INTEGRITY
EDUCATIONAL SERVICES

2022 - 2023 Open Enrollment

AN OVERVIEW OF THE WIDE ARRAY OF BENEFITS PROVIDED BY INTEGRITY EDUCATIONAL SERVICES, TO HELP YOU ENJOY INCREASED WELL-BEING AND FINANCIAL SECURITY

PREPARED BY BHS INSURANCE FOR INTEGRITY EDUCATIONAL SERVICES

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Welcome to your 2022 - 2023 Benefits!

Integrity Educational Services offers you and your eligible family members a comprehensive and valuable benefits program. You will be able to enroll in Medical, Dental, Vision, Life, Disability, Voluntary Life, and Flexible Spending. We encourage you to take the time to educate yourself about your options and choose the best coverage for you and your family.

Open Enrollment: August 1st – August 12th

Who is Eligible?

Full-Time Employees

Medical Benefits: Team members hired as a Full-Time Employee for 30 hours or more per week and continue to work in a position that is regularly scheduled to work 30 or more hours per week.

All Other Benefits (except 401k Retirement Plan): Team members hired as a Full-Time Employee for 32 hours or more per week and continue to work in a position that is regularly scheduled to work 32 or more hours per week.

How to Make Changes?

Unless you have a qualified change in status, you cannot make changes to the benefits you elect until the next open enrollment period. Qualified changes in status include, for example: marriage, divorce, legal separation, birth or adoption of a child, change in child's dependent status, death of spouse, child or other qualified dependent, change in residence, commencement or termination of adoption proceedings, change in employment status or change in coverage under another employer-sponsored plan. You have 30 days to notify the Human Resources Coordinator (Benefits) of qualified changes and to provide documentation of the change.

Important Reminders!

Spousal Carve-Out: Integrity Educational Services implements a Spousal Carve-Out for its Medical Insurance Coverage. If your spouse is working Full-Time and is offered insurance coverage through their employer, they must accept or remain on that employer's coverage.

Legal Dependents: You may only enroll Legal Dependents under your insurance coverage. Legal Dependents include: Spouse (except when excluded by the Spousal Carve-Out), Child, Stepchild, or a Child of whom you have Legal Guardianship. Any employee found to have enrolled a person(s) who is not a legal dependent may face termination and potential legal action for Insurance Fraud from the insurance carrier(s).

✓ You may be asked to provide legal documentation.

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Benefits for 2022 - 2023

Benefit Overview

Integrity Educational Services provides a complete package of benefits aimed at providing flexible insurance protection and programs to meet your ever-changing needs. Integrity Educational Services shares the cost of some benefits with you, while making additional benefits available that you pay for if you choose to enroll. The part of the benefit costs that you are responsible for will be automatically deducted from your paycheck, either before or after your taxes are calculated.

The table below summarizes the benefits available to eligible staff and their dependents. These benefits are described in greater detail in this booklet.

BENEFITS AT-A-GLANCE

Benefit	Carrier	Pre-tax or Post-tax?	Who pays the cost?
Medical/Rx	Priority Health	Pre-Tax	IES & You
Dental	Delta Dental	Pre-Tax	IES & You
Voluntary Vision	EyeMed	Pre-Tax	You
Basic Life/AD&D	Mutual of Omaha	Not Applicable	IES
Long Term Disability	Mutual of Omaha	Not Applicable	IES
Short Term Disability	Mutual of Omaha	Not Applicable	IES
Voluntary Life/AD&D	Mutual of Omaha	Post-Tax	You

WHY DO I PAY FOR SOME BENEFITS WITH PRE-TAX MONEY?

While not all benefits qualify for pre-tax contribution, there is a definite advantage to paying for those that do: Taking the money out before your taxes are calculated lower the amount of your taxable income. Therefore, you pay less in taxes.

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Benefits for 2022 - 2023

Medical/Rx

Summary of Coverage

PriorityHealth

Full-Time Employees working 30+ Hours/Week

Plan Features	Priority Health – HMO HSA
IN NETWORK	
Deductibles (Indiv / Family)	$1500 / $3000
Preventive Care	100% Covered
Out-of-Pocket Max (Indiv / Family)	$3000 / $6000
Primary Care Visit	20% Coinsurance After Deductible
Specialist Visit	20% Coinsurance After Deductible
Telemedicine	20% Coinsurance After Deductible
Diagnostic Exam	20% Coinsurance After Deductible
X-Rays	20% Coinsurance After Deductible
Complex Images	20% Coinsurance After Deductible
Outpatient Procedure	20% Coinsurance After Deductible
Inpatient Visit	20% Coinsurance After Deductible
Emergency Room	20% Coinsurance After Deductible
Urgent Care	20% Coinsurance After Deductible
PHARMACY	
Generic	$15 After Deductible
Preferred brand	$50 After Deductible
Non-Preferred Brand	$80 After Deductible
Preferred Specialty	80% After Deductible (Max $150)
Non-Preferred Specialty	80% After Deductible (Max $300)

Per Pay Period	
Employee	$24.02
Employee + 1	$55.02
Family	$66.40

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Benefits for 2022 - 2023

Health Savings Account (HSA)

FOR 2022 – 2023 - INTEGRITY EDUCATIONAL SERVICES IS OFFERING A HEALTH SAVINGS ACCOUNT (HSA). THIS IS HOW AN HSA WORKS:

A health savings account (HSA) is a health care account and savings account in one. The main purpose of this account is to offset the cost of a qualifying high deductible health plan (HDHP) and provide savings for your out-of-pocket eligible health care expenses – those you and your tax dependents may have now, in the future, and during your retirement.

This is a "portable" account. You own your HSA! It's included in your employee benefits package, but after you set up your account, it's yours to keep, even if you change jobs or retire.

Once your HSA is established, money is contributed to your account by you, Integrity Educational Services or friends and family, and you can then use your HSA dollars tax-free to pay for eligible health care expenses. You save money on expenses you're already paying for, like doctors' office visits, prescription drugs, and much more. Best of all, you decide how and when to use your HSA dollars.

WHY IS IT A GOOD IDEA TO HAVE AN HSA?

HSAs benefit everyone who is eligible to have this account – single individuals, families, and soon-to-be retirees. You save money on taxes in three ways:

› **Tax-free deposits** – The money you contribute to your HSA isn't taxed (up to the IRS annual limit)	› **Tax-free earnings** – Your interest and any investment earnings grow tax-free.	› **Tax-free withdrawals** – The money used toward eligible health care expenses isn't taxed – now or in the future.

› Setting aside pre-tax dollars into your HSA means you pay fewer taxes and increase your take-home pay by your tax savings. You save money on eligible expenses that you are paying for out of your pocket. The amount you save depends on your tax bracket. For example, if you are in the 30 percent tax bracket, you can save $30 on every $100 spent on eligible health care expenses.

2022 IRS Contribution Limits: Individual $3,650/Family $7,300
Age 55+ additional $1,000 Catch-Up Contribution

HSA funds roll over from year to year and accumulate in your account. There is no "use-it-or-lose-it" rule with HSAs, and you decide how and when to use your HSA funds, which can be used for eligible expenses you have now, in the future, or during retirement. And when you have a certain balance in your HSA, investment opportunities are available.

Refer to your HSA documentation for more information.

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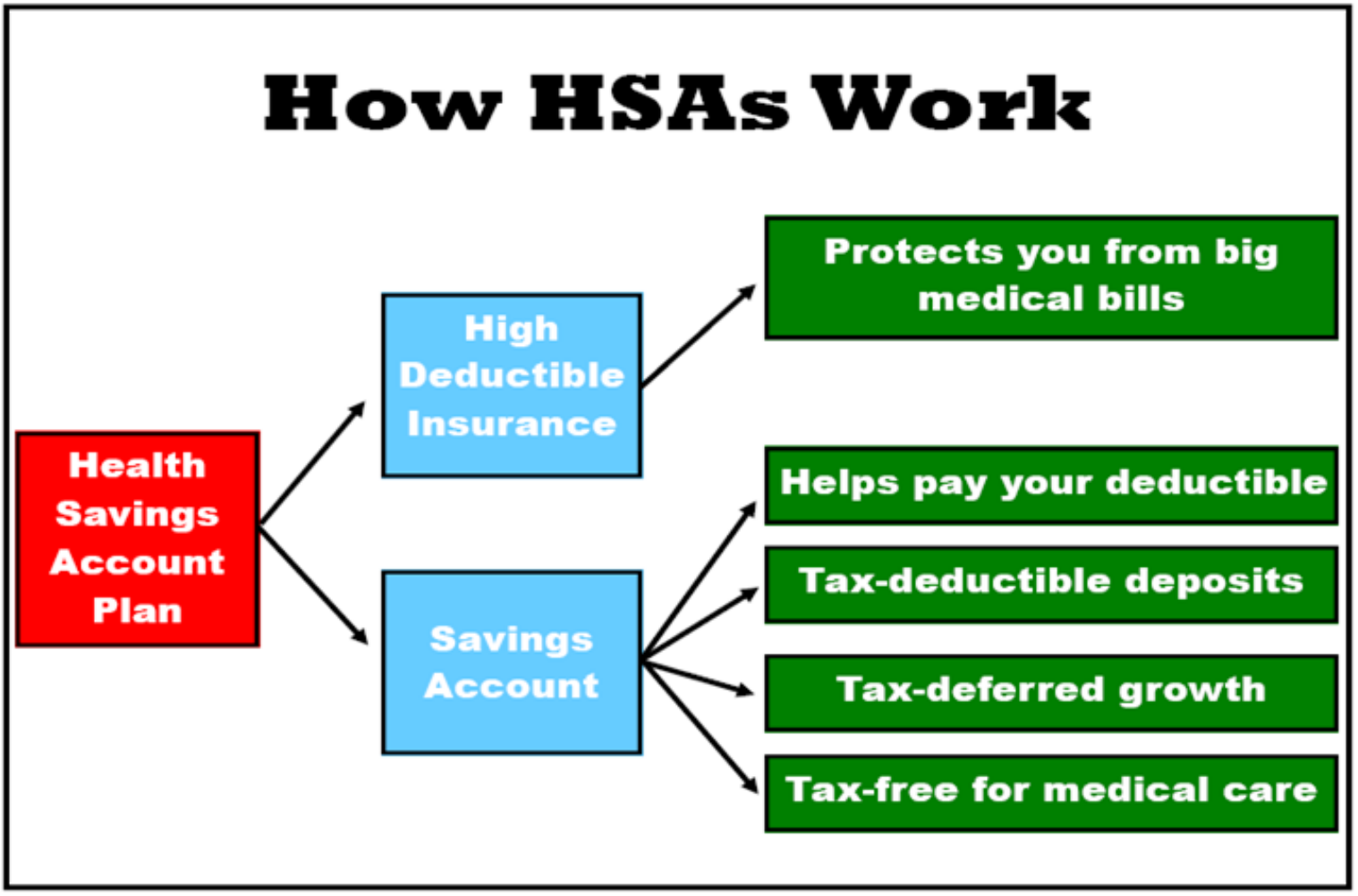
Benefits for 2022 - 2023

How HSA's Work



Refer to your HSA documentation for more information.

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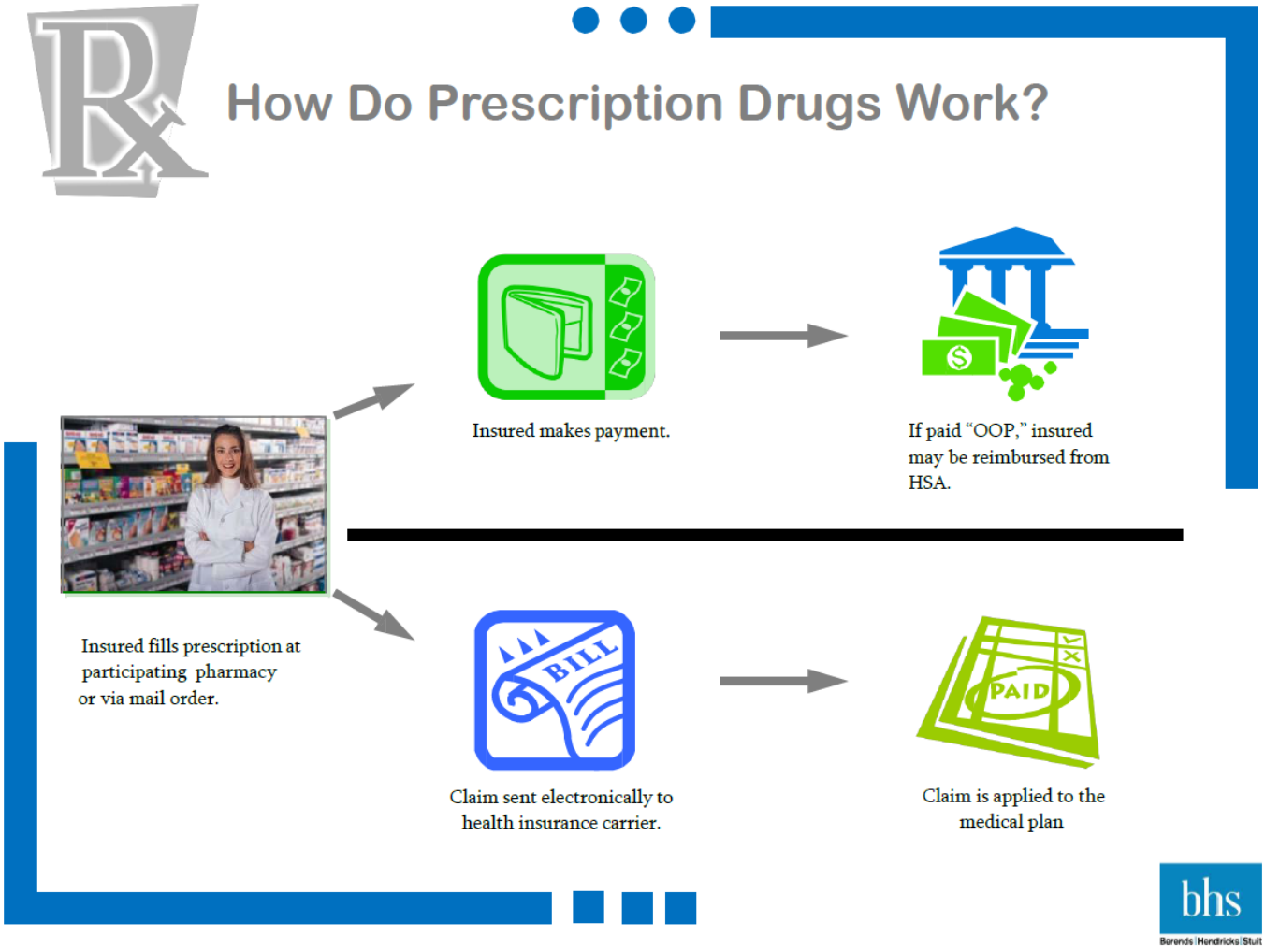
Benefits for 2022 - 2023



Refer to your HSA documentation for more information.

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Integrity Educational Services
HSA Contribution

To help each team member participating in the IES medical plan, IES will assist by making contributions to the Health Savings Account (HSA).

Contributions will be made each pay date. The 2022 – 2023 IES HSA contribution will be $41.67/single or $83.33/family.

IES Contributions will be made to either a Lake Michigan Credit Union Account depending upon your election.

If you are not participating in the medical plan at the beginning of each quarter, then you will not be eligible for the IES HSA Contribution. The IES contribution will not be prorated for enrollments after the plan year begins. The pay date contribution will remain set regardless of enrollment date.

If a team member has a significant medical expense early in the plan year, the team member may request an earlier contribution to the HSA account. The team member will be required to document the significant medical expense.

Team members are also able to contribute to their HSA accounts to the maximum annual contributions; $3,650 for a single and $7,300 for a family.

Remember that your HSA account rolls over each year.

If you are currently covered by Medicare and elect to participate in the IES medical plan, please contact the HR department to discuss your IES HSA Contribution.

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Key Terms to Remember

ANNUAL DEDUCTIBLE

The amount you have to pay each year before the plan starts paying a portion of medical expenses. All family members' expenses that count toward a health plan deductible accumulate together in the aggregate; however, each person also has a limit on their own individual accumulated expenses (the amount varies by plan).

OUT-OF-POCKET MAXIMUM

This is the total amount you can pay out of pocket each calendar year before the plan pays 100 percent of covered expenses for the rest of the calendar year. Most expenses that meet provider network requirements count toward the annual out-of-pocket maximum, including expenses paid to the annual deductible*, copays and coinsurance.
*Except for Grandfathered medical plans

COPAYS AND COINSURANCE

These expenses are your share of cost paid for covered health care services. Copays are a fixed dollar amount, and are usually due at the time you receive care. Coinsurance is your share of the allowed amount charged for a service, and is generally billed to you after the health insurance company reconciles the bill with the provider.

PLAN TYPES

- EPO/PPO – A network of doctors, hospitals and other health care providers
- HMO – A network that requires you to select a Primary Care Physician (PCP) who coordinates your health care
- POS – Combines aspects of a PPO and HMO
- HDHP – A plan that has higher annual deductibles in exchange for lower premiums.

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The Value of Preventive Care

Wellness and Health Management

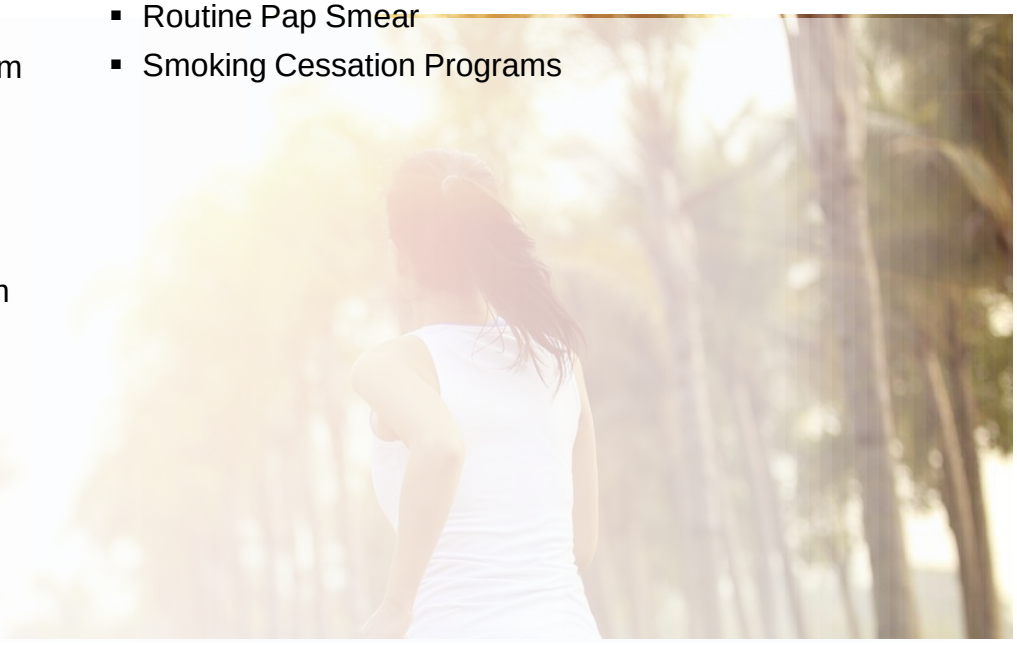
Understanding the full value of covered benefits allows you to take responsibility for maintaining good health and incorporating healthy habits into your lifestyle. Some examples include getting regular physical examinations, mammograms and immunizations.

Through the plans offered by Integrity Educational Services, all covered individuals and family members are eligible to receive routine wellness services like these, at no cost; all copays, coinsurance, and deductibles are waived.

Which Preventive Care Services Are Covered?

Below is a list of common services:

- Routine Physical Exam
- Well Baby and Child Care
- Well Woman Visits
- Immunizations
- Routine Bone Density Test
- Routine Breast Exam
- Routine Gynecological Exam
- Screening for Gestational Diabetes
- Obesity Screening and Counseling
- Routine Digital Rectal Exam
- Routine Colonoscopy
- Routine Colorectal Cancer Screening
- Routine Prostate Test
- Routine Lab Procedures
- Routine Mammograms
- Routine Pap Smear
- Smoking Cessation Programs



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PriorityHealth
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Virtual care:

24/7 care when and where you need it

Seeing the doctor just got easier. Get care anytime, anywhere, from a board-certified doctor with virtual care. Great for things like pink eye, allergies, bites and stings, cold and flu, sinus issues and more.

When you're in Michigan access virtual care through Spectrum Health Now. How it works:

1 **Connect with Spectrum Health Now one of three ways:**

- Log into or create a new member account at *priorityhealth.com*, click **my health care,** click **get started with Spectrum Health Now.**
- Download the Spectrum Health Now app. Log in with your member account credentials.
- Call Spectrum Health Now at 844.322.7374.

2 **Click or ask to schedule your appointment.**

3 **You'll be asked a few health questions, including a brief description of your current symptoms.**

4 **You'll be connected to a care provider.**

Don't have a Priority Health member account?

Set one up today at *priorityhealth.com.* If you need assistance, contact Member account support at 833.207.3210

When you're outside Michigan access virtual care through MDLIVE. How it works:

1 **Connect with MDLIVE one of three ways:**

- Log into your member account at *priorityhealth.com*, click my health care, click **get started with MDLIVE.**

continued >

- Download the MDLIVE: Talk to a Doctor 24/7 app.
- Call MDLIVE at 800.400.6354.

2 **Click or ask to schedule your appointment.**

3 **You'll be asked a few health questions, including a brief description of your current symptoms.**

4 **You'll be connected to a care provider.**

Need a prescription?
If you need a prescription, it'll be sent to your preferred pharmacy. And, we'll send the information about your virtual visit to your primary doctor.

Priority Health has HMO-POS and PPO plans with a Medicare contract. Enrollment in Priority Health Medicare depends on contract renewal.

Priority Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia en su idioma. Consulte al número de Servicio al Cliente que está en la parte de atrás de su tarjeta de identificación de miembro. (TTY: 711).

ملاحظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. يرجى الاتصال برقم خدمة العملاء على الجانب الخلفي من بطاقة عضويتك الشخصية. (رقم هاتف الصم والبكم:711).

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If you can't see your doctor, VUE your care.

It's always best to talk to your doctor when you experience symptoms, but if that's not an option, **VUE** your care to determine if you need a virtual visit, urgent care, or the emergency room.

V is for virtual care

Virtual care is a fast, convenient and affordable way to see a licensed doctor.

- Allergies, bites and stings
- Sore throat, fever and headache
- Cold, cough and flu

If you prefer in-person interaction, retail health clinics serve as a great alternative to virtual care.

U is for urgent care

Visit these facilities for non-life-threatening conditions that can't wait for an appointment.

- Minor broken bones and fractures in fingers or toes
- Sprains and strains
- X-rays and lab tests

Professionals can see you quickly and offer the right medical attention, right when you need it.

E is for emergency room

The emergency room (ER) is for emergencies or symptoms that can't wait.

- Bleeding that won't stop
- Pain in the chest or one arm
- Poisoning or drug overdose
- Seizure or slurred speech
- Broken bones

If you have an emergency and can't get to the ER, call 911 immediately.

Don't have a doctor? Don't worry. Use the Find a Doctor tool in your Priority Health member account today. For more information on the best way to **VUE** your care, go to *priorityhealth.com/vue* or call the number on the back of your member ID card.

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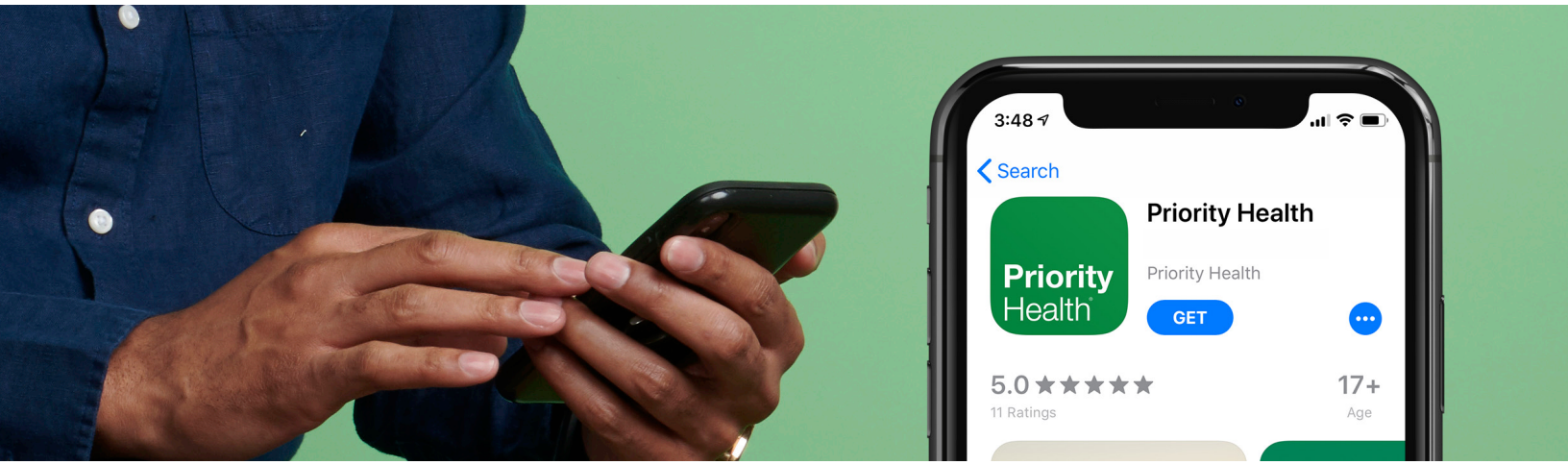

The smart choice, now on your smartphone

Managing your health insurance is easier than ever with the new Priority Health app.

In your member account, you can quickly and easily:

- Track spending balances to keep your budget in check
- Search your claims and see a detailed breakdown of care and prescription costs
- Compare costs of medical procedures and prescriptions based on your plan so you can save money
- Find in-network doctors, specialists, labs and more
- Set up a video visit and get virtual care when and where you need it

Download the Priority Health app from the App Store or Google Play or sign up at *member.priorityhealth.com* to view your personalized health insurance information anytime, anywhere.

Download on the App Store

GET IT ON Google Play

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Getting started is easy:

1. Download the Priority Health app from the App Store or Google Play, or visit *member.priorityhealth.com*.
2. Click **Sign up** and follow the instructions.*

Questions about your member account?

If you need technical support or help accessing your account, email us at *techsupport@priorityhealth.com* or call 833.207.3210. For all other questions about your plan, call the number on the back of your member ID card to speak with a member of our Customer Service team.

**You may be asked security questions to verify your identity.*

Already have a MyHealth account?

You can use your existing MyHealth username and password to log in to the Priority Health app.

Continue using your MyHealth account to access your Spectrum Health providers, appointments and other patient information.

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Know your costs. Save on care. And get rewarded.

It's smart, and easy, with Priority Health.

Three things happen every time you use Cost Estimator to shop procedures, lab tests or office visits.

1 **You see your costs before you receive care.**
Before you schedule your next appointment, search for the medical service you need in Cost Estimator. Here's how:

- Enter a procedure name and search for locations where that service is available.
- Compare costs at those facilities in your network.
- In some cases you can narrow your search by selecting a specific provider.
- From the location pricing list, select a facility to see your personal out of pocket estimate.

2 **You save on procedures by choosing the best value options.**
Cost Estimator has saved over $9 million in health care costs since it launched just four years ago.

3 **You may qualify to earn a Visa rewards card of $50 to $200.**
That's right. Many common procedures and tests are included in our Priority Rewards program, where we'll send you a reward for being a smart shopper. Here's how:

- In your Cost Estimator search, choose a procedure or facility with a green trophy beside it. It looks like this:
- Receive that medical service at that facility within six months of your search.
- Wait about three weeks for your Visa rewards card in the mail.
- Use it for all kinds of items including medical services, health and wellness services, groceries and more.

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Here's a breakdown of qualifying procedures that earn you a Visa rewards card.

Procedure type	Procedure	Reward
Bone and joint	Carpal tunnel surgery	$100
Bone and joint	Anterior cruciate ligament knee surgery (ACL)	$200
Bone and joint	Arthroscopic rotator cuff repair	$200
Bone and joint	Knee arthroscopy	$200
Bone and joint	Shoulder arthroscopy	$200
Cardiac	Doppler exam of the heart	$100
Cardiac	Heart echo imaging	$100
Cardiac	Heart perfusion imaging	$100
Diagnostic	Colonoscopy (with and without biopsy)	$100
Diagnostic	Upper GI endoscopy (with and without biopsy)	$100
Diagnostic	Sleep study	$100
Diagnostic	Cystoscopy	$200
Imaging	Most CTs	$50
Imaging	Most MRIs	$100
Outpatient	Nose plastic surgery (Rhinoplasty)	$100
Outpatient	Nasal septum repair	$200
Outpatient	Remove tonsils and adenoids	$200
Outpatient	Ear tubes	$200
Outpatient	Cataract surgery	$200
Outpatient	Laparoscopic cholecystectomy	$200
Outpatient	Lithotripsy	$200
Women's health	Cesarean section delivery	$200
Women's health	Vaginal delivery	$200
Women's health	Hysteroscopy	$200
Women's health	Breast biopsy	$200
Women's health	Laparoscopy, excise lesions	$200

You can also use Cost Estimator to price your prescription medications.

- Before visiting the pharmacy, search for your prescription.
- Get price estimates at local pharmacies as well as mail order options.
- *Bonus: If Cost Estimator finds a preferred generic drug available to you, it'll alert you. Talk to your doctor about these generics because they often save you money.*

Next time you need a medical service, remember to use Cost Estimator—it can save, and earn, you money. If you have any questions about Cost Estimator or PriorityRewards, call the number on the back of your member ID card.

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Benefits for 2022 - 2023

Dental Coverage

Summary of Coverage

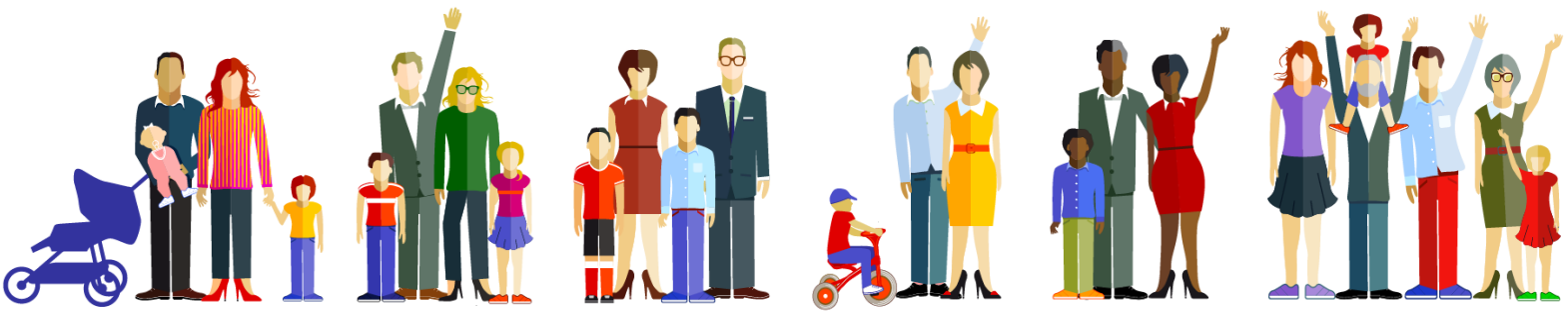
Full-Time Employees working 32+ Hours/Week

DELTA DENTAL®

Note: You may not elect Stand-Alone Dental Coverage; Employees must be enrolled in Medical to Enroll in the Dental; however, if your spouse is excluded from the Medical Plan, the Spouse IS STILL ELIGIBLE to be enrolled in the Dental Plan. You can; however, enroll in the Medical without also enrolling in the Dental.

	Delta Dental - Integrity Educational Services
IN NETWORK	
Annual Deductible (Individual / Family)	$25 / $75
Preventive Care	100% Oral Exams, Cleanings, Topical Fluoride Treatments, Space Maintenance, Bitewing X-Rays, Sealants
Basic Procedures (Extractions, fillings, etc.)	75% Emergency Treatment, Full Mouth/Panoramic X-Rays, Fillings, Simple Extractions, Endodontics, Periodontics, Oral Surgery
Major Procedures (Crowns, dentures, etc.)	50% Crowns, Bridges, Implants and Dentures
Child Orthodontia	$1,200 for children up to Age 19, 50% coverage
Calendar Year Maximum Benefit	$1,200
OUT OF NETWORK	
Annual Deductible (Individual / Family)	$25 / $75
Preventive Care	100% Oral Exams, Cleanings, Topical Fluoride Treatments, Space Maintenance, Bitewing X-Rays, Sealants
Basic Procedures (Extractions, fillings, etc.)	75% Emergency Treatment, Full Mouth/Panoramic X-Rays, Fillings, Simple Extractions, Endodontics, Periodontics, Oral Surgery
Major Procedures (Crowns, dentures, etc.)	50% Crowns, Bridges, Implants and Dentures
Child Orthodontia	$1,200 for children up to Age 19, 50% coverage
Calendar Year Maximum Benefit	$1,200

Per Pay Period	
Employee	$8.75
Employee + Spouse	$12.75
Employee + Children	$14.25
Family	$19.75



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Delta Dental of Michigan
Dental Benefit Highlights for
Integrity Educational Services #1673

DELTA DENTAL®

Delta Dental PPO™ (Point-of-Service) *Coverage effective* ***September 1, 2022***	Delta Dental PPO™ Dentist Plan Pays	Delta Dental Premier® Dentist Plan Pays	Nonparticipating Dentist Plan Pays*
Diagnostic & Preventive			
Diagnostic and Preventive Services - exams, cleanings, fluoride, and space maintainers	100%	100%	100%
Emergency Palliative Treatment - to temporarily relieve pain	100%	100%	100%
Sealants - to prevent decay of permanent teeth	100%	100%	100%
Brush Biopsy - to detect oral cancer	100%	100%	100%
Radiographs - X-rays	100%	100%	100%
Basic Services			
Minor Restorative Services - fillings and crown repair	75%	75%	75%
Endodontic Services - root canals	75%	75%	75%
Periodontic Services - to treat gum disease	75%	75%	75%
Oral Surgery Services - extractions and dental surgery	75%	75%	75%
Other Basic Services - misc. services	75%	75%	75%
Relines and Repairs - to prosthetic appliances	75%	75%	75%
Major Services			
Major Restorative Services - crowns	50%	50%	50%
Prosthodontic Services - bridges, implants, dentures, and crowns over implants	50%	50%	50%
Orthodontic Services			
Orthodontic Services - braces	50%	50%	50%
Orthodontic Age Limit -	through age 18 and under	through age 18 and under	through age 18 and under

** When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. This amount may be less than what the Dentist charges or Delta Dental approves and you are responsible for that difference.*

Maximum Payment – $1,200 per person total per Benefit Year on all services except orthodontic services. $1,200 per person total per lifetime on orthodontic services.

Deductible – $25 Deductible per person total per Benefit Year limited to a maximum Deductible of $75 per family per Benefit Year. The Deductible does not apply to diagnostic and preventive services, emergency palliative treatment, brush biopsy, X-rays, sealants, and orthodontic services.

Note - *This document is only intended to provide a brief description of your benefits. Please refer to your Certificate and summary for a complete description of benefits, exclusions, and limitations.*

Welcome to Michigan's largest dental benefits family!

As a member of Delta Dental of Michigan, you have access to the nation's largest dental networks: Delta Dental PPO and Delta Dental Premier.

- It's easy to find a dentist! Four out of five dentists nationwide participate in our network.
- You have superior access to care and fee savings because of our agreements with participating dentists.
- Our dentists cannot balance bill you, which means more money in your pocket!
- No troublesome paperwork! Network dentists will fill out and file your claims.
- Pay only your copayments and/or deductibles when you receive care from network dentists -- there are no hidden fees.
- You can still visit nonparticipating dentists, but you may be billed the full amount at the time of service and then have to wait to be reimbursed.

Quality Dental Program

With our quick and accurate claims processing, *we pay more than 90% of claims in 10 days or less.* Delta Dental also offers world-class customer service from our BenchmarkPortal Certified Center of Excellence call center.

Online Access

Our online Member Portal lets you access your dental plan securely over the Internet. You can find a dentist, check benefits, select paperless notices, review claims and amounts used toward maximums, print ID cards, and more -- all at your own convenience.

A Healthy Smile

Keep your smile healthy with dental benefits from Delta Dental. Your smile is a good indicator of your health. Did you know that your dentist can detect up to 120 different diseases, including diabetes and heart disease? Early detection is one of the best ways to prevent further complications.

Questions?

If you have questions, please call our Customer Service team at 800-524-0149 (TTY users call 711) or look online at https://www.DeltaDentalMI.com.

Benefits for 2022 - 2023

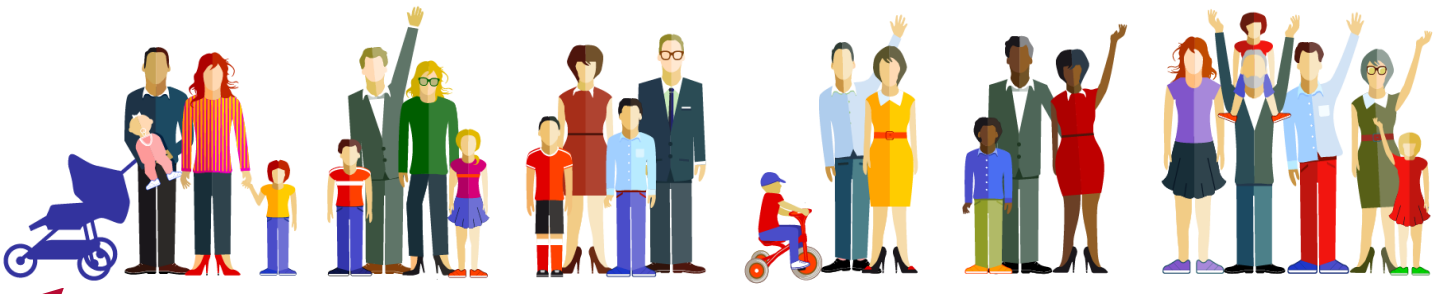
Vision Coverage

Summary of Coverage

Full-Time Employees working 32+ Hours/Week

	EyeMed Vision - Integrity Educational Services	
Plan Features	**In-Network**	**Out-of-Network**
Vision Exam	$10	$35 Allowance
Lenses		
Single	$25	$25 Allowance
Bifocal	$25	$40 Allowance
Trifocal	$25	$50 Allowance
Progressive	$90 Allowance	$40 Allowance
Frames	$120 Allowance	$50 Allowance
Elective Contact Lenses	$120 Allowance	$100 Allowance
Medically Necessary Contact Lenses	$210 Allowance	$210 Allowance
Frequency (Months)		
Exam	12	
Lenses	12	
Frames	12	
Contacts	12	

Per Pay Period	
Employee	$3.39
Employee + 1	$6.44
Family	$9.45



This booklet provides only a summary of your benefits. All services described within are subject to the definitions, limitations, and exclusions set forth in each insurance carrier or provider's contract.

Integrity Educational Services

Additional discounts

40% OFF
Complete pair of prescription eyeglasses

20% OFF
Non-prescription sunglasses

20% OFF
Remaining balance beyond plan coverage

These discounts are not insured benefits and are for in-network providers only.

Take a sneak peek before enrolling

- You're on the **Insight** Network
- For a complete list of in-network providers near you, use our Enhanced Provider Locator on eyemed.com or call 1-866-804-0982
- For LASIK providers, call 1-877-5LASER6

SUMMARY OF BENEFITS

Vision Care Services	In-Network Member Cost	Out of Network Reimbursement
Exam With Dilation as Necessary	$10 Copay	Up to $40
Retinal Imaging	Up to $39	N/A
Frames	$0 Copay; $120 allowance, 20% off balance over $120	Up to $84
Standard Plastic Lenses		
Single Vision	$25 Copay	Up to $30
Bifocal	$25 Copay	Up to $50
Trifocal	$25 Copay	Up to $70
Lenticular	$25 Copay	Up to $70
Standard Progressive Lens	$90 Copay	Up to $50
Premium Progressive Lens[Δ]	$110 Copay - $135 Copay	Up to $50
Tier 1	$110 Copay	Up to $50
Tier 2	$120 Copay	Up to $50
Tier 3	$135 Copay	Up to $50
Tier 4	$90 Copay, 20% off charge less $120 Allowance	Up to $50
Lens Options *(paid by the member and added to the base price of the lens)*		
UV Treatment	$15	N/A
Tint (Solid and Gradiant)	$15	N/A
Standard Plastic Scratch Coating	$15	N/A
Standard Polycarbonate - age 19 and over	$40	N/A
Standard Polycarbonate - under age 19	$40	N/A
Standard Anti-Reflective Coating	$45	N/A
Premium Anti-Reflective Coating[Δ]	$57 - $68	N/A
Tier 1	$57	N/A
Tier 2	$68	N/A
Tier 3	20% off Retail Price	N/A
Photochromic/Transitions	$75	N/A
Polarized	20% off retail price	N/A
Other Add-Ons and Services	20% off retail price	N/A
Contact Lens Fit and Follow-up *(Contact lens fit and two follow-up visits are available once a comprehensive eye exam has been completed.)*		
Standard Contact Lens Fit & Follow-Up:	$40	N/A
Premium Contact Lens Fit & Follow-Up:	10% off retail price	N/A
Contact Lenses *(Contact Lens allowance includes materials only)*		
Conventional	$0 copay, $120 allowance, 15% off balance over $120	Up to $120
Disposable	$0 copay, $120 allowance, plus balance over $120	Up to $120
Medically Necessary	$0 copay, Paid-In-Full	Up to $210
Laser Vision Correction		
LASIK or PRK from U.S. Laser Network	15% off the retail price or 5% off the promotional price	N/A
Hearing Care		
Hearing Health Care from Amplifon Hearing Network	40% off hearing exams and low price guarantee on discounted hearing aids	
Frequency		
Examination	Once every 12 months	
Lenses or Contact Lenses	Once every 12 months	
Frame	Once every 12 months	

QL-0000031737

[Δ] Premium progressives and premium anti-reflective designations are subject to annual review by EyeMed's Medical Director and are subject to change based on market conditions. Fixed pricing is reflective of brands at the listed product level . All providers are not required to carry all brands at all levels. Benefits are not provided from services or materials arising from: 1) Orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; 2) Medical and/or surgical treatment of the eye, eyes or supporting structures; 3) Any eye or Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment; Safety eyewear; 4) Services provided as a result of anyWorkers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; 5) Plano (non-prescription) lenses; 6) Non-prescription sunglasses; 7) Two pair of glasses in lieu of bifocals; 8) Services or materials provided by any other group benefit plan providing vision care 9) Services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order. 10) Lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available. Benefits may not be combined with any discount, promotional offering, or other group benefit plans. Standard/Premium Progressive lens not covered-fund as a Bifocal lens. Standard Progressive lens covered-fund Premium Progressive as a Standard. Benefit allowance provides no remaining balance for future use within the same benefit year. Fees charged for a non-insured benefit must be paid in full to the Provider. Such fees or materials are not covered.

Underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, except in New York. Fidelity Security Life Policy number VC-19/VC-20, form number M-9083. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer.

Get more and see more with EyeMed

72% AVERAGE SAVINGS

on eye exams and glasses for EyeMed members*

CHOOSE A DOC

EyeMed members choose from the right mix of thousands of providers—independent eye doctors, your favorite retail stores and everything in between. Find your ideal fit at eyemed.com or the EyeMed Members App.

CREATE AN ACCOUNT

Get special offers with an account on eyemed.com. Enter your email, choose a password and sign up for emailed savings. Log in 24/7 to view your benefit details or health and wellness information.

MOBILIZE YOUR BENEFITS

The EyeMed Members App makes your benefits easy to understand—and even easier to use. Find an eye doctor near you, schedule an appointment and manage your vision benefits.

Learn more about enrolling in EyeMed vision benefits at **enroll.eyemed.com** and see more of the good stuff

**Based on a sample transaction on the Insight network with a covered exam and eyewear benefits*

EyeMed | INDEPENDENT PROVIDER NETWORK + LensCrafters | Pearle Vision | Target Optical | Sears Optical | JCPenney optical

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Benefits for 2022 - 2023

Life Insurance

Summary of Coverage

Mutual of Omaha

Full-Time Employees working 32+ Hours/Week

Integrity Educational Services provides full-time status team members with Basic Life/AD&D Insurance, and pays the full cost of this benefit. Eligible team members are offered the option to purchase additional Voluntary Life Insurance. Evidence of Insurability may be required.

Basic Life/AD&D

Plan Features	Basic Life/AD&D
Employee Benefit Amount	1 Times Annual Salary rounded to the next higher $1,000
Maximum Benefit Amount	$50,000
AD&D Benefit	1 Times Annual Salary rounded to the next higher $1,000
The following shows how much benefits are reduced at certain ages:	
Age Band	**Benefit Reduction**
65	65%
70	40%
75	20%

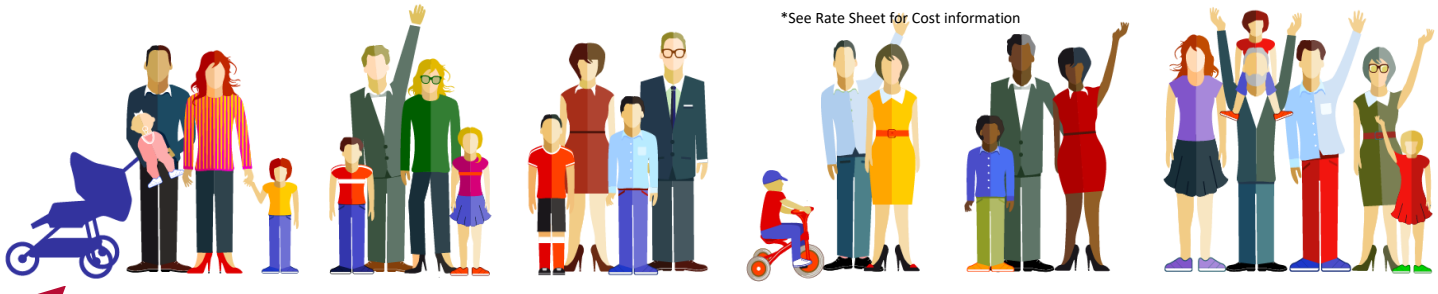
Voluntary Life

Plan Features	Voluntary Life/AD&D
Employee Benefit Amount	Employees can choose different amounts of coverage between the minimum and maximum benefit amount. See plan documentation for more details.
Minimum Benefit Amount	$10,000
Maximum Benefit Amount	5X Annual Salary, up to $500,000
AD&D Benefit	Equal to Voluntary Life Amount
Spouse Benefit	100% of Employee's Benefit, up to $250,000
Dependent Benefit	$2,000 - $10,000 Increments of $2,000
The following shows how much benefits are reduced at certain ages:	
Age Band	**Benefit Reduction**
65	65%
70+	50%

Team Member Cost - $0.00
Employer Paid Benefit

Paid by Team Member
Employee Paid Benefit

*See Rate Sheet for Cost information



This booklet provides only a summary of your benefits. All services described within are subject to the definitions, limitations, and exclusions set forth in each insurance carrier or provider's contract.

› Term Life Insurance

Help Protect What Matters – You, Your Family & Your Future

We understand you've worked hard to get where you are today. Ensuring your loved ones can maintain financial stability if an unexpected death should occur is something to consider when planning for the future.

We've Got You Covered

As an active employee of Integrity Educational Services, you have access to a life insurance policy from United of Omaha Life Insurance Company.

It replaces the income you would have provided, and helps pay funeral costs, manage debt and cover ongoing expenses.

How much insurance is enough?

When determining how much life insurance you need, think about the expenses you may encounter now and through every stage of your life.

Coverage guidelines and benefits are outlined in the chart below.

ELIGIBILITY - ALL ELIGIBLE EMPLOYEES	
Eligibility Requirement	You must be actively working a minimum of 32 hours per week to be eligible for coverage.
Premium Payment	The premiums for this insurance are paid in full by the policyholder. There is no cost to you for this insurance.

BENEFITS	
Life Insurance Benefit Amount	For You: An amount equal to 1 times your annual salary, but in no event less than $0 or more than $50,000 In the event of death, the benefit paid will be equal to the benefit amount after any age reductions less any living care/accelerated death benefits previously paid under this plan.
Accidental Death & Dismemberment (AD&D) Benefit Amount	For You: The Principal Sum amount is equal to the amount of your life insurance benefit.
FEATURES	
Living Care/ Accelerated Death Benefit	75% of the amount of the life insurance benefit is available to you if terminally ill, not to exceed $37,500.
Waiver of Premium	If it is determined that you are totally disabled, your life insurance benefit will continue without payment of premium, subject to certain conditions.
Additional AD&D Benefits	In addition to basic AD&D benefits, you are protected by the following benefits: - Seat Belt - Airbag - Common Carrier
Conversion	If your employment ends, you may apply for an individual life insurance policy from Mutual of Omaha without having to provide evidence of insurability (information about your health). You will be responsible for the premium for the coverage.
SERVICES	
Travel Assistance	The Travel Assistance program is an added benefit that provides assistance for your travels over 100 miles away from home or outside the country.
Hearing Discount Program	The Hearing Discount Program provides you and your family discounted hearing products, including hearing aids and batteries. Call 1-888-534-1747 or visit www.amplifonusa.com/mutualofomaha to learn more.
Will Prep Services	We work with Epoq, Inc. to offer employees online will prep tools. In just a few clicks you can complete a basic will or other documents to protect your family and property. To get started visit www.willprepservices.com.

AGE REDUCTIONS AND EXCLUSIONS

Insurance benefits and guarantee issue amounts are subject to age reductions:

- At age 65, amounts reduce to 65%
- At age 70, amounts reduce to 40%
- At age 75, amounts reduce to 25%

Information about the AD&D exclusions for this plan will be included in the summary of coverage, which you will receive after enrolling.

Please contact your employer if you have questions prior to enrolling.

Frequently Asked Questions

Who is eligible for this insurance?

You must be actively working (performing all normal duties of your job) at least 32 hours per week.

What is Guarantee Issue?

The amount of insurance applied for without answering any health questions (or which does not require evidence of insurability). Coverage amounts over the Guarantee Issue Amount will require evidence of insurability.

What is Evidence of Insurability?

Evidence of Insurability or proof of good health – may be required if you are a late entrant and/or you request any additional coverage above your guarantee issue amount.

Can I take this insurance with me if I change jobs/am no longer a member of this group?

In the event this insurance ends due to a change in your employment/membership status with the group, or for certain other reasons, you may have the right to continue this insurance under the Conversion provision, subject to certain conditions.

Are there any limitations, reductions or exclusions?

The benefits payable are based on the following:

- Insurance benefits and guarantee issue amounts are subject to age reductions:
  - At age 65, amounts reduce to 65%
  - At age 70, amounts reduce to 40%
  - At age 75, amounts reduce to 25%
- Information about the AD&D exclusions for this plan will be included in the summary of coverage, which you will receive after enrolling.

All exclusions may not be applicable, or may be adjusted, as required by state regulations.

This information describes some of the features of the benefits plan. Benefits may not be available in all states. Please refer to the certificate booklet for a full explanation of the plan's benefits, exclusions, limitations and reductions. Should there be any discrepancy between the certificate booklet and this outline, the certificate booklet will prevail. Life insurance and accidental death & dismemberment insurance are underwritten by United of Omaha Life Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175. Policy form number 7000GM-U-EZ 2010 or state equivalent (in NC: 7000GM-U-EZ 2010 NC). United of Omaha Life Insurance Company is licensed nationwide, except New York.

› Voluntary Term Life Insurance

Help Protect What Matters – You, Your Family & Your Future

We understand you've worked hard to get where you are today. Ensuring your loved ones can maintain financial stability if an unexpected death should occur is something to consider when planning for the future.

We've Got You Covered

As an active employee of Integrity Educational Services, you have access to a life insurance policy from United of Omaha Life Insurance Company.

It replaces the income you would have provided, and helps pay funeral costs, manage debt and cover ongoing expenses.

How much insurance is enough?

When determining how much life insurance you need, think about the expenses you may encounter now and through every stage of your life.

Coverage guidelines and benefits are outlined in the chart below.

ELIGIBILITY - ALL ELIGIBLE EMPLOYEES	
Eligibility Requirement	You must be actively working a minimum of 32 hours per week to be eligible for coverage.
Dependent Eligibility Requirement	To be eligible for coverage, your dependents must be able to perform normal activities, and not be confined (at home, in a hospital, or in any other care facility), and any child(ren) must be under age 26. In order for your spouse and/or children to be eligible for coverage, you must elect coverage for yourself.
Premium Payment	The premiums for this insurance are paid in full by you.

COVERAGE GUIDELINES			
	Minimum	**Guarantee Issue**	**Maximum**
For You	$10,000	5 times annual salary, up to $100,000	$500,000, in increments of $10,000, but no more than 5 times annual salary
Spouse	$5,000	100% of employee's benefit, up to $25,000	100% of employee's benefit, up to $250,000
Children	$2,000	100% of employee's benefit	100% of employee's benefit, up to $10,000

Subject to any reductions shown below. Guarantee Issue is available to new hires. Amounts over the Guarantee Issue will require a health application/evidence of insurability. For late entrants, all amounts will require a health application/evidence of insurability.

BENEFITS	
Life Insurance Benefit Amount	Within the coverage guidelines defined above, you select the amount of life insurance coverage you want. This plan includes the option to select coverage for your spouse and dependent children. Children include those, up to age 26. In the event of death, the benefit paid will be equal to the benefit amount after any age reductions less any living care/accelerated death benefits previously paid under this plan.
Accidental Death & Dismemberment (AD&D) Benefit Amount	For you and your spouse: The Principal Sum amount is equal to the amount of life insurance benefit. AD&D coverage is available if you or your dependents are injured or die as a result of an accident, and the injury or death is independent of sickness and all other causes. The benefit amount depends on the type of loss incurred, and is either all or a portion of the Principal Sum.
FEATURES	
Living Care/ Accelerated Death Benefit	75% of the amount of the life insurance benefit is available to you if terminally ill, not to exceed $250,000.
Waiver of Premium	If it is determined that you are totally disabled, your life insurance benefit will continue without payment of premium, subject to certain conditions.
Annual Benefit Amount Increase	If you enroll for even the minimum amount of coverage during your initial enrollment, you have the ability to enroll for additional coverage at your next enrollment by up to $20,000, provided the total amount of insurance does not exceed your maximum benefit amount. This feature allows you to secure additional life insurance protection in the event your needs change (ex. you get married or have a child). Amounts over the Guarantee Issue will require evidence of insurability (proof of good health).
Additional AD&D Benefits	In addition to basic AD&D benefits, you are protected by the following benefits: - Seat Belt - Airbag - Common Carrier
Portability	Allows you to continue this insurance program for yourself and your dependents should you leave your employer for any reason, without having to provide evidence of insurability (information about your health). You will be responsible for the premium for the coverage.
Conversion	If your employment ends, you may apply for an individual life insurance policy from Mutual of Omaha without having to provide evidence of insurability (information about your health). You will be responsible for the premium for the coverage.
SERVICES	
Hearing Discount Program	The Hearing Discount Program provides you and your family discounted hearing products, including hearing aids and batteries. Call 1-888-534-1747 or visit www.amplifonusa.com/mutualofomaha to learn more.
Will Prep Services	We work with Epoq, Inc. to offer employees online will prep tools. In just a few clicks you can complete a basic will or other documents to protect your family and property. To get started visit www.willprepservices.com.

AGE REDUCTIONS AND EXCLUSIONS

Insurance benefits and guarantee issue amounts are subject to age reductions:

- At age 65, amounts reduce to 65%
- At age 70, amounts reduce to 50%

Spouse coverage terminates when you reach age 70.

Life insurance benefits will not be paid if the insured's death is the result of suicide within two years from the date coverage begins. If this occurs, the sum of the premiums paid will be returned to the beneficiary. The same applies for any future increases in coverage under this plan.

Information about the AD&D exclusions for this plan will be included in the summary of coverage, which you will receive after enrolling.

Please contact your employer if you have questions prior to enrolling.

Voluntary Term Life and AD&D Coverage Selection and Premium Calculation

Please note that the premium amounts presented below may vary slightly from the amounts provided on your enrollment form, due to rounding.

To select your benefit amount and calculate your premium, do the following:

1) Locate the benefit amount you want from the top row of the employee premium table. Your benefit amount must be in an increment of $10,000. Refer to the Coverage Guidelines section for minimums and maximums, if needed.
2) Find your age bracket in the far left column.
3) Your premium amount is found in the box where the row (your age) and the column (benefit amount) intersect.
4) Enter the benefit and premium amounts into their respective areas in the Voluntary Life and AD&D section of your enrollment form.

If the benefit amount you want to select is greater than any amount in the table below, select the benefit amount from the top row that when multiplied by another number results in the benefit amount you want. For example, if you want $150,000 in coverage, you obtain your premium amount by multiplying the rate for $50,000 times 3.

EMPLOYEE PREMIUM TABLE (24 PAYROLL DEDUCTIONS PER YEAR)

Age	$10,000	$20,000	$30,000	$40,000	$50,000	$60,000	$70,000	$80,000	$90,000	$100,000
0 - 29	$0.43	$0.85	$1.28	$1.70	$2.13	$2.55	$2.98	$3.40	$3.83	$4.25
30 - 34	$0.63	$1.25	$1.88	$2.50	$3.13	$3.75	$4.38	$5.00	$5.63	$6.25
35 - 39	$0.73	$1.45	$2.18	$2.90	$3.63	$4.35	$5.08	$5.80	$6.53	$7.25
40 - 44	$0.78	$1.55	$2.33	$3.10	$3.88	$4.65	$5.43	$6.20	$6.98	$7.75
45 - 49	$1.13	$2.25	$3.38	$4.50	$5.63	$6.75	$7.88	$9.00	$10.13	$11.25
50 - 54	$2.18	$4.35	$6.53	$8.70	$10.88	$13.05	$15.23	$17.40	$19.58	$21.75
55 - 59	$3.03	$6.05	$9.08	$12.10	$15.13	$18.15	$21.18	$24.20	$27.23	$30.25
60 - 64	$3.53	$7.05	$10.58	$14.10	$17.63	$21.15	$24.68	$28.20	$31.73	$35.25
65 - 69	$8.83	$17.65	$26.48	$35.30	$44.13	$52.95	$61.78	$70.60	$79.43	$88.25
70 - 74	$13.83	$27.65	$41.48	$55.30	$69.13	$82.95	$96.78	$110.60	$124.43	$138.25
75 - 79	$73.23	$146.45	$219.68	$292.90	$366.13	$439.35	$512.58	$585.80	$659.03	$732.25
80+	$73.23	$146.46	$219.69	$292.92	$366.15	$439.38	$512.61	$585.84	$659.07	$732.30

Follow the method described above to select a benefit amount and calculate premiums for optional dependent spouse and/or child(ren) coverage. **Your spouse's rate is based on your age,** so find your age bracket in the far left column of the Spouse Premium Table. Your spouse's premium amount is found in the box where the row (the age) and the column (benefit amount) intersect. Your spouse's benefit amount must be in an increment of $5,000. Refer to the Coverage Guidelines section for minimums and maximums, if needed.

SPOUSE PREMIUM TABLE (24 PAYROLL DEDUCTIONS PER YEAR)

Age	$5,000	$10,000	$15,000	$20,000	$25,000	$30,000	$35,000	$40,000	$45,000	$50,000
0 - 29	$0.22	$0.43	$0.64	$0.85	$1.07	$1.28	$1.49	$1.70	$1.92	$2.13
30 - 34	$0.32	$0.63	$0.94	$1.25	$1.57	$1.88	$2.19	$2.50	$2.82	$3.13
35 - 39	$0.37	$0.73	$1.09	$1.45	$1.82	$2.18	$2.54	$2.90	$3.27	$3.63
40 - 44	$0.39	$0.78	$1.17	$1.55	$1.94	$2.33	$2.72	$3.10	$3.49	$3.88
45 - 49	$0.57	$1.13	$1.69	$2.25	$2.82	$3.38	$3.94	$4.50	$5.07	$5.63
50 - 54	$1.09	$2.18	$3.27	$4.35	$5.44	$6.53	$7.62	$8.70	$9.79	$10.88
55 - 59	$1.52	$3.03	$4.54	$6.05	$7.57	$9.08	$10.59	$12.10	$13.62	$15.13
60 - 64	$1.77	$3.53	$5.29	$7.05	$8.82	$10.58	$12.34	$14.10	$15.87	$17.63
65 - 69	$4.42	$8.83	$13.24	$17.65	$22.07	$26.48	$30.89	$35.30	$39.72	$44.13

ALL CHILDREN PREMIUM TABLE (24 PAYROLL DEDUCTIONS PER YEAR)*

$2,000	$4,000	$6,000	$8,000	$10,000
$0.20	$0.40	$0.60	$0.80	$1.00

*Regardless of how many children you have, they are included in the "All Children" premium amounts listed in the table above.

Frequently Asked Questions

Who is eligible for this insurance?

- You must be actively working (performing all normal duties of your job) at least 32 hours per week.
- Your dependent(s) must be performing normal activities and not be confined (at home or in a hospital/care facility) and any child(ren) must be under age 26.

What is Guarantee Issue?

The amount of insurance applied for without answering any health questions (or which does not require evidence of insurability). Coverage amounts over the Guarantee Issue Amount will require evidence of insurability.

What is Evidence of Insurability?

Evidence of Insurability or proof of good health – may be required if you are a late entrant and/or you request any additional coverage above your guarantee issue amount.

Can I take this insurance with me if I change jobs/am no longer a member of this group?

In the event this insurance ends due to a change in your employment/membership status with the group, or for certain other reasons, you or your insured spouse may have the right to continue this insurance under the Portability or Conversion provision, subject to certain conditions.

Are there any limitations, reductions or exclusions?

The benefits payable are based on the following:

- Insurance benefits and guarantee issue amounts are subject to age reductions:
  - At age 65, amounts reduce to 65%
  - At age 70, amounts reduce to 50%
- Spouse coverage terminates when you reach age 70.
- Life insurance benefits will not be paid if the insured's death is the result of suicide within two years from the date coverage begins. If this occurs, the sum of the premiums paid will be returned to the beneficiary. The same applies for any future increases in coverage under this plan.
- Information about the AD&D exclusions for this plan will be included in the summary of coverage, which you will receive after enrolling.

All exclusions may not be applicable, or may be adjusted, as required by state regulations.

This information describes some of the features of the benefits plan. Benefits may not be available in all states. Please refer to the certificate booklet for a full explanation of the plan's benefits, exclusions, limitations and reductions. Should there be any discrepancy between the certificate booklet and this outline, the certificate booklet will prevail. Availability of benefits is subject to final acceptance and approval of the group application by the underwriting company. Life insurance and accidental death & dismemberment insurance are underwritten by United of Omaha Life Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175. Policy form number 7000GM-U-EZ 2010 or state equivalent (in NC: 7000GM-U-EZ 2010 NC). United of Omaha Life Insurance Company is licensed nationwide, except New York.

Benefits for 2022 - 2023

Short Term Disability

Summary of Coverage

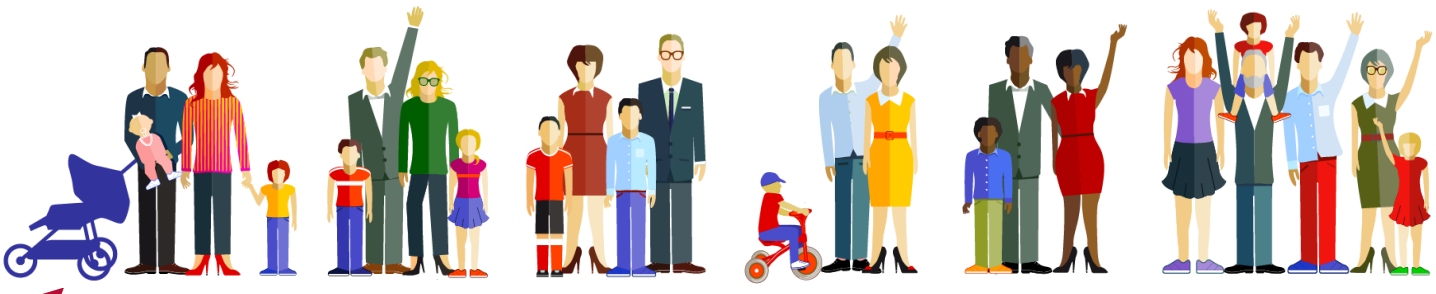
Mutual of Omaha

Full-Time Employees working 32+ Hours/Week

Integrity Educational Services provides full-time status team members with Short Term Disability Income Benefits, and pays the full cost of this coverage. In the event you become disabled from a non work-related injury or sickness, disability income benefits are provided as a source of income. You are not eligible to receive short-term disability benefits if you are receiving workers' compensation benefits.

Plan Features	
Employee Benefit Amount	60% of weekly salary
Maximum Benefit Amount	$500 Per week
Elimination Period	1st day from an accident and 8th day from an illness
Benefit Duration	13 Weeks

Team Member Cost - $0.00
Employer Paid Benefit



This booklet provides only a summary of your benefits. All services described within are subject to the definitions, limitations, and exclusions set forth in each insurance carrier or provider's contract.

Benefits for 2022 - 2023

Long Term Disability

Summary of Coverage

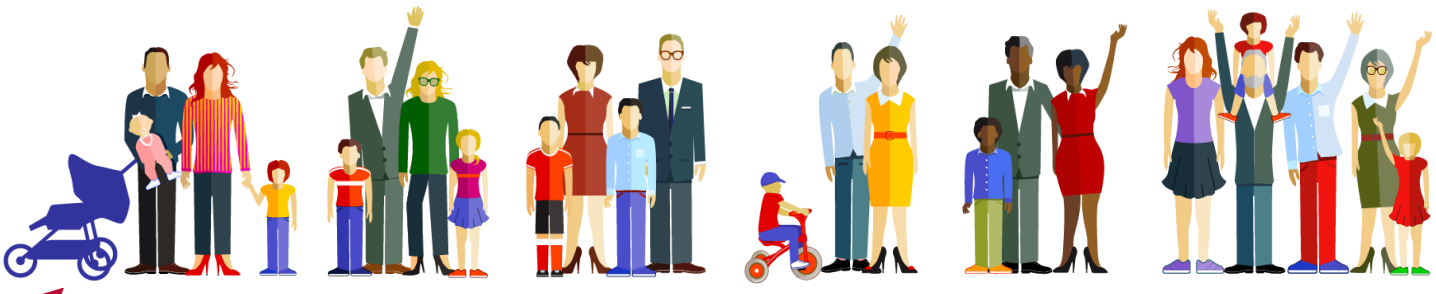
Mutual of Omaha

Full-Time Employees working 32+ Hours/Week

Integrity Educational Services provides full-time status team members with Long Term Disability Benefits, and pays the full cost of this coverage, In the event you become disabled from a non-work related injury or sickness, disability income benefits are provided as a source of income. You are not eligible to receive disability benefits if you are receiving Worker's Compensation Benefits.

Plan Features	
Employee Benefit Amount	60% of salary
Maximum Benefit Amount	$5,000 Per month
Elimination Period	90 days
Benefit Duration	Later of Age 65 or Social Security Normal Retirement Age

Team Member Cost - $0.00
Employer Paid Benefit



This booklet provides only a summary of your benefits. All services described within are subject to the definitions, limitations, and exclusions set forth in each insurance carrier or provider's contract.

Pet insurance from Nationwide®

With two budget-friendly options, there's never been a better time to protect your pet.

Our popular My Pet Protection® pet insurance plans now feature more choices and more flexibility

- **Get cash back on eligible vet bills:** Choose your reimbursement level of 50% or 70%[1]
- **Available exclusively for employees:** Plans with preferred pricing only offered through your company
- **Use any vet, anywhere:** No networks, no pre-approvals

Choose your level of coverage with My Pet Protection®

50% reimbursement

$20-$35/month[2]

70% reimbursement

$27-$47/month[2]

How to use your pet insurance plan

1. Visit any vet, anywhere.
2. Submit claim.
3. Get reimbursed for eligible expenses.

https://benefits.petinsurance.com/integrityedservices • 877-738-7874

[1]Some exclusions may apply. Certain coverages may be subject to pre-existing exclusion. See policy documents for a complete list of exclusions. Reimbursement options may not be available in all states.

[2]Starting prices indicated. Final cost varies according to plan, species and ZIP code.

Products underwritten by Veterinary Pet Insurance Company (CA), Columbus, OH; National Casualty Company (all other states), Columbus, OH. Agency of Record: DVM Insurance Agency. All are subsidiaries of Nationwide Mutual Insurance Company. Nationwide, the Nationwide N and Eagle, and Nationwide is on your side are service marks of Nationwide Mutual Insurance Company. ©2021 Nationwide. 21GRP8314

Nationwide®

Nationwide® pet insurance

My Pet Protection® plan summary

Nationwide pet insurance helps you cover veterinary expenses so you can provide your pets with the best care possible **without worrying about the cost**.

My Pet Protection coverage highlights

We offer a choice of reimbursement options so you can find coverage that fits your budget. All plans have a $250 annual deductible and $7,500 maximum annual benefit. Coverage includes*:

- Accidents
- Illnesses
- Hereditary and congenital conditions
- Cancer
- Dental diseases
- Behavioral treatments
- Rx therapeutic diets and supplements
- And more

Plus, every My Pet Protection policy includes these additional benefits to maximize your value:

- Lost pet advertising and reward expense
- Emergency boarding
- Loss due to theft
- Mortality benefit

Included with every policy

vethelpline®

- 24/7 access to veterinary experts ($110 value)
- Available via phone, chat and email
- Unlimited help for everything from general pet questions to identifying urgent care needs

PetRxExpress℠

- Save time and money by filling pet prescriptions at participating in-store retail pharmacies across the U.S.
- Rx claims submitted directly to Nationwide
- More than 4,700 pharmacy locations

Additional highlights

- Exclusive product for employer groups only
- Preferred pricing for employees
- Multiple-pet discounts
- Guaranteed issuance

Get a fast, no-obligation quote today.

https://benefits.petinsurance.com/integrityedservices • **877-738-7874**

*Some exclusions may apply. Certain coverages may be excluded due to pre-existing conditions. See policy documents for a complete list of exclusions.

Products underwritten by Veterinary Pet Insurance Company (CA), Columbus, OH; National Casualty Company (all other states), Columbus, OH. Agency of Record: DVM Insurance Agency. All are subsidiaries of Nationwide Mutual Insurance Company. Subject to underwriting guidelines, review and approval. Products and discounts not available to all persons in all states. Insurance terms, definitions and explanations are intended for informational purposes only and do not in any way replace or modify the definitions and information contained in individual insurance contracts, policies or declaration pages, which are controlling. Nationwide, the Nationwide N and Eagle, **vet***helpline*, and Nationwide is on your side are service marks of Nationwide Mutual Insurance Company. ©2021 Nationwide. 21PMC8302E_GRP_REV

Nationwide®

Avian & Exotic Pet Plan

Available only from Nationwide®

Affordable medical coverage for your bird or exotic pet.

Choose 50% or 70% reimbursement. Coverage includes medical treatments and surgeries for accidents, illnesses and diseases, including cancer.*

This plan covers:

- Amphibians
- Birds
- Chameleons
- Chinchillas
- Ferrets
- Geckos
- Gerbils
- Guinea pigs
- Hamsters
- Iguanas
- Lizards
- Mice
- Rats
- Rabbits
- Snakes
- Tortoises
- Turtles

For more information, call **877-738-7874**

*Some exclusions may apply. Certain coverages may be subject to pre-existing exclusion. See policy documents for a complete list of exclusions. Plans may not be available in all states. Policy eligibility may vary. Some species of avian and exotic pets are not eligible for coverage. Plans feature a $250 annual deductible and have a maximum annual benefit of $7,500.

Products underwritten by Veterinary Pet Insurance Company (CA), Columbus, OH; National Casualty Company (all other states), Columbus, OH. Agency of Record: DVM Insurance Agency. All are subsidiaries of Nationwide Mutual Insurance Company. Subject to underwriting guidelines, review and approval. Products and discounts not available to all persons in all states. Insurance terms, definitions and explanations are intended for informational purposes only and do not in any way replace or modify the definitions and information contained in individual insurance contracts, policies or declaration pages, which are controlling. Nationwide, the Nationwide N and Eagle, and Nationwide is on your side are service marks of Nationwide Mutual Insurance Company. ©2021 Nationwide. 21GRP8365_ADA

Nationwide®
is on your side

Nationwide® pet insurance

EMPLOYEE FAQ

Do I need to re-enroll for this benefit every year?

No. Once enrolled, the policy will renew automatically each year.

How can I make changes to my policy?

You can make changes to your policy during your policy renewal period. All changes are subject to underwriting approval.

When is the policy renewal period?

The renewal period starts 60 days before the policy's current 12-month term expires. The policy's effective date and expiration date can be found on the Declarations Page, which is included with the policy packet that is mailed to you at each new term.

What happens to my pet insurance policy if I am no longer with the company?

You will be notified and asked to update billing information in order to keep the policy active.

Will pre-existing conditions be covered?

Unfortunately, no. Like all pet insurers, we don't cover pre-existing conditions on any of our plans.

Can I still use my vet?

Absolutely. You're free to visit any licensed veterinarian, anywhere in the world—even specialists and emergency providers.

If I have a pet other than a dog or cat, can I enroll?

Yes! If you want coverage for your bird, rabbit, reptile or other exotic pet, you'll find it only with Nationwide.

To enroll in the Avian & Exotic Pet Plan, please call 877-738-7874.

What is vet*helpline*® and how does it work?

Veterinary professionals are available 24/7 through **vet***helpline*, a service provided exclusively for Nationwide pet insurance members. You can get live help with any pet health concern, including identifying urgent care needs. Please note, a **vet***helpline* consultation is not a substitute for a visit to your primary veterinarian.

How do I file a claim?

It's easy. Simply pay your vet bill and then send us a claim for reimbursement via mail, email or online.

Mail: Nationwide Claims Dept., P. O. Box 2344, Brea, CA 92822-2344

Email: submitmyclaim@petinsurance.com

Online: Submit claims through your Nationwide Pet Account Access page at my.petinsurance.com. Please allow 48 hours from the time you submit your claim for it to appear online.

Get a quote at https://benefits.petinsurance.com/integrityedservices • **877-738-7874**

Products underwritten by Veterinary Pet Insurance Company (CA), Columbus, OH; National Casualty Company (all other states), Columbus, OH. Agency of Record: DVM Insurance Agency. All are subsidiaries of Nationwide Mutual Insurance Company. Nationwide, the Nationwide N and Eagle, and Nationwide is on your side are service marks of Nationwide Mutual Insurance Company. ©2021 Nationwide. 21GRP8309_PMC

Nationwide®

Basic Employee Assistance Program

INTEGRITY EDUCATIONAL SERVICES
G000B7MF

Life's not always easy. Sometimes a personal or professional issue can get in the way of maintaining a healthy, productive life. Your Employee Assistance Program (EAP) can be the answer for you and your family.

WE'RE HERE TO HELP

Mutual of Omaha's EAP assists employees and their eligible dependents with personal or job-related concerns, including:

- Emotional well-being
- Family and relationships
- Legal and financial
- Healthy lifestyles
- Work and life transitions

EAP BENEFITS

- Unlimited telephone access to EAP professionals 24 hours a day, seven days a week
- Telephone assistance and referral
- Service for employees and eligible dependents
- Legal assistance and financial services
  - Online will preparation
  - Legal library & online forms
  - Telephonic financial consultation
- Resources for:
  - Financial tools and resources
  - Substance abuse and other addictions
  - Dependent and elder care assistance & referral services
- Access to a library of educational articles, handouts and resources via *mutualofomaha.com/eap*

WHAT TO EXPECT

You can trust your EAP professional to assess your needs and handle your concerns in a confidential, respectful manner. Our goal is to collaborate with you and find solutions that are responsive to your needs.

Your EAP benefits are provided through your employer. If additional services are needed, your EAP will help locate appropriate resources in your area.

Don't delay if you need help. Visit *mutualofomaha.com/eap* or call 800-316-2796 for confidential consultation and resource services.

Benefits that work

This booklet provides only a summary of your benefits. All services described within are subject to the definitions, limitations, and exclusions set forth in each insurance carrier or provider's contract.

Benefits for 2022 - 2023

401k Retirement Plan

To help you prepare for the future, IES sponsors a 401(k) plan as part of its benefit package. As an Eligible Employee, you may start or stop participating in the plan at any time. Please contact a Huntington Bank Representative for details.

- Your plan is set-up with automatic enrollment.
- This process automatically enrolls participants 30-days after they are hired.
- Your default deferral will be 3% of compensation on a pre-tax basis.
- Integrity Educational Services currently makes a matching contribution to your account. They will match $.50 for each dollar of your contribution up to 6% of your pay.

Please read the plans' Summary Plan Description regarding these and other plan provisions.

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Benefits for 2022 - 2023

Contact Information

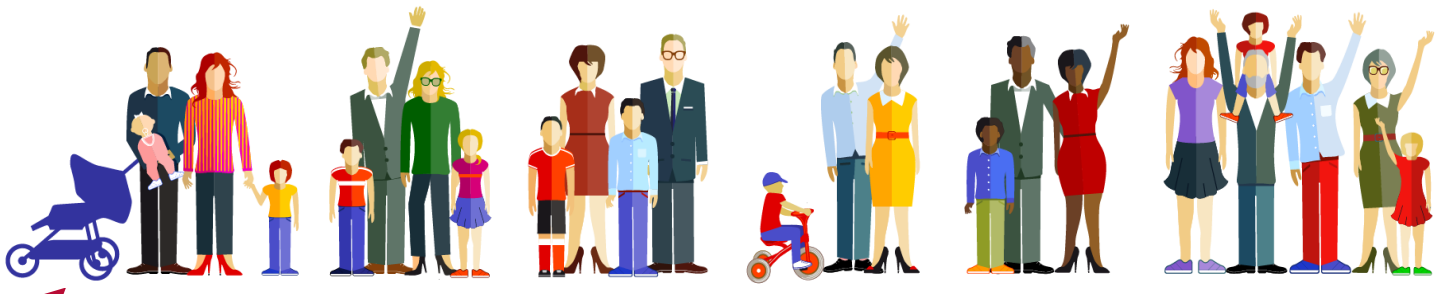
Coverage	Insurance Carrier	Phone Number	
Medical/RX	Priority Health	(800) 446-5674	www.priorityhealth.com
Spectrum Health Now - MDLive	Priority Health	(844) 322-7374	www.priorityhealth.com
Dental	Delta Dental	(800) 524-0149	www.deltadentalmi.com
Vision	EyeMed	(888) 293-7373	www.eyemedvisioncare.com
Basic Life/AD&D Insurance	Mutual of Omaha	(800) 228-7104	www.mutualofomaha.com
Disability Insurance	Mutual of Omaha	(800) 228-7104	www.mutualofomaha.com
COBRA	iSolved Benefit Services	(800) 594-6957	www.isolvedbenefitservices.com

Your Benefit Service Team

Noreen Organek
Account Manager
(616) 261-7347
norganek@bhsins.com

Pat Dalton
Account Executive
(616) 261-7355
pdalton@bhsins.com

bhs INSURANCE



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Legal Notices

Health Insurance Portability and Accountability Act of 1996 (HIPAA)

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal law that addresses the privacy and security of certain individually identifiable health information, called protected health information (or PHI). You have certain rights with respect to your PHI, including a right to see or get a copy of your health and claims records and other health information maintained by a health plan or carrier. For a copy of the Notice of Privacy Practices, describing how your PHI may be used and disclosed and how you get access to the information, contact Human Resources.

Women's Health and Cancer Rights Act Enrollment Notice

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

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

Newborns' and Mothers' Health Protection Act Disclosure

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

Patient Protection Notice

Your carrier generally may require the designation of a primary care provider. You have the right to designate any primary care provider who participates in your network and who is available to accept you or your family members. Until you make this designation, your carrier may designate one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact Leslie Cummings at lcummings@integrityedservices.org.

For children, you may designate a pediatrician as the primary care provider. You do not need prior authorization from your carrier or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in your network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact Leslie Cummings at lcummings@integrityedservices.org.

Legal Notices

HIPAA Special Enrollment Notice

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

If you or your dependents lose eligibility for coverage under Medicaid or the Children's Health Insurance Program (CHIP) or become eligible for a premium assistance subsidy under Medicaid or CHIP, you may be able to enroll yourself and your dependents. You must request enrollment within 60 days of the loss of Medicaid or CHIP coverage or the determination of eligibility for a premium assistance subsidy. To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact the plan administrator – Leslie Cummings at lcummings@integrityedservices.org

Genetic Information Nondiscrimination Act (GINA) Disclosures
Genetic Information Nondiscrimination Act of 2008

The Genetic Information Nondiscrimination Act of 2008 ("GINA") protects employees against discrimination based on their genetic information. Unless otherwise permitted, your Employer may not request or require any genetic information from you or your family members.

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

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Legal Notices

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2022. Contact your State for more information on eligibility –

ALABAMA – Medicaid	COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442
ALASKA – Medicaid	**FLORIDA – Medicaid**
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268
ARKANSAS – Medicaid	**GEORGIA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext. 2131
CALIFORNIA – Medicaid	**INDIANA – Medicaid**
Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Email: hipp@dhcs.ca.gov	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584

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Legal Notices

IOWA – Medicaid and CHIP (Hawki)	MONTANA – Medicaid
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084
KANSAS – Medicaid	**NEBRASKA – Medicaid**
Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
KENTUCKY – Medicaid	**NEVADA – Medicaid**
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	Medicaid Website: http://dhcfp.nv.gov/ Medicaid Phone: 1-800-992-0900
LOUISIANA – Medicaid	**NEW HAMPSHIRE – Medicaid**
Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218
MAINE – Medicaid	**NEW JERSEY – Medicaid and CHIP**
Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: -800-977-6740. TTY: Maine relay 711	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
MASSACHUSETTS – Medicaid and CHIP	**NEW YORK – Medicaid**
Website: https://www.mass.gov/info-details/masshealth-premium-assistance-pa Phone: 1-800-862-4840	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
MINNESOTA – Medicaid	**NORTH CAROLINA – Medicaid**
Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739	Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100
MISSOURI – Medicaid	**NORTH DAKOTA – Medicaid**
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	**UTAH – Medicaid and CHIP**
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
OREGON – Medicaid	**VERMONT– Medicaid**
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
PENNSYLVANIA – Medicaid	**VIRGINIA – Medicaid and CHIP**
Website: https://www.dhs.pa.gov/providers/Pages/Medical/HIPP-Program.aspx Phone: 1-800-692-7462	Website: http://www.coverva.org/hipp/ Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282

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Legal Notices

RHODE ISLAND – Medicaid	WASHINGTON – Medicaid
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
SOUTH CAROLINA – Medicaid	**WEST VIRGINIA – Medicaid**
Website: http://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
SOUTH DAKOTA - Medicaid	**WISCONSIN – Medicaid and CHIP**
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
TEXAS – Medicaid	**WYOMING – Medicaid**
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2022, or for more information on special enrollment rights, contact either:

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

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

Paperwork Reduction Act Statement

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OMB Control Number 1210-0137 (expires 1/31/2023)

Legal Notices

USERRA Notice

Your Rights Under USERRA

A. The Uniformed Services Employment and Reemployment Rights Act

USERRA protects the job rights of individuals who voluntarily or involuntarily leave employment positions to undertake military service or certain types of service in the National Disaster Medical System. USERRA also prohibits employers from discriminating against past and present members of the uniformed services, and applicants to the uniformed services.

B. Reemployment Rights

You have the right to be reemployed in your civilian job if you leave that job to perform service in the uniformed service and:

- You ensure that your employer receives advance written or verbal notice of your service;
- You have five years or less of cumulative service in the uniformed services while with that particular employer;
- You return to work or apply for reemployment in a timely manner after conclusion of service; and
- You have not been separated from service with a disqualifying discharge or under other than honorable conditions.

If you are eligible to be reemployed, you must be restored to the job and benefits you would have attained if you had not been absent due to military service or, in some cases, a comparable job.

C. Right to Be Free from Discrimination and Retaliation

If you:

- Are a past or present member of the uniformed service;
- Have applied for membership in the uniformed service; or
- Are obligated to serve in the uniformed service; then an employer may not deny you
  - Initial employment;
  - Reemployment;
  - Retention in employment;
  - Promotion; or
  - Any benefit of employment because of this status.

In addition, an employer may not retaliate against anyone assisting in the enforcement of USERRA rights, including testifying or making a statement in connection with a proceeding under USERRA, even if that person has no service connection.

D. Health Insurance Protection

- If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents for up to 24 months while in the military.
- Even if you do not elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions (e.g., pre-existing condition exclusions) except for service-connected illnesses or injuries.

E. Enforcement

- The U.S. Department of Labor, Veterans' Employment and Training Service (VETS) is authorized to investigate and resolve complaints of USERRA violations.

For assistance in filing a complaint, or for any other information on USERRA, contact VETS at 1-866-4-USA-DOL or visit its Web site at *http://www.dol.gov/vets.* An interactive online USERRA Advisor can be viewed at *http://www.dol.gov/elaws/userra.htm*.

- If you file a complaint with VETS and VETS is unable to resolve it, you may request that your case be referred to the Department of Justice or the Office of Special Counsel, as applicable, for representation.
- You may also bypass the VETS process and bring a civil action against an employer for violations of USERRA.

The rights listed here may vary depending on the circumstances. The text of this notice was prepared by VETS, and may be viewed on the Internet at this address: *http://www.dol.gov/vets/programs/userra/poster.htm.* Federal law requires employers to notify employees of their rights under USERRA, and employers may meet this requirement by displaying the text of this notice where they customarily place notices for employees. U.S. Department of Labor, Veterans' Employment and Training Service, 1-866-487-2365.

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Legal Notices

Model General Notice of COBRA Continuation Coverage Rights

(For use by single-employer group health plans)

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

Introduction

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

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

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

What is COBRA continuation coverage?

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

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

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

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Legal Notices

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

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

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

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

When is COBRA continuation coverage available?

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

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

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice Leslie Cummings.

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Legal Notices

How is COBRA continuation coverage provided?

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

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

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

Disability extension of 18-month period of COBRA continuation coverage

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

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

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

Are there other coverage options besides COBRA Continuation Coverage?

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

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Legal Notices

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

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period[1] to sign up for Medicare Part A or B, beginning on the earlier of

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

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

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

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

If you have questions

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

Keep your Plan informed of address changes

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

Plan contact information – Leslie Cummings at lcummings@integrityedservices.org.

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[1] https://www.medicare.gov/sign-up-change-plans/how-do-i-get-parts-a-b/part-a-part-b-sign-up-periods

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Legal Notices

Family Medical Leave Act (FMLA)

Family Medical Leave Act (FMLA)

Eligible employees who work for a covered employer can take up to 12 weeks of unpaid, job-protected leave in a 12-month period for the following reasons:

- The birth of a child or placement of a child for adoption or foster care;
- To bond with a child (leave must be taken within one year of the child's birth or placement);
- To care for the employee's spouse, child, or parent who has a qualifying serious health condition;
- For the employee's own qualifying serious health condition that makes the employee unable to perform the employee's job;
- For qualifying exigencies related to the foreign deployment of a military member who is the employee's spouse, child, or parent.

An eligible employee who is a covered servicemember's spouse, child, parent, or next of kin may also take up to 26 weeks of FMLA leave in a single 12-month period to care for the servicemember with a serious injury or illness.

Benefits & Protections

An employee does not need to use leave in one block. When it is medically necessary or otherwise permitted, employees may take leave intermittently or on a reduced schedule.

Employees may choose, or an employer may require, use of accrued paid leave while taking FMLA leave. If an employee substitutes accrued paid leave for FMLA leave, the employee must comply with the employer's normal paid leave policies.

While employees are on FMLA leave, employers must continue health insurance coverage as if the employees were not on leave.

Upon return from FMLA leave, most employees must be restored to the same job or one nearly identical to it with equivalent pay, benefits, and other employment terms and conditions.

An employer may not interfere with an individual's FMLA rights or retaliate against someone for using or trying to use FMLA leave, opposing any practice made unlawful by the FMLA, or being involved in any proceeding under or related to the FMLA.

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Legal Notices

Family Medical Leave Act (FMLA)

Eligibility Requirements

An employee who works for a covered employer must meet three criteria in order to be eligible for FMLA leave. The employee must:

- Have worked for the employer for at least 12 months;
- Have at least 1,250 hours of service in the 12 months before taking leave;* and
- Work at a location where the employer has at least 50 employees within 75 miles of the employee's worksite.

*Special "hours of service" requirements apply to airline flight crew employees.

Generally, employees must give 30-days' advance notice of the need for FMLA leave. If it is not possible to give 30-days' notice, an employee must notify the employer as soon as possible and, generally, follow the employer's usual procedures.

Employees do not have to share a medical diagnosis, but must provide enough information to the employer so it can determine if the leave qualifies for FMLA protection. Sufficient information could include informing an employer that the employee is or will be unable to perform his or her job functions, that a family member cannot perform daily activities, or that hospitalization or continuing medical treatment is necessary. Employees must inform the employer if the need for leave is for a reason for which FMLA leave was previously taken or certified.

Employers can require a certification or periodic recertification supporting the need for leave. If the employer determines that the certification is incomplete, it must provide a written notice indicating what additional information is required.

Employer Responsibilities

Once an employer becomes aware that an employee's need for leave is for a reason that may qualify under the FMLA, the employer must notify the employee if he or she is eligible for FMLA leave and, if eligible, must also provide a notice of rights and responsibilities under the FMLA. If the employee is not eligible, the employer must provide a reason for ineligibility.

Employers must notify its employees if leave will be designated as FMLA leave, and if so, how much leave will be designated as FMLA leave.

Enforcement

Employees may file a complaint with the U.S. Department of Labor, Wage and Hour Division, or may bring a private lawsuit against an employer.

The FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.

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Legal Notices

Medicare Part D

Important Notice from Integrity Educational Services About Your 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 Integrity Educational Services 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. **Integrity Educational Services has determined that the prescription drug coverage offered by Priority Health 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.**

When Can You 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 Integrity Educational Services coverage not be affected. You can keep this coverage if they elect part D and this plan will coordinate with Part D coverage. *See* pages 7- 9 of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at http://www.cms.hhs.gov/CreditableCoverage), which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.]

If you do decide to join a Medicare drug plan and drop your current Integrity Educational Services coverage, be aware that you and your dependents will be able to get this coverage back.

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Legal Notices

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

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

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

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

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

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

Date:	August 1, 2022
Name of Entity/Sender:	Integrity Educational Services
Contact Position/Office:	Leslie Cummings, Executive Director – Business Office
Address:	3330 36th Street, Kentwood, MI 49512
Phone Number:	616-600-6503

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Notes

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