

# BENEFITS ESSENTIALS

2024 Employee Benefits Overview



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**Important Notice** Triumph Public High School has made every attempt to ensure the accuracy of the information described in this enrollment guide. Any discrepancy between this guide and the insurance contracts or other legal documents that govern the plans of benefits described in this enrollment guide will be resolved according to the insurance contracts and legal documents. Triumph Public High School reserves the right to amend or discontinue the benefits described in this enrollment guide in the future, as well as change how eligible employees and Triumph Public High School share plan costs at any time. This enrollment guide creates neither an employment agreement of any kind nor a guarantee of continued employment with Triumph Public High School.

# WELCOME

## OPEN ENROLLMENT is from July 25<sup>th</sup> to August 18<sup>th</sup>

You play an important role in our success. That's why we strive to provide you with a benefits program that rewards you for the hard work and dedication you put forth every day.

Our comprehensive and competitive benefits program is an important component of your total compensation package. This guide provides valuable information to help you better manage your health and your financial security.

During open enrollment, you have the opportunity to review your coverage needs, consider the benefit plans available to you, and select benefits that will provide the most value to you.

Open Enrollment for 2024-2025 coverage – **your one chance to make changes to your benefits<sup>1</sup>** – begins July 25<sup>th</sup> and will remain open until August 18<sup>th</sup>. The benefits you choose will become effective on September 1, 2024, through August 31, 2025.



<sup>1</sup> You can change your coverage during the year if you experience a “Qualified Status Change,” including but not limited to marriage, domestic partnership, divorce, birth or adoption of a child or death of spouse or child.

# ELIGIBILITY

Full-time employees and their eligible dependents can participate in Triumph Public High School benefits. Eligible dependents include:

- Your spouse or domestic partner<sup>1</sup>
- Child(ren) up to age 26
- Child(ren) of any age if you support the child and he or she is incapable of self-support due to disability

## PROOF OF DEPENDENT ELIGIBILITY

You may be required to provide proof of eligibility for your dependents. Note that attempting to enroll an ineligible dependent could lead to discipline and possible termination of employment. If your dependent becomes ineligible for coverage during the year, you must contact Samantha Gonzales at 210.227-0295 within 30 days. Failure to provide notification may lead to discipline and possible termination of employment.

## BENEFITS TERMS

Before reviewing your benefit choices for this year, here's a refresher on some key health insurance vocabulary that will help you better understand your options.

|  |   |
|--|---|
| <b>Coinsurance</b>                     | The percentage you pay for the cost of covered health care services <b>after</b> you've met your deductible. For example, if the coinsurance under your plan is 30%, you would pay 30% of the cost of the service and your insurance would pay the remaining 70%. |
| <b>Copayment (Copay)</b>               | A fixed amount (for example, \$30) you pay for a covered health care service, usually when you receive the service (as specified by your plan).   |
| <b>Deductible</b>                      | The amount you pay in a plan year before your health plan begins to pay benefits.   |
| <b>Flexible Spending Account (FSA)</b> | An IRS regulated "Use it or Lose it!" pretax spending account. The contributions are pretax and pre-funded for use with qualified medical costs.  |
| <b>Network</b>                         | A group of doctors, hospitals, labs, and other providers that your health insurance contracts so you can make visits at a pre-negotiated (and often discounted) rate.   |
| <b>Out-of-Pocket Maximum</b>           | The cap on your out-of-pocket costs for the plan year. Once you've reached this amount, your plan will cover 100% of your qualified medical expenses for the plan year.   |

<sup>1</sup> Due to federal and state tax regulations, benefits provided to domestic partners are generally taxable and therefore deducted from your pay on an after-tax basis. Additionally, any premium contributions made by Triumph Public High School on behalf of your domestic partner are generally considered taxable income to you. Contact Samantha Gonzales if you believe your domestic partner is exempt from federal or state taxes.

# ENROLLMENT



To have a one-on-one enrollment with a Benefit Counselor use the link below to schedule a convenient time for you and a Benefit Counselor will call you!

During open enrollment, you have the opportunity to review your coverage needs, consider the benefit plans available to you, and select benefits that will provide the most value to you.

Please utilize the link sent to your email to login into Employee Navigator if you wish to complete your enrollment online. If you did not receive a link, please email [ledson@benebloc.com](mailto:ledson@benebloc.com) from your preferred email address.

Please review your benefits by visiting <http://www.benebloc.com/portals/triumph>

Or by scanning the QR below!

Enrollment times are available and should be scheduled using the following link:

<https://benebloценrollment.as.me/triumph>

**Enroll here!**



**Benefits Portal**



<sup>1</sup> You can change your coverage during the year if you experience a "Qualified Status Change," including but not limited to marriage, domestic partnership, divorce, birth or adoption of a child or death of spouse or child.



# EMPLOYEE CONTRIBUTIONS

The values below indicate how much you're responsible for contributing towards coverage. Amounts are taken directly from your paycheck.

## CONTRIBUTION SUMMARY

| Benefit                      | Employee Only                        | Employee + Spouse | Employee + Child(ren) | Employee + Family |
|------------------------------|--------------------------------------|-------------------|-----------------------|-------------------|
| HSA Medical Plan             | \$0.00                               | \$417.81          | \$175.53              | \$595.81          |
| Traditional Plan             | \$20.01                              | \$471.64          | \$209.75              | \$664.05          |
| Comfort Max                  | \$79.33                              | \$631.21          | \$311.18              | \$886.32          |
| Dental Plan                  | \$14.96                              | \$28.93           | \$33.14               | \$50.48           |
| Vision Plan                  | \$3.25                               | \$6.34            | \$6.34                | \$11.33           |
| Voluntary Life & AD&D        | Refer to enrollment system for rates |                   |                       |                   |
| Voluntary Disability         | Refer to enrollment system for rates |                   |                       |                   |
| Voluntary Accident Plan 1    | \$3.66                               | \$6.06            | \$8.13                | \$10.53           |
| Voluntary Accident Plan 2    | \$7.62                               | \$12.57           | \$16.71               | \$21.66           |
| Voluntary Hospital Indemnity | \$10.45                              | \$18.52           | \$14.49               | \$22.21           |
| Voluntary Cancer Insurance   | \$13.24                              | \$22.42           | \$16.24               | \$22.42           |
| Voluntary Critical Illness   | Refer to enrollment system for rates |                   |                       |                   |
| Whole Life                   | Refer to enrollment system for rates |                   |                       |                   |



# MEDICAL PLANS



A HEALTH PLAN EVERYONE CAN LOVE.

| Plan Options                    | Gravie<br>HSA \$3,500/\$6,900                                   | Gravie<br>Comfort \$7,900 GX | Gravie<br>Copoly \$4,500/\$6,500 GX |
|---------------------------------|---|------------------------------|-------------------------------------|
| Preventive Care                 | 100%  | 100%                         | 100%                                |
| <b>Deductible</b>               |   |                              |                                     |
| Per Person                      | \$3,500   | \$7,900                      | \$4,500                             |
| Per Family                      | \$7,000   | \$15,800                     | \$9,000                             |
| <b>Out-of-Pocket Max/Year**</b> |   |                              |                                     |
| Per Person                      | \$6,900   | \$7,900                      | \$6,500                             |
| Per Family                      | \$13,800  | \$15,800                     | \$13,000                            |
| Primary Care Office             | 20% after ded.  | No Cost                      | \$30 copay                          |
| Specialist Office Visit         | 20% after ded.  | No Cost                      | \$50 copay                          |
| Urgent Care Visit               | 20% after ded.  | No Cost                      | \$75 copay                          |
| Online Care                     | 20% after ded.  | No Cost                      | No Cost                             |
| Generic Rx*                     | 20% after ded.  | No Cost                      | No Cost                             |
| Preferred Brand Rx*             | 20% after ded.  | \$75                         | \$30 copay                          |
| Non-Preferred Brand Rx          | 50% after ded.  | No Cost after OOPM           | \$100 copay                         |
| Specialty Rx                    | 20% after ded.  | \$100                        | \$250 copay                         |
| Emergency Room                  | 20% after ded.  | \$250                        | \$500 copay                         |
| Surgical Care                   | 20% after ded.  | No Cost after OOPM           | 20% after ded.                      |
| Inpatient Care                  | 20% after ded.  | No Cost after OOPM           | 20% after ded.                      |
| Out of Network                  | 50% after Out-of-Network ded. \$10,000/\$20,000 (single/family) |                              |                                     |

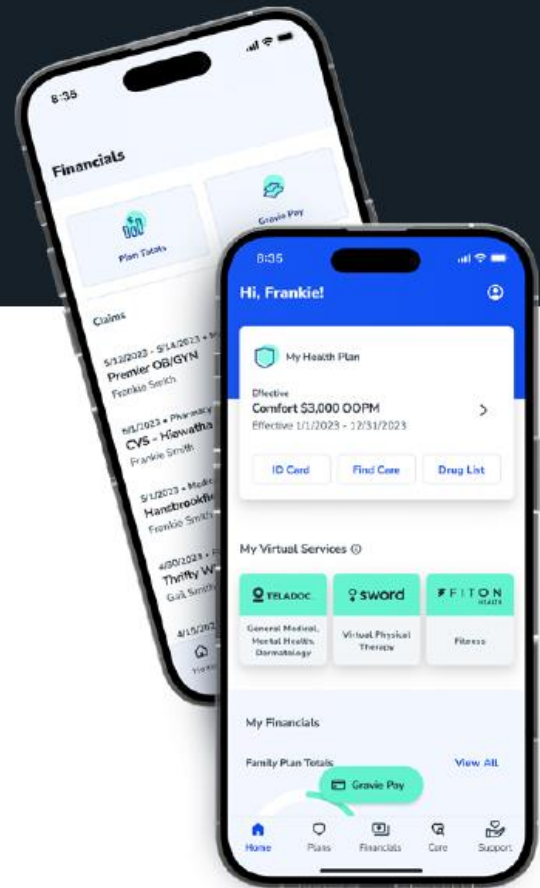
\* Get 3 months for the price of 2 through mail-order

\*\* Includes deductible. All plans are embedded which means if you have family coverage, you will begin receiving benefits once you meet your individual deductible. No member on the plan can pay more than their individual deductible.

# MEDICAL PLANS

## Gravie Mobile App

All of your favorite Gravie benefits in one simple place. Use the Gravie app from anywhere to get the care you need, when you need it.



### App features:

- ✿ Access your digital ID card on the spot
- ✿ See what's covered by your plan
- ✿ Find in-network providers, clinic, pharmacies, and more
- ✿ Review claims and track expenses throughout the year
- ✿ Connect with Gravie Care\* — licensed experts available to answer all your health benefits questions
- ✿ Members enrolled in [Comfort](#) can view the list of no-cost services included in their plan.



*App features may vary based on a variety of eligibility and enrollment factors.*

Download the app by visiting the App Store or Google Play. You will be prompted to login using your [member.gravie.com](https://member.gravie.com) credentials, or create your account if you haven't logged into Gravie before.



Use the QR codes to visit either the App Store or Google Play store.



# DENTAL BENEFITS

## DENTAL PLAN SUMMARY

### Protection worth smiling about

#### Dental insurance benefit summary



#### Did you know ?

More than 1 in 4 (26%) adults in the United States has untreated tooth decay<sup>1</sup>

More than half of adolescents ages 12 to 19 have had a cavity in at least one of their permanent teeth<sup>2</sup>

Watch this quick video to learn more.



Regular dental care is one of the best ways to maintain a winning smile and protect your overall health. With Equitable's dental plan, you can receive the care you need, including routine cleanings and fillings, and potentially major dental procedures, orthodontia and teeth-whitening benefits.

Under your comprehensive PPO dental plan, you are allowed to see both in and out of network providers.

#### Benefit Plan & Features

This is only a partial list of covered dental services. Please carefully review your certificate of insurance for a full list of covered services, as well as all limitations and exclusions that apply to your plan.

#### Benefit Plan and Features

**Class definition:** Class 1 – All Active Full Time Employees

| Coverage Details   | In-Network Benefit                       | Out-of-Network Benefit                   |
|--|--|--|
| Reimbursement  | Contracted Allowances                    | 90th percentile R&C                      |
| Coinsurance  | 100/80/50                                | 100/80/50                                |
| Annual Individual / Family Deductible (Waived for Preventive Services) | \$50/3x individual                       | \$50/3x individual                       |
| Annual Individual Maximum Benefit                                      | \$1,500                                  | \$1,500                                  |
| Alternate Benefit  | Included                                 | Included                                 |
| Missing Tooth Clause   | Applies                                  | Applies                                  |
| Orthodontia* Individual Deductible/ Lifetime Maximum                   | Child: \$0/\$1,000<br>Adult: \$0/\$1,000 | Child: \$0/\$1,000<br>Adult: \$0/\$1,000 |

The information above is a summary of coverage only. For more information, visit or contact Samantha Gonzales at 210-227-0295

# DENTAL BENEFITS

Orthodontia\* is eligible if the initial banding or appliance is inserted while you are covered for Orthodontia under Equitable's policy, or while you were covered for Orthodontia under your immediate prior carrier.

| Preventive Services   | In-Network Benefit | Out-of-Network Benefit |
|---|--------------------|------------------------|
| <b>Evaluations</b>  |                    |                        |
| • Periodic Oral Evaluation  | 100%               | 100%                   |
| • Limited Oral Evaluation – problem focused   | 100%               | 100%                   |
| • Comprehensive Oral Evaluation   | 100%               | 100%                   |
| <b>Treatments</b>   |                    |                        |
| • Routine Dental Prophylaxis  | 100%               | 100%                   |
| • Fluoride Treatment  | 100%               | 100%                   |
| • Sealants – child  | 100%               | 100%                   |
| <b>X-Rays</b>   |                    |                        |
| • Complete Series/ Panoramic X-Rays   | 100%               | 100%                   |
| • Bitewing X-Rays   | 100%               | 100%                   |
| <b>Basic Services</b>   |                    |                        |
| <b>X-Rays</b>   |                    |                        |
| • Periapical X-Rays   | 80%                | 80%                    |
| Emergency Palliative Treatment  | 80%                | 80%                    |
| Basic Restorative Services (amalgam, composite resin, acrylic, synthetic or plastic fillings) | 80%                | 80%                    |
| Simple Extractions  | 80%                | 80%                    |
| Surgical Endodontics  | 80%                | 80%                    |
| Non-Surgical Endodontics  | 80%                | 80%                    |
| Non-Surgical Periodontal  | 80%                | 80%                    |
| Periodontal Maintenance   | 80%                | 80%                    |
| Periodontal Surgery   | 80%                | 80%                    |
| <b>Major Services</b>   |                    |                        |
| Surgical Extractions and Removal of Impacted Teeth  | 50%                | 50%                    |
| Oral Surgery  | 50%                | 50%                    |
| Inlays/Onlays/Crowns  | 50%                | 50%                    |
| Dentures – complete, partial, overdenture (upper and lower)                                   | 50%                | 50%                    |
| Implants  | 50%                | 50%                    |
| Bridges   | 50%                | 50%                    |
| <b>Orthodontic Services</b>   |                    |                        |
| Adult and Child Orthodontic Services  | 50%                | 50%                    |

The information above is a summary of coverage only. For more information, visit or contact Samantha Gonzales at 210-227-0295

# VISION BENEFITS

You and your dependents have access to vision coverage through Equitable. The plan pays benefits for both in-network and out-of-network services. However, you will receive maximum value from your vision benefits when you choose in-network providers. If you see a network provider, you will pay copays for most services. If you receive care outside the network, you will need to pay the full cost and file a claim to be reimbursed for a portion of the costs.

## VISION PLAN SUMMARY

| Key Features                           | In-Network   | Out-of-Network  | Frequency |
|--|--|---|-----------|
| Exam                                   | \$10 copay   | \$45 allowance  | 12 months |
| Lenses                                 | \$25 copay   | Single: \$30 allowance<br>Bifocal: \$50 allowance<br>Trifocal: \$65 allowance   | 12 months |
| Frames                                 | \$130 allowance  | \$70 allowance  | 24 months |
| Contact Lenses<br>(instead of glasses) | <b>Elective:</b> \$130 allowance<br><b>Medically Necessary:</b> Covered 100% | <b>Elective:</b> \$105 allowance<br><b>Medically Necessary:</b> \$210 allowance | 12 months |

The information above is a summary of coverage only. For more information, visit [www.equitable.com/employeebenefits](http://www.equitable.com/employeebenefits) or contact Samantha Gonzales at 210-227-0295.

## Protection you have to see to believe

### Vision insurance benefit summary



#### Did you know?

An estimated 93 million adults in the United States are at high risk for serious vision loss, but only half visited an eye doctor in the past 12 months.<sup>1</sup>

Watch this  
quick video to  
learn more.



# FLEXIBLE SPENDING ACCOUNTS (FSAs)

Flexible Spending Accounts (FSAs) allow you to set aside money from your paycheck to pay Health Care and Dependent Care expenses with tax-free dollars. When you contribute to FSAs, your pre-tax contributions reduce your taxable income.

| Account            | What it can be used for:   | Most you can contribute in 2023:                               |
|--------------------|--|--|
| Health Care FSA    | To pay medical, dental, vision, and hearing expenses not covered by your health care plans, such as deductibles, coinsurance and copayments.<br><b>NOTE:</b> If you contribute to an HSA, you cannot participate in the Health Care FSA. | \$3,200  |
| Dependent Care FSA | Dependent care expenses such as day care and after school programs for children under age 13, or elder care expenses, so you and your spouse can work or attend school full time   | \$5,000, or \$2,500 if married and filing separate tax returns |

## HOW THE FSAs WORK:

- The total amount you choose to contribute to your Health Care FSA or Limited Purpose Health Care FSA is available immediately. You can spend the dollars in your Dependent Care FSA as they are deposited each pay period.
- Health Care and Dependent Care Accounts are separate. The money in one account cannot be used to pay for expenses from the other account.
- If you enroll in the Health Care FSA or Limited Purpose Health Care FSA, you will receive a debit card that you can use to pay for eligible health care expenses at the point of service. Otherwise, you can pay for services and submit a claim for reimbursement or request reimbursement online.
- If you enroll in the Dependent Care FSA, you will pay for services and submit a claim for reimbursement or request reimbursement online.
- FSA elections do not automatically roll over from one year to the next. You must re-enroll each year to participate.
- For a complete list of eligible Health Care and Dependent Care FSA expenses, visit [www.consolidatedadmin.com](http://www.consolidatedadmin.com), email [info@consolidatedadmin.com](mailto:info@consolidatedadmin.com), or call 877-941-5956.

## Use-It or Lose-It

- With the Health Care FSA or Limited Purpose Health Care FSA you can roll over up to \$610 in unused funds at the end of the year.
- The Dependent Care FSA is a use-it-or-lose-it account. Any unused funds left in your account at the end of the year will be forfeited.



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# HEALTH SAVINGS ACCOUNT (HSA)

## HEALTH SAVINGS ACCOUNT (HSA)

If you're enrolling in a High Deductible Health Plan (HDHP), you are eligible to open a Health Savings Account (HSA) to pay for expenses on a pre-tax basis, such as eligible medical, dental and/or vision expenses.

### ELIGIBILITY REQUIREMENTS

- Must not be enrolled in Medicare or Tricare.
- Must not be enrolled in Indian Health Services (IHS) or VA Benefits without a disability rating (in the past 3 months).
- Must not be enrolled in other non-qualified medical coverage through another carrier or another family member.
- You and your Spouse cannot be contributing to or participating in a general-purpose FSA through an employer.

### ADVANTAGES OF AN HSA

- **It's flexible:** Use your HSA now, or save it for later. You decide when to save and when to spend. You can even save for health care expenses after you retire.
- **No use it or lose it rule:** The money in your HSA belongs to you. It rolls over each year and you can take it with you if you ever leave the company.
- **Triple tax-advantaged:** (Applies to federal and most state taxes.)
  - Pay no taxes on money you contribute.
  - Pay no taxes on interest you earn.
  - Pay no taxes when you withdraw money.
- **Invest your account:** Once your account balance reaches a certain amount, you can choose to invest it in a variety of investments.

Important: HSAs involve very complex rules, including limitations on eligibility, contributions and expense reimbursement. Federal and state tax penalties may be assessed upon you if these requirements are not met. You should talk to a tax advisor about your personal circumstances with respect to the HSA rules.



Each year, the IRS sets limits on how much you can contribute to an HSA. Maximum employee contributions for the 2024 calendar year are as follows:

- \$4,150 for an individual
- \$8,300 for an employee and dependents
- \$1,000 catch up contribution for anyone over the age of 55

1 Certain states do not treat HSA contributions or distribution as tax-free (e.g., California and New Jersey). Consult your tax advisor to understand how HSA participation may impact you and your family members from a tax perspective.



# INCOME PROTECTION BENEFITS

In addition to health benefits, Triumph Public High School also offers eligible employees income protection benefits. These benefits are intended to provide financial assistance for you and your beneficiaries in the event of disability, accident or death. For more information, visit [www.benebloc.com/portals/triumph](http://www.benebloc.com/portals/triumph) or contact Samantha Gonzales at 210-227-0295.

Triumph Public High School offers the following benefits:

- Basic Life and Accidental Death & Dismemberment (AD&D) Insurance
- Voluntary Life and Accidental Death & Dismemberment (AD&D) Insurance
- Voluntary Disability

## BASIC LIFE AND AD&D

Triumph Public High School provides you with Basic Life and AD&D insurance of \$20,000 at no cost to you. If your death is the result of an accident, you will receive an additional Accidental Death & Dismemberment (AD&D) benefit in addition to the Life Insurance benefit. If you lose a limb or your eyesight as the result of an accident, the AD&D plan will pay a percentage of your AD&D benefit amount.

## SUPPLEMENTAL LIFE AND AD&D

You have the option to supplement your company-paid coverage by purchasing additional Life and AD&D insurance for yourself, your spouse and your children. You are required to purchase coverage for yourself in order to enroll your family members.

Monthly costs are calculated based on your age and/or the age of your spouse or domestic partner. For example, if you're 35 years old and elect \$200,000 in life insurance, your monthly cost would be \$21.4.

| Age                                | EE/SP Rate (per \$1,000 of benefit per month) |
|------------------------------------|---|
| 0-29                               | \$0.071                                       |
| 30-34                              | \$0.094                                       |
| 35-39                              | \$0.107                                       |
| 40-44                              | \$0.151                                       |
| 45-49                              | \$0.224                                       |
| 50-54                              | \$0.361                                       |
| 55-59                              | \$0.555                                       |
| 60-64                              | \$0.799                                       |
| 65-69                              | \$1.503                                       |
| 70+                                | \$2.440                                       |
| Child (per \$1,000)                | \$0.240                                       |
| Supplemental EE AD&D (per \$1,000) | \$0.017                                       |
| Supplemental SP AD&D (per \$1,000) | \$0.017                                       |
| Supplemental CH AD&D (per \$1,000) | \$0.051                                       |

**Please note:** Evidence of insurability may be required if you enroll after your initial eligibility period or if you elect amounts over the policy's Guarantee Issue amount.

The information above is a summary of coverage only. For more information, visit [www.benebloc.com/portals/triumph](http://www.benebloc.com/portals/triumph) or contact Samantha Gonzales at 210-227-0295.

# INCOME PROTECTION BENEFITS

## DISABILITY

Triumph Public High School offers Voluntary Disability insurance through Reliance Standard. Disability insurance provides partial income so you can pay your bills if you get too sick or injured to work. Disability happens to more people, more often than you may think. In fact, more disabilities are caused by illness than injury.

| Plan Design                         | Option 1  | Option 2  | Option 3  | Option 4  | Option 5  | Option 6  |
|-------------------------------------|---|---|---|---|---|---|
| Waiting period (accident/sickness)  | 0/3 days  | 14/14 days  | 30/30 days  | 60/60 days  | 90/90 days  | 180/180 days  |
| Benefit Percentage                  | Increments of \$100 per month not to exceed 70% of earnings                               | Increments of \$100 per month not to exceed 70% of earnings                               | Increments of \$100 per month not to exceed 70% of earnings                               | Increments of \$100 per month not to exceed 70% of earnings                               | Increments of \$100 per month not to exceed 70% of earnings                               | Increments of \$100 per month not to exceed 70% of earnings                               |
| Monthly Maximum                     | \$7,500   | \$7,500   | \$7,500   | \$7,500   | \$7,500   | \$7,500   |
| Maximum Duration                    | Social Security Retirement as defined by the Age Discrimination in Employment Act of 1967 | Social Security Retirement as defined by the Age Discrimination in Employment Act of 1967 | Social Security Retirement as defined by the Age Discrimination in Employment Act of 1967 | Social Security Retirement as defined by the Age Discrimination in Employment Act of 1967 | Social Security Retirement as defined by the Age Discrimination in Employment Act of 1967 | Social Security Retirement as defined by the Age Discrimination in Employment Act of 1967 |
| Own Occupation                      | 12 months   | 12 months   | 12 months   | 12 months   | 12 months   | 12 months   |
| Rate (per \$100 of monthly benefit) | <b>\$5.080</b>  | <b>\$3.640</b>  | <b>\$2.900</b>  | <b>\$2.460</b>  | <b>\$2.080</b>  | <b>\$1.560</b>  |



The information above is a summary of coverage only. For more information, visit [www.benebloc.com/portals/triumph](http://www.benebloc.com/portals/triumph) or contact Samantha Gonzales at 210-227-0295.

# SUPPLEMENTAL BENEFITS

As a supplement to the benefits the company provides, we also offer voluntary benefits. These benefits can help pay for out-of-pocket expenses not covered by your medical plan. You can enroll yourself and your eligible family members. You pay the full cost of these benefits.

## ACCIDENT INSURANCE

Accident Insurance helps cover the cost of emergency medical care, physical therapy and other unexpected expenses that result from an accidental injury. Choose the plan that is the right coverage for your family!!

Covered injuries and expenses may include:

- Broken bones, burns and torn ligaments
- Emergency room treatment and hospitalization
- Cuts requiring stitches
- Outpatient surgery
- Concussions
- Chiropractic care and physical therapy

## HOSPITALIZATION

Hospital Indemnity Insurance provides a cash payment if you or a covered family member are admitted to the hospital. You receive \$1,000 for the day you are admitted and \$100 per day for each additional day, up to 30 days. The benefit is paid directly to you and you can use it to pay medical costs or to cover your living expenses.

## CANCER

Cancer insurance offers benefits to assist with out-of-pocket costs that may not be covered by your medical insurance, including expenses related to inpatient or outpatient treatment, surgery, travel and recovery care.

## UNIVERSAL LIFE

The Employee Life Option Plus is more than just life insurance at an affordable price. It combines the guaranteed premiums, coverage and values that have always been so attractive in whole life insurance with the advantages of cash accumulation at current interest rates.



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# SUPPLEMENTAL BENEFITS

## CRITICAL ILLNESS

Critical Illness Insurance pays a benefit if you are diagnosed with a serious illness covered by the plan. The benefit is paid to you and can be used to pay medical costs or living expenses such as childcare or mortgage payments. Covered illnesses may include:

- Heart attack or coronary artery disease
- Stroke
- Benign brain tumor
- Major organ failure
- Cancer

| Age                 | Employee/Spouse Rate<br>(per \$1,000 of benefit per month) |
|---------------------|--|
| 0-29                | \$0.41   |
| 30-34               | \$0.70   |
| 35-39               | \$0.79   |
| 40-44               | \$1.00   |
| 45-49               | \$1.47   |
| 50-54               | \$1.93   |
| 55-59               | \$2.61   |
| 60-64               | \$3.86   |
| 65-69               | \$5.87   |
| 70-74               | \$10.45  |
| 75-79               | \$18.42  |
| 80-84               | \$27.58  |
| 85+                 | \$50.42  |
| Child (per \$1,000) | \$0.87   |



The information above is a summary of coverage only. For more information, visit [www.benebloc.com/portals/triumph](http://www.benebloc.com/portals/triumph) or contact Samantha Gonzales at 210-227-0295.



# CANCER INSURANCE

| Coverage Benefits  |   |
|--|---|
| Positive Diagnosis   | Actual charge not to exceed <b>\$300 per calendar year</b> for one test confirming a positive diagnosis of Cancer in an insured Person  |
| Ambulance  | Actual charge for ambulance service if the insured person is transported to a hospital where they are admitted as an inpatient for the treatment of Cancer  |
| Private Duty Nursing   | <b>Inpatient:</b> Actual charge not to exceed <b>\$150 per day</b> for the full-time service of a nurse<br><b>Outpatient:</b> Actual charge not to exceed <b>\$150 per day</b> , limited to the same number of days of the prior hospital confinement for the full service of a nurse |
| National Cancer Institute Designated Comprehensive Cancer Treatment Center Evaluation/Consultation | Actual charge not to exceed a <b>lifetime maximum of \$750</b>  |
| Second and Third Surgical Opinions   | Actual charge for a written second surgical opinion. If the second surgical opinion conflicts with that of the physician's original recommendation, we will pay actual charge for a written third surgical opinion  |
| Outpatient Hospital or Ambulatory Surgical Center  | Actual charge not to exceed <b>\$350 per day</b>  |
| Medical Imaging Planning and Monitoring  | Actual charge not to exceed <b>\$1,000 per calendar year</b>  |
| Anti-Nausea Medication   | Actual charge not to exceed <b>\$150 per calendar month</b>   |
| Colony Stimulating Factor or Immunoglobulin  | Actual charge not to exceed <b>\$1,000 per calendar month</b>   |
| Outpatient Blood, Plasma, and Platelets  | Actual charge not to exceed <b>\$300 per day</b>  |

The information above is a summary of coverage only. For more information, visit [www.benebloc.com/portals/triumph](http://www.benebloc.com/portals/triumph) or contact Samantha Gonzales at 210-227-0295.



# CANCER INSURANCE

| Coverage Benefits Cont'd                           |   |
|--|---|
| Inpatient Blood, Plasma, and Platelets             | Actual charge not to exceed <b>\$300 per day</b>  |
| Inpatient Oxygen                                   | Actual charge not to exceed <b>\$300 per hospital confinement</b>   |
| Bone Marrow or Stem Cell Transplant                | Actual charge not to exceed a <b>lifetime maximum of \$15,000</b>   |
| Bone Marrow Donor                                  | Will pay the <b>daily</b> hospital confinement benefit amount shown on the policy schedule for each day the donor is confined in a hospital   |
| Attending Physician                                | Actual charge not to exceed <b>\$40 per day</b>   |
| Home Health Care                                   | <b>Home Health Care:</b> Actual charge not to exceed <b>\$75 for each day</b><br><b>Medicine and Supplies:</b> Actual charge not to exceed <b>\$450 in any calendar year</b><br><b>Services of a Nutritionist:</b> Actual charge not to exceed a <b>lifetime maximum of \$300</b> |
| Convalescent Care Facility                         | Actual charge not to exceed <b>\$100 per day</b>  |
| Hospice Care                                       | Actual charge not to exceed <b>\$100 per day</b>  |
| Non-Local Transportation                           | Actual charge not to exceed <b>coach fare by a common carrier</b>   |
| Lodging Expense                                    | Actual charge not to exceed <b>\$75 per day</b>   |
| Prosthesis   | <b>Surgically Implanted:</b> Actual charge for the prostheses and its implantation<br><b>Non-Surgically Implanted:</b> Actual charge not to exceed <b>lifetime maximum of \$2,000 per such amputation</b>   |
| Hairpiece  | Actual charge not to exceed a <b>lifetime maximum of \$150</b>  |
| Rental or Purchase of Medical Equipment            | Will pay the lesser of the actual charge for the rental or purchase not to exceed <b>\$1,500 per calendar year</b>  |
| Physical, Speech, Audio Therapy, and Psychotherapy | Actual charge not to exceed <b>\$25 per therapy session</b>   |
| Waiver of Premium                                  | Will waive the premiums starting on the first premium due date following a 60-day period of total disability of the named insured due to Cancer   |

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# CANCER INSURANCE

| Additional Benefit Riders   |  |
|---|--|
| Annual Cancer Screening   | Coverage Amount: \$50  |
| Daily Hospital Confinement  | Coverage Amount: \$100   |
| First Occurrence  | Coverage Amount: \$5,000   |
| Fist Occurrence Building  | Coverage Amount: \$100   |
| Annual Radiation, Chemotherapy, Immunotherapy, and Experimental Treatment | Coverage Amount: \$10,000  |
| Hospital Intensive Care Unit  | Coverage Amount: \$500   |
| Surgical  | Coverage Amount: \$2,500   |
| Specified Disease   | Coverage Amount: \$1,500 Initial Hospitalization; \$300 Daily Confinement for first 30 days increasing to \$600 on the 31st day of continuous hospital confinement |

\*Coverage is guaranteed issue if the employee meets all eligibility requirements of actively at work.

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# HEALTH CONSUMER PACKAGE

## \$10 per month

### Counseling Services

Need to talk it out? Let experienced counselors help address personal problems from the comfort and convenience of home. Call 24/7 for an assessment, then schedule up to six free phone sessions to discuss job issues, financial or legal stress, relationship issues, grief or loss, and more.

Counseling services are not available for minors 13 and under.

### Caregiver Concierge Bundle

Taking care of a parent, grandparent, sibling, new baby, or child with disabilities can be incredibly rewarding, but also incredibly stressful and overwhelming—especially if you’re working a full-time job on top of coordinating doctor’s visits, calling family members, and sifting through piles of paperwork. Caregiver Concierge empowers you to efficiently manage caregiving responsibilities through three services: a full-service caregiving solution; a companionship and task assistance service; and a legal document creation service.

**[Click here to watch a video about these great benefits!](#)**

### Fertility, Surrogacy, & Adoption

Fertility, Surrogacy, and Adoption by WINFertility provides education, resources, discounts on medical services, and emotional support for non-traditional family-building options such as infertility, adoption, surrogacy, and egg donation.

### Pet Care

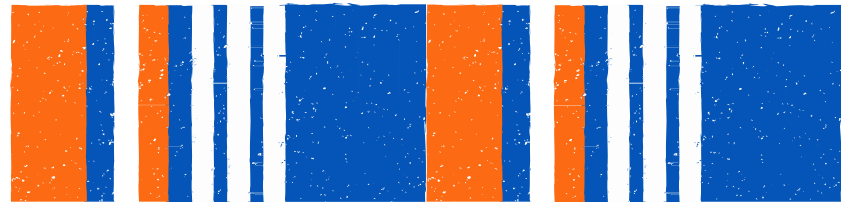
Caring for pets can be rrrrruff! Keep your pets happy and healthy with discounts on everything from toys and treats to vet visits and eats!

### NB Pet Telehealth

Pets are family, and NB Pet Telehealth by GoLexi helps make caring for them affordable and convenient. With 24/7 access to a trusted network of veterinarians, you can ask questions, discuss behavioral issues, train, and even get help determining if a trip to the ER or primary veterinarian is necessary. Get the advice you need for eligible pets with real-time, no-fee consultations by phone or video, and give them the love and attention they deserve. NB Pet Telehealth is for non-emergency, non-urgent treatment, and acts as a supplement for visits with a primary veterinarian. NB Pet Telehealth veterinarians cannot diagnose pets or prescribe medications.

### NBDeals

NBDeals is your one-stop shop for exclusive discounts from 500+ merchants, with new deals added weekly.







## PERSONAL PROTECTION PACKAGE

### \$7 per month

#### **Funeral Services**

With Funeral Services by Dignity Memorial®, you and your extended family are eligible for a range of benefits that can help alleviate the financial and emotional burdens of planning a funeral.

#### **Financial Wellness**

With Financial Wellness, you gain a helping hand to guide you through the major financial changes and challenges you'll face throughout life, from paying for college to buying a home to managing a budget. Call a financial counselor for a more hands-on approach, or tackle your financial situation independently with learning tracks through the Online Financial Wellness Center.

#### **Legal Services**

Have legal questions? Get legal answers from experienced lawyers at discounted rates. Attorneys help with traffic tickets, bankruptcy, divorce, and spousal and child support. Additional services are also available at no cost to you!

#### **Roadside Assistance**

Stranded? Car trouble is no trouble. Roadside Assistance is there for you and your immediate family to help with a flat tire, lock-out, battery, collision and even towing—with coverage up to \$80. They will even bring you fuel, oil, fluid and water 24/7!

Limit one service within 72 hours and five services per year. This is not an insurance product.

#### **NBDeals**

Big savings are just a click away! NBDeals is your one-stop-shop for exclusive discounts on brands and experiences you know and love. Browse over 40 different categories across 500+ merchants for endless opportunities to save, with new deals added weekly.

**[Click here to watch a video about these great benefits!](#)**



# 403(b) & 457 RETIREMENT PLANS

The 403(b) & 457 retirement plans are an additional retirement savings vehicle that can be used to save more money for retirement. While you will have your pension for retirement, in most cases additional retirement savings will be required to meet your retirement needs.

## Key Facts

- Pre-tax & after-tax options are both available.
- Loans & hardship withdrawals are available depending on the selected plan.
- Hundreds of investment options to choose from.
- You will work directly with a Certified Financial Planner who can help you make decisions that best suit your future goals.
- Annual contribution limit is \$20,500 or \$27,000 if you're over the age of 50.

While you will have the option to elect to be contacted to get a retirement account established during your benefits enrollment, you are not limited to this period to enroll in the retirement plans or make changes to a current plan.

## The Process

We keep it simple. Use the QR code to schedule your first appointment or elect the benefit during your benefits open enrollment. We will explain the rest from there!



Learn more about us here!  
[www.reliantfinancialservices.com](http://www.reliantfinancialservices.com)

Questions?

Feel free to reach us at [lsu@reliantfin.com](mailto:lsu@reliantfin.com)



## Ready to get started?

Scan the QR code to book your first appointment. Please put "Triumph Retirement" in the topic section when asked.



Securities and Advisory services offered through GWN SECURITIES, INC. Registered Investment Advisor 11440 North Jog Road, Palm Beach Gardens, FL 33418. (561) 472-2700. Member FINRA (<http://www.finra.org>)/SIPC. (<http://www.sipc.org>)  
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# KEY CONTACTS

| For Questions About   | Carrier                            | Phone Number   | Website/Email   |
|---|------------------------------------|----------------|---|
| Medical & Prescription Drug   | Gravie                             | 866-863-6232   | Member.gravie.com                                       |
| Dental  | Equitable                          | 866-274-9887   | www.equitable.com/employeebenefits                      |
| Vision  | Equitable (VSP Network)            | 866-274-9887   | www.equitable.com/employeebenefits                      |
| Flexible Spending Accounts (FSAs)<br>Health Savings Accounts (HSAs) | CAS<br>Consolidated Admin Services | 877-941-5956   | info@consolidatedadmin.com<br>www.consolidatedadmin.com |
| Life and AD&D Insurance   | Equitable                          | 866-941-9887   | www.equitable.com/employeebenefits                      |
| Supplemental Life and AD&D  | Equitable                          | 866-941-9887   | www.equitable.com/employeebenefits                      |
| Vol. Disability   | Reliance Standard                  | 800-351-7500   | www.reliancestandard.com                                |
| 403(b) & 457 Retirement Plans                                       | Reliance Standard                  | 561-472-2700   | www.reliantfinancialservices.com                        |
| Vol. Accident   | Reliance Standard                  | 800-351-7500   | www.reliancestandard.com                                |
| Vol. Cancer   | Life Shield                        | 800-851-5041   | www.lifeshieldnational.com                              |
| Vol. Hospital Indemnity   | Reliance Standard                  | 800-351-7500   | www.reliancestandard.com                                |
| Vol. Critical Illness   | Reliance Standard                  | 800-351-7500   | www.reliancestandard.com                                |
| Whole Life Insurance  | Boston Mutual                      | 800-669-2668   | www.bostonmutual.com                                    |
| New Benefits – Health Consumer and<br>Personal Protection           | New Benefits                       | See App/Portal | See App/Portal  |



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