



**Rockdale County  
Public Schools**



# EMPLOYEE BENEFITS HANDBOOK

Plan Year: January 1, 2024 - December 31, 2024

# Table of Contents

Disclaimer .....	Page 2
Important Points .....	Page 3
Qualifying Life Events .....	Page 4
Welcome to Your Benefits .....	Page 5
How to Enroll .....	Page 6
Employee Benefits Portal .....	Page 7
MyMark III Mobile App .....	Page 8
Filing a Claim .....	Page 9
Wellness Benefits .....	Page 10
2024 Group Medical Insurance .....	Page 12
FBA Flexible Spending Accounts .....	Page 13
Ameritas Dental .....	Page 16
Ameritas/EyeMed Vision .....	Page 18
MetLife Group Cancer .....	Page 20
Aflac Group Accident .....	Page 24
Aflac Group Hospital Indemnity (Non-HSA).....	Page 28
Aflac Group Hospital Indemnity (HSA) .....	Page 31
Aflac Group Critical Illness .....	Page 33
AUL Short-Term Disability .....	Page 37
AUL Long-Term Disability .....	Page 39
AUL Term Life .....	Page 41
Trustmark Universal Life .....	Page 43
AUL Employee Assistance Program .....	Page 44
Continuation of Benefits .....	Page 45
Contact Information .....	Page 46

*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](http://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, 2024 to December 31, 2024. This means your benefit elections will take effect January 1, 2024 unless otherwise noted.
- ✓ If you wish to add or make changes to your benefit elections, you have the option of speaking with a trusted Mark III Benefits Counselor during your scheduled open enrollment.
- ✓ Once the enrollment period is over, you will not be able to make changes unless you experience a qualifying life event outlined by the IRS.
- ✓ **REMINDER!** Employees must re-enroll in their Flexible Spending and Dependent Care accounts each year! It will not automatically renew.
- ✓ 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 at <https://mymarkiii.com/rockdalecountyschoolsga/>.



# 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.” Please contact your Group Contact for information on cancelling post-tax benefits.

## 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. This guide is simply a brief summary of benefits offered and does not constitute a policy.



## Pre-Tax Benefit Information

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 unless you have a qualifying life event (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.

- ✓ FBA Flexible Spending Accounts
- ✓ Ameritas Dental
- ✓ Ameritas/EyeMed Vision
- ✓ MetLife Group Cancer
- ✓ Aflac Group Accident
- ✓ Aflac Group Hospital Indemnity

## Post-Tax Benefit Information

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 life event outlined by the IRS (i.e. birth of a child, divorce, separation, reduction in hours, etc.).

- ✓ AUL Group Critical Illness
- ✓ AUL Short-Term Disability
- ✓ AUL Long-Term Disability – *Employer Paid*
- ✓ AUL Basic Term Life – *Employer Paid*
- ✓ AUL Voluntary Term Life
- ✓ Trustmark Universal Life

# How to Enroll at Open Enrollment

## *Onsite Enrollment*

Our trusted Mark III Benefits Counselors will be available to meet with employees onsite to explain the benefits offered and to help get you enrolled.

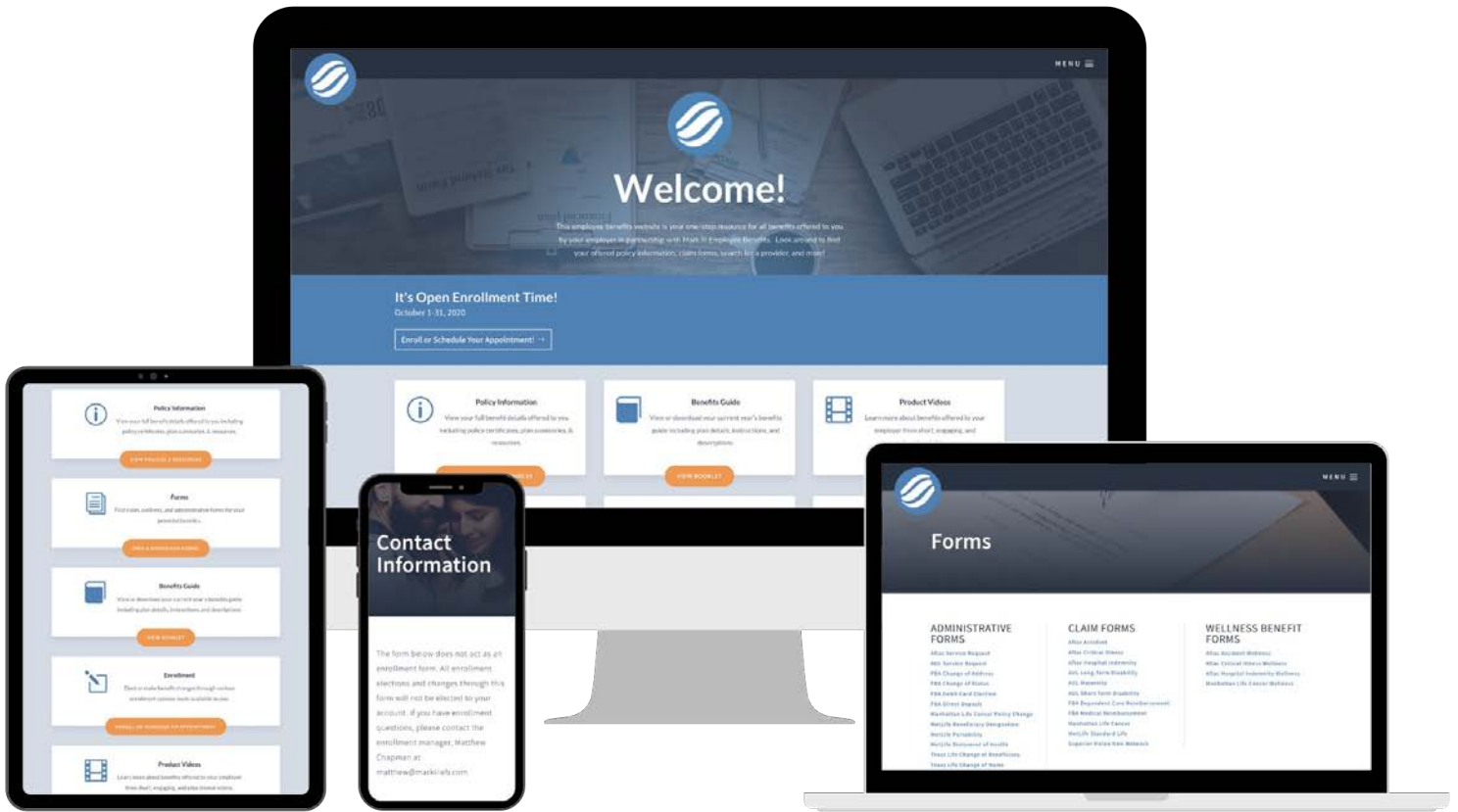
## *Employee Benefits Portal*

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



# Employee Benefits Portal

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



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



*Scan me!*

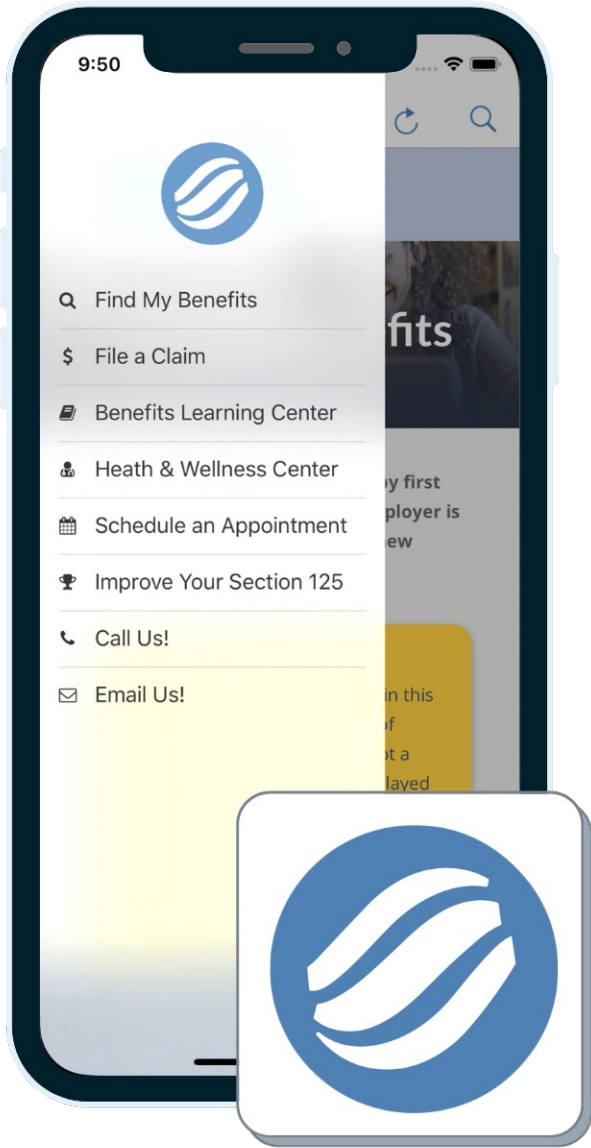
Available 24/7\* from any internet enabled device for your convenience.

*\*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/rockdalecountyschoolsga/forms/> to download your claim form. Wellness Benefits can also be called into 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.

## Group Aflac

Visit <https://mymarkiii.com/rockdalecountyschoolsga/forms/> to download your claim form or to file online visit <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/rockdalecountyschoolsga/forms/> to download your claim form. Complete the form and send the form and supporting documentation by email, fax, or mail. If you have any questions when completing the claim forms, please call a claims representative at 1-855-517-6365.

## Employee Benefits Portal

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

**Visit:** <https://mymarkiii.com/rockdalecountyschoolsga/>





# Wellness Benefits

## What is a Wellness Benefit?

Certain plans have a wellness feature built into your benefit options. This benefit gives **money back to you** for having a qualified screening test and then filing a claim for the screening test performed.

## Qualified Screening Test\*

- ✓ Hemocult stool analysis
- ✓ Breast ultrasound
- ✓ Mammography
- ✓ CA 125 (blood test for ovarian cancer)
- ✓ CA 15-3 (blood test for breast cancer)
- ✓ CEA (blood test for colon cancer)
- ✓ Colonoscopy
- ✓ Pap smears
- ✓ Blood Screenings
- ✓ PSA (blood test for prostate cancer)
- ✓ Stress test (bicycle or treadmill)
- ✓ Electrocardiogram (EKG)
- ✓ Coronavirus Testing



*\*The list of screening test above is for illustrative purposes. Please see your plan provisions and limitations for a full list of qualified screening test.*

## Get Paid by Staying Proactive!

- ✓ MetLife Group Cancer Wellness Benefit Amount - **\$100**
- ✓ Aflac Group Accident Wellness Amount - **\$75**
- ✓ Aflac Group Hospital Indemnity Wellness Amount - **\$50**
- ✓ Aflac Group Critical Illness Wellness Amount - **\$100**

## Download Your Wellness Claim(s)

Visit your employee benefits portal to download your wellness benefit claim form(s).

Link: <https://mymarkiii.com/rockdalecountyschoolsga/>





# HEALTHY LIVING

*Core Benefit options to keep you  
and your family healthy.*





# 2024 Group Medical Insurance

Employees are only required to pay the monthly employee portion, as seen below. Rockdale County Public Schools (RCPS) contributes **\$1,580** for all certified employees and **\$1,195** a month for all employees who elect health benefits as part of the RCPS Total Compensation Package. Health insurance is available to employees who work at least **20 hours per week**. The State Health Benefit Plan is underwritten by the Department of Community Health (DCH), an agency of the State of Georgia.

Plan	You	You + Child(ren)	You + Spouse	You + Family
<b>Anthem Gold</b>	\$188.56	\$343.04	\$464.72	\$619.20
<b>Anthem Silver</b>	\$125.19	\$235.32	\$331.65	\$441.78
<b>Anthem Bronze</b>	\$77.69	\$154.57	\$231.90	\$308.78
<b>Anthem HMO</b>	\$148.53	\$274.99	\$380.66	\$507.12
<b>UHC HMO</b>	\$177.91	\$324.94	\$442.36	\$589.39
<b>UHC HDHP</b>	\$63.36	\$130.20	\$201.80	\$268.64
<b>Kaiser HMO</b>	\$169.54	\$311.96	\$430.64	\$573.06

**Surcharge:** An **\$80 per month tobacco surcharge** is added to your monthly premium if you or any of your covered dependents have used tobacco products in the previous 12 months.

**You will automatically be charged the applicable surcharge if you fail to answer questions concerning the tobacco surcharge.**

The State Health Benefit Plan (SHBP) website is where you will manage your Medical Benefit selections. You can find the active decision guide and manage your health care information throughout the year on the SHBP website at <https://myshbpga.adp.com/shbp/>.







# 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, 2024 and ends on December 31, 2024. You will be eligible to join the Plan on the first of the month following 30 days after your date of hire if you are classified as a full-time employee who works at least 20 hours or more per week. Those employees having a qualifying event are eligible to enroll within 31 days of the qualifying event. Deductions will 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 open 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 \$3,050.00.**

## **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 daycare 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 adopt the IRS offered 2 month 15-day grace period. 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
<b>Taxable Income</b>	<b>\$2,500.00</b>	<b>\$1,940.00</b>
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
<b>Monthly Spendable Income</b>	<b>\$1,248.75</b>	<b>\$1,403.59</b>

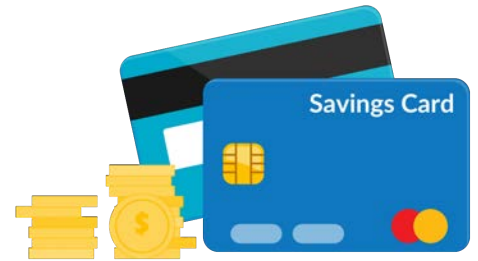
By taking advantage of the Flexible Benefit Plan, this employee was able to increase his/her spendable income by \$154.84 every month! This means an annual tax savings of \$1,858.08. Remember, with the FLEXIBLE BENEFIT PLAN, the better you plan the more you save!

### 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 (RCSD)
    - Your Benefits Card Number
- ✓ Once completed, please proceed to your account.



### Benefits Card

The Benefits Card can be used as a direct payment method for eligible expenses incurred at approved service providers and merchants. Using your card allows you instant access to your funds with no out-of-pocket expense. Please keep all your itemized receipts. Flexible Benefit Administrators, Inc. may request documentation to substantiate Benefits Card transactions to determine eligibility of an expense. Benefits Cards are available upon request of the account holder for dependents over the age of 18. Please contact Flexible Benefit Administrators, Inc. to order additional cards.

### 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](http://www.flex-admin.com)



# Dental Plan



## Dental Network Information

**FUSION** combines dental and eye care benefits into one easy-to-administer plan. This plan combines the annual maximum between the dental and vision plans. For the maximum:

- The member can use up to **\$2,000** toward any covered dental expense.
- The member can use up to **\$100** toward any covered eye care expense.
- Total benefits paid between the two coverages will not exceed **\$2,000**.

Dental Plan Benefits	
Type 1 - Preventive	100%
Type 2 - Basic	75%
Type 3 - Major	50%
Deductible - Lifetime	\$50 Type 2 & 3   Waived Type 1
Maximum (per person)	\$2,000 per calendar year
Allowance	High Plan: 90 <sup>th</sup> U&C   Low Plan: Contracted Fee
Waiting Period	None

Orthodontia Summary - Adult & Child Coverage	
Plan Benefit	50%
Lifetime Maximum (per person)	\$2,000
Lifetime Deductible	\$0
Waiting Period	None

## Sample Procedure Listing (Current Dental Terminology © American Dental Association)

Type 1 - Preventive	Type 2 - Basic	Type 3 - Major
<ul style="list-style-type: none"> <li>✓ Routine Exam (1 per 5 months)</li> <li>✓ Bitewing X-rays (1 per 5 months)</li> <li>✓ Cleaning (1 per 5 months)</li> <li>✓ Fluoride for Children 18 and under (1 in 5 months)</li> <li>✓ Space Maintainers</li> <li>✓ Full Mouth/Panoramic X-rays (1 in 2 years)</li> <li>✓ Periapical X-rays</li> <li>✓ Sealants (age 16 and under)</li> <li>✓ Anesthesia</li> </ul>	<ul style="list-style-type: none"> <li>✓ Restorative Amalgams</li> <li>✓ Restorative Composites</li> <li>✓ Crown Repair</li> <li>✓ Denture Repair</li> <li>✓ Simple Extractions</li> <li>✓ Complex Extractions</li> </ul>	<ul style="list-style-type: none"> <li>✓ Onlays</li> <li>✓ Crowns (1 in 5 years per tooth)</li> <li>✓ Endodontics (nonsurgical)</li> <li>✓ Endodontics (surgical)</li> <li>✓ Periodontics (nonsurgical)</li> <li>✓ Periodontics (surgical)</li> <li>✓ Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years)</li> </ul>

## Dental Network Information

To find a provider, visit [ameritas.com](http://ameritas.com) and select **FIND A HEALTH PROVIDER**, then **DENTAL**. Enter your criteria to search by location or for a specific dentist or practice. California Residents: When prompted to select your network, choose the Ameritas Network found on your ID Card or contact Customer Connections at 800-487-5553.

## Open Enrollment

If a member does not elect to participate when initially eligible, the member may elect to participate at the policyholder's next enrollment period. This enrollment period will be held each year and those who elect to participate in this policy at that time will have their insurance become effective on January 1.

## Ameritas Information

**We're Here to Help!** This plan was designed specifically for the associates of **Rockdale County Public Schools**. At Ameritas Group, we do more than provide coverage - we make sure there's always a friendly voice to explain your benefits, listen to your concerns, and answer your questions. Our customer relations associates will be pleased to assist you 7 a.m. to midnight (Central Time) Monday through Thursday, and 7 a.m. to 6:30 p.m. on Friday. You can speak to them by calling toll-free: 800-487-5553. For plan information any time, access our automated voice response system or go online to [ameritas.com/member](http://ameritas.com/member).

## Late Entrant

We strongly encourage you and/or your dependents to sign up for coverage when you are initially eligible. If you choose to enroll after initially declined, you and/or your eligible dependents will be considered a Late Entrant. Covered expenses will not include and benefits will not be payable in the first 12 months that a person is insured, if the person is a Late Entrant; except for a maximum of \$100 during the first benefit period for Type 1, 2 and 3 procedures.

## Dental Rewards

Your dental plan includes Dental Rewards as a way to grow your annual maximum benefit. Simply by visiting a dental provider each year and submitting a claim, you can increase your annual maximum benefit over time. After your initial benefit is used, accumulated rewards are there to help pay for more expensive procedures, such as root canals or crowns.

Here's how it works. For each year, you submit at least one dental claim and your total dental benefits paid for the year are at or under \$500 you qualify to carry over \$250 in rewards to the following year. When your dental visit is to an Ameritas network provider, you earn an extra \$100 PPO Bonus. You may accumulate rewards up to the maximum amount of \$1000. Please note, if you do not submit a dental claim during the year, no rewards are earned and accumulated rewards are reset to zero. However, you can start qualifying for rewards again the very next year.

## Pretreatment

While we don't require a pretreatment authorization form for any procedure, we recommend them for any dental work you consider expensive. As a smart consumer, it's best for you to know your share of the cost up front. Simply ask your dentist to submit the information for a pretreatment estimate to our customer relations department. We'll inform both you and your dentist of the exact amount your insurance will cover and the amount that you will be responsible for. That way, there won't be any surprises once the work has been completed.

## Section 125

This plan is provided as part of the Policyholder's Section 125 Plan. Each employee has the option under the Section 125 Plan of participating or not participating in this plan. If an employee does not elect to participate when initially eligible, he/she may elect to participate at the Policyholder's next Annual Election Period.

## Language Services

We recognize the importance of communicating with our growing number of multilingual customers. That is why we offer a language assistance program that gives you access to: Spanish-speaking claims contact center representatives, telephone interpretation services in a wide range of languages, online dental network provider search in Spanish and a variety of Spanish documents such as enrollment forms, claim forms and certificates of insurance.

### \*Covered Vision Expenses will not include and no benefits will be payable for expenses incurred for:

1. examinations performed or frames or lenses ordered before the member was covered under the eye care expense benefits.
2. subject to extension of benefits, any examination performed or frame or lens ordered after the member's coverage under the eye care expense benefits ceases.
3. sub-normal eye care aids; orthoptic or eye care training or any associated testing.
4. non-prescription lenses.
5. replacement or repair of lost or broken lenses or frames except at normal intervals.
6. any eye examination or corrective eyewear required by an employer as a condition of employment.
7. medical or surgical treatment of the eyes.
8. any service or supply not shown on the Schedule of Eye Care Procedures.
9. coated lenses; oversize lenses (exceeding 71 mm); photo-gray lenses; polished edges; UV-400 coating and facets, and tints other than solid.
10. No benefits are payable for a service which is not listed under the list of eye care services.

## Ameritas Dental Monthly Rates

Insured	Low Plan	High Plan
Employee Only	\$22.16	\$31.68
Employee + Spouse	\$72.32	\$94.00
Employee + Child(ren)	\$76.92	\$107.80
Employee + Spouse + Children	\$93.08	\$124.16



*This document is a highlight of plan benefits provided by Ameritas Life Insurance Corp. as selected by your employer. It is not a certificate of insurance and does not include exclusions and limitations. For exclusions and limitations, or a complete list of covered procedures, contact your benefits administrator.*

**For Claims/Customer Service call Ameritas: 1.800.776.9446 | Website: [www.ameritas.com](http://www.ameritas.com)**





# Vision Plan



## Ameritas Group Vision Plan Summary

	EyeMed Access Network	Out-of-Network
<b>Deductibles</b>	\$10 Annual Eye Exam \$25 Eye Glass Lenses	No Deductible No Deductible
<b>Annual Eye Exam</b>	Covered in Full	Up to \$35
<b>Lenses (per pair)</b> Single Vision Bifocal Trifocal Lenticular Progressive	Covered in Full Covered in Full Covered in Full 20% Discount See lens options	Up to \$25 Up to \$40 Up to \$55 No Benefit N/A
<b>Contact Lenses</b> Medically Necessary Cosmetic (Elective)	Covered in Full Up to \$130	Up to \$200 Up to \$104
<b>Contacts</b> Fit & Follow Up Exams	Standard: Member Cost up to \$55 Premium: 10% off of retail	No Benefit
<b>Frames</b>	\$130	\$65
<b>Frequencies (months) Exam/Lens/Frame</b>	12/12/24 Based on date of service	12/12/24 Based on date of service

## Member Cost For Lens Options (may vary by prescription, option chosen and retail location)

	EyeMed Access Network	Out-of-Network
<b>Progressive Lenses</b>	Standard: \$65 + lens deductible Premium: lens cost -20% discount -\$120 allowance + Standard Progressive cost	No Benefits
<b>STD. Polycarbonate</b>	\$40	No Benefit
<b>Tint (Solid &amp; Gradient)</b>	\$15	No Benefit
<b>Scratch Resistant Coating</b>	\$15	No Benefit
<b>Anti-Reflective Coating</b>	\$45	No Benefit
<b>Ultraviolet Coating</b>	\$15	No Benefit
<b>Lasik or PRK</b>	Average discount of 15% off retail price or 5% off promotional price at US Laser network participating providers.	No Benefit

## Rx Savings

Save on Prescription medications at 60,000 Pharmacies across the nation including CVS, Walgreens, Rite Aid and Walmart. Just Present your Rx savings card. To access and print your Rx savings cards, visit [ameritas.com](http://ameritas.com), register/sign in to your secure member account and select member savings. This discount is offered at no additional cost and is not insurance.

## Ameritas Vision Monthly Rates

Insured	Monthly Rates
Employee Only	\$7.28
Employee + Spouse	\$14.04
Employee + Child(ren)	\$11.84
Employee + Spouse + Children	\$18.64

This document is a highlight of plan benefits provided by Ameritas Life Insurance Corp. as selected by your employer. It is not a certificate of insurance and does not include exclusions and limitations. For exclusions and limitations, or a complete list of covered procedures, contact your benefits administrator.



# 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
<b>Wellness Benefit.</b> 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
<b>Positive Diagnosis Test.</b> 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
<b>First Diagnosis Benefit.</b> 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"> <li>1. \$0</li> <li>2. \$2,500</li> <li>3. \$0</li> <li>4. \$5,000</li> </ol>
<b>Second and Third Surgical Opinions.</b> Covers written opinions received after a Positive Diagnosis and before surgery. No Lifetime Maximum	Incurred Expenses
<b>Non-Local Transportation.</b> 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
<b>Adult Companion Lodging and Transportation.</b> 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 charge 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
<b>Ambulance.</b> For ambulance service if the Covered Person is taken to a Hospital and admitted as an inpatient. No Lifetime Maximum	Incurred Expenses
<b>Surgery.</b> 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
<b>Donor Benefit Bone Marrow and Stem Cell Transplant.</b> 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"> <li>a. \$200</li> <li>b. Actual billed charges for round trip coach fare; or personal automobile expense of .50¢ per mile</li> <li>c. Actual billed charges up to \$50 per day</li> </ol>
<b>Bone Marrow and Stem Cell Transplant.</b> 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
<b>Anesthesia.</b> 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
<b>Ambulatory Surgical Center.</b> We will pay the incurred expenses at an Ambulatory Surgical Center. No Lifetime Maximum	\$250 per day
<b>Drugs and Medicines.</b> 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
<b>Outpatient Anti-Nausea Drugs.</b> 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



Benefit	Benefit Option
<b>Radiation, Radioactive Isotopes Therapy, Chemotherapy, or Immunotherapy.</b> 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
<b>Miscellaneous Diagnostic Services.</b> 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
<b>Self-Administered Drugs.</b> 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
<b>Colony Stimulating Factors.</b> We will pay expenses incurred 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
<b>Blood, Plasma and Platelets.</b> For blood, plasma and platelets, and transfusions: including administration. No Lifetime Maximum	Incurred Expenses up to \$200 per day
<b>Physician's Attendance.</b> For one visit per day while Hospital confined. No Lifetime Maximum	\$35 per day
<b>Private Duty Nursing Service.</b> For private nursing services ordered by the Physician while Hospital confined. No Lifetime Maximum	\$100 per day
<b>National Cancer Institute Designated Comprehensive Cancer Treatment Center Evaluation/Consultation Benefit.</b> We will pay the actual billed charges if an 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.
<b>Breast Prosthesis.</b> Covers the prosthesis and its implantation if it is required due to breast cancer. No Lifetime Maximum	Incurred Expenses
<b>Artificial Limb or Prosthesis.</b> Covers implantation of an artificial limb or prosthesis when an amputation is performed.	Up to \$1,500 lifetime max per amputation
<b>Physical or Speech Therapy.</b> Payable when therapy is needed to restore normal bodily function. No Lifetime Maximum	\$35 per session
<b>Extended Benefits.</b> 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
<b>Extended Care Facility.</b> 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	\$50 per day
<b>At Home Nursing.</b> 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	\$100 per day
<b>New or Experimental Treatment.</b> 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
<b>Hospice Care.</b> 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	\$50 per day
<b>Government or Charity Hospital.</b> 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
<b>Hairpiece.</b> 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
<b>Rental or Purchase of Durable Goods.</b> 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
<b>Waiver of Premium.</b> 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
<b>Hospital Confinement.</b> 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.

## 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: a) Specified Disease or Specified Disease treatment; or b) 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

Monthly Rates				
Coverage Tier	Option 1	Option 2	Option 3	Option 4
Employee	\$17.65	\$23.38	\$19.63	\$30.89
Employee + Spouse	\$35.57	\$47.60	\$39.44	\$62.87
Employee + Child(ren)	\$25.19	\$33.20	\$27.64	\$43.36
Family	\$43.10	\$57.43	\$47.45	\$75.34
Variable Benefit Elections				
Benefit	Option 1	Option 2	Option 3	Option 4
Hospital Confinement	\$100	\$100	\$100	\$100
Surgical	\$3,000	\$3,000	\$3,000	\$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*



# Group Accident Plan



## Plan Features

- No limit on the number of claims.
- Benefits available for all family members.
- Provides 24-hour (on and off-job) protection.
- Benefits for both inpatient and outpatient Treatment of covered accidents.
- Guaranteed-Issue – No underwriting required to qualify for coverage.
- Waiting Period – There is no waiting period for coverage.

## Eligibility

### Issue Ages

Employee 18+

Spouse 18+

Children under age 26, dependent

## Portability

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

## Accident Benefits

Initial Accident Treatment Category	Employee	Spouse	Child
<b>Initial Treatment</b> - once per accident, within 7 days of the accident			
• ER/Urgent Care	\$100	\$100	\$100
• ER/Urgent Care with X-Ray	\$175	\$175	\$175
• Doctor's Office	\$100	\$100	\$100
• Doctor's Office with X-Ray	\$175	\$175	\$175
<b>Ambulance</b> - once per day, within 90 days of the accident. Maximum number of payments per covered accident: No Maximum			
• Ground	\$200	\$200	\$200
• Air	\$600	\$600	\$600
<b>Emergency Room Observation</b> - within 7 days of the accident. Maximum number of 24-hour periods of observation per covered accident: 1			
• Long Observation Period (24+ Hours)	\$75	\$75	\$45
<b>Blood/Plasma/Platelets</b> - within six months of the accident. Maximum number of days per covered accident: 3	\$100	\$100	\$100
<b>Concussion</b> - once per accident, within six months of the accident	\$200	\$200	\$200
<b>Coma</b> - once per accident. We will pay the amount shown if the insured is in a coma lasting 30 days or more as a result of a covered accident	\$2,000	\$2,000	\$2,000
<b>Burns</b> - once per accident, within six months of the accident			
<u>Second Degree Burns</u>			
• Less than 10%	\$125	\$125	\$125
• At least 10%, but less than 25%	\$50	\$50	\$50
• At least 25%, but less than 35%	\$125	\$125	\$125
• 35% or more	\$250	\$250	\$250
<u>Third Degree Burns</u>			
• Less than 10%	\$250	\$250	\$250
• At least 10%, but less than 25%	\$1,250	\$1,250	\$1,250
• At least 25%, but less than 35%	\$2,500	\$2,500	\$2,500
• 35% or more	\$5,000	\$5,000	\$5,000
<b>Emergency Dental Work</b> - once per accident, within six months of the accident			
• Repair with Crown	\$100	\$100	\$100
• Extraction	\$25	\$25	\$25
<b>Eye Injury</b> - removal of a foreign body	\$125	\$125	\$125

**Dislocations - Once per accident, within 90 days of the accident**

	Open Reduction			Closed Reduction		
	Employee	Spouse	Child	Employee	Spouse	Child
<b>Hip</b>	\$2,000	\$2,000	\$2,000	\$1,000	\$1,000	\$1,000
<b>Knee</b>	\$1,300	\$1,300	\$1,300	\$650	\$650	\$650
<b>Shoulder</b>	\$1,000	\$1,000	\$1,000	\$500	\$500	\$500
<b>Foot/Ankle</b>	\$800	\$800	\$800	\$400	\$400	\$400
<b>Hand</b>	\$700	\$700	\$700	\$350	\$350	\$350
<b>Lower Jaw</b>	\$600	\$600	\$600	\$300	\$300	\$300
<b>Wrist</b>	\$500	\$500	\$500	\$250	\$250	\$250
<b>Elbow</b>	\$400	\$400	\$400	\$200	\$200	\$200
<b>Finger/Toe</b>	\$160	\$160	\$160	\$80	\$80	\$80

Initial Accident Treatment Category	Employee	Spouse	Child
<b>Lacerations</b> - once per accident, within 7 days of the accident			
<u>Lacerations requiring stitches</u>			
• Under 5 centimeters	\$50	\$50	\$50
• 5 to 15 centimeters	\$100	\$100	\$100
• Over 15 centimeters	\$200	\$200	\$200
<u>Lacerations not requiring stitches</u>	\$25	\$25	\$25

**Fracture - Once per covered accident, within 90 days of the accident**

	Open Reduction			Closed Reduction		
	Employee	Spouse	Child	Employee	Spouse	Child
<b>Hip/Thigh</b>	\$5,000	\$5,000	\$5,000	\$2,500	\$2,500	\$2,500
<b>Vertebrae/Sternum</b>	\$4,500	\$4,500	\$4,500	\$2,250	\$2,250	\$2,250
<b>Pelvis</b>	\$4,000	\$4,000	\$4,000	\$2,000	\$2,000	\$2,000
<b>Skull (Depressed)</b>	\$3,750	\$3,750	\$3,750	\$1,875	\$1,875	\$1,875
<b>Leg</b>	\$3,000	\$3,000	\$3,000	\$1,500	\$1,500	\$1,500
<b>Forearm/Hand/Wrist</b>	\$2,500	\$2,500	\$2,500	\$1,250	\$1,250	\$1,250
<b>Foot/Ankle/Kneecap</b>	\$2,500	\$2,500	\$2,500	\$1,250	\$1,250	\$1,250
<b>Shoulder Blade/Collar Bone</b>	\$2,000	\$2,000	\$2,000	\$1,000	\$1,000	\$1,000
<b>Lower Jaw</b>	\$2,000	\$2,000	\$2,000	\$1,000	\$1,000	\$1,000
<b>Skull (Simple)</b>	\$1,750	\$1,750	\$1,750	\$875	\$875	\$875
<b>Upper Arm/Upper Jaw</b>	\$1,750	\$1,750	\$1,750	\$875	\$875	\$875
<b>Facial Bones (except teeth)</b>	\$1,500	\$1,500	\$1,500	\$750	\$750	\$750
<b>Vertebral Processes/Sacrum</b>	\$1,000	\$1,000	\$1,000	\$500	\$500	\$500
<b>Coccyx/Rib/Finger/Toe</b>	\$400	\$400	\$400	\$200	\$200	\$200

Initial Accident Treatment Category	Employee	Spouse	Child
<b>Outpatient Surgery and Anesthesia</b> (per day) - within one year of the accident			
• Performed in a Hospital or Ambulatory Surgical Center	\$150	\$150	\$150
Maximum number of payments per covered accident: 2			
<b>Inpatient Surgery and Anesthesia</b> (per day) - within one year of the accident			
Maximum number of payments per covered accident: 2	\$550	\$550	\$550
<b>Transportation</b> - within six months of the accident			
Maximum number of payments per covered accident: 3			
Minimum Required Distance (miles): 100			
• Plane	\$250	\$250	\$250
• Any ground transportation	\$125	\$125	\$125

(Surgical procedures may include, but are not limited to, surgical repair of: ruptured disc, tendons/ligaments, hernia, rotator cuff, torn knee cartilage, skin grafts, joint replacement, internal injuries requiring open abdominal or thoracic surgery, exploratory surgery (with or without repair), etc., unless otherwise noted due to an accidental injury.)

<i>Hospitalization Category</i>	<i>Employee</i>	<i>Spouse</i>	<i>Child</i>
<b>Hospital Admission</b> (per confinement) - once per accident, within six months of the accident. Maximum number of admissions per covered accident: 1	\$650	\$650	\$650
<b>Hospital Confinement</b> (per day) - within 6 months of the accident. Maximum days of confinement per covered accident: 365	\$225	\$225	\$225
<b>Hospital Intensive Care</b> (per day) - within 6 months of the accident. Maximum days of confinement per covered accident: 30	\$350	\$350	\$350
<b>Family Member Lodging</b> (per day) - within six months of the accident Maximum days of lodging per covered accident: 30 Minimum Required Distance (miles): 100	\$100	\$100	\$100

<i>After Care Category (Maximum number of appliances per covered accident: No Maximum)</i>	<i>Employee</i>	<i>Spouse</i>	<i>Child</i>
<b>Appliances</b> - within six months of the accident <ul style="list-style-type: none"> <li>• Cane</li> <li>• Ankle Brace</li> <li>• Walking Boot</li> <li>• Walker</li> <li>• Crutches</li> <li>• Leg Brace</li> <li>• Cervical Collar</li> <li>• Wheelchair</li> <li>• Knee Scooter</li> <li>• Body Jacket</li> <li>• Back Brace</li> </ul>	\$100	\$100	\$100
<b>Accident Follow-Up Treatment</b> - within 6 months of the accident. Initial treatment is received within 7 days of the accident. Maximum number of visits per covered accident: 3	\$40	\$40	\$40
<b>Rehabilitation Unit (per day)</b> - No more than 62 days total per calendar year for each insured. Maximum number of days per confinement: 31	\$40	\$40	\$40
<b>Therapy</b> - beginning within 90 days of the accident. Initial treatment is received within 7 days of the accident. Maximum number of visits per covered accident: 6	\$40	\$40	\$40
<b>Chiropractic or Alternative Therapy</b> - beginning within 90 days of the accident Initial treatment is received within 7 days of the accident. Maximum number of visits per covered accident: 3	\$25	\$25	\$25

<i>Life Changing Events Category</i>	<i>Employee</i>	<i>Spouse</i>	<i>Child</i>
<b>Dismemberment</b> - once per accident, within six months of the accident <ul style="list-style-type: none"> <li>• Single Loss</li> <li>• Double Loss</li> <li>• Loss of one or more fingers or toes</li> <li>• Partial Dismemberment (includes at least one joint of a finger or toe)</li> </ul>	\$5,000 \$10,000 \$500 \$50	\$3,000 \$6,000 \$200 \$50	\$1,500 \$3,000 \$100 \$50
<b>Paralysis</b> - once per accident, diagnosed by a doctor within six months of the accident <ul style="list-style-type: none"> <li>• Paraplegia</li> <li>• Quadriplegia</li> </ul>	\$1,500 \$3,000	\$750 \$1,500	\$250 \$500
<b>Prosthesis</b> - once per accident. Maximum number of prosthetic devices per covered accident: 2	\$500	\$500	\$500
<b>Prosthesis Repair/Replacement</b> - once per prosthetic device, within three years of initial Prosthesis payment	\$500	\$500	\$500

<i>Riders</i>	<i>Employee</i>	<i>Spouse</i>	<i>Child</i>
<b>Wellness Rider</b> - once per calendar year	\$75	\$75	\$75
<b>Accidental Death</b> - within 90 days of the accident	\$60,000	\$30,000	\$15,000
<b>Accidental Common-Carrier Death</b>	\$60,000	\$30,000	\$15,000

## Exclusions

We will not pay benefits for Accidental Injury, disability, or death contributed to, caused by, or resulting from:

- **War** – voluntarily participating in war, any act of war, or military conflicts, declared or undeclared, or voluntarily participating or serving in the military, armed forces, or an auxiliary unit thereto, or contracting with any country or international authority. (We will return the prorated premium for any period not covered by the certificate when the Insured is in such service.) War also includes voluntary participation in an insurrection, riot, civil commotion, or civil state of belligerence. War does not include acts of terrorism.
- **Suicide** – committing or attempting to commit suicide, while sane or insane.
- **Sickness** – having any disease or bodily/mental illness or degenerative process. We also will not pay benefits for:
  - Allergic reactions.
  - Any bacterial, viral, or microorganism infection or infestation or any condition resulting from insect, arachnid, or other arthropod bites or stings.
  - An error, mishap, or malpractice during medical, diagnostic, or surgical treatment or procedure for any sickness.
  - Any related medical/surgical Treatment or diagnostic procedures for such illness.
- **Self-Inflicted Injuries** – injuring or attempting to injure oneself intentionally.
- **Racing** – riding in or driving any motor-driven vehicle in a race, stunt show, or speed test in a professional or semi-professional capacity.
- **Intoxication** – being legally intoxicated, or being under the influence of any narcotic, unless taken under the direction of a Doctor. (Legally intoxicated means that condition as defined by the law of the jurisdiction in which the accident occurred.)
- **Illegal Occupation** – voluntarily participating in, committing, or attempting to commit a felony or illegal act or activity, or voluntarily working at, or being engaged in, an illegal occupation or job.
- **Sports** – participating in any organized sport in a professional or semi-professional capacity for pay or profit.
- **Cosmetic Surgery** – having cosmetic surgery or other elective procedures that are not medically necessary or having dental Treatment except as a result of a Covered Accident.

## Aflac Accident Monthly Rates

24 Hour Coverage	12 Pay Premiums
Employee	\$12.98
Employee & Spouse	\$22.00
Employee & Dependent Child(ren)	\$27.66
Employee & Family	\$36.68



*The Summary of Benefits is for informational purposes only and is not an offer of coverage. Please note that the above table provides only a brief, general description of coverage and does not constitute a contract. Exclusions and limitations apply.*





# Group Hospital Indemnity Plan



## Plan Description

The Aflac Group Hospital Indemnity plan provides cash benefits *directly to you* (unless otherwise assigned) that help pay for some of the costs—medical and nonmedical—associated with a covered hospital stay due to a sickness or accidental injury.

## Plan Features

- Benefits paid for covered sicknesses and accidents
- Coverage is available for all family members
- Guaranteed-issue coverage is available (which means you may qualify for coverage without answering health questions)
- Premiums paid through convenient payroll deduction
- No pre-existing limitations or waiting period
- Benefits don't reduce as you get older
- Coverage is portable (with certain stipulations)
- Annual Health Screening Benefit is included
- Benefits are paid regardless of any other medical insurance

## Additional Rider Available

- Waiver of Premium

## Underwriting Guidelines – Guaranteed-Issue

### Guaranteed-Issue

Guaranteed-issue coverage is offered to all eligible applicants during the initial enrollment and for new hires thereafter. At the group's first and second anniversary, late enrollees are eligible to enroll on a guaranteed-issue basis.

### Late Enrollee Eligibility

For late enrollees who are not eligible for guaranteed-issue: All applicants are required to answer underwriting questions.

## Individual Eligibility

### Issue Ages:

- Employee: 18+
- Spouse or Domestic Partner: 18+
- Children: Under age 26

## Spouse or Domestic Partner Coverage Available

To apply for spouse or domestic partner coverage, *you must also apply* and be issued coverage. *Spouse/Domestic Partner-only coverage is not available.*

## Dependent Children Coverage Available

Dependent children under the age of 26 can be covered. To apply for dependent child coverage, *you must also apply* and be issued coverage. If you do not have dependent child coverage, a newborn/newly adopted child will be automatically covered for 60 days from the date of birth or placement for adoption. To continue coverage beyond 60 days, you must apply for coverage for the child and pay any required premium. *Children-only coverage is not available.*

## Successor Insured Benefit

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

## Portability

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

## Group Hospital Indemnity Benefits | Hospitalization Benefits – Base Plan

Benefits	Low	High
<p><b>Hospital Admission (per confinement) – once per covered sickness or accident per calendar year for each insured</b></p> <p>We will pay the amount shown when an insured is admitted to a hospital and confined as an in-patient because of a covered accidental injury or because of a covered sickness. In order to receive this benefit for accidental 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, or for emergency room treatment or outpatient treatment. We will not pay benefits for admission of a newborn child following his birth; however, we will pay for a newborn's admission to a Hospital Intensive Care Unit if, following birth, he is confined as an inpatient as a result of a covered accidental injury or covered sickness (including congenital defects, birth abnormalities, and/or premature birth).</p>	\$500	\$1,500
<p><b>Hospital Confinement (per day) – maximum of 180 days per confinement for each covered sickness or accident for each insured</b></p> <p>We will pay this benefit in the amount shown for each day that an insured is confined to a hospital as an in-patient as the result of a covered accidental injury or because of a covered sickness. In order to receive this benefit for accidental injuries received in a covered accident, the insured must be confined to a hospital within six months of the date of the covered accident. If we pay benefits for confinement and the insured becomes confined again within six months because of the same or related condition, we will treat this confinement as the same period of confinement. This benefit is payable for only one hospital confinement at a time even if caused by more than one covered accidental injury, more than one covered sickness, or a covered accidental injury and a covered sickness.</p>	\$100	\$150

\*Residents of Massachusetts are eligible for Hospital Admission, Hospital Confinement only.

### Health Screening Benefit – Once Per Calendar Year For Each Insured

Benefit	Benefit Amount
<b>Health Screening Benefit</b>	\$50 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.

### Treatment Benefits

Benefit	Low	High
<p><b>Major Diagnostic Exams – once per covered sickness or accident per calendar year</b></p> <p>We will pay the amount shown for each day that, due to a covered accidental injury or covered sickness, an insured requires one of the following exams:</p> <ul style="list-style-type: none"> <li>• Computerized Tomography (CT/CAT scan)</li> <li>• Magnetic Resonance Imaging (MRI)</li> <li>• Electroencephalography (EEG)</li> </ul>	\$125	\$250

### Surgical Benefits

Benefit	Low	High
<p><b>Surgical Benefit (per procedure)</b></p> <p>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.</p>	Up to \$750	Up to \$1,500

### Surgical Benefits Continued

Benefit	Low	High
<p><b>Anesthesia Benefits</b></p> <p>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.</p>	Up to \$187.50	Up to \$375

## Waiver of Premium Rider

If the employee becomes totally disabled due to a covered sickness or accidental injury, 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.

## Limitations & Exclusions (applies to all riders unless otherwise noted)

### Exclusions

We will not pay for loss due to:

- **War** – voluntarily participating in war, any act of war, or military conflicts, declared or undeclared, or voluntarily participating or serving in the military, armed forces, or an auxiliary unit thereto, or contracting with any country or international authority. (We will return the prorated premium for any period not covered by the certificate when the Insured is in such service.) War also includes voluntary participation in an insurrection, riot, civil commotion or civil state of belligerence. War does not include acts of terrorism.
- **Suicide** – committing or attempting to commit suicide, while sane or insane.
- **Self-Inflicted Injuries** – injuring or attempting to injure oneself intentionally.
- **Racing** – riding in or driving any motor-driven vehicle in a race, stunt show or speed test in a professional or semi-professional capacity.
- **Illegal Occupation** – voluntarily participating in, committing, or attempting to commit a felony or illegal act or activity, or voluntarily working at, or being engaged in, an illegal occupation or job.
- **Sports** – participating in any organized sport in a professional or semi-professional capacity.
- **Custodial Care** – this is non-medical care that helps individuals with the basic tasks of everyday life, the preparation of special diets, and the self-administration of medication which does not require the constant attention of medical personnel.
- **Treatment for being overweight, gastric bypass or stapling, intestinal bypass, and any related procedures, including any resulting complications.**
- **Services performed by a Family Member.**
- **Services related to sex or gender change, sterilization, in vitro fertilization, vasectomy or reversal of a vasectomy, or tubal ligation.**
- **Elective Abortion** – an abortion for any reason other than to preserve the life of the person upon whom the abortion is performed.
- **Dental Services or Treatment.**
- **Cosmetic Surgery**, except when due to:
  - Reconstructive surgery, when the service is related to or follows surgery resulting from a Covered Accidental Injury or a Covered Sickness or is related to or results from a congenital disease or anomaly of a covered dependent child.
  - Congenital defects in newborns.

## Aflac Group Hospital Indemnity Rates

Insured	Low Plan	High Plan
Employee	\$20.96	\$42.32
Employee + Spouse	\$41.92	\$84.96
Employee + Child(ren)	\$30.96	\$61.76
Family	\$51.92	\$104.40





# Group Hospital Indemnity Plan (HSA)



## Plan Description

The Aflac Group Hospital Indemnity plan provides cash benefits **directly to you** (unless otherwise assigned) that help pay for some of the costs—medical and nonmedical—associated with a covered hospital stay due to a sickness or accidental injury.

## Plan Features

- Benefits paid for covered sicknesses and accidents
- Coverage is available for all family members
- Guaranteed-issue coverage is available (which means you may qualify for coverage without answering health questions)
- Premiums paid through convenient payroll deduction
- No pre-existing limitations or waiting period
- Benefits don't reduce as you get older
- Coverage is portable (with certain stipulations)
- Annual Health Screening Benefit is included
- Benefits are paid regardless of any other medical insurance

## Additional Rider Available

- Waiver of Premium

## Underwriting Guidelines – Guaranteed-Issue

**Guaranteed-Issue.** Guaranteed-issue coverage is offered to all eligible applicants during the initial enrollment and for new hires thereafter. At the group's first and second anniversary, late enrollees are eligible to enroll on a guaranteed-issue basis.

**Late Enrollee Eligibility.** For late enrollees who are not eligible for guaranteed-issue: All applicants are required to answer underwriting questions.

## Individual Eligibility

### Issue Ages:

- Employee: 18+
- Spouse or Domestic Partner: 18+
- Children: Under age 26

## Spouse or Domestic Partner Coverage Available

To apply for spouse or domestic partner coverage, **you must also apply** and be issued coverage. **Spouse/Domestic Partner-only coverage is not available.**

## Dependent Children Coverage Available

Dependent children under the age of 26 can be covered. To apply for dependent child coverage, **you must also apply** and be issued coverage. If you do not have dependent child coverage, a newborn/newly adopted child will be automatically covered for 60 days from the date of birth or placement for adoption. To continue coverage beyond 60 days, you must apply for coverage for the child and pay any required premium. **Children-only coverage is not available.**

## Successor Insured Benefit

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

## Portability

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

## Waiver of Premium Rider

If the employee becomes totally disabled due to a covered sickness or accidental injury, 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.

## Health Screening Benefit – Once Per Calendar Year For Each Insured

### Health Screening Benefit - \$50 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.

## Group Hospital Indemnity Benefits | Hospitalization Benefits – Base Plan

Benefits	High
<p><b>Hospital Admission (per confinement) – once per covered sickness or accident per calendar year for each insured</b>                      We will pay the amount shown when an insured is admitted to a hospital and confined as an in-patient because of a covered accidental injury or because of a covered sickness. In order to receive this benefit for accidental 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, or for emergency room treatment or outpatient treatment. We will not pay benefits for admission of a newborn child following his birth; however, we will pay for a newborn's admission to a Hospital Intensive Care Unit if, following birth, he is confined as an inpatient as a result of a covered accidental injury or covered sickness (including congenital defects, birth abnormalities, and/or premature birth).</p>	<b>\$1,500</b>
<p><b>Hospital Confinement (per day) – maximum of 180 days per confinement for each covered sickness or accident for each insured</b>                      We will pay this benefit in the amount shown for each day that an insured is confined to a hospital as an in-patient as the result of a covered accidental injury or because of a covered sickness. In order to receive this benefit for accidental injuries received in a covered accident, the insured must be confined to a hospital within six months of the date of the covered accident. If we pay benefits for confinement and the insured becomes confined again within six months because of the same or related condition, we will treat this confinement as the same period of confinement. This benefit is payable for only one hospital confinement at a time even if caused by more than one covered accidental injury, more than one covered sickness, or a covered accidental injury and a covered sickness.</p>	<b>\$150</b>

\*Residents of Massachusetts are eligible for Hospital Admission, Hospital Confinement only.

### Limitations & Exclusions (applies to all riders unless otherwise noted)

#### Exclusions

We will not pay for loss due to:

- **War** – voluntarily participating in war, any act of war, or military conflicts, declared or undeclared, or voluntarily participating or serving in the military, armed forces, or an auxiliary unit thereto, or contracting with any country or international authority. (We will return the prorated premium for any period not covered by the certificate when the Insured is in such service.) War also includes voluntary participation in an insurrection, riot, civil commotion or civil state of belligerence. War does not include acts of terrorism.
- **Suicide** – committing or attempting to commit suicide, while sane or insane.
- **Self-Inflicted Injuries** – injuring or attempting to injure oneself intentionally.
- **Racing** – riding in or driving any motor-driven vehicle in a race, stunt show or speed test in a professional or semi-professional capacity.
- **Illegal Occupation** – voluntarily participating in, committing, or attempting to commit a felony or illegal act or activity, or voluntarily working at, or being engaged in, an illegal occupation or job.
- **Sports** – participating in any organized sport in a professional or semi-professional capacity.
- **Custodial Care** – this is non-medical care that helps individuals with the basic tasks of everyday life, the preparation of special diets, and the self-administration of medication which does not require the constant attention of medical personnel.
- **Treatment for being overweight, gastric bypass or stapling, intestinal bypass, and any related procedures, including any resulting complications.**
- **Services performed by a Family Member.**
- **Services related to sex or gender change, sterilization, in vitro fertilization, vasectomy or reversal of a vasectomy, or tubal ligation.**
- **Elective Abortion** – an abortion for any reason other than to preserve the life of the person upon whom the abortion is performed.
- **Dental Services or Treatment.**
- **Cosmetic Surgery**, except when due to:
  - Reconstructive surgery, when the service is related to or follows surgery resulting from a Covered Accidental Injury or a Covered Sickness or is related to or results from a congenital disease or anomaly of a covered dependent child.
  - Congenital defects in newborns.

### Aflac Group Hospital Indemnity Monthly Rates

Covered	High Option
Employee	\$25.46
Employee + Spouse	\$51.30
Employee + Child(ren)	\$40.20
Family	\$66.04







# 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 \$50,000 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
- 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 members. The following options are available: Up to **\$30,000** for members and up to **\$30,000** for spouses with no participation requirement.

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

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 **20 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 \$25,000.

## 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.

## Portability

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

## 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.

## 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**	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)

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.

\*\*25% of this benefit is payable for Insureds placed on a transplant list for a major organ transplant.

### 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 3 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 3 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.

## Optional Benefits Rider

Illnesses Covered Under Plan	Percentage of Face Amount
Benign Brain Tumor	100%
Advanced Alzheimer's Disease	100%
Advanced Parkinson's Disease	100%
Amyotrophic Lateral Sclerosis (ALS)	100%
Sustained Multiple Sclerosis (MS)	100%

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

## Childhood Conditions Rider

Illnesses Covered Under Plan	Percentage of Face Amount
Cystic Fibrosis, Cerebral Palsy, Cleft Lip or Cleft Palate, Down Syndrome, Phenylalanine Hydroxylase Deficiency Disease (PKU), Spina Bifida	50% of employee benefit
Autism Spectrum Disorder	\$3,000

### 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 the riders 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 employee 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 10/24



## Aflac Group Critical Illness w/ Cancer – 12 Pay 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	\$3.10	\$6.19	\$9.29	\$12.39	\$15.48	\$18.58	\$21.67	\$24.77	\$27.87	\$30.96
30-39	\$4.95	\$9.91	\$14.86	\$19.81	\$24.76	\$29.72	\$34.67	\$39.62	\$44.57	\$49.53
40-49	\$8.56	\$17.12	\$25.67	\$34.23	\$42.79	\$51.35	\$59.90	\$68.46	\$77.02	\$85.58
50-59	\$13.87	\$27.75	\$41.62	\$55.49	\$69.36	\$83.24	\$97.11	\$110.98	\$124.85	\$138.73
60-69	\$24.29	\$48.58	\$72.86	\$97.15	\$121.44	\$145.73	\$170.02	\$194.31	\$218.59	\$242.88
70+	\$26.92	\$53.84	\$80.76	\$107.68	\$134.60	\$161.52	\$188.44	\$215.36	\$242.28	\$269.20

### NON-TOBACCO: Spouse

	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$3.10	\$6.19	\$9.29	\$12.39	\$15.48	\$18.58	\$21.67	\$24.77	\$27.87	\$30.96
30-39	\$4.95	\$9.91	\$14.86	\$19.81	\$24.76	\$29.72	\$34.67	\$39.62	\$44.57	\$49.53
40-49	\$8.56	\$17.12	\$25.67	\$34.23	\$42.79	\$51.35	\$59.90	\$68.46	\$77.02	\$85.58
50-59	\$13.87	\$27.75	\$41.62	\$55.49	\$69.36	\$83.24	\$97.11	\$110.98	\$124.85	\$138.73
60-69	\$24.29	\$48.58	\$72.86	\$97.15	\$121.44	\$145.73	\$170.02	\$194.31	\$218.59	\$242.88
70+	\$26.92	\$53.84	\$80.76	\$107.68	\$134.60	\$161.52	\$188.44	\$215.36	\$242.28	\$269.20

### TOBACCO: Employee

	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$3.83	\$7.66	\$11.48	\$15.31	\$19.14	\$22.97	\$26.80	\$30.63	\$34.45	\$38.28
30-39	\$7.27	\$14.54	\$21.81	\$29.08	\$36.34	\$43.61	\$50.88	\$58.15	\$65.42	\$72.69
40-49	\$13.75	\$27.50	\$41.25	\$55.00	\$68.74	\$82.49	\$96.24	\$109.99	\$123.74	\$137.49
50-59	\$25.62	\$51.24	\$76.85	\$102.47	\$128.09	\$153.71	\$179.32	\$204.94	\$230.56	\$256.18
60-69	\$45.07	\$90.15	\$135.22	\$180.30	\$225.37	\$270.44	\$315.52	\$360.59	\$405.67	\$450.74
70+	\$49.11	\$98.23	\$147.34	\$196.46	\$245.57	\$294.69	\$343.80	\$392.92	\$442.03	\$491.15

### TOBACCO: Spouse

	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$3.83	\$7.66	\$11.48	\$15.31	\$19.14	\$22.97	\$26.80	\$30.63	\$34.45	\$38.28
30-39	\$7.27	\$14.54	\$21.81	\$29.08	\$36.34	\$43.61	\$50.88	\$58.15	\$65.42	\$72.69
40-49	\$13.75	\$27.50	\$41.25	\$55.00	\$68.74	\$82.49	\$96.24	\$109.99	\$123.74	\$137.49
50-59	\$25.62	\$51.24	\$76.85	\$102.47	\$128.09	\$153.71	\$179.32	\$204.94	\$230.56	\$256.18
60-69	\$45.07	\$90.15	\$135.22	\$180.30	\$225.37	\$270.44	\$315.52	\$360.59	\$405.67	\$450.74
70+	\$49.11	\$98.23	\$147.34	\$196.46	\$245.57	\$294.69	\$343.80	\$392.92	\$442.03	\$491.15





# Short-Term Disability Plan



## *Class Description*

All Eligible Employees working a minimum of 20 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.

## *Weekly Benefit*

You can choose a benefit up to 60% of an Employee's covered basic weekly earnings to a maximum weekly benefit of \$1,500. The minimum weekly benefit is \$25.

## *Elimination Period*

This means a period of time a disabled Employee must be out of work and totally disabled before weekly benefits begin.

- **Option 1** - seven (7) consecutive days for a sickness and seven (7) days for injury - 21 week duration
- **Option 2** - fourteen (14) consecutive days for a sickness and fourteen (14) days for injury - 20 week duration
- **Option 3** - thirty (30) consecutive days for a sickness and thirty (30) days for injury - 18 week duration

## *Other Income Offsets*

AUL will NOT reduce your STD disability benefit with other income benefits that you might be receiving from AUL or external sources such as: PTO, Sick Time, Vacation Time or other disability or income benefits you receive or be eligible to receive.

## *Basis of Coverage*

24 Hour Coverage, on or off the job.

## *Maternity Coverage*

Maternity claims are standardly paid at 6 weeks for normal delivery and 8 weeks for c-section, minus the elimination period. If there are any complications with supporting medical documentation, benefits could be extended after review from the claims analyst. Benefits will be paid the same as any other qualifying disability, subject to any applicable pre-existing condition exclusion.

## *STD Pre-Existing Condition Exclusion*

3/6, 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 6 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

If an employee is eligible and enrolls timely, the employee will be able to apply for coverage without providing Evidence of Insurability. After the initial enrollment period, eligible employees may apply for coverage under another option only during an approved scheduled enrollment period.

## 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 Monthly Rates

Age Category	STD Monthly Premium Rate per \$10 of Weekly Benefit Option 1	STD Monthly Premium Rate per \$10 of Weekly Benefit Option 2	STD Monthly Premium Rate per \$10 of Weekly Benefit Option 3
All Ages	\$1.00	\$0.89	\$0.55



Customer Service: 800-553-5318 | Disability Claims: 855-517-6365 | Fax: 844-287-9499  
Disability Claims Email: [Disability.Claims@oneamerica.com](mailto:Disability.Claims@oneamerica.com) | [www.employeebenefits.aul.com](http://www.employeebenefits.aul.com)

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.



# Long-Term Disability Plan



## LTD Class Description

All Full-Time Eligible Employees working a minimum of 20 hours per week.

## LTD Monthly Benefit

60% of an Employee's covered basic monthly earnings to a maximum monthly benefit of \$5,000. The minimum benefit is the greater of 10% of the gross monthly benefit or \$100. **No premium cost to you!**

## LTD Elimination Period

This means a period of time a disabled Employee must be out of work and totally disabled before weekly benefits begin; 150 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 60	To Age 65
61	Greater of SSFRA or 4 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 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.

## *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.



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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.



# Term Life Plan



Your employer-paid basic life coverage provides important life insurance for you, but you may need to add to that coverage. Now you can at low group insurance rates, and through convenient payroll deductions.

To help meet this need, you have the opportunity to elect and pay for additional group life insurance to go along with any other life insurance coverage you may have.

## Overview of Benefits Offered

- **Basic Term Life and AD&D:** All eligible full-time employees get 1.5 times annual base salary with \$20,000 minimum and \$350,000 maximum. **No premium cost to you!**
- **Basic Dependent Term Life:** \$10,000 on your spouse under age 70. Child(ren) 6 months to 26 years \$5,000. Child(ren) live birth to 6 months \$1,000.
- **Voluntary Life and AD&D:** A minimum of \$10,000 up to the lesser of \$500,000, not to exceed 5 times your annual base salary. Guaranteed Issue : \$200,000.
- **Voluntary Dependent Life and AD&D :** \$5,000 to \$200,000 based on your age, not to exceed employee's amount. Spouse Guaranteed Issue: \$50,000. Children: 6 months to 26 years \$2,000 minimum or \$20,000 maximum. Guaranteed Issue \$10,000. Birth to 6 months \$1,000.
- **Accelerated Life Benefit Option\*:** AUL has included an Accelerated Life Benefit (ALB) as part of your group life. Under this benefit, if you are permanently and totally disabled and diagnosed with a terminal condition, you may be eligible to receive a portion of your group life insurance coverage at such a difficult time. Please refer to AUL's group life insurance certificate for further eligibility details. *\*Only available on the Voluntary Life coverage.*

## Portability – Voluntary Life Only

If your coverage ceases due to:

1. Loss of eligibility under the policy due to not being Actively at Work or a reduction in hours worked
2. Termination of employment, or
3. Termination of the participating unit's coverage under the policy and coverage is not replaced under a similar group insurance policy within 30 days following termination of coverage.

You may continue the amount of Personal Insurance and Dependent Insurance existing under the policy minus any benefits paid under the policy without interruption until the earlier of:

1. The date premium payments are not received by AUL for you; or
2. Dependent spouse coverage terminates at the dependent age of 70 for Basic Dependent Term Life.

To continue coverage you must submit written application and the required amount of premiums to AUL within 31 days of the date coverage terminated under the policy. Failure to pay the required amount of premiums to AUL timely will terminate any coverage under the policy at the end of the period for which the premium has been received. AUL reserves the right to charge an administrative fee to cover the administrative expenses.

## Reductions at Age 70 & Older

Upon reaching certain ages, your original benefit amount will reduce to the percentage shown in the following schedule. The amounts of dependent life insurance and dependent AD&D principal sum will reduce according to the employee's reduction schedule.

Basic Life and AD&D	
Age	Reduces to:
65	65%
70	50%

Voluntary Life and AD&D	
Age	Reduces to:
70	65%
75	45%
80	30%
85	20%
90	15%

## Claims Procedures

### Procedures for Presenting Claims for Benefits

Claim forms needed to file for benefits under the group insurance program can be obtained from your employer who will also be ready to answer questions about the insurance benefits and to assist in filing claims. The instructions on the claim form should be followed carefully. This will expedite the processing of the claim. Be sure all questions are answered fully.

### Routine Questions

If there is any question about a claim payment, an explanation can be requested from your employer, who is usually able to provide the necessary information.

## Basic Dependent Life Cost

Spouse & Child - **\$3.25 per month**

### Employee Voluntary and AD&D Rates

Age Category	Monthly Premium Rates Per \$1,000 of Coverage
<29	\$0.042
30 - 34	\$0.047
35 - 39	\$0.057
40 - 44	\$0.089
45 - 49	\$0.152
50 - 54	\$0.251
55 - 59	\$0.392
60 - 64	\$0.612
65 - 69	\$1.098
70 - 74	\$1.965
75 +	\$3.241
Voluntary AD&D for all ages	\$0.030

### Spouse Voluntary and AD&D Rates

Age Category	Monthly Premium Rates Per \$1,000 of Coverage
<29	\$0.098
30 - 34	\$0.110
35 - 39	\$0.134
40 - 44	\$0.208
45 - 49	\$0.354
50 - 54	\$0.586
55 - 59	\$0.914
60 - 64	\$1.426
65 - 69	\$2.560
70 - 74	\$2.560
75 +	\$2.560
Voluntary AD&D for all ages	\$0.030

### Child Voluntary and AD&D Rates

Child(ren) Rate	Voluntary Dependent Life Monthly Premium Rate	Voluntary Dependent AD&D Monthly Premium Rate
Per \$1,000 of Coverage	\$0.100	\$0.030



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*This information has been prepared to give you the highlights of additional coverage now being offered by your employer to meet your insurance needs. For details please ask your personnel office or refer to the certificate of insurance that you will receive after you have signed up for protection.*





# 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/LTC.205, BRR.205, BYR.205, ABR.205, ADB.205, CT.205 and WP.205. 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.trustmarksolutions.com/disclosures/UL/A112-2216-UL](http://www.trustmarksolutions.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.asiis.ca.gov/about/cda/publications/Taking\\_Care\\_of\\_Tomorrow\\_English/](http://www.asiis.ca.gov/about/cda/publications/Taking_Care_of_Tomorrow_English/). Underwriting conditions may vary, and determine eligibility for the offer of insurance. Trustmark® is a registered trademarks of Trustmark Insurance Company.



# Employee Assistance Program (EAP)



Personal issues, planning for life events or simply managing daily life can affect your work, health and family. Your GuidanceResources program provides support, resources and information for personal and work-life issues. The program is company-sponsored, confidential and provided at no charge to you and your dependents.

## Confidential Counseling

### 6 Session Plan

This no-cost counseling service helps you address stress, relationship and other personal issues you and your family may face. It is staffed by GuidanceConsultants<sup>SM</sup>—highly trained master’s and doctoral level clinicians who will listen to your concerns and quickly refer you to in-person counseling (up to 6 sessions per issue per year) and other resources for:

- Stress, anxiety and depression
- Job pressures
- Relationship/marital conflicts
- Grief and loss
- Problems with children
- Substance abuse

## Financial Information & Resources

### Discover your best options

Speak by phone with our Certified Public Accountants and Certified Financial Planners on a wide range of financial issues, including:

- Getting out of debt
- Retirement & Estate planning
- Credit Card or loan problems
- Tax questions
- Saving for college

## Legal Support & Resources

### Expert info when you need it

Talk to our attorneys by phone. If you require representation, we’ll refer you to a qualified attorney in your area for a free 30 minute consultation with a 25% reduction in customary legal fees thereafter. Call about:

- Divorce and family law
- Real estate transactions
- Debt and bankruptcy
- Civil and criminal actions
- Landlord/tenant issues
- Contracts



## Work-Life Solutions

### Delegate your “to-do” list

Our Work-Life specialists will do the research for you, providing qualified referrals & customized resources for:

- Child and elder care
- Moving and relocation
- Making major purchases
- College planning
- Pet care
- Home repair

## GuidanceResources<sup>®</sup> Online

### Knowledge at your fingertips

GuidanceResources Online is your one stop for expert information on the issues that matter most to you...relationships, work, school, children, wellness, legal, financial, free time and more.

- Timely articles, HelpSheets<sup>SM</sup>, tutorials, streaming videos & self-assessments
- “Ask the Expert” personal responses to your questions
- Child care, elder care, attorney and financial planner searchers

## Free Online Will Preparation

### Get peace of mind

EstateGuidance<sup>®</sup> lets you quickly and easily write a will on your computer. Just go to [www.guidanceresources.com](http://www.guidanceresources.com) and click on the EstateGuidance link. Follow the prompts to create and download your will at no cost. Online support and instructions for executing and filing your will are included. You can:

- Name an executor to manage your estate
- Choose a guardian for your children
- Specify your wishes for your property
- Provide funeral and burial instructions

## Confidential Assistance

Call Your ComPsych<sup>®</sup> GuidanceResources<sup>®</sup> program anytime for confidential assistance.

**Call: 855-387-9727 | TDD: 800-697-0353**

**Online: [guidanceresources.com](http://guidanceresources.com)**

**Your company Web ID: ONEAMERICA6**



# 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**.

## *Dental and/or Vision*

Under the Dental and Vision plan(s), you and your covered dependents are eligible to continue coverage through COBRA according to the “qualifying events”. If you and your dependents are enrolled in the plan(s), you will be eligible to continue coverage through COBRA after you leave your employment for a specified period. In addition, while covered under the plan(s), if you should die, become divorced or legally separated, or become eligible for Medicare, your covered dependents may be eligible to continue coverage through COBRA. Also, while you are covered under the plan(s), your covered children who no longer qualify as an eligible dependent may continue coverage through COBRA. Examples of an ineligible dependent would be when your child graduates from college, or reaches the age of not being eligible for dependent coverage. You will receive notification with premium and continuation options shortly following your termination of employment. **For more information, contact Ameritas at 1-800-487-5553.**

## *AUL Short & Long-Term Disability*

Once you are 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 31 days from your date of termination to apply for portability. **For more information, contact AUL at 1-800-553-5318.**

## *Flexible Benefit Administrators Spending Account(s)*

If you have a positive balance (payroll deductions are greater than the amount you have received in reimbursement) in your Health Care Spending Account at the time of your termination, you may continue participation in the Plan for the remainder of the Plan year. If you want to remain in the Plan, you can do so by selecting one of the COBRA options. If you prefer to terminate your participation and contribution to the Plan, any balance in your account on the date of termination will be forfeited if expenses were not incurred prior to the date of termination. **For more information, contact Flexible Benefit Administrators at 1-800-437-3539.**

## *MetLife Group Cancer*

When you leave employment, you may continue your Cancer policy by having the premiums currently being deducted from your paycheck either drafted from your bank account or billed directly to your home. **For more information, contact MetLife | Bay Bridge Administrators at 1-800-845-7519.**

## *AUL Voluntary Term Life*

If your employment terminates while you are covered under the plan or when you are approved for long-term disability, you may purchase without medical evidence of insurability, any individual insurance policy. You must apply for conversion within 31 days after the date your coverage terminates. For more information, contact **AUL at 1-800-553-5318.**

## *Trustmark Universal Life*

When you leave employment, you may continue your 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.**

# Contact Information

## *Aflac*

Customer Service: 1-800-433-3036  
[www.aflacgroupinsurance.com](http://www.aflacgroupinsurance.com)

## *American United Life (AUL)*

Claims Toll-Free Number: 1-855-517-6365  
Customer Service: 1-800-553-5318  
[www.oneamerica.com](http://www.oneamerica.com)

## *Ameritas Dental*

Customer Service: 1-800-487-5553  
[www.ameritas.com](http://www.ameritas.com)

## *Ameritas EyeMed Vision*

Customer Service: 866-289-0614  
[www.eyemedvisioncare.com](http://www.eyemedvisioncare.com)

## *Flexible Benefit Administrators*

Phone: 1-800-437-3539  
Fax: 757-431-1155  
[FlexDivision@flex-admin.com](mailto:FlexDivision@flex-admin.com)  
<https://fba.wealthcareportal.com/>

## *Mark III Employee Benefits (Broker)*

Phone: 704-365-4280  
Toll-Free: 1-800-532-1044  
[www.markiiiieb.com](http://www.markiiiieb.com)

## *MetLife | Bay Bridge Administrators, LLC.*

Phone: 1-800-845-7519  
Fax: 512-275-9350  
[www.bbadmin.com](http://www.bbadmin.com)

## *Trustmark Insurance Company*

Phone: 1-800-918-8877  
Fax: 847-615-4943  
[www.trustmarkbenefits.com](http://www.trustmarkbenefits.com)







View additional benefits information  
or download forms at: [mymarkiii.com](http://mymarkiii.com)

*Arranged and Enrolled by Mark III Brokerage, Inc.*



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