



2026

Employee Benefits Program

January 1, 2026 - December 31, 2026





Rock Island County



Questions, Problems or Concerns

Our goal is to make certain that you receive the correct coverage under the benefits plan. We are here to help with any issues that may arise. If you require assistance, have your ID number or Social Security Number available and follow these steps:

- **For claims assistance** call the applicable insurance carrier. Have your ID number, date of service, and provider name available.
- If you require further assistance, contact HR or AssuredPartners. Rock Island County has partnered with AssuredPartners as our benefits consultants for expert assistance with benefit related questions, plan procedures, life events and claim issues.
- **Do you need an ID card?** If you do not have an ID card, please contact the insurance carrier to order your ID card or go online to the carrier's site to download an ID card.

Important Contact Information

Carrier	Web / Email	Phone
Medical UMR	www.umr.com	1-800-826-9781
Prescription RxBenefits	RxHelp@rxbenefits.com	1-800-334-8134
Flexible Spending Accounts Advantage Administrators	www.advantageadmin.com	1-800-383-1623
Dental Delta Dental	www.deltadentalil.com	1-800-323-1743
Vision UHC Vision	www.myuhcvision.com	1-800-638-3120
Decreasing Term Life Prudential - NCPERS	ncpetrs@memberbenefits.com	1-800-525-8056
Voluntary Life Reliance Standard	www.reliancestandard.com	1-800-351-7500
Accident and Critical Illness Reliance Standard	www.reliancestandard.com	1-800-351-7500
Employee Assistance Program Optum	www.liveandworkwell.com	1-866-386-3404
Benefit Consultants AssuredPartners	tally.neofotist@assuredpartners.com	1-563-345-6006
Employee Navigator Questions AssuredPartners	christy.whitesell@assuredpartners.com	1-319-320-4701



Welcome to your Employee Benefits!

Rock Island County is pleased to offer a wide range of benefits to its employees and their families. These company-sponsored benefits are an important part of a total compensation package. They represent both a valuable asset to our employees and to their families and demonstrate an investment by Rock Island County in our employees. We are proud of our compensation benefits program and are committed to continuously improving the plans that make up our benefits offerings.

This guide was created to answer some of the questions you may have about your benefits. Please read it carefully along with any supplemental materials you receive.

If you have any benefits related questions or concerns, please do not hesitate to call your HR Department.

 **309-558-3606**

 **hrstaff@rockislandcountyl.gov**

What's Inside

How to Enroll	2
Eligibility	3
Benefit Changes	4
Medical Plan Options	6
Medical Plan Summaries	6
Prescription Drugs	7
Teladoc	8
Flexible Spending Accounts	9
Dental	11
Vision	12
Life Insurance Options	13
Accident & Critical Illness	14
Employee Assistance Program	15

PLEASE NOTE: This booklet provides a summary of the benefits available, but is not your Summary Plan Description (SPD). Rock Island County reserves the right to modify, amend, suspend, or terminate any plan at any time, and for any reason without prior notification. The plans described in this booklet are governed by insurance contracts and plan documents, which are available for examination upon request. We have attempted to make the explanations of the plans in this booklet as accurate as possible. However, should there be a discrepancy between this booklet and the provisions of the insurance contracts or plan documents, the provisions of the insurance contracts or plan documents will govern. In addition, you should not rely on any oral descriptions of these plans, since the written descriptions in the insurance contracts or plan documents will always govern.

How to Enroll

OPEN ENROLLMENT PERIOD

Rock Island County's annual enrollment period will be held **November 3rd through November 19th, 2025**.

Log on to the enrollment site to review your current benefits, make any plan changes, or update dependent and/or beneficiary information.



Have social security numbers and birth dates for all dependents and beneficiaries available prior to logging on.



NEWLY HIRED/ELIGIBLE EMPLOYEES

New hires and newly eligible employees **MUST** complete online enrollment even if choosing to waive coverage.

Coverage, if elected, will begin first of the month following 30 days of employment.

Enrolling In Your Benefits

Please review this guide to gain a full understanding of the plans being offered. Be sure to go online between November 3rd and November 19th, or within 30 days of becoming eligible, to review your current benefits and make any changes for the upcoming plan year.

<https://gpbenroll.employeenavigator.com>

- Log in to Employee Navigator using the link provided to you in your email or by going directly to the link above.
1. **Newly Hired/Eligible Employees**, have your Name, the Last 4 Digits of your SSN, Birthdate, and your Company Identifier, **RICo**, available.
 2. **Current Employees**, login using your existing Username and Password. If you forgot your password, click Reset Forgotten Password.
 3. Check out the resources section where you will find your summary of benefits and coverages and detailed information about the benefits available to you.
 4. Click the **Start Enrollment** button on the main welcome page. Make sure your information is accurate and add any missing information. Click **Save and Continue**.
Take this time to add or review ALL of your and your dependent information for accuracy. Any wrong information in the system will be carried over to the insurance carriers. This could impact your family's coverage.
 5. You are now ready to begin enrolling or waiving your benefits through the guided enrollment process. On each screen you will select who you are enrolling at the top, and which benefits you want below. Waive any benefit by clicking the **Don't want the benefit?** button. You will move to the next benefit by clicking the **Save and Continue** button.
You will have the opportunity to review all of your elections and payroll deductions, then **Click to Sign**.

Eligibility

Full-time employees with a schedule of **30 hours per week** are eligible for the benefits described in this guide, unless otherwise stated.

When Benefits Become Effective

Benefits for all benefit plans are effective the first day of the month following 30-days of employment. Part-time, seasonal, temporary, internship, and contracted employees are not eligible to participate.

Eligible Dependents

Your dependents are eligible to participate in Rock Island County's benefit plans. Your eligible dependents include*:

- A spouse to whom you are legally married.
- A dependent child under age 26. Coverage will terminate at the end of the month of the dependent's 26th birthday. Coverage may be extended past the age of 26 for disabled dependents. Dependent children can include natural, adopted children, and stepchildren.

Coverage for eligible dependents generally begins on the same day your coverage is effective. Completed enrollment serves as a request for coverage and authorizes any payroll deductions necessary to pay for that coverage.

**Additional carrier conditions may apply and may vary by state.*



For all benefits, you must enroll within 30 days from your date of hire by going to gbpenroll.employeenavigator.com.



Newly Hired/Eligible Employees

New hires and newly eligible employees **MUST** complete enrollment even if choosing to waive coverage.

Pre-Tax Benefits: Section 125

Rock Island County's benefit plans utilize Section 125. This enables you to elect to pay premiums for health, dental, vision and flexible spending account coverage on a pre-tax basis. When you use pretax dollars, you will reduce your taxable income and have fewer taxes taken out of your paycheck. Under Section 125, you can actually have more spendable income than if the same deductions were taken on an after tax basis.

Pre-tax Note: When you pay for your dependent's benefits on a pre-tax basis you are certifying that the dependent meets the IRS' definition of a dependent. [IRC §§ 152, 21 (b)(1) and 105(b)]. Children/spouses that do not satisfy the IRS' definition will result in a tax liability to you, such as changing that dependent's election to a post-tax election, or receiving imputed income on your W-2 for the dependent's coverage that should not have been taken on a pre-tax basis.



You must notify Human Resources within 30 days from the life event status change in order to make a change in your benefit selections.

Benefit Changes

The benefit elections you make during open enrollment or as a new hire will remain in effect for the entire plan year. You will not be able to change or revoke your elections once they have been made unless a life event status change occurs.

For purposes of health, dental, vision and flexible spending accounts, you will be deemed to have a life event status change if:

- your marital status changes through marriage, the death of your spouse, divorce, legal separation, or annulment;
- your number of dependents changes through birth, adoption, placement for adoption, or death of a dependent;
- you, your spouse or dependents terminate or begin employment;
- your dependent is no longer eligible due to attainment of age;
- you, your spouse or dependents experience an increase or reduction in hours of employment (including a switch between part-time and full-time employment; strike or lock-out; commencement of or return from an unpaid leave of absence);
- gain or loss of eligibility under a plan offered by your employer or your spouse's employer;
- a change in residence for you, your spouse or your dependent resulting in a gain or loss of eligibility.

In order to be permitted to make a change of election relating to your health, dental or vision coverage due to a life event status change, the change must result in you, your spouse or dependent gaining or losing eligibility for health, dental or vision coverage under this Plan or a plan sponsored by another employer by whom you, your spouse or dependent are employed. The election change must correspond with that gain or loss of eligibility.

You may also be permitted to change your elections for health coverage under the following circumstances:

- a court order requires that your child receive accident or health coverage under this plan or a former spouse's plan;
- you, your spouse or dependent become entitled to Medicare or Medicaid;
- you have a Special Enrollment Right;
- there is a significant change in the cost or coverage for you or your spouse attributable to your spouse's employment.

For purposes of all other benefits under the plan, you will be deemed to have a life event status change if the change is on account of and consistent with a change in status, as determined by the plan administrator, in its discretion, under applicable law and the plan provisions.



Benefit Changes continued...

Event	Action Required	Results If Action Not Taken
New Hire:	Make elections within 30 days of hire date. Documentation is required.	You and your dependents are not eligible until the next annual Open Enrollment.
Marriage:	Your new spouse must be added to your elections within 30 days of the marriage date. A copy of the marriage certificate must be presented.	Your spouse is not eligible until the next annual Open Enrollment period.
Divorce:	The former spouse must be removed within 30 days of the divorce. Proof of the divorce will be required. A copy of the divorce decree must be presented.	Benefits are not available for the divorced spouse and will be recouped if paid erroneously.
Birth or adoption of a child:	The new dependent must be enrolled in your elections within 30 days of the birth and adoption, even if you already have family coverage. A copy of the birth certificate, footprints, or hospital discharge papers must be presented. Once you receive the child's Social Security Number, be sure to contact AssuredPartners to update your child's insurance information record.	The new dependent will not be covered on your health insurance until the next annual Open Enrollment period.
Death of a spouse or dependent:	Remove the dependent from your elections within 30 days from the date of death. Death certificate must be presented.	You could pay a higher premium than required and you may be overpaying for coverage.
Your spouse gains or loses employment that provides health benefits:	Add or drop health benefits from your elections within 30 days of the event date. A letter from the employer or insurance company must be presented.	You need to wait until the next annual Open Enrollment period to make any change.
Loss of coverage with a spouse:	Change your elections within 30 days from the loss of coverage. A letter from the employer must be provided.	You will be unable to enroll in the benefits until the next annual Open Enrollment period.
Changing from full-time to part-time employment (without benefits) or from part-time to full-time (with benefits):	Change your elections within 30 days from the employment status change in order to receive COBRA information or to enroll in benefits as a full-time employee. Documentation from the employer must be provided.	Benefits may not be available to you or your dependents if you wait to enroll in COBRA. Full-time employees will have to wait until the annual Open Enrollment period.

If you Experience a Life Event Status Change

Log onto <https://gbpenroll.employeenavigator.com> to add or drop dependents from your coverage if you experience a life event status change. Your username and password will be the same as you used during open enrollment. Click on "Life Events" and a series of easy-to-follow instructions will lead you through the enrollment process.

You must update your elections within 30 days of your life event status change or you will not be able to make changes until the next annual open enrollment. If adding or removing dependents, you are required to submit specific documents to Human Resources. The change will be inactive until proper documentation is received and approved.

Medical Plan Comparison

Rock Island County is proud to offer you a choice between two great medical plan options, referred to as the Base Plan and Optional Plan.

Coverage under these plans includes comprehensive medical care and prescription drug coverage.

You can decide which plan best suits your family's needs and budget. Below is a high-level overview of the benefits available. As you enroll through the online benefits portal, Employee Navigator, you will see additional information about each plan offering.

	Base Plan In-Network You Pay:	Optional Plan In-Network You Pay:
Deductible (Individual / Family)	\$0 / \$0	\$500 / \$1,500
Out-Of-Pocket Maximum (Individual / Family)	\$3,000 / \$9,000	\$3,000 / \$9,000
Preventive Services Well-Child Care Adult Physical Examination Breast Cancer Screening Pap Test	No Charge	No Charge
Office Visits	\$20 PCP / \$30 Specialist	\$25 PCP / \$40 Specialist
► Virtual Visits	\$0 per visit	\$0 per visit
Urgent Care Centers	\$30 per visit	\$40 per visit
Hospitalization	15% Coinsurance	Deductible + 20% Coinsurance
Emergency Room	15% Coinsurance	Deductible + 20% Coinsurance
Chiropractic (15 visits per year)	\$20 per visit	\$25 per visit

The benefits above reflect the benefits when utilizing **Unity Point Providers**. For additional network benefits, please review your benefit plan comparisons and documents found in your online benefit platform, Employee Navigator.

► Plan Cost Per Pay Period	Base Plan		Optional Plan	
	Wellness	Non-Wellness	Wellness	Non-Wellness
Employee Only	\$47.56	\$97.56	\$25.50	\$75.50
Employee + 1	\$106.95	\$156.95	\$49.90	\$99.90
Employee + 2	\$141.05	\$191.05	\$83.95	\$133.95
Family	\$166.29	\$216.29	\$109.35	\$159.35



Virtual Visits



Rock Island County has partnered with Teladoc to provide you with 24/7/365 on-demand access to a national network of U.S. board-certified doctors through the convenience of phone, video or mobile app visits. Teladoc physicians can diagnose, treat and prescribe medication, when necessary, for a variety of issues. It's more convenient access to quality healthcare, when and where you need it.

Prescription Coverage

Your prescription drug benefit is part of your Medical plan and is based on a four-tier drug system. Copayment and/or coinsurance is determined by the tier to which the Prescription Drug List (PDL) Management Committee has assigned the Prescription Drug Product. All Prescription Drug Products on the **OptumRx Premium Standard Formulary Drug List** are assigned as one of the four tiers. Find individualized information on your benefit coverage, determine tier status, check the status of claims and search for network pharmacies by logging on to www.optumrx.com.

Medicare Part D

The prescription drug benefit is creditable coverage. Medicare-eligible participants need not enroll in a separate Medicare D drug plan.



Rx Mail Order Program

Save time and money by filling maintenance drugs through the mail order program. The Mail Order Program benefits members who are on long-term medications for chronic conditions such as diabetes, high cholesterol, high blood pressure, depression or asthma. By utilizing the Mail Order Program, you can receive up to a 100-day supply of medication for the equivalent of two retail copayments. That's a savings of one copayment for every 100-day supply.

	Base Plan	Optional Plan
Retail Copay - up to 30-day supply		
Preventive Drugs	\$0.00	\$0.00
Tier 1: Generic	\$15.00	\$15.00
Tier 2	\$30.00	\$40.00
Tier 3	\$60.00	\$80.00
Tier 4	\$100.00	\$100.00
Mail Order Copay – 35-100 day supply		
Tier 1: Generic	\$30.00	\$30.00
Tier 2	\$60.00	\$80.00
Tier 3	\$120.00	\$160.00

Save money with Generic Drugs

This summary is for informational purposes only. For specific benefit information, please refer to the applicable insurance contract.



Questions about your pharmacy benefits?

Contact **RxBenefits Member Services** for any prescription benefit questions!

Ph: 1-800-334-8134

Email: RxHelp@rxbenefits.com

Teladoc®

24/7 doctor visits via phone or mobile app



Teladoc gives you access 24 hours, 7 days a week to a U.S. board-certified doctor through the convenience of phone, video or mobile app visits. It's an affordable option for quality medical care.



Talk to a doctor anytime, anywhere you happen to be



Receive quality care via phone, video or mobile app



Prompt treatment, median call back, in 10 minutes



A network of doctors that can treat every member of the family



Prescriptions sent to pharmacy of choice if medically necessary



Teladoc is less expensive than the ER or urgent care

Get the care you need

Teladoc doctors can treat many medical conditions, including:

- Cold & flu symptoms
- Allergies
- Pink eye
- Respiratory infection
- Sinus problems
- Skin problems
- And more

With your consent, Teladoc is happy to provide information about your Teladoc visit to your primary care physician.

Talk to a doctor anytime!

 Teladoc.com

 1-800-Teladoc



Flexible Spending Accounts



Eligibility Based on Medical Plan Election

Flexible Spending Accounts (FSA's) offer another way to save money on health care and dependent care expenses. You may submit expenses incurred by any of your dependents, whether or not they are covered by the insurance plans you have through your employer. Employees need not be enrolled in either medical plan to participate in FSAs.

If you enroll, you fund the accounts via a payroll deduction each pay period. Money that you contribute to your FSAs is not subject to social security taxes, federal, and in most cases, state income taxes.

Account	HSA Participants	Non-HSA Participants	How it works
Healthcare FSA	✗	✓	Employee-funded. Can use funds for all healthcare related expenses. Federal regulations do not allow participation in an HSA and this type of account.
Dependent Care FSA	✓	✓	Employee-funded. Can use funds for all dependent care related expenses such as day care, nursery school, or elder care.

**HCFSAs Annual Contribution Limit:
\$3,400**

Health Care Flexible Spending Account (HCFSAs)

Federal regulations do not allow participation in an HSA and this type of account. Eligible health care expenses include many of the out-of-pocket expenses you pay to maintain your health and well-being. These include deductibles and coinsurance expenses not covered by your medical plan, expenses for glasses or contact lenses, and more.

**DCFSAs Annual Contribution Limit:
\$7,500**

Or \$3,750 if you are married and file a separate tax return.

Dependent Care Flexible Spending Account (DCFSAs)

You may use pre-tax dollars from your DCFSAs to pay expenses for care when the services enable you and your spouse to work outside of the home. These include expenses for the care of a dependent child, spouse or elderly parent inside your home. Also included are baby-sitters, nursery schools, and day care centers.

Only the portion of expenses that enable you to remain employed are eligible. Educational expenses are not eligible.



The FSA Plan Year is January 1 until December 31.

“Use it or lose it” Rollover Provision - HCFSAs only

Rock Island County has elected to participate in the FSA rollover provision, allowing employees to rollover up to \$680 from one plan year to the next. You must be enrolled in an HCFSAs both plan years. You are still encouraged to consider your expenses carefully before you decide how much to contribute to each Flexible Spending Account. As a reminder, your election will cover the period from January 1 through December 31. You should not contribute more than you are reasonably certain to use.

Flexible Spending Accounts cont.

Eligible Dependents

Regarding your Dependent Care FSA, the IRS defines an eligible dependent as:

- A child under the age of 13 and may be claimed as a deduction for personal exemption under Code Section 151(c).
- A spouse who is physically or mentally incapable of selfcare.
- A disabled person who is physically or mentally incapable of self-care who you provide more than 50% support, and who qualifies as your dependent under Code Section 152.



FSA Debit Card

An FSA debit card is provided to all HCFSA participants. The debit card is similar to a bank account debit card that allows you to remove funds from your FSA at a merchant payment terminal. By using the debit card to purchase eligible expenses, you avoid paying for a purchase with money out of your pocket. Remember, you still must keep your receipts even when you use the debit card.

Periodically, the IRS requires proof of purchase.

FSA Claims & Reimbursements

Current Account Users: Requests for reimbursement from your FSA may be made online at www.advantageadmin.com or by completing a claim form.

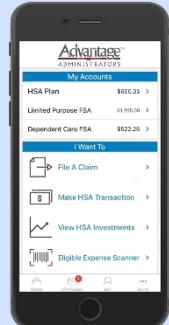
How to file a claim and upload a receipt:

1. On the **Home Page**, you may simply select the “File a Claim” under the “I want to...” section, OR from any page on the portal, expand the “I want to...” section on the right-hand side of the screen.
2. The claim filing wizard will walk you through the request including entry of information, payee details and uploading a receipt.
3. For submitting more than one claim, click **Add Another**, from the **Transaction Summary** page.
4. When all claims are entered in the **Transaction Summary**, agree to the terms and conditions click **Submit** to send the claims for processing.
5. The **Claim Confirmation** page displays. You may print the **Claim Confirmation Form** as a record of your submission. If you did not upload a receipt, you can upload the receipt from this screen or print a **Claim Confirmation Form** to submit to the administrator with the required receipts.

NOTE: If you see a **Receipts Needed** link in the Tasks section of your Home Page, click on it. You will be taken to the **Claims** page where you can see the claims that require documentation. You can easily upload the receipts from this page. Simply click to expand the line item to view claim details and the **upload receipts link**.

Changing Your Contribution Amount

Federal regulations prohibit you from changing your enrollment or the amount of your election during the plan year. You are only eligible to change your elections during the year if you have a life event status change. Only benefit changes consistent with the change in status are permitted. Life event status changes that may warrant a change in benefit elections are described on page 3 and 4 of this guide.



Advantage Administrator's FSA Mobile App

Get your benefits on the go! Save time and hassles with Advantage Administrator's FSA Mobile App. The app provides the following features:

- Account balances and details
- View Profile Details
- Upload Claims and Submit Receipts
- Recent Transactions and Detail
- View Dependents
- View Card Details
- and more...

Search for "Advantage Administrators" on your mobile device to download!



Dental Coverage



Delta Dental

The Delta Dental Plan offers you flexibility to see the provider of your choice each time you seek dental care. You can find a Delta Dental network dentist online at www.deltadentalil.com or by calling 1-800-323-1743.

Delta Dental		
	High Plan	Low Plan
Calendar Year Maximum Class I, II, III Expenses	\$2,000 per person	\$1,500 per person
Calendar Year Deductible Per Individual / Per Family	\$50 / \$150	\$50 / \$150
Class I Expenses - Preventive & Diagnostic Care Oral Exams, Cleanings, Routine X-Rays, Fluoride Application	100%, No Deductible	100%, No Deductible
Class II Expenses - Basic Restorative Care Fillings, Simple Extractions, Anesthetics, Root Canal Therapy, Repairs (Bridges, Crowns, Inlays and Dentures)	80%, After Deductible	60%, After Deductible
Class III Expenses - Major Restorative Care Crowns, Inlays, Onlays, Dentures, Bridges, Stainless Steel/Resin Crowns	50%, After Deductible	50%, After Deductible
Class IV Expenses - Orthodontia Coverage for Eligible Children Only	50%, No Ortho Deductible	No Coverage
Lifetime Maximum	\$2,000 per child	No Coverage

This summary is for informational purposes only. For specific benefit information, please refer to the applicable insurance contract.

Plan Cost Per Pay Period	High Plan	Low Plan
Employee Only	\$18.19	\$14.67
Employee + One	\$36.32	\$27.74
Family	\$65.78	\$42.08

Out-of-Network Providers & Balance Billing

Under Delta Dental, the plan pays the same amount to out-of-network providers as it would for in-network providers. Please note that providers that do not participate with your insurance plan can “balance bill” you for any difference between their charge and what the plan pays. Therefore, using non-participating providers may result in significant patient liability.

Vision Coverage



UHC Vision

Choose a UHC Vision provider from the UHC Network. To find a UHC provider, visit www.myuhcvision.com or call 1-800-638-3120.

At your appointment, tell them you have United Healthcare Vision. To print a personalized ID card, please logon to the website and select "Print ID Card" from the member benefits page.



Benefit	Description	Copay	Frequency
WellVision Exam	Focuses on your eyes and overall wellness	\$10	Every 12 months
Prescription Glasses		\$25	
Frame	\$150 allowance for a wide selection of frames	Included in Prescription Glasses	Every 24 months
Lens Options	Single Lined Lenses Bifocal Lined Lenses Tricofal Lined Lenses Necessary Contacts	Included in Prescription Glasses	Every 12 months
Lens Enhancements	Standard Premium Progressive Custom Progressive	Discounts Available	
Contacts (instead of glasses)	\$150 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation)	\$25	Every 12 months
Extra Savings	Laser Vision Correction: UnitedHealthcare Vision has partnered with the Laser Vision Network of America (LVNA) to provide our members with access to discounted laser vision correction providers. Members receive 15% off usual and customary pricing, 5% off promotional pricing at over 500 network provider locations and even greater discounts through set pricing at LasikPlus locations. For more information, call 1-888-563-4497 or visit us at www.uhclasik.com .		

Out-of-Network Provider Coverage:

Visit myuhcvision.com for details, if you plan to see a provider other than a UHC network provider.

Exam up to \$40	Lined Bifocal Lenses up to \$60	Lenticular Lenses.....up to \$80
Frame up to \$45	Lined Trifocal Lensesup to \$80	Contactsup to \$150
Single Vision Lensesup to \$40		

This summary is for informational purposes only. For specific benefit information, please refer to the applicable insurance contract.

Plan Cost Per Pay Period	UHC Vision Plan
Employee Only	\$3.73
Employee + One	\$6.99
Family	\$10.79

Decreasing Term Life Insurance



National Conference on Public Employee Retirement Systems



NCPERS Group Decreasing Term Life Insurance Plan gives your family extra financial security when they need it most: when you're no longer there to help provide for them. This coverage is guaranteed issue, which means there are no medical questions or exams. You can never lose coverage because of a change in your age or health.

The plan is designed to pay a maximum benefit amount in your younger years, when your financial obligations may be more significant. That benefit gradually decreases as you get older, when your financial obligations may be less. Level premiums help ensure it's affordable coverage the whole time, with no surprise rate hikes.

Voluntary Life Insurance



Increase Your Coverage

You may elect to life insurance coverage for yourself, your spouse and your dependent children – all at an affordable group rate provided by Reliance Standard. This coverage comes in the following increments:

Employee Voluntary Life

Benefit Amount: increments of \$10,000

Guaranteed Issue Amount: \$150,000

Maximum Benefit: the lesser of 5x Annual Base Earnings or \$500,000

Spousal Voluntary Life

Benefit Amount: increments of \$5,000

Guaranteed Issue Amount : \$50,000

Maximum Benefit: \$250,000

Spouse amount cannot exceed 100% of the employee's Supplemental Life benefit.

Dependent Child Voluntary Life

Guaranteed Issue Amount : \$10,000

Maximum Benefit: \$10,000

Child amount cannot exceed 100% of the employee's Supplemental Life benefit.

Portability Options for Basic & Voluntary Life

If your coverage under the Policy ends prior to age 70, for any of the following reasons:

- termination of employment; or
- termination of membership in an eligible class under the Policy;

Life Insurance Benefits may be continued up to the Maximum Benefit shown in the Schedule of Benefits for this option.

You must apply to the Insurance Company and pay the required premium. If you continue coverage, coverage for your Spouse or Dependent Child may also be continued by you. Your Spouse or Dependent Child must be covered under the Policy on the date coverage would otherwise end. The application must be submitted:

- within 31 days of your termination of employment or membership in an eligible class under the Policy; or
- during the time that you have to exercise the Conversion Privilege.

Coverage under this option may not be elected at a later date.

Voluntary Accident Insurance

Voluntary accident insurance provides a range of fixed, lump-sum benefits for injuries resulting from a covered accident, or for accidental death and dismemberment (if included). These benefits are paid directly to the insured and may be used for any reason, from deductibles and prescriptions to transportation and childcare.

Benefit	Description
Ambulance	\$300 Ground, \$1,500 Air
Burns	Up to \$2,400 for 2nd degree burns; up to \$19,200 for 3rd degree burns; Skin Graft - 50% of benefit payable for Burns
Chiropractic Services (per visit)	\$50 per session, 6 sessions maximum
Concussion	\$350
Dental Injury	\$375 for Crown; \$125 for Extraction
Eye Injury	\$135 for removal of foreign object; \$300 for surgical repair
Fractures	Up to \$7,500 for Non-surgical; Up to \$15,000 for Surgical repair; Chip fracture: 25% of non-surgical benefit; Multiple fractures: 200% of highest sustained fracture
Initial Hospital Admission	\$1,000
Lacerations	Up to \$800
Physical Therapy (per Session)	\$40, 12 sessions maximum
Surgery	\$150 for Exploratory; \$450 for Knee Cartilage; \$1,500 for Abdominal or Thoracic; \$750 for Ruptured Disc; up to \$900 Tendon, Ligament, or Rotator cuff
Wellness Screening Benefit	\$50
Accidental Death Benefit	
Employee	\$25,000
Spouse	\$12,500
Child	\$5,000

This summary is for informational purposes only. For specific benefit information, please refer to the applicable insurance contract.

Plan Cost Per Pay Period	Accident Plan
Employee Only	\$5.23
Employee + Spouse	\$8.20
Employee & Children	\$10.58
Family	\$13.73

Critical Illness Insurance

Voluntary critical illness insurance provides a fixed, lump-sum benefit upon diagnosis of a critical illness, which can include heart attack, stroke, paralysis and more. These benefits are paid directly to the insured and may be used for any reason, from deductibles and prescriptions to transportation and childcare.

- Lifetime Maximum Benefit** – 1000% of Insurance Amount
- Subsequent Occurrence Benefit** – 100% of benefit if diagnosed 3 months or later
- Recurrence Benefit (Same Illness)** – 100% of benefit if diagnosed 6 months or later
- Transfer of Coverage**
- Portability** to employee age 70
- Wellness (Health Screening) Benefit** – \$50

Diagnosis Adult	Benefit
Carcinoma In Situ	50%
Coronary Disease	25%
Heart Attack	100%
Life Threatening Cancer	100%
Major Organ Failure	100%
Skin Cancer	5%
Stroke	100%

Employee Assistance Program



When you're not sure where to start

Connecting to care is easier than ever on liveandworkwell.com. It's available around the clock, from the convenience of your desk or the comfort of your home. You'll find 24/7 confidential access to professional care, self-help programs and resources to help you deal with life's stresses such as depression or anxiety, childcare or eldercare, legal or financial concerns.

- Finding the right support just got easier. Simply answer a few questions and we'll show you the top benefits and resources available for you, based on your needs. You can get support for yourself or a family member.
- Get clear information about your benefits. Learn what's covered and available to you to match your needs.
- Set goals and improve your mental health. Want to feel less stressed? Feeling isolated? Want to improve your relationships? Whatever your goals, getting connected to resources just got easier.
- Connect with care quickly, on your own terms. Learn about your options and choose what fits your lifestyle and needs. Therapists are available virtually.



Scan the QR code and log on to liveandworkwell.com.
To find the right support for you, register with your HealthSafe ID or enter your company access code:
rockisland

**24/7
Availability**

Confidential

**No extra
cost to you**

