NORTHSHORE EDUCATION CONSORTIUM

EMPLOYEE BENEFITS GUIDE

Plan Year: July 1, 2024 - June 30, 2025

MEDICAL | DENTAL | VISION | LIFE | DISABILITY & MORE

NORTHSHORE EDUCATION CONSORTIUM

IMPORTANT INFORMATION ENCLOSED

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WELCOME

At Northshore Education Consortium, we value every employee. We appreciate your commitment to our success and are equally committed to providing you with competitive and affordable benefits to help you care for yourself and your family. We want to make sure you are getting the most out of your benefits—that is why we have put together this Benefits Guide.

Please read this guide carefully. It includes a summary of your plan options and helpful tips for getting the most value from your benefit plans. The guide has been designed to provide a high-level overview of the health & welfare programs available to you. For plan documents or more details, please contact Human Resources or our carriers listed on the carrier contact page.

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ELIGIBILITY

All employees working 23.5 hours or more per week are eligible for benefits. Medical coverage is effective 30 days from your date of hire.

Eligible Dependents are:

- Your legal spouse
- Your ex-spouse, per divorce decree*
- Your children under age 26, including stepchildren, foster children, legally adopted children, and children placed with you for adoption
- Your dependent children of any age who are physically or mentally unable to care for themselves

***Note:** The IRS allows pre-tax contributions for employees and their eligible dependents. If you are covering an ex-spouse on our plan, please contact Human Resources so we may provide you with more information on the taxability of the benefit. We will also require that you complete an Affidavit for our records.*

QUALIFYING EVENTS

Due to IRS regulations, once you have made your elections for the 7/1 – 6/30 plan year, you cannot change your benefits until the next annual enrollment period unless you experience a qualifying life event.

A qualifying event includes:

- Marriage, legal separation, or divorce
- Birth or adoption of a child
- Change in employment status for you or your spouse
- Change in benefits eligibility status
- Change in place of residence causing a loss of eligibility
- Change in the cost of dependent care (only for the dependent care FSA)
- Loss of a dependent (death)

To change your benefits, notify Human Resources within 30 days of the qualifying life event. You will need to provide proof of the change, such as a marriage certificate or record of birth.

BENEFIT BASICS

KEY TERMS TO REMEMBER

You and your health insurance company are partners working together to pay for your health care. This is called "cost sharing". Copayments, deductibles and coinsurance are all elements of cost sharing, and are the most important words to know to fully understand how your health insurance works. Whenever you utilize a service covered by your health plan, you "share" the cost by paying a **copayment**, paying toward your **deductible**, or paying **coinsurance**.

COPAYMENT	A fixed amount that you pay for your health services when you get them. Copayments are due at the time of the service.
DEDUCTIBLE	The first part of what you pay for your health care before insurance starts to pay for some of your health care. Some plans have an "embedded" individual deductible, which means that one member of the family cannot exceed the individual deductible amount. On other plans, the deductible is "aggregated", and one member of the family *can* accumulate the full family deductible.
COINSURANCE	Your share of your health care costs after you've met your deductible. Coinsurance is calculated as a percentage of the allowed cost of the service.

These payments track toward your plan's **out-of-pocket maximum,** which is the most that you will pay in cost share during a plan year. Once you hit your out-of-pocket maximum, your cost sharing stops. The insurance carrier pays for all of your health care for the remainder of the plan year, with the exception of your monthly premiums.

Most everyone will need some type of lab work each plan year. Below are some examples of how the three forms of cost share would be split for lab work with a cost of $200.

COPAYMENT EXAMPLE

Jack's medical plan has a $50 copay for lab work. Jack pays his $50 copay, and the insurance carrier pays the remaining $150 for the lab work. The $50 copay that Jack pays tracks toward his Out-of-Pocket Maximum.

DEDUCTIBLE EXAMPLE

On Diane's medical plan, lab work applies to the plan's annual deductible of $1,000. When Diane has the lab work done, she has not yet met her deductible. She pays the full cost of the lab work ($200) and has $800 left in her deductible for the plan year.

COINSURANCE EXAMPLE

Eileen has already met her medical deductible for the plan year. On her medical plan, lab work has 20% coinsurance applied once someone has met their deductible. Eileen pays 20% of the $200, or $40. The insurance carrier pays the remaining $160. The $40 that Eileen pays tracks toward her Out-of-Pocket Maximum.

BENEFIT BASICS

PREVENTATIVE CARE

Understanding the full value of covered benefits allows you to take responsibility for maintaining good health and incorporating healthy habits into your lifestyle. Some examples include getting regular physical examinations, mammograms & immunizations. Through the plan offered by Northshore Education Consortium. all covered individuals and family members are eligible to receive routine wellness services like these, at no cost; all copays, coinsurance and deductibles are waived for preventative care.

WHICH PREVENTATIVE CARE SERVICES ARE COVERED?

The US Preventative Services Task Force maintains a regular list of recommended services that all Affordable Care Act (i.e. Health Care Reform) compliance insurance plans should cover at 100% for in-network providers. Below is a list of common services that are included in the plans offered this year:

Routine Physical Exam	Routine Bone Density Test
Well Baby and Child Care	Routine Breast Exam
Screening for Gestational Diabetes	Routine Colorectal Cancer Screening
Obesity Screening and Counseling	Routine Prostate Test
Routine Digital Rectal Exam	Routine Lab Procedures
Routine Pap Smear	Smoking Cessation
Health Education/Counseling Services	Health Counseling for HIV/AIDS
Testing for HPV and HIV	Screening and Counseling for Domestic Violence
Routine Colonoscopy	Routine Mammograms
Routine Gynecological Exam	Immunizations

MEDICAL

AETNA – OPEN ACCESS MANAGED CHOICE $2,000 DEDUCTIBLE

The Open Access Managed Choice plan offers both in- and out-of-network coverage and does not require you to assign a Primary Care Provider (PCP). This plan gives you the option to go directly to a specialist or any doctor in the Aetna provider network without a referral. For help in finding an in-network provider, check the Aetna provider directory.

	Open Access Managed Choice $2,000	
	In-Network	Out-of-Network
PCP/Referrals Required	No	
Deductible		
Individual	$2,000	$2,000
Family	$4,000	$4,000
Type (Calendar/Plan Year)	Plan Year	
Embedded / Aggregate	Embedded	
Out-of-Pocket Max		
Individual	$3,000	$4,000
Family	$6,000	$8,000
Visits		
Routine Physicals	No charge	Deductible; then 20%
Office Visits	$20 copay	Deductible; then 20%
Specialist Visits	$30 copay	Deductible; then 20%
Vision Exam	$30 copay (1 every 24 months)	Deductible; then 20%
Chiropractic Care	$30 copay	Deductible; then 20%
Physical & Occupational Therapy	$30 copay	Deductible; then 20%
Urgent Care	$50 copay	Deductible; then 20%
Diagnostic Services		
Diagnostic Labs	Deductible; then no charge	Deductible; then 20%
Diagnostic X-Rays	Deductible; then no charge	Deductible; then 20%
High-Tech Imaging (MRI, CT, PET)	Deductible; then no charge	Deductible; then 20%
Hospital Services		
Emergency Room	$150 copay	
Day Surgery	Deductible; then no charge	Deductible; then 20%
Inpatient Hospital	Deductible; then no charge	Deductible; then 20%
Prescription Drugs	*Tier 1 / 2 / 3*	
Retail (30 days)	$10/$30/$50	20% of submitted cost
Mail Order (90 days)	$20/$60/$100	20% of submitted cost

COST PER PAY PERIOD *(Pre-Tax, Per pay-period)*	Employee Contribution	Employer Contribution
Employee Only	$87.27	$349.09
Employee & Family	$235.75	$942.98

MEDICAL

AETNA – OPEN ACCESS MANAGED CHOICE $1,000 DEDUCTIBLE

The Open Access Managed Choice plan offers both in- and out-of-network coverage and does not require you to assign a Primary Care Provider (PCP). This plan gives you the option to go directly to a specialist or any doctor in the Aetna provider network without a referral. For help in finding an in-network provider, check the Aetna provider directory.

	Open Access Managed Choice $1,000	
	In-Network	Out-of-Network
PCP/Referrals Required	No	
Deductible		
Individual	$1,000	$2,000
Family	$2,000	$4,000
Type (Calendar/Plan Year)	Plan Year	
Embedded / Aggregate	Embedded	
Out-of-Pocket Max		
Individual	$2,000	$4,000
Family	$4,000	$8,000
Visits		
Routine Physicals	No charge	Deductible; then 20%
Office Visits	$20 copay	Deductible; then 20%
Specialist Visits	$35 copay	Deductible; then 20%
Vision Exam	$35 copay (1 every 24 months)	Deductible; then 20%
Chiropractic Care	$35 copay	Deductible; then 20%
Physical & Occupational Therapy	$35 copay	Deductible; then 20%
Urgent Care	$50 copay	Deductible; then 20%
Diagnostic Services		
Diagnostic Labs	Deductible; then no charge	Deductible; then 20%
Diagnostic X-Rays	Deductible; then no charge	Deductible; then 20%
High-Tech Imaging (MRI, CT, PET)	Deductible; then no charge	Deductible; then 20%
Hospital Services		
Emergency Room	$150 copay	
Day Surgery	Deductible; then no charge	Deductible; then 20%
Inpatient Hospital	Deductible; then no charge	Deductible; then 20%
Prescription Drugs	*Tier 1 / 2 / 3*	
Retail (30 days)	$10/$30/$50	20% of submitted cost
Mail Order (90 days)	$20/$60/$100	20% of submitted cost

COST PER PAY PERIOD *(Pre-Tax, Per pay-period)*	Employee Contribution	Employer Contribution
Employee Only	$116.18	$349.09
Employee & Family	$313.20	$942.98

MEDICAL

AETNA – OPEN ACCESS MANAGED CHOICE $0 DEDUCTIBLE

The Open Access Managed Choice plan offers both in- and out-of-network coverage and does not require you to assign a Primary Care Provider (PCP). This plan gives you the option to go directly to a specialist or any doctor in the Aetna provider network without a referral. For help in finding an in-network provider, check the Aetna provider directory.

	Open Access Managed Choice $0	
	In-Network	Out-of-Network
PCP/Referrals Required	No	
Deductible		
Individual	$0	$1,000
Family	$0	$2,000
Type (Calendar/Plan Year)	Plan Year	
Embedded / Aggregate	Embedded	
Out-of-Pocket Max		
Individual	$1,500	$3,000
Family	$3,000	$6,000
Visits		
Routine Physicals	No charge	Deductible; then 20%
Office Visits	$20 copay	Deductible; then 20%
Specialist Visits	$20 copay	Deductible; then 20%
Vision Exam	$20 copay (1 every 24 months)	Deductible; then 20%
Chiropractic Care	$20 copay	Deductible; then 20%
Physical & Occupational Therapy	$20 copay	Deductible; then 20%
Urgent Care	$50 copay	Deductible; then 20%
Diagnostic Services		
Diagnostic Labs	No charge	Deductible; then 20%
Diagnostic X-Rays	No charge	Deductible; then 20%
High-Tech Imaging (MRI, CT, PET)	$75 copay	Deductible; then 20%
Hospital Services		
Emergency Room	$150 copay	
Day Surgery	$250 copay	Deductible; then 20%
Inpatient Hospital	$500 copay	Deductible; then 20%
Prescription Drugs	*Tier 1 / 2 / 3*	
Retail (30 days)	$10/$30/$50	20% of submitted cost
Mail Order (90 days)	$20/$60/$100	20% of submitted cost

COST PER PAY PERIOD *(Pre-Tax, Per pay-period)*	Employee Contribution	Employer Contribution
Employee Only	$177.27	$349.09
Employee & Family	$477.93	$942.98

HEALTH REIMBURSEMENT ACCOUNT

HRC TOTAL SOLUTIONS

What is an HRA?

A Health Reimbursement Arrangement, or HRA is an employer funded benefit which sets aside money to be used by employees to offset a portion of the medical deductible expenses. ***You are responsible for only a portion of the deductible***. To manage the HRA, we partner with HRC Total Solutions (HRCTS), a company that coordinates the HRA claims process behind the scenes.

As you incur deductible-related expenses (e.g., lab tests, x-rays, hospital services) the following cost-share arrangement between you and the company will apply:

Available to those who elect the Open Access Choice POS $2,000 Deductible Plan

HRA – PAID DIRECTLY TO YOU				
	Open Access Managed Deductible	Employee Pays First	Employer Pays Next	Employee Pays Remaining
Individual	$2,000	First $1,000	Next $500	Last $500
2-Person & Family	$4,000	First $1,500	Next $750	Last $1,750

1. Medical Services delivered
You go to your doctor and receive care (e.g., lab work, X-ray) to which the deductible applies.

2. A claim is submitted
Your doctor submits a bill (also called a claim) to Aetna to pay for the service.

3. Claim is Paid
Aetna processes the claim and sends you an Explanation of Benefits (EOB) reflecting any deductible expense applied and total member cost.

4. EOB sent to HRCTS
Aetna also sends your EOB to HRCTS to track your deductible.

5. HRA Payment
Once you have met your portion of the deductible, HRCTS activates your HRA and sends reimbursement directly to you via check or direct deposit for deductible eligible expenses.

6. Pay the Bill
You will receive an EOB from HRCTS outlining the HRA payments that have been made to you. You are responsible for paying the provider bill.

AETNA RESOURCES

Manage your benefits at home or on the go

Understand and manage your benefits

- Review your plan's benefits and coverage details
- See health care costs, how much is covered by your plan and where you are with your deductible and out-of-pocket maximum
- View and pay claims, with an even easier option to now submit claims digitally through your member website
- Access your ID card whenever you need it

Your benefits, your way

Connect to care and stay healthy

- Find in-network providers, including those offering telemedicine services, as well as walk-in clinics and urgent care centers near you
- Get cost estimates before you get care**
- View ratings and reviews of providers
- Receive personalized reminders to help you improve your health

Get started today

Visit **MyAetnaWebsite.com** to register for your member website.

Get the **Aetna Health℠ app** by texting **"AETNA"** to **90156** to receive a download link. Message and data rates may apply.*

The above illustration and/or description is intended as a brief overview of benefits only. Please refer to carrier plan documents for full details. In the case of discrepancy between the above information and the carrier plan documents, carrier plan documents prevail.

AETNA RESOURCES

Feel like yourself again

Is therapy right for me? Take the quiz at Teladoc.com/Therapy/Quiz

TELADOC.

Build a relationship with an experienced therapist or psychiatrist of your choice by phone or video

Our experts provide support for:

- Anxiety, stress, depression
- Mood swings
- Not feeling like yourself
- Relationship conflicts
- Trauma and PTSD
- Medication management

Start making progress

1. Set up your account and fill out a brief medical history
2. Choose the expert you think will be the best fit for you
3. Pick the preferred dates and times that fit your schedule
4. Make progress from wherever you're most comfortable

Get started—it's already part of your benefits

Visit Teladoc.com/Aetna

Call 1-855-TELADOC (835-2362) | Download the app

Pay only your doctor visit copay (or deductible) for a Teladoc consult!

AETNA RESOURCES

Options with you in mind

Savings on eyewear and exams

Healthy vision

Savings you can see

If your vision isn't 20/20, you'll love discounts on:

- Designer frames
- Prescription lenses
- Lens options like scratch coating and tint
- Non-disposable contact lenses, and more

Great rates on eye exams

Your eye exams are always discounted. So even if your plan covers your first exam, you can save on another one from any participating doctor.

Lots of locations

You can visit many doctors in private practice. Plus, national chains like LensCrafters®, Target Optical® and Pearle Vision®. Check your member website at **Aetna.com** for a full list.

More eye-openers

- Savings on LASIK laser eye surgery
- Replacement contact lenses, delivered to your door
- Savings on eyeglass chains, lens cases and cleaners, and nonprescription sunglasses

Savings on healthy lifestyle choices

A fit, fabulous you

Save on gym memberships, health coaching, fitness gear and nutrition products that support a healthy lifestyle. You get access to local and national discounts on brands you know.

Health coaching

Try one-on-one coaching to lose weight, ease stress or reach another goal.

At-home weight-loss program

Get weight-loss tips and menus, and track progress from the privacy of your home.

Healthy food options

Enjoy healthy food options like meal delivery to your home, on your schedule.

Even more savings

You also save on:

- Wearable fitness devices
- Yoga, meditation and wellness programs
- Group fitness on demand

Built-in plan discounts with no referrals, claims or limits. Your family can use them, too.

DENTAL

METLIFE

Under the MetLife Dental plan, you can visit any licensed provider, but you pay less out-of-pocket when you choose an in-network provider. If you seek services from non-participating dentist, you may be balanced billed. You will get the most out of your benefits by utilizing an In-Network (Participating) provider.

The following chart is a brief overview of member cost share amounts. Please keep in mind, the dental plan benefits run on a **Calendar Year** - this means your per member benefit maximum and deductible will reset annually on January 1st.

	MetLife Dental PPO	
Deductible - Type II & III Services Only	**PPO**	**Premier & OON**
Individual	$50	
Family	$150	
Calendar Year Maximum	$1,500	
Rollover Benefit	Included up to $1,250	
Type I - Preventative Services		
	100% Deductible is waived	80%
Type II - Basic Services		
	80%	60%
Type III - Major Services		
	50%	50%

COST PER PAY PERIOD
(Pre-Tax, Per pay-period)

Employee Only	$23.74
Employee & Family	$58.57

VISION

EYEMED

The vision insurance through EyeMed entitles you to specific eye care benefits. The EyeMed policy provides specified dollar amounts or discounts for the purchase of eyeglasses and contact lenses. Just as with your Dental coverage, you will receive the most benefit by utilizing an EyeMed Insight Network provider.

	EyeMed Vision Plan	
	In-Network	Out-of Network Reimbursement
Exam	*Once every 12 months*	
Well Vision	$20 copay	Up to $57
Contact Lens Fitting	Up to $40	N/A
Retinal Imaging	Up to $39	N/A
Lenses	*Once every 12 months*	
Single Vision Lenses	$20 copay	Up to $47
Lined Bifocal Lenses	$20 copay	Up to $79
Lined Trifocal Lenses	$20 copay	Up to $130
Lenticular Lenses	$20 copay	Up to $130
Standard Progressive	$70 copay	Up to $140
Premium Progressive (Tiers 1-4)	$90/$100/$115/$70, 80% less $120 allowance	Up to $196
Contact Lenses	*Once every 12 months*	
Conventional	$0 copay, $150 allowance, 15% over $150	Up to $150
Disposable	$0 copay, $150 allowance, plus balance over $150	Up to $150
Medically Necessary	No charge	Up to $300
Frames	*Once every 12 months*	
	$0 copay, $150 allowance, 20% off balance over $150	Up to $120

COST PER PAY PERIOD
(Pre-Tax, Per pay-period)

Employee Only	$3.70
Employee + 1	$7.03
Employee & Family	$10.31

FLEXIBLE SPENDING ACCOUNT

HRC TOTAL SOLUTIONS TAX-ADVANTAGED ACCOUNTS FOR **HEALTHCARE EXPENSES**

A **Healthcare FSA** is a tax-advantaged account which allows you to set aside pre-tax dollars that you can use to pay for *qualified* out-of-pocket medical, dental, vision, Rx expenses and some over the counter items for yourself, your spouse, and any dependent children under age 26. The amount you contribute into the FSA will not count as taxable income, so you will have immediate tax savings.

ELIGIBLE EXPENSES

For a full list of eligible expenses, review IRS Publication 502.

Acupressure Mat	Chiropractor	Copays	Fillings	Prenatal Vitamins
Acupuncture	Coinsurance	COVID-19 Tests	First Aid Supplies	Prescriptions
Allergy Testing	Cold & Flu Medicine	CPAP Machine	Lab Work	Root Canals
Antihistamines	Contact Lenses	Deductible	Lasik Surgery	Sunscreen (SPF 30+)
Anti-Inflammatories	Contact Solution	Diabetes Care Supplies	Orthodontia	Vision Care
Bandages	Contraceptives	Eyeglasses	Orthopedic Inserts	X-Rays

DETAILS

PLAN YEAR	July 1, 2024 – June 30, 2025
MAX ELECTION	$3,200
MIN ELECTION	$100
ACCESS TO FUNDS	You have immediate access to your Health Care FSA elected funds, even if it's the beginning of the year. Employees who enroll in the Health FSA will receive an HRC Total Solutions debit card and have access to the member website to view your account overview. The debit card can be used at the point of purchase to access funds. You can also use the HRC Mobile App to submit requests for reimbursement with receipts.
RUN-OUT PERIOD	You will have an additional 90 days after the plan year ends to submit claims that were incurred during the plan year.
ROLLOVER PROVISION	You may rollover up to $640 into the next plan year. Rollover funds will not be available until the runout period has closed.
"USE IT OR LOSE IT"	FSA contributions are a use-it or lose-it benefit. Any remaining funds exceeding $640 that you do not use by the end of the run-out period will be forfeited. For this reason, make sure to budget your contributions. Think about your regular costs for office visits, prescriptions, and materials such as glasses, contact lenses, etc. your election should meet your needs but not exceed them, so that you don't lose your hard-earned money!

EXAMPLE: You anticipate needing to purchase new eyeglasses & prescription sunglasses during the plan year. The lenses and frames will cost about $500. To cover these expenses, you elect an FSA contribution of $500. This would equal a per pay period pre-tax deduction of $19.23.

FLEXIBLE SPENDING ACCOUNT

HRC TOTAL SOLUTIONS TAX-ADVANTAGED ACCOUNTS FOR **DEPENDENT CARE EXPENSES**

A **Dependent Care Account** is an account where you can set aside pre-tax dollars to reimburse yourself for *qualified* dependent care expenses that you incur to allow yourself of your spouse to work, look for work, or attend school full-time during the time that the care is being provided.

You can use your Dependent Care FSA for expenses incurred for a child 12 years old or younger, or on an elderly tax dependent (such as your spouse or parents). Just like with a Healthcare FSA, the amount you contribute into the DCA will not count as taxable income, so you will have immediate tax savings.

ELIGIBLE EXPENSES

For a full list of eligible expenses, review IRS Publication 503.

Daycare	Preschool	Adult Daycare	Before/After School Programs	Day Camp

DETAILS

PLAN YEAR	July 1, 2024 – June 30, 2025
MAX ELECTION	$5,000 for single or married couples filing jointly $2,500 for married couples filing separate
ACCESS TO FUNDS	You have access to your elected funds as they are contributed into your account (via pre-tax payroll deductions). Employees who enroll in the Dependent Care Account will have access to the member website to view your account overview. You can also use the HRC Mobile App to submit requests for reimbursement with receipts.
RUN-OUT PERIOD	You will have an additional 90 days after the plan year ends to submit claims that were incurred during the plan year.
"USE IT OR LOSE IT"	DCA contributions are a use-it or lose-it benefit. Any remaining funds you do not use by the end of the run-out period will be forfeited. For this reason, make sure to budget your contributions. Think about your regular costs for eligible dependent care, etc. your election should meet your needs but not exceed them, so that you don't lose your hard-earned money!

EXAMPLE: You anticipate daycare tuition costs of $10,000 for the plan year. To cover some of these expenses & reduce your taxable income, you elect the maximum DCA contribution of $5,000. This would equal a per pay period pre-tax deduction of $192.31.

LIFE & AD&D

UNUM

Northshore Education Consortium provides all employees working 23.5 hours or more per week, with employer paid Group Life and Accidental Death & Dismemberment (AD&D) benefits. Life & AD&D are offered through UNUM. Life insurance can help provide a benefit for your loved ones if something were to happen to you. AD&D Insurance pays a benefit if you survive an accident but have certain serious injuries. AD&D also pays a benefit if a death occurs from a covered accident.

NOTE: It is important that you have a current beneficiary form on file for this coverage.

	EMPLOYER PAID - Life and AD&D Insurance
Life & AD&D Eligibility	All active employees working at least 23.5 hours per week, on date of hire
Basic Life Benefit	$10,000
AD&D Benefit	$10,000
Benefit Reduction	75% at age 65, 56% at age 70

VOLUNTARY LONG-TERM DISABILITY

UNUM

Voluntary LTD is offered through UNUM. If you become disabled from a non-work-related injury or illness, Long-Term disability income benefits may be able to provide a partial replacement of lost income.

Rates Per Pay Period Effective: July 1, 2024 – June 30, 2026

	EMPLOYEE PAID - Voluntary Long-Term Disability (V-LTD)
V-LTD Eligibility	All active employees working at least 23.5 hours per week
V-LTD Benefit	Choose from $200 to $5,000 monthly, in $100 increments. You can cover up to 60% of your monthly income
Elimination Period	90 Days
Maximum Benefit Period	Age Banded
Pre-existing Condition Limit	3 month look back; 12-month exclusion

	Voluntary Long-Term Disability - UNUM LTD Rate per $100
15-24	$0.10
25-29	$0.17
30-34	$0.35
35-39	$0.51
40-44	$0.77
45-49	$1.03
50-54	$1.31
55-59	$1.62
60-64	$1.63
65-69	$1.11
70+	$0.078

VOLUNTARY LIFE

UNUM

In addition to the employer paid Group Life Insurance, you have the option to purchase additional Supplemental Term Life Insurance for yourself and your family through UNUM.

Eligibility	All active employees working at least 23.5 hours per week, on date of hire
Employee	$1,000 increments up to lesser of 5 x annual salary or $500,000
Maximum Benefit	Lesser of 5 x Basic Annual Earnings or $500,000
Guaranteed Issue Amount	$130,000
Evidence of Insurability (EOI)	Evidence of Insurability is required for any amount over $150,000
Age Reduction	75% at age 65, 56% at age 70
Contribution	100% Employee Paid
Spouse	$1,000 increments up to a maximum of $250,000 - not to exceed 50% of employee coverage
Guaranteed Issue Amount	$50,000
Evidence of Insurability (EOI)	Evidence of Insurability is required for any amount over $150,000
Contribution	100% Employee Paid
Dependent	Live birth to 6 months $1,000 / 6 months to age 26 $10,000
Guarantee Issue Amount	$10,000
Contribution	100% Employee Paid

VOLUNTARY AD&D

UNUM

In addition to the employer paid Group Accidental Death & Dismemberment (AD&D) benefit, you have the option to purchase additional Supplemental AD&D Insurance for yourself and your family through UNUM.

AD&D Insurance pays a benefit if you survive an accident but have certain serious injuries. It also pays a benefit if a death occurs from a covered accident.

Eligibility	Regularly scheduled employees working a minimum of 30 hours per week
Employee	$1,000 increments up to lesser of 5 x annual salary or $500,000
Maximum Benefit	Lesser of 5 x Basic Annual Earnings or $500,000
Evidence of Insurability (EOI)	All elected amounts are Guarantee issue. No medical questions/EOI required
Age Reduction	75% at age 65, 56% at age 70
Contribution	100% Employee Paid
Spouse	$1,000 increments up to a maximum of $250,000 - not to exceed 100% of employee coverage
Evidence of Insurability (EOI)	No medical questions or health exams required
Contribution	100% Employee Paid
Dependent	Live birth to 6 months $1,000 / 6 months to age 26 $10,000
Evidence of Insurability (EOI)	No medical questions or health exams required
Contribution	100% Employee Paid

VOLUNTARY LIFE, AD&D

UNUM

Rates Per Pay Period Effective: July 1, 2024 – June 30, 2026

Voluntary Life Insurance – UNUM Per Pay Period Rates Per $1,000 of Coverage		
Attained Age	**Employee**	**Spouse***
Under 25	$0.046	$0.057
25 – 29	$0.046	$0.086
30 – 34	$0.069	$0.114
35 – 39	$0.091	$0.114
40 – 44	$0.114	$0.143
45 – 49	$0.160	$0.200
50 – 54	$0.298	$0.372
55 – 59	$0.572	$0.715
60 – 64	$0.824	$1.030
65 – 69	$1.396	$1.745
70 – 74	$2.494	$3.117
75+	$2.294	$11.669
All Children	$0.049 per $1,000 of coverage	

**Spouse rate is based on employee's date of birth*
***One premium rate covers all children*
Attained age rating applies for all employee and spouse rates listed. Premiums will increase annually on 7/1 due to age increases.

Voluntary AD&D Insurance – UNUM Per Pay Period Rates Per $1,000 of Coverage	
Employee	$0.023 per $1,000 of coverage
Spouse	$0.026 per $1,000 of coverage
All Children	$0.059 per $1,000 of coverage

EMPLOYEE ASSISTANCE PROGRAM (EAP)

UNUM

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Your EAP is designed to help you lead a happier and more productive life at home and at work. Call for confidential access to a Licensed Professional Counselor* who can help you.

A Licensed Professional Counselor can help you with:

- Stress, depression, anxiety
- Relationship issues, divorce
- Anger, grief and loss
- Job stress, work conflicts
- Family and parenting problems
- And more

WORK/LIFE BALANCE

You can also reach out to a specialist for help with balancing work and life issues. Just call and one of our Work/Life Specialists can answer your questions and help you find resources in your community.

Ask our Work/Life Specialists about:

- Child care
- Elder care
- Financial services, debt management, credit report issues
- Identity theft
- Legal questions
- Even reducing your medical/dental bills!
- And more

Who is covered?

Unum's EAP services are available to all eligible partners and employees, their spouses or domestic partners, dependent children, parents and parents-in-law.

Always by your side

- Expert support 24/7
- Convenient website
- Short-term help
- Referrals for additional care
- Monthly webinars
- Medical Bill Saver™ — helps you save on medical bills

Help is easy to access:

Phone support: 1-800-854-1446

Online support: unum.com/lifebalance

In-person: You can get up to three visits, available at no additional cost to you with a Licensed Professional Counselor. Your counselor may refer you to resources in your community for ongoing support.

ADDITIONAL RESOURCES

TRAVEL ASSISTANCE

IF YOU EXPERIENCED A MEDICAL EMERGENCY WHILE TRAVELING, WOULD YOU KNOW WHOM TO CALL?

Whenever you travel 100 miles or more from home — to another country or just another city — be sure to pack your worldwide emergency travel assistance phone number. Travel assistance speaks your language, helping you locate hospitals, embassies and other "unexpected" travel destinations. Add the number to your cell phone contacts, so it's always close at hand. Just one phone call connects you and your family to medical and other important services 24 hours a day.

WHETHER TRAVELING FOR BUSINESS OR PLEASURE, ONE PHONE CALL CONNECTS YOU TO:

- Multi-lingual, medically certified crisis management professionals.
- A state-of-the-art global response operations center.
- Qualified medical providers around the world.

With the Assist America Mobile App, you can:

- Call Assist America's Operation Center from anywhere in the world with the touch of a button.
- Access pre-trip information and country guides.
- Search for local pharmacies (U.S. only).
- Download a membership card.
- View a list of services.
- Search for the nearest U.S. embassy.
- Read Assist Alerts.

Download and activate the app today from the Apple App Store or Google Play.

Reference Number: 01-AA-UN-762490

USE YOUR TRAVEL ASSISTANCE PHONE NUMBER TO ACCESS:

- Hospital admission assistance*
- Emergency medical evacuation
- Prescription replacement assistance
- Transportation for a friend or family member to join a hospitalized patient
- Care and transport of unattended minor children
- Assistance with the return of a vehicle
- Emergency message services
- Critical care monitoring
- Emergency trauma counseling
- Referrals to Western-trained, English-speaking medical providers
- Legal and interpreter referrals
- Passport replacement assistance

You can access travel assistance services through the phone number on your travel assistance wallet card. If you have misplaced your card, contact your human resources department and ask for a replacement.

If you need travel assistance anywhere in the world, contact us day or night.

Within the U.S.
1-800-872-1414

Outside the U.S.
(U.S. access code) +609-986-1234

Via e-mail:
medservices@assistamerica.com

ADDITIONAL RESOURCES

Life and Disability insurance from The Hartford can help you protect the financial future of your loved ones. Your coverage includes valuable services that can help you and your family.

Estate Guidance Will Services

Create a simple will from the convenience of your home.

Whether your assets are few or many, it's important to have a will. Through The Hartford you have access to EstateGuidance. It helps you protect your family's future by creating a will online – backed by online support from licensed attorneys. Just follow the instructions to create a will that's customized and legally binding.

Visit: **www.estateguidance.com**
Use code: **WILLHLF**

Travel Assistance with Identity Theft Support Services

Travel Assistance is available when traveling more than 100 miles from home and for 90 days or less. Services include but are not limited to:

- Medical assistance, including worldwide medical referrals, medical monitoring, prescription transfer, replacement of medical devices and corrective lenses.
- Emergency transports, medical repatriations and evacuations and repatriations of mortal remains.
- Pre-trip information, lost luggage/document assistance and legal referrals.

Identity Theft Support Services provide 24/7/365 assistance including education on how to prevent theft and guidance on what to do if a theft occurs.

Caseworkers help review credit information, and if a theft has occurred, will notify major credit bureaus, assist with completing an identity theft affidavit, help with replacing credit/debit cards and more.

What do I do first?

In the event of a life-threatening emergency, call local emergency authorities first for immediate assistance.

Then, contact Travel Assistance via phone:

U.S. and Canada:
800-243-6108 (toll-free)
Outside U.S.: **202-828-5885**
Or email: **assist@imglobal.com**

CARRIER PORTALS

Creating credentials for yourself (and your dependents) on our benefit carriers' portals enables you to access plan information, track claims, and more to get the most out of your benefits. We encourage everyone to register for access to these portals.

MEDICAL – Aetna | www.aetna.com

To register for access, you will need your Member ID number on your card. Dependents aged 18+ will need to create their own login.

New Member Registration Existing Member Login

DENTAL – MetLife | www.metlife.com

To register for access, you will need your Subscriber ID.

New Member Registration Existing Member Login

VISION – EyeMed | www.eyemed.com

To register for access, you will need your Member ID or last 4 digits of your SSN.

New Member Registration Existing Member Login

HRA, FSA, DCA – HRC Total Solutions | www.hrcts.com

To register for access, you will need to enter your SSN.

New Member Registration Existing Member Login

LIFE & DISABILITY – UNUM | www.unum.com

Filing claims online ensures that they will be processed as quickly as possible.

New Member Registration Existing Member Login

CONTACT INFORMATION

HUMAN RESOURCES	**Nancy Celli** ***HR Director***	**978.232.9755** **ext. 1255**	**ncelli@nsedu.org**
	Nina Cushinsky ***HR Assistant***	**978.232.9755** **Ext. 1259**	**ncushinsky@nsedu.org**

BENEFIT	CARRIER	PHONE #	WEBSITE
MEDICAL	Aetna	877.204.9186	www.aetna.com
DENTAL	MetLife	800.942.0854	www.metlife.com
VISION	EyeMed	866.939.3633	www.eyemed.com
HRA, FSA & DCA	HRC Total Solutions	603.647.1147	www.hrcts.com
LIFE & DISABILITY	UNUM	866.679.3054	www.unum.com

NOTES

NORTHSHORE EDUCATION CONSORTIUM

This Benefit Guide provides a brief description of plan benefits. For more information on plan benefits, exclusions, and limitations, please refer to the plan documents or contact the carrier/administrator directly. If any conflict arises between this Guide and any plan provisions, the terms of the actual plan document or other applicable documents will govern in all cases. Benefits are subject to modification at any time.

The information provided by Brown & Brown, Inc. and/or its affiliates ("Company") in this Guidebook is advisory. Separate plan documents explain each benefit in more detail, and the various benefits are controlled by the language of the plan documents. Benefits may be modified, added, or terminated at any time, at the Company's discretion, or by the insurance company. This information is provided for general information purposes only and should not be considered legal, tax, accounting or other professional advice or opinion on any specific facts or circumstances. Readers are urged to consult their legal counsel, tax or other professional advisor concerning any legal, tax or related questions that may arise. Any tax information contained in this communication (including any attachments) is not intended to be used, and cannot be used, for purposes of (i) avoiding penalties imposed under the U.S. Internal Revenue Code or (ii) promoting, marketing or recommending to another person any tax-related matter. The Company assumes no liability whatsoever in connection with the use of such information or documents.