

Joplin Schools Employee Benefits Guide



Benefit Guide for Employee Benefits beginning October 1, 2019

The purpose of this booklet is to describe the highlights of your benefit programs. Your specific rights to benefits under the Plans are governed solely, and in every respect, by the official Plan Documents and Insurance Certificates and not by this booklet. If there is any discrepancy between the description of the Plans as described in this material and official Plan documents, the language of the documents shall govern.

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RENEWAL HIGHLIGHTS

Plan year beginning October 1, 2020

Health Care Plan

- The Health Care Plan premiums and plan design options are not changing for the 2020 Plan Year.
- UMR will remain the Third Party Administrator for the Health Care Plan using the United Health Care Choice Plus Network. Both Freeman Health Systems and Mercy Health Systems are in-network.
- The Prescription Drug benefits will be moving to Optum Rx. Please watch your mail for important information regarding the changes.

Dental Plan and Vision Plan

- These plans will continue to be offered through MetLife and there is a decrease in premiums for the 2020 plan year.

Life Insurance Plan

The Life Insurance Plan will be offering a Guarantee Issue period for the October 1, 2020 Enrollment. Current employees can elect \$50,000 in new coverage or increase their coverage by \$50,000 up to \$300,000 without evidence of insurability (EOI). Spouses can elect \$10,000 in new coverage or increase their coverage by without EOI. Children can elect coverage of \$10,000, \$15,000, or \$20,000 without EOI.

New Hires are eligible for \$300,000 of Life Insurance without EOI.

All Life Insurance Enrollment will take place in Employee Navigator.

CONTACT INFORMATION

| | Phone Number | Website |
|---|--------------|-----------------|
| Medical Claims: UMR | 800-826-9781 | www.umb.com |
| Pharmacy Claims: UMR | 800-356-3477 | www.umb.com |
| Dental: MetLife | 800-GET-MET8 | www.metlife.com |
| Vision: MetLife | 800-GET-MET8 | www.metlife.com |
| Health Savings Account: UMB | 866-520-4472 | hsa.umb.com |
| Flexible Spending Accounts: UMR | 800-826-9781 | www.umb.com |
| STD/LTD/Accident/Cancer/ Critical Illness: MetLife | 800-GET-MET8 | www.metlife.com |
| Life Insurance: Minnesota Life | 651-665-3789 | www.ochsinc.com |

Additional Contacts

Becki England—Joplin Schools—Benefits Coordinator 417-625-5200 ext 2001,
beckiengland@joplinschools.org

Justin Crawford—Joplin Schools— HR Director 417-625-5200, justincrawford@joplinschools.org

Jamie Brummett—Barker Phillips Jackson—Benefits Consultant 417-887-3550
jbrummett@bpj.com

Brian Wampler—Barker Phillips Jackson—Account Manager 417-887-3550 bwampler@bpj.com

ENROLLMENT PROCESS



OPEN ENROLLMENT

Employees will enroll in benefits using Employee Navigator. Employee Navigator is a website that can be accessed 24 hours a day, 7 days a week from work, home, or their mobile application. Visit www.employeenavigator.com to login and complete your enrollment.

Open Enrollment is from August 7th to August 18th. All elections will be effective October 1, 2020. **If you want to make changes to your benefits or enroll in FSA you must log in to Employee Navigator.**



WHAT DO YOU NEED TO ENROLL...

- ◆ Review the plan information in this benefit guide.
- ◆ Gather information for all family members you will be enrolling in the plans. You will need their names, date of birth and social security number. SSN is needed for Medical Plans only.
- ◆ Login to Employee Navigator with your family to review your options and make your plan elections.

Some employees have used Employee Navigator and created a user name and password in the past. If you are using Employee Navigator for the first time.

- ◆ From the home page click on “Login”
- ◆ Click on “Register as a new user” if this is your first time
- ◆ Enter your First Name, Last Name, Company Identifier is JSD, Last 4 digits of your SSN, and Birth Date
- ◆ Create a User Name—We recommend using an email address since that is unique to you.
- ◆ Create a Password—Must contain a special character

If you have previously registered for the site and forgotten your password there is a link to reset a forgotten password.

PLEASE NOTE: Open enrollment is the only time employees can make enrollment changes without a Qualifying Event!

HEALTH PLAN IMPORTANT INFORMATION



UMR is the claims processor for the Health Plan. You can visit their website www.umar.com to view claims, view benefits, search for a provider, and much more.



Optum Rx is the Prescription Benefits provider. Visit www.umar.com to access the Optum Rx portal where you can view claims, compare costs at retail locations, compare medications, and sign up for mail order delivery



Find a Provider

To find an In-Network provider for Medical services go to www.umar.com and click "Find a Provider". In-Network providers are part of the Choice Plus Network.

Learn the language of health care

Let's face it. Understanding health and benefits terms is like learning a foreign language for most of us. Knowing the difference between co-insurance and co-payment can be confusing. And deciphering an EOB from COB shouldn't require a PhD.

Fortunately, you don't need a foreign language professor or CIA code-breaker to understand all of these terms. That's because our own UMR team of language experts has already defined them for you, along with a few others.

What is a deductible?

Definition: The amount you have to pay before your plan pays for specified services. Deductibles are usually an annual set amount. A deductible may apply to all services or just a portion of your benefits. It depends on your benefits plan.

What is a co-insurance?

Definition: A set percentage of costs that are covered by your plan after your deductible has been paid. Your plan pays a higher percentage. You pay a lower percentage.

Tip...think percentage

What is a co-payment?

Definition: A small set fee. It is paid each time you have an office visit, outpatient service or prescription refill. The fee is determined by your health plan. Co-payments don't vary with the cost of service.

Tip...think set fee

What is an out-of-pocket?

Definition: The amount you pay out of your pocket for particular health care services during a particular period of time. An out-of-pocket maximum limits the amount you have to pay during a particular period of time.

-more-



Still confused?

Go to justplainclear.com to view a full glossary of health care terms.



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HEALTH CARE PLAN OPTIONS

| | Base Plan | HSA Plan | Buy Up Plan |
|--|--|--|--|
| Annual Deductible | Individual / Family | Individual | Individual / Family |
| In-Network | \$2,000 / \$4,000 | \$1,500 / \$3,000 | \$1,000 / \$2,000 |
| Out-of-Network | \$4,000 / \$8,000 | Family \$3,000 / \$6,000 | \$2,000 / \$4,000 |
| Co-Insurance (Plan Pays) | In / Out of Network 80% / 50% after deductible | In / Out of Network 80% / 50% after deductible | In / Out of Network 80% / 50% after deductible |
| Out of Pocket Maximum | Individual / Family (Includes Deductible, Coinsurance & Copays) | Individual / Family (Includes Deductible & Coinsurance) | Individual / Family (Includes Deductible, Coinsurance & Copays) |
| In-Network | \$4,000 / \$8,000 | \$5,000 / \$10,000 | \$3,000 / \$6,000 |
| Out-of-Network | \$8,000 / \$16,000 | \$10,000 / \$20,000 | \$6,000 / \$12,000 |
| Office Visit (Primary Care/ Specialist) | \$30 copay / \$50 copay | Applies to Deductible and Coinsurance | \$25 copay / \$45 copay |
| Covered Preventive Care | No Cost Share for members | No Cost Share for members | No Cost Share for members |
| Urgent Care Clinic | \$100 Copay | Applies to Deductible and Coinsurance | \$100 Copay |
| Emergency Room | \$200 copay | Applies to Deductible and Coinsurance | \$200 copay |
| Prescription Drug (Tier 1/2/3/4) | \$15 / \$35 / \$60 / 20% to \$100 (or cost of Rx, whichever is less) | Applies to Deductible and Coinsurance | \$15 / \$35 / \$60 / 20% to \$100 (or cost of Rx, whichever is less) |
| Mental Health Services | Copay for Office Visit, Ded/Co-Ins Outpatient/ Inpatient | Applies to Deductible and Coinsurance | Copay for Office Visit, Ded/Co-Ins Outpatient/ Inpatient |

HEALTH CARE PLAN PREMIUMS

| Base Plan | Total Premium | District Contribution for Full Time Employees | Full Time Employee Cost Monthly |
|---------------------|---------------|---|---------------------------------|
| Employee Only | \$465 | \$400 | \$65 |
| Employee Spouse | \$1,025 | \$400 | \$625 |
| Employee Child(ren) | \$725 | \$400 | \$325 |
| Family | \$1,275 | \$400 | \$875 |

| HSA Plan | Total Premium | District Contribution for Full Time | District HSA Contribution for Full Time | Full Time Employee Cost Monthly |
|---------------------|---------------|-------------------------------------|---|---------------------------------|
| Employee Only | \$435 | \$370 | \$30 | \$65 |
| Employee Spouse | \$955 | \$370 | \$30 | \$585 |
| Employee Child(ren) | \$680 | \$370 | \$30 | \$310 |
| Family | \$1,150 | \$370 | \$30 | \$780 |

| Buy Up Plan | Total Premium | District Contribution for Full Time Employees | Full Time Employee Cost Monthly |
|---------------------|---------------|---|---------------------------------|
| Employee Only | \$515 | \$400 | \$115 |
| Employee Spouse | \$1,125 | \$400 | \$725 |
| Employee Child(ren) | \$825 | \$400 | \$425 |
| Family | \$1,425 | \$400 | \$1,025 |

Part Time Employees are eligible to enroll in all health plan options. Part Time Employees will pay the Total Premium for the coverage selected.

CHOOSING A HEALTH CARE PLAN

Deciding on which Health Care Plan option to choose requires members to know and understand their current utilization and the way the plans work. This simple chart is intended to help you consider your costs and is not intended to provide advice.

| | Base Plan | HSA Plan | Buy-Up Plan |
|---|---|--|---|
| Additional Premium (Compared to the lowest cost option) | | | |
| Do you take medications: If so, complete: | Expected Co-pays for Medication Annually: | Expected Cost of Medication Annually: | Expected Co-pays for Medication Annually: |
| Do you have doctors visits annually? If so, complete: | Expected Co-pays for Doctor's Visits Annually: | Expected Cost of Doctor's Visits Annually: | Expected Co-pays for Doctor's Visits Annually: |
| Do you have annual lab work (non preventive care)? If so, complete: | Expected costs of lab work (see EOB) | Expected costs of lab work (see EOB) | Expected costs of lab work (see EOB) |
| Do you have other expected medical costs in the upcoming year? | | | |
| Deductible/Co-Insurance | Lab and other medical would apply to \$2,000 Deductible then 20% co-insurance: _____ Co-pays _____ Deductible _____ Co-Insurance | Any expected expenses above would apply to \$1,500 Deductible then 20% co-insurance: _____ Deductible _____ Co-Insurance | Lab and other medical would apply to \$2,000 Deductible then 20% co-insurance: _____ Co-pays _____ Deductible _____ Co-Insurance |
| HSA Contribution from the District (\$30 per month) | N/A | | N/A |
| Expected Costs, Additional Premium, Minus HSA Contribution for HSA Plan | | | |

HEALTH SAVINGS ACCOUNT



- ♦ A Health Savings Account, HSA, allows you to set aside money pre-tax for medical, dental, and vision expenses for you and eligible family members.
- ♦ Only available for members enrolling in the HSA Plan.
- ♦ Employees can contribute along with receiving Joplin Schools contribution.
- ♦ UMB will administer the Health Savings Accounts (HSAs) for Joplin Schools members.
- ♦ Members will make an HSA Contribution election on Employee Navigator during Open Enrollment, but this amount can be changed throughout the year.
- ♦ A Health Savings Account (HSA) will be established for each member electing the HSA Plan.
- ♦ Please watch for a welcome packet from UMB and HSA Card.
- ♦ Each month UMB will charge \$1.95 to the member HSA balance for the HSA. The fee is waived when the balance is over \$1,500.

Top Questions about Health Savings Accounts

These are answers to some of the most commonly asked questions about health savings accounts (HSAs).

General questions

Q1: What is a health savings account (HSA)?

A1: An HSA helps you set aside money for current and future health care expenses that aren't covered by your medical plan. You can make contributions to your HSA, up to IRS limits. For 2018, the maximum contribution amount from all sources—your contributions, your employer's contributions and any other sources—is \$3,450 for individual coverage and \$6,900 for family coverage.

Q2: What types of medical plans are compatible with an HSA?

A2: To contribute to an HSA, you must be enrolled in a high-deductible health plan (HDHP). An HDHP is a health plan that meets two requirements as specified by the U.S. Treasury Department. First, it must have an annual deductible that meets the minimum deductible amount, which is published annually. Second, the annual out-of-pocket expenses—such as deductibles, copayments and other expenses paid for by the participant—associated with the HDHP may not exceed the specified out-of-pocket maximums. Premiums (the amount you pay each month for coverage) do not count as out-of-pocket expenses.

Q3: How do HSAs work?

A3: You choose how much you'd like to save in your HSA each year and contributions are automatically made from your paycheck to your account. See Question 8 for additional contribution methods.

You can choose to pay for current eligible medical expenses with your HSA. Or you can choose to pay for current expenses out of your pocket and save the money in your HSA to pay for future medical expenses. How you use your account and when you use it are entirely up to you.

Q4: Is my money safe in an HSA?

A4: Yes. Your HSA deposit account balance is FDIC insured.

Once you have \$1,000 saved in the HSA, you have the opportunity to open a UMB HSA Saver[®] investment portfolio to have the option to make investments in securities that carry various levels of risk and reward, similar to investment in a retirement savings plan.

*Investments in securities through UMB HSA Saver[®] are:
Not FDIC-Insured • May Lose Value • No Bank Guarantee.*

Q5: Why should I consider enrolling in the HDHP with an HSA?

A5: If one or more of the following are true for you, you may want to consider making a change to a HDHP with an HSA:

- You are paying for insurance you're not using.
- You want an option to save for current and future medical expenses.
- You want to save on monthly premiums and take more control over how you use your health care benefits.
- You anticipate major health expenses such that you would reach the out-of-pocket maximum associated with the a HDHP.



Healthcare Services

Eligibility and opening an account

Q6: Who can open an account?

- A6: If you are enrolled in a high-deductible health plan, you are eligible to open an HSA as long as you:
- Are not covered by any other health plan that is not a high-deductible health plan (for example, a spouse's plan),
 - Are not enrolled in Medicare benefits, and
 - May not be claimed as a dependent on another person's tax return.

Account contributions

Q7: How much can I contribute?

- A7: You can choose how much to contribute to your HSA, up to IRS limits that are set each year. For 2018, the maximum contribution amount from all sources—your contributions, your employer's contributions and any other sources—is \$3,450 for employee-only coverage and \$6,900 for family coverage.

Q8: How do I contribute to the account?

- A8: The Welcome Kit you will receive from UMB once you open your account outlines the different ways you can contribute to your account. The simplest way is through pretax payroll contributions, but you may also write a check or transfer money from your bank account to make a lump sum contribution to your HSA. If the money comes from your bank account instead of through payroll contributions, you may deduct the amount you contribute on your taxes² since those contributions would be made with after-tax money. Your family members or others can also contribute to the account on your behalf.

Q9: I'm nearing retirement. Can I make catch-up contributions like I do to my retirement savings plan?

- A9: People age 55 and older can make a catch-up contribution each year that is over and above the allowable limit for the individual year. The catch-up contribution is \$1,000. You are able to make catch-up contributions until you become Medicare active.

Using your HSA

Q10: What can I spend my HSA balance on?

- A10: You can use your balance to pay for qualified medical expenses for you or your covered dependents (shown in *IRS Publication 502*). Some examples include:
- Your deductible
 - Dental treatments, exams or cleaning costs
 - Prescription drug costs
 - Vision expenses such as contact lenses or glasses
 - Chiropractic or acupuncture fees
 - Crutches
 - Eye surgery

They don't include insurance premiums other than premiums for long-term care insurance, premiums on a health plan during any period of continuation coverage required by federal law (for example, "COBRA" coverage) or premiums for healthcare coverage while you receive unemployment compensation.

You can find a full list of qualified expenses at www.irs.gov.

Q11: How do I pay for medical expenses?

A11: You'll receive a UMB Visa® debit card that you can use to pay for qualified expenses not covered by the high-deductible health plan. Simply swipe the card, or access your card using ApplePay,® at the pharmacy or for other health-related services and the associated cost will be debited from your HSA balance. Or use your card to pay doctor's visit bills once the claim has been submitted to your insurance carrier so that you will receive the negotiated rates for services. Save your receipts, since you may need them if the IRS requests that you show proof of how you used your tax-free money. Use UMB's ReceiptVault to store and organize receipts online for qualified healthcare expenses. If you cannot use your debit card, you will pay for the expense out of your own pocket, then reimburse yourself from your HSA.

If you don't have enough money in your account to pay for the entire amount of an expense (for example, if you just opened the account or the company hasn't made its full contribution yet), you can pay for a portion of that expense with your account and cover the rest with personal funds. Once the HSA funds build and are available in the account, you can reimburse yourself from the HSA.

Q12: How does my HSA track with my deductible?

A12: You may use your HSA to pay for qualified expenses including your deductible. Or you can let the HSA build up for future expenses. The choice is yours. The HSA is not a method to determine if you've met your deductible; that information is available on your medical plan provider's website or on any explanation of benefits (EOBs) that you receive from your plan.

Q13: If I open an HSA, can I also enroll in a health care flexible spending account?

A13: No, you cannot enroll in both. If you are married, you may not have coverage under your spouse's flexible spending account (FSA). You can only have a "limited purpose" FSA. Eligible expenses with a limited purpose FSA include most unreimbursed dental, vision and/or hearing care expenses (including expenses for your dependents), and out-of-pocket medical expenses you paid after you met your plan deductible.

Q14: What are the tax implications for participating in an HSA?

A14: The money you save in your HSA is tax free. The money you contribute isn't taxed, nor is the money taxed as your balance grows. As long as you use the money to pay for qualified expenses, you won't pay taxes when you withdraw it either.

Note: States can choose to follow the federal tax-treatment guidelines for HSAs or establish their own; some states tax HSA contributions. If you have questions about your tax implications, consult your tax advisor. Withdrawals for non-qualified medical expenses are subject to income taxes and a possible 20% penalty, if you're under age 65

Q15: I have an HSA already set up through my former employer. Can I contribute to that HSA instead with payroll contributions?

A15: No. However, you may transfer the balance from that HSA into your UMB HSA and continue to make pretax contributions. First, open your UMB HSA. Then decide how you'd like to transfer the funds. You have two options:

1. A direct transfer of all of the balance from one trustee to a UMB HSA

Understanding your new ID card

WHAT YOU NEED TO KNOW

Have you ever wondered what all that stuff on your ID card really means? Here's a sample of what you might see. Each plan is different.

The number assigned specifically to you to track all of your benefits and claims information.

A list of the family members who are covered under your plan.

UMR
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Issuer (80840) 911-39026-02

Member ID: 12345678 Group Number: 76-010174

Member:
JANE SMITH 00 MED DEN

Dependents:
JACK SMITH 01 MED DEN
JORDYN SMITH 02 MED DEN
MARK SMITH 03 MED DEN

Rx BIN: 123456
Rx GRP: 12345678
Rx PCN: 87654321
COPAY: TIER 1/2/3
\$XX/\$XX/\$XX

Copay: OFFICE
\$XX

0710

Primary network logo here
Administered by UMR

The number assigned to identify your group health plan.

Information about your prescription drug plan. Pharmacists use this to process your claims.

Your medical provider network, also referred to as your preferred provider organization (PPO). Going to doctors, clinics and hospitals in your network will save you money.

More on the back

Look for important contact information, including the customer service phone number to call for answers to claims or benefit questions. You can also go to umr.com to check your benefits, claims status, accumulators and eligibility.

Call this number when you have questions about pharmacy benefits.

This card must be presented each time services are requested.

Call UMR Care Management at 866-494-4502 for plan required prior authorization. FAILURE TO CALL FOR PRIOR AUTHORIZATION MAY REDUCE BENEFITS.

For Members: www.umar.com 8XX-XXX-XXXX
Nurseline: 866-494-4502

For Providers: www.umar.com 877-233-1800

Claims: EDI # 39026, UMR, PO Box 30541, Salt Lake City, UT 84130-0541

Regional or secondary network logo(s) here (if applicable)

Dental logo here (if applicable)

Pharmacists & Members: 877-559-2955

Call this number **only** when you need medical services and your plan requires prior authorization for those services.

If you're traveling outside your in-network coverage area, look to see if you have access to a regional or secondary network.



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Teladoc[®]

24/7 doctor visits via phone or mobile app



Teladoc gives you access 24 hours, 7 days a week to a U.S. board-certified doctor through the convenience of phone, video or mobile app visits. It's an affordable option for quality medical care.



Talk to a doctor anytime, anywhere you happen to be



Receive quality care via phone, video or mobile app



Prompt treatment, median call back, in 10 minutes



A network of doctors that can treat every member of the family



Prescriptions sent to pharmacy of choice if medically necessary



Teladoc is less expensive than the ER or urgent care

Talk to a doctor anytime!



Teladoc.com



1-800-Teladoc



Get the care you need

Teladoc doctors can treat many medical conditions, including:

- Cold & flu symptoms
- Allergies
- Pink eye
- Respiratory infection
- Sinus problems
- Skin problems
- And more

With your consent, Teladoc is happy to provide information about your Teladoc visit to your primary care physician.



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Choose the right health care setting

Where you go for medical services can make a big difference in how much you pay and how long you wait to see a health care provider. The chart below can help you select the right setting for your needs:



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| TYPE OF CARE | | WAIT TIME | COST** |
|---|--|--|---|
|  | NurseLineSM — 877-950-5083 You may speak by phone with a registered nurse any time of day, seven days a week. When to call* <ul style="list-style-type: none"> • Help choosing the right health care setting for illness or injury • Information about common health problems or injuries | 20-30 seconds Call answered, on average | \$0 |
| | | | |
|  | TeladocSM – 800-835-2362 or Teladoc.com You may request a consultation from a board-certified doctor any time of day, seven days a week, by phone or online. Teladoc physicians can diagnose routine ailments, recommend treatments and prescribe medications. When to go* <ul style="list-style-type: none"> • Cold or flu • Bronchitis • Respiratory infection • Sinus problems • Allergies • Urinary tract infection • Pediatric care • Poison ivy or pink eye | 17 minutes Approximate wait time for doctor to respond | \$5 Copay PPO Plans per consultation \$45 HSA per consultation |
| | | | |
|  | Clinical care (your doctor's office) Seeing your doctor is important. Your doctor knows your medical history and any ongoing health conditions. When to go* <ul style="list-style-type: none"> • Preventive services and vaccinations • Medical problems or symptoms that are not an immediate, serious threat to your health or life | 1 week or more Approximate wait time for an appointment | \$30/\$50 Copay Base Plan \$25/\$45 Copay Base Plan \$80-\$150 Average cost HSA Plan |
| | | | |
|  | Urgent care Urgent care centers, sometimes called walk-in clinics, are often open in the evenings and on weekends. When to go* <ul style="list-style-type: none"> • Sprains and strains • Mild asthma attacks • Sore throats • Minor broken bones or cuts • Minor infections or rashes • Earaches | 20-30 minutes Approximate wait time | \$100 Copay PPO Plans \$150 -\$200 Average cost HSA Plan |
| | | | |
|  | Emergency room (ER) Visit the ER only if you are badly hurt. If you are not seriously ill or hurt, you could wait hours and your health plan may not cover non-emergency ER visits. When to go* <ul style="list-style-type: none"> • Sudden change in vision • Sudden weakness or trouble talking • Large, open wounds • Difficulty breathing • Severe head injury • Heavy bleeding • Spinal injuries • Chest pain • Major burns • Major broken bones | 3 to 12 hours Approximate wait time for non-critical cases | \$200 Copay PPO Plans \$1,200-\$1,500 Average cost |
| | | | |

* This is a sample list of services and is not intended to be all-inclusive.

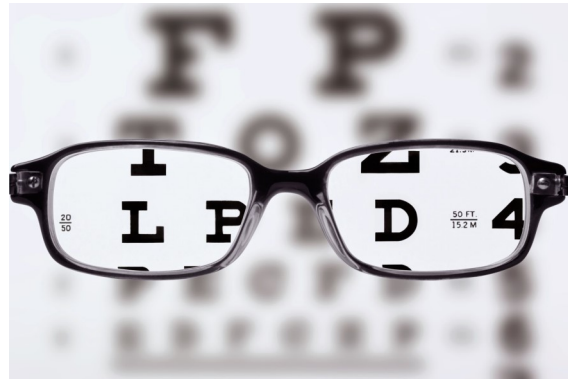
** Costs are averages only and not tied to a specific condition or treatment. Out-of-pocket costs will vary based on your medical plan design.

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DENTAL/VISION PLAN IMPORTANT INFORMATION



Dental and Vision benefits are provided through MetLife. Visit <https://mybenefits.metlife.com> to research benefits and claims.



Find a Dental Provider

To find an In-Network provider for Dental services go to www.metlife.com and under "I want to find a MetLife" choose Dentist. In Network providers are part of the PDP Plus Network.

Find a Vision Provider

To find an In-Network provider for Vision go to www.metlife.com and under "I want to find a MetLife" choose Vision Provider. In Network providers are part of Vision PPO.

DENTAL PLAN OPTIONS

| | Base Plan | |
|--|---|--|
| | In-Network (MetLife PDP Plus Dentists) | Out-of-Network (Reimbursed at MetLife Maximum Allowable Cost) |
| Preventive Care (Exams, Cleanings, X-rays) | 50% | 50% |
| Annual Deductible (Applies to Basic and Major Services Only) | \$50 per person, maximum \$150 per family | \$50 per person, maximum \$150 per family |
| Basic Services (Sealants, Space | 50% after deductible | 50% after deductible |
| Major Services (Crowns, Bridges, Dentures, Implants, Extractions, Endontics, Periodontics) | 50% after deductible | 50% after deductible |
| Annual Maximum Benefit | \$500 per person | \$500 per person |
| | Buy-Up Plan | |
| | In-Network (MetLife PDP Plus Dentists) | Out-of-Network (Reimbursed at 90th Percentile of Reasonable and customary) |
| Preventive Care (Exams, Cleanings, X-rays) | 100% | 100% |
| Annual Deductible (Applies to Basic and Major Services Only) | \$50 per person, maximum \$150 per family | \$50 per person, maximum \$150 per family |
| Basic Services (Sealants, Space Maintainers, Fillings) | 80% after deductible | 80% after deductible |
| Major Services (Crowns, Bridges, Dentures, Implants, Extractions, | 50% after deductible | 50% after deductible |
| Annual Maximum Benefit | \$1,500 per person | \$1,500 per person |
| Orthodontia Services (for children up to age 19 only) | 50% | 50% |
| Lifetime Max Benefit for Orthodontia Services | \$1,000 per person | \$1,000 per person |

DENTAL PLAN PREMIUMS

| Base Plan | Total Premium | District Contribution for Full Time Employees | Full Time Employee Cost |
|---------------------|---------------|--|----------------------------|
| Employee Only | \$11.08 | \$11.08 | \$0 |
| Employee Spouse | \$21.73 | \$11.08 | \$10.65 |
| Employee Child(ren) | \$27.11 | \$11.08 | \$16.03 |
| Family | \$40.68 | \$11.08 | \$29.60 |

| Buy Up Plan | Total Premium | District Contribution for Full Time Employees | Full Time Employee Cost Monthly |
|---------------------|---------------|--|---------------------------------------|
| Employee Only | \$32.38 | \$11.08 | \$21.30 |
| Employee Spouse | \$63.57 | \$11.08 | \$52.49 |
| Employee Child(ren) | \$79.26 | \$11.08 | \$68.18 |
| Family | \$118.97 | \$11.08 | \$107.89 |

Part Time Employees are eligible to enroll in either dental plan option. Part Time Employees will pay the Total Premium for the coverage selected.

VISION PLAN

| | In-Network MetLife Provider |
|--|---|
| Eye Exam | Covered in full after a \$10 copay |
| Materials Copay | \$25 copay for Lenses/Frames if purchased separately or full set of glasses |
| Frames | \$130 Allowance every 24 months |
| Standard Corrective Lenses (Single Vision, Lined Bifocal, Lined Trifocal, Lenticular) | Covered in full after \$25 copay once every 12 months |
| Standard Lens Enhancements (Progressive, Polycarbonate, Photochromic, Anti-Reflective, Scratch-Resistant coatings and Tints) | Your cost will be limited to a copay that MetLife has negotiated for you. These copays can be viewed after enrollment at www.metlife.com/mybenefits |
| Contact Lenses (Instead of glasses) | \$130 Allowance once every 12 months |

| | Monthly Premium |
|-----------------|-----------------|
| Employee Only | \$7.55 |
| Employee Spouse | \$15.14 |
| Employee Child | \$12.83 |
| Family | \$21.15 |

MetLife also offers out of network benefits for Vision. The benefit summary is available on Employee Navigator. Employees receive a better benefit by utilizing in-network providers.

FLEXIBLE SPENDING ACCOUNTS

Healthcare Flexible Spending Account

- * For employees not enrolled in a Health Care Plan through Joplin Schools or those enrolled in the Base or Buy-up Plan— Not for HSA Plan participants
- * Use pre-tax dollars to pay for medical co-pays, prescriptions, glasses and contacts, medical supplies, and more
- * Annual contribution between \$300 and \$2,650

Dependent Care Flexible Spending Account

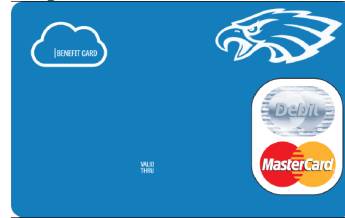
- * Available for all eligible employees
- * Use pre-tax dollars to pay for eligible dependent care expenses
- * Annual contribution between \$300 and \$5,000

Make your annual election on Employee Navigator.

Employees cannot change their annual election without a qualifying event.

Flexible Spending Accounts are “use it or lose it” so plan wisely.

Debit Card for Healthcare Flexible Spending Account



- ◆ Easy access to FSA funds with the swipe of a card
- ◆ Reduces requests for reimbursement

www.UMR.com

Convenient online account management:

- ◆ View account balance(s)
- ◆ Request a reimbursement and upload receipts
- ◆ View transactions
- ◆ Update profile
- ◆ Set up direct deposit

Consumer Accounts with UMR App

- ◆ Free download at Apple Store and Google Play
- ◆ Full access on your mobile device to manage your account, view and file claims

DISABILITY INSURANCE

- * Disability Insurance pays you if you are unable to work due to a disability
- * If you were unable to work how would you pay for mortgage/rent, car payments, utilities, food, and other expenses
- * In MetLife's 10th annual employee benefits trend study 60% of employees indicated they are very concerned about having enough money to pay bills during a period of sudden income loss
- * Enrollment is voluntary and paid 100% by the employee

Voluntary Short Term Disability

- ◆ Intended to help replace a portion of weekly income during the initial weeks of disability
- ◆ Pays a benefit up to 60% of pre-disability wages weekly and is non-taxable income
- ◆ Employee chooses the benefit amount in increments of \$50 per week \$100 minimum and \$1,000 maximum (no more than 60% of weekly pay)
- ◆ Benefits payable 1st day if due to injury, 8th day if due to sickness for up to 13 weeks
- ◆ Joplin Schools requires employees to use available paid leave prior to receiving benefits
- ◆ Pre-existing condition exclusion—in the first 12 months you are covered there will be no benefits payable for any illness or injury that existed 3 months prior to enrolling

Voluntary Long Term Disability

- ◆ Intended to help replace a portion of weekly income during the initial weeks of disability
- ◆ Pays a benefit up to 60% of pre-disability wages monthly and is non-taxable income
- ◆ Benefits are payable following a 90 day waiting period for 24 months if you cannot perform your own occupation and until Social Security Normal Retirement age if you are unable to perform any work.
- ◆ Pre-existing condition exclusion—in the first 12 months you are covered there will be no benefits payable for any illness or injury that existed 12 months prior to enrolling

**Full benefit details and rates are
available on Employee Navigator**

Short Term Disability

Metropolitan Life Insurance Company

Joplin School District Plan Benefits

Date Prepared: June 20, 2019

Explore the coverage that helps you protect your income and your lifestyle.

What is Short-Term Disability Insurance?

Short-Term Disability insurance can help replace a portion of your income during the initial weeks of a disability to help you pay your bills and help maintain your current lifestyle. It helps by protecting you and your income if a sickness or accidental injury kept you from working. The plan is being made available to you through your employer and with the convenience of payroll deduction.

Why Should I Consider Short-Term Disability Insurance?

While most people typically insure their lives and other material assets like homes or automobiles, many overlook the need to protect one of their most valuable assets – **their ability to work and earn a living.**

When Disability strikes, your ability to earn an income becomes interrupted, however, your monthly bills continue. Would you be adequately prepared to cover present and future financial obligations if you were to fall sick or become disabled and not able to work for a short period?

Consider the Following,,,

41% of employees surveyed by MetLife are very concerned about having enough money to make ends meet.¹

40% of employees surveyed in MetLife's 11th Annual Employee Benefits Trends Study say living paycheck to paycheck describes them perfectly.¹

Just over 1 in 4 of today's 20-year-olds will become disabled before reaching age 67.²

Eligibility Requirements

All Active Part Time and Full Time Employees working at least 15 hours per week are eligible to participate.

How is "Disability" defined under the Plan?

Generally, you are considered disabled and eligible for short term benefits if, due to sickness, pregnancy or accidental injury, you are receiving appropriate care and treatment and are complying with the requirements of the treatment and you are unable to earn more than 80% of your predisability earnings at your own occupation.

For a complete description of this and other requirements that must be met, refer to the Certificate of Insurance/Summary Plan Description provided by your Employer or contact your MetLife benefits administrator with any questions.

What is the benefit amount?

If you enroll for coverage during your group's initial open enrollment period, you select the amount of weekly benefit that is right for you. Choose any weekly benefit amount in increments of \$50 per week, subject to a minimum of \$100. The maximum benefit amount is 60% of your gross weekly earnings or \$1,000, whichever is less, (rounded down to next \$50 increment).

If I do not enroll during my group's initial enrollment period can I still purchase coverage at a later date?

Yes, employees who do not elect coverage during the initial 31-day open enrollment period may still elect coverage at future enrollments. If you choose coverage after the initial open enrollment, you will be limited to a \$100 weekly benefit amount at the next annual enrollment. At subsequent annual enrollments you will be limited to increasing your weekly benefit coverage by \$50.

When do benefits begin and how long do they continue?

Benefits begin after the end of the elimination period. The elimination period begins on the day you become disabled and is the length of time you must wait, while disabled, before you are eligible to receive a benefit. The elimination period is as follows:

For Injury: 0 days.

For Sickness (includes pregnancy): 7 days.

Benefits continue for as long as you are disabled up to a maximum duration of 13 weeks of Disability.

Your plan's maximum benefit period and any specific limitations are described in the Certificate of Insurance/Summary Plan Description provided by your Employer or contact your MetLife benefits administrator with any questions.

Answers to Some Important Questions...

Q. Are my benefits taxable?

- A.** If you pay your premium with after-tax dollars, your benefit in the event of disability would be tax free. Taxation of benefits can occur if all or a portion of the benefit is paid for with pre-tax contributions³.

Q. Can I still receive benefits if I return to work part time?

- A.** Yes. As long as you are disabled and meet the terms of your Disability plan, you may qualify for adjusted Disability benefits.

Your plan offers financial and Rehabilitation incentives designed to help you to return to work when appropriate, even on a part-time basis when you participate in an approved Rehabilitation Program. While disabled, you may receive up to 100% of your predisability earnings when combining benefits, Rehabilitation Incentives and other income sources such as Social Security Disability Benefits and State Disability Benefits, and part-time earnings.

With the Rehabilitation Incentive you can get a 10% increase in your weekly benefit.

Following the 4th weekly benefit payment, the Family Care Incentive provides reimbursement up to \$100 per week for eligible expenses, such as child care.

You may be eligible for the Moving Expense Incentive if you incur expenses in order to move to a new residence recommended as part of the Rehabilitation Program. Expenses must be approved in advance.

Q. Are there any exclusions for pre-existing conditions?

- A.** Yes. Your plan may not cover a sickness or accidental injury that arose in the months prior to your participation in the plan. A complete description of the pre-existing condition exclusion is included in the Certificate of Insurance/Summary Plan Description provided by your Employer or contact your MetLife benefits administrator with any questions.

Q. Does my benefit have any offsets?

- A.** Yes. The STD benefit replaces a portion of your predisability earnings, less the income that was actually paid to you for the same Disability from other sources⁴ (e.g., state-mandated benefits, no-fault auto laws, sick pay, Workers' Compensation, etc.)

Q. Are there any exclusions to my coverage?

- A.** Yes. Your plan does not cover any Disability which results from or is caused or contributed to by:
- War, whether declared or undeclared, or act of war, insurrection, rebellion or terrorist act;
 - Active participation in a riot;
 - Intentionally self-inflicted injury or attempted suicide;
 - Commission of or attempt to commit a felony.
 - In addition, no payment will be made for any disability caused or contributed to by elective treatment or procedures, such as cosmetic surgery, sex-change surgery, reversal of sterilization, liposuction, visual correction surgery or in vitro fertilization, embryo transfer procedure, or artificial insemination.

However, pregnancies and complications from any of these procedures will be treated as a sickness.

Additionally, no payment will be made for a Disability caused or contributed to by any injury or sickness for which you are entitled to benefits under Workers' Compensation or similar law.

Other limitations or exclusions to your coverage may apply. Please review your Certificate of Insurance/Summary Plan Description for specific details or contact your MetLife benefits administrator with any questions.

1 11th Annual Employee Benefits Trends Study, 2013

2 Social Security Fact Sheet, July 2013

3 Pursuant to IRS Circular 230, MetLife is providing you with the following notification: The information contained in this document is not intended to (and cannot) be used by anyone to avoid IRS penalties. This document supports the promotion and marketing of insurance products. You should seek advice based on your particular circumstances from an independent tax advisor.

4 Under certain circumstances, MetLife may estimate the amount of income you may receive from other sources, where permitted to do so.

The "Plan Benefits" provides only a brief overview of the STD plan. A more complete description of the benefits provisions, conditions, limitations, and exclusions will be included in the Certificate of Insurance/Summary Plan Description. If any discrepancies exist between this information and the legal plan documents, the legal plan documents will govern.

Short Term Disability ("STD") coverage is provided under a group insurance policy (Form GPNP99, GPNP15-2T, GPNP15-3T, or G.2130-S) issued to your employer by MetLife. Like most group insurance policies, MetLife group policies contain certain exclusions, elimination periods, reductions, limitations and terms for keeping them in force. State variations may apply. Please consult the certificate of insurance for details

For policies issued in New York: MetLife Disability Income Insurance policies provide disability income insurance only. They do NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Insurance Department. The expected benefit ratio for these policies is at least 50%. This ratio is the portion of future premiums that MetLife expects to return as benefits when averaged over all people with the applicable policy.

MetLife, its agents, and representatives may not give legal or tax advice. Any discussion of taxes herein or related to this document is for general information purposes only and does not purport to be complete or cover every situation. Tax law is subject to interpretation and legislative change. Tax results and the appropriateness of any product for any specific taxpayer may vary depending on the facts and circumstances. You should consult with and rely on your own independent legal and tax advisers regarding your particular set of facts and circumstances.

Long Term Disability

Metropolitan Life Insurance Company

Joplin School District Plan Benefits

Date Prepared: June 20, 2019

Explore the coverage that helps you protect your income and your lifestyle.

What is Long-Term Disability Insurance?

Long-Term Disability (LTD) insurance can help replace a portion of your income if you are unable to work for an extended period of time due to a sickness or accidental injury. It helps to provide the day to day peace of mind that comes from knowing that, during the time you would be recovering from a significant event in your life, you may not have to shoulder the additional burden of wondering how you're going to pay for the things that would still have to be paid for.

Why Should I Consider LTD Insurance?

You may have already purchased home, auto and life insurance to protect yourself against the threat of loss. And, you may already have health insurance to protect you against the cost of medical bills. But, have you protected one of your most valuable assets – your ability to work and earn a living?

Nobody ever thinks it will happen to them, but unfortunately, it can. The car accident, the illness, the slip on an icy sidewalk, the fall down steps or off a bike. And, sometimes these events can deprive you of one of your most important and valuable assets—your ability to earn an income. A disability absence from work can potentially last for several years. That's a long time to survive without a steady income. While some people may be able to survive without working for a few months by tapping into their savings, what happens after that? Would you be able to meet your financial obligations if you became disabled and were unable to work for an extended period? Recent statistics have shown:

Only 48 percent of American adults indicate they have enough savings to cover three months of living expenses in the event they're not earning any income.¹ More than one in four of today's 20-year-olds can expect to be out of work for at least a year because of a disabling condition before they reach the normal retirement age.²

Your employer recognizes the need for you to protect your ability to earn an income and is offering you the opportunity to enroll in Long Term Disability insurance coverage from MetLife. The plan is being made available to you with the convenience of payroll deduction so you don't have to worry about mailing monthly payments.

Eligibility Requirements

All Active Part Time and Full-Time Employees working at least 15 hours per week are eligible to participate.

How is "Disability" defined under the Plan?

Generally, you are considered disabled and eligible for long term benefits if, during your elimination period and the next 24 months you are unable to earn more than 80% of your predisability earnings at your own occupation for any employer in your local economy due to sickness, pregnancy or accidental injury, while you are receiving appropriate care and treatment and complying with the requirements of the treatment.

Following the Own Occupation period, you are considered disabled if, due to sickness, pregnancy or accidental injury, you are receiving appropriate care and treatment and complying with the requirements of treatment and you are unable to earn 80% of your predisability earnings at any gainful occupation for which you are reasonably qualified taking into account your training, education and experience.

For a complete description of this and other requirements that must be met, refer to the Certificate of Insurance/Summary Plan Description provided by your Employer or contact your MetLife benefits administrator with any questions

What is the benefit amount?

The Long Term Disability benefit replaces a portion of your predisability monthly earnings, less other income you may receive from other sources¹ during the same Disability (e.g., Social Security, Workers' Compensation, vacation pay etc.).

The Benefit amount is 60% of your predisability monthly earnings.

What is the maximum monthly benefit?

The amount of Long Term Disability benefit may not exceed the maximum monthly benefit established under the plan, regardless of your annual salary amount. The maximum under this plan is \$6,000.

If I do not enroll during my group's initial open enrollment period can I still purchase coverage at a later date?

Yes, employees who do not elect coverage during the initial 31-day open enrollment period may still elect coverage at future enrollments. You may be required to submit a Statement of Health or meet certain pre-existing condition limitations.

When do benefits begin and how long do they continue?

Benefits begin after the end of the elimination period. The elimination period begins on the day you become disabled and is the length of time you must wait while being disabled before you are eligible to receive a benefit. Your elimination period for Long Term Disability is 90 days.

Your plan's maximum benefit period and any specific limitations are described in the Certificate of Insurance/Summary Plan Description provided by your Employer, or contact your MetLife benefits administrator with any questions

Additional Disability Plan Benefits: Coverage with Your Best Interests in Mind...

When you are ill or injured for a long time, MetLife® believes you need more than a supplement to your income. That's why we offer return-to-work services and financial incentives and assistance in obtaining Social Security Disability Benefits to help you get the maximum benefits from your coverage.

Services to Help You Get Back to Work Can Include:

Nurse Consultant or Case Manager Services:

Specialists who personally contact you, your physician and your employer to coordinate an early return-to-work plan when appropriate.

Vocational Analysis:

Help with identifying job requirements and determining how your skills can be applied to a new or modified job with your employer.

Job Modifications/Accommodations:

Adjustments (e.g., redesign of work station tools) that enable you to return to work.

Retraining:

Development programs to help you return to your previous job or educate you for a new one.

Financial Incentives:

Allow employees to receive Disability benefits or partial benefits while attempting to return to work.

The Services of Social Security Specialists:

Once you are approved for Disability benefits, Metlife can help you obtain Social Security Disability benefits. Our specialists can guide you through the initial application and appeals processes and may also help you access legal assistance from attorneys or vendors to pursue Social Security benefits.

Answers to Some Important Questions...

Q. Are my benefits taxable?

- A.** If you pay your premiums with after tax-dollars, your benefit in the event of disability would be tax free. Taxation of benefits can occur if all or a portion of the benefit is paid for with pre-tax contributions.³

Q. Can I return to work part-time and still receive a benefit?

- A.** Yes. As long as you are disabled and meet the terms of your disability plan, you may qualify for adjusted disability benefits.

Your plan offers financial incentives designed to help you to return to work when appropriate, even on a part-time basis. While disabled, you may receive up to 100% of your predisability earnings for 24 months when combining benefits, Rehabilitation Incentives and other income sources such as Social Security Disability Benefits and state disability benefits, and part-time earnings. other income sources such as Social Security Disability Benefits and state disability benefits, and part-time earnings.

With the Rehabilitation Incentive you can get a 10% increase in your monthly benefit.

The Family Care Incentive provides reimbursement up to \$400 per month for eligible expenses, such as child care, during the first 24 months of disability.

You may be eligible for the Moving Expense Incentive if you incur expenses in order to move to a new residence recommended as part of the Rehabilitation Program. Expenses must be approved in advance.

Q. Are there any exclusions for pre-existing conditions?

- A.** Yes. Your plan may not cover a sickness or accidental injury that arose in the months prior to your participation in the plan. A complete description of the pre-existing condition exclusion is included in the Certificate of Insurance/Summary Plan Description provided by your Employer.

Q. Are there any exclusions to my coverage?

- A.** Yes. Your plan does not cover any Disability which results from or is caused or contributed to by:
- War, whether declared or undeclared, or act of war, insurrection, rebellion or terrorist act;
 - Active participation in a riot;
 - Intentionally self-inflicted injury or attempted suicide;
 - Commission of or attempt to commit a felony.

For Long Term Disability, limited benefits apply for specific conditions, such as, mental or nervous disorders or diseases, alcohol, drug, or substance abuse or addiction, neuromuscular, musculoskeletal or soft tissue disorders and chronic fatigue syndrome and related conditions.

Other limitations or exclusions to your coverage may apply. Please review your Certificate of Insurance provided by your Employer for specific details or contact your benefits administrator with any questions.

¹ Federal Reserve, Report on the Economic Well-Being of U.S. Households in 2016 (PDF), page 26.

² Social Security Administration, Disability and Death Probability Tables for Insured Workers Born in 1997, Table A.

³ Pursuant to IRS Circular 230, MetLife is providing you with the following notification: The information contained in this document is not intended to (and cannot) be used by anyone to avoid IRS penalties. This document supports the promotion and marketing of insurance products. You should seek advice based on your particular circumstances from an independent tax advisor.

The "Plan Benefits" provides only a brief overview of the LTD plan. A more complete description of the benefits provisions, conditions, limitations, and exclusions will be included in the Certificate of Insurance. If any discrepancies exist between this information and the legal plan documents, the legal plan documents will govern.

Long Term Disability ("LTD") coverage is provided under a group insurance policy (Form GPNP99, GPNP15-2T, GPNP15-3T or G.2130-S) issued to your employer by MetLife. Like most group insurance policies, MetLife group policies contain certain exclusions, elimination periods, reductions, limitations and terms for keeping them in force. State variations may apply.

¹ Under certain circumstances, MetLife may estimate the amount of income you may receive from other sources.

ADDITIONAL BENEFITS

- * Enrollment time is a good time to consider additional benefits offered by the District
- * These additional benefits are Accident Insurance, Critical Illness Insurance, and Cancer Insurance
- * Payments are made directly to you to help pay for medical bills, home expenses, groceries, however you see fit to use the funds
- * Enrollment is voluntary and paid 100% by the employee

Accident Insurance

- ◆ Accidents happen—every 2 seconds at home, every 6 seconds at work and every 9 seconds on the road
- ◆ Accident Insurance helps with out of pocket expenses associated with these accidents
- ◆ Plan provides a payment for over 150 different covered events (fractures, dislocations, burns, lacerations, broken teeth, etc)
- ◆ You receive payments when you have covered expenses related to the accident as well such as ambulance, emergency care, surgery, x-rays, physical therapy, hospitalization etc.
- ◆ Also includes accidental death life insurance policy
- ◆ Low Plan and High Plan to choose from

Critical Illness Insurance

- ◆ Critical Illness plans provide a lump-sum payment if you or a covered family member is diagnosed with Cancer, Heart Attack/Stroke, Coronary Artery Bypass, Kidney Failure, Alzheimer's, Organ Transplant and over 20 other listed conditions
- ◆ \$15,000 and \$30,000 benefit options
- ◆ Pre-existing condition exclusion—in the first 6 months you are covered there will be no benefits payable for any illness existed 3 months prior to enrolling

Cancer Insurance

- ◆ Cancer plans provide a lump-sum payment if you or a covered family member is diagnosed with Cancer
- ◆ \$15,000 and \$30,000 benefit options
- ◆ Pre-existing condition exclusion—in the first 6 months you are covered there will be no benefits payable for any illness existed 3 months prior to enrolling

Full benefit details and rates plans
are available on Employee Navigator

Group Life Insurance Program

Your employer provides benefit eligible employees Term Life Insurance through Securian - administered by Ochs, Inc.

LIFE INSURANCE

Protect yourself and your family

from the unexpected loss of life and income during working years. Life Insurance provides a financial benefit to beneficiaries upon death.

HOW MUCH LIFE INSURANCE DO YOU NEED?

Check out the life insurance calculator at LifeBenefits.com/Insuranceneeds.



Insurance helps cover

- Funeral/burial costs
- Medical bills
- Taxes & living expenses (i.e. mortgage, childcare)

Automatically Enrolled Coverage - employer paid (full-time employees only)

Employee
Basic Term Life

Enrolled

\$25,000 (full-time employees) • Employer paid, no election required

Elect Supplemental Coverage - employee paid (full-time and part-time employees)

Employee
Term Life

Elect

up to **\$500,000** maximum

- Elect in **\$10,000 increments**

Spouse
Term Life

Elect

up to **\$250,000** maximum

- Elect in **\$5,000 increments**

Child
Term Life

Elect

up to **\$20,000** for each child

- Elect **\$10,000, \$15,000, or \$20,000**
- One premium insures all eligible children from live birth to age 26

If your spouse or child is eligible for employee coverage, they cannot be covered as a dependent. Only one employee may cover a dependent child.

MONTHLY COST

Employee or Spouse Supplemental Term Life

See rate grid for easy cost calculation.

| Age | Rate per \$1,000 |
|-------|------------------|
| <25 | \$0.04 |
| 25-29 | \$0.04 |
| 30-34 | \$0.04 |
| 35-39 | \$0.08 |
| 40-44 | \$0.10 |
| 45-49 | \$0.15 |
| 50-54 | \$0.23 |
| 55-59 | \$0.43 |
| 60-64 | \$0.66 |
| 65-69 | \$1.27 |
| 70-74 | \$2.06 |
| 75* | \$2.06 |

*Rates beyond age 75 are available upon request.
Rates increase with age and all rates are subject to change.

Child Term Life

\$0.20 per \$1,000

one premium insures all eligible children

ENROLL NOW

Turn in your completed forms to your employer by the enrollment deadline. Premiums will be automatically deducted from your paycheck.

BENEFICIARY DESIGNATIONS

Naming a beneficiary is an important right of life insurance ownership; this determines who receives the death benefit. It is recommended that you review and update your elections periodically.

ADDITIONAL FEATURES

- **Waiver of Premium** - If you become totally and permanently disabled, life insurance premiums may be waived.
- **Accelerated Benefit** - If an insured person becomes terminally ill, he/she may be eligible to request early payment of life insurance in force.
- **Continuation** - If you are no longer eligible for coverage as an active employee, you may be eligible to continue your coverage, if elected during the limited enrollment period. Premiums may be higher than those paid by active employees. Contact your employer or Ochs for information.

NEWLY HIRED EMPLOYEES

A special guaranteed issue opportunity is available for newly hired employees during their initial 31 day enrollment period. No evidence of insurability is required for the following **guaranteed amounts**:

- **Employee** - up to **\$250,000**
- **Spouse** - up to **\$50,000**
- **Child** - **all coverage**

Evidence of insurability is required for elections above the guaranteed amounts.

ANNUAL ENROLLMENT

During your employer's designated annual enrollment period, no evidence of insurability is required for the following **guaranteed amounts**:

- **Child** - **all coverage**

Evidence of insurability is required for employee and spouse elections above the guaranteed amounts.

OTHER ENROLLMENT

If your policy or employer allows enrollment outside of their designated enrollment periods, **elections will require evidence of insurability.** *If you experience a family status change, check with your employer within 31 days to confirm guaranteed issue eligibility.*



Contact Ochs

ochs@ochsinc.com
651-665-3789 or 1-800-392-7295

This is a summary of plan provisions related to the insurance policy issued by Minnesota Life or Securian Life, affiliates of the Securian Financial Group, Inc. In the event of a conflict between this summary and the policy and/or certificate, the policy and/or certificate shall dictate the insurance provisions, exclusions, all limitations, and terms of coverage.

Policy forms are offered under policy form series MHC-96-13180.24 Rev 3-2009.

Ochs, Inc.
A Securian Company
400 Robert Street N, Ste 1880, St. Paul, MN 55101



Email: ochs@ochsinc.com
Phone: 651-665-3789 • 1-800-392-7295
Web: ochsinc.com



Employee and Spouse Supplemental Term Life Monthly Rates (based on age)

| Age | < 25 | 25-29 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 | 65-69 | 70-74* |
|------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|----------|
| Rate per \$1,000 | \$0.04 | \$0.04 | \$0.04 | \$0.08 | \$0.10 | \$0.15 | \$0.23 | \$0.43 | \$0.66 | \$1.27 | \$2.06 |
| Amount | | | | | | | | | | | |
| \$5,000 | 0.20 | 0.20 | 0.20 | 0.40 | 0.50 | 0.75 | 1.15 | 2.15 | 3.30 | 6.35 | 10.30 |
| \$10,000 | 0.40 | 0.40 | 0.40 | 0.80 | 1.00 | 1.50 | 2.30 | 4.30 | 6.60 | 12.70 | 20.60 |
| \$20,000 | 0.80 | 0.80 | 0.80 | 1.60 | 2.00 | 3.00 | 4.60 | 8.60 | 13.20 | 25.40 | 41.20 |
| \$30,000 | 1.20 | 1.20 | 1.20 | 2.40 | 3.00 | 4.50 | 6.90 | 12.90 | 19.80 | 38.10 | 61.80 |
| \$40,000 | 1.60 | 1.60 | 1.60 | 3.20 | 4.00 | 6.00 | 9.20 | 17.20 | 26.40 | 50.80 | 82.40 |
| \$50,000 | 2.00 | 2.00 | 2.00 | 4.00 | 5.00 | 7.50 | 11.50 | 21.50 | 33.00 | 63.50 | 103.00 |
| \$60,000 | 2.40 | 2.40 | 2.40 | 4.80 | 6.00 | 9.00 | 13.80 | 25.80 | 39.60 | 76.20 | 123.60 |
| \$70,000 | 2.80 | 2.80 | 2.80 | 5.60 | 7.00 | 10.50 | 16.10 | 30.10 | 46.20 | 88.90 | 144.20 |
| \$80,000 | 3.20 | 3.20 | 3.20 | 6.40 | 8.00 | 12.00 | 18.40 | 34.40 | 52.80 | 101.60 | 164.80 |
| \$90,000 | 3.60 | 3.60 | 3.60 | 7.20 | 9.00 | 13.50 | 20.70 | 38.70 | 59.40 | 114.30 | 185.40 |
| \$100,000 | 4.00 | 4.00 | 4.00 | 8.00 | 10.00 | 15.00 | 23.00 | 43.00 | 66.00 | 127.00 | 206.00 |
| \$110,000 | 4.40 | 4.40 | 4.40 | 8.80 | 11.00 | 16.50 | 25.30 | 47.30 | 72.60 | 139.70 | 226.60 |
| \$120,000 | 4.80 | 4.80 | 4.80 | 9.60 | 12.00 | 18.00 | 27.60 | 51.60 | 79.20 | 152.40 | 247.20 |
| \$130,000 | 5.20 | 5.20 | 5.20 | 10.40 | 13.00 | 19.50 | 29.90 | 55.90 | 85.80 | 165.10 | 267.80 |
| \$140,000 | 5.60 | 5.60 | 5.60 | 11.20 | 14.00 | 21.00 | 32.20 | 60.20 | 92.40 | 177.80 | 288.40 |
| \$150,000 | 6.00 | 6.00 | 6.00 | 12.00 | 15.00 | 22.50 | 34.50 | 64.50 | 99.00 | 190.50 | 309.00 |
| \$160,000 | 6.40 | 6.40 | 6.40 | 12.80 | 16.00 | 24.00 | 36.80 | 68.80 | 105.60 | 203.20 | 329.60 |
| \$170,000 | 6.80 | 6.80 | 6.80 | 13.60 | 17.00 | 25.50 | 39.10 | 73.10 | 112.20 | 215.90 | 350.20 |
| \$180,000 | 7.20 | 7.20 | 7.20 | 14.40 | 18.00 | 27.00 | 41.40 | 77.40 | 118.80 | 228.60 | 370.80 |
| \$190,000 | 7.60 | 7.60 | 7.60 | 15.20 | 19.00 | 28.50 | 43.70 | 81.70 | 125.40 | 241.30 | 391.40 |
| \$200,000 | 8.00 | 8.00 | 8.00 | 16.00 | 20.00 | 30.00 | 46.00 | 86.00 | 132.00 | 254.00 | 412.00 |
| \$210,000 | 8.40 | 8.40 | 8.40 | 16.80 | 21.00 | 31.50 | 48.30 | 90.30 | 138.60 | 266.70 | 432.60 |
| \$220,000 | 8.80 | 8.80 | 8.80 | 17.60 | 22.00 | 33.00 | 50.60 | 94.60 | 145.20 | 279.40 | 453.20 |
| \$230,000 | 9.20 | 9.20 | 9.20 | 18.40 | 23.00 | 34.50 | 52.90 | 98.90 | 151.80 | 292.10 | 473.80 |
| \$240,000 | 9.60 | 9.60 | 9.60 | 19.20 | 24.00 | 36.00 | 55.20 | 103.20 | 158.40 | 304.80 | 494.40 |
| \$250,000 | 10.00 | 10.00 | 10.00 | 20.00 | 25.00 | 37.50 | 57.50 | 107.50 | 165.00 | 317.50 | 515.00 |
| \$260,000 | 10.40 | 10.40 | 10.40 | 20.80 | 26.00 | 39.00 | 59.80 | 111.80 | 171.60 | 330.20 | 535.60 |
| \$270,000 | 10.80 | 10.80 | 10.80 | 21.60 | 27.00 | 40.50 | 62.10 | 116.10 | 178.20 | 342.90 | 556.20 |
| \$280,000 | 11.20 | 11.20 | 11.20 | 22.40 | 28.00 | 42.00 | 64.40 | 120.40 | 184.80 | 355.60 | 576.80 |
| \$290,000 | 11.60 | 11.60 | 11.60 | 23.20 | 29.00 | 43.50 | 66.70 | 124.70 | 191.40 | 368.30 | 597.40 |
| \$300,000 | 12.00 | 12.00 | 12.00 | 24.00 | 30.00 | 45.00 | 69.00 | 129.00 | 198.00 | 381.00 | 618.00 |
| \$350,000 | 14.00 | 14.00 | 14.00 | 28.00 | 35.00 | 52.50 | 80.50 | 150.50 | 231.00 | 444.50 | 721.00 |
| \$400,000 | 16.00 | 16.00 | 16.00 | 32.00 | 40.00 | 60.00 | 92.00 | 172.00 | 264.00 | 508.00 | 824.00 |
| \$450,000 | 18.00 | 18.00 | 18.00 | 36.00 | 45.00 | 67.50 | 103.50 | 193.50 | 297.00 | 571.50 | 927.00 |
| \$500,000 | 20.00 | 20.00 | 20.00 | 40.00 | 50.00 | 75.00 | 115.00 | 215.00 | 330.00 | 635.00 | 1,030.00 |

*Additional rates available upon request and rates change according to age brackets.

EXAMPLES OF BENEFICIARY DESIGNATIONS

Example 1: If a primary beneficiary is to receive the benefit, followed by a contingent beneficiary, if the primary beneficiary is deceased.

| PRIMARY BENEFICIARY(IES) - The person or persons named will receive the benefit | | | | | |
|--|---------------|--|------------------------|--------------|---------------------------|
| Beneficiary Full Name | Date of Birth | Address and Phone Number | Social Security Number | Relationship | Share % (must total 100%) |
| Mary Doe | 01-01-1980 | 123 4th Street, Anywhere, MN 12345, 651-665-1234 | XXX-XX-XXXX | Daughter | 100% |
| Total = 100% | | | | | |
| CONTINGENT BENEFICIARY(IES) - If the primary beneficiary(ies) is no longer living, the benefit is paid to this person(s) | | | | | |
| Beneficiary Full Name | Date of Birth | Address and Phone Number | Social Security Number | Relationship | Share % (must total 100%) |
| Nancy Doe | 02-02-1980 | 5 Main Street, Anywhere, MN 45685, 651-665-2345 | XXX-XX-XXXX | Sister | 100% |
| Total = 100% | | | | | |

Example 2: If more than one primary beneficiary(ies) are to receive the benefit first, followed by the contingent beneficiary(ies) if all of the primary beneficiary(ies) are deceased.

| PRIMARY BENEFICIARY(IES) - The person or persons named will receive the benefit | | | | | |
|--|---------------|--|------------------------|--------------|---------------------------|
| Beneficiary Full Name | Date of Birth | Address and Phone Number | Social Security Number | Relationship | Share % (must total 100%) |
| Mary Doe | 03-03-1980 | 123 4th Street, Anywhere, MN 12345, 651-665-3456 | XXX-XX-XXXX | Daughter | 40% |
| Jim Doe | 04-04-1980 | 123 4th Street, Anywhere, MN 12345, 651-665-4567 | XXX-XX-XXXX | Husband | 40% |
| Mary Smith | 05-05-1980 | 45 Oak Street, Anywhere, MN 56789, 651-665-5678 | XXX-XX-XXXX | Friend | 20% |
| Total = 100% | | | | | |
| CONTINGENT BENEFICIARY(IES) - If the primary beneficiary(ies) is no longer living, the benefit is paid to this person(s) | | | | | |
| Beneficiary Full Name | Date of Birth | Address and Phone Number | Social Security Number | Relationship | Share % (must total 100%) |
| Nancy Jones | 06-06-1980 | 5 Main Street, Anywhere, MN 45685, 651-665-6789 | XXX-XX-XXXX | Sister | 50% |
| Jack Williams | 07-07-1980 | 10 Elm Street, Anywhere, MN 58978, 651-665-7890 | XXX-XX-XXXX | Brother | 50% |
| Total = 100% | | | | | |

Example 3: If the beneficiary is a formal trust.

| PRIMARY BENEFICIARY(IES) - The person or persons named will receive the benefit | | | | | |
|---|---------------|--------------------------|------------------------|--------------|---------------------------|
| Beneficiary Full Name | Date of Birth | Address and Phone Number | Social Security Number | Relationship | Share % (must total 100%) |
| John Doe - Trustee, his successors or successor in trust under the John Doe Revocable Trust Agreement. Executed by the insured on June 1, 2008. | | | N/A | Trust | 100% |
| Total = 100% | | | | | |

Group Life Insurance Enrollment Worksheet

MINNESOTA LIFE**EMPLOYER NAME:** Joplin Schools**LIFE POLICY NUMBER:** 34571

1. Please complete Group Life Evidence of Insurability for coverage that is not guaranteed.
2. Return completed and signed form to your Benefits Office.

A. EMPLOYEE INFORMATION

| | | | | |
|----------------------------------|----------------|--------------------|--------|---|
| First Name | Middle Initial | Last Name | | |
| Street Address | | City | State | Zip Code |
| Date of Birth (Month, Day, Year) | Employee ID | Date of Employment | Salary | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female |

B. BASIC LIFE

Amount \$ _____ Insurance Class: _____ Effective Date: _____

C. SUPPLEMENTAL LIFE

| | | | | |
|--|--|-----------------|-------------------------|-------------------------|
| Employee Current Amount \$ _____ | <input type="checkbox"/> Increase <input type="checkbox"/> Decrease | Amount \$ _____ | Grand Total \$ _____ | Effective Date _____ |
| Spouse Current Amount \$ _____ | <input type="checkbox"/> Increase <input type="checkbox"/> Decrease | Amount \$ _____ | Grand Total \$ _____ | Effective Date _____ |
| Child Current Amount \$ _____ | <input type="checkbox"/> Increase <input type="checkbox"/> Decrease | Amount \$ _____ | Grand Total \$ _____ | Effective Date _____ |

D. SPOUSE INFORMATION

| | | | | |
|----------------------------------|---|-----------|---|--|
| First Name | Middle Initial | Last Name | | |
| Date of Birth (Month, Day, Year) | Is your spouse also an employee covered under this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | |

E. CHILDREN INFORMATION – (List names and date of birth for your eligible children)**F. AUTHORIZATION**

I authorize my employer to make these change(s) and to withdraw any premiums from my salary to pay for supplemental insurance coverage.

| | | | |
|--------------------|--------------------------|--------------------------|-------------|
| Employee Signature | Daytime Telephone Number | Evening Telephone Number | Date Signed |
|--------------------|--------------------------|--------------------------|-------------|

Beneficiary Designation

Securian Financial Group, Inc.
Minnesota Life Insurance Company
Securian Life Insurance Company, a New York authorized insurer
Administered by Ochs, Inc. • 400 Robert Street North • 18-3789 • St. Paul, Minnesota 55101-2098



EMPLOYER NAME:

POLICY NUMBER:

| | |
|--|---------------------------|
| Insured's name (last, first, middle initial) | Social Security number/ID |
| Address (street, city, state, zip) | |

| | | | |
|-------------------------|---|----------------------------|---------------|
| Insured's date of birth | Policyowner (if different than the insured) | Policyowner's phone number | Email address |
|-------------------------|---|----------------------------|---------------|

This beneficiary designation applies to all eligible coverages.

INSTRUCTIONS:

1. Clearly print or type the information below.
2. **Sign and date the completed form.**
3. Return to

CHANGE BENEFICIARY REVOKING ALL PRIOR DESIGNATIONS

The primary and contingent beneficiary(ies) determines the order in which beneficiaries become eligible to receive a death benefit. Surviving beneficiaries in any category share equally with beneficiaries in the same category unless otherwise specified. Use of the word "Children", without modification, includes only your biological children of first generation and adopted children. For revocable designations, this signed beneficiary designation, when accepted by the underwriting company, is the only form needed to elect or change a designation under this policy. No other documents are required.

Name beneficiaries by category. To receive a death benefit, a beneficiary must survive the insured. In the event a beneficiary does not survive the insured, that beneficiary's portion shall be equally distributed to the remaining beneficiaries within that category. In the event of simultaneous death of the insured and a beneficiary, the death benefit will be paid as if the insured survived the beneficiary.

The same person cannot be named as a primary and a contingent beneficiary.

PRIMARY BENEFICIARY(IES) - The person or persons named will receive the benefit

| Beneficiary Full Name | Date of Birth | Address and Phone Number | Social Security Number | Relationship | Share % (must total 100%) |
|-----------------------|---------------|--------------------------|------------------------|--------------|---------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Total = 100%

CONTINGENT BENEFICIARY(IES) - If the primary beneficiary(ies) is no longer living, the benefit is paid to this person(s)

| Beneficiary Full Name | Date of Birth | Address and Phone Number | Social Security Number | Relationship | Share % (must total 100%) |
|-----------------------|---------------|--------------------------|------------------------|--------------|---------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Total = 100%

SIGNATURE REQUIRED

| | |
|-------------------------------------|------|
| Policyowner's signature X | Date |
|-------------------------------------|------|