

# Rogers Public Schools Benefits Summary



PLAN YEAR | **2019**



# ROGERS

## Public Schools

where all belong, all learn, and all succeed

## Our employees are our most **VALUABLE** asset!

That's why at Rogers Public Schools we are committed to a comprehensive employee benefit program that helps our employees stay healthy, feel secure and maintain a work/life balance.

### **Stay Healthy**

- Dental and Vision Insurance

### **Feeling Secure**

- Short Term Disability Insurance
- Long Term Disability Insurance
- Life and Accidental Death & Dismemberment Insurance

### **Supplemental Plans**

- Hospital Indemnity Plan
- Critical Illness Plan
- Accident Plan
- Cancer Plan

For online enrollment, please visit <https://tbx.benselect.com/enroll/login.aspx>

**Username:** Last 4 digits of SSN; **Pin:** Last 4 digits of SSN + last 2 digits of birth year

# Contact Information

Refer to this list when you need to contact one of your benefit vendors.  
For general information contact Human Resources.

## PG INSURANCE – BROKER- 105 W. ELM STREET, SUITE # 213, ROGERS, AR 72756

Dedicated Rogers Customer Service Line: 1-888-355-6615

Dedicated Broker: Nick Quaid - NickQ@pginsurance.com

Dedicated Account Manager: Cheriss Nunez – CherissN@pginsurance.com

## DENTAL: \_\_\_\_\_ p age 4

MetLife

Customer Service (800) 821-6400

[www.metlife.com](http://www.metlife.com)

## VISION: \_\_\_\_\_ p age 5

VSP (Through MetLife)

Customer Service (800) 821-6400

[www.metlife.com](http://www.metlife.com)

## SHORT-TERM / LONG-TERM DISABILITY: \_\_\_\_\_ p age 6

MetLife

Customer Service (800) 821-6400

[www.metlife.com](http://www.metlife.com)

## LIFE & ACCIDENTAL DEATH & DISMEMBERMENT: \_\_\_\_\_ p age 7

MetLife

Customer Service (800) 821-6400

[www.metlife.com](http://www.metlife.com)

## HOSPITAL INDEMNITY PLAN / CRITICAL ILLNESS PLAN: \_\_\_\_\_ p age 8 - 9

MetLife

Customer Service (800) 821-6400

[www.metlife.com](http://www.metlife.com)

## ACCIDENT PLAN: \_\_\_\_\_ p age 10 - 11

MetLife

Customer Service (800) 821-6400

[www.metlife.com](http://www.metlife.com)

## CANCER PLAN: \_\_\_\_\_ p age 12 - 13

Assurity

Client Services (800) 869-0355

[www.assurity.com](http://www.assurity.com)

## FLEXIBLE SPENDING ACCOUNT + DEPENDENT CARE PLAN: \_\_\_\_\_ p age 14

Consolidated Admin Services

Client Services (501) 941-5956

[www.consolidatedadmin.com](http://www.consolidatedadmin.com)

For online enrollment, please visit <https://tbx.benselect.com/enroll/login.aspx>

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# MetLife Dental Insurance



Rogers Public Schools offers full-time employees and their eligible dependents access to our group PPO dental plan with MetLife. This chart shows how the plan works and how each type of service is covered.

Type of Service	Amount You Pay In-Network PPO	Amount You Pay Out-of-Network
Deductible	\$50/\$150 per family	\$50/\$150 per family
Annual Benefit	\$1,750	\$1,750
Preventive Services	100% 4 Cleanings per Year deductible waived	100% 4 Cleanings per Year deductible waived
Basic Services	80% after deductible	65% after deductible
Major Services	50% after deductible	40% after deductible
Orthodontia <i>Child + Adult</i>	50%, no deductible \$1,000 lifetime maximum	45%, no deductible \$1,000 lifetime maximum

\*Reimbursement paid at UCR 90<sup>th</sup> percentile

Monthly Premium	Rates
EE	\$36.90
EE + Spouse	\$71.66
EE + Child(ren)	\$77.28
EE + Family	\$116.81

To locate nearby dentists, go to:

1. [www.metlife.com/insurance/dental-insurance/](http://www.metlife.com/insurance/dental-insurance/)
2. Select your network and zip code

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# MetLife Vision Insurance



Rogers Public Schools offers full-time employees and their eligible dependents access to our group vision plan with MetLife. The following summarizes the benefits under the group vision plan.

Type of Service	VSP Choice Network	Out-of-Network
Vision Exam	\$10 Copay	Up to \$45 allowance
Lenses & Frames <ul style="list-style-type: none"> <li>○ Single Vision</li> <li>○ Bifocals</li> <li>○ Trifocals</li> <li>○ Frames</li> </ul>	\$15 Copay \$15 Copay \$15 Copay Up to \$185 + 20% off balance	Up to \$30 allowance Up to \$50 allowance Up to \$65 allowance Up to \$70 allowance
Contacts <ul style="list-style-type: none"> <li>○ Necessary*</li> <li>○ Elective</li> </ul>	\$10 Copay *Up to \$60 Copay Fitting Fee Up to \$185 allowance	Up to \$210 allowance Up to \$105 allowance
Benefit Frequency <ul style="list-style-type: none"> <li>○ Examination</li> <li>○ Lenses</li> <li>○ Contact Lenses</li> <li>○ Frames</li> </ul>	12 Months 12 Months 12 Months 12 Months	12 Months 12 Months 12 Months 12 Months

Monthly Premium	Rates
EE	\$9.75
EE + Spouse	\$22.20
EE + Child(ren)	\$19.46
EE + Family	\$32.54

Use the Provider Directory on [www.vsp.com](http://www.vsp.com) to locate nearby VSP providers or to see if your current eye care professional participates in the VSP network. To speak to a representative by phone, please call 1-800-877-7195.

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# MetLife

## Short Term Disability Insurance

## Long Term Disability Insurance



Rogers Public Schools provides full-time employees with access to short and long-term disability income coverages with MetLife. In the event you become disabled from a non-work-related injury or sickness for longer than 90 days, disability income benefits are provided as a source of income.

	Short-Term Disability
Pre-Existing Condition	3 / 12
Elimination Period	14 Days
Percentage of Income Replaced	60%
Maximum Benefit	\$600 Weekly

*\*STD Rates are determined by your salary*

	Long-Term Disability
Pre-Existing Condition	3 / 12
Elimination Period	90 Days
Percentage of Income Replaced	60%
Maximum Benefit	\$6,000 Monthly

*\*Covered 100% by Rogers Public Schools*

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# MetLife Life and AD&D Insurance



## Life & AD&D Insurance\*

Rogers Public Schools provides full-time employees with a variety of options for Group Life and Accidental Death and Dismemberment (AD&D) insurance.

Employees can elect the following amounts:

- Employee Benefit: \$25,000, \$50,000, \$75,000 and \$100,000
- Spouse or Domestic Partner Benefit: \$5,000
- Infant Benefit: \$1,000

Monthly Cost						
Benefit	EE \$25,000	EE \$50,000	EE \$75,000	EE \$100,000	Spouse or DP \$5,000	Infant \$1,000
Life	\$5.38	\$10.75	\$16.13	\$21.50	\$1.75	\$1.75

### \*Benefit Reduction

- 35% at Age 65
- 60% at Age 70
- 80% at Age 75

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# MetLife Hospital Indemnity Plan

See MetLife benefit guide for details and exclusions



Hospital Benefits	Low Plan	High Plan
Hospital Admission	\$500 (Non-ICU); \$1,000 (ICU)	\$750 (Non-ICU); \$1,500 (ICU)
Hospital Confinement	\$100 (Non-ICU); \$200 (ICU) per day, 31-day max	\$150 (Non-ICU); \$300 (ICU) per day, 31-day max
Rehab	\$100 per day, 15-day max	\$150 per day, 15-day max
Sickness-Hospital Benefits	Low Plan	High Plan
Hospital Admission	\$500 (Non-ICU); \$1,000 (ICU)	\$750 (Non-ICU); \$1,500 (ICU)
Hospital Confinement	\$100 (Non-ICU); \$200 (ICU) per day, 31-day max	\$150 (Non-ICU); \$300 (ICU) per day, 31-day max
Monthly Cost	Low Plan	High Plan
EE Only	\$11.49	\$17.08
EE + Spouse	\$22.10	\$32.76
EE + Child(ren)	\$20.80	\$30.86
EE + Family	\$35.36	\$52.52

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# MetLife Critical Illness Plan

See MetLife benefit guide for details and exclusions



**\*The Critical Illness and Accident Plan are bundled together. Please see page 10-11 for Accident Plan benefits and the bottom of page 10 for details.**

Benefit for Covered Conditions	Initial Benefit	Recurrence Benefit
Alzheimer's Disease	100% of Benefit Amount	NONE
Coronary Artery Bypass Graft	100% of Benefit Amount	100% of Benefit Amount
Full Benefit Cancer	100% of Benefit Amount	100% of Benefit Amount
Partial Benefit Cancer	25% of Benefit Amount	25% of Benefit Amount
Heart Attack	100% of Benefit Amount	100% of Benefit Amount
Kidney Failure	100% of Benefit Amount	NONE
Major Organ Transplant	100% of Benefit Amount	NONE
Stroke	100% of Benefit Amount	100% of Benefit Amount

Monthly Premium per \$1,000 (\$20,000 or \$30,000-Spouse/DP or Children qualify for 50% of employee amount)

### Non-Tobacco

Age Brackets	EE Only	EE + Spouse	EE + Children	Family
<25	\$0.42	\$0.67	\$0.58	\$0.83
25-29	\$0.42	\$0.70	\$0.58	\$0.86
30-34	\$0.59	\$0.97	\$0.75	\$1.13
35-39	\$0.81	\$1.36	\$0.97	\$1.52
40-44	\$1.23	\$2.05	\$1.39	\$2.21
45-49	\$1.69	\$2.82	\$1.85	\$2.98
50-54	\$2.22	\$3.69	\$2.38	\$3.85
55-59	\$2.79	\$4.61	\$2.95	\$4.77
60-64	\$3.32	\$5.42	\$3.48	\$5.58
65-69	\$3.65	\$5.95	\$3.81	\$6.11
70+	\$4.40	\$7.15	\$4.56	\$7.31

### Tobacco

Issue Age	EE Only	EE + Spouse	EE + Children	Family
<25	\$0.66	\$1.02	\$0.82	\$1.18
25-29	\$0.66	\$1.07	\$0.82	\$1.23
30-34	\$0.96	\$1.54	\$1.12	\$1.70
35-39	\$1.34	\$2.21	\$1.50	\$2.37
40-44	\$2.08	\$3.41	\$2.24	\$3.57
45-49	\$2.87	\$4.74	\$3.03	\$4.90
50-54	\$3.77	\$6.25	\$3.93	\$6.41
55-59	\$4.74	\$7.84	\$4.90	\$8.00
60-64	\$5.65	\$9.23	\$5.81	\$9.39
65-69	\$6.23	\$10.18	\$6.39	\$10.34
70+	\$7.55	\$12.31	\$7.71	\$12.47

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# MetLife Accident Plan

See MetLife benefit guide for details and exclusions



Accidental Death	Low Plan	High Plan
Basic Accidental Death	EE \$25,000; SP \$12,500; CH \$5,000	EE \$50,000; SP \$25,000; CH \$10,000
Accidental Death - Common Carrier	EE \$75,000; SP \$37,500; CH \$15,000	EE \$150,000; SP \$75,000; CH \$30,000
Accidental Dismemberment	Low Plan	High Plan
Basic Dismemberment	\$250 - \$2,500	\$500 - \$10,000
Catastrophic Dismemberment	\$10,000	\$50,000
Paralysis Benefit	\$5,000 - \$10,000	\$25,000 - \$50,000
Accidental Injury Benefits	Low Plan	High Plan
Fracture (Closed)	\$50 - \$1,875	\$125 - \$3,750
Fracture (Open)	\$125 - \$3,750	\$250 - \$7,500
Dislocation (Closed)	\$50 - \$1,500	\$100 - \$3,000
Dislocation (Open)	\$100 - \$3,000	\$200 - \$6,000
Burn Benefit	\$50 - \$5,000	\$100 - \$10,000
Skin Graft Benefit	50%	50%
Concussion Benefit	\$150	\$150
Coma Benefit	\$5,000	\$10,000
Ruptured Disc	\$500	\$1,000
Torn Cartilage in Knee	\$500	\$750
Laceration	\$25 - \$200	\$50 - \$400
Accidental Broken Tooth	\$25 - \$100	\$50 - \$200
Eye Injury	\$200	\$200
Torn, Ruptured or Severed Tendon/ Ligament/ Rotator Cuff	\$500 - \$750	\$750 - \$1,000

**\*The Critical Illness and Accident Plan are bundled together. Please see page 9 for Critical Illness Plan Benefits**

**\* If you enroll in the Low Accident plan, you will receive \$20,000 in Critical Illness**

**\* If you enroll in the High Accident plan, you will receive \$30,000 in Critical Illness.**

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# MetLife Accident Plan

See MetLife benefit guide for details and exclusions



Accident-Medical Treatment & Services	Low Plan	High Plan
Ambulance	Ground \$200 / Air \$750	Ground \$300 / Air \$1,000
Transportation	\$200	\$400
Emergency Care	\$25 - \$50	\$50 - \$100
Non-Emergency Initial Care	\$25	\$50
Medical Testing (Xray, MRI, etc)	\$150	\$200
Physician Follow Up Visit	\$50	\$75
Therapy Services	\$15	\$25
Pain Management	\$50	\$100
Prosthetic Device	1 Device: \$750; More than 1: \$1,000	1 Device: \$750; More than 1: \$1,000
Medical Appliance	\$50 - \$500	\$100 - \$1,000
Blood/ Plasma/Platelets	\$300	\$400
Inpatient Surgery	\$100 - \$1,000	\$200 - \$2,000
Outpatient Surgery	\$150	\$300
Accident-Hospital Benefits	Low Plan	High Plan
Accident-Hospital Admission	\$1,000 (Non-ICU); \$1,500 (ICU)	\$1,000 (Non-ICU); \$1,500 (ICU)
Accident-Hospital Confinement	\$100 (Non-ICU); \$200 (ICU) per day 31-day max	\$200 (Non-ICU); \$400 (ICU) per day 31-day max
Rehab	\$100 per day up to 15-day max	\$200 per day up to 15-day max
Other Benefits	Low Plan	High Plan
Health Screening	\$75	\$75
Lodging-Companion	\$100 day up to 31 days per calendar year	\$200 day up to 31 days per calendar year
Rate Guarantee	Low Plan	High Plan
EE Only	\$6.67	\$10.38
EE + Spouse	\$13.63	\$21.20
EE + Child(ren)	\$13.99	\$21.36
EE + Family	\$17.36	\$26.77

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# Assurity Cancer Plan

See Assurity benefit guide for details and exclusions



Cancer Prevention and Wellness	Amount Paid to You
Cancer Screening Test	\$100 per Calendar year
Surgery Additional Opinions	\$200
NCI Consultation	\$500 per Day
Positive Diagnosis Test	\$500
Radiation Treatment, Chemotherapy, Hormone	\$10,000
Self-Administered Chemotherapy, Hormone Therapy or Immunotherapy	\$300 per week up to \$1,200 per month for 24 months. Maximum benefit of \$100 per month after the initial 24 months
Supportive Drugs and Services	\$500
Experimental Treatment	\$5,000
Bone Marrow Transplant	\$10,000
Surgery (Maximum Benefit)	\$5,000
Anesthesia (% of Surgery)	25%
Outpatient Surgery	\$150
Skin Cancer	\$100
Blood and Plasma	\$150 per Day
Ambulatory Surgical Center	N/A
Physical or Speech Therapy	N/A
Hospital Confinement	\$150 per Day
Extended Benefits	\$300 per Day
Government/ Charity Hospital Confinement	\$200 per Day
Private Duty Nurse	\$100 per Day
Physicians Attendance	\$35 per Day
Extended Care Facility	N/A

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# Assurity Cancer Plan (cont.)

See Assurity benefit guide for details and exclusions



Cancer Prevention and Wellness	Amount Paid to You
Home Health Care	\$100 per Day
Hospice Care	N/A
Prosthesis	\$1,000
Prosthesis Benefit – Internal Breast	\$2,500
Prosthesis Benefit – External Breast	\$250
Breast Transverse Rectus Abdominis Myocutaneous (TRAM) Flap Procedure	\$3,000
Deep Inferior Epigastric Perforator (DIEM) Flap	\$3,000
Breast Reconstruction	\$750
Breast Symmetry	\$300
Facial Reconstruction	\$750
Hairpiece Benefit	\$150
Braces or Crutches	\$200
Hospital Bed, Respirator or Wheelchair	\$1,000
Ambulance	\$200
Transportation	\$250 per Day for coach fare or common carrier or \$175 per Week for personal automobile expenses associated with non-local treatment
Lodging	\$60 per Day
Intensive Care Unit Rider	\$300 per Day
The Cancer Treatment Rider	N/A

Age Brackets	EE Only	EE + Spouse	EE + Children	Family
18-39	\$9.99	\$17.61	\$13.66	\$21.23
40-49	\$21.52	\$39.92	\$25.00	\$43.47
50-59	\$34.38	\$66.54	\$37.03	\$69.29
60-64	\$50.16	\$99.51	\$52.52	\$101.08
65-69	\$61.32	\$122.26	\$62.41	\$122.26
70-74	\$76.66	\$153.60	\$78.12	\$153.60
75-80	\$76.66	\$153.60	\$78.12	\$153.60

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# Consolidated Admin Services Flexible Spending Account Dependent Daycare Plan



FSA and Dependent Daycare Plan offered through Consolidated Admin Services

You may allocate a specified amount of monthly salary or wages for the reimbursement of medical expenses or dependent care expenses, or both.

This plan can be established only on a twelve-month basis. Each month, you may file a claim voucher for reimbursement of the eligible medical care or dependent care expenses.

Type of Plan	Maximum Amount
Unreimbursed Medical	\$2,400 per year
Dependent Day Care	\$5,000 per year

The effective date for this plan is February 1, 2019 – January 31, 2020. Even if you are currently enrolled in an FSA, you need to re-enroll every year.

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*The information in this Benefits Summary is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Summary was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Benefits Summary and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this summary, contact Human Resources.*

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