



TAYLOR
SCHOOL DISTRICT
LEADER IN EDUCATION

2026 Benefits Guide



All employees must
complete their enrollment
through PlanSource Benefit
Administration System.

**Failure to complete by
December 19th, 2025, will
result in NO BENEFITS
effective January 1st, 2026!**





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IMPORTANT INFORMATION

Life changes that can qualify you for a Special Enrollment Period are listed below. You must notify the PlanSource Benefit call center by logging on at <https://benefits.plansource.com> or calling (888) 222-4309 within 30 days if you would like to exercise your special open enrollment period.

<i>Changes in household</i>	<i>Changes in residence</i>	<i>Loss of health insurance</i>
You may qualify for a Special Enrollment Period if you or anyone in your household in the past 30 days: • Got married • Had a baby, adopted a child, or placed a child for foster care. Your coverage can start the day of the event • Got divorced or legally separated and lost health insurance. Note: Divorce or legal separation without losing coverage doesn't qualify you for a Special Enrollment Period. • Death—If you are covered under your spouse's plan and they pass away you are eligible to join the DSEHP Health Plan	Household moves that qualify you for a Special Enrollment Period: • Moving to the U.S. from a foreign country or United States territory • A student moving to or from the place they attend school Note: Moving only for medical treatment or staying somewhere for vacation doesn't qualify you for a Special Enrollment Period. Important: You must prove you had qualifying health coverage for one or more days during the 30 days before your move.	You may qualify for a Special Enrollment Period if you or anyone in your household lost qualifying health coverage in the past 30 days Coverage losses that may qualify you for a Special Enrollment Period: • Losing job-based coverage • Losing eligibility for Medicaid or CHIP • Losing eligibility for Medicare • Losing coverage through a family member



OPEN ENROLLMENT PROCESS

Benefit Enrollment Instructions Effective **Monday, December 8, 2025**

Eligibility

- **FTE** - An employee's FTE profile must be .65 or greater to be eligible for benefits.
- **MARRIAGE** - Employee's spouse by legal marriage if recognized under the laws of the employee's state of domicile, including any same sex marriages.
- **DEPENDENT CHILDREN** are eligible for coverage until the end of the month in which they turn 26.
- **DUAL COVERAGE** – Your plan does not allow dual coverage for Medical, however dual coverage is **ALLOWED** for Dental and Vision.
- **EFFECTIVE DATE** – New hires are eligible 1st of the month following date of hire.

Online Enrollment System:

To access your benefits online, go to:
<https://benefits.plansource.com/> anytime.

Enter your username. Your username is the first initial of your first name, the first six characters of your last name, and the last four digits of your Social Security number. *For example, if your name is John Williams, and the last four digits of your Social Security number are 1234, your username will look like this: jwillia1234.*



Enter your password. Your password is your date of birth in a number format without any punctuation, starting with the year you were born, then the month and then the date (YYYYMMDD). *For example, if your date of birth is January 5, 1970, your password will look like this: 19700105.*

Once you have logged in, you will be prompted to change your password.

Over the Phone:

If you prefer to speak directly to a representative in the Benefit Center who will assist you in making your elections and with technical support, please call the Benefit Center at **(888) 222-4309**. Representatives are available between the hours of 8 a.m. and 11 p.m. EST, Monday through Friday.

When you call, the Benefit Center will ask you to verify the last four digits of your Social Security number and your date of birth. From that point, the representative will walk you through your personal information on file to confirm its accuracy. Please be prepared to first provide verbal authorization if you would like your spouse to speak with a representative on your behalf.



Open Enrollment ends at midnight on **Friday, December 19, 2025!**

Eligible Employees MUST enroll BETWEEN DECEMBER 8th- DECEMBER 19th to have benefits effective January 1, 2026!

If you do not enroll, again you will **LOSE ALL COVERAGE effective January 1, 2026!**

MEDICAL & RX



Below is an overview of the copays effective January 1st. A Summary of Benefits and Coverage is available later in this guide.

Plan Provisions	HAP HMO HSA Plan	Henry Ford Select HSA Plan
	PCP Required	PCP Required
Deductible		
Based on a Calendar Year	\$2,500 / \$5,000	\$2,500 / \$5,000
MOOP = Maximum Out of Pocket		
Based on a Calendar Year	\$3,500 / \$7,000	\$3,500 / \$7,000
Physician Office Services		
Office Visit	100% AFTER Deductible	100% AFTER Deductible
Specialist Office Visit	100% AFTER Deductible	100% AFTER Deductible
Emergency Medical Care		
Emergency Room	100% AFTER Deductible	100% AFTER Deductible
Urgent Care Visits	100% AFTER Deductible	100% AFTER Deductible
Prescription Drugs		
All Copays apply AFTER deductible		
Tier 1-Preferred Generic	Tier 1—\$10	Tier 1—\$10
Tier 2-Non-Preferred Generic	Tier 2—\$30	Tier 2—\$30
Tier 3-Preferred Brand	Tier 3—\$60	Tier 3—\$60
Tier 4-Non-Preferred Brand	Tier 4—\$80	Tier 4—\$80
Tier 5-Preferred Specialty	Tier 5—20% (\$200 Max)	Tier 5—20% (\$200 Max)
Tier 6-Non-Preferred Specialty	Tier 6—20% (\$300 Max)	Tier 6—20% (\$300 Max)



EMPLOYEE CONTRIBUTIONS



Below amounts in red will be deducted as premiums per pay from your check to be contributed towards your medical, dental and vision plans.

The \$0.00 amounts shown in black are premiums that are covered by your healthcare plan. Any amount above \$0.00 in black is the amount per pay that will be deposited in your paycheck or H.S.A.

Employees on 26 pays per year - 2026 HEALTHCARE PAYROLL DEDUCTIONS					
Election	HAP HMO HSA \$2,500/\$5,000	Henry Ford Select HMO HSA \$2,500/\$5,000 *	BCBSM Dental	NVA Vision	Cash in Lieu \$1,920/year
Single	(\$4.62)	\$0.00 Plus \$500.00/year or \$19.23 into your HSA Account	\$0.00	(\$0.77)	\$73.85
Two Person	(\$9.24)	\$0.00 Plus \$1,000.00/year or \$38.46 into your HSA Account	\$0.00	(\$1.45)	\$73.85
Family	(\$18.48)	\$0.00 Plus \$1,000.00/year or \$38.46 into your HSA Account	\$0.00	(\$2.04)	\$73.85
Employees on 20 pays per year - 2026 HEALTHCARE PAYROLL DEDUCTIONS					
Election	HAP HMO HSA \$2,500/\$5,000	Henry Ford Select HMO HSA \$2,500/\$5,000 *	BCBSM Dental	NVA Vision	Cash in Lieu \$1,920/year
Single	(\$6.00)	\$0.00 Plus \$500.00/year or \$25.00 into your HSA Account	\$0.00	(\$1.00)	\$96.00
Two Person	(\$12.00)	\$0.00 Plus \$1,000.00/year or \$50.00 into your HSA Account	\$0.00	(\$1.88)	\$96.00
Family	(\$24.00)	\$0.00 Plus \$1,000.00/year or \$50.00 into your HSA Account	\$0.00	(\$2.66)	\$96.00

* If age 65 or older the amounts show will be added to your paycheck due to the fact federal law does not allow H.S.A. deposits

Optional Maximum Deposit for H.S.A. on 26 pays per year - 2026 Employee Paid			
Election	HAP HMO HSA \$2,500/\$5,000	Henry Ford Select HMO HSA \$2,500/\$5,000	Catch Up Age 55 or Older
Single	(\$169.23)	(\$150.00)	(\$38.46)
Two Person	(\$336.53)	(\$298.07)	(\$38.46)
Family	(\$336.53)	(\$298.07)	(\$38.46)
Optional Maximum Deposit for H.S.A. on 20 pays per year - 2026 Employee Paid			
Election	HAP HMO HSA \$2,500/\$5,000	Henry Ford Select HMO HSA \$2,500/\$5,000	Catch Up Age 55 or Older
Single	(\$220.00)	(\$195.00)	(\$50.00)
Two Person	(\$437.50)	(\$387.50)	(\$50.00)
Family	(\$437.50)	(\$387.50)	(\$50.00)

HAP HMO H.S.A.

\$2,500/\$5,000



**Health Alliance Plan of Michigan
Health Maintenance Organization (HMO) Plan
Summary of Benefits
HAP HMO Custom 2589 / Rx HMO Custom 2589 NSO**

HMO

Health Care Services	In-Network	Out-of-Network	Limitations
Plan Attributes			
Benefit Period	Calendar Year		
Annual Deductible	\$2,500 Self Only; \$5,000 Family If more than one person is covered under the plan, all family members must collectively meet the family coverage amounts. (Aggregate)	N/A	Deductible does not include copays or coinsurance. Deductible applies to the annual Out-of-Pocket Maximum.
Coinsurance	0%	N/A	
Annual Coinsurance Maximum	N/A	N/A	
Annual Out-of-Pocket Maximum	\$3,500 Self Only; \$7,000 Family If more than one person is covered under the plan, all family members must collectively meet the family coverage amounts. (Aggregate)	N/A	These values do not accumulate; Premiums, balance-billed charges, and health care this plan doesn't cover. All other cost sharing accumulates unless otherwise specified.
Preventive Services			
Routine Well Visits	Covered - Deductible does not apply	N/A	
Related Laboratory and Radiology Services	Covered - Deductible does not apply	N/A	
Pap Smear, Mammogram, Tubal Ligation	Covered - Deductible does not apply	N/A	
Immunizations	Covered - Deductible does not apply	N/A	
Outpatient & Physician Services			
Primary Care Office Visit	Covered after Deductible	N/A	
HAP Telehealth	Covered - Deductible does not apply	N/A	Through our designated telehealth partner.
Specialist Office Visit	Covered after Deductible	N/A	
Routine Audiology Exam	Covered - Deductible does not apply	N/A	One exam per benefit period. For non-routine visits see Specialist Office Visit.
Routine Eye Exam	Covered - Deductible does not apply	N/A	One exam per benefit period. For non-routine visits see Specialist Office Visit.
Chiropractic Services	Covered after Deductible	N/A	Up to 30 visits per benefit period.
Allergy Treatment	Covered after Deductible	N/A	
Allergy Injections	Covered after Deductible	N/A	
Laboratory & Pathology	Covered after Deductible	N/A	Some services require preauthorization.
Imaging MRI, CT & PET Scans	Covered after Deductible	N/A	Services require preauthorization.
Radiology (X-ray)	Covered after Deductible	N/A	Some services require preauthorization.
Radiation Therapy & Chemotherapy	Covered after Deductible	N/A	
Dialysis	Covered after Deductible	N/A	
Outpatient Medical Drugs	Covered after Deductible	N/A	
Outpatient Surgical Services			
Outpatient Surgery	Covered after Deductible	N/A	
Ambulatory Surgical Center	Covered after Deductible	N/A	
Professional Surgical and Related Services	Covered after Deductible	N/A	
Emergency/Urgent Care			
Urgent Care	Covered after Deductible		
Emergency Room Care	Covered after Deductible		
Emergency Medical Transportation	Covered after Deductible		Emergency transport only.
Inpatient Hospital Services			
Facility Fee	Covered after Deductible	N/A	

HAP HMO H.S.A.

\$2,500/\$5,000 cont'd

Physician Services, Surgery, Therapy, Laboratory, Radiology, Hospital Services and Supplies	Covered after Deductible	N/A	
Bariatric Surgery and Related Services	Covered after Deductible	N/A	One procedure per lifetime
Maternity Services			
Routine Prenatal Office Visits	Covered - Deductible does not apply	N/A	Covered under Preventive Services. For non-routine visits, see Specialist Office Visit.
Routine Postnatal Office Visits	Covered - Deductible does not apply	N/A	Covered under Preventive Services. For non-routine visits, see Specialist Office Visit.
Labor Delivery and Newborn Care	See Inpatient Hospital Services	N/A	
Mental Health & Substance Use Disorder			
Inpatient Services	See Inpatient Hospital Services	N/A	
Outpatient Services	Covered after Deductible	N/A	
Other Services			
Home Health Care	Covered after Deductible	N/A	Does not include Rehabilitation Services. Up to 100 visits per benefit period.
Hospice Care	Covered after Deductible	N/A	Unlimited.
Skilled Nursing Care	Covered after Deductible	N/A	Covered for authorized services. Up to 100 days per benefit period.
Durable Medical Equipment; Prosthetics & Orthotics	50% Coinsurance after Deductible	N/A	Covered for approved equipment only.
Rehabilitation Services: Physical, Occupational, and Speech Therapy	Covered after Deductible	N/A	May be rendered at home. Up to 60 combined visits per benefit period.
Habilitation Services: Physical, Occupational, and Speech Therapy	Covered after Deductible	N/A	Limited to services associated with the treatment of Autism Spectrum Disorders. See Rehabilitation Services for non-autism Habilitation cost sharing and limits. Covered for authorized services only.
Applied Behavioral Analysis	Covered after Deductible	N/A	Limited to services associated with the treatment of Autism Spectrum Disorders. Covered for authorized services only.
Voluntary Sterilizations	See Outpatient Surgical Services	N/A	Limited to vasectomy
Infertility Services	50% Coinsurance after Deductible	N/A	Services for diagnosis, counseling, and treatment of bodily disorders causing infertility. Covered for authorized services only.
Temporomandibular Joint Disorder	50% Coinsurance after Deductible	N/A	Coverage for non-invasive treatments only.
Pharmacy (Affiliated pharmacy providers only)			
Tier 1	\$10 Copay 30 day supply, \$20 Copay 90 day supply after Deductible		A 90-day supply of non-maintenance drugs must be filled at our designated mail order pharmacy. Other exclusions & limitations may apply. Certain specialty drugs may be approved for 60 or 90 days. In this case, if a copay or max is shown for specialty drugs, you will pay two times that amount for up to 60 days, three times that amount for up to 90 days.
Tier 2	\$30 Copay 30 day supply, \$60 Copay 90 day supply after Deductible		
Tier 3	\$60 Copay 30 day supply, \$120 Copay 90 day supply after Deductible		
Tier 4	\$80 Copay 30 day supply, \$160 Copay 90 day supply after Deductible		
Tier 5	20% Coinsurance (\$200 max) 30 day supply at specialty pharmacy only after Deductible		
Tier 6	20% Coinsurance (\$300 max) 30 day supply at specialty pharmacy only after Deductible		

QHDHP

- In case of conflict between this summary and your HMO Subscriber Contract and Riders, the terms and conditions of the HMO Subscriber Contract and Riders will govern.
- Elective hospital admissions require that HAP be notified prior to the admission. HAP must be notified within 48 hours after any emergency hospital admission. Failure to notify HAP could result in a reduction or denial of benefits.
- Some services require prior authorization. Failure to obtain prior authorization before services are received could result in a reduction or denial of benefits.
- Students away at school are covered for acute illness and injury related services according to HAP criteria.
- For Outpatient Mental Health & Substance Use Disorder Services delivered via HAP Telehealth, you will pay the lower of either the Outpatient Mental Health & Substance Use Disorder Cost-Share or the HAP Telehealth Cost-Share.

Henry Ford Select HMO H.S.A.

\$2,500/\$5,000



**Health Alliance Plan of Michigan
Health Maintenance Organization (HMO) Plan
Summary of Benefits
Henry Ford Health Select HAP HMO Custom 2411 / Rx HMO Custom 2411 NSO**

HMO

Health Care Services	In-Network	Out-of-Network	Limitations
Plan Attributes			
Benefit Period	Calendar Year		
Annual Deductible	\$2,500 Self Only; \$5,000 Family If more than one person is covered under the plan, all family members must collectively meet the family coverage amounts. (Aggregate)	N/A	Deductible does not include copays or coinsurance. Deductible applies to the annual Out-of-Pocket Maximum.
Coinsurance	0%	N/A	
Annual Coinsurance Maximum	N/A	N/A	
Annual Out-of-Pocket Maximum	\$3,500 Self Only; \$7,000 Family If more than one person is covered under the plan, all family members must collectively meet the family coverage amounts. (Aggregate)	N/A	These values do not accumulate: Premiums, balance-billed charges, and health care this plan doesn't cover. All other cost sharing accumulates unless otherwise specified.
Preventive Services			
Routine Well Visits	Covered - Deductible does not apply	N/A	
Related Laboratory and Radiology Services	Covered - Deductible does not apply	N/A	
Pap Smear, Mammogram, Tubal Ligation	Covered - Deductible does not apply	N/A	
Immunizations	Covered - Deductible does not apply	N/A	
Outpatient & Physician Services			
Primary Care Office Visit	Covered after Deductible	N/A	
HAP Telehealth	Covered - Deductible does not apply	N/A	Through our designated telehealth partner.
Specialist Office Visit	Covered after Deductible	N/A	
Routine Audiology Exam	Covered - Deductible does not apply	N/A	One exam per benefit period. For non-routine visits see Specialist Office Visit.
Routine Eye Exam	Covered - Deductible does not apply	N/A	One exam per benefit period. For non-routine visits see Specialist Office Visit.
Chiropractic Services	Covered after Deductible	N/A	Up to 30 visits per benefit period.
Allergy Treatment	Covered after Deductible	N/A	
Allergy Injections	Covered after Deductible	N/A	
Laboratory & Pathology	Covered after Deductible	N/A	Some services require preauthorization.
Imaging MRI, CT & PET Scans	Covered after Deductible	N/A	Services require preauthorization.
Radiology (X-ray)	Covered after Deductible	N/A	Some services require preauthorization.
Radiation Therapy & Chemotherapy	Covered after Deductible	N/A	
Dialysis	Covered after Deductible	N/A	
Outpatient Medical Drugs	Covered after Deductible	N/A	
Outpatient Surgical Services			

Henry Ford Select HMO H.S.A.

\$2,500/\$5,000 cont'd

Outpatient Surgery	Covered after Deductible	N/A	
Ambulatory Surgical Center	Covered after Deductible	N/A	
Professional Surgical and Related Services	Covered after Deductible	N/A	
Emergency/Urgent Care			
Urgent Care	Covered after Deductible		
Emergency Room Care	Covered after Deductible		
Emergency Medical Transportation	Covered after Deductible		Emergency transport only.
Inpatient Hospital Services			
Facility Fee	Covered after Deductible	N/A	
Physician Services, Surgery, Therapy, Laboratory, Radiology, Hospital Services and Supplies	Covered after Deductible	N/A	
Bariatric Surgery and Related Services	Covered after Deductible	N/A	One procedure per lifetime
Maternity Services			
Routine Prenatal Office Visits	Covered - Deductible does not apply	N/A	Covered under Preventive Services. For non-routine visits, see Specialist Office Visit.
Routine Postnatal Office Visits	Covered - Deductible does not apply	N/A	Covered under Preventive Services. For non-routine visits, see Specialist Office Visit.
Labor Delivery and Newborn Care	See Inpatient Hospital Services	N/A	

Mental Health & Substance Use Disorder			
Inpatient Services	See Inpatient Hospital Services	N/A	
Outpatient Services	Covered after Deductible	N/A	
Other Services			
Home Health Care	Covered after Deductible	N/A	Does not include Rehabilitation Services. Up to 100 visits per benefit period.
Hospice Care	Covered after Deductible	N/A	Unlimited.
Skilled Nursing Care	Covered after Deductible	N/A	Covered for authorized services. Up to 100 days per benefit period.
Durable Medical Equipment; Prosthetics & Orthotics	50% Coinsurance after Deductible	N/A	Covered for approved equipment only.
Rehabilitation Services: Physical, Occupational, and Speech Therapy	Covered after Deductible	N/A	May be rendered at home. Up to 60 combined visits per benefit period.
Habilitation Services: Physical, Occupational, and Speech Therapy	Covered after Deductible	N/A	Limited to services associated with the treatment of Autism Spectrum Disorders. See Rehabilitation Services for non-autism Habilitation cost sharing and limits. Covered for authorized services only.
Applied Behavioral Analysis	Covered after Deductible	N/A	Limited to services associated with the treatment of Autism Spectrum Disorders. Covered for authorized services only.
Voluntary Sterilizations	50% Coinsurance after Deductible	N/A	Limited to vasectomy
Infertility Services	50% Coinsurance after Deductible	N/A	Services for diagnosis, counseling, and treatment of bodily disorders causing infertility. Covered for authorized services only.
Temporomandibular Joint Disorder	50% Coinsurance after Deductible	N/A	Coverage for non-invasive treatments only.
Pharmacy (Affiliated pharmacy providers only)			
Tier 1	\$10 Copay 30 day supply, \$20 Copay 90 day supply after Deductible		A 90-day supply of non-maintenance drugs must be filled at our designated mail order pharmacy. Other exclusions & limitations may apply. Certain specialty drugs may be approved for 60 or 90 days. In this case, if a copay or max is shown for specialty drugs, you will pay two times that amount for up to 60 days, three times that amount for up to 90 days.
Tier 2	\$30 Copay 30 day supply, \$60 Copay 90 day supply after Deductible		
Tier 3	\$60 Copay 30 day supply, \$120 Copay 90 day supply after Deductible		
Tier 4	\$80 Copay 30 day supply, \$160 Copay 90 day supply after Deductible		
Tier 5	20% Coinsurance (\$200 max) 30 day supply at specialty pharmacy only after Deductible		
Tier 6	20% Coinsurance (\$300 max) 30 day supply at specialty pharmacy only after Deductible		

Health Equity Health Savings Account

HealthEquity®



HEALTH SAVINGS ACCOUNT (HSA)

Combining a HealthEquity HSA
with an HSA-qualified health
plan delivers incredible benefits



BUILD HEALTH SAVINGS

Choose a low premium health plan.

HSA-qualified health plans offer the lowest premiums, enabling you to unlock immediate savings. Just put the money you would have paid toward traditional premiums into your HSA. Voila! Long-term health savings.



MAXIMIZE TAX SAVINGS

Pre-tax contributions help reduce your annual taxable income.

Your HSA earns tax-free interest and you never pay taxes or penalties when you withdraw HSA dollars for qualified expenses. See a full list of qualified medical expenses at [Learn.HealthEquity.com/QME](https://www.healthequity.com/QME)



KEEP YOUR MONEY—FOREVER

Spend it. Save it. Invest it.² It's yours.

Unlike flexible spending accounts (FSA), money in your HSA rolls over year after year—even if you change employers or health plans.

HSA triple-tax advantage¹

- Make pre-tax contributions
- Grow tax-free interest earnings
- Enjoy tax-free distributions for qualified medical expenses



SAVE FOR RETIREMENT

Your HealthEquity HSA works like a second 401(k).

Invest your HSA dollars into low-cost mutual funds, then watch your earnings grow tax-free. When you're 65, you can withdraw HSA dollars for any expense—you'll just need to pay regular income taxes. Of course, if you use that money for qualified medical expenses, you never pay taxes at all.³

¹HSA funds are never taxed at a federal income tax level when used appropriately for qualified medical expenses. Also, most states recognize HSA funds as tax deductible with very few exceptions. Please consult a tax advisor regarding your state's specific rules.

²Investments are subject to risk, including the possible loss of the principal invested, and are not FDIC or NCUA insured, or guaranteed by HealthEquity, Inc. Investing through the HealthEquity investment platform is subject to the terms and conditions of the Health Savings Account Custodial Agreement and any applicable investment supplement. Investing may not be suitable for everyone and before making any investments, review the fund's prospectus.

³After age 65, if you withdraw funds for any purpose other than qualified medical expenses, you will be subject to income taxes. Funds withdrawn for qualified medical expenses will remain tax-free.



BCBS DENTAL BENEFITS

BCBS Dental	Coverage	
Deductible (resets January 1st)	In-Network	Out Of Network
Individual	In and out-of-network - \$0 annual deductible	
Family	In and out-of-network - \$0 annual deductible	
Waived For Class I Services?	Yes	
Annual Maximum Benefit		
Per Member	\$3,000	
Class I Services: Diagnostic & Preventive		
Routine Oral Exam and Routine	100%	100%
X-Rays (See Frequency Schedule)	100%	100%
Class II Services: Basic Restorative		
Fillings	90%	90%
Simple Extractions	90%	90%
X-Rays (See Frequency Schedule)	90%	90%
Endodontics and Periodontics	90%	90%
Crowns	90%	90%
Inlays & Onlays	90%	90%
Class III Services: Major Restorative		
Bridges, Dentures	90%	90%
Endosteal Implants	90%	90%
Class IV Services: Orthodontia (Dependent Children Up to age 19)		
Ortho Exams, X Rays, Extractions, Appliances	80%	
Lifetime Maximum	\$5,000 per dependent under 19	



VISION BENEFITS

TAYLOR SCHOOL DISTRICT

SCHEDULE OF BENEFITS: FULLY INSURED (RENEWAL 01/01/2026)

Benefits	Copay	In-Network	Out-of-Network	Frequency
Eye Examination				
Routine Examination	\$0	Covered in Full	Up to \$35	Once every 12 months
Lenses (Standard Glass or Plastic)				
Single Vision	\$0	Covered in Full	Up to \$35	Once every 12 months
Bifocal	\$0	Covered in Full	Up to \$45	Once every 12 months
Trifocal	\$0	Covered in Full	Up to \$55	Once every 12 months
Lenticular	\$0	Covered in Full	Up to \$80	Once every 12 months
Lens Options				
Polycarbonates (under age 19)	\$0	Covered in Full	Up to \$10	Once every 12 months
Benefits	Copay	In-Network	Out-of-Network	Frequency
Frames				
Frame Allowance	\$0	Up to \$130	Up to \$45	Once every 12 months
Contact Lenses				
Elective Contact Lenses (in lieu of Lenses) ¹	\$0	Up to \$130	Up to \$100	Once every 12 months
Medically Necessary Contact Lenses ²	\$0	Covered in Full	Up to \$210	Once every 12 months

¹Fitting & Follow up fees are deducted from the contact lens allowance shown above.

²Subject to criteria as defined in the insurance policy. Includes fitting and follow up visits.

Note: If covered participants choose additional options, they are responsible for the additional cost of the options, paid directly to the provider. Per the State of New Mexico's Department of Insurance regulations, any covered resident of the State of New Mexico must be provided a state-approved plan design which may differ from the plan design selected. Benefits apply to in-store services only at all retail locations, including but not limited to Walmart/Sam's Club and LensCrafters.

CASH IN LIEU

If you chose to decline the medical plan offered by DSEHP, you may elect to receive cash in lieu of coverage. To receive the cash in lieu credit, you must meet the credentials below. By electing the cash in lieu option, you are acknowledging that you understand you will only be allowed to change your election during the next open enrollment period or during a qualified event.

This credit is earned monthly and paid each qualifying payroll, only if the following are true:

1. You are a benefit eligible employee with an FTE of 0.65 or greater, as defined by the District, for the current school year.
2. You provide proof that you have ACA- Approved medical coverage through another source

NOTE: You **MUST** provide proof of other ACA-Approved coverage to receive the cash in lieu credit. You will need to provide this documentation to the DSEHP Benefit Center **within 30 days** of open enrollment closing or by January 15, 2026. You can reach the DSEHP Benefit Center via phone by calling (888) 222-4309. Documentation can be submitted as follows by logging into PlanSource and uploading at <https://benefits.plansource.com/logon>.

You will NOT receive the opt out credit until documentation is received by the DSEHP Benefit Center.

If you have questions regarding the cash in lieu benefit, please contact the DSEHP Benefit Center at (888) 222-4309 Monday through Friday 8 am to 11 pm EST.



WILLPREP



WillPrep

Protect the ones you love with a range of dedicated services designed to help you provide for your family.

WillPrep Services includes a range of different resources that make it easier for you to prepare a will.

These range from a library of online planning documents to accessing experienced professionals that can help you with the more complicated details.

How it can help



Access simple documents including wills and power of attorney letters



Speak with consultants to discuss estate planning



Prepare your will with the assistance or support of an attorney

These benefits are available to you on an optional basis. They are not employer paid and do not affect any of the employer paid benefits or our collective bargaining agreement.

This service is only available if you purchase qualifying lines of coverage. See your plan administrator for more details.

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2023-158799 (7/25)



LIFE INSURANCE



Watch our video
How life insurance protects
families and covers critical costs.

These benefits are available to you on an optional basis. They are not employer paid and do not affect any of the employer paid benefits or our collective bargaining agreement.

Life insurance

If something happens to you, life insurance can help your family reduce financial stress.

Life insurance helps protect your family's finances by providing a cash benefit if you pass away. This ensures that they'll be financially supported, and can cover important things from bills to funeral costs. With life policies, you can get affordable life insurance protection for a set period of time.

Who is it for?

Everyone's life insurance needs are different, depending on their family situation. That's why group life insurance through an employer is an easier and more affordable option than individual life insurance.

What does it cover?

Life insurance protects your loved ones by providing a benefit (which is usually tax-exempt) if you pass away.

Why should I consider it?

Life insurance is about more than just covering expenses. Depending on your circumstances, it could take your family years to recover from the loss of your income.

With a life insurance benefit, your family will have extra money to cover mortgage and rent payments, legal or medical fees, childcare, tuition, and any outstanding debts.

Guardian, its subsidiaries, agents, and employees do not provide tax, legal, or accounting advice. Consult your tax, legal, or accounting professional regarding your individual situation.

You will receive these benefits if you meet the conditions listed in the policy.



Preparing and planning

Jorge's never considered purchasing life insurance, but after being offered it through work, he decides it's a smart way to protect his family.

Jorge has a mortgage, and because his wife is helping to take care of her mother, she only works part-time. In addition, his daughter is about to start college.

Jorge looks at how his family would be affected by losing him.

Average funeral cost: **\$9,000**

Average mortgage debt: **\$202,000**

Average cost of college: **\$17,000 - \$44,000**

Average household credit card debt: **\$8,500**

With life insurance, Jorge can make sure that part of these costs are covered if something happens to him.

This example is for illustrative purposes only. Your plan's coverage may vary. See your plan's information on the following pages for specific amounts and details.

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DEARBORN SCHOOLS EMPLOYEE HEALTHCARE PROGRAM

ALL ELIGIBLE EMPLOYEES

2023-158796 (07/25)

Kit created 03/12/2025

Group number: 00511332

3

LIFE INSURANCE



Your life coverage

VOLUNTARY TERM LIFE	
Employee Benefit	Choice of 8 employer-specified amounts, from \$5,000 to \$150,000. See Cost Illustration page for details.
Spouse Benefit	50% of employee coverage to a max of \$25,000†
Child Benefit	Your dependent children age birth† to 26 years. 10% of employee coverage to a max of \$10,000. Coverage limits are based on child age.
Guarantee Issue: The 'guarantee' means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when you sign up for coverage during the initial enrollment period.	We Guarantee Issue coverage up to: Employee \$150,000. Spouse \$25,000. Dependent children \$10,000.
Premiums	Increase on plan anniversary after you enter next five-year age group
Portability: Allows you to take coverage with you if you terminate employment.	Yes, with age and other restrictions
Conversion: Allows you to continue your coverage after your group plan has terminated.	Yes, with restrictions; see certificate of benefits
Accelerated Life Benefit: A lump sum benefit is paid to you if you are diagnosed with a terminal condition, as defined by the plan.	Yes
Waiver of Premiums: Premium will not need to be paid if you are totally disabled.	For employees disabled prior to age 60, with premiums waived until age 65, if conditions met

These benefits are available to you on an optional basis. They are not employer paid and do not affect any of the employer paid benefits or our collective bargaining agreement.

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DEARBORN SCHOOLS EMPLOYEE HEALTHCARE PROGRAM
ALL ELIGIBLE EMPLOYEES

Kit created 03/12/2025
Group number: 00511332

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LIFE INSURANCE



Your life coverage

VOLUNTARY TERM LIFE	
LifeAssistSM: Provides supplemental income that is calculated based off a percentage of your Life benefit to a specified dollar amount if you are ADL disabled. Benefits are paid to the lesser of 100 months or to when waiver of premium ends.	Yes
Benefit Reductions: Benefits are reduced by a certain percentage as an employee ages.	35% at age 65, 60% at age 70, 75% at age 75, 85% at age 80

Subject to coverage limits

† Voluntary Life: Infant coverage is limited based on age.

‡ **Spouse coverage terminates at age 70.**

The Guarantee Issue amount may be subject to reductions by percentage at the ages shown in this summary.

Annual Election Option allows employees to increase the amount of their life coverage without a medical exam when they re-enroll in their company's Voluntary Life plan. This option allows employees to step up to an amount of up to \$50,000, up to the Guarantee Issue amount.

These benefits are available to you on an optional basis. They are not employer paid and do not affect any of the employer paid benefits or our collective bargaining agreement.

LIFE INSURANCE

Voluntary Life Cost Illustration:

To determine the most appropriate level of coverage, as a rule of thumb, you should consider about 6 - 10 times your annual income, factoring in projected costs to help maintain your family's current life style.

Voluntary Life Cost Illustration

		Monthly premiums displayed. Policy Election Cost Per Age Bracket								
		< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69†
\$5,000 Policy Election Amount										
Employee	\$5,000	\$.21	\$.25	\$.40	\$.70	\$ 1.08	\$ 1.63	\$ 2.55	\$ 4.13	\$ 6.79
Spouse	\$2,500	\$.11	\$.13	\$.20	\$.35	\$.54	\$.81	\$ 1.27	\$ 2.06	\$ 3.39
Child	\$500	\$.08	\$.08	\$.08	\$.08	\$.08	\$.08	\$.08	\$.08	\$.08
\$10,000 Policy Election Amount										
Employee	\$10,000	\$.42	\$.50	\$.79	\$ 1.40	\$ 2.16	\$ 3.25	\$ 5.09	\$ 8.25	\$ 13.57
Spouse	\$5,000	\$.21	\$.25	\$.40	\$.70	\$ 1.08	\$ 1.63	\$ 2.55	\$ 4.13	\$ 6.79
Child	\$1,000	\$.17	\$.17	\$.17	\$.17	\$.17	\$.17	\$.17	\$.17	\$.17
\$15,000 Policy Election Amount										
Employee	\$15,000	\$.63	\$.75	\$ 1.19	\$ 2.10	\$ 3.24	\$ 4.88	\$ 7.64	\$ 12.38	\$ 20.36
Spouse	\$7,500	\$.32	\$.38	\$.59	\$ 1.05	\$ 1.62	\$ 2.44	\$ 3.82	\$ 6.19	\$ 10.18
Child	\$1,500	\$.25	\$.25	\$.25	\$.25	\$.25	\$.25	\$.25	\$.25	\$.25
\$25,000 Policy Election Amount										
Employee	\$25,000	\$ 1.05	\$ 1.25	\$ 1.98	\$ 3.50	\$ 5.40	\$ 8.13	\$ 12.73	\$ 20.63	\$ 33.93
Spouse	\$12,500	\$.53	\$.63	\$.99	\$ 1.75	\$ 2.70	\$ 4.06	\$ 6.36	\$ 10.31	\$ 16.96
Child	\$2,500	\$.42	\$.42	\$.42	\$.42	\$.42	\$.42	\$.42	\$.42	\$.42
\$50,000 Policy Election Amount										
Employee	\$50,000	\$ 2.10	\$ 2.50	\$ 3.95	\$ 7.00	\$ 10.80	\$ 16.25	\$ 25.45	\$ 41.25	\$ 67.85
Spouse	\$25,000	\$ 1.05	\$ 1.25	\$ 1.98	\$ 3.50	\$ 5.40	\$ 8.13	\$ 12.73	\$ 20.63	\$ 33.93
Child	\$5,000	\$.84	\$.84	\$.84	\$.84	\$.84	\$.84	\$.84	\$.84	\$.84
\$75,000 Policy Election Amount										
Employee	\$75,000	\$ 3.15	\$ 3.75	\$ 5.93	\$ 10.50	\$ 16.20	\$ 24.38	\$ 38.18	\$ 61.88	\$ 101.78
Spouse	\$25,000	\$ 1.05	\$ 1.25	\$ 1.98	\$ 3.50	\$ 5.40	\$ 8.13	\$ 12.73	\$ 20.63	\$ 33.93
Child	\$7,500	\$ 1.25	\$ 1.25	\$ 1.25	\$ 1.25	\$ 1.25	\$ 1.25	\$ 1.25	\$ 1.25	\$ 1.25
\$100,000 Policy Election Amount										
Employee	\$100,000	\$ 4.20	\$ 5.00	\$ 7.90	\$ 14.00	\$ 21.60	\$ 32.50	\$ 50.90	\$ 82.50	\$ 135.70
Spouse	\$25,000	\$ 1.05	\$ 1.25	\$ 1.98	\$ 3.50	\$ 5.40	\$ 8.13	\$ 12.73	\$ 20.63	\$ 33.93
Child	\$10,000	\$ 1.67	\$ 1.67	\$ 1.67	\$ 1.67	\$ 1.67	\$ 1.67	\$ 1.67	\$ 1.67	\$ 1.67
\$150,000 Policy Election Amount										
Employee	\$150,000	\$ 6.30	\$ 7.50	\$ 11.85	\$ 21.00	\$ 32.40	\$ 48.75	\$ 76.35	\$ 123.75	\$ 203.55
Spouse	\$25,000	\$ 1.05	\$ 1.25	\$ 1.98	\$ 3.50	\$ 5.40	\$ 8.13	\$ 12.73	\$ 20.63	\$ 33.93
Child	\$10,000	\$ 1.67	\$ 1.67	\$ 1.67	\$ 1.67	\$ 1.67	\$ 1.67	\$ 1.67	\$ 1.67	\$ 1.67

Refer to Guarantee Issue row on page above for Voluntary Life GI amounts.

Premiums for Voluntary Life Increase in five-year increments

Infant coverage is limited for the first two weeks of infant's life.

Spouse coverage premium is based on Employee age.

†Benefit reductions apply.

The Guarantee Issue amount may be subject to reductions by percentage at the ages shown in this summary.

These benefits are available to you on an optional basis. They are not employer paid and do not affect any of the employer paid benefits or our collective bargaining agreement.

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DEARBORN SCHOOLS EMPLOYEE HEALTHCARE PROGRAM

ALL ELIGIBLE EMPLOYEES

Kit created 03/12/2025

Group number: 00511332

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LIFE INSURANCE

LIMITATIONS AND EXCLUSIONS:

A SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS FOR LIFE COVERAGE:

You must be working full-time on the effective date of your coverage; otherwise, your coverage becomes effective after you have completed a specific waiting period. Employees must be legally working in the United States in order to be eligible for coverage.

Underwriting must approve coverage for employees on temporary assignment: (a) exceeding one year; or (b) in an area under travel warning by the US Department of State. Subject to state specific variations. Evidence of Insurability is required on all late enrollees.

This coverage will not be effective until approved by a Guardian underwriter. This proposal is hedged subject to satisfactory financial evaluation. Please refer to certificate of coverage for full plan description.

Dependent life insurance will not take effect if a dependent, other than a newborn, is confined to the hospital or other health care facility or is unable to perform the normal activities of someone of like age and sex.

A person is ADL-disabled if he or she is (a) physically unable to perform two or more ADLs without continuous physical assistance; or (b) cognitively impaired, and requires verbal cueing to protect himself/herself or others. ADLs are bathing, dressing, toileting, transferring, continence, and eating.

Accelerated Life Benefit is not paid to an employee under the following circumstances: one who is required by law to use the benefit to pay creditors; is required by court order to pay the benefit to another person; is required by a government agency to use the payment to receive a government benefit; or loses his or her group coverage before an accelerated benefit is paid.

We pay no benefits if the insured's death is due to suicide within two years from the insured's original effective date. This two year limitation also applies to any increase in benefit. This exclusion may vary according to state law. Late entrants and benefit increases require underwriting approval.

GP-1-R-EOPT-96

Guarantee Issue/Conditional Issue amounts may vary based on age and case size. See your Plan Administrator for details. Late entrants and benefit increases require underwriting approval.

These benefits are available to you on an optional basis. They are not employer paid and do not affect any of the employer paid benefits or our collective bargaining agreement.

Guardian Group Life Insurance underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage.
Policy Form # GP-1-LIFE-15

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ALL ELIGIBLE EMPLOYEES

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Group number: 00511332

7

SHORT TERM DISABILITY



Watch our video
How short term disability insurance
can supplement your income.

Short term disability insurance

Disability insurance covers a part of your income, so you can pay your bills if you're injured or sick and can't work.

Disability is more common than you might realize, and people can be unable to work for all sorts of different reasons. In fact, many disabilities are caused by illness, including common conditions like heart disease and arthritis. However, most disabilities aren't covered by workers' compensation.

Who is it for?

If you rely on your income to pay for everyday expenses, then you should probably consider disability insurance. It ensures that you'll receive a partial income if you're injured or too sick to work.

What does it cover?

Most disability insurance plans pay out a portion or percentage of your income if you're diagnosed with a serious illness or experience an injury that prevents you from doing your job.

Why should I consider it?

Accidents happen, and you can't always anticipate if or when you'll become sick or injured. That's why it's important to have a disability policy that helps you pay your bills in the event of being unable to collect your normal paycheck.

You will receive these benefits if you meet the conditions listed in the policy.



Replacing Income

Mike injures his back bicycling and can't work or earn a paycheck for a few months.

After a brief waiting period, his disability plan starts paying him a portion of his normal weekly salary. The Guardian policy also provides personal guidance and support, including vocational rehabilitation and outplacement services, to help him get back to his job and full pay 13 weeks later.

Thanks to Mike's disability benefits, he was able to cover his expenses while he was out - without dipping into his family's savings.

These benefits are available to you on an optional basis. They are not employer paid and do not affect any of the employer paid benefits or our collective bargaining agreement.

This example is for illustrative purposes only. Your plan's coverage may vary. See your plan's information on the following pages for specific amounts and details.

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DEARBORN SCHOOLS EMPLOYEE HEALTHCARE PROGRAM

ALL ELIGIBLE EMPLOYEES

2024-179688 (07-26)

Kit created 03/12/2025

Group number: 00511332

SHORT TERM DISABILITY



Your short term disability coverage

Short-Term Disability	
Coverage amount	Choose weekly amount \$200, \$250, \$375, \$500 or \$750
Maximum payment period: Maximum length of time you can receive disability benefits.	26 weeks
Accident benefits begin: The length of time you must be disabled before benefits begin.	Day 1
Illness benefits begin: The length of time you must be disabled before benefits begin.	Day 8
Evidence of Insurability: A health statement requiring you to answer a few medical history questions.	Health Statement may be required
Guarantee Issue: The 'guarantee' means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when applicant signs up for coverage during the initial enrollment period.	We Guarantee Issue \$750 in coverage
Minimum work hours/week: Minimum number of hours you must regularly work each week to be eligible for coverage.	30
Pre-existing conditions: A pre-existing condition includes any condition/symptom for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	3 months look back; 12 months after 2 week limitation
Premium waived if disabled: Premium will not need to be paid when you are receiving benefits.	Yes

UNDERSTANDING YOUR BENEFITS—DISABILITY (Some information may vary by state)

- **Earnings definition:** Your covered salary excludes bonuses and commissions.

These benefits are available to you on an optional basis. They are not employer paid and do not affect any of the employer paid benefits or our collective bargaining agreement.

SHORT TERM DISABILITY

Short-Term Disability Plan Cost Illustration:

To determine the most appropriate level of coverage, you should consider your current basic monthly expenses.

	Election Cost Per Age Bracket								
	< 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60+
\$17,333 Minimum Annual Salary \$200 Weekly Benefit	\$17.96	\$24.08	\$17.44	\$12.92	\$12.86	\$14.58	\$14.58	\$16.96	\$20.12
\$21,667 Minimum Annual Salary \$250	\$22.45	\$30.10	\$21.80	\$16.15	\$16.08	\$18.23	\$18.23	\$21.20	\$25.15
\$32,500 Minimum Annual Salary \$375	\$33.68	\$45.15	\$32.70	\$24.23	\$24.11	\$27.34	\$27.34	\$31.80	\$37.73
\$43,333 Minimum Annual Salary \$500	\$44.90	\$60.20	\$43.60	\$32.30	\$32.15	\$36.45	\$36.45	\$42.40	\$50.30
\$65,000 Minimum Annual Salary \$750	\$67.35	\$90.30	\$65.40	\$48.45	\$48.23	\$54.68	\$54.68	\$63.60	\$75.45

*This benefit may not exceed 60% of your weekly salary.

A SUMMARY OF DISABILITY PLAN LIMITATIONS AND EXCLUSIONS

- Evidence of Insurability may be required on all late enrollees. This coverage will not be effective until approved by a Guardian underwriter. This proposal is hedged subject to satisfactory financial evaluation. Please refer to certificate of coverage for full plan description.
- You must be working full-time on the effective date of your coverage; otherwise, your coverage becomes effective after you have completed a specific waiting period.
- Employees must be legally working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding one year; or (b) in an area under travel warning by the US Department of State. Subject to state specific variations.
- For Short-Term Disability coverage, benefits for a disability caused or contributed to by a pre-existing condition are limited, unless the disability starts after you have been insured under this plan for a specified period of time. We do not pay short term disability benefits for any job-related or on-the-job injury, or conditions for which Workers' Compensation benefits are payable.
- We do not pay benefits for charges relating to a covered person: taking part in any war or act of war (including service in the armed forces) committing a felony or taking part in any riot or other civil disorder or intentionally injuring themselves or attempting suicide while sane or insane. We do not pay benefits for charges relating to legal intoxication, including but not limited to the operation of a motor vehicle, and for the voluntary use of any poison, chemical, prescription or non-prescription drug or controlled substance unless it has been prescribed by a doctor and is used as prescribed. We limit the duration of payments for long term disabilities caused by mental or emotional conditions, or alcohol or drug abuse. We do not pay benefits during any period in which a covered person is confined to a correctional facility, an employee is not under the care of a doctor, an employee is receiving treatment outside of the US or Canada, and the employee's loss of earnings is not solely due to disability.
- This policy provides disability income insurance only. It does not provide "basic hospital", "basic medical", or "medical" insurance as defined by the New York State Insurance Department.
- If this plan is transferred from another insurance carrier, the time an insured is covered under that plan will count toward satisfying Guardian's pre-existing condition limitation period. State variations may apply.
- When applicable, this coverage will integrate with NJ TDB, NY DBL, CA SDI, RI TDI, Hawaii TDI and Puerto Rico DBA, DC PFML and WA PFML. Contract # GP-1-STD-15-1.0 et al.

These benefits are available to you on an optional basis. They are not employer paid and do not affect any of the employer paid benefits or our collective bargaining agreement.

Guardian's Group Short Term Disability Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. This policy provides disability income insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services. Plan documents are the final arbiter of coverage. Policy Form #GP-1-STD07-1.0, et al, GP-1-STD-15

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DEARBORN SCHOOLS EMPLOYEE HEALTHCARE PROGRAM

ALL ELIGIBLE EMPLOYEES

Kit created 03/12/2025

Group number: 00511332

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CRITICAL ILLNESS INSURANCE



Watch our video
How critical illness insurance
helps cover the costs of treatment.

These benefits are available to you on an optional basis. They are not employer paid and do not affect any of the employer paid benefits or our collective bargaining agreement.

Critical illness insurance

Critical illness insurance may help you cover expenses not covered by your health insurance.

It's a cash payment you receive if you ever experience a serious illness like cancer, a heart attack, or a stroke, giving you the financial support to focus on recovery.

Who is it for?

Critical illness insurance is a supplemental policy for people who already have health insurance. It provides you with an additional payment to cover expenses like deductibles, treatments, and living costs.

What does it cover?

Critical illnesses include strokes, heart attacks, Parkinson's disease and cancer. Our policies can cover over 30 major illnesses, helping you stay financially stable by paying you a lump sum if you're diagnosed with one of them.

Why should I consider it?

Health coverage is becoming more expensive, with higher co-pays, premiums, and deductibles. Critical illness insurance is an affordable way to supplement and pay for additional expenses that your health insurance doesn't cover. Our policies typically provide payments for the first and second time you're diagnosed with a covered illness.

Plus, critical illness insurance is portable and payments are made directly to you.

You will receive these benefits if you meet the conditions listed in the policy.



Critical costs

John is hospitalized after a heart attack, and has to cover the cost of five days as an inpatient.

Average heart attack hospitalization expense: **\$53,000**

Average Major Medical deductible: **\$1,500**

Major Medical covers 80% of the cost after the deductible is met, but John's still responsible for 20%: **\$10,300.**

Total out-of-pocket amount for John (deductible + coinsurance): **\$11,800.**

John has a **\$10,000** Guardian Critical Illness policy, which covers the majority of these out-of-pocket expenses.

This example is for illustrative purposes only. Your plan's coverage may vary. See your plan's information on the following pages for specific amounts and details.

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DEARBORN SCHOOLS EMPLOYEE HEALTHCARE PROGRAM
ALL ELIGIBLE EMPLOYEES
2023-158782 (07/25)

Kit created 03/12/2025 13
Group number: 00511332

CRITICAL ILLNESS INSURANCE



Your critical illness coverage

CRITICAL ILLNESS		
Benefit Amount(s)	Employee may choose a lump sum benefit of \$5,000 to \$10,000 in \$5,000 increments.	
CONDITIONS		
Cancer	1st OCCURRENCE	2nd OCCURRENCE
Invasive Cancer	100%	50%
Carcinoma In Situ	30%	0%
Benign Brain Tumor	75%	0%
Skin Cancer	\$250 per lifetime	Not Covered
Vascular		
Heart Attack	100%	50%
Stroke	100%	50%
Heart Failure	100%	50%
Coronary Arteriosclerosis	30%	0%
Other		
Organ Failure	100%	50%
Kidney Failure	100%	50%
ADDITIONAL CONDITIONS	1st OCCURRENCE ONLY	
Addison's Disease	30%	
ALS (Lou Gehrig's Disease)	100%	
Alzheimer's Disease	50%	
Coma	100%	
Huntington's Disease	30%	
Loss of Hearing	100%	
Loss of Sight	100%	
Loss of Speech	100%	
Multiple Sclerosis	30%	
Parkinson's Disease	100%	
Permanent Paralysis	50% for 1 limb, 100% for 2 limbs	
Severe Burns	100%	
Childhood Conditions	1st OCCURRENCE ONLY	
Cerebral Palsy	100%	
Cleft Lip/Palate	100%	
Club Foot	100%	
Cystic Fibrosis	100%	
Down's Syndrome	100%	
Muscular Dystrophy	100%	
Spina Bifida	100%	
Type I Diabetes	100%	

These benefits are available to you on an optional basis. They are not employer paid and do not affect any of the employer paid benefits or our collective bargaining agreement.

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DEARBORN SCHOOLS EMPLOYEE HEALTHCARE PROGRAM

ALL ELIGIBLE EMPLOYEES

Kit created 03/12/2025

Group number: 00511332

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CRITICAL ILLNESS INSURANCE



Your critical illness coverage

CRITICAL ILLNESS	
Spouse Benefit	May choose a lump sum benefit of \$2,500 to \$5,000 in \$2,500 increments up to 50% of the employee's lump sum benefit.
Child Benefit- children age Birth to 26 years	25% of employee's lump sum benefit
Benefit Reductions: Benefits are reduced by a certain percentage as an employee ages	50% at age 70
Guarantee Issue: The 'guarantee' means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when you sign up for coverage during the initial enrollment period or the annual open enrollment period.	We Guarantee Issue up to: Less than age 70 \$10,000 For a spouse: Less than age 70 \$5,000 For a child: All Amounts Health questions are required if the elected amount exceeds the Guarantee Issue, as well as for all applicants age 70+ regardless of elected amount.
Portability: Allows you to take your Critical Illness coverage with you if you terminate employment.	Included
Pre-Existing Condition Limitation: A pre-existing condition includes any condition for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	3 months prior, 12 months after
Cancer Vaccine Benefit	\$50 per lifetime for receiving a cancer vaccine
WELLNESS BENEFIT	
Employee Per Year Limit	\$50
Spouse Per Year Limit	\$50
Child Per Year Limit	\$50

Condition Definitions

- **Stroke:** Stroke must be severe enough to cause neurological deficits at least 30 days after the event.
- **Heart Failure:** An insured must be placed on an organ transplant list in order to be eligible for the Heart failure benefits.
- **Coronary Arteriosclerosis:** Coronary Arteriosclerosis must be severe enough to require a coronary artery bypass graft.
- **Organ Failure:** Organ failure includes both lungs, liver, pancreas or bone marrow and requires the insured to be placed on an organ transplant list.
- **Kidney Failure:** An insured must be placed on an organ transplant list in order to be eligible for the Kidney failure benefits.

These benefits are available to you on an optional basis. They are not employer paid and do not affect any of the employer paid benefits or our collective bargaining agreement.

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 ALL ELIGIBLE EMPLOYEES

Kit created 03/12/2025
 Group number: 00511332

CRITICAL ILLNESS INSURANCE

Critical Illness Cost Illustration

To determine the most appropriate level of coverage, you should consider your current basic monthly expenses and expected financial needs during a Critical Illness.

Your premium will not increase as you age.

Spouse coverage premium is based on Employee age

Child cost is included with employee election.

Issue Age	< 30	Monthly Premiums Displayed Election Cost Per Age Bracket				
		30-39	40-49	50-59	60-69	70+ [†]
Employee						
\$5,000	\$5.50	\$7.07	\$11.60	\$19.45	\$28.76	\$53.60
\$10,000	\$8.60	\$11.57	\$20.15	\$34.90	\$52.41	\$100.35
Benefit Amount Up To 50% of Employee Amount to a Maximum of \$5,000						
Spouse						
\$2,500	\$2.97	\$3.84	\$6.35	\$10.75	\$15.96	\$29.25
\$5,000	\$4.52	\$6.09	\$10.62	\$18.47	\$27.78	\$52.62

[†]Benefit reductions may apply. See plan details.

EXCLUSIONS AND LIMITATIONS

A SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS FOR CRITICAL ILLNESS:

We will not pay benefits for the First Occurrence of a Critical Illness if it occurs less than 3 months after the First Occurrence of a related Critical Illness for which this Plan paid benefits. By related we mean either: (a) both Critical Illnesses are contained within the Cancer Related Conditions category; or (b) both Critical Illnesses are contained within the Vascular Conditions category. We will not pay benefits for a Second occurrence (recurrence) of a Critical Illness unless the Covered Person has not exhibited symptoms or received care or treatment for that Critical Illness for at least 12 months in a row prior to the recurrence. For purposes of this exclusion, care or treatment does not include: (1) preventive medications in the absence of disease; and (2) routine scheduled follow-up visits to a Doctor.

We do not pay benefits for claims relating to a covered person: taking part in any war or act of war (including service in the armed forces) committing a felony or taking part in any riot or other civil disorder or intentionally injuring themselves or attempting suicide while sane or insane.

Employees must be legally working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding 1 year; or (b) in an area under travel warning by the US Department of State, subject to state specific variations.

If the plan is new (not transferred): During the exclusion period, this Critical Illness plan does not pay charges relating to a pre-existing condition. If this plan is transferred from another insurance carrier, the time an insured is covered

under that plan will count toward satisfying Guardian's pre-existing condition limitation period. A pre-existing condition includes any condition for which an employee, in a specified time period prior to coverage in this plan, consults with a physician, receives treatment, or takes prescribed drugs. Please refer to the plan documents for specific time periods. State variations may apply.

Guardian's Critical Illness plan does not provide comprehensive medical coverage. It is a basic or limited benefit and is not intended to cover all medical expenses. It does not provide "basic hospital," "basic medical," or "medical" insurance as defined by the New York State Insurance Department.

Health questions are required on 1) late enrollees and 2) enrollees over age 69 (not applicable in FL). This coverage will not be effective until approved by a Guardian underwriter.

This policy will not pay for a diagnosis of a listed critical illness that is made before the insured's Critical Illness effective date with Guardian.

The policy has exclusions and limitations that may impact the eligibility for or entitlement to benefits under each covered condition. See your certificate booklet for a full listing of exclusions & limitations.

If Critical Illness insurance premium is paid for on a pre tax basis, the benefit may be taxable. Please contact your tax or legal advisor regarding the tax treatment of your policy benefits..

Contract # GP- I-CI-14

These benefits are available to you on an optional basis. They are not employer paid and do not affect any of the employer paid benefits or our collective bargaining agreement.

GUARDIAN® is a registered trademark of The Guardian Life Insurance Company of America
DEARBORN SCHOOLS EMPLOYEE HEALTHCARE PROGRAM
 ALL ELIGIBLE EMPLOYEES

Kit created 03/12/2025
 Group number: 00511332

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ACCIDENT INSURANCE

Employee	\$11.20
Employee plus one	\$19.40
Employee plus children	\$17.56
Employee plus family	\$25.76

Employee	\$12.05
Employee plus one	\$19.69
Employee plus children	\$20.48
Employee plus family	\$28.13

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HOSPITAL INDEMNITY INSURANCE

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Employee Assistance Program (EAP)

Introducing

MYACI ONLINE

Accessing **EAP** benefits just got easier!



Join myACIonline for 24/7 instant access to all of your EAP benefits.

- Access personalized benefits information.
- Request services and referrals for any work-life need.
- Contact ACI directly for immediate concerns.

Employees and all family members are eligible for anytime, anywhere access. Responses are just as timely as other methods, including phone and email.

How to Get Started

Logging in to myACIonline for the first time is easy.

1. Go to: <http://rsli.acieap.com> and click **Log in to myACIonline.**
2. Create a new account by clicking **GET STARTED.** The Reliance Standard company code, RSLI859, should already be filled in.
3. Complete your profile and sign in to start accessing benefits immediately.



Questions?

Contact ACI Specialty Benefits toll-free at
855-RSL-HELP (855-775-4357)
rsli@acieap.com
<http://rsli.acieap.com>





YOUR RIGHTS UNDER FEDERAL LAW

Patient Protections Disclosure

HAP generally requires the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. Until you make this designation, Health Alliance Plan (HAP) designates one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact Health Alliance Plan (HAP) at 800-759-3436 or www.hap.org.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from Health Alliance Plan (HAP) or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact Health Alliance Plan (HAP) at 800-759-3436 or www.hap.org.

Women's Health & Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 ("WHCRA"). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the plan. Therefore, the following deductibles and coinsurance apply:

HMO Plan (Individual: 0% coinsurance and \$2500 deductible; Family: 0% coinsurance and \$5000 deductible)

If you would like more information on WHCRA benefits, please email support@dsehp.com

Newborns and Mothers Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).



YOUR RIGHTS UNDER FEDERAL LAW

HIPAA Notice of Privacy Practices Reminder

Protecting Your Health Information Privacy Rights

Taylor School District Healthcare Program is committed to the privacy of your health information. The administrators of the DSEHP, the “Plan” use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan’s policies protecting your privacy rights and your rights under the law are described in the Plan’s Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting: support@dsehp.com

HIPAA Special Enrollment Rights

DSEHP Notice of Your HIPAA Special Enrollment Rights

Our records show that you are eligible to participate in the DSEHP (to participate, you must complete an enrollment form and pay part of the premium through payroll deduction).

A federal law called HIPAA requires that we notify you about an important provision in the plan - your right to enroll in the plan under its “special enrollment provision” if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

Loss of Other Coverage (Excluding Medicaid or a State Children’s Health Insurance Program). If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents’ other coverage). However, you must request enrollment within 30 days after your or your dependents’ other coverage ends (or after the employer stops contributing toward the other coverage).

Loss of Coverage for Medicaid or a State Children’s Health Insurance Program. If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children’s health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents’ coverage ends under Medicaid or a state children’s health insurance program.

New Dependent by Marriage, Birth, Adoption, or Placement for Adoption. If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Eligibility for Premium Assistance Under Medicaid or a State Children’s Health Insurance Program – If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children’s health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents’ determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan’s special enrollment provisions, contact support@dsehp.com

Important Warning

If you decline enrollment for yourself or for an eligible dependent, you must complete our form to decline coverage. On the form, you are required to state that coverage under another group health plan or other health insurance coverage (including Medicaid or a state children’s health insurance program) is the reason for declining enrollment, and you are asked to identify that coverage. If you do not complete the form, you and your dependents will not be entitled to special enrollment rights upon a loss of other coverage as described above, but you will still have special enrollment rights when you have a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children’s health insurance program with respect to coverage under this plan, as described above. If you do not gain special enrollment rights upon a loss of other coverage, you cannot enroll yourself or your dependents in the plan at any time other than the plan’s annual open enrollment period, unless special enrollment rights apply because of a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children’s health insurance program with respect to coverage under this plan.

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

To see if any other states have added a premium assistance program since July 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)

NOTICE OF CREDITABLE COVERAGE

For More Information About This Notice or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Dearborn Schools Employee Healthcare Program changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage Notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	January 1, 2025
Name of Entity/Sender:	Dearborn Schools Employee Healthcare Program
Contact—Position/Office:	support@dsehp.com
Office Address:	15250 Mercantile Dr Dearborn, Michigan 48120-1207 United States
	Please notify by email: support@dsehp.com

COBRA GENERAL NOTICE

Model General Notice of COBRA Continuation Coverage Rights (For use by single-employer group health plans)

**** Continuation Coverage Rights Under COBRA****

Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

COBRA GENERAL NOTICE

When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 30 days of the qualifying event occurs. You must provide this notice to PlanSource by logging in at <https://benefits.plansource.com/logon> or calling PlanSource at (888) 222-4309.

How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, [Children's Health Insurance Program \(CHIP\)](#), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov/.

COBRA GENERAL NOTICE

Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period¹ to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit <https://www.medicare.gov/medicare-and-you>.

If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.healthcare.gov.

Keep your Plan informed of address changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan contact information

Dearborn Schools Employee Healthcare Program
support@dsehp.com
15250 Mercantile Dr
Dearborn, Michigan 48120-1207
United States

¹ <https://www.medicare.gov/basics/get-started-with-medicare/sign-up/when-does-medicare-coverage-start>

MARKETPLACE NOTICE

Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in your geographic area.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12%¹ of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income.^{1 2}

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution -as well as your employee contribution to employment-based coverage- is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

¹ Indexed annually; see <https://www.irs.gov/pub/irs-drop/rp-22-34.pdf> for 2023.

² An employer-sponsored or other employment-based health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

MARKETPLACE NOTICE

When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services **is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.**

Marketplace-eligible individuals who live in states served by [HealthCare.gov](https://www.healthcare.gov) and either- submit a new application or update an existing application on [HealthCare.gov](https://www.healthcare.gov) between March 31, 2023 and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. **That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage.** In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit [HealthCare.gov](https://www.healthcare.gov) or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit <https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/> for more details.

How Can I Get More Information?

For more information about your coverage offered through your employment, please check your health plan's summary plan description or contact support@dsehp.com.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](https://www.healthcare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

MARKETPLACE NOTICE

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name Dearborn Schools Employee Healthcare Program		4. Employer Identification Number (EIN) 46-5215047	
5. Employer address 15250 Mercantile Dr		6. Employer phone number	
7. City Dearborn	8. State Michigan	9. ZIP code 48120-1207	
10. Who can we contact about employee health coverage at this job? support@dsehp.com			
11. Phone number (if different from above)		12. Email address support@dsehp.com	

Here is some basic information about health coverage offered by this employer:

- As your VEBA Administrator, we offer a health plan to:
 - ☒ All employees. Eligible employees are employees of employers that have signed a VEBA participation agreement:
 - ☐ Some employees. Eligible employees are:
- With respect to dependents:
 - ☒ We do offer coverage. Eligible dependents are all eligible dependents of the employee.
 - ☐ We do not offer coverage.
- ☒ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.
 - ** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Please visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers but will help ensure employees understand their coverage choices.

MARKETPLACE NOTICE

13. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?
- ☒ **Yes** (Continue)
- 13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage?
based on the participation agreement, but less than 90 days
- ☐ **No** (STOP and return this form to employee)

14. Does the employer offer a health plan that meets the minimum value standard*?
- ☒ **Yes** (Go to question 15) ☐ **No** (STOP and return form to employee)

15. For the lowest cost plan that meets the minimum value standard* **offered only to the employee** (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.
- a. How much would the employee have to pay in premiums for this plan? Please refer to the Employee Contribution table at the beginning of the benefit guide.
- b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly
- Bi-weekly for 20 payrolls beginning the last payroll in September.**

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

16. What change will the employer make for the new plan year? **No changes**
- ☐ Employer won't offer health coverage
- ☐ Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.* (Premium should reflect the discount for wellness programs. See question 15.)
- a. How much would the employee have to pay in premiums for this plan? \$ _____
- b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

* An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)



YOUR BENEFIT RESOURCES



Medical & Prescription Drug	HAP	(800) 422-4641 www.hap.org
H.S.A. (Health Savings Accounts)	Health Equity	(866) 346-5800 www.healthequity.com
Dental	BCBSM Dental	(313) 225-9000 www.bcbsm.com
Vision	National Vision Administrators (NVA)	(800) 672-7723 www.e-nva.com
Voluntary Life Insurance Short Term Disability Critical Illness Accident Coverage Hospital Indemnity	Guardian	(888) 600-1600 www.guardianlife.com
Telehealth	HAP by Amwell®	(866) 884-0528 HAPTelehealth@amwell.com
EAP	ACI Specialty Benefits	(855) 775-4357 http://rsli.acieap.com



Questions or Changes In Eligibility, Call (888) 222-4309

Other Questions, email support@dsehp.com

Translation Services are Available!

For assistance in any other language, call PlanSource at (888) 222-4309.
At the first automated menu, choose option 5 for 'All Other Questions'.
At the next menu, choose Option 5 'To Speak with a Representative'.
Then ask the Representative for a translator in your desired language.