

# Benefit Summary 2017

(Administration)

Helping you make informed choices  
about your employee benefits.



## Table of Contents

Benefits Overview .....	3
Medical Benefits .....	4
Health Savings Account (HSA) .....	5
Dental Benefits .....	6
Vision Benefits .....	8
Life & Accidental Death & Dismemberment .....	10
How much life insurance is enough? .....	12
Voluntary Benefits .....	13
Voluntary Accident Insurance .....	14
Cancer Insurance .....	16
Critical Illness Insurance .....	18
Short-Term Disability .....	20
Long-Term Disability .....	24
Universal Life Insurance with Long-Term Care .....	26
Flexible Savings Account (FSA) .....	27
Identity Theft Protection .....	30
Contact Information .....	32
Insurance Rates and Contributions .....	33

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.

The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.

## Benefits Overview

**Dublin City Schools** is proud to offer a comprehensive benefits package to eligible, full-time and part-time employees. The complete benefits package is briefly summarized in this booklet.

You share the costs of some benefits (medical, dental and vision), and Dublin City Schools provides other benefits at no cost to you (basic life, accidental death & dismemberment).

In addition, there are voluntary benefits with reasonable group rates that you can purchase through Dublin City Schools' payroll deductions.

### Benefits Offered

- » Medical <sup>1</sup>
- » EAP
- » Dental
- » Health Savings Account (HSA)
- » Life Insurance & Accidental Death & Dismemberment (AD&D) Insurance (Basic & Optional)
- » Vision
- » Accident
- » Cancer
- » Critical Illness
- » Short-Term Disability
- » Long-Term Disability
- » Universal Life with Long Term Care
- » Flexible Spending Account (FSA)
- » LifeLock Identify Theft Protection

### Eligibility

You and your dependents are eligible for Dublin City Schools' benefits on the first of the month following date of hire.

Please reference each specific Plan Document to verify the Dependent Eligibility rules.

Elections made now will remain until the next open enrollment unless you or a dependent experience a qualifying event.<sup>2</sup> If you experience a qualifying event, you must contact your Benefits Office **within 30 days**.



<sup>1</sup> Part-time employees (defined as employees who are contracted for less than twenty (20) hours per week) who are hired on or after July 1, 2014 are not eligible to participate in health insurance coverage under the Negotiated Agreement between the Dublin Support Association/OEA/NEA and the Dublin Board of Education.

<sup>2</sup> Qualifying events for insurance changes include: marriage, divorce, annulment, birth or adoption, death, change in employment status, legal court orders, decrees or judgments, change in dependent eligibility status, change in spousal or adult dependent employer coverage, FMLA, COBRA, HIPAA, Medicaid or Medicare qualification, etc.

## Medical Benefits

Administered by Medical Mutual of Ohio

Dublin City Schools provides you with a medical plan through Medical Mutual of Ohio’s comprehensive major medical benefit PPO network. Comprehensive healthcare also provides peace of mind. In case of an illness or injury, you and your family are covered with an excellent medical plan through Dublin City Schools.

The plan allows you to select where you receive your medical services; however, if you use in-network providers, your costs will be less.

	In-Network PPO	Out-of-Network PPO
<b>Deductible</b>		
Single	\$1,300	\$2,600
Family*	\$2,600	\$5,200
<b>Out-of-Pocket Maximum</b>		
Single	\$2,600	\$5,200
Family	\$5,200	\$10,400
<b>Coinsurance</b>	90%	70%
<b>Doctor's Office</b>		
Office Visits	90% after deductible	70% after deductible
Preventive Care Services (routine exams, x-rays/tests, immunizations, well baby care and mammograms)	100% covered	70% after deductible
<b>Hospital Services</b>		
Emergency Room	90% after deductible	90% after deductible – Emergency 70% after deductible – Non-Emergency
Urgent Care Center Services	90% after deductible	90% after deductible
Inpatient	90% after deductible	70% after deductible
Outpatient Surgery	90% after deductible	70% after deductible
Ambulance Service	90% after deductible	90% after deductible
<b>Other Services</b>		
Maternity Services	90% after deductible	70% after deductible
Diagnostic Lab/X-ray	90% after deductible	70% after deductible
Diagnostic (MRI, CT Scans, Nuclear Medicine)	90% after deductible	70% after deductible
<b>Prescriptions</b>		
Retail—Generic Drug 31-day supply	90%	70%
Direct Mail 90-day supply	90%	Not covered

\*Dependent children **up to age 26** regardless of financial dependence, student status, residence or marital status. Dependents are automatically dropped from health insurance coverage at the end of the month in which the dependent turns 26.

## Health Savings Account (HSA)

Administered by CME Federal Credit Union

An HSA is a medical savings account owned by an individual/employee and designed to help them save for future qualified medical expenses (QME) and retiree health expenses. Funds are contributed to an HSA on a pretax basis, and any unused funds roll over from year to year. Only "HSA Eligible" employees may contribute to an HSA. An individual is HSA eligible if he or she:

- » Is covered by an HSA-qualified High Deductible Health Plan (HDHP)
- » Has no other health coverage
- » Is not enrolled in Medicare
- » Cannot be claimed as a tax dependent of another person; and
- » Is not covered by any non-HDHP coverage

Any contribution by the employee to his/her HSA up to the maximum limits provided by law may, at the member's discretion, be made either by payroll deduction or in a lump-sum payment. The HSA shall be maintained by the employee for his/her exclusive benefit and that of his/her dependents. Distributions of funds from the HSA account may be made at any time at the discretion of the employee. The employee is responsible for substantiating the distribution for qualified medical expenses (QME).

### 2017 HSA Contribution Limits

Single plan	\$3,400
Family Plan	\$6,750
Catch-up Contributions (age 55 or older)	\$1,000

If an individual overcontributes to the HSA, he or she will be subject to a tax penalty on the excessive funds. Any excessive amounts must also be reported on the individual's tax return as regular income.

### Increased Tax Penalty for Non-Eligible Expenses

If HSA funds are used for *ineligible* medical expenses, such as the purchase of a new television, those amounts are taxed as normal income on the individual's tax return. If the individual is under age 65 at the time of the distribution, he or she is also subject to a *substantial* "early withdrawal" tax penalty.

### Definition of Dependent for HSA is Different than Group Health Plan

An HSA account owner can use the funds to cover qualified medical expenses of the account owner, his or her legal spouse and tax dependents. Under Health Care Reform, an employee can cover his or her adult children up to age 26 regardless of student or marital status, financial dependence or where they reside. However, medical expenses incurred by the adult child

will not be a qualified expense under the HSA unless the employee's adult child is a tax dependent. If the adult child is not a tax dependent, any HSA dollars used must be declared as regular income and will be subject to penalty (~20%).

**For a list of Qualified Medical Expenses and additional HSA information, please see IRS Publication 969 Health Savings Accounts and Other Tax-Favored Health Plans, and IRS Publication 502 Medical and Dental Expenses at [www.irs.gov](http://www.irs.gov).**

Dublin City Schools uses CME Federal Credit Union to administer their HSA account.\*

1. First step to establishing an HSA account is to open your CME account
  - a. Visit [www.cmefcu.org](http://www.cmefcu.org) and click on About CME/Join Us to begin the registration process. Complete all screens.
  - b. You will receive a response back from CME within 1–2 days
2. Second step is to respond back to CME providing an electronic signature via email
3. If you have any questions about this process, please don't hesitate to contact:

**CME Call Center @ 1.888.224.3108, ext. 6**

Following acceptance of your electronic signature, your HSA account will be active and debit cards will be sent out. Payroll deductions will not start until the above steps are completed.

### CME Federal Credit Union HSA Benefits:

- » Competitively tiered interest rate
- » No set up or annual HSA fee
- » FREE Electronic Statements
- » FREE Visa Debit Card
- » FREE online bill pay
- » Checks available upon request. Cost of checks will apply
- » LOCAL, Personal, Friendly Customer Service
- » Take advantage of the great rates and products available only to Credit Union members
- » CME will fund the \$5 deposit to your Advantage Share account. This amount is required to maintain your membership stake in the credit union.

\*If you currently have an HSA through another facility or bank, you can easily rollover your existing account to CME Federal Credit Union, if you choose. To begin the rollover process, please email [cgatchel@cmefcu.org](mailto:cgatchel@cmefcu.org) (Crystal Gatchel at CME Federal Credit Union) using 'Dublin City Schools Health Savings Account Rollover' in the subject line. CME will send the appropriate application form and rollover request form back to the employee to initiate rollover process. CME will notify Dublin City Schools when the rollover is complete. At that point in time, Dublin City Schools will initiate requested payroll deductions to CME.



**Delta Dental PPO (Point-of-Service)  
Summary of Dental Plan Benefits  
For Group# 7486-0001, 0099  
Dublin City Schools**

This Summary of Dental Plan Benefits should be read along with your Certificate. Your Certificate provides additional information about your Delta Dental plan, including information about plan exclusions and limitations. If a statement in this Summary conflicts with a statement in the Certificate, the statement in this Summary applies to you and you should ignore the conflicting statement in the Certificate. The percentages below are applied to Delta Dental's allowance for each service and it may vary due to the dentist's network participation.\*

**Control Plan** – Delta Dental of Ohio

**Benefit Year** – January 1 through December 31

**Covered Services** –

	<b>Delta Dental PPO Dentist Plan Pays</b>	<b>Delta Dental Premier Dentist Plan Pays</b>	<b>Nonparticipating Dentist Plan Pays*</b>
<b>Diagnostic &amp; Preventive</b>			
<b>Diagnostic and Preventive Services</b> – exams, cleanings, fluoride, and space maintainers	100%	100%	100%
<b>Emergency Palliative Treatment</b> – to temporarily relieve pain	100%	100%	100%
<b>Bitewing Radiographs</b> – bitewing X-rays	100%	100%	100%
<b>Basic Services</b>			
<b>Sealants</b> – to prevent decay of permanent teeth	85%	85%	85%
<b>All Other Radiographs</b> – other X-rays	85%	85%	85%
<b>Minor Restorative Services</b> – fillings and crown repair	85%	85%	85%
<b>Endodontic Services</b> – root canals	85%	85%	85%
<b>Periodontic Services</b> – to treat gum disease	85%	85%	85%
<b>Oral Surgery Services</b> – extractions and dental surgery	85%	85%	85%
<b>Other Basic Services</b> – misc. services	85%	85%	85%
<b>Relines and Repairs</b> – to bridges, implants, and dentures	85%	85%	85%
<b>Major Services</b>			
<b>Major Restorative Services</b> – crowns	60%	60%	60%
<b>Prosthodontic Services</b> – bridges, implants, and dentures	60%	60%	60%
<b>Orthodontic Services</b>			
<b>Orthodontic Services</b> – braces	60%	60%	60%
<b>Orthodontic Age Limit</b> –	No Age Limit	No Age Limit	No Age Limit

\* When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. The Nonparticipating Dentist Fee may be less than what your dentist charges and you are responsible for that difference.

- Oral exams (including evaluations by a specialist) are payable twice per calendar year.
- Prophylaxes (cleanings) are payable twice per calendar year. Periodontal maintenance procedures are also payable twice per calendar year.
- People with specific at-risk health conditions may be eligible for additional prophylaxes (cleanings) or fluoride treatment. The patient should talk with his or her dentist about treatment.
- Fluoride treatments are payable twice per calendar year with no age limit.
- Bitewing X-rays are payable twice per calendar year and full mouth X-rays (which include bitewing X-rays) are payable once in any three-year period.

- Sealants are payable once per tooth per lifetime for the occlusal surface of first and second permanent molars up to age 15. The surface must be free from decay and restorations.
- Composite resin (white) restorations are optional treatment on posterior teeth.
- Porcelain and resin facings on crowns are optional treatment on posterior teeth.
- Implants and implant related services are payable once per tooth in any five-year period.

Having Delta Dental coverage makes it easy for you to get dental care almost everywhere in the world! You can now receive expert dental care when you are outside of the United States through our Passport Dental program. This program gives you access to a worldwide network of dentists and dental clinics. English-speaking operators are available around the clock to answer questions and help you schedule care. For more information, check our Web site or contact your benefits representative to get a copy of our Passport Dental information sheet.

**Maximum Payment** – \$1,500 per person total per Benefit Year on all services except orthodontics. \$1,000 per person total per lifetime on orthodontic services.

**Deductible** – \$25 Deductible per person total per Benefit Year limited to a maximum Deductible of \$75 per family per Benefit Year. The Deductible does not apply to diagnostic and preventive services, emergency palliative treatment, bitewing X-rays, and orthodontic services.

**Waiting Period** – Employees who are eligible for dental benefits are covered on the first of the month following the date of hire.

**Eligible People** – All full-time and part-time employees of the Contractor who choose the dental plan (0001) and COBRA (Consolidated Omnibus Reconciliation Act of 1985) enrollees (0099). The Contractor and Subscriber share the cost of this plan.

Also eligible at your option are your legal spouse and your dependent children to the end of the calendar year in which they turn 19 and your dependent unmarried children to the end of the calendar year in which they turn 23 who are eligible to be claimed by you as a dependent under the U.S. Internal Revenue code during the current calendar year. You and your eligible dependents must enroll for a minimum of 12 months. If coverage is terminated after 12 months, you may not re-enroll prior to the open enrollment that occurs at least 12 months from the date of termination. Your dependents may only enroll if you are enrolled (except under COBRA) and must be enrolled in the same plan as you. Plan changes are only allowed during open enrollment periods, except that an election may be revoked or changed at any time if the change is the result of a qualifying event as defined under Internal Revenue Code Section 125.

If you and your spouse are both eligible for coverage under this Contract, you may be enrolled together on one application or separately on individual applications, but not both. Your dependent children may only be enrolled on one application. Delta Dental will not coordinate benefits if you and your spouse are both covered under this Contract.

Benefits will cease on the last day of the month in which the employee is terminated.

Customer Service Toll-Free Number: (800) 524-0149  
[www.DeltaDentalOH.com](http://www.DeltaDentalOH.com)



## Your Vision Benefits Summary

Get the best in eyecare and eyewear with Dublin School District and VSP® Vision Care.

### Using your VSP benefit is easy.

- **Register at vsp.com.**  
Once your plan is effective, review your benefit information.
- **Find an eyecare provider who's right for you.**  
The decision is yours to make—choose a VSP provider or any out-of-network provider. To find a VSP provider, visit [vsp.com](http://vsp.com) or call 800.877.7195.
- **At your appointment, tell them you have VSP.** There's no ID card necessary. If you'd like a card as a reference, you can print one on [vsp.com](http://vsp.com).

**That's it! We'll handle the rest**—there are no claim forms to complete when you see a VSP provider.

### Choice in Eyewear

From classic styles to the latest designer frames, you'll find hundreds of options. Choose from featured frame brands like Anne Klein, bebe®, Calvin Klein, Flexon®, Lacoste, Nike, Nine West, and more<sup>1</sup>. Visit [vsp.com](http://vsp.com) to find a VSP provider who carries these brands.

### Plan Information

VSP Coverage Effective Date: 01/01/2017

VSP Provider Network: VSP Signature

Automatically get an extra \$20 to spend when you choose a featured frame brand like Anne Klein, bebe®, Calvin Klein, Flexon®, Lacoste, Nike, Nine West, and more. Visit [vsp.com](http://vsp.com) to find a provider who carries these brands.

Benefit	Description	Copay
<b>Your Coverage with a VSP Provider</b>		
WellVision Exam	<ul style="list-style-type: none"> <li>• Focuses on your eyes and overall wellness</li> <li>• Unlimited</li> </ul>	\$10
<b>Prescription Glasses</b>		
Frame	<ul style="list-style-type: none"> <li>• \$130 allowance for a wide selection of frames</li> <li>• \$150 allowance for featured frame brands</li> <li>• 20% off amount over your allowance</li> <li>• Every calendar year</li> </ul>	\$0
Lenses	<ul style="list-style-type: none"> <li>• Single vision, lined bifocal, and lined trifocal lenses</li> <li>• Polycarbonate lenses for dependent children</li> <li>• Every calendar year</li> </ul>	\$0
Lens Enhancements	<ul style="list-style-type: none"> <li>• Tints/Photochromic adaptive lenses</li> <li>• Standard progressive lenses</li> <li>• Premium progressive lenses</li> <li>• Custom progressive lenses</li> <li>• Average 35-40% off other lens options</li> <li>• Every calendar year</li> </ul>	\$0 \$50 \$80 - \$90 \$120 - \$160
Contacts (instead of glasses)	<ul style="list-style-type: none"> <li>• \$130 allowance for contacts; copay does not apply</li> <li>• Contact lens exam (fitting and evaluation)</li> <li>• Every calendar year</li> </ul>	Up to \$60
Additional Coverage	<ul style="list-style-type: none"> <li>• Diabetic Eyecare Plus Program</li> </ul>	
Extra Savings	<b>Glasses and Sunglasses</b>	
	<ul style="list-style-type: none"> <li>• Extra \$20 to spend on featured frame brands. Go to <a href="http://vsp.com/specialoffers">vsp.com/specialoffers</a> for details.</li> <li>• 30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% from any VSP provider within 12 months of your last WellVision Exam.</li> </ul>	
	<b>Retinal Screening</b>	
Extra Savings	<ul style="list-style-type: none"> <li>• No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam</li> </ul>	
	<b>Laser Vision Correction</b>	
Extra Savings	<ul style="list-style-type: none"> <li>• Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities</li> <li>• After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor</li> </ul>	

### Your Coverage with Out-of-Network Providers

Visit [vsp.com](http://vsp.com) for details, if you plan to see a provider other than a VSP network provider

Exam.....up to \$35	Lined Trifocal Lenses.....up to \$55
Frame.....up to \$45	Progressive Lenses.....up to \$55
Single Vision Lenses.....up to \$25	Contacts.....up to \$105
Lined Bifocal Lenses.....up to \$40	Tints.....up to \$5

VSP guarantees coverage from VSP network providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location.

Visit [vsp.com](http://vsp.com) or call 800.877.7195 for more details on your vision coverage and exclusive savings and promotions for VSP members.

<sup>1</sup>Brands/Promotion subject to change.

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## Frequently Asked Questions

### VSP Member Services

At VSP, we're dedicated to offering a benefit that's simple to use and worry-free. Here are some answers to our most frequently asked questions.

Q:	How can I obtain a list of VSP network doctors?
A:	Members can find VSP network doctor locations from VSP's Web site at <a href="http://vsp.com">vsp.com</a> or by contacting VSP at (800) 877-7195
Q:	If I have questions about plan coverage, eligibility or need eyecare wellness information, where do I go?
A:	VSP.com provides members and dependents with instant access to check coverage and eligibility information, find a VSP network doctor and learn more about eyecare wellness.  Members can also contact VSP's Member Services anytime at (800) 877-7195 and access our automated benefits information system to check eligibility or find a doctor. And, our fully-trained member service representatives are available Monday through Friday from 8:00 a.m. to 10:00 p.m. Eastern.
Q:	What if I am dissatisfied with a VSP network doctor or the materials received through the VSP benefit?
A:	VSP's member promise guarantees complete member satisfaction with services received from a VSP network doctor. If a member isn't happy with the services or product received from a VSP network doctor when using their VSP benefit, please have them contact VSP's Member Services at (800) 877-7195.
Q:	What if I suspect fraud?
A:	If you suspect fraud, please contact VSP's Fraud Hotline at (800) 877-7236.
Q:	May I visit a non-VSP provider?
A:	Yes. If out-of-network coverage is included in your plan, members may obtain services from non-VSP providers. (Refer to the enclosed Client Benefit Summary for details of your coverage.) Reimbursement for services from a non-VSP provider is according to a schedule with the same copays and limitations as services through VSP network doctors. However, VSP cannot guarantee satisfaction or extend discounts when using a non-VSP provider.
Q:	How do I collect reimbursement after visiting a non-VSP provider?
A:	When services and/or materials are obtained from a non-VSP provider, members should use the following procedure to receive the allowed reimbursement:  Pay the non-VSP provider the full amount of the bill and request an itemized copy of the bill. The bill should separately detail the charges for the eye exam and materials, including lens type.  Include the following information with the bill: <ul style="list-style-type: none"> <li>•The name, address and phone number of the non-VSP provider</li> <li>•The covered member's Social Security or other member ID number</li> <li>•The covered member's name, address and phone number</li> <li>•The name of the group</li> <li>•The patient's name, date of birth, address and phone number</li> <li>•The patient's relationship to the covered member (such as self, spouse, child, student, etc).</li> </ul> <p>Members can simply write the information on the bill or use the printable form available when members sign on to view benefits information at <a href="http://vsp.com">vsp.com</a>.</p> <p>Send a copy of the itemized bill(s) with the above information to VSP at:</p> <p style="text-align: center;">VSP P.O. Box 997105 Sacramento, CA 95899-7105</p> <p>Please note that claims for reimbursement must be filed within six months of the date of service. Members will be reimbursed according to the out-of-network reimbursement schedule.</p>



# DUBLIN CITY SCHOOL DISTRICT

## All Full Time and Part Time Active Administration

All coverages are issued by The Prudential Insurance Company of America.

### Basic Term Life, Basic Accidental Death & Dismemberment, Optional Term Life, Optional Dependent Life and Optional Accidental Death & Dismemberment

Coverage Options	
<p><b>Basic Term Life - 100% Employer Paid</b></p>	<ul style="list-style-type: none"> <li>• Basic Term Life: You are automatically enrolled for 2.0 times your covered annual earnings to \$600,000.</li> <li>• If you are terminally ill, you can get a partial payment of your group life insurance benefit. You can use this payment as you see fit. The payment to your beneficiary will be reduced by the amount you receive with the Accelerated Benefit Option. Refer to the plan booklet for details.</li> <li>• Payment of premium can be waived if you are totally disabled for 6 months, you are less than 60 years old when the disability begins, and you continue to be totally disabled. This waiver terminates at age 70. This provision may vary by state.</li> <li>• The amount of insurance reduces by 50% at age 70.</li> <li>• Coverage will end on your termination of employment or as specified in the plan booklet. You may convert your insurance to an individual life insurance policy issued by the Prudential Insurance Company of America.</li> </ul>
<p><b>Basic Accidental Death &amp; Dismemberment - 100% Employer Paid</b></p>	<ul style="list-style-type: none"> <li>• Basic AD&amp;D pays you and your beneficiary a benefit for the loss of life or other injuries resulting from a covered accident -- 100% for loss of life and a lesser percentage for other injuries. Injuries covered may include loss of sight or speech, paralysis, and dismemberment of hands or feet. Basic AD&amp;D benefits are paid regardless of other coverages you may have.</li> <li>• Basic AD&amp;D: You are automatically enrolled for an amount equal to your Basic Term Life coverage amount.</li> </ul>
<p><b>Optional Term Life - 100% Employee Paid</b></p>	<ul style="list-style-type: none"> <li>• Purchase coverage in increments of \$10,000 up to a maximum of \$500,000, not to exceed 5.0 times your covered annual earnings.                             <ul style="list-style-type: none"> <li>• <b><u>New Hires:</u></b> Get the lesser of 3.0 times your covered annual earnings not to exceed \$350,000 - no medical questions asked - when enrolling when first eligible in Optional Group Term Life.</li> <li>• <b><u>Current Participants:</u></b> Your current coverage amount will be continued. Evidence of insurability satisfactory to The Prudential Insurance Company of America is required for all increases in coverage amounts</li> <li>• <b><u>Current Employees who were denied coverage in the past, Current Employees who waived coverage in the past or Late Entrants (did not enroll when first eligible):</u></b> Evidence of insurability satisfactory to The Prudential Insurance Company of America is required for all coverage amounts.</li> </ul> </li> <li>• If terminally ill, you can get a partial payment of your group term life insurance benefit. You can use this payment as you see fit. In the event of your death, your beneficiary will receive a benefit payout which has been reduced by the amount you receive.</li> <li>• Payment of premium can be waived if you are totally disabled for 6 months, you are less than 60 years old when the disability begins, and you continue to be totally disabled. This waiver terminates at age 70. This provision may vary by state. Refer to the plan booklet for details.</li> <li>• Coverage will be reduced as you age - by 50% at age 70.</li> <li>• Upon termination of employment, you may continue at a certain level of your coverage, without having to provide evidence of good health.</li> </ul>

### Coverage Options

<p><b>Spouse - Optional Dependent Life - 100% Employee Paid</b></p>	<ul style="list-style-type: none"> <li>• Purchase coverage for your spouse in increments of \$5,000 up to a maximum of \$100,000, not to exceed 100% of your Optional Term Life coverage amount. <ul style="list-style-type: none"> <li>• <b>New Hires:</b> Get up to \$20,000 for your spouse- no medical questions asked - when enrolling when first eligible in Optional Dependent Group Term Life.</li> <li>• <b>Current Spouse Participants:</b> Your spouse's current coverage amount will be continued. Evidence of insurability satisfactory to the Prudential Insurance Company of America is required for all increases in coverage amounts.</li> <li>• <b>Current Employees whose spouse has been denied coverage in the past, Current Employees who waived spouse coverage in the past or Late Entrants (did not enroll when first eligible):</b> Evidence of insurability satisfactory to The Prudential Insurance Company of America is required for all coverage amounts.</li> </ul> </li> <li>• Coverage will be reduced as you age - by 50% at age 70.</li> <li>• Upon termination of employment, your spouse (if eligible to port) may choose to continue a coverage amount equal to or lower than your current benefit amount. Coverage amounts for you and your spouse will be subject to a maximum of five times your annual earnings or \$1 million, whichever is less.</li> </ul>
<p><b>Child Optional Dependent Life - 100% Employee Paid</b></p>	<ul style="list-style-type: none"> <li>• Purchase coverage for \$5,000 or \$10,000. There are no health requirements for this coverage.</li> <li>• Coverage begins from 14 days, and continues to age 19, if unmarried. If unmarried, dependent on you and a full-time student, coverage continues to age 23.</li> <li>• Upon termination of employment, you (if eligible to port) may choose to continue a dependent child coverage amount equal to or lower than your current benefit amount.</li> </ul>
<p><b>Optional AD&amp;D Employee - 100% Employee Paid</b></p>	<ul style="list-style-type: none"> <li>• Purchase an Optional AD&amp;D Insurance coverage amount equal to your Optional Term Life Insurance coverage amount.</li> <li>• Coverage will be reduced as you age - by 50% at age 70.</li> </ul>
<p><b>Optional AD&amp;D Spouse - 100% Employee Paid</b></p>	<ul style="list-style-type: none"> <li>• Purchase coverage for your spouse in increments of \$5,000 up to a maximum of \$100,000.</li> <li>• Coverage will be reduced as you age - by 50% at age 70.</li> </ul>
<p><b>Optional AD&amp;D Child - 100% Employee Paid</b></p>	<ul style="list-style-type: none"> <li>• Purchase coverage for \$5,000 or \$10,000.</li> </ul>

**Benefits, exclusions and provisions may vary by state. Refer to the plan booklet for details.**

For your coverage to become effective, you must be actively at work on the effective date of the plan. If you apply for an amount that requires satisfactory evidence of insurability to The Prudential Insurance Company of America, you must be actively at work on the date of approval for the amount requiring satisfactory evidence of insurability.

## “How much life insurance is enough?”

The right amount of insurance can help your family. It helps replace your income for a number of years to maintain their standard of living and pay for major financial obligations, such as home mortgage and college tuition.

According to a recent LIMRA report, 39% of households believe they do not have enough life insurance ("Life Insurance in a Tough Economy," LIMRA, 2010). While rules of thumb may be helpful, they do not take each individual's personal situation into consideration. This worksheet provides a simple method to estimate the amount of life insurance you may need.

### Income Needs

1. **Your annual income.** (What your family would need if you die today.) Enter a number that's between 60-70% of your total income. 1. \$
2. **Annual replacement income.** (Available to your family after you die.) Enter a number that includes Social Security benefits, if applicable. 2. \$
3. **Total annual income to be replaced.** Subtract line 2 from line 1. 3. \$
4. **Funds needed to provide income for \_\_\_\_\_ years.** Choose the number of years your family needs your replacement income. Multiply line 3 by the appropriate factor below.  
 1 10 yrs x 8.1 | 15 yrs x 11.1 | 20 yrs x 13.6 | 25 yrs x 15.6 | 30 yrs x 17.3 | 35 yrs x 18.7 | 40 yrs x 20.0 | 4. \$

### Expenses

5. **Burial expenses.** (The average cost of an adult funeral is about \$10,000.) 5. \$
6. **Mortgage and other major debts.** Include mortgage, credit card debt, car loan, home equity loans, etc. 6. \$
7. **College costs.\*** (Current cost of a 4 year education: public--\$62,264; private--\$127,664.)  
 Multiply the college costs by the appropriate factor, based on the number of years between now and when your child begins college. 7. \$  
 5 yrs x .82 | 10 yrs x .68 | 15 yrs x .56 | 20 yrs x .46 |

Child 1: \$ \_\_\_\_\_ Child 3: \$ \_\_\_\_\_  
 Child 2: \$ \_\_\_\_\_ Child 4: \$ \_\_\_\_\_

8. **Total capital required.** Add lines 4, 5, 6 and 7. 8. \$

### Assets

9. **Savings and investments.** Include bank accounts, CDs, stocks, bonds, mutual funds, real estate/rental property, etc. 9. \$
10. **Retirement savings.** Include 401(k) plans, Keogh, pension and profit sharing plans. 10. \$
11. **Present amount of life insurance.** Include group insurance and personal insurance purchased on your own. 11. \$
12. **Total of all assets.** Add lines 9, 10 and 11. 12. \$
13. **Estimated amount of life insurance needed.** Subtract line 12 from line 8. 13. \$

\* Inflation is assumed to be 4%. The rate of return on investments is assumed to be 8%.

Source: The College Board, **Trends in College Pricing 2005**. Costs include tuition, room, board, books and supplies, transportation, and other expenses.

## Voluntary Benefits

Voluntary Benefits are offered to strengthen your overall benefits package and are designed to provide additional cash flow to assist with your out-of-pocket medical costs and other bills.

- » Benefits are paid regardless of any other coverage you may have
- » You customize the benefit based on need and affordability
- » Premiums are payroll deducted

### Accident Insurance (Trustmark)

A plan that helps pay for the unexpected expenses that result from an accident. 24/7 Coverage.

### Cancer Insurance (Allstate)

The Group Cancer Plan will pay benefits to you if you are diagnosed with cancer.

### Critical Illness Insurance (Lincoln)

Critical Illness is a benefit that will pay you a lump sum of money if you are diagnosed with a critical illness, heart attack, or stroke.

### Flexible Savings Account/FSA (Chard-Snyder)

An FSA allows you to pay for certain health and dependent care expenses with pretax dollars.

### Identity Theft Protection (LifeLock)

Millions of people will have their identity stolen this year. Don't be one of them!

### Life & AD&D Insurance/Optional (Prudential)

You may purchase supplemental coverage for yourself, spouse and dependent children at special group rates.

### Short-Term Disability (Lincoln)

Short-Term Disability protects your income for a short duration in case you become ill or injured.

### Long-Term Disability (Lincoln)

Long-Term Disability protects your income for a long duration after you have depleted short-term disability or any other sick leave that your company may offer.

### Universal Life with Long-Term Care (Trustmark)

Universal Life with Long Term care includes both a death benefit and a living benefit.

## Voluntary Accident Insurance

Insured by **Trustmark**

# Accident Insurance

You do everything you can to keep your family safe, but accidents do happen. When they do, it's good to know you have help to manage the medical costs associated with accidental injuries. Trustmark's Accident insurance helps take care of medical bills, so you can take care of your family. Wellness benefits are payable every year and help offset the affordable premium you pay for coverage.

### Accident Insurance Provides 24-Hour Coverage and benefits for:

Hospital Admission	Hospital Confinement**
Hospital Intensive Care Unit**	Emergency Room Treatment

**Initial Care Benefits:** Physician visit, ambulance, emergency room treatment, hospital benefits, lodging, blood, surgery, emergency dental

**Injury Benefits:** Burn; concussion; dislocation; eye injury; fracture; herniated disc; laceration; loss of finger, toe, hand, foot, sight; tendon, ligament, rotator cuff injury; torn knee cartilage

**Follow-up Care Benefits:** Physical therapy, appliances, prosthetic device, artificial limb, skin graft, transportation

### Accidental Death Benefit

**Health Screen Benefit:** Includes health screening tests. The \$100 benefit is payable for one visit per person, per year

\*\* Hospital Confinement and ICU Benefits cannot be paid at the same time.

- » Benefits are payable only as the result of a covered accident
- » Most benefits are paid once per person per covered accident

*This provides a brief description of available benefits. Please refer to Schedule of Benefits for benefit amounts and covered conditions. Please consult your policy for complete details, limitations and exclusions.*

Underwritten by: **Trustmark Insurance Company**

## Schedule of Benefits<sup>1</sup>

### Accident Insurance Provides 24-Hour Coverage

Benefit	Amount
<b>Initial Care</b>	
<b>Hospital Benefits</b>	
Admission Benefit (per admission)	\$2,000
Confinement Benefit (per day up to 365 days)	\$400
ICU Benefit (per day up to 15 days)	\$600
Emergency Room Treatment	\$200
<b>Ambulance</b>	
Ground	\$200
Air	\$1,000
Initial Doctor's Office Visit	\$100
Lodging (per night up to 30 days per accident)	\$100
<b>Surgery Benefit</b>	
Open, abdominal, thoracic	\$2,000
Exploratory	\$200
Blood, Plasma and Platelets	\$600
<b>Emergency Dental Benefit</b>	
Extraction	\$100
Crown	\$300
<b>Follow-Up Care</b>	
Accident Follow-Up Treatment	\$100
<b>Physical Therapy</b>	
Up to six visits per person per accident	\$50
Appliance	\$200
<b>Transportation</b>	
100+ miles, up to three trips	\$475
<b>Prosthetic Device or Artificial Limb</b>	
More than one	\$2,000
One	\$1,000
Skin Grafts	25% of applicable burn benefit
<b>Accidental Death</b>	
Employee	\$50,000
Spouse <sup>2</sup>	\$20,000
Child	\$10,000
<b>Accidental Death – Common Carrier</b>	
Employee	\$100,000
Spouse <sup>2</sup>	\$40,000
Child	\$20,000
<b>Catastrophic Accident</b>	
Employee	\$100,000
Spouse <sup>2</sup>	\$50,000
Child	\$50,000

Benefit	Amount
<b>Injuries</b>	
<b>Fractures</b>	
Open reduction	up to \$10,000
Closed reduction	up to \$5,000
Chips	25% of applicable closed reduction
<b>Dislocations</b>	
Open reduction	upto \$8,000
Closed reduction	upto \$4,000
Laceration	upto \$800
<b>Burns</b>	
Flat amount for:	
Third-degree 35 or more sq. in.	\$15,000
Third-degree 9-34 sq. in.	\$2,250
Second-degree for 36% or more of body	\$1,125
Concussion	\$200
<b>Eye Injury</b>	
Requires surgery or removal of foreign body	\$400
Herniated Disc	\$800
<b>Loss of Finger, Toe, Hand, Foot or Sight</b>	
Loss of both hands, feet, sight of both eyes	
or any combination of two or more losses	\$15,000
Loss of one hand, foot or sight of one eye	\$7,500
Loss of two or more fingers, toes or any combination of two or more losses	\$1,500
Loss of one finger or one toe	\$750
<b>Tendon/Ligament/Rotator Cuff Injury</b>	
Repair of more than one	\$1,200
Repair of one	\$800
Exploratory surgery without repair	\$200
Torn Knee Cartilage	\$1,000
Exploratory surgery	\$200
<b>Health Screening Benefit</b>	
One per person per year	\$100
Routine health screening tests	

<sup>1</sup>Benefits are payable only as the result of a covered accident. Benefits may vary by state and additional benefits may be available in some states. Most benefits are paid once per person per covered accident unless otherwise noted. <sup>2</sup>In some states, spouse, domestic partner or civil union partner.

# Benefit coverage for Dublin Schools group voluntary cancer



## HOSPITAL AND RELATED BENEFITS

	PLAN
Continuous Hospital Confinement (daily)	\$300
Government or Charity Hospital (daily)	\$300
Private Duty Nursing Services (daily)	\$300
Extended Care Facility (daily)	\$300
At Home Nursing (daily)	\$300
Hospice Care Center (daily) or Hospice Care Team (per visit)	1. \$300 2. \$300

## RADIATION, CHEMOTHERAPY AND RELATED BENEFITS

Radiation/Chemotherapy for Cancer (every 12 mos.)	\$12,800*
Blood, Plasma, and Platelets (every 12 mos.)	\$10,000*
Medical Imaging (yearly)	\$500* <sup>1</sup>
Hematological Drugs (yearly)	\$200*

## SURGERY AND RELATED BENEFITS

Surgery	\$3,000* <sup>2</sup>
Anesthesia (% of surgery)	25%
Ambulatory Surgical Center (daily)	\$500
Second Opinion	\$400
Bone Marrow or Stem Cell Transplant	1. \$1,000* 2. \$2,500* 3. \$5,000*

## MISCELLANEOUS BENEFITS

Inpatient Drugs and Medicine (daily)	\$25
Physician's Attendance (daily)	\$50
Ambulance (per confinement)	\$100
Non-Local Transportation (per trip or mile)	Coach Fare or \$0.40

Outpatient Lodging (daily)	\$50* <sup>1</sup>
Family Member Lodging (daily) and Transportation (per trip or mile)	\$50* Coach Fare or \$0.40
Physical or Speech Therapy (daily)	\$50
New or Experimental Treatment (every 12 mos.)	\$5,000*
Prosthesis	\$2,000* <sup>3</sup>
Hair Prosthesis (every 2 years)	\$25
Nonsurgical External Breast Prosthesis	\$50*
Anti-Nausea Benefit (yearly)	\$200*
Waiver of Premium (primary insured only)	Yes

## ADDITIONAL BENEFITS

Cancer Initial Diagnosis	\$4,000 <sup>5</sup>
Wellness (yearly)	\$100 <sup>4</sup>

Listed to the left are benefit amounts associated with the benefits described in the brochure.

<sup>1</sup>Benefit pays for charges/costs up to amount listed. Limit \$2,000/12 mo. period

<sup>2</sup>Based on procedure up to maximum shown. <sup>3</sup>Per amputation

<sup>4</sup> Payable once/covered person/calendar year

<sup>5</sup>One-time benefit

#### ADDITIONAL BENEFITS

**Cancer Initial Diagnosis** - Pays a one-time benefit if diagnosed for the first time with cancer (except skin cancer).

**Wellness** - Pays a benefit each calendar year for one of the following: Biopsy for skin cancer; Blood tests for triglycerides, CA15-3 (breast cancer), CA125 (ovarian cancer), CEA (colon cancer) and PSA (prostate cancer); Bone Marrow Testing; Chest X-ray; Colonoscopy; Doppler screenings for carotids and peripheral vascular disease; Echocardiogram; EKG; Flexible sigmoidoscopy; Hemocult stool analysis; HPV (Human Papillomavirus) Vaccination; Lipid panel (total cholesterol count); Mammography, including Breast Ultrasound; Pap Smear, including ThinPrep Pap Test; Serum Protein Electrophoresis (test for myeloma); Stress test on bike or treadmill Thermography; and Ultrasound screening for abdominal aortic aneurysms.

#### CERTIFICATE SPECIFICATIONS

**Eligibility** - Coverage may include you, your spouse or domestic partner and children under age 26.

**Termination of Coverage** - (a) Coverage under the policy ends on the date the policy is canceled; the last day premium payments were made; the last day of active employment, unless coverage is continued due to Temporary Layoff, Leave of Absence or Family and Medical Leave of Absence; the date you or your class is no longer eligible. (b) Spouse/domestic partner coverage ends upon divorce/termination of partnership or your death. (c) Coverage for children ends when the child reaches age 26, unless he or she continues to meet the requirements of an eligible dependent.

**Portability Privilege** - Coverage may be continued under the Portability Provision when coverage under the policy ends.

#### LIMITS, EXCLUSIONS AND EXCEPTIONS

**Pre-Existing Condition** - (a) Allstate Benefits does not pay benefits for a pre-existing condition during the 12-month period beginning on the date that person's coverage starts.

(b) A pre-existing condition is a disease or condition for which symptoms existed within the 12-month period prior to the effective date; or (c) medical advice or treatment was recommended or received from a medical professional within the 12-month period prior to the effective date. (d) A pre-existing condition can exist even though a diagnosis has not yet been made.

**Cancer and Specified Disease Benefits Exclusions and Limitations** - (a) Allstate Benefits does not pay for any loss, except for losses due to cancer or a specified disease. (b) Benefits are not paid for conditions caused or aggravated by cancer or a specified disease.

Treatment and services must be needed due to cancer or a specified disease and be received in the United States or its territories.

For the Surgery, New or Experimental Treatment and Prosthesis benefits, Allstate Benefits pays 50% of the applicable maximum when specific charges are not obtainable as proof of loss.

For the Radiation/Chemotherapy for Cancer benefit, Allstate Benefits does not pay for: (a) any other chemical substance which may be administered with or in conjunction with radiation/chemotherapy; or (b) treatment planning consultation; management; or the design and construction of treatment devices; or basic radiation dosimetry calculation; or any type of laboratory tests; X-ray or other imaging used for diagnosis or monitoring; or the diagnostic tests related to these treatments; or (c) any devices or supplies including intravenous solutions and needles related to these treatments.



## Group Critical Illness Insurance Coverage

## SUMMARY OF BENEFITS

**Sponsored by:** Dublin City Schools

**Critical Illness insurance coverage provides a cash benefit to the policyholder when an insured person has a covered illness or event.**

**Eligibility** All employees in an eligible class. Issue Ages 17-70

<b>Critical Illness Base Coverage</b>	
<b>Benefit Description</b>	<b>Benefit Amount</b>
Maximum Principal Sum Employee	Choice of \$10,000 - \$20,000 - \$30,000
Spouse Spouse Principal Sum cannot exceed the Employee Principal Sum	Choice of \$5,000 - \$10,000 - \$15,000
Child Child Principal Sum cannot exceed the Employee Principal Sum	5,000 - \$10,000 - \$15,000
Guarantee Issue Employee Spouse Child	\$30,000 \$15,000 All Guarantee Issue
<i>Lincoln CareCompass<sup>SM</sup></i> Category Critical Illness Assessment Benefit Family Care Benefit (per insured dependent)	\$50 \$25
Heart Category Heart Attack, Heart Transplant, Stroke Arteriosclerosis, Aneurysm	Percent of Principal Sum 100% 10%
Organ Category End Stage Renal Failure, Major Organ Transplant Acute Respiratory Distress Syndrome	Percent of Principal Sum 100% 25%
Quality of Life Category ALS/Lou Gehrig's Disease, Advanced Alzheimer's Disease, Advanced Parkinson's Disease, Advanced MS, Loss of Sight, Hearing, or Speech	Percent of Principal Sum 100% 25%
Lifetime Category Maximum (Category Recurrence)	150%
Additional Category Occurrence	100% payable benefit
Benefit Waiting Period	None
Pre-existing Period	12/12
Benefit Reduction	None

## Exclusions

A benefit will not be paid under this policy when:

- A category maximum has been reached (for that Category, coverage will automatically terminate). If *Lincoln CareCompass*<sup>SM</sup> is the only remaining Category, coverage will be terminated.
- A new Category Occurrence happens within 90 days of another payable event in a different category.
- A Category Recurrence happens within 180 days of another payable event in the same category.
- Diagnosis occurs after policy termination.
- The diagnosis is deemed a pre-existing condition.
- The diagnosis of any Child Category event and or any Quality of Life Category event prior to the effective date of coverage.
- An event was caused by self-inflicted injury, self destructive, suicide or attempting any of these, whether sane or insane.
- An event occurs during the attempt or commission of a felony, whether charged or not.
- An event occurs during an act of war (which is not terrorism), participation in a riot, insurrection or rebellion of any kind.
- An event occurs while serving as a member of any armed forces or auxiliary unit.
- An event occurs after the insured had resided outside of the US, Mexico, or Canada for 12 or more months.
- An event occurs while the insured was incarcerated in any type of penal facility.
- .

<b>For assistance or additional information Contact Lincoln Financial Group at</b>	
(800) 423-2765; reference ID: <b>DUBLINCTY</b>	<a href="http://www.LincolnFinancial.com">www.LincolnFinancial.com</a>

NOTE: This is not intended as a complete description of the insurance coverage offered. While benefit amounts stated in this summary are specific to your coverage, other items may summarize our standard product features and not the specific features of your coverage. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A policy will be made available to you that describes the benefits in greater details. Should there be a difference between this summary and the policy, the policy will govern.

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Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates.

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## Group Short-Term Disability Insurance



Voluntary

### SUMMARY OF BENEFITS

Sponsored by: **Dublin City Schools**

Short-term disability is intended to protect your income for a short duration in case you become ill or injured.

STD Benefit			
	Weekly Benefit	Elimination Period	Maximum Duration
	Any \$100 increment, with a minimum of \$100 of coverage  Maximum of \$2,500 per week, not to exceed 40%, 50% or 60% of salary	Benefits begin on: Accident: 8th day Illness: 8th day	26 weeks
<b>Pre-Existing Condition</b>	You may not be eligible for benefits if you have received treatment for a condition within 3 months prior to your effective date under this policy until you have been covered under the policy for 6 months.		
<b>Integration of Benefits</b>	Your benefits may be reduced by benefits received from state disability or worker's compensation programs. The total of all benefits received from this policy, state disability plans, worker's compensation programs and your employer's sick pay plan may not exceed 100% of your income prior to disability.		
<b>Waiver of Premium</b>	You will not be required to pay premium during any time of approved total or partial disability.		
Additional Benefits			
	Portability Rehab Assistance - 5% Survivor Income - 3 Weeks C-Section Benefit - 8 weeks <b>See your Schedule of Benefits on your Certificate for more information</b>		
Enrolling for Coverage			
<b>Eligibility:</b>	All employees in an eligible class. You are able to take advantage of this coverage now without a health examination. You may not be offered this opportunity again until your annual open enrollment.		

## Understanding Your Benefits

<b>Total Disability</b>	Due to an injury or illness, you are unable to perform each of the main duties of your regular occupation.
<b>Partial Disability</b>	Due to an injury or illness, you are unable to perform one or more of the main duties of your regular occupation on a full-time basis. Partial Disability benefits may be payable if you are earning at least 20% of the income you earned prior to becoming disabled, but not more than 99%. Partial disability benefits allow you to work and earn income from your employer as well as continue to receive benefits, which may enable you to receive 100% of your income during your time of disability.
<b>Continuation of Disability</b>	If you return to work full-time but become disabled from the same disability within 2 weeks of returning to work, you will begin receiving benefits again immediately.
<b>Pre-Existing Condition</b>	Any sickness or injury for which you have received medical treatment, consultation, care, or services (including diagnostic measures or the taking of prescribed medications) during the specified months prior to your coverage effective date. A disability arising from any such sickness or injury will be covered only if it begins after you have performed your regular occupation on a full-time basis for the specified months following the coverage effective date.
<b>Benefit Exclusions</b>	You will not receive benefits in the following circumstances: <ul style="list-style-type: none"><li>• Your disability is the result of a self-inflicted injury.</li><li>• You are not under the regular care of a doctor when requesting disability benefits.</li><li>• Your disability is covered under a worker's compensation plan and/or is due to a job-related sickness or injury.</li></ul>
<b>Benefit Reductions</b>	Your benefits may be reduced if you are receiving benefits from any of the following sources: <ul style="list-style-type: none"><li>• Any governmental retirement system earned as a result of working for the current policyholder;</li><li>• Any disability or retirement benefit received under a retirement plan;</li><li>• Any Social Security, or similar plan or act, benefits;</li><li>• Earnings the insured earns or receives from any form of employment;</li><li>• You are receiving sick leave pay from your employer.</li><li>• Disability income benefits received under state disability benefit laws.</li></ul>
<b>Rehabilitation Assistance Benefit</b>	Employees who participate in an approved rehabilitation program are eligible to receive an additional percent of benefit. Additionally, approved program costs may be reimbursed.
<b>Survivor Income</b>	A benefit may be paid to your survivor for additional months if you should die while you were eligible to receive benefits under this policy.
<b>Coverage Termination</b>	This coverage will terminate when you terminate employment with this policyholder, or at your retirement.

**For assistance or additional information Contact Lincoln Financial Group at**

**(800) 423-2765; reference ID: DUBLINCTY**

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

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**Group Short-Term Disability Insurance**



**Voluntary**

**SUMMARY OF BENEFITS**

**Sponsored by: Dublin City Schools**

Short-term disability is intended to protect your income for a short duration in case you become ill or injured.

STD Benefit			
	Weekly Benefit	Elimination Period	Maximum Duration
	Any \$100 increment, with a minimum of \$100 of coverage  Maximum of \$2,500 per week, with options not to exceed 40%, 50% or 60% of salary	Benefits begin on: Accident: 31st day Illness: 31st day	22 weeks
<b>Pre-Existing Condition</b>	You may not be eligible for benefits if you have received treatment for a condition within 3 months prior to your effective date under this policy until you have been covered under the policy for 6 months.		
<b>Integration of Benefits</b>	Your benefits may be reduced by benefits received from state disability or worker's compensation programs. The total of all benefits received from this policy, state disability plans, worker's compensation programs and your employer's sick pay plan may not exceed 100% of your income prior to disability.		
<b>Waiver of Premium</b>	You will not be required to pay premium during any time of approved total or partial disability.		
Additional Benefits			
	Portability Rehab Assistance - 5% Survivor Income - 3 Weeks C-Section Benefit - 8 weeks <b>See your Schedule of Benefits on your Certificate for more information</b>		
<b>Enrolling for Coverage</b>			
<b>Eligibility:</b>	All employees in an eligible class. You are able to take advantage of this coverage now without a health examination. You may not be offered this opportunity again until your annual open enrollment.		

## Understanding Your Benefits

<b>Total Disability</b>	Due to an injury or illness, you are unable to perform each of the main duties of your regular occupation.
<b>Partial Disability</b>	Due to an injury or illness, you are unable to perform one or more of the main duties of your regular occupation on a full-time basis. Partial Disability benefits may be payable if you are earning at least 20% of the income you earned prior to becoming disabled, but not more than 99%. Partial disability benefits allow you to work and earn income from your employer as well as continue to receive benefits, which may enable you to receive 100% of your income during your time of disability.
<b>Continuation of Disability</b>	If you return to work full-time but become disabled from the same disability within 2 weeks of returning to work, you will begin receiving benefits again immediately.
<b>Pre-Existing Condition</b>	Any sickness or injury for which you have received medical treatment, consultation, care, or services (including diagnostic measures or the taking of prescribed medications) during the specified months prior to your coverage effective date. A disability arising from any such sickness or injury will be covered only if it begins after you have performed your regular occupation on a full-time basis for the specified months following the coverage effective date.
<b>Benefit Exclusions</b>	You will not receive benefits in the following circumstances: <ul style="list-style-type: none"><li>• Your disability is the result of a self-inflicted injury.</li><li>• You are not under the regular care of a doctor when requesting disability benefits.</li><li>• Your disability is covered under a worker's compensation plan and/or is due to a job-related sickness or injury.</li></ul>
<b>Benefit Reductions</b>	Your benefits may be reduced if you are receiving benefits from any of the following sources: <ul style="list-style-type: none"><li>• Any governmental retirement system earned as a result of working for the current policyholder;</li><li>• Any disability or retirement benefit received under a retirement plan;</li><li>• Any Social Security, or similar plan or act, benefits;</li><li>• Earnings the insured earns or receives from any form of employment;</li><li>• You are receiving sick leave pay from your employer.</li><li>• Disability income benefits received under state disability benefit laws.</li></ul>
<b>Rehabilitation Assistance Benefit</b>	Employees who participate in an approved rehabilitation program are eligible to receive an additional percent of benefit. Additionally, approved program costs may be reimbursed.
<b>Survivor Income</b>	A benefit may be paid to your survivor for additional months if you should die while you were eligible to receive benefits under this policy.
<b>Coverage Termination</b>	This coverage will terminate when you terminate employment with this policyholder, or at your retirement.

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**Group Long-Term Disability Insurance  
Voluntary**

**SUMMARY OF BENEFITS**

**Sponsored by: Dublin City Schools**

Long-term disability is intended to protect your income for a long duration after you have depleted short-term disability or any sick leave your company may offer.

LTD Benefit				
	Monthly Benefit	Maximum Benefit Duration	Own Occupation Period	Elimination Period
<b>Employee Paid Plan</b>	\$100 increments up to 20%, 30% or 40% of monthly salary  Minimum: \$400 per month Maximum: \$5,000 per month	Later of Age 65 or Social Security Normal Retirement Age	24 Months	180 Days
<b>Pre-Existing Condition</b>	You may not be eligible for benefits if you have received treatment for a condition within 3 months prior to your effective date under this policy until you have been covered under the policy for 12 months.			
<b>Waiver of Premium</b>	You will not be required to pay premium during any time of approved total or partial disability.			
<b>Benefit Limitations</b>	Mental Illness: 24 Months Substance Abuse: 24 Months Specified Illness: 24 Months			

**Enrolling for Coverage**

**Eligibility:** All employees in an eligible class.  
You are able to take advantage of this coverage now without a health examination. You may not be offered this opportunity again until your annual open enrollment.

**Understanding Your Benefits**

<b>Elimination Period</b>	The number of days you must be disabled prior to collecting disability benefits.
<b>Own Occupation</b>	The occupation, trade, or profession you were employed in prior to your disability as defined by the US DOL Dictionary of Occupational Titles.
<b>Total Disability</b>	Due to an injury or illness, you are unable to perform each of the main duties of your own occupation on a full-time basis. Your "own" occupation is covered for a specific period of time. Following this, the definition of total disability becomes the inability to perform any occupation for which you are reasonably suited based on your experience, education, or training.
<b>Partial Disability</b>	Due to an injury or illness, you are unable to perform one or more of the main duties of your regular occupation on a full-time basis. Partial Disability benefits may be payable if you are earning at least 20% of the income you earned prior to becoming disabled, but not more than 99%. Partial disability benefits allow you to work and earn income from your employer and continue to receive benefits, which may enable you to receive 100% of your income during your time of disability.
<b>Continuation of Disability</b>	If you return to work full-time but become disabled from the same disability within 6 months of returning to work, you will begin receiving benefits again immediately with no new Elimination Period.
<b>Benefit Duration Reduction</b>	Your benefit duration may be reduced if you become disabled after age 65.
<b>Pre-Existing Condition</b>	Any sickness or injury for which you received medical treatment, consultation, care, or services (including diagnostic measures or the taking of prescribed medications) during the specified months prior to your coverage effective date. A disability arising from any such sickness or injury will be covered only if it begins after you have performed your regular occupation on a full-time basis for the specified months following the coverage effective date.
<b>Benefit Exclusions</b>	You will not receive benefits in the following circumstances: <ul style="list-style-type: none"> <li>• Your disability is the result of a self-inflicted injury.</li> <li>• You are not under the regular care of a doctor when requesting disability benefits.</li> <li>• You were involved in a felony commission, act of war, or participation in a riot.</li> <li>• You were residing outside of the United States or Canada for more than 12 consecutive months for purposes other than employment with your Employer.</li> </ul>
<b>Benefit Reductions</b>	Your benefits may be reduced if you are receiving benefits from any of the following sources: <ul style="list-style-type: none"> <li>• Any compulsory benefit act or law (such as state disability plans);</li> <li>• Any governmental retirement system earned as a result of working for the current policyholder;</li> <li>• Any disability or retirement benefit received under a retirement plan;</li> <li>• Any Social Security, or similar plan or act, benefits;</li> <li>• Earnings from any form of employment;</li> <li>• Workers compensation;</li> <li>• Salary continuance or employer contributions to an employer sponsored retirement plan.</li> </ul>
<b>Coverage Termination</b>	Coverage will terminate when you terminate employment with this policyholder, or at your retirement.

**Additional Benefits**

Progressive Income Benefit, Family Care Expense Benefit, Survivor Income Benefit, EmployeeConnect - Employee Assistance Program, Waiver of Premium and Portability

**See your Schedule of Benefits on your Certificate for more information**

**For assistance or additional information Contact Lincoln Financial Group at**

**(800) 423-2765; reference ID: DUBLINCTY**

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

NOTE: This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater detail. Should there be a difference between this summary and the policy, the policy will govern.  
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## Universal Life Insurance with Long Term Care

Universal Life with Long Term Care includes both a death benefit and a living benefit

### How does it work?

With voluntary life insurance, benefits can be paid as a Death Benefit, as Living Benefits, or as a combination of both. Many use it for the Death Benefit, as it puts money in their family's hands quickly when they need it most.

Trustmark Universal LifeEvents insurance is permanent life insurance that helps shield your family from financial hardship if you or your spouse is suddenly out of the picture. It:

- Helps provide permanent financial protection
- Is a financial tool that helps you manage life at every state - from supporting a family to sending your children to college to the need for long-term care
- Builds cash value over time that you can access for life's challenges and life's opportunities

Trustmark's LifeEvents Plan is designed to match your needs throughout your lifetime. It pays a higher death benefit during your working years when expenses are high and you need maximum protection. Then at age 70 when financial needs are typically lower, the death benefit reduces to one-third.<sup>1</sup>

### Living Benefits:

#### Long-Term Care Benefit (LTC)<sup>2</sup>

The Long-Term Care Benefit pays a monthly benefit equal to 4 percent of your death benefit for up to 25 months. The LTC benefit accelerates the death benefit and proportionately reduces it.

#### Benefit Restoration

Restores the death benefit<sup>2</sup> that is reduced to pay for LTC, so your family receives the full death benefit amount when they need it most.

### Additional Benefits:

- Children's Term Life Insurance - Covers newborns to age 23 and is convertible to Universal Life Insurance Optional benefit

<sup>1</sup> Death benefit reduces to one-third at the latter of age 70 or the 15<sup>th</sup> policy anniversary. Issue age is 18-64.

<sup>2</sup> The LTC Benefit is an acceleration of the death benefit and is not Long-Term Care Insurance. It begins to pay after 90 days of confinement or services, and to qualify you must meet conditions of eligibility for benefits. Pre-existing condition limitation may apply. Please consult your policy for complete details.

Please refer to the policy/certificate for exact terms, conditions, exclusions, limitations and reductions.



## Flexible Savings Account (FSA)

You can save money on your healthcare and/or dependent day care expenses with a Flexible Spending Account (FSA). You set aside funds each pay period on a pretax basis and use them tax-free for qualified expenses. You pay no federal income or Social Security taxes on your contributions to an FSA. (That's where the savings comes in.) Your FSA contributions are deducted from your paycheck before taxes are withheld, so you save on income taxes and have more disposable income.

**Limited Healthcare\*** Spending Limit Amount \$2,550

**Dependent Care** Spending Limit Amount \$5,000

**YOU MAY ELECT THE FSA ACCOUNT BELOW ONLY IF YOU ARE NOT ENROLLED IN DUBLIN'S HSA MEDICAL PLAN:**

**Full Medical\*\*** Spending Limit Amount \$2,550

Chard-Snyder is the Administrator of the Flexible Spending Accounts. You can enroll in the healthcare account and/or the dependent care account. You use each account separately, but they work similarly.

### Here's How an FSA Works:

1. You decide the annual amount that you want to contribute to the FSA account(s) based on your expected healthcare and/or dependent childcare/elder care expenses.
2. Your contributions are deducted from each paycheck before income and Social Security taxes, and deposited into your FSA.
3. You can pay with the Healthcare FSA **debit card** for eligible healthcare expenses. For dependent care, you pay for eligible expenses when incurred, and then submit a reimbursement claim form or file the claim online.
4. You are reimbursed from your FSA. So, you actually pay your expenses with tax-free dollars.
5. Unlike an HSA account, your FSA is a **"Use It or Lose It"** account. Please take care in determining the amount of funds you elect to contribute to your FSA.

**\*Limited FSA** – This is for HSA enrollees and only pays for out-of-pocket dental and vision care expenses incurred during the year.

**\*\*Full Medical FSA** – This pays for out-of-pocket qualified medical expenses incurred during the year for NON-HSA enrollees **only**.

**NOTE: Over-the-Counter (OTC) Medications** must be accompanied by a doctor's prescription and a reimbursement request to be covered under your FSA.



# Your Healthcare Flexible Spending Account

Save on out-of-pocket healthcare expenses for you and your family. Use your healthcare account to pay for expenses not covered by your medical, dental and vision insurance plans such as deductibles, co-payment amounts and eligible services and merchandise for which you have no coverage.

Use your plan like an interest-free loan for expenses such as glasses, contact lenses, dentures, orthodontia, oral surgery, tooth implants or Lasik surgery. The tax-free money withheld from your check helps you pay for big expenses painlessly.

The IRS does not allow us to pay claims for doctor's retainer fees (VIP fees), medical services before they are provided (such as your expected costs as shown on dental estimates) or cosmetic merchandise or procedures such as tummy-tucks or teeth-whitening.

Over-the-counter drugs and medicines such as ibuprofen, acetaminophen or cough syrup are eligible expenses with a prescription from your doctor. Chard Snyder will need a copy of the prescription to keep in our files for one year in order to pay claims for these items.

## Examples of Eligible Healthcare Account Expenses

Acupuncture	Fluoridation treatments	Physical therapy
Alcoholism / drug addiction treatment	Guide dog	Pre-existing conditions
Artificial limbs	Hearing aid / batteries	Prescriptions
Artificial teeth	Hospital services	Private hospital room
Braille books / magazines	Insulin	Psychiatric care (prescribed)
Childbirth classes	Laboratory fees	Reading glasses
Chiropractors	Lasik surgery	Sales tax (on eligible expenses)
Co-insurance / co-pays	Learning disability	Smoking cessation (prescribed)
Contact lenses / solution	Medical monitoring devices	Speech training
Crutches	Medical services	Transplants
Deductibles	Operations / surgery	Vaccines
Dental treatment	Optometrist	Weight-loss (prescribed)
Denture adhesives	Orthodontia*	Wheelchair
Eye exams / eyeglasses	Osteopath	X-ray fees
Fitness classes (prescribed)	Physical exams (non-employment)	

\* Find our brochure titled *Save on Orthodontia With a Flexible Spending Account* on our website for a complete explanation of how orthodontia claims are paid.



Find the  
Using Your  
Flexible Spending  
Account  
brochure at  
[www.chard-snyder.com](http://www.chard-snyder.com)  
for complete details



Use our Mobile  
App to Stay  
Up-to-Date  
Wherever You Are

# Your Dependent Daycare Flexible Spending Account Can Save You Hundreds of Dollars

Are you paying for the care of dependent children under the age of 13 or dependents of any age who are unable to care for themselves? Now you can pay for your dependents' daycare while you are at work or school and save 25-40% in taxes on every dollar.

Just enroll in the plan during your benefits open enrollment period and choose the amount you want to put aside for daycare. The annual maximum a household may set aside is \$5,000. Married couples filing singly may each set aside up to \$2,500. Divorced couples should check the FAQs on our website for special rules.

Tax-free money from your paycheck will be added to your dependent daycare account balance. You pay your daycare provider and then submit a claim for reimbursement. The plan works like a checking account in that you may only be reimbursed for the amount you have in your account at the time of your claim. If your claim is for more than the balance in your account, the rest of your claim will be paid when more money is added.

## Examples of Eligible Dependent Daycare Expenses

Choose the care that best suits your situation:

- In-home babysitter
- Nursery school
- Daycare center
- Summer day camp
- Outside babysitter
- Elder custodial care
- Latchkey program
- Elder daycare



## Important Points

You save 25-40% because you don't pay federal, social security or most states' taxes on the money you spend for daycare.

Choose your amount carefully. Once you are enrolled you cannot change it unless you change daycare providers, you have or adopt a child, or your child turns 13.

Services must be provided while you and your spouse are at work or attending classes as a full-time student.

Services must be provided during the current plan year. Your plan year is explained in your enrollment materials.

You should contact your tax advisor to discuss how you might use this benefit with the child care tax credit.



800.982.7715 [www.chard-snyder.com](http://www.chard-snyder.com)





# Enroll in LifeLock Identity Theft Protection

In today's world of online shopping, using public Wi-Fi and giving out Social Security numbers as a form of ID, one in four people have their identities stolen every year. Unfortunately, free credit monitoring simply alerts you to credit score changes. LifeLock not only has proprietary technology to detect a variety of identity threats, if you do have an ID problem, our U.S.-based team of specialists can fix it. That's why it pays to protect with the best.



Identity theft is America's fastest-growing crime<sup>1</sup>



In 2015 alone, identity fraud cost<sup>2</sup>



have experienced identity theft<sup>3</sup>

## HOW TO ENROLL

- Enroll through your employer during benefits enrollment.
- Provide the name, Social Security number, date of birth, address, email and phone number for you and each dependent you wish to enroll.<sup>4</sup>
- Your LifeLock coverage will begin upon your benefit effective date.
- You will receive a welcome email from LifeLock with instructions on how to take full advantage of your LifeLock membership.



When a threat is detected, LifeLock notifies members by phone, text or email.<sup>5</sup>

See reverse for more information and rates.

No one can prevent all identity theft.  
<sup>1</sup> LifeLock does not monitor all transactions at all businesses.  
<sup>2</sup> PastAlert alerts require member's current email address. Phone alerts made during normal local business hours.  
<sup>3</sup> Whitehouse.gov, (2016), "FACT SHEET: Cybersecurity National Action Plan", (accessed March 29, 2016)  
<sup>4</sup> 2016 Identity Fraud, Javelin Strategy & Research, February 2016.  
<sup>5</sup> Based on sample of 4,402 respondents to monthly online consumer survey conducted by MG International on behalf of LifeLock, Jan-Dec 2015.  
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· Must agree to the terms and conditions at LifeLock.com/terms.  
 · As LifeLock identity theft protection and LifeLock Ultimate service are available for adults 18 years of age and older, children under the age of 18 will receive a product designed specifically for minors, LifeLock Junior service. Enrollment in LifeLock service is limited to employees and their eligible dependents.  
 · Based on semi-monthly deductions for standard LifeLock service, employee only.  
 † Network does not cover all transactions.  
 †† Must be enrolled with an adult member.  
 ‡ The benefits under the Service Guarantee are provided under a Master Insurance Policy underwritten by State National Insurance Company. Under the Service Guarantee LifeLock will spend up to \$1 million to hire experts to help your recovery. As this is only a summary please see the actual policy for applicable terms and restrictions at LifeLock.com.

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## The relevant, voluntary benefit

CHOOSE THE LIFELOCK SERVICE  
THAT'S RIGHT FOR YOU.

**LIFELOCK BENEFIT ELITE** (only available as a payroll deducted employee benefit) includes searching over a trillion data points every day for potential threats to your identity and to financial assets – your 401(k) and investment accounts.<sup>1</sup>

Also includes scanning for misuse of your Social Security number, change of address and court records scanning for use of your identity to commit crimes.

**LIFELOCK ULTIMATE PLUS™** service provides some peace of mind knowing you have LifeLock's most comprehensive identity theft protection available. Enhanced services include bank account application and takeover alerts, online credit reports and credit scores.<sup>2</sup>

**LIFELOCK JUNIOR®** (if dependents under age 18 are enrolled) protection helps safeguard your child's Social Security number and good name with proactive identity theft protection designed specifically for children.<sup>3</sup>

Special  
employee benefit rate  
starting as low as

**\$4.25** SEMI-MONTHLY

Based on semi-monthly deductions  
for LifeLock Benefit Elite service,  
employee only.

SEMI-MONTHLY SERVICE PLAN OPTIONS*		LifeLock Benefit Elite	LifeLock Ultimate Plus™
	Employee Only (18 and over)	\$4.25	\$12.75
	Employee + Spouse/Domestic Partner	\$8.50	\$25.49
	Employee + Children†	\$7.44	\$18.06
	Employee + Family†	\$11.69	\$30.81

SERVICE FEATURES	LifeLock Benefit Elite	LifeLock Ultimate Plus™
LifeLock Identity Alert® System <sup>1</sup>	✓	✓
Lost Wallet Protection	✓	✓
Address Change Verification	✓	✓
Black Market Website Surveillance	✓	✓
LifeLock Privacy Monitor™ Tool	✓	✓
Reduced Pre-Approved Credit Card Offers	✓	✓
Live Member Service Support	✓	✓
Identity Restoration Support	✓	✓
Fictitious Identity Monitoring	✓	✓
Court Records Scanning	✓	✓
Data Breach Notifications	✓	✓
Investment Account Activity Alerts <sup>1</sup>	✓	✓
\$1 Million Service Guarantee <sup>1</sup>	✓	✓
Credit Card, Checking & Savings with Account Activity Alerts <sup>2</sup>		✓
Online Annual Credit Report		✓
Online Annual Credit Score		✓
Checking and Savings Account Application Alerts <sup>2</sup>		✓
Bank Account Takeover Alerts <sup>2</sup>		✓
Credit Inquiry Alerts <sup>2</sup>		✓
Online Annual Tri-Bureau Credit Reports & Scores		✓
Monthly Credit Score Tracking		✓
File-Sharing Network Searches		✓
Sex Offender Registry Reports		✓
Priority Live Member Service Support		✓

No one can prevent all identity theft. LifeLock does not monitor all transactions at all businesses.

\* Must agree to the terms and conditions at [LifeLock.com/terms](http://LifeLock.com/terms).

† Children under the age of 18 will receive a product designed specifically for minors, LifeLock Junior service. Enrollment in LifeLock service is limited to employees and their eligible dependents.

‡ LifeLock Junior membership is available as an added membership to an adult LifeLock plan.

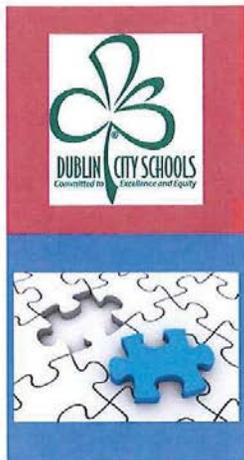
§ Service Guarantee benefits for State of New York members are provided under a Member Insurance Policy issued by State National Insurance Company. Benefits for all other members are provided under a Member Insurance Policy underwritten by United Specialty Insurance Company. Under the Service Guarantee LifeLock will spend up to \$1 million to hire experts to help your recovery. Please see the policy for terms, conditions and exclusions of [LifeLock.com/legal](http://LifeLock.com/legal).

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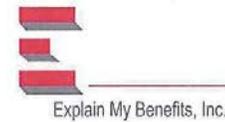
## Contact Information

If you have specific questions about any of the benefit plans, please contact the Carrier listed below; your Benefits Department or Gallagher Benefit Services.

Benefit	Carrier	Phone	Website
Medical	Medical Mutual of Ohio	800.523.8558	medmutual.com
Dental	Delta Dental	800.524.0149	deltadentaloh.com
HSA (Health Savings Account)	CME Federal Credit Union (Crystal Gatchel)	888.224.3108	cgatchel@cmefcu.org
FSA (Flexible Spending Account)	Chard-Snyder	800.982.7715	email: askpenny@chard-snyder.com
Vision	Vision Service Plan (VSP)	800.877.7195	vsp.com
Accident Insurance	Trustmark Voluntary Benefits	800.918.8877	trustmarksolutions.com
Basic Life and AD&D Insurance Supplemental Life & AD&D	Prudential	800.524.0542	prudential.com
Cancer Insurance	Allstate	800.521.3535	allstateatwork.com
Critical Illness	Lincoln Financial Group	800.423.2765	lincolnfinancial.com
Identity Theft Protection	LifeLock	800.543.3562	lifelock.com
Short-Term Disability	Lincoln Financial Group	800.423.2765	lincolnfinancial.com
Long-Term Disability	Lincoln Financial Group	800.423.2765	lincolnfinancial.com
Universal Life / Long-Term Care Benefit	Trustmark Voluntary Benefits	800.918.8877	trustmarksolutions.com
Explain My Benefits – Allstate & Trustmark claims help	ExplainMyBenefits	888.734.6937 Option 2	service@explainmybenefits.biz
School District Insurance Brokers	Arthur J. Gallagher & Co./Gallagher Benefit Services, Inc.	614.761.2901 800.435.1552	ajg.com/dublin
EAP	Matrix	800.886.1171	www.matrixpsych.com



## BENEFIT RESOURCE WEBSITE



Go To: [www.DCS-Benefits.com](http://www.DCS-Benefits.com)

### VIEW...

- Current benefit elections
- Benefit Guide
- Forms available for download
- Voluntary Benefit Videos/Brochures

### INSTRUCTIONS ON...

- Newly Eligible Benefit Enrollment
- Qualifying Event rules and process
- Personal Information update for you and your dependents
- Beneficiary Changes

## Insurance Rates and Contributions

### Dublin City Schools

#### Insurance Rates And Contributions (Per Pay)

Effective 1/1/17

Benefit	Employee Cost (10%)	BOE Cost (90%)	Employee Cost (15%)	BOE Cost (85%)	Employee Cost (15%)	BOE Cost (85%)
	Single	Single	Single + 1	Single +1	Family	Family
Health	\$27.00	\$243.00	\$80.85	\$458.15	\$128.10	\$725.90
Dental	\$1.94	\$17.48	\$8.27	\$46.86	\$8.27	\$46.86
Vision	\$0.44	\$4.02	\$1.89	\$10.71	\$1.89	\$10.71
<b>Total Per Pay</b>	<b>\$29.38</b>	<b>\$264.50</b>	<b>\$91.01</b>	<b>\$515.72</b>	<b>\$138.26</b>	<b>\$783.47</b>

Total Cost Per Month (Board Plus Employee Contributions)			
	Single	Single + 1	Family
Health-PPO	\$540.00	\$1,078.00	\$1,708.00
Dental	\$38.84	N/A	\$110.26
Vision	\$8.93	N/A	\$25.20

COBRA Rates			
	Single	Single + 1	Family
Health-PPO	\$550.80	\$1,099.56	\$1,742.16
Dental	\$39.62	N/A	\$112.47
Vision	\$9.11	N/A	\$25.70

### Dublin City Schools

#### Health Insurance Costs (Per Month)

Effective 1/1/17

HEALTH	SINGLE			SINGLE+1			FAMILY		
	BOARD	EMPLOYEE	TOTAL	BOARD	EMPLOYEE	TOTAL	BOARD	EMPLOYEE	TOTAL
Full-time	\$486.00	\$54.00	\$540.00	\$916.31	\$161.69	\$1,078.00	\$1,451.80	\$256.20	\$1,708.00
9 Tenths	\$437.40	\$102.60	\$540.00	\$824.68	\$253.32	\$1,078.00	\$1,306.62	\$401.38	\$1,708.00
8 Tenths	\$388.80	\$151.20	\$540.00	\$733.05	\$344.95	\$1,078.00	\$1,161.44	\$546.56	\$1,708.00
7 Tenths	\$340.20	\$199.80	\$540.00	\$641.42	\$436.58	\$1,078.00	\$1,016.26	\$691.74	\$1,708.00
6 Tenths	\$291.60	\$248.40	\$540.00	\$549.79	\$528.21	\$1,078.00	\$871.08	\$836.92	\$1,708.00
5 Tenths	\$243.00	\$297.00	\$540.00	\$458.16	\$619.84	\$1,078.00	\$725.90	\$982.10	\$1,708.00
4 Tenths	\$194.40	\$345.60	\$540.00	\$366.53	\$711.47	\$1,078.00	\$580.72	\$1,127.28	\$1,708.00
3 Tenths	\$145.80	\$394.20	\$540.00	\$274.90	\$803.10	\$1,078.00	\$435.54	\$1,272.46	\$1,708.00
2 Tenths	\$97.20	\$442.80	\$540.00	\$183.27	\$894.73	\$1,078.00	\$290.36	\$1,417.64	\$1,708.00
1 Tenth	\$48.60	\$491.40	\$540.00	\$91.64	\$986.36	\$1,078.00	\$145.18	\$1,562.82	\$1,708.00



Dublin City Schools  
Dental Insurance Costs (Per Month)  
Effective 1/1/17

DENTAL	SINGLE			FAMILY		
	BOARD	EMPLOYEE	TOTAL	BOARD	EMPLOYEE	TOTAL
Full-time	\$34.96	\$3.88	\$38.84	\$93.71	\$16.55	\$110.26
9 Tenths	\$31.46	\$7.38	\$38.84	\$84.34	\$25.92	\$110.26
8 Tenths	\$27.96	\$10.88	\$38.84	\$74.97	\$35.29	\$110.26
7 Tenths	\$24.46	\$14.38	\$38.84	\$65.60	\$44.66	\$110.26
6 Tenths	\$20.96	\$17.88	\$38.84	\$56.23	\$54.03	\$110.26
5 Tenths	\$17.46	\$21.38	\$38.84	\$46.86	\$63.40	\$110.26
4 Tenths	\$13.96	\$24.88	\$38.84	\$37.49	\$72.77	\$110.26
3 Tenths	\$10.46	\$28.38	\$38.84	\$28.12	\$82.14	\$110.26
2 Tenths	\$6.96	\$31.88	\$38.84	\$18.75	\$91.51	\$110.26
1 Tenth	\$3.46	\$35.38	\$38.84	\$9.38	\$100.88	\$110.26

Dublin City Schools  
Vision Insurance Costs (Per Month)  
Effective 1/1/17

VISION	SINGLE			FAMILY		
	BOARD	EMPLOYEE	TOTAL	BOARD	EMPLOYEE	TOTAL
Full-time	\$8.05	\$0.88	\$8.93	\$21.42	\$3.78	\$25.20
9 Tenths	\$7.23	\$1.70	\$8.93	\$19.28	\$5.92	\$25.20
8 Tenths	\$6.41	\$2.52	\$8.93	\$17.14	\$8.06	\$25.20
7 Tenths	\$5.59	\$3.34	\$8.93	\$15.00	\$10.20	\$25.20
6 Tenths	\$4.77	\$4.16	\$8.93	\$12.86	\$12.34	\$25.20
5 Tenths	\$3.95	\$4.98	\$8.93	\$10.72	\$14.48	\$25.20
4 Tenths	\$3.13	\$5.80	\$8.93	\$8.58	\$16.62	\$25.20
3 Tenths	\$2.31	\$6.62	\$8.93	\$6.44	\$18.76	\$25.20
2 Tenths	\$1.49	\$7.44	\$8.93	\$4.30	\$20.90	\$25.20
1 Tenth	\$0.67	\$8.26	\$8.93	\$2.16	\$23.04	\$25.20

**Prudential Supplemental Term Life**  
**Costs For Prudential Supplemental Life And Accidental Death & Dismemberment**

Age Band	Employee & Spouse Life Monthly Rate per \$1,000	Age Band	Employee & Spouse Life Monthly Rate per \$1,000
00-24	\$0.066	50-54	\$0.246
25-29	\$0.076	55-59	\$0.446
30-34	\$0.096	60-64	\$0.686
35-39	\$0.106	65-69	\$1.286
40-44	\$0.116	70+	\$2.076
45-49	\$0.166		

Child Life Monthly Rates	
\$5,000	\$0.48
\$10,000	\$0.96

**Example:** A 36-year-old female, Sally, wants to purchase \$50,000 of term life insurance.

$$\begin{array}{rclcl}
 .106 & & \times & & 50 & & = & & \$5.30 \\
 \text{Monthly rate per } \$1,000 & & & & \text{\# of units per } \$1,000 & & & & \text{monthly}
 \end{array}$$

**Trustmark Accident Plan**  
**Semi-Monthly Payroll Deductions**

Employee	Employee & Spouse	Employee & Children*	Family*
\$9.53	\$14.54	\$17.68	\$22.69

\*Dependents up to age 26 can be covered regardless of student status.

**Allstate Benefits Group Cancer Plan**  
**Semi-Monthly Payroll Deductions**

Employee	Employee & Spouse	Employee & Children	Family
\$13.30	\$20.69	\$18.66	\$26.04

**Lincoln Critical Illness**

**Rates:** This benefit customized by each employee so rates vary, but can start as little as a few dollars a week. Please speak to a Benefit Counselor to customize your plan and rates. See brochure for more details.

### Short-Term Disability

SEMI-MONTHLY COST CALCULATION FOR 7-DAY ELIMINATION PERIOD AND 26-WEEK BENEFIT PERIOD <b>Example:</b> Employee has a \$30,000 annual salary and wants to purchase short-term disability			SEMI-MONTHLY COST CALCULATION FOR 30-DAY ELIMINATION PERIOD AND 22-WEEK BENEFIT PERIOD <b>Example:</b> Employee has a \$30,000 annual salary and wants to purchase short-term disability		
1.	Weekly Earnings	\$576.92	1.	Weekly Earnings	\$576.92
2.	Multiply by 60%	\$346.15	2.	Multiply by 60%	\$346.15
3.	Determine Coverage (round down to lower \$100)	\$300.00	3.	Determine Coverage (round down to lower \$100)	\$300.00
4.	Multiply by premium factor	0.130	4.	Multiply by premium factor	0.080
5.	Estimate monthly premium	\$39.00	5.	Estimate monthly premium	\$24.00
6.	Divide by 2 to get semi-monthly deduction	\$19.50	6.	Divide by 2 to get semi-monthly deduction	\$12.00

### Long-Term Disability

SEMI-MONTHLY COST CALCULATION <b>Example:</b> A 35-year-old employee has a \$32,000 annual salary and wants to purchase long term disability		
1.	Monthly Earnings	\$2,666.66
2.	Multiply by 40%	\$1,066.66
3.	Determine Coverage (round down to lower \$100)	\$1,000.00
4.	Multiply by premium factor from table at right	.0070
5.	You estimate monthly premium	\$7.00
6.	Divide by 2 to get your Semi-Monthly deduction	\$3.50

Attained Age	Premium Factor
0-29	.0027
30-34	.0042
35-39	.0070
40-44	.0106
45-49	.0149
50-54	.0192
55-59	.0245
60-64	.0205
65-69	.0161
70-99	.0139

### Trustmark Universal Life with Long-Term Care

**Rates:** This benefit customized by each employee so rates vary, but can start as little as a few dollars a week. Please speak to a Benefit Counselor to customize your plan and rates. See brochure for more details.

### LifeLock Identity Theft Protection

SEMI-MONTHLY PAYROLL DEDUCTIONS		
	Standard Plan	Ultimate Plus
Employee Only	\$4.25	\$12.75
Employee & Spouse	\$8.50	\$25.49
Employee & Children*	\$7.44	\$18.06
Family*	\$11.69	\$30.81

\*Employee & Children and Family Tiers: You may enroll up to 8 children with 4 of those children between the ages of 18 and 26.

This benefit summary prepared by:



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For:

Dublin City Schools

