

Villisca



2026 Benefits Book



SOUTHWEST VALLEY
#TWOLVESTERRITORY

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Payroll

Swv Staff are paid 1 time per month, on the 20th of each month

12 MONTH 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, Good Friday, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day, Day After Thanksgiving, Christmas Eve, 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.

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 sick leave balance. Pending Superintendent approval.

Payroll

Swv Staff are paid 1 time per month, on the 20th of each month

9 MONTH STAFF:

Leave *Earned annually on July 1.*

Holidays—New Year’s Day, Good Friday, 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. 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.

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.

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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 1 time per month, 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.*

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 sick leave balance. Pending Superintendent approval.

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 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 chart below compares key coverage features and costs.

Find a
Provider:



	Copay 1000		Copay Select 2500		HDHP 3000	
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Annual deductible						
Per person/family Maximum	\$1,000 / \$2,000		\$2,500 / \$5,000		\$3,000 / \$6,000	
Out-of-pocket maximum						
Per person/family maximum	\$2,000 / \$4,000		\$5,000 / \$10,000		\$3,000 / \$6,000	
Medical coverage						
Coinsurance	20%	30%	25%	35%	N/A	N/A
Doctor's office visits	\$10 Copay	Ded, then 30%	\$20 Copay	Ded, then 35%	Deductible Applies	
Preventive care	Covered in Full	Ded, then 30%	Covered in Full	Ded, then 35%	Covered in Full	Deductible Applies
Specialist visits	\$10 Copay	Ded, then 30%	\$40 Copay	Ded, then 35%	Deductible Applies	
Hospitalization	Ded, then 20%	Ded, then 30%	Ded, then 25%	Ded, then 35%	Deductible Applies	
Mental Health	Ded, then 20%	Ded, then 30%	Ded, then 25%	Ded, then 35%	Deductible Applies	
Emergency room	Ded, then 20%		Ded, then 25%		Deductible Applies	
Outpatient Therapy	Ded, then 20%	Ded, then 30%	Ded, then 25%	Ded, then 35%	Deductible Applies	
Infertility Benefits	\$25,000 Lifetime maximum for transfer procedures		\$25,000 Lifetime maximum for transfer procedures		Up to Diagnosis Only	
Retail prescription drugs (30-day supply – In-Network)						
Rx Deductible (Per Person/Family Max)	NA		\$50 / \$100		Medical Deductible Applies	
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		The greater of \$50 or 50%			
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.



Feeling better should be easy

Visit a doctor on your smartphone, tablet or computer from virtually anywhere.

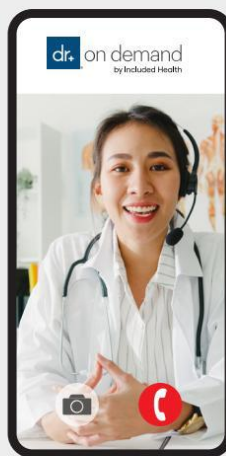
See a doctor in minutes

Get treatment for 90 percent of all common ER complaints, from common colds to uncommon rashes. Plus, connect with a therapist or psychiatrist whenever and wherever you're comfortable.

Get treatment for:

- **Mental health¹**
- **Cold and flu**
- **Bronchitis and sinus infections**
- **Urinary tract infections**
- **Sore throats**
- **Allergies**
- **Fever**
- **Headache**
- **Pink eye**
- **Skin conditions**
- **Behavioral health coaching**

¹Mental health coverage includes psychiatry services and medication management along with treatment for psychological conditions, emotional issues and chemical dependency. For more information, call Wellmark with the number on the back of your ID card.



Getting started is easy.



1. Scan the QR code to visit [DoctorOnDemand.com/Wellmark-BHC](https://www.doctorondemand.com/Wellmark-BHC) and download the Doctor On Demand[®] app.
2. Have your Wellmark Blue Cross and Blue Shield member ID card ready.
3. Create an account or sign in to begin your visit.
4. Pick your provider. Select the next available appointment or find the time best for your schedule.



24/7 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.



A closer look at the HDHP

The high-deductible health plan (HDHP) costs you less from your paycheck, so you keep more of your money. This rewards you for taking an active role as a health care consumer, as a result could save you on your health care costs.

HDHP Advantages

1. Lower paycheck costs

Your per-paycheck costs are lower compared to the PPO plans, giving you the opportunity to contribute the premium savings to a tax-free (federal taxes) Health Savings Account (HSA). You pay for your initial medical costs until you meet your annual deductible/ annual out-of-pocket maximum.

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 tax-free contributions directly from your paycheck.

All withdrawals from your HSA are tax-free, as long as you use the money to pay for eligible health care expenses. In addition, 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 Company or retire. After age 65, you can withdraw funds for any reason without a tax penalty — you pay ordinary income tax only, if the withdrawal isn't for eligible health care expenses.

3. Free in-network preventive care

As with all of your health plans, preventive care is fully covered — you pay nothing toward your deductible or copays as long as you receive care from in-network providers. Preventive care includes annual physicals, well-child and well-woman exams, immunizations and flu shots.

Using the HDHP

1 Free Preventive Care	You pay nothing for in-network preventive care.
2 Deductible/Out of Pocket Maximum	You pay 100% of your medical expenses up to the annual deductible amount/out of pocket maximum. Use your HSA to plan ahead for these costs.

Money-Saving Tip

If you enroll in the HDHP, put the money you save (through lower paycheck deductions) into your tax-free HSA so you'll have money available when you need to pay out-of-pocket costs.



Health Savings Account (HSA)

If you enroll in the HDHP, you are eligible to open an HSA. An HSA is a tax-free savings account you can use to pay for eligible health expenses anytime, even in retirement.



How does a HSA work?

- **Build tax-free savings for health care.** You can make before-tax deductions from your paycheck into your HSA, allowing you to save money by using tax-free dollars to pay for eligible medical, prescription, dental, and vision expenses. The total amount that can be contributed to your HSA each year is limited by the IRS. The following limits for 2026 are:
 - Up to \$4,400 for employee-only coverage.
 - Up to \$8,750 if you cover dependents.
 - Add \$1,000 to these limits if you're age 55 or older.
- **You can change your HSA contribution throughout the year, stop it or start it...it is very flexible.**
- **Keep your money.** Unlike an FSA, the money in your HSA is always yours to keep and can be rolled over from year to year. You can take your unused balance with you when you retire or leave employment.
- **Use it like a bank account.** Pay for eligible medical, prescription, dental, and vision expenses for yourself and your family by swiping your HSA debit card, or reimburse yourself for payments you've made (up to the available balance in your account). Keep in mind that you may only access money that is actually in your HSA when making a purchase or withdrawal. There's no need to turn in receipts (but keep them for your records).

- **Never pay taxes.** Contributions are made on a before-tax basis, and your withdrawals will never be subject to federal income taxes when used for eligible expenses. Any interest or earnings on your HSA balance build tax-free, too.*
- *Money in an HSA grows tax-free and can be withdrawn tax-free if it is used to pay for qualified health care expenses (for a list of eligible expenses, see IRS Publication 502, available at www.irs.gov). If money is used for ineligible expenses, you will pay ordinary income tax on the amount withdrawn plus a 20% penalty tax, if you withdraw the money for ineligible expenses before age 65. After age 65, withdrawals for ineligible expenses are only subject to ordinary income tax. Please review your state regulations as you may have to pay state taxes depending on your residency.*

HSA Eligibility

In order to establish and contribute to an HSA, you:

- Must be enrolled in a high-deductible health plan.
- Cannot be covered by any other medical plan that is not a qualified high-deductible plan. This includes a spouse's medical coverage unless it's an HSA-qualified plan.
- Cannot be enrolled in a traditional health care FSA in 2026.
- Cannot be enrolled in Medicare, including Parts A or B, Medicare, or TRICARE.
- Cannot be claimed as a dependent on another person's tax return.
- Cannot be a veteran who receives/received treatment, other than preventive care, through the Department of Veterans Affairs within the past three months.

Health Savings Account Coverage Level	2026 HSA Annual Contribution Limits
UNDER AGE 55	
Employee-only	\$4,400
Family	\$8,750
AGE 55 OR OLDER (until enrolled in Medicare or Medicaid)*	
Employee-only	\$5,400
Family	\$9,750

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.

SUMMARY OF BENEFITS AND PAYMENT

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 this Certificate.

	PPO	PREMIER	NON-PAR
Deductible*	\$25/\$75	\$25/\$75	\$25/\$75
Annual Maximum	\$1,000	\$1,000	\$1,000
Orthodontic Lifetime Maximum	\$1,000	\$1,000	\$1,000
Benefit Categories	COINSURANCE		
Check-Ups and Teeth Cleaning (Diagnostic and Preventive Services)	00%	00%	00%
<ol style="list-style-type: none"> 1. Dental Cleaning 2. Oral Evaluation 3. Fluoride Applications 4. X-rays 5. Sealant Applications 6. Space Maintainers 			
Cavity Repair and Tooth Extractions (Routine and Restorative Services)	20%	20%	20%
<ol style="list-style-type: none"> 1. Emergency Treatment 2. General Anesthesia/Sedation 3. Restoration of Decayed or Fractured Teeth 4. Limited Occlusal Adjustment 5. Routine Oral Surgery 			

* Deductible for Benefit Category: Check-Ups and Teeth Cleaning will be waived for all providers.

Dental Plan

Benefit Categories	PPO	PREMIER	NON-PAR
	Coinsurance		
Root Canals (Endodontic Services) <ol style="list-style-type: none"> 1. Apicoectomy 2. Direct Pulp Cap 3. Pulpotomy 4. Retrograde Fillings 5. Root Canal Therapy 	20%	20%	20%
Gum and Bone Diseases (Periodontal Services) <ol style="list-style-type: none"> 1. Conservative Procedures 2. Complex Procedures 3. Maintenance Therapy 	20%	20%	20%
High Cost Restorations (Cast Restorations) <ol style="list-style-type: none"> 1. Cast Restorations <ol style="list-style-type: none"> a. Crowns b. Inlays c. Onlays d. Posts and Cores 	50%	50%	50%
Dentures and Bridges (Prosthetics) <ol style="list-style-type: none"> 1. Bridges 2. Dentures 3. Repairs and Adjustments 	50%	50%	50%
Straighter Teeth (Orthodontics)	50%	50%	50%

INSURANCE COST

Villisca offers a variety of Medical Insurance Plans with varying costs to our employees, along with optional Dental. Below are the cost for July 1, 2026 through June 30, 2027.

Employee Monthly Medical Deductions

	Copay 1000	Copay Select 2500	HDHP 3000
Single	\$1,014.65	\$893.47	\$827.92
Family	\$2,029.33	\$1,782.12	\$1,648.39

Employee Monthly Dental Deductions

	Delta Dental
Single	\$32.96
Family	\$110.30

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:



FINANCIAL

Villisca 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

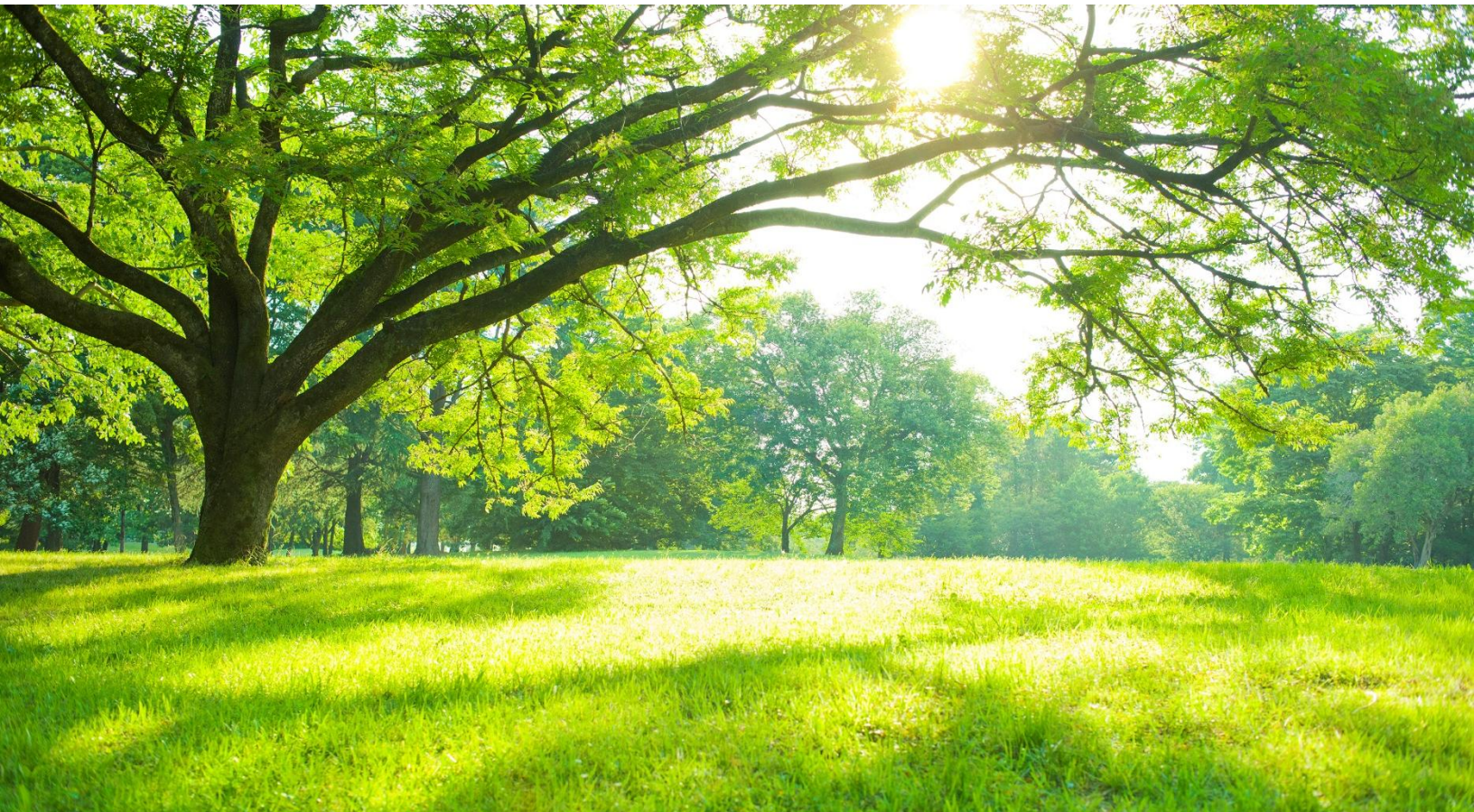
If you enroll outside of your newly eligible window, you may be required to submit to complete a Medical Questionnaire, Businessolver will direct you to this form. Hartford will then underwrite the application and notify you if approved for coverage.

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

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 insurances	The Hartford	800-523-2233	www.thehartford.com





SOUTHWEST VALLEY

TWOLVESTERRITORY

Chris Fenster | Superintendent

904 8th Street
Corning IA 50841
(641) 322-4245

403 East 3rd Street
Villisca, IA 50864
(712) 826-2552

southwestvalley.org

Liz Timmerman | West Campus PreK-8 Principal
Allen Naugle | Director of Secondary Student Services/Activities Director
Jessie Forsythe | West Campus Business Manager

Allison Thomas | Corning Elementary Principal
Jennifer Bissell | Southwest Valley HS Principal
Jodi Lyddon | East Campus Business Manager

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 FINANCIAL™
Online/Print Forms	Enroll online Enroll online	Enroll online Enroll online	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	lowaRICenrollment@mecatalyst.com	robert.curtis@horacemann.com	VoyalowaRICinbox@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 a different opinion	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.jp-x-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.