



# BENEFITS SUMMARY



Prepared for: Stockbridge Community Schools  
Plan Year: 2024-2025



# OUR EMPLOYEES ARE OUR MOST VALUABLE ASSET.

Stockbridge Community Schools is committed to offering a comprehensive employee benefits program that helps our employees stay healthy, feel secure and maintain a work-life balance.

## STAY HEALTHY

- Medical, dental and vision care
- Flexible spending accounts

## FEELING SECURE

- Disability insurance
- MPSERS/403(b)/457 plan
- Life and accidental death & dismemberment (AD&D) insurance
- Identity theft program

## WORK-LIFE BALANCE

- Employee assistance program

## CONTACT INFORMATION FOR BENEFIT VENDORS

Health Insurance.....	4
Provider name: Blue Cross Blue Shield of Michigan	
Provider contact person: Customer Service	
Provider phone number: 800-972-9797	
Provider website: <a href="http://www.bcbsm.com">www.bcbsm.com</a>	
Provider name: EHIM	
Provider contact person: Customer Service	
Provider phone number: 800-311-3446	
Provider website: <a href="http://www.ehimrx.com">www.ehimrx.com</a>	
Dental Insurance.....	17
Provider name: ADN Administrators	
Provider contact person: Customer Service	
Provider phone number: 248-901-3705	
Provider website: <a href="http://www.adndental.com">www.adndental.com</a>	
Vision Insurance.....	22
Provider name: ADN Administrators	
Provider contact person: Customer Service	
Provider phone number: 248-901-3705	
Long-term Disability Insurance.....	27
Provider name: Madison National Life Insurance Company	
Provider contact person: Nicole Miller (NIS) Insurance Consultant	
Provider phone number: 800-627-3660	
Provider website: <a href="http://www.nisbenefits.com">www.nisbenefits.com</a>	
Life and AD&D Insurance.....	28
Provider name: Madison National Life Insurance Company	
Provider contact person: Nicole Miller (NIS) Insurance Consultant	
Provider phone number: 800-627-3660	
Provider website: <a href="http://www.nisbenefits.com">www.nisbenefits.com</a>	
Flexible Spending Account.....	29
Provider name: American Fidelity	
Provider phone number: 800-662-1113	
Provider website: <a href="https://americanfidelity.com/support/hcfsa">https://americanfidelity.com/support/hcfsa</a>	
Employee Assistance Program.....	30
Provider name: TELUS	
Provider contact person: Customer Service	
Provider phone number: 866-451-5465 (EAP) or 866-472-2734 (Claimant Assist)	
Provider website: <a href="http://www.niseap.com">www.niseap.com</a>	
General Member Assistance.....	
Provider name: National Insurance Services	
Provider contact person: Nicole Miller (NIS) Insurance Consultant	
Provider phone number: 800-627-3660	
Provider website: <a href="http://www.nisbenefits.com">www.nisbenefits.com</a>	

# HEALTH INSURANCE

## WHO IS ELIGIBLE AND WHEN:

Superintendent, Administrators, Supervisors, Admin Office Support, Teachers, Secretaries, Custodians, and 30 hour eligible ACA employees

## BENEFITS YOU RECEIVE:

See attached Benefit Summary

## EMPLOYEE PAYS:

Refer to your employment contract or bargained agreement

## EMPLOYER PAYS:

Refer to your employment contract or bargained agreement

Stockbridge Community Schools 10-1-2024 to 9-30-2025

Medical/Rx - Plan Highlights  
\$100 Deductible HRA - BCBSM/EHIM

Partial listing of covered services	In Network	Out of Network
<b>Deductible and Out-of-Pocket</b>		
Annual Deductible	\$100 per person \$200 per family	\$10,000 per person \$20,000 per family
Annual medical out-of-pocket maximum	\$100 per person \$200 per family	\$12,700 per person \$25,400 per family
Annual Rx out-of-pocket maximum	\$800 per person \$1,600 per family	Member could pay more due to U&C restrictions
<b>Preventive Healthcare</b>		
Annual physical	you pay nothing	Most preventative services not covered. Mammography and Colonoscopy covered at 40% member cost-share. See benefit summary or contact BCBSM for more details.
Immunizations and Prenatal		
Postnatal, family planning & screenings		
Preventative Care Drugs		
<b>Office Visits</b>		
Illness or injury	\$20 Co-pay	you pay 40% after deductible
Physical, occupational therapy, speech therapy		
Chiropractic care		
Mental / Chemical health care		
Retail Clinic		
<b>Emergency Care</b>		
Care at an urgent care clinic or medical center	\$40 Co-pay	you pay 40% after deductible
Emergency care at a hospital ER	\$250 Co-pay	\$250 Co-pay
<b>Inpatient Hospital Care</b>		
Illness or injury	you pay nothing after deductible	you pay 40% after deductible
Mental / Chemical health care		
<b>Outpatient Care</b>		
Scheduled outpatient procedures	you pay nothing after deductible	you pay 40% after deductible
MRI/CT		
<b>Durable Medical Equipment (DME)</b>		
Hearing Aids	\$1,684 limit per ear for hearing aid, plus \$250 for other services	
DME & prosthetic devices	you pay nothing after deductible	you pay 20% after deductible
<b>Pharmacy Highlights</b>		
Partial listing of covered services		
<b>Retail Pharmacy</b>		
Generic preferred	\$10 copay	\$10 copay (member must pay in advance and then submit for reimbursement at usual and customary). Member may not be fully reimbursed based on Usual & Customary.
Brand preferred	\$40 copay	\$40 copay (member must pay in advance and then submit for reimbursement at usual and customary). Member may not be fully reimbursed based on Usual & Customary.
Non-preferred	\$80 copay	\$80 copay (member must pay in advance and then submit for reimbursement at usual and customary). Member may not be fully reimbursed based on Usual & Customary.
<b>Mail Order Pharmacy (up to a 90-day supply)</b>		
Generic preferred	\$20 copay	Not covered
Brand preferred	\$80 copay	
Non-preferred	\$160 copay	

# Special Medical Reimbursement Plan

## PROCESS



**1** Member visits Provider



**2** Provider submits claim to Blue Cross Blue Shield of MI



**3** Blue Cross Blue Shield of MI processes claim, produces EOB and delivers to Member

**4**

EDI claim received directly from Blue Cross Blue Shield of MI

**5**

EHIM processes claim for medical reimbursement

**6**

EHIM mails:

- EHIM Simplified Benefit Summary
- Copy of any approved provider payment issued
- Reimbursement payment to Member if applicable



*In a rare instance where the provider will not bill BCBS for covered services, get an itemized receipt and submit it to EHIM. EHIM will assist you in filing your claims with BCBS. If you receive a bill before you receive a Simplified Benefit Summary from EHIM please call EHIM for assistance.*

**QUESTIONS? Contact the EHIM Medical Claims Department.**

26711 Northwestern Hwy., #400 Southfield, MI 48033  
Telephone: 248-948-9900 | Fax: 248-945-4887





**Stockbridge Community Schools  
Community Blue PPO Plan  
Explanation of Special Medical Reimbursement Benefits**

***Your Current Benefits***

You are enrolled in a Preferred Provider Organization (PPO) Plan with benefits being paid by two parties, Blue Cross Blue Shield of Michigan (BCBSM) and your employer. Your underlying purchased program through Blue Cross includes deductible, coinsurance and flat dollar copayments as well as an out-of-pocket maximum.

Your employer will be sharing in a portion of service that BCBSM applies to your deductible and coinsurance as outlined in the chart below:

**IN-NETWORK BENEFITS**

**SINGLE COVERAGE**

Employee responsible for	\$100.00
Employer pays the remaining	\$4,900.00
Annual Coinsurance	\$6,750.00
Employee pays	\$0.00
Employer pays entire 20%	\$1,350.00
Employee out-of-pocket expense	\$100.00

**TWO PERSON OR FAMILY COVERAGE**

Employee responsible for	\$200.00
Employer pays the remaining	\$9,800.00
Annual Coinsurance	\$13,500.00
Employee pays	\$0.00
Employer pays entire 20%	\$2,700.00
Employee out-of-pocket expense	\$200.00

**Fixed Dollar Copayments**

(for single, two person, and family coverage)

Fixed Office Visit & Chiropractic Care Copay	\$40.00
Employee pays	\$20.00
Employer pays	\$20.00

Fixed Emergency Room Copay	\$250.00
Employee pays	\$250.00
Employer pays	\$0.00

Urgent Care Copay	\$40.00
Employee pays	\$40.00
Employer pays	\$0.00

**OUT-OF-NETWORK BENEFITS**

**SINGLE COVERAGE**

Annual Deductible	\$10,000.00
Employee responsible for entire	\$10,000.00

**TWO PERSON OR FAMILY COVERAGE**

Annual Deductible	\$20,000.00
Employee responsible for entire	\$20,000.00

Annual Coinsurance	\$2,700.00
Employee responsible for entire	\$2,700.00
Employee out-of-pocket expense	\$12,700.00

Annual Coinsurance	\$5,400.00
Employee responsible for entire	\$5,400.00
Employee out-of-pocket expense	\$25,400.00

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A background image showing a pharmacy setting with a mortar and pestle, a scale, and several brown glass bottles.

# PHARMACY BENEFIT SUMMARY

Effective:10/01/2024

Prepared For:

The logo for Stockbridge Community Schools, featuring a large orange 'S' followed by the text 'STOCKBRIDGE COMMUNITY SCHOOLS' in orange and white.

**S** STOCKBRIDGE  
COMMUNITY SCHOOLS



## No Changes

Effective: 10/01/2024

We are pleased to announce that there will be NO changes to your existing pharmacy benefit plan for the upcoming year!

You can continue to utilize the current ID card that you have.

### Customer Service

(800) 311-3446 • 24/7/365 • www.ehimrx.com

EHIM's primary mission is to provide our members with the best customer service possible. If you are experiencing a problem filling a retail or mail order prescription, please contact the Pharmacy Help Desk. For your convenience, the help desk has representatives available **24 hours a day, 7 days a week, 365 days a year.**

Our toll free number is **printed on your ID card** for easy reference. EHIM values our clients and we appreciate the opportunity to continue to service our members.

### Summary of Copayments

Copayments are the dollar amount which will be collected at the pharmacy every time you receive a prescription. Generally, your copayment will be lowest for generic prescriptions and highest for medications that are considered Non-Preferred under your plan design. Below highlights your plan's copay levels:

\$10	Copayment on any generic medication
\$40	Copayment on any Preferred Brand Medication
\$80	Copayment on any Non-Preferred Brand Medication
\$80	Copayment on any Multi-Source Brand Medication (Brand Name Drugs that are dispensed when an exact generic is available). The <i>physician</i> will indicate "DAW" or "Dispense as Written" on the prescription.
\$80	Copayment <b>plus the difference</b> in cost between the brand & generic on any Multi-Source Brand Prescription (Brand Name Drugs that are dispensed when an exact generic is available) The <i>patient</i> indicates the brand to be dispensed. DAW penalty does not count towards the OOP Max
\$80	Copayment on all Specialty Medications (Example: Oncology, Multiple Sclerosis, Organ Transplant) Please contact EHIM at <b>800-311-3446</b>
\$10	Copayment on any medication covered under the EHIM OTC program
<b>Generic</b> \$20  <b>Brand</b> \$80  <b>NP Brand</b> \$160	Standard Copayment for all eligible maintenance medication filled in a three month supply. Brand & Generic eligible maintenance medications can be filled through the Local Retail Pharmacy or through Mail Order in order to obtain them in a 3 month supply.
<b>Single</b> \$800  <b>Family</b> \$1,600	Out of Pocket Maximum: Once a member/contract meets the amount in pharmacy copays and medical spend combined that member/contract will have a \$0 copay on all eligible medications for the rest of the plan year. Out of Pocket Maximum: Once a member/contract spends the maximum in pharmacy copays that member/contract will have a \$0 copay on all covered medications for the rest of the plan year. One person in a 2-person/Family contract will be capped at the single amount and the rest of the members under that contract will have to meet the other single max combined.

Effective: 10/01/2024

## Quantity Limits for Certain Medications

Certain medications under your program may be subject to quantity limits. The quantity limits ensure that these medications are utilized appropriately and that maximum dosages are not exceeded. EHIM's Quantity Limitations are based on FDA-approved dosing recommendations, pharmaceutical guidelines, and have been reviewed and approved by our licensed, clinical staff.

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## Alliance Walgreen's + Prime Mail Order

EHIM offers a mail order program through Alliance Walgreen's + Prime Mail Order which allows you to receive a three month supply (61-90 days maximum) for the plan's designated number of copays. The program includes maintenance medications covered under the Prescription Plan. Prescriptions can be ordered through the Alliance Walgreen's + Prime website ([www.walgreens.com/mailorder](http://www.walgreens.com/mailorder)) or by completing a hard copy prescription order form. You must complete a registration form for Alliance Walgreen's + Prime prior to your prescription being filled. Included in the mail order brochure are step by step instructions on how to fill your first prescription. You may contact EHIM at 800-311-3446 for assistance with registering with Alliance Walgreen's + Prime, or you may contact Alliance Walgreen's + Prime directly at 800-345-1985.

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## Non-Preferred Drug List

Some medications under this program are classified as "Non-Preferred". This means there are alternative medications which are therapeutically equivalent. If your physician writes for a medication that is part of our Non-Preferred List, you may want to discuss alternative medications that are just as effective.

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## EHIM Pharmacy Network

EHIM has over 62,000 participating pharmacies across the country including all of the major chain pharmacies, regional pharmacies and most independent pharmacies. You may visit our website at [www.ehimrx.com](http://www.ehimrx.com) for our National Pharmacy Directory and Pharmacy Locator tool.

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## EHIM Pharmacy Help Desk

EHIM's Pharmacy Help Desk is available for your convenience 24 hours a day, 7 days per week, 365 days per year. Our toll free number is (800) 311-3446 and will be printed on the back of your ID card and on all of our communication pieces. If you have any questions regarding your benefits or just need help finding a participating pharmacy, please contact our Pharmacy Help Desk. You may also contact our helpdesk through our website at [www.ehimrx.com](http://www.ehimrx.com).

# Did You Know...?



## OTC Medications available for **\$10 Copay**

### How to Use the OTC Program:

1. If you are currently using a prescription Anti-Ulcer or Allergy medication, talk to your physician about using an Over-the-Counter (OTC) treatment.
2. If your physician believes an OTC treatment is right for you, ask them to write a prescription for the medication. OTC must be written on the script.
3. Present that prescription to the pharmacist.
4. The pharmacist will bill the prescription to EHIM.
5. **You will receive the OTC product for a \$10 copay!**

You can receive certain Over-the-Counter (OTC) medications for a **\$10** copay. Your prescription drug program through EHIM provides coverage for certain OTC Anti-Ulcer and Allergy medications. These medications are considered to be therapeutically equivalent to those medications available by prescription only.

To help reduce some of your current out-of-pocket costs, you may want to consider utilizing a medication available through the OTC program instead of your prescription medication.

Anti-Ulcer (Acid-Reflux) Medications		
<b>If you take:</b>		<b>You are currently paying:</b>
<ul style="list-style-type: none"> <li>Dexilant</li> </ul>	<ul style="list-style-type: none"> <li>Nexium</li> </ul>	\$80 Copay
<b>If you change to:</b>		<b>You would pay:</b>
<ul style="list-style-type: none"> <li>Axid (nizatidine)</li> <li>Pepcid AC &amp; Complete (famotidine)</li> <li>Prevacid OTC (lansoprazole)</li> <li>Prilosec OTC (omeprazole OTC)</li> </ul>	<ul style="list-style-type: none"> <li>Tagamet (cimetidine)</li> <li>Zantac (ranitidine)</li> <li>Zegerid OTC (omeprazole/sodium bicarbonate)</li> </ul>	\$10 Copay
Allergy Medications		
<b>If you take:</b>		<b>You are currently paying:</b>
<ul style="list-style-type: none"> <li>Flonase Nasal Inhaler</li> <li>Nasacort AQ</li> <li>Nasonex Nasal Inhaler</li> </ul>	<ul style="list-style-type: none"> <li>Rhinocort Aqua Nasal Inhaler</li> <li>Veramyst Nasal Inhaler</li> <li>Xyzal</li> </ul>	\$80 Copay
<b>If you change to:</b>		<b>You would pay:</b>
<ul style="list-style-type: none"> <li>Alavert (loratadine)</li> <li>Alavert-D (loratadine-D)</li> <li>Allegra (fexofenadine)</li> <li>Allegra-D (fexofenadine-D)</li> <li>Benadryl (diphenhydramine)</li> <li>Claritin (loratadine)</li> </ul>	<ul style="list-style-type: none"> <li>Claritin-D (loratadine-D)</li> <li>Nasacort Allergy 24 HR</li> <li>Rhinocort Allergy Spray</li> <li>Zyrtec (cetirizine)</li> <li>Zyrtec-D (cetirizine-D)</li> </ul>	\$10 Copay



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# Patient Protection & Affordable Care Act (PPACA) Formulary



## List of Preventive Care Drugs - Covered for \$0.00 copayment

available to members without any member cost-share. In short, the following list of medications are available to members for a \$0 copayment. If a member opts to use a medication within these therapy classes and the medication is NOT listed below, the member will have a cost-share based on the plan design (**Brand Copay on Alternative**). However, in the case of the contraceptives, this list is merely a guide and not all-inclusive. Members are encouraged to speak to their providers regarding the treatment that best fits their needs.

Rx Name	Drug Type
<b>Antivirals</b>	
emtricitabine-tenofovir disoproxil fumarate (subject to clinical protocols)	Generic
<b>Contraceptives - Oral</b>	
apri	Generic
aranelle	Generic
aviane	Generic
azurette	Generic
balziva	Generic
camila	Generic
caziant	Generic
cesia	Generic
cryselle-28	Generic
enpresse-28	Generic
errin	Generic
gianvi	Generic
gildess FE 1/20	Generic
gildess FE 1.5/30	Generic
heather	Generic
jolivette	Generic
jolessa	Generic
junel 1/20	Generic
junel FE 1/20	Generic
junel 1.5/30	Generic

Rx Name	Drug Type
<b>Contraceptives - Oral</b>	
junel fe 1.5/30	Generic
kariva	Generic
kelnor 1/30	Generic
leena	Generic
levora	Generic
low-orghestrel	Generic
lutera	Generic
microgestin 1/20	Generic
microgestin 1.5/30	Generic
microgestin FE	Generic
microgestin FE 1.5/30	Generic
mononessa	Generic
necon 0.5/35-28	Generic
necon 1/35-28	Generic
necon 1/50-28	Generic
necon 10/11-28	Generic
necon 7/7/7	Generic
nora-BE	Generic
norinyl	Generic
nortrel 0.5/35 (28)	Generic
nortrel 1/35 (21)	Generic
nortrel 1/35 (28)	Generic
nortrel 7/7/7	Generic

## List of Preventive Care Drugs - Covered for \$0.00 copayment

Rx Name	Drug Type	Rx Name	Drug Type
<b>Contraceptives - Oral</b>		<b>Smoking Cessation - Oral</b>	
ocella	Generic	bupropion SR 150 (Zyban)	Generic
ogestrel	Generic	Chantix Starting Pack	Brand
orsythia	Generic	Chantix Continuing Pack	Brand
portia	Generic	<b>Smoking Cessation - Inhaler</b>	
quasense	Generic	Nicotrol	Brand
reclipsen	Generic	<b>Smoking Cessation - Gum</b>	
solia	Generic	Nicotine Gum	OTC
sprintec-28	Generic	<b>Smoking Cessation - Lozenge</b>	
sronyx	Generic	Nicotine Lozenge	OTC
tilia fe	Generic	<b>Smoking Cessation - Patch</b>	
tri-legest fe	Generic	Nicotine Patch	OTC
trinessa	Generic	<b>Statins (Men &amp; Women Age 40-75)</b>	
tri-sprintec	Generic	atorvastatin 10mg, 20mg	Generic
tri-lo-sprintec	Generic	fluvastatin 20mg, 40mg	Generic
trivora-28	Generic	fluvastatin ER 80 mg	Generic
velivet	Generic	lovastatin 10mg, 20mg, 40mg	Generic
zencent	Generic	pravastatin 10mg, 20mg, 40mg, 80mg	Generic
zencent fe	Generic	rosuvastatin 5mg, 10mg	Generic
zovia 1/35E	Generic	simvastatin 5mg, 10mg, 20mg, 40mg	Generic
zovia 1/50E	Generic	<b>Preventive Medications</b>	
<b>Contraceptives - Patch</b>		aspirin 81mg (males 45-79 yrs, females 55-79 yrs)	Generic
Ortho Evra	Brand	folic acid .4mg - .8mg (females 18-45 yrs)	Generic
<b>Contraceptives - Ring</b>		iron supplement (6mos - 1yr)	Generic
Nuvaring	Brand	oral fluoride (under 5yrs old)	Generic
<b>Contraceptives - Diaphragm</b>		vitamin D (65 years or older)	Generic
Femcap	Brand	tamoxifen	Generic
Ortho All Flex	Brand	<b>Bowel Prep Agents (Men &amp; Women Age 50-75)</b>	
Ortho-Diaphragm	Brand	gavilyte	Generic
<b>Contraceptives - Emergency</b>		gavilyte N/flavor pack	Generic
levonorgestrel, next choice	Generic	gavilyte-G	Generic
<b>Contraceptives - Implantable</b>		PEG 3350/electrolytes	Generic
Paraguard	Brand	PEG 3350NAACL/NA	Generic
Nexplanon	Brand	bicarbonate/KCL	Generic
<b>Contraceptives - Injectable</b>		trilyte	Generic
medroxyprogesterone	Generic		

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# Commit to Quit

In an effort to support the wellness of our employees, we are pleased to announce that we are offering a Smoking Cessation program! The smoking cessation benefits will include the following:

**Both over-the-counter (OTC) medications and prescription medications are covered!**

SAMPLE OF OVER-THE-COUNTER (OTC) MEDICATIONS INCLUDED:			
Commit 2mg Lozenges	\$0	Nicotine 21/24 Hr. TD Patch	\$0
Commit 4mg Lozenges	\$0	Nicotine Polacrilex 2mg (Nicotine Gum)	\$0
Nicotine 7/24 Hr. TD Patch	\$0	Nicotine Polacrilex 4mg (Nicotine Gum)	\$0
Nicotine 14/24 Hr. TD Patch	\$0		
SAMPLE OF PRESCRIPTION MEDICATIONS INCLUDED:			
Bupropion Hcl 150mg SA	\$0	Nicotine Cartridge Inhaler	\$0
Chantix Continuing Pack	\$0	Nicotine Nasal Inhaler	\$0
Chantix Starting Pack	\$0		

Talk to your physician about which treatment may be right for you!



## How to Use the Smoking Cessation Program:

1. Talk to your doctor about which anti-smoking treatment may be right for you.
2. Obtain a prescription for either the over-the-counter (OTC) medication or the prescription strength medication.
3. Present that prescription to the pharmacist.
4. Pharmacist will bill the prescription to EHIM.
5. **You will receive the medication for a \$0.00 copay.**



# Prescriptions that deliver in every way.

## Alliance Rx Walgreens Prime

As a member of EHIM, you are eligible to enroll in Alliance Rx Walgreens Prime, offering you convenient delivery of your ongoing maintenance medications from Walgreens to the location of your choice.

It's easy to register and order prescriptions, just have the following ready:

- **Member ID Number** (Located on ID Card)
- **Group Number**
- **Payment Information**

Select the option that works for you and follow the steps to get started.

	Online	Fax	Mail	Phone
<p><b>1</b> <b>REGISTER</b></p>	Register or Sign In at Walgreens.com/MailService. Follow the prompts to complete enrollment.	Not available	Send completed <i>Registration and Prescription Order Form</i> to: Alliance Rx Walgreens Prime P.O. Box 29061 Phoenix, AZ 85038	Call 800-345-1985 and ask to be registered for Walgreens mail service. Please have your insurance information handy.
<p><b>2</b> <b>ORDER</b> your first prescription.</p>	Ask your doctor if he or she can prescribe your medications electronically. If he or she is unable, select an alternative option.	Have your doctor complete and fax the Prescriber Fax Form to: 800-332-9581*	Send completed <i>Registration and Prescription Order Form</i> along with your original prescription to: Alliance Rx Walgreens Prime P.O. Box 29061 Phoenix, AZ 85038	Call 800-345-1985 and request that Walgreens reach out to your doctor for a new prescription.†
<p><b>3</b> <b>REFILL‡</b></p>	Prescriptions eligible for refills are listed in your member profile at Walgreens.com/MailService.	Not available	Send completed <i>Preprinted Refill Order Form</i> enclosed with your last order to: Alliance Rx Walgreens Prime P.O. Box 29061 Phoenix, AZ 85038	Call 800-345-1985 and select “refill a prescription” or ask to speak with a customer service representative.

\*By law, prescriber fax forms and e-prescriptions are valid only if sent from a prescriber's office.

†You will need to provide your doctor's contact information as well as the name and dosage of your medication. Walgreens will notify you if your doctor doesn't respond.

‡To automatically receive refills of your medications, select the “Auto Refill” option in your online profile or on the Registration and Prescription Order Form.

§Scripts that cannot be transferred and require a new written prescription include: expired prescriptions, no refills remaining, controlled substances & compound medications.



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**EHIM Pharmacy Call Center**

800-311-3446

[www.ehimrx.com](http://www.ehimrx.com)

# DENTAL INSURANCE

## WHO IS ELIGIBLE AND WHEN:

Superintendent, Administrators, Supervisors, Admin Office Support, Teachers, Secretaries, Custodians

## BENEFITS YOU RECEIVE:

See attached Benefit Summary

## EMPLOYEE PAYS:

Refer to your employment contract or bargained agreement

## EMPLOYER PAYS:

Refer to your employment contract or bargained agreement



PO Box 610  
 Southfield, MI 48037  
 248-901-3705

**STOCKBRIDGE COMMUNITY SCHOOLS Dental Benefits Plan**  
**Administrators**

**Group #9898**

**The Plan-at-a-Glance**

**PPO Networks: ADN Dental Network, DenteMax**

**Maximum Benefits**

**Plan year July 1 through June 30**

Annual Maximum \$1000 per eligible individual for covered class I, II and III services.  
 Lifetime Maximum \$1500 per eligible individual for covered class IV services

**Class I Preventive Services – 100%**

Routine Oral Examinations	Twice per plan year
Prophylaxis (Cleaning)	Twice per plan year (includes Periodontal Maintenance)
Topical Application of Fluoride	Twice per plan year to age 19
Space Maintainers	Once per area per lifetime, up to age 14
Bitewing X-Rays	Once per plan year
Full-Mouth Series or Panoramic X-Rays	Once per 60 months
All Other X-Rays	

**Class II Restorative Services – 90%**

Composite and Amalgam fillings	Once per tooth surface per 24 months
Onlays and Crowns**	Once per permanent tooth per 60 months
Root Canal Therapy	
Periodontal Maintenance	Twice per plan year following treatment (includes prophylaxes)
Periodontal Root Planing	Once per quadrant per 24 months
Periodontal Surgery	Once per quadrant per 36 months
Oral Surgery and Extractions	Medical plan primary for certain procedures
General Anesthesia or IV Sedation	Medically necessary and with covered oral surgery
Occlusal Guards	Once per lifetime
Denture Repair and Adjustment	
Denture Reline or Rebase	Once per 36 months, per arch

**Class III Major Services – 90%**

Complete and Partial Removable Dentures	Once per arch per 60 months
Fixed Partial Dentures (Bridges)	Once per area per 60 months
Addition of Teeth to Partial Dentures	
Endosteal Implants	Once per permanent tooth per 60 months

**Class IV Orthodontic Services – 90%**

Limited and Interceptive Treatment	Removable and Fixed Appliance Therapy, up to age 19
Comprehensive Treatment	Fixed Appliance Therapy, up to age 19

**Not Covered**

Sealants      Eposteal and Transosteal Implants      TMJ/TMD Treatment      Cosmetic Treatment

Deductible – None  
 Missing Tooth Clause – None  
 12 Month Billing Limitation  
 Waiting Periods – None  
 COB – Standard

\*\*Porcelain and ceramic not covered for posterior teeth, alternate benefit applies  
 \*\*Prosthetics are considered on delivery date

**\*\*Note – Quotes of benefits do not constitute a guarantee of payment. Covered benefits may have limitations or exclusions affecting plan payment. Refer to plan booklet for additional coverage details and limitation. Predetermination is strongly encouraged for all non-emergency dental treatment exceeding \$200.00 in charges. The treatment plan should be submitted to ADN prior to beginning any treatment.**



PO Box 610  
 Southfield, MI 48037  
 248-901-3705

**STOCKBRIDGE COMMUNITY SCHOOLS Dental Benefits Plan**

**Group #9898**

**Custodians**

**The Plan-at-a-Glance**

**PPO Networks: ADN Dental Network, DenteMax**

**Maximum Benefits**

**Plan year October 1 through September 30**

Annual Maximum	\$800 per eligible individual for covered class I, II and III services.
Lifetime Maximum	\$800 per eligible individual for covered class IV services
TMJ Lifetime Maximum	\$500 per eligible individual for covered TMJ services

**Class I Preventive Services – 80%**

Routine Oral Examinations	Twice per plan year
Prophylaxis (Cleaning)	Twice per plan year
Topical Application of Fluoride	Once per plan year to age 18
Sealants	Once per 24 months; permanent molars to age 14
Bitewing X-Rays	Twice per plan year
Full-Mouth Series or Panoramic X-Rays	Once per 36 months
All Other X-Rays	
Space Maintainers	Once per area per lifetime, up to age 19

**Class II Restorative Services – 80%**

Composite and Amalgam fillings**	
Root Canal Therapy	
Periodontal Maintenance	Twice per plan year following treatment
Periodontal Root Planing	Once per quadrant per 24 months
Periodontal Surgery	Once per quadrant per 24 months
Oral Surgery and Extractions	Medical plan primary for certain procedures
General Anesthesia or IV Sedation	Medically necessary and with covered oral surgery
Occlusal Guards	Once per 24 months

**Class III Major Services – 80%**

Inlays, Onlays and Crowns**	Once per permanent tooth per 60 months
Complete and Partial Removable Dentures	Once per arch per 60 months
Fixed Partial Dentures (Bridges)	Once per area per 60 months
Denture Repair and Adjustment	
Denture Reline or Rebase	Once per 24 months, per arch
Addition of Teeth to Partial Dentures	

**Class IV Orthodontic Services – 50%**

Limited and Interceptive Treatment	Removable and Fixed Appliance Therapy, up to age 19
Comprehensive Treatment	Fixed Appliance Therapy, up to age 19

**Not Covered**

Implants            Cosmetic Treatment

Deductible – None

Missing Tooth Clause – None

12 Month Billing Limitation

Waiting Periods – None

\*\*Composite, porcelain and ceramic not covered for posterior teeth, alternate benefit applies

COB – Standard

\*\*Prosthetics are considered on delivery date

**\*\*Note – Quotes of benefits do not constitute a guarantee of payment. Covered benefits may have limitations or exclusions affecting plan payment. Refer to plan booklet for additional coverage details and limitation. Predetermination is strongly encouraged for all non-emergency dental treatment exceeding \$200.00 in charges. The treatment plan should be submitted to ADN prior to beginning any treatment.**

**STOCKBRIDGE COMMUNITY SCHOOLS Dental Benefits Plan**  
**Policy**

**Group #9898**

**The Plan-at-a-Glance**

**PPO Networks: ADN Dental Network, DenteMax**

**Maximum Benefits**

**Plan year July 1 through June 30**

Annual Maximum	\$1000 per eligible individual for covered class I, II and III services.
Lifetime Maximum	\$1500 per eligible individual for covered class IV services

**Class I Preventive Services – 100%**

Routine Oral Examinations	Twice per plan year
Prophylaxis (Cleaning)	Twice per plan year (includes Periodontal Maintenance)
Topical Application of Fluoride	Twice per plan year to age 19
Space Maintainers	Once per area per lifetime, up to age 14

**Class II Restorative Services – 90%**

Bitewing X-Rays	Once per plan year
Full-Mouth Series or Panoramic X-Rays	Once per 60 months
All Other X-Rays	
Composite and Amalgam fillings	Once per tooth surface per 24 months
Onlays and Crowns**	Once per permanent tooth per 60 months
Root Canal Therapy	
Periodontal Maintenance	Twice per plan year following treatment (includes prophylaxes)
Periodontal Root Planing	Once per quadrant per 24 months
Periodontal Surgery	Once per quadrant per 36 months
Oral Surgery and Extractions	Medical plan primary for certain procedures
General Anesthesia or IV Sedation	Medically necessary and with covered oral surgery
Occlusal Guards	Once per lifetime
Denture Repair and Adjustment	
Denture Reline or Rebase	Once per 36 months, per arch

**Class III Major Services – 90%**

Complete and Partial Removable Dentures	Once per arch per 60 months
Fixed Partial Dentures (Bridges)	Once per area per 60 months
Addition of Teeth to Partial Dentures	
Endosteal Implants	Once per permanent tooth per 60 months

**Class IV Orthodontic Services – 90%**

Limited and Interceptive Treatment	Removable and Fixed Appliance Therapy, up to age 19
Comprehensive Treatment	Fixed Appliance Therapy, up to age 19

**Not Covered**

Sealants      Eposteal and Transosteal Implants      TMJ/TMD Treatment      Cosmetic Treatment

Deductible – None

Missing Tooth Clause – None

12 Month Billing Limitation

Waiting Periods – None

COB – Standard

\*\*Porcelain and ceramic not covered for posterior teeth, alternate benefit applies

\*\*Prosthetics are considered on delivery date

**\*\*Note – Quotes of benefits do not constitute a guarantee of payment. Covered benefits may have limitations or exclusions affecting plan payment. Refer to plan booklet for additional coverage details and limitation. Predetermination is strongly encouraged for all non-emergency dental treatment exceeding \$200.00 in charges. The treatment plan should be submitted to ADN prior to beginning any treatment.**





PO Box 610  
 Southfield, MI 48037  
 248-901-3705

**STOCKBRIDGE COMMUNITY SCHOOLS Dental Benefits Plan**  
**Teachers and Secretaries**

**Group #9898**

**The Plan-at-a-Glance**

**PPO Networks: ADN Dental Network, DenteMax**

**Maximum Benefits**

**Plan year October 1 through September 30**

Annual Maximum	\$1000 per eligible individual for covered class I, II and III services.
Lifetime Maximum	\$1500 per eligible individual for covered class IV services

**Class I Preventive Services – 100%**

Routine Oral Examinations	Twice per plan year
Prophylaxis (Cleaning)	Twice per plan year (includes Periodontal Maintenance)
Topical Application of Fluoride	Twice per plan year to age 19
Space Maintainers	Once per area per lifetime, up to age 14

**Class II Restorative Services – 90%**

Bitewing X-Rays	Once per plan year
Full-Mouth Series or Panoramic X-Rays	Once per 60 months
All Other X-Rays	
Composite and Amalgam fillings	Once per tooth surface per 24 months
Onlays and Crowns**	Once per permanent tooth per 60 months
Root Canal Therapy	
Periodontal Maintenance	Twice per plan year following treatment (includes prophylaxes)
Periodontal Root Planing	Once per quadrant per 24 months
Periodontal Surgery	Once per quadrant per 36 months
Oral Surgery and Extractions	Medical plan primary for certain procedures
General Anesthesia or IV Sedation	Medically necessary and with covered oral surgery
Occlusal Guards	Once per lifetime
Denture Repair and Adjustment	
Denture Reline or Rebase	Once per 36 months, per arch

**Class III Major Services – 90%**

Complete and Partial Removable Dentures	Once per arch per 60 months
Fixed Partial Dentures (Bridges)	Once per area per 60 months
Addition of Teeth to Partial Dentures	
Endosteal Implants	Once per permanent tooth per 60 months

**Class IV Orthodontic Services – 90%**

Limited and Interceptive Treatment	Removable and Fixed Appliance Therapy, up to age 19
Comprehensive Treatment	Fixed Appliance Therapy, up to age 19

**Not Covered**

Sealants      Eposteal and Transosteal Implants      TMJ/TMD Treatment      Cosmetic Treatment

Deductible – None  
 Missing Tooth Clause – None  
 12 Month Billing Limitation  
 Waiting Periods – None  
 COB – Standard

\*\*Porcelain and ceramic not covered for posterior teeth, alternate benefit applies  
 \*\*Prosthetics are considered on delivery date

**\*\*Note – Quotes of benefits do not constitute a guarantee of payment. Covered benefits may have limitations or exclusions affecting plan payment. Refer to plan booklet for additional coverage details and limitation. Predetermination is strongly encouraged for all non-emergency dental treatment exceeding \$200.00 in charges. The treatment plan should be submitted to ADN prior to beginning any treatment.**

## VISION INSURANCE

### **WHO IS ELIGIBLE AND WHEN:**

Superintendent, Administrators, Supervisors, Admin Office Support, Teachers, Secretaries, Custodians

### **BENEFITS YOU RECEIVE:**

See attached Benefit Summary

### **EMPLOYEE PAYS:**

Refer to your employment contract or bargained agreement

### **EMPLOYER PAYS:**

Refer to your employment contract or bargained agreement



**STOCKBRIDGE COMMUNITY SCHOOLS - Vision Benefits Plan**      **Group # 9898**  
Administrators and Policy

**The Plan-at-a-Glance**      **Benefit Year – July 1 through June 30**

<b>Vision Examination</b>	Covered at 100% of Reasonable & Customary (R&C)
<b>Spectacle Lenses (Pair):</b>	
Single Vision	Covered at 100% of R&C
Bifocal	According to Limits & Exclusions
Trifocal	
Lenticular	
<b>Frames</b>	Covered Up to \$65
<b>Contact Lenses (Pair)</b>	
Cosmetic/Elective (Includes Vision Exam and Fitting)	Covered Up to \$115
Medically Necessary	Covered at 100% of R&C

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**Extra Lens Features** – Tinted, Photochromic (Transition), Polycarbonate, Polarized, Oversize and Blended Lenses, Rimless Drill

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**Limits & Exclusions**

1. Plan participants are limited to one vision examination during a benefit year
2. Plan participants are limited to one pair of corrective spectacle lenses and one frame during a benefit year
3. Plan participants may choose between eyeglasses or contact lenses, but not both

**No Payments will be made for the following:**

1. Non-corrective eyeglass or contact lenses
2. Vision therapy or subnormal vision aids
3. Medical or surgical treatment of the eyes
4. Replacement of lost or broken lenses or frames if benefits applicable to the replacement were previously provided during the benefit year
5. Charges with respect to which benefits are provided under any Workers' Compensation or similar law
6. Vision examination, lenses or frames which would have been furnished without cost in the absence of this insurance or for which an insured person has no legal obligation to pay
7. The cost of frames that exceeds the plan allowance
8. Extra charges for any lens treatments and coatings not listed under Extra Lens Features
9. The additional cost of progressive lenses
10. Charges for contact lenses, including the exam, prescription and fitting fee, that exceed the one-time annual plan allowance

**Note: For each benefit year, covered charges for contact lenses are in lieu of all other covered charges for each insured person.**





**STOCKBRIDGE COMMUNITY SCHOOLS - Vision Benefits Plan**      **Group # 9898**  
Teachers & Secretaries A

**The Plan-at-a-Glance**      **Benefit Year – October 1 through September 30**

**Vision Examination**      Covered at 100% of Reasonable & Customary (R&C)  
Following \$6.50 Copay

**Spectacle Lenses (Pair):**

Single Vision      Covered at 100% of R&C  
Bifocal      Following \$18 Combined Deductible for Lenses and Frames  
Trifocal      According to Limits & Exclusions  
Lenticular

**Frames**      Covered Up to \$65  
Following \$18 Combined Deductible for Frames and Lenses

**Contact Lenses (Pair)**  
Cosmetic/Elective (Includes Vision Exam and Fitting)      Covered Up to \$90  
Medically Necessary      Covered at 100% of R&C

---

**Extra Lens Features** – Tinted, Photochromic (Transition), Polycarbonate, Polarized, Oversize and Blended Lenses, Rimless Drill

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**Limits & Exclusions**

1. Plan participants are limited to one vision examination during a benefit year
2. Plan participants are limited to one pair of corrective spectacle lenses and one frame during a benefit year
3. Plan participants may choose between eyeglasses or contact lenses, but not both

**No Payments will be made for the following:**

1. Non-corrective eyeglass or contact lenses
2. Vision therapy or subnormal vision aids
3. Medical or surgical treatment of the eyes
4. Replacement of lost or broken lenses or frames if benefits applicable to the replacement were previously provided during the benefit year
5. Charges with respect to which benefits are provided under any Workers' Compensation or similar law
6. Vision examination, lenses or frames which would have been furnished without cost in the absence of this insurance or for which an insured person has no legal obligation to pay
7. The cost of frames that exceeds the plan allowance
8. Extra charges for any lens treatments and coatings not listed under Extra Lens Features
9. The additional cost of progressive lenses
10. Charges for contact lenses, including the exam, prescription and fitting fee, that exceed the one-time annual plan allowance

**Note: For each benefit year, covered charges for contact lenses are in lieu of all other covered charges for each insured person.**





# DISABILITY INSURANCE

## WHO IS ELIGIBLE AND WHEN:

**Classes 01-02, 05:** First day of Active Work

**Class 03:** First day of Active Work if hired during the school year; 9/1 if hired during the summer

**Class 04:** First day of Active Work if hired from 10/1 through the end of the school year; 10/1 if hired after the end of the school year, but before 10/1

**Class 06:** First day of Active Work if hired during the school year, September 1 if hired during the summer

## BENEFITS YOU RECEIVE:

Class	Class Title and Eligibility (Minimum Hour Requirement)	Maximum Annual Covered Salary / Maximum Monthly Benefit	Benefit	Elimination Period
01	Superintendent (40 hours per week)	\$170,000 / \$8,500	60%	Modified fill
02	Administrators, Supervisors and Administration Office Support (40 hours per week)	\$99,996 / \$5,000	60%	Modified fill
03	Teachers (33.75 hours per week)	\$50,004 / \$2,500	60%	Modified fill
04	Support Staff (40 hours per week)	\$50,004 / \$2,500	60%	Modified fill
05	Grandfathered Employees working a minimum of 20 hours per week (20 hours per week)	\$50,004 / \$2,500	60%	Modified fill
06	Part-Time Teacher & Part-Time Administrator (33.75 hours per week)	\$99,996 / \$5,000	60%	Modified fill

## EMPLOYEE PAYS:

10%

## EMPLOYER PAYS:

90%

# LIFE INSURANCE

## WHO IS ELIGIBLE AND WHEN:

**Classes 01-02:** First of month following completion of the Waiting Period if hired during the school year; 9/1 if hired during the summer

**Classes 03-04, 06, 11, 13:** First Day of Active Work

**Classes 07-08:** First of month following completion of the Waiting Period if hired during the school year; 9/1 if hired during the summer

**Class 10:** First of month following 90 days

**Class 12, 14:** First of month following completion of the Waiting Period if hired during the school year; 9/1 if hired during the summer

## BENEFITS YOU RECEIVE:

Class	Class Title and Eligibility (Minimum Hour Requirement)	Basic Life and AD&D
01	Teachers with Medical (33.75 hours per week)	\$25,000
02	Teachers without Medical (33.75 hours per week)	\$35,000
03	Superintendent hours per week)	2 x Annual Salary rounded to the nearest \$1,000 with a maximum of \$300,000
04	Administrators & Department Heads (40 hours per week)	\$55,000
06	Administration Office Support (40 hours per week)	\$40,000
07	Support Staff with Medical (40 hours per week)	\$25,000
08	Support Staff without Medical (40 hours per week)	\$35,000
10	Custodians (40 hours per week)	\$20,000
11	Maintenance Director (40 hours per week)	\$35,000
12	Part-Time Teacher & Part-Time Counselors (15 hours per week)	\$17,500
13	Nurses (33.75 hours per week)	\$35,000
14	Transportation Employee with Medical (30 hours per week)	\$20,000

## EMPLOYEE PAYS:

**Classes 01-02, 04, 06-08, 11-12, 14:** 10%

**Class 03, 13:** 0%

**Class 10:** 20%

## EMPLOYER PAYS:

**Classes 01-02, 04, 06-08, 11-12, 14:** 90%

**Class 03, 13:** 100%

**Class 10:** 80%

# FLEXIBLE SPENDING ACCOUNT

## WHO IS ELIGIBLE AND WHEN:

All employees

## BENEFITS YOU RECEIVE:

Flexible spending accounts (FSAs) provide you with an important tax advantage that can help you pay for health care and dependent care expenses on a pre-tax basis. By estimating your family's health care and dependent care costs for the next year, you can lower your taxable income and save money.

## HEALTH CARE REIMBURSEMENT FSA

This program lets 's employees pay for certain IRS-approved medical care expenses with a prescription not covered by their insurance plan with pre-tax dollars. The current limit on salary reduction contributions to a health FSA offered under a cafeteria plan is \$3,200 and is applicable to both grandfathered and non-grandfathered health FSAs. This limit is indexed for cost-of-living adjustments in subsequent years. Some examples of eligible expenses include:

- Hearing services, including hearing aids and batteries
- Vision services, including contact lenses, contact lens solution, eye examinations and eyeglasses
- Dental services and orthodontia
- Chiropractic services
- Acupuncture
- Prescription contraceptives

## DEPENDENT CARE FSA

The Dependent Care FSA lets 's employees use pre-tax dollars toward qualified dependent care such as caring for children under the age 13 or caring for elders. The annual maximum amount you may contribute to the Dependent Care FSA is \$5,000 (or \$2,500 if married and filing separately) per calendar year. Examples include:

- The cost of child or adult dependent care
- The cost for an individual to provide care either in or out of your house
- Nursery schools and preschools (excluding kindergarten)

# EMPLOYEE ASSISTANCE PROGRAM

## WHO IS ELIGIBLE AND WHEN:

All employees covered under group life insurance with Madison National Life

## BENEFITS YOU RECEIVE:

When you are dealing with personal situations, it can be difficult to be your best at work or at home. That's why Stockbridge Community Schools offers the Employee Assistance Program (EAP) administered by LifeWorks. The EAP gives you a place to turn for support any time of the day, or night, and 365 days a year. Support is available for whatever issues employees might be facing, including depression, marriage and relationships, legal issues, child/elder care challenges, parenting issues, financial concerns, grief management or substance abuse.

You can contact our FREE Employee Assistance Program toll-free at 866-451-5465, or you can visit the website at [www.niseap.com](http://www.niseap.com).

## EMPLOYEE PAYS:

0%

## EMPLOYER PAYS:

100%



## Embedded Employee Assistance Program (EAP) with Claimant Assist

Support for Employees\* with Life or Disability Insurance Through National Insurance Services



### The EAP Program

Everyday life can be stressful and can affect your health, well-being, and performance. Fortunately, our Employee Assistance Program can aid in finding solutions. When facing personal problems, you might struggle with where to turn for help. The first step is usually the hardest, and guidance is often the key. That's why National Insurance Services (NIS) offers an Employee Assistance Program (EAP). An EAP offers a confidential place to find the answers that work for you.

### Your EAP Service Provider

TELUS Health is a leader in the field of Employee Assistance and has been providing employee assistance services for over 40 years. TELUS Health has the experience to provide the broad range of services and guidance that is paramount to an EAP – whether it's help with day-to-day concerns or guidance through a challenging crisis. The information you discuss through the EAP is kept confidential in accordance with federal and state laws.

### The EAP Process

When you access the EAP, TELUS Health counselors listen and take

action toward finding solutions. The next step may include meeting with a mental health counselor for up to three face-to-face visits, negotiating health insurance benefits, or referrals to community resources for legal and financial services.

### Referrals and Resources

You can receive information and a listing of childcare and eldercare resources with confirmed vacancies meeting your specifications. If face-to-face mental health counseling sessions are required, TELUS Health counselors will refer you for counseling at a location that is convenient to your home or work. TELUS Health counselors can also refer you to self-help groups such as Alcoholics Anonymous or Gamblers Anonymous and community financial and legal resources for debt management.

### Claimant Assist

NIS's Claimant Assist program offers special services to Long Term Disability claimants or Life Insurance beneficiaries at no charge. If you have Disability insurance coverage through NIS, our Long Term Disability Claimant Services are available to guide and counsel claimants and their immediate family

### Under our EAP you can receive no-cost, confidential help for a wide variety of needs and concerns:

- Alcohol or Drug Addictions
- Anxiety
- Childcare
- Depression
- Eating Disorders
- Eldercare
- Family Conflict
- Financial or Legal Concerns
- Marital Difficulties
- Parenting Concerns
- Problem Gambling
- Relationship Problems
- Stress Management

### EAP Services Are Available to You Two Ways:

**Phone:** 866.451.5465

**Online:** [www.niseap.com](http://www.niseap.com)

**Login:** NISEAP | **Password:** EAP  
(Note: Password Is Case-Sensitive)

**Claimant Assist Services Are Available:**  
866.472.2734

(over)

members. If you have Life insurance coverage through NIS, our Beneficiary Services Program provides counseling and assistance to beneficiaries when faced with the challenge of coping with loss.

### Virtual Fitness

You have access to a virtual fitness platform through the EAP. LIFT session, one of the leading fitness providers, provides you with an easily accessible, effective and affordable way to reach your fitness goals anytime, anywhere for better health and well-being.

You can work out on your own with personalized programs and access coaches if you have questions, or choose to work under the live supervision of a coach online, in 1-1 personal or group sessions.

### Access to Masters-Degreed Counselors 24-Hours a Day Through a Toll-Free Number

Up to three in-person assessment and counseling sessions.

- **Legal Assistance:** Counselors may refer you to a telephone and/or one in-person consultation with an attorney.
- **Financial Assistance:** Telephone consultation with a financial consultant to address questions on budgeting, taxes, and debt consolidation.
- **Eldercare Assistance:** Our specialists can help you locate eldercare options, such as residential care or in home care, provide support in dealing with the emotions of retirement, or legal aspects like estate planning. Use our website to find resources on retirement, from financial planning and calculators, to articles on coping with retirement stress, and filing your retirement days with meaningful activities.
- **Childcare Assistance:** Telephone consultation with a work-life professional to provide information, referrals, and resources related to childcare concerns.
- **Memorial Planning Assistance:** Telephone consultation with a work-life specialist to assist with memorial and funeral planning. Services include identifying potential locations, associated costs for services, and providing information to help coordinate logistics (Available to Life insurance beneficiaries only).

### Your EAP and Claimant Assist Administrator:



134 North LaSalle Street, Suite 2200  
Chicago, IL 60602

#### Telephone Assistance:

EAP: 866.451.5465

Claimant Assist: 866.472.2734

#### Online:

[www.niseap.com](http://www.niseap.com) | Login: NISEAP | Password: EAP

*(Note: Password Is Case-Sensitive)*

**\*The EAP is for use by the covered employee only. While issues may concern family members, all contacts to the EAP must be made by the employee.**





## Identity Theft Protection Services

In 2022, identity theft impacted at least 422 million individuals.<sup>1</sup> If you are a victim, the IDX Identity Theft Recovery specialists will provide concierge-style service every step of the way. Their expertise will save valuable time during this stressful process.

Your dedicated recovery specialist will work with you until the identity is restored to pre-fraud status. Support may include:

- Assistance with investigation of the suspected identity theft
- Guidance through the recovery process
- Recovery for all 9 types of identity theft
- Advice from trained professionals in identity protection
- Single point-of-contact if you are a victim
- Assistance with notifying law enforcement or local government agencies
- Limited Power of Attorney to work on the victim's behalf
- Documentation including fraud affidavit
- And much more



<https://app.idx.us/account-creation/NIS>  
855.205.6010

*"It was great knowing I had someone to help me resolve my identity theft issues and I didn't have to spend hours trying to figure out how to handle it on my own" - IDX member, Needham, MA*

<sup>1</sup> <https://www.iii.org/fact-statistic/facts-statistics-identity-theft-and-cybercrime>

Resolution services offered to you by your employer and:



**Corporate Headquarters:** 300 North Corporate Drive, Suite 300  
Brookfield, WI 53045  
**Offices Nationwide:** 800.627.3660 | [www.NISBenefits.com](http://www.NISBenefits.com)



PO Box 5008, Madison, WI 53705

*Identity theft assistance services are provided by IDX, which is not affiliated with Madison National Life Insurance Company, Inc. Services provided by IDX are not part of Madison National Life's insurance products, and Madison National Life is not responsible for any acts or omissions of IDX in connection with or arising under identify theft assistance services. Access to IDX program is conditioned upon your employer remaining a Madison National Life customer and the program terms and conditions. This program does not provide credit repair services or any form of legal advice.*



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

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