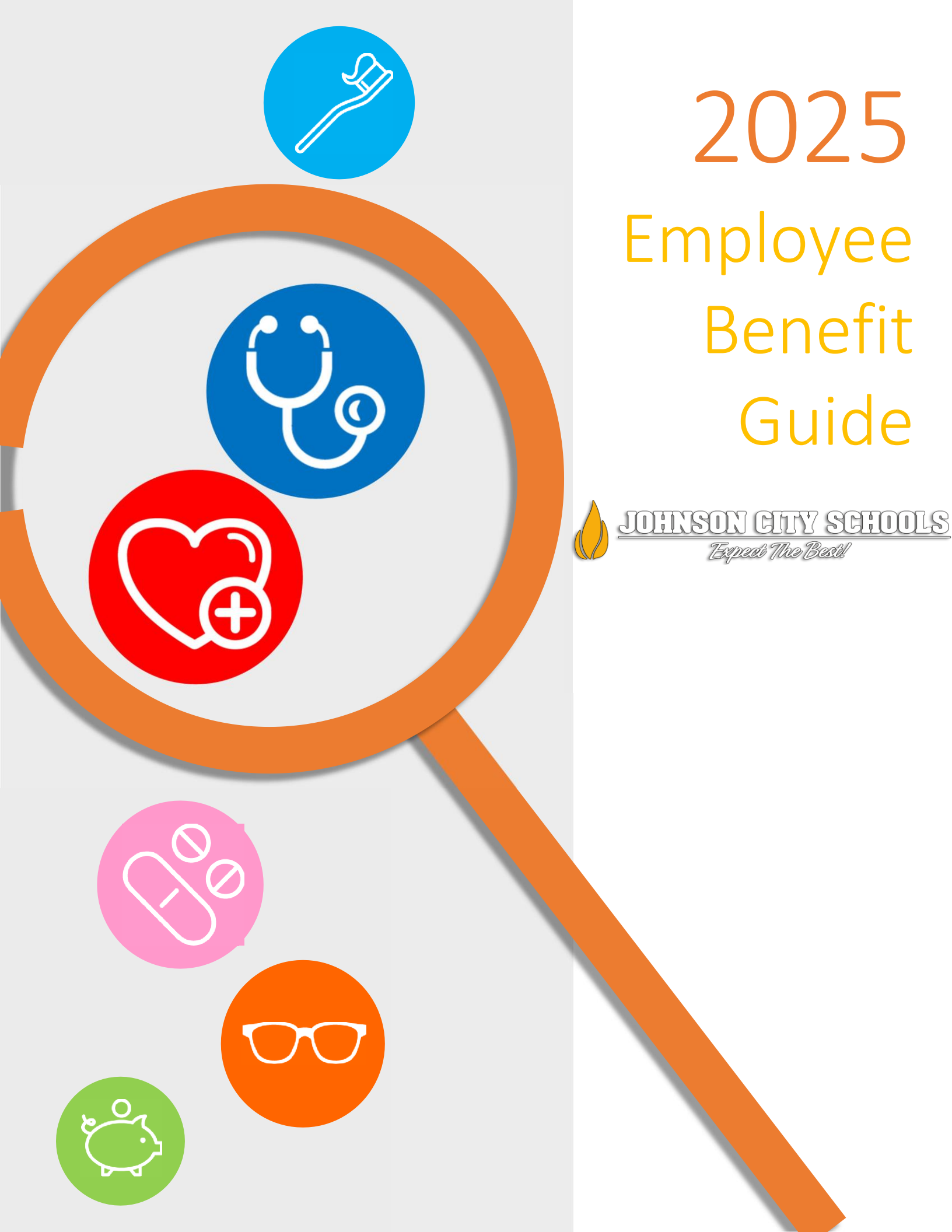




2025 Employee Benefit Guide



JOHNSON CITY SCHOOLS
Expect The Best!



About Your Benefits

At Johnson City Schools, we are committed to providing a comprehensive and affordable benefits package to you and your family. This includes benefits such as Health, Dental, Vision, Life, Disability, and many other supplemental insurance plans. This booklet is designed to provide you with an overview of the District's plan options.

Eligibility and Enrollment

You are eligible to participate in Johnson City Schools benefits if you working at least 30 hours per week enroll for benefits, you may also cover your:

- Legal spouse
- Children up to age 26
- Unmarried children of any age who are mentally or physically disabled

Making Changes to Your Benefits

Each year, you have the opportunity to make changes to your benefits during open enrollment. You may make mid-year changes to your benefits only if you have a qualifying life event. Examples of qualifying life events include:

- Marriage or divorce
- Birth or adoption of a child
- Change in a dependent's eligibility status or death of dependent
- Change in employment status for you or your dependents
- Change in the cost of dependent care (for dependent care flexible spending accounts only)

Customer Service Contact Information

Provider	Phone/Email	Website
<i>Medical</i> BlueCross BlueShield Cigna	BCBS – 800-558-6213 Cigna – 800-997-1617	www.bcbst.com/members/tn_state www.cigna.com/stateoftn
<i>Pharmacy</i> CVS/Caremark	877-522-8679	www.info.caremark.com/stateoftn
<i>Emotional Wellbeing Solutions</i> Optum	855-437-3486	Here4TN.com
<i>Dental & Vision</i> Delta Dental	Dental – 800-223-3104 Vision – 800-877-7195	www.deltadentaltn.com www.vsp.com
<i>Flexible Spending/Dependent Care Account</i> Consolidated Administrative Services	877-941-5956	www.consolidatedadmin.com
<i>Accident</i> Securian	833-810-8260	www.Securian.com
<i>Cancer</i> Baybridge Administrators	800-845-7519	www.bbadmin.com
<i>Disability</i> USABLE	800-370-5856	www.usablelife.com
<i>Universal Life</i> Trustmark	800-918-8877	www.trustmarkbenefits.com
<i>Critical Illness</i> UNUM	866-679-3054	www.unum.com
<i>Insurance Broker</i> Gallagher	844-305-6135	www.MyBenefitsChannel.com



Medical Coverage

Health Plan Choices

When electing Health plans, you will make 3 main choices. What plan design do you want, what network do you want, and who do you want to cover. Dependent verification is also required to add family members to your health plan. Please see Dependent Eligibility chart on following page for list of eligible documents.

The state offers 4 Health plans:

- Premier - 85/15
- Standard - 80/20
- Limited - 70/30
- CDHP (Consumer Driven Health Plan) - 70/30 with High Deductible and HSA Eligibility

The state offers two carriers with two network choices:

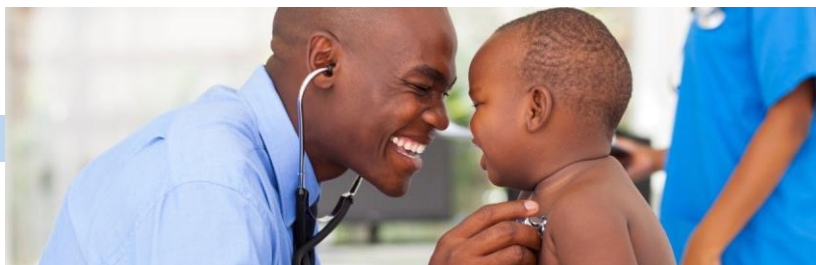
- Blue Cross & Blue Shield of TN Network S
- Blue Cross & Blue Shield of TN Network P
- Cigna Local Plus
- Cigna Open Access

The state offers 4 tiers of coverage:

- Employee Only
- Employee + Child/ren
- Employee + Spouse
- Family

Important Reminder for Section-125 and Supplemental Benefits:

Separate from the Health enrollment, we hold meetings each year for our Section-125 and other supplemental benefits. Health, Dental, and Vision insurance are the only plans enrolled via Edison, all other plans are enrolled in person with an on-site benefits counselor. Open Enrollment dates and times for these plans will be communicated separately closer to enrollment time.





Dependent Eligibility Documents

TYPE OF DEPENDENT	DEFINITION	REQUIRED DOCUMENT(S) FOR VERIFICATION
Spouse	A person to whom the participant is legally married	You will need to provide a document providing marital relationship AND a document proving joint ownership Proof of Marital Relationship - Government issued marriage certificate or license - Naturalization papers including marital status Proof of Joint Ownership - Bank Statement issued within the last six months with both names; or - Mortgage Statement issued within the last six months with both names; or - Residential Lease Agreement within the current terms with both names; or - Credit Card Statement issued within the last six months with both names; or - Property Tax Statement issued within the last 12 months with both names; or - The first page of most recent Federal Tax Return filed showing "married filed jointly" (if married filing separately, submit page 1 of both returns or form 8879 (electronic filing)) If just married in the previous 12 months, only a marriage certificate is needed for proof of eligibility
Natural (biological) child under age 26	A natural (biological) child	The child's birth certificate; or Certificate of Report of Birth (DS-1350); or Consular Report of Birth Abroad of a Citizen of the United States of America (FS-240); or Certification of Birth Abroad (FS-545)
Adopted child under age 26	A child the participant has adopted or is in the process of legally adopting	Court documents signed by a judge showing that the participant as adopted the child; or International adoption papers from country of adoption; or Papers from the adoption agency showing intent to adopt
Child for whom the participant is legal guardian	A child for whom the participant is the legal guardian	Any legal document that establishes guardianship
Stepchild under age 26	A stepchild	Verification of marriage between employee and spouse (as outlined above) and birth certificate of the child showing the relationship to the spouse; or Any legal document that establishes relationship between the stepchild and the spouse or the member
Child for whom the plan has received a qualified Health child support order	A child who is named as an alternate recipient with respect to the participant under a qualified Health child support order (QMCSO)	Court documents signed by a judge; or Health support orders issued by a state agency
Disabled dependent	A dependent of any age (who falls under one of the categories previously listed) and due to a mental or physical disability, is unable to earn a living. The dependent's disability must have begun before age 26 and while covered under a state-sponsored plan.	Documentation will be provided by the insurance carrier at the time incapacitation is determined.



Health Plan Comparison

In-Network 2025 Health Plan Comparison

Your Costs for Covered Services	Premier PPO	Standard PPO	Limited PPO	CDHP/HSA
Annual Deductible				
Employee Only	\$750	\$1,300	\$1,800	\$2,000
Employee+Child(ren)	\$1,125	\$1,950	\$2,500	\$4,000
Employee+Spouse	\$1,500	\$2,600	\$2,800	\$4,000
Family	\$1,875	\$3,250	\$3,600	\$4,000
Maximum Out-of-Pocket				
Employee Only	\$3,600	\$4,000	\$6,800	\$5,000
Employee+Child(ren)	\$5,400	\$6,600	\$13,600	\$10,000
Employee+Spouse	\$7,200	\$8,800	\$13,600	\$10,000
Family	\$9,000	\$11,000	\$13,600	\$10,000
Preventive Care	No charge	No charge	No charge	No charge
Primary Care/ Convenience Care	\$25 copay	\$30 copay	\$35 copay	30% coinsurance after deductible
Specialist/Urgent Care	\$45 copay	\$50 copay	\$55 copay	30% coinsurance after deductible
Telehealth (approved carrier program only)	\$15 copay	\$15 copay	\$15 copay	30% coinsurance after deductible
Behavioral Health & Sub- stance use (and virtual visits)	\$25 copay	\$30 copay	\$35 copay	30% coinsurance after deductible
Routing X-Rays, Labs & diagnostics	15% coinsurance	20% coinsurance	30% coinsurance	30% coinsurance after deductible
Pharmacy (30-day supply)				
Generic	\$7 copay	\$14 copay	\$14 copay	30% coinsurance after deductible
Preferred Brand	\$40 copay	\$50 copay	\$60 copay	
Non Preferred Brand	\$90 copay	\$100 copay	\$110 copay	
Specialty Tier 1	20% coinsurance (min \$50; max \$150)	20% coinsurance (min \$50; max \$150)	20% coinsurance (min \$50; max \$150)	
Specialty Tier 2	30% coinsurance (min \$200; max \$400)	30% coinsurance (min \$200; max \$400)	30% coinsurance (min \$200; max \$400)	
Hospital/Facility Services	15% coinsurance after deductible	20% coinsurance after deductible	30% coinsurance after deductible	30% coinsurance after deductible
Maternity	15% coinsurance after deductible	20% coinsurance after deductible	30% coinsurance after deductible	30% coinsurance after deductible
Outpatient Physical, Speech & Occupational Therapy	15% coinsurance	20% coinsurance	30% coinsurance	30% coinsurance after deductible
ER Visit	15% coinsurance after deductible	20% coinsurance after deductible	30% coinsurance after deductible	30% coinsurance after deductible



Health Plan Premiums

24 Deductions

Health Plan/Employee Tier	BCBST Network S CIGNA Local Plus	BCBST Network P CIGNA Open Access
PREMIER PPO		
Employee Only	\$113.25	\$124.50
Employee + Child(ren)	\$186.60	\$199.35
Employee + Spouse	\$254.70	\$277.20
Family	\$294.15	\$316.65
Family w/ Both working for JCS	\$238.15	\$256.65
STANDARD PPO		
Employee Only	\$105.15	\$116.40
Employee + Child(ren)	\$173.40	\$186.15
Employee + Spouse	\$236.55	\$259.05
Family	\$273.30	\$295.80
Family w/ Both working for JCS	\$218.30	\$239.80
LIMITED PPO		
Employee Only	\$99.30	\$110.55
Employee + Child(ren)	\$163.65	\$176.40
Employee + Spouse	\$223.50	\$246.00
Family	\$258.00	\$280.50
Family w/ Both working for JCS	\$209.00	\$227.50
LOCAL CDHP/HAS		
Employee Only	\$86.70	\$97.95
Employee + Child(ren)	\$142.95	\$155.70
Employee + Spouse	\$195.00	\$217.50
Family	\$225.30	\$247.80
Family w/ Both working for JCS	\$182.30	\$200.80



Health Plan Premiums

20 Deductions

Health Plan/Employee Tier	BCBST Network S CIGNA Local Plus	BCBST Network P CIGNA Open Access
PREMIER PPO		
Employee Only	\$135.90	\$149.40
Employee + Child(ren)	\$223.92	\$239.22
Employee + Spouse	\$305.64	\$332.64
Family	\$352.98	\$379.98
Family w/ Both working for JCS	\$285.98	\$307.98
STANDARD PPO		
Employee Only	\$126.18	\$139.68
Employee + Child(ren)	\$208.08	\$223.38
Employee + Spouse	\$283.86	\$310.86
Family	\$327.96	\$354.96
Family w/ Both working for JCS	\$265.96	\$287.96
LIMITED PPO		
Employee Only	\$119.16	\$132.66
Employee + Child(ren)	\$196.38	\$211.68
Employee + Spouse	\$268.20	\$295.20
Family	\$309.60	\$336.60
Family w/ Both working for JCS	\$258.60	\$272.60
LOCAL CDHP/HAS		
Employee Only	\$104.04	\$117.54
Employee + Child(ren)	\$171.54	\$186.84
Employee + Spouse	\$234.00	\$261.00
Family	\$270.36	\$297.36
Family w/ Both working for JCS	\$219.36	\$241.36

EAP, Behavioral Health, Telehealth

EMPLOYEE ASSISTANCE PROGRAM

Your EAP is also administered by Optum. It is available to all local education state group insurance members and their eligible dependents, as well as COBRA participants. Receive 5 EAP counseling visits per situation, per year at no cost to you.

Master's level specialists are available around the clock to assist with stress, legal, financial, mediation and work/life services. They can even help you find a network provider, a plumber who works nights, find services for your elderly parents, theater tickets, all-night pharmacies and so much more.

Optum knows you are busy, and they want to provide you with information when you need it. All you have to do is call 855.437.3486.

HERE4TN BEHAVIORAL HEALTH & SUBSTANCE USE SERVICES

Whether you are dealing with a mental health or substance use condition, support is available through your behavioral health coverage. Behavioral health benefits are only available to those enrolled in Health insurance. Your enrolled dependents can use these benefits too.

Optum is your behavioral healthcare vendor. To receive maximum benefit coverage, participants must use a network provider. For assistance finding a provider, call 855.Here4TN (855.437.3486).

In addition to office visits, this benefit includes virtual visits. What does that mean? You can meet with a provider through private, secure video conferencing. Virtual visits allows you to get the care you need sooner and in the privacy of your home. The cost for virtual visits is the same as an office visit. To get started, go to [Here4TN.com](https://www.here4tn.com), scroll down, select provider search, and click on virtual visits to find a provider licensed in Tennessee, or call 855.Here4TN (855.437.3486) for assistance. Learn more about your behavioral health benefit by visiting [Here4TN.com](https://www.here4tn.com)

TELEHEALTH

24/7 Care- When You Need It

All health plan members have access to the state-sponsored Telehealth program. It is available as a part of your health insurance. You can talk to a doctor by phone or computer from anywhere, at any time. It is 24/7 care, when you need it.

When to use Telehealth

Telehealth is good for non-emergency Health issues (allergies, asthma, bronchitis, cold & flu, infection, fever earaches, nausea, pink eye, sore throat)

- 24 hours a day, seven days a week- Including nights, weekends and holidays
- Your doctor or pediatrician is unavailable
- It's not convenient to leave your home or work
- You are traveling and need Health care

Here are the costs for members:

- PPO Member's Copay is \$15
- CDHP Members: You pay the negotiated rate per visit until you reach your deductible, then the primary care office visit coinsurance applies



Wellness

ActiveHealth Management is our wellness program vendor, and they can help you achieve your health goals. In December, ActiveHealth Management will mail information about the 2025 wellness program and resources to enrolled members.

Wellness Program- Local Education Local Government and Retirees

Local education and local government members and spouses, all retirees and spouses, and COBRA participants all have access to a health assessment and coaching support (online personal or group coaching, or by phone) for disease management programs such as asthma, diabetes, coronary artery disease (CAD), congestive heart failure (CHF) and chronic obstructive pulmonary disease (COPD). You will get emails about coaching support that is available to you. It is completely voluntary and will not cost you anything. In addition, you will have access to the web portal and mobile app where you can get access to your coaches, the health assessment and tips and trackers.

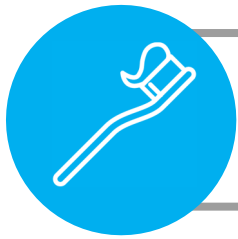
First, create your online account to see what programs are available. Log on to www.myactivehealth.com/wellness to get started. **New Users:** go to the **Create An Account** link and follow the steps to register. You will need to have your 8-digit Edison ID handy. The ID can be found on your or your spouse's CVS Caremark card. You can also download the ActiveHealth app. Search for "Active-Health" in your app store. **All members** can access the FAQ page by going to: <https://benefitssupport.tn.gov/hc/en-us/sections/3600002866054-Wellness>

Notice Regarding Wellness Program

The ParTNers for Health Wellness Program is a voluntary wellness program available to all state and higher education employees and spouses enrolled in health coverage. Local education, local government and retirees enrolled in health coverage have access to certain programs like disease management and web portal. The program is administered according to the federal rules permitting employer-sponsored wellness programs that seek to improve health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008 and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program, you will be asked to complete a voluntary health questionnaire (assessment) that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You are not required to complete the assessment or other medical examinations.

Although you are not required to complete the health questionnaire, only active state and higher education employees and spouse who do so are eligible to receive cash incentives. If you are unable to participate in any of the health-related activities required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting the ParTNers for Health Wellness Program at 888-741-3390.

The information from your health questionnaire and the results from your biometric screening (active state and higher education and spouses only) will be used to provide you with information to help you understand your current health and potential risks. It may also be used to offer you services through the wellness program such as weight management, Diabetes Prevention Program, and other programs. You also are encouraged to share your results or concerns with your own doctor.



Dental Coverage

Base Plan

Delta Dental PPO (Point-of-Service)

DENTAL BENEFIT HIGHLIGHTS

Coverage effective January 1, 2025

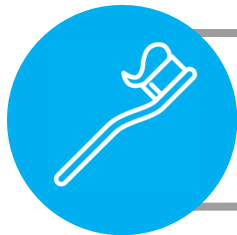
Plan Pays

	Delta Dental PPO™ Dentist	Delta Dental Premier® Dentist	Non- Participating Dentist
Diagnostic & Preventive			
Diagnostic and Preventive Services - exams, cleanings, fluoride, and space maintainers	100%	100%	100%
Radiographs - X-rays	100%	100%	100%
Basic Services			
Emergency Palliative Treatment - to temporarily relieve pain	80%	80%	80%
Sealants - to prevent decay of permanent teeth	80%	80%	80%
Minor Restorative Services - fillings	80%	80%	80%
Periodontal Maintenance - cleanings following periodontal therapy	80%	80%	80%
Oral Surgery Services - extractions and dental surgery	80%	80%	80%
Other Basic Services - misc. services	80%	80%	80%
Relines and Repairs - to bridges and dentures	80%	80%	80%
Brush Biopsy - to detect oral cancer	80%	80%	80%

Maximum Payment - \$1,000 per person total per calendar year on diagnostic & preventive and basic services.

Deductible - \$50 deductible per person total per calendar year limited to a maximum deductible of \$150 per family per calendar year on all services except diagnostic and preventive services, and X-rays.

Tier	24 Deductions	20 Deductions
Employee Only	\$1.99	\$2.38
Family	\$13.79	\$16.55
Both parents working at JCS	\$9.66	\$11.59



Dental Coverage

Buy Up Plan

Delta Dental PPO (Point-of-Service)

DENTAL BENEFIT HIGHLIGHTS

Coverage effective January 1, 2025

Plan Pays

Delta
Dental
PPO™
Dentist

Delta
Dental
Premier®
Dentist

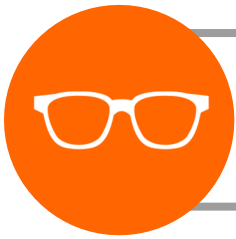
Non-
Participating
Dentist

Diagnostic & Preventive			
Diagnostic and Preventive Services - exams, cleanings, fluoride, and space maintainers	100%	100%	100%
Radiographs - X-rays	100%	100%	100%
Basic Services			
Emergency Palliative Treatment - to temporarily relieve pain	80%	80%	80%
Sealants - to prevent decay of permanent teeth	80%	80%	80%
Minor Restorative Services - fillings	80%	80%	80%
Periodontal Maintenance - cleanings following periodontal therapy	80%	80%	80%
Oral Surgery Services - extractions and dental surgery	80%	80%	80%
Other Basic Services - misc. services	80%	80%	80%
Relines and Repairs - to bridges and dentures	80%	80%	80%
Brush Biopsy - to detect oral cancer	80%	80%	80%
Major Services			
Endodontic Services - root canals	50%	50%	50%
Periodontic Services - to treat gum disease	50%	50%	50%
Major Restorative Services - crowns	50%	50%	50%
Prosthetic Services - bridges, implants, and dentures	50%	50%	50%
Orthodontic Services			
Orthodontic Services – braces no age limit	50%	50%	50%

Maximum Payment - \$1,500 per person total per calendar year on diagnostic & preventive, basic services, and major services. \$1,250 per person total per lifetime on orthodontics.

Deductible - \$50 deductible per person total per calendar year limited to a maximum deductible of \$150 per family per calendar year on all services except diagnostic and preventive services, X-rays, and orthodontic services.

Tier	24 Deductions	20 Deductions
Employee Only	\$9.40	\$11.28
Family	\$33.21	\$39.85
Both parents working at JCS	\$27.50	\$33.00



Vision Coverage

Benefit Frequency

Exam Every:	12 Months
Lenses Every:	12 Months
Frame Every:	24 months
Contacts (in lieu of glasses):	12 Months

Copayments

Exam:	\$10
Materials:	\$25
Contact Lens Exam: (Fitting & Evaluation)	Contact lens exam Up to a \$60 Copay

In Network Allowances

Retail Frame Value:	\$130
Elective Contact Lenses:	\$130
Costco Frames:	\$70

Extra Discounts & Savings

Featured Frames:	\$150	\$170	\$170	\$195
Lens Enhancements:	Average savings of 20-25%			
Additional Pairs of Glasses:	20% off			
Sunglasses:	20% off			
Laser Vision Correction (LVC):	Average 15-20% discount			

Tier	24 Deductions	20 Deductions
Employee Only	\$3.18	\$3.82
Employee + 1	\$6.36	\$7.63
Family	\$10.24	\$12.29



Section 125 Benefits

Section-125 is also referred to as the “Cafeteria Plan”. This has nothing to do with food, rather it refers to the “choices” you can make within the Section 125 guidelines. It is a program that allows employees to have certain eligible benefits deducted from your paycheck tax free. You can choose to participate in all, part, or non of the options available.

Once elections are made, you must remain in the plan until the end of the plan year, or an eligible qualifying event occurs that would give you a 30-day window to make certain changes. Qualifying events include but are not limited to:

- Marriage / Divorce
- Dependent eligibility change
- Loss of coverage
- Change in spouse or employee employment

Below is additional information on the Premium Only Plan (POP), Medical Reimbursement FSA, Dependent Care Reimbursement.

- **Premium Only Plan (POP)** – This is the part of the Section-125 plan that allows you to have certain eligible plans deducted from your check before taxes are taken. Deductions such as Health, Dental, Vision, and certain supplemental benefits like Accident and Cancer plans are eligible to be run through the Section-125 POP plan. By lowering your taxable income, you are able to pay your premiums, but save on taxes!
- **FSA** – Flexible Spending Accounts are a great way to put money aside, tax free, to cover eligible medical, dental, and vision expenses. The total annual election is available on the first day of the new plan year and the IRS has even added a carry over provision that allows you to rollover up to a max of \$500. If you have out of pocket medical, dental, or vision expenses that are not covered by insurance, this could be a great program for you and your family. Annual contribution limits for 2025 are set by the IRS at \$3,300.
- **Dependent Care** – This part of the Section-125 plan allows employees with certain dependent care expenses, such as daycare to be run through payroll tax free. Funds are only available after they have been deducted and posted to your account. The advantage is that the deduction comes out tax free, up to \$5,000 per year per family, which saves a lot on taxes.

This document is an outline of the coverage provided under your employer’s benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the “plan documents”). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer’s benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.

Disability Insurance

FOR ALL FULL-TIME ACTIVE EMPLOYEES ENROLLING IN 8/8/13 VSTD

VOLUNTARY SHORT TERM DISABILITY

EMPLOYER CONTRIBUTION: 0%

AMOUNT OF COVERAGE: You may purchase a benefit of up to 60% of your Basic Weekly Earnings in units of \$10 to a maximum of \$1,500 per week, less offsets for other income. Benefits begin on the 8th day of a covered disability resulting from an accident, and on the 8th day of a covered disability resulting from sickness, and are payable up to a maximum of 13 weeks for any one covered disability.

Benefit does not reduce, and terminates when you are no longer eligible or your retirement, whichever occurs first.

This plan will not cover any disability which is caused or contributed to by, or results from a pre-existing condition for which treatment was received during the 0 month period immediately preceding the effective date of coverage, and which begins in the first 0 months after the effective date of coverage.

VOLUNTARY SHORT TERM DISABILITY (VSTD) is designed to provide partial income replacement should you become disabled as the result of sickness or injury. USABLE Life will pay the weekly benefit if you become disabled while insured and are under the regular care of a physician due to sickness or injury; including pregnancy or complications of pregnancy.

VOLUNTARY SHORT TERM DISABILITY ALSO INCLUDES THE FOLLOWING:

- Recurrent Disability
- Return to Work Incentive
- Waiver of Premium Benefit

VOLUNTARY LONG TERM DISABILITY

EMPLOYER CONTRIBUTION: 0%

AMOUNT OF COVERAGE: You may purchase a benefit of 60% of your Basic Monthly Earnings to a maximum of \$7,000 per month, less offsets for other income. Benefits begin on the 91st day of a covered disability and are payable for 2 years if you are disabled from your own occupation, or to your Social Security Normal Retirement Age (SSNRA) if you are disabled from any occupation.

This plan will not cover any disability which is caused or contributed to by, or results from a pre-existing condition for which treatment was received during the 12 month period immediately preceding the effective date of coverage, and which begins in the first 12 months after the effective date of coverage.

VOLUNTARY LONG TERM DISABILITY (VLTD) is designed to provide partial income replacement for you should you become disabled as the result of a covered sickness or injury.

VOLUNTARY LONG TERM DISABILITY ALSO INCLUDES THE FOLLOWING:

- Return to Work Incentive
- Survivor Benefit
- Managed Rehabilitation Benefit
- Child Care Benefit
- Waiver of Premium Benefit

Disability Insurance

FOR ALL FULL-TIME ACTIVE EMPLOYEES ENROLLING IN 31/31/9 VSTD

VOLUNTARY SHORT TERM DISABILITY

EMPLOYER CONTRIBUTION: 0%

AMOUNT OF COVERAGE: You may purchase a benefit of up to 60% of your Basic Weekly Earnings in units of \$10 to a maximum of \$1,500 per week, less offsets for other income. Benefits begin on the 31st day of a covered disability resulting from an accident, and on the 31st day of a covered disability resulting from sickness, and are payable up to a maximum of 9 weeks for any one covered disability.

Benefit does not reduce, and terminates when you are no longer eligible or your retirement, whichever occurs first.

This plan will not cover any disability which is caused or contributed to by, or results from a pre-existing condition for which treatment was received during the 0 month period immediately preceding the effective date of coverage, and which begins in the first 0 months after the effective date of coverage.

VOLUNTARY SHORT TERM DISABILITY (VSTD) is designed to provide partial income replacement should you become disabled as the result of sickness or injury. USABLE Life will pay the weekly benefit if you become disabled while insured and are under the regular care of a physician due to sickness or injury; including pregnancy or complications of pregnancy.

VOLUNTARY SHORT TERM DISABILITY ALSO INCLUDES THE FOLLOWING:

- Recurrent Disability
- Return to Work Incentive
- Waiver of Premium Benefit

VOLUNTARY LONG TERM DISABILITY

EMPLOYER CONTRIBUTION: 0%

AMOUNT OF COVERAGE: You may purchase a benefit of 60% of your Basic Monthly Earnings to a maximum of \$7,000 per month, less offsets for other income. Benefits begin on the 91st day of a covered disability and are payable for 2 years if you are disabled from your own occupation, or to your Social Security Normal Retirement Age (SSNRA) if you are disabled from any occupation.

This plan will not cover any disability which is caused or contributed to by, or results from a pre-existing condition for which treatment was received during the 12 month period immediately preceding the effective date of coverage, and which begins in the first 12 months after the effective date of coverage.

VOLUNTARY LONG TERM DISABILITY (VLTD) is designed to provide partial income replacement for you should you become disabled as the result of a covered sickness or injury.

VOLUNTARY LONG TERM DISABILITY ALSO INCLUDES THE FOLLOWING:

- Return to Work Incentive
- Survivor Benefit
- Managed Rehabilitation Benefit
- Child Care Benefit
- Waiver of Premium Benefit

FOR ALL OTHER FULL-TIME ACTIVE EMPLOYEES

VOLUNTARY LONG TERM DISABILITY

EMPLOYER CONTRIBUTION: 0%

AMOUNT OF COVERAGE: You may purchase a benefit of 60% of your Basic Monthly Earnings to a maximum of \$7,000 per month, less offsets for other income. Benefits begin on the 91st day of a covered disability and are payable for 2 years if you are disabled from your own occupation, or to your Social Security Normal Retirement Age (SSNRA) if you are disabled from any occupation.

This plan will not cover any disability which is caused or contributed to by, or results from a pre-existing condition for which treatment was received during the 12 month period immediately preceding the effective date of coverage, and which begins in the first 12 months after the effective date of coverage.

VOLUNTARY LONG TERM DISABILITY (VLTD) is designed to provide partial income replacement for you should you become disabled as the result of a covered sickness or injury.

VOLUNTARY LONG TERM DISABILITY ALSO INCLUDES THE FOLLOWING:

- Return to Work Incentive
- Survivor Benefit
- Managed Rehabilitation Benefit
- Child Care Benefit
- Waiver of Premium Benefit

Disability Insurance



VLTD RATE CALCULATOR | JOHNSON CITY SCHOOLS

PREMIUMS BASED ON 12 PAYROLL DEDUCTIONS PER YEAR

Benefit is 60% of Basic Monthly Earnings to a maximum of \$7,000

MONTHLY RATES PER \$100 MONTHLY PAYROLL:

UNDER 25	\$0.091
25-29	\$0.091
30-34	\$0.161

35-39	\$0.221
40-44	\$0.318
45-49	\$0.437

50-54	\$0.539
55-59	\$0.579
60-64	\$0.395

65-69	\$0.542
70-74	\$0.517
75+	\$0.554

STEP 1 - CALCULATE BENEFIT

ANNUAL SALARY ÷ 12 = MONTHLY SALARY	60% x MONTHLY SALARY = MONTHLY BENEFIT	DOES THE MONTHLY BENEFIT EXCEED \$7,000?	IF NO, ENTER CALCULATED MONTHLY BENEFIT. IF YES, ENTER MAX MONTHLY BENEFIT \$7,000.
EXAMPLE: \$30,000.00 ÷ 12 = \$2,500.00	60% x \$2,500.00 = \$1,500.00	NO	\$1,500.00

1 ANNUAL SALARY ÷ 12 = \$ MONTHLY SALARY	2 60% x MONTHLY SALARY = \$ MONTHLY BENEFIT	3 DOES THE MONTHLY BENEFIT EXCEED \$7,000? YES or NO	4 IF NO, ENTER MONTHLY BENEFIT FROM BOX 2. IF YES, ENTER MAX MONTHLY BENEFIT (\$7,000) \$ YOUR MONTHLY BENEFIT
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STEP 2 - CALCULATE COST

Find your rate above: \$

DIVIDE YOUR MONTHLY BENEFIT AMOUNT (STEP 1, BOX 4) BY \$100	DIVIDE BY 60%	MULTIPLY BY YOUR RATE TO FIND YOUR MONTHLY PREMIUM
\$1,500.00 ÷ 100 = \$15.00	\$15.00 ÷ 60% = \$25.00	\$25.00 X \$0.091 = \$2.28

1 MTHLY BENEFIT ÷ 100 = \$	2 DIVIDE BY 60% \$	3 MULTIPLY BY RATE \$ MONTHLY COST
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The above rates are subject to change. This is not part of an insurance policy and only the actual provisions of an issued policy control. US Able Life's policies set forth the rights and obligations of covered persons and US Able Life. Please be aware that certain limitations and exclusions apply and that benefits may reduce or terminate. If you enroll for coverage, you will be provided with a certificate of insurance. Please read your certificate carefully.

Accident Insurance

Group accident insurance

Provides a lump sum payment for any covered accident

Benefit amounts

- 24-hour coverage
- One plan for employees to elect
- Spouse and child benefit amounts match the amounts available to the employee with the exception of AD&D

Guaranteed issue and EOI

- All coverage is guaranteed issue

Age reductions

- Accident coverage amounts do not reduce or terminate due to age

Covered benefits

Benefits		Accident Plan
Injuries		
Burn Benefit (varies based on % of body burned)	2 nd degree 3 rd degree	Up to \$1,500 Up to \$15,000
Organized Sports Injury		25% to a max of \$3,000
Concussion		\$400
Dislocation (varies based on type of Dislocation)	Surgical Non-Surgical Partial	Up to \$10,000 Up to \$5,000 Up to \$1,250
Eye Injury	With Surgery Without Surgery (removal of foreign object)	\$400 \$100
Fracture (varies based on type of Fracture)	Surgical Non-Surgical Chip Fracture	Up to \$15,000 Up to \$7,500 Up to \$1,875
Lacerations (flat amount)	With stitches or staples Without stitches or staples	\$500 \$100
Paralysis (varies based on type of Paralysis)	Quadriplegia Paraplegia Hemiplegia Uniplegia	\$30,000 \$15,000 \$15,000 \$7,500
Traumatic Brain Injury		\$800
Emergency Care		
Ambulance	Ground or Water Air	\$500 \$2,000
Blood, Plasma or Platelets Transfusion		\$600
Emergency Room Treatment		\$300

Accident Insurance

Benefits		Accident Plan
Emergency Dental	Crown Extraction Fillings	\$300 \$100 \$50
Initial Physician's Office Visit		\$250
Urgent Care Visit		\$250
Hospital Care		
Coma		\$20,000
Diagnostic Testing	Ultrasound, EEG, CT, CAT, MR, and MRI	\$300
Hospital Stay – Initial Benefit	Non-ICU ICU	\$2,000 \$4,000
Hospital Stay – Daily Benefit	Non-ICU (365 days) ICU (60 days)	\$300 \$600
Spinal Injection for Pain Management		\$150
Surgical Anesthesia	General Regional	\$200 \$100
X-Ray		\$150
Surgery		
Abdominal or Pelvic		\$2,000
Cranial Surgery		\$2,000
Inpatient Surgery		\$1,500
Joint Replacement of Elbow, Hip, Knee or Shoulder		\$1,500
Knee Cartilage Surgery	Open Arthroscopic	\$1,500 \$750
Outpatient Surgery	Tier 1: Physician's Office or ER Tier 2: Hospital or Ambulatory Center	\$500 \$1,000
Ruptured Disc		\$1,500
Skin Graft	Percent of applicable burn benefit	50%
Tendon, Ligament or Rotator Cuff	Open Arthroscopic	\$1,500 \$750
Thoracic Surgery		\$2,000
Follow-Up Care		
Adaptive Home and Vehicle		\$3,000
Appliances	Medical devices used to aid movement Hospital bed or scooters/wheelchairs with expected use >1 year	\$200 \$1,000

Accident Insurance

Benefits		Accident Plan
Follow-Up Physician's Office Visit	Up to 6 visits	\$200
Prosthetics	One Two or More	\$2,000 \$4,000
Post-Traumatic Stress Disorder		\$700
Rehabilitative Therapy (Inpatient)	Up to 30 days	\$200 per day
Rehabilitative Therapy (Outpatient)	Up to 1 session	\$600 lump sum
Transportation		\$500 per visit
Support Care		
Adult Companion Lodging		\$200 per day
Family Care		\$100 per day
Pet Boarding		\$50
Accidental Death & Dismemberment		
Death Coverage Amount	Employee Spouse Child(ren)	\$50,000 \$25,000 \$12,500
Dismemberment (varies based on type of Dismemberment)	Employee Spouse Child(ren)	Up to \$50,000 Up to \$25,000 Up to \$12,500
Public Transportation (Common Carrier)		Additional 100% of AD&D amount

Tier	24 Deductions	20 Deductions
Employee Only	\$4.00	\$4.80
Employee & Spouse	\$6.64	\$7.97
Employee & Child(ren)	\$9.03	\$10.84
Family	\$13.02	\$15.62

Critical Illness Insurance



Johnson City Schools

Group Critical Illness Insurance



How does it work?

If you're diagnosed with an illness that is covered by this insurance, you can receive a lump sum benefit payment. You can use the money however you want.

Why should I buy coverage now?

- It's more accessible when you buy it through your employer and the premiums are conveniently deducted from your paycheck.
- Coverage is portable. You may take the coverage with you if you leave the company or retire. You'll be billed at home.

Be Well Benefit

Every year, each family member who has Critical Illness coverage can also receive \$100 for getting a covered Be Well Benefit screening test, such as:

- Annual exams by a physician include sports physicals, well-child visits, dental and vision exams
- Screenings for cancer, including pap smear, colonoscopy
- Cardiovascular function screenings
- Screenings for cholesterol and diabetes
- Imaging studies, including chest X-ray, mammography
- Immunizations including HPV, MMR, tetanus, influenza

Why is this coverage so valuable?

- The money can help you pay out-of-pocket medical expenses, like deductibles.
- You can use this coverage more than once. Even after you receive a payout for one illness, you're still covered for the remaining conditions and for the reoccurrence of any critical illness with the exception of skin cancer. The reoccurrence benefit can pay 100% of your coverage amount. Diagnoses must be at least 180 days apart or the conditions can't be related to each other.

What's covered?

Critical Illnesses

- Heart attack
- Stroke
- Major organ failure
- End-stage kidney failure
- Sudden cardiac arrest
- Coronary artery disease Major (50%): Coronary artery bypass graft or valve replacement Minor (10%): Balloon angioplasty or stent placement

Cancer conditions

- Invasive cancer — all breast cancer is considered invasive
- Non-invasive cancer (25%)
- Skin cancer — \$500

Progressive diseases

- Amyotrophic Lateral Sclerosis (ALS)
 - Dementia, including Alzheimer's disease
 - Multiple Sclerosis (MS)
 - Parkinson's disease
 - Huntington's Disease
 - Lupus
 - Muscular Dystrophy
 - Myasthenia Gravis
 - Systemic Sclerosis (Scleroderma)
 - Addison's Disease
- All conditions are paid at 25%

Supplemental conditions

- Loss of sight, hearing or speech
- Benign brain tumor
- Coma
- Permanent Paralysis
- Occupational HIV, Hepatitis B, C or D
- Occupational PTSD Paid at 25%
- Infectious Diseases
- Pulmonary Embolism
- Transient Ischemic Attack (TIA)
- Bone Marrow/Stem Cell

Who can get coverage?

You:	Choose from \$10,000 to \$40,000 of coverage in increments of \$5,000 with no medical underwriting to qualify if you apply during this enrollment.
Your spouse:	Spouses can only get 50% of the employee coverage amount as long as you have purchased coverage for yourself.
Your children:	Children from live birth to age 26 are automatically covered at no extra cost. Their coverage amount is 50% of yours. They are covered for all the same illnesses plus these specific childhood conditions: cerebral palsy, cleft lip or palate, cystic fibrosis, Down syndrome, spina bifida, type 1 diabetes, sickle cell anemia and congenital heart disease. The diagnosis must occur after the child's coverage effective date.

Please refer to the certificate for complete definitions of these covered conditions. Coverage may vary by state. See exclusions and limitations.

Critical Illness Insurance

Monthly costs		
Age	Employee coverage: \$10,000 Spouse coverage: \$5,000 Be Well benefit: \$100	
	Employee	Spouse
under 25	\$6.40	\$3.30
25 - 29	\$6.40	\$3.30
30 - 34	\$8.60	\$4.80
35 - 39	\$8.60	\$4.80
40 - 44	\$12.60	\$8.30
45 - 49	\$12.60	\$8.30
50 - 54	\$18.80	\$11.70
55 - 59	\$18.80	\$11.70
60 - 64	\$33.20	\$19.40
65 - 69	\$33.20	\$19.40
70 - 74	\$49.00	\$30.00
75 - 79	\$49.00	\$30.00
80 - 84	\$49.00	\$30.00
85+	\$49.00	\$30.00

Monthly costs		
Age	Employee coverage: \$40,000 Spouse coverage: \$20,000 Be Well benefit: \$100	
	Employee	Spouse
under 25	\$25.60	\$13.20
25 - 29	\$25.60	\$13.20
30 - 34	\$34.40	\$19.20
35 - 39	\$34.40	\$19.20
40 - 44	\$50.40	\$33.20
45 - 49	\$50.40	\$33.20
50 - 54	\$75.20	\$46.80
55 - 59	\$75.20	\$46.80
60 - 64	\$132.80	\$77.60
65 - 69	\$132.80	\$77.60
70 - 74	\$196.00	\$120.00
75 - 79	\$196.00	\$120.00
80 - 84	\$196.00	\$120.00
85+	\$196.00	\$120.00

Monthly costs		
Age	Employee coverage: \$25,000 Spouse coverage: \$12,500 Be Well benefit: \$100	
	Employee	Spouse
under 25	\$16.00	\$8.25
25 - 29	\$16.00	\$8.25
30 - 34	\$21.50	\$12.00
35 - 39	\$21.50	\$12.00
40 - 44	\$31.50	\$20.75
45 - 49	\$31.50	\$20.75
50 - 54	\$47.00	\$29.25
55 - 59	\$47.00	\$29.25
60 - 64	\$83.00	\$48.50
65 - 69	\$83.00	\$48.50
70 - 74	\$122.50	\$75.00
75 - 79	\$122.50	\$75.00
80 - 84	\$122.50	\$75.00
85+	\$122.50	\$75.00

Cancer Insurance

Variable Benefit Elections

Benefit	Low	High
Hospital Confinement	\$100 per day	\$100 per day
Surgical	up to \$3,000	up to \$3,000
Radiation/Chemotherapy	\$2,500 per month	\$5,000 per month
First Diagnosis	\$0	\$0
Colony Stimulating Factors	\$500 per month	\$1,000 per month
Wellness	\$100 per year	\$100 per year

Low Plan

Tier	24 Deductions	20 Deductions
Employee Only	\$9.95	\$11.93
Employee & Spouse	\$20.10	\$24.11
Employee & Child(ren)	\$14.37	\$17.24
Family	\$24.52	\$29.42

High Plan

Tier	24 Deductions	20 Deductions
Employee Only	\$11.97	\$14.36
Employee & Spouse	\$24.17	\$29.00
Employee & Child(ren)	\$17.23	\$20.68
Family	\$29.43	\$35.31

Critical Illness Insurance



American Heritage Life Insurance Company

Protection when faced with a critical illness diagnosis and you need treatment

Critical Illness Insurance from Allstate Benefits*

No one is ever really prepared for a life-altering critical illness diagnosis. The whirlwind of appointments, tests, treatments and medications can add to your stress levels.

The treatment to recovery is vital, but it can also be expensive. Your medical coverage may only cover some of the costs associated with treatment. You're still responsible for deductibles and coinsurance. If treatment keeps you out of work, the financial worries can grow quickly and stress levels may rise.

Critical Illness coverage helps provide financial support if you are diagnosed with a covered critical illness. With the expense of treatment often high, seeking the treatment you need could seem like a financial burden. When a diagnosis occurs, you need to be focused on getting better and taking control of your health, not stressing over financial worries.

Here's How It Works

You choose benefits to protect yourself and any family members if diagnosed with a critical illness. Then, if diagnosed with a covered critical illness, you will receive a cash benefit based on the percentage payable for the condition.

Meeting Your Needs

- * Guaranteed Issue coverage without a Pre-Existing Condition Limitation**
- * Coverage available for individual and child(ren) or family
- * Covered dependents receive 50% of your Basic-Benefit Amount
- * Benefits paid regardless of any other medical or disability plan coverage
- * Premiums are affordable and conveniently payroll deducted
- * Coverage may be continued; refer to your certificate for details
- * 100% of your Basic-Benefit Amount is paid for Advanced Alzheimer's Disease and Advanced Parkinson's Disease

With Allstate Benefits, you can make treatment decisions without putting your finances at risk. **Practical benefits for everyday living.®**

DID YOU KNOW ?



Every 40 seconds, an American will suffer a heart attack†



Every 40 seconds, someone in the U.S. has a stroke††

Critical Illness Insurance

BENEFIT AMOUNTS (GVCIP4)

Percentages below are based on the Basic Benefit Amount of \$10,000 (Plan 1 and Plan 2) or \$20,000 (Plan 3) chosen by your employer.

¹Covered dependents receive 50% of your benefit amount.

INITIAL CRITICAL ILLNESS BENEFITS ¹	PLAN 1	PLAN 2	PLAN 3
Heart Attack (100%)	\$10,000	\$10,000	\$20,000
Stroke (100%)	\$10,000	\$10,000	\$20,000
End Stage Renal Failure (100%)	\$10,000	\$10,000	\$20,000
Major Organ Transplant (100%)	\$10,000	\$10,000	\$20,000
Coronary Artery Bypass Surgery (25%)	\$2,500	\$2,500	\$5,000
Waiver of Premium (employee only)	Yes	Yes	Yes
CANCER CRITICAL ILLNESS BENEFITS ¹	PLAN 1	PLAN 2	PLAN 3
Invasive Cancer (100%)	n/a	\$10,000	\$20,000
Carcinoma In Situ (25%)	n/a	\$2,500	\$5,000
REOCCURRENCE OF CRITICAL ILLNESS BENEFITS ¹	PLAN 1	PLAN 2	PLAN 3
Initial Critical Illness (same amount as Initial Critical Illness Benefit)	No	Yes	Yes
Cancer Critical Illness (same amount as Cancer Critical Illness Benefit)	No	Yes	Yes
RIDER BENEFITS	PLAN 1	PLAN 2	PLAN 3
Skin Cancer Rider	n/a	\$250	\$250
Cardiopulmonary Enhancement Rider [†]			
Sudden Cardiac Arrest (25%)	n/a	\$2,500	\$5,000
Pulmonary Embolism (25%)	n/a	\$2,500	\$5,000
Pulmonary Fibrosis (25%)	n/a	\$2,500	\$5,000
Lifestyle Enhancement Rider	n/a	\$25	\$25
Second Evaluation, Transportation and Lodging Rider			
Second Evaluation	n/a	\$1,000	\$1,000
Non-Local Transportation ¹	n/a	\$500	\$500
(per trip or mile ³)			
Air Fare	n/a	\$0.50/mi.	\$0.50/mi.
Personal Vehicle	n/a	\$0.50/mi.	\$0.50/mi.
Outpatient Lodging ² (daily)	n/a	\$100	\$100
Family Member Lodging ² (daily)	n/a	\$100	\$100
and Transportation ¹ (per trip or mile ³)	n/a	\$500	\$500
Air Fare	n/a	\$0.50/mi.	\$0.50/mi.
Personal Vehicle	n/a	\$0.50/mi.	\$0.50/mi.
Supplemental Critical Illness Rider [†]			
Advanced Alzheimer's Disease (100%)	n/a	\$10,000	\$20,000
Advanced Parkinson's Disease (100%)	n/a	\$10,000	\$20,000
Benign Brain Tumor (100%)	n/a	\$10,000	\$20,000
Coma (100%)	n/a	\$10,000	\$20,000
Complete Loss of Hearing (100%)	n/a	\$10,000	\$20,000
Complete Loss of Sight (100%)	n/a	\$10,000	\$20,000
Complete Loss of Speech (100%)	n/a	\$10,000	\$20,000
Paralysis (100%)	n/a	\$10,000	\$20,000
Fixed Wellness Rider (per year)	\$25	\$100	\$100

¹Limit of \$5,000 in a calendar year. ²Limit of \$1,000 in a calendar year. ³Maximum of 1,000 miles.

BENEFIT AMOUNTS (GCIS)

Percentages below are based on the Basic Benefit Amount of \$10,000 (Plan 1 and Plan 2) or \$20,000 (Plan 2) or (Plan 3) chosen by your employer.

¹Covered dependents receive 50% of your benefit amount.

CRITICAL ILLNESS BENEFIT ¹	PLAN 1	PLAN 2	PLAN 3
Bone Marrow or Stem Cell Transplant (100%)	\$10,000	\$10,000	\$20,000
RIDER BENEFIT	PLAN 1	PLAN 2	PLAN 3
Specified Condition and Infectious Disease Rider [†] (25%)	\$2,500	\$2,500	\$5,000

Critical Illness Insurance

BENEFIT AMOUNTS (GVCIP4)

Percentages below are based on the Basic Benefit Amount of \$10,000 (Plan 1 and Plan 2) or \$20,000 (Plan 3) chosen by your employer.

¹Covered dependents receive 50% of your benefit amount.

INITIAL CRITICAL ILLNESS BENEFITS ¹	PLAN 1	PLAN 2	PLAN 3
Heart Attack (100%)	\$10,000	\$10,000	\$20,000
Stroke (100%)	\$10,000	\$10,000	\$20,000
End Stage Renal Failure (100%)	\$10,000	\$10,000	\$20,000
Major Organ Transplant (100%)	\$10,000	\$10,000	\$20,000
Coronary Artery Bypass Surgery (25%)	\$2,500	\$2,500	\$5,000
Waiver of Premium (employee only)	Yes	Yes	Yes
CANCER CRITICAL ILLNESS BENEFITS ¹	PLAN 1	PLAN 2	PLAN 3
Invasive Cancer (100%)	n/a	\$10,000	\$20,000
Carcinoma In Situ (25%)	n/a	\$2,500	\$5,000
REOCCURRENCE OF CRITICAL ILLNESS BENEFITS ¹	PLAN 1	PLAN 2	PLAN 3
Initial Critical Illness (same amount as Initial Critical Illness Benefit)	No	Yes	Yes
Cancer Critical Illness (same amount as Cancer Critical Illness Benefit)	No	Yes	Yes
RIDER BENEFITS	PLAN 1	PLAN 2	PLAN 3
Skin Cancer Rider	n/a	\$250	\$250
Cardiopulmonary Enhancement Rider ²			
Sudden Cardiac Arrest (25%)	n/a	\$2,500	\$5,000
Pulmonary Embolism (25%)	n/a	\$2,500	\$5,000
Pulmonary Fibrosis (25%)	n/a	\$2,500	\$5,000
Lifestyle Enhancement Rider	n/a	\$25	\$25
Second Evaluation, Transportation and Lodging Rider			
Second Evaluation	n/a	\$1,000	\$1,000
Non-Local Transportation ¹			
Air Fare	n/a	\$500	\$500
Personal Vehicle	n/a	\$0.50/mi.	\$0.50/mi.
Outpatient Lodging ² (daily)	n/a	\$100	\$100
Family Member Lodging ² (daily)	n/a	\$100	\$100
and Transportation ¹ (per trip or mile ³)			
Air Fare	n/a	\$500	\$500
Personal Vehicle	n/a	\$0.50/mi.	\$0.50/mi.
Supplemental Critical Illness Rider ²			
Advanced Alzheimer's Disease (100%)	n/a	\$10,000	\$20,000
Advanced Parkinson's Disease (100%)	n/a	\$10,000	\$20,000
Benign Brain Tumor (100%)	n/a	\$10,000	\$20,000
Coma (100%)	n/a	\$10,000	\$20,000
Complete Loss of Hearing (100%)	n/a	\$10,000	\$20,000
Complete Loss of Sight (100%)	n/a	\$10,000	\$20,000
Complete Loss of Speech (100%)	n/a	\$10,000	\$20,000
Paralysis (100%)	n/a	\$10,000	\$20,000
Fixed Wellness Rider (per year)	\$25	\$100	\$100

¹Limit of \$5,000 in a calendar year. ²Limit of \$1,000 in a calendar year. ³Maximum of 1,000 miles.

BENEFIT AMOUNTS (GCI5)

Percentages below are based on the Basic Benefit Amount of \$10,000 (Plan 1 and Plan 2) or \$20,000 (Plan 3) chosen by your employer.

¹Covered dependents receive 50% of your benefit amount.

CRITICAL ILLNESS BENEFIT ¹	PLAN 1	PLAN 2	PLAN 3
Bone Marrow or Stem Cell Transplant (100%)	\$10,000	\$10,000	\$20,000
RIDER BENEFIT	PLAN 1	PLAN 2	PLAN 3
Specified Condition and Infectious Disease Rider ² (25%)	\$2,500	\$2,500	\$5,000

PLAN 1 - MONTHLY ISSUE AGE PREMIUMS

AGE	EE, EE+CH	EE+SP, F	AGE	EE, EE+CH	EE+SP, F
Non-Tobacco			Tobacco		
18-29	\$1.38	\$2.34	18-29	\$2.00	\$3.26
30-39	\$2.72	\$4.34	30-39	\$4.69	\$7.30
40-49	\$5.27	\$8.18	40-49	\$9.85	\$15.04
50-59	\$9.37	\$14.31	50-59	\$16.87	\$25.56
60-64	\$12.52	\$19.04	60-64	\$22.38	\$33.84
65+	\$21.72	\$32.84	65+	\$38.50	\$58.01

PLAN 2 - MONTHLY ISSUE AGE PREMIUMS

AGE	EE, EE+CH	EE+SP, F	AGE	EE, EE+CH	EE+SP, F
Non-Tobacco			Tobacco		
18-29	\$8.41	\$15.17	18-29	\$9.73	\$17.13
30-39	\$12.76	\$21.88	30-39	\$16.17	\$27.00
40-49	\$21.14	\$34.82	40-49	\$29.63	\$47.55
50-59	\$33.66	\$54.08	50-59	\$49.34	\$77.59
60-64	\$43.52	\$69.18	60-64	\$64.54	\$100.73
65+	\$65.90	\$103.25	65+	\$98.12	\$151.58

PLAN 3 - MONTHLY ISSUE AGE PREMIUMS

AGE	EE, EE+CH	EE+SP, F	AGE	EE, EE+CH	EE+SP, F
Non-Tobacco			Tobacco		
18-29	\$11.72	\$20.10	18-29	\$14.35	\$24.06
30-39	\$20.02	\$32.76	30-39	\$26.83	\$42.98
40-49	\$36.04	\$57.13	40-49	\$53.01	\$82.58
50-59	\$60.09	\$93.73	50-59	\$91.44	\$140.75
60-64	\$79.17	\$122.66	60-64	\$121.24	\$185.76
65+	\$123.01	\$188.90	65+	\$187.47	\$285.58

Employee; EE+SP = Employee + Spouse; EE+CH = Employee + Child(ren); F = Family

Universal Life Insurance

Trustmark Universal Life/LifeEvents® Insurance with Long-Term Care Benefit

Two choices for combined coverage and lifelong protection.

Financial security even after a loss

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/LifeEvents can help.**

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

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



Universal Life/LifeEvents sample rates

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

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

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

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

Solving the long-term care issue

At any point in your life, you may need long-term care services, which could cost hundreds of dollars per day. Universal Life/LifeEvents 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.

Here's how it works:

4%

You can **collect 4% of your Universal Life/LifeEvents death benefit per month** for up to 25 months to help pay for long-term care services.

Flexible features available:

2x

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.



Universal Life/LifeEvents 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.

Universal Life Insurance

What would happen if you weren't around?



1 in 3 households would have immediate trouble paying for living expenses if they lost their primary earner.¹



40% of Americans live paycheck to paycheck. Could your family afford to stay in your home?²



56% of Americans have less than \$10,000 saved for retirement – **1 in 3** have \$0 saved. Wouldn't it be nice to have some protection?³

How the Universal LifeEvents option works

- A **higher death benefit** during working years.
- **Long-term care (LTC)** benefits that **stay the same** throughout your life.

Example: \$25,000 policy

Before age 70	
Death benefit	\$25,000
LTC benefits	\$25,000
After age 70	
Death benefit	\$8,333
LTC benefits	\$25,000

Universal LifeEvents death benefit reduces to one-third at age 70 or the beginning of the 15th policy year, whichever occurs last. Issue age is 18-64.

Benefit for terminal illness

- **Use part of your death benefit** to help manage costs if you're diagnosed with a terminal illness.

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.

More flexible features

- **Double your death benefit** if you die in an accident before age 75.
- **Buy term life insurance for your children.** They can later simply convert this rider to a permanent Universal Life policy.

Plus: grow your benefit with EZ Value

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

Example: \$1 increase in weekly premium each year for 10 years.

	Initial benefit	After 5 years	After 10 years
Universal Life	\$25,000	\$41,299	\$53,845
Universal LifeEvents	\$25,000	\$50,414	\$70,077

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

**You care.
We listen.**

This benefit summary prepared by



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