



2020-2021

Employee

Benefits

Handbook

TABLE OF CONTENTS

Introduction and Important Information	1
Eligibility/Open Enrollment	2
Qualifying Events/Enrollment	3
Healthcare Reform	4
Medical Plan	5-6
PSF Claim Reimbursement Details	7
PSF Flow Chart	8
Dental Plan	9-10
Vision Plan/IDShield/LegalShield	11
Flexible Spending Accounts	12
Voluntary Life/Disability Insurance	13
Employee Navigator Instructions	14
Doctor on Demand (Telehealth)	15
Aflac	16
Flexible Spending Claim Form	17-18
Page for Taking Notes	19

INTRODUCTION

This employee benefit handbook has been designed as a reference tool for you to become familiar with the benefits offered to you through your employment with the Monticello Community School District. We suggest you keep this handbook in a convenient location as it can be a very valuable tool throughout the year.

Please review your options carefully, as the enrollment decisions you make will be locked in until the 2021 open enrollment, unless you experience a qualifying event, as outlined on page 3.

If you have questions, you may reach us by phone at (866)496-3102, or by email at slangreck@gbp-ins.com (Sara), brandall@gbp-ins.com (Barb), or jwillis@gbp-ins.com (Jim).

IMPORTANT INFORMATION

In general, the benefits outlined in this handbook will become effective July 1, 2020, and unless notified, will terminate June 30, 2021. Newly hired employees will be subject to the new hire eligibility waiting period, as outlined on page 2. This is a custom handbook that is intended to provide a highlight of the plans offered to you and in no way serves as the actual plan description or plan documents for the benefits. If there are inconsistencies between this handbook and the plan documents, the plan documents govern. The school district reserves the right to change or end the plans at any time. Please call Group Benefit Partners with questions.

ELIGIBILITY

To be eligible to receive the benefits contained in this handbook, you must meet the eligibility guidelines defined in your Monticello Community School District handbook. As an eligible employee, your benefits will become effective after completing the initial eligibility waiting period.

Dependents eligible for the medical, dental, vision, and life insurance plans include:

- Legal spouses and domestic partners
- Dependent children under the age of 26, in general
- Dependent children over the age of 26 who are full-time students, or are mentally or physically unable to care for themselves

OPEN ENROLLMENT

Your open enrollment period occurs only one time each year, during the late spring, for changes effective July 1st, and is your opportunity to change plans, or add and remove dependents. Please review all plan materials carefully with your family, and make your annual elections accordingly, as your open enrollment period is the only chance you will have to make changes to the benefits you have elected. Any other changes will require proof of a qualifying event.

QUALIFYING EVENTS

Outside of your annual open enrollment period, you must experience a qualifying event in order to make changes to your benefit elections. **All changes must be made within 31 days of the qualifying event.** Qualifying events include the following:

- Employee marriage, legal separation, or divorce
- Birth or adoption of a child or dependent
- Change in employment status for you or your spouse
- Change in dependent benefit eligibility status
- Change in residence that causes loss of eligibility
- Loss of dependent
- Change in cost of dependent care (only pertains to flexible dependent care spending account)

ENROLLMENT

Group Benefit Partners uses an online enrollment system to assist you in your plan choices. The system is called Employee Navigator, and instructions for your first login, and your enrollment are on page 14. If you need assistance, please call us at (866)496-3102, or email us at slangreck@gbp-ins.com (Sara), brandall@gbp-ins.com (Barb), or jwillis@gbp-ins.com (Jim).

HEALTHCARE REFORM

In March of 2010, our nation's legislative leaders passed into law what is known as The Affordable Care Act. As we continue forward, it will remain **very important** for you to understand how the health insurance benefits offered to you as a full-time employee of the Monticello Community School District relate to the various aspects of this law. Starting January 1, 2014, all United States citizens have been mandated to carry adequate health insurance coverage.

Governmental agencies will continue to be very aggressive in their marketing campaign to push citizens to the government-created health insurance "marketplace," also known as the "exchange." The "marketplace" is where employees who are not offered adequate, affordable coverage through their employer can access income-based governmental subsidies to purchase insurance coverage. Employers are now faced with the decision of whether or not to offer health insurance benefits to their employees, or to send employees to the government's marketplace.

Monticello Community School District is very proud to continue to offer you the competitive, affordable medical insurance benefits. This coverage will satisfy your obligation to carry health insurance, and because your employer has chosen to continue to offer you these affordable benefits, you will want to disregard the media frenzy surrounding the insurance marketplace, as you will likely be ineligible to purchase government-subsidized coverage. Starting in 2016, each January you will receive two documents, a 1095-B from Wellmark and a 1095-C from Monticello Community School District, to prove when you do your taxes, that you have adequate, affordable health insurance.

If you have any questions related to the Affordable Care Act, please call your consultants at Group Benefit Partners.

MEDICAL

Monticello Community School District continues to offer you a comprehensive medical insurance policy for the 2020 plan year. The plans will provide the basic benefits as outlined on page 6. Plans 2 and 3 will be offered on a partially self-funded basis, through the combination of Wellmark Blue Cross Blue Shield(BCBS) and Midwest Group Benefits (MGB). Pages 7 and 8 will give you basic information regarding how partially self-funded plans (Plans 2 and 3) work. Plan 1 is not partially self-funded and will not receive the second EOB from Midwest Group Benefits. As always, please call Group Benefit Partners with any questions you have as you access your benefits.

As you use care throughout the year, please remember that you have access to BeWell 24/7 as noted on your BCBS ID card. This is a service available to you 24 hours-a-day 7-days-a-week, and you will be connected to a real person who may be able to help you:

- Locate healthcare providers and facilities – whether you’re at home or traveling.
- Help decide if a trip to the emergency room is truly necessary.
- Estimate your costs for common medical procedures and services.
- Coordinate healthcare appointments, in-home health help and record retrieval.
- Discuss treatment options and answer your health and wellness questions.
- Make arrangements for community-based services you or a family member needs like in-home safety modifications, meals, medical equipment, transportation and more.

Also remember, if care is needed, Urgent Care and Walk-In Clinic facilities are far less expensive than receiving care at the Emergency Room.

Many retail pharmacies have access to \$4-5 generic drugs. These prescriptions are less expensive than even the lowest copay on your medical insurance plan, therefore saving you, and the plan, money.

Monticello Community School District
Employee Benefits
July 1, 2020

Health Insurance - Wellmark Blue Cross Blue Shield - 3 Plan Options			www.wellmark.com		
\$5000 Deductible, No Partial Self-fund			\$1,000 Deductible, Partial Self-fund		
Alliance Select Network Nationwide BC/BS		Monthly Premium	Alliance Select Network Nationwide BC/BS		Monthly Premium
\$5000 Single/\$10,000 Family Deductible	Single	Covered	\$1000 Single/\$2000 Family Deductible	Single	Covered
\$6350 Single/\$12,700 Family Out-of-Pocket Max	EE+Sp	\$396.79	\$2000 Single/\$4000 Family Out-of-Pocket Max	EE+Sp	\$592.85
20% In-Network/40% Out-of-Network Coinsurance	EE+Ch(ren)	\$323.36	20% In-Network/40% Out-of-Network Coinsurance	EE+Ch(ren)	\$504.85
Office Visit: \$10	Family	\$880.50	Office Visit: \$10	Family	\$1,172.52
Preventive Care: No Member Cost			Preventive Care: No Member Cost		
Rx: Ded: \$50 Single/\$100 Family; Copay: \$10/\$20			Rx: Ded: \$50 Single/\$100 Family; Copay: \$10/\$20		
One routine vision exam (including refraction) per benefit period is covered			One routine vision exam (including refraction) per benefit period is covered		

Note* this plan will NOT receive two EOBs

Note* this plan includes a Partial Self-Fund with Midwest Group Benefits (2 EOBs)

Note* this plan includes a Partial Self-Fund with Midwest Group Benefits (2 EOBs)

Long-Term Disability Insurance - Reliance Standard Life			Voluntary Life Insurance - Reliance Standard Life			Vision - Avesis Advantage Materials Only Plus Plan		
						www.avesis.com		
			Optional life insurance available at employee's cost.					
Monthly benefit of 60% of earnings (up to \$4000 per month)			Guarantee Issue (GI) Employee: \$100,000			Annual Vision Exam: Not covered		
Elimination period: 90 consecutive days of total disability			Guarantee Issue (GI) Spouse: \$20,000			Frames - \$50 : \$15 Copay		
Benefits end at Social Security Normal Retirement Age (see chart for more)			Guarantee Issue (GI) Dependent: up to \$10,000*			Standard Lenses: Covered in Full		
Limitations for Mental/Nervous Illness, Pre-existing Condition, Substance Abuse			*see plan document for age specific GI			Contacts in lieu of frames & lenses: up to \$130		
						Lenses/Contacts every 12 months		
						Frames every 24 months		

NOT AN OPEN ENROLLMENT FOR VOLUNTARY LIFE

Dental Insurance - Delta Dental of Iowa				www.deltadentalia.com				Legal Assistance and ID Theft Protection - LEGAL SHIELD/ID SHIELD				TO ENROLL IN YOUR BENEFITS....			
Employee Choice Plan				PPO / Premier / Out-of-Network				Optional; available at employee's cost							
Deductible Per Person				\$50 / \$75 / \$100				IDShield				Log on to:			
Diagnostic & Preventive Care				0% / 10% / 30%				Single				https://employeenavigator.com/benefits/Account/Login			
Routine & Restorative				20% / 30% / 50%				Family				Unique ID: MonticelloCSD (no spaces)			
Posterior Composites				20% / 30% / 50%				LegalShield				More instructions can be found on page 14 of your benefit handbook.			
Root Canals, Periodontal				50% / 50% / 60%				Single				Full benefit summaries can be found online			
Crowns, Dentures, Bridges				50% / 50% / 60%				Family							
Implants				50% / 50% / 60%				Combined							
Orthodontics (up to age 19)				\$1000 lifetime max.				Single							
Annual Benefit Max Per Person				\$1250				Family							

Some limitations apply. See plan documents.

Questions?	
Sara Langreck	319-382-9922 or slangreck@gbp-ins.com
Jim Willis	319-596-6029 or jwillis@gbp-ins.com
Barb Randall	319-654-0500 or brandall@gbp-ins.com

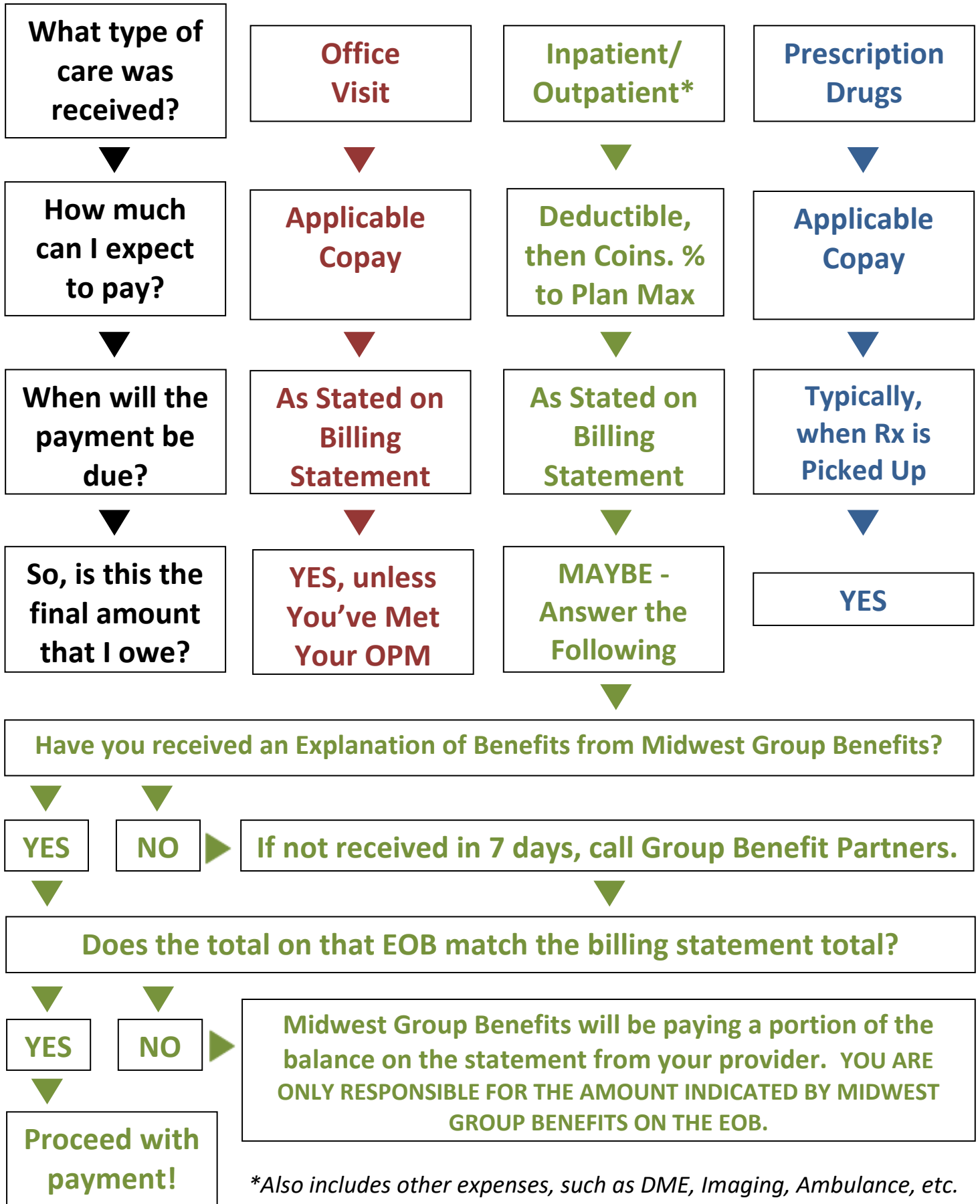
Partially Self-Funded (PSF) Claim Reimbursement Details

The following information will help you understand how the partially self-funded medical plans (Plans 2 and 3) will reimburse your claims.

Prescription Drugs: Prescription drugs will continue to be the simplest payments for you, the pharmacy, and the insurance company. You will only be responsible for the applicable copay, and Wellmark BCBS will reimburse the pharmacy directly for the remaining costs of the service. Copays are typically collected directly from the pharmacy when picking up your prescription.

Office Visits, Inpatient and Outpatient Services: This is where your partially self-funded medical plan changes how reimbursements occur. Any time you incur medical expenses that are subject to your deductible and/or your out-of-pocket maximum, you will begin to receive two Explanations of Benefits (EOB). One will be from Wellmark BCBS and one will be from Midwest Group Benefits (MGB). **The EOB from MGB will reflect your final financial responsibility to the provider, therefore it is the notice you will want to focus on when arranging payment for services.** (Plan 1 enrollees will not receive a second EOB, and will use the Wellmark EOB for their payments.) The Wellmark BCBS EOB will calculate your responsibility based on the higher \$5,000 deductible and \$10,000 out-of-pocket maximum, which is the insurance plan the Monticello Community School District has purchased for you. However, Midwest Group Benefits will be reimbursing your provider directly for claims that fall between your chosen deductible and out-of-pocket maximum and the higher deductible plan purchased from Wellmark BCBS. The plan document that governs your partially self-funded benefits can be found in your online account. If you ever have questions regarding how a claim was processed, please call Group Benefit Partners at (866)496-3102.

Partial Self-Fund Process



**Also includes other expenses, such as DME, Imaging, Ambulance, etc.*

DENTAL

The Monticello Community School District has made it easy for you to get the dental coverage you need by providing convenient, pre-tax premium deductions from your paycheck. The plan offers three networks you may choose from. Coverage details are listed on the next page. The plan covers a scheduled portion of your dental expenses based upon the services being performed. Coverage is available regardless of which dentist you visit, however, out-of-pocket savings will be highest when visiting a Delta Dental PPO or Premier Dentist. To locate a list of network providers, visit Delta's website at www.deltadentalia.com. More details regarding your dental plan can be found by registering as a member on the Delta Dental website.



Monticello Community School District

Dental Benefits - July 1, 2018

Employee Choice Plan - Delta Dental	PPO	Premier	Out-of-Network
Deductible (per person per calendar year)	\$50	\$75	\$100
Deductible (family)	\$150	\$225	\$300
Deductible Applies to Check-ups and Teeth Cleanings?	No	No	No
Orthodontia	50%	50%	50%
Orthodontics: Eligible Children to Age	19	19	19
Orthodontics Lifetime Maximum	\$1,000	\$1,000	\$1,000
Does Individual Deductible Apply to Orthodontics	No	No	No
Adult Orthodontics	No	No	No
Check-ups and Teeth Cleaning (Diagnostic & Preventive Care)	0%	10%	30%
Dental Cleaning (aggregate with periodontal maint. therapy)	2 in a benefit period		
Oral Evaluations	2 in a benefit period		
Fluoride Applications	1 every 12 mos to age 19		
X-rays	Bitewings - 12 mos; Full - 1 every 5 yrs		
Sealant Applications	1 in a lifetime		
Space Maintainers	To age 15		
Periodontal Maintenance Therapy (aggregate with cleaning)	2 in a benefit period		
Cavity Repair and Tooth Extractions (Routine & Restorative)	20%	30%	50%
Emergency Treatment			
General Anesthesia/Sedation			
Restoration of Decayed or Fractured Teeth			
Limited Occlusal Adjustments			
Routine Oral Surgery			
Posterior Composites w/ Alternate Processing			
Gum and Bone Diseases (Periodontal)	50%	50%	60%
Conservative Procedures (non-surgical)	1 every 24 mos per quadrant		
Complex Procedures (surgical)	1 every 36 mos per quadrant		
Root Canals (Endodontic Services)	50%	50%	60%
Apicoectomy			
Direct Pulp Cap			
Pulpotomy			
Retrograde Fillings			
Root Canal Therapy			
High Cost Restorations (Cast Restorations)	50%	50%	60%
Crowns	1 every 5 years		
Inlays	1 every 5 years		
Onlays	1 every 5 years		
Post and Cores			
Recementing Crowns/Inlays/Onlays			
Dentures and Bridges	50%	50%	60%
Bridges	1 every 5 years		
Dentures and Bridges	1 every 5 years		
Repairs and Adjustments			
Recementing of Bridges			
Implants	1 every 5 years		
Annual Benefit Max Per Person	\$1,250		

VISION

Your Monticello Community School District vision benefits are provided through Avesis. Your benefits will be greatest when using a network provider. For a list of providers in your area, you can call (800) 828-9341, or you can visit the Avesis website at <http://www.Avesis.com>. The general details of your plan are provided below.

Summary of Covered Benefits	In-Network	Out-of-Network
Eye Exam (every 12 mos.)	\$10 copay	\$35 allowance
Lenses (every 12 mos.)	\$15 copay*	Varies by type**
Frames (every 24 mos.)	up to \$100	\$45 allowance
Contact Lenses (every 12 mos.) in lieu of frames and spectacle lenses	up to \$130	up to \$130

**Progressive and Specialty lenses could carry an additional charge.*

*** Out-of-network reimbursements range from \$25 to \$80 depending on type.*

IDSHIELD/LEGALSHIELD

You are able to purchase identity theft protection through IDShield. IDShield monitors the internet for personal information, tracks credit scores, allows you to watch social media for privacy risks, and offers counseling and breach notifications. Upon theft of identity, IDShield completes recovery of identity to pre-theft status.

LegalShield offers legal assistance in a variety of situations. Some of the services include legal advice, will preparation and updates, IRS audits, contract reviews, and adoption or name change representation.

As an employee of the Monticello Community School District, you can enroll in either one of these protections as an individual or a family, or you can choose to be covered by both services. More details about provided assistance are given in the Employee Navigator online system.

FLEXIBLE SPENDING ACCOUNTS

You are eligible to participate in health care and dependent care flexible spending accounts (F.S.A.) sponsored by your employer. The accounts are administered by Midwest Group Benefits, and reimbursements are requested by submitting a paper claim form (included at the back of this packet). These accounts are funded by automatic pre-tax payroll deductions in an amount of your choice, not to exceed \$2,750 for healthcare, and \$5,000 for dependent care. By participating in these plans, you are able to pay for known health and dependent care expenses with pre-tax dollars. Healthcare F.S.A. participants will be able to roll over up to \$500 of unused F.S.A. balance to the next plan year, anything over \$500 that is unspent will be lost. The worksheet below will help you determine your funding needs.

Paycheck without FSA**

Wage	\$1,500
FSA Election	\$0
Insurance Benefits	\$65
FICA Payroll Taxes	\$110
Income Tax Withholding	<u>\$170</u>
Net Paycheck	\$1,155

Paycheck with FSA**

Wage	\$1,500
FSA Election	\$50
Insurance Benefits	\$65
<i>FICA Payroll Taxes</i>	<i>\$105</i>
<i>Income Tax Withholding</i>	<i><u>\$165</u></i>
Net Paycheck	\$1,115

**Example uses a taxpayer filing as a single with 1 withholding allowance, and figures are rounded to the nearest \$5

Health Care FSA Worksheet

EXPENSE	FOR YOU	DEPENDENTS	TOTALS
Medical deductibles and copays			
Dental deductibles and coinsur.			
Vision and/or hearing expenses			
Other eligible health expenses **			
Total			
Divide by 12 months (or # of months left in the yr) = Monthly Contribution			

VOLUNTARY LIFE

It is not an open enrollment period for voluntary life.

You are able to purchase voluntary life insurance for you and your dependents through convenient payroll deductions.

Each employee receives a single opportunity upon joining the Monticello Community School District to sign up for life insurance without having to answer health questions. If you do not enroll as a new hire and would like to enroll at the renewal period, you will need to complete an application, including health questions, which will be underwritten, and coverage is not guaranteed to be issued.

DISABILITY INSURANCE

Monticello Community School District is providing long-term disability insurance for qualified employees. This coverage provides 60% of covered earnings (up to \$4000 per month) for a long-term disability resulting from a covered injury or sickness.

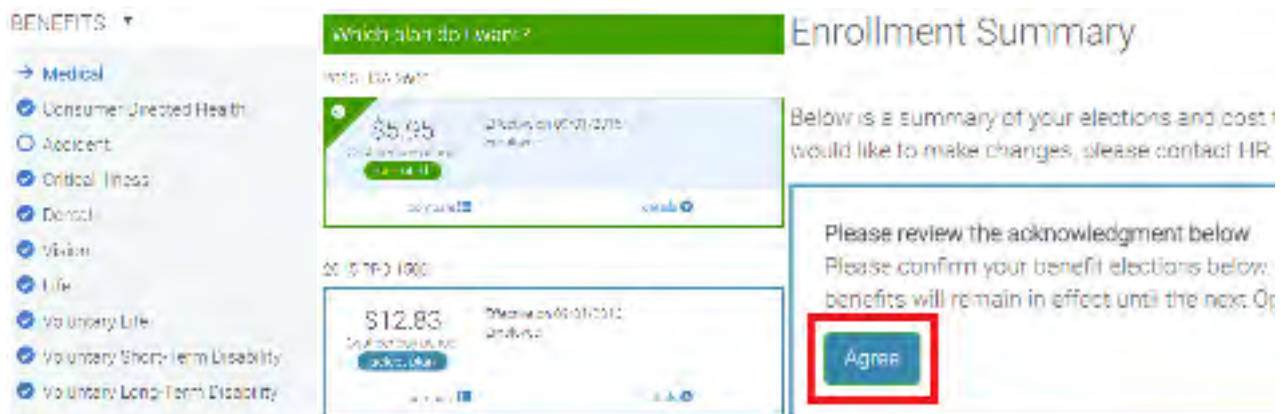
Long-term disability coverage begins after 90 consecutive days of total disability and can last until the age of 65 (depending on age at disablement). Some limitations to this length of coverage exist.

Employee Navigator Instructions

1. Visit the website: <https://employeenavigator.com/benefits/Account/login>



2. You will see the login section in the center of the page.
 - During your first visit, you will need to Register as a new user with your Name, Last 4 Digits of SSN, Birthdate, and your Company Identifier, which is **MonticelloCSD**.
 - Create your unique user name and password
3. **Remember to write down your new login information and keep it in a safe spot.**
4. You can begin the enrollment process by clicking the white “Start Benefits” button.
5. You’ll start by confirming your basic demographic information. Please update any necessary changes, and click the **Save & Continue** button.
6. The next step will be adding all dependents (spouse and children) that you will be covering on any of the benefit plans. You will do this by clicking the **add dependent +** link at the top of the screen, once for each dependent.
7. You are now ready to begin enrolling or waiving your benefit. On each screen, you will select who you are enrolling at the top, and which plan you want below, or waive by clicking the **Don’t want the benefit?** button. If you are enrolling, you will move from plan to plan by clicking the **Save & Continue** button. You will name your life insurance beneficiary during this process, and finish by clicking **Agree**.



8. Click the “Logout” button by clicking your name in the top right corner!

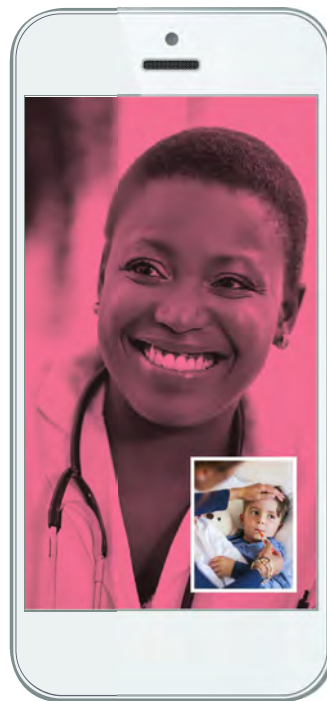
FEELING BETTER SHOULD BE EASY.

Visit a doctor on your smartphone, tablet or computer virtually anywhere, any time.

dr. on demand

Getting started is easy.

- Download the Doctor On Demand® app or visit DoctorOnDemand.com.
- Have your Wellmark Blue Cross and Blue Shield member ID card ready.
- Create an account or sign in.



See a doctor in minutes

Getting sick is bad enough without having to get out of bed to see a doctor. With Doctor On Demand, you and your family members can connect face-to-face with a board-certified doctor on your schedule.

Get treatment for:

- Cold and flu
- Headache
- Bronchitis and sinus infections
- Pink eye
- Urinary tract infections
- Skin condition
- Sore throats
- Other conditions such as mental health (if covered by your group health plan)¹
- Allergies
- Fever

¹ Mental health treatment cost share is subject to group plan coverage. Mental health coverage includes psychiatry services and medication management along with treatment for psychological conditions, emotional issues and chemical dependency. For more information, call Wellmark with the number on the back of your ID card.



QUESTIONS? CALL 800-997-6196.

Callers could experience longer wait times between 10 p.m. and 6 a.m. CST or may be directed to schedule an appointment in some instances.

Aflac Programs for Employees

The following Aflac insurance policies are available today:



1

Accident

- Emergency Treatment Benefit/X-ray/Major Diagnostic Scan Benefit
- Specific-Sum Injuries Benefit
- Accidental-Death Benefit
- Physician Follow up/Physical Therapy Benefit
- Hospital Confinement Benefit

2

Short-Term Disability

- In the case of illness or injury, it helps you maintain your standard of living and helps you pay your bills. Based on your Annual Salary you qualify for up to 60% of your monthly income and is customized for each individual.
- ***NEW Value Added Rider which gives you \$1000 back every 5 years for staying healthy

3

Cancer/Specified-Disease

- Initial Diagnosis Benefit
- Hospital Confinement Benefit
- Radiation and Chemotherapy Benefits
- Surgical/Anesthesia Benefit
- Ambulance, Transportation, and Lodging Benefits
- Cancer Wellness Benefit

4

Critical Illness

- Pays benefits including initial diagnosis benefits, hospitalization and other continuing care for being diagnosed with a heart attack, stroke, sudden cardiac arrest, coronary artery bypass surgery, end-stage renal failure, major human organ transplant, coma, paralysis and major third degree burns.

5

Hospital Advantage

- Emergency Room Benefit
- Hospital Confinement Benefit to cover amount up to Deductible
- Physician Visit Benefit
- Surgical/ Ambulance/ Major Diagnostic Benefit

For more information about policy benefits, limitations, and exclusions, please call your Aflac insurance agent/producer,

Kellie Arduser - 319-480-0454 or kellie_arduser@us.aflac.com

Aflac:

- Aflac is different from major medical insurance; it's insurance for daily living.
- Aflac pays you cash benefits, unless assigned, to use as you see fit.
- Aflac benefits can help with unexpected expenses.
- Aflac insurance policies belong to you—not your company.

- Aflac offers competitive rates, starting as low as \$5 a week.
- Aflac processes claims quickly—usually within four days.¹
- Thanks to the Aflac Duck, nine out of ten people in the United States know the Aflac name.²

¹Company statistics, December 31, 2011.

²Aflac 2011 Year in Review.

65%
OF EMPLOYEES
could only afford up to \$1,000
for unexpected, out-of-pocket
medical expenses.



We've got you under our wing.*

59%
WOULDN'T BE ABLE
to adjust to the large
financial costs associated
with a serious illness or injury.

Coverage is underwritten by American Family Life Assurance Company of Columbus.

In New York, coverage is underwritten by American Family Life Assurance Company of New York.

Worldwide Headquarters | 1932 Wynnton Road | Columbus, Georgia 31999



Flexible Spending Account Claim Form

Send To: Midwest Group Benefits, Inc., PO Box 408, Decorah IA 52101

Phone: 563/382-9611

Fax: 563/382-9613

Please complete all information requested. See the back of this form for further instructions.

Additional copies of this form can be printed from www.midwestbenefits.com/flexplan.html.

Employee Information

Employer

Employee Name

Social Security Number

Employee Address

[] Yes [] No
Is this a new address?

Health Claims

When filing for expenses eligible under your insurance, but not paid (deductibles, co-insurance, etc.) be sure to **attach copies of the Explanation of Benefits** from your insurance company, showing the extent of reimbursement or denial of claims. For expenses that are not eligible under your insurance, **attach an itemized bill that includes the information requested below. Cancelled checks and bills showing "Balance Forward" or "Previous Balance" are not acceptable.**

Patient Name	Relation to Employee	Description of Service	Provider of Service	Service Date	Amount Incurred
				/ /	
				/ /	
				/ /	
				/ /	
				/ /	
				/ /	
TOTAL:					

Dependent / Child Care Claims

If your provider completes and signs the following, no other receipt is required. Otherwise, **a receipt that includes the following information must be attached. Cancelled checks are not acceptable proof of an incurred expense.** Effective January 1, 1989, the IRS requires the dependent / child care provider(s) to furnish the provider's current name, address and tax identification number (or social security number) to the taxpayer making claim, unless the provider is exempt from federal income taxation as described in IRC Section 501(c)(3). A provider failing to comply with this law is subject to a \$50 fine for each such failure unless proven that failure is due to reasonable cause, not willful neglect. The dependent care information including provider(s) name, address, TIN/SSN is correct to the best of my knowledge. I understand I may incur penalties of perjury if the information is knowingly misstated.

Name of Dependent	Age	TIN/SSN	Provider Address	Provider Signature	Service Date	Amount Incurred
					/ /	
					/ /	
					/ /	
					/ /	
					/ /	
					/ /	
TOTAL:						

Signature

I request reimbursement from my flexible spending account(s) as listed above and certify that these are legitimate expenses which I or my dependents have incurred. I understand expenses must qualify as deductible expenses for federal income tax purposes and cannot be reimbursed from any other source or used as a deduction on my personal income tax return(s). I fully understand that I alone am responsible for the sufficiency, accuracy and veracity of all information relating to this claim, and unless an expense for which payment or reimbursement is claimed as a proper expense under the Plan, I may be liable for payment of federal, state and city income taxes on amounts paid from the Plan which relate to such expenses.

Participant's Signature

Date

Midwest Group Benefits
PO Box 408
Decorah, IA 52101

Reimbursement of Expenses

Contributions made during any Plan Year can be used only for reimbursement of expenses incurred during that Plan Year. Expenses are incurred on the date services are provided.

Expenses reimbursed through these accounts are not eligible for tax deduction or credits.

Health Care Expenses

Eligible health care expenses are those which would normally be deductible for federal income tax purposes (without regard to adjusted gross income limitations). Expenses incurred by you, your spouse or your dependents which are not reimbursed from another source (i.e. insurance) are eligible for reimbursement.

Included are:

- Medical and dental expenses which are covered but not paid by insurance (deductible amounts paid before benefits begin and the percentage of charges not covered).
- Vision and hearing expenses including examinations, eyeglasses, contact lenses, hearing aids and seeing-eye dogs.
- Dental care, including braces.
- Routine physical examinations, x-rays and lab fees.
- Prescription drugs, including insulin and birth control pills.
- Special equipment bought or rented because of a physical problem (wheelchairs, crutches, orthopedic shoes, etc.)
- Ambulance service and other transportation costs necessary to receive medical care.

For more information, see IRS Publication 502, "Medical and Dental Expenses", available from your local IRS Office.

Dependent Care Expenses

Only those dependent care expenses which allow you (and your spouse, if you are married) to be gainfully employed are eligible. This excludes care which is primarily for medical or educational purposes. Dependent care expenses reimbursed through the Plan cannot be applied toward the tax credit. Maximum expenses for the tax credit calculation are reduced by the amount of expenses reimbursed through this Plan.

Eligible Dependents

- Dependent children under age 13 or any other dependent who is incapable of caring for himself or herself and whose principal residence is your home.

Eligible Expenses

- Reimbursement is limited to the income of the lower earning spouse. If your spouse is a full-time student or incapable of caring for himself or herself, the maximum is \$200.00 for one child or \$400.00 per month for two or more children.

Eligible Providers

- A licensed daycare center.
- An unlicensed provider caring for less than six persons.
- An in-home provider, as long as that person is not your child under age 19 or someone you and your spouse claim as a dependent for tax purposes.

For more information, see IRS Publication 503 "Child and Dependent Care Credit", available from your local IRS Office.

NOTES

[illegible]

Availability of Summary of Benefits and Coverage (SBC)

As an employee, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury.

A Summary of Benefits and Coverage (SBC), which summarizes important information about the health coverage in a standard format, is available to help you understand your health plan.

An electronic copy is also available, by calling Group Benefit Partners at the telephone number listed below.



**Group Benefit Partners
1300 10th Ave SW, Ste. B
Waverly, IA 50677**

**Telephone: (866)496-3102
www.gbp-ins.com**

**Wellmark Blue Cross Blue Shield
Customer Service - (800)990-1106
www.wellmark.com
24 Hour Nurseline - 844-84-BEWELL**

**Avesis Vision
Customer Service - (800)828-9341
www.avesis.com**

**Delta Dental
Dental and Vision Insurance
Customer Service - (800)544-0718
www.deltadentalia.com**

**AFLAC
Agent - Kellie Arduser
(319)480-0454
kellie_arduser@us.aflac.com**

This is a custom booklet that is intended to provide only a highlight of the plans offered to you by your employer and in no way serves as the actual plan description or plan documents for the plans. If there are inconsistencies between this booklet and the plan documents, the plan documents will govern. The company reserves the right to change or end the plans at any time.