Ballard Community School District

Employee Benefits Summary
July 1, 2021

HOLMES MURPHY

DISCLAIMER

The intent of this summary is to briefly highlight your benefits and NOT to replace your insurance contracts or booklets. The information has been compiled into summary form to outline the benefits offered by your company.

If this benefit summary does not address your specific benefit questions, please refer to the Customer Service Contact page of this booklet. This page will provide you with the information you need to contact the specific insurance carriers and/or your Human Resources Department for additional assistance.

The information provided in this summary is for comparative purposes only. Actual claims paid are subject to the specific terms and conditions of each contract. This benefit summary does not constitute as a contract.

The information in this booklet is proprietary. Please do not copy or distribute to others.

Contained within this document is your annual Medicare Part D notice as required by the Centers for Medicare & Medicaid. Please see the table of contents for page number.

Created by Holmes Murphy & Associates for Ballard Community School District.

HOLMES MURPHY

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CUSTOMER SERVICE CONTACT INFORMATION

Refer to this list when you need to contact one of your benefit vendors. For general information contact Human Resources.

MEDICAL:
Company Name: Wellmark
Phone Number: 800-524-9242
Website: www.wellmark.com

DENTAL:
Company Name: Delta Dental of Iowa
Phone Number: 800-544-0718
Website: www.deltadentalia.com

VOLUNTARY VISION:
Company Name: Delta Vision of Iowa
Phone Number: 888-899-3747
Benefit Services: www.eyemedvisioncare.com
Provider Search: www.deltadentalia.com

LIFE/AD&D/LONG-TERM DISABILITY:
Company Name: Madison National Insurance
Phone Number: 800-356-9601
Website: www.madisonlife.com

EMPLOYEE ASSISTANCE PROGRAM:
Company Name: EFR
Phone Number: 800-327-4692
Website: www.efr.org

THIRD-PARTY ADMINISTRATOR (PSF):
Company Name: Eagle Ridge Services
Phone Number: 800-301-6692
Fax Number: 712-274-6725
Website: www.eagleridgeservices.com
Email: Jodie@eagleridgeservices.com

HEALTH SAVINGS ACCOUNT (HSA):
Company Name: American Fidelity
Phone Number: 800-654-8489
Website: www.americanfidelity.com

INDIVIDUAL WORKSITE PRODUCTS:
Company Name: AFLAC
Phone Number: 515-432-0578
Email: lukewittrock@gmail.com

FSA/DDC/SUPPLEMENTAL PRODUCTS/HSA:
American Fidelity
Website: www.americanfidelity.com

HOLMES MURPHY CONTACTS

Group Products:	**Please Contact:**
Medical Partial Self-Funding Arrangement Dental Voluntary Vision Life/Disability Employee Assistance Program	Shantelle Samame (800) 247-7756, ext. 6965 ssamame@holmesmurphy.com Isaac Novak (800) 247-7756, ext. 5543 inovak@holmesmurphy.com

HOW CAN I LOCATE MY PROVIDER

If you are looking for a provider, you can contact your Customer Service Number on the back of your card or follow the web instructions below.

Locating providers in Iowa for Wellmark, BCBS

- Go to www.wellmark.com
- Click on 'Find a provider or facility
- Enter Location and Plan
- Select search criteria

Locating providers outside of Iowa with BCBS

- Go to www.provider.bcbs.com
- Enter search criteria

Locating providers for Dental:

- Delta Dental website is www.deltadentalia.com
- At the bottom of the page under "Tools & Tips" click on 'find a provider'
- Click on 'Delta Dental Network Dentist'
- Enter search criteria

Locating providers for Vision:

- Delta Dental website is www.deltadentalia.com
- At the bottom of the page under "Tools & Tips" click on 'find a provider'
- Your vision plan utilizes the Access Network
- Enter search criteria

WHO IS ELIGIBLE?

You are eligible to enroll in the benefits described in this guide If you meet the following:

- Medical - All full-time employees working 20 hours or more per week, excluding cooks and bus drivers
- LTD – All full-time employees working 20 hours or more per week, excluding bus drivers

HOW TO ENROLL

The first step is to review your current benefit elections. Verify your personal information and make any changes if necessary. Make your benefit elections. Once you have made your elections, you will not be able to change them until the next open enrollment period unless you have a qualified change in status.

WHEN TO ENROLL

The open enrollment period runs from May 5, 2021 through May 19, 2021. The benefits you elect during open enrollment will be effective from July 1, 2021 through June 30, 2022.

WHEN TO MAKE CHANGES

Unless you have a qualified change in status, you cannot make changes to the benefits you elect until the next open enrollment period. Qualified changes in status include: marriage, divorce, legal separation, domestic partnership status change, birth or adoption of a child, change in child's dependent status, death of spouse, child or other qualified dependent, change in residence due to an employment transfer for you, your spouse or domestic partner, commencement or termination of adoption proceedings, or change in spouse's or domestic partners benefits or employment status, reduction in hours, or marketplace open enrollment. See HIPAA Special Enrollment Rights later in this packet for notification requirements.

MEDICAL INSURANCE: $500 Blue Choice POS

Wellmark

This chart gives a side-by-side look at the amounts you pay when you use your Primary Care Physicians (PCP), other in-network providers, and out-of-network providers. **You must designate a Primary Care Physicians (PCP) when on this plan.**

Plan Feature	PCP	In-Network	Out-of-Network(1)
Deductible (Calendar Year)(2)	$500 single $1,000 family	$500 single $1,000 family	$500 single $1,000 family
Coinsurance	10%	10%	20%
Out-of-Pocket (Calendar Year)(2)	$1,000 single $2,000 family	$1,000 single $2,000 family	$1,000 single $2,000 family
Office Visit	$10 Copayment	$10 Copayment	Deductible, 20% Coinsurance
Preventive Care	$0 Copayment	N/A	Not Covered
Emergency Services	$50 Copayment	$50 Copayment	$50 Copayment
Facility Services	Deductible, 10% Coinsurance	Deductible, 10% Coinsurance	Deductible, 20% Coinsurance
Outpatient Services	Deductible, 10% Coinsurance	Deductible, 10% Coinsurance	Deductible, 20% Coinsurance
Mental Health & Substance Abuse Services	Deductible, 10% Coinsurance	Deductible, 10% Coinsurance	Deductible, 20% Coinsurance
Retail Prescription Drug Coverage(4) (30-day supply)	Tier 1: $10 Copay Tier 2/3/4: $20 Copay Specialty Self-Administered: Same as cost-share above depending on drug category		Same as in-network benefit. May incur additional costs. (3)
Mail Order (90-day supply)	2 Copayments		Not Covered (5)

Rates	Monthly
Employee	$629.86
Employee + 1	$1,062.72
Family	$1,685.64

(1) For out-of-network providers, the member may incur some charges above usual, customary and reasonable, which are the responsibility of the member and do not apply to the out-of-pocket maximum.
(2) In- and out-of-network deductibles and out-of-pocket maximums apply to each other.
(3) When members purchase prescriptions from a non-participating pharmacy, he/she may be required to manually file the claim with the carrier; plus, he/she may incur additional costs above the maximum allowed amount.
(4) When members purchase Tier 2, Tier 3 and Tier 4 drugs when there is a Tier 1 drug available, they will pay the Tier 2, Tier 3 or Tier 4 copayment plus the difference between the Tier 1 and the Tier 2, Tier 3 or Tier 4 drug.
(5) Specialty drugs are covered only when obtained through the CVS Specialty Pharmacy Program

MEDICAL INSURANCE: $1,000 Blue Choice POS

Wellmark

This chart gives a side-by-side look at the amounts you pay when you use your Primary Care Physicians (PCP), other in-network providers, and out-of-network providers. **You must designate a Primary Care Physicians (PCP) when on this plan.**

Plan Feature	PCP	In-Network	Out-of-Network(1)
Deductible (Calendar Year)(2)	$1,000 single $2,000 family	$1,000 single $2,000 family	$1,000 single $2,000 family
Coinsurance	20%	20%	30%
Out-of-Pocket (Calendar Year)(2)	$2,000 single $4,000 family	$2,000 single $4,000 family	$2,000 single $4,000 family
Office Visit	$10 Copayment	$10 Copayment	Deductible, 30% Coinsurance
Preventive Care	$0 Copayment	N/A	Not Covered
Emergency Services	$100 Copayment	$100 Copayment	$100 Copayment
Facility Services	Deductible, 20% Coinsurance	Deductible, 20% Coinsurance	Deductible, 30% Coinsurance
Outpatient Services	Deductible, 20% Coinsurance	Deductible, 20% Coinsurance	Deductible, 30% Coinsurance
Mental Health & Substance Abuse Services	Deductible, 20% Coinsurance	Deductible, 20% Coinsurance	Deductible, 30% Coinsurance
Retail Prescription Drug Coverage(4) (30-day supply)	Tier 1: $10 Copay Tier 2/3/4: $20 Copay Specialty Self-Administered: Same as cost-share above depending on drug category		Same as in-network benefit. May incur additional costs. (3)
Mail Order (90-day supply)	2 Copayments		Not Covered (5)

Rates	Monthly
Employee	$594.45
Employee + 1	$1,002.38
Family	$1,589.42

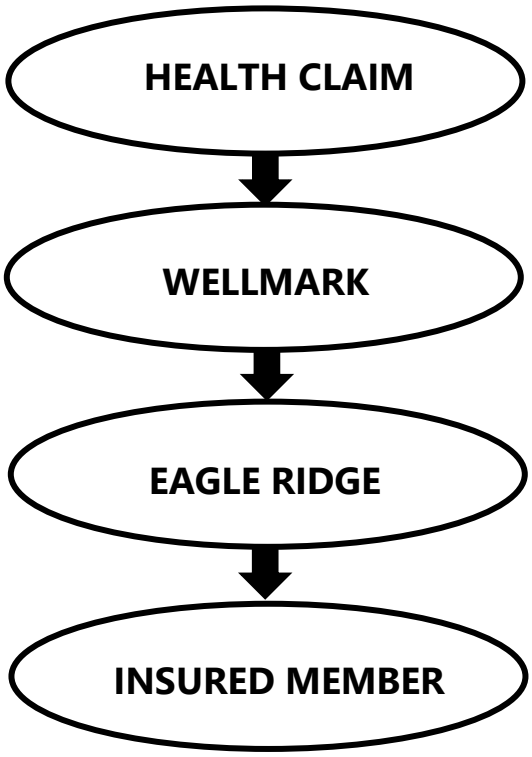
(1) For out-of-network providers, the plan provides no benefits unless they are for a life or limb threatening emergency.
(2) In- and out-of-network deductibles and out-of-pocket maximums do apply to each other.
(3) When members purchase prescriptions from a non-participating pharmacy, he/she may be required to manually file the claim with the carrier; plus, he/she may incur additional costs above the maximum allowed amount.
(4) When members purchase Tier 2, Tier 3 and Tier 4 drugs when there is a Tier 1 drug available, they will pay the Tier 2, Tier 3 or Tier 4 copayment plus the difference between the Tier 1 and the Tier 2, Tier 3 or Tier 4 drug.
(5) Specialty drugs are covered only when obtained through the CVS Specialty Pharmacy Program

PARTIAL SELF-FUNDED ILLUSTRATION

Administered by Eagle Ridge Services

Ballard Community School District's health insurance plans have two components: the Wellmark plan and Eagle Ridge Service's Partial Self-Funded plan. The Wellmark deductible and out-of-pockets maximums are paid partially by the school district, and partially by you. This process is referred to as Partial Self-Funding (PSF), and is administered through Eagle Ridge Services.

Ballard Community School District has made this transition to provide rich benefit plans at a more affordable cost. The only time you will be impacted is if you, or a covered dependent, have a medical situation that reaches the deductible and out-of-pocket maximum. Should this happen, you will receive two Explanation of Benefits (EOB) letters – one from Wellmark and one from Eagle Ridge. The amount you will be responsible to pay for will be based off of the Eagle Ridge EOB, which may come a week or two after you've received the Wellmark EOB. The Eagle Ridge Services team is very helpful, and you may contact them with questions at any time.



1. **You incur medical services.**
   Your medical provider will file your claim with Wellmark using the information from your Wellmark ID card.

2. **Wellmark settles your claim.**
   All claims are submitted to Wellmark first for settlement. Wellmark will make a payment if applicable to your provider of service and send you an EOB.

3. **Eagle Ridge settles your claim.**
   Eagle Ridge receives the EOB from Wellmark for processing the claim. Eagle Ridge will make a payment if applicable to your provider of service. You will receive an EOB that summarizes how much Eagle Ridge paid and how much you, the member, are responsible for.

The Partially Self-Funded Component is administered by Eagle Ridge Services:

EAGLE RIDGE

Jodie Kraayenbrink
PO Box 2640
Sioux City, IA 51106
Direct Phone: 712-274-6725
Toll Free: 1-800-301-6692
Email: jodie@eagleridgeservices.com

MEDICAL INSURANCE: $1,500 HDHP POS

Wellmark

This chart gives a side-by-side look at the amounts you pay when you use your Primary Care Physicians (PCP), other in-network providers, and out-of-network providers. **You must designate a Primary Care Physicians (PCP) when on this plan.**

Plan Feature	PCP	In-Network	Out-of-Network(1)
Deductible (Calendar Year)(2)	$1,500 single $3,000 family	$1,500 single $3,000 family	$$1,500 single $3,000 family
Coinsurance	0%	0%	0%
Out-of-Pocket (Calendar Year)(2)	$1,500 Individual $3,000 Family	$1,500 Individual $3,000 Family	$1,500 Individual $3,000 Family
Office Visits	Deductible, 0% Coinsurance	Deductible, 0% Coinsurance	Deductible, 0% Coinsurance
Preventive Care	$0 Copayment	N/A	Not Covered
Emergency Services	Deductible, 0% Coinsurance	Deductible, 0% Coinsurance	Deductible, 0% Coinsurance
Facility Services	Deductible, 0% Coinsurance	Deductible, 0% Coinsurance	Deductible, 0% Coinsurance
Outpatient Services	Deductible, 0% Coinsurance	Deductible, 0% Coinsurance	Deductible, 0% Coinsurance
Mental Health & Substance Abuse Services	Deductible, 0% Coinsurance	Deductible, 0% Coinsurance	Deductible, 0% Coinsurance
Retail Prescription Drug Coverage(4) (30-day supply)	Deductible, 0% Coinsurance		Same as in-network benefit. May incur additional costs. (3)
Mail Order (90-day supply)	Deductible, 0% Coinsurance		Not Covered (5)

Rates	Monthly
Employee	$562.85
Employee + One	$948.54
Family	$1,503.56

(1) For out-of-network providers, the plan provides no benefits unless they are for a life or limb threatening emergency.
(2) In- and out-of-network deductibles and out-of-pocket maximums do apply to each other.
(3) When members purchase prescriptions from a non-participating pharmacy, he/she may be required to manually file the claim with the carrier; plus, he/she may incur additional costs above the maximum allowed amount.
(4) When members purchase Tier 2, Tier 3 and Tier 4 drugs when there is a Tier 1 drug available, they will pay the Tier 2, Tier 3 or Tier 4 copayment plus the difference between the Tier 1 and the Tier 2, Tier 3 or Tier 4 drug.
(5) Specialty drugs are covered only when obtained through the CVS Specialty Pharmacy Program

HEALTH SAVINGS ACCOUNT (HSA) ADMINISTRATION

HSA Overview

HSA account trustee:	American Fidelity
Employer Contribution:	$1,000 annually for employees on a single plan only
Debit card provided?	Determined by account trustee
HSA withdrawal limitations?	Determined by account trustee
Investment options	Determined by account trustee
Minimum account balance to invest:	Determined by account trustee

Account Provisions

Who is eligible?

1) Anyone covered under a qualified High Deductible Health Plan (HDHP) on the first day of the month, but not covered under any other medical plan.
2) Anyone not enrolled in Medicare. **Note**: an actively at-work employee who is older than 65 may not enroll in an HSA unless he/she has waived Medicare.

> For individuals who delay enrolling in Medicare, Part A coverage may retroactively begin six months prior to their application date. To avoid making excess HSA contributions (and incurring a tax penalty), CMS recommends that individuals stop contributing to their HSAs at least six months before applying for Medicare.

3) When contributing to an HSA, member and spouse (if applicable) may only participate in a "limited-purpose" flexible spending account.
4) Anyone not claimed as a dependent on another person's tax return.

Is there a limit on the amount that can be contributed per year?

$3,600 for an individual plan, $7,200 for a family plan for 2021. These numbers are indexed annually by the Treasury Department. In addition, individuals age 55 are allowed a $1,000 catch-up contribution.

What are the advantages of enrolling in a HSA?

1) Monies go in tax-free.
2) Monies grow tax-free.
3) Monies come out tax-free if spent on qualified medical expenses.
4) Unspent monies roll over year to year, grow, and earn interest.
5) The account owner decides whether to use the HSA dollars for current expenses or to save them for future expenses.
6) The account is portable.

What expenses are eligible for reimbursement?

Internal Revenue Code Section 213(d) medical expenses for the employee and qualified dependents (even if the dependents are not on the employee's HDHP); COBRA premiums; qualified long-term care expenses; retiree medical premiums to employer-sponsored medical coverage (if age 65 or older); Medicare Parts B & D premiums, but not Medicare supplement premiums.

What if funds are used for non-qualified expenses?

Distributions for an account owner under age 65 are subject to income tax plus a 20% penalty. Distributions for an account owner 65 and older are subject to income tax only.

For more details:

Check out www.irs.gov for more details.

How to Find and Designate a Primary Care Physician (PCP)

For Wellmark POS and HMO medical plan options

If you enrolled in a POS or HMO medical plan, you are required to designate a Primary Care Physician (PCP) of your choice. Please read the below Q&As to be sure your medical enrollment is processed accurately and in a timely manner. Please note, you will not receive an ID card if you do not designate a PCP when enrolling on a POS or HMO medical plan with Wellmark.

When do I need to see my PCP?

For your preventive services to be covered, you must seek these services through your PCP. Any other service outside of preventive care may be treated by any other physician with in the POS or HMO network.

Can I change my PCP mid-year?

Yes, you can change your PCP by calling Wellmark's customer service number located on the back of your ID card. The change will go into effect the first of the following month.

Can I have a separate PCP for my OBGYN?

Yes, women can elect an additional PCP OBGYN. In order to do this, you will need to contact Wellmark's customer service number on the back of your ID card.

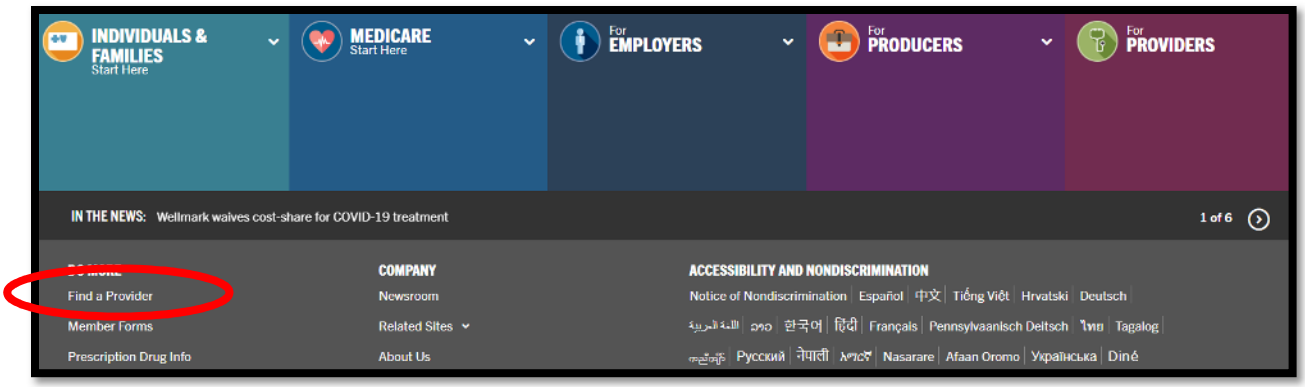
Do my covered dependents need to have a separate PCP?

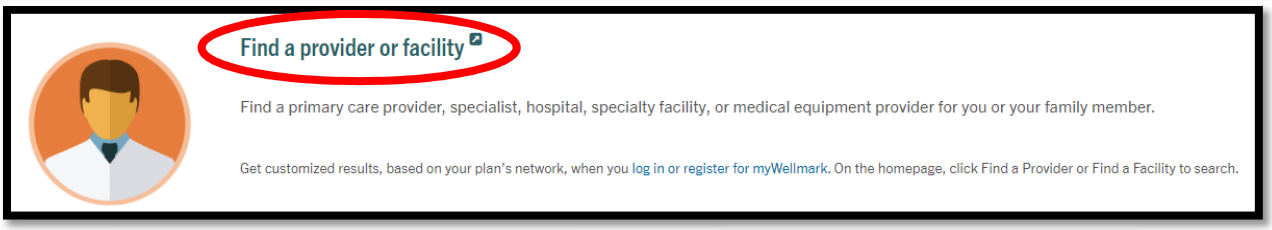
That is up to you and your family, but no, you do not have to designate a different PCP for each of your covered dependents. All members covered on a Wellmark POS or HMO plan must have a PCP designation.

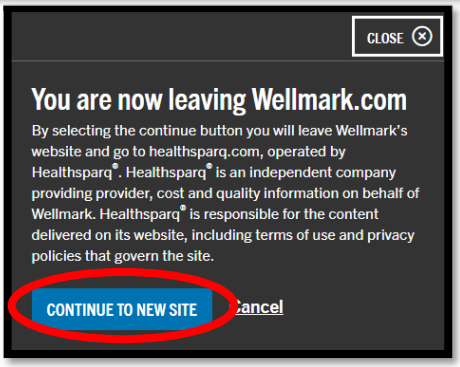
What information do I need to designate my PCP?

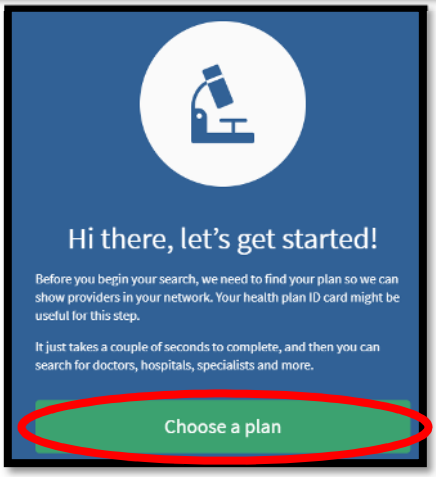
You will need your PCP's 5-digit provider number, which can be accessed on Wellmark's website: www.wellmark.com. Without this PCP number, Wellmark will not create a member ID card. The instructions below can assist in obtaining this 5-digit provider number (screen shots on the next page):

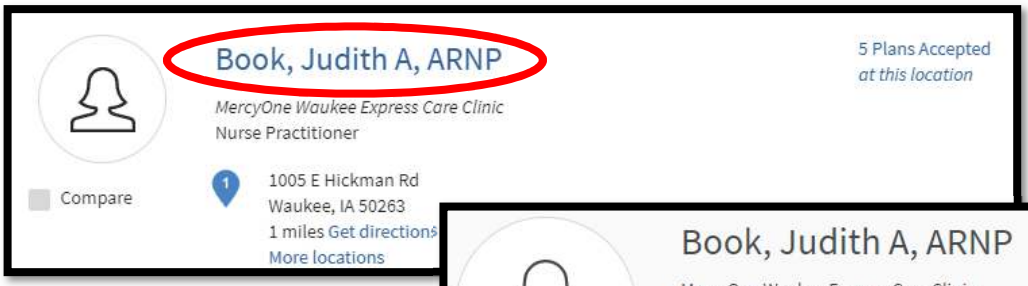
1. Go to www.wellmark.com and click on 'find a provider' located at the bottom left of the page
2. Click on 'find a provider or facility'
3. Continue to the new site and select 'choose a plan'
4. Follow the instructions to identify your plan by completing the first 3 letters on your ID card
5. You can browse by your doctor's name, specialty, places and type of facility
6. Once you find your doctor, click on his/her name
7. A brief summary of your doctor's location and contact information will appear
8. Below the provider's contact information, you will find an **'Enrollment ID'**
    a. **The Enrollment ID is the 5-digit PCP number you need to indicate when selecting your PCP.**

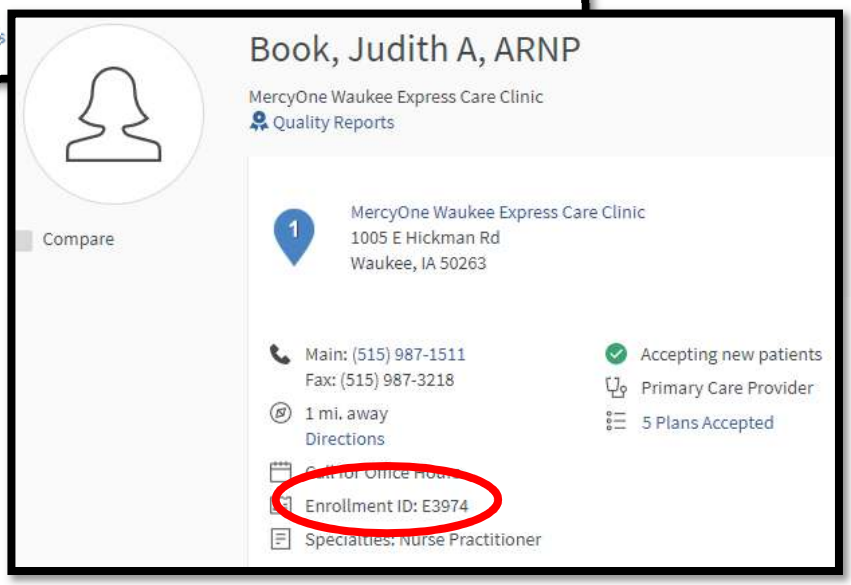

INDIVIDUALS & FAMILIES
Start Here
MEDICARE
Start Here
For EMPLOYERS
For PRODUCERS
For PROVIDERS
IN THE NEWS: Wellmark waives cost-share for COVID-19 treatment
1 of 6
Find a Provider
Member Forms
Prescription Drug Info
COMPANY
Newsroom
Related Sites
About Us
ACCESSIBILITY AND NONDISCRIMINATION
Notice of Nondiscrimination | Español | 中文 | Tiếng Việt | Hrvatski | Deutsch
Français | Pennsylvaanisch Deitsch | Tagalog
Русский | नेपाली | Nasarare | Afaan Oromo | Українська | Diné


Find a provider or facility
Find a primary care provider, specialist, hospital, specialty facility, or medical equipment provider for you or your family member.
Get customized results, based on your plan's network, when you log in or register for myWellmark. On the homepage, click Find a Provider or Find a Facility to search.


CLOSE
You are now leaving Wellmark.com
By selecting the continue button you will leave Wellmark's website and go to healthsparq.com, operated by Healthsparq®. Healthsparq® is an independent company providing provider, cost and quality information on behalf of Wellmark. Healthsparq® is responsible for the content delivered on its website, including terms of use and privacy policies that govern the site.
CONTINUE TO NEW SITE
Cancel


Hi there, let's get started!
Before you begin your search, we need to find your plan so we can show providers in your network. Your health plan ID card might be useful for this step.
It just takes a couple of seconds to complete, and then you can search for doctors, hospitals, specialists and more.
Choose a plan


Book, Judith A, ARNP
MercyOne Waukee Express Care Clinic
Nurse Practitioner
5 Plans Accepted
at this location
Compare
1005 E Hickman Rd
Waukee, IA 50263
1 miles Get directions
More locations


Book, Judith A, ARNP
MercyOne Waukee Express Care Clinic
Quality Reports
Compare
MercyOne Waukee Express Care Clinic
1005 E Hickman Rd
Waukee, IA 50263
Main: (515) 987-1511
Fax: (515) 987-3218
1 mi. away
Directions
Enrollment ID: E3974
Specialties: Nurse Practitioner
Accepting new patients
Primary Care Provider
5 Plans Accepted

Get more from your health insurance with these useful resources that come with your plan.
Simplifying health living – that's the goal.

Wellmark's Mobile App: Manage your health care at home or on the go. Download the free app and sign up for myWellmark to easily track your benefits, view and email your ID card, locate doctors, facilities, etc.

myWellmark: Your one-stop-shop for tools, resources and insights to help you manage health care spending and live a healthier life.

Dr on Demand: With a virtual visit benefit, you can connect face-to-face with a doctor from virtually anywhere using a smartphone, tablet or computer, 24 hours a day, 7 days a week, 365 days a year. Price is the same as a regular office visit copayment ($49 for HDHP).

BeWell 24/7: Get connected with a real person who can help you with a variety of health-related concerns.

IDX Identity: By being a Wellmark member, you and your dependents have exclusive, free access to identity protection services called IDX Identity. You can enroll online or call 866-486-4812.

Blue365: Find exclusive access to discounts and deals on health and wellness products you use everyday, just for being a Wellmark member

Blue Magazine: Get real-life examples on how to get the most from your benefits and live a health, full life. Includes healthy living tips, recipes, how to navigate health insurance and more!

DELTA DENTAL

Monthly Rates
Single - $30.46
Two Person - $59.90
Family - $119.42

Delta Dental of Iowa

Employee Summary of Covered Services and Benefits

Ballard Community School

Deductibles, Maximums & Eligibility	Delta Dental PPO℠	Delta Dental Premier® / Non Par
- Individual Deductible	$15	$25
- Family Deductible	N/A	N/A
- Deductible applies to Check-Ups and Teeth Cleaning?	No	No
- Benefit Period Maximum	$1,000	$1,000
- Eligible children to age	26	26
- Full-time (unmarried) students eligible to age	99	99
- Does Individual Deductible apply to Orthodontics?	No	No
- Orthodontic lifetime maximum	$1,000	$1,000
- Orthodontics: Eligible children to age	19	19
- Orthodontics: Full-time students eligible to age	19	19
- Adult Orthodontics	No	No
Benefits		
Check-Ups and Teeth Cleaning (Diagnostic and Preventive Services)	0%	0%
- Dental Cleaning	*2 in a benefit period aggregate with perio maintenance therapy*	
- Oral Evaluations	*2 in a benefit period*	
- Fluoride Applications	*1 every 12 months to age 19*	
- X-Rays	*Bitewings - 1 every 12 months; Full mouth - 1 every 5 years*	
- Sealant Applications	*1 in a lifetime per permanent 1st and 2nd molars to age 15*	
- Space Maintainers	*To age 15*	
Cavity Repair and Tooth Extractions (Routine and Restorative Services)	20%	40%
- Emergency Treatment		
- General Anesthesia/Sedation		
- Restoration of Decayed or Fractured Teeth		
- Limited Occlusal Adjustments		
- Routine Oral Surgery		
- Posterior Composites w/o Alternate Processing	50%	50%
Root Canals (Endodontic Services)	20%	20%
- Apicoectomy		
- Direct Pulp Cap		
- Pulpotomy		
- Retrograde Fillings		
- Root Canal Therapy		
Gum and Bone Diseases (Periodontal Services)	20%	20%
- Conservative Procedures (Non-surgical)	*1 every 24 months per quadrant*	
- Complex Procedures (Surgical)	*1 every 36 months per quadrant*	
- Periodontal Maintenance Therapy		
High Cost Restorations (Cast Restorations)	50%	50%
- Cast Restorations		
- Crowns	*1 every 5 years*	
- Inlays	*1 every 5 years*	
- Onlays	*1 every 5 years*	
- Post and Cores		
- Recementing Crowns/Inlays/Onlays		
Dentures and Bridges (Prosthetic Services)	50%	50%
- Bridges	*1 every 5 years*	
- Dentures	*1 every 5 years*	
- Repairs and Adjustments		
- Recementing of Bridges		
- Implants		
Straighter Teeth (Orthodontics)	50%	50%

The percentage shown is the coinsurance amount that is the responsibility of the Covered Person.
This is a general description of coverage. It is not a statement of your contract. Actual coverage is subject to terms and conditions specified in the benefits document itself and enrollment regulations in force when the benefits become effective. Certain exclusions and limitations apply. Please refer to your dental benefits document for details.

Delta Dental PPO plus Premier

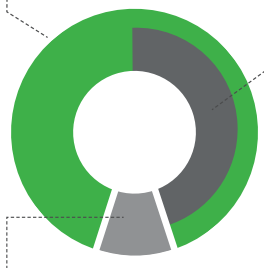
Two Networks, More Choices

Delta Dental's unique dual network gives you more choices from a broader selection of dentists by utilizing two networks — Delta Dental PPO℠ and Delta Dental Premier®.

Delta Dental PPO provides you with the **lowest out-of-pocket costs**. That's because dentists who participate in the PPO network have agreed to accept lower reimbursements for services. More than 40 percent of all dentists in Iowa[1] and 45 percent of dentists nationally[1] participate in the Delta Dental PPO network.

Delta Dental Premier is the **largest dental network in the nation**[1], with more than 90 percent of all dentists in Iowa[1] and more than 80 percent of dentists nationally[1] participating. Delta Dental Premier gives you a wider selection of dentists while keeping out-of-pocket costs economical.

DELTA DENTAL PREMIER® DENTISTS
Includes 90 percent of Iowa dentists[1], with **lower** out-of-pocket costs and reduced benefits.



DELTA DENTAL PPO℠ DENTISTS
Includes 40 percent of Iowa dentists[1], with the **lowest** out-of-pocket costs and best benefits.

OUT-OF-NETWORK DENTISTS
Allows you to see an out-of-network dentist at higher costs with reduced benefits.

[1] *NetMinder, 2015.*

In-network dentists offer you the greatest savings.

You are free to go to any dentist, but may save more money by going to a PPO or Premier network dentist. Plus, network dentists have agreed not to charge more than Delta Dental's maximum allowed fees — *and* they won't balance bill you the difference between the maximum allowed fees and their regular fees. See example below.

	< GREATEST PATIENT SAVINGS TO LEAST PATIENT SAVINGS >		
	Delta Dental PPO℠ Dentist	Delta Dental Premier® Dentist	Out-of-Network Dentist
	In-Network		Out-of-Network
Regular Fee Charged By Dentist	$1,000		
Delta Dental's Maximum Allowed Fee	$710	$900	$900
Benefit Percentage	50%	50%	50%
Delta Dental Pays	$355	$450	$450
Additional Amount Dentist May "Balance Bill" the Patient	$0	$0	$100
Patient Pays	$355	$450	$550 ($450 + $100)

Please note that this is an example of dental services for illustrative purposes and assumes the patient deductible has been met. Benefit percentage will vary by plan and procedure.

Find a Delta Dental Network Dentist

To see if your dentist participates in the Delta Dental PPO or Premier networks, visit our website at deltadentalia.com or call customer service at 800-544-0718.

DELTA DENTAL®

Member Connection & Resources

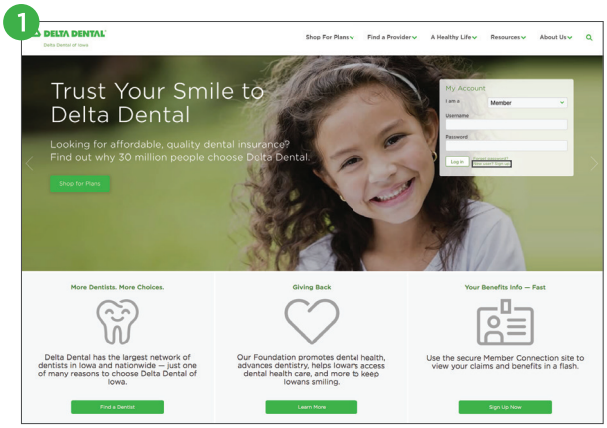
Find a dentist, view your benefits and access claims information 24 hours a day, seven days a week online through the Member Connection at deltadentalia.com or through our automated phone system at 800-544-0718.

Delta Dental Member Connection

With the Member Connection, you can easily access the information you need to know about your benefits, including:

- Printable ID card
- Claim status
- Eligibility information
- Maximum and deductibles used to date
- Benefit levels
- Frequency and age limits
- Preventive history
- Explanation of Benefits (EOBs)

1



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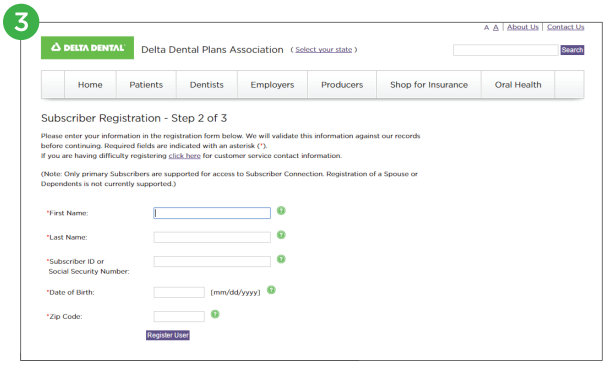
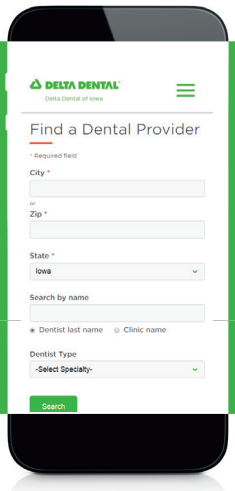


To register for the Member Connection:

1. Go to deltadentalia.com and select “New user? Sign up.” in the My Account box on the right side of the homepage.

2. Complete the online registration. Enter the primary enrollee’s:
   - First and last name (exactly as your employer entered it during enrollment; e.g., “Bob” may be “Robert”)
   - Assigned subscriber ID or Social Security number (enter the nine digit number with no dashes)
   - Date of birth
   - ZIP code

3. Create a username and password, enter your email, create a challenge question and then click on “Register User.”



Find a Dentist Near You:

1. Visit deltadentalia.com
2. Select “Find a Provider”
3. Click on “Delta Dental Dentist”
4. Enter your criteria and then click on “Search”

Looking for a Delta Dental PPO provider, specialist or specific dentist? Click on “Expand Search Criteria” to further refine your results.

Connect with Delta Dental of Iowa

At Delta Dental of Iowa, we provide several free oral health resources for our members in a variety of formats.

A Facebook

facebook.com/deltadentalia

"Like" our Facebook page for upcoming events, photos from events, helpful oral health articles, contests and more!

B Delta Dental Blog

deltadentalia.com/ahealthylife

Our blog is regularly updated with short articles and tips to help you keep your smile healthy. You can browse by topic or keyword, and subscribe to receive email updates when new articles have been posted.

C Twitter

twitter.com/deltadentalia

Follow us for regular tweets on oral health care, helpful tips, links to articles about dental care and contests for fans and followers.

D Pinterest

pinterest.com/deltadentalia

Follow our Pinterest board to see the latest tips on improving oral health and view new product information.

E Healthy You eNewsletter

deltadentalia.com/newsletter

Sign up to receive relevant dental and vision wellness information in your inbox each month.

DELTA DENTAL®

Delta Dental of Iowa 9000 Northpark Drive | Johnston, IA 50131 800-544-0718 deltadentalia.com

DELTA DENTAL®

Employee	$9.04
Employee/Spouse	$17.18
Employee/Children	$19.44
Family	$25.68

DeltaVision®

Summary of Covered Services and Benefits
Preferred Plan $10 copay

Benefit Frequency		
Contact Lenses or Lens	Once within a 12 month period defined by last date of service.	
Exam	Once within a 12 month period defined by last date of service.	
Frame	Once within a 24 month period defined by last date of service.	
Vision Care Services	**In-Network Member Cost**	**Out-of-Network Reimbursement**
Exam		
Exam	$10 Copay	Up to $35
Dilation	$0	N/A
Eye Exam Refraction	$0	N/A
Lens		
Single Vision	$10 Copay	Up to $25
Bi-focal	$10 Copay	Up to $40
Tri-focal	$10 Copay	Up to $55
Standard Progressive Lens**	$75	Up to $40
Premium Progressive Lens**	80% of Charge less $120,plus $75 Copay	Up to $40
Lenticular	$10 Copay	Up to $55
Other Lens Type	80% of Charge	N/A
Frame		
Frame	80% of Balance over $130	Up to $65
Lens Options		
Standard Polycarbonate	$40	N/A
Standard Plastic Scratch Coating	$15	N/A
Tint	$15	N/A
UV Treatment	$15	N/A
Standard Anti-reflective (a/r) Coating	$45	N/A
Other Lens Options	80% of Charge	N/A
Contact Lenses		
Contact Lens- Conventional	85% of Balance over $130	Up to $104
Contact Lens- Disposable	Balance over $130	Up to $104
Standard Fit And Follow Up Exam	$0	Up to $40
Premium Fit And Follow Up Exam	$0 Copay, 10% off retail price then apply $55 allowance	Up to $40
Medically Necessary Contacts	$0	Up to $200
Non-Scheduled Items		
Doctor Misc. Materials	80% of Charge	N/A
LASIK or PRK Vision Correction	85% of Retail Price or 95% of Promotional Price	N/A

Additional Discounts: Member receives a 20% discount on items not covered by the plan at network Providers, which cannot be combined with any other discounts or promotional offers. Discount does not apply to EyeMed Provider's professional services, or contact lenses. Members also receive 15% off retail price or 5% off promotional price for LASIK or PRK from the US Laser Network, owned and operated by LCA Vision. After initial purchase, replacement contact lenses may be obtained via the Internet at substantial savings and mailed directly to the member. Details are available at www.eyemedvisioncare.com. The contact lens benefit allowance is not applicable to this service.

Plan Exclusions: 1) Orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; 2) Medical and/or surgical treatment of the eye, eyes or supporting structures; 3) Any eye or Vision Examination, or any corrective eyewear required by an employer as a condition of employment; Safety eyewear; 4) Services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; 5) Plano (non-prescription) lenses and/or contact lenses; 6) Non-prescription sunglasses; 7) Two pair of glasses in lieu of bifocals; 8) Services or materials provided by any other group benefit plan providing vision care; 9) Services rendered after the date an member ceases to be covered under the Benefit Certificate, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the member are within 31 days from the date of such order. 10) Lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available. 11) Benefit Allowances provide no remaining balance for future use within the same Benefit Frequency. Certain brand name Vision Materials in which the manufacturer imposes a no-discount practice.

DeltaVision is underwritten by Veratrus Benefit Solutions, Inc., a wholly-owned subsidiary of Delta Dental of Iowa, utilizing the EyeMed Vision Care Access network. The information on this page summarizes your benefits and payment obligations. For a detailed description of specific benefits and benefit limitations, see the IMPORTANT INFORMATION and BENEFITS sections of your Certificate.

Find the information you need on DeltaVision online

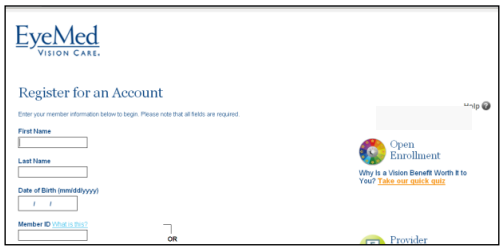
www.deltadentalia.com/deltavision
& www.eyemedvisioncare.com

DeltaVision utilizes EyeMed Vision Care to offer vision plans. DeltaVision subscribers can find information on their specific benefits using the EyeMed website **www.eyemedvisioncare.com** or by going to **www.deltadentalia.com/deltavision** to locate providers, view vision wellness information and how to contact customer service.

Create an Account

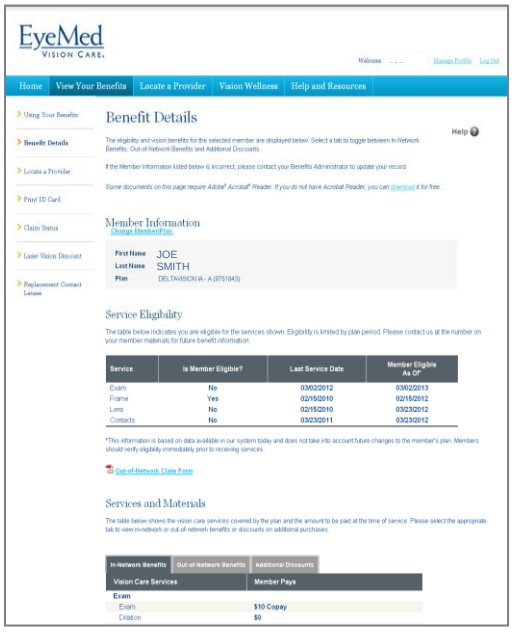
(available after effective date)

- Go to www.eyemedvisioncare.com
- Select Members
- Click on Login/Register
- Click on Create Online Account
- Enter the required information and click on Next
- A registration confirmation will be sent to your email to create your username and password



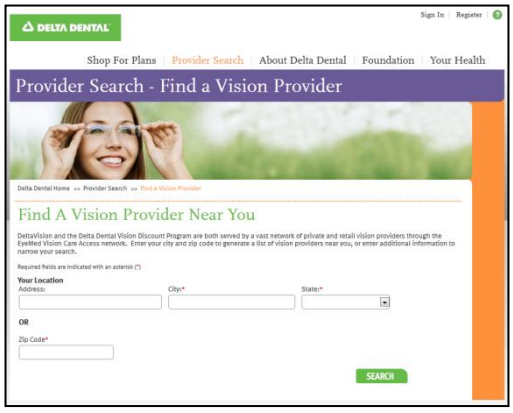
Member Online Tools

- Ability to view benefits, including service eligibility and next date of service
- Locate providers (Access Network)
- Print replacement identification cards
- Download out-of-network claim form
- View online claims status information
- Ability to "go paperless" by receiving Explanation of Benefits (EOB) documents electronically with e-mail notification
- Printable EOB documents in Adobe Acrobat PDF format
- Help tools such as frequently asked questions, context-sensitive help and more



Find a Vision Care Provider

- Go to www.deltadentalia.com
- Click on "Provider Search"
- Select "Find a Vision Provider"
- Enter your address or zip code
- Click on "Submit"



AFLAC

Luke Wittrock
AFLAC OFFICE
WITTROCK ENTERPRISES

515 Marshall Street, Box 701
Boone, Iowa 50036
Phone: (515) 432-0578
Fax: (515) 432-0579 lukewittrock@gmail.com

$$ 2.1 Billion dollars $$ is how much Aflac paid out in claims last year. That $$ goes *directly* to the policyholders, *tax free*, and they spend it *anyway* they want to. Aflac pays even if it is totally covered by something else like work comp, health insurance or car insurance. No rate increases, no time limit to file claims.

Accident Policy- Do you coach? Have kids? Do hazardous/silly things on your time off work? If your family has 1 ER claim per year the policy has paid for itself, no limit on claims. Visits to any Dr, dentist, eye Dr due to an accident – work comp accident, chipped or broken teeth, food poisoning, poison ivy, sports injury, lifting, twisting, slipping, sneezed and pull a muscle in your neck are all examples of covered accidents. Plans start at $12.87 month/single and $27.04 month/family

Hospital Advantage- Admitted to hospital for any reason 1st day pays $500- $1000 per person, you pick amount. Additional benefits for MRIs, surgery, Dr and ER visits, ambulance etc. (we have guaranteed issue options – meaning NO health questions to enroll) Plans start at $21.45 month/single and $34.06 month/family

Cancer Policy-1:2 men, 1:3 women will have cancer in lifetime…
All plans have an initial payout and wellness benefit that pays per person per year
Plans start at $19.76 month/single and $36.14 month/family

Short Term Disability – If you got hurt or had an illness and missed work how many paychecks could you miss before things started getting tight with the budget? If your answer is not many then you need to look into short term disability (we have guaranteed issue options – meaning NO health questions to enroll) Pays in addition and on top of any PTO time you have built up. – Works great with planned maternity leave

Want to enroll, make changes, need additional info or have questions please contact Luke. Cell 515-212-9231 or lukewittrock@gmail.com
Thanks, Luke

All changes will be effective July 1st.

BASIC LIFE / ACCIDENTAL DEATH & DISMEMBERMENT

Madison National Insurance

Plan Overview

Basic Benefit Amount

$100,000 – Superintendent
$50,000 – Administrators & Directors
$20,000 – Non-Certified & Certified Employees (excluding Bus Drivers) and Nurses work 30 hours or more per week
$10,000 – Non-Certified & Certified Employees (excluding Bus Drivers) and Nurses work 20 hours or more per week but less than 30 hours per week

Accidental Death Benefit

Amount is the same as the Basic Life amount.

Waiver of Premium

Life insurance continues for totally disabled employees without payment of premium if you qualify:

Living Care Benefits

If you have a Terminal Illness, medical condition that is expected to result in your death within 12 months; you may apply for a Living Benefit amount equal to 100% of your Employee Basic Life Insurance plus your Employee Supplemental Life Insurance, subject to a minimum of $5,000

Conversion

Must apply for conversion within 31 days of termination of policy.

Age Reduction Schedule

No age reductions
Benefits terminate at retirement

VOLUNTARY LIFE/ACCIDENTAL DEATH & DISMEMBERMENT

Madison National Insurance

Eligible employees who want to supplement their group life insurance benefits may purchase additional coverage.

Voluntary Coverage Amounts

Increments of $10,000. Maximum coverage is the lesser of 5 times annual salary or $300,000.

Accidental Death Benefit
Amount is the same as the Voluntary Coverage Amount

Waiver of Premium
Life insurance continues for totally disabled employees without payment of premium if:

- You become disabled prior to age 60 while insured under the Group Policy;
- You remain disabled without interruption for the duration of the elimination period;
- You provide Madison National with written notice of your disability within the later of 30 days after the end of your elimination period or an approve leave of absence not to exceed 12 months;
- You provide Madison National with satisfactory written proof of disability within 9 months from the last day of the Elimination Period;
- Your claim is approved by Madison National.

Portability
Apply for within 31 days of termination.

Age Reduction Schedule
No age reductions.
Terminates at Retirement

Monthly cost for every $1,000 of Employee Life/AD&D Insurance Coverage									
Age	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+
Life	$0.085	$0.105	$0.115	$0.185	$0.185	$0.425	$0.455	$0.745	$2.875

LONG TERM DISABILITY

Madison National Insurance

Ballard Community School District provides full-time employees with long term disability income benefits and pays the full cost of this coverage. In the event you become disabled, disability income benefits are provided as a source of income.

Plan Overview	
Benefit Amount	60% of monthly salary
Own Occupation Period	24 months
Elimination Period	90 days
Maximum Benefit Period	Varies based on the age disability occurs. Refer to your summary plan description for details
Maximum Benefit Amount	$9,250
Survivor Benefit	3 months

Identity Theft Assistance Services

From a lost wallet to full-on credit card fraud, having your personal information compromised is stressful. Our risk management specialists are trained and certified to help restore your peace of mind, and the good name you've worked hard to achieve. We can guide you, or your family member, through the resolution process with understanding and common sense. We hope you never need us – but we're here if you do!

The certified risk management specialists* can assist you with:

- Assessing the scope of suspected or actual fraud
- Putting you in contact with law enforcement or local governmental agencies as necessary
- Filing the Identity Theft Victim's Complaint and Affidavit
- Assisting with credit bureau fraud alerts
- Guiding you through the resolution process

You will receive complete documentation for your records and continued follow-up and ongoing support as needed.

Call us toll-free 24/7 at 855.860.3727

**Institute for Fraud Risk Management certified.*

Resolution services offered to you by your employer and

Madison National Life Insurance Company
Independence Holding Group
PO Box 5008, Madison, WI 53705

NATIONAL INSURANCE SERVICES
Corporate Headquarters
250 South Executive Drive, Suite 300, Brookfield, WI 53005
Offices Nationwide
800.627.3660

Identity theft assistance services are provided by AMT Consumer Services, Inc., which is not affiliated with Madison National Life Insurance Company. Services provided by AMTCS are not part of the Madison National insurance policy, and Madison National is not responsible for any acts or omissions of AMTCS in connection with or arising under identify theft assistance services.

ID Theft Assistance Disclosure: Access to this program is conditioned upon: (i) you remaining a Madison National Life customer during the term of the program; (ii) the payment of the monthly fee to AMT Consumer Services, Inc., by your provider for your participation; and (iii) the program terms and conditions. This program does not provide credit repair services or any form of legal advice.

©National Insurance Services of WI, Inc.

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EFR EMPLOYEE & FAMILY RESOURCES

Employee Assistance Program

Employee Benefits Summary

All benefits can be accessed by calling EFR at 800-327-4692. Using your benefit is *free* and *confidential*, meaning your employer will not be given your name or identifying information.

Visit efr.org/how-we-help/work/ for more information.

SERVICE	DESCRIPTION	COST
Counseling	Receive in-person or telehealth counseling sessions with a licensed mental health therapist near your home or work. This service is available to you and your household members.	$0 (6 sessions per set of circumstances per year per household member)
Legal Consultation	Receive one in-person or telephonic session with a licensed attorney with expertise in your area of need. Visit efr.org for more information regarding retention and self-help legal documents.	$0 (1 30-min session per issue)
Financial Consultation	Speak with a financial professional about each separate issue, and access a free financial check-up, financial library, and a variety of other financial tools by visiting efr.org.	$0 (1 30-min session per issue)
ID Theft Resolution	Speak with a highly trained FCRA certified fraud resolution specialist or licensed attorney. You'll receive assistance restoring identity and good credit.	$0 (as needed)
Elder Care Resources	Access information, referral resources, and support involving the care for an aging family member.	$0 (as needed)
Child Care Resources	Receive childcare resource referrals where locally available. All referrals are state licensed/certified childcare providers.	$0 (as needed)
Life Coaching	Speak with a life coach and receive tailored advice on matters involving time management, work-life integration, goal setting, communication skills, and other areas of personal growth.	$0 (as needed)
Crisis Response	Receive on-site group debriefings, generally held within 72 hours of the incident, to accelerate the recovery time of affected individuals and help your organization return to normal as quickly as possible.	$0 (as needed)
Additional Support	Visit efr.org to register for webinars, listen to our podcast, read our blog, subscribe to our newsletter, take a self-assessment and much more!	$0 (as needed)

EFR EMPLOYEE & FAMILY RESOURCES

Understanding Your EAP Benefits

EFR is dedicated to helping people manage life's challenges so they can reach their full potential.

When should I call the EAP?

Call **800-327-4692** whenever you are experiencing one of life's challenges. We are available 24/7/365.

What happens when I call?

A representative from EFR will answer your call. The representative will gather demographic information and help you connect with an EAP counselor.

You will be connected with a masters-level clinician to discuss your issues, concerns, or struggles.

What happens when I see the EAP counselor?

- The master's level EAP counselor will listen to your concerns.
- The counselor will also help you explore other areas of your life to assess for strengths and supports, or factors contributing to your presenting issue or concern.
- The counselor will meet with you for 6 sessions to complete a comprehensive assessment of your current circumstances and work with you to establish a plan for EAP sessions.

Options for EAP sessions include:

- Assessment completed and remaining sessions are used for brief counseling and problem resolution.
- Assessment completed and a referral is recommended for services that fall outside the scope of EAP services.

Common Questions

Can I use the EAP more than once a year?

- Yes, but each time you use the EAP, the counselor will be assessing your life circumstances so you will be eligible for a new set of sessions if your circumstances have changed, or in 12 months, whichever comes first.

What is a new set of circumstances?

- A new development in your life that has changed since your last EAP assessment.

Why can't I use the EAP more often?

- EAP is an assessment, referral, and brief counseling model to assist employees with managing a wide variety of personal issues, but is not intended to replace therapy, treatment, or ongoing counseling.

Call EFR today!

800-327-4692

505 5th Avenue | Des Moines, IA 50309 | www.efr.org

amplifon Hearing Health Care

Your hearing health care program - for life

Brought to you by Holmes Murphy

We offer...

Custom hearing solutions - we find the solution that best fits your lifestyle and your budget from one of our 10 manufacturers.

Continuous Care - one year free follow-up care, two years free batteries, and a three-year warranty.

Risk-free 60-day trial - 100% money-back guarantee.

Hearing aid low price guarantee - if you find the same product at a lower price, bring us the local quote and we'll not only match it, we'll beat it by 5%!

Accessing your discount is as easy as...

1. Call Amplifon at **1-866-349-9054** and we'll find a provider near you.
2. We'll explain the Amplifon process and help you schedule an appointment.
3. We'll send information to you and the provider, ensuring your discount is activated.

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2938MISC/Avesis

www.amplifonusa.com

amplifon Hearing Health Care

Discount Card

- Discounted hearing testing
- Low price guarantee
- 60-day risk-free trial period
- 2 years batteries with purchase

To activate your discount, call **1-866-349-9054** today!

amplifon Hearing Health Care

Free Hearing Screening offer!

Call **1-866-349-9054** today!

Act now!

*This is not a medical exam and is only intended to assist with amplification selection. Please bring this offer with you to your appointment.

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2938MISC/<client_name>

Holmes Murphy & Associates has assembled the finest staff of benefits professionals whose expertise is matched by their intelligence and integrity. We further arm them with continuous education, training, and cutting-edge technical resources. These highly specialized consultants have helped us build our reputation for excellence and fuel our growth.

The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies, or errors are always possible. In case of discrepancy between the Guide and the actual plan documents the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, please refer to your Employee Manual for additional information or contact your benefits manager.