



2025

Employee Benefits Guide



School District 145 -
Waverly



Welcome.



**Let School District 145
- Waverly help protect
what is most important
to you.**

Each year, School District 145 - Waverly strives to offer comprehensive benefit plans to our employees. In this employee benefit guide, you will learn more about the benefits offered for the 2025 plan year and how to use them.

Throughout this guide you will find interactive QR codes that will take you deeper into your employee benefit plan information and give you quick access to needed documents. To access, scan with a camera on your personal device, cell phone, or by clicking, if viewing electronically.



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Eligibility

The benefits you elect during this period will be effective from September 1st, 2025 until August 31st, 2026.

School District 145 - Waverly encourages the health and financial well-being of its employees by providing access to quality and affordable healthcare.

Coverage elected during this open enrollment will be effective September 1, 2025. For new hires, the coverage effective date will begin on the date of hire.

The insurance plan year is from September 1st - August 31st. Once your enrollment window has closed, you may not make any changes to your elections unless you experience a Qualifying Life Event (QLE).



How to Enroll



Open Enrollment:
July 15th - August 15th, 2025



Scan or Click
to Make an
Appointment
to Enroll in
Your Benefits!



**Licensed
Benefit
Counselors
will be
available on
the following
dates at
the listed
locations:**

August 11th:

- High School
- Middle School

August 12th:

- High School
- Middle School
- Intermediate

August 13th:

- Hamlow Elem.
- Eagle Elem.
- Intermediate

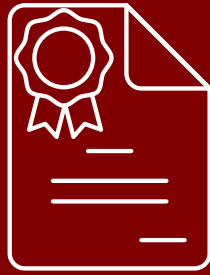
August 14th:

- Central Office

Sign up to enroll at any location!

Or call **1-877-201-0979** to enroll
with a benefits counselor over the phone.

Please have the following information ready: dependents' names, birth dates, social security numbers, addresses, and phone numbers.



Qualifying Life Events



Generally, benefit changes are limited to open enrollment.

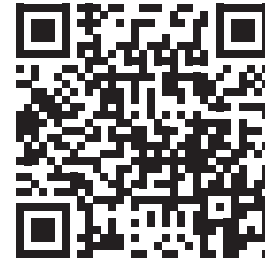
If you have a Qualifying Life Event and want to request a mid-year change, you must notify the Benefits Service Center (1-877-201-0979) and complete your election changes within 30 days following the event. Be prepared to provide documentation to support the Qualifying Life Event.

- Benefit Elections must be consistent with the event
- You can only make changes to the specific plans where dependents will be affected
- Benefits and new rates become effective the date of the event for birth, adoptions, marriage, divorce, and death; or the day after benefits end, when the event is loss of coverage
- The event date must be consistent with the information in the Supporting Documentation

Qualifying Event	Supporting Documentation	Dependent Documentation
Marriage	Marriage Certificate	Birth Certificates are required if adding spouse's children
Death	Death Certificate	No additional documentation required
Divorce	Certified copy of Divorce Decree	Birth Certificates are required if adding children not currently enrolled in benefits
Adoption	Placement for adoption paperwork Legal documentation of adoption	No additional documentation required
Birth	Birth Certificate Verification of Birth Facts issued by hospital	No additional documentation required
Loss or Gain of Coverage	Proof of enrollment or termination of benefit coverage from spouse's employer. Proof must contain effective or termination dates of coverage, type of coverage (medical, dental, vision, etc.) and the names of dependents affected	Adding Spouse - Marriage Certificate Adding Children - Birth Certificate
Gain of Medicare or Medicaid	Proof of enrollment of benefit coverage. Proof must contain effective or termination dates of coverage, type of coverage (medical, dental, vision, etc.), and the names of the dependents affected (has 60-day window)	Adding Spouse - Marriage Certificate Adding Children - Birth Certificate



Scan or Click to Watch!



Medical



Plan Name	\$1,200 PPO Plan		\$3,800 HSA Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Deductible				
Individual	\$1,200	\$2,400	\$3,800	\$7,600
Family	\$2,400	\$4,800	\$7,600	\$15,200
Coinsurance	20%	40%	10%	20%
Yearly Out-of-Pocket Limit				
Individual	\$6,000	\$12,000	\$5,350	\$15,000
Family	\$12,000	\$24,000	\$10,700	\$30,000



Physician Office Visits				
Primary Care Physician Office Visit	\$35 Co-pay	Deductible & Coinsurance	Deductible & Coinsurance	
Specialist Office Visit	\$55 Co-pay			
Urgent Care Visit	\$55 Co-pay then Deductible & Coinsurance			

Diagnostic Procedures				
Radiology (x-ray) Services and other Diagnostic Test	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Independent Lab		In-network level of benefits		In-network level of benefits



Emergency Medical Care				
Emergency Room Visit	\$85 Co-pay then Deductible & Coinsurance	In-network level of benefits	Deductible & Coinsurance	In-network level of benefits
Hospital Care				
Hospital Inpatient	Deductible & Coinsurance	Deductible & Coinsurance		
Hospital Outpatient				



**Want more
info?**



Scan or click.



Plan Name	\$1,200 PPO Plan		\$3,800 HSA Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Preventive Services				
Affordable Care Act (ACA) required services	Plan Pays 100%		Plan Pays 100%	Deductible & Coinsurance
ACA required covered preventive services (outside of limits)	Deductible & Coinsurance		Deductible & Coinsurance	
Other covered preventive services not required by ACA	Plan Pays 100%		Plan Pays 100%	

Medical



Plan Name	\$1,200 PPO Plan		\$3,800 HSA Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Prescriptions Retail - per 30-Day Supply				
Generic Drugs	25% Coinsurance, \$10 minimum Co-pay, \$40 maximum Co-pay	Same as In-Network +25% Penalty	Deductible & Coinsurance	Deductible & Coinsurance + 25% Penalty
Preferred Brand Drugs	25% Coinsurance, \$50 minimum Co-pay, \$100 maximum Co-pay	Same as In-Network +25% Penalty		
Non-Preferred Brand Drugs	50% Coinsurance, \$75 minimum Co-pay, \$150 maximum Co-pay	Same as In-Network +25% Penalty		
Prescriptions Home Delivery - per 180-Day Supply				
Generic Drugs	25% Coinsurance, \$50 minimum Co-pay, \$200 maximum Co-pay	Not Covered	Deductible & Coinsurance	Not Covered
Preferred Brand Drugs	25% Coinsurance, \$250 minimum Co-pay, \$500 maximum Co-pay			
Non-Preferred Brand Name Drugs	50% Coinsurance, \$375 minimum Co-pay, \$750 maximum Co-pay			



Alternate networks help lower costs and improve your benefits. They represent the next generation of health care offered by BlueCross BlueShield Nebraska. Alternate networks are select provider networks with fewer hospitals and doctors than other networks. Available in a specific geographic area, they aim to keep out-of-pocket costs lower for you and your family.



Alternative Medical Networks



NETWORK BLUE NEBRASKA-WIDE

- Available to groups across the state of Nebraska
- 96% of Nebraska's doctors
- 99% of Nebraska's non-governmental acute care hospitals

PREMIER SELECT BLUECHOICE REGIONAL

- Anchored by Nebraska Medicine, Children's Hospital & Medical Center, Nebraska Methodist Health System, Bryan Health and Boys Town National Research Hospital
- *Please confirm that this narrow network fits your needs by looking up providers with the link below.*

BLUEPRINT HEALTH REGIONAL

- Anchored by CHI Health; includes Children's Hospital & Medical Center and Boys Town National Research Hospital
- *Please confirm that this narrow network fits your needs by looking up providers with the link below.*



Search for a Provider by Network

1

Visit <https://bit.ly/BCBSNE-providers> by clicking or scanning the link or QE code.

2

Insert your location.

Enter an address, city or zip code
Use my current location



Hi there, let's get started!
Before you begin your search, we need your search location and your information so we can find network providers nearby.
For this step, an address, city or zip code for searching and a health plan ID are required.
If you have a couple of minutes to complete, and then you can search for doctors, hospitals, specialists and more.

Choose a location

Start to select your network

3

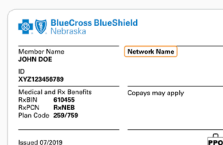
In the top, right section of the website where it says "Network", select the current network and then select "find different network" and type in which network you would like to have providers searched.

Register account Sign In English Menu

LOCATION Hastings, NE NETWORK Medicare Advantage Net...

Find your network by name

Your network name can be found on the front of your member ID card. Start typing your network name below and we'll help you find it.



Network name

Doctors by name

Type a last name to learn if a doctor is in your network

Type at least two letters and we can start finding some matches for you

4

If the provider you enter does not appear, it likely means they are not in that network – which means you would need to see a different provider, or select a different network.

You choose the plan that works best for you and your family. Considerations when choosing a network:

What happens if I or any covered family members have an emergency situation? Will we be covered?

All plans allow you to go to the nearest hospital or emergency facility for medically necessary services. For true emergencies, benefits will be paid at the in-network level even if the facility or provider is out-of-network. However, if the provider is out-of-network, you will be responsible for charges that exceed BCBSNE's allowable amount.

What happens if my doctor leaves the network in the middle of the year?

There is always a possibility that a doctor could change networks mid-year. It is your responsibility to confirm that your doctor is in-network. If the doctor leaves the network and you do not want to pay higher out-of-network costs to see them, you should consider changing doctors.

What if I need a procedure that can only be performed by an out-of-network doctor?

All networks include a variety of doctors and specialties. However, if you need a procedure that can only be performed by an out-of-network provider, you would be responsible for the higher out-of-network cost shares.

What if we travel to, or have children attending college in Western Nebraska?

If you travel extensively or have dependents in college in western Nebraska, you should consider staying with NEtwork Blue. There are no in-network providers available in western Nebraska for the alternate networks. Any services, with the exception of emergency care, would be applied to your out-of-network cost shares. You and/or your family may use telehealth through Amwell® for acute or behavioral healthcare anywhere in the state of Nebraska. Amwell is an in-network provider.

Alternate Network - \$1,200 PPO Medical Plan			Alternate Network - \$3,800 Medical Qualified HSA High Deductible Health Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Deductible				
Individual	\$0	\$1,000	\$2,500	\$5,000
Family	\$0	\$2,000	\$5,000	\$10,000
Coinsurance	20%	50%	10%	20%
Calendar Year Out-of-Pocket Limit				
Individual	\$5,600	\$11,500	\$4,500	\$12,500
Family	\$11,200	\$23,500	\$9,000	\$25,000



Want more info?



Scan or click.



If you elect to receive medical benefits, the Option 2 dental plan is automatically included. If you do not elect to receive medical benefits, you may elect Option 2 for stand-alone dental coverage.



Dental

Summary of Benefits	Option 2	
	In-Network	Out-of-Network
Deductible		
Individual	\$25	\$50
Family	\$50	\$100
Calendar Year Deductible applies to the following Coverage benefits:	B, C Services	B, C Services
Coverage for Dental Services (Coinsurance shown below is the percentage the Covered Person must pay)		
Coverage A: Preventative & Diagnostic	0%	50%
Coverage B: Maintenance, Simple Restorative, Oral Surgery, Periodontics and Endodontics)	25%	
Coverage C: Complex Restorative	50%	
Coverage D: Orthodontic Dentistry	Not Covered	



**Want more
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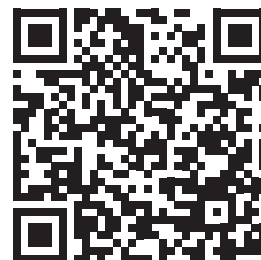




*This alternative dental plan
INCLUDES ORTHODONTIA for
adult and child coverage.*



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Ameritas Dental Plan Summary

Deductible

Deductible (Applies to B, C Services; Waived for A Services)	\$25
Calendar Year Maximum (A, B, and C Services)	\$1,500

Coverage for Dental Services

Class A: Diagnostic & Preventive Services You pay 0%

Class B: Basic Services You pay 20%

Class C: Major Restorative Services You pay 30% - 40% - 50%

Class D: Orthodontia
Adult and Child Coverage You pay 50% up to a lifetime max benefit of \$2,000



Preventive Services

- Exams
- Cleanings
- Sealants
- Fluoride
- Space Maintainers
- X-Rays



Basic Services

- Oral Surgery
- Periodontic Services
- General Anesthesia
- Restorations
- Endodontic Services



Major Services

- Pontics
- Retainer
- Inlays/Onlays
- Sedative Filling
- Crowns
- Bridges
- Dentures

Cost Per Pay Period

Employee Only	\$51.60
Employee + Spouse	\$101.96
Employee + Children	\$145.44
Employee + Family	\$195.76



Vision



Vision Care Services	EyeMed Insight Network		VSP Choice Network	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Eye Exam	Covered in Full	Up to \$35	Covered	Up to \$45
Frequency	Exam and Lenses: Once every plan year Frames: Once every 24 months			
Deductible				
Annual Eye Exam	\$10	No Deductible	\$10	\$10
Eyeglass Lenses	\$25	No Deductible	\$25	\$25
Standard Plastic Lenses				
Single Vision Lenses	Covered	Up to \$25	Covered	Up to \$30
Bifocal Lenses	Covered	Up to \$40	Covered	Up to \$50
Trifocal Lenses	Covered	Up to \$55	Covered	Up to \$65
Frames	\$150	\$75	\$150	\$75
Contact Lenses				
Standard Fit & Follow-up	Standard: Cost up to \$40 Premium: 10% off of Retail	No Benefit	Member Cost up to \$60	\$0
Contacts (Elective)	Up to \$150	Up to \$120	Up to \$150	Up to \$120
Contacts (Medically Necessary)	Covered	Up to \$200	Covered	Up to \$210
Additional In-Network Discounts				
20% off remaining frame balance				
40% off non-covered complete prescription glasses				
15% off LASIK and PRK laser surgery retail price or 5% off promotional price				
20% off of non-covered complete prescription glasses (VSP only)				
Cost Per Pay Period				
	EyeMed Insight Network		VSP Choice Network	
Employee Only	\$7.76		\$8.60	
Employee & 1 Dependent	\$16.00		\$17.24	
Employee & 2 + Dependents	\$22.96		\$24.24	



EyeMed Info



Scan or click.



VSP Info



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NIS
National Insurance Services

Life and AD&D



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Supplemental Term Life

School District 145 - Waverly gives you the opportunity to elect additional life insurance through NIS Benefits and Madison National Life Insurance. ***This benefit is paid for by you.***

Supplemental Life Benefit Summary

Employee Life Amount	\$10,000 increments up to \$500,000 (not to exceed 5 x salary)
Guaranteed Issue Employee	\$250,000
Spouse Benefit	\$5,000 increments up to \$250,000 (not to exceed 50% of employee's elected amount)
Guaranteed Issue Spouse	\$30,000
Dependent Child Benefit	Options of \$5,000, \$10,000, or \$15,000
Guaranteed Issue Child	\$15,000
Age Reduction	Age reductions apply and reduce to 65% at 65, 50% at 70, and terminates at retirement for employees. For spouses, age reductions apply and reduce to 65% at age 65, 50% at age 70, and terminates at employee's retirement.

Employee & Spouse Rates per \$1,000 of Coverage

Age Band	Rate
18 to 29	\$0.04
30 to 34	\$0.05
35 to 39	\$0.07
40 to 44	\$0.09
45 to 49	\$0.15
50 to 54	\$0.23
55 to 59	\$0.39
60 to 64	\$0.52
65 to 69	\$0.95
70 to 74	\$1.50
75 to 99	\$2.06

Child Dependent Supplemental Life

\$0.20 per \$1,000 of coverage

Employee AD&D Rates

\$0.02 per \$1,000 of coverage



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Flexible Spending Account (FSA)

Signing up for a Flexible Spending Account (FSA) can save your family hundreds of dollars every year. When you enroll in the program, you set aside some of your pay before taxes to use on eligible expenses. The more you put in, the more you save on your tax bill. You can cover your co-pays, deductibles, dental care, vision care, and prescriptions with your healthcare FSA. Not only that, but it's good for hundreds of over-the-counter items such as bandages, contact lens solution, and many other items and services.



Maximum Annual Election for 2025

Healthcare FSA - \$3,300

Dependent Care FSA - \$5,000

(or \$2,500 if married and filing separate income tax returns)



Qualified Medical Expenses Include:

- Co-pays, deductibles, co-insurance
- Dental expenses
- Eyeglasses, laser surgery, contact lenses
- Prescription drugs
- Over-the-counter medicine and supplies
- Chiropractic care



Qualified Dependent Care Expenses Include:

- Daycare
- Babysitting
- Before & after school care
- Pre-K
- Summer day camps
- Care for older dependents in need of assistance



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Health Savings Account (HSA)



Enrolling in a high deductible health plan (HDHP) enables you to enroll in a health savings account (HSA). The HSA is a pre-tax savings vehicle that allows you to save for current (once enrolled) and future medical expenses. You can make pre-tax contributions straight from your paycheck, so you reduce your taxable income. You can also make after-tax contributions directly to your account.

When you have eligible medical expenses, you can pay for those costs out of your HSA. With an HSA, the money you contribute is yours and rolls over from year to year, so you never lose what you don't use — even if you leave the job. You can decide to use your HSA funds for medical expenses now, or save for later — even into retirement.

HSA 2025



Individual



Family

Annual Max Contribution

\$4,300

\$8,550



Additional \$1,000 catch-up contribution if age 55 or older.



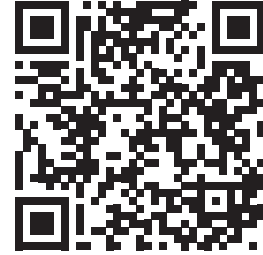
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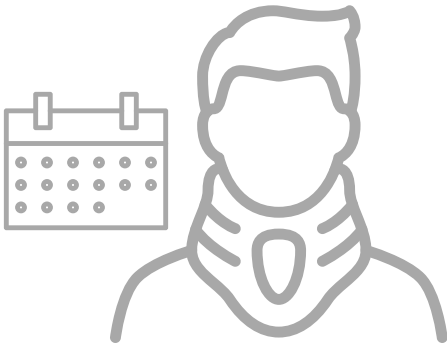
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NIS
National Insurance Services



Long-Term Disability

Long Term Disability benefits are available to you. This insurance replaces 66.67% of your income if you become partially or totally disabled for an extended time. See your plan document for additional details.

Group Long Term Disability Insurance Benefit Summary

Job Class	Max Monthly Covered Salary	Max Monthly Benefit	Benefit Percentage	Elimination Period
All Active Full-Time Employees	\$16,250	\$10,834	66-2/3%	60 consecutive calendar days



Want more info?



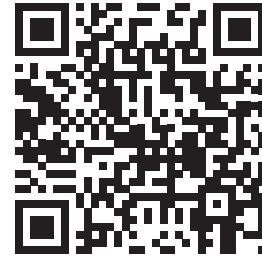
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Universal LifeEvents



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Most people don't have enough life insurance. Universal life insurance is a type of permanent life insurance that provides coverage for life, as long as premiums are paid. When the insured dies, a death benefit is left to the named beneficiaries.

In addition to the death benefit, universal life insurance also contains a cash value. The cash value grows tax-deferred until funds are withdrawn. By designating your beneficiaries, you can

provide security for your loved ones without the guesswork.

This plan also includes the flexibility to access Long Term Care, giving you early access to your death benefit amount. You can use this as financial relief when faced with debilitating conditions as you age. These funds can help you pay for licensed long-term care expenses at home, in a facility, adult daycare, or a specialized treatment center.

Universal Life Insurance + Long Term Care

Guaranteed Issue Amount for All Employees

Employee	Up to \$150,000 (age 64 max)
Spouse	Amount purchased \$3 per week or \$25,000, whichever is greater - No more than 100% of employee benefit amount
Child(ren) and/or Grandchild(ren)	Amount purchased by \$3.48 through \$4.73 per week
Simplified Issue	Up to \$300,000
What riders are attached?	Long Term Care Rider Restoration of Benefits & Extension of Benefit
Do age-based coverage reductions apply? What age?	Yes - age 64 max Universal Life available for ages 65-75

Employees need to hold a policy in order for dependents to take one.



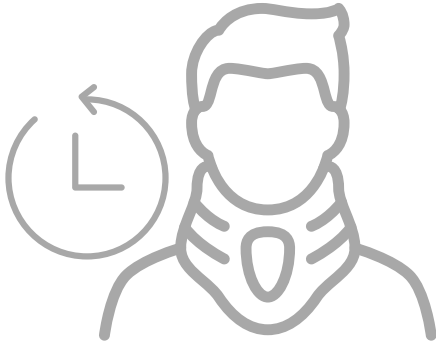
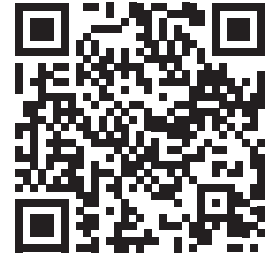
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Paycheck Protect



You and your loved ones depend on your regular income. That's why we offer "Paycheck Protect" short-term disability coverage to protect you financially in the event you cannot work as a result of a debilitating injury or illness.

Both options (0/7 and 0/14) pay you immediately when you miss work due to an injury for up to 13 weeks. The 0/7 option will pay you 7 days after you are out for illness, and the 0/14 option will pay you 14 days after you are out with a illness for up to 13 weeks.

Short-Term Disability

Waiting Period	Injury: 0 days Illness: 7 days	Injury: 0 days Illness: 14 days
Guaranteed Issue	\$100 to \$700 weekly up to 60% of base earnings, less any other disability coverage inforce at time of application.	
Modified Guaranteed Issue	\$100 to \$1,400 weekly up to 60% of base earnings, less any other disability coverage inforce at time of application.	
Maternity Included?	Yes	
Maximum Benefit Period	Up to 13 weeks	



Want more info?



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Accident

Nobody plans to have an accident - and most people don't budget for one, either. Accident insurance pays benefits directly to you for treatment you receive due to an accident. It helps cover your out-of-pocket costs like medical deductibles and co-pays.

Benefit	Low Plan	High Plan
Health Screening Benefit	\$100	\$100
24 Hour / On-Off Job	24 Hour	24 Hour
Accident Injury		
Emergency Room Treatment	\$100	\$250
Physician Office	\$100	\$250
Urgent Care	\$100	\$250
Ambulance	Air: \$450 Ground: \$150	Air: \$2,250 Ground: \$750
Hospital First Day Stay	\$600	\$3,000
Hospital Daily Stay	\$100	\$450
ICU First Day Stay	\$600	\$3,000
ICU Daily Stay	\$100	\$450
Physician Follow-Up Office Visit	\$50	\$150
Therapy Services	\$50	\$150
Fracture	Up to \$4,500	Up to \$4,800
Dislocation	Up to \$4,500	Up to \$4,500
Laceration	Up to \$250	Up to \$1,250
Burns	Up to \$2,500	Up to \$2,500
Coma	\$5,000	\$5,000
Concussion	\$100	\$500
Medical Testing	\$100	\$250
Lodging	\$30	\$30
Medical Appliance	\$100	\$500
Prosthesis	Single: \$200 Multiple: \$400	Single: \$200 Multiple: \$400
Surgery	Up to \$1,250	Up to \$2,000
Transportation	\$100	\$100



Accidental Death & Dismemberment (AD&D)						
Benefit	Low Plan			High Plan		
	Employee	Spouse	Child	Employee	Spouse	Child
Basic Accidental Death	\$35,000	\$35,000	\$25,000	\$50,000	\$50,000	\$25,000
Accidental Death Common-Carrier	\$105,000	\$100,000	\$50,000	\$150,000	\$100,000	\$50,000
Catastrophic Accident	\$35,000	\$35,000	\$35,000	\$50,000	\$50,000	\$50,000
Guaranteed Issue	Yes			Yes		
Portable Coverage	Yes			Yes		

Cost Per Pay Period (Monthly)		
	Low Plan	High Plan
Employee	\$15.48	\$25.07
Employee + Spouse	\$27.58	\$42.14
Employee + Child(ren)	\$32.79	\$52.09
Employee + Family	\$48.02	\$73.82



Want more info?



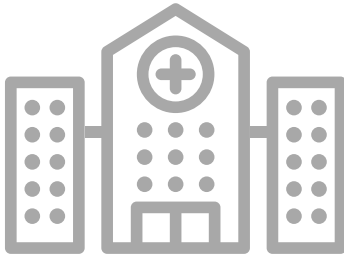
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Scan or Click to Watch!



Hospital StayPay



Hospital Indemnity coverage pays you cash benefits directly if you are admitted to the Hospital or an Intensive Care Unit (ICU) for a covered stay. You can use the benefits to help pay for your medical expenses such as deductible and Co-pays, travel costs, food and lodging, or everyday expenses such as groceries and utilities.

Hospital Benefits	Low Plan	High Plan
Hospital Admission	\$750	\$2,000
Hospital Confinement	\$100	\$500
ICU Supplemental Admission	\$1,500 (in addition to Hospital Admission)	\$4,000 (in addition to Hospital Admission)
ICU Supplemental Confinement	\$100 (paid in addition to Hospital Confinement)	\$100 (paid in addition to Hospital Confinement)
Normal Childbirth	Included	Included
Plan Provisions		
Guaranteed Issue	Yes	Yes
Portability	Included	Included
Pre-existing Condition Limitation	None	None
Wellness Benefit	\$100	\$100

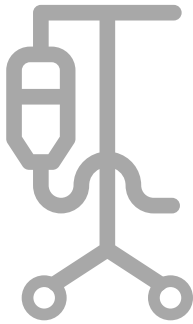
Cost Per Pay Period		
	Low Plan	High Plan
Employee	\$23.51	\$58.50
Employee + Spouse	\$47.23	\$123.72
Employee + Child(ren)	\$38.91	\$91.78
Employee + Family	\$62.79	\$147.77



Want more info?



Scan or click.

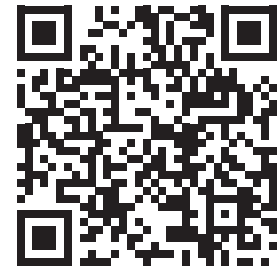


Trustmark
benefits beyond benefits

A major illness can blindside anyone, even an employee with medical insurance. Co-pays, deductibles, alternative treatments and other out-of-pocket expenses can add up quickly. Critical Illness insurance pays cash benefits directly to you to help reduce the financial burden that can come with a serious illness.



Scan or Click to Watch!



Critical HealthEvents



Benefit Amounts

Employee	\$30,000
Spouse	100% of the Employee's Benefit Amount
Child	50% of the Employee's Benefit Amount
Guaranteed Issued	Yes
Portable Coverage	Yes
Wellness Benefit	\$100

Benefit Type

	Initial Benefit
Heart Attack	100%
Stroke	100% (> 30 days impairment)
Invasive Cancer	100%
Non-Invasive Cancer	50%
Skin Cancer	10%
Coronary Artery Disease w/ Bypass	50%



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Monthly Premium for \$30,000 of Coverage (Non-Tobacco Users)

Age	Employee	Employee + Spouse	Employee + Child(ren)	Employee + Family
< 26	\$16.83	\$30.52	\$26.45	\$42.80
30	\$21.33	\$39.22	\$29.45	\$46.70
40	\$31.83	\$59.62	\$40.25	\$67.10
50	\$54.33	\$104.92	\$63.65	\$114.50
60	\$108.03	\$217.12	\$117.95	\$228.80
70	\$366.33	\$734.62	\$373.85	\$740.90



newbenefits[®]
creating advantage.

Voluntary Mental Health Program

Mental Health Advantage Plan (Low Plan)	Physical & Mental Health Advantage Plan (High Option)
Teladoc Mental Health Complete	Teledoc Mental Health Complete
Telephonic EAP	Teladoc (\$0 Visit Fee)
Kindly Human (60 minutes)	Telephonic EAP
-	Kindly Human (60 minutes)
-	Manifest Rx
Monthly Cost	
\$13.35	\$26.60



Teladoc Mental Health Complete

Choose from several self-guided programs, or speak with a certified life coach who will design a unique blend of video coaching and digital activities to help manage life's challenges over 7 sessions.



Telephonic EAP

Telephonic EAP provides effective professional counseling and work/life support so employees can maintain focus on work. A simple phone call helps when employees are dealing with depression, family conflicts, substance abuse, debt, or worry over finding services for elderly parents.



Kindly Human

Kindly Human's mental well-being platform provides 24/7 preclinical support to help members navigate the life stressors many people experience, such as relationships, finances, health, and work.



Teladoc

Doctors offer a diagnosis, treatment options and prescription, if medically necessary. By using Teladoc instead of going to an urgent care clinic or ER, members cut unnecessary out-of-pocket costs and time wasted in crowded waiting rooms.



ManifestRx

members can access over 1,000 maintenance medications through home delivery and 70+ urgent care medications at local pharmacies for \$0. ManifestRx removes the guesswork out of medication costs by ensuring members pay the lowest price possible: \$0.



Want more
info?



Scan or click.



IdentityForce®
A TransUnion® Brand

Identity Theft Protection

IdentityForce, a TransUnion® brand, has been helping people protect their identity and credit for more than 40 years. Our credit health and financial account protection capabilities enable you to monitor your finances and understand the key factors that affect your credit score. Similarly, our award-winning identity theft protection features — such as BreachIQ™ — help you to guard against fraud and scams. Our enriched family identity restoration and Child Identity Monitoring features are tailored to protect your family.

Easy to Enroll

1. Enroll along with other voluntary benefits through your employer.
2. Receive welcome email. If you do not receive the email, please check your spam folder.
3. Click the link in your welcome email to complete registration and access your Identity Protection Dashboard.

**Questions? Call Member Services at
1-877-201-0979**

Monthly Cost

	UltraSecure ID	UltraSecure Premium
Individual	\$5.49	\$8.49
Family	\$9.49	\$14.49

UltraSecure ID UltraSecure Premium

IDENTITY PROTECTION

Dark Web Monitoring	●	●
Compromised Phishing and Botnet Monitoring	●	●
Change of Address Monitoring (USPS)	●	●
Court Records Monitoring	●	●
Sex Offender Registry Notification	●	●
Smart SSN Tracker	●	●
Short Term Loan Monitoring	●	●
Social Media Identity Monitoring	●	●
Medical ID Fraud Protection	●	●
Identity Vault and Secure Storage	●	●
Breach IQ™ Breach Search, Score, Risks		●
Breach IQ™ Personalized ID Safety Score and Action Plan		●
Financial Account Takeover Monitoring		●

MOBILE DEVICE AND PC PROTECTION

Mobile App (iOS and Android)	●	●
Password Manager	●	●
Mobile Attack Control	●	●
Spyware, Unsecured Wi-Fi and Spoofed Networks	●	●
Secure My Network (VPN)	●	●
Online PC Protection Tools		●
Phishing Protection and Website Blocker		●
Spyware and Screen Capture Protection		●
Ransomware Protection		●

CHILD MONITORING – COMPLIMENTARY!



Child Identity Monitoring	●	●
Child Social Media Identity Monitoring	●	●
Child Credit Freeze and Lock Assistance	●	●
Child Credit Activity Monitoring	●	●

FAMILY PLAN FEATURES

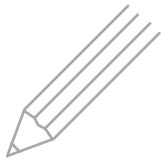
For maximum protection of you and your family, enroll in the Premium plan and extend it to include all of your premium plan features for up to 10 additional adult family members in your household plus Senior Fraud.

RESTORATION SERVICES

24/7 Customer Support	●	●
Fully Managed Family Restoration	●	●
Restoration for Pre-Existing Identity Theft	●	●
Deceased Family Member Fraud Remediation**	●	●
Stolen Funds Replacement	●	●
Lost Wallet Assistance	●	●
\$1M Household Expense Reimbursement Insurance	●	
\$2M Household Expense Reimbursement Insurance		●
\$25K Ransomware Expense Reimbursement		●
\$25K Social Engineering Expense Reimbursement		●
\$25K Cyberbullying Expense Reimbursement		●
Senior Fraud Resolution (on Family Plans)		●

CREDIT HEALTH AND FINANCIAL ACCOUNT PROTECTION

Bank and Credit Card Alerts	●	●
401(k), HSA and Investment Account Activity Alerts	●	●
Financial Calculators	●	●
Education Resource Center	●	●
Credit Score Simulator	●	●
Credit Score Tracker (monthly)	●	●
Credit Freeze and Lock Assistance	●	●
TransUnion Credit Lock and Alerts	●	●
Credit Monitoring TransUnion (daily)	●	●
Credit Report and Score TransUnion (daily)	●	●
Score Change Alerts (+/- 10 points)	●	●
Credit Monitoring – 3 credit bureaus (daily)		●
Credit Report and Score – 3 credit bureaus (monthly)		●
Financial Wellness Coaching		●



Notes



Contact Information

Benefit	Administrator	Contact	Website
Medical Dental	Blue Cross Blue Shield of Nebraska	1-844-201-0763	nebraskablue.com
Alternative Dental	Ameritas	1-800-659-2223	dentalnetwork.ameritas.com
Vision	EyeMed Vision Care VSP Vision Care	1-866-289-0614 1-800-877-7195	www.eyemedvisioncare.com www.vsp.com
Health Savings Account Flexible Spending Account	Inspira Financial	1-800-284-4885	inspirafinancial.com
Life and AD&D Long-Term Disability	NIS Benefits	nisbenefits.com/ about-nis/contact-nis/	www.nisbenefits.com
Universal Life Events PaycheckProtect Accident Hospital StayPay Critical HealthEvents	Trustmark	1-866-813-7192	www.trustmarkbenefits.com
Voluntary Mental Health Program	New Benefits	1-888-672-5198	www.newbenefits.com
Identity Theft Protection	IdentityForce by Transunion	1-877-694-3367	www.identityforce.com
Benefits Service Center	-	1-877-201-0979	=



**DISTRICT 145 – WAVERLY
PUBLIC SCHOOLS**



Need Help?

If you have any questions about your benefits, please reach out to speak to a dedicated benefits counselor.

1-877-201-0979

Monday - Friday
8:00am-5:00pm CST