



**2024-2025**

**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
Worksite Benefits	14
Employee Navigator Instructions	15
Flexible Spending Claim Form	16-17
Contact Numbers	Back Cover

# INTRODUCTION

This employee benefits 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. Please 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 2025 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 [kandi.nissen@assuredpartners.com](mailto:kandi.nissen@assuredpartners.com) (Kandi) or [barb.randall@assuredpartners.com](mailto:barb.randall@assuredpartners.com) (Barb).

## IMPORTANT INFORMATION

In general, the benefits outlined in this handbook will become effective July 1, 2024, and unless notified, will terminate June 30, 2025. 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 AssuredPartners 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
- 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 1<sup>st</sup>, 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

AssuredPartners 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 (Kandi or Barb) or email us at [kandi.nissen@assuredpartners.com](mailto:kandi.nissen@assuredpartners.com) or [barb.randall@assuredpartners.com](mailto:barb.randall@assuredpartners.com).



# 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 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 were mandated to carry health insurance coverage, but that mandate has been removed.

Governmental agencies will continue to be 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, and because your employer has chosen 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.

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





# MEDICAL

The Monticello Community School District continues to offer you comprehensive medical insurance for the 2024 plan year (2024-2025 school year). The plans will provide the basic benefits outlined on page 6. (When using the online enrollment system, please pay close attention to the plan you want, as they may not be numbered the same, or in the same order as this handbook.)

We continue to work with HealthPartners UnityPoint Health for our health insurance carrier. Throughout the handbook, they may be called HPUPH, HealthPartners, or the carrier. The plans remain the same as last year, but we have added one more level of deductible/out-of-pocket maximum (OPM).

The plans are all the same in the details. The difference is the deductibles/OPMs, and the network. HealthPartners offers two networks, a nationwide “Open Access” network, and a narrower network called “Bridges.” To see which network your providers participate in, go to the HealthPartners website ([healthpartners.com](http://healthpartners.com)). The Bridges network doesn’t include Mercy in Cedar Rapids. Other providers may not be included either; you will pay less for in-network providers.

The plans with \$2,500, \$1,000 and \$500 deductibles are offered on a partially self-funded basis, through the combination of HealthPartners UnityPoint Health and Midwest Group Benefits (MGB). You will receive two explanations of benefits (EOBs) with these plans. Pages 7 and 8 of this handbook will give you basic information regarding how partially self-funded plans work. The \$5,000 deductible plans are not partially self-funded and will not receive the second EOB from MGB. As always, please call AssuredPartners with any questions you have.

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

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

**Monticello Community School District**  
**Employee Benefits**  
**July 1, 2024**

Health Insurance - HealthPartners UnityPoint Health (HPUPH) - 4 Plan Options						www.healthpartners.com					
\$5,000 Deductible, No Partial Self-fund		Monthly Premium		\$2,500 Deductible, Partial Self-fund		Monthly Premium		\$1,000 Deductible, Partial Self-fund		Monthly Premium	
		Open Access	Bridges			Open Access	Bridges			Open Access	Bridges
\$5,000 Single/\$10,000 Family Deductible	Single	Free	Free	\$2,500 Single/\$5,000 Family Deductible	Single	Free	Free	\$1,000 Single/\$2,000 Family Deductible	Single	Free	Free
\$6,350 Single/\$12,700 Family Out-of-Pocket Max	EE+Sp	\$542.47	\$469.30	\$5,000 Single/\$10,000 Family Out-of-Pocket Max	EE+Sp	\$598.37	\$582.46	\$2,000 Single/\$4,000 Family Out-of-Pocket Max	EE+Sp	\$778.87	\$691.95
20% In-Network/40% Out-of-Network Coinsurance	EE+Ch(ren)	\$451.64	\$383.94	20% In-Network/40% Out-of-Network Coinsurance	EE+Ch(ren)	\$481.34	\$465.33	20% In-Network/40% Out-of-Network Coinsurance	EE+Ch(ren)	\$684.51	\$603.27
Office Visit: \$10	Family	\$1,140.64	\$1,031.57	Office Visit: \$10	Family	\$1,184.12	\$1,158.30	Office Visit: \$10	Family	\$1,511.31	\$1,380.43
Preventive Care: No Member Cost				Preventive Care: No Member Cost				Preventive Care: No Member Cost			
Rx: Copay: \$10/\$20; Mail-in: \$20/\$40; Spec: \$85				Rx: Copay: \$10/\$20; Mail-in: \$20/\$40; Spec: \$85				Rx: Copay: \$10/\$20; Mail-in: \$20/\$40; Spec: \$85			
*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)			



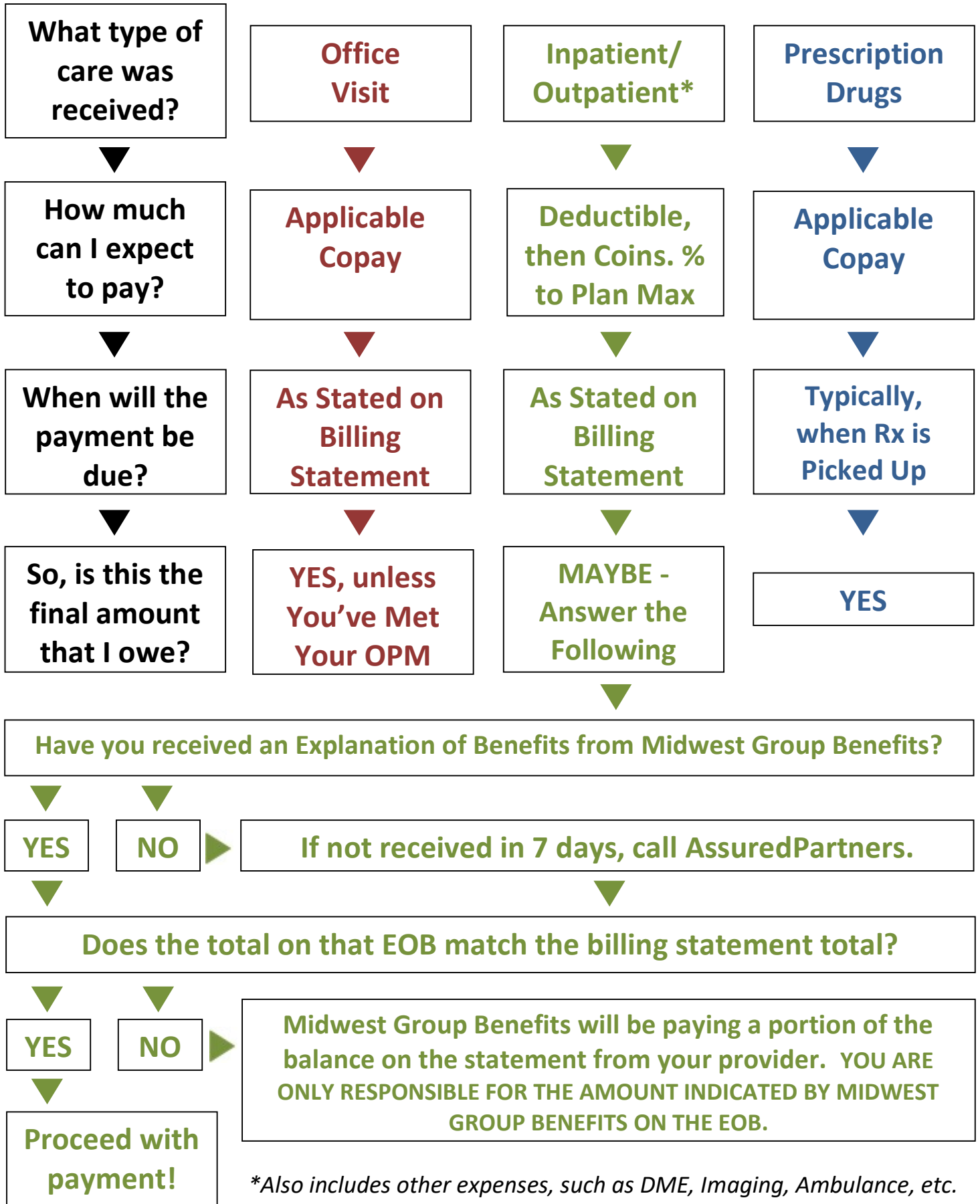
# Partially Self-Funded (PSF) Claim Reimbursement Details

The following information will help you understand how the partially self-funded medical plans (Plans 2, 3, and 4) 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 HealthPartners 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 (EOBs). One will be from HealthPartners UnityPoint Health (HPUPH) 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.** (Enrollees in the \$5,000 deductible plans will not receive a second EOB and will use the HPUPH EOB for their payments.) The Health Partners 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. 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 the carrier. 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 AssuredPartners at (866)496-3102.

# Partial Self-Fund Process



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

# DENTAL

The Monticello Community School District makes 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](http://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, 2024

<b>Employee Choice Plan - Delta Dental</b>	<b>PPO</b>	<b>Premier</b>	<b>Out-of-Network</b>
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
<b>Orthodontia</b>	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
<b>Check-ups and Teeth Cleaning (Diagnostic &amp; Preventive Care)</b>	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		
<b>Cavity Repair and Tooth Extractions (Routine &amp; Restorative)</b>	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			
<b>Gum and Bone Diseases (Periodontal)</b>	50%	50%	60%
Conservative Procedures (non-surgical)	1 every 24 mos per quadrant		
Complex Procedures (surgical)	1 every 36 mos per quadrant		
<b>Root Canals (Endodontic Services)</b>	50%	50%	60%
Apicoectomy			
Direct Pulp Cap			
Pulpotomy			
Retrograde Fillings			
Root Canal Therapy			
<b>High Cost Restorations (Cast Restorations)</b>	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			
<b>Dentures and Bridges</b>	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		
<b>Annual Benefit Max Per Person</b>	\$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 healthcare and dependent care flexible spending accounts (F.S.A.) sponsored by your employer. The accounts are administered by Midwest Group Benefits (MGB), and reimbursements are requested by submitting a paper claim form (pages 17-18 in this handbook). These accounts are funded by automatic pre-tax payroll deductions in an amount of your choice, not to exceed \$3,200 for healthcare, and \$5,000 for dependent care. By participating in these plans, you can plan for health and dependent care expenses with pre-tax dollars. Healthcare F.S.A. participants will be able to roll over up to \$640 of unused F.S.A. balance to the next plan year, anything over \$640 that is not spent will be lost (use it or lose it). The worksheet below will help determine your funding needs.

**IMPORTANT NOTE:** If you are enrolled in a spouse's H.S.A.-compatible health plan, you are eligible for the dependent care F.S.A. ONLY. You cannot also participate in the healthcare F.S.A.

## *Paycheck without FSA\*\**

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

## *Paycheck with FSA\*\**

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

*\*\*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.**

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.

If you purchase voluntary life insurance for you and your dependents, you can do so through convenient payroll deductions.



# DISABILITY INSURANCE

Monticello Community School District is providing long-term disability insurance for qualified employees. This coverage provides 60% of covered earnings (up to \$4,000 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.

## **WORKSITE COVERAGE**

In previous years, you were able to purchase a variety of Aflac coverages through payroll deduction. You will now be able to get that coverage from Reliance Matrix. You are able to purchase the following coverage for you and your family, if you so choose. You can find more details about these coverages in the online system, along with the rates for each of them.

## **SHORT-TERM DISABILITY**

Occasionally you may need extended time off work due to an illness or an accident. You can choose the amount of weekly benefit up to 60% of your weekly earnings and it will cover you for up to twelve weeks.

## **ACCIDENT INSURANCE**

This coverage will pay you when you or a covered family member seeks medical attention for non-life threatening injuries. The amount you receive depends on the injury and care received.

## **CRITICAL ILLNESS W/ CANCER**

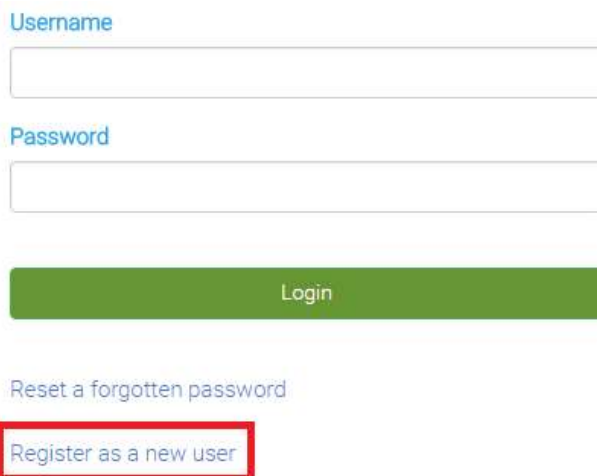
Critical Illness coverage pays you a lump sum upon diagnosis of a covered critical illness. You are able to use the money as you wish.

## **HOSPITAL INDEMNITY**

Hospital Indemnity coverage pays you for hospitalizations, whether it's for surgery, illness, injury, or having a baby.

# EMPLOYEE NAVIGATOR INSTRUCTIONS

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



Username

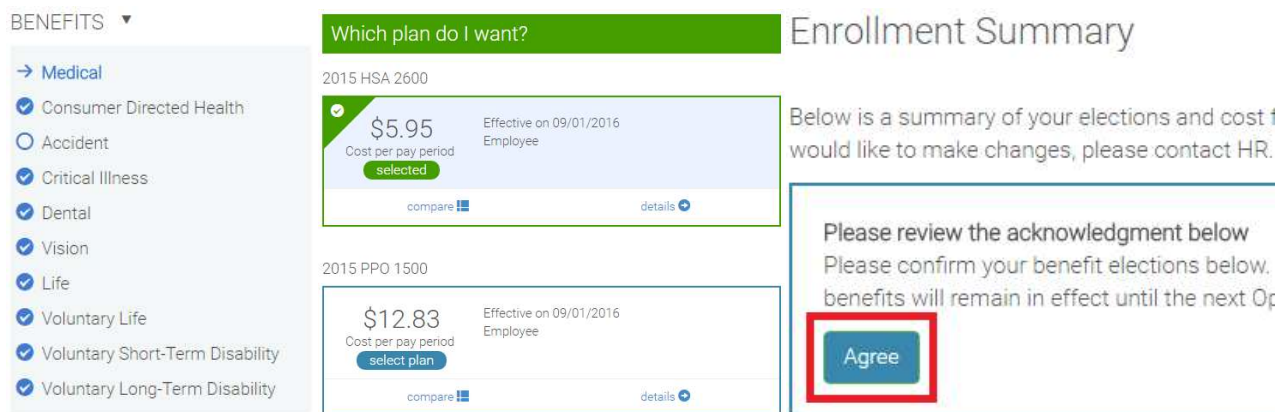
Password

Login

Reset a forgotten password

Register as a new user

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 username 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**.



BENEFITS ▾

→ Medical

- ✓ Consumer Directed Health
- Accident
- ✓ Critical Illness
- ✓ Dental
- ✓ Vision
- ✓ Life
- ✓ Voluntary Life
- ✓ Voluntary Short-Term Disability
- ✓ Voluntary Long-Term Disability

Which plan do I want?

2015 HSA 2600

✓ \$5.95 Effective on 09/01/2016  
Cost per pay period Employee  
selected

compare details

2015 PPO 1500

\$12.83 Effective on 09/01/2016  
Cost per pay period Employee  
select plan

compare details

Enrollment Summary

Below is a summary of your elections and cost. If you would like to make changes, please contact HR.

Please review the acknowledgment below. Please confirm your benefit elections below. Your benefit elections will remain in effect until the next Open Enrollment period.

Agree

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



## Flexible Spending Account Claim Form

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

Phone: 563/382-9611

Fax: 855-266-3140

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](http://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

## 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.*

### ***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 AssuredPartners at the telephone number listed below.*

**AssuredPartners**  
**240 33rd Ave SW, Ste. A**  
**Cedar Rapids, IA 52404**

**Telephone: (866)496-3102**  
**[www.assuredpartners.com](http://www.assuredpartners.com)**



**HealthPartners UnityPoint Health**  
**Customer Service - (866)843-3461**  
**[www.healthpartnersunitypointhealth.com](http://www.healthpartnersunitypointhealth.com)**

**Avesis Vision**  
**Customer Service - (800)828-9341**  
**[www.avesis.com](http://www.avesis.com)**

**Delta Dental**  
**Dental and Vision Insurance**  
**Customer Service - (800)544-0718**  
**[www.deltadentalia.com](http://www.deltadentalia.com)**

**Reliance Matrix**  
**Customer Service - (800)351-7500**  
**[CustomerService@rsli.com](mailto:CustomerService@rsli.com)**  
**[www.Reliancestandard.com](http://www.Reliancestandard.com)**

**Kandi Nissen**  
**[kandi.nissen@assuredpartners.com](mailto:kandi.nissen@assuredpartners.com)**  
**(319)596-6033**

**Barb Randall**  
**[barb.randall@assuredpartners.com](mailto:barb.randall@assuredpartners.com)**  
**(319)382-2457**

**Midwest Group Benefits**  
**Customer Service - (563)382-9611**  
**[www.midwestbenefits.com](http://www.midwestbenefits.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.*