

The background of the entire page is a photograph of a campus scene. On the left, there is a prominent red brick building with a tall, ornate tower featuring a green roof and multiple crosses. To the right of the tower, there are large trees with vibrant orange and yellow autumn foliage. In the distance, a modern building with a curved, metallic roof is visible. The sky is a clear, pale blue. In the top right corner, there is a dark blue banner containing the Rowan County logo and tagline. The main title 'EMPLOYEE BENEFITS HANDBOOK' is centered in the middle of the page in large, white, bold, sans-serif capital letters. Below the title, a thin white horizontal line with a small circle at its right end separates the title from the date range. The date range 'JULY 1, 2025 - JUNE 30, 2026' is written in white, bold, sans-serif capital letters. At the bottom of the page, there are several overlapping, semi-transparent blue wavy shapes that create a modern, abstract design.

**ROWAN  
COUNTY**

NORTH CAROLINA

*Be an original.®*

# EMPLOYEE BENEFITS HANDBOOK

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**JULY 1, 2025 - JUNE 30, 2026**

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



# DISCLAIMER

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

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

- ✓ Your plan year runs from July 1, 2025 to June 30, 2026. This means your benefit elections will take effect July 1, 2025 unless otherwise noted.
- ✓ If you wish to add or make changes to your benefit elections, you have the option of self-enrolling or speaking with a trusted Mark III Benefits Counselor during your scheduled open enrollment.
- ✓ Once the enrollment period is over, you will not be able to make changes unless you experience a qualifying life event outlined by the IRS.
- ✓ **REMINDER!** Employees must re-enroll in their Flexible Spending and Dependent Care accounts each year! It will not automatically renew.
- ✓ This benefits guide is equipped with mobile-friendly barcodes commonly referred to as QR Codes. Use your smartphone to scan the QR codes to view your benefit summaries.
- ✓ All policy information can be found on your employee benefits portal at <https://mymarkiii.com/rowancountync/>.



# Qualifying Life Events

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

## Examples of QLEs

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

Documentation is required.



marriage



divorce



childbirth/  
adoption



death of a  
family  
member



loss of  
parental  
coverage



spouse gains  
or loses  
coverage

# Welcome to Your Benefits!

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



## Pre-Tax Benefit Information

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

- ✓ BlueCross BlueShield Medical
- ✓ FBA Flexible Spending Accounts
- ✓ Ameritas Dental
- ✓ CEC Vision
- ✓ Allstate Benefits Group Cancer
- ✓ Aflac Group Accident

## Post-Tax Benefit Information

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

- ✓ Aflac Group Critical Illness
- ✓ OneAmerica (AUL) Short-Term Disability
- ✓ The Standard Term Life
- ✓ Boston Mutual Whole Life

# How to Enroll at Open Enrollment

## *Self-Service Enrollment*

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

**To Self-Enroll Visit:** <https://mymarkiii.com/rowancountync/enrollment/>

## *Call Center Enrollment*

Dial the number below to speak with a trusted Mark III Benefits Counselor. They will explain the benefits offered and help get you enrolled.

**Call Center: 1 (833) 864-2654** (M – F, 8:00 a.m. – 5:00 p.m. EST)

## *Employee Benefits Portal*

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



# Employee Benefits Portal

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



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



*Scan me!*

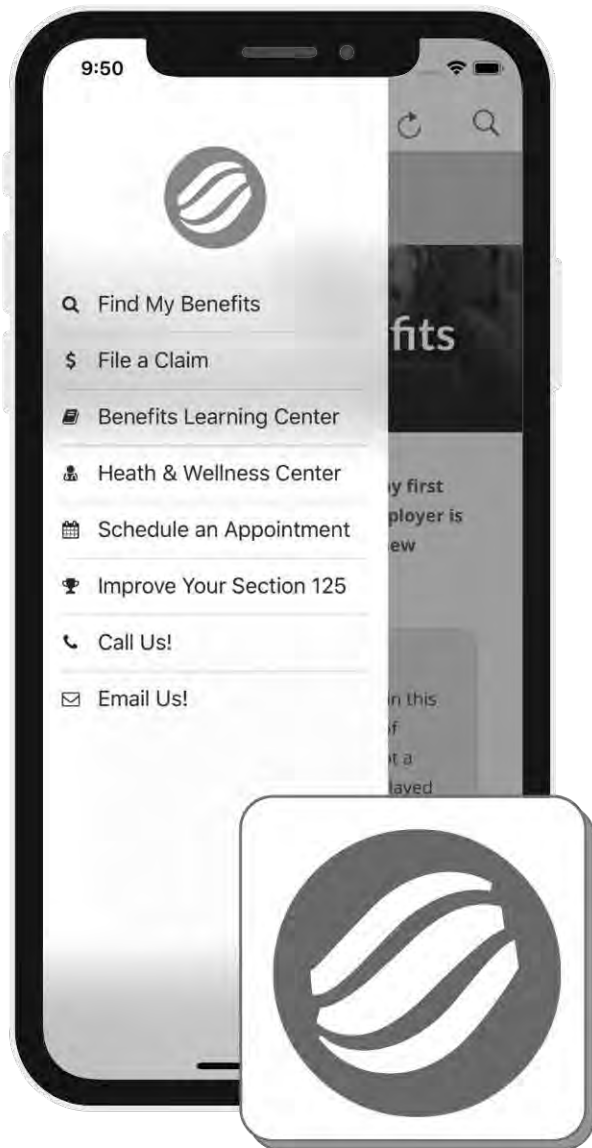
Available 24/7\* from any internet enabled device for your convenience.

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



# MyMark III Mobile App

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



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

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

Available on:



*Your Trusted Benefits  
Partners at your fingertips!*



# Filing a Claim

## Allstate Benefits Group Cancer

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

## Group Aflac

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

## OneAmerica (AUL) Disability

Visit <https://mymarkiii.com/rowancountync/forms/> to access your claim form or visit <https://www.oneamerica.com/file-a-claim> to file online. If you have any questions when completing the claim forms, please call a claims representative at 1-855-517-6365.

## Employee Benefits Portal

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

**Visit:** <https://mymarkiii.com/rowancountync/>





# Wellness Benefits

## What is a Wellness Benefit?

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

## Qualified Screening Test\*

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



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

## Get Paid by Staying Proactive!

- ✓ Aflac Group Accident Wellness Amount - **\$30**
- ✓ Aflac Group Critical Illness Wellness Amount - **\$100** (Employee/Spouse Only)

## Access Your Wellness Claim(s)

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

**Employee Benefits Portal:** <https://mymarkiii.com/rowancountync/>



*Scan me!*



# HEALTHY LIVING

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



# Understanding the Difference!

Below we've outlined the key differences between HSAs and FSAs so you can see which is right for you and your family, the advantages to each, and why they are offered.

## Health Savings Account (HSA)

- ✓ An HSA is an individually owned benefits plan funded by the employee.
- ✓ Employees must be enrolled in the High Deductible Health Plan (HDHP) to be eligible, which will lower insurance premiums.
- ✓ HSAs have a triple-tax advantage, meaning distributions for qualified medical expenses and investment returns are tax-free, and contributions are tax-deductible.
- ✓ HSAs can also be invested, which lets employees grow their dollars!
- ✓ **Contribution Limits: Individual - \$4,300 | Family - \$8,550**
- ✓ Visit [www.HSAstore.com](http://www.HSAstore.com) for your one-stop-destination for Health Savings Accounts where you can buy HSA eligible products, search for services and learn about your HSA.

## Flexible Spending Account (FSA)

- ✓ An FSA is an employer-owned account that employees use to set aside funds for qualified expenses.
- ✓ FSAs offer pre-tax savings on eligible expense like medical or dependent care services.
- ✓ FSAs will also save you money! For example, if an employee is enrolled in the Medical FSA, he/she reduces the taxable income, which reduces the amount subject to Social Security and Medicare.
- ✓ You won't have to pay Social Security or Medicare tax on funds going into an FSA.
- ✓ **Contribution Limits: Medical - \$3,300 | Dependent Care - \$5,000 (\$2,500 if married & filing taxes separately)**
- ✓ Visit [www.FSAstore.com](http://www.FSAstore.com) for your one-stop-destination for Flexible Spending Accounts where you can buy FSA eligible products, search for services and learn about your FSA.





# Medical Plan



**BlueCross BlueShield  
of North Carolina**

## *Blue Cross Blue Shield Summary of Plan Designs*

As part of Rowan County's ongoing efforts to offer a valuable health plan benefit to employees, the County will be offering two Health Plans for the 2025 – 2026 year through Blue Cross Blue Shield of North Carolina (BCBSNC).

1. **A Consumer Driven Plan with a Health Savings Account (HSA)** administered by the Local Government Credit Union (SECU or LGFCU); and
2. **The Traditional PPO Co-pay/Coinsurance Plan**

The County will be funding the Health Savings Account with **\$825** on July 1, 2025.

## *Consumer Driven Health Plan Is Similar To A Traditional Plan, Except:*

- No co-payments
- You pay 100% of health care & prescription costs until you meet your deductible
- It is paired with a Health Savings Account

## *You Are Eligible To Open And Contribute To A Health Savings Account If:*

- You are covered by an eligible Consumer Driven Health Plan
- You are not covered by any other health plan
- You are not enrolled in Medicare, TRICARE or TRICARE for Life
- You have not received VA benefits within the past 3 months
- You are not claimed as a dependent on someone else's tax return
- You are not covered by a Health Care FSA - Keep in mind if you elect the Consumer Driven plan with HSA, you no longer qualify for a Flexible Spending Account (Health Care FSA).

Adult children are allowed to be covered up to age 26 regardless of marital or student status; however, any withdrawal from the HSA for that child will be taxed if the adult child is not claimed as a dependent on the employee's taxes.

**The money is yours with no use it or lose it rules. You own this account through the Local Governmental Credit Union (SECU or LGFCU). Any money in the account is yours even if you:**

- Get married or divorced
- Move to another state
- Change employment
- Change medical coverage
- Become unemployed

Health Savings Accounts are governed by the IRS. As a result, individuals covered on the employee's plan must meet the IRS definition of a dependent to use HSA funds without tax penalty.

## *2025 Annual HSA Contribution Limits:*

- \$4,300 for individuals & \$8,550 for families (Less the County's Contribution of \$825)

## *You Can Contribute Up To:*

- \$3,550 for Individuals and \$7,800 for Families

## *Additional Funding*

Those 55 years of age or older, but not entitled to Medicare benefits, can fund an additional \$1,000/year "catch-up" contribution. Contributions above the annual limit are subject to income taxes and a 6% excise tax.

Employees may choose to participate in a voluntary Wellness Plan (the screening event will be held Annually). To participate in the Wellness Plan, the employee will (1) complete an annual Health Risk Assessment (questionnaire), (2) complete a Biometrics Screening event (lab work, etc.) and (3) attend any required follow-up appointments.

## Blue Cross Blue Shield Benefit Plan Summary

BCBS Benefit Plan Summary	In-Network PPO	In-Network \$825 HSA
<b>Primary Care Office Visit</b>	\$30 co-pay	Deductible/ 80%
<b>Preventive Care/Wellness</b>	No Charge	No Charge
<b>Specialist Services</b>	20% after deductible	Deductible/ 80%
<b>Diagnostic Test (x-ray, bloodwork)</b>	20% after deductible	Deductible/ 80%
<b>Imaging (CT/PET scans, MRIs)</b>	20% after deductible	Deductible/ 80%
Hospital & Emergency Services	In-Network PPO	In-Network \$825 HSA
<b>Emergency Care</b>	20% after deductible	Deductible/ 80%
<b>Emergency Room</b>	20% after deductible	Deductible/ 80%
<b>Urgent Care</b>	20% after deductible	Deductible/ 80%
<b>Hospital Stay</b> (physician/facility fees)	20% after deductible	Deductible/ 80%
<b>Outpatient Surgery</b> (physician/facility fees)	20% after deductible	Deductible/ 80%
Services	In-Network PPO	In-Network \$825 HSA
<b>Home Health Care</b> (prior authorization required)	20% after deductible	Deductible/ 80%
<b>Mental Health/Behavioral Health/Substance Abuse</b> (precertification/prior authorization may be required)	20% after deductible	Deductible/ 80%
<b>Rehabilitation Services, Skilled Nursing Care</b> (precertification/prior authorization may be required; limit of visits per plan year)	20% after deductible	Deductible/ 80%
<b>Durable Medical Equipment</b> (prior authorization required)	20% after deductible	Deductible/ 80%
<b>Hospice Services</b> (prior authorization required)	20% after deductible	Deductible/ 80%
Deductible	In-Network PPO	In-Network \$825 HSA
<b>Member</b>	\$2,000	\$1,650
<b>Family</b>	\$4,000	\$3,300
Out-of-Pocket Limit (after deductible)	In-Network PPO	In-Network \$825 HSA
<b>Member</b>	\$4,500	\$3,500
<b>Family</b>	\$9,000	\$5,000
Vision Benefit	In-Network PPO	In-Network \$825 HSA
<b>One routine eye exam</b> (per covered individual per plan year)	No Charge	No Charge
Prescription Drug Benefit *limited to 30-day supply at local pharmacy *can get 90-day supply through mail-order for 2 co-pays *150 annual deductible per person on branded drugs	In-Network PPO	In-Network \$825 HSA
<b>Generic</b>	\$10 copay	Deductible/ 80%
<b>Formulary</b> (preferred brand)	\$55 copay	Deductible/ 80%
<b>Brand</b>	\$70 copay	Deductible/ 80%
Additional County Benefit (Employees on County Health Plan)	In-Network PPO	In-Network \$825 HSA
<b>On-Site Nurse Practitioner</b> (located at Health Department)	No cost to member. Available 16 hrs. per week, by appointment only. Schedule an appointment at <a href="http://www.timecenter.com/rowancounty">www.timecenter.com/rowancounty</a>	

## Blue Cross Blue Shield Medical Rates

BCBS PPO or \$825 HSA Semi-Monthly Rates based on the health plan the employee chooses to participate in:

<i>Base Plan PPO or HSA</i>	<i>Rate</i>
Employee (hired before 1/22/2012)	\$12.50
Employee (hired after 1/22/2012)	\$69.75
<i>Wellness Plan PPO or HSA</i>	<i>Rate</i>
Employee (hired before 1/22/2012)	\$0.00
Employee (hired after 1/22/2012)	\$57.25
<i>Dependents – In Addition to Employee Premium</i>	<i>Rate</i>
Child(ren)	\$140.00
Spouse	\$200.00
Family	\$235.00

### Addendum to Health Insurance Plan

*From Rowan County Human Resources*

#### Spouse Rule

A spouse can only be covered on the Rowan County Health Plan if they **DO NOT** have health insurance coverage available through their own employer.

Failure to remove such spouse from the Health Plan may subject the employee to disciplinary action up to and including termination as well as reimbursements to the County for any claims paid on the spouse and/or reimbursement to the County for premiums subsidized by the County.

Rowan County employees who are adding their spouse for, FY 24/25, must complete a spouse employment affidavit.

Employees who are adding their spouse and or dependents for, FY 24/25, must provide acceptable verification documents. Acceptable verification documents can be found on the Rowan County Human Resources Department website.

#### Detailed Coverage

The layout of our Health Plan is mandated by Health Care Reform. Only limited information is given in this summary. For your convenience we have provided a one page summary sheet of the Health Insurance Benefit Design effective 7/1/2025. For the complete details of coverage on the medical plan, please review the BCBS Member Guide-Summary Plan Document. This is available on the Rowan County Human Resources Department website on the Benefits Page:

[www.rowancountync.gov/GOVERNMENT/Departments/HumanResources/Benefits](http://www.rowancountync.gov/GOVERNMENT/Departments/HumanResources/Benefits)

### Summary of Benefits & Coverage (SBC) Documents

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. This is only a summary. For more information about your coverage or to get a copy of the complete terms of coverage, visit [www.bluecrossnc.com](http://www.bluecrossnc.com).

Scan the QR Code below or visit <https://mymarkiii.com/rowancountync/policy-information/> to view your SBCs.







# Save With GoodRx



## Never Over-Pay for Your Prescriptions Again!!

GoodRx is a great way to help save money on your prescriptions and the best thing is that it's completely **FREE** to use for your whole family. GoodRx compiles discount coupons that enable you to take advantage of the best pricing on your medications. You'll be surprised at how inexpensive you might be able to get your medications. Check GoodRx every time you get a prescription to see your possible savings.

## Features

- ✓ **Search & Compare Prices.** Find the lowest local prices for your prescriptions at more than 70,000 U.S. pharmacies.
- ✓ **Get Free Coupons.** GoodRx coupons can save you up to 80% on your prescriptions at no cost to you.
- ✓ **Save your prescriptions.** Track prices and get notified with the latest saving alerts for your prescriptions.
- ✓ **Show To Your Pharmacist.** It's easy, just show the GoodRx app to your pharmacist when picking up your prescription.

## How Do I Use GoodRx?

1. Download the the GoodRx app on the iTunes and Google Play App stores or enter your mobile number at <https://www.goodrx.com/mobile> to have the app texted to you.
2. Look up your prescriptions and compare prices at multiple pharmacies.
3. Click the print, email, or text button above the coupon on your computer to print or send it to your phone.
4. Show the printed coupon or the digital coupon on your phone when you drop off your prescription.

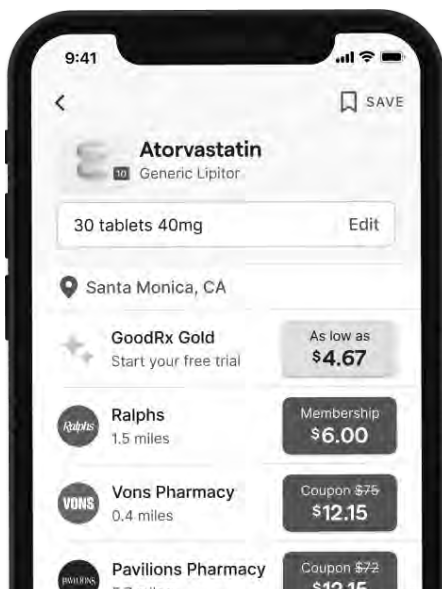
*P.S. If you're picking up a prescription your doctor called in, please show your GoodRx coupon before they scan your medication to begin checkout.*

## Who Accepts GoodRx Discounts?

GoodRx is accepted at over 70,000 pharmacies in all 50 states, Puerto Rico, and the U.S. Virgin Islands. That includes major chains like CVS, Walgreens, Kroger, Rite Aid, Costco, Walmart, and many more!

## Access the below medications at a discounted rate!

- ✓ Piquay (chemotherapy)
- ✓ Tremfya/Stelara/Skyrizi (psoriasis medication)
- ✓ Ozempic (Type II diabetes)
- ✓ Trulicity (diabetes)



## Save Up To 80% On Your Prescriptions With The Free GoodRx App

GoodRx is the #1 free medical app for iOS and Android. Download the app today and start saving on your prescriptions!





# 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 July 1, 2025 and ends on June 30, 2026. Full-time and part-time benefits eligible employees working at least 20 or more hours per pay period are eligible to join the Plan on their date of hire. Those employees having a qualifying event are eligible to enroll within 30 days of the qualifying event. Deductions begin on the first pay period following your plan start date. You must complete an enrollment to participate in the Flexible Spending Accounts each year during the enrollment period. If an enrollment is not completed during open enrollment, you will not be enrolled in the plan and you will not be able to join until the next Plan Year or if you have a qualifying event.

## The Health Care Account is a Pre-Funded Account

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

**Contribution Limits: The maximum you may place in this account for the Plan Year is \$3,300.00.**

## Election Changes

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

- Marriage or divorce
- 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. You may also use your Benefits Card to pay for expenses. Please refer to the Benefits Card section for details.

## Online Access

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

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

## Health Care Reimbursement

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

## Examples of Eligible Health Care Expenses

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

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

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

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

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

### *Day Care/Aged Adult Care Reimbursement*

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

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

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

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

### *How to Receive Reimbursement*

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

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

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

### *Eligible Day Care/Aged Adult Expenses*

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

**Ineligible Expenses:**

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

### *Forfeiting Funds*

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

### *How to Enroll in our FSA Plan*

**Step 1**

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

**Step 2**

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

## How the Flexible Benefit Plan Works

	Without FSA	With FSA
Gross Monthly Income	\$2,500.00	\$2,500.00
Eligible Pre-Tax employer medical insurance	\$0.00	\$200.00
Eligible Pre-Tax medical expenses	\$0.00	\$60.00
Eligible Pre-Tax dependent child care expenses	\$0.00	\$300.00
<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!

### Online Wealthcare Portal

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

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

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



### Benefits Card

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

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

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



For more information, please call 800-437-3539  
P.O. Box 8188 • Virginia Beach, VA 23450  
[www.flex-admin.com](http://www.flex-admin.com)



# Dental Plan



## Deductible

There is no deductible for In-Network services. There is a \$50.00 Out-of-Network deductible, 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. Members choosing to utilize a network provider will not have to satisfy this deductible as it will be entirely waived when seeking services in-network.

## Type 1 – Preventive and Diagnostic

Type I benefits are payable at 100% co-insurance. **No deductible applies.**

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

## Type 2 – Basic Procedures

Type II benefits are payable at 80% co-insurance. **Out-of-Network \$50.00 deductible applies.**

- Sealants
- Limited Exams
- Restorative Amalgam & Resin (excluding inlays & crowns)
- Simple Extractions
- Denture Repair

## Type 3 – Major Procedures

Type III benefits are payable at 50% co-insurance. **Out-of-Network \$50.00 deductible applies.**

- Restorative - Crowns
- Prosthodontics – (removable)
- Endodontics (root canal)
- Periodontics (gum disease)
- Prosthodontics – Fixed Pontics or Abutments
- Repair & recement crowns
- Dentures, Partials
- Anesthesia
- Crowns – Stainless Steel (age 19 & over)
- Complex Oral Surgery

## Orthodontia - For Adults and Children

Paid at 50% co-insurance with a \$1,000 lifetime maximum per person. **No deductible applies.**

## Annual Maximum Benefit

- Type 1, 2, and Type 3 Procedures - \$1,000 per calendar year per person.
- Orthodontia Procedures - \$1,000 lifetime per person

\*This plan includes a 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 and there is a \$100 PPO Bonus available. 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.

## Late Entrant

There is a 12 month waiting period on all procedures except cleanings, exams, and fluoride treatments, unless the employee (and/or dependents) enrolled in the plan when they were FIRST eligible to participate.

## 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.

## 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 includes the replacement of teeth all of which are missing prior to the effective date. (For currently covered insureds, Ameritas will use the employees 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, partial dentures, 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, or a permanent part-time employee working at least 20 hours per week.

## Eligible Dependents

Provides Coverage On:

- Your Spouse
- Children up to age 26 years of age

## Predetermination 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.

## 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.

## 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 Workers' Compensation Act or similar laws.

## Ameritas Managed Care Products

- Employers achieve a balance between cost efficiency and employee choice.
- Plan members are free to receive care from any dentist they choose. Their out-of-pocket expenses are generally lower when using PPO dentists who have agreed to provide dental care at contracted fees.
- Over 70,000 PPO provider access points are available nationwide
- PPO network dentists must meet our credentialing and quality assurance evaluation requirements.

## Passive PPO with Deductible Reduction

In Passive PPO, the coinsurance and Annual Maximum are the same for both in-network and out-of-network. While there is an incentive for the member to see an in-network provider, there is no penalty for seeing an out-of-network dentist. Deductible Reduction is a significant difference in utilizing a network provider versus a non-network provider. With the Deductible Reduction, any applicable deductible is waived when visiting a network provider. As with all Ameritas PPO plans, the member has the liberty to choose any dentist they wish. However, they will usually save out-of-pocket costs by seeing an in-network provider.

## Commonly Asked PPO Questions

### Do I have to use an Ameritas PPO provider?

No, employees and their covered dependents may utilize any licensed dental provider that they choose.

Please note, there is no difference in the coinsurance, deductible, and maximums on either plan whether a PPO provider is utilized or not.

### Why would I use an Ameritas PPO provider?

By using a PPO provider:

- A Participating Provider is a dentist who has entered into an agreement to provide services to insured members of Ameritas' plans for at a specific fee. Any insured member who chooses to go to a PPO provider will receive this discounted fee for procedures performed by that provider.
- As part of their contractual agreement with Ameritas, the PPO provider cannot "back-bill" the patient for the difference between the dentists' normal charges and the discounted fees that the dentist agreed to charge as an Ameritas PPO provider.
- PPO providers are required to file the claim for the patient.
- PPO providers are required to wait for reimbursement from Ameritas before billing the patient for any balances owed for deductibles, coinsurance, any amounts exceeding the annual maximum benefits, etc.

PPO panels are available in many areas; please visit the Ameritas website at [www.ameritas.com](http://www.ameritas.com) to search for a provider in your area.

### What happens if I don't use an Ameritas PPO provider?

For members that do not want to utilize an Ameritas PPO provider, or if a PPO provider is not available in your area: Rowan County Government wants employees to have options regarding their choice of providers. In addition, we want to ensure that employees that utilize non-panel providers receive exceptional benefits that reimburse claims for non-panel providers in the most optimal way. Non-panel providers can charge their standard fees for any service. However, the amount Ameritas allows for each procedure for non-panel provider utilizes 90th percentile of U&C – which is considered to be one of the highest reimbursement levels in the industry. This means that 9 out of 10 dentist's charges will fall within the amount that Ameritas allows for each procedure. In doing so, employees can feel comfortable that very little back billing will occur due to the amounts allowed by the plan. Non-panel providers have no specific requirements regarding filing of claims. However, we have found that many dentists will assist the patient with the paperwork needed to file the claim. If a dentist is not willing to file the claim on the patient's behalf, the patient can simply attach the dentist's bill to a claim form that includes the patient's name and identification number, and fax or mail the claim to Ameritas for processing. Ameritas will process the claim, typically within 7-10 working days. Claim payment can be made to the patient or directly to the dentist if noted on the claim form. The patient can use Ameritas' claim forms which are available on the Ameritas web site, OR the patient can use any generic claim forms that the dental office may have available. Filing claims is fast and easy with Ameritas!

## Ameritas Dental Semi-Monthly Rates

Employee Only	\$17.48
Employee + Spouse	\$34.88
Employee + Child(ren)	\$41.50
Employee + Family	\$58.54



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

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



# Vision Plan



## Enjoy the Simplicity of CEC!

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

Benefit	Description	Co-Pay
<b>Comprehensive Plan</b>		
<b>Exam</b>	A routine eye exam once a year*	\$10
<b>Eyewear</b>	A \$200 flexible allowance for eyewear annually* You can get frames, lenses, contact lenses & lens enhancements, even non-prescription sunglasses!	\$10
<b>Contact Lens Fitting, Re-Fit or Evaluation</b>	Once a year*	\$10

Benefit	Description	Co-Pay
<b>Eyewear Plan</b>		
<b>Eyewear</b>	A \$200 flexible allowance for eyewear annually* You can get frames, lenses, contact lenses & lens enhancements, even non-prescription sunglasses!	\$10
<b>Contact Lens Fitting, Re-Fit or Evaluation</b>	Once a year*	\$10

Additional Information	
<b>Frequency</b>	All benefits renew every 12 months
<b>Additional Savings</b>	Members who exceed their allowance are eligible for discounts on the overage at most network providers – a 20% for glasses and a 10% discount for contact lenses.

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

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

Insured	Comprehensive Plan Semi-Monthly Rates	Eyewear Plan Semi-Monthly Rates
Employee Only	\$4.80	\$3.61
Employee + Spouse	\$9.25	\$7.05
Employee + Family	\$13.70	\$10.60

## Plan Features

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

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

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

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



## Plan Features Continued

### Glasses and Contacts

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

### Additional Pairs of Glasses

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

### Special Offers

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

### Member's Portal

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

### Vision is Important

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

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



### Questions about your benefits?

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



# STAY WELL

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



# Cancer Plan



If you suddenly become diagnosed with cancer, it can be difficult on your family's financial and emotional stability. Having the right coverage to help when you are sick and undergoing treatment, or when you cannot work is important! Allstate cancer insurance can help provide security when you need it most.

## Meeting Your Needs:

Our cancer coverage can help offer you and your family member financial support during a period of unexpected illness.

- Benefits will be paid directly to you unless otherwise assigned
- Coverage can be purchased for you and your entire family
- No evidence of insurability required at initial enrollment\*
- Waiver of premium after 90 days of disability due to cancer for as long as your disability lasts\*\*
- Includes coverage for 29 other specified diseases listed below
- Convertible coverage

\*Enrollment after your initial period requires evidence of insurability.

\*\*Employees



## Your Benefit Coverage:

Allstate Benefits pays the following benefits for the necessary treatment of cancer or a specified disease, and for any other condition directly cause or aggravated by the cancer or specified disease. Treatment must be received in the United States or its territories.

- For those benefits for which Allstate Benefits pays actual charges up to a specified maximum amount (except Radiation and Chemotherapy; Blood, Plasma and Platelets; Prosthesis; New or Experimental Treatment; and Bone Marrow or Stem Cell Transplant) if specific charges are not obtainable as proof of loss, Allstate Benefits will pay 50% of the applicable maximum for the benefits payable.
- No benefits are payable for cancer or a specified disease except those expressly stated in the Schedule of Benefits.

## 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.

## Base Policy Benefits

Benefits described are for 1 unit of coverage unless otherwise noted.

Benefit	Low Option	High Option
<b>Continuous Hospital Confinement</b> - A benefit will be paid in the amount shown per day, for you or each covered family member each day of continuous hospital confinement for the treatment of cancer or specified diseases. The maximum number of days payable is 70 days for each period of continuous hospital confinement.	\$100 each day 70 day maximum	\$100 each day 70 day maximum
<b>Extended Benefits</b> - A benefit will be paid per day for you or each covered family member if confined in a hospital for the treatment of cancer or specified disease for more than 70 days of continuous hospital confinement for hospital room and board, medicine, laboratory tests and other hospital charges. This benefit begins on the 71st day of continuous hospital confinement. This benefit is paid in lieu of all other benefits payable during the continuous hospital confinement beginning on the 71st day under the Schedule of Benefits (except Waiver of Premium Benefit). This benefit continues as long as the covered person is continuously hospital confined.	Up to \$100 each day	Up to \$100 each day

Benefit	Low Option	High Option
<b>Government or Charity Hospital</b> - A benefit will be paid for you or each covered family member for each day a covered person is confined to: <ol style="list-style-type: none"> <li>1. a hospital operated by or for the U.S. Government (including the Veteran's Administration); or</li> <li>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.)</li> </ol>	\$100 each day	\$100 each day
<b>Surgery</b> - A benefit will be paid for you and each covered family member when a covered surgery is performed. 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. <i>*(amount per surgery depends on surgery)</i>	Up to \$1,500*	Up to \$1,500*
<b>Second Surgical Opinion</b> - A benefit is paid for you or each covered member to receive a second surgical opinion, if physician recommends surgery for covered condition. This second opinion must be rendered prior to surgery being performed, and obtained from a physician not in practice with the physician rendering the original recommendation.	Up to \$200	Up to \$200
<b>Anesthesia</b> - Actual charges or up to a 25% of the surgery benefit will be paid for you or each covered family member if anesthesia is received.	Up to 25% of surgery benefit	Up to 25% of surgery benefit
<b>Ambulatory Surgical Center</b> - A benefit will be paid for you or each covered family member for the use of an Ambulatory Surgical Center, up to the amount shown each day for a surgical procedure covered under the Surgery Benefit that is performed at an Ambulatory Surgical Center.	Up to \$250 each day	Up to \$250 each day
<b>Radiation/Chemotherapy</b> - A benefit will be paid per 12 month period for you or each covered family member when radiation therapy and chemotherapy is received. This benefit is limited to the amount shown per 12 month period beginning with the first day of benefit under 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.	Up to \$5,000 each 12 months (2 units)	Up to \$10,000 each 12 months (4 units)
<b>Comfort/Anti-Nausea Benefit</b> - A benefit will be paid per calendar year for you or each covered family member if anti-nausea medication prescribed 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.	Up to \$200 each calendar year	Up to \$200 each calendar year
<b>Inpatient Drugs and Medicine</b> - A benefit will be paid for you or each covered family member for each day charges are made by the hospital for drugs and medicine, while continuously hospital confined. The benefit does not pay for drugs and/or medicine covered under the Radiation and Chemotherapy Benefit.	Up to \$25 each day	Up to \$25 each day
<b>Private Duty Nursing Services</b> - A benefit will be paid per day for you or each covered family member while hospital confined, if a covered person requires the full-time services of a private nurse. pays actual charges, up to the amount shown. 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.	Up to \$100 each day	Up to \$100 each day
<b>New or Experimental Treatment</b> - A benefit will be paid per 12 month period, for you or each covered family member to receive new or experimental treatments. New or Experimental Treatments are 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.	Up to \$5,000 each 12 months	Up to \$5,000 each 12 months

<i>Benefit</i>	<i>Low Option</i>	<i>High Option</i>
<b>Blood, Plasma and Platelets</b> - A benefit will be paid per 12 month period, for you or each covered family member to receive blood, plasma and platelets (including transfusions and administration charges); processing and procurement costs; and cross-matching. Does not pay for blood replaced by donors.	Up to \$5,000 each 12 months (2 units)	Up to \$10,000 each 12 months (4 units)
<b>Physician's Attendance</b> - A benefit will be paid per day for you or each covered family member to receive a visit by a physician during hospital confinement. Benefit is limited to one visit by one physician each day of hospital confinement. Admission to the hospital as an inpatient is required.	Up to \$50 each day	Up to \$50 each day
<b>At Home Nursing</b> - A benefit will be paid per day for you or each covered family member to receive private nursing care and attendance by a nurse at home. At home nursing services must be required and authorized by the attending physician and must begin within 14 days after a covered confinement as an inpatient in a hospital. Benefit is limited to the number of days of the previous continuous hospital confinement.	Up to \$100 each day	Up to \$100 each day
<b>Prosthesis</b> - A benefit will be paid for you or each covered family member to receive prosthetic devices which are prescribed as a direct result of surgery and which require surgical implantation.	Up to \$2,000 each amputation	Up to \$2,000 each amputation
<b>Ambulance</b> - A benefit will be paid per continuous hospital confinement for you or each covered family member to receive transportation by a licensed ambulance service or a hospital owned ambulance to or from a hospital in which the covered person is confined.	Up to \$100 each day	Up to \$100 each day
<b>Hospice Care</b> - A benefit will be paid for you or each covered family member for one of the following when 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: 1. Freestanding Hospice Care Center - A benefit will be paid per day for confinement in a licensed freestanding hospice care center. Benefit is payable only if a covered person is admitted to a freestanding hospice care center within 14 days after a period of inpatient hospital confinement. Benefits payable for hospice centers that are designated areas of hospitals will be paid the same as inpatient hospital confinement; or 2. 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 home care services begin within 14 days after a period of hospital confinement. Does not pay for: food services or meals other than dietary counseling; or services related to well-baby care; or services provided by volunteers; or support for the family after the death of the covered person.	1. Up to \$100 each day 2. Up to \$100 each visit maximum 1 visit/day	1. Up to \$100 each day 2. Up to \$100 each visit maximum 1 visit/day
<b>Outpatient Lodging</b> - A benefit will be paid for lodging per day when you or each covered family member 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 us during treatment, up to the maximum shown 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.	Up to \$50 each day, up to \$2,000 each 12 months	Up to \$50 each day, up to \$2,000 each 12 months
<b>Non-Local Transportation</b> - A per mile or actual cost of round trip coach fare on a common carrier benefit will be paid for you or each covered family member to receive treatment at a hospital (inpatient or outpatient); or radiation therapy center; or 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 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/clinic; or for services other than actual treatment.	Coach fare or \$0.40 each mile	Coach fare or \$0.40 each mile

Benefit	Low Option	High Option
<b>Family Member Lodging and Transportation</b> - A benefit will be paid for lodging and a \$0.40 per mile or the actual cost of round trip coach fare on a common carrier benefit will be paid for one adult member of you family to be near you or each covered family member, when a covered person is confined in a non-local hospital for specialized treatment. 1. Lodging -The actual cost of 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.	1. Up to \$50 each day 2. Coach fare or \$0.40 each mile	1. Up to \$50 each day 2. Coach fare or \$0.40 each mile
<b>Physical or Speech Therapy</b> - A benefit will be paid per day, for you or each covered family member to receive physical or speech therapy for restoration of normal body function.	Up to \$50 each day	Up to \$50 each day
<b>Extended Care Facility</b> - A benefit will be paid for each day you or each covered family member remain 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.	Up to \$100 each day	Up to \$100 each day
<b>Waiver of Premium (employee only)</b> - If while coverage is in force, you become disabled due to cancer first diagnosed after date of coverage and remains disabled for 90 days, Allstate Benefits pays premiums due after such 90 days for as long as the employee remains disabled.	Yes	Yes
<b>Bone Marrow or Stem Cell Transplant*</b> - A benefit will be paid for you or each covered family member to receive 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,	1. Up to \$500* 2. Up to \$1,250* 3. Up to \$2,500*	1. Up to \$500* 2. Up to \$1,250* 3. Up to \$2,500*

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

## Additional Benefits

### Cancer Initial Diagnosis (First Occurrence)

A one-time benefit of \$3,000 (Low) or \$5,000 (High) will be paid when you or each covered family member is diagnosed for the first time 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.

**Conversion Privilege** - If coverage terminates for any reason other than non-payment of premiums, the covered person can convert to an individual policy without evidence of insurability. This also applies to a dependent whose coverage terminates due to divorce or your death, or a child whose coverage terminates due to the attainment of the limiting age for dependent eligibility.

**Termination of Coverage** - As long as you are insured, your coverage under the policy ends on the earliest of:

1. the date the policy is canceled; or
2. the last day of the period for which you made any required premium payments; or
3. the last day you were in active employment; or
4. the date you are no longer in an eligible class; or
5. the date your class is no longer eligible.

We will provide coverage for a payable claim that occurs 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 child is a covered person, the child's coverage ends when the child reaches age 26. Coverage does not terminate on an unmarried 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 the employee 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 we accept a premium for coverage extending beyond the date, age or event specified for termination as to a covered person, then coverage continues during the period for which such premium was accepted. This does not apply where such acceptance was based on a misstatement of age.

**Coverage Subject To Policy** - The coverage described in the certificate is subject in every way to the terms of the policy that is issued to the policyholder (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 us and the policyholder. Your consent is not required for this. Neither are we required to give you prior notice.

**Pre-Existing Condition** - A pre-existing condition is a disease or physical condition for which medical advice or treatment was received by the covered person during the 12 month period prior to the effective date of the covered person's coverage. Allstate Benefits does not pay for any loss due to a pre-existing condition as defined during the 12 month period beginning on the date that person became a covered person.

**Exclusions and Limitations** - The policy does not pay for any loss except for losses due directly from cancer or specified disease and any other conditions or diseases caused or aggravated by cancer or a specified disease. Diagnosis must be submitted to support each claim. Treatment must be received in the United States or its territories.

**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. Subject to COBRA continuation of coverage. Underwritten by American Heritage Life Insurance Company.

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

***Issue Ages are 18 and older while actively at work.***

### *Cancer/Specified Disease Semi-Monthly Deductions*

<i>Covered</i>	<i>Low Option</i>	<i>High Option</i>
Employee	\$5.50	\$8.64
Family	\$9.30	\$14.62



**Allstate<sup>®</sup>**  
**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)



# Accident Plan



## Plan Features

- Benefits are payable regardless of any other insurance programs.
- Coverage is guaranteed-issue, provided the applicant is eligible for coverage.
- 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.

## Eligibility

### Issue Ages

Employee 18 -69

Spouse 18 -64

Children under age 26

The employee may purchase 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.

Benefits	Low Option
<b>Hospital Admission</b> <i>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 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.</i>	Employee/Spouse/Children <b>\$500</b>
<b>Hospital Confinement (per day)</b> <i>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.</i>	Employee/Spouse/Children <b>\$100</b>
<b>Hospital Intensive Care (per day)</b> <i>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. This benefit is paid up to 30 days per covered accident. Benefits are paid in addition to the Hospital Confinement Benefit.</i>	Employee/Spouse/Children <b>\$200</b>
<b>Medical Fees (for each accident)</b> <i>We will pay up to the amount shown for X-rays and doctor services when, because of a covered accident, you are injured, and those injuries cause you to receive initial treatment from a doctor within 72 hours after the accident. If you do not exhaust the maximum benefit paid during the initial treatment, we will pay the remainder of this benefit for treatment received due to injuries from a covered accident and for each covered accident up to one year after the accident date.</i>	Employee/Spouse <b>\$62.50</b>  Children <b>\$37.50</b>
<b>Paralysis (Lasting 90 days or more and diagnosed by a physician within 90 days)</b>	
<b>Quadriplegia</b>	<b>\$5,000</b> Employee/Spouse <b>\$2,500</b> Children
<b>Paraplegia</b>	<b>\$2,500</b> Employee/Spouse <b>\$1,250</b> Children
<i>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.</i>	



<i>Accidental-Death And Dismemberment (Within 90 Days)</i>	<i>Employee</i>	<i>Spouse</i>	<i>Children</i>
<b>Accidental-Death</b>	\$25,000	\$5,000	\$2,500
<b>Accidental Common-Carrier Death</b> <i>(plane, train, boat, or ship)</i>	\$50,000	\$25,000	\$7,500
<b>Single Dismemberment</b>	\$3,125	\$1,250	\$625
<b>Double Dismemberment</b>	\$12,500	\$5,000	\$2,500
<b>Loss of one or more fingers or toes</b>	\$625	\$250	\$125
<b>Partial amputation of fingers or toes</b> <i>(including at least one joint)</i>	\$100	\$100	\$100

If the Accidental Common-Carrier Death Benefit is paid, we will pay the Accidental-Death Benefit.

#### **Accidental-Death Benefit**

We will pay the amount shown if, because of a covered accident, you are injured, and the injury causes you to die within 90 days after the accident.

#### **Accidental Common-Carrier Death Benefit**

We will pay the amount shown if you are a fare-paying passenger on a common carrier, as defined below, are injured in a covered accident and die within 90 days after the covered accident.

We will pay the Accidental-Death Benefit in addition to the Accidental Common-Carrier Death Benefit.

#### **Dismemberment Benefit**

We will pay the appropriate amount shown if, because of a covered accident, you are injured and lose a hand, a foot, or sight within 90 days after the accident as a result of the injury. If you lose one hand, one foot, or the sight of one eye in a covered accident, we will pay the single dismemberment benefit shown. If you lose both hands, both feet, the sight of both eyes, or a combination of any two, we will pay the double dismemberment benefit shown. If you lose one or more fingers or toes in a covered accident, we will pay the finger/toe benefit shown. If the Dismemberment Benefit is paid and you later die as a result of the same covered accident, we will pay the appropriate death benefit, less any amounts paid under this benefit.

<i>Major Injuries (Diagnosis And Treatment Within 90 Days)</i>	<i>Employee</i>	<i>Spouse/Child</i>
<b>Fractures (closed reduction)</b>		
Hip/Thigh	\$2,000	\$2,000
Vertebrae <i>(except processes)</i>	\$1,800	\$1,800
Pelvis	\$1,600	\$1,600
Skull <i>(depressed)</i>	\$1,500	\$1,500
Leg	\$1,200	\$1,200
Forearm/Hand/Wrist	\$1,000	\$1,000
Foot/Ankle/Knee Cap	\$1,000	\$1,000
Shoulder Blade/Collar Bone	\$800	\$800
Lower Jaw <i>(mandible)</i>	\$800	\$800
Skull (simple)	\$700	\$700
Upper Arm/Upper Jaw	\$700	\$700
Facial Bones <i>(except teeth)</i>	\$600	\$600
Vertebral Processes	\$400	\$400
Coccyx/Rib/Finger/Toe	\$160	\$160
<b>Dislocations (closed reduction)</b>		
Hip	\$1,350	\$1,350
Knee <i>(not knee cap)</i>	\$975	\$975
Shoulder	\$750	\$750
Foot/Ankle	\$600	\$600
Hand	\$525	\$525
Lower Jaw	\$450	\$450
Wrist	\$375	\$375
Elbow	\$300	\$300
Finger/Toe	\$120	\$120
If you have both a fracture and dislocation in the same covered accident, we will pay for both. However, we will pay no more than double the benefit amount for the fractured bone or dislocated joint that has the higher dollar amount.		

Additional Benefits	Low Option
<b>Ruptured Disc (treatment within 60 days; surgical repair within one year)</b> <i>Injury occurs during first certificate year</i> <i>Injury occurs after first certificate year</i>	\$50 \$200
<b>Tendons/Ligaments (treatment within 60 days; surgical repair within one year)</b> <i>If the insured fractures a bone or dislocates a joint, and tears, severs, or ruptures a tendon or ligament in the same accident, we will pay one benefit. We will pay the largest of the scheduled benefit amounts for fractures, dislocations, or tendons and ligaments.</i>	Single \$200 Multiple \$300
<b>Torn Knee Cartilage (treatment within 60 days; surgical repair within one year)</b> <i>Injury occurs during first certificate year</i> <i>Injury occurs after first certificate year</i>	\$50 \$200
<b>Eye Injuries</b> <i>Treatment and surgical repair within 90 days</i> <i>Removal of foreign body (no surgery required)</i>	\$125 \$25
<b>Concussion</b> <i>A head injury resulting in electroencephalogram abnormality</i>	\$100
<b>Coma (state of profound unconsciousness lasting 30 days or more)</b>	\$5,000
<b>Emergency Dental Work (per accident; injury to sound, natural teeth)</b> <i>Repaired with crown</i> <i>Resulting in extraction</i>	\$75 \$25
<b>Burns (treatment with 72 hours; first degree burns not covered)</b> <i>Please see your certificate for a full description of benefits.</i>	Up to \$10,000
<b>Lacerations (treatment and repair within 72 hours)</b> <i>Up to 2" long</i> <i>2" – 6" long</i> <i>Over 6" long</i>	\$25 \$100 \$200
<i>For lacerations not requiring stitches and treated by a Physician, we pay \$25. For multiple lacerations, we will pay for the largest single laceration requiring stitches.</i>	
<b>Ambulance</b> <b>Air Ambulance</b> <i>If an insured requires transportation to a hospital by a professional ambulance or air ambulance service within 90 days after a covered accident, we will pay the amount shown.</i>	\$50 \$250
<b>Blood/Plasma</b> <i>If the insured receives blood or plasma within 90 days following a covered accident, we will pay the amount shown.</i>	\$100
<b>Appliances</b> <i>We will pay this benefit for use of a medical appliance due to injuries received in a covered accident. Benefits are payable for crutches, wheelchairs, leg braces, back braces, and walkers.</i>	\$50
<b>Internal Injuries (resulting in open abdominal or thoracic surgery)</b>	\$500
<b>Accident Follow-Up Treatment</b> <i>We will pay this benefit for up to six treatments (one per day) per covered accident, per insured for follow-up treatment. The insured must have received initial treatment within 72 hours of the accident, and the follow-up treatment must begin within 30 days of the covered accident or discharge from the hospital. This benefit is not payable for the same visit that the Physical Therapy Benefit is paid.</i>	\$12.50
<b>Exploratory Surgery without repair (i.e., arthroscopy)</b>	\$125
<b>Prosthesis</b> <i>If an insured requires the use of a prosthetic device due to injuries received in a covered accident, we will pay this benefit. Hearing aids, wigs, dental aids, and false teeth are not covered.</i>	\$250
<b>Physical Therapy</b> <i>We will pay this benefit for up to six treatments per covered accident, per insured for treatment from a physical therapist. The insured must have received initial treatment within 72 hours of the accident, and physical therapy must begin within 30 days of the covered accident or discharge from the hospital. Treatment must take place within six months after the accident. This benefit is not payable for the same visit that the Accident Follow-Up Treatment Benefit is paid.</i>	\$12.50
<b>Transportation</b> <i>If hospital treatment or diagnostic study is recommended by the insured's physician and is not available in the insured's city of residence, we will pay the amount shown. Transportation must begin within 90 days from the date of the covered accident. The distance to the hospital must be greater than 50 miles from your residence.</i>	\$150 (train/plane) \$75 (bus)
<b>Family Lodging Benefit (per night)</b> <i>If an insured is required to travel more than 100 miles from his or her home for inpatient treatment of injuries received in a covered accident, we will pay this benefit for an immediate adult family member's lodging. Benefits are payable up to 30 days per accident and only while the insured is confined to the hospital. The treatment must be prescribed by the insured's local physician.</i>	\$50
<b>Wellness</b> <i>While coverage is in force, we will pay this benefit per covered person to undergo routine examinations or other preventative testing once each 12-month period. Benefits include, and are payable for: annual physical exams, mammograms, Pap smears, eye examinations, immunizations, flexible sigmoidoscopy, PSA tests, ultrasounds and blood screenings.</i>	\$30

## Exceptions and Reductions

### PRE-EXISTING CONDITION LIMITATION

**PRE-EXISTING CONDITION** - Pre-existing Condition means within the 12-month period prior to the Effective Date of this Certificate and attached Riders, as applicable. We will not pay benefits for any loss, injury or total disability which is caused by, contributed to by, or resulting from a pre-existing condition for 12 months after the Effective Date of your Certificate and attached riders, as applicable. A claim for benefits for loss starting after 12 months from the Effective Date of your Certificate and attached riders, as applicable, will not be reduced or denied on the grounds that it is caused by a pre-existing condition. This certificate may have been issued as a replacement for a Certificate previously issued to you under the Plan. If so, then the pre-existing condition limitation provision of this Certificate applies only to any increase in benefits over the prior Certificate. Any remaining period of pre-existing condition limitation of the prior Certificate would continue to apply to the prior level of benefits.

## Exclusions

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

1. **War** - participating in war or any act of war, declared or not, or participating in the armed forces of or contracting with any country or international authority. We will return the prorated premium for any period not covered by this certificate when you are in such service.
2. **Suicide** - committing or attempting to commit suicide, while sane or insane.
3. **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.
4. **Self-Inflicted Injuries** - injuring or attempting to injure yourself intentionally.
5. **Traveling** - traveling more than 40 miles outside the territorial limits of the United States, Canada, Mexico, Puerto Rico, the Bahamas, Virgin Islands, Bermuda, and Jamaica, except under the Accidental Common Carrier Death Benefit.
6. **Racing** - Riding in or driving any motor-driven vehicle in a race, stunt show or speed test.
7. **Aviation** - operating, learning to operate, serving as a crew member on, or jumping or falling from any aircraft, including those which are not motor-driven.
8. **Intoxication** - being legally intoxicated, or being under the influence of any narcotic, unless such is taken under the direction of a physician.
9. **Illegal Acts** - participating or attempting to participate in an illegal activity or working at an illegal job.
10. **Sports** - participating in any organized sport: professional or semi-professional.
11. **Avocations** - mountaineering using ropes and/or other equipment, parachuting or hand-gliding.
12. **Cosmetic Surgery** - having cosmetic surgery or other elective procedures that are not medically necessary or having dental treatment except as a result of covered accident.

## Aflac Group Accident Semi-Monthly Rates

24 Hour Plan	Low Option
Employee	\$4.12
Employee & Spouse	\$5.90
Employee & Dependent Children	\$7.74
Family	\$9.52





# Critical Illness Plan

## without Cancer



### Plan Features

- ✓ Benefits are paid directly to you, unless otherwise assigned.
- ✓ Premiums are paid through convenient payroll deduction.
- ✓ Guaranteed-issue coverage available to employee and spouse.
- ✓ Each dependent child is covered at 50% of the primary insured amount at no additional charge.
- ✓ Benefit amounts are available from \$5,000 up to \$50,000 for employees and up to \$25,000 for spouse.
- ✓ An annual Health Screening benefit is included.
- ✓ The plan is portable, which means you can take your coverage with you if you change jobs or retire (with certain stipulations).
- ✓ Includes an Additional Benefits Rider with benefits for the following: Coma, Paralysis, Severe Burn, Loss of Sight, Loss of Hearing, Loss of Speech.
- ✓ Includes a Heart Event Rider.

### Underwriting Guidelines – Guaranteed- Issue

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

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

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

### Individual Eligibility

Issue Ages:

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

Benefit-eligible employees, working at least **20** 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 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 **50%** of the employee amount, not to exceed the \$25,000 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 \$25,000.

### 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.

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

If diagnosis occurs after age 70, benefits are reduced by 50%.

**Additional Occurrence Benefit** - We will pay benefits for each different Critical Illness in the order the events occur. We will pay benefits for any one Critical Illness once every six months. Therefore, no benefits are payable for each different Critical Illness after the first unless its date of diagnosis is separated from the prior Critical Illness by at least 6 months.

**Reoccurrence Benefit** - We will pay benefits for the re-occurrence any Critical Illness once every twelve months. Therefore, once benefits have been paid for Critical Illness, no additional benefits are payable for that same Critical Illness unless 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
- PSA (blood test for prostate cancer)
- Serum protein electrophoresis (blood test for myeloma)
- Fasting blood glucose test, blood test for triglycerides, or serum cholesterol test to determine level of HDL and LDL
- Flexible sigmoidoscopy
- Hemocult stool analysis
- Mammography
- Pap smear
- Thermograph
- Colonoscopy

## Additional Benefits 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%

If diagnosis occurs after age 70, benefits are reduced by 50%.

## Heart Event Rider

Covered Surgeries and Procedures	Percentage of Face Amount
<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%

If diagnosis occurs after age 70, benefits are reduced by 50%.

Benefits from the Heart Event Rider and certificate will not exceed 100% of the maximum applicable benefit. When you purchase the Heart Event Rider, the 25% CABS partial benefit in your certificate is increased to 100%. That means the CABS benefit in the Heart Event Rider, combined with the benefit in your certificate, equal 100% of the maximum benefit—not 125%.

## Exceptions & Reductions

If diagnosis occurs after age 70, benefits are reduced by 50%. The plan contains a 30-day waiting period. This means that no benefits are payable for anyone who has been diagnosed before your coverage has been in force 30 days from the effective date. If you are first diagnosed during the waiting period, benefits for treatment of that critical illness will apply only to loss starting after 12 months from the effective date or the employee can elect to void the coverage and receive a full refund of premium.

The applicable benefit amount will be paid if: the date of diagnosis is after the waiting period; the date of diagnosis occurs while the certificate is in force; and the cause of the illness is not excluded by name or specific description. Benefits will not be paid for loss due to:

- Intentionally self-inflicted injury or action;
- Suicide or attempted suicide while sane or insane;
- Illegal activities or participation in an illegal occupation;
- War, whether declared or undeclared or military conflicts, participation in an insurrection or riot, civil commotion or state of belligerence;
- Substance abuse; or
- Pre-Existing Conditions (except as stated below).

No benefits will be paid for loss which occurred prior to the Effective Date. No benefits will be paid for diagnosis made or treatment received outside of the United States.

## *Pre-Existing Condition Limitation and Exceptions*

Pre-Existing Condition means a sickness or physical condition which, within the 12-month period prior to the Effective Date resulted in the insured receiving medical advice or treatment. We will not pay benefits for any critical illness starting within 12 months of the Effective Date which is caused by, contributed to, or resulting from a Pre-Existing Condition. A claim for benefits for loss starting after 12 months from the Effective Date will not be reduced or denied on the grounds that it is caused by a Pre-Existing Condition. A critical illness will no longer be considered pre-existing at the end of 12 consecutive months starting and ending after the Effective Date.

## *Additional Benefit Rider Exceptions*

If diagnosis occurs after age 70, benefits are reduced by 50%. 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. The date of diagnosis of a Specified Critical Illness must be separated from the date of diagnosis of a subsequent different Critical Illness by at least 6 months. The applicable benefit amount will be paid if: the date of diagnosis is after the waiting period; the date of diagnosis occurs while the rider is in force; and the cause of the illness is not excluded by name or specific description.

## *Heart Event Rider Exceptions*

If diagnosis occurs after age 70, benefits are reduced by 50%. We will pay the indicated percentages of your maximum benefit if you are treated with one of the specified surgical procedures (Category I) or interventional procedures (Category II) shown if the date of treatment is after the waiting period; treatment is incurred while coverage is in force; treatment is recommended by a physician; and is not excluded by name or specific description. This benefit is paid based on your selected benefit amount. The rider contains a 30-day waiting period. This means no benefits are payable for any insured who has been diagnosed before the coverage has been in force 30 days from the effective date. If an insured is first diagnosed during the waiting period, benefits for treatment of that critical illness will apply only to loss commencing after 12 months from the effective date; or, at your option, you may elect to void the coverage from the beginning and receive a full refund of premium. Benefits are not payable under this coverage for loss if these conditions result from another specified critical illness. Unless amended by the Heart Event Rider, certificate definitions, other provisions and terms apply. Benefits provided by the Heart Event Rider amend any benefits shown in the base plan for the same conditions. 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 Category I and Category II procedures are performed at the same time, benefits are only eligible at the 100% (higher) event and will not exceed the initial face amount shown. The insured is only eligible to receive one payment for each benefit category listed. The dates of loss for covered procedures must be separated by at least 12 months for benefits to be payable for multiple covered procedures. Payment of initial, reoccurrence, or additional occurrence benefits are subject to the benefits section of the base certificate.

## *Pre-existing Conditions Exception*

**Pre-Existing Condition** means a sickness or physical condition which, within the 12-month period prior to an insured's effective date, resulted in the insured receiving medical advice or treatment. We will not pay benefits for any surgical procedure occurring within 12 months of an insured's effective date which is caused by, contributed to, or resulting from a pre-existing condition. A claim for benefits for loss starting after 12 months from an insured's effective date will not be reduced or denied on the grounds that it is caused by a pre-existing condition. A critical illness will no longer be considered pre-existing at the end of 12 consecutive months starting and ending after an insured's effective date. Any benefits for coronary artery bypass surgery denied under the coverage due to pre-existing conditions may be paid at the reduced benefit amount under the certificate, subject to the terms of the certificate.

## *Exceptions*

No benefits will be paid if the specified critical illness is a result of: (a) Intentionally self-inflicted injury or action; (b) Suicide or attempted suicide while sane or insane; (c) Illegal activities or participation in an illegal occupation; (d) War, declared or undeclared, or military conflicts, participation in an insurrection or riot, civil commotion, or state of belligerence; or (e) An injury sustained while under the influence of alcohol, narcotics, or any other controlled substance or drug, unless properly administered upon the advice of a physician. No benefits will be paid for loss which occurred prior to the effective date of coverage. Diagnosis must be made, and treatment received in the United States. **Treatment** means consultation, care, or services provided by a physician, including diagnostic measures and surgical procedures.

## *Notices*

This booklet is a brief description of coverage, not a contract. Read your certificate carefully for exact plan language, terms, and conditions. If this coverage will replace any existing individual policy, please be aware that it may be in your best interest to maintain your individual guaranteed-renewable policy. **Notice to Consumer:** The coverages provided by Continental American Insurance Company (CAIC) represent supplemental benefits only. They do not constitute comprehensive health insurance coverage and do not satisfy the requirement of minimum essential coverage under the Affordable Care Act. CAIC coverage is not intended to replace or be issued in lieu of major medical coverage. It is designed to supplement a major medical program. Aflac Group Insurance is underwritten by Continental American Insurance Company (CAIC), a proud member of the Aflac family of insurers, is a wholly-owned subsidiary of Aflac Incorporated and underwrites group coverage. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands. Continental American Insurance Company, Columbia, South Carolina.

## Aflac Group Critical Illness w/out Cancer – Rates

### NON-TOBACCO: Employee

	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$2.68	\$3.60	\$4.53	\$5.45	\$6.38	\$7.30	\$8.23	\$9.15	\$10.08	\$11.00
30-39	\$3.28	\$4.80	\$6.33	\$7.85	\$9.38	\$10.90	\$12.43	\$13.95	\$15.48	\$17.00
40-49	\$4.85	\$7.95	\$11.05	\$14.15	\$17.25	\$20.35	\$23.45	\$26.55	\$29.65	\$32.75
50-59	\$6.73	\$11.70	\$16.68	\$21.65	\$26.63	\$31.60	\$36.58	\$41.55	\$46.53	\$51.50
60-69	\$9.75	\$17.75	\$25.75	\$33.75	\$41.75	\$49.75	\$57.75	\$65.75	\$73.75	\$81.75

### NON-TOBACCO: Spouse

	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000
18-29	\$2.68	\$3.14	\$3.60	\$4.06	\$4.53	\$4.99	\$5.45	\$5.91	\$6.38
30-39	\$3.28	\$4.04	\$4.80	\$5.56	\$6.33	\$7.09	\$7.85	\$8.61	\$9.38
40-49	\$4.85	\$6.40	\$7.95	\$9.50	\$11.05	\$12.60	\$14.15	\$15.70	\$17.25
50-59	\$6.73	\$9.21	\$11.70	\$14.19	\$16.68	\$19.16	\$21.65	\$24.14	\$26.63
60-69	\$9.75	\$13.75	\$17.75	\$21.75	\$25.75	\$29.75	\$33.75	\$37.75	\$41.75

### TOBACCO: Employee

	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$3.15	\$4.55	\$5.95	\$7.35	\$8.75	\$10.15	\$11.55	\$12.95	\$14.35	\$15.75
30-39	\$4.18	\$6.60	\$9.03	\$11.45	\$13.88	\$16.30	\$18.73	\$21.15	\$23.58	\$26.00
40-49	\$7.90	\$14.05	\$20.20	\$26.35	\$32.50	\$38.65	\$44.80	\$50.95	\$57.10	\$63.25
50-59	\$11.58	\$21.40	\$31.23	\$41.05	\$50.88	\$60.70	\$70.53	\$80.35	\$90.18	\$100.00
60-69	\$17.05	\$32.35	\$47.65	\$62.95	\$78.25	\$93.55	\$108.85	\$124.15	\$139.45	\$154.75

### TOBACCO: Spouse

	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000
18-29	\$3.15	\$3.85	\$4.55	\$5.25	\$5.95	\$6.65	\$7.35	\$8.05	\$8.75
30-39	\$4.18	\$5.39	\$6.60	\$7.81	\$9.03	\$10.24	\$11.45	\$12.66	\$13.88
40-49	\$7.90	\$10.98	\$14.05	\$17.13	\$20.20	\$23.28	\$26.35	\$29.43	\$32.50
50-59	\$11.58	\$16.49	\$21.40	\$26.31	\$31.23	\$36.14	\$41.05	\$45.96	\$50.88
60-69	\$17.05	\$24.70	\$32.35	\$40.00	\$47.65	\$55.30	\$62.95	\$70.60	\$78.25





# Short-Term Disability Plan

**OneAmerica<sup>SM</sup>**  
**Financial**

## *Class Description*

All Eligible Employees working a minimum of 20 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 \$250 increments up to 66 2/3% of an Employee's covered basic monthly earnings to a maximum monthly benefit of \$6,000. 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; fifteen (15) consecutive days for a sickness and zero (0) days for injury.

## *Benefit Duration*

This is the period of time that benefits will be payable for disability. The benefit duration is a maximum of 26 weeks, as long as you remain disabled.

## *Basis of Coverage*

Non-Occupational off the job only.

## *Maternity Coverage*

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

## *STD Pre-Existing Condition Exclusion*

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

## *Recurrent Disability*

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

## *Portability*

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

## *Annual Enrollment*

Employees who did not elect coverage during their initial enrollment period are eligible to sign up for a \$500 monthly benefit without medical questions. Employees may increase their coverage by \$250 or \$500 without medical questions. The maximum benefit cannot exceed 66 2/3% of basic monthly earning and must be in increments of \$250.



## Exclusions and Limitations

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

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

## AUL Short-Term Disability Semi-Monthly Rates – 26 Week Duration

Monthly Benefit	Up to Age 39	Age 40 - 49	Age 50 - 59	Age 60+
\$500	\$4.33	\$5.83	\$6.92	\$8.19
\$750	\$6.49	\$8.74	\$10.38	\$12.29
\$1,000	\$8.65	\$11.65	\$13.85	\$16.39
\$1,250	\$10.82	\$14.57	\$17.31	\$20.48
\$1,500	\$12.98	\$17.48	\$20.77	\$24.58
\$1,750	\$15.14	\$20.39	\$24.23	\$28.67
\$2,000	\$17.31	\$23.31	\$27.69	\$32.77
\$2,250	\$19.47	\$26.22	\$31.15	\$36.87
\$2,500	\$21.63	\$29.13	\$34.62	\$40.96
\$2,750	\$23.80	\$32.05	\$38.08	\$45.06
\$3,000	\$25.96	\$34.96	\$41.54	\$49.16
\$3,250	\$28.13	\$37.88	\$45.00	\$53.25
\$3,500	\$30.29	\$40.79	\$48.46	\$57.35
\$3,750	\$32.45	\$43.70	\$51.92	\$61.44
\$4,000	\$34.62	\$46.62	\$55.38	\$65.54
\$4,250	\$36.78	\$49.53	\$58.85	\$69.63
\$4,500	\$38.94	\$52.44	\$62.31	\$73.73
\$4,750	\$41.11	\$55.36	\$65.77	\$77.83
\$5,000	\$43.27	\$58.27	\$69.23	\$81.93
\$5,250	\$45.43	\$61.18	\$72.69	\$86.02
\$5,500	\$47.60	\$64.10	\$76.16	\$90.12
\$5,750	\$49.76	\$67.01	\$79.62	\$94.21
\$6,000	\$51.92	\$69.92	\$83.08	\$98.31



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)

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



# Term Life Plan



This coverage is designed to help provide financial support and stability to your family should you pass away. You can also cover your eligible spouse and child(ren). Life insurance is an easy, responsible way to help protect your family from financial hardship during a difficult time, and into the future.

## About This Coverage

- Competitive group rates.
- The convenience of payroll deduction.
- Benefits if you become terminally ill or die.

If you take no action you'll be covered for the basic amount of Life Insurance up to the guarantee issue maximum amount, provided you meet the eligibility requirements. Consider whether that would be enough to help your family meet daily expenses, maintain their standard of living, pay off debt and fund your children's education. If not, you may want to apply for additional coverage now.

**Basic Term Life provided by your employer at no cost to you (\$32,000 Employee Only Coverage).**

## How Much Can I Apply For?

- **For You:** \$10,000 - \$500,000 in increments of \$10,000
- **For Your Spouse:** \$5,000 - \$500,000 in increments of \$5,000
- **For Your Child(ren):** \$2,000 - \$10,000 in increments of \$2,000

*The coverage amount for your spouse and/or child(ren) cannot exceed 100% of your Additional Life coverage.*

## What is the Guarantee Issue Maximum?

Depending on your eligibility, this is the maximum amount of coverage you may apply for during initial enrollment without answering health questions.

- **For You:** Up to \$140,000
- **For Your Spouse:** Up to \$25,000

*\*See important details section for more information, including requirements, exclusions, age reductions and definitions.*

## Additional Features

- **Accelerated Benefit:** If you become terminally ill, you may be eligible to receive up to 75% of your combined Basic and Additional Life benefit to a maximum of \$500,000.

## How Much Life Insurance Do You Need?

After a death in the family, there are many unexpected expenses. Your benefits could help your family pay for:

- Outstanding debt
- Burial expenses
- Medical bills
- Your children's education
- Daily expenses

To estimate your insurance needs, you'll need to consider your unique circumstances. Use our online calculator at [www.standard.com/life/needs](http://www.standard.com/life/needs).

## How Much Your Coverage Cost

Your Basic Life insurance is paid for by Rowan County. If you choose to purchase Additional Life coverage, you'll have access to competitive group rates, which may be more affordable than those available through individual insurance.

You'll also have the convenience of having your premium deducted directly from your paycheck. How much your premium costs depends on a number of factors, such as your age and the benefit amount.

## Important Details

### Eligibility Requirements

To be eligible for coverage, you must be: An active employee of Rowan County regularly working at least 20 hours per week **OR** an elected official of Rowan County; Insured for Basic Life insurance through The Standard to qualify for Additional Life insurance. Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible. If you buy Additional Life insurance for yourself, you may also buy additional coverage for your eligible children and/or spouse. This is called Dependents Life insurance. You can choose to cover your spouse, meaning a person to whom you are legally married. Child means your child from live birth through age 25. Your child cannot be insured by more than one employee. Your spouse or child(ren) must not be full-time member(s) of the armed forces. You cannot be insured as both an individual and a dependent.

### Medical Underwriting Approval

Required for: All late applications (applying 31 days after becoming eligible); Requests for coverage increases; Reinstatements; Eligible but not insured under the prior life insurance plan. Visit [www.standard.com/mhs](http://www.standard.com/mhs) to submit a medical history statement online.

### Coverage Effective Date

To become insured, you must: Meet the eligibility requirements listed in the previous sections; Serve an eligibility waiting period\*; Receive medical underwriting approval (if applicable); Apply for coverage and agree to pay premium, and; Be actively at work (able to perform all normal duties of your job) on the day before the insurance is scheduled to be effective. If you are not actively at work on the day before the scheduled effective date of your insurance, your insurance will not become effective until the day after you complete one full day of active work as an eligible employee. Contact your human resources representative or plan administrator for further information about the applicable coverage effective date for your coverage. *\*Defined as date you become a member*

### Life Insurance Age Reductions

Under this plan, your coverage amount reduces to 65 percent at age 65, to 50 percent at age 70. Your spouse's coverage amount reduces by your age as follows: to 65 percent at age 65 and to 50 percent at age 70. If you are age 65 or over, ask your human resources representative or plan administrator for the amount of coverage available.

### Waiver of Premium

Your premiums may be waived if you: Become totally disabled while insured under this plan; Are under age 60, and; Complete a waiting period of 180 days. If these conditions are met, your Life insurance coverage may continue without cost until age 65, provided you give us satisfactory proof that you remain totally disabled.

### Portability

If your insurance ends because your employment terminates, you may be eligible to buy portable group insurance coverage from The Standard.

### Conversion

If your insurance reduces or ends, you may be eligible to convert your existing Life insurance to an individual life insurance policy without submitting proof of good health.

### Exclusions

Subject to state variations, you and your dependents are not covered for death resulting from suicide or other intentionally self-inflicted injury, while sane or insane. The amount payable will exclude amounts that have not been continuously in effect for at least two years on the date of death.

### When Your Insurance Ends

Your insurance ends automatically when any of the following occur: The date the last period ends for which a premium was paid; The date your employment terminates; The date you cease to meet the eligibility requirements (insurance may continue for limited periods under certain circumstances); The date the group policy, or your employer's coverage under the group policy, terminates; For each elective insurance coverage, the date that coverage terminates under the group policy. In addition to the above requirements, your Dependents Life coverage ends automatically on the date your dependent ceases to meet the eligibility requirements for a dependent. For more details on when your insurance ends, contact your human resources representative or plan administrator.

### Group Insurance Certificate

If coverage becomes effective and you become insured, you will receive a group insurance certificate containing a detailed description of the insurance coverage, including the definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be in the group policy. The information present in this summary does not modify the group policy, certificate or the insurance coverage in any way.



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

## Employee Life Monthly\*\* Premiums

Coverage	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	*65-69	*70+
\$10,000	0.82	1.06	1.52	2.16	3.36	5.26	6.06	12.90	14.43	25.90
\$20,000	1.64	2.12	3.04	4.32	6.72	10.52	12.12	25.80	28.86	51.80
\$30,000	2.46	3.18	4.56	6.48	10.08	15.78	18.18	38.70	43.29	77.70
\$40,000	3.28	4.24	6.08	8.64	13.44	21.04	24.24	51.60	57.72	103.60
\$50,000	4.10	5.30	7.60	10.80	16.80	26.30	30.30	64.50	72.15	129.50
\$60,000	4.92	6.36	9.12	12.96	20.16	31.56	36.36	77.40	86.58	155.40
\$70,000	5.74	7.42	10.64	15.12	23.52	36.82	42.42	90.30	101.01	181.30
\$80,000	6.56	8.48	12.16	17.28	26.88	42.08	48.48	103.20	115.44	207.20
\$90,000	7.38	9.54	13.68	19.44	30.24	47.34	54.54	116.10	129.87	233.10
\$100,000	8.20	10.60	15.20	21.60	33.60	52.60	60.60	129.00	144.30	259.00
\$110,000	9.02	11.66	16.72	23.76	36.96	57.86	66.66	141.90	158.73	284.90
\$120,000	9.84	12.72	18.24	25.92	40.32	63.12	72.72	154.80	173.16	310.80
\$130,000	10.66	13.78	19.76	28.08	43.68	68.38	78.78	167.70	187.59	336.70
\$140,000	11.48	14.84	21.28	30.24	47.04	73.64	84.84	180.60	202.02	362.60
\$150,000	12.30	15.90	22.80	32.40	50.40	78.90	90.90	193.50	216.45	388.50
\$160,000	13.12	16.96	24.32	34.56	53.76	84.16	96.96	206.40	230.88	414.40
\$170,000	13.94	18.02	25.84	36.72	57.12	89.42	103.02	219.30	245.31	440.30
\$180,000	14.76	19.08	27.36	38.88	60.48	94.68	109.08	232.20	259.74	466.20
\$190,000	15.58	20.14	28.88	41.04	63.84	99.94	115.14	245.10	274.17	492.10
\$200,000	16.40	21.20	30.40	43.20	67.20	105.20	121.20	258.00	288.60	518.00
\$210,000	17.22	22.26	31.92	45.36	70.56	110.46	127.26	270.90	303.03	543.90
\$220,000	18.04	23.32	33.44	47.52	73.92	115.72	133.32	283.80	317.46	569.80
\$230,000	18.86	24.38	34.96	49.68	77.28	120.98	139.38	296.70	331.89	595.70
\$240,000	19.68	25.44	36.48	51.84	80.64	126.24	145.44	309.60	346.32	621.60
\$250,000	20.50	26.50	38.00	54.00	84.00	131.50	151.50	322.50	360.75	647.50
\$260,000	21.32	27.56	39.52	56.16	87.36	136.76	157.56	335.40	375.18	673.40
\$270,000	22.14	28.62	41.04	58.32	90.72	142.02	163.62	348.30	389.61	699.30
\$280,000	22.96	29.68	42.56	60.48	94.08	147.28	169.68	361.20	404.04	725.20
\$290,000	23.78	30.74	44.08	62.64	97.44	152.54	175.74	374.10	418.47	751.10
\$300,000	24.60	31.80	45.60	64.80	100.80	157.80	181.80	387.00	432.90	777.00
\$310,000	25.42	32.86	47.12	66.96	104.16	163.06	187.86	399.90	447.33	802.90
\$320,000	26.24	33.92	48.64	69.12	107.52	168.32	193.92	412.80	461.76	828.80
\$330,000	27.06	34.98	50.16	71.28	110.88	173.58	199.98	425.70	476.19	854.70
\$340,000	27.88	36.04	51.68	73.44	114.24	178.84	206.04	438.60	490.62	880.60
\$350,000	28.70	37.10	53.20	75.60	117.60	184.10	212.10	451.50	505.05	906.50
\$360,000	29.52	38.16	54.72	77.76	120.96	189.36	218.16	464.40	519.48	932.40
\$370,000	30.34	39.22	56.24	79.92	124.32	194.62	224.22	477.30	533.91	958.30
\$380,000	31.16	40.28	57.76	82.08	127.68	199.88	230.28	490.20	548.34	984.20
\$390,000	31.98	41.34	59.28	84.24	131.04	205.14	236.34	503.10	562.77	1,010.10
\$400,000	32.80	42.40	60.80	86.40	134.40	210.40	242.40	516.00	577.20	1,036.00
\$410,000	33.62	43.46	62.32	88.56	137.76	215.66	248.46	528.90	591.63	1,061.90
\$420,000	34.44	44.52	63.84	90.72	141.12	220.92	254.52	541.80	606.06	1,087.80
\$430,000	35.26	45.58	65.36	92.88	144.48	226.18	260.58	554.70	620.49	1,113.70
\$440,000	36.08	46.64	66.88	95.04	147.84	231.44	266.64	567.60	634.92	1,139.60
\$450,000	36.90	47.70	68.40	97.20	151.20	236.70	272.70	580.50	649.35	1,165.50
\$460,000	37.72	48.76	69.92	99.36	154.56	241.96	278.76	593.40	663.78	1,191.40
\$470,000	38.54	49.82	71.44	101.52	157.92	247.22	284.82	606.30	678.21	1,217.30
\$480,000	39.36	50.88	72.96	103.68	161.28	252.48	290.88	619.20	692.64	1,243.20
\$490,000	40.18	51.94	74.48	105.84	164.64	257.74	296.94	632.10	707.07	1,269.10
\$500,000	41.00	53.00	76.00	108.00	168.00	263.00	303.00	645.00	721.50	1,295.00

\*Coverage amounts for ages 65 and over reduce due to age reduction (see Life Insurance Age Reductions section).

\*\*Monthly rates shown. To calculate semi-monthly rates, divide monthly rate by 2.

## Spouse Life Monthly\*\* Premiums

Coverage	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	*65-69	*70+
\$5,000	0.41	0.53	0.76	1.08	1.68	2.63	3.03	6.45	7.22	12.95
\$10,000	0.82	1.06	1.52	2.16	3.36	5.26	6.06	12.90	14.43	25.90
\$15,000	1.23	1.59	2.28	3.24	5.04	7.89	9.09	19.35	21.65	38.85
\$20,000	1.64	2.12	3.04	4.32	6.72	10.52	12.12	25.80	28.86	51.80
\$25,000	2.05	2.65	3.80	5.40	8.40	13.15	15.15	32.25	36.08	64.75
\$30,000	2.46	3.18	4.56	6.48	10.08	15.78	18.18	38.70	43.29	77.70
\$35,000	2.87	3.71	5.32	7.56	11.76	18.41	21.21	45.15	50.51	90.65
\$40,000	3.28	4.24	6.08	8.64	13.44	21.04	24.24	51.60	57.72	103.60
\$45,000	3.69	4.77	6.84	9.72	15.12	23.67	27.27	58.05	64.94	116.55
\$50,000	4.10	5.30	7.60	10.80	16.80	26.30	30.30	64.50	72.15	129.50
\$55,000	4.51	5.83	8.36	11.88	18.48	28.93	33.33	70.95	79.37	142.45
\$60,000	4.92	6.36	9.12	12.96	20.16	31.56	36.36	77.40	86.58	155.40
\$65,000	5.33	6.89	9.88	14.04	21.84	34.19	39.39	83.85	93.80	168.35
\$70,000	5.74	7.42	10.64	15.12	23.52	36.82	42.42	90.30	101.01	181.30
\$75,000	6.15	7.95	11.40	16.20	25.20	39.45	45.45	96.75	108.23	194.25
\$80,000	6.56	8.48	12.16	17.28	26.88	42.08	48.48	103.20	115.44	207.20
\$85,000	6.97	9.01	12.92	18.36	28.56	44.71	51.51	109.65	122.66	220.15
\$90,000	7.38	9.54	13.68	19.44	30.24	47.34	54.54	116.10	129.87	233.10
\$95,000	7.79	10.07	14.44	20.52	31.92	49.97	57.57	122.55	137.09	246.05
\$100,000	8.20	10.60	15.20	21.60	33.60	52.60	60.60	129.00	144.30	259.00
\$105,000	8.61	11.13	15.96	22.68	35.28	55.23	63.63	135.45	151.52	271.95
\$110,000	9.02	11.66	16.72	23.76	36.96	57.86	66.66	141.90	158.73	284.90
\$115,000	9.43	12.19	17.48	24.84	38.64	60.49	69.69	148.35	165.95	297.85
\$120,000	9.84	12.72	18.24	25.92	40.32	63.12	72.72	154.80	173.16	310.80
\$125,000	10.25	13.25	19.00	27.00	42.00	65.75	75.75	161.25	180.38	323.75
\$130,000	10.66	13.78	19.76	28.08	43.68	68.38	78.78	167.70	187.59	336.70
\$135,000	11.07	14.31	20.52	29.16	45.36	71.01	81.81	174.15	194.81	349.65
\$140,000	11.48	14.84	21.28	30.24	47.04	73.64	84.84	180.60	202.02	362.60
\$145,000	11.89	15.37	22.04	31.32	48.72	76.27	87.87	187.05	209.24	375.55
\$150,000	12.30	15.90	22.80	32.40	50.40	78.90	90.90	193.50	216.45	388.50
\$155,000	12.71	16.43	23.56	33.48	52.08	81.53	93.93	199.95	223.67	401.45
\$160,000	13.12	16.96	24.32	34.56	53.76	84.16	96.96	206.40	230.88	414.40
\$165,000	13.53	17.49	25.08	35.64	55.44	86.79	99.99	212.85	238.10	427.35
\$170,000	13.94	18.02	25.84	36.72	57.12	89.42	103.02	219.30	245.31	440.30
\$175,000	14.35	18.55	26.60	37.80	58.80	92.05	106.05	225.75	252.53	453.25
\$180,000	14.76	19.08	27.36	38.88	60.48	94.68	109.08	232.20	259.74	466.20
\$185,000	15.17	19.61	28.12	39.96	62.16	97.31	112.11	238.65	266.96	479.15
\$190,000	15.58	20.14	28.88	41.04	63.84	99.94	115.14	245.10	274.17	492.10
\$195,000	15.99	20.67	29.64	42.12	65.52	102.57	118.17	251.55	281.39	505.05
\$200,000	16.40	21.20	30.40	43.20	67.20	105.20	121.20	258.00	288.60	518.00
\$205,000	16.81	21.73	31.16	44.28	68.88	107.83	124.23	264.45	295.82	530.95
\$210,000	17.22	22.26	31.92	45.36	70.56	110.46	127.26	270.90	303.03	543.90
\$215,000	17.63	22.79	32.68	46.44	72.24	113.09	130.29	277.35	310.25	556.85
\$220,000	18.04	23.32	33.44	47.52	73.92	115.72	133.32	283.80	317.46	569.80
\$225,000	18.45	23.85	34.20	48.60	75.60	118.35	136.35	290.25	324.68	582.75
\$230,000	18.86	24.38	34.96	49.68	77.28	120.98	139.38	296.70	331.89	595.70
\$235,000	19.27	24.91	35.72	50.76	78.96	123.61	142.41	303.15	339.11	608.65
\$240,000	19.68	25.44	36.48	51.84	80.64	126.24	145.44	309.60	346.32	621.60
\$245,000	20.09	25.97	37.24	52.92	82.32	128.87	148.47	316.05	353.54	634.55
\$250,000	20.50	26.50	38.00	54.00	84.00	131.50	151.50	322.50	360.75	647.50
\$255,000	20.91	27.03	38.76	55.08	85.68	134.13	154.53	328.95	367.97	660.45
\$260,000	21.32	27.56	39.52	56.16	87.36	136.76	157.56	335.40	375.18	673.40
\$265,000	21.73	28.09	40.28	57.24	89.04	139.39	160.59	341.85	382.40	686.35
\$270,000	22.14	28.62	41.04	58.32	90.72	142.02	163.62	348.30	389.61	699.30
\$275,000	22.55	29.15	41.80	59.40	92.40	144.65	166.65	354.75	396.83	712.25
\$285,000	23.37	30.21	43.32	61.56	95.76	149.91	172.71	367.65	411.26	738.15

\*Coverage amounts for ages 65 and over reduce due to age reduction (see Life Insurance Age Reductions section).

\*\*Monthly rates shown. To calculate semi-monthly rates, divide monthly rate by 2.

## Spouse Life Monthly\*\* Premiums Continued

Coverage	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	*65-69	*70+
\$290,000	23.78	30.74	44.08	62.64	97.44	152.54	175.74	374.10	418.47	751.10
\$295,000	24.19	31.27	44.84	63.72	99.12	155.17	178.77	380.55	425.69	764.05
\$300,000	24.60	31.80	45.60	64.80	100.80	157.80	181.80	387.00	432.90	777.00
\$305,000	25.01	32.33	46.36	65.88	102.48	160.43	184.83	393.45	440.12	789.95
\$310,000	25.42	32.86	47.12	66.96	104.16	163.06	187.86	399.90	447.33	802.90
\$315,000	25.83	33.39	47.88	68.04	105.84	165.69	190.89	406.35	454.55	815.85
\$320,000	26.24	33.92	48.64	69.12	107.52	168.32	193.92	412.80	461.76	828.80
\$325,000	26.65	34.45	49.40	70.20	109.20	170.95	196.95	419.25	468.98	841.75
\$330,000	27.06	34.98	50.16	71.28	110.88	173.58	199.98	425.70	476.19	854.70
\$335,000	27.47	35.51	50.92	72.36	112.56	176.21	203.01	432.15	483.41	867.65
\$340,000	27.88	36.04	51.68	73.44	114.24	178.84	206.04	438.60	490.62	880.60
\$345,000	28.29	36.57	52.44	74.52	115.92	181.47	209.07	445.05	497.84	893.55
\$350,000	28.70	37.10	53.20	75.60	117.60	184.10	212.10	451.50	505.05	906.50
\$355,000	29.11	37.63	53.96	76.68	119.28	186.73	215.13	457.95	512.27	919.45
\$360,000	29.52	38.16	54.72	77.76	120.96	189.36	218.16	464.40	519.48	932.40
\$365,000	29.93	38.69	55.48	78.84	122.64	191.99	221.19	470.85	526.70	945.35
\$370,000	30.34	39.22	56.24	79.92	124.32	194.62	224.22	477.30	533.91	958.30
\$375,000	30.75	39.75	57.00	81.00	126.00	197.25	227.25	483.75	541.13	971.25
\$380,000	31.16	40.28	57.76	82.08	127.68	199.88	230.28	490.20	548.34	984.20
\$385,000	31.57	40.81	58.52	83.16	129.36	202.51	233.31	496.65	555.56	997.15
\$390,000	31.98	41.34	59.28	84.24	131.04	205.14	236.34	503.10	562.77	1,010.10
\$395,000	32.39	41.87	60.04	85.32	132.72	207.77	239.37	509.55	569.99	1,023.05
\$400,000	32.80	42.40	60.80	86.40	134.40	210.40	242.40	516.00	577.20	1,036.00
\$405,000	33.21	42.93	61.56	87.48	136.08	213.03	245.43	522.45	584.42	1,048.95
\$410,000	33.62	43.46	62.32	88.56	137.76	215.66	248.46	528.90	591.63	1,061.90
\$415,000	34.03	43.99	63.08	89.64	139.44	218.29	251.49	535.35	598.85	1,074.85
\$420,000	34.44	44.52	63.84	90.72	141.12	220.92	254.52	541.80	606.06	1,087.80
\$425,000	34.85	45.05	64.60	91.80	142.80	223.55	257.55	548.25	613.28	1,100.75
\$430,000	35.26	45.58	65.36	92.88	144.48	226.18	260.58	554.70	620.49	1,113.70
\$435,000	35.67	46.11	66.12	93.96	146.16	228.81	263.61	561.15	627.71	1,126.65
\$440,000	36.08	46.64	66.88	95.04	147.84	231.44	266.64	567.60	634.92	1,139.60
\$445,000	36.49	47.17	67.64	96.12	149.52	234.07	269.67	574.05	642.14	1,152.55
\$450,000	36.90	47.70	68.40	97.20	151.20	236.70	272.70	580.50	649.35	1,165.50
\$455,000	37.31	48.23	69.16	98.28	152.88	239.33	275.73	586.95	656.57	1,178.45
\$460,000	37.72	48.76	69.92	99.36	154.56	241.96	278.76	593.40	663.78	1,191.40
\$465,000	38.13	49.29	70.68	100.44	156.24	244.59	281.79	599.85	671.00	1,204.35
\$470,000	38.54	49.82	71.44	101.52	157.92	247.22	284.82	606.30	678.21	1,217.30
\$475,000	38.95	50.35	72.20	102.60	159.60	249.85	287.85	612.75	685.43	1,230.25
\$480,000	39.36	50.88	72.96	103.68	161.28	252.48	290.88	619.20	692.64	1,243.20
\$485,000	39.77	51.41	73.72	104.76	162.96	255.11	293.91	625.65	699.86	1,256.15
\$490,000	40.18	51.94	74.48	105.84	164.64	257.74	296.94	632.10	707.07	1,269.10
\$495,000	40.59	52.47	75.24	106.92	166.32	260.37	299.97	638.55	714.29	1,282.05
\$500,000	41.00	53.00	76.00	108.00	168.00	263.00	303.00	645.00	721.50	1,295.00

\*Coverage amounts for ages 65 and over reduce due to age reduction (see Life Insurance Age Reductions section).

\*\*Monthly rates shown. To calculate semi-monthly rates, divide monthly rate by 2.

## Child Life Monthly\*\* Premiums

Coverage	Premium
\$2,000	\$0.25
\$4,000	\$0.50
\$6,000	\$0.75
\$8,000	\$1.00
\$10,000	\$1.25



Standard Insurance Company  
1100 SW Sixth Avenue  
Portland OR 97204  
[www.standard.com](http://www.standard.com)



# Whole Life Plan



## Whole Life Insurance

Employers want to provide employees with a benefits package that fits their ever-changing needs. With its guaranteed premiums, benefits, and values, as well as the option to insure your entire family, Boston Mutual's whole life insurance can help complete your benefit package. Life changes...so it may be time to review how much coverage you have and consider what your family might need if something should happen. Whether you're just starting out at your first job, or nearing retirement, whole life insurance should be an integral part of your financial plan. Just like Boston Mutual has always been there for our policyholders, whole life coverage will always be there to provide you and your family protection and security for the future.



**Affordable**



**Flexible**



**Worldwide Coverage**



**Portable**

## Benefits

- ✓ Available for you, your spouse, children, and grandchildren.
- ✓ Guaranteed coverage with no medical questions, up to certain amounts.
- ✓ You select the amount of insurance you need and how much you can afford.
- ✓ Payroll deduction makes payment easy.
- ✓ Your payment amount will stay the same, even if you change employment or retire.
- ✓ Builds cash value.
- ✓ Annual statements provide current policy value information.
- ✓ Paid up options, based on accrued cash values.

Boston Mutual offers a Guarantee Issue amount for you, your Spouse, Children, and Grandchildren when you enroll. This is an amount of coverage that is issued without any medical underwriting questions.

- **EMPLOYEE Guaranteed Issue - \$100,000**
- **SPOUSE Guaranteed Issue - \$25,000**
- **CHILD & GRANDCHILD Guaranteed Issue - \$25,000**

*Guaranteed Issue is offered at every annual enrollment to eligible employees, spouses, children, and grandchildren.*

## Guarantees

- ✓ **Premium** – As long as you continuously pay your premiums, the cost of your life insurance policy can never go up.
- ✓ **Cash Value** – The cash value illustrated at the time of purchase is guaranteed as long as your coverage stays in force\*.
- ✓ **Interest Rate** – This policy provides a 3% guaranteed credited interest rate on accruing cash values.
- ✓ **Portability** – Even if your employer changes, you can arrange to pay us directly and keep your coverage.
- ✓ **Coverage Issued** – Employees and their spouses who are actively at work for a minimum of 20 hours per week can purchase this insurance up to certain limits, despite past or present health problems.
- ✓ **Additional Purchase** – If you buy a minimum amount of coverage, you guarantee yourself the right to purchase any remaining portion of the guaranteed issue limit at future approved enrollments (subject to product and payroll deduction availability).

*Our Whole Life workplace insurance is an endowment at age 95 policy, which means the face value would be paid to the insured, if living, at age 95.*

*\* The actual cash value may be decreased by loans or withdrawals.*

## Additional Features (That may be available to you)

- ✓ **Accidental Death Benefit** – doubles or triples the amount paid in the event of accidental death. This benefit pays an additional amount equal to the basic coverage to the beneficiary if the insured is killed accidentally. If accidental death occurs while the insured is a passenger on a bus, plane, train or any other common carrier, this benefit pays the accidental death benefit as above but will also pay an additional benefit of the basic coverage (up to \$100,000).
- ✓ **Children's Insurance Benefit** – covers all eligible natural children, stepchildren, or legally adopted children from age 15 days through age 25.
- ✓ **Payor Waiver of Premium** – pays premiums on the employee, spouse, or dependent's policy or policies in the event the payor (employee) becomes totally disabled before age 60.

*Not all riders will be available for purchase as they are options made available to you by your employer in their benefits offering. Riders are not approved in all states. For specific information – speak to your Boston Mutual representative.*

120 Royall Street, Canton, MA 02021 | 800.669.2668 | [www.bostonmutual.com](http://www.bostonmutual.com)

*Policies underwritten by Boston Mutual Life Insurance Company. This information is not intended to be a complete description of the insurance coverage available. For complete details of coverage and availability, please refer to the policy form or contact your Boston Mutual representative.*

# Boston Mutual Whole Life Sample Defined Benefit Premium Rates & Values

The following are illustrations of applicable coverage and cash value accumulation at various ages and contribution levels for the whole life insurance coverage.

Non Tobacco	Issue Age	Semi-Monthly Premium	Guaranteed Cash Value at 65	Guaranteed Paid Up at 65
\$25,000	25	\$9.39	\$9,790	\$20,398
	35	\$13.72	\$8,751	\$18,232
	45	\$21.34	\$7,112	\$14,817
	55	\$35.03	\$4,229	\$8,811
\$50,000	25	\$17.72	\$19,580	\$40,796
	35	\$26.39	\$17,501	\$36,464
	45	\$41.63	\$14,223	\$29,634
	55	\$69.00	\$8,458	\$17,623
\$75,000	25	\$26.06	\$29,370	\$61,193
	35	\$39.05	\$26,252	\$54,695
	45	\$61.92	\$21,335	\$44,451
	55	\$102.97	\$12,698	\$26,456
\$100,000	25	\$34.39	\$39,160	\$81,591
	35	\$51.72	\$35,002	\$72,927
	45	\$82.21	\$28,446	\$59,268
	55	\$136.94	\$17,131	\$35,693

Tobacco	Issue Age	Semi-Monthly Premium	Guaranteed Cash Value at 65	Guaranteed Paid Up at 65
\$25,000	25	\$12.62	\$11,712	\$20,715
	35	\$19.66	\$10,488	\$18,549
	45	\$32.49	\$8,488	\$15,013
	55	\$52.65	\$4,944	\$8,744
\$50,000	25	\$24.18	\$23,424	\$41,430
	35	\$38.26	\$20,975	\$37,098
	45	\$63.92	\$16,977	\$30,026
	55	\$104.24	\$9,888	\$17,489
\$75,000	25	\$35.74	\$35,136	\$62,144
	35	\$56.87	\$31,463	\$55,647
	45	\$95.36	\$25,465	\$45,039
	55	\$155.83	\$14,832	\$26,233
\$100,000	25	\$47.30	\$46,848	\$82,859
	35	\$75.47	\$41,950	\$74,196
	45	\$126.79	\$33,953	\$60,052
	55	\$207.42	\$19,776	\$34,977

The maximum face amount for an employee, spouse, children and grandchildren varies by account.

\*Cash Values and Paid-Up Values for ages 56-70 are for the tenth year rather than age 65.







# Continuation of Benefits

## If You Leave Employment

### ***Aflac Group Accident & Critical Illness***

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

### ***Allstate Benefits Group Cancer***

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

### ***Ameritas Dental***

To continue your dental plan under the group dental plan, you and your covered dependents are eligible to continue coverage through COBRA. Upon termination, you will receive notification from your benefits department, with premium and continuation options. Should you have any questions, you may contact **Human Resources at 704-216-8100**.

### ***BCBS Medical Plan***

To continue your medical coverage under the group medical plan, you and your covered dependents are eligible to continue coverage through COBRA. Upon termination, you will receive notification from your benefits department, with premium and continuation options. Should you have any questions, you may contact **Human Resources at 704-216-8100**.

### ***Boston Mutual Whole Life***

When you leave employment, you may continue your Whole Life coverage by having the premiums that are currently deducted from your paycheck billed to your home address or drafted from your bank account. You may do that by contacting **Boston Mutual at 1-800-669-2668**.

### ***Community Eye Care (CEC) Vision***

Existing CEC members who terminate employment will be able to enroll in the CEC portability plan within 60 days of their termination date. Coverage will commence on the first day of the month following receipt of the member's completed form. New membership cards will be mailed to the member prior to their new effective date. For more information, call **CEC at 1-888-254-4290**.

### ***FBA Flexible Spending Account***

If you have a positive balance (payroll deductions are greater than the amount you have received in reimbursement) in your Medical Reimbursement Account at the time of your termination, you may continue participation in the Plan for the remainder of the Plan year through COBRA. If you prefer to terminate your participation and contribution to the Plan, any balance in your account on the date of termination will be forfeited if claims were not incurred prior to the date of termination. To obtain your balance, please call **FBA at 1-800-437-3539**.

### ***OneAmerica (AUL) Short & Long-Term Disability***

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

### ***The Standard Term Life***

When you leave your employment, you may convert the existing group term coverage you have through your employer to a guaranteed issue individual whole life policy. You also have the option of porting your existing coverage as well. It is the responsibility of the employee to convert or port coverage. You must apply for conversion or portability within 31 days from the date your employer terminates your term life coverage. For more information and a quote, please contact **The Standard at 1-800-231-0065**.

*If you do not convert or port your group term life insurance, coverage will terminate when you leave your employer.*

# Contact Information

## *Aflac*

Phone: 1-800-433-3036

Email: [cscmail@Aflac.com](mailto:cscmail@Aflac.com)

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

## *Allstate Benefits*

Questions concerning your policy: 1-800-521-3535

Questions concerning your claim: 1-800-348-4489

[claimsresearch@allstate.com](mailto:claimsresearch@allstate.com)

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

## *Ameritas*

Dental Customer Service: 1-800-487-5553

Vision Call Center: 1-800-877-7195

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

## *Blue Cross Blue Shield of NC*

Phone: 1-877-258-3334

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

## *Boston Mutual*

Phone: 1-800-669-2668

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

## *Community Eye Care (CEC)*

Phone: 1-888-254-4290

[info@cecvision.com](mailto:info@cecvision.com)

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

## *Flexible Benefit Administrators, Inc.*

Phone: 1-800-437-3539

Fax: 1-757-431-1155

[www.flex-admin.com](http://www.flex-admin.com)

## *OneAmerica (AUL)*

Claims Toll-Free Number: 1-855-517-6365

Customer Service: 1-800-553-5318

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

## *The Standard Insurance Company*

Phone: 1-800-378-4668

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



# NOTES

[illegible]



View additional benefits information  
or download forms at: [mymarkiii.com](http://mymarkiii.com)

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