

Provided by:



Employee Benefits Handbook

January 1, 2025 - December 31, 2025

Table of Contents

Disclaimer	Page 2
Important Points	Page 3
Qualifying Life Events	Page 4
Welcome to Your Benefits	Page 5
How to Enroll at Open Enrollment	Page 6
Employee Benefits Portal	Page 7
MyMark III Mobile App	Page 8
Filing a Claim	Page 9
Wellness Benefits	Page 10
FBA Flexible Spending Accounts	Page 12
Ameritas Dental	Page 15
CEC Vision	Page 17
Allstate Benefits Group Cancer	Page 20
Aflac Group Accident	Page 25
Aflac Group Hospital Indemnity	Page 30
Aflac Group Critical Illness	Page 33
AUL Short-Term Disability	Page 37
AUL Long-Term Disability	Page 39
AUL Basic Term Life	Page 41
MetLife Optional Term Life	Page 42
Trustmark Universal Life	Page 45
AUL Employee Assistance Program (EAP)	Page 46
AUL Travel Assistance	Page 47
Continuation of Benefits	Page 48
Contact Information	Page 49

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, 2025 to December 31, 2025. This means your benefit elections will take effect January 1, 2025 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.
- ✓ **Benefit Updates:** Your vision carrier is now with Community Eye Care (CEC). Your employer has also added AUL Basic Term Life with an Employee Assistance Program (EAP) and Travel Assistance. For more information, please consult a Benefits Counselor during your open enrollment.
- ✓ **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/alexandercountyschoolsnc/>.



Qualifying Life Events

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

Examples of QLEs

The following events will open a special **30-day** enrollment period from the date of the event, allowing you to make changes to your coverage. Documentation is 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
- ✓ CEC Vision
- ✓ Allstate Benefits Group Cancer
- ✓ Aflac Group Accident
- ✓ Aflac Group Hospital Indemnity

Post-Tax Benefit Information

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

- ✓ Aflac Group Critical Illness
- ✓ AUL Short-Term Disability
- ✓ AUL Long-Term Disability
- ✓ MetLife Group Term Life
- ✓ Trustmark Universal Life

How to Enroll at Open Enrollment

Onsite Enrollment

Our trusted Mark III Benefits Counselors will be available to meet with employees 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/alexandercountyschoolsnc/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/alexandercountyschoolsnc/>.



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



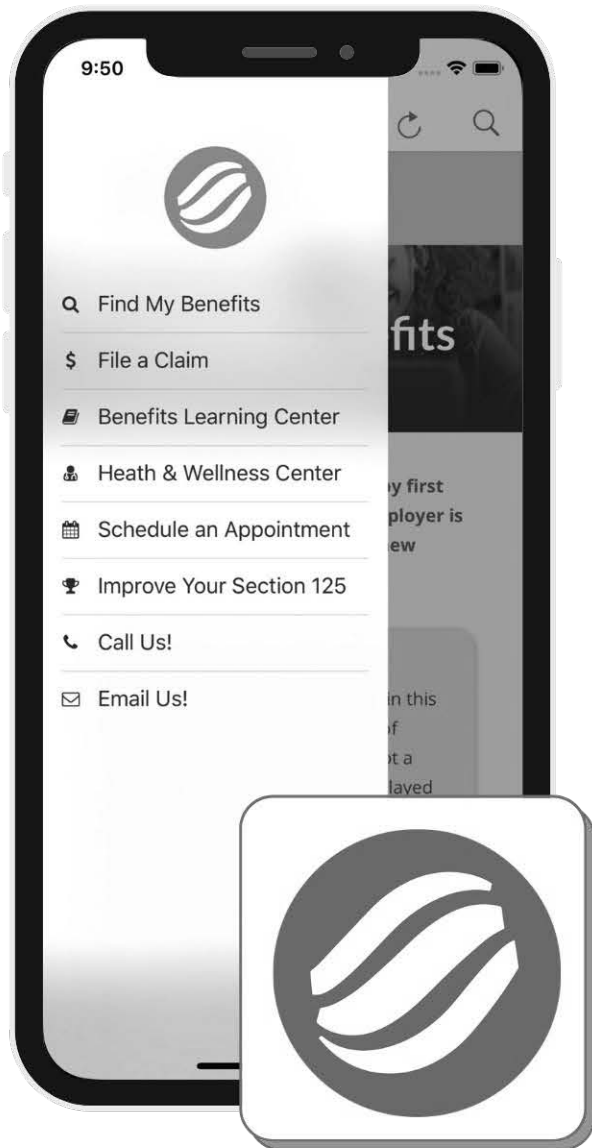
Scan me!

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

Search for “MyMark III” to access benefit information on the go!

Available on:



*Your Trusted Benefits
Partners at your fingertips!*



Filing a Claim

Allstate Benefits Group Cancer

Visit <https://mymarkiii.com/alexandercountyschoolsnc/forms/> to download your claim form and submit, or you may call Customer Care Center at (800) 521-3535 to have your claim form sent by mail.

Group Aflac

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

AUL Disability

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

Employee Benefits Portal

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

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





Wellness Benefits

What is a Wellness Benefit?

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

Qualified Screening Test*

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



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

Get Paid by Staying Proactive!

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

Download Your Wellness Claim(s)

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

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





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!!

Health Care Flexible Spending Account Maximum: **\$3,300**

Dependent Care Account Maximum: **\$5,000**

All claims for reimbursement must be submitted within **90-days** following the end of the plan year, or if earlier, 90 days following the date you cease to participate in the Plan, or the claims will be denied.

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, 2025 and ends on December 31, 2025. You will be eligible to join the plan if you are a full-time employee who works at least 30 hours or more per week during open enrollment. 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 \$3,300.00.

Election Changes

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

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

Reimbursement Schedule

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

Online Access

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

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

Health Care Reimbursement

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

Examples of Eligible Health Care Expenses

Fees/Co-Pays/Deductibles for:

- Acupuncture | Prescription eyeglasses/reading glasses/contact lens and supplies | Eye Exams/Laser Eye Surgery | Physician | Ambulance | Psychiatrist | Psychologist | Anesthetist | Hospital | Chiropractor | Laboratory/Diagnostic | Fertility Treatments | Surgery | Dental/Orthodontic Fees | Obstetrician | X-Rays | Eye Exams | Prescription Drugs | Artificial limbs & teeth |

Orthopedic shoes/inserts | Therapeutic care for drug & alcohol addiction | Vaccinations & Immunizations | Mileage | Take-home screening kits | Diabetic supplies | Routine Physicals | Oxygen | Physical Therapy | Hearing aids & batteries | Medical equipment | Antacids | Pain relievers | Allergy & Sinus Medication

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

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

Day Care/Aged Adult Care Reimbursement

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

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

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

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

How to Receive Reimbursement

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

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

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

Eligible Day Care/Aged Adult Expenses

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

Ineligible Expenses:

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

Forfeiting Funds

Plan carefully! Unused funds will be forfeited back to your employer as governed by the IRS's "use-it-or-lose-it" rule. Your employer has elected to add the **\$660 roll-over provision** to the Medical FSA. Please see the Employee Guide for more information.

How to Enroll in our FSA Plan

Step 1

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

Step 2

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

How the Flexible Benefit Plan Works

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

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

Online Wealthcare Portal

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

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

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



PPO & NON-PPO Dental Plans

As an employee of Alexander County Schools, you have the option of choosing between 2 dental benefit plans. The **Non PPO** and **PPO** plans have the exact same benefits except that services reimbursed under the PPO option are reimbursed based on network allowances (MAC – Maximum Allowable Charge). Services reimbursed under the Non-PPO plan are reimbursed based on the zip code of the dental provider (U&C – Usual and Customary).

****Important: Members enrolling in the PPO option should always utilize network providers in order to fully benefit from the plan. Services will be reimbursed at network allowances, even if a member does not visit a network provider.**

PPO High 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, 3 Family Maximum
Maximum (per person)	\$1,000 per calendar year
Allowance	Maximum Allowable Charge (MAC)
Adult & Child Orthodontia	\$1,000 Lifetime Benefit, No Deductible
Waiting Period	None
Dependent Age	26

NON-PPO High 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, 3 Family Maximum
Maximum (per person)	\$1,000 per calendar year
Allowance	90 th Usual & Customary (U&C)
Adult & Child Orthodontia	\$1,000 Lifetime Benefit, No Deductible
Waiting Period	None
Dependent Age	26

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

Type 1	Type 2	Type 3
- Routine Exam (2 per benefit period) - Bitewing X-rays (2 per benefit period) - Full Mouth/Panoramic X-rays (1 in 3 years) - Periapical X-rays - Cleaning (2 per benefit period) - Fluoride for children 18 and under (1 per benefit period) - Space Maintainers	- Restorative Amalgams - Sealants (age 16 & under) - Anesthesia - Simple & Complex Extractions - Restorative Composites (anterior & posterior teeth) - Denture Repair	- Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years) - Crowns (1 in 5 years per tooth) - Onlays - Periodontics (nonsurgical & surgical) - Endodontics (nonsurgical & surgical)

Ameritas 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. 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.

Benefit Threshold	\$500	Dental benefits received for the year cannot exceed this amount
Annual Carryover Amount	\$250	Dental Rewards amount is added to the following year's maximum
PPO Bonus (PPO Plan Only)	\$100	Additional bonus is earned if the member sees a network provider
Maximum Carryover	\$1,000	Maximum possible accumulation for Dental Rewards

Late Entrant

We strongly encourage you to sign up for coverage when you are initially eligible. If you choose not to sign up during this initial enrollment period, you will become a late entrant. Late entrants will be eligible for only exams, cleanings, and fluoride applications for the first 12 months they are covered.

Eligible Dependent

Eligible Child Dependents up to age 26, regardless of student status. ***It is your responsibility to notify payroll in writing when a dependent is no longer eligible for coverage.***

Non-PPO and PPO

Alexander County Schools proudly offers employees a dental program, administered by Ameritas Life Insurance Corp., providing excellent coverage for you and your eligible dependents. Please refer to the plan highlight for more details. The Non PPO option allows members to visit any licensed dental provider of their choice and benefits will be reimbursed based on the Usual & Customary charges in the zip code of the provider. Members enrolling in the PPO plan option should utilize a network provider for all services. Members can find up to date network provider options by accessing the Ameritas website at www.ameritas.com.

Ameritas Information

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

Ameritas Dental Monthly Rates

	PPO High Plan	NON-PPO High Plan
Employee Only	\$33.68	\$49.67
Employee + Spouse	\$64.44	\$95.03
Employee + Dependent Child(ren)	\$76.16	\$112.33
Employee + Family	\$106.92	\$157.69



If you have any questions about the PPO or the plan, please call: Ameritas Group Claims Department at 1.800.487.5553
For Claims/Customer Service call Ameritas: 1.800.776.9446 | Website: www.Ameritas.com

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 a complete list of covered procedures, please see your benefits administrator.



Vision Plan



Enjoy the Simplicity of CEC!

Enrolling in CEC gives you the vision services you need and the ability to select the eyewear you want. With CEC, there's never any confusion about what's covered. It's that simple!

Benefit	Description	Co-Pay
Comprehensive Plan		
Exam	A routine eye exam once a year*	\$0
Eyewear	A \$200 flexible allowance for eyewear annually* You can get frames, lenses, contact lenses & lens enhancements, even non-prescription sunglasses!	\$10
Contact Lens Fitting, Re-Fit or Evaluation	Once a year*	\$25
Benefit	Description	Co-Pay
Material Plan		
Eyewear	A \$150 flexible allowance for eyewear annually* You can get frames, lenses, contact lenses & lens enhancements, even non-prescription sunglasses!	\$10
Contact Lens Fitting, Re-Fit or Evaluation	Once a year*	\$25
Additional Information		
Frequency	All benefits renew every 12 months	
Additional Savings	Members who exceed their allowance are eligible for discounts on the overage at most network providers – a 20% for glasses and a 10% discount for contact lenses.	

*Members are eligible for their benefits every plan year. Members are not required to wait until the prior plan years' service date has passed to obtain their current benefit.

Your Coverage with Out-of-Network Providers

CEC allows you to use your full benefit when visiting an out-of-network provider. You'll need to submit an out-of-network claim form and will be reimbursed for the cost of the exam (minus the co-pay) and for the cost of the eyewear, up to the amount of the eyewear allowance (minus the co-pay). Note that co-pays for out-of-network visits are deducted from reimbursements. Reimbursement generally occurs within 60 days of submission. To learn more about filing an out-of-network claim, go to cecvision.com/oonform.

Insured	Comprehensive Plan Monthly Rates	Material Plan Monthly Rates
Employee Only	\$8.85	\$4.75
Employee + One	\$17.15	\$9.21
Employee + Family	\$25.17	\$13.51

Plan Features

Routine Retinal Screening. A routine retinal screening is an enhancement to the member's annual eye exam when seeing a CEC provider.

Frequency – once per year | **Co-pay** – Up to \$39 | **Coverage** – covered after co-pay

LASIK Discounts. Members can save up to 50% relative to national averages from more than 1,000 participation LASIK providers, including TLC Laser Eye Center.

You Can Get Sunglasses. Non-prescription eyewear, including sunglasses, is included in your CEC vision plan. Other non-prescription eyewear such as blue-light blocking glasses, safety glasses and readers are also included.

Plan Features Continued

Glasses and Contacts

Members can purchase glasses and contact lenses in the same plan year. Frames can be purchased every plan year.

Additional Pairs of Glasses

Members will receive a 20% savings on additional pairs of glasses and sunglasses, including lens enhancements, from most CEC providers within 12 months of their last exam.

Special Offers

A variety of special offers are available to CEC members. Visit cecvision.com/members/special-offers for additional information!

Member's Portal

CEC's website, cecvision.com, gives you 24/7 access to find a provider, view your benefit information, check your current eligibility, print a temporary ID card and more.

Vision is Important

Even if you have 20/20 vision, getting your annual eye exam is very important. At your appointment, your doctor can check for other health issues such as diabetes, high blood pressure, and even brain tumors.

Important Plan Information	
Routine Vision Coverage	CEC vision benefits are for routine eye care. Routine exams and contact lens fittings, as needed, and eyewear are covered by the CEC full-service benefit. Additionally, the CEC benefit now includes a routine retinal screening (digital imaging of the inside of the eye), which helps CEC doctors detect signs of eye disease and chronic health conditions including diabetes, hypertension, and high cholesterol. CEC vision coverage does not include medical treatment or surgical treatment of the eyes. Examples that could necessitate your visit being filed, by your provider, to your medical insurance include diabetes mellitus, glaucoma, cataracts, and other medical conditions.
Promotions	As is true of most vision plans, in-network providers will only allow members to use either their vision benefit allowance or an optical discount/promotion. Members who select the sales promotion (such as "BOGO" or "two-for-one sales") or a steep discount are not eligible for reimbursement from CEC for that purchase. Therefore, members cannot buy their eyewear at the sales promotion and submit an out-of-network claim for reimbursement for that purchase. This also applies to exam discounts. The member will still be able to use their CEC benefit at a later date either through the same provider or through a different provider.
Coordination of Benefits	Coordination of benefits is not permitted, either with respect to other vision plans or with respect to vision benefits under health insurance plans.
Additional Pairs of Overage Discounts	Most providers in the CEC network offer vision plan members a 20% discount on additional pairs of glasses as well as a 20% overage discount on glasses and a 10% overage discount on contacts on amounts exceeding the eyewear allowance. However, by law, CEC providers are not required to offer overage discounts. Before using your eyewear allowance to obtain eyewear, please check with your provider to see what discounts are offered.
Contact Lens Fittings & Evaluations	When seeing an in-network provider, the maximum coverage for contact lens fittings is \$100, and the maximum coverage for contact lens evaluations is \$80. Any amount that exceeds the maximum coverage is not covered.
Non-Prescription Eyewear Policy	Most providers in the CEC network allow vision plan members to use their eyewear allowance for the purchase of non-prescription eyewear. However, CEC providers are not required to extend coverage to non-prescription items, and a few have opted to restrict coverage to prescription eyewear. Before using your eyewear allowance to obtain non-prescription eyewear, please check with your provider to make sure that this is permissible.
Portability Benefit	Existing CEC members who terminate employment will be able to enroll in the CEC portability plan within 60 days of their termination date. Coverage will commence on the first day of the month following receipt of the member's completed form. New membership cards will be mailed to the member prior to their new effective date.



Questions about your benefits?

Our customer service team is available at 888-254-4290



STAY WELL

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



Cancer Plan



Allstate.
BENEFITS

Your Benefit Coverage

Benefits are paid for cancer and specified diseases and can help cover the costs of specific treatments and expenses as they happen. Terms and conditions for each benefit will vary.

Specified Diseases

Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease), Muscular Dystrophy, Poliomyelitis, Multiple Sclerosis, Encephalitis, Rabies, Tetanus, Tuberculosis, Osteomyelitis, Diphtheria, Scarlet Fever, Cerebrospinal Meningitis (bacterial), Brucellosis, Sickle Cell Anemia, Thalassemia, Rocky Mountain Spotted Fever, Legionnaires' Disease (confirmation by culture or sputum), Addison's Disease, Hansen's Disease, Tularemia, Hepatitis (Chronic B or Chronic C with liver failure or Hepatoma), Typhoid Fever, Myasthenia Gravis, Reye's Syndrome, Primary Sclerosing Cholangitis (Walter Payton's Liver Disease), Lyme Disease, Systemic Lupus Erythematosus, Cystic Fibrosis and Primary Biliary Cirrhosis.

Continuous Hospital Confinement

A \$100 benefit will be paid for each day of continuous hospital confinement for the treatment of cancer or specified diseases.

Government or Charity Hospital

A \$100 benefit will be paid for each day a covered person is confined to:

- (1) a hospital operated by or for the U.S. Government (including the Veteran's Administration);
- (2) a hospital that does not charge for the services it provides (charity). This benefit is paid in lieu of all other benefits in the policy (except Waiver of Premium Benefit).

Surgery

Up to a \$3,000* benefit will be paid when a covered surgery (*amount per surgery depends on surgery) is performed on a covered person. This benefit pays the actual charges, up to the amount listed in the Schedule of Surgical Procedures for the specific procedure. Two or more procedures performed at the same time through one incision or entry point are considered one operation; Allstate Benefits pays the amount for the procedure with the greatest benefit. Allstate Benefits pays for a covered surgery performed on an outpatient basis at 150% of the scheduled benefit. This benefit does not pay for surgeries covered by other benefits in the Schedule of Benefits.

Second Opinion

A \$400 benefit will be paid for a second opinion, if physician recommends surgery or treatment for covered condition. This second opinion must be rendered prior to surgery or treatment being performed, and obtained from a physician not in practice with the physician rendering the original recommendation.

Physical or Speech Therapy

A \$50 benefit will be paid per day for physical or speech therapy for restoration of normal body function.

Anesthesia

25% of the surgery benefit will be paid for anesthesia.

Ambulatory Surgical Center

A \$500 benefit will be paid for a surgical procedure covered under the surgery benefit performed at an ambulatory surgical center.

Radiation/Chemotherapy for Cancer

Up to a \$10,000 (Low & Mid) or \$20,000 (High) benefit will be paid per 12-month period for radiation therapy and chemotherapy received by a covered person. This benefit pays the actual cost this provision.

Administration of radiation therapy or chemotherapy other than by medical personnel in a physician's office or hospital, including medications dispensed by a pump, will be limited to the costs of the drugs only, subject to the maximum amount payable per 12-month period.

Anti-Nausea Benefit

Up to a \$200 benefit will be paid per calendar year for the actual cost of anti-nausea medication prescribed for a covered person by a physician in conjunction with cancer or specified disease treatment. This benefit does not pay for medication administered while the covered person is an inpatient.

Inpatient Drugs and Medicine

A \$25 benefit will be paid per day for drugs and medicine while continuously hospital confined. This benefit does not pay for drugs and/or medicine covered under the Radiation/Chemotherapy Benefit or the Anti-Nausea Benefit.

Hematological Drugs

Up to a \$200 (Low & Mid) or \$400 (High) benefit will be paid per year for the actual cost of drugs intended to boost cell lines such as white blood cell counts, red blood cell counts and platelets. This benefit is paid only when the Radiation/Chemotherapy for Cancer benefit is paid.

Medical Imaging

Actual cost up to a \$500 (Low & Mid) or \$1,000 (High) benefit will be paid per calendar year if a covered person receives an initial diagnosis or follow-up evaluation based upon one of the following medical imaging exams: CT scan, Magnetic Resonance Imaging (MRI) scan, bone scan, thyroid scan, Multiple Gated Acquisition (MUGA) scan, Positron Emission Tomography (PET) scan, transrectal ultrasound, or abdominal ultrasound. This benefit is limited to 1 payment per calendar year per covered person.

Private Duty Nursing Services

A \$100 benefit will be paid per day while hospital confined, if a covered person requires the full-time services of a private nurse. Full-time means at least 8 hours of attendance during a 24-hour period. These services must be required and authorized by a physician and must be provided by a nurse.

New or Experimental Treatment

Actual charges up to a \$5,000 benefit will be paid per 12-month period, for new or experimental treatment. New or experimental treatment is covered for cancer and specified disease when: the treatment is judged necessary by the attending physician and no other generally accepted treatment produces superior results in the opinion of the attending physician. This benefit is limited to the maximum shown per 12-month period beginning with the first day of treatment under this provision. This benefit does not pay if benefits are payable for treatment covered under any other benefit in the Schedule of Benefits.

Blood, Plasma, and Platelets

Up to a \$10,000 (Low & Mid) or \$20,000 (High) benefit will be paid per 12-month period for the actual cost of blood, plasma and platelets (including transfusions and administration charges), processing and procurement costs and cross-matching. Does not pay for blood replaced by donors or immunoglobulins.

Physician's Attendance

A \$50 benefit will be paid for a visit by a physician during hospital confinement. Benefit is limited to one visit by one physician per day of hospital confinement. Admission to the hospital as an inpatient is required.

At Home Nursing

A \$100 benefit will be paid per day for private nursing care and attendance by a nurse at home. At-home nursing services must be required and authorized by the attending physician. Benefit is limited to the number of days of the previous continuous hospital confinement.

Prosthesis

Up to a \$2,000 benefit will be paid per amputation, per covered person for the actual charges for prosthetic devices which are prescribed as a direct result of surgery and which require surgical implantation.

Hair Prosthesis

A \$25 benefit will be paid every 2 years for a wig or hairpiece if the covered person experiences hair loss.

Nonsurgical External Breast Prosthesis

Up to a \$50 benefit will be paid for the actual cost of the initial, nonsurgical breast prosthesis following a covered mastectomy or partial mastectomy that is paid for under the policy.

Ambulance

A \$100 benefit will be paid per continuous hospital confinement for transportation by a licensed ambulance service or a hospital-owned ambulance to or from a hospital in which the covered person is confined.

Hospice Care

A \$100 benefit will be paid for one of the following when a covered person has been diagnosed by a physician as terminally ill as a result of cancer or specified disease, is expected to live 6 months or less and the attending physician has approved services:

- Freestanding Hospice Care Center – A benefit will be paid per day for confinement in a licensed freestanding hospice care center. Benefits payable for hospice centers that are designated areas of hospitals will be paid the same as inpatient hospital confinement; or

- Hospice Care Team – A benefit will be paid per visit, limited to 1 visit per day, for home care services by a hospice care team. Home care services are hospice services provided in the patient's home. Benefit is payable only if: (a) the covered person has been diagnosed as terminally ill; and (b) the attending physician has approved such services. Does not pay for: food services or meals other than dietary counseling, services related to well-baby care, services provided by volunteers, or support for the family after the death of the covered person.

Extended Care Facility

A \$100 benefit will be paid for each day a covered person is confined in an extended care facility for the treatment of cancer or specified disease. Confinement must be at the direction of the attending physician and must begin within 14 days after a covered hospital confinement. Benefit is limited to the number of days of the previous continuous hospital confinement.

Outpatient Lodging

A \$50 benefit will be paid for lodging per day when a covered person receives radiation or chemotherapy treatment on an outpatient basis, provided the specific treatment is authorized by the attending physician and cannot be obtained locally. Benefit is the actual cost of a single room in a motel, hotel, or other accommodations acceptable to Allstate Benefits during treatment, **up to the maximum \$2,000** per 12 months beginning with the first day of benefit under this provision. Outpatient treatment must be received at a treatment facility more than 100 miles from the covered person's home.

Non-Local Transportation

\$0.40 per mile or actual cost of round trip coach fare on a common carrier benefit will be paid for treatment at a hospital (inpatient or outpatient), radiation therapy center, chemotherapy or oncology clinic, or any other specialized freestanding treatment center nearest to the covered person's home, provided the same or similar treatment cannot be obtained locally. Benefit pays up to 700 miles for round trip in personal vehicle. "Non-Local" means a round trip of more than 70 miles from the covered person's home to the nearest treatment facility. Mileage is measured from the covered person's home to the nearest treatment facility as described above. Does not cover transportation for someone to accompany or visit the person receiving treatment, visits to a physician's office or clinic, or for services other than actual treatment.

Family Member Lodging and Transportation

Up to a \$50 benefit per day will be paid for lodging and \$0.40 per mile or the actual cost of round trip coach fare on a common carrier will be paid for one adult member of the covered person's family to be near the covered person, when a covered person is confined in a non-local hospital for specialized treatment.

1. Lodging - This benefit is for a single room in a motel, hotel, or other accommodations acceptable to Allstate Benefits. Benefit is limited to 60 days for each period of continuous hospital confinement.
2. Transportation - Benefit is limited to 700 miles per continuous hospital confinement if traveling in personal vehicle. Mileage is measured from the visiting family member's home to the hospital where the covered person is confined. Does not pay the Family Member Transportation Benefit if the personal vehicle transportation benefit is paid under the Non-Local Transportation Benefit, when the family member lives in the same city or town as the covered person.

Waiver Of Premium (Employee Only)

If while coverage is in force the insured employee becomes disabled due to cancer first diagnosed after the effective date of coverage and remains disabled for 90 days, Allstate Benefits pays premiums due after such 90 days for as long as the insured employee remains disabled.

Bone Marrow or Stem Cell Transplant*

A 1. \$1,000*, 2. \$2,500*, 3. \$5,000* benefit will be paid for the following types of bone marrow or stem cell transplants performed on a covered person.

1. A transplant which is other than non-autologous.
2. A transplant which is non-autologous for the treatment of cancer or specified disease, other than Leukemia.
3. A transplant which is non-autologous for the treatment of Leukemia.

**This benefit is payable only once per covered person per calendar year.*

Additional Benefits

Wellness

A \$100 benefit will be paid per calendar year per covered person for one of the following wellness tests: Biopsy for skin cancer; Blood test for triglycerides; Bone Marrow Testing; CA15-3 (cancer antigen 15 - 3 - blood test for breast cancer); CA125 (cancer antigen 125 - blood test for ovarian cancer); CEA (carcinoembryonic antigen - blood test for colon cancer); Chest X-ray; Colonoscopy; Doppler screening for carotids; Doppler screening for peripheral vascular disease; Echocardiogram; EKG (Electrocardiogram); Flexible sigmoidoscopy; Hemocult stool analysis; HPV (Human Papillomavirus) Vaccination; Lipid panel (total cholesterol count); Mammography, including Breast Ultrasound; Cervical Cancer Screening; PSA (prostate specific antigen - blood test for prostate cancer); Serum Protein Electrophoresis (test for myeloma); Stress test on bike or treadmill; Thermography; and Ultrasound screening of the abdominal aorta for abdominal aortic aneurysms. This benefit is paid regardless of the result of the test.

A \$100 benefit will be paid per calendar year per covered person age 50 and over and for covered persons age 40 and over who are at high risk for prostate cancer for the following wellness test: PSA Testing/Digital Rectal Examinations.

Optional Benefits

Cancer Initial Diagnosis (First Occurrence)

A one-time benefit of \$3,000 (Low and High) or \$10,000 (Mid) benefit will be paid when a covered person is diagnosed for the first time in their life as having cancer other than skin cancer. The first diagnosis must occur after the effective date of coverage for that covered person. Benefit is payable only once per covered person.

Intensive Care (Low and High Plans Only)*

A benefit will be paid for each day for the following types of intensive care confinement:

1. **Hospital Intensive Care Unit Confinement \$600**** - This benefit is for hospital intensive care unit confinement for any illness or accident.
2. **Step-Down Hospital Intensive Care Unit Confinement \$300**** - This benefit is for step-down hospital intensive care unit confinement for any illness or accident.
3. **Ambulance - Allstate Benefits pays the actual charges for transportation of a covered person** by licensed air or surface ambulance service to a hospital for admission to an intensive care unit for a covered confinement. This benefit is not paid if an ambulance benefit is paid under the Ambulance benefit in the policy.

**This benefit is not disease-specific and pays a benefit for covered confinement in a hospital intensive-care unit for any covered illness or accident from the first day of coverage.*

***This benefit is limited to 45 days for each period of such confinement. A day is a 24-hour period. If confinement is for only a portion of a day, then a pro-rata share of the daily benefit is paid.*

Issue Ages: 18 and older while actively at work.

Certificates - Certificates under this plan are issued on a guaranteed basis only at the time of the initial enrollment. A completed Evidence of Insurability form is required for late entrants into the group plan.

Eligibility - Family members eligible for coverage include: you, your legal spouse and your unmarried children including adopted children or foster children from the moment of placement in the residence, stepchildren, or legal ward who are under 26 years old, unless he or she continues to meet the definition of a dependent. Your children must be dependent on you for support or reside with you and be named on the enrollment or Evidence of Insurability Form.

Portability Privilege - Allstate Benefits will provide portability coverage, subject to these provisions. Such coverage will not be available for you, unless: coverage under the policy terminates under the General Provision entitled "Termination of Coverage," we receive a written request and payment of the first premiums for the portability coverage not later than 63 days after such termination and the request is made for that purpose. No portability coverage will be provided to you, if your insurance under the policy terminated due to your failure to make required premium payments.

Termination of Coverage - As long as you are insured, your coverage under the policy ends on the earliest of: the date the policy is canceled, the last day of the period for which you made any required premium payments, the last day you are in active employment except as provided under the "Temporary Layoff, Leave of Absence or Family and Medical Leave of Absence" provision, the date you are no longer in an eligible class, or the date your class is no longer eligible.

Allstate Benefits will provide coverage for a payable claim incurred while you are covered under the policy. If your spouse is a covered person, the spouse's coverage ends upon valid decree of divorce or your death. If your domestic partner is a covered person, the domestic partner's coverage ends upon termination of the domestic partnership or your death. If your child is a covered person, the child's coverage ends when the child reaches age 26, unless he or she continues to meet the requirements of an eligible dependent.

Coverage does not terminate on a child who: (1) is incapable of self-sustaining employment by reason of mental or physical incapacity; and (2) became so incapacitated prior to the attainment of the limiting age of eligibility under the coverage; and (3) is chiefly dependent upon you for support and maintenance. Dependent coverage continues as long as the coverage remains in force and the dependent remains in such condition. Proof of the incapacity and dependency of the child must be furnished within 60 days of the child's attainment of the limiting age of eligibility.

Thereafter, such proof must be furnished as frequently as may be required, but no more frequently than annually after the child's attainment of the limiting age for eligibility. If Allstate Benefits accepts a premium for coverage extending beyond the date, age or event specified for termination as to a covered person, such premium will be refunded, coverage will be refunded, coverage will terminate and claims will not be paid.

Pre-Existing Condition, Exclusions and Limitations - We do not pay for any benefit due to, or caused by, a pre-existing condition, as defined, during the 12-month period beginning on the date that person became a covered person. This exclusion will not apply to your newborn child, adopted child or foster child under the age of 18 if Allstate Benefits is notified within 31 days of the child's birth or date of placement. A Pre-Existing Condition is a disease or physical condition for which medical advice or treatment was recommended or received from a member of the medical profession within the 12-month period prior to the effective date of coverage. Allstate Benefits does not pay for any loss except for losses due directly from cancer or specified disease. We do not pay for any other conditions or diseases caused or aggravated by cancer or a specified disease. Diagnosis must be submitted to support each claim. For the Surgery, New or Experimental Treatment and Prosthesis Benefits, if specific charges are not obtainable as proof of loss, Allstate Benefits will pay 50% of the applicable maximum for the benefits payable. Treatment must be received in the United States or its territories.

Intensive Care Exclusions and Limitations - The Hospital Intensive Care Unit Confinement benefit does not pay for intensive care if a covered person is admitted because of an attempted suicide, intentional self-inflicted injury, intoxication or being under the influence of drugs not prescribed or recommended by a physician, or alcoholism or drug addiction. Allstate Benefits does not pay for confinements in any care unit that does not qualify as a hospital intensive care unit. Progressive care units, sub-acute intensive care units, intermediate care units, and private rooms with monitoring, step-down units and any other lesser care treatment units do not qualify as hospital intensive care units. We do not pay for step-down hospital intensive care unit confinement if a covered person is admitted and confined in the following type of units: telemetry or surgical recovery rooms, post-anesthesia care units, progressive care units, intermediate care units, private monitored rooms, observation units located in emergency rooms or outpatient surgery units, beds, wards, or private or semi-private rooms with or without telemetry monitoring equipment, an emergency room, labor or delivery rooms, or other facilities that do not meet the standards for a step-down hospital intensive care unit. We do not pay this benefit for continuous hospital intensive care unit confinements or continuous step-down hospital intensive care unit confinements that occur during a hospitalization that begins before the effective date of coverage. We do not pay for ambulance if paid under the cancer and specified disease ambulance benefit.

Coverage Subject to the Policy - The coverage described in the certificate of insurance is subject in every way to the terms of the policy that is issued to the policyholder (your employer). It alone makes up the agreement by which the insurance is provided. The group policy may at any time be amended or discontinued by agreement between Allstate Benefits and the policyholder. Your consent is not required for this. Allstate Benefits is not required to give you prior notice.

The policy is Limited Benefit Cancer and Specified Disease Insurance. This is not a Medicare Supplement Policy. If eligible for Medicare, review Medicare Supplement Buyer's Guide available from American Heritage Life Insurance Company. This coverage does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

This material is valid as long as information remains current, but in no event later than August 1, 2021. Group Cancer benefits are provided under policy form GVCP3, or state variations thereof. The coverage provided is limited benefit supplemental cancer and specified disease insurance. The policy is not a Medicare Supplement Policy. If eligible for Medicare, review Medicare Supplement Buyer's Guide available from Allstate Benefits. There may be instances when a law requires that benefits under this coverage be paid to a third party, rather than to you. If you or a dependent have coverage under Medicare, Medicaid, or a state variation, please refer to your health insurance documents to confirm whether assignments or liens may apply. This is a brief overview of the benefits available under the group policy underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL). Details of the coverage, including exclusions and other limitations are included in the certificates issued. For additional information, you may contact your Allstate Benefits Representative.

Allstate Group Cancer Monthly Rates

	<i>Low Option w/out Optional Benefits</i>	<i>Low Option w/ Optional Benefits</i>	<i>Mid Option w/ Cancer Initial Diagnosis Benefit</i>	<i>High Option w/out Optional Benefits</i>	<i>High Option w/ Optional Benefits</i>
Employee	\$20.07	\$26.06	\$29.75	\$31.09	\$37.08
Employee + Spouse	\$30.96	\$41.50	\$47.02	\$47.51	\$58.05
Employee + Child(ren)	\$27.71	\$36.81	\$42.16	\$43.65	\$52.75
Family	\$38.57	\$52.23	\$59.39	\$60.04	\$73.70



Allstate[®]
BENEFITS

1776 American Heritage Life Drive, Jacksonville, Florida 32224
Customer Care Center: 1.800.521.3535 / www.allstate.com or AllstateBenefits.com



Group Accident Plan



Plan Features

- No limit on the number of claims.
- Supplements and pays regardless of any other insurance programs.
- Benefits available for Spouse and/or Dependent Children.
- Provides 24-hour (on and off-job) protection.
- Benefits for both inpatient and outpatient Treatment of covered accidents.
- Guaranteed-Issue – No underwriting required to qualify for coverage.
- Payroll Deduction – Premiums are paid by convenient payroll deduction.
- Immediate effective date – Coverage will be effective the date the employee signs the application.

Eligibility

Issue Ages

Employee 18 - 69

Spouse 18 - 64

Children under age 26, dependent

Portability

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

Termination of Coverage

Your insurance may terminate when the plan is terminated; the 31st day after the premium due date if the premium has not been paid; or the date you no longer belong to an eligible class. If your coverage terminates, we will provide benefits for valid claims that arose while your coverage was in force.

Accident Benefits

Complete Fractures (Diagnosis & Treatment Within 90 Days)

	Low Option		High Option	
	Closed Reduction	Open Reduction	Closed Reduction	Open Reduction
Hip/Thigh	\$1,000	\$1,500	\$1,500	\$2,250
Vertebrae	\$900	\$1,350	\$1,350	\$2,025
Pelvis	\$800	\$1,200	\$1,200	\$1,800
Skull (Depressed)	\$750	\$1,125	\$1,125	\$1,688
Leg	\$600	\$900	\$900	\$1,350
Forearm/Hand	\$500	\$750	\$750	\$1,125
Foot/Ankle/Kneecap	\$500	\$750	\$750	\$1,125
Shoulder Blade/Collar Bone	\$400	\$600	\$600	\$900
Lower Jaw (Mandible)	\$400	\$600	\$600	\$900
Skull (Simple)	\$350	\$525	\$525	\$788
Upper Arm/Upper Jaw	\$350	\$525	\$525	\$788
Facial Bones (Except Teeth)	\$300	\$450	\$450	\$675
Vertebral Processes	\$200	\$300	\$300	\$450
Coccyx/Rib/Finger/Toe	\$80	\$120	\$120	\$180

A fracture is a break in a bone which can be seen by x-ray. If more than one fracture requiring either open or closed reduction occurs in any one covered accident, we will pay the scheduled benefit for each fracture, not to exceed 150 percent of the scheduled benefit amount with for the bone fractured with the highest dollar value. Benefits for chip fractures are payable at 10 percent of the scheduled amount shown for the affected bone. A chip fracture is a piece of bone which is completely broken off near a joint.

Complete Dislocations (Diagnosis & Treatment Within 90 Days)

	Low Option		High Option	
	Closed Reduction	Open Reduction	Closed Reduction	Open Reduction
Hip	\$900	\$1,350	\$1,350	\$2,025
Knee (not kneecap)	\$650	\$975	\$975	\$1,462.50
Shoulder	\$500	\$750	\$750	\$1,125
Foot/Ankle	\$400	\$600	\$600	\$900
Hand	\$350	\$525	\$525	\$787.50
Lower Jaw	\$300	\$450	\$450	\$675
Wrist	\$250	\$375	\$375	\$562.50
Elbow	\$200	\$300	\$300	\$450
Finger/Toe	\$80	\$120	\$120	\$180

A dislocation is a completely separated joint. If more than one dislocation requiring either open or closed reduction occurs in any one covered accident, we will pay the scheduled benefit for each dislocation, not to exceed 150 percent of the scheduled benefit amount for the joint dislocated which has the higher dollar value. Benefits for partial dislocations are payable at 25 percent of the scheduled amount shown for the affected joint. A partial dislocation is one in which the joint is not completely separated. If the insured fractures a bone and dislocates a joint in the same accident, we will pay for both. However, we will pay no more than 150 percent of the scheduled benefit amount for the bone fractured or joint dislocated with the highest dollar value. Benefits are payable for only the first dislocation of a joint. We will not pay benefits for a recurring dislocation of the same joint. Joints dislocated prior to the effective date of coverage will not be covered should they become dislocated while coverage is in force.

Paralysis (Lasting More Than 90 Days & Diagnosed By A Physician Within 90 Days)

	Low Option		High Option	
	Employee & Spouse	Children	Employee & Spouse	Children
Quadriplegia	\$5,000	\$2,500	\$10,000	\$7,500
Paraplegia	\$5,000	\$2,500	\$10,000	\$7,500

Paralysis means the permanent loss of movement of two or more limbs. 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 (Treatment & Repaired With Stitches Within 72 Hours)

	Low Option	High Option
2" – 6" long	\$100	\$200

For lacerations not requiring stitches and treated by a physician, we pay \$25. For multiple lacerations, we will pay for the largest single laceration requiring stitches.

Injuries Requiring Surgery

	Low Option	High Option
Eye Injuries (treatment & surgery within 90 days)	\$125	\$250
Removal of foreign body (requiring no surgery)	\$25	\$50
Ruptured Disc (treatment within 60 days, surgical repair within one year; up to renewal years)	\$400	\$600
Torn Knee Cartilage (treatment within 60 days, surgical repair within one year; up to renewal years)	\$400	\$400
Tendons/Ligaments* (treatment within 60 days, surgical repair within 90 days) <i>Single</i> 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.	\$300	\$600

Medical Fees (For Each Accident)

	Low Option	High Option
Employee or Spouse	\$100	\$150
Child(ren)	\$70	\$105

If an insured is injured in a covered accident and receives Treatment within one year, we will pay this benefit for up to six Treatments per covered accident for Physician charges, emergency room services and supplies, and x-rays. The total amount payable will not exceed the maximum shown above per accident. Initial Treatment must be received within 60 days from the date of the accident.

Burns (Treatment Within 72 Hours)*

	Low Option	High Option
Second Degree - Less than 10% of body surface covered - At least 10%, but not more than 25% of body surface covered - At least 25%, but not more than 35% of body surface covered - More than 35% of body surface covered	\$30 \$60 \$150 \$300	\$60 \$120 \$300 \$600
Third Degree - Less than 10% of body surface covered - At least 10%, but not more than 25% of body surface covered - At least 25%, but not more than 35% of body surface covered - More than 35% of body surface covered	\$150 \$450 \$2,100 \$3,000	\$300 \$900 \$4,200 \$6,000
*First degree burns are not covered		
Concussion (resulting in electroencephalogram abnormality)	\$100	\$100
Coma (lasting 30 days or more) Coma means a state of profound unconsciousness caused by a covered accident. - Employee - Child	\$3,000 \$1,500	\$4,500 \$2,500
Internal Injuries (resulting in open abdominal or thoracic surgery)	\$300	\$450
Exploratory Surgery (without repair)	\$100	\$250
Emergency Dental Work (sound natural teeth) Repaired with crown	\$75	\$150

Accident Follow-Up Treatment

Low Option	High Option
\$25	\$25

We will pay this benefit for up to six Treatments per covered accident, per covered person for follow-up Treatment. The insured must have received initial Treatment within 72 hours of the accident and the follow-up Treatment must begin within 30 days of the covered accident or discharge from the Hospital.

Physical Therapy

Low Option	High Option
\$50	\$75

We will pay this benefit for up to six Treatments (one per day) per covered accident, per covered person for Treatment. The insured must have received initial Treatment within 72 hours 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.

Transportation (Within 90 Days)

	Low Option	High Option
Air Ambulance	\$250	\$500
Ambulance	\$150	\$150

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 above.

Transportation (Within 90 Days)

	Low Option	High Option
Train or Plane	\$300	\$300
Bus	\$150	\$150

If Hospital Treatment or diagnostic study is recommended by the employee's Physician as a result of a covered accident and is not available in his/her city of residence, we will pay the amount shown above. The distance to the location of the Hospital Treatment or diagnostic study must be more than 50 miles from the employee's residence.

Blood/Plasma

Low Option	High Option
\$100	\$100

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

Prosthesis

Low Option	High Option
\$500	\$750

If a covered accident requires the use of a prosthetic device, we will pay the amount shown above. Hearing aids, wigs, or dental aids, including (but not limited to) false teeth are not covered.

Appliance	Low Option	High Option
	\$100	\$150

We will pay this benefit 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)	Low Option	High Option
	\$100	\$100

If an insured is required to travel more than 100 miles for inpatient treatment of injuries received in a covered accident, We will pay this benefit 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. The treatment must be prescribed by the employee's local physician.

Wellness Benefit	Low Option	High Option
	\$60	\$60

You may receive this benefit for one routine examination or other preventive testing once per calendar year (payable for one covered person annually). Benefits are payable for: Annual physical exams, Mammograms, Pap smears, Eye examinations, Immunizations, Flexible sigmoidoscopies, PSAs, Ultrasounds and Blood screenings.

Hospital Admission		
	Low Option	High Option
Employee or Spouse	\$500	\$1,500
Child(ren)	\$300	\$1,000

We will pay this benefit when the employee is admitted to a Hospital and confined as a resident bed patient because of injuries received in a covered accident within six months of the accident. We will pay this benefit once per calendar year per insured person. We will not pay this benefit for confinement to an observation unit, or for emergency room Treatment or outpatient Treatment.

Hospital Confinement (Per Day)		
	Low Option	High Option
Employee or Spouse	\$100	\$200
Child(ren)	\$100	\$175

We will provide this benefit on the first day of Hospital confinement for up to 365 days. Hospital confinement must begin within 90 days from the date of the accident. This benefit is payable once per Hospital confinement even if the confinement is caused by more than one accidental injury.

Hospital Intensive Care (Per Day)		
	Low Option	High Option
Employee or Spouse	\$300	\$600
Child(ren)	\$200	\$450

Benefit paid up to 30 days per covered accident. Benefits are paid in addition to the hospital confinement.

Accidental Death & Dismemberment (Within 90 Days)						
	Low Option			High Option		
	Employee	Spouse	Children	Employee	Spouse	Children
Accidental Death	\$25,000	\$12,500	\$2,500	\$50,000	\$25,000	\$5,000
Accidental Common Carrier Death	\$35,000	\$17,500	\$3,500	\$70,000	\$35,000	\$7,000
Single Dismemberment	\$3,125	\$1,250	\$625	\$6,250	\$2,500	\$1,250
Double Dismemberment	\$12,500	\$5,000	\$2,500	\$25,000	\$10,000	\$5,000
Loss of One or More Fingers & Toes	\$625	\$250	\$125	\$1,250	\$500	\$250
Partial Amputation of Finger(s) or Toe(s); including at least one joint	\$100	\$100	\$100	\$100	\$100	\$100

Dismemberment Means:

1. Loss of a hand: the hand is cut off at or above the wrist joint; or
2. Loss of a foot: the foot is cut off at or above the ankle; or
3. Loss of sight: at least 80% of the vision in one eye is lost. Such loss of sight must be permanent and irrecoverable or
4. 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 loose at least one joint of a finger or toe, we will pay the Partial Dismemberment 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. If the Accidental Death Benefit is paid, we will not pay the Accidental Common Carrier Death Benefit.

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. Common carrier means:

1. 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;
2. A railroad train which is licensed and operated for passenger service only; or
3. Loss of sight: at least 80% of the vision in one eye is lost. Such loss of sight must be permanent and irrecoverable or
4. 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 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.

Pre-Existing Condition Limitation

Pre-existing Condition means within the 12-month period prior to the Effective Date of the Certificate and attached Riders, as applicable. We will not pay benefits for any loss or injury which is caused by, contributed to by, or resulting from a pre-existing condition for 12 months after the Effective Date. A Certificate may have been issued as a replacement for a Certificate previously issued under the Plan. If so, then the Pre-existing Condition Limitation Provision of the Certificate applies only to any increase in benefits over the prior Certificate. Any remaining period of Pre-existing Condition Limitation of the prior Certificate would continue to apply to the prior level of Benefits.

Exceptions and Reductions

We will not pay benefits for loss caused by pre-existing conditions (except as stated in the previous provision). We will not pay benefits for loss, injury, or death contributed to, caused by, or resulting from

- Participating in war or any act of war, declared or not, or participating in the armed forces of or contracting with any country or international authority. We will return the prorated premium for any period not covered when you are in such service. Operating, learning to operate, serving as a crew member on, or jumping or falling from any aircraft, including those which are not motor-driven.
- Participating or attempting to participate in an illegal activity or working at an illegal job.
- Committing or attempting to commit suicide, while sane or insane.
- Injuring or attempting to injure yourself intentionally.
- Traveling more than 40 miles outside the territorial limits of the United States, Canada, Mexico, Puerto Rico, The Bahamas, Virgin Islands, Bermuda and Jamaica except under the Accidental Common Carrier Death Benefit.
- Riding in or driving any motor-driven vehicle in a race, stunt show or speed test.
- Participating in any organized sport, professional or semi-professional.
- Being legally intoxicated or under the influence of any narcotic unless taken under the direction of a physician.
- Driving any taxi or intrastate or interstate long-distance vehicle for wage, compensation or profit.
- Mountaineering using ropes and/or other equipment, parachuting or hang-gliding.
- Having cosmetic surgery or other elective procedures that are not medically necessary or having dental treatment except as a result of covered accident.
- 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.

Aflac Accident Monthly Rates

24 Hour Coverage	Low Option	High Option
Employee	\$10.36	\$18.80
Employee & Spouse	\$14.62	\$25.82
Employee & Dependent Child(ren)	\$17.78	\$31.42
Employee & Family	\$22.04	\$38.44





Group Hospital Indemnity Plan



Plan Description

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

Plan Features

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

Additional Rider Available

- Waiver of Premium

Underwriting Guidelines – Guaranteed-Issue

Guaranteed-Issue

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

Late Enrollee Eligibility

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

Individual Eligibility

Issue Ages:

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

Spouse or Domestic Partner Coverage Available

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

Dependent Children Coverage Available

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

Successor Insured Benefit

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

Portability

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

Group Hospital Indemnity Benefits | Hospitalization Benefits – Base Plan

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

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

Health Screening Benefit – Once Per Calendar Year For Each Insured

Benefit	Benefit Amount
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.

Treatment Benefits

Benefit	Low	High
Major Diagnostic Exams – once per covered sickness or accident per calendar year We will pay the amount shown for each day that, due to a covered accidental injury or covered sickness, an insured requires one of the following exams: • Computerized Tomography (CT/CAT scan) • Magnetic Resonance Imaging (MRI) • Electroencephalography (EEG)	\$125	\$250

Surgical Benefits

Benefit	Low	High
Surgical Benefit (per procedure) If an insured has surgery performed by a physician due to an injury or because of a covered sickness, we will pay the appropriate surgical benefit amount shown in the Schedule of Operations. The surgical benefit paid will never exceed the maximum surgical benefit designated in the plan. The surgery can be performed in a hospital (on an inpatient or outpatient basis), in an ambulatory surgical center, or in a physician's office. If an operation is not listed in the Schedule of Operations, we will pay an amount comparable to that which would be payable for the operation listed in the Schedule of Operations (the operation that is nearest in severity and complexity). If two or more surgical procedures are performed at the same time through the same or different incisions, only one benefit—the largest—will be provided.	Up to \$750	Up to \$1,500

Surgical Benefits Continued

Benefit	Low	High
Anesthesia Benefits When an insured receives benefits for a surgical procedure covered under the Surgical Benefit, we will pay the appropriate benefit amount shown in the Schedule of Operations for anesthesia administered by a physician in connection with such procedure. However, the Anesthesia Benefit paid will not exceed 25 percent of the amount paid under Surgical Benefit.	Up to \$187.50	Up to \$375

Waiver of Premium Rider

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

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

Exclusions

We will not pay for loss due to:

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

Aflac Group Hospital Indemnity Monthly Rates

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





Group Critical Illness Plan

without Cancer



Plan Features

- Benefits are paid directly to you, unless otherwise assigned.
- Premiums are paid through convenient payroll deduction.
- Guaranteed-issue coverage available to employee and spouse.
- Each dependent child is covered at 50% of the primary insured amount at no additional charge.
- Benefit amounts are available from \$5,000 up to \$50,000 for employees and up to \$30,000 for spouse.
- An annual Health Screening benefit is included.
- The plan is portable, which means you can take your coverage with you if you change jobs or retire (with certain stipulations).

Underwriting Guidelines – Guaranteed- Issue

Guaranteed-issue coverage is available for all eligible employees. The following options are available: Up to **\$20,000** for employees and up to **\$10,000** for spouses with no participation requirement.

For employee amounts over **\$20,000** and spouse amounts over **\$10,000**:

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 18-69
- Spouse 18-69
- Children under age 26

Benefit-eligible employees, working at least **30 hours** or more weekly, with at least **0 days** of continuous employment by the date of the enrollment are eligible. If an employee is eligible, his spouse is also eligible and all children of the insured who are younger than 26 years of age are eligible for coverage. Seasonal and temporary workers are not eligible to participate.

Spouse Coverage Available

The employee may elect to purchase spouse coverage. In order to apply for spouse coverage, the employee must also apply. Spouses are eligible for benefit amounts equaling **100%** of the employee amount, not to exceed the \$30,000 maximum benefit. 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 is limited to face amounts up to \$30,000.

Dependent Children Coverage at No Additional Charge

Each eligible dependent child is covered at 50% of the primary insured amount at no additional charge. The payment of benefits for a dependent child does not reduce the face amount of the primary insured. Children-only coverage is not available.

Portability

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

Group Critical Illness Benefits

First Occurrence Benefit - After the waiting period, an insured may receive up to 100% of the benefit selected upon the first diagnosis of each covered critical illness; if the date of diagnosis is while coverage is in force, and the certificate does not exclude the illness or condition by name or by specific description. We will pay benefits for a critical illness in the order the events occur. We will deduct any previously-paid partial benefits from the appropriate critical illness benefit.

Critical Illnesses Covered Under Plan	Percentage of Face Amount/Benefit
Heart Attack	100%
Major Organ Transplant	100%
Renal Failure (End-Stage)	100%
Stroke	100%
Coronary Artery Bypass Surgery +	25%

Separate Diagnosis Benefit - We will pay benefits for each different critical illness after the first when the following conditions are met: the two dates of diagnosis must be separated by at least 6 months, and are not caused by or contributed to by a critical illness for which benefits have been paid.

Re-occurrence Benefit - Once benefits have been paid for a critical illness, we will pay additional benefits for that same critical illness when the dates of diagnosis are separated by at least 12 months.

+Payment of the partial benefit for Coronary Artery Bypass Surgery will reduce by 25% the benefit for a Heart Attack.

Health Screening Benefit - \$100

After the Waiting Period, we will pay a maximum of \$100 for health screening tests performed while an insured's coverage is in force. We will pay this benefit once per calendar year. This benefit is only payable for health screening tests performed as the result of preventative 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:

- 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
- 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
- Flexible sigmoidoscopy
- Hemoccult stool analysis
- Mammography
- Pap smear
- Thermography
- Colonoscopy

Specified Critical Illness Rider

Illnesses Covered Under Plan	Percentage of Face Amount
Coma	100%
Paralysis	100%
Severe Burns	100%
Loss of Speech	100%
Loss of Sight	100%
Loss of Hearing	100%
Advanced Alzheimer's Disease	25%
Advanced Parkinson's Disease	25%
Benign Brain Tumor	100%

We will pay the specified critical illness benefit if the insured is diagnosed with one of the specified critical illnesses shown in the rider schedule if the date of diagnosis is after the waiting period, the date of diagnosis occurs while the rider is in force, and the specified critical illness is not excluded by name or specific description in the rider. We will not pay benefits under the rider if these conditions result from another specified critical illness. For benefits to be payable on multiple specified critical illnesses, the date of loss for each illness must be separated by at least 12 months.

Heart Event Rider

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

We will pay the applicable category I or category II benefit if the insured is treated with one of the procedures shown on the rider schedule as long as the date of treatment is after the waiting period, treatment occurred while the rider is in force, treatment is recommended by a physician, and it is not excluded by name or specific description in the rider. Benefits are not payable under the rider for loss if these conditions result from another specified critical illness other than heart attack. For Heart Attack, we will pay applicable benefits. Payment of initial, reoccurrence, or separate diagnosis benefits are subject to the Benefit Provisions section of the certificate.

**This 100% represents the combination of total of applicable benefits available in this Rider and benefits available in the Certificate (for the same conditions). When combined, benefits from the Rider and Certificate will not exceed 100% of the maximum applicable benefit. Note that the 25% Coronary Artery Bypass Surgery (CABS) partial benefit in your base certificate is increased to 100% with this Rider. The CABS benefit in this Rider, combined with the benefit in your base certificate, equal 100% of the maximum benefit—not 125%.*

Benefits for Category II will reduce the benefit amounts payable for Category I benefits. Benefits will be paid only at the highest benefit level. If a Category I and a Category II procedure are performed at the same time, benefits are eligible only at the 100% (higher) event and will not exceed the applicable face amount shown on the Benefit Schedule in the Certificate. You are eligible to receive only one payment for each benefit category listed on the schedule page. The dates of loss for covered procedures must be separated by at least 12 months for benefits to be payable for multiple covered procedures.

Limitations and Exclusions

This plan contains a 30-day waiting period. This means that we will not pay benefits to an insured who has been diagnosed or had a health screening test performed before his coverage has been in force 30 days from the effective date. If a critical illness is first Diagnosed during the waiting period, we will only pay benefits for loss beginning after coverage has been in force for 12 months. Or, the insured may elect to void the certificate from the beginning and receive a full premium refund.

The applicable benefit amount will be paid if the date of diagnosis occurs after the waiting period, the date of diagnosis occurs while the insured's coverage is in force; and the cause of the illness is not excluded by name or specific description.

Pre-existing Condition is a sickness or physical condition that existed within the 12-month period before the insured's effective date. For this pre-existing condition, a medical professional must have advised, diagnosed, or treated the insured. We will not pay benefits for any critical illness resulting from or affected by a pre-existing condition if the critical illness was diagnosed within the 12-month period after the insured's effective date. We will not reduce or deny a claim for benefits for any critical illness that was diagnosed more than 12 months after the insured's effective date.

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

Specified Critical Illness Rider Exclusions

All limitations and exclusions that apply to the critical illness plan also apply to this rider unless amended by the rider. The waiting period and pre-existing condition limitation apply from the date of this rider is effective. No benefits will be paid for loss which occurred prior to the effective date of the rider. Benefits are not payable under for loss if these conditions result from another specified critical illness.

Heart Event Rider Exclusions

All limitations and exclusions that apply to the critical illness plan also apply to this rider unless amended by the rider. The waiting period and pre-existing condition limitation apply from the date of this rider is effective. No benefits will be paid for loss which occurred prior to the effective date of this Rider. The Company will not reduce or deny a claim for benefits for any covered heart procedure that was diagnosed more than 12 months after the effective date of this Rider. Any benefits for coronary artery bypass denied under this rider due to pre-existing conditions may be paid at the reduced benefit amount under the certificate, subject to the terms of the certificate.

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 (12/25)

Aflac Group Critical Illness w/out Cancer – Monthly Rates

NON-TOBACCO: Employee

	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$5.52	\$7.54	\$9.56	\$11.57	\$13.59	\$15.61	\$17.63	\$19.65	\$21.67	\$23.69
30-39	\$6.89	\$10.27	\$13.66	\$17.04	\$20.43	\$23.82	\$27.20	\$30.59	\$33.97	\$37.36
40-49	\$10.44	\$17.38	\$24.32	\$31.26	\$38.20	\$45.14	\$52.08	\$59.02	\$65.96	\$72.90
50-59	\$15.20	\$26.89	\$38.59	\$50.28	\$61.98	\$73.67	\$85.37	\$97.06	\$108.76	\$120.45
60 - 69	\$25.34	\$47.18	\$69.02	\$90.86	\$112.71	\$134.55	\$156.39	\$178.23	\$200.07	\$221.91

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	\$5.52	\$6.53	\$7.54	\$8.55	\$9.56	\$10.57	\$11.57	\$12.58	\$13.59	\$15.61
30-39	\$6.89	\$8.58	\$10.27	\$11.96	\$13.66	\$13.35	\$17.04	\$18.74	\$20.43	\$23.82
40-49	\$10.44	\$13.91	\$17.38	\$20.85	\$24.32	\$27.79	\$31.26	\$34.73	\$38.20	\$45.14
50-59	\$15.20	\$21.04	\$26.89	\$32.74	\$38.59	\$44.43	\$50.28	\$56.13	\$61.98	\$73.67
60 - 69	\$25.34	\$36.26	\$47.18	\$58.10	\$69.02	\$79.94	\$90.86	\$101.79	\$112.71	\$134.55

TOBACCO: Employee

	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$6.61	\$9.72	\$12.83	\$15.94	\$19.04	\$22.15	\$25.26	\$28.37	\$31.48	\$34.59
30-39	\$8.85	\$14.20	\$19.55	\$24.90	\$30.24	\$35.59	\$40.94	\$46.29	\$51.64	\$56.99
40-49	\$17.21	\$30.92	\$44.63	\$58.34	\$72.05	\$85.76	\$99.47	\$113.18	\$126.88	\$140.59
50-59	\$26.68	\$49.86	\$73.04	\$96.22	\$119.41	\$142.59	\$165.77	\$188.95	\$212.13	\$235.31
60 - 69	\$45.28	\$87.06	\$128.85	\$170.63	\$212.41	\$254.19	\$295.98	\$337.76	\$379.54	\$421.32

TOBACCO: Spouse

	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000	\$30,000
18-29	\$6.61	\$8.16	\$9.72	\$11.27	\$12.83	\$14.38	\$15.94	\$17.49	\$19.04	\$22.15
30-39	\$8.85	\$11.52	\$14.20	\$16.87	\$19.55	\$22.22	\$24.90	\$27.57	\$30.24	\$35.59
40-49	\$17.21	\$24.06	\$30.92	\$37.77	\$44.63	\$51.48	\$58.34	\$65.19	\$72.05	\$85.76
50-59	\$26.68	\$38.27	\$49.86	\$61.45	\$73.04	\$84.63	\$96.22	\$107.82	\$119.41	\$142.59
60 - 69	\$45.28	\$66.17	\$87.06	\$107.96	\$128.85	\$149.74	\$170.63	\$191.52	\$212.41	\$254.19





Short-Term Disability Plan

OneAmericaSM
Financial

Class Description

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

Disability

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

Monthly Benefit

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

Elimination Period

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

Benefit Duration

This is the period of time that benefits will be payable for disability. You can choose a maximum STD benefit duration, if continually disabled, of thirteen (13) weeks, twenty-six (26) weeks, or fifty-two (52) weeks.

Basis of Coverage

24 Hour Coverage, on or off the job.

Maternity Coverage

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

STD Pre-Existing Condition Exclusion

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

Recurrent Disability

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

Portability

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

Annual Enrollment

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

Exclusions and Limitations

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

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

AUL Short-Term Disability Monthly Rates

Monthly Benefit	13 Week Benefit Duration	26 Week Benefit Duration	52 Week Benefit Duration
\$500	\$10.36	\$15.00	\$19.72
\$600	\$12.43	\$18.00	\$23.66
\$700	\$14.50	\$21.00	\$27.60
\$800	\$16.57	\$24.00	\$31.54
\$900	\$18.64	\$27.00	\$35.49
\$1,000	\$20.71	\$30.00	\$39.43
\$1,100	\$22.78	\$33.00	\$43.37
\$1,200	\$24.85	\$36.00	\$47.32
\$1,300	\$26.92	\$39.00	\$51.26
\$1,400	\$28.99	\$42.00	\$55.20
\$1,500	\$31.07	\$45.00	\$59.15
\$1,600	\$33.14	\$48.00	\$63.09
\$1,700	\$35.21	\$51.00	\$67.03
\$1,800	\$37.28	\$54.00	\$70.97
\$1,900	\$39.35	\$57.00	\$74.92
\$2,000	\$41.42	\$60.00	\$78.86



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

OneAmericaSM
Financial

LTD Class Description

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

LTD Monthly Benefit

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

LTD Elimination Period

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

LTD Benefit Duration

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

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

LTD Total Disability Definition

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

Special Conditions

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

Mental & Nervous / Drug & Alcohol

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

Other Income Offsets

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

Waiver of Premium

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

Pre-Existing Condition Exclusion

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

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

Portability

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

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

Annual Enrollment

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

Exclusions and Limitations

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

AUL Long-Term Disability Monthly Rates

<i>Monthly Benefit Amount</i>	<i>Age 0 - 29</i>	<i>Age 30 - 39</i>	<i>Age 40 - 49</i>	<i>Age 50 - 59</i>	<i>Age 60 +</i>
\$500	\$3.75	\$6.25	\$8.15	\$22.00	\$33.00
\$1,000	\$7.50	\$12.50	\$16.30	\$44.00	\$66.00
\$1,500	\$11.25	\$18.75	\$24.45	\$66.00	\$99.00
\$2,000	\$15.00	\$25.00	\$32.60	\$88.00	\$132.00



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



Basic Term Life Plan

OneAmericaSM
Financial

What Is Term Life Insurance?

Term Life insurance is coverage provided by your employer that lasts for a set period of time. While you're working, it can be used to ensure your family is able to replace your earnings and potential future earnings if you die.

That money can be used to pay your final expenses and to cover housing, household debts, education and more when your income is no longer available. Having Term Life insurance can help provide peace of mind that your family will be protected.

What Is Accidental Death And Dismemberment?

If death is the result of an accident, such as a car accident or workplace accident, beneficiaries may receive an additional benefit as stated in your certificate.

How Much Does It Cost?

Your employer is providing this coverage to you at no cost.

What Is The Benefit Amount?

- ✓ Your benefit is \$2,500
- ✓ Your guarantee issue amount is \$2,500

What Is A Beneficiary?

Your beneficiary is who you leave your life insurance benefit to when you die. You can name one or more primary beneficiaries. If your primary beneficiary dies before you, your contingent or secondary beneficiary (or beneficiaries) will receive your life insurance benefit.

Please note any claim payment to a minor child would require a legal custodian to be appointed. Refer to this page for more information on selecting a beneficiary. It's a good idea to review your beneficiaries at least once a year to ensure your information is up to date.

How Long Can I Keep My Benefits?

If you leave your employer and wish to take your coverage with you, other options may be available for continuing coverage. Contact your HR department to learn more or visit <https://www.oneamerica.com/employers/keep-mybenefits>.

OneAmericaSM
Financial

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



Optional Term Life Plan



Optional Employee Life and AD&D Insurance

You now have the opportunity to elect group term life insurance coverage at low group rates and through payroll deductions.

Optional Dependent Life Insurance

Provides coverage on:

- Your Spouse
- Child(ren) from 14 days of age up to 19 (to age 26 if wholly dependent upon you for maintenance and support and if enrolled as a full-time student in an accredited school or college). Handicapped children can continue to be covered with no age limit. It is your responsibility to notify payroll in writing when a dependent is ineligible for coverage. Examples of ineligible dependent status are divorce or a child graduates from college.

Features

The plan features easy eligibility and simple enrollment procedures. Furthermore, automatic payroll deductions simplify paperwork. This means less bookkeeping for you and no worries about a lapse in coverage due to missed payments.

Low Cost

Your cost is lower than for comparable insurance on an individual basis due to the "wholesale" economies inherent in group insurance. Additionally, the system absorbs the cost of administering the program which is underwritten by MetLife - a leader in the field of group coverage.

Eligibility

You will be eligible for this program if you are a full-time active employee.

When Your Insurance Starts

If you meet the eligibility requirements described above for date of enrollment and for effective date of coverage, your Optional Employee Life Insurance, if you have enrolled for that coverage, will become effective on the date of your eligibility provided you are then actively at work; otherwise, on the day you return to active work. If you enroll for Optional Dependent Life Insurance, that coverage will become effective on the date your Optional Employee Life Insurance becomes effective, for any dependents who meet the eligibility requirements described above. If you or any dependents do not satisfy the eligibility requirements described above for date of enrollment and for effective date of coverage, that person will not become insured for Optional Life Insurance until such person has furnished medical evidence of insurability satisfactory to MetLife.

Reductions at Age 70 & Over

If you remain in active service beyond age 70 your combined amount of Basic and Optional Employee Life Insurance will be as follows:

<i>Attained Age</i>	<i>Percent of Original Amount</i>
70	65%
75	45%
80	30%

Termination of Coverage

All insurance under this plan will terminate with the earliest of the following events. The events include: termination upon retirement, termination of employment, plan cessation or withdrawal from the plan. Nevertheless, if you should die within 31 days thereafter, your life insurance will still be paid to the beneficiary. If any of your covered dependents should die within such 31 day period, the amount of Life Insurance on account of such dependent will be paid to you.

Disability

Your insurance may be continued during your disability provided the Board of Education continues premium payments on your behalf. However, your insurance will be subject to reduction as shown under "Reductions at ages 70 & Over."

Conversion

If your employment terminates while you are covered under the plan, you may purchase without medical evidence of insurability, any individual insurance policy, except a term policy, issued by Metropolitan Life in any amount up to the amount of your coverage in effect on your date of termination. You must apply for this policy within 31 days after the date your employment terminates. This privilege applies to Optional Dependent Life Insurance as well.

Portability

Portability allows employees whose coverage ends due to certain qualifying events to continue their current (or a lesser) amount of insurance. Portability applies to Employee Optional Life Insurance not dependent(s).

Qualifying Events Include:

- Termination of Employment
- Retirement
- Change in employee class which results in the termination of Optional Life Benefits.

The minimum face amount which an employee may elect portability is \$20,000. Portable coverage reduces to 50% on January 1st of the year the insured attains age 70 and terminates on January 1st of the year the insured attains age 80. When portable coverage ends, insured individuals have the right to convert to an individual policy.

The Accelerated Benefit Option (ABO)

Metropolitan Life Insurance Company has included an Accelerated Benefit Option (ABO) as part of your group life benefits. Under this option, if you or your dependent spouse are diagnosed as having a terminal illness, you may be eligible to receive a portion of your group life benefits at such a difficult time. Please refer to your Group Certificate for details.

Suicide Exclusion

No Optional Employee Life or Dependent Life Benefits are payable if you commit suicide within two years from the effective date of the coverage.

Claims Procedures

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

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

Schedule of Benefits

Optional Employee Life Insurance

Your choice of the following amounts:

- \$10,000, \$20,000, \$30,000, \$40,000, \$50,000, \$60,000, \$70,000, \$80,000, \$90,000, \$100,000, \$150,000, \$200,000, \$250,000.

***Amounts over \$50,000 will require evidence of insurability.**

Optional Dependent Life Insurance

- Spouse - Increments of \$10,000 up to \$50,000*. Spouse coverage may not exceed the Employee Optional Life amount.
- Child - Increments of \$5,000 to \$25,000* per child. Child coverage may not exceed the Employee Optional Life amount.

*Spouse amounts over \$10,000 and child amounts over \$5,000 will require evidence of insurability

Optional Dependent Life Insurance is available only to those eligible employees who are insured for Employee Optional Life Insurance. If both husband and wife are employees only one can cover the dependent children.

See next page for rates.

Employee Optional Term Life Insurance

Coverage Amount	< 25	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70 +
\$10,000	\$0.50	\$0.60	\$0.80	\$0.90	\$1.00	\$1.50	\$2.30	\$4.20	\$6.00	\$10.90	\$18.70
\$20,000	\$1.00	\$1.20	\$1.60	\$1.80	\$2.00	\$3.00	\$4.60	\$8.40	\$12.00	\$21.80	\$37.40
\$30,000	\$1.50	\$1.80	\$2.40	\$2.70	\$3.00	\$4.50	\$6.90	\$12.60	\$18.00	\$32.70	\$56.10
\$40,000	\$2.00	\$2.40	\$3.20	\$3.60	\$4.00	\$6.00	\$9.20	\$16.80	\$24.00	\$43.60	\$74.80
\$50,000	\$2.50	\$3.00	\$4.00	\$4.50	\$5.00	\$7.50	\$11.50	\$21.00	\$30.00	\$54.50	\$93.50
\$60,000	\$3.00	\$3.60	\$4.80	\$5.40	\$6.00	\$9.00	\$13.80	\$25.20	\$36.00	\$65.40	\$112.20
\$70,000	\$3.50	\$4.20	\$5.60	\$6.30	\$7.00	\$10.50	\$16.10	\$29.40	\$42.00	\$76.30	\$130.90
\$80,000	\$4.00	\$4.80	\$6.40	\$7.20	\$8.00	\$12.00	\$18.40	\$33.60	\$48.00	\$87.20	\$149.60
\$90,000	\$4.50	\$5.40	\$7.20	\$8.10	\$9.00	\$13.50	\$20.70	\$37.80	\$54.00	\$98.10	\$168.30
\$100,000	\$5.00	\$6.00	\$8.00	\$9.00	\$10.00	\$15.00	\$23.00	\$42.00	\$60.00	\$109.00	\$187.00
\$150,000	\$7.50	\$9.00	\$12.00	\$13.50	\$15.00	\$22.50	\$34.50	\$63.00	\$90.00	\$163.50	\$280.50
\$200,000	\$10.00	\$12.00	\$16.00	\$18.00	\$20.00	\$30.00	\$46.00	\$84.00	\$120.00	\$218.00	\$374.00
\$250,000	\$12.50	\$15.00	\$20.00	\$22.50	\$25.00	\$37.50	\$57.50	\$105.00	\$150.00	\$272.50	\$467.50

Spouse	
Coverage Amount	Rates
\$10,000	\$5.60
\$20,000	\$11.20
\$30,000	\$16.80
\$40,000	\$22.40
\$50,000	\$28.00

Children	
Coverage Amount	Rates
\$5,000	\$1.00
\$10,000	\$2.00
\$15,000	\$3.00
\$20,000	\$4.00
\$25,000	\$5.00

Optional Dependent Life Insurance is available only to those eligible employees who are insured for Employee Optional Life Insurance.

Child coverage is regardless of number of children covered. If both husband and wife are employees, only one can cover the dependent children.

Spouse/Child benefit cannot exceed Employee Optional Life Benefit.



If you have any questions regarding your statement of health or life insurance claim, please call (800) 638-6420.

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



Universal Life Plan



Trustmark Universal Life

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

Plan Features

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

Long-Term Care

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

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

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

Additional Advantages

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

What Can Universal Life Benefits Help Pay For?

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

Universal Life Sample Rates

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

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

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

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

This provides a brief description of your benefits under GUL205/UUL205 and applicable riders HH/LTC205, BRR205, BXR205, ABR205, ADB205, CT205 and WP205. Benefits, definitions, exclusions, form numbers and limitations may vary by state. This policy contains a provision that guarantees against lapse for a period of 10 years (14 years in OR; 15 years for Universal LifeEvents) as long as premiums are paid as planned. If you make changes to your coverage during this period, or pay only the minimum premium, you may prevent cash value accumulation or reduce your death benefit amount. If there is negative cash value at the end of the no-lapse period, you must pay enough premium to establish positive cash value. You may also need to maintain your policy with a higher premium than the one you paid to satisfy the no-lapse guarantee or coverage may expire prior to age 100 even if the premium shown is paid as scheduled. A policy illustration will be delivered with your policy. Your policy will contain complete information. For costs and further details of the coverage, including exclusions, any reductions or limitations and terms under which the policy may be continued in force, see your agent or write to the company. For exclusions and limitations that may apply, visit www.trustmarkinsurancesolutions.com/disclosures/UUL/A112-2216-UUL. In California, review “A Consumer's Guide to Long-term Care from the Department of Aging” at: http://www.asiine.ca.gov/about/cda/publications/Taking_Care_of_Tomorrow_English/. Underwriting conditions may vary, and determine eligibility for the offer of insurance. Trustmark® is a registered trademark of Trustmark Insurance Company.



Employee Assistance Program (EAP)

OneAmericaSM
Financial

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

Confidential Counseling

3 Session Plan

This no-cost counseling service helps you address stress, relationship and other personal issues you and your family may face. It is staffed by GuidanceConsultantsSM—highly trained master's and doctoral level clinicians who will listen to your concerns and quickly refer you to in-person counseling (up to 3 sessions per issue per year) and other resources for:

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

Financial Information & Resources

Discover your best options

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

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

Legal Support & Resources

Expert info when you need it

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

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



Work-Life Solutions

Delegate your "to-do" list

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

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

GuidanceResources[®] Online

Knowledge at your fingertips

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

- Timely articles, HelpSheetsSM, tutorials, streaming videos & self-assessments
- "Ask the Expert" personal responses to your questions
- Child care, elder care, attorney and financial planner searchers

Free Online Will Preparation

Get peace of mind

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

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

Confidential Assistance

Call Your ComPsych[®] GuidanceResources[®] program anytime for confidential assistance.

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

Online: guidanceresources.com

Your company Web ID: ONEAMERICA3



Travel Assistance

OneAmericaSM
Financial

Emergencies happen, but help is now only a phone call or email away. On Call International® offers a suite of services to help you in your time of need — from small inconveniences like losing your luggage to life-threatening situations — all delivered with a caring, human touch.

Find comfort in knowing you and your loved ones are protected by the Travel Assistance benefit when traveling more than 100 miles from home for business or leisure. The Travel Assistance benefit protects you when covered under a OneAmerica® company group life insurance policy. It also extends coverage to your spouse, domestic partner and children (under 21 or 25 and living at home as a fulltime student) even when they are traveling without you. The Travel Assistance benefit requires no additional premium; however, exclusions do apply.

Medical Assistance And Transportation Services

Pre-trip plan to provide up-to-date information regarding required vaccinations, health risks, travel restrictions and weather conditions.

Medical monitoring and review of documentation utilizing professional case managers and medical professionals to ensure appropriate care is received.

24-hour nurse help line to provide clinical assessment, education and general health information.

Replacement of prescriptions and eyeglasses that have been lost or stolen by consulting with the prescribing provider to transfer prescription to or arranging an appointment with a local provider.

Medical, behavioral or mental health, dental and pharmacy referrals to assist in finding care providers and medical facilities.

Coordination of benefits by requesting health information from the participant and attempting to coordinate benefits during an active travel assistance case.

Emergency medical evacuation to arrange and coordinate air and/or ground transportation and medical care during transportation to the nearest hospital where appropriate care is available.

Medical repatriation to arrange the transport of the participant with a qualified medical attendant, if medically necessary, to their residence or home hospital.

Return of remains to arrange the transportation of a participant's remains to their home in the event of their death while traveling.

Travel assistance services

- ✓ Pre-trip information
- ✓ 24/7 emergency travel arrangements
- ✓ Translator and interpreter referral
- ✓ Emergency travel funds assistance
- ✓ Legal consultation and referral
- ✓ Lost or stolen travel documents assistance
- ✓ Emergency messaging
- ✓ Lost luggage assistance



24-hour travel assistance

Travel Assistance is made available through

OneAmerica® by an agreement with On Call International®

1-866-816-2103 (US/Canada)

1-603-328-1754 (call collect from other locations)

Email: mail@oncallinternational.com



This is a brief summary of coverage for insured participants. This is not a contract of insurance. Coverage is governed by an insurance policy issued to OneAmerica®. The policy is underwritten by International Insurance Co. of Hannover Ltd. Complete information on the insurance is contained in the Certificate of Insurance on file with OneAmerica. If there is a difference between this program description and the certificate wording, the certificate controls.



Continuation of Benefits

If You Leave Employment

Aflac Group Plan(s)

If you are no longer employed and would like to keep your current Aflac Group plan(s) in place, you may be able to port your plans. Visit 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**.

Allstate Benefits Group Cancer

You may continue your Allstate Cancer policy for yourself and eligible dependents who are covered when you terminate employment. For more information, contact **Allstate Benefits at 1-800-521-3535**.

Ameritas Dental

Under the group dental plan, you and your covered dependents are eligible to continue dental coverage through COBRA according to the same qualifying events listed by the IRS. Should you have any questions, you may contact **Ameritas at 1-800-487-5553**.

Community Eye Care (CEC) Vision

Existing CEC members who terminate employment will be able to enroll in the CEC portability plan within 60 days of their termination date. Coverage will commence on the first day of the month following receipt of the member's completed form. New membership cards will be mailed to the member prior to their new effective date. For more information, contact **CEC at (888) 254-4290**.

FBA Flexible Spending Account

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

MetLife Term Life

If your employment terminates while you are covered under the plan or when you are approved for long-term disability, you may purchase without medical evidence of insurability, any individual insurance policy. You must apply for conversion within 31 days after the date your coverage terminates. For more information, contact **MetLife at 1-877-275-6387**.

OneAmerica (AUL) Short & Long-Term Disability

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

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. For more information, contact **Trustmark at 1-800-918-8877 (opt 6)**.

Contact Information

Aflac

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

Ameritas Dental

Phone: 1-800-487-5553
www.ameritas.com

Allstate Benefits

1776 American Heritage Life Drive | Jacksonville, FL 32224
Policy questions please call: 800-521-3535
Claims questions please call: 800-348-4489
www.allstate.com

Community Eye Care (CEC)

2359 Perimeter Pointe Parkway, Suite 150
Charlotte, NC 28208
Phone: 1-888-254-4290
info@cecvision.com

Flexible Benefit Administrators

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

MetLife

Portability: 1-866-492-6983
Conversion: 1-877-275-6387
solutions@metlife.com

OneAmerica (AUL)

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

Trustmark Universal Life

Phone: 1-800-918-8877 (option 6)
www.trustmarkins.com



NOTES

[illegible]



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

Arranged and Enrolled by Mark III Brokerage, Inc.



211 Greenwich Road
Charlotte, NC 28211

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