

# ***TABLE OF CONTENTS***

## ***Pre-Tax Benefits***

Ameritas Dental Plan.....Page 3

Superior Vision Plan.....Page 8

## ***After-Tax Benefit***

American United Term Life Plan.....Page 11

## ***For Your Reference***

Continuation of Benefits If You Leave Employment .....Page 19

Information for Benefits Available to Retirees .....Page 21



\* \* \* \* \* *Notice* \* \* \* \* \*

The products described in this booklet are part of a Supplemental Benefits Plan arranged by Mark III Employee Benefits for eligible Richmond County Schools employees. The Supplemental Benefits Plan allows you to pay for certain insurance premiums before taxes are taken out of your paycheck. Paying for benefits in this method reduces your taxes and increases your take home pay.

*The plan year is October 1, 2016 through September 30, 2017*

If you wish to add or make changes to your insurance coverage(s), please consult a 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 (i.e., marriage, divorce, birth of a child, etc.)**

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

# ***Ameritas Dental Plan***

***Effective Date: October 1, 2016***

## ***Calendar Year Deductible***

\$50.00 per individual for Type 2 (Basic) and/or Type 3 (Major) Procedures (3 times family limit). After the date that 3 members of a family have each satisfied their individual deductible, the entire deductible or any remaining portion of the deductible for any family member will be waived for the rest of that calendar year.

## ***Type 1 - Preventive and Diagnostic***

Type 1 benefits are payable at 100% U&C\*. No deductible applies.

- Evaluations (Two per benefit period)
- Cleanings (Two per benefit period)
- Fluoride for Children (Under age 19)
- Space Maintainers
- Radiographs (X-rays)
- Bitewings (Two per benefit period)

## ***Type 2 - Basic Procedures***

Type 2 Benefits are payable at 80-90-100% U&C\*. \$50.00 deductible applies.

- Limited Exams (Problem Focused)
- Oral Surgery-Simple Extractions
- Oral Surgery-Complex Extractions
- Restorative Amalgam & Resin (excluding inlays & crowns)
- Anesthesia
- Denture Repair
- Sealants (Under age 17)

## ***Type 3 - Major Procedures***

Type 3 Benefits are payable at 50% U&C\*. \$50.00 deductible applies.

- Endodontics (Root Canal)
- Periodontics (Gum Disease)
- Prosthodontics - Removable Dentures, Partial
- Restorative - Crowns
- Crowns and Crown repair
- Prosthodontics - Fixed Pontics or Abutments

## ***Orthodontia- for adult and children***

Paid at 50% U&C with a \$1000 Lifetime Maximum per person. No deductible applies.

*\*Usual & Customary charge*

**\*\*\*\*Late Entrant Provision\*\*\*\***

**There is a 12 month waiting period on all services except for cleanings, exams, and fluoride applications for employees and/or dependents who do not enroll when FIRST eligible for coverage. The waiting period will be waived for employee and their dependents who enroll when first eligible.**

***100% Preventive, 80-90-100% Incentive Plan***

Everyone insured on the effective date of the Company's policy begins with 100% coinsurance for Type 1 (Preventive) and 80% for coinsurance level for Type 2 (Basic) procedures and will remain at that level until the next January 1.

If you or a covered dependent visit a dentist during each Calendar Year and have at least one covered dental procedure performed while insured under the Company's policy, your Type 2 (Basic) procedures will advance to the 90% level on the following January 1 and to 100% on the next January 1. Your Type 2 (Basic) procedures will remain at 100% each year as long as you or a covered dependent visit a dentist during each subsequent calendar year and have at least one covered dental procedure performed while insured under the Company's policy.

If any insured does not have at least one covered dental procedure performed during any calendar year while insured under the Company's policy, you will revert back to 80% coinsurance level during the next calendar year and must begin to progressively advance to the next levels as described above. Each covered employee and each covered dependent are tracked individually for the 80-90-100% incentive plan.

***Annual Maximum Benefit***

- Type 1, Type 2, and Type 3 Procedures - \$1,000\* per calendar year per person.
- Orthodontia Procedures - \$1,000 Lifetime per person (carryover does not apply).

\*This plan includes an **Annual Maximum Carryover** for dental. Each insured (employee and/or dependent) will qualify for a dental maximum carryover if they:

1. Visit a dentist between January 1 and December 31 of the plan year.
2. Submit a claim for payment prior to March 1 of the following year.
3. Total benefits paid for the Calendar Year must be less than \$500.

If you meet all 3 requirements you will have an additional \$250 available in the Annual Dental Maximum for the next plan year. In future years if you have benefits paid of less than \$500, additional amounts of \$250 will be added to the carryover.

However, the most you can accumulate in the maximum carryover is \$1,000. Therefore, the maximum annual benefit may never exceed \$2,000 in any one year.

### ***Dental Exclusions (Deferment Period)***

During the first 36 months following your or your dependent's Dental Coverage Effective Date, the initial placement of dentures, partial dentures, or bridges, if it included the replacement of teeth all of which are missing prior to the effective date. (For currently covered insureds, Ameritas will use the employee's Date of Hire to determine the 36 month period.)

This exclusion will not apply if the prosthesis replaces a sound natural tooth which is extracted while the patient is insured under this Dental Coverage and which is replaced within 12 months of the extraction.

During the first 36 months of coverage, the replacement of bridges, dentures, partial dentures, inlays, or crowns is excluded.

Exceptions to this exclusion will be made if the replacement is made necessary by:

- a) accidental bodily injury to sound natural teeth (chewing injuries are not considered accidental bodily injuries), or
- b) the extraction of a sound natural tooth provided the replacement is completed within 12 months of the date of the injury or extraction.

### ***Eligible Employees***

You are eligible for insurance if you are a full-time, active employee working at least 30 hours per week.

### ***Eligible Dependents***

Provides Coverage On:

- Your Spouse
- Children up to age 26

### ***Pre-Determination Of Benefits***

A treatment plan MAY be filed if a proposed course of treatment will exceed \$200.00. With this information, Ameritas can determine the benefits payable under this policy prior to the work actually being done. It will give the insured the amount payable, along with an idea of the out of pocket expense.

### ***Coordination of Benefits***

If you or any of your dependents incur charges which are covered by any other group plan, the benefits of this plan will be coordinated with the benefits of the other plan so that the total benefits received are not greater than the charges incurred.

### ***Certificate of Insurance***

The Certificate of Insurance issued to you describes in detail the benefits and limitations of this plan. This brochure is for general information only.

### ***Section 125***

This policy is provided as part of the Policyholder's Section 125 Plan. Each member has the option under the Section 125 Plan of participating or not participating in this policy. A member may change their election only during an annual election period, except for a change in family status. Examples of such events would be marriage, divorce, birth of a child, death of a spouse or child or termination of employment. Please see your plan administrator for details.

### ***Limitations/Exclusions***

(This is not a complete list)

- For any treatment which is for cosmetic purposes. Facings on crowns or pontics behind the 2nd bicuspid are considered cosmetic.
- Charges incurred prior to the date the individual became insured under this plan, or following the date of termination of coverage.
- Services which are not recommended by a dentist or which are not required for necessary care and treatment.
- Expenses incurred to replace lost or stolen appliances.
- Expenses incurred by an insured because of a sickness for which he / she is eligible for benefits under Worker's Compensation Act or similar laws.

### ***Orthodontia Limitations***

(This is not a complete list)

No benefit is payable for expenses incurred:

- In connection with a Treatment Program which was begun before the individual became insured for orthodontic benefits.
- During any quarter of a Treatment Program if the individual was not continuously insured for orthodontic benefits for the entire quarter.
- After the individual's insurance for orthodontic benefits terminates.

## ***10 Pay Dental Rates***

Employee Only	\$34.64
Employee Plus One	\$67.96
Employee Plus Family	\$118.16

***For Claims/Customer Service Questions  
call Ameritas At: (800) 487-5553.***

*This insurance is underwritten by Ameritas Life Insurance Corp.*



## *Superior Vision Plan*

**Effective Date: October 1, 2016**

### **Outline of Benefits – Gold Preferred Plan with Materials Discount**

<b>Copayment:</b>	<b>Comprehensive Exam</b>	<b>\$20.00</b>
	<b>Contact Lens Fitting Fee</b>	<b>\$25.00</b>

### **How To Use The Plan**

Welcome to Superior Vision’s vision plan. Superior Vision provides primary vision care benefits including eye examinations, prescription eyewear, and contact lenses through a broad-based provider network consisting of ophthalmologists, optometrists, and opticians. The plan also contracts with a large number of national and regional optometric chain locations.

Your first step should be to choose an eye care provider, or ensure that your current provider is part of the Superior Vision network. Go to [www.superiorvision.com](http://www.superiorvision.com) and click on “Locate a Provider” for an updated list. You will learn about “in-network” and “out-of-network” providers – it is an important distinction when receiving your benefits. You will also learn more about how to use your benefits, as well as the discounts that are available to you.

Remember that a routine eye exam is important not only for correcting vision problems, but for maintaining healthy eyes and overall health wellness. Superior Vision eye care providers are trained to test for and diagnosis a variety of health issues – not just eye problems. Take the time to get to know your vision plan, and start experiencing healthy eyes and healthy living.

<b>Benefits</b>	<b>Frequency</b>	<b>In-Network<sup>1</sup></b>	<b>Out-of-Network<sup>1</sup></b>
<b>Comprehensive Eye Exam</b>			
Ophthalmologist	12 Months	Covered in Full	Up to \$44.00
Optometrist	12 Months	Covered in Full	Up to \$39.00
<b>Standard Lenses (Per Pair):</b>			
Single Vision	12 Months	Covered in Full	Up to \$26.00
Bifocal	12 Months	Covered in Full	Up to \$34.00
Trifocal	12 Months	Covered in Full	Up to \$50.00
Progressive	12 Months	Covered in Full	Up to \$50.00
<b>Contact Lenses (Per Pair)<sup>2</sup></b>			
Medically Necessary	12 Months	Covered in Full	Up to \$210.00
Cosmetic (Elective) <sup>3</sup>	12 Months	Up to \$150.00	Up to \$100.00
<b>Frames-Standard<sup>3</sup></b>	12 Months	Up to \$175.00	Up to \$70.00



### ***Discount Features***

Look for providers in the Provider Directory who accept discounts; please verify their discounts prior to service.

### ***Discounts on Covered Materials***

Frames:	20% off amount over allowance
Lens options:	20% off retail
Progressives:	20% off amount over retail lined trifocal lens, including lens options

The following options have out-of-pocket maximums<sup>4</sup> on standard plastic single vision lenses, and select options are available on standard bifocal and trifocal lenses. Out-of-pocket maximums are not available on premium options or progressives.

### ***Maximum Member Out-of-Pocket***

	Single Vision	Bifocal & Trifocal
Scratch coat	\$13	\$13
Ultraviolet coat	\$15	\$15
Anti-reflective coat	\$50	\$50
Polycarbonate	\$40	\$40

### ***Discounts on Non-Covered Exam and Materials***

Superior Vision offers discounts on an unlimited number of materials after the member has exhausted their covered benefit.

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

### ***Refractive Surgery***

Superior Vision has a nationwide network of refractive surgeons and partnerships with leading LASIK networks (QualSight, TruVision, and LasikPlus) who offer members a discount. These discounts range from 20%-50%, and are the best possible discounts available to Superior Vision.

<sup>1</sup> All in-network and out-of-network allowances are at the retail value.

<sup>2</sup> Contact lenses are in lieu of eyeglass lenses and frames benefits.

<sup>3</sup> The insured is responsible for paying any charges in excess of this allowance.

<sup>4</sup> Discounts and maximums may vary by lens type. Please check with your provider.

### ***Items or Services Not Covered***

While Superior Vision offers a variety of vision benefits, there are a few materials, services, and treatments that are generally not covered, or have limitations to their coverage. We do offer discounts on many of these items, as outlined in our discount plan coverage information. For a list of these, please see your benefits administrator.

**Please confirm the details of your employer's plan prior to seeking services.**

#### **10-Pay Rates**

Employee Only     \$10.96  
Employee + Family   \$27.49

#### **Customer Service**

800-507-3800  
916-852-2277 Fax

#### ***Explanation of benefits***

***Provider locator; provider nomination***

***Claims inquiries***

***Authorization numbers (out-of-network)***

***Grievance issues***

#### ***Customer Service/Corporate Office***

11101 White Rock Rd., Ste. 150  
Rancho Cordova, CA 95670

#### ***Claims Administration***

P.O. Box 967  
Rancho Cordova, CA 95741

*Disclaimer: All final determinations of benefits, administrative duties, and definitions are governed by the Certificate of Insurance Coverage for your vision plan. Please check with your Benefits Administrator or 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, a/k/a The Guardian or Guardian Life*

**SUPERIOR VISION**   
See yourself healthy.

***American United Life Insurance Company® (AUL)  
Group Term Life Insurance Plan***

***Basic Life Insurance***

This insurance coverage is provided by your employer at no cost to you.

***Voluntary Life Insurance***

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

To help meet this need, you have the opportunity to elect and pay for additional group life insurance under the voluntary portion of your cafeteria benefits program to go along with any other life insurance coverage you may have.

***Voluntary Dependent Life Insurance***

Provides coverage on:

- Your Spouse **under age 70**
- Child(ren) from live birth to age 19 (to age 25 if unmarried and dependent upon you for principal support, and if a full-time student attending an educational institution). Children who become disabled prior to 19 can be insured if incapable of employment. It is your responsibility to notify your employer in writing when a dependent is no longer eligible for coverage.

***Features***

American United Life Insurance Company's® (AUL) coverage features easy eligibility and simple enrollment procedures. Furthermore, automatic payroll deductions simplify paperwork. This means less bookkeeping for you and less worries about a lapse in coverage due to missed payments.

***Low Cost***

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

### ***Eligibility***

You will be eligible to apply for insurance up to the guaranteed issue amount if you are a permanent, full-time employee.

### ***Enrollment***

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

### ***Beneficiary***

You have the right to designate the beneficiary of your choice under your coverages. You are automatically the beneficiary under the dependent life insurance.

### ***When Insurance Can Start***

Your Basic Life Insurance becomes effective on the date of your eligibility if you are actively at work; otherwise, and when eligible, on the first day of the coverage month after you return to active work.

Coverage will not become effective for any dependent who is confined in a medical facility on the date coverage would otherwise become effective.

If you meet the eligibility requirements described in the policy on the date of enrollment and for your voluntary life insurance to begin, coverage, will become effective on the next first day of a coverage month provided you are actively at work; otherwise, on the day you return to active work. If you enroll for voluntary dependent life insurance, that coverage may become effective on the date your voluntary life insurance becomes effective, for any dependents who meet the eligibility requirements outlined in the policy.

*If you or any dependents do not satisfy the eligibility requirements outlined in the policy on the date of enrollment and prior to coverage beginning, that person will not become insured until such person has undergone medical underwriting and furnished evidence of insurability to AUL.*

### ***Reductions At Age 70 & Over***

If you remain a full-time employee beyond age 70 your amount of life insurance will reduce as follows:

<u>Attained Age</u>	<u>Remaining Percent of Original Amount</u>
70	45%
75	30%
80	20%
85	10%

### ***Termination Of Coverage***

All insurance under AUL's policies will terminate for events including but not limited to, retirement, termination of employment, when the policy terminates, when eligibility requirements are not met, or when you request termination. Nevertheless, if you should die within the conversion application period, your existing life insurance may still be paid to the designated beneficiary. If any of your covered dependents should die within their conversion application period, the amount of life insurance on such dependent may be payable to you.

### ***Disability***

Your insurance may be continued under the waiver of premium provision during periods of total disability provided the employer continues premium payments on your behalf prior to application and approval of the waiver of premium benefit. However, your insurance will be subject to the policy reduction schedule.

### ***Accelerated Life Benefit Option***

AUL has included an Accelerated Life Benefit (ALB) as part of your group life. Under this benefit, if you are permanently and totally disabled and diagnosed with a terminal condition, you may be eligible to receive a portion of your group life insurance coverage at such a difficult time. Please refer to AUL's group life insurance certificate for further eligibility details.

### ***Conversion***

If your coverage or a portion of it ceases for events such as employment termination, reduction in the benefit amount, termination of eligibility for insurance, you may apply without needing to submit evidence of insurability, any individual insurance, except a term policy, issued by AUL. The amount of the individual contract may not be more than the amount of your life coverage in effect on the date of termination. You must apply for this policy within 31 days after the date your coverage terminates. This benefit is offered under Voluntary Life Insurance and Dependent Life insurance as well as the basic life insurance. Applying and paying for this benefit is the employee's responsibility and it is not automatic.

### ***Continuation of Insurance***

This benefit allows employees whose coverage ends due to certain qualifying events to continue their current (or a lesser) amount of insurance.

***Qualifying Events for the Voluntary Insurance Can Include:***

- Termination of employment
- Retirement
- Termination of the policy issued to the employer.

The minimum amount which an employee can apply to continue is \$10,000. Under the Basic Life Insurance policy and if the employee ceased active work due to sickness or injury, insurance can continue while premium is paid for 9 months following cessation of active work. Under the Voluntary life insurance, continuation of coverage terminates at age 70 or when premium payments end. When continuation of coverage ends, insured individuals have the right to apply to convert to an individual whole life insurance policy as outlined in the conversion privilege.

***Suicide Limitation***

The amount of the Voluntary or dependent life insurance benefits will be limited to the premiums paid if the insured commits suicide within two years from the effective date of the coverage.

***Group Policy And Certificate***

If you become approved for coverage, you will receive a certificate outlining the benefits offered under the policy.

***Plan Administrator***

Richmond County Schools  
118 Vance Street  
Hamlet, NC (910) 582-5860

***Claims Procedure***

Claim forms needed for benefits under the AUL's group insurance policies can be obtained from your employer who will also be ready to assist in filing claims. The instructions on the claim form should be followed carefully and timely. This will expedite the processing of the claim. Be sure all questions are answered fully. If there is any question about a benefit offered, an explanation can be requested from your employer, who is usually able to provide the necessary information.

## ***Overview Of Benefits Offered***

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

All Eligible Full-Time Employees \$6,500\*  
(No premium cost to you)

### ***Voluntary Life And AD&D Insurance***

Your choice of the following amounts\*:

A minimum of \$10,000 up to the lesser of \$250,000 or, not to exceed 5 times your annual base salary.

**Late entrants and anyone increasing their coverage will have to furnish proof of good health to AUL.**

\*See "Reductions at age 70 & Over".

### ***Voluntary Dependent Life And AD&D Insurance***

\$5,000 to \$50,000 on your spouse under age 70.

Late entrants and additions to existing coverage will require furnishing proof of good health to AUL.

***The spouse's coverage may not exceed 100% of the Employee's Voluntary Life amount.***

\$2,500, \$5,000, or \$10,000 on each of your eligible children from 6 months to 19 years old, 25 if a full time student (\$1,000 on a child between live birth to 6 months).

You can choose either:

Employee & Spouse coverage, Employee & Child(ren) coverage or Employee & Family coverage.

***Voluntary Dependent Life Insurance is available only to those eligible employees who are insured for Voluntary Life Insurance.***

*Employee Voluntary Life Insurance 10 Pay Premium Rates*

<b>AGE</b>	<b>\$10,000</b>	<b>\$20,000</b>	<b>\$30,000</b>	<b>\$40,000</b>	<b>\$50,000</b>
<29	\$1.00	\$2.00	\$2.98	\$3.98	\$4.98
30 - 34	\$1.00	\$2.00	\$2.98	\$3.98	\$4.98
35 - 39	\$1.18	\$2.35	\$3.53	\$4.70	\$5.88
40 - 44	\$1.62	\$3.24	\$4.86	\$6.48	\$8.10
45 - 49	\$2.33	\$4.66	\$6.98	\$9.31	\$11.64
50 - 54	\$3.58	\$7.15	\$10.73	\$14.30	\$17.88
55 - 59	\$5.58	\$11.16	\$16.74	\$22.32	\$27.90
60 - 64	\$7.07	\$14.14	\$21.20	\$28.27	\$35.34
65 - 69	\$12.06	\$24.12	\$36.18	\$48.24	\$60.30
70-74	\$31.45	\$62.90	\$94.36	\$125.81	\$157.26
75+	\$31.45	\$62.90	\$94.36	\$125.81	\$157.26
<b>AGE</b>	<b>\$60,000</b>	<b>\$70,000</b>	<b>\$80,000</b>	<b>\$90,000</b>	<b>\$100,000</b>
<29	\$5.98	\$6.97	\$7.97	\$8.96	\$9.96
30 - 34	\$5.98	\$6.97	\$7.97	\$8.96	\$9.96
35 - 39	\$7.06	\$8.23	\$9.41	\$10.58	\$11.76
40 - 44	\$9.72	\$11.34	\$12.96	\$14.58	\$16.20
45 - 49	\$13.97	\$16.30	\$18.62	\$20.95	\$23.28
50 - 54	\$21.46	\$25.03	\$28.61	\$32.18	\$35.76
55 - 59	\$33.48	\$39.06	\$44.64	\$50.22	\$55.80
60 - 64	\$42.41	\$49.48	\$56.54	\$63.61	\$70.68
65 - 69	\$72.36	\$84.42	\$96.48	\$108.54	\$120.60
70-74	\$188.71	\$220.16	\$251.62	\$283.07	\$314.52
75+	\$188.71	\$220.16	\$251.62	\$283.07	\$314.52
<b>AGE</b>	<b>\$150,000</b>	<b>\$200,000</b>	<b>\$250,000</b>		
<29	\$14.94	\$19.92	\$24.90		
30 - 34	\$14.94	\$19.92	\$24.90		
35 - 39	\$17.64	\$23.52	\$29.40		
40 - 44	\$24.30	\$32.40	\$40.50		
45 - 49	\$34.92	\$46.56	\$58.20		
50 - 54	\$53.64	\$71.52	\$89.40		
55 - 59	\$83.70	\$111.60	\$139.50		
60 - 64	\$106.02	\$141.36	\$176.70		
65 - 69	\$180.90	\$241.20	\$301.50		
70-74	\$471.78	\$629.04	\$786.30		
75+	\$471.78	\$629.04	\$786.30		



***Voluntary Spouse Life Insurance 10 Pay Premium Rates***

***Spouse Rates Based on Employee Age***

<b>AGE</b>	<b>5,000</b>	<b>10,000</b>	<b>15,000</b>	<b>20,000</b>	<b>25,000</b>
<29	\$0.86	\$1.72	\$2.57	\$3.43	\$4.29
30 - 34	\$0.86	\$1.72	\$2.57	\$3.43	\$4.29
35 - 39	\$0.92	\$1.84	\$2.75	\$3.67	\$4.59
40 - 44	\$0.98	\$1.96	\$2.93	\$3.91	\$4.89
45 - 49	\$1.46	\$2.92	\$4.37	\$5.83	\$7.29
50 - 54	\$1.94	\$3.88	\$5.81	\$7.75	\$9.69
55 - 59	\$2.78	\$5.56	\$8.33	\$11.11	\$13.89
60 - 64	\$3.74	\$7.48	\$11.21	\$14.95	\$18.69
65 - 69	\$6.26	\$12.52	\$18.77	\$25.03	\$31.29
70+	N/A	N/A	N/A	N/A	N/A
<b>AGE</b>	<b>30,000</b>	<b>35,000</b>	<b>40,000</b>	<b>45,000</b>	<b>50,000</b>
<29	\$5.15	\$6.01	\$6.86	\$7.72	\$8.58
30 - 34	\$5.15	\$6.01	\$6.86	\$7.72	\$8.58
35 - 39	\$5.51	\$6.43	\$7.34	\$8.26	\$9.18
40 - 44	\$5.87	\$6.85	\$7.82	\$8.80	\$9.78
45 - 49	\$8.75	\$10.21	\$11.66	\$13.12	\$14.58
50 - 54	\$11.63	\$13.57	\$15.50	\$17.44	\$19.38
55 - 59	\$16.67	\$19.45	\$22.22	\$25.00	\$27.78
60 - 64	\$22.43	\$26.17	\$29.90	\$33.64	\$37.38
65 - 69	\$37.55	\$43.81	\$50.06	\$56.32	\$62.58
70+	N/A	N/A	N/A	N/A	N/A

***Voluntary Child Life Insurance 10 Pay Premium Rates***

<b>\$2,500</b>	<b>\$5,000</b>	<b>\$10,000</b>
\$0.71	\$1.43	\$2.85

***For questions about coverage or evidence of insurability,  
you may call an AUL representative at  
(800) 553-5318.***

***If you need access to forms or how to submit claims,  
you can also review information at  
[www.employeebenefits.aul.com](http://www.employeebenefits.aul.com)***



Note: This invitation to inquire allows interested employees an opportunity to inquire further about group insurance coverage and is limited in its description of the losses for which benefits may be payable. The contract has exclusions, limitations, reduction of benefits and terms under which the contract may be continued in force or discontinued. The contract may contain a waiting or elimination period between its effective date and the effective date of coverage, and a time period between the date a loss occurs and the date benefits begin to be payable for the loss.

If a choice of the amount of benefits is offered, the amount of benefits provided depends upon the coverage selected and premiums can vary with the amount of benefits selected. If a range of benefit levels is present, the insured is only entitled to the benefit level shown in the contract.

Actual premium will be calculated by AUL. Premium rates may increase upon reaching certain age brackets, according to contract terms, and are subject to change. Any payable benefit is subject to AUL's approval, contract maximums, contract reductions and according to contract terms and conditions.

***Continuation of Benefits Options  
If You Leave Richmond County Schools***

***Ameritas Dental Plan***

Under the dental plan, 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. Examples of an ineligible dependent would be when your child graduates from college, or turns 26 years old.

***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 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.

***American United Life Insurance Company® Group Term Life Insurance***

***Conversion:*** If your coverage or a portion of it ceases for events such as employment termination, reduction in the benefit amount, termination of eligibility for insurance, you may apply without needing to submit evidence of insurability for an individual conversion policy issued by AUL. The amount of the individual conversion contract may not be more than the amount of your life insurance coverage in effect on the date of coverage termination. You must apply for the individual conversion policy and pay premium within 31 days after the date your coverage terminates.

***Continuation:*** This benefit allows employees whose Voluntary life insurance ends due to certain qualifying events to continue their current (or a lesser) amount of insurance. Qualifying Events can Include: Ceasing active work due to sickness or injury; termination of employment; retirement; termination of the policy issued to the employer. In order to apply for this benefit:

- You must apply for continuation within 31 days from the date this coverage terminates.
- You may only continue up to your current coverage amount. You cannot increase coverage and can only apply to continue existing dependent life insurance. Complete and return the necessary forms to your employer, ensure your employer completes and returns the forms to AUL, and AUL will in turn, contact you directly to assist with the conversion/continuation application process, and to advise you of your coverage options.

You may also call an AUL representative at **(800) 553-5318** or review information at **[www.employeebenefits.aul.com](http://www.employeebenefits.aul.com)** to request necessary forms or conversion/continuation information.

***Benefits available to Retirees of North Carolina  
State and Local Governments***

***MetLife 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 MetLife 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, P.O. Box 10561, Raleigh, NC 27605, 1-800-356-1190, or go to our website, [www.ncrgea.com](http://www.ncrgea.com), for further information.