



REGION VIII TIPS
EMPLOYEE BENEFITS COOPERATIVE

BENEFIT GUIDE

EFFECTIVE: 09/01/2019 - 8/31/2020

WWW.TIPSEBC.COM



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HOW TO
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YOUR
BENEFITS

MOBILE ENROLLMENT

Enrollment made simple through your smartphone or tablet.

Access to everything you need to complete your benefits enrollment:

- Mobile App
- Online Support
- Interactive Tools
- And more.



How to Log In

1

WWW.TIPSEBC.COM

2

CLICK LOGIN

3

ENTER USERNAME &
PASSWORD

Username:

The first six (6) characters of your last name, followed by the first letter of your first name, followed by the last four (4) digits of your Social Security Number.

If you have six (6) or less characters in your last name, use your full last name, followed by the first letter of your first name, followed by the last four (4) digits of your Social Security Number.

Default Password:

Last Name (lowercase, excluding punctuation) followed by the last four (4) digits of your Social Security Number.

Disclaimers

HOWTO
ENROLL

Enrollment Guide General Disclaimer:

This summary of benefits for employees is meant *only* as a brief description of some of the programs for which employees *may* be eligible. This summary does not include specific plan details. You must refer to the specific plan documentation for specific plan details such as coverage expenses, limitations, exclusions, and other plan terms, which can be found at TIPS EBC Benefits Website. This summary does not replace or amend the underlying plan documentation. In the event of a discrepancy between this summary and the plan documentation the plan documentation governs. All plans and benefits described in this summary may be discontinued, increased, decreased, or altered at any time with or without notice.

Rate Sheet General Disclaimer:

The rate information provided in this guide is subject to change at any time by your employer and/or the plan provider. The rate information included herein, does not guarantee coverage or change or otherwise interpret the terms of the specific plan documentation, available at TIPS EBC Benefits Website, which may include additional exclusions and limitations and may require an application for coverage to determine eligibility for the health benefit plan. To the extent the information provided in this summary is inconsistent with the specific plan documentation, the provisions of the specific plan documentation will govern in all cases.

Rate Sheet

HOW TO
ENROLL

TRS MEDICAL RATES (Does not include employer contributions)	
ActiveCare 1 HD	Employee Cost
Employee Only	\$378
Employee +Spouse	\$1,066
Employee +Children	\$722
Employee +Family	\$1,415
ActiveCare Select	Employee Cost
Employee Only	\$556
Employee +Spouse	\$1,367
Employee +Children	\$902
Employee +Family	\$1,718
ActiveCare 2	Employee Cost
Employee Only	\$852
Employee +Spouse	\$2,020
Employee +Children	\$1,267
Employee +Family	\$2,389
HEALTH SAVINGS ACCOUNT (HSA)	
2019 Individual Maximum	\$3,500
2019 Family Maximum	\$7,000
FLEXIBLE SPENDING ACCOUNT (FSA)	
2019 Individual Maximum	\$2,700
2019 Dependent Care Maximum	\$5,000
VISION	
Employee Only	\$8.13
Employee and Spouse	\$13.85
Employee and Child(ren)	\$14.67
Family	\$21.99

EMERGENCY TRANSPORTATION		
	Emergent	Platinum
Employee + Family	\$9.00	\$39.00
CANCER		
	High Plan	Low Plan
Employee Only	\$26.90	\$20.64
Employee and Spouse	\$56.62	\$43.80
Employee and Child(ren)	\$34.14	\$26.70
Family	\$63.86	\$49.80
DENTAL		
	High Option	Low (MAC) Option
Employee Only	\$31.81	\$23.33
Employee and Spouse	\$79.12	\$58.03
Employee and Child(ren)	\$77.08	\$56.55
Family	\$122.53	\$89.87
ACCIDENT		
	High Option	Low Option
Employee Only	\$21.50	\$10.80
Employee and Spouse	\$38.90	\$19.40
Employee and Child(ren)	\$45.20	\$21.20
Family	\$62.60	\$29.80
DISABILITY		
	Elimination Period	(per \$100 in coverage)
	0/7	\$3.52
	14/14	\$2.98
	30/30	\$2.59
	60/60	\$2.11
	90/90	\$1.22
	180/180	\$0.87

Rate Sheet

HOW TO
ENROLL

IDENTITY THEFT		
	1B Plan	Platinum Plan
Employee Only	\$7.95	\$11.95
Employee and Family	\$14.95	\$22.95

TELEHEALTH	
Employee Only	\$8.00
Family	\$16.00

VOLUNTARY GROUP LIFE AND AD&D	
Employee Age	per \$10,000 in coverage
0-29	\$0.40
30-34	\$0.60
35-39	\$0.70
40-44	\$1.00
45-49	\$1.40
50-54	\$2.50
55-59	\$4.00
60-64	\$6.00
65-69	\$10.00
70-74	\$20.00
75+	\$26.00
Spouse rates are based on Employee's age and cannot exceed 100% of the employees supplemental life amount.	
Voluntary Group Life and AD&D - Child(ren)	
per \$10,000 in coverage	\$1.30

HOSPITAL INDEMNITY		
	Low Plan Voluntary/Buy-up (HSA)	High Plan Voluntary/Buy-up (HSA)
Employee	\$15.04	\$25.41
Employee & Spouse	\$31.23	\$51.17
Employee & Children	\$21.52	\$36.11
Family	\$34.86	\$57.91

Rate Sheet

HOW TO
ENROLL

CRITICAL ILLNESS					
	Age Band:	Employee	Employee & Spouse	Employee & Children	Family
\$10,000 FACE AMOUNT	<20	\$3.34	\$6.62	\$3.34	\$6.62
	20-24	\$3.73	\$7.25	\$3.73	\$7.25
	25-29	\$4.37	\$8.16	\$4.37	\$8.16
	30-34	\$5.04	\$9.29	\$5.04	\$9.29
	35-39	\$6.13	\$11.07	\$6.13	\$11.07
	40-44	\$8.01	\$14.19	\$8.01	\$14.19
	45-49	\$11.16	\$19.29	\$11.16	\$19.29
	50-54	\$16.03	\$27.45	\$16.03	\$27.45
	55-59	\$22.98	\$38.81	\$22.98	\$38.81
	60-64	\$32.13	\$53.08	\$32.13	\$53.08
	65-69	\$43.19	\$70.05	\$43.19	\$70.05
	70+	\$53.72	\$85.11	\$53.72	\$85.11
\$20,000 FACE AMOUNT	<20	\$4.68	\$9.06	\$4.68	\$9.06
	20-24	\$5.48	\$10.33	\$5.48	\$10.33
	25-29	\$6.75	\$12.14	\$6.75	\$12.14
	30-34	\$8.10	\$14.40	\$8.10	\$14.40
	35-39	\$10.27	\$17.95	\$10.27	\$17.95
	40-44	\$14.03	\$24.19	\$14.03	\$24.19
	45-49	\$20.32	\$34.39	\$20.32	\$34.39
	50-54	\$30.07	\$50.71	\$30.07	\$50.71
	55-59	\$43.97	\$73.43	\$43.97	\$73.43
	60-64	\$62.28	\$101.97	\$62.28	\$101.97
	65-69	\$84.40	\$135.92	\$84.40	\$135.92
	70+	\$105.44	\$166.04	\$105.44	\$166.04
\$30,000 FACE AMOUNT	<20	\$6.03	\$11.50	\$6.03	\$11.50
	20-24	\$7.23	\$13.40	\$7.23	\$13.40
	25-29	\$9.14	\$16.12	\$9.14	\$16.12
	30-34	\$11.16	\$19.51	\$11.16	\$19.51
	35-39	\$14.41	\$24.84	\$14.41	\$24.84
	40-44	\$20.06	\$34.19	\$20.06	\$34.19
	45-49	\$29.49	\$49.49	\$29.49	\$49.49
	50-54	\$44.12	\$73.98	\$44.12	\$73.98
	55-59	\$64.96	\$108.05	\$64.96	\$108.05
	60-64	\$92.42	\$150.86	\$92.42	\$150.86
	65-69	\$125.60	\$201.79	\$125.60	\$201.79
	70+	\$157.17	\$246.96	\$157.17	\$246.96

Annual Benefit Enrollment

SUMMARY
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Benefit Updates - What's New:

- **Medical:** All of the medical plans will experience a rate increase effective 09/01/2019. ActiveCare 2 is not available for new enrollees, however, current participants may elect to remain on the plan. Out-of-pocket maximums increased substantially for ActiveCare 1HD and 2. For more info on design changes for all TRS ActiveCare plans, please visit www.tractivecareatna.com. Employees with split medical coverage do require a new split application this year.
- **Hospital Indemnity: New!** This is an affordable supplemental plan that pays you should you be in-patient hospital confined. This plan complements your health insurance by helping you pay for costs left unpaid by your health insurance. You do not have to be enrolled in any medical plan to enroll either yourself or eligible dependents. There are no pre-existing condition limitations and pregnancy is a covered condition. You must be actively at work on 9/1/19 to be eligible for this plan. If you are enrolled in ActiveCare plans, there is ease of coordination of benefits. You can be enrolled in both an HSA and the Hospital Indemnity plan at the same time. **The medical gap plan will no longer be offered as of 9/1/19. If you were previously enrolled in a gap plan, you will automatically be enrolled in the new corresponding \$2000 Hospital Indemnity Plan. If you would like to waive or elect the HI Plan you must login during open enrollment.**
- **Critical Illness: New Carrier!** Critical illness insurance can be used towards medical or other expenses. It provides a lump sum benefit payable directly to the insured upon diagnosis of a covered condition or event, like a heart attack or stroke.

The money can also be used for non-medical costs related to the illness, including transportation, child care, etc. This plan is portable, so you can take it with you if you leave the district. If you elect family coverage, your spouse and children are covered at 50% of your covered amount. This plan includes a one time \$75 health screening benefit per year. In addition to critical illness benefits, the plan includes childhood illness benefits and cancer benefits. If you are enrolled in ActiveCare plans, there is ease of coordination of benefits. You must be actively at work on 9/1/19 to be eligible for this plan. **If you were previously enrolled in the Critical Illness Plan, you will be automatically enrolled in the corresponding Critical Illness plan.**
- **Voluntary Life and AD&D:** Group term life is the most inexpensive way to purchase life insurance. You have the freedom to select an amount of life insurance coverage you need to help protect the well-being of your family. This year, the application process for coverage is built directly into the system. This life insurance plan includes an Employee Assistance Program. Complete your Evidence of Insurability during your walkthrough and get an immediate answer of approval or denial. If you have existing coverage or you are a new hire, you may be eligible to elect up to the guaranteed issue amount without an EOI.
- **Accidental Death & Dismemberment** is life insurance coverage that pays a death benefit to the beneficiary, should death occur due to a covered accident. Dismemberment benefits are paid to you, according to the benefit level you select, if accidentally dismembered.

Important

Enrollment assistance is available by calling Financial Benefit Services at (469) 385-4685 to speak to a representative. Spanish speaking representatives are also available.

Annual Open Enrollment Benefit elections will become effective 9/1/2019 (elections requiring evidence of insurability, such as life Insurance, may have a later effective date, if approved). After annual enrollment closes, benefit changes can only be made if you experience a qualifying event (and changes must be made within 30 days of event).



Section 125 Cafeteria Plan Guidelines

A Cafeteria plan enables you to save money by using pre-tax dollars to pay for eligible group insurance premiums sponsored and offered by your employer. Enrollment is automatic unless you decline this benefit. Elections made during annual enrollment will become effective on the plan effective date and will remain in effect during the entire plan year.

Changes in benefit elections can occur only if you experience a qualifying event. You must present proof of a qualifying event to your Benefit Office within 30 days of your qualifying event and meet with your Benefit/HR Office to complete and sign the necessary paperwork in order to make a benefit election change. Benefit changes must be consistent with the qualifying event.

CHANGES IN STATUS (CIS):	QUALIFYING EVENTS
Marital Status	A change in marital status includes marriage, death of a spouse, divorce or annulment (legal separation is not recognized in all states).
Change in Number of Tax Dependents	A change in number of dependents includes the following: birth, adoption and placement for adoption. You can add existing dependents not previously enrolled whenever a dependent gains eligibility as a result of a valid change in status event.
Change in Status of Employment Affecting Coverage Eligibility	Change in employment status of the employee, or a spouse or dependent of the employee, that affects the individual's eligibility under an employer's plan includes commencement or termination of employment.
Gain/Loss of Dependents' Eligibility Status	An event that causes an employee's dependent to satisfy or cease to satisfy coverage requirements under an employer's plan may include change in age, student, marital, employment or tax dependent status.
Judgment/Decree/Order	If a judgment, decree, or order from a divorce, annulment or change in legal custody requires that you provide accident or health coverage for your dependent child (including a foster child who is your dependent), you may change your election to provide coverage for the dependent child. If the order requires that another individual (including your spouse and former spouse) covers the dependent child and provides coverage under that individual's plan, you may change your election to revoke coverage only for that dependent child and only if the other individual actually provides the coverage.
Eligibility for Government Programs	Gain or loss of Medicare/Medicaid coverage may trigger a permitted election change.

Annual Enrollment

During your annual enrollment period, you have the opportunity to review, change or continue benefit elections each year. Changes are not permitted during the plan year (outside of annual enrollment) unless a Section 125 qualifying event occurs.

- Changes, additions or drops may be made only during the annual enrollment period without a qualifying event.
- Employees must review their personal information and verify that dependents they wish to provide coverage for are included in the dependent profile. Additionally, you must notify your employer of any discrepancy in personal and/or benefit information.
- Employees must confirm on each benefit screen (medical, dental, vision, etc.) that each dependent to be covered is selected in order to be included in the coverage for that particular benefit.

New Hire Enrollment

All new hire enrollment elections must be completed in the online enrollment system within the first 30 days of benefit eligibility employment. Failure to complete elections during this timeframe will result in the forfeiture of coverage.

Q&A

Who do I contact with Questions?

For supplemental benefit questions, you can contact your Benefits/HR department or you can call Financial Benefit Services at 866-914-5202 for assistance.

Where can I find forms?

For benefit summaries and claim forms, go to your benefit website: www.tipsebc.com. Click the benefit plan you need information on (i.e., Dental) and you can find the forms you need under the Benefits and Forms section.

How can I find a Network Provider?

For benefit summaries and claim forms, go to the TIPSEBC benefit website: www.tipsebc.com. Click on the benefit plan you need information on (i.e., Dental) and you can find provider search links under the Quick Links section.

When will I receive ID cards?

If the insurance carrier provides ID cards, you can expect to receive those 3-4 weeks after your effective date. For most dental and vision plans, you can login to the carrier website and print a temporary ID card or simply give your provider the insurance company's phone number and they can call and verify your coverage if you do not have an ID card at that time. If you do not receive your ID card, you can call the carrier's customer service number to request another card.

If the insurance carrier provides ID cards, but there are no changes to the plan, you typically will not receive a new ID card each year.

Employee Eligibility Requirements

Supplemental Benefits: Eligible employees must work 20 or more regularly scheduled hours each work week.

Eligible employees must be actively at work on the plan effective date for new benefits to be effective, meaning you are physically capable of performing the functions of your job on the first day of work concurrent with the plan effective date. For example, if your 2019 benefits become effective on September 1, 2019, you must be actively-at-work on September 1, 2019 to be eligible for your new benefits.

Dependent Eligibility Requirements

Dependent Eligibility: You can cover eligible dependent children under a benefit that offers dependent coverage, provided you participate in the same benefit, through the maximum age listed below. Dependents cannot be double covered by married spouses within TIPSEBC as both employees and dependents.

PLAN	MAXIMUM AGE
Accident	Through 25
Cancer	Through 25
Critical Illness	Through 25
Dental	Through 25
Dependent Flex	12 or younger or qualified individual unable to care for themselves & claimed as a dependent on your taxes
Flexible Spending Account (FSA)	Through 25 or IRS Tax Dependent
Health Savings Account (HSA)	IRS Tax Dependent
Individual Life	Through 23
Life and AD&D	Through 25
Hospital Indemnity Plan	Through 25
Telehealth	Through 25
Vision	Through 25
Emergency Medical Transport	Through 25

If your dependent is disabled, coverage may be able to continue past the maximum age under certain plans. If you have a disabled dependent who is reaching an ineligible age, you must provide a physician's statement confirming your dependent's disability. Contact your HR/Benefit Administrator to request a continuation of coverage.

Actively at Work

You are performing your regular occupation for the employer on a full-time basis, either at one of the employer's usual places of business or at some location to which the employer's business requires you to travel. If you will not be actively at work beginning 9/1/2019 please notify your benefits administrator.

Annual Enrollment

The period during which existing employees are given the opportunity to enroll in or change their current elections.

Annual Deductible

The amount you pay each plan year before the plan begins to pay covered expenses.

Calendar Year

January 1st through December 31st

Co-insurance

After any applicable deductible, your share of the cost of a covered health care service, calculated as a percentage (for example, 20%) of the allowed amount for the service.

Guaranteed Coverage

The amount of coverage you can elect without answering any medical questions or taking a health exam. Guaranteed coverage is only available during initial eligibility period. Actively-at-work and/or pre-existing condition exclusion provisions do apply, as applicable by carrier.

In-Network

Doctors, hospitals, optometrists, dentists and other providers who have contracted with the plan as a network provider.

Out of Pocket Maximum

The most an eligible or insured person can pay in co-insurance for covered expenses.

Plan Year

September 1st through August 31st

Pre-Existing Conditions

Applies to any illness, injury or condition for which the participant has been under the care of a health care provider, taken prescriptions drugs or is under a health care provider's orders to take drugs, or received medical care or services (including diagnostic and/or consultation services).

HSA vs. FSA

	Health Savings Account (HSA) (IRC Sec. 223)	Flexible Spending Account (FSA) (IRC Sec. 125)
Description	Approved by Congress in 2003, HSAs are actual bank accounts in employee's names that allow employees to save and pay for unreimbursed qualified medical expenses tax-free.	Allows employees to pay out-of-pocket expenses for copays, deductibles and certain services not covered by medical plan, tax-free. This also allows employees to pay for qualifying dependent care tax-free.
Employer Eligibility	A qualified high deductible health plan.	All employers
Contribution Source	Employee and/or employer	Employee and/or employer
Account Owner	Individual	Employer
Underlying Insurance Requirement	High deductible health plan	None
Minimum Deductible	\$1,350 single (2019) \$2,700 family (2019)	N/A
Maximum Contribution	\$3,500 single (2019) \$7,000 family (2019)	\$2,700
Permissible Use Of Funds	If used for non-qualified medical expenses, subject to current tax rate plus 20% penalty.	Reimbursement for qualified medical expenses (as defined in Sec. 213(d) of IRC).
Cash-Outs of Unused Amounts (if no medical expenses)	Permitted, but subject to current tax rate plus 20% penalty (penalty waived after age 65).	Not permitted
Year-to-year rollover of account balance?	Yes, will roll over to use for subsequent year's health coverage.	No. Access to some funds may be extended if your employer's plan contains a 2 1/2 -month grace period or \$500 rollover provision.
Does the account earn interest?	Yes	No
Portable?	Yes, portable year-to-year and between jobs.	No

FLIP TO
FOR HSA INFORMATION

PG. 17

FLIP TO
FOR FSA INFORMATION

PG. 17

About Medical

Major medical insurance is a type of health care coverage that provides benefits for a broad range of medical expenses that may be incurred either on an inpatient or outpatient basis.

For full plan details, please visit your benefit website:
www.tipsebc.com



Why I Need Medical Insurance

Healthcare is one of the few things that people purchase and never know the true cost or value. If we knew the typical cost of common medical services. We would realize how much we save by opting into a major medical plan.

- ✓ The average 30-day prescription for a name brand is \$945.98. For a generic prescription, it is \$67.61.
- ✓ An average emergency room visit without insurance is \$1,283.
- ✓ A Well Baby Visit typically costs \$204 and a regular delivery is \$10,273.
- ✓ Certain preventative care services are covered at 100% in-network.



60% of adults across the United States have a chronic disease.

<https://www.cdc.gov/chronicdisease/resources/infographic/chronic-diseases.htm>

About HSA

A Health Savings Account (HSA) is a personal savings account where the money can only be used for eligible medical expenses. Unlike a flexible spending account (FSA), the money rolls over year to year however only those funds that have been deposited in your account can be used. A Health Savings Account can only be used if you are also enrolled in a High Deductible Health Care Plan (HDHP).

For full plan details, please visit your benefit website:
www.tipsebc.com



Why I Need an HSA

Healthcare Savings Accounts are designed to work in conjunction with high deductible health plans (HDHPs) to help cover the rising costs of healthcare.

- ✓ HSA funds accrue interest over time tax-free with no lifetime limit.
- ✓ HSA accounts are individual accounts. Contributions are yours to keep even if you leave your employer.
- ✓ HSA funds can be used to pay for any qualified medical expense for you and your tax-eligible dependents, even if the expense is not covered by your insurance plan.



The interest earned in an HSA is tax free.



Money withdrawn for medical spending never falls under taxable income.

<https://www.irs.gov/publications/p969>
<https://www.irs.gov/pub/irs-pdf/p969.pdf>

About FSA

A Flexible Spending Account allows you to pay for eligible healthcare expenses with a pre-loaded debit card. You choose the amount to set aside from your paycheck every plan year, based on your employer's annual plan limit. This money is use it or lose it within the plan year (unless your plan contains a \$500 rollover or grace period provision).

[For full plan details, please visit your benefit website: www.tipsebc.com](http://www.tipsebc.com)



Why I Need an FSA

- ✔ Your Flexible Spending Account saves you money by putting aside funds tax-free that can be used to pay for qualified medical expenses.
- ✔ Your pre-loaded FSA debit card can be used at places like the doctor's office or the pharmacy without the need for reimbursement forms.
- ✔ You do not have to be enrolled in a medical plan to enroll in an FSA.



The funds in a full-purpose healthcare FSA can be used to pay for eligible medical expenses like deductibles, co-payments, prescription drugs, orthodontics, glasses and contacts for you and any tax-eligible dependents.

<http://www.hr.emory.edu/eu/benefits/tecbenefits/fsa/about.html>

About Telehealth

Telehealth provides 24/7/365 access to board-certified doctors via telephone or video consultations that can diagnose, recommend treatment and prescribe medication. Telehealth makes care more convenient and accessible for non-emergency care when your primary care physician is not available.

[For full plan details, please visit your benefit website: www.tipsebc.com](http://www.tipsebc.com)



Why I Need Telehealth

Healthcare should be simple, fast, and effective. Telehealth makes it easy to get treatment for your minor ailments without visiting urgent care or your primary care physician.

- ✔ Virtual visits can treat mild conditions like sinus infections, allergies, and pink eye without waiting on the next available appointment.
- ✔ No consultation fees on most plans.
- ✔ Appointments while at work or traveling.



of all doctor, urgent care, and ER visits could be handled safely and effectively via telehealth.

http://pages.healthcareitnews.com/rs/922-ZLW-292/images/How%20To%20Successfully%20Adopt%20Telemedicine%20Into%20Your%20Practice_0.pdf?aliId=913083420

About Hospital Indemnity

This is an affordable supplemental plan that pays you should you be in-patient hospital confined. This plan complements your health insurance by helping you pay for costs left unpaid by your health insurance.

For full plan details, please visit your benefit website:
www.tipsebc.com



Why I Need a Hospital Indemnity Plan

Hospital indemnity policies pay a set benefit based on your hospital stay. These funds:

- ✓ Help cover high medical deductibles and copays.
- ✓ Provide a safety net for unexpected medical expenses.
- ✓ Can be paid directly to you or the care provider.

The median hospital cost has grown to over \$10,500 per stay.



<https://www.hcup-us.ahrq.gov/reports/statbriefs/sb180-Hospitalizations-United-States-2012.pdf>
<https://www.hcup-us.ahrq.gov/reports/statbriefs/sb204-Most-Expensive-Hospital-Conditions.jsp>

About Dental

Dental insurance is a coverage that helps defray the costs of dental care. It insures against the expense of routine care, dental treatment and disease.

For full plan details, please visit your benefit website:
www.tipsebc.com



Why I Need Dental Insurance

By opting into dental insurance, a person can save thousands of dollars per year on routine and emergency oral care. Average costs of dental procedures without insurance include:

- ✓ Office visits = \$288
- ✓ Cavity filling = \$90-\$250
- ✓ Tooth Extraction = \$75-\$300



Good dental care may improve your overall health.

Women with gum disease may be at greater risk of giving birth to a preterm or low birth weight baby.

[https://jada.ada.org/article/S0002-8177\(17\)30399-9/pdf](https://jada.ada.org/article/S0002-8177(17)30399-9/pdf)
<https://www.colgate.com/en-us/oral-health/life-stages/oral-care-during-pregnancy/pregnancy-oral-health-and-your-baby>

About Vision

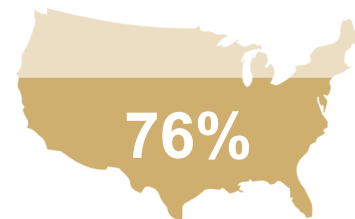
Vision insurance provides coverage for routine eye examinations and can help with covering some of the costs for eyeglass frames, lenses or contact lenses.

For full plan details, please visit your benefit website:
www.tipsebc.com



Why I Need Vision Insurance

- ✔ Vision insurance reduces the costs of services and products such as vision exams, glasses, frames, and contact lens.
- ✔ Regular eye exams can help detect other health issues such as diabetes, cancer, liver disease, and heart disease.
- ✔ Signs you need an eye exam include squinting, blurred vision, night vision issues, or chronic itching and redness.



of adults use some sort of vision correction.

<https://www.thevisioncouncil.org/sites/default/files/Q415-Topline-Overview-Presentation-Stats-with-Notes-FINAL.PDF>

About Disability

Disability insurance protects one of your most valuable assets, your paycheck. This insurance will replace a portion of your income in the event that you become physically unable to work due to sickness or injury for an extended period of time.

For full plan details, please visit your benefit website:
www.tipsebc.com



Why I Need Disability Insurance

On top of the medical bills that come with a serious injury or illness, can you afford to be out of work for an extended period of time? Disability insurance can offer you peace of mind to protect your paycheck.

- ✔ One in 8 workers will be disabled for 5 or more years during their working careers.
- ✔ A disabling injury occurs every eight seconds.
- ✔ Americans have a 50% chance of becoming disabled for 90 days or more between the ages of 35 and 65.



Just over 1 in 4 of today's 20 year-olds will become disabled before they retire.

34.6

months is the duration of the average disability claim.

<https://www.ssa.gov/disabilityfacts/facts.html>
<https://disabilitycanhappen.org/overview/>

About Cancer

Cancer insurance offers you and your family supplemental insurance protection in the event you or a covered family member is diagnosed with cancer. It pays a benefit directly to you to help with expenses associated with cancer treatment.

For full plan details, please visit your benefit website:
www.tipsebc.com



Why I Need Cancer Insurance

Cancer kills more than 500,000 Americans each year, making it the second most common cause of death in the United States. Cancer insurance is designed to relieve your financial burden to help you focus on recovering your health. Money received from cancer benefits can help pay for many expenses such as:

- Experimental cancer treatments
- Travel and lodging costs related to treatment
- Routine living expenses like mortgage and utility bills



Breast Cancer is the most commonly diagnosed cancer in women.



If caught early, prostate cancer is one of the most treatable malignancies.

<https://www.cancer.org/cancer/breast-cancer/about/how-common-is-breast-cancer.htm>
<https://www.medicalnewstoday.com/articles/322700.php>

About Accident

Do you have kids playing sports, are you a weekend warrior, or maybe accident prone? Accident plans are designed to help pay for medical costs associated with accidents and benefits are paid directly to you.

For full plan details, please visit your benefit website:
www.tipsebc.com



Why I Need Accident Insurance

Accident insurance will deliver a pre-determined payment to you for various qualifying incidents. These occurrences may include:

- Injuries such as fractures, dislocations, burns, concussions, lacerations, etc.
- Medical services and treatments such as emergency transportation and physical therapy.
- Some plans also include accidental death and dismemberment or common carrier benefits as an add on benefit.



More than **1/2** of all medically consulted injuries in the US happen at home.

78%

of American workers live paycheck to paycheck to maintain their livelihood.

<https://injuryfacts.nsc.org/all-injuries/overview/>
<http://press.careerbuilder.com/2017-08-24-Living-Paycheck-to-Paycheck-is-a-Way-of-Life-for-Majority-of-U-S-Workers-According-to-New-CareerBuilder-Survey>

About Life and AD&D

Group term life is the most inexpensive way to purchase life insurance. You have the freedom to select an amount of life insurance coverage you need to help protect the well-being of your family.

Accidental Death & Dismemberment is life insurance coverage that pays a death benefit to the beneficiary, should death occur due to a covered accident. Dismemberment benefits are paid to you, according to the benefit level you select, if accidentally dismembered.

[For full plan details, please visit your benefit website: www.tipsebc.com](http://www.tipsebc.com)



Why I Need Life and AD&D

Life insurance is never fun to think about and may seem like an unnecessary expense. However, if you have someone that depends on you financially, life insurance is really about protecting them if something were to happen to you. Life insurance and AD&D policies help your loved ones pay for expenses, such as:

- Mortgage payments
- College tuition
- Burial expenses

Motor vehicle crashes



are one of the top causes of accidental deaths in the US including falls and poisoning.

<https://www.cdc.gov/nchs/fastats/accidental-injury.htm>

About Individual Life

Individual insurance is a policy that covers a single person and is intended to meet the financial needs of the beneficiary, in the event of the insured's death. This coverage is portable and can continue after you leave employment or retire.

[For full plan details, please visit your benefit website: www.tipsebc.com](http://www.tipsebc.com)



Why I Need Individual Life

Individual life policies are owned by you and can be taken with you if you leave your employer and kept into retirement. These policies help protect loved ones from financial distress when you are gone.

- Premiums are paid through your payroll deductions as long as you are with your employer.
- Premiums are based on coverage amount and age at time of purchase.

Experts recommend at least



your gross annual income in coverage when purchasing life insurance.

https://money.cnn.com/retirement/guide/insurance_life.moneymag/index11.htm

About Identity Theft

Identity theft protection monitors and alerts you to identity threats. Resolution services are included should your identity ever be compromised while you are covered.

For full plan details, please visit your benefit website:
www.tipsebc.com



Why I Need Identity Theft Protection

ID theft helps you recover your identity in many ways. Your plan includes:

- ✓ Monitoring of your personal information 24/7/365.
- ✓ System alerts to inform you of potential threats.
- ✓ Works on your behalf to restore your identity.
- ✓ Peace of mind should a breach occur.



An identity is stolen every **2 seconds**, and an average of **30 hours** to resolve, causing an average loss of \$500.

<https://money.cnn.com/2014/02/06/pf/identity-fraud/index.html>
<https://www.ftc.gov/sites/default/files/documents/reports/federal-trade-commission-identity-theft-program/synovareport.pdf>

About Critical Illness

Critical illness insurance can be used towards medical or other expenses. It provides a lump sum benefit payable directly to the insured upon diagnosis of a covered condition or event, like a heart attack or stroke. The money can also be used for non-medical costs related to the illness, including transportation, child care, etc.

For full plan details, please visit your benefit website:
www.tipsebc.com



Why I Need Critical Illness Insurance

Serious medical conditions can affect not only your health, but also your bank account. Medical expenses reportedly lead to more than half of all bankruptcies in the United States. When faced with a severe illness, a critical illness policy can help in many ways.

- ✓ Plans are designed to pay a benefit specific to the diagnosis usually ranging from \$10,000 to \$30,000.
- ✓ Plans often include a wellness benefit that pays employees for having certain annual screenings performed.
- ✓ Critical illness plans complement high deductible health plans (HDHP) by reducing the worry of having to pay a large medical deductible while suffering from a major illness.



\$20,000

Is the average cost of a hospital stay for a heart attack.

<https://www.healthline.com/health-news/how-much-does-hospital-stay-cost#2>

About Medical Transport

Medical Transport covers emergency transportation to and from appropriate medical facilities by covering the out-of-pocket costs that are not covered by insurance. It can include emergency transportation via ground ambulance, air ambulance and helicopter, depending on the plan.

[For full plan details, please visit your benefit website:
www.tipsebc.com](http://www.tipsebc.com)



Why I Need Emergency Transportation

Emergency transportation is one of the more expensive items in emergency medical care. Benefits of a medical transportation plan include:

- ✓ No cost emergency transportation for covered individuals.
- ✓ Coverage anywhere in the US and Canada. Some plans include worldwide coverage.
- ✓ Coverage for both ground and air transportation.



A ground ambulance can cost up to **\$2,400** and a helicopter transportation fee can cost **over \$30,000**

<https://www.gao.gov/assets/650/649018.pdf>
<https://www.gao.gov/assets/690/686167.pdf>

[For full details on all your benefits, please visit your benefit website:
www.tipsebc.com](http://www.tipsebc.com)



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