



Montgomery County
Public Schools



Employee Benefits Handbook

October 1, 2026 - September 30, 2027

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All information in this booklet is a brief description of your coverage and is not a contract. Please refer to your policy or certificate for each product for the exact terms and conditions.



DISCLAIMER

This guide is a brief summary of benefits offered to your group and does not constitute a policy.

Your employer may amend the benefits program at any time. Your Summary Plan Description (SPD) will contain the actual detailed provisions of your benefits. The SPD will be available at mymarkiii.com.

If there are any discrepancies between the information in this guide and the SPD, the language in the SPD will always prevail.



Important Points

Take a few minutes to review these important reminders before making your benefit elections.

Understanding key deadlines, enrollment requirements, and available resources will help ensure a smooth enrollment experience.



- ✓ Your plan year runs from October 1, 2026 to September 30, 2027. This means your benefit elections will take effect October 1, 2026 unless otherwise noted.
- ✓ Once the enrollment period is over, you will not be able to make changes unless you experience a qualifying life event outlined by the IRS.
- ✓ **REMINDER!** Employees must re-enroll in their Flexible Spending and Dependent Care accounts each year! It will not automatically renew.
- ✓ **Estimate your expenses carefully.** When electing a Dependent Care FSA, consider the amount you expect to spend on eligible dependent care expenses during the plan year. Funds not used by the end of the plan year may still be used for eligible expenses incurred during the 2-month, 15-day grace period. Any remaining unused funds after the grace period will be forfeited.
- ✓ **Premiums shown in this benefits handbook are monthly amounts.** Payroll deductions are taken semi-monthly (24 deductions), so each paycheck deduction is generally one-half of the monthly premium shown.
- ✓ This benefits guide is equipped with mobile-friendly barcodes commonly referred to as QR Codes. Use your smartphone to scan the QR codes to view your benefit summaries.
- ✓ All policy information can be found on your employee benefits portal at <https://mymarkiii.com/mcpsva>.

Qualifying Life Events

Open Enrollment selections are generally locked for the plan year, but certain exceptions called Qualifying Life Events (QLEs) can grant you a special enrollment period in which to make midyear changes. You are permitted to change benefit elections if you have a “change in status” and you make an election change that is consistent with the “change in status.” Please contact your Group Contact for information on cancelling post-tax benefits.

Examples of QLEs

The following events will open a special **30-day** enrollment period from the date of the event, allowing you to make changes to your coverage.

Documentation is required.



marriage



divorce



childbirth/
adoption



death of a
family
member



loss of
parental
coverage



spouse gains
or loses
coverage

Welcome to Your Benefits!

Mark III Employee Benefits is here to help guide you through the benefits offered by your employer. This guide is simply a brief summary of benefits offered and does not constitute a policy.



Pre-Tax Benefit Information

A “**pre-tax basis**” means that the money you pay towards the cost of coverage comes out of your salary before you pay any taxes on it. By choosing this option, you reduce your taxable income, therefore reducing the taxes you owe. If you choose this option, you cannot drop coverage until the next annual enrollment period or unless you have a qualifying life event (i.e. birth of a child, divorce, separation, reduction in hours, etc.). If your premiums are deducted on a pre-tax basis, any benefits received under the plan could be treated as taxable income.

- ✓ Anthem Medical
- ✓ FBA Flexible Spending Accounts
- ✓ FBA Health Savings Account
- ✓ Delta Dental
- ✓ Ameritas Vision

Post-Tax Benefit Information

A “**post-tax basis**” means that the money you pay towards the cost of coverage comes out of your salary after you pay taxes. You **WILL NOT** be able to make any changes once the enrollment period is over unless you experience a qualified life event outlined by the IRS (i.e. birth of a child, divorce, separation, reduction in hours, etc.).

- ✓ Unum Accident
- ✓ Unum Hospital Indemnity
- ✓ Unum Critical Illness
- ✓ Unum Short-Term Disability
- ✓ Trustmark Universal Life
- ✓ LegalShield Legal & ID Theft

How to Enroll at Open Enrollment

On-site Enrollment

Our trusted Mark III Benefits Counselors will be available to meet with employees on-site to explain the benefits offered and to help get you enrolled.

Self-Service Enrollment

You have the option to self-enroll in your benefits through the online enrollment platform. Visit the link below to self-enroll.

Self-Enroll Visit: <https://mymarkiii.com/mcpsva/enrollment>

Call Center Enrollment

Dial the number below to speak with a trusted Mark III Benefits Counselor. They will explain the benefits offered and help get you enrolled.

Call Center: 1-833-280-4771 (Monday – Friday, 8:00 a.m. – 5:00 p.m. EST)

Employee Benefits Portal

Use your smartphone to scan the QR code for quick access to your employee benefits portal page. Review your benefits guide online, access claim forms, and much more!



Employee Benefits Portal

Find details about all of your benefits, download forms, submit claims, ask questions, and more at <https://mymarkiii.com/mcpsva/>.



- ✓ Benefits Guide
- ✓ Plan Forms
- ✓ Product Videos
- ✓ Contact Info
- ✓ Policy Certificates
- ✓ Enrollment Info



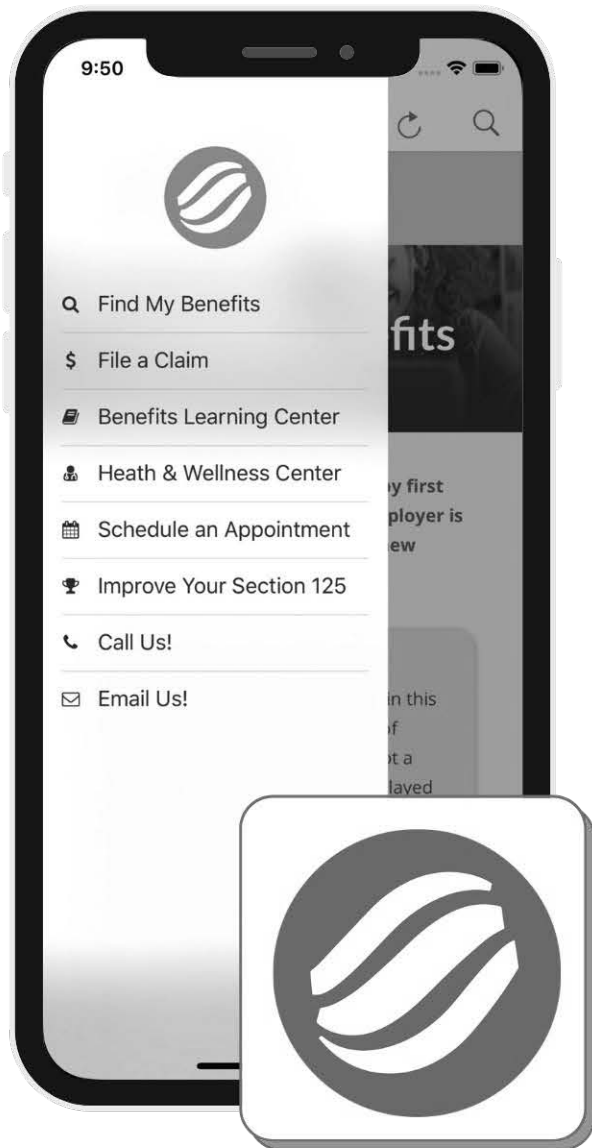
Scan me!

Available 24/7* from any internet enabled device for your convenience.

**As with all technology, due to technical difficulties beyond our control there may be small windows of time the benefits website is down. In the case of outage, plan information can always be requested from your HR office or Mark III Employee Benefits.*

MyMark III Mobile App

Find details about all of your benefits, download forms, submit claims, ask questions, and more on the MyMark III Mobile App!



- ✓ Benefits Guide
- ✓ Product Videos
- ✓ Policy Certificates
- ✓ Plan Forms
- ✓ Contact Info
- ✓ Enrollment Info

Search for “MyMark III” to access benefit information on the go!

Available on:



*Your Trusted Benefits
Partners at your fingertips!*



Filing a Claim

Delta Dental

Visit <https://mymarkiii.com/mcpsva/forms/> to access your claim form or <https://deltadentalva.com/members/member-portal-forms.html>. Mail or fax a copy of the itemized invoice or receipt imprinted with the provider's name and address along with the form to the contact information located on your claim form.

Ameritas Vision

Visit <https://mymarkiii.com/mcpsva/forms/> to access your claim form or www.Ameritas.com to file online. Mail or fax a copy of the itemized invoice or receipt imprinted with the provider's name and address along with the form to the contact information located on your claim form.

FBA Flexible Spending Accounts

Visit <https://mymarkiii.com/mcpsva/forms/> to access your claim form or by visiting <https://fba.wealthcareportal.com/> or open your mobile app and log-in to your account using your user name and password. If you have any questions regarding your claims submission, please contact us at 800-437-3539 or flexdivision@flex-admin.com.

Unum Plans

Visit <https://mymarkiii.com/mcpsva/forms/> to access your claim form or to file online visit <https://www.unum.com/employees/file-a-claim> and click **File your Unum claim** or **Register for an account**.

Employee Benefits Portal

Use your smartphone to scan the QR code or visit the link for quick access to your employee benefits portal page. Review your benefits guide online, access claim forms, and much more!

Visit: <https://mymarkiii.com/mcpsva/>





Wellness Benefits

Certain plans have a wellness feature built into your benefit options.

This benefit gives **money back to you** for having a qualified cancer screening test and then filing a claim for the screening test performed.



Important Information on Wellness Benefits in Virginia

Changes in Virginia state law have resulted in the removal of wellness benefits from certain plans effective July 1, 2025. If you completed wellness screenings prior to 7/1/25, you may still be eligible to receive these benefits retroactively. We recommend speaking with your HR department and reviewing your policy for specific details and deadlines.

Critical Illness & Cancer Policies

For the Critical Illness and Cancer policies, the covered wellness benefits must relate to the diseases for which coverage is being provided. Please see your plan provisions and limitations for a full list of qualified wellness screening tests.

Get Paid by Staying Proactive!

- ✓ Unum Accident Be Well Benefit Amount - **\$75**
- ✓ Unum Critical Illness Wellness Benefit Amount - **\$50**

Access Your Wellness Claim(s)

Visit your employee benefits portal to access your wellness benefit claim form(s).

Link: <https://mymarkiii.com/staffordschools/>



Scan me!



HEALTHY LIVING

*Core Benefit options to keep
you and your family healthy.*



Medical Plan



Choosing the Medical Plan That's Right for You

Montgomery County Public Schools offers two medical plan options through Anthem: the Lumenos HSA Plan and the HMO POS Plan. Both plans provide comprehensive medical coverage, including preventive care and access to Anthem's provider network, but they differ in how you pay for care and how costs are shared throughout the year.

When deciding which plan is right for you, consider how often you and your family use healthcare services, your budget, and whether you prefer lower paycheck deductions or more predictable out-of-pocket costs when you receive care.



Anthem Lumenos HSA Plan

The Lumenos HSA Plan is a **High Deductible Health Plan (HDHP)** that can be paired with a **Health Savings Account (HSA)**. This plan typically has lower payroll deductions, allowing you to keep more money in your paycheck. However, you'll generally pay more out-of-pocket for medical services until you meet the plan's deductible.

An HSA allows you to set aside pre-tax dollars to pay for eligible healthcare expenses. Funds in your HSA roll over from year to year and remain yours even if you change jobs or retire.

This plan may be a good fit if you:

- ✓ Are generally healthy and don't expect frequent medical visits
- ✓ Want lower payroll deductions
- ✓ Like the tax advantages of an HSA
- ✓ Want to save for future healthcare expenses
- ✓ Can comfortably manage a higher deductible if unexpected medical needs arise

Anthem HMO POS Plan

The HMO POS Plan is designed to provide **more predictable healthcare costs throughout the year**. While payroll deductions are typically higher than the Lumenos HSA Plan, you'll often pay set copays for services such as office visits, urgent care visits, and prescriptions rather than paying the full cost until a deductible is met.

This plan may be especially valuable for employees and families who regularly use healthcare services or prefer knowing what they'll pay when seeking care.

This plan may be a good fit if you:

- ✓ Visit the doctor regularly
- ✓ Have ongoing medical conditions
- ✓ Take prescription medications on a regular basis
- ✓ Have dependents who frequently use healthcare services
- ✓ Prefer predictable copays and out-of-pocket costs

Neither plan is better than the other. The right choice depends on your personal healthcare needs and financial preferences.

If you're looking to save on monthly premiums and build tax-free healthcare savings, the **Lumenos HSA Plan** may be the better fit.

If you expect to use healthcare services regularly and prefer more predictable costs when receiving care, the **HMO POS Plan** may be the better option.

Anthem Medical Plan Comparison

<i>In Network Benefits</i>	<i>Lumenos HSA Member Pays</i>	<i>HMO POS Member Pays</i>	<i>PPO Member Pays (Grandfathered plan; no new enrollments; current employees can make changes)</i>
Calendar Year Deductible	In-Network: Individual: \$1,650 Family: \$3,300 Out-of-Network: Individual: \$1,650 Family: \$3,300	In-Network: Individual: \$500 Family: \$1,000 Out-of-Network: Individual: \$750 Family: \$1,500	In-Network: Individual: \$750 Family: \$1,500 Out-of-Network: Individual: \$1,050 Family: \$2,100
Annual Out-of-Pocket Expense Limit (Combined medical and prescription drug)	In-Network: Individual: \$3,925 Family: \$7,850 Out-of-Network: Individual: \$5,500 Family: \$11,000	In-Network: Individual: \$3,000 Family: \$6,000 Out-of-Network: Individual: \$4,000 Family: \$8,000	In-Network: Individual: \$3,000 Family: \$6,000 Out-of-Network: Individual: \$4,250 Family: \$8,500
Office Visits	In-Network: PCP: 20% coinsurance Specialist: 20% coinsurance Out-of-Network: PCP: 40% coinsurance Specialist: 40% coinsurance	In-Network: Preferred PCP: \$10/visit Primary Care PCP: \$15/visit Specialist: \$30/visit Deductible does not apply Out-of-Network: PCP: 30% coinsurance Specialist: 30% coinsurance	In-Network: Preferred PCP: \$10/visit Primary Care PCP: \$15/visit Specialist: \$30/visit Deductible does not apply Out-of-Network: PCP: 30% coinsurance Specialist: 30% coinsurance
Preventive Care/Screening/Immunization	In-Network: Covered at 100% Out-of-Network: 40% coinsurance	In-Network: Covered at 100% Out-of-Network: 30% coinsurance	In-Network: Covered at 100% Out-of-Network: 30% coinsurance
Hospital Emergency Room Care	In-Network: 20% coinsurance Out-of-Network: 40% coinsurance	In-Network: \$200/visit Deductible does not apply Out-of-Network: 30% coinsurance	In-Network: \$200/visit then 20% Deductible does not apply Out-of-Network: 30% coinsurance
Urgent Care	In-Network: 20% coinsurance Out-of-Network: 40% coinsurance	In-Network: \$15 or \$35/visit Deductible does not apply Out-of-Network: 30% coinsurance	In-Network: \$15 or \$30/visit Deductible does not apply Out-of-Network: 30% coinsurance
Outpatient Surgery	In-Network: Facility: 20% coinsurance Professional: 20% coinsurance Out-of-Network: Facility: 40% coinsurance Professional: 40% coinsurance	In-Network: Facility: \$150/visit Professional: \$15 or \$35/visit Deductible does not apply Out-of-Network: Facility: 30% coinsurance Professional: 30% coinsurance	In-Network: Facility: \$150/visit then 20% coinsurance Professional: \$15 or \$30/visit Deductible does not apply Out-of-Network: Facility: 30% coinsurance Professional: 30% coinsurance
Inpatient Hospital Services	In-Network: Facility: 20% coinsurance Professional: 20% coinsurance Out-of-Network: Facility: 40% coinsurance Professional: 40% coinsurance	In-Network: Facility: \$200/day up to \$1,000/admission Deductible does not apply Professional: No charge after facility fee Out-of-Network: Facility: 30% coinsurance Professional: 30% coinsurance	In-Network: Facility: \$300/admission then 20% coinsurance Deductible does not apply Professional: 20% coinsurance Out-of-Network: Facility: 30% coinsurance Professional: 30% coinsurance

This document is a highlight of plan benefits provided by Anthem as selected by your employer. It is not a certificate of insurance and does not include exclusions and limitations. For a complete list of covered procedures, please see your benefits administrator.

Prescription Drugs - Administered by MedImpact

In Network Benefits	Lumenos HSA Member Pays	HMO POS Member Pays	PPO Member Pays (Grandfathered Plan; No New Enrollments; Current Employees can make changes)
Deductible	\$0	\$100	\$100
Tier 1 Retail (30 day supply)	\$10 copayment after deductible(retail) and \$25 copayment after deductible (home delivery)	\$10/prescription, Prescription Drug deductible does not apply (retail) and \$10/prescription, Prescription Drug deductible does not apply (home delivery)	\$10/prescription, Prescription Drug deductible does not apply (retail) and \$10/prescription, Prescription Drug deductible does not apply (home delivery)
Tier 2 Retail (30 day supply)	\$40 copayment after deductible (retail) and \$100 copayment after deductible (home delivery)	\$25/prescription, Prescription Drug deductible applies (retail) and \$50/ prescription, Prescription Drug deductible applies (home delivery)	\$25/prescription, Prescription Drug deductible applies (retail) and \$50/prescription, Prescription Drug deductible applies (home delivery)
Tier 3 Retail (30 day supply)	\$70 copayment after deductible (retail) and \$175 copayment after deductible (home delivery)	\$50/prescription, Prescription Drug deductible applies (retail) and \$150/ prescription, Prescription Drug deductible applies (home delivery)	\$50/prescription, Prescription Drug deductible applies (retail) and \$150/prescription, Prescription Drug deductible applies (home delivery)
Tier 4 Retail (30 day supply)	20% coinsurance to \$300 max (retail) and 20% coinsurance to \$300 max (home delivery)	N/A	N/A

Anthem Monthly Medical Rates

Insured	Lumenos HSA	HMO POS	PPO
Employee	\$0.00	\$25.00	\$107.94
Employee + Spouse	\$169.51	\$491.04	\$677.12
Employee + Child(ren)	\$116.32	\$374.66	\$516.94
Employee & Family	\$563.91	\$1,094.50	\$1,382.98
Double Share Family	\$0.00	\$249.91	\$538.39

Note: Premiums shown are monthly amounts. Payroll deductions are taken semi-monthly (24 deductions), so each paycheck deduction is generally one-half of the monthly premium shown.

Summary of Benefits & Coverage (SBC) Documents

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services.

This is only a summary. For more information about your coverage or to get a copy of the complete terms of coverage, visit www.Anthem.com.

Scan the QR Code or visit <https://mymarkiii.com/mcpsva/policy-information/> to view your SBCs.



Scan me!

Important Notes

- Employee medical premiums shown in this guide are monthly amounts. Premiums are deducted in equal semi-monthly installments (24 deductions) from paychecks issued September 2026 through August 2027 for coverage effective October 1, 2026, through September 30, 2027. Each payroll deduction will generally equal one-half of the monthly premium shown. Employees are responsible for reviewing available health plan options before making their benefit elections.
- Spousal coverage on any plan:**
 - If your spouse is eligible for health insurance through his/her employer and you elect to have your spouse covered on your MCPS health insurance plan, you will be charged a \$50 monthly surcharge in addition to the employee monthly premium listed above.
 - If electing spousal coverage, employees will be required to certify whether or not their spouse is eligible for health insurance through his/her employer.
- Explanation of Double Share/Family:**
 - If both spouses are employed by MCPS, scheduled to regularly work 30+ hours a week, and both choose the family coverage plan, the double share family rates apply.



This document is a highlight of plan benefits provided by Anthem as selected by your employer. It is not a certificate of insurance and does not include exclusions and limitations. For a complete list of covered procedures, please see your benefits administrator.



● A HEALTHIER, MORE INFORMED YOU

Frequently asked questions.

What is a Pharmacy Benefit Manager (PBM)?

MedImpact is your PBM. A PBM administers the pharmacy portion of your healthcare benefits, as defined by your plan sponsor.

We work with your plan sponsor and your network pharmacies to provide timely, important information about your medicine, including how to take it, potential side effects, any lower-cost drug options, and more.

With MedImpact, you can fill your prescriptions with ease and convenience using one of three options:

- 1. A Retail Pharmacy** There are thousands of retail pharmacies in our network. Visit our Pharmacy Locator Tool at www.medimpact.com to find one near you.
- 2. MedImpact Direct® for Maintenance Medications** Skip the line at the pharmacy. MedImpact Direct makes getting your long-term prescriptions easy. MedImpact Direct delivers your long-term prescriptions to your door!
- 3. MedImpact Direct Specialty™ for Specialty Medications** "Specialty medications" are more complex, and are often used to treat chronic conditions. The MedImpact Direct Specialty program delivers specialty medications to where you need them.

Your ID card.

How Do I Use My ID Card?

A: You can find your pharmacy benefit information on your medical ID card. Use it to fill your prescription at the pharmacy counter or to register for an online account. Make sure to show your pharmacist your new ID card so they can update their information. Your pharmacist will need this information to process any prescriptions.

Can I Use My Member ID Card in Another State?

A: Yes. If you are traveling and you need to fill a prescription, you can use your card at any pharmacy in your pharmacy network to fill a prescription. To find a pharmacy that is part of your pharmacy network, click on the Pharmacy Locator link that is in the menu bar and enter your criteria.

Formulary and benefit design.

What is a Formulary?

A: There may be more than one drug that can treat your condition. Your plan sponsor can "prefer" certain drugs that are just as effective and appropriate. These drugs are called "formulary/preferred product" and may be offered at a lower cost. Ask your doctor if a formulary/preferred drug would be right for you.

What is a Pharmacy Benefit Plan?

A: A pharmacy benefit plan refers to coverage of specific pharmacy-related products and services as defined by a plan sponsor.

Prescription cost.

How Much is the Copay for My Medication?

A: The copay for your medication depends on the medication type and your health plan.

Where Can I Get My Prescription Filled for the Lowest Cost?

A: Participating network pharmacies can fill prescriptions for covered medications at the lowest cost. In-network pharmacies agree to set prices for products and services covered by your plan. To find network pharmacies, use our Pharmacy Locator tool at www.medimpact.com.

Pharmacies.

Can I Get My Medication at a Pharmacy That Does Not Take Part in My Plan?

A: Yes, but it may not be at the lowest price possible. If you choose to buy a covered drug at a non-network pharmacy for your plan, you may have to pay a higher amount or even the entire cost.

Where Can I Find an In-Network Pharmacy?

A: MedImpact contracts with more than 64,000 pharmacies in the nation, which makes it easy to find a network pharmacy. Not all pharmacies will be included in your pharmacy network, but finding a pharmacy that is in-network is easy. You can find an in-network pharmacy by searching the Pharmacy Locator tool at www.medimpact.com.

Medications.

What is A Generic Medication?

A: A product that has the same active ingredient(s), is the same strength, and the same dosage form as its brand-name drug. It is referred to by its chemical name and is often made available when the patent on the brand-name drug ends.

What is a Specialty Medication?

A: Your pharmacy benefit may include some products that are called "specialty" medications. Most of these medicines need to be injected or need special care when shipping, such as refrigeration. As a result, you may be required to use a specific specialty pharmacy to get specialty medication.

About MedImpact

MedImpact is a pharmacy benefit manager who works with your health plan to get you the medication you need. Our goal is to make it as easy as possible for you by working with your health plan and pharmacy to provide timely and essential information about your medicine, including how to take it correctly, potential side effects, any lower-cost drug options, and more.

pbm.medimpact.com

Prior authorizations.

What is a Prior Authorization (PA)?

A: Plan sponsors sometimes require specific drugs to be reviewed against a set of criteria to determine if the plan will cover the medication. The PA process looks at whether or not a member meets the criteria for coverage.

To check on the status of a prior authorization, call MedImpact customer center toll-free, at 1-800-788-2949.

What is Step Therapy?

A: Step therapy is a type of prior authorization that requires you to try a more cost-effective and safe drug before a more costly or risky drug will be covered.

MedImpact Direct.®

What is MedImpact Direct?

A: MedImpact Direct is an easy-to-use home delivery program for mail-order prescriptions. We deliver your maintenance medications (those you take regularly for an extended period of time) right to your door. Our goal is to make it as easy as possible for you to get the medications you need without having to go to a retail pharmacy.

For more information on how to get started, visit www.medimpact.com or see the enclosed brochure.

MedImpact Direct Specialty.™

What is MedImpact Direct Specialty?

A: The MedImpact Direct Specialty program provides access to specialty drugs for chronic and complex conditions. Whether the medication is new for you, or if you have been taking it for a while, the dispensing pharmacy will help you get the most from your medication.

For more information on how to get started, visit www.medimpact.com or see the enclosed brochure.

Contact Us.

Have more questions? Contact MedImpact by calling us toll-free at 1.800.788.2949. You can also visit us online at www.medimpact.com.

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YOUR MEMBER WEBSITE

Looking for prescription drug information?

MedImpact's Member Website provides comprehensive health and wellness information, and individual prescription benefit and drug coverage detail to help you understand your prescription benefit plan better.



How much is the copay for my medication?

Benefit Highlights presents benefit information unique to you, including copays, deductibles, benefit limits, accumulators and out-of-pocket maximums.



What's the lowest-cost option for my medication?

Drug Price Check displays formulary status, drug price estimates and fulfillment options, including pharmacies, brands and generics, and formulary restrictions and alternatives. Drug Price Check highlights your lowest-cost options.



How much did I spend on prescription drugs last year?

PersonalHealthRx® tracks individual prescription claims histories, expenditures, and benefit amounts for consumer-directed care and tax purposes.



Where can I find a pharmacy near home or work?

Pharmacy Locator identifies participating network pharmacies, including 24-hour, ChoiceSpecialty® and staff ("preferred") pharmacies

How can you use the member website?

- Obtain an overview of plan benefits and copay amounts
- Determine if prescribed medications are on the formulary/preferred list
- Locate a network pharmacy near work or home
- Print a tax report of prescription expenses
- Obtain drug price estimates and out-of-pocket costs
- View cost differentials and calculate potential savings with generic vs. brand

About MedImpact

MedImpact is a pharmacy benefit manager who works with your health plan to get you the medication you need. Our goal is to make it as easy as possible for you by working with your health plan and pharmacy to provide timely and essential information about your medicine, including how to take it correctly, potential side effects, any lower-cost drug options, and more.

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YOUR RX PORTAL AND APP

Your pharmacy benefits, right at your fingertips.

The MedImpact Rx portal and mobile app help you manage your budget and health.



It's easy. Manage your pharmacy benefits from your computer or phone, including:



Your Medications

- View your Rx history
- Track your spending
- Get your prescriptions delivered
- Renew expired prescriptions
- Check delivery status



Drug Price Check

- Check the cost of your medications
- Quick cost comparisons between local and retail pharmacies and mail order



Pharmacy Locator

- Find the pharmacies closest to you with the best cost options for your specific medications
- Use our interactive maps and get directions and contact info



Your Benefit Dashboard

- View your dependents
- View your deductibles
- See remaining refills and expiration dates
- View prior authorization status



Medication FAQs

- Read medication descriptions and drug interactions
- Learn how to take and store your medications



NEW FEATURE Medicine Chest

- Manage your daily medications
- Set reminders
- Track when you take your medications
- Send reminders to your phone or Apple Watch



NEW FEATURE Savings Calculator

- Find recommendations to save money by using therapeutic alternatives or generic substitutions



NEW FEATURE Vaccine Module

- Quickly and conveniently find the nearest pharmacy offering flu shots and other important vaccines and boosters

Let's go.

Get started by registering at medimpact.com and/or download the app at the App Store or Google Play by searching "MedImpact."



Download the MedImpact
mobile app from your
App Store Today!





TEMPORARY ID CARD

Printing your temporary ID card.

Step 1: Register at mp.medimpact.com



Step 2: Enter Your Information

Registration: Step 1 - Identification

Registering is easy! Registering will give you access to personal pharmacy benefit and drug coverage information. The first step of registration is to identify you. Please enter the following information from your prescription benefit card below. See an example of a prescription benefit card by clicking "What is this?" below.

Note: If your plan sponsor has not chosen to implement this website, you will not be able to complete registration. Your plan sponsor will contact you when the website is available.

* = required fields

Personal Information

*First Name:

*Last Name:

*Member/ID#: (no spaces)

*Birth Date: (mm/dd/yyyy)

[What is this?](#)

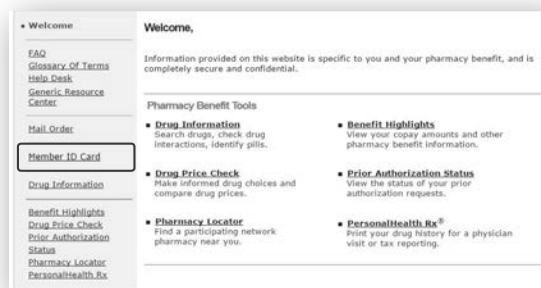
Finding Your Member ID

The Member/ID# is your Team Member ID. The ID# should be 9 digits total. If your Team Member ID is less than 9 digits, add zeros (0) to the front to make it 9 digits.

Example:

Team Member ID: 16555,
Member/ID#: 000016555

Step 3: Click the Member ID Card Link



Step 4: Print

Your pharmacy will use the BIN, PCN, RxGROUP and your ID# to process your prescription

Temporary Member Identification Card

This temporary ID Card is for informational purposes only. It does not replace your actual prescription coverage card. Please discard this temporary ID card upon receipt of your actual prescription benefits card.

ABC HEALTH PLAN

RxBin: 003505 RxPCN: 05410
RxGrp: ZZZZED01
ID#: ZZZZBMB1-Q
Name: LARRY S MITCHEL

TEMPORARY IDENTIFICATION CARD

FRONT

BACK

PRINT CLOSE WINDOW

This Membership Card is for identification purposes only. It does not confirm eligibility.

If you have questions, please call: 1-800-788-2949

For more information, contact us

Call (800) 788-2949 or visit www.medimpact.com



Understanding the Difference!

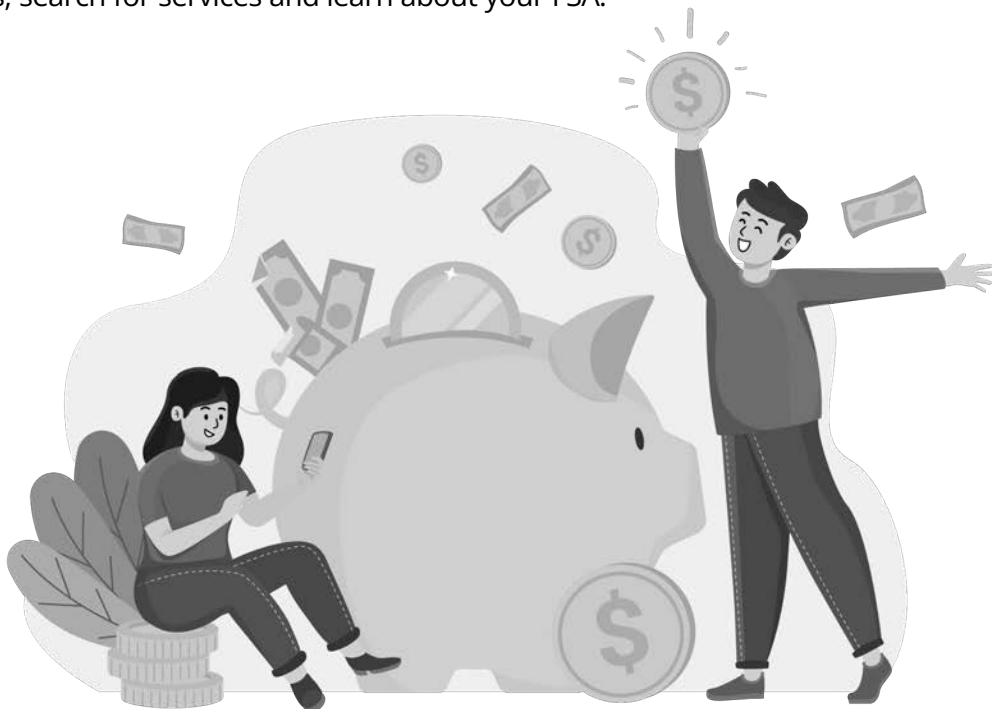
Below we've outlined the key differences between HSAs and FSAs so you can see which is right for you and your family, the advantages to each, and why they are offered.

Health Savings Account (HSA)

- ✓ An HSA is an individually owned benefits plan funded by the employee.
- ✓ Employees must be enrolled in the High Deductible Health Plan (HDHP) to be eligible, which will lower insurance premiums.
- ✓ HSAs have a triple-tax advantage, meaning distributions for qualified medical expenses and investment returns are tax-free, and contributions are tax-deductible.
- ✓ HSAs can also be invested, which lets employees grow their dollars!
- ✓ **Contribution Limits: Individual - \$4,400 | Family - \$8,750**
- ✓ Visit www.HSAstore.com for your one-stop-destination for Health Savings Accounts where you can buy HSA eligible products, search for services and learn about your HSA.

Flexible Spending Account (FSA)

- ✓ An FSA is an employer-owned account that employees use to set aside funds for qualified expenses.
- ✓ FSAs offer pre-tax savings on eligible expense like medical or dependent care services.
- ✓ FSAs will also save you money! For example, if an employee is enrolled in the Medical FSA, he/she reduces the taxable income, which reduces the amount subject to Social Security and Medicare.
- ✓ You won't have to pay Social Security or Medicare tax on funds going into an FSA.
- ✓ Visit www.FSAstore.com for your one-stop-destination for Flexible Spending Accounts where you can buy FSA eligible products, search for services and learn about your FSA.





Flexible Spending Account



Get reimbursed for out-of-pocket healthcare & child/aged adult day care expenses with tax free dollars!!

Maximize Your Income

Flexible Spending Accounts (FSAs) allow you to pay certain healthcare and dependent care expenses with pre-tax money. (The key to the Flexible Benefit Plan is that your eligible expenses are paid for with Tax Free Dollars!) You will not pay any federal, state or social security taxes on funds placed in the Plan. You will save approximately \$27.65 to \$37.65 on every \$100 you place in the Plan. The amount of your savings will depend on your federal tax bracket.

Eligibility

Participation in the plan begins on October 1, 2026 and ends on September 30, 2027. All Full-Time, Part-Time Eligible and ACA Eligible employees will be eligible to participate in the plan. Those employees having a qualifying event are eligible to enroll within 30 days of the qualifying event. Deductions will begin on the first pay period following your plan start date. You must complete an enrollment form to participate in the Flexible Spending Accounts Plan each year during the open enrollment period. If an enrollment form is not completed during open enrollment, you will not be enrolled in the plan and you will not be able to join until the next Plan Year unless you experience a qualifying event

The Health Care Account is a Pre-Funded Account

This means that you can submit a claim for medical expenses on the first day of the Plan Year and you will be reimbursed your total claim amount up to your annual election. The funds that you are pre-funded will be recovered as deductions which are taken from your paycheck on a pre-tax basis.

Contribution Limits: The maximum you may place in this account for the Plan Year is \$3,400.00.

Election Changes

Election changes are only allowed if you experience one of the following qualifying events:

- Marriage or divorce
- Birth or adoption
- Involuntary loss of spouse's medical or dental coverage
- Death of dependent (child or spouse)
- Unpaid FMLA or Non-FMLA leave
- Change in dependent care providers



Reimbursement Schedule

All manual or paper claims received in the office of Flexible Benefit Administrators, Inc. will be processed within one week. You may also use your Benefits Card to pay for expenses. Please refer to the Benefits Card section for details.

Online Access

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

- FSA Login – view balances, check status and view claims history, download participation forms
- FSA Educational Tools – FSA calculator: estimate how much you can save by utilizing an FSA.

Health Care Reimbursement

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

Examples of Eligible Health Care Expenses

Fees/Co-Pays/Deductibles for:

- Acupuncture | Prescription eyeglasses/reading glasses/contact lens and supplies | Eye Exams/Laser Eye Surgery | Physician | Ambulance | Psychiatrist | Psychologist | Anesthetist | Hospital | Chiropractor | Laboratory/Diagnostic | Fertility Treatments | Surgery | Dental/Orthodontic Fees | Obstetrician | X-Rays | Eye Exams | Prescription Drugs | Artificial limbs & teeth | Orthopedic shoes/inserts | Therapeutic care for drug & alcohol addiction | Vaccinations & Immunizations | Mileage | Take-home screening kits

Over-the-Counter Expense (Examples of medication and drugs that may be purchased in reasonable quantities with a prescription):

- Acne Treatment | Humidifiers | Multivitamins | Herbal Supplements | Baby Formula | Fiber Supplements

Day Care/Aged Adult Care Reimbursement

The Day Care/Aged Adult Care FSA allows you to pay for daycare expenses for your qualified dependent/child with pre-tax dollars. Eligible Day Care/Aged Adult Care expenses are those you must pay for the care of an eligible dependent so that you and your spouse can work. Eligible dependents, as revised under Section 152 of the Code by the Working Families Tax Act of 2005, are defined as either dependent children or dependent relatives that you claim as dependents on your taxes. Refer to the Employee Guide for more details. Eligible dependents are further defined as:

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

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

- **\$7,500 (\$3,750 if married filing separately)**
- Your wages for the year or your spouse's if less than above
- Maximum is reduced by spouse's contribution to a Day Care/Aged Adult Care FSA

How to Receive Reimbursement

To obtain a reimbursement from your Flexible Spending Account, you must complete a Claim Form. This form is available to you in your Employee Guide or on our website. You must attach a receipt or bill from the service provider which includes all the pertinent information regarding the expense:

- Date of service
- Patient's name
- Amount charged
- Provider's name
- Nature of the expense
- Amount covered by insurance (if applicable)

Canceled checks, bankcard receipts, credit card receipts and credit card statements are NOT acceptable forms of documentation. You are responsible for paying your healthcare or dependent care provider directly.

Eligible Day Care/Aged Adult Expenses

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

Ineligible Expenses:

- Overnight Camps | Babysitting for Social Events | Tuition Expenses including Kindergarten | Food Expenses (if separate from dependent care expenses) | Care provided by children under 19 (or by anyone you claim as a dependent) | Days your spouse doesn't work (though you may still have to pay the provider) | Kindergarten expenses are ineligible as an expense because it is primarily educational, regardless if it is half or full day, private, public, state mandated or voluntary | Transportation, books, clothing, food, entertainment and registration fees are ineligible if these expenses are shown separately on your bill | Expenses incurred while on Leave of Absence or Vacation

Forfeiting Funds

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

How to Enroll in our FSA Plan

Step 1

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

Step 2

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

How the Flexible Benefit Plan Works

	Without FSA	With FSA
Gross Monthly Income	\$2,500.00	\$2,500.00
Eligible Pre-Tax employer medical insurance	\$0.00	\$200.00
Eligible Pre-Tax medical expenses	\$0.00	\$60.00
Eligible Pre-Tax dependent child care expenses	\$0.00	\$300.00
Taxable Income	\$2,500.00	\$1,940.00
Federal Tax (15%)	\$375.00	\$291.00
State Tax (5.75%)	\$125.00	\$97.00
FICA Tax (7.65%)	\$191.25	\$148.41
After-Tax employer medical insurance	\$200.00	\$0.00
After-Tax medical expenses	\$60.00	\$0.00
After-Tax dependent child care expenses	\$300.00	\$0.00
Monthly Spendable Income	\$1,248.75	\$1,403.59

By taking advantage of the Flexible Benefit Plan, this employee was able to increase his/her spendable income by \$154.84 every month! This means an annual tax savings of \$1,858.08. Remember, with the FLEXIBLE BENEFIT PLAN, the better you plan the more you save!

Online Wealthcare Portal

View your account status, submit claims and report your benefits card lost/stolen right from your computer. Once your account is established, you can use the same user name and password to access your account via our Mobile App!

Follow the simple steps below to establish your secure user account.

- ✓ Get started by visiting <https://fba.wealthcareportal.com/> and click the register button.
- ✓ You will be directed to the registration page.
- ✓ Follow the prompts to create your account.
 - User Name
 - Password
 - Name
 - Email Address
 - Employee ID (Your SSN, no spaces/dashes)
 - Registration ID
 - Employer ID
 - Your Benefits Card Number
- ✓ Once completed, please proceed to your account.



Benefits Card

The Benefits Card can be used as a direct payment method for eligible expenses incurred at approved service providers and merchants. Using your card allows you instant access to your funds with no out-of-pocket expense. Please keep all your itemized receipts. Flexible Benefit Administrators, Inc. may request documentation to substantiate Benefits Card transactions to determine eligibility of an expense. Benefits Cards are available upon request of the account holder for dependents over the age of 18. Please contact Flexible Benefit Administrators, Inc. to order additional cards.

FBA Participant Portal, Mobile App, Benefits Card & Claim Submission

Scan the QR code with your smartphone to view the FBA Participant Portal, FBA Mobile App, FBA Benefits Card, and Claim submission information. The Participant Portal provides powerful self-service account access, plus education and decision-support tools that help put you in the driver's seat when it comes to your healthcare finances. The Mobile App offers a personalized, real-time and self-guided experience that allows you to easily manage your Benefit Account and delivers tools to help save you money. The benefits debit card eliminates the hassles of claim submission and waiting for a reimbursement check.



For more information, please call 800-437-3539
 P.O. Box 8188 • Virginia Beach, VA 23450
www.flex-admin.com



Flexible Spending Account (Limited)



With the Limited Purpose FSA, get reimbursed for out-of-pocket dental & vision care expenses with tax free dollars!

Maximize Your Income

Flexible Spending Accounts (FSAs) allow you to pay certain healthcare and dependent care expenses with pre-tax money. (The key to the Flexible Benefit Plan is that your eligible expenses are paid for with Tax Free Dollars!) You will not pay any federal, state or social security taxes on funds placed in the Plan. You will save approximately \$27.65 to \$37.65 on every \$100 you place in the Plan. The amount of your savings will depend on your federal tax bracket.

Eligibility

Participation in the plan begins on October 1, 2026 and ends on September 30, 2027. All Full-Time, Part-Time Eligible and ACA Eligible employees will be eligible to participate in the plan. Those employees having a qualifying event are eligible to enroll within 30 days of the qualifying event. Deductions will begin on the first pay period following your plan start date. You must also be enrolled in a High-Deductible Health Plan (HDHP). You must complete an enrollment to participate in the Flexible Spending Accounts each year during the enrollment period. If an enrollment is not completed during open enrollment, you will not be enrolled in the Plan and you will not be able to join until the next Plan Year or if you have a qualifying event.

The Limited FSA Accounts is a Prefunded Account

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

Contribution Limits: The maximum you may place in this account for the Plan Year is \$3,400.00.

Election Changes

Election changes are only allowed if you experience one of the following qualifying events:

- Marriage or divorce
- Birth or adoption
- Involuntary loss of spouse's medical or dental coverage
- Death of dependent (child or spouse)
- Unpaid FMLA or Non-FMLA leave
- Change in dependent care providers



Reimbursement Schedule

All manual or paper claims received in the office of Flexible Benefit Administrators, Inc. will be processed within one week. You may also use your Benefits Card to pay for expenses. Please refer to the Benefits Card section for details.

Online Access

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

- FSA Login – view balances, check status and view claims history, download participation forms
- FSA Educational Tools – FSA calculator: estimate how much you can save by utilizing an FSA.

Benefits of Using Limited Purpose FSA with an HSA

With this account, you can pay for your out of pocket dental, vision, and preventative care expenses for yourself, your spouse and all of your dependents for services that are incurred during your plan year and while an active participant. Funds contributed to your Health Savings Account (HSA) can also cover these expenses, so why would someone choose to make a second contribution to a Limited FSA along with an HSA. Below are a few key reasons to contribute to both in order to get the most out of your HSA.

You will likely have Dental or Vision expenses early in the plan year.

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

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

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

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

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

Eligible Vision & Dental Expenses

The Limited FSA allows you to pay for dental and vision expenses for you and your eligible dependents with pre-tax dollars. Eligible dental expenses include dental procedures that are not for cosmetic purposed and not covered by your insurance such as those listed below. Examples of Eligible Dental Expenses:

- Orthodontia (Braces)
- Fillings
- Crowns
- Checkups

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

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

How to Receive Reimbursement

To obtain a reimbursement from your Flexible Spending Account, you must complete a Claim Form. This form is available to you in your Employee Guide or on our website. You must attach a receipt or bill from the service provider which includes all the pertinent information regarding the expense:

- Date of service
- Patient's name
- Amount charged
- Provider's name
- Nature of the expense
- Amount covered by insurance (if applicable)

Canceled checks, bankcard receipts, credit card receipts and credit card statements are NOT acceptable forms of documentation. You are responsible for paying your healthcare or dependent care provider directly.

Eligible Preventative Care Expenses

In order for an expense to be considered "preventative care" you will need to acquire a prescription or letter of medical necessity from your medical provider that specifically states that the treatment is for the prevention of the onset of an illness. Once you are officially diagnosed with a condition, any expenses used towards treating the condition would not be eligible. Below are two examples of preventative care to prevent the onset of illnesses.

Diabetes

Your doctor may write you a letter of medical necessity stating that they recommend you get a gym membership and exercise in order to prevent the onset of Type II Diabetes.

High Blood Pressure

If you have a family history of high blood pressure, your doctor may write you a prescription for blood pressure medication preventing high blood pressure.

Other eligible "preventative care" expenses include tobacco cessation programs, cancer screening, heart and vascular care screenings, substance abuse screenings, routine prenatal care, and child and adult immunizations.

Forfeiting Funds

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

How to Enroll in our FSA Plan

Step 1

Carefully estimate your eligible dental, vision and/or preventative care expenses for the upcoming Plan Year. Then use our online FSA Educational Tools located at <https://fba.wealthcareportal.com/> to help you determine your total expenses for the Plan Year.

Step 2

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

How the Flexible Benefit Plan Works

	Without FSA	With FSA
Gross Monthly Income	\$2,500.00	\$2,500.00
Eligible Pre-Tax employer medical insurance	\$0.00	\$200.00
Eligible Pre-Tax medical expenses	\$0.00	\$60.00
Eligible Pre-Tax dependent child care expenses	\$0.00	\$150.00
Taxable Income	\$2,500.00	\$2,090.00
Federal Tax (15%)	\$375.00	\$315.50
State Tax (5.75%)	\$143.75	\$120.18
FICA Tax (7.65%)	\$191.25	\$159.89
After-Tax employer medical insurance	\$200.00	\$0.00
After-Tax medical expenses	\$60.00	\$0.00
After-Tax dependent child care expenses	\$150.00	\$0.00
Monthly Spendable Income	\$1,380.00	\$1,496.43

By taking advantage of the Limited FSA to cover dental and vision expenses and the HSA to cover their Medical expenses, this employee was able to increase his/her spendable income by \$116.43 every month! This means an annual tax savings of \$1,397.16. Remember, with the FLEXIBLE BENEFIT PLAN, the better you plan the more you save!

Online Wealthcare Portal

View your account status, submit claims and report your benefits card lost/stolen right from your computer. Once your account is established, you can use the same user name and password to access your account via our Mobile App!

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- ✓ Get started by visiting <https://fba.wealthcareportal.com/> and click the register button.
- ✓ You will be directed to the registration page.
- ✓ Follow the prompts to create your account.
 - User Name
 - Password
 - Name
 - Email Address
 - Employee ID (Your SSN, no spaces/dashes)
 - Registration ID
 - Employer ID
 - Your Benefits Card Number
- ✓ Once completed, please proceed to your account.



FBA Participant Portal, Mobile App, Benefits Card & Claim Submission

Scan the QR code with your smartphone to view the FBA Participant Portal, FBA Mobile App, FBA Benefits Card, and Claim submission information. The Participant Portal provides powerful self-service account access, plus education and decision-support tools that help put you in the driver's seat when it comes to your healthcare finances. The Mobile App offers a personalized, real-time and self-guided experience that allows you to easily manage your Benefit Account and delivers tools to help save you money. The benefits debit card eliminates the hassles of claim submission and waiting for a reimbursement check.



For more information, please call 800-437-3539
P.O. Box 8188 • Virginia Beach, VA 23450
www.flex-admin.com



Health Savings Account (FAQ)



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

- ✓ **Employee only:** \$137.50/month or \$1,650.00/plan year Contributions are made in 2 installments:
 - October: \$825 | April: \$825
- ✓ **Employee plus dependent(s):** \$275/month or \$3,300 plan year Contributions are made in 2 installments:
 - October: \$1,650 | April: \$1,650

What is a health savings account (HSA)?

An HSA is a tax-advantaged personal savings account that can be used to pay for medical, dental, vision and other qualified expenses now or later in life. To contribute to an HSA you must be enrolled in a qualified high-deductible health plan (HDHP) and your contributions are limited annually. The funds can even be invested, making it a great addition to your retirement portfolio.

Why should I participate in an HSA?

Funds contributed to an HSA are triple-tax-advantaged.

1. **Money goes in tax-free.** Most employers offer a payroll deduction through a Section 125 Cafeteria Plan, allowing you to make contributions to your HSA on a pre-tax basis. The contribution is deposited into your HSA prior to taxes being applied to your paycheck, making your savings immediate. You can also contribute to your HSA post-tax and recognize the same tax savings by claiming the deduction when filing your annual taxes.
2. **Money comes out tax-free.** Eligible healthcare purchases can be made tax-free when you use your HSA. Purchases can be made directly from your HSA account, either by using your benefits debit card, ACH, online bill-pay, or check – or, you can pay out-of-pocket and then reimburse yourself from your HSA.
3. **Earn interest, tax-free.** The interest on HSA funds grows on a tax-free basis. And, unlike most savings accounts, interest earned on an HSA is not considered taxable income when the funds are used for eligible medical expenses.

What expenses are eligible for reimbursement?

Health plan co-pays, deductibles, co-insurance, vision, dental care, and certain medical supplies are covered. The IRS provides specific guidance regarding eligible expenses. (See IRS Publication 502).

Am I eligible to participate?

In order to contribute, you must be enrolled in a qualified HDHP, not covered under a secondary health insurance plan, not enrolled in Medicare, and not another person's dependent. There are no eligibility requirements to spend previously-contributed HSA funds.

What is a high-deductible health plan?

A HDHP is a health insurance plan with deductible amounts that are greater than \$1,700 for individual or \$3,400 for family coverage and have an out-of-pocket maximum that does not exceed \$8,500 for individual or \$17,000 for family coverage for 2026.

How do I contribute money to my HSA?

Payroll deduction is most likely offered by your employer. Your annual contribution will be divided into equal amounts and deducted from your payroll before taxes. Direct contributions can also be made from your personal checking account and can be deducted on your personal income tax return.

Can I change my contributions to my HSA during the year?

Yes. You will not be subject to the change-in-status rules applicable to other benefit accounts. You will be able to make changes in your contributions by providing the applicable notice of change provided by your employer.

How much can I contribute to my HSA?

Contributions can be made by the eligible employee, their employer, or any other individual. Annual contributions from all sources may not exceed \$4,400 for singles or \$8,750 for families in 2026. Individuals aged 55 and over may make an additional \$1,000 catch-up contributions.

Do I have to spend all my contributions by the end of the plan year?

No. HSA money is yours to keep. Unlike a flexible spending account (FSA), unused money in your HAS isn't forfeited at the end of the year; it continues to grow, tax-deferred.

What happens if my employment is terminated?

HSAs are portable and move with you if you change employment. Your HSA belongs to you, not your employer, just like your personal checking account.

How do I access the funds in my HSA?

Your HSA is similar to a checking account. You are responsible for ensuring the money is spent on qualified purchases only and maintaining records to withstand IRS scrutiny. Payments can be made via check, ACH, online bill-pay, or debit card, depending on what is available to you.

When must contributions be made to an HSA for a taxable year?

Contributions for the taxable year can be made in one or more payments at any time after the year has begun and prior to the individual's deadline (without extensions) for filing the eligible individual's federal income tax return for that year. For most taxpayers, the deadline is April 15 of the year following the year for which contributions are made.

What happens to the money in my HSA if I no longer have HDHP coverage?

Once you discontinue coverage under an HDHP and/or get secondary health insurance coverage that disqualifies you from an HSA, you can no longer make contributions to your HSA. However, since you own the HSA, you can continue to use the remaining funds for future healthcare expenses.

Is tax reporting required for an HSA?

Yes. IRS form 8889 must be completed with your tax return each year to report total deposits and withdrawals from your account. You do not have to itemize to complete this form.

Can I still deduct healthcare expenses on my tax return?

Yes, but not the same expenses for which you have already been reimbursed from your HSA.

Can I withdraw the money for non-healthcare purchases?

Yes. If you withdraw the money for an unqualified expense prior to age 65, you'll pay a 20% excise tax. You can withdraw the money for any reason without penalty after age 65, but are subject to applicable income taxes.

Can I roll over or transfer funds from my HSA or Medical Savings Account (or Archer MSA) into an HSA?

Yes. Pre-existing HSA funds or MSA monies may be rolled into an HSA and will continue their tax-free status.

Can I control how the funds are invested?

Yes. Once your HSA cash account balance reaches the minimum amount required by the custodian, you can transfer funds to an HSA investment account. You can choose from a selection of mutual funds and setup and allocation model for future transfers like you would for a 401k plan.

Can I transfer funds between the cash and investment accounts?

Yes. You can transfer money between your HSA cash and HSA investment account at any time.





Dental Plan



Delta Dental – Low & High Option

Deductibles & Maximums	Low Option	High Option
Annual Deductible (Applies to Basic & Major Services)	\$50 per person; \$150 per family, per calendar year	\$50 per person; \$150 per family, per calendar year
Annual Maximum (Per Member)	\$1,000 per calendar year	\$2,000 per calendar year
Lifetime Orthodontics Maximum	1,000	1,500
Health Smile, Healthy You® Program	Your plan provides additional cleanings and/or application of topical fluoride to enrollees with specific health conditions such as pregnancy, diabetes, high-risk cardiac conditions or who are undergoing cancer treatment via chemotherapy and/or radiation. Enrollment in the Healthy Smile, Healthy You Program is simple. Visit DeltaDentalVA.com to print an enrollment form.	

Coverage	Coinsurances		
	In-Network		Out-of-Network
	PPO	Premier	
Diagnostic and Preventive - Oral exam and teeth cleaning — twice each calendar year - Periodontal maintenance — four times per calendar year less the number of regular cleanings - Fluoride application — twice each calendar year for enrollees under age 19 - Bitewing X-rays — once each calendar year; limited to four films in one visit - Full-mouth and panelipse — once every three years - Space maintainer for enrollees under age 14 — one quadrant per arch per lifetime - Sealant for enrollees under age 16 — one application per tooth every five years; limited to noncarious, nonrestored first and second permanent molars - Consultation and/or evaluation for deep sedation or general anesthesia — twice each calendar year and subject to benefit for regular exams - Healthy Smile, Healthy You® benefits	Low & High: 100%	Low & High: 100%	Low & High: 100%
Basic - Routine restorative — amalgam, composite (anterior and posterior), stainless steel crowns - Oral surgery - Periodontics - Endodontics - Denture repair and recementation	Low: 80% High: 90%	Low: 80% High: 90%	Low: 80% High: 90%
Major - Crown coverage — once per tooth every five years - Prosthetic coverage — once every five years	Low: 50% High: 60%	Low: 50% High: 60%	Low: 50% High: 60%
Orthodontics - Low Option: Dependent children to age 19 - High Option: Adults & dependent children	Low & High: 50%	Low & High: 50%	Low & High: 50%

About The Delta Dental Networks

- ✓ **Delta Dental PPO™** dentists agree to accept contractual reimbursement as payment in full and will not balance bill.
- ✓ **Delta Dental Premier®** dentists agree to accept contractual reimbursement as payment in full and will not balance bill.
- ✓ **Out-of-network** dentists are not contracted with Delta Dental and therefore may balance bill the difference between Delta Dental's nonparticipating dentist payment and billed charges.

Coverage is Available for:

- Enrollee and spouse
- Dependent children, only to the end of age 26.

Choosing a Dentist

You may select the dentist of your choice. However, to get the most value from your dental benefits, make sure your dentist participates in the network listed at the top of your Delta Dental ID card. With Delta Dental PPO Plus Premier™, you have the option of visiting any dentist. However, your out-of-pocket costs may be lowest if you see a Delta Dental PPO™ network dentist and highest if you choose an out-of-network dentist. Delta Dental network dentists agree to discount their fees, submit claims on your behalf and not bill you for the difference. Visit [DeltaDentalVA.com](https://www.deltadentalva.com) to find a participating dentist in your area.

If you visit an out-of-network dentist, Delta Dental will pay its portion of the bill and you are responsible for any coinsurance and deductible (if applicable), as well as the difference between the nonparticipating dentist's charge and Delta Dental's payment. Payment will be made to you, unless state law requires otherwise.

	PPO Network Dentist	Premier Network Dentist	Non-Participating Dentist
Dentist's Charge for Covered Procedure	\$215.00	\$215.00	\$215.00
Delta Dental's Plan Allowance	\$126.00	\$169.00	\$113.00
Coinsurance Percentage	80%	80%	80%
Delta Dental's Payment	\$100.80	\$135.20	\$90.40
Patient Payment	\$25.20	\$33.80	\$124.60

The example shown is for illustrative purposes only. Payment structures may vary between plans.

The preceding information is a brief description of the services covered under your plan. It is not intended for use as a summary plan description nor is it designed to serve as an Evidence of Coverage. If you have specific questions regarding benefit structure, limitations or exclusions, consult the plan document or call Delta Dental's Benefit Services Department at 800-237-6060.

Delta Dental Monthly Rates

Insured	Low Option	High Option
Employee	\$0.00	\$2.69
Employee + Spouse	\$0.00	\$5.08
Employee + Child(ren)	\$0.00	\$5.98
Employee + Family	\$0.00	\$9.59

Note: Premiums shown are monthly amounts. Payroll deductions are taken semi-monthly (24 deductions), so each paycheck deduction is generally one-half of the monthly premium shown.



If you have questions, please call our Customer Service team at 800-237-6060 or look online at <https://www.deltadental.com/>.



Vision Plan



Plan Benefit	VSP Network	Out-of-Network
Deductibles	\$15 Eye Exam \$15 Eye Glass Lenses or Frames*	\$15 Eye Exam \$15 Eye Glass Lenses or Frames*
Annual Eye Exam	Covered in Full	Up to \$45
Lenses (per pair) Single Vision Bifocal Trifocal Lenticular Progressive	Covered in Full Covered in Full Covered in Full Covered in Full See lens options	Up to \$35 Up to \$50 Up to \$70 Up to \$90 N/A
Contacts Fit & Follow Up Exams	15% Discount See Additional Focus Features	No Benefit
Contact Lenses Medically Necessary Cosmetic (Elective)	Covered in Full Up to \$120	Up to \$210 Up to \$105
Frames	\$120	Up to \$50
Frequencies (months) Exam/Lens/Frame	12/12/12 Based on date of service	12/12/12 Based on date of service

Lens Options (Member Cost)*	VSP Network	Out-of-Network
Progressive Lenses	Up to provider's contracted fee for Lined Trifocal Lenses. The patient is responsible for the difference between the base lens and the Progressive Lens charge.	Up to Lined Trifocal allowance
STD. Polycarbonate	Covered in full for dependent children \$25 adults	No Benefit
Solid Plastic Dye	\$13 (except Pink I & II)	No Benefit
Photochromatic Lenses (Glass & Plastic)	\$27 - \$76	No Benefit
Scratch Resistant Coating	\$15 - \$29	No Benefit
Anti-Reflective Coating	\$39 - \$75	No Benefit
Ultraviolet Coating	\$14	No Benefit

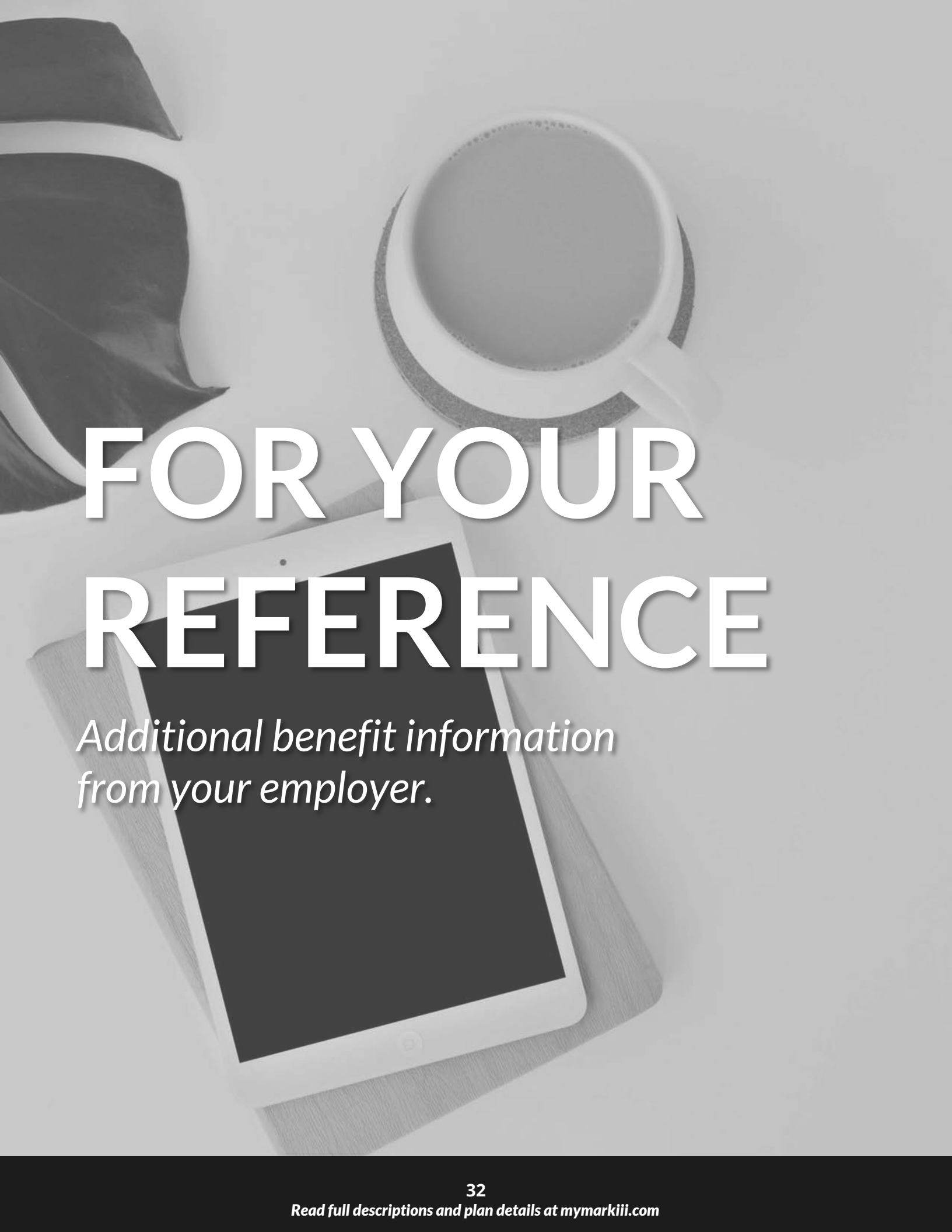
*Lens Option member costs vary by prescription, option chosen and retail locations.

Ameritas Vision Monthly Rates

Insured	Monthly Rates
Employee Only	\$10.13
Employee + Spouse	\$20.09
Employee + Child(ren)	\$18.57
Employee + Family	\$28.53

Note: Premiums shown are monthly amounts. Payroll deductions are taken semi-monthly (24 deductions), so each paycheck deduction is generally one-half of the monthly premium shown.

This document is a highlight of plan benefits provided by Ameritas Life Insurance Corp. as selected by your employer. It is not a certificate of insurance and does not include exclusions and limitations. For exclusions and limitations, or a complete list of covered procedures, contact your benefits administrator.



FOR YOUR REFERENCE

*Additional benefit information
from your employer.*



Accident Plan



Unum Accident Insurance

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

How Does it Work?

Accident Insurance pays a set benefit amount based on the type of injury you have and the type of treatment you need. It covers accidents that occur on and off the job. And it includes a range of incidents, from common injuries to more serious events. It can help you with out-of-pocket costs that your medical plan doesn't cover, like co-pays and deductibles. You'll have base coverage without medical underwriting. The cost is conveniently deducted from your paycheck. You can keep your coverage if you change jobs or retire. You'll be billed directly.

Who Can Get Coverage?

- ✓ **You:** If you're actively at work*
- ✓ **Your spouse:** Can get coverage as long as you have purchased coverage for yourself.
- ✓ **Your children:** Dependent children from birth until their 26th birthday, regardless of marital or student status.

**Employees must be legally authorized to work in the United States and actively working at a U.S. location to receive coverage. See Schedule of benefits for a complete listing of what is covered.*

What's Included?

Be Well Benefit

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

- Annual exams by a physician include sports physicals, well-child visits, dental and vision exams
- Screenings for cancer, including pap smear, colonoscopy
- Cardiovascular function screenings
- Screenings for cholesterol and diabetes
- Imaging studies, including chest X-ray, mammography
- Immunizations including HPV, MMR, tetanus, influenza

Organized Sports Benefit

Each family member that has Accident coverage is eligible for a 10% increase in payable benefits within the Injury and Treatment schedule of benefit categories. See disclosures and schedule of benefits for more information.

Covered Treatments & Services

Covered Treatments & Services Sample	Benefit Amount
Ambulance Ground Air	\$400 \$1,500
Blood/Plasma/Platelets	\$400
Emergency Room Treatment	\$200
Emergency Treatment in Physician Office/Urgent Care Facility (Either ER room or Primary Care/Specialist/Urgent Care benefit is payable once per covered accident)	\$100
Hospitalization Benefits Admission Admission - Hospital ICU (added to Admission) Daily Stay (365 days) Daily Stay - Hospital ICU (added to Daily Stay)	\$1,000 \$1,000 \$300 \$300

<i>Covered Treatments & Services Sample</i>	<i>Benefit Amount</i>
Outpatient Surgery Facility Service	\$100
Physician Follow-up Visit Primary Care Physician Specialist Urgent Care Facility or Hospital	2 visits \$50 \$50 \$50
Therapy Services Occupational, Physical, or Speech Therapy Therapy Services Dollar Amount	15 visits \$25
Fracture (broken bone) Hip, Thigh (femur) Leg (tibia and/or fibula) Bones of the Face or Nose (except mandible or maxilla) Upper Arm between Elbow and Shoulder (humerus) Forearm (radius and/or ulna), Hand, Wrist (except fingers) Kneecap (patella) Foot or Heel (other than Toes) Ankle Rib	\$3,375 \$1,350 \$675 \$675 \$450 \$450 \$450 \$450 \$450
Burns 2nd degree At least 5%, but less than 20% of skin surface 20% or greater of skin surface 3rd Degree At least 10 square inches, less than 5% of skin surface; or At least 20 square inches, at least 5%, but less than; or 20% or greater of skin surface	\$500 \$1,000 \$2,000 \$5,000 \$10,000
Coma	\$10,000
Concussion	\$200
Surgery General Anesthesia Abdominal, Thoracic, or Cranial Exploratory	\$300 \$2,000 \$250
Accidental Death - Once per lifetime; if payable, Accidental Death - Common Carrier is not payable Employee Spouse Child(ren)	\$50,000 \$25,000 \$12,500

Unum Accident Monthly Rates

<i>Insured</i>	<i>Monthly Rates</i>
Employee Only	\$12.18
Employee + Spouse	\$21.78
Employee + Child(ren)	\$25.45
Employee + Family	\$35.05

Note: Premiums shown are monthly amounts. Payroll deductions are taken semi-monthly (24 deductions), so each paycheck deduction is generally one-half of the monthly premium shown.



This document is a highlight of plan benefits provided by Unum as selected by your employer. It is not a certificate of insurance and does not include exclusions and limitations. For exclusions and limitations, or a complete list of covered procedures, contact your benefits administrator.



Hospital Indemnity Plan



Unum Hospital Indemnity Insurance

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

How Does it Work?

Hospital Insurance helps covered employees and their families cope with the financial impacts of a hospitalization. You can receive benefits when you're admitted to the hospital for a covered accident, illness or childbirth.

- ✓ The money is paid directly to you — not to a hospital or care provider. The money can also help you pay the out-of-pocket expenses your medical plan may not cover, such as co-insurance, co-pays and deductibles.
- ✓ You get affordable rates when you buy this coverage at work.
- ✓ The cost is conveniently deducted from your paycheck.
- ✓ The benefits in this plan are compatible with a Health Savings Account (HSA).
- ✓ You may take the coverage with you if you leave the company or retire, without having to answer new health questions. You'll be billed directly.

Who Can Get Coverage?

- ✓ **You:** If you're actively at work*
- ✓ **Your spouse:** Can get coverage as long as you have purchased coverage for yourself.
- ✓ **Your children:** Dependent children from birth until their 26th birthday, regardless of marital or student status.

**Employees must be legally authorized to work in the United States and actively working at a U.S. location to receive coverage. See Schedule of benefits for a complete listing of what is covered.*

What's Included?

- \$1,000 for each covered hospital admission - once per benefit year
- \$100 for each day of your covered hospital stay, up to 365 days
- \$200 for each day you spend in intensive care, up to 30 days

Unum Hospital Indemnity Monthly Rates

Insured	Monthly Rates
Employee Only	\$22.14
Employee + Spouse	\$41.11
Employee + Child(ren)	\$29.83
Employee + Family	\$48.80



Note: Premiums shown are monthly amounts. Payroll deductions are taken semi-monthly (24 deductions), so each paycheck deduction is generally one-half of the monthly premium shown.

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Critical Illness Plan



Unum Critical Illness Insurance

Unum's Critical Illness insurance helps offset the financial effects of a catastrophic illness by paying a lump sum benefit when employees or their family members are diagnosed with a covered illness. The Benefit is based on the amount of coverage in force, the illness diagnosed and all other terms and provisions of the policy.

How Does it Work?

If you're diagnosed with an illness that is covered by this insurance, you can receive a lump sum benefit payment. You can use the money however you want.

- ✓ The money can help you pay out-of-pocket medical expenses, like co-pays and deductibles.
- ✓ You can use this coverage more than once. Even after you receive a payout for one illness, you're still covered for the remaining conditions and for the reoccurrence of any critical illness with the exception of skin cancer. The reoccurrence benefit can pay 100% of your coverage amount. Diagnoses must be at least 180 days apart or the conditions can't be related to each other.
- ✓ It's more affordable when you buy it through your employer and the premiums are conveniently deducted from your paycheck.
- ✓ Coverage is portable. You may take the coverage with you if you leave the company or retire. You'll be billed at home.

Who Can Get Coverage?

- ✓ **You:** Choose \$10,000, \$20,000 or \$30,000 of coverage with no medical underwriting to qualify if you apply during this enrollment.
- ✓ **Your spouse:** Spouses can get 100% of the employee coverage amount as long as you have purchased coverage for yourself.
- ✓ **Your children:** Children from live birth to age 26 are automatically covered at no extra cost. Their coverage amount is 100% of yours. They are covered for all the same illnesses plus these specific childhood conditions: cerebral palsy, cleft lip or palate, cystic fibrosis, Down syndrome and spina bifida. The diagnosis must occur after the child's coverage effective date.

**Employees must be legally authorized to work in the United States and actively working at a U.S. location to receive coverage. See Schedule of benefits for a complete listing of what is covered.*

What's Included?

Be Well Benefit

Every year, each family member who has Critical Illness coverage can also receive **\$50** for getting a covered Be Well Benefit screening test, such as:

- Annual exams by a physician include sports physicals, wellchild visits, dental and vision exams
- Screenings for cancer, including pap smear, colonoscopy
- Cardiovascular function screenings
- Screenings for cholesterol and diabetes
- Imaging studies, including chest X-ray, mammography
- Immunizations including HPV, MMR, tetanus, influenza

What's Covered

Critical illnesses

- ✓ Heart attack
- ✓ Stroke
- ✓ Major organ failure
- ✓ End-stage kidney failure
- ✓ Coronary artery disease
 - Major (50%): Coronary artery bypass graft or valve replacement
 - Minor (10%): Balloon angioplasty or stent placement

What's Covered Continued

Cancer conditions

- ✓ Invasive cancer — all breast cancer is considered invasive
- ✓ Non-invasive cancer (25%)
- ✓ Skin cancer — \$500

Progressive diseases

- ✓ Amyotrophic Lateral Sclerosis (ALS)
- ✓ Dementia, including Alzheimer's disease
- ✓ Multiple Sclerosis (MS)
- ✓ Parkinson's disease
- ✓ Functional loss

Supplemental conditions

- ✓ Loss of sight, hearing or speech
- ✓ Benign brain tumor
- ✓ Coma
- ✓ Permanent Paralysis
- ✓ Occupational HIV, Hepatitis B
- ✓ Infectious Diseases (25%)



Unum Critical Illness Monthly Rate Per \$1,000 Coverage

Employee's Age on Policy Anniversary Date	Employee (Includes Children)	Spouse or Domestic Partner
<25	\$0.22	\$0.22
25-29	\$0.31	\$0.31
30-34	\$0.43	\$0.43
35-39	\$0.62	\$0.62
40-44	\$0.87	\$0.87
45-49	\$1.17	\$1.17
50-54	\$1.57	\$1.57
55-59	\$2.18	\$2.18
60-64	\$3.10	\$3.10
65-69	\$4.56	\$4.56
70-74	\$5.53	\$5.53
75-79	\$5.53	\$5.53
80-84	\$5.53	\$5.53
85+	\$5.53	\$5.53

Be Well Benefit Monthly Rate

Insured	Employee (Includes Children)	Spouse or Domestic Partner
Monthly rate for \$50 of benefit:	\$1.84	\$1.84

Note: Premiums shown are monthly amounts. Payroll deductions are taken semi-monthly (24 deductions), so each paycheck deduction is generally one-half of the monthly premium shown.



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Short-Term Disability Plan



Unum Short-Term Disability Insurance

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

How Does it Work?

- This insurance pays you a portion of your weekly income if you experience an income loss for several weeks due to a covered injury or illness — or childbirth.
- Benefits begin on the 1st day of a covered injury and the 8th day of a covered illness.
- This plan pays 70% of your weekly salary, not to exceed \$700 per week.
- Benefit are payable up to 13 weeks as long as you are deemed disabled.
- There are no medical questions to answer. You are guaranteed coverage if you sign up during your initial enrollment at work, as long as the required minimum participation is met. Benefits may be subject to pre-existing condition limitations.
- Your cost is conveniently deducted from your paycheck.
- You can take advantage of affordable group rates.

Who Can Get Coverage?

- ✓ Coverage is available to eligible employees who are actively at work.*

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

What's Included?

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

Unum Short-Term Disability Monthly Rates

Insured	Monthly Rate
Employee Only	\$0.747 per \$10 of weekly benefit

Note: Premiums shown are monthly amounts. Payroll deductions are taken semi-monthly (24 deductions), so each paycheck deduction is generally one-half of the monthly premium shown.

Calculate Your Weekly Disability Benefit

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

This document is a highlight of plan benefits provided by Unum as selected by your employer. It is not a certificate of insurance and does not include exclusions and limitations. For exclusions and limitations, or a complete list of covered procedures, contact your benefits administrator.



Universal Life Plan



Trustmark Universal Life

Protecting your loved ones is one of life's greatest responsibilities. When a family loses someone, in addition to grief, survivors may suddenly be faced with costly expenses and debts, and even a loss of income. Universal Life can help. Whether you are married, a parent or single and starting out, Universal Life helps take care of the people important to you if tragedy happens. You can choose a plan and benefit amount that provides the right protection for you. Universal Life insurance can mean those left behind are still able to pursue their own dreams, and help ensure that the ending of one story won't stop the beginning of another.

Plan Features

- ✓ Universal Life is **flexible permanent** life insurance designed to last a lifetime.
- ✓ The younger you are when you enroll, the **more benefit** you receive for the same premium.
- ✓ **No medical exams** or blood work – just answer a few simple questions.

Long-Term Care

At any point in your life, you may need long-term care services, which could cost hundreds of dollars per day. Universal Life includes a long-term care (LTC) benefit that can help pay for these services at any age. With either option, this benefit remains at the same level throughout your life, so the full amount is always available when you most need it.

How it Works: You can collect 4% of your Universal Life death benefit per month for up to 25 months to help pay for long-term care services, **PLUS** if you collect a benefit for LTC, your full death benefit is still available for your beneficiaries, as much as doubling your benefit.

The LTC Benefit is an acceleration of the death benefit and is not Long-Term Care Insurance (except in LA and VA, where the LTC benefit is Long-Term Care Insurance). It begins to pay after 90 days of confinement or services, and to qualify you must meet conditions of eligibility for benefits. The LTC benefits provided by this policy may not cover all of the policyholder's LTC expenses. Pre-existing condition limitation may apply. Your policy will contain complete details. You should consult a financial advisor to determine if the long-term care benefits and the retirement benefits provided by this policy are right for you.

Additional Advantages

- ✓ Keep your coverage at the same price and benefits if you change jobs or retire.
- ✓ Apply for coverage for family members: spouse, children and grandchildren.
- ✓ Convenient payroll deduction; pay via direct bill, bank draft or credit card if you leave your employer.
- ✓ Buy term life insurance for your children. They can later simply convert this rider to a permanent Universal Life policy.
- ✓ Benefits for terminal illness – use part of your death benefit to help manage cost if you're diagnosed with a terminal illness.

What Can Universal Life Benefits Help Pay For?

- ✓ Funeral and burial costs
- ✓ Tuition and loans
- ✓ Rent or mortgage payments
- ✓ Credit card bills
- ✓ Retirement savings
- ✓ Medical expenses

Universal Life Sample Rates

Sample ranges of weekly rates for employee-only, non-smoker coverage with long-term care benefit. Your exact rate may depend on additional features selected by you and/or by your employer.

Age at purchase	\$25,000 Universal Life policy
30	From \$5.06 - \$6.27
40	From \$7.42 - \$9.44
50	From \$11.92 - \$15.44

Sample rates are shown for illustrative purposes only. Rates may vary by age, smoking status, state, employer and features selected by you and/or by your employer. An application for insurance must be completed to obtain coverage.

Note: Your rate is “locked in” at your age at purchase! Once you have a policy, your rate will never increase due to age.

This provides a brief description of your benefits under GUL205/UL205 and applicable riders HH/LTC205, BRR205, BXR205, ABR205, ADB205, CT205 and WP205. Benefits, definitions, exclusions, form numbers and limitations may vary by state. This policy contains a provision that guarantees against lapse for a period of 10 years (14 years in OR; 15 years for Universal LifeEvents) as long as premiums are paid as planned. If you make changes to your coverage during this period, or pay only the minimum premium, you may prevent cash value accumulation or reduce your death benefit amount. If there is negative cash value at the end of the no-lapse period, you must pay enough premium to establish positive cash value. You may also need to maintain your policy with a higher premium than the one you paid to satisfy the no-lapse guarantee or coverage may expire prior to age 100 even if the premium shown is paid as scheduled. A policy illustration will be delivered with your policy. Your policy will contain complete information. For costs and further details of the coverage, including exclusions, any reductions or limitations and terms under which the policy may be continued in force, see your agent or write to the company. For exclusions and limitations that may apply, visit www.trustmarkinsurancesolutions.com/disclosures/UL/A112-2216-UL. In California, review “A Consumer's Guide to Long-term Care from the Department of Aging” at: http://www.asine.ca.gov/about/cda/publications/Taking_Care_of_Tomorrow_English/. Underwriting conditions may vary, and determine eligibility for the offer of insurance. Trustmark® is a registered trademark of Trustmark Insurance Company.



Identity Theft & Legal Protection



Expected and unexpected legal issues arise very day. But with LegalShield Legal Plan, a small monthly fee gets you access to advice and counsel on an unlimited number of personal legal issues from lawyers with an average of 22 years experience.

Family

- Adoption
- Conservatorship
- Divorce
- Domestic Violence
- Protection
- Guardianship
- Juvenile Court Proceedings
- Name Change
- Prenuptial Agreements
- Administrative Hearing

Auto

- Driver's License Restoration
- Moving Traffic Violations/Traffic Ticket
- Motor Vehicular Homicide Defense
- Property Damage Claims

Financial

- Affidavits
- Bankruptcy
- Consumer Credit/Protection
- Contracts/Financial Disputes
- Debt Collection
- Probate
- IRS Audit Protection
- Rental Agreements
- Medicaid/Medicare Disputes
- Personal Property Disputes
- Promissory Notes
- Social Security Disputes
- Veterans Benefits Disputes

Estate Planning

- Living Will/Wills
- Powers of Attorney
- Living Trust/Trusts
- Codicils

Home

- Contractor Disputes
- Deeds
- Landlord/Tenant Issues
- Foreclosure
- Neighbor Disputes/Easements
- Refinancing
- Purchase/Sale of House
- Real Estate Contracts/Financial Disputes
- Smalls Claims Assistance
- Zoning Variances
- Mortgages

General Services

- 25% Preferred Member Discount
- Telephone Advice
- Document Review
- 24/7 Emergency Access
- Mobile App

LegalShield	
Plan Type	Rate Family
LegalShield Plan	\$15.25
Who is covered Family Plan - The participant, their spouse/partner, never married dependent children under the age of 26 and living at home or full time in college, dependent children of the participant under the age of 18 for whom they are legal guardian and/or physically or mentally challenged children living at home.	
IDShield	
Plan Type	Rates (Individual/Family)
IDShield Plan	\$6.50 \$12.50
Who is covered Individual Plan - The participant only. Family Plan - The participant, their spouse/partner and up to 10 dependent children under the age of 18. Dependent children of the participant or participant's spouse ages 18-26 are eligible for consultation and restoration services only. Note that monitoring services are not available for dependent children ages 18-26.	
LegalShield & IDShield Combined Pricing	
Plan Type	Rate (Individual/Family)
LegalShield & IDShield Plan Combo	\$20.80 \$25.90

Note: Premiums shown are monthly amounts. Payroll deductions are taken semi-monthly (24 deductions), so each paycheck deduction is generally one-half of the monthly premium shown.

This is a general overview of the legal plan available from LegalShield. See a plan contract for specific state of residence for complete terms, coverage, amounts, conditions and limitations. General Limitations: The following items are not covered by the service, including advice and consultation: business or commercial matters; fines, court costs, filing fees, ad litem fees, penalties, expert witness fees, bonds, bail bonds and any out-of-pocket expense; matters or disputes between any person, entity or covered person and the Provider Attorney and/or LegalShield; any matter covered by any insurance policy; Native American legal issues; frivolous or unethical matters; matters for which an attorney-client relationship exists prior to becoming eligible for benefits. For all other personal legal matters, advice and consultation is provided. Additional document review/preparation or representation is also included for certain matters. Marketed by: Pre-Paid Legal Services, Inc. dba LegalShield® and subsidiaries; Pre-Paid Legal Casualty, Inc.; Pre-Paid Legal Access, Inc.; LS, Inc.; In VA: Legal Service Plans of Virginia; and PPL Legal Care of Canada Corporation.



Employee Assistance Program (EAP)

What Is The EAP?

The Employee Assistance Program (EAP) is a voluntary, confidential service providing professional counseling and referral services designed to help you with your personal, job or family problems. Its purpose is to help employees and their families identify, resolve and gain control over personal problems that may be interfering with work and daily life.

What Kinds Of Problems Can The EAP Help With?

Through short-term counseling, EAP can help you understand what options are available for virtually any issue or problem that may arise, including:

- ✓ Emotional
- ✓ Family
- ✓ Grief or loss
- ✓ Alcohol or substance abuse
- ✓ Marital
- ✓ Job-related
- ✓ Legal or financial

Why Use The EAP?

You may want to talk with an EAP counselor if:

- You spend much of your day worrying about a particular problem
- Your job, family life, relationships or health are affected by a problem
- You try to convince yourself that the problem will get better, but it never does
- You realize you have a problem, but you don't know where to go for help
- You have a problem and want to talk about it with someone outside of the problem



What Can You Expect From The EAP?

Assistance is available immediately. Please call **800-992-1931** to request an appointment. Our staff will help you in connecting with a counselor near you. Your counselor can:

- Help assess the problem
- Provide short-term counseling, when appropriate
- Help you select a specific resource, when necessary
- Involve family members, when needed
- Follow up to ensure you receive quality assistance

What Will Using The EAP Cost?

Your initial sessions with a licensed or certified counselor are prepaid through your employer. Additional sessions, if needed, will utilize your present insurance or community resources. If a referral to an outside provider is needed, your counselor will recommend carefully selected resources. Your health insurance and other financial factors will be taken into consideration to help ensure that needed services are affordable.

Is The EAP Confidential?

Yes. Your request for assistance and any information that may be shared is between you and your counselor. All EAP records are kept strictly confidential. Information from the EAP may be released only with your prior written permission. Participation in the EAP will not jeopardize your job or career.



A black and white photograph of a person in mid-air, jumping over a large rock in a desert landscape. The person is wearing a long-sleeved shirt and pants, and their arms are outstretched. The background shows a vast, open landscape with mountains in the distance.

Continuation of Benefits

If You Leave Employment

FBA Flexible Spending Account

If you have a positive balance (payroll deductions are greater than the amount you have received in reimbursement) in your Medical Reimbursement Account at the time of your termination, you may continue participation in the Plan for the remainder of the Plan year through COBRA. If you prefer to terminate your participation and contribution to the Plan, any balance in your account on the date of termination will be forfeited if claims were not incurred prior to the date of termination. To obtain your balance, please call **FBA at 1-800-437-3539**.

LegalShield/IDShield

When you leave employment, you will receive an email from LegalShield corporate on how to continue coverage. For more information, contact **LegalShield at 1-800-654-7757**.

Medical, Dental & Vision Plans

Under the Medical, Dental, and Vision plan(s), you and your covered dependents are eligible to continue coverage through COBRA according to the following "qualifying events". If you and your dependents are enrolled in the plan(s), you will be eligible to continue coverage through COBRA after you leave your employment for a specified period. In addition, while covered under the plan(s), if you should die, become divorced or legally separated, or become eligible for Medicare, your covered dependents maybe eligible to continue coverage through COBRA. Also, while you are covered under the plan(s), your covered children who no longer qualify as an eligible dependent may continue coverage through COBRA. You will receive notification with premium and continuation options shortly following your termination of employment or you may call **FBA at 1-800-437-3539**.

Trustmark Universal Life

When you leave employment, you may continue your Universal Life coverage by having the premiums that are currently deducted from your paycheck billed to your home address or drafted from your bank account. You may do that by contacting **Trustmark at 1-800-918-8877**.

Unum Plan(s)

When you leave employment, you may continue your Accident, Hospital Indemnity, Critical Illness, and/or Short-Term Disability coverage by having the premiums that are currently deducted from your paycheck billed to your home address or drafted from your bank account. You may do that by contacting **Unum at 1-800-635-5597**.

Contact Information

Ameritas

Phone: 1-800-487-5553
www.Ameritas.com

Anthem

Phone: 1-844-951-0606
www.anthem.com

CHUBB

Phone: 1-855-241-9891
www.chubb.com

Delta Dental

Phone: 1-800-237-6060
www.DeltaDentalVA.com

Flexible Benefit Administrators (FBA)

Phone: 1-800-437-3539
Fax: 757-431-1155
FlexDivision@flex-admin.com
<https://fba.wealthcareportal.com/>

LegalShield/ID Shield

Phone: 1-800-654-7757
www.legalshield.com

Mark III Employee Benefits (Broker)

Phone: 704-365-4280
Toll-Free: 1-800-532-1044
www.markiiieb.com

MedImpact (Pharmacy Benefit Manager)

Phone: 1-800-788-2949
www.medimpact.com

Trustmark Insurance Company

Phone: 1-800-918-8877
Fax: 847-615-4943
www.trustmarkbenefits.com

Unum

Phone: 1-800-635-5597
www.unum.com



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View additional benefits information
or download forms at: mymarkiii.com

Arranged and Enrolled by Mark III Brokerage, Inc.



1 (833) 280-4771
www.markiiieb.com