addition to the Hospital Admission and Daily Hospital Confinement benefit you may be eligible to receive.

Additional Benefits

Waiver of Premium – Premium waived if you are confined to a hospital for more than 30 days.

Health Maintenance Screening Benefit — Pays a \$50 benefit once per calendar year when you or your dependents go to the doctor for a covered wellness screening, which may include a novel infectious disease test (including COVID-19) or a mammogram.

Protect your HSA Account — Hospital Indemnity insurance provides financial protection while you are building your HSA assets. Contact your employer to determine if this Hospital Indemnity plan impacts the taxability of your contributions to an HSA. It's protection that's also convenient: Your premium payments can be deducted directly from your paycheck.

Important Details

Here's where you'll find the details about Hospital Indemnity insurance.

Portability

This coverage is portable. That means that you may be able to continue your coverage through direct bill if your employment ends or your insurance ends because you no longer meet the eligibility requirements.

Eligibility Requirements

To be eligible for this coverage, you must be 18 years old or older, a regular employee of Dixie District Schools, actively working in the United States at least 20 hours per week and a citizen or resident of the United States. Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible.

You can choose to cover your spouse, 18 years old or older, a person to whom you are legally married. You can also cover your children from birth through age 25. Your child cannot be insured by more than one employee. Your spouse or children must not be full-time member(s) of the armed forces. You cannot be insured as both an individual and a dependent.

A minimum number of eligible employees must apply and qualify for the proposed plan before Hospital Indemnity insurance coverage can become effective.

Your Effective Date

You must satisfy the eligibility requirements listed above, serve an eligibility waiting period, agree to pay premium, and 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.

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.

Annual Open Enrollment

You may enroll for coverage for you and your dependents if you enroll within 31 days after becoming eligible. However, if you do not enroll during this period, you may do so during your employer's annual open enrollment period.

Waiver of Premium

Your insurance will continue without payment of premiums if you are confined in a hospital for more than 30 days in a row. We will waive payment of premium for your insurance from the 31st day of your confinement until the last day of the month you are in the hospital.

Exclusions

Benefits are not payable if an injury or sickness is caused or contributed to by any of the following:

- War or any act of war
- Attempted suicide or other intentionally self-inflicted injury, while sane or insane
- Committing or attempting to commit a felony or act of terrorism
- Active participation in a violent disorder or riot
- Alcoholism, drug abuse, misuse of alcohol or any other substance, the voluntary use or consumption of any drug or alcohol in excess of the legal limit in the state in which an injury occurred, or taking of drugs unless used or consumed according to the directions of a health care provider.
- Travel or flight in or on any aircraft, except as a fare-paying passenger on a commercial aircraft
- Cosmetic surgery or other procedure to improve appearance, unless it is necessary to correct a deformity or restore bodily function resulting from an injury or sickness
- Any injury or sickness which arises out of or in the course of you or your dependent being incarcerated in a jail, penal or correctional institution
- Dental care or dental procedures, unless treatment is the result of an injury
- Routine newborn nursing or well-baby care
- Hospital confinement of a newborn child following the child's birth unless the confinement is as a result of an injury or sickness
- Riding in or driving any automobile in a race, stunt show or speed test

When Insurance Ends

Your insurance ends if you notify your employer or policyholder to terminate your coverage, you stop making premium payments, your employment terminates, you reach age 80, you cease meeting the member definition or

the group policy terminates.

Child and spouse insurance ends when your insurance ends, they cease to meet the definition of child or spouse, you stop making premium payments for child or spouse insurance, spouse or child insurance is no longer offered under the group policy or the group policy terminates.

Group Insurance Certificate

If coverage becomes effective and you become insured, you may 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.

IMPORTANT NOTICE TO PERSONS ON MEDICARE: THIS IS NOT MEDICARE SUPPLEMENT INSURANCE

Some healthcare services paid for by Medicare may also trigger the payment of benefits from this policy.

This insurance pays a fixed dollar amount, regardless of your expenses, for each day you meet the policy conditions. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

Medicare generally pays for most or all of these expenses.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:

- Hospitalization
- Physician services
- Hospice
- Outpatient prescription drugs if you are enrolled in Medicare Part D
- Other approved items and services

This policy must pay benefits without regard to other health benefit coverage to which you may be entitled under Medicare or other insurance.

Before you buy this insurance:

- Check the coverage in all health insurance policies you already have.
- For more information about Medicare and Medicare Supplement insurance, review the Guide to Health Insurance for People with Medicare, available from

Standard Insurance Company.

- For help in understanding your health insurance, contact your state insurance department or state health insurance assistance program (SHIP).

About Standard Insurance Company

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This is a limited benefit policy.

GP0614-HI

[Standard Insurance Company](http://www.standard.com)
1100 SW Sixth Avenue
Portland OR 97204

www.standard.com

SI 17617-D-FL-147568 (10/22)
7192088-917343



Group Short Term Disability Insurance

Protect your income and those who depend on it.

This coverage replaces a portion of your income when you can't work because of a qualifying disability. Even if you're healthy now, it's important to protect yourself and the people who count on your income. This insurance can help you pay the bills when you're unable to work.



This plan offers:

- Competitive group rates
- The convenience of payroll deduction
- Benefits for a qualifying disability that is not work-related

🔍 About This Coverage

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

What Your Benefit Provides

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

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 weekly benefit.

How Long Your Benefits Last

This is the maximum length of time you could be eligible to receive a weekly disability benefit.

Plan 1 - 60% of your eligible earnings, up to a maximum benefit of \$1,500 per week. Plan minimum \$15 per week.

Plan 2 - 60% of your eligible earnings, up to a maximum benefit of \$1,000 per week. Plan minimum \$15 per week.

Plan 1 - 0 days for accidental injury and 7 days for physical disease, pregnancy or mental disorder

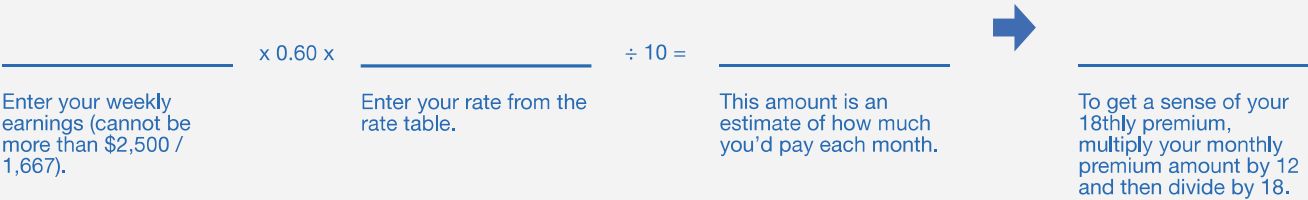
Plan 2 - 14 days for accidental injury and 14 days for physical disease, pregnancy or mental disorder

180 days

\$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 January 1)	Rate per \$10 of benefit Plan 1 / Plan 2
<30	\$1.386 / \$1.215
30–34	\$1.480 / \$1.284
35–39	\$0.856 / \$0.716
40–44	\$0.553 / \$0.436
45–49	\$0.569 / \$0.439
50–54	\$0.600 / \$0.462
55–59	\$0.769 / \$0.591
60+	\$0.975 / \$0.751

Not being able to work also means not being able to earn a paycheck.

As you consider Short Term Disability insurance, think about the expenses you would need to cover if you were to become disabled:

- Mortgage or rent
- Utilities
- Groceries
- Medical bills
- Car insurance
- Childcare costs

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

Use our online calculator at www.standard.com/disability/needs.

Important Details

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

Eligibility Requirements

A minimum number of eligible employees must apply and qualify for the proposed plan before the coverage can become effective. If this requirement is not met, this plan will not become effective. To be eligible for coverage, you must be:

- An active employee of Dixie District Schools
- Regularly 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 short term disability insurance plan are also subject to medical underwriting approval. Visit <https://myeoi.standard.com/147568> to complete and submit a medical history statement online. 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

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 are unable to earn more than percent of your

predisability earnings when you work for your employer.

Exclusions

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

- 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)
- An activity arising out of or in the course of any employment for wage or profit

Limitations

Short 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
- Eligible to receive benefits for your disability under a workers' compensation law or similar law
- Working for wage or profit for any employer other than the employer offering your Short Term Disability coverage, including self-employment

When Your Benefits End

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

- You are no longer disabled
- Your maximum benefit period ends
- Long term disability benefits become payable to you under a Long Term Disability plan issued by The Standard
- You pass away
- The date you begin working for an employer other than your employer, or become self-employed

Deductible Income

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

- Sick pay or other forms of salary continuation paid to you by your employer
- Amounts under unemployment compensation law
- Amounts under any state disability income benefit law or similar law

- Earnings from work activity while you are disabled
- Earnings or compensation included in your predisability earnings which you receive or are eligible to receive while Short Term Disability benefits are payable
- Any amount you receive by compromise, settlement or other method as a result of a claim for any of the above

Standard Insurance Company
1100 SW Sixth Avenue
Portland OR 97204

www.standard.com

SI 12504-D-FL-147568 (10/22)

7192088-917344

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 (or your employer's coverage under 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 may 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.

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.

GP399-STD/TRUST, Series 90 (FL/MD/VT)



Group Critical Illness Insurance

Plan for the Costs of a Serious Illness So You Can Focus on Getting Well.

1 You get a critical illness diagnosis

Your health insurance covers many of your treatment costs, but you still have a lot of expenses that your finances aren't ready for.

2 The Standard is there for you

The Standard helps shield your finances by paying benefits directly to you. And you get to decide how you spend that money.

3 Focus on getting better

With The Standard helping cover your out-of-pocket or everyday expenses, you get to concentrate on what's most important to you, getting better.

Here's what it does:

- **Pays you directly**, so you can choose how to spend the money
- **Goes with you** if you leave your employer
- **Provides coverage** without answering any medical questions
- **Covers children** at a 50% of your benefit amount at no additional cost
- Gives you the option to **cover your spouse**

This coverage from Standard Insurance Company (The Standard) helps fill the gap caused by out-of-pocket costs, creating a financial safety net for you and your family.

Here's how it works:

Cancer: Shayna beat cancer, but faced many costs she didn't expect. There were her medical plan's copays for doctor visits and what she owed for chemotherapy after meeting her deductible. She also bought hair prosthetics, paid for travel to specialists, and had alternative treatments. The benefits from Shayna's Critical Illness insurance helped cover the expenses. And, her plan also gave her access to Health Advocate™. Through this service, Shayna received the support of a personal guide who helped her make sense of her diagnosis and treatment options.

You choose your coverage amount. Here's an example of what each benefit could cover:

Example Of Out-Of-Pocket Expenses

Medical plan	\$1,400
Lost wages	\$5,000
Alternate treatments and diets not covered by medical plan	\$4,500
Total Out-Of-Pocket Expenses	\$10,900

Example Of Benefits

Critical Illness Benefit Option	\$5,000	\$20,000
Total Out-Of-Pocket Expenses	\$10,900	\$10,900
Remaining Out-Of-Pocket Expenses	\$5,900	\$0
Remaining Benefit For Other Expenses	\$0	\$9,100

These are the benefit options you may elect:

Coverage for...	Coverage Amount...
You	\$5,000-\$20,000 in increments of \$5,000
Your spouse	\$5,000-\$20,000 in increments of \$5,000, as long as it's not more than your coverage amount
Your children	Automatically covered at 50% of your coverage amount

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

Affordable Group Rates

Because you'll be buying this insurance through Dixie District Schools, you'll have access to affordable group rates. You'll also have the convenience of having your premium deducted directly from your paycheck.

The 18thly premiums you would pay for Critical Illness insurance benefits are below.

Employee Non-Tobacco 18thly Attained Age Premiums						
Coverage Amount	Employee Age					
	18-29	30-39	40-49	50-59	60-69	70+
\$5,000	\$0.97	\$1.50	\$3.07	\$6.03	\$10.83	\$19.03
\$10,000	\$1.93	\$3.00	\$6.13	\$12.07	\$21.67	\$38.07
\$15,000	\$2.90	\$4.50	\$9.20	\$18.10	\$32.50	\$57.10
\$20,000	\$3.87	\$6.00	\$12.27	\$24.13	\$43.33	\$76.13

Employee Tobacco 18thly Attained Age Premiums						
Coverage Amount	Employee Age					
	18-29	30-39	40-49	50-59	60-69	70+
\$5,000	\$1.10	\$1.90	\$4.70	\$11.47	\$23.60	\$41.70
\$10,000	\$2.20	\$3.80	\$9.40	\$22.93	\$47.20	\$83.40
\$15,000	\$3.30	\$5.70	\$14.10	\$34.40	\$70.80	\$125.10
\$20,000	\$4.40	\$7.60	\$18.80	\$45.87	\$94.40	\$166.80

Spouse 18thly Attained Age Premiums - Based on Employee's Age and Non-Tobacco status						
Coverage Amount	Employee Age					
	18-29	30-39	40-49	50-59	60-69	70+
\$5,000	\$0.97	\$1.50	\$3.07	\$6.03	\$10.83	\$19.03
\$10,000	\$1.93	\$3.00	\$6.13	\$12.07	\$21.67	\$38.07
\$15,000	\$2.90	\$4.50	\$9.20	\$18.10	\$32.50	\$57.10
\$20,000	\$3.87	\$6.00	\$12.27	\$24.13	\$43.33	\$76.13

Spouse 18thly Attained Age Premiums - Based on Employee's Age and Tobacco status						
Coverage Amount	Employee Age					
	18-29	30-39	40-49	50-59	60-69	70+
\$5,000	\$1.10	\$1.90	\$4.70	\$11.47	\$23.60	\$41.70
\$10,000	\$2.20	\$3.80	\$9.40	\$22.93	\$47.20	\$83.40
\$15,000	\$3.30	\$5.70	\$14.10	\$34.40	\$70.80	\$125.10
\$20,000	\$4.40	\$7.60	\$18.80	\$45.87	\$94.40	\$166.80

With Critical Illness insurance, you can:

- **Protect your loved ones.** Cover your spouse up to \$20,000, as long as it's not more than your benefit amount. Your kids are automatically covered at 50 percent of the amount elected for yourself for the same critical illnesses that you are. Kids are also covered for 21 additional childhood diseases, including cystic fibrosis, Down syndrome, muscular dystrophy, spina bifida and cerebral palsy.
- **Receive a benefit for taking care of your health.** You and your covered loved ones receive a Health Maintenance Screening benefit of \$50 once per calendar year when visiting the doctor for a covered wellness screening, which may include a novel infectious disease test (including COVID-19) or a mammogram — that typically cost you nothing under your medical insurance.
- **Receive additional benefits.** If you are diagnosed with a covered illness again after a treatment-free period of 6 months, you will receive 100 percent of the original benefit amount. If you are diagnosed with a different and subsequent covered illness after the diagnosis of the first critical illness, you will receive an additional Critical Illness insurance benefit.
- **Access a Health Advocate*.** Additional services available through Health Advocate, include access to specialists for a second opinion upon approval of a covered claim.
- **Update your coverage as needed.** As your life circumstances change, increase or decrease your coverage, in accordance with your employer's plan.

Covered Conditions

Receive 100 percent of your coverage amount for:

- Heart attack
- Stroke
- Cancer (cancer that has spread beyond initial tissue)
- End stage renal (kidney) failure
- Major organ failure
- Coma
- Paralysis of two or more limbs
- Loss of sight
- Occupational HIV
- Occupational Hepatitis

Receive 25 percent of your coverage amount for:

- Severe coronary artery disease with recommendation for bypass
- Cancer that has not spread beyond initial tissue, also known as Carcinoma in situ

* Health Advocacy services are provided through an arrangement with Health Advocate, a leading health advocacy and assistance company. Health Advocate is not affiliated with The Standard or any insurance or third-party provider, and does not replace health insurance coverage, provide medical care or recommend treatment.

Payment of benefits is subject to the terms and conditions of the group critical illness policy and insurance certificate. These plan documents are the final arbiter of coverages.

Diagnosis and recommendation must occur after your coverage becomes effective.

Please see your certificate for full medical definitions that guide eligibility for payment, which may differ slightly from commonly used terms.

Important Details

Here's where you'll find the details about Critical Illness Insurance.

Portability

This coverage is portable. That means that you may be able to continue your coverage through direct bill if your employment ends or your insurance ends because you no longer meet the eligibility requirements.

Eligibility Requirements

To be eligible for this coverage, you must be 18 years old or older, a regular employee of Dixie District Schools, actively working in the United States at least 20 hours per week and a citizen or resident of the United States. Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible.

You can choose to cover your spouse, 18 years old or older, a person to whom you are legally married. You can also cover your child(ren) from birth through age 25. Your child(ren) 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.

A minimum number of eligible employees must apply and qualify for the proposed plan before Critical Illness insurance coverage can become effective.

Your Effective Date

You must satisfy the eligibility requirements listed above, serve an eligibility waiting period, agree to pay premium and 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.

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.

Annual Open Enrollment

You may enroll for coverage for you and your spouse up to the maximum amount if you enroll within 31 days after becoming eligible. However, if you do not enroll during this period or want to increase your coverage up to the maximum amount, you may do so during your employer's annual open enrollment period.

Reoccurrence Benefit

If you or your dependents receive a benefit for a covered critical illness and are later diagnosed with the same critical illness, a one-time reoccurrence benefit will be paid if you or your dependents have:

- Been continuously insured under the group policy between the initial and subsequent diagnosis or recommendation
- Served a 6-month treatment-free period in connection with the critical illness during which you or your dependents did not:
 - Consult a physician or other licensed medical professional
 - Receive medical treatment, services or advice
 - Undergo diagnostic procedures, including self-administered procedures
 - Take prescribed drugs or medications

Exclusions

Benefits are not payable if a critical illness is caused or contributed to by any of the following:

- War or any act of war
- Attempted suicide or other intentionally self-inflicted injury, while sane or insane
- Committing or attempting to commit an assault, felony or act of terrorism
- Active participation in a violent disorder or riot
- The voluntary use or consumption of any poison, chemical compound, drug or alcohol in excess of the legal limit in the state the critical illness occurred, unless used or consumed according to the directions of a physician
- Elective surgery or other procedure which:
 - Does not promote the proper function of your or your dependent's body or prevent or treat sickness or injury
 - Is directed at improving your or your dependent's appearance, unless such surgery or procedure is necessary to correct a deformity resulting from a congenital abnormality or disfigurement

Note: This exclusion will not apply to a critical illness caused or contributed to by your or your dependent's donation of an organ or tissue.

When Your Insurance Ends

Your insurance ends if you notify your employer or

policyholder to terminate your coverage, you stop making premium payments, your employment terminates, you cease meeting the member definition or the group policy terminates.

Child and spouse insurance ends when your insurance ends, they cease to meet the definition of child or spouse, you stop making premium payments for spouse insurance, spouse or child insurance is no longer offered under the group policy or the group policy terminates.

Group Insurance Certificate

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IMPORTANT NOTICE TO PERSONS ON MEDICARE: THIS IS NOT MEDICARE SUPPLEMENT INSURANCE

Some healthcare services paid for by Medicare may also trigger the payment of benefits from this policy.

This insurance pays a fixed dollar amount, regardless of your expenses, if you meet the policy conditions, for one of the specific diseases or health conditions named in the policy. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

Medicare generally pays for most or all of these expenses.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:

- Hospitalization
- Physician services
- Hospice
- Outpatient prescription drugs if you are enrolled in Medicare Part D
- Other approved items and services

This policy must pay benefits without regard to other health benefit coverage to which you may be entitled under Medicare or other insurance.

Before you buy this insurance:

- Check the coverage in all health insurance policies you already have.

- For more information about Medicare and Medicare Supplement insurance, review the Guide to Health Insurance for People with Medicare, available from Standard Insurance Company.
- For help in understanding your health insurance, contact your state insurance department or state health insurance assistance program (SHIP).

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.

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 is a limited benefit policy.

GP0614-CI FLORIDA

[Standard Insurance Company](http://www.standard.com)
1100 SW Sixth Avenue
Portland OR 97204

www.standard.com

SI 17616-D-FL-147568 (10/22)

7192088-917342

FSA

Flexible Spending Accounts

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

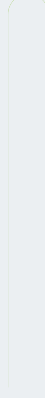


ENROLLMENT TIPS

Check your
enrollment dates

Select FSA for
year-round savings
and benefits

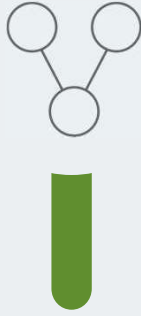
Use your account
throughout the year



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.



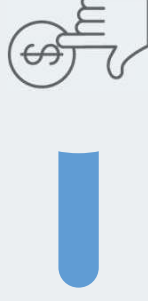
USE

Multiple uses



SAVE

Pre-tax savings



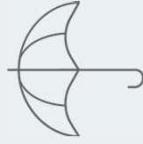
ACCESS

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**



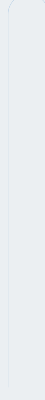
Peace of mind



Confidence



Cash flow

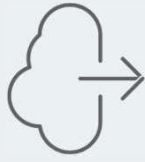


MAKING IT BETTER FOR YOU

How does an FSA through ConnectYourCare work?



Secure mobile
technology



Information



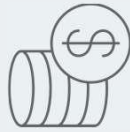
Communication



Accessibility



HOW CAN I USE MY FSA?



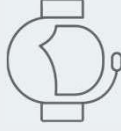
Fund your account — Decide how much to contribute during enrollment. Pre-tax funds are deducted from your paycheck.



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?

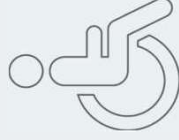
A **Dependent Care FSA** is a tax-advantaged account that allows you to use pre-tax dollars to pay for eligible child and elder care while you work.



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



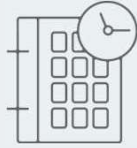
Care of an incapacitated
adult who lives with you
eight hours a day



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

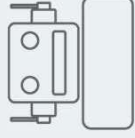
Available 24/7, 365 days a year



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!

