



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

# Employee Benefits Guide

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

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 31 days from the date of the event to make any changes.



# 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 or post-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 **31-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, Lynchburg 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)**

**Ginger Durbin, Account Manager**  
**(704) 365-4280 x 207**

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

## Pre-Tax

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

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

- FBA Flexible Spending Accounts
- Trustmark Accident
- MetLife Group Cancer
- Aflac Group Hospital Indemnity

**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.

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

- Aflac Group Critical Illness
- AUL Short-Term Disability
- AUL Long-Term Disability
- Texas Life Whole Life
- LegalShield Protection

# 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: <http://markiiibrokerage.com/lynchburgschoolsva/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: 1-855-565-0153**

**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.*



# Filing a Claim



## MetLife Group Cancer

Visit <http://www.markiibrokerage.com/lynchburgschoolsva/> to download your claim form. MetLife 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



## Trustmark Accident

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

Fax: (508) 471-3208

Email: [RiderClaims@Trustmarkins.com](mailto:RiderClaims@Trustmarkins.com)

Mail: PO Box 60676, Worcester, MA 01606



## Group Aflac

Simply logon to <https://www.aflacgroupinsurance.com> and click on **Customer Service** and then **File a Claim**. Choose from 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 <http://www.markiibrokerage.com/lynchburgschoolsva/> 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

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





# HEALTHY LIVING

Core Benefit  
options to keep you  
and your family  
healthy.



# Medical Plan



**Anthem KeyCare PPO 25/750 Lynchburg City Schools.**

**01/01/21 – 12/31/21**

In-Network Services	You Pay
<b>Preventive Care Services</b>	
<p>Preventive care services that meet the requirements of federal and state law, including certain screenings, immunizations and physician visits.</p> <p>* During the course of a routine screening procedure, abnormalities or problems may be identified that require immediate intervention or additional diagnosis. If this occurs, and your provider performs additional necessary procedures, the service will be considered diagnostic and/or surgical, rather than screening, depending on the claim for the services submitted by your provider, which will result in a member cost share.</p>	<b>No cost share*</b>
<b>Doctor Visits</b>	
<ul style="list-style-type: none"> <li>• Office visits</li> <li>• Pre and postnatal office visits*</li> </ul> <p><b>*if your physician submits one bill for prenatal, delivery, and postnatal care, services are covered as listed below.</b></p>	<ul style="list-style-type: none"> <li>• Urgent care visits</li> <li>• Home visits</li> </ul> <p><b>\$25</b> for each visit to a PCP <b>\$45</b> for each visit to a specialist</p>
<p>Online visits (<a href="https://livehealthonline.com">https://livehealthonline.com</a>) (does not include livehealthonline mental health/substance abuse therapist visits)</p>	<b>\$15</b> for each visit
<ul style="list-style-type: none"> <li>• Allergy injections</li> </ul>	<b>\$5</b> for each visit
<ul style="list-style-type: none"> <li>• Allergy serum</li> </ul>	<b>\$25</b> for each visit
<ul style="list-style-type: none"> <li>• Mental health and substance abuse visits</li> <li>• Physical therapy visits in an office setting (30 visit limit per CY)*</li> <li>• Occupational therapy visits in an office setting (30 visit limit per CY)*</li> <li>• Speech therapy visits in an office setting (30 visit limit per CY)*</li> </ul> <p><b>*Limit does not apply to Autism Spectrum Disorder.</b></p>	<b>\$45</b> for each visit
<ul style="list-style-type: none"> <li>• Spinal manipulations and other manual medical intervention visit (20 visit limit per CY)</li> </ul>	<b>\$45</b> for each visit
<ul style="list-style-type: none"> <li>• Emergency room</li> </ul> <p>ER Facility associated Professional Provider Services (ER Dr., Radiologist, Surgeon) are covered at 20% coinsurance (no deductible).</p>	<p><b>\$200</b> copay/visit + <b>20%</b> (no deductible) of the amount the health care professionals in our network have agreed to accept for their services</p>
<b>Maternity – Global billed services*</b>	
<ul style="list-style-type: none"> <li>• Ob Physician – all routine global billed prenatal, delivery and postnatal care (excluding inpatient stays)</li> </ul>	<b>\$100</b> per pregnancy
<b>Maternity Outpatient Services</b>	
<ul style="list-style-type: none"> <li>• Outpatient Labs and X-rays, maternity ultrasounds</li> </ul>	<p><b>20%</b> of the amount the health care professionals in our network have agreed to accept for their services (no deductible)</p>
<b>Other Outpatient Services</b>	
<ul style="list-style-type: none"> <li>• Diagnostic lab services</li> <li>• Diagnostic X-rays</li> </ul>	<p><b>20%</b> of the amount the health care professionals in our network have agreed to accept for their services (no deductible)</p>

In-Network Services	You Pay
<b>Outpatient Surgery (at a facility or ambulatory surgery center)</b>	
<ul style="list-style-type: none"> <li>Surgery</li> </ul> <p>Outpatient Surgery Facility/Ambulatory Surgery Center associated Professional Provider Services (such as Surgeon, Assistant Surgeon, Anesthesiologist) are covered at 20% coinsurance (no deductible).</p>	<b>\$200</b> copay/visit + <b>20%</b> of the amount the health care professionals in our network have agreed to accept for their services (no deductible)
<p>You will pay all costs associated with care until you have paid \$750 in one calendar year. This is known as your deductible.</p> <ul style="list-style-type: none"> <li>If two people are covered under your plan, each of you will pay the first \$750 Ind. of the cost of your care (\$1500 total).</li> <li>If three or more people are covered under your plan, together you will pay the first \$1500 of the cost of your care. However, the most one family member will pay is \$750.</li> </ul> <p><b>Once you reach your deductible you pay:</b></p>	
<b>Autism Spectrum Disorder (ASD) – For children from age 2 through 10</b>	
<p>Diagnosis and treatment of autism spectrum disorder including:</p> <ul style="list-style-type: none"> <li>Behavioral health treatment</li> <li>Pharmacy care</li> <li>Psychiatric Care</li> <li>Psychological care</li> <li>Therapeutic care**</li> </ul> <p><b>**Unlimited physical, occupational and speech therapy</b></p>	Member cost shares will be dependent on the services rendered
<ul style="list-style-type: none"> <li>Applied behavioral analysis</li> <li>Unlimited per member annual maximum</li> </ul>	<b>20%</b> of the amount the health care professionals in our network have agreed to accept for their services
<b>Early Intervention – For children from birth up to age 3</b>	
<ul style="list-style-type: none"> <li>Unlimited per member per calendar year up to age 3</li> </ul>	Member cost shares will be dependent on the services rendered
<b>Other Outpatient Services</b>	
<ul style="list-style-type: none"> <li>Shots and therapeutic injections including infusion medications</li> <li>Medical appliances, supplies and medications</li> <li>Durable medical equipment</li> <li>Dialysis</li> <li>In-office surgery</li> <li>Chemotherapy (not given orally), IV, radiation, cardiac and respiratory therapy</li> <li>Ambulance travel</li> </ul>	<b>20%</b> of the amount the health care professionals in our network have agreed to accept for their services
<b>Other Outpatient Services</b>	
<ul style="list-style-type: none"> <li>Diabetic supplies, equipment and education</li> </ul>	Member cost shares will be dependent on the services rendered
<b>Outpatient Visits in a Hospital or Facility</b>	
<ul style="list-style-type: none"> <li>Physical therapy (30 visit limit per CY)*</li> <li>Occupational therapy (30 visit limit per CY)*</li> <li>Speech therapy (30 visit limit per CY)*</li> <li>Partial day mental health and substance use services</li> </ul> <p><b>*Limit does not apply to Autism Spectrum Disorder</b></p>	<b>20%</b> of the amount the health care professionals in our network have agreed to accept for their services
<b>Care at Home</b>	
<ul style="list-style-type: none"> <li>Home health care (100 visit limit per CY)</li> <li>Private duty nursing limited to 16hrs per member per calendar year*</li> </ul> <p>*Since there is no network for this service, you may be billed for the difference between what we pay for this service and the amount the private duty nursing service charged.</p>	<b>20%</b> of the amount the health care professionals in our network have agreed to accept for their services
<ul style="list-style-type: none"> <li>Hospice care</li> </ul>	No cost share
<b>Inpatient Stays in a Network Hospital or Facility</b>	
<ul style="list-style-type: none"> <li>Semi-private room, intensive care or similar unit</li> <li>Physician, nursing and other medically necessary professional services in the hospital including anesthesia, surgical and maternity delivery services.</li> <li>Skilled nursing facility care (30 day limit per admission)</li> </ul>	<b>20%</b> of the amount the health care professionals in our network have agreed to accept for their services

Your benefit period runs on a calendar year basis. A calendar year means your benefit period runs from January through December.

**For benefits listed with specific limits all services received in the calendar year for that benefit are applied to that limit (whether received in or out-of-network).**

## Out-of-Network Services

### Using Doctors, Hospitals & Other Health Care Professionals not Contracted to Provide Benefits

It's important to remember that health care professionals not in our network can charge whatever they want for their services. If what they charge is more than the fee our network health care professionals have agreed to accept for the same service, they may bill you for the difference between the two amounts. You will pay all the costs associated with the covered services outlined in this insert until you have paid \$880 in one calendar year. This is called your out-of-network deductible.

- If two people are covered under your plan, each of you will pay the first \$880 of the cost of your care (\$1,760 total).
- If three or more people are covered under your plan, together you will pay the first \$1,760 of the cost of your care. However, the most one family member will pay is \$880.

Once you have reached this amount, when you receive covered services we will pay 60% of the fee our network health care professionals have agreed to accept for the same service. You will pay the rest, including any difference between the fee our network health care professionals have agreed to accept for the same service and the amount the health care professional not in our network charges.

## Out-of-Pocket Maximums

### What You Will Pay for Covered Services in One Calendar Year

#### When using network professionals

If you are the only one covered by your plan, you will pay \$4,500 for covered services outlined in this insert. Once you have reached this amount, your payment for covered services is \$0, except for those services listed below that do not count toward the annual out-of-pocket maximum.\*

- If two people are covered under your plan, each of you will pay \$4,500 (\$9,000 total).
- If three or more people are covered under your plan, together you will pay \$9,000. However, no family member will pay more than \$4,500 toward the limit.

#### When not using network professionals

If you are the only one covered by your plan, you will pay \$5,200 for covered services outlined in this insert. Once you have reached this amount, your payment for covered services is \$0, except for those services listed below that do not count toward the annual out-of-pocket maximum.\*

- If two people are covered under your plan, each of you will pay \$5,200 (\$10,400 total).
- If three or more people are covered under your plan, together you will pay \$10,400. However, no family member will pay more than \$5,200 toward the limit.

#### \*The following do not count toward the calendar year Medical out-of-pocket maximum:

- your share of the cost of outpatient prescription drugs
- the cost of routine vision care
- the cost of services and supplies not covered under your benefits
- the additional amount health care professionals not in our network may bill you when their charge is more than what we pay

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

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



# Your KeyCare PPO Prescription Drug Plan

## Anthem National 4 Tier Drug Formulary

Your RX Maintenance90 Network Prescription Drug Plan	Tier 1 Copay	Tier 2 Copay	Tier 3 Copay	Tier 4 Copay (Specialty Drugs)
Up to a 30 day medication supply at participating pharmacies	40% coinsurance, \$20 minimum, \$50 maximum/script	40% coinsurance, \$20 minimum, \$100 maximum/script	40% coinsurance, \$20 minimum, \$100 maximum/script	40% coinsurance, \$20 minimum, \$100 maximum/script
Up to a 90 day medication supply delivered to your home	40% coinsurance, \$60 minimum, \$125 maximum/script	40% coinsurance, \$60 minimum, \$300 maximum/script	40% coinsurance, \$60 minimum, \$300 maximum/script	*40% coinsurance, \$60 minimum, \$300 maximum/script 90 day mail order benefit only allowed for Transplant & HIV/AIDS drugs
Up to a 90 day maintenance medication supply purchased at a RX Maintenance90participating**	40% coinsurance, \$60 minimum, \$125 maximum/script	40% coinsurance, \$60 minimum, \$300 maximum/script	40% coinsurance, \$60 minimum, \$300 maximum/script	Not Applicable

\*Most specialty medications are limited to up to a 30 day supply regardless of whether they are retail or mail.

If you get the brand name drug when a generic drug is available, you will pay the applicable coinsurance based on the brand drug cost plus the difference in cost between the brand and the generic.

**Prescription Drug Out of Pocket Maximum:** \$2,850 Individual/\$5,700 Family (separate from the Medical out of pocket maximum)

**Mandatory Maintenance Medications:** Maintenance classified medications must be filled through the Mail Order Pharmacy or RX Maintenance90 network participating pharmacies after a specified number of 30 day retail fills.

### 30 Day Retail Pharmacy Network

Our network includes more than 69,000 pharmacies across the country. That means you have easy access to your prescriptions wherever you are – at work, home or even on vacation. Using pharmacies in the network will help you get the most from your drug plan. When picking up your prescription at the pharmacy, be sure to show your Anthem Medical ID card.

### RX Maintenance90 network Pharmacies

RX Maintenance90 network\*\* is a unique network that offers more ways for you to get the maintenance medications you need. Maintenance medications are drugs taken on an ongoing basis for conditions such as asthma, diabetes or high cholesterol. Through RX Maintenance90 network, you can choose to get a 90-day supply of medications from a participating retail pharmacy or the mail order pharmacy.

\*\*Only certain pharmacies in our network participate in the RX Maintenance90 network program. Be sure to check with your local pharmacy to verify their participation status prior to placing your 90 day retail prescription order.

To make sure your pharmacy's in our network, visit [anthem.com](http://anthem.com) and select **Find a Doctor** which will take you to the list of providers, pharmacies and hospitals who participate in our network.

### Home Delivery (Mail Order) Pharmacy

Members needing maintenance medications also have the option to use our Home Delivery Pharmacy service. Our preferred Home Delivery Pharmacy, managed by IngenioRX, sends you the medicine you need, right to your door. As a home delivery customer, you'll also enjoy:

- 90-day maintenance medications for less cost than if you purchased them at a retail location
- Free standard shipping
- Access to pharmacists for drug questions
- Safe, accurate prescriptions



# Take care of yourself

## Use your preventive care benefits

Getting regular checkups and exams can help you stay healthy and catch problems early — when they're easier to treat.

That's why our health plans offer all the preventive care services and immunizations below — at no cost to you.<sup>1</sup> As long as you see a doctor or use a pharmacy or lab in the plan, you won't have to pay anything for these services and immunizations. If you want to visit a doctor or pharmacy outside the plan, you may have to pay out of pocket.

Not sure which services make sense for you? Talk to your doctor. He or she can help you figure out what you need.

### Preventive vs. diagnostic care

What's the difference? Preventive care helps protect you from getting sick. If your doctor recommends you have services even though you have no symptoms, that's preventive care. Diagnostic care is when you have symptoms and your doctor recommends services to determine what's causing those symptoms.

### Adult preventive care

#### Preventive physical exams

##### Screening tests:

- Alcohol misuse: related screening and behavioral counseling
- Aortic aneurysm screening (men who have smoked)
- Behavioral counseling to promote a healthy diet
- Blood pressure
- Bone density test to screen for osteoporosis
- Cholesterol and lipid (fat) level
- Colorectal cancer, including fecal occult blood test, barium enema, flexible sigmoidoscopy, screening colonoscopy and related prep kit, and computed tomography (CT) colonography (as appropriate)<sup>3</sup>
- Depression screening
- Hepatitis C virus (HCV) for people at high risk for infection and a one-time screening for adults born between 1945 and 1965
- Type 2 diabetes screening\*
- Eye chart test for vision<sup>2</sup>
- Hearing screening
- Height, weight and body mass index (BMI)
- HIV screening and counseling
- Lung cancer screening for those ages 55-80 who have a history of smoking 30 packs per year and still smoke, or quit within the past 15 years<sup>3</sup>
- Obesity: related screening and counseling\*
- Prostate cancer, including digital rectal exam and prostate-specific antigen (PSA) test
- Sexually transmitted infections: related screening and counseling
- Tobacco use: related screening and behavioral counseling
- Tuberculosis screening
- Violence, interpersonal and domestic: related screening and counseling

##### Immunizations:

- Diphtheria, tetanus and pertussis (whooping cough)
- Hepatitis A and hepatitis B
- Human papillomavirus (HPV)
- Influenza (flu)
- Measles, mumps and rubella (MMR)
- Meningococcal (meningitis)
- Pneumococcal (pneumonia)
- Varicella (chickenpox)
- Zoster (shingles)

#### Women's preventive care:

- Well-woman visits
- Breast cancer, including exam, mammogram, and genetic testing for BRCA 1 and BRCA 2 when certain criteria are met<sup>4</sup>
- Breastfeeding: primary care intervention to promote breastfeeding support, supplies and counseling<sup>5,6,7</sup>
- Contraceptive (birth control) counseling
- Food and Drug Administration (FDA)-approved contraceptive medical services, including sterilization, provided by a doctor
- Counseling related to chemoprevention for those with a high risk of breast cancer
- Counseling related to genetic testing for those with a family history of ovarian or breast cancer
- HPV screening
- Screening and counseling for interpersonal and domestic violence
- Pregnancy screenings, including gestational diabetes, hepatitis B, asymptomatic bacteriuria, Rh incompatibility, syphilis, HIV and depression<sup>6</sup>
- Pelvic exam and Pap test, including screening for cervical cancer

These preventive care services are recommendations of the Affordable Care Act (ACA or health care reform law). They may not be right for every person, so ask your doctor what's right for you.

This sheet is not a contract or policy with Anthem Blue Cross and Blue Shield. If there is any difference between this sheet and the group policy, the provisions of the group policy will rule. Please see your combined Evidence of Coverage and Disclosure Form or Certificate for exclusions and limitations.

\* CDC-recognized Diabetes Prevention programs are available for overweight or obese adults with abnormal blood glucose or who have abnormal CVD risk factors.

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## Child preventive care

### Preventive physical exams

#### Screening tests:

- Behavioral counseling to promote a healthy diet
- Blood pressure
- Cervical dysplasia screening
- Cholesterol and lipid level
- Depression screening
- Development and behavior screening
- Type 2 diabetes screening
- Hearing screening
- Height, weight and BMI
- Hemoglobin or hematocrit (blood count)
- Lead testing
- Newborn screening
- Screening and counseling for obesity
- Counseling for those ages 10–24 with fair skin about lowering their risk for skin cancer
- Oral (dental health) assessment when done as part of a preventive care visit
- Screening and counseling for sexually transmitted infections
- Tobacco use: related screening and behavioral counseling
- Vision screening when done as part of a preventive care visit<sup>2</sup>

#### Immunizations:

- Chickenpox
- Flu
- Haemophilus influenzae type b (Hib)
- Hepatitis A and hepatitis B
- HPV
- Meningitis
- MMR
- Pneumonia
- Polio
- Rotavirus
- Whooping cough

### A word about pharmacy items

#### For 100% coverage of your over-the-counter (OTC) drugs and other pharmacy items listed here, you must:

- Meet certain age requirements and other rules.
- Get prescriptions from plan providers and fill them at plan pharmacies.
- Have prescriptions, even for OTC items.

#### Adult preventive drugs and other pharmacy items — age appropriate:

- Aspirin use (81 mg and 325 mg) for the prevention of cardiovascular disease, preeclampsia and colorectal cancer by adults less than 70 years old.
- Colonoscopy prep kit (generic or OTC only) when prescribed for preventive colon screening
- Generic low to moderate dose statins for members that are 40–75 years and have 1 or more CVD risk factors (dyslipidemia, diabetes, hypertension, or smoking)
- Tobacco-cessation products, including all FDA-approved brand and generic OTC and prescription products, for those ages 18 and older

#### Child preventive drugs and other pharmacy items — age appropriate:

- Dental fluoride varnish to prevent the tooth decay of primary teeth for children ages 0–5
- Fluoride supplements for children ages 6 months to 16 years old

#### Women's preventive drugs and other pharmacy items — age appropriate:

- Contraceptives, including generic prescription drugs, brand-name drugs with no generic equivalent and OTC items like female condoms and spermicides<sup>6,8,9</sup>
- Low-dose aspirin (81 mg) for pregnant women who are at increased risk of preeclampsia
- Folic acid for women ages 55 or younger who are planning and able to get pregnant

Breast cancer risk-reducing medications, such as tamoxifen and raloxifene, that follow the U.S. Preventive Services Task Force criteria<sup>3</sup>

**For a complete list of covered preventive drugs under the Affordable Care Act, view the Preventive ACA Drug List flier available at [anthem.com/pharmacyinformation](http://anthem.com/pharmacyinformation).**

<sup>1</sup> The range of preventive care services covered at no cost share when provided by plan doctors is designed to meet state and federal requirements. The Department of Health and Human Services decided which services to include for full coverage based on U.S. Preventive Services Task Force A and B recommendations, the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC), and certain guidelines for infants, children, adolescents and women supported by Health Resources and Services Administration (HRSA) Guidelines. You may have additional coverage under your insurance policy. To learn more about what your plan covers, see your *Certificate of Coverage* or call the Member Services number on your ID card.

<sup>2</sup> Some plans cover additional vision services. Please see your contract or *Certificate of Coverage* for details.

<sup>3</sup> You may be required to get preapproval for these services.

<sup>4</sup> Check your medical policy for details.

<sup>5</sup> Breast pumps and supplies must be purchased from plan providers for 100% coverage. We recommend using plan durable medical equipment (DME) suppliers.

<sup>6</sup> This benefit also applies to those younger than age 19.

<sup>7</sup> Counseling services for breastfeeding (lactation) can be provided or supported by a plan doctor or hospital provider, such as a pediatrician, obstetrician/gynecologist or family medicine doctor, and hospitals with no member cost share (deductible, copay, coinsurance). Contact the provider to see if such services are available.

<sup>8</sup> A cost share may apply for other prescription contraceptives, based on your drug benefits.

<sup>9</sup> Your cost share may be waived if your doctor decides that using the multisource brand is medically necessary.

Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. Anthem Blue Cross and Blue Shield and its affiliate HealthKeepers, Inc. are independent licensees of the Blue Cross Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc.



# Dental Plan



## Anthem Dental Complete

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

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

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

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

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

## Emergency dental treatment for the international traveler

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

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

### Finding a dentist is easy.

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

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

### To Contact Us:

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

## Limitations & Exclusions

### Limitations

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

#### Diagnostic & Preventive Services

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

#### Basic and/or Major Services\*\*\*

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

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

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

#### Additional Limitation for Orthodontic Services

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

## Limitations & Exclusions Continued...

### Exclusions

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

Services provided before or after the term of this coverage

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

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

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

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

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

#### Choice of dentists

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

#### Here's why:

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

#### How Anthem dental decides on maximum allowed amounts

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

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

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

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

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

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

Here's the math:

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

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

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



# Vision Plan



**40% OFF**

additional complete pair of prescription eyeglasses

**20% OFF**

non-covered items, including non-prescription sunglasses

**Find an eye doctor**  
(Select Network)

- eyemed.com
- EyeMed Members App
- For LASIK, call 1.800.988.4221

**Heads up**

You may have additional benefits.

Log into [eyemed.com/member](http://eyemed.com/member) to see all plans included with your benefits.

## SUMMARY OF BENEFITS

VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
<b>EXAM SERVICES</b>		
Exam	\$15 copay	Up to \$34
Retinal Imaging	Up to \$39	Not covered
<b>CONTACT LENS FIT AND FOLLOW-UP</b>		
Fit and Follow-up - Standard	\$25 copay; paid in full and two follow-up visits	Up to \$40
Fit and Follow-up - Premium	\$25 copay; 10% off balance over \$40 allowance	Up to \$40
<b>FRAME</b>		
Frame	\$0 copay; 20% off balance over \$150 allowance	Up to \$80
<b>STANDARD PLASTIC LENSES</b>		
Single Vision	\$30 copay	Up to \$29
Bifocal	\$30 copay	Up to \$43
Trifocal	\$30 copay	Up to \$53
Lenticular	\$30 copay	Up to \$84
Progressive - Standard	\$95 copay	Up to \$53
Progressive - Premium	\$95 copay; 20% off retail price less \$120 allowance	Up to \$53
<b>LENS OPTIONS</b>		
Anti Reflective Coating - Standard	\$45	Not covered
Polycarbonate - Standard	\$40	Not covered
Polycarbonate - Standard < 19 years of age	\$40	Not covered
Scratch Coating - Standard Plastic	\$0 copay	Up to \$5
Tint - Solid or Gradient	\$15	Not covered
UV Treatment	\$15	Not covered
All Other Lens Options	20% off retail price	Not covered
<b>CONTACT LENSES</b>		
Contacts - Conventional	\$0 copay; 15% off balance over \$120 allowance	Up to \$100
Contacts - Disposable	\$0 copay; 100% of balance over \$120 allowance	Up to \$100
Contacts - Medically Necessary	\$0 copay; paid in full	Up to \$210
<b>OTHER</b>		
Hearing Care from Amplifon network	Discounts on hearing exam and aids; call 1.877.203.0675	Not covered
Lasik or PRK From U.S. Laser Network	15% off retail or 5% off promo price; call 1.800.988.4221	Not covered
<b>FREQUENCY</b>		
Exam	<b>ALLOWED FREQUENCY - ADULTS</b> Once every calendar year	<b>ALLOWED FREQUENCY - KIDS</b> Once every calendar year
Frame	Once every other calendar year	Once every other calendar year
Lenses	Once every calendar year	Once every calendar year
Contact Lenses	Once every calendar year	Once every calendar year

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

EyeMed reserves the right to make changes to the products available on each tier. All providers are not required to carry all brands on all tiers. For current listing of brands by tier, call 866.939.3633. No benefits will be paid for services or materials connected with or charges arising from: medical or surgical treatment, services or supplies for the treatment of the eye, eyes or supporting structures; Refraction, when not provided as part of a Comprehensive Eye Examination; services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Anisokonic lenses; any Vision Examination or any corrective Vision Materials required by a Policyholder as a condition of employment; safety eyewear, solutions, cleaning products or frame cases; non-prescription sunglasses; plano (non-prescription) lenses; plano (non-prescription) contact lenses; two pair of glasses in lieu of bifocals; electronic vision devices; services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order; or lost or broken lenses, frames, glasses, or contact lenses that are replaced before the next Benefit Frequency when Vision Materials would next become available. Fees charged by a Provider for services other than a covered benefit and any local, state or Federal taxes must be paid in full by the Insured Person to the Provider. Such fees, taxes or materials are not covered under the Policy. Allowances provide no remaining balance for future use within the same Benefit Frequency. Some provisions, benefits, exclusions or limitations listed herein may vary by state. Fees charged by a Provider for services other than a covered benefit and any local, state or Federal taxes must be paid in full by the Insured Person to the Provider. Such fees, taxes or materials are not covered under the Policy. Allowances provide no remaining balance for future use within the same Benefit Frequency. Some provisions, benefits, exclusions or limitations listed herein may vary by state. Plan discounts cannot be combined with any other discounts or promotional offers. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see online provider locator to determine which participating providers have agreed to the discounted rate. Underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, Policy number VC-19, form number M-9083, or Policy number VC-146, form number M-9184, in New York underwritten by Fidelity Security Life Insurance Company of New York, Policy Number VCN-1, form number MN-1, or Policy Number VCN-19, form number MN-28. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer.

# Ready to live your best EyeMed life?

There's so much more to your vision benefits than copays and coverage. Get ready to see the good stuff for yourself.

## Your network is the place to start

See who you want, when you want. You have thousands of providers to choose from – independent eye doctors, your favorite retail stores, even online options.

## Keep your eyes open for extra discounts

Members already save an average 71% off retail using their EyeMed benefits,<sup>1</sup> but our long list of special offers takes benefits even further.

## Remember, you're never alone

We're always here to help you use your benefits like a pro. Stay in-the-know with text alerts or healthy vision resources from the experts. If it can make benefits easier for you, we do it.

<sup>1</sup>Based on weighted average of sample transactions: EyeMed Insight network/\$10 exam copay/\$10 materials copay/\$120 frame or contact lens allowance.



eye  
Med



## Create a member account at [eyemed.com](https://eyemed.com)

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



**BOOST YOUR SAVINGS**

**\$20 OFF**  
**at ContactsDirect.com**

Good things happen when you use your benefits at ContactsDirect.com

Save \$20 off your next order of contacts (and free shipping!) above and beyond your regular contact lens benefit. Just create an account at ContactsDirect.com and an extra \$20 will be deducted at checkout. No coupons. No codes. No problem.

SPECIAL CONTACTS OFFER FOR EYEMED MEMBERS

**Extra \$20 off contacts and free shipping at ContactsDirect**

**01**

Register at ContactsDirect.com using your EyeMed member information

**02**

Log in when shopping for contacts

**03**

We'll apply your savings automatically and take another \$20 off

**contactsdirect**

Expiration dates may vary. Log into your member account at [eyemed.com](http://eyemed.com) for full offer exclusions and expiration details. Offer valid for select EyeMed groups. Must be an active enrolled EyeMed member to redeem. No promo or coupon code needed. One time use only. Must be combined with your EyeMed vision benefits, which can be applied online in the cart at ContactsDirect. May not be combined with other offers. Valid prescription required. Void where prohibited by law. No cash value. Some exclusions may apply. Offer subject to change.

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# Medical Premiums

## *Medical Plan Premiums*

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

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

## *Dental Plan Premiums*

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

## *Vision Plan Premiums*

Per Pay Period		
Vision Plan	24 Pay	22 Pay
Employee Only	\$1.00	\$1.09
Employee + Child	\$3.00	\$3.27
Employee + Spouse	\$3.00	\$3.27
Employee + Family	\$5.00	\$5.45



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

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

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

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

## **Election Changes**

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

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

## **Reimbursement Schedule**

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

## **Online Access**

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

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

## **Health Care Reimbursement**

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

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

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

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

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

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

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

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

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

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

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

## **How to Receive Reimbursement**

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

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

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

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

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

### **Ineligible Expenses:**

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

## **Forfeiting Funds**

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

## How to Enroll in our FSA Plan

### Step 1

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

### Step 2

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

## How the Flexible Benefit Plan Works

	Without FSA	With FSA
Gross Monthly Income	\$2,500.00	\$2,500.00
Eligible Pre-Tax employer medical insurance	\$0.00	\$200.00
Eligible Pre-Tax medical expenses	\$0.00	\$60.00
Eligible Pre-Tax dependent child care expenses	\$0.00	\$300.00
<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!





# 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)



# 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 for Schools: (FBALYCS)**

**Employer ID for Nutrition: (FBALCSN)**

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.	<ol style="list-style-type: none"> <li>1. \$0</li> <li>2. \$2,500</li> <li>3. \$0</li> <li>4. \$5,000</li> </ol>
<b>Second and Third Surgical Opinions.</b> Covers written opinions received after a Positive Diagnosis and before surgery. No Lifetime Maximum	Incurred Expenses
<b>Non-Local Transportation.</b> Payable for transportation to a Hospital, clinic or treatment center which is more than 60 miles and less than 700 miles from a Covered Person's home. No Lifetime Maximum	Actual billed charges by a common carrier or .50¢ per mile if a personal vehicle is used
<b>Adult Companion Lodging and Transportation.</b> Payable for one adult companion to stay with a Covered Person who is confined in a Hospital that is more than 60 miles and less than 700 miles from his or her home. Covered expenses include a single room in a motel or hotel up to 60 days per confinement; and the actual billed charge of round trip coach fare by a common carrier or a mileage allowance for the use of a personal vehicle. This benefit is not payable for lodging expense incurred more than 24 hours before the treatment nor for lodging expense incurred more than 24 hours following treatment. No Lifetime Maximum	Up to \$75 per day for lodging .50¢ per mile if a personal vehicle is used
<b>Ambulance.</b> For ambulance service if the Covered Person is taken to a Hospital and admitted as an inpatient. No Lifetime Maximum	Incurred Expenses
<b>Surgery.</b> Covers actual surgeon's fee for an operation up to the amount listed on the schedule. Benefits for surgery performed on an outpatient basis will be 150% of the schedule benefit amount, not to exceed the actual surgeon's fees. No Lifetime Maximum	Up to \$3,000
<b>Donor Benefit Bone Marrow and Stem Cell Transplant.</b> We will pay the following benefit for the Covered Person and his or her live donor: (a) Medical expense allowance of two times the selected Hospital Confinement benefit. (b) Actual billed charges for round trip coach fare on a Common Carrier to the city where the transplant is performed; or personal automobile expense allowance of 50 cents per mile. Mileage is measured from the home of the Donor or Covered Person to the Hospital in which the Covered Person is staying. We will pay for up to 700 miles per Hospital stay. (c) Actual billed charges up to \$50 per day for lodging and meals expense for donor to remain near Hospital.	<ol style="list-style-type: none"> <li>a. \$200</li> <li>b. Actual billed charges from round trip coach fare; or personal automobile expense of .50¢ per mile</li> <li>c. Actual billed charges up to \$50 per day</li> </ol>
<b>Bone Marrow and Stem Cell Transplant.</b> We will pay Incurred Expenses per Covered Person for surgical and anesthetic charges associated with bone marrow transplant and/or peripheral stem cell transplant	Incurred Expenses to a combined lifetime maximum of \$15,000
<b>Anesthesia.</b> For services of an anesthesiologist during a Covered Person's surgery. No Lifetime Maximum. For anesthesia in connection with the treatment of skin Cancer that is not invasive melanoma. No Lifetime Maximum	Up to 25% of surgical benefit paid. \$100 max per covered person for skin cancer

Benefit	Benefit Option
<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
<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 Services.</b> Covers charges for lab work or x-rays in connection with radiation and chemotherapy treatment. Service must be performed while receiving treatment(s) in Radiation, Radioactive Isotopes Therapy, Chemotherapy, or Immunotherapy or within 30 days following a covered treatment.	Incurred Expenses up to a lifetime max of \$10,000
<b>Self-Administered Drugs.</b> We will pay the incurred expenses for self-administered chemotherapy, including hormone therapy, or immunotherapy agents. This benefit is not payable for planning, monitoring, or other agents used to treat or prevent side effects, or other procedures related to this therapy treatment. No Lifetime Maximum	Incurred Expenses up to \$4,000 per month
<b>Colony Stimulating Factors.</b> We will pay 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

Benefit	Benefit Option
<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
<b>Government or Charity Hospital.</b> Payable if the Covered Person is confined in a U. S. Government Hospital or a Hospital that does not charge for its services. Paid in place of all other benefits under the Policy. No Lifetime Maximum	\$200 per day
<b>Hairpiece.</b> We will pay the actual billed charges per Covered Person for a hairpiece when hair loss is a result of Cancer Treatment.	Actual billed charges up to a lifetime max of \$150
<b>Rental or Purchase of Durable Goods.</b> We will pay the incurred expenses for the rental or purchase of the following pieces of durable medical equipment: a respirator or similar mechanical device, brace, crutches, Hospital bed, or wheelchair. No Lifetime Maximum	Incurred Expenses up to \$1,500 per calendar year
<b>Waiver of Premium.</b> After 60 continuous days of disability due to Cancer or Specified Disease, We will waive premiums starting on the first day of policy renewal.	After 60 days
<b>Hospital Confinement.</b> Payable for each day a Covered Person is charged the daily room rate by a Hospital, for up to 60 days of continuous stay. The benefit for covered children under age 21 is two times the Covered Person's daily benefit. No Lifetime Maximum	\$100 per day

### **Other Specified Diseases Covered:**

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

### **Payment of Benefits**

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

### **Pre-Existing Condition Limitation**

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

### **Exceptions & Other Limitations**

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

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

## ***Termination of Coverage***

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

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

## ***Portability***

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

## ***Covered Persons***

**Covered Person** means any of the following:

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

## ***Child (Children)***

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

## ***Option to Add Additional Benefits Hospital Intensive Care Insurance Rider***

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

### **Benefits**

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

### **Hospital Intensive Care Confinement Benefit**

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

### **Double Benefits**

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

### **Emergency Hospitalization and Subsequent Transfer to an ICU**

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

### **Step Down Unit**

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

### Exceptions and Other Limitations

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

### Group Cancer Rate Quote

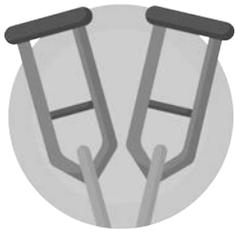
Semi-Monthly Rates				
Coverage Tier	Option 1	Option 2	Option 3	Option 4
Individual	\$8.83	\$11.69	\$9.82	\$15.45
Individual + Spouse	\$17.79	\$23.80	\$19.72	\$31.44
Individual + Child(ren)	\$12.60	\$16.60	\$13.82	\$21.68
Family	\$21.55	\$28.72	\$23.73	\$37.67

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



**This is not a Medicare Supplement Policy. If you are eligible for Medicare, see the Medicare Supplement Buyer's Guide available from the Company. This policy only covers cancer and the diseases specified above, unless the hospital intensive care rider is selected. Upon receipt of your policy, please review it and your application. If any information is incorrect, please contact:**

**Bay Bridge Administrators  
P.O. Box 161690 | Austin, Texas 78716 | 1-800-845-7519**



# Accident Plan



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

## Plan Features

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

## Eligibility

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

## Benefits for 24-Hour Coverage

Accident/Injury	Benefit Amount
Accident Follow-Up Treatment	\$100
Ambulance	\$200
Air	\$1,000
Appliance	\$150
Blood, Plasma and Platelets	\$300
Burns – Flat Amount for:	
• Third-Degree 35 or more sq. inches	\$10,000
• Third-Degree 9 to 34 sq. Inches	\$1,500
• Second-Degree for 36% or more of body	\$750
Concussion	\$100
Dislocations	
• Open reduction	Up to \$4,000
• Closed reduction	Up to \$2,000
Doctor's Office Visit (Including Urgent Care & Walk-In Clinic)	\$100
Emergency Dental Benefit	
• Extraction	\$50
• Crown	\$150
Emergency Room Treatment	\$200
Eye Injury	\$200
Fractures	
• Open reduction	Up to \$7,500
• Closed reduction	Up to \$3,750
• Chips	25% of closed amount
Health Screening Benefit (one per person per year)	\$50
Herniated Disc	\$600
Hospital Admission	\$1,500
Hospital Confinement (per day up to 365 days)	\$200

## Benefits for 24- Hour Coverage - Continued

Accident/Injury	Benefit Amount
Hospital ICU (per day up to 15 days)	\$400
Laceration	Up to \$800
Lodging (per night up to 30 days)	\$100
Loss of finger, toe, hand, foot or sight of an eye	\$15,000
• Loss of both hands, feet, sight of both eyes or any combination of two or more losses	\$7,500
• Loss of one hand, foot or sight of one eye	\$1,500
• Loss of two or more fingers, toes or any combination of two or more losses	\$750
• Loss of one finger or one toe	\$50
Physical Therapy (per visit, up to six visits)	\$50
Prosthetic Device or Artificial Limb	
• More than one	\$1,000
• One	\$500
Skin Grafts	25% of burn benefit
Surgery	
• Open, abdominal, thoracic	\$1,250
• Exploratory	\$125
Tendon/Ligament/Rotator Cuff	
• Repair of more than one	\$1,200
• Repair of one	\$800
• Exploratory without repair	\$200
Torn Knee Cartilage	\$500
• Exploratory	\$100
Transportation (100 miles up to three trips)	\$375

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

## Additional Benefits

### Health Screening Benefit

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

#### Eligible tests include:

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

## Trustmark Accident Semi-Monthly Rates

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



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



# Group Hospital Indemnity Plan



## Plan Description

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

## Plan Features

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

## Eligibility

### Issue Ages

Employee 18-64

Spouse 18-64

Children under age 26

## Spouse & Dependent Children Coverage Available

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

## Guaranteed-Issue

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

## Portability

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

## Benefits

### Hospital Confinement (per day)

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

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

### Hospital Admission (per confinement)

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

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

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

### Anesthesia Benefits

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

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

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

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

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

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

## Limitations & Exclusions

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

## Exclusions

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

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

## Aflac Group Hospital Indemnity Rates

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





# Group Critical Illness Plan

without Cancer



## Plan Features

- Benefits are paid directly to you, unless otherwise assigned
- Benefit amounts are available up to \$50,000 for employees and up to \$30,000 for spouses
- Dependent children are covered at 50% of the primary insured's amount at no additional charge
- 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
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 – Semi-Monthly Rates

## NON-TOBACCO: Employee

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

## NON-TOBACCO: Spouse

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

## TOBACCO: Employee

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

## TOBACCO: Spouse

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



Continental American Insurance Company

Columbia, South Carolina

Toll Free: 800.433.3036

Website: [aflacgroupinsurance.com](http://aflacgroupinsurance.com)



# Group Critical Illness Plan

## with Cancer



### Plan Features

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

### Underwriting Guidelines – Guaranteed- Issue

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

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

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

### Individual Eligibility

Issue Ages:

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

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

### Spouse Coverage Available

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

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

### Waiver of Premium

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

### Portability

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

### Successor Insured Benefit

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

## Group Critical Illness Benefits

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

### Initial Diagnosis+

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

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

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

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

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

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

### Additional Diagnosis+

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

### Reoccurrence+

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

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

## Health Screening Benefit

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

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

- Stress test on a bicycle or treadmill
- Bone marrow testing
- Breast ultrasound
- CA 15-3 (blood test for breast cancer)
- CA 125 (blood test for ovarian cancer)
- CEA (blood test for colon cancer)
- Chest X-ray
- Colonoscopy
- Flexible sigmoidoscopy
- Hemoccult stool analysis
- Mammography
- Pap smear
- PSA (blood test for prostate cancer)
- Serum protein electrophoresis (blood test for myeloma)
- Fasting blood glucose test, blood test for triglycerides, or serum cholesterol test to determine level of HDL and LDL
- Thermography
- DNA stool analysis
- Spiral CT screening for lung cancer

## Optional Benefits Rider

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

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

# 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 and 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

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

### 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.

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. Policy Form Number C21100VA.

## Notices

This booklet is a brief description of coverage, not a contract. Read your certificate carefully for exact plan language, terms, and conditions. Policy Form Number C1100VA and C80100VA. 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 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.

AGC2000

EXP (10/21)

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

## NON-TOBACCO: Employee

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

## NON-TOBACCO: Spouse

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

## TOBACCO: Employee

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

## TOBACCO: Spouse

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



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# Short-Term Disability Plan



## ***Class Description***

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

## ***Disability***

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

## ***Monthly Benefit***

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

## ***Elimination Period***

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

## ***Benefit Duration***

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

## ***Basis of Coverage***

24 Hour Coverage, on or off the job

## ***Maternity Coverage***

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

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

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

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



**AMERICAN UNITED LIFE  
INSURANCE COMPANY®**  
*a ONEAMERICA® company*

**Customer Service**  
800-553-5318

**Disability Claims**  
855-517-6365  
Fax: 844-287-9499

Disability Claims Email: [Disability.Claims@oneamerica.com](mailto:Disability.Claims@oneamerica.com)  
[www.employeebenefits.aul.com](http://www.employeebenefits.aul.com)



# Long-Term Disability Plan



## **LTD Class Description**

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

## **LTD Monthly Benefit**

You can choose to **insure up to 60% of an Employee's covered basic monthly earnings to a maximum monthly benefit of \$2,000 in \$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	Semi-Monthly Rates
\$500	\$4.08
\$600	\$4.89
\$700	\$5.71
\$800	\$6.52
\$900	\$7.34
\$1,000	\$8.15
\$1,100	\$8.97
\$1,200	\$9.78
\$1,300	\$10.60
\$1,400	\$11.41
\$1,500	\$12.23
\$1,600	\$13.04
\$1,700	\$13.86
\$1,800	\$14.67
\$1,900	\$15.49
\$2000	\$16.30



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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.



# 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  
COMPANY

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

TIER 1/TIER 2 COMBO — SEMI-MONTHLY PREMIUMS									
Issue Age (ALB)	Includes additional cost for Waiver of Premium Benefit (ages 17-59) & Chronic Illness (all issue ages)								PAID UP At Attained Age
	\$ 10,000		\$ 15,000		\$ 25,000		\$ 30,000		
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	
17	4.84	5.61	6.43	7.58	9.62	11.54	11.21	13.51	65
18	5.02	5.78	6.70	7.85	10.06	11.98	11.74	14.04	65
19	5.02	5.84	6.70	7.94	10.06	12.13	11.74	14.22	65
20	5.13	6.02	6.88	8.20	10.36	12.57	12.10	14.75	65
21	5.19	6.14	6.96	8.38	10.50	12.86	12.27	15.10	65
22	5.31	6.25	7.14	8.56	10.80	13.16	12.63	15.46	65
23	5.49	6.43	7.41	8.82	11.24	13.60	13.16	15.99	65
24	5.55	6.61	7.49	9.09	11.39	14.04	13.33	16.52	65
25	5.66	6.79	7.67	9.35	11.68	14.49	13.69	17.05	65
26	5.90	6.96	8.02	9.62	12.27	14.93	14.40	17.58	65
27	6.08	7.20	8.29	9.97	12.72	15.52	14.93	18.29	65
28	6.31	7.43	8.65	10.33	13.31	16.11	15.64	19.00	65
29	6.55	7.73	9.00	10.77	13.90	16.85	16.34	19.88	65
30	6.67	8.02	9.18	11.21	14.19	17.58	16.70	20.77	65
31	7.02	8.38	9.71	11.74	15.08	18.47	17.76	21.83	65
32	7.38	8.73	10.24	12.27	15.96	19.35	18.82	22.89	65
33	7.67	9.15	10.68	12.89	16.70	20.39	19.71	24.13	65
34	7.85	9.50	10.95	13.43	17.14	21.27	20.24	25.19	65
35	8.14	9.97	11.39	14.13	17.88	22.45	21.12	26.61	65
36	8.56	10.44	12.01	14.84	18.91	23.63	22.36	28.03	65
37	9.03	10.97	12.72	15.64	20.09	24.96	23.78	29.62	65
38	9.44	11.56	13.33	16.52	21.12	26.43	25.02	31.39	65
39	10.15	12.27	14.40	17.58	22.89	28.20	27.14	33.51	65
40	10.50	12.86	14.93	18.47	23.78	29.68	28.20	35.28	65
41	11.09	13.63	15.81	19.62	25.25	31.60	29.97	37.58	65
42	11.62	14.46	16.61	20.86	26.58	33.66	31.57	40.06	65
43	12.21	15.34	17.50	22.18	28.06	35.87	33.34	42.72	65
44	13.04	16.40	18.74	23.78	30.12	38.53	35.81	45.90	65
45	13.87	17.52	19.97	25.46	32.19	41.33	38.29	49.27	65
46	14.40	18.29	20.77	26.61	33.51	43.25	39.88	51.57	66
47	14.99	19.06	21.65	27.76	34.99	45.17	41.65	53.87	67
48	15.64	19.88	22.63	29.00	36.61	47.23	43.60	56.35	68
49	16.34	20.71	23.69	30.24	38.38	49.30	45.73	58.82	69
50	16.87	21.06	24.49	30.77	39.71	50.18	47.32	59.89	70
51	17.52	22.01	25.46	32.19	41.33	52.54	49.27	62.72	71
52	18.23	22.89	26.52	33.51	43.10	54.75	51.39	65.37	72
53	19.00	23.90	27.67	35.02	45.02	57.26	53.69	68.38	73
54	19.82	25.02	28.91	36.70	47.08	60.06	56.17	71.74	74
55	20.18	25.67	29.44	37.67	47.97	61.69	57.23	73.69	75
56	20.89	26.67	30.50	39.18	49.74	64.19	59.35	76.70	76
57	22.01	27.73	32.19	40.77	52.54	66.85	62.72	79.89	77
58	23.01	29.03	33.69	42.72	55.05	70.09	65.73	83.78	78
59	23.84	30.44	34.93	44.84	57.11	73.63	68.20	88.03	79
60	23.10	29.42	33.90	43.38	55.50	71.30	66.30	85.26	80
61	24.34	30.93	35.77	45.65	58.61	75.08	70.03	89.79	81
62	25.53	32.71	37.55	48.32	61.58	79.53	73.59	95.14	82
63	26.67	34.60	39.25	51.16	64.41	84.26	76.99	100.81	83
64	28.23	36.49	41.60	53.99	68.33	88.98	81.69	106.48	84
65	29.64	38.55	43.70	57.07	71.84	94.11	85.90	112.63	85
66	31.53	40.98	46.54	60.71	76.56	100.19	91.57	119.92	86
67	33.42	43.41	49.37	64.36	81.29	106.26	97.24	127.21	87
68	35.63	46.05	52.69	68.33	86.82	112.88	103.89	135.15	88
69	38.01	49.24	56.26	73.11	92.76	120.84	111.01	144.71	89
70	40.60	52.64	60.15	78.21	99.24	129.35	118.79	154.92	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-S-3WP-D-NCV

**TEXASLIFE** INSURANCE COMPANY

TIER 1/TIER 2 COMBO — SEMI-MONTHLY PREMIUMS									
Issue Age (ALB)	Includes additional cost for Waiver of Premium Benefit (ages 17-59) & Chronic Illness (all issue ages)								PAID UP At Attained Age
	\$ 50,000		\$ 75,000		\$ 100,000		\$ 150,000		
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	
17	17.58	21.42	25.55	31.30	33.51	41.18	49.44	60.95	65
18	18.47	22.30	26.88	32.63	35.28	42.95	52.10	63.60	65
19	18.47	22.60	26.88	33.07	35.28	43.54	52.10	64.49	65
20	19.06	23.48	27.76	34.40	36.46	45.31	53.87	67.14	65
21	19.35	24.07	28.20	35.28	37.05	46.49	54.75	68.91	65
22	19.94	24.66	29.09	36.17	38.23	47.67	56.52	70.68	65
23	20.83	25.55	30.42	37.50	40.00	49.44	59.18	73.34	65
24	21.12	26.43	30.86	38.82	40.59	51.21	60.06	75.99	65
25	21.71	27.32	31.74	40.15	41.77	52.98	61.83	78.65	65
26	22.89	28.20	33.51	41.48	44.13	54.75	65.37	81.30	65
27	23.78	29.38	34.84	43.25	45.90	57.11	68.03	84.84	65
28	24.96	30.56	36.61	45.02	48.26	59.47	71.57	88.38	65
29	26.14	32.04	38.38	47.23	50.62	62.42	75.11	92.81	65
30	26.73	33.51	39.27	49.44	51.80	65.37	76.88	97.23	65
31	28.50	35.28	41.92	52.10	55.34	68.91	82.19	102.54	65
32	30.27	37.05	44.58	54.75	58.88	72.45	87.50	107.85	65
33	31.74	39.12	46.79	57.85	61.83	76.58	91.92	114.05	65
34	32.63	40.89	48.12	60.51	63.60	80.12	94.58	119.36	65
35	34.10	43.25	50.33	64.05	66.55	84.84	99.00	126.44	65
36	36.17	45.61	53.43	67.59	70.68	89.56	105.20	133.52	65
37	38.53	48.26	56.97	71.57	75.40	94.87	112.28	141.48	65
38	40.59	51.21	60.06	75.99	79.53	100.77	118.47	150.33	65
39	44.13	54.75	65.37	81.30	86.61	107.85	129.09	160.95	65
40	45.90	57.70	68.03	85.73	90.15	113.75	134.40	169.80	65
41	48.85	61.54	72.45	91.48	96.05	121.42	143.25	181.31	65
42	51.51	65.67	76.44	97.68	101.36	129.68	151.22	193.70	65
43	54.46	70.09	80.86	104.31	107.26	138.53	160.07	206.97	65
44	58.59	75.40	87.06	112.28	115.52	149.15	172.46	222.90	65
45	62.72	81.01	93.25	120.69	123.78	160.36	184.85	239.72	65
46	65.37	84.84	97.23	126.44	129.09	168.03	192.81	251.22	66
47	68.32	88.68	101.66	132.19	134.99	175.70	201.66	262.73	67
48	71.57	92.81	106.53	138.39	141.48	183.96	211.40	275.12	68
49	75.11	96.94	111.84	144.58	148.56	192.22	222.02	287.51	69
50	77.76	98.71	115.82	147.24	153.87	195.76	229.98	292.82	70
51	81.01	103.43	120.69	154.32	160.36	205.20	239.72	306.98	71
52	84.55	107.85	126.00	160.95	167.44	214.05	250.34	320.25	72
53	88.38	112.87	131.75	168.48	175.11	224.08	261.84	335.30	73
54	92.51	118.47	137.94	176.88	183.37	235.29	274.23	352.11	74
55	94.28	121.72	140.60	181.75	186.91	241.78	279.54	361.85	75
56	97.82	126.73	145.91	189.27	193.99	251.81	290.16	376.89	76
57	103.43	132.04	154.32	197.24	205.20	262.43	306.98	392.82	77
58	108.44	138.53	161.84	206.97	215.23	275.41	322.02	412.29	78
59	112.57	145.61	168.03	217.59	223.49	289.57	334.41	433.53	79
60	109.50	141.09	163.50	210.89	217.50	280.68	325.50	420.27	80
61	115.71	148.65	172.82	222.23	229.92	295.80	344.13	442.95	81
62	121.65	157.56	181.73	235.59	241.80	313.62	361.95	469.68	82
63	127.32	167.01	190.23	249.77	253.14	332.52	378.96	498.03	83
64	135.15	176.46	201.98	263.94	268.80	351.42	402.45	526.38	84
65	142.17	186.72	212.51	279.33	282.84	371.94	423.51	557.16	85
66	151.62	198.87	226.68	297.56	301.74	396.24	451.86	593.61	86
67	161.07	211.02	240.86	315.78	320.64	420.54	480.21	630.06	87
68	172.14	224.25	257.46	335.63	342.78	447.00	513.42	669.75	88
69	184.02	240.18	275.28	359.52	366.54	478.86	549.06	717.54	89
70	196.98	257.19	294.72	385.04	392.46	512.88	587.94	768.57	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-S-3WP-D-NCV

**TEXASLIFE** INSURANCE COMPANY

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

Semi-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	\$ 3.18	\$ 4,630	\$ 5.69	\$ 11,575	65	9	\$ 3.61	\$ 4,630	\$ 6.77	\$ 11,575	65
2	3.18	4,630	5.69	11,575	65	10	3.66	4,630	6.90	11,575	65
3	3.23	4,630	5.82	11,575	65	11	3.77	4,630	7.17	11,575	65
4	3.28	4,630	5.96	11,575	65	12	3.88	4,630	7.44	11,575	65
5	3.34	4,630	6.09	11,575	65	13	3.99	4,630	7.71	11,575	65
6	3.39	4,630	6.23	11,575	65	14	4.09	4,630	7.98	11,575	65
7	3.45	4,630	6.36	11,575	65	15	4.20	4,630	8.25	11,575	65
8	3.50	4,630	6.50	11,575	65	16	4.31	4,630	8.52	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.



# Identity Theft & Legal Protection

## Have You Ever



- Needed your Will prepared or updated?
- Signed a contract?
- Received a moving traffic violation?

- Worried about being a victim of identity theft?
- Been concerned about your child's identity?
- Lost your wallet?

### The LegalShield Membership Includes:

- **Dedicated Law Firm** Direct access, no call center
- **Legal Advice/Consultation** on unlimited personal issues
- **Letters/Calls** made on your behalf
- **Contracts/Documents Reviewed** up to 15 pages each
- **Residential Loan Document Assistance** for the purchase of your primary residence
- **Will Preparation** - Living Will, Health Care Power of Attorney
- **Speeding Ticket Assistance** Upload your speeding ticket from the mobile app directly to law firm (15 day waiting period)
- **IRS Audit Assistance** (begins with the tax return due April 15th of the year you enroll)
- **Trial Defense** (if named defendant/respondent in a covered civil action suit)
- **Uncontested Divorce, Separation, Adoption and/or Name Change Representation** (available 90 days after enrollment)
- **25% Preferred Member Discount** (bankruptcy, criminal charges, DUI, personal injury, etc.)
- **24/7 Emergency Access** for covered situations

### The IDShield Membership Includes:

- **1B 1 Bureau Credit Monitoring** from TransUnion with activity alerts
- **High Risk Application and Transaction Monitoring** detects fraud up to 90 days earlier than traditional credit monitoring services. We carefully watch your accounts, reorders, loans and more. If a new account is opened, you will receive an alert
- **Social Media Monitoring** for privacy and reputational risks
- **Credit Inquiry Alerts** when your Personally Identifiable Information (PII) is used to apply for bank/credit cards, utilities or rentals, and many other types of loans
- **Consultation** on any cyber security question
- **\$1 Million Protection Policy** coverage for lost wages, legal defense fees, stolen funds and more
- **Unlimited Service Guarantee** ensures that we won't give up until your identity is restored!
- **Identity Restoration** performed by Licensed Private Investigators to restore your identity to its pre-theft status.
- **24/7 Emergency Access** in the event of an identity theft emergency

  Put your law firm and identity theft protection in the palm of your hand with the LegalShield & IDShield Plus mobile apps

Plan	Family Price (24 pay period)	Individual Price (24 pay period)
LegalShield	\$9.48	\$9.48
IDShield	\$9.48	\$4.48
Combined	\$16.95	\$13.95

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

*IDShield is a product of Pre-Paid Legal Services, Inc. d/b/a LegalShield ("LegalShield"). LegalShield provides access to identity theft protection and restoration services. For complete terms, coverage and conditions, please see [www.idshield.com](http://www.idshield.com). IDShield plans are available at individual or family rates. A family rate covers the named member, named member's spouse and up to 10 dependent children under the age of 18. It also provides consultation and restoration services for dependent children ages 18 to 26. All Licensed Private Investigators are licensed in the state of Oklahoma. A \$1 million protection policy is issued through a nationally recognized carrier. LegalShield/IDShield is not an insurance carrier. Certain limitations apply. Dependent children of the named member or named member's spouse under the age of 23 who permanently live in the same residence as the named member at the time of the stolen identity event are eligible for the protection policy coverage. For a summary description of benefits for the personal identity coverage see <https://idshield.cloud/summary-of-benefits>.*



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# Continuation of Benefits

## If you Leave Employment

### ***MetLife Group Cancer Plan***

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

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

Once an employee is on the AUL disability plan for 3 months, you can port the coverage for one year without evidence of insurability. You have 31 days from your date of termination to apply for portability by calling **1-800-553-5318**.

### ***Texas Life Whole Life***

When you leave employment, you may continue your Texas Life Whole Life coverage by having the premiums that are currently deducted from your paycheck drafted from your bank account. You may do that by contacting Texas Life at **1-800-283-9233 prompt #2**.

### ***To Continue Other Plans***

You may continue your Aflac Hospital Indemnity, Aflac Critical Illness, and Trustmark Accident plans by having the premiums currently deducted from your paycheck drafted from your bank account or billed to your home.

- ***Aflac at 1-800-433-3036***
- ***Trustmark at 1-800-918-8877 opt 6***

# Contact Information

## ***Aflac***

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

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

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

## ***Flexible Benefit Administrators***

509 Viking Drive, Suite F  
P.O. Box 8188  
Virginia Beach, VA 23450  
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/>

## ***LegalShield***

One Pre-Paid Way  
Ada, OK 74820  
1-800-654-7757  
[Legalshield.com](http://Legalshield.com)

## ***MetLife***

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

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

P.O. Box 830  
Waco, TX 76703-0830  
1-800-283-9233  
[www.texaslife.com](http://www.texaslife.com)

## ***Trustmark***

Customer Care: 1-800-918-8877 opt 6  
[CustomerCare@trustmarksolutions.com](mailto:CustomerCare@trustmarksolutions.com)  
Claims Phone: 1-877-201-9373  
Fax: 508-853-2867  
[MAWorksite@Trustmarkins.com](mailto:MAWorksite@Trustmarkins.com)







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

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



300 W. Watauga Ave.  
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