

Corning CSD



2026-2027 Benefits Book



SOUTHWEST VALLEY
#TWOLVESTERRITORY

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Payroll

SWV Staff are paid monthly on the 20th of each month.

12 MONTH STAFF: INSURANCE

Health Insurance—Regular full-time employees (over 35 hours) under contract will receive \$900 per month for health insurance. Maximum cash amount for employees not subscribing to the provided insurance shall be two hundred (200) dollars per month. If an employee opts out, they must provide proof of insurance at enrollment. Employees not subscribing to the health insurance may opt for the dental and/or vision plan; the dental premium shall be deducted from the non-subscriber cash amount.

Life Insurance—Employees who are regularly scheduled to work more than 35 hours per week will be provided \$10,000 life insurance coverage, including accidental death and dismemberment coverage. The Group Term Life Insurance plan will include double indemnity in the event of accidental death.

Leave *Earned annually on July 1.*

Vacation—Full time annual employees are entitled to two weeks of vacation with pay per year prorated for the amount of time employed. After ten years of employment employees are entitled to one additional day per year not to exceed 20 days of vacation per year.

Holidays—New Year's Day, Good Friday, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day, Day After Thanksgiving, and Christmas Day

Sick Leave—All employees shall be given fifteen days of sick leave beginning on July 1. A maximum of 115 days may be accumulated by an employee. Sick leave will be used in units of one-half day or all day.

Personal Leave—Each employee shall have three days leave per year to be used for personal affairs, without loss of pay. An employee shall arrange for personal leave with their building administrator. Personal days shall not be deducted from sick leave.

Employees will receive a 20% discount for daycare services at SWV Early Childhood Education Centers (ECEC)

Sick Leave Transfer to Personal Leave—10 sick leave days may be transferred to 1 personal leave day. Maximum transfer of 20 sick days or 2 personal days per year. The transfer days are not eligible for "unused personal leave" pay and must be used by the end of the school year. A request for transfer can occur after all personal leave has been used. This request needs to be submitted to the Business Office two weeks prior to requested leave date.

Family Illness Leave—An employee shall be excused from duty, without loss of pay for up to three days at any one time for serious illness or injury of a family member requiring medical attention. Family illness leave days shall be deducted from the sick leave of the employee. Family shall be defined as immediate family members, which includes spouse, parent of the employee, child, or other relative living with the employee for whom they are responsible.

Maternity Leave—The first three weeks of maternity leave will be paid leave and will not be a deduction from the sick leave balance, pending superintendent approval.

Payroll

SWV Staff are paid monthly on the 20th of the month

9 MONTH STAFF:

INSURANCE

Life Insurance—Employees who are regularly scheduled to work more than 35 hours per week will be provided \$10,000 life insurance coverage, including accidental death and dismemberment coverage. The Group Term Life Insurance plan will include double indemnity in the event of accidental death.

Leave *Earned annually on July 1.*

Holidays—New Year's Day, Labor Day, Thanksgiving Day, Day after Thanksgiving, Christmas Day, Good Friday

Sick Leave—All employees shall be given fifteen days of sick leave beginning. A maximum of 115 days may be accumulated by an employee. Sick leave will be used in units of one-half day or all day. Benefit is available after 60 days of employment.

Personal Leave—Each employee shall have three days leave per year to be used for personal affairs, without loss of pay. Benefit is available after 60 days of employment. Personal leave days shall be credited to the employee as of the first official work day of the school year. An employee shall arrange for personal leave with their building administrator. Only one of the allotted personal days may be taken in May. Personal leave may not be used on the day immediately preceding or the day following holidays or vacations, or the first and last student days of the school year, unless approved by the Superintendent. Personal days shall not be deducted from sick leave. Each employee will be paid \$75 dollars for each personal leave day not used during the school year. This will be paid in the June paycheck.

SWV employees will receive a 20% discount for daycare services at SWV ECEC

Sick Leave Transfer to Personal Leave—A transfer of 10 sick leave days to 1 personal leave day. Maximum transfer of 20 sick days to 2 personal days per year. The transfer days are not eligible for “unused personal leave” pay and must be used by the end of the school year. A request for transfer can occur after all personal leave has been used. This request needs to be submitted to the Business Office two weeks prior to requested leave date.

Family Illness Leave—An employee shall be excused from duty, without loss of pay for up to three days at any one time for serious illness or injury of a family member requiring medical attention. Family illness leave days shall be deducted from the sick leave of the employee. Family shall be defined as immediate family members, which includes spouse, parent of the employee, child, or other relative living with the employee for whom they are responsible.

Maternity Leave—The first three weeks of maternity leave will be paid leave and will not be a deduction from the sick leave balance, pending superintendent approval.

Payroll

SWV Staff are paid monthly on the 20th of each month.

CERTIFIED STAFF: INSURANCE

Health Insurance—Regular full-time employees (over 35 hours) under contract will be eligible for \$900 per month towards the school's health insurance. Maximum cash amount for employees not subscribing to the provided insurance shall be two hundred (200) dollars per month. If an employee opts out, they must provide proof of insurance at enrollment. Employees not subscribing to the health insurance may opt for the dental and/or vision plan; the dental premium shall be deducted from the non-subscriber cash amount.

Life Insurance—Employees who are regularly scheduled to work more than 35 hours per week will be provided \$10,000 life insurance coverage, including accidental death and dismemberment coverage. The Group Term Life Insurance plan will include double indemnity in the event of accidental death.

Leave *Earned annually on July 1.*

Vacation—Full time annual employees are entitled to two weeks of vacation with pay per year prorated for the amount of time employed. After ten years of employment employees are entitled to three weeks of vacation per year. Vacation will not accrue no more than 5 days from year to year without a prior agreement with the superintendent.

Holidays—New Year's Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day and Christmas Day

Sick Leave—All employees shall be given fifteen days of sick leave beginning on July 1. A maximum of 115 days may be accumulated by an employee. Sick leave will be used in units of one-half day or all day.

Personal Leave—Each employee shall have three days leave per year to be used for personal affairs, without loss of pay. Personal leave days shall be credited to the employee as of the first official work day of the school year. An employee shall arrange for personal leave with their building administrator. Only one of the allotted personal days may be taken in May. Personal leave may not be used on the day immediately preceding or the day following holidays or vacations, or the first and last student days of the school year, unless approved by the Superintendent. Personal days shall not be deducted from sick leave. Each employee will be paid \$130 dollars for each personal leave day not used during the school year. This will be paid in the June paycheck.

As part of your benefits here at SWV, employees receive 20% of daycare services at SWV ECEC

Sick Leave Transfer to Personal Leave—A transfer of 10 sick leave days to 1 personal leave day. Maximum transfer of 20 sick days to 2 personal days per year. The transfer days are not eligible for "unused personal leave" pay and must be used by the end of the school year. A request for transfer can occur after all personal leave has been used. This request needs to be submitted to the Business Office two weeks prior to requested leave date.

Family Illness Leave—An employee shall be excused from duty, without loss of pay for up to three days at any one time for serious illness or injury of a family member requiring medical attention. Family illness leave days shall be deducted from the sick leave of the employee. Family shall be defined as immediate family members, which includes spouse, parent of the employee, child, or other relative living with the employee for whom they are responsible.

Maternity Leave—The first three weeks of maternity leave will be paid leave and will not be a deduction from the employee's sick leave balance.

WELCOME to Your Insurance Benefits

We recognize how important benefits are to you. That's why we're committed to helping you and your family enjoy the best possible physical, financial, and emotional well-being. It's also why we provide you with a comprehensive, highly competitive benefits package, with the flexibility to make the choices that best meet your needs.

Use this guide to better understand your 2026-2027 benefits options. Then, be sure to make your choices by the enrollment deadlines to receive coverage for the coming year.

Effective date of coverage

For existing employees enrolling during Open Enrollment, any benefits you choose will be in effect from July 1, 2026 through June 30, 2027.

Who can enroll?

- Full-time employees – Eligible upon hire; must choose benefits within 30 days of hire date.
- Eligible dependents – Includes your legal spouse and children to age 26, plus dependent disabled children of any age who meet plan criteria.

Your 3 Enrollment Opportunities

You can enroll in benefits:

- When you first become an eligible employee
- During Annual Open Enrollment
- Within 30 days of a qualifying life event during the plan year

Important reminders

- **New employees: If you were hired within the past 30 days**, you need to make your benefit elections before the 30-day enrollment window closes after you meet your new hire waiting period.
- **If you experience a life event after you enroll**, you must notify Human Resources of any benefit changes you wish to make within 30 days. Keep in mind that benefit changes must be consistent with the type of life event.

Compare medical plans

The charts over the next 2 page compare key coverage features and costs.

Find a
Provider:



	Copay 1000		Copay Select 2500	
	In-network	Out-of-network	In-network	Out-of-network
Annual deductible				
Per person/family Maximum	\$1,000 / \$2,000		\$2,500 / \$5,000	
Out-of-pocket maximum				
Per person/family maximum	\$2,000 / \$4,000		\$5,000 / \$10,000	
Medical coverage				
Coinsurance	20%	30%	25%	35%
Doctor's office visits	\$10 Copay	Ded, then 30%	\$20 Copay	Ded, then 35%
Preventive care	Covered in Full	Ded, then 30%	Covered in Full	Ded, then 35%
Specialist visits	\$10 Copay	Ded, then 30%	\$40 Copay	Ded, then 35%
Hospitalization	Ded, then 20%	Ded, then 30%	Ded, then 25%	Ded, then 35%
Mental Health	Ded, then 20%	Ded, then 30%	Ded, then 25%	Ded, then 35%
Emergency room	Ded, then 20%		Ded, then 25%	
Outpatient Therapy	Ded, then 20%	Ded, then 30%	Ded, then 25%	Ded, then 35%
Infertility Benefits	\$25,000 Lifetime maximum for transfer procedures		\$25,000 Lifetime maximum for transfer procedures	
Retail prescription drugs (30-day supply – In-Network)				
Rx Deductible (Per Person/Family Max)	N/A		\$50 / \$100	
Rx Out-of-Pocket Maximum (Per Person/Family Max)	\$500 / \$1,000		\$1,500 / \$3,000	
Tier 1	\$10		\$8	
Tier 2	\$20		\$35	
Tier 3	\$30		\$50 or 50%, whichever is greater	
Biosimilar or Generic Specialty	\$50		\$50	
Preferred Specialty	\$85		\$85	
Non-Preferred Specialty	\$100		\$100	

This is a general description of coverage. It is not a statement of your contract. SBCs can be found in the Document Center of Business Solver. Coverage is subject to terms specified in the Wellmark Coverage manuals. Certain exclusions and limitations apply.

Compare medical plans

The chart below compares key coverage features and costs.

Find a
Provider:



	HDHP 3000		POS 5000 (formerly Blue Choice 5000)	
	In-network	Out-of-network	In-network	Out-of-network
Annual deductible				
Per person/family Maximum	\$3,000 / \$6,000		\$5,000 / \$10,000	
Out-of-pocket maximum				
Per person/family maximum	\$3,000 / \$6,000		\$6,000 / \$12,000	
Medical coverage				
Coinsurance	NA	NA	20%	40%
Doctor's office visits	Deductible Applies		\$25 Designated PCP \$30 Other PCP	Ded, then 40%
Preventive care	Covered in Full	Deductible Applies	Covered in Full	Not Covered
Specialist visits	Deductible Applies		\$60 Copay	Ded, then 40%
Hospitalization	Deductible Applies		Ded, then 20%	Ded, then 40%
Mental Health	Deductible Applies		Ded, then 20%	Ded, then 40%
Emergency room	Deductible Applies		Ded, then 20%	
Outpatient Therapy	Deductible Applies		Ded, then 20%	Ded, then 40%
Infertility Benefits	Up to Diagnosis Only		\$15,000 Lifetime maximum for transfer procedures	
Retail prescription drugs (30-day supply – In-Network)				
Rx Deductible (Per Person/Per Family)	Medical Deductible Applies		N/A	
Rx Out-of-Pocket Maximum (Per Person/Per Family)			\$1,500 / \$3,000	
Tier 1			\$8	
Tier 2			\$35	
Tier 3			\$50	
Biosimilar or Generic Specialty			\$50	
Preferred Specialty			\$85	
Non-Preferred Specialty			\$100	

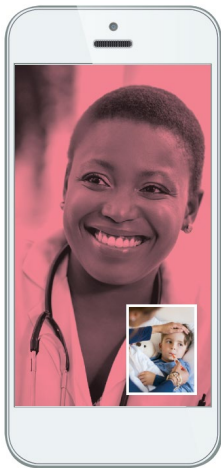
This is a general description of coverage. It is not a statement of your contract. SBCs can be found in the Document Center of Business Solver. Coverage is subject to terms specified in the Wellmark Coverage manuals. Certain exclusions and limitations apply.

Feeling Better Should Be Easy

Getting sick is bad enough without having to leave bed to see a doctor. With Doctor On Demand, you and your family members can connect face-to-face with a board certified doctor on your schedule. Virtual visits cost about the same as in-person office visits. Consider a virtual visit when your doctor isn't available, you become ill while traveling, or you're considering visiting a hospital emergency room for a non-emergency health condition.

Getting Started is easy

- Download the Doctor On Demand App or visit DoctorOnDemand.com
- Have your Wellmark Blue Cross and Blue Shield member ID card ready
- Create an account or sign in



Get treatment for:

- Cold and flu
- Headache
- Bronchitis and sinus infections
- Pink eye
- Urinary tract infections
- Skin condition
- Sore throats
- Other conditions such as mental health (if covered by your group health plan)¹
- Allergies
- Fever



QUESTIONS? CALL 800-997-6196.

Callers could experience longer wait times between 10 p.m. and 6 a.m. CST or may be directed to schedule an appointment in some instances.

Feeling Blue? Virtual visits are here for you.

When it comes to coping with mental health, you're not alone. Virtual visits can be available to you day or night all from the comfort of your home.

Comfortable, Connected, Confidential

- As a part of your health benefits, you can connect with a licensed therapist – or psychiatrist for more complex issues – to listen and help you find solutions.

MENTAL HEALTH.* It's a topic many avoid or are timid to discuss. But, according to NAMI.org (National Alliance on Mental Health):

1 in 5 adults live with a mental health condition.

60% aren't receiving the treatment they need.

Virtual visits can be used for:

- Depression
- Workplace stress
- Relationship issues
- Trauma and loss
- Social or general anxiety
- Addictions



Easily scheduled appointments — flexible to YOUR schedule.



Review hand-picked, board-certified providers and their profile.



Accessible anywhere — at the office or from your home.



Private and confidential.

Closer look at the HDHP/HSA

The high deductible health plan (HDHP) costs you less from your paycheck, so you keep more of your money. This plan rewards you for taking an active role as a health care consumer and making smart decisions about your health care spending. As a result, you could pay less for your annual medical costs.

HDHP Advantages

1. Lower paycheck costs

Your per-paycheck costs are low, giving you the opportunity to contribute the cost savings to a tax-free Health Savings Account (HSA). You pay for all your health care expenses until you meet your annual deductible, and then you are covered at 100%.

2. Tax-advantaged savings account

To help you pay your deductible and other out-of-pocket costs, the HDHP lets you open a Health Savings Account (HSA) and make before-tax contributions directly from your paycheck.

All the money in the account is yours and will never be forfeited. It rolls over from year to year, and you can take it with you if you leave the School or retire. After age 65, you can withdraw funds for any reason without a tax penalty — withdrawals for ineligible expenses aren't penalized, but you will pay ordinary taxes on the amount.

Note: You won't pay federal taxes on HSA contributions.

3. Free in-network preventive care

As with all district health plans, preventive care is fully covered under the HDHP—you pay nothing toward your deductible if you receive care from in-network providers. Preventive care includes annual physicals, well-child and well-woman exams, immunizations, flu shots, and cancer screenings.

4. Extensive provider network

The HDHP uses Wellmark's large PPO network of doctors and other health care providers.

1 Free preventive care	You pay nothing for in-network preventive care; it's covered 100%.
2 Deductible	You pay health care expenses up to the annual deductible amount. Use your HSA to plan for these costs and save money by paying with tax-free dollars.
3 Out-of-Pocket Maximum	The plan then pays 100% once you've met your Deductibles/Out-of-Pocket Maximum

How the HSA Works

A health savings account lets you pay for current or future health care expenses with tax-free* dollars. And unlike a flexible spending account, there isn't a "use-it-or-lose-it" rule with an HSA. The money is yours and rolls over each year. You never forfeit HSA funds.

You can contribute to your HSA, up to the limits set by the IRS.

Health Savings Account Coverage Level	Current HSA Contribution Limits
UNDER AGE 55	
Employee-only	\$4,150
Family	\$8,300
AGE 55 OR OLDER (until enrolled in Medicare or Medicaid)*	
Employee-only	\$5,150
Family	\$9,300

**Once you are automatically enrolled in Medicare Part A. When you are enrolled in Medicaid or Medicare, you will not be able to continue making any further contributions to your HSA. You must opt out of Medicare if you wish to contribute to the HSA*

USING YOUR HSA

1 START IT



When you enroll in the HDHP/ HSA medical plan, you'll be eligible for the HSA account. Elect how much you want to contribute, anything up to the IRS maximum.

2 BUILD IT



Throughout the year, you can change how much you contribute.

3 USE IT



Use your HSA balance to pay for eligible medical expenses, tax-free, including medical deductibles, dental or vision services, and more. See [irs.gov](https://www.irs.gov) (Publication 502) for a complete list of eligible expenses.

4 GROW IT



Unused money in your HSA automatically rolls over from year to year. **You never lose funds in your HSA.** They go with you if you change schools, switch plans or retire.

** All tax references are for federal income taxes. State and other taxes vary, depending on your residency. Check with your tax advisor for more details.*

Getting the most from your health plan

Wellmark Blue Cross and Blue Shield members have access to free tools and resources. They're all designed to help you manage your health care costs and live a healthier life.



myWellmark®

myWellmark is your resource for understanding and seeing how your health plan works. Not only can you access your benefits and see how your plan covered your medical and pharmacy needs, you can also find:

- Pending and processed claims
- Specific plan details
- Digital ID cards and Explanation of Benefits
- In-network care and cost estimates



Identity protection services

With IDX™ Identity, your personal information remains secure with services including, credit record monitoring, 24/7 tracking of suspicious activity and accessing complete identity recovery if fraudulent activity is found.



Doctor On Demand®

Connect to a health care professional virtually through Doctor On Demand to be seen in minutes from wherever you are for your physical and mental health needs.



Wellness Center by WebMD®

Access the Wellness Center by WebMD for trusted health content and personalized recommendations on improving health and wellness.



BeWell 24/7SM

Get connected to a real person 24 hours a day, 7 days a week at 844-84-BeWell for answers to your health questions or concerns. Whether it's a determining if a fever warrants a doctor visit, discussing surgery options and more, BeWell saves you time and worry.



Blue365® Program

This program gives you exclusive access to discounts and resources that help you live a healthier lifestyle at

Wellmark.com/Blue365.



Health support programs

Wellmark has three different programs — case management, pregnancy support and rare condition management — that can help improve outcomes when there is a significant health need.



BlueSM

Each issue of *Blue* features health and wellness articles, consumer tips and health plan news. It provides resources on living a fulfilling and healthy life. Find it online at Wellmark.com/Blue.



For more information on these added benefits or for answers to questions, call customer service at the number at the back of your Wellmark ID card.

Dental Plan

Healthy teeth and gums are important to your overall wellness. That's why it's important to have regular dental checkups and maintain good oral hygiene. Learn about the dental plans available to help you maintain your oral health.



Delta Dental of Iowa Corning CSD

Employee Summary of Covered Services and Benefits

Deductibles, Maximums & Eligibility	Delta Dental PPO™	Premier®	Non Participating	
- Individual Deductible	\$25	\$50	\$75	
- Family Deductible	\$75	\$150	\$225	
- Deductible applies to Check-Ups and Teeth Cleaning?	No	No	Yes	
- Benefit Period Maximum	\$1,000	\$1,000	\$1,000	
- Eligible children through age	25	25	25	
- Full-time (unmarried) students eligible through age	99	99	99	
- Does Individual Deductible apply to Orthodontics?	No	No	No	
- Orthodontic lifetime maximum	\$1,000	\$1,000	\$1,000	
- Orthodontics: Eligible children through age	18	18	18	
- Orthodontics: Full-time students eligible through age	18	18	18	
- Adult Orthodontics	No	No	No	
Benefits				
Diagnostic and Preventive Services (Check-Ups and Teeth Cleaning)	0%	0%	20%	
- Dental Cleaning				2 in a benefit period aggregate with perio maintenance therapy
- Oral Evaluations				2 in a benefit period
- Fluoride Applications				1 in a benefit period through age 14
- X-Rays				Full mouth - 1 every 5 years
- Sealant Applications				1 in a lifetime per permanent 1st and 2nd molars through age 19
- Space Maintainers				Through age 14
- Periodontal Maintenance Therapy *	50%	50%	60%	2 in a benefit period aggregate with dental cleaning
- Bitewing X-Rays *	10%	20%	40%	
Routine and Restorative Services (Cavity Repair and Tooth Extractions)	10%	20%	40%	
- Emergency Treatment				
- General Anesthesia/Sedation				
- Restoration of Decayed or Fractured Teeth				
- Limited Occlusal Adjustments				
- Routine Oral Surgery				
- Posterior Composites w/o Alternate Processing	50%	50%	60%	
Root Canals (Endodontic Services)	50%	50%	60%	
- Apicoectomy				
- Direct Pulp Cap				
- Pulpotomy				
- Retrograde Fillings				
- Root Canal Therapy				
Gum and Bone Diseases (Periodontal Services)	50%	50%	60%	
- Conservative Procedures (Non-surgical)				1 every 24 months per quadrant
- Complex Procedures (Surgical)				1 in a benefit period per quadrant
High Cost Restorations (Cast Restorations)	50%	50%	60%	
- Cast Restorations				
- Crowns				1 every 5 years
- Inlays				1 every 5 years
- Onlays				1 every 5 years
- Post and Cores				
- Recementing Crowns/Inlays/Onlays				
Dentures and Bridges (Prosthetic Services)	50%	50%	60%	
- Bridges				1 every 5 years
- Dentures				1 every 5 years
- Repairs and Adjustments				
- Recementing of Bridges				
- Implants Not Covered				
Straighter Teeth (Orthodontics)	50%	50%	50%	

*Deductible applies to Periodontal Maintenance Therapy and Bitewing X-rays.

The percentage shown is the coinsurance amount that is the responsibility of the Covered Person.

This is a general description of coverage. It is not a statement of your contract. Actual coverage is subject to terms and conditions specified in the benefits document itself and enrollment regulations in force when the benefits become effective. Certain exclusions and limitations apply. Please refer to your dental benefits document for details.

Dental Monthly Premiums

Coverage level	
Single	\$35.66
EE+1	\$73.32
Family	\$116.14

Find a
Provider:



Vision Plan

Having vision coverage allows you to save money on eligible eye care expenses, such as periodic eye exams, eyeglasses, contact lenses, and more for yourself and your covered dependents.

SUMMARY OF COVERED SERVICES AND BENEFITS

MATERIALS ONLY / \$150 Frame Allowance / \$10 Copay - Insight Network

Benefit Frequency		
Contact Lenses or Lens	Once per calendar year.	
Frame	Once per every two calendar years.	
Vision Care Services	In-Network Member Cost	Out-of-Network Reimbursement
Lens		
Single Vision	\$10 Copay	Up to \$25
Bi-focal	\$10 Copay	Up to \$40
Tri-focal	\$10 Copay	Up to \$55
Standard Progressive Lens	\$75	Up to \$40
Premium Progressive Lens		Up to \$40
Tier 1	\$95	N/A
Tier 2	\$105	N/A
Tier 3	\$120	N/A
Tier 4	80% of Charge less \$120, plus \$75 Copay	N/A
Lenticular	\$10 Copay	Up to \$55
Other Lens Type	80% of Charge	N/A
Frame		
Frame	80% of Balance over \$150	Up to \$75
Lens Options		
Standard Polycarbonate	\$40 Copay	N/A
Standard Plastic Scratch Coating	\$15 Copay	N/A
Tint	\$15 Copay	N/A
UV Treatment	\$15 Copay	N/A
Standard Anti-reflective (a/r) Coating	\$45 Copay	N/A
Premium Anti-reflective Coating		
Tier 1	\$57	N/A
Tier 2	\$68	N/A
Tier 3	80% of Retail	N/A
Photochromatic/Transitions	\$75	N/A
Other Lens Options	80% of Charge	N/A
Contact Lenses		
Contact Lens----Conventional	85% of Balance over \$150	Up to \$120
Contact Lens-----Disposable	Balance over \$150	Up to \$120
Medically Necessary Contacts	\$0	Up to \$200
Non-Scheduled Items		
Doctor Misc. Materials	80% of Charge	N/A
LASIK or PRK Vision Correction		
	85% of Retail Price or 95% of Promotional Price	N/A

Additional Discounts: Member receives a 20% discount on items not covered by the plan at network Providers, which cannot be combined with any other discounts or promotional offers. Discount does not apply to EyeMed Provider's professional services, or contact lenses. Members also receive 15% off retail price or 5% off promotional price for LASIK or PRK from the US Laser Network, owned and operated by LCA Vision. After initial purchase, replacement contact lenses may be obtained via the Internet at substantial savings and mailed directly to the member. Details are available at www.eyemedvisioncare.com. The contact lens benefit allowance is not applicable to this service.

Plan Exclusions: 1) Orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; 2) Medical and/or surgical treatment of the eye, eyes or supporting structures; 3) Any eye or Vision Examination, or any corrective eyewear required by an employer as a condition of employment; Safety eyewear; 4) Services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; 5) Plano (non-prescription) lenses and/or contact lenses; 6) Non-prescription sunglasses; 7) Two pair of glasses in lieu of bifocals; 8) Services or materials provided by any other group benefit plan providing vision care; 9) Services rendered after the date a member ceases to be covered under the Benefit Certificate, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the member are within 31 days from the date of such order; 10) Lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available. 11) Benefit Allowances provide no remaining balance for future use within the same Benefit Frequency. Certain brand name Vision Materials in which the manufacturer imposes a no-discount practice.

DeltaVision is underwritten by Veratrus Benefit Solutions, Inc., a wholly-owned subsidiary of Delta Dental of Iowa, utilizing the EyeMed Vision Care Insight network. The information on this page summarizes your benefits and payment obligations. For a detailed description of specific benefits and benefit limitations, see the IMPORTANT INFORMATION and BENEFITS sections of your Certificate.

Vision Monthly Premiums (before tax)

Coverage levels	Materials Only
Single	\$4.92
Employee/Spouse	\$9.26
Employee/Child	\$10.52
Family	\$13.84

Find a
Provider:



Flexible spending accounts (FSAs)

Tax-advantaged FSAs are a great way to save money. The money you contribute to these accounts comes out of your paycheck without being taxed. You also can withdraw it tax-free when you pay for eligible health care and dependent care expenses.

Corning offers you the following FSAs:

Health Care FSA

- Pay for eligible medical, dental, vision, and prescription drug expenses, such as plan deductibles, copayments, and coinsurance. Your Medical, Dental and Vision premiums are already taken pre-tax.
- Contribute up to \$3,200.*

Dependent Care FSA

- Pay for eligible dependent care expenses, such as daycare so you can work, look for work, or attend school full time.
- Contribute up to \$5,000,* or \$2,500* per spouse if you are married and filing separate tax returns.

* These are 2024 limits.

Estimate carefully

Keep in mind, FSAs are “use-it-or-lose-it” accounts. You must use the money in an FSA within the plan year or forfeit any remaining balance. You have 60 days after the end of the plan year to submit a reimbursement request for any medical expenses that were incurred during the plan year.



FINANCIAL

Corning offers life insurance programs to help ensure financial security for you and your family through Life and Disability Insurance.

Basic life and AD&D insurance - \$10,000 Benefit

There is no cost to you for this coverage. You can also purchase voluntary life coverage for yourself, your spouse and your children (under age 26).

Voluntary Life/AD&D Insurance

- **Employee** – \$20,000 increments up to \$160,000 maximum. EOI is required if you enroll after your 31-day new hire waiting period.
- **Spouse** - \$10,000 increments up to \$50,000 (can't exceed 50% of Employee's coverage amount). EOI required if spouse is added after the 31 days new eligibility waiting period.
- **Child(ren)** - \$10,000. No EOI required.

Evidence of Insurability

If you enroll outside of your newly eligible window, you may be required to submit to complete a Medical Questionnaire, Businessolver will direct you to this form. Hartford will then underwrite the application and notify you if approved for coverage.

Optional Life Premium Rates

Rates per \$1,000 of coverage (before tax)	
	Employee & Spouse
29 and under	\$0.077
30-34	\$0.096
35-39	\$0.106
40-44	\$0.153
45-49	\$0.215
50-54	\$0.319
55-59	\$0.486
60-64	\$0.790
65-69	\$1.417
70-74	\$2.080
75+	\$4.324
Optional Child Life	
Per child unit	\$2.00

2026 Eligibility Notice

Iowa Retirement Investors' Club (RIC) 403b Plan

What is the RIC 403(b) retirement savings plan benefit?

You have the opportunity to save for retirement by participating in our 403b plan offered through the Iowa Retirement Investors' Club (RIC). You may participate by making pretax contributions (and post-tax Roth if allowed) to one of the RIC investment providers.

How do I contribute to the 403b plan?

To contribute, you must open an account with one of the RIC investment providers and submit the [403b Salary Reduction Form](#) to our payroll office. Provider information is available at on the [RIC website](#).

How much may I contribute?

The 2026 regular contribution limit is \$24,500. If you are turning age 50 or older in 2026, the limit is \$32,500. If you are turning age 60-63 in 2026, the limit is \$35,750.

A catch-up contribution option (up to an additional \$3,000 per year for 5 years) may be available if you have been our employee for at least 15 years and your average annual contributions have been \$5,000 or less.

Salary reductions may be changed or stopped at any time by completing the 403b Salary Reduction Form. You can find additional contribution information on the RIC website.

What if I am already contributing?

Take full advantage of your benefit! Consider increasing the amount you are saving for retirement (up to the maximum limits). If you wish to change the amount you are contributing, simply complete and submit a 403b Salary Reduction Form to our payroll office. [Optional sentence to consider using if you also offer the RIC 457 plan option to your employees —As an additional benefit, you also have the option to save in our RIC 457 plan. For more information, visit the [RIC 457 website](#).

How can I find out more?

Information is available on the [RIC website](#). You may also contact the [RIC providers](#) or RIC toll-free at 866-460-4692, option 1. If you currently participate, you can call your investment advisor to review your account and retirement income goals.



Program Summary: The Iowa Retirement Investors' Club (RIC) 403b Plan is your employer's supplemental retirement savings benefit designed to help eligible employees* save a portion of current wages to supplement IPERS and Social Security income in retirement. There are no vesting requirements! Participants enjoy many benefits such as:

- Automatic deductions from payroll
- Tax advantages (pretax & Roth*) and possible tax credit of up to \$1,000
- Diversified, no-load, low-cost investment options
- Flexible income options in retirement

Want to roll money in from an outside retirement account?
Eligible outside retirement plan assets (457, non-Roth IRA, 401k, 403b, etc.) may roll into and out of RIC at any time.

Enrollment begins by choosing a RIC Provider

RIC providers shown below have everything you need to open your accounts, select investments, and begin salary reductions. Enrollment is generally year-round.

Provider Enrollment Options	corebridge financial	EMPOWER	Horace Mann	VOYA
Online/Print Forms	Enroll online	Enroll online	Enroll online	Enroll online (403b)
Over the phone	515-240-1233	833-999-IOWA (4692)	844-895-0980	515-698-7973
Email	Shawn.Monahan@corebridgefinancial.com	iowaRICenrollment@mecatalyst.com	robert.curtis@horacemann.com	VoyIowaRICinbox@Voya.com

Corebridge Financial, Empower, Horace Mann and Voya offer a variety of investments (see page 2), including no-fee guaranteed interest accounts, low-cost mutual funds, and target date funds. Investment advisors are available to explain the investments and answer questions at no extra cost. Income options include flexible periodic payments, lump sums, lifetime income, or any combination. Visit the [RIC website](#) or contact an advisor for historical fund performance, fixed interest rates, and more provider information.

	AMERICAN FIDELITY	EQUITABLE	National Life Group	Security Benefit
Phone (enrollment)	918-504-6669	319-362-0054	877-903-9257	800-747-3942
Phone (customer service)	800-662-1113	800-628-6673	877-903-9257	800-747-3942
Website	https://americanfidelity.com/	https://equitable.com/	https://balanced-opportunities-iax-svs.com/	http://www.securityretirement.com/

American Fidelity, Equitable, National Life Group, and Security Benefit offer a variety of investments (see page 3) that may include guaranteed interest accounts, variable annuities, and mutual funds. These products may contain annual contract fees and advisor fees (see page 3). Investment advisors may be available to explain the investments and answer questions (fee may apply). Product conditions and distribution options are available directly from the provider. Visit the provider website or contact the provider for more information.

*Certain 403b plan options and eligibility requirements are established by your employer. See [plan details](#) for information about your employer's elections.

Contacts

Benefit Plan	Provider	Phone Number	Website
Medical	Wellmark, Inc.	800-524-9242	www.wellmark.com
Prescriptions	Wellmark, Inc./CVS	800-524-9242	www.wellmark.com/prescriptions
Vision	DeltaVision	800-544-0718	www.deltadentalia.com
Employee Advocacy	Health Advocate	866-799-2728	www.healthadvocate.com/members
Telemedicine services	Doctor on Demand	415-504-3838	www.doctorondemand.com
Life and AD&D insurance	The Hartford	800-523-2233	www.thehartford.com
Medicare Supplement	Wellmark, Inc.	800-691-1030	

