

2022-2023

EMPLOYEE
BENEFITS
GUIDE



WELCOME

Montgomery County Public Schools (MCPS) offers a comprehensive benefits package specifically designed to protect your income and assets for you and your family. The benefits available to employees of MCPS include Medical administered by Anthem, Dental and Vision administered by Ameritas, Short Term Disability, Accident, Hospital Indemnity and Critical Illness plans administered by Unum, Life Insurance administered by Chubb, and Legal Services administered by LegalShield.

Employees who are currently enrolled or want to enroll in a Flexible Spending Account are required to make elections for the 2022 – 2023 plan year. Benefit Counselors from Gallagher Enrollment Solutions (GES) will be available to assist you with reviewing your elections and completing your enrollment. Scheduling your appointment can be done using an online scheduling tool.

Some of the benefits are available to you on a pre-tax basis. If you decide to take advantage of these pre-tax advantages you are required to complete a pre-tax conversion form indicating which coverages you're electing on a pre-tax basis.

Any elections that you make during open enrollment on a pre-tax basis are unable to be changed after the conclusion of enrollment unless you experience a qualified event as outlined by the IRS (i.e., marriage, divorce, birth of a child, etc.). If you should experience a qualified event, in which you will have 30 days from the date of the event to make any changes to your benefits.

A Health Savings Account (HSA) and a Flexible Spending Account (FSA) are available to you as a way to save money on a pre-tax basis for qualified medical expenses. HSAs and FSAs have different qualifications and advantages so it is important that you familiarize yourself with the differences and rules around each.



A Health Savings Account (HSA) is a tax-advantaged account created for individuals who are covered under qualified high deductible health plans (HDHPs) only. If you are enrolled in the HDHP medical plan also referred to as the Lumenos plan you're able to contribute money on a pre-tax basis up to the annual maximum. With an HSA you as the employee own the account and any unused funds will carry over from year to year. Please note that an HSA is subject to the Patriot Act.

A healthcare Flexible Spending Account (FSA) can be used for medical expenses and are not linked to HDHPs, so they can be used with any health plans. You benefit from tax savings of the money you put in your FSA, but unlike an H.S.A plan the FSA account is owned by the employer and you're unable to keep any unused funds left at the end of the year.

This booklet highlights the benefits offered through your employer for the current plan year. This booklet is not intended to be a full outline of coverage and do not supersede the actual policy provisions. Please read your policies and certificates for each product for the exact terms and conditions. All policy descriptions are for informational purposes only and information contained in this booklet including premiums are subject to change.

CONTENTS

Medical Plans.....	4-5
Health Savings Account	6
Flexible Spending Accounts.....	7-8
Limited Purpose Flexible Spending Accounts.....	9-10
Dental Plan.....	11
Vision Plan	12
Short Term Disability	13
Voluntary Lifetime Benefit Term Insurance.....	14-15
Accident.....	16-17
Hospital Indemnity.....	18
Critical Illness.....	19-20
Legal and ID Theft Insurance	21-22
Resources	23

In-Network Benefits	Lumenos HSA Member Pays	HMO POS Member Pays	PPO Member Pays
Lifetime Maximum	None	None	None
Calendar Year Deductible	In-Network: Individual: \$1,400 Family: \$2,800 Out-of-Network: Individual: \$1,400 Family: \$2,800	In-Network: Individual: \$250 Family: \$500 Out-of-Network: Individual: \$500 Family: \$1,000	In-Network: Individual: \$500 Family: \$1,000 Out-of-Network: Individual: \$800 Family: \$1,600
Annual Out-of-Pocket Expense Limit (Combined medical and prescription drug)	In-Network: Individual: \$3,425 Family: \$6,850 Out-of-Network: Individual: \$5,000 Family: \$10,000	In-Network: Individual: \$2,500 Family: \$5,000 Out-of-Network: Individual: \$3,500 Family: \$7,000	In-Network: Individual: \$2,500 Family: \$5,000 Out-of-Network: Individual: \$3,750 Family: \$7,500
Office Visits	In-Network: PCP: 20% coinsurance Specialist: 20% coinsurance Out-of-Network: PCP: 40% coinsurance Specialist: 40% coinsurance	In-Network: PCP: \$15 Copayment Specialist: \$35/visit deductible does not apply Out-of-Network: PCP: 30% coinsurance Specialist: 30% coinsurance	In-Network: PCP: \$15 Copayment Specialist: \$30/visit deductible does not apply Out-of-Network: PCP: 30% coinsurance Specialist: 30% coinsurance
Preventive Care/Routine Wellness Service Well Baby Care	In-Network: Covered at 100% Out-of-Network: 40% coinsurance	In-Network: Covered at 100% Out-of-Network: 30% coinsurance	In-Network: Covered at 100% Out-of-Network: 30% coinsurance
Hospital Emergency Room Care	In-Network: 20% coinsurance Out-of-Network: 40% coinsurance	In-Network: \$200/visit deductible does not apply Out-of-Network: 30% coinsurance	In-Network: \$200/visit then 20% deductible does not apply Out-of-Network: 30% coinsurance
Urgent Care	In-Network: 20% coinsurance Out-of-Network: 40% coinsurance	In-Network: \$15 or \$35/visit deductible does not apply Out-of-Network: 30% coinsurance	In-Network: \$15 or \$30/visit deductible does not apply Out-of-Network: 30% coinsurance
Outpatient Surgery	In-Network: Facility: 20% coinsurance Professional: 20% coinsurance Out-of-Network: Facility: 40% coinsurance Professional: 40% coinsurance	In-Network: Facility: \$150/visit deductible does not apply Professional: \$15 or \$35/visit deductible does not apply Out-of-Network: Facility: 30% coinsurance Professional: 30% coinsurance	In-Network: Facility: \$150/visit then 20% coinsurance deductible does not apply Professional: \$15 or \$30/visit deductible does not apply Out-of-Network: Facility: 30% coinsurance Professional: 30% coinsurance
Inpatient Hospital Services	In-Network: Facility: 20% coinsurance Professional: 20% coinsurance Out-of-Network: Facility: 40% coinsurance Professional: 40% coinsurance	In-Network: Facility: \$200/day up to \$1,000/admission deductible does not apply Professional: No charge after facility fee Out-of-Network: Facility: 30% coinsurance Professional: 30% coinsurance	In-Network: Facility: \$300/admission then 20% coinsurance deductible does not apply Professional: 20% coinsurance Out-of-Network: Facility: 30% coinsurance Professional: 30% coinsurance

In-Network Benefits	Lumenos HSA Member Pays	HMO POS Member Pays	PPO Member Pays
Prescription Drugs			
Tier 1 Retail (30 day supply)	\$10 copayment after deductible (retail) and \$25 copayment after deductible (home delivery)	\$10/prescription (retail) \$10/prescription (home delivery)	\$10/prescription (retail) \$10/prescription (home delivery)
Tier 2 Retail (30 day supply)	\$40 copayment after deductible (retail) and \$100 copayment after deductible (home delivery)	\$25/prescription, after Prescription Drug deductible* (retail) and \$50/prescription after Prescription Drug deductible* (home delivery)	\$25/prescription after Prescription Drug deductible* (retail) and \$50/prescription after Prescription Drug deductible* (home delivery)
Tier 3 Retail (30 day supply)	\$70 copayment after deductible (retail) and \$175 copayment after deductible (home delivery)	\$50/prescription after Prescription Drug deductible* (retail) and \$150/prescription after Prescription Drug deductible* (home delivery)	\$50/prescription, after Prescription Drug deductible* (retail) and \$150/prescription after Prescription Drug deductible* (home delivery)
Tier 4 Retail (30 day supply)	20% coinsurance to \$300 max (retail) and 20% coinsurance to \$300 max (home delivery)		

*Prescription Drug Deductible | \$100/person or \$100/family

MEDICAL RATES

	Lumenos HSA	HMO POS	PPO
Employee	\$0.00	\$25.00	\$107.94
Employee & One Child	\$116.32	\$374.66	\$516.94
Employee & Children	\$116.32	\$374.66	\$516.94
Employee & Spouse	\$169.51	\$491.04	\$677.12
Employee & Family	\$563.91	\$1,094.50	\$1,382.98
Double Share Family 2 Employees plus Family	\$0.00	\$394.85	\$673.33

Important Notes

- Employee medical premiums are deducted 12 times from paychecks occurring September 2022 through August 2023 for insurance coverage beginning 10/1/2022 through 9/30/2023. The employee is responsible for reviewing health care plan options prior to making their insurance selection.
- Spousal coverage on any plan:
 - If your spouse is eligible for health insurance through his/her employer but you elect to have your spouse covered on your MCPS health insurance plan you will be charged a \$50 monthly surcharge in addition to the employee monthly premium listed above.
 - If electing spousal coverage, employees will be required to certify whether or not their spouse is eligible for health insurance through his/her employer.
- Explanation of Double Share/Family:

If both spouses are employed by MCPS, scheduled to regularly work 30+ hours a week, and both choose the family coverage plan, the double share family rates apply.
- The PPO is a grandfathered plan. No new employees may enroll in the plan. Employees currently in the PPO plan may make changes only.

HEALTH SAVINGS ACCOUNT - FLEXIBLE BENEFIT ADMINISTRATORS



An HSA (Health Savings account) is meant to give you more control over how you spend your health care dollars. An HSA is a tax-favored savings account that, when paired with a qualified High Deductible Health Plan (HDHP), allows you to pay for qualified medical expenses, or leave the funds invested in the account for future medical expenses tax-free. Money in the HSA can help pay for covered services prior to meeting the health plan deductible. Once you've met your deductible, the health plan starts paying for covered services. Any money left in the Health Savings Account is portable, and is yours to keep.

MCPS contributes to your Anthem Lumenos High Deductible Health Plan HSA account:

- **Employee only:** \$116.67/month or \$1,400.00/plan year
Contributions are made in 2 installments: October: \$700.00 April: \$700
- **Employee plus dependent(s):** \$233.33/month or \$2,800 plan year
Contributions are made in 2 installments: October: \$1,400.00 April: \$1,400

Note: Per IRS regulations, your total calendar year HSA contribution can not exceed the amounts listed below. Both Employer and Employee contributions count towards the limit.

	Total for 2022:	Total for 2023:
Employee only:	\$3,650	\$3,850
Employee plus dependent(s):	\$7,300	\$7,750

Calendar year example	Employees Only	Employees plus dependent(s)
2023 Max. Contributions	\$3,850	\$7,750
MCPS Contribution	\$1,400	\$2,800
Maximum Employee pretax contribution:		
Year:	\$2,450	\$4,950
Month:	\$204.17	\$412.50

Deduction may be stopped or changed any time. Other (post-tax) contributions to your account decrease the amount you may contribute through pre-tax payroll deduction.

The HSA account is subject to the Patriot Act.

Patriot Act Overview:

The USA PATRIOT Act was signed into law on October 26, 2011 in an effort by the U.S. government to protect its citizens through enhanced domestic security measures. One element of the legislation requires you to provide personal information so you can be identified when you open an account with a financial institution. And, in the event your identity can't be confirmed, you will be asked to provide additional verification.

The same process takes place when you enroll in a Health Savings Account (HSA) through a third-party administrator.

When you enroll in an HSA, you may be asked to provide information that confirms your identity. That information includes (but is not limited to) your:

- Name
- Street address
- Date of birth
- Social security number

If more information is needed to confirm your identity, you'll be asked to submit additional documentation. Acceptable documentation depends on what piece of information could not be verified. Common examples of documents you can use to verify your identity include:

- Driver's license
- Social security card
- Passport
- State identification

FLEXIBLE SPENDING ACCOUNTS - FLEXIBLE BENEFIT ADMINISTRATORS



A healthcare Flexible Spending Account (FSA) can be used for medical expenses and are not linked to HDHPs, so they can be used with any health plans. You benefit from tax savings of the money you put in your FSA, but unlike an H.S.A plan the FSA account is owned by the employer and you're unable to keep any unused funds left at the end of the year. Flexible Spending Accounts (FSAs) allow you to pay for certain health care and dependent care expenses with pre-tax money. (The key to the Flexible Benefit Plan is that your eligible expenses are paid for with Tax Free Dollars!) You will not pay any Federal, State or Social Security taxes on funds placed in the plan. You will save, approximately, \$27.65 to \$37.65 on every \$100 you place in the plan. The amount of your savings will depend on your federal tax bracket.

Eligibility

Participation in the plan begins on October 1, 2022 and ends on September 30, 2023. All employees regularly scheduled to work 30 or more hours a week will be eligible to participate in the plan. Those employees having a qualifying event are eligible to enroll within 30 days of the qualifying event. Deductions will begin on the first pay period following your plan start date. You must complete an enrollment form to participate in the Flexible Spending Accounts Plan each year during the open enrollment period. If an enrollment form is not completed during open enrollment, you will not be enrolled in the plan and you will not be able to join until the next Plan Year unless you experience a qualifying event

Online Access

Flexible Benefit Administrators, Inc. provides online account access for all FSA participants. Please visit their website at: <https://fba.wealthcareportal.com/> to view the following features:

- FSA Login – View account transactions, create account alerts, and download participation forms.
- FSA Educational Tools – FSA calculator: Estimate how much you can save by utilizing an FSA.

The Health Care Account is a Pre-Funded Account

This means that you can submit a claim for medical expenses in excess of your account balance. You will be reimbursed your total eligible expense up to your annual election. The funds that you are given will be recovered as deductions are deposited into your account throughout the Plan Year.

Contribution Limits: The maximum you may place in this account for 2022 is \$2,850. The IRS has not published the 2023 amount as of this publishing.

Health Care Reimbursement

With this account, you can pay for your out-of-pocket health care expenses for yourself, your spouse and all of your eligible dependents for health care services that are incurred during your Plan Year and while an active participant. Eligible expenses are those incurred "for the diagnosis, cure, mitigation, treatment, or prevention of disease, or for the purpose of affecting any structure or function of the body." This is a broad definition that lends itself to creativity.

Forfeiting Funds

Plan carefully! Unused funds will be forfeited back to your employer as governed by the IRS's "use-it-or-lose-it" rule. Your employer has elected to adopt the IRS offered 2 month 15-day grace period.

How to Enroll in our FSA Plan

Step 1: Carefully estimate your eligible Health Care and Day Care/Aged Adult Care expenses for the upcoming Plan Year. Then use your on-line FSA Educational Tools located at <https://fba.wealthcareportal.com/> to help you determine your total expenses for the Plan Year.

Step 2: Complete your enrollment during the open enrollment period which instructs payroll to deduct a certain amount of money for your expenses. This amount will be contributed on a pre-tax basis from your paychecks to your FSA. Remember, the amount you elect will be set aside before any Federal, Social Security, and State taxes are calculated.

FLEXIBLE SPENDING ACCOUNTS - FLEXIBLE BENEFIT ADMINISTRATORS



Dependent Care

The Day Care/Aged Adult Care FSA allows you to pay for day care expenses for your qualified dependent with pre-tax dollars. Eligible dependents are defined as either dependent children or dependent relatives that you claim as dependents on your taxes.

Eligible dependents are further defined as:

- Under age 13
- Physically or mentally unable to care for themselves such as:
 - Disabled spouse
 - Children who became disabled prior to age 19.
 - Elderly parents that live with you

Contribution Limits: The annual maximum contribution may not exceed the lesser of the following:

- \$5,000 (\$2,500 if married filing separately) per household
- Your wages for the year or your spouse's if less than above
- Maximum is reduced by spouse's contribution to a Day Care/ Aged Adult Care FSA

Eligible Dependent Care Expenses

- Au Pair
- Before and After Care
- Babysitters
- Daycare for a Disabled Dependent
- Private Pre School
- Licensed Day Care Centers
- Nannies
- Day Camps
- Daycare for an Elderly Dependent
- Nursery School
- Sick Child Center

How the Flexible Benefit Plan Works

	Without Flex Benefits	With Flex Benefits
Gross Monthly Income	\$2,500.00	\$2,500.00
Eligible Pre-Tax Employer Medical Insurance	\$0.00	\$200.00
Eligible Pre-Tax Medical Expenses	\$0.00	\$100.00
Eligible Pre-Tax Dependent Care Expenses	\$0.00	\$300.00
Taxable Income	\$2,500.00	\$1,900.00
Federal Tax (15%)	\$375.00	\$285.00
State Tax (5.75%)	\$143.75	\$109.25
FICA Tax (7.65%)	\$191.25	\$145.35
After-Tax Employer Medical Insurance	\$200.00	\$0.00
After-Tax Medical Expenses	\$100.00	\$0.00
After-Tax Dependent Child Care Expenses	\$300.00	\$0.00
Monthly Spendable Income	\$1,190.00	\$1,360.40

By taking advantage of the Flexible Benefit Plan this employee was able to increase his/her spendable income by \$170.40 every month! This means an annual tax savings of \$2,044.80. Remember, with the FLEXIBLE BENEFIT PLAN, the better you plan the more you save!

Forfeiting Funds

Plan carefully! Unused funds will be forfeited back to your employer as governed by the IRS's "use-it-or-lose-it" rule. Your employer has elected to adopt the IRS offered 2 month 15-day grace period.

LIMITED PURPOSE FLEXIBLE SPENDING ACCOUNTS - FLEXIBLE BENEFIT ADMINISTRATORS



Limited Purpose Flexible Spending Account (FSA) will allow you to pay certain dental and vision expenses with pre-tax money. (The key to the Limited Purpose Flexible Benefit Plan is that your eligible expenses are paid for with Tax-Free Dollars.) You will not pay any Federal, State, or Social Security taxes on funds placed in the plan. You will save between approximately \$27.65 and \$37.65 on every \$100 you place in the plan. The amount of your savings will depend on your Federal tax bracket.

Benefits of Using a Limited Purpose FSA with an HSA

With this account, you can pay for your out-of-pocket dental, vision, and preventative care expenses for yourself, your spouse and all of your dependents for services that are incurred during your Plan Year and while an active participant.

Funds contributed to your Health Savings Account (HSA) can also cover these expenses, so why would someone choose to make a second contribution to a Limited FSA along with an HSA? Below are a few key reasons to contribute to both in order to get the most out of your HSA.

You will likely have dental and/or vision expenses early in the Plan Year.

The Limited Purpose FSA is prefunded at the beginning of the Plan Year while HSA funds are only available as they are deposited into your account. For this reason, if you are planning on incurring dental and/or vision expenses early in the Plan Year, a Limited Purpose FSA is a great way to pay for those expenses. With the Limited Purpose FSA, you can use your full election as soon as you need it in order to pay for expenses, since it acts like a tax-free interest free loan. This is particularly useful for those who have just opened their HSA or who haven't been able to build up a balance in their HSA account.

You want to use your HSA contributions primarily for medical expenses.

Since you are covered by a High-Deductible Health Plan, you know you may be required to pay higher amounts for medical expenses you incur. If you know you'll use most of your HSA contributions to pay for these medical expenses, it makes sense to set aside separate contributions to cover any vision and/or dental expenses.

You wish to use your HSA as a retirement or investment account.

HSAs offer a triple-tax advantage, meaning you get a tax advantage towards your contributions, distributions (if used for eligible expenses), and any interest you earn from your HSA. Medicare expenses for those 65 years and older can easily add up to \$200,000 for a couple over the course of 20 years. This does not include dental, vision, hearing aids, and out-of-pocket drugs. By using funds from a Limited Purpose FSA, you can allow more money to remain in your HSA to gain interest while still getting the same tax advantage on your vision and/or dental expenses.

Eligible Vision and Dental Expenses

The Limited Purpose FSA allows you to pay for dental and/or vision expenses for you and your eligible dependents with pre-tax dollars. Eligible dental expenses include dental procedures that are not for cosmetic purposes and not covered by your insurance such as those listed below.

Examples of Eligible Dental Expenses:

- Orthodontia (Braces)
- Crowns
- Fillings
- Checkups

LIMITED PURPOSE FLEXIBLE SPENDING ACCOUNTS - FLEXIBLE BENEFIT ADMINISTRATORS

For orthodontia expenses, you can use funds in your Limited Purpose FSA to either be reimbursed for a payment made in full on the first orthodontic visit (up to your annual election). If you pay for your orthodontia treatments over the span of multiple plan years, you can pay the monthly payment directly to your orthodontist, then send a claim form in each month to be reimbursed or you can pay your monthly payments with your Benefits Card and send FBA a copy of your orthodontic contract to keep on file so that we can setup a recurring expense on your account.



Examples of Eligible Vision Expenses:

- Eyeglasses
- Prescription Sunglasses
- Routine Eye Exam
- Lasik Eye Surgery
- Contact Lenses
- Diagnostic Services

Eligible Preventive Care Expenses

In order for an expense to be considered “preventive care” you will need to acquire a prescription or letter of medical necessity from your medical provider that specifically states that the treatment is for the prevention of the onset of an illness. Once you are officially diagnosed with a condition, any expenses used towards treating the condition would not be eligible. Below are two examples of preventive care to prevent the onset of illnesses. Diabetes - Your doctor may write you a letter of medical necessity stating that they recommend you get a gym membership and exercise in order to prevent the onset of Type II Diabetes. High Blood Pressure - If you have a family history of high blood pressure, your doctor may write you a prescription for blood pressure medication preventing high blood pressure. Other eligible “preventive care” expenses include tobacco cessation programs, cancer screenings, heart and vascular care screenings, sub-stance abuse screenings, routine prenatal care, and child and adult immunizations.

Forfeiting Funds

Plan carefully! Unused funds will be forfeited back to your employer as governed by the IRS’s “use-it-or-lose-it” rule. Your employer has elected to adopt the IRS offered 2 month 15-day grace period.

How to Enroll in our FSA Plan

- Step 1: Carefully estimate your eligible Health Care and Day Care/Aged Adult Care expenses for the upcoming Plan Year. Then use your on-line FSA Educational Tools located at <https://fba.wealthcareportal.com/> to help you determine your total expenses for the Plan Year.
- Step 2: Complete your enrollment during the open enrollment period which instructs payroll to deduct a certain amount of money for your expenses. This amount will be contributed on a pre-tax basis from your paychecks to your FSA. Remember, the amount you elect will be set aside before any Federal, Social Security, and State taxes are calculated.

DENTAL PLAN - AMERITAS



Members can choose between the Standard Plan and the PPO Plan shown below. Eligible dependents can also be covered and will receive the same plan chosen by the employee. Members cannot change their election until the next election period at which time the member can switch between plans without penalty.

Plan Benefit	Standard	PPO
Type 1	100%	100%
Type 2	80%	80%
Type 3	50%	50%
Deductible	\$50/Calendar Year Type 2 & 3 Waived Type 1 No Family Maximum	\$50/Calendar Year Type 2 & 3 Waived Type 1 No Family Maximum
Maximum (per person)	\$750 per calendar year	\$1,100 per calendar year
Dental Rewards®	Included	Included
Orthodontia Summary – Adult & Child Coverage		
Plan Benefit	50%	50%
Lifetime Maximum (per person)	\$1,000	\$1,000

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

DENTAL RATES

Employee Contributions	Standard	PPO
Employee	\$36.44	\$33.20
Employee plus Spouse	\$69.84	\$63.72
Employee plus Child	\$84.80	\$77.60
Employee plus Children	\$84.80	\$77.60
Employee plus Family	\$108.12	\$118.20

VISION PLAN - AMERITAS



The chart below provides a brief summary of the key benefits of the vision plan. Eligible dependents can also be covered under the employee's plan.

Plan Benefit	VSP Network	Out of Network
Deductibles	\$15 Exam \$15 Eye Glass Lenses or Frames*	\$15 Exam \$15 Eye Glass Lenses or Frames*
Annual Eye Exam	Covered in full	Up to \$45
Lenses (per pair) Single Vision Bifocal Trifocal Lenticular Progressive	Covered in full Covered in full Covered in full Covered in full See lens options	Up to \$35 Up to \$50 Up to \$70 Up to \$90 NA
Contacts Fit & Follow Up Exams	15% discount See Additional Focus Features.	No benefit
Elective Medically Necessary	Up to \$120 Covered in full	Up to \$105 Up to \$210
Frames	\$120	Up to \$50
Frequencies (months) Exam/ Lens/Frame	12/12/12 Based on date of service	12/12/12 Based on date of service
Lens Options (member cost) *		
Progressive Lenses	Up to provider's contracted fee for Lined Trifocal Lenses. The patient is responsible for the difference between the base lens and the Progressive Lens charge.	Up to Lined Trifocal allowance.
Std. Polycarbonate	Covered in full for dependent children \$25 adults	No benefit
Solid Plastic Dye	\$13 (except Pink I & II)	No benefit
Photochromatic Lenses (Glass & Plastic)	\$27-\$76	No benefit
Scratch Resistant Coating	\$15-\$29	No benefit
Anti-Reflective Coating	\$39-\$75	No benefit
Ultraviolet Coating	\$14	No benefit

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

VISION RATES

Employee Contributions	Monthly
Employee	\$10.13
Employee plus Spouse	\$20.09
Employee plus Children	\$18.57
Employee plus Family	\$28.53

SHORT TERM DISABILITY - UNUM



Unum’s Short Term Disability Insurance can pay you a portion of your gross weekly earnings (up to the maximum allowed by your plan) if you become ill or injured and can’t work. It can help you cover your expenses and protect your finances at a time when you’re experiencing an income loss and have extra medical bills.

Advantages of purchasing the plan at this time

- Coverage is available to eligible employees who are actively at work.*
- There are no medical questions to answer. You are guaranteed coverage if you sign up during your initial enrollment at work, as long as the required minimum participation is met.**
- Your cost is conveniently deducted from your paycheck.
- You can take advantage of affordable group rates.

What kind of coverage is available?

- This insurance pays you a portion of your weekly income if you experience an income loss for several weeks due to a covered injury or illness — or childbirth.
- Benefits begin on the 1st day of a covered injury and the 8th day of a covered illness.
- This plan pays 70% of your weekly salary, not to exceed \$700 per week.
- Benefit are payable up to 13 weeks as long as you are deemed disabled.

Features you’ll appreciate

- Rehabilitation and return-to-work assistance – If you are deemed eligible and are participating in the program, Unum will pay an additional benefit of 10% of your gross disability payment to a maximum of \$250 per week.
- Survivor benefit – Your eligible survivor will receive a lump-sum benefit equal to three months of your gross disability payment if, on the date of your death, your disability had continued for 180 or more consecutive days, and you were receiving or were entitled to payments under the plan.

Calculate your weekly Disability Benefit

$$\begin{array}{ccccccc}
 \$ \underline{\hspace{2cm}} & \div & 52 & = & \$ \underline{\hspace{2cm}} & \times & 70\% & = & \$ \underline{\hspace{2cm}} \\
 \text{Enter your} & & & & \text{Your weekly} & & \text{(Max \%} & & \text{Maximum weekly benefit available} \\
 \text{annual earnings} & & & & \text{earnings} & & \text{of income} & & \text{(If the amount exceeds the} \\
 & & & & & & \text{covered)} & & \text{plan max of \$700, enter \$700)}
 \end{array}$$

*Eligible employees must be actively at work to apply for coverage. Being actively at work means on the day the employee applies for coverage, the individual must be working at one of his/her company’s business locations, or the individual must be working at a location where he/she is required to represent the company. If applying for coverage on a day that is not a scheduled workday, the employee will be considered actively at work as of his/her last scheduled workday. Employees are not considered actively at work if they are on a leave of absence.

**Benefits may be subject to pre-existing condition limitations.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations that may affect any benefits payable. For complete details of coverage and availability, please refer to policy form C.FP-1 et al., or contact your Unum representative.

Unum complies with state civil union and domestic partner laws when applicable.

Underwritten by: Unum Life Insurance Company of America, Portland, Maine

unum.com

©2019 Unum Group. All rights reserved. Unum is a registered trademark and marketing brand of Unum Group and its insuring subsidiaries.

CU-4247

Why do I need more life insurance?

LifeTime Benefit Term Insurance provides coverage that will span a lifetime and can be taken with you into retirement after traditional term policies typically reduce or end. Further this policy offers a Long-Term Care Rider that will pay a portion of the face amount purchased per month for LTC expenses should they be needed.

Permanent life insurance, such as a voluntary universal life individual policy, is a simple way to address employees' needs because it complements their existing group term life coverage. It has been designed to serve as a small—yet valuable—component of one's overall coverage. It can provide continued protection to help alleviate any financial burden, such as funeral costs, that loved ones may need to address.

Product Features

- Valuable life insurance protection through age 120!
- LifeTime Benefit Term life coverage can be purchased up to \$225,000 for eligible actively at work employees age 19 - 70.
- Life base insurance premiums are guaranteed never to increase through age 100.
- No medical exams required. Issuance of coverage depends upon answers to a few health questions.
- Provides paid-up death benefit values after only ten years, so if you decide to stop paying premiums at some time in the future, you are guaranteed paid-up coverage of a reduced amount.
- Flexible! You have the option to: Continue your coverage at the same premium; or Elect paid-up insurance coverage of a reduced amount after 10 years with no further premium payments—Guaranteed!
- Fully portable – you own it and take it with you when you leave your employment.
- Spouse and child coverage is available.
- Based on current interest rate assumptions the death benefit is designed to remain level through age 120 and fully paid up at age 100. In the event of a long term decline in interest rates, your coverage does contain a guarantee ensuring that the initial death benefit will last for the longer of 25 years or to age 70 and thereafter can never be less than 50% of your initial death benefit

Guaranteed Issue Eligibility - Defined Benefit

- Employee Coverage: Issue Ages 19 – 70; Maximum amount allowed is \$150,000
- Spouse Coverage: Issue Ages 19 – 60; The lesser of 50% of employee amount or \$25,000
- Employee must participate in order to apply for Spouse coverage on a Modified GI basis when initially eligible.
- Spouse Modified Guaranteed Issue is available to newly eligible spouses and to spouses of newly hired employees, at time of their initial eligibility.
- Spouse MGI is subject to one gatekeeper question, under age 60. Late entrants will be underwritten Simplified Issue.
- Child Term Rider Coverage: Issue ages 15 days to 25 years; 25 units
- Child Certificate Coverage :
 - o Issue ages 15 days to 18 years: \$25,000
 - o Issue ages 19 years to 25 years: Whatever \$3/wk will purchase

Conditional Guaranteed Issue Eligibility - Defined Benefit

- Employee Coverage: Issue Ages 19 – 70; Maximum amount allowed is \$150,000
- Spouse Coverage: Issue Ages 19 – 70; Maximum amount allowed is \$75,000

Simplified Issue Eligibility - Defined Benefit

- Employee Coverage: Issue Ages 19 – 70; Maximum amount allowed is \$225,000
- Spouse Coverage: Issue Ages 19 – 70; Maximum amount allowed is \$112,500
- Employee Coverage : Issue Ages 71 - 80; Maximum amount allowed is \$50,000

The maximum amount of coverage for any one life is limited to the SI maximum limits above even when multiple products are made available.

LifeTime Benefit Term

Dependent Child Coverage and Eligibility - Employees may apply for coverage on a Dependent Child in one of the following two ways, but not both:

Dependent Child Optional Benefit Rider:

- Available on a Guarantee Issue basis.
- Exception: when a child rider is added to an existing employee or spouse LBT contract and the child is not newly eligible, the child is added on a Simplified Issue basis – see below* .

Dependent Child Individual LBT Certificate:

- Available on a Guarantee Issue basis only at the Employee’s initial eligibility period.
- Employees applying for coverage on a child AFTER their initial eligibility period, they may apply for coverage on a Simplified Issue basis – see below*.
- Exception: when an Employee adds a newborn child (new step child or newly adopted child) after their initial eligibility period, they may apply for coverage on a Guarantee Issue basis.

*The Employee must answer all the required health questions on the child proposed for coverage on page one and two of the enrollment form which Chubb’s Administrative Office will review to determine if the coverage applied for can be issued.

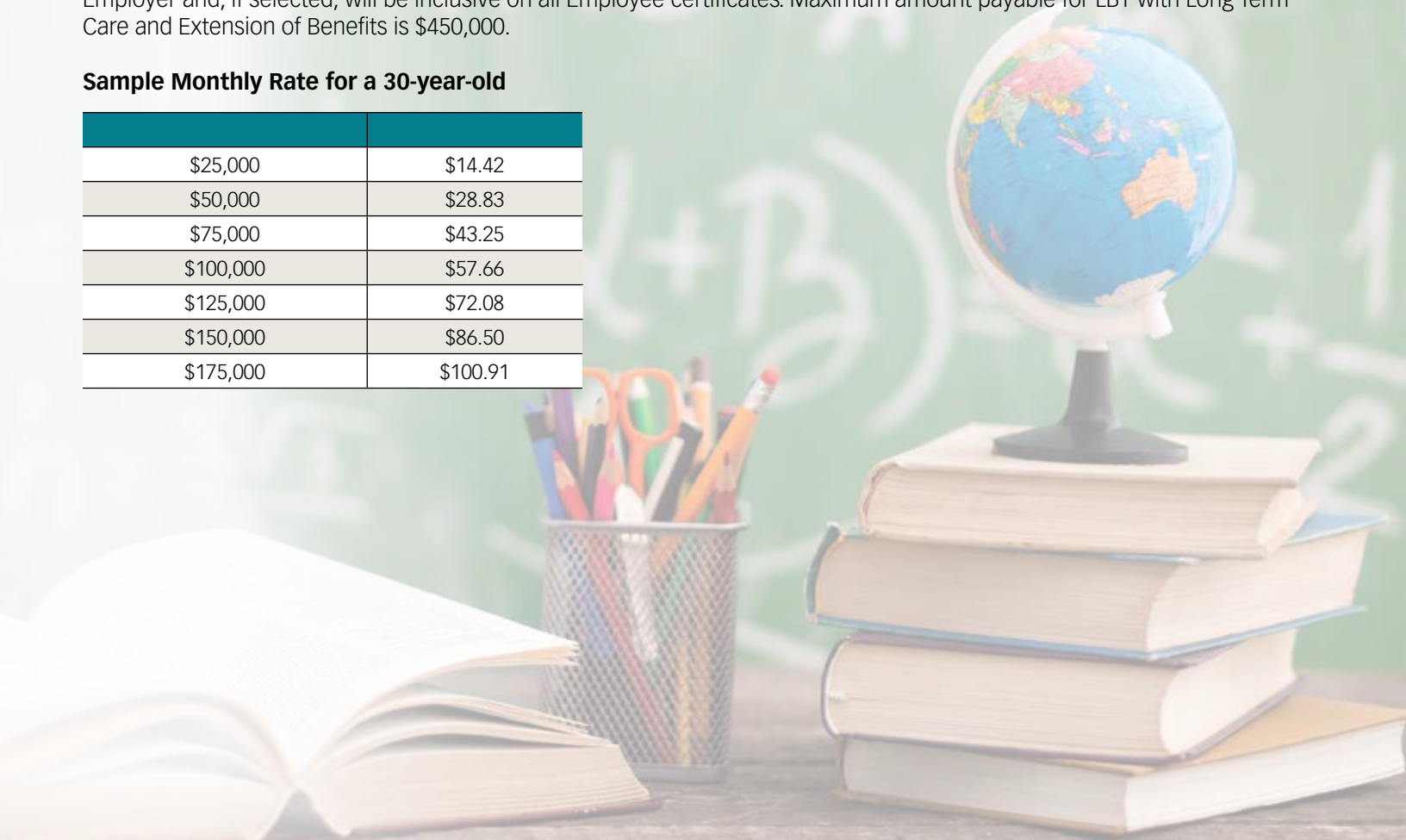
Optional Extension of Benefits for Long Term Care (EOB):

This Optional Benefit, when added to the Accelerated Death Benefit for Long Term Care, may extend the same monthly long term care benefit for up to an additional 25 (EOB1) months.

Inclusion of the Accelerated Death Benefit for Long Term Care Benefit and Extension of Benefits is determined by the Employer and, if selected, will be inclusive on all Employee certificates. Maximum amount payable for LBT with Long Term Care and Extension of Benefits is \$450,000.

Sample Monthly Rate for a 30-year-old

\$25,000	\$14.42
\$50,000	\$28.83
\$75,000	\$43.25
\$100,000	\$57.66
\$125,000	\$72.08
\$150,000	\$86.50
\$175,000	\$100.91



ACCIDENT INSURANCE

UNUM



Unum’s Accident Insurance is designed to assist you and your loved ones with out-of-pocket expenses, including deductibles and co-pays as a result of an accidental injury by paying benefits directly to you (not a provider) and are paid on a pre-determined schedule based on the type of injury sustained and the treatment received. You may elect this coverage regardless of any other coverage you may or may not have.

How does it work?

Accident Insurance can pay a set benefit amount based on the type of injury you have and the type of treatment you need. It covers accidents that occur on and off the job. And it includes a range of incidents, from common injuries to more serious events.

What’s included?

Wellness Benefit

Every year, each family member who has Accident coverage can also receive \$75 for getting a health screening test, such as:

- Blood tests
- Chest X-rays
- Stress tests
- Colonoscopies
- Mammograms

Why is this coverage so valuable?

- It can help you with out-of-pocket costs that your medical plan doesn’t cover, like co-pays and deductibles.
- You’re guaranteed base coverage, without answering health questions.
- The cost is conveniently deducted from your paycheck.
- You can keep your coverage if you change jobs or retire. You’ll be billed directly.

Who can get coverage?

You If you’re actively at work*
 Your spouse Ages 17 and up
 Your children Dependent children from birth until their 26th birthday, regardless of marital or student status.

*Employees must be legally authorized to work in the United States and actively working at a U.S. location to receive coverage. Spouses and dependent children must reside in the United States to receive coverage.

Monthly Rates	
Employee	\$14.67
Employee plus Spouse	\$23.78
Employee plus Child	\$25.43
Employee plus Family	\$34.54

Dependent Children issue ages are newborn up to their 26th birthday or through the maximum coverage age defined in the policy.



ACCIDENT INSURANCE - UNUM



Covered Treatments/Services Sample	
Ambulance ground air	\$400 \$1,500
Blood/Plasma/Platelets	\$400
Emergency Room Treatment	\$150
Emergency Treatment in Physician Office/Urgent Care Facility <i>Either ER room or Primary Care/Specialist/Urgent Care benefit is payable once per covered accident</i>	
Primary Care Physician	\$75
Specialist	\$75
Urgent Care Facility	\$75
Hospitalization Benefits	
Admission; or	\$1,000
Intensive Care Unit Admission	\$1,500
<i>Either Admission or Intensive Care Admission benefit is payable once per covered accident</i>	
Confinement (per day up to 365 days per covered accident)	\$200
Intensive Care Unit Confinement (per day up to 15 days per covered accident)	\$400
Outpatient Surgery Facility Service Knee cartilage, ruptured disc, tendon/ligament/rotator cuff, eye injury, hernia	\$300
Physician Follow-up Visit	2 visits
Primary Care Physician	\$50
Specialist	\$50
Urgent Care Facility or Hospital	\$50
Therapy Services Occupational, Physical, or Speech Therapy Therapy Services Dollar Amount	10 visits \$25
Fracture (broken bone)	
Hip, Thigh (femur)	\$2,250
Leg (tibia and/or fibula)	\$1,200
Bones of the Face or Nose (except mandible or maxilla)	\$525
Upper Arm between Elbow and Shoulder (humerus)	\$525
Forearm (radius and/or ulna), Hand, Wrist (except fingers)	\$450
Kneecap (patella)	\$450
Foot (except toes)	\$450
Ankle	\$450
Rib	\$375
Burns	
2nd Degree - 35 or more square inches of the body surface	\$1,000
3rd Degree	
At least 10 square inches, but less than 20 square inches; or	\$2,500
At least 20 square inches, but less than 35 square inches; or	\$5,000
35 or more square inches of the body surface	\$10,000
Coma	\$10,000
Concussion	\$150
Surgery	
open abdominal or thoracic	\$1,500
exploratory without repair	\$150
hernia repair	\$150
Accidental Death - Once per lifetime; if payable, Accidental Death - Common Carrier is not payable	
Employee	\$50,000
Spouse	\$20,000
Child	\$10,000

Note: The benefit schedule provided is not the entire schedule of benefits covered by the plan.

HOSPITAL INDEMNITY INSURANCE



UNUM

Unum's Group Hospital Indemnity Insurance works to complement your existing health insurance by paying benefits directly to you (not the provider) for out-of-pocket costs associated with a hospital stay, such as co-insurance, co-pays and deductibles. Coverage is available for you and your eligible dependents & you may elect this coverage regardless of any coverage you may or may not have.

How does it work?

Hospital Insurance helps covered employees and their families cope with the financial impacts of a hospitalization. You can receive benefits when you're admitted to the hospital for a covered accident, illness, or childbirth. The money is paid directly to you – not to a hospital or care provider. The money can also help you pay the out-of-pocket expenses your medical plan may not cover, such as coinsurance, co-pays and deductibles.

What's included?

- \$1,000 for each covered hospital admission - once per year
- \$100 for each day of your covered hospital stay, up to 60 days - once per year
- \$200 for each day you spend in intensive care, up to 15 days - once per year

Why is this coverage so valuable?

- You get affordable rates when you buy this coverage at work.
- The cost is conveniently deducted from your paycheck.
- The benefits in this plan are compatible with a Health Savings Account (HSA).
- You may take the coverage with you if you leave the company or retire, without having to answer new health questions. You'll be billed directly.

Who can get coverage?

You	If you're actively at work
Your spouse	ages 17 and up
Your children	Dependent children until their 26th birthday, regardless of marital or student status

Employee must purchase coverage for themselves in order to purchase spouse or child coverage. Employees must be legally authorized to work in the United States and actively working at a U.S. location to receive coverage. Spouses and dependent children must reside in the United States to receive coverage.

Monthly Rates	
Employee	\$24.60
Employee plus Spouse	\$45.68
Employee plus Child	\$33.14
Employee plus Family	\$54.22

CRITICAL ILLNESS INSURANCE

CHUBB®

CHUBB

Critical Illness Insurance provides a lump sum benefit upon diagnosis of any one of the covered conditions. Coverage is available for you and your eligible dependents.

Benefit Amounts

- Minimum Benefit: \$5,000 Employee (\$2,500 for Spouse)
- Guaranteed Issue Limit: \$30,000 Employees (\$15,000 Spouse)
- Express Issue Limit: \$50,000 Employee (\$25,000 for Spouse)
- Maximum Benefit/SI Limit: \$50,000 Employee (\$50,000 for Spouse)
- Spouse coverage is 100% of the employee face amount
- Children coverage is 50% of the employee face amount
- Available in units of \$5,000
- Late entrants are underwritten on a Simplified Issue (SI) basis.

Initial Eligibility

Employee

- Actively employed working at least 20 hours per week
- Ages 18 and up

Spouse

- Includes legally married spouse, domestic partner and civil union partner
- Ages 18 and up

Children

- Ages 0 to 26
- No student status required

Advocacy

Because money isn't always enough – Chubb offers personal and confidential assistance from professionals. Offering medical advice, doctor referrals, we've got you.

Recurrence

Once Chubb pays a Critical Illness benefit for Benign Brain Tumor, Burns, Cancer, Coma, Heart Attack, or Stroke, if there is a recurrence, we will pay a Recurrence Benefit as long as the insured was back to work and treatment free for at least 6 months.

Sample Monthly Rate for a 30-39 Year old Non-Tobacco User

Employee at \$10,000 Face Amount	\$11.99
Employee plus Spouse at \$10,000 Face Amount for both Employee and Spouse	\$23.99
Employee plus Children at \$10,000 Face Amount for Employee and \$5,000 Face Amount for Children	\$11.99
Employee plus Family at \$10,000 Face Amount for Employee and Spouse and \$5,000 Face Amount for Children	\$23.99

CRITICAL ILLNESS INSURANCE

CHUBB

CHUBB®

Wellness

Health screening tests could diagnose a condition early or prevent illness altogether. The wellness benefit of \$50 is paid if a covered person undergoes one or more of the following health screening test or procedures after the 30 day waiting period.

Blood test for Triglycerides	Hemocult stool analysis
Bone Marrow aspiration or biopsy	Mammography
CA 15-3 (blood test for breast cancer)	Pap smear
CA-125 (blood test for ovarian cancer)	PSA (blood test for prostate cancer)
Carotid Doppler	Serum cholesterol test to determine HDL and LDL levels
Chest x-ray	Serum protein electrophoresis (blood test for myeloma)
Colonoscopy	Skin cancer biopsy
Echocardiogram	Stress test on a bicycle or treadmill
Fasting blood glucose test	Thermography
Fasting plasma glucose (FPG)	Thin prep pap test
Hemoglobin A1C(HbA1c)	Two hour post-load plasma glucose
Flexible sigmoidoscopy	Virtual colonoscopy

Covered Conditions Pays a percentage of Face Amount	Custom Diamond with Cancer	Custom Diamond Without Cancer
Benign Brain Tumor	100%	100%
Cancer (except skin cancer)	100%	No
Coma	100%	100%
End Stage Renal Failure	100%	100%
Heart Attack	100%	100%
Major Organ Failure	100%	100%
Stroke	100%	100%
Alzheimer's Disease	100%	100%
Loss of Sight, Speech, or Hearing	100%	100%
Multiple Sclerosis	100%	100%
Paralysis or Dismemberment	100%	100%
Parkinson's Disease	100%	100%
Severe Burns	100%	100%
Carcinoma in Situ	25%	No
Coronary Artery Obstruction	25%	25%
Skin Cancer Benefit - Payable once per insured per year	\$250	No
Maximum Benefit Amount (x Face Amount)	3x	3x
Pre-Existing Conditions Limitation	None	None
Continuity of Coverage (Takeover)	Waive pre-ex on all	Waive pre-ex on all
Benefit Reduction Due to Age	No Benefit Reduction	No Benefit Reduction
Recurrence Benefit		
Benefits are payable for a subsequent diagnosis of Benign Brain Tumor, Cancer , Coma, Heart Attack, Severe Burns, or Stroke.	100%	100% No Cancer

LEGAL AND ID THEFT INSURANCE - LEGALSHIELD

LegalShield's modern approach puts the participant first and provides the legal support you need when you need it most. LegalShield takes a proactive approach to the service they provide to participants. From the first call through the resolution of legal matters, their lawyers ensure each participant's needs are met. Law Firms are quick to respond and are dedicated to serving each participant. If a participant is not reachable, they will make two additional attempts to reach the participant - ensuring that their legal matter is handled as quickly as possible.

LegalShield's High Service Standards:

- Attorneys provide an initial consultation within 4 business hours.
- We review legal documents within 3 business days after initial consultation.
- Attorneys provide a letter or a phone call on the participant's behalf to resolve a legal matter within 3 business days from initial consultation.
- Attorneys help with Will preparation within 5 business days from all information being received.
- Attorneys review a speeding ticket and provide consultation within 4 business hours of receipt of ticket.

With direct access to a dedicated multi-service law firm, zero claim forms, high service standards and a convenient mobile app, we make using our legal plan easy, hassle-free and participant-focused.

LegalShield's Mobile App: Enhancing the Customer Experience

The LegalShield mobile app makes it easy for enrolled participants to access their benefits and creates a customer-centric, hassle-free experience. With this technology, we actually are enhancing the provider firm and participant relationship. The mobile app makes it more convenient to use the plan and participants can get the legal help they need quickly while they are on the go.

With the LegalShield mobile app, participants can:

- Directly access their dedicated law firm at the touch of a button.
- Easily get started on preparing their Will, prenuptial agreements and other legal documents.
- Upload their speeding tickets for legal review with "Snap."
- Access free legal forms.
- Receive 24/7 emergency legal access.

Advice and Consultation Services

- **Phone Consultation** - This service covers toll-free phone consultations to discuss any personal legal matter.
- **Legal Research** - This service covers legal research on any personal legal matter.
- **Office Visits** - This service covers office visits with the provider law firm to discuss a personal legal matter. Office visits are available at an agreed appointment time.
- **Demand Letter or Phone Call** - A phone call or a letter to a third party may be made by the provider law firm if it will further assist in the resolution of the personal legal matter.

Document Services

- **Document Review** - This service covers review of any personal legal document, such as letters, leases or purchase agreements.
- **Affidavits** - This service covers advice, consultation, preparation and review of documents for an affidavit. The participant must be the affiant.

LEGAL AND ID THEFT INSURANCE - LEGALSHIELD

Family and Domestic Related Services

- Name Change
- Adoption
- Paternity
- Guardianship / Conservatorship
- Juvenile Matters
- Protection from Domestic Violence
- Incompetency Defense
- Elder Care Issues
- Immigration Assistance
- Prenuptial Agreements

Home Services

- Sale or Purchase of Home
- Mortgage Document Services
- Home Equity Loan Services
- Deeds
- Refinancing of Home
- Foreclosure
- Mineral Rights Assistance
- Boundary of Title Disputes
- Property Tax Assessments
- Zoning Applications
- Eviction and Tenant Problems
- Security Deposit Recovery

Motor Vehicle Services

- Moving Traffic Violations
- Suspended Driver's License Assistance
- Motor Vehicle Property Damage

IDShield Plan Benefits*

- Identity Consultation and Advice
- Dedicated Licensed Private Investigators
- Identity and Credit Monitoring
- Social Media Monitoring
- Child Monitoring (family plan only)
- Comprehensive Identity Restoration
- Identity and Credit Threat Alerts
- 24/7 Emergency Access
- Mobile App

Finance

- Identity Theft
- Repossession
- Garnishment
- Habeas Corpus
- Consumer Bankruptcy
- Promissory Notes
- Collection Letters
- Personal Property Protection
- Consumer Protection
- Small Claims Assistance
- Civil Litigation
- Administrative Hearing
- Personal Injury
- Tax Audit and Collection Services

Will and Estate Planning Services

- Wills and Codicils
- Living Will or Physician's Directive
- Trusts
- Power of Attorney
- Probate

Additional Benefits

- 24/7 Emergency Access
- 25% Discount
- Legal Forms
- Mobile App
- BonusDrive

Monthly Rates	LegalShield	IDShield	LegalShield and IDShield
Individual	N/A	\$6.50	\$20.80
Family	\$15.25	\$12.50	\$25.90

*This is a general overview of the legal and identity theft protection plans available from LegalShield for illustration purposes only. For complete terms, coverage and conditions, please see a summary plan description.

RESOURCES

Benefit	Carrier	Phone Number	Web Address
Medical Plan	Anthem	1-800-451-1527	www.anthem.com
Health Savings Account	Flexible Benefit Administrators	1-800-437-3539	www.flex-admin.com
Flexible Spending Accounts	Flexible Benefit Administration	1-800-437-3539	www.flex-admin.com
Dental Plan	Ameritas	1-800-487-5553	www.ameritas.com
Vision Plan	Ameritas	1-800-487-5553	www.ameritas.com
Lifetime Benefit Term	Chubb	1-855-241-9891	www.chubb.com
Critical Illness	Chubb	1-866-445-8874.	www.chubb.com
Short Term Disability	Unum	1-877-225-2712	www.unum.com
Accident Hospital Indemnity	Unum	1-800-635-5597	www.unum.com
	Check your claim status 24/7 by using the Unum Customer Mobile App or visiting the website https://www.unum.com/employees to set up an account.		
Legal and ID Theft Insurance	LegalShield	1-877-825-3797	www.legalshield.com
Life Insurance (Grandfathered Plan)	Texas Life Insurance	1-800-283-9233	www.texaslife.com





Montgomery County
Public Schools