Whitko Community Schools

2026 Employee Benefits Guide

An overview of the wide array of benefits provided by Whitko Community Schools to help you enjoy increased well-being and financial security.



Prepared by The DeHayes Group for Whitko Community Schools

WHITKO COMMUNITY SCHOOLS

Introduction

Dear Employee,

Whitko Community School Corporation encourages employees to get health coverage and partners with Gravie to bring you Gravie Comfort, the first plan of its kind. Gravie Comfort offers 100% coverage for common, in-network healthcare services you need most. With Gravie Comfort, there's zero confusion. You know exactly what's covered, making it easy to use your health benefits without concern of surprise bills and hidden costs.

This packet includes helpful information regarding your health coverage options, rates and how to get started. The following notices and documents can be accessed at https://www.gravie.com/2026sbcwhitkocommunityschoolcorporation/ and a paper copy of these can be requested at no charge by contacting the Gravie Care Team at 855.451.8365.

Summary of Benefits and Coverage (SBC) for each plan option, Special Enrollment Notice, Release of Information, Privacy Notice, CHIP Notice, Medicare Part D Notice (applicable only to Medicare-eligible individuals), Enrollment Form, Employee Waiver Form

Please pay attention to Gravie communications you receive via email for important information regarding your enrollment. If you have any questions, please contact the Gravie Care Team at 855.451.8365 or member.gravie.com/contact.

As an employee of Whitko Community Schools enjoying your work and making valuable contributions to business are equally vital. The health, satisfaction and security of you and your family are important, not only to your well-being, but ultimately, in terms of achieving the goals of our organization.

For the 2026 plan year, Whitko Community Schools has worked hard to offer a competitive total rewards package that includes valuable and competitive benefits plans. These programs reflect our commitment to keeping our staff healthy and secure. We understand that your situation is unique, and Whitko Community Schools is offering an overall benefits package that can be shaped and molded by you to fit your needs.

This benefits booklet is a summary description of your Whitko Community Schools benefit plans. If there is a discrepancy between these summaries and the written legal plan documents, the plan documents shall prevail. This booklet and plan summaries do not constitute a contract of employment. We hope this benefits booklet, along with our additional communication and decision-making tools, will help you make the best health care choices for you and your family.

This booklet provides only a summary of your benefits. All services described within are subject to the definitions, limitations and exclusions set forth in each insurance carrier's or provider's contract.

Introduction

Open Enrollment

Open Enrollment is the period designated by the Employer during which the Employee may change benefit plans or enroll in the plan if he/she did not do so when first eligible. Open enrollment will be permitted once in a calendar year during a designated time period set by Whitko Community Schools. Employees will be notified of the time period they have to make an election change. The effective date of coverage as the result of an open enrollment period will be the following January 1st.

Making Changes During the Year

Please remember, unless you experience a life-changing qualifying event, you cannot make changes to your benefits until the next Open Enrollment Period. Qualifying events includes things like:

Marriage, divorce or 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

Change in employment status or change in coverage under another employer sponsored plan.

The appropriate paperwork must be submitted to the carrier within 30 days of the event.

This booklet provides only a summary of your benefits. All services described within are subject to the definitions, limitations and exclusions set forth in each insurance carrier's or provider's contract.

Contact Information

Refer to this list when you need to contact one of our benefit vendors. For general information, contact the Payroll/Benefits Administration Department for assistance.

Medical Insurance			
GRAVIE	Gravie	(855) 451.8365	Member.gravie.com/contact
Dental, Vision, Basic Life and AD&D, Voluntary Life and AD&D, Long Term Disability			
Guardian	Guardian	(888) 600-1600	www.guardiananytime.com
WHITKO COMMUNITY SCHOOLS	Denise Porter	260-327-3677	denise.porter@whitko.org
Benefit Consultants			
THE DEHAYES GROUP	The DeHayes Group 11118 Coldwater Rd, Suite 100 Fort Wayne, IN 46845 (260) 424-5600	Kevin Rush, Benefit Consultant Krista Hamman, CSA Wendy Gatwood, Eligibility/Claims Specialist	kevinr@dehayes.com krista@dehayes.com wendy@dehayes.com

Important Information Regarding Your Coverage - $3,400/$6,800 Plan

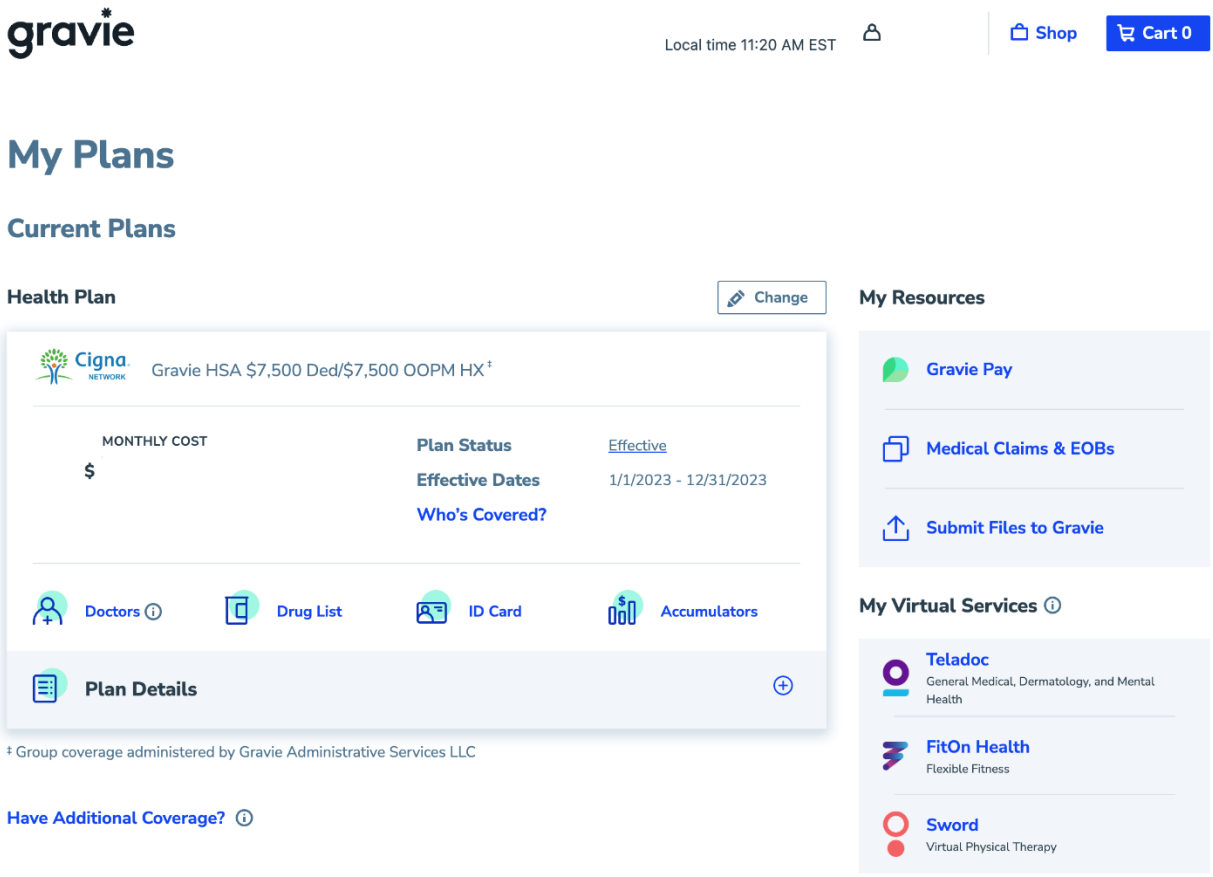
To maintain the payroll deduction on the $3,400/$6,800 (individual/employee & children) deductible plan, Whitko Community Schools has implemented a Health Reimbursement Arrangement for this plan.

What does this mean for me?

Any employee who enrolled in the $3,400/$6,800 (individual/employee & children) deductible plan will be enrolled in the $7,500/$15,000 (individual/employee & children) deductible plan. Once you have incurred deductible expenses that exceed the $3,400/$6,800 (individual/employee & children) deductible threshold, Whitko will reimburse all medical expenses. Our medical provider, Gravie, will automatically switch the billing to be sent directly to Whitko once the $3,400/$6,800 (individual/employee & children) deductible threshold has been met. There is no required action on your part. You will only receive reimbursement directly if the claim is a Rx claim, Gravie will reimburse the providers & facilities directly.

Additional Information

Employees in this plan will receive an ID card reflecting the $7,500/$15,000 (individual/employee & children) deductible because this is technically the plan you are enrolled in. The Health Reimbursement Arrangement is a separate program from the core insurance component. Employees enrolled in the HRA plan will see the HX designation on their card, see example:



HIPAA NOTICE OF PRIVACY PRACTICES

Effective Date: February 16, 2026

This Notice Describes How Medical Information About You May Be Used and Disclosed and How You Can Get Access to This Information. Please Review It Carefully.

WHO THIS NOTICE APPLIES TO

This Notice applies to the self-insured group health plan (the "Plan") sponsored by **WHITKO COMMUNITY SCHOOL CORPORATION** (the "Plan Sponsor"), which provides health care benefits to eligible employees and their dependents. The Plan is administered by a third-party administrator (TPA), Gravie Administrative Services LLC ("Gravie"), on behalf of the Plan.

OUR COMMITMENT TO YOUR PRIVACY

The Plan is required by law to maintain the privacy of your protected health information ("PHI") and to provide you with this Notice of our legal duties and privacy practices. This includes compliance with:

- The Health Insurance Portability and Accountability Act of 1996 (HIPAA)
- The Health Information Technology for Economic and Clinical Health Act (HITECH)
- The Confidentiality of Substance Use Disorder Patient Records regulations (42 CFR Part 2, as amended effective 2026)
- Applicable state privacy laws, if more stringent

We are committed to protecting the confidentiality of your health information and to informing you of your rights.

We take reasonable steps to protect your PHI. This includes using administrative, technical, and physical safeguards to help prevent unauthorized access, use, or disclosures of your information.

When we use or share your health information, or request it from others, we limit the information to what is reasonably necessary to carry out the purpose of the use or disclosure, unless HIPAA allows or requires us to share more.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

The Plan may use and disclose your PHI without your written authorization for the following purposes, as permitted or required by law:

1. For Treatment

The Plan does not provide treatment but may use or disclose your PHI to help coordinate care. For example, we may share your information with a doctor or hospital so they have the information they need to provide you with care.

2. For Payment

We may use or disclose your PHI for activities such as eligibility verification, claims processing, utiiization review, and billing.

3. For Health Care Operations

We may use or disclose your PHI for Plan operations, including quality assessment, auditing, legal review, and fraud detection.

The Plan will never use your genetic information for "Underwriting Purposes" as that term is defined by the Privacy Rule.

4. To the Plan Sponsor

The Plan may disclose your PHI to the Plan Sponsor only for purposes of plan administration, provided the Plan Sponsor has amended its plan documents as required under HIPAA and has certified its compliance with HIPAA's privacy rules. The Plan Sponsor may not use your PHI for employment-related actions or decisions or in connection with any other benefit or employee benefit plan.

5. As Required by Law & Special Protections for SUD Records

We may disclose your PHI when required to do so by federal, state, or local law, including in response to court orders, subpoenas, or law enforcement requests, subject to specific legal requirements.

Form ID: NPP-2026-V2 | **Effective Date:** February 16, 2026
Material Change Note: Revised Feb 2026 to comply with 42 CFR Part 2 (SUD) rules.

Special Protections for Substance Use Disorder (SUD) Records (42 CFR Part 2) If the Plan receives or maintains substance use disorder treatment records protected by 42 CFR Part 2, such records are afforded additional protections under federal law:

- **Use and Disclosure:** These records may be used or disclosed for treatment, payment, and health care operations in accordance with HIPAA, provided you have signed a single, HIPAA-compliant consent. You may revoke this consent at any time.
- **Redisclosure:** Once disclosed under a valid consent for treatment, payment, or health care operations, these records may be re-disclosed by recipients in accordance with HIPAA, subject to certain limitations.
- **Legal Proceedings:** Records that are protected under Part 2 **may not** be used or disclosed for civil, criminal, administrative, or legislative proceedings against you without your specific written consent or a court order that complies with the strict requirements of 42 CFR Part 2.
- **Accounting:** You have the right to request a list of disclosures of your Part 2 information for up to three years prior.
- **Fundraising:** The Plan will not use records protected under Part 2 for any fundraising purposes.

OTHER USES AND DISCLOSURES THAT REQUIRE YOUR WRITTEN AUTHORIZATION

The Plan will obtain your written authorization before using or disclosing your PHI for the following purposes:

- Marketing
- Sale of PHI
- Use of psychotherapy notes (if maintained by the Plan)
- Any other uses not described in this Notice

You may revoke your authorization at any time in writing, except to the extent the Plan has already relied on it.

Once your health information is disclosed to a third party based on your written authorization, it may be redisclosed by the recipient and may no longer be protected by federal privacy laws

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the following rights under HIPAA:

- **Right to Inspect and Copy your PHI**
- **Right to Request Amendment of your PHI**
- **Right to an Accounting of Disclosures** (including disclosures of Part 2 records as required under applicable rules)
- **Right to Request Restrictions** on certain uses or disclosures
- **Right to Request Confidential Communications** (e.g., asking to be contacted via an alternative address or phone number)
- **Right to Receive a Paper Copy** of this Notice upon request
- **Right to Receive Notification of a Breach** of unsecured PHI

To exercise these rights, contact the Privacy Officer listed below.

OUR DUTIES

We are required by law to:

- Maintain the privacy of your PHI
- Provide this Notice to you
- Abide by the terms of this Notice
- Notify you of any material changes to this Notice

We reserve the right to change the terms of this Notice and make the new Notice effective for all PHI we maintain. If the Notice is revised, we will provide an updated copy.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with:

1. The Plan's Privacy Officer (contact below), or
2. The U.S. Department of Health and Human Services: https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf

You will not be penalized or retaliated against for filing a complaint.

CONTACT INFORMATION

Gravie, as our TPA, is responsible for handling privacy-related matters on behalf of the Plan, including requests to access, amend, or restrict your protected health information (PHI), as well as any questions or complaints about how your health information is used or disclosed.

Please contact Gravie directly for any HIPAA-related inquiries: Phone: 866.863.6232 **Hours:** Weekdays, 8 a.m. to 5 p.m. CST.

If you have concerns that are not resolved by the TPA or involve the employer's handling of health information in connection with plan administration, you may also contact the Plan Sponsor's designated Privacy Officer at: **Teresa Carrano, Assistant to the Superintendent, 710 N SR 5, Larwill, IN 46764 teresa.carrano@Whitko.org 260-327-3677 X-1003.**

QUESTIONS?

If you have any questions about this Notice or how your information is handled, please contact Gravie.

Form ID: NPP-2026-V2 | **Effective Date:** February 16, 2026
Material Change Note: Revised Feb 2026 to comply with 42 CFR Part 2 (SUD) rules.

2026 Medical Plan Options

Summary of Coverage- Cigna OAP Network

	Gravie- Traditional HSA	Gravie- Traditional HSA w/ HRA	Gravie- Comfort
Deductible			
Ind/Children In Network	$7,500 / $15,000	$3,400 / $6,800	Not Applicable
Ind/Children OON	$10,000 / $20,000	$10,000 / $20,000	$10,000 / $20,000
Coinsurance			
In-Network	100% / 0%	100% / 0%	N/A
Out-of-Network	50% / 50%	50% / 50%	50% / 50%
Out-of-Pocket Max			
Ind/Children In Network	$7,500 / $15,000	$3,400 / $6,800	$4,500 / $9,000
Ind/Children OON	No cap	No cap	No cap
Primary Care	0% after ded	0% after ded	No Cost
Specialist	0% after ded	0% after ded	No Cost
Urgent Care	0% after ded	0% after ded	No Cost
Preventative Services	Ded Waived	Ded Waived	No Cost
Routine Annual Exam	0%	0%	No Cost
Well Child Care	0%	0%	
Emergency Room	0% after ded	0% after ded	$500 copay
Room & Board/Physician	0% after ded	0% after ded	OOPM applies
Surgical/X-Ray, Labs	0% after ded	0% after ded	No Cost*
Retail Pharmacy Copays	0% after ded	0% after ded	$0/$75/$100
Mail Order Drugs Copays	0% after ded	0% after ded	$0/$150/$200

*If at free standing facility

	Gravie- Traditional HSA	Gravie- HSA w/ HRA	Gravie- Comfort
24 Pay Deductions			
Employee Only	**$100.13**	**$141.21**	**$241.12**
Employee/ Child(ren)	**$185.23**	**$256.07**	**$419.21**

Spousal coverage is NOT available.

This booklet provides only a summary of your benefits. All services described within are subject to the definitions, limitations and exclusions set forth in each insurance carrier's or provider's contract.

comfort
comfortfit™

Health benefits you can actually use

Your employer partners with Gravie to bring you ComfortFit, the first-of-its-kind health plan that offers **100% coverage on most common healthcare services when accessed in a clinic or doctor's office**. With ComfortFit, there's zero confusion. You know exactly what's covered, making it easy to use your benefits.

No hidden costs. No surprise bills.

Preventive care is no-cost per ACA guidelines. The following services are also no-cost when accessed in a clinic or doctor's office.

Preventive care	No cost
Specialist visit	No cost
Urgent care visit	No cost
Generic prescriptions	No cost
Virtual services	No cost
Mental health care	No cost
Physical therapy	No cost
Specialty prescriptions with PrudentRx	No cost
Speech therapy	No cost
Emergency room visit	$750 copay
Brand name prescriptions	If no generic equivalent exists, $75 (30-day) or $150 (90-day); if generic exists, full price until OOPM
Labs & imaging	First $500 covered, then no cost after OOPM
Non-preferred brand name prescriptions	Varies per plan
And more	



How it works

You choose your out-of-pocket maximum and get care when you need it. With ComfortFit, you are able to prioritize your health so you can focus on maintenance, prevention, and getting diagnosed earlier.

$0

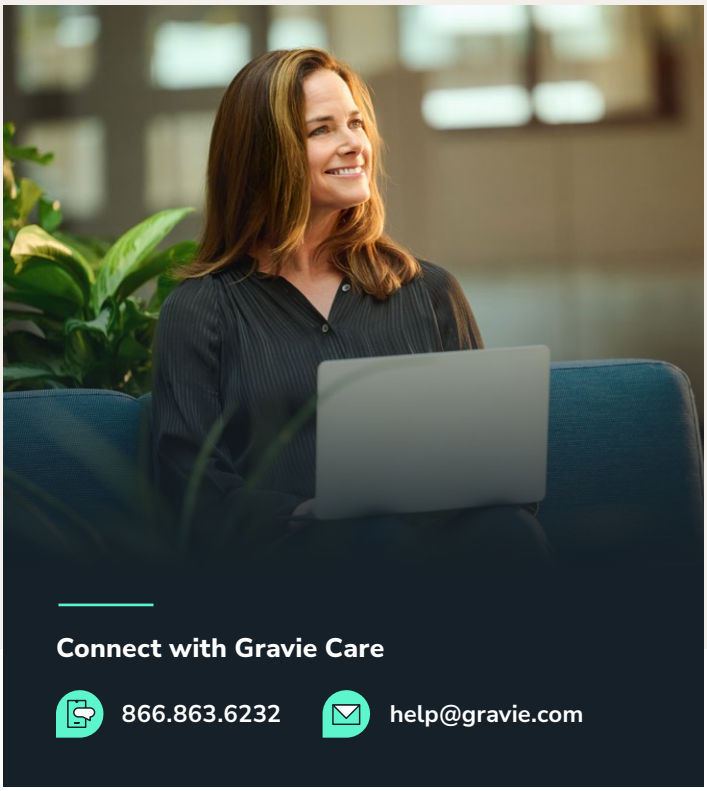
Taylor hurts his ankle on a run. He visits an orthopedic specialist in a doctor's office for a checkup.

GRAVIE care

Because we really do care

Every member gets Gravie Care®, which includes support from a dedicated team of experts available to help you navigate the complexities of health benefits and make the most of your plan year round. Need help understanding your coverage options? Finding a new doctor or specialist? Reading claims & EOBs? Gravie Care has you covered.

Once you've enrolled, access your plan resources at member.gravie.com.



Connect with Gravie Care

866.863.6232 help@gravie.com

Frequently asked questions

What are my plan options?

Your employer may offer additional Gravie health plans alongside ComfortFit. Check out the Plan Options flyer for a detailed breakdown of your coverage options. If you have questions about which plan to choose, Gravie Care can help you compare them.

When can I enroll?

Your employer will establish an **annual open enrollment period** when eligible employees can enroll in coverage or make changes. Employees who become eligible mid-year will have an opportunity to enroll during onboarding. Employees can also enroll in coverage or make changes within 30 days of experiencing a qualifying life event. Common examples of life events include losing other group coverage, exhausting COBRA, marriage, birth, or adoption of a child. If you have questions about qualifying life events, contact Gravie Care.

How do I pay for my health plan?

Any premium responsibility after your employer's contribution will be deducted via payroll.

How do I check if my provider is in-network?

You'll have access to provider search links during the enrollment process to confirm that your providers are in network.

Do I have to enroll in a plan through Gravie?

It's up to you! If you have access to health benefits through a spouse, parent, or other means, you can waive coverage. Your employer or Gravie Care can provide you with the waiver form.

Am I eligible for government tax credits?

If you are eligible for this group plan option, you are not eligible for tax credits toward the cost of a marketplace health plan.

Can my spouse and/or family be covered?

Spouses are not eligible for coverage, however, you can add your children under the age of 26 to your health plan.

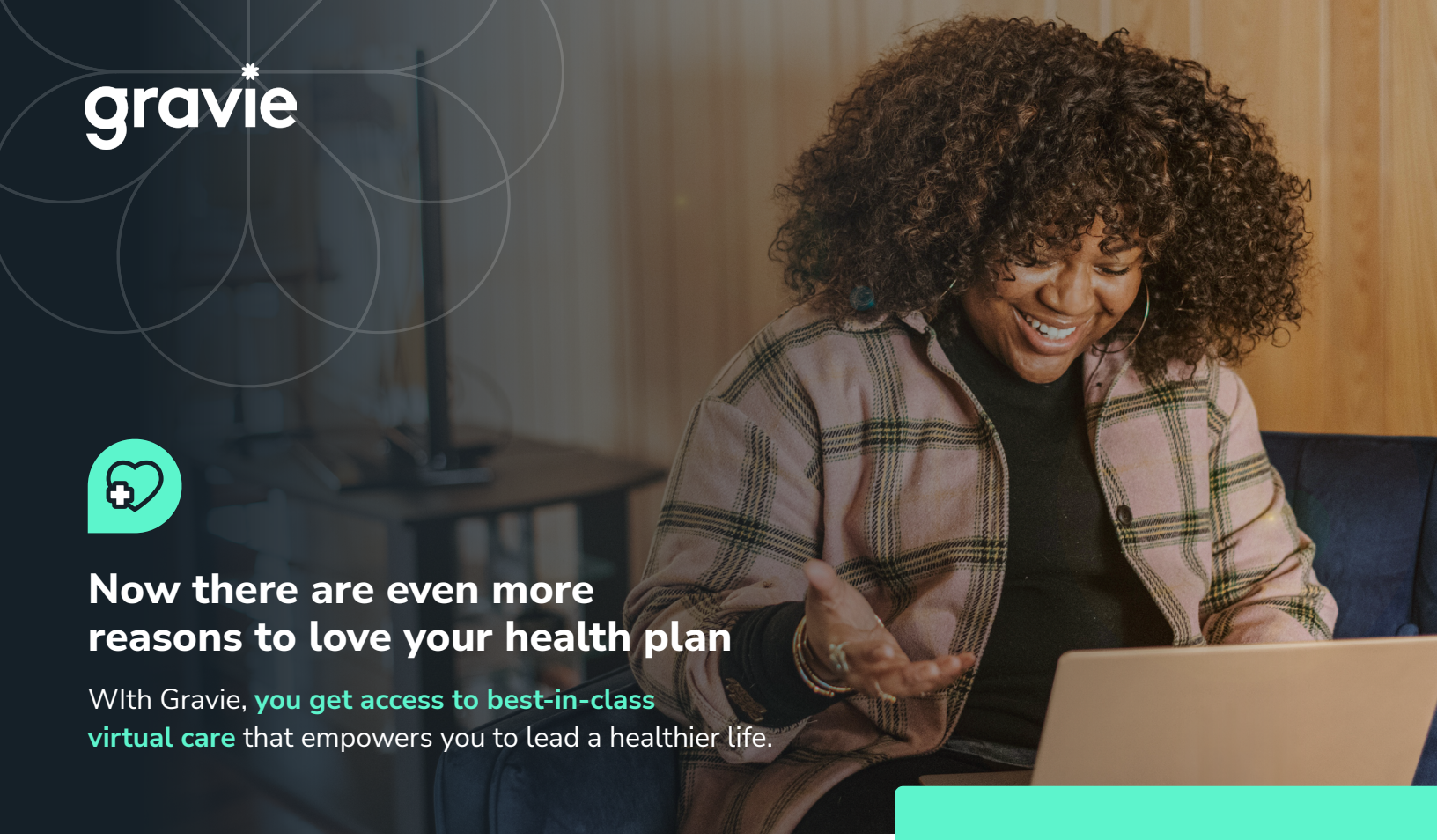
Ready to get started?

1. Your employer will communicate your enrollment period.
2. During that time, choose your health plan and complete enrollment.
3. Access your plan resources at member.gravie.com

gravie

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Now there are even more reasons to love your health plan

WIth Gravie, **you get access to best-in-class virtual care** that empowers you to lead a healthier life.

sword thrive

Gravie health plan members (13+) have access to Sword Thrive. Thrive's clinical-grade digital physical therapy program helps members overcome musculoskeletal (MSK) pain through personalized care from licensed physical therapists and innovative sensor-based technology. Unlike traditional physical therapy, members can access treatment wherever and whenever it's convenient.

Teladoc HEALTH

Gravie health plan members have access to virtual care including general medicine and mental health (18+) through Teladoc Health, the world leader in whole-person virtual care. Mental health care includes clinical services such as psychiatry and therapy visits.

Cost sharing may apply depending on plan type. Check your benefits summary for more information.

Gravie partners with industry leaders to give you access to a suite of digital services that aim to **enhance your health and wellness journey.**

For many Gravie health plan members, these services are included at **no additional cost**. Check your benefits summary for more information.

Sign up for these services by logging in to your Gravie account at member.gravie.com or on the Gravie mobile app.

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The Network

Gravie partners with Cigna to provide broad access to quality coverage.



The Cigna Healthcare® OAP Network gives you access to a network of physicians, clinics, hospitals, and other health care providers who have agreed to deliver quality, cost-effective health care services.

Remember, staying in-network is important for avoiding any unexpected charges.

Before receiving care, you can easily search for doctors, specialists, clinics, and more. All you need to do is log in to your account at member.gravie.com and click the "Doctors" link from your health plan.

Traveling? We've got you covered.

Wherever you go in the US, you'll have access to the broad Cigna Healthcare OAP network. For details on your travel coverage, contact Gravie Care.

Your generic drugs are 100% covered.

For preferred brand, non-preferred brand, and specialty drugs you'll want to look up and verify how your prescriptions are classified to confirm how you'll be billed. Log in to your gravie account at member.gravie.com and click the "Pharmacy" link on your health plan to search for your prescription drugs.

With a growing nationwide network of more than **1.6 million health care professionals** and nearly **6,400 facilities**, Cigna Healthcare offers you a range of quality choices to help you stay healthy.

Cigna Healthcare analysis of actual providers contracted as part of the Cigna Healthcare Open Access Plus Network for Shared Administration as of July 2025. Data is subject to change.

The Cigna Healthcare® OAP Network refers to the health care providers (doctors, hospitals, specialists) contracted as part of the Cigna Healthcare Open Access Plus network for Shared Administration. Cigna Healthcare® is an independent company and not affiliated with Gravie Administrative Services. Access to the Cigna Healthcare OAP Network is available through the contractual relationship between Gravie Administrative Services and Cigna Healthcare. All Cigna Healthcare products are provided exclusively by or through operating subsidiaries of The Cigna Group, including Cigna Health and Life Insurance Company. The Cigna Healthcare name, logo, and other marks are owned by Cigna Intellectual Property, Inc.

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MORE BENEFITS. FEWER ASTERISKS.

GRAVIE pay

Just another way we're improving how people purchase and access healthcare.

Gravie Pay improves access to healthcare by allowing members to pay for out-of-pocket medical expenses **at their own pace**.



Simple, streamlined, flexible

- No cost to the member
- No interest
- No credit check
- Available through Gravie's member site
- Powered by Paytient
- Supported by Gravie Care™

Member gets care

Members get the care they need, including medical procedures and prescriptions that are subject to their out-of-pocket responsibility.

Member initiates Gravie Pay

Members access Gravie Pay through their member account and use Gravie Pay to pay their portion of bills they receive from their provider.

Repayment

Members select a monthly repayment plan that works for them, paying at their own pace without fees or interest.

Questions? Call 844.540.8701 or email info@gravie.com

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Guardian

WHITKO COMMUNITY SCHOOL CORPORATION
ALL ELIGIBLE TEACHERS & OTHER EMPLOYEES
Group Number: 00044112

Customer Service (888) 600-1600
Monday to Friday | 8am to 8:30pm ET

Welcome to
Workplace benefits

Everyone deserves a Guardian

Every day, Guardian gives 26 million Americans the security they deserve through our insurance and wealth management products and services.

We've partnered with your organization to offer you a range of employee benefits. Inside this pack, you'll find the plans your employer thinks you might benefit from.

Know your benefits

Your benefits support your physical and financial wellbeing, to help keep you and your loved ones protected.

With Guardian, you're in good hands. We've been delivering on our promises for over 150 years, and we're looking forward to doing the same for you too.

1. Read through this information.
2. Find out more about your benefits.
3. Talk to your employer if you need help or have any questions.

Your coverage options

Dental insurance	Taking care of teeth and overall health
Vision insurance	Looking after your eyesight and related health issues
Life insurance	Protecting your family's financial future
Long term disability insurance	Coverage for longer periods where you can't work

© Copyright 2020 The Guardian Life Insurance Company of America

This document is a summary of the major features of the insurance coverage that's been agreed to with your employer – it isn't your contract.

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Watch our video
Learn how dental insurance can protect your long-term health.

Dental insurance

Taking care of your teeth is about more than just covering cavities and cleanings. It also means accounting for more expensive dental work, and your overall health.

With dental insurance, routine preventive care can lead to better overall health. And you'll be able to save money if any extensive dental work is required.

Who is it for?

Everyone should have access to great dental coverage, which is why we offer comprehensive plans that are available through employers as part of your benefit offerings.

What does it cover?

Dental insurance helps to protect your overall oral care. That includes services like preventive cleanings, x-rays, restorative services like fillings, and other more serious forms of oral surgery if you ever need them.

Why should I consider it?

Poor oral health isn't just aesthetic, it's also been linked to conditions including diabetes, heart disease, and strokes. So, while brushing and flossing every day can help keep your teeth clean, nothing should replace regular visits to the dentist.

You will receive these benefits if you meet the conditions listed in the policy.



Staying healthy

Joe visits his dentist for a routine dental cleaning, to take care of his teeth as well as his overall health.

Oral health is about more than just teeth and gums. It's also essential for a range of other health and wellbeing reasons:

Cardiovascular disease: Some research suggests that heart disease, clogged arteries, and strokes may be linked to inflammation and infections from oral bacteria.

Osteoporosis: Weak and brittle bones may be linked to tooth loss.

Diabetes: Research shows that people with gum disease find it more difficult to control their blood sugar levels.

Alzheimer's disease: Worsening oral health is seen as Alzheimer's disease progresses.

All information contained here is from the Mayo Clinic, Oral Health: A Window to Your Overall Health, www.mayoclinic.com. 2021.

Your dental coverage

PPO plan, you'll have access to one of the largest networks of dentists with two reimbursement levels that give you more control over savings. You will always save money with any dentist in Guardian's network and when they belong to a tier in the Tier 1 reimbursement level you will maximize your savings. Reimbursement for covered services received from a non-contracted dentist will be based on Guardian's fee schedule.

Your Dental Plan	**PPO**	
	Tier 1	Tier 2
Your Network is DentalGuard Preferred Network	In-Network	Out-of-Network
Your Monthly premium	**$25.31**	
You and Spouse	$48.41	
You and Child(ren)	$67.03	
You, Spouse and Child(ren)	$95.15	
Calendar year deductible	*Tier 1*	*Tier 2*
Individual	$50	$50
Family limit	3 per family (applies to all levels)	
Waived for	Preventive	Preventive
Charges covered for you (co-insurance)	*Tier 1*	*Tier 2*
Preventive Care	80%	80%
Basic Care	80%	80%
Major Care	50%	50%
Orthodontia	50%	50%
Annual Maximum Benefit	$2000 (applies to all levels)	
Maximum Rollover	Yes (applies to all levels)	
Rollover Threshold	$800	
Rollover Amount	$400	
Rollover In-network Amount	$600	
Rollover Account Limit	$1500	
Lifetime Orthodontia Maximum	$1500 (applies to all levels)	
Dependent Age Limits	26 (applies to all levels)	

Guardian®

Your dental coverage

A Sample of Services Covered by Your Plan:

		PPO *Plan pays (on average)*	
		Tier 1	Tier 2
Preventive Care	Cleaning (prophylaxis)	80%	80%
	Frequency:	2 in 12 Months (applies to all levels)	
	Fluoride Treatments	80%	80%
	Limits:	Under Age 19 (applies to all levels)	
	Oral Exams	80%	80%
	X-rays	80%	80%
Basic Care	Fillings‡	80%	80%
	Periodontal Maintenance	80%	80%
	Frequency:	Once Every 3 Months (applies to all levels)	
Major Care	Anesthesia*	50%	50%
	Bridges and Dentures	50%	50%
	Inlays, Onlays, Veneers**	50%	50%
	Perio Surgery	50%	50%
	Repair & Maintenance of Crowns, Bridges & Dentures	50%	50%
	Root Canal	50%	50%
	Scaling & Root Planing (per quadrant)	50%	50%
	Simple Extractions	50%	50%
	Single Crowns	50%	50%
	Surgical Extractions	50%	50%
Orthodontia	Orthodontia	50%	50%
	Limits:	Child(ren) (applies to all levels)	

Guardian's Preferred Provider Organization consists of Dentists in the DentalGuard Preferred ("DGP") network. These tiers represent specific benefit levels as described in Your Schedule of Benefits. Network access varies by geographic location and zip code. Please visit www.Guardianlife.com to confirm your Dentist's tiered participation.

This is only a partial list of dental services. Your certificate of benefits will show exactly what is covered and excluded. **For PPO and or Indemnity members, Crowns, Inlays, Onlays and Labial Veneers are covered only when needed because of decay or injury or other pathology when the tooth cannot be restored with amalgam or composite filing material. When Orthodontia coverage is for "Child(ren)" only, the orthodontic appliance must be placed prior to the age limit set by your plan; If full-time status is required by your plan in order to remain insured after a certain age; then orthodontic maintenance may continue as long as full-time student status is maintained. If Orthodontia coverage is for "Adults and Child(ren)" this limitation does not apply. *General Anesthesia – restrictions apply. ‡For PPO and or Indemnity members, Fillings – restrictions may apply to composite fillings.

Guardian®

Your dental coverage

Manage Your Benefits:

Go to www.Guardianlife.com to access secure information about your Guardian benefits including access to an image of your ID Card. Your on-line account will be set up within 30 days after your plan effective date.

Find A Dentist:

Visit www.Guardianlife.com
Click on "Find A Provider"; You will need to know your plan, which can be found on the first page of your dental benefit summary.

EXCLUSIONS AND LIMITATIONS

Important Information about Guardian's DentalGuard Indemnity and DentalGuard Preferred Network PPO plans: This policy provides dental insurance only. Coverage is limited to those charges that are necessary to prevent, diagnose or treat dental disease, defect, or injury. Deductibles apply. The plan does not pay for: oral hygiene services (except as covered under preventive services), orthodontia (unless expressly provided for), cosmetic or experimental treatments (unless they are expressly provided for), any treatments to the extent benefits are payable by any other payor or for which no charge is made, prosthetic devices unless certain conditions are met, and services ancillary to surgical treatment. The plan limits benefits for diagnostic consultations and for preventive, restorative, endodontic, periodontic, and prosthodontic services. The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage. Contract # DG7-P et al.
PPO and or Indemnity Special Limitation: Teeth lost or missing before a covered person becomes insured by this plan. A covered person may have one or more congenitally missing teeth or have lost one or more teeth before he became insured by this plan. We won't pay for a prosthetic device which replaces such teeth unless the device also replaces one or more natural teeth lost or extracted after the covered person became insured by this plan. R3-DG7

DentalGuard Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. This policy provides DENTAL insurance only.
Policy Form # GP-1-DG2000, et al, GP-1-DEN-16

Guardian®

Oral Health Rewards Program

Regular visits to the dentist can help prevent and detect the early signs of serious diseases.

That's why Guardian's Maximum Rollover Oral Health Rewards Program encourages and rewards members who visit the dentist, by rolling over part of your unused annual maximum into a Maximum Rollover Account (MRA). This can be used in future years if your plan's annual maximum is reached.



Automatic rollover

Submit a claim (without exceeding the paid claims threshold of a benefit year), and Guardian will roll over a portion of your unused annual dental maximum.

How maximum rollover works*

Depending on a plan's annual maximum, if claims made for a certain year don't reach a specified threshold, then the set maximum rollover amount can be rolled over.

Plan annual maximum**	Threshold	Maximum rollover amount	In-network only rollover amount	Maximum rollover account limit
$2,000 Maximum claims reimburesment	**$800** Claims amount that determines rollover eligibility	**$400** Additional dollars added to a plan's annual maximum for future years	**$600** Additional dollars added if only in-network providers were used during the benefit year	**$1,500** The limit that cannot be exceeded within the maximum rollover account

* This example has been created for illustrative purposes only.

** If a plan has a different annual maximum for PPO benefits vs. non-PPO benefits, ($1500 PPO/$1000 non-PPO for example) the non-PPO maximum determines the Maximum Rollover plan. May not be available in all states.

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2023-158786 (07/25)

Guardian®

Watch our video
How vision insurance can help you see clearly as you get older.

Vision insurance

Vision insurance helps protect the health of your eyes by providing coverage for benefits that often aren't covered by regular medical insurance.

Protecting your eyesight means allowing for routine visits to the optometrist for eye exams, as well as coverage for glasses and contacts. Make sure your eyes remain in great shape at any age – no matter how much time you spend staring at digital screens.

Who is it for?

Even if you have perfect eyesight, it's important to have regular eye exams to make sure you're still seeing clearly. Most of us may eventually need vision correction, which is why we offer vision insurance to cover some of the costs.

What does it cover?

Vision insurance covers benefits not typically included in medical insurance plans. It covers things like routine eye exams, allowances towards the purchase of eyeglasses and contact lenses, as well as discounts on corrective Lasik surgery.

Why should I consider it?

Regular eye exams can detect more than failing eyesight, they can also pick up diseases like glaucoma and diabetes. Vision problems are one of the most prevalent disabilities in the United States, making vision insurance especially useful for anyone who regularly needs to purchase eyeglasses or contacts, or anyone who simply wants to help protect their eyesight and general health.

You will receive these benefits if you meet the conditions listed in the policy.



20/20 coverage

David notices that his vision is deteriorating. He goes in for an eye exam, and is diagnosed with myopia, which means he needs glasses.

Average cost of vision exam: **$171**

Average cost of frames and lenses: **$350**

Total cost: **$521**

With a Vision policy from Guardian, David pays just **$10** for his eye exam. After **$25** in copay, his lenses are fully covered, and he pays **$96** for his frames.

David's total out-of-pocket expense is **$131**, saving him **$390**.

This example is for illustrative purposes only. Your plan's coverage may vary. See your plan's information on the following pages for specific amounts and details.

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WHITKO COMMUNITY SCHOOL CORPORATION
ALL ELIGIBLE TEACHERS & OTHER EMPLOYEES
2023-158788 (07/25)

Kit created 11/07/2025
Group number: 00044112

Guardian®

Your vision coverage

Option 1: Significant out-of-pocket savings available with your **Full Feature** plan by visiting one of VSP's network locations, including one of the largest private practice provider networks, Visionworks and contracted Pearle Vision locations.

Your Vision Plan	**Full Feature**	
Your Network is	VSP Choice Network	
Your Monthly premium	**$ 7.25**	
You and Spouse	$ 12.21	
You and Child(ren)	$ 12.46	
You, Spouse and Child(ren)	$ 20.09	
Copay		
Exams Copay	$ 10	
Materials Copay *(waived for elective contact lenses)*	$ 25	
Sample of Covered Services	*You pay (after copay if applicable):*	
	In-network	*Out-of-network*
Eye Exams	$0	Amount over $39
Single Vision Lenses	$0	Amount over $23
Lined Bifocal Lenses	$0	Amount over $37
Lined Trifocal Lenses	$0	Amount over $49
Lenticular Lenses	$0	Amount over $64
Frames	80% of amount over $130[1]	Amount over $46
Costco, Walmart and Sam's Club Frame Allowance	Amount over $0	
Contact Lenses *(Elective)*	Amount over $130	Amount over $100
Contact Lenses *(Medically Necessary)*	$0	Amount over $210
Contact Lenses *(Evaluation and fitting)*	15% off UCR	No discounts
Cosmetic Extras	Avg. 20-25% off retail price	No discounts
Glasses *(Additional pair of frames and lenses)*	20% off retail price**	No discounts
Laser Correction Surgery Discount	Up to 15% off the usual charge or 5% off promotional price	No discounts
Service Frequencies		
Exams	Every calendar year	
Lenses *(for glasses or contact lenses)*‡‡	Every calendar year	
Frames	Every two calendar years‡‡‡	
Network discounts *(glasses and contact lens professional service)*	Limitless within 12 months of exam.	
Dependent Age Limits	26	
To Find a Provider:	Register at VSP.com to find a participating provider.	

VSP

- ‡‡Benefit includes coverage for glasses or contact lenses, not both.
- ** For the discount to apply your purchase must be made within 12 months of the eye exam.

Your vision coverage

- Charges for an initial purchase can be used toward the material allowance. Any unused balance remaining after the initial purchase cannot be banked for future use. The only exception would be if a member purchases contact lenses from an out of network provider, members can use the balance towards additional contact lenses within the same benefit period.
- [1]Extra $20 on select brands
- Members can use their in network benefits on line at Eyeconic.com.
- ‡‡‡.*The VSP system considers contact lenses to be the equivalent of a full pair of eyeglasses (lenses and frames) so while the member can obtain contact lenses one year and standard eyeglass lenses the next year, the frames benefit would not be available until 24 months or two calendar years, depending on the plan design, after the date the member obtained the contact lenses.*
- In Network Routine Retinal Screening Covered after no more than a $39 copay.

EXCLUSIONS AND LIMITATIONS

Important Information: This policy provides vision care limited benefits health insurance only. It does not provide basic hospital, basic medical or major medical insurance as defined by the New York State Insurance Department. Coverage is limited to those charges that are necessary for a routine vision examination. Co-pays apply. The plan does not pay for: orthoptics or vision training and any associated supplemental testing; medical or surgical treatment of the eye; and eye examination or corrective eyewear required by an employer as a condition of employment; replacement of lenses and frames that are furnished under this plan, which are lost or broken (except at normal intervals when services are otherwise available or a warranty exists). The plan limits benefits for blended lenses, oversized lenses, photochromic lenses, tinted lenses, progressive multifocal lenses, coated or laminated lenses, a frame that exceeds plan allowance, cosmetic lenses; U-V protected lenses and optional cosmetic processes.

The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage. Contract #GP-1-VSN-96-VIS et al.

Laser Correction Surgery:

Discounts on average of 10-20% off usual and customary charge or 5% off promotional price for vision laser Surgery. Members out-of-pocket costs are limited to $1,800 per eye for LASIK or $1,500 per eye for PRK or $2300 per eye for Custom LASIK, Custom PRK, or Bladeless LASIK.

Laser surgery is not an insured benefit. The surgery is available at a discounted fee. The covered person must pay the entire discounted fee. In addition, the laser surgery discount may not be available in all states.

Guardian's Vision Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. This policy provides vision care limited benefits health insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services. Plan documents are the final arbiter of coverage.
Policy Form # GP-1-GVSN-17

Guardian®

Watch our video
How life insurance protects families and covers critical costs.

Life insurance

If something happens to you, life insurance can help your family reduce financial stress.

Life insurance helps protect your family's finances by providing a cash benefit if you pass away. This ensures that they'll be financially supported, and can cover important things from bills to funeral costs. With life policies, you can get affordable life insurance protection for a set period of time.

Who is it for?

Everyone's life insurance needs are different, depending on their family situation. That's why group life insurance through an employer is an easier and more affordable option than individual life insurance.

What does it cover?

Life insurance protects your loved ones by providing a benefit (which is usually tax-exempt) if you pass away.

Why should I consider it?

Life insurance is about more than just covering expenses. Depending on your circumstances, it could take your family years to recover from the loss of your income.

With a life insurance benefit, your family will have extra money to cover mortgage and rent payments, legal or medical fees, childcare, tuition, and any outstanding debts.

Guardian, its subsidiaries, agents, and employees do not provide tax, legal, or accounting advice. Consult your tax, legal, or accounting professional regarding your individual situation.

You will receive these benefits if you meet the conditions listed in the policy.

Preparing and planning

Jorge's never considered purchasing life insurance, but after being offered it through work, he decides it's a smart way to protect his family.

Jorge has a mortgage, and because his wife is helping to take care of her mother, she only works part-time. In addition, his daughter is about to start college.

Jorge looks at how his family would be affected by losing him.

Average funeral cost: **$9,000**

Average mortgage debt: **$202,000**

Average cost of college: **$17,000 - $44,000**

Average household credit card debt: **$8,500**

With life insurance, Jorge can make sure that part of these costs are covered if something happens to him.

This example is for illustrative purposes only. Your plan's coverage may vary. See your plan's information on the following pages for specific amounts and details.

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WHITKO COMMUNITY SCHOOL CORPORATION
ALL ELIGIBLE TEACHERS & OTHER EMPLOYEES
2023-158796 (07/25)

Kit created 11/07/2025
Group number: 00044112

Guardian

Your life coverage

	BASIC LIFE	VOLUNTARY TERM LIFE
Employee Benefit	Your employer provides $50,000 Basic Term Life coverage for all full time employees.	$10,000 increments to a maximum of $500,000. See Cost Illustration page for details.
Accidental Death and Dismemberment	Your Basic Life coverage includes Enhanced Accidental Death and Dismemberment coverage.	Enhanced employee, spouse, and child(ren) coverage. Maximum 1 times life amount.
Spouse Benefit	N/A	$5,000 increments to a maximum of $250,000. See Cost Illustration page for details.‡
Child Benefit	N/A	Your dependent children age 14 days to 26 years (0 if full time student). $1,000 increments to a maximum of $10,000. Subject to state limits. See Cost Illustration page for details.
Guarantee Issue: The 'guarantee' means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when you sign up for coverage during the initial enrollment period**.**	Guarantee Issue coverage up to $50,000 per employee	We Guarantee Issue coverage up to: Employee Less than age 65 $100,000, 65-69 $50,000, 70+ $10,000. Spouse Less than age 65 $25,000, 65-69 $10,000, $0. Dependent children $10,000.
Premiums	Covered by your company if you meet eligibility requirements	Increase on plan anniversary after you enter next five-year age group
Portability: Allows you to take coverage with you if you terminate employment.	Yes, with age and other restrictions, including evidence of insurability	Yes, with age and other restrictions

Guardian®

Your life coverage

	BASIC LIFE	VOLUNTARY TERM LIFE
Conversion: Allows you to continue your coverage after your group plan has terminated.	Yes, with restrictions; see certificate of benefits	Yes, with restrictions; see certificate of benefits
Accelerated Life Benefit: A lump sum benefit is paid to you if you are diagnosed with a terminal condition, as defined by the plan.	Yes	Yes
Waiver of Premiums: Premium will not need to be paid if you are totally disabled.	For employees disabled prior to age 60, with premiums waived until age 65, if conditions are met	For employees disabled prior to age 60, with premiums waived until age 65, if conditions met
Benefit Reductions: Benefits are reduced by a certain percentage as an employee ages.	35% at age 65, 50% at age 70	45% at age 70, 70% at age 75, 80% at age 80, 85% at age 85

Subject to coverage limits

‡ **Spouse coverage terminates at age 70.**

The Guarantee Issue amount may be subject to reductions by percentage at the ages shown in this summary.

Annual Election Option allows employees to increase the amount of their life coverage without a medical exam when they re-enroll in their company's Voluntary Life plan. This option allows employees to step up to the next two options available on the company schedule of benefits.

Voluntary Life Cost Illustration:

To determine the most appropriate level of coverage, as a rule of thumb, you should consider about 6 - 10 times your annual income, factoring in projected costs to help maintain your family's current life style.

Monthly premiums displayed. Cost of AD&D is included.

Policy Election Amount	Policy Election Cost Per Age Bracket								
Employee	**< 30**	**30–34**	**35–39**	**40–44**	**45–49**	**50–54**	**55–59**	**60–64**	**65–69†**
$10,000	$.90	$1.00	$1.10	$1.60	$2.40	$3.50	$5.70	$6.90	$12.90
$20,000	$1.80	$2.00	$2.20	$3.20	$4.80	$7.00	$11.40	$13.80	$25.80
$30,000	$2.70	$3.00	$3.30	$4.80	$7.20	$10.50	$17.10	$20.70	$38.70
$40,000	$3.60	$4.00	$4.40	$6.40	$9.60	$14.00	$22.80	$27.60	$51.60
$50,000	$4.50	$5.00	$5.50	$8.00	$12.00	$17.50	$28.50	$34.50	$64.50
$60,000	$5.40	$6.00	$6.60	$9.60	$14.40	$21.00	$34.20	$41.40	$77.40
$70,000	$6.30	$7.00	$7.70	$11.20	$16.80	$24.50	$39.90	$48.30	$90.30
$80,000	$7.20	$8.00	$8.80	$12.80	$19.20	$28.00	$45.60	$55.20	$103.20
$90,000	$8.10	$9.00	$9.90	$14.40	$21.60	$31.50	$51.30	$62.10	$116.10
$100,000	$9.00	$10.00	$11.00	$16.00	$24.00	$35.00	$57.00	$69.00	$129.00
$110,000	$9.90	$11.00	$12.10	$17.60	$26.40	$38.50	$62.70	$75.90	$141.90
$120,000	$10.80	$12.00	$13.20	$19.20	$28.80	$42.00	$68.40	$82.80	$154.80
$130,000	$11.70	$13.00	$14.30	$20.80	$31.20	$45.50	$74.10	$89.70	$167.70
$140,000	$12.60	$14.00	$15.40	$22.40	$33.60	$49.00	$79.80	$96.60	$180.60
$150,000	$13.50	$15.00	$16.50	$24.00	$36.00	$52.50	$85.50	$103.50	$193.50
$160,000	$14.40	$16.00	$17.60	$25.60	$38.40	$56.00	$91.20	$110.40	$206.40
$170,000	$15.30	$17.00	$18.70	$27.20	$40.80	$59.50	$96.90	$117.30	$219.30
$180,000	$16.20	$18.00	$19.80	$28.80	$43.20	$63.00	$102.60	$124.20	$232.20
$190,000	$17.10	$19.00	$20.90	$30.40	$45.60	$66.50	$108.30	$131.10	$245.10
$200,000	$18.00	$20.00	$22.00	$32.00	$48.00	$70.00	$114.00	$138.00	$258.00
$210,000	$18.90	$21.00	$23.10	$33.60	$50.40	$73.50	$119.70	$144.90	$270.90
$220,000	$19.80	$22.00	$24.20	$35.20	$52.80	$77.00	$125.40	$151.80	$283.80
$230,000	$20.70	$23.00	$25.30	$36.80	$55.20	$80.50	$131.10	$158.70	$296.70
$240,000	$21.60	$24.00	$26.40	$38.40	$57.60	$84.00	$136.80	$165.60	$309.60
$250,000	$22.50	$25.00	$27.50	$40.00	$60.00	$87.50	$142.50	$172.50	$322.50
$260,000	$23.40	$26.00	$28.60	$41.60	$62.40	$91.00	$148.20	$179.40	$335.40
$270,000	$24.30	$27.00	$29.70	$43.20	$64.80	$94.50	$153.90	$186.30	$348.30
$280,000	$25.20	$28.00	$30.80	$44.80	$67.20	$98.00	$159.60	$193.20	$361.20
$290,000	$26.10	$29.00	$31.90	$46.40	$69.60	$101.50	$165.30	$200.10	$374.10

Voluntary Life Cost Illustration *continued*

	< 30	30–34	35–39	40–44	45–49	50–54	55–59	60–64	65–69†
$300,000	$27.00	$30.00	$33.00	$48.00	$72.00	$105.00	$171.00	$207.00	$387.00
$310,000	$27.90	$31.00	$34.10	$49.60	$74.40	$108.50	$176.70	$213.90	$399.90
$320,000	$28.80	$32.00	$35.20	$51.20	$76.80	$112.00	$182.40	$220.80	$412.80
$330,000	$29.70	$33.00	$36.30	$52.80	$79.20	$115.50	$188.10	$227.70	$425.70
$340,000	$30.60	$34.00	$37.40	$54.40	$81.60	$119.00	$193.80	$234.60	$438.60
$350,000	$31.50	$35.00	$38.50	$56.00	$84.00	$122.50	$199.50	$241.50	$451.50
$360,000	$32.40	$36.00	$39.60	$57.60	$86.40	$126.00	$205.20	$248.40	$464.40
$370,000	$33.30	$37.00	$40.70	$59.20	$88.80	$129.50	$210.90	$255.30	$477.30
$380,000	$34.20	$38.00	$41.80	$60.80	$91.20	$133.00	$216.60	$262.20	$490.20
$390,000	$35.10	$39.00	$42.90	$62.40	$93.60	$136.50	$222.30	$269.10	$503.10
$400,000	$36.00	$40.00	$44.00	$64.00	$96.00	$140.00	$228.00	$276.00	$516.00
$410,000	$36.90	$41.00	$45.10	$65.60	$98.40	$143.50	$233.70	$282.90	$528.90
$420,000	$37.80	$42.00	$46.20	$67.20	$100.80	$147.00	$239.40	$289.80	$541.80
$430,000	$38.70	$43.00	$47.30	$68.80	$103.20	$150.50	$245.10	$296.70	$554.70
$440,000	$39.60	$44.00	$48.40	$70.40	$105.60	$154.00	$250.80	$303.60	$567.60
$450,000	$40.50	$45.00	$49.50	$72.00	$108.00	$157.50	$256.50	$310.50	$580.50
$460,000	$41.40	$46.00	$50.60	$73.60	$110.40	$161.00	$262.20	$317.40	$593.40
$470,000	$42.30	$47.00	$51.70	$75.20	$112.80	$164.50	$267.90	$324.30	$606.30
$480,000	$43.20	$48.00	$52.80	$76.80	$115.20	$168.00	$273.60	$331.20	$619.20
$490,000	$44.10	$49.00	$53.90	$78.40	$117.60	$171.50	$279.30	$338.10	$632.10
$500,000	$45.00	$50.00	$55.00	$80.00	$120.00	$175.00	$285.00	$345.00	$645.00
Policy Election Amount									
Spouse									
$5,000	$.45	$.50	$.55	$.80	$1.20	$1.75	$2.85	$3.45	$6.45
$10,000	$.90	$1.00	$1.10	$1.60	$2.40	$3.50	$5.70	$6.90	$12.90
$15,000	$1.35	$1.50	$1.65	$2.40	$3.60	$5.25	$8.55	$10.35	$19.35
$20,000	$1.80	$2.00	$2.20	$3.20	$4.80	$7.00	$11.40	$13.80	$25.80
$25,000	$2.25	$2.50	$2.75	$4.00	$6.00	$8.75	$14.25	$17.25	$32.25
$30,000	$2.70	$3.00	$3.30	$4.80	$7.20	$10.50	$17.10	$20.70	$38.70
$35,000	$3.15	$3.50	$3.85	$5.60	$8.40	$12.25	$19.95	$24.15	$45.15
$40,000	$3.60	$4.00	$4.40	$6.40	$9.60	$14.00	$22.80	$27.60	$51.60
$45,000	$4.05	$4.50	$4.95	$7.20	$10.80	$15.75	$25.65	$31.05	$58.05
$50,000	$4.50	$5.00	$5.50	$8.00	$12.00	$17.50	$28.50	$34.50	$64.50

Voluntary Life Cost Illustration *continued*

	< 30	30–34	35–39	40–44	45–49	50–54	55–59	60–64	65–69†
$55,000	$4.95	$5.50	$6.05	$8.80	$13.20	$19.25	$31.35	$37.95	$70.95
$60,000	$5.40	$6.00	$6.60	$9.60	$14.40	$21.00	$34.20	$41.40	$77.40
$65,000	$5.85	$6.50	$7.15	$10.40	$15.60	$22.75	$37.05	$44.85	$83.85
$70,000	$6.30	$7.00	$7.70	$11.20	$16.80	$24.50	$39.90	$48.30	$90.30
$75,000	$6.75	$7.50	$8.25	$12.00	$18.00	$26.25	$42.75	$51.75	$96.75
$80,000	$7.20	$8.00	$8.80	$12.80	$19.20	$28.00	$45.60	$55.20	$103.20
$85,000	$7.65	$8.50	$9.35	$13.60	$20.40	$29.75	$48.45	$58.65	$109.65
$90,000	$8.10	$9.00	$9.90	$14.40	$21.60	$31.50	$51.30	$62.10	$116.10
$95,000	$8.55	$9.50	$10.45	$15.20	$22.80	$33.25	$54.15	$65.55	$122.55
$100,000	$9.00	$10.00	$11.00	$16.00	$24.00	$35.00	$57.00	$69.00	$129.00
$105,000	$9.45	$10.50	$11.55	$16.80	$25.20	$36.75	$59.85	$72.45	$135.45
$110,000	$9.90	$11.00	$12.10	$17.60	$26.40	$38.50	$62.70	$75.90	$141.90
$115,000	$10.35	$11.50	$12.65	$18.40	$27.60	$40.25	$65.55	$79.35	$148.35
$120,000	$10.80	$12.00	$13.20	$19.20	$28.80	$42.00	$68.40	$82.80	$154.80
$125,000	$11.25	$12.50	$13.75	$20.00	$30.00	$43.75	$71.25	$86.25	$161.25
$130,000	$11.70	$13.00	$14.30	$20.80	$31.20	$45.50	$74.10	$89.70	$167.70
$135,000	$12.15	$13.50	$14.85	$21.60	$32.40	$47.25	$76.95	$93.15	$174.15
$140,000	$12.60	$14.00	$15.40	$22.40	$33.60	$49.00	$79.80	$96.60	$180.60
$145,000	$13.05	$14.50	$15.95	$23.20	$34.80	$50.75	$82.65	$100.05	$187.05
$150,000	$13.50	$15.00	$16.50	$24.00	$36.00	$52.50	$85.50	$103.50	$193.50
$155,000	$13.95	$15.50	$17.05	$24.80	$37.20	$54.25	$88.35	$106.95	$199.95
$160,000	$14.40	$16.00	$17.60	$25.60	$38.40	$56.00	$91.20	$110.40	$206.40
$165,000	$14.85	$16.50	$18.15	$26.40	$39.60	$57.75	$94.05	$113.85	$212.85
$170,000	$15.30	$17.00	$18.70	$27.20	$40.80	$59.50	$96.90	$117.30	$219.30
$175,000	$15.75	$17.50	$19.25	$28.00	$42.00	$61.25	$99.75	$120.75	$225.75
$180,000	$16.20	$18.00	$19.80	$28.80	$43.20	$63.00	$102.60	$124.20	$232.20
$185,000	$16.65	$18.50	$20.35	$29.60	$44.40	$64.75	$105.45	$127.65	$238.65
$190,000	$17.10	$19.00	$20.90	$30.40	$45.60	$66.50	$108.30	$131.10	$245.10
$195,000	$17.55	$19.50	$21.45	$31.20	$46.80	$68.25	$111.15	$134.55	$251.55
$200,000	$18.00	$20.00	$22.00	$32.00	$48.00	$70.00	$114.00	$138.00	$258.00
$205,000	$18.45	$20.50	$22.55	$32.80	$49.20	$71.75	$116.85	$141.45	$264.45
$210,000	$18.90	$21.00	$23.10	$33.60	$50.40	$73.50	$119.70	$144.90	$270.90

Voluntary Life Cost Illustration *continued*

	< 30	30–34	35–39	40–44	45–49	50–54	55–59	60–64	65–69†
$215,000	$19.35	$21.50	$23.65	$34.40	$51.60	$75.25	$122.55	$148.35	$277.35
$220,000	$19.80	$22.00	$24.20	$35.20	$52.80	$77.00	$125.40	$151.80	$283.80
$225,000	$20.25	$22.50	$24.75	$36.00	$54.00	$78.75	$128.25	$155.25	$290.25
$230,000	$20.70	$23.00	$25.30	$36.80	$55.20	$80.50	$131.10	$158.70	$296.70
$235,000	$21.15	$23.50	$25.85	$37.60	$56.40	$82.25	$133.95	$162.15	$303.15
$240,000	$21.60	$24.00	$26.40	$38.40	$57.60	$84.00	$136.80	$165.60	$309.60
$245,000	$22.05	$24.50	$26.95	$39.20	$58.80	$85.75	$139.65	$169.05	$316.05
$250,000	$22.50	$25.00	$27.50	$40.00	$60.00	$87.50	$142.50	$172.50	$322.50
Policy Election Amount									
Child(ren)									
$1,000	$0.39	$0.39	$0.39	$0.39	$0.39	$0.39	$0.39	$0.39	$0.39
$2,000	$0.78	$0.78	$0.78	$0.78	$0.78	$0.78	$0.78	$0.78	$0.78
$3,000	$1.17	$1.17	$1.17	$1.17	$1.17	$1.17	$1.17	$1.17	$1.17
$4,000	$1.56	$1.56	$1.56	$1.56	$1.56	$1.56	$1.56	$1.56	$1.56
$5,000	$1.95	$1.95	$1.95	$1.95	$1.95	$1.95	$1.95	$1.95	$1.95
$6,000	$2.34	$2.34	$2.34	$2.34	$2.34	$2.34	$2.34	$2.34	$2.34
$7,000	$2.73	$2.73	$2.73	$2.73	$2.73	$2.73	$2.73	$2.73	$2.73
$8,000	$3.12	$3.12	$3.12	$3.12	$3.12	$3.12	$3.12	$3.12	$3.12
$9,000	$3.51	$3.51	$3.51	$3.51	$3.51	$3.51	$3.51	$3.51	$3.51
$10,000	$3.90	$3.90	$3.90	$3.90	$3.90	$3.90	$3.90	$3.90	$3.90

Refer to Guarantee Issue row on page above for Voluntary Life GI amounts.

Premiums for Voluntary Life Increase in five-year increments

Spouse coverage premium is based on Employee age.

†Benefit reductions apply.

The Guarantee Issue amount may be subject to reductions by percentage at the ages shown in this summary.

LIMITATIONS AND EXCLUSIONS:

A SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS FOR LIFE AND AD&D COVERAGE:

You must be working full-time on the effective date of your coverage; otherwise, your coverage becomes effective after you have completed a specific waiting period. Employees must be legally working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding one year; or (b) in an area under travel warning by the US Department of State. Subject to state specific variations. Evidence of Insurability is required on all late enrollees. This coverage will not be effective until approved by a Guardian underwriter. This proposal is hedged subject to satisfactory financial evaluation. Please refer to certificate of coverage for full plan description.

Dependent life insurance will not take effect if a dependent, other than a newborn, is confined to the hospital or other health care facility or is unable to perform the normal activities of someone of like age and sex.

Accelerated Life Benefit is not paid to an employee under the following circumstances: one who is required by law to use the benefit to pay creditors; is required by court order to pay the benefit to another person; is required by a government agency to use the payment to receive a government benefit; or loses his or her group coverage before an accelerated benefit is paid.

Voluntary Life Only:

We pay no benefits if the insured's death is due to suicide within two years from the insured's original effective date. This two year limitation also applies to any increase in benefit. This exclusion may vary according to state law. Late entrants and benefit increases require underwriting approval.

GP-1-R-LB-90, GP-1-R-EOPT-96

Guarantee Issue/Conditional Issue amounts may vary based on age and case size. See your Plan Administrator for details. Late entrants and benefit increases require underwriting approval.

For AD&D: We pay no benefits for any loss caused: by willful self-injury; sickness, disease or medical treatment; by participating in a civil disorder or committing a felony; Traveling on any type of aircraft while having duties on that aircraft; by declared or undeclared act of war or armed aggression; while a member of any armed force (May vary by state); while driving a motor vehicle without a current, valid driver's license; by legal intoxication; or by voluntarily using a non-prescription controlled substance. Contract #GP-1-R-ADCL1-00 et al. We won't pay more than 100% of the Insurance amount for all losses due to the same accident, except as stated. The loss must occur within a specified period of time of the accident. Please see contract for specific definition; definition of loss may vary depending on the benefit payable.

Enhanced AD&D: A loss may be defined as death, quadriplegia, loss of speech and hearing, loss of cognitive function, comatose state in excess of one month, hemiplegia or paraplegia. The loss must occur within a specified period of time of the accident. Please see contract for specific definition; definition of loss may vary depending on the benefit payable.

Guardian Group Life Insurance underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage.
Policy Form # GP-1-LIFE-15

Guardian®

Watch our video
How long term disability insurance can supplement your income.

Long term disability insurance

Disability insurance covers a part of your income, so you can pay your bills if you're injured or sick and can't work.

Disability is more common that you might realize, and people can be unable to work for all sorts of different reasons. In fact, many disabilities are caused by illness, including common conditions like heart disease and arthritis. However, most disabilities aren't covered by workers' compensation.

Who is it for?

If you rely on your income to pay for everyday expenses, then you should probably consider disability insurance. It ensures that you'll receive a partial income if you're injured or too sick to work.

What does it cover?

Most disability insurance plans pay out a portion or percentage of your income if you're diagnosed with a serious illness or experience an injury that prevents you from doing your job.

Why should I consider it?

Accidents happen, and you can't always anticipate if or when you'll become sick or injured. That's why it's important to have a disability policy that helps you pay your bills in the event of being unable to collect your normal paycheck.



Replacing Income

Jim suffers a heart attack that leaves him unable to work for two years.

After a waiting period, his disability plan starts paying him a portion of his normal monthly salary. The Guardian policy also provides personal guidance and support, vocational rehabilitation and other services, to help him get back to his job and full pay two years later.

Thanks to Jim's disability benefits, he was able to cover his expenses while he was out - without dipping into his family's savings.

This example is for illustrative purposes only. Your plan's coverage may vary. See your plan's information on the following pages for specific amounts and details.

You will receive these benefits if you meet the conditions listed in the policy.

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WHITKO COMMUNITY SCHOOL CORPORATION
ALL ELIGIBLE TEACHERS & OTHER EMPLOYEES
2024-179688 (07-26)

Kit created 11/07/2025
Group number: 00044112

Guardian®

Your long term disability coverage

	Long-Term Disability
Coverage amount	66.67% of salary to maximum $7000/month
Maximum payment period: Maximum length of time you can receive disability benefits.	To age 65, standard ADEA
Accident benefits begin: The length of time you must be disabled before benefits begin.	Day 91
Illness benefits begin: The length of time you must be disabled before benefits begin.	Day 91
COLA (Cost of Living Adjustment): Increases your net monthly benefit annually by a specified percent.	Monthly benefit increase of 3% (fixed). Unlimited adjustments after 48 months.
Evidence of Insurability: A health statement requiring you to answer a few medical history questions.	Health Statement may be required
Guarantee Issue: The 'guarantee' means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when applicant signs up for coverage during the initial enrollment period.	We Guarantee Issue $7000 in coverage
Minimum work hours/week: Minimum number of hours you must regularly work each week to be eligible for coverage.	Planholder Determines
Pre-existing conditions: A pre-existing condition includes any condition/symptom for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	3 months look back; 12 months after exclusion
Survivor benefit: Additional benefit payable to your family if you die while disabled.	3 months

UNDERSTANDING YOUR BENEFITS—DISABILITY (Some information may vary by state)

Disability (long-term): For first five years of disability, you will receive benefit payments while you are unable to work in your own occupation. After five years, you will continue to receive benefits if you cannot work in any occupation based on training, experience and education.

Earnings definition: Your covered salary excludes bonuses and commissions.

Special limitations: Provides a 24-month benefit limit for specific conditions including mental health and substance abuse. Other conditions such as chronic fatigue are also included in this limitation. Refer to contract for details.

Work incentive: Plan benefit will not be reduced for a specified amount of months so that you have part-time earnings while you remain disabled, unless the combined benefit and earnings exceed 100% of your previous earnings.

Your long term disability coverage

A SUMMARY OF DISABILITY PLAN LIMITATIONS AND EXCLUSIONS

Evidence of Insurability may be required on all late enrollees. This coverage will not be effective until approved by a Guardian underwriter. This proposal is hedged subject to satisfactory financial evaluation. Please refer to certificate of coverage for full plan description.

You must be working full-time on the effective date of your coverage; otherwise, your coverage becomes effective after you have completed a specific waiting period.

Employees must be legally working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding one year; or (b) in an area under travel warning by the US Department of State. Subject to state specific variations.

For Long-Term Disability coverage, we pay no benefits for a disability caused or contributed to by a pre-existing condition unless the disability starts after you have been insured under this plan for a specified period of time. We limit the duration of payments for long term disabilities caused by mental or emotional conditions, or alcohol or drug abuse.

We do not pay benefits for charges relating to a covered person: taking part in any war or act of war (including service in the armed forces) committing a felony or taking part in any riot or other civil disorder or intentionally injuring themselves or attempting suicide while sane or insane. We do not pay benefits for charges relating to legal intoxication, including but not limited to the operation of a motor vehicle, and for the voluntary use of any poison, chemical, prescription or non-prescription drug or controlled substance unless it has been prescribed by a doctor and is used as prescribed. We limit the duration of payments for long term disabilities caused by mental or emotional conditions, or alcohol or drug abuse. We do not pay benefits during any period in which a covered person is confined to a correctional facility, an employee is not under the care of a doctor, an employee is receiving treatment outside of the US or Canada, and the employee's loss of earnings is not solely due to disability.

This policy provides disability income insurance only. It does not provide "basic hospital", "basic medical", or "medical" insurance as defined by the New York State Insurance Department.

If this plan is transferred from another insurance carrier, the time an insured is covered under that plan will count toward satisfying Guardian's pre-existing condition limitation period. State variations may apply.

When applicable, this coverage will integrate with NJ TDB, NY DBL, CA SDI, RI TDI, Hawaii TDI and Puerto Rico DBA, DC PFML and WA PFML.

Contract # GP-1-LTD-15-1.0 et al.

Guardian's Group Long Term Disability Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. This policy provides disability income insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services. Plan documents are the final arbiter of coverage.
Policy Form #GP-1-LTD07-1.0, et al, GP-1-LTD-15

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Guardian®

Electronic Evidence of Insurability (EOI)

Our online EOI forms are an easier, quicker alternative to traditional paper forms, helping you get covered when you need to provide additional information.

There are a few situations where you need to answer health questions, enroll for higher amounts of coverage, or request coverage after the initial eligibility period. In all of these situations, our online EOI form keeps things simple.

Electronic EOI keeps things simple

With Guardian's electronic EOI forms, your data is kept secure at every stage of the process. And with fewer errors than hand-written forms, and faster submission digitally, it's easier than ever to complete it and get covered.

Electronic EOI can be used for*:

- Basic life
- Voluntary life
- Short term disability
- Long term disability



How it works

You will receive a letter or email from your employer or Guardian with instructions and a unique link to submit your EOI form online.

First register and create an account on Guardian Anytime. Then simply fill out the form, electronically sign it, and click 'Submit.'

Once we receive the form, we'll contact you with any questions, before notifying you (and your employer if the coverage amount changes).

*Applicable to coverage requiring full Evidence of Insurability (not applicable to conditional issue amounts). Electronic EOI is available using most internet browsers.

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2023-158794 (07/25)

Employee Assistance Program

We all need a little support every now and then.

Guardian's Employee Assistance Program gives you and your family members access to confidential personal support, across everything from stress management and nutrition to handling legal or financial issues.

The services available include consultations with experienced professionals, as well as access to resources and discounts designed to help you in a variety of different ways.

How it can help

Consultative services are available to provide direct support and assistance

Work/life assistance that can help you save money and balance commitments

Access legal and financial assistance and resources – including WillPrep Services

How to access

Visit
worklife.uprisehealth.com

Access Code
worklife

Call
1 800 386 7055

24 hour crisis help available.
Regular office hours:
Monday-Friday 6am-5pm PST.

This service is only available if you purchase qualifying lines of coverage. See your plan administrator for more details.

Legal/financial assistance and resources services are not available in the state of New York.

The Employee Assistance Program is a suite of services solely created and offered by Integrated Behavioral Health, Inc. (IBH), doing business as Uprise Health. Guardian is not responsible or liable for care or advice given by any provider or any service offering within the Employee Assistance Program. This information is for informational purposes only. It is not a contract. Only the plan service agreement can provide the actual terms, services, limitations and exclusions. Guardian and IBH reserve the right to discontinue the Employee Assistance Program at any time without notice. Legal services provided through the Employee Assistance Program will not be provided in connection with or preparation for any action against Guardian, IBH, or your employer. The Employee Assistance Program, or any individual service offering within the Program, is not an insurance benefit and may not be available in all states.

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2023-158793 (7/25)

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WillPrep

Protect the ones you love with a range of dedicated services designed to help you provide for your family.

WillPrep Services includes a range of different resources that make it easier for you to prepare a will.

These range from a library of online planning documents to accessing experienced professionals that can help you with the more complicated details.

How it can help

Access simple documents including wills and power of attorney letters

Speak with consultants to discuss estate planning

Prepare your will with the assistance or support of an attorney

How to access

To access WillPrep Services, you'll need a few personal details.

Visit
willprep.uprisehealth.com

Username
WillPrep

Password
GLIC09

For more information or support, you can reach out by phoning **1 877 433 6789**.

This service is only available if you purchase qualifying lines of coverage. See your plan administrator for more details.

WillPrep Services are provided by Uprise Health, and its contractors. The Guardian Life Insurance Company of America (Guardian) does not provide any part of Will Prep Services. Guardian is not responsible or liable for care or advice given by any provider or resource under the program. This information is for illustrative purposes only. It is not a contract. Only the Administration Agreement can provide the actual terms, services, limitations and exclusions. Guardian and Uprise Health reserve the right to discontinue the WillPrep Services at any time without notice. Legal services will not be provided in connection with or preparation for any action against Guardian, Uprise Health, or your employer.

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2023-158799 (7/25)

Guardian

Our commitment to you

Please read the documentation referenced below carefully. The notices are intended to provide you important information about our insurance offerings and to protect your interests. Certain ones are required by law.

Important information

Notice Informing Individuals about Nondiscrimination and Accessibility Requirements

Guardian notice stating that it complies with applicable Federal civil rights laws and does not discriminate based on race, color, national origin, age, disability, sex, or actual or perceived gender identity. The notice provides contact information for filing a nondiscrimination grievance. It also provides contact information for access to free aids and services by disabled people to assist in communications with Guardian.
Visit **https://www.guardiananytime.com/notice48** to read more.

No Cost Language Services

Guardian provides language assistance in multiple languages for members who have limited English proficiency.
Visit **https://www.guardiananytime.com/notice46** to read more.

Long term disability insurance

Disability Offset Notice

Offsets are provisions in your disability coverage that allow the insurer to deduct from your regular benefit other types of income you receive or are eligible to receive from other sources due to your disability.
Visit **https://www.guardiananytime.com/notice51** to read more.

Vision insurance

Guardian's HIPAA Notice of Privacy Practices

The notice describes how health information about you may be used and disclosed and how you can access this information.
Visit **https://www.guardiananytime.com/notice50** to read more.

Whitko Community Schools

2026 Employee Benefits Guide

Prepared by The DeHayes Group for Whitko Community Schools