



*Plan Year:*  
*January 1, 2021 – December 31, 2021*

# Employee Benefits Guide

# Table of Contents

Disclaimer .....	Page 2
Important Points for 2021 .....	Page 3
Qualifying Life Events .....	Page 4
Pre-Tax vs. Post-Tax .....	Page 5
How to Enroll .....	Page 6
View Your Benefits .....	Page 7

## For Your Reference

Anthem Medical Summary.....	Page 9
Anthem KeyCare 20 Plan Summary .....	Page 10
Anthem KeyCare 30 Plan Summary .....	Page 16
Anthem Lumenos HDHP + HSA Plan Summary .....	Page 22
Anthem Vision Summary .....	Page 27
Anthem Medical Plan Premiums .....	Page 29
Wellness Program .....	Page 30
Delta Dental .....	Page 32
VRS Term Life .....	Page 34
Dependent Eligibility .....	Page 40
Terms & Definitions .....	Page 41
Continuation Coverage Rights under COBRA .....	Page 42

## Core Benefit Options

FBA Flexible Spending Accounts .....	Page 45
FBA Limited Flexible Spending Accounts .....	Page 48
FBA Health Savings Account (HSA) .....	Page 52

## Voluntary Benefit Options

Manhattan Life Group Cancer .....	Page 58
Aflac Group Accident .....	Page 63
Aflac Group Hospital Indemnity Non-HSA .....	Page 69
Aflac Group Hospital Indemnity HSA .....	Page 72
Aflac Group Critical Illness w/out Cancer .....	Page 75
Aflac Group Critical Illness w/ Cancer .....	Page 79
AUL Short-Term Disability .....	Page 83
AUL Long-Term Disability .....	Page 85
Filing a Claim .....	Page 87
Texas Life Whole Life .....	Page 88
Texas Life Universal Life .....	Page 93
Continuation of Benefits .....	Page 99
Contact Information .....	Page 100

If you wish to add or make changes to your insurance coverage(s), please consult a Mark III Benefits Representative during your scheduled enrollment period. **You will not be able to make any changes once the enrollment period is over** unless you experience a qualified event outlined by the IRS (i.e., marriage, divorce, birth of a child, etc.). If you should experience a qualified event, you have 30 days from the date of the event to make any changes. 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 for 2021



Your plan year runs from **January 1, 2021 to December 31, 2021**. This means your benefit elections will take effect January 1, 2021 unless otherwise noted.



If you wish to add or make changes to your benefit elections, you have the options of self-enrolling or speaking with a trusted Mark III Benefits Counselor during your scheduled open enrollment. See **“How to Enroll”** for more information.



Once the enrollment period is over, you will not be able to make changes to pre-tax benefits unless you experience a qualified life event as outlined by the IRS.



**REMEMBER:** Employees **MUST re-enroll** in their Flexible Spending Account and Dependent Care Account each year! It will not automatically renew. Your FSA Health Maximum has increased to \$2,750.



# Qualifying Life Events

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

## Examples of QLEs

The following events will open a special **30-day** enrollment period from the date of the event, allowing you to make changes to your coverage.



marriage



divorce



childbirth/  
adoption



death of a  
family  
member



loss of  
parental  
coverage



spouse gains  
or loses  
coverage



# Hi, Salem City Schools Employee!

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

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

**Sherry McCormick, Account Manager**  
**(704) 365-4280 x 306**

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

## Pre-Tax

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

**VS.**

## Post-Tax

A "post-tax basis" means that the money you pay towards the cost of coverage comes out of your salary after you pay taxes. Although you do not get any savings from taxes, you have the flexibility of dropping your coverage at any time.

### **Pre-Tax Plans Offered:**

Anthem Medical  
Delta Dental  
FBA Flexible Spending Accounts  
Manhattan Life Group Cancer  
Aflac Group Accident  
Aflac Group Hospital Indemnity

### **Post-Tax Plans Offered:**

Aflac Group Critical Illness  
AUL Short-Term Disability  
AUL Long-Term Disability  
VRS Term Life  
Texas Life Whole Life  
Texas Life Universal Life

# How to Enroll at Open Enrollment

We have the following open enrollment options available to you!



## Online Self-Enroll

We offer online enrollment and updates through our Self-Service Enrollment platforms.

### To Start

Go to: <https://mymarkiii.com/salemcityschools/sva/enrollment/>

***Follow the instructions on how to login and enroll. Remember, if you have any questions consult with a trusted Mark III Benefits Counselor. They are there to help!***



## Call Center

You have the option of dialing the number below and speaking with a trusted Mark III Benefits Counselor. They will help you get enrolled and answer any questions you might have!

**Call Center: 1-855-566-6476**

**Monday – Friday (8:00am – 5:00pm EST)**



# View Your Benefits

Find details about all of your benefits, download forms, submit claims, ask questions, and more at [mymarkiii.com](http://mymarkiii.com).



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

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

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



# FOR YOUR REFERENCE

Additional Benefit  
information your  
Employer offers.



# Medical Plan

## ***Health Benefits - Anthem***

Salem City Schools currently have three medical insurance plans through Anthem Blue Cross Blue Shield, which include prescription and vision benefits. All plans use the same KeyCare PPO/BlueCard National PPO network of providers.

If you are currently enrolled in the KeyCare 30 and Lumenos plans or are a new hire, you will only have access to health insurance plans:

- KeyCare 30
- Lumenos HDHP + HSA

Effective October 1, 2017, KeyCare 20 became a “grandfathered” plan. If you currently have the KeyCare 20 plan, you will be able to keep it. If you wish to change plans during open enrollment, you will not be able to go back to the KeyCare 20 plan. Current employees will not be eligible to change to this plan at open enrollment.

- KeyCare 20 (grandfathered plan)

Choosing and personalizing your benefits depends on your specific health care needs, doctor preferences, budget and the type of plan you prefer. Please use the comparison chart to determine which of the following plans best suits your medical needs.

## ***Which Plan is Right For You?***

The best medical plan for you depends on a number of factors:


- What are your anticipated medical expenses during the plan year? Please note that all 3 plans accumulate on a calendar year basis – the deductible, visit limits and out-of-pocket amounts re-set every January 1.
- Do you want to participate in a Health Savings Account or a Flexible Spending Account? The IRS does not allow you or your family to have both at the same time.
- What can you afford to pay out-of-pocket (in terms of deductibles and copayments) if you or a covered dependent needs medical care?
- Do you have other medical coverage (for example, through your spouse’s employer)?
- Do any of your dependents need on-going routine medical care?
- How often do you or your family members go to the doctor or fill prescriptions?
- Do you have any planned procedures or surgeries?
- Do you have a chronic condition that needs to be managed?
- How do you prefer to pay for your healthcare? Pay more up front through higher insurance premiums or pay lower premiums and pay more when you use healthcare services?

## ***Cost of Coverage***

You and Salem City Schools share the monthly cost for medical coverage. Your cost is based on:


- The plan you choose, coverage level and if you qualified under the wellness incentive program.



 The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, <https://eoc.anthem.com/eocdps/aso>. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at [www.healthcare.gov/sbc-glossary/](http://www.healthcare.gov/sbc-glossary/) or call (833)592-9956 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall Calendar Year deductible?	\$0/member or \$0/family for In-Network Providers. \$500/member or \$1,000/family for Out-of-Network Providers.	Generally you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
Are there services covered before you meet your deductible? 53	Yes. In-Network Preventive care and annual Vision exam for In-Network Providers.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible. See a list of covered preventive services at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits">https://www.healthcare.gov/coverage/preventive-care-benefits</a> .
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the Medical/Drug out-of-pocket limit for this plan?	\$5,000/member or \$10,000/family for In-Network Providers. \$6,500/member or \$13,000/family for Out-of-Network Providers.	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	Cost share of adult routine vision care, Premiums, Balanced-Billed charges, and Health Care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Will you pay less if you use a network provider?	Yes, KeyCare. See <a href="http://www.anthem.com">www.anthem.com</a> or call (833)592-9956 for a list of Network Providers.	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.

Important Questions	Answers	Why This Matters:
Do you need a <u>referral</u> to see a <u>specialist</u> ?	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .

 All <u>coinsurance</u> costs shown in this chart are after your <u>deductible</u> has been met.				
Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$30 copay/visit	30% <u>coinsurance</u>	-----none-----
	<u>Specialist</u> visit	\$50 copay/visit	30% <u>coinsurance</u>	-----none-----
	<u>Preventive care/screening/immunization</u>	No cost share	30% <u>coinsurance</u>	You may have to pay for services that aren't preventive. Ask your <u>provider</u> if the services you need are preventive.
If you have a test  34	<u>Diagnostic test</u> (x-ray, blood work)	20% <u>coinsurance</u>	30% <u>coinsurance</u>	-----none-----
	Imaging (CT/PET scans, MRIs)	20% <u>coinsurance</u>	30% <u>coinsurance</u>	Preauthorization required
	Tier 1 - Typically Generic	\$15/prescription (retail) and \$38/prescription (home delivery)	\$15/prescription (retail) (no home delivery)	Pharmacy member cost shares count towards the combined Medical/Drug out-of-pocket maximum.
	Tier 2 - Typically Preferred/Brand	\$40/prescription (retail) and \$100/prescription (home delivery)	\$40/prescription (retail) (no home delivery)	Most Retail pharmacy drugs are limited to a 30-day supply. Mail order drugs are limited to a 90-day day supply.
If you need drugs to treat your illness or condition More information about <u>prescription drug coverage</u> is available at <a href="http://www.express-scripts.com">http://www.express-scripts.com</a>	Tier 3 - Typically Non-Preferred Brand	\$75/prescription (retail) and \$188/prescription (home delivery)	\$75/prescription (retail) (no home delivery)	In-network you can get a 90 day supply of retail maintenance drugs for 3x the Retail 30 day supply copay.
	Tier 4 - Typically <u>Specialty Drugs</u> (Only self-administered specialty drugs covered under pharmacy benefit. <b>Clinician/Physician administered specialty drugs are covered under the Medical plan.</b> )	20% <u>coinsurance</u> up to \$200/30 day day fill \$400/90 day fill (retail and home delivery)	n/a	Your plan uses a preferred drug list (formulary). <b>Self-administered Specialty drugs must be dispensed by IngenioRx</b> Some drugs may require preauthorization, while other drugs are subject to step therapy and quantity limit requirements.
	Facility fee (e.g., ambulatory surgery center)	\$200 copay+20% <u>coinsurance</u>	30% <u>coinsurance</u>	-----none-----
If you have outpatient surgery	Physician/surgeon fees	No cost share	30% <u>coinsurance</u>	-----none-----

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need immediate medical attention	<u>Emergency room care</u>	\$200 copay+20% coinsurance	20% coinsurance	-----none-----
	<u>Emergency medical transportation</u>	\$150 copay/transport	20% coinsurance	-----none-----
	<u>Urgent care</u>	\$30 PCP/\$50 Spec. copay/visit	30% coinsurance	-----none-----
If you have a hospital stay	Facility fee (e.g., hospital room)	\$300 copay+20% coinsurance	30% coinsurance	Precertification required.
	Physician/surgeon fee	20% coinsurance	30% coinsurance	-----none-----
If you need mental health, behavioral health, or substance abuse needs	Outpatient services	Office Visit \$30 copay/visit Other Outpatient 20% coinsurance	Office Visit 30% coinsurance Other Outpatient 30% coinsurance	-----none-----
	Inpatient services	\$300 copay+20% coinsurance	30% coinsurance	Precertification required.
	Office visits	\$200 copay/pregnancy (global billed services)	30% coinsurance	\$200 copay for OB Dr. global billed services covering pre- and post-natal care and delivery. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasounds).
If you are pregnant	Childbirth/delivery professional services	20% coinsurance	30% coinsurance	
	Childbirth/delivery facility services	\$300 copay+20% coinsurance	30% coinsurance	
If you need help recovering or have other special health needs	<u>Home health care</u>	\$30 copay/visit	30% coinsurance	100 visits/per calendar year.
	<u>Rehabilitation services</u>	<b>Physical Therapy:</b> \$50 copay+ 20% coinsurance <b>Speech/Occupational Therapy:</b> 20% coinsurance	30% coinsurance	There is a 30-visit limit for physical and occupational therapy, combined. 30-visit limit for speech therapy. Early Intervention Services Pre-determination of eligibility required.
	<u>Habilitation services</u>	Same as above	30% coinsurance	100 day per stay limit; pre-authorization required.
	<u>Skilled nursing care</u>	20% coinsurance	30% coinsurance	
	<u>Durable medical equipment</u>	20% coinsurance	30% coinsurance	
If your child needs dental or	<u>Hospice service</u>	No cost share	30% coinsurance	-----none-----
	Children's eye exam	\$15/visit	\$30 allowance	-----none-----
	Children's glasses	Not covered	Not covered	One routine exam per calendar year -----none-----



Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
eye care	Children's dental check-up	Not covered	Not covered	_____none_____

**Excluded Services & Other Covered Services:**

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other excluded services.)				
Acupuncture		Hearing aids		Routine foot care other than for Diabetes
Cosmetic surgery		Infertility treatment		Weight loss programs
Dental care		Long-term care		Morbid Obesity services

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)				
Chiropractic care 30 visits/benefit period.		Coverage provided outside the United States. See <a href="http://www.bcbs.com/bluecardworldwide">www.bcbs.com/bluecardworldwide</a>		Routine eye care (adult)
Adult Routine Eye Exams				
Autism Spectrum Disorder				

**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596.

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact:

ATTN: Anthem Grievance and Appeals P.O. Box 27401, Atlanta, Richmond, VA 23279.

Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform)

Does this plan provide Minimum Essential Coverage? **Yes**

If you don't have Minimum Essential Coverage for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

Does this plan meet the Minimum Value Standards? **Yes**

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

\_\_\_\_\_ To see examples of how this plan might cover costs for a sample medical situation, see the next section. \_\_\_\_\_

## About these Coverage Examples:



**This is not a cost estimator.** Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

**Peg is Having a Baby**  
(9 months of in-network pre-natal care and a hospital delivery)

- The plan's overall deductible \$00
- Specialist copayment \$50
- Hospital (facility) coinsurance 20%
- Other coinsurance 20%

This EXAMPLE event includes services

like:

Specialist office visits (prenatal care)  
Childbirth/Delivery Professional Services  
Childbirth/Delivery Facility Services  
Diagnostic tests (ultrasounds and blood work)  
Specialist visit (anesthesia)

Total Example Cost	\$12,840
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In this example, Peg would pay:

<u>Cost Sharing</u>	
<u>Deductibles</u>	\$0
<u>Copayments</u>	\$450
<u>Coinsurance</u>	\$2,478
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total Peg would pay is</b>	<b>\$2,928</b>

**Managing Joe's type 2 Diabetes**  
(a year of routine in-network care of a well-controlled condition)

- The plan's overall deductible \$0
- Specialist copayment \$50
- Hospital (facility) coinsurance 20%
- Other coinsurance 20%

This EXAMPLE event includes services

like:

Primary care physician office visits (including disease education)  
Diagnostic tests (blood work)  
Prescription drugs  
Durable medical equipment (glucose meter)

Total Example Cost	\$7,460
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In this example, Joe would pay:

<u>Cost Sharing</u>	
<u>Deductibles</u>	\$0
<u>Copayments</u>	\$900
<u>Coinsurance</u>	\$1,312
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total Joe would pay is</b>	<b>\$2,212</b>

**Mia's Simple Fracture**  
(in-network emergency room visit and follow up care)

- The plan's overall deductible \$0
- Specialist copayment \$50
- Hospital (facility) coinsurance 20%
- Other coinsurance 20%

This EXAMPLE event includes services

like:

Emergency room care (including medical supplies)  
Diagnostic test (x-ray)  
Durable medical equipment (crutches)  
Rehabilitation services (physical therapy)


Total Example Cost	\$2,010
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In this example, Mia would pay:

<u>Cost Sharing</u>	
<u>Deductibles</u>	\$0
<u>Copayments</u>	\$200
<u>Coinsurance</u>	\$362
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$562</b>

The plan would be responsible for the other costs of these EXAMPLE covered services.



<p> The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, <a href="https://eoc.anthem.com/eocdps/fi">https://eoc.anthem.com/eocdps/fi</a>. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at <a href="http://www.healthcare.gov/sbc-glossary/">www.healthcare.gov/sbc-glossary/</a> or call (833)592-9956 to request a copy.</p>		
Important Questions	Answers	Why This Matters:
What is the overall Calendar Year deductible?	\$3,000/single or \$6,000/family (\$3,000 Individual) for In-Plan Providers and Out-of-Network Providers combined.	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
Are there services covered before you meet your deductible?	Yes. Preventive care and annual Vision exam for In-Plan Providers.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible. See a list of covered preventive services at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a> .
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	\$4,000/single; \$8,000/family for In-Plan Providers. \$6,000/single; \$12,000/family for Out-of-Network Providers.	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the Calendar Year out-of-pocket limit?	Premiums, Balance-Billing charges, and Health Care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Will you pay less if you use a network provider?	Yes, KeyCare. See <a href="http://www.anthem.com">www.anthem.com</a> or call (833)592-9956 for a list of network providers.	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	No.	You can see the specialist you choose without a referral.

 All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Plan Provider (You will pay the least)	Out-Of-Plan- Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	0% coinsurance	20% coinsurance	-----none-----
	Specialist visit	0% coinsurance	20% coinsurance	-----none-----
	Preventive care/screening/immunization	No cost share	20% coinsurance	-----none-----
If you have a test	Diagnostic test (x-ray, blood work)	Lab – Office 0% coinsurance X-Ray – Office 0% coinsurance	Lab – Office 20% coinsurance X-Ray – Office 20% coinsurance	Lab – Office -----none----- X-Ray – Office -----none-----
	Imaging (CT/PET scans, MRIs)	0% coinsurance	20% coinsurance	-----none-----
	Tier 1 - Typically Generic	\$10/prescription (retail) and \$25/prescription (home delivery)	\$10/prescription (retail) (no home delivery)	<b>Copays &amp; Coinsurance apply after Deductible.</b> In-network you can get a 90 day supply of retail maintenance drugs for 3x the Retail 30 day supply copay.
If you need drugs to treat your illness or condition More information about <b>prescription drug coverage</b> is available at <a href="http://www.anthem.com/pharmacyinformation/">http://www.anthem.com/pharmacyinformation/</a>	Tier 2 - Typically Preferred/Brand	\$30/prescription (retail) and \$75/prescription (home delivery)	\$30/prescription (retail) (no home delivery)	Some drugs may require prior authorization, while other drugs are subject to step therapy and quantity limit requirements. Must use IngenioRx pharmacy. Out of network you'll be responsible for amounts over the allowable.
	Tier 3 - Typically Non-Preferred	\$50/prescription (retail) and \$125/prescription (home delivery)	\$50/prescription (retail) (no home delivery)	
	Tier 4 - Typically Specialty Drugs (Self-Injectable only)	20% coinsurance up to \$200/prescription (retail and home delivery)	n/a	
	Facility fee (e.g., ambulatory surgery center) Physician/surgeon fee	0% coinsurance	20% coinsurance	
If you need immediate medical attention	Emergency room care Emergency medical transportation Urgent care	0% coinsurance 0% coinsurance 0% coinsurance	Covered as In-Network* Covered as In-Network*	-----none----- -----none----- -----none-----
	Facility fee (e.g., hospital room) Physician/surgeon fees	0% coinsurance 0% coinsurance	20% coinsurance 20% coinsurance	-----none----- Pre-auth required -----none-----

\* For more information about limitations and exceptions, see **plan** or policy document at <https://eoc.anthem.com/cocdps/ft>.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Plan Provider (You will pay the least)	Out-Of-Plan- Provider (You will pay the most)	
If you need mental health, behavioral health, or substance abuse services	Outpatient services	Office Visit 0% coinsurance Other Outpatient 0% coinsurance	Office Visit 20% coinsurance Other Outpatient 20% coinsurance	Office Visit -----none----- Other Outpatient -----none----- -----none-----
	Inpatient services	0% coinsurance	20% coinsurance	
	Office visits	0% coinsurance	20% coinsurance	
If you are pregnant	Childbirth/delivery professional services	0% coinsurance	20% coinsurance	Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound.)
	Childbirth/delivery facility services	0% coinsurance	20% coinsurance	
If you need help recovering or have other special health needs	Home health care	0% coinsurance	20% coinsurance	100 visits/benefit period.
	Rehabilitation services	0% coinsurance	20% coinsurance	Visit limits apply.
	Habilitation services	0% coinsurance	20% coinsurance	
	Skilled nursing care	0% coinsurance	20% coinsurance	100 day limit/stay.
	Durable medical equipment	0% coinsurance	20% coinsurance	-----none-----
	Hospice services	0% coinsurance	20% coinsurance	-----none-----
If your child needs dental or eye care	Children's eye exam	\$15/copay	No charge up to \$30/occurrence	One routine exam per calendar year
	Children's glasses	Not covered	Not covered	
	Children's dental check-up	Not covered	Not covered	

**Excluded Services & Other Covered Services:**

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)			
Acupuncture	Cosmetic surgery	Long- term care	
Dental care (children & adults)	Infertility treatment	Morbid Obesity services	
Hearing aids	Routine foot care other than for Diabetes		
Weight loss programs			

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)	
Autism Spectrum Disorder	Most coverage provided outside the United States <a href="http://www.bcbs.com/bluecardworldwide">www.bcbs.com/bluecardworldwide</a>
Routine eye care (adult) Coverage is limited to Routine vision exam per calendar year	

\* For more information about limitations and exceptions, see plan or policy document at <https://eoc.anthem.com/eocdps/fi>.

**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Department of Labor's Employee Benefits Security Administration at (866) 444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596.

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact:

ATTN: Grievances and Appeals, P.O. Box 27401, Richmond, VA 23279

Department of Labor, Employee Benefits Security Administration, (866) 444-EBSA (3272), [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform)

Virginia Bureau of Insurance, 1300 East Main Street, P. O. Box 1157, Richmond, VA 23218, (800) 552-7945

**Does this plan provide Minimum Essential Coverage? Yes**

If you don't have Minimum Essential Coverage for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

**Does this plan meet the Minimum Value Standards? Yes**

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

15

\_\_\_\_\_  
*To see examples of how this plan might cover costs for a sample medical situation, see the next section.*

\* For more information about limitations and exceptions, see plan or policy document at <https://eoc.anthem.com/eocdps/fi>.

## About these Coverage Examples:



**This is not a cost estimator.** Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

### Peg is Having a Baby (9 months of in-network pre-natal care and a hospital delivery)

<b>The plan's overall deductible</b>	<b>\$3,000</b>
<b>Specialist coinsurance</b>	<b>0%</b>
<b>Hospital (facility) coinsurance</b>	<b>0%</b>
<b>Other coinsurance</b>	<b>0%</b>

#### This EXAMPLE event includes services

like:

Specialist office visits (*prenatal care*)  
Childbirth/Delivery Professional Services  
Childbirth/Delivery Facility Services

Specialist visit (*anesthesia*)

<b>Total Example Cost</b>	<b>\$12,840</b>
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#### In this example, Peg would pay:

<u>Cost Sharing</u>	
<u>Deductibles</u>	\$3,000
<u>RxCopayments</u>	\$100
<u>Coinsurance</u>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total Peg would pay is</b>	<b>\$3,100</b>

### Managing Joe's type 2 Diabetes (a year of routine in-network care of a well-controlled condition)

<b>The plan's overall deductible</b>	<b>\$3,000</b>
<b>Specialist coinsurance</b>	<b>0%</b>
<b>Hospital (facility) coinsurance</b>	<b>0%</b>
<b>Other coinsurance</b>	<b>0%</b>

#### This EXAMPLE event includes services

like:

Primary care physician office visits (*including disease education*)  
Diagnostic tests (*blood work*)

Durable medical equipment (*glucose meter*)

<b>Total Example Cost</b>	<b>\$7,460</b>
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#### In this example, Joe would pay:

<u>Cost Sharing</u>	
<u>Deductibles</u>	\$3,000
<u>RxCopayments</u>	\$1,000
<u>Coinsurance</u>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total Joe would pay is</b>	<b>\$4,000</b>

### Mia's Simple Fracture (in-network emergency room visit and follow up care)

<b>The plan's overall deductible</b>	<b>\$3,000</b>
<b>Specialist coinsurance</b>	<b>0%</b>
<b>Hospital (facility) coinsurance</b>	<b>0%</b>
<b>Other coinsurance</b>	<b>0%</b>

#### This EXAMPLE event includes services

like:

Emergency room care (*including medical supplies*)  
Diagnostic test (*x-ray*)  
Durable medical equipment (*crutches*)


<b>Total Example Cost</b>	<b>\$2,010</b>
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#### In this example, Mia would pay:

<u>Cost Sharing</u>	
<u>Deductibles</u>	\$2,010
<u>Copayments</u>	\$0
<u>Coinsurance</u>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$2,010</b>


The plan would be responsible for the other costs of these EXAMPLE covered services.



 <p>The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, <a href="https://eoc.anthem.com/eocdps/aso">https://eoc.anthem.com/eocdps/aso</a>. For general definitions of common terms, such as <u>allowed amount</u>, <u>balance billing</u>, <u>coinsurance</u>, <u>copayment</u>, <u>deductible</u>, <u>provider</u>, or other underlined terms see the Glossary. You can view the Glossary at <a href="http://www.healthcare.gov/sbc-glossary/">www.healthcare.gov/sbc-glossary/</a> or call 1-833-592-9956 to request a copy.</p>			
Important Questions	Answers	Why This Matters:	
What is the overall Calendar Year deductible?	\$2,000/member or \$4,000/family for In-Network Providers. 3,000/member or \$6,000/family for Out-of-Network Providers.	Generally you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.	
Are there services covered before you meet your deductible?	Yes. In-Network Preventive care and annual Vision exam for In-Network Providers.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible. See a list of covered preventive services at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits">https://www.healthcare.gov/coverage/preventive-care-benefits</a> .	
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.	
What is the Medical/Drug out-of-pocket limit for this plan?	\$5,000/member or \$10,000/family for In-Network Providers. \$7,250/member or \$14,500/family for Out-of-Network Providers.	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.	
What is not included in the out-of-pocket limit?	Cost share of adult routine vision care, Premiums, Balanced-Billed charges, and Health Care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.	
Will you pay less if you use a network provider?	Yes, KeyCare. See <a href="http://www.anthem.com">www.anthem.com</a> or call 1-833-592-9956 for a list of Network Providers.	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.	



Important Questions	Answers	Why This Matters:
Do you need a <u>referral</u> to see a <u>specialist</u> ?	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .

 All <u>coinsurance</u> costs shown in this chart are after your <u>deductible</u> has been met.				
Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$30 copay/visit	40% <u>coinsurance</u>	-----none-----
	<u>Specialist</u> visit	\$50 copay/visit	40% <u>coinsurance</u>	-----none-----
	<u>Preventive care</u> /screening/immunization	No cost share	40% <u>coinsurance</u>	You may have to pay for services that aren't preventive. Ask your <b>provider</b> if the services you need are preventive.
If you have a test 23	<u>Diagnostic test</u> (x-ray, blood work)	20% <u>coinsurance</u>	40% <u>coinsurance</u>	-----none-----
	Imaging (CT/PET scans, MRIs)	20% <u>coinsurance</u>	40% <u>coinsurance</u>	Preauthorization required
	Tier 1 - Typically Generic	\$15/prescription (retail) and \$38/prescription (home delivery)	\$15/prescription (retail) (no home delivery)	Pharmacy member cost shares count towards the combined Medical/Drug out-of-pocket maximum.
If you need drugs to treat your illness or condition More information about <u>prescription drug coverage</u> is available at <a href="http://www.anthem.com">http://www.anthem.com</a>	Tier 2 - Typically Preferred/Brand	\$40/prescription (retail) and \$100/prescription (home delivery)	\$40/prescription (retail) (no home delivery)	Most Retail pharmacy drugs are limited to a 30-day supply. Mail order drugs are limited to a 90-day day supply.
	Tier 3 - Typically Non-Preferred Brand	\$75/prescription (retail) and \$188/prescription (home delivery)	\$75/prescription (retail) (no home delivery)	In-network you can get a 90 day supply of retail maintenance drugs for 3x the Retail 30 day supply copay.
	Tier 4 - Typically <u>Specialty Drugs</u> (Only self-administered specialty drugs covered under pharmacy benefit. <b>Clinician/Physician administered specialty drugs are covered under the Medical plan.</b> )	20% <u>coinsurance</u> up to \$200/30 day day fill \$400/90 day fill (retail and home delivery)	n/a	Your plan uses a preferred drug list (formulary). <b>Self-administered Specialty drugs must be dispensed by IngenioRx.</b> Some drugs may require preauthorization, while other drugs are subject to step therapy and quantity limit requirements.
	Facility fee (e.g., ambulatory surgery center) Physician/surgeon fees	20% <u>coinsurance</u>	40% <u>coinsurance</u>	-----none-----
If you have outpatient surgery		20% <u>coinsurance</u>	40% <u>coinsurance</u>	-----none-----

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need immediate medical attention	<u>Emergency room care</u>	20% <u>coinsurance</u>	20% <u>coinsurance</u>	-----none-----
	<u>Emergency medical transportation</u>	20% <u>coinsurance</u>	20% <u>coinsurance</u>	-----none-----
	<u>Urgent care</u>	\$30 PCP/\$50 Spec. copay/visit	40% <u>coinsurance</u>	-----none-----
If you have a hospital stay	Facility fee (e.g., hospital room)	20% <u>coinsurance</u>	40% <u>coinsurance</u>	Precertification required.
	Physician/surgeon fee	20% <u>coinsurance</u>	40% <u>coinsurance</u>	-----none-----
If you need mental health, behavioral health, or health, or substance abuse needs	Outpatient services	Office Visit \$30 copay/visit Other Outpatient 20% <u>coinsurance</u>	Office Visit 40% <u>coinsurance</u> Other Outpatient 40% <u>coinsurance</u>	-----none-----
	Inpatient services	20% <u>coinsurance</u>	40% <u>coinsurance</u>	Precertification required.
If you are pregnant <sup>24</sup>	Office visits	\$30 PCP/\$50 Spec. copay/visit (non-global billed services)	40% <u>coinsurance</u>	Routine pre/post-natal care (excluding inpatient stay & diagnostic testing). Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasounds).
	Childbirth/delivery professional services	20% <u>coinsurance</u>	40% <u>coinsurance</u>	
	Childbirth/delivery facility services	20% <u>coinsurance</u>	40% <u>coinsurance</u>	
If you need help recovering or have other special health needs	<u>Home health care</u>	<b>20% coinsurance</b>	40% <u>coinsurance</u>	100 visits/per calendar year.
	<u>Rehabilitation services</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	There is a 30-visit limit for physical and occupational therapy, combined. 30-visit limit for speech therapy. Early Intervention Services Pre-determination of eligibility required.
	<u>Habilitation services</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	
	<u>Skilled nursing care</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	100 day per stay limit; pre-authorization required.
If your child needs dental or eye care	<u>Durable medical equipment</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	-----none-----
	<u>Hospice service</u>	No cost share	40% <u>coinsurance</u>	-----none-----
	Children's eye exam	\$15/visit	\$30 allowance	One routine exam per calendar year
	Children's glasses	Not covered	Not covered	
	Children's dental check-up	Not covered	Not covered	

Excluded Services & Other Covered Services:

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other excluded services.)	
Acupuncture Cosmetic surgery Dental care	Hearing aids Infertility treatment Long-term care  Routine foot care other than for Diabetes Weight loss programs Morbid Obesity services

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)	
Chiropractic care 30 visits/benefit period. Adult Routine Eye Exams Autism Spectrum Disorder	Coverage provided outside the United States. See <a href="http://www.bcbs.com/bluecardworldwide">www.bcbs.com/bluecardworldwide</a>  Routine eye care (adult)

**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance **Marketplace**. For more information about the **Marketplace**, visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596.

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your **plan** for a denial of a **claim**. This complaint is called a **grievance** or **appeal**. For more information about your rights, look at the explanation of benefits you will receive for that medical **claim**. Your **plan** documents also provide complete information to submit a **claim**, **appeal**, or a **grievance** for any reason to your **plan**. For more information about your rights, this notice, or assistance, contact:

ATTN: Anthem **Grievance** and **Appeals** P.O. Box 27401, Atlanta, Richmond, VA 23279.

Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform)

Does this plan provide Minimum Essential Coverage? **Yes**

If you don't have Minimum Essential Coverage for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

Does this plan meet the Minimum Value Standards? **Yes**

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

\_\_\_\_\_ To see examples of how this plan might cover costs for a sample medical situation, see the next section. \_\_\_\_\_

## About these Coverage Examples:



**This is not a cost estimator.** Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

**Peg is Having a Baby**  
(9 months of in-network pre-natal care and a hospital delivery)

- The plan's overall deductible \$2,000
- Specialist copayment \$50
- Hospital (facility) coinsurance 20%
- Other coinsurance 20%

This EXAMPLE event includes services

like:

Specialist office visits (prenatal care)  
Childbirth/Delivery Professional Services  
Childbirth/Delivery Facility Services  
Diagnostic tests (ultrasounds and blood work)  
Specialist visit (anesthesia)

Total Example Cost	\$12,840
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In this example, Peg would pay:

<u>Cost Sharing</u>	
<u>Deductibles</u>	\$2,000
<u>Copayments</u>	\$150
<u>Coinsurance</u>	\$2,138
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total Peg would pay is</b>	
<b>\$4,288</b>	

**Managing Joe's type 2 Diabetes**  
(a year of routine in-network care of a well-controlled condition)

- The plan's overall deductible \$2,000
- Specialist copayment \$50
- Hospital (facility) coinsurance 20%
- Other coinsurance 20%

This EXAMPLE event includes services

like:

Primary care physician office visits (including disease education)  
Diagnostic tests (blood work)  
Prescription drugs  
Durable medical equipment (glucose meter)

Total Example Cost	\$7,460
--------------------	---------

In this example, Joe would pay:

<u>Cost Sharing</u>	
<u>Deductibles</u>	\$2,000
<u>Copayments</u>	\$900
<u>Coinsurance</u>	\$912
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total Joe would pay is</b>	
<b>\$3,812</b>	

**Mia's Simple Fracture**  
(in-network emergency room visit and follow up care)

- The plan's overall deductible \$2,000
- Specialist copayment \$50
- Hospital (facility) coinsurance 20%
- Other coinsurance 20%

This EXAMPLE event includes services

like:

Emergency room care (including medical supplies)  
Diagnostic test (x-ray)  
Durable medical equipment (crutches)  
Rehabilitation services (physical therapy)

Total Example Cost	\$2,010
--------------------	---------

In this example, Mia would pay:

<u>Cost Sharing</u>	
<u>Deductibles</u>	\$2,000
<u>Copayments</u>	\$0
<u>Coinsurance</u>	\$2
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	
<b>\$2,002</b>	

The plan would be responsible for the other costs of these EXAMPLE covered services.



# Vision Plan



## Welcome to your Blue View Vision plan!

You have many choices when it comes to using your benefits. As a Blue View Vision plan member, you have access to one of the nation's largest vision networks. You may choose from many private practice eye care doctors. Our network also has many convenient optical stores, including popular national retail stores LensCrafters®, Target Optical®, Sears Optical®, JCPenney® Optical and most Pearle Vision® locations. When you receive care from a Blue View Vision participating provider, you can maximize your benefits and money-saving discounts. To locate a participating network eye care doctor or location, log in at **anthem.com**, or from the home page menu under Care, select **Find a Doctor**. You may also call member services for assistance at the number on the back of your ID card.

YOUR BLUE VIEW VISION PLAN BENEFITS	IN-NETWORK	OUT-OF-NETWORK	FREQUENCY
<b>Routine Eye Exam</b>			
A comprehensive eye examination	\$15 copay	Up to \$30 allowance	Once every calendar year

## USING YOUR BLUE VIEW VISION PLAN

When you are ready to schedule your eye exam, just make an appointment with your choice of any of the Blue View Vision participating eye care doctors. Your Blue View Vision plan provides services for routine eye care only. If you need medical treatment for your eyes, visit a participating eye care doctor from your medical network.

## ADDITIONAL SAVINGS ON EYEWEAR AND MORE

As a Blue View Vision member, you can take advantage of valuable discounts through our Additional Savings program. See page 2 for further details.

## OUT-OF-NETWORK

If you choose to, you may receive covered services outside of the Blue View Vision network. If you choose an out-of-network doctor, you must pay in full at the time of service, obtain an itemized receipt, and file a claim for reimbursement up to your maximum out-of-network allowance. To download a claim form, log in at **anthem.com**, or from the home page menu locate Support and select Forms, click Change State to choose your state, and then scroll down to Claims and select the Blue View Vision Out-of-Network Claim Form. You may instead call member services at the number on the back of your ID card to request a claim form. To request reimbursement for out-of-network services, complete an out-of-network claim form and submit it along with your itemized receipt to the fax number, email address, or mailing address below.

**To Fax:** 866-293-7373  
**To Email:** [oonclaims@eyewearspecialoffers.com](mailto:oonclaims@eyewearspecialoffers.com)  
**To Mail:** Blue View Vision  
Attn: OON Claims  
P.O. Box 8504  
Mason, OH 45040-7111

This is a primary vision care benefit intended to cover only routine eye examinations. Benefits are payable only for expenses incurred while the group and insured person's coverage is in force. Blue View Vision is for routine eye care only. If you need medical treatment for your eyes, visit a participating eye care physician from your medical network. If you have questions about your benefits or need help finding a provider, visit [anthem.com](http://anthem.com) or call us at the number on the back of your ID card. This information is only a brief outline of coverage and only one piece of your entire enrollment package. All terms and conditions of coverage, including benefits and exclusions, are contained in the member's policy, which shall control in the event of a conflict with this overview.



OPTIONAL SAVINGS AVAILABLE FROM BLUE VIEW VISION IN-NETWORK PROVIDERS ONLY		Member Pays
<b>Retinal Imaging</b>	<ul style="list-style-type: none"> <li>At member's option can be performed at time of eye exam</li> </ul>	Not more than \$39
<b>Eyeglass Frame</b>	<ul style="list-style-type: none"> <li>When purchased as part of a complete pair of eyeglasses*</li> </ul>	35% off retail price
<b>Eyeglass Lenses</b> Standard plastic material	<ul style="list-style-type: none"> <li>When purchased as part of a complete pair of eyeglasses*:               <ul style="list-style-type: none"> <li>Single Vision</li> <li>Bifocal</li> <li>Trifocal</li> </ul> </li> </ul>	\$50 \$70 \$105
<b>Eyeglass Lens Options and Upgrades</b> When purchasing a complete pair of eyeglasses* (frame and lenses), you may choose to upgrade your new eyeglass lenses at a discounted cost. Member costs shown are in addition to the member cost of the standard plastic eyeglass lenses.	<ul style="list-style-type: none"> <li>When purchased as part of a complete pair of eyeglasses*:               <ul style="list-style-type: none"> <li>UV Coating</li> <li>Tint (Solid and Gradient)</li> <li>Standard Scratch-Resistant Coating</li> <li>Standard Polycarbonate</li> <li>Standard Anti-Reflective Coating</li> <li>Standard Progressive Lenses (add-on to Bifocal)</li> <li>Other Add-Ons</li> </ul> </li> </ul>	\$15 \$15 \$15 \$40 \$45 \$65 20% off retail price
<b>Conventional Contact Lenses</b> (non-disposable type)	<ul style="list-style-type: none"> <li>Discount applies to materials only</li> </ul>	15% off retail price

\* If frames, lenses or lens options are purchased separately, members will receive a 20% discount instead.

Cannot be combined with any other offer. Discounts are subject to change without notice. Discounts are not 'covered benefits' under your vision plan and will not be listed in your certificate of coverage. Discounts will be offered from in-network providers except where state law prevents discounting of products and services that are not covered benefits under the plan. Discounts on frames will not apply if the manufacturer has imposed a no discount policy on sales at retail and independent provider locations.

Some of the Blue View Vision participating in-network providers include:

**GLASSES**.com

**contactsdirect**



JCPenney | optical

#### ADDITIONAL SAVINGS AVAILABLE THROUGH ANTHEM'S SPECIAL OFFERS PROGRAM

Other savings offers are available on eyewear, hearing aids and even LASIK laser vision correction surgery through a variety of vendors. Just **log in at [anthem.com](http://anthem.com)**, select discounts, then Vision, Hearing & Dental.





# Medical Plan Premiums

## ***KeyCare 20 – Health Insurance Rates - \*\*Grandfathered Plan\*\* Effective January 1 – December 21, 2021***

	Wellness Premium Paid by Employee	Non-Wellness Premium Paid by Employee
Employee Only	\$200.08	\$240.08
Employee + Child	\$410.16	\$450.16
Employee + Children	\$1,082.10	\$1,122.10
Employee + Spouse	\$983.72	\$1,023.72
Employee + Family	\$1,228.48	\$1,268.48
Both Working Spouse – School/City	\$400.16	\$480.16

## ***KeyCare 30 – Health Insurance Rates Effective January 1 – December 21, 2021***

	Wellness Premium Paid by Employee	Non-Wellness Premium Paid by Employee
Employee Only	\$61.18	\$101.18
Employee + Child	\$221.36	\$261.36
Employee + Children	\$673.12	\$713.12
Employee + Spouse	\$611.88	\$651.88
Employee + Family	\$764.12	\$804.12
Both Working Spouse – School/City	\$122.36	\$202.36

## ***Lumenos HDHP +HSA – Health Insurance Rates Effective January 1 – December 21, 2021***

	Wellness Premium Paid by Employee	Non-Wellness Premium Paid by Employee
Employee Only	\$19.72	\$59.72
Employee + Child	\$128.42	\$168.42
Employee + Children	\$466.46	\$506.46
Employee + Spouse	\$424.06	\$464.06
Employee + Family	\$529.58	\$569.58
Both Working Spouse – School/City	\$39.44	\$119.44



# Wellness Program

Salem City Schools have incorporated a Wellness and Non-Wellness premium rate for the health insurance plan. Those choosing not to participate in the wellness program, may pay up to \$40 per month more for coverage. Employees can earn the discounted Wellness rate through engaging in the Wellness program outlined below.

Spouses on the City of Salem medical insurance will now be a part of the wellness program with the same program requirements to complete a health risk assessment and one follow-up visit. Both the employee and covered spouse must complete the program to receive the Wellness rate.

To receive the wellness rate, all activities must be completed by October 31, 2021 and recorded by Synergy Healthcare to be eligible for the Wellness rate that will be effective January 1, 2022.

## Step 1: Complete Your Health Risk Assessment

To earn your 2022 medical premium differential, your first activity is to complete your Health Risk Assessment by October 31, 2021. We encourage employees and spouses to complete the Health Risk Assessment at the annual screening event instead of at the onsite clinic. We will not be scheduling HRA's in the health clinic due to the increased number of required participants. Dates will be released in advance so you can schedule your appointment. It is important to schedule at the annual screening event in order to keep onsite clinic appointments open for follow-up visits and sick visits. You may also complete your health risk assessment at your physician's office if you would like.

### To complete the Health Risk Assessment, you will need to do the following steps:

1. Complete the Know Your Number Questionnaire & Consent Form
2. Complete your Annual Health Screening Event (This includes biometrics: height, weight, waist, pulse, blood pressure; and labs: lipid panel and glucose panel). This is a fasted blood draw – please fast for 8 hours, please drink water. Labs will be accepted from 10/1/20.
3. If your HRA is done at your physician's office, please send all of the documentation in one packet to Synergy Healthcare by mail, fax, or email. Please do not send or drop-off any of this documentation at the City of Salem Onsite Clinic, or Human Resources Department.

## Step 2: Complete One Follow-Up Visit

Complete one follow-up visit at the City of Salem Onsite Clinic or at your Primary Care Physician's Office by October 31, 2021. This visit should be related to a chronic condition, or a preventive care screening outlined below. If you visit the City of Salem Onsite Clinic, no further action is required for this step – Synergy Healthcare will receive documentation of your visit. If you visit your Primary Care Physician's Office, you will need to send documentation of your visit to Synergy Healthcare for them to give credit for this activity (documentation accepted would be a superbill, visit receipt, or Explanation of Benefits (EOB) and must include the date of your visit). Send all of the documentation to Synergy Healthcare by mail, fax, or email. Please do not send or drop-off any of this documentation at the City of Salem Onsite Clinic, or Human Resources Department.

Examples of follow-up visits that can be completed for Step 2:

<b>Chronic Condition Visit</b>	A visit related to a chronic health condition, such as, high cholesterol, high blood pressure, asthma, diabetes, etc. Sick visits do not qualify.	
<b>Preventative Care Screening</b>	Preventive Care Screening Preventive care screenings are outlined below by gender.	
	<b>Male</b> Physical Exam, Eye Exam, Prostate Specific Antigen Test (PSA), Colonoscopy, Osteoporosis Screen (Bone Density)	<b>Female</b> Physical Exam, Eye Exam, Well Woman/PAP Exam, Mammogram, Colonoscopy, Osteoporosis Screen (Bone Density)

### Step 3: Submit Documentation for Step 1 and Step 2

Once Step 1 and Step 2 requirements have been met and documentation is hand, please submit

- a) Mail: P.O. Box 1069, Denver, N.C. 28037
- b) Fax: 704-966-0056
- c) Email documents or upload picture to: [info@synergyhealthcare.net](mailto:info@synergyhealthcare.net)

### Confidentiality

All programs are confidential and in compliance with the Health Insurance Portability Accountability Act (HIPAA). Any information shared with the Synergy Healthcare team will not be disclosed except in accordance with HIPAA laws. Your Protected Health Information will not be shared with your employer.

## Employee Health Clinic

For employees and their dependents that are enrolled in the school divisions' health care plan has access to the Employee Health Clinic (managed by Synergy Healthcare). Services provided are sick visits, chronic illness visits, prescriptions, labs/blood work, sports physicals, weight management, tobacco cessation, etc. The intent of the clinic is not to replace your primary care provider but rather to be an additional support and resource with no cost to the employee for visits or for services performed by clinic staff.

You can now schedule your Salem Health Clinic appointment online with the Synergy Healthcare Scheduler. Please visit [www.timecenter.com/cityofsalem](http://www.timecenter.com/cityofsalem).

The clinic hours are as follows:

<b>Monday - Thursday</b>	7:00am – 5:00pm (closed noon– 1pm)
<b>Friday</b>	8:00am - Noon

**Employee Health Clinic Phone Number: 540-378-0190**

**Employee Health Clinic Location: 15 East Clay Street, Salem, VA 24153**

## Benefit Resource Center (BRC)

Occasionally, employees experience situations requiring an expert to resolve. Benefit Resource Center (BRC) provides Personal Benefit Advocates who are familiar with Salem's insurance plans, know are carriers and are committed to assisting employees in resolving complex issues you may face. Benefit Resource Center (BRC) is a toll-free one-call benefits information hotline specifically designed to act as a single point of contact for all benefit and claim issues.

Your Personal Benefit Advocate will be able to:

- ✓ answer benefit plan/policy questions
- ✓ assist with eligibility and claim problems with carriers
- ✓ provide claim appeals information and explain the process
- ✓ explain allowable family status election changes (adding newborns, marriage, divorce, etc.)
- ✓ provide vendor plan contact information

To speak to your Personal Benefit Advocate, please call 1-855-874-6699.





# Dental Plan

## Delta Dental

### Delta Dental – Salem City Schools

Annual Deductible (Applies to Basic)	\$50 per person; \$150 per family
Annual Maximum	\$1,000 per person
MaxOver™ Carryover	You plan allows a portion of an enrollee's annual maximum to be carried over to the next year.
Health Smile, Healthy You® Program	Your plan provides additional cleanings and/or application of topical fluoride to enrollees with specific health conditions such as pregnancy, diabetes, high-risk cardiac conditions or who are undergoing cancer treatment via chemotherapy and/or radiation. Enrollment in the <b>Healthy Smile, Healthy You Program</b> is simple. Visit <a href="http://DeltaDentalVA.com">DeltaDentalVA.com</a> to print an enrollment form.

### Coverage is Available for:

- Enrollee, spouse
- Dependent children to the end of the month they reach age 26 (the "limiting age").

### Covered Benefits

Delta Dental will pay the stated percentage of the plan allowance based on the dentist's participation with Delta Dental.

Coverage	In-Network		Out-of-Network	Benefit Waiting Period
	PPO	Premier		
<b>Diagnostic &amp; Preventive Services</b> <b>Oral exams and cleanings</b> <ul style="list-style-type: none"> <li>• Twice in a calendar year. Periodontal cleaning is considered a regular cleaning and is subject to the benefit limits for regular cleanings.</li> </ul> <b>Fluoride applications</b> <ul style="list-style-type: none"> <li>• Once in a calendar year for enrollees under the age of 19.</li> </ul> <b>Bitewing X-rays</b> <ul style="list-style-type: none"> <li>• Bitewing X-rays are limited to once in a calendar year limited to a maximum of 4 films or a set (7-8 films) of vertical bitewings.</li> </ul> <b>Full mouth/panoramic X-rays</b> <ul style="list-style-type: none"> <li>• Once in a 3-year period.</li> </ul> <b>Sealants</b> <ul style="list-style-type: none"> <li>• One application per tooth for enrollees under the age of 16 on non-carious, non-restored 1st and 2nd permanent molars.</li> </ul> <b>Space maintainers</b> <ul style="list-style-type: none"> <li>• Once per quadrant per arch for enrollees under the age of 14.</li> </ul>	100%	100%	100%	None
<b>Basic Services</b> <b>Amalgam (silver) and composite (white) fillings</b> <ul style="list-style-type: none"> <li>• Once per surface in a 24-month period; Composite (white) fillings are limited to the upper and lower 6 front teeth.</li> </ul> <b>Stainless steel crowns</b> <ul style="list-style-type: none"> <li>• Primary (baby) teeth for enrollees under the age of 14.</li> </ul> <b>Simple extractions</b> <b>Endodontic services/root canal therapy</b> <ul style="list-style-type: none"> <li>• Retreatment only after 24 months from initial root canal therapy treatment.</li> </ul>	80%	80%	80%	80%

Coverage	In-Network		Out-of-Network	Benefit Waiting Period
	PPO	Premier		
<b>Basic Services</b> <b>Periodontics services</b> <ul style="list-style-type: none"> <li>Once per quadrant in a 24-36 month period based on services rendered.</li> </ul> <b>Complex oral surgery</b> <ul style="list-style-type: none"> <li>Surgical extractions and other surgical procedures.</li> </ul> <b>Denture repair and recementation of crowns, bridges and dentures</b> <ul style="list-style-type: none"> <li>Once in a 12-month period after 6 months from initial placement.</li> </ul>	80%	80%	80%	None
<b>Major Services</b> <b>Crowns</b> <ul style="list-style-type: none"> <li>Once per tooth in a 60-month period for enrollees age 12 &amp; older.</li> </ul> <b>Prosthodontics, removable &amp; fixed</b> <ul style="list-style-type: none"> <li>Once in a 60-month period for enrollees age 16 &amp; older.</li> </ul> <b>Implants</b> <ul style="list-style-type: none"> <li>Once per site for enrollees age 16 &amp; older.</li> </ul>	50%	50%	50%	None
<b>Orthodontic Services</b> <b>Treatment for the proper alignment of teeth</b> <ul style="list-style-type: none"> <li>For subscriber &amp; covered dependents.</li> </ul>	50%	50%	50%	None

## Choosing a Dentist

You may select the dentist of your choice. However, to get the full advantage of your Delta Dental coverage, you should choose a dentist who participates in the Delta Dental network(s) covered by your plan. Delta Dental PPO and Delta Dental Premier dentists have agreed to accept Delta Dental's plan allowance, plus any required coinsurance and deductible (if applicable) as payment in full. In addition, Delta Dental PPO and Delta Dental Premier dentists will submit claims directly to Delta Dental and we will issue the payment to the dentist. Non-Participating dentists have not agreed to accept Delta Dental's plan allowance as full payment. After Delta Dental pays its portion of the bill, you are responsible for any required coinsurance and deductible (if applicable), as well as the difference between the non-participating dentist's charge and Delta Dental's payment. Payment will be made to you, unless state law requires otherwise.

Please visit [DeltaDentalVA.com](http://DeltaDentalVA.com) to find a participating dentist in your area. The following chart illustrates how choosing a network dentist helps you save on out-of-pocket costs.

	PPO Network Dentist	Premier Network Dentist	Non-Participating Dentist
Dentist's Charge for Covered Procedure	\$215.00	\$215.00	\$215.00
Delta Dental's Plan Allowance	\$126.00	\$169.00	\$113.00
Coinsurance Percentage	80%	80%	80%
Delta Dental's Payment	\$100.80	\$135.20	\$90.40
<b>Patient Payment</b>	<b>\$25.20</b>	<b>\$33.80</b>	<b>\$124.60</b>

*The example shown is for illustrative purposes only. Payment structures may vary between plans.*

<b>Subscriber Only</b>	\$0.00
<b>Subscriber + One Dependent</b>	\$24.40
<b>Family</b>	\$59.49
<b>Both Working Spouse - School/City</b>	\$0.00

## Delta Dental

*The preceding information is a brief description of the services covered under your plan. It is not intended for use as a summary plan description nor is it designed to serve as an Evidence of Coverage. If you have specific questions regarding benefit structure, limitations or exclusions, consult the plan document or call Delta Dental's Benefit Services Department at 800-237-6060.*



# Term Life Plan



**MINNESOTA LIFE**  
A Securian Company



## Guaranteed coverage if applied for within 31 days from date of employment

The following options are available to newly eligible employees without providing evidence of insurability (EOI):

- **Optional life:** Elect any available option up to \$400,000.
- **Spouse term life:** If you elect option 1, your spouse will be eligible to receive up to one-half your salary (all other options will require EOI).
- **Child term life:** All coverage is guaranteed (amount based upon your optional life election).

EOI will be required for any amounts exceeding the guaranteed limits or if any coverage is applied for outside of your initial 31-day eligibility period. EOI is also required if you want to increase coverage after transferring from one state agency to another state agency.

As a member of the Virginia Retirement System (VRS), you have the opportunity to protect your family's financial security with optional group life insurance. This term insurance program is designed to provide an immediate death benefit at a reasonable cost.

### Why do I need life insurance

**Group term life insurance provides** cost-effective insurance protection during your working years. It provides an additional level of financial protection alongside your personal savings, individual life insurance and Social Security benefits. Group term life insurance allows you the flexibility to increase your coverage when your family's need for financial protection is the greatest and to lower your coverage when your financial commitments decrease.

Beneficiaries receive funds to help with their everyday living expenses — such as mortgage payments or medical bills — education expenses, your funeral costs and more.

Your family is everything — and group term life insurance can help protect their financial future so you can enjoy everyday moments in the here and now.

### Questions?

Call 1-800-441-2258 or contact  
P.O. Box 1193,  
Richmond, VA 23218-1193.



## Enroll in your group life insurance program

### Optional coverages

+	Option 1	Employee	1x salary
		Spouse	0.5x salary
		Child(ren)	\$10,000 Children are eligible 15 days to maximum age
+	Option 2	Employee	2x salary
		Spouse	1x salary
		Child(ren)	\$10,000 Children are eligible 15 days to maximum age
+	Option 3	Employee	3x salary
		Spouse	1.5x salary
		Child(ren)	\$20,000 Children are eligible 15 days to maximum age
+	Option 4	Employee	4x salary
		Spouse	2x salary
		Child(ren)	\$30,000 Children are eligible 15 days to maximum age



### Why life insurance?

Learn how life insurance can protect your financial future by watching a brief video at [LifeBenefits.com/videos/term](https://LifeBenefits.com/videos/term)

If both you and your spouse are eligible for optional life as employees, you may not elect spouse coverage. Likewise, either you or your spouse, not both, may elect coverage for your children.

Please note: Spouse and child coverage elections are based on the option the employee selects. The amount of child coverage covers each eligible child.



## Monthly cost of coverage

Please note, rates increase with age.

Optional life - employee, retiree and spouse	
Age	Rate/\$1,000
34 and under	\$0.05
35-39	0.06
40-44	0.08
45-49	0.14
50-54	0.20
55-59	0.33
60-64	0.59
65-69	1.06
70 and over	2.06

Child term life One premium provides coverage for all eligible children		
Option	Coverage amount	Rate
1	\$10,000	\$0.80
2	\$10,000	0.80
3	\$20,000	1.60
4	\$30,000	2.40

All rates are subject to change.



## Here's the easy math to your monthly premium:

Total coverage  
you need \$ \_\_\_\_\_  
  
÷ 1,000 \$ \_\_\_\_\_  
  
x your rate \$ \_\_\_\_\_  
  
=  
Monthly premium \$ \_\_\_\_\_

## How much life insurance do I need?

Check out our life insurance calculator at  
**LifeBenefits.com/insuranceneeds**



# Have you designated a beneficiary?

Protecting your family's financial security through life insurance is a loving gift. Ensure benefits are paid as you intend by keeping your beneficiary designations up-to-date.

## Choosing a beneficiary

Your beneficiary can be a person, a charity, a trust or your estate. You can split the benefit among multiple beneficiaries as long as the total percentage of the proceeds equal 100 percent.

Please note that the employee is the beneficiary of the spouse and the children's optional life coverage.

### ✓ Primary beneficiary

The person(s) named will receive the benefit. If any named beneficiary is not living at the time of claim, the benefit will be split among any remaining primary beneficiaries before it is paid to a contingent beneficiary.

### ✓ Contingent beneficiary

If the primary beneficiaries are no longer living, the benefit is paid to this person or persons.

### ✓ Default beneficiary

If you do not name a beneficiary, the benefit will be paid in the following order:

- Spouse
- *If none*, children and descendants of children
- *If none*, parents
- *If none*, the estate
- *If none*, the next of kin according to the state of residence

# Questions & Answers

## **Will I be able to continue my optional life insurance when I retire?**

**You may continue your optional life insurance if you are:**

- Retiring
- Terminating service, but deferring retirement

You must have 60 months of coverage with optional life before leaving service. You'll pay the same premiums to continue your coverage as active employees do.

As a retiree, you may continue at either option 1 or option 2, but not more than the amount of insurance you had when you left service, and not more than \$300,000. You must elect to continue coverage within 31 days of leaving service. Optional coverage above these amounts may be converted to an Individual policy. Under VRS' plan 1, insurance amounts and the corresponding maximums begin to reduce at age 65. Under plan 2, insurance amounts and the corresponding maximums begin to reduce at normal retirement age. All optional life insurance terminates at age 80.

Spouse coverage may also continue at the corresponding option 1 and option 2 levels of insurance selected by the retiree. Insurance on the spouse continues to be one-half of the amount of the retiree's coverage. Premium is based on the same rates under the VRS group plan. Dependent children may continue to be insured by the retiree at the same levels previously insured prior to retirement.



## **What happens if I terminate employment?**

If you terminate employment and are not eligible to continue optional life coverage as a retiree, your optional life insurance terminates. However, you may convert to an Individual policy. The conversion privilege may be exercised without EOI if election to convert is made within 31 days of the termination. Premiums may be higher than those paid by active employees.

Spouse and dependent children coverage also ends when your coverage terminates, but you may also convert this insurance to an Individual policy.

## **How do I apply for optional life?**

Complete the enclosed enrollment application (VRS 39) contained in this pamphlet and send it – if applicable – with the completed EOI form (VRS-32) to P.O. Box 1193, Richmond, VA 23218-1193.

### **If you apply for optional life within 31 days from the date of employment:**

You may select any option, up to a maximum death benefit of \$400,000, without providing EOI.

### **If you select an option that provides more than \$400,000 of coverage:**

You will be required to submit an EOI form (VRS-32). Until coverage is approved, your coverage will be limited to the amount of the next-lowest option, not exceeding \$400,000.

### **If you want to increase coverage after transferring from one state agency to another state agency:**

EOI will be required for any increases in coverage.

### **Spouse coverage amount determined by employee coverage option:**

Your spouse is guaranteed for option 1 (one-half of your salary) if he or she applies within 31 days after you first become eligible for optional life coverage. If you select option 2, 3 or 4, your spouse will be asked to furnish EOI for Securian Financial's approval before he or she will be covered. If the EOI is not approved, your spouse will continue to be insured for the amount provided under option 1 (one-half of your salary).

If both you and your spouse are eligible for optional Life as employees, you may not elect spouse coverage. Likewise, either you or your spouse, not both, may elect coverage for your children.

### **Child(ren) coverage amount determined by employee coverage option:**

Child(ren) will receive coverage at the level corresponding to the option you select. Children's coverage also does not require EOI, if coverage is applied for within 31 days of them becoming eligible to be insured.

### **If applying for coverage beyond 31 days after either the employment date or eligibility date:**

Application for optional life may also be made at any time beyond 31 days after either the employment date or eligibility date. Additional enrollment forms are also available through your benefits administrator or from Securian Financial. Securian Financial's address is P.O. Box 1193, Richmond, VA 23218-1193. Or call 1-800-441-2258.



# Dependent Eligibility

Salem City Schools require documentation demonstrating all insured dependents meet eligibility criteria. You have 30 calendar days from a qualifying event or if you are adding a dependent to your medical and/or dental plan during open enrollment.

Dependents	Eligibility Definition	Documentation Required
<b>Spouse</b>	A person to whom you are legally married	Photocopy of marriage certificate
<b>Biological Child</b>	A biological son or daughter	Photocopy of birth certificate showing employee's name
<b>Adopted Child</b>	An adopted son or daughter	Photocopy of the Final Adoption Decree OR Photocopy of the child's birth certificate showing the employee as the adopting parent
<b>Stepchild of a Current Marriage</b>	A stepson or stepdaughter	Photocopy of birth certificate showing employee's spouse name AND Photocopy of marriage certificate showing the employee and child's parent's name
<b>Child under Legal Custody</b>	A child for whom the employee has been granted legal custody	Photocopy of court order of custody affirming the child's placement in legal custody of the named employee
<b>Foster Child</b>	Certain eligible foster children	Photocopy of the certified foster care documents with the name of the child and the name of the employee
<b>Disabled Child</b>	A child age 26 or older who is wholly dependent on the employee for support and maintenance due to a disability that occurred prior to age 26	Photocopy of birth certificate showing employee's name AND completed Disability Certification form that has been approved by the carrier

Examples of ineligible individuals include:

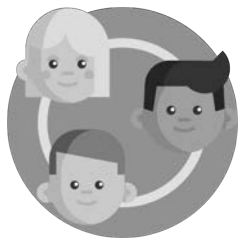
- Former spouse
- Former spouse's child not biologically related to you (exceptions may apply with applicable court orders)
- Child age 26 or older unless they are disabled and dependent on you for support as defined above



# Terms & Definitions

<b>After-Tax Deduction</b>	A deduction from an employee's pay that does not reduce the employee's taxable wages. It is taken out only after all applicable taxes and other deductions have been withheld.
<b>Annual Deductible</b>	The amount you pay out-of-pocket before the plan begins to pay benefits. For example, if your deductible is \$500, the plan won't pay anything until you have met your \$500 deductible for covered health care services subject to the deductible. The deductible may not apply to all services. The deductible amount varies by plan. Deductibles are figured by calendar year: January-December.
<b>Coinsurance</b>	Shared cost for services between you and the company after the plan deductible is met
<b>Copayment</b>	A flat-dollar fee that is charged when you receive healthcare services
<b>Deduction</b>	An amount subtracted from an employee's gross pay to reach net pay
<b>Dependent Care FSA</b>	An account that allows you to set aside pre-tax dollars to pay for eligible child care expenses such as before- and after-school care and tuition, or elder care expenses such as in-home care and convalescent home expenses.
<b>Healthcare FSA</b>	An account that allows you to set aside pre-tax dollars to pay for out-of-pocket medical, dental, and vision expenses, including deductibles, coinsurance, and eligible services and supplies not covered by those health plans. <b>NOTE:</b> If you or a family member is enrolled in a high-deductible plan then you are not allowed to participate in a Healthcare FSA.
<b>Health Savings Plan</b>	Provides comprehensive medical coverage through Anthem and qualifies for a Health Savings Account. The plan gives you the flexibility to use pre-tax dollars to pay for your current or future eligible health expenses.
<b>In-Network</b>	Healthcare services from a healthcare facility, physician or professional that is contracted with Anthem. Using in-network services will typically lower your out-of-pocket costs. To find out if a healthcare provider is in-network, visit <a href="http://www.anthem.com">www.anthem.com</a> .
<b>Limited Healthcare FSA</b>	Only participants in the Lumenos plan can use this account to set aside pre-tax dollars to pay for out-of-pocket dental and vision expenses only. Medical expenses can be paid for on a tax-free basis using the Health Savings Account.
<b>Out-of-Network</b>	Healthcare services from a healthcare facility, physician or professional that is not contracted with Anthem. If you receive services out-of-network, you will typically have higher out-of-pocket costs.
<b>Out-of-Pocket Maximum</b>	The maximum amount that you could spend on covered health expenses each calendar year. In-network medical and prescription deductibles, copays and coinsurance apply toward the out-of-pocket maximum. <b>NOTE:</b> The following do not count toward the out-of-pocket maximum: routine vision care, costs above any benefit limits and non-covered services or supplies, or amounts health care providers not in the Anthem network may bill above the allowance.
<b>Premium or Payroll</b>	The amount you pay each pay period to have coverage through Salem City Contribution: Schools health and/or dental care plans. This amount is automatically deducted pre-taxed.
<b>Pre-Taxed Premiums</b>	Insurance premiums are automatically deducted before taxes are calculated. This reduces your taxable income. If you DO NOT want your premiums pre-taxed, you must submit a pre-tax waiver form. Please contact the Benefits Office for this form.
<b>Preventative Care</b>	Services such as annual physical exams, routine health screenings such as mammograms, prostate exams and colonoscopies, well-child care and routine and adult immunizations are covered at 100%. <b>NOTE:</b> Once you've been diagnosed with a condition or disease such as asthma, diabetes or hypertension, visits to your doctor to control or maintain those conditions are not considered preventative care.





# Continuation Coverage Rights under COBRA

## **General Notice Of COBRA Continuation Coverage Rights** **\*\* Continuation Coverage Rights Under COBRA\*\***

### **Introduction**

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it. When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

### **What is COBRA continuation coverage?**

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

Sometimes, filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to City of Salem Schools, and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee will become a qualified beneficiary. The retired employee's spouse, surviving spouse, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

**When is COBRA continuation coverage available?**

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- Commencement of a proceeding in bankruptcy with respect to the employer; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: City of Salem Schools Payroll/Benefits Office or the Human Resources Office. Official documentation will be required for this qualifying event.

**How is COBRA continuation coverage provided?**

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

***Disability extension of 18-month period of COBRA continuation coverage***

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage. You must provide this notice to: City of Salem Schools Payroll/Benefits Office or the Human Resources Office. Official documentation of disability will need to be provided within 30 days.

***Second qualifying event extension of 18-month period of continuation coverage***

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

***Are there other coverage options besides COBRA Continuation Coverage?***

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at [www.healthcare.gov](http://www.healthcare.gov).

***If you have questions***

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit [www.dol.gov/ebsa](http://www.dol.gov/ebsa). (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit [www.HealthCare.gov](http://www.HealthCare.gov).

***Keep your Plan informed of address changes***

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

**Plan contact information:**

City of Salem Schools  
Payroll/Benefits or Human Resources Offices  
510 S. College Avenue  
Salem, VA 24153  
Phone: (540) 389-0130



# HEALTHY LIVING

Core Benefit  
options to keep you  
and your family  
healthy.



# 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, 2021 and ends on December 31, 2021. You will be eligible to join the Plan if you are a full-time employee working at least 25 hours or more per week on the first of the month following your date of hire. Those employees having a qualifying event are eligible to enroll within 30 days of the qualifying event. Deductions begin on the first pay period following your Plan start date. You must complete an enrollment to participate in the Flexible Spending Accounts each year during the enrollment period. If an enrollment is not completed during open enrollment, you will not be enrolled in the Plan and you will not be able to join until the next Plan Year or if you have a qualifying event.

## **The Health Care Account is a Pre-Funded Account**

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

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

## **Election Changes**

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

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

## **Reimbursement Schedule**

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

## **Online Access**

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

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

## **Health Care Reimbursement**

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

## **Examples of Eligible Health Care Expenses**

### **Fees/Co-Pays/Deductibles for:**

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

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

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

## **Day Care/Aged Adult Care Reimbursement**

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

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

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

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

## **How to Receive Reimbursement**

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

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

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

## **Eligible Day Care/Aged Adult Expenses**

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

### **Ineligible Expenses:**

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

## **Forfeiting Funds**

Plan carefully! Unused funds will be forfeited back to your employer as governed by the IRS's "use-it-or-lose-it" rule. Your employer has elected to 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!





# Flexible Spending Account (Limited)



*With the Limited Purpose FSA, get reimbursed for out-of-pocket dental & vision 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, 2021 and ends on December 31, 2021. You will be eligible to join the Plan if you are a full-time employee working at least 25 hours or more per week on the first of the month following your date of hire. You must also be enrolled in a High-Deductible Health Plan (HDHP). Those employees having a qualifying event are eligible to enroll within 30 days of the qualifying event. Deductions begin on the first pay period following your Plan start date. You must complete an enrollment to participate in the Flexible Spending Accounts each year during the enrollment period. If an enrollment is not completed during open enrollment, you will not be enrolled in the Plan and you will not be able to join until the next Plan Year or if you have a qualifying event.

## **The Limited FSA Accounts is a Prefunded Account**

This means that you can submit a claim for qualified expenses in excess of your account balance. You will be reimbursed your total eligible expense up to your annual election. The funds that you are pre-funded will be recovered as deductions are deposited into your account throughout the Plan Year.

**Contribution Limits: The maximum you may place in this account for the Plan Year is \$2,750.**

## **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 every Wednesday 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.

## **Benefits of Using Purpose FSA with an HSA**

With this account, you can pay for your out of pocket dental, vision, and preventative care expenses for yourself, your spouse and all of your dependents for services that are incurred during your plan year and while an active participant. Funds contributed to your Health Savings Account (HSA) can also cover these expenses, so why would someone choose to make a second contribution to a Limited FSA along with an HSA. Below are a few key reasons to contribute to both in order to get the most out of your HSA.



**You will likely have Dental or Vision expenses early in the plan year.**

A Limited FSA is prefunded at the beginning of the plan year while HSA funds are only available as they are deposited into your account. For this reason, if you are planning on incurring dental or vision expenses early in the plan year, a Limited FSA is a great way to pay for those expenses. With the Limited FSA, you can use your full election as soon as you need it in order to pay for expenses, since it acts like a tax-free, interest free loan. This is particularly useful for those who have just opened their HSA or those who haven't been able to build up a balance in their HSA account.

**You want to use your HSA contributions primarily for medical expenses.**

Since you are covered by a High-Deductible Health Plan, you know you may be required to pay higher amounts for medical expenses you incur. If you know you'll use most of your HSA contributions to pay for these medical expenses, it makes sense to set aside separate contributions to cover any vision or dental expenses.

**You wish to use your HSA as a retirement or investment account.**

HSAs offer a triple-tax advantage, meaning you get a tax advantage towards your contributions, distributions (if used for eligible expenses), and any interest you earn from your HSA. Medicare expenses for those 65 years and older can easily add up to \$200,000 for a couple over the course of 20 years. This does not include dental, vision, hearing aids, and out-of-pocket drugs. By using funds from a Limited FSA, you can allow more money to remain in your HSA to gain interest while still getting the same tax advantage on your vision and dental expenses.

## ***Eligible Vision & Dental Expenses***

The Limited FSA allows you to pay for dental and vision expenses for you and your eligible dependents with pre-tax dollars. Eligible dental expenses include dental procedures that are not for cosmetic purposes and not covered by your insurance such as those listed below. Examples of Eligible Dental Expenses:

- Orthodontia (Braces)
- Fillings
- Crowns
- Checkups

For orthodontia expenses, you can use funds in your Limited FSA to either be reimbursed for a payment made in full on the first orthodontic visit (up to your annual election). If you pay for your orthodontia treatments over the span of multiple plan years, you can pay the monthly payment directly to your orthodontist, then send a claim form in each month to be reimbursed or you can pay your monthly payments with your Benefits Card and send FBA a copy of your orthodontic contract to keep on file so that we can setup a recurring expense on your account. Examples of Eligible Vision Expenses:

- Eyeglasses
- Routine Eye Exam
- Contact Lenses
- Prescription Sunglasses
- Lasik Eye Surgery
- Diagnostic Services

## ***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 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 Preventative Care Expenses***

In order for an expense to be considered "preventative care" you will need to acquire a prescription or letter of medical necessity from your medical provider that specifically states that the treatment is for the prevention of the onset of an illness. Once you are officially diagnosed with a condition, any expenses used towards treating the condition would not be eligible. Below are two examples of preventative care to prevent the onset of illnesses.

### **Diabetes**

Your doctor may write you a letter of medical necessity stating that they recommend you get a gym membership and exercise in order to prevent the onset of Type II Diabetes.

## High Blood Pressure

If you have a family history of high blood pressure, your doctor may write you a prescription for blood pressure medication preventing high blood pressure.

Other eligible “preventative care” expenses include tobacco cessation programs, cancer screening, heart and vascular care screenings, substance abuse screenings, routine prenatal care, and child and adult immunizations.

## 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 info.

## 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	\$150.00
<b>Taxable Income</b>	<b>\$2,500.00</b>	<b>\$2,090.00</b>
Federal Tax (15%)	\$375.00	\$315.50
State Tax (5.75%)	\$143.75	\$120.18
FICA Tax (7.65%)	\$191.25	\$159.89
After-Tax employer medical insurance	\$200.00	\$0.00
After-Tax medical expenses	\$60.00	\$0.00
After-Tax dependent child care expenses	\$150.00	\$0.00
<b>Monthly Spendable Income</b>	<b>\$1,380.00</b>	<b>\$1,496.43</b>

By taking advantage of the Limited FSA to cover dental and vision expenses and the HSA to cover their Medical expenses, this employee was able to increase his/her spendable income by \$116.43 every month! This means an annual tax savings of \$1,397.16. Remember, with the FLEXIBLE BENEFIT PLAN, the better you plan the more you save!



# The FBA Benefits Card

## The easy way to access all of your benefits

*The benefits debit card eliminates the hassles of claim submission and waiting for a reimbursement check.*

### Start Saving Money by Participating in Benefit Accounts

Are your out-of-pocket healthcare, dependent care and transportation costs rising? Tax-advantaged benefit accounts are a great way for you to save your hard-earned money. These accounts can include:

- Flexible spending accounts (FSAs)
- Health reimbursement arrangements (HRAs)
- Health savings accounts (HSAs)
- Dependent care flexible spending accounts (DCAs)
- Commuter accounts (transit/parking)

### Access to Funds

Your benefits debit card gives you easy access to the funds in your tax-advantaged benefit accounts by swiping the card at the point of sale. The card can be used at any qualified service provider that accepts MasterCard.

Funds are automatically transferred from the benefit account directly to qualified providers with no out-of-pocket cost and no need to file a claim for reimbursement.

Your benefits debit card virtually eliminates:

- Out-of-pocket expenses
- Claim forms
- Reimbursement checks

### Multiple Benefit Accounts, One Card

In the event that you have multiple benefit accounts, you need only one benefits debit card. Our technology understands which purchases should be applied to any one of your accounts. If your card is swiped at your child's daycare, the funds will be deducted from your dependent care FSA. Buy a train token automatically with funds from your transit account. It's one smart card!

### Your benefits debit card is as easy as 1-2-3

#### 1. Check your account balance

You can view your transaction history, current balance, claim status, and more by logging in online, calling the phone number on the back of your card or via mobile application, if available.

#### 2. Swipe your benefits debit card

Swipe the card at the point-of-sale for eligible products and services. Most major retail chains utilize a system that will auto-substantiate the purchase, meaning it will approve eligible expenses without requiring submission of receipts. If a purchase is greater than your account balance, you can split the cost at the register or you may submit a manual claim.

#### 3. Keep all your receipts

Though the need for documentation is greatly reduced, it is a good practice to save your receipts in the rare instance documentation is requested by your administrator or in case of an IRS audit.

### How long is my card valid?

As long as you do not have a break in participation, you can use your card for three years, until the expiration date printed on it. If you are still a participant when your card expires, a new card will be automatically mailed to you.



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)



# Health Savings Account (HSA)



## ***What is a Health Savings Account (HSA)?***

An HSA is a tax-advantaged personal savings account that can be used to pay for medical, dental, vision and other qualified expenses now or later in life. To contribute to an HSA you must be enrolled in a qualified high-deductible health plan (HDHP) and your contributions are limited annually by the IRS.

## ***Why Should I Participate in a HSA?***

Funds contributed to an HSA are triple-tax-advantaged.

1. Money goes in tax-free. Most employers offer a payroll deduction through a Section 125 Cafeteria Plan, allowing you to make contributions to your HSA on a pre-tax basis. The contribution is deposited into your HSA prior to taxes being applied to your paycheck, making your savings immediate. You can also contribute to your HSA post-tax and recognize the same tax savings by claiming the deduction when filing your annual taxes.
2. Money comes out tax-free. Eligible healthcare purchases can be made tax-free when you use your HSA. Purchases can be made directly from your HSA account, either by using your benefits debit card, ACH, online bill-pay, or check – or, you can pay out-of-pocket and then reimburse yourself from your HSA.
3. Earn interest, tax-free. The interest on HSA funds grows on a tax-free basis. And, unlike most savings accounts, interest earned on an HSA is not considered taxable income when the funds are used for eligible medical expenses.

## ***Are You Eligible?***

To be eligible you must be covered under a qualified high deductible health plan on the first day of the month. You must NOT be:

- Covered by another health plan, including your spouse's health insurance
- Covered by your own or spouse's medical flexible spending account (FSA)
- Enrolled in any part of Medicare or Tricare
- Receiving Veteran's health benefits now or in the past 90 days
- Claimed as a dependent on another person's tax return

## ***Eligible Expenses Under the HSA***

The IRS provides specific guidance regarding eligible expenses. See IRS Publication 502 for a full list of Eligible Expenses. It is up to you as the employee to ensure that you are spending your HSA dollars only on Eligible Expenses in order to avoid penalties by the IRS. Some examples are below.

- Co-Pays, Deductibles, Co-Insurance
- Dental Care (Non-cosmetic)
- Vision Expenses
- Prescriptions

## ***Opening Your HSA***

When you enroll into the HSA plan, the USA Patriot Act requires that Avidia Bank (like all other banking institutions) performs a CIP (Customer Identification Program) Check. This allows the bank to form reasonable belief that it knows the true identity of its customers. Even if you have had an HSA through another bank, each bank must still perform the CIP Check for each new applicant who wishes to open an account with them. It is highly recommended that you provide a personal email address when applying for the HSA to receive bank communications. After your enrollment is complete, you will receive an email asking you to read and agree to Avidia Bank's disclosures and agreements.

Once this is completed, Avidia's system performs an automated CIP Check. If you pass this initial step, your account is opened and you will receive an email containing a Welcome Kit from [AvidiaHSA@flex-admin.com](mailto:AvidiaHSA@flex-admin.com).

If you fail the first step, you will receive a request for additional documentation within 4-5 business days. This request will arrive in an email from [HSA@AvidiaBank.com](mailto:HSA@AvidiaBank.com) and will list examples of the type of information that they are requesting in order to verify your identity and open your account.

If no response is made within 15 days of the first request, you will receive a second notice. If still no response is received within 90 days of the first notice, you will receive a CIP Expiration Letter informing you that your Avidia HSA Application has been denied. You may be able to reapply. Please contact your employer or FBA to reapply. Reapplication will restart the CIP process. Funds cannot be deposited into your HSA until the necessary documentation has been provided to the Bank establishing your account. You will receive notification once your account has been established and opened.

## HSA Maximum Annual Contribution:

Type of Coverage	Contribution Limit
Single – one person covered	\$3,600 for 2021
Family – more than one person on health insurance	\$7,200 for 2021

## Other Important Information to Know

Things that cause the CIP Check to fail are Post Office Box addresses and recent name changes. Once you have reached the minimum threshold, you may choose to invest your HSA dollars through Devenir. For more information regarding investments, please contact FBA. There are typical banking fees associated with an HSA, like all bank accounts. However, there may be ways to avoid some of those fees, such as opting into electronic only statements. If your employment is terminated or you are no longer eligible for the HSA, your account will be switched to a retail account, which is no longer employer sponsored. The fees previously paid for by your employer will now be deducted from your retail account.

## Accessing Your Account

Flexible Benefit Administrators, Inc. provides an online portal and a mobile app that will provide you with real-time account information.

Once enrollment is completed, you may create an online user account by visiting <https://fba.wealthcareportal.com> and clicking **REGISTER** in the top-right corner of the homepage. This will direct you to the registration page.

Fill in the appropriate information (username, password, name, email address).

- Your Employee ID is your SSN with no spaces or dashes.
- Your Employer ID is FBASCSC.

Once completed, you can proceed to your account where you can access all of the features.

Download the Flexible Benefit Administrators mobile app for your Android or Apple smart phone/tablet for instant access. Remember that the log-in credentials you set-up for the online portal will also apply to the mobile app!

Download on iTunes:



Download on Google Play:



## Contacting FBA

Remember we are only a phone call, email or chat away from answering your questions and helping you understand how your HSA plan works for you.

Our customer service hours are 8:30am - 5:00pm EST.

Email: [flexdivision@flex-admin.com](mailto:flexdivision@flex-admin.com)

Phone: 1-800-437-3539

You can also visit our website to chat with a live administrator at [www.flex-admin.com](http://www.flex-admin.com).





# Get **CONNECTED** with your account... Wherever, whenever.

Introducing... our convenient participant web site!  
With the online WealthCare Portal you can 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** (FBASCSC)
  - Your Benefits Card Number
- Once completed, please proceed to your account.

## Getting Started is Easy!

If you are having difficulty creating your user account or you have forgotten your password to an existing account, please contact us at 800-437-3539 or [flexdivision@flex-admin.com](mailto:flexdivision@flex-admin.com).





# Your healthcare finances are at your fingertips with the Flexible Benefit Administrators mobile app!

The Flexible Benefit Administrators mobile app provides ultimate convenience and 24/7 access directly from your tablet or mobile device.



## Features

Download on  
iTunes



Download on  
Google Play



**Access accounts** – Check balances, view transaction history, and more.



**Manage claims** – Submit new claims, upload receipts and check claims status.



**Track and pay expenses** – Track medical claims and other expenses, plus pay bills electronically.



**Access cards** – Manage card details, access your PIN, and initiate card replacement for lost or stolen cards.



**Receive alerts** – View important account messages.



**Update your profile** – Update personal information, including your email and mobile phone.

## Get Started Today!

Simply search Flexible Benefit Administrators Mobile in iTunes or Google Play store, select “Install”, and log-in online if previously registered or register. Registration requires an employee ID (generally your SSN), employer ID/benefit debit card number, and valid email address to begin.







# Managing your healthcare finances is easy with the Flexible Benefit Administrators member portal!

The Flexible Benefit Administrators member portal provides you with powerful self-service account access, plus education and decision support tools that help put you in the driver's seat with your healthcare finances.



## Features



**Full account details at your fingertips** – intuitive online access to plan details, account balances and transaction history (including prior years)



**Self-service convenience** – check balances, submit claims and receipt documentation, pay bills, manage investments, and more



**Comprehensive decision support tools** – educational and interactive tools to help you make critical spending and saving decisions throughout the plan year



**Communication when you need it** – manage your preferences, with access to more than 25 alerts to keep you connected to your account



**Value-add services and offers** – to help you get the most value from your healthcare dollars

**Get Started  
Today!**

Take control of your healthcare finances this open enrollment season by registering for online access to your pre-tax account at [fba.wealthcareportal.com](http://fba.wealthcareportal.com).





# STAY WELL

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



# Cancer Plan



## Plan Features

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

Benefit	Benefit Option
<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.	1. \$0 2. \$2,500 3. \$0 4. \$5,000
<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 &amp; 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 charges of round trip coach fare by a common carrier or a mileage allowance for the use of a personal vehicle. This benefit is not payable for lodging expense incurred more than 24 hours before the treatment nor for lodging expense incurred more than 24 hours following treatment. No Lifetime Maximum	Up to \$75 per day for lodging .50¢ per mile if a personal vehicle is used
<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.	a. \$200 b. Actual billed charges from round trip coach fare; or personal automobile expense of .50¢ per mile c. Actual billed charges up to \$50 per day
<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 actual billed charges 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

Benefit	Benefit Option
<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
<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 Charges.</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 incurred expenses for: [a] cost of the chemical substances and [b] their administration to stimulate the production of blood cells. Treatment must be administered by an Oncologist or Chemotherapist. No Lifetime Maximum	Incurred Expenses up to \$500 per month
<b>Blood, Plasma and Platelets.</b> For blood, plasma and platelets, and transfusions: including administration. No Lifetime Maximum	Incurred Expenses up to \$200 per month
<b>Physician's Attendance.</b> For one visit per day while Hospital confined. No Lifetime Maximum	Up to \$35 per day
<b>Private Duty Nursing Service.</b> For private nursing services ordered by the Physician while Hospital confined. No Lifetime Maximum	Up to \$100 per day
<b>National Cancer Institute Designated Comprehensive Cancer Treatment Center Evaluation/Consultation Benefit.</b> We will pay the actual billed charges if a Covered Person is diagnosed with Internal Cancer and seeks evaluation or consultation from a National Cancer Institute designated Comprehensive Cancer Treatment Center. If the Comprehensive Cancer Treatment Center is located more than 30 miles from the Covered Person's place of residence, We will also pay the transportation and lodging actual billed charges. This benefit is not payable on the same day a Second or Third Surgical Opinion Benefit is payable and is in lieu of the Non- Local Transportation Benefits of the policy.	Actual billed charges limited to a lifetime max up to \$750 for evaluation. Actual billed charges limited to a lifetime max up to \$350 for transportation & lodging.
<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	Up to \$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	Up to \$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	Up to \$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	Up to \$50 per day

Benefit	Benefit Option
<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, subject to the Pre-Existing Condition Limitation, unless coverage replaces a prior plan of similar coverage that was in force when the Policy was issued.

## Pre-Existing Condition Limitation

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 of Specified Diseases, as defined in the Policy. It does not cover:

1. any other disease or sickness;
2. injuries;
3. any disease, condition, or incapacity that has been caused, complicated, worsened, or affected by: Specified Disease or Specified Disease Treatment; or Cancer or Cancer treatment, or unless otherwise defined in the Policy;
4. care and treatment received outside the United States or its territories;
5. treatment not approved by a Physician as medically necessary;
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
Individual	\$17.65	\$23.38	\$19.63	\$30.89
Individual + Spouse	\$35.57	\$47.60	\$39.44	\$62.87
Individual + Child(ren)	\$25.19	\$33.20	\$27.64	\$43.36
Family	\$43.10	\$57.43	\$47.45	\$75.34

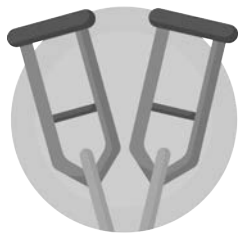
Variable Benefit Elections				
Benefit	Option 1	Option 2	Option 3	Option 4
Hospital Confinement	\$100	\$100	\$100	\$100
Surgical	Up to \$3,000	Up to \$3,000	Up to \$3,000	Up to \$3,000
Radiation/Chemotherapy	Up to \$2,500 per month	Up to \$2,500 per month	Up to \$5,000 per month	Up to \$5,000 per month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

- Benefits are payable regardless of any other insurance programs.
- Coverage is guaranteed-issue, provided the applicant is eligible for coverage.
- The plan features benefits for both inpatient and outpatient treatment of covered accidents.
- Benefits are available for spouse and/or dependent children.
- There's no limit on the number of claims an insured can file.
- Premiums are paid by convenient payroll deduction.
- Immediate effective date – Coverage will be effective the date the employee signs the application
- 24-Hour Coverage.

## Eligibility

### Issue Ages

Employee at least age 18

Spouse at least age 18

Children under age 26

The employee may purchase Accident Insurance coverage for his spouse and/or dependent children. The spouse and dependent children cannot participate if the employee is not eligible for coverage or elects not to participate.

## Guaranteed-Issue

Coverage is guaranteed-issue, provided the applicants are eligible for coverage. Enrollments take place once each 12-month period. Late enrollees cannot enroll outside of an annual enrollment period.

## Portability

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

## Accident Benefits – High Option

Complete Fractures		Closed Reduction Benefits
	Employee	Spouse/Child(ren)
Hip/Thigh	\$4,500	\$4,000
Vertebrae	\$4,050	\$3,600
Pelvis	\$3,600	\$3,200
Skull (depressed)	\$3,375	\$3,000
Leg	\$2,700	\$2,400
Forearm/Hand/Wrist	\$2,250	\$2,000
Foot/Ankle/Knee Cap	\$2,250	\$2,000
Shoulder Blade/Collar Bone	\$1,800	\$1,600
Lower Jaw (mandible)	\$1,800	\$1,600
Skull (simple)	\$1,575	\$1,400
Upper Arm/Upper Jaw	\$1,575	\$1,400
Facial Bones (except teeth)	\$1,350	\$1,200
Vertebral Processes	\$900	\$800
Coccyx/Rib/Finger/Toe	\$360	\$320

If the fracture requires open reduction, we will pay 150% of the amount shown. A **fracture** is a break in a bone that can be seen by X-ray. If a bone is fractured in a covered accident, and it is diagnosed and treated by a doctor within 90 days after the accident, we will pay the appropriate amount shown. **Multiple fractures** refer to more than one fracture requiring either open or closed reduction. If multiple fractures occur in any one covered accident, we will pay the appropriate amounts shown for each fracture. However, we will pay no more than 150% of the benefit amount for the fractured bone which has the highest dollar amount. **Chip fracture** refers to a piece of bone that is completely broken off near a joint. If a doctor diagnoses the fracture as a chip fracture, we will pay 10% of the amount shown for the affected bone. The maximum amount payable for the Fracture Benefit per covered accident is 150% the benefit amount for the fractured bone that has the higher dollar amount.

Complete Dislocations		
	Employee Closed Reduction	Spouse/Child(ren) Closed Reduction
Hip	\$4,000	\$3,000
Knee (not kneecap)	\$2,600	\$1,950
Shoulder	\$2,000	\$1,500
Foot/Ankle	\$1,600	\$1,200
Hand	\$1,400	\$1,050
Lower Jaw	\$1,200	\$900
Wrist	\$1,000	\$750
Elbow	\$800	\$600
Finger/Toe	\$320	\$240

If the dislocation requires open reduction, we will pay 150% of the amount shown. **Dislocation** refers to a completely separated joint. If a joint is dislocated in a covered accident, and it is diagnosed and treated by a doctor within 90 days after the accident, we will pay the amount shown. We will pay benefits only for the first dislocation of a joint. We will not pay for recurring dislocations of the same joint. If the insured dislocated a joint before the effective date of the certificate and then dislocates the same joint again, it will not be covered by this plan. **Multiple dislocations** refer to more than one dislocation requiring either open or closed reduction in any one covered accident. For each covered dislocation, we will pay the amounts shown. However, we will pay no more than 150% of the benefit amount for the dislocated joint that has the higher dollar amount. **Partial dislocation** is one in which the joint is not completely separated. If a doctor diagnoses and treats the accidental injury as a partial dislocation, we will pay 25% of the amount shown in the benefit schedule for the affected joint. The maximum amount payable for the Dislocation Benefit per covered accident is 150% of the benefit amount for the dislocated joint that has the higher dollar amount. If you have **both** fracture and dislocation in the same covered accident, we will pay for both. However, we will pay no more than 150% the benefit amount for the fractured bone or dislocated joint that has the higher dollar amount.

Paralysis	
Quadriplegia	\$10,000
Paraplegia	\$5,000

**Paralysis** means the permanent loss of movement of two or more limbs. We will pay the appropriate amount shown if, because of a covered accident:

- The insured is injured,
- The injury causes paralysis which lasts more than 90 days, **and**
- The paralysis is diagnosed by a doctor within 90 days after the accident.

The amount paid will be based on the number of limbs paralyzed. If this benefit is paid and the insured later dies as a result of the same covered accident, we will pay the appropriate Death Benefit, less any amounts paid under the Paralysis Benefit.

Lacerations	
Up to 2" long	\$50
2"-6" long	\$200
More than 6" long	\$400
Lacerations not requiring stitches	\$25

The laceration must be repaired with stitches by a doctor within 14 days after the accident. The amount paid will be based on the length of the laceration. If an insured suffers multiple lacerations in a covered accident, and the lacerations are repaired with stitches by a doctor within 14 days after the accident, we will pay this benefit based on the largest single laceration which requires stitches.

## Injuries Requiring Surgery

Eye Injuries (treatment & surgery within 90 days)	\$250
Removal of foreign body from eye (requiring no surgery)	\$50
Tendons/Ligaments* (treatment within 60 days, surgical repair within 90 days)	
• Single	\$400
• Multiple	\$600
If the insured fractures a bone or dislocates a joint, and tears, severs, or ruptures a tendon or ligament in the same accident, we will pay one benefit. We will pay the largest of the scheduled benefit amounts for fractures, dislocations, or tendons and ligaments.	
Ruptured Disc (treatment within 60 days, surgical repair within one year)	
• Injury occurs during first certificate year	\$100
• Injury occurs after first certificate year	\$400
Torn Knee Cartilage (treatment within 60 days, surgical repair within one year)	
• Injury occurs during first certificate year	\$100
• Injury occurs after first certificate year	\$400

## Burns (treatment within 14 days, first degree burns not covered)

Second Degree	
• Less than 10% of body surface covered	\$100
• At least 10%, but not more than 25% of body surface covered	\$200
• At least 25%, but not more than 35% of body surface covered	\$500
• More than 35% of body surface covered	\$1,000
Third Degree	
• Less than 10% of body surface covered	\$1,000
• At least 10%, but not more than 25% of body surface covered	\$5,000
• At least 25%, but not more than 35% of body surface covered	\$10,000
• More than 35% of body surface covered	\$20,000
Concussion (A concussion or Mild Traumatic Brain Injury (MTBI) is defined as a disruption of brain function resulting from a traumatic blow to the head. (Note: Concussion and MTBI are used interchangeably. The concussion must be diagnosed by a doctor.)	\$200
Coma (state of profound unconsciousness lasting 30 days or more)	\$10,000
Internal Injuries (resulting in open abdominal or thoracic surgery)	\$1,000
Exploratory Surgery (without repair. i.e. arthroscopy)	\$250
Emergency Dental Work (injury to sound, natural teeth)	
• Repaired with crown	\$150
• Resulting in extractions	\$50

## Medical Fees (for each accident)

Employee or Spouse	\$125
Child(ren)	\$75

We will pay the amount shown for X-rays or doctor services. For benefits to be payable, because of a covered accident, the insured must be injured and receive initial treatment from a doctor within 14 days after the accident. We will pay the Medical Fees Benefit:

- For treatment received due to injuries from a covered accident **and**
- For each covered accident up to one year after the accident date.

## Emergency Room Treatment

Employee or Spouse	\$125
Child(ren)	\$75

We will pay the amount shown for injuries received in a covered accident if the insured:

- Receives treatment in a hospital emergency room **and**
- Receives initial treatment within 14 days after the covered accident.

This benefit is payable only once per 24-hour period and only once per covered accident.

We will not pay the Accident Emergency Room Treatment Benefit and the Medical Fees Benefit for the same covered accident. We will pay the highest eligible benefit amount.

**Emergency Room Observation Benefit**

Employee or Spouse	\$75
Child(ren)	\$45

We will pay the amount shown for injuries received in a covered accident if the insured:

- Receives treatment in a hospital emergency room, **and**
- Is held in a hospital for observation for at least 24 hours, **and**
- Receives initial treatment within 14 days after the accident.

This benefit is payable only once per 24-hour period and only once per covered accident. This benefit would be paid in addition to Accident Emergency Room Treatment Benefit.

**Accident Follow-Up Treatment** \$25

We will pay the amount shown for up to six treatments per covered accident, per covered person. The insured must have received initial treatment within 14 days of the accident, and the follow-up treatment must begin within 30 days of the covered accident or discharge from the hospital.

**Physical Therapy** \$25

We will pay the amount shown for up to six treatments (one per day) per covered accident, per covered person for treatment from a physical therapist. A physician must prescribe the physical therapy. The insured must have received initial treatment within 14 days of the accident, and physical therapy must begin within 30 days of the covered accident or discharge from the hospital. Treatment must take place within six months after the accident. This benefit is not payable for the same visit that the Accident Follow-up Treatment benefit is paid.

Air Ambulance	\$500
Ambulance	\$100

If an insured requires transportation to a hospital by a professional ambulance service within 90 days after a covered accident, we will pay the amount shown.

**Transportation (within 90 days)**

Train or Plan	\$300
Bus	\$150

If hospital treatment or diagnostic study is recommended by your physician and is not available in the insured's city of residence, we will pay the amount shown. The distance to the location of the hospital must be more than 50 miles from the insured's residence.

**Blood/Plasma** \$100

If the insured receives blood and plasma within 90 days following a covered accident, we will pay the amount shown.

**Prosthesis** \$500

If a covered accident requires the use of a prosthetic device, we will pay the amount shown. Hearing aids, wigs, or dental aids—including false teeth—are not covered.

**Appliance** \$100

We will pay the amount shown for use of a medical appliance due to injuries received in a covered accident. Benefits are payable for crutches, wheelchairs, leg braces, back braces, and walkers.

**Family Lodging Benefit (per night)** \$100

If an insured is required to travel more than 100 miles for inpatient treatment of injuries received in a covered accident, we will pay the amount shown for an immediate family member's lodging. Benefits are payable up to 30 days per accident and only while the insured is confined to the hospital.

**Wellness** \$60

This benefit is payable while coverage is in force. This benefit is only payable for Wellness Tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations. We will pay the amount shown once each 12-month period for each covered person for the following:

- Annual physical exams
- Blood screenings
- Eye examinations
- Immunizations
- Flexible sigmoidoscopies
- Ultrasounds
- Mammograms
- Pap smears
- PSA tests

**Hospital Admission**      \$1,000

We will pay the amount shown, when because of a covered accident, the insured:

- Is injured,
- Requires hospital confinement, **and**
- Is confined to a hospital for at least 24 hours within 6 months after the accident date.

We will pay this benefit once per calendar year. We will not pay this benefit for confinement to an observation unit. We will not pay this benefit for emergency room treatment or outpatient surgery or treatment.

**Hospital Confinement (per day)**      \$200

We will pay the amount shown when, because of a covered accident, the insured:

- Is injured, **and**
- Those injuries cause confinement to a hospital for at least 24 hours within 90 days after the accident date.

The maximum period for which you can collect the Hospital Confinement Benefit for the same injury is 365 days. This benefit is payable once per hospital confinement even if the confinement is caused by more than one accidental injury.

We will not pay this benefit for confinement to an observation unit. We will not pay this benefit for emergency room treatment or outpatient surgery or treatment.

**Hospital Intensive Care (per day)**      \$400

We will pay the amount shown when, because of a covered accident, the insured:

- Is injured, **and**
- Those injuries cause confinement to a hospital intensive care unit.

The maximum period for which an insured can collect the Hospital Intensive Care Benefit for the same injury is 30 days. This benefit is payable in addition to the Hospital Confinement Benefit.

**Accidental Death & Dismemberment (within 90 days)**

	<b>Employee</b>	<b>Spouse</b>	<b>Children</b>
Accidental Death	\$50,000	\$10,000	\$5,000
Accidental Common Carrier Death	\$150,000	\$150,000	\$25,000
Single Dismemberment	\$12,500	\$5,000	\$2,500
Double Dismemberment	\$25,000	\$10,000	\$5,000
Loss of One or More Fingers or Toes	\$1,250	\$500	\$250
Partial Amputation of Finger(s) of Toe(s) (including at least one joint)	\$100	\$100	\$100

Dismemberment means:

- Loss of a hand – The hand is cut off at or above the wrist joint; **or**
- Loss of a foot – The foot is cut off at or above the ankle; **or**
- Loss of sight – At least 80% of the vision in one eye is lost. Such loss of sight must be permanent and irrecoverable; **or**
- Loss of a finger/toe – The finger or toe is cut off at or above the joint where it is attached to the hand or foot.

If the employee does not qualify for the Dismemberment Benefit but loses at least one joint of a finger or toe, we will pay the Partial Dismemberment Benefit shown. If this benefit is paid and the employee later dies as a result of the same covered accident, we will pay the appropriate death benefit, less any amounts paid under this benefit.

**Accidental Death** – If the employee is injured in a covered accident and the injury causes him/her to die within 90 days after the accident, we will pay the Accidental Death Benefit shown.

**Accidental Common Carrier Death** – If the employee is injured in a covered accident and the injury causes him/her to die within 90 days after the accident, we will pay the Accidental Common Carrier Death Benefit in the amount shown if the injury is the result of traveling as a fare-paying passenger on a common carrier, as defined below. This benefit is paid in addition to the Accidental Death Benefit.

**Common carrier means:**

- An airline carrier which is licensed by the United States Federal Aviation Administration and operated by a licensed pilot on a regular schedule between established airports; **or**
- A railroad train which is licensed and operated for passenger service only; **or**
- A boat or ship that is licensed for passenger service and operated on a regular schedule between established ports.

## Limitations & Exclusions

### WE WILL NOT PAY BENEFITS FOR INJURY, TOTAL DISABILITY, OR DEATH CONTRIBUTED TO, CAUSED BY, OR RESULTING FROM:

- War - participating in war or any act of war, declared or not; participating in the armed forces of, or contracting with, any country or international authority. We will return the prorated premium for any period not covered by this certificate when you are in such service.
- 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 any related medical/surgical treatment or diagnostic procedures for such illness.
- Self-Inflicted Injuries – injuring or attempting to injure yourself intentionally.
- Racing – riding in or driving any motor-driven vehicle in a race, stunt show, or speed test.
- 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 Acts – participating or attempting to participate in an illegal activity or working at an illegal job.
- Sports – participating in any organized sport—professional or semiprofessional.
- 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 Group Accident Rates

High Option - 24 Hour Plan	Monthly Rates
Employee	\$16.20
Employee & Spouse	\$23.16
Employee & Dependent Children	\$30.90
Family	\$37.86

*Wellness Benefit included in rates.*





# Group Hospital Indemnity Plan (Non-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.

## Group Hospital Indemnity Benefits

### Hospitalization Benefits – Base Plan

Benefits	Low	High
<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).	<b>\$500</b>	<b>\$1,500</b>
<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.	<b>\$100</b>	<b>\$150</b>

**\*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>	<b>\$50 per calendar year</b>

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.

## Surgical Benefits

Benefit	Low	High
<b>Surgical Benefit (per procedure)</b> 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.	<b>Up to \$750</b>	<b>Up to \$1,500</b>
<b>Anesthesia Benefits</b> 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.	<b>Up to \$187.50</b>	<b>Up to \$375</b>

## Treatment Benefits

Benefit	Low	High
<b>Major Diagnostic Exams – once per covered sickness or accident per calendar year</b> 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: <ul style="list-style-type: none"> <li>• Computerized Tomography (CT/CAT scan)</li> <li>• Magnetic Resonance Imaging (MRI)</li> <li>• Electroencephalography (EEG)</li> </ul>	<b>\$125</b>	<b>\$250</b>

### 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 or if the pregnancy was the result of rape or incest, or if the fetus is non-viable.
- **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 Hospital Indemnity Non-HSA Monthly Rates

Covered	Low Option	High Option
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 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.

## ***Continuity of Coverage***

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

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

Benefits	High
<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).	<b>\$1,500</b>
<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.	<b>\$150</b>

**\*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>	<b>\$50 per calendar year</b>

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.

## ***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 HSA Monthly Rates***

<b>Covered</b>	<b>High Option</b>
Employee	\$25.70
Employee + Spouse	\$51.50
Employee + Child(ren)	\$40.36
Family	\$66.16





# Group Critical Illness Plan

without Cancer



## Plan Features

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

## Underwriting Guidelines – Guaranteed- Issue

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

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

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

## Individual Eligibility

Issue Ages:

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

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

## Spouse Coverage Available

Spouse coverage is available up to **100%** of the employee's face amount, subject to the minimum face amount of \$5,000. To apply for spouse coverage, **the employee must also apply**. To be eligible, the spouse must not be disabled or unable to work at the time of application. If the employee does not meet the underwriting requirements necessary to participate in the plan, the spouse can still obtain coverage. The spouse would then become the primary insured and be limited to face amounts between \$5,000 and \$30,000.

## Dependent Children Coverage at No Additional Charge

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

## Waiver of Premium

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

## Successor Insured Benefit

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.**

## Portability

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

## Group Critical Illness Benefits

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

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

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

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

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

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

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

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

## Health Screening Benefit

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

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

## Optional Benefits Rider

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

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

## Heart Event Rider

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

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

Benefits are payable for the specified surgeries and procedures listed above. Benefits from each category are payable once per calendar year, per insured. If Category I and Category II procedures are performed at the same time, benefits will be payable only at the highest benefit level and will not exceed the percentage shown above.

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

#### Exclusions

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

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

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

All benefits under the plan, including benefits for diagnoses, treatment, confinement and covered tests, may be payable only while coverage is in force. All limitations and exclusions that apply to the critical illness plan also apply to all riders, if applicable, unless amended by the riders.



## Aflac Group Critical Illness w/out Cancer – Monthly Rates

### NON-TOBACCO: Employee

	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$4.24	\$5.41	\$6.59	\$7.77	\$8.94	\$10.12	\$11.30	\$12.47	\$13.65	\$14.83
30-39	\$4.88	\$6.71	\$8.53	\$10.36	\$12.18	\$14.01	\$15.83	\$17.66	\$19.48	\$21.31
40-49	\$7.25	\$11.45	\$15.64	\$19.84	\$24.03	\$28.22	\$32.42	\$36.61	\$40.80	\$45.00
50-59	\$9.95	\$16.84	\$23.72	\$30.61	\$37.50	\$44.39	\$51.28	\$58.16	\$65.05	\$71.94
60 +	\$14.33	\$25.60	\$36.87	\$48.14	\$59.41	\$70.68	\$81.95	\$93.22	\$104.49	\$115.76

### NON-TOBACCO: Spouse

	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
18-29	\$4.24	\$5.41	\$6.59	\$7.77	\$8.94	\$10.12
30-39	\$4.88	\$6.71	\$8.53	\$10.36	\$12.18	\$14.01
40-49	\$7.25	\$11.45	\$15.64	\$19.84	\$24.03	\$28.22
50-59	\$9.95	\$16.84	\$23.72	\$30.61	\$37.50	\$44.39
60 +	\$14.33	\$25.60	\$36.87	\$48.14	\$59.41	\$70.68

### TOBACCO: Employee

	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$5.28	\$7.50	\$9.72	\$11.95	\$14.17	\$16.39	\$18.61	\$20.83	\$23.05	\$25.27
30-39	\$7.38	\$11.70	\$16.02	\$20.34	\$24.66	\$28.99	\$33.31	\$37.63	\$41.95	\$46.27
40-49	\$12.19	\$21.32	\$30.45	\$39.58	\$48.71	\$57.84	\$66.97	\$76.10	\$85.23	\$94.36
50-59	\$17.40	\$31.73	\$46.07	\$60.40	\$74.74	\$89.07	\$103.41	\$117.74	\$132.08	\$146.41
60 +	\$27.40	\$51.73	\$76.07	\$100.41	\$124.74	\$149.08	\$173.42	\$197.75	\$222.09	\$246.42

### TOBACCO: Spouse

	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
18-29	\$5.28	\$7.50	\$9.72	\$11.95	\$14.17	\$16.39
30-39	\$7.38	\$11.70	\$16.02	\$20.34	\$24.66	\$28.99
40-49	\$12.19	\$21.32	\$30.45	\$39.58	\$48.71	\$57.84
50-59	\$17.40	\$31.73	\$46.07	\$60.40	\$74.74	\$89.07
60 +	\$27.40	\$51.73	\$76.07	\$100.41	\$124.74	\$149.08



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



# Group Critical Illness Plan

## with Cancer



### Plan Features

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

### Underwriting Guidelines – Guaranteed- Issue

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

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

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

### Individual Eligibility

Issue Ages:

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

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

### Spouse Coverage Available

Spouse coverage is available up to **100%** of the employee's face amount, subject to the minimum face amount of \$5,000. To apply for spouse coverage, **the employee must also apply**. To be eligible, the spouse must not be disabled or unable to work at the time of application. If the employee does not meet the underwriting requirements necessary to participate in the plan, the spouse can still obtain coverage. The spouse would then become the primary insured and be limited to face amounts between \$5,000 and \$30,000.

### Dependent Children Coverage at No Additional Charge

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

### Waiver of Premium

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

### Successor Insured Benefit

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.**

## Portability

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

## Group Critical Illness Benefits

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

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

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

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

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

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

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

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

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

## Health Screening Benefit

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

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

## Optional Benefits Rider

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

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

## Heart Event Rider

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

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

Benefits are payable for the specified surgeries and procedures listed above. Benefits from each category are payable once per calendar year, per insured. If Category I and Category II procedures are performed at the same time, benefits will be payable only at the highest benefit level and will not exceed the percentage shown above.

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

### Cancer Diagnosis Limitation

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

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

### Exclusions

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

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

Diagnosis, treatment, testing and confinement must be in the United States or its territories. All benefits under the plan, including benefits for diagnoses, treatment, confinement and covered tests, may be payable only while coverage is in force. All limitations and exclusions that apply to the critical illness plan also apply to all riders, if applicable, unless amended by the riders.

## Notices

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

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

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

## Aflac Group Critical Illness w/ Cancer – Monthly Rates

### NON-TOBACCO: Employee

	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$5.75	\$8.42	\$11.09	\$13.77	\$16.44	\$19.11	\$21.78	\$24.45	\$27.12	\$29.79
30-39	\$7.24	\$11.40	\$15.56	\$19.72	\$23.88	\$28.04	\$32.20	\$36.37	\$40.53	\$44.69
40-49	\$11.90	\$20.72	\$29.54	\$38.36	\$47.18	\$56.00	\$64.82	\$73.64	\$82.46	\$91.28
50-59	\$19.30	\$35.52	\$51.74	\$67.95	\$84.17	\$100.39	\$116.61	\$132.83	\$149.05	\$165.26
60 +	\$32.99	\$62.90	\$92.81	\$122.72	\$152.63	\$182.54	\$212.45	\$242.36	\$272.27	\$302.18

### NON-TOBACCO: Spouse

	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
18-29	\$5.75	\$8.42	\$11.09	\$13.77	\$16.44	\$19.11
30-39	\$7.24	\$11.40	\$15.56	\$19.72	\$23.88	\$28.04
40-49	\$11.90	\$20.72	\$29.54	\$38.36	\$47.18	\$56.00
50-59	\$19.30	\$35.52	\$51.74	\$67.95	\$84.17	\$100.39
60 +	\$32.99	\$62.90	\$92.81	\$122.72	\$152.63	\$182.54

### TOBACCO: Employee

	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$7.01	\$10.94	\$14.87	\$18.80	\$22.73	\$26.66	\$30.59	\$34.52	\$38.44	\$42.37
30-39	\$10.11	\$17.13	\$24.16	\$31.18	\$38.21	\$45.23	\$52.26	\$59.28	\$66.31	\$73.33
40-49	\$18.07	\$33.06	\$48.04	\$63.03	\$78.02	\$93.01	\$108.00	\$122.99	\$137.97	\$152.96
50-59	\$31.01	\$58.94	\$86.86	\$114.79	\$142.72	\$170.65	\$198.57	\$226.50	\$254.43	\$282.36
60 +	\$54.24	\$105.41	\$156.57	\$207.74	\$258.90	\$310.06	\$361.23	\$412.39	\$463.55	\$514.72

### TOBACCO: Spouse

	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
18-29	\$7.01	\$10.94	\$14.87	\$18.80	\$22.73	\$26.66
30-39	\$10.11	\$17.13	\$24.16	\$31.18	\$38.21	\$45.23
40-49	\$18.07	\$33.06	\$48.04	\$63.03	\$78.02	\$93.01
50-59	\$31.01	\$58.94	\$86.86	\$114.79	\$142.72	\$170.65
60 +	\$54.24	\$105.41	\$156.57	\$207.74	\$258.90	\$310.06



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 Website: aflacgroupinsurance.com



# Short-Term Disability Plan



## ***Class Description***

All Eligible Employees working a minimum of 25 hours per week, electing to participate in the Voluntary Short Term Disability Insurance.

## ***Disability***

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

## ***Monthly Benefit***

You can choose a benefit in \$100 increments up to 70% of an Employee's covered basic monthly earnings to a maximum monthly benefit of \$3,000. The minimum monthly benefit is \$500.

## ***Elimination Period***

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

## ***Benefit Duration***

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

## ***Basis of Coverage***

24 Hour Coverage, on or off the job

## ***Maternity Coverage***

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

## ***STD Pre-Existing Condition Exclusion***

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

## ***Recurrent Disability***

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

## ***Portability***

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

## ***Annual Enrollment***

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

### ***Exclusions and Limitations***

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

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

#### **Benefit Duration 13 weeks**

<b>Monthly Benefit</b>	<b>Monthly Premium</b>
\$500	\$10.36
\$600	\$12.43
\$700	\$14.50
\$800	\$16.57
\$900	\$18.64
\$1,000	\$20.71
\$1,100	\$22.78
\$1,200	\$24.85
\$1,300	\$26.92
\$1,400	\$28.99
\$1,500	\$31.07
\$1,600	\$33.14
\$1,700	\$35.21
\$1,800	\$37.28
\$1,900	\$39.35
\$2,000	\$41.42
\$2,100	\$43.49
\$2,200	\$45.56
\$2,300	\$47.63
\$2,400	\$49.70
\$2,500	\$51.78
\$2,600	\$53.85
\$2,700	\$55.92
\$2,800	\$57.99
\$2,900	\$60.06
\$3,000	\$62.13



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#### **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.employeefenefits.aul.com](http://www.employeefenefits.aul.com)



# Long-Term Disability Plan



## **LTD Class Description**

All Full-Time Eligible Employees working a minimum of 25 hours per week, electing to participate in the Voluntary Long-Term Disability.

## **LTD Monthly Benefit**

You can choose to **insure up to 60% of an Employee's covered basic monthly earnings to a maximum monthly benefit of \$2,000 in \$100 increments. The minimum benefit is \$500.**

## **LTD Elimination Period**

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

## **LTD Benefit Duration**

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

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

## **LTD Total Disability Definition**

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

## **Special Conditions**

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

## **Mental & Nervous / Drug & Alcohol**

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

## **Income Offsets**

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



### ***Waiver of Premium***

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

### ***Pre-Existing Condition Exclusion***

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

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

### ***Portability***

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

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

### ***Annual Enrollment***

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

### ***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.

Monthly Benefit Amount	Monthly Rates
\$500	\$8.15
\$1000	\$16.30
\$1500	\$24.45
\$2000	\$32.60



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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.



# Filing a Claim



## Manhattan Life Group Cancer

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

1. Claimant Name
2. Date of Service
3. Name of Service/Screening
4. Provider Name & Phone Number



## Group Aflac

Simply logon to <https://www.aflacgroupinsurance.com> and click on **Customer Service** and then **File a Claim**. Choose from accident, hospital indemnity, critical illness or wellness and follow the instructions. Complete and upload your HIPAA authorization, claim details and documents, and direct deposit information. That's it!



## AUL Disability

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

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



## Wellness Benefit Amounts

Manhattan Life Cancer	\$100
Aflac Group Accident	\$60
Hospital Indemnity	\$50
Aflac Group Critical Illness	\$100
<i>(Employee/Spouse Only)</i>	





# Whole Life Plan

**TEXASLIFE**  
INSURANCE COMPANY

An ideal complement to any group term and optional term life insurance your employer might provide, Texas Life's SOLUTIONS 121 is the life insurance you keep, even when you change jobs or retire, as long as you pay the premiums. It will help protect your family, both today and, more importantly, tomorrow. Even better, after age 65 (or 20 years if you purchased the policy after age 45), it's guaranteed to be paid up.

**SOLUTIONS** is an individual permanent life insurance product specifically designed for employees and their families. These policies provide a guaranteed level premium and death benefit for the life of the policy, and all you have to do to qualify for basic amounts of coverage is be actively at work the day you enroll. You also may apply for coverage on your spouse, children and grandchildren with limited underwriting requirements.<sup>1</sup>

As an employee, you are eligible to apply once you have satisfied your employer's eligibility period.

## ***Why Voluntary Coverage?***

- Most employees typically depend on group term life insurance.
- Adults covered by both group and individual life insurance replace more of their income upon death than adults having group term alone.<sup>2</sup>
- Term policies are created to last for a finite period of time, i.e., 10, 20 or 30 years.
- When do you want a life insurance policy in force? --Answer: When you die.
- Term is for IF you die, permanent is for WHEN you die.

## ***The SOLUTIONS Advantage***

**Individual Protection** SOLUTIONS 121 is a permanent life insurance policy that you own; it can never be canceled, as long as you pay the guaranteed level premiums due, even if your health changes. Because you own it, you can take SOLUTIONS 121 with you when you change jobs or retire, with no change in the premium.

**Coverage for Your Family** You may also apply for an individual SOLUTIONS 121 policy for your spouse, dependent children ages 15 days-26 years and grandchildren ages 15 days-18 years, even if you do not apply for coverage.<sup>1</sup>

**Paid Up Insurance** SOLUTIONS 121 has premiums that are guaranteed to remain level until you're age 65, or for 20 years if you purchase the policy after age 45. At that time, the policy becomes **fully paid up; no further premiums are due**, and the death benefit does not reduce. This gives you the peace of mind that comes with life insurance that's paid for as your income changes in retirement.

**Convenience of payroll deduction** Thanks to your employer, SOLUTIONS 121 premiums are paid through convenient payroll deductions and sent to Texas Life by your employer.

**Permanent** You may continue the peace of mind SOLUTIONS 121 provides, even when you change jobs or retire. Once your policy is issued, the coverage is yours to keep. If you should change jobs or retire before the policy becomes paid up, you simply pay the monthly premium directly to Texas Life by automatic bank draft or monthly bill (for monthly bill we may add a billing fee not to exceed \$2.00). Premiums are guaranteed to remain level to your age 65, or for 20 years if you purchase the policy after age 45. At that time, the policy becomes fully paid up; no further premiums are due.

**Coverage begins immediately** Coverage normally begins when you complete the application and the authorization for your employer to deduct premiums from your paycheck. Two-year suicide and contestability provisions apply (one year in ND). Interim Insurance is not available for a policy issued in KS. For KS, see Temporary Insurance Coverage Agreement and Receipt, Form 16M056.

## ***Additional Policy Benefits***

**Accelerated Death Benefit due to Terminal Illness** For no additional premium, the policy includes an Accelerated Death Benefit Due to Terminal Illness Rider. Should you be diagnosed as terminally ill with the expectation of death within 12 months, you will have the option to receive 92.6% (92% in CA, DC, DE, FL, ND & SD) of the death benefit, minus a \$150 (\$100 in Florida) administrative fee in lieu of the insurance proceeds otherwise payable at death. This valuable living benefit gives you peace of mind knowing that, should you need it, you can take the large majority of your death benefit while still alive. (Conditions apply) (Policy Form ICC-ULABR-11 or Form Series ULABR-11)

**Accelerated Death Benefit due to Chronic Illness** Included in the policy at the option of the employer, the Accelerated Death Benefit for Chronic Illness rider covers all applicants. If an insured becomes permanently chronically ill, meaning that he/she is unable to perform two of six Activities of Daily Living (such as bathing, continence, or dressing), or is severely cognitively impaired (such as Alzheimer's), he/she may elect to claim an accelerated death benefit in lieu of the insurance proceeds payable at death. The single sum payment is 92% of the death benefit less an administrative fee of \$150 (\$100 in FL). The Accelerated Death Benefit for Chronic Illness Rider premiums are 8% of the base policy premium. Conditions and limitations apply. See the SOLUTIONS 121 Pamphlet for details. Not Available in CA. (Policy form ULABR-CI-14 or ICC14-ULABR-CI-14.)

**Waiver of Premium Rider** This benefit to age 65 (issue ages 17-59) waives the premium after six months of the insured's total disability and will even refund the prior six months' premium. Benefits continue payable until the earlier of the end of the insured's total disability or age 65. Cost is an additional 10% of the basic monthly premium. Self-inflicted or war-related disability is excluded. Notice, proof and waiting period provisions apply. Not available in CA. (Policy Form ICC07-ULCL-WP-07 or Form Series ULCL-WP-07).

## **SOLUTIONS Review**

- Permanent and yours to keep when you change jobs or retire, as long as you pay premiums due
- Non-participating Whole Life (no dividends)
- Guaranteed death benefit
- Guaranteed level premium
- Guaranteed paid-up insurance at age 65, or for 20 years if the policy is purchased after age 45
- If you're actively at work the day you enroll, you can qualify for basic amounts with no more underwriting.
- Rates include Accelerated Death Benefit for Chronic Illness on all policies
- Rates shown include Waiver of Premium for ages 17-59
- If desired, you may apply for higher amounts of coverage by answering additional underwriting questions<sup>3</sup>
- Coverage available for spouse, children and grandchildren<sup>1</sup>

*Limited payment whole life insurance. Some limitations apply. Texas Life is licensed to do business in the District of Columbia and every state but NY.*

*See the SOLUTIONS brochure for complete details. Policy Form Series WLOTO-NI-11 or ICC11-WLOTO-NI-11*

<sup>1</sup> Coverage not available on children in Washington or on grandchildren in Washington and Maryland. In Maryland, child must reside with the applicant to be eligible for coverage.

<sup>2</sup> LIMRA; Life Insurance Ownership Focus – 2016

<sup>3</sup> Answers to these questions will determine coverage.

19M055-C MO 1097 (exp0521)

**TEXASLIFE** INSURANCE  
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Since 1901 | 900 WASHINGTON | POST OFFICE BOX 830 | WACO, TEXAS 76703-0830

TIER 1/TIER 2 COMBO – MONTHLY PREMIUMS									
Issue	Includes additional cost for Waiver of Premium Benefit (ages 17-59) & Chronic Illness (all issue ages)								PAID UP
Age	\$ 10,000		\$ 15,000		\$ 25,000		\$ 30,000		At Attained Age
(ALB)	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	
17	9.67	11.21	12.86	15.16	19.23	23.07	22.42	27.02	65
18	10.03	11.56	13.39	15.69	20.12	23.95	23.48	28.08	65
19	10.03	11.68	13.39	15.87	20.12	24.25	23.48	28.43	65
20	10.26	12.03	13.75	16.40	20.71	25.13	24.19	29.50	65
21	10.38	12.27	13.92	16.75	21.00	25.72	24.54	30.20	65
22	10.62	12.50	14.27	17.11	21.59	26.31	25.25	30.91	65
23	10.97	12.86	14.81	17.64	22.48	27.20	26.31	31.97	65
24	11.09	13.21	14.98	18.17	22.77	28.08	26.66	33.04	65
25	11.32	13.57	15.34	18.70	23.36	28.97	27.37	34.10	65
26	11.80	13.92	16.04	19.23	24.54	29.85	28.79	35.16	65
27	12.15	14.39	16.58	19.94	25.43	31.03	29.85	36.58	65
28	12.62	14.86	17.29	20.65	26.61	32.21	31.27	37.99	65
29	13.09	15.45	18.00	21.54	27.79	33.69	32.68	39.76	65
30	13.33	16.04	18.35	22.42	28.38	35.16	33.39	41.53	65
31	14.04	16.75	19.41	23.48	30.15	36.93	35.51	43.66	65
32	14.75	17.46	20.47	24.54	31.92	38.70	37.64	45.78	65
33	15.34	18.29	21.35	25.78	33.39	40.77	39.41	48.26	65
34	15.69	18.99	21.89	26.85	34.28	42.54	40.47	50.38	65
35	16.28	19.94	22.77	28.26	35.75	44.90	42.24	53.21	65
36	17.11	20.88	24.01	29.68	37.82	47.26	44.72	56.05	65
37	18.05	21.94	25.43	31.27	40.18	49.91	47.55	59.23	65
38	18.88	23.12	26.66	33.04	42.24	52.86	50.03	62.77	65
39	20.29	24.54	28.79	35.16	45.78	56.40	54.28	67.02	65
40	21.00	25.72	29.85	36.93	47.55	59.35	56.40	70.56	65
41	22.18	27.25	31.62	39.24	50.50	63.19	59.94	75.16	65
42	23.24	28.91	33.22	41.71	53.16	67.32	63.13	80.12	65
43	24.42	30.68	34.99	44.36	56.11	71.74	66.67	85.43	65
44	26.07	32.80	37.47	47.55	60.24	77.05	71.62	91.80	65
45	27.73	35.04	39.94	50.92	64.37	82.66	76.58	98.53	65
46	28.79	36.58	41.53	53.21	67.02	86.49	79.76	103.13	66
47	29.97	38.11	43.30	55.52	69.97	90.33	83.30	107.73	67
48	31.27	39.76	45.25	58.00	73.22	94.46	87.20	112.69	68
49	32.68	41.41	47.38	60.48	76.76	98.59	91.45	117.64	69
50	33.74	42.12	48.97	61.54	79.41	100.36	94.63	119.77	70
51	35.04	44.01	50.92	64.37	82.66	105.08	98.53	125.43	71
52	36.46	45.78	53.04	67.02	86.20	109.50	102.77	130.74	72
53	37.99	47.79	55.34	70.03	90.03	114.52	107.38	136.76	73
54	39.64	50.03	57.82	73.39	94.16	120.12	112.33	143.48	74
55	40.35	51.33	58.88	75.34	95.93	123.37	114.46	147.38	75
56	41.77	53.33	61.00	78.35	99.47	128.38	118.70	153.40	76
57	44.01	55.46	64.37	81.53	105.08	133.69	125.43	159.77	77
58	46.02	58.05	67.37	85.43	110.09	140.18	131.45	167.56	78
59	47.67	60.88	69.85	89.68	114.22	147.26	136.40	176.05	79
60	46.20	58.84	67.80	86.75	111.00	142.59	132.60	170.51	80
61	48.68	61.86	71.53	91.29	117.21	150.15	140.05	179.58	81
62	51.06	65.42	75.09	96.64	123.15	159.06	147.18	190.27	82
63	53.33	69.20	78.49	102.31	128.82	168.51	153.98	201.61	83
64	56.46	72.98	83.19	107.98	136.65	177.96	163.38	212.95	84
65	59.27	77.09	87.40	114.13	143.67	188.22	171.80	225.26	85
66	63.05	81.95	93.07	121.42	153.12	200.37	183.14	239.84	86
67	66.83	86.81	98.74	128.71	162.57	212.52	194.48	254.42	87
68	71.26	92.10	105.38	136.65	173.64	225.75	207.77	270.30	88
69	76.01	98.47	112.51	146.21	185.52	241.68	222.02	289.42	89
70	81.19	105.28	120.29	156.41	198.48	258.69	237.58	309.83	90

Underwriting requirements will vary depending on plan year, participation rates and other factors.  
For more information see Group Enrollment Guide.

Form: 19M019EGS-ICC-B-M-3WP-D-NCV

**TEXASLIFE** INSURANCE  
COMPANY

TIER 1/TIER 2 COMBO – MONTHLY PREMIUMS									
Issue	Includes additional cost for Waiver of Premium Benefit (ages 17-59) & Chronic Illness (all issue ages)								PAID UP
Age	\$ 50,000		\$ 75,000		\$ 100,000		\$ 150,000		At Attained Age
(ALB)	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	
17	35.16	42.83	51.09	62.60	67.02	82.36	98.88	121.89	65
18	36.93	44.60	53.75	65.25	70.56	85.90	104.19	127.20	65
19	36.93	45.19	53.75	66.14	70.56	87.08	104.19	128.97	65
20	38.11	46.96	55.52	68.79	72.92	90.62	107.73	134.28	65
21	38.70	48.14	56.40	70.56	74.10	92.98	109.50	137.82	65
22	39.88	49.32	58.17	72.33	76.46	95.34	113.04	141.36	65
23	41.65	51.09	60.83	74.99	80.00	98.88	118.35	146.67	65
24	42.24	52.86	61.71	77.64	81.18	102.42	120.12	151.98	65
25	43.42	54.63	63.48	80.30	83.54	105.96	123.66	157.29	65
26	45.78	56.40	67.02	82.95	88.26	109.50	130.74	162.60	65
27	47.55	58.76	69.68	86.49	91.80	114.22	136.05	169.68	65
28	49.91	61.12	73.22	90.03	96.52	118.94	143.13	176.76	65
29	52.27	64.07	76.76	94.46	101.24	124.84	150.21	185.61	65
30	53.45	67.02	78.53	98.88	103.60	130.74	153.75	194.46	65
31	56.99	70.56	83.84	104.19	110.68	137.82	164.37	205.08	65
32	60.53	74.10	89.15	109.50	117.76	144.90	174.99	215.70	65
33	63.48	78.23	93.57	115.70	123.66	153.16	183.84	228.09	65
34	65.25	81.77	96.23	121.01	127.20	160.24	189.15	238.71	65
35	68.20	86.49	100.65	128.09	133.10	169.68	198.00	252.87	65
36	72.33	91.21	106.85	135.17	141.36	179.12	210.39	267.03	65
37	77.05	96.52	113.93	143.13	150.80	189.74	224.55	282.96	65
38	81.18	102.42	120.12	151.98	159.06	201.54	236.94	300.66	65
39	88.26	109.50	130.74	162.60	173.22	215.70	258.18	321.90	65
40	91.80	115.40	136.05	171.45	180.30	227.50	268.80	339.60	65
41	97.70	123.07	144.90	182.96	192.10	242.84	286.50	362.61	65
42	103.01	131.33	152.87	195.35	202.72	259.36	302.43	387.39	65
43	108.91	140.18	161.72	208.62	214.52	277.06	320.13	413.94	65
44	117.17	150.80	174.11	224.55	231.04	298.30	344.91	445.80	65
45	125.43	162.01	186.50	241.37	247.56	320.72	369.69	479.43	65
46	130.74	169.68	194.46	252.87	258.18	336.06	385.62	502.44	66
47	136.64	177.35	203.31	264.38	269.98	351.40	403.32	525.45	67
48	143.13	185.61	213.05	276.77	282.96	367.92	422.79	550.23	68
49	150.21	193.87	223.67	289.16	297.12	384.44	444.03	575.01	69
50	155.52	197.41	231.63	294.47	307.74	391.52	459.96	585.63	70
51	162.01	206.85	241.37	308.63	320.72	410.40	479.43	613.95	71
52	169.09	215.70	251.99	321.90	334.88	428.10	500.67	640.50	72
53	176.76	225.73	263.49	336.95	350.22	448.16	523.68	670.59	73
54	185.02	236.94	275.88	353.76	366.74	470.58	548.46	704.22	74
55	188.56	243.43	281.19	363.50	373.82	483.56	559.08	723.69	75
56	195.64	253.46	291.81	378.54	387.98	503.62	580.32	753.78	76
57	206.85	264.08	308.63	394.47	410.40	524.86	613.95	785.64	77
58	216.88	277.06	323.67	413.94	430.46	550.82	644.04	824.58	78
59	225.14	291.22	336.06	435.18	446.98	579.14	668.82	867.06	79
60	219.00	282.18	327.00	421.77	435.00	561.36	651.00	840.54	80
61	231.42	297.30	345.63	444.45	459.84	591.60	688.26	885.90	81
62	243.30	315.12	363.45	471.18	483.60	627.24	723.90	939.36	82
63	254.64	334.02	380.46	499.53	506.28	665.04	757.92	996.06	83
64	270.30	352.92	403.95	527.88	537.60	702.84	804.90	1,052.76	84
65	284.34	373.44	425.01	558.66	565.68	743.88	847.02	1,114.32	85
66	303.24	397.74	453.36	595.11	603.48	792.48	903.72	1,187.22	86
67	322.14	422.04	481.71	631.56	641.28	841.08	960.42	1,260.12	87
68	344.28	448.50	514.92	671.25	685.56	894.00	1,026.84	1,339.50	88
69	368.04	480.36	550.56	719.04	733.08	957.72	1,098.12	1,435.08	89
70	393.96	514.38	589.44	770.07	784.92	1,025.76	1,175.88	1,537.14	90

Underwriting requirements will vary depending on plan year, participation rates and other factors.  
For more information see Group Enrollment Guide.

Form: 19M019EGS-ICC-B-M-3WP-D-NCV

**TEXASLIFE** INSURANCE  
COMPANY

### RATES FOR INDIVIDUAL POLICIES FOR CHILDREN AND GRANDCHILDREN\*

Monthly Premiums for Life Insurance Coverages Shown Includes Added Cost for Accelerated Death Benefit for Chronic Illness											
Issue Age	\$10,000		\$25,000		Policy is Pd Up at Attained Age	Issue Age	\$10,000		\$25,000		Policy is Pd Up at Attained Age
	Prem	Cash Value At Age 65	Prem	Cash Value At Age 65			Prem	Cash Value At Age 65	Prem	Cash Value At Age 65	
15d-1	\$ 6.35	\$ 4,630	\$ 11.37	\$ 11,575	65	9	\$ 7.21	\$ 4,630	\$ 13.53	\$ 11,575	65
2	6.35	4,630	11.37	11,575	65	10	7.32	4,630	13.80	11,575	65
3	6.46	4,630	11.64	11,575	65	11	7.54	4,630	14.34	11,575	65
4	6.56	4,630	11.91	11,575	65	12	7.75	4,630	14.88	11,575	65
5	6.67	4,630	12.18	11,575	65	13	7.97	4,630	15.42	11,575	65
6	6.78	4,630	12.45	11,575	65	14	8.18	4,630	15.96	11,575	65
7	6.89	4,630	12.72	11,575	65	15	8.40	4,630	16.50	11,575	65
8	7.00	4,630	12.99	11,575	65	16	8.62	4,630	17.04	11,575	65

\*Coverage is not available on children in WA or on grandchildren in WA or MD. In MD, child must reside with the applicant to be eligible for coverage.



# Universal Life Plan

**TEXASLIFE**  
INSURANCE COMPANY

## ***Why Do I Need More Life Insurance?***

Life insurance is a core component of a comprehensive benefits package because it provides employees with essential protection for their families. However, many people depend on their group term life coverage as their only life insurance<sup>1</sup>, which can put them at risk of not being adequately prepared during retirement.

Permanent life insurance, such as a voluntary universal life individual policy, is a simple way to address employees' needs because it complements their existing group term life coverage. It has been designed to serve as a small—yet valuable—component of one's overall coverage. It can provide continued protection to help alleviate any financial burden, such as funeral costs, that loved ones may need to address.

## ***Why PureLife-Plus?***

PureLife-plus, underwritten by Texas Life Insurance Company, combines several outstanding product features that can help you meet your financial needs and objectives:

**You own it.** - This voluntary universal life product is yours to keep, even when you change jobs or retire, as long as you pay the necessary premium. Group and voluntary term, on the other hand, typically are not portable if you change jobs and, even if you can keep them after you retire, usually cost more and decline in death benefit.

**Refund of Premium.** Unique in the marketplace, PureLife-plus offers you a refund of 10 years' premium, should you surrender the policy if the premium you pay when you buy the policy ever increases. (Conditions apply).

**High Death Benefit.** With one of the highest death benefits available at the worksite,<sup>2</sup> PureLife-plus gives your loved one's peace of mind for a reasonable cost.

**Payroll Deducted Premiums.** No checks to write or links to click.

**Long Guarantees.** Enjoy the assurance of a policy that has a guaranteed death benefit to age 121 and level premium that guarantees coverage for a significant period of time.<sup>3</sup>

**Coverage for your family.** You may apply for this permanent, portable coverage, not only for yourself, but also for your spouse, children and grandchildren.<sup>4</sup>

**Applying is Easy** - You can qualify by answering just 3 questions - no exams or needles. 3 Questions to Qualify: During the last six months, has the proposed insured:

- a) Been actively at work on a full-time basis, performing usual duties?
- b) Been absent from work due to illness or medical treatment for a period of more than five consecutive working days?
- c) Been disabled or received tests, treatment or care of any kind in a hospital or nursing home or received chemotherapy, hormonal therapy for cancer, radiation therapy, dialysis treatment, or treatment for alcohol or drug abuse?

## ***Additional Benefits and Riders***

**Accelerated Death Benefit Due to Terminal Illness Rider.** Included on all policies at no additional cost, the Accelerated Death Benefit Due to Terminal Illness Rider pays 92% of the death benefit, minus a \$150 processing fee (\$100 in Florida), upon a physician-certified diagnosis of a terminal illness expected to result in death within 12 months. The policy terminates upon exercise of this rider. Conditions apply. Form ICC07-ULABR-07 or Form Series ULABR-07

**Accidental Death Benefit:** Included for all employees and spouses at issue ages 17-59 at a cost of 8 cents per thousand of face amount per month. The Accidental Death Benefit will pay the insured's beneficiary double the death benefit if the insured dies within 180 days of an accident from injuries incurred in that accident.<sup>5</sup> The benefit is payable to the insured's age 65. Maximum in-force limits and exclusions apply. Form ICC 07-ULCL-ADB-07 or Form Series ULCL-ADB-07

**Accelerated Death Benefit for Chronic Illness:** Included for employees at an additional 10% of the policy's base premium, this rider will be triggered by the loss of two activities of daily living<sup>6</sup> or permanent cognitive impairment. It pays the insured 92% of the death benefit minus a small administrative fee, should the insured decide to exercise it. This valuable living benefit can help offset the cost of either in-home care or care in a resident facility. Not available in CA. Conditions apply. Form ICC15-ULABR-CI-15 or Form Series ULABR-CI-15



**Waiver of Premium:** Included for all employees at issue ages 17-59 at cost of 10% of the base plan monthly premium. This benefit will waive the entire premium after the insured is disabled for 180 days for as long as the insured remains totally disabled. It also refunds the prior 180 days' premium. The benefit is payable to the insured's age 65. Conditions apply. Not available in CA. Form ICC07-ULCL-WP-07 or Form Series ULCL-WP-07

<sup>1</sup> LIMRA's Life Insurance Ownership Focus, U.S. Household Trends, 2016.

<sup>2</sup> Voluntary and Universal Whole Life Products, Eastbridge Consulting Group, December 2018.

<sup>3</sup> After the guaranteed period, premiums may go down, stay the same, or go up.

<sup>4</sup> Coverage not available on children in WA or on grandchildren in WA or MD. In MD, child must reside with the applicant in order to be eligible for coverage.

<sup>5</sup> 90 days in CA, DC, DE, FL, ND, SD.

<sup>6</sup> Six Activities of Daily Living include: bathing, continence, dressing, eating, toileting, and transferring. Severe Cognitive Impairment means a deterioration or loss in intellectual capacity that: (1) places the insured in jeopardy of harming him/herself or others and, therefore, the insured requires Substantial Supervision by another individual; and (2) is measured by clinical evidence and standardized tests which reliably measure impairment in: (a) short or long-term memory; (b) deductive or abstract reasoning.

*PureLife-plus is a Flexible Premium Adjustable Life Insurance to Age 121. Some limitations apply. See the PureLife-plus brochure for details. Policy form ICC18-PRFNG-NI-18 or Form Series PRFNG-NI-18. Texas Life is licensed to do business in the District of Columbia and every state but New York.*

19M028-C 1101 M (exp0321)

**If you have any questions regarding your Texas Life policy, please call 800-283-9233, prompt #2**

**TEXASLIFE** INSURANCE  
COMPANY

Since 1901 | 900 WASHINGTON | POST OFFICE BOX 830 | WACO, TEXAS 76703-0830

### PureLife-plus — Standard Risk Table Premiums — Non-Tobacco — Express Issue

Issue Age (ALB)	Monthly Premiums for Life Insurance Face Amounts Shown									GUARANTEED PERIOD
	Includes Added Cost for									Age to Which
	Accidental Death Benefit (Ages 17-59), Waiver of Premium Benefit (Ages 17-59) and Accelerated Death Benefit for Chronic Illness (All Ages)									Coverage is Guaranteed at Table Premium
	\$10,000	\$15,000	\$25,000	\$40,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	
15D-1										83
2-3										83
4-10										79
11-16										75
17-20			12.28	18.16	22.08	31.88	41.68	51.48	61.28	73
21-22			12.58	18.64	22.68	32.78	42.88	52.98	63.08	73
23-25			12.88	19.12	23.28	33.68	44.08	54.48	64.88	71
26			13.18	19.60	23.88	34.58	45.28	55.98	66.68	72
27			13.48	20.08	24.48	35.48	46.48	57.48	68.48	72
28			13.48	20.08	24.48	35.48	46.48	57.48	68.48	71
29			13.78	20.56	25.08	36.38	47.68	58.98	70.28	71
30-31			14.08	21.04	25.68	37.28	48.88	60.48	72.08	70
32			14.68	22.00	26.88	39.08	51.28	63.48	75.68	70
33			15.28	22.96	28.08	40.88	53.68	66.48	79.28	71
34			15.88	23.92	29.28	42.68	56.08	69.48	82.88	72
35		11.06	16.78	25.36	31.08	45.38	59.68	73.98	88.28	73
36		11.42	17.38	26.32	32.28	47.18	62.08	76.98	91.88	73
37		11.78	17.98	27.28	33.48	48.98	64.48	79.98	95.48	73
38		12.32	18.88	28.72	35.28	51.68	68.08	84.48	100.88	74
39		13.04	20.08	30.64	37.68	55.28	72.88	90.48	108.08	75
40	10.00	13.76	21.28	32.56	40.08	58.88	77.68	96.48	115.28	76
41	10.60	14.66	22.78	34.96	43.08	63.38	83.68	103.98	124.28	77
42	11.44	15.92	24.88	38.32	47.28	69.68	92.08	114.48	136.88	78
43	12.28	17.18	26.98	41.68	51.48	75.98	100.48	124.98	149.48	80
44	13.12	18.44	29.08	45.04	55.68	82.28	108.88	135.48	162.08	81
45	14.08	19.88	31.48	48.88	60.48	89.48	118.48	147.48	176.48	82
46	15.04	21.32	33.88	52.72	65.28	96.68	128.08	159.48	190.88	83
47	15.88	22.58	35.98	56.08	69.48	102.98	136.48	169.98	203.48	83
48	16.84	24.02	38.38	59.92	74.28	110.18	146.08	181.98	217.88	84
49	17.92	25.64	41.08	64.24	79.68	118.28	156.88	195.48	234.08	85
50	19.24	27.62	44.38	69.52	86.28	128.18				86
51	20.80	29.96	48.28	75.76	94.08	139.88				87
52	22.72	32.84	53.08	83.44	103.68	154.28				88
53	24.64	35.72	57.88	91.12	113.28	168.68				90
54	25.96	37.70	61.18	96.40	119.88	178.58				90
55	27.16	39.50	64.18	101.20	125.88	187.58				91
56	28.36	41.30	67.18	106.00	131.88	196.58				91
57	29.68	43.28	70.48	111.28	138.48	206.48				91
58	31.12	45.44	74.08	117.04	145.68	217.28				91
59	32.44	47.42	77.38	122.32	152.28	227.18				91
60	30.63	44.82	73.20	115.77	144.15	215.10				91
61	32.28	47.30	77.33	122.37	152.40	227.48				91
62	34.04	49.94	81.73	129.41	161.20	240.68				92
63	35.91	52.74	86.40	136.89	170.55	254.70				92
64	37.89	55.71	91.35	144.81	180.45	269.55				92
65	39.98	58.85	96.58	153.17	190.90	285.23				92
66	42.29									92
67	44.82									92
68	47.57									92
69	50.43									93
70	53.29									93
PureLife-plus is permanent life insurance to Attained Age 121 that can never be cancelled as long as you pay the necessary premiums. After the Guaranteed Period, the premiums can be lower, the same, or higher than the Table Premium. See the brochure under "Permanent Coverage".										

PureLife-plus is permanent life insurance to Attained Age 121 that can never be cancelled as long as you pay the necessary premiums. After the Guaranteed Period, the premiums can be lower, the same, or higher than the Table Premium. See the brochure under "Permanent Coverage".

### PureLife-plus — Standard Risk Table Premiums — Tobacco — Express Issue

Issue Age (ALB)	Monthly Premiums for Life Insurance Face Amounts Shown Includes Added Cost for Accidental Death Benefit (Ages 17-59), Waiver of Premium Benefit (Ages 17-59) and Accelerated Death Benefit for Chronic Illness (All Ages)									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	\$10,000	\$15,000	\$25,000	\$40,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	
15D-1										83
2-3										83
4-10										79
11-16										75
17-20			17.38	26.32	32.28	47.18	62.08	76.98	91.88	70
21-22			17.98	27.28	33.48	48.98	64.48	79.98	95.48	70
23-25			18.88	28.72	35.28	51.68	68.08	84.48	100.88	69
26			19.18	29.20	35.88	52.58	69.28	85.98	102.68	69
27			19.48	29.68	36.48	53.48	70.48	87.48	104.48	68
28			19.78	30.16	37.08	54.38	71.68	88.98	106.28	68
29			20.08	30.64	37.68	55.28	72.88	90.48	108.08	68
30-31			22.48	34.48	42.48	62.48	82.48	102.48	122.48	69
32			23.08	35.44	43.68	64.28	84.88	105.48	126.08	69
33			23.38	35.92	44.28	65.18	86.08	106.98	127.88	69
34			23.68	36.40	44.88	66.08	87.28	108.48	129.68	68
35		16.10	25.18	38.80	47.88	70.58	93.28	115.98	138.68	69
36		16.64	26.08	40.24	49.68	73.28	96.88	120.48	144.08	69
37		17.54	27.58	42.64	52.68	77.78	102.88	127.98	153.08	70
38		18.08	28.48	44.08	54.48	80.48	106.48	132.48	158.48	70
39		19.16	30.28	46.96	58.08	85.88	113.68	141.48	169.28	70
40	14.68	20.78	32.98	51.28	63.48	93.98	124.48	154.98	185.48	72
41	15.52	22.04	35.08	54.64	67.68	100.28	132.88	165.48	198.08	73
42	16.60	23.66	37.78	58.96	73.08	108.38	143.68	178.98	214.28	74
43	18.28	26.18	41.98	65.68	81.48	120.98	160.48	199.98	239.48	76
44	19.24	27.62	44.38	69.52	86.28	128.18	170.08	211.98	253.88	77
45	20.56	29.60	47.68	74.80	92.88	138.08	183.28	228.48	273.68	78
46	21.76	31.40	50.68	79.60	98.88	147.08	195.28	243.48	291.68	79
47	22.96	33.20	53.68	84.40	104.88	156.08	207.28	258.48	309.68	79
48	24.16	35.00	56.68	89.20	110.88	165.08	219.28	273.48	327.68	80
49	26.08	37.88	61.48	96.88	120.48	179.48	238.48	297.48	356.48	82
50	27.40	39.86	64.78	102.16	127.08	189.38				82
51	29.44	42.92	69.88	110.32	137.28	204.68				83
52	31.96	46.70	76.18	120.40	149.88	223.58				85
53	34.00	49.76	81.28	128.56	160.08	238.88				87
54	35.68	52.28	85.48	135.28	168.48	251.48				87
55	37.36	54.80	89.68	142.00	176.88	264.08				87
56	39.28	57.68	94.48	149.68	186.48	278.48				87
57	41.08	60.38	98.98	156.88	195.48	291.98				87
58	43.24	63.62	104.38	165.52	206.28	308.18				87
59	45.04	66.32	108.88	172.72	215.28	321.68				87
60	42.51	62.64	102.90	163.29	203.55	304.20				87
61	45.37	66.93	110.05	174.73	217.85	325.65				88
62	48.01	70.89	116.65	185.29	231.05	345.45				88
63	50.54	74.69	122.98	195.41	243.70	364.43				88
64	53.07	78.48	129.30	205.53	256.35	383.40				89
65	55.71	82.44	135.90	216.09	269.55	403.20				89
66	58.57									89
67	61.65									89
68	64.84									89
69	68.25									89
70	71.88									90

PureLife-plus is permanent life insurance to Attained Age 121 that can never be cancelled as long as you pay the necessary premiums. After the Guaranteed Period, the premiums can be lower, the same, or higher than the Table Premium. See the brochure under "Permanent Coverage".

### PureLife-plus — Standard Risk Table Premiums — Non-Tobacco — Express Issue

Issue Age (ALB)	Monthly Premiums for Life Insurance Face Amounts Shown Includes Added Cost for Accidental Death Benefit (Ages 17-59) and Waiver of Premium Benefit (Ages 17-59)									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	\$10,000	\$15,000	\$25,000	\$40,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	
15D-1			8.00							83
2-3			8.25							83
4-10			8.50							79
11-16			8.75							75
17-20			11.63	17.12	20.78	29.93	39.08	48.23	57.38	73
21-22			11.90	17.56	21.33	30.75	40.18	49.60	59.03	73
23-25			12.18	18.00	21.88	31.58	41.28	50.98	60.68	71
26			12.45	18.44	22.43	32.40	42.38	52.35	62.33	72
27			12.73	18.88	22.98	33.23	43.48	53.73	63.98	72
28			12.73	18.88	22.98	33.23	43.48	53.73	63.98	71
29			13.00	19.32	23.53	34.05	44.58	55.10	65.63	71
30-31			13.28	19.76	24.08	34.88	45.68	56.48	67.28	70
32			13.83	20.64	25.18	36.53	47.88	59.23	70.58	70
33			14.38	21.52	26.28	38.18	50.08	61.98	73.88	71
34			14.93	22.40	27.38	39.83	52.28	64.73	77.18	72
35		10.44	15.75	23.72	29.03	42.30	55.58	68.85	82.13	73
36		10.77	16.30	24.60	30.13	43.95	57.78	71.60	85.43	73
37		11.10	16.85	25.48	31.23	45.60	59.98	74.35	88.73	73
38		11.60	17.68	26.80	32.88	48.08	63.28	78.48	93.68	74
39		12.26	18.78	28.56	35.08	51.38	67.68	83.98	100.28	75
40	9.44	12.92	19.88	30.32	37.28	54.68	72.08	89.48	106.88	76
41	9.99	13.74	21.25	32.52	40.03	58.80	77.58	96.35	115.13	77
42	10.76	14.90	23.18	35.60	43.88	64.58	85.28	105.98	126.68	78
43	11.53	16.05	25.10	38.68	47.73	70.35	92.98	115.60	138.23	80
44	12.30	17.21	27.03	41.76	51.58	76.13	100.68	125.23	149.78	81
45	13.18	18.53	29.23	45.28	55.98	82.73	109.48	136.23	162.98	82
46	14.06	19.85	31.43	48.80	60.38	89.33	118.28	147.23	176.18	83
47	14.83	21.00	33.35	51.88	64.23	95.10	125.98	156.85	187.73	83
48	15.71	22.32	35.55	55.40	68.63	101.70	134.78	167.85	200.93	84
49	16.70	23.81	38.03	59.36	73.58	109.13	144.68	180.23	215.78	85
50	17.91	25.62	41.05	64.20	79.63	118.20				86
51	19.34	27.77	44.63	69.92	86.78	128.93				87
52	21.10	30.41	49.03	76.96	95.58	142.13				88
53	22.86	33.05	53.43	84.00	104.38	155.33				90
54	24.07	34.86	56.45	88.84	110.43	164.40				90
55	25.17	36.51	59.20	93.24	115.93	172.65				91
56	26.27	38.16	61.95	97.64	121.43	180.90				91
57	27.48	39.98	64.98	102.48	127.48	189.98				91
58	28.80	41.96	68.28	107.76	134.08	199.88				91
59	30.01	43.77	71.30	112.60	140.13	208.95				91
60	28.05	40.95	66.75	105.45	131.25	195.75				91
61	29.55	43.20	70.50	111.45	138.75	207.00				91
62	31.15	45.60	74.50	117.85	146.75	219.00				92
63	32.85	48.15	78.75	124.65	155.25	231.75				92
64	34.65	50.85	83.25	131.85	164.25	245.25				92
65	36.55	53.70	88.00	139.45	173.75	259.50				92
66	38.65									92
67	40.95									92
68	43.45									92
69	46.05									93
70	48.65									93

PureLife-plus is permanent life insurance to Attained Age 121 that can never be cancelled as long as you pay the necessary premiums. After the Guaranteed Period, the premiums can be lower, the same, or higher than the Table Premium. See the brochure under "Permanent Coverage".

**PureLife-plus — Standard Risk Table Premiums — Tobacco — Express Issue**

Issue Age (ALB)	Monthly Premiums for Life Insurance Face Amounts Shown Includes Added Cost for Accidental Death Benefit (Ages 17-59) and Waiver of Premium Benefit (Ages 17-59)									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	\$10,000	\$15,000	\$25,000	\$40,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	
15D-1										83
2-3										83
4-10										79
11-16										75
17-20			16.30	24.60	30.13	43.95	57.78	71.60	85.43	70
21-22			16.85	25.48	31.23	45.60	59.98	74.35	88.73	70
23-25			17.68	26.80	32.88	48.08	63.28	78.48	93.68	69
26			17.95	27.24	33.43	48.90	64.38	79.85	95.33	69
27			18.23	27.68	33.98	49.73	65.48	81.23	96.98	68
28			18.50	28.12	34.53	50.55	66.58	82.60	98.63	68
29			18.78	28.56	35.08	51.38	67.68	83.98	100.28	68
30-31			20.98	32.08	39.48	57.98	76.48	94.98	113.48	69
32			21.53	32.96	40.58	59.63	78.68	97.73	116.78	69
33			21.80	33.40	41.13	60.45	79.78	99.10	118.43	69
34			22.08	33.84	41.68	61.28	80.88	100.48	120.08	68
35		15.06	23.45	36.04	44.43	65.40	86.38	107.35	128.33	69
36		15.56	24.28	37.36	46.08	67.88	89.68	111.48	133.28	69
37		16.38	25.65	39.56	48.83	72.00	95.18	118.35	141.53	70
38		16.88	26.48	40.88	50.48	74.48	98.48	122.48	146.48	70
39		17.87	28.13	43.52	53.78	79.43	105.08	130.73	156.38	70
40	13.73	19.35	30.60	47.48	58.73	86.85	114.98	143.10	171.23	72
41	14.50	20.51	32.53	50.56	62.58	92.63	122.68	152.73	182.78	73
42	15.49	21.99	35.00	54.52	67.53	100.05	132.58	165.10	197.63	74
43	17.03	24.30	38.85	60.68	75.23	111.60	147.98	184.35	220.73	76
44	17.91	25.62	41.05	64.20	79.63	118.20	156.78	195.35	233.93	77
45	19.12	27.44	44.08	69.04	85.68	127.28	168.88	210.48	252.08	78
46	20.22	29.09	46.83	73.44	91.18	135.53	179.88	224.23	268.58	79
47	21.32	30.74	49.58	77.84	96.68	143.78	190.88	237.98	285.08	79
48	22.42	32.39	52.33	82.24	102.18	152.03	201.88	251.73	301.58	80
49	24.18	35.03	56.73	89.28	110.98	165.23	219.48	273.73	327.98	82
50	25.39	36.84	59.75	94.12	117.03	174.30				82
51	27.26	39.65	64.43	101.60	126.38	188.33				83
52	29.57	43.11	70.20	110.84	137.93	205.65				85
53	31.44	45.92	74.88	118.32	147.28	219.68				87
54	32.98	48.23	78.73	124.48	154.98	231.23				87
55	34.52	50.54	82.58	130.64	162.68	242.78				87
56	36.28	53.18	86.98	137.68	171.48	255.98				87
57	37.93	55.65	91.10	144.28	179.73	268.35				87
58	39.91	58.62	96.05	152.20	189.63	283.20				87
59	41.56	61.10	100.18	158.80	197.88	295.58				87
60	38.85	57.15	93.75	148.65	185.25	276.75				87
61	41.45	61.05	100.25	159.05	198.25	296.25				88
62	43.85	64.65	106.25	168.65	210.25	314.25				88
63	46.15	68.10	112.00	177.85	221.75	331.50				88
64	48.45	71.55	117.75	187.05	233.25	348.75				89
65	50.85	75.15	123.75	196.65	245.25	366.75				89
66	53.45									89
67	56.25									89
68	59.15									89
69	62.25									89
70	65.55									90

PureLife-plus is permanent life insurance to Attained Age 121 that can never be cancelled as long as you pay the necessary premiums. After the Guaranteed Period, the premiums can be lower, the same, or higher than the Table Premium. See the brochure under "Permanent Coverage".



# Continuation of Benefits

## If you Leave Employment

### ***FBA Flexible Spending Accounts***

If you have a positive balance (payroll deductions are greater than the amount you have received in reimbursement) in your Medical Reimbursement Account at the time of your termination, you may continue participation in the Plan for the remainder of the Plan year through COBRA. For more information, contact **FBA at 1-800-437-3539.**

### ***Aflac Accident , Critical Illness, and Hospital Indemnity***

You may continue your Aflac Group Accident ,Critical Illness and/or Hospital Indemnity policies by having the premiums currently deducted from your paycheck drafted from your bank account or billed to your home. For more information, contact **Aflac at 1-800-433-3036.**

### ***Manhattan Life Group Cancer***

You may continue your Manhattan Life Group Cancer policy for yourself and eligible dependents who are covered when you terminate employment. For more information, contact **Bay Bridge Administrators, Inc. (TPA) at 1-800-845-7519.**

### ***AUL Short & Long-Term Disability***

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

### ***Texas Life Whole & Universal Life***

When you leave employment, you may continue your Whole & 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 **Texas Life at 1-800-283-9233 prompt #2.**

# Contact Information

## Mark III Employee Benefits Voluntary Insurance Contacts

### ***Aflac***

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

### ***American United Life (AUL)***

Claims Toll-Free Number  
1-855-517-6365  
Customer Service  
1-800-553-5318

### ***Flexible Benefit Administrators***

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

### ***Manhattan Life | Bay Bridge Administrators, Inc.***

1-800-845-7519 | 512-275-9350 (Fax)  
<http://www.baybridgeadministrators.com/>  
Submit claims to [claims@bbadmin.com](mailto:claims@bbadmin.com)

### ***Texas Life Insurance Company***

1-800-283-9233 prompt #2  
[www.texaslife.com](http://www.texaslife.com)

## Group Health & Dental Insurance – Health Savings Account

### ***Anthem Blue Cross Blue Shield***

Phone: 800-582-6941 (Member Services)  
Website: [www.anthem.com](http://www.anthem.com)

### ***Delta Dental***

Phone: 800-237-6060 (Benefit Services)  
Website: [www.deltadentalva.com](http://www.deltadentalva.com)

## Deferred Compensation Plan – Section 457 Plan

### ***ICMA-RC***

Trey Sizemore, Account Representative  
Website: [www.icmarc.org](http://www.icmarc.org)  
Email: [tsizemore@icmarc.org](mailto:tsizemore@icmarc.org)  
Phone: 202-486-1572





# Contact Information

## Tax-Deferred Annuities – Section 403(b) Plan

### ***Ameriprise Financial Advisors***

Christine Smith, Account Representative  
Email: christine.a.smith@ampf.com  
Phone: 1-540-777-6764

### ***AXA Equitable***

Shannon Underwood, Account Representative  
Email: Shannon.underwood@axa-advisors.com  
Phone: 1-540-427-6721  
Cell: 1-540-529-3301  
Joshua Gallegos, Account Representative  
Email: Joshua.Gallegos@equitable.com  
Phone: 1-540-520-2754

### ***Horace Mann Insurance Companies***

Brad Nuckles, CFP  
Email: Bradley.nuckles@horacemann.com  
Phone: 1-540-725-2168

### ***AIG Valic***

Matt Rose, Account Representative  
Email: matt.rose@aig.com  
Phone: 1-540-520-3834  
Mark Madden, Account Representative  
Email: mark.madden@aig.com  
Phone: 1-540-200-9726

### ***Met Life of Connecticut – Harrisonburg Office***

Gregory Raines, Account Representative  
Email: graines@afgfs.com  
Christy Vanpelt, Account Representative  
Email: cvanpelt@commonwealthgrpinc.com  
Phone: 1-540-434-2500

### ***MetLife***

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