



*Plan Year:  
January 1, 2020 – December 31, 2020*

# Employee Benefits Guide



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

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



# DISCLAIMER

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

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

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



# Important Points for 2020

- Your plan year runs from January 1, 2020 to December 31, 2020. ***This means your benefit elections will take effect January 1, 2020 unless otherwise noted.***
- If you wish to add or make changes to your benefit elections, please consult with a Mark III Benefits Representative during your scheduled enrollment period.
- ***Once the enrollment period is over, you will not be able to make changes unless you experience a qualified life event as outlined by the IRS.***
- Flexible Benefit Administrator, Inc. (FBA) will be taking over as the Carrier for your FSA accounts. *You must re-elect your Health Care and/or Dependent Care Flexible Spending Accounts each year.* These accounts **DO NOT** automatically carry-over to the next year.
- **\*Please Note:** If filing a voluntary product claim, you are responsible for submitting the claims and any information that is needed for the claim.

# 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 mid-year changes. You are permitted to change benefit elections if you have a “change in status” and you make an election change that is consistent with the “change in status.”

## Examples of QLEs

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



marriage



divorce



childbirth/  
adoption



death of a  
family  
member



loss of  
parental  
coverage



spouse gains  
or loses  
coverage



# Hi, Guilford County Schools Employee!

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

**Mark III Employee Benefits**

**(800) 532-1044 (toll-free)**

**Call Center**

**(877) 463-7177**

**8AM – 5PM | Monday - Friday**

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

## Pre-Tax

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

### Pre-Tax Plans Offered:

- FBA Flexible Spending Accounts
- Ameritas Dental (PPO & High Plan)
- Direct Reimbursement Dental
- Superior Vision
- Allstate Benefits Cancer
- Aflac Group Accident
- Aflac Group Hospital Indemnity

**VS.**

## Post-Tax

A “post-tax basis” means that the money you pay towards the cost of coverage comes out of your salary after you pay taxes. Although you do not get any savings from taxes, you have the flexibility of dropping your coverage at any time. If your employer allows, you may also enroll any time during the year but, depending on the plan, you may be subject to waiting periods for pre-existing conditions, or you may have to furnish Evidence of Insurability (EOI).

### Post-Tax Plans Offered:

- Aflac Group Critical Illness w/ Cancer
- Aflac Group Critical Illness w/out Cancer
- AUL Short-Term Disability
- AUL Long-Term Disability
- MetLife Term Life
- Texas Life Whole Life
- Legal Shield (Pre-Paid Legal)

# How to Enroll

No matter what your schedule holds or which location you work, we have multiple ways to enroll or elect changes to your benefits.



## On-Site

During Annual Enrollment, our non-commissioned, salaried Benefits Counselors are available to meet with employees like yourself, on-site to explain the benefits offered and help you enroll.



## Online

Don't have time to meet on-site? No problem.

We offer online enrollment and updates on the BenSelect<sup>SM</sup> platform at <https://mymarkiii.com/gcsnc>.

*See next page for step-by-step instructions on how to login and enroll. For additional assistance with questions and enrollment, contact:*

**Call Center: (877) 463-7177**

**8AM - 5PM | Monday - Friday**

# Online Enrollment

How to Enroll Online: Step-by-Step

## 4 SIMPLE STEPS:

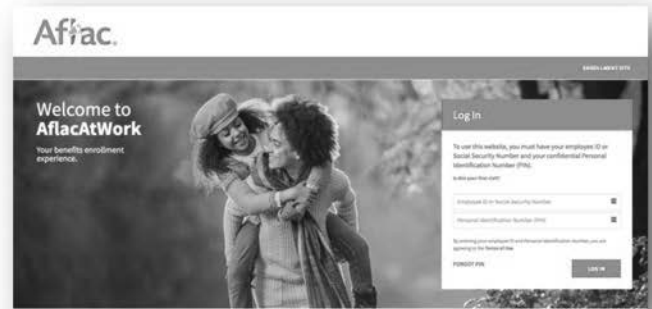
**Login. Username: SSN, no dashes or spaces**

**PIN: Last four of SSN + last two of birth year.**

Please remember your password for future changes or enrollments. Once logged in, you will be greeted with the Welcome page. Follow the onscreen instructions to enroll in your benefits, find answers to questions, download forms, and more!

Login Page: <https://www.mymarkiii.com/gcsnc>

E.g. Jane Doe, 123-45-6789, 01/01/1974: PIN: 678974



**Add Dependents.** Click on the Plus icon on the far-right hand side. This will bring up the screen to add additional dependents. To edit a dependent, simply click on their name in the list. Click Save once complete. **\*You will need to add dependents prior to enrolling in coverage.**

No Dependent Information Available

Name	SSN	DOB	Sex	Relation	Uploads	+
No items found.						

**Elect Benefits.** Follow the on-screen selections to elect or decline your benefit options. The system will display per pay period amounts and show you the coverages available to you.

**Sign & Submit.** Finalize your benefit selections by signing the benefit summary at the very end of enrollment. You will utilize your PIN to electronically sign the benefits elected.

Current
<b>M3 MEDICAL HDHP</b>
Your Cost: Per Pay Period
<input checked="" type="radio"/> Employee Only: \$0.00
<input type="radio"/> Employee + Spouse: \$92.31
<input type="radio"/> Employee + Children: \$46.15
<input type="radio"/> Employee+Family: \$138.46
Covered People: TEST TEST
<input type="button" value="Enroll"/>

<b>M3 MEDICAL PPO</b>
Your Cost: Per Pay Period
<input checked="" type="radio"/> Employee Only: \$92.31
<input type="radio"/> Employee + Spouse: \$276.92
<input type="radio"/> Employee + Children: \$184.62
<input type="radio"/> Employee+Family: \$369.23
Covered People: TEST TEST
<input type="button" value="Enroll"/>

<b>DECLINE COVERAGE</b>
You should only decline coverage if you are covered elsewhere. Declining coverage may require you to answer questions about your reasons for declining.
Your Cost: \$0.00
<input type="button" value="Decline"/>

PIN:

**YOU ARE COMPLETELY ENROLLED WHEN YOU SEE:**

**CONGRATULATIONS! YOUR ENROLLMENT IS NOW COMPLETE!**



# View Your Benefits

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



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

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

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

# Filing a Claim?

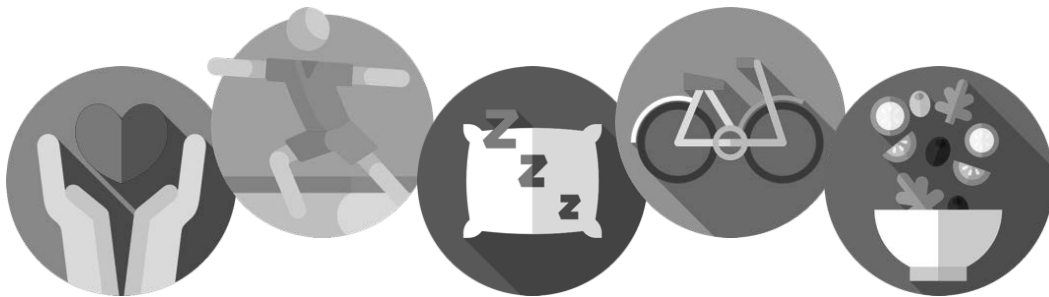
## Filing a claim with Aflac just got easier! Introducing Online Claim Submission for all of your Aflac plans!

Simply log on to <https://www.aflacgroupinsurance.com/customer-service/default.aspx> to file a Wellness/Health Screening Benefit claim or a claim for your Accident, Critical Illness or Hospital Indemnity plan.

## You can also file your Allstate Cancer claims online!

Simply log on to <https://www.allstatebenefits.com/Individuals/HowToFileClaim> to file a claim.

Plan Name	Wellness Benefit Amount	Am I Enrolled?	Date Claim Filed
Aflac Accident	\$60		
Aflac Critical Illness (Employee & Spouse Only)	\$100		
Aflac Hospital Indemnity	\$50		
Allstate Cancer	\$100		



**\*Please Note:** If filing a voluntary product claim, you are responsible for submitting the claims and any information that is needed for the claim.



# CORE BENEFITS

FSA, Dental &  
Vision options to  
keep you and your  
family healthy.



# Flexible Spending Account



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

## ***Maximize your income***

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

## ***Eligibility***

Participation in the plan begins on January 1, 2020 and ends on December 31, 2020. You will be eligible to join the plan if you are a full-time employee working at least 30 hours or more per week and only 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 in excess of your account balance. You will be reimbursed your total eligible expense up to your annual election. The funds that you are pre-funded will be recovered as deductions are deposited into your account throughout the Plan Year.

***Contribution Limits: The maximum you may place in this account for the Plan Year is \$2,700.***

## ***Election Changes***

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

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

## ***Reimbursement Schedule***

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

## ***Online Access***

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

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

## Health Care Reimbursement

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

### Examples of Eligible Health Care Expenses

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

- Acupuncture|Prescription Eye glasses/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|Birth control pills/patches|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

#### Over-the-Counter Expenses:

- Antacids|Pain relievers/aspirin|Ointments & creams for joint pain|Allergy & sinus medication|First aid creams|Cough & cold medications|Laxatives|Anti-diarrhea medicine

### Day Care/Aged Adult Care Reimbursement

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

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

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

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

### How to Receive Reimbursement

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

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

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

## Eligible Day Care/Aged Adult Expenses

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

### Ineligible Expenses:

- Overnight Camps|Babysitting for Social Events|Tuition Expenses including Kindergarten|Food Expenses (if separate from dependent care expenses)|Care provided by children under 19 (or by anyone you claim as a dependent)|Days you 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. Please see the Employee Guide for more information.

## How to Enroll in our FSA Plan

### Step 1

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

### Step 2

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

## How the Flexible Benefit Plan Works

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

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



# The FBA Benefits Card

## The easy way to access all of your benefits

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

### Start Saving Money by Participating in Benefit Accounts

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

- Flexible spending accounts (FSAs)
- Dependent care flexible spending accounts (DCAs)

### Access to Funds

Your benefits debit card gives you easy access to the funds in your tax-advantaged benefit accounts by swiping the card at the point of sale. The card can be used at any qualified service provider that accepts MasterCard. Funds are automatically transferred from the benefit account directly to qualified providers with no out-of-pocket cost and no need to file a claim for reimbursement.

Your benefits debit card virtually eliminates:

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

### Multiple Benefit Accounts, One Card

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

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

#### 1. Check your account balance

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

#### 2. Swipe your benefits debit card

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

#### 3. Keep all your receipts

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

### How long is my card valid?

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



For more information, please call 800-437-3539

P.O. Box 8188 • Virginia Beach, VA 23450 • [www.flex-admin.com](http://www.flex-admin.com)



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

Introducing... our convenient participant web site!  
With the online WealthCare Portal you can view your account status, submit claims and report your benefits card lost/stolen right from your computer.

Once your account is established, you can use the same user name and password to access your account via our Mobile App!



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

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

## Getting Started is Easy!

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







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

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



## Features

Download on iTunes



Download on Google Play



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



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



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



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



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



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

### Get Started Today!

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





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

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



## Features



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



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



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



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



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

**Get Started Today!**

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





# Dental Plan



## **PPO & HIGH Dental Plans**

As an employee of Guilford County Schools, you have the option of choosing between 2 dental benefit plans. The **HIGH** 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 HIGH 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 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)	\$2,000 per calendar year
Allowance	Maximum Allowable Charge
Adult & Child Orthodontia	\$1,500 Lifetime Benefit, No Deductible
Ameritas Rewards Orthodontia – Lifetime, per person	\$100 – New Treatment Plan & Services Only
Ameritas Rewards – Hearing Care (annual, per person)	\$100
Waiting Period	None
Dependent Age	26

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)	\$2,000 per calendar year
Allowance	90 <sup>th</sup> U&C
Adult & Child Orthodontia	\$1,500 Lifetime Benefit, No Deductible
Ameritas Rewards Orthodontia – Lifetime, per person	\$100 – New Treatment Plan & Service Only
Waiting Period	None
Dependent Age	26

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

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

### PPO Hearing Care Summary

<b>Plan Benefit</b>	
<ul style="list-style-type: none"> <li>Annual Hearing Exam</li> <li>Hearing Aid</li> <li>Hearing Aid Maintenance</li> </ul>	<p>100%</p> <p>50%</p> <p>100%</p>
<b>Deductible</b>	
<ul style="list-style-type: none"> <li>Annual Hearing Exam</li> <li>Hearing Aid</li> <li>Hearing Aid Maintenance</li> </ul>	<p>\$0</p> <p>\$0</p> <p>\$0</p>
<b>Maximum (per benefit period)</b>	
<ul style="list-style-type: none"> <li>Annual Hearing Exam</li> <li>Hearing Aids (per ear)                             <ul style="list-style-type: none"> <li>Year 1</li> <li>Year 2</li> <li>Year 3</li> </ul> </li> <li>Hearing Aid Maintenance</li> </ul>	<p>Up to \$75</p> <p>Up to \$400</p> <p>Up to \$600</p> <p>Up to \$800</p> <p>Up to \$40</p>

## Dental Rewards

This dental plan includes a valuable feature that allows qualifying plan members to carryover part of their unused annual maximum. A member earns dental rewards by submitting at least one claim for dental expenses incurred during the benefit year, while staying at or under the threshold amount for benefits received for that year. 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.

<b>Benefit Threshold</b>	\$750	Dental benefits received for the year cannot exceed this amount
<b>Annual Carryover Amount</b>	\$250	Dental Rewards amount is added to the following year's maximum
<b>PPO Bonus (PPO Plan Only)</b>	\$150	Additional carryover allowance if a network provider is visited
<b>Maximum Carryover</b>	unlimited	Maximum possible accumulation for Dental Rewards & PPO combined

## 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 Preventive and Basic procedures for the first 12 months they are covered.

## Eligible Dependent

Eligible Child Dependents up to age 26, regardless of student status.

## HIGH and PPO

Guilford 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 HIGH 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](http://www.ameritas.com).

## Ameritas Information

**We're Here to Help!** This plan was designed specifically for the associates of **GUILFORD COUNTY SCHOOL SYSTEM**. 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](http://ameritas.com/member).

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.

12 Month Rates		
	PPO Plan	HIGH Plan
Employee Only	\$29.09	\$38.75
Employee & Family	\$99.85	\$133.40

10 & 11 Month Rates		
	PPO Plan	HIGH Plan
Employee Only	\$34.91	\$46.50
Employee & Family	\$119.82	\$160.08

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.ameritasgroup.com](http://www.ameritasgroup.com)**





# Dental Plan

Direct  
Reimbursement

The plan year deductible per insured is \$0.00. The plan year deductible per family is \$0.00. The plan year maximum per insured is \$1,000.00. Any licensed provider/dentist can be used. No pre-determination/prior authorization is required.

## **Preventive and Diagnostic Services – 50% Coverage**

- Oral Exams & X-rays
- Fluoride Treatment (no age limit)
- Sealants (no age limit)
- Routine Teeth Cleanings (no limit)

## **Basic Services – 50% Coverage**

- Space Maintainers
- Fillings
- Endodontics
- Recementation/Repairs
- Simple Extractions
- Consultations
- Surgical Extractions
- General Anesthesia

## **Major Services – 50% Coverage**

- Periodontics
- Inlays/Onlays
- Crowns & Build-ups
- Veneers
- Dentures
- Bridges
- Implants
- Rebases/Relining

## **ORTHODONTIA SERVICES**

50% coverage for children up age 26 & adult orthodontia. Orthodontia Lifetime Maximum is \$1,000. Orthodontia fees are applied to the plan year maximum.

## **Eligible Dependents**

Provides coverage on:

- Your Spouse
- Children up to age 26

12 Month Rates	
Employee Only	\$11.25
Employee & Dependent(s)	\$39.10
10 & 11 Month Rates	
Employee Only	\$13.50
Employee & Dependent(s)	\$46.92

*\*Payments to dentists are calculated on the 90th percentile of usual and customary charges for the providers in that area.*

*\*\*No waiting period applies for employees and/or dependents that enroll when first eligible. A 12-month waiting period applies for Major and Orthodontic Services for late enrollees.*

This is a brief description of your dental benefits and does not contain all limitations and exclusions under either plan. For more complete information, please consult your plan booklet(s) or your benefits administrator. For more information on the Direct Reimbursement Plan, call 336-889-2003.



# Vision Plan



Exam & Material Plan	
<b>Co-Pays</b>	
Exam	\$10
Materials <sup>1</sup>	\$15
Contact Lens Fitting	\$35
<b>Services/Frequency</b>	
Exams	12 month
Frames	24 month
Contact Lens Fitting	12 month
Lenses	12 month
Contact Lenses	12 month

Materials Only Plan	
<b>Co-Pays</b>	
Exam	N/A
Materials <sup>1</sup>	\$15
Contact Lens Fitting	\$25
<b>Services/Frequency</b>	
Exams	N/A
Frames	24 month
Contact Lens Fitting	12 month
Lenses	12 month
Contact Lenses	12 month

Benefits	In-Network	Out-of-Network
Exam (MD)	Covered in full	Up to \$44
Exam (OD)	Covered in full	Up to \$39
Frames	\$100 retail allowance	Up to \$50
Contact Lens Fitting (standard <sup>2</sup> )	Covered in full	Not covered
Contact Lens Fitting (specialty <sup>2</sup> )	\$50 retail allowance	Not covered
Lenses (standard) per pair		
Single	Covered in full	Up to \$34
Bifocal	Covered in full	Up to \$48
Trifocal	Covered in full	Up to \$64
Progressive lens upgrade	See description <sup>3</sup>	Up to \$64
Contact Lenses <sup>4</sup>	\$120 retail allowance	Up to \$100

In-Network	Out-of-Network
N/A	N/A
N/A	N/A
\$100 retail allowance	Up to \$50
Covered in full	Not covered
\$50 retail allowance	Not covered
Covered in full	Up to \$34
Covered in full	Up to \$48
Covered in full	Up to \$64
See description <sup>3</sup>	Up to \$64
\$120 retail allowance	Up to \$100

Co-pays apply to in-network benefits; co-pays for out-of-network visits are deducted from reimbursements

<sup>1</sup>Materials co-pay applies to lenses and frames only, not contact lenses.

<sup>2</sup>Standard Contact Lens Fitting applies to a current contact lens user who wears disposable, daily wear, or extended wear lenses only. Specialty Contact Lens Fitting applies to new contact wearers and/or a member who wear toric, gas permeable, or multi-focal lenses.

<sup>3</sup>Covered to provider's in-office standard retail lined trifocal amount; member pays difference between progressive and standard retail lined trifocal, plus applicable co-pay.

<sup>4</sup>Contact lenses are in lieu of eyeglass lenses and frames benefit.

## Superior Vision Discount Features

Look for providers in the Provider Directory who accepts discounts, as some do not; please verify their services & discounts (range from 10% - 30%) prior to service as they vary.

Discounts on Covered Materials	
Frames	20% off amount over allowance
Lens	20% off retail
Progressives	20% off amount over retail lined trifocal lens, including lens options

### Discounts on Non-Covered Exam & Materials

Exams, Frames, and prescription lenses	30% off retail
Lens options, contacts, other prescription materials	20% off retail
Disposable contact lenses	10% off retail

The following options have out-of-pocket maximums<sup>5</sup> on standard (not premium, brand, or progressive) lenses.

### Maximum Member Out-of-Pocket

	Single Vision	Bifocal & Trifocal
Scratch coat	\$13	\$13
Ultraviolet coat	\$15	\$15
Tints, solid or gradients	\$25	\$25
Anti-reflective coat	\$50	\$50
Polycarbonate	\$40	20% off retail
High index 1.6	\$55	\$20% off retail
Photochromic	\$80	\$20% off retail

<sup>5</sup> Discounts and maximums may vary by lens type. Please check with your provider.

## Refractive Surgery

Superior Vision has a nationwide network of refractive surgeons and partnerships with leading LASIK networks who offer members a discount. These discounts range from 15%-50%, and are the best possible discounts available to Superior Vision.

North Carolina residents: Please contact our customer service department if you are unable to secure a timely (at least 30 days) appointment with your provider or need assistance finding a provider within a reasonable distance (30 miles) of your residence. Adjustments to your benefits may be available.

## Eligible Dependents

Provides coverage for:

- Your Spouse
- Children to age 26; last day of the month in which the child attains the age of 26. Also, children are covered regardless of student status.

### Exam & Materials Rates

Covered	Monthly Rates
Emp. Only	\$9.90
Emp. + 1 Dependent	\$19.22
Emp. + Family	\$28.24

### Materials Only Rates

Covered	Monthly Rates
Emp. Only	\$6.78
Emp. + 1 Dependent	\$13.18
Emp. + Family	\$19.32

*The Plan discount features are not insurance. All allowances are retail; the member is responsible for paying the provider directly for all non-covered items and/or any amount over the allowances, minus available discounts. These are not covered by the plan. Discounts are subject to change without notice. Disclaimer: All final determinations of benefits, administrative duties, and definitions are governed by the Certificate of Insurance for your vision plan. Please check with your Human Resources department if you have any questions. The Superior Vision Plan is underwritten by National Guardian Life Insurance Company. National Guardian Life Insurance Company is not affiliated with The Guardian Life Insurance Company of America, AKA The Guardian or Guardian Life*

Superior Vision  
 Customer Service: 800.507.3800  
 Fax: 916.852.2277  
 Superiorvision.com







# STAY WELL

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



# Cancer Plan



## 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 January 15, 2020. 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.



# Cancer Plan

## Allstate Benefits Cancer Monthly Rates

Low Option without Optional Benefits	
Employee	\$20.07
Employee + Spouse	\$30.96
Employee + Child(ren)	\$27.71
Family	\$38.57

Low Option with Optional Benefits	
Employee	\$26.06
Employee + Spouse	\$41.50
Employee + Child(ren)	\$36.81
Family	\$52.23

Mid Option with \$10,000 Cancer Initial Diagnosis	
Employee	\$29.75
Employee + Spouse	\$47.02
Employee + Child(ren)	\$42.16
Family	\$59.39

High Option without Optional Benefits	
Employee	\$31.09
Employee + Spouse	\$47.51
Employee + Child(ren)	\$43.65
Family	\$60.04

High Option with Optional Benefits	
Employee	\$37.08
Employee + Spouse	\$58.05
Employee + Child(ren)	\$52.75
Family	\$73.70

**Allstate Benefits is the marketing name used by American Heritage Life Insurance Company (Home Office, Jacksonville, FL), a subsidiary of The Allstate Corporation.**

**Allstate Benefits**  
**1776 American Heritage Life Drive, Jacksonville, Florida 32224**  
**Customer Care Center: 1.800.521.3535 / [www.allstate.com](http://www.allstate.com) or [AllstateBenefits.com](http://AllstateBenefits.com)**



**Allstate**  
**BENEFITS**





# Group Accident Plan



## Plan Features

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

## Eligibility

### Issue Ages

Employee at least age 18

Spouse at least age 18

Children under age 26

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

## Guaranteed-Issue

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

## Portability

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

## Accident Benefits – High Option

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

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

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

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

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

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

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

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

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

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

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

<b>Burns (treatment within 14 days, first degree burns not covered)</b>	
Second Degree	
• Less than 10% of body surface covered	\$100
• At least 10%, but not more than 25% of body surface covered	\$200
• At least 25%, but not more than 35% of body surface covered	\$500
• More than 35% of body surface covered	\$1,000
Third Degree	
• Less than 10% of body surface covered	\$1,000
• At least 10%, but not more than 25% of body surface covered	\$5,000
• At least 25%, but not more than 35% of body surface covered	\$10,000
• More than 35% of body surface covered	\$20,000
Concussion (A concussion or Mild Traumatic Brain Injury (MTBI) is defined as a disruption of brain function resulting from a traumatic blow to the head. (Note: Concussion and MTBI are used interchangeably. The concussion must be diagnosed by a doctor.)	\$200
Coma (state of profound unconsciousness lasting 30 days or more)	\$10,000
Internal Injuries (resulting in open abdominal or thoracic surgery)	\$1,000
Exploratory Surgery (without repair. i.e. arthroscopy)	\$250
Emergency Dental Work (injury to sound, natural teeth)	
• Repaired with crown	\$150
• Resulting in extractions	\$50

<b>Medical Fees (for each accident)</b>	
Employee or Spouse	\$125
Child(ren)	\$75

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

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

### Emergency Room Treatment

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

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

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

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

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

### Emergency Room Observation Benefit

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

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

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

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

### Accident Follow-Up Treatment \$25

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

### Physical Therapy \$25

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

Air Ambulance	\$500
Ambulance	\$100

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

### Transportation (within 90 days)

Train or Plane	\$300
Bus	\$150

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

### Blood/Plasma \$100

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

### Prosthesis \$500

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

### Appliance \$100

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

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

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

**Wellness \$60**

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

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

**Hospital Admission \$1,000**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Dismemberment means:

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

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

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

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

Common carrier means:

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

## Limitations & Exclusions

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

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

## Aflac Group Accident Monthly Rates

High Option - 24 Hour Plan	Monthly Rates
Employee	\$16.21
Employee & Spouse	\$23.18
Employee & Dependent Children	\$30.90
Family	\$37.89

Wellness Benefit included in rates.





# Group Hospital Indemnity Plan



## **Plan Description**

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

## **Plan Features**

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

## **Additional Rider Available**

- Waiver of Premium

## **Underwriting Guidelines – Guaranteed-Issue**

### **Guaranteed-Issue**

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

### **Late Enrollee Eligibility**

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

## **Individual Eligibility**

### **Issue Ages:**

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

## **Spouse or Domestic Partner Coverage Available**

To apply for spouse or domestic partner coverage, **you must also apply** and be issued coverage.

**Spouse/Domestic Partner-only coverage is not available.**

## **Dependent Children Coverage Available**

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

## Successor Insured Benefit

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

## Portability

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

## Group Hospital Indemnity Benefits

### Hospitalization Benefits – Base Plan

Benefits	Low	High
<b>Hospital Admission (per confinement) – once per covered sickness or accident per calendar year for each insured</b> We will pay the amount shown when an insured is admitted to a hospital and confined as an in-patient because of a covered accidental injury or because of a covered sickness. In order to receive this benefit for accidental injuries received in a covered accident, an insured must be admitted to a hospital within six months of the date of the covered accident. We will not pay benefits for confinement to an observation unit, or for emergency room treatment or outpatient treatment.	\$500	\$1,500
<b>Hospital Confinement (per day) – maximum of 180 days per confinement for each covered sickness or accident for each insured</b> We will pay this benefit in the amount shown for each day that an insured is confined to a hospital as an in-patient as the result of a covered accidental injury or because of a covered sickness. In order to receive this benefit for accidental injuries received in a covered accident, the insured must be confined to a hospital within six months of the date of the covered accident. If we pay benefits for confinement and the insured becomes confined again within six months because of the same or related condition, we will treat this confinement as the same period of confinement. This benefit is payable for only one hospital confinement at a time even if caused by more than one covered accidental injury, more than one covered sickness, or a covered accidental injury and a covered sickness.	\$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	High	Low
<b>Major Diagnostic Exams – once per covered sickness or accident per calendar year</b> We will pay the amount shown for each day that, due to a covered accidental injury or covered sickness, an insured requires one of the following exams: <ul style="list-style-type: none"> <li>• Computerized Tomography (CT/CAT scan)</li> <li>• Magnetic Resonance Imaging (MRI)</li> <li>• Electroencephalography (EEG)</li> </ul>	\$250	\$125



## Surgical Benefits

Benefit	High	Low
<p><b>Surgical Benefit (per procedure)</b>            If an insured has surgery performed by a physician due to an injury or because of a covered sickness, we will pay the appropriate surgical benefit amount shown in the Schedule of Operations. The surgical benefit paid will never exceed the maximum surgical benefit designated in the plan. The surgery can be performed in a hospital (on an inpatient or outpatient basis), in an ambulatory surgical center, or in a physician's office. If an operation is not listed in the Schedule of Operations, we will pay an amount comparable to that which would be payable for the operation listed in the Schedule of Operations (the operation that is nearest in severity and complexity). If two or more surgical procedures are performed at the same time through the same or different incisions, only one benefit—the largest—will be provided.</p>	<b>Up to \$1,500</b>	<b>Up to \$750</b>
<p><b>Anesthesia Benefits</b>            When an insured receives benefits for a surgical procedure covered under the Surgical Benefit, we will pay the appropriate benefit amount shown in the Schedule of Operations for anesthesia administered by a physician in connection with such procedure. However, the Anesthesia Benefit paid will not exceed 25 percent of the amount paid under Surgical Benefit.</p>	<b>Up to \$375</b>	<b>Up to \$187.50</b>

### Waiver of Premium Rider

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

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

#### Exclusions

We will not pay for loss due to:

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



# Group Hospital Indemnity Plan

## *Aflac Group Hospital Indemnity Monthly Rates*

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

Aflac

Continental American Insurance Company

Columbia, South Carolina

Toll Free: 800.433.3036

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





# Group Critical Illness Plan with Cancer



## **Plan Features**

- Benefits are paid directly to you, unless otherwise assigned
- Benefit amounts are available up to \$50,000 for employees and up to \$30,000 for spouses
- Dependent children are covered at 50% of the primary insured's amount at no additional charge
- Guaranteed-Issue coverage is available for employee and spouse
- Coverage is portable, which means you can take you coverage with you if you change jobs or retire (with certain stipulations)
- Annual health screening benefit is included
- Premiums are paid through convenient payroll deduction

## **Underwriting Guidelines – Guaranteed- Issue**

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

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

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

## **Individual Eligibility**

Issue Ages:

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

Benefit-eligible employees, working at least **40 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
Cancer (Internal or Invasive)	100%
Heart Attack	100%
Major Organ Transplant	100%
Renal Failure (End Stage)	100%
Stroke	100%
Carcinoma in Situ +	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, or if the insured is treatment-free from cancer for at least 6 months, and are not caused by or contributed to by a critical illness for which benefits have been paid.

**Reoccurrence 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, or the insured has been treatment-free from cancer for at least 12 months and is currently treatment-free. Cancer that has metastasized (spread), even though there is a new tumor, is not considered an additional occurrence unless the insured has been treatment-free for 12 months and is currently treatment-free.

*+Payment of the partial benefit for Carcinoma in Situ will reduced by 25% the benefits for internal Cancer. Payment of the partial benefit for Coronary Artery Bypass Surgery will reduce by 25% the benefit for a Heart Attack.*

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

## Health Screening Benefit - \$100

After the Waiting Period, an Insured may receive a maximum of **\$100** for any one covered screening test per calendar year. We will pay this benefit regardless of the results of the test. Payment of this benefit will not reduce the amount payable for the diagnosis of a critical illness. There is no limit to the number of years the Insured can receive the health screening benefit; it will be paid as long as the policy remains inforce. 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
- Colonoscopy
- Flexible sigmoidoscopy
- Hemoccult stool analysis
- Mammography
- Pap smear
- PSA (blood test for prostate cancer)
- Serum protein electrophoresis (blood test for myeloma)
- Fasting blood glucose test, blood test for triglycerides, or serum cholesterol test to determine level of HDL and LDL
- Thermography

## 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
<b>Category 1</b>	
Coronary Artery Bypass Surgery	100%
Mitral Valve Replacement or Repair	100%
Aortic Valve Replacement or Repair	100%
Surgical Treatment of Abdominal Aortic Aneurysm	100%
<b>Category 2</b>	
AngioJet Clot Busting	10%
Balloon Angioplasty (or Balloon valvuloplasty)	10%
Laser Angioplasty	10%
Atherectomy	10%
Stent Implantation	10%
Cardiac Catheterization	10%
Automatic Implantable (or Internal) Cardioverter Defibrillator (AICD)	10%
Pacemakers	10%

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 & 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***

**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.

*\*Benefits are payable for the reoccurrence of a previously diagnosed cancer and/or carcinoma in situ as long as the Insured:*

- Has been free from signs or symptoms of that cancer for a consecutive 12-month period before the date of diagnosis (for the reoccurrence) **and**
- Has been treatment-free from that cancer for the 12 consecutive months before the date of diagnosis (for the reoccurrence).

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 the rider. The Waiting Period and Pre-existing condition limitation apply from the date the rider is effective. No benefits will be paid for loss which occurred prior to the effective date of the rider. Benefits are not payable for loss if these conditions result from another Critical Illness.

## ***Heart Event Rider Limitation & 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.

## Monthly Rates

### NON-TOBACCO: Employee

	\$5000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$6.63	\$9.76	\$12.89	\$16.02	\$19.15	\$22.28	\$25.41	\$28.54	\$31.67	\$34.80
30-39	\$8.49	\$13.48	\$18.46	\$23.45	\$28.44	\$33.43	\$38.42	\$43.40	\$48.39	\$53.38
40-49	\$13.86	\$24.21	\$34.57	\$44.93	\$55.28	\$65.64	\$75.99	\$86.35	\$96.71	\$107.06
50-59	\$21.81	\$40.12	\$58.43	\$76.74	\$95.05	\$113.35	\$131.66	\$149.97	\$168.28	\$186.59
60 - 69	\$37.55	\$71.60	\$105.65	\$139.70	\$173.75	\$207.80	\$241.85	\$275.91	\$309.96	\$344.01

### NON-TOBACCO: Spouse

	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
18-29	\$6.63	\$9.76	\$12.89	\$16.02	\$19.15	\$22.28
30-39	\$8.49	\$13.48	\$18.46	\$23.45	\$28.44	\$33.43
40-49	\$13.86	\$24.21	\$34.57	\$44.93	\$55.28	\$65.64
50-59	\$21.81	\$40.12	\$58.43	\$76.74	\$95.05	\$113.35
60 - 69	\$37.55	\$71.60	\$105.65	\$139.70	\$173.75	\$207.80

### TOBACCO: Employee

	\$5000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$8.30	\$13.10	\$17.89	\$22.69	\$27.49	\$32.29	\$37.09	\$41.88	\$46.68	\$51.48
30-39	\$11.67	\$19.83	\$28.00	\$36.16	\$44.33	\$52.49	\$60.66	\$68.83	\$76.99	\$85.16
40-49	\$24.33	\$45.15	\$65.98	\$86.80	\$107.63	\$128.45	\$149.28	\$170.10	\$190.93	\$211.75
50-59	\$38.76	\$74.03	\$109.29	\$144.55	\$179.81	\$215.08	\$250.34	\$285.60	\$320.86	\$356.13
60 - 69	\$68.90	\$134.30	\$199.70	\$265.11	\$330.51	\$395.91	\$461.31	\$526.71	\$592.11	\$657.51

### TOBACCO: Spouse

	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
18-29	\$8.30	\$13.10	\$17.89	\$22.69	\$27.49	\$32.29
30-39	\$11.67	\$19.83	\$28.00	\$36.16	\$44.33	\$52.49
40-49	\$24.33	\$45.15	\$65.98	\$86.80	\$107.63	\$128.45
50-59	\$38.76	\$74.03	\$109.29	\$144.55	\$179.81	\$215.08
60 - 69	\$68.90	\$134.30	\$199.70	\$265.11	\$330.51	\$395.91

Aflac

Continental American Insurance Company

Columbia, South Carolina

Toll Free: 800.433.3036

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





# Group Critical Illness Plan

without Cancer



## **Plan Features**

- Benefits are paid directly to you, unless otherwise assigned
- Benefit amounts are available up to \$50,000 for employees and up to \$30,000 for spouses
- Dependent children are covered at 50% of the primary insured's amount at no additional charge
- Guaranteed-Issue coverage is available for employee and spouse
- Coverage is portable, which means you can take you coverage with you if you change jobs or retire (with certain stipulations)
- Annual health screening benefit is included
- Premiums are paid through convenient payroll deduction

## **Underwriting Guidelines – Guaranteed- Issue**

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

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

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

## **Individual Eligibility**

Issue Ages:

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

Benefit-eligible employees, working at least **40 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, or if the insured is treatment-free from cancer for at least 6 months, and are not caused by or contributed to by a critical illness for which benefits have been paid.

**Reoccurrence 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, an Insured may receive a maximum of **\$100** for any one covered screening test per calendar year. We will pay this benefit regardless of the results of the test. Payment of this benefit will not reduce the amount payable for the diagnosis of a critical illness. There is no limit to the number of years the Insured can receive the health screening benefit; it will be paid as long as the policy remains in force. 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
- Thermography
- Flexible sigmoidoscopy
- Hemoccult stool analysis
- Mammography
- Pap smear
- PSA (blood test for prostate cancer)
- Serum protein electrophoresis (blood test for myeloma)
- Fasting blood glucose test, blood test for triglycerides, or serum cholesterol test to determine level of HDL and LDL

## 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
<b>Category 1</b>	
Coronary Artery Bypass Surgery	100%
Mitral Valve Replacement or Repair	100%
Aortic Valve Replacement or Repair	100%
Surgical Treatment of Abdominal Aortic Aneurysm	100%
<b>Category 2</b>	
AngioJet Clot Busting	10%
Balloon Angioplasty (or Balloon valvuloplasty)	10%
Laser Angioplasty	10%
Atherectomy	10%
Stent Implantation	10%
Cardiac Catheterization	10%
Automatic Implantable (or Internal) Cardioverter Defibrillator (AICD)	10%
Pacemakers	10%

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 & 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 the rider. The Waiting Period and Pre-existing condition limitation apply from the date the rider is effective. No benefits will be paid for loss which occurred prior to the effective date of the rider. Benefits are not payable for loss if these conditions result from another Critical Illness.

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

Continental American Insurance Company, Columbia, South Carolina.

AGC1901774      IV(7/19)

## Monthly Rates

### NON-TOBACCO: Employee

	\$5000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$ 5.68	\$7.86	\$10.04	\$12.22	\$14.40	\$16.58	\$18.76	\$20.94	\$23.12	\$25.30
30-39	\$7.04	\$10.58	\$14.11	\$17.65	\$21.19	\$24.73	\$28.27	\$31.80	\$35.34	\$38.88
40-49	\$ 10.56	\$17.61	\$24.67	\$31.73	\$38.78	\$45.84	\$52.89	\$59.95	\$67.01	\$74.06
50-59	\$ 15.46	\$27.42	\$39.38	\$51.34	\$63.30	\$75.25	\$87.21	\$99.17	\$111.13	\$123.09
60 - 69	\$ 25.95	\$48.40	\$70.85	\$93.30	\$115.75	\$138.20	\$160.65	\$183.11	\$205.56	\$228.01

### NON-TOBACCO: Spouse

	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
18-29	\$ 5.68	\$7.86	\$10.04	\$12.22	\$14.40	\$16.58
30-39	\$7.04	\$10.58	\$14.11	\$17.65	\$21.19	\$24.73
40-49	\$ 10.56	\$17.61	\$24.67	\$31.73	\$38.78	\$45.84
50-59	\$ 15.46	\$27.42	\$39.38	\$51.34	\$63.30	\$75.25
60 - 69	\$ 25.95	\$48.40	\$70.85	\$93.30	\$115.75	\$138.20

### TOBACCO: Employee

	\$5000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$6.70	\$9.90	\$13.09	\$16.29	\$19.49	\$22.69	\$25.89	\$29.08	\$32.28	\$35.48
30-39	\$8.92	\$14.33	\$19.75	\$25.16	\$30.58	\$35.99	\$41.41	\$46.83	\$52.24	\$57.66
40-49	\$16.98	\$30.45	\$43.93	\$57.40	\$70.88	\$84.35	\$97.83	\$111.30	\$124.78	\$138.25
50-59	\$26.26	\$49.03	\$71.79	\$94.55	\$117.31	\$140.08	\$162.84	\$185.60	\$208.36	\$231.13
60 - 69	\$44.75	\$86.00	\$127.25	\$168.51	\$209.76	\$251.01	\$292.26	\$333.51	\$374.76	\$416.01

### TOBACCO: Spouse

	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
18-29	\$6.70	\$9.90	\$13.09	\$16.29	\$19.49	\$22.69
30-39	\$8.92	\$14.33	\$19.75	\$25.16	\$30.58	\$35.99
40-49	\$16.98	\$30.45	\$43.93	\$57.40	\$70.88	\$84.35
50-59	\$26.26	\$49.03	\$71.79	\$94.55	\$117.31	\$140.08
60 - 69	\$44.75	\$86.00	\$127.25	\$168.51	\$209.76	\$251.01

Aflac

**Continental American Insurance Company**

**Columbia, South Carolina**

**Toll Free: 800.433.3036**

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



## Need help with health care? We've got your lifeline

Introducing Health Advocacy, Medical Bill Saver<sup>™</sup> and Telemedicine services, now part of your Aflac plan.

We've enhanced your plan without adding cost. Now, if you have an eligible Aflac plan, you also have access to three services that make it easier to access care, reduce out-of-pocket medical expenses and navigate the health care system with greater ease:

- **Get answers and expert help** with Health Advocacy from Health Advocate
- **Let advocates negotiate your medical bills** with Medical Bill Saver, also from Health Advocate
- **Connect with health providers via phone, app or online** with MeMD

Best of all, you can start using them as soon as your Aflac coverage starts.



**Start using Health Advocacy and Medical Bill Saver from Health Advocate and Telemedicine from MeMD when your coverage begins. Questions? Call 855.423.8585**

## Get more without spending more



### More than just peace of mind. Health Advocacy from Health Advocate

**You have 24/7 access to personal health advocates who start helping from the first call:**

- Find doctors, dentists, specialists, hospitals and other providers
- Schedule appointments, treatments and tests
- Resolve benefits issues and coordinate benefits
- Assist with eldercare issues, Medicare and more
- Help transfer medical records, lab results and x-rays
- Work with insurance companies to obtain approvals and clarify coverage



### More than just cash benefits. Medical Bill Saver™ from Health Advocate

**Aflac already pays claims quickly. Now, with Medical Bill Saver, Health Advocate professionals also help you negotiate medical bills not covered by health insurance:**

- Just send in your medical and dental bills of \$400 or more
- They contact the provider to negotiate a discount
- Negotiations can lead to a reduction in out-of-pocket costs
- Once an agreement is made, the provider approves payment terms and conditions
- You get an easy-to-read personal Savings Result Statement, summarizing the outcome and payment terms



### More than just care. Telemedicine from MeMD

**You can quickly connect with board-certified, U.S.-licensed health providers online for 24/7/365 access to medical care — fast:**

- Create your account at [www.MeMD.me/Aflac](http://www.MeMD.me/Aflac)
- When you have a health issue, log on and request a provider consultation
- You can request consultations via webcam, app or phone
- Get ePrescriptions,\* referrals and more
- Use it for a range of health issues, from allergies and colds to medication refills
- Prescription for common medicine

CAIC's affiliation with the Value-Added Service providers is limited only to a marketing alliance, and CAIC and the Value-Added Service providers are not under any sort of mutual ownership, joint venture, or are otherwise related. CAIC makes no representations or warranties regarding the Value-Added Service providers, and does not own or administer any of the products or services provided by the Value-Added Service providers. Each Value-Added Service provider offers its products and services subject to its own terms, limitations and exclusions. Value-Added Services are not available in Idaho or Minnesota. State availability may vary. Continental American Insurance Company, a proud member of the Aflac family of insurers, is a wholly-owned subsidiary of Aflac Incorporated.

Medical Bill Saver has restrictions for negotiations on in-network deductibles and co-insurance in Arizona, Colorado, District of Columbia, Illinois, Indiana, New Jersey, North Carolina, South Dakota and Utah.

When medically necessary, MeMD providers can submit a prescription electronically for purchase and pick-up at your local participating pharmacy; however, MeMD providers cannot prescribe elective medications, narcotic pain relievers, or controlled substances. MeMD's providers are each licensed by the appropriate licensing board for the state in which they are providing services and all have prescriptive authority for each of the states in which they are licensed.

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. For groups situated in California, group coverage is underwritten by Continental American Life Insurance Company.

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Continental American Insurance Company | Columbia, South Carolina

AGC1500186 R7

IV (2/19)



# Short-Term Disability Plan



## **Class Description**

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

## **Disability**

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

## **Monthly Benefit**

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

## **Elimination Period**

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

## **Benefit Duration**

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

## **Basis of Coverage**

24 Hour Coverage, on or off the job

## **Maternity Coverage**

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

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

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

## **Recurrent Disability**

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

## **Portability**

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

## **Annual Enrollment**

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

### Exclusions and Limitations

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

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

#### Benefit Duration 13 weeks

Monthly Benefit	Monthly Premium
\$500	\$10.36
\$600	\$12.43
\$700	\$14.50
\$800	\$16.57
\$900	\$18.64
\$1000	\$20.71
\$1100	\$22.78
\$1200	\$24.85
\$1300	\$26.92
\$1400	\$28.99
\$1500	\$31.07
\$1600	\$33.14
\$1700	\$35.21
\$1800	\$37.28
\$1900	\$39.35
\$2000	\$41.42

#### Customer Service

800-553-5318

#### Disability Claims

855-517-6365

Fax: 844-287-9499

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



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





# Long-Term Disability Plan



## LTD Class Description

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

## LTD Monthly Benefit

You can choose to **insure up to 60% of an Employee's covered basic monthly earnings to a maximum monthly benefit of \$2,000 in \$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:

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

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

## Special Conditions

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

## Mental & Nervous / Drug & Alcohol

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

### 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.

### Credit for the Satisfaction of the Pre-Existing Condition Exclusion Period

This provision applies when a Person moves from an AUL group voluntary disability income insurance plan that provided the Person short term disability coverage similar to his coverage under the Group Policy offered by the Participating Unit. Credit will be given for the satisfaction of the Pre-Existing Condition exclusion period, or portion thereof, already served under the prior AUL group voluntary short term disability income insurance plan of coverage offered by the Participating Unit IF:

1. Coverage under the Group Policy is elected by the Employee during the Initial Enrollment Period; **and**
2. The Person changes from one AUL short term disability Plan to another AUL short term disability Plan under this Group Policy during a Scheduled Enrollment Period.

The Person's Individual Effective Date of Insurance under the prior AUL group voluntary short term disability income insurance plan of coverage offered by the Participating Unit will be used when applying the Pre-Existing Condition exclusion or limitation period. The Group Policy Pre-Existing Condition Limitation will not apply to a Person that was not subject to the prior AUL short term disability plan's Pre-Existing Condition Limitation.

### 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. **\*\*Please note, annual increases are not available for LTD coverage.**

### Exclusions and Limitations

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

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

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.



AMERICAN UNITED LIFE  
 INSURANCE COMPANY®  
 a ONEAMERICA® company



# Term Life Plan



## ***Basic Employee Life Insurance***

This insurance is payable for death from any cause to any person you name as beneficiary.

## ***Optional Employee Life and AD&D Insurance***

Your employer-sponsored basic life coverage provides important protection for you, but you may need to add to that protection. Now you can... at low group rates and through payroll deductions.

To help meet this need, you now have the opportunity to elect additional group life insurance under the optional portion of your program to go along with any personal insurance coverage you may have.

## ***Optional Dependent Life Insurance***

Provides coverage on:

- Your Spouse
- Child(ren) up to age 26.

Handicapped children can continue to be covered with no age limit, as long as the child is covered prior to age 26.

***\*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 reaches maximum age limit.***

## ***Features***

The plan features easy eligibility and simple enrollment procedures. AND. . . There is no need for a medical exam if you sign up during your eligibility period. 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.

## ***Enrollment***

Enrollment is simple - just fill out the election card provided by your employer. Make sure you supply all the required information and return the form where you work. That's all. You will be notified as to when coverage starts.

## ***Beneficiary***

You have the right to designate the beneficiary of your choice under employee coverage. You are automatically the beneficiary under Dependent Life.

## ***When Your Insurance Starts***

Your Basic Employee Life Insurance becomes effective on the date of your eligibility if you are then actively at work; otherwise, on the day you return to active work. In order for your Optional Employee Life Insurance and Optional Dependent Life Insurance to become effective, it is necessary for you to certify that neither you nor any of your eligible dependents have been "hospitalized" in the last three months prior to your enrollment date. The term "hospitalized" includes inpatient hospital care, hospice care, care in an intermediate or long-term care facility and/or receipt of chemotherapy, radiation therapy or dialysis treatment. However, a confinement which is strictly due to pregnancy or childbirth will not be included in the term "hospitalized".

In addition, coverage will not become effective for you or any dependent who is hospitalized as defined above or who is not performing normal daily activities on the date coverage would otherwise become effective. Normal daily activities means that the individual is not confined at home under the care of a doctor for a sickness or injury or is not entitled to receive any disability income from any source. 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 Metropolitan Life.**

## ***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:

<b>Attained Age</b>	<b>Percent of Original Amount</b>
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.

## ***Plan Sponsor***

**Guilford County Schools  
PO Box 880  
712 N. Eugene Street  
Greensboro, NC 27402-0880  
(336) 370-8352 or (336) 370-8996**

## **Claims Procedures**

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

This brochure has been prepared to give you the highlights of coverage now being offered by your School Board 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.

## ***Schedule of Benefits***

### ***Basic Employee Life Insurance***

All eligible employees.....\$5,000\*

(No cost to you)

*\*See "Reduction at age 70 and over."*

### ***Optional Employee Life and AD&D Insurance***

Your choice of the following amounts:

\$250,000, \$240,000, \$230,000, \$220,000, \$210,000, \$200,000, \$190,000, \$180,000, \$170,000, \$160,000,  
\*\*\$150,000, \$140,000, \$130,000, \$120,000, \$110,000, \$100,000, \$90,000, \$80,000, \$70,000, \$60,000, \$50,000,  
\$40,000, \$30,000, \$20,000 or \$10,000

### ***Optional Dependent Life Insurance***

Your choice of the following amounts:\*\*

- \$50,000, \$40,000, \*\*\$30,000, \$20,000 or \$10,000 on your spouse
- \*\*\$20,000, \$15,000, \$10,000 or \$5,000 on each of your eligible children

You choose either:

Family coverage, Spouse only coverage or Child(ren) only coverage.

Optional Dependent Life Insurance is available only to those eligible employees who are insured for Optional Employee Life Insurance. You must choose the same amount of optional employee life insurance or more on yourself in order to purchase optional dependent life insurance on your dependents.

*\*\* All amounts up to and including this coverage amount are guaranteed issue as defined in When Your Insurance Starts.*

# MetLife Monthly Rates

Employee Monthly Cost	
Coverage Amount	Monthly Deduction
\$250,000	\$50.00
\$240,000	\$48.00
\$230,000	\$46.00
\$220,000	\$44.00
\$210,000	\$42.00
\$200,000	\$40.00
\$190,000	\$38.00
\$180,000	\$36.00
\$170,000	\$34.00
\$160,000	\$32.00
\$150,000**	\$30.00
\$140,000	\$28.00
\$130,000	\$26.00

Employee Monthly Cost	
Coverage Amount	Monthly Deduction
\$120,000	\$24.00
\$110,000	\$22.00
\$100,000	\$20.00
\$90,000	\$18.00
\$80,000	\$16.00
\$70,000	\$14.00
\$60,000	\$12.00
\$50,000	\$10.00
\$40,000	\$8.00
\$30,000	\$6.00
\$20,000	\$4.00
\$10,000	\$2.00

Spouse Monthly Rates	
\$50,000	\$25.50
\$40,000	\$20.40
\$30,000**	\$15.30
\$20,000	\$10.20
\$10,000	\$5.10

Child Monthly Rates	
\$20,000**	\$5.10
\$15,000	\$3.83
\$10,000	\$2.55
\$5,000	\$1.28

\*\*All amounts up to and including this coverage amount are guaranteed issue as defined in When Your Insurance Starts.

*This information has been prepared to give you the highlights of additional coverage now being offered by your School Board to meet your insurance needs.*

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



# MetLife Enhancements

## Will Preparation Service:

Having an up-to-date will is one of the most important things you can do for your family.

Like life insurance, a carefully prepared will is important. With a will, you can define your most important decisions such as who will care for your children or inherit your property. The Will Preparation Service also includes the preparation of living wills and power of attorney. By enrolling for Supplemental Life coverage, you will have access to Hyatt Legal Plans' network of more than 13,000 participating attorneys for preparing or updating these documents at no additional cost to you if you use a Hyatt Legal Plan's participating attorney.

*Who is eligible to participate in the Will Preparation service?*

Employees who participate in MetLife's Group Variable Universal Life, Group Universal Life or Supplemental Term Life Plans are eligible.

Highlights include:

- Full-service options to prepare and update wills, including complex wills and codicils, living wills and powers of attorney, for both you and your spouses / domestic partners.
- Face-to-face and telephone consultations with a Hyatt Legal Plans' participating plan attorney.
- Unlimited access to update a will for as long as you continue to participate in the MetLife Group Life Plan.

Plus:

- Convenient access to a local attorney.
- Hyatt's network of over 13,000 participating plan attorneys.
- Hyatt's award-winning Client Service Center to assist in locating an attorney.

## Funeral Planning Guide:

Grieving family members and friends may be confronted with dozens of funeral planning decisions — all of which must be made quickly, and typically under great emotional duress. What kind of funeral should it be? What funeral provider should you use? Should you bury or cremate the body? What other arrangements should you plan? Whom should you notify? And, as unpleasant as it may sound, how much is it all going to cost and where will the money come from to pay for it? Knowing and following your wishes can alleviate the decision-making stress, and allow your survivors to focus on their emotional needs and on other family matters that may arise during difficult times. Following the funeral, your financial affairs will need to be finalized, and the information you provide for your survivors will be invaluable in completing this task.

The Guide also provides you and/or your survivors with information on funeral planning and on estate settlement, as well as descriptions of MetLife benefits that may be available to you or your beneficiaries, and a list of additional resources you may need.

Once you have completed the Funeral Planning Guide, it can be saved to your computer. As a backup, we recommend printing it out to keep with your other important papers. You may want to use the guide to initiate conversations with your family about other end-of-life issues, as well. In any event, be sure to let ***your family know where this information can be found, should they need it.\****

## Estate Resolution Services:

ERS gives estate representatives access to Hyatt Legal Plans network of more than 13,000 participating attorneys for face-to-face or telephone consultation at no additional cost. Estate representatives can get the legal help they need with this great benefit that provides:

- Face-to-face consultations: estate representatives can meet with an attorney to discuss matters relating to probating your and your spouse's/domestic partner's estates.
- Preparation and representation: document preparation and representation needed at court proceedings is available to execute the transfer of probate assets from the deceased's estate to the heirs.
- Correspondence and tax filings: any correspondence needed to transfer non-probate assets may be completed by an attorney, as well as any associated filings.
- Coverage for attorney fees: Estate Resolution Services offers great financial value, since all participating attorney fees for included services are covered through the plan.

Beneficiaries can also use this benefit to consult an attorney to discuss general questions about the probate process. Individuals have the option to use the out-of-network reimbursement feature to retain an attorney who does not participate in Hyatt Legal Plans network of plan attorneys. If a non-network attorney is chosen, the individual will be responsible for any attorneys' fees that exceed the reimbursed amount.

*Who is eligible to participate in the Will Preparation service?*

Employees who participate in MetLife's Group Variable Universal Life, Group Universal Life or Supplemental Term Life Plans are eligible.

Beneficiaries and/or executors/administrators call a toll-free telephone number, 1-800-821-6400 to speak to a Hyatt Legal Plans' Client Service Representative.

## **MetLife Enhancements Continued**

*Who is eligible to participate in the Will Preparation service?*

Employees who participate in MetLife's Group Variable Universal Life, Group Universal Life or Supplemental Term Life Plans are eligible.

Beneficiaries and/or executors/administrators call a toll-free telephone number, 1-800-821-6400 to speak to a Hyatt Legal Plans' Client Service Representative.

### **Special Needs Planning:**

MetLife has focused substantial resources on the financial concerns of families with dependents with special needs. As part of the PlanSmart® Financial Education Series, MetLife offers comprehensive planning assistance to help you understand the legal and financial complexities of special needs planning. As a nationally known leader in special needs planning, our program is designed to help you secure a lifetime of care and ensure quality of life and financial freedom for your family member with special needs—as well as peace of mind for you, the caregiver. ***This is a complimentary service offered by your company.***

MetLife Special Needs Planners provide practical information and guidance.

Many of our Special Needs Planners have a dependent or close relative with special needs and all receive extensive ongoing training for special needs planning. In addition, our Planners can provide referrals to experts that provide support and service in your local special needs community.

Special Needs Planning from MetLife can help you address the following critical issues:

- Protecting eligibility for government benefits such as Supplemental Security Income (SSI) and Medicaid
- Providing lifetime care with special needs trusts while still preserving government benefit eligibility
- Selecting appropriate funding vehicles to fund special needs trusts, including life insurance, and choosing a trustee, guardian or conservator

For more information on the special needs planning resources available to you visit [www.metlife.com/special-needs](http://www.metlife.com/special-needs) or call 1-877-638-3375.

For more information regarding any of the MetLife enhancements, you can access the full brochure by going to: ***www.mymarkiii.com or you can contact MetLife direct.***





# Whole Life Plan

**TEXASLIFE**  
INSURANCE COMPANY

## **Common Issue Date: March 1, 2020**

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

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

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

## **Why Voluntary Coverage?**

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

## **The SOLUTIONS Advantage**

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

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

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

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

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

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

## **Additional Policy Benefits**

- **Accelerated Death Benefit due to Terminal Illness** For no additional premium, the policy includes an Accelerated Death Benefit Due to Terminal Illness Rider. Should you be diagnosed as terminally ill with the expectation of death within 12 months, you will have the option to receive 92.6% (92% in CA, DC, DE, FL, ND & SD) of the death benefit, minus a \$150 (\$100 in Florida) administrative fee in lieu of the insurance proceeds otherwise payable at death. This valuable living benefit gives you peace of mind knowing that, should you need it, you can take the large majority of your death benefit while still alive. (Conditions apply) (Policy Form ICC-ULABR-11 or Form Series ULABR-11)
- **Accelerated Death Benefit due to Chronic Illness** Included in the policy at the option of the employer, the Accelerated Death Benefit for Chronic Illness rider covers all applicants. If an insured becomes permanently chronically ill, meaning that he/she is unable to perform two of six Activities of Daily Living (such as bathing, continence, or dressing), or is severely cognitively impaired (such as Alzheimer's), he/she may elect to claim an accelerated death benefit in lieu of the insurance proceeds payable at death. The single sum payment is 92% of the death benefit less an administrative fee of \$150 (\$100 in FL). The Accelerated Death Benefit for Chronic Illness Rider premiums are 8% of the base policy premium. Conditions and limitations apply. See the SOLUTIONS 121 Pamphlet for details. Not Available in CA. (Policy form ULABR-CI-14 or ICC14-ULABR-CI-14.)
- **Waiver of Premium Rider** This benefit to age 65 (issue ages 17-59) waives the premium after six months of the insured's total disability and will even refund the prior six months' premium. Benefits continue payable until the earlier of the end of the insured's total disability or age 65. Cost is an additional 10% of the basic monthly premium. Self-inflicted or war-related disability is excluded. Notice, proof and waiting period provisions apply. Not available in CA. (Policy Form ICC07-ULCL-WP-07 or Form Series ULCL-WP-07).

## **SOLUTIONS Review**

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

*Limited payment whole life insurance. Some limitations apply. Texas Life is licensed to do business in the District of Columbia and every state but NY. See the SOLUTIONS brochure for complete details. Policy Form Series WLOTO-NI-11 or ICC11-WLOTO-NI-11*

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

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

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

**TEXASLIFE** INSURANCE  
COMPANY

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

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

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

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

**TEXASLIFE** INSURANCE COMPANY

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

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

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

**TEXASLIFE** INSURANCE COMPANY

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

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

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



# Identity Theft & Legal Protection



Legal Shield Inc. gives you the ability to talk to a top-rated attorney on any matter without worrying about hourly cost. For one flat monthly fee, you can access legal advice, no matter the issue.

**1. Legal Plan** - Covers you, your spouse or significant other, never married children under age 26 living at home, or never married and under age 26 who are full-time college students, children under age 18 for whom the member acts as legal guardian, or any dependent child, regardless of age, who is mentally or physically disabled, for whom the member is primarily responsible.

The Legal Plan offers nationwide coverage under your monthly rate for:

- Toll-free phone consultations
- Contract/document review up to 15 pages
- Uncontested separation+
- Uncontested name change+
- Living will
- Routine moving traffic matters++
- IRS audit legal services
- 24-hour attorney access if you are questioned, detained, or arrested
- Phone calls and letters on your behalf
- Mortgage document assistance
- Uncontested divorce+
- Health care power of attorney
- Standard Will preparation
- Trial defense services
- Preferred member discount of 25% for matters not fully covered

*+Available after 90 consecutive days of membership*

*++Available after 15 days of membership*

**(Above waiting periods do not apply to current Legal Shield Members who are upgrading to new plan)**

The plan is easy to use with simple, direct, toll-free access to your Provider Law Firm. There are no claim forms or deductibles. Members have toll-free access to attorneys and trained professional customer service staff for coverage questions, change of address, or additional information.

**2. Identity Theft Plan** - Protects you and your spouse or significant other and up to 8 children up to age of 18 against identity theft. The plan offers:

- Free Credit Reports – 24/7 Credit Monitoring
- Identity Restoration

If you become a victim of identity theft, trained experts from Kroll, Inc. will provide restoration services to you.

**3. Other** - (1) One rate includes family members as noted; (2) coverage at the discounted group GCS rates is portable; (3) the Plan Document provides details on limitations and exclusions regarding both the Legal Plan and the ID Theft Plan; and (4) a Mobile Phone Application is available for quick and easy access to your Legal Shield Provider.

Deduction Schedule	Legal Plan*	Legal Plan + ID Theft Plan	ID Theft Plan*
24 month employee	\$7.98	\$12.95	\$7.48
19 month employee	\$10.08	\$16.36	\$9.45
12 month employee	\$15.95	\$25.90	\$14.95
11 month employee	\$17.40	\$28.26	\$16.31
10 month employee	\$19.14	\$31.08	\$17.94

\*Coverage becomes effective January 1, 2020.

For more info contact: Glen Gullie | 3521 Arrowwood Dr., Raleigh, NC 27604 | 1.877.487.2837 | gullie@legalshieldassociate.com  
or Aaron N. Clinard, JD | PO Box 6414, High Point, NC 27262 | 336.870.5132 | aclinard2@triad.rr.com

# Continuation of Benefits

## *If you Leave Employment*

### **ALLSTATE BENEFITS CANCER PLAN**

When you leave your employment, you may continue your coverage by having the premiums that are currently deducted from your paycheck billed directly to your home address or drafted from your bank account. For billing options, please call Allstate Benefits at 800.521.3535

### **AFLAC PLANS**

When you leave employment, you will be able to have the premium billed directly to your home. Should you have any questions you may contact Aflac Group at 800.433.3036.

### **AMERITAS DENTAL & DIRECT REIMBURSEMENT DENTAL PLAN**

Under the Ameritas & Direct Reimbursement dental plans, you and your covered dependents are eligible to continue dental coverage through COBRA according to the following “qualifying events”.

If you and your dependents are enrolled in the dental plan, you will be eligible to continue coverage through COBRA after you leave your employment for a specified period. In addition, while covered under the plan, if you should die, become divorced or legally separated, or become eligible for Medicare, your covered dependents maybe eligible to continue dental coverage through COBRA. Also, while you are covered under the plan, your covered children who no longer qualify as an eligible dependent may continue coverage through COBRA. You will receive notification from Benefit Plan Services with premium and continuation options shortly following your termination of employment. Should you have any questions you can contact Alan Peters at Benefit Plan Services 336.889.2003.

### **AUL / ONEAMERICA SHORT-TERM & LONG-TERM DISABILITY PLANS**

When you leave employment you may continue your coverage by having the premiums that are currently deducted from your paycheck billed to your home address or drafted from your bank account. The portability option is not available to retirees. Employees can arrange portability by contacting AUL at 800.553.5318

### **FBA HEALTH CARE & DEPENDENT REIMBURSEMENT ACCOUNTS**

If you have a positive balance (payroll deductions are greater than the amount you have received in reimbursement) in your Medical Reimbursement Account at the time of your termination, you may continue participation in the Plan for the remainder of the Plan year.

If you want to remain in the Plan, you can do so by selecting one of the COBRA options listed on the Health Care Reimbursement Agreement Upon Termination Form. 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 expenses were not incurred prior to the date of termination. For more detailed information, please call IMS at 800.426.8739.



# Continuation of Benefits

## *If you Leave Employment Continued...*

### **METLIFE TERM LIFE**

**Conversion:** If your employment terminates while you and/or your dependents are covered under the plan or when your Extended Death Benefit period is over, you may purchase without medical evidence of insurability, any individual insurance policy, except a term policy. You must apply for conversion within 31 days after the date your or your dependents' coverage terminates. To get information and rates for converting coverage, please contact MetLife Home Office at 877.275.6387 / [solutions@metlife.com](mailto:solutions@metlife.com) or the MetLife Local Office at 336.553.6330.

**Portability:** If you terminate employment, the portability provision allows you to take your optional life coverage with you, subject to the following provisions:

- You must apply for coverage with 31 days from the date your life coverage terminates
- You must be ACTIVELY at work prior to employment termination
- You may only port up to your current coverage amount. You cannot increase or add dependents
- Employees are eligible to age 74, spouses to age 64 and children up to age 18, 26 if a full-time student.

To get information and rates for porting coverage, please contact MetLife direct at 866.492.6983, 877.275.6387 or email at: [solutions@metlife.com](mailto:solutions@metlife.com).

### **SUPERIOR VISION PLAN**

Under the Superior Vision plan, you and your covered dependents are eligible to continue vision coverage through COBRA according to the following "qualifying events".

If you and your dependents are enrolled in the vision plan, you will be eligible to continue coverage through COBRA after you leave your employment for a specified period. In addition, while covered under the plan, if you should die, become divorced or legally separated, or become eligible for Medicare, your covered dependents maybe eligible to continue vision coverage through COBRA. Also, while you are covered under the plan, your covered children who no longer qualify as an eligible dependent may continue coverage through COBRA. You will receive notification from Interactive Medical Systems (IMS) with premium and continuation options shortly following your termination of employment. If you should have any questions, please call 800.426.8739.

### **TEXAS LIFE WHOLE LIFE:**

When you leave employment you may continue your coverage by having the premiums that are currently deducted from your paycheck billed to your home address or drafted from your bank account. You can arrange this by contacting Texas Life at 800.283.9233 prompt #2.





# Benefits Available for Retirees



*North Carolina*

**Retired  
Governmental  
Employees'**  
*Association*

## **The Standard Dental and Superior Vision Insurance Plans for Retirees of State or Local Government Offered Through North Carolina Retired Governmental Employees' Association, Inc.**

With over 54,000 members, the North Carolina Retired Governmental Employees' Association is the largest single group representing retirees before the N.C. General Assembly, the Retirement Systems Boards of Trustees, and the State Health Plan trustees. For retirees or future retirees of state or local governments in North Carolina (including teachers, legislators, National Guard, and judicial), NCRGEA is your voice for sustaining and increasing your benefits after retirement.

Additionally, there are many benefits included with membership at no additional cost (\$10,000 AD&D Insurance, bimonthly newsletter, weekly electronic legislative updates while the General Assembly is in session, a toll-free number to call for information and assistance, hearing assistance and vision care discount programs, and free district meetings).

The Association also offers optional The Standard Dental Insurance and Superior Vision Insurance plans for our members. Those premiums are conveniently deducted from your retirement benefit check monthly. Please contact us at NCRGEA, PO Box 10561, Raleigh, NC 27605, 1-800-356-1190, or go to our website, [www.ncrgea.com](http://www.ncrgea.com), for further information.



# Contact Information

## **Aflac**

(CAIC a proud member of the Aflac family of insurers)

Columbia, South Carolina

Customer Service

1-800-433-3036

[Aflacgroupinsurance.com](http://Aflacgroupinsurance.com)

## **Allstate Benefits Cancer**

1776 American Heritage Life Drive

Jacksonville, FL 32224

1-800-521-3535

[www.allstate.com](http://www.allstate.com) or

[Allstatebenefits.com](http://Allstatebenefits.com)

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

Claims Toll-Free Number

1-855-517-6365

Customer Service

1-800-553-5318

## **Ameritas Dental**

1-800-487-5553

[www.ameritas.com](http://www.ameritas.com)

## **Direct Reimbursement Dental Plan**

336-889-2003

## **Flexible Benefit Administrators**

509 Viking Drive, Suite F

PO Box 8188

Virginia Beach, VA 23450

1-800-437-FLEX (1-800-437-3539)

Fax: (757) 431-1155

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

<https://fba.wealthcareportal.com/>

## **MetLife Term Life**

Conversion: 1-877-275-6387

Portability: 1-866-492-6983

[Solutions@metlife.com](mailto:Solutions@metlife.com)

Local Office, please contact:

JC Aller at 336-553-6330

1801 Stanley Rd. Suite 425

Greensboro, NC 27407

## **Superior Vision Services**

11101 White Rock Road

Rancho Cordova, CA 95670

1-800-507-3800

[www.superiorvision.com](http://www.superiorvision.com)

Non-Network Claims Submission:

P.O. Box 967

Rancho Cordova, CA 95741

## **Texas Life Insurance Company**

[www.texaslife.com](http://www.texaslife.com)

PO Box 830

Waco, TX 76703-0830

1-800-283-9233











Scan the QR Code to be directed to  
the Guilford County Schools  
enrollment login page.

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



211 Greenwich Road  
Charlotte, NC 28211

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