Welcome to the Norwalk Public Schools! Benefits/Total Rewards

- Benefits Summary
- Insurance Premium – Payroll Deduction/Per Check
- Employee Assistance Program Service Summary
- ESS, Employee Self Service, On-Line Benefit Enrollment Instructions
- Benefits begin first day of the month following date of hire
  - **(If applicable, supporting documentation needed: Marriage Certificate (spouse), Birth Certificate(s) (dependent(s))** Enrollments will not be processed without supporting documentation.
- State 2.0 Fact Sheets
- HEALTH ENHANCEMENT PROGRAM (HEP)
- CVS/Caremark Prescription Fact Sheets
- Vision Fact Sheet
- Delta Dental Fact Sheet
- Delta Dental Claim Form
- Health and Dependent Care Flexible Spending Accounts
- FSA, Flexible Spending Account, Election of Benefits & Salary Reduction Agreement (complete & return)
- Tax Shelter Annuity Eligibility Notification (complete & return)
- 403(b)/457 Universal Availability Notice – The OMNI Group
- Lincoln Life Insurance – Designation of Beneficiary (complete & return)
- Life Insurance Benefit Summary
- Notice to Plan Participants of HIPAA Privacy Practices
- FMLA Employee Rights and Responsibilities
- COBRA Initial Notification
- All Forms MUST be returned within 10 days!

Please return all completed forms to my attention, Human Resources Office, Central Office. If you have any questions, please feel free to call.

Donna M. Rastocky
Benefits Specialist
Human Resources Office
203-854-4016
rastockyd@norwalkps.org
TEACHERS (NFT)

NORWALK BOARD OF EDUCATION
Allocation Rates
July 1, 2019 – June 30, 2020

<table>
<thead>
<tr>
<th></th>
<th>Employee</th>
<th>Empl + 1 Dep.</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>State 2.0 – Medical, Vision &amp; Dental</td>
<td>$91.50</td>
<td>$195.02</td>
<td>$242.68</td>
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<tr>
<td>Dental</td>
<td>$5.80</td>
<td>$10.98</td>
<td>$18.03</td>
</tr>
<tr>
<td>Vision</td>
<td>$.85</td>
<td>$1.75</td>
<td>$1.75</td>
</tr>
</tbody>
</table>

Calculated Payroll Deductions - 22 Pay Periods
Norwalk Public Schools Group – Group #4554  
Delta Dental PPO® plus Premier  
Active, 0001 NFT, Retired, 0002 NFT, Active, 0006 ESG, Retired, 0010 ESG, 0015 Nurses

Calendar Year Deductible
- Per Person: NONE

Preventive & Diagnostic (*Does not apply to annual maximum)
- Exams, Cleanings
- Fluoride Treatment (2 per calendar year for children to age 19)
- Space Maintainers (To age 19)
- Sealants (To age 19)
- Bitewing X-Rays (1 set/year for adults and 2 sets/year for children)

Plan Pays:
- 100%

Remaining Basic
- Fillings, Simple Extractions, Root Canals (Endodontics)
- Major Oral Surgery
- Periodontics (Surgical and Non-Surgical)
- Repair of Dentures

Remaining Basic: 80%

Crowns & Prosthodontics
- Crowns, Gold Restorations
- Bridgework, Full & Partial Dentures

Crowns & Prosthodontics: 80%

Calendar Year Maximum (Per Person)
* Does not apply to preventive & diagnostic services

Orthodontia (Adults & Dependent Children)
- Coinsurance: 100%
- Lifetime Maximum: $4,000

Implants
- Coinsurance: 75%
- Lifetime Maximum: $4,000

Dependent children are covered to age 26.

Delta Dental has two networks available under this plan. The Delta Dental Premier® network is the largest of the Delta Dental networks with over 356,000 participating dentist offices nationally (80%+). Delta Dental PPO® is a smaller, but more discounted network with over 282,000 participating dentist offices nationwide. Delta Dental’s network discounts average 25% to 35% less. You may use any fully licensed dentist under this plan, but it is to your advantage to use a network dentist, especially PPO, since they accept the Delta Dental allowance as their maximum charge and cannot bill Delta Dental patients for amounts above this level.

Participating dentists will be paid directly by Delta Dental for covered services. Non-participating dentists will bill you directly, and Delta Dental will make claim payment directly to you. You will maximize benefits and reduce paperwork by using a Delta Dental participating dentist.

If you do not have a dentist, you may obtain a current listing of participating dentists in any area, by calling 1-800 DELTA OK (1-800-335-8265). Provide your zip code to the representative and a directory for that area will be mailed to your home. If you have Internet access, you may also visit our website at deltadentinalj.com to locate participating dentists.

At the time of your first appointment, tell the dentist that you are covered under this program and provide your group number and ID number. Your dependents, if covered, should provide the employee’s ID number.

Claim questions and other information needs should be directed to Delta Dental’s customer service department at 1-800-452-9310.

This overview contains a general description of your dental care program for your use as a convenient reference. Complete details of your program appear in the group contract between your plan sponsor and Delta Dental of New Jersey, Inc. which governs the benefits and operation of your program. In CT, Delta Dental of Connecticut writes dental coverage on an insured basis and Delta Dental of New Jersey administers self-funded dental benefit programs. The group contract would control if there should be any inconsistency or difference between its provisions and the information in this overview.

8/16/2017
General Instructions:

The form is designed so that the Primary Payer's name and address (Item 3) is visible in a standard #10 window envelope. Please fold the form using the 'tick-marks' printed in the left and right margins. The upper-right blank space is provided for insertion of the third-party payer's claim or control number.

a) All data elements are required unless noted to the contrary on the face of the form, or in the Data Element Specific Instructions that follow.

b) When a name and address field is required, the full entity or individual name, address and zip code must be entered (i.e., Items 3, 11, 12, 20 and 48).

c) All dates must include the four-digit year (i.e., Items 6, 13, 21, 24, 36, 37, 41, 44, and 53).

d) If the number of procedures being reported exceeds the number of lines available on one claim form the remaining procedures must be listed on a separate, fully completed claim form. Both claim forms are submitted to the third-party payer.

Data Element Specific Instructions:

1. EPSDT / Title XIX -- Mark box if patient is covered by state Medicaid's Early and Periodic Screening, Diagnosis and Treatment program for persons under age 21.

2. Enter number provided by the payer when submitting a claim for services that have been predetermined or preauthorized.

4-11. Leave blank if no other coverage.

8. The subscriber's Social Security Number (SSN) or other identifier (ID#) assigned by the payer.

15. The subscriber's Social Security Number (SSN) or other identifier (ID#) assigned by the payer.

16. Subscriber's employer group's Plan or Policy Number. May also be known as the Certificate Number. (Not the subscriber's identification number.)

19. Complete only if the patient is not the Primary Subscriber. (i.e., "Self" not checked in Item 18)

19. Check "PTS" if patient is a dependent and full-time student; "PTS" if a part-time student. Otherwise, leave blank.

23. Enter if dentist's office assigns a unique number to identify the patient that is not the same as the Subscriber Identifier number assigned by the payer (e.g., Chart #).

25. Designate tooth number or letter when procedure code directly involves a tooth. Use area of the oral cavity code set from ANSI/ADA/ISO Specification No. 3950 'Designation System for Teeth and Areas of the Oral Cavity'.


27. Indicate tooth number when procedure code reported involves a tooth. If a range of teeth is being reported use a hyphen (-) to separate the first and last tooth in the range. Commas are used to separate individual tooth numbers or ranges applicable to the procedure code reported.

28. Designate tooth surface(s) when procedure code reported directly involves one or more tooth surfaces. Enter up to five of the following codes, without spaces: B = Buccal; D = Distal; F = Facial; L = Lingual; M = Mesial; and O = Occlusal.

29. Use appropriate dental procedure code from current version of Code on Dental Procedures and Nomenclature.

31. Dentist's full fee for the dental procedure reported.

32. Use when other fees applicable to dental services provided must be recorded. Such fees include state taxes, where applicable, and other fees imposed by regulatory bodies.

33. Total of all fees listed on the claim form.

34. Report missing teeth on each claim submission.

35. Use "Remarks" space for additional information such as 'reports' for '999' codes or multiple supernumerary teeth.

36. Patient Signature: The patient is defined as an individual who has established a professional relationship with the dentist for the delivery of dental health care. For matters relating to communication of information and consent, this term includes the patient's parent, caretaker, guardian, or other individual as appropriate under state law and the circumstances of the case.

37. Subscriber Signature: Necessary when the patient/insured and dentist wish to have benefits paid directly to the provider. This is an authorization of payment. It does not create a contractual relationship between the dentist and the payer.

38. ECF is the acronym for Extended Care Facility (e.g., nursing home).

48-52. Leave blank if dentist or dental entity is not submitting claim on behalf of the patient or insured/subscriber.

48. The individual dentist's name or the name of the group practice/corporation responsible for billing and other pertinent information. This may differ from the actual treating dentist's name. This is the information that should appear in any payments or correspondence that will be remitted to the billing dentist.

49. Identifier assigned to Billing Dentist of Dental Entity other than the SSN or TIN. Necessary when assigned by carrier receiving the claim.

50. Refers to the license number of the billing dentist. This may differ from that of the treating (rendering) dentist that appears in the treating dentist's signature block.

52. The Internal Revenue Service requires that either the Social Security Number (SSN) or Tax Identification Number (TIN) of the billing dentist or dental entity be supplied only if the provider accepts payment directly from the third-party payer. When the payment is being accepted directly report the: 1) SSN if the billing dentist in unincorporated; 2) Corporation TIN if the billing dentist is incorporated; or 3) Entity TIN when the billing entity is a group practice or clinic.

53. The treating or rendering, dentist's signature and date the claim form was signed. Dentists should be aware that they have ethical and legal obligations to refund fees for services that are paid in advance but not completed.

56. Full address, including city, state and zip code, where treatment performed by treating (rendering) dentist.

58. Enter the code that indicates the type of dental professional rendering the service from the Dental Service Providers' section of the Healthcare Providers Taxonomy code list. The current list is posted at: http://www.wpc-edl.com/codes/codes.asp. The available taxonomy codes, as of the first printing of this claim form, follow printed in boldface.

122300000X Dentist -- A dentist is a person qualified by a doctorate in dental surgery (D.D.S.) or dental medicine (D.M.D.) licensed by the state to practice dentistry, and practicing within the scope of that license.

Many dentists are general practitioners who handle a wide variety of dental needs.

1223G001X General Practice

Other dentists practice in one of nine specialty areas recognized by the American Dental Association:

1223D001X Dental Public Health
1223E0000X Endodontics
1223P0100X Oral & Maxillofacial Pathology
1223D000EX Oral and Maxillofacial Radiology
1223S012X Oral & Maxillofacial Surgery
1223X0400X Orthodontics
1223P0221X Pediatric Dentistry
1223P0300X Periodontics
1223P0700X Prosthodontics
Norwalk Board of Education provides this valuable benefit at no cost to you.

All Teachers

Life Insurance

Safeguard the most important people in your life.

Think about what your loved ones may face after you’re gone. Term life insurance can help them in so many ways, like covering everyday expenses, paying off debt, and protecting savings.

AT A GLANCE:
• A cash benefit of $150,000 to your loved ones in the event of your death
• LifeKeys® services, which provide access to counseling, financial, and legal support
• TravelConnect™ services, which give you and your family access to emergency medical assistance when you’re on a trip 100+ miles from home

You also have the option to increase your cash benefit by securing additional coverage at affordable group rates. See the enclosed life insurance information for details.

ADDITIONAL DETAILS

Conversion: You can convert your group term life coverage to an individual life insurance policy without providing evidence of insurability if you lose coverage due to leaving your job or for another reason outlined in the plan contract.

Continuation of Coverage: You may be able to continue your coverage if you leave your job for any reason other than sickness, injury, or retirement. See the plan certificate for details.

For complete benefit descriptions, limitations, and exclusions, refer to the certificate of coverage.

This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater detail. Refer to your certificate for your maximum benefit amounts. Should there be a difference between this summary and the contract, the contract will govern.

LifeKeys® services are provided by ComPsych® Corporation, Chicago, IL. ComPsych®, EstateGuidance® and GuidanceResources® are registered trademarks of ComPsych® Corporation. TravelConnect™ services are provided by On Call International, Salem, NH. ComPsych® and On Call International are not Lincoln Financial Group® companies. Coverage is subject to actual contract language. Each independent company is solely responsible for its own obligations.

Insurance products (policy series GL1101) are issued by The Lincoln National Life Insurance Company (Fort Wayne, IN), which does not solicit business in New York, nor is it licensed to do so. Product availability and/or features may vary by state. Limitations and exclusions apply. Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates. Affiliates are separately responsible for their own financial and contractual obligations. Limitations and exclusions apply.
The Lincoln Term Life Insurance Plan:

- Provides a cash benefit to your loved ones in the event of your death
- Features group rates for Norwalk Board of Education employees
- Includes LifeKeys® services, which provide access to counseling, financial, and legal support services
- Also includes TravelConnectSM services, which give you and your family access to emergency medical assistance when you’re on a trip 100+ miles from home

## All Teachers of Norwalk Board of Education

### Benefits At-A-Glance

<table>
<thead>
<tr>
<th>Employee</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Guaranteed coverage amount during initial offering or approved special enrollment period</td>
<td>$250,000</td>
</tr>
<tr>
<td>Newly hired employee guaranteed coverage amount</td>
<td>$250,000</td>
</tr>
<tr>
<td>Maximum coverage amount</td>
<td>$250,000 maximum in increments of $25,000</td>
</tr>
<tr>
<td>Minimum coverage amount</td>
<td>$25,000</td>
</tr>
</tbody>
</table>

### What your benefits cover

#### Employee Coverage

#### Guaranteed Life Insurance Coverage Amount

- Initial Open Enrollment: When you are first offered this coverage, you can choose a coverage amount up to $250,000 without providing evidence of insurability.
- If you decline this coverage now and wish to enroll later, evidence of insurability may be required and may be at your own expense.

#### Maximum Life Insurance Coverage Amount

- You can choose a coverage amount up to $250,000 with evidence of insurability. See the Evidence of Insurability page for details.
Additional Plan Benefits

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Included</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accelerated Death Benefit</td>
<td></td>
</tr>
<tr>
<td>Premium Waiver</td>
<td></td>
</tr>
<tr>
<td>Conversion</td>
<td></td>
</tr>
<tr>
<td>Continuation of Coverage</td>
<td></td>
</tr>
</tbody>
</table>

**Benefit Exclusions**

Like any insurance, this term life insurance policy does have exclusions. A suicide exclusion may apply. A complete list of benefit exclusions is included in the policy. State variations apply.

**Monthly Supplemental Life Insurance Premium**

Here’s how little you pay with group rates.

<table>
<thead>
<tr>
<th>Employee Age Range</th>
<th>Life Premium Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 24</td>
<td>0.0000350</td>
</tr>
<tr>
<td>25 - 29</td>
<td>0.0000350</td>
</tr>
<tr>
<td>30 - 34</td>
<td>0.0000430</td>
</tr>
<tr>
<td>35 - 39</td>
<td>0.0000480</td>
</tr>
<tr>
<td>40 - 44</td>
<td>0.0000760</td>
</tr>
<tr>
<td>45 - 49</td>
<td>0.0001070</td>
</tr>
<tr>
<td>50 - 54</td>
<td>0.0002010</td>
</tr>
<tr>
<td>55 - 59</td>
<td>0.0002650</td>
</tr>
<tr>
<td>60 - 64</td>
<td>0.0003140</td>
</tr>
<tr>
<td>65 - 69</td>
<td>0.0004520</td>
</tr>
<tr>
<td>70 - 74</td>
<td>0.0006750</td>
</tr>
<tr>
<td>75 - 79</td>
<td>0.0006750</td>
</tr>
<tr>
<td>80 - 99</td>
<td>0.0006750</td>
</tr>
</tbody>
</table>

**Group Rates for You**

The estimated monthly premium for life insurance is determined by multiplying the desired amount of coverage (in increments of $25,000) by the employee age-range premium rate.

\[
\text{monthly premium} = \text{coverage amount} \times \text{premium rate}
\]

**Note:** Rates are subject to change and can vary over time.

**Questions?** Call 800-423-2765 and mention Group ID: CITYOFNORW.

This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater detail. Refer to your certificate for your maximum benefit amounts. Should there be a difference between this summary and the contract, the contract will govern.

*LifeKeys*® services are provided by ComPsych® Corporation, Chicago, IL. TravelConnect® travel assistance services are provided by On Call International, Salem NH. On Call International must coordinate and provide all arrangements in order for eligible services to be covered. ComPsych® and On Call International are not Lincoln Financial Group companies and Lincoln Financial Group does not administer these Services. Each independent company is solely responsible for its own obligations. Coverage is subject to contract language that contains specific terms, conditions, and limitations.

Insurance products (policy series GL1101) are issued by The Lincoln National Life Insurance Company (Fort Wayne, IN), which does not solicit business in New York, nor is it licensed to do so. Product availability and/or features may vary by state. Limitations and exclusions apply.

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Supplemental Life Insurance Benefits At-A-Glance