

Employee Insurance Benefits Guide

July 2023 to June 2024

This summary of benefits is not intended to be a complete description of the terms of Dickenson County Public Schools' insurance benefit plans. Please refer to the plan document(s) for a complete description. Each plan is governed in all respects by the terms of its legal plan document, rather than by this or any other summary of the insurance benefits provided by the plan. In the event of any conflict between a summary of the plan and the official document, the official document will prevail. Although Dickenson County Public Schools maintains its benefit plans on an ongoing basis, Dickenson County Public Schools reserves the right to terminate or amend each plan, in its entirety or in any part at any time.



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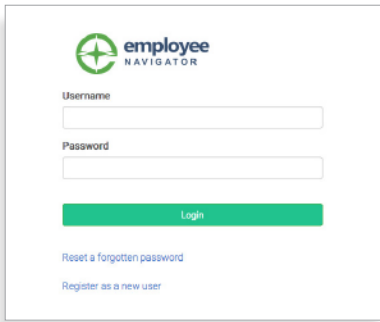
Available Benefits:

- Medical
- Teledoc Service
- Dental
- Vision
- Disability
- Critical Illness
- Whole Life
- Accident Insurance
- Cancer Insurance
- MASA Emergent Transport
- 403(b) Plan
- 457(b) Deferred Compensation Plan



Are you a New Hire needing assistance with your benefit enrollment? Please scan the QR Code to the left to schedule a date and time to speak with a Licensed Benefits Counselor to help assist with completing your benefit elections and waivers.

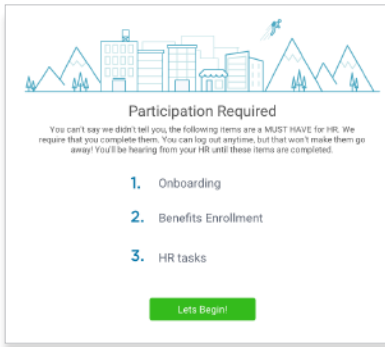
ENROLL IN YOUR BENEFITS: One step at a time



Step 1: Log In

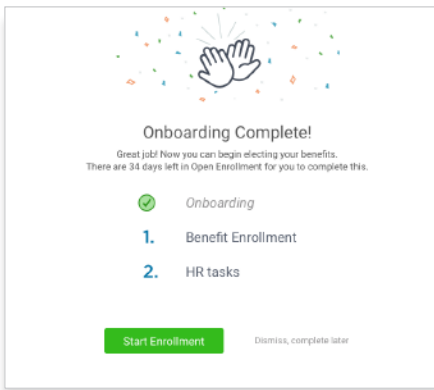
Go to www.employeenavigator.com and click **Login**

- **Returning users:** Log in with the username and password you selected. Click **Reset a forgotten password**.
- **First time users:** Click on your Registration Link in the email sent to you by your admin or **Register as a new user**. Create an account, and create your own username and password.
- **Company Identifier - DCPS**



Step 2: Welcome!

After you login click **Let's Begin** to complete your required tasks.

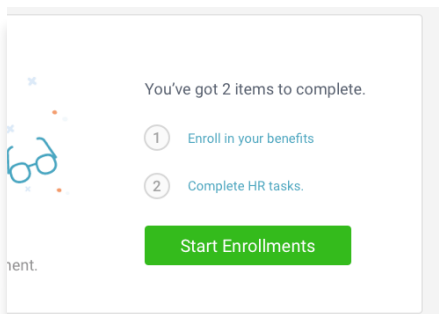


Step 3: Onboarding (For first time users, if applicable)

Complete any assigned onboarding tasks before enrolling in your benefits. Once you've completed your tasks click **Start Enrollment** to begin your enrollments.

TIP

if you hit "**Dismiss, complete later**" you'll be taken to your Home Page. You'll still be able to start enrollments again by clicking "**Start Enrollments**"



Step 4: Start Enrollments

After clicking **Start Enrollment**, you'll need to complete some personal & dependent information before moving to your benefit elections.

TIP

Have dependent details handy. To enroll a dependent in coverage you will need their date of birth and Social Security number.

Step 5: Benefit Elections

To enroll dependents in a benefit, click the checkbox next to the dependent's name under **Who am I enrolling?**

Below your dependents you can view your available plans and the cost per pay. To elect a benefit, click **Select Plan** underneath the plan cost.

Who am I enrolling?

Myself

Elizabeth Reynolds (Spouse)

Gwen Reynolds (Child)

\$138.46
Cost per pay period

Effective on 08/01/18
Employee

How much will it cost?

Plan Cost	Employer Contribution	My Cost
\$138.46	\$ 138.46	\$0.00

[View employer contributions summary](#)

Click **Save & Continue** at the bottom of each screen to save your elections.

If you do not want a benefit, click **Don't want this benefit?** at the bottom of the screen and select a reason from the drop-down menu.

Step 6: Forms

If you have elected benefits that require a beneficiary designation, Primary Care Physician, or completion of an Evidence of Insurability form, you will be prompted to add in those details.

Enrollment Summary

Below is a summary of your elections and cost for the upcoming plan year. If you have any questions or would like to make changes, please contact HR.

Enrollment Not Complete!
Please complete the required highlighted steps from your enrollment progress menu.

Enrolled Plans

Medical Collapse

Key Care HSA PP02017 404E2435 Long Plan Name

Progress 6 of 8

- 1. Personal Information
- 2. Dependent Information
- 3. Medical
- 4. Dental
- 5. Vision
- 6. HSA
- 7. FSA
- 8. Enrollment Summary

Step 7: Review & Confirm Elections

Review the benefits you selected on the enrollment summary page to make sure they are correct then click **Sign & Agree** to complete your enrollment. You can either print a summary of your elections for your records or login at any point during the year to view your summary online.

TIP

If you miss a step you'll see **Enrollment Not Complete** in the progress bar with the incomplete steps highlighted. Click on any incomplete steps to complete them.

High Five! Enrollment Complete!

You've only got one more item to complete.

Enroll in your benefits

1. HR Tasks

Dismiss, complete later

Step 8: HR Tasks (if applicable)

To complete any required HR tasks, click **Start Tasks**. If your HR department has not assigned any tasks, you're finished!



Please contact the Resource Center if you experience trouble registering or logging into your account:

1-866-488-0458 M-F 9:00AM - 5:00PM

You can login to review your benefits 24/7

Employee Benefits Overview

Choose the best benefits for you and your family

Dickenson County Public Schools strives to provide you and your family with a valuable benefits package. We want to make sure you're getting the most out of our benefits - that's why we've put together this Employee Benefits Guide. If you have questions about any of the benefits mentioned in this guide, please do not hesitate to reach out to the coverage providers or Dickenson County Public Schools' Human Resources Department.

Who is Eligible for Benefits?

You are considered a benefit eligible Employee if your hours worked are at least 30 hours per week. Eligible Dependents include: Spouse, Children from birth to age 26 and Disabled dependents, regardless of their age.

When You Can Enroll

You can sign up for benefits or change your benefit elections at the following times:

- New Full-Time Employees are eligible for benefits after their benefit waiting period.
- During the Annual Benefits Open Enrollment Period.
- Within 30 days of experiencing a Qualifying Life Event (QLE). See additional information on QLEs below.

If you do not sign up for benefits during your initial eligibility period or during the open enrollment period, you will not be able to elect coverage until the following plan year.

Changing Your Benefits During the Year

Dickenson County Public Schools allows you to pay your portion of the medical & dental premiums on a pre-tax basis. Thus, due to IRS regulations, once you have made your elections for the plan year, you cannot change your benefits until the next Annual Open Enrollment Period. The only exception is if you experience a qualifying life event. Election changes must be consistent with your life event, and you must submit a paper enrollment form and supporting documentation for qualifying life event changes.

To request a benefits change, notify your Human Resources representative within 30 days of the qualifying life event. **Change requests submitted after 30 days cannot be accepted.**

Qualifying life events include, but are not limited to:

- Marriage, divorce, or legal separation.
- Birth or adoption of an eligible child.
- Death of your spouse or covered child.
- Change in your spouse's work status that affects his or her benefits.
- Change in your child's eligibility for benefits.
- Qualified Medical Child Support Order.
- Loss or gain of other coverage.

Important Legal Notices

Copies of the following notices are available on the Employee Navigator Online Platform at www.employeenavigator.com. If you have difficulty accessing them from the internet or on your Smartphone, contact Human Resources for printed copies.

- Women's Health and Cancer Rights Act of 1998 (WCHRA)
- The Newborns' and Mothers' Health Protection Act of 1996 (NMHPA)
- Notice for how medical information about you may be used and disclosed
- Medicare Prescription Notice
- Premium Assistance Under Medicaid and The Children's Health Insurance Program (CHIP)
- New Health Insurance Marketplace Coverage Options and your Health Coverage
- Summary of Benefits and Coverage (SBC)
- Summary Plan Description (SPD)

Key Terms You Should Know

Deductible

The amount you must pay for medical expenses before the insurance plan will begin to pay.

Coinsurance

A form of cost-sharing where you and the insurance plan share expenses in a specified percentage after you meet your deductible (until you reach the out-of-pocket maximum).

Copays

The flat dollar amount you pay for certain services such as office visits and prescription drugs.

Out-of-Pocket Maximum

The maximum amount of money you will pay during the plan year. The out-of-pocket maximum is the sum of your deductible, coinsurance payments, and medical copays.

Dependent Coverage

If you elect dependent coverage, the individual deductible and Out-of-Pocket Maximum (OOP) will apply to each individual. If only one person in the family uses the plan they will only be subject to the individual deductible and OOP. The OOP maximum for the entire family is two times the individual and can be obtained by a combination of family members. (Once the family out-of-pocket maximum is met, expenses are paid 100% by the plan for the entire family if you stay in-network).

Preventive Care

The Medical plans cover in-network preventive care at 100%. This includes routine screenings and checkups, as well as counseling to prevent illness, disease, or other health problems.

You won't have to pay anything - no deductible, copay, or coinsurance - for preventive services when:

- You get them from a doctor or other health care provider in the Medical network.
- The main purpose of your visit is to get preventive care.

Talk to your primary care physician to find out which screenings, tests, and vaccines are right for you, when you should get them, and how often. Please be aware that you will be responsible for the cost of any non-preventive care services you receive at your preventive care exam.

Medical Insurance Plan

Please refer to the official Medical plan documents for a full list of covered conditions and benefits.

Summary of In-Network Covered Benefits	
Medcost Health Plan PPO VHN / MedCost Network	
Calendar Year Deductible <i>Individual/Family</i>	\$300 / \$600
Out-of-Pocket Maximum <i>Individual/Family</i> (includes Deductibles, Coinsurance & Copays)	\$3,000 / \$6,000
Preventive Care	Covered at 100%
Physicians Services	
<i>Primary Care Physician</i>	20% Coinsurance AD*
<i>Specialist</i>	20% Coinsurance AD*
<i>Urgent Care</i>	20% Coinsurance AD*
Diagnostic Testing <i>X-Ray / Blood Work</i>	20% Coinsurance AD*
Imaging <i>MRIs, CT/PET Scans</i>	20% Coinsurance AD*
Hospital Services	
<i>Inpatient</i>	20% Coinsurance AD*
<i>Outpatient</i>	20% Coinsurance AD*
Emergency Room	20% Coinsurance AD* for Emergency visits. \$250 Copay, then 20% Coinsurance for Non- Emergency visits
Prescription Drug Coverages (30 Day Supply)	Prescription Drugs
Pharmacy Deductible <i>Individual/Family</i>	N/A
Tier 1 - Generic	100%, Deductible Waived
Tier 2 - Preferred Brand	25% Co-Insurance
Tier 3 - Non-Preferred Brand	35% Co-Insurance (\$300 Max)
Tier 4 - Specialty Brand	20% Coinsurance up to \$200

AD* - After Medical Deductible

Coverage Tier

Coverage Tier	Monthly Cost
Employee Only	\$80.00
Employee + 1 Minor Child	\$100.00
Employee + Children	\$115.00
Employee + Spouse	\$150.00
Employee + Family	\$160.00

How to search for a provider in your area:

- 1) Visit www.medcost.com/members/care/find-doctor
- 2) Select "MedCost Virginia (Including Plus and Ultra)"
- 3) Select MedCost Virginia Plus, then look up providers

Specialty Pharmacy Note: Certain Prescription Drugs must be purchased through the Plan's Specialty Pharmacy and will not be paid or reimbursed by the Plan if they are not procured through the Plan's Specialty Pharmacy. See Prescription Drug Benefits, Limitations and Exclusions for more information.

Dickenson County School Board has partnered with ARORx to assist Plan Participants with obtaining certain high-cost Speciality Pharmacy medications at a reduced cost. Plan Participants who qualify for alternative funding arranged through ARORx are required to utilize those services to obtain their Speciality Pharmacy medications.

So many reasons to use Teladoc®!

Teladoc gives you 24/7/365 access to a doctor through the convenience of phone or video consults. It's an affordable option for quality medical care.



Talk to a doctor anytime, anywhere you happen to be



Receive quality care via phone or online video



Prompt treatment, average call back in 16 min



A network of doctors that can treat children of any age



Secure, personal and portable electronic health record (EHR)



No limit on consults, so take your time

WHEN CAN I USE TELADOC?

- When you need care now
- If your doctor is unavailable
- If you're considering the ER or urgent care center for a non-emergency issue
- On vacation, on a business trip, or away from home
- For short-term prescription refills

GET THE CARE YOU NEED

Teladoc doctors can treat many medical conditions, including:

- Cold & flu symptoms
- Allergies
- Bronchitis
- Skin problems
- Respiratory infection
- Sinus problems
- And more!

SHARE WITH YOUR PCP

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

Talk to a doctor anytime for \$0

 Teladoc.com

 Facebook.com/Teladoc

 **1-800-Teladoc**

 Teladoc.com/mobile

PERSONAL

CARE MANAGEMENT

Become a healthier you

Getting and staying healthy isn't easy. The Personal Care Management program can help you prevent serious health conditions and live the healthiest lifestyle possible. If you hear from a MedCost nurse health coach, answer the call to participate and become a healthier you.

Receive a
\$250
gift card at
graduation!

A winning strategy to improve your health

If you are asked to join the Personal Care Management (PCM) program, it's because you may show early signs of or be at risk for developing a serious health condition. With the support and guidance of a MedCost Benefit Services nurse health coach, you can tackle any challenge. Your nurse health coach will work with you through regularly scheduled contact via phone calls, e-coaching and portal access to develop an action plan that is just right for you, based on where you are right now.*

A coach in your corner

Improving your wellness is do-able, and communicating with your MedCost nurse health coach regularly can help you get and stay on track. You've spent a lifetime developing your present health habits, and your nurse coach understands that those habits won't change

Taking the assessment is easy:

1. Log in to the secure Member portal on www.MedCost.com.
2. Choose Healthy & Whole under Quick Links.
3. Go to MyCarePath and follow the prompts to complete the assessment.

overnight. Together, you will set goals that are realistic and achievable. Your nurse coach will help you make small, incremental moves to bring you closer to the finish line. And, as you see your progress over time, you will be motivated to go even further.

It's your move

Changing your routine can be challenging, but the benefits of reducing your risk are well worth the effort. This is your opportunity to receive free and confidential nurse health coaching and mentoring to meet your specific needs. So, don't wait! Complete your free online health assessment today and start living your healthiest life.

**All communications with your personal nurse health coach are confidential and will not be shared with your employer.*

 **MEDCOST**SM
BENEFIT SERVICES

1-800-722-2157
MedCost.com

Oh baby,
do we have
great news
for you.



If you are pregnant, taking part in MedCost’s SmartStarts maternity education program could earn you a reward.*

SmartStarts is a free, voluntary program that helps expectant mothers through each stage of their pregnancy. An experienced MedCost SmartStarts prenatal nurse will call at scheduled times to offer individual attention and support. Plus, the SmartStarts nurses are available by phone or secure email to provide answers and peace of mind whenever you need them. All conversations with your nurse are confidential and will not be shared with your employer.

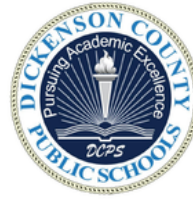
SmartStarts Makes a Difference: Mary’s Story

Mary B. often fainted while driving during her pregnancy, which caused several car accidents. Her doctor performed tests but was unable to find what was causing her to faint. After talking with Mary, her SmartStarts nurse discovered that the type of car seat and seat belt placement could be to blame. She taught Mary to place a pillow behind her back and to wear her seat belt low. This change allowed Mary to continue driving safely, and she did not have any more car accidents. She and her doctor were grateful for the nurse’s help.

Call 1-800-722-2157, option 2, to enroll in the MedCost SmartStarts program as soon as you know you are pregnant.

Receive a \$500 gift card or \$500 reduction in your deductible when you register with SmartStarts in your first trimester. Call today!

New Diabetes Benefit from



Dickenson County Public Schools

Through **Dickenson County Public Schools**, you and your family qualify for a **FREE** Diathrive Health membership!

What's included?

This benefit is **free** to you and includes unlimited access to:

- Glucose testing supplies
- Clinical support from our Health Advisors
- Diabetes education
- Insulin pen needles

SCAN ME



Sign up for your starter kit today!

What's in the box?

- ✓ Diathrive+ Bluetooth Blood Glucose Meter
- ✓ Glucose test strips
- ✓ Carrying case
- ✓ Lancing device
- ✓ Lancets



Health Advisor

A human approach to individualized diabetes care.

Whether you're newly diagnosed, looking for diabetes education, or ready to try something new with your health journey, our Health Advisors are ready to help!

Call Diathrive Customer Support to get started with Health Advisor today!

866-878-7477

Questions? Call Diathrive Customer Support today!

866-878-7477

support@diathrive.com



Diathrive
HEALTH®

Call or Scan to sign up today!





Insulin Pen Needles

Scan to sign up for your
FREE benefits today!



Free and unlimited insulin pen needles

Available Sizes

- 4mm / 32g
- 5mm / 31g
- 6mm / 31g
- 8mm / 31g



Compatible with most insulin pens

Premium Features

- **Triple-bevel cannula** - optimal perforation and easy penetration. So sharp you won't feel a thing!
- **Silicone lubricant coating** - coated for a smooth, painless experience. Comfort unmatched by any other.
- **Thin wall technology** - better insulin flow and less injection pain. Less pressure required for injection and reduced risk of insulin leakage.

Questions? Call Diathrive
Customer Support today!

866-878-7477

support@diathrive.com



Diathrive
HEALTH®

Call or Scan to
sign up today!



Dental Insurance Plan

Please refer to the official Delta Dental plan documents for a full list of covered conditions and exclusions.



**Delta Dental PPO
Plus Premier™**

Annual Deductible (Applies to basic and major services)	\$25 per person; \$75 per family, per calendar year
Annual Maximum	\$1,250 per enrollee, per calendar year
Orthodontic Lifetime Maximum	\$1,500 per person
Healthy 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 Healthy Smile, Healthy You® is simple. Visit DeltaDentalVA.com/members to download and print an enrollment form.

Covered Benefits					
Delta Dental will pay the stated percentage of the plan allowance based on the dentist's participation with Delta Dental.					
Coverage	Coinsurances			Benefit Limitations	Benefit Waiting Period
	In-Network		Out-of-Network		
	PPO	Premier			
Diagnostic and Preventive Services	100%	100%	100%		None
<ul style="list-style-type: none"> • Oral exams and cleanings • Fluoride applications • Bitewing X-rays • Full mouth/ panoramic X-rays • Sealants • Space maintainers 				<p>Twice in a 12-consecutive-month period. Periodontal cleaning is considered a regular cleaning and is subject to the benefit limits for regular cleanings.</p> <p>Once in a 12-consecutive-month period for enrollees under the age of 19.</p> <p>Bitewing X-rays are limited to once in a 12-consecutive-month period limited to a maximum of four films or a set (seven to eight films) of vertical bitewings.</p> <p>Once in a three-year period.</p> <p>One application per tooth for enrollees under the age of 16 on non-carious, non-restored first and second permanent molars.</p> <p>Once per quadrant per arch for enrollees under the age of 14.</p>	
Basic Services	80%	80%	80%		None
<ul style="list-style-type: none"> • Amalgam (silver) and composite (white) fillings • Stainless steel crowns • Simple extractions • Endodontic services/ root canal therapy 				<p>Once per surface in a 24-month period; composite (white) fillings are limited to the upper and lower six front teeth.</p> <p>Primary (baby) teeth for enrollees under the age of 14.</p> <p>Retreatment only after 24 months from initial root canal therapy treatment.</p>	

Covered Benefits

Delta Dental will pay the stated percentage of the plan allowance based on the dentist's participation with Delta Dental.

Coverage	Coinsurances			Benefit Limitations	Benefit Waiting Period
	In-Network		Out-of-Network		
	PPO	Premier			
Basic Services	80%	80%	80%		None
<ul style="list-style-type: none"> • Periodontic services • Complex oral surgery • Denture repair and recementation of crowns, bridges and dentures 				Once per quadrant in a 24-36-month period based on services rendered. Surgical extractions and other surgical procedures. Once in a 12-month period after six months from initial placement.	
Major Services	50%	50%	50%		None
<ul style="list-style-type: none"> • Crowns • Prosthodontics, removable and fixed 				Once per tooth in a 7-year period for enrollees age 12 and older. Once in a 7-year period for enrollees age 16 and older.	
Orthodontic Services	50%	50%	50%		None
<ul style="list-style-type: none"> • Treatment for the proper alignment of teeth 				For subscriber and covered dependents.	

Coverage is Available for:

- Enrollee and spouse
- Dependent children, only to the end of the month they reach age 26 (the "limiting age").

Choosing a Dentist

To ensure services are covered and that you receive the greatest value for your dental benefits, it is important that 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 to find a participating dentist in your area.

Out-of-network dentists have not agreed to accept Delta Dental's plan allowance as full payment. After Delta Dental pays its portion of the bill, you are responsible for any required coinsurance and deductible (if applicable), as well as the difference between the non-participating dentist's charge and Delta Dental's payment. Payment will be made to you, unless state law requires otherwise.

The chart below illustrates how choosing an in-network dentist may help you save on out-of-pocket costs.

	Delta Dental PPO™	Delta Dental Premier®	Out-of-Network
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.

Coverage Level	Employee Monthly Premium
Employee Only	\$8.00
Employee + 1 Child	\$16.00
Employee + Family	\$35.00



Vision Benefits Summary

Dickenson County Public Schools



A Vision Plan for Everyone

All members enrolled in the CEC vision plan can take advantage of our simple and flexible benefits. Each plan year, you'll receive an eye exam, a flexible eyewear allowance, and a contact lens fitting.

Plan Features



Flexible Eyewear Allowance

Purchase exactly what you want—frames, lenses, contact lenses, sunglasses, special lens options, and any combination of these items. If the eyewear you want is sold in an optical shop, it's covered!



Don't Need Prescription Glasses?

Non-prescription eyewear, including blue-light blocking glasses, sunglasses, safety glasses, and readers, is covered by your CEC vision plan. Don't need prescription lenses? This is a great way to use your annual eyewear allowance!



Expansive Provider Network

CEC's network includes optometrists, ophthalmologists, and national retail optical chains, ensuring you can easily find a provider that meets your needs. Visit cecvision.com/search to find an in-network provider near you.



Vision Care is Important

Even if you have perfect vision, your annual eye exam is critical to your overall health and wellness. Common diseases, including glaucoma, diabetes, cardiovascular disease, and cancer, can be identified during an eye exam. Your exam is covered-in-full. You just cover the copay.



Member Portal

Our Member Portal gives you 24/7 access to find a provider, view your benefit information, check your current eligibility, print a temporary ID card, and more! Log in at:

cecvision.com/members/login.



Prefer to Shop Online?

Eyeconic offers CEC members special discounts when using the promo code **CECMEMBERS**. To save online, visit:

cecvision.com/members/special-offers/eyeconic

Your CEC Vision Benefits Summary

Company: Dickenson County Public Schools

CEC Coverage Effective Date: 07/01/2023



150 PLAN

Frequency: All benefits renew every 12 months.

BENEFIT	DESCRIPTION	COPAY	OUT-OF-NETWORK REIMBURSEMENT
Exam	An annual routine eye exam.	\$10	Up to \$50 minus the copay
Retinal Screening	An enhancement to the annual eye exam where high-resolution images are taken of the inside of the eye to detect and monitor conditions like diabetes.	\$39	None
Eyewear	An annual \$150 flexible allowance for prescription and non-prescription eyewear. 20% discount on glasses/10% discount on contacts for any overages.	\$25	Up to 85% of flexible allowance minus the copay
Contact Lens Fitting	An annual fitting or evaluation.	\$25	Up to \$48 minus the copay

MONTHLY RATES	
Employee Only	Paid by Employer
Employee + Spouse	\$3.48
Employee + Child(ren)	\$3.84
Employee + Family	\$7.21

ADDITIONAL SAVINGS	
Additional Pairs of Glasses or Contacts	Members receive a 20% savings on additional pairs of prescription and non-prescription glasses, and 10% savings on contact lenses, from any CEC in-network provider within 12 months of their last eye exam.
LASIK Discounts	Members can save up to 50% from participating QualSight LASIK providers, including TLC Laser Eye Center.
Special Offers	A variety of special offers are available to CEC members. Visit cecvision.com/members/special-offers for additional information!

Benefits may vary by location.

CEC Community Eye Care is a registered trademark of VSP Vision.

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Rev. 03/2023

Questions about your benefits?

Visit us online at cecvision.com or call **888-254-4290**.

Voluntary Disability Insurance

Dickenson County Public Schools offers employees the opportunity to purchase Disability Insurance through The Standard. Disability Insurance provides partial income replacement if you can't work because of a qualifying disability caused by an illness, injury or pregnancy. Please refer to the plan document for a complete description of benefits.

Pre-existing Condition Exclusion:

Your policy limits the benefits you can receive for pre-existing conditions. In general, if you were diagnosed or received care for a disabling condition in the 3 months before you enroll in this plan, you will not be covered for a disability due to that condition until you have been continuously insured under the policy for 12 consecutive months.

**Short-Term Disability Plan Highlights
(Benefits paid Weekly)**

Elimination Periods: 7 Days Accident
14 Days Sickness/Maternity

Max Benefit Period: 180 Days (6 Months)

Benefit Amounts: 60% Weekly Earnings
up to \$2,500

**Long-Term Disability Plan Highlights
(Benefits paid Monthly)**

Elimination Periods: 180 Days

Max Benefit Period: To age 65

Benefit Amounts: 60% Monthly Earnings
up to \$6,000

Critical Illness Insurance

Dickenson County Public Schools provides you the option to purchase Critical Illness Insurance through Boston Mutual. Critical Illness Insurance can help with the treatment costs of covered critical illnesses upon initial diagnosis. This plan provides a lump sum benefit paid upon the diagnosis and treatment of a covered illness. Please refer to the official plan documents for a full list of covered conditions and benefits.

Plan Highlights:

- **\$50 health screening benefit per insured** (paid upon completion of a preventative health exam, 30 Day waiting period from effective date to participate)
- **Guaranteed Issue:** No medical questions or tests required for coverage.
- **Unlimited Reoccurrences**
- **Benefit Lump Sum Amounts:** \$5,000, \$10,000 or \$15,000
- **Coverage available for Spouse and Children** (children covered at no additional cost)

Prior History of Cancer:

No benefits are payable for Cancer or Carcinoma in Situ if the Insured was previously diagnosed before this Coverage was in force and, after the previous diagnosis, the Insured has not gone 12 months without Treatment before a new diagnosis of Cancer/Carcinoma in situ is made.

Employee Monthly Premium

Employee Issue Age	\$5,000 Benefit	\$10,000 Benefit	\$15,000 Benefit
18-29	\$4.81	\$7.84	\$10.83
30-39	\$7.54	\$13.26	\$18.98
40-49	\$12.52	\$23.23	\$33.93
50-59	\$20.41	\$39.04	\$57.63
60-69	\$33.84	\$65.87	\$97.89

Covered Specified Critical Illnesses	Percent of Benefit
Cancer	100%
Carcinoma in situ	30%
Skin Cancer	\$300 one-time <i>(lifetime)</i>
Heart Attack <i>(Myocardial Infarction)</i>	100%
Coronary Artery Bypass Surgery	30%
Angioplasty & Stent Insertion	30%
Stroke <i>(Apoplexy or Cerebral Vascular Accident)</i>	100%
Coma	100%
Paralysis	100%
Severe Burns	100%
Major Organ Transplant	100%
Alzheimer's Disease	100%
ALS <i>(Lou Gehrig's Disease)</i>	100%
Loss of Sight/Speech/Hearing	100%
End Stage Renal Disease	100%
Benign Brain Tumor	100%

All covered conditions are subject to the definitions found in the employee's certificate

HELP GIVE THEM FREEDOM FROM WORRY

TRANSELITE® UNIVERSAL LIFE INSURANCE



UNDERWRITTEN BY TRANSAMERICA LIFE INSURANCE COMPANY

Andrea works hard at her job. Throughout her busy workday, she doesn't want to be distracted by what could happen if a chronic illness, injury, or worse strikes.

She needs to know that the quality of life she and her family enjoy will continue, no matter what. We're helping employees see how financial and physical wellness are connected. Our *TransElite*® Universal Life Insurance not only provides a death benefit, but also has optional riders that can be elected to provide accelerated living benefits in the event of a chronic injury or illness, and can even be used for chronic condition care expenses.

HIGHLIGHTS

- Guaranteed issue options available
- No physical exams or blood tests¹
- Locked-in issue age rates
- Chronic Condition Rider
- Guaranteed death benefit
- Up to 50 months of coverage with both Chronic Condition Rider and Extension of Benefits Rider



\$7,640

is the median cost of a funeral.²

49%

of those who are distracted by their finances at work say that they spend three hours or more at work each week thinking about or dealing with issues related to their personal finances.³

\$4,051

is the median monthly cost for a private single bedroom in assisted living.⁴

PROTECTION YOU CAN TRUST

Transamerica has been helping to protect families for over 100 years. We offer the knowledge, stability, and commitment to providing financial protection from the unexpected.

Underwritten by Transamerica Life Insurance Company, *TransElite*® is designed to help families in today's current climate of high healthcare costs, provide coverage in the event of death, and include cash value⁵ that can be borrowed from.

We can assist you in building a robust benefits package that helps protect your employees' Wealth + HealthSM.





CHRONIC CONDITION RIDER


- Provides an accelerated life insurance benefit if someone needs assistance with at least two out of the six Activities of Daily Living (ADLs)
- Guaranteed issue of up to \$150,000 with the Chronic Condition Rider available based on group size and demographics
- After a 90-day waiting period, provides a 4%/month benefit (4% of the policy value) up to 25 months, and is an indemnity cash benefit regardless of the cost of care
- Does not require the insured to be institutionalized for a benefit to be paid. Care could be at home, in assisted living, at a nursing home, or hospital.
- Benefit can be paid to a family member or facility for care

EXTENSION OF BENEFITS RIDER

- Pays an additional 4% monthly benefit (4% of the policy value) for up to an additional 25 months (starting in month 26). With the Chronic Condition Rider and Extension of Benefits Rider, the insured can receive up to 50 months of payouts.
- As soon as the first monthly benefit is paid under the Extension of Benefits Rider, we will also issue a paid-up certificate for 25% of the death benefit that was in force on the date the first Chronic Condition Rider payment was made on the policy. This paid-up insurance will have no cash or loan values. We will not provide this paid-up life insurance benefit if you elect to receive a one-time lump-sum benefit under the Chronic Condition Rider.
- The insured has potential access to up to 225% of the life insurance face amount with the Chronic Condition Rider, Extension of Benefits Rider, and 25% paid-up certificate of the policy value.

Questions?

 **Visit:** transamerica.com

 **Contact:** 800-851-7555 option 4

¹ Acceptance based on answers to questions on the application for insurance.

² 2019 NFDA General Price List Study, National Funeral Directors Association, December 2019

³ PwC Associate Financial Wellness Survey, 2019

⁴ Genworth Cost of Care Survey 2019, Genworth, 2019

⁵ Upon written request, employees may borrow up to the available loan value of their certificate. The interest rate on cash value securing loans is 8.0% (7.4% in advance) with a minimum loan amount of \$250. The loan value of the certificate is the cash value less the amounts of any existing loans, loan interest payable in advance to the next certificate anniversary, and three monthly deductions.

This is a brief summary of *TransElite* Universal Life Insurance **underwritten by Transamerica Life Insurance Company**, Cedar Rapids, Iowa. Policy form series CPGUL300 and CCGUL300. Forms and form numbers may vary. This insurance may not be available in all jurisdictions. Limitations and exclusions apply. Refer to the policy, certificate, and riders for complete details.



Accident Insurance

Dickenson County Public Schools provides you the option to purchase Accident Insurance through Boston Mutual. Accident Insurance helps with out-of-pocket costs that arise when you have a covered accident such as fracture, dislocation, or laceration. Listed below are some examples of conditions that would qualify under the Voluntary Group Accident Insurance. Please refer to the official plan documents for a full list of covered injuries and expenses.

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HOSPITAL CARE

\$2,000	Hospital Admission: Within 6 months after the covered accident. Amount will be doubled if placed in a Hospital Intensive Care Unit within the first 24 hours of admission.
\$500	Hospital Confinement: Per day up to 365 days. Within 6 months after the covered accident.
\$1,000	Hospital Intensive Care Unit Confinement: Per day up to 30 days. Within 30 days after the covered accident.
\$200	Lodging: Per day up to 30 days per covered accident for companion. Hospital must be more than 100 miles round trip from the residence of the insured.
\$150	Rehabilitation Unit: Per day up to 30 days. When confined in a rehab unit following hospitalization.
\$600	Transportation: Up to 3 round trips per covered accident. Insured must travel more than 100 miles round trip for treatment.

EMERGENCY CARE

\$1,000	Air Ambulance: Within 48 hours after the covered accident. <i>(In Utah, within 48 hours after the covered accident or as soon as reasonably possible.)</i>
\$200	Ground Ambulance: Within 90 days after the covered accident.
\$100	Appliance: Within 90 days after the covered accident. For personal locomotion or mobility.
\$200	Blood, Plasma, Platelets: Within 90 days after the covered accident.
\$50	Physician Office/Urgent Care - Initial Visit: Within 60 days of a covered accident.
\$200	Outpatient Surgery Facility Service: Torn Knee Cartilage, Ruptured Disc, Tendon/Ligament/Rotator Cuff.
\$1,000	Abdominal or Thoracic with repair: Within 72 hours of a covered accident. <i>(In Utah, within 72 hours of a covered accident or as soon as reasonably possible.)</i>
\$100	Abdominal or Thoracic without repair: Within 72 hours of a covered accident. <i>(In Utah, within 72 hours of a covered accident or as soon as reasonably possible.)</i>
\$100	Hernia: Diagnosed within 30 days and repaired within 90 days of the covered accident.

EMERGENCY ROOM

\$200	Emergency Room Treatment: Within 72 hours after a covered accident. <i>(In Utah, within 72 hours of a covered accident or as soon as reasonably possible.)</i>
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DIAGNOSTIC IMAGING

\$200	Medical Imaging: For CT scan, MRI or EEG as the result of a covered accident.
\$50	X-Rays: Payable for diagnosis and treatment of injuries received as the result of a covered accident.

CONTINUING CARE

\$100	Epidural Pain Management: Within 6 months after the covered accident. Payable once per 12 month period, regardless of the number of covered accidents.
\$100	Physician Follow-Up Care: Within 180 days of the covered accident. Payable twice per covered accident.
\$30	Spinal Manipulation: Payable for 1 visit per day, up to a maximum of 5 visits per 12 month period, regardless of the number of covered accidents.
\$30	Therapy Services – Occupational, Physical & Speech: Maximum of 10 visits per covered accident and completed within 2 years after the covered accident.

HEALTH SCREENING BENEFIT RIDER (WPS-ACC HS Rider 07/15)

Pays the selected amount once per calendar year per insured person for any one or more of the following health screening tests listed below performed by a Physician more than 30 days after the rider effective date. *(In Idaho, no 30-day wait.)*

- | | | |
|--------------------------------------------------|--------------------------------------------------|-------------------------------------------------------------------------|
| 1. Biopsy for Skin Cancer | 8. Colonoscopy | 15. Oral Cancer screening using ViziLite, OraTest or other similar test |
| 2. Blood test for triglycerides | 9. Electrocardiogram (EKG) | 16. Pap smear <i>(including ThinPrep Pap Test)</i> |
| 3. Bone marrow testing | 10. Fasting blood glucose test | 17. PSA <i>(blood test for prostate cancer)</i> |
| 4. CA 125 <i>(blood test for ovarian cancer)</i> | 11. Flexible sigmoidoscopy | 18. Serum Protein Electrophoresis <i>(blood test for myeloma)</i> |
| 5. CA 15-3 <i>(blood test for breast cancer)</i> | 12. Hemocult stool analysis | 19. Stress test on a bicycle or treadmill |
| 6. CEA <i>(blood test for colon cancer)</i> | 13. Lipid Panel <i>(total cholesterol count)</i> | 20. Thermography |
| 7. Chest X-ray | 14. Mammography/Breast Ultrasound | |

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SPECIFIC LOSS

- **Burns:** Treated by a physician within 72 hours after the covered accident. *(In Utah, within 72 hours of a covered accident or as soon as reasonably possible.)*
 - \$1,500 → - 2nd degree burns which cover at least 36% of the body.
 - \$3,000 → - 3rd degree burns which cover at least 9 square inches of the body but less than 35 square inches.
 - \$20,000 → - 3rd degree burns which cover 35 or more square inches of the body.
- **Skin Grafts:** 25% of the applicable burn benefit.
- \$300 **Concussion:** Diagnosed by a physician within 72 hours after the covered accident. *(In Utah, within 72 hours of a covered accident or as soon as reasonably possible.)*
- **Emergency Dental Work:**
 - \$300 → - Broken teeth repaired with crown(s)
 - \$100 → - Broken teeth resulting in extraction(s)
- \$500 **Eye Injury:** Within 90 days after the covered accident.
- \$2,000 **Gunshot Wound:** Treated in a hospital or by a physician as the result of a covered accident.
- **Laceration:** Repaired by a physician within 72 hours after the covered accident. *(In Utah, within 72 hours of a covered accident or as soon as reasonably possible.)*
 - \$50 → - Treated without stitches, staples or glue.
 - \$100 → - Total of all lacerations is not more than 3 inches long and repaired by stitches.
 - \$400 → - Total of all lacerations is greater than 3 inches but not more than 5 inches and repaired by stitches.
 - \$800 → - Total of all lacerations is over 5 inches and repaired by stitches.
- \$1,000 **Organized Sports:** Pays an additional 25% of the total benefit paid for the covered accident up to this amount. Payable once per 12 month period per insured.
- **Prosthetic Device/Artificial Limb:** Within 1 year of the covered accident.
 - \$1,000 → - One
 - \$2,000 → - More than one
- \$1,000 **Ruptured Disc:** Treated by a physician within 60 days and repaired through surgery within 1 year after the covered accident.
- **Tendon, Ligament, Rotator Cuff:** Must be repaired within 1 year after the covered accident.
 - \$1,200 → - Repair of one
 - \$1,800 → - Repair of more than one
 - \$300 → - Exploratory without repair
- **Torn Knee Cartilage:** Treated by a physician within 60 days and repaired through surgery within 1 year after the covered accident.
 - \$1,500 → - Surgery with Repair
 - \$300 → - Exploratory surgery

MAJOR INJURY

- **Accidental Death:** Within 90 days from the date of a covered accident. *(In Oregon & Utah, within 180 days from the date of a covered accident. No time limitation in Pennsylvania.)*
 - \$100,000 → - Employee
 - \$100,000 → - Spouse
 - \$20,000 → - Children
- **Accidental Death/Common Carrier:** Within 90 days from the date of a covered accident. *(In Oregon & Utah, within 180 days from the date of a covered accident. No time limitation in Pennsylvania.)*
 - \$200,000 → - Employee
 - \$200,000 → - Spouse
 - \$40,000 → - Children
- \$10,000 **Coma:** Unconscious with permanent neurological deficit for 30 consecutive days if as a result of a covered accident.
- **Dismemberment:** Within 90 days after the covered accident. *(In Oregon & Utah, within 180 days from the date of a covered accident.)*
 - \$20,000 → - Loss of both hands, or both feet or the sight of both eyes or any combination of two or more listed.
 - \$10,000 → - Loss of one hand, or one foot or sight of one eye.
 - \$2,400 → - Loss of two or more fingers or two or more toes or any combination of two or more fingers and toes.
 - \$1,200 → - Loss of one finger or one toe.
- **Catastrophic Accident:** Payable after a 365 day elimination period.
 - \$100,000 → - Employee *(reduced by 50% at age 70)*
 - \$100,000 → - Spouse *(reduced by 50% at age 70)*
 - \$20,000 → - Children

Coverage Tier	Cost Per Pay
Employee Only	\$12.78
Employee + Spouse	\$23.88
Employee + Child(ren)	\$29.68
Employee + Family	\$40.78

SICKNESS-HOSPITAL CONFINEMENT BENEFIT RIDER (Included in Coverage)

Boston Mutual will pay \$300 per day for hospital confinement up to 30 days if an insured person is confined to a hospital as a result of a covered sickness. This benefit is not payable concurrently with the Hospital Confinement Benefit or the Hospital Intensive Care Unit Confinement Benefit in the certificate.

Allstate Cancer Insurance

Dickenson County Public Schools provides you the option to purchase Cancer Insurance to help protect you financially in the case of a cancer diagnosis. Cancer Insurance can supplement your major medical and disability insurance as you incur various medical and related expenses during cancer treatment. Please refer to the official plan documents for a full list of covered conditions and benefits. Listed below are the Benefit Outlines and the per-pay period costs for the Voluntary Cancer Insurance.

BENEFIT AMOUNTS Cancer Insurance (GVCP3)



HOSPITAL CONFINEMENT AND RELATED BENEFITS		PLAN 1
Continuous Hospital Confinement (daily)		\$200
Government or Charity Hospital (daily)		\$200
Private Duty Nursing Services (daily)		\$200
Extended Care Facility (daily)		\$200
At Home Nursing (daily)		\$200
Hospice Care Center (daily) or Hospice Care Team (per visit)		\$200
RADIATION/CHEMOTHERAPY/RELATED BENEFITS		PLAN 1
Radiation/Chemotherapy for Cancer ¹ (every 12 months)		\$10,000
Blood, Plasma, and Platelets ¹ (every 12 months)		\$10,000
Hematological Drugs ¹ (every 12 months)		\$200
Medical Imaging ¹ (every 12 months)		\$500
SURGERY AND RELATED BENEFITS		PLAN 1
Surgery ²		\$3,000
Anesthesia (% of surgery benefit)		25%
Bone Marrow or Stem Cell Transplant (once/year)		
1. Autologous		\$1,000
2. Non-autologous (cancer or specified disease treatment)		\$2,500
3. Non-autologous (Leukemia)		\$5,000
Ambulatory Surgical Center (daily)		\$250
Second Opinion		\$200
MISCELLANEOUS BENEFITS		PLAN 1
Inpatient Drugs and Medicine (daily)		\$25
Physician's Attendance (daily)		\$50
Ambulance (per confinement)		\$100
Non-Local Transportation ¹ (coach fare or amount shown per mile*)	0.40/Mile	
Outpatient Lodging (daily; limit \$2,000/12 mo. period)		\$50
Family Member Lodging (daily per trip; max. 60 days) and Transportation (coach fare or amount shown per mile**)	0.40/Mile	
Physical or Speech Therapy (daily)		\$50
New or Experimental Treatment ³ (every 12 months)		\$5,000
Prosthesis ³ (per amputation)		\$2,000
Hair Prosthesis (every 2 years)		\$25
Nonsurgical External Breast Prosthesis ¹		\$50
Anti-Nausea Benefit ¹ (once per calendar year)		\$200
Waiver of Premium (employee only)		Yes
OPTIONAL/ADDITIONAL BENEFITS/RIDER		PLAN 1
Cancer Initial Diagnosis (one-time benefit)		\$4,000
Intensive Care (ICU)		
ICU (daily)		\$200
Step-Down (daily)		\$100
Ambulance		Actual Charges
Wellness Benefit		\$75
PSA Testing/Digital Rectal Examinations		\$75
Cancer Initial Diagnosis Progressive Benefit Rider*** (one-time benefit)		\$0

Coverage Tier

Cost Per Pay

Employee Only	\$24.52
Employee + Spouse	\$38.06
Employee + Child(ren)	\$34.66
Employee + Family	\$48.18

Pre-Existing Condition Limitations:

Allstate will not pay benefits for a pre-existing condition during the 12-month period beginning on the date that person's coverage starts. A pre-existing condition is a disease or condition for which medical advice or treatment was recommended or received from a medical professional within the 12-month period prior to the effective date. A pre-existing condition can exist even though a diagnosis has not yet been made.

¹Pays actual cost up to amount listed. ²Pays actual charges up to amount listed in certificate Schedule of Surgical Procedures. Amount paid depends on surgery. ³Pays actual charges up to amount listed. *At least 70 miles away, up to 700 miles. **Transportation up to 700 miles per continuous hospital confinement. ***Multiplied by years in force at time of diagnosis.



EMERGENCY TRANSPORTATION COSTS

MASA MTS is here to protect its members and their families from the shortcomings of health insurance coverage by providing them with comprehensive financial protection for lifesaving emergency transportation services, both at home and away from home.

Many American employers and employees believe that their health insurance policies cover most, if not all ambulance expenses. The truth is, they DONOT!

Even after insurance payments for emergency transportation, you could receive a bill up to \$5,000 for ground ambulance and as high as \$70,000 for air ambulance. The financial burdens for medical transportation costs are very real.



Any Ground. Any Air.
Anywhere.™

OUR BENEFITS

Benefit*	Emergent Plus \$14/mo.
Emergent Ground Transportation	U.S./Canada
Emergent Air Transportation	U.S./Canada
Non-Emergent Air Transportation	U.S./Canada
Repatriation	U.S./Canada

Without MASA Membership	With MASA Membership
911 Ground Ambulance Cost: \$1,800	\$0
Emergent Air Ambulance Cost: \$45,000	\$0
Non-Emergent Air Transport Cost: \$20,000	\$0

HOW MASA IS DIFFERENT

Across the US there are thousands of ground ambulance providers and hundreds of air ambulance carriers. ONLY MASA offers comprehensive coverage since MASA is a PAYER and not a PROVIDER!

ONLY MASA provides over 1.6 million members with coverage for **BOTH ground ambulance and air ambulance transport, REGARDLESS of which provider transports them.**

Members are covered ANYWHERE in all 50 states and Canada!

Additionally, MASA provides a repatriation benefit: if a member is hospitalized more than 100 miles from home, MASA can arrange and pay to have them transported to a hospital closer to their place of residence.



A MASA Membership prepares you for the unexpected and gives you the peace of mind to access vital emergency medical transportation no matter where you live, for a minimal monthly fee.

- One low fee for the **entire** family
- **NO** deductibles
- **NO** health questions
- **Easy** claims process

Coverage Level

Per Household

Employee Premium

\$14.00

* Please refer to the MSA for a detailed explanation of benefits and eligibility.

Dickenson County Public Schools 403(b) Plan

Dickenson County Public Schools offers a 403(b) Plan for eligible employees of the organization. Employees are eligible to participate as described below:

- **All W-2 employees are eligible to participate in the 403(b) Plan**

A 403(b) plan is a tax-deferred retirement program that permits an employee to reduce his or her compensation on a pre-tax basis and have the contribution deposited into a 403(b) investment. The plan also allows employees to make 403(b) retirement contributions on an after-tax basis (a Roth 403(b) contribution).

To enroll in a 403(b) program, you must complete a Salary Reduction Agreement. Salary Reduction Agreements are available from the Payroll office.

You may also be required to complete an annuity contract or custodial account application to establish your investment account under the Plan. Application forms for an annuity contract or a custodial account can be obtained from the representative of the investment provider you select. Employees should contact each vendor for information about the 403(b) products and services it offers. A list of the approved providers in our Plan are listed below and available in the Payroll office.

You can make a change to or stop your contribution at any time. You will need to complete a new Salary Reduction Agreement and provide it to the Payroll office to do so. The change will take effect for the next available payroll period as described above after the new Salary Reduction Agreement is processed by the Payroll Office.

The IRS does limit the annual contributions you can make to a 403(b) plan. The limit on elective salary deferrals - the most an employee can contribute to a 403(b) account out of salary - is \$19,500 in 2020 and 2021. Employees who are age 50 or over at the end of the calendar year can also make catch-up contributions of \$6,500 in 2020 and 2021 (\$6,000 in 2015 - 2019) beyond the basic limit on elective deferrals.

Dickenson County Public Schools has no liability for any employee's election to participate in the 403(b) plan, choice of 403(b) vendor(s), or the expected tax consequences resulting from participating in the 403(b) plan. Dickenson County Public Schools does not provide tax, legal, or investment advice and recommends that employees seek advice from professionals who specialize in these areas.

If you have any questions about our 403(b) Plan, please contact Laura Taylor or Tonya Baker at the School Board Office; (276) 926-4643 or the Plan's third-party administrator, ADMIN Partners, LLC at 877-484-4400.

Listed below are the Authorized Vendors (and contact information) under the Dickenson County Public Schools 403(b) Plan:

Virginia Retirement Specialist

Ken Farmer
(276) 608-4101
email: n2hawks2000@yahoo.com

New York Life

Blair Cahoon
(423)-220-0811
email: gcalhoon@ft.newyorklife.com

Horace Mann

Meegan Potts
(276) 880-1021

Nationwide 457(b) Deferred Compensation Plan

The Nationwide 457(b) Deferred Compensation plan will be included at this year's open enrollment (2022). All full-time employees are eligible to participate in this option.

The Nationwide 457(b) plan benefits include:

- No 10% penalty at retirement for those under the age of 59 1/2
- Higher Maximum tax deferrals with the Special Catch-up Provision
- Indexed Protection Product guaranteeing no loss of principal and interest on 457 funds
- Low cost investment managed account services

Get started in three steps

1 Find your comfort zone.

Consider your interest and confidence levels, then choose the investment strategy that's right for your unique situation.

2 Choose the investment options that are right for you.

Choose your funds from your Plan's investment options, and think about how much you want to contribute.

3 Enroll in the Plan.

Follow the instructions on the enrollment packet, which will be provided by your Retirement Specialist. Complete and turn in any applicable forms.

Still need more information about retirement?

We have resources to help. Learn more about smart preparation in Planning for Retirement 101, a guide available from your Retirement Specialist. Request a copy today.

Questions?

Just call us at 1-877-NRSforU (1-877-677-3678). Selmon Robinson, CRC

We are here to help you and to give you the information you need to feel confident about your retirement decisions. You can also visit us online at NRSforU.com.

Contact Information

If you have any questions regarding your benefits or the material contained in this guide, please contact your Human Resources Representative.

<u>Provider/Plan</u>	<u>Contact Number</u>	<u>Website/Email</u>
MedCost Medical Insurance:	1-800-795-1023	www.medcost.org
VHN/MedCost:	1-800-795-1023	
Medcost Teledoc Service:	1-800-835-2362	www.teledoc.com
Delta Dental Insurance (Jon Wilson):	1-800-237-6060	www.deltadentalva.com
Community Eye Care Vision:	1-888-254-4290	www.cecvision.com
The Standard Disability Insurance:	1-800-368-1135	www.standard.com
Transamerica Whole Life:	1-800-851-7555 opt. 4	www.transamerica.com
Boston Mutual Accident:	1-888-453-5120	www.bostonmutual.com
Boston Mutual Critical Illness:	1-877-212-2950	www.bostonmutual.com
Allstate Cancer Insurance:	1-800-521-3535	www.allstate.com
MASA Emergent Transport Service:	1-800-423-3226	www.masamts.com
Dickenson County Resource Center:	1-844-743-7575	admin@beneficialassociates.com



Are you a New Hire needing assistance with your benefit enrollment? Please scan the QR Code to the left to schedule a date and time to speak with a Licensed Benefits Counselor to help assist with completing your benefit elections and waivers.

This summary of benefits is not intended to be a complete description of the terms of Dickenson County Public Schools' insurance benefit plans. Please refer to the plan document(s) for a complete description. Each plan is governed in all respects by the terms of its legal plan document, rather than by this or any other summary of the insurance benefits provided by the plan. In the event of any conflict between a summary of the plan and the official document, the official document will prevail. Although Dickenson County Public Schools maintains its benefit plans on an ongoing basis, Dickenson County Public Schools reserves the right to terminate or amend each plan, in its entirety or in any part at any time.