



Plan Year: January 1, 2022 – December 31, 2022

Employee Benefits Guide

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All information in this booklet is a brief description of your coverage and is not a contract. Please refer to your policy or certificate for each product for the exact terms and conditions.



DISCLAIMER

This guide is a brief summary of benefits offered to your group and does not constitute a policy.

Your employer may amend the benefits program at any time. Your Summary Plan Description (SPD) will contain the actual detailed provisions of your benefits. The SPD will be available at mymarkiii.com

If there are any discrepancies between the information in this guide and the SPD, the language in the SPD will always prevail.



Important Points

- ✓ Your plan year runs from January 1, 2022 to December 31, 2022. This means your benefit elections will take effect **January 1, 2022** unless otherwise noted.
- ✓ If you wish to add or make changes to your benefit elections, you have the options of self-enrolling or speaking with a Trusted Mark III Benefits Counselor during your scheduled open enrollment. For more details, see '**How to Enroll at Open Enrollment**'.
- ✓ Once the enrollment period is over, you will not be able to make changes unless you experience a qualifying life event as outlined by the IRS.
- ✓ **REMEMBER: Employees MUST re-enroll in their Flexible Spending Account and Dependent Care Account each year! It will not automatically renew.**
- ✓ Over the past few years, the Long-Term Disability product offered has seen a significant increase in claims, which in turn has caused the price to increase. Since disability is so important and a much-needed benefit for employees, **Lynchburg City Schools has decided to make an adjustment to the LTD plan design to continue to offer this coverage at an affordable rate.** The new plan design will now have step-rates. This means the price is based off your age and will increase as you get older. **This change will go into effect on 1/1/2022.** Please consult with a Mark III Benefits Counselor during open enrollment to review your current plan and new deduction amount.
- ✓ **Texas Life Whole Life will be coming off payroll.** To continue your Texas Life Whole Life coverage with direct bill or to cancel, contact Texas Life at 1-800-283-9233. For more information, consult with a Mark III Benefits Counselor during your scheduled open enrollment.
- ✓ **Trustmark Universal Life has been added as part of your benefits package.** This does not replace your current Texas Life Whole Life coverage if you wish to keep it. For more information, consult with a Mark III Benefits Counselor during your scheduled open enrollment.
- ✓ This benefits guide is equipped with mobile-friendly barcodes commonly referred to as QR Codes. Use your smartphone to scan the QR codes to view your benefit summaries.
- ✓ All policy information can be found on your employee benefits portal page at <https://mymarkiii.com/lynchburgschoolsva/>.

Qualifying Life Events

Open Enrollment selections are generally locked for the plan year, but certain exceptions called Qualifying Life Events (QLEs) can grant you a special enrollment period in which to make midyear changes. You are permitted to change benefit elections if you have a “change in status” and you make an election change that is consistent with the “change in status.”

Examples of QLEs

The following events will open a special **31-day** enrollment period from the date of the event, allowing you to make changes to your coverage. Documentation may be required.



marriage



divorce



**childbirth/
adoption**



**death of a
family
member**



**loss of
parental
coverage**



**spouse gains
or loses
coverage**



Welcome to Your Benefits!

Mark III Employee Benefits is here to help guide you through the benefits offered by your employer. If you have any questions regarding your benefits, please feel free to contact Mark III at:

Mark III Employee Benefits
(800) 532-1044 (toll-free)

Ginger Durbin, Account Manager
(704) 365-4280 ext. 207

As stated in the disclaimer, this guide is simply a brief summary of benefits offered and does not constitute a policy. Before we review benefits offered, let's look at the difference in pre-tax vs post-tax benefits.

Pre-Tax

A "pre-tax basis" means that the money you pay towards the cost of coverage comes out of your salary before you pay any taxes on it. By choosing this option, you reduce your taxable income, therefore reducing the taxes you owe. If you choose this option, you cannot drop coverage until the next annual enrollment period or until you have a qualifying change in your status (i.e. birth of a child, divorce, separation, reduction in hours, etc.). If your premiums are deducted on a pre-tax basis, any benefits received under the plan could be treated as taxable income.

- ✓ Anthem Medical
- ✓ Anthem Dental
- ✓ EyeMed Vision
- ✓ FBA Flexible Spending Accounts
- ✓ Trustmark Accident
- ✓ MetLife Group Cancer
- ✓ Aflac Group Hospital Indemnity

Post-Tax

A "post-tax basis" means that the money you pay towards the cost of coverage comes out of your salary after you pay taxes. You **WILL NOT** be able to make any changes once the enrollment period is over unless you experience a qualified event outlined by the IRS (i.e. birth of a child, divorce, separation, reduction in hours, etc.).

- ✓ Aflac Group Critical Illness
- ✓ AUL Short-Term Disability
- ✓ AUL Long-Term Disability
- ✓ Trustmark Universal Life
- ✓ LegalShield | IDShield Protection

How to Enroll at Open Enrollment

Self-Service Enrollment

You have the option to self-enroll in your benefits through the online enrollment platform.

To Self-Enroll Visit: <https://mymarkiii.com/lynchburgschoolsva/enrollment/>

Call Center Enrollment

Dial the number below to speak with a trusted Mark III Benefits Counselor. They will explain the benefits offered and help get you enrolled.

Call Center: 1 (855) 565-0153 (M – F, 8:00 a.m. – 5:00 p.m. EST)

Employee Portal

Use your smartphone to scan the QR code for quick access to your employee portal page. Review your benefits guide online, download claim forms, access the online enrollment platform, and much more!

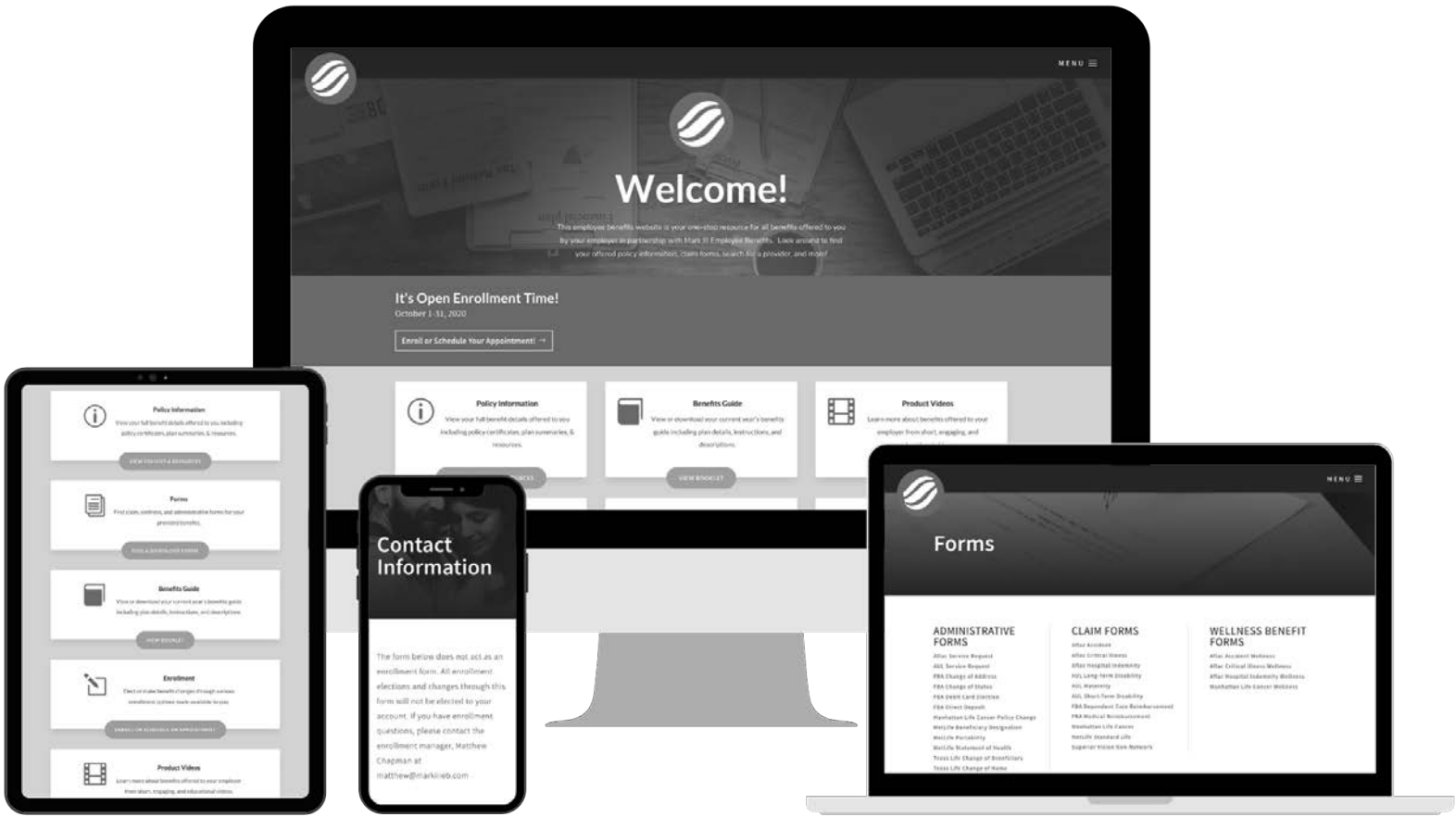


Scan me!



Employee Benefits Portal

Find details about all of your benefits, download forms, submit claims, ask questions, and more at <https://mymarkiii.com/lynchburgschoolsva/>.



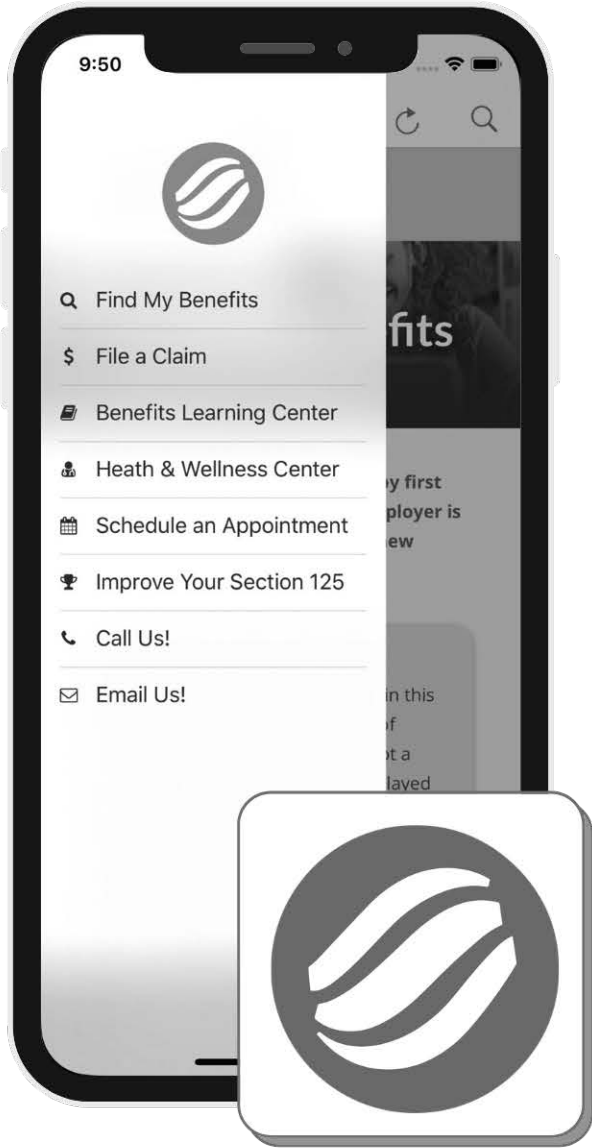
- ✓ Benefits Guide
- ✓ Plan Forms
- ✓ Product Videos
- ✓ Contact Info
- ✓ Policy Certificates
- ✓ Enrollment Info

Available 24/7* from any internet enabled device for your convenience.

**As with all technology, due to technical difficulties beyond our control there may be small windows of time the benefits website is down. In the case of outage, plan information can always be requested from your HR office or Mark III Employee Benefits.*

MyMark III Mobile App

Find details about all of your benefits, download forms, submit claims, ask questions, and more on the MyMark III Mobile App!



- ✓ Benefits Guide
- ✓ Product Videos
- ✓ Policy Certificates
- ✓ Plan Forms
- ✓ Contact Info
- ✓ Enrollment Info

Scan Me!



*Your Trusted Benefits
Partners at your fingertips!*



Filing a Claim

MetLife Group Cancer

Visit <https://mymarkiii.com/lynchburgschoolsva/forms/> to download your claim form. Wellness Benefits can also be called in to a Bay Bridge claim's examiner at (800) 845-7519. Please have the following information available:

- ✓ Claimant Name
- ✓ Date of Service
- ✓ Name of Service/Screening
- ✓ Provider Name & Phone Number

Trustmark Accident

Visit <https://mymarkiii.com/lynchburgschoolsva/forms/> to download your claim form. Trustmark Accident Wellness and Claim forms can be faxed, emailed or mailed directly to Trustmark for processing.

- ✓ Fax: (508) 471-3208
- ✓ Email: RiderClaims@Trustmarkins.com
- ✓ Mail: PO Box 60676, Worcester, MA 01606

Group Aflac

Simply log onto <https://www.aflacgroupinsurance.com> and click on **Customer Service** and then **File a Claim**. Choose your claim form and follow the instructions. Complete and upload your HIPAA authorization, claim details and documents, and direct deposit information.

AUL Disability

Visit <https://mymarkiii.com/lynchburgschoolsva/forms/> to download your claim form. There are four options for submitting your disability claim:

1. Call the disability claim team at 1-855-517-6365. You should have all information available before calling the disability claim team
2. Email to Disability.claims@oneamerica.com
3. Fax to 1-844-287-9499
4. Mail to American United Life Insurance Company, P.O. Box 7003, Indianapolis, IN 46207

Wellness Benefit Amounts

MetLife Group Cancer	\$100
Trustmark Accident	\$50
Aflac Group Hospital Indemnity	\$50
Aflac Group Critical Illness (<i>Employee/Spouse Only</i>)	\$100

Employee Portal

Use your smartphone to scan the QR code for quick access to your employee portal page. Review your benefits guide online, download claim forms, access the online enrollment platform, and much more!



Scan me!





HEALTHY LIVING

Core Benefit options to keep
you and your family healthy.



Medical Plan



Anthem KeyCare PPO 25/750 Lynchburg City Schools.

01/01/22 - 12/31/22

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Overall Deductible	\$750 person / \$1,500 family	\$880 person / \$1,760 family
Out-of-Pocket Limit	\$4,000 person / \$8,000 family	\$5,200 person / \$10,400 family
<p>The family deductible and out-of-pocket maximum are embedded, meaning the cost shares of one family member will be applied to both per person deductible and per person out-of-pocket maximum; in addition, amounts for all covered family members apply to both the family deductible and family out-of-pocket maximum. No one member will pay more than the per person deductible or per person out-of-pocket maximum. Your copays, coinsurance and deductible count toward your out of pocket amount(s). In-network and out-of-network deductibles and out-of-pocket maximum amounts are separate and do not accumulate toward each other.</p>		
Preventive Care / Screening / Immunization	No charge	40% coinsurance after medical deductible is met
Preventive Care for Chronic Conditions <i>per IRS guidelines</i>	No charge	40% coinsurance after medical deductible is met
Virtual Care (Telemedicine / Telehealth Visits) Virtual Visits - Online visits with Doctors who also provide services in person <ul style="list-style-type: none"> Primary Care (PCP) Mental Health and Substance Abuse care Specialist 	<ul style="list-style-type: none"> \$25 copay per visit medical deductible does not apply \$25 copay per visit medical deductible does not apply \$45 copay per visit medical deductible does not apply 	<ul style="list-style-type: none"> 40% coinsurance after medical deductible is met 40% coinsurance after medical deductible is met 40% coinsurance after medical deductible is met
Medical Chats and Virtual Visits for Primary Care <i>from our Online Provider K Health, its affiliated Provider groups, via our mobile app, website or Anthem-enabled device</i>	No Change	
Virtual Visits from Online Provider LiveHealth Online via www.livehealthonline.com ; our mobile app, website or Anthem-enabled device <ul style="list-style-type: none"> Primary Care (PCP) and Mental Health and Substance Abuse Specialist Care 	<ul style="list-style-type: none"> \$5 copay per visit medical deductible does not apply \$45 copay per visit medical deductible does not apply 	
Visits in an Office <ul style="list-style-type: none"> Primary Care (PCP) Specialist Care 	<ul style="list-style-type: none"> \$25 copay per visit medical deductible does not apply \$45 copay per visit medical deductible does not apply 	<ul style="list-style-type: none"> 40% coinsurance after medical deductible is met 40% coinsurance after medical deductible is met
Other Practitioner Visits <ul style="list-style-type: none"> Routine Maternity Care (Prenatal and Postnatal) Retail Health Clinic Manipulation Therapy <i>Coverage is limited to 20 visits per benefit period</i> 	<ul style="list-style-type: none"> \$100 copay per visit medical deductible does not apply \$25 copay per visit medical deductible does not apply \$45 copay per visit medical deductible does not apply 	<ul style="list-style-type: none"> 40% coinsurance after medical deductible is met 40% coinsurance after medical deductible is met 40% coinsurance after medical deductible is met
Other Services in an Office <ul style="list-style-type: none"> Allergy Testing Chemo/Radiation Therapy Dialysis/Hemodialysis Prescription Drugs <i>Dispensed in the office</i> Surgery 	<ul style="list-style-type: none"> \$25 PCP/\$45 Spec. copay per visit medical deductible does not apply 20% coinsurance after medical deductible is met 20% coinsurance after medical deductible is met No charge 20% coinsurance after medical deductible is met 	<ul style="list-style-type: none"> 40% coinsurance after medical deductible is met 40% coinsurance after medical deductible is met 40% coinsurance after medical deductible is met 40% coinsurance after medical deductible is met 40% coinsurance after medical deductible is met
Diagnostic Services Lab <ul style="list-style-type: none"> Office Preferred Reference Lab Outpatient Hospital 	<ul style="list-style-type: none"> 20% coinsurance after medical deductible is met 20% coinsurance after medical deductible is met 20% coinsurance after medical deductible is met 	<ul style="list-style-type: none"> 40% coinsurance after medical deductible is met 40% coinsurance after medical deductible is met 40% coinsurance after medical deductible is met
X-Ray <ul style="list-style-type: none"> Office Outpatient Hospital 	<ul style="list-style-type: none"> 20% coinsurance after medical deductible is met 20% coinsurance after medical deductible is met 	<ul style="list-style-type: none"> 40% coinsurance after medical deductible is met 40% coinsurance after medical deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Advanced Diagnostic Imaging for example: MRI, PET and CAT scans <ul style="list-style-type: none"> Office Outpatient Hospital 	<ul style="list-style-type: none"> 20% coinsurance after medical deductible is met 20% coinsurance after medical deductible is met 	<ul style="list-style-type: none"> 40% coinsurance after medical deductible is met 40% coinsurance after medical deductible is met
Emergency and Urgent Care <ul style="list-style-type: none"> Urgent Care Emergency Room Facility Services Emergency Room Doctor and Other Services Ambulance 	<ul style="list-style-type: none"> \$45 copay per visit medical deductible does not apply \$200 copay/visit then 20% coinsurance after medical deductible is met 20% coinsurance after medical deductible is met 20% coinsurance after medical deductible is met 	<ul style="list-style-type: none"> 40% coinsurance after medical deductible is met Covered as In-Network Covered as In-Network Covered at In-Network
Outpatient Mental Health and Substance Abuse Doctor Office Visit	<ul style="list-style-type: none"> \$25 copay per visit medical deductible does not apply 	<ul style="list-style-type: none"> 40% coinsurance after medical deductible is met
Facility Visit <ul style="list-style-type: none"> Facility Fees Doctor Services 	<ul style="list-style-type: none"> 20% coinsurance after medical deductible is met 20% coinsurance after medical deductible is met 	<ul style="list-style-type: none"> 40% coinsurance after medical deductible is met 40% coinsurance after medical deductible is met
Outpatient Surgery Facility Fees <ul style="list-style-type: none"> Hospital 	<ul style="list-style-type: none"> \$200 copay/visit then 20% coinsurance after medical deductible is met 	<ul style="list-style-type: none"> 40% coinsurance after medical deductible is met
Doctor and Other Services <ul style="list-style-type: none"> Hospital 	<ul style="list-style-type: none"> 20% coinsurance after medical deductible is met 	<ul style="list-style-type: none"> 40% coinsurance after medical deductible is met
Hospital (Including Maternity, Mental Health and Substance Abuse) <ul style="list-style-type: none"> Facility Fees Doctor and other services 	<ul style="list-style-type: none"> 20% coinsurance after medical deductible is met 20% coinsurance after medical deductible is met 	<ul style="list-style-type: none"> 40% coinsurance after medical deductible is met 40% coinsurance after medical deductible is met
Recovery & Rehabilitation Home Health Care Coverage is limited to 100 visits per benefit period. Limits are combined for all home health services.	<ul style="list-style-type: none"> 20% coinsurance after medical deductible is met 	<ul style="list-style-type: none"> 40% coinsurance after medical deductible is met
Rehabilitation services Coverage for rehabilitative and habilitative physical therapy and occupational therapy combined is limited to 30 visits per benefit period. Coverage for rehabilitative and habilitative speech therapy is limited to 30 visits per benefit period. <ul style="list-style-type: none"> Office Outpatient Hospital 	<ul style="list-style-type: none"> \$45 copay per visit medical deductible does not apply 20% coinsurance after medical deductible is met 	<ul style="list-style-type: none"> 40% coinsurance after medical deductible is met 40% coinsurance after medical deductible is met
Cardiac rehabilitation Coverage is limited to 36 visits per benefit period <ul style="list-style-type: none"> Office Outpatient Hospital 	<ul style="list-style-type: none"> 20% coinsurance after medical deductible is met 20% coinsurance after medical deductible is met 	<ul style="list-style-type: none"> 40% coinsurance after medical deductible is met 40% coinsurance after medical deductible is met
Skilled Nursing Care (facility) Coverage for Inpatient rehabilitation and skilled nursing services is limited to 30 days combined per admission.	<ul style="list-style-type: none"> 20% coinsurance after medical deductible is met 	<ul style="list-style-type: none"> 40% coinsurance after medical deductible is met
Inpatient Hospice	No Charge	<ul style="list-style-type: none"> 40% coinsurance after medical deductible is met
Durable Medical Equipment	<ul style="list-style-type: none"> 20% coinsurance after medical deductible is met 	<ul style="list-style-type: none"> 40% coinsurance after medical deductible is met
Prosthetic Devices Coverage for wigs is limited to 1 item after cancer treatment per benefit period.	<ul style="list-style-type: none"> 20% coinsurance after medical deductible is met 	<ul style="list-style-type: none"> 40% coinsurance after medical deductible is met

Covered Prescription Drug Benefits	Cost if you use an In-Network Pharmacy	Cost if you use a Non-Network Pharmacy
Pharmacy Deductible	Combined with In-Network medical out-of-pocket limit	Combined with In-Network medical out-of-pocket limit
Pharmacy Out-of-Pocket Limit	\$2850 individual / \$5,700 family	Not applicable
Prescription Drug Coverage Cost shares for drugs included on the National drug list appear below. Drugs not included on the National drug list will not be covered. Your plan uses the National Network. You may receive up to a 90 day supply of medication at Retail 90 pharmacies.		
Home Delivery Pharmacy Retail Maintenance (Smart 90) medication are available through IngenioRx Home Delivery Pharmacy. You will need to call us on the number on your ID card to sign up when you first use the service.		
Tier 1 - Typically Generic Per 30 day supply (retail pharmacy and Retail 90 pharmacy). Per 90 day supply (home delivery).	The greater of \$20 or 40% coinsurance up to \$50 maximum coinsurance/script (retail) Smart 90 The greater of \$60 or 40% coinsurance up to \$125 maximum	40% coinsurance, deductible does not apply (retail) and Not covered (home delivery)
Tier 2 - Typically Preferred Brand Per 30 day supply (retail pharmacy and Retail 90 pharmacy). Per 90 day supply (home delivery).	The greater of \$20 or 40% coinsurance up to \$100 maximum coinsurance/script (retail) Smart 90 The greater of \$60 or 40% coinsurance up to \$300 maximum	40% coinsurance, deductible does not apply (retail) and Not covered (home delivery)

Covered Prescription Drug Benefits	Cost if you use an In-Network Pharmacy	Cost if you use a Non-Network Pharmacy
Tier 3 - Typically Non-Preferred Brand Per 30 day supply (retail pharmacy and Retail 90 pharmacy). Per 90 day supply (home delivery).	The greater of \$20 or 40% coinsurance up to \$100 maximum coinsurance/script (retail) Smart 90 The greater of \$60 or 40% coinsurance up to \$300 maximum	40% coinsurance, deductible does not apply (retail) and Not covered (home delivery)
Tier 4 - Typically Specialty (brand and generic) Per 30 day supply (specialty pharmacy).	The greater of \$20 or 40% coinsurance up to \$100 maximum coinsurance/script (retail) Smart 90 The greater of \$60 or 40% coinsurance up to \$300 maximum	N/A – Must use IngenioRX Specialty retail participating pharmacy.

Covered Vision Benefits	Cost if you use an In-Network Pharmacy	Cost if you use a Non-Network Pharmacy
Children's Vision (up to age 19) Child Vision Deductible	Not applicable	Not applicable
Vision Exam <i>Limited to 1 exam per benefit period</i>	Not covered	Not covered
Adult Vision (age 19 and older) Adult Vision Deductible	Not covered	Not covered
Vision exam <i>Limited to 1 exam per benefit period</i>	Not covered	Not covered

- Notes:**
- The representations of benefits in this document are subject to Division of Insurance approval and are subject to change.
 - If you have an office visit with your Primary Care Physician or Specialist at an Outpatient Facility (e.g., Hospital or Ambulatory Surgical Facility), benefits for Covered Services will be paid under "Outpatient Facility Services".
 - Costs may vary by the site of service. Other cost shares may apply depending on services provided. Check your Certificate of Coverage for details.

Medical Plan Premiums

Medical Plan Tier	Per Pay Period	
	24 Pay (\$750 Deductible)	22 Pay (\$750 Deductible)
Employee Only	\$15.40	\$16.80
Employee + Child	\$128.71	\$140.41
Employee + Children	\$158.95	\$173.40
Employee + Spouse	\$161.00	\$175.63
Employee + Family	\$252.45	\$275.40
Both Work	\$48.95	

*The Both Work Medical Plan is no longer available to new enrollees after 1/1/2017.



This summary of benefits is a brief outline of coverage, designed to help you with the selection process. This policy has exclusions and limitations to benefits and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, contact your insurance agent or contact us. If there is a difference between this summary and the contract of coverage, the contract of coverage will prevail.

This summary of benefits has been updated to comply with federal and state requirements, including applicable provisions of the recently enacted federal health care reform laws. As we receive additional guidance and clarification on the new health care reform laws from the U.S. Department of Health and Human Services, Department of Labor and Internal Revenue Service, we may be required to make additional changes to this summary of benefits.



Dental Plan



Anthem Dental Complete

This benefit summary outlines how your dental plan works and provides you with a quick reference of your dental plan benefits. For complete coverage details, please refer to your employee benefits booklet. Your Anthem dental plan lets you visit any licensed dentist or specialist you want – with cost that are normally lower when you choose one within our large network.

Savings beyond your dental plan benefits – you get more for your money. You pay our negotiated rate for covered services from in-network dentists even if you exceed your annual benefit maximum.

<i>Your Dental Plan at a Glance</i>	<i>In-Network</i>	<i>Out-of-Network</i>
Annual Benefit Maximum (Calendar Year) <ul style="list-style-type: none"> Per insured person Diagnostic & Preventive Services are applied to the Annual Benefit Maximum Annual Maximum Carryover	\$1,500 No	\$1,500 No
Orthodontic Lifetime Benefit Maximum <ul style="list-style-type: none"> Per eligible insured person 	\$1,000	\$1,000
Annual Deductible (Calendar Year) <ul style="list-style-type: none"> Per insured person Family maximum 	\$50 3x Individual	\$50 3x Individual
Deductible Waived for Diagnostic/Preventive Services	Yes	Yes
Out-of-Network Reimbursement	80 th percentile	

<i>Dental Services</i>	<i>In-Network Anthem Pays:</i>	<i>Out-of-Network Anthem Pays:</i>	<i>Waiting Period</i>
Diagnostic & Preventive Services <ul style="list-style-type: none"> Periodic oral exam Teeth cleaning (prophylaxis) Bitewing X-rays (1x per 12 months) Intraoral X-rays 	100% Coinsurance	100% Coinsurance	No Waiting Period
Basic Services <ul style="list-style-type: none"> Amalgam (silver-colored) Filing Front composite (tooth-colored) Filling Back composite Filling, Alternated to Amalgam Benefit Simple Extractions 	80% Coinsurance	80% Coinsurance	No Waiting Period
Endodontics (Root Canal)	80% Coinsurance	80% Coinsurance	No Waiting Period
Periodontics (Scaling and root planing)	80% Coinsurance	80% Coinsurance	No Waiting Period
Oral Surgery (Surgical extractions)	50% Coinsurance	50% Coinsurance	12 Months
Major Services (Crowns)	50% Coinsurance	50% Coinsurance	12 Months
Prostodontics <ul style="list-style-type: none"> Dentures, Bridges, Dental Implants: Standard-Covered 	50% Coinsurance	50% Coinsurance	12 Months
Prosthetic Repairs/Adjustments	80% Coinsurance	80% Coinsurance	12 Months
Orthodontic Services (Dependent Children Only*)	50% Coinsurance	50% Coinsurance	12 Months

*Child orthodontic coverage begins at age 8 and runs through age 18. This means that the child must have been banded between the ages of 8 and 19 in order to receive coverage. If children are dependents until age 19, they can continue to receive coverage, but they must have been banded before age 19.

To Contact Us:

<i>Call</i>	<i>Write</i>
Refer to the toll-free number indicated on the back of your plan ID card to speak with a U.S.-based customer service representative during normal business hours. Calling after hours? We may still be able to assist you with our interactive voice-response system.	Refer to the back of your plan ID card for the address.

Emergency dental treatment for the international traveler

As an Anthem dental member, you and your eligible, covered dependents automatically have access to the International Emergency Dental Program.** With this program, you may receive emergency dental care from our listing of credentialed dentists while traveling or working nearly anywhere in the world.

**The International Emergency Dental Program is managed by DeCare Dental, which is an independent company offering dental-management services to Anthem Blue Cross Life and Health Insurance Company. To learn more about the program, please visit the International Emergency Dental Web site at www.decaredental.com/internationalDentalProgram.do.

Finding a dentist is easy.

To select a dentist by name or location, do one of the following:

1. Go to anthem.com/mydentalvision
2. Call Customer Service at the toll-free number listed on the back of your ID card.

Limitations & Exclusions

Limitations

Limitations – Below is a partial listing of dental plan limitations when these services are covered under your plan. Please see your certificate of coverage for a full list.

Diagnostic & Preventive Services

- Oral evaluations (exam) - Limited to 2 per Calendar Year
- Teeth cleaning (prophylaxis) - Limited to 2 per Calendar Year
- Intraoral X-rays, single film - Limited to 4 films per 12 month period
- Complete series X-rays (panoramic or full-mouth) - Coverage every 3 years
- Topical fluoride application - Limited to once every 12 months for members through age 18
- Sealants - Limited to 1st and 2nd molars once every 24 months per tooth for members through age 15; sealants may be covered under Diagnostic & Preventive or Basic Services

Basic and/or Major Services***

- Fillings - Limited to once per surface per tooth in any 24 months
- Space Maintainers - Limited to extracted primary posterior teeth once per lifetime per tooth for members through age 16; Space Maintainers may be covered under Diagnostic & Preventive or Basic Services
- Crowns - Limited to once per tooth in a 5 year period
- Fixed or removable prosthodontics – dentures, partials, bridges, tooth implants (Covered once in any 5 year period; benefits are provided for the replacement of an existing bridge, denture or partial for members age 16 or older if the appliance is 5 years old or older and cannot be made serviceable)
- Root canal therapy - Limited to once per lifetime per tooth; coverage is for permanent teeth only
- Periodontal surgery - Limited to one complex service per single tooth or quadrant in any 36 months, and only if the pocket depth of the tooth is 5 millimeters or greater
- Periodontal scaling and root planning - Limited to once per quadrant in 36 months when the tooth pocket has a depth of 4 millimeters or greater
- Brushed Biopsy (Not Covered)

***Waiting periods for endodontic, periodontics and oral surgery services may differ from the Basic Services or Major Services under the same dental plan.

There is a waiting period of up to 24 months for replacement of congenitally missing teeth or teeth extracted prior to coverage under this plan.

Additional Limitation for Orthodontic Services

- Orthodontia Limited to one course of treatment per member per lifetime

Exclusions

Exclusions – Below is a partial listing of noncovered services under your dental plan. Please see your certificate of coverage for a full list.

Services provided before or after the term of this coverage

Services received before your effective date or after your coverage ends, unless otherwise specified in the employee benefits booklet

- Orthodontics (unless included as part of your dental plan benefits) Orthodontic braces, appliances and all related services
- Cosmetic dentistry – Services provided by dentist solely for the purpose of improving the appearance of the tooth when tooth structure and function are satisfactory and no pathologic conditions (cavities) exist
- Drugs and medications – Intravenous conscious sedation, IV sedation and general anesthesia when performed with nonsurgical dental care

Analgesia, analgesic agents, anxiolysis nitrous oxide, therapeutic drug injections, medicines or drugs for nonsurgical or surgical dental care except that intravenous conscious sedation is eligible as a separate benefit when performed in conjunction with complex surgical services

- Extractions – Surgical removal of third molars (wisdom teeth) that do not exhibit symptoms or impact the oral health of the member

The in-network dental providers mentioned in this communication are independently contracted providers who exercise independent professional judgment. They are not agents or employees of Anthem Blue Cross Life and Health Insurance Company.

Choice of dentists

While your dental plan lets you choose any dentist, you may end up paying more for a service if you visit an out-of-network dentist.

Here's why:

In-network dentists have agreed to payment rates for various services and cannot charge you more. On the other hand, out-of-network dentists don't have a contract with us and are able to bill you for the difference between the total amount we allow to be paid for a service – called the "maximum allowed amount" – and the amount they usually charge for a service. When they bill you for this difference, it's called "balance billing."

How Anthem dental decides on maximum allowed amounts

For services from an out-of-network dentist, the maximum allowed amount is determined in one of the following ways:

- Out-of-network dental fee schedule/rate developed by Anthem, which may be updated based on such things as reimbursement amounts accepted by dentists contracted with our dental plans, or other industry cost and usage data
- Information provided by a third-party vendor that shows comparable costs for dental services
- In-network dentist fee schedule

Here's an example of higher costs for out-of-network dental services

This is an example only. Your experience may be different, depending on your insurance plan, the services you receive and the dentist who provides the services.

Ted gets a crown from an out-of-network dentist, who charges \$1,200 for the service and bills Anthem for that amount. Anthem's maximum allowed amount for this dental service is \$800. That means there will be a \$400 difference, which the dentist can "balance bill" Ted.

Since Ted will also need to pay \$400 coinsurance, the total he'll pay the out-of-network dentist is \$800.

Here's the math:

- Dentist's charge: \$1,200
- Anthem's maximum allowed amount: \$800
- Anthem pays 50%: \$400
- Ted pays 50% (coinsurance): \$400
- Balance Ted owes the provider: $\$1,200 - \$800 = \$400$
- Ted's total cost: \$400 coinsurance + \$400 provider balance = \$800

In the example, if Ted had gone to an in-network dentist, his cost would be only \$400 for the coinsurance because he would not have been "balance billed" the \$400 difference.

Anthem BCBS is the trade name for Anthem Health Plans, Inc., an independent licensee of the Blue Cross and Blue Shield Association.

Dental Plan Premiums

Dental Plan	Per Pay Period	
	24 Pay	22 Pay
Employee Only	\$0.00	\$0.00
Employee + Child	\$11.00	\$12.00
Employee + Spouse	\$11.00	\$12.00
Employee + Family	\$19.50	\$21.27



This summary of benefits is a brief outline of coverage, designed to help you with the selection process. This policy has exclusions and limitations to benefits and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, contact your insurance agent or contact us. If there is a difference between this summary and the contract of coverage, the contract of coverage will prevail.

This summary of benefits has been updated to comply with federal and state requirements, including applicable provisions of the recently enacted federal health care reform laws. As we receive additional guidance and clarification on the new health care reform laws from the U.S. Department of Health and Human Services, Department of Labor and Internal Revenue Service, we may be required to make additional changes to this summary of benefits.



Vision Plan



EyeMed Vision Summary of Benefits

Vision Care Services	In-Network Member Cost	Out-of-Network Member Reimbursement
Exam Services		
Exam	\$15 copay	Up to \$34
Retinal Imaging	Up to \$39	Not covered
Contact Lens Fit & Follow-Up		
Fit & Follow-Up: Standard	\$25 copay; contact lens fit & two follow-up visits	Up to \$40
Fit & Follow-Up: Premium	\$25 copay; 10% off retail price, then apply \$40 allowance	Up to \$40
Frame		
Frame	\$0 copay; 20% off balance over \$150 allowance	Up to \$80
Standard Plastic Lenses		
Single Vision	\$30 copay	Up to \$29
Bifocal	\$30 copay	Up to \$43
Trifocal	\$30 copay	Up to \$53
Lenticular	\$30 copay	Up to \$84
Progressive - Standard	\$95 copay	Up to \$53
Progressive - Premium Tier 1-3	\$115 - \$140 copay	Up to \$53
Progressive - Premium Tier 4	\$95 copay; 20% off retail price less \$140 allowance	Up to \$53
Lens Options		
Anti Reflective Coating - Standard	\$45	Not covered
Anti Reflective Coating - Premium Tier 1-2	\$57 - \$68	Not covered
Anti Reflective Coating - Premium Tier 3	20% off retail price	Not covered
Photochromic - Non-Glass	\$75	Not covered
Polycarbonate - Standard	\$40	Not covered
Polycarbonate - Standard <19 years of age	\$40	Not covered
Scratch Coating - Standard Plastic	\$0 copay	Up to \$5
Tint - Solid & Gradient	\$15	Not covered
UV Treatment	\$15	Not covered
All Other Lens Options	20% off retail price	Not covered
Contact Lenses		
Contacts - Conventional	\$0 copay; 15% off balance over \$120 allowance	Up to \$100
Contacts - Disposable	\$0 copay; 100% of balance over \$120 allowance	Up to \$100
Contacts - Medically Necessary	\$0 copay; paid in full	Up to \$210
Other		
Hearing Care from Amplifon Network	Up to 64% off hearing aids; call 1-877-203-0675	Not covered
LASIK or PRK from U.S. Laser Network	15% off retail or 5% off promo price; call 1-800-988-4221	Not covered
Frequency		
	Allowed Frequency - Adults	Allowed Frequency - Kids
Exam	Once every calendar year	Once every calendar year
Frame	Once every other calendar year	Once every other calendar year
Lenses	Once every calendar year	Once every calendar year
Contact Lenses	Once every calendar year	Once every calendar year

Plan allows member to receive either contacts and frame, or frames and lens services.

EyeMed Vision Care Diabetic Product Summary of Benefits

Diabetic Care Services	In-Network Member Cost	Out-of-Network Member Reimbursement
For Type 1 or Type 2 Diabetes w/ Diabetic Retinopathy		
Medical Follow-Up Eye Examination	\$0 copay	Up to \$77
Fundus Photography Examination	\$0 copay	Up to \$50
Extended Ophthalmoscopy (initial & subsequent)	\$0 copay	Up to \$15
Gonioscopy	\$0 copay	Up to \$15
Scanning Laser	\$0 copay	Up to \$33

*Benefit Frequency: All Diabetic Care Services are covered once every 6 months**

Definitions

Medical Follow-Up Examination means an office visit for diabetic vision care after the initial Comprehensive Eye Examination.

Some or all of the diagnostic services described below will be provided as deemed appropriate, subject to provider determination and the benefit frequency limitations referenced above. More comprehensive descriptions of these services are available in the Certificate of Insurance.

Fundus Photography Examination means photographing portion(s) of or the complete retina surface and structures, with interpretation and report. (*The Fundus Photography Examination is not covered if an Extended Ophthalmoscopy was provided within the previous six-month period.)

Extended Ophthalmoscopy means an examination of the interior of the eye, focusing on the posterior segment of the eye, including the lens, retina, and optic nerve, by direct or indirect ophthalmoscopy, and includes a retinal drawing with interpretation and report. (*The Extended Ophthalmoscopy is not covered if Fundus Photography Examination was provided within the previous six-month period.)

Gonioscopy means an eye examination of the front part of the eye (anterior chamber) to check the angle where the iris meets the cornea with a gonioscope or with a contact prism lens.

Scanning Laser means a computerized ophthalmic diagnostic imaging, posterior segment, with interpretation.

Create A Member Account

Visit eyemed.com. Everything is right there in one spot. Check claims and benefits, see special offers and find an eye doctor — search for one with the hours, location and brands you want. For maximum mobility, try the EyeMed Members App (Google Play or App Store).

Exclusions

In addition to the exclusions in the policy/certificate, no benefits are payable. For services connected with or charges arising from any vision materials; orthoptic or vision training, subnormal vision aids and any associated supplemental testing; medical, pathological and/or surgical treatment of the eye, eyes or supporting structures; any vision examination required by a policyholder as a condition of employment; pr services, supplies, prescription medication or treatment for diabetes, except as specifically included.

EyeMed Vision Rates

Vision Plan	Per Pay Period	
	24 Pay	22 Pay
Employee Only	\$0.49	\$0.53
Employee + Child	\$2.45	\$2.67
Employee + Spouse	\$2.45	\$2.67
Employee + Family	\$4.40	\$4.80





Flexible Spending Account



Get reimbursed for out-of-pocket healthcare & child/aged adult day care expenses with tax free dollars!!

Maximize Your Income

Flexible Spending Accounts (FSAs) allow you to pay certain healthcare and dependent care expenses with pre-tax money. (The key to the Flexible Benefit Plan is that your eligible expenses are paid for with Tax Free Dollars!) You will not pay any federal, state or social security taxes on funds placed in the Plan. You will save approximately \$27.65 to \$37.65 on every \$100 you place in the Plan. The amount of your savings will depend on your federal tax bracket.

Eligibility

Participation in the plan begins on January 1, 2022 and ends on December 31, 2022. You will be eligible to join the Plan if you are a full-time employee working at least 30 hours or more per week on the first of the month following your date of hire. Those employees having a qualifying event are eligible to enroll within 30 days of the qualifying event. Deductions begin on the first pay period following your Plan start date. You must complete an enrollment to participate in the Flexible Spending Accounts each year during the enrollment period. If an enrollment is not completed during open enrollment, you will not be enrolled in the Plan and you will not be able to join until the next Plan Year or if you have a qualifying event.

The Health Care Account is a Pre-Funded Account

This means that you can submit a claim for medical expenses on the first day of the Plan Year and you will be reimbursed your total claim amount up to your annual election. The funds that you are pre-funded will be recovered as deductions which are taken from your paycheck on a pre-tax basis.

Contribution Limits: The maximum you may place in this account for the Plan Year is \$2,750.00.

Election Changes

Election changes are only allowed if you experience one of the following qualifying events:

- Marriage or divorce
- Birth or adoption
- Involuntary loss of spouse's medical or dental coverage
- Death of dependent (child or spouse)
- Unpaid FMLA or Non-FMLA leave
- Change in dependent care providers

Reimbursement Schedule

All manual or paper claims received in the office of Flexible Benefit Administrators, Inc. will be processed within one week via check or direct deposit. You may also use your Benefits Card to pay for expenses. Please refer to the Benefits Card section for details.

Online Access

Flexible Benefit Administrators, Inc. provides on-line account access for all FSA participants. Please visit their website at <https://fba.wealthcareportal.com/> to view the following features:

- FSA Login – view balances, check status and view claims history, download participation forms
- FSA Educational Tools – FSA calculator: estimate how much you can save by utilizing an FSA.

Health Care Reimbursement

With this account, you can pay for your out-of-pocket health care expenses for yourself, your spouse and all of your tax dependents for healthcare services that are incurred during your plan year and while an active participant. Eligible expenses are those incurred "for the diagnosis, cure, mitigation, treatment, or prevention of disease, or for the purpose of affecting any structure or function of the body." This is a broad definition that lends itself to creativity.

Examples of Eligible Health Care Expenses

Fees/Co-Pays/Deductibles for:

- Acupuncture | Prescription eyeglasses/reading glasses/contact lens and supplies | Eye Exams/Laser Eye Surgery | Physician | Ambulance | Psychiatrist | Psychologist | Anesthetist | Hospital | Chiropractor | Laboratory/Diagnostic | Fertility Treatments | Surgery | Dental/Orthodontic Fees | Obstetrician | X-Rays | Eye Exams | Prescription Drugs | Artificial limbs & teeth | Orthopedic shoes/inserts | Therapeutic care for drug & alcohol addiction | Vaccinations & Immunizations | Mileage | Take-home screening kits | Diabetic supplies | Routine Physicals | Oxygen | Physical Therapy | Hearing aids & batteries | Medical equipment | Antacids | Pain relievers | Allergy & Sinus Medication

Over-the-Counter Expense (Examples of medication and drugs that may be purchased in reasonable quantities with a prescription):

- Acne Treatment | Humidifiers | Multivitamins | Herbal Supplements | Baby Formula | Fiber Supplements

Day Care/Aged Adult Care Reimbursement

The Day Care/Aged Adult Care FSA allows you to pay for day care expenses for your qualified dependent/child with pre-tax dollars. Eligible Day Care/Aged Adult Care expenses are those you must pay for the care of an eligible dependent so that you and your spouse can work. Eligible dependents, as revised under Section 152 of the Code by the Working Families Tax Act of 2005, are defined as either dependent children or dependent relatives that you claim as dependents on your taxes. Refer to the Employee Guide for more details. Eligible dependents are further defined as:

- Under age 13
- Physically or mentally unable to care for themselves such as:
 - Disabled spouse
 - Children who became disabled prior to age 19.
 - Elderly parents that live with you

Contribution Limits: The annual maximum contribution may not exceed the lesser of the following:

- **\$5,000 (\$2,500 if married filing separately)**
- Your wages for the year or your spouse's if less than above
- Maximum is reduced by spouse's contribution to a Day Care/Aged Adult Care FSA

How to Receive Reimbursement

To obtain a reimbursement from your Flexible Spending Account, you must complete a Claim Form. This form is available to you in your Employee Guide or on our website. You must attach a receipt or bill from the service provider which includes all the pertinent information regarding the expense:

- Date of service
- Patient's name
- Amount charged
- Provider's name
- Nature of the expense
- Amount covered by insurance (if applicable)

Canceled checks, bankcard receipts, credit card receipts and credit card statements are NOT acceptable forms of documentation. You are responsible for paying your healthcare or dependent care provider directly.

Eligible Day Care/Aged Adult Expenses

- Au Pair | Nannies | Before & After Care | Day Camps | Babysitters | Daycare for an Elderly Dependent | Daycare for a Disabled Dependent | Nursery School | Private Pre Schools | Sick Child Center | Licensed Day Care Centers

Ineligible Expenses:

- Overnight Camps | Babysitting for Social Events | Tuition Expenses including Kindergarten | Food Expenses (if separate from dependent care expenses) | Care provided by children under 19 (or by anyone you claim as a dependent) | Days your spouse doesn't work (though you may still have to pay the provider) | Kindergarten expenses are ineligible as an expense because it is primarily educational, regardless if it is half or full day, private, public, state mandated or voluntary | Transportation, books, clothing, food, entertainment and registration fees are ineligible if these expenses are shown separately on your bill | Expenses incurred while on Leave of Absence or Vacation

Forfeiting Funds

Plan carefully! Unused funds will be forfeited back to your employer as governed by the IRS's "use-it-or-lose-it" rule. Your employer has elected to add the \$500 roll-over provision to the Medical FSA. Please see the Employee Guide for more information.

How to Enroll in our FSA Plan

Step 1

Carefully estimate your eligible Health Care and Day Care/Aged Adult Care expenses for the upcoming Plan Year. Then use our online FSA Educational Tools located at <https://fba.wealthcareportal.com/> to help you determine your total expenses for the Plan Year.

Step 2

Complete your enrollment during the open enrollment period, which instructs payroll to deduct a certain amount of money for your expenses. This amount will be contributed on a pre-tax basis from your paychecks to your FSA. Remember the amount you elect will be set aside before any federal, social security, and state taxes are calculated.

How the Flexible Benefit Plan Works

	Without FSA	With FSA
Gross Monthly Income	\$2,500.00	\$2,500.00
Eligible Pre-Tax employer medical insurance	\$0.00	\$200.00
Eligible Pre-Tax medical expenses	\$0.00	\$60.00
Eligible Pre-Tax dependent child care expenses	\$0.00	\$300.00
Taxable Income	\$2,500.00	\$1,940.00
Federal Tax (15%)	\$375.00	\$291.00
State Tax (5.75%)	\$125.00	\$97.00
FICA Tax (7.65%)	\$191.25	\$148.41
After-Tax employer medical insurance	\$200.00	\$0.00
After-Tax medical expenses	\$60.00	\$0.00
After-Tax dependent child care expenses	\$300.00	\$0.00
Monthly Spendable Income	\$1,248.75	\$1,403.59

By taking advantage of the Flexible Benefit Plan, this employee was able to increase his/her spendable income by \$154.84 every month! This means an annual tax savings of \$1,858.08. Remember, with the FLEXIBLE BENEFIT PLAN, the better you plan the more you save!

Online Wealthcare Portal

View your account status, submit claims and report your benefits card lost/stolen right from your computer. Once your account is established, you can use the same user name and password to access your account via our Mobile App!

Follow the simple steps below to establish your secure user account.

- ✓ Get started by visiting <https://fba.wealthcareportal.com/> and click the register button in the top-right corner of the homepage.
- ✓ You will be directed to the registration page.
- ✓ Follow the prompts to create your account.
 - User Name
 - Password
 - Name
 - Email Address
 - Employee ID (Your SSN, no spaces/dashes)
 - Registration ID
 - Employer ID Schools (**FBALYCS**)
 - Employer ID Nutrition (**FBALCSN**)
 - Your Benefits Card Number
- ✓ Once completed, please proceed to your account.

FBA Participant Portal, Mobile App, Benefits Card & Claim Submission

Scan the QR code with your smartphone to view the FBA Participant Portal, FBA Mobile App, FBA Benefits Card, and Claim submission information. The Participant Portal provides powerful self-service account access, plus education and decision-support tools that help put you in the driver's seat when it comes to your healthcare finances. The Mobile App offers a personalized, real-time and self-guided experience that allows you to easily manage your Benefit Account and delivers tools to help save you money. The benefits debit card eliminates the hassles of claim submission and waiting for a reimbursement check.



For more information, please call 800-437-3539
 P.O. Box 8188 • Virginia Beach, VA 23450
www.flex-admin.com



STAY WELL

Voluntary Benefit options
that enhance you and your
family's well being.



Cancer Plan



Plan Features

- Donor Benefits
- Wellness Benefits
- Many Benefits have No Lifetime Maximum
- Covers certain Lodging & Transportation
- Portable (take it with you)
- In & Out of hospital benefits
- Pays regardless of other coverage

Benefit	Benefit Option
Wellness Benefit. For Cancer screening tests such as mammogram, flexible sigmoidoscopy, pap smear, chest X-ray, Hemocult stool specimen, or prostate screen. No Lifetime Maximum	\$100 per calendar year
Positive Diagnosis Test. Payable for a test that leads to positive diagnosis of Cancer or Specified Disease within 90 days. This benefit is not payable if the same Cancer or Specified Disease recurs.	Up to \$300 per calendar year
First Diagnosis Benefit. One-time benefit payable when a Covered Person is first diagnosed with Cancer (other than Skin Cancer) or a Specified Disease. Must occur after the Certificate Effective Date.	<ol style="list-style-type: none"> 1. \$0 2. \$2,500 3. \$0 4. \$5,000
Second and Third Surgical Opinions. Covers written opinions received after a Positive Diagnosis and before surgery. No Lifetime Maximum	Incurred Expenses
Non-Local Transportation. Payable for transportation to a Hospital, clinic or treatment center which is more than 60 miles and less than 700 miles from a Covered Person's home. No Lifetime Maximum	Actual billed charges by a common carrier or .50¢ per mile if a personal vehicle is used
Adult Companion Lodging & Transportation. Payable for one adult companion to stay with a Covered Person who is confined in a Hospital that is more than 60 miles and less than 700 miles from his or her home. Covered expenses include a single room in a motel or hotel up to 60 days per confinement; and the actual billed charges of round trip coach fare by a common carrier or a mileage allowance for the use of a personal vehicle. This benefit is not payable for lodging expense incurred more than 24 hours before the treatment nor for lodging expense incurred more than 24 hours following treatment. No Lifetime Maximum	Up to \$75 per day for lodging .50¢ per mile if a personal vehicle is used
Ambulance. For ambulance service if the Covered Person is taken to a Hospital and admitted as an inpatient. No Lifetime Maximum	Incurred Expenses
Surgery. Covers actual surgeon's fee for an operation up to the amount listed on the schedule. Benefits for surgery performed on an outpatient basis will be 150% of the schedule benefit amount, not to exceed the actual surgeon's fees. No Lifetime Maximum	Up to \$3,000
Donor Benefit Bone Marrow and Stem Cell Transplant. We will pay the following benefit for the Covered Person and his or her live donor: (a) Medical expense allowance of two times the selected Hospital Confinement benefit. (b) Actual billed charges for round trip coach fare on a Common Carrier to the city where the transplant is performed; or personal automobile expense allowance of 50 cents per mile. Mileage is measured from the home of the Donor or Covered Person to the Hospital in which the Covered Person is staying. We will pay for up to 700 miles per Hospital stay. (c) Actual billed charges up to \$50 per day for lodging and meals expense for donor to remain near Hospital.	<ol style="list-style-type: none"> a. \$200 b. Actual billed charges for round trip coach fare; or personal automobile expense of .50¢ per mile c. Actual billed charges up to \$50 per day
Bone Marrow and Stem Cell Transplant. We will pay incurred expenses per Covered Person for surgical and anesthetic charges associated with bone marrow transplant and/or peripheral stem cell transplant	Incurred Expenses to a combined lifetime maximum of \$15,000
Anesthesia. For services of an anesthesiologist during a Covered Person's surgery. No Lifetime Maximum. For anesthesia in connection with the treatment of skin Cancer that is not invasive melanoma. No Lifetime Maximum	Up to 25% of surgical benefit paid. \$100 max per covered person for skin cancer
Ambulatory Surgical Center. We will pay the actual billed charges at an Ambulatory Surgical Center. No Lifetime Maximum	\$250 per day
Drugs and Medicines. Payable for drugs and medicine received while the Covered Person is Hospital confined. No Lifetime Maximum	Up to \$25 per day, \$600 per calendar year
Ambulatory Surgical Center. We will pay the actual billed charges at an Ambulatory Surgical Center. No Lifetime Maximum	\$250 per day
Drugs and Medicines. Payable for drugs and medicine received while the Covered Person is Hospital confined. No Lifetime Maximum	Up to \$25 per day, \$600 per calendar year

Benefit	Benefit Option
Outpatient Anti-Nausea Drugs. Payable for drugs prescribed by a Physician to suppress nausea due to Cancer or Specified Disease. No Lifetime Maximum	Up to \$250 per calendar year
Radiation, Radioactive Isotopes Therapy, Chemotherapy, or Immunotherapy. Covers treatment administered by a Radiologist, Chemotherapist or Oncologist on an inpatient or outpatient basis. No Lifetime Maximum	1 & 2: Incurred Expenses up to \$2,500 per month 3 & 4: Incurred Expenses up to \$5,000 per month
Miscellaneous Diagnostic Services. Covers charges for lab work or x-rays in connection with radiation and chemotherapy treatment. Service must be performed while receiving treatment(s) in Radiation, Radioactive Isotopes Therapy, Chemotherapy, or Immunotherapy or within 30 days following a covered treatment.	Incurred Expenses up to a lifetime max of \$10,000
Self-Administered Drugs. We will pay the incurred expenses for self-administered chemotherapy, including hormone therapy, or immunotherapy agents. This benefit is not payable for planning, monitoring, or other agents used to treat or prevent side effects, or other procedures related to this therapy treatment. No Lifetime Maximum	Incurred Expenses up to \$4,000 per month
Colony Stimulating Factors. We will pay incurred expenses for: [a] cost of the chemical substances and [b] their administration to stimulate the production of blood cells. Treatment must be administered by an Oncologist or Chemotherapist. No Lifetime Maximum	Incurred Expenses up to \$500 per month
Blood, Plasma and Platelets. For blood, plasma and platelets, and transfusions: including administration. No Lifetime Maximum	Incurred Expenses up to \$200 per month
Physician's Attendance. For one visit per day while Hospital confined. No Lifetime Maximum	Up to \$35 per day
Private Duty Nursing Service. For private nursing services ordered by the Physician while Hospital confined. No Lifetime Maximum	Up to \$100 per day
National Cancer Institute Designated Comprehensive Cancer Treatment Center Evaluation/Consultation Benefit. We will pay the actual billed charges if a Covered Person is diagnosed with Internal Cancer and seeks evaluation or consultation from a National Cancer Institute designated Comprehensive Cancer Treatment Center. If the Comprehensive Cancer Treatment Center is located more than 30 miles from the Covered Person's place of residence, We will also pay the transportation and lodging actual billed charges. This benefit is not payable on the same day a Second or Third Surgical Opinion Benefit is payable and is in lieu of the Non- Local Transportation Benefits of the policy.	Actual billed charges limited to a lifetime max up to \$750 for evaluation. Actual billed charges limited to a lifetime max up to \$350 for transportation & lodging.
Breast Prosthesis. Covers the prosthesis and its implantation if it is required due to breast cancer. No Lifetime Maximum	Incurred Expenses
Artificial Limb or Prosthesis. Covers implantation of an artificial limb or prosthesis when an amputation is performed.	Up to \$1,500 lifetime max per amputation
Physical or Speech Therapy. Payable when therapy is needed to restore normal bodily function. No Lifetime Maximum	Up to \$35 per session
Extended Benefits. If a Covered Person is confined in a Hospital for 60 continuous days We will pay three times the selected Hospital Confinement Benefit beginning on the 61st day for Hospital Confinement. This benefit is payable in place of the Hospital Confinement Benefit. No Lifetime Maximum	\$300 per day
Extended Care Facility. Limited to number of days of prior Hospital confinement. Must begin within 14 days after Hospital confinement, and be at the direction of the attending Physician. No Lifetime Maximum	Up to \$50 per day
At Home Nursing. Limited to number of days of prior Hospital confinement. Must begin immediately following a Hospital confinement, and be authorized by the attending Physician. No Lifetime Maximum	Up to \$100 per day
New or Experimental Treatment. We will pay the actual billed charges by a Covered Person for New or Experimental Treatment judged necessary by the attending Physician and received in the United States or in its territories. No Lifetime Maximum	Up to \$7,500 per calendar year
Hospice Care. If a Covered Person elects to receive hospice care, We will pay the actual billed charges for care received in a Free Standing Hospice Care Center. No Lifetime Maximum	Up to \$50 per day
Government or Charity Hospital. Payable if the Covered Person is confined in a U. S. Government Hospital or a Hospital that does not charge for its services. Paid in place of all other benefits under the Policy. No Lifetime Maximum	\$200 per day
Hairpiece. We will pay the actual billed charges per Covered Person for a hairpiece when hair loss is a result of Cancer Treatment.	Actual billed charges up to a lifetime max of \$150
Rental or Purchase of Durable Goods. We will pay the incurred expenses for the rental or purchase of the following pieces of durable medical equipment: a respirator or similar mechanical device, brace, crutches, Hospital bed, or wheelchair. No Lifetime Maximum	Incurred Expenses up to \$1,500 per calendar year
Waiver of Premium. After 60 continuous days of disability due to Cancer or Specified Disease, We will waive premiums starting on the first day of policy renewal.	After 60 days
Hospital Confinement. Payable for each day a Covered Person is charged the daily room rate by a Hospital, for up to 60 days of continuous stay. The benefit for covered children under age 21 is two times the Covered Person's daily benefit. No Lifetime Maximum	\$100 per day

Other Specified Diseases Covered:

- Addison's Disease
- Amyotrophic Lateral Sclerosis
- Cystic Fibrosis
- Diphtheria
- Encephalitis
- Epilepsy
- Hansen's Disease
- Legionnaire's Disease
- Lupus Erythematosus
- Lyme Disease
- Malaria
- Meningitis (epidemic cerebrospinal)
- Multiple Sclerosis
- Muscular Dystrophy
- Myasthenia Gravis
- Niemann-Pick Disease
- Osteomyelitis
- Poliomyelitis
- Rabies
- Reye's Syndrome
- Rheumatic Fever
- Rocky Mountain Spotted Fever
- Scarlet Fever
- Sickle Cell Anemia
- Tay-Sachs Disease
- Tetanus
- Toxic Epidermal Necrolysis
- Tuberculosis
- Tularemia
- Typhoid Fever
- Undulant Fever
- Whipple's Disease

Payment of Benefits

Benefits are payable for a Covered Person's Positive Diagnosis of a Cancer or Specified Disease that begins after the Certificate Effective Date and while this Certificate has remained in force.

Pre-Existing Condition Limitation

No benefits will be provided during the first 12 months of the policy for cancer diagnosed before the 30th day after the effective date shown in the policy schedule. During the first 12 months of a Covered Person's insurance, losses incurred for Pre-Existing Conditions are not covered. During the first 12 months following the date a Covered Person makes a change in coverage that increases his or her benefits, the increase will not be paid for Pre-Existing Conditions. After this 12 month period, however, benefits for such conditions will be payable unless specifically excluded from coverage. This 12 month period is measured from the Certificate Effective Date for each Covered Person. **Pre-Existing Condition** means Cancer or a Specified Disease, for which a Covered Person has received medical consultation, treatment, care, services, or for which diagnostic test(s) have been recommended or for which medication has been prescribed during the 12 months immediately preceding the Certificate Effective Date of coverage for each Covered Person. **A Positive Diagnosis of a Cancer or Specified Disease that occurs prior to the Certificate Effective Date will not be covered under this Policy.**

Exceptions & Other Limitations

The policy pays benefits only for diagnoses resulting from Cancer or Specified Diseases, as defined in the Policy. It does not cover:

1. any other disease or sickness;
2. injuries;
3. any disease, condition, or incapacity that has been caused, complicated, worsened, or affected by: Specified Disease or Specified Disease Treatment; or Cancer or Cancer treatment, or unless otherwise defined in the Policy;
4. care and treatment received outside the United States or its territories;
5. treatment not approved by a Physician; or
6. Experimental Treatment by any program that does not qualify as Experimental Treatment as defined in the Policy.

Termination of Coverage

A Covered Person's insurance under the Policy will automatically terminate on the earliest of the following dates:

1. the date that the Policy terminates.
2. the date of termination of any section or part of the Policy with respect to insurance under such section or part.
3. the date the Policy is amended to terminate the eligibility of the Employee class.
4. any premium due date, if premium remains unpaid by the end of the grace period.
5. the premium due date coinciding with or next following the date the Covered Person ceases to be a member of an eligible class.
6. the date the Policyholder no longer meets participation requirements.

Portability

On the date the Policy terminates or the date the Named Insured ceases to be a member of an eligible class, Named Insureds and their covered dependents will be eligible to exercise the portability privilege. Portability coverage may continue beyond the termination date of the Policy, subject to the timely payment of premiums. Portability coverage will be effective on the day after insurance under the Policy terminates. The benefits, terms and conditions of the portability coverage will be the same as those provided under the Policy when the insurance terminated. The initial portability premium rate is the rate in effect under the Policy for active employees who have the same coverage. The premium rate for portability coverage may change for the class of Covered Persons on portability on any premium due date.

Covered Persons

Covered Person means any of the following:

- a) the Named Insured; or
- b) any eligible Spouse or Child, as defined and as indicated on the Certificate Schedule whose coverage has become effective;
- c) any eligible Spouse or Child, as defined and added to this Certificate by endorsement after the Certificate Effective Date whose coverage has become effective; or
- d) a newborn child (as described in the Eligibility Section).

Child (Children) means the Named Insured's unmarried child, including a natural child from the moment of birth, stepchild, foster or legally adopted child, or child in the process of adoption (including a child while the Named Insured is a party to a proceeding in which the adoption of such child by the Named Insured is sought); a child for whom the Named Insured is required by a court order to provide medical support, and grandchildren who are dependent on the Named Insured for federal income tax purposes at the time of application, who is not yet age 26.

Option to Add Additional Benefits Hospital Intensive Care Insurance Rider

In consideration of additional premium, this coverage will provide you with benefits if you go into a Hospital Intensive Care Unit (ICU).

Benefits Your benefits start the first day you go into ICU. The benefit is payable for up to 45 days per ICU stay.

Hospital Intensive Care Confinement Benefit You may choose the benefit of \$325 (Option 2) or \$625 (Option 4) per day. It is reduced by one-half at age 75.

Double Benefits We will double the daily benefits for each day you are in an ICU as a result of Cancer or a Specified Disease. We will also double the benefit for an injury that results from: being struck by an automobile, bus, truck, motorcycle, train, or airplane; or being involved in an accident in which the named insured was the operator or was a passenger in such vehicle. ICU confinement must occur within 48 hours of the accident.

Emergency Hospitalization and Subsequent Transfer to an ICU We will pay the benefit selected by you for the highest level of care in a hospital that does not have an ICU, if you are admitted on an emergency basis, and you are transferred within 48 hours to the ICU of another Hospital.

Step Down Unit We will pay a benefit equal to one half the chosen daily benefit for confinement in a Step Down Unit.

Exceptions and Other Limitations

Except as provided in Step Down Unit and Emergency Hospitalization and Subsequent Transfer to an ICU, coverage does not provide benefits for: surgical recovery rooms; progressive care; intermediate care; private monitored rooms; observation units; telemetry units; or other facilities which do not meet the standards for a Hospital Intensive Care Unit. Benefits are not payable: if you go into an ICU before the Certificate Effective Date; if you go into an ICU for intentionally self-inflicted injury or suicide attempts; if you go into an ICU due to being intoxicated or under the influence of alcohol, drugs or any narcotics, unless administered on the advice of a Physician and taken according to the Physician's instructions. The term "intoxicated" refers to that condition as defined by law in the jurisdiction where the accident or cause of loss occurred.

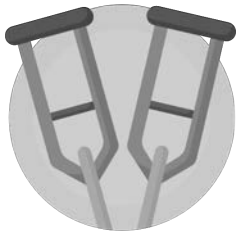
Group Cancer Rate Quote

Semi-Monthly Rates				
Coverage Tier	Option 1	Option 2	Option 3	Option 4
Individual	\$8.83	\$11.69	\$9.82	\$15.45
Individual + Spouse	\$17.79	\$23.80	\$19.72	\$31.44
Individual + Child(ren)	\$12.60	\$16.60	\$13.82	\$21.68
Family	\$21.55	\$28.72	\$23.73	\$37.67

Variable Benefit Elections				
Benefit	Option 1	Option 2	Option 3	Option 4
Hospital Confinement	\$100	\$100	\$100	\$100
Surgical	Up to \$3,000	Up to \$3,000	Up to \$3,000	Up to \$3,000
Radiation/Chemotherapy	\$2,500 per month	\$2,500 per month	\$5,000 per month	\$5,000 per month
First Diagnosis	\$0	\$2,500	\$0	\$5,000
Colony Stimulating Factors	\$500 per month	\$500 per month	\$500 per month	\$500 per month
Wellness	\$100	\$100	\$100	\$100
Intensive Care Rider	\$0	\$325	\$0	\$625



This is not a Medicare Supplement Policy. If you are eligible for Medicare, see the Medicare Supplement Buyer's Guide available from the Company. This policy only covers cancer and the diseases specified above, unless the hospital intensive care rider is selected. Upon receipt of your policy, please review it and your application. If any information is incorrect, please contact: Bay Bridge Administrators P.O. Box 161690 | Austin, Texas 78716 | 1-800-845-7519



Accident Plan



Trustmark's Accident insurance helps pay for unexpected healthcare expenses due to accidents that occur every day –from the soccer field to the ski slope and the highway in-between. Accident insurance provides benefits due to covered accidents for initial care, injuries and follow-up care. Benefits are paid directly to the employee, in addition to any other coverage they have.

Plan Features

- Guaranteed Issue – No medical questions.
- Level Premium – Rates do not increase with age.
- No Limitations for Pre-Existing Conditions.
- Guaranteed Renewable – Coverage remains in force for life, as long as premiums are paid.
- Portable Coverage – Employees can continue coverage if they leave or retire.

Eligibility

- Employees – Ages 18 to 80, actively working full-time (30+ hours per week) and employed at least 30 days
- Spouses – Ages 18 to 80, who are not disabled
- Children – Under the age of 26, who are unmarried and dependent

Benefits for 24-Hour Coverage

Accident/Injury	Benefit Amount
Accident Follow-Up Treatment	\$100
Ambulance Air	\$200 \$1,000
Appliance	\$150
Blood, Plasma and Platelets	\$300
Burns – Flat Amount for: <ul style="list-style-type: none"> • Third-Degree 35 or more sq. inches • Third-Degree 9 to 34 sq. Inches • Second-Degree for 36% or more of body 	\$10,000 \$1,500 \$750
Concussion	\$100
Dislocations <ul style="list-style-type: none"> • Open reduction • Closed reduction 	Up to \$4,000 Up to \$2,000
Doctor's Office Visit (Including Urgent Care & Walk-In Clinic)	\$100
Emergency Dental Benefit <ul style="list-style-type: none"> • Extraction • Crown 	\$50 \$150
Emergency Room Treatment	\$200
Eye Injury	\$200
Fractures <ul style="list-style-type: none"> • Open reduction • Closed reduction • Chips 	Up to \$7,500 Up to \$3,750 25% of closed amount
Health Screening Benefit (one per person per year)	\$50
Herniated Disc	\$600
Hospital Admission	\$1,500
Hospital Confinement (per day up to 365 days)	\$200
Hospital ICU (per day up to 15 days)	\$400

Benefits for 24- Hour Coverage - Continued

Accident/Injury	Benefit Amount
Laceration	Up to \$800
Lodging (per night up to 30 days)	\$100
Loss of finger, toe, hand, foot or sight of an eye	\$15,000
• Loss of both hands, feet, sight of both eyes or any combination of two or more losses	
• Loss of one hand, foot or sight of one eye	\$7,500
• Loss of two or more fingers, toes or any combination of two or more losses	\$1,500
• Loss of one finger or one toe	\$750
Physical Therapy (per visit, up to six visits)	\$50
Prosthetic Device or Artificial Limb	
• More than one	\$1,000
• One	\$500
Skin Grafts	25% of burn benefit
Surgery	
• Open, abdominal, thoracic	\$1,250
• Exploratory	\$125
Tendon/Ligament/Rotator Cuff	
• Repair of more than one	\$1,200
• Repair of one	\$800
• Exploratory without repair	\$200
Torn Knee Cartilage	\$500
• Exploratory	\$100
Transportation (100 miles up to three trips)	\$375

Benefits are payable only as the result of a covered accident.

Additional Benefits

Health Screening Benefit

This benefit provides \$50 for a screening test, every calendar year for each insured with no coordination of coverage.

Eligible tests include:

- Low-dose mammography
- Pap smear for women over age 18
- Flexible sigmoidoscopy
- Hemocult stool specimen
- Colonoscopy
- Prostate-specific antigen (PSA) test for prostate cancer
- Stress test on a bicycle or treadmill
- Fasting blood glucose test
- Blood test for triglycerides
- Bone marrow testing
- Serum cholesterol test to determine HDL and LDL levels
- Breast ultrasound
- CA 15-3 (blood test for breast cancer)
- CA 125 (blood test for ovarian cancer)
- CEA (blood test for colon cancer)
- Chest X-ray
- Serum protein electrophoresis (blood test for myeloma)
- Thermography

Trustmark Accident Semi-Monthly Rates

24 Hour Plan	Semi-Monthly Rates
Employee	\$5.79
Employee & Spouse	\$8.65
Employee & Dependent Children	\$11.68
Family	\$14.55



Sample rates are shown for illustrative purposes only; actual payroll deduction amount may vary based on rounding calculations. An application for insurance must be completed to obtain coverage. Benefit exclusions and limitations apply. Plan form A-607 and applicable riders are underwritten by Trustmark Insurance Company, Lake Forest, Illinois. Underwriting conditions may vary, and determine eligibility for the offer of insurance. This is an accident only policy with limited benefits and does not pay benefits for diseases, sickness, or for loss from sickness. Please refer to your policy for complete information. Benefits, definitions, exclusions, form numbers and limitations may vary by state. Trustmark® is a registered trademark of Trustmark Insurance Company.



Group Hospital Indemnity Plan



Plan Description

The Group Supplemental Hospital Indemnity Insurance Plan provides benefits for inpatient and outpatient services as a result of covered accidents and sicknesses.

Plan Features

- Benefits available for spouse and/or dependent children.
- Premiums are paid by convenient payroll deduction.
- Admission and per day Hospital Confinement Benefits included.
- The plan is portable with certain stipulations
- Pays regardless of any other insurance programs.
- Covers both injuries and sicknesses.
- Surgery and Anesthesia Benefits included.

Eligibility

Issue Ages

Employee 18-64

Spouse 18-64

Children under age 26

Spouse & Dependent Children Coverage Available

The employee may purchase Group Supplemental Hospital Indemnity coverage for their spouse and/or dependent children. The spouse and dependent children cannot participate if the employee is not eligible for coverage or elects not to participate. If the employee is eligible then the employee's spouse and dependent children are eligible to participate.

Guaranteed-Issue

During the initial enrollment, coverage is guaranteed-issue, which means you may not have to answer health questions to be eligible for coverage. Subsequent to the initial enrollment, evidence of insurability may be required.

Portability

Coverage may be continued with certain stipulations. See certificate for details.

Benefits

Hospital Confinement (per day)

Plan I - Low	\$100
Plan II - High	\$150

We will pay the amount shown when an insured is confined to a hospital as a resident bed patient as the result of an injury or because of a covered sickness. To receive this benefit for injuries received in an injury, the insured must be confined to a hospital within six months of the date of the covered accident. The maximum period for which a covered person can collect benefits for hospital confinements resulting from covered sickness or from injuries received in the same covered accident is 180 days. This benefit is payable for only one hospital confinement at a time—even if the confinement is a result of more than one covered accident, more than one covered sickness, or a covered accident and a covered sickness.

Hospital Admission (per confinement)

Plan I - Low	\$500
Plan II - High	\$1,500

We will pay the amount shown when an insured is admitted to a hospital and confined as a resident bed patient because of an injury or because of a covered sickness. To receive this benefit for injuries received in a covered accident, an insured must be admitted to a hospital within six months of the date of the covered accident. We will not pay benefits for confinement to an observation unit, for emergency room treatment, or for outpatient treatment. We will pay this benefit only once for each covered accident or covered sickness. If an insured is confined to the hospital because of the same or related injury or sickness, we will not pay this benefit again. This benefit option will be based on the insured's current major medical plan's deductible to assist the insured in meeting the out-of-pocket liability.

Residents of Massachusetts are not eligible for Hospital Admission Benefit amounts in excess of \$500

Anesthesia Benefits

Plan I - Low	Up to \$188
Plan II - High	Up to \$375

When an insured receives benefits for a surgical procedure covered under the Surgical Benefit, we will pay the appropriate benefit amount shown in the Schedule of Operations for anesthesia administered by a physician in connection with such procedure. However, the Anesthesia Benefit paid will not exceed 25 percent of the amount paid under Surgical Benefit.

Surgical Benefit (per procedure)	
Plan I - Low	Up to \$750
Plan II - High	Up to \$1,500

If an insured has surgery performed by a physician due to an injury or because of a covered sickness, we will pay the appropriate surgical benefit amount shown in the Schedule of Operations. The surgical benefit paid will never exceed the maximum surgical benefit designated in the plan. The surgery can be performed in a hospital (on an inpatient or outpatient basis), in an ambulatory surgical center, or in a physician's office. If an operation is not listed in the Schedule of Operations, we will pay an amount comparable to that which would be payable for the operation listed in the Schedule of Operations (the operation that is nearest in severity and complexity). If two or more surgical procedures are performed at the same time through the same or different incisions, only one benefit—the largest—will be provided.

Wellness (per calendar year)	
Plan I & II - Low & High	\$50

We will pay the amount shown when an insured visits a doctor and he is neither injured nor sick. This benefit is payable once per calendar year per insured.

Limitations & Exclusions

Pre-Existing Condition Limitation: A *pre-existing condition* means, within the 12-month period prior to the insured's effective date, conditions for which medical advice or treatment was received or recommended. We will not pay benefits for any loss or injury that is caused by, contributed to by, or resulting from a pre-existing condition for 12 months after the insured's effective date or for 12 months from the date medical care, treatment, or supplies were received for the pre-existing condition—whichever is less. A claim for benefits for loss starting after 12 months from the effective date of the insured's certificate will not be reduced or denied on the grounds that it is caused by a pre-existing condition. Pregnancy will not be covered if conception was before the Effective Date of the Insured Person's Certificate. Pregnancy will be covered as any other sickness when date of conception is after the Insured Person's Effective Date of coverage. Treatment means consultation, care, or services provided by a physician, including diagnostic measures and taking prescribed drugs and medicines. If the certificate is issued as a replacement for a certificate previously issued under this plan, then the pre-existing condition limitation provision of the new certificate applies only to any increase in benefits over the prior certificate. Any remaining pre-existing condition limitation period of the prior certificate continues to apply to the prior level of benefits.

Exclusions

We will not pay benefits for loss caused by pre-existing conditions (except as stated in the Pre-Existing Condition Limitation provision above). We will not pay benefits for loss contributed to by, caused by, or resulting from:

1. War - Participating in war or any act of war, declared or not, or participating in the armed forces of or contracting with any country or international authority. We will return the prorated premium for any period not covered by this certificate when the insured is in such service.
2. Suicide - Committing or attempting to commit suicide, while sane or insane.
3. Self-Inflicted Injuries - Injuring or attempting to injure yourself intentionally.
4. Traveling - Traveling more than 40 miles outside the territorial limits of the United States, Canada, Mexico, Puerto Rico, the Bahamas, Virgin Islands, Bermuda, and Jamaica.
5. Racing - Riding in or driving any motor-driven vehicle in a race, stunt show or speed test.
6. Aviation - Operating, learning to operate, serving as a crewmember on, or jumping or falling from any aircraft, including those, which are not motor-driven.
7. Intoxication - Being legally intoxicated, or being under the influence of any narcotic, unless such is taken under the direction of a physician.
8. Illegal Acts - Participating or attempting to participate in an illegal activity or working at an illegal job.
9. Sports - Participating in any organized sport: professional or semi-professional.
10. Routine physical exams and rest cures.
11. Custodial care. This is care meant simply to help people who cannot take care of themselves.
12. Treatment for being overweight, gastric bypass or stapling, intestinal bypass, and any related procedures, including complications.
13. Services performed by a relative.
14. Services related to sex change, sterilization, in vitro fertilization, reversal of a vasectomy or tubal ligation.
15. A service or a supply furnished by or on behalf of any government agency unless payment of the charge is required in the absence of insurance.
16. Elective abortion.
17. Treatment, services, or supplies received outside the United States and its possessions or Canada.
18. Injury or sickness covered by Worker's Compensation.
19. Dental services or treatment.
20. Cosmetic surgery, except when due to medically necessary reconstructive plastic surgery.
21. Mental or emotional disorders without demonstrable organic disease.
22. Alcoholism, drug addiction, or chemical dependency.

Aflac Group Hospital Indemnity Rates

Plan I - Low	Semi-Monthly Rates	Plan II - High	Semi-Monthly Rates
Employee	\$6.93	Employee	\$14.72
Employee + Spouse	\$14.22	Employee + Spouse	\$30.21
Employee + Child(ren)	\$12.04	Employee + Child(ren)	\$25.91
Family	\$19.33	Family	\$41.40





Group Critical Illness Plan

without Cancer



Plan Features

- Benefits are paid directly to you, unless otherwise assigned
- Benefit amounts are available up to \$50,000 for employees and up to \$30,000 for spouses
- Dependent children are covered at 50% of the primary insured's amount at no additional charge
- There are no pre-existing condition limitations
- The plan doesn't have a waiting period for benefits
- Benefits do not reduce as insureds get older
- Coverage is portable, with certain stipulations
- Annual health screening benefit is included
- Premiums are paid through convenient payroll deduction
- Guaranteed-Issue coverage is available (which means you may qualify for coverage without having to answer health questions).

Underwriting Guidelines – Guaranteed- Issue

Guaranteed-issue coverage is available for all eligible employees. The following options are available: Up to **\$30,000** for employees and up to **\$15,000** for spouses with no participation requirement.

For employee amounts over **\$30,000** and spouse amounts over **\$15,000**:

All applicants are required to answer underwriting questions. Employees who would otherwise be declined will be issued the lesser of the amount applied for or the guaranteed-issue limit.

Individual Eligibility

Issue Ages:

- Employee 18+
- Spouse 18+
- Children under age 26

Benefit-eligible employees who work at least **30 hours** weekly are eligible. If an employee is eligible, his spouse is also eligible to apply for coverage. Dependent children under the age of 26 are automatically covered. Seasonal and temporary workers are not eligible to participate.

Spouse Coverage Available

Spouse coverage is available up to **100%** of the employee's face amount, subject to the minimum face amount of \$5,000. To apply for spouse coverage, **the employee must also apply.**

If the employee does not meet the underwriting requirements necessary to participate in the plan, the spouse can still obtain coverage. The spouse would then become the primary insured and be limited to face amounts between \$5,000 and \$30,000.

Dependent Children Coverage

Dependent children under the age of 26 are automatically covered at 50% of the primary insured's face amount at no additional charge. **Children-only coverage is not available.**

Waiver of Premium

If the employee becomes totally disabled due to a covered critical illness, after 90 days of total disability, we will waive premiums for the insured and any covered dependents. As long as the insured remains totally disabled, premium will be waived up to 24 months, subject to the terms of the policy.

Successor Insured Benefit

If spouse coverage is in force at the time of the primary insured's death, the surviving spouse may elect to continue coverage. Coverage would continue at the existing spouse face amount and would also include any dependent child coverage in force at the time.

Portability

Coverage may be continued with certain stipulations. See certificate for details.

Group Critical Illness Benefits

Where applicable, covered conditions must be caused by underlying diseases as defined in the plan.

Initial Diagnosis

An insured may receive up to 100% of his face amount upon the diagnosis of a covered critical illness.

Covered Critical Illnesses and Additional Benefits	Percentage of Face Amount/Benefit
Heart Attack	100%
Major Organ Transplant (25% of this benefit is payable for insureds placed on a transplant list for a major organ transplant)	100%
Kidney Failure (End-Stage Renal Failure)	100%
Stroke	100%
Bone Marrow Transplant (Stem Cell Transplant)	100%
Sudden Cardiac Arrest	100%
Coronary Artery Bypass Surgery	25%
Coma**	100%
Severe Burns*	100%
Paralysis**	100%
Loss of Sight**	100%
Loss of Hearing**	100%
Loss of Speech**	100%
Transient Ischemic Attack (TIA)	\$250 (once per calendar year/insured)

Benefits will be based on the face amount in effect on the critical illness date of diagnosis.

*This benefit is only payable for burns due to, caused by, and attributed to, a covered accident.

**These benefits are payable for loss due to a covered underlying disease or a covered accident.

Additional Diagnosis

Once benefits have been paid for a covered critical illness, we will pay benefits for each different critical illness when the date of diagnosis is separated by at least 6 consecutive months.

Reoccurrence

Once benefits have been paid for a covered critical illness, benefits are payable for that same critical illness when the date of diagnosis is separated by at least 6 consecutive months.

Health Screening Benefit

Benefit	Benefit Amount
Health Screening Benefit	\$100 per calendar year

The Health Screening Benefit is payable once per calendar year for health screening tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations. This benefit is payable for the covered employee and spouse. This benefit is not paid for dependent children.

Heart Event Rider

Surgeries and Procedures Covered Under Plan	Percentage of Maximum Benefit
Category 1 - Specified Surgeries of the Heart	
Coronary Artery Bypass Surgery	75%*
Mitral Valve Replacement or Repair	100%
Aortic Valve Replacement or Repair	100%
Surgical Treatment of Abdominal Aortic Aneurysm	100%
Category 2 - Invasive Procedures and Techniques of the Heart	
AngioJet Clot Busting	10%
Balloon Angioplasty (or Balloon valvuloplasty)	10%
Laser Angioplasty	10%
Atherectomy	10%
Stent Implantation	10%
Cardiac Catheterization	10%
Automatic Implantable (or Internal) Cardioverter Defibrillator (AICD)	10%
Pacemakers	10%

*The 75% benefit available in the rider, combined with the partial benefit available in the certificate, equals a 100% benefit for coronary artery bypass surgery.

Benefits are payable for the specified surgeries and procedures listed above. Benefits from each category are payable once per calendar year, per insured.

If Category I and Category II procedures are performed at the same time, benefits will be payable only at the highest benefit level and will not exceed the percentage shown above.

Optional Benefits Rider

Illnesses Covered Under Plan	Percentage of Face Amount
Benign Brain Tumor	100%
Advanced Alzheimer's Disease	25%
Advanced Parkinson's Disease	25%

Benefits are payable if an insured is diagnosed with one of the conditions listed.

Limitations & Exclusions (Applies to all riders unless otherwise noted)

Exclusions

We will not pay for loss due to any of the following:

- **Self-Inflicted Injuries** – injuring or attempting to injure oneself intentionally or taking action that causes oneself to become injured.
- **Suicide** – committing or attempting to commit suicide, while sane or insane.
- **Illegal Acts** – participating or attempting to participate in an illegal activity or working at an illegal job.
- **Participation in Aggressive Conflict** of any kind, including:
 - War (declared or undeclared) or military conflicts; this does not include terrorism.
 - Insurrection or riot.
 - Civil commotion or civil state of belligerence.
- **Illegal substance abuse, which includes the following:**
 - Abuse of legally-obtained prescription medication.
 - Illegal use of non-prescription drugs.

Diagnosis, treatment, testing, and confinement must be in the United States or its territories.

All benefits under the plan, including benefits for diagnoses, treatment, confinement and covered tests, may be payable only while coverage is in force.

All limitations and exclusions that apply to the critical illness plan also apply to all riders, if applicable, unless amended by the riders.

Aflac Group Critical Illness w/out Cancer – Semi-Monthly Rates

NON-TOBACCO: Employee

	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$2.12	\$2.71	\$3.30	\$3.88	\$4.47	\$5.06	\$5.65	\$6.24	\$6.83	\$7.41
30-39	\$2.44	\$3.35	\$4.27	\$5.18	\$6.09	\$7.00	\$7.92	\$8.83	\$9.74	\$10.65
40-49	\$3.63	\$5.72	\$7.82	\$9.92	\$12.01	\$14.11	\$16.21	\$18.31	\$20.40	\$22.50
50-59	\$4.97	\$8.42	\$11.86	\$15.31	\$18.75	\$22.19	\$25.64	\$29.08	\$32.53	\$35.97
60 +	\$7.16	\$12.80	\$18.43	\$24.07	\$29.70	\$35.34	\$40.97	\$46.61	\$52.24	\$57.88

NON-TOBACCO: Spouse

	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
18-29	\$2.12	\$2.71	\$3.30	\$3.88	\$4.47	\$5.06
30-39	\$2.44	\$3.35	\$4.27	\$5.18	\$6.09	\$7.00
40-49	\$3.63	\$5.72	\$7.82	\$9.92	\$12.01	\$14.11
50-59	\$4.97	\$8.42	\$11.86	\$15.31	\$18.75	\$22.19
60 +	\$7.16	\$12.80	\$18.43	\$24.07	\$29.70	\$35.34

TOBACCO: Employee

	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$2.64	\$3.75	\$4.86	\$5.97	\$7.08	\$8.19	\$9.30	\$10.42	\$11.53	\$12.64
30-39	\$3.69	\$5.85	\$8.01	\$10.17	\$12.33	\$14.49	\$16.65	\$18.81	\$20.97	\$23.13
40-49	\$6.09	\$10.66	\$15.22	\$19.79	\$24.35	\$28.92	\$33.48	\$38.05	\$42.61	\$47.18
50-59	\$8.70	\$15.87	\$23.03	\$30.20	\$37.37	\$44.54	\$51.70	\$58.87	\$66.04	\$73.21
60 +	\$13.70	\$25.87	\$38.03	\$50.20	\$62.37	\$74.54	\$86.71	\$98.88	\$111.04	\$123.21

TOBACCO: Spouse

	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
18-29	\$2.64	\$3.75	\$4.86	\$5.97	\$7.08	\$8.19
30-39	\$3.69	\$5.85	\$8.01	\$10.17	\$12.33	\$14.49
40-49	\$6.09	\$10.66	\$15.22	\$19.79	\$24.35	\$28.92
50-59	\$8.70	\$15.87	\$23.03	\$30.20	\$37.37	\$44.54
60 +	\$13.70	\$25.87	\$38.03	\$50.20	\$62.37	\$74.54



Continental American Insurance Company
 Columbia, South Carolina
 Toll Free: 800.433.3036
 Website: aflacgroupinsurance.com



Group Critical Illness Plan with Cancer



Plan Features

- Benefits are paid directly to you, unless otherwise assigned
- Benefit amounts are available up to \$50,000 for employees and up to \$30,000 for spouses
- Dependent children are covered at 50% of the primary insured's amount at no additional charge
- There are no pre-existing condition limitations
- The plan doesn't have a waiting period for benefits
- Benefits do not reduce as insureds get older
- Coverage is portable, with certain stipulations
- Annual health screening benefit is included
- Premiums are paid through convenient payroll deduction
- Guaranteed-Issue coverage is available (which means you may qualify for coverage without having to answer health questions).

Underwriting Guidelines – Guaranteed- Issue

Guaranteed-issue coverage is available for all eligible employees. The following options are available: Up to **\$30,000** for employees and up to **\$15,000** for spouses with no participation requirement.

For employee amounts over **\$30,000** and spouse amounts over **\$15,000**:

All applicants are required to answer underwriting questions. Employees who would otherwise be declined will be issued the lesser of the amount applied for or the guaranteed-issue limit.

Individual Eligibility

Issue Ages:

- Employee 18+
- Spouse 18+
- Children under age 26

Benefit-eligible employees who work at least **30 hours** weekly are eligible. If an employee is eligible, his spouse is also eligible to apply for coverage. Dependent children under the age of 26 are automatically covered. Seasonal and temporary workers are not eligible to participate.

Spouse Coverage Available

Spouse coverage is available up to **100%** of the employee's face amount, subject to the minimum face amount of \$5,000. To apply for spouse coverage, **the employee must also apply**.

If the employee does not meet the underwriting requirements necessary to participate in the plan, the spouse can still obtain coverage. The spouse would then become the primary insured and be limited to face amounts between \$5,000 and \$30,000.

Dependent Children Coverage

Dependent children under the age of 26 are automatically covered at 50% of the primary insured's face amount at no additional charge. **Children-only coverage is not available.**

Waiver of Premium

If the employee becomes totally disabled due to a covered critical illness, after 90 days of total disability, we will waive premiums for the insured and any covered dependents. As long as the insured remains totally disabled, premium will be waived up to 24 months, subject to the terms of the policy.

Successor Insured Benefit

If spouse coverage is in force at the time of the primary insured's death, the surviving spouse may elect to continue coverage. Coverage would continue at the existing spouse face amount and would also include any dependent child coverage in force at the time.

Portability

Coverage may be continued with certain stipulations. See certificate for details.

Group Critical Illness Benefits

Where applicable, covered conditions must be caused by underlying diseases as defined in the plan.

Initial Diagnosis+

An insured may receive up to 100% of his face amount upon the diagnosis of a covered critical illness.

Covered Critical Illnesses and Additional Benefits	Percentage of Face Amount/Benefit
Cancer (Internal or Invasive) ++	100%
Heart Attack	100%
Major Organ Transplant (25% of this benefit is payable for insureds placed on a transplant list for a major organ transplant)	100%
Kidney Failure (End-Stage Renal Failure)	100%
Stroke	100%
Bone Marrow Transplant (Stem Cell Transplant)	100%
Sudden Cardiac Arrest	100%
Non-Invasive Cancer ++	25%
Coronary Artery Bypass Surgery	25%
Coma**	100%
Severe Burns*	100%
Paralysis**	100%
Loss of Sight**	100%
Loss of Hearing**	100%
Loss of Speech**	100%
Skin Cancer ++	\$250 (once per calendar year/insured)
Transient Ischemic Attack (TIA)	\$250 (once per calendar year/insured)

Benefits will be based on the face amount in effect on the critical illness date of diagnosis.

*This benefit is only payable for burns due to, caused by, and attributed to, a covered accident.

**These benefits are payable for loss due to a covered underlying disease or a covered accident.

++For employees who have chosen the without cancer plan option, these cancer benefits do not apply.

Additional Diagnosis +

Once benefits have been paid for a covered critical illness, we will pay benefits for each different critical illness when the date of diagnosis is separated by at least 6 consecutive months.

Reoccurrence +

Once benefits have been paid for a covered critical illness, benefits are payable for that same critical illness when the date of diagnosis is separated by at least 6 consecutive months.

+ If the claim is for a cancer diagnosis, the insured must be treatment-free from cancer for at least 12 months and must be in complete remission before the date of a subsequent cancer diagnosis.

Health Screening Benefit

Benefit	Benefit Amount
Health Screening Benefit	\$100 per calendar year

The Health Screening Benefit is payable once per calendar year for health screening tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations. This benefit is payable for the covered employee and spouse. This benefit is not paid for dependent children.

Heart Event Rider

Surgeries and Procedures Covered Under Plan	Percentage of Maximum Benefit
Category 1 - Specified Surgeries of the Heart	
Coronary Artery Bypass Surgery	75%*
Mitral Valve Replacement or Repair	100%
Aortic Valve Replacement or Repair	100%
Surgical Treatment of Abdominal Aortic Aneurysm	100%
Category 2 - Invasive Procedures and Techniques of the Heart	
AngioJet Clot Busting	10%
Balloon Angioplasty (or Balloon valvuloplasty)	10%
Laser Angioplasty	10%
Atherectomy	10%
Stent Implantation	10%
Cardiac Catheterization	10%
Automatic Implantable (or Internal) Cardioverter Defibrillator (AICD)	10%
Pacemakers	10%

*The 75% benefit available in the rider, combined with the partial benefit available in the certificate, equals a 100% benefit for coronary artery bypass surgery.

Benefits are payable for the specified surgeries and procedures listed above. Benefits from each category are payable once per calendar year, per insured.

If Category I and Category II procedures are performed at the same time, benefits will be payable only at the highest benefit level and will not exceed the percentage shown above.

Optional Benefits Rider

Illnesses Covered Under Plan	Percentage of Face Amount
Benign Brain Tumor	100%
Advanced Alzheimer's Disease	25%
Advanced Parkinson's Disease	25%

Benefits are payable if an insured is diagnosed with one of the conditions listed.

Limitations & Exclusions *(Applies to all riders unless otherwise noted)*

Cancer Diagnosis Limitation

Benefits are payable for Cancer and/or Non-Invasive Cancer as long as the Insured:

- Is treatment-free from cancer for at least 12 months before the diagnosis date; and
- Is in complete remission prior to the date of a subsequent diagnosis, as evidenced by the absence of all clinical, radiological, biological, and biochemical proof of the presence of the cancer.

Exclusions

We will not pay for loss due to any of the following:

- **Self-Inflicted Injuries** – injuring or attempting to injure oneself intentionally or taking action that causes oneself to become injured.
- **Suicide** – committing or attempting to commit suicide, while sane or insane.
- **Illegal Acts** – participating or attempting to participate in an illegal activity or working at an illegal job.
- **Participation in Aggressive Conflict** of any kind, including:
 - War (declared or undeclared) or military conflicts; this does not include terrorism.
 - Insurrection or riot.
 - Civil commotion or civil state of belligerence.
- **Illegal substance abuse, which includes the following:**
 - Abuse of legally-obtained prescription medication.
 - Illegal use of non-prescription drugs.

Diagnosis, treatment, testing, and confinement must be in the United States or its territories.

All benefits under the plan, including benefits for diagnoses, treatment, confinement and covered tests, may be payable only while coverage is in force.

All limitations and exclusions that apply to the critical illness plan also apply to all riders, if applicable, unless amended by the riders.

Notices

This booklet is a brief description of coverage, not a contract. Read your certificate carefully for exact plan language, terms, and conditions. If this coverage will replace any existing individual policy, please be aware that it may be in your best interest to maintain your individual guaranteed-renewable policy.

Notice to Consumer: The coverages provided by Continental American Insurance Company (CAIC) represent supplemental benefits only. They do not constitute comprehensive health insurance coverage and do not satisfy the requirement of minimum essential coverage under the Affordable Care Act. CAIC coverage is not intended to replace or be issued in lieu of major medical coverage. It is designed to supplement a major medical program.

Aflac Group Insurance is underwritten by Continental American Insurance Company (CAIC), a proud member of the Aflac family of insurers, is a wholly-owned subsidiary of Aflac Incorporated and underwrites group coverage. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands. Continental American Insurance Company, Columbia, South Carolina.

EXP (10/22)

Aflac Group Critical Illness w/ Cancer – Semi-Monthly Rates

NON-TOBACCO: Employee

	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$2.88	\$4.21	\$5.55	\$6.88	\$8.22	\$9.55	\$10.89	\$12.23	\$13.56	\$14.90
30-39	\$3.62	\$5.70	\$7.78	\$9.86	\$11.94	\$14.02	\$16.10	\$18.18	\$20.26	\$22.34
40-49	\$5.95	\$10.36	\$14.77	\$19.18	\$23.59	\$28.00	\$32.41	\$36.82	\$41.23	\$45.64
50-59	\$9.65	\$17.76	\$25.87	\$33.98	\$42.09	\$50.20	\$58.30	\$66.41	\$74.52	\$82.63
60 +	\$16.50	\$31.45	\$46.41	\$61.36	\$76.32	\$91.27	\$106.23	\$121.18	\$136.14	\$151.09

NON-TOBACCO: Spouse

	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
18-29	\$2.88	\$4.21	\$5.55	\$6.88	\$8.22	\$9.55
30-39	\$3.62	\$5.70	\$7.78	\$9.86	\$11.94	\$14.02
40-49	\$5.95	\$10.36	\$14.77	\$19.18	\$23.59	\$28.00
50-59	\$9.65	\$17.76	\$25.87	\$33.98	\$42.09	\$50.20
60 +	\$16.50	\$31.45	\$46.41	\$61.36	\$76.32	\$91.27

TOBACCO: Employee

	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$3.50	\$5.47	\$7.43	\$9.40	\$11.36	\$13.33	\$15.29	\$17.26	\$19.22	\$21.19
30-39	\$5.05	\$8.57	\$12.08	\$15.59	\$19.10	\$22.62	\$26.13	\$29.64	\$33.15	\$36.67
40-49	\$9.03	\$16.53	\$24.02	\$31.52	\$39.01	\$46.50	\$54.00	\$61.49	\$68.99	\$76.48
50-59	\$15.50	\$29.47	\$43.43	\$57.40	\$71.36	\$85.32	\$99.29	\$113.25	\$127.22	\$141.18
60 +	\$27.12	\$52.70	\$78.29	\$103.87	\$129.45	\$155.03	\$180.61	\$206.20	\$231.78	\$257.36

TOBACCO: Spouse

	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
18-29	\$3.50	\$5.47	\$7.43	\$9.40	\$11.36	\$13.33
30-39	\$5.05	\$8.57	\$12.08	\$15.59	\$19.10	\$22.62
40-49	\$9.03	\$16.53	\$24.02	\$31.52	\$39.01	\$46.50
50-59	\$15.50	\$29.47	\$43.43	\$57.40	\$71.36	\$85.32
60 +	\$27.12	\$52.70	\$78.29	\$103.87	\$129.45	\$155.03



Continental American Insurance Company
Columbia, South Carolina
Toll Free: 800.433.3036
Website: aflacgroupinsurance.com



Short-Term Disability Plan



Class Description

All Eligible Employees working a minimum of 30 hours per week, electing to participate in the Voluntary Short Term Disability Insurance.

Disability

You are considered disabled if, because of injury or sickness, you cannot perform the material and substantial duties of your regular occupation. You are not working in any occupation and are under the regular attendance of a Physician for that injury or sickness.

Monthly Benefit

You can choose a benefit in \$100 increments up to 70% of an Employee's covered basic monthly earnings to a maximum monthly benefit of \$2,000. The minimum monthly benefit is \$500.

Elimination Period

This means a period of time a disabled Employee must be out of work and totally disabled before weekly benefits begin; seven (7) consecutive days for a sickness and zero (0) days for injury.

Benefit Duration

This is the period of time that benefits will be payable for disability. You can choose a maximum STD benefit duration, if continually disabled, of thirteen (13) weeks.

Basis of Coverage

24 Hour Coverage, on or off the job.

Maternity Coverage

Benefits will be paid the same as any other qualifying disability, subject to any applicable pre-existing condition exclusion.

STD Pre-Existing Condition Exclusion

3/12, If a person receives medical treatment, or service or incurs expenses as a result of an Injury or Sickness within 3 months prior to the Individual Effective Date, then the Group Policy will not cover any Disability which is caused by, contributed to by, or resulting from that Injury or Sickness; and begins during the first 12 months after the Person's Individual Effective Date. This Pre-Existing Condition limitation will be waived for all Persons who were included as part of the final premium billing statement received by AUL/OneAmerica from the prior carrier and will be Actively at work on the effective date.

Recurrent Disability

If you resume Active Work for 30 consecutive workdays following a period of Disability for which the Weekly Benefit was paid, any recurrent Disability will be considered a new period of Disability. A new Elimination Period must be completed before the Weekly Benefit is payable.

Portability

Once an employee is on the AUL disability plan for 3 consecutive months, you may be eligible to port your coverage for one year at the same rate without evidence of insurability. You have 31 days from your date of termination to apply for portability by calling 800-553-5318. The Portability Privilege is not available to any Person that retires (when the Person receives payment from any Employer's Retirement Plan as recognition of past services or has concluded his/her working career).

Annual Enrollment

Employees who did not elect coverage during their initial enrollment period are eligible to sign up for \$500 to \$1,000 monthly benefit without medical questions. Employees may increase their coverage up to \$500 monthly benefit without medical questions. The maximum benefit cannot exceed 70% of basic monthly earnings and must be in \$100 increments.

Exclusions and Limitations

This plan will not cover any disability resulting from war, declared or undeclared or any act of war; active participation in a riot; intentionally self-inflicted injuries; commission of an assault or felony; or a pre-existing condition for a specified time period.

This information is provided as a summary of the product. It is not a part of the insurance contract and does not change or extend AUL's liability under the group policy. If there are any discrepancies between this information and the group, the group policy will prevail.

AUL Short-Term Disability Rates

Benefit Duration
13 weeks

Monthly Benefit	Semi-Monthly Premium
\$500	\$5.18
\$600	\$6.21
\$700	\$7.25
\$800	\$8.28
\$900	\$9.32
\$1,000	\$10.36
\$1,100	\$11.39
\$1,200	\$12.43
\$1,300	\$13.46
\$1,400	\$14.50
\$1,500	\$15.53
\$1,600	\$16.57
\$1,700	\$17.60
\$1,800	\$18.64
\$1,900	\$19.67
\$2,000	\$20.71



AMERICAN UNITED LIFE
INSURANCE COMPANY®
a ONEAMERICA® company

Customer Service: 800-553-5318
Disability Claims: 855-517-6365 | Fax: 844-287-9499
Disability Claims Email: Disability.Claims@oneamerica.com
www.employeebenefits.aul.com



Long-Term Disability Plan



LTD Class Description

All Full-Time Eligible Employees working a minimum of 30 hours per week, electing to participate in the Voluntary Long-Term Disability.

LTD Monthly Benefit

You can choose to **insure up to 60% of an Employee's covered basic monthly earnings to a maximum monthly benefit of \$2,000 in \$500 increments. The minimum benefit is \$500.**

LTD Elimination Period

This means a period of time a disabled Employee must be out of work and totally disabled before weekly benefits begin; 90 consecutive days for a sickness or injury.

LTD Benefit Duration

This is the period of time that benefits will be payable for long-term disability. Up to 5 years if disabled prior to age 61, or if disabled after age 61, as outlined below:

Age When Total Disability Begins	Maximum Period Benefits are Payable
Prior to Age 61	5 Years
61	Lesser of SSFRA or 5 Years
62	3.5 Years
63	3 Years
64	2.5 Years
65	2 Years
66	21 Months
67	18 Months
68	15 Months
Age 69 and Over	12 Months

LTD Total Disability Definition

An Insured is considered Totally Disabled, if, because of an injury or sickness, he cannot perform the material and substantial duties of his Regular Occupation, is not working in any occupation and is under the regular care of physician. After benefits have been paid for 24 months, the definition of disability changes to mean the Insured cannot perform the material and substantial duties of any Gainful Occupation for which he is reasonably fitted for by training, education or experience.

Special Conditions

Benefits for Disability due to Special Conditions, whether or not benefits were sought because of the condition, will not be payable beyond 24 months. Benefit payments for Special Conditions are cumulative for the lifetime of the contract.

Mental & Nervous / Drug & Alcohol

Benefit payments will be limited to benefit duration or 24 months, whichever is less, cumulative for each of these limitations for treatment received on an outpatient basis. Benefit payments may be extended if the treatment for the disability is received while hospitalized or institutionalized in a facility licensed to provide care and treatment for the disability.

Other Income Offsets

AUL will not reduce your LTD disability benefit with other disability income benefits that you might be receiving from AUL or external sources such as Social Security or other disability or income benefits you may receive, or be eligible to receive.

Waiver of Premium

AUL will waive the premium payments for your coverage while you are disabled and will continue to be waived during the elimination period and the benefit eligibility period.

Pre-Existing Condition Exclusion

3/12, If a person receives medical treatment, or service or incurs expenses as a result of an Injury or Sickness within 3 months prior to the Individual Effective Date, then the Group Policy will not cover any Disability which is caused by, contributed to by, or resulting from that Injury or Sickness; and begins during the first 12 months after the Person's Individual Effective Date.

Continuity of Coverage will apply if the employee was insured under the employers' prior group plan on the effective date of coverage. This means the benefit payable will be the lesser of the prior plan's or AUL's benefit.

Portability

Once an employee is on the AUL disability plan for 3 consecutive months, you may be eligible to port your coverage for one year at the same rate without evidence of insurability. You have 31 days from your date of termination to apply for portability by calling 800-553-5318.

The Portability Privilege is not available to any Person that retires (when the person receives payment from any Employer's Retirement Plan as recognition of past services or has concluded his/her working career).

Annual Enrollment

Enrollees that did not elect coverage during their initial enrollment are eligible to sign up for \$500 or \$1000 monthly benefit without medical questions. The maximum benefit cannot exceed 60% of basic monthly earnings. ***Please note, annual increases are not available for LTD coverage.**

Exclusions and Limitations

This plan will not cover any disability resulting from certain events or conditions such as but not limited to war, declared or undeclared or any act of war; active participation in a riot; intentionally self-inflicted injuries; commission of an assault or felony; or a pre-existing condition for a specified time period. Additional exclusions and limitations may apply.

AUL Long-Term Disability Semi-Monthly Rates

Monthly Benefit Amount	Age 0 - 29	Age 30 - 39	Age 40 - 49	Age 50 - 59	Age 60 +
\$500	\$1.88	\$3.13	\$4.08	\$11.00	\$16.50
\$1,000	\$3.75	\$6.25	\$8.15	\$22.00	\$33.00
\$1,500	\$5.63	\$9.38	\$12.23	\$33.00	\$49.50
\$2,000	\$7.50	\$12.50	\$16.30	\$44.00	\$66.00



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This information is provided as a Benefit Outline. It is not part of the insurance policy and does not change or extend American United Life Insurance Company's liability under the group Policy. Employers may receive either a group Policy or a Certificate of Insurance containing a detailed description of the insurance coverages under the group Policy. If there are any discrepancies between this information and the group Policy, the Policy will prevail.



Universal Life Plan



Trustmark Universal Life

Protecting your loved ones is one of life's greatest responsibilities. When a family loses someone, in addition to grief, survivors may suddenly be faced with costly expenses and debts, and even a loss of income. Universal Life can help. Whether you are married, a parent or single and starting out, Universal Life helps take care of the people important to you if tragedy happens. You can choose a plan and benefit amount that provides the right protection for you. Universal Life insurance can mean those left behind are still able to pursue their own dreams, and help ensure that the ending of one story won't stop the beginning of another.

Plan Features

- ✓ Universal Life is **flexible permanent** life insurance designed to last a lifetime.
- ✓ The younger you are when you enroll, the **more benefit** you receive for the same premium.
- ✓ **No medical exams** or blood work – just answer a few simple Questions.

Long-Term Care

At any point in your life, you may need long-term care services, which could cost hundreds of dollars per day. Universal Life includes a long-term care (LTC) benefit that can help pay for these services at any age. With either option, this benefit remains at the same level throughout your life, so the full amount is always available when you most need it.

How it Works: You can collect 4% of your Universal Life death benefit per month for up to 25 months to help pay for long-term care services, **PLUS** if you collect a benefit for LTC, your full death benefit is still available for your beneficiaries, as much as doubling your benefit.

The LTC Benefit is an acceleration of the death benefit and is not Long-Term Care Insurance (except in LA and VA, where the LTC benefit is Long-Term Care Insurance). It begins to pay after 90 days of confinement or services, and to qualify you must meet conditions of eligibility for benefits. The LTC benefits provided by this policy may not cover all of the policyholder's LTC expenses. Pre-existing condition limitation may apply. Your policy will contain complete details. You should consult a financial advisor to determine if the long-term care benefits and the retirement benefits provided by this policy are right for you.

Additional Advantages

- ✓ Keep your coverage at the same price and benefits if you change jobs or retire.
- ✓ Apply for coverage for family members: spouse, children and grandchildren.
- ✓ Convenient payroll deduction; pay via direct bill, bank draft or credit card if you leave your employer.
- ✓ Buy term life insurance for your children. They can later simply convert this rider to a permanent Universal Life policy.
- ✓ Benefits for terminal illness – use part of your death benefit to help manage cost if you're diagnosed with a terminal illness.

What Can Universal Life Benefits Help Pay For?

- ✓ Funeral and burial costs
- ✓ Tuition and loans
- ✓ Rent or mortgage payments
- ✓ Credit card bills
- ✓ Retirement savings
- ✓ Medical expenses

Universal Life Sample Rates

Sample ranges of weekly rates for employee-only, non-smoker coverage with long-term care benefit. Your exact rate may depend on additional features selected by you and/or by your employer.

Age at purchase	\$25,000 Universal Life policy
30	From \$5.06 - \$6.27
40	From \$7.42 - \$9.44
50	From \$11.92 - \$15.44

Sample rates are shown for illustrative purposes only. Rates may vary by age, smoking status, state, employer and features selected by you and/ or by your employer. An application for insurance must be completed to obtain coverage.

Note: Your rate is "locked in" at your age at purchase! Once you have a policy, your rate will never increase due to age.

This provides a brief description of your benefits under GUL205/UL205 and applicable riders HH/LTC205, BRR205, BXR205, ABR205, ADB205, CT205 and WP205. Benefits, definitions, exclusions, form numbers and limitations may vary by state. This policy contains a provision that guarantees against lapse for a period of 10 years (14 years in OR; 15 years for Universal LifeEvents) as long as premiums are paid as planned. If you make changes to your coverage during this period, or pay only the minimum premium, you may prevent cash value accumulation or reduce your death benefit amount. If there is negative cash value at the end of the no-lapse period, you must pay enough premium to establish positive cash value. You may also need to maintain your policy with a higher premium than the one you paid to satisfy the no-lapse guarantee or coverage may expire prior to age 100 even if the premium shown is paid as scheduled. A policy illustration will be delivered with your policy. Your policy will contain complete information. For costs and further details of the coverage, including exclusions, any reductions or limitations and terms under which the policy may be continued in force, see your agent or write to the company. For exclusions and limitations that may apply, visit www.trustmarkinsurances.com/disclosures/UL/A112-2216-UL. In California, review "A Consumer's Guide to Long-term Care from the Department of Aging" at http://www.asiine.ca.gov/about/cda/publications/Taking_Care_of_Tomorrow_English/. Underwriting conditions may vary, and determine eligibility for the offer of insurance. Trustmark® and LifeEvents® are registered trademarks of Trustmark Insurance Company.



Identity Theft & Legal Protection



Have You Ever?

- ✓ Needed your Will prepared or updated
- ✓ Signed a contract
- ✓ Received a moving traffic violation
- ✓ Worried about being a victim of Identity theft
- ✓ Been concerned about your child's identity
- ✓ Had social media accounts? (Facebook, Instagram, Twitter, LinkedIn, Youtube)

The LegalShield Membership Includes:

- ✓ Dedicated Law Firm
- ✓ Legal Advice/Consultation on unlimited personal issues
- ✓ Letters/Calls made on your behalf
- ✓ Contracts/Documents Reviewed up to 15 pages
- ✓ Residential Loan Document Assistance
- ✓ Lawyers prepare your Will/Living Will/Health Care
- ✓ Power of Attorney
- ✓ Speeding Ticket Assistance (available 15 days after enrollment)
- ✓ IRS Audit Assistance
- ✓ Trial Defense (if named defendant/respondent in a covered civil action suit)
- ✓ Uncontested Divorce, Separation, Adoption and/or Name Change Representation (available 90 days after enrollment)
- ✓ 25% Preferred Member Discount (bankruptcy, criminal charges, DUI, personal injury, etc.)
- ✓ 24/7 Emergency Access for covered situations

The IDShield Membership Includes:

- ✓ Credit Monitoring Continuous credit monitoring through TransUnion
- ✓ Online Privacy Management IDShield provides consultation and guidance on ways participants can protect their privacy and personally identifiable information across the internet and on their smart devices.
- ✓ NEW! Reputation Management & Score Scans social media accounts for existing content that could be damaging to participants online reputation. Ranks your online reputation risk by giving you a score based off the content found on your social media accounts.
- ✓ Financial Account Monitoring Accounts monitored include checking, savings, employer 401k accounts, loans and more.
- ✓ \$1 Million Protection Policy Coverage for lost wages, legal defense fees, stolen funds and more.
- ✓ Unlimited Service Guarantee Ensures that we won't give up until your identity is restored!
- ✓ Identity Restoration Performed by Licensed Private Investigators to restore your identity to its pre-theft status.
- ✓ 24/7 Emergency Access In the event of an identity theft emergency

LegalShield | IDShield Semi-Monthly Rates

Payment Frequency	Individual	Family
LegalShield	\$9.48	\$9.48
IDShield	\$4.48	\$9.48
Combined	\$13.95	\$16.95

LegalShield legal plans cover the member; member's spouse; never married dependent children under 26 living at home; dependent children under the age 18 for whom the member is the legal guardian; never married dependent children up to age 26 if a full-time college student; or physically or mentally disabled dependent children.

IDShield family coverage includes, the member, member's spouse and up to 8 minor children under the age of 18. Dependents age 18-26 receive consultation and restoration only.

This is a general overview and is for illustrative purposes only. Plans and services vary from state to state. See plan contract for your state of residence for complete terms, coverage, amounts, conditions and exclusions.



Continuation of Benefits

If you Leave Employment

Aflac Group Policies

If you are no longer employed and would like to keep your current Aflac Group plans in place, you may be able to port your plans. Please visit <http://www.aflacgroupinsurance.com/>, under Customer Service > Service Requests > Continuation of Coverage. Follow the steps to port your Aflac Group plans. For more information, contact **Aflac at 1-800-433-3036**.

AUL Short & Long-Term Disability

Once an employee is on the AUL disability plan(s) for 3 months, you can port the coverage for one year at the same cost without evidence of insurability. You have 30 days from your date of termination to port your coverage by calling **AUL at 1-800-553-5318**.

FBA Flexible Spending Accounts

To continue your Medical Reimbursements, you and your covered dependents are eligible to continue coverage through COBRA. Upon termination, you will receive notification from Flexible Benefits Administrators (FBA), your COBRA administrator, with premium and continuation options. Should you have any questions, you may contact **FBA at 1-800-426-3539**.

MetLife Group Cancer Plan

You may continue your MetLife cancer plan on the date the policy terminates or the date the named Insured ceases to be a member of an eligible class, named Insureds and their covered dependents will be eligible to exercise the portability privilege. For more information, contact **Bay Bridge Administrators at 1-800-845-7519**.

Trustmark Accident and/or Universal Life

When you leave employment, you may continue your Accident and/or Universal Life coverage by having the premiums that are currently deducted from your paycheck billed to your home address or drafted from your bank account. You may do that by contacting **Trustmark at 1-800-918-8877 (opt 6)**.

Contact Information

Aflac

P.O. Box 84075
Columbus, GA 31993
Phone: 1-800-433-3036
Email: cscmail@Aflac.com
Aflacgroupinsurance.com

American United Life (AUL)

One America Square | P.O. Box 368
Indianapolis, IN 46206-0368
Claims Toll-Free Number: 1-855-517-6365
Customer Service: 1-800-553-5318
www.oneamerica.com

Flexible Benefit Administrators, Inc.

2875 Sabre Street, Suite 300
Virginia Beach, VA 23450
Phone: 1-800-437-3539
Fax: 1-757-431-1155
www.flex-admin.com

LegalShield

One Pre-Paid Way
Ada, OK 74820
1-800-654-7757
Legalshield.com

MetLife

Bay Bridge Administrators, LLC
P.O. Box 161690 • Austin, TX 78716
1-800-845-7519
512-275-9350 (Fax)
Submit claims to claims@bbadmin.com
www.bbadmin.com

Texas Life Insurance Company

P.O. Box 830
Waco, TX 76703-0830
1-800-283-9233
www.texaslife.com

Trustmark Life Insurance Company

P.O. Box 7937 | Lake Forest, IL 60045
Customer Service: 1-800-918-8877 (option 6)
customercare@trustmarksolutions.com
Claims Information:
1-877-201-9373 (phone) | 1-508-853-2867 (fax)
MAWorksite@trustmarkins.com
www.trustmarkins.com





View additional benefits information
or download forms at:
mymarkiii.com

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**300 W. Watauga Ave.
Johnson City, TN 37604**

**(800) 532-1044
(704) 365-4280**