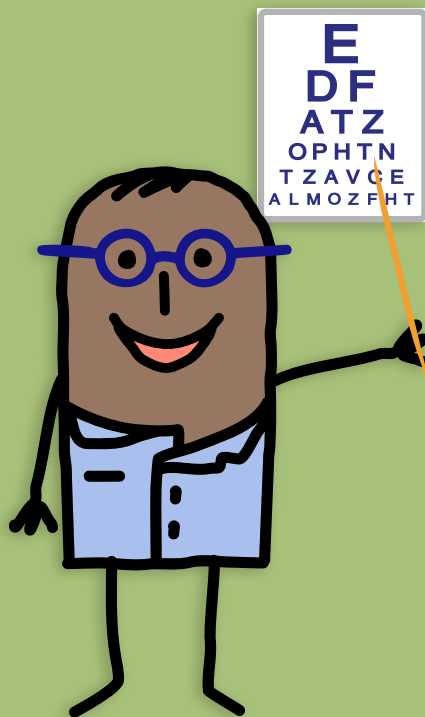


FLEXIBLE BENEFITS GUIDE 2014



Benefits Made Easier!



Check out our new, clickable links for easy access to your benefits!

- > [Full-Time](#)
- > [Part-Time B,E,F,L](#)
- > [Part-Time Food Service](#)
- > [Retiree](#)
- > [COBRA](#)

Benefits Helpline:

Enrollment Help Line

305.995.2777

Enrollment Website

6 a.m. - 10 p.m. / 7 days a week

www.dadeschools.net

Benefits Inquiry

FBMC Service Center

Mon - Fri, 7 a.m. - 8 p.m. ET

1.855.5MDC.PS4U(1.855.632.7748)

Paper Enrollment Form Assistance for Retirees • COBRA • Part-Time (B,E,F,L):

Office of Risk and Benefits Management

1501NE 2nd Avenue, Suite 335

Mon - Fri, 8 a.m. - 4:30 p.m. ET

305.995.2777, www.dadeschools.net

Healthcare Providers

Under Age 65 (Not Medicare Eligible)

Healthcare Plans

Cigna Healthcare

24-hours/Seven days a week

1.800.806.3052

www.Cigna.com

Over Age 65 Healthcare Plans Humana

Humana Customer Service

1.866.396.8810 (TTY: 711)

Hours of service for questions
before enrollment:

8 a.m. – 8 p.m., Monday – Friday

Humana hours of service for all other questions:

Seven days a week from 8 a.m. to 8 p.m.

Our automated phone system may
answer your call after 6 p.m., and on
Saturdays, Sundays, and some holidays;
leave a message and we'll return your call
by the end of the next business day.

www.humana.com

HumanaFirst® 24 Hour Nurse Advice Line

1.800.622.9529 (TTY: 711)

24 hours a day, seven days a week
If you have questions about symptoms
you're experiencing, but aren't sure if
you need to see your doctor, call the
HumanaFirst Nurse Advice Line.

Florida Retirement System (FRS)

1.800.377.7687

MEDICARE

1.800.MEDICARE or 1.800.633.4227,

24 hours/ Seven days a week

TTY: 1.877.486.2048

www.medicare.gov

Social Security Administration

1.800.772.1213

TTY: 1.800.325.0178

www.SSA.gov

Florida Kidcare

1.888.540.5437

www.floridacare.org

FlexPlan Providers

Dental Plans

SafeGuard MetLife DHMO Plans

Customer Service/Claims

Mon - Thur, 8 a.m. - 8 p.m. ET

Fri, 8 a.m. - 5 p.m. ET

1.800.880.1800

www.metlife.com/mybenefits

MetLife Indemnity Plans

Customer Service/Claims

Mon - Thur, 8 a.m. - 8 p.m. ET

Fri, 8 a.m. - 5 p.m. ET

1.800.942.0854

www.metlife.com/mybenefits

Vision Plan

UnitedHealthcare Vision

Customer Service

Mon - Fri, 8 a.m. - 11 p.m. ET

Sat 9 a.m. - 6:30 p.m. ET

1.800.638.3120

Directory

LEGAL PLANS

ARAG® Legal Plan Customer Care
Mon - Fri, 8 a.m. - 8 p.m. ET
1.800.360.5567
ARAGLegalCenter.com
Access Code: 10287mds

ARAG SeniorAdvocate™ Plan

Mon - Fri, 8 a.m. - 8 p.m. ET
1.800.360.5567
ARAGLegalCenter.com,
Access Code: 10287mds

US Legal

Family Defender

Customer Service
1.800.356.LAWS
Available 24/7
<http://home.uslegalservices.net/M-DCPS>

Senior Defender

Customer Service
1.800.356.LAWS
Available 24/7
<http://home.uslegalservices.net/M-DCPS>

The Short-Term & Long-Term Disability Plans

Hartford Life and Accident Insurance Company

Customer Service 305.995.4889
To File a Claim 1.800.741.4306
Medical Underwriting 1.800.331.7234
www.thehartfordatwork.com

Identity Theft Plan

ID Watchdog, Inc.

Customer Service
1.800.970.5182
Mon - Fri, 8 a.m. - 6 p.m. (MST)
www.idwatchdog.com

Hospital Indemnity Coverage

Life Insurance Co. of North America

Customer Service/Claims
Mon - Fri, 7 a.m. - 8 p.m. ET
1.855.MDC.PS4U (1.855.632.7748)

Voluntary Life Insurance and Accidental

Death and Dismemberment (AD&D)

MetLife Voluntary Life Claims

Customer Service
305.995.7029
Mon - Thurs, 8 a.m. - 8 p.m. ET
Fri, 8 a.m. - 5 p.m. ET
1.800.638.6420, option #2

Flexible Spending Accounts

TASC
Customer Service
800.422.4661
Mon - Fri, 8 a.m. - 5 p.m.
www.tasconline.com

401(k)

VISTA 401(k) Plan

P.O. Box 1878
Tallahassee, FL 32302-1878
Customer Service
1.866.325.1278
1.850.425.8345 (FAX)
1.800.213.2310 (IVR)
E-mail: 401k@vista401k.com
www.vista401k.com

Other Important Phone Numbers

For general benefit and enrollment information throughout the year

Miami-Dade County Public Schools

Office of Risk and Benefits Management
Automated Phone System
Mon - Fri, 8 a.m. - 4:30 p.m. ET
305.995.7129
305.995.7130
305.995.7190 FAX

Office of Retirement/Leave/

Unemployment
305.995.7090

Payroll Deduction Control

Automated Phone System
Mon - Fri, 8 a.m. - 4:30 p.m. ET
305.995.1655
305.995.1644 (FAX)

Life Insurance

MetLife Group Life Claims

Customer Service
305.995.7029
Mon - Thurs, 8 a.m. - 8 p.m. ET
Fri, 8 a.m. - 5 p.m. ET
1.800.638.6420, option #2

Table of Contents

2  Directory

5  What's New?

FLEXIBLE SPENDING ACCOUNTS

7  Flexible Spending Accounts (FSAs)

17  FSA Worksheets

DENTAL PLANS

20  Dental

VISION PLAN

43  Vision Plan

IDENTITY THEFT PLAN

47  Identity Theft Plan

LEGAL PLANS

51  ARAG Legal Plan

57  ARAG SeniorAdvocate®

60  US Legal Family Defender

64  US Legal Senior Defender

DISABILITY COVERAGE

66  Short-Term Disability (STD)

69  Long-Term Disability (LTD)

HOSPITAL INDEMNITY COVERAGE

74  Hospital Indemnity Coverage

VOLUNTARY LIFE INSURANCE

77  Voluntary Life Insurance

ACCIDENTAL DEATH AND DISMEMBERMENT

79  Accidental Death & Dismemberment (AD&D)

RATES

87 Full-Time FlexPlan Rates

90 Part-Time (B,E,F,L) FlexPlan Rates

92 Part-Time Food Service FlexPlan Rates

93 COBRA FlexPlan Rates

94 Retiree FlexPlan Rates

The materials contained in this guide do not constitute an insurance certificate or policy. The information provided is intended only to assist in the selection of benefits. Final determination of benefits, exact terms and exclusions of coverage for each benefit plan are contained in certificates of insurance issued by the participating insurance and posted on the benefit website at www.dadeschools.net.

The School Board of Miami-Dade County, Florida reserves the right to amend or to terminate the plans described in this guide at any time, subject to the specific restrictions, if any, in the collective bargaining agreement. In the event of any such amendment or termination, your coverage may be modified or discontinued and the School Board assumes no obligation to continue the benefits or coverages described in this guide.



Healthy Tip:

Get to know your doctor! Now is a great time to schedule an annual physical or check up with your Primary Care Physician (PCP) for yourself and your dependents.

What's New?

This is a changes only enrollment. If you do not make changes, your current benefits will continue. Plan design and premium changes will automatically be adjusted effective January 1, 2014.



It's Benefits Enrollment Time!

**Your Open Enrollment dates are:
November 18, 2013, through December 3, 2013**

**Your Period of Coverage dates are:
January 1, 2014, through December 31, 2014**

Flexible Benefits

- Short-Term Disability coverage continues to be provided at no cost to you. In addition, upgrades to the Short-Term Disability and Long-Term Disability are also being offered.
- Miami-Dade County Public Schools will continue to offer a broad range of high-quality, elective benefits at very competitive prices, including:
 - Dental provider, MetLife Dental, is offering MetLife SafeGuard DHMO, a comprehensive DHMO plan. You will need to choose your dental provider at the time you enroll. Your selected general dentist will refer you directly to a contracted specialty care provider. No additional referral or pre-authorization from SafeGuard, a MetLife Company, is required.
 - MetLife SafeGuard DHMO offers you the option of selecting a dentist of your choice. You are free to choose an in-network or out-of-network dentist. However, when using an out-of-network dentist, the level of coverage is reduced and your out-of-pocket expenses will increase.
 - MetLife Indemnity Dental Plans continue to be offered with a slight increase in premium.
- Vision provider, UnitedHealthcare, offers access to both private practice and retail chain providers that provide quality eye care and materials.
- Choose from two legal plans: The ARAG Group Legal Plan and the US Legal Plan.
- Identity Theft Protection, ID Watchdog, offers identity theft protection by verification of your identity, monitoring, detection and resolution of fraud.
- Hospital Indemnity coverage
- Short-Term Disability upgrades (not offered to Retirees and COBRA Participants)
- Long-Term Disability

>> How to use your benefits guides:

We consolidated all group benefits information, including full and part-time employees, COBRA participants and retirees into the following three benefits guides:

Your Enrollment Guide - provides clickable access to benefits updates, dependent eligibility information, frequently asked questions pertaining to your group and other supporting documentation.

Healthcare Benefits Guide - provides clickable access to healthcare plans and Healthcare Q&A information.

Flexible Benefits Guide - provides clickable access to flexible benefits information.

To view your benefits, simply click on the active links and directional tabs located throughout the guides to easily navigate pages within each guide and seamlessly link from one guide to another.



What's New?



>> Domestic Partner Eligibility Update:

Employees covering a domestic partner of the same sex and legally married are able to add their eligible domestic partner on a tax free basis with proper documentation (marriage certificate)!

Flexible Benefits *continued...*

- MetLife Term Voluntary Life insurance
- MetLife Accidental Death and Dismemberment coverage (Employees represented by AFSCME Union are not eligible for this benefit)
- The School Board provides a Term Life and Accidental Death and Dismemberment (AD&D) program with Metropolitan Life Insurance Company for all **full-time** employees. The coverage amount is either one or two times your annual base salary, rounded up to the next \$1,000. Administrators and Confidential Exempt employees receive two times the annual base salary. All other employees receive one times their annual base salary. The minimum benefit for employees represented by AFSCME is \$10,000. Additional life insurance may be purchased through payroll deduction to bring maximum benefits to an additional, one times the amount provided by the School Board. You will be eligible to increase your coverage to a maximum of five times the annual base salary after the first year of participation in the optional life program. Evidence of Insurability will be required for any increases in coverage. To find out more about Board-Paid Term Life and Accidental Death and Dismemberment, contact the MetLife Representative at 305.995.7029.

A domestic partner and children of a domestic partner will also be taxed on the entire Board-paid dependent subsidy.

Certificates of Coverage

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Flexible Spending Accounts (FSAs)



Advantages of a Flexible Spending Account (FSA)

A valuable pre-tax benefit with innovative services!

FlexSystem FSA increases your take-home pay by reducing your taxable income. A Flexible Spending Account (FSA) allows you to **save up to 30%** on your eligible healthcare and/or dependent care expenses every year by using **pre-tax dollars**.

Consider how much you spend on healthcare and/or dependent care expenses for you and your qualified dependents in one year:

- prescription drugs/medications
- medical/dental office visit co-pays
- eye exams and prescription glasses/lenses
- vaccinations
- daycare tuition

Why not reduce these expenses by using pre-tax dollars instead of after-tax dollars? With rising healthcare costs, **every penny counts!** By using pre-tax dollars, you are taxed on a lower gross salary, thereby saving money that would otherwise be spent on federal, state and FICA taxes, and thereby you **increase your take home pay!**

Employee salary reductions to a medical Flexible Spending Account (FSA) are limited to \$2,500 per Plan Year, indexed for inflation. Check with your employer for your Plan's maximum annual election amount.

How FlexSystem Works

FlexSystem FSA is offered through your employer and is administered by TASC. When you choose to enroll in a FlexSystem FSA Healthcare and/or Dependent Care, you choose the dollar amount you want to contribute to each account based on your estimated expenses for the upcoming Plan Year. Your contributions will be deducted in equal amounts from each paycheck, **pre-tax**, throughout the Plan Year. **The more you contribute to these accounts, the more you save by paying less in taxes!** Your total Healthcare FSA annual contribution amount is available immediately at the start of the Plan Year; Dependent Care FSA funds are available up to the current account balance only.

Reimbursements and the TASC Card

As you incur eligible expenses, simply submit a request for reimbursement to TASC to receive reimbursement from FlexSystem, up to the amount of your annual contribution. FlexSystem offers multiple methods for requesting a reimbursement: MyTASC Mobile App, online, text message, fax, or mail.

For additional convenience, you will be issued a **TASC Card** to directly access your FlexSystem funds when paying for eligible expenses at the point of purchase, which eliminates the need for requesting a reimbursement. On the rare occasion when you don't use your TASC Card to pay for an eligible expense, simply submit a request for reimbursement. Your reimbursement is deposited into your MyCash account. You can access your MyCash funds in three ways: (1) swipe your TASC Card at any merchant that accepts Visa, (2) withdraw at an ATM, or (3) transfer to a personal bank account from MyCash Manager within MyTASC.

FlexSystem Healthcare FSA FlexSystem Dependent Care FSA

Pre-Tax Savings Example

	Without FSA	With FSA
Gross Monthly Pay:	\$3,500	\$3,500
Pre-Tax Contributions		
Medical/Dental Premiums	\$0	-\$125
Medical Expenses	\$0	-\$75
Dependent Care Expenses	\$0	-\$400
TOTAL:	\$0	-\$600
Taxable Monthly Income	\$3,500	\$2,900
Taxes (federal, state, FICA):	-\$968	-\$802
Out-of-pocket Expenses:	-\$600	\$0
Monthly Take-home Pay:	\$1,932	\$2,098

Net Increase in Take-Home Pay = \$166/mo!
For illustration only. Actual dollar amounts may vary.



Flexible Spending Accounts (FSAs)

FSA Eligible Expenses

FlexSystem FSA funds may only be used for eligible expenses under your healthcare FSA and/or dependent care FSA. Some eligible expenses include:

- Medical care services
- Prescriptions
- Dental care services
- Certain over-the-counter medications
- Vision care expenses
- Daycare tuition

More detailed lists can be found at www.irs.gov in IRS Publications 502 & 503. Please note insurance premiums are NOT eligible for reimbursement.

*33 million Americans
save up to 30%
every year
by participating
in an FSA.*

2009 Nielson Consumer Research

Multiple Methods for Account Management

You may use any of the following self-service options to access your FlexSystem accounts and TASC Card transactions:

- **MyTASC Online:** www.tasconline.com
- **MyCash Manager:** within MyTASC at www.tasconline.com
- **MyTASC Mobile App:** free download at www.tasconline.com/mobile
- **MyTASC Text Messaging:** elect through your MyTASC account online

*Online enrollment and
account management.*

*Online tax-savings
calculator to help
determine how much
to contribute.*

*Convenient pre-tax
payroll deductions.*

*Benefits debit card for
eligible purchases.*

*Mobile app for account
access on the go.*

Multiple self-service tools.

Fast reimbursements.

Important Considerations

FSA Funds do not Rollover:

It is important to be conservative in making elections because any unused funds left in your FSA at the close of the Plan Year are not refundable to you. You are urged to take precautionary steps, such as tracking account balances on the FlexSystem website and/or using the Interactive Voice Response System, to avoid having funds remaining in your account at year-end.

Using the Grace Period, or purchasing eligible over-the-counter items are ways to utilize leftover FSA funds.

Changing Elections During the Plan Year:

You may change your FSA elections during the Plan year only if you experience a change of status such as:

- a marriage or divorce
- birth or adoption of a child, or
- a change in employment status

Refer to the Change of Election Form (available from your employer) for a complete list of circumstances acceptable for changing elections mid-year.

Sign up for FlexSystem and keep more money in your pocket!



Flexible Spending Accounts (FSAs)



FSA Eligible Expenses

Healthcare expenses eligible for reimbursement.

Over-the-counter (OTC) medicines and drugs, except for insulin, require a prescription from your physician to be reimbursed from your Healthcare FSA. The prescription will need to be included with each OTC medicine or drug claim request submitted. Health-related supplies purchased over-the-counter continue to be eligible without additional documentation. Below is a sample list of permissible expenses reimbursable through a Full Scope Healthcare Flexible Spending Account (FSA) that are incurred by you, your spouse, or qualified dependents. Please note a Limited Purpose Healthcare FSA only allows dental and vision expenses.

FlexSystem FSA Healthcare

Medical Expenses

- Acupuncture
- Artificial limbs
- Bandages
- Birth control, contraceptive devices
- Birthing classes/Lamaze – only the mother's portion (not the coach/spouse) and the class must be only for birthing instruction, not child rearing
- Blood pressure monitor
- Blood sugar test kits/test strips
- Chiropractic therapy/exams/adjustments
- Contact lens and contact lens solutions
- Co-payments
- Crutches (purchased or rented)
- Deductible and co-insurance
- Diabetic supplies
- Eye exams
- Eyeglasses, contacts, or safety glasses, prescription only (warranties are not reimbursable)
- Flu shots
- Hearing aids and hearing aid batteries (warranties are not reimbursable)
- Heating pad
- Incontinence supplies
- Infertility treatments
- Insulin
- Lactation expenses (breast pumps, etc.)
- Laser eye surgery; LASIK
- Legal sterilization
- Medical supplies to treat an injury or illness
- Mileage to and from doctor appointments
- Nasal strips
- Optometrist's or ophthalmologist's fees
- Orthopedic inserts
- Physicals

- Physical therapy (as medical treatment)
- Physician's fee and hospital services
- Pregnancy test
- Prescription drugs and medications
- Psychotherapy, psychiatric and psychological service
- Reading glasses
- Sales tax on eligible expenses
- Services connected with donating an organ
- Sleep apnea services/products (as prescribed)
- Smoking cessation programs
- Treatment for alcoholism or drug dependency
- Vaccinations
- Wrist supports, elastic wraps
- X-ray fees

OTC Medicines and Drugs

Purchases require a prescription or an OTC Prescription Order Form for reimbursement:

- Bengay, Flexall, pain relieving creams or gels
- Calamine lotion
- Canker/cold sore relievers
- Cold medicines
- Corn removal
- Diaper rash ointment
- GasX, baby gas drops
- Hemorrhoid creams and treatments
- Hydrogen Peroxide or rubbing alcohol
- Indigestion or anti-acid relievers
- Laxatives
- Nicotine patch
- Pain relievers (Tylenol, Advil, Aspirin, etc)
- Sinus medicines
- Suppositories
- Teething gel
- Wart removal medication



Flexible Spending Accounts (FSAs)

Additional healthcare expenses eligible for reimbursement.

Dental Expenses

- Braces and orthodontic services
- Cleanings
- Crowns
- Deductibles, co-insurance
- Dental implants
- Dentures, adhesives
- Fillings

FlexSystem FSA Healthcare



For the Disabled

- Automobile equipment and installation costs for a disabled person in excess of the cost of an ordinary automobile; device for lifting a mobility impaired person into an automobile
- Braille books and magazines in excess of cost of regular editions
- Note-taker, cost of, for a hearing impaired child in school
- Seeing eye dog (buying, training and maintaining)
- Special devices, such as a tape recorder or typewriter for a visually impaired person
- Visual alert system in the home or other items such as a special phone required for a hearing impaired person
- Wheelchair or autoeette (cost of operating/maintaining)

Healthcare Expenses *Requiring Additional Documentation*

Following are some expenses eligible only when incurred to treat a diagnosed medical condition. This type of expense requires a Letter of Medical Necessity from your physician to be submitted along with your request for reimbursement that contains the medical necessity of the expense, the diagnosed condition, the onset of the condition and the physician's signature.

- Ear plugs
- Massage treatments
- Nursing services for care of a special medical ailment
- Orthopedic shoes (excess cost of ordinary shoes)
- Oxygen equipment and oxygen
- Support hose
- Varicose vein treatment
- Veneers
- Vitamins and supplements
- Wigs (for mental health condition of individual who loses hair because of a disease)

Flexible Spending Accounts (FSAs)

Healthcare expenses NOT eligible for reimbursement.

FlexSystem FSA Healthcare

Ineligible Expenses for FSA Healthcare

- Athletic mouth guards
- Auto insurance providing medical coverage
- Chapstick/lip balm
- Contributions to state disability funds
- Cosmetic surgery, cosmetic dentistry or other cosmetic procedures
- Cosmetic supplies (make up, facial soaps/creams and moisturizers, etc)
- Deodorant
- Dental floss
- Diaper service
- Diet: special diets and/or cost of special foods taken as substitute for regular diet
- Dietary and fiber supplements
- Divorce: expenses of divorce when doctor or psychiatrist recommends divorce
- Distilled water purchased to avoid drinking fluoridated city water or for use in medical equipment
- Domestic help: payments to domestic help, companion, babysitter, chauffeur, etc. who primarily render services of a non-medical nature
- Electrolysis/hair removal
- Exercise equipment and fees
- Eye drops for general comfort
- Eyeglass cases
- Hand sanitizer
- Health club or athletic club membership fees
- Herbal supplements
- Illegal treatment or medication
- Insurance premiums, all types
- Lanyards
- Lotions or skin moisturizers
- Marriage counseling
- Maternity clothes
- Mattress
- Medicare premiums
- Medicated shampoos, conditioners, and soaps
- Mobile telephone used for personal calls as well as calls to physician
- Nursemaids or practical nurses who render general care for healthy infants
- OTC drugs/medications without a prescription (effective January 1, 2011)
- Pajamas/slippers purchased to wear in hospital
- Personal use items (toothbrush, vacuum, pillow, shampoo, mattress, etc)
- Physical treatment unrelated to specific health problems (massage for general well-being, stress, depression, or chiropractic wellness program)
- Premiums for coverage through other medical plans (i.e., spouse's employer-sponsored plan or individual plan)
- Private hospital rooms
- Safety glasses (non-prescription)
- Special foods purchased to replace nutrition or for general health needs, such as diet foods.
- Sun Glasses (non prescription) and Sun Clips
- Teeth whitening
- Toiletries
- Toothbrush (includes prescribed electric ones)
- Toothpaste
- Vacuum cleaner purchased by an individual with dust allergy
- Vitamins and supplements for well-being
- Warranties
- Weight loss drugs/programs for general well being



Flexible Spending Accounts (FSAs)

Dependent Care expenses eligible for reimbursement.

The following dependent care expenses are permissible for reimbursement through a Section 125 Flexible Spending Account. Please refer to your FlexSystem FSA Summary Plan Description (SPD).

FlexSystem FSA Dependent Care

Eligible Expenses for FSA Dependent Care

Eligible dependent care expenses must be employment related.

- Day Camp -- primary purpose must be custodial care and not educational in nature
- Dependent care expenses that are necessary for you (and your spouse) to work, actively look for work, or attend school full-time.
- Dependent care for a child under age 13
- FICA/FUTA taxes of day care provider
- Late pick up fees
- Nanny expenses attributed to dependent care
- Nursery school (Pre-School)
- Registration fees -- when allocated to dependent care services that have been provided

* The Dependent Care FSA is used to pay for expenses related to the physical care for children under the age of 13 or for elderly dependents who reside with you. No medical costs are covered by the Dependent Care FSA; use the Healthcare FSA for medical expenses incurred by you and your dependents.



Flexible Spending Accounts (FSAs)



Employee Savings Worksheet

Answer these questions to find out how much money you can save with a FlexSystem Flexible Spending Account (FSA)!

Medical Expenses

Do you or a member of your family incur medical expenses which are not reimbursed by insurance? Approximately how much are these expenses annually?

Medical deductible, co-insurance	\$ _____
Medical and prescription co-payments	\$ _____
Dental deductible, co-insurance, or co-payments	\$ _____
Immunizations and vaccinations	\$ _____
Annual exams and physicals	\$ _____
Orthodontic expenses	\$ _____
Vision exams	\$ _____
Eyeglasses and contact lenses	\$ _____
Hearing exams	\$ _____
Other expenses	\$ _____

Total uninsured medical expenses (January 1–December 31, 2014) \$ _____

Divide the total by the number of payroll deductions in the Plan Year.

This is the amount taken from each paycheck and deposited into your Medical FSA: \$ _____

Notes:

- Minimum annual contribution is \$200. Maximum contribution cannot exceed \$2,500 per Plan Year.
- Medical expenses incurred primarily for cosmetic reasons, including orthodontic procedures, are not eligible for reimbursement.
- Your FSA reimbursement checks may be deposited into your checking or savings account by enrolling in Direct Deposit. To manage your reimbursements, log in to your MyTASC account (www.tasconline.com) or call Customer Care at 1-800-422-4661.
- Contribute conservatively. Reimbursements of funds for services incurred outside of the current Plan Year are not permitted. Funds remaining in the account at the end of the Plan Year will be forfeited.

Dependent Care

Multiple your weekly day care expenses by the number of weeks you expect to have the expense during this Plan Year (January 1–December 31, 2014). \$ _____

Divide the total by the number of payroll deductions in the Plan Year.

This is the amount taken from each paycheck and deposited into your Dependent Care FSA. (Amount cannot exceed your maximum tax filing status.) \$ _____

Notes:

- January 1, 2014 applies to new Participants only.
- Minimum annual contribution is \$250. Maximum contribution is \$5,000 per Plan Year (based on your tax filing status).
- Your FSA reimbursement checks may be deposited into your checking or savings account by enrolling in Direct Deposit. To manage your reimbursements, log in to your MyTASC account (www.tasconline.com) or call Customer Care at 1-800-422-4661.
- Contribute conservatively. Reimbursements of funds for services incurred outside of the current Plan Year are not permitted. Funds remaining in the account at the end of the Plan Year will be forfeited.



Flexible Spending Accounts (FSAs)



Dependent Care Qualifications

FSA eligibility criteria for Dependent Care expenses

A Section 125 Cafeteria Plan (FlexSystem FSA) allows for the inclusion of Dependent Care (Section 129 of the Internal Revenue Code) benefits. Eligibility for the dependent care benefit requires that certain criteria be met with respect to the expense, the provider, etc.

FlexSystem FSA Dependent Care

- A) **The dependent care expenses must be work related.** The care must be necessary for the employee and the employee's spouse to work, to look for work, or to attend school full-time, or if they are physically unable to care for their children.
- B) **The dependent care expenses provided during a calendar year cannot exceed \$5,000.** In the case of a separate return by a married individual, the limit is \$2,500. This amount may be less if the employee's earned income or spouse's earned income is less than \$5,000.

The dependent care expenses must be for the care of one or more qualifying persons. A qualifying person is one of the following:

- A) A dependent who was under age 13 when the care was provided and for whom an exemption can be claimed.
- B) A spouse who was physically or mentally not able to care for himself or herself, and lived with you for more than half the year.
- C) A dependent who was physically or mentally not able to care for himself or herself and for whom an exemption can be claimed, and lived with you for more than half the year.

To receive the dependent care benefit, one must follow these procedures:

- A) All persons and organizations that provide dependent care for a qualified person must be identified. This information is requested on Form 2441. The name, address, and taxpayer identification number of the provider must be included. Under certain circumstances, the taxpayer identification number will be a social security number.
- B) If the care is being provided by a center that cares for more than six persons, the center must comply with all state and local regulations.
- C) Payments made to relatives who are not dependents can be included. However, do not include amounts paid to a dependent for whom you can claim an exemption or for your child who is under age 19 at the end of the year, regardless of whether he or she is your dependent.
- D) Use Form W-10 to request the required information from the care provider.

Continued on back...



Flexible Spending Accounts (FSAs)

Special rules apply to children of divorced or separated parents:

Even if you cannot claim your child as a dependent, he or she is treated as your qualifying person if all of the following are true:

- The child was under age 13 or was not physically or mentally able to care for himself or herself.
- One or both parents provided more than half of the child's support for the year and are divorced, legally separated, or lived apart at all times during the last 6 months of the calendar year.
- One or both parents had custody of the child for more than half of the year.
- You were the child's custodial parent. The custodial parent is the parent having custody for the greater portion of the calendar year. If the child was with both parents for an equal number of nights the parent with the higher adjusted gross income is the custodial parent.

A non-custodial parent that is entitled to claim the child as a dependent on their tax return may not treat the child as a qualifying individual for the dependent care benefit even when that parent is financially responsible for providing the care. Only one parent (the custodial parent) may qualify for the dependent care benefit for a taxable year. The regulations do not provide any relief for a non-custodial parent that incurs dependent care expenses for the portion of the year in which they have custody of the child to enable the non-custodial parent to work.

Eligible and Ineligible Expenses for FSA Dependent Care (partial list):

Eligible Expenses (must be employment related)

- FICA/FUTA taxes of dependent care provider.
- Nanny expenses attributed to dependent care.
- Nursery school (preschool).
- Late pick up fees.
- Day Camp – primary purpose must be custodial care and not educational in nature.
- Day care when one parent is working and the other is sleeping during daytime hours.

Ineligible Expenses

- Kindergarten.
- Activity fees/supplies.
- Late payment charges.
- Overnight camp.
- Transportation.
- Fees paid to a provider not reporting the income to the IRS.

For more information regarding dependent care expenses, please review IRS Publication 503.



Flexible Spending Accounts (FSAs)



TASC Mobile Tools

Easily access your FlexSystem FSA while on the go!

TASC Mobile offers a mobile app and text messaging capabilities to you as a FlexSystem participant, giving you quick and easy access to your account(s) from anywhere and at any time from your mobile handheld device.

Now you can securely check real-time balances, request a reimbursement, upload receipts, view transaction details, and review plan information and contributions...*all while on the go!*

MyTASC Mobile App

The MyTASC Mobile App is a free download from the Apple iStore® and Android Market™ for smartphones and tablets. Once downloaded, you are able to securely log-in with your current MyTASC username and password.

Conveniently perform the following functions with the MyTASC Mobile App:

- **Submit a request for reimbursement for out-of-pocket FSA expenses.**
- **Upload pictures of receipts with phone camera.**
- **View real-time account balances and transactions for active and closing plans and your MyCash account.**
- **Review FlexSystem Plan information and annual contributions.**
- **Securely log-in with MyTASC username and password.**
- **Enable log-in memory for faster return access (per device).**
- **Access a help screen for system assistance.**

Download the MyTASC Mobile App on your mobile phone today for easy, secure and convenient account access. *It's free!*



To learn more about TASC Mobile, download the mobile app, and obtain texting instructions, please go to:
www.tasconline.com/mobile.

TASC Mobile is available for the following FlexSystem Accounts (where applicable):

- FlexSystem Healthcare FSA
- FlexSystem Dependent Care FSA
- FlexSystem Transportation FSA

MyTASC Text Messaging (SMS)

MyTASC Text messaging (SMS) is available for convenient access to your FlexSystem account(s) from your mobile phone through instant two-way communication.

- Request your current account balance.
- Request a Reimbursement.
- Receive automated reimbursement status alerts.

Activate MyTASC Text Messaging and/or e-mail notifications online by logging in to your MyTASC account and selecting these options under your "Profile".

FlexSystem Text Notifications
FSA Account Text Messaging Instructions

Account Balance Check
Text TASC BAL to number 41411

Request for Reimbursement (RFR) Submission
Text TASC RFR <Service Code> <Store> <\$Amount> to 41411
Example: TASC RFR MD Walgreens \$5

Service Codes

MD-Medical	RX-Prescription	OT-Over the Counter	MP-Medical Preventive
DN-Dental	VS-Vision	DC-Dependant Care	
PK-Parking	MT-Mass Transit	IP-Individual Premiums	

FSA Worksheets



Online Request for Reimbursement Wizard

Submit a request with substantiation in seconds

This handy online request form makes the claims submittal process much easier, faster, and more accurate than hand-written forms. You can upload receipts online at your convenience—*no more faxing or mailing receipts!*

FlexSystem Participants now have two easy ways to submit requests for reimbursement *along with substantiation* in one simple action: the MyTASC Request for Reimbursement Wizard and the MyTASC Mobile App (for Apple and Android devices). Either way, it takes only a minute to submit a complete claim from start to finish.

Hundreds of thousands of Participants are enjoying the convenience and ease of online reimbursement requests! With the click of a button the request for reimbursement is instantly in our hands for processing; no need to wonder if a faxed form reached us or not.

This innovative tool makes it easier than ever to manage your claims.

To submit substantiation for an existing claim

You can submit substantiation for previously submitted claims by clicking Upload Receipt next to the Submitted RFR in the Account Management, Reimbursements section in MyTASC.

To submit a new claim

1. **Log in to your MyTASC account** (www.tasconline.com) and click Request for Reimbursement Wizard.
2. **Add New Request:** Enter Service Type, Service Date, Service Description, and Amount Paid.
3. **Upload Receipts:** Upload a file (up to 5 MB) in a JPG, PNG, TIFF, or PDF format. Click Choose File, locate the file to upload, then click Attach File.
4. **Submit Request:** Check the agreement box next to the disclaimer and click Submit.
5. **Submitted Requests:** A record of the request(s) submitted in this session will appear at the bottom of the page.
6. **Your reimbursement will be back in your hands within 24-48 hours!**



Flexible Spending Accounts (FSAs)



MyCash Reimbursement Account

Convenient access to your reimbursement funds

MyCash is an individual cash account that securely holds your reimbursement funds until you spend or move them.

On those rare occasions when you do not use your TASC Card to pay for an eligible employee benefits expense, simply submit a request for reimbursement via the MyTASC Mobile app or online Request for Reimbursement Wizard in MyTASC (www.tasconline.com).

Requests are processed daily and approved reimbursements are deposited directly into your MyCash account—usually within 24-48 hours. Reimbursements are quick—even faster than with direct deposit!

Then you choose how to use your MyCash funds. There are no restrictions on type of expense or merchant. These are your reimbursement funds and can be spent just like cash everywhere Visa is accepted.



What are you going to do with your MyCash funds? It's your choice!

Access your MyCash funds in three ways:

- SWIPE your TASC Card at any merchant that accepts Visa.
- WITHDRAW at an ATM (with a PIN) using your TASC Card.
- TRANSFER to a personal bank account via MyCash Manager.

"I submitted a manual request for reimbursement and about a day later my reimbursement was ready for me in my MyCash account. I was able to use my TASC Card at the grocery store to pay for my purchase using my MyCash. The whole process was so easy and convenient!"

—Shari, FlexSystem Participant

Join the MyCash Movement

Hundreds of thousands of FlexSystem Participants are enjoying the convenience of MyCash in their daily lives! You can, too.

"With MyCash, my money is back in my hands in a day or two and I don't ever have to make a trip to the bank for a deposit or withdrawal."

—Patti, FlexSystem Participant

Did you know...

- 93% of FlexSystem Participants have the TASC Card.
- 95% of TASC Card holders have access to MyCash.
- While 84% of reimbursements are paid via the TASC Card at the point of purchase, 56% of Participants who submit manual requests for reimbursement and receive MyCash disbursements choose to access their MyCash with the swipe of their TASC Card.
- Participants swipe their cards for MyCash transactions more than 800 times a day!



Flexible Spending Accounts (FSAs)

New to FlexSystem or MyCash?

All new FlexSystem Participants will receive reimbursement disbursements via MyCash. They may access their MyCash funds via the swipe of their TASC Card at any merchant or ATM that accepts Visa, or transfer via the MyCash Manager in MyTASC.

When MyCash is activated for existing Participants, the Participants' disbursement schedules will remain unchanged. If a Participant currently receives disbursements via direct deposit or check, the Participant will continue to get his/her reimbursements by direct deposit or check until the Participant changes his/her MyCash Schedule.

To move from an automatic transfer (direct deposit or paper check) to MyCash via the TASC Card, login to MyTASC (www.tasconline.com), click MyCash Manager, select MyCash Schedules from the dropdown menu, and click the black X next to your current schedule. Your next reimbursement will be deposited in MyCash.

MyCash Manager

Login to your MyTASC account and click MyCash Manager.

It's easy to view and manage your MyCash funds from your private MyCash Manager, a state-of-the-art web tool within MyTASC designed exclusively for the management of your MyCash funds.

MyCash Available Balance: \$473.00 Current activity may not be reflected in the current balance displayed.

Recent Activity

DAVID A BARAN Make a Transfer Request ATM PIN Note: Recent Activity may not be reflected in the current balance displayed.

Date	Description	Card Number	Amount	Balance
10/28/2011	Deposit: FlexSystem Reimbursement		\$473.00	\$473.00

- View recent MyCash reimbursements, transfers, ATM withdrawals, and/or TASC Card transactions.
- View TASC Card information, reissue a card, request a PIN, view allowed benefits, request a dependent card, and view card history.
- Save bank account details to easily schedule transfers from MyCash to a personal bank account.
- Make quick, one-time, recurring, or automatic transfers to a personal checking or savings account.

When combining healthcare and general items in one transaction, the TASC Card is smart enough to know that eligible items are paid from your MyBenefits account and ineligible items are paid from MyCash.

Get it Faster!
**JOIN THE MYCASH
MOVEMENT**

Making MyCash Transfers

The industry-exclusive tools in MyCash Manager let you make transfers how and when it's convenient for you!

Using a robust set of options, you may transfer funds from MyCash to a personal savings or checking account any time from anywhere.

Choose Transfer Method:

Account Information

Account Type:

Routing Number:

Routing Bank: ANY BANK USA

Account Number:

Re-enter Account Number:

Account Name (Optional):

Transfer Options: One Time Recurring Automatic

Transfer Type: By Date By Amount

Choose from four types of transfers:

Quick Transfer

A single, instant transfer with no bank account details saved unless a saved bank account is selected.

One Time Transfer

A single transfer scheduled in advance using saved or new bank account details, based on date or amount.

Recurring Transfer

Multiple transfers scheduled in advance using saved or new bank account details, based on date or amount.

Automatic Transfer

Repeated transfers scheduled to occur to a selected bank account every time funds enter MyCash (same as direct deposit).



Dental

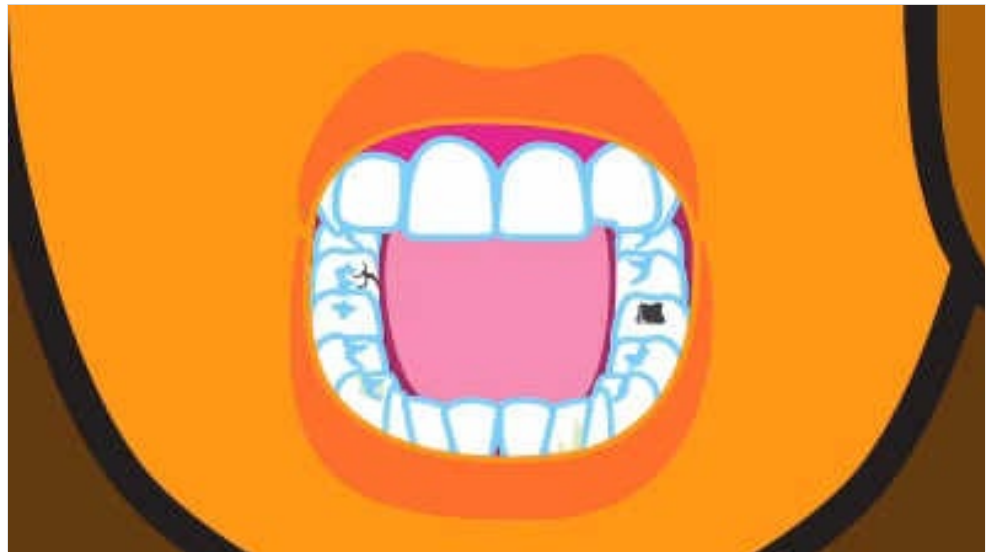


You may choose one of four dental plans, offered by SafeGuard, a MetLife Company and Metropolitan Life. Select one of the SafeGuard DHMO Plans or one of the MetLife Indemnity Plans. See the comparison chart on the following page for all four plans.

>> Benefit Eligibility Note:

- All M-DCPS groups, except Part-Time Employees, are eligible to enroll in the SafeGuard DHMO Dental plans or MetLife Indemnity Dental plans offered by the School Board.
- Current COBRA Participants may only continue to enroll in the SafeGuard DHMO Dental plans or MetLife Indemnity Dental plans if you were previously enrolled.
- See eligibility section for more details.

[Click to play Dental Video:](#)



Healthy Tip:



Preschedule your next dental appointment at the end of your dental visit to maintain routine treatment for yourself and your family members.



Dental

MetLife Dental Comparison Chart

	SAFEGUARD (Standard DHMO) SGC1033	SAFEGUARD (High DHMO) SGC1034	METLIFE Standard Plan		METLIFE High Plan	
	<ul style="list-style-type: none"> • Low co-payments • No deductible • Use panel dentist 	<ul style="list-style-type: none"> • Low co-payments • No deductible • Use panel dentist 	<ul style="list-style-type: none"> • In-Network* and Out-of-Network Benefits • Choose a MetLife Preferred Dentist for lower out-of-pocket costs 			
ANNUAL CALENDAR YEAR DEDUCTIBLE (deductible applies to)	None N/A	None N/A	IN-NETWORK* None N/A	OUT-OF-NETWORK \$50/person \$150/family (types A,B,C)	IN-NETWORK* \$50/person \$150/family (types B,C)	OUT-OF-NETWORK \$50/person \$150/ family (types A,B,C)
Annual calendar year maximum benefit (per person)	None	None	\$1500 (types A,B,C)	\$1500 (types A,B,C)	\$1500 (types A,B,C)	\$1500 (types A,B,C)
	EMPLOYEE PAYS	EMPLOYEE PAYS	EMPLOYEE PAYS	PLAN PAYS	PLAN PAYS	PLAN PAYS
TYPE A						
Office visit	\$5	\$5	No Charge	90% of PDP fees**	100% of PDP fees*	100% of PDP fees**
Oral exam	No Charge	No Charge	\$5	90% of PDP fees**	100% of PDP fees*	100% of PDP fees**
Prophylaxis (routine cleaning)	No Charge	No Charge	\$15	90% of PDP fees**	100% of PDP fees*	100% of PDP fees**
TYPE B						
Amalgam (fillings)						
2 surface (adult)	\$25	No Charge	\$45	60% of PDP fees**	80% of PDP fees*	80% of PDP fees**
3 surface (adult)	\$30	No Charge	\$55	60% of PDP fees**	80% of PDP fees*	80% of PDP fees**
TYPE C						
Endodontics (root canals)						
Anterior	\$200	\$80	\$300	30% of PDP fees**	50% of PDP fees*	50% of PDP fees**
Bicuspid	\$210	\$115	\$355	30% of PDP fees**	50% of PDP fees*	50% of PDP fees**
Molar	\$310	\$200	\$490	30% of PDP fees**	50% of PDP fees*	50% of PDP fees**
Partial Dentures						
Resin Base	\$375	\$240	\$420	30% of PDP fees**	50% of PDP fees*	50% of PDP fees**
Cast Metal Framework	\$375	\$260	\$820	30% of PDP fees**	50% of PDP fees*	50% of PDP fees**
Periodontics (gum treatment)						
	\$45 (1-3 teeth)	\$30 (1-3 teeth)				
	\$60 (4 or more teeth)	\$40 (4+ teeth)	\$85 per quadrant	30% of PDP fees**	50% of PDP fees*	50% of PDP fees**
Scaling & root planing	\$248 (1-3 teeth)	\$210 (1-3 teeth)	\$460 per quadrant	30% of PDP fees**	50% of PDP fees*	50% of PDP fees**
Osseous surgery	\$330 (4+ teeth)	\$295 (4+ teeth)				
Crowns						
Porcelain to metal	\$370	\$280	\$475	30% of PDP fees**	50% of PDP fees*	50% of PDP fees**
Post & Core (in addition to crown)	\$60	\$60	\$125			
Cosmetic Procedures						
Labial veneers (bonding)	\$350	\$280	N/A	N/A	N/A	N/A
Tooth bleaching	\$125/Arch R&C less 25%	\$125/Arch R&C less 25%	N/A	N/A	N/A	N/A
TYPE D						
Orthodontia (braces)						
Evaluation	\$35	\$0		50% of PDP fees**	50% of PDP fees*	50% of PDP fees**
Treatment plan & records	\$250	\$250		50% of PDP fees**	50% of PDP fees*	50% of PDP fees**
Child	\$2095	\$1800		50% of PDP fees**	50% of PDP fees*	50% of PDP fees**
Adult	\$2095	\$1800		50% of PDP fees*	50% of PDP fees*	50% of PDP fees**
Lifetime maximum benefit per person	N/A	N/A	\$2100	\$1500	\$1500	\$1500

† South Florida (Area 1 & 2) consists of zip codes that begin with the digits 330, 331, 332, 333 and 334. If you do not reside in a zip code that begins with these digits, please contact MetLife at 1.800.942.0854 for a more accurate in-network schedule of benefits and fees.

* In-Network: Member pays balance of PDP fees, after plan pays.

** Out-of-Network: Member pays balance of PDP fees, in addition to the remaining balance of claim. Balance equals the difference between total claim and PDP fee. For information about PDP fees in your area, contact MetLife directly at 1.800.942.0854.

Any co-payment or out-of-pocket cost may be reimbursed through your Medical Expense FSA.

See Page 9 for a partial list of eligible expenses or visit Tasc's website at www.tasconline.com for the full version of eligible expenses.



Dental

SafeGuard Standard DHMO Plan

This Schedule of Benefits lists the services available to you under your SafeGuard plan, as well as the co-payments associated with each procedure. There are other factors that impact how your plan works and those are included here in the Exclusions and Limitations. SafeGuard is an affiliate of MetLife.

During the course of treatment, your SafeGuard selected general dentist may recommend the services of a dental specialist. Your SafeGuard selected general dentist will refer you directly to a contracted SafeGuard specialty care provider; no additional referral or pre-authorization from SafeGuard is required. However, you cannot go to a specialist without a referral/recommendation from the general dentist.

In addition, all non-listed services are available with your SafeGuard selected general dentist or specialty care dentist at 75% of their usual and customary fees.

Missed Appointments: If you need to cancel or reschedule an appointment, you should notify the dental office as far in advance as possible. This will allow the dental office to accommodate another person in need of attention. There could be up to a \$25 charge for missed appointments.

Schedule of Benefits

D0120	Periodic oral evaluation	\$0	D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedure	\$50
D0140	Limited oral evaluation - problem focused	\$0	D0460	Pulp vitality tests	\$0
D0145	Oral Evaluation for a patient under three years of age and counseling with primary caregiver	\$0	D0470	Diagnostic casts	\$0
D0150	Comprehensive oral evaluation - new or established patient	\$0	D0472	Accession of tissue, gross examination, preparation and transmission of written report	\$0
D0160	Detailed and extensive oral evaluation - problem focused, by report	\$0	D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	\$0
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	\$0	D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	\$0
D0180	Comprehensive periodontal evaluation - new or established patient	\$20	D0486	Laboratory accession of brush biopsy sample, microscopic examination, preparation and transmission of written report	\$0
	• Office visit - per visit (including all fees for sterilization and/or infection control)	\$5			
Radiographs / Diagnostic Imaging			Member Pays		
D0210	Intraoral - complete series (including bitewings)	\$0	Preventive Services		
D0220	Intraoral - periapical first film	\$0	D1110	Prophylaxis - adult	\$0
D0230	Intraoral - periapical each additional film	\$0		• Additional - adult prophylaxis, with or without fluoride (maximum of 2 additional per year)	\$35
D0240	Intraoral - occlusal film	\$0	D1120	Prophylaxis - child	\$0
D0250	Extraoral - first film	\$0		• Additional - child prophylaxis, with or without fluoride (maximum of 2 additional per year)	\$35
D0260	Extraoral - each additional film	\$0	D1203	Topical application of fluoride (prophylaxis not included) - child	\$0
D0270	Bitewing - single film	\$0	D1204	Topical application of fluoride (prophylaxis not included) - adult	\$0
D0272	Bitewings - two films	\$0	D1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients	\$0
D0273	Bitewings- three films	\$0	D1310	Nutritional counseling for control of dental disease	\$0
D0274	Bitewings - four films	\$0	D1320	Tobacco counseling for the control and prevention of oral disease	\$0
D0277	Vertical bitewings – 7 to 8 films	\$0	D1330	Oral hygiene instructions	\$0
D0330	Panoramic film	\$0			
D0350	Oral/facial photographic images	\$0			
Tests and Examinations			Member Pays		
D0415	Collection of microorganisms for culture and sensitivity	\$0			
D0425	Caries susceptibility tests	\$0			

Any co-payment or out-of-pocket cost may be reimbursed through your Medical Expense FSA.

See Page 9 for a partial list of eligible expenses or visit Tasc's website at www.tasconline.com for the full version of eligible expenses.



Dental

SafeGuard Standard DHMO Plan

D1351 Sealant - per tooth	\$0	D2712 Crown - 3/4 resin-based composite (indirect)	\$370
D1510 Space maintainer - fixed - unilateral	\$65	D2720 Crown - resin with high noble metal	\$370
D1515 Space maintainer - fixed - bilateral	\$65	D2721 Crown - resin with predominantly base metal	\$370
D1520 Space maintainer - removable - unilateral	\$105	D2722 Crown - resin with noble metal	\$370
D1525 Space maintainer - removable - bilateral	\$105	D2740 Crown - porcelain/ceramic substrate	\$370
D1550 Re-cementation of space maintainer	\$15	D2750 Crown - porcelain fused to high noble metal	\$370
D1555 Removal of fixed space maintainer	\$15	D2751 Crown - porcelain fused to predominantly base metal	\$370
D2140 Amalgam - one surface, primary or permanent	\$20	D2752 Crown - porcelain fused to noble metal	\$370
D2150 Amalgam - two surfaces, primary or permanent	\$25	D2780 Crown - 3/4 cast high noble metal	\$370
D2160 Amalgam - three surfaces, primary or permanent	\$30	D2781 Crown - 3/4 cast predominantly base metal	\$370
D2161 Amalgam - four or more surfaces, primary or permanent	\$35	D2782 Crown - 3/4 cast noble metal	\$370
D2330 Resin-based composite - one surface, anterior	\$35	D2783 Crown - 3/4 porcelain/ceramic	\$370
D2331 Resin-based composite - two surfaces, anterior	\$40	D2790 Crown - full cast high noble metal	\$370
D2332 Resin-based composite - three surfaces, anterior	\$50	D2791 Crown - full cast predominantly base metal	\$370
D2335 Resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$55	D2792 Crown - full cast noble metal	\$370
D2390 Resin-based composite crown, anterior	\$65	D2794 Crown - titanium	\$370
D2391 Resin-based composite - one surface, posterior	\$75	D2799 Provisional crown	\$0
D2392 Resin-based composite - two surfaces, posterior	\$85	D2910 Recement inlay, onlay, or partial coverage restoration	\$15
D2393 Resin-based composite - three surfaces, posterior	\$95	D2915 Recement cast or prefabricated post and core	\$0
D2394 Resin-based composite - four or more surfaces, posterior	\$120	D2920 Recement crown	\$15
<ul style="list-style-type: none"> An additional charge, not to exceed \$150 per unit, will be applied for any procedure using noble, high noble or titanium metal. There is no co-payment per crown/bridge unit in addition to regular co-payments for porcelain on molars. Cases involving seven (7) or more crowns and/or fixed bridge units in the same treatment plan require additional \$125 co-payment per unit in addition to co-payment for each crown/bridge unit. 		D2930 Prefabricated stainless steel crown - primary tooth	\$25
D2510 Inlay - metallic - one surface	\$155	D2931 Prefabricated stainless steel crown - permanent tooth	\$25
D2520 Inlay - metallic - two surfaces	\$165	D2932 Prefabricated resin crown	\$45
D2530 Inlay - metallic - three or more surfaces	\$190	D2933 Prefabricated stainless steel crown with resin window	\$45
D2542 Onlay - metallic - two surfaces	\$370	D2940 Sedative filling	\$0
D2543 Onlay - metallic - three surfaces	\$370	D2950 Core build up, including any pins	\$60
D2544 Onlay - metallic - four or more surfaces	\$370	D2951 Pin retention - per tooth, in addition to restoration	\$10
D2610 Inlay - porcelain/ceramic - one surface	\$370	D2952 Cast post and core in addition to crown	\$60
D2620 Inlay - porcelain/ceramic - two surfaces	\$370	D2953 Each additional cast post - same tooth	\$60
D2630 Inlay - porcelain/ceramic - three or more surfaces	\$370	D2954 Prefabricated post and core in addition to crown	\$30
D2642 Onlay - porcelain/ceramic - two surfaces	\$370	D2955 Post removal (not in conjunction with endodontic therapy)	\$10
D2643 Onlay - porcelain/ceramic - three surfaces	\$370	D2957 Each additional prefabricated post - same tooth	\$30
D2644 Onlay - porcelain/ceramic - four or more surfaces	\$370	D2960 Labial veneer (resin laminate) - chairside	\$250
D2650 Inlay - resin-based composite - one surface	\$370	D2961 Labial veneer (resin laminate) - laboratory	\$300
D2651 Inlay - resin-based composite - two surfaces	\$370	D2962 Labial veneer (porcelain laminate) - laboratory	\$350
D2652 Inlay - resin-based composite - three or more surfaces	\$370	D2970 Temporary crown (fractured tooth)	\$0
D2662 Onlay - resin-based composite - two surfaces	\$370	D2971 Additional procedures to construct new crown under existing partial denture framework	\$50
D2663 Onlay - resin-based composite - three surfaces	\$370	D2980 Crown repair, by report	\$0
D2664 Onlay - resin-based composite - four or more surfaces	\$370		
D2710 Crown - resin-based composite (indirect)	\$370		
		Endodontics	Member Pays
		All procedures exclude final restoration	
		D3110 Pulp cap - direct (excluding final restoration)	\$5
		D3120 Pulp cap - indirect (excluding final restoration)	\$5
		D3220 Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	\$40
		D3221 Pulpal debridement, primary and permanent teeth	\$60



Dental

SafeGuard Standard DHMO Plan

D3230	Pulpal therapy (resorbable filling) anterior, primary tooth(excluding final restoration)	\$40		per quadrant	\$248
D3240	Pulpal therapy (resorbable filling) posterior, primary tooth(excluding final restoration)	\$40	D4263	Bone replacement graft - first site in quadrant	\$180
D3310	Anterior (excluding final restoration)	\$200	D4264	Bone replacement graft - each additional site in quadrant	\$95
D3320	Bicuspid (excluding final restoration)	\$210	D4265	Biologic materials to aid in soft and osseous tissue regeneration	\$95
D3330	Molar (excluding final restoration)	\$310	D4266	Guided tissue regeneration - resorbable barrier, per site	\$215
D3331	Treatment of root canal obstruction; non-surgical access	\$85	D4267	Guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)	\$255
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$110	D4270	Pedicle soft tissue graft procedure	\$250
D3333	Internal root repair of perforation defects	\$85	D4271	Free soft tissue graft procedure (including donor site surgery)	\$260
D3346	Retreatment of previous root canal therapy – anterior	\$230	D4273	Subepithelial connective tissue graft procedure, per tooth	\$75
D3347	Retreatment of previous root canal therapy – bicuspid	\$280	D4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	\$100
D3348	Retreatment of previous root canal therapy – molar	\$325	D4275	Soft tissue allograft	\$380
D3351	Apexification/recalcification - initial visit (apical closure/ calcific repair of perforations, root resorption, etc.)	\$70	D4320	Provisional splinting – intracoronal	\$95
D3352	Apexification/recalcification - interim visit (apical closure/ calcific repair of perforations, root resorption, etc.)	\$70	D4321	Provisional splinting – extracoronal	\$85
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	\$70	D4341	Periodontal scaling and root planing - four or more teeth per quadrant	\$60
D3410	Apicoectomy/periradicular surgery – anterior	\$190	D4342	Periodontal scaling and root planing - one to three teeth per quadrant	\$45
D3421	Apicoectomy/periradicular surgery - bicuspid (1st root)	\$95	D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	\$50
D3425	Apicoectomy/periradicular surgery - molar (1st root)	\$95	D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report	\$60
D3426	Apicoectomy/periradicular surgery (each additional root)	\$80	D4910	Periodontal maintenance	\$50
D3430	Retrograde filling - per root	\$60		• Additional periodontal maintenance procedures (beyond 2 per 12 months)	\$60
D3450	Root amputation - per root	\$110		• Periodontal charting for planning treatment of periodontal disease	\$0
D3910	Surgical procedure for isolation of tooth with rubber dam	\$19		• Periodontal hygiene instruction	\$0
D3920	Hemisection (including any root removal) not including root canal therapy	\$90			
D3950	Canal preparation and fitting of preformed dowel or post	\$15			
Periodontics			Member Pays		
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant	\$180	Removable Prosthodontics		
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or bounded teeth spaces per quadrant	\$55	Includes up to 3 adjustments within 6 months of delivery.		
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or bounded teeth spaces per quadrant	\$170	D5110	Complete denture – maxillary	\$375
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or bounded teeth spaces per quadrant	\$130	D5120	Complete denture - mandibular	\$375
D4245	Apically positioned flap	\$165	D5130	Immediate denture - maxillary	\$375
D4249	Clinical crown lengthening - hard tissue	\$160	D5140	Immediate denture - mandibular	\$375
D4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or bounded teeth spaces per quadrant	\$330	D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$375
D4261	Osseous surgery (including flap entry and closure) - one to three contiguous teeth or bounded teeth spaces		D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$375
			D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$375



Dental

SafeGuard Standard DHMO Plan

D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$375
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	\$480
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	\$480
D5281	Removable unilateral partial denture - one piece cast metal (including clasps and teeth)	\$360
D5410	Adjust complete denture – maxillary	\$20
D5411	Adjust complete denture – mandibular	\$20
D5421	Adjust partial denture – maxillary	\$20
D5422	Adjust partial denture – mandibular	\$20
D5510	Repair broken complete denture base	\$30
D5520	Replace missing or broken teeth - complete denture (each tooth)	\$30
D5610	Repair resin denture base	\$30
D5620	Repair cast framework	\$50
D5630	Repair or replace broken clasp	\$30
D5640	Replace broken teeth - per tooth	\$30
D5650	Add tooth to existing partial denture	\$45
D5660	Add clasp to existing partial denture	\$70
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	\$165
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	\$165
D5710	Rebase complete maxillary denture	\$125
D5711	Rebase complete mandibular denture	\$125
D5720	Rebase maxillary partial denture	\$125
D5721	Rebase mandibular partial denture	\$125
D5730	Reline complete maxillary denture (chairside)	\$65
D5731	Reline complete mandibular denture (chairside)	\$65
D5740	Reline maxillary partial denture (chairside)	\$65
D5741	Reline mandibular partial denture (chairside)	\$65
D5750	Reline complete maxillary denture (laboratory)	\$50
D5751	Reline complete mandibular denture (laboratory)	\$50
D5760	Reline maxillary partial denture (laboratory)	\$50
D5761	Reline mandibular partial denture (laboratory)	\$50
D5810	Interim complete denture (maxillary)	\$230
D5811	Interim complete denture (mandibular)	\$230
D5820	Interim partial denture (maxillary)	\$160
D5821	Interim partial denture (mandibular)	\$170
D5850	Tissue conditioning, maxillary	\$40
D5851	Tissue conditioning, mandibular	\$40
D5862	Precision attachment, by report	\$160

Crowns/Fixed Bridges - Per Unit

Member Pays

- An additional charge, not to exceed \$150 per unit, will be applied for any procedure using noble, high noble or titanium metal. There is no co-payment per crown bridge unit in addition to regular co-payments for porcelain on molars.
- Cases involving seven (7) or more crowns and/or fixed bridge units in the same treatment plan require additional \$125 co-payment per unit in addition to co-payment for each crown/bridge unit.

D6210	Pontic - cast high noble metal	\$370
D6211	Pontic - cast predominantly base metal	\$370
D6212	Pontic - cast noble metal	\$370
D6214	Pontic - titanium	\$370
D6240	Pontic - porcelain fused to high noble metal	\$370
D6241	Pontic - porcelain fused to predominantly base metal	\$370
D6242	Pontic - porcelain fused to noble metal	\$370
D6245	Pontic - porcelain/ceramic	\$370
D6250	Pontic - resin with high noble metal	\$370
D6251	Pontic - resin with predominantly base metal	\$370
D6252	Pontic - resin with noble metal	\$370
D6253	Provisional pontic	\$0
D6545	Retainer - cast metal for resin bonded fixed prosthesis	\$370
D6600	Inlay - porcelain/ceramic, two surfaces	\$370
D6601	Inlay - porcelain/ceramic, three or more surfaces	\$370
D6602	Inlay - cast high noble metal, two surfaces	\$370
D6603	Inlay - cast high noble metal, three or more surfaces	\$370
D6604	Inlay - cast predominantly base metal, two surfaces	\$370
D6605	Inlay - cast predominantly base metal, three or more surfaces	\$370
D6606	Inlay - cast noble metal, two surfaces	\$370
D6607	Inlay - cast noble metal, three or more surfaces	\$370
D6608	Onlay - porcelain/ceramic, two surfaces	\$370
D6609	Onlay - porcelain/ceramic, three or more surfaces	\$370
D6610	Onlay - cast high noble metal, two surfaces	\$370
D6611	Onlay - cast high noble metal, three or more surfaces	\$370
D6612	Onlay - cast predominantly base metal, two surfaces	\$370
D6613	Onlay - cast predominantly base metal, three or more surfaces	\$370
D6614	Onlay - cast noble metal, two surfaces	\$370
D6615	Onlay - cast noble metal, three or more surfaces	\$370
D6710	Crown - indirect resin based composite	\$370
D6720	Crown - resin with high noble metal	\$370
D6721	Crown - resin with predominantly base metal	\$370
D6722	Crown - resin with noble metal	\$370
D6740	Crown - porcelain/ceramic	\$370
D6750	Crown - porcelain fused to high noble metal	\$370
D6751	Crown - porcelain fused to predominantly base metal	\$370
D6752	Crown - porcelain fused to noble metal	\$370
D6780	Crown - 3/4 cast high noble metal	\$370
D6781	Crown - 3/4 cast predominantly base metal	\$370



Dental

SafeGuard Standard DHMO Plan

D6782	Crown - 3/4 cast noble metal	\$370	D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$25
D6783	Crown - 3/4 porcelain/ceramic	\$370	D7320	Alveoloplasty not in conjunction with extractions - per quadrant	\$100
D6790	Crown - full cast high noble metal	\$370	D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$65
D6791	Crown - full cast predominantly base metal	\$370	D7471	Removal of lateral exostosis (maxilla or mandible)	\$80
D6792	Crown - full cast noble metal	\$370	D7472	Removal of torus palatinus	\$60
D6794	Crown - titanium	\$370	D7473	Removal of torus mandibularis	\$60
D6930	Recement fixed partial denture	\$15	D7485	Surgical reduction of osseous tuberosity	\$60
D6940	Stress breaker	\$110	D7510	Incision and drainage of abscess - intraoral soft tissue	\$35
D6950	Precision attachment	\$195	D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	\$35
D6970	Cast post and core in addition to fixed partial denture retainer	\$50	D7520	Incision and drainage of abscess - extraoral soft tissue	\$35
D6972	Prefabricated post and core in addition to fixed partial denture retainer	\$30	D7521	Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	\$35
D6973	Core build up for retainer, including any pins	\$10	D7910	Suture of recent small wounds up to 5 cm	\$25
D6976	Each additional cast post - same tooth	\$40	D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure	\$90
D6977	Each additional prefabricated post - same tooth	\$40	D7963	Frenuloplasty	\$90
D6980	Fixed partial denture repair, by report	\$45	D7970	Excision of hyperplastic tissue - per arch	\$55
			D7971	Excision of pericoronal gingival	\$40
Oral Surgery		Member Pays			
	<ul style="list-style-type: none"> Includes routine post operative visits/treatment. The removal of asymptomatic third molars is not a covered benefit unless pathology (disease) exists. However, it is available at 75% of your SafeGuard selected general or specialty care dentist's usual and customary fees. 		Orthodontics		Member Pays
D7111	Extraction, coronal remnants - deciduous tooth	\$20		<ul style="list-style-type: none"> Benefits cover 24 months of usual & customary orthodontic treatment and 24 months of retention. Comprehensive orthodontic benefits include all phases of treatment and fixed/removable appliances. 	
D7140	Extraction - erupted tooth or exposed root (elevation and/or forceps removal)	\$20	D8010	Limited orthodontic treatment of the primary dentition	\$1,095
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	\$50	D8020	Limited orthodontic treatment of the transitional dentition	\$1,095
D7220	Removal of impacted tooth - soft tissue	\$75	D8030	Limited orthodontic treatment of the adolescent dentition	\$1,095
D7230	Removal of impacted tooth - partially bony	\$85	D8040	Limited orthodontic treatment of the adult dentition	\$1,095
D7240	Removal of impacted tooth - completely bony	\$135	D8050	Interceptive orthodontic treatment of the primary dentition	25% Discount
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	\$150	D8060	Interceptive orthodontic treatment of the transitional dentition	25% Discount
D7250	Surgical removal of residual tooth roots (cutting procedure)	\$65	D8070	Comprehensive orthodontic treatment of the transitional dentition	\$2,095
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$80	D8080	Comprehensive orthodontic treatment of the adolescent dentition	\$2,095
D7280	Surgical access of an impacted unerupted tooth	\$100	D8090	Comprehensive orthodontic treatment of the adult dentition	\$2,095
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	\$90	D8210	Removable appliance therapy	25% Discount
D7283	Placement of device to facilitate eruption of impacted tooth	\$90	D8220	Fixed appliance therapy	25% Discount
D7285	Biopsy of oral tissue - hard (bone, tooth)	\$150	D8660	Pre-orthodontic treatment visit	\$35
D7286	Biopsy of oral tissue - soft	\$60			
D7287	Exfoliative cytological sample collection	\$50			
D7288	Brush biopsy - transepithelial sample collection	\$50			
D7310	Alveoloplasty in conjunction with extractions - per quadrant	\$45			



Dental

SafeGuard Standard DHMO Plan

D8670	Periodic orthodontic treatment visit (as part of contract)	\$0
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	\$300
D8693	Rebonding or recementing; and/or repair, as required, of fixed retainers	\$0
	Orthodontic treatment plan and records (pre/post x-rays (cephalometric, panoramic, etc.), photos, study models)	\$250
	Orthodontic visits beyond 24 months of active treatment or retention	\$25 per visit

Adjunctive General Services		Member Pays
D9110	Palliative (emergency) treatment of dental pain - minor procedure	\$15
D9120	Fixed partial denture sectioning	\$0
D9210	Local anesthesia not in conjunction with operative or surgical procedures	\$0
D9211	Regional block anesthesia	\$0
D9212	Trigeminal division block anesthesia	\$0
D9215	Local anesthesia	\$0
D9220	Deep sedation/general anesthesia - first 30 minutes	\$150
D9221	Deep sedation/general anesthesia - each additional 15 minutes	\$45
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	\$15
D9241	Intravenous conscious sedation/analgesia - first 30 minutes	\$150
D9242	Intravenous conscious sedation/analgesia - each additional 15 minutes	\$45
D9248	Non-intravenous conscious sedation	\$15
D9310	Consultation (diagnostic service provided by dentist other than practitioner providing treatment)	\$5
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	\$0
D9440	Office visit - after regularly scheduled hours	\$30
D9450	Case presentation, detailed and extensive treatment planning	\$0
D9610	Therapeutic drug injection, by report	\$15
D9612	Therapeutic parental drugs, two or more administrations, different medications	\$25
D9630	Other drugs and/or medicaments, by report	\$15
D9910	Application of desensitizing medicament	\$15
D9940	Occlusal guard, by report	\$85
D9942	Repair and/or relines of occlusal guard	\$40
D9951	Occlusal adjustment - limited	\$25
D9952	Occlusal adjustment - complete	\$100
D9972	External bleaching - per arch	\$125
	• Broken appointment (less than 24 hour notice) Not to exceed	\$2



>> Domestic Partner Eligibility Update:

Employees covering a domestic partner of the same sex and legally married are able to add their eligible domestic partner on a tax free basis with proper documentation (marriage certificate)!



Dental

SafeGuard High DHMO Plan

This Schedule of Benefits lists the services available to you under your SafeGuard plan, as well as the co-payments associated with each procedure. There are other factors that impact how your plan works and those are included here in the Exclusions and Limitations. SafeGuard is an affiliate of MetLife.

During the course of treatment, your SafeGuard selected general dentist may recommend the services of a dental specialist. Your SafeGuard selected general dentist will refer you directly to a contracted SafeGuard specialty care provider; no additional referral or pre-authorization from SafeGuard is required. However, you cannot go to a specialist without a referral/recommendation from the general dentist.

In addition, all non-listed services are available with your SafeGuard selected general dentist or specialty care dentist at 75% of their usual and customary fees.

Missed Appointments: If you need to cancel or reschedule an appointment, you should notify the dental office as far in advance as possible. This will allow the dental office to accommodate another person in need of attention. There could be up to a \$25 charge for missed appointments.

Schedule of Benefits

Diagnostic Treatment		Member Pays			
D0120	Periodic oral evaluation	\$0	D0425	Caries susceptibility tests	\$0
D0140	Limited oral evaluation - problem focused	\$0	D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedure	\$50
D0145	Oral Evaluation for a patient under three years of age and counseling with primary caregiver	\$0	D0460	Pulp vitality tests	\$0
D0150	Comprehensive oral evaluation - new or established patient	\$0	D0470	Diagnostic casts	\$0
D0160	Detailed and extensive oral evaluation - problem focused, by report	\$0	D0472	Accession of tissue, gross examination, preparation and transmission of written report	\$0
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	\$0	D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	\$0
D0180	Comprehensive periodontal evaluation - new or established patient	\$10	D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	\$0
	• Office visit - per visit (including all fees for sterilization and/or infection control)	\$5	D0486	Laboratory accession of brush biopsy sample, microscopic examination, preparation and transmission of written report	\$0
Radiographs / Diagnostic Imaging		Member Pays	Preventive Services		Member Pays
D0210	Intraoral - complete series (including bitewings)	\$0	D1110	Prophylaxis - adult	\$0
D0220	Intraoral - periapical first film	\$0		• Additional - adult prophylaxis, with or without fluoride(maximum of 2 additional per year)	\$20
D0230	Intraoral - periapical each additional film	\$0	D1120	Prophylaxis - child	\$0
D0240	Intraoral - occlusal film	\$0		• Additional - child prophylaxis, with or without fluoride(maximum of 2 additional per year)	\$20
D0250	Extraoral - first film	\$0	D1203	Topical application of fluoride (prophylaxis not included) - child	\$0
D0260	Extraoral - each additional film	\$0	D1204	Topical application of fluoride (prophylaxis not included) - adult	\$0
D0270	Bitewing - single film	\$0	D1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients	\$0
D0272	Bitewings - two films	\$0	D1310	Nutritional counseling for control of dental disease	\$0
D0273	Bitewings- three films	\$0			
D0274	Bitewings - four films	\$0			
D0277	Vertical bitewings – 7 to 8 films	\$0			
D0330	Panoramic film	\$0			
D0350	Oral/facial photographic images	\$0			
D0415	Collection of microorganisms for culture and sensitivity	\$0			

Any co-payment or out-of-pocket cost may be reimbursed through your Medical Expense FSA.

See Page 9 for a partial list of eligible expenses or visit Tasc's website at www.tasconline.com for the full version of eligible expenses.



Dental

SafeGuard High DHMO Plan

D1320 Tobacco counseling for the control and prevention of oral disease	\$0	D2663 Onlay - resin-based composite - three surfaces	\$230
D1330 Oral hygiene instructions	\$0	D2664 Onlay - resin-based composite - four or more surfaces	\$230
D1351 Sealant - per tooth	\$5	D2710 Crown - resin-based composite (indirect)	\$230
D1510 Space maintainer - fixed - unilateral	\$45	D2712 Crown - 3/4 resin-based composite (indirect)	\$230
D1515 Space maintainer - fixed - bilatera	\$45	D2720 Crown - resin with high noble metal	\$230
D1520 Space maintainer - removable - unilateral	\$85	D2721 Crown - resin with predominantly base metal	\$230
D1525 Space maintainer - removable - bilateral	\$85	D2722 Crown - resin with noble metal	\$230
D1550 Re-cementation of space maintainer	\$5	D2740 Crown - porcelain/ceramic substrate	\$280
D1555 Removal of fixed space maintainer	\$5	D2750 Crown - porcelain fused to high noble metal	\$280
D2140 Amalgam - one surface, primary or permanent	\$0	D2751 Crown - porcelain fused to predominantly base metal	\$280
D2150 Amalgam - two surfaces, primary or permanent	\$0	D2752 Crown - porcelain fused to noble metal	\$280
D2160 Amalgam - three surfaces, primary or permanent	\$0	D2780 Crown - 3/4 cast high noble metal	\$230
D2161 Amalgam - four or more surfaces, primary or permanent	\$0	D2781 Crown - 3/4 cast predominantly base metal	\$230
D2330 Resin-based composite - one surface, anterior	\$35	D2782 Crown - 3/4 cast noble metal	\$230
D2331 Resin-based composite - two surfaces, anterior	\$40	D2783 Crown - 3/4 porcelain/ceramic	\$230
D2332 Resin-based composite - three surfaces, anterior	\$50	D2790 Crown - full cast high noble metal	\$280
D2335 Resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$55	D2791 Crown - full cast predominantly base metal	\$280
D2390 Resin-based composite crown, anterior	\$70	D2792 Crown - full cast noble metal	\$280
D2391 Resin-based composite - one surface, posterior	\$60	D2794 Crown - titanium	\$230
D2392 Resin-based composite - two surfaces, posterior	\$80	D2799 Provisional crown	\$0
D2393 Resin-based composite - three surfaces, posterior	\$90	D2910 Recement inlay, onlay, or partial coverage restoration	\$10
D2394 Resin-based composite - four or more surfaces, posterior	\$120	D2915 Recement cast or prefabricated post and core	\$0
<ul style="list-style-type: none"> An additional charge, not to exceed \$150 per unit, will be applied for any procedure using noble, high noble or titanium metal. There is no co-payment per crown/bridge unit in addition to regular co-payments for porcelain on molars. Cases involving seven (7) or more crowns and/or fixed bridge units in the same treatment plan require additional \$125 co-payment per unit in addition to co-payment for each crown/bridge unit. 		D2920 Recement crown	\$10
D2510 Inlay - metallic - one surface	\$95	D2930 Prefabricated stainless steel crown - primary tooth	\$25
D2520 Inlay - metallic - two surfaces	\$105	D2931 Prefabricated stainless steel crown - permanent tooth	\$25
D2530 Inlay - metallic - three or more surfaces	\$130	D2932 Prefabricated resin crown	\$35
D2542 Onlay - metallic - two surfaces	\$230	D2933 Prefabricated stainless steel crown with resin window	\$35
D2543 Onlay - metallic - three surfaces	\$230	D2940 Sedative filling	\$10
D2544 Onlay - metallic - four or more surfaces	\$230	D2950 Core build up, including any pins	\$45
D2610 Inlay - porcelain/ceramic - one surface	\$230	D2951 Pin retention - per tooth, in addition to restoration	\$10
D2620 Inlay - porcelain/ceramic - two surfaces	\$230	D2952 Cast post and core in addition to crown	\$60
D2630 Inlay - porcelain/ceramic - three or more surfaces	\$230	D2953 Each additional cast post - same tooth	\$60
D2642 Onlay - porcelain/ceramic - two surfaces	\$230	D2954 Prefabricated post and core in addition to crown	\$60
D2643 Onlay - porcelain/ceramic - three surfaces	\$230	D2955 Post removal	
D2644 Onlay - porcelain/ceramic - four or more surfaces	\$230	(not in conjunction with endodontic therapy)	\$10
D2650 Inlay - resin-based composite - one surface	\$230	D2957 Each additional prefabricated post - same tooth	\$30
D2651 Inlay - resin-based composite - two surfaces	\$230	D2960 Labial veneer (resin laminate) - chairside	\$250
D2652 Inlay - resin-based composite - three or more surfaces	\$230	D2961 Labial veneer (resin laminate) - laboratory	\$300
D2662 Onlay - resin-based composite - two surfaces	\$230	D2962 Labial veneer (porcelain laminate) - laboratory	\$350
		D2970 Temporary crown (fractured tooth)	\$0
		D2971 Additional procedures to construct new crown under existing partial denture framework	\$50
		D2980 Crown repair, by report	\$0
		All procedures exclude final restoration	
		D3110 Pulp cap - direct (excluding final restoration)	\$0
		D3120 Pulp cap - indirect (excluding final restoration)	\$0
		D3220 Therapeutic pulpotomy (excluding final restoration)	
		- removal of pulp coronal to the dentinocemental junction and application of medicament	\$10



Dental

SafeGuard High DHMO Plan

D3221	Pulpal debridement, primary and permanent teeth	\$45	D4263	Bone replacement graft - first site in quadrant	\$180
D3230	Pulpal therapy (resorbable filling) anterior, primary tooth (excluding final restoration)	\$30	D4264	Bone replacement graft - each additional site in quadrant	\$95
D3240	Pulpal therapy (resorbable filling) posterior, primary tooth (excluding final restoration)	\$35	D4265	Biologic materials to aid in soft and osseous tissue regeneration	\$95
D3310	Anterior (excluding final restoration)	\$80	D4266	Guided tissue regeneration - resorbable barrier, per site	\$215
D3320	Bicuspid (excluding final restoration)	\$115	D4267	Guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)	\$255
D3330	Molar (excluding final restoration)	\$200	D4270	Pedicle soft tissue graft procedure	\$245
D3331	Treatment of root canal obstruction; non-surgical access	\$85	D4271	Free soft tissue graft procedure (including donor site surgery)	\$245
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$70	D4273	Subepithelial connective tissue graft procedure, per tooth	\$75
D3333	Internal root repair of perforation defects	\$85	D4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	\$70
D3346	Retreatment of previous root canal therapy – anterior	\$135	D4275	Soft tissue allograft	\$380
D3347	Retreatment of previous root canal therapy – bicuspid	\$175	D4320	Provisional splinting – intracoronal	\$95
D3348	Retreatment of previous root canal therapy – molar	\$275	D4321	Provisional splinting – extracoronal	\$85
D3351	Apexification/recalcification - initial visit (apical closure/ calcific repair of perforations, root resorption, etc.)	\$65	D4341	Periodontal scaling and root planing - four or more teeth per quadrant	\$40
D3352	Apexification/recalcification - interim visit (apical closure/ calcific repair of perforations, root resorption, etc.)	\$65	D4342	Periodontal scaling and root planing - one to three teeth per quadrant	\$30
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	\$65	D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	\$40
D3410	Apicoectomy/periradicular surgery – anterior	\$95	D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report	\$45
D3421	Apicoectomy/periradicular surgery - bicuspid (1st root)	\$95	D4910	Periodontal maintenance <ul style="list-style-type: none"> • Additional periodontal maintenance procedures (beyond 2 per 12 months) • Periodontal charting for planning treatment of periodontal disease • Periodontal hygiene instruction Includes up to 3 adjustments within 6 months of delivery. 	\$30
D3425	Apicoectomy/periradicular surgery - molar (1st root)	\$95	D5110	Complete denture – maxillary	\$210
D3426	Apicoectomy/periradicular surgery (each additional root)	\$60	D5120	Complete denture - mandibular	\$210
D3430	Retrograde filling - per root	\$40	D5130	Immediate denture - maxillary	\$225
D3450	Root amputation - per root	\$95	D5140	Immediate denture - mandibular	\$225
D3910	Surgical procedure for isolation of tooth with rubber dam	\$19	D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$240
D3920	Hemisection (including any root removal) not including root canal therapy	\$90	D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$240
D3950	Canal preparation and fitting of preformed dowel or post	\$15	D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$260
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant	\$125	D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$260
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or bounded teeth spaces per quadrant	\$40			
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or bounded teeth spaces per quadrant	\$150			
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or bounded teeth spaces per quadrant	\$113			
D4245	Apically positioned flap	\$165			
D4249	Clinical crown lengthening - hard tissue	\$120			
D4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or bounded teeth spaces per quadrant	\$295			
D4261	Osseous surgery (including flap entry and closure) - one to three contiguous teeth or bounded teeth spaces per quadrant	\$210			



Dental

SafeGuard High DHMO Plan

D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	\$365	D6210	Pontic - cast high noble metal	\$280
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	\$365	D6211	Pontic - cast predominantly base metal	\$280
D5281	Removable unilateral partial denture - one piece cast metal (including clasps and teeth)	\$250	D6212	Pontic - cast noble metal	\$280
D5410	Adjust complete denture – maxillary	\$0	D6214	Pontic - titanium	\$280
D5411	Adjust complete denture – mandibular	\$0	D6240	Pontic - porcelain fused to high noble metal	\$280
D5421	Adjust partial denture – maxillary	\$0	D6241	Pontic - porcelain fused to predominantly base metal	\$280
D5422	Adjust partial denture – mandibular	\$0	D6242	Pontic - porcelain fused to noble metal	\$280
D5510	Repair broken complete denture base	\$15	D6245	Pontic - porcelain/ceramic	\$250
D5520	Replace missing or broken teeth - complete denture (each tooth)	\$15	D6250	Pontic - resin with high noble metal	\$230
D5610	Repair resin denture base	\$15	D6251	Pontic - resin with predominantly base metal	\$230
D5620	Repair cast framework	\$30	D6252	Pontic - resin with noble metal	\$230
D5630	Repair or replace broken clasp	\$15	D6253	Provisional pontic	\$0
D5640	Replace broken teeth - per tooth	\$15	D6545	Retainer - cast metal for resin bonded fixed prosthesis	\$200
D5650	Add tooth to existing partial denture	\$30	D6600	Inlay - porcelain/ceramic, two surfaces	\$230
D5660	Add clasp to existing partial denture	\$35	D6601	Inlay - porcelain/ceramic, three or more surfaces	\$230
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	\$165	D6602	Inlay - cast high noble metal, two surfaces	\$230
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	\$165	D6603	Inlay - cast high noble metal, three or more surfaces	\$230
D5710	Rebase complete maxillary denture	\$60	D6604	Inlay - cast predominantly base metal, two surfaces	\$230
D5711	Rebase complete mandibular denture	\$60	D6605	Inlay - cast predominantly base metal, three or more surfaces	\$230
D5720	Rebase maxillary partial denture	\$60	D6606	Inlay - cast noble metal, two surfaces	\$230
D5721	Rebase mandibular partial denture	\$60	D6607	Inlay - cast noble metal, three or more surfaces	\$230
D5730	Reline complete maxillary denture (chairside)	\$35	D6608	Onlay - porcelain/ceramic, two surfaces	\$230
D5731	Reline complete mandibular denture (chairside)	\$35	D6609	Onlay - porcelain/ceramic, three or more surfaces	\$230
D5740	Reline maxillary partial denture (chairside)	\$35	D6610	Onlay - cast high noble metal, two surfaces	\$230
D5741	Reline mandibular partial denture (chairside)	\$35	D6611	Onlay - cast high noble metal, three or more surfaces	\$230
D5750	Reline complete maxillary denture (laboratory)	\$35	D6612	Onlay - cast predominantly base metal, two surfaces	\$230
D5751	Reline complete mandibular denture (laboratory)	\$35	D6613	Onlay - cast predominantly base metal, three or more surfaces	\$230
D5760	Reline maxillary partial denture (laboratory)	\$35	D6614	Onlay - cast noble metal, two surfaces	\$230
D5761	Reline mandibular partial denture (laboratory)	\$35	D6615	Onlay - cast noble metal, three or more surfaces	\$230
D5810	Interim complete denture (maxillary)	\$230	D6710	Crown - indirect resin based composite	\$230
D5811	Interim complete denture (mandibular)	\$230	D6720	Crown - resin with high noble metal	\$230
D5820	Interim partial denture (maxillary)	\$60	D6721	Crown - resin with predominantly base metal	\$230
D5821	Interim partial denture (mandibular)	\$60	D6722	Crown - resin with noble metal	\$230
D5850	Tissue conditioning, maxillary	\$30	D6740	Crown - porcelain/ceramic	\$230
D5851	Tissue conditioning, mandibular	\$30	D6750	Crown - porcelain fused to high noble metal	\$230
D5862	Precision attachment, by report	\$160	D6751	Crown - porcelain fused to predominantly base metal	\$230
	<ul style="list-style-type: none"> An additional charge, not to exceed \$150 per unit, will be applied for any procedure using noble, high noble or titanium metal. There is no co-payment per crown bridge unit in addition to regular co-payments for porcelain on molars. Cases involving seven (7) or more crowns and/or fixed bridge units in the same treatment plan require additional \$125 co-payment per unit in addition to co-payment for each crown/bridge unit. 		D6752	Crown - porcelain fused to noble metal	\$230
			D6780	Crown - 3/4 cast high noble metal	\$230
			D6781	Crown - 3/4 cast predominantly base metal	\$230
			D6782	Crown - 3/4 cast noble metal	\$230
			D6783	Crown - 3/4 porcelain/ceramic	\$230
			D6790	Crown - full cast high noble metal	\$230
			D6791	Crown - full cast predominantly base metal	\$230
			D6792	Crown - full cast noble metal	\$230
			D6794	Crown - titanium	\$230
			D6930	Recement fixed partial denture	\$0



Dental

SafeGuard High DHMO Plan

D6940	Stress breaker	\$110	D7485	Surgical reduction of osseous tuberosity	\$60
D6950	Precision attachment	\$195	D7510	Incision and drainage of abscess - intraoral soft tissue	\$25
D6970	Cast post and core in addition to fixed partial denture retainer	\$50	D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	\$30
D6972	Prefabricated post and core in addition to fixed partial denture retainer	\$30	D7520	Incision and drainage of abscess - extraoral soft tissue	\$30
D6973	Core build up for retainer, including any pins	\$10	D7521	Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	\$30
D6976	Each additional cast post - same tooth	\$40	D7910	Suture of recent small wounds up to 5 cm	\$25
D6977	Each additional prefabricated post - same tooth	\$40	D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure	\$40
D6980	Fixed partial denture repair, by report	\$45	D7963	Frenuloplasty	\$40
	• Includes routine post operative visits/treatment.		D7970	Excision of hyperplastic tissue - per arch	\$55
	• The removal of asymptomatic third molars is not a covered benefit unless pathology (disease) exists, however it is available at 75% of your SafeGuard selected general or specialty care dentist's usual and customary fees.		D7971	Excision of pericoronal gingival	\$35
D7111	Extraction, coronal remnants - deciduous tooth	\$0		• Benefits cover 24 months of usual & customary orthodontic treatment and 24 months of retention.	
D7140	Extraction - erupted tooth or exposed root (elevation and/or forceps removal)	\$0		• Comprehensive orthodontic benefits include all phases of treatment and fixed/removable appliances.	
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	\$30	D8010	Limited orthodontic treatment of the primary dentition	\$1,000
D7220	Removal of impacted tooth - soft tissue	\$45	D8020	Limited orthodontic treatment of the transitional dentition	\$1,000
D7230	Removal of impacted tooth - partially bony	\$65	D8030	Limited orthodontic treatment of the adolescent dentition	\$1,000
D7240	Removal of impacted tooth - completely bony	\$80	D8040	Limited orthodontic treatment of the adult dentition	\$1,000
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	\$100	D8050	Interceptive orthodontic treatment of the primary dentition	25% Discount
D7250	Surgical removal of residual tooth roots (cutting procedure)	\$35	D8060	Interceptive orthodontic treatment of the transitional dentition	25% Discount
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$50	D8070	Comprehensive orthodontic treatment of the transitional dentition	\$1,800
D7280	Surgical access of an impacted unerupted tooth	\$85	D8080	Comprehensive orthodontic treatment of the adolescent dentition	\$1,800
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	\$90	D8090	Comprehensive orthodontic treatment of the adult dentition	\$1,800
D7283	Placement of device to facilitate eruption of impacted tooth	\$90	D8210	Removable appliance therapy	25% Discount
D7285	Biopsy of oral tissue - hard (bone, tooth)	\$0	D8220	Fixed appliance therapy	25% Discount
D7286	Biopsy of oral tissue - soft	\$0	D8660	Pre-orthodontic treatment visit	\$0
D7287	Exfoliative cytological sample collection	\$50	D8670	Periodic orthodontic treatment visit (as part of contract)	\$0
D7288	Brush biopsy - transepithelial sample collection	\$50	D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	\$300
D7310	Alveoloplasty in conjunction with extractions - per quadrant	\$35	D8693	Rebonding or recementing; and/or repair, as required, of fixed retainers	\$0
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$25		Orthodontic treatment plan and records (pre/post x-rays (cephalometric, panoramic, etc.), photos, study models)	\$250
D7320	Alveoloplasty not in conjunction with extractions - per quadrant	\$70		Orthodontic visits beyond 24 months of active treatment or retention	\$25 per visit
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$65			
D7471	Removal of lateral exostosis (maxilla or mandible)	\$80			
D7472	Removal of torus palatinus	\$60			
D7473	Removal of torus mandibularis	\$60			



Dental

SafeGuard High DHMO Plan

D9110	Palliative (emergency) treatment of dental pain - minor procedure	\$10
D9120	Fixed partial denture sectioning	\$0
D9210	Local anesthesia not in conjunction with operative or surgical procedures	\$0
D9211	Regional block anesthesia	\$0
D9212	Trigeminal division block anesthesia	\$0
D9215	Local anesthesia	\$0
D9220	Deep sedation/general anesthesia - first 30 minutes	\$150
D9221	Deep sedation/general anesthesia - each additional 15 minutes	\$45
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	\$15
D9241	Intravenous conscious sedation/analgesia - first 30 minutes	\$150
D9242	Intravenous conscious sedation/analgesia - each additional 15 minutes	\$45
D9248	Non-intravenous conscious sedation	\$15
D9310	Consultation (diagnostic service provided by dentist other than practitioner providing treatment)	\$0
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	\$0
D9440	Office visit - after regularly scheduled hours	\$30
D9450	Case presentation, detailed and extensive treatment planning	\$0
D9610	Therapeutic drug injection, by report	\$15
D9612	Therapeutic parental drugs, two or more administrations, different medications	\$25
D9630	Other drugs and/or medicaments, by report	\$15
D9910	Application of desensitizing medicament	\$15
D9940	Occlusal guard, by report	\$85
D9942	Repair and/or relines of occlusal guard	\$40
D9951	Occlusal adjustment - limited	\$25
D9952	Occlusal adjustment - complete	\$100
D9972	External bleaching - per arch	\$125
	• Broken appointment (less than 24 hour notice) Not to exceed	\$25



>> Domestic Partner Eligibility Update:

Employees covering a domestic partner of the same sex and legally married are able to add their eligible domestic partner on a tax free basis with proper documentation (marriage certificate)!



Dental

Review dental terminology definitions, dental general exclusions and limitations. SafeGuard Dental Plan

Dental Terminology Definitions

These definitions are designed to give you a “layman’s understanding” of some dental terminology in order for you to better understand your plan; they are not full descriptions.

Amalgam: A silver filling

Anterior: Teeth that are in the front of the mouth

Bicuspid: Most people have eight bicuspid teeth; they are located immediately preceding the molar teeth with two in each quadrant of the mouth.

Bridge: A replacement for one or more missing teeth that is permanently attached to the teeth adjacent to the empty space(s).

Crown: A covering created to place over a tooth to strengthen and/or replace tooth structure. A crown can be made of different materials (noble, high noble), base metal, porcelain or porcelain and metal.

Endodontics: Procedures that treat the nerve or the pulp of the tooth due to injury or infection.

Oral Surgery: Surgery to remove teeth, reshape portions of the bone in the mouth, or biopsy suspect areas of the mouth.

Orthodontics: Braces and other procedures to straighten the teeth.

Periodontics: Procedures related to treatment of the supporting structures of the teeth (gums, underlying bone).

Posterior: Teeth that set towards the back of the mouth, including molars and bicuspids (premolars).

Primary Teeth: The first set of teeth (“baby” teeth).

Prophylaxis: Scaling and polishing of teeth by removal of the plaque above the gum line.

Prosthodontics: The restoration of natural and/or the replacement of missing teeth with artificial substitutes.

Quadrant: One of the four equal sections into which your mouth can be divided (some procedures like periodontics are done in quadrants).

Resin-based Composite: Tooth-colored (white) fillings.

General Exclusions

1. Services performed by any dentist not contracted with SafeGuard, without prior approval by SafeGuard (except out-of-area emergency services). This includes services performed by a general dentist or specialty care dentist.
2. Dental procedures started prior to the member’s eligibility under this Plan or started after the member’s termination from the Plan. Examples include: teeth prepared for crowns, root canals in progress, full or partial dentures for which an impression has been taken.
3. Any dental services, or appliances, which are determined to be not reasonable and/or necessary for maintaining or improving the member’s dental health, as determined by the SafeGuard selected general dentist.
4. Orthognathic surgery.
5. Inpatient/outpatient hospital charges of any kind including dentist and/or physician charges, prescriptions or medications.
6. Replacement of dentures, crowns, appliances or bridgework that have been lost, stolen or damaged due to abuse, misuse, or neglect.
7. Treatment of malignancies, cysts, or neoplasms, unless specifically listed as a covered benefit on this Plan’s Schedule of Benefits. Any services related to pathology laboratory fees.
8. Procedures, appliances, or restorations whose primary main purpose is to change the vertical dimension of occlusion, correct congenital, developmental, or medically induced dental disorders including, but not limited to treatment of myofunctional, myoskeletal, or temporomandibular joint disorders unless otherwise specifically listed as a covered benefit on this Plan’s Schedule of Benefits.
9. Dental implants and services associated with the placement of implants, prosthodontics restoration of dental implants, and specialized implant maintenance services.
10. Dental services provided for or paid by a federal or state government agency or authority, political subdivision, or other public program other than Medicaid or Medicare.
11. Dental services required while serving in the Armed Forces of any country or international authority.
12. Dental services considered experimental in nature.
13. Any dental procedure or treatment unable to be performed in the dental office due to the general health or physical limitations of the member.
14. Children 7 and under must be assigned a General Dentist, and if desired, can get a direct referral to a Pediatric Dentist for care. Children 8 and over are assigned to a general dentist and require a written referral request for a Paediatric Dentist. Children with special needs can be approved to see a Pediatric Dentist beyond the limiting age.



Dental

SafeGuard Dental Plans

Limitations:

General

1. Any procedures not specifically listed as a covered benefit in this Plan's Schedule of Benefits are available at 75% of the usual and customary fees of the treating SafeGuard selected general or specialty care dentist, provided the services are included in the treatment plan and are not specifically excluded.
2. Dental procedures or services performed solely for cosmetic purposes or solely for appearance are available at 75% of the usual and customary fees of the treating SafeGuard selected general or specialty care dentist, unless specifically listed as a covered benefit on this Plan's Schedule of Benefits.
3. **General anesthesia is a covered benefit only when administered by the treating dentist, in conjunction with oral and periodontal surgical procedures.**

Preventive:

1. Routine Cleanings (prophylaxis), periodontal maintenance services, and fluoride treatments are limited to twice a year. Two (2) additional cleanings (routine and periodontal) are available at the co-payment listed on this Plan's Schedule of Benefits. Additional prophylaxis are available, if medically necessary.
2. Sealants: Plan benefit applies to primary and permanent molar teeth, within four (4) years of eruption, unless medically necessary.

Diagnostic:

1. Panoramic or full-mouth X-rays: Once every three (3) years, unless medically necessary.

Restorative:

1. An additional charge, not to exceed \$150 per unit, will be applied for any procedure using noble, high noble or titanium metal.
2. Replacement of any crowns or fixed bridges (per unit) are limited to once every five (5) years.
3. Cases involving seven (7) or more crowns and/or fixed bridge units in the same treatment plan require an additional \$125 co-payment per unit in addition to the specified co-payment for each crown/bridge unit.
4. There is no co-payment per crown/bridge unit in addition to the specified co-payment for porcelain on molars.

Prosthetics:

1. Relines are limited to one (1) every twelve (12) months.
2. Dentures (full or partial): Replacement only after five (5) years have elapsed following any prior provision of such dentures under a SafeGuard Plan, unless due to the loss of a natural functioning tooth. Replacements will be a benefit under this Plan only if the existing denture is unsatisfactory and cannot be made satisfactory as determined by the treating SafeGuard selected general dentist.

3. **Delivery of removable prosthodontics includes up to three (3) adjustments within six (6) months of delivery date of service.**

Endodontics:

1. The co-payments listed for endodontic procedures do not include the cost of the final restoration.

Oral Surgery:

1. The removal of asymptomatic third molars is not a covered benefit unless pathology (disease) exists. However, it is available at 75% of your SafeGuard selected general or specialty care dentist's usual and customary fees.

Orthodontic Exclusions and Limitations:

If you require the services of an orthodontist, a referral must first be obtained. If a referral is not obtained prior to the commencement of orthodontic treatment, the member will be responsible for all costs associated with any orthodontic treatment. If you terminate coverage from the SafeGuard Plan after the start of orthodontic treatment, you will be responsible for any additional charges incurred for the remaining orthodontic treatment.

1. Orthodontic treatment must be provided by a SafeGuard selected general dentist or SafeGuard contracted orthodontist in order for the co-payments listed in this Plan's Schedule of Benefits to apply.
2. Plan benefits shall cover twenty-four (24) months of usual and customary orthodontic treatment and an additional twenty-four (24) months of retention. Treatment extending beyond such time periods will be subject to a charge of \$25 per visit.
3. The following are not included as orthodontic benefits:
 - A. Repair or replacement of lost or broken appliances;
 - B. Retreatment of orthodontic cases;
 - C. Treatment involving:
 - i. Maxillo-facial surgery, myofunctional therapy, cleft palate, micrognathia, macroglossia;
 - ii. Hormonal imbalances or other factors affecting growth or developmental abnormalities;
 - iii. Treatment related to temporomandibular joint disorders;
 - iv. Composite or ceramic brackets, lingual adaptation of orthodontic bands and other specialized or cosmetic alternatives to standard fixed and removable orthodontic appliances.
4. The retention phase of treatment shall include the construction, placement, and adjustment of retainers.
5. Active orthodontic treatment in progress on your effective date of coverage is not covered. Active orthodontic treatment means tooth movement has begun.



Dental

SafeGuard Dental Plans

How to use dental benefits:

A list containing the Select Panel Providers in Miami-Dade, Broward, Monroe and Palm Beach Counties can be viewed online at www.metlife.com/mybenefits. You may call the SafeGuard Customer Services Department at 1.800.880.1800 to verify your dentist's continued participation in your selected plan.

How can I make an appointment with my SafeGuard dentist?

You may schedule an appointment by calling the dental office you selected on or after your effective date of coverage. When you call to schedule your appointment, inform the office that you are a member of the SafeGuard dental plan. It will not be necessary to use any claim forms. If you need to cancel your appointment for any reason, please let your provider know twenty-four (24) hours in advance of your scheduled appointment. The Benefits Schedule allows the provider to charge a fee (up to a maximum of \$25) for any broken or cancelled appointment without twenty-four (24) hours notice.

Who is an eligible dependent for this coverage?

Eligible dependents for this plan include:

- Spouse/Domestic Partner
- Unmarried natural children, adopted children, and stepchildren under you or your spouse's legal guardianship until the end of the calendar year in which the child reaches age 26
- Children of a Domestic Partner, as long as the Domestic Partner is also covered.

NOTE: Children may be covered under this plan until the end of the calendar year in which the child reaches age 26, provided he/she is unmarried and resides in your home and depends upon you for support, or is registered as a full-time or part-time student. Children with a mental or physical handicap are also eligible for coverage beyond the age of 26.

What should I do if I wish to change my dentist selection?

You have control over your choice of dental offices and you can make changes at any time. If you would like to change your selected General Dentist Office, please contact SafeGuard Customer Service at (800) 880-1800. Associates will help you locate a dental office most convenient to you. The transfer will be effective on the first day of the month following the transfer request. You must pay all outstanding charges owed to your dentist before you transfer to a new dentist. In addition, you may have to pay a fee for the cost of duplicating your X-rays and dental records.

What if I need the services of a Specialist?

During the course of treatment, your selected General Dentist may recommend the services of a dental specialist. Your selected general dentist will refer you directly to a contracted SafeGuard specialty care provider; no additional referral or pre-authorization from SafeGuard is required. You may also call customer service at 800.880.1800 to get a list of specialists in your area.

What can I do if I have questions about the treatment plan prescribed by my General Dentist?

You may request a second opinion if you have unanswered questions about diagnosis, treatment plans and/or the results achieved by such dental treatment. Contact SafeGuard Customer Service at 800.880.1800 or your selected General Dentist may request a second opinion on your behalf. Such requests are processed within five (5) business days of receipt, except when an expedited second opinion is warranted. Upon approval, SafeGuard will contact the consulting dentist and make arrangements to enable you to schedule an appointment. The fee for a second opinion consultation is \$5.

What if I'm currently seeing a dentist under one plan and I change plans to SafeGuard, but would like to maintain the same dentist?

As long as the dentist is part of the SafeGuard network and is accepting patients, you may select the facility as your primary dentist. If the facility is not open to new membership, you will have to select another participating provider.



Dental

SafeGuard Dental Plans

How can I receive Emergency Care within the service area?

All selected General Dentist offices provide emergency dental services 24 hours a day, seven (7) days a week. If you require emergency dental services, you may go to any dental provider, the closest emergency room or call 911 for assistance as necessary. Prior authorization for emergency dental services is not required. Your reimbursement is limited to the extent that the treatment you received directly relates to emergency dental services. Hospital charges and/or other charges for care received at an outpatient care facility are not covered benefits. You will be required to pay the charges to the dentist and submit a claim to SafeGuard for a benefits determination. If you seek emergency dental services from a provider located more than 25 miles away from your selected GD, you will receive emergency benefits coverage up to a maximum of \$50, less any applicable co-payments. You must notify Customer Service within 48 hours after receiving such services. If your physical condition does not permit such notification, you must make the notification as soon as it is reasonably possible.

Where may I call for inquiries or additional questions?

All inquiries and questions should be directed to the SafeGuard Member Services Department at Miami-Dade: 305.995.7029 or toll-free: 800.880.1800. Representatives are available Monday - Friday, 8 a.m. - 6 p.m., ET.

A large, stylized graphic of a tooth, rendered in white with blue outlines, set against a blue background. The tooth is positioned on the right side of the page, partially overlapping the main content area.

>> Domestic
Partner
Eligibility
Update:

Employees covering a domestic partner of the same sex and legally married are able to add their eligible domestic partner on a tax free basis with proper documentation (marriage certificate)!



Dental

MetLife Indemnity Dental Plan



The MetLife dental plans are the traditional indemnity insurance plans whereby you and your family may select the dentist of your choice. MetLife offers you a choice of two different plans.

>> Benefit Eligibility Note:

- All M-DCPS groups, except Part-Time employees, are eligible to enroll in the SafeGuard DHMO Dental plans or MetLife Indemnity Dental plans offered by the School Board.
- Current COBRA Participants may only continue to enroll in the SafeGuard DHMO Dental plans or MetLife Indemnity Dental plans if they were previously enrolled.
- See eligibility section for more details.

The Standard Plan

The Standard Plan is a low-cost plan that is designed for those individuals who primarily would need only diagnostic and preventive dental services. The Standard Plan includes a co-pay schedule that applies to the various dental procedures. You do not have to satisfy an annual calendar year deductible if you seek services from an in-network PDP dentist.

The High Plan

The High Plan is designed for those individuals who have more extensive dental needs. This plan provides a reimbursement of either 100 percent, 80 percent or 50 percent of the plans Preferred Dental Program fees, depending on the service provided, after you have satisfied the plan deductible. MetLife offers quality dental care at affordable prices with their Preferred Dental Program (PDP). This program includes a nationwide network of dentists who have agreed to reduce their fees below the average reasonable and customary charge for their services. You are free to choose an in-network or out-of-network dentist at the time you make your appointment. However, when using an out-of-network dentist, the level of coverage is reduced and your out-of-pocket expenses will increase.



Dental

MetLife Indemnity Dental Plan

Limitations

Type A (Preventive & Diagnostic)

- Two oral exams per calendar year
- One fluoride treatment per calendar year up to age 19
- Two cleanings (oral prophylaxis) per calendar year
- Full mouth and panorex X-rays: once per 36 months
- Bitewing X-rays: twice per calendar year for adults; twice per calendar year for children

Type B (Operative & Restorative)

- Space maintainers for premature loss of primary teeth for dependent children to age 19
- Sealants: limitation of one appliance of sealant material for each non-restored permanent first and second molar tooth of a dependent child to age 19, once every 60 months
- Periodontal maintenance where periodontal treatment (including scaling, root planning, and periodontal surgery such as gingivectomy, gingivoplasty, gingival curettage and osseous surgery) has been performed. Periodontal maintenance is limited to four times in any year, less number of teeth cleanings received during such 12-month period.

Type C (Prostodontics)

- Relines and rebases to dentures are limited to one per 36 months (minimum is six months after initial installation)
- Adjustment of dentures (minimum is six months after initial installation)
- Consultations are limited to two times per year
- Periodontal scaling and root planning, but not more than once per quadrant in any 24-month period
- Periodontal surgery, including gingivectomy or gingivoplasty, gingival curettage, osseous surgery, bone replacement graft and guided tissue regeneration once per quadrant every 36 months
- Root canal treatment is limited to once per tooth in a 24-month period
- Initial installation of fixed bridgework
- Initial installation of partial or full removable dentures
- Denture replacement: 10 years
- Initial installation of crowns, inlays and onlays
- Immediate denture replacement: 12 months
- Crown replacement: 10 years

Type D (Orthodontics)

- Benefit for initial preparation, work up and installation of Orthodontic appliances is 20 percent of the total covered expense
- All dental procedures performed in connection with Orthodontic treatment are payable as Orthodontia
- Payments are on a repetitive basis (quarterly installments)
- Benefits end at cancellation

Exclusions

- Temporomandibular joint disorder (TMJ)
- Implantology
- Services or supplies received before dental expense benefits start for that person
- Services not performed by a dentist except for those of a licensed dental hygienist for scaling and polishing of teeth, fluoride treatment
- Cosmetic surgery, treatment of supplies, unless required for the treatment or correction of a congenital defect of a newborn dependent child
- Replacement of a lost, missing or stolen crown, bridge or denture
- Services or supplies covered by any workers' compensation laws or occupational disease laws
- Services or supplies which are covered by any employers' liability laws
- Services or supplies received through a medical department or similar facility which is maintained by the Covered Person's employer
- Repair or replacement of an orthodontic appliance
- Services or supplies for which no charge would have been made in the absence of dental expense benefits
- Services or supplies for which a covered person is not required to pay
- Services or supplies which are deemed experimental in terms of generally accepted dental standards
- Services or supplies received as a result of dental disease, defect or injury due to an act of war, or a warlike act in time of peace
- Adjustment of a denture or a bridgework which is made within six months after installation by the same dentist who installed it



Dental

MetLife Indemnity Dental Plan

Continuation of Exclusions

- Any duplicate appliance or prosthetic device
- Use of material or home health aids to prevent decay, such as toothpaste or fluoride gels, other than the topical application of fluoride provided in a dental office
- Instruction for oral care such as hygiene or diet
- Periodontal splinting
- Temporary or provisional restorations
- Temporary or provisional appliances
- Services or supplies to the extent that benefits are otherwise provided under the plan or under any other plan which the employer contributes to or sponsors
- Appliances or treatment for bruxism (grinding teeth) including, but not limited to, occlusal guards and night guards
- Initial installation of a denture or bridgework to replace one or more natural teeth lost before dental expense benefits started or as a replacement for congenitally missing natural teeth
- Charges for broken appointments
- Charges by the dentist for completing dental forms
- Sterilization supplies or charges
- Services or supplies furnished by a family member

How to select the MetLife Dental Plans

Employee-Paid Benefits:

1. You may cover yourself by selecting the "Employee-only" benefit.
2. You may cover yourself and your eligible dependent(s) by selecting the "Employee and Family" benefit.

NOTE: If you choose dependent dental coverage, your dependents must be covered by the same dental plan and level of coverage (Standard or High) which you selected for yourself.

About the MetLife Dental Plans

Pre-determination of benefits:

Pre-determination of benefits should be requested for a program of treatment which the dentist estimates will be more than \$200. This provision does not apply to charges for emergency treatment.

How does the MetLife Preferred Dentist Program (PDP) work?

Dentists who participate in MetLife's Preferred Dentist Program (PDP) have agreed to accept a schedule of maximum fees for services rendered. These scheduled fees are below the average Reasonable & Customary charge. Additionally, dentists agree not to charge for the oral examination during periodic checkups other than the initial exam under the program. **At the point of service, you decide whether to use a dentist in the PDP or any other dentist. Your out-of-pocket costs are less when services are rendered by a participating dentist.**

How do I know if a dentist is in the MetLife Preferred Dentist Program (PDP)?

Visit www.metlife.com/mybenefits for a PDP listing of the participating dentists in the South Florida area. To find a participating dentist in your area, call 1.800.474.PDP1 (7371), Monday-Friday, 6 a.m-11 p.m. (ET), and Saturday, 7 a.m. – 4 p.m. (ET). Input the information as requested and a customized PDP directory will be mailed to you.

How can I make an appointment with my dentist?

You may schedule appointments by calling a dentist with MetLife's Preferred Dentist Program (PDP) or any other licensed dentist you choose on or after your effective date of coverage. When you arrive at your dental office, notify them that you have insurance benefits through Metropolitan Life Insurance Company. It will be necessary to use claim forms in order to receive reimbursement.

To access the provider directory, log on to www.dadeschools.net or contact the provider at 800.942.0854.



Dental

MetLife Indemnity Dental Plan

Where can I get MetLife Dental Plan claim forms?

Dental claim forms will be provided to you upon request at the Office of Risk and Benefits Management. For claims assistance or status, log on to www.metlife.com/mybenefits or call MetLife's Customer Service at 1.800.942.0854.

Where may I call for inquiries or additional questions?

All inquiries and questions should be directed to Metropolitan Life Insurance Company Customer Service at 1.800.942.0854.

Who is an eligible dependent for this coverage?

Eligible dependents for this plan include:

- Spouse/Domestic Partner
- Unmarried natural children, adopted children, and stepchildren to the end of the calendar year they reach age 26
- Children older than age 26 will remain covered under this plan only if proof is submitted that he/she suffers from a physical handicap or mental retardation, provided the child remains chiefly dependent upon you for support.
- Children of a Domestic Partner, as long as the Domestic Partner is also covered.

This example indicates your savings using the MetLife High Dental Plan (Filling-Type B service):

In-Network (PDP)

Preferred Dentist's Fee	\$62.60
Plan pays 80% of PDP Fee	- \$50.08
You pay 20% of PDP Fee	<u>\$12.52</u>
Your Cost	\$12.52*

Out-of-Network

Dentist's Fee	\$190.00
PDP Fee	\$62.60
Plan pays 80% of PDP Fee	- \$50.08
You pay 20% of PDP Fee charge over Dentist Fee	<u>\$127.40</u>
Your cost	\$139.92**

Total \$\$\$ saved by using a MetLife Preferred Dentist = \$127.40

* Example assumes \$50 deductible has been satisfied.

**Example assumes \$150 deductible has been satisfied.

Plan Provider: Metropolitan Life Insurance Company.

Plan Provider: Metropolitan Life Insurance Company.



Vision Plan

The UnitedHealthcare Vision Plan provides access to both private practice and retail chain providers that provide quality eye care and materials. This plan is designed to provide regular eye examinations and benefits toward vision care expenses, including glasses or contact lenses.



[Click to play Vision Video:](#)



UnitedHealthcare Vision Plan

The Plan offers in-network and out-of-network benefits. When using a participating network provider, you pay a modest co-payment for exam and materials as shown in the Schedule of Benefits. The out-of-network benefit allows you to select any licensed non-network provider. As the plan participant, when visiting a non-network provider, you pay the full fee to the provider and UnitedHealthcare Vision will reimburse you for services rendered up to the maximum allowance. There are no co-pays or deductibles when using an out-of-network provider.

As part of your package you are entitled to receive frames. Frames are covered in full if services are rendered in-network after paying a \$10 co-payment and if selecting frames with a \$50 wholesale price or less. For out-of-network, we will reimburse up to \$45. The in-network contact lens benefit is covered in full after paying a \$10 co-payment which includes the fitting/evaluation fees and up to two follow-up visits for covered contacts. For non-covered contacts, there is a \$105 allowance applied toward the fitting/evaluation fees and purchase of the contacts. Under the out-of-network contact lens benefit, we will reimburse up to \$105 less any fitting/evaluation fee.

>> Benefit Eligibility Note:

- **All M-DCPS groups are eligible to enroll in the United Healthcare Vision Plan offered by the School Board.**
- **Current COBRA Participants may only continue to enroll in the UnitedHealthcare Vision plan if you were previously enrolled.**
- **See eligibility section for more details.**



Vision Plan

Schedule of Benefits

Covered services*	In-network	out-of-network
One-Time Co-Payment (Applies to frames and/or lenses, contact lens fitting and follow up)	\$10	N/A
Vision Exam (once every 12 months)	Paid in full	up to \$40
Single Lenses (once every 12 months)	Paid in full**	up to \$40
Bifocal Lenses (once every 12 months)	Paid in full**	up to \$60
Trifocal Lenses (once every 12 months)	Paid in full**	up to \$80
Frames	Paid in full	up to \$45
	Private Practice:	
	Private Practice: 100% coverage after \$10 co-pay (\$130 allowance)	
	Retail Chain: 100% coverage after \$10 co-pay (\$130 allowance)	
Frequency	one a year	one a year
Contact lenses (in lieu of frames and lenses) Elected by Insured	Paid in full or up to \$105 allowance	up to \$105
Medically Necessary	Paid in full or up to \$175 allowance	up to \$175
Mail Order Contact Replacement	10% provider discount	
Optional Services at Additional Costs (for Panel Plan only)	You Pay	
Solid Tint	\$13	
Gradient Tint	\$15	
Ultra Violet Coating (Glass)	\$23	
Standard Scratch Resistance Coating	\$0	
Anti-Reflection Coating	\$40	
Glass PGX		
Single Vision	\$32	
Multifocal	\$47	

* During any plan year, you may elect either the frames and/or lenses covered service or the contact lenses allowance, but not both.

**Single vision, lined bifocal or lined trifocal are paid in full.

Any co-payment or out-of-pocket cost may be reimbursed through your Medical Expense FSA.

See Page 9 for a partial list of eligible expenses or visit Tasc's website at www.tasconline.com for the full version of eligible expenses.

Vision Plan

Notes on the UnitedHealthcare Vision In-Network:

1. The eye exam, contact lenses (new or replacement), or lenses are provided once every plan year regardless of prescription change. Frames are provided once a year.
2. Your out-of-pocket cost for the service rendered is paid by you upon receipt of services. Oversize lenses, tinted lenses, sunglasses, and nonstandard and photochromatic lenses may be purchased with an additional charge. Contact lenses are in lieu of frames and lenses.
3. There is no annual deductible with this plan.

How to use the UnitedHealthcare Vision In-Network Plan Benefits:

Using a Panel Eye Doctor

1. A list of participating optometrists and ophthalmologists can be accessed through www.dadeschools.net. Benefits listed are valid at all participating eye doctors.
2. Identification cards are not needed. Your eligibility for service is verified by identifying yourself as a UnitedHealthcare Vision Plan participant when you make an appointment with a participating eye doctor.
3. The eye doctor's office will handle all claim forms.

Notes on the UnitedHealthcare Vision Out-of-Network Plan:

1. You are responsible for payment of the entire fee. There will be a one-time reimbursement by the UnitedHealthcare Vision Plan up to the amounts listed on Page 44.
2. The vision exam is provided once every plan year, with a maximum \$40 reimbursement.
3. Lenses are provided once every 12 months, if needed, as determined by your optometrist or ophthalmologist.
4. Frames are provided every 12 months, if needed. Frames are limited to a maximum \$45 benefit.
5. Contact lenses will be provided once every 12 months under the plan, if needed, as determined by your optometrist or ophthalmologist. Payment will be made for only one pair of lenses, either single, bifocal, trifocal, or contacts during a plan year. No frame or lens benefits are available during the plan year that contact lenses are elected.

How to use UnitedHealthcare Vision Out-of-Network Benefits:

1. UnitedHealthcare Vision Out-of-Network vision benefits are valid at any non-panel licensed ophthalmologist, optometrist or optician.
2. Vision claim forms will be provided upon request by **UnitedHealthcare Vision at 1.800.638.3120.**

Can you explain the UnitedHealthcare Vision Plan frame benefits?

Under the UnitedHealthcare plan, you are free to choose any frame available at any provider location, or any frame that a provider is willing to order for you. At both network retail locations and private locations, you will receive a \$130 retail allowance toward the cost of the frame. If the frame falls within the allowance, it will be fully covered with no out-of-pocket expenses beyond the material co-pay. If you choose a frame that exceeds these allowances, you only pay the difference and may also take advantage of any provider discounts offered.

For out-of-network we reimburse up to \$45.

What services and materials does the plan exclude?

- Cosmetic contact lenses.
- Medical or surgical treatment of the eyes.
- Services and materials for orthoptics or vision training, subnormal vision aids, aniseikonic lenses, two pair of glasses in lieu of bifocals, and nonprescription glasses.
- Lost or broken lens replacement or repair, unless it is time for your annual exam.
- Any services and material that Workers' Compensation, another plan or a government agency provides.
- Any employer-required exam as a condition for employment.

Any co-payment or out-of-pocket cost may be reimbursed through your Medical Expense FSA. Refer to Page 9 for more details. See Page 9 for a partial list of eligible expenses or visit Tasc's website at www.tasconline.com for the full version of eligible expenses.



Vision Plan



Who is an eligible dependent for this coverage?

Eligible dependents covered under this plan include:

- Spouse/Domestic Partner
- Children (including children of a Domestic Partner, as long as the Domestic Partner is also covered) will be covered under this plan until the end of the calendar year in which he/she reaches age 26. Coverage applies whether they are/are not married or a student.

How to select UnitedHealthcare Vision Plan benefits:

1. You may cover yourself by selecting the "Employee-only" benefit.
2. You may cover yourself and your eligible dependent(s) by selecting the "Employee and Family" benefit.

Plan Provider:

This product is offered by UnitedHealthcare Vision, through its parent company, UnitedHealthcare Insurance Company.

>> Domestic
Partner
Eligibility
Update:

Employees covering a domestic partner of the same sex and legally married are able to add their eligible domestic partner on a tax free basis with proper documentation (marriage certificate)!

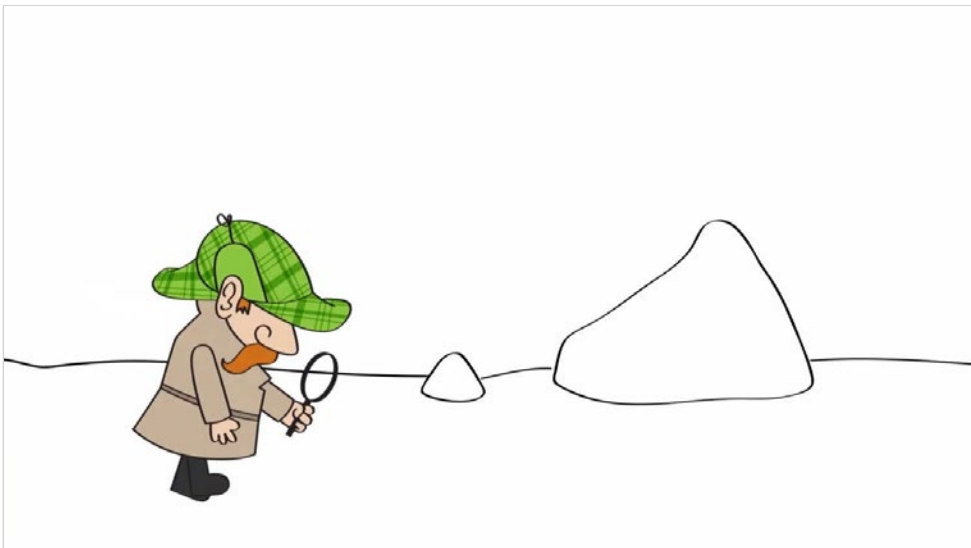
To access the provider directory, log on to www.dadeschools.net or contact UnitedHealthcare at 1.800.638.3120.

Identity Theft Plan

Identity theft occurs when someone uses elements of your personally identifying information like your name, Social Security Number, or financial information without your permission, to commit fraud or other crimes. While most consumers immediately assume that identity theft is just somebody using a stolen credit card, this should be the last of your concerns. True identity theft is prevalent, and has a much more significant impact than disputing a charge with your credit card company.



[Click to play the Identity Theft Video:](#)



Why Choose ID Theft Protection?

- The average victim will lose \$4,841 and spend \$1,400 in expenses trying to resolve their case on their own.
- The average victim spends 330 hours on their own trying repair the damage.
- 50% of ID theft victims have trouble getting loans or credit cards.
- 12% of ID theft victims end up having warrants issued by law enforcement in their name for crimes committed by the identity thief.
- Identity theft occurs every three seconds in the U.S.
- Children are increasingly becoming targets for identity thieves.

ID Watchdog Plus

ID Watchdog Plus is our core identity monitoring, identity theft detection and resolution product. Plus monitors thousands of public and private databases searching for new and updated information associated with your personnel, identifiable and financial information. Plus includes monitoring of an employee's Social Security number, criminal records, address history, TransUnion credit report and more.

>> Benefit Eligibility Note:

- All M-DCPS Full-Time and Part-Time employees are eligible to enroll in the Identity Theft plan offered by the School Board.
- COBRA participants are ineligible for Identity Theft Plan enrollment.
- See eligibility section for more details.



Identity Theft Plan

ID Plus Features

- Identity Monitoring
- Advanced Monitoring
- Alternative Lending Monitoring
- High Risk Transaction Monitoring
- Cyber Monitoring
- Non-Credit Loan Monitoring
- Address Monitoring
- Single-Bureau Credit Monitoring
- Lost Wallet
- \$25,000 reimbursement insurance
- 100% Resolution Guarantee[†]

True Identity Protection™

Identity Monitoring: Scans public records searching for new information associated with your Social Security Number.

Advanced Identity Monitoring: Scans National Change of Address (NCOA) database identifying new addresses associated with your personal information.

Alternate Monitoring*: Today we scan Non-Credit Payday loan databases which provide high-interest, quick cash transactions requiring minimal personal information to obtain. We are expanding our fraud detection network to include monitoring of Auto Pawn, Buy-Here-Pay-Here auto dealers, and Rent-To-Own store transactions. This is the most comprehensive alternative credit monitoring in the ID theft protection industry.

Proactive Zero Hour Identity Monitoring*: Daily scanning of billions of transactions and data points will provide an early warning alerting customers of high risk transactions. Detects potential fraud as it is happening so our team can help you stop it in its tracks and prevent damage that may occur with ID Theft.

Cyber Monitoring: Scans social networking sites, hacker forums and underground websites that buy, sell and trade personal information.

Credit Report Monitoring: Monitors credit and notifies you when changes such as new accounts, delinquent accounts and other credit-related information is recorded.

Extended Identity Protection

Lost Wallet: Online safe box security stored credit card, driver's license information and more. Includes cancellation and request for new credit cards in the event your wallet or purse is stolen.

Full-Service Identity Restoration*: Dedicated Certified Resolution Specialists work on your behalf to restore your identity by addressing record-keeping and reporting agencies, removing erroneous and fraudulent records that appear in your name. A benefit of our concierge level service is few costs associated with identity restoration. ID Watchdog has a flawless record in restoring victim's identities. However peace of mind is important. All ID Watchdog Plus Protection Plans will include a \$25,000 expense reimbursement insurance to cover those rare expenses during a restoration.

NPI Monitoring: Monitors National Provider Identifiers (NPI) for healthcare professionals.

*Expense reimbursement insurance, expanded Alternative Credit Monitoring, and Zero Hour Monitoring available in Q4 2013.

If you have any questions, please call 1.866.513.1518

How We Protect You

Most identity monitoring companies only monitor your information for credit card fraud, but ID Watchdog provides protection for your entire identity. We constantly monitor thousands of databases, watching for suspicious changes in our customers' information, and promise 100% resolution if there is ever a problem on our watch.

Monitoring

When you sign up for ID Watchdog Plus, we will verify your identity and create an Identity Profile Report for you. You may access this report at any time by logging into your personal ID Watchdog dashboard. Each month thereafter, we'll send you an update that highlights any changes or give you an "all clear" notice.

Monthly Monitoring

After your recognized profile has been established, we will comb our thousands of databases for your identity information each month. If there are no new or changed data points, we'll notify you that your records are clean. However, if we find new data points, we will notify you of the changes for you to review. More often than not, the new information will have resulted from a new account you opened. In that case, you can approve the data, and we'll add it to your identity profile.

*All ID Watchdog Plus Protection Plans will include a \$25,000 expense reimbursement insurance to cover those rare expenses during a restoration.



Identity Theft Plan

In the case that the new data is unfamiliar and suspicious, we ask that you let us know. We will initiate extensive reporting that will tell us more about activities on your records through our ID SnapShot, and then proceed with our ID Rehab resolution services, if necessary, until the problem is resolved.

Detection

If there is a reason to believe that your identity has been compromised, be it an unrecognized record in your Identity Profile Report or a suspicious change found through your monthly search, we'll compile an ID Snapshot. The SnapShot is an extensive report that will allow us to pinpoint any fraudulent data. The ID SnapShot pulls information associated with your identity, including addresses, phone numbers, property deeds, driving records, banking accounts, credit history and more. If we detect new threats after your enrollment in ID Watchdog Plus, your ID Snapshot is included in your plan, but it can also be purchased separately for any pre-existing condition.

The ID SnapShot pulls information associated with your identity, including the following:

- Credit Reports
- DMV Driving History
- Motor Vehicle Registration History
- Global Criminal Check
- U.S. Criminal Record Check
- U.S. Wants and Warrants Check
- Sex Offender Registry
- Social Security Number Trace
- Terrorist Watch List
- Bankruptcies, Liens and Judgments
- And much more...

If you require an ID SnapShot, we'll be compiling a very detailed report with highly-sensitive data, so we'll just need a few additional components from you to verify our permission to pull these records on your behalf. We'll work with you to obtain these documents, so that we can efficiently compile and mail your full report to your home.

After providing the ID SnapShot to you and going over any unfamiliar data, we will then decide whether our ID Rehab resolution services are required. Through the ID SnapShot, we will know exactly which entities to contact in order to clear your good name.

Resolution

Should your ID SnapShot reveal any indication that you have been a victim of identity theft, we will work on your behalf to clear your name through our unique ID Rehab™ process. Our resolution experts will negotiate with any applicable institutions, file the necessary paperwork, and follow up to see that your good name is restored. This restoration is provided, free of charge, to ID Watchdog Plus customers who encounter issues while enrolled in the program, and is backed by our 100% resolution guarantee.* ID Watchdog ensures you'll never have to worry about cleaning up the damage that can come from a breached identity.

This service, which is free of charge to any customers who become victimized during their enrollment in ID Watchdog Plus, will include the work it takes to clear your good name. After obtaining a police report and ID Theft Affidavit as proof that damages have occurred, our Resolution Agents will use limited Power of Attorney to work towards restoring the identity that is rightfully yours. By communicating on your behalf with the agencies that control your records, our experts will do all of the legwork for you.

Our guarantee of full-service protection means that we won't stop until you are no longer held responsible for any damage caused by the identity thief.

ID Rehab is included, at no extra cost, for ID Watchdog customers who become a victim while enrolled in our services, but can also be purchased separately to help you resolve any pre-existing instance of identity theft.

You could spend hundreds of hours rectifying a case of stolen identity, but with the ID Rehab services of ID Watchdog your identity will be secure again before you know it.

Take Control with Online Account Access

You can manage your account online with our exclusive Identity Management Dashboard and receive alerts and communication via e-mail. This 24/7 access allows you to check your Identity Profile Report at your leisure, and make updates to your data at any time. Through our secure website, you'll have the option to make the most of your ID Watchdog monitoring by providing more insight into the records that are associated with your identity. Also, by managing your account exclusively online, you'll save precious time by receiving your monthly alerts instantly to your in box.

If you need additional support, you can call us with your questions at 1.800.970.5182. Our Customer Service is available: Monday - Friday 8 a.m. - 6 p.m. (MST).



Identity Theft Plan

Who is an eligible dependent covered under this plan?

Eligible dependents covered under the this plan include:

- Spouse (until a final decree of divorced has been filed)
- Domestic Partner
- Unmarried natural children, stepchildren, children under your care through court-approved guardianship, and children of a Domestic Partner through the end of the calendar year in which he/she reaches age 20.
- Children may be covered until the end of the calendar year in which the child reaches age 26 if he/she is a full-time or part-time student who receives more than half of his/her financial support from the eligible employee. Children may also be covered until the end of the calendar year in which he/she reaches age 26, if the child suffers from a mental or physical handicap, is incapable of self-support, and is fully dependent upon the employee for support.

What is ID Watchdog?

ID Watchdog was created in 2004 by a group of seasoned credit professionals who recognized the growing crime of identity theft and sought out to provide un-matched protection services to consumers. By enlisting experts on all facets of identity theft – including law enforcement authorities, judicial representatives, consumer privacy advocates and banking and credit experts – ID Watchdog created the most powerful, pro-consumer identity theft protection product possible. ID Watchdog is a publicly traded company on the Toronto Stock Exchange, under the symbol (IDW. V.)



ARAG Legal Plan

The ARAG Group Legal Plan is a legal safety net that provides comprehensive legal protection and resources.



Click to play the Legal Plan Video:



Legal Plan Coverage

The ARAG® Legal Plan has provided comprehensive legal protection and resources to M-DCPS employees and their families for over 25 years. The legal plan includes:

- No waiting periods on ANY coverages (including bankruptcy and divorce). You can use the plan as soon as your coverage begins.
- Broad coverage of life's legal issues. More coverages for your investment including defense of motions to modify, administrative hearings and IRS audit protection and collection defense.
- Freedom of choice for representation. You can choose ANY attorney you want to work with, in or outside ARAG's Network. ARAG doesn't assign attorneys for representation.
- A trusted carrier with national reach. As a leading provider of legal insurance in the United States for more that 40 years, you have access to ARAG's nationwide network of more than 6,400 attorneys.

You can use the ARAG Legal Plan as soon as you become a member, NO waiting periods. Benefits include:

In-office Legal Representation

Attorney fees for most covered matters are 100% paid-in-full when you work with your choice of a Network Attorney with NO waiting periods unless otherwise stated. Network Attorneys provide

>> Benefit Eligibility Note:

- All M-DCPS Full-Time and Part-Time employees are eligible to enroll in the ARAG Legal Plan offered by the School Board.
- COBRA participants are ineligible for ARAG Legal Plan enrollment.
- See eligibility section for more details.



ARAG Legal Plan

legal representation – including review and document preparation – for covered legal matters including:

- Standard Will Preparation
- Complex Will Preparation (up to 6 office hours)
- Codicil Preparation (Amendment to a Will)
- Living Will Preparation
- Powers of Attorney Preparation
- Contested Guardianship/Conservatorship
- Uncontested Guardianship/Conservatorship
- Legal Name Change Proceedings
- Contested Divorce (up to 10 office Hours/\$70 per hour for all additional hours)
- Uncontested Divorce
- Defense of Motions to Modify, a Final Divorce Decree
- Spousal Divorce (partial reimbursement)
- Consumer Protection
- Debt Collection Defense
- Juvenile Court Proceedings
- Defense of Felony (named insured only)
- Criminal Misdemeanor Defense
- Driving Privilege Protection
- Driving While Intoxicated
- Personal Transfers (1 purchase and sale per year)
- Refinance (up to 1 hour per year)
- Personal Property Issues
- Tenant Rental Issues
- Administrative Hearings (includes visa extensions, naturalization and deportation, also referred to as removal)
- Insanity and Infirmity Defense
- IRS Audit Protection (partial reimbursement)
- IRS Collection Defense (partial reimbursement)
- Personal Bankruptcy
- General In-Office for any other legal issues - (up to 2 hours per family every 6 months)

For a complete list, please review the chart on Page 55.

To locate a Network Attorney in your area, call the toll-free number, 1.800.360.5567, or visit ARAGLegalCenter.com, enter Access Code: **10287mds**, click on the "Plan Details" tab and the Attorney Finder link. You can also log in as a member for more details.

You can see a Network Attorney for legal representation – including review and document preparation.

You may also select a Non-Network Attorney and the plan will reimburse you according to scheduled limits. The legal services that are available are listed on the chart on Page 55.

If you need legal representation for a legal situation that's not covered under the ARAG Legal Plan, you can still save money through the Reduced Fee Benefit. Network Attorneys provide a reduced fee of at least 25 percent off their normal hourly rate for any legal situations that are not covered or excluded.

Telephone Legal Advice and Consultation

Attorneys can easily handle certain legal matters over the phone. You can consult with a Network Attorney over the phone as often as necessary – for any of the following legal needs, including:

- General Legal Advice and Consultation on virtually any legal matter
- Standard Will Preparation
- Living Will Preparation
- Durable Powers of Attorney Preparation
- Small Claims Assistance
- Follow-up Calls and Letters
- Specific Document Preparation
- Document Review

Identity Theft Services

You have toll-free access to Certified Identity Theft Case Managers who will help you get your life back in order and repair any damage done to your identity. The case managers will:

- Explain what identity theft is and how to prevent it
- Provide resources to minimize and recover from identity theft
- Explain plan coverages that may be relevant to the identity theft, such as Consumer Protection



ARAG Legal Plan

- Provide Identity Theft Prevention and Victim Action Kits
- Monitor the resolution of the situation

Immigration Assistance

To help with the immigration process, your plan includes:

- Toll-free telephone advice from an attorney on how immigration relates to your legal matter and what actions may be taken.
- Access to immigration education materials.
- Access to Network Attorneys who will provide reduced fee services of at least 25% off their normal hourly rate for specific covered matters.

Online Legal Tools and Resources

The ARAG Legal Center provides easy online access to legal tools and resources, including:

- An Education Center™ offering a wide range of tools to educate and empower you to handle your legal issues, including the Law Guide, Guidebooks, LawExpresso® and the Legal Glossary.
- Hundreds of DIY Docs®, when you want the convenience and control of preparing legally valid documents yourself.
- Assessments, calculators, and profiles to learn what legal matters may impact your life.

Financial Education and Counseling Services - ARAG Exclusive

You have access to professional Financial Counselors and online resources exclusively through your ARAG Legal Plan. Experienced Financial Counselors are available to answer questions and provide guidance on a range of financial topics including:

- General Financial Planning Information and Guidance
- Cash and Debt Management/Budgeting
- Retirement and Investment Planning
- Federal Tax Information and Education
- Individual Retirement Accounts (IRAs)

You also have access to online resources through the ARAG Legal Center that provide:

- A Personalized Financial Plan
- A Step-by-Step Action Plan
- Life Events Guides and Financial Articles
- Online Courses
- Financial Calculators
- Webcasts

What if I have a legal concern that existed before I became insured under the ARAG Legal Plan?

Coverage for pre-existing matters is included as long as the legal action or charge is filed and the attorney is first retained after the effective date of the policy. (Most attorneys' fees are 100 percent paid-in-full for covered matters when a Network Attorney is used.) Coverage is provided for matters in process at the time of termination of employment or plan termination. Coverage is provided anywhere in the United States.

How to Use Legal Benefits

You can use your ARAG Legal Plan as soon as you need to, with NO waiting periods, in the following ways:

1. **Legal Advice and Consultation:** Insured employees can reach a Network Attorney by calling 1.800.360.5567, Monday - Friday, 8 a.m. - 8 p.m., ET.
2. **Legal Representation Services – Network Attorney:** Contact the Network Attorney of your choice and identify yourself as an insured M-DCPS employee and ARAG member. The Network Attorney will file a claim with ARAG to receive reimbursement and, for most covered benefits, attorney fees are 100 percent paid-in-full. You will be responsible for any filing fees, court costs and miscellaneous costs, such as photocopying.
3. **Legal Representation Services – Non-Network Attorney/Indemnity Coverage:** You may choose to use an attorney not in the network and be reimbursed by ARAG up to schedule maximums by submitting a claim form and your attorney's billing statement directly to ARAG. Claim forms can be obtained by calling the ARAG Customer Care Center at 1.800.360.5567, Monday - Friday, 8 a.m. - 8 p.m., ET or by logging in as a member at ARAGLegalCenter.com and clicking on the "Find an Attorney" tab and the "Non-Network Attorney Claim Form" link.



ARAG Legal Plan

How to Select ARAG Legal Benefits

You may cover yourself and your family by selecting the ARAG Legal Plan under the Employee-Paid FlexPlan Benefits section of the online enrollment.

How does the legal coverage benefit affect taxes?

According to IRS rules, the Legal Plan is not qualified to be included in the FlexPlan as a tax-free benefit. If you select legal coverage, your premium is deducted on an after-tax basis (POST-TAX).

What legal services does the plan exclude?

Plan exclusions include: actions between you and your employer, union, fellow employees, insurance carriers, ARAG Insurance Company, or anyone else when prohibited by law; business matters, preparation of tax returns, patents or copyrights, summary procedure actions; class actions, interventions or amicus curiae filings, citizen's dispute settlements program procedures; filing fees, court costs, and miscellaneous costs, or matters where other reimbursement is available; contingency fee, workers' compensation, unemployment compensation and probate cases; actions between you and your dependents; duplication of services previously claimed, title search and title insurance, and legal proceedings where you are entitled to legal representation or reimbursement from any other source; and matters related to structural damage to dwellings, appurtenances, paved surfaces and matters not specifically listed.

Who is an eligible dependent covered

under this plan?

Eligible dependents covered under the Legal Plan include:

- Spouse (until a final decree of divorced has been filed)
- Domestic Partner
- Unmarried natural children, stepchildren, children under your care through court-approved guardianship, and children of a Domestic Partner through the end of the calendar year in which he/she reaches age 19.
- Children may be covered until the end of the calendar year in which the child reaches age 26 if he/she is a full-time or part-time student who receives more than half of his/her financial support from the eligible employee. Children may also be covered until the end of the calendar year in which he/she reaches age 26 if the child suffers from a mental or physical handicap, is incapable of self-support, and is fully dependent upon the employee for support.

Which insurance company makes the Legal Plan available to me?

ARAG Insurance Company underwrites and administers the plan. A.M. Best's Reports, an organization that compares and rates the financial strength and performance of insurance companies, rates ARAG Insurance Company "A" (Excellent).

For questions relating to your account, contact a Customer Care Specialist at 1.800.360.5567, Monday - Friday, between 8 a.m. - 8 p.m. ET.



ARAG Legal Plan

What legal services are available?

The chart below shows the legal services available and reimbursement.

Coverage	Network Attorney	Non-Network Attorney*
In-Office Legal Services		
Consumer protection	Paid in full	\$2,200**
Debt Collection Defense		
IRS audit protection (attorney or accountant)		
Audit consultation	\$420*	\$420*
Representation at audit before litigation	\$900*	\$900*
Defense for IRS litigation	\$5,000*	\$5,000*
Personal bankruptcy/wage-earner plan Dissolution	Paid in full	\$420*
Divorce, legal separation or annulment (coverage for employee)		
Uncontested	Paid in full	\$600*
Contested		\$600*
ARAG will pay a Network Attorney in full for the first 10 hours of the attorney's time. The Network Attorney will bill the insured at \$70 per hour for all additional hours.		
Employee's Spouse's legal fees	\$300*	\$300*
Defense of motion to modify a prior divorce decree	Paid in full	\$360*
Adoption	Paid in full	\$350*
Contested Guardianship/Conservatorship		
Uncontested Guardianship/Conservatorship	Paid in full	\$300*
Incompetency or infirmity proceedings	Paid in full	\$2,200**
Name change	Paid in full	\$240*
Juvenile court proceedings (excluding traffic matters)	Paid in full	\$2,080**
Habeas corpus	Paid in full	\$300*
Defense of DWI	Paid in full	\$2,080**
Criminal misdemeanor defense (except involving motorized vehicles)	Paid in full	\$2,080**
Traffic charges where your license could be suspended or revoked	Paid in full	\$2,080**
Felony (named insured only)	Paid in full	\$2,500*
Estate planning		
Individual simple will	Paid in full	\$100
Husband and wife simple wills	Paid in full	\$125
Codicil	Paid in full	\$60*
Complex Wills (Wills with trust)	Paid in full up to 6 hrs.	\$240*
Living will	Paid in full	\$60*
Durable power of attorney	Paid in full	\$60*
Purchase/sale of principal residence (one attempt at each per year)	Paid in full	\$360*
Real estate refinancing (limit of one hour)	Paid in full	\$60*
Administrative hearings (excluding employment related)	Paid in full	\$1,200*
General In-office***		
Office consultations for legal advice, negotiation, document preparation and review	2 hours every 6 months per family, noncumulative***	\$120*



ARAG Legal Plan

Coverage continued

Telephone Legal Advice and Consultation

Attorneys can easily handle certain legal matters over the phone.

You can consult with a Network Attorney over the phone as often as necessary for any of the following legal needs including:

- General Legal Advice and Consultation on Virtually any Legal Matter
- Standard Will Preparation
- Living Will and Durable Powers of Attorney Preparation
- Small Claims Assistance
- Follow-up Calls and Letters
- Specific Document Preparation
- Document Review

Network Attorney

Paid in full

Non-Network Attorney*

N/A

ONLINE LEGAL Tools and resources – Paid in full

N/A

N/A

At ARAGLegalCenter.com, you have easy online access to legal services, including:

- Assessments, calculators, and profiles to learn what legal matters may impact your life.
- An Education Center offering a wide range of tools to educate and empower you to handle your legal issues, including:
 - Law Guide - easy-to-understand legal articles to help you research your legal situation.
 - Guidebooks - A collection of "go-to guides" with detailed information and checklists to assist you with common life events.
 - Legal Glossary - An easy-to-use glossary to help you better understand complex legal terms.
- Hundreds of DIY Docs® for when you want the convenience and control of preparing legally valid documents yourself.

VALUE-ADDED SERVICES

- Financial and Education Counseling Services - Paid in Full
- Identity Theft Services - Paid in full
- Immigration Assistance - Paid in Full

N/A

N/A

N/A

N/A

* Non-Network Attorney coverage is at \$60 per hour to the stated amount for pre-trial; \$200 for 1/2 day trial.

** Trial coverage of \$1600 is included in these amounts (\$200 for half-day trial, and major coverage). Pretrial coverage is the stated amount less \$1600.

*** You cannot use the 2 hours to increase any other plan benefits or waive their limitations.

Insert standard disclaimer: "Limitations and exclusions apply." Insurance products are underwritten by ARAG Insurance Company of Des Moines, Iowa, GuideOne® Mutual Insurance Company of West Des Moines, Iowa or GuideOne Specialty Mutual Insurance Company of West Des Moines, Iowa. Service products are provided by ARAG Services, LLC. This material is for illustrative purposes only and is not a contract. For terms, benefits or exclusions, call 1.800.360.5567.



M-DCPS offers a one-stop resource with the legal, financial and adult care assistance you need to take care of your family: SeniorAdvocate Legal Plan, administered by ARAG.



ARAG SeniorAdvocate Legal Plan

With SeniorAdvocate, you can receive legal advice and consultation, and reduced fee services on a variety of legal matters including: fraud, schemes and scams, planning for incapacity, healthcare decisions, financial planning, debt and consumer protection and estate planning.

Which of my family members can benefit from the SeniorAdvocate Plan?

You can use the plan for matters related to your parents, grandparents, spouse's parents and spouse's grandparents.

What legal services are offered?

Legal Advice and Consultation

You will have toll-free telephone access to a Network Attorney for the following services:

- Legal Advice and Consultation - Toll-free telephone advice on how the law relates to senior family members' personal legal matters and which actions may be taken.
- Document Preparation - Assistance with the preparation or review of the following documents as they relate to the senior family members:
 - Special powers of attorney and revocations
 - Challenge to denial of credit
 - Bad check notice
 - Promissory notes and affidavits related to their personal property
 - Bills of sale related to personal property
- Document Review - Attorneys will review legal documents for the senior family member, up to four pages, except those related to trusts or real estate property transfers.
- Follow-up Calls/Correspondence - Assistance with follow-up telephone calls and correspondence to third parties, related to the senior family member.

Legal Representation

If a matter requires an in-office visit, you can meet with a Network Attorney and you are guaranteed at least a reduced fee of at least 25 percent off of his/her normal rates.

To use a Network Attorney:

- Contact the attorney to make an appointment. Identify yourself as an ARAG plan member.
- Ask the attorney what materials you should bring to your appointment.
- The attorney will provide the needed services.
- The Network Attorney will bill you directly at the discounted rate.

>> Benefit Eligibility Note:

- All M-DCPS Full-Time and Part-Time employees are eligible to enroll in the ARAG SeniorAdvocate™ Plan offered by the School Board.
- COBRA participants are ineligible for ARAG SeniorAdvocate™ Plan enrollment.
- See eligibility section for more details.



ARAG SeniorAdvocate

What Financial Educational and Counseling Services are available?

Only through ARAG's SeniorAdvocate do you have exclusive access to professional Financial Counselors and an interactive financial planning website to help you deal with your senior family members' financial future.

Experienced Financial Counselors are available to answer questions and provide guidance on a range of financial topics including:

- General Financial Planning Information and Guidance
- Cash and Debt Management/Budgeting
- Retirement and Investment Planning
- Federal Tax Information and Education
- Individual Retirement Accounts (IRAs)

You also have access to an interactive financial planning website that offers:

- A Personalized Financial Plan
- A Step-by-Step Action Plan
- Life Events Guides and Financial Articles
- Online Courses
- Financial Calculators
- A Mutual Center
- Webcasts

Identity Theft Services

You have toll-free access to Certified Identity Theft Case Managers who will help your senior family members get their life back in order and repair any damage done to their identity. The case managers will:

- Explain what identity theft is and how to prevent it
- Provide resources to minimize and recover from identity theft
- Explain relevant plan coverages
- Provide Identity Theft Prevention and Victim Action Kits
- Monitor the resolution of the situation

**For questions relating to your account,
contact a Customer Care Specialist at
1.800.360.5567, Monday - Friday, between
8 a.m. - 8 p.m. ET.**

What are Caregiving Services?

You can receive assistance in planning for your own or your senior family members' immediate or future adult care needs through toll-free, telephone access to a Care Advocate who will:

- Answer your eldercare-related questions, assess eldercare needs and help you develop a care plan.
- Send you a customized information guide that contains lists of assisted living facilities, nursing homes or home health care agencies – including comparative quality-of-care ratings and reports on thousands of facilities and agencies – along with helpful eldercare information.
- Give you access to the nation's most comprehensive eldercare database with more than 90,000 long-term care providers.
- Conduct searches to determine availability and rates of assisted living facilities, nursing homes, home health care agencies and adult day care providers. Advocates will negotiate discounts when available.

Plus, you will have access to the **ElderAnswers Website** which provides you online access to quality-of-care ratings and reports, direct access to the provider database, and a wide-range of eldercare information.



ARAG SeniorAdvocate

Which insurance company makes the SeniorAdvocate Legal Plan available to me?

ARAG Insurance Company underwrites and administers this plan. A.M. Best's Reports, an organization that compares and rates the financial strength and performance of insurance companies, rates ARAG Insurance Company "A" (Excellent).

Visit ARAGLegalCenter.com and enter Access Code: 10287mds for more information.

Life the Way You Want to Live

For your convenience, attorney information and an online Attorney Finder can be found when you visit ARAGLegalCenter.com, enter Access Code: 10287mds, click on the "Choose Your Plan" tab and the Attorney Finder link. You may also call the Customer Care Center at **1.800.360.5567**, Monday - Friday, 8 a.m. – 8 p.m. ET. The ARAG Network Attorneys average nearly 25 years of experience.

Is your personal attorney a member of the ARAG Attorney Network? If not, let them know and they can contact ARAG about joining, or the attorney can visit www.ARAGgroup.com.

Limitations and exclusions apply. Insurance products are underwritten by ARAG Insurance Company of Des Moines, Iowa, GuideOne® Mutual Insurance Company of West Des Moines, Iowa or GuideOne Specialty Mutual Insurance Company of West Des Moines, Iowa. Service products are provided by ARAG Services, LLC. This material is for illustrative purposes only and is not a contract. For terms, benefits or exclusions, call 1.800.360.5567.

To access the provider directory, visit ARAGLegalCenter.com, enter Access Code: 10287mds, click on the "Choose Your Plan" tab and the Attorney Finder link.

For questions relating to your account, contact a Customer Care Specialist at 800.360.5567, Monday - Friday, between 8 a.m. - 8 p.m. ET.



Visit FBMC Benefits Management at www.myFBMC.com for valuable benefits information!

Need help?

Call 1.855.5MDC.PS4U, Monday - Friday, 7 a.m. - 8 p.m. ET for assistance with your benefits questions.



US Legal Family Defender



The US Legal Family Defender covers employees and their dependents and provides legal services from Network and Non-Network Attorneys. The Family Defender covers employees and their dependents and provides legal services from Network and Non-Network Attorneys.

>> Benefit Eligibility Note:

- All M-DCPS Full-Time and Part-Time employees are eligible to enroll in the US Legal Family Defender Plan offered by the School Board.
- COBRA participants are ineligible for US Legal Family Defender Plan enrollment.
- See eligibility section for more details.

Legal Plan Coverage

In-Office Legal Representation

Most of the following benefits are 100% paid-in-full for attorneys' fees when you use a Network Attorney.

- Simple Will
- Complex Will
- Codicil
- Living Will
- Power of Attorney
- Guardianship/Conservatorship
- Name Change
- Divorce
- Child Support
- Post Judgment Decree
- Post Decree Modification
- Consumer Protection
- Consumer Debt Collection
- Juvenile Proceedings
- Criminal Misdemeanor
- Immigration
- Driving Privilege Protection
- Personal Property Issues
- Tenant Rental Issues
- IRS Audit Protection
- IRS Collection Defense
- Real Estate
- Estate Administration
- Expungements

To locate a Network Attorney in your area, call the toll-free telephone number 800.356.LAWS or visit: <http://home.uslegalservices.net/M-DCPS>.

You can see a local Network Attorney for legal representation – including review and document preparation.



US Legal Family Defender

You may select a Non-Network Attorney and the plan will reimburse you according to scheduled limits. The legal services available are listed on the chart on Page 63.

Reduced Fee Services

If you need legal representation for a legal situation that's not covered under The Family Defender, but not specifically excluded, you can still save money by using a Network Attorney at a reduced fee of at least 33 1/3% percent off their normal hourly rate for legal matters.

Telephone Legal Advice

Attorneys can easily handle certain issues over the phone. You can consult with a Network Attorney over the phone as often as necessary for virtually any personal legal need, including:

- General Legal Advice
- Will Preparation
- Living Will Preparation
- Durable Powers of Attorney Preparation
- Small Claims Assistance
- Follow-up calls and letters
- Specific Document Preparation
- Document Review

Immigration Coverage

- Visa Extensions: Defined as application for extension of any existing visas where eligible for said extensions.
- Naturalization: Defined as advice, consultation, preparation and filing of applications for naturalization before the United States Bureau of Citizenship and Immigration Services.
- Deportation (Now known as Removal): Advice, consultation and appearance before the U.S. Immigration Court to provide members with Defense of Removal actions and/or applications for Relief from Removal before the Immigration Judge.

Legal Tools and Resources

You have easy online access to legal services, including:

- An extensive law guide of articles on everyday legal topics
- Do-it-yourself personal legal documents
- Attorney Locator
- Other education information

Identity Theft Services

As a member, you have access to a highly trained Fraud Resolution Specialist who will conduct seven emergency response activities, including:

- Assisting members with restoring their identity and good credit
- Provide members with a free "ID Theft Emergency Response Kit"
- Assists with disputes of fraudulent debts, as a result of ID theft
- Counsels and provides a document stating the "Preventative Steps" to avoid future ID theft losses and damages

Personal Financial and Tax Planning Services

The financial coaching benefit provides access to "Financial Coaches" with a broad range of experience in financial services, including licensed CPAs and Certified Financial Planners. Our Coaches are salaried professionals who do not sell or promote products and services to our members. The financial benefit allows families an opportunity to determine the most appropriate way to handle their financial problems or issues by talking with an expert.

What about legal matters that occurred before I became insured under the U.S. Legal Plan?

Coverage for pre-existing matters is included as long as the legal action is filed and the attorney is first retained after the effective date of the policy. (Most attorneys' fees are paid-in-full for covered matters when a Network Attorney is used.) Coverage is provided for matters in process at the time of termination of employment or plan termination. Coverage is provided anywhere in the United States. Further required legal services may be obtained for a 1/3 discount.

How to Use Legal Benefits

1. Legal Advice and Consultation: Insured employees can reach a Telephone Network Attorney by calling 1.800.356.LAWS, 24/7.
2. In-office Legal Representation Services Network Attorney: Contact an attorney and identify yourself as an insured M-DCPS employee and U.S. Legal member. The local Network Attorney will file a claim with U.S. Legal to receive reimbursement and, for most covered benefits, attorney fees are paid-in-full. You will be responsible for any filing fees, court costs and miscellaneous costs.
3. In office Legal Representation Services Non-Network Attorney/ Indemnity Coverage: You may use any non- Network Attorney and be reimbursed by U.S. LEGAL up to schedule maximums by submitting a claim form and your attorney's billing statement directly to U.S. LEGAL. Claim forms can be obtained by calling the FBMC Service Center at 1.855.MDC.PS4U (1.855.632.7748), Monday Friday, 7 a.m.- 8 p.m., ET or by logging into the U.S. LEGAL Website at www.usprotects.com/member/familyprotector/mdcps



US Legal Family Defender

How to Select Legal Benefits

You may cover yourself and your family by selecting U.S. Legal under the Employee-Paid FlexPlan Benefits section of the online enrollment.

How does the legal coverage benefit affect taxes?

According to IRS rules, the Legal Plan is not qualified to be included in the FlexPlan as a tax-free benefit. If you select legal coverage, your premium is deducted on an after-tax basis (POST-TAX).

What legal services does the plan exclude?

Actions between you and your employer, union, fellow employees, insurance carriers, U.S. LEGAL Insurance Company, or anyone else when prohibited by law; business matters, preparation of tax returns, patents or copyrights, summary procedure actions; class actions, interventions or amicus curiae filings, citizen's dispute settlements program procedures; filing fees, court costs, and miscellaneous costs, or matters where other reimbursement is available; contingency fee, workers' compensation, unemployment compensation and probate cases; actions between you and your dependents; duplication of services previously claimed, title search and title insurance, and legal proceedings where you are entitled to legal representation or reimbursement from any other source; and matters related to structural damage to dwellings, appurtenances, paved surfaces and matters not specifically listed.

Who is an eligible dependent covered under this plan?

Eligible dependents covered under the Legal Plan include:

- Spouse (until a final decree of divorce has been filed)
- Domestic Partner
- Unmarried natural children, stepchildren, children under your care through court-approved guardianship, and children of a Domestic Partner through the end of the calendar year in which he/she reaches age 26.
- Children may be covered until the end of the calendar year in which the child reaches age 26 if he/she is a full-time or part-time student who receives more than half of his/her financial support from the eligible employee. Children may also be covered until the end of the calendar year in which he/she reaches age 26 if the child suffers from a mental or physical handicap, is incapable of self-support, and is fully dependent upon the employee for support.

Which insurance company makes the Legal Plan available to me?

U.S. Legal Services, Inc. underwrites and administers the Family Defender Legal Plan. The Family Defender is recognized nationally by consumer groups as one of the broadest and most comprehensive legal plans in the industry.



US Legal Family Defender

What Legal services are available?

The chart below shows the legal services available:

COVERAGE	NETWORK ATTORNEY	NON-NETWORK ATTORNEY*
In-Office Legal Services		
Consumer Protection Action		
Including Small Claims Court	Paid-in-Full	\$2,200**
IRS Audit Protection (attorney or accountant)		
Consultation	\$420*	\$420*
Representation at audit before litigation	\$900*	\$900*
Defense for IRS litigation	\$5,000*	\$5,000*
Personal bankruptcy/wage earner plan	Paid-in-Full	\$500*
Dissolution		
Divorce, separation or annulment (coverage for employee)		
Uncontested	Paid-in-Full	\$600*
Contested	15 hours paid in full per calendar Year, Network Attorney will bill \$70 per hour thereafter	\$600*
Employee's Spouses legal fees	\$300*	\$300*
Defense of Post Decree issues	15 hours paid in full per calendar Year, Network Attorney will bill \$70 per hour thereafter	\$600*
Adoption	Paid-in-Full	\$350*
Guardianship/Conservatorship	Paid-in-Full	\$300*
Incompetency or infirmity proceedings	Paid-in-Full	\$2,200**
Name Change	Paid-in-Full	\$250*
Juvenile Court (excluding Traffic)	Paid-in-Full	\$2,100*
Habeas Corpus	Paid-in-Full	\$300*
Defense of DUI	Paid-in-Full	\$2,100**
Criminal Misdemeanor (excluding Traffic)	Paid-in-Full	\$2,100**
Traffic charges where your license could be suspended or revoked	Paid-in-Full	\$2,100**
Felony (named insured only)	Paid-in-Full	\$2,500**
Estate Planning		
Individual Simple Wills	Paid-in-Full	\$100
Husband and Wife	Paid-in-Full	\$125
Codicil	Paid-in-Full	\$60
Wills with Trust	Paid-in-Full	\$240
Living Will	Paid-in-Full	\$60
Durable Power of Attorney	Paid-in-Full	\$60
Purchase sale of primary residence	Paid-in-Full	\$360*
Real Estate Refinancing	Paid-in-Full	\$60*
Administrative Hearings (excluding employment related)	Paid-in-Full	\$1,200*
Preventative Law	Paid-in-Full	\$120
Immigration	Paid-in-Full	\$420*
Estate Administration	Paid-in-Full	\$420*
Business Law	Paid-in-Full	\$60
Expungement	Paid-in-Full	\$240
In-Office Legal Services		
Online Tools and Resources	N/A	
• Law Guide of articles of everyday legal topics		
• Do-it-yourself personal legal documents		
• Attorney search		
• Other educational material		
Value-Added Services		
• Financial Planning and Tax Advice	Paid-in-Full	
• Identity Theft Services		

* Non-Network Attorney coverage is \$60 per hour to the stated amount for pre-trial; \$200 for ½ day trial

**Trial coverage of \$1600 is included in these amounts (\$200 for one-half day trial and major coverage) Pre-trial is the stated amount less \$1600



US Legal Senior Defender



Elder Law attorneys will assist you with the many legal and other issues which confront seniors and retirees and parents of our members. Elder law attorneys can advise you on the laws in your state and assist you in all the coverage areas of Part I. Elder Law Attorneys could also be of assistance if your net worth or your asset structure is unusually complex. Your legal plan has contracted with this sector of the bar in anticipation of your specific needs in this area of law.

>> Benefit Eligibility

Note:

- **All M-DCPS Full-Time and Part-Time employees are eligible to enroll in the US Legal Senior Defender Plan offered by the School Board.**
- **COBRA participants are ineligible for US Legal Senior Defender Plan enrollment.**
- **See eligibility section for more details.**

Which of my family members can benefit from the Senior Defender Plan?

If you are buying the plan to help care for senior family members, you can use the plan for matters related only to your parents, grandparents, spouse's parents and spouse's grandparents.

What legal services are offered?

Legal Advice and Consultation

- Telephone Legal Access Services
- Telephone Legal Assistance with preparation of documents
- Elder Fraud and Schemes
- Planning for Incapacity
- Health Care decisions
- Financial Planning
- Debt and Consumer Counseling
- Estate Planning, Wills, Trusts and Living Trusts
- Medicare and Private Health Insurance
- Medicaid

Legal Representation

If a matter requires an in-office visit, you can meet with a Network Attorney and you are guaranteed a reduced fee of at least 33 1/3% off the attorney's normal hourly rates.

To use a Network Attorney:

- Call into U.S. Legal's toll-free number, 800.356.LAWS, and tell the CSR you need an attorney for a Senior Defender Issue. The CSR will assign you an attorney with experience in the area of your legal issue.
- Contact the attorney to make an appointment. Identify yourself as an U.S. Legal member.
- Ask the attorney what material you should bring to your appointment.
- The attorney will provide the needed services.
- The Network Attorney will bill you directly at the discounted rate.



US Legal Senior Defender

What Financial Tax Planning Services are available?

With personal financial counseling, members have access to:

- Toll-free, confidential telephone access to an experienced financial planner
- One-on-one counseling – with no sales pitches
- Planners who are familiar with all areas of financial planning
- Assistance in integrating all resources into an overall financial plan
- Personalized reports on topics such as Investment for Retirement, Asset Allocation and College Funding.

Identity Theft Services

You will have toll-free access to an Identity Theft Case Manager who will:

- Explain what identity theft is and how to prevent it
- Provide resources to minimize and recover from identity theft
- Explain relevant plan coverage
- Monitor and follow-up on the situation

What are the Independent Living services?

You can receive assistance in planning for your own or your senior family member's immediate or future adult care needs through toll-free, telephone access from Adult Care Specialists. They can assist plan members in matters relating to:

- Nursing homes
- Home health care
- Long distance caregiving
- Emergency and respite care
- Discharge planning
- Residential care
- Housing options
- Senior centers
- Caregiver issues and concerns
- Adult daycare
- Long-term care insurance
- Transportation services
- Medicare and Medicaid
- Social Security
- Community services
- Funeral planning
- Grief and bereavement
- Hospice services
- Meal delivery programs

Adult Care Specialists conduct a comprehensive intake and needs assessment with plan members. Once the specialist has fully assessed your needs, you will be provided with a basic overview of the types of providers and resources available.

Which insurance company makes the Legal Plan available to me?

U.S. Legal Services, Inc. underwrites and administers the Family Defender Legal Plan. The Family Defender is recognized nationally by consumer groups as one of the broadest and most comprehensive legal plans in the industry.

Client Organizer and Checklist

By virtue of becoming a member of this plan you are entitled to receive a Client Organizer and Checklist. This document has been prepared for your use by attorneys who specialize in Elder law and Taxation. The areas of Elder law and Taxation cover a wide variety of issues that older Americans and their children must deal with and will serve as a quick reference by you of the foregoing summary of areas of the law that you are entitled to consult. This Organizer has been designed to achieve maximum efficiency. The Organizer is divided into general areas of law so as to be of its best help to you in evaluating your own circumstances and at the same time readily and efficiently allows you to be able to give to your attorney the information that he or she will need to advise you as best as is possible.

When you receive the Organizer, please familiarize yourself with its contents and make arrangements to keep it permanently secured in a safe place where you would normally keep your other important records. This Organizer is best utilized prior to calling the attorney. When you need to discuss a problem or matter with your attorney, please refer to your Organizer and to the general area of concern that is reflected in the table of contents of the Organizer. Please review the questions therein and be prepared to give those answers to your attorney when you call.

Will & Trust Planner

Your membership in this plan also entitles you at no cost to receive a free Will & Trust Planner. This document has been prepared by our attorneys and will enable you to decide if you need a will or trust, or, whether you need to update or change an existing will or trust.

Which insurance company makes the Legal Plan available to me?

U.S. Legal Services, Inc. underwrites and administers the Family Defender Legal Plan. The Family Defender is recognized nationally by consumer groups as one of the broadest and most comprehensive legal plans in the industry.



Short-Term Disability (STD)



The Standard STD plan provides a benefit of 60 percent of your earnings up to a maximum of \$500 per week. Benefits under this plan are paid up to 22 weeks after a 30-day calendar day elimination period.

>> Benefit Eligibility Note:

- **All M-DCPS Full-Time and Part-Time employees are eligible to enroll in the Short-Term Disability (STD) plan offered by the School Board.**
- **Part-Time employees are only eligible for Standard and Standard Upgrade.**
- **Retirees and COBRA Participants are ineligible for Short-Term Disability (STD) plan enrollment.**
- **See eligibility section for more details.**

The Miami-Dade County School Board provides all eligible, full-time employees with Standard Short-Term Disability (STD). This Standard STD plan provides a benefit of 60 percent of your earnings up to a maximum of \$500 per week. Benefits under this plan are paid up to 22 weeks after a 30 calendar day elimination period. You may elect to upgrade this plan by purchasing one of the upgrade plans available.

What is Short-Term Disability?

STD provides you with income, it protects your paycheck by paying you 60% of your earnings when you are out of work due to short periods of disability due to injury or illness, as defined in the policy. Loss of income can be devastating – and today, it’s more important than ever for employees and their families to understand how they would manage their regular expenses during a period of lost income and make sure they’re prepared.

What STD plans are available to purchase?

You may elect to buy up to one of the voluntary options below:

- **Standard Upgrade:** This plan upgrades your Standard STD plan by paying benefits 2 weeks longer, to 24 weeks by reducing the elimination period from 30 to 15 calendar days. It continues to pay 60% of your earnings to a maximum of \$500 a week.
- **High:** This plan is designed for employees with salaries in excess of \$43,000 annually. It continues to pay 60% of earnings but increases the maximum benefit payable from \$500 to \$1000. The 30 day elimination period and 22 week benefit remain the same as the STD Standard plan.
- **High Upgrade:** This plan is also designed for employees with salaries in excess of \$43,000 annually. It provides a 24 week benefit period after a 15 calendar day elimination period, while providing a benefit of 60 percent of your earnings up to a maximum of \$1,000 week.

When can I begin collecting benefits?

Depending on the STD plan you have, the:

Standard and High Plans - Benefits are paid up to 22 weeks after a 30 calendar day elimination period.

Standard Upgrade and High Upgrade Plans - Benefits are paid up to 24 weeks after a 15 calendar day elimination period.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations that affect any benefits payable. For complete details of coverage and availability, please contact The Hartford at 305.995.4889.



Short-Term Disability (STD)

Am I eligible for disability benefits after childbirth?

Yes, if you have a Cesarean section, you will be considered disabled for a minimum period of eight weeks beginning on the date of your Cesarean section, unless you return to work prior to the end of the eight weeks. If you have vaginal birth, you will be considered disabled for a minimum of six weeks beginning on the date of your vaginal delivery, unless you return to work prior to the end of the six weeks.

Example: You have a standard STD plan and have a C-section on January 29, 2014. Your waiting period is from January 29, 2014, through February 7, 2014. Your Standard STD benefit begins on February 8, 2014, for four weeks.

What services does this benefit include? What is deducted from my STD benefit payments?

What does it cover? Life's unexpected curve balls: A back injury, for instance. Or a serious illness. Or the birth of twins. Depending on how much protection you choose, your STD plan delivers a percentage of your income every week. And beyond your monthly benefits, it offers expert help: Services from legal specialists, financial experts and therapeutic counselors to ease the stress and boost your confidence. To prevent over insurance, The Hartford will subtract from your gross disability payment other sources of income (see your certificate for a definition of other sources of income, if any). You do not have to use up your sick days to receive benefits. However, if you do choose to use your sick days, The Hartford will NOT subtract from the gross disability payment income you receive from salary continuation or sick leave plan.

When should I submit a claim?

Your claim should be submitted within 30 days after the date of your disability begins or as soon as possible. However, The Hartford must receive written proof of your claim no later than 90 days after your elimination period. If this is not possible, proof must be given no later than one year after the time proof is required except in the absence of legal capacity.

How do I submit a claim?

You must initiate your claim by calling The Hartford's toll-free telephonic claim intake number at 1.800.741.4306 and report your claim. You will not need to submit a paper claim form as the The Hartford intake specialist will take your information by phone. However, it will be your responsibility to provide an authorization form to your physician to be signed/dated and faxed or mailed to The Hartford. This allows The Hartford to access your medical records in order to process your claim.

Is there a survivor benefit?

No. There is no survivor benefit included with this Short-Term Disability plan.

What is the minimum weekly benefit?

The minimum weekly benefit is \$25.

What are the exclusions?

The policy will not cover any disability due to:

- War or act of war (declared or not)
- Military service for any country engaged in war or other armed conflict
- The commission of, or attempt to commit a felony
- An intentional self-inflicted injury
- Any case where your being engaged in an illegal occupation was a contributing cause to your disability
- Any injury sustained as a result of doing any work for pay or profit for another employer
- Occupational sickness or injury covered by workers' compensation
- Elective cosmetic surgery

Are benefits taxable?

If your premiums to upgrade to the High plan are paid on a pre-tax basis, you will receive a W-2 form for the calendar year in which benefits were paid. However, if your premiums were paid on a post-tax basis, benefits paid to you will not be taxed. The premiums paid by the School Board for the Standard Disability plan will be on a pre-tax basis.



Short-Term Disability (STD)



>> Domestic
Partner
Eligibility
Update:

**Employees covering
a domestic partner
of the same sex and
legally married are able
to add their eligible
domestic partner on
a tax free basis with
proper documentation
(marriage certificate)!**

Am I eligible for benefits under this plan if I am absent from work on the plan effective date?

No. If you are absent from work due to injury, sickness, temporary layoff or leave of absence, your coverage will begin on the date you return to active employment.

What insurance company makes this plan available to me?

The Short-Term Disability benefit is offered through Hartford Life and Accident Insurance Company. The Hartford is rated "A, (Excellent)" rating effective 2013) by A.M. Best's Reports, which compares and rates the financial strength and performance of insurance companies.

Is Coverage guaranteed during this enrollment?

Full-Time New Hires: Yes. You have the opportunity to enroll in Short-Term Disability during this enrollment period without submitting Evidence of Insurability. If you are currently eligible for coverage, but choose not to elect a plan option greater than the Standard STD plan upgrade during this enrollment, future enrollments will require that you complete Evidence of Insurability and your coverage will not be guaranteed.

Part-Time New Hires: You are eligible to enroll for Short-Term Disability within 31 days of 1st becoming eligible without submitting Evidence of Insurability.

Current Employees: No. If you are a current full-time or part-time employee who chose not to enroll previously in Long-Term Disability or one of the Short-Term Disability buy up plans, **you must now complete an Evidence of Insurability (EOI) form before you are considered for coverage.** Existing employees currently enrolled in one of the Short-term buy up plans or Long-term plans and not making changes during this enrollment will continue with their current coverage. New hires do not need to provide EOI. Current employees electing this benefit during the 2014 Open Enrollment must complete an EOI form which will be verified by The Hartford. If your buy up or LTD EOI is approved, the effective date of this benefit will be the first of the month following your first payroll deduction.

NOTE: Your online benefits notice will reflect a \$0.00 deduction for this benefit which will change if your EOI is approved. The deduction will be taken on the last paycheck of the month after your approval, which makes your benefit effective the first of the following month after your first payroll deduction.

EOI forms will be distributed by The Hartford. For any questions regarding EOI you may call Customer Service 1.800.331.7234. You may call a Hartford Representative at 1.800.741.4306.



Long-Term Disability (LTD)



The Long-Term Disability Plan will provide you with 60 percent of your income if you are totally disabled and qualify for benefits. Total disability is the ability to perform one or more essential duties of your regular occupation and you have a 20 percent or more loss in your monthly earnings.

[Click to play the LTD Disability Video:](#)



After 24 months of payments, you are disabled when The Hartford determines that you are unable to perform the duties of any gainful occupation for which you are reasonably fitted by education, training or experience.

Am I eligible for benefits under this plan if I am absent from work on the plan effective date?

No. If you are absent from work due to injury, sickness, temporary layoff or leave of absence, your coverage will begin on the date you return to active employment.

>> Benefit Eligibility Note:

- All M-DCPS Full-Time and Part-Time employees are eligible to enroll in the Long-Term Disability (LTD) plan offered by the School Board.
- Part-Time employees are only eligible for Level 1.
- Retirees and COBRA Participants are ineligible for Long-Term Disability (LTD) plan enrollment.
- See eligibility section for more details.



Long-Term Disability (LTD)

What are the amounts of Long-Term Disability benefits available?

You can choose the level of coverage that best suits your needs. They are as follows:

Level 1: 60 percent of monthly earnings, not to exceed a maximum monthly benefit of \$1,800

Level 2: 60 percent of monthly earnings, not to exceed a maximum monthly benefit of \$3,000

Level 3: 60 percent of monthly earnings, not to exceed a maximum monthly benefit of \$5,000

Level 4: 60 percent of monthly earnings, not to exceed a maximum monthly benefit of \$7,500

Benefits are reduced by any benefits received from other sources, as defined on Page 72. A person currently disabled will not be eligible to increase their benefit.

Age at Disability	Maximum Benefit Period
Less than age 62	to age 67
62	60 months
63	48 months
64	42 months
65	36 months
66	30 months
67	24 months
68	18 months
69 and over	12 months

How to Select Your Level of Coverage

You should consider your annual salary when selecting a level of coverage to provide you and your family the most protection.

If your annual salary is less than \$36,000, you should select Level 1 Coverage.

If your annual salary is \$36,000 - \$60,000, you should select Level 2 Coverage.

If your annual salary is \$60,000 - \$100,000, you should select Level 3 Coverage.

If your annual salary is greater than \$100,000, you should select Level 4 Coverage.

What is the minimum benefit?

The minimum monthly benefit is \$100, or 10 percent of your gross disability benefit, whichever is greater.

How long must I be totally disabled before I receive benefits?

There is a 180 elimination period (benefit waiting period), during which time you must be continuously disabled and for which no benefit is payable. The elimination period begins on the first day of disability. You can satisfy your elimination period if you are working, as long as you meet the definition of disability. Your disability may be treated as continuous as long as you do not exceed 90 return-to-work days during the elimination period.

When are benefits payable?

LTD benefits begin to accrue after you meet the definition of disability as defined in the policy to satisfy a benefit waiting period of 180 days or the expiration of accrued sick leave, whichever is greater.

How long are benefits payable?

If you are disabled prior to age 62, your benefits will cover you to age 67. If you are disabled at age 62 or after, benefits will be paid according to a decreasing maximum benefit period as indicated below:

Is coverage guaranteed during this enrollment?

New Hires: Yes. You have the opportunity to enroll in Long-Term Disability during this enrollment period without submitting Evidence of Insurability. If you are currently eligible for coverage, but choose not to enroll during this enrollment, future enrollments will require that you complete Evidence of Insurability and your coverage will not be guaranteed.

Current Employees: No. If you chose not to enroll during previous enrollments, you must now complete an Evidence of Insurability (EOI) form before you are considered for coverage. The effective date of increased amount will be the first of the month following approval and first deduction. Your current premium will continue until the upgrades are applied for the new plan year. Your Long-Term Disability will not become effective until the first of the month following approval by The Hartford.

EOI forms will be distributed by The Hartford. For any questions, you may call a representative at 305.995.4889.



Long-Term Disability (LTD)

Must I pay my premiums if my disability prevents me from working?

Your LTD premium payments are waived when you begin receiving LTD benefit checks. Premiums for all levels of LTD coverage are 100 percent employee paid.

What limitations apply for Mental Illness?

The monthly benefit payments for disabilities due to sickness or injury, which are due to mental illness, will not exceed 24 months. However, any period of time that you are confined in a hospital or other facility licensed to provide medical care for mental illness, alcoholism and substance abuse does not count toward the 24 months.

What benefits are included in Long-Term Disability?

If you become disabled, the following benefits can help until you get back to full-time work.

Work Incentive Benefit - This benefit offers an effective incentive if you are disabled and return to work. You may receive your full disability benefit during the first 12 months after returning, as long as your benefit and earnings are not more than 100 percent of pre-disability earnings.

Rehabilitation and Return to Work Assistance - The Hartford vocational rehabilitation experts provide qualified employees with formalized assessment and planning as well as financial support to help you return to productive, independent lifestyles.

Worksite Modification Benefit - The Hartford helps your employer make the worksite accommodations necessary to enable employees to return to work. This benefit reimburses your employer up to the amount equal to the amount of the maximum monthly benefit for worksite modifications for each employee.

Family Care Credit Benefit - When you are disabled and incurring child care expenses for your dependent child(ren) and participating continuously in the Rehabilitation and Return to Work Assistance program, The Hartford will, for the purpose of calculating your benefit, deduct the cost of family care from earnings received from work as part of a program of Rehabilitation, subject to limitations. The reimbursement payment will begin immediately after you start the Rehabilitation and Return to Work Program.

The child must be under 13 years of age or incapable of providing their own care on a daily basis due to their own physical handicap or mental retardation.

Worldwide Emergency Assistance Services

Just one phone call gives employees and their families 24-hour access to a network of emergency medical and legal resources any time they travel more than 100 miles from home.

The Hartford's Travel Assistance Program is provided by Worldwide Assistance, a Europe Assistance company and part of the world's leading assistance network.

The program provides three kinds of services for your business or vacation travel - Pre Trip Information, Emergency Medical Assistance, and Emergency Personal Services subject to terms and conditions of the policy. Of course, all our travel services are simple to take advantage of from start to finish.

Pre Trip Planning includes:

- Visa, Passport, inoculation and Immunization Requirements
- International "Hot Spots"
- Travel Advisories
- Foreign Exchange Rates
- Embassy and Consular Referrals

Emergency Medical Assistance includes:

- Medical Referrals, Medical Monitoring, and Medical Evacuation
- Repatriation
- Traveling Companion and Dependent Children Assistance
- Emergency Medical Payments
- Return of Mortal Remains
- Replacement of Medication and Eyeglasses

Emergency Personal Services includes:

- Sending and Receiving Emergency Messages
- Emergency Travel Arrangements
- Emergency Cash
- Locating Lost Items
- Legal Assistance
- Bail Advancement
- Translation



Long-Term Disability (LTD)

What is a recurrent disability?

A recurrent disability is a disability that is related to, or due to the same cause or causes of a prior disability for which a monthly benefit was paid. A recurrent disability will be treated as part of the prior disability and you will not have to complete another elimination period if, after receiving disability benefits under the plan, an employee returns to work on a full-time basis for less than six months and performs all of the duties of the employee's own occupation. Benefit payments will be subject to the terms of the plan for the prior disability.

What are the limitations?

The policy will not cover any disability due to:

- War or act of war (declared or not)
- The commission of, or attempt to commit a felony
- An intentionally self-inflicted injury
- Any case where your being engaged in an illegal occupation was a contributing cause to your disability
- Military service for any country engaged in war or other armed conflict

Are benefits taxable?

Because your premiums are paid on a post-tax basis, disability benefits paid to you will not be taxed.

When should I submit a claim?

Your claim should be submitted within 30 days after the date of your disability begins or as soon as possible. However, The Hartford must receive written proof of your claim no later than 90 days after your elimination period. If this is not possible, proof must be given no later than one year after the time proof is required except in the absence of legal capacity.

How do I submit a claim?

The transition process from Short Term Disability to Long Term Disability claim is automated by our claim system. A claimant questionnaire is sent to the employee that requests information about other income/offset information, past work experience/education and medical providers. We may also obtain additional information from the employer. A separate claim form is not required.

What if I receive benefits from another group disability plan or other source?

Disability benefit payments will be reduced by other income you receive or are eligible to receive due to your disability, such as:

- Social Security Disability Insurance
- Workers' Compensation
- Other employer-based Insurance coverage you may have
- Unemployment benefits
- Settlements or judgments for income loss
- Retirement benefits that your employer fully or partially pays for (such as a pension plan)



Long-Term Disability (LTD)

Disability benefit payments will not be reduced by certain kinds of other income, such as:

- Retirement benefits if you were already receiving them before you became disabled
- Retirement benefits that are funded by your after-tax contributions
- The portion of your Long Term Disability payment that you place in an IRS-approved account to fund your future retirement.
- Your personal savings, investments, IRAs or Keoghs
- Profit-sharing
- Most personal disability policies
- Social Security increases

Is there a survivor benefit?

Yes, if you die after your disability had continued for 180 or more consecutive days; and you were receiving or were entitled to receive payments under the plan, The Hartford will pay your eligible survivor a lump sum benefit equal to three months of your gross disability payment.

Is there a pre-existing condition clause?

Yes. Your insurance limits the benefits you can receive for pre-existing conditions. In general, if you were diagnosed or received care for a condition before the effective date of your policy, you will be covered for a disability due to that condition only if:

- You have not received treatment for your condition for three months before the effective date of your insurance, or
- You have been insured under this coverage for twelve months prior to your disability commencing, so you can receive benefits even if you're receiving treatment, or
- You have already satisfied the pre-existing condition requirement of your previous insurer.

What insurance company makes this plan available?

The Long-Term Disability benefit is offered through Hartford Life and Accident Insurance Company. The Hartford is rated "A (Excellent)" (rating effective 2013) by A.M. Best's Reports, which compares and rates the financial strength and performance of insurance companies.

NOTE: This product description does not constitute an insurance certificate or policy. The information provided is intended only to assist in the selection of benefits. Final determination of benefits, exact terms and exclusion of coverage for each benefit plan are contained in certificates of insurance issued by the participating insurance companies.



Visit FBMC Benefits Management at www.myFBMC.com for valuable benefits information!

Need help?

Call 1.855.5MDC.PS4U,
Monday - Friday,
7 a.m. - 8 p.m. ET
for assistance with your
benefits questions.



Hospital Indemnity Coverage

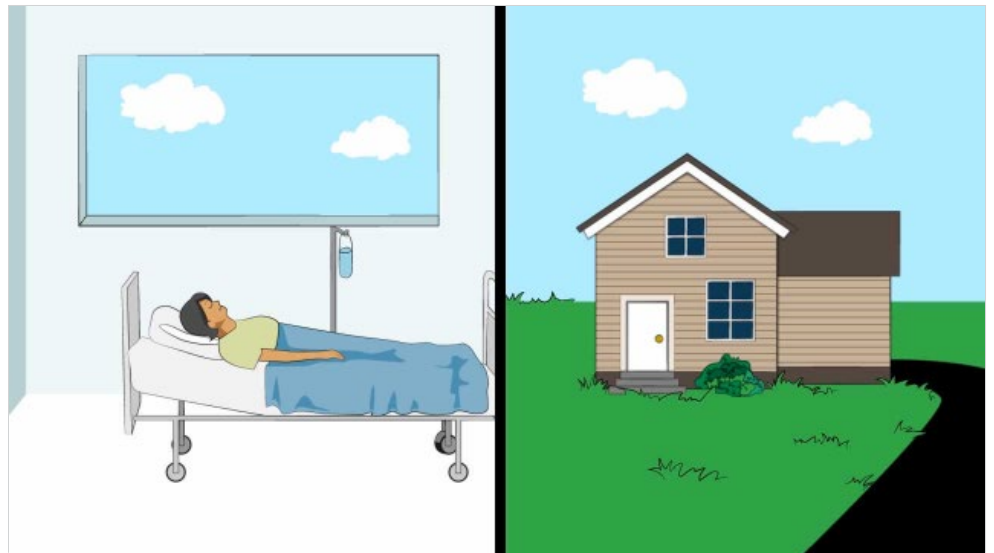


Hospital Indemnity Coverage provides benefits if you or your insured dependents are confined in a hospital as an inpatient. The levels of daily coverage are \$50, \$100 or \$150.

>> Benefit Eligibility Note:

- All Full-Time and Part-Time employees are eligible to enroll in the Hospital Indemnity Coverage offered by the School Board.
- Current Retirees may only continue to enroll in the Hospital Indemnity Coverage if you were previously enrolled at the time of your retirement.
- COBRA Participants and PT Food Service (AFSCME) employees are ineligible to enroll in Hospital Indemnity Coverage.
- See eligibility section for more details.

[Click to play the Hospital Indemnity Coverage Video:](#)



The Employee-Paid daily benefit levels combined cannot exceed \$150. You must be enrolled for coverage in order to enroll your dependent(s). Coverage for your dependents cannot exceed your own.

If a child is born to anyone under this policy while family coverage is in force, the child shall automatically become a covered dependent from the moment of birth. However, you must still contact the FBMC Service Center at 1.855.MDC.PS4U (1.855.632.7748) and request a Change in Status form. This includes coverage for sickness or injury, and the necessary care and treatment of medically diagnosed congenital defects, birth abnormalities and premature birth. Routine care for the child is not covered under this policy.

You and your dependents may select different levels of coverage as long as (a) your amount does not exceed \$150 and (b) your dependent's level of coverage does not exceed your own.



Hospital Indemnity Coverage

Who is an eligible dependent for this coverage?

Eligible dependents covered under this plan include:

- Legal Spouse/Domestic Partner
- Unmarried children who are under age 25 provided:
 - the child is dependent upon the insured for support
 - the child is living in the insured's household, or
 - the child is a full-time or part-time student.

NOTE: 'Child' includes stepchild, legally adopted child, a child pending finalization of adoption proceedings, natural child, and children of a Domestic Partner (provided the Domestic Partner is also covered). Dependent eligibility will be determined at the time of claim.

When will my benefit payments start?

You are eligible for benefits on the first day of a covered hospitalization.

How long will the benefits continue?

These benefits are payable for each day you are confined as an inpatient in a covered hospital (see exclusions) for any period from one to 365 days. Successive periods of hospital confinement, due to the same or related causes, not separated by 60 days shall be considered as one period of hospital confinement.

Must I still pay my premiums if I am hospitalized or disabled and unable to work?

If you are confined in a hospital before your 60th birthday, coverage will be continued without further payment of premiums:

- a) after you have received benefits for 60 consecutive days during which premiums are paid, and
- b) while you remain in the hospital as an inpatient for the same or related injury or sickness and benefits continue to be paid to a maximum of 365 days.

If you become disabled before your 60th birthday, coverage will be continued without further payment of premiums after you have been disabled for nine (9) straight months during which premiums were paid. Premiums will continue to be waived as long as you remain hospitalized or disabled provided you are eligible to continue receiving benefits, but no more than 365 days.

Waiver of Premium applies only to you; however, coverage for your covered dependents will also be continued without further payments while premiums are waived.

When are benefits payable?

Benefits are payable for each day of a necessary hospital confinement when the insured is confined in a hospital as an inpatient as recommended by a doctor for care that is reasonably and medically necessary.

How do I obtain claim forms?

To obtain claim forms, call the FBMC Service Center at 1-855-5MYFBMC (1-855-569-3262), Monday - Friday, 7 a.m. - 8 p.m. (ET).

Are benefits taxable?

The IRS may require you to pay taxes on payments you receive from the Hospital Indemnity Coverage plan under current law. For further information, consult your personal tax advisor.

Definitions

"Doctor" means a duly licensed practitioner of the healing arts acting within the scope of his/her license. Doctor does not include: the Insured or the Insured's spouse; or the Insured or the Insured spouse's child, parent, brother, sister; or a person living with the Insured.

"Hospital" means an institution which:

- a) is licensed as a hospital pursuant to applicable law;
- b) is primarily and continuously engaged in providing medical care and treatment to sick and injured persons on an inpatient basis;
- c) is under the supervision of a staff of doctors
- d) provides 24-hour nursing service by or under the supervision of a graduate registered nurse (R.N.)
- e) has medical, diagnostic and treatment facilities, with major surgical facilities:
 - 1) on its premises, or
 - 2) available to it on a prearranged basis, and
- f) charges for its services.



Hospital Indemnity Coverage

>> Domestic Partner Eligibility Update:

Employees covering a domestic partner of the same sex and legally married are able to add their eligible domestic partner on a tax free basis with proper documentation (marriage certificate)!

Is there a survivor benefit?

Yes, if benefits are unpaid at the time of your death, one lump sum payment will be made to the first surviving class of the following classes of persons:

- wife or husband
- child(ren)
- mother or father
- sister or brother

If there is no surviving member as stated above, the benefits will be paid to the Insured's estate.

What injuries or sicknesses are excluded from coverage?

Benefits will not be paid for a loss caused by or resulting from:

- Intentionally self-inflicted injuries
- Voluntary self-administration of any drug or chemical substance not prescribed by, or taken according to the directions of a doctor (accidental ingestion of a poisonous substance is not excluded)
- Driving while intoxicated or driving under the influence of a controlled substance unless administered on the advice of a doctor
- Commission or attempt to commit a felony
- Participation in a riot or insurrection
- Declared or undeclared war or act of war
- Active duty service in any armed forces (proof of service will result in a refund of premium; reserve or national guard active duty or training is not excluded unless it extends beyond 31 days)
- Elective or cosmetic surgery (unrelated to trauma, infection or other disease of the involved part, or congenital disease or anomaly of a covered dependent child, which resulted in a functional defect)
- Dental surgery, unless the surgery is the result of an accidental injury
- Confinements in hospitals owned or operated by the national government, unless a charge is made, whether or not there is insurance coverage
- Injury or sickness covered by Workers' Compensation or any occupational disease law.

Also excluded:

- Outpatient procedures
- Confinement in a clinic, facility or unit of a hospital that provides custodial care, educational care, nursing care, aged care, care for drug addicts or alcoholics or rehabilitation
- Confinement in a military or veterans hospital, contracted for, or operated by, a national government or its agency unless the services are rendered on an emergency basis and in the absence of insurance, a legal liability exists to pay the charges for services given.

What insurance company makes this plan available to me?

Life Insurance Company of North America, underwrites this plan.

This plan provides HOSPITAL INDEMNITY insurance only. This information is a brief description of important features of the plan. It is not a contract. Terms and conditions of coverage are set forth on Policy Form No. 604852 (FL), issued in Florida. The group policy is subject to the laws of the state in which it is issued.



Voluntary Life Insurance

You may purchase \$10,000 to \$100,000 (in \$10,000 increments) of group term life insurance. This insurance supplements your Board-provided life insurance. You can have up to \$50,000 in tax-free life insurance.



WHEN TO UPDATE YOUR BENEFICIARY

Marriage
Birth/Adoption
Death of a family member
Divorce

Under Section 79 of the IRS Code, employees are liable to pay federal income taxes on Group Term Life insurance amounts in excess of \$50,000, to the extent that the costs for amounts in excess of \$50,000, less any employee contributions for the entire coverage amount, is included in the employee's gross income. This additional amount will be listed as imputed income on your W-2.

Who is eligible?

All full-time employees are eligible; however, if you are totally disabled or not in active service for other reasons, your effective date of insurance or change in coverage will be delayed until the date of your return to Active Service.

How do I obtain claim forms?

To obtain claim forms, call the MetLife onsite representative at 305.995.7029.

>> Benefit Eligibility Note:

- **All Full-Time and Part-Time employees are eligible to enroll in the MetLife Voluntary Life Insurance offered by the School Board.**
- **Current Retirees may only continue to enroll in the MetLife Voluntary Life Insurance if you were previously enrolled at the time of your retirement.**
- **COBRA Participants are ineligible to enroll in MetLife Voluntary Life Insurance .**
- **See eligibility section for more details.**



Voluntary Life Insurance

Are the premiums taxable?

Under current Internal Revenue Code rules and regulations, employees whose life insurance is more than \$50,000 will have premiums for any amount more than \$50,000 included as taxable income on their W-2 forms. Please refer all tax-related questions to your tax advisor.

Must I still pay my premiums if I'm disabled and unable to work?

If you become totally disabled prior to age 60 and that disability lasts for nine consecutive months, during which time premiums are paid, the insurance company will continue your life insurance in force without further payment of premiums if proof of such disability is provided and waiver is approved.

Is there any situation that would exclude my benefits?

If you commit suicide while you are sane or insane within two years of the effective date of coverage, benefits will not be paid; however, your beneficiary will receive a refund of the premiums you have paid for this insurance.

Also, if coverage was elected while you were on a leave of absence due to a disability and you did not return to work, benefits will not be paid. However, your beneficiary will receive a refund of the premiums you have paid for this insurance.

Does the plan pay any benefits if I am terminally ill ?

The plan will pay a lump sum—50 percent of the life insurance benefit amount in force to a maximum of \$50,000 if you are terminally ill and your life expectancy is six months or less. Your benefits paid to you will reduce the death benefit. This benefit is payable only once in your lifetime.

Is there any situation that would reduce my benefit amount?

All benefits are subject to reduction after age 64 as follows:

- At age 65, to 65 percent of the original face value of coverage in force
- At age 70, to 45 percent of the original face value of coverage amount in force

- At age 75, to 30 percent of the original face value of coverage amount in force
- At age 80, to 20 percent of the original face value of coverage amount in force

Can I convert my Employee-Paid life insurance if I terminate employment?

Yes. You may apply for a conversion policy for all or any portion of life insurance in effect at termination, if you make a request. You must complete a conversion application within 31 days of termination. To request a conversion application, contact the MetLife onsite representative at 305.995.7029.

Can I continue my Employee-Paid life insurance if I retire?

Yes. Upon retirement, employees may continue their coverage at their current level of coverage subject to the maximum of their class. You may not add or increase your existing coverage. If at any time of your retirement you do NOT elect to continue this coverage, you will no longer be eligible for coverage under this plan and your group life coverage will be terminated. The maximum for actives is \$100,000. The maximum for retirees is \$100,000.

Additional Features:

If you participate in MetLife's Optional Life Insurance, you will receive the following additional plan features:

- Will Preparation. This feature is offered by Hyatt Legal Plans, a MetLife company that will provide you access to a participating plan attorney to help you prepare or update your or your spouse's will at no cost if you choose to use an attorney that participates in the network.
- Estate Resolution Services. This is offered by Hyatt Legal Plans, Inc., a MetLife company and provides probate services to beneficiaries who are executors or administrators of the deceased employee's estate at no additional cost. These services include telephone and office consultations to discuss matters of probate, document preparation and representation at court proceedings needed to transfer the probate assets and the completion of correspondence necessary to transfer non-probate assets.

What insurance company makes this plan available to me?

Metropolitan Life Insurance Company. A.M. Best's Reports, which compares and rates the financial strength and performance of insurance companies, rates MetLife "A+, Superior."



Accidental Death & Dismemberment (AD&D)

Accidental Death and Dismemberment (AD&D), provides benefits for you or your insured dependents in the event of a covered accident—on or off the job—which results in loss of life, limbs, use of limbs, eyesight, hearing or speech.



Accidental Death and Dismemberment (AD&D), provides benefits for you or your insured dependents in the event of a covered accident—on or off the job—which results in loss of life, limbs, use of limbs, eyesight, hearing or speech. You may select \$25,000 to \$500,000 (in \$25,000 increments) of coverage.

You must be enrolled for coverage in order to cover your dependents. Your dependent's coverage is a percentage of your selected benefit amount. They are as follows:

Spouse - The spouse's benefit amount will be 40 percent of the employee's, or 50 percent if the employee has no dependent children. This amount cannot exceed \$250,000.

Children - Each covered child's benefit amount will be 10 percent of the employee's, or 15 percent if the employee has no spouse. The maximum children's benefit is \$25,000.

What accidents are not covered?

Benefits will not be paid for a loss caused by or resulting from:

- Sickness, physical or mental illness or infirmity, or the diagnosis or treatment of such illness or infirmity;
- Infection, other than infection occurring in an external accidental wound;
- Suicide or attempted suicide; intentionally self-inflicted injury;
- Service in the armed forces of any country or international authority, except the United States National Guard;

Any incident related to:

- 1) travel in an aircraft as a pilot, crew member, flight student or while acting in any capacity other than as a passenger;
 - 2) travel in an aircraft for the purpose of parachuting or otherwise exiting from such aircraft while it is in flight;
 - 3) parachuting or otherwise exiting from an aircraft while such aircraft is in flight except for self preservation;
 - 4) travel in an aircraft or device used for testing or experimental purposes; by or for any military authority; or for travel or designed for travel beyond the earth's atmosphere;
- Committing or attempting to commit a felony;
 - The voluntary intake or use by any means of:
 - 1) any drug, medication or sedative, unless it is: taken or used as prescribed by a Physician, or an "over the counter" drug, medication or sedative, taken as directed;
 - 2) alcohol in combination with any drug, medication, or sedative; or
 - 3) poison, gas, or fumes; or war, whether declared or undeclared; or any act of war, insurrection, rebellion, or riot; or driving a vehicle or other device while intoxicated as defined by the laws of the jurisdiction in which the vehicle or other device was being operated.

>> Benefit Eligibility Note:

- **All Full-Time employees are eligible to enroll in AD&D Insurance offered by the School Board.**
- **Current Retirees may only continue to enroll in the AD&D insurance if you were previously enrolled at the time of your retirement.**
- **COBRA Participants and Part-Time (AFSCME) employees are ineligible to enroll in AD&D insurance.**
- **See eligibility section for more details.**



Accidental Death & Dismemberment (AD&D)

Who is eligible?

An employee will become insured on the date the employee becomes eligible.

All full-time employees who are employed and compensated for services by the employer in accordance with the employer's general practices and work a minimum of 17 hours per week.

What injuries are covered and for how much?

Accidental Death and Dismemberment (AD&D) will pay the following percentage of the amount of coverage you purchase (from \$25,000 up to \$500,000 for employee coverage) if, within 365 days of an eligible accident, bodily injuries result in:

• Loss of life	100%
• Total paralysis of arms and legs	100%
• Loss of any combination of two: hands, feet or eyesight	100%
• Loss of speech and hearing in both ears	100%
• Loss of arm/leg permanently severed at or above elbow/knee	75%
• Total paralysis of both legs	50%
• Total paralysis of arm and leg on one side of the body	50%
• Loss of one hand, foot or sight in one eye	50%
• Loss of speech or hearing in both ears	50%
• Loss of thumb and index finger on the same hand	25%

For example, if you purchase \$200,000 in coverage for yourself and you are in an accident that results in your death, the benefit would pay \$200,000.

If the accident results in total paralysis of both your legs, the benefit would pay \$100,000. If the accident results in loss of your thumb and index finger on the same hand, the benefit would pay \$50,000.

If you or a dependent sustain more than one covered loss due to an accidental injury, the amount we will pay will not exceed the full amount

Employees under the AFSCME bargaining units are not eligible to purchase this product.

Benefits will be reduced based upon the age of you or your spouse:

- If you are age 70 to 74, benefits will be reduced to 75 percent of the amount of coverage.
- If you are age 75 to 79, benefits will be reduced to 45 percent of the amount of coverage.
- If you are age 80 to 84, benefits will be reduced to 30 percent of the amount of coverage.
- If you are age 85 and over, benefits will be reduced to 15 percent of the amount of coverage.
- Coverage for children ends when they no longer qualify as eligible dependents.

Can I purchase coverage for my dependents?

If you sign up for employee coverage under the Employee-Paid FlexPlan Benefit you can also choose to select coverage for your family. The amount of insurance applies to only those dependents insured at the time the loss occurs. Benefits are as follows:

- Spouse-only coverage will provide 50 percent of the employee's coverage to a maximum of \$250,000
- Children-only coverage will provide 15 percent of the employee's coverage, with a maximum of \$25,000 per child.
- Spouse and children coverage will provide 40 percent of the employee's coverage for the spouse and 10 percent of the employee's coverage for each dependent child, with a maximum of \$25,000 per child.

How do I obtain claim forms?

To obtain claim forms, call the MetLife's onsite representative at 305.995.7029. **NOTE:** Dependent Eligibility will be determined at the time of claim.

Can I port my Employee-Paid insurance when I terminate employment?

MetLife will reach out to you via mail to advise you of your right to port this policy.



Accidental Death & Dismemberment (AD&D)

What insurance company makes this plan available to me?

Metropolitan Life Insurance Company. A.M. Best's Reports, which compares and rates the financial strength and performance of insurance companies, rates MetLife "A+, Superior."

This information is a brief description of the important features of the plan. It is not a contract. Terms and conditions of life insurance coverage are set forth in Group Policy # OK 82 11 33 on Policy form # LM-2160, issued in Florida. The group policy is subject to the laws of the jurisdiction in which it is issued. The availability of this offer may change. Please keep this material as a reference.

Are benefits taxable?

The IRS may require you to pay taxes on payments you receive from the AD&D Coverage plan under current law. For further information, consult your personal tax advisor.



Accidental Death & Dismemberment (AD&D)

What other benefits does this policy offer?

BENEFIT	WHEN IT APPLIES	AMOUNT
Seatbelt	<p>Upon death from injuries sustained in an accident while driving or riding as a passenger in a passenger car*, provided the person was wearing a properly fastened seat belt that meets published, US Government safety standards, is properly installed by the manufacturer and has not been altered after installation, at the time of the accident.</p> <p>* Passenger car is any validly registered four-wheel private passenger car. It does not include any commercially licensed car or a private car that is being sued for commercial purposes, recreation or professional racing.</p>	<p>An additional 10 percent of the benefit amount up to \$25,000; minimum amount is \$1,000. The correct position of the seat belt must be certified by the investigating officer or included in the official accident report and a copy of the police report must be submitted with a claim for this benefit.</p>
Education*	<p>The Child Education Benefit provides an additional benefit equal to the tuition charges for each eligible dependent child to attend college or another accredited institution for up to 4 consecutive years as long as the child is: enrolled in an accredited college, university or vocational school above the 12th grade level at the time of the employee's accidental death; or is at the 12th grade level and, within one year after the employee's accidental death, enrolls as a full-time student in an accredited college, university or vocational school.</p>	<p>The benefit amount will not exceed \$5,000 per year and an overall maximum of 2% of the employee's AD&D Full Amount.</p> <p>If at the time of the accident there are no dependents who qualify for the education benefit, the plan will pay an additional benefit of \$1,000 to the designated beneficiary.</p>
Spouse Training	<p>If your spouse is enrolled in an accredited school on the date of your death or enrolls in such a school within 12 months of the date of your death.</p>	<p>The additional amount we will pay is equal to the tuition charges for 1 academic year up to \$5,000 per year. The overall maximum additional benefit is 2% of the AD&D Full Amount.</p> <p>If there is no Spouse who qualifies, \$1,000 will be paid to the beneficiary.</p>
Cobra Continuation	<p>If benefit is paid for a covered loss of your life.</p>	<p>Up to \$4,500 reimbursement per year for three (3) years. Minimum amount is \$1,000 and maximum amount is 3% of the full amount.</p>
Hospital Confinement Daily Income Benefit	<p>This benefit becomes payable if a covered person is confined in a hospital as a result of an accidental injury.</p>	<p>Pays an additional monthly benefit equal to 1% of the AD&D Full Amount the lesser of or \$2,500. Benefits will be determined on a pro-rate basis for partial month of confinement. If more than one confinement for any one accident, we will pay for just one hospital confinement. We will pay for the first confinement while under doctor's care.</p>
Child day care benefit	<p>The Child Care Benefit provides an additional amount equal to the Child Care Center* for each eligible dependent child, 11 years of age or younger, to attend a licensed Child Care Center for up to 4 consecutive years as long as the eligible child is enrolled in a Child Care Center at the time of the employee's accidental death.</p>	<p>Additional amount equal to the Child Care Center* charge up to a maximum of \$7,500 per year and an overall maximum of 3% of the AD&D Full Amount.</p> <p>* Child Care Center means a facility that is operated and licensed according to the law of the jurisdiction where it is located and provides care and supervision for children in a group setting on a regularly scheduled and daily basis.</p> <p>This benefit is paid quarterly when MetLife receives proof that Child Care Center charges have been paid. Payment is made to the person who pays the charges on behalf of the Child.</p>

* If, at the time of the accident, you have coverage for your family but there is no dependent who is or could become eligible for the education or spouse education benefits, an additional benefit of \$1,000 will be paid to the insured's designated beneficiary.



Accidental Death & Dismemberment (AD&D)

BENEFIT	WHEN IT APPLIES	AMOUNT
<p>WAIVER OF PREMIUM PROVISION</p>	<p>The Waiver of Premium disability provision applies to total disabilities beginning before age 60. Proof that the you have been continuously, totally, disabled for at least 9 months must be provided to MetLife within 12 months of the date your total disability begins. During the waiting period, premium payment is continued through the employer and is not refundable. Waiver of Premium begins once MetLife determines proof of total disability to be satisfactory.</p>	
	<p>Employees who become totally disabled on or after the effective date of coverage and:</p> <ul style="list-style-type: none"> • the coverage is still in effect; • the coverage is still in effect; • the disability occurred before the employee attained age 60; and • the application for total disability is approved; 	
	<p>Will have continuing coverage without premium payment until death. Continuation will end at the earliest of:</p> <ul style="list-style-type: none"> • the date of your death • the date you are no longer • totally disabled, • the date you attain age 65, • the date you have not given us proof of total disability, and • the date you refuse to be examined by our physician 	
	<p>At age 65, If you remain on disability, the death benefit will reduce to zero.</p>	



Accidental Death & Dismemberment (AD&D)

Value-Added Features:

Air Bag Benefit:

If an Air Bag is deployed for the covered person during the accident and the covered person dies as a result of the accident while driving or riding in a passenger car* and wearing a properly fastened seat belt, we will pay an additional benefit of 5% of the AD&D Full Amount to a maximum of \$10,000. When the Air Bag Benefit and the Seat Belt Benefit both apply, the combined additional benefit will not exceed 15% of the AD&D Full Amount, to a combined maximum of \$20,000.

* Passenger Car is any validly registered four-wheel private passenger vehicle. It does not include any commercially licensed car; or a private passenger car that is being used for commercial purposes, or any vehicle used for recreational or professional racing.

Brain Damage Benefit:

Brain Damage is a covered loss that pays a benefit equal to 100% of the AD&D Full Amount as long as the brain damage* manifests itself within 30 days of the accidental injury, the covered person requires hospitalization for at least 5 days and brain damage persists for 12 consecutive months after the injury.

* Brain Damage means permanent and irreversible physical damage to the brain causing the complete inability to perform all the substantial and material functions and activities normal to everyday life.

Child Care Benefit:

The Child Care Benefit provides an additional amount equal to the Child Care Center* charge up to a maximum of \$7,500 per year and an overall maximum of 3% of the AD&D Full Amount for each eligible dependent child, 11 years of age or younger, to attend a licensed Child Care Center for up to 4 consecutive years as long as the eligible child is enrolled in a Child Care Center at the time of the employee's accidental death.

If no child qualifies, \$1,000 will be paid to the covered person's beneficiary.

* Child Care Center means a facility that is operated and licensed according to the law of the jurisdiction where it is located and provides care and supervision for children in a group setting on a regularly scheduled and daily basis.

This benefit is paid quarterly when MetLife receives proof that Child Care Center charges have been paid. Payment is made to the person who pays the charges on behalf of the Child.

Child Education Benefit:

The Child Education Benefit provides an additional benefit equal to the tuition charges for each eligible dependent child to attend college or another accredited institution for up to 4 consecutive years as long as the child is: enrolled in an accredited college, university or vocational school above the 12th grade level at the time of the employee's accidental death; or is at the 12th grade level and, within one year after the employee's accidental death, enrolls as a full-time student in an accredited college, university or vocational school. The benefit amount will not exceed \$5,000 per year and an overall maximum of 2% of the employee's AD&D Full Amount.

If at the time of the accident there are no dependents who qualify for the education benefit, the plan will pay an additional benefit of \$1,000 to the designated beneficiary.

Coma Benefit:

Coma is a covered loss that provides a benefit amount of 1% monthly of the AD&D Full Amount up to a maximum of 60 months if a covered person goes into a coma* as a result of an accidental injury and independent of other causes. Such state must begin within 30 days of the accidental injury and continue for 7 consecutive days.

* Coma means a state of deep and total unconsciousness from which the comatose person cannot be aroused.

Common Carrier Benefit:

The Common Carrier Benefit pays an additional benefit in an amount equal to 100% of the AD&D Full Amount if a covered person dies as a result of an accidental injury while traveling in a Common Carrier*.

* Common Carrier means a government regulated entity that is in the business of transporting fare-paying passenger. This does not include chartered or other privately arranged transportation, taxis, or limousines.

Common Disaster Benefit for VADD:

If the employee and the employee's spouse are injured in the same accident and die as a result of injuries sustained in the accident, the spouse's benefit amount will be increased to 100% of the VAD&D Full Amount payable for the employee's loss of life.* In Texas, Children age 25 only and Student age 25 only.

Exposure:

MetLife will deem a loss to be the direct result of an accidental injury if it results from unavoidable exposure to the elements and such exposure was a direct result of an accident.



Accidental Death & Dismemberment (AD&D)

Full Amount:

Regarding Accidental Death & Dismemberment, the scheduled dollar benefit amount for an accidental death and certain accidental injuries.

Hospitalized:

Includes inpatient hospital care, care in a hospice, intermediate or long-term care facility, or receipt of chemotherapy, radiation therapy, or dialysis treatment wherever performed.

Hospital Confinement Benefit:

Hospital Confinement Benefit pays an additional monthly benefit equal to 1/30th of 1% of the AD&D Full Amount if a covered person is confined in a Hospital as a result of an accidental injury. Benefits begin on the 5th day of continuous confinement and are subject to a monthly limit of \$2,500 and a maximum duration of 12 continuous months.

Benefits will be determined on a pro-rate basis for partial month of confinement. If more than one confinement for any one accident, we will pay for just one hospital confinement. We will pay for the first confinement.

* Hospital means a facility which is licensed as such in the jurisdiction in which it is located and; provides a broad range of medical and surgical services on a 24 hour a day basis for injured and sick persons by or under the supervision of staff of Physicians; and provides a broad range of nursing care on a 24 hour a day basis by or under the direction of a registered professional nurse.

Travel Assistance & Identity Theft Solutions:

Employees and their dependents enrolled in MetLife's Accidental Death & Dismemberment coverage will have access to Travel Assistance services that provide immediate access to doctors, hospitals, pharmacies, and certain other services when faced with an emergency while traveling internationally or domestically more than 100 miles from home.

Covered employees and their dependents may travel (together or separately) with greater peace of mind knowing that they are just one phone call away from being connected to a global alarm center to provide vital assistance services including: Medical Consultation and Evaluation, Emergency Evacuation, Dispatch of Prescription Medication, and even Emergency Message Transmission.

Identity Theft Solutions, an additional benefit packaged with Travel Assistance, educates participants on preventing identify theft and provides personal assistance and guidance to help alleviate the stress and time burden that victims of identity theft often face. This important feature can be used while the Participant is home or away and is available

24 hours a day 365 days a year. Participants receive assistance with filing police reports, contacting creditor fraud departments, taking inventory of lost or stolen items and more.

There is no travel requirement and no additional charge for Identity Theft Solutions.

Travel Assistance services are administered by AXA Assistance USA, Inc. Certain benefits provided under the Travel Assistance program are underwritten by ACE American Insurance Company. AXA Assistance and ACE American are not affiliated with MetLife, and the Travel Assistance & Identity Theft Solutions services they provide are separate and apart from the insurance provided by MetLife.

Paralysis means loss of use of a limb, without severance. A Physician must determine the paralysis to be permanent, complete and irreversible.

Presumption of Death:

A person will be presumed to have died as a result of an accidental injury if the aircraft or other vehicle in which the person is traveling disappears, sinks or is wrecked and the person's body is not found within 1 year of the date the aircraft or vehicle was scheduled to have arrived at its destination, or, if not a Common Carrier, the date the person was reported missing to authorities.

Seat Belt Benefit:

Seat Belt Benefit provides an additional benefit equal to 10% of the AD&D Full Amount, subject to a minimum benefit of \$1,000, up to a maximum of \$25,000 if a covered person dies from injuries sustained in an accident while driving or riding as a passenger in a Passenger Car*, provided the person was wearing a properly fastened Seat Belt* at the time of the accident. When the Seat Belt Benefit and the Air Bag Benefit both apply, the combined additional benefit will not exceed 15%.

* Passenger Car: Any validly registered four-wheel private passenger car. It does not include any commercially licensed car; or a private car that is being used for commercial purposes, or any vehicle used for recreation or professional racing.

* Seat Belt means any restraint device that meets published, US Government safety standards, is properly installed by the car manufacturer and has not been altered after installation. The term also includes a child restraint device that meets the requirements of state law.



Accidental Death & Dismemberment (AD&D)

The correct position of the seat belt must be certified by the investigating officer or included in the official accident report, and a copy of the police report must be submitted with a claim for this benefit..

Spouse Education Benefit:

If the Spouse is enrolled in an accredited school on the date the covered employee dies, or enrolls in such a school within 12 months of the employee's death, the additional amount we will pay is equal to the tuition charges for 1 academic year up to \$5,000 per year and an overall maximum of 2% of the employee's AD&D Full Amount.

If there is no Spouse who qualifies, \$1,000 will be paid to the beneficiary.

What insurance company makes this plan available to me?

Metropolitan Life Insurance Company, underwrites this plan. A.M. Best's Reports, which compares and rates the financial strength and performance of insurance companies, rates MetLife "A+ Superior."

This information is a brief description of the important features of the plan. It is not a contract. Terms and conditions of life insurance coverage are set forth in Group Policy # 24400, issued in Florida. The group policy is subject to the laws of the jurisdiction in which it is issued. The availability of this offer may change. Please keep this material as a reference.

>> Domestic
Partner
Eligibility
Update:

**Employees covering
a domestic partner
of the same sex and
legally married are able
to add their eligible
domestic partner on
a tax free basis with
proper documentation
(marriage certificate)!**



Full-Time FlexPlan Rates

January 1, 2014 - December 31, 2014

Disability Insurance

The Hartford Employee Coverage

Short-Term	10-month (20 Deductions)	11-month (24 Deductions)	12-month (26 Deductions)
Standard Upgrade	\$3.28	\$2.74	\$2.52
High	\$1.21	\$1.01	\$0.93
High Upgrade	\$5.29	\$4.41	\$4.07
Long-Term	10-month (20 Deductions)	11-month (24 Deductions)	12-month (26 Deductions)
Level 1	\$14.48	\$12.07	\$11.14
Level 2	\$18.56	\$15.47	\$14.28
Level 3	\$27.98	\$23.32	\$21.52
Level 4	For Level 4 coverage (available only if your salary is in excess of \$100,000), determine your premium by choosing a payroll cycle and following ONE of the formulas below:		
	For 10-month (20 Deductions), use this formula: Annual Salary* \$ _____ ÷ 100 x 1.06 ÷ 20 = \$ _____		
	For 11-month (24 Deductions), use this formula: Annual Salary* \$ _____ ÷ 100 x 1.06 ÷ 24 = \$ _____		
	For 12-month (20 Deductions), use this formula: Annual Salary* \$ _____ ÷ 100 x 1.06 ÷ 26 = \$ _____		

* If your salary exceeds \$150,000, enter \$150,000 here.

Dental

SafeGuard DHMO Plans

	10-MONTH (20 Deductions)		11-MONTH (24 Deductions)		12-MONTH (26 Deductions)	
	High	Standard	High	Standard	High	Standard
Employee	\$7.79	\$5.51	\$6.50	\$4.59	\$6.00	\$4.24
Employee & Family	\$19.90	\$14.04	\$16.58	\$11.70	\$15.30	\$10.80

MetLife Dental Plan

	10-month (20 Deductions)	11-month (24 Deductions)	12-month (26 Deductions)
Standard Indemnity			
Employee	\$10.84	\$9.03	\$8.34
Employee & Family	\$33.25	\$27.71	\$25.57
High Indemnity			
Employee	\$22.64	\$18.87	\$17.41
Employee & Family	\$67.68	\$56.40	\$52.06

Vision

UnitedHealthcare Vision Plan

	10-month (20 Deductions)	11-month (24 Deductions)	12-month (26 Deductions)
Employee	\$3.46	\$2.88	\$2.66
Employee & Family	\$8.64	\$7.20	\$6.65

Identity Theft

ID Watchdog Identity Theft Plan

	10-month (20 Deductions)	11-month (24 Deductions)	12-month (26 Deductions)
Employee	\$4.77	\$3.98	\$3.67
Employee & Family	\$8.97	\$7.48	\$6.90

Full-Time FlexPlan Rates

January 1, 2014 - December 31, 2014

Hospital Indemnity Plan Coverage

Cigna® Hospital Indemnity Plan Coverage

Coverage at \$50.00 Per Day	10-month (20 Deductions)	11-month (24 Deductions)	12-month (26 Deductions)
Employee	\$2.55	\$2.13	\$1.96
Employee + Family	\$3.30	\$2.75	\$2.54
Family Only	\$0.75	\$0.63	\$0.58
Coverage at \$100.00 Per Day	10-month (20 Deductions)	11-month (24 Deductions)	12-month (26 Deductions)
Employee	\$5.10	\$4.25	\$3.92
Employee + Family	\$6.60	\$5.50	\$5.08
Family Only	\$1.50	\$1.25	\$1.15
Coverage at \$150.00 Per Day	10-month (20 Deductions)	11-month (24 Deductions)	12-month (26 Deductions)
Employee	\$7.65	\$6.38	\$5.88
Employee + Family	\$9.90	\$8.25	\$7.62
Family Only	\$2.25	\$1.88	\$1.73

MetLife Life Insurance

Employee-only	10-month (20 Deductions)	11-month (24 Deductions)	12-month (26 Deductions)
\$10,000	\$1.80	\$1.50	\$1.38
\$20,000	\$3.60	\$3.00	\$2.77
\$30,000	\$5.40	\$4.50	\$4.15
\$40,000	\$7.20	\$6.00	\$5.54
\$50,000	\$9.00	\$7.50	\$6.92
\$60,000	\$10.80	\$9.00	\$8.31
\$70,000	\$12.60	\$10.50	\$9.69
\$80,000	\$14.40	\$12.00	\$11.08
\$90,000	\$16.20	\$13.50	\$12.46
\$100,000	\$18.00	\$15.00	\$13.85

Legal Coverage

ARAG

NOTE: These premiums will be deducted on a post-tax basis.

	10-month (20 Deductions)	11-month (24 Deductions)	12-month (26 Deductions) <small>ARAG</small>
Group Legal Plan	\$10.38	\$8.65	\$7.98
ARAG Senior Advocate Program	\$4.66	\$3.88	\$3.58

US Legal Plans

NOTE: These premiums will be deducted on a post-tax basis.

	10-month (20 Deductions)	11-month (24 Deductions)	12-month (26 Deductions)
US Legal Family Defender	\$10.14	\$8.45	\$7.80
US Legal Senior Defender	\$4.65	\$3.88	\$3.58

Full-Time FlexPlan Rates

January 1, 2014 - December 31, 2014

Accidental Death and Dismemberment (AD&D)

Employee Coverage

	10-MONTH (20 Deductions)			11-MONTH (24 Deductions)			12-MONTH (26 Deductions)		
	EE Only	EE & Family	Family Only	EE Only	EE & Family	Family Only	EE Only	EE & Family	Family Only
\$25,000	\$0.20	\$0.39	\$0.20	\$0.16	\$0.33	\$0.16	\$0.15	\$0.30	\$0.15
\$50,000	\$0.39	\$0.78	\$0.39	\$0.33	\$0.65	\$0.33	\$0.30	\$0.60	\$0.30
\$75,000	\$0.59	\$1.17	\$0.59	\$0.49	\$0.98	\$0.49	\$0.45	\$0.90	\$0.45
\$100,000	\$0.78	\$1.56	\$0.78	\$0.65	\$1.30	\$0.65	\$0.60	\$1.20	\$0.60
\$125,000	\$0.98	\$1.95	\$0.98	\$0.81	\$1.63	\$0.81	\$0.75	\$1.50	\$0.75
\$150,000	\$1.17	\$2.34	\$1.17	\$0.98	\$1.95	\$0.98	\$0.90	\$1.80	\$0.90
\$175,000	\$1.37	\$2.73	\$1.37	\$1.14	\$2.28	\$1.14	\$1.05	\$2.10	\$1.05
\$200,000	\$1.56	\$3.12	\$1.56	\$1.30	\$2.60	\$1.30	\$1.20	\$2.40	\$1.20
\$225,000	\$1.76	\$3.51	\$1.76	\$1.46	\$2.93	\$1.46	\$1.35	\$2.70	\$1.35
\$250,000	\$1.95	\$3.90	\$1.95	\$1.63	\$3.25	\$1.63	\$1.50	\$3.00	\$1.50
\$275,000	\$2.15	\$4.29	\$2.15	\$1.79	\$3.58	\$1.79	\$1.65	\$3.30	\$1.65
\$300,000	\$2.34	\$4.68	\$2.34	\$1.95	\$3.90	\$1.95	\$1.80	\$3.60	\$1.80
\$325,000	\$2.54	\$5.07	\$2.54	\$2.11	\$4.23	\$2.11	\$1.95	\$3.90	\$1.95
\$350,000	\$2.73	\$5.46	\$2.73	\$2.28	\$4.55	\$2.28	\$2.10	\$4.20	\$2.10
\$375,000	\$2.93	\$5.85	\$2.93	\$2.44	\$4.88	\$2.44	\$2.25	\$4.50	\$2.25
\$400,000	\$3.12	\$6.24	\$3.12	\$2.60	\$5.20	\$2.60	\$2.40	\$4.80	\$2.40
\$425,000	\$3.32	\$6.63	\$3.32	\$2.76	\$5.53	\$2.76	\$2.55	\$5.10	\$2.55
\$450,000	\$3.51	\$7.02	\$3.51	\$2.93	\$5.85	\$2.93	\$2.70	\$5.40	\$2.70
\$475,000	\$3.71	\$7.41	\$3.71	\$3.09	\$6.18	\$3.09	\$2.85	\$5.70	\$2.85
\$500,000	\$3.90	\$7.80	\$3.90	\$3.25	\$6.50	\$3.25	\$3.00	\$6.00	\$3.00

Benefit payout will be:

- Spouse only coverage = 50 percent of employee's coverage
- Children only coverage = 15 percent of employee coverage
- Spouse & Children = Spouse 40 percent of employee's coverage
Each child 10 percent of employee's coverage

Part-Time (B,E,F,L) FlexPlan Rates

January 1, 2014 - December 31, 2014

BENEFIT	COVERAGE LEVEL	EMPLOYEE ONLY	EMPLOYEE & FAMILY
MetLife Dental	Standard DHMO	\$9.18	\$23.40
	High DHMO	\$12.99	\$33.16
UHC Vision	—	\$5.76	\$14.40
Hospital Indemnity Coverage	\$50 Per Day	\$4.25	\$9.75
	\$100 Per Day	\$8.50	\$19.50
	\$150 Per Day	\$12.75	\$29.30
ID Watchdog Identity Theft Protection	—	\$7.95	\$14.95
Short-Term Disability	Standard	\$10.36	N/A
	Standard Upgrade	\$15.83	N/A
Long-Term Disability	Level 1 Standard	\$24.14	N/A
Life Insurance	\$10,000	\$3.00	N/A
	\$20,000	\$6.00	N/A
	\$30,000	\$9.00	N/A
	\$40,000	\$12.00	N/A
	\$50,000	\$15.00	N/A
	\$60,000	\$18.00	N/A
	\$70,000	\$21.00	N/A
	\$80,000	\$24.00	N/A
	\$90,000	\$27.00	N/A
\$100,000	\$30.00	N/A	
ARAG Legal	—	N/A	\$17.30
ARAG Senior Advocate™	—	N/A	\$7.76
US Legal Family Protector	—	N/A	\$16.90
US Legal Senior Protector	—	N/A	\$7.75

Part-Time (B,E,F,L) FlexPlan Rates

January 1, 2014 - December 31, 2014

BENEFIT	COVERAGE LEVEL	EMPLOYEE ONLY	EMPLOYEE & FAMILY
Accidental Death & Dismemberment (AD&D) This benefit is not available to Bargaining Unit 4 (AFSCME) employees.	\$25,000	\$.33	\$.65
	\$50,000	\$.65	\$ 1.30
	\$75,000	\$.98	\$ 1.95
	\$100,000	\$ 1.30	\$ 2.60
	\$125,000	\$ 1.63	\$ 3.25
	\$150,000	\$ 1.95	\$ 3.90
	\$175,000	\$ 2.28	\$ 4.55
	\$200,000	\$ 2.60	\$ 5.20
	\$225,000	\$ 2.93	\$ 5.85
	\$250,000	\$ 3.25	\$ 6.50
	\$275,000	\$ 3.58	\$ 7.15
	\$300,000	\$ 3.90	\$ 7.80
	\$325,000	\$ 4.23	\$ 8.45
	\$350,000	\$ 4.55	\$ 9.10
	\$375,000	\$ 4.88	\$ 9.75
	\$400,000	\$ 5.20	\$ 10.40
	\$425,000	\$ 5.53	\$ 11.05
	\$450,000	\$ 5.85	\$ 11.70
\$475,000	\$ 6.18	\$ 12.35	
\$500,000	\$ 6.50	\$ 13.00	

Part-Time Food Service FlexPlan Rates

January 1, 2014 - December 31, 2014

**Part-Time Food Service
Benefits are not viewable
at this time.**

**Please contact your Union
Representative.**

COBRA FlexPlan Rates

January 1, 2014 - December 31, 2014

METLIFE SAFEGUARD DENTAL (DHMO)

	Standard	High
Participant Only	\$9.36	\$13.25
Participant & Family	\$23.87	\$33.82

METLIFE DENTAL INDEMNITY

	Standard	High
Participant Only	\$18.42	\$38.48
Participant & Family	\$56.52	\$115.06

UNITEDHEALTHCARE VISION

Participant Only	\$5.88
Participant & Family	\$14.69

Retiree FlexPlan Rates

January 1, 2014 - December 31, 2014

METLIFE SAFEGUARD DENTAL (DHMO)

	Standard	High
Retiree Only	\$9.18	\$12.99
Retiree & Family	\$23.40	\$33.16

METLIFE DENTAL INDEMNITY

	Standard	High
Retiree Only	\$18.06	\$37.73
Retiree & Family	\$55.41	\$112.80

UNITEDHEALTHCARE VISION

Retiree Only	\$5.76
Retiree & Family	\$14.40

CIGNA HOSPITAL INDEMNITY COVERAGE

Daily Benefit	\$50 per day	\$100 per day	\$150 per day
Retiree	\$4.25	\$8.50	\$12.75
Retiree & Family	\$9.75	\$20.00	\$29.50

ARAG LEGAL

Retiree & Family	\$17.30
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ARAG SENIORADVOCATE™

Retiree & Family	\$7.76
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US LEGAL FAMILY DEFENDER

Retiree & Family	\$16.90
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US LEGAL SENIOR DEFENDER

Retiree & Family	\$7.75
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ID WATCHDOG IDENTITY THEFT PROTECTION

Retiree	\$7.95
Retiree & Family	\$14.95

Retiree FlexPlan Rates

January 1, 2014 - December 31, 2014

Regular Retiree

Over 65 or Under 65 Regular Retiree Coverage

Accidental Death and Dismemberment (AD&D)

Retiree Only

AMOUNT	COST
\$25,000	\$0.33
\$50,000	\$0.65
\$75,000	\$0.98
\$100,000	\$1.30
\$125,000	\$1.63
\$150,000	\$1.95
\$175,000	\$2.28
\$200,000	\$2.60
\$225,000	\$2.93
\$250,000	\$3.25
\$275,000	\$3.58
\$300,000	\$3.90
\$325,000	\$4.23
\$350,000	\$4.55
\$375,000	\$4.88
\$400,000	\$5.20
\$425,000	\$5.53
\$450,000	\$5.85
\$475,000	\$6.18
\$500,000	\$6.50

Retiree + Family

AMOUNT	COST
\$25,000	\$0.65
\$50,000	\$1.30
\$75,000	\$1.95
\$100,000	\$2.60
\$125,000	\$3.25
\$150,000	\$3.90
\$175,000	\$4.55
\$200,000	\$5.20
\$225,000	\$5.85
\$250,000	\$6.50
\$275,000	\$7.15
\$300,000	\$7.80
\$325,000	\$8.45
\$350,000	\$9.10
\$375,000	\$9.75
\$400,000	\$10.40
\$425,000	\$11.05
\$450,000	\$11.70
\$475,000	\$12.35
\$500,000	\$13.00

Retiree FlexPlan Rates

January 1, 2014 - December 31, 2014

Regular Retiree

Metropolitan Life Regular Retiree Coverage

Retiree Only

AMOUNT	COST
\$10,000	\$3.00
\$20,000	\$6.00
\$30,000	\$9.00
\$40,000	\$12.00
\$50,000	\$15.00
\$60,000	\$18.00
\$70,000	\$21.00
\$80,000	\$24.00
\$90,000	\$27.00
\$100,000	\$30.00



Contract Administrator
FBMC Benefits Management, Inc.
P.O. Box 1878 • Tallahassee, Florida 32302-1878
FBMC Service Center 1.855.MDC.PS4U (1.855.632.7748) • www.myFBMC.com

Information contained herein does not constitute an insurance certificate or policy. Certificates will be provided to participants following the start of the plan year, if applicable.