Monticello
Community School District

2026-2027 Employee Benefits Handbook

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INTRODUCTION

This employee benefits handbook is 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. You can find this handbook in your benefits online system throughout the year.

Please review your options carefully, as the enrollment decisions you make will be locked in until the 2027 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@ajg.com (Kandi) or barb_randall@ajg.com (Barb).

In general, the benefits outlined in this handbook will become effective July 1, 2026, and unless notified, will terminate June 30, 2027. Newly hired employees will be subject to the new hire eligibility waiting period, as outlined on page 2. This is a custom handbook 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 contact your Gallagher representatives 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 spring, for changes effective July 1st, and is your opportunity to change plans or add and remove dependents. Changes at any other time of the year will require proof of a qualifying event. Please review all plan materials carefully with your family and make your annual elections accordingly.

QUALIFYING EVENTS

Outside of your annual open enrollment period, you must experience a qualifying event 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)

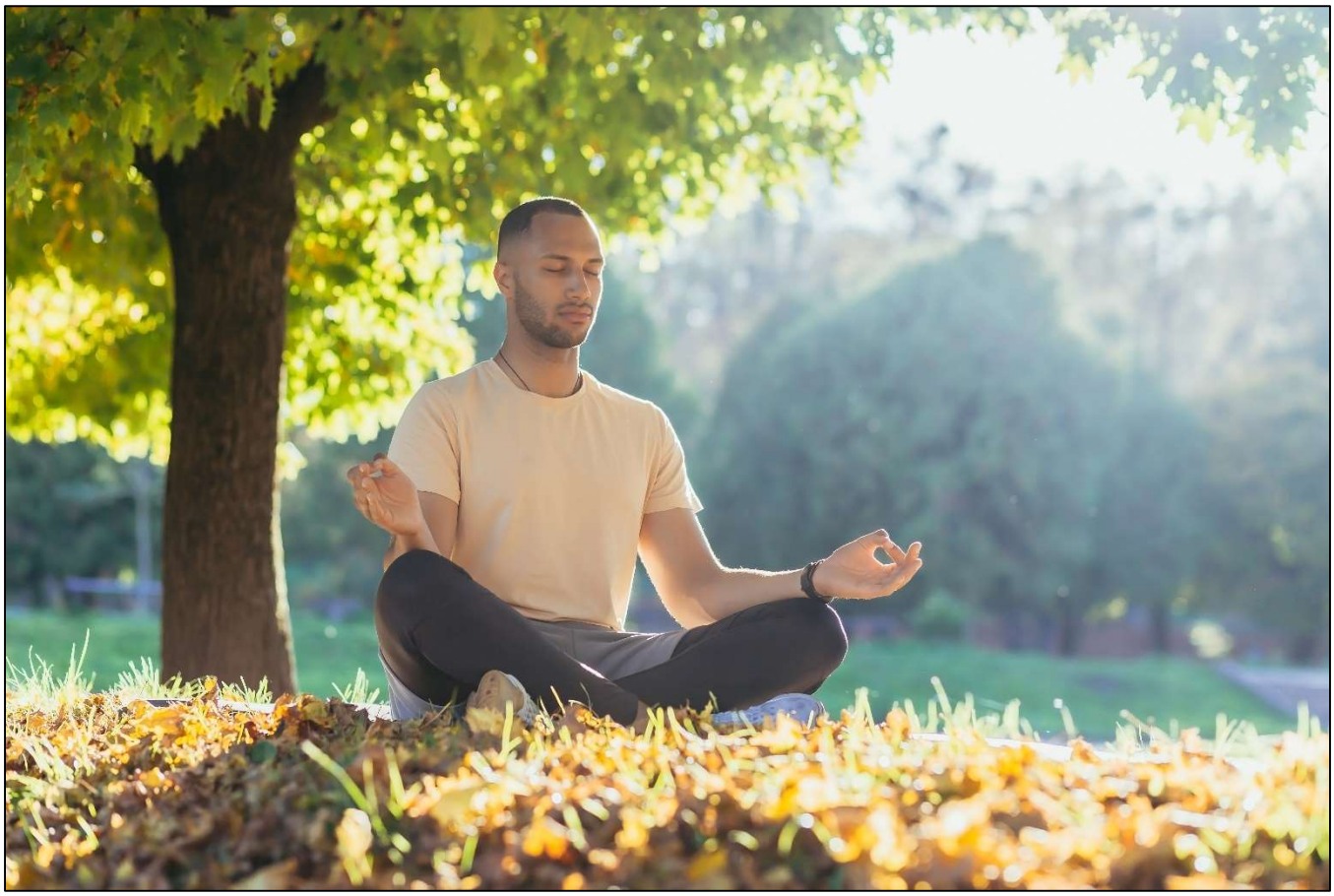
ENROLLMENT

An online enrollment system, called Employee Navigator, is used to assist you in your open enrollment decisions. 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@ajg.com or barb_randall@ajg.com.

HEALTHCARE REFORM

Monticello Community School District is very proud to continue to offer you competitive, affordable medical insurance benefits. This coverage satisfies the law to carry health insurance, and because your employer has chosen to continue to offer you these affordable benefits, you will likely be ineligible to purchase government-subsidized coverage. Each January, upon request, you can receive a 1095-B from Wellmark and a 1095-C from Monticello Community School District to prove that you have adequate, affordable health insurance. These forms are used when you do your taxes.

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



MEDICAL

The Monticello Community School District continues to offer you comprehensive medical insurance for the 2026-2027 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 will remain with Wellmark Blue Cross Blue Shield (BCBS) and the partial self-funding strategy. We are adding a buy-down level to the HDHP compatible with a health savings account (HSA).

Some things to consider when deciding on a plan:

- Want a nationwide network? Choose a PPO plan. The HMO network is a thorough statewide network, but no nationwide coverage, and no coverage at Medical Associates in Dubuque, or Mayo Clinics.
- Want copays? Choose a traditional plan.
- Want a tax-free way to pay for healthcare? Choose an HDHP plan – they are HSA-compatible.
- Want a higher, middle, or lower deductible? Choose $7,000 (traditional or HSA), the buy-down deductible of $2,500 (traditional or HSA) or the buy-down deductible of $1,250 (PPO network only).

As in previous years, partially self-funded (buy-down) options are available, offered through the combination of Wellmark Blue Cross Blue Shield (BCBS) and Midwest Group Benefits (MGB).

If you choose any plan with a $2,500 or $1,250 deductible, you will receive two explanations of benefits (EOBs) – one from Wellmark and one from MGB. Pages 7 and 8 of this handbook give you basic information regarding how the partially self-funded process works. The $7,000 deductible plans are not partially self-funded and will receive only one EOB, which will be from Wellmark BCBS.

As you use care throughout the year, remember that you have access to BeWell 24/7 as noted on your 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 can help you:

- Locate healthcare providers and facilities – wherever you are.
- Decide if a trip to the emergency room is necessary.
- Estimate your costs for medical procedures and services.
- Coordinate medical appointments, in-home healthcare, and record retrieval.
- Discuss treatment options and answer health and wellness questions.
- Make arrangements for community-based services, like in-home safety modifications, meals, medical equipment, transportation, and more.

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.

If you have questions, you may reach us by phone at (866)496-3102, or by email at kandi_nissen@ajg.com (Kandi) or barb_randall@ajg.com (Barb).

Monticello Community School District
Employee Benefits
July 1, 2026

Health Insurance - Wellmark Blue Cross Blue Shield — www.wellmark.com

$7,000 Deductible, No Partial Self-fund		Monthly Premium PPO	Monthly Premium HMO#
$7,000 Single/$14,000 Family Deductible	**Single**	$34.86	$0.00
$8,300 Single/$16,600 Family Out-of-Pocket Max	**EE+Sp**	$880.83	$715.70
30% In-Network/50% Out-of-Network Coinsurance	**EE+Ch(ren)**	$755.71	$603.07
Office Visit: $25	**Family**	$1,705.00	$1,457.54
Preventive Care: No Member Cost			
Rx: Copay: $10/$40/$100/$250			

#Medical Associates (Dubuque) is NOT in HMO network

Note this plan will NOT receive two EOBs

$2,500 Deductible, Partial Self-fund		Monthly Premium PPO	Monthly Premium HMO#
$2,500 Single/$5,000 Family Deductible	**Single**	$146.26	$0.00
$5,000 Single/$10,000 Family Out-of-Pocket Max	**EE+Sp**	$1,106.44	$868.12
30% In-Network/50% Out-of-Network Coinsurance	**EE+Ch(ren)**	$964.44	$744.10
Office Visit: $25	**Family**	$2,041.87	$1,685.04
Preventive Care: No Member Cost			
Rx: Copay: $10/$40/$100/$250			

#Medical Associates (Dubuque) is NOT in HMO network

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

$1,250 Deductible, Partial Self-fund		Monthly Premium PPO
$1,250 Single/$2,500 Family Deductible	**Single**	$474.09
$2,500 Single/$5,000 Family Out-of-Pocket Max	**EE+Sp**	$1,770.28
30% In-Network/50% Out-of-Network Coinsurance	**EE+Ch(ren)**	$1,578.60
Office Visit: $25	**Family**	$3,038.02
Preventive Care: No Member Cost		
Rx: Copay: $10/$40/$100/$250		

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

Health Insurance - Wellmark Blue Cross Blue Shield

$7000 Deductible, HDHP (HSA-compatible), No Partial Self-fund		Monthly Premium HMO#
$7000 Single/$14,000 Family Deductible	**Single**	$0.00
$7,000 Single/$14,000 Family Out-of-Pocket Max	**EE+Sp**	$528.80
0% Coinsurance	**EE+Ch(ren)**	$430.32
Office Visit: Deductible	**Family**	$1,177.47
Preventive Care: No Member Cost		
Rx: Deductible		

#Medical Associates (Dubuque) is NOT in HMO network

Note this plan will NOT receive two EOBs

$2500 Deductible, HDHP (HSA-compatible), Partial Self-fund		Monthly Premium HMO#
$2,500 Single/$5,000 Family Deductible	**Single**	$0.00
$2,500 Single/$5,000 Family Out-of-Pocket Max	**EE+Sp**	$706.89
0% Coinsurance	**EE+Ch(ren)**	$595.12
Office Visit: Deductible	**Family**	$1,443.13
Preventive Care: No Member Cost		
Rx: Deductible		

#Medical Associates (Dubuque) is NOT in HMO network

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

Dental Insurance - Delta Dental — www.deltadentalia.com

Employee Choice Plan	PPO / Premier / OON		Monthly Premium
Deductible Per Person	$50 / $75 / $100	**Single**	$37.06
Diagnostic & Preventive	0% / 10% / 30%	**Two Person**	$71.72
Routine & Restorative	20% / 30% / 50%	**Family**	$143.74
Posterior Composites	20% / 30% / 50%		
Root Canals, Periodontal	50% / 50% / 60%		
Crowns, Dentures, Bridges	50% / 50% / 60%		
Implants	50% / 50% / 60%		
Orthodontics (up to age 19)	$1000 lifetime max.		
Annual Benefit Max Per Person	$1250		

Some limitations apply. See plan documents.

Vision - Avesis — www.avesis.com

Plan ID: 130130EZ1-L3 (Plan 1 in Employee Navigator)		Monthly Premium
Annual Vision Exam every 12 months	**Single**	$13.38
Frames - $130 : $25 Copay	**Family**	$33.82
Standard Lenses: Covered in full after $25 copay		
Contacts in lieu of frames & lenses: up to $130		
Lenses/Contacts every 12 months		
Frames every 24 months		

Plan ID: 150150CZ1-L7 (Plan 2 in Employee Navigator)		Monthly Premium
Annual Vision Exam every 12 months	**Single**	$15.86
Frames - $150 : $10 Copay	**Family**	$40.08
Standard Lenses: Covered in full after $10 copay		
Contacts in lieu of frames & lenses: up to $150		
Lenses/Contacts every 12 months		
Frames every 24 months		

Voluntary Life Insurance - Reliance Matrix

Optional life insurance available at employee's cost.	Monthly Premium
Guaranteed Issue (GI) Employee: $100,000	Rates based on age.
Guaranteed Issue (GI) Spouse: $20,000	See online system for cost.
Guaranteed Issue (GI) Dependent: up to $10,000*	
*see plan document for age specific GI	

ALERT!!!! OPEN ENROLLMENT FOR VOLUNTARY LIFE!!!!

Long-Term Disability Insurance - Reliance Standard Life

	Monthly Premium
Monthly benefit of 60% of earnings (up to $4000 per month)	Free
Elimination period: 90 consecutive days of total disability	
Benefits end at Social Security Normal Retirement Age (see chart for more)	
Limitations for Mental/Nervous Illness, Pre-existing Condition, Substance Abuse	

Hospital Indemnity - Reliance Matrix

Optional; available at employee's cost		Monthly Premium
Age Reductions: None	**Single**	$20.68
On/Off Job: 24 hour	**EE+Sp**	$37.30
Pre-existing Condition: None	**EE+Ch(ren)**	$28.90
Pregnancy Waiting Period: None	**Family**	$44.90
Substance Abuse Facility: Not Included		
Must be under 70 to enroll		

Accident Insurance - Reliance Matrix

Optional; available at employee's cost		Monthly Premium
Age Reductions: None	**Single**	$9.80
On/Off Job: 24 hour	**EE+Sp**	$14.90
	EE+Ch(ren)	$17.40
	Family	$22.90

Legal and ID Theft Help - LEGAL SHIELD/ID SHIELD

Optional; available at employee's cost		Monthly Premium
IDShield	**IDShield**	
- Privacy and Security Monitoring	Single	$8.95
- Social Media Monitoring	Family	$18.95
- Full Identity Restoration	**LegalShield**	
	Single	$23.95
LegalShield	Family	$23.95
- Legal Advice	**Combined**	
- Will Preparation and Assistance	Single	$32.90
- Contract Help	Family	$38.90

Critical Illness with Cancer - Reliance Matrix

Optional; available at employee's cost	Monthly Premium
Employee Increments: $5,000	Rates based on age.
Employee Maximum: $20,000	See online system for cost.
Employee Guarantee Issue: $20,000	
Spouse Increments: $5,000	
Spouse Maximum: $20,000 (not to exceed EE amount)	
Spouse Guarantee Issue: $20,000	
Age Reductions: None	

Voluntary - Short-term Disability - Reliance Matrix

Optional; available at employee's cost	Monthly Premium
Eligible Class: 20+ hours	Rates based on age and salary.
Benefit Percentage: 60%	See online system for cost.
Weekly Benefit Maximum: $1,500	
Minimum Weekly Benefit: $25	
Benefit Duration: 12 weeks	
EP (Accident/Sickness): 7/7	
Pre-Existing Limitation: 3/12	

Questions?

Kandi Nissen - (319)596-6033 - kandi_nissen@ajg.com **Barb Randall - (319)382-2457 - barb_randall@ajg.com**

For illustration purposes only. For specific information, please see official plan documents.

Partially Self-Funded (PSF) Claim Reimbursement Details

The following information will help you understand how the partially self-funded medical plans (deductibles of $2,500 and $1,250) 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 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 receive two explanations of benefits (EOBs). 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**. (Enrollees in the $7,000 deductible plans will not receive a second EOB and will use the Wellmark BCBS EOB for their payments.) The Wellmark BCBS EOB will calculate your responsibility based on the higher $7,000 deductible and $8,300 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 Gallagher at (866)496-3102.

Partial Self-Fund Process

What type of care was received?	Office Visit	Inpatient/ Outpatient*	Prescription Drugs
How much can I expect to pay?	Applicable Copay	Deductible, then Coins. % to Plan Max	Applicable Copay
When will the payment be due?	As Stated on Billing Statement	As Stated on Billing Statement	Typically, when Rx is Picked Up
So, is this the final amount that I owe?	YES, unless You've Met Your OPM	MAYBE - Answer the Following	YES

Have you received an Explanation of Benefits from Midwest Group Benefits?

YES

NO ▶ If not received in 7 days, call AssuredPartners.

Does the total on that EOB match the billing statement total?

YES

NO ▶ Midwest Group Benefits will be paying a portion of the balance on the statement from your provider. YOU ARE ONLY RESPONSIBLE FOR THE AMOUNT INDICATED BY MIDWEST GROUP BENEFITS ON THE EOB.

Proceed with payment!

**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 want 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.

Percentage is what the consumer pays.

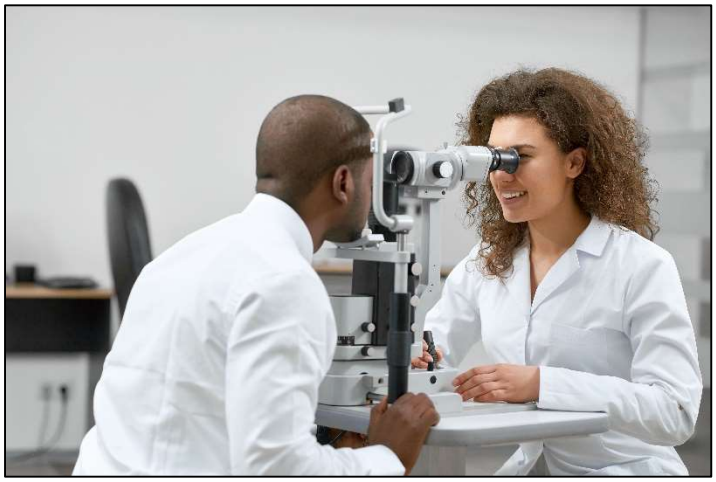
Employee Choice Plan - Delta Dental	PPO	Premier	Out-of-Network
Deductible (per person per calendar year)	$50*	$75*	$100*
Deductible (family)	$150*	$225*	$300*
Orthodontia	50%	50%	50%
Orthodontics: Eligible Children to Age	19	19	19
Orthodontics Lifetime Maximum	$1,000	$1,000	$1,000
Adult Orthodontics	No	No	No
Diagnostic & Preventive Services	0%	10%	30%
Routine Check-ups, Teeth Cleaning, Full Mouth X-rays, Bitewing X-rays, Fluoride, Space Maintainers, Sealants			
Routine & Restorative Services	20%	30%	50%
Cavity Repair, Tooth Extractions, General Anesthesia/Sedation, Routine Oral Surgery, Emergency Treatment			
Periodontal Services	50%	50%	60%
Gum and Bone Diseases, Non-surgical Procedures, Surgical Procedures, Perio Maintenance Therapy			
Endodontic Services	50%	50%	60%
Root Canals and Therapy			
High Cost Restorations	50%	50%	60%
Crowns, Recementing Crowns			
Prosthetics	50%	50%	60%
Bridges, Dentures, Repairs and Adjustments			
Posterior Composites	20%	30%	50%
Silver Filling on Back Teeth			
Implants	50%	50%	60%
Annual Benefit Max Per Person		$1,250	
**Deductible waived for diagnostic and preventive care.*			

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 are given in the Employee Navigator online system.



VISION

Your Monticello Community School District vision benefits are provided through Avesis. You have the choice between two different plans. 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. Details of your plan options are on the next page.

Monticello Community School District
Vision Benefits - July 1, 2026

Vision Care Services	Plan 130130EZ1-L3	Plan 150150CZ1-L7
Vision Examination (includes Refraction)	Covered in full after $10 copay	Covered in full after $10 copay
Contact Lens Fit and Follow-up		
Standard Contact Lens Fitting	Up to $50 member out-of-pocket maximum	Up to $50 member out-of-pocket maximum
Custom Contact Lens Fitting	Up to $75 member out-of-pocket maximum	Up to $75 member out-of-pocket maximum
Materials	$25 copay	$10 copay
Frame Allowance	$130 allowance	$150 allowance
Standard Spectacle Lenses		
Single Vision	Coverd in full after $25 copay	Coverd in full after $10 copay
Bifocal	Coverd in full after $25 copay	Coverd in full after $10 copay
Trifocal	Coverd in full after $25 copay	Coverd in full after $10 copay
Lenticular	Coverd in full after $25 copay	Coverd in full after $10 copay
Preferred Pricing Options		
Lens Option Packages	**Level 3 Lens Option Package**	**Level 7 Lens Option Package**
Polycarbonate (Single Vision/Multi-Focal)	Covered in Full	Covered in Full
Standard Scratch-Resistant Coating	Covered in Full	Covered in Full
Ultra-Violet Screening	Covered in Full	Covered in Full
Solid or Gradient Tint	Covered in Full	Covered in Full
Standard Anti-Reflective Coating	Covered in Full	Covered in Full
Level 1 Progressives	$75	Covered in Full
Level 2 Progressives	$110	Covered in Full
All Other Progressives	$50 allowance + up to 20% discount	$140 allowance + up to 20% discount
Transitions® (Single Vision/Multi-Focal)	$70/$80	$70/$80
Polarized	$75	$75
PGX/PBX	$40	$40
Other Lens Options	Up to 20% discount	Up to 20% discount
Contact Lenses (in lieu of frame and spectacle lenses)		
Elective	$130 allowance	$150 allowance
Medically Necessary	Covered in Full	Covered in Full
Refractive Laser Surgery	Onetime/lifetime $150 allowance	Onetime/lifetime $150 allowance
Plan Details		
Frequency		
Eye Exam	Once every 12 months	
Lenses	Once every 12 months	
Frame	Once every 24 months	
Contact Lenses	Once every 12 months	

In-network Member Cost

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 $3,400 for healthcare, and $7,500 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 $680 of unused F.S.A. balance to the next plan year, anything over $680 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 an 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*		***Paycheck with FSA****	
Wage	$1,500	Wage	$1,500
FSA Election	$0	**FSA Election**	**$50**
Insurance Benefits	$65	Insurance Benefits	$65
FICA Payroll Taxes	$110	***FICA Payroll Taxes***	***$105***
Income Tax Withholding	$170	***Income Tax Withholding***	***$165***
Net Paycheck	**$1,155**	**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

2026 is an open enrollment for voluntary life. You can receive the guaranteed issue amount without answering health questions.

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

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

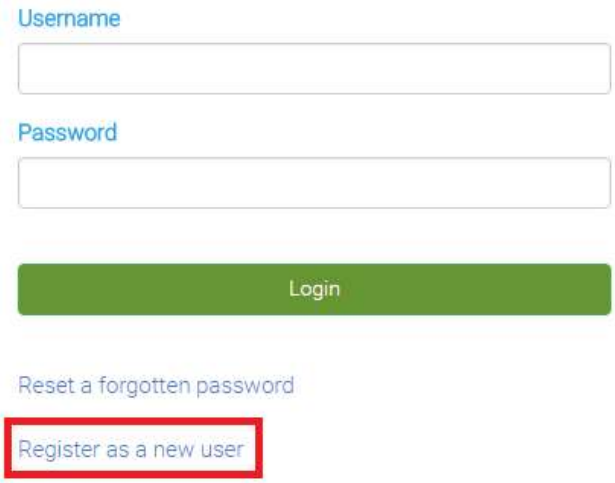
Critical Illness coverage pays you a lump sum upon diagnosis of a covered critical illness. You are able to use the money as you wish.

HOSPITAL INDEMNITY

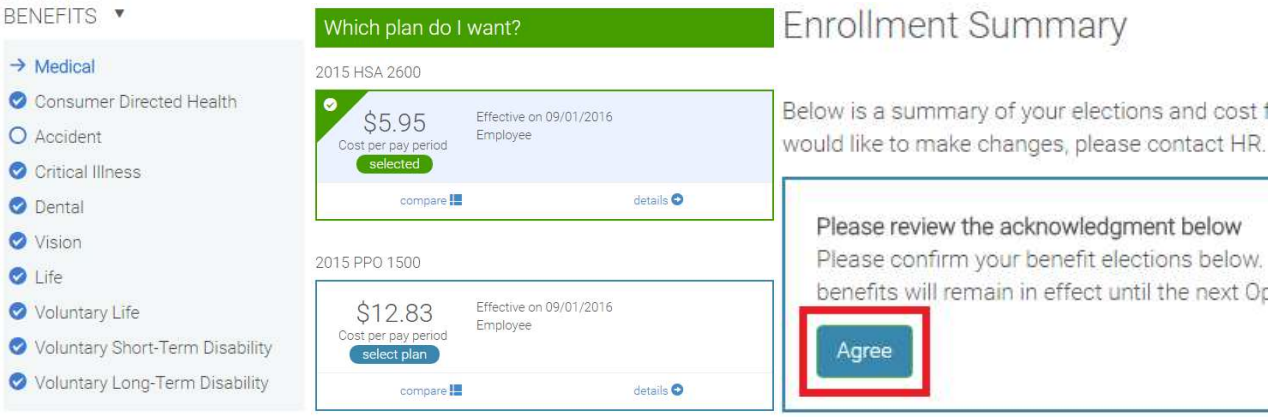
Hospital Indemnity coverage pays you for hospitalizations, whether it's for surgery, illness, injury, or having a baby.

EMPLOYEE NAVIGATOR INSTRUCTIONS

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



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**.



8. **Click the "Logout" button by clicking your name in the top right corner!**

Wellmark®

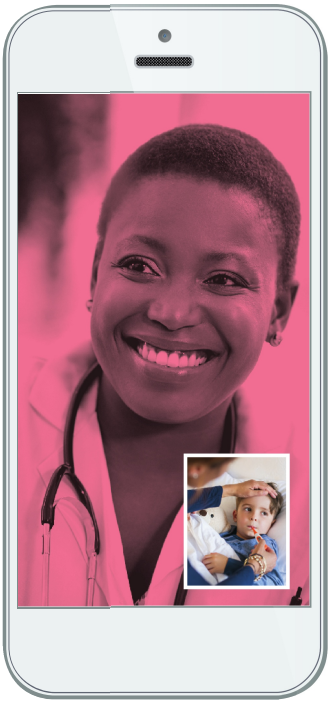
FEELING BETTER
SHOULD BE EASY.

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

[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.

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.******

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 whole 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.

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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 Gallagher at the telephone number listed below.

Gallagher
914 Avenue G
Fort Madison, IA 52627

Telephone: (866)496-3102
www.ajg.com

Gallagher

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

Reliance Matrix
Customer Service – (800)351-7500
CustomerService@rsli.com
www.Reliancestandard.com

Kandi Nissen
kandi_nissen@ajg.com
(319)596-6033

Barb Randall
barb_randall@ajg.com
(319)382-2457

Midwest Group Benefits
Customer Service – (563)382-9611
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.