



2024 - 2025 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

Table of Contents

1)	Introduction/Benefit Overview	3
2)	Medical/Rx Benefits	5
3)	Health Savings Account (HSA)	6
4)	Virtual Visits	12
5)	Mobile App	15
6)	Priority Health Rewards	17
7)	Dental Benefits	19
8)	Vision Benefits	21
9)	Life Insurance	24
10)	Short Term Disability Insurance	32
11)	Long Term Disability Insurance	36
12)	EAP	40
13)	401(k)	42
14)	Contact Page	43

Welcome to your 2024 - 2025 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: July 29th – August 9th

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 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.

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.

Benefits for 2024 - 2025

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.

Benefits for 2024 - 2025



Medical/Rx

Summary of Coverage



Full-Time Employees working 30+ Hours/Week

Plan Features	Priority Health – HMO HSA
IN NETWORK	
Deductibles (Indiv / Family)	\$2000 / \$4000
Preventive Care	100% Covered
Out-of-Pocket Max (Indiv / Family)	\$4000 / \$8000
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	\$24.74
Employee + 1	\$56.67
Family	\$68.39

Benefits for 2024 - 2025

Health Savings Account (HSA)

FOR 2024 – 2025 - 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.
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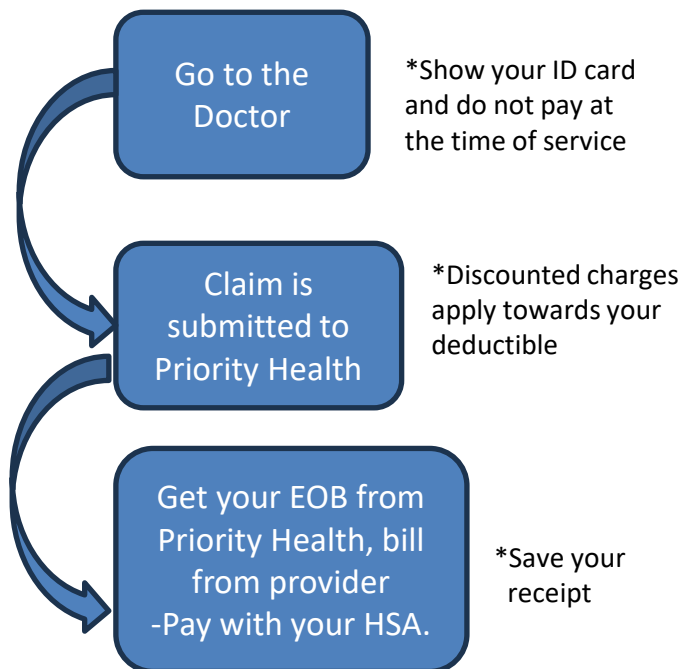
- › Setting aside pre-tax dollars into your HSA means you pay fewer taxes and increase your take-home pay by your tax savings. You save money on eligible expenses that you are paying for out of your pocket. The amount you save depends on your tax bracket. For example, if you are in the 30 percent tax bracket, you can save \$30 on every \$100 spent on eligible health care expenses.

**2024 IRS Contribution Limits: Individual \$4,150/Family \$8,300
Age 55+ additional \$1,000 Catch-Up Contribution**

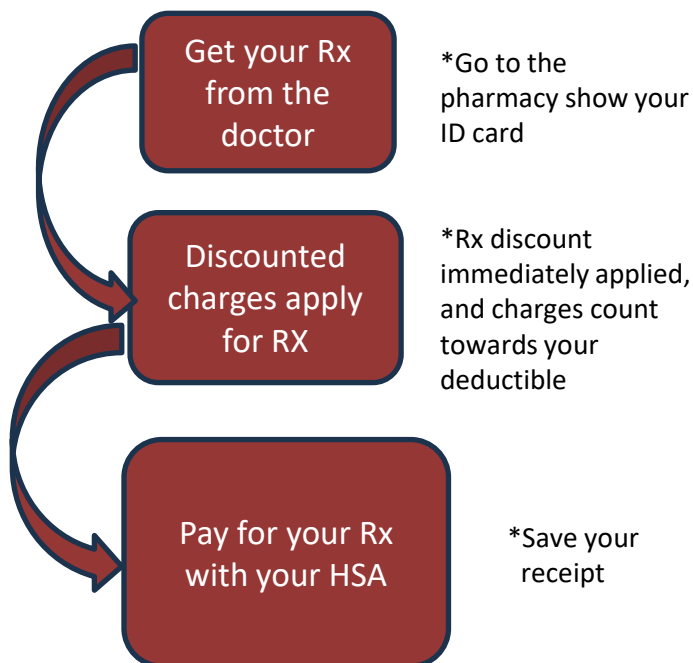
HSA funds roll over from year to year and accumulate in your account. There is no “use-it-or-lose-it” rule with HSAs, and you decide how and when to use your HSA funds, which can be used for eligible expenses you have now, in the future, or during retirement. And when you have a certain balance in your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

Refer to your HSA documentation for more information.

At the Doctor?



At the Pharmacy?



HSA ELIGIBLE CHARGES

- Alcohol/Drug Rehab
- Ambulance
- Chiropractor
- Copays
- Dental Care
- Medical Equipment
- Eye Care/Lasik Surgery
- Hearing Aids/Batteries
- Home Health Care and Nurses' Fees
- Diabetic Supplies
- Laboratory fees
- Obstetrical expense
- Over The Counter (non-prescription)
- Pediatrician
- Pregnancy Tests
- Podiatrist
- Prescription drugs
- Psychiatrist
- Smoking Cessation
- Surgery
- Weight Loss Program (if prescribed)
- X-ray

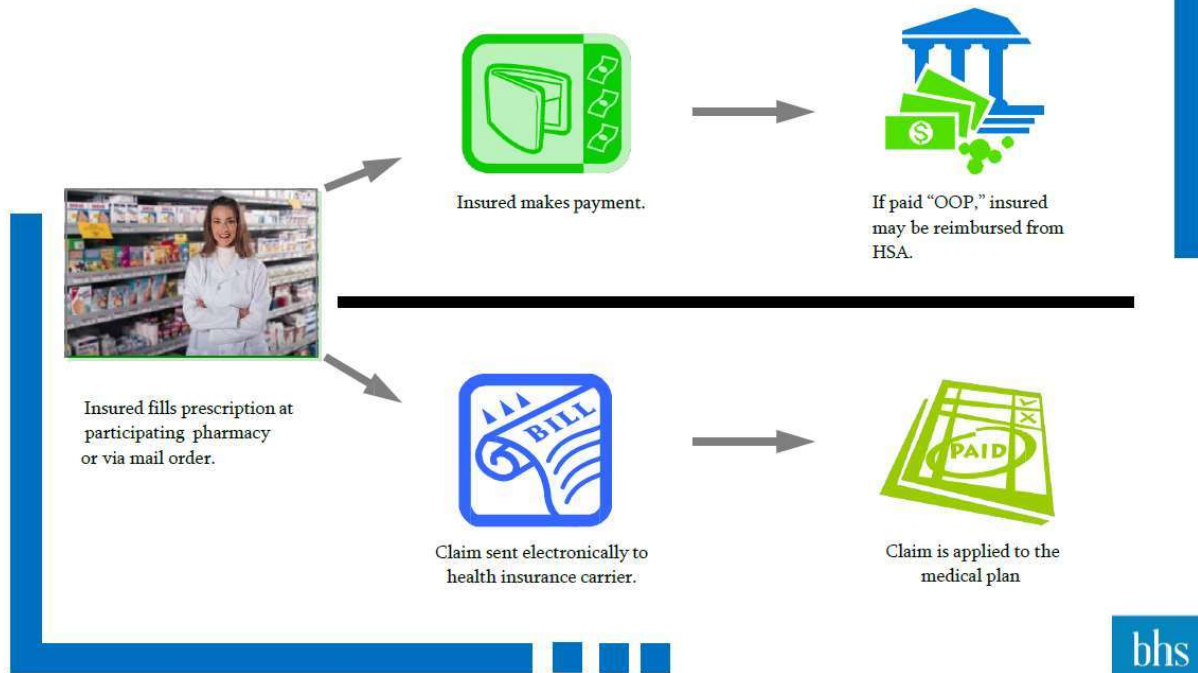
HSA INELIGIBLE CHARGES

- Childbirth Classes
- Childcare Classes
- Cosmetic Surgery
- Cosmetics
- Dancing Lessons
- Swimming Lessons
- Reimbursed Expenses
- Food
- Gym Membership
- Herbal Supplements
- Insurance Premiums
- Swimming Pools
- Hot Tubs
- Exercise Equipment
- Toothpaste
- Vitamins (non-prescription)
- Weight Loss Programs (non-prescription)

*These are not an all-inclusive list.



How Do Prescription Drugs Work?



Shopping for Prescriptions

Don't sacrifice your health to save money.

- Everyone has heard stories about people cutting their pills in half, reducing their dosages to every other day, or stopping their prescriptions all together. This is dangerous, especially if you're on a daily drug for asthma, diabetes, high blood pressure or other chronic condition.

Save money safely

- Ask your doctor if you can use generic drugs instead of brand-name drugs. Then, next time you drop off a prescription, ask the pharmacist if a generic is available.
- If your prescription isn't available as a generic, try contacting the drug manufacturer to ask about rebates, coupons, or other discounts.
- Make sure your prescription is covered by your prescription plan. If it's not, ask your doctor whether another drug could be equally effective. Check the approved drug list on Priority Health's website.
- Use the MichiganDrugPrices.com website. It compares prices for 150 different drugs at many different pharmacies to help you find the best prices, including many medications for as little as \$4 for a 30-day supply. www.michigandrugprices.com.

Many pharmacies offer free or discounted medications. Ask your pharmacist today!



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 2024 – 2025 IES HSA contribution will be \$41.67/single or \$83.34/family.

IES Contributions will be made to a Fidelity account depending upon your election.

If you are participating in the medical plan, then you will be eligible for the IES HSA Contribution. The IES contribution will be prorated for enrollments after the plan year begins.

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; \$4,150 for a single and \$8,300 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.

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

- › HMO – A network that requires you to select a Primary Care Physician (PCP) who coordinates your health care
- › HDHP – A plan that has higher annual deductibles in exchange for lower premiums.

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



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.**

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**.



**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

- 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).

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.

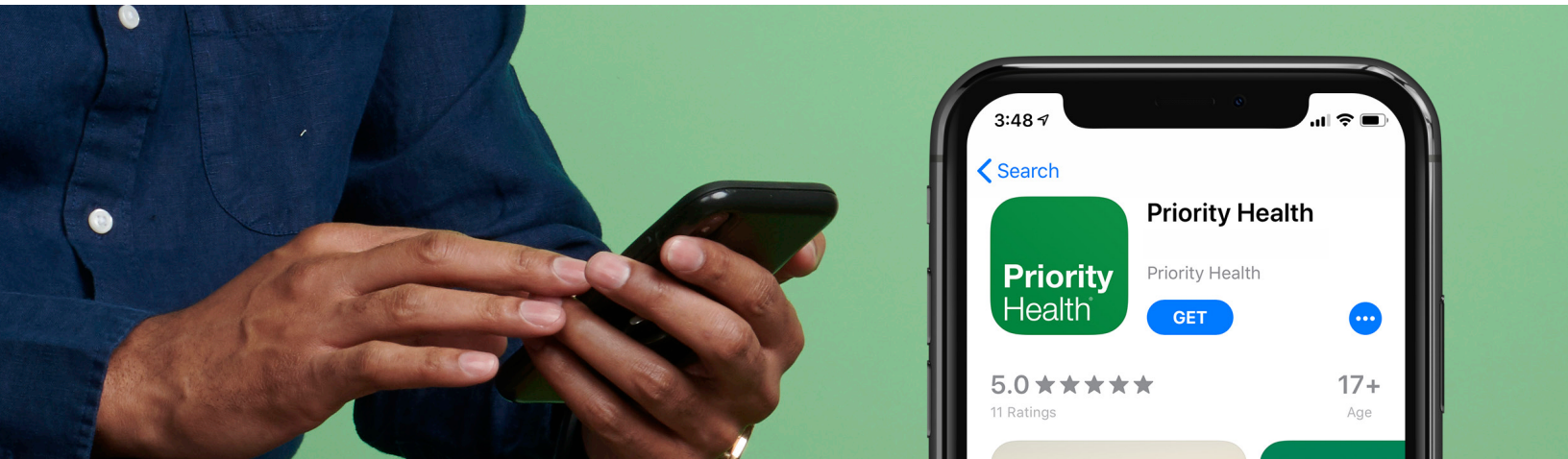
E is for emergency room

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.



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.



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.

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 2024 - 2025

Dental Coverage



Summary of Coverage

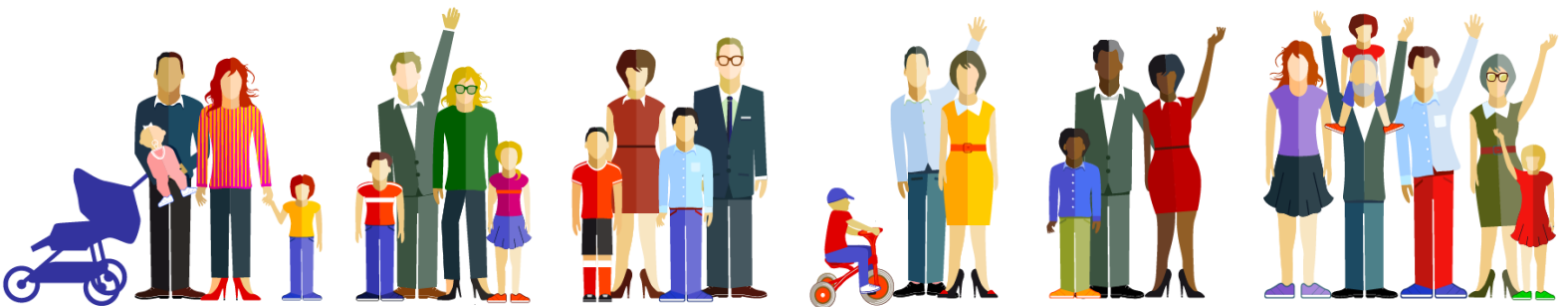
Full-Time Employees working 32+ Hours/Week



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



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



Delta Dental PPO SM (Point-of-Service)	Delta Dental PPO Dentist	Delta Dental Premier [®] Dentist	Non-participating Dentist
	Plan Pays	Plan Pays	Plan Pays*
Diagnostic & Preventive			
Diagnostic and Preventive Services – includes 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 bridges and dentures	75%	75%	75%
Major Services			
Major Restorative Services – crowns	50%	50%	50%
Prosthetic Services – includes bridges, implants, and dentures	50%	50%	50%
Orthodontic Services			
Orthodontic Services – includes braces	50%	50%	50%
Orthodontic Age Limit –	19	19	19

* 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 Nonparticipating Dentist Fee may be less than what your dentist charges, which means that you will be responsible for the difference.

Maximum Payment – \$1,200 per person total per calendar year on Diagnostic & Preventive, Basic Services, and Major Services. \$1,200 per person total per lifetime on Orthodontics.

Deductible – \$25 deductible per person total per calendar year limited to a maximum deductible of \$75 per family per calendar year. The deductible does not apply to Diagnostic & Preventive and Orthodontics.

Note - This document is intended as a supplement to your Certificate and Summary of Benefits. Please refer to your certificate and summary for policy 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.

- Nationwide, 3 out of 4 dentists participate
- Great access to care as well as reduced fees through our agreements with dentists
- You cannot be balance billed - giving you added savings
- Network dentists will complete and file your claim - no paperwork for you
- You only have to pay your copayments and/or deductibles when you receive dental services from a PPO or Premier Dentist
- You don't have to wait for your claim to be paid to be reimbursed!

While you can visit nonparticipating dentists, you can be billed the full amount immediately and then wait to be reimbursed.

Quality Dental Program

Delta Dental provides quick and accurate claims processing. *We pay more than 90 percent of claims in 10 days or less.* Delta Dental also offers world-class customer service from our award winning call center.

Online Access

Our online Consumer Toolkit lets you access your dental plan securely over the Internet. You can find a dentist, check benefits, select paperless EOBs, review claims and amounts used toward maximums, print ID cards, and more at your 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, call our Customer Service team at (800) 524-0149 or look online at www.DeltaDentalMI.com.

Benefits for 2024 - 2025



Vision Coverage

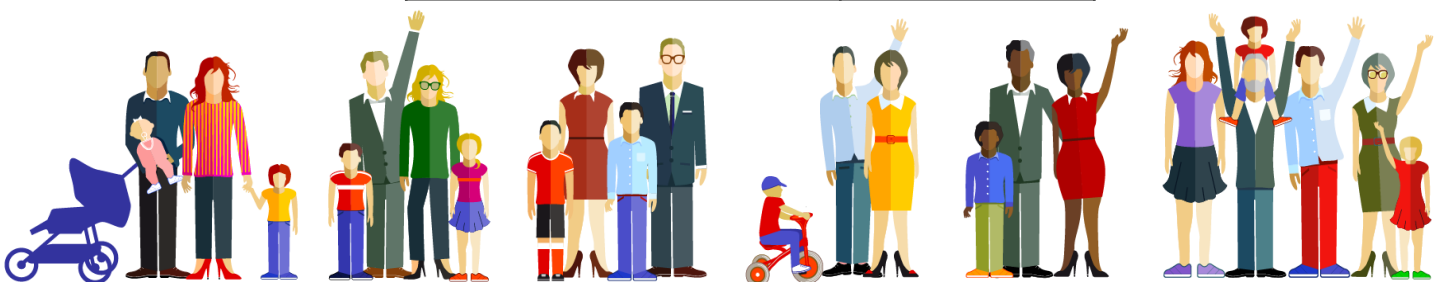
Summary of Coverage



Full-Time Employees working 32+ Hours/Week

Plan Features	EyeMed Vision - Integrity Educational Services	
	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





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 ^A	\$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 Gradient)	\$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 ^A	\$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

^A 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 any Workers' 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.

Get more and see more with EyeMed



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.

on eye exams and glasses for EyeMed members*

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



Benefits for 2024 - 2025

Life Insurance



Summary of Coverage



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/AD&D 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	25%

Voluntary Life/AD&D

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%

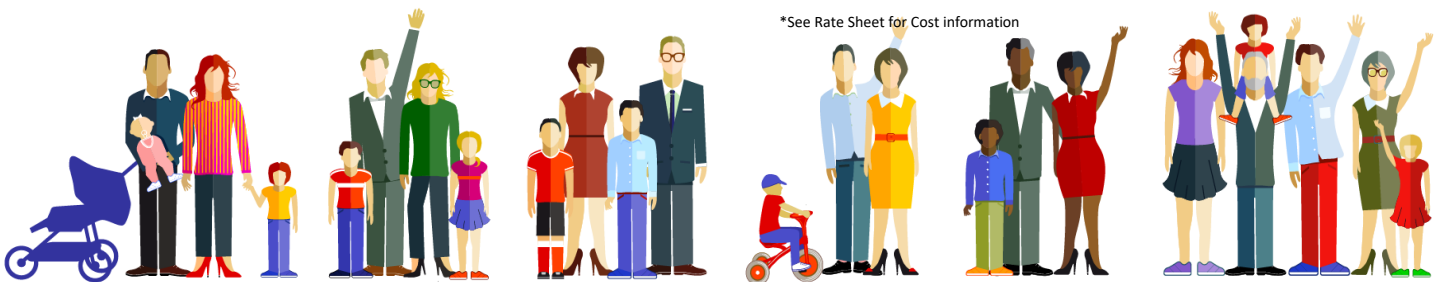
Team Member Cost - \$0.00

Employer Paid Benefit

Paid by Team Member

Employee Paid Benefit

*See Rate Sheet for Cost information





> 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.

> 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.

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 2024 - 2025



Short Term Disability

Summary of Coverage



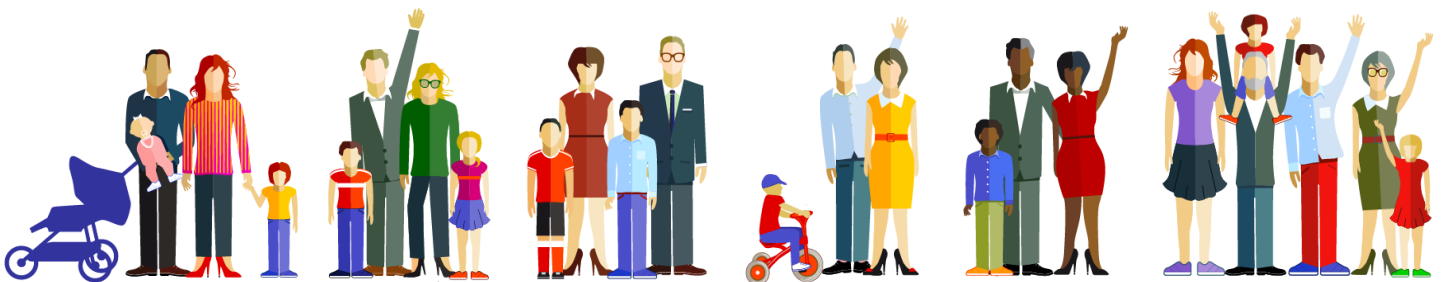
Full-Time Employees working 35+ Hours/Week

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





> Short-Term Disability Insurance



How Would You Pay Your Bills if You Were Sick or Injured Temporarily?

Even a short illness or injury could seriously impact your paycheck. Sick time will get you by while it lasts, but what happens when your sick days run out? A short-term disability policy provides you with cash benefits when you need it.

We've Got You Covered

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

A disability income insurance policy can help provide security when you need it, plus give you peace of mind so you can recover faster and get back on the job sooner.

Coverage guidelines and benefits are outlined below.



ELIGIBILITY - ALL ELIGIBLE EMPLOYEES

Eligibility Requirement	You must be actively working a minimum of 35 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

Elimination Period	If you become disabled, there is an elimination period before benefits are payable. Your benefits begin: <ul style="list-style-type: none"> • On the day of your disabling injury. • On the 8th day of your disabling illness.
Weekly Benefit	Your benefit is equivalent to 60% of your before-tax weekly earnings, not to exceed the plan's maximum weekly benefit amount less other income sources.
Maximum Benefit Period	Up to 13 weeks
Maximum Weekly Benefit	\$500
Minimum Weekly Benefit	None
Partial Disability Benefits	If you become disabled and can work part-time (but not full-time), you may be eligible for partial disability benefits, which will help supplement your income until you are able to return to work full-time.

DEFINITIONS	
Definition of Disability	Disability and disabled mean that because of an injury or illness, a significant change in your mental or functional abilities has occurred, for which you are prevented from performing at least one of the material duties of your regular job and are unable to generate current earnings which exceed 99% of your weekly earnings from your regular job. You can be totally or partially disabled during the elimination period.
Definition of Weekly Earnings	Weekly earnings for salaried employees is the gross annual salary in effect immediately prior to the date disability begins, divided by 52. Weekly earnings for hourly employees is the hourly rate of pay multiplied by the average number of hours worked per week during the 12 month period immediately prior to the date disability begins. If employed for part of the prior 12 month period, weekly earnings is the hourly rate of pay multiplied by the average number of hours worked.
FEATURES	
Vocational Rehabilitation Benefit	If you become disabled and participate in the vocational rehabilitation program, you will be eligible for a monthly benefit increase of 5%.
Survivor Benefit	If you pass away while receiving disability benefits, a lump sum equal to the total weekly benefit payable for the remainder of the maximum benefit period will be paid to your eligible survivor.
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.

> Frequently Asked Questions

Who is eligible for this insurance?

You must be actively working (performing all normal duties of your job) at least 35 hours per week.

How long will my benefits be paid?

Benefits begin after the end of the elimination period and can be payable up to the maximum benefit period as long as you remain disabled.

Will my benefits be reduced by other sources of income?

Yes, depending on the type of income you receive. Your benefit amount may be reduced by other sources of income such as retirement/government plans, other group disability plans, paid family leave, salary continuance/sick leave, settlements on payments received and no-fault benefits.

Does this plan cover me if I become disabled due to an injury at work?

No, your STD insurance only provides benefits for off-the-job coverage for disabilities due to injury or sickness.

Are there any limitations or exclusions?

The benefits payable are subject to the following:

- A pre-existing condition limitation does not apply.
- Benefits are not payable for any disability or loss that:
 - Results from an act of declared or undeclared war or armed aggression
 - Results from participation in a riot or commission of or attempt to commit a felony
 - Arises out of or in the course of employment with the policyholder for benefits under any workers' compensation or occupational disease law, or receives any settlement from the workers' compensation carrier
 - Results, whether the insured person is sane or insane, from an intentionally self-inflicted injury or illness, suicide, or attempted suicide
 - Occurs while incarcerated or imprisoned for any period exceeding 31 days
 - Is solely a result of a loss of a professional license, occupation license or certification

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 summary, the certificate booklet will prevail. Benefits availability is subject to final acceptance and approval of the group application by the underwriting company. Disability income insurance is underwritten by United of Omaha Life Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175, 1-800-769-7159. United of Omaha Life Insurance Company is licensed nationwide, except in New York. Policy form number 7000GM-U-EZ-2010.



Benefits for 2024 - 2025



Long Term Disability

Summary of Coverage

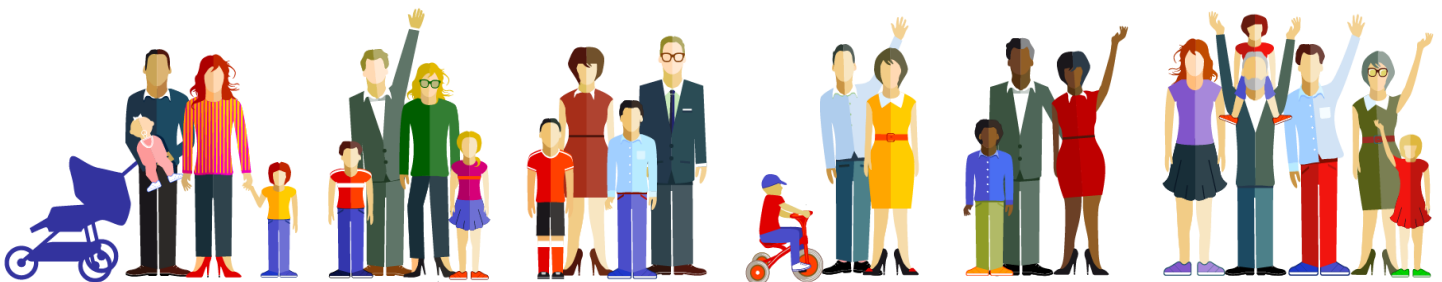


Full-Time Employees working 35+ Hours/Week

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





> Long-Term Disability Insurance



Your Ability to Earn an Income May Be Your Most Important Asset

Most people don't think twice about insuring their home, automobile or health. However, many people don't recognize just how important it is to insure their income.

We've Got You Covered

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

A lengthy disability can be devastating, and is more common than you might think. It may lead to a loss of income, independence and financial security.

A disability income insurance policy can help provide security when you need it most. It pays you cash benefits when you're sick or hurt and can't work.

Coverage guidelines and benefits are outlined in the chart below.



ELIGIBILITY - ALL ELIGIBLE EMPLOYEES

Eligibility Requirement	You must be actively working a minimum of 35 hours per week to be eligible for coverage.
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Premium Payment	The premiums for this insurance are paid in full by the policyholder. There is no cost to you for this insurance.
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BENEFITS

Elimination Period	Your benefits begin on the later of 90 calendar days after the onset of your disabling injury or illness or the date your short term disability ends.
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Monthly Benefit	Your benefit is equivalent to 60% of your before-tax monthly earnings, not to exceed the plan's maximum monthly benefit amount less other income sources. The premium for your long-term disability coverage is waived while you are receiving benefits.
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Maximum Monthly Benefit	\$5,000
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Minimum Monthly Benefit	\$100
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Maximum Benefit Period	If you become disabled prior to age 62, benefits are payable to age 65, your Social Security Normal Retirement Age or 3.5 years, whichever is longest. At age 62 (and older), the benefit period will be based on a reduced duration schedule.
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Partial Disability Benefits	If you become disabled and can work part-time (but not full-time), you may be eligible for partial disability benefits. Additional benefits for family care expenses for eligible family members are also available while receiving partial disability benefits.
DEFINITIONS	
Own Occupation	2 Years
Own Occupation Earnings Test	99%
Definition of Monthly Earnings	Monthly earnings for salaried employees is the gross annual salary in effect immediately prior to the date disability begins, divided by 12. Monthly earnings for hourly employees is the hourly rate of pay multiplied by the average number of hours worked during the 12 month period immediately prior to the date disability begins. If employed for part of the prior 12 month period, monthly earnings is the hourly rate of pay multiplied by the average number of hours worked.
FEATURES	
Vocational Rehabilitation Benefit	If you become disabled and participate in the vocational rehabilitation program, you will be eligible for a monthly benefit increase of 5%.
Survivor Benefit	If you pass away while receiving disability benefits, a lump sum equal to 3 times your monthly benefit will be paid to your eligible survivor.
Enhanced Disability	Provides additional benefits to you if you are unable to perform at least two of five activities of daily living (ADLs).
SERVICES	
Employee Assistance Program (EAP)	The EAP program provides you and your loved ones access to trained professionals and resources for assistance with personal and workplace issues.
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.

> Frequently Asked Questions

Who is eligible for this insurance?

You must be actively working (performing all normal duties of your job) at least 35 hours per week.

How long will my benefits be paid?

Benefits begin after the end of the elimination period and can be payable up to the maximum benefit period as long as you remain disabled.

Will my benefits be reduced by other sources of income?

Yes, depending on the type of income you receive. Your benefit amount may be reduced by other sources of income such as retirement/government plans, other group disability plans, salary continuance/sick leave, settlements on payments received and no-fault benefits.

Does this plan cover me if I become disabled due to an injury at work?

Yes, your LTD insurance provides benefits for both on-the-job and off-the-job coverage for disabilities due to injury or sickness.

Are there any limitations or exclusions?

The benefits payable are subject to the following:

- Disabilities related to alcohol and drug abuse are only payable for up to 24 months while insured under the policy.
- Disabilities related to mental disorders are only payable for up to 24 months while insured under the policy.
- Disabilities related to self-reported conditions are only payable for up to 24 months while insured under the policy.
- Your plan is subject to a pre-existing condition limitation. A pre-existing condition is one for which you have received medical treatment, consultation, care or services including diagnostic measures, or if you were prescribed or took prescription medications in the predetermined time frame prior to your effective date of coverage. The pre-existing condition under this plan is 3/12 which means any condition that you receive medical attention for in the 3 months prior to your effective date of coverage that results in a disability during the first 12 months of coverage, would not be covered.
- Benefits are not payable for any disability or loss that:
 - Results from an act of declared or undeclared war or armed aggression
 - Results from participation in a riot or commission of or attempt to commit a felony
 - Results, whether the insured person is sane or insane, from an intentionally self-inflicted injury or illness, suicide, or attempted suicide
 - Results from alcohol and drug abuse and/or substance abuse, except as noted above
 - Results from a mental disorder, except as noted above
 - Is caused by alcohol and drug abuse and/or substance abuse, while not being actively supervised by and receiving continuing treatment from a rehabilitation center or designated institution approved for such treatment by an appropriate body in the governing jurisdiction
 - Occurs while incarcerated or imprisoned for any period exceeding 31 days
 - Is solely a result of a loss of a professional license, occupation license or certification

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 summary, the certificate booklet will prevail. Benefits availability is subject to final acceptance and approval of the group application by the underwriting company. Disability income insurance is underwritten by United of Omaha Life Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175, 1-800-769-7159. United of Omaha Life Insurance Company is licensed nationwide, except in New York. Policy form number 7000GM-U-EZ-2010.



Available Services When You Need Help the Most

Life isn't always easy. Sometimes a personal or professional issue can affect your work, health and general well-being. During these tough times, it's important to have someone to talk with to let you know you're not alone!

With Mutual of Omaha's Employee Assistance Program, you can get the help you need so you spend less time worrying about the challenges in your life and can get back to being the productive worker your employer counts on to get the job done.

Learn more about the Employee Assistance Program services available to you.

We are here for you

Visit the Employee Assistance Program website to view timely articles and resources on a variety of financial, well-being, behavioral and mental health topics.

mutualofomaha.com/eap or call us: 1-800-316-2796

Basic EAP Services

Features	Value to Company and Employees
Employee Family Clinical Services	<ul style="list-style-type: none">• An in-house team of Master's level EAP professionals who are available 24/7/365 to provide individual assessments• Outstanding customer service from a team dedicated to ongoing training and education in employee assistance matters• Access to subject matter experts in the field of EAP service delivery
Counseling Options	<ul style="list-style-type: none">• Three calls per year (per household) with our in-house Master's level EAP professionals, who will provide the caller with community resources• Additional community resources or possible counseling options come at the expense of the employee

Basic EAP Services (Continued)

Features	Value to Company and Employees
Access	<ul style="list-style-type: none"> ▪ 1-800 hotline with direct access to a Master’s level EAP professional ▪ 24/7/365 services available ▪ Telephone support available in more than 120 languages ▪ Online submission form available for EAP service requests
Online Services	<ul style="list-style-type: none"> ▪ An inclusive website with resources and links for additional assistance, including: <ul style="list-style-type: none"> ▪ Current events and resources ▪ Family and relationships ▪ Emotional well-being ▪ Financial wellness ▪ Substance abuse and addiction ▪ Legal assistance ▪ Physical well-being ▪ Work and career ▪ Bilingual article library
Employee Family Legal Services	<ul style="list-style-type: none"> ▪ Valuable resources available via website <ul style="list-style-type: none"> ▪ Legal libraries & tools ▪ Legal forms ▪ 1 Legal consultation with an attorney per year (up to 30 minutes) <ul style="list-style-type: none"> ▪ 25% discount for ongoing legal services for same issue
Employee Family Work/Life Services	<ul style="list-style-type: none"> ▪ Child care resources and referrals ▪ Elder care resources and referrals
Employee Family Financial Services	<ul style="list-style-type: none"> ▪ Inclusive financial platform powered by Enrich ▪ Personal financial assessment tool ▪ Personalized courses, articles & resource to meet financial needs ▪ Ongoing progress reports on financial health
Employee Communication	<ul style="list-style-type: none"> ▪ All materials available in English and Spanish
Eligibility	<ul style="list-style-type: none"> ▪ Full-time employees and their immediate family members; including the employee, spouse and dependent children (unmarried and under 26) who reside with the employee
Coordination with Health Plan(s)	<ul style="list-style-type: none"> ▪ EAP professionals will coordinate services with treatment resources/providers within the employee’s health insurance network to provide counseling services covered by health insurance benefits, whenever possible

Benefits for 2024 - 2025

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 Fidelity 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. We will match 50% up to 6% for a total match of 3%. Below are a few examples.
 - Employee contributes 6%, Integrity Educational Services will match up to 3%.
 - Employee elects 4%, Integrity Educational Services will match 2%.

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

Benefits for 2024 - 2025

Contact Information

Coverage	Insurance Carrier	Phone Number	
Medical/Rx Insurance	Priority Health	(800) 942-0954	www.priorityhealth.com
Spectrum Health Now - MDLive	Priority Health	(844) 322-7374	www.priorityhealth.com
Dental Insurance	Delta Dental	(800) 524-0149	www.deltadentalmi.com
Vision Insurance	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

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