



Employee Benefits Guide

Plan Year: January 1, 2023 - December 31, 2023

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



DISCLAIMER

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

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

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



Important Points

- ✓ Your plan year runs from January 1, 2023 to December 31, 2023. This means your benefit elections will take effect January 1, 2023 unless otherwise noted.
- ✓ If you wish to add or make changes to your benefit elections, you have the option of self-enrolling or speaking with a trusted Mark III Benefits Counselor during your scheduled open enrollment.
- ✓ Once the enrollment period is over, you will not be able to make changes unless you experience a qualifying life event outlined by the IRS.
- ✓ **REMINDER!** Employees must re-enroll in their Flexible Spending and Dependent Care accounts each year! It will not automatically renew.
- ✓ This benefits guide is equipped with mobile-friendly barcodes commonly referred to as QR Codes. Use your smartphone to scan the QR codes to view your benefit summaries.
- ✓ All policy information can be found on your employee benefits portal at <https://mymarkiii.com/laurenscountyschoolsga/>.



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.” Post-Tax benefits cannot be changed during the plan year without a QLE. Please contact your Group Contact for information on cancelling post-tax benefits.

Examples of QLEs

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



marriage



divorce



childbirth/
adoption



death of a
family
member



loss of
parental
coverage



spouse gains
or loses
coverage

Welcome to Your Benefits!

Mark III Employee Benefits is here to help guide you through the benefits offered by your employer. This guide is simply a brief summary of benefits offered and does not constitute a policy.



Pre-Tax Benefit Information

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

- ✓ FBA Flexible Spending Accounts
- ✓ Ameritas Dental
- ✓ Ameritas Vision
- ✓ Aflac Group Accident
- ✓ Aflac Group Hospital Indemnity

Post-Tax Benefit Information

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

- ✓ Aflac Group Critical Illness
- ✓ AUL Short-Term Disability
- ✓ AUL Long-Term Disability
- ✓ AUL Term Life
- ✓ Trustmark Universal Life
- ✓ LegalShield (Pre-Paid Legal)

How to Enroll at Open Enrollment

Onsite Enrollment

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

Self-Service Enrollment

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

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

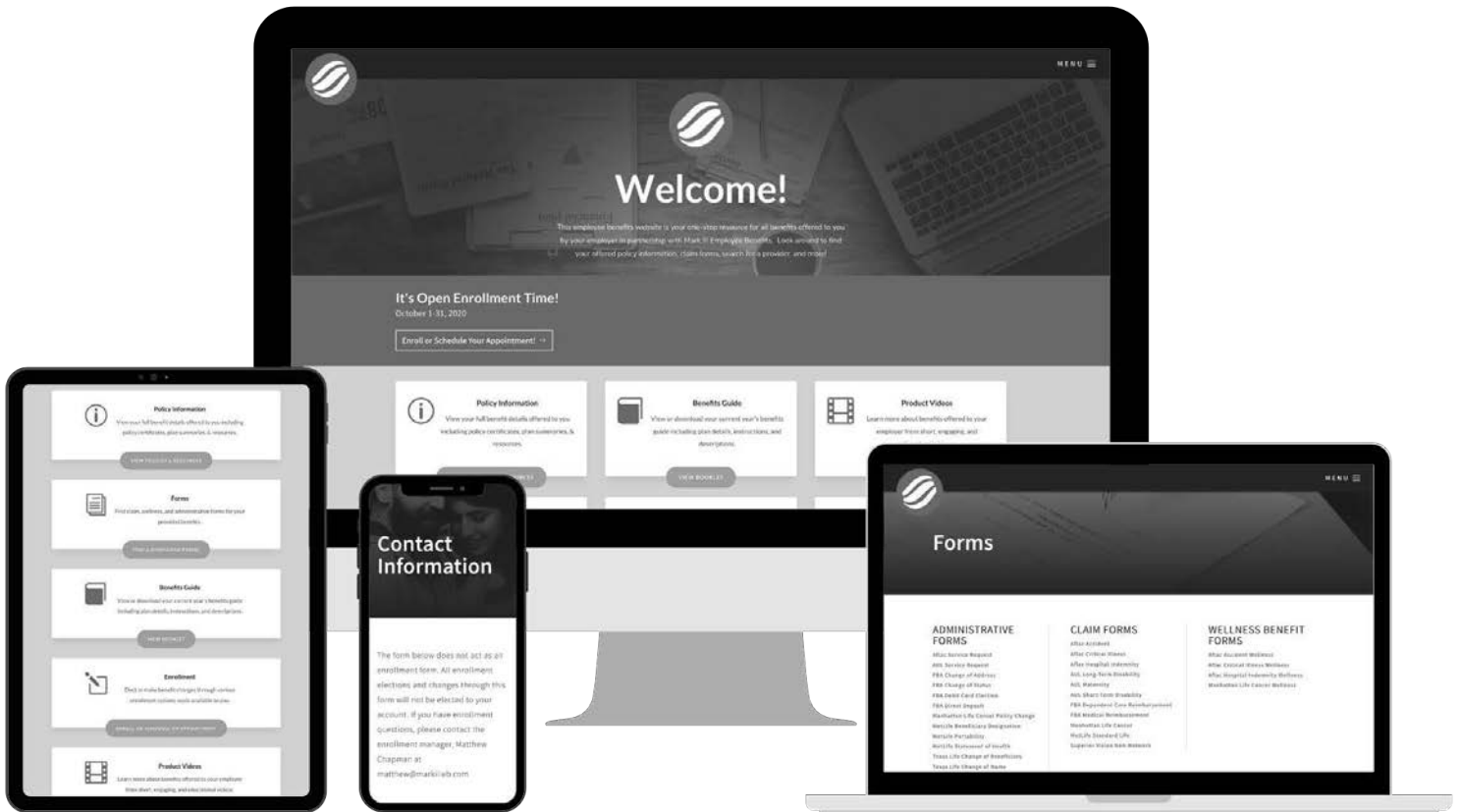
Employee Benefits Portal

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



Employee Benefits Portal

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



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



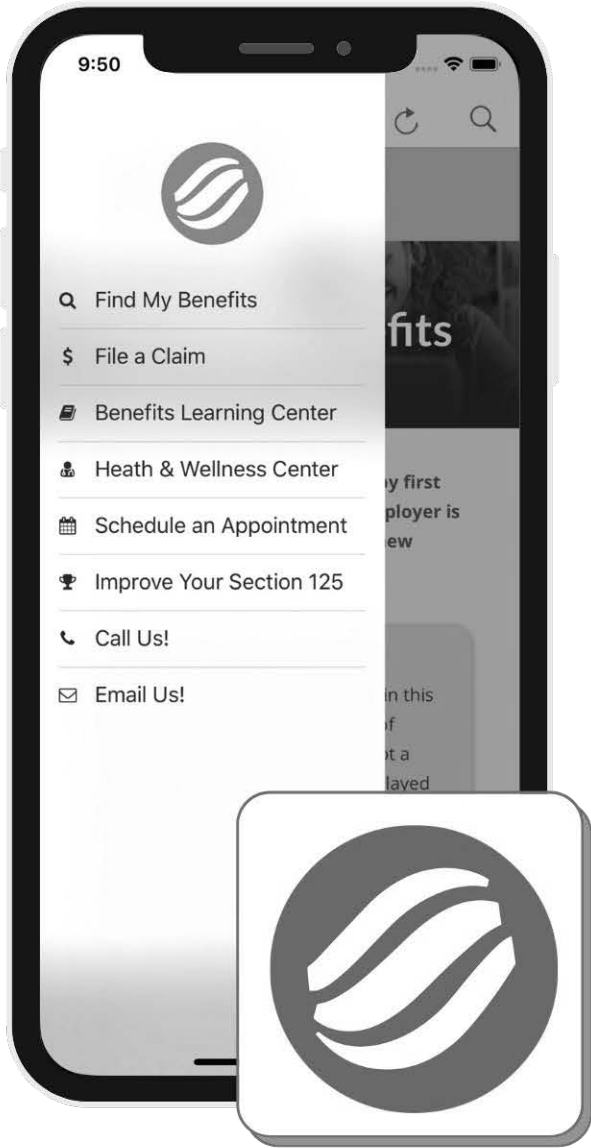
Scan me!

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

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

MyMark III Mobile App

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



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

Scan Me!



*Your Trusted Benefits
Partners at your fingertips!*



Filing a Claim

Group Aflac

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

- ✓ Aflac Group Accident Wellness Amount - **\$60**
- ✓ Aflac Group Hospital Indemnity Wellness Amount - **\$50**
- ✓ Aflac Group Critical Illness Wellness Amount - **\$100** (*Employee/Spouse Only*)

AUL Disability

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

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

Employee Benefits Portal

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

Visit: <https://mymarkiii.com/laurenscountyschoolsga/>





HEALTHY LIVING

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



Flexible Spending Account



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

Maximize Your Income

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

Eligibility

Participation in the plan begins on January 1, 2023 and ends on December 31, 2023. You will be eligible to join the Plan if you are a full-time employee working at least 20 hours or more per week. If you were hired on the 1st of the month you will be eligible on the 1st of the following month, if hired the 2nd through the last of the month you will be eligible on the next month. Those employees having a qualifying event are eligible to enroll within 30 days of the qualifying event. Deductions begin on the first pay period following your Plan start date. You must complete an enrollment to participate in the Flexible Spending Accounts each year during the enrollment period. If an enrollment is not completed during open enrollment, you will not be enrolled in the Plan and you will not be able to join until the next Plan Year or if you have a qualifying event.

The Health Care Account is a Pre-Funded Account

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

Contribution Limits: The maximum you may place in this account for the Plan Year is \$2,850.00.

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 direct deposit. You may also use your Benefits Card to pay for expenses. Please refer to the Benefits Card section for details.

Online Access

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

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

Health Care Reimbursement

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

Examples of Eligible Health Care Expenses

Fees/Co-Pays/Deductibles for:

- Acupuncture | Prescription eyeglasses/reading glasses/contact lens and supplies | Eye Exams/Laser Eye Surgery | Physician | Ambulance | Psychiatrist | Psychologist | Anesthetist | Hospital | Chiropractor | Laboratory/Diagnostic | Fertility Treatments | Surgery | Dental/Orthodontic Fees | Obstetrician | X-Rays | Eye Exams | Prescription Drugs | Artificial limbs & teeth | Orthopedic shoes/inserts | Therapeutic care for drug & alcohol addiction | Vaccinations & Immunizations | Mileage | Take-home screening kits

Diabetic supplies | Routine Physicals | Oxygen | Physical Therapy | Hearing aids & batteries | Medical equipment | Antacids | Pain relievers | Allergy & Sinus Medication

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

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

Day Care/Aged Adult Care Reimbursement

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

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

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

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

How to Receive Reimbursement

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

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

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

Eligible Day Care/Aged Adult Expenses

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

Ineligible Expenses:

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

Forfeiting Funds

Plan carefully! Unused funds will be forfeited back to your employer as governed by the IRS's "use-it-or-lose-it" rule. Your employer has elected to adopt the IRS offered 2 month 15-day grace period. Please see the Employee Guide for more information.

How to Enroll in our FSA Plan

Step 1

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

Step 2

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

How the Flexible Benefit Plan Works

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

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

Online Wealthcare Portal

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

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

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



Benefits Card

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

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

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



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



Dental Plan



LOW Dental Plan Summary	
Type 1 - Preventive	100%
Type 2 - Basic	80%
Type 3 - Major	50%
Deductible	\$50/Calendar Year Type 2 & 3 Waived Type 1, \$150 Family
Maximum (per person)	\$500 per calendar year
Preventive Plus SM	Included
Allowance	80 th U&C
Dental Rewards [®]	Included
Waiting Period	6 months - Type 3 New Enrollees Only
Annual Open Enrollment	Included

HIGH Dental Plan Summary	
Type 1 - Preventive	100%
Type 2 - Basic	90%
Type 3 - Major	60%
Deductible	\$50/Calendar Year Type 2 & 3 Waived Type 1, \$150 Family
Maximum (per person)	\$2,000 per calendar year
Preventive Plus SM	Included
Allowance	80 th U&C
Dental Rewards [®]	Included
Waiting Period	6 months - Type 3 New Enrollees Only
Annual Open Enrollment	Included

Orthodontia Summary – Adult and Child Coverage (HIGH PLAN ONLY)	
Allowance	U&C
Plan Benefit	50%
Lifetime Maximum (per person)	\$2,000
Waiting Period	6 months New Enrollees Only

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

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

Ameritas Information

We're Here to Help! This plan was designed specifically for the associates of Laurens County Schools. Our customer relations associates will be pleased to assist you 7 a.m. to midnight (Central Time) Monday through Thursday, and 7 a.m. to 6:30 p.m. on Friday. You can speak to them by calling toll-free: 800-487-5553. For plan information any time, access our automated voice response system or go online to ameritas.com.

Dental Rewards

This dental plan includes a valuable feature that allows qualifying plan members to carryover part of their unused annual maximum. A member earns dental rewards by submitting at least one claim for dental expenses incurred during the benefit year, while staying at or under the threshold amount for benefits received for that year. In addition, a person earning dental rewards who submits a claim for services received through the dental network earns an extra reward, called the PPO Bonus. Employees and their covered dependents may accumulate rewards up to the stated maximum carryover amount, and then use those rewards for any covered dental procedures subject to applicable coinsurance and plan provisions. If a plan member doesn't submit a dental claim during a benefit year, all accumulated rewards are lost. But he or she can begin earning rewards again the very next year.

	LOW	HIGH	
Benefit Threshold	\$250	\$750	Dental benefits received for the year cannot exceed this amount
Annual Carryover Amount	\$125	\$400	Dental Rewards amount is added to the following year's maximum
Annual PPO Bonus	\$50	\$200	Additional bonus is earned if the member sees a network provider
Maximum Carryover	\$500	\$1,200	Maximum possible accumulation for Dental Rewards & PPO combined

Type 3 Waiting Period – New Enrollees Only

The group of initial employees who enroll in this plan have no waiting period for Type 3 benefits. Anyone hired after the initial plan enrollment will have a 6-month waiting period, after they enroll in this dental plan, before they are eligible to receive Type 3 benefits.

Preventive Plus SM

With this plan option, benefits for Type 1/Preventive procedures are not deducted from the plan member's annual maximum benefit. This saves the entire annual maximum for the Type 2/Basic and Type 3/Major procedures that are covered by your plan.

Orthodontia Waiting Period – New Enrollees Only

The group of initial employees who enroll in this plan have no waiting period for orthodontia benefits. Anyone hired after the initial plan enrollment will have a 6-month waiting period, after they enroll in this dental plan, before they are eligible to receive orthodontia benefits.

Dental Network Information

To find a provider, visit ameritas.com and select **FIND A PROVIDER**, then **DENTAL**. Enter your criteria to search by location or for a specific dentist or practice. California Residents: When prompted to select your network, choose the Ameritas Network found on your ID Card or contact Customer Connections at 800-487-5553. If you have any questions about the PPO or the plan, please call Ameritas Claims Department at 1-800-487-5553.

Pretreatment

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

Open Enrollment

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

Ameritas Member Portal

Dental benefits can help boost your physical and financial health. Find out how to get the most from your plan by scanning the QR code with your smartphone. It's that easy!



Ameritas Dental 12 Month Rates		
Covered	LOW Plan	HIGH Plan
Employee Only	\$32.12	\$51.64
Employee + Spouse	\$62.64	\$101.04
Employee + Child(ren)	\$65.64	\$105.96
Family	\$91.84	\$148.60



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



Vision Plan



Low Plan VSP Focus® Plan Summary

	VSP Choice Network + Affiliates	Out-of-Network
Deductibles	\$10 Exam \$20 Eye Glass Lenses or Frames*	\$10 Exam \$25 Eye Glass Lenses or Frames
Annual Eye Exam	Covered in Full	Up to \$45
Lenses (per pair)		
Single Vision	Covered in Full	Up to \$30
Bifocal	Covered in Full	Up to \$50
Trifocal	Covered in Full	Up to \$65
Lenticular	Covered in Full	Up to \$100
Progressive	See lens options	N/A
Contact Lenses		
Medically Necessary	Covered in Full	Up to \$210
Cosmetic (Elective)	Up to \$105	Up to \$105
Contacts		
Fit & Follow Up Exams	Member cost up to \$60	No Benefit
Frames	\$120**	Up to \$70
Frequencies (months)	12/12/24	12/12/24
Exam/Lens/Frame	Calendar Year	Calendar Year

*Deductible applies to a complete pair of glasses or to frames, whichever is selected.

**The Costco, Sam's Club and Walmart allowance will be the wholesale equivalent.

Low Plan Lens Options (member cost)* effective 7/1/2020

	VSP Choice Network + Affiliates (Other than Costco, Sam's Club & Walmart)	Out-of-Network
Progressive Lenses	Up to provider's contracted fee for Lined Bifocal Lenses. The patient is responsible for the difference between the base lens and the Progressive Lens charge.	Up to Lined Bifocal allowance
STD. Polycarbonate	Covered in full for dependent children and adults	No Benefit
Solid Plastic Dye	Covered in full	No Benefit
Plastic Gradient Dye	Covered in full	No Benefit
Photochromatic Lenses (Glasses & Plastic)	\$30	No Benefit
Scratch Resistant Coating	Covered in full	No Benefit
Anti-Reflective Coating	\$43 - \$85	No Benefit
Ultraviolet Coating	\$16	No Benefit

*Lens Option member cost vary by prescription, option chosen and retail location..

Retail Chain Affiliate Providers Available With Focus Plans

Retail chain affiliate providers include Costco® Optical, Sam's Club, Walmart and Visionworks which give members added convenience and additional retail choices. Costco Optical has 400 locations across the country, while Visionworks manages nearly 400 optical stores in 37 states and DC, including well-known stores such as EyeMasters, Visionworks, Dr. Bizer's VisionWorld, Eye DRx, and Hour Eyes, to name a few. Members enjoy a covered-in-full benefit experience with equivalent frame benefit at any of these retail chain locations.

Eye Care Plan Member Service

Focus eye care from Ameritas Group features the money-saving eye care network of VSP. Customer service is available to plan members through VSP's well-trained and helpful service representatives. Call or go online to locate the nearest VSP network provider, view plan benefit information and more. VSP Call Center: 1-800-877-7195

- Service representative hours: 5 a.m. to 7 p.m. PST Monday through Friday, 6 a.m. to 2:30 p.m. PST Saturday
- Interactive Voice Response available 24/7

Locate a VSP provider at: ameritas.com. View plan benefit information at: vsp.com

Additional Focus® Choice Network Features

Contact Lenses Elective Allowance can be applied to disposables, but the dollar amount must be used all at once (provider will order 3 or 6 month supply). Applies when contacts are chosen in lieu of glasses. For plans without a separate contact fitting & evaluation (which includes follow up contact lens exams), the cost of the fitting and evaluation is deducted from the allowance.

Additional Glasses 20% off additional complete pairs of prescription glasses and/or prescription sunglasses.*
(does not apply at Costco, Sam's Club and Walmart)

Frame Discount VSP offers 20% off any amount above the retail allowance.***(does not apply at Costco, Sam's Club and Walmart)**

Laser VisionCare VSP offers an average discount of 15% off or 5% off a promotional offer for LASIK Custom LASIK and PRK. The maximum out-of-pocket per eye for members is \$1,800 for LASIK and \$2,300 for custom LASIK using Wavefront technology, and \$1,500 for PRK. In order to receive the benefit, a VSP provider must coordinate the procedure.

Low Vision With prior authorization, 75% of approved amount (up to \$1,000 is covered every two years).

*Based on applicable laws, reduced costs may vary by doctor location.

Rx Savings

Our valued plan members and their covered dependents can save on prescription medications at over 60,000 pharmacies across the nation including CVS, Walgreens, Rite Aid and Walmart. This Rx discount is offered at no additional cost, and it is not insurance. To receive this Rx discount, Ameritas plan members just need to visit us at ameritas.com and sign into (or create) a secure member account where they can access and print an online-only Rx discount savings ID card.

High Plan VSP Focus® Plan Summary

	VSP Choice Network + Affiliates	Out-of-Network
Deductibles	\$20 Exam \$25 Eye Glass Lenses or Frames*	\$20 Exam \$25 Eye Glass Lenses or Frames
Annual Eye Exam	Covered in Full	Up to \$45
Lenses (per pair)		
Single Vision	Covered in Full	Up to \$30
Bifocal	Covered in Full	Up to \$50
Trifocal	Covered in Full	Up to \$65
Lenticular	Covered in Full	Up to \$100
Progressive	See lens options	N/A
Contact Lenses		
Medically Necessary	Covered in Full	Up to \$210
Cosmetic (Elective)	Up to \$150	Up to \$120
Contacts		
Fit & Follow Up Exams	Member cost up to \$60	No Benefit
Frames	\$150**	Up to \$70
Frequencies (months)	12/12/12	12/12/12
Exam/Lens/Frame	Calendar Year	Calendar Year

*Deductible applies to a complete pair of glasses or to frames, whichever is selected.

**The Costco, Sam's Club and Walmart allowance will be the wholesale equivalent.

High Plan Lens Options (member cost)* effective 7/1/2020

	VSP Choice Network + Affiliates (Other than Costco, Sam's Club & Walmart)	Out-of-Network
Standard & Premium Progressive Lenses	\$50	Up to Lined Bifocal allowance
STD. Polycarbonate	Covered in full for dependent children & adults	No Benefit
Solid Plastic Dye	Covered in full	No Benefit
Plastic Gradient Dye	Covered in full	No Benefit
Photochromatic Lenses (Glasses & Plastic)	\$20	No Benefit
Scratch Resistant Coating	Covered in full	No Benefit
Anti-Reflective Coating	\$20	No Benefit
Ultraviolet Coating	Covered in full	No Benefit

*Lens Option member cost vary by prescription, option chosen and retail location..

Retail Chain Affiliate Providers Available With Focus Plans

Retail chain affiliate providers include Costco® Optical, Sam's Club, Walmart and Visionworks which give members added convenience and additional retail choices. Costco Optical has 400 locations across the country, while Visionworks manages nearly 400 optical stores in 37 states and DC, including well-known stores such as EyeMasters, Visionworks, Dr. Bizer's VisionWorld, Eye DRx, and Hour Eyes, to name a few. Members enjoy a covered-in-full benefit experience with equivalent frame benefit at any of these retail chain locations.

Eye Care Plan Member Service

Focus eye care from Ameritas Group features the money-saving eye care network of VSP. Customer service is available to plan members through VSP's well-trained and helpful service representatives. Call or go online to locate the nearest VSP network provider, view plan benefit information and more.

VSP Call Center: 1-800-877-7195

- Service representative hours: 5 a.m. to 7 p.m. PST Monday through Friday, 6 a.m. to 2:30 p.m. PST Saturday
- Interactive Voice Response available 24/7

Locate a VSP provider at: ameritas.com. View plan benefit information at: vsp.com

Additional Focus® Choice Network Features

Contact Lenses Elective

Allowance can be applied to disposables, but the dollar amount must be used all at once (provider will order 3 or 6 month supply). Applies when contacts are chosen in lieu of glasses. For plans without a separate contact fitting & evaluation (which includes follow up contact lens exams), the cost of the fitting and evaluation is deducted from the allowance.

Additional Glasses

20% off additional complete pairs of prescription glasses and/or prescription sunglasses.*

(does not apply at Costco, Sam's Club and Walmart)

Frame Discount

VSP offers 20% off any amount above the retail allowance.*

(does not apply at Costco, Sam's Club and Walmart)

Laser VisionCare

VSP offers an average discount of 15% off or 5% off a promotional offer for LASIK Custom LASIK and PRK. The maximum out-of-pocket per eye for members is \$1,800 for LASIK and \$2,300 for custom LASIK using Wavefront technology, and \$1,500 for PRK. In order to receive the benefit, a VSP provider must coordinate the procedure.

Low Vision

With prior authorization, 75% of approved amount (up to \$1,000 is covered every two years).

**Based on applicable laws, reduced costs may vary by doctor location.*

Rx Savings

Our valued plan members and their covered dependents can save on prescription medications at over 60,000 pharmacies across the nation including CVS, Walgreens, Rite Aid and Walmart. This Rx discount is offered at no additional cost, and it is not insurance. To receive this Rx discount, Ameritas plan members just need to visit us at ameritas.com and sign into (or create) a secure member account where they can access and print an online-only Rx discount savings ID card.

VSP Focus® Plan Rates

Insureds	Low Option Monthly Rates	High Option Monthly Rates
Employee	\$5.96	\$9.92
Employee & Spouse	\$12.68	\$19.84
Employee & Child(ren)	\$13.28	\$22.72
Family	\$17.96	\$30.96



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Vision Plan



Low Plan EyeMed ViewPointe® Plan A Summary

	EyeMed Access Network	Out-of-Network
Deductibles	\$10 Exam \$20 Eye Glass Lenses or Frames	No Deductible
Annual Eye Exam	Covered in Full	Up to \$35
Lenses (per pair)		
Single Vision	Covered in Full	Up to \$25
Bifocal	Covered in Full	Up to \$40
Trifocal	Covered in Full	Up to \$55
Lenticular	20% discount	No Benefit
Progressive	See lens options	N/A
Contact Lenses		
Medically Necessary	Covered in Full	Up to \$200
Cosmetic (Elective)	Up to \$100	Up to \$80
Contacts Fit & Follow Up Exams		
Standard	Covered in Full	Up to \$40
Premium (Allowance)	10% discount + \$55 Allowance	Up to \$40
Frames	\$130	Up to \$65
Frequencies (months)	12/12/24	12/12/24
Exam/Lens/Frame	Calendar Year	Calendar Year

Low Plan Lens Options (member cost) effective 7/1/2020

	EyeMed Access Network	Out-of-Network
Progressive Lenses		
Standard	Standard: \$65 + lens deductible	No Benefit
Premium	Premium: lens cost -20% discount, -\$120 allowance, + Standard Progressive cost	No Benefit
STD. Polycarbonate	\$40 – adults Covered in full - children	No Benefit
Tint (solid and gradient)	Covered in full	No Benefit
Scratch Resistant Coating	Covered in full	No Benefit
Photochromatic/Transition Lenses	\$40	No Benefit
Anti-Reflective Coating	\$45	No Benefit
Ultraviolet Coating	\$15	No Benefit
LASIK or PRK	Average discount of 15% off retail price or 5% off promotional price at US Laser Network participating providers.	No Benefit

EyeMed Plan Member Service

Focus eye care from Ameritas Group features the money-saving eye care network of VSP. Customer service is available to plan members through VSP's well-trained and helpful service representatives. Call or go online to locate the nearest VSP network provider, view plan benefit information and more. VSP Call Center: 1-800-877-7195

- Service representative hours: 5 a.m. to 7 p.m. PST Monday through Friday, 6 a.m. to 2:30 p.m. PST Saturday
- Interactive Voice Response available 24/7

Locate a VSP provider at: ameritas.com. View plan benefit information at: vsp.com

Additional EyeMed Network Features

EyeMed In-Network Discount 15% discount off the remaining balance in excess of the conventional contact lens allowance. 20% discount off the remaining balance in excess of the frame allowance. 20% discount on items not covered by the plan at network providers, which may not be combined with any other discounts or promotional offers. This discount does not apply to EyeMed Provider's professional services, or contact lenses.

EyeMed In-Network Secondary Purchase Plan Members receive a 40% discount on a complete pair of glasses once the funded benefit has been exhausted. Members receive a 15% discount off the retail price on conventional contact lenses once the funded benefit has been exhausted. Discount applies to materials only.

Contact Lens Replacement by Mail Program After exhausting the contact lens benefit, replacement lenses may be obtained at significant discounts on-line. Visit EyeMedvisioncare.com for details.

High Plan EyeMed ViewPointe® Plan H Summary

	EyeMed Access Network	Out-of-Network
Deductibles	\$20 Exam \$20 Eye Glass Lenses or Frames	No Deductible
Annual Eye Exam	Covered in Full	Up to \$35
Lenses (per pair)		
Single Vision	Covered in Full	Up to \$25
Bifocal	Covered in Full	Up to \$40
Trifocal	Covered in Full	Up to \$55
Lenticular	20% discount	No Benefit
Progressive	See lens options	N/A
Contact Lenses		
Medically Necessary	Covered in Full	Up to \$200
Cosmetic (Elective)	Up to \$150	Up to \$120
Contacts Fit & Follow Up Exams		
Standard	Member cost up to \$55	No Benefit
Premium (Allowance)	10% off retail	No Benefit
Frames	\$150	Up to \$75
Frequencies (months)	12/12/12	12/12/12
Exam/Lens/Frame	Calendar Year	Calendar Year

High Lens Options (member cost) effective 7/1/2020

	EyeMed Access Network	Out-of-Network
Progressive Lenses		
Standard	Covered in full	No Benefit
Premium		
STD. Polycarbonate	\$20 – adults Covered in full - children	No Benefit
Tint (solid and gradient)	Covered in full	No Benefit
Scratch Resistant Coating	Covered in full	No Benefit
Photochromatic/Transition Lenses	\$20	No Benefit
Anti-Reflective Coating	Covered in full	No Benefit
Ultraviolet Coating	Covered in full	No Benefit
LASIK or PRK	Average discount of 15% off retail price or 5% off promotional price at US Laser Network participating providers.	No Benefit

EyeMed Plan Member Service

Focus eye care from Ameritas Group features the money-saving eye care network of VSP. Customer service is available to plan members through VSP's well-trained and helpful service representatives. Call or go online to locate the nearest VSP network provider, view plan benefit information and more.

VSP Call Center: 1-800-877-7195

- Service representative hours: 5 a.m. to 7 p.m. PST Monday through Friday, 6 a.m. to 2:30 p.m. PST Saturday
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Locate a VSP provider at: ameritas.com

View plan benefit information at: vsp.com

Additional EyeMed Network Features

EyeMed In-Network Discount 15% discount off the remaining balance in excess of the conventional contact lens allowance. 20% discount off the remaining balance in excess of the frame allowance. 20% discount on items not covered by the plan at network providers, which may not be combined with any other discounts or promotional offers. This discount does not apply to EyeMed Provider's professional services, or contact lenses.

EyeMed In-Network Secondary Purchase Plan Members receive a 40% discount on a complete pair of glasses once the funded benefit has been exhausted. Members receive a 15% discount off the retail price on conventional contact lenses once the funded benefit has been exhausted. Discount applies to materials only.

Contact Lens Replacement by Mail Program After exhausting the contact lens benefit, replacement lenses may be obtained at significant discounts on-line. Visit EyeMedvisioncare.com for details.

EyeMed ViewPointe® Plan H Rates

Insureds	Low Option Monthly Rates	High Option Monthly Rates
Employee	\$5.96	\$9.92
Employee & Spouse	\$12.68	\$19.84
Employee & Child(ren)	\$13.28	\$22.72
Family	\$17.96	\$30.96

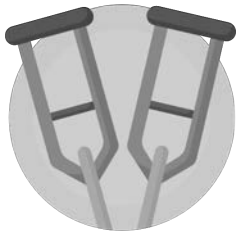


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STAY WELL

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



Group Accident Plan



Plan Features

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

Eligibility (Issue Ages)

- Employee at least age 18
- Spouse at least age 18
- Children under age 26

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

Guaranteed-Issue

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

Portability

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

Accident Benefits – High Option

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

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

Complete Dislocations

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

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

Paralysis

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

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

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

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

Lacerations

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

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

Injuries Requiring Surgery

Eye Injuries (treatment & surgery within 90 days)	\$250
Removal of foreign body from eye (requiring no surgery)	\$50
Tendons/Ligaments* (treatment within 60 days, surgical repair within 90 days) <ul style="list-style-type: none"> • Single • Multiple 	\$400 \$600
If the insured fractures a bone or dislocates a joint, and tears, severs, or ruptures a tendon or ligament in the same accident, we will pay one benefit. We will pay the largest of the scheduled benefit amounts for fractures, dislocations, or tendons and ligaments.	
Ruptured Disc (treatment within 60 days, surgical repair within one year) <ul style="list-style-type: none"> • Injury occurs during first certificate year • Injury occurs after first certificate year 	\$100 \$400
Torn Knee Cartilage (treatment within 60 days, surgical repair within one year) <ul style="list-style-type: none"> • Injury occurs during first certificate year • Injury occurs after first certificate year 	\$100 \$400

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

Second Degree <ul style="list-style-type: none">Less than 10% of body surface coveredAt least 10%, but not more than 25% of body surface coveredAt least 25%, but not more than 35% of body surface coveredMore than 35% of body surface covered	\$100 \$200 \$500 \$1,000
Third Degree <ul style="list-style-type: none">Less than 10% of body surface coveredAt least 10%, but not more than 25% of body surface coveredAt least 25%, but not more than 35% of body surface coveredMore than 35% of body surface covered	\$1,000 \$5,000 \$10,000 \$20,000
Concussion (A concussion or Mild Traumatic Brain Injury (MTBI) is defined as a disruption of brain function resulting from a traumatic blow to the head. (Note: Concussion and MTBI are used interchangeably. The concussion must be diagnosed by a doctor.)	\$200
Coma (state of profound unconsciousness lasting 30 days or more)	\$10,000
Internal Injuries (resulting in open abdominal or thoracic surgery)	\$1,000
Exploratory Surgery (without repair. i.e. arthroscopy)	\$250
Emergency Dental Work (injury to sound, natural teeth) <ul style="list-style-type: none">Repaired with crownResulting in extractions	\$150 \$50

Medical Fees (for each accident)

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

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

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

Emergency Room Treatment

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

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

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

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

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

Emergency Room Observation Benefit

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

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

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

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

Accident Follow-Up Treatment	\$25
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We will pay the amount shown for up to six treatments per covered accident, per covered person. The insured must have received initial treatment within 14 days of the accident, and the follow-up treatment must begin within 30 days of the covered accident or discharge from the hospital.

Physical Therapy	\$25
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We will pay the amount shown for up to six treatments (one per day) per covered accident, per covered person for treatment from a physical therapist. A physician must prescribe the physical therapy. The insured must have received initial treatment within 14 days of the accident, and physical therapy must begin within 30 days of the covered accident or discharge from the hospital. Treatment must take place within six months after the accident. This benefit is not payable for the same visit that the Accident Follow-up Treatment benefit is paid.

Air Ambulance	\$500
Ambulance	\$100

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

<i>Transportation (within 90 days)</i>	
Train or Plane	\$300
Bus	\$150

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

Blood/Plasma	\$100
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If the insured receives blood and plasma within 90 days following a covered accident, we will pay the amount shown.

Prosthesis	\$500
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If a covered accident requires the use of a prosthetic device, we will pay the amount shown. Hearing aids, wigs, or dental aids—including false teeth—are not covered.

Appliance	\$100
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We will pay the amount shown for use of a medical appliance due to injuries received in a covered accident. Benefits are payable for crutches, wheelchairs, leg braces, back braces, and walkers.

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

Wellness	\$60
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This benefit is payable while coverage is in force. This benefit is only payable for Wellness Tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations. We will pay the amount shown once each 12-month period for each covered person for the following:

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

Hospital Admission	\$1,000
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We will pay the amount shown, when because of a covered accident, the insured:

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

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

Hospital Confinement (per day)	\$200
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We will pay the amount shown when, because of a covered accident, the insured:

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

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

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

Hospital Intensive Care (per day)	\$400
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We will pay the amount shown when, because of a covered accident, the insured:

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

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

Accidental Death & Dismemberment (within 90 days)

	Employee	Spouse	Children
Accidental Death	\$50,000	\$10,000	\$5,000
Accidental Common Carrier Death	\$100,000	\$50,000	\$15,000
Single Dismemberment	\$12,500	\$5,000	\$2,500
Double Dismemberment	\$25,000	\$10,000	\$5,000
Loss of One or More Fingers or Toes	\$1,250	\$500	\$250
Partial Amputation of Finger(s) of Toe(s) (including at least one joint)	\$100	\$100	\$100

Dismemberment means:

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

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

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

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

Common carrier means:

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

Limitations & Exclusions

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

- **War** – participating in war or any act of war, declared or not; participating in the armed forces of, or contracting with, any country or international authority. We will return the prorated premium for any period not covered by this certificate when you are in such service.
- **Suicide** – committing or attempting to commit suicide, while sane or insane.
- **Sickness** – having any disease or bodily/mental illness or degenerative process. We also will not pay benefits for any related medical/surgical treatment or diagnostic procedures for such illness.
- **Self-Inflicted Injuries** – injuring or attempting to injure yourself intentionally.
- **Racing** – riding in or driving any motor-driven vehicle in a race, stunt show, or speed test.
- **Intoxication** – being legally intoxicated, or being under the influence of any narcotic, unless taken under the direction of a doctor. Legally intoxicated means that condition as defined by the law of the jurisdiction in which the accident occurred.
- **Illegal Acts** – participating or attempting to participate in an illegal activity, or working at an illegal job.
- **Sports** – participating in any organized sport—professional or semiprofessional.
- **Cosmetic Surgery** – having cosmetic surgery or other elective procedures that are not medically necessary or having dental treatment except as a result of a covered accident.

Aflac Group Accident Monthly Rates

24 Hour Plan	Accident Rates
Employee	\$16.20
Employee & Spouse	\$23.16
Employee & Dependent Children	\$30.90
Family	\$37.86

Wellness Benefit included in rates.





Group Hospital Indemnity Plan



Plan Description

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

Plan Features

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

Underwriting Guidelines – Guaranteed-Issue

Guaranteed-Issue

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

Late Enrollee Eligibility

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

Individual Eligibility

Issue Ages:

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

Spouse or Domestic Partner Coverage Available

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

Dependent Children Coverage Available

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

Successor Insured Benefit

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

Portability

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

Health Screening Benefit – Once Per Calendar Year For Each Insured

Benefit	Benefit Amount
Health Screening Benefit	\$50 per calendar year

The Health Screening Benefit is payable once per calendar year for health screening tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations. **Residents of Massachusetts are not eligible for the Health Screening Benefit.**

Surgical Benefits

Benefits	Low	High
Inpatient Surgery and Anesthesia (performed in hospital or ambulatory surgical center) Payable for each day that, due to a covered accidental injury or sickness, an insured has an inpatient surgical procedure performed by a doctor. The surgery must be performed while the insured is confined to a hospital as an inpatient.	\$250	\$500
Outpatient Surgery and Anesthesia (performed in a hospital or ambulatory surgical center) Payable for each day that, due to a covered accidental injury or sickness, an insured has an outpatient surgical procedure performed by a doctor in a hospital on an outpatient basis or ambulatory surgical center.	\$125	\$250

Surgical Benefits Continued

Benefits	Low	High
Facilities Fee for Outpatient Surgery (performed in a hospital or ambulatory surgical center) Payable if due to a covered accidental injury or sickness: <ul style="list-style-type: none"> An insured has an outpatient surgical procedure performed in an ambulatory surgical center or in a hospital on an outpatient basis, and The insured receives an Outpatient Surgery and Anesthesia Benefit under this plan. 	\$50	\$75
Outpatient Surgery and Anesthesia (performed in a doctor's office, urgent care facility or emergency room; maximum of 4 procedures per calendar year for each insured) Payable for each day that, due to a covered accidental injury or sickness, an insured has an outpatient surgical procedure performed by a doctor in a doctor's office or urgent care facility.	\$50	\$50

Hospitalization Benefits

Benefits	Low	High
Hospital Admission (per confinement) – Once per covered sickness or accident per calendar year for each insured Payable when an insured is admitted to a hospital and confined as an inpatient because of a covered accidental injury or covered sickness. We will not pay benefits for confinement to an observation unit, or for emergency room treatment or outpatient treatment. We will not pay benefits for admission of a newborn child following his birth; however, we will pay for a newborn's admission to a Hospital Intensive Care Unit if, following birth, he is confined as an inpatient as a result of a covered accidental injury or covered sickness (including congenital defects, birth abnormalities, and/or premature birth).	\$1,500	\$2,000
Hospital Confinement (per day) – Maximum of 31 days per confinement for each covered sickness or accident for each insured. Payable for each day that an insured is confined to a hospital as an inpatient as the result of a covered accidental injury or covered sickness. If we pay benefits for confinement and the insured becomes confined again within six months because of the same or related condition, we will treat this confinement as the same period of confinement. This benefit is payable for only one hospital confinement at a time even if caused by more than one covered accidental injury, more than one covered sickness, or a covered accidental injury and a covered sickness.	\$100	\$150
Hospital Intensive Care (per day) – Maximum of 10 days per confinement for each covered sickness or accident for each insured. Payable for each day when an insured is confined in a Hospital Intensive Care Unit because of a covered accidental injury or covered sickness. We will pay benefits for only one confinement in a Hospital's Intensive Care Unit at a time. Once benefits are paid, if an insured becomes confined to a Hospital's Intensive Care Unit again within six months because of the same or related condition, we will treat this confinement as the same period of confinement. This benefit is payable in addition to the Hospital Confinement Benefit.	\$100	\$150
Intermediate Intensive Care Step-Down Unit (per day) - Maximum of 10 days per confinement for each covered sickness or accident for each insured. Payable for each day when an insured is confined in an Intermediate Intensive Care Step-Down Unit because of a covered accidental injury or covered sickness. We will pay benefits for only one confinement in an Intermediate Intensive Care Step-Down Unit at a time. Once benefits are paid, if an insured becomes confined to a Hospital's Intermediate Intensive Care Step-Down Unit again within six months because of the same or related condition, we will treat this confinement as the same period of confinement. This benefit is payable in addition to the Hospital Confinement Benefit.	\$50	\$75

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

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

Exclusions - We will not pay for loss due to:

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

Aflac Group Hospital Indemnity Monthly Rates

Insured	Low Plan	High Plan
Employee	\$31.02	\$43.92
Employee + Spouse	\$60.38	\$86.38
Employee + Child(ren)	\$46.48	\$66.04
Family	\$75.84	\$108.50





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 **20 hours** weekly are eligible. If an employee is eligible, his spouse is also eligible to apply for coverage. Dependent children under the age of 26 are automatically covered. Seasonal and temporary workers are not eligible to participate.

Spouse Coverage Available

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

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

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
- Hemocult 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.

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

Cancer Diagnosis Limitation

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

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

Exclusions

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

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

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

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

Notices

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

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

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

EXP (10/23)

Aflac Group Critical Illness w/ Cancer – Monthly Rates

NON-TOBACCO: Employee

	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$5.15	\$7.23	\$9.31	\$11.39	\$13.47	\$15.55	\$17.63	\$19.70	\$21.78	\$23.86
30-39	\$6.53	\$9.99	\$13.44	\$16.90	\$20.35	\$23.81	\$27.26	\$30.72	\$34.18	\$37.63
40-49	\$9.92	\$16.77	\$23.62	\$30.47	\$37.32	\$44.14	\$51.02	\$57.87	\$64.72	\$71.57
50-59	\$16.51	\$29.95	\$43.38	\$56.82	\$70.26	\$83.69	\$97.13	\$110.57	\$124.00	\$137.44
60+	\$28.87	\$54.66	\$80.46	\$106.25	\$132.05	\$157.84	\$183.64	\$209.43	\$235.23	\$261.02

NON-TOBACCO: Spouse

	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000	\$30,000
18-29	\$5.15	\$7.23	\$9.31	\$11.39	\$13.47	\$15.55	\$17.63	\$19.70	\$21.78	\$23.86
30-39	\$6.53	\$9.99	\$13.44	\$16.90	\$20.35	\$23.81	\$27.26	\$30.72	\$34.18	\$37.63
40-49	\$9.92	\$16.77	\$23.62	\$30.47	\$37.32	\$44.14	\$51.02	\$57.87	\$64.72	\$71.57
50-59	\$16.51	\$29.95	\$43.38	\$56.82	\$70.26	\$83.69	\$97.13	\$110.57	\$124.00	\$137.44
60+	\$28.87	\$54.66	\$80.46	\$106.25	\$132.05	\$157.84	\$183.64	\$209.43	\$235.23	\$261.02

TOBACCO: Employee

	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$6.04	\$9.00	\$11.96	\$14.93	\$17.89	\$20.85	\$23.81	\$26.78	\$29.74	\$32.70
30-39	\$8.52	\$13.96	\$19.41	\$24.85	\$30.30	\$35.74	\$41.19	\$46.63	\$52.08	\$57.52
40-49	\$13.89	\$24.70	\$35.51	\$46.32	\$57.14	\$67.95	\$78.77	\$89.58	\$100.39	\$111.21
50-59	\$24.81	\$46.54	\$68.27	\$90.00	\$111.73	\$133.46	\$155.19	\$176.92	\$198.65	\$220.38
60+	\$43.37	\$83.66	\$123.95	\$164.24	\$204.53	\$244.82	\$185.11	\$325.41	\$365.70	\$405.99

TOBACCO: Spouse

	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000	\$30,000
18-29	\$6.04	\$9.00	\$11.96	\$14.93	\$17.89	\$20.85	\$23.81	\$26.78	\$29.74	\$32.70
30-39	\$8.52	\$13.96	\$19.41	\$24.85	\$30.30	\$35.74	\$41.19	\$46.63	\$52.08	\$57.52
40-49	\$13.89	\$24.70	\$35.51	\$46.32	\$57.14	\$67.95	\$78.77	\$89.58	\$100.39	\$111.21
50-59	\$24.81	\$46.54	\$68.27	\$90.00	\$111.73	\$133.46	\$155.19	\$176.92	\$198.65	\$220.38
60+	\$43.37	\$83.66	\$123.95	\$164.24	\$204.53	\$244.82	\$185.11	\$325.41	\$365.70	\$405.99





Short-Term Disability Plan



Full-Time Employee Requirement

An eligible employee is a full-time permanent employee authorized to work and reside in the United States. Eligible employees must work 20 or more hours per week and cannot be considered a part-time, temporary or seasonal employee. If any eligible employee is not actively at work on the individual effective date, group insurance coverage for that employee will not exist until he/she returns to fulltime active work.

Benefit Amount

60% of an Employee's Covered Weekly Earnings to a maximum benefit of \$1,000, then reduced by Other Income Benefits as outlined in the certificate. The minimum weekly benefit is \$25.

Definition of Earnings

Basic monthly earnings only: The amount of coverage will be based upon earnings as last reported in writing to and approved by AUL. In no event will the amount of earnings used to calculate benefits under the AUL contract exceed the lesser of the amount approved by AUL, amount shown in the Employer's payroll records, or for which premium has been paid.

Class 1: All Eligible Full-Time Certified Employees – Teacher Base Earnings

Class 2: All Eligible Full-Time Non Certified Employees – W2 without plan contributions

Elimination Period

Option 1 - 7 days for injury or 7 days for sickness. This is the period of consecutive days of disability for which no benefit is payable.

Option 2 - 30 days for injury or 30 days for sickness. This is the period of consecutive days of disability for which no benefit is payable.

Maximum Benefit Duration

Option 1 - 26 weeks. This is the length of time that an insured Employee may be entitled to benefits if continuously disabled as outlined in the Certificate.

Option 2 - 22 weeks. This is the length of time that an insured Employee may be entitled to benefits if continuously disabled as outlined in the Certificate.

Maternity Coverage

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

Total Disability

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

Partial Disability

A partial disability benefit may be paid, if because of injury or sickness an Employee, while unable to perform every material and substantial duty of your regular job on a full-time basis, is performing at least one of the material and substantial duties of your regular job, or another occupation, on a full or part-time basis, and is earning less than 80% of his or her pre-disability earnings due to the same injury or sickness.

Residual Disability

The elimination period can be met using total disability, partial disability, or a combination of both.

Recurrent Disability

A recurrent disability is the direct result of the injury or sickness that caused a prior disability. This benefit allows claim payments to continue without satisfying a new elimination period if an Employee returns to active full-time work and has a recurrent disability within 30 consecutive days of return to active work.

Pre-Existing Condition Exclusions

The pre-existing period is 12/12. Benefits will not be paid if the Person's disability begins in the first 12 months of coverage; and the disability is caused by, contributed to, or the result of a condition, whether or not that condition is diagnosed at all or is misdiagnosed, for which the Person received medical treatment, consultation, care or services, including diagnostic measures, or was prescribed medicines in the 12 months just prior to the Individual's effective date of insurance.

Portability

You may be eligible to apply for continuation of coverage should your coverage terminate. Approval for this benefit will extend your coverage for an additional period of time.

Continuation of Coverage During:

- ✓ FMLA
- ✓ Temporary Lay Off or LOA
- ✓ LOA for Military Service

Exclusions

This plan may 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.

Option 1 26 weeks

Age Bands	Monthly Premium Rates Per \$10 of Weekly Benefit
0 - 19	\$0.466
20 - 24	\$0.466
25 - 29	\$0.466
30 - 34	\$0.447
35 - 39	\$0.466
40 - 44	\$0.508
45 - 49	\$0.561
50 - 54	\$0.608
55 - 59	\$0.713
60 - 64	\$0.803
65 - 69	\$0.979
70 +	\$1.511

Option 2 22 weeks

Age Bands	Monthly Premium Rates Per \$10 of Weekly Benefit
0 - 19	\$0.247
20 - 24	\$0.247
25 - 29	\$0.247
30 - 34	\$0.242
35 - 39	\$0.247
40 - 44	\$0.276
45 - 49	\$0.304
50 - 54	\$0.333
55 - 59	\$0.385
60 - 64	\$0.437
65 - 69	\$0.532
70 +	\$0.812



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

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



Long-Term Disability Plan



Full-Time Employee Requirement

An eligible employee is a full-time permanent employee authorized to work and reside in the United States. Eligible employees must work 20 or more hours per week and cannot be considered a part-time, temporary or seasonal employee. If any eligible employee is not actively at work on the individual effective date, group insurance coverage for that employee will not exist until he/she returns to fulltime active work.

Benefit Amount

60% of an Employee's Covered Monthly Earnings to a maximum benefit of \$5,000, then reduced by Other Income Benefits as outlined in the certificate. The minimum weekly benefit is \$100.

Definition of Earnings

Basic monthly earnings only: The amount of coverage will be based upon earnings as last reported in writing to and approved by AUL. In no event will the amount of earnings used to calculate benefits under the AUL contract exceed the lesser of the amount approved by AUL, amount shown in the Employer's payroll records, or for which premium has been paid.

Class 1: All Eligible Full-Time Certified Employees – Teacher Base Earnings

Class 2 : All Eligible Full-Time Non Certified Employees – W2 without plan contributions

Elimination Period

180 days for injury or 180 days for sickness. This is the period of consecutive days of disability for which no benefit is payable.

Maximum Benefit Duration

SSFRA. This is the length of time that an insured employee may be entitled to benefits if continuously disabled as outlined in the certificate.

Maternity Coverage

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

Total Disability

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

Partial Disability

A partial disability benefit may be paid, if because of injury or sickness an Employee, while unable to perform every material and substantial duty of your regular job on a full-time basis, is performing at least one of the material and substantial duties of your regular job, or another occupation, on a full or part-time basis, and is earning less than 80% of his or her pre-disability earnings due to the same injury or sickness.

Residual Disability

The elimination period can be met using total disability, partial disability, or a combination of both.

Recurrent Disability

A recurrent disability is the direct result of the injury or sickness that caused a prior disability. This benefit allows claim payments to continue without satisfying a new elimination period if an Employee returns to active full-time work and has a recurrent disability within 30 consecutive days of return to active work.

Pre-Existing Condition Exclusions

The pre-existing period is 3/12. Benefits will not be paid if the Person's disability begins in the first 12 months of coverage; and the disability is caused by, contributed to, or the result of a condition, whether or not that condition is diagnosed at all or is misdiagnosed, for which the Person received medical treatment, consultation, care or services, including diagnostic measures, or was prescribed medicines in the 3 months just prior to the Individual's effective date of insurance.

Portability

You may be eligible to apply for continuation of coverage should your coverage terminate. Approval for this benefit will extend your coverage for an additional period of time.

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 as outlined in the contract. Benefit payments for Disabilities due to Special Conditions are cumulative for the lifetime of the contract.

Cost of Living Freeze

Any inflationary increases in other benefit payment(s) (i.e., Social Security) that an Employee may be receiving will not further reduce monthly disability benefits paid under the contract.

Continuation of Coverage During:

- ✓ FMLA
- ✓ Temporary Lay Off or LOA
- ✓ LOA for Military Service

Additional Benefits

- ✓ Return to Work Benefit
- ✓ Survivor Benefit
- ✓ Workplace Modification

Exclusions

This plan may 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.

Benefit Duration

SSFRA

Age Bands	Monthly Premium Rates Per \$100 of Covered Monthly Earnings Option
0 - 19	\$0.04
20 - 24	\$0.06
25 - 29	\$0.12
30 - 34	\$0.18
35 - 39	\$0.25
40 - 44	\$0.36
45 - 49	\$0.53
50 - 54	\$0.62
55 - 59	\$0.65
60 - 64	\$0.55
65 - 69	\$0.28
70 +	\$0.19



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

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Basic Term Life Plan



Eligibility

An eligible employee is a full-time permanent employee authorized to work and reside in the United States. Eligible employees must work 20 or more hours per week and cannot be considered a part-time, temporary or seasonal employee. If any eligible employee is not actively at work on the individual effective date, group insurance coverage for that employee will not exist until he/she returns to fulltime active work.

Basic Life Amount

\$15,000. *The cost of this insurance is paid by Laurens County Schools.*

Guaranteed Issue Amount

\$15,000

Reduction Schedule

The Life Amount will reduce to 65% of the amount shown above when the Employee reaches age 65. See Certificate for further benefit reductions due to age. The AD&D Principal Sum will reduce to 50% of the amount shown above when the Employee reaches age 70. See Certificate for further benefit reductions due to age.

Accelerated Life Benefit

The Employee may request payment of 25%, 50%, or 75% of the Life Amount if the Employee is diagnosed with a terminal condition, as defined in the Certificate.

Waiver of Premium

AUL may waive further premium payments for the Employee's Life Amount if the Employee becomes Totally Disabled before age 60 while insured under the Policy, and remains continuously Totally Disabled for 9 months, and submits proof of Total Disability.

Conversion

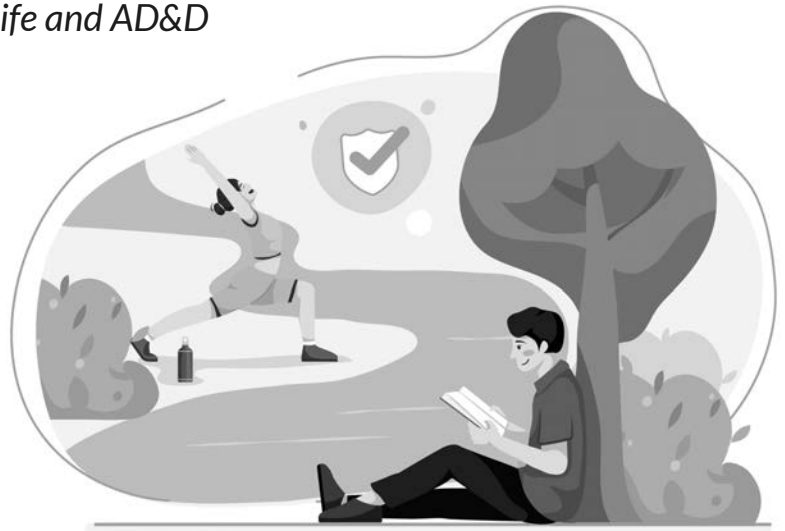
If the Employee's Life Insurance or a portion of it ceases, the Employee may be entitled to convert his / her policy. The Employee can refer to his or her Certificate for specific details of this provision.

Accidental Death & Dismemberment (AD&D)

While insured under the Policy, if the Employee has an accident which results in a loss or condition specified in the chart below, AUL will pay the amount shown. The loss or condition must occur within 365 days from the date of the accident and AUL must receive acceptable proof of loss or condition.

Benefit Features Offered for Voluntary Term Life and AD&D

- Accelerated Life Benefit
- Individual Reinstatement - 30 Days
- Continuation of Insurance Options
- Conversion Privilege
- Seat Belt Benefit
- Air Bag Benefit
- Repatriation Benefit
- Paralysis/Loss of Use Benefit
- Child Higher Education Benefit
- Child Care Benefit
- Disappearance/Exposure Benefit
- Severe Burns





Voluntary Term Life Plan



Full-Time Employee Requirement

An eligible employee is a full-time permanent employee authorized to work and reside in the United States. Eligible employees must work 20 or more hours per week and cannot be considered a part-time, temporary or seasonal employee. If any eligible employee is not actively at work on the individual effective date, group insurance coverage for that employee will not exist until he/she returns to fulltime active work.

Life Amount

A flat amount in \$1,000 increments with a Minimum of \$10,000 and a Maximum of \$1,000,000 not to exceed 5 times your annual base salary, rounded to the next higher \$1,000.

Guaranteed Issue Amount

\$200,000.

Accidental Death & Dismemberment (AD&D) Principal Sum Amount

Options must be chosen in whole salary multiples with a Minimum of \$10,000 and a Maximum of \$1,000,000 not to exceed 10 times your annual base salary, rounded to the next higher \$1,000.

Definition of Earnings

Basic monthly earnings only: The amount of coverage will be based upon earnings as last reported in writing to and approved by AUL. In no event will the amount of earnings used to calculate benefits under the AUL contract exceed the lesser of the amount approved by AUL, amount shown in the Employer's payroll records, or for which premium has been paid.

Class 1: All Eligible Full-Time Certified Employees – Teacher Base Earnings

Class 2: All Eligible Full-Time Non Certified Employees – W2 without plan contributions

Reduction Schedule

The Life Amount will reduce to 65% of the amount shown above when the Employee reaches age 65. See Certificate for further benefit reductions due to age. The AD&D Principal Sum will reduce to 35% of the amount shown above when the Employee reaches age 75. See Certificate for further benefit reductions due to age.

Accelerated Life Benefit

The Employee may request payment of 25%, 50%, or 75% of the Life Amount if the Employee is diagnosed with a terminal condition, as defined in the Certificate.

Waiver of Premium

AUL may waive further premium payments for the Employee's Life Amount if the Employee becomes Totally Disabled before age 60 while insured under the Policy, and remains continuously Totally Disabled for 9 months, and submits proof of Total Disability.

Conversion

If the Employee's Life Insurance or a portion of it ceases, the Employee may be entitled to convert his / her policy. The Employee can refer to his or her Certificate for specific details of this provision.

Portability

You may be eligible to apply for continuation of coverage should your coverage terminate. Approval for this benefit will extend your coverage for an additional period of time.

Accidental Death & Dismemberment (AD&D)

While insured under the Policy, if the Employee has an accident which results in a loss or condition specified in the chart below, AUL will pay the amount shown. The loss or condition must occur within 365 days from the date of the accident and AUL must receive acceptable proof of loss or condition.

Benefit Features Offered for Voluntary Term Life and AD&D

- Seat Belt
- Air Bag
- Spouse/Child Higher Education
- Disappearance
- Exposure
- Repatriation
- Spouse/Child Care
- Dependent Spouse Accelerated Life Benefit (ALB)

Loss Schedule

Loss

- Life [AD&D Principal Sum]
- Both hands or both feet or sight of both eyes [AD&D Principal Sum]
- Speech and hearing [AD&D Principal Sum]
- One hand and one foot [AD&D Principal Sum]
- One hand and sight of one eye [AD&D Principal Sum]
- One foot and sight of one eye [AD&D Principal Sum]
- Sight of one eye [Half of AD&D Principal Sum]
- One hand or one foot [Half of AD&D Principal Sum]
- Speech or hearing [Half of AD&D Principal Sum]
- Thumb and index finger [Quarter of AD&D Principal Sum]

Conditions

- Quadriplegia or Loss of Use of Upper and Lower Limbs of the Body [AD&D Principal Sum]
- Paraplegia or Loss of Use of Both Lower Limbs of the Body [Half of AD&D Principal Sum]
- Hemiplegia or Loss of Use of Upper and Lower Limbs on the Same Side of the Body [Half of AD&D Principal]
- Monoplegia or Loss of Use of One Limb of the Body [Quarter of AD&D Principal]
- Severe Burns [AD&D Principal Sum]

The total amount payable will never exceed the AD&D Principal Sum for all losses or conditions sustained by the Employee.

Voluntary Dependent Term Life

Plan 1

- Employee's Spouse - \$6,000, \$12,000, 30,000, \$60,000, \$100,000, \$150,000, \$200,000, or \$250,000 not to exceed 100% of your Life amount. The spouse Guaranteed Issue amount is \$30,000.
- Dependent Child* - 6 months to age 26 \$3,000
- Dependent Child - live birth to 6 months \$1,000

Plan 2

- Employee's Spouse - \$6,000, \$12,000, 30,000, \$60,000, \$100,000, \$150,000, \$200,000, or \$250,000 not to exceed 100% of your Life amount. The spouse Guaranteed Issue amount is \$30,000.
- Dependent Child* - 6 months to age 26 \$6,000
- Dependent Child - live birth to 6 months \$1,000

Plan 3

- Employee's Spouse - \$6,000, \$12,000, 30,000, \$60,000, \$100,000, \$150,000, \$200,000, or \$250,000 not to exceed 100% of your Life amount. The spouse Guaranteed Issue amount is \$30,000.
- Dependent Child* - 6 months to age 26 \$10,000
- Dependent Child - live birth to 6 months \$1,000

Plan 4

- Employee's Spouse - \$6,000, \$12,000, 30,000, \$60,000, \$100,000, \$150,000, \$200,000, or \$250,000 not to exceed 100% of your Life amount. The spouse Guaranteed Issue amount is \$30,000.
- Dependent Child* - 6 months to age 26 \$15,000
- Dependent Child - live birth to 6 months \$1,000

Plan 5

- Employee's Spouse - \$6,000, \$12,000, 30,000, \$60,000, \$100,000, \$150,000, \$200,000, or \$250,000 not to exceed 100% of your Life amount. The spouse Guaranteed Issue amount is \$30,000.
- Dependent Child* - 6 months to age 26 \$20,000
- Dependent Child - live birth to 6 months \$1,000



**Age and definition of Child(ren) may vary by state.*

**If unmarried*

AUL Voluntary Term Life Monthly Rates

Employee Voluntary Life and AD&D Monthly Premium Rates Per \$1,000 of Coverage

Age Band	Life	AD&D
0 - 29	\$0.04	\$0.02
30 - 34	\$0.05	\$0.02
35 - 39	\$0.07	\$0.02
40 - 44	\$0.09	\$0.02
45 - 49	\$0.13	\$0.02
50 - 54	\$0.20	\$0.02
55 - 59	\$0.32	\$0.02
60 - 64	\$0.44	\$0.02
65 - 69	\$0.84	\$0.02
70 - 74	\$1.36	\$0.02
75 +	\$1.36	\$0.02

Dependent Voluntary Life and AD&D Monthly Premium Rates Per \$1,000 of Coverage

Age Band	Life	AD&D
0 - 29	\$0.04	N/A
30 - 34	\$0.05	N/A
35 - 39	\$0.06	N/A
40 - 44	\$0.08	N/A
45 - 49	\$0.11	N/A
50 - 54	\$0.18	N/A
55 - 59	\$0.29	N/A
60 - 64	\$0.44	N/A
65 - 69	\$0.84	N/A
70 +	\$1.36	N/A

Child(ren) Voluntary Life Rates

Coverage Amount	Cost per Month
Option 1	\$0.92
Option 2	\$1.14
Option 3	\$1.44
Option 4	\$1.81
Option 5	\$2.18



AMERICAN UNITED LIFE
INSURANCE COMPANY®
a ONEAMERICA® company

This information is provided as a Benefit Outline. It is not a 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 coverage under the group Policy. If there are any discrepancies between this information and the group Policy, the Policy will prevail.



Universal Life Plan



Trustmark Universal Life w/ Long-Term Care

Protecting your loved ones is one of life's greatest responsibilities. When a family loses someone, in addition to grief, survivors may suddenly be faced with costly expenses and debts, and even a loss of income. Universal Life can help.

Universal Life provides a consistent lifelong benefit, while, for the same rate, the Universal LifeEvents option offers a higher death benefit during your working years, when your needs and responsibilities are the greatest. You can choose a plan and benefit amount that provides the right protection for you.

Universal Life/LifeEvents insurance can mean those left behind are still able to pursue their own dreams, and help ensure that the ending of one story won't stop the beginning of another.

Plan Features

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

Long-Term Care

At any point in your life, you may need long-term care services, which could cost hundreds of dollars per day. Universal Life includes a long-term care (LTC) benefit that can help pay for these services at any age.

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

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

Additional Advantages

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

Grow Your Benefits with EZ Value

The EZ Value option can automatically increase your benefit amount over time – without any medical questions.

Example: \$1 increase in weekly premium each year for 5 years.

Options	Initial Benefit	After 5 Years
Universal Life	\$25,000	\$41,299
Universal LifeEvents	\$25,000	\$50,414

Example is for age 40, employee only, non-smoker coverage with long-term care benefit and no additional features. Actual values will vary by age, smoking status, benefits selected and interest rates.

Issue Age:

- Employee: 18 – 75
- Spouse: 18 – 70
- Child: Birth – 22
- Grandchild: Birth – 18

Benefits Help Pay For

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

Universal Life Sample Rates

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

Age at purchase	\$25,000 Universal Life policy	\$25,000 Universal LifeEvents policy
30	From \$5.06 - \$6.27	From \$3.49 - \$4.59
40	From \$7.42 - \$9.44	From \$5.05 - \$6.71
50	From \$11.92 - \$15.44	From \$7.84 - \$10.71

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

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



This provides a brief description of your benefits under GUL.205/IUL.205 and applicable riders HH/LTC.205, BRR.205, BXR.205, ABR.205, ADB.205, CT.205 and WP.205. Benefits, definitions, exclusions, form numbers and limitations may vary by state. This policy contains a provision that guarantees against lapse for a period of 10 years (14 years in OR; 15 years for Universal LifeEvents) as long as premiums are paid as planned. If you make changes to your coverage during this period, or pay only the minimum premium, you may prevent cash value accumulation or reduce your death benefit amount. If there is negative cash value at the end of the no-lapse period, you must pay enough premium to establish positive cash value. You may also need to maintain your policy with a higher premium than the one you paid to satisfy the no-lapse guarantee or coverage may expire prior to age 100 even if the premium shown is paid as scheduled. A policy illustration will be delivered with your policy. Your policy will contain complete information. For costs and further details of the coverage, including exclusions, any reductions or limitations and terms under which the policy may be continued in force, see your agent or write to the company. For exclusions and limitations that may apply, visit [www.trustmarksolutions.com/disclosures/UL/\(A112-2216-UL\)](http://www.trustmarksolutions.com/disclosures/UL/(A112-2216-UL)). In California, review “A Consumer’s Guide to Long-term Care from the Department of Aging” at: http://www.aging.ca.gov/aboutcda/publications/Taking_Care_of_Tomorrow_English/. Underwriting conditions may vary, and determine eligibility for the offer of insurance. Trustmark® and LifeEvents® are registered trademarks of Trustmark Insurance Company.



Identity Theft & Legal Protection



Have You Ever?

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

The LegalShield Membership Includes:

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

The IDShield Membership Includes:

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

LegalShield	
Plan Type	Monthly Rate Family
LegalShield Plan	\$18.95
Who is covered	
Family Plan - The participant, their spouse/partner, never married dependent children under the age of 26 and living at home or full time in college, dependent children of the participant under the age of 18 for whom they are legal guardian and/or physically or mentally challenged children living at home.	
IDShield	
Plan Type	Monthly Rates (Individual/Family)
IDShield Plan	\$8.95/\$18.95
Who is covered	
Individual Plan - The participant only. Family Plan - The participant, their spouse/partner and up to 10 dependent children under the age of 18. Dependent children of the participant or participant's spouse ages 18-26 are eligible for consultation and restoration services only. Note that monitoring services are not available for dependent children ages 18-26.	
LegalShield & IDShield Combined Pricing	
Plan Type	Monthly Rate (Individual/Family)
LegalShield & IDShield Plan Combo	\$27.90/\$33.90

LegalShield legal plans cover the member; member's spouse; never married dependent children under 26 living at home; dependent children under the age 18 for whom the member is the legal guardian; never married dependent children up to age 26 if a full-time college student; or physically or mentally disabled dependent children. IDShield family coverage includes, the member, member's spouse and up to 8 minor children under the age of 18. Dependents age 18-26 receive consultation and restoration only.

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

A black and white photograph of a person in mid-air, jumping over a large rock in a desert landscape. The person's arms are outstretched, and their legs are spread wide. The background shows a vast, open landscape with mountains in the distance under a bright sky.

Continuation of Benefits

If you Leave Employment

Aflac Group Policies

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

Ameritas Dental and/or Vision

Under the dental and/or vision plans, you and your covered dependents are eligible to continue coverage through COBRA according to "qualifying events". If you and your dependents are enrolled in the plan(s), you will be eligible to continue coverage through COBRA for a specified time after you leave your employment. In addition, while covered under the plan(s), if you should die, become divorced or legally separated, or become eligible for Medicare, your covered dependents may be eligible to continue coverage through COBRA. While you are covered under the plan(s), your covered children who no longer qualify as an eligible dependent may continue coverage through COBRA. You will receive notification with premium and continuation options shortly following your termination of employment.

AUL Short & Long-Term Disability

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

FBA Flexible Spending Account

If you have a positive balance (payroll deductions are greater than the amount you have received in reimbursement) in your Health Care Spending Account at the time of your termination, you may continue participation in the Plan for the remainder of the Plan year through COBRA. If you prefer to terminate your participation and contribution to the Plan, any balance in your account on the date of termination will be forfeited if claims were not incurred prior to the date of termination. For more detailed information, please contact your **HR Department or Flexible Benefit Administrators at 1-800-437-3539**.

Trustmark Universal Life

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

Contact Information

Aflac

Customer Service: 1-800-433-3036
www.aflacgroupinsurance.com

American United Life (AUL)

Claims Toll-Free Number: 1-855-517-6365
Customer Service: 1-800-553-5318
www.oneamerica.com

Ameritas

P.O. Box 81889
Lincoln, NE 68501
Phone: 1-800-487-5553
www.ameritas.com

Flexible Benefit Administrators

509 Viking Drive, Suite F
PO Box 8188
Virginia Beach, VA 23450
Phone: 1-800-437-3539
Fax: 757-431-1155
FlexDivision@flex-admin.com
<https://fba.wealthcareportal.com/>

LegalShield | IDShield

One Pre-Paid Way
Ada, OK 74820
Phone: 1-800-654-7757
www.legalshield.com

Trustmark Insurance Company

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





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

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