LAPEER COMMUNITY SCHOOLS
District of Choices

2022 New Hire Guide

All Benefit Eligible Employees

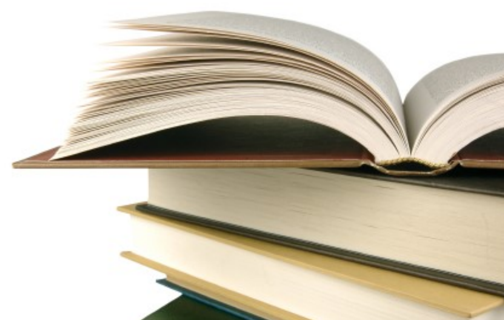
LAPEER Community Schools

New Hire Enrollment Process

Congratulations on your new job with Lapeer Community Schools! Please review this guide carefully. All elections you make will be effective through **December 31, 2022** unless you experience a qualified special enrollment event. Elections to the Flexible Spending Account (FSA) will be also be effective through December 31, 2022**.** *Please reference the NueSynergy Enrollment Packet for additional details and the enrollment form.*

What do I need to do?

1. Read this booklet carefully. Please refer to page 4 & 5 for employee contributions.
2. Review the benefit information posted on LCS's website and MESSA's website.
3. Complete an LCS Election/Change of Status Form.
4. Consider enrolling in the Flexible Spending Account (FSA) - Review the NueSynergy Enrollment packet to determine how much to contribute to your FSA. Only employees that are not participating in the MESSA ABC Plan/Health Savings Account (H.S.A.) are eligible to participate in the Medical FSA. All employees, including those participating in the H.S.A. are still able to participate in the Dependent Care Account.
5. Complete a separate carrier enrollment form for NueSynergy if you are participating in the FSA. The FSA maximum contribution is $2,850.
6. Consider contributing to the Health Savings Account (H.S.A.) if electing a MESSA ABC Plan. LCS Election/ Change of Status Form is required.
7. Consider purchasing Voluntary Life insurance for yourself, your spouse or your child(ren) on a post-tax basis via payroll deduction. Please see page 10 for more details. An enrollment form is required and you may need to answer health questions depending on the amount of your election.
8. If you are waiving coverage and receiving cash in lieu you must provide us with proof of other coverage upon initial enrollment.
9. **Please return your forms to Human Resources. If you have questions about the forms please contact Krista Trevithick.**



In addition to the information provided in this guide, please review the resources available on LCS's website as well as MESSA's website.

Benefit Overview

Medical

LCS will offer two MESSA Choices options and two MESSA ABC options as follows:

Please reference the MESSA benefit summaries on the District's website. In addition, Summary of Benefits and Coverage (SBC) are also available on the District's website. Please contact Krista Trevithick in the Business Office if you would like a printed copy.

All Eligible Employees
MESSA Choices $500/$1,000 $20 OV/$25 UC/$50 ER/3 Tier & Mandatory Mail
All Eligible Employees
MESSA Choices $1,000/$2,000 $20 OV/$25 UC/$50 ER/3 Tier & Mandatory Mail
All Eligible Employees
MESSA ABC Plan 1 $1,400/$2,800 3 Tier & Mandatory Mail
All Eligible Employees
MESSA ABC Plan 2 $2,000/$4,000 3 Tier & Mandatory Mail

MESSA will be using OptumRx for their pharmacy benefit manager beginning on January 1, 2022.

Dental and Vision

You may be eligible, based on your union group, for employer paid dental and vision coverage. Please refer to your union contract or work agreement for more information.

Life and Disability

You may be eligible for Life and Long Term Disability. If so, please complete a beneficiary form.

You may be eligible for Voluntary Life insurance. If you are interested in enrolling please contact Krista Trevithick at the Business Office for a Voluntary Life application. Please refer to page 10 for more details.

Please note that there are minimum participation requirements required by Reliance Standard Life Insurance Company which must be met in order for Lapeer Community Schools to offer the voluntary plans. If the minimum participation is not met all employees will be notified prior to January 1st.

In addition to the information provided in this guide, please review the resources available on LCS's website as well as MESSA's website.

Employee Contributions

100% Board Paid Allocation

Rate Tier	MESSA Renewal Rates 1/1/22 - 12/31/22	2022 Monthly HARD CAP MAX	2022 Renewal Monthly Contributions	2022 24 Pay Contribution
MESSA Choices $500/$1000				
Single	$642.26	$608.71	$33.55	$16.78
Two Person	$1,443.20	$1,273.00	$170.20	$85.10
Family	$1,795.62	$1,660.12	$135.50	$67.75
MESSA Choices $1000/$2000				
Single	$603.63	$608.71	$0.00	$0.00
Two Person	$1,356.28	$1,273.00	$83.28	$41.64
Family	$1,687.46	$1,660.12	$27.34	$13.67
MESSA ABC Plan 1 $1400/$2800				
Single	$567.61	$608.71	$0.00	$0.00
Two Person	$1,275.24	$1,273.00	$2.24	$1.12
Family	$1,586.60	$1,660.12	$0.00	$0.00
MESSA ABC Plan 2 $2000/$4000				
Single	$530.73	$608.71	$0.00	$0.00
Two Person	$1,192.27	$1,273.00	$0.00	$0.00
Family	$1,483.34	$1,660.12	$0.00	$0.00

50% Board Paid Allocation

Rate Tier	MESSA Renewal Rates 1/1/22 - 12/31/22	2022 Monthly HARD CAP MAX	2022 Renewal Monthly Contributions	2022 24 Pay
MESSA Choices $500/$1000				
Single	$642.26	$304.36	$337.90	$168.95
Two Person	$1,443.20	$636.50	$806.70	$403.35
Family	$1,795.62	$830.06	$965.56	$482.78
MESSA Choices $1000/$2000				
Single	$603.63	$304.36	$299.27	$149.64
Two Person	$1,356.28	$636.50	$719.78	$359.89
Family	$1,687.46	$830.06	$857.40	$428.70
MESSA ABC Plan 1 $1400/$2800				
Single	$567.61	$304.36	$263.25	$131.63
Two Person	$1,275.24	$636.50	$638.74	$319.37
Family	$1,586.60	$830.06	$756.54	$378.27
MESSA ABC Plan 2 $2000/$4000				
Single	$530.73	$304.36	$226.37	$113.19
Two Person	$1,192.27	$636.50	$555.77	$277.89
Family	$1,483.34	$830.06	$653.28	$326.64

Employee Contributions (Continued)

0% Board Paid Allocation

Rate Tier	MESSA Renewal Rates 1/1/22 - 12/31/22	2022 Monthly HARD CAP MAX	2022 Renewal Monthly Contributions	2022 24 Pay
MESSA Choices $500/$1000				
Single	$642.26	$0.00	$642.26	$321.13
Two Person	$1,443.20	$0.00	$1,443.20	$721.60
Family	$1,795.62	$0.00	$1,795.62	$897.81
MESSA Choices $1000/$2000				
Single	$603.63	$0.00	$603.63	$301.82
Two Person	$1,356.28	$0.00	$1,356.28	$678.14
Family	$1,687.46	$0.00	$1,687.46	$843.73
MESSA ABC Plan 1 $1400/$2800				
Single	$567.61	$0.00	$567.61	$283.81
Two Person	$1,275.24	$0.00	$1,275.24	$637.62
Family	$1,586.60	$0.00	$1,586.60	$793.30
MESSA ABC Plan 2 $2000/$4000				
Single	$530.73	$0.00	$530.73	$265.37
Two Person	$1,192.27	$0.00	$1,192.27	$596.14
Family	$1,483.34	$0.00	$1,483.34	$741.67

Waiving Coverage

If you waive Medical coverage because you have coverage elsewhere, you may be eligible for Cash in Lieu payments based on the terms of your collective bargaining agreement. Completion of the Medical Waiver form is required annually. Proof of other coverage is required upon initial election.

If you waive enrollment in the plan at this time, you may not be able to obtain coverage until the next open enrollment period in 2022, unless you experience a qualifying event.

Please contact Krista Trevithick in the Business Office if you would like a printed copy of any of the materials referenced throughout this document.

H.S.A. Overview

Health Savings Accounts (H.S.A.)

In this guide, we have included information about Health Savings Accounts (H.S.A.), which is available to MESSA ABC Plan participants. The next few pages provide an overview of the important requirements as well as some commonly asked questions. We encourage you to contact your tax adviser with specific H.S.A. questions as the impact of these accounts change based on circumstances.

There are several advantages to enrolling in a MESSA ABC Plan with an H.S.A..

- ◊ Contributions made to the H.S.A. are pre-tax so your money goes further.
- ◊ Money in the H.S.A. can also be used for dental and vision; the H.S.A. allows you to pay for these services with pre-tax dollars. Any money spent on dental or vision does NOT count toward meeting your medical deductible.
- ◊ Your H.S.A. can be used as a tax sheltered investment.
- ◊ The prescription drug plan offered with the ABC Plan provides free maintenance drugs such as medicines for high blood pressure and cholesterol.
- ◊ After you meet your deductible, medical services are covered at 100%. The only copays are for some prescription medications.

What is an H.S.A.?

A Health Savings Account (H.S.A.) is a cross between a flexible spending account (FSA), an IRA, and a 401(k)/403(b). Only those who enroll in one of the MESSA ABC Plans have the option to participate in the H.S.A., if eligible. You can access your H.S.A. to pay for eligible expenses. In addition, your account has the ability to grow, year-to-year, tax deferred. The H.S.A. account is your property and responsibility. Like a 401(k)/403(b), it is your money and stays with you.

Eligibility

To be eligible, you must:

(a) Be covered by one of the MESSA ABC High Deductible Health Plans;
(b) Not be claimed as another person's tax dependent;
(c) Not be covered by Medicare; and
(d) Not have any health coverage other than coverage under a High Deductible Health Plan. Other coverage that will disqualify you from being eligible for the H.S.A. Contribution Feature includes, but not limited to, coverage under your spouse's health plan if his/her plan is not considered a HDHP plan under IRS guidelines. Coverage under your spouse's medical expense reimbursement plan or Flexible Spending Account, and coverage under a health reimbursement arrangement, including your spouse's health reimbursement arrangement

Consideration

An H.S.A. is an employee's property and H.S.A. account holders are responsible for ensuring they meet the eligibility requirements for the pre-tax benefit as well as ensuring the funds are used to pay for qualified medical expenses. The H.S.A. is separate from the medical high deductible plan and is a bank account with funds that can be used to help pay for those expenses not covered by the plan with pre-tax dollars.

H.S.A. Employee Funding

You will have the option to fund your account with pre-tax dollars. The Statutory Maximum H.S.A. Contribution for the **2022** calendar year is $3,650 for a single and $7,300 for a family. If you are age 55 or older, you can make an additional catch-up contribution amount of $1,000 in 2022. The H.S.A. cannot receive contributions after you have enrolled in Medicare. ***You have the ability to adjust your H.S.A. pre-tax election monthly.***

H.S.A. Overview (Continued)

Using Your H.S.A.

Money in your H.S.A. can be used to pay for a variety of healthcare related expenses for you and your IRS eligible dependents (any out of pocket medical, dental and vision coverage after the insurance plan pays or processes the claim) ranging from routine exams to prescription drugs. A full listing of eligible expenses can be found at: http://www.irs.gov/pub/irs-pdf/p969.pdf To pay for expenses, you simply present your H.S.A. debit card to your provider, and money will be deducted directly from your H.S.A..

Please note that you are not required to submit receipts for the purchases that you make. It is your responsibility to keep the supporting records to show the Internal Revenue Service whether you used the funds to pay qualified medical expenses.

Your H.S.A. money is tax-free as long as it is used to pay for qualified medical, dental and vision expenses. If you use the money for any other reason, you will be required to pay income tax and a 20% tax penalty on that amount (you will not pay a penalty if you are disabled or age 65 or older).

The total contributions made by you and/or made on your behalf (i.e., contributions by your Employer) into H.S.A.s owned by you are subject to a maximum contribution limit.

If you are eligible for contributions for only a portion for the year, your maximum contribution (including catch-up contributions) is determined in accordance with the following “rules”:

(a) Not Eligible on December 1st. If you cease to be eligible for contributions prior to December 1st of a particular year, the contribution limit for that year will be a fraction of the maximum contribution for the full year based upon the number of months in which you were eligible.

For Example, if you have single coverage under a qualifying High Deductible Health Plan, you are not eligible for catch up contributions, but are eligible only during January through June (i.e., six months of the year), your maximum contribution would be limited.

(b) **Eligible on December 1st.** If you become eligible for H.S.A. contributions during a particular year and you are eligible as of December 1st of that year, your maximum contribution for that year is the full indexed amount.

However, if you become ineligible for H.S.A. contributions during the twelve (12) month period beginning with December of that year, you will not be entitled to the full maximum contribution. Instead, your maximum contribution will be a fraction of the maximum contribution for the full year based upon the number of months in which you were eligible during that year. The excess contributions will be included in your gross income and an additional tax will be imposed on those contributions.

Rollover contributions may also be made to an H.S.A. from another health savings account or from an Archer MSA. Rollover contributions are not subject to the contribution limit described above, however, exclusions do apply.

H.S.A. Overview (Continued)

What happens if my contributions exceed the contribution limit?

1. If the contributions to your H.S.A. exceed the applicable maximum contribution limit for a year, generally the excess contributions will be included in your income and an excise tax will be imposed upon them.
2. You can avoid the excess tax if you take a distribution of the excess contributions (and the net income attributable to the excess contribution) before the last day (including extensions) for filing your federal income tax return. This distribution must be included as a taxable income when you file your taxes.

What are the tax consequences of the H.S.A. Contribution Feature?

The contributions made under this H.S.A. Contribution Feature will not be included in your gross income, unless they exceed the applicable maximum contribution limit as discussed on page 5.

What are the rules regarding distributions from my H.S.A.?

Your Employer has no control over or involvement with distributions made from your H.S.A.. Your Employer does not substantiate expenses for which such distributions are made. Information regarding the procedure for obtaining distributions and the consequences of taking distributions is available from the trustee/custodian of your H.S.A..

When does my participation end?

Participation in the H.S.A. Contribution Feature ends upon the earlier of the date your participation in the Plan ceases or the date you no longer satisfy the eligibility requirements of the plan. You need not be a participant in the H.S.A. Contribution Feature (or be employed by the district) in order to obtain distributions from your H.S.A.. In addition, you may make contributions to your H.S.A. outside this Plan, provided you are eligible to do so under IRS rules, after you have left employment with the Employer or have ceased to be a participant in the Plan.

NOTE: This H.S.A. Contribution Feature is **not** a group health plan for purposes of the Consolidated Omnibus Budget Reconciliation Act of 1985, as amended (COBRA), the Family and Medical Leave Act (FMLA), and the Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA). COBRA, FMLA, and USERRA do not apply to this H.S.A. Contribution Feature. However, COBRA, FMLA, and USSERRA may apply to the Qualifying High Deductible Health Plan.

Can the contributions made to my H.S.A. be forfeited?

No, once the contributions have been deposited in you H.S.A., you will have a nonforfeitable interest in the funds. You will be free to request a distribution of the funds or to move them to another provider of H.S.A.s, to the extent allowed by law.

What are the reporting requirements?

Your Employer is responsible for reporting contributions made to your H.S.A. through this H.S.A. Contribution Feature on your Form W-2. You are also responsible for reporting contributions to your H.S.A., and for reporting distributions from your H.S.A., on appropriate forms available from IRS.

FSA Overview

If you wish to participate in the 2022 plan year, please complete your enrollment by submitting the enrollment form. Below you will find some reminders about the current plan year and new plan year. NueSynergy is the administrator for the FSA.

2021 Plan Year (1/1/2021-12/31/2021):

Grace Period – The grace period extends the plan year to March 15, 2022; therefore all eligible expenses must be incurred on or before 3/15/2022 in order to be eligible for reimbursement from the 2021 plan year. Please note, you should only use your debit card to pay for services that incur in the 2022 plan year after 1/1/2022. All claims incurred prior to 1/1/22 should be submitted to NueSynergy manually for reimbursement.

Run Out Period – You have until 4/30/2022 to submit reimbursement claims for all expenses incurred in the 2021 plan year, that were incurred by 3/15/2022.

Remaining Balance – If you wish to determine the balance remaining in your FSA account(s) you can login to NueSynergy's online system www.mywealthcareonline.com/PlanSource to verify this information or download the My Benefits Accounts Mobile App.

Termination Run Out –Should you terminate employment, you have 90 days from the date of termination to submit to NueSynergy claims incurred prior to your termination date.

2022 Plan Year (1/1/2022 – 12/31/2022):

Types of Accounts available through this plan:

- **Health Care FSA Maximum Election – $2,850.00**
- **Dependent Care FSA Maximum Election – $5,000.00**

Features of this plan:

Payroll Deductions – Deductions for health and dependent care will begin with the first paycheck following the beginning of the new plan year.

Direct Deposit – If you would like to have manual claim reimbursements directly deposited into your bank account, please download the Direct Deposit form found on our website www.mywealthcareonline/PlanSource in the forms library.

Debit Card – Please do not discard your current Benefits MasterCard. Effective 1/1/2022 it will be loaded with your 2022 annual election. If you are a new participant in the plan, you will receive a Benefits MasterCard shortly before January 1st. **Please be aware that you must retain copies of the receipts from your debit card purchases**. Throughout the year you may be asked to provide a copy of your receipt to substantiate your debit card purchase.

Did You Know?

My Benefits Account Mobile App – NueSynergy has a mobile app that you can download for use on any Apple or Android device. If you do not yet have the app you can download it through Google Play or iTunes App Store now**.**

Android

iTunes

The FSA Store – NueSynergy has partnered with The FSA Store. Please visit www.fsastore.com where you can use your FSA funds to purchase FSA tax eligible items to be delivered directly to your home.

Enrollment Opportunity with Reliance

Your employer paid Life and Disability coverage is provided by Reliance Standard Life Insurance Company, as specified by your contract.

Voluntary Life and AD&D

Lapeer Community Schools is pleased to announce that we are offering Voluntary Life insurance for plan year 2022. This coverage can be purchased on a post-tax basis via payroll deduction. As a new hire, you have the opportunity to purchase Voluntary Life coverage for yourself and your spouse and/or dependent children. You are able to purchase up to the amounts listed without Evidence of Insurability which means you will not have to answer any health questions. If you do not elect coverage at hire you may have to provide Evidence of Insurability to elect coverage at subsequent open enrollments.

- **Employees may elect coverage from $10,000 to $500,000 in increments of $10,000**
    - Elected amounts over $150,000 will require Evidence of Insurability or any amount if employee is age 70 or older

- **Employees may elect coverage for their Spouse from $10,000 to $500,000 in increments of $10,000**
    - Elected amounts over $20,000 will require Evidence of Insurability or an any amount if employee is age 60 or older

- **Employees may elect coverage for their Dependent Child(ren) as follows:**
    - If Child is older than 14 days, but under 6 months: $1,000
    - If Child is older than 6 months, but under age 20 (or 26 if full-time student): Option of $2,500, $5,000, $7,500, $10,000
    - The employee or spouse must elect voluntary life coverage on themselves to be able to elect coverage for their child/ren
    - One rate covers all eligible children

- **Please contact Krista Trevithick in the Business Office for rate information and an enrollment form**

Refer to pages 11-16 for information on the following Value Added Services that are included with your employer paid Reliance coverage at no additional cost, except where indicated.

-EAP
-Identity Theft
-Travel Assistance
-Bereavement Support

EAP through Reliance

Program Access

- All Covered Employees and Family Members Eligible, Regardless of Location or Relationship
- 24/7, 365 Days-a-year Dedicated Toll-Free Line, Always Live Answer
- Website, Mobile App, IM, Text, Chat, Email and Video Chat Access to Services

Assessment and Referral Services

- ***Unlimited*** Telephonic Assessment and Referral
- Global Network of 52,000+ Licensed Providers
- 24/7 Access to Clinicians for Urgent Matters

Legal and Financial Services

- Financial Consultation for ***Unlimited*** Number of Issues per Year
- Legal Consultation for ***Unlimited*** Number of Issues per Year, 25% Discount for Services Beyond Initial Consultation
- Online Legal and Financial Resource Center Including Document Preparation

Work-Life Benefits and Resources

- ***Unlimited*** Phone Assessment and Referral for Any Work-Life Need
- ***Unlimited*** Child, Elder, and Pet Care Referrals and Resources
- ***Unlimited*** Education, Personal Services, and Health and Wellness Referrals and Resources
- ***Unlimited*** Veteran Resources and Support Including Veteran Resource Website
- Online Resources and Tools for 100+ Work-Life Topics

RS-2508 (03/2017)

EAP through Reliance (continued)

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Program Implementation and Support Services

- ***Unlimited*** Virtual Orientations
- ***Unlimited*** Management Consultations
- Dedicated Account Management Team
- Formal Management Referrals
- Quarterly Utilization Reports

Promotional Materials

- Print and Electronic Promotional Materials
- Multilingual Materials Available
- Ongoing Mobile, Digital and Social Media Communications: Videos, Social@ACI Platforms, myACI App

Critical Incident Response and Support

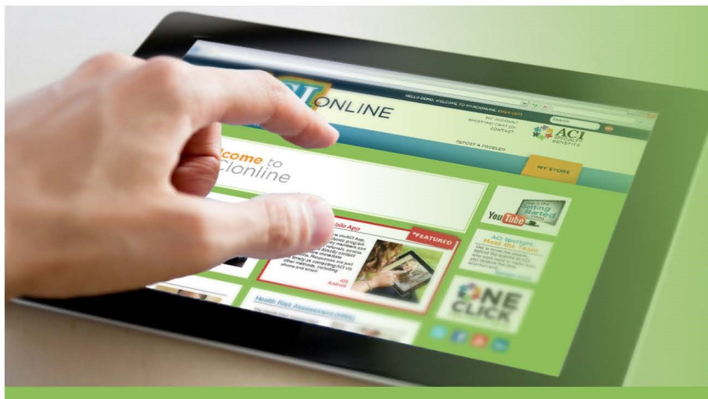
- ***Unlimited*** Crisis Consultation
- Crisis Prevention and Threat Assessment Services

Training and Webinars

- ***Unlimited*** Employee and Management Virtual Training and Webinars
- ***Unlimited*** On-Demand Training Materials
- Onsite Training Available at Discounted Fee

Web Services

- Single Sign-On (SSO) Interactive Employee Website
- Work-Life and Wellness Interactive Online Resource
- Veteran Resource Website
- Mobile Apps and Social@ACI Platforms



Additional Questions?
Contact ACI Specialty Benefits toll-free at
855-RSL-HELP
(855-775-4357)
rsli@acieap.com

EAP services are provided by ACI Specialty Benefits, under agreement with Reliance Standard Life Insurance Company.

Reliance Standard Life Insurance Company is licensed in all states (except New York), the District of Columbia, Puerto Rico, the U.S. Virgin Islands and Guam. In New York, insurance products and services are provided through First Reliance Standard Life Insurance Company, Home Office: New York, NY. Product availability and features may vary by state.

Powered by

RS-2508 (03/2017)

Identity Theft Protection from Reliance

Identity Theft Full Restoration Services and Real-time Card Monitoring

The Identity Theft Crisis

Identity Theft is the fastest growing crime in the United States. The statistics are staggering and getting worse. In 2014 identity theft was the number one consumer reported crime with 12.7 million victims, spending on average 58 to 165 hours to regain pre-theft status.[1,2,3]

What can you do?

To protect you and your family from this devastating loss of time, money and security, Reliance Standard and your employer have provided you with a full service ID Recovery Program that will perform the recovery process for you should you or a member of your family fall victim to identity theft.

In addition to the recovery program, you also have access to real-time card monitoring through WalletArmor®. WalletArmor® is an interactive, easy-to-use vault for protecting your wallet's contents, passwords, and important personal documents.

Privacy Advocates®

InfoArmor employs a dedicated team of professionals that provide world class service and expertise in identity theft restoration.

In the event of identity theft, the victim will be assigned a dedicated Privacy Advocate that will act on behalf of the customer to restore their identity.

The victim will know their Privacy Advocate by name and will be able to have a personal proponent for their identity restoration.

Privacy Advocates are Certified Identity Theft Risk Management Specialists by the Institute of Fraud Risk Management.

Do you suspect your personal information has been compromised? Call toll free: **1.855.246.7347**

Want to protect the contents of your wallet and important personal documents? Enroll in WalletArmor® today!

www.reliancestandard.com/walletarmor

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INFOARMOR®
DETECTION IS THE NEW PREVENTION

RS-2414 (8/15)

Identity Theft Protection from Reliance (continued)

Identity Theft Full Restoration Services and Real-time Card Monitoring

ID Theft Recovery Services

Should you or anyone in your family fall victim to identity theft, InfoArmor® will provide restoration services including:

- Dedicated InfoArmor Privacy Advocates® to act on your behalf
- Identity restoration experts with CITRMS® Certification
- Investigation and confirmation of fraudulent activity including known, unknown, and potentially complicated sources of identity theft
- Resolution of key issues by maintaining and explaining your rights
- Placing phone calls and preparing appropriate documentation on your behalf including anything from dispute letters to defensible complaints
- Assist in issuing fraud alerts and victim's statements when necessary, with the three consumer credit reporting agencies, Federal Trade Commission, Social Security Administration and the U.S. Postal Service
- Completing and providing copies of all documentation, correspondence, forms and letters for your records
- Contacting, following up and escalating issues with affected agencies and institutions
- Providing restoration beyond just credit including criminal, DMV, medical

WalletArmor®

WalletArmor® provides Online Credential Monitoring on the Internet's Underground economy. We'll know quickly if there is fraudulent activity. You'll receive an alert from InfoArmor® letting you know your personal information has been compromised. We work with businesses to identify and replace essential cards and documents, and we contact the authorities. WalletArmor stores and secures valuable information for easy retrieval.

The WalletArmor® encrypted vault secures and monitors:

- User IDs & Passwords
- ATM Cards
- Credit Cards
- Checking Accounts
- Driver's Licenses
- Health Insurance Cards
- Vehicle Insurance Cards records, etc.

Do you suspect your personal information has been compromised?
Call toll free: **1.855.246.7347**

Want to protect the contents of your wallet and important personal documents? Enroll in WalletArmor® today!

www.reliancestandard.com/walletarmor

1 - Federal Trade Commission, "Consumer Sentinel Network Data Book 2014, February 2015"
2 - Javelin Strategy and Research: 2015 Identity Fraud Report
3 - ITRC "Identity Theft: The Aftermath" 2008

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INFOARMOR.
DETECTION IS THE NEW PREVENTION

IDENTITY THEFT RECOVERY SERVICES ARE PROVIDED BY INFOARMOR. INFOARMOR IS NOT AFFILIATED WITH RELIANCE STANDARD LIFE INSURANCE COMPANY (RSL) OR FIRST RELIANCE STANDARD LIFE INSURANCE COMPANY (FIRST RSL). THE IDENTITY THEFT RECOVERY SERVICES PROVIDED BY INFOARMOR ARE NOT PART OF ANY INSURANCE POLICY, AND NEITHER RSL NOR FIRST RSL IS RESPONSIBLE FOR ANY ACTS OR OMISSIONS OF INFOARMOR IN CONNECTION WITH OR ARISING UNDER THE IDENTITY THEFT RECOVERY SERVICES.

Reliance Standard Life Insurance Company is licensed in all states (except New York), the District of Columbia, Puerto Rico, the U.S. Virgin Islands and Guam. In New York, insurance products and services are provided through First Reliance Standard Life Insurance Company, Home Office: New York, NY.

Product availability and features may vary by state.

RS-2414 (8/15)

Travel Assistance from Reliance

24-Hour Travel Assistance Services

Through your group coverage with Reliance Standard, you automatically receive travel assistance services provided by On Call International (On Call), pursuant to an agreement between Reliance Standard and On Call. On Call is a 24-hour, toll-free service that provides a comprehensive range of information, referral, coordination and arrangement services designed to respond to most medical care situations and many other emergencies you may encounter when you travel. On Call also offers pre-trip assistance including passport/visa requirements, foreign currency and weather information. The following is an outline of the On Call emergency travel assistance service program. For a complete description of all services and the program terms and limitations, please request a Description of Covered Services from your employer.

Covered Services

When traveling more than 100 miles from home or in a foreign country, On Call offers you and your dependents the following services:

Pre-Trip Assistance

- Inoculation requirements information
- Passport/visa requirements
- Currency exchange rates
- Consulate/embassy referral
- Health hazard advisory
- Weather information

Emergency Medical Transportation*

- Emergency evacuation
- Medically necessary repatriation
- Visit by family member or friend
- Return of traveling companion
- Return of dependent children
- Return of vehicle
- Return of mortal remains

Emergency Personal Services

- Urgent message relay
- Interpretation/translation services
- Emergency travel arrangements
- Recovery of lost or stolen luggage/personal possessions
- Legal assistance and/or bail bond

Medical Services Include:

- Medical referrals for local physicians/dentists
- Medical case monitoring
- Prescription assistance and eyeglasses replacement
- Convalescence arrangements

*The services listed above are subject to a maximum combined single limit of $250,000. Return of vehicle is subject to $2,500 maximum limit.

How It Works

At any time before or during a trip, you may contact On Call for emergency assistance services. It is recommended that you keep a copy of this summary with your travel documents. Simply detach the wallet card below to ensure convenient access to the On Call phone numbers.

TO REACH ON CALL VIA INTERNATIONAL CALLING: Go to http://www.att.com/esupport/traveler.jsp?group=tips for complete dialing instructions. It is recommended that you do this prior to departing the US, find the access code from the country you will be visiting, and note it on the cut-out card below so you will have the information readily available in case of an emergency. (AT&T provides English-speaking operators and the ability to place collect calls to On Call, whereas local providers may encounter difficulty placing collect calls to the US.)

Administered by

Provided with your benefits coverage through

On Call International is not affiliated with Reliance Standard Life Insurance Company or First Reliance Standard Life Insurance Company. Reliance Standard is not responsible for the content of the On Call travel assistance services, and is not responsible for, and cannot be held liable for, any services provided or not provided by On Call.

Reliance Standard Life Insurance Company is licensed in all states (except New York), the District of Columbia, Puerto Rico, the U.S. Virgin Islands and Guam. In New York, insurance products and services are provided through First Reliance Standard Life Insurance Company, Home Office: New York, NY.

On Call is not responsible for the unavailability or results of any medical, legal or transportation services. You are responsible for obtaining all services not directly provided by On Call and for the expenses associated with them.

24-HOUR TRAVEL ASSISTANCE

provided through

For emergency medical, legal and travel assistance information and referral service 24 hours a day, 365 days a year, call the numbers below. To place a collect call, dial the INTERNATIONAL COUNTRY CODE: ____________________ followed by On Call's collect call number.

In the U.S., toll free **(800) 456-3893**

Worldwide, collect **(603) 328-1966**

Travel assistance services are provided by On Call International (On Call) under the terms and conditions of a service agreement with Reliance Standard. On Call International is not affiliated with Reliance Standard or with AT&T.

Reliance Standard is not responsible for the content of the On Call travel assistance services, and is not responsible for, and cannot be held liable for, any services provided or not provided by On Call.

Reliance Standard Life Insurance Company is licensed in all states (except New York), the District of Columbia, Puerto Rico, Guam and the U.S. Virgin Islands. In New York State, benefits are underwritten by First Reliance Standard Life Insurance Company, Home Office: New York, NY.

On Call is not responsible for the unavailability or results of any medical, legal or transportation services. You are responsible for obtaining all services not directly provided by On Call and for the expenses associated with them.

RS-2110 (8/12)

Bereavement Support from Reliance

RELIANCE STANDARD
A MEMBER OF THE TOKIO MARINE GROUP

Bereavement Support Services
Comfort and Guidance for Challenging Times

Bereavement Support Services provide confidential and professional support services to all covered employees and family members to cope with the loss of a loved one—at no extra cost.

Your Reliance Standard Life Insurance Policy offers access to unlimited and confidential telephonic grief counseling, legal and financial consultation when you need it most. Professional clinicians, who are experienced in dealing with grief, are available to discuss any concerns and offer comfort to those in need of support.

Grief Counseling

- ***Unlimited*** Telephonic Assessment and Referral
- Global Network of 52,000+ Licensed Providers

Legal and Financial Services

- ***Unlimited*** Phone Consultation for Any Financial Issue
- ***Unlimited*** Phone Consultation for Any Legal Issue
- Online Legal and Financial Resource Center Including Document Preparation

Program Access

- All Covered Employees and Family Members Eligible, Regardless of Location or Relationship
- 24/7, 365 Days-a-year Dedicated Toll-Free Line, Always Live Answer

Questions or to Access Services
Contact ACI Specialty Benefits toll-free at
855-RSL-HELP
(855-775-4357)
rsli@acieap.com

Bereavement Benefit services are provided by ACI Specialty Benefits, under agreement with Reliance Standard Life Insurance Company.

Reliance Standard Life Insurance Company is licensed in all states (except New York), the District of Columbia, Puerto Rico, the U.S. Virgin Islands and Guam. In New York, insurance products and services are provided through First Reliance Standard Life Insurance Company, Home Office: New York, NY. Product availability and features may vary by state.

Powered by

RS-1948 (07/2016)

Your Rights Under Federal Law

Special Enrollment Events / Changes In Family Status

If you decline coverage for yourself and/or your dependents (including your spouse) now because you are covered by another health insurance plan, you may be able to enroll yourself or your dependents in this plan in the future. If you acquire a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll your dependents provided that you request enrollment within 30 days after the event. These events are referred to as changes in “family status.” In addition, if you were to lose coverage through another source, if the event qualified as a “family status” change, you must request enrollment within 30 days after the coverage ends. When you become enrolled as the result of a Special Enrollment Event, coverage will be made effective on the date of the event.

Women’s Health and Cancer Rights Act of 1998

Federal law requires a group health plan to provide coverage for the following services to an individual receiving plan benefits in connection with a mastectomy:

- Reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance, and
- Prostheses and physical complications for all stages of a mastectomy, including lymphedemas (swelling associated with the removal of the lymph nodes).

The group health plan must determine the coverage in consultation with the attending physician and patient. Coverage for breast reconstruction and related services will be subject to deductibles and coinsurance amounts that are consistent with those that apply to other benefits under the plan.

Newborn and Mother’s Health Protection Act

This 1998 Federal law states: "Group plans and health insurers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth".

The law provides that neither you nor your newborn baby may be sent home less than 48 hours following a natural childbirth. If you have a Caesarean section, you may remain at the hospital for 96 hours. A longer stay is based on medical necessity, which is determined by your physician.

However, the law does not prohibit either you or your newborn from going home in less than 48 hours following natural childbirth, or 96 hours following a Caesarean section, provided that you or your physician agrees that is safe to do so.

Your Benefit Resources

Medical	MESSA— Choices or ABC Mail Order Prescription—OptumRx	www.messa.org 1.800.292.4910
Dental	ADN Administrators	www.adndental.com 888.ADN.1100
Vision	National Vision Administrators (NVA)	www.e-nva.com 1.800.672.7723
Flexible Spending Accounts	NueSynergy	www.nuesynergy.com 1.888.266.1732
Health Savings Accounts	Health Equity	www.healthequity.com 1.866.346.5800
Life and Disability	Reliance Standard Life Insurance Company	www.reliancestandard.com 1.800.351.7500

This guide summarize certain features of Lapeer Community Schools benefits plans. Full details of the plans can be found in the carrier booklets, the carrier booklets will govern. Lapeer Community Schools reserves the right to amend or terminate these benefits at any time. The information in this guide does not constitute a contract of employment. If you have any questions about the benefit plans described in this guide, please contact the benefits department.

Medicare Part D

Important Notice from Lapeer Community Schools About
Your CREDITABLE Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Lapeer Community Schools and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.
There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. **Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.**

2. **Lapeer Community Schools has determined that the prescription drug coverage offered by the Lapeer Community Schools' Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Lapeer Community Schools' coverage may not be affected. See below for more information about what happens to your current coverage if you join a Medicare drug plan.

If you do decide to join a Medicare drug plan and drop your current Lapeer Community Schools' coverage, be aware that you and your dependents may not be able to get this coverage back unless you experience a family status change or until next open enrollment period.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Lapeer Community Schools and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

Medicare Part D (Continued)

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

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

Contact the Benefits Department for further information or call BCBSM at 800-637-2227. **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 Lapeer Community Schools 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:

1. Visit www.medicare.gov
2. 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
3. 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).

Date:	October 15, 2021
Name of Entity/Sender:	Lapeer Community Schools
Contact--Position/Office:	Benefits Department
Address:	250 Second Street Lapeer, MI 48446
Phone Number:	810.538.1615

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).

Full Privacy Notice

This notice describes how the Plan may use and disclose your protected health information (PHI) and how you can get access to this information. **Please review it carefully.** If you have any questions about this Notice, please contact the Privacy Officer Kim Seifferly at (810) 538-1602.

Our Policy Regarding PHI. We understand that health information about you obtained in connection with the Plan is personal, and we are committed to protecting your health information. For Plan administration purposes, we may maintain information related to your coverage under the Plan that identifies you and relates to your physical or mental health, related health care services, and payment for health care. This information is called Protected Health Information, or PHI.

This Notice tells you the ways in which we may use and disclose your PHI. It also describes our obligations and your rights regarding the use and disclosure of PHI.

We are required by law to:

- Keep PHI obtained and created by the Plan private;
- Provide you with certain rights with respect to your PHI;
- Give you this Notice of our legal duties and privacy practices with respect to PHI;
- Follow the terms of the Notice of Privacy Practices that is currently in effect; and
- Notify affected individuals if a breach occurs that may have compromised the privacy or security of PHI.

How We May Use and Disclose PHI. The following categories describe how we may use and disclose PHI without your written authorization. We may use and disclose PHI:

- For treatment. To facilitate health treatment or services by providers.
- For payment. To determine eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate Plan coverage. For example, we may tell your health care provider about your medical history to determine whether a particular treatment is experimental, investigational, or medically necessary, or to determine whether the Plan will cover the treatment. We may also share your PHI with a utilization review or precertification service provider. Likewise, we may share your PHI with another entity to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments.
- For health care operations. For operations necessary to run the Plan. For example, we may use PHI for underwriting, premium rating, and other activities relating to Plan coverage, to submit claims for stop-loss coverage; conduct or arrange for health review, legal services, audit services, and fraud and abuse detection; business planning and developing such as cost management; and general Plan administrative activities. However, we will not use your genetic information for underwriting purposes.
- To communicate with business associates. Some services are provided to the Plan through contracts with "business associate." We may disclose PHI to our business associates so that they can perform a service for the Plan. To protect your PHI, we require business associates to agree in writing to appropriately safeguard your information.
- Disclosure to health plan sponsor. Information may be disclosed to your employer's personnel solely for purposes of administering benefits under the Plan. However, those employees are permitted to use or disclose your information only as necessary to perform plan administration functions or as otherwise required by HIPAA, unless you have authorized further disclosures. Your PHI cannot be used for employment purposes without your specific authorization.
- Other. For other reasons permitted under HIPAA, such as when required to do so by law, for workers' compensation or similar programs, or in response to a court or administrative order.

Full Privacy Notice

Y*our Rights.* You have the following rights with respect to your protected health information:

- Right to Inspect and Copy. You may inspect and copy certain PHI that may be used to make decisions about your Plan benefits. We may charge a fee for the copying, mailing, or other costs associated with your request. We may deny your request to inspect and copy in very limited circumstances. If you are denied access to PHI, you may request that the denial be reviewed.
- Right to Amend. You may amend incorrect or incomplete PHI if you provide a reason that supports your request. We may deny your request if it is not in writing, does not include a reason to support the request, or if the information is not part of the PHI kept by or for the Plan, was not created by us, unless the person or entity that created the information is no longer available to make the amendment, is not information that you would be permitted to inspect or copy, or is accurate and complete.
- Right to an Accounting of Disclosures. You may request a list (an "accounting") of the times we have shared your protected health information with others. The accounting will not include disclosures for purposes of treatment, payment, or health care operations; disclosures made to you; disclosures made pursuant to your authorization; or disclosures made for certain governmental functions. You must state a time period that is not longer than six years prior to the request. You should indicate in what form you want the list (for example, paper or electronic). The first list you request within a 12-month period will be free, but we may charge you for the costs of providing additional lists.
- Right to Request Restrictions. You may request a restriction or limitation on the disclosure of your PHI for treatment, payment, or health care operations, or to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that we not use or disclose information about a surgery that you had. In your request, you must tell us what information you want to limit; whether you want to limit our use, disclosure or both; and to whom you want the limits to apply, for example, disclosures to your spouse. We are not required to agree to your request. If we agree with your request, we will comply with the restriction until it is terminated by you or us. We will not agree to restrictions on uses or disclosures that are legally required, that are necessary to operate our business, or that are burdensome.
- Right to Request Confidential Communications. You may request that we communicate with you about your PHI in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. We will accommodate requests that specify how or where you wish to be contacted and that include a reasonable statement that disclosure of the information in another manner will endanger you.
- Right to a Paper Copy of This Notice. You may ask for a paper copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice.

Complaints. If you believe that your privacy rights have been violated, you may file a complaint with the Plan or with the Secretary of the Department of Health and Human Services. To file a complaint with the Plan, contact Kim Seifferly, Executive Director for Human Resources, at 810-538-1602. All complaints must be submitted in writing. *You will not be penalized for filing a complaint.*

Changes to this Notice. We may revise this Notice and reserve the right to make the revised Notice effective for PHI we possess as of the date of the revision as well as any information we receive after the change. The new Notice will be available, upon request, on our intranet, and we will distribute a paper copy.

Marketplace Notice

New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 6-30-2023)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

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. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

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

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax 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 meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.[1]

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Mark Rajter
.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit **HealthCare.gov** for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

[1] 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.

Marketplace Notice (continued)

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 Lapeer Community Schools		4. Employer Identification Number (EIN) 38-6002216
5. Employer address 250 Second Street		6. Employer phone number 810-538-1611
7. City Lapeer	8. State MI	9. ZIP code 48846
10. Who can we contact about employee health coverage at this job? Mark Rajter		
11. Phone number (if different from above)	12. Email address mrajter@Lapeerschools.org	

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

- As your employer, we offer a health plan to:
  - [X] All employees. Eligible employees are:

    Full-time employees working 30 hours or more
  - [ ] Some employees. Eligible employees are:
- With respect to dependents:
  - [X] We do offer coverage. Eligible dependents are:

    Dependents to age 26
  - [ ] We do not offer coverage.

[X] 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** will guide you through the process. Here's the employer information you'll enter when you visit **HealthCare.gov** to find out if you can get a tax credit to lower your monthly premiums.

This guide summarize certain features of Lapeer Community Schools benefits plans. Full details of the plans can be found in the carrier booklets, the carrier booklets will govern. Lapeer Community Schools reserves the right to amend or terminate these benefits at any time. The information in this guide does not constitute a contract of employment. If you have any questions about the benefit plans described in this guide, please contact the benefits department.