

Benefits Summary

Laraway CCSD 70C

All Eligible Employees

2022 - 2023





Medical Insurance | BlueCross BlueShield

Health Maintenance Organization (HMO)

HMOs give you access to a network of doctors and hospitals, but restrict services to in-network providers only. HMO participants must choose a contracting medical group and primary care physician (PCP) to provide or coordinate their healthcare services. If you require specialty care, an outpatient procedure, or a hospitalization, you must receive a referral from your PCP. There are no out-of-network benefits.

Preferred Provider Organization (PPO)

A PPO plan offers the freedom to receive care from any in- or out-of-network doctor, specialist or hospital without a referral. Once the applicable deductible is met, services will be covered by the plan coinsurance until the annual out-of-pocket maximum is met. The types of services that accumulate toward your deductible are inpatient hospital stays, outpatient surgeries, labs (blood work) and x-rays (MRIs, PET scans, CT scans, etc.), emergency room visits, and urgent care visits. Prescription drug copays do not accumulate toward your deductible or your overall out-of-pocket maximum.

Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible. The deductible does not accumulate toward the out-of-pocket maximum.

High Deductible Health Plan (HDHP) with Health Savings Account (HSA)

The HDHP is a PPO plan that provides health care benefits after the applicable deductible has been met. You pay the full cost of services prior to meeting your annual deductible with the exception of preventive care. Once the deductible is met, services will be covered by the plan coinsurance until the annual out-of-pocket maximum is met. If you have other family members on the plan, the overall family deductible must be met before the plan begins to pay. Services are covered at 100% once the out-of-pocket maximum is met.

A Health Savings Account (HSA) is a bank account paired with your HDHP allowing you to set aside money on a tax-free basis to pay your out-of-pocket qualified medical, dental, and vision expenses throughout the year or in the future. You own the money in your HSA account and it is yours to keep – even when you change plans or retire. The funds roll over from year to year to be used when needed.

Choice of plan options:	HMO BA Plan 3 <i>In-Network Benefits Only</i>	PPO <i>In-Network Benefits Shown</i>	HDHP <i>In-Network Benefits Shown</i>
Network	Blue Advantage	PPO	PPO
Deductible			
Individual	\$0	\$325	\$1,400
Family	\$0	\$650	\$2,800
Coinsurance	100%	90%	90%
Out-of-Pocket Max			
Individual	\$1,500	\$1,825	\$2,850
Family	\$3,000	\$5,475	\$5,700
Physician Services			
Well Adult / Well Child	No Charge	No Charge	No Charge
Physician Office	\$30 copay	Deductible then 10%	Deductible then 10%
Specialist Visit	\$50 copay	Deductible then 10%	Deductible then 10%
Emergency Room	\$150 copay	Deductible then 10%	Deductible then 10%
Urgent Care	\$30 copay	Deductible then 10%	Deductible then 10%
Prescription Drugs* - Retail			
Generic / Preferred Brand / Non-Preferred Brand / Specialty	Copays: \$10 / \$25 / \$40 / \$40	Copays: \$10 / \$20 / \$30 / \$50	Deductible then 20%
Prescription Drugs — Mail Order			
Generic / Preferred Brand / Non-Preferred Brand	Copays: \$20 / \$50 / \$80	Copays: \$20 / \$40 / \$60	Deductible then 20%
Prescription Out-of-Pocket Max			
Individual / Family	\$5,100 / \$10,200	\$5,525 / \$9,225	Included in Medical Out-of-Pocket Maximum

*BlueCross BlueShield reserves the right to update their drug list quarterly. Prescription drugs may change tiers or may no longer be covered on their drug list. If a drug you are using is no longer covered on their drug list, please call BlueCross BlueShield customer service number located on the back of your medical ID card.



Health Savings Account (HSA)

2022 HSA Contributions

IRS Max Contribution:	Employee Only	Family
Max HSA Contribution	\$3,650	\$7,300
Catch-up Contribution (Age 55 and Older)	\$1,000	

Using your HSA on qualified expenses

You can use the money in your HSA to pay for qualified medical, dental and vision expenses permitted under federal tax law. Examples include, but are not limited to:

Medical Expenses

- Acupuncture
- Chiropractic care
- Fertility treatments
- Diagnostic services
- And more

Dental Expenses

- Cavities
- Crowns
- Dentures
- Orthodontia
- And more

Vision Expenses

- Vision exams
- Contacts
- Eye glasses
- Laser eye surgery
- And more

For a full list of qualified medical expenses go to www.irs.gov and search Section 213d.

Advantages to having a Health Savings Account (HSA)

- Triple tax savings benefit as contributions are not taxed going into the account, while they sit there earning interest or when they're taken out for a qualified medical expense
- You pay less in premium for this plan
- Unused funds rollover each year with no maximum on how much you can save and accumulate over time
- The account is portable so you never have to worry about losing the money in the account should you change between plans, retire or even seek employment elsewhere
- Your HSA can be viewed as a second means of savings for your retirement
- You control your healthcare spending and choose when to use your HSA dollars and when to save them
- You become a more informed participant in your healthcare and healthcare spending



How to Find a BCBS Medical Provider



Visit www.bcbsil.com/find-a-doctor-or-hospital



Call Customer Service toll-free:

HMO: 800-892-2803

PPO/HDHP: 800-828-3116



BlueCross BlueShield Value Added Benefits

BlueAccess for Members (BAM): www.bcbsil.com

BAM is a secure member website that gives you immediate access to your health care and benefit information. Check claim status, find in-network providers, use the hospital comparison tool, print medical or dental ID cards, and more.

To access BlueAccess Mobile download the app.

Virtual Visits—MDLIVE (PPO/HDHP Members Only)

MDLIVE's telehealth program provides enrolled members with access to non-emergency medical care without ever leaving the couch. Visit a doctor virtually, 24 hours a day, 7 days a week, for a variety of ailments and symptoms. Log on to MDLIVE.com/bcbsil or call **888.676.4204** today for additional info on this benefit.

Maternity Care Program: 888.421.7781

Personalized support provided by Obstetrical nurses.

24/7 Nurseline: 800.299.0274 (PPO/HDHP Members Only)

General health info and guidance for specific conditions from fevers to bee stings from a registered nurse.

Blue365 Discounts

Log into your BCBS member portal and click on Wellness. Look for the Blue365 Member Discount Program and click Visit Blue365.

Well on Target Member Wellness Program

Access health and wellness resources that can help you manage your health. Resources include health assessments, self-directed courses and health coaching.

Mail Order Prescriptions: 833.715.0942

Through Express Scripts express-scripts.com/rx, mail order prescriptions may save time and money.

Specialty Pharmacy Program: 833.721.1619

Through Accredo accredo.com, you can order and manage your specialty drug prescriptions.



Tips to Save Money

Preventive/Wellness Exams Covered at 100% (HMO/HDHP Members Only)

- Preventive care is one physical exam per year per enrolled member.
- Females get an annual well-woman exam covered at 100% in addition to their annual physical exam.
- No out-of-pocket costs apply - these exams are fully covered *as long as your physician codes them as preventive.*

Prescription Drugs

- Ask your doctor if there's a generic version of any medication you're currently taking or being prescribed.
- Take advantage of the Prescription Savings Programs at major retailers.
- Ask about free samples from your doctor and/or manufacturer rebates.

High Cost Scans, X-Rays & Tests

- MRI, PET scans, CT scans, etc. are less costly at in-network free-standing imaging centers than at hospitals.
- When possible, compare cost options prior to scheduling your necessary services.

Emergency Room Alternatives

The ER is a costly experience for issues that aren't true emergencies. Below are alternatives that can offer quick care at a more affordable cost.

- Doctor's office: for non-life threatening symptoms, call and let them know your symptoms require immediate attention.
- Convenient Care Clinics: use when you don't have a primary doctor or can't get an appointment. Good for fever, sore throat/strep, coughs/congestion, sports physicals, UTIs, etc. Visit cvs.com or walgreens.com to find a clinic near you.
- Urgent Care: less costly than the ER and can treat sprains/strains, minor breaks, mild asthma, minor infections, rashes, small cuts, burns, etc.



Dental Insurance | BlueCross BlueShield

Dental Preferred Provider Organization (DPPO)

The DPPO allows the flexibility to use any dentist, in or out-of-network. Staying in-network will allow your annual maximum to last longer. If you visit a dentist out-of-network, you may be responsible for paying the bill at the time of service and receiving reimbursement later.

Dental coverage focuses on preventive and diagnostic procedures in an effort to avoid more expensive services associated with dental disease and surgery. The type of service or procedure received determines the amount of coverage for each visit. Each type of service fits into a class of services according to complexity and cost. We recommend you request a predetermination of benefits for major services.

Preventive:

- Annual cleanings
- Bitewing X-rays
- Space maintainers
- And more

Basic:

- Fillings
- Root canals
- Oral Surgery
- And more

Major:

- Dentures
- Bridges
- Inlays, Onlays, Crowns
- And more

Choice of plan options:	DPPO 2000	
	In-Network / Out-of-Network	
Network Name	BlueCare Dental	
Individual Deductible	\$25 per calendar year	
Family Deductible	\$25 per person per calendar year (maximum \$75)	
Preventive Coinsurance	100%	100%
Basic Coinsurance	80%	80%
Major Coinsurance	50%	50%
Annual Plan Maximum	\$2,000	\$2,000

Note: If you and/or your dependent(s) originally waive dental coverage for any reason, or if your coverage becomes effective more than 31 days after your initial eligibility date, no benefits will be payable for Major treatment within 12 months after the effective date of coverage.

Enhanced Dental Benefit

Provides additional dental benefits to members with specific medical conditions such as cardiovascular disease, diabetes or pregnancy. These services apply towards your annual maximum.

Benefit for one of the following:

- Scaling and Root Planning
- Periodontal Maintenance
- One Additional Cleaning



How to Find a BCBS Dental Provider



Visit www.bcbsil.com/provider/dental.htm



Call Customer Service toll-free at **800-367-6401**



Vision Insurance | VSP

Vision insurance helps offset the costs of routine eye exams and also helps pay for vision correction eye wear, like eyeglasses and contacts, that may be prescribed by an eye-care provider.

By accessing in-network vision providers, you're able to reap the true benefit of vision insurance coverage. You're eligible for an eye exam and lenses or contact lenses every 12 months and frames every 24 months. If you visit a vision provider out-of-network, you will be responsible for paying the bill at the time of service and receiving reimbursement later.

Vision Plan Details:	Frequency*	In-Network	Out-of-Network
Network	VSP Choice Network		
Eye Exam	Every 12 months	\$0 WellVision Exam Copay Up to \$60 Contacts Exam Copay	\$45 max reimbursement
Lenses » Single vision » Bifocal » Trifocal » Lenticular » Polycarbonate for children	Every 12 months	\$25 copay	Reimbursement varies
Frames	Every 24 months	\$175 allowance (\$195 for featured brands) + 20% off balance over allowance	\$70 max reimbursement
Elective Contacts**	Every 12 months	\$175 allowance	\$105 max reimbursement

*Vision benefit frequencies are based on the date of service within the policy year.

**Contacts and glasses are not covered by the plan in the same calendar year. Discounts may apply if additional materials are purchased.

Primary Eye Care

VSP's most robust medical eye care plan, providing treatment and services for all vision-related medical conditions such as dry eye, cataracts, pink eye, eye injury, and foreign body removal and diseases.

Included in the Primary EyeCare benefit:

- Covered-in-full retinal screening for members with diabetes, even if you don't show signs of diabetic eye disease.
- Additional medical eye exams to monitor and track diabetic eye disease, glaucoma and/or AMD.
- Additional medical eye exams and other services for non-chronic conditions.

For additional discounts on materials and services, visit <https://www.vsp.com/offers/special-offers>



How to Find a VSP Vision Provider



Visit www.vsp.com/eye-doctor



Call Customer Service toll-free at **800-877-7195**

Vision ID cards are not required for service as providers are able to locate you in their system. If you would like an ID card, you can login to your account to print your Member ID card.



Basic Life/AD&D | BlueCross BlueShield

Basic Life Insurance is provided at no cost to you in order to ease the financial burden on your loved ones should you pass away. Accidental Death and Dismemberment (AD&D) provides an additional benefit to your beneficiary should you suffer loss of life due to a covered accident; AD&D will also pay a benefit to you should you suffer loss of limb, sight, or vision due to a covered accident.

Benefit Amount	Basic Life	Accidental Death & Dismemberment
Benefit Amount	\$25,000 per Employee	\$25,000 per Employee



Voluntary Life/AD&D | BlueCross BlueShield

Voluntary Term Life/AD&D allows you to purchase additional coverage. You may also elect voluntary life coverage for your spouse and/or dependent child(ren). AD&D coverage is not available for spouses and/or child(ren). An employee's maximum benefit election cannot exceed 5x their basic annual earnings. A spouse's maximum election cannot exceed 50% of the employee election. The cost of the benefit is 100% paid for by you. Age of participant and the amount of insurance you elect determines the premium you'll pay.

EOI is required if electing over the guaranteed issue amount or if electing after initial eligibility. EOI forms must be submitted within 30 days of election.

	Employee	Spouse	Child(ren)
Coverage Increments	\$25,000	\$10,000	Birth to 15 days: \$0 15 days to 6 months: \$500 6 months to age 26: \$5,000
Maximum Benefit Amount	\$100,000, not to exceed 5x annual earnings	\$50,000, not to exceed 50% of employee election	\$5,000
Guaranteed Issue Amount	\$100,000, not to exceed 3x annual earnings	\$20,000	\$5,000

IMPORTANT REMINDER: Be sure your beneficiary information is up-to-date!

To update your beneficiary information, reach out to your Human Resources Representative. You can update your beneficiary at anytime throughout the year.



Beneficiary Resource Services

BlueCross BlueShield has partnered with Morneau Shepell to provide Beneficiary Resource Services to life insurance policyholders and their beneficiaries. Beneficiary Resource Services helps people:

- Manage any legal issues that may result after the loss of a loved one
- Provide information for those planning or pre-planning a funeral
- Create, modify, and store a last will and testament online
- Cope with and recover from the emotional impact of the loss of a loved one
- Effectively manage the financial consequences

To access these resources, call 800-769-9187 or visit BeneficiaryResource.com (Username: beneficiary).



Employee Assistance Program (EAP)

The EAP, provided by Perspectives, offers caring and professional assistance for a broad range of concerns including stress management, depression and anxiety, relationship or family conflicts, workplace conflicts, legal or financial difficulties, and drug or alcohol abuse. Services are confidential - neither your employer nor co-workers have knowledge of your request for help. EAP services are available 24 hours a day, seven days a week for you and your eligible dependents. There is no cost, it's just there for you when you need it.

Possible reasons to call can include:

- | | | |
|----------------------------|------------------------|--------------------------|
| • Stress and depression | • Elder care referrals | • Addiction and recovery |
| • Life transitions | • Domestic violence | • Financial issues |
| • Grief and loss | • Workplace conflict | • Legal assistance |
| • Parenting and child care | • Work/life balance | • And more |



Travel Resource Services

Travel Resource Services, provided by Assist America, is a 24-hour emergency and information service that helps you access emergency assistance when you are traveling 100 or more miles away from home. The multilingual emergency assistance professionals will help you with your struggles to make sure you, your family and friends receive the best service when traveling.

Key services include:

- | | |
|--|---------------------------------|
| • Medical Search and Referral | • Emergency Travel Arrangements |
| • Medical Monitoring | • Emergency Cash |
| • Medical Evacuation/Return Home | • Pre-Trip Information |
| • Dependent Children Assistance | • Interpretation/Translation |
| • Replacement of Medication and Eyeglasses | • Legal Assistance/Bail |
| | • And More |

Download the free Assist America Mobile App and use reference number 01-AA-TRS-12201. You can also set up your account by calling 800-872-1414 or by emailing medservices@assistamerica.com.



Carrier Information

Medical HMO BA Plan 3

Carrier	BlueCross BlueShield
Website	www.bcbsil.com
Phone Number	(800) 892-2803
Network	Blue Advantage
Policy Number	B14359

Medical HDHP/HSA

Carrier	BlueCross BlueShield
Website	www.bcbsil.com
Phone Number	(800) 828-3116
Network	PPO
Policy Number	165602

Vision

Carrier	VSP
Website	www.vsp.com
Phone Number	(800) 877-7195
Network	VSP Choice Network
Policy Number	12019596

Voluntary Term Life and AD&D Insurance

Carrier	BlueCross BlueShield
Website	www.bcbsil.com/ancillary/employees
Phone Number	(800) 367-6401

Travel Resource Services

Carrier	Assist America
Email	medservices@assistamerica.com
Phone Number (US & Canada)	(800) 872-1414
Other Locations (Call Collect)	(609) 986-1234

Medical PPO

Carrier	BlueCross BlueShield
Website	www.bcbsil.com
Phone Number	(800) 828-3116
Network	PPO
Policy Number	165608

Dental PPO 2000

Carrier	BlueCross BlueShield
Website	www.bcbsil.com
Phone Number	(800) 367-6401
Network	BlueCare Dental
Policy Number	270736

Basic Life and AD&D Insurance

Carrier	BlueCross BlueShield
Website	www.bcbsil.com/ancillary/employees
Phone Number	(800) 367-6401

Employee Assistance Program

Carrier	Perspectives
Website	www.perspectivesltd.com
Phone Number	800-456-6327
Login	LIN500
Password	perspectives

Human Resources Contact Information

Contact	Valerie Teegardin
Email Address	vteegardin@laraway70c.org
Phone Number	(815) 727-5115

For additional benefit information, visit Laraway70C.lincolnwayareaaffiliation.org



2022-2023 District Calendar

Laraway CCSD 70-C 2022 - 2023 School Calendar

August 1	Teachers May Report to Classrooms
TBA	New Teacher Orientation/Training
August 9*	Board of Education Meeting*
August 11-12	Teacher Institute – No School
August 11	Staff ID Pictures – 9am
August 15	Dismissal 1:15pm First Day of School – K-8 th grade
August 16	Little Learners Meet & Greet Teacher – 1pm-3pm
August 17-19	Little Learners Family Intake Meetings
August 22	Little Learners – First Day of School (Full Day)
August 24	Open House from 5pm-6:30pm for Little Learners through 8 th Grade
September 5	Labor Day – No School
September 10	Saturday - Annual Health Fair & Back to School Picnic - 11:00am-2:00pm
September 20	Board of Education Meeting
September 30	1/2 Day School – Dismissal 11:30am – PM Teacher In-service
October 10	Columbus Day – No School
October 18	Board of Education Meeting
October 26	Fall Pictures
October 31	1/2 Day School – Dismissal 11:30am – PM Teacher In-service
November 8	Election Day – No School
November 11	Dismissal 1:15pm – PM Teacher In-service
November 15	Board of Education Meeting
November 17	Dismissal 1:15pm – PM Parent Teacher Conferences
November 17	Parent Teacher Conferences – 2pm – 7pm
November 21-25	Thanksgiving Holiday – No School
December 13	Board of Education Meeting*
December 20	1/2 Day School – Dismissal 11:30am – PM Teacher In-service
December 21-January 3	Winter Break – No School
January 4	Teacher Institute Day – No School for Students
January 5	School Resumes after Winter Break
January 16	Martin Luther King's Birthday – No School
January 17	Board of Education Meeting
February 17	1/2 Day School – Dismissal 11:30am – PM Teacher In-service
February 20	President's Day – No School
February 21	Board of Education Meeting
March 6	Dismissal 1:15pm – PM Teacher In-service
March 21	Board of Education Meeting
March 23	Dismissal 1:15pm – PM Parent Teacher Conferences
March 23	Parent Teacher Conferences – 2pm – 7pm
March 24	1/2 Day School – Dismissal 11:30am – PM Teacher In-service
March 27-March 31	Spring Break – No School
April 3	School Resumes after Spring Break
April 7	Good Friday – No School
April 10	No School
April 11	School Resumes after Easter Break
April 25	Board of Education Meeting*
May 16	Board of Education Meeting
May 25	Dismissal 1:15pm - Last Day of School if No Emergency Days are Used
May 26	Teacher Institute Day
May 29	Memorial Day
May 30-June 5	Emergency Days (If necessary)
June 20	Board of Education Meeting
TBD	Kindergarten Graduation
TBD	8 th Grade Trip
TBD	8 th Grade Graduation

This calendar provides for 176 student attendance days and 4 Teachers' Institute Days.

November 9 - End of 1st Trimester (61 days) February 24 - End of 2nd Trimester (60 days) May 25 - End of 3rd Trimester (55 days)

2022-2023 Proposed Public School Calendar for Laraway CCSD 70C, Draft, as of 2/14/2022

Codes: X = attendance day; XHI, XHPT, XID, XDS, XHS, XHSW, XHIH, XHPH, XHSH = half attendance day; XH = holiday attendance waiver; FPT, FPTH, WFPT = full day parent teacher conference; FI, WFI, FIH = teacher Inservice; PI, TI, TIH = parent/teacher institute; ED = emergency day; XED = proposed emergency day; HOL = holiday; NIA = not in attendance

Total Days of Attendance: 176 Regular Day: 8:05AM - 3:15PM

Instruct. Day Lgth:

6 Hrs. 9 Mins.

Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun
				1	2	3											1	2	3	4
4	5	6	7	8	9	10	1	2	3	4	5	6	7	5	6	7	8	9	10	11
HOL														HOL	X	X	X	X	X	X
11	12	13	14	15	16	17	8	9	10	11	12	13	14	12	13	14	15	16	17	18
														X	X	X	X	X	X	X
18	19	20	21	22	23	24	15	16	17	18	19	20	21	19	20	21	22	23	24	25
							X	X	X	X	X			X	X	X	X	X		
25	26	27	28	29	30	31	22	23	24	25	26	27	28	26	27	28	29	30		
							X	X	X	X	X			X	X	X	X	XHS		
							29	30	31											
							X	X	X											

July Atnd: 0

Accum: 0

Aug Atnd: 13

Accum: 13

Sept Atnd: 21

Accum: 34

Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun
					1	2		1	2	3	4	5	6				1	2	3	4
3	4	5	6	7	8	9	7	8	9	10	11	12	13	5	6	7	8	9	10	11
X	X	X	X	X			X	HOL	X	X	X			X	X	X	X	X	X	X
10	11	12	13	14	15	16	14	15	16	17	18	19	20	12	13	14	15	16	17	18
HOL	X	X	X	X			X	X	X	XHPT	X			X	X	X	X	X	X	X
17	18	19	20	21	22	23	21	22	23	24	25	26	27	19	20	21	22	23	24	25
X	X	X	X	X			NIA	NIA	NIA	HOL	NIA			X	XHS	NIA	NIA	NIA		HOL
24	25	26	27	28	29	30	28	29	30					26	27	28	29	30	31	
X	X	X	X	X			X	X	X					NIA	NIA	NIA	NIA	NIA		
31																				
XHS																				

Oct Atnd: 20

Accum: 54

Nov Atnd: 16

Accum: 70

Dec Atnd: 14

Accum: 84

Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun
						1			1	2	3	4	5			1	2	3	4	5
2	3	4	5	6	7	8	6	7	8	9	10	11	12	6	7	8	9	10	11	12
NIA	NIA	TI	X	X			X	X	X	X	X		HOL	X	X	X	X	X	X	X
9	10	11	12	13	14	15	13	14	15	16	17	18	19	13	14	15	16	17	18	19
X	X	X	X	X			X	X	X	X	XHS			X	X	X	X	X	X	X
16	17	18	19	20	21	22	20	21	22	23	24	25	26	20	21	22	23	24	25	26
HOL	X	X	X	X			NIA	X	X	X	X			X	X	X	XHPT	XHS		
23	24	25	26	27	28	29	27	28						27	28	29	30	31		
X	X	X	X	X			X	X						NIA	NIA	NIA	NIA	NIA		
30	31																			
X	X																			

Jan Atnd: 18

Accum: 102

Feb Atnd: 19

Accum: 121

Mar Atnd: 18

Accum: 139

Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun
					1	2		25	26								1	2	3	4
3	4	5	6	7	8	9	1	2	3	4	5	6	7	5	6	7	8	9	10	11
X	X	X	X	NIA			X	X	X	X	X			XED			XED			
10	11	12	13	14	15	16	8	9	10	11	12	13	14	12	13	14	15	16	17	18
NIA	X	X	X	X			X	X	X	X	X			X	X	X	X	X	X	X
17	18	19	20	21	22	23	15	16	17	18	19	20	21	19	20	21	22	23	24	25
X	X	X	X	X			X	X	X	X	X			X	X	X	X	X	X	X
24	25	26	27	28	29	30	22	23	24	25	26	27	28	26	27	28	29	30		
X	X	X	X	X			X	X	X	X	TI			X	X	X	X	X		
							29	30	31											
							HOL	XED	XED											

Apr Atnd: 18

Accum: 157

May Atnd: 19

Accum: 176

June Atnd: 0

Accum: 176

Brought to you by:



NOTE: This Benefits Summary is merely intended to provide a brief overview of the Company's employee benefit programs. Employees should review the Company's employee handbook and actual plan documents for the precise terms of such programs. In the event of any inconsistency between this Benefits Summary and such governing documents, the governing documents will control. The Company reserves the sole and absolute discretion and right to interpret, apply, amend, discontinue or terminate, without prior notice, any and all of the benefit programs referenced herein. Voluntary plans are individual policies and are not considered sponsored or endorsed plans by your employer. See a benefit counselor for your customized quote for any additional benefit programs.