

OKEECHOBEE COUNTY SCHOOL BOARD



2015 - 2016
Plan Year

Employee Benefits Program

Your Benefits Guide

2014 – 2015 Plan Year



Okeechobee County School Board offers a comprehensive selection of benefits to promote health and financial security for you and your family.

This booklet provides you with a summary of benefits offered. Please review this booklet carefully so you can choose the coverage that's right for you and your family.



Your Benefits Options

The school board offers a full range of benefits that help protect the health and wellbeing for you and your family now and in the future. The chart below outlines the benefits offered and how the funding is administered for each benefit. All benefits are paid with pre-tax dollars. Once you select your benefits you may only change coverage due to a qualifying event and must do so within 31 days of the event (see the list of Qualifying Life Events on the right).

Benefit	Who Pays?
Medical & Rx Insurance	OCSB & You
Dental Insurance	OCSB & You
Vision Insurance	OCSB & You
Flexible Spending Accounts	You
Life and AD&D Insurance	You
Employee Assistance Program	OCSB
Short Term Disability Insurance	You
Long Term Disability Insurance	You
Accident Insurance	You
Critical Illness Insurance	You
Wellness Center	OCSB

What is a Qualifying Life Event?

- Change in status such as marriage, birth, adoption, death, divorce or employment
- Changes due to a judgment, decree or court order
- Entitlement to Medicare or Medicaid
- HIPAA special enrollment rights, FMLA special requirements
- Gain or Loss of other qualifying coverage

Who is Eligible

Employees: Full-time, regular employees working four or more hours per day and at least 20 hours per week.

Dependents:

- Your legal spouse
- Your children up to age 26
- Your children over age 26 who are not able to support themselves due to a physical or mental disability

New Hires: Full-time, regular employees working four or more hours per day and at least 20 hours per week will be eligible for medical benefits on the first day of the month following 31 days from the date of hire.

***Proper documentation outlined to the right may be requested upon enrollment.**

What is proper documentation for enrollment?*

The following items will be required for a successful enrollment. All information provided is confidential and for Benefits purposes only.

- Social Security Numbers
- Birth Dates
- Beneficiary Information
- Dependent Birth Certificates
- Marriage Certificates

Welcome to your Benefits Enrollment

How to Enroll

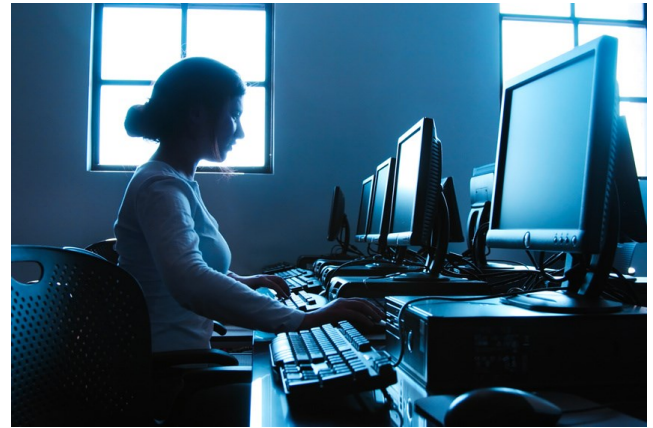
With multiple benefits options available, we believe it's important that you have the support necessary to navigate through the choices and make educated decisions. OCSB is pleased to offer you *easy* ways to enroll:

- ✓ **Online Enrollment**—Online enrollment is easy to navigate and takes only moments to complete.
- ✓ **Enroll by Phone**—Over the phone enrollment allows for the peace of mind of speaking to a licensed benefit counselor and the ease of completing on your own time.

Online Enrollment — ONLINE ENROLLMENT IS EASY!

Go to <https://www.benselect.com/Enroll/Login.aspx> to review, compare and choose your benefits for the upcoming plan year. If you need assistance, onsite enrollers will be here to help! New hires can also enroll on-line as well and contact Continuum with any questions.

Enrolling in your benefits has never been easier! Just a few clicks of your mouse and you're done – it's convenient, fast, efficient, and secure. Take advantage of this quick and easy way to sign up for your benefits. You will find the online enrollment system user-friendly and easy to navigate, with no long forms or confusing questionnaires.



The system will walk you through the process from start to finish.

Go to <https://www.benselect.com/Enroll/Login.aspx> and enter your SSN and PIN to access the site.

- Your login is your Social Security Number. *Example: 123-XX-6789*
- PIN is the last 4 digits of your SSN plus the last two digits of your birth year. *Example: John Doe 123-XX-6789, DOB is 01/15/1965. PIN would be 678965*

Contact Continuum at 1-866-209-2949 if you have questions or get stuck!

Navigating the Enrollment System

- Throughout the enrollment you will be guided by directional arrows and buttons.
- Click the directional arrows on the bottom of your screen for more information about the individual benefits as you go.
- Click on the **Next** button to select or waive a benefit and to continue your enrollment.
- If you have to stop your enrollment at any point, use the **Logout** button at the top right. The system will store your selections and information until you return.
- If you enroll in a benefit and decide to make a change, you must click on the benefit name from the **My Benefits** dropdown and then click on the **Unlock** button to make the change.

Complete your Enrollment

- Review the **Sign and Submit** section to make sure you have successfully selected the benefits that you want.
- Click **Next** to review your **Confirmation Statement**.
- Last, you must **Sign your Confirmation Statement**. Enter your PIN number (the last 4 digits of your SSN+ last two digits of year of birth) and click on **Sign Form**. *Please scroll down to locate the area to enter your PIN.*
- Congratulations! You have completed your enrollment!
- Print your **Confirmation Statement** by clicking on **Enrollment Confirmation** at the bottom of the page.
- Click **Logout** to exit the enrollment system.

Medical Coverage

Administered by Florida Blue



OCSB offers a choice of three medical plan options; you choose the plan that meets your needs – and those of your family. Each plan includes comprehensive health care benefits, including free preventive care services and coverage for prescription drugs.

Benefit Overview	Blue Options 3768		Blue Options 3769		Blue Options 5302	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Deductible (DED)						
Individual	\$500	\$1,000	\$500	\$1,500	\$2,500	\$5,000
Family (aggregate)	\$1,500	\$3,000	\$1,500	\$4,500	\$7,500	\$15,000
Coinsurance	10%	50%	20%	50%	30%	50%
Out-of-Pocket Maximum (Includes DED, coins., copay, Rx)						
Individual	\$4,000	\$6,000	\$3,000	\$6,000	\$6,350	\$13,000
Family (aggregate)	\$8,000	\$12,000	\$6,000	\$12,000	\$12,700	\$26,000
Office Visits						
Family Physician	\$50 copay	50%*	\$40 copay	50%*	\$40 copay	50%*
Specialist Care	\$100 copay	50%*	\$80 copay	50%*	\$80 copay	50%*
Hospital Services (per admit)						
Inpatient (option 1 - 2)	\$1,000 - \$1,500	50%*	20%* - 20%*	\$3,000	30%* - 30%*	50%*
Outpatient (option 1 - 2)	\$350 - \$700	50%*	20%* - 20%*	50%*	30%* - 30%*	50%*
Preventive Care						
Routine Adult Exams	Covered 100%	50%	Covered 100%	50%	Covered 100%	50%
Routine Mammograms	Covered 100%		Covered 100%		Covered 100%	
Well Woman GYN Visit	Covered 100%	50%	Covered 100%	50%	Covered 100%	50%
Routine Well Child Exams	Covered 100%	50%	Covered 100%	50%	Covered 100%	50%
Independent Clinical Lab	Covered 100%	50%*	Covered 100%	50%*	Covered 100%	50%*
Provider Services at Hospital						
Family Physician	\$50		\$100		Deductible + 30%	
Specialist	\$50		\$100		Deductible + 30%	
Emergency Medical Care						
Ambulance	\$5,000 max. per day		\$5,000 max. per day		\$5,000 max. per day	
Emergency Room (waived if admit)	\$500 copay		\$500 copay		\$500 copay then 30%*	
Urgent Care Clinic	\$100 copay	50%*	\$100 copay	50%*	\$100 copay	50%*
Mental Health/Substance Abuse						
Inpatient Services	\$1,000	50%	20%*	\$3,000	30%*	50%
Outpatient Services	\$0	50%	\$0	50%	\$0	50%
Physician Visit	\$0	50%	\$0	50%	\$0	50%
Prescription Drugs					(\$800 Brand Deductible)	
Retail (30 day supply)						
Generic/Preferred Brand/Non-Preferred	\$10 / \$50 / \$80	50%	\$10 / \$50 / \$80	50%	\$10 / \$60 / \$100	50%
Mail Order (90 day supply)						
Generic/Preferred Brand/Non-Preferred	\$25 / \$125 / \$200	50%	\$25 / \$125 / \$200	50%	\$25 / \$150 / \$250	50%

* After you pay the deductible.

** Additional visits subject to deductible and coinsurance.

Flexible Spending Accounts

Administered by Continuum Services

New changes to the FSA!

- ★ **New Rollover Period!!** You are now able to carry over up to \$500 in unused funds to the next plan year with the Health Care FSA!
- ★ Health Care FSA has a new Maximum Contribution = \$2,550



Flexible Spending Accounts (FSAs) are designed to save you money on your taxes.

They work in a similar way to a savings account. Each pay period, funds are deducted from your pay on a pre-tax basis and are deposited to your Health Care and/or Dependent Care FSA. You then use your funds to pay for eligible health care or dependent care expenses. For a complete list of eligible expenses, please visit www.irs.gov.

ACCOUNT TYPE	ELIGIBLE EXPENSES	ANNUAL LIMITS	When are funds available?
Health Care FSA	Most medical, dental and vision care expenses that are not covered by your health plan (such as copayments, coinsurance, deductibles, eyeglasses and doctor-prescribed over the counter medications).	Maximum contribution is \$2,550 per year; minimum contribution is \$51 per year	Funds are available immediately. Usually on the first day of the plan year although this should be verified with your plan administrator.
Dependent Care FSA	Dependent care expenses (such as day care, after school programs or elder care programs) so you and your spouse can work or attend school full-time.	Maximum contribution is \$5,000 per year (\$2,500 if married and filing separate tax returns); minimum contribution is \$250 per year	Dependent care funds are not preloaded and are available as the funds are deposited into your account.

Note: You may not participate in both the Health Care FSA and an HSA/HDHP even if through a separate entity.

FSA made easy with the Continuum Debit Card!

As you incur eligible expenses, you simply present your Continuum Debit Card for payment. The system will then validate that your coverage is active and that you have available funds to cover the transaction. You may view a list of your Continuum Debit Card transactions at www.csfsa.com. Using the Continuum Debit Card is a great way to help relieve the stress of filing claims; however it's important that you remember to keep all itemized receipts in the event that you are asked by Continuum Services to provide details of your purchases to comply with IRS regulations.

	Annual Amount	Pay Periods	Per Pay Period
Example:			
Health Care Spending	\$2,550	÷ 24	= \$106.25
Health Care Spending	\$ _____	÷ 24	= \$ _____
Dependent Care Spending	\$ _____	÷ 24	= \$ _____

Tax Savings Example

Here's a look at how much you could save if you use an FSA to pay for eligible health care or dependent care expenses:

	With FSA	Without FSA
Your Taxable Income	\$50,000	\$50,000
Pretax contribution to FSA	\$2,000	\$0
Federal and Social Security taxes*	\$11,701	\$12,355
After-tax dollars spent on eligible expenses	\$0	\$2,000
Spendable income after expenses & taxes	\$36,299	35,645
Tax savings with the FSA	\$654	N/A

**This is an example only your actual experience. It assumes a 25% Federal income tax rate marginal rate and a 7.7% FICA marginal rate. State and local taxes vary, and are not included in this example. However, you will also save on any state and local taxes.*

Information About FSAs and the OCSB Rollover Option

Our Health Care FSA allows you to carry over up to \$500 in unused funds to the next plan year. Any money remaining in your Health Care FSA over the rollover amount as of August 31 will be forfeited.

Your FSA elections are effective from September 1 through August 31. Please plan your contributions carefully. The FSA rules are governed by the IRS.

Please Note: FSA elections do not automatically continue from year to year; you must actively enroll each year.

What Are the Advantages of an FSA?

With an FSA, the money you contribute is never taxed—not when you put it in the account, not when you are reimbursed with the funds from the account, and not when you file your income tax return at the end of the year.



Dental Insurance

Administered by Assurant



ASSURANT

Taking care of your teeth is as important as taking care of the rest of your body. That's why OCSB offers three Dental Plans that cover routine check-ups and additional services needed for your dental health. All Dental Plans offer choices that cover four types of expenses: Preventive and diagnostic care, basic and major procedures, and orthodontia for children.

Dental Low and High Option Plans—With these two options members can visit any licensed dentist and no referrals are required; if you choose an in-network dentist, the rates charged for services may be lower and there are no claim forms to be completed; and employees may continue to use the dentist of your choice. Remember deductible, coinsurance, and annual maximums may apply.

Prepaid Option— This dental plan offers benefits through a network of plan dentists. When you enroll for benefits, treatments that you receive from your selected plan dentist will be provided at reduced fees as outlined in the schedule of benefits. (The schedule of benefits is available through the Continuum enrollment site.) With this plan employees have no deductible, no waiting periods, coverage for pre-existing conditions, no claim forms to file for plan dentist, no referral required for specialist services, and no annual maximum for plan dentist and plan specialist services.

Benefit ^o	Low Option	High Option	Prepaid Option
Yearly Maximum	\$1,000	\$1,000	None
Annual Deductible*			
Individual	\$50	\$50	See Schedule for further details
Family per Person	\$50	\$50	
Preventive/Diagnostic	Plan Pays:	Plan Pays:	
Oral evaluations	\$20	100%	See Schedule for further details
Routine cleanings, adult/child (1 per 6 mos)	\$41 / \$30	100%	
Fluoride treatment (child <14) (1 per 12 mos)	\$16	100%	
Sealant, per molar (child <16) (1x per tooth)	\$24	100%	
Basic Procedures	Plan Pays:	Plan Pays:	
Simple Extractions	\$39	80%	See Schedule for further details
X-rays, bitewings – 4 films	\$19	80%	
X-ray/Complete Series (1 per 36 mos)	\$44	80%	
Fillings, one surface	\$36	80%	
Major Procedures	Plan Pays:	Plan Pays:	
Endodontics – root canal, molar	\$343	50%	See Schedule for further details
Complex oral surgery	\$83	50%	
Periodontics scaling/root planing	\$45	50%	
Major restorations – crown	\$200	50%	
Dentures	\$240	50%	
Reline/rebase upper or lower denture	\$71	50%	
Orthodontia (Child only)	Plan Pays:	Plan Pays:	
Coinsurance	50%	50%	See Schedule for further details
Lifetime Maximum	\$1,000	\$1,000	See Schedule for further details

* Deductible does not apply to Preventive Services

^o Waiting periods may apply for certain services for members enrolling in the Low Option PPO or High Option PPO. Please consult your certificate of insurance or group policy for a complete description.

Vision Insurance

Administered by VSP



Properly caring for your eyesight is of the utmost importance. As part of keeping up with maintaining your overall health, routine eye exams should be scheduled on a regular basis. Without coverage, an exam and prescription glasses can cost \$300 or more. With VSP coverage, you'll save!

As always, In-Network providers have the best prices and offer discount incentives. If you decide not to see a VSP doctor, copays still apply. You'll also receive a lesser benefit and typically pay more out-of-pocket. You are required to pay the provider in full at the time of your appointment and submit a claim to VSP for partial reimbursement. If you decide to see a provider not in the VSP network, call 1-800-877-7195.



Benefit	Frequency	In-Network	Out-of-Network
Copayment	n/a	\$10 exam / \$25 materials	\$10 exam / \$25 materials
Vision Examination	every 12 months	Covered in full	Up to \$45
Plan Provisions			
Single Vision Lenses	every 12 months	Covered in full	Up to \$45
Bifocal Lenses	every 12 months	Covered in full	Up to \$65
Trifocal Lenses	every 12 months	Covered in full	Up to \$85
Lenticular Lenses	every 12 months	Covered in full	Up to \$125
Frames	every 24 months	Up to \$120	Up to \$70
Contact Lenses (every 12 months, in place of lens and frame benefits)			
Medically Necessary	every 12 months	Covered in full minus material copay	Up to \$210
Elective (materials) Fitting and Evaluation	every 12 months	\$120 allowance never to exceed \$60 copay	Up to \$105
Other Services			
Corrective Vision Services (i.e., Lasik)	n/a	15% off retail	15% off retail

Income Protection Benefits

Administered by The Hartford



Life and Disability insurance are an important part of your financial security, especially if others depend on you for support. Accidental Death & Dismemberment (AD&D) insurance is designed to provide an additional benefit in the event of accidental death or dismemberment.

Employee Voluntary Life and AD&D Insurance

You may purchase this coverage in \$10,000 increments to the benefit maximum of the lesser of 5 times your annual earnings or \$250,000. Newly hired employees are guaranteed \$150,000 of Voluntary Life Insurance when first eligible. Above this amount or late enrollments may require EOI. Age reductions will apply at age 65 and 70. Life premium is based on age.

Dependent Voluntary Life and AD&D Insurance

In order to purchase life insurance for your spouse and/or child, you must purchase Voluntary Life coverage for yourself.

Spouse— The spouse value can be purchased up to 50% of employee amount in increments of \$5,000, not to exceed \$100,000. Newly eligible spouses/new hires are guaranteed \$50,000 of Spouse Life Insurance. Above this amount or late enrollments may require EOI. Dependent life premium is based on age.

Child— Child life insurance can be purchased at \$10,000 per child. Age limitations apply. This rate will cover all children for which you elect coverage.

Voluntary + AD&D Employee and Spouse Life Rates per \$1,000 and based on age

Age	Rate per \$1,000
- 25	\$0.048
25-29	\$0.048
30-34	\$0.056
35-39	\$0.091
40-44	\$0.127
45-49	\$0.155
50-54	\$0.269
55-59	\$0.390
60-64	\$0.567
65-69	\$0.994
70-74	\$1.719
75 +	\$2.850
Dependent Child Life - \$10,000	
Child(ren)	\$2.00 (covers all children)

Long Term Disability

The LTD plan provides a monthly benefit up to 60% of your monthly salary to a \$6,000 maximum in the event you cannot work because of a long-term illness or injury. There is a 90-day elimination period before benefits begin. Pre-existing condition limitations apply.

Voluntary Long Term Disability Rates per \$100 of monthly payroll

Age	Rate per \$100
- 25	\$0.13
25-29	\$0.18
30-34	\$0.24
35-39	\$0.33
40-44	\$0.44
45-49	\$0.58
50-54	\$0.74
55-59	\$0.80
60-64	\$0.85
65 +	\$0.89

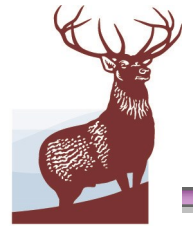
Evidence of Insurability may be required for Life and Disability Income Protection Benefits

If you make changes to your life or disability coverage for yourself or your spouse, you may need to complete an Evidence of Insurability (EOI) form. The web-based EOI form will be provided for you and asks a series of health-related questions. The form must be completed and approved by The Hartford before coverage is effective.



Employee Assistance Program

Administered by The Hartford's Ability Assist



**THE
HARTFORD**

Sometimes life can be challenging. That's why Okeechobee County School Board provides an employee assistance program (EAP) at no cost to you.

Thanks To Your EAP, You Don't Have To Go Through It Alone

There isn't a person on this planet who doesn't have problems. Some problems are easier to handle than others. Then there are times when these problems seem overwhelming. Well, you don't have to go through it alone. The EAP is available for you and anyone living in your household.

The EAP administered through The Hartford's Ability Assist is a **confidential resource** that can help you deal with family problems, stress-related issues, depression, eating disorders, problems at work, and financial crises. You can also contact EAP for guidance about other situations in your life, such as moving, retirement planning, adopting a child, finding childcare or eldercare, legal questions, training a new pet, and much more as detailed below. No issue is too large or too small.

EAP counselors will assist you with concerns such as:

- Marital and relationship issue
- Alcohol and drug abuse
- Stress management
- Financial Resources
- Debt/Bankruptcy
- Family/parenting problems
- Work relationships
- Legal assistance
- Wellness information
- And much more

Prepare today. Help protect tomorrow.

Call or visit them online — 24 hours a day, seven days a week!

☎ 1-800-96-HELPS (1-800-964-3577)

🌐 www.guidanceresources.com

If you're a first-time user, you'll be asked to provide the following information when creating your personal username:

1. In the **Company/Organization** field, use: **HLF902**
2. Then, create your own confidential user name and password.
3. Finally, in the **Company Name** field at the bottom of personalization page, use: **abili**



Voluntary Worksite Benefits

Administered by Allstate Benefits

Group Voluntary Critical Illness

If you suffer a critical illness like a heart attack, chances are you'll recover. However, your bank account might not spring back as quickly. It's true that your medical insurance can help cover the cost of care and treatment. But there are other expenses you may face beyond those resulting from a loss of income. These costs may include deductibles, copays or prescriptions; rehabilitation, alternative treatments; and/or transportation to health facilities, and family travel for visits.

Critical Illness Insurance from Allstate Benefits can pay you a lump sum benefit at first diagnosis of a covered critical illness, and can be used however you choose. So you can focus on getting better - not on your bills!

Wellness Benefits

Allstate Benefits pays \$50 when you have one of the following preventive tests performed while not hospital confined. This benefit is limited to 1 test per calendar year, per person.

- Bone Marrow Testing
- CA15-3 / CA125 and CEA Tests
- Chest X-ray; Colonoscopy
- Flexible sigmoidoscopy
- Hemocult stool analysis
- Mammography/Breast Ultrasound
- Pap Smear/ThinPrep Pap Test
- PSA Test
- Serum Protein Electrophoresis
- Stress test on bike or treadmill
- Electrocardiogram (EKG)
- Carotid Doppler
- Echocardiogram
- Lipid panel (total cholesterol count)
- Blood test for triglycerides

Maximum Benefit by Category which included Cancer

After 100% of the Basic Benefit Amount has been paid within a category, no more benefits for any illness associated with that category are payable. Once a covered person has received 100% of the Basic Benefit Amount in each category, coverage ends for that person.

Employee Coverage

- All eligible employees age 18+ who are actively at work for a minimum of 20 hours per week are eligible to apply
- You can select a benefit amount of \$10,000 or \$20,000
- You are guaranteed coverage without having to provide Evidence of Insurability (EOI) to Allstate Benefits

Spouse and Child Coverage

- Covered dependents receive 50% of your basic-benefit amount
- Available to children, stepchildren and legally adopted children to age 26
- All child amounts are guarantee issue without EOI, one premium covers all children

Critical illness coverage can help offer peace of mind when a critical illness diagnosis occurs. Below is an example of how benefits might be paid.[†]

The infographic is divided into three vertical panels. The left panel shows an employee choosing one of two approved plans. The middle panel shows the employee hospitalized for three days and then diagnosed with permanent paralysis. The right panel shows a table of benefits: Wellness (\$400), Heart Attack (\$10,000), and Paralysis (\$10,000), totaling \$20,400. A piggy bank icon is next to the total amount.

Benefit Category	Amount
Wellness	\$ 400
Heart Attack	\$ 10,000
Paralysis	\$ 10,000
Total cash benefits paid:	\$20,400

[†]The example shown may vary from the plan your employer is offering. Your individual experience may also vary.



Critical Illness and Accident coverage is provided by Limited Benefit Supplemental Insurance. For costs and complete details of coverage, contact your insurance agent. Allstate Benefits is the marketing name for American Heritage Life Insurance Company, (Home Office, Jacksonville, FL), the underwriting company of the Critical Illness, Accident and Group Short Term Disability coverage, and a subsidiary of The Allstate Corporation. The coverage does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

Voluntary Worksite Benefits

Administered by Allstate Benefits



Allstate®

Benefits

Group Short Term Disability

Disability can be expensive – especially if you are unable to work. Having an income can help you cover bills, pay for your home and provide for your family. But if you got sick or injured and couldn't work, how long could you afford life without a paycheck? Would your finances become disabled if you lost your paycheck? Short Term Disability coverage from Allstate Benefits pays a monthly cash benefit up to 60% of income to employees only for disabilities due to non-occupational sickness or injury. Coverage is available for total and partial disability and more. The Allstate Benefits disability coverage helps offer peace of mind when an unexpected sickness or injury leads to a covered Partial or Total Disability, and includes provisions for Concurrent and Recurrent Disability, Pregnancy and more! This benefit has a 7 or 14 day elimination period option. Premium options and customizations are available through the Continuum enrollment site.

Group Voluntary Accident

Group Voluntary Accident Insurance pays benefits for on- and off-the-job accidents, plus some benefits that correspond with medical care. And, because accident insurance is supplemental, it pays in addition to other coverage the insured may already have in place. This coverage pays a benefit up to a specified amount for accidental death, dismemberment, dislocation/fracture, initial hospitalization confinement, hospitalization confinement, intensive care, ambulance service, medical expenses and outpatient physician's treatment. Benefits can also help with hospitalization deductibles and copays; doctor visit copays; visits to the emergency department; physical therapy; transportation and lodging; and much more! The chart below is a partial list of the benefits included. Please refer to the product brochure for full details.

Incident	Payable
Initial Accidental Hospital Confinement	\$1,000
Accidental Hospital Confinement	\$400 per day
ICU Confinement	\$800 per day
Dislocation & Fracture Benefits	Up to \$4,000 Employee; Up to \$2,000 Spouse; Up to \$1,000 Children
Medical Expense Benefit	Up to \$600
Ambulance Benefit	\$400 Regular; \$1,200 Air
Common Carrier Accidental Death	Up to \$500,000 Employee; Up to \$250,000 Spouse; Up to \$125,000 Child
Accidental Death	Up to \$100,000 Employee; Up to \$50,000 Spouse; Up to \$25,000 Child
Dismemberment	Up to \$100,000 Employee; Up to \$50,000 Spouse; Up to \$25,000 Child

Immediate Value - Wellness Benefit!!!

The Allstate Benefits Accident Plan includes an Out-Patient Physician's Benefit that covers wellness, sickness **or** accident related visits to a doctor so that the plan can be used each and every year – regardless of injury: \$50 per visit; 2 visits per individual / 4 visits per family; includes wellness visits **or** any doctor's office visit; and no waiting period. Covers Employee and Spouse over the age of 18. Employee must be actively at work for a minimum of 20 hours per week to be eligible. Children up to 26 years are eligible.

Our accident coverage helps offer peace of mind when an accidental injury occurs. Below is an example of how benefits are paid.*



The employee chooses benefit coverage under his **Employer Approved Plan**



2 years later the employee is traveling to work, is in a car accident, and is air lifted to the hospital

Employee incurred expenses for services in and out of the hospital. In addition to what major medical insurance paid, our accident benefits paid for:

Air Ambulance Service	\$ 1,200
Hospital Admission	\$ 1,000
Open Abdominal/Thoracic Surgery	\$ 2,000
Medicine	\$ 10
Medical Expenses (surgery)	\$ 600
Initial Hospital Confinement	\$ 1,000
3-Day Hospital Stay	\$ 1,200
Outpatient Doctor Visit	\$ 50

With Accident Coverage
Additional dollars to pay for copay, deductible and other costs
Benefits paid: **\$7,060**



Without Accident Coverage
No additional dollars to pay for copay, deductible or other out-of-pocket costs
Benefits paid: **\$0**

*The example shown may vary from the plan your employer is offering. Your individual experience may also vary.

Contact Sheet

Where should you go for help?

Contact Continuum at 1-866-209-2949

The customer service staff at Continuum is ready to help if you have questions or get stuck with enrollment, have a qualifying event, need to make a change on your information such as an address update and much more. They can even point you in the right direction with our carrier partners show below!

Is your question about...	Carrier	Website
Enrollment? Flexible Spending? Information Change?	Continuum	https://www.benselect.com/Enroll/Login.aspx
Medical?	Florida Blue	www.floridablue.com
Dental?	Assurant	www.assurantemployeebenefits.com
Vision?	VSP	www.vsp.com
Life or Disability?	The Hartford	www.thehartford.com
EAP?	The Hartford's Ability Assist	www.guidanceresources.com
Worksite Benefits?	Allstate	www.allstatebenefits.com
401(k)?	FBMC	www.fbmc.com

About This Guide

This guide describes the benefit plans available to you as an employee of OCSB, and its participating subsidiaries. The details of these plans are contained in the official plan documents, including some insurance contracts. This guide is meant only to cover the major points of each plan. It does not contain all of the details that are included in your Summary Plan Description (SPD) (as described by the Employee Retirement Income Security Act). If there is ever a question about one of these plans, or if there is a conflict between the information in this guide and the formal language of the Plan documents, the formal wording in the Plan documents will govern. OCSB reserves the right to modify, amend, suspend, or terminate the plan, in whole or in part, at any time, as allowed by law. This guide does not constitute a contract and participation in any of the benefit plans does not guarantee employment.

